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**Final Report**

# **Evaluation of the TEAM Train-the-Trainer Program**

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16. Abstract The objective of this study was to evaluate the effectiveness of Techniques for Effective Alcohol Management (TEAM) Train-the-Trainer workshops. Effectiveness was measured in terms of the success facility representatives had, after attending a TEAM Train-the-Trainer workshop, in implementing a TEAM program and TEAM program components. Evaluation data were collected through a mail/telephone survey of training participants and through on-site interviews with managers, vendors, tenants and staff at four facilities. The major study findings were: 79% of the workshop participants were able to establish various components of the TEAM program at their facility as well as conduct a review and analysis of their facility's alcohol service policy; 75% of the participants reported that important alcohol service policies and procedures had been identified and changed; 58% of the participants said that some level of TEAM training for facility employees had been implemented; and 45% said that PI&E efforts regarding drinking and driving behavior had been expanded. Also, while there was no direct corroborating data, implementation of a TEAM program did not seem to have an impact on facility attendance, may have had a slight effect on alcohol sales, and did seem to be accompanied by a reduced number of alcohol-related incidents. Based upon these results, recommendations are given that may be useful for the TEAM program particularly in the areas of employee training and public information activities.					
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## EXECUTIVE SUMMARY

The purpose of the study was to determine how successful Techniques for Effective Alcohol Management (TEAM) Train-the-Trainer workshop participants were in implementing a TEAM program and various TEAM components subsequent to attending a workshop. The four-day, regional workshops provided information and training concerning how to establish a TEAM program, and how to implement various TEAM components at public use facilities. Workshop participants were select facility representatives who were responsible for providing or supervising training for facility employees.

The most important component to implementing a TEAM program at a public use facility is the review and analysis of existing alcohol service policy. Also, if a written service policy does not exist, it is expected that a written policy will be developed even if there are unwritten policy guidelines. Following the review, modifications or revisions in the service policy may be made if this is appropriate or needed. For example, there could be changes in alcohol service policy limiting the number of alcoholic beverages a customer can purchase, or reducing the size of alcohol beverage containers, or establishing some cut-off time when alcoholic beverages are no longer sold (e.g., after intermission, after the seventh inning). The four-day workshops teach participants how to conduct a review and analysis of a facility's service policy, or how to develop a written policy should one not exist.

After the policy review, the second component in implementing a TEAM program is provision of TEAM training for facility employees. As part of the TEAM training, facility employees are taught how to recognize and manage impaired patrons. Facility employees are also taught their work responsibilities, and how these responsibilities relate to the facility's alcohol service policy. Workshop participants are given instructions about how to conduct TEAM training, and how to use various training audio-visual aids.

Another important component of the TEAM program is the implementation of public information and education (PI&E) activities regarding drinking and driving behavior. NHTSA has developed TEAM PI&E materials that are provided to workshop participants, but facilities are free to develop their own PI&E materials if they chose.

In addition to gathering information about implementation of the TEAM program and various TEAM components, this study gathered other information. An important concern of facility management is the potential impact establishing a TEAM program might have on facility attendance and concession sales. The study obtained information about the possible impact of implementing a TEAM

program on: facility attendance; alcohol beverage and concession sales; and alcohol-related incidents.

Study information was obtained through a mail/telephone survey from workshop participants representing 49 facilities. Information was gathered, as well, from on-site interviews at four facilities. The on-site interviews included interviews with managers, vendors, tenants, and other staff. The on-site visits also included a review of alcohol service policy and training documents.

The results of the study show that the TEAM program has achieved a considerable measure of success. Specifically, the major study findings were:

- Seventh-nine percent (79%) of the workshop participants surveyed indicated that various components of the TEAM program had been or were being implemented.
- Seventh-nine percent (79%) of the workshop participants surveyed indicated that they had reviewed or were in the process of reviewing their alcohol service policy.
- Management support was the most important factor in implementing a TEAM program.
- Seventh-three percent (73%) of the workshop participants surveyed indicated that following alcohol service policy review and analysis important policies and procedures had been identified and changed.
- Fifty-eight percent (58%) of the workshop participants indicated that TEAM training was provided to at least some facility and/or tenant employees. However, concerns about costs and scheduling often limit the extent of the training provided.
- About half of all workshop participants reported that their facilities had made some effort to expand public awareness (PI & E) concerning the need for responsible drinking. These activities are often limited to the use of facility signage and public address announcements.
- Management, vendors, and other facility staff agreed that changes in facility alcohol service policy, specifically smaller beverage cup sizes and cut-off times for alcohol sales, did not seem to affect attendance at facility events. However, these changes did seem to result in slightly lower alcohol sales. No data were available, though, to corroborate either that there had been changes in facility attendance or in alcohol sales.
- Management, vendors, and facility staff believed that changes in facility policy resulted in fewer alcohol-related

incidents. Again, though, no data were available to corroborate this.

Based upon these results, recommendations are included in this report. The recommendations focus on alternatives for instructional packaging, enhanced program follow-up, and the development of local support for TEAM-related activities.

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## 1. INTRODUCTION

### Background

The Techniques for Effective Alcohol Management (TEAM) coalition was begun in 1985 by a group of public and private sector organizations as an innovative anti-Driving Under the Influence (DUI) initiative. The TEAM project is considered an innovative traffic safety program in that public assembly facilities were selected as the focal point for community-wide, comprehensive anti-DUI campaigns. Public use facilities are any type of gathering place where various types of public events are held. This can include sports events, concerts or other similar activities usually conducted for the entertainment or enjoyment of a public audience. Public use facilities include baseball and football stadiums, and general use arenas and coliseums where basketball and hockey games are held or concerts performed. Public use facilities can vary in size from a few thousand seats to over 100,000 seats.

In order to achieve the diverse goals set for the program at the facility, community, and national levels, TEAM includes the development and implementation of a broad range of anti-DUI activities. At the facility level, the objectives are to foster an enjoyable entertainment atmosphere, promote responsible alcohol service, and enhance the safety of patrons. To address these objectives, training is delivered to facility management and other staff (including contractors) using curricula developed by the National Highway Traffic Safety Administration (NHTSA). In particular, staff are informed about facility alcohol service policy, trained in recognizing the signs of alcohol impairment, and trained in the proper procedures for handling alcohol abuse related incidents.

Management personnel, on the other hand, are trained in techniques for analyzing alcohol service policy, and where a written service policy does not exist, procedures for formulating a written service policy. Management personnel are trained as well in the proper techniques for delivering training to the entire facility staff. Public information and educational materials were developed to support the national goals of the TEAM program, and this information is made available to facility management.

The national network of facilities, media, and sports personalities provided by TEAM coalition members help foster the adoption of the TEAM program by other facilities across the country. The national network of facilities is a national organization of facility owners and managers. TEAM coalition members consist of the Allstate Insurance Company, CBS Inc., the International Association of Auditorium Managers, Major League Baseball, the Motor Vehicle Manufacturers Association, the National

Association of Governors' Highway Safety Representatives, the National Basketball Association (NBA), NHTSA, and the National Safety Council.

The impact of the TEAM program on the community level is expected to result in several ways. First, it is expected that increased public awareness of the DUI problem will be stimulated by changes in facility policy and practice and by increased public information and education (PI&E) efforts by the facility. Secondly, the TEAM program is expected to have an impact at the community level by local distribution of PI&E materials and by national media attention provided by radio and television in all NBA (and now major league baseball) cities about drinking and driving behavior.

An evaluation of the TEAM program's initial seven demonstration sites was conducted by the Office of Alcohol and State Programs (OASP), NHTSA, during the 1985-86 NBA season. In addition to conducting the evaluation, the staff of OASP provided technical assistance in organizational development and policy analysis, and provided training to arena management and staff. The results of this evaluation suggested that the TEAM concept was very successful. All seven participating facilities revised their policies regarding admissions, vending, and public information. Six of the seven facilities specified in their policy that employees would receive training in techniques of alcohol impairment recognition.

TEAM employee training, which included training in techniques for recognizing alcohol impairment, was first piloted at two of the demonstration sites. Following the pilot training, the training curricula was revised to reflect trainee suggestions for including specific examples of alcohol-related incidents and recommended TEAM actions for managing the situation. After the curricula revision, training was then delivered at four additional demonstration facilities. All facility employee training was conducted by NHTSA staff.

Further, at the seven demonstration facilities that adopted the TEAM program, in addition to employee training, NHTSA staff conducted the alcohol service policy assessments and training sessions for facility managers and staff. It became clear, however, after the first year of the TEAM demonstration effort that if the TEAM program was to become a national effort involving a large number of public facilities, the responsibility for planning, organizing, and conducting the TEAM program had to be transferred to the local level. That is, NHTSA staff could no longer be directly responsible for assessing a facility's alcohol service policy and conducting management and employee training - this would have to become a responsibility of each facility.

In order to support the transfer of responsibility of the TEAM program and ownership to participating facilities, NHTSA developed

and began operating Train-the-Trainer workshops. Generally two individuals from each facility, designated as program leaders, attend a four-day workshop. There are a number of subject areas covered in the workshops, but the most important are:

Management Assessment: a review and analysis of current facility policies related to alcohol use and control

Policy Formulation: the identification of alcohol-related policies and procedures that can be effectively implemented at facilities

Training of Trainers: a program to teach program leaders to facilitate management assessment (policy analysis) and to conduct TEAM employee training program at their facility.

As the Train-the-Trainer workshop program expanded, it became necessary for NHTSA to transfer responsibility for teaching the workshops. The initial organization contracted to teach the workshops was W.S. Morris Company. The National Safety Council now has the responsibility for teaching the Train-the-Trainer workshops.

After participating in a TEAM workshop, it is the responsibility of the facility representatives for leading the review and revision of the facility alcohol service policy as well as conducting TEAM training for facility employees. The purpose of this study was to determine how successful facility representatives were in implementing a TEAM program and TEAM program components after attending a workshop.

## II. STUDY GOAL AND EVALUATION QUESTIONS

There is little question that the continued success and expansion of the TEAM program is in large measure dependent on the quality and effectiveness of the TEAM Train-the-Trainer workshops. The effectiveness of a TEAM program at a specific facility hinges on the workshop participants' abilities to plan and implement a TEAM program and TEAM program activities. The overall purpose of this evaluation was to:

**evaluate the effectiveness of the TEAM Train-the-Trainer workshops by examining the success workshop participants had in implementing a TEAM program and various TEAM program activities within their public facilities subsequent to participating in workshop training.**

Related to this overall goal are the following evaluation questions:

1. To what extent does workshop participation result in review and analysis, or formulation where there is no policy, of a facility's written alcohol service policy.
2. To what extent is alcohol service policy modified or revised following review and analysis?
3. To what extent is TEAM training provided to facility employees?
4. To what extent have public information and education efforts been implemented at the facilities?.
5. To what extent has attendance at facility events been influenced by the implementation of TEAM policy and training?
6. To what extent did implementing a TEAM program have on facility concession sales?
7. To what extent do program leaders acquire the knowledge and skills related to adult learning and instructional methods necessary to be effective trainers?

### Discussion of the Evaluation Questions

Taken as a set, the seven evaluation questions require data to be collected on essentially all aspects of a facility's TEAM program. This includes: the extent that review and analysis of facility alcohol service policy is conducted; the extent that alcohol service policy and procedures are changed and the nature of

the change(s); the extent and effectiveness of TEAM training provided to facility employees; the extent of public information and education (PI&E) activities implemented; and the extent that facility attendance, concession sales and alcohol-related incidents might have been affected by implementation of a TEAM program.

Question 1: Extent Workshop Participation Results in Alcohol Service Policy Review and Analysis

This is considered to be the most important component of the TEAM program. It is hoped that following participation in a workshop, facility representatives will initiate a review and analysis of facility alcohol service policy. Where a written policy does not exist, it is hoped that workshop participants and facility management will work toward developing a written policy. It is expected that the policy will, minimally, address facility procedures on admission of impaired patrons, sale and consumption of alcoholic beverages, and bringing into the facility alcoholic beverages. The policy may also extend to procedures on consumption of alcoholic beverages in facility parking lots or garages as well as other policy procedures (consumption of alcoholic beverages in private boxes or booths, sale of alcohol in private dining facilities, etc.).

Further, without a clearly articulated alcohol use policy that is supported by management, there can be no focus to public awareness campaigns. Also without management support there can be no purpose in training employees to better recognize signs of patron impairment and appropriate actions to take. Overall, identifying changes in policy and practice, which are then incorporated into both employee training sessions and public information materials, is expected to provide a strong measure of the effectiveness of the Train-the-Trainer program.

Question 2: Extent That Alcohol Service Policy is Modified or Revised Following Review and Analysis

Following the review and analysis of existing facility alcohol service policy, it is important that workshop participants identify any policy or procedure weaknesses. These could include issues such as sale of alcohol to minors or impaired patrons, purchase of unlimited number of alcoholic beverages, admission of impaired patrons to the facility, and similar issues. It is hoped that workshop participants will be able to persuade facility management to change or modify those policies or procedures that could potentially result possibly place the facility in liability, or detract from a safe and enjoyable environment for all patrons. Obviously, if there is no written alcohol service policy, it is hoped that workshop participants will make a concerted effort to developing a written policy. It is also expected that if changes or modifications are made in alcohol service policy that these

changes will be incorporated into training for facility employees.

### Question 3: Extent TEAM Training Provided to Facility Employees

Information concerning the extent and type of employee training delivered provides a useful indication of the extent to which workshop participants are able to apply the skills and knowledge acquired in the Train-the-Trainer workshops. The comprehensiveness of the training material presented, and the range of employees trained are all factors that relate directly to the effectiveness of an employee training effort. In turn, the effectiveness of employee training ultimately determines the effectiveness of a facility's TEAM program. Without employee support and enforcement of facility policies, TEAM programs are almost certain to fail in increasing public awareness of alcohol and traffic safety issues and in changing patron alcohol beverage use patterns.

### Question 4: Extent Public Information and Education Efforts Have Been Implemented

Increasing public awareness and stimulating interest in community-wide anti-DUI campaigns are, of course, integral parts of a TEAM program. The assessment of public information and education activities implemented at facilities provides a good measure of the effectiveness of the training and materials workshops participants received. The use of prepared TEAM public announcements, the development of local publicity, and coordination with other related community efforts are all indicators of a successful TEAM program.

### Question 5: Extent Attendance at Facility Events Have Been Influenced by Implementation of TEAM program

Observed changes in facility attendance, even for carefully matched pre- and posttraining events, are likely to be due to a wide range of factors including: day of the week, team performance, weather, and conflicting events. Therefore, it is unlikely that attendance at scheduled events is directly influenced by a TEAM program or implementation of TEAM activities. Nevertheless, in view of some management concern that implementing a TEAM program might impact facility attendance, information on this issue was obtained. All information concerning facility attendance was gathered from on-site interviews. During the interviews, facility personnel were asked to comment and provide their impressions about whether they felt that implementing TEAM activities had any impact on facility attendance. While facility personnel did not seem to be reticent to express their opinions, no actual attendance data was provided. Facility attendance is proprietary, and most facilities do not regularly release such information.

Question 6: Extent Concession Sales Are Influenced by Implementation of TEAM Program

It is unknown how implementation of a TEAM program might impact concession sales. That is, does implementation of a TEAM program decrease concession sales, especially alcohol sales, increase concession sales, or have no influence one way or the other? Concession sales are a major source of income for facilities and any program likely to impact this negatively would probably be a major concern to facility management.

For example, were a facility to reduce the size of the alcohol beverage container, or limited the number of alcoholic beverages a patron could purchase at one time, or restricted alcoholic beverage sales after a certain time (after intermission, after the seventh inning), the sale of alcohol might decrease. It might be argued, however, that reductions in alcohol sales would be replaced by increased sales of non-alcoholic beverages.

Any major changes in concession sales, either positively or negatively, should be readily apparent to facility management and facility employees. In this study, information about concession sales was obtained during the on-site visits. Facility management and facility employees were asked if they felt that there had been any significant changes in concession sales, especially alcohol beverage sales, after implementation of the TEAM program. Again no actual data were provided to corroborate the interviewee impressions about whether concession sales had changed following implementation of a TEAM program. Most sites do not readily provide this information, and companies or concessionaires providing services under contract to a facility usually considered such information to be proprietary.

Question 7: Extent of Trainer Knowledge and Skills

A primary objective of the Train-the-Trainer program is "to increase the ability of the facility program leader to be an efficient, effective instructor of the employee TEAM training program" (TEAM Instructor Guide, p. 5). A direct assessment of the knowledge and skills acquired by the participants of the Train-the-Trainer Program was expected to help determine if the study findings, positive or negative, resulted from the training program or from other contextual factors such as facility characteristics, or level of facility management support. This information was expected to be valuable to NHTSA in deciding how to improve the training sessions -- either by revising existing content on instructional methods or by augmenting the program leader training session with information on gaining cooperation and selling a program.

It should be noted that a facility may implement various TEAM activities, such as a review and analysis of alcohol service policy, but still not implement a TEAM program. A facility may also implement a TEAM program without having implemented all of the various TEAM components. Implementing a TEAM program means a commitment by facility management to the TEAM program concept, and a commitment to complete and incorporate various TEAM activities into the operating routine of the facility. Completing the TEAM components may extend over time, but it is expected that a commitment to the TEAM program will be long term.

### III. OVERALL EVALUATION DESIGN

#### Study Approach

The overall study approach relied on a combination of primary and secondary data collection methods that focused on those facilities represented by participants in prior NHTSA Train-the-Trainer workshops. It was designed in view of the characteristics of the facilities and the context in which they operate as well as the qualitative and quantitative data requirements of the project. Primary evaluation data were collected through a mail/telephone survey of workshop participants and on-site interviews with facility managers, program leaders, and employees. All primary data collection was the responsibility of the evaluation team. Secondary data included facility, policy statements, records, and promotional materials. Survey respondents and local points of contact were responsible for coordinating and managing secondary data collection for review by the evaluation team. Site selection, data availability, and specific study methods are described in the sections that follow.

#### Site Selection

The willingness and ability of facility management to participate, and to some extent facility characteristics, were employed as selection criteria for on-site visits. In addition to these factors, the schedule of planned employee training sessions and recency of participation in the Train-the-Trainer program were also considered in developing the final list of sites. To support the site selection process, NHTSA initially contacted the selected facility representatives who attended training to determine if TEAM programs have been established and to gain an initial commitment to supporting a site visit.

Between the period December 1988 and September 1989 a total of nine train-the-trainer sessions were held in seven regions across the country. For purposes of selecting four facilities as study sites, the facilities represented at the District 1 session were eliminated due to their proximity to the Washington D.C. area and close contact with DOT. Further, in order to ensure that the four sites selected had approximately equivalent posttraining time to implement a TEAM program, facilities represented at the September 1989 training session were also excluded from consideration. Finally, Canadian facilities represented at the training session held in Spokane, Washington were eliminated from the pool of potential sites. The resulting pool of facilities represented a total of 22 states which were grouped into general geographic clusters. The final choice of primary and back-up facilities made in view of efforts to implement a TEAM program, size of the facility, the relative emphasis on local vs. national level events,

and DOT COTR recommendations were as follows:

- Cluster 1 - Washington, Spokane Center  
California, Oakland-Alameda County Coliseum Complex  
(Alternate)
- Cluster 2 - Nevada, Thomas & Mack Center UNLV  
Colorado, McNichols Arena (Alternate)
- Cluster 3 - Georgia, World Congress Center  
North Carolina, Charlotte Coliseum (Alternate)
- Cluster 4 - Ohio, Coliseum at Richfield  
Michigan, Pontiac Silverdome (Alternate)

Site visits were made to: California, Oakland-Alameda County Coliseum Complex; North Carolina, Charlotte Coliseum; Ohio, Coliseum at Richfield; and Wyoming, Casper Events Center. The Wyoming site was selected when schedules at both the primary and backup sites for Cluster #2 were incompatible with study timelines. At each site facility managers were asked to arrange interview opportunities with administrators involved with the TEAM program as well as employees representing each of the following jobs:

- parking lot attendants
- ticket takers/doorpersons
- alcoholic beverage servers
- security
- ushers, hosts, hostesses

The evaluation activities that required the involvement and support of management at participating sites are summarized in Table 1.

Table 1

Summary of Evaluation Activities Requiring  
Facility Management Involvement

establish a mutually agreed upon date for site visit

provide copies of relevant policy, training, and promotional materials

identify key facility personnel to be interviewed and help arrange a schedule of interviews

identify employees to participate in interviews arrange with vendors to provide sales-related data for selected events participate in interviews

## Data Collection Methods

Three different data collection methods were used to obtain the required evaluation data: a mail-out/telephone survey, personal on-site interviews, and a review of existing TEAM-related records and documents.

### Mail/Telephone Survey

Survey forms were mailed to a single representative of each facility who had participated in a TEAM Train-the-Trainer workshop. Seventy-seven (77) facilities were contacted and asked to participate in the survey. Of the 77 facilities, ultimately 49 (64%) completed either a mail or telephone survey.

Surveys were brief, consisting of seven open-ended questions regarding implementation of the TEAM program at each facility. A copy of the survey instrument is provided in the appendix to this report. Because of the format of the questions, responses varied considerably in their completeness and focus. Those surveys completed through telephone interviews generally provided more consistent and detailed information since answers could be clarified by the interviewer. As a general rule, a telephone survey was used when responses to the mailed-out surveys needed clarification, or workshop participants did not respond after several written request to complete the survey.

### Personal Interviews

On-site interviews were conducted at four facilities. Interviews were conducted with facility management representatives (managers) and staff (program leaders) who attended NHTSA training workshops. All interviews were scheduled in cooperation with the facility single point of contact prior to the site visit. Separate interview guides were developed for each of these informant groups and questions were tailored to the individual facilities prior to each visit. These personal interviews focused on issues of facility policy, training, and public information activities related to the TEAM program. The interviews included a variety of individuals depending on the nature of the facility management, including operations, public relations specialists, directors, tenants, and concessionaires. A copy of the interview guide is provided in the appendix.

### Review of Existing Records and Materials

Appropriate facility records and TEAM-related materials were identified and reviewed with the assistance of the established facility points of contact. In addition, policy statements,

employee manuals, training materials, public information and promotional materials were collected and examined as part of the review process in order to verify the information obtained through personal interviews.

This method was also intended to capitalize on the training-related data that were already available to NHTSA and the facilities as part of their training efforts. Specifically, we requested that NHTSA and participating sites encourage the use of the self-administered pre and posttraining knowledge tests and instruction critique forms that are already a part of the Train-the-Trainer program. We contacted the NHTSA training participants to request that the results of these exercises, completed as part of their local training efforts, be forwarded to the evaluation team for analysis. This information was expected to inform the evaluation with regard to the extent of instructor and employee knowledge concerning alcoholic beverage use and the effectiveness of the Train-the-Trainer approach.

#### Availability of Data

To the extent possible, the data collection effort was scheduled to coincide with site-specific schedules surrounding key TEAM program activities and events. This strategy increased the availability of evaluation information. In particular, employee self-evaluation data from sessions already completed were not available. In our original plan it was suggested that if these data were not readily available at the selected sites, they could be collected during future training sessions. In a similar way, the results of participant tests administered at end of the employee training programs already completed were not available for this study. While test scores from future sessions planned will be available, the diversity of proposed data sources allowed us to address trainee knowledge issues using an alternate technique -- on-site interviews.

The availability of cost data from vendors was also a problem. Rather than request detailed sales figures we requested that sensitive information related to sales be provided in terms of percent of change from before the TEAM program was established at a facility. Even this information was unavailable. The issue was addressed through interviews.

## IV. SURVEY DATA

### Survey Sample

Written or telephone surveys were completed by TEAM Train-the-Trainer workshop participants representing 49 of the 77 facilities included in the study sample, or 64 percent. Representatives included staff from both facility management and principal tenant organizations such as professional sports teams. The time between the initial involvement of respondents in TEAM training and their completion of the surveys averaged about 20 months, and ranged from two to nearly 29 months. The great majority of respondents (84%) received TEAM training at least one and a half years prior to completing the survey.

Although supporting documents describing each facility and its alcohol management policy were also requested, additional information was provided by only 14 respondents. These limited data indicated that the facilities represented are mostly large outdoor stadiums (with seating capacities as high as 85,000 patrons) and medium to large-sized indoor arenas (typically built for 10,000 to 25,000 people). All of these feature sports events, concerts, and a variety of family entertainment. Some building complexes that include more than one type of facility at the same location were included in the survey sample as were some smaller, performing arts and convention facilities. While TEAM workshop participants from Puerto Rico, Canada, and Australia were included in the survey mailing, all but two of the 49 responses received were from facilities located in the United States.

### Survey Findings

The survey results showed a significant impact of the TEAM Train-the-Trainer workshops on more than three-fourths of the facilities represented. Comments were overwhelmingly positive and supportive of the program, even in those cases where a formal TEAM program was not implemented. The survey findings with respect to facility policy, employee training, and public information activities are summarized in Table 2.

### Facility Policy

Survey respondents indicated that facility policies and procedures regarding the consumption and the sale of alcoholic beverages and admission and management of impaired patrons were substantially influenced by their participation in the TEAM program. Thirty-eight of the 49 respondents (78%) noted that an

assessment of policies and procedures was conducted or is currently underway at the facilities they represent. All of this resulted from their involvement in a TEAM Train-the-Trainer workshop. Policy assessment was planned but not yet begun at one additional facility.

Table 2

Summary of Facility Survey Findings

Survey Question (n = 49)	Percent "Yes"
Policy assessment conducted?	78%
Written policy adopted or modified?	74%
TEAM training provided to employees?	55%
Public awareness activities conducted?	43%
Overall TEAM program implemented?	73%

Written alcohol management policies and procedures were adopted or modified at 36 of the 49 facilities (74%) and were currently being revised at two more sites (4%). It should be noted, however, that in some instances written policies existed prior to the facility's involvement with the TEAM program. Also, the scope and significance of written policy varied considerably among facilities. Policy was described by some respondents as only prescribing the use of concessions signage whereas others described documents that more comprehensively addressed all aspects of alcohol sales and the management of impaired patrons.

Of the 13 respondents from facilities that have not adopted a written alcohol policy, one indicated that some general guidelines have been established, two noted that existing statutes and/or vendor policies are sufficient, and one explained that the necessary resources for new policy development are not available. Overall, this group of facility managers fail to see the need for or have the resources required to develop additional written policy. One respondent suggested that a greater emphasis should be placed on strategies for implementing TEAM policy, rather than on training techniques.

On-Site TEAM Training

The extent to which TEAM training is conducted at these facilities was also found to be substantial, although less frequent than policy assessment. Respondents from 27 of the 49 facilities represented (55%) reported that TEAM training was provided to facility and/or tenant employees. Five more survey respondents (10%) indicated that training was planned but not yet implemented.

Eight of the 27 who provide training (30%) reported using a shortened, modified, or informal version of the TEAM approach or using TEAM for only a limited number of employees. While in most cases training is made available to the full range of facility employees, vendor employees are sometimes not included in the TEAM training because they already participate in Training and Intervention Procedures for Servers of Alcohol (TIPS) or similar training.

It was reported that trainers have sufficient preparation and supporting materials to successfully conduct training for the employees at their facilities. However, it was also noted that workshop participants are often not the individuals directly responsible for providing training to facility employees. One comment regarding the TEAM training video suggested that a greater use of minority actors and actresses would be more consistent with employee demographics.

Barriers to training delivery include limits on resources, time, and training opportunities (for example, if training is provided on-the-job) as well as relatively little perceived need for staff who are not in concessions or security positions. A more cost-effective and flexible approach to training, perhaps using videotapes, was suggested. It may also be useful to find new ways to emphasize the roles of all employees in the overall approach.

Both the level of participation and interest in the TEAM training provided was reported to be good. However, formal evaluation data are generally not collected from employees as part of the training sessions.

### Public Awareness Activities

Twenty-one of the 49 survey respondents (43%) reported some efforts to increase public awareness among their patrons about the need for responsible drinking and the dangers of driving while impaired. A variety of public awareness activities were reported, most frequently: signage via both printed and electronic message boards; video displays (public service and other); public address announcements before, during, and after events; press coverage/attention; printed materials such as souvenir programs and magazines, newsletters, fact sheets, cards, and stickers; and concessions-related items including buttons, beverage containers, napkins, and t-shirts. While signage, announcements, and printed materials were the most commonly reported activities (and probably the lowest cost alternatives), a number of facilities use video PSAs featuring local sports personalities.

The facilities' involvement with other alcohol related programs was somewhat limited. Many have designated driver (DD) programs that provide free soft drinks to individuals who sign a DD pledge form. It was suggested that the costs involved in these

additional activities sometimes necessitate the participation of a commercial sponsor in order to be successful.

### TEAM Program Implementation

The factors most frequently identified as influencing the implementation by a facility of a TEAM program are summarized in Table 3. Those respondents who indicated that their facility had implemented a TEAM program (n = 31) were asked to identify the major factors that led to this. Management support was the factor identified most frequently (23 of 31 respondents - 74%). Nearly half of the facility representatives (14 representatives - 45 %) responded that the program is part of an overall commitment to the safety and enjoyment of the patrons; nine (29%) mentioned concerns about actual alcohol-related problems or the potential for liability; and three (10%) viewed TEAM as part of an industry-wide trend. Other contributing factors noted by respondents include concerns about employee safety, TEAM's association with professional sports leagues, and the quality and availability of the TEAM Train-the-Trainer workshops.

Table 3

#### Primary Factors Influencing A Commitment to the TEAM Program

Factors Supporting TEAM (n = 31)	Percent of Facilities
Management support	74%
Overall commitment to safety/enjoyment	45%
Concerns about potential liability	29%
Part of industry-wide trend	10%
Factors Preventing TEAM (n = 18)	
Lack of management support	39%
No need or other programs used	39%

These same respondents were also asked what major difficulties were encountered during implementation of the TEAM program at their facilities. About half (14 of the 31 responding) reported that there were no significant problems or resistance to the TEAM program. Those problems that were identified most frequently were cost related, particularly those costs associated with employee training. The relatively lengthy duration of TEAM training (approximately four hours) and the need to provide employee incentives and/or compensation for attending training are seen as prohibitive factors by certain facility managers. As previously noted, a number of facilities chose to implement shortened versions of the training or to provide training to only selected employees (e.g., supervisory, security, and concessions staff) in order to

reduce costs. Other problem areas mentioned included the loss of alcohol revenues anticipated with the implementation of TEAM policies, the difficulties associated with scheduling training for part-time employees, some employee resistance to the policies and their role in policy implementation, concerns about adverse patron reaction, and a lack of management support. No specific problem was noted by more than three respondents, however.

Respondents (n = 18) who indicated that TEAM was not implemented at their facility were asked what they considered to be the major reasons. As shown in Table 3, lack of management support was reported by seven of the 18 respondents (39%). Another seven (39%) indicated that there was no need for the TEAM program either because other training programs were used (typically TIPS) or there were very few events where alcohol was served. Other reasons cited by the survey respondents included a lack of financial resources, poor timing or scheduling problems, and pressure from vendors to maintain alcohol sales levels.

### Future Plans

Of the 49 survey respondents, 36 (73%) reported that a TEAM program has been or is being implemented at their facility. In the future, 24 (67%) of those respondents expect that their facilities will continue with the TEAM program as it is currently configured; 7 (19%) expect to continue TEAM development or implementation efforts; and 4 (11 %) stated that future plans are uncertain. Thus, at the overwhelming majority of facilities where the program has been adopted, the management staff have apparently made a long term commitment to TEAM. It should also be noted, however, that the nature of facility policy and practice, particularly in the area of alcohol sales, is often re-evaluated as circumstances and events warrant.

### Summary

The key findings from the survey of TEAM Train-the-Trainer workshop participants can be summarized as follows:

- TEAM had a significant impact on the assessment and implementation of alcohol policy among the facilities represented at the workshops. Seventy-eight percent of the facilities indicated that a review of the alcohol policy was completed or underway.
- More than half of the respondents (55%) indicated that TEAM training was provided to at least some facility and/or tenant employees. However, respondents were concerned about the costs and scheduling problems associated with training.

- Most respondents believed that the TEAM program adequately prepared them to conduct training, although those attending team training were not always the individuals responsible for on-site training.
- Less than half of the facilities (43%) reported efforts to increase public awareness among their patrons about the need for responsible drinking and the dangers of driving while impaired. Often these efforts were limited to signage and public address announcements because of personnel and financial constraints.
- Approximately three-fourths (73%) of the facilities represented in the survey have implemented or expect to implement a TEAM program.
- Management support was the most important factor in implementing the TEAM program. Lack of management support and lack of need were the major reasons cited for failure to implement TEAM.

## V. SITE VISIT DATA

### Facility Profiles

Four public assembly facilities were selected for site visits in accordance with the sampling strategy previously described. The participating sites were: the Oakland-Alameda Coliseum in Oakland, California; the Charlotte Coliseum in Charlotte, North Carolina; the Richfield Coliseum in Richfield, Ohio; and the Casper Events Center in Casper, Wyoming. These facilities represent relatively diverse geographical locations, size, organizational structures, and patterns of use as well as a range of TEAM program implementations. Following are brief profiles of the characteristics of the four facility sites.

#### Oakland-Alameda Coliseum

The Coliseum Complex, located in an urban setting, consists of three separate facilities: an outdoor stadium with a seating capacity of 49,000 which is used primarily for baseball, high school football, and concerts; an indoor arena which seats 16,000 people for basketball, concerts, and various family shows; and an indoor exhibition hall for trade shows, sales, and similar events. There are between 200 and 250 events held each year in the Coliseum Complex including about 80 Oakland A's baseball games and 45 Warriors basketball games. Season ticket holders account for the majority of the attendance at these professional sports events.

The facility is owned and operated by the city and county but events are conducted by the Coliseum tenants who include professional sports organizations and event promoters. Coliseum staff are responsible for security, ticket taking, ushering, ticket sales, and maintenance within the facility. Outside contractors provide food and beverage and parking services.

#### Charlotte Coliseum

The Coliseum is a multipurpose indoor facility with a seating capacity of approximately 25,000. Opened in 1988, it hosts about 160 events per year including professional basketball games, concerts, trade shows, rodeos, and various family shows. Annual attendance is about 2 million, due largely to the popularity of the Charlotte Hornets basketball team.

The facility is owned by the City of Charlotte and the management is responsible for all aspects of facility operations. Staff include about 80 full-time employees and an additional 300-400 employees who are available for each event. Security is provided by off-duty police officers and through arrangements with

an outside security contractor. Food and beverage concessions are staffed by volunteers from local civic and charitable organizations.

### Richfield Coliseum

The Richfield Coliseum is located in a rural area about 25 miles south of Cleveland and 20 miles north of Akron. The 20,000 seat facility is privately owned and operated by a management company which shares ownership with its primary tenant, the Cleveland Cavaliers basketball team. Approximately 200 events are held each year which include basketball, indoor soccer, hockey, concerts, and various other family and sports events.

Two outside vendors provide food and beverage services at the Coliseum: one staffs the concessions stands and bars while the other operates the facility's two restaurants and catering services. County sheriff's officers provide parking lot patrols and staff a security office within the facility during events. All other aspects of the facility operations, including security, ushering, ticket takers, parking attendants, and ticket sales are handled by facility employees.

### Casper Events Center

Located in rural central Wyoming, the Casper Events Center is a multipurpose indoor facility with a 10,400 seat capacity. It is used primarily for state and local high school sports, concerts, trade shows, and rodeos as well as for banquets and meetings. The center hosts approximately 230 events per year, although only about half that number make use of the arena portion of the facility.

The ten year-old facility was built by the City of Casper which continues to support its operation. Staff include a director, seven full-time employees, and about 290 on-call event personnel. A single vendor provides food and beverage services for all concessions and banquets within the facility. The parking lot is patrolled and maintained by the city; there are no parking attendants.

### Interview Findings

Interviews were conducted with a total of 39 different individuals during the site visits, and ranged in duration from two hours to 15 minutes. The number of individuals interviewed by site were: Oakland-Alemeda Coliseum - 10; Charlotte Coliseum - 12; Richfield Coliseum - 7; and Casper Events Center - 10. Generally, interviews with individuals who participated in TEAM training workshops or who are responsible for current TEAM activities

on-site lasted at least an hour; interviews with upper management and department supervisors were 30 - 60 minutes; and interviews with front line staff were 15 - 30 minutes, depending upon their level of involvement in the TEAM program and the nature of their jobs. The types of individuals interviewed covered the full range of facility work responsibilities including facility management, facility security, concession sales, ticket takers, ushers and parking lot attendants. A facility tour was included in each site visit to observe alcohol-related signage and points of sale. Documents describing facility policy, training, and characteristics were also collected and reviewed.

The interview results were compiled and synthesized for each site. The findings are summarized in accordance with the principal research questions addressed by the study in the sections that follow.

### Facility Policy

Policy-making. Although policy-making decisions ultimately reside with the facility owners and managers, a collaborative approach to setting alcohol policy is generally preferred at the facilities visited. Policy recommendations are made and agreed to by management, vendors, and tenants as a matter of general facility operations and in keeping with the circumstances surrounding each specific event. It is not unusual, however, for each organization to establish an independent policy statement.

Assessment of policy. All of the sites visited initiated assessments of their alcohol policy as a result of their involvement with the TEAM program. The assessment focused on understanding and documenting current policy, identifying gaps and inconsistencies in policy, reaching a consensus regarding what should be addressed by policy, and establishing policy guidelines for alcohol sales and the management of impaired patrons.

Current written policy. Although all four sites revised or implemented alcohol policies as a result of TEAM, the extent to which they have developed formal written policy statements varies. Policies typically focus on admission to the facility and alcohol sales. Only one of the three facilities allows drinking in the parking lot and none allow alcoholic beverages to be brought into the facility. Patrons are asked to voluntarily submit to visual inspection at facility entrances and those with alcoholic beverages either have them confiscated or in certain cases are allowed to return them to their cars. The identification of impaired patrons at the facility entrance often poses a problem for facility policy. Depending upon the level of impairment and age of the individual, such patrons may be: (a) refused admission, (b) taken to the first aid station, (c) detained by security, (d) cited or taken into custody by police, and/or (e) admitted and kept under observation. Facilities also are particularly sensitive to the problem of

minor-aged patrons who possess or consume alcohol.

Sales policies changed significantly as a result of TEAM. All four facilities reported that they now limit both the size and number of purchases that can be made, require proof of age for all patrons who appear to be 30 years of age or younger (one facility requires identification from all patrons regardless of apparent age), limit sales to specified locations (alcoholic beverages are no longer sold by vendors in the stands), and establish sales cut-off times for each event. Types of changes in alcohol sales policy include: reducing the drink cup size from 32 ounces to 12 or 18 ounces; limiting the number of drinks that can be purchased at one time such as two per purchase; and discontinuing alcohol sales after the half, after intermission or the seventh inning.

It should be noted that each facility has hosted one or more events where alcoholic beverages were not served because the expected age of the patrons was young and/or the potential for alcohol-related problems was high. Also, while there were similarities in alcohol sales policy changes among the sites, the availability of alcohol varies substantially among the four facilities and varies as a function of the event within a given facility. Thus alcohol policy changes may in certain cases be more effective in heightening alcohol awareness among staff and patrons than in actually limiting alcohol consumption.

Exceptions to the general policies described are usually found in the facility restaurants, private clubs, and private boxes. Restaurants generally provide a full range of alcoholic beverages but, unlike the concessions, are able to more closely monitor an individual's consumption and apparent level of impairment. Private clubs that operate before and during events can be problematic because of transferable memberships and the availability of liquor. At one site the privately owned boxes were treated like private property and owners were allowed to make their own arrangements for catering services. This is an area where facility managers may be reluctant to get involved and may be unsure about the appropriateness of setting policy.

Stated versus actual policy. While the individual perceptions of the alcohol policy varied somewhat among those interviewed at each site, they agreed that written policies are adhered to by facility staff. Moreover, respondents were quick to point out incidents where the policy was enforced despite possible adverse consequences for staff or the presence of extenuating circumstances. Respondents were unanimous in their belief that the facility management will support the decisions made by their staff with respect to the sale of alcohol and the management of impaired patrons.

Access to policy. Access to policy at the four sites is a function of whether or not a formal written policy has been developed and whether training materials are distributed to

employees. Only two of the four facilities currently have written manuals that describe the alcohol policy for their employees; such manuals are being developed at the other sites. Even security staff do not always have copies of the facility alcohol policy. Vendor employees, on the other hand, generally receive written guidance about their responsibilities regarding the sale of alcoholic beverages.

Ensuring compliance. The issue of compliance with facility policy focuses on alcohol sales since the potential penalties with respect to licensing and liability are severe. Vendors at all four sites monitor their sales staff closely to ensure that they do not serve underage or impaired patrons. At three of the facilities, vendors reported using individuals posing as patrons to verify that staff comply with sales policies.

### On-Site Training

Employee training varies across sites and job categories. At one site employees are prepared entirely through on-the-job training provided by individual supervisors; at another a formal 20-hour orientation program is presented to all new employees. Information on alcohol policy and procedures is usually integrated into the overall training effort.

Participation. In keeping with the TEAM concept, site managers attempt to include all employees in their alcohol awareness and policy training. Often vendor staff receive more detailed training through TIPs or similar programs which focus on sales. In certain instances, security staff also receive separate alcohol-related training.

Employee participation in training is mandatory at all four facilities. At three, employees are compensated for their time in attendance; at the other, food and beverages are provided but employees are not paid for participating in training.

Extent of training. Respondents agreed that the amount of training suggested by the TEAM program is more than what is necessary for the majority of facility employees. The length of alcohol-related training ranges from 3 1/2 hours to less than 1 hour, and possibly even less in the case of the facility that relies on an on-the-job-training format.

The greatest concerns about training among those interviewed were related to scheduling, costs, and staff turnover. In those facilities where turnover is relatively low and the event schedule is fairly regular, as is the case during basketball season for example, it is feasible to conduct large group training sessions once or twice a year. In other facilities, where both the schedule and staff are less predictable, a group approach is less practical. It was suggested that a 30-minute TEAM training videotape that

could be viewed by new employees on an individual basis would be a valuable asset for dealing with these cost and scheduling problems.

Trainers. The facility representatives who attended train-the-trainer workshops do provide at least some training at three of the four sites. They noted that they were well-prepared to provide training.

Training materials. TEAM training materials provided by NHTSA are used in varying degrees by three of the four sites. However, the materials are revised and abbreviated for each training application. The videotape is particularly well-received by employees since it provides an alternative to the usual lecture and discussion format. However, two elements of the videotape that were criticized are its stop-and-start approach and its under-representation of minorities.

### Public Information Activities

Facility respondents suggested that perhaps the greatest benefit of the TEAM program is in its ability to heighten the awareness of responsible alcohol consumption among staff and patrons. Their efforts to extend this awareness to the general public, however, have met with varying degrees of success.

Staff responsibility. The ability of facilities to plan, coordinate, and implement public awareness activities related to the TEAM program is a function of available financial and personnel resources, as well as the accessibility of ongoing NHTSA support. Larger and more prosperous facilities that maintain media and public relations staff are quite successful in conducting public awareness campaigns. Smaller facilities lack both the money and staff expertise to promote this aspect of TEAM without outside support from private sponsors and/or NHTSA.

Nature of activities. Three of the four facilities increased their level of public information activities somewhat following the introduction of the TEAM program. These efforts ranged from an increased use of signage, in-house message boards, and public address announcements to the development of television spots using local sports figures.

TEAM materials. Promotional materials provided by NHTSA are well-received by facilities. Staff find them very useful in maintaining the awareness of staff and patrons. It was noted, however, that additional materials are needed, particularly staff buttons and posters. Vendors also supply most of the facility materials through the use of slogans on beer cups and signs posted at concessions stands.

Involvement with related programs. At two of the sites, facilities work with other community programs to promote alcohol

awareness and combat drunk driving. In both cases designated driver programs are established that provide free soft drinks to individuals who pledge to be the designated driver for a group attending the event. These programs, which are sponsored by soft drink companies, have had a limited response from patrons.

Feedback from the public. There has been little direct feedback from facility patrons regarding the public awareness activities that are conducted. Surveys of patrons regarding their awareness of such activities have not been conducted. Informal feedback suggests that posters and public service spots, particularly those that include local sports personalities, have generated a favorable response from the public.

#### Impact of the TEAM Program

The TEAM program has the potential to impact facilities in a number of ways. Because changes in policy are often gradual and event-specific, however, these impacts can be difficult to quantify.

Response from patrons. None of the facilities in the sample has conducted a formal study of patron reactions that specifically focus on their alcohol policy and procedures, although one facility does conduct periodic focus groups and surveys. The overall impression of facility staff is that patron reaction to the alcohol policy is generally supportive but mixed. This impression results, in part, from the fact that those who have complaints or are involved in alcohol-related incidents are much more likely to make their opinions known than those who favor the current policies. Adverse reactions are most frequently encountered from individuals who are denied alcohol because they appear to be intoxicated, do not have proper identification, or alcohol sales have been cut off for the remainder of the event.

Employee response. The response from facility employees interviewed on-site to the changes in alcohol policy was overwhelmingly positive. Supervisors and front line workers indicated that the great majority of problems they encounter during events involve alcohol. They support any changes in alcohol policy that are likely to reduce these problems and make their jobs easier. Some suggested that a restrictive alcohol policy was not really the answer. More important is an awareness of alcohol-related behaviors and a willingness to identify and communicate about potential problems so that they can be prevented.

Vendor response. Most vendors acknowledge the societal and industry-wide changes that have taken place with regard to alcohol sales and consumption and recognize the need for more responsible policies. The vendors interviewed for this study indicated that such changes are welcome and supported at the highest levels of their management. Most consider themselves partners in the

business of providing quality entertainment in an environment which is safe and enjoyable for patrons. They also recognize that as contractors they must comply with the policy set by the facility owners and management.

Attendance. Although no formal study of attendance data was conducted at any of the sites visited, both management and staff indicated that alcohol policy does not significantly influence attendance at events. They believe that alcohol policy is not a factor in the decision to attend an event. In fact it was noted that very few patrons are even aware of the alcohol sales policy prior to their admission. Those who are regular attenders (for example, season ticket-holders) are aware of the policy but unlikely to let it influence their attendance. Information about the availability of alcoholic beverages is provided if requested prior to an event, however very few patrons ask.

Concession sales. Perhaps the greatest concern of some facilities is the potential impact that the policies suggested by the TEAM program might have on concession sales, and particularly alcohol-related revenues. Unfortunately no formal studies of the relationship between changes in facility policy and alcohol sales were conducted by the sites in the study sample. Clearly when alcohol is not sold at an event, concession sales are affected. Both vendors and facility managers estimated that, on the average, a decrease of less than five percent in overall sales could be attributed directly to changes in alcohol policy. One vendor noted that the decrease in alcohol sales is a general trend, regardless of the specific facility policy established. It was also suggested that the decrease might be offset to some extent by reduced staffing requirements and the sale of nonalcoholic beers. Beer stands and bars might actually save money by closing during events that are likely to attract a very young or family-oriented crowd. To date, however, the sale of nonalcoholic beers has been very slow at all four sites.

Alcohol-related incidents. The number and severity of alcohol-related incidents was reported to be relatively low at the four facilities visited. Respondents attributed this to changes in the alcohol policy, an increased awareness among facility staff, and a greater emphasis on responsible alcohol consumption among patrons. It was found that the transition to a more restrictive policy was actually sometimes accompanied by a temporary increase in alcohol-related incidents because of heightened staff awareness and because patrons did not realize that new policies were being enforced.

Liability. Managers of all four facilities agreed that implementing the TEAM program and associated alcohol policies helps them limit their liability. Since to date none have been involved in any serious legal action related to the actions of an impaired patron, respondents were not able to estimate the savings that may result from the program. Given the potential human and financial

costs associated with a serious alcohol-related incident, however, most believed that their investment in the TEAM program policy and training was well spent.

Each of the four sites visited have established TEAM programs.

### Summary

Keeping in mind the largely subjective nature of the data collected on-site, the major findings from the interviews and document reviews at the four participating public assembly facilities are as follows:

- As a result of their involvement in TEAM, all four sites assessed their alcohol policy, made changes in the availability of alcohol during facility events, and involved employees in alcohol-related training. The awareness of alcohol policy and procedures among facility employees was heightened by the TEAM program.
- As a result of their involvement in TEAM, all four sites initiated TEAM training. Alcohol-related training, however, ranged from 3 1/2 hours to, in some instances, less than an hour. The greatest concerns about employee training were scheduling, costs and staff turnover.
- At three of the four facilities, the level of public information activities increased somewhat following participation in the TEAM program. Financial and personnel resources available for such activities varied significantly among sites.
- Management, vendors, and staff agreed that changes in facility alcohol policy did not significantly influence attendance, although the policy changes did result in slightly lower alcohol sales.
- Management, vendors, and staff agreed that changes in facility alcohol policy eventually resulted in fewer alcohol-related incidents. Moreover, managers believed that such policies helped them limit their liability.
- All four sites implemented a TEAM program.

## VI. SUMMARY AND CONCLUSIONS

### Study Findings

The NHTSA TEAM program has achieved a significant level of success in influencing facility policy, training, and public information activities regarding the sale and consumption of alcoholic beverages and the management of impaired patrons. This evaluation addressed seven questions concerning the effectiveness of the Train-the-Trainer Program in establishing TEAM program policies and training among participating public assembly facilities. Given the study limitations with respect to the availability of secondary data and the relatively small number of sites visited, the major findings pertaining to each question are summarized as follows.

#### Question 1: Extent Workshop Participation Results in Alcohol Service Policy Review and Analysis

and

#### Question 2: Extent That Alcohol Service Policy is Modified or Revised Following Review and Analysis

- The TEAM program has been largely successful in bringing about assessment, revision, and documentation of alcohol policy among participating public assembly facilities.
- There is substantial variation among policy statements in terms of their specificity and comprehensiveness.
- At the facilities where new policy was not implemented, managers indicated that existing guidelines were adequate or that the resources needed to develop additional policy were not available.

#### Question 3: Extent TEAM Training Provided to Facility Employees

- TEAM training is provided at most facilities that have participated in the program but the scope of the materials is usually abbreviated. Often training is limited to selected employees such as supervisors, concessions staff, and security personnel.
- The instructor preparation and training materials provided by NHTSA were generally thought to be good. While the videotape(s) provide a useful introduction to the TEAM program, the stop-and-start format and the lack of minority actors were viewed as problematic.

- The costs of comprehensive TEAM training for all employees was found to be prohibitive for many, if not most, facilities.

Question 4: Extent Public Information and Education Efforts Have Been Implemented

- While about half of all facilities reported implementing some types of public information and education efforts, these activities are often limited to increased use of facility signage and public address announcements.
- Public information activities are restricted by available financial resources and the capability of individual facilities to develop and implement effective public information campaigns.

Question 5: Extent Attendance at Facility Events Have Been Influenced by Implementation of TEAM program

- There was no indication that attendance at facility events is adversely affected by changes in alcohol-related policies that result from participation in the TEAM program.

Question 6: Extent Concession Sales Are Influenced by Implementation of TEAM Program

- Implementing the TEAM program results in slightly lower concessions sales due to the reduced sales of alcoholic beverages. While the precise extent of the reduction in sales is not known, estimates are generally small and may be attributable to societal change toward more responsible alcohol consumption.

Question 7: Extent of Trainer Knowledge and Skills

- Participants in the TEAM workshops report that they acquired the knowledge, skills, and supporting instructional materials to be effective trainers.
- Workshop participants are not always the individuals directly responsible for providing training to facility employees. Thus the impact of the train-the-trainer strategy was not always optimal.

Finally, and most importantly, management support was reported to be the most important factor in implementing a TEAM program.

## Recommendations

Based on the results of this evaluation the following recommendations are provided for consideration by NHTSA. It is expected that these suggestions will facilitate continued improvement in program operations and demonstrated effectiveness in terms of facility impacts.

- The results of this study indicate that a disparity exists between ideal TEAM training for employees and the training actually provided in many public assembly facilities. Even though all employees are a part of TEAM, managers suggest that all employee groups do not need the same level of preparation, knowledge, and skill. In order to promote alcohol awareness among the broadest possible audience of facility employees, it is recommended that the development of a more modular curriculum be considered to accommodate different levels of perceived staff training needs. This curriculum structure might include a set of core materials that provides a short overview of the TEAM concept, complimented by a series of instructional blocks targeted to the needs of specific employee groups. By providing these materials, NHTSA can ensure that the integrity of the TEAM concept is maintained throughout all on-site training.
- Costs and scheduling problems associated with training a large, part-time, and often transient work force are primary concerns among facility managers. While regular group training are particularly appropriate and effective for TEAM, individual training is sometimes necessary to accommodate high staff turnover or departmental training preferences. It is recommended that alternative formats, such as brief, job-specific TEAM videotapes or pamphlets be designed for individual use. Such supplemental materials would be valuable for supporting these intermittent, nonstandard training situations.
- Although TEAM utilizes a train-the-trainer approach, the study found that some workshop attenders may be more accurately described as program developers or coordinators rather than trainers. To these individuals, implementing the TEAM program is of greater concern than delivering training to employees. Moreover, without successful program implementation, on-site TEAM training may not be possible. Thus, it is recommended that the workshop curriculum be presented in a more flexible way that recognizes the varied responsibilities of attenders and the importance of providing instructor training that is sufficiently transportable to reach those facility trainers who are not directly involved in the NHTSA workshops.
- The train-the-trainer approach is both practical and effective as a means of stimulating changes at the local level.

However, the ability of individual facilities to implement, sustain, and expand TEAM program activities without continued NHTSA support is limited. Additional follow-up is needed to provide training and technical assistance.

- A more personalized approach is needed to reach facility employees. Although television appears to be effective in reaching large audiences, posters, buttons, informational brochures, and training certificates can be very important and relatively low cost tools for reinforcing TEAM concepts. There is a need for additional materials of this type.
- Greater opportunities for communication among participating TEAM sites would be helpful, especially in rural areas. This might be accomplished through a TEAM newsletter, establishment of a facility network, convening regional meetings, or further reliance on NHTSA to act as a clearinghouse for TEAM information.
- The success of the TEAM program stems in part from the broad-based industry, organizational, government, and corporate support it has received. Similar support is needed by facilities at the local level. It is suggested that NHTSA and other TEAM organizations could provide additional assistance to facilities in the development of local partnerships.

**APPENDIX: DATA COLLECTION INSTRUMENTS**

**Survey Cover Letter**

**Team Train-the-Trainer Program Survey**

**Facility Manager/Director of Operations  
Interview Guide**



**Mid-continent Regional  
Educational Laboratory**

2550 So. Parker Road Suite 500  
Aurora, Colorado 80014  
(303)337-0990 FAX (303)337-3005

December 3, 1990

Mr. John Johnson  
Kansas City Royals  
P.O. Box 419969  
Kansas City, KS 64141

Dear Mr. Johnson:

I am contacting you regarding the TEAM (Techniques for Effective Alcohol Management) program that you attended in Missouri during May of 1989. The National Highway Traffic Safety Administration (NHTSA) has asked McREL (Mid-continent Regional Educational Laboratory) to review the program and to obtain your thoughts about the training session. We are especially interested in learning from you how the training might have influenced the development of an alcohol management policy, and what effect the training had on alcohol management practice and training at the Kansas City Royals. The information you provide will be used to help NHTSA make future training sessions more effective.

Attached is a brief questionnaire. We ask that you take a few minutes to respond to the information requested. Please return your completed questionnaire in the self-addressed, return envelope. As a final request, it would be most helpful if you would provide us a copy of promotional materials that describe your facility (its size, capacity, type of events held, etc.) as well as a copy of your facility alcohol management policy. A mailing label is included for your convenience.

Thank you in advance for taking the time to provide us with this important information. If you have any questions please do not hesitate to contact me by telephone at (303) 337-0990 or FAX (303) 337-3005.

Sincerely,

Louis F. Cicchinelli, Ph.D.  
Project Director

enclosure

## TEAM Train-the-Trainer Program Survey

1. Since attending the TEAM Train-the-Trainer program:
  - a. Has your facility conducted an assessment of facility policies and procedures regarding admission, sale, and consumption of alcoholic beverages? If yes, please explain.
  
  
  
  
  
  
  
  
  
  
  - b. Has your facility adopted a written alcohol management policy and procedures statement which you feel responsibly addresses the problem of alcohol management? If yes, please explain.
  
  
  
  
  
  
  
  
  
  
  - c. Have TEAM training sessions been provided for facility employees? If so, for which employee groups? Has participation and interest been good?

**NOTE:** Would it be possible for us to obtain trainee self-assessment data associated with the training sessions held? McREL would use this information in a secondary analysis of trainee abilities/comments and individual responses would be kept confidential—a summary report would be provided to you upon completion of the analysis.

2. If a TEAM facility alcohol management program has been implemented at your facility, what would you consider to be the major factors that led to its implementation (e.g., management support, public concern, a problem incident, etc.)?
  
  
  
  
  
  
  
  
  
  
3. If a TEAM facility alcohol management program has been implemented, what would you consider to have been the major difficulties encountered during development (e.g., cost,

employee resistance, etc.)? Is there still resistance to implementation of the facility management program, and if so, what is the source(s) of this resistance?

4. If a TEAM facility alcohol management program has not been implemented, what do you consider to be the major reasons?
  
  
  
  
  
  
  
  
  
  
5. Has the TEAM program included public awareness campaigns concerning responsible alcohol use and your facility's policy on alcohol? If so, please describe your campaign.
  
  
  
  
  
  
  
  
  
  
6. Does your facility have plans to continue, or if not implemented, to implement TEAM related activities in the foreseeable future? Please describe briefly.
  
  
  
  
  
  
  
  
  
  
7. Please add any additional comments you feel are important.

Thank you for your time and assistance.

**Facility Manager/Director of Operations  
Interview Guide**

Name \_\_\_\_\_

Date \_\_\_\_\_

Title \_\_\_\_\_

Site \_\_\_\_\_

Did you attend a TEAM Train-the-Trainer program?

If not, do you remember who from your facility did attend?

**I. Facility Characteristics**

1. What is the overall ownership and management approach for this facility (eg, board, city/county government, public, private)?
2. How much flexibility does the facility management have in making and implementing policy?
3. Is there a single manager/director? If not, what is the basis for this position (eg, different teams/owners, event specific managers, managers for different event/facility functions, etc.)?

If there are more than one manager/director, does this present problems with regard to implementing a consistent facility policy about alcohol sales and the management of impaired patrons?

4. Approximately how many events are held each year?
5. What is the average number of patrons who attend? Can you estimate the number of season ticket holders as opposed to walk-ins? What is the total number of patrons served by the facility in a typical year?
6. What types of events are held?
7. How many permanent employees are there? How many are employed as part-time or event staff? What is the breakdown by job classification (eg, parking, usher, security, ticket-taker, vendor, etc.) and how do the numbers differ by type of event?
8. What kinds of services are contracted and for what types of events? Are there any union requirements concerning employee training?

Do contracted services influence the way that facility policy is implemented concerning the sales of alcoholic beverages and management of impaired patrons?

## **II. Facility Policy**

1. Who is involved in establishing and implementing facility policy?
2. Was an assessment of facility policy completed regarding alcoholic beverage sales and management of impaired patron after participation in the TEAM program? Did you participate in this process? Who else participated in the assessment?
3. Was a written alcohol management policy completed for the facility after the assessment? What aspects does it cover?

Was the management of impaired patrons covered in writing before the TEAM program? Is it now?

Was the control of alcoholic beverage sales addressed in a written facility alcohol management policy before the TEAM program? Is it now?

4. If a written alcohol management facility policy was completed, what prompted it (eg, TEAM, incident, other factors, combination, etc.)?

To what extent was TEAM a factor in implementing the new policy?

5. Is there a difference between stated and actual facility policy? If so, what is the difference?
6. Do employees and vendors have access to the written facility policy? Is so, how?
7. Do all employees and vendors have to abide by the facility policy?

If yes, what measures are taken to ensure compliance (eg, periodic monitoring, review of records, etc.)?

Is the requirement that employees and vendors abide by the facility policy stipulated in the service provider's contracts?

## **III. On-Site Training**

1. Have employee/vendor training sessions concerning responsible alcoholic beverage sales and the management of impaired patrons been conducted since participation in TEAM? If so, describe.

Was similar training held before TEAM? If so, how was it similar to or different from the current training?

2. How much of the material provided by TEAM is incorporated into existing employee training (ie, very little, some, a lot, almost all)?

If some portion of the material is used, which material do you find the most useful/helpful?

Which is the least helpful?

3. About how many employees have been trained in responsible alcohol management practices since TEAM?

Is this more, less, or about the same as before TEAM?

4. How frequently are employees trained in responsible alcohol management practices?

Are all new employees trained?

About how many employees are trained annually?

Are future training sessions planned?

5. How are employees/vendor staff encouraged to attend on-site training (eg, required, compensated, incentives, etc.)?

What has the feedback from employees been like (ie, positive, negative, mixed)?

6. Who conducts the training (eg, you, trained staff, supervisors, contract trainers, etc.)?

7. Have you attended any of the on-site training sessions?

If you attended, what information did you look for and how was that information used?

If not, do you meet with those responsible for training? Are meetings on a regular basis or as needed? What information do you try to obtain from these meetings and how is it used?

8. Do you feel that the facility has adequate training materials, meeting places, and equipment for training?

9. Are there additional training materials concerning the sale of alcoholic beverages and the management of impaired patrons that you believe would be of value which might be provided by the National Highway Traffic Safety Administration?

#### **IV. Public Information Activities**

1. Who is responsible for developing facility promotional materials?

2. Is responsible alcohol use and management now addressed in public campaigns, either within the facility or community wide?

If yes, please describe them in terms of: how long they are implemented; how many spots, announcements, or promotions per event; and how material is presented (eg, stated in program, facility signage, public address announcements, etc.).

3. Have any TEAM program materials been used as part of these public information activities?

If yes, what material has been the most and least helpful?

4. If there have been public campaigns, have they been in conjunction with other marketing efforts or strictly related to facility policy/sales?

Have any other organizations/agencies been involved?

5. Has there been any feedback from the public, either positive or negative, regarding these informational activities?

6. How have public information campaigns changed since participation in the TEAM Train-the-Trainer program (e.g., frequency, intensity, focus, formats, etc.)?

7. Are there materials concerning the sale of alcoholic beverages and the management of impaired patrons that you believe would be of value which might be provided by the NHTSA?

#### **V. Responses to TEAM**

1. What has been the response of patrons to changes in the facility policy resulting from TEAM implementation? If there has been no change, has there been any positive or negative feedback about your current facility policy?

Any response/feedback from community groups or the general public?

2. How have employees responded?

3. Have employees tried to implement what they have learned in on-site training about facility policy?

4. How have the vendors responded to changes in policy?

#### **VI. Impacts**

1. Has attendance been affected by changes in facility policy related to alcoholic beverage sales and the management of impaired patrons?

If so, in what ways (increase, decrease)? For what type(s) of event(s)?

**2. Have concession sales been affected?**

**If so, in what ways and for what types of concessions?**

**3. Has the number and/or severity of alcohol-related incidents been affected by implementing the TEAM program in your facility?**

**Do employees report fewer alcohol-related problems in the stands, at the concession stations, at the gates, in the parking lots?**

**4. Are insurance or other liability costs affected?**

**5. Do employees think that the facility's alcohol policy is adequate and reasonable?**

**6. If an alcohol-related incident occurs, do most employees feel that the management will support them in the intervention?**

**If so, how is this message conveyed to employees?**