

Lobby

How would you describe your level of comfort with gathering and using data in your prevention work?

- ☐ Very comfortable
- ☐ Somewhat comfortable
- ☐ Somewhat uncomfortable
- ☐ Very uncomfortable
- ☐ Why do I need to use data in my prevention work???



Pacific Southwest (HHS Region 9)

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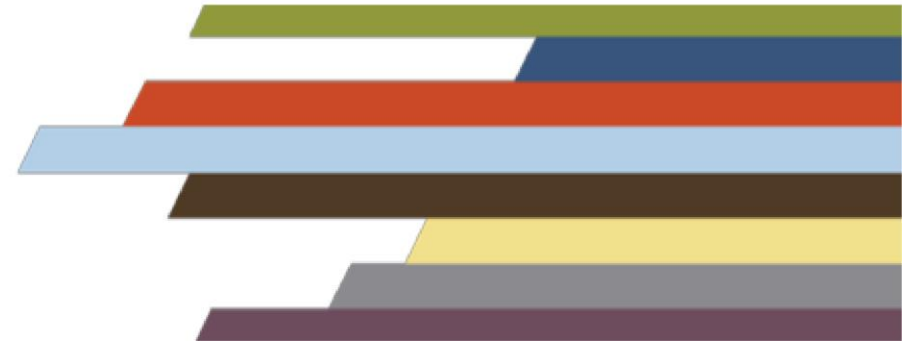


Demystifying Data: Gathering and Using Local Risk and Protective Factor Data for Prevention – Part I

Melissa Adolfson, MS

Research Scientist, Amherst H. Wilder Foundation

June 4, 2020



Disclaimer

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Purpose of the PTTC

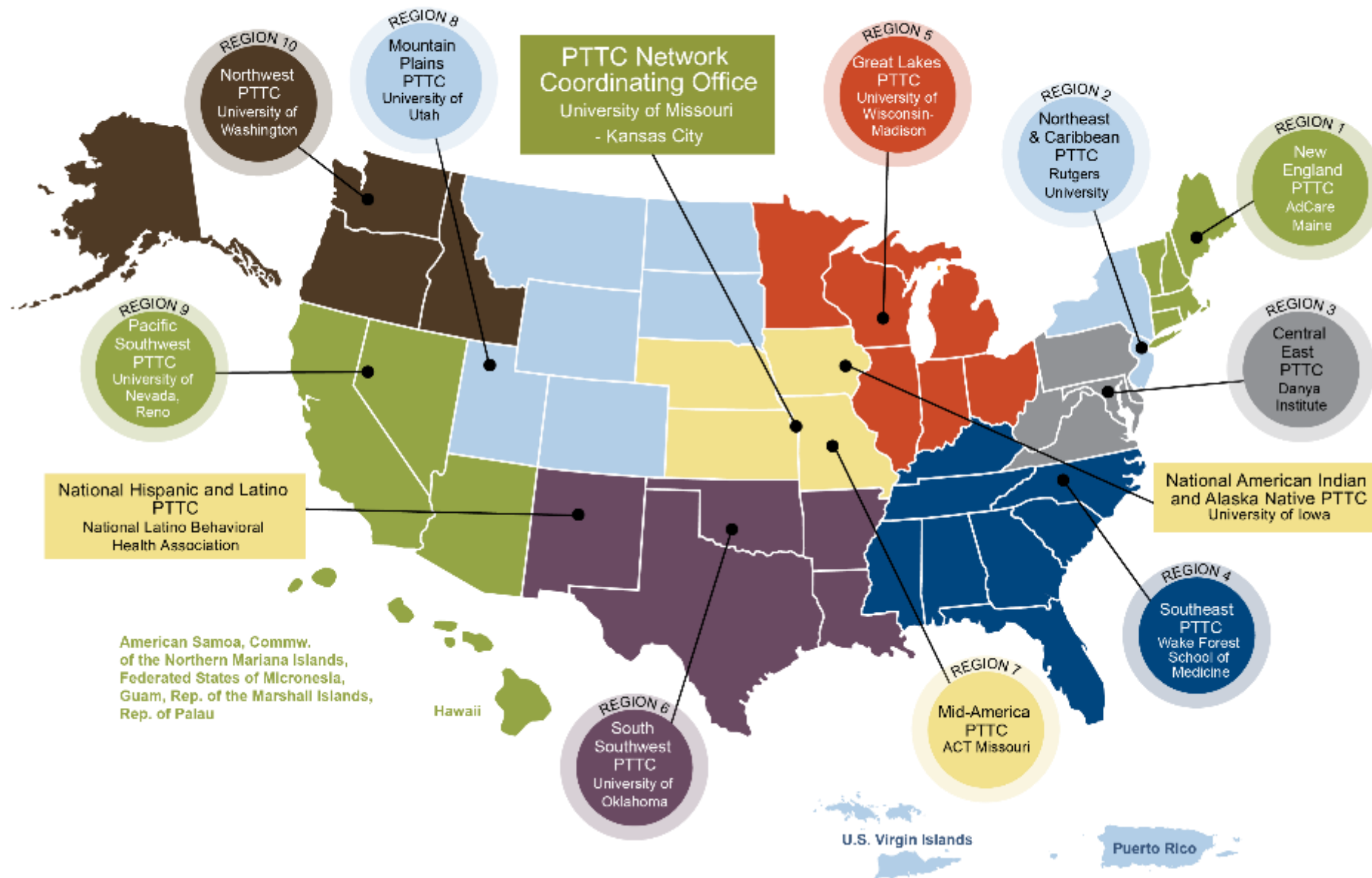
- Develop and disseminate tools and strategies needed to improve the quality of substance abuse prevention efforts
- Provide training and learning resources to prevention professionals
- Develop tools and resources to engage the next generation of prevention professionals



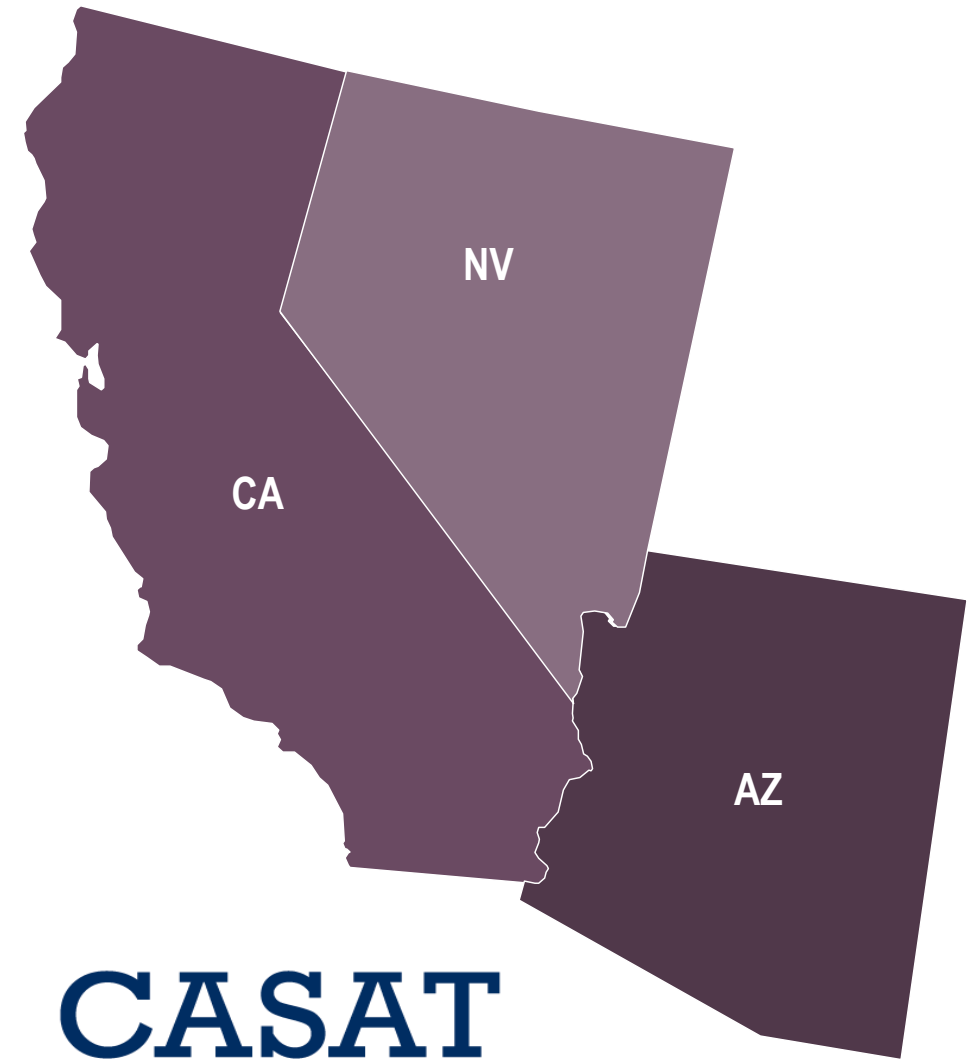
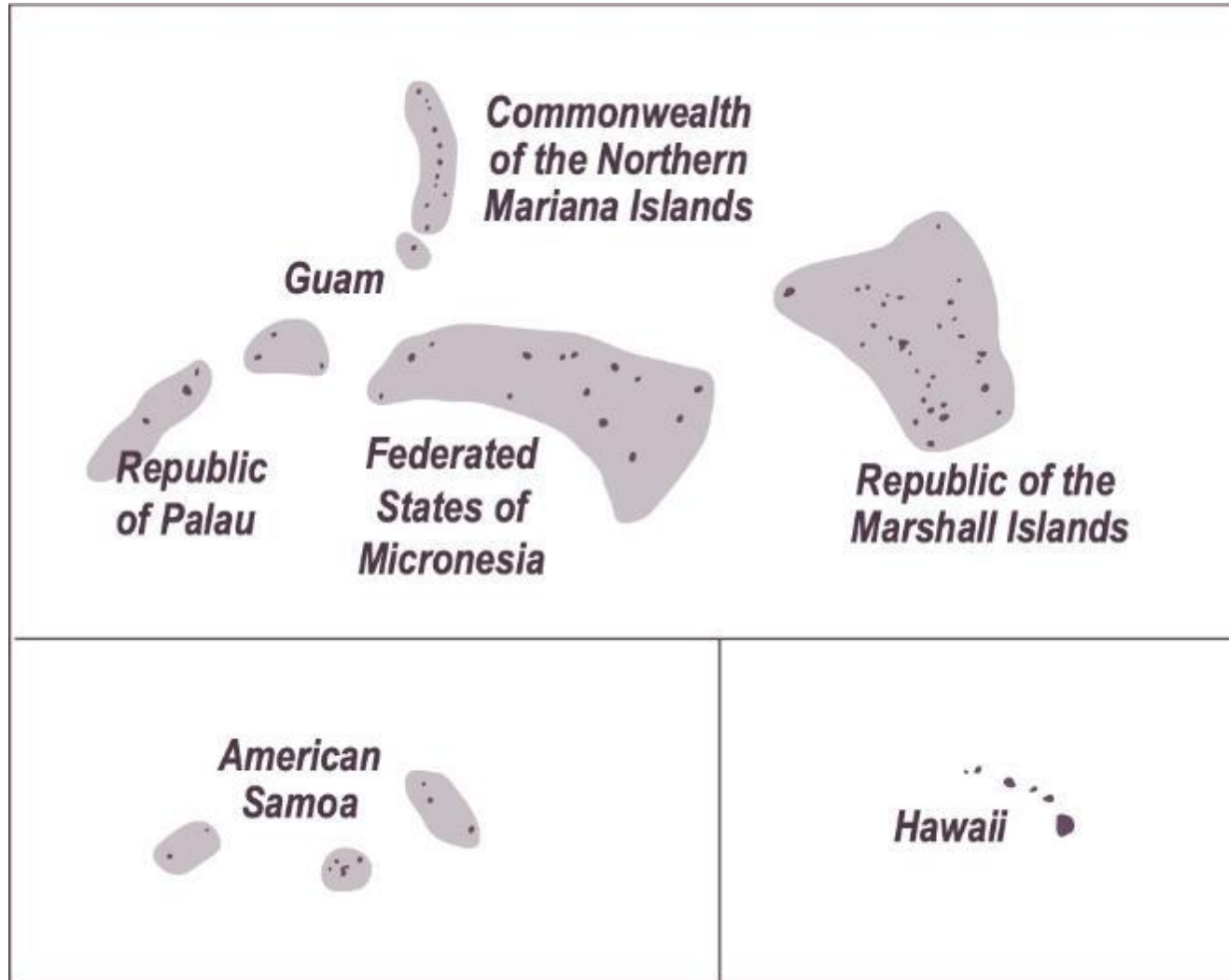
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Mark Your Calendars!

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

- **Using Data**

June 18, 2020

3:00 PM – 4:30 PM Pacific Time

Presenter



Melissa Adolfson, MS

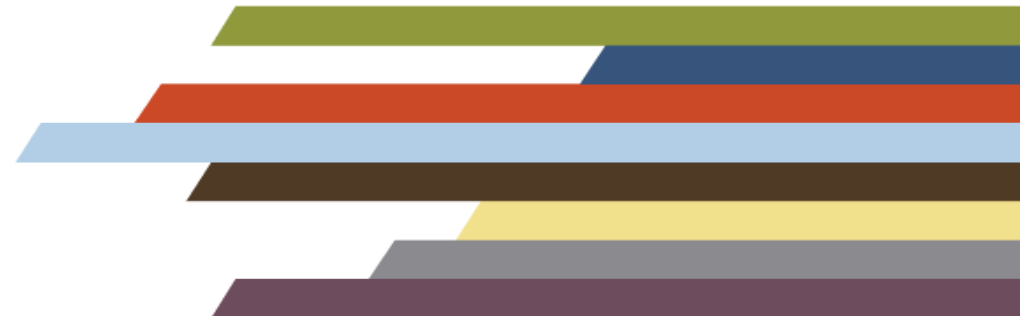
Melissa Adolfson is a Research Scientist with the Amherst H Wilder Foundation. In this role she provides research and evaluation services for clients addressing substance use, mental health, and community safety and connectivity. This work includes evaluating the efforts of six Drug Free Community grantees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

Part 1—Gathering Data: Agenda

- Why gather data?
- What data to gather
- Finding existing data
- Identifying data gaps
- Collecting primary data



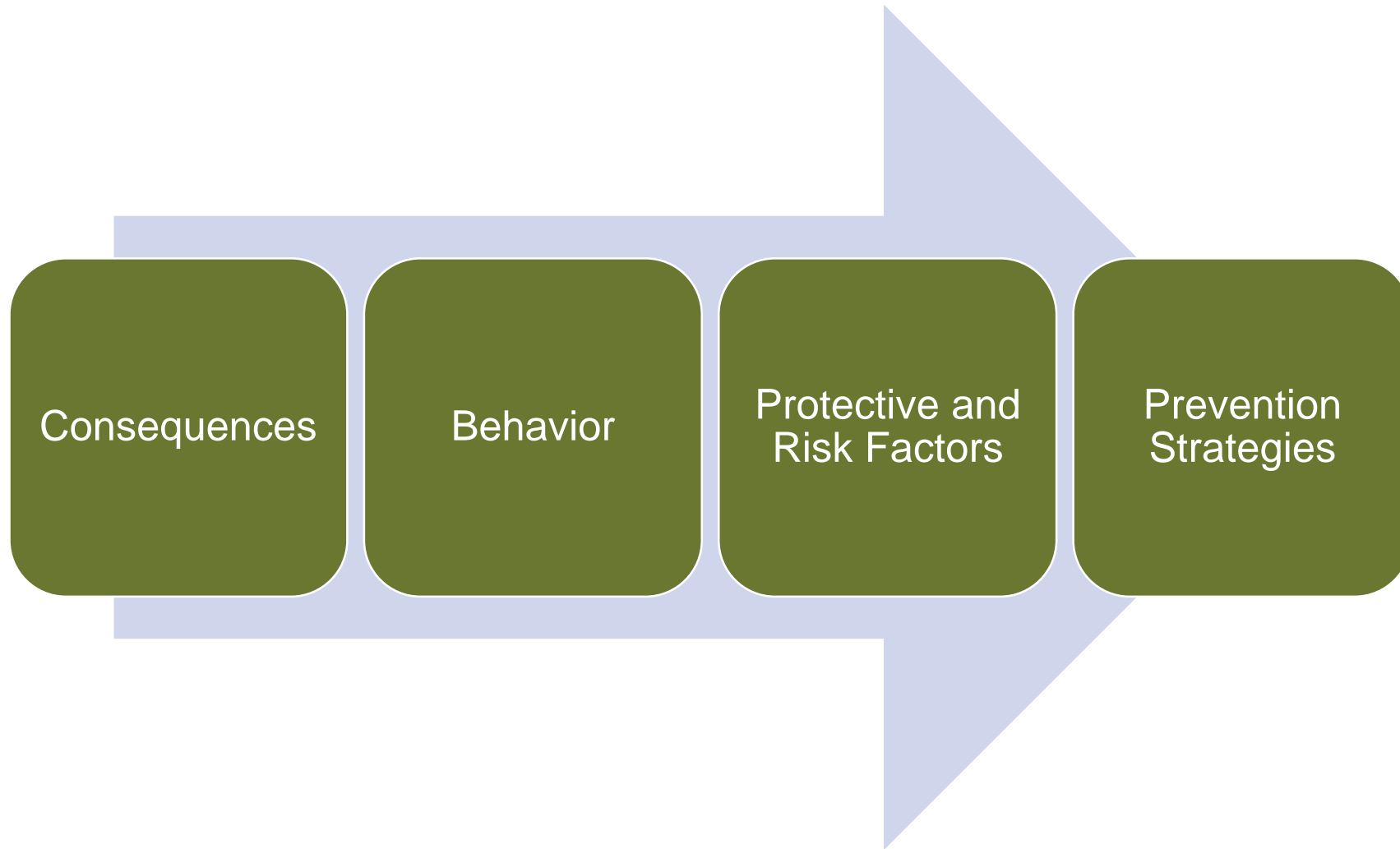
Why gather data?



Why data are important

- Define the problem or need
- Identify available resources and readiness to address the need
- Measure disparities
- Guide planning
- Track changes over time

Outcomes-based prevention model





Protective and Risk Factors

- Not evenly or equitably distributed
- Cumulative impact
- Protective factors can buffer the impact of risk factors
- Strength-based approaches

Data in assessment and evaluation

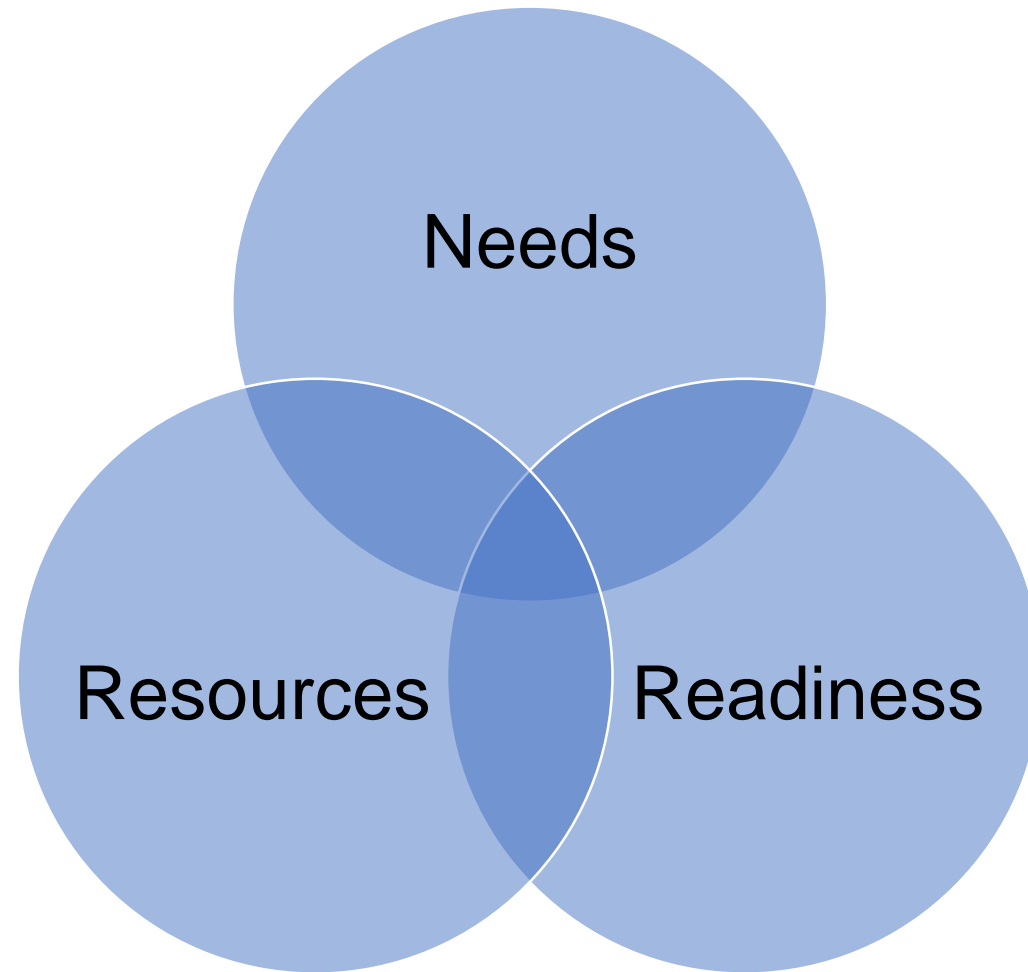
Assessment

- Which factors are contributing to the problem?
- Who is most impacted?
- What resources can we leverage to address those factors?

Evaluation

- Did we implement the prevention strategies as planned?
- To what extent did we reduce risk factors? Enhance protective factors?

Types of assessment



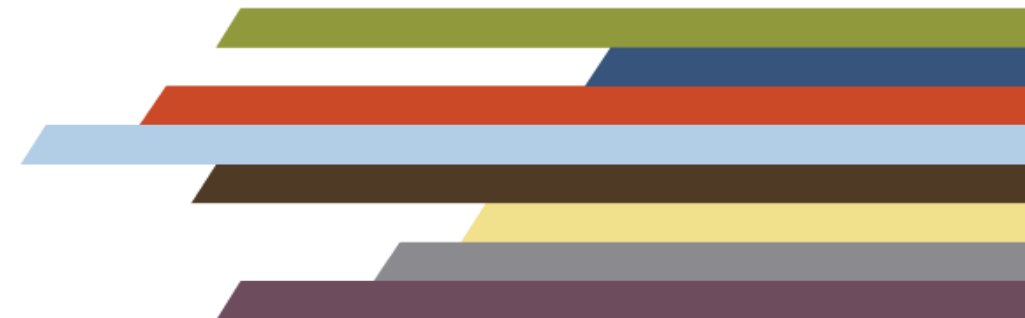


Example

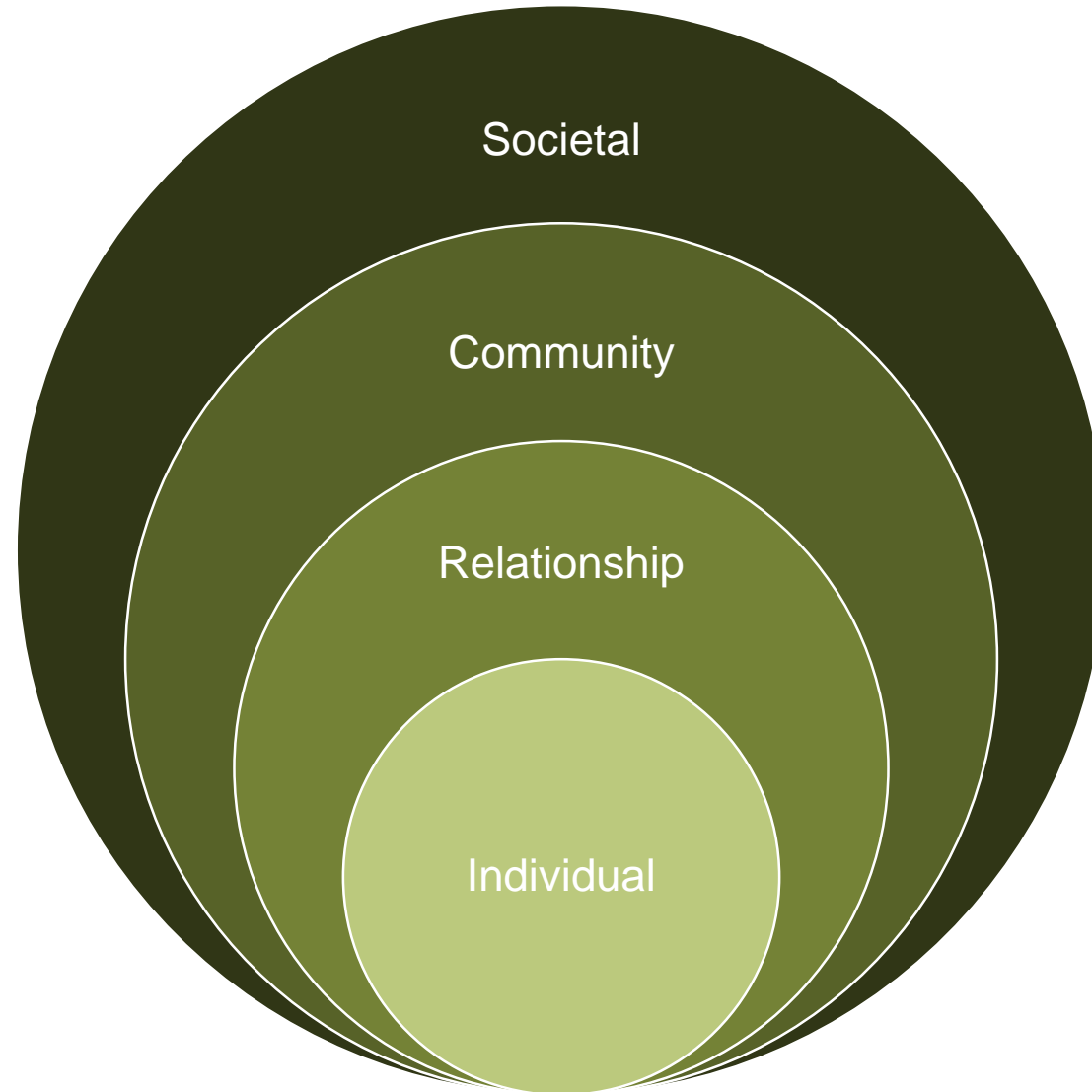
What is contributing to my dog's weigh-related health issues, and how can I address the problem?



What data to gather



Socio-ecological model¹



Types of factors

Substance-specific

- Specific to alcohol, tobacco and drugs
- Examples: access and availability, pricing and promotion, norms, perceptions

Upstream/shared

- May be associated with multiple substances²
- May also be associated with mental health
- Can increase cross-sector buy-in

Individual level risk and protective factors

Substance-specific

- Low perceived risk of harm from use
- Using substances to relax, relieve stress, or cope with problems
- Early initiation of use

Upstream/shared

- Positive identity
- Social competency
- Empowerment
- Sensation seeking
- Housing and employment stability

Relationship level risk and protective factors

Substance-specific

- Disapproval of use
- Easy access to substances in home, or through family and peers

Upstream/shared

- Feeling cared about by others
- Social support—someone to talk to about problems
- Adverse Childhood Experiences (ACEs)
- Peer interaction

Community level risk and protective factors

Substance-specific

- Pricing and promotion
- Easy access to substances through dealers, adult providers

Upstream/shared

- Academic engagement
- School and workplace climate
- Neighborhood connectedness
- Community stress/violence
- Participation in pro-social activities

Societal level risk and protective factors

Substance-specific

- Societal norms related to substance use
- Stigma associated with substance use

Upstream/shared

- Cultural identity
- Prejudice and perceived discrimination
- Norm of health in all policies

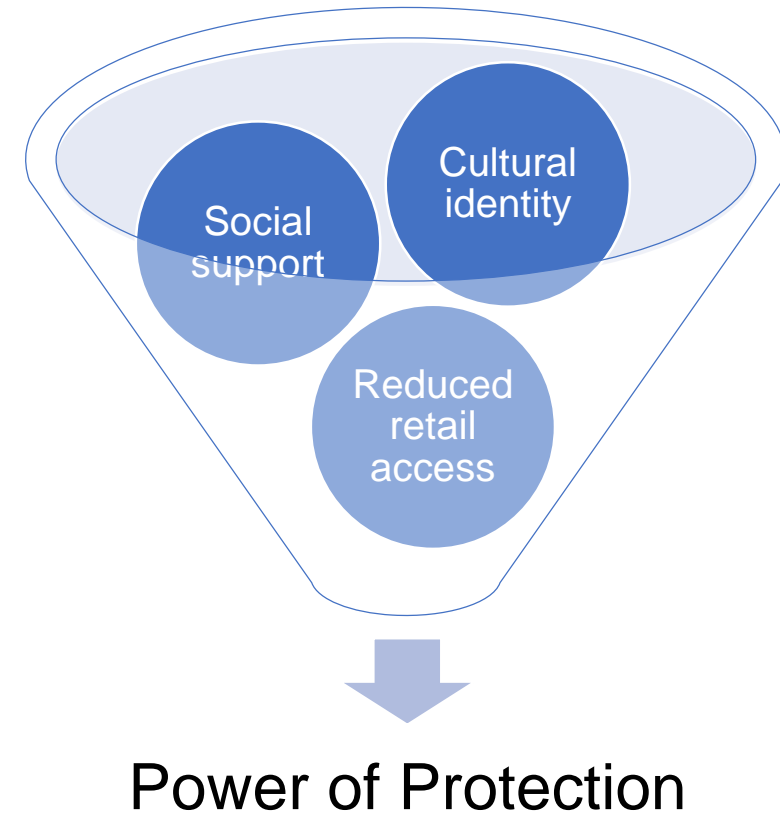
Perceptions

- Questions about perceptions measure...perceptions
- Addressing misperceptions requires data on the reality



Comprehensive mix of factors

- Both substance-specific and upstream
- Factors from multiple levels/domains
- Layering protective factors to mitigate risks



Resources and readiness

- Assess resources and readiness at each of the socio-ecological levels
- Identify potential barriers to addressing factors at each level (e.g., parental engagement, employer buy-in)
- Implications for prioritization



Variations by population

- Not evenly and equitably distributed
- Strength of association between a factor and substance use/mental health may vary by population
- Implication for data collection

Conceptual fit

- Pick strategies based on evidence of effectiveness for changing the risk or protective factor—not just the substance





VOTE

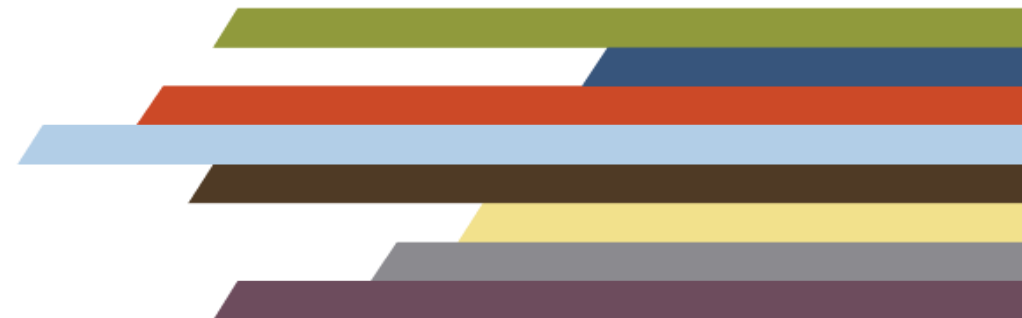
Activity: Poll

Which types of factors has your community focused on:

- ☐ Substance-specific
- ☐ Upstream/shared
- ☐ Both
- ☐ We haven't identified risk and protective factors yet



Finding existing data



National data

- National surveys, research literature
- Use as a benchmark
- Use to assess disparities for populations in your community when local data are lacking
- Mirror questions on local data collection tools for comparison purposes

Examples

- Youth Risk Behavior Surveillance System
- Kids Count Data Center
- Data Resource Center for Child & Adolescent Health
- National Survey on Drug Use and Health
- Monitoring the Future



State/Tribe/Pacific Jurisdiction data

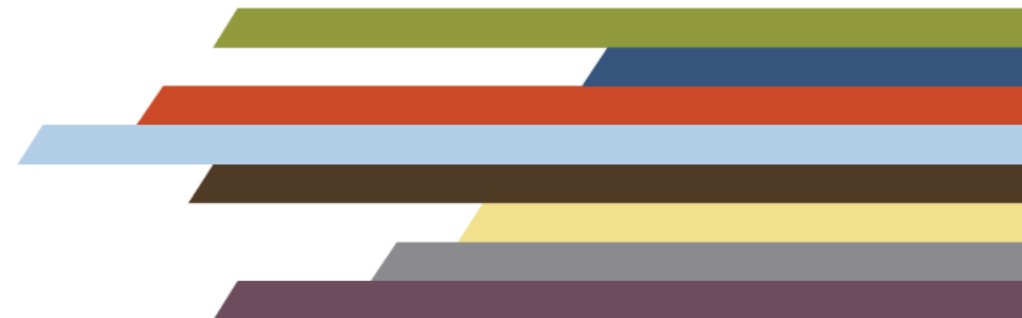
- Departments of health and behavioral health/human services may collect surveys of youth and household surveys of adults
- Some States, Tribes, and Pacific Jurisdictions have an Epidemiological Outcomes Workgroup that compiles data

Local data

- Community Health Needs Assessments conducted by local public health and/or local healthcare systems
- Administrative school data on free and reduced price lunch, absenteeism, bullying
- Local social services data on child abuse and neglect, homelessness
- Data from youth-serving organizations on participation in pro-social activities
- American Community Survey estimates on demographics, housing, poverty, employment



Identifying data gaps



What's missing?

- Lack of data for both substance-specific and upstream/shared factors?
- Lack of data for one or more socio-ecological levels?
- Lack of data by demographic to identify disparities?
- Lack of data for emerging drugs of concern?

What's feasible?

- What is your timeline for data collection?
- What resources do you have for data collection?
 - Financial resources
 - Experience and expertise
- Is there community buy-in for data collection?

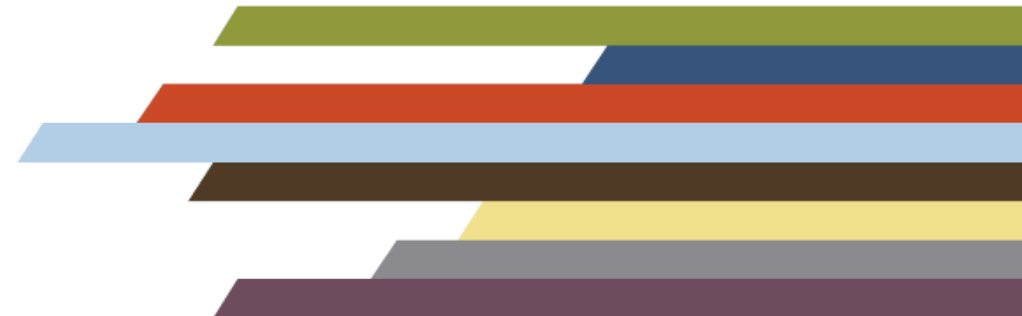


Activity: Chat

What is one major data gap for your community?



Collecting primary data



Planning for data collection

- Consider creating a data collection subcommittee
- May be able to gather data on needs, resources and/or readiness all in “one visit”
- Think about order of operations (e.g., conduct a community survey, and sharing findings with community leaders in conjunction with a key informant interview)
- Consider using a “snowball” process
- Leverage local community partners interested in collaboration

Methods

- Surveys
- Focus groups and listening sessions
- Key informant interviews
- One-on-one community conversations
- Intercept interviews
- Social media scans
- Environmental scans

Developing a data collection plan

	Youth survey	Parent intercept interview	1 on 1 community conversations	Key informant interviews	Community scan	Administrative data
Access at community events			X	X	X	X
Perceived enforcement	X		X	X		
Reasons for use	X		X			
ACEs	X					
Social support	X	X	X			X
Neighborhood connectedness	X	X	X		X	

Data collection during times of emergency

- Web- and phone-based interviews, online surveys, and virtual focus groups can all be used when face-to-face is not safe
- Consider issues of access to technology, reliable connectivity, and privacy concerns with some web platforms
- Consider collaborating with local organizations providing families with basic needs (e.g., food shelf/pantry, shelters)
- Social Vulnerability Index helps identify how vulnerable or resilient a community may be when confronted with external stresses



Addressing disparities

- Add relevant demographic questions to your local surveys
- Conduct focus groups or listening sessions with priority populations
- Ensure key informant and one-on-one interviews are conducted with a diverse array of community constituents

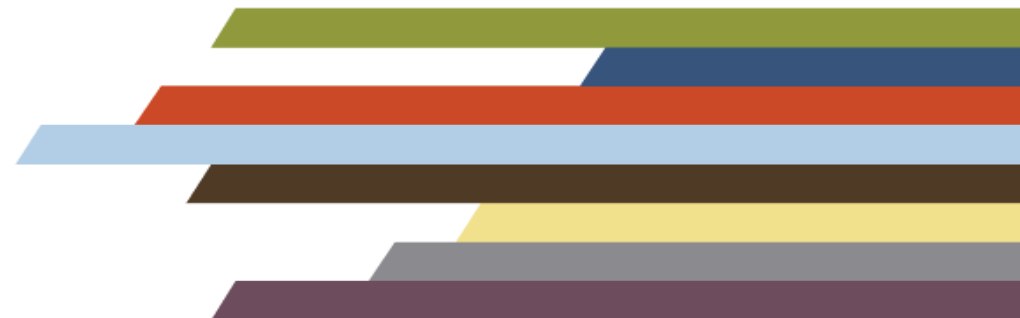
Activity: Chat

What is one data collection method you've recently use, or plan to use in the near future?





Wrap-up



Part 2—Using Data

- Quantity vs. quality
- Prioritization processes
- Using data to guide strategy selection
- Evaluation planning

Guidance document
coming soon!

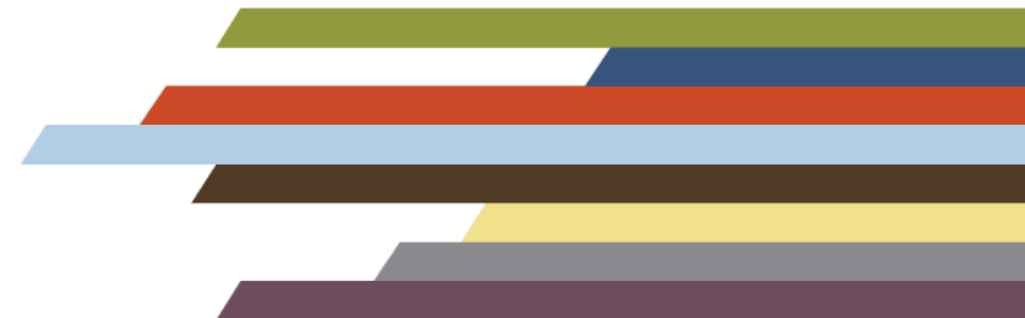
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1. McLeroy, K. R., Bibeau, D., Steckler, A., & Glanz, K. (1988). An ecological perspective on health promotion programs. *Health Education Quarterly*, 15(4), 351-377.
2. Spoth, R., Trudeau, L., Shin, C., Ralston, E., et al (2013). Longitudinal effects of universal prevention intervention on prescription drug misuse: three randomized controlled trials with late adolescents and young adults. *Am J Public Health*, 103(4), 665-672.



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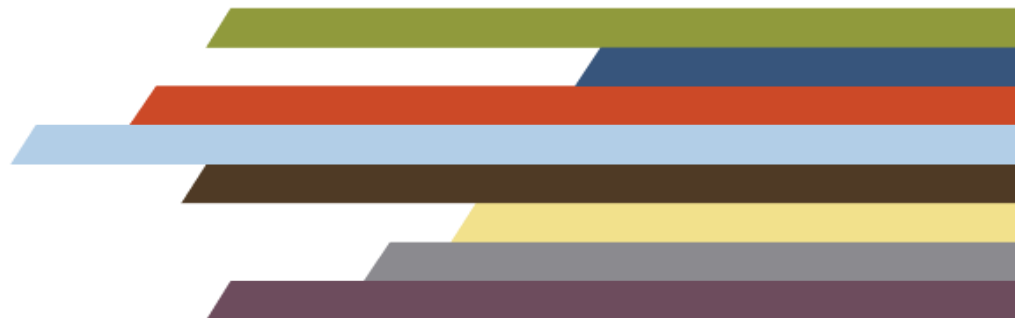
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Thank You!





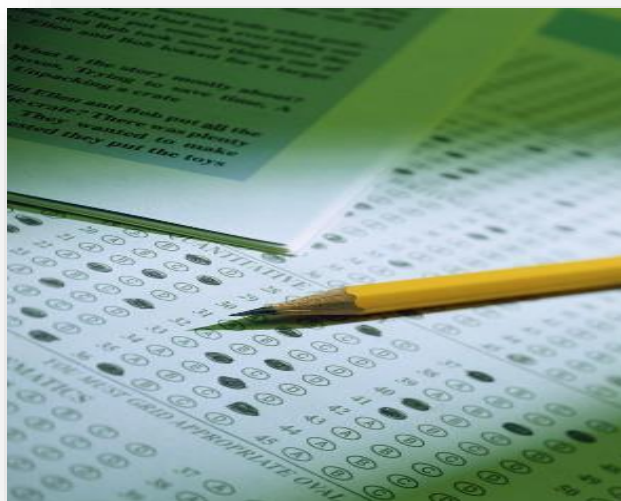
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Please provide your feedback!

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