



Jessica Goldberg:

... And ask your spots-

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Jessica Goldberg:

... thinking about today's topic. And this is a fun one. If conducting a needs assessment was a wild animal, what kind of animal would it be and why? So we want to invite you to write your responses just in the poll question box that's to the left of the slide on the screen. Feel free to let us know in your opinion, if conducting a needs assessment were a wild animal, which one would it be and why?

Jessica Goldberg:

So, while we're again, waiting for folks to join us, I want to orient you and welcome you, and orient you to our virtual room. So on the left-hand side of the screen, you'll see our attendee list, and right below that you'll see a chat box. So I want to ask that all attendees, even if you didn't register for today's webinar, we'll like to ask you to please enter your name into the chat box at the bottom left of your screen. This is just so we can keep track of who is in our room with us today, and also make sure that you receive all of our materials after the event today, and also your certificate of attendance, which we'll be sending out at the end of this two part series on conducting needs assessments.

Jessica Goldberg:

So again, welcome. Hello and welcome to our webinar, conducting community needs assessments to guide prevention efforts. My name is Jessica Goldberg and I will be one of the presenters for today's webinar. It's my pleasure to be here. I'll be introducing my colleague in just a moment, Shai Fuxman, who will be our co-presenter. We already have a couple of really good answers in the poll question box relating to our question about if conducting needs assessment were a wild animal, what kind would it be? So I see a three-toed sloth, and that is I think, a great place to start. I wonder if other folks on the line might have an apt metaphor for conducting needs assessments.

Jessica Goldberg:

I was trying to think of my own response before today's presentation, and I think I cheated a little bit because I came up with a metaphor or analogy maybe, that I think many in prevention are familiar with, but I think, I think of needs assessment as an elephant. So you might picture a group of people who can't see the elephant in front of them, and each person is putting their hand on one different side or part of the elephant. So if you grabbed his trunk, you might think you were touching a pipe or a tube of some kind. If you were touching the elephant's side, you might think that this is a wall that you've come up against as you touch your hand against it. And then if you grab the elephant's tail, you might think it was a paintbrush.

Jessica Goldberg:

These are all part of the elephant, but not the complete picture. And just like a needs assessment, we have to look at all of the information. We're collecting many different kinds from many different



sources, but it's not until you look at them all together that you can really see the full picture of what's going on. So, that was my cheating response, my cheating answer to this question, but another answer

coming in of an octopus. So I wonder, I'd love to know your thinking behind the answers that you're giving, those that are choosing to play along with us on this question. Oh, I see a leopard because it's elusive, right? The process can be hard to wrap your mind around, but it is something that's so important to prevention work and to making sure that our efforts are data informed and aligned with the larger goals that we want to achieve. So that's a great response, elusive, very interesting, and a couple of really creative answers coming into the poll question. So thank you again for that.

Jessica Goldberg:

I think we're just a few minutes after the hour, so we should get started. So, I think we'll bring up our main slides and begin walking through today's webinar. So again, welcome to today's presentation, conducting community needs assessments to guide prevention efforts. My name is Jessica Goldberg. I'm a training and technical assistance specialist with the education development center, which partners with Rutgers School of Social Work on the prevention technology transfer center project. I'll be joined by my colleague who I'll introduce in just a moment, Shai Fuxman. But before we get started, I just want to let you know that the webinar today is being recorded and will be archived. And we'll be making that recording and all of the presentation materials available to all webinar registrants after our presentation.

Jessica Goldberg:

We'll also be sharing my contact information at the end of the presentation. So if you have any questions or concerns after the fact, you can feel free to reach out directly to me, but we'll also be hoping to invite and encourage your questions throughout today's conversation. So you can always please feel free to put your questions or any comments or observations you may have in the chat box to the left of your screen, and we'll respond to them in turn either today in the course of our presentation, or if we have to, we can follow up after the fact, if we need to make sure that we get a correct and complete answer for you before responding.

Jessica Goldberg:

So just a little bit more about the prevention technology transfer center initiative, just because the PTTC system is relatively new. This network is charged with providing training and technical assistance services to the substance abuse prevention field in the hopes of improving implementation and delivery of effective substance abuse prevention interventions. So you can expect us as the PTTC for this region, and you can see us over toward the right of the slide, the Northeast and Caribbean PTTC out of Rutgers University. We'll be providing prevention skills training and technical assistance services that we need to tailor to meet the needs of our recipients in the prevention field as a whole, that are also based in prevention science and use evidence-based and promising practices as guides, and that leverage the expertise and resources available across the different regions of the country and the PTTC network. So we will be hosting many other virtual learning opportunities in the coming month, so keep your eyes open and out for some information about those upcoming virtual events that we will offer.

Jessica Goldberg:



And now I'll tell you a little bit more about who you'll be hearing from. First again, my distinguished colleague, Shai Fuxman. Dr. Fuxman is a senior research scientist with the Education Development Center, which again is collaborating and providing training and technical assistance support to Rutgers on the PTTC initiative. Shai is an experienced researcher in the fields of public health and education. He

served as the senior training and technical assistance associate at EDC for many years, supporting the work of states and communities to prevent substance misuse behavior and related problems. So I just want to invite Shai to say hello. Hopefully just making sure he is called in and maybe not on mute, but I'll ask him to say hello, once we are able to get his phone line up and running.

Jessica Goldberg:

And I'll tell you about myself a little bit. So my name again is Jess Goldberg. I'm a training and technical assistance specialist. I've been working for about a decade supporting prevention efforts at the national, state, regional and local levels, first with the Massachusetts State Technical Assistance System and then with the Center for the Application for Prevention Technologies, or CAPT, and now here with the PTTC. So both Shai and I are so happy to be part of the region two PTTC team.

Jessica Goldberg:

Now I'm going to tell you a little bit about what you can expect for the rest of today's call. So first we're going to take a few moments and explain what many of you may be familiar with or may understand intuitively, but how the public health approach influences our needs assessment activities at a community level, within an organization and just generally in our prevention work. So we'll start there and then go through what that public health approach is and how it relates back to the needs assessment activities that we conduct. And then we're going to really dig in, roll up our sleeves and get our hands dirty and talk about the different types of data that are needed to assess the substance abuse problems within a community or the related behaviors that you might be experiencing or seeing through those data. So we're going to describe part of those data collection process and activities that are so important to make sure that your needs assessment is complete.

Jessica Goldberg:

And then we're going to talk a little bit more about the relationship between substance use problems and the risk and protective factors that influence or contribute to them. So we'll talk a little bit about those factors. Some of you I'm sure are familiar with them and use them as a reference point to guide your efforts. Some of this may be new information for you, so we're going to take a high level look at these concepts and how they interact, how they relate and how they all work together to inform your needs assessment process. So that's what you can expect for the rest of the day's conversation. And again, any questions that you may have, or comments or thoughts, please do feel free to put them in the chat on the left side of your screen, and we're going to get to them in turn.

Jessica Goldberg:

Okay. And so with that, I'm going to turn it over to Shai to say hello and to get us started, again, thinking about the public health approach to conducting needs assessment. So, Shai over to you.

Shai Fuxman:



Thanks, Jess. Sorry about that, but happy to be here. So as Jess said, we're going to do talking about needs assessment and how specifically it ties with the public health approach. So just a quick review. What do we mean when we say the public health approach? We mean that the public health approach is a way to address population level interventions, sorry, using public population level interventions to help people lead healthy lives. And that can include two things. It includes promoting wellness, promoting healthy behaviors, as well as preventing potential health problems before they even occur.

So for example, if we work to promote healthy eating and exercise through a series of mass media campaigns, that's an example of promoting wellness while doing things like testing the water, to make sure that they're clean and make sure that we have potable water. That is a way to prevent diseases related to contaminated water. So that's what we mean by population level public health approaches.

Shai Fuxman:

Now, when we are talking about public health approaches, we're not only talking about the problems that we want to prevent, but also to better understand what are those risk and protective factors associated with the problems, because those are the ones that are easier to address. What do I mean by that? So I gave the example of promoting healthy eating and exercising, and in essence, that's a protective factor for preventing health issues, such as heart disease and diabetes. So the healthy eating and exercise are in essence the protective factors for these other health issues. And then the example I gave for clean drinking water, that's an example of addressing a risk factor because we know that polluted water can lead to problems like cholera and typhoid. So by ensuring that we have clean water, we're addressing a risk factor.

Shai Fuxman:

The public health approach is usually driven by a multi-step process, starting with identifying the problem. That's exactly what we're going to be talking about today, that needs assessment process, as well as identifying the risk and protective factors associated with the problem, which is also part of the conversation for today, and then how to use that. And then we take that information and we use it to develop and implement specific strategies to address the problems and their associated risk factors. Then we evaluate intervention, we make sure it works. Then once we make sure it works, then we can ensure the widespread adoption of the program. So that's what we mean by the public health approach.

Shai Fuxman:

So the needs assessment is that very first step of identifying the problem and identifying what's behind the problem. And that's what we mean by needs assessment. Basically what needs assessment is, is a series of questions. So, what. What exactly is the problem and what is causing it? Who. Who is it affecting? When. When can be interpreted one of two ways. When in the lifespan? So when is it affecting children versus when is it affecting young adults? But also in some cases, even the behavior might be associated with particular time during the week or during the year or even during the day. So that's other kinds of information we want to gather.

Shai Fuxman:

Where. Where is the problem happening, not only physically, but also what level of the person's experience? So is it a problem that's happening at a school level, is it a community level problem, is it a family problem level? So that's what we mean by why, sorry, by where. Why is those risk factors? Why is



it happening? What's behind the problem. And how is what do we do about it? How do we prevent this behavior? And that's how we use the data that we're gathering to select our interventions.

Shai Fuxman:

Let me just go quickly through each question separately. So in terms of the what, this table shows several specific behaviors associated with different substances. So for example, if we're looking at a problem related to tobacco, we might be able to gather information specifically about what is the

problem we're trying to address? Is it tobacco use specifically by pregnant women or versus is it use tobacco use? With alcohol, same thing. Are we looking at problem drinking by older adults, knowing that with both tobacco and alcohol they're legal drugs? So in the case of older adults, we're talking about binge drinking or excessive drinking. Or is it underage drinking? Is that the problem that we're trying to address? Or is the problem that we're really trying to address one that is associated with alcohol, but it's a different kind of behavior, not just the drinking itself, but an associated behavior, such as driving under the influence?

Shai Fuxman:

And then with the example of illicit drugs or prescription drugs, is the problem specifically the misuse of prescription medications, or is it a problem, again, not necessarily the consumption of the substance, but rather how the substance is consumed? So the problem behavior, which is sharing of needles. But then there's also not only the behaviors themselves that we may want to look at, but also looking at the consequences. So what is it exactly that we're trying to prevent? So with smoking, for example, what we're really trying to get at is reducing those harms associated with smoking, such as lung cancer and fetal effects. So, that's another part of what we want to capture, not only the consumption of tobacco, but also what are the consequences that we're trying to address. Same thing with alcohol. We may want to capture if it's about addressing drinking by pregnant women. Are we trying to look at the numbers of incidences of fetal alcohol syndrome, or if it's driving under the influence, do we want to know exactly the number of vehicle crashes related to alcohol?

Shai Fuxman:

And then just to finish up, with the prescription drugs and illicit drugs, are we looking at addressing the overdose? It's not just the, let's say prescription opioids, it's not just the misuse of prescription opioids, but the negative consequences of that, which is the overdose, or in the case of sharing needles, is it the transmission of transmittable diseases such as HIV and hepatitis through the sharing of needles? So that's the what. Hopefully that was clear about not only how we're looking at the consumption patterns, but also what are the consequences of the consumption patterns.

Shai Fuxman:

So then the question why, and that's where we get into the risk and protective factors. I have in my mind, a couple of metaphors for the why, whether you think about it as peeling the layers of the onion to get into the problem, or you can use the metaphor of an iceberg, the tip of the iceberg versus what's really underneath the iceberg that is holding it. But that's what we mean by risk factors. What's really driving the problem? So I just want to give you a quick example of a story of a person actually who lives



in my community. He's in his 20s in recovery. And he told his own personal story about how, when he was in eighth grade, him and a few of his friends decided to experiment with marijuana, just for the thrill, because they were bored and wanted something exciting. That's something that we oftentimes hear from young people, or the understanding of why young people use substances.

Shai Fuxman:

However, for most of his friends, once they tried a couple of times and the thrill went away, they just stopped. They moved onto the next thing. I'm not sure what the next thing was, but hopefully it was something more healthy than experimenting with marijuana. But for this person, there was something

else that happened. He was struggling with emotional issues that related to his family circumstances. So when he tried marijuana, what he learned, what he realized is that marijuana was a way to detach himself from those emotions. It would numb his emotions. So while his friends stopped using marijuana because the thrill was gone, he decided to continue, and even doing so on a daily basis on his own, even feeling ashamed to tell his friends that he continued to use marijuana, because he didn't want them to realize that he was thinking on his own. But the reason why he was doing it is because it was helping him deal with an unaddressed emotional problem that he was having.

Shai Fuxman:

In fact, his story continues that he ended up using marijuana very heavily and at some point had access to prescription opioids and he switched to prescription opioids. And that led to a whole journey of addiction that is probably familiar to many of us, unfortunately. The reason of this story is because the real risk factor for this person wasn't the use of marijuana, but what was underlying it was the unaddressed emotional issue. And as this example on the slide shows, this particular story has the family conflict as being that risk factor that really led to the marijuana use, the heavy and the dangerous, the problem marijuana use, not just experimenting with it, but taking that to the next level of daily use. So, that's one example of a risk factor.

Shai Fuxman:

Other risk factors, you know low perception of harm. There's plenty of research showing that the perception of harm of a substance determines the extent to which people are willing to try it. So the lower the perception of harm, the more likely they are to use it. The two first circles are examples of the why. Interestingly enough, we don't want to just be asking why, we also want to be asking why not. What do I mean by why not? If you have a community, let's say a district or a county with three high schools, and there's high substance use rates in two of those high schools, but the third one is not, you want to be asked, "Well, what is it about this third school that is working? What is it about this third school that is doing something right, that has much lower substance use rates?"

Shai Fuxman:

The answer to that is what we call the protective factors. What are those things that help people to stay away from substances? Again, the third circle in this funnel, the use of school-based programs could be that kind of protective factor. In this slide, I failed to mention, we were talking specifically about risk protective factors that might explain why there's higher prescription drug misuse among LGBTQ youth. So having a family conflict as part of the ... When an individual comes out as being gay or lesbian or





bisexual or transgender, that family conflict can be a risk factor on one hand. On the other hand, having a school that is very inclusive of LGBTQ people can be a protective factor.

Shai Fuxman:

The next question, who. So this is a pretty obvious question. What do we mean by that? But just to elaborate a little bit, who is not only the broad population, so for example, high school students, but we may want to go a little bit deeper and say, "Well, are there particular students who we think are higher risk than others?" And there goes again, the whole idea of risk factors. So for example, maybe you may find that student athletes are at higher risk of substance use or showing higher prevalence of substance use, because there's something going on among athletes. There's a positive social norm around

substance use among athletes as an example. So that's a particular sub population you may want to be focusing on.

Shai Fuxman:

And it's obviously not only youth. So you might realize that prescription drug misuse is a big problem in your community. So the question is, who is misusing prescriptions? Which actually leads us to the next slide. That's a great segue to the next slide, which is when. Which has to do with the lifespan. So when is either the problem itself, the substance use itself, or the risk factors taking place within the developmental trajectory? So in the example of the prescription drugs, for example, prescription drug misuse, you might realize that the older population is at higher risk because they have more access to prescription drugs. But again, it's not just about the consumption when asking when. When looking at the different developmental trajectories, you might also want to be thinking about when are certain risk factors kicking in, or when is an opportunity to build our protective factors?

Shai Fuxman:

So for example, you may be familiar with ACEs, adverse childhood experiences. There's a lot of research showing that there's some certain experiences, such as witnessing violence at home, losing a loved one, for example, losing a parent, there's a series of types of adverse childhood experiences that is strongly associated with substance use later in life. So if you know that, you know that you can intervene on the issue of ACEs even before the substance use begins. So even if you think, there's no point in working with middle schoolers or high school students, because that's when substance use usually begins, you might re-think that and say, "Well actually, since we know ACEs is a risk factor, why don't we work with younger children to identify, to see if there's ways to identify children who score high on the ACEs ladder and work with them on addressing the emotional issues surrounding their adverse childhood experiences as a way to prevent substance use later in life?"

Shai Fuxman:

So that's one way of thinking about when, in terms of how to intervene with younger people. But also when can also relate to transition points, including those that are marked by our cultural social norms. So for example, we know that the transition from middle school to high school is a very significant and potentially stressful and anxiety provoking experience for young people. So that might be a-



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Shai Fuxman:

... anxiety-provoking experience for young people, so that might be a time when substance use rates increase, or the transition from high school to post-education, whether it's going to college or during the workforce, there's certain risk factors associated with that as well.

Shai Fuxman:

Then there's where. As I mentioned before, where can be where to intervene or where's the problem happening, is it happening at school, is it happening in the community, but also has to do with this idea of different levels or different contexts that influence health. For example, is this an individual-level risk factor? Is it a problem related to the individual struggling with, let's say, with mental health? People who are struggling with depression are more likely to substance use, so the where is at the individual level.

Or is it a family issue? We also know that children of individuals who use substances are more likely to use substances themselves, so maybe we want to work on the family level, that's where the risk exists. Or is there a community aspect to this problem? Is access to alcohol or access to marijuana, is it easy to access at the community level? Maybe that's where the problem exists, it's at that community level.

Shai Fuxman:

All of that together, all the information that we've gathered together, helps us to then answer the next question, which is the how. Now that we have all this information, what are we going to do with it and how are we going to use it to address the problem and to address the risk factors in what is a data-driven process. This illustration shows you the strategic prevention framework that SAMHSA uses, which, as you can tell, begins with assessment. That's obviously what we're talking about now, the needs assessment. That, along with an assessment of your capacity of what resources do you have, what's the staff capacity, can together help you move to the next step, which is planning. Given our needs, given the needs of our community, given all these questions that we've answered and what we're able to do, what are the most effective strategies to address the problems and associated risk factors?

Shai Fuxman:

Another important aspect of a SPF process is to make sure that the strategies you select are comprehensive so you're not just addressing one specific issue. For example, if you were to address opioid misuse in your community, there might be multiple entry points. If there's a prescription misuse issue, you might want to work with prescribers because that's obviously one point of intervention, making sure prescribers are using safe prescribing behaviors, not prescribing too many pills all at once or making sure that they are assessing for risk of dependence among their patients. That's one intervention. Another intervention can be a media campaign to warn people about the dangers of prescription opioids. Those are very different strategies that all are part of a comprehensive approach. Of course, your strategies should also be culturally responsive to the norms and values of your particular community.

Shai Fuxman:





All of that, all those questions, are what we mean by a needs assessment, and especially the process of collecting the information from different data sources that will help you get to all those questions, to get all that information that can help you then select the right strategies for your community. To talk more about that process of conducting these assessments, I'm going to turn things back to Jess.

Jessica Goldberg:

Thanks so much, Shai. I have to tell you, those examples in that story that you shared really brought to life for me what it means when we say the public health approach and why starting with a really strong foundation of effective needs assessment is so essential for the work that we do. Thank you for that. Now we're going to, as Shai said, provide an overview of the steps involved in conducting one of these comprehensive assessments of community needs. Again, this is going to be very high level, as a look at a complex and time-intensive process has to be during a one-and-a-half-hour webinar, but I want to reiterate that there are definite sources to support you in this work, including us as your PTTC. Again, put any questions you have or comments that you have in the chat and we can answer them here if possible, and if not, we can certainly follow up with you after the fact.

Jessica Goldberg:

As I said, we're getting now into the nitty-gritty of the needs assessment process. To start us off, I want to turn it over to you and just get a sense of the folks on the call, your comfort in terms of working with data. On a scale of one to five, where one is a lower level of comfort and five is a higher level of comfort or a higher level of experience in terms of working with data, we want to know where you would plot yourself out on this scale. Again, one is a real nascent, beginning comfort with working with data, using data to inform your work, and then a five would be old hat, old hand at this, and really comfortable with that process.

Jessica Goldberg:

It looks like for folks that have responded thus far, most would put themselves toward the further end of that spectrum, either right in the middle feeling moderate, somewhat comfortable with using data or a little bit more so, so they've worked with it, they've used it, you've dug in and you're familiar with the process of obtaining, using, analyzing and interpreting that data and then moving forward with it to guide your efforts.

Jessica Goldberg:

Just another moment for folks to share, it looks like we're starting to have the beginnings of a bell curve that's slightly to the right of center, which is great. We were so glad to have a variety and diversity of experience levels and perspectives and opinions on the call, and we want to make sure that we're pulling from the experience that is on the line. If at any point you have thoughts that you want to share, please do feel free to put them in the chat, because everyone here has a lot of experience and expertise as well in this process, it sounds like, in different ways and certainly in the work that they're doing in their own communities. Thank you for sharing where you would plot yourself out in terms of your comfort in working with data, because this will really help us as we're tailoring our comments for the rest of the call today. For the second part of this webinar series, which will take place next Tuesday on



February 26th, we're going to be looking a little more closely at another part of the needs assessment process, which is around conducting capacity assessment.

Jessica Goldberg:

I can say for myself though here, if I were to plot myself, I'm probably where most of the group is as well, between a three and a four. I find the more that I do it, the more comfortable I feel with working with data. In an earlier part of my career, I worked on an evaluation grant for a SAMHSA funded program. I was right in the thick of collecting and analyzing data, and I really loved every minute of it, but then when my work became more focused on training others or providing TA around data collection, it took more for me to keep my skills sharp because I was less out in the field doing it on a regular basis. I think that's probably true for anything that we do in prevention, the more we roll up our sleeves and get into it, the more second nature and easier it would become.

Jessica Goldberg:

That's great, thank you. I think we'll bring us back to our main slides now and begin to walk us through our perspective on what goes into one of these comprehensive needs assessments. Over the course of this webinar and our next session, next Tuesday, we're going to look at assessment as involving these three main tasks. We've already given you a sneak peek at the first couple. We're going to figure out the

nature and extent of the different substance-use problems and related behaviors that are impacting communities, as well as the different variables at play, or those risk and protective factors that Shai was mentioning, that influence or contribute to these problems. We know that substance use problems are complex and take time to impact, and they can't always be changed directly. That is why instead we focus in on addressing those underlying factors that drive the problems that we identify through the assessment process.

Jessica Goldberg:

It's those first two boxes that we're going to cover today, and then, again, we're going to talk next week about looking at a community's capacity to actually address the identified problems and factors by assessing the existing resources and readiness of community partners of their own organization, so as to figure out where the strengths are, where capacity needs may be, where that capacity can be built, and what's feasible for our community to take on as it selects strategies to implement and plan for that implementation process. In this webinar, again, we're focusing on those first two phases of this graphic, and then we're going to take a closer look at capacity assessment in part two, and we hope that you can all join us for that.

Jessica Goldberg:

What you see on this slide is the beginnings of a logic model, which is really just the roadmap that can be used to articulate the rational thought process behind our efforts. For those of you who were able to join us for our webinars on fidelity earlier this month, you might've heard me make an impassioned defense of logic models of planning tools. We know that folks on the line have likely come across them or use them in their work, or maybe there are some that as familiar with logic models, but this is the beginning of a logic model, what you see on your screen. The leftmost box and first element of the logic model is really about getting a clear picture of substance use in your area, it's problems, it's related



behaviors. That is done through conducting the needs assessment activities that we're going to describe today.

Jessica Goldberg:

We know that the use of data to inform our work is a prevention best practice, but that's not all always how it's been done in prevention. In the past, when looking at problems faced by communities, we typically would go straight to finding solutions and selecting in preventions. However, now we know prevention science is recommending that data be used to learn about these problems in a community and to inform our work by looking at the factors that influence or contribute or drive these problems. That's the second box of the logic model, the risk and protective factors. Then we know once we know what those problems and risk factors are, based on data, we can then select the best possible strategies to address them. You see that reflected in the third most box on the screen.

Jessica Goldberg:

You're probably, again, very familiar with these ideas, but I wanted to point out that the terms used in these boxes may vary. We're going to explore some of the additional terms that you might be more familiar with later in today's call. As we focus in on this left-hand portion of the logic model for the rest of our conversation, we also just want to pause to acknowledge that there's always a lot going on on the right-hand side of a logic model as well, which is usually where we will articulate the outcomes that we want to reach.

Jessica Goldberg:

Outcomes just state the degree of change that we're hoping to achieve within a certain timeframe, and they can either be longterm, intermediate, or immediate or short-term timeframes. Thinking about our process, once we've conducted our community needs assessment, figured out our capacity to address the problems and behaviors and factors we've discovered, we'd select some evidence-based strategy to address those issues.

Jessica Goldberg:

Let's say our problem is underage alcohol use, and our assessment shows that parents are not locking up alcohol in their homes and so that's where youth are accessing it. We have access as a risk factor driving our problem, and maybe our strategy is to conduct a parent education campaign, sharing this data and encouraging them to lock up their alcohol. You would expect to see some kind of outcome related to the strategy in the short term. You'd expect to see something like changes in the knowledge, the skills, or the abilities of the population that you reached with the strategy, maybe something like parents gaining new knowledge of the need to prevent youth access to alcohol in the home. That might be our short-term outcome relating to that strategy within this scenario. If we were successful in increasing those parents' knowledge, we'd expect that to make an impact on our risk factor of access to alcohol in the home over time. Then you could imagine, our intermediate outcome might be decreased youth access to alcohol in the home over time, since intermediate outcomes usually reflect a change in those underlying conditions or factors that drive our problems.

Jessica Goldberg:



Over a period of time, a longer-term period, you'd expect to see some changes in your problem statement, which usually reflect or link back or align to behavior changes, since we know our problems have something to do with consumption patterns or the behavioral consequences of substance use and misuse. Here, our long-term outcome might be a decline in current alcohol use rates. Does that make sense?

Jessica Goldberg:

You can see how what we're talking about today on this left-hand side is the beginning of this larger planning document that really articulates the rationale behind what we do. You can see that we're going to focus again here on the left, but we wanted to show you what a fully-developed logic model might look like and so you can see all the pieces aligning together, even though we're going to talk about those first two boxes today and then look more closely again at assessing and building capacity in part two of this series.

Jessica Goldberg:

Thinking about the first box, we need to turn our attention to better understanding the problems and related behaviors at work in our community. We know that to change a problem, we have to first understand it, and only then are we able to identify the best way to solve it. Gathering data on substance use and associated problems is what will help us to have that understanding. The data that we gathered are actually going to help us answer several questions, similar to the questions that Shai walked us through earlier in today's caudal. Looking at data will help us understand what are the actual problems or behaviors that are occurring within a community, how often they're occurring, so what are

the rates or frequency associated with each problem, where are the problems or behaviors happening, and which populations may be experiencing more of the problems or those behaviors. That question will help you identify whether there are differences between different groups of people and help you figure out who within your community might be experiencing a behavioral health disparity.

Jessica Goldberg:

Also, we might want to ask about what some of the consequences of these problems could be, the consequences that are indicating that the substance use or behavior that we're looking at has become an issue, so things like emergency room visits, hospitalizations, overdose death, or treatment admissions, arrests, or school disciplinary incidents. Some of these consequence data you're probably more than familiar with looking at, but these are what are going to help us determine whether something is a problem in the community and the level to which it has arisen as an actual issue.

Jessica Goldberg:

These are some of the questions you'd want to be asking of your data to determine which problems were most salient in your community. There may be other questions that you look at when you're looking at problems in the community. We want to invite you, if there are other questions that you factor in as you're conducting your assessment activities, please feel free to put them in the chat. We'd like to add to this list, which we know is just the starting place, and build it out with some real-world experience for those who are out in the field doing these needs assessments and trying to figure out what are the real issues within their communities. If you have other thoughts about what else you might ask during a needs assessment that you were conducting, feel free to put it in the chat. I'm just going to



peek over at the chat and let folks know, because there's a great question relating to the materials, that we will be sharing out the materials from today's call after the presentation. Those should be coming your way via email after the end of the presentation.

Jessica Goldberg:

One thing to keep in mind is who are your direct populations of focus that are being impacted directly by these problems, and also, who might be indirectly affected or who might be actually contributing to, or involved in, the problem. Indirect populations are those who play an important role in the conditions that promote or prevent a problem from happening. In the case of youth underage alcohol use, adults who condone or permit underage drinking might be an important indirect population of focus for your strategies for your prevention efforts. Or if you think about youth athletes as a direct population focus, who might be an indirect population? Maybe it's still parents, it might also be the coaches of sports teams who can play such an important role with establishing norms that are able to protect youth athletes and keep them safe in the case of an injury.

Jessica Goldberg:

The important thing to remember here is that you need to be gathering information about all the different players who might be involved in a particular problem. As you gather this information, you're determining where the needs may be that based on this assessment information. It's important that these are particularly data-driven through the assessment activities and not only based on perceptions that aren't confirmed by data.

Jessica Goldberg:

Oh, just checking again in the chat line to make sure I'm not missing too much. Can we get the materials from the previous presentations this month? Yes, I have an update on that so thanks for asking. It sounds like those will be going out in very short order also, hopefully within this week.

Jessica Goldberg:

Then another comment relating to questions that you might be asking I think within an assessment process and that's that lots of teams are experimenting with vaping, so maybe one of the questions that you're asking, relating to what are the problems or related behaviors that you see in your communities, one of the questions you're asking is what are the new issues that are emerging. Now that vaping is I think more of an established issue, but at one point it was new to the scene and we would have had to be talking to our community stakeholders to the youth themselves to be able to be out in front and stay on the forefront of trends in our community to be able to respond proactively to new emerging needs as they arise. I think that's a great observation, so thank you for sharing that.

Jessica Goldberg:

These are just some, again, questions that would start the needs assessment process. Then we're going to talk now about how you go about finding this information. Many of you are certainly familiar with these terms, but just a quick refresher. You need to make sure your assessment yields both quantitative and qualitative information. We know quantitative data are those that show how often something happens or the degree to which it exists. Quantitative data answers the questions of how many or how



often, and is typically described in numbers to show, again, how often an event or behavior would occur or the extent to which it does exist.

Jessica Goldberg:

Let's say your problem were a cup of coffee, random example, but stay with me. If you were collecting quantitative information about your cup of coffee, you might say it could include that it's 12 ounces, maybe it costs you \$2.25, depending on where you live, maybe that's a little high or a little low, its temperature is 130 degrees, and maybe it's in a cup that is eight inches high. These data can be used to start to draw some general conclusions about a population, such as, let's say, the level of youth marijuana use within a community. You can be looking at some quantitative data to begin to tell you sort of the extent to which that is happening. There's lots of different ways to obtain quantitative data. You can be conducting random sample surveys or looking at archival data, but we know there may be some gaps in the availability of quantitative data, which is one of the reasons why it's also so necessary to rely on qualitative data.

Jessica Goldberg:

Qualitative data explain why people feel or act or behave the way that they do and it answers questions like why or why not or what does it mean, usually in words or text. Let's keep the coffee example going. You can use the qualitative language to describe your cup of coffee by saying maybe it has a strong taste or aroma, or a creamy appearance if you're like me and you take your sugar with coffee and cream. Qualitative data can be used to examine an issue or a population in more depth to understand these underlying issues, like the way in which a community norm may contribute to the level of youth marijuana use. It can be really useful when communities don't have the quantitative numbers about a particular group. For some we know it can be harder to get quantitative data about particular subgroups

within our community, so maybe people that are experiencing homelessness or LGBTQ youth or similar types of groups.

Jessica Goldberg:

Many of you, again, are probably familiar with these methods for attaining these types of data. For qualitative data, you're looking at things like open-ended survey questions or key informant interviews or maybe focus groups. The methods aren't always so cut and dry. For example, we know surveys can give you both quantitative and qualitative data, but the main point here is that it's so important to use a combination of quantitative and qualitative data for your assessment purposes.

Jessica Goldberg:

Where do you find this information, continued. We know now it's important to have both types of data represented through the assessment that you're conducting, but you also need to be thinking about where to access data and make sure that you're looking at sources across multiple levels, including the national, state, and local level. This is what we mean when we're talking about looking at archival data. You can see some examples on the slides, but what we want to acknowledge is that there are often challenges with data collection. Sometimes we know national and state-level data can't be disaggregated down to the local level. Many states collect data through the Youth Risk Behavior



Surveillance system, but this can't always be broken out by community levels. Sometimes the availability of data for some cultural groups is limited and communities have to go about finding other existing sources of data or gather it themselves through these different means that we've just described.

Jessica Goldberg:

At the local level, and I'm sure I'm talking to people that are well aware, collaboration is often necessary and really key because different organizations may have done different types of data collection, surveys and whatnot, before and they have that data already and they can make it available. There's such a good reason to-

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Jessica Goldberg:

And they can make it available. And so there's such a good reason to be reaching out and collaborating with others, so data that that exists can be shared and used by different groups for their assessment purposes, for grant applications or programming needs and whatnot and beyond.

Jessica Goldberg:

And so I want to pause here for a moment and ask you to help us again, build out our lists that we've offered on the previous slide. So what are some kinds of data or data sources that you've used in the past to inform your needs assessment process? Or maybe you're going through that process right now, so you are in the thick of it and you have some real concrete examples at the top of your mind. So what might some of those data sources that you've accessed or used, thinking about those at the national level, maybe within a state system or at the local level. So we to hear from you and get some real world real time examples that we can add to our list.

Jessica Goldberg:

So feel free to write your answer in the chat box at the top of your screen. It's a poll question. It's an anonymous poll. So you can feel free to put in your responses with anonymity. And we'll just look at some of the examples and hopefully we'll have some that we can offer up to folks that might be new or innovative, and maybe some tried and true sources here too, that you're familiar with working with.

Jessica Goldberg:

So we have NDPS data from the New Jersey Poison Center, US Census Data School and police reporting coming in, YRBS is coming in. Lots of great responses. Please keep them coming. This is great. So school data coming up a few different time, in terms of local school surveys, youth surveys, and county level statistics as well.

Jessica Goldberg:

So just looking anecdotal reporting, right? So some of that more qualitative data, talking to some of your key stakeholders, key informants that can really give you a perspective on the problems that you're seeing, that you may not be getting through more formal quantitative data sources. So other responses coming in and thanks so much for these. So focus groups or focus on key informant interviews to get





more community-specific data regarding special populations, consequences and readiness data. Yes. So important, right? Because who knows better than the people that you mean to engage or reach through your prevention services, in terms of what they need, what's going on, where their assets lie and where the community's readiness is as a whole.

Jessica Goldberg:

So great examples coming in. So SAMHSA shout out to SAMHSA Data, absolutely. And then also DEA Data School. And yeah, so I see some themes coming up already looking at youth surveys, school surveys. It seems like school here reinforcing that need for partnership that I think we're also familiar with in the prevention field, because without access to those data from systems or school surveys, sometimes I think the communities that I've worked with certainly have struggled to figure out what's really going on, and until they are able to get that school level data.

Jessica Goldberg:

These are great responses. So I can just give a moment more. Oh, hospital and law enforcement data. Again, we're working around our different sectors to partner and figure out the picture of community asset and need. These are great. So I think it looks like a lot of variations on themes, but certainly surveys coming up across those different levels that we just discussed from local to national, as a key starting place, certainly for starting to collect some needs assessment data.

Jessica Goldberg:

So I thank you for those examples. They're wonderful and I think they really do kind of bring to life some of the examples that we offered up on the screen. So now I think we can bring it back to our main slides and keep walking through. So now that we have this data, now that we've looked at all of these sources through our process for making sure we're getting the different types of data that we need. What do we do with this information once we find it?

Jessica Goldberg:

So as part of your assessment, you want to look closely and examine the different kinds of data you've collected. Since we know substance use and related behavioral health problems are so complex, that understanding them requires looking at multiple kinds of data to get an accurate and complete picture. And so what you're looking for is really any relationships and patterns that emerge upon closer inspection.

Jessica Goldberg:

It's been said by people wiser than me, that numbers alone have no meaning. So you want to look for patterns over time, relationships between the data, so you can start unpacking those, digging deeper and asking some questions. So things like which problem is the biggest as compared to other problems, or has the greatest magnitude or how severe the problem is in terms of whether it's resulting in mortality or has greater direct or indirect costs than other problems.

Jessica Goldberg:



So you can see in these very simple graphs that we provided on the screen, the graph to the furthest left, you can see a comparison between alcohol, marijuana, prescription drug use and tobacco. And this would be for youth age group and under age, maybe 12 to 17 age group. You can see in this graph, alcohol would be emerging as probably the biggest problem or the problem with the most magnitude.

Jessica Goldberg:

And then you'll also want to look for whether there are any differences between how the substance use problems and behaviors in your community look now and how they looked sometime in the past, or whether problems are getting better or worse over time. And so how do those trends over time look?

Jessica Goldberg:

So walking our examples forward to the middle graph, you can see alcohol remains that sort of slate blue color on the left of each year on that graph. So from 2000 to 2015, you can see some pretty considerable increases in terms of the use rates over time, as compared to the other substances that are also pictured on that graph. So you see in our example, underage alcohol use would be emerging as a problem that's not only a large high magnitude within this community, but also that seems to be trending up over time in terms of being an issue.

Jessica Goldberg:

And then you'd also want to be looking at how the data looked between your community and the state level as a whole, and then maybe comparing your community to similar communities, to get that perspective of how your community fits within an overall picture of the state and local communities. And then you'd also not pictured here, be looking for differences among different population groups within a community, right? So different age groups or genders.

Jessica Goldberg:

So in our farthest most right graph, you'll see our town on the left has higher rates of youth alcohol use than X town, Y town or for the whole of any state in our imaginary example. So by these data, it would look like alcohol is arising as one of the most relevant or salient problems in our community and particularly alcohol use among youth.

Jessica Goldberg:

And so these comparisons let you know whether again, your community has a higher or lower rate of a certain problem or behavior than it did recently, or if your community has a higher or lower rate than your state, or there's a particular problem among males versus females or a lower rate among 14 year olds than among 17 year olds. So looking for these types of relationships are going to be able to help you answer those types of questions. And all the data that you collect during the assessment process are going to help you again, choose which problems to address by considering each problem against these criteria.

Jessica Goldberg:



So again, magnitude of the problem trends over time or comparisons, and you may also want to be considering other factors when deciding which problems to address. So for example, whether there's any support within a community or among community leaders to address a particular problem, what are the available resources to address the problem and how many and what type of resources have already been directed at a problem? And we're going to talk a little bit about that on our next webinar next week, as I said. And then also, you'll want to consider whether there are evidence-based interventions available that would be appropriate for addressing this issue. So all of these questions go into figuring out what problems are in most immediate need of attention in a particular community.

Jessica Goldberg:

And so, as you're looking at data and making those comparisons, you'll want to remember that not all data are created equal. So take small numbers and percentages into consideration. For example, if you looked at data and saw there was 100% increase in motor vehicle accidents from the year 2015 to 2017 in a particular community, what would you think? You might think that, or have the immediate reaction, that there's been a huge spike in the rate of accidents. But what if there was only one motor vehicle accident in 2015, and then there were two in 2017, what would you think then? It's still an increase of 100%, but may not mean that this problem is the one with the greatest magnitude or severity. And it may mean that this community shouldn't really be spending too many of its resources to address it.

Jessica Goldberg:

So this is just an example that when using small numbers and percentages, it can appear that there's a significant increase or decrease, but when looking at actual numbers, those changes may be very small. So just a reminder to always use caution with small numbers, and that not all data are equal in terms of their availability, their validity or other features that might impact your confidence in those data.

Jessica Goldberg:

So, data comes in a spectrum from valid and reliable measures that allow you to observe outcomes over time, to proxy measures that may or may not be valid indicators of outcomes of interest, to qualitative data like focus group data, or people's perceptions of the problem. So understanding the quality of data is important too, as you're making these decisions and looking at what comes of the needs assessment process that you conduct.

Jessica Goldberg:

And you also want to be looking to notice any data gaps. Meaning, any data that are missing or needed in order to answer your assessment questions. When there's missing data for a certain population groups, the problems that a community may not be completely captured. So if you find there are gaps in your data, you may need to gather and use qualitative data, which we know is a little less objective, maybe, but can help again, fill in those missing pieces of the puzzle.

Jessica Goldberg:

And also remember if you're comparing across groups, that it's really essential that you're using similar data. So if you're looking at 30 day use for 12 to 20 year olds of a particular substance, and then 18 to 25



year olds for the same substance, you should be looking at the same indicator and ideally on the same instrument, to ensure that you're comparing apples to apples.

Jessica Goldberg:

And you'll also want to be mindful of culture when you're examining data. And so what does that look like? So if you're conducting your assessment, a key thing to bear in mind is to make sure that the full community is being represented, not only in the data that you collect, but in all aspects of your assessment and prevention planning process. And this is really key in conducting a culturally competent assessment.

Jessica Goldberg:

We know sometimes surveillance systems can perpetuate inequity. So it's essential to engage the community in helping ensure data collection is culturally responsive and appropriate. So you certainly want to be pilot testing your questions with the population that you're hoping to reach, to ensure that your questions are appropriate and that you're going to get the information that you want. And you can also certainly engage local assessment or evaluation experts if you're looking to make sure or gain information about how you can create more culturally sensitive question format.

Jessica Goldberg:

So if you're looking to do primary data collection in your community, you're going to want to make sure that community groups you're trying to reach approve of the data collection and analysis methods, and that you're communicating your findings back to that community. I think many communities may have experienced researchers coming in to collect data they need, but never returning to share that information back or to ask the community for its expertise to fill in additional information or to share their perspective or interpretation on the data. And so also, it's really important to have those kinds of dialogues and to ensure that you're identifying change from the community's perspective and not from our own, maybe which would be slightly different. So in that way, we would be honoring the experiences and assets and areas for continued growth of the folks that we mean to engage.

Jessica Goldberg:

So when engaging in good data collection efforts, make sure again, you're making efforts to reach all populations in your community and that your survey tools reflect the unique cultures reflected in your community. And when you're looking at data, make sure that you're always looking for this evidence of any disproportionate burden or whether there are differences across geographic areas that are being captured and considered.

Jessica Goldberg:

And so we know also another important piece to keep in mind, is that it's essential to identify and examine culturally relevant risk and protective factors, right? They exist on multiple levels from individual characteristics and behaviors, to those that exist within family or community contexts or even the larger society. And that it's important to, we'll talk more about these risk and protective factors in just a moment, but to create a process to identify those that are culturally relevant factors and other



underlying conditions, and to have respect for the positive influences that contribute to overall health within different population groups and not just have a singular focus on risk factors.

Jessica Goldberg:

So research tells us that prioritizing factors that contribute most to substance use issues vary among different communities from population to population. And that the average number of risk factors experienced varies by different populations, right? And each population is an expert in its own experience.

Jessica Goldberg:

And so to that end, we want to, again, encourage you to make sure that you're involving these different communities in your needs assessment process. Which in this passage on screen shows a really nice perspective on what it means to conduct assessments with meaningful involvement from the community. So it implies working across disciplines with the population itself to define variables, design instruments, and collect data that reflect the ecological reality of life in that population as people experience. And it requires cross-disciplinary patients as well as cultural sensitivity and competence to overcome differences of race, class, and age that generally exists between public health specialists and the populations they are there to serve.

Jessica Goldberg:

And so the passage mentions cultural sensitivity and assessment. And that's really accomplished with an awareness of the impact of culture on the persons that are being studied, the process itself, and also those of us that are going in to conduct these activities, ensuring that we behave with humility. And so some of you may be familiar with the term cultural humility, but we wanted to share it here as the acknowledgement of one's own barrier to true intercultural understanding the difference between intellectually knowing another culture and being able to truly relate to it. It's absolutely essential to approach the assessment process with the spirit of cultural humility.

Jessica Goldberg:

So now we want to hear again from you and from your experience in terms of what the greatest challenges have been to conducting culturally competent assessments in your communities. And we also want to hear from you in terms of the steps you've taken to overcome those challenges. So I'm going to ask if we can bring up a poll question or two poll questions to that effect. So you'll see those poll boxes in the screen. And we want to hear from the experience of those on the line, in terms of the challenges that you've encountered to conducting assessments that are culturally sensitive and competent in your communities, and then any steps that you found to be effective in overcoming those challenges.

Jessica Goldberg:

So feel free to put your responses right into the little chat boxes. And they're anonymous again, so we want you to feel comfortable in sharing the challenges and anything you've found to be effective in helping to address some of the challenges that you've encountered.

Jessica Goldberg:



It's got an answer coming in, right? So involving the community. Yes, I know we talk about it. We understand, I think many of us, or most of us understand the importance of involving the community and yet it's still so challenging to do well and do it in a meaningful way and ensure that the community that we mean to engage is meaningfully engaged and is able to fully participate in the process and not only at the table, but is an equal partner at the table as well. That's a great example.

Jessica Goldberg:

So a few more coming in and thank you for your responses. So, language specific challenges, exactly. If you're working in a particular language, looking to work with survey, engage others whose primary language is not English can be such a challenge. And it's so important to do this, do that work thoughtfully and well to make sure that you're getting those perspectives you need to get that complete picture from your assessment process.

Jessica Goldberg:

So certain colors sectors are not interested in being involved, therefore missing their voice. It's a challenge. We have to be sure we've made every effort, I think, to engage the different groups in our community, the different sectors in our community. And sometimes I think you're absolutely right, we meet with resistance. And I think there's a real challenge there that we have to acknowledge and also make sure that we are being creative too, if possible, and solving. If someone says, no, they don't want to participate, we respect that and take them at their word. And then if someone says I can't participate, I think there's a real need to be working together to see if there are barriers to participation that we can help to resolve or overcome.

Jessica Goldberg:

So other great ideas coming in. And thank you again for all of these responses. So stigma as a challenge, absolutely. And community engagement, coming up again, or working within a small community, yes. Sometimes there are issues with identity because a community can be so small that it's hard to have the identified data. There's just not that many people within a community to ensure anonymity. Finding assessment tools that are culturally competent and then also working with a population that is deaf or hard of hearing that's small and private, right? So some cultural realities to engagement that can make it that much more challenging depending on who you're trying to reach.

Jessica Goldberg:

So those are wonderful examples of challenges. And then let's take a peek at how some of these have been addressed. So sitting in on all types of meetings and inviting them to ours. I have to say, I think that that's so important; going to other people's tables and putting the time in to develop those relationships is so key. Increasing ASL videos and presence on social media, so really specific work to sort of bridge gaps or bridge relationships with a population you're hoping to reach, translating materials, conducting programs and other languages, getting youth to be a voice. And youth carry so much credibility in a community and speak so authentically from their own perspective that they can be a great advocate in

bringing others to the table. Because I think we all understand that they're always seeking, I think, from a place of authenticity. And I'm not sure that adults always assume the same about other adults.



Jessica Goldberg:

So providing educational information and trainings for every population, being really careful and specific about your outreach, working to gain buy-in from other leaders of different cultural groups, identifying key gatekeepers and ensuring they support an approach. Nothing about us without us. I love that phrase. I love when it comes up in conversations like this, because I know I'm talking to people that completely understand what is needed to do this well. And then reaching out to professionals who represent the populations being studied when not able to involve the direct population. Not ideal, but certainly an effort being made to make sure that that perspective is being factored into assessment activities.

Jessica Goldberg:

So great responses. Thank you so much for thinking this through with me. Every time we've asked you, you've added so much more to our discussion and made it that much richer. So thank you for your participation and thank you for these answers here. I'm just going to note the time and ask that we move along to our final section of today's presentation, because we want to make sure we get you all that information that you need. And so, now I think I'm going to hand it back over to Shai, to talk a little bit more about risk and protective factors. So Shai, over to you.

Shai Fuxman:

Thank you, Jess. Yeah. So we've talked a lot about risk and protective factors so far today, and we just wanted to dig a little bit deeper and tell you a little bit more about how to think about selecting risk and protective factors when thinking about selecting your strategies.

Shai Fuxman:

So what you have here is a roadmap or what we call a logic model, and this is kind of a segment of the one that Jess showed before. And so, as Jess said, you might start off by thinking about what are the problems in my community that I want to address, whether it's underage drinking or youth vaping as one participant mentioned in the chat. So that's the problem. And so then you say, "Okay, well, if that's a problem, then what is it that I'm going to do about it?"

Shai Fuxman:

And that really important piece in the middle, right in between those two, are understanding what is the cause? What's behind the problem behavior and what is it that I can do about it? What is it that can do about the cost? What is it that I can do about risk and protective the risk to protective factors related to the behavior?

Shai Fuxman:

And it's important to think about it this way, because oftentimes we jumped straight to, "Here's my problem, what am I going to do about it?" But when it comes to substance use, it's very difficult to have an intervention that will actually change the consumption pattern of the substance abuse behavior. So for example, people say, "Let's address underage drinking." In the past, many of the strategies that were





tried before were things like, "Well, we'll just tell kids not to use alcohol or substances, or let's simply take alcohol away from them." But that alone, that kind of way of thinking doesn't really get at really looking at how is the way I do that. How is it we're going to achieve getting young people to change their behavior or to change their environments so they don't have access to alcohol. So that's where the risk and protective factors are so important I say, because that's where you can really make a difference that ultimately will change your problem behavior.

Shai Fuxman:

And when you think about risk and protective factors, and we've talked about this before, you want to be thinking about two things, first of all, this.

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Shai Fuxman:

You want to be thinking about two things, first of all, the different levels of human experience. So is this a risk factor that is associated at the individual level or the family level, community level, et cetera? And also the development stage. I mean, so how is that impacting... what are the unique risk factors associated with a different development stage that you want to address. The other thing that we haven't talk much about today, but it's worth noting when thinking about risk and protective factors, when you identify a specific problem behavior and you're trying to figure out, what is the cause of it? You might identify a risk factor that is associated with not only the problem you want to solve, but also with other problems. So for example, with the story that I told earlier where the risk factor was really an unaddressed mental health issue or an emotional issue, that truly was what was driving the use of marijuana.

Shai Fuxman:

Well, we know when young people are struggling emotionally, especially when it's that severe emotional disturbance associated either with family dynamics or peer relationships. Using substances is only one of the maladaptive behaviors young people might take. Unfortunately, there's others, including engaging in violence and all their self-injury behaviors including suicide. So you might say other than identifying, screening for emotional or psychological issues and addressing those early on, that will not only help me or help my community to address a substance abuse issue. It's also going to address other issues as well. So that's something else to be thinking about, when you think about the risk and protective factors.

Shai Fuxman:

Again let's just talk a little bit further about how to identify them. So first of all, or I should say the other thing to think about is the term risk and protective factors. Many of you might be familiar with this term already, but others of you might be familiar with other terms that really kind of mean the same thing. So for example, when we say we're talking about risk factors, often times people talk about, intervening variables, casual factors, local conditions, contributing factors, all these terms are in essence part of what the broader umbrella level we may risk and protective factors. So when people are talking about... let's understand local conditions that drive our particular behavior. They are in essence talking about risk and protective factors, as well as these other examples. And then the other thing to think about when it comes to risk and protective factors is it's really important to make sure that the link that you



make between the behavior and the risks and protective factors have been identified, are supported by research.

Shai Fuxman:

Oftentimes people will kind of try to just use common sense. Obviously common sense is often that's very helpful but oftentimes it's better to back up the common sense with the research. So for example, again, if you're talking about underage drinking, or marijuana use, or vaping in your community, some people might say, "Well, I know why it's because parents aren't talking to their kids or it's the parent's fault or it's because kids are bored these days." And that kind of armchair thinking might be correct. But before you actually go that direction, it's worth looking both at your data to make sure that in fact is what is driving the problem. But also that the risk factor is that link is actually has been found in the literature. Although there's research showing that the link between the risk factor and the problem behavior. In one resource that we wanted to make sure to mention to you related to this is this resource by the National Research Council on student medicines, preventing mental, emotional behavioral disorders among young people, progress and possibilities.

Shai Fuxman:

This resource identifies many of those risk and protective factors that can associate with behavioral and mental health issues among young people. So especially if you're focusing on youth behaviors, this is a great resource, obviously there's others as well. So let's walk through an example again, you see the same logic model that we've talked about before. And so let's say for the sake of argument, you're looking at underage drinking. So you've done your research and you found that this is the biggest problem in your community among high school students for example, is the consumption of alcohol. So you're moving on to the next step which is the risk and protective factors. So you're asking why, so why is this happening and why is it happening here, why is it happening now?

Shai Fuxman:

So some of the risk factors could be related to access, why is it happening here? Maybe it has to do with how young people are accessing alcohol. The example on this slide talks about retail access. So maybe the issue is that you have alcohol stores, liquor stores, or bars that are not fully compliant with ensuring that they're not selling to people under the age of 21. So lack of compliance will lead to young people having access to alcohol. But maybe it's not retail access, maybe it's social access, maybe it's parents aren't locking their alcohol cabinets or maybe even inviting their children's friends to come to their house to drink because they feel like it's safer for them to drink at home, than drink elsewhere. So they just having them drink in the house.

Shai Fuxman:

We obviously know that thinking is problematic because for all kinds of reasons, for one, there's a lot of research now showing the impact of alcohol on the brain, on the young brain, but also because you're still sending the message to young people that underage drinking is okay. So A, these are different risk factors. Perception harm I've already mentioned before. If people feel like just having a few drinks with friends in someone's house is not a problem, they're more likely to do it.

Shai Fuxman:



If they realize that it's actually harmful to do then, they're less likely to do it. So that's another risk factor and relate to what I was saying about parents. Any kind of indication that from parents that when kids feel like their parents that drinking is not a problem, then they're more likely to do it. So those are a couple of examples of risk factors. We've just talked about different data collection tools, we've talked about both quantitative and qualitative. Obviously quantitative data is very helpful to looking at numbers, looking at what exactly is the problem, where is it happening? But I have to put up login for qualitative data. Some of these risk factors in particular, where young people are getting their alcohol, or what are the perceptions of harm, oftentimes are easier captured through focus groups or interviews that qualitative data by the asking the question about why through open-ended questions can be very helpful as well.

Shai Fuxman:

Protective factors. Just to go through a couple more examples, positive school engagement, we know that when young people are more engaged with the school, both academically, but also socially, they're less likely to... that kind of contributes to positive development, which usually helps to prevent self harming behaviors including substance use. Low sensation seeking personality. I talked about before, we know that seeking high sensation, can be a driver to substance use. So obviously the reverse would be a protective factor. And also who your friends are. So having friends or having peers that are not using substances is a great protective factor for not using substances yourself.

Shai Fuxman:

So those are examples of some risk and protective factors. I'll just go through a couple of others just or broad categories. So we talked about access. How are people, how are young people accessing alcohol, or if you're talking about an illegal substance, how are people accessing the illegal substance, whether the problem is figuring out access, that's one question that gets at risk behaviors. Social norms, is there favorable social norms towards using substances. Again, whether it's the high school level or whether it's in the community more broadly. We know for example, in communities with high prescription drug misuse, that there's usually a norm that there's a belief out there that sharing substances is not dangerous. If I'm taking prescription opioids and you have a headache, then I'll just share my medications with you.

Shai Fuxman:

So that kind of norm that allows that mix sharing prescription drugs more permissible might be an explanation for that particular problem. So in general though understanding social norms is another type of a risk factor to consider, enforcement of laws, so if there's policies, we talked about underage drinking as an example. If bars or liquor stores don't feel that they aren't being held accountable, or just don't feel the need to follow policies to ensure that they're not selling alcohol to people under 21, that's another risk factor.

Shai Fuxman:

So these are all examples of things to look into. Another one, just last one that I just found in my notes is parental monitoring. If the problem that you're looking at has to do with young people, when it's vaping, marijuana use, alcohol use, are parents aware of the problem, are parents are aware that their kids may



be using the substance? And are they doing anything about it? So that's another type of risk factor. So you've done your needs assessment, you've considered all the different risk factors, you have a long list

from parents at parental attitudes to access, whether its social access at home, or whether it's a retail store. And now you have a long list of risk factors. And you're feeling overwhelmed and you're wondering, well, what do I do now?

Shai Fuxman:

So one of the ways, or two other ways to think about what are the risk factors that you may want to address. And this is where the connection between the needs assessment around risk factors and the actual prevention efforts comes into play, which is how do I decide which risk factor to address? So as the slide here shows that there's two different criteria you may want to apply. One is important. So how important is it for you to address the specific risk factor? Well, one way to know what the importance is by looking at your data. So, for example, if your problem is underage drinking, you have a survey of all students, and you ask them how they access their alcohol, if 80% of people who say they drink are saying, they access the alcohol directly from retail places, they just go and they purchase it, but only 20% talk about having access to their parents' alcohol or a friend's alcohol. Then the retail issue is the bigger problem in your community. So that makes it more of important of a risk factor, just because it's just more prominent.

Shai Fuxman:

The other one is changeability. Once you have all the risk factors, which are these risk factors are you able to change? And to answer that question, the things you want to consider are what resources do you have to change? So if you're trying to change an example before about parental norms, versus parental attitudes, versus retail access, do you have the resources to engage parents as it might be easier? That might be a low hanging fruit. If you have easy access to parents somehow, or maybe the issue of retail is easier because you have a coalition where law enforcement, where your local police agency or your local police department is part your coalition. So maybe that's an easier respect it to address because you can have your police department help to conduct alcohol retail checks.

Shai Fuxman:

So thinking about your resources. The other one is community readiness. If you have an intervention that requires the community to really get behind, do you have that support of the community to change a particular risk factor? And if not, maybe you can address a different one? Another question is there a suitable evidence-based program or intervention? Is there a good intervention that you can apply to address that risk factor? And can you change it in a reasonable time? Is it something that will take a long time to change? So for example, we know that if you started thinking, if you start asking the why, you might find that children are oftentimes impacted by struggles at home.

Shai Fuxman:

So if the parents are unemployed, maybe there's a big unemployment problem in your community. That's what's leading a lot of family conflicts and difficult family dynamics. And that's what's turning kids to substance use. Well, changing unemployment in your committee might it might be much, much harder to do than having some sort of program for young people. Where you engage young people in



afterschool programs, for example. And work directly with them. So those are two different ways of thinking about which risk factors you want to address.

Shai Fuxman:

Now, when I say that it's to keep in mind, this is not a matter of putting together a list of all the risk factors and then picking one that gets in a restaurant menu, but you really want to think hard about what risk factors, which, well, these risk factors, if I changed them, if I can do something about them will actually lead to a change in the problem behavior, not which risk factor is easier to just because it's simple, but rather which one is having the most amount of impact, and which one can I actually do something about that will actually move the needle related to the problem behavior?

Shai Fuxman:

And so that's that on risk and protective factors. And so I think we've now reached the end of the webinar. I know we're almost out of time, but I think we might have a couple more minutes for questions and answers, and then we're going to invite my co-presenter Jessica to help me answer any other questions people might have.

Jessica Goldberg:

Thanks, Shai. Thanks. That was really great. And I think I wanted just add, as folks are thinking in determining whether there are questions they might have about anything we've covered thus far, just to say that I think some of what you've introduced in terms of determining risk and protective factors to address, we'll also be talking about in more detail next week, when we talk about capacity assessments. So some of that getting at the piece of changeability and what are the resources, what are the interventions available that might be appropriate for addressing a particular risk factor that relates back to the problems you've identified? We're going to talk a little more detail about that now the next week.

Jessica Goldberg:

So we'll dig in there again, and then there may be other questions that arise at that point, but here, knowing that we're hitting about the half hour, we want to pause. If you have questions, feel free to put them in the chat, and you can also feel free to follow up with us after the fact, in case you do have questions, but we can take, if you have time, we have time in case anything is lingering on your mind that you want to address before we wind down today.

Jessica Goldberg:

And as you're thinking, I think we're going to ask you not to tell us, but just to ask yourself these questions, just to give you a chance to reflect back on what we discussed. So we'll ask you to think about anything that you learned for the first time or relearned based in listening to today's presentation. And then if there's something concrete that you can add to your to-do list, as a result of taking part of the webinar, we usually would ask you to share that back to us right now, but we want to be respectful of your time and move us along in case you've got somewhere else you need to be. And then end on time or as close to it as we can. So feel do free to put your question in the chat and as you're thinking or writing, just going to invite folks if there are questions or comments, after the fact to reach out to me.



Again, this is my name and my contact information, and feel free to reach out and we'll get back to you as soon as we can with an answer.

Jessica Goldberg:

If there's nothing that does come up before the end of today's presentation. So I know maybe a few folks thinking or typing, so I don't want to cut anyone short, but as you're writing, I just want to begin to say, thank you to the folks who've made this webinar possible. On the back end, we have folks helping

us with tech, helping us organize our materials. And so thank you to everyone there. And then for those that'll help us with the follow-up. And just a question I see coming in before we wind down. So any experience that are holding focus groups with police officers to assess risk and protective factors. So here's a question shy about any specific resources relating to focus groups with police in order to determine which are risk or protective factors that might be relevant in the community? I don't know if you've come across anything like that, or that's something that we can connect with offline and get back to our participants about?

Shai Fuxman:

Well, one quick comment. So first of all, I think it's a great idea. I think that law enforcement oftentimes have their eyes and ears very much present in the community. I don't know of any resources off the top of my head we can think some more and share those. But the one thing I will say is would law enforcement, as well as with other professional groups, oftentimes in the house to have someone from within the profession help you with a focus group or help you to appeal to the outreach. So what I would recommend is if you can find a champion who is a police officer, whether it's the chief of police or someone else in your coalition or that you have a great connection with, talk to them about having this focus group and how they might be able to help, because that's much easier than going directly to a police department.

Jessica Goldberg:

I think that's a great comment Shai, it's maybe less that the questions or the process itself of hosting the focus group would have to change, but just more how to be sure that you're going to maximize the engagement and create the type of environment where you're going to get the information you need by kind of bringing in a champion who is part of that community to help you either facilitate or organize that focus group event. I think that that sounds like a great first response, and certainly we'll confer here. And if we have more to share, we'll be able to do that either before we reconvene next week for part two of this webinar series, or we can bring that information back to the group at that time as well.

Jessica Goldberg:

So thank you for that and definitely feel free to reach out again if there's other questions that arise after we close today's call, but thank you again to all involved in making the webinar happen, to my co-presenter Shai, and then also to all you for your time and your participation. It's been wonderful to get to think about this with you and share for, and learn from your experience as well. So we'll be having our part two of this webinar series next Tuesday at the same time at 1:00 PM Eastern, talking a little bit more about the needs assessment process, and we would love to see you back there or back here at that time. And otherwise hope you have a great rest of your week and take care, and we'll look forward to speaking with you soon. Bye.