

# Lobby

What steps have you taken since participating in Part 1 of this webinar series?

- Found existing risk and protective factor data for my community
- Identified data gaps
- Started planning for primary data collection
- Something else
- No action steps yet
- I did not participate in Part 1



Pacific Southwest (HHS Region 9)

PTTC

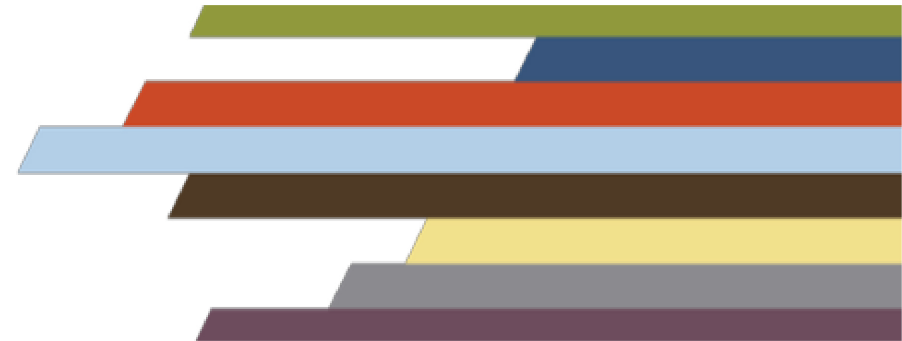
Prevention Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration



# Demystifying Data: Gathering and Using Local Risk and Protective Factor Data for Prevention – Part II

*Melissa Adolfson, MS  
Research Scientist, Amherst H. Wilder Foundation  
June 18, 2020*



# Disclaimer

The views expressed in this webinar do not necessarily represent the views, policies, and positions of the Substance Abuse and Mental Health Services Administration or the U.S. Department of Health and Human Services.

This webinar is being recorded and archived, and will be available for viewing after the webinar. Please contact the webinar facilitator if you have any concerns or questions.

# Purpose of the PTTC

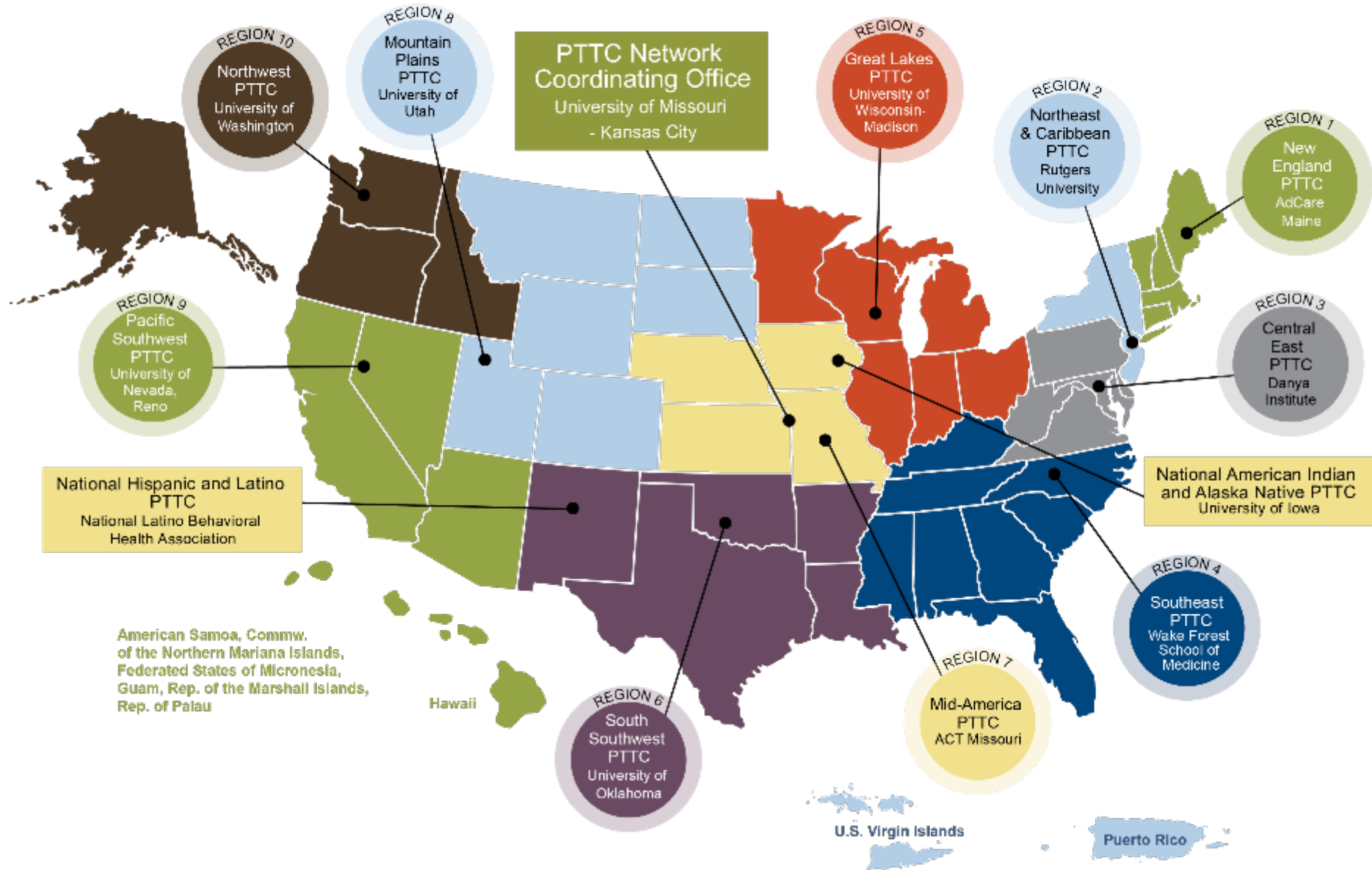
- Develop and disseminate tools and strategies needed to improve the quality of substance abuse prevention efforts
- Provide training and learning resources to prevention professionals
- Develop tools and resources to engage the next generation of prevention professionals



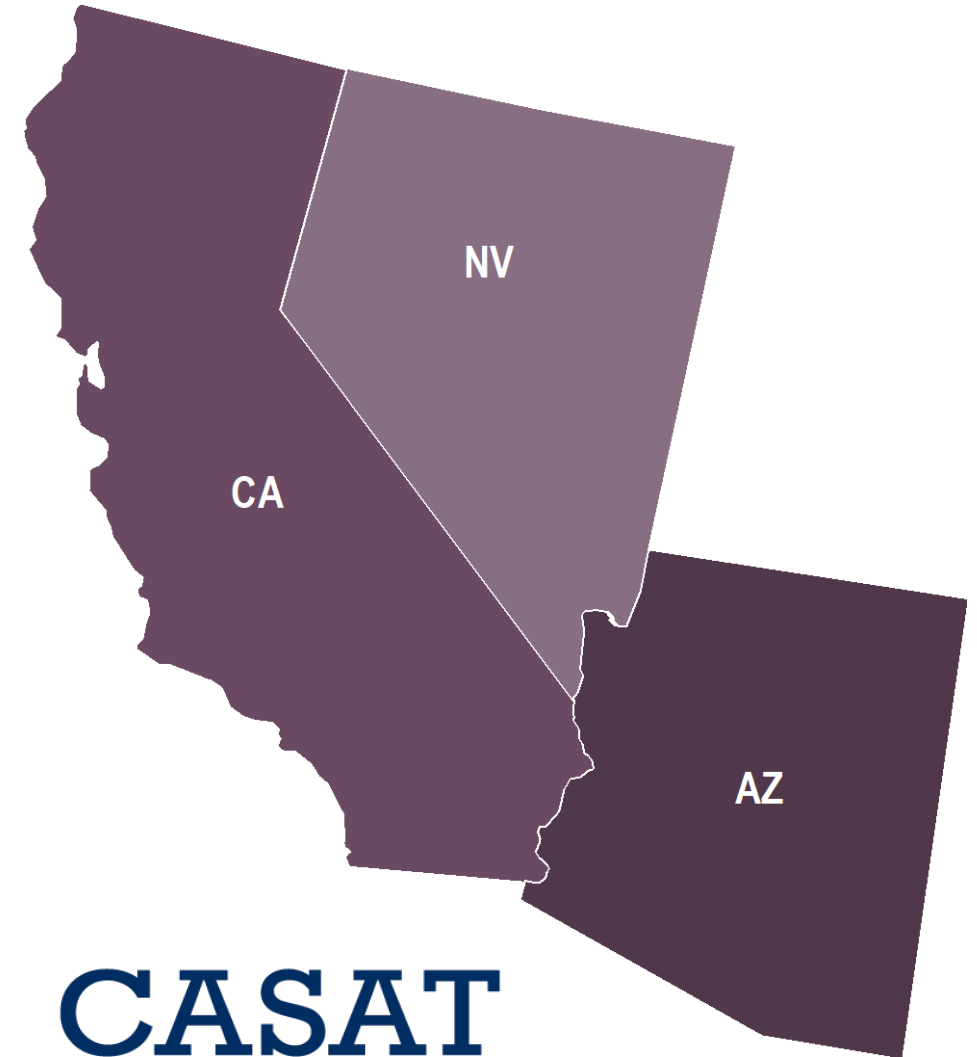
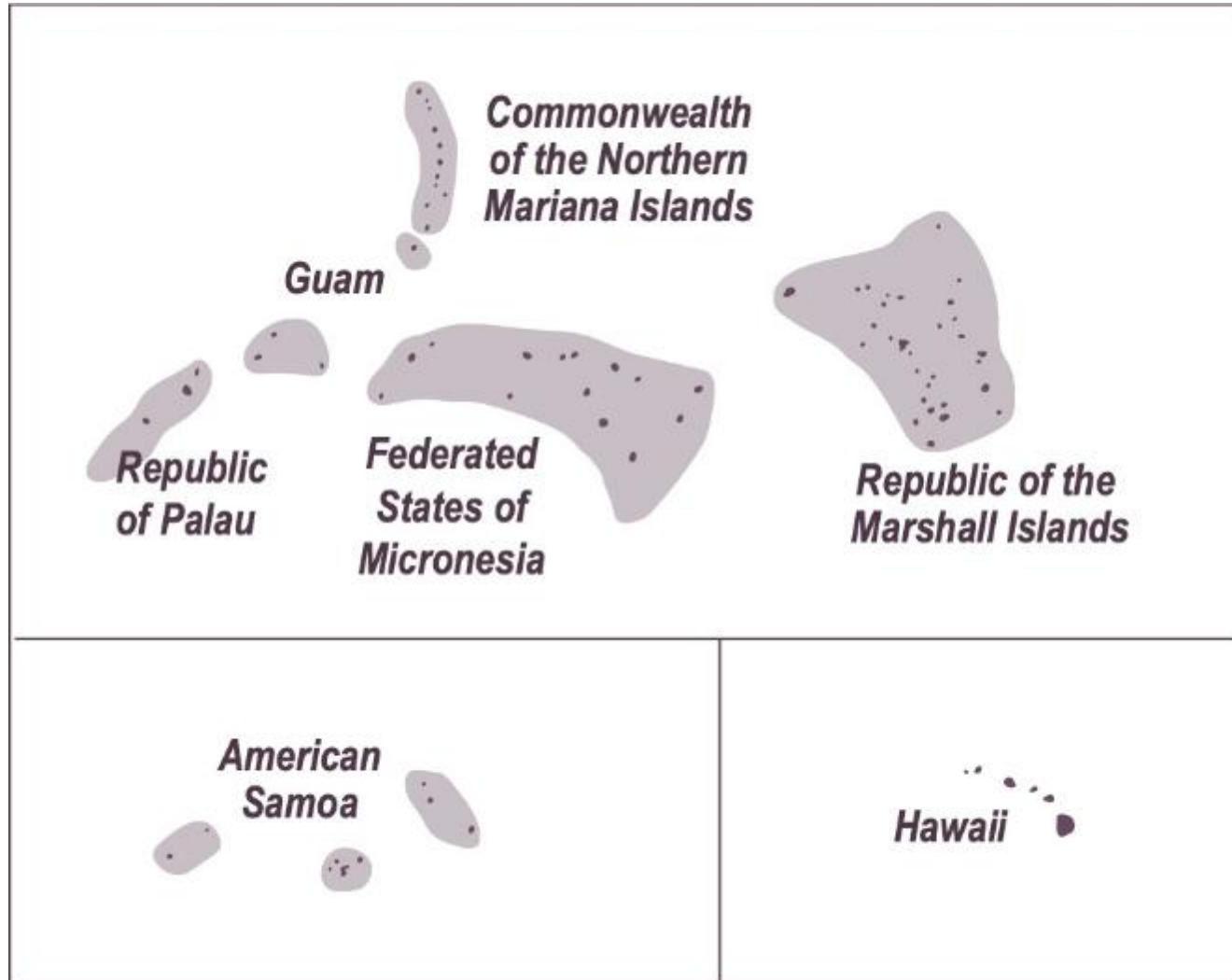
# PTTC Prevention Technology Transfer Center Network

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## PTTC Network



# Pacific Southwest



# Mark Your Calendars!

## **Upcoming Webinars!**

### **Media Literacy Basics for Prevention Professionals**

July 15, 2020

3:00 PM – 4:00 PM Pacific Time

### **Youth and Adolescent Brain Development**

July 30, 2020

3:00 PM – 4:30 PM Pacific Time



# Presenter



## **Melissa Adolfson, MS**

Melissa Adolfson is a Research Scientist with the Amherst H Wilder Foundation. In this role she provides research and evaluation services for clients addressing substance use, mental health, and community safety and connectivity. This work includes evaluating the efforts of six Drug Free Community grantees in Minnesota as well as Minnesota's Partnership for Success and SPF Rx efforts. She has more than a decade of experience working with government and non-profit agencies at the local, state, tribal and federal levels to collect, analyze, interpret, disseminate, and use data for prevention efforts.

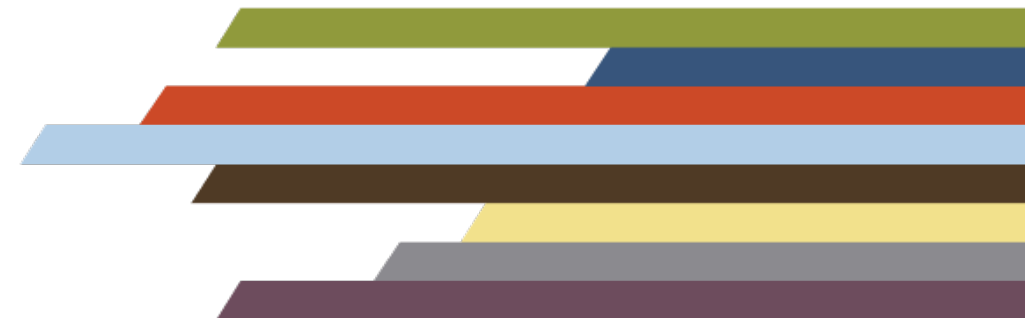


# Part 2—Using Data: Agenda

- Quantity vs. quality
- Prioritization
  - Dimensions
  - Processes
- Strategy selection
- Evaluation planning



# Quantity vs. quality



# Considerations

- It's not always feasible to address all data gaps
- It's not always ethical to capture all data desired
- Timeline—how much time do you have to spend on assessment before you need to dive into planning?
- Emphasize *important to know* over *interesting to know*
- Assessment should be on-going

# Having enough data

- Substance-specific risk and protective factors
- Upstream/shared risk and protective factors
- Factors from each social-ecological level
- Data on resources and readiness

# Having the right data

- Data specific to your geographic area
- Demographic data to capture disparities
- Current data
- Data you will be able to collect again to measure change over time (evaluation)

# Data quality

- Who do the data represent? Who do the data not represent?
- What is the sample size? Response rate?
- How were the data collected?
- What are the strengths of the data set?
- What are important limitations or caveats to consider?
- Do multiple sources tell a consistent story

# Self-reported data





# Quality assessment tool

Risk or protective factor	Source	Data type	Timeframe	Geographic area	Strengths	Limitations
Perceived risk of harm from alcohol	Pacific Southwest Youth Survey	Number and percentage	2018; collected every three years	County	Large sample size	Not available at city-level
Youth living in poverty	American Community Survey	Percentage	5-year estimates available annually	Zip code	Local level data; national comparisons	N/A
Participation in pro-social activities	Youth-serving org attendance records	Number	Request twice per year	City	Local level data	Not all orgs track and share data regularly

# Cautions

- Avoid using anecdotal information when prioritizing
  - No baseline data to assess
  - No way to measure change over time
  - May not accurately represent what's happening in the community



# Prioritization





## Activity: Chat

*What factors do you take into consideration when planning a feast?*

# Guiding questions

- Who will prioritize?
- Which data will be used?
- Which criteria will be used?
- How will data be prioritized?

# Involving key stakeholders

- Include input from multiple stakeholders
- Determine who will be involved in each step or phase of prioritization
- Determine who will authorize all final decisions
- Involve individuals who will play a key role in addressing priority contributing factors

# Data dimensions

- Magnitude
- Trends
- Comparisons
- Severity
- Strength of association
- Cultural considerations
- Political will/readiness
- Capacity
- Changeability

**Determine which criteria you'll use before prioritizing, and clearly define each for everyone involved in the process**



# Use quantitative data to determine...

- How many people are impacted by the factor? What percentage of the overall population?
- Is the factor improving or getting worse over time?
- How do local data compare to state data?
- Is the factor associated with more severe consequences or higher costs
- To what extent is the risk or protective factor associated with the behavior (e.g., past 30 day use)?

# Use qualitative data to determine...

- Readiness and willingness for action/support from key partners
- Capacity to address the issues
- Ability to change the factors during the course of the grant/project
- Cultural considerations

# Process

- Select a method for scoring or ranking the indicators (i.e., high-medium-low, or 1-5)
- Scoring by individuals, groups, or a combination
- Consider a multi-step process
  - Prioritize first by quantitative dimensions
  - Prioritize next by qualitative dimensions
  - Have a small group bring the top 10 to a larger group

# Approaches

- Dot stickers
- Data party
- Data placemats
- Survey Monkey and virtual follow-up discussion



Risk or protective factor	Local rate	National rate	Trend	Resources and readiness	Changeability
Easy retail access to alcohol					
Alcohol widely promoted in town					
Low perceived risk of alcohol use					
Low positive identity					
Not having an adult to talk to					
Not feeling safe in neighborhood					

Risk or protective factor	Local rate	National rate	Trend	Resources and readiness	Changeability
Easy retail access to alcohol	3%				
Exposure to alcohol promotion	95%				
Perceived low or no risk of harm	60%				
Low positive identity	75%				
High ACE score	14%				
Not feeling safe in neighborhood	9%				

Risk or protective factor	Local rate	National rate	Trend	Resources and readiness	Changeability
Easy retail access to alcohol	3%	7%			
Exposure to alcohol promotion	95%				
Perceived low or no risk of harm	60%	72%			
Low positive identity	75%	66%			
High ACE score	14%	12%			
Not feeling safe in neighborhood	9%	5%			



Risk or protective factor	Local rate	National rate	Trend	Resources and readiness	Changeability
Easy retail access to alcohol	3%	7%	▼		
Exposure to alcohol promotion	95%		▲		
Perceived low or no risk of harm	60%	72%	▲		
Low positive identity	75%	66%	▲		
High ACE score	14%	12%			
Not feeling safe in neighborhood	9%	5%	▶		

Risk or protective factor	Local rate	National rate	Trend	Resources and readiness	Changeability
Easy retail access to alcohol	3%	7%	▼	Law enforcement routinely do compliance checks	
Exposure to alcohol promotion	95%		▲	Increased brewery-sponsored events; businesses resistant	
Perceived low or no risk of harm	60%	72%	▲	Schools are on board to implement curricula	
Low positive identity	75%	66%	▲	Strong focus of a local mentoring program	
High ACE score	14%	12%		Some community interest in trauma-informed training	
Not feeling safe in neighborhood	9%	5%	▶	Strong political will to address, but lack of sufficient resources	

Risk or protective factor	Local rate	National rate	Trend	Resources and readiness	Changeability
Easy retail access to alcohol	3%	7%	▼	Law enforcement routinely do compliance checks	Little room to “move the needle”
Exposure to alcohol promotion	95%		▲	Increased brewery-sponsored events; businesses resistant	Low political will to change
Perceived low or no risk of harm	60%	72%	▲	Schools are on board to implement curricula	Room for improvement
Low positive identity	75%	66%	▲	Strong focus of a local mentoring program	Room for improvement
High ACE score	14%	12%		Some community interest in trauma-informed training	Change may be longer-term
Not feeling safe in neighborhood	9%	5%	▶	Strong political will to address, but lack of sufficient resources	Ongoing efforts have not been effective

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# How many priority factors are enough?

- At least 2-3 per priority outcome (e.g., past 30 day alcohol use)
- 5-8 overall at any given time
- Weigh time and resources
- Dosage/saturation



## Activity: Poll

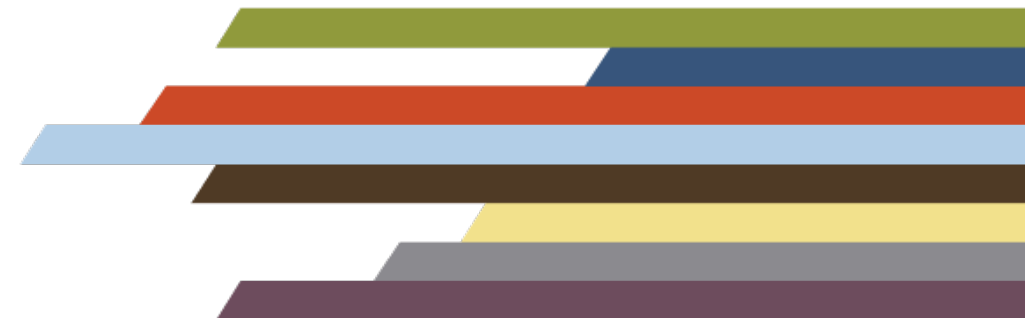
How many risk and protective factors are you trying to address:

- Fewer than 5
- 5-8
- Way too many!
- We haven't yet prioritized risk and protective factors





# Strategy selection

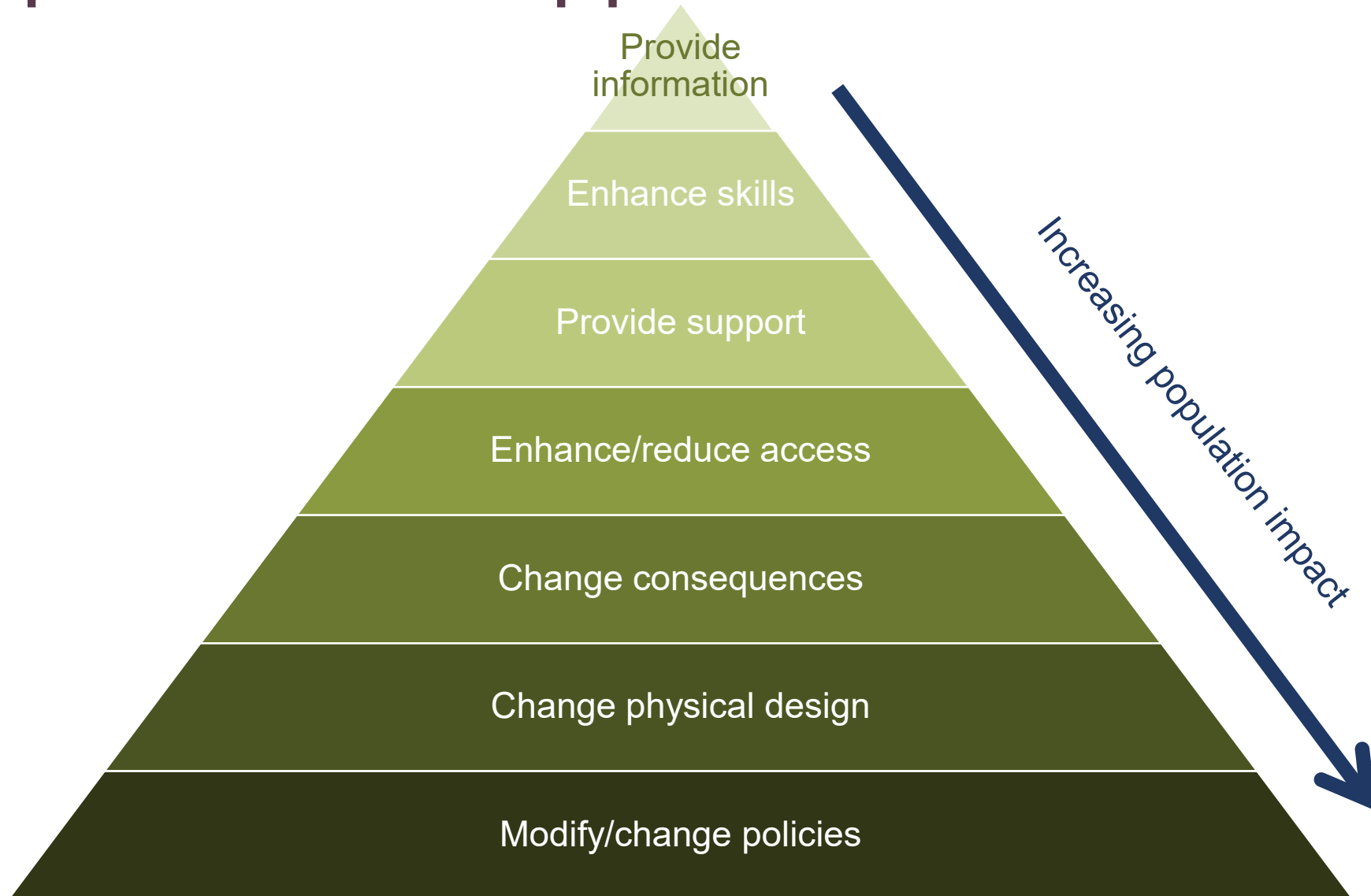




# Comprehensive approach



# Comprehensive approach



# Conceptual fit

- How well does the strategy align with your priority contributing factor?
- How relevant is the evidence behind the strategy given your community's size, location, and demographics?
- How similar are your community's cultural attributes to the settings that achieved positive results?

# Example


Risk or protective factor	Clear fit	Not so clear
Low perceived risk of harm from alcohol use	<ul style="list-style-type: none"><li>•Evidence-based curricula addressing alcohol risks</li><li>•Brief motivational interviewing</li></ul>	<ul style="list-style-type: none"><li>•Community norms campaign</li><li>•Reducing access at community events</li></ul>
Feeling cared about by adults in the community	<ul style="list-style-type: none"><li>•Training on Developmental Relationships</li><li>•Mentoring programs</li></ul>	<ul style="list-style-type: none"><li>•Handing out prizes at a fair booth</li><li>•Motivational speaker in the schools</li></ul>

# Example

Short-term change: pre- and post-test knowledge change related to the health impacts of alcohol



Intermediate change: increased perception of great or moderate harm from alcohol use



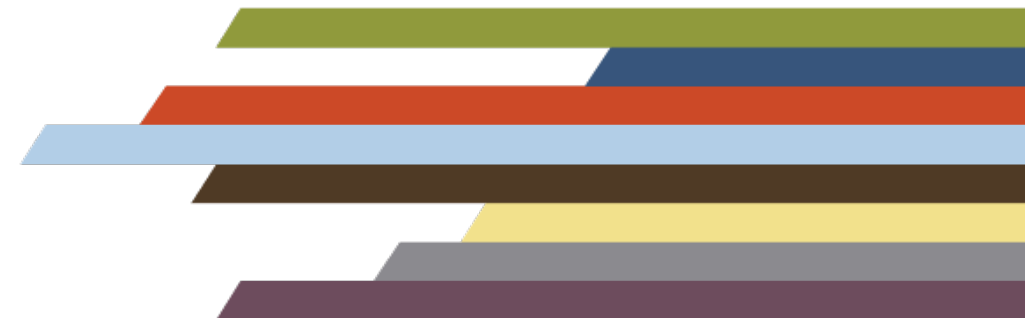
Long-term change: reductions in past 30 day alcohol use

# Common challenges

- The readiness/political will wasn't really there
- Lack of evidence-based or promising practices for a given risk or protective factor
- Insufficient reach/dosage
- Over-emphasis on providing information
- Interest in strategies that don't align with local conditions



# Evaluation planning



# Types of evaluation

## Process evaluation



## Outcome evaluation





# Process

- Who should inform the evaluation and what do they care about?
- What questions do you hope to answer?
- How can you measure change over time without undue community burden?
- How will you disseminate your lessons learned?

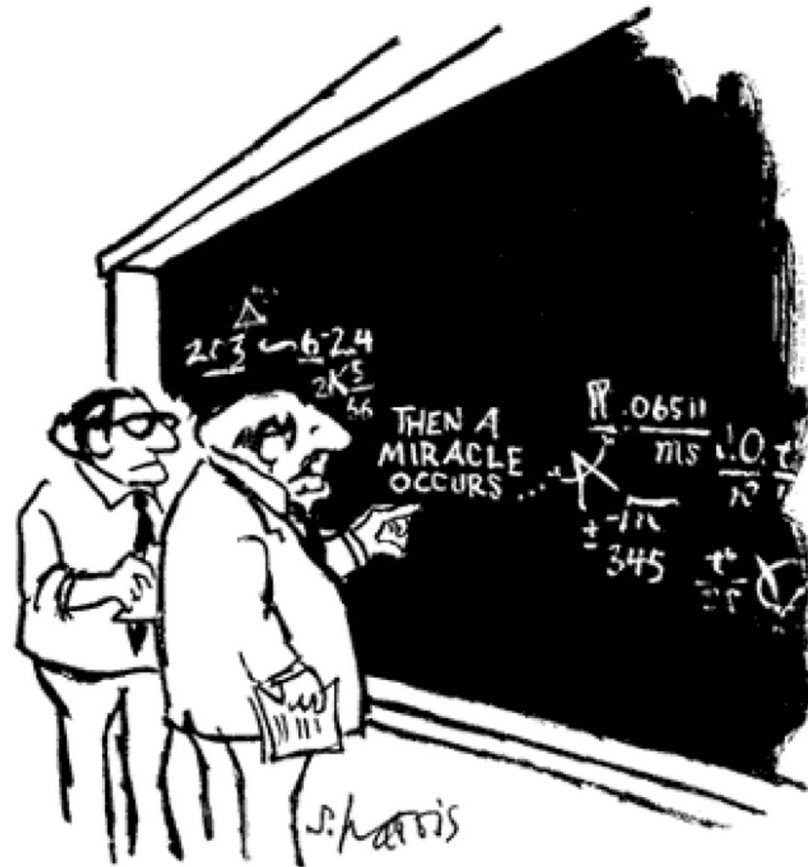
# Logic model

- Roadmap for your evaluation
- Helps monitor progress
- Serves as an evaluation framework
- Makes assumptions explicit
- Helps restrain over-promising
- Promotes communication

# Example

Activities	Short-term outcome	Intermediate outcome	Long-term outcome
Letters home from school principal	Parents communicate alcohol concerns	Increased in perceived parental disapproval	Decrease in youth past 30 day alcohol use
Responsible Beverage Server Training	Retailers check IDs	Reduced retail access	
Social marketing campaign	Increase in safe storage and disposal	Reduced social access	Decrease in youth past 30 day prescription drug misuse
Patient education from providers/pharmacists	Increased patient knowledge of risks	Increase in perceived risk	
Training for volunteer mentors	Increase in adults' youth engagement skills	Youth have adults they can talk to	Decrease in youth substance use and mental health issues
Audit signs, forms, posters, curricula	Youth see their identity and culture reflected	Youth feel safe and welcome in community	

# Leaps of faith



"I think you should be more explicit here in step two."

# Data collection

- If possible, use the same data sources from your needs assessment to track changes in priority risk and protective factors over time
- Create a data collection plan as part of your overall evaluation plan to track
  - Implementation of activities
  - Dosage and reach
  - Short-term outcomes



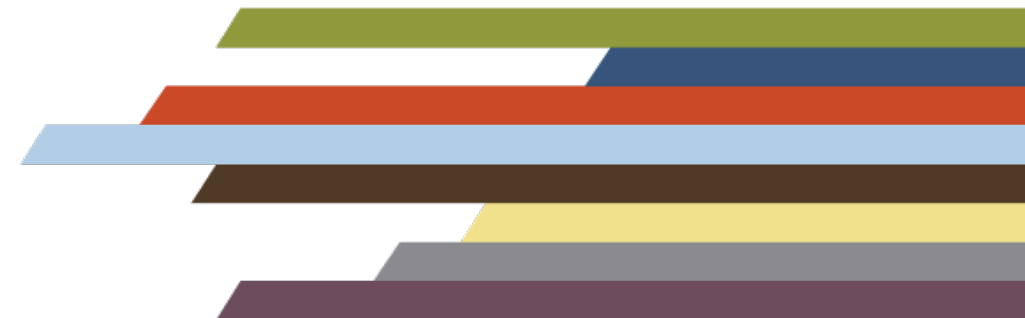
## Activity: Chat

*What steps do you plan to take in the next month related to prioritizing risk and protective factors?*



# Contact Information

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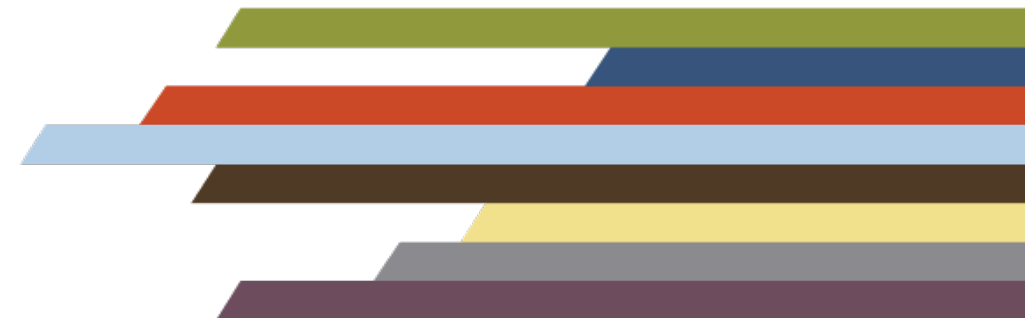
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# Thank You!





# Last Thing!

Please provide your feedback!

<https://ttc-gpra.org/P?s=187010>

