



# **Community Awareness & Attitudes Survey**

STATE OF NORTH DAKOTA

December 2016

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# EXECUTIVE SUMMARY

Face It TOGETHER conducted a baseline community awareness and attitudes survey for the entire state of North Dakota in 2016. The 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 survey was available in North Dakota on two separate occasions in 2016. It was first deployed with focus on collecting responses from the Bismarck-Mandan region of the state from March 11, 2016 through April 29, 2016. In that deployment phase, 396 surveys were completed. The same survey was deployed from July 28, 2016 through September 16, 2016 across the entire state. In the second phase of deployment, 402 surveys were completed.

Overall, 798 surveys were collected. Eighty-three surveys were removed because the respondents indicated a zip code outside of ND. Six surveys were removed because respondents indicated they were either under the age of 18 or had completed duplicated surveys. The final dataset included 709 surveys.

The following provides a general overview of the respondents:

- 73% female
- Age: 18-24 (4%), 25-34 (25%), 35-44 (25%), 45-64 (44%), 64 & older (2%)
- 97% White, 1% American Indian or Alaska Native
- 97% had some type of college education
- 21% aware of Face It TOGETHER

Respondents were most concerned (35%) with addiction to alcohol and drugs as community issues rather than the lack of jobs (3%), the economy (7%) or potential for terrorism (5%). More than 76% of the people who responded to the survey indicated that they had a loved one (family and friends) impacted by the disease of addiction. Some of the respondents (15%) had a coworker who was impacted. Around 5% considered themselves in recovery.

The majority of the respondents agreed that alcohol and drug addiction is a treatable disease (90%) and that it can affect anyone (97%). Most (75%) agree that addiction is not a personal weakness. More than 78% would be willing to hire someone in recovery. Responses were mixed if respondents would tell their friends or family if they were receiving assistance for addiction – 29% would tell, 22% neutral, 49% would not tell.

The barriers that were selected as having the highest impact for people in need of help for their addiction were: the expense of treatment (86%) and the shame of having addiction (86%). The majority of the community members who took the survey agreed they would know where to get help (65%) and that information is available for those who needed help (68%). Responses were mixed if there were plenty of places in the community to get help – 45% disagreed, 36% agreed, 20% neutral.

Face It TOGETHER will use this information to guide the awareness activities and the work with community and business partners in North Dakota. This survey should be replicated in Summer 2018 as part of a comprehensive data-driven evaluation program led by Face It TOGETHER National Office.

# METHODOLOGY

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 has been used in other communities and was modified as recently as 2015 to reflect the knowledge gained and to ensure consistency in language.

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 required zip code disclosure on the survey to allow us to group respondents as residents of North Dakota.

The target population for the survey was individuals, 18 years of age or older, living in North Dakota. Survey recipients did not represent a randomized sample due to the deployment strategy described above, nor was it possible to secure a represented sample as illustrated in the demographic in the results section below. Face It TOGETHER recognizes that this may be a limitation to the survey as the respondents completed 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.

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 North Dakota, 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.

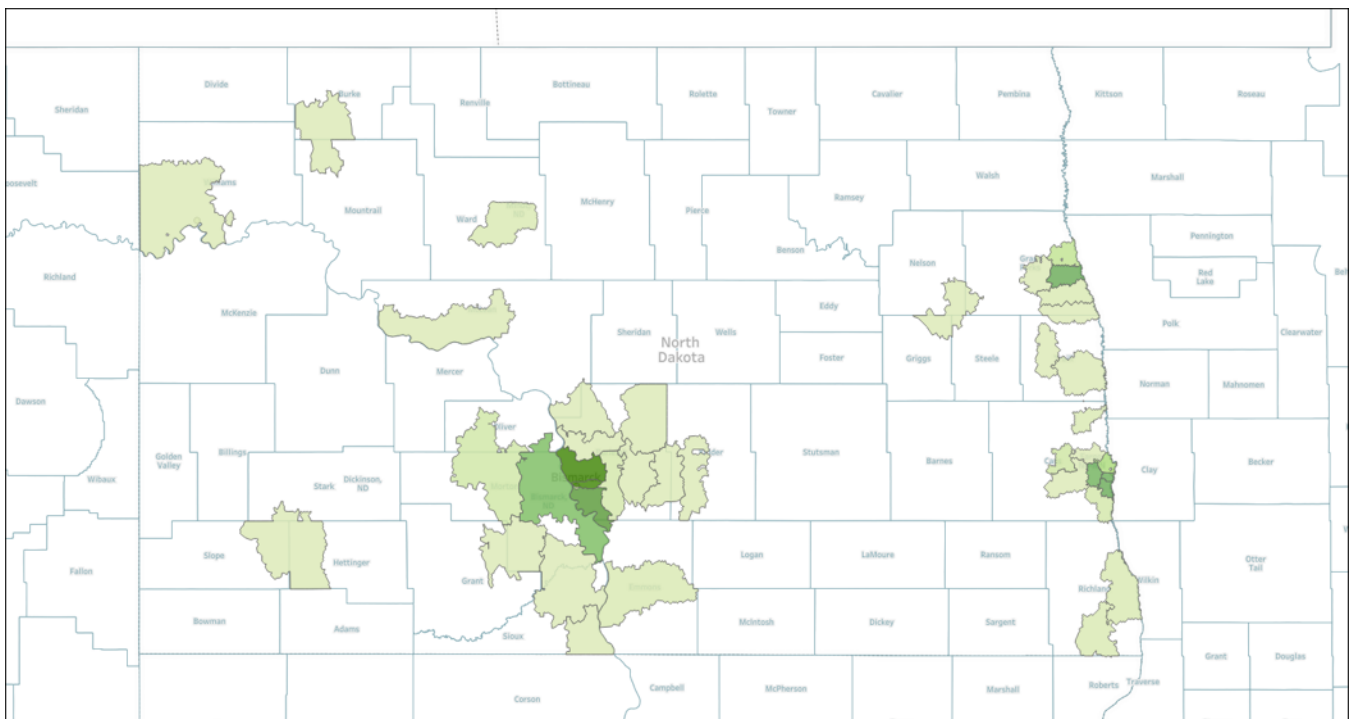
# RESULTS

The survey was available in the state on two separate occasions in 2016. It was first deployed with focus on collecting responses from the Bismarck-Mandan region in the state from March 11, 2016 through April 29, 2016. In that deployment phase, 396 surveys were completed. The same survey was deployed from July 28, 2016 through September 16, 2016 across the state of North Dakota. In the second phase of deployment, 402 surveys were completed.

Overall, 798 surveys were collected. Eighty-three surveys were removed because the respondents indicated a zip code outside of ND. Six surveys were removed because respondents indicated they were either under the age of 18 or had completed duplicated surveys. The final dataset included 709 surveys.

The majority of the surveys were from the cities of Fargo, Bismarck and Grand Forks, which are the primary cities of Face It TOGETHER development efforts for prospective affiliates (Figure 1).

*Figure 1. 2016 Awareness and Attitudes Survey for North Dakota*



# DEMOGRAPHICS

Table 1. Gender

	Face It TOGETHER Survey	Census*
Female	72.7%	49.2%
Male	27.3%	50.8%

\*2014 American Community Survey for North Dakota

Table 2. Race/Ethnicity

	Face It TOGETHER Survey	Census*
White	96.9%	89.2%
Black or African American	0.1%	1.5%
American Indian and Alaska Native	1.2%	5.2%
Asian	0.1%	1.2%
Native Hawaiian or Other Pacific Islander	0.1%	0.0%
Hispanic or Latino	0.5%	2.6%

\*2014 American Community Survey for North Dakota

Table 3. Age

	Face It TOGETHER Survey	Census*
18-24	3.5%	12.5%
25-34	25.3%	18.8%
35-44	25.0%	14.9%
45-54	19.2%	17.8%
55-59	13.5%	9.2%
60-64	11.2%	7.6%
>64	2.2%	19.3%
Avg Age	43.9	35.9

\*2014 American Community Survey for North Dakota

Table 4. Education

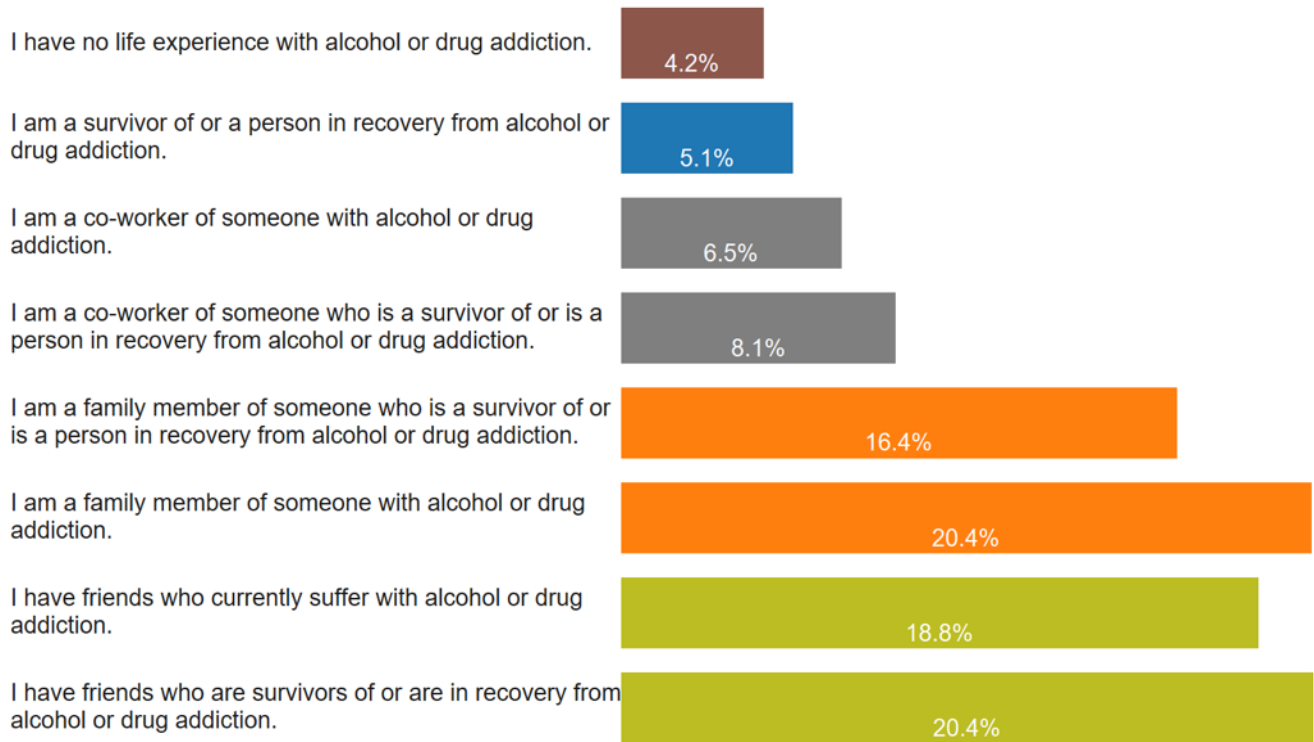
	Face It TOGETHER Survey
Not a high school graduate	0.3%
High school graduate, but no college	2.4%
Some college, but not a college graduate	9.8%
College graduate, but not a post-graduate	45.1%
College graduate with some post graduate study	9.8%
Post graduate degree	32.6%

Table 5. Income

	Face It TOGETHER Survey
Less than \$10,000	0.7%
\$10,001 to \$25,000	2.3%
\$25,001 to \$50,000	15.3%
\$50,001 to \$100,000	32.3%
More than \$100,000	49.4%

Respondents were asked if they knew someone who suffered from the disease of addiction. They were allowed to select multiple options. More than 76.1% indicated that they had a loved one (family and friends) impacted by the disease of addiction. Some of the respondents (14.6%) had a coworker who was also impacted. A smaller portion (5.1%) were themselves a survivor/in recovery. (Figure 2)

Figure 2. Relationship to the disease of addiction.



## COMMUNITY

Face It TOGETHER asked people to help us understand their community. The majority (87.0%) felt that the quality of life in their community was good to excellent (Figure 3). More than one-third (35.0%) of all the responses related to issues in their community indicated moderate to extreme concern regarding addiction to alcohol and/or drugs (Figure 4). As a comparison, 9.6% of the responses were the same level of concern about crime and public safety and 6.8% about the economy (Figure 4).

Figure 3. Overall, how would you rate the quality of life in your community?

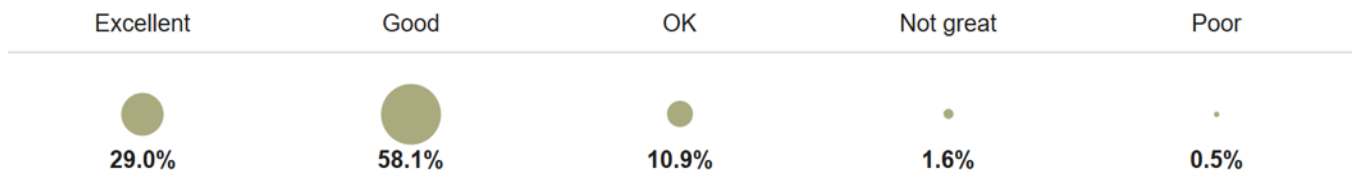




Figure 4. Community Issues

	neutral	not at all concerned	just slightly concerned	moderately concerned	extremely concerned
Addiction to alcohol (or alcoholism)	1.8%	0.5%	1.4%	6.8%	3.9%
Addiction to illicit or recreational drugs, not including alcohol	0.6%	0.3%	0.8%	6.0%	6.5%
Addiction to prescription drugs	1.4%	0.4%	0.7%	5.8%	6.0%
Crime and public safety	1.4%	0.5%	2.8%	6.9%	2.7%
Lack of jobs	2.4%	5.9%	2.8%	2.3%	0.6%
Terrorism	1.9%	3.3%	4.3%	3.7%	1.1%
The economy	3.2%	1.6%	2.8%	4.8%	2.0%

## ATTITUDES

More than 87.1% of the people who took the survey agreed that alcohol or drug abuse or addiction is very common (Figures 5, 6). The majority of the respondents (96.5%) agreed that addiction can affect anyone (Figure 7, 8). Most respondents (74.7%) disagreed with the statement that addiction is a personal weakness (Figure 9). Almost three-fourths (72.2%) disagreed that people can get better on their own if they wanted to (Figure 10). The majority (89.9%) agreed that drug and alcohol addiction are treatable diseases (Figure 11). Respondents were asked if they would be willing to hire someone in recovery – more than 78.0% agreed and 16.1% were neutral in their responses (Figure 12). The responses were mixed (49.0% disagreed, 29.2% agreed, 21.8% neutral) as to whether they would not tell their loved ones if they were receiving assistance for alcohol or drug addiction (Figure 13). The majority (85.0%) disagreed that their relationship would be weakened if someone close to them acknowledged they had the disease of addiction (Figure 14).

Figure 5. Alcohol abuse or addiction is very common.

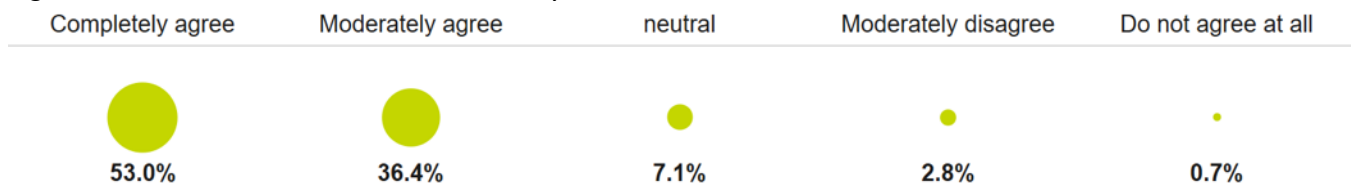


Figure 6. Drug misuse or addiction is very common.

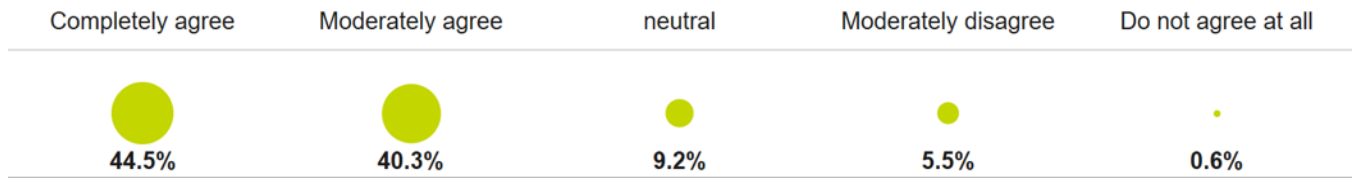


Figure 7. Problems with or addiction to alcohol can affect anyone.

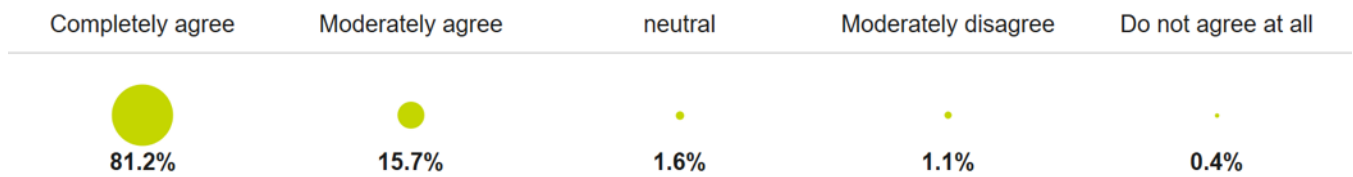


Figure 8. Problems with or addiction to drugs can affect anyone.

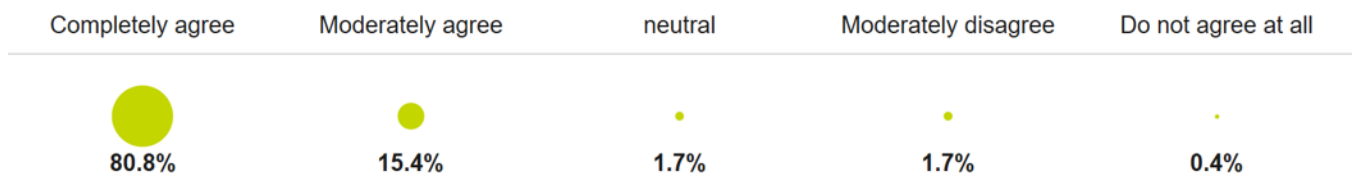


Figure 9. Addiction to alcohol and/or drugs is a personal weakness.

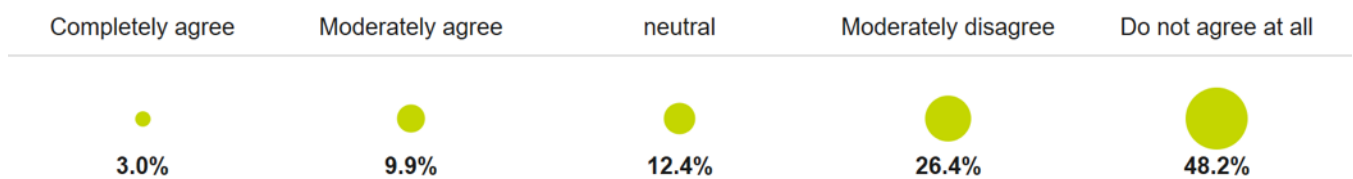


Figure 10. People who have alcohol or drug addiction could get better on their own if they want to.

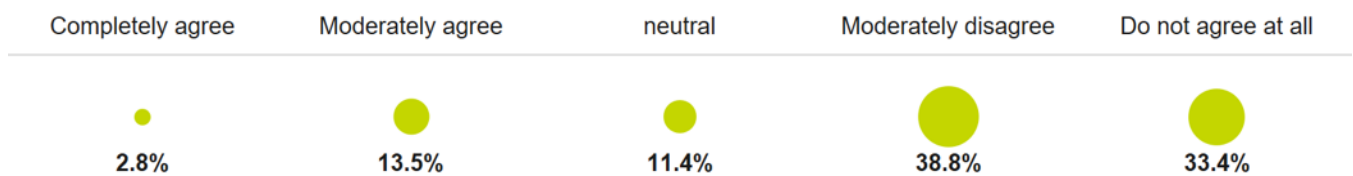


Figure 11. Drug and alcohol addiction are treatable diseases.

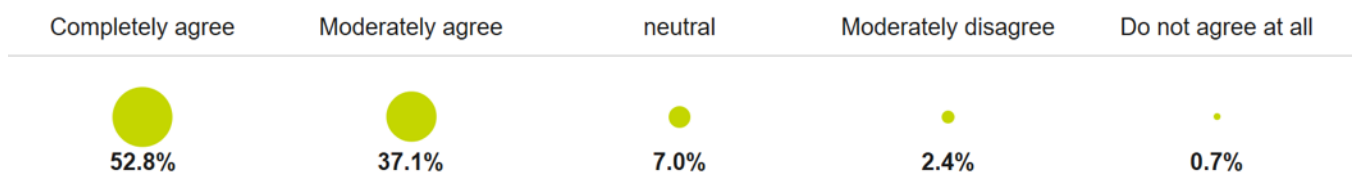


Figure 12. If I were an employer looking to hire someone, I would be willing to hire someone who has recovered from alcohol or drug addiction.

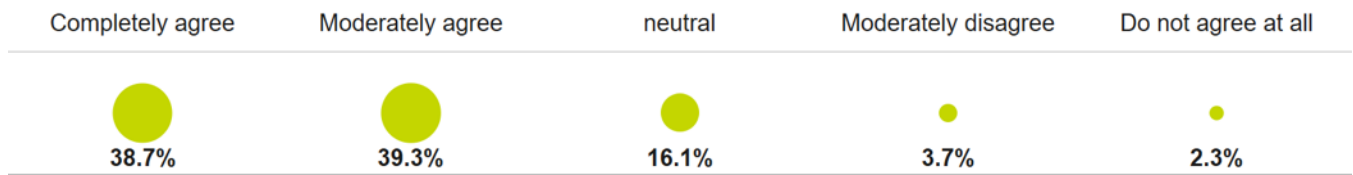


Figure 13. If I were receiving assistance for alcohol or drug addiction, I would not tell my friends or family.

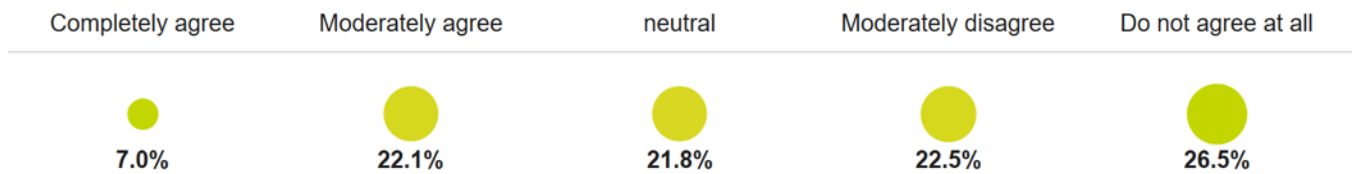
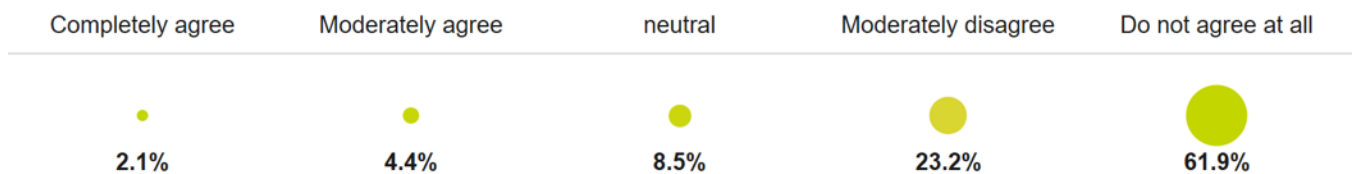


Figure 14. If someone close to me acknowledged that they have an alcohol or drug addiction, it would likely weaken our relationship.



## BARRIERS TO GETTING HELP

The survey presented a list of possible barriers that could prevent people suffering from 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. Concern about losing a job or being discriminated against at work was recognized as an impactful barrier by 84.4% of those that responded (Figure 15). Most agreed (84.6%) that negative stereotypes are impactful barriers (Figure 16). In addition, 86.5% indicated that the expense of treatment (Figure 17) and 86.4% that the potential shame (Figure 18) can be barriers.

Figure 15. Concerns about losing a job or being discriminated against at work.

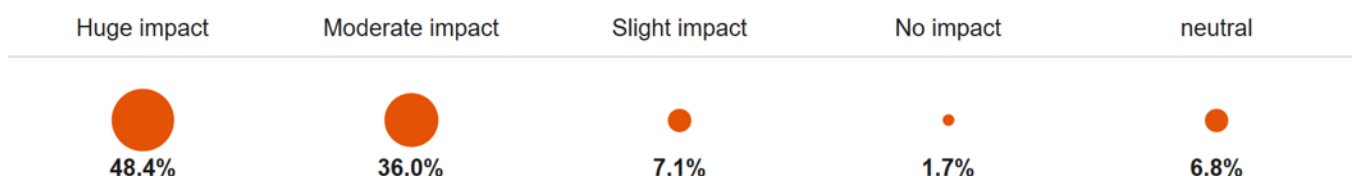


Figure 16. Negative stereotypes of people with addiction to alcohol or drugs.

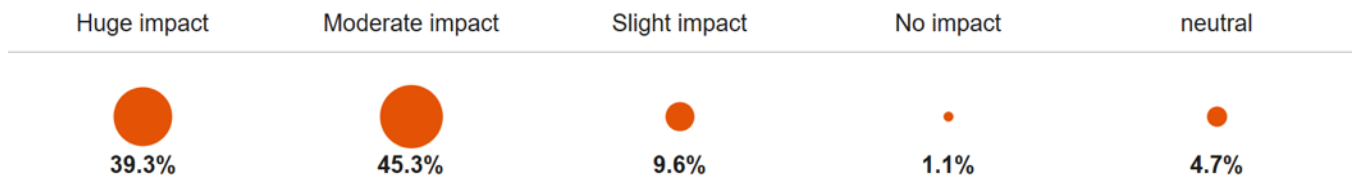


Figure 17. The expense of treatment for alcohol or drug addiction.

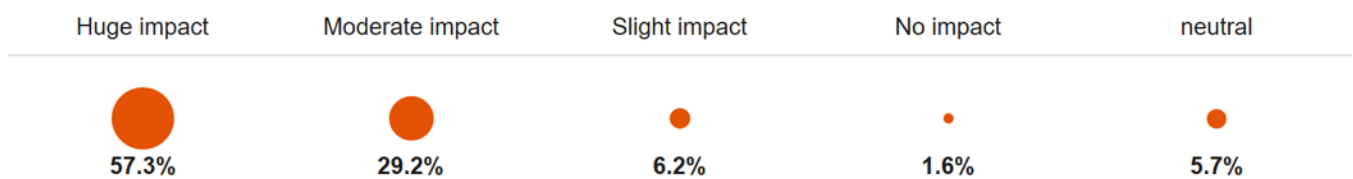
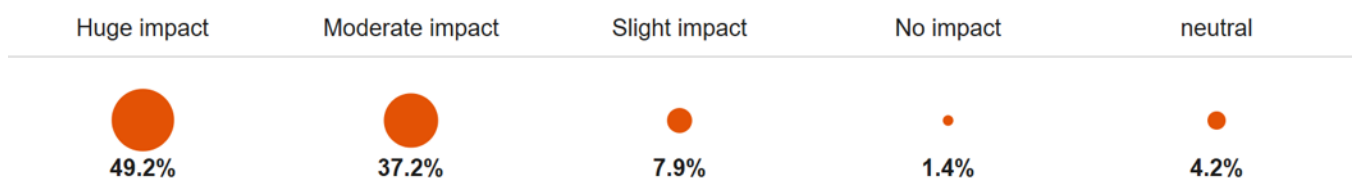


Figure 18. Level of impact of potential shame felt of having an addiction.



## SEEKING HELP

The survey provided a list of statements about seeking help for alcohol or drug addiction. The majority agreed that the community offered support (59.1%) (Figure 19); they would know where to get help (65.6%) (Figure 20); and that information is available for those who needed help (68.1%) (Figure 21). Responses were mixed if there were plenty of places in the community to get help – 44.7% disagreed, 35.8% agreed, 19.5% neutral (Figure 22).

Figure 19. My community offers support for survivors of or people in recovery from addiction to alcohol or drugs.

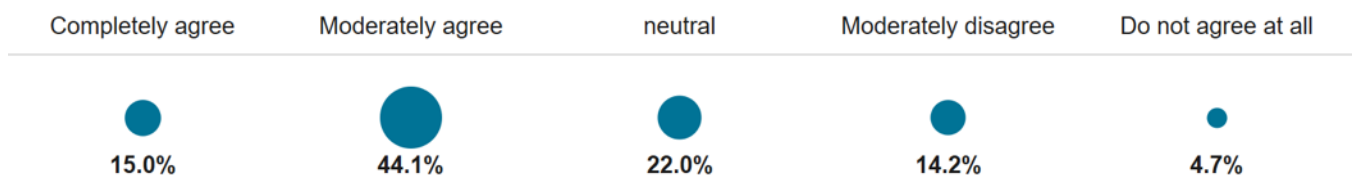


Figure 20. If I had a family member or friend suffering with alcohol or drug addiction, I would know where to get help.

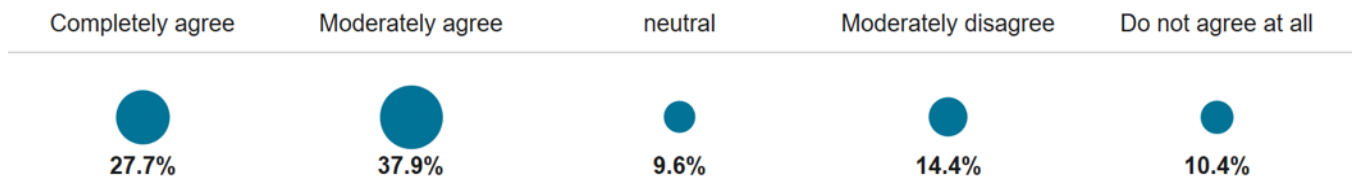


Figure 21. There is information available for those in my community who need help with alcohol and drug addiction.

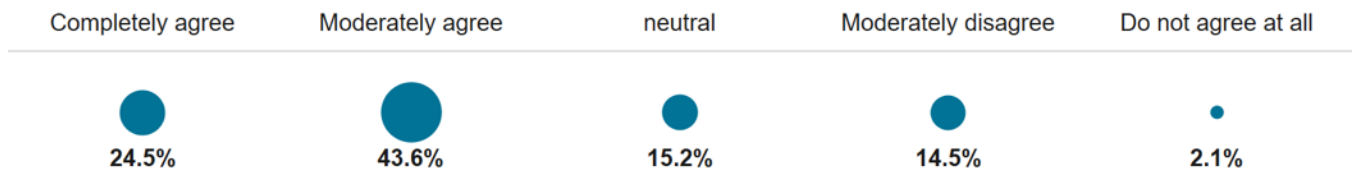
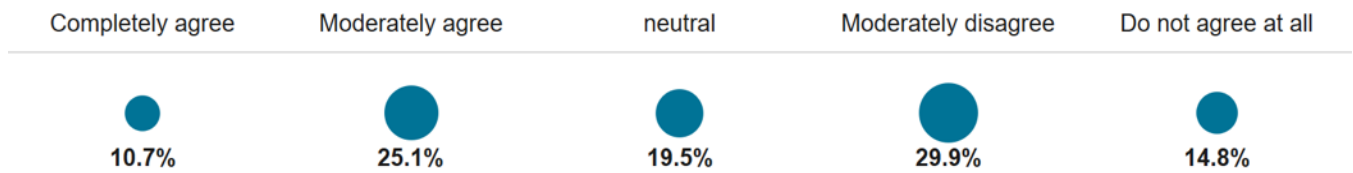


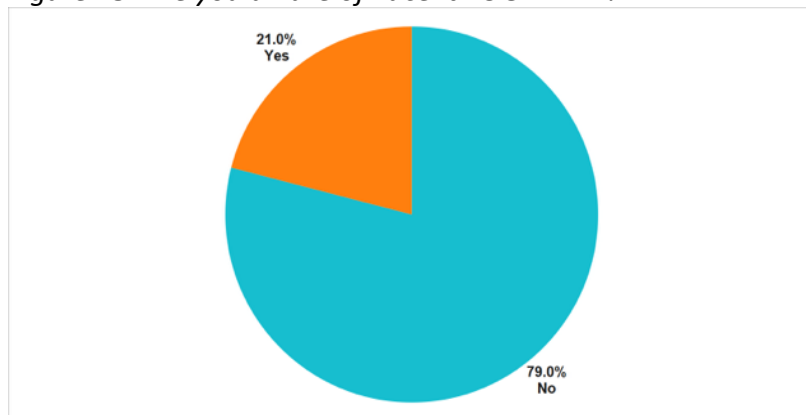
Figure 22. There are plenty of places in my community to get help with alcohol and drug addiction.



## AWARENESS

Most of the respondents (79.0%) were unaware of the organization, Face It TOGETHER (Figure 23). Respondents were also asked to indicate what resource they would look to for information and guidance. Multiple responses were allowed in this question and they were presented with a listing of options to choose from. The most prevalent responses were: health care provider (15%), treatment/counseling provider (15%), web/social media (12%) and family/friends (12%) (Table 6).

Figure 23. Are you aware of Face It TOGETHER?



*Table 6. What resource would you look to for information and guidance about seeking services for addiction? (Multiple Selections Allowed)*

	Number	%
Treatment/Counseling Provider (Inpatient or Outpatient)	512	15.1%
Health Care Provider	513	15.1%
Web/Social Media	418	12.3%
Family/Friends	397	11.7%
Employer/EAP/HR	331	9.8%
Church/Pastor	294	8.7%
Peer Support Group (e.g., AA, SMART)	284	8.4%
Crisis Hot Line	293	8.6%
Health Insurance Provider	193	5.7%
Radio/TV/Newspaper	97	2.9%
Face It TOGETHER	33	1.0%
Other	25	0.7%
<b>Grand Total</b>	<b>3,390</b>	<b>100.0%</b>

## RECOMMENDATIONS

Face It TOGETHER should use this information to guide the organization’s awareness activities and the work with community and business partners across North Dakota. 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.

The survey questions should be reviewed and updated prior to the next deployment of the survey. Face It TOGETHER National Office should use the most recent analysis of data from all of its community surveys to make updates to the survey questions. This survey should be replicated in North Dakota in Summer 2018 as part of a comprehensive data-driven evaluation program led by Face It TOGETHER National Office.

It is recommended that the survey deployment methodology remain the same. This online survey methodology is supported in peer-reviewed literature. While Face It TOGETHER recognizes the limitations from a statistical analysis standpoint and obtaining a true representative sample of the community, 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.