



Clare Neary:

Hello, and welcome to today's webinar, Strengthening Data Collection Efforts to Respond to Emerging Prevention Priorities. It's so wonderful to have you joining us today. My name is Clare Neary. I'm the Project Coordinator for the Northeast Caribbean Prevention Technology Transfer Center with a PTTC for HHS Region Two. And we're the group that's hosting this webinar. We're coordinated out of Rutgers University School of Social Work Center for Prevention Science.

Clare Neary:

Right now, I want to draw your attention to the poll questions on the screen and ask you to share your thoughts, just to get us all thinking about today's topic. So could you please fill in the blank if you haven't already done so? I see some folks starting. What types of data collection activities have you been involved in? You should feel free to select all that apply in the poll box and to let us know what your data collection experiences have been. If you've used different data collection approaches, please go ahead and use other.

Clare Neary:

So again, welcome. We're asking all attendees, even if they didn't register, to follow the link in the chat box to give us your contact information. This is so we can keep track of everyone who's in the room, of course, and also to make sure that you receive your certificates of attendance after the event.

Clare Neary:

For those of you who have done our webinars in the past, it's a little bit different process this time, trying to streamline things and get those certificates out to you more quickly. So if you would just click that link, enter your information, and then make your way back to us, we'll be starting our presentation in just a few moments.

Automated:

Your microphone has been turned on.

Clare Neary:

So let's see what our poll tells us. What type of data collection activities have you all been involved in? Wow, many people have been involved in face-to-face surveys. That's wonderful. Some phone surveys. Many online surveys. People are doing key informant interviews. Focus groups.

Clare Neary:

So as you folks are all coming in, thank you very much for participating in the poll. I want to also ask you to click on the link for your attendance.

Clare Neary:

So mostly face-to-face surveys and online surveys and focus groups. That is wonderful.

Clare Neary:

Welcome to everyone. As you're coming in, if you would just participate in our poll, what types of data collection activities have you been involved in? Just to get us thinking about our topic.



Clare Neary:

All right. So we're going to get started with our main topic. So welcome again to Strengthening Data Collection Efforts to Respond to Emerging Prevention Priorities. It's such a pleasure to welcome you here today and thank you for finding the time to come, given everything that's going on in the world today.

Clare Neary:

Again, I'm Clare Neary and I'll be one of your facilitators for today's call. I'm joined by my colleagues Ivy Jones-Turner and Cory Morton, whom I'll introduce to you in just a moment.

Clare Neary:

So this webinar is being recorded and we will be making the recording available to all webinar participants after today's presentation. And we'll be sharing our contact information at the end of the presentation, so if you have any concerns or questions after the fact, you can feel free to reach out to us. But we will also be inviting and encouraging your questions throughout today's conversation. You should always feel free to put questions and comments in the chat, and we will respond to them in turn. We'll be sharing out today's presentation materials, the recording, and the slides after the webinar.

Clare Neary:

So again, this webinar is being brought to you by the Prevention Technology Transfer Center for Region Two, which you can see we're they're in the light blue on the right hand side. And we cover Puerto Rico, the United States Virgin Islands, New York, and New Jersey. And this call is an opportunity to bring together folks across our region. But we also realize that we are welcoming people from across the country here today. And we're looking forward to learning from all of you. And we want to hear what your strategies are for strengthening prevention surveillance efforts, so that we can be more prepared and nimble to emerging issues in prevention as they arrive.

Clare Neary:

So a little bit about your facilitators for today's call. First, my colleague Ivy Jones-Turner. Ivy has provided organizational capacity assistance on health promotion and prevention in substance abuse, suicide, violence, injury, and mental health, with nonprofit and community based organizations, state and state based agencies, and school districts, for more than 20 years. Her capacity building skills include program evaluation, training and technical assistance in program design and implementation, organizational development, partnership, collaboration, and grant management.

Clare Neary:

Cory Morton is an Assistant Professor in the Department of Social Work at the University of New Hampshire. His research investigates the community context of substance use, whether structural features of neighborhoods, such as access to substance use services, lessons substance related harm Cory's role on the PTTC is to coordinate this special focus on geospatial application, providing webinars and technical assistance on using mapping to determine community need, or do evidence change.

Clare Neary:

And I'm Clare Neary, I'm with the Rutgers University School of Social Work Center for Prevention Science and I'm the current Project Coordinator for the NEC PTTC. I've worked in the substance misuse



prevention field for close to a decade with a special focus on outcome based prevention and environmental strategies.

Clare Neary:

So what are our learning objectives for today? This is what you can expect for the rest of today's call. First, we're going to be describing the importance of designing data collection efforts to support early identification of priority prevention problems. So we're going to be building on some of the ideas that we shared during our last webinar on the topic of emerging substances. That webinar was back in March.

Clare Neary:

We're going to walk through primary and secondary data collection approaches that we can use to stay informed about emerging issues of the national, state or jurisdictional, and local level. And then Cory is going to share how geographic information systems, or GIS, can help us organize our newly collected data to identify local hotspots of substance use problems, both to inform prevention planning activities, and then also to enable us to communicate about our priorities to key stakeholders in such a way that will boost their engagement and they're buy in to collaborating with us. And we'll look at some real world example of GIS in action. And lastly, we'll identify some possible solutions to data collection challenges that we all commonly encounter in the course of our prevention work.

Clare Neary:

So that is what's on deck for today's call and now I'm going to be turning it over to Ivy to get us started. Ivy.

Ivy Jones-Turner:

Hi, thanks Clare. And thanks everyone for joining us today. I'd like to just start with talking a little bit about the role of data collection in identifying emerging prevention priorities. We started these series focusing on emerging prevention priorities, really focusing and thinking about how are you able to look at what's happening in your local community, in your local area, or even in your state, and identify what's happening, what's beginning to happen, so that you're able to much more quickly respond to some of the changing context. In particular, as Clare noted in our previous sessions, we focused on vaping and youth marijuana use in particular. We're going to talk a little bit more about those issues, but with the specific focus on thinking about the role of data collection in that whole process.

Ivy Jones-Turner:

You're already familiar with collecting data for your prevention efforts. We expect that you'd agree that collecting data is one of those key first steps to identifying and addressing emerging substance use issues. It's where we'll start, because it helps us to really have a sense of what's happening now, what's changed, how it's changed, and the degree or level of change.

Ivy Jones-Turner:

And so, as we think about in particular, some of the stages of the needs assessment process, many of you probably are, or have completed, a needs assessment at the beginning of your grant period, or at the beginning of a new initiative, really paying attention to what, at that point, did the data indicate we're your primary substance misuse issues and how do you respond to those? And of course, many of



you also collect that needs assessment or some portion of that needs assessment data on an annual basis, because you want to be able to look at and track the trends, how they're changing over time.

Ivy Jones-Turner:

Well, of course, we also know that there are these various stages in the needs assessment process, and those steps include everything from collecting and analyzing and interpreting the data, but also then taking that data and sharing and presenting it with your key stakeholders and really using that data to inform the decision making process. But of course, we also know that while you're thinking about emerging substance misuse issues, such as maybe it's vaping, maybe it's in some changes in youth marijuana use, it might even be some things that we've been talking about in our previous webinars with regards to the increased access or home delivery of alcohol with the COVID-19 situation. You need data and you need that data in a way that's going to provide it for you very quickly and very frequently throughout. Not just initially when you're looking at the information and looking to understand what's happening, but also data that can really help you to pick up what's happening in an ongoing way.

Ivy Jones-Turner:

And so what that really raises for us is a couple of challenges. You don't always know, and nor can we always, as the cartoon suggests, can we always predict exactly when a new substance or an ongoing substance use issue may morph into some kind of emerging substance misuse issue within your community.

Ivy Jones-Turner:

When you find that maybe conducting that once a year scan is unfortunately not going to give you the data as quickly as you need. It's going to be more in a hindsight or retrospective view, and it's not going to let you know what happened just last month or within the last quarter. We don't know exactly when and what is going to happen in terms of substance use as a new substance may come on the scene, and as we are going to show on the screen right now, you'll see that the trajectory of substance misuse problems may start with a lot of people who experiment with that substance initially, but it doesn't necessarily mean that that's going to result in all of those folks becoming regular users or developing a substance use disorder.

Ivy Jones-Turner:

It even could be just simply a smaller group of people who initially use or increase their use of a substance, but maybe they are more likely to, or they end up developing, a more of a substance misuse issue very quickly. And so what we want to do is we want to make sure that the data that we collect is collected in such a way that we're able to quickly and easily see what's happening and being able to share that then with our stakeholders, with our partners, and to make decisions from that.

Ivy Jones-Turner:

So let's talk a little bit though about why collecting that data is so important. We know that data collection is key because it helps us to really understand what the nature and extent is of the substance misuse problems and the related behaviors. It also helps us to really understand what's going on so that we can address the issue.

Ivy Jones-Turner:



How is it changing over time? How has the need changed? What's the severity within the community? Are there areas, as in geographic areas, or are there populations of higher need? Populations that may experience greater risk with that particular substance, as well as identifying and understanding really what are some of those risks and protective factors that are associated that we want to identify interventions and programs that can address?

Ivy Jones-Turner:

So these are all part of what's so important with collecting the data. It's also a key element. I think I'll just note here that, especially as we're looking at emerging substances, it's important to track and share this data because that helps us to understand whether or not there is an issue with specific populations or it's an issue that's widespread. And that is key part in helping to both move into some of the next couple of items that are listed on the screen, which is really helping to expand the understanding and the awareness of the problem so that stakeholders can work together in a coordinated way.

Ivy Jones-Turner:

I think one of the things that I'll also note here is that it helps us to better understand and discuss what's going on, such that stigma and understanding that there are broad populations that may be affected by this substance misuse issue is much broader than what we would have assumed initially. And I think there are a number of examples or situations that we can think of for which that may have been the case.

Ivy Jones-Turner:

And then of course also the data is so key in terms of really making sure that we're selecting the right interventions for the right populations at that right stage of intervention and allowing us to then be able to both monitor and evaluate our progress towards outcomes, but also to see how the substance misuse issue may develop or continue to develop over time.

Ivy Jones-Turner:

So there are a whole host of aspects or key components of the data that we're trying to collect throughout this process, and that really includes both what are, again, some of the risk and protective factors, really thinking about both where and how, and at what stage are folks being introduced to use of a substance. And then of course thinking also about how the consumption as well as the consequence data helps us to understand what's going on.

Ivy Jones-Turner:

So as we think about some of these components, I'll just highlight another key aspect of what we're talking about in particular with this webinar series, in terms of what we mean by emerging substances. As we noted, our last several webinars, they're really focused on thinking about where and how substance misuse issues may develop over time. We know that there are going to be some substances where youth may wax or wain based on what's happening within the broader community, or what's happening socially in terms of attention and access.

Ivy Jones-Turner:

There are those instances and situations where we've got a brand new substance or substance use behavior that appears. Think a number of us might be familiar with the emergence of Kratom, as well as recognizing that fentanyl contaminated cocaine, as well as fentanyl contaminated marijuana. That's a



new way of either using those substances, or in some case, in particular with Kratom, the new substance for us.

Ivy Jones-Turner:

There's also of course a rising use or availability, and again, that might look like some of the cocaine use that we've been seeing emerge or increase in the last year or so. We've seen with a number of our states throughout the country that there is an expansion of both access and maybe even a relaxation of some of the policies around enforcement with adult use of marijuana.

Ivy Jones-Turner:

And I think for most of us on this call, we would definitely highlight the burgeoning explosion in use of e-cigarettes and vaping devices for young people or by young people. We've also seen some of the reemergence of some of a number of substances that previously had been frequently used, but had disappeared in some sense from the scene. And one of those in particular that we've heard from some of our colleagues throughout the country has been methamphetamines. It may depend on where you are in the country, but you'll see some of these changes.

Ivy Jones-Turner:

And then of course, as we've been talking about, there are those moving targets, in particular as the progression of vaping and e-cigarettes has moved from starting first with regular e-cigarettes, then moving to very popular products, the Juul devices, and then as many of you know, youth are using vape sticks, they're using the disposable vaping products, just a whole host of ways that vaping has changed and new ways of vaping have emerged over the last several years.

Ivy Jones-Turner:

As well as, again, the delivery of alcohol as part of the services available from our restaurants with the COVID-19. While alcohol establishments are expected to not make or to not increase under age drinking under these relaxation of policies in terms of delivery of alcohol, we also know that it's quite unlikely that many of your delivery systems, such as maybe it's Uber or it's Grubhub or any of those other delivery programs, will necessarily card or confirm the age of the person who's receiving the food and alcohol that's being delivered to a private home.

Ivy Jones-Turner:

And so these are some of the ways that substance use may change, may modify itself, as well as may just emerge in terms of new ways of substances being used, or new ways of substances being available to populations.

Ivy Jones-Turner:

And so what do we mean when this all happens? It means that when we think about data collection in this context, we really want to make sure that we're observing and obtaining and integrating the data across multiple sources. We want to think about not just collecting data, and it's great to see all of the folks who are familiar with surveys, but I think there were not any of the examples that were noted on screen that no one was familiar with, which is great. So you're using surveys, you're using key informant interviews, focus groups, observations, as well as I know I saw a number of people noting surveys that are done in different locations, or maybe even a one-on-one or group interview. Using all of that kind of data in order to help support early identifying of emerging substance misuse...



PART 1 OF 4 ENDS [00:23:04]

Ivy:

... the identifying of emerging substance misuse patterns. Making sure that we're also thinking about how to increase surveillance on those substances of interest. So is there a way that you might be looking at collecting data from your vape shop or maybe it's some of your restaurants and the alcohol distributed... Excuse me, the alcohol sales that they are seeing. You might also want to think strategically about how to collect some of that detailed information on the risk and protective factors.

Ivy:

So really thinking about not only what are those consumption and consequence rates, but also what are some of the risk and protective factors that we see with maybe alcohol access. And then of course anticipating how you can use the partnerships and collaborations with both your current partners, as well as other organizations throughout your community, to really both collect and standardize some of the data collection approaches. But also to access new data and to interpret that data in a much more speedy manner. And we'll talk a little bit more about this as we progress through today's session, but I just want to kind of lay this out as an outline and an overview for how we're going to be discussing some more of this.

Ivy:

So what I'll just present to you now is a question of what of the data sources that you've used, have you found to be most useful in determining where to focus some of your prevention efforts? So we're going to have a chat box and you can just type into that chat box. Which data sources, and there were a host of data sources that you noted, whether they be qualitative and quantitative data sources. And it looks like we're definitely seeing some of the quantitative data sources being very useful in terms of helping you to identify where to focus your efforts. But I also see some qualitative sources such as the focus groups, as well as I think I saw someone note some of your observations.

Ivy:

Now that's a very interesting way of collecting qualitative data. And it's great to see quite a variety of ways that you're using some of the various data sources, ways of collecting data to help you to identify where you want to focus your prevention efforts. Great. Well, this is great. So I'm going to turn it over to our next, to my colleague, Claire, to lead us in the next portion. So that we can talk a little bit more about some of the strategies that you've used. Clare.

Clare:

Thanks, Ivy. So that was very nice to hear from folks about which data collection methods have been most useful to them, especially since we will be walking through a few of them. And we're doing that in detail. So the folks who have not necessarily used a certain approach can come away with a good understanding of what each one entails. So with data, the dichotomy is either you have it or you need it. If you have it, that's great. You're ahead of the curve and you've been collecting information about a problem that is growing in your community. And you've anticipated this new problem before it emerged, which is also wonderful, but more likely than not you'll need data.

Clare:



And in that case, you have two choices. Either you can grow or collect your own data firsthand through primary data collection efforts, which some of the folks talked about at the beginning when we did our poll. Or you can find it elsewhere as in it exists already because some other entity has collected it already. So with primary data collection, you develop the data collection tools, protocols, and questions to meet your assessment, your evaluation, or whatever your research needs are. You use methods like observations, interviews, focus groups, and surveys. Some kind of questionnaire to get at the data that you need. With secondary, you need to make sure that the data match what it is that you are trying to measure.

Clare:

So both approaches allow communities to access and use a combination of quantitative and qualitative data for their assessments. And they provide good reason to collaborate with others. So data can be shared and used by different organizations for assessments or grant applications, programming. At the local level, different organizations and agencies may have done surveys. Lots of folks indicated at the beginning, in our entry poll that they have been doing surveys. So different organizations and agencies have done surveys before or collected data already that they might be able to make available to you. So combining all of these data gathering approaches, will also let a community examine different kinds of data.

Clare:

Substance use, and other behavioral health problems are complex. So understanding them requires looking at different kinds of data to get an accurate and complete picture. So looking at it, quantitative and qualitative, primary and secondary data, allows you to look for relationships and patterns over time between data. Because we know that numbers alone do not have enough meaning. So this graphic that you're looking at now, we introduced this graphic in our last webinar. And it lays out an approach for positioning your data collection efforts to be responsive to changing needs. One thing to emphasize here is that it is not that the needs assessment process changes in and of itself, but rather we change our frame of the process.

Clare:

We need a process for when we want to collect information about new trends. So obviously when it exists, we want to review any available data, particularly trend data, and look for changes or anomalies over time. But when those data do not exist, we want to develop additional data sources and then increase surveillance of the substance of interest, just generally as Ivy had said earlier. So we proposed to start with anecdotal data and making active efforts to seek out this type of data and to take to heart any information that you might hear. And then to use that information to collect qualitative data, to learn more about the potential emerging issues.

Clare:

And that in turn will tell you something about the type of quantitative data you need to find or collect. So walking through this process, we ask, "How do you ensure that your data collection activities provide you with the data that you can use dimensionally? How can you design your efforts to come away with a multidimensional view of populations most impacted or geographic areas most affected. So that you not only know what the rising problems are, but are also then positioned to respond quickly and of course, effectively." So anecdotes first, we're going to talk about anecdotes as a primary data collection.





Anecdotal data is evidence collected in a casual or informal matter, and it relies heavily or really entirely on personal testimony.

Clare:

It is super important in the context of addressing emerging issues, because it can be helpful in guiding future data collection efforts. They provide context and information that through other collection methods, you might not get it. But anecdotal collection also has limitations. It usually represents... Only it's like a single moment or one person's experience or perspective. So it's hard to turn into measurable data and it can be also cumbersome to work with. You might remember that in our last webinar, we introduced a model, following prevention's role in the midst of a new drug epidemic.

Clare:

And we talked about the importance of keeping your ears to the ground at the onset of the epidemic, when people were just starting to initiate use. So you might be hearing things like, "We keep finding syringes on the playground, or I see these cartridges lying around and I don't know what they're for." We would say that these are verbal cues, that something new is happening. So where are you likely to hear these kinds of anecdotes? Well, you might hear them in your sort of one off conversations with partners, which is another reason why the relationships that we develop are so important as preventionists. And why we should be cultivating and nurturing those relationships proactively.

Clare:

You might hear them at community forums or inter-agency meetings that bring a variety of different perspectives together. You might also see them in letters to the editor for local media or cable TV calling shows, and maybe you've even had people coming to coalition meetings, because they have a question or an experience that concerns them, that they want to understand. So this is one of the first and best ways that we can begin to learn about possible new issues. So another primary data collection approach is observations. So observations, give us information based on what we can see and hear around us.

Clare:

And these data are gathered without the subject of the research having to be explicitly involved in the recording of what they're doing. So it's a little easier, right? So often observations can reflect the kind of anecdotal evidence that we just discussed. Environmental scans involving use of a predetermined standardized protocol for documenting community features or characteristics or events is a good tool. And if done regularly, these can give you that real time information about how your community is changing its response to changing prevention priorities. Media scans can involve counting or documenting newspaper and magazine spa, radio announcement, website, or promotional ads, billboard, posters, flyers, TV ads.

Clare:

All these may allow you to get a sense, especially if you have a relationship with a media outlet and they can share analytics about the amount of exposure, such as page views, time spent on pages, number and comments. So this is true for information on the internet and social media as well. So notes from meeting, observing social media, that's interconnected as well. Photovoice is another observation data collection method. A photovoice involves community members as participants. So your community participants are asked to represent their communities or point of view by taking photographs and then discussing together and developing a narrative to accompany the photograph and conducting research.



Clare:

Something like maybe the walk that most students take from home to the school. "How many ads do they see for cigarettes? How many ads do they see for alcohol? What kinds of images are coming into their environment and their experience?" So this can be a great way to get a visual confirmation of what people are telling you that they're seeing in their neighborhood. And then the national and state level conference presentations is also another potentially good tool. These can be really great places to hear the most recent research and prevention. And of course that's very limited right now.

Clare:

We're not getting together. So sometimes just to review the agenda or, and maybe be in touch with the folks that are on those agendas, that can help. And it can let you do things like access coalitions from other parts of the country. If they're speaking on topics that might be relevant for your community. So we were seeing presentations here. Legalize marijuana presenters in California, in Washington, in Colorado years before we began to have really grappling with the issue locally and with its implications. And I know that local coalitions that I supported changed their data collection activities in response to those trends, well in advance of when marijuana was on our ballot.

Clare:

And then that position those groups here to mobilize and collaborate, to create a statewide prevention alliance dedicated to educating the public about the risks and potential negative impacts of legalizing marijuana before the ballot initiative. Which is kind of where we are rolling a little bit of a different place. We don't have one yet in New Jersey, but we're anticipating it. So key informant interviews. This was another method of data collection that some folks indicated at the beginning that you've been participating in. So when you hear about an issue in your community, or you go to a conference presentation where another community shares their experience, and you want to know more, what do you do?

Clare:

Well, you have some insight in what you want to ask in your qualitative data collection efforts to fill in these data gaps? Key informant interviews, give you information from community experts and leaders in a one-on-one format that provide the opportunity for both in-depth and open ended discussion. And it allows for candid responses. So key informant interviews, is maybe the best for gathering information from experts and leaders who may be less likely to respond to a survey or participate in a focus group. But we have a lot of surveys teeth, I guess, is how I would phrase it.

Clare:

So sometimes can form an interview, can be easier on people. So they're also a good thing for people who are busy, whose perspectives are essential. Like people in particular positions in your community, maybe school leaders or town leaders. And it's a great way to build relationships with stakeholders. So once you've figured out whom it is that you want to interview, you need to determine what specifically you want to ask based on what information you need. And you're going to develop the interview script or the protocol and choose who will conduct that interview. And this of course is important because what chord going here, going forward is candor. And the answers may be more or less candid with an external interview versus an internal community member.

Clare:



Then you'll compile and organize the data from multiple interviews and look for common themes that can emerge. Some of the advantages here are that you get detail data, that's relatively easy and expensive. And it sort of expedites the rapport building process and provides a community to follow up. Challenges with key informant interviews, including showing that you get diverse representation, getting on people's calendars and generalizing what you're hearing to the broader population. But you will get a detailed picture of your interviewees understanding of the scope of emerging problem, how big or severe it is. Whether it's started recently or it's been growing, you might learn who might be at risk, who's the most affected.

Clare:

And then whether is anyone out there talking about this issue and might be able to help us figure this out. So I'm sure many of you are doing this all of the time. One of the coalition coordinators that I have worked for, for four years talks about Dunkin donuts as her second office. And she will regularly set up two to three key informant conversations in one day. So this is really about using those conversations purposefully with a view towards getting information about what is coming down the pipe for all of us next.

Clare:

Focus groups. Focus groups are interactive, problem focused facilitated group discussions, typically involving six to 10 participants and lasting between one and two hours. You can bring a group of residents or members of the general public together, or a group participants based on shared experiences or roles like parents use, first responders. And here you want to limit yourself to maybe five or six carefully developed questions that moving from sort of warmup questions to get people comfortable in general, to questions that are more specific. And ensure that you are avoiding questions that solicit yes or no response in favor of open ended questions.

Clare:

Focus groups facilitation is a really important factor. So you want to either feel really confident in your ability to facilitate in this type of setting. Or maybe even to bring in someone else that has experience in holding these groups. You want to be able to use probing questions to impact and clarify responses and to understand any cultural patterns of communication that are present during the discussion. The facilitator or you, if you can attend and just simply observe, can be constantly reading the group dynamic and the physical and verbal communication. From nodding to agreeing out loud, with comments that other participants make.

Clare:

Just to gauge, you do this to gauge how much of a collective experience something is. And focus groups, what you hear is a lot of stories from the community that can provide early insights into emerging prevention priorities that are not present in other form of data. So let people tell their stories. We know that scheduling these and obtaining broad participation is a challenge, but involving champions in the community to support your efforts and can set the examples for others to participate, can be useful.

Clare:

Surveys. Lots of folks are already using them. We saw that at the beginning of call as well. So we'll talk a little bit more about them here. You walk through your qualitative data collection. You're looking at your emerging problem and you decide that there's not enough there. There's not enough there, there to



augment your quantitative data. Surveys give you data collected from a predefined group carried out through different types of methodology. You can have a face to face survey, a phone survey, an online survey. Once you've identified what is happening in your community in terms of the new substance use behavior problems, you need to figure out why it's happening.

Clare:

And adding items to your survey instruments can be a good way to do this. We often talk about qualitative data collection as a way of unpacking the quantitative numbers that we have, but in the case of an emerging substance use behavior issue, there aren't always quantitative data to draw from. We have to start with that more observational or qualitative information. Always work with your technical assistance provider or your evaluator to do this in a way that doesn't compromise the survey. Maybe in the additional questions, you can ask at the end. Maybe many of you have likely worked with school surveys or household [inaudible 00:44:01] behavior surveys.

Clare:

And with surveys that you need to think about your objective, the appropriateness of the survey for your target population and how you will obtain your sample. Will you do personal interviews, telephone surveys, self-administered surveys. There are pros and cons to each format, but across any survey, do you want to keep technical terms and jargon to a minimum? Do you want to keep the reading level at sixth grade or below and avoid vague or complex questions. Double-barrel questions, where you are asking two questions in one, like, "Have you ever thought about, or attempted suicide?" And biased or leading questions like, "Don't you agree that methamphetamine use is a problem in our community?"

Clare:

Also want to survey, or you want to ask questions about a new or emerging substance use problem behavior. Two standard questions, we typically ask around rate uses and consequences, and also to get as much detailed information as possible about the risk and protective factors. So why? Well, in the case of an emerging substance, prevention practitioners are often not able to rely on existing evidence based programs once they are ready to implement strategy. So it becomes super important to understand the risk factors at play for that new priority. As it might be possible to look into an existing program or strategy for another substance and adapt that program to fit a new substance, based on the presence of something like a shared risk factor.

Clare:

Some example. We know that underage drinking is associated with availability. So when you reduce availability, it helps to reduce underage drinking. And we can draw on that knowledge to impact other substances too. If a new substance is widely available, then reducing availability could in theory-

PART 2 OF 4 ENDS [00:46:04]

Clare:

If a new substance is widely available, then reducing availability could in theory, reduce [inaudible 00:00:09]. The methods we'd use to reduce availability would obviously be different between the new substance and underage drinking, but the underlying risk factor remains the same. Another example, if you know that low perception of harm is associated with vaping, think about how perception of harm has been successfully altered for other substances. Media campaigns work for changing perception of



harm, for example, if you opt to use a media campaign to change perception of harm for vaping, you can turn to evidence-based knowledge accumulated on best practices for this approach. But only if you know enough about the risk of protective factors influencing your new problem. So the key here is to not to oversimplify risk and protective factors and think only about access or availability broadly, but to really drill down. Availability from home when, where, and to address the risk factors that are most relevant. And surveys are a great way to do that.

Clare:

Okay. So, that's a lot on primary data collection efforts.

Clare:

That's a lot on primary data collection efforts, and we're going to spend less time discussing secondary data collection, just because as we've said with emerging substances, more likely than not, we have to grow our own data firsthand, at least in the early part of this process. So, secondary data is all about what information already exists, who has it, where can I find it, and how can I get it. Naturally, it makes sense to look across the nation to see trends as they are rising in other parts of the country, in different geographical locations, and then compare across states. So you can look to publicly available national data sets such as the national survey on drug use and health, the youth risk behavioral survey, the behavioral risk factor surveillance system, monitoring the future, and others.

Clare:

By monitoring these datasets, you might see small increases over time that could be the sign of a new issue. For example, the YRBS asks very specifically that every drug and those numbers tend to be low for certain substances. So, if you start to see minimal increases in the trend area, it could be a sign of the curve going up. The drug enforcement agency provides information about high intensity drug trafficking areas, drug seizures, and drug threat assessments. And that [crosstalk 00:48:56] might also give you a sense of new substances that are coming into area that you'd want to be on the lookout for. With any substance, the supply has to be there for an issue to emerge. So you'll see more on the street and communities closer to drug trafficking routes of where drugs are being transported, we'll likely see them first. The national drug early warning system monitors emerging drug use trends to enable quick responses to potential outbreaks of illicit drugs. And the CDC health alert network shares information about urgent public health incidents with public information officers, such as federal, state, territorial, tribal, and local public health practitioners.

Clare:

Clinicians among others, it models what we want to encourage you all to do, which is a collaboration with partners across multiple levels and domains, to develop protocols and relationships to create a platform for the rapid distribution of public health information. Professional listservs abound on these topics, but ones like the national council on behavioral health and society for prevention research can offer both timely and particularly helpful information, once it becomes available. At the state or jurisdictional level, you can look to your state or jurisdictions for epidemiological outcomes work group. I always have a hard time with that. And you can also look for epidemiological profiles produced for information about emerging needs. Or to the minutes of the state governor council on substance use, if one exists, in addition to the office of the single state authority.

Clare:



For population-specific information, you could turn to advocacy organizations or social service providers for subgroups of focus. So, harm reduction organizations that serve people who use drugs, [inaudible 00:04:57] social services, immigrant rights groups, and support services providers could be places to learn more about emerging issues with in each community. And locally, you can look to the police, hospital, school, and emergency medical services providers as a starting place. Hospitalization data can also be helpful for example, in looking at trends in ICD codes or for learning about the forensics of what drugs are involved in overdoses.

Clare:

So, for some of these, technical support may be available and you may be able to request additional analysis. For example, combined years of the BRFSS and NSDUH data together. Some secondary data may require a data use agreement, but overall it can save time and resources to access data that are already being collected. And so secondary data can be a useful and efficient source of information, when it exists.

Clare:

So, we thought instead of continuing to lift off other examples of secondary data sources that you may or may not be using, we could sort of crowdsource from those of you here. We want to know the places that you routinely look to find data to inform your prevention efforts. And then we can take this information and share it back with you. We figured it would be a little more valuable than just gathering what we already know. And for those of you who have been on these calls with us, we usually collect and generate some summary notes and send them on back to you. So, we want to ask you to please share some additional sources that have been useful in your experience and I'm going to give you a few moments to start populating your answers. Oh, folks who are out there, thank you.

Clare:

(silence)

Clare:

So, what kinds of secondary data sources do you routinely monitor to inform your prevention planning efforts? We have school surveys, police data, community ambulance data. That's great. OverdoseFreePA, it's a local organization. Radio outreach, the CDC, youth surveys, school surveys. [inaudible 00:08:09], a lot of school surveys, a lot of school surveys. They're very helpful.

Clare:

That's great. All right. So lots of folks are... It sounds like everyone's using something similar. We have community and school surveys, we have pre and post tests at events, which are great tools. We have law enforcement, student surveys. So we'll be collecting all of these and we will be sharing them out with all the other materials for this particular session. So finally, some things to keep in mind. Once we know that we need... Things to keep in mind, once we know that what we need and whether we need to collect it ourselves or obtain it from someone else we need to go do that. We may need to get creative and persistent and a few things to keep in mind here, with primary data, who do we need to collect information from and who is the right person to do it?

Clare:



One of the most important parts of this step is finding the right person for the job. What skills or qualities does this person need to possess? And this goes back to the primacy of relationships and the need to use all of our abilities as facilitators, and conveners, and relationship builders to ensure we are getting high quality, actionable information from our partners. You can see the icons representing some of our traditional partners at the bottom of the screen. So, the wrong person for the job or the absence of strong relationships or data sharing processes partners is where we can make or break our efforts and our efforts save lives.

Clare:

So one of the biggest barriers I hear to obtaining data are individuals within organizations that are the access points, but are inaccessible or unwilling to provide data. And we may have to submit multiple requests to access data or play the long game with relationship development. And the goal is to develop data sharing agreements, such that our access is not dependent upon our individual relationship, because when that one person leaves, the next person might not be willing to share that data. And who matters with secondary data as well, but it's more about matching skills, finding someone skilled at finding and working with data, conducting online searches, using spreadsheets with good detail-orientation. So finding the right people to be involved, and this could be very well your technical assistance provider, intern, or evaluator finding that right someone is key.

Clare:

So, what do you do with your data once you've got them? Well, now that you've collected your data, we can't stop there. We have to continue forward in the needs assessment process by analyzing the data, looking at how things have changed in our community between now and sometime in the past, how our community looks compared to similar communities or the state, and what we know about our emerging problems and how they affect different populations in our community. Generally making comparisons and looking for patterns.

Clare:

All the data that's collected during the assessment will help to determine which problem or problems to address. And whether an emerging substance is one that warrants continued surveillance or an immediate prevention response. And then this will inform your next actions, which may include compiling your data into a needs assessment report and sharing that out amongst all of those key stakeholders that you've engaged and with whom we've developed relationships to support those activities moving forward.

Clare:

And then organize your data in such a way that it allows you to easily interpret the data and make decisions to inform your strategic prevention plan. So, one way to do this is to use geographic information system or GIS. And now I'm going to turn this over to my colleague, Corey, to share how GIS can be used to map and organize our data.

Corey:

Thank you, Claire. I just want to make a quick note. We've been seeing some great questions come through on the chat and some things about opportunities for data collection and also some of the challenges that people see. On Friday during our peer sharing call we'll be able to get deeper into some of the answers for these questions. I just wanted to point that out before I get started here. So hello. My



name is Corey Morton and I am working with the region two PTTC to deliver training and technical assistance related to geographic information systems. A GIS is basically just a collection of data, a computer and a software program to make maps. And I'm here today to give a brief introduction to GIS and show some of the functionality applicable to substance misuse prevention work.

Corey:

As part of my work with the PTTC, I facilitate a self-paced online course to learn a freeware GIS software program. So the course is free and the software is free. Some of the barriers to entry on GIS in the past have been that the software has been very expensive, but as GIS has been more popular, there are freeware programs that work just as well and that is what we focused on in that free training. And the self-paced online course, it's a freeware GIS software program, and the example that I'll show later on use that program in some of the hypothetical examples of how to integrate your data in a GIS to achieve prevention goals. I believe GIS is an effective tool for prevention because that idea of place or in the stiff parlance local conditions is central to a lot of the interventions that we use and a lot of the outcomes that we seek to impact, to prevent substance misuse.

Corey:

Using a GIS to organize your data allows for that concept of place or local conditions to be displayed using maps where you can identify needs in your needs assessment, you can target your interventions, track outcomes at a local level, and then communicate that work to stakeholders. Maps can definitely make an annual report look much better. Sometimes a picture can convey a message better than text. And a GIS allows you to combine the different sources of data that you collect, whether it be secondary or primary, in order to discover patterns where opportunities exist for prevention work. And this concept of combining data and GIS, they reference that as layering, where each layer of data is a different data source. So, an example of that could be layering the location of bars on the locations of alcohol-related assault, and seeing whether alcohol related violence clusters around locations that serve alcohol.

Corey:

And the ability to organize several pieces of data is really the key feature of a GIS, and it can come again from a variety of primary or secondary sources. All you need is some type of geo reference, whether that be a county name, a municipality name, or zip code, as long as the data that you collect or the secondary data that you're getting has that geo reference you can combine those data in GIS. As GIS has increased in popularity, the ready to use data sources have increased as well. Most states have some form of GIS data warehouse that provides free data to users. And I'm going to go through an example here where I will link out to the program just so you can see its capability.

Corey:

So, this is a hypothetical example where a funder has stated that the goal of this prevention initiative is to reduce alcohol-related harms among 18 to 24 year olds in your community. And your organization wants to do server training, or to conduct a sticker shock campaign, some kind of environmental intervention around reducing alcohol-related harms. So which alcohol serving retailers or establishment should you choose for your intervention? So, you want that alcohol server to be located in a community with dense population of 18 to 24 year olds in order to match the funders' population. And these three forms of data you'll see combined as we walk through the GIS example.





Corey:

So, using data from US Census, they'll look at where 18 to 24 year olds are living. You can do public data requests to get the locations of alcohol licensees. That could be both bars, restaurants, and liquor stores. And then thinking forward, this example is more about planning and intervention, but thinking to that next step of the outcomes, is there local level data on alcohol-related harms that you could access? DUIs, motor vehicle accidents, or assaults? Do you have a stakeholder in the community that can share that local level of data with you?

Corey:

So, the two skills that will be used here, these are things that the self paced online course teaches is one, doing a what's called a graduated color map. That's where light colors are low levels of some events, and darker are higher levels. And the geo coding is where you're putting a point on a map for an address. Okay, so here we have the county map of New Jersey. All these data were free from the New Jersey geographic information network. And then I use census data to look at the percentage of population in each county that's 18 to 24 years of age. So, the darker colors mean you have a higher percentage of 18 to 24 year olds. We got Mercer, Middlesex, Essex and Atlantic being in the high tier of that age group. And then in terms of trying to target that intervention a little more, these dots on the map represents the percentage of substance abuse treatment admissions that related to alcohol.

Corey:

So, I'm going to focus here on Mercer County. They have both a high percentage of 18 to 24 year olds, and they also have a high percentage of that age group being admitted for alcohol issues. So, I zoom into Mercer County. This is a map just showing the distribution of the different townships and municipalities in Mercer. And then I can use census data again to map the percentage of 18 to 24 year olds at a neighborhood level. And so I'm seeing maybe Ewing township has a cluster of census tracks or neighborhoods that have high percentages of 18 to 24 year olds. And now I layer in the data on where alcohol retailers are located, so all the pink dots are the locations of alcohol retailers.

Corey:

And I'm going to focus in on Ewing here, so the map's going to zoom in a little more. And that's going to show me here in these dark green, I might focus my server training or my sticker shock campaign at these retailers and the GIS stores information for each one of those dots. And so if I click on this dot that's highlighted red, it gives me the name of this location, it's called Club 88 and it's address. So that may be a good bar to target for server training. If it was a liquor store or something like that, you may do a sticker shock campaign, but we know that targeting these locations may help us reach our desired population.

Corey:

I'm going to pass this back to Ivy now. There'll be one more GIS related example around emerging substance uses later on in the webinar.

Ivy:

Thanks, Corey. And I really am... I've been following the chat and it's really great to see the excitement from folks, both in terms of how many people have been excited about seeing Mercer County highlighted, as well as the recognition that we have seen and are using GIS mapping in other sectors of our lives. And I think a couple of people noted, or really reflected on the fact that's one of the ways that



New York has been helping to explain some of the COVID and looking at some of the COVID-19 data. So, great examples folks, and really great to hear and see some of your comments and questions there.

Ivy:

And I'm just going to note that there are a couple of additional discussion questions that we have for you. One of the questions that we'll get to in just a few minutes that I wanted to ask is really thinking about, as Clare had noted, as you're reviewing some of your data from your primary and secondary sources to really think about how to create a more immediate process with identifying and assessing your data. That really does help you with indicating some of the shifts in substance use. But of course, as Claire noted, there are also some challenges that come with that process. And so what we want to do is talk a little bit about some of those challenges. So the question here, as we switch to another format where you can type in-

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Ivy:

As we switch to another format where you can type in some of your responses, what is the biggest data collection challenge or data collection related challenge that you've encountered so far in some of your prevention efforts? And I think we saw and heard a couple as both Claire and Cory were presenting, but we'd love to see a little bit more. I think one that we saw was the data not necessarily agreeing, one data source not necessarily confirming or agreeing with another data source, and we're going to talk about that in a minute.

Ivy:

It looks like some of the others are just being able to access data. Yes, of course, the time. The time that it takes, the time that it requires, just in terms of being able to go back and look through the data. Yes. Translating numbers. Love to hear a little bit more about what folks mean by translating numbers. If you'll use the chat to explain that, that will be great. I see an interesting response here, "lying." I'm assuming that that refers to people not necessarily being fully truthful or complete with your data, but love to hear a little bit more about what some of the challenges were around that with data. There can definitely be some inaccurate data, and some interpretations that may differ, and so I would suggest maybe ... We're going to talk a little bit more about some of these. If you have some very specific examples, would love to hear about some of those in the chat, and we'll talk in a little bit more detail.

Ivy:

I see someone's noted, "County data, participation and time," and so I'm anticipating that maybe there's the data that's available at the county level, but maybe not necessarily at your local level. And of course, let's see, the time that it does take to get the data. Some schools are even moving away from taking or having students complete the surveys, maybe even using some more customized surveys. So that's definitely an area of maybe then it makes it more difficult for the data to align or to be compared across multiple years. Definitely. Yes. "Data sovereignty issues." And does that refer to data ownership? Would love to hear a little bit more about that. "If folks will share." Active consent. Yes, being able to definitely get active consent. "Data desegregation." Yes. Definitely. A number of these are issues that I think so many of us have experienced ourselves as well as have heard from colleagues and others.

Ivy:



So let's talk a little bit more about some of these specific examples. So I'm going to flip that to another layout, and in particular, we're going to share some of the challenges that we personally have seen as well as anticipated that you might have shared in the chat just now. Of course, some of it being predicting the curve. One of the key things is, as we've noted before, you don't know which population of users will respond to using a substance and developing a problem with substance use, and so it might be easier to determine when there are immediate and drastic consequences to use. As we've seen with the opioid situation, with the fatalities, it was much easier for us to then easily and quickly identify overdose issues as being an immediate consequence. Unfortunately, we still do want to have earlier data so that we're not waiting for fatalities or something as drastic as that being our primary source of data.

Ivy:

So really thinking about how to access faster, realtime data that helps you to predict the curve. And I think a number of you noted a little earlier that your partnerships and collaborations are a key way of getting some of that information. Of course, we also recognize that there's a lack of available data collection tools. You can only review the data that you have collected, and you can only collect the data when you ask those questions. And so that's where making sure that you are looking at a broad set of questions and a broad set of data sources early on as part of your data collection. Being able to even then look at how maybe some of your data might help to confirm or help to allow you to identify and dig a little deeper and get more detailed data. Of course, we recognize that this is a short timeframe, and really thinking about some of that, thinking about how to obtain some of the realtime data since so much of it is retrospective.

Ivy:

I'll just highlight here, I think Dawn had a question earlier about hospital data. "Are there policies that require hospitals to share data?" That's actually done very often, Dawn, on a local or state level, but this is also of course where partnerships and collaborations can be really supportive. And I think some of you may remember in our previous webinar, back in March and April, there was a colleague, Tatiana from Puerto Rico, who talked about using a partnership with a board member who provided treatment services as a key way of them getting some data on youth vaping as an emerging problem. And so of course we have a number of other examples here listed for some of the challenges, and of course we know some of these challenges will differ based on whether you're at the local level or even at the state level.

Ivy:

Thinking about this aggregation of data and small data numbers, how do you really understand that five people means something significant, and being able to even collect data when the data numbers are so small. And of course that all refers back to just really thinking about, how do you use your collaborations? How you use some other data sources when maybe some of those initial data sources will provide you with data, but it's not going to be as full or as complete a picture that's going to be informative just yet?

Ivy:

And so this is where, again, addressing some of those data collection challenges is really key. I'll just note that one of the key areas is really thinking about, again, some of the strategies we've talked about. Prioritizing relationships, and the roles of both collecting data from your partners, but also maybe even



engaging some of your partners in helping to analyze or interpret the data for you. Building towards cultural appropriateness and making sure that as the data's collected, it reflects and helps to maybe even ask the question in such a way that the interpretation by the reviewer is not that they will respond in a way that comes off or appears to be inaccurate, or as someone noted, not true data being provided back to you. So a number of other strategies that you really want to continue thinking about and sharing, and highlighting how you can incorporate some of these strategies into your data collection process.

Ivy:

I think what we're going to do now is really just, I want to highlight this last point, which is really ensuring that the data is compiled in such a way to really facilitate an easier interpretation. And that's where I think some of the GIS really is helpful, particularly as you're beginning to share some of the information with your colleagues. And so I'm going to turn it back over to Cory at this point, who's going to take us into another example.

Cory:

Thank you, Ivy. So this is one more example of using GIS in prevention work, and this is more with the theme of this series of webinars around emerging substance issues. So the overarching issue here is youth access to electronic nicotine delivery systems, or ENDS. And this GIS example will walk through a strategy that's been used a little bit in tobacco control to reduce access and visibility of tobacco products or advertising to youth. So some organizations have used licensing to prohibit tobacco from being sold around schools or other youth serving locations, like afterschool clubs or things like that, so this borrows from tobacco control, but just applies that to vaping.

Cory:

So very recently, there were the requirement that vaping shops be licensed. So if you live in a locality where that hasn't occurred yet, then without that licensing data, it may be difficult to get a full listing of vape shops in your area. Now, in the example that I give, I just use Google Maps to find the locations, and we'll see that in a minute.

Cory:

Another consideration here for data is, the size of an exclusion zone to sell nicotine may differ based on your locality and population density. So a buffer in a very population dense area may be smaller than in a more rural area. So the data that I use here, I'm using the point locations of where schools are located, and that's any school, public, private, or charter, and that comes from the New Jersey GIS data warehouse, free to use data.

Cory:

So getting in here, so this example, we're using geocoding again, so placing a point on a map where an address is located, and something called buffer analysis, where you draw a buffer or a circle around a point location to indicate distance from the point. And we're going to be talking about fake store locations, and this is taking us to Hoboken in Hudson County, New Jersey. The green dots on this map are the locations of the public, private, or charter schools, and the yellow dots are fake shots, and those locations were just taken from a Google Maps search.

Cory:



So let's say your coalition that's thinking of two different ways maybe to think about a potential policy intervention. One is, "So if I restrict sales of nicotine 250 feet from a school, this is what it looks like." You'll see one of the current vape shops, if that policy had been in place, could not exist where it is today. So that's 250 feet. It's a short distance, maybe about three quarters of a city block. Now, if you extend that buffer out to 500 feet, it looks like there ... And this was done before these stores existed, only two of these stores would have been able to locate where they currently are. So that idea of a buffer is about reducing visibility of tobacco products advertising to youth.

Cory:

Now, you can also weigh in a little qualitative piece or environmental scanning, so the GIS can store information like a picture on a dot. So when I clicked on this dot and this picture of this vapor shop, which is the gray building in the middle, and this is very small, but it's right next door to the Mathnasium, which I guess is an afterschool math location or something. Yeah. So the GIS is not only good at doing the pattern recognition, combining data in a way that's easily digested, but you can also layer on qualitative information about what the context is for the issue that you're talking about.

Cory:

With that, I'll hand it back to Ivy.

Ivy:

Okay. Thanks, Cory. There are two questions we'd like to ask you at this point. The first is listed on your screen. If you could ask an expert anything about data collection generally or specifically using with GIS, what would that question be? And then the second question is, what is one action step you might take in order to apply what was discussed today? We do recognize that our time is coming towards the end of today's webinar, so we want to highlight that there are some great discussions that are happening in the chat. We do look forward to being able to address a number of these. We're not going to get to all of the questions in the chat, but we're going to definitely save your questions and address them on Friday during our peer sharing session.

Ivy:

And so it's really great to see, and I'll just encourage you to continue typing some of those questions into the chat so that we'll have them in preparation for Friday. And then as we look at the current poll questions that are on the screen, it looks like for a number of folks, you're definitely looking forward to doing GIS training or doing the GIS course, which is great, and I think we've seen some really great examples today from Cory in terms of how to use GIS mapping and the GIS data in terms of really mapping and understanding what the data that we have been collecting and what we're seeing might help us to understand a little bit more.

Ivy:

So I see there are a couple of questions that are listed. Coming into the first poll question, how to get a commitment from others to share data, you'd like to hear more about GIS. For the person who asked for more information about GIS, if you could be a little bit more specific, that would be great. I will just answer the question that I see that says, "Is there a cost for the GIS tracking system?" And Cory, I'll turn that over to you, if you want to just note that.

Cory:



No cost. So the training is free, and the software is free as well. And from my experience, most data that we would use would be free. I haven't paid for data. I do a lot of public data requests to different departments at a state level, and those are always free unless it's just something that's extraordinary for their staff time.

Ivy:

Great. Great news and great response, I'm sure, for many folks out there, and it looks like there are a number of folks who really would like to hear more about GIS. So definitely we'll save these questions and speak a little bit with more detail in the peer sharing session on Friday. I think there are a couple of the questions that we'll definitely want to spend a little bit more time on Friday just really workshopping and talking a little bit about. Some of those include some of the challenges that you've noted, but also some of the maybe next step questions in terms of, "How might I think about using GIS for very small geographic areas?" Or, "How might I think about some of that?" So that looks great.

Ivy:

And it looks like while we are not receiving a whole lot of additional questions there right now, I'm going to just go on and move us on. I'll just note that again, if you have questions, please do type them into the chat. We're going to be workshopping a number of the challenges that you've raised today, whether it be a matter of working effectively with partners on data collection and securing data from partners, as well as thinking about how to use data that's being collected from different sources in terms of interpreting and aligning that data, just in making sure that the data is all delivering or helping you to really understand when there are differences in the analysis, what the reasons, and how that might be.

Ivy:

And then as we begin to wrap up today's session, I just want to note that we really, really appreciate your feedback. We definitely find that your feedback and your comments and suggestions are helpful, not only in terms of helping us to think about how we might improve our virtual training offerings in the future, but also just in terms of helping us to address questions that we may have identified or that you might have identified during the webinar.

Ivy:

So we definitely want to encourage you to please take a moment to let us know what you thought of today's session by filling out the brief evaluation. It should appear on your screen as well at the end of this webinar, and then I'd like to finally thank everyone again for joining us today. I'd like to thank our presenters, Claire, I'm sorry, Claire Neary and Cory Morton, and Cory, for such a great overview about GIS. I'd also like to thank our tech team and all of you who have been our online participants for your engagement. We've seen some really great questions and really great feedback, and we look forward to talking with you more on Friday when we'll have a chance to workshop some of your questions, and we'll specifically focus on GIS and having GIS expert of Cory Morton with us again, as well as having an evaluation expert from our team, Kristen Gilmore Powell, who will also be joining us.

Ivy:

So we look forward to hearing from you as you move forward with both collecting data, to help with identifying some of the emerging substance use issues in your communities and how you're considering any questions that you have on both using GIS and evaluation to identify what and where, and the type of substance abuse issues that might exist.



Ivy:

Look forward to talking with you on Friday. Thanks again, everyone. Have a great rest of your day.

PART 4 OF 4 ENDS [01:29:09]