PTTC

Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

The *DATA DIVE*

DATA DIVE:
EPISODE 1
(Prioritization)
Companion Document

Introduction

Most states and territories, as well as many communities and tribes, use SAMHSA's Strategic Prevention Framework (SPF) to guide their prevention work. The SPF is a cyclical, collaborative, data-driven strategic planning and implementation process that increases the likelihood of achieving the intended substance-related outcomes (for example, to reduce underage drinking or to reduce opioid overdoses). The first step of the SPF is Assessment is to collect and prioritize substance-related consumption patterns and consequences data. Data prioritization in SPF Step 1 is essential in identifying the most important substance-related problem(s) that a state, territory, tribe, or community is facing.

Why Use a Prioritization Process?

We face myriad substance-related problems in our communities. The specific problems and related behaviors vary from one place to the next. With limited resources available to address substance misuse and its related consequences, it is helpful to focus efforts on the most important need in a community. To identify what that need really is, examining your data and using a formal prioritization process is key. A planned, well-thought-out prioritization process is politically neutral and easily communicated to various stakeholders when complete. The result is a focused use of resources in the area where your prevention efforts are most needed.

Prioritization Steps

A prioritization process follows a few key steps:

1. Develop a data group. Determine which stake holders need to be a part of this process, and how you will communicate your process and results with other key stakeholders who do not need to directly participate
2. Determine your method for prioritization

   a. What measures and data sources will you include?
   b. Which criteria will you use (see below)?
   c. Will you use a weighted or unweighted process?
   d. What scoring strategy will you use— categorical or numeric?
3. Organize all relevant data into a matrix or spreadsheet that allows you to easily compare your data based on your prioritization method (for example, if you are using magnitude as one of your criteria, have all data that indicates magnitude of a problem organized together)
4. Apply your prioritization process
5. Interpret your initial results, determining if the top needs identified are feasible given available resources and readiness to address the identified problems.

Criteria for Prioritization

When preparing to prioritize substance-related consumption and consequence data, various criteria are useful in this process, such as the following:

• *Magnitude:* How big, overall, is the problem based on your data?

• *Severity:* How harmful, overall, is the problem?

• *Time trends:* Is the problem increasing, decreasing, or stable over time?

• *Comparisons:* Is the problem better, worse, or the same as either a similar comparison community or the state-level indicator?

Not all four of the criteria listed above are required to be used and other criteria (such as economic burden or cost) could also be considered. The selected criteria can be applied equally or weighted so that some criteria impact the final score more than other criteria. For example, if you do not have access to quality severity data, you could omit that criteria and focus on other criteria for which you do have data.

An Example: Using Time Trends and Comparisons

This example of a prioritization process was used successfully in one state to narrow down their focus for their state's substance misuse prevention funds. The same prioritization process also works at a county or community level. For this example, we are demonstrating the application of time trend and comparison criteria, using an unweighted method and categorical coding.

Check out our podcast, The Data Dive: Episode One, to learn more! https://pttcnetwork.org/centers/global-pttc/data-dive-episode-1

This example uses only three data indicators (current use of three different substances as measured by Past 30 Day Use of each substance from fictional data). You would include many more consumption and consequence data indicators for your prioritization process, based on what your available data. For example, you could also include binge-drinking rates, lifetime use of various substances, or alcohol and drug-related motor-vehicle crashes.

Tables 1 and 2 below show visually how data can be displayed to apply categorical ratings for the data. In this instance, the time trend data in table 1 show an increase over time, so the last column is categorized as "increasing." The two remaining data indicators do not show significant change over time, so they are categorized as "stable." Table 2 uses a similar categorical rating system to compare county data to the state data and they categorize the indicator as "below," "similar" to, or "above" the state rate.

Table 1: Time Trends*

Examples of Data Indicators	County 2011 (%)	County 2013 (%)	County 2015 (%)	County 2017 (%)	Decreasing, stable,or increasing
Past 30 Day Use of Alcohol, 12-17	8.77%	8.81%	9.85%	10.54%	↗
Past 30 Day Use of Marijuana, 12-17	8.68%	8.79%	9.02%	8.82%	→
Past 30 Day Use of Non-Medical Use of Prescription Drugs (NMUPD), 12-17	0.58%	0.63%	0.63%	0.61%	→

*These data are fictional, estimated from the 2017 NSDUH but do not represent any individual state, territory, tribe, or community

Table 2: Time Trends*

Examples of Data Indicators	County X (%)	State (%)	Difference	Below, Similar, or Above State
Past 30 Day Use of Alcohol, 12-17	10.54%	9.34%	1.20%	↗
Past 30 Day Use of Marijuana, 12-17	8.82%	6.46%	2.36%	↗
Past 30 Day Use of NMUPD, 12-17	0.50%	0.55%	-0.05%	→

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Table 3 summarizes the results of the categorization process to depict which data indicator(s) falls into higher priority areas.

Table 3: Summary of Prioritization Results

	Above State Rate	Similar to the State Rate	Below State Rate
Increasing	Priority 1: Current Alcohol Use, ages 12-17	Priority 2	Priority 3
Stable	Priority 4: Current Marijuana Use, ages 12-17	Priority 5: Current misuse of NMUPD, ages 12-17	Priority 6
Decreasing	Priority 7	Priority 8	Priority 9

Using this approach and two prioritization criteria, the priorities are:

1. Current Alcohol Use, ages 12-17, as measured by NSDUH Past 30 Day Use of alcohol
2. Current Marijuana Use, ages 12-17, as measured by NSDUH Past 30 Day Use of marijuana
3. Current Misuse of NMUPD, ages 12-17, as measured by NSDUH Past 30 Day Use of NMUPD

The final step is to review all priorities and consider the available resources to address each of them, as well as the community's readiness to address them, to select the final priority you will address. Then you have made your selection and are ready to communicate this decision along with your process to key stakeholders!

This example is just a simple snapshot of what this simple process looks like. Communities and states would typically use more data than just three data points! For technical assistance on using this or other forms of data prioritization, please reach out to your regional PTTC for help! **PTTCnetwork.org**