



Community Awareness & Attitudes Survey

Face It TOGETHER Sioux Falls

May 2016

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EXECUTIVE SUMMARY

[Face It TOGETHER Sioux Falls](#), in conjunction with [Face It TOGETHER](#) National Office, completed a follow up community awareness and attitudes survey in 2015. The baseline survey was conducted in 2011 by the David Binder Research firm. The 2015 survey was deployed, under the direction of Face It TOGETHER National's evaluation team, using an online methodology with key stakeholders, social media and a focused media push.

The 2015 survey was available from October 26, 2015 through December 31, 2015. We collected 297 surveys. Sixty-eight surveys were removed because respondents indicated they lived outside of the Sioux Falls MSA and six surveys were removed because of duplicate responses. The final dataset included 223 surveys. The majority of the surveys were from Minnehaha County, the primary county for the metropolitan area of Sioux Falls. The following provides a general overview of the respondents:

- 66% female
- Age split fairly evenly: 25-39 (38%), 40-54 (29%), 55 & older (31%)
- 95% Caucasian
- 75% employed full time
- 92% had some type of college education
- 61% married
- 84% aware of Face It TOGETHER

The results from the 2015 survey were compared to the analyzed data set from the 2011 survey conducted by the Dave Binder Research firm. Overall, Face It TOGETHER Sioux Falls saw positive change in attitudes and general awareness regarding the disease of addiction.

Respondents were asked to indicate if they knew someone who suffered from the disease of addiction. Responses were similar when comparing between 2011 and 2015 data sets except for the following:

- 2015 showed a decrease in those indicating no experience with the disease of addiction
- New options around co-workers were added in 2015 and 12.61% of the responses indicated having a co-worker either with the disease of addiction or the loved one of someone with the disease.

The survey presented several items regarding addiction and asked participants to indicate their level of agreement. All items showed an encouraging change from 2011 to 2015, including:

- 49 percentage point increase in agreement that there is information on addiction in the community
- 22 percentage point increase in agreement that alcohol or drug abuse or addiction is common in the community
- 9 percentage point increase in agreement that they would hire someone who was in recovery
- 14 percentage point decrease in agreement that addiction is a personal weakness
- 10 percentage point decrease in agreement that people can get better on their own if they wanted to

Face It TOGETHER presented several potential barrier statements to survey participants and asked them to rate level of impact on the person in need of help for their addiction to drugs or alcohol. The following positive change in agreement on the potential barrier a stigma may present includes:

- Over 34 percentage point increase in agreement to the impact of negative stereotypes on those seeking help
- 29 percentage point increase in agreement to the impact of the shame associated with the disease
- Over 23 percentage point increase in agreement that the concern of losing a job of being discriminated against at work is an impactful barrier to seeking help
- 29 percentage point increase in 2015 for those recognizing the impact of one's feelings that it may be too late to overcome addiction

Face It TOGETHER Sioux Falls will use this information to continue to improve upon the organization's awareness activities and the work with community and business partners in the Sioux Falls MSA. This survey will be replicated in Sioux Falls in 2019 and will be implemented with all future Face It TOGETHER affiliates as part of a comprehensive data-driven evaluation program led by Face It TOGETHER National Office.

BACKGROUND

In 2011, Face It TOGETHER employed the David Binder Research firm (DBR) to design, deploy and analyze a public opinion survey to assess awareness and attitudes of registered voters in Sioux Falls, SD. DBR used Sioux City, IA as a comparative sample. Representative sample size for Sioux Falls was 500, breaking down evenly between male and female. Over four days, DBR conducted calls and met its desired statistically relevant sample size. DBR produced a report and recommended follow-up surveys to assess awareness and attitudinal change. (Appendix A)

In preparation for a continued wide-scale expansion of Face It TOGETHER affiliates and to fully demonstrate the effectiveness of our work, it is imperative that Face It TOGETHER systematically measure and track community and social impact of its affiliates (including Sioux Falls).

Community awareness and attitudes of addiction are two of those key indicators. With the capability to conduct large-scale public opinion surveying through online surveys, Face It TOGETHER used the DBR research conducted in 2011 to deploy a follow up survey in 2015 in the communities in the Sioux Falls MSA.

METHODOLOGY

Face It TOGETHER updated the 2011 community survey by refreshing the language and removing any questions that were not pertinent to Face It TOGETHER Sioux Falls or the Sioux Falls MSA. It was critical that we retained questions directly from the 2011 survey in order to make a comparison. We also added questions to provide a baseline on new indicators. Face It TOGETHER used the ClickDimensions platform through Microsoft Dynamics CRM to create and deploy the survey, and as a repository for the survey results. The survey was pilot tested to ensure functionality and flowability.

Stakeholder networks in the community and social media were used to deploy the survey to potential respondents from the desired geographical areas. This deployment strategy was used to allow us to garner participation from the widest possible audience. We tracked respondents through required zip code disclosure on the survey to allow us to group respondents into the Sioux Falls metropolitan and micropolitan service area (MSA) as defined by the U.S. Office of Management and Budget (OMB Bulletin No. 13-01).

The target population for the survey was individuals, 18 years of age or older, living in the Sioux Falls MSA. Survey recipients did not represent a randomized sample due to the deployment strategy described above. Face It TOGETHER recognizes that this may be a limitation to the

survey as the respondents will be completing the survey online and their responses cannot be validated.

The use of online tools (e.g., website, email, social media, etc.) in scientific surveying is an emerging methodology. Research has shown that online surveys have many advantages: rapid access to an increasingly large number of potential respondents; ability to access low-incidence or “hidden” population groups; and reduce bias in response to sensitive, potentially stigmatizing topics (Gosling and Mason, 2015). Potential concerns related to the use of this deployment modality are that the samples may not represent a demographically diverse population; participants could be unmotivated to complete the survey; or data could be compromised by the anonymity of the respondents because of the decrease in accountability to a face-to-face or over-the-telephone survey facilitator. Gosling et al. (2004) examined these concerns through an empirical process and determined they were unfounded.

There are threats to the validity of data collected using any type of methodology. It is important to acknowledge those threats and to structure the analysis process to limit impact to the results. Gosling and Mason (2015) state that “data gathered via the Internet are frequently of equal or even higher quality than those gathered via traditional means (Dodou & de Winter 2014, Gosling et al. 2004, Luce et al. 2007).” This, along with our acknowledgement of the potential threats, supports our decision to deploy this survey using an online modality.

The initial period for the survey was planned for two weeks (14 days). We determined that our goal was 383 responses which would represent a 5% margin of error at a 95% confidence level.

To calculate the minimum number of responses desired in order to meet this standard, we used the online sample size calculator provided by the American Research Group at <http://americanresearchgroup.com/sams.html>.

Survey respondents under the age of 18 were outside the target audience for this survey. Respondents were asked at the beginning of the survey if they are above the age of 17. If their answer was no, they were directed to the end of the survey and thanked for their time. As an additional check on the age requirement, we required respondents to disclose their date of birth. Respondents below the age of 18 could then be removed from the final data set to be part of the analysis.

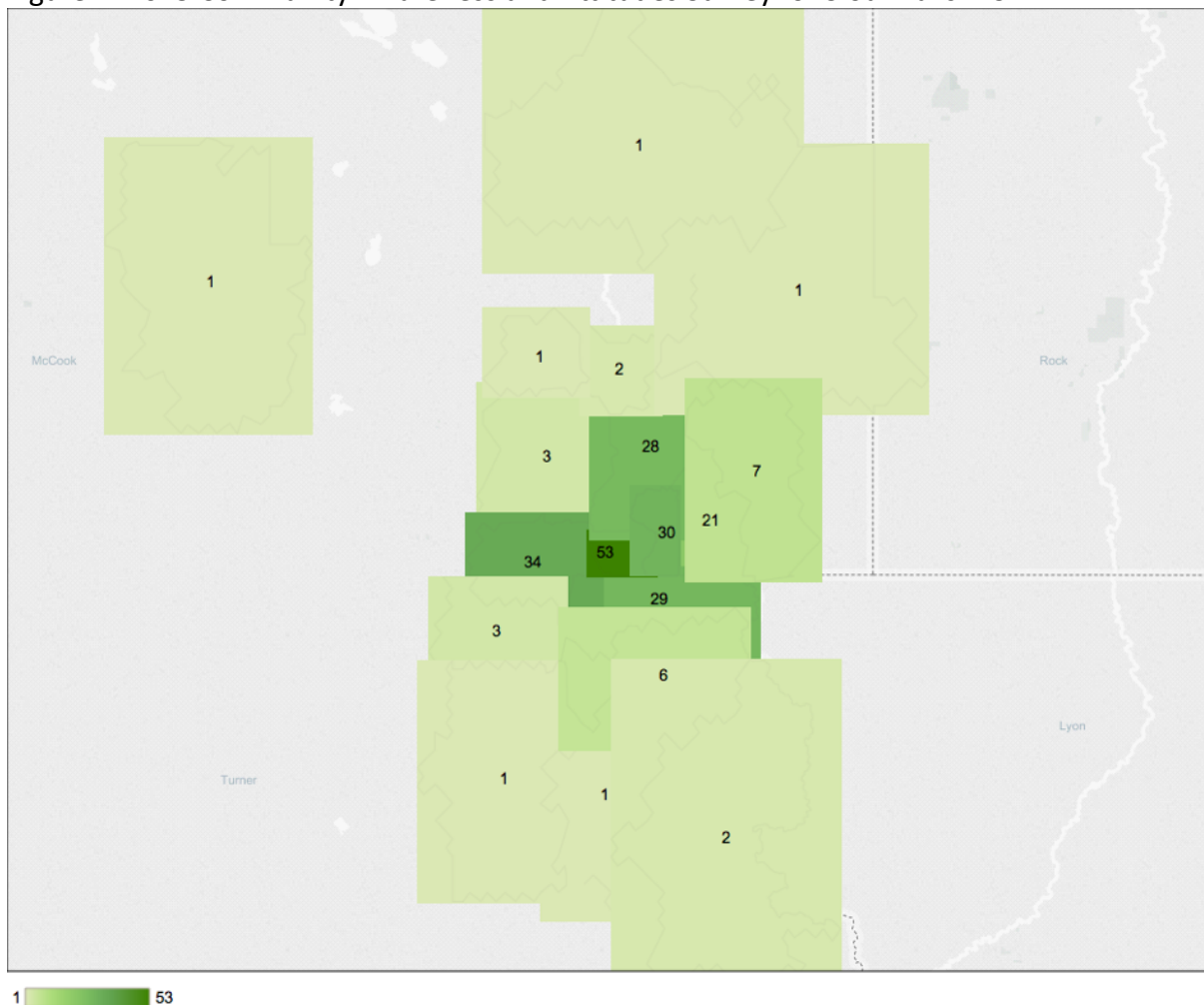
Survey respondents were required to answer two additional specific demographics questions: zip code and gender. Surveys with exact matches for zip code, gender and date of birth were considered duplicates and the responses removed from the data set. ClickDimensions also tracks data in a way that allowed potential duplicate surveys to be identified and for all suspect surveys to be removed from the data set. Surveys that fell outside of the Sioux Falls MSA, using the zip code field as the identifier, were removed from the data set prior to analysis.

Data was exported into Excel and connected to Tableau. Data from the 2011 survey was also connected to Tableau to allow for comparison. Tableau was used for data analysis and visualization.

RESULTS

The Sioux Falls MSA includes the counties of Minnehaha, McCook, Turner and Lincoln. The goal sample size was 383 surveys. We collected 297 surveys. Sixty-eight surveys were removed because respondents indicated they lived outside of the Sioux Falls MSA. Six surveys were removed because of duplicate responses. The final dataset included 223 surveys. The majority of the surveys were from Minnehaha County, the primary county for the metropolitan area of Sioux Falls (Figure 1).

Figure 1: 2015 Community Awareness and Attitudes Survey for Sioux Falls MSA



Demographics

The dataset included 66.07% female and 33.04% male. The remaining declined to answer this question (Figure 2). There was a relatively even distribution of age of the respondents from 25 and older (Figure 3). Contrary to the trend with online surveys of younger people responding, we found that only 2.36% of the respondents were between the ages of 18 – 24.

Figure 2: Gender of Respondents

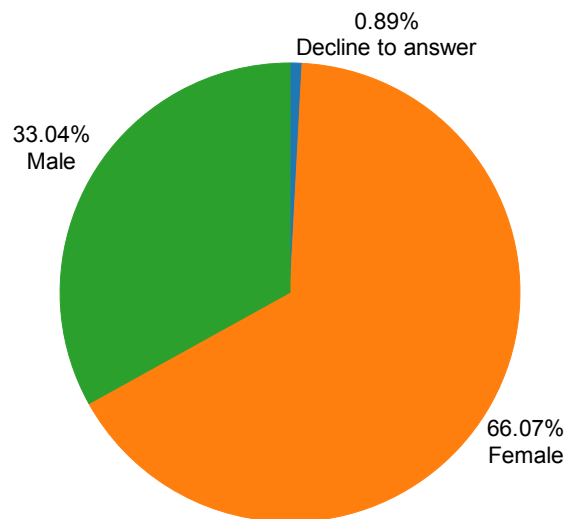
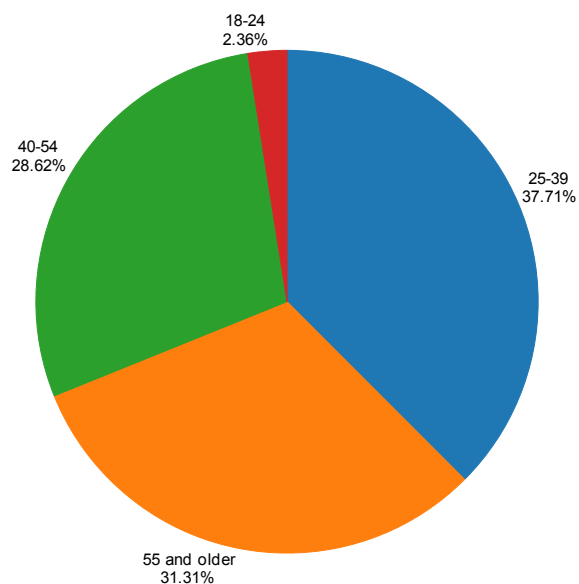


Figure 3: Age of Respondents



The majority (95.00%) of respondents were Caucasian (Table 1), which is consistent with the primary race reported in the Sioux Falls MSA. The majority (89.53%) reported their sexual orientation as heterosexual (Table 2). Most of the respondents were married (61.26%) (Table 3) and over 92% had some type of college education (Table 4).

Table 1: Race of Respondents

Race	%
White or Caucasian	95.00
Decline to Answer	2.74
Black or African-American	0.91
Native American	0.91
Latino	0.45

Table 2: Sexual Orientation of Respondents

Sexual Orientation	%
Heterosexual	89.53
Decline to Answer	5.07
Gay	2.70
Bi-sexual	1.35
Lesbian	1.01
Trans-sexual	0.34

Table 3: Marital Status of Respondents

Marital Status	%
Married	61.26
Never Married	12.16
Divorced	9.46
Committed Relationship	7.66
Domestic Relationship – Living Together	4.05
Widowed	2.25
Decline to Answer	1.80
Separated	1.35

Table 4: Education of Respondents

Education	%
College Graduate, but not post-graduate	31.53
Post Graduate Degree	31.08
Some College, but not college graduate	18.47
College Graduate, with some post graduate study	11.26
High School Graduate, but no college	5.86
Not a High School Graduate	1.35
Decline to Answer	0.45

Respondents also reported on their employment status. Over 83% were currently employed. Less than 5% reported being currently unemployed (Table 5).

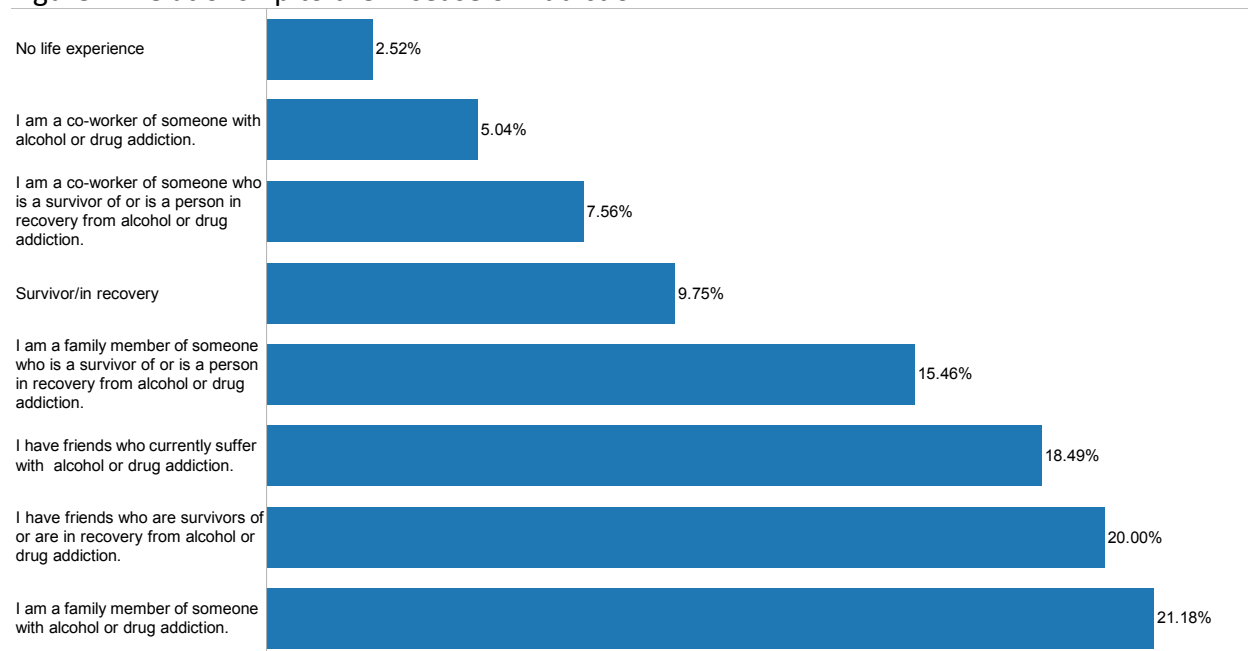
Table 5: Employment Status of Respondents

Employment	%
Full-time	74.32
Part-time	9.01
Retired	6.76
Unemployed – looking for work	2.25
Student	2.25
Unemployed – not looking for work	1.35
Primary Caregiver in Home	1.35
Other	1.35
Decline to Answer	0.90
Unemployed – not looking for work due to health/ disability/treatment	0.45

Relationship to the Disease

Respondents were asked to indicate if they knew someone who suffered from the disease of addiction. They were allowed to select multiple options. Over 75% indicated that they had a loved one (family and friends) impacted by the disease of addiction. Some of the respondents (12.61%) had a coworker who was also impacted. Less than 10% were themselves a survivor/in recovery. (Figure 4)

Figure 4: Relationship to the Disease of Addiction



Awareness of Resources

Survey participants were asked to indicate if they were aware of an organization that is available to answer questions and to direct these people to appropriate resources for seeking treatment for alcohol and drug addiction. Of those who answered, 83.89% indicated yes, that they were aware of Face It TOGETHER and 16.11% were unaware of our organization.

Respondents had the opportunity to indicate, in an open field, the resources they would look to for information and guidance about seeking services if they or someone they knew needed help with addiction to alcohol and/or drugs. The responses provided were categorized and counted. The most consistent responses were Face It TOGETHER, a support group, a treatment provider and the internet. (Table 6)

Table 6: Resources for Information and Guidance

Category	N
Face It TOGETHER	71
Support Group (e.g., AA, NA, SMART)	62
Treatment Provider	54
Internet	51
Health Care Provider	37
Helpline Center (211)	29
Other	29
Other Counseling	28
Family/Friends	20
Church/Pastor	15
Intensive Outpatient Program	13
Employer/EAP/HR	10
Health Insurance Provider	2

Community

The respondents were asked to rank various aspects of their community. When asked to rate their quality of life in their community, 82.35% indicated excellent (Table 7). Respondents expressed concern regarding the issues of addiction to alcohol and drugs in their community. They were not as concerned regarding the lack of jobs or terrorism, yet did indicate some level of concern regarding economy (Table 8).

Table 7: Respondents Quality of Life in Their Community

Rank	%
Poor	1.07
Not Great	0.00
OK	16.58
Good	0.00
Excellent	82.35

Table 8: Community Issues

Issue	%				
	Not at all concerned	Slightly concerned	Decline to answer	Moderately concerned	Extremely concerned
Addiction to alcohol (or alcoholism)	5.36	19.20	0.45	50.45	24.55
Lack of jobs	34.82	32.14	2.68	24.11	6.25
Addiction to illicit or recreational drugs, not including alcohol	5.80	18.30	1.79	41.07	33.04
Addiction to prescription medications	7.14	19.64	0.45	40.18	32.59
The economy	14.73	36.16	0.45	33.48	15.18
Terrorism	33.48	38.39	0.89	19.64	7.59
Crime and public safety	4.91	38.84	0.89	43.30	12.05

Attitudes

The survey presented a list of statements for each taker to respond to indicating their level of agreement with the given statement. Most of the respondents completely agreed with the statements that problems with or addiction to drugs and alcohol can affect anyone. When asked regarding abuse or addiction (alcohol, illicit drug or prescription drug), respondents moderately to completely agree it is very common.

Responses were varied between agree and disagree when presented with the statement that addiction is a treatable disease or that treatment is not generally effective and if. Respondents primarily disagreed that people with addiction could get better on their own if they wanted to. Results were varied when asked if respondents agreed or disagreed to the statement that they would keep it a secret if they were receiving help for addiction. The majority did not agree that their relationship would be weakened if someone close to them admitted they had an addiction. The majority agreed that they would be willing to hire someone who received treatment. The responses were varied when people were presented with the idea of living next to a transitional living or sober home. (Table 9)

Table 9: Attitudes Regarding Addiction to Alcohol and/or Drugs

Statement	Responses									
	Do not agree at all		Moderately disagree		Decline to answer		Moderately agree		Completely agree	
	%	N	%	N	%	N	%	N	%	N
Problems with or addiction to drugs can affect anyone.	0.89	2	0.45	1	0.89	2	10.27	23	87.50	196
Problems with or addiction to alcohol can affect anyone.	0.89	2	0.89	2	1.34	3	4.91	11	91.96	206
Alcohol abuse or addiction is very common.	0.45	1	5.36	12	0.89	2	33.93	76	59.38	133
Illicit drug abuse or addiction is very common.	0.89	2	12.95	29	1.34	3	44.64	100	40.18	90
Prescription drug abuse or addiction is very common.	0.45	1	10.71	24	1.34	3	38.84	87	48.66	109
Drug and alcohol addiction are treatable diseases like diabetes and hypertension.	4.46	10	12.05	27	1.79	4	35.71	80	45.98	103
Treatment for alcohol and drug addiction is generally not effective.	28.13	63	35.71	80	2.23	5	30.80	69	3.13	7
People who have alcohol or drug addiction could get better on their own if they want to.	50.45	113	32.14	72	1.34	3	12.50	28	3.57	8
Addiction to alcohol and drugs is a personal weakness.	63.84	143	20.54	46	1.34	3	11.61	26	2.68	6
If I were receiving assistance for alcohol or drug addiction, I would keep it a secret.	18.75	42	21.88	49	1.34	3	41.96	94	16.07	36
If someone close to me admitted that they have an alcohol or drug addiction, it would likely weaken our relationship.	70.54	158	19.20	43	1.34	3	6.25	94	2.68	36
If I were an employer looking to hire someone, I would be willing to hire someone who has completed treatment for alcohol or drug addiction.	1.79	4	8.04	18	0.89	2	42.86	96	46.43	104
I would feel uncomfortable having a transitional living or sober house in my neighborhood for people who have completed alcohol or drug treatment.	26.34	59	22.77	51	0.89	2	40.63	91	9.38	21

Barriers to Getting Help

The survey presented a list of possible barriers that could prevent people suffering with alcohol and/or drug addiction from getting help. Respondents were asked to read each statement and respond that this potential barrier may or may not have an impact. The barriers that respondents felt had the most significant impact were the negative stereotypes, the potential shame, concerns with losing a job and the expense of treatment. Results were more varied with the potential barriers to finding information, the feeling that it is too late for help or the fear of losing loved ones. (Table 10)

Table 10: Barriers to Getting Help for Addiction to Alcohol and/or Drugs

Statement	Responses									
	No impact		Some impact		Decline to answer		Moderate impact		Huge impact	
	%	N	%	N	%	N	%	N	%	N
Negative stereotypes of people with addiction to alcohol or drugs.	2.68	6	6.70	15	0.89	2	33.04	74	56.70	127
The shame of having drug or alcohol addiction.	2.68	6	6.25	14	0.89	2	27.68	62	62.50	140
Concerns about losing a job or being discriminated against at work.	2.68	6	6.70	15	0.89	2	29.46	66	60.27	135
The expense of treatment for alcohol or drug addiction.	2.68	6	7.59	17	1.34	3	21.43	48	66.96	150
Difficulty with finding or accessing information and help.	8.93	20	37.50	84	1.79	4	34.82	78	16.96	38
The feeling that it's impossible or too late to overcome alcohol or drug addiction.	4.91	11	21.88	49	0.89	2	37.05	3	35.27	79
Fear of losing friends or family members.	4.02	9	16.52	37	1.79	4	31.70	71	45.98	103

Seeking Help

The survey provided a list of statements about seeking help for alcohol or drug addiction. Respondents were asked to indicate how much they agreed with each statement. The majority of the respondents agreed that their community offered support and that information is available for those who needed help. The responses were varied across the scale when responding to whether there are affordable treatment options and that there were plenty of places to get help

in their community. Most agreed that there was a stigma associated with addiction and that this could make it difficult for someone to seek help. An overwhelming majority knew where to get help if they had a loved one suffering from addiction. (Table 11)

Table 11: Seeking Help for Addiction to Alcohol and/or Drugs

Statement	Responses											
	Do not agree at all		Moderately disagree		Decline to answer		Unsure		Moderately Agree		Completely Agree	
	%	N	%	N	%	N	%	N	%	N	%	N
There are affordable treatment options for those who need help with alcohol and drug addiction.	11.16	25	24.11	54	0.89	2	22.32	50	27.23	61	14.29	32
My community offers support for survivors of or people in recovery from addiction to alcohol or drugs.	2.68	6	9.38	21	1.34	3	18.30	41	43.75	98	24.55	55
There is information available for those in my community who need help with alcohol and drug addiction.	1.79	4	4.46	10	0.89	2	6.70	15	48.21	108	37.95	85
There are plenty of places in my community to get help with alcohol and drug addiction.	5.80	13	16.96	38	1.79	4	20.98	47	36.61	82	17.86	40
There is a stigma associated with alcohol and drug addiction that may make it difficult for someone with an addiction to seek help in my community.	3.13	7	6.70	15	1.34	3	5.80	13	49.11	110	33.93	76
If I had a family member or friends suffering with alcohol or drug addiction, I would know where to get help.	3.57	8	7.14	16	0.89	2	8.93	20	31.25	70	48.21	108

DISCUSSION

Face It TOGETHER identified a goal in 2015 to gather 383 responses which would represent a 5% margin of error at a 95% confidence level (American Research Group). Requests to complete the surveys were primarily distributed using direct email requests, weekly posts on Facebook, weekly tweets on Twitter and a link through our website. Face It TOGETHER Sioux Falls received some media attention the first two weeks of deployment, so we used that as an opportunity to drive the general public to our website which included a link to the survey. Toward the end of our survey deployment, Live Well Sioux Falls agreed to distribute the survey to their contacts.

Face It TOGETHER headquarters team members and Face It TOGETHER Sioux Falls employees, volunteers and Board members distributed the link to the survey to their personal and professional contacts. The request included a call for action to distribute the survey to ten of their own contacts. Efforts were made to get the survey distributed through the integrated health systems in the area, but we were unsuccessful.

We collected 297 surveys. Sixty-eight surveys were removed because respondents indicated they lived outside of the Sioux Falls MSA and six surveys were removed because of duplicate responses. The final dataset included 223 surveys. The majority of the surveys were from Minnehaha County, the primary county for the metropolitan area of Sioux Falls. Overall, our average respondent was female, employed full time, had completed some college education, was married and reported her race as Caucasian.

- 66% female
- Age split fairly evenly: 25-39 (38%), 40-54 (29%), 55 & older (31%)
- 95% Caucasian
- 75% employed full time
- 92% had some type of college education
- 61% married

Research on online surveys has found that participants are typically younger. We found that not to be the case with this survey as we had a fairly even distribution between our age groups. This can be noted as a positive indication that we had a wide base of responses. However, it should be noted that the fact that most of our respondents are employed full time and had some type of college education may indicate that our methodology of deployment reached a narrow pocket in the MSA.

Once the determination was made to use an online survey methodology using our employees, volunteers and Board members, we recognized that we would have limited control over those who received the link to the survey. We mitigated the risk of only reaching those who are most familiar with us by involving the media early on in the deployment process. The Face It TOGETHER Sioux Falls Executive Director was featured on the largest local TV station the first week of deployment and she had an opportunity to direct viewers to the survey. The days following this media attention, we noticed a significant upswing in the surveys being taken. We believe this allowed us to reach population groups we may not have otherwise reached with our current deployment methodology.

The following discussion focuses on the comparison of the 2011 and 2015 data sets. As mentioned, the deployment methods differed. In addition, the population sets are distinct between both years. These differences are enough for us to acknowledge that the discussion that follows cannot be free of bias. The information learned from this process will be used to continue to allow us to improve the work that we do and to share our lessons learned with others as we work together to solving the disease of addiction.

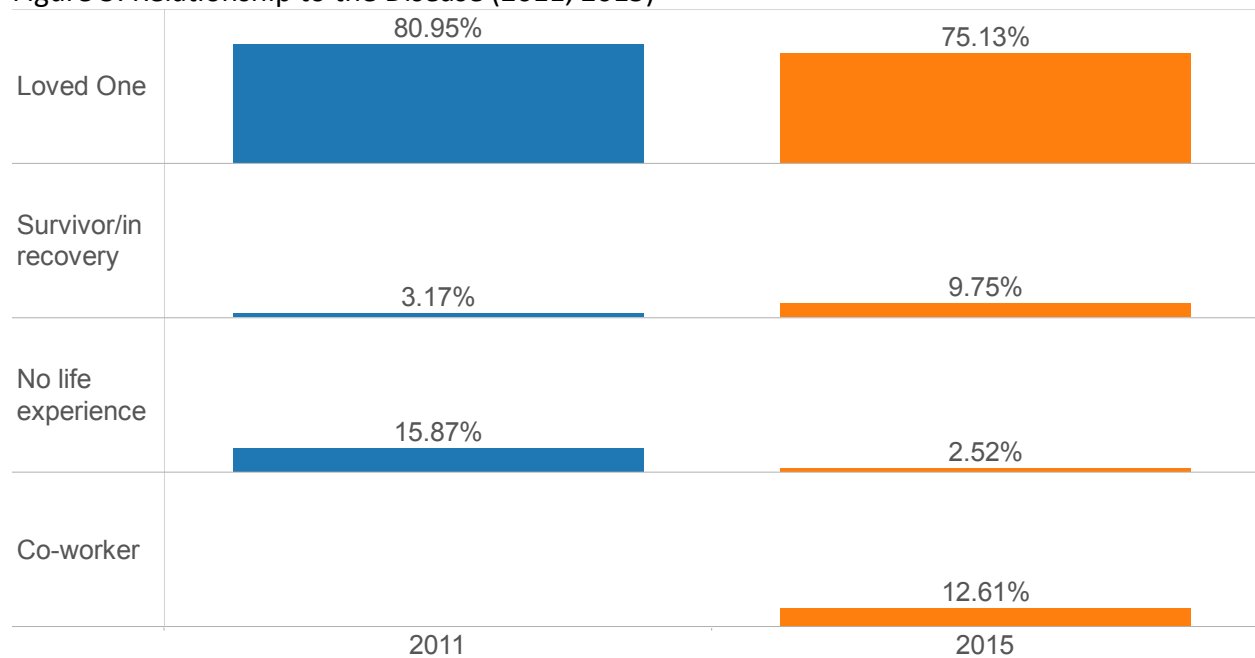
Relationship to the Disease

In 2011 and 2015, respondents were asked to indicate if they knew someone who suffered from the disease of addiction. They were allowed to select multiple options. Responses included options related to friends and family (loved ones) and their personal experience. In 2015, we added options relating to co-workers. (Figure 5)

Responses on this question were similar between both data sets. We did notice a decrease in the respondents who indicated that they had no experience with the disease of addiction. This may be because people are more educated on the disease and understand that it may impact more people around them than they understood back in 2011. Another interpretation would be that more people are communicating about their disease to others around them which could signal a reduction in the stigma around the disease in the Sioux Falls MSA.

We also want to highlight the responses that we received regarding co-workers. While this was the first year we asked this question, it was interesting to note that 12.61% of the responses were in this category. Face It TOGETHER's model includes a workplace initiative and several Sioux Falls businesses are participating in this program. We will continue to monitor this question in future years.

Figure 5: Relationship to the Disease (2011, 2015)



Awareness

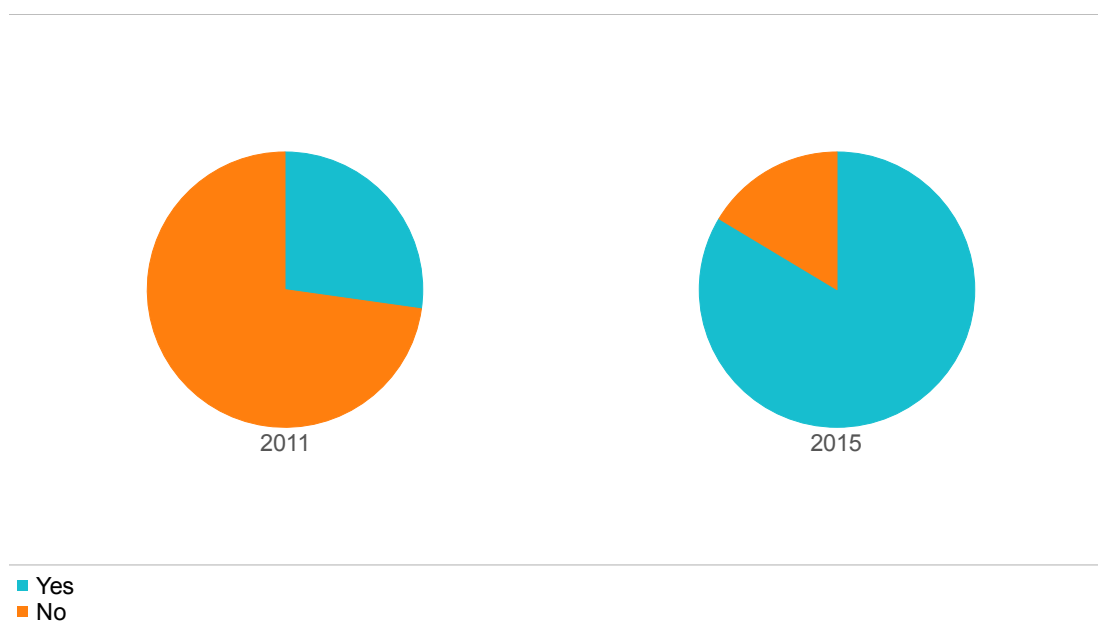
Survey participants were asked to indicate if they were aware of an organization that is available to answer questions and to direct these people to appropriate resources for seeking treatment for alcohol and drug addiction. Respondents had the opportunity to indicate, in an open field, the resources they would look to for information and guidance about seeking services if they or someone they knew needed help with addiction to alcohol and/or drugs. The responses provided were categorized and counted. (Table 12)

In 2015, many more of the respondents to the survey were familiar with Face It TOGETHER compared to the responses in 2011. A specific question was included as well as the open field option, “Are you aware of an organization or program called “Face It TOGETHER” that is available to answer questions and to direct these people to appropriate resources for seeking treatment for alcohol and drug addiction?” (Figure 6) The organization was very new in 2011, so this difference is not surprising. It is difficult to make direct comparisons with these responses as categorization was subjective. Future surveys will allow for multiple choice options to allow us to better understand the growth in awareness of resources in the community.

Table 12: Resources for Information and Guidance (2011, 2015)

Category	N	
	2011	2015
Face It TOGETHER	5	71
Support Group (e.g., AA, NA, SMART)	21	62
Treatment Provider	22	54
Internet	25	51
Health Care Provider	27	37
Helpline Center (211)	7	29
Other	20	29
Other Counseling	5	28
Family/Friends	2	20
Church/Pastor	25	15
Intensive Outpatient Program	26	13
Employer/EAP/HR	2	10
Health Insurance Provider	0	2

Figure 6: Awareness of Face It TOGETHER (2011, 2015)



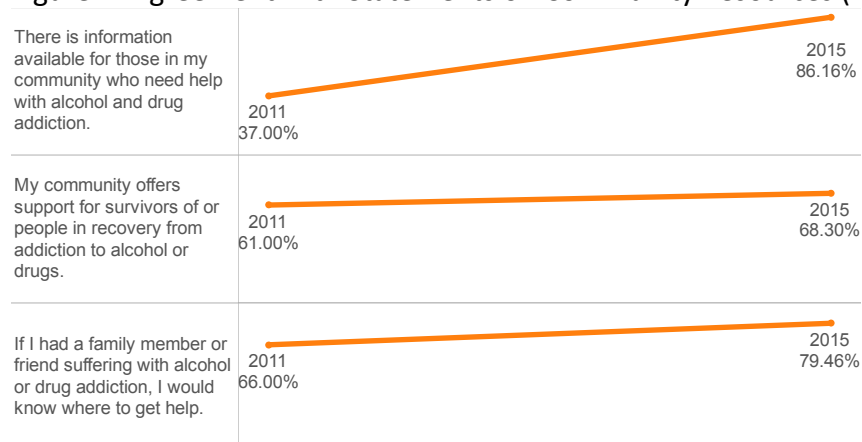
Face It TOGETHER provided specific statements regarding awareness of community resources for survey respondents to indicate their level of agreement on. We recognize that just providing the services that Face It TOGETHER provides is not enough. We need people to be aware of the services and to know how to access them.

In 2015, agreement increased over 49 percentage points with the statement that there is information regarding addiction in the community. (Figure 7) This significant increase from 2011 to 2015 could be directly related to the presence of Face It TOGETHER Sioux Falls. This community-based organization serves as a hub for resources, not just those specific to addiction, available in the Sioux Falls MSA. Our work with community leaders, the private sector, criminal justice, faith-based organizations, education and the health care industry specifically impact the awareness of addiction for the communities in the MSA.

It is also important to note that we did not see such a dramatic increase in agreement when respondents were presented with the statement that their community offers support for those in recovery. (Figure 7) This lack of increase in this area demonstrates to us that we will need to continue to educate the community about the services Face It TOGETHER Sioux Falls provides, including our free peer-to-peer recovery coaching.

Loved ones of those suffering from the disease of addiction are often on the front lines of having to find ways to get help for those they care most about. In addition, loved ones are in need of their own recovery help as they learn different, more effective, ways of interacting and caring for their loved ones in need. The 2015 increase in those that are aware of where to turn is promising. (Figure 7) Face It TOGETHER Sioux Falls recognizes that each person suffering from the disease of addiction has at least three people in their lives supporting and caring for them. It is critical that these individuals know where to turn in their times of need.

Figure 7: Agreement with Statements on Community Resources (2011, 2015)



Community Issues

Surveys in both 2011 and 2015 asked participants to consider their lives in their communities. The term community was defined by the participant. Questions included the opportunity for the respondent to rank their quality of life in their community and various issues that they may be encountering.

Respondents were asked to indicate their concern regarding specific community issues. The issues identified in 2011 and 2015 varied; however, three questions remained the same so we could make a comparison. Overall, concern increased regarding addiction to alcohol or drugs and crime and public safety in the Sioux Falls MSA. In comparison, concern decreased regarding the lack of jobs in the community. (Figure 8) Sioux Falls MSA has experienced a significant decrease in the unemployment rate the past several years, so this remains consistent with the climate.

There are a number of factors that can be correlated to this rise in concern around addiction in the Sioux Falls MSA. Respondents may be more aware of the impact of the disease on their daily personal and professional lives. It may also be related to the increase in media attention on the disease as Face It TOGETHER Sioux Falls has conducted targeted awareness campaigns. Face It TOGETHER educates and provides resources to the community on the disease of addiction through a variety of avenues, including the annual March Into the Light and the Workplace Initiative (currently in 32 workplaces).

The survey also asked participants to rank their quality of life, on a scale of poor to excellent, in their community. In both years, the participants overwhelmingly ranked their quality of life from good to excellent. However, there was a slight decrease in the excellent category in 2015 as correlated by the increase that same year in those ranking their quality of life as ok. (Figure 9)

Figure 8: Community Issues (2011, 2015)

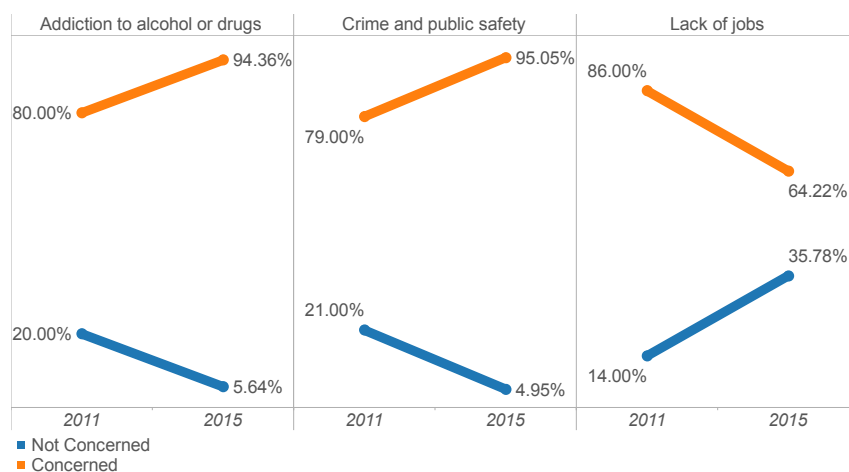
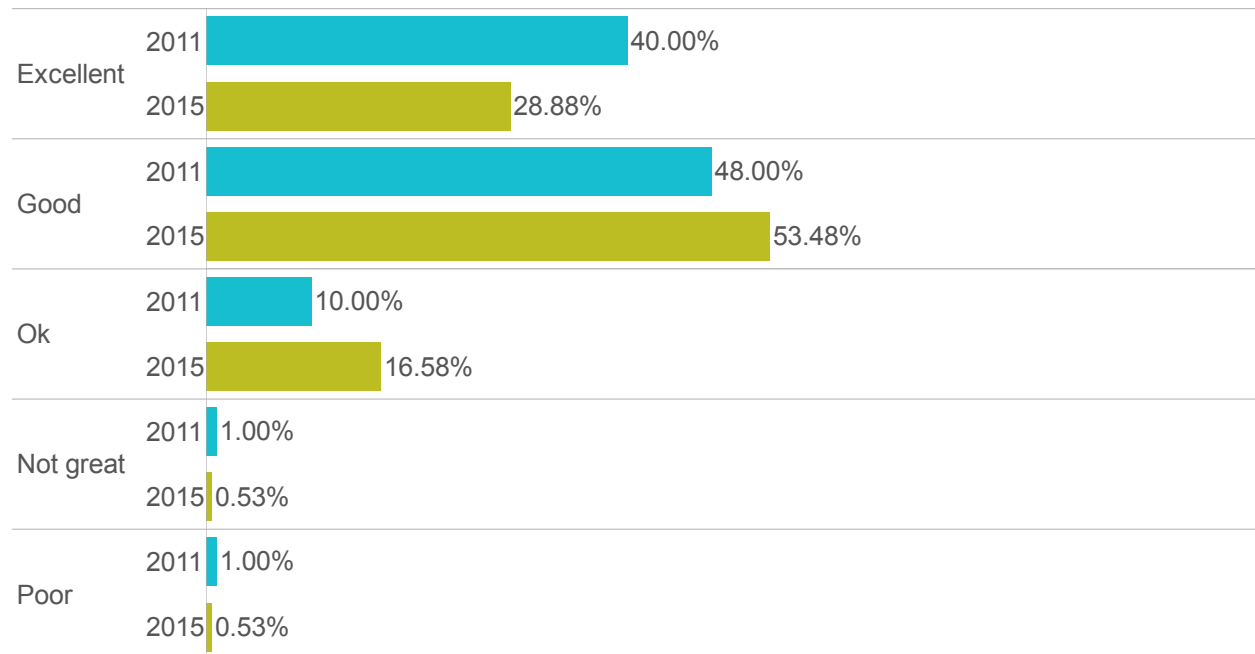


Figure 9: Quality of Life (2011, 2015)



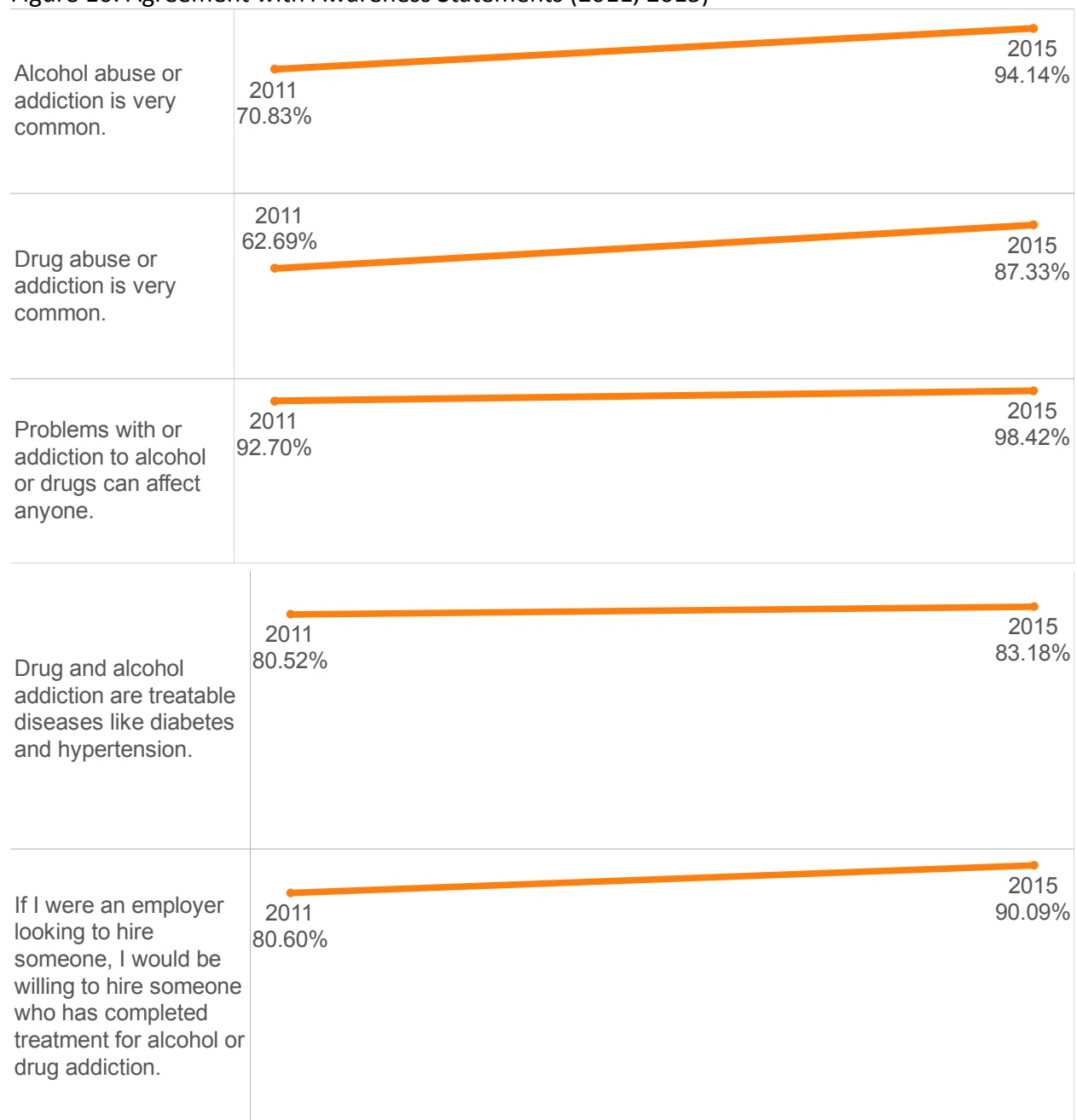
Attitudes About Addiction

The survey presented several items regarding addiction and asked participants to indicate their level agreement from strongly agree to strongly disagree. We asked some of the same questions in 2015 as in 2011.

Those that agreed to strongly agreed that alcohol abuse or addiction is very common increased 23 percentage points from 2011 to 2015. Regarding the statement that drug abuse or addiction is very common, there was an increase of 24 percentage points in 2015 for those that agreed. (Figure 10) While we cannot state with statistical certainty that these data points represent a true increase in knowledge, Face It TOGETHER is pleased to see these levels of agreement regarding the commonality of addiction in the Sioux Falls MSA.

Respondents were asked to indicate their level of agreement that they would be willing to hire someone who has received treatment for alcohol or drug addiction. In 2015, we saw a slight increase in those that agreed they would hire someone. (Figure 10) Face It TOGETHER Sioux Falls offers a robust workplace initiative for local businesses and we are pleased to see agreement with this statement continue to be high.

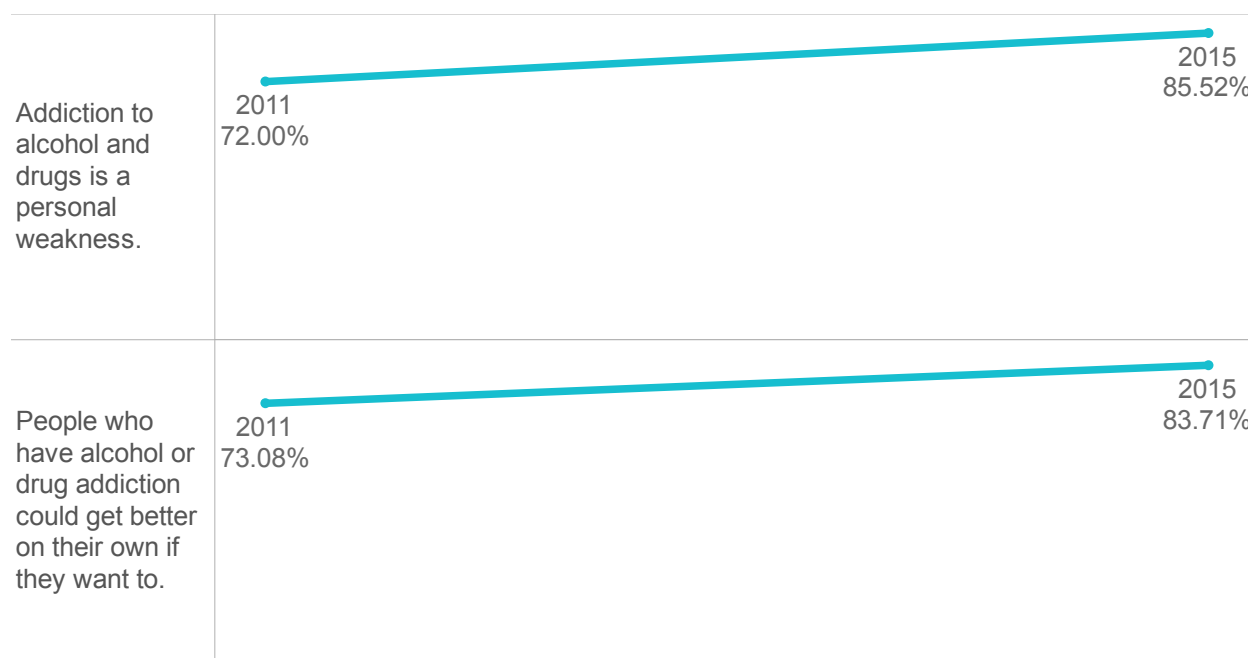
Figure 10: Agreement with Awareness Statements (2011, 2015)



A community belief that can be a significant barrier for those with addiction to seeking help is the feeling that the disease represents a moral failing. Loved ones can also feel this stigma as they help support those they are closest to. Face It TOGETHER continues to focus substantial awareness efforts toward eradicating this belief so we can get more people to seek out the help that they need.

We asked survey takers to indicate their level of agreement with two statements that particularly focused in on this stigma of the disease being a moral failing. We were pleased to see that the Sioux Falls MSA continues to increase their level of disagreement that addiction is a personal weakness (2011 - 72% to 2015 - 86%) and that people can get better on their own if they wanted to (2011 - 73% to 2015 - 84%). (Figure 11)

Figure 11: Disagreement with Awareness Statements (2011, 2015)



Impact of Potential Barriers

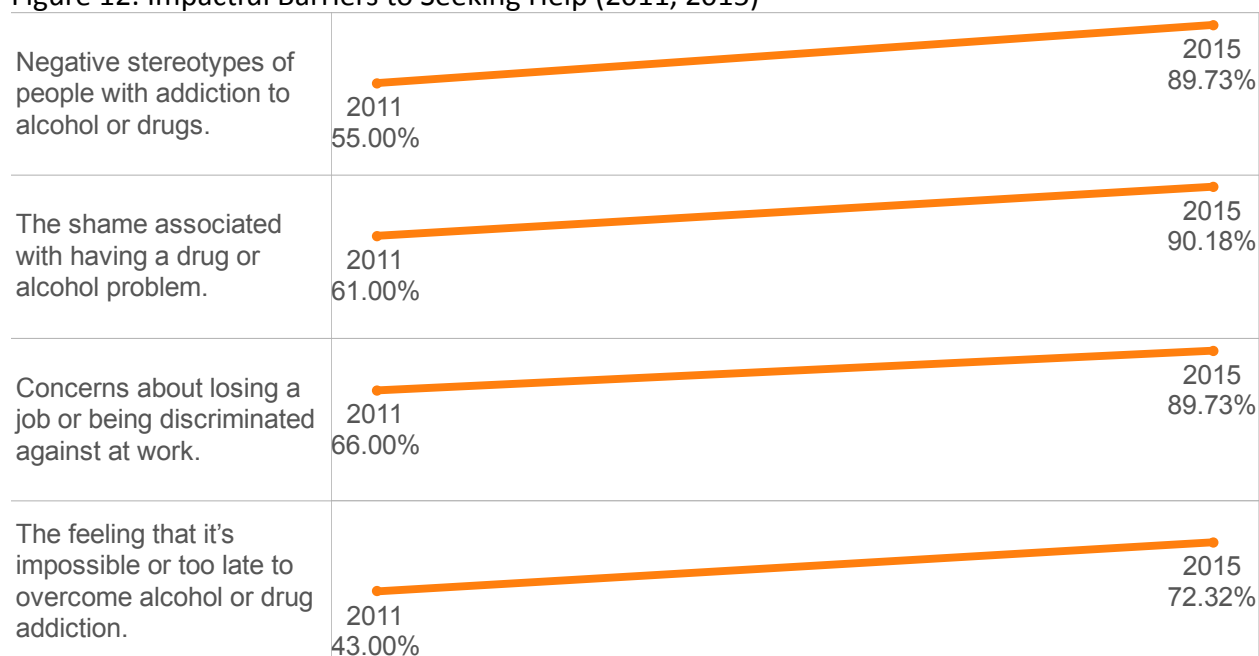
Face It TOGETHER presented several potential barrier statements to survey participants and asked them to rate level of impact on the person in need of help for their addiction to drugs or alcohol. As mentioned above, there are several stigmas associated with addiction that can impact a person's ability to reach out for help when they most need it. Face It TOGETHER Sioux Falls has made a concerted effort with its awareness activities to address the potential stigma in the Sioux Falls MSA. The comparison of the 2011 data to 2015 allows us to understand the potential impact we are having and to identify future focus areas.

The positive change in data from 2011 to 2015 in this section is significant. As mentioned previously, it is not possible to state that these increases as shown in Figure 12 are statistically relevant; however, the change in attitudes regarding these stigmas is important to note. By recognizing the potential barrier that a stigma may have, a community like those in the Sioux Falls MSA can make steps toward changing the hearts and minds of those who embrace these

stigmas as fact. Face It TOGETHER has, and will continue, to take the lead on educating these communities.

In 2015, respondents agreeing to the impact of negative stereotypes on those seeking help increased over 34 percentage points. Those agreeing to the impact of the shame associated with the disease increased 29 percentage points from 2011 to 2015. More people recognize that the concern of losing a job or being discriminated against at work is an impactful barrier to seeking help. The percent increased over 29 points in 2015 for those recognizing the impact of one's feelings that it may be too late to overcome addiction. (Figure 12) The recognition does not solve the disease of addiction; however, this awareness of the impact of a stigma can allow for change to occur in any given community which will allow more people to feel comfortable seeking the help that they need. Face It TOGETHER has the solutions to addressing these stigmas and in providing the help needed once the person comes forward.

Figure 12: Impactful Barriers to Seeking Help (2011, 2015)



RECOMMENDATIONS

Face It TOGETHER National Office and its affiliate in Sioux Falls, SD, found this replication of the 2011 Sioux Falls MSA Community Awareness & Attitudes Survey to be impactful. It is our recommendation that this survey be conducted again in the Sioux Falls MSA in the first quarter of

2019. The information collected from these surveys will continue to allow Face It TOGETHER Sioux Falls to understand the needs of the communities in the MSA and to improve the organizations awareness efforts and services provided.

Face It TOGETHER National Office will replicate this survey in each new affiliate community. The baseline survey should be conducted in connection with the launch of a new Face It TOGETHER affiliate. The affiliate should replicate the survey every three to four years depending on the recommendations by the affiliate board of directors.

The survey questions should be reviewed and updated based on this most recent analysis of data. Through the review of the responses and comparison to the data collected in 2011, it became apparent that some of the questions were not gathering the information originally intended. It was also determined that some of the questions may be misleading or confusing to the respondent. Questions should be updated prior to replicating in any of the new communities.

Questions that were identified to be the most significant through this analysis process should be used in other awareness and attitudes surveys. Future surveys of this nature include those distributed to employees participating in the workplace initiative and congregants/parishioners of the organizations participating in the faith initiative. By using similar questions, it will allow Face It TOGETHER to gather more extensive information from a larger population set. The use of this type of data will be significant to our comprehensive evaluation plan for proving the components of the Face It TOGETHER model, specifically the awareness and advocacy activities.

It is recommended that the survey deployment methodology remain the same. As noted earlier, this online survey methodology is supported in peer-reviewed literature. While we recognize the limitations from a statistical analysis standpoint, the benefits regarding the breadth of distribution, the quality of the data collected and the low cost of the method far outweigh the potential issues.

We recommend that this report be released to the public. The information gathered through the 2015 survey, along with the comparison to the 2011 results, is important to a variety of community partners in the Sioux Falls MSA. In addition, this information will continue to help further the breadth of high quality knowledge regarding the disease of addiction to alcohol and drugs. This is one more step toward Face It TOGETHER's vision of solving the disease of addiction.

Appendix A



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Topline Survey Findings March 25, 2011

Relative importance of addiction:

There are moderate levels of concern about alcohol and drug addiction. Jobs and gas prices are far more important.

- Gambling addiction is slightly less important than alcohol and drug addiction.
- Concern about alcoholism, drugs, and gambling is much greater for those over age 50, between 18 and 25 points higher than for those under 50.
- Women are more concerned than men about alcohol, drug, and gambling addiction, about 10 points more than men.

Attitudes on addiction:

There is a strong sense that alcohol and drug problems can affect anyone.

- Women are more likely than men to say that alcohol and drugs can affect anyone. (About 10-12 points difference)

Participants felt that alcohol abuse is slightly more common than drug or prescription medication abuse, but all are seen to be fairly common.

- Women are more likely than men to say substance abuse is common. (16 points higher for alcohol, 17 for drugs, 12 for Rx)
- Non-college grads say substance abuse is more common than college grads. (5 point difference for alcohol, 11 points for drugs, 3 point for Rx)

Most believe that alcohol and drug problems are treatable.

Most disagree that addiction is a personal weakness and that people can get better on their own.

The survey showed mixed findings on stigma, with strong disagreement that alcohol and drug addiction would cause a weakening of friendship, but significant numbers of people would keep it a secret if they themselves had a problem.

- College grads were 12 points more likely than non-college grads to keep it a secret.
- Men were slightly more likely than women to keep it a secret. (7 points)

There was soft agreement that people would be willing to hire someone who has completed treatment for alcohol and drugs.

Mixed opinion on having a transitional living house in their neighborhood.

- Those making \$75K+ were 16 points more likely to say they would be uncomfortable than those earning less.

Barriers:

Strongest barriers to getting help were shame, concern about job loss and the cost of treatment.

- Secondary barriers were fear of losing friends and family members and the general social stigma.
- Lack of information about getting help and the feeling that it's impossible to overcome addiction were less of a barrier.

Overcoming barriers (Pre-post questions):

73% think there is information available in Sioux Falls. (44% top box)

- Less, 66%, would know where to go for help. (42% top box)
- 61% say there is a community of recovery in Sioux Falls. (34% top box)
- But only 54% say there are plenty of places in Sioux Falls to get help. (27% top box)
- Only 39% feel there are affordable options available. (19% top box)

Awareness:

Only 5% provided unaided awareness of Face It Together.

- Another 22% provided aided awareness of Face It Together, for a total of 27%.
- 30-39 age group (35% awareness)
- \$100K+ (40%)