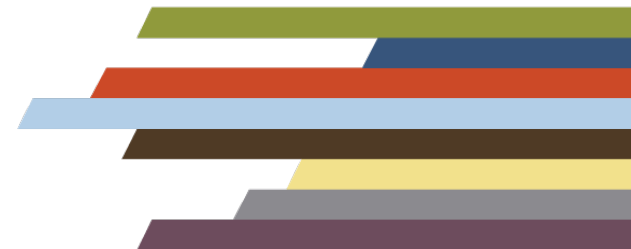


# Lobby Poll

**What data gaps does your coalition seem to face often?** (mark all that apply)

- Consequence data
- Consumption patterns
- Target population (demographic) data
- Intervening (risk/protective factor) data
- Resource data
- Community Readiness data
- I don't know



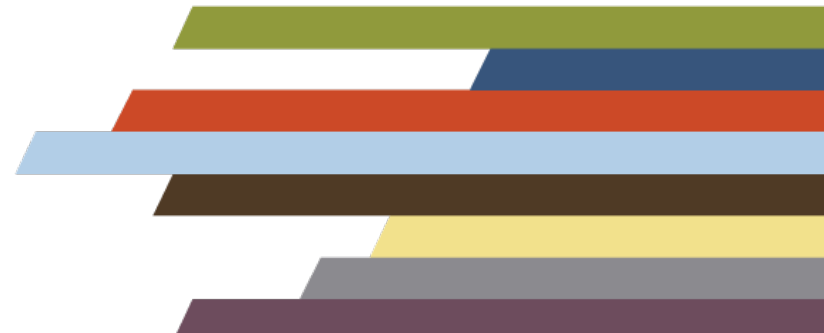


PTTC

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

# Completing the Data Puzzle: Filling Data Gaps

National Data-Informed Decisions Working Group  
October 22, 2020



# The Webinar Is Now Live



- This webinar is being recorded and will be available for future viewing along with a copy of today's slides.
- The slides are shared in the chat feature

# Technical Information



This webinar is being recorded and archived and will be available to all webinar participants.

This training was developed under the Substance Abuse and Mental Health Services Administration's Prevention Technology Transfer Center task order.  
Reference # 1H79SP081018.

For training use only.



# Audio



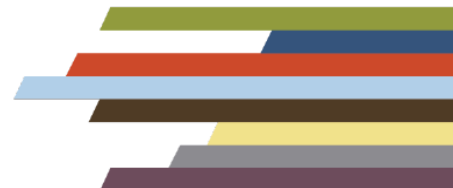
- Audio will stream through your computer or device
  - If you prefer to call in, the phone numbers are included in your registration confirmation.
- If you are experiencing technical difficulties, please be sure that your audio is properly connected via phone or computer. Calling in through your phone may be helpful.



# Chat and Q&A



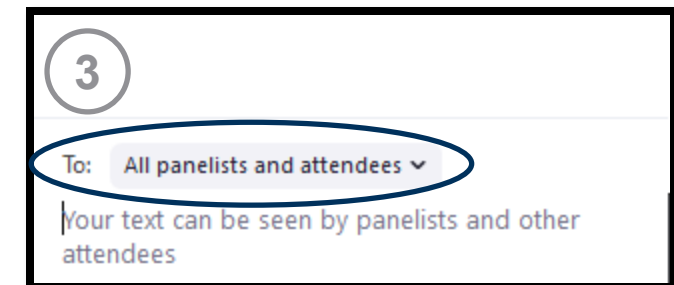
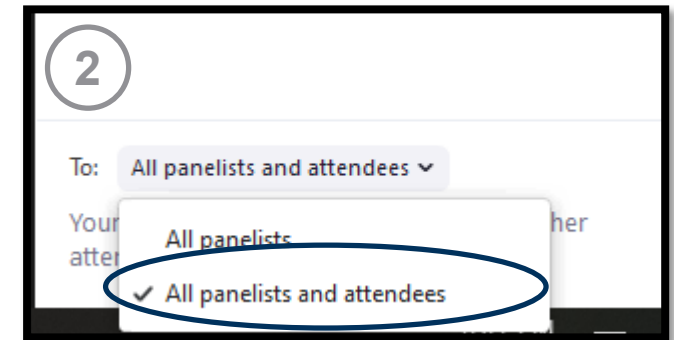
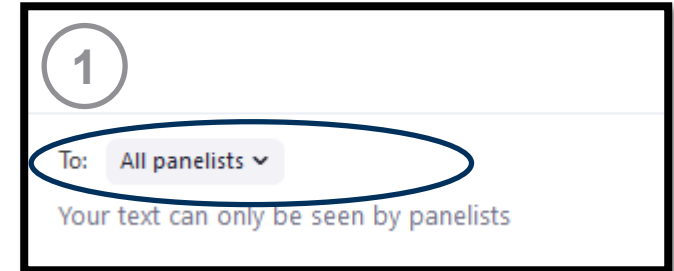
- Please use the chat feature for comments or questions we welcome your thoughts and hope for a rich conversation in the chat.
- You may also type questions for our presenters at any time during the presentation in the Q & A feature
- We may ask our presenters to answer questions throughout the presentation, and we will host a Q & A session after the slide presentation.



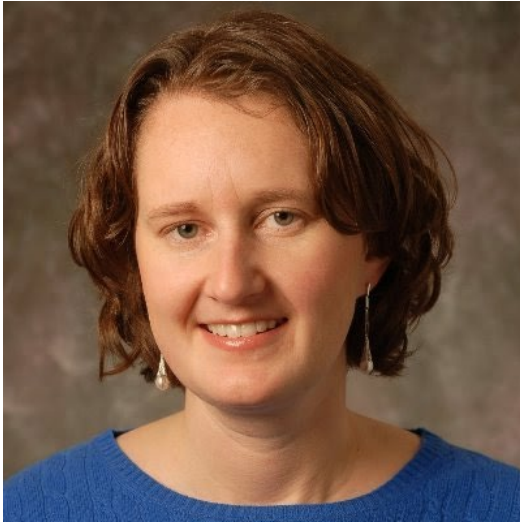
# Chatting in Zoom Webinar

To ensure all attendees see your comment or question please do the following:

1. Go to “To:” at the bottom of the chat feature
2. Select the down arrow next to “All Panelists”
3. **Select “All panelists and attendees”**
4. The bottom should now read To: All panelists and attendees



# Today's Presenters



**Kristen Gilmore Powell Ph.D., LSW**



**Josh Esrick, MPP**



**Cory Morton, Ph.D.**

# PTTC Network

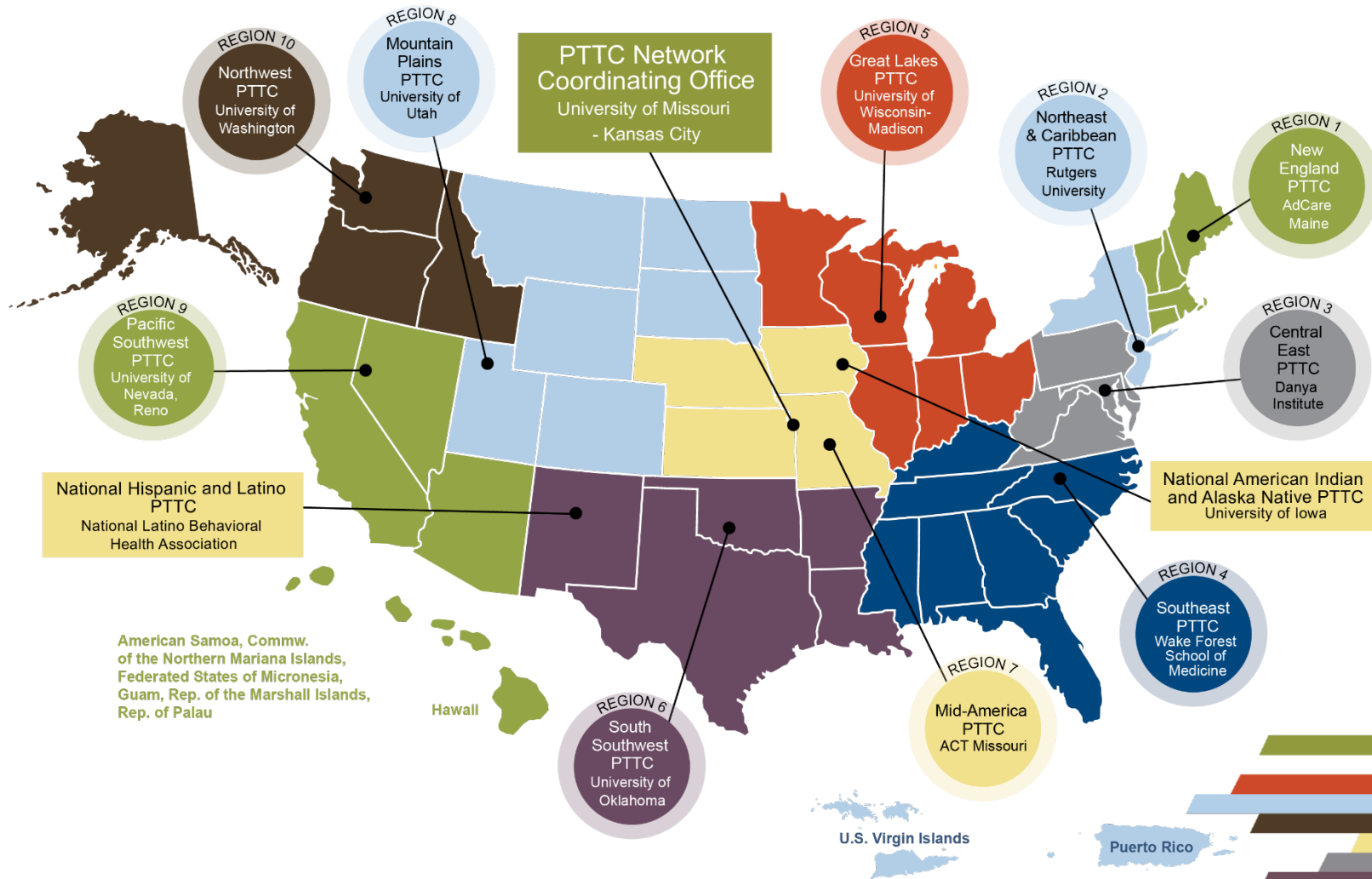


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PTTC Network



# Data-Informed Decisions Working Group

- Northeast and Caribbean PTTC (HHS Region 2)
- Central East PTTC (HHS Region 3)
- South Southwest PTTC (HHS Region 6)
- Pacific Southwest PTTC (HHS Region 9)



# Learning Objectives

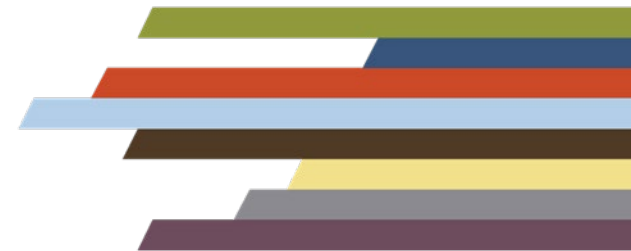


At the end of this webinar, participants will be able to:

- Prioritize which data gaps are most important to focus on;
- Develop a process for seeking alternative data sources that could fill your data gaps; and
- Describe the pros and cons of collecting primary data vs using secondary data sources

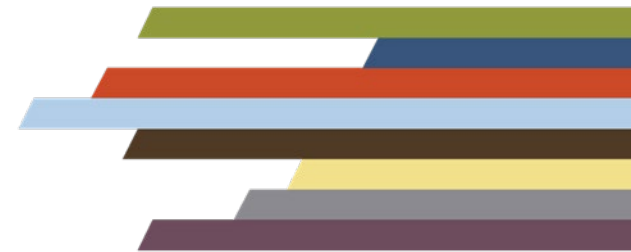
# Six Core Data Areas of Fidelity to SPF<sup>1</sup>

- ✓ Consequences
- ✓ Consumption patterns
- ✓ Target populations
- ✓ Intervening variables
- ✓ Prevention resources and infrastructure
- ✓ Community readiness



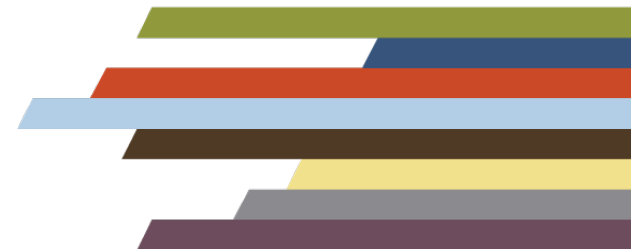
# So why is it important to identify data gaps?

- Transparency: Where are your decisions limited by a lack of data?
- Resources: what other resources (money, partners, etc.) do you need to fill data gaps?



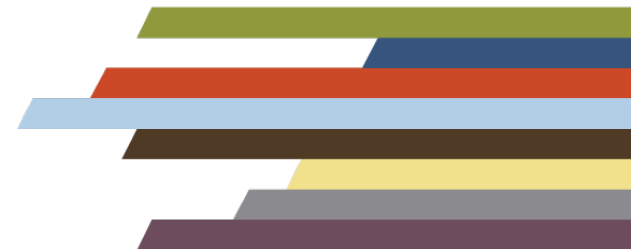
# Prioritizing data gaps: Case study

- In the first webinar in this series, Completing the Data Puzzle: Identifying Data Gaps, we presented a case study for a fictional community group in Urbana County, Any State USA
  - Primarily rural with one medium-sized urban center
  - Urbana is a “wet” county, its neighboring counties are “dry”
  - It’s a spring break destination
  - Residents speak English, Spanish, and Tagalog
  - Population trends younger



# Prioritizing data gaps: Case study

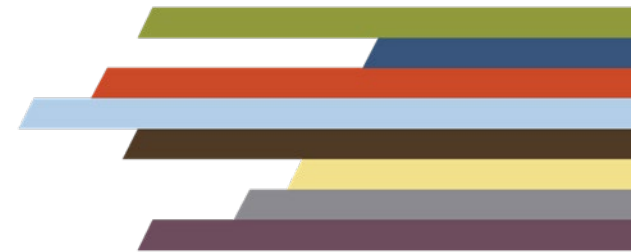
- The Urbana County Public Health Department received SPF-PFS dollars
- UPCHD is part of a local coalition focusing on preventing opioid overdose deaths
- After a review of available data, UPCHD found gaps in two areas:
  - Demographic data
  - Intervening variables



# Prioritizing which gaps to fill

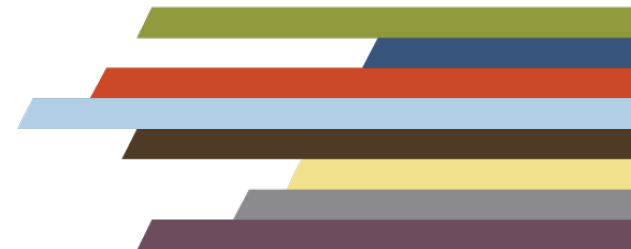
Once you have a clear understanding of what your data gaps are, how do you prioritize which ones to fill?

- Accessibility of data
- Biggest return on investment
- Community readiness
- Impact on community



# Poll

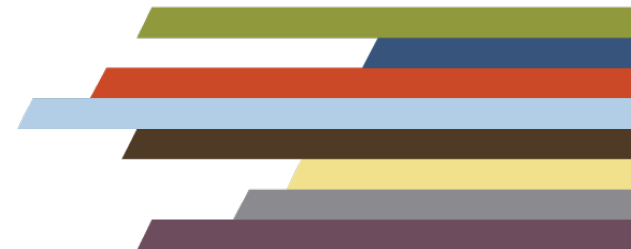
- Which of the following methods for filling data gaps have you successfully used in the past? (chose all that apply)
  - Obtained existing data from state sources
  - Obtained existing data from local sources
  - Conducted surveys
  - Held focus groups
  - Held key informant interviews
  - Used geographic identifier data
  - Other (Write in the Chat)



# **How to fill your data gaps**

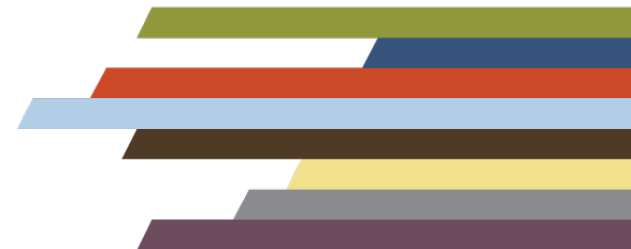
# Obtaining Additional Secondary Data

- You probably already included secondary data in your initial needs assessment
- However, there is likely additional secondary data that exists that was not included due to some constraint, e.g.:
  - Unaware the data source existed
  - Could not obtain from its source
  - Data was available, but difficult to access
  - Data flawed in some way, and there was insufficient time/resources to “clean” it



# Obtaining Additional Secondary Data

- When encountering obstacles like those, it is a valid strategy to move on and find other data sources instead
- But if you find data gaps at the end of the process, it can be necessary to go back to those sources and try again
- And check again to see if there were any data sources you missed entirely



# Potential State Data Source Examples

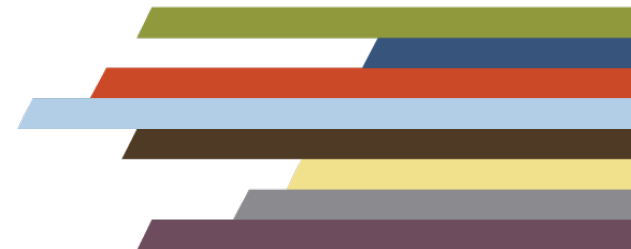
- State Department of Education
- State Department of Health/Public Health
- State Department of Motor Vehicles
- State Police Department/Agency
- Office of State Courts
- State Liquor Licensing Agency
- Prescription Drug Monitoring Program

# Potential Local Data Source Examples

- County/Municipal Health Departments
- Medical examiner/coroner
- Local hospitals, urgent care centers, health care providers
- Substance use treatment and recovery providers
- Local law enforcement
- School districts
- Local colleges/universities
- Other stakeholders

# Relationship Building

- If there are flaws or issues in the data, there are techniques we can use to fix or overcome them
- However, none of them are relevant if we cannot obtain the data in the first place
- Since most data sources are usually under no obligation to share their data with us, the first step must be to begin building a collaborative relationship
- We can follow the tips from Step 2 of the SPF: Capacity Building



# Establish a Relationship

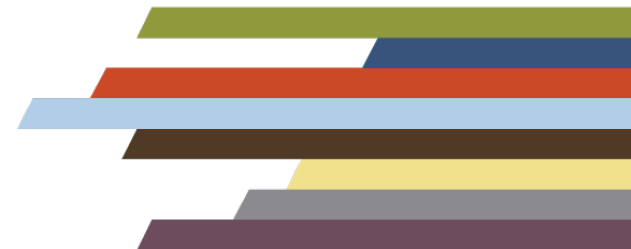
- Do your homework
  - Learn all you can about an organization
  - Discover who should be your point of contact
  - Be ready to answer questions
- Develop an initial elevator pitch
  - Why you want to work with them; is there more you can do together than just share data?
  - Why you need their data; and why them sharing it would benefit them as well
- Make it personal
- Remember, relationships take time to build!

# Tips for Relationships

- Start with who you know and expand from there
- Identify potential partners motivations
- Seek invitations and participate in meetings and events
  - Provide invitations to your events
- Participate in local events
- Create mutually beneficial opportunities
- Promote partnerships from diverse perspectives
  - E.g. Hard-to-reach populations
- Build trust to foster and strengthen relationships
- Make information friendly and easy to understand
- Be viewed as a partner that will be there for the long term
- Follow-up

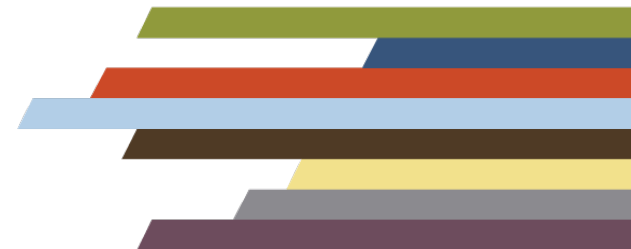
# Primary Data Collection

- Despite our best efforts, sometimes secondary data sources will not be able to fill our data gaps
- Which means we may need to conduct our own primary data collection
- Quantitative Data Collection
  - Prospective surveys
  - Retrospective surveys
- Qualitative Data Collection
  - Focus groups
  - Key informant interviews



# Quantitative Data

- Surveys are a useful tool for collecting data directly from the people we are serving
- Can be designed in different ways; though need to be careful of sampling of respondent bias
- *Retrospective*: Collecting information about what has occurred in the past (e.g. have you used marijuana in the past 30 days?)
- *Prospective*: Collecting information about what may occur in the future (e.g. what is your perception of harm of marijuana use?)



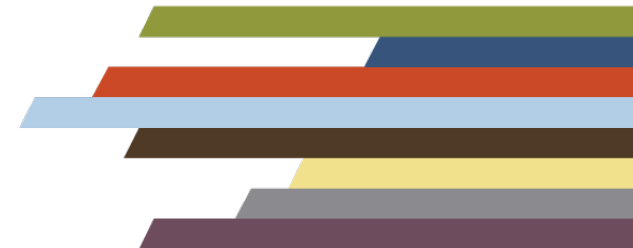
# Survey Pros and Cons

## Pros

- Accuracy, reliability, and validity
- Easier comparison to other data
- Easier to summarize and analyze

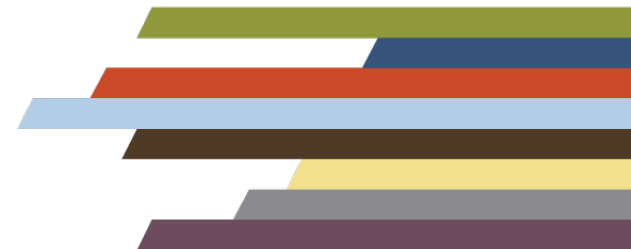
## Cons

- Relatively high cost (time and money)
- Can have sampling or response bias
- Difficult to conduct follow-up
- Difficult to ask in-depth questions



# Qualitative Data

- Focus groups
  - Systematic process for collecting data through small group discussion
  - Participants representative of the larger population you are serving
  - Can explore topics in depth, particularly those difficult to explain in writing
- Key informant interviews
  - Structured conversations with specific individuals
  - Generally used with stakeholders in key positions, who have knowledge or understanding of the topic in question



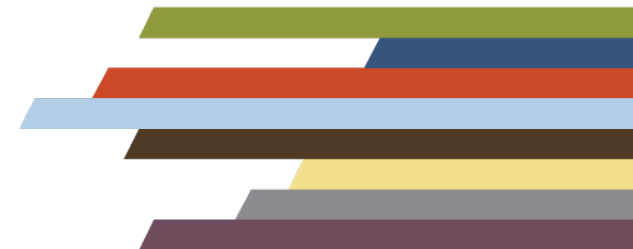
# Focus Group and Interview Pros and Cons

## Pros

- Relatively low cost (time and money)
- Can clarify questions and conduct follow-up
- Can be opportunity to build relationships and obtain leads on other data sources

## Cons

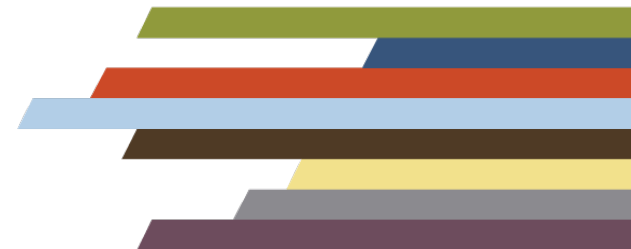
- Time consuming to assemble/schedule
- Potential for interviewer/facilitator bias
- Can be difficult to summarize/analyze findings



# **Considerations for primary data collection**

# Data collection considerations

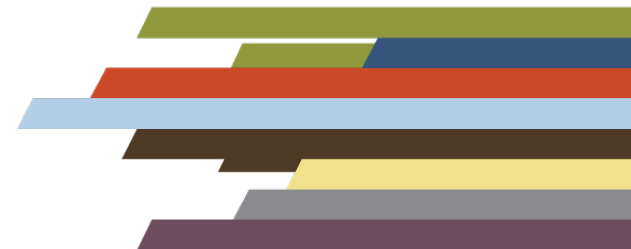
- Understanding community need is crucial to prevention work, but local data is a challenge
- Even if a group covers all the core data areas, they may still have a gap in terms of understanding local issues
- When conducting data collection activities, including a geographic identifier across different activities may assist in painting the local picture



# Baseline Data Point

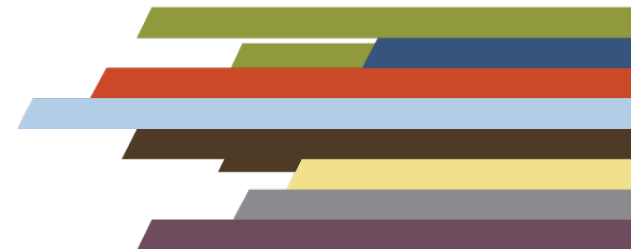
With existing data or your own primary data collection, consider establishing your baseline

- Could be the year you started a project or even prior to when a project starts
- Multiple time points for your data is key to showing trends
- Helps to detect change over time

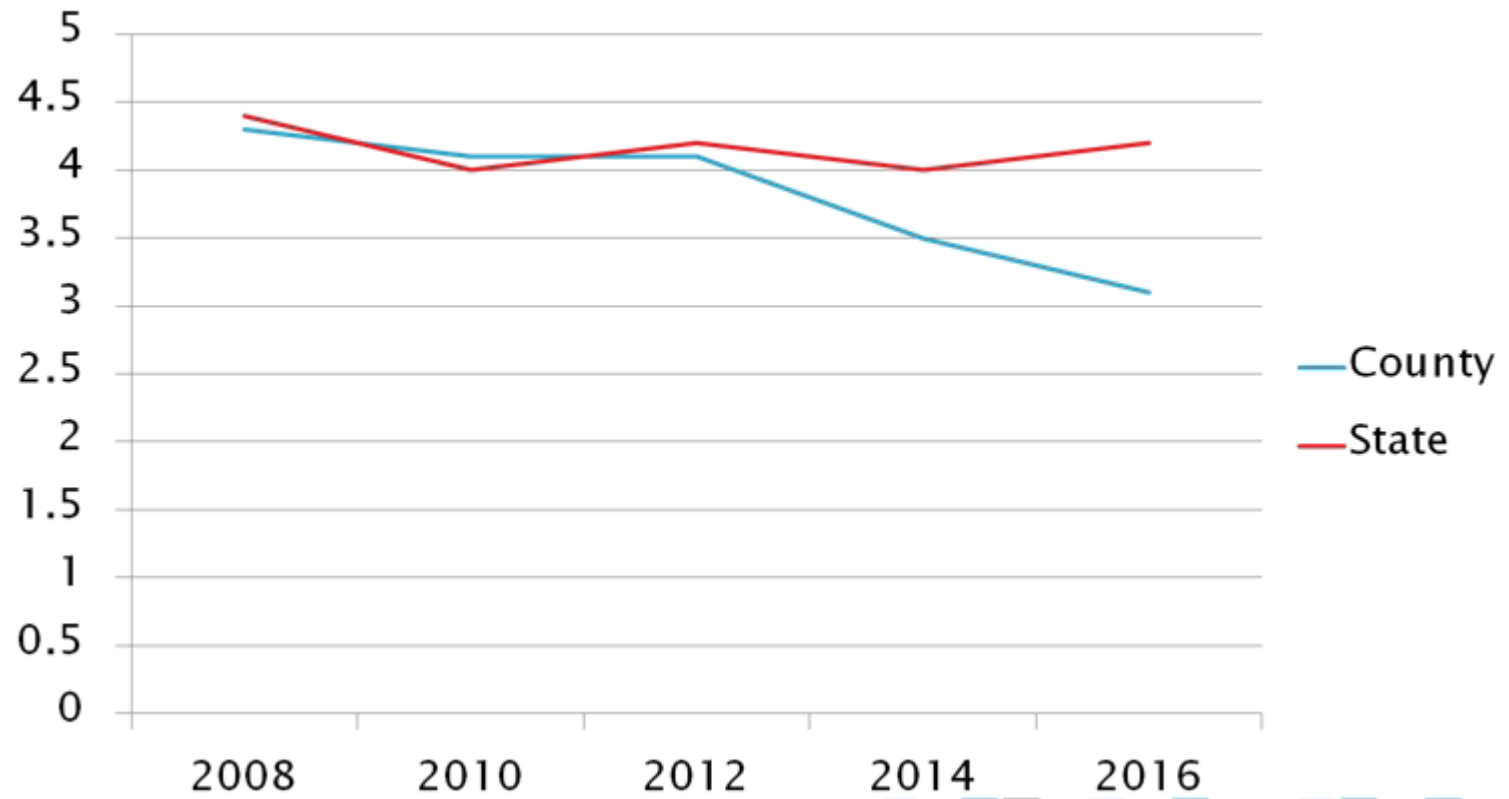


# Data Collection Trends

- If you are looking at multiple 'waves' of data, be sure the measures are consistent across all time points
- Check if your item or question is asked in the exact same way
  - ☐ same question AND
  - ☐ same answer choices

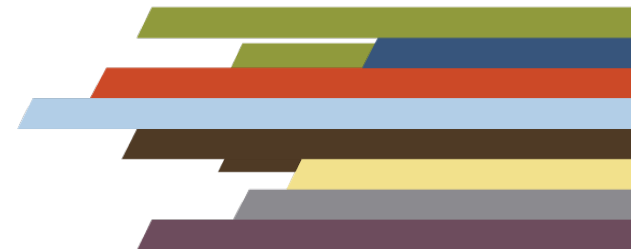


# Data Collection Trends



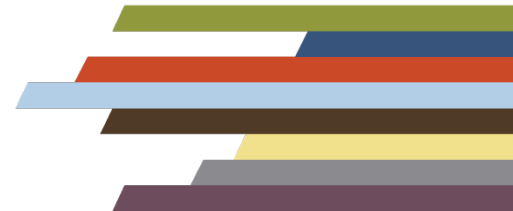
# Sampling Considerations

- Sampling frame: representative of your larger population
- Sample size
- Random sampling
  - Quantitative - surveys
- Non-random sample
  - Quantitative - focus groups, interviews
    - Purposeful, convenience, snowball
- Response rate



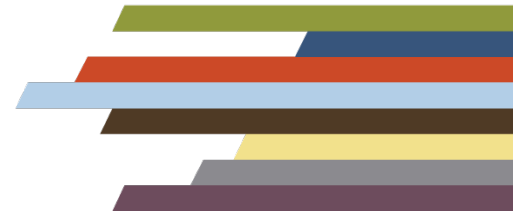
# **Urbana County, Any State**

A Fictional Case Study



# Urbana County, Any State

- Primarily rural, with one medium-sized urban community called Springfield
- Substantial wage gap between urban and rural citizens, as well as within Springfield
- Residents speak English, Spanish, and Tagalog
- Overall, population trends towards a younger age range



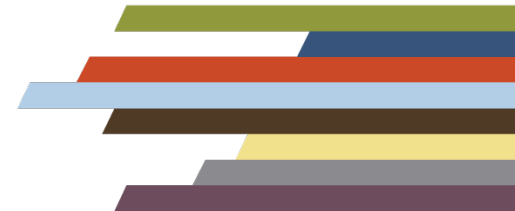
# Urbana County: Data Gaps

## Strengths

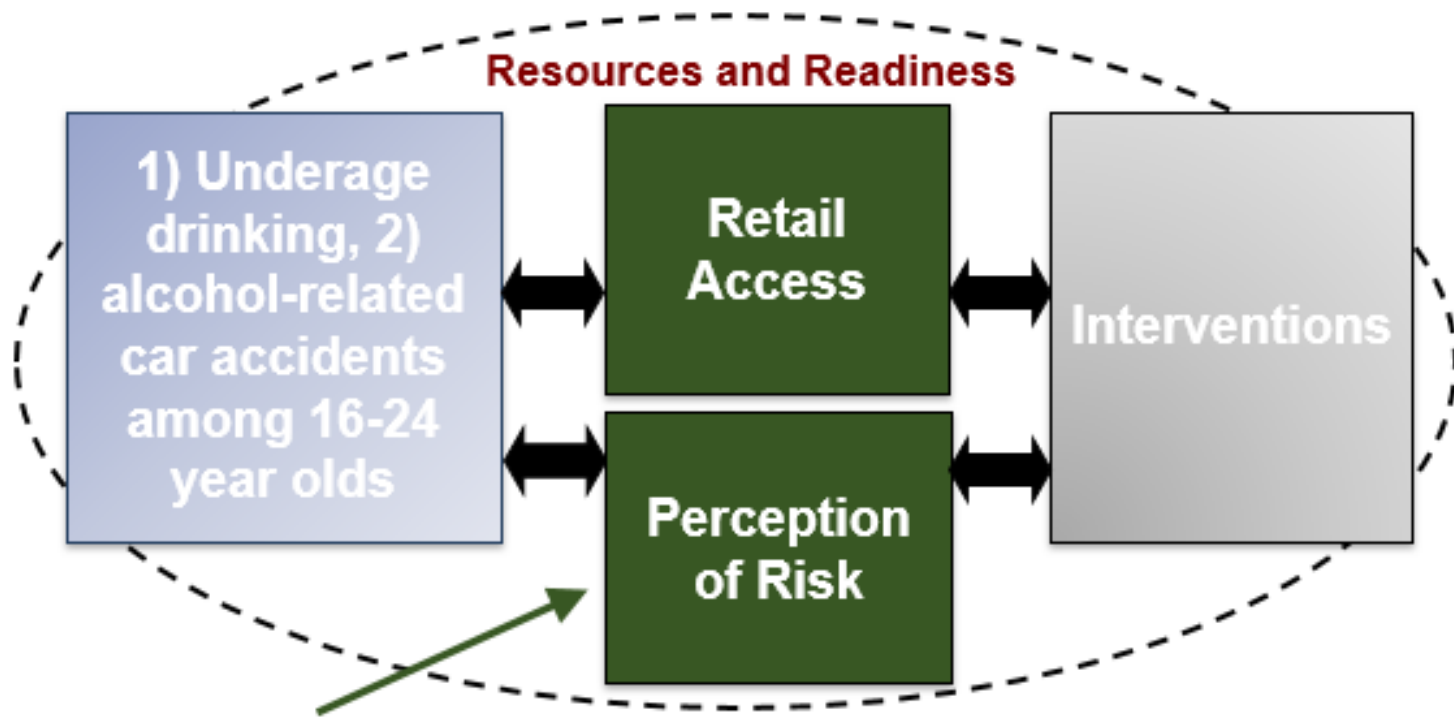
- Adequate data from reliable sources for
  - consequence,
  - consumption pattern,
  - resources, and
  - community readiness data

## Gaps

- Very limited demographic data
- Data found on only a few intervening variables

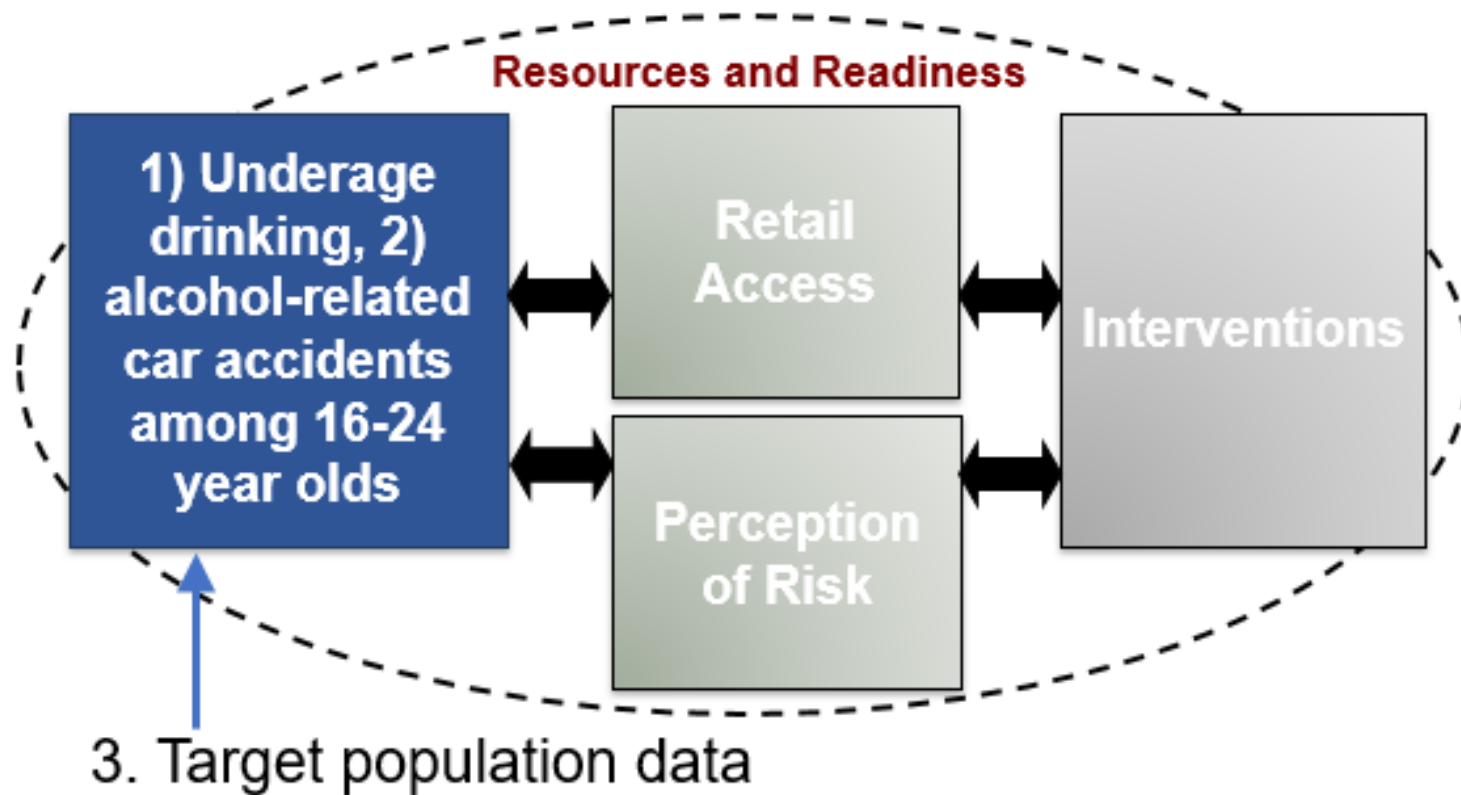


# Core Data Area: Intervening variable data



4. Intervening Variable (Risk and Protective Factor)  
Data

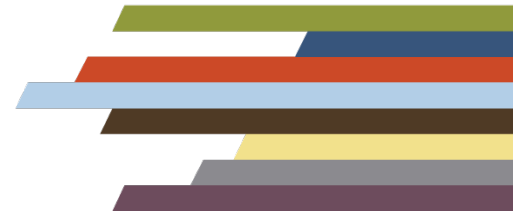
# Core Data Area: Target population data



# Core Data Area: Intervening variable data

What they have already:

- Retail Access
- Perceptions of parental disapproval
- Perception of risk or harm
- Perceptions of peer disapproval
- **Consider conducting a community survey to assess social availability of alcohol**

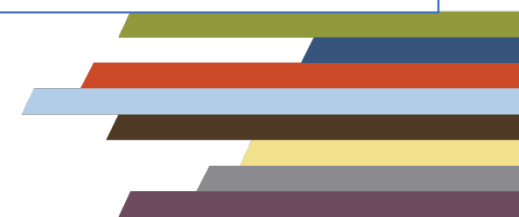


# Core Data Area: Intervening variable data

Sample questions:

During the past 30 days, how did you **usually** get the alcohol you drank?

- A. I did not drink alcohol during the past 30 days
- B. I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station
- C. I bought it at a restaurant, bar, or club
- D. I bought it at a public event such as a concert or sporting event
- E. I gave someone else money to buy it for me
- F. Someone gave it to me
- G. I took it from a store or family member
- H. I got it some other way



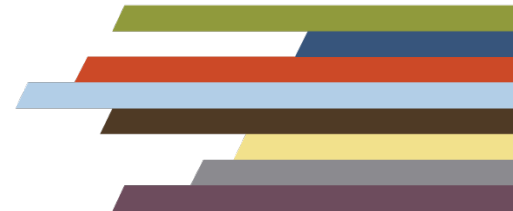
# Core Data Area:

## Intervening variable data

How difficult do you think it would be for you to get each of the following types of drugs, if you wanted some?

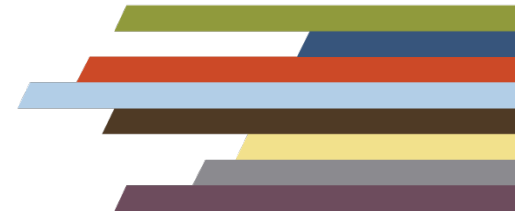
Alcohol:

- Probably Impossible
- Very Difficult
- Fairly Difficult
- Fairly Easy
- Very easy



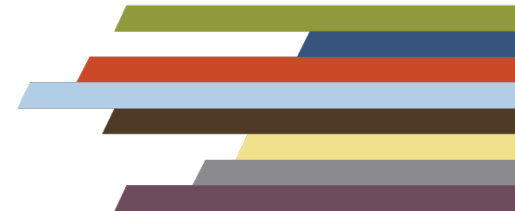
# **Core Data Area: Intervening variable data**

- **Consider qualitative data to assess social availability of alcohol**
- Focus groups of youth leaders could help determine common social access points (friends, parents hosting parties, older siblings)
- Include important demographics in all data collection effort to start filling the gap on target populations



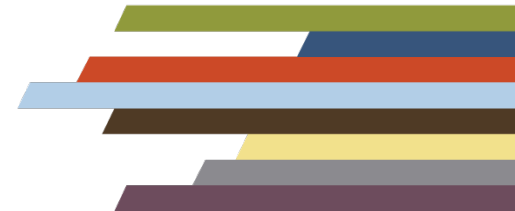
# Core Data Area: Demographic data

- Urbana County has very little data to be able to conduct subgroup analysis
  - For example, the schools and hospitals will not provide data broken down by race/ethnicity
  - Another issue, large population of individuals in this county speak Spanish or Tagalog (data collected exclusively in English)



# Putting on a Health Disparity Lens: Look at target population data gaps

- ✓ Who will you engage in data collection and analysis to ensure subpopulations are represented?
- ✓ Which populations are experiencing the problem in relation to others?
- ✓ What is the impact of the problems in these populations?
- ✓ How does the impact of the problem in one population compare to others?

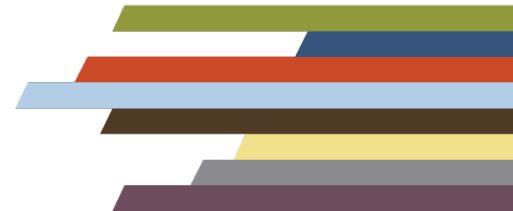


# Putting on a Health Disparity Lens: An Example

## Comparing Subpopulations An Example:

Death rates from COVID-19 in New York City:

- Death rates among Black patients: 92.3 deaths/100,000 population
- Death rates among Hispanic patients: 74.3 deaths/100,000 population
- Death rates among white patients: 45.2 deaths/ 100,000 population

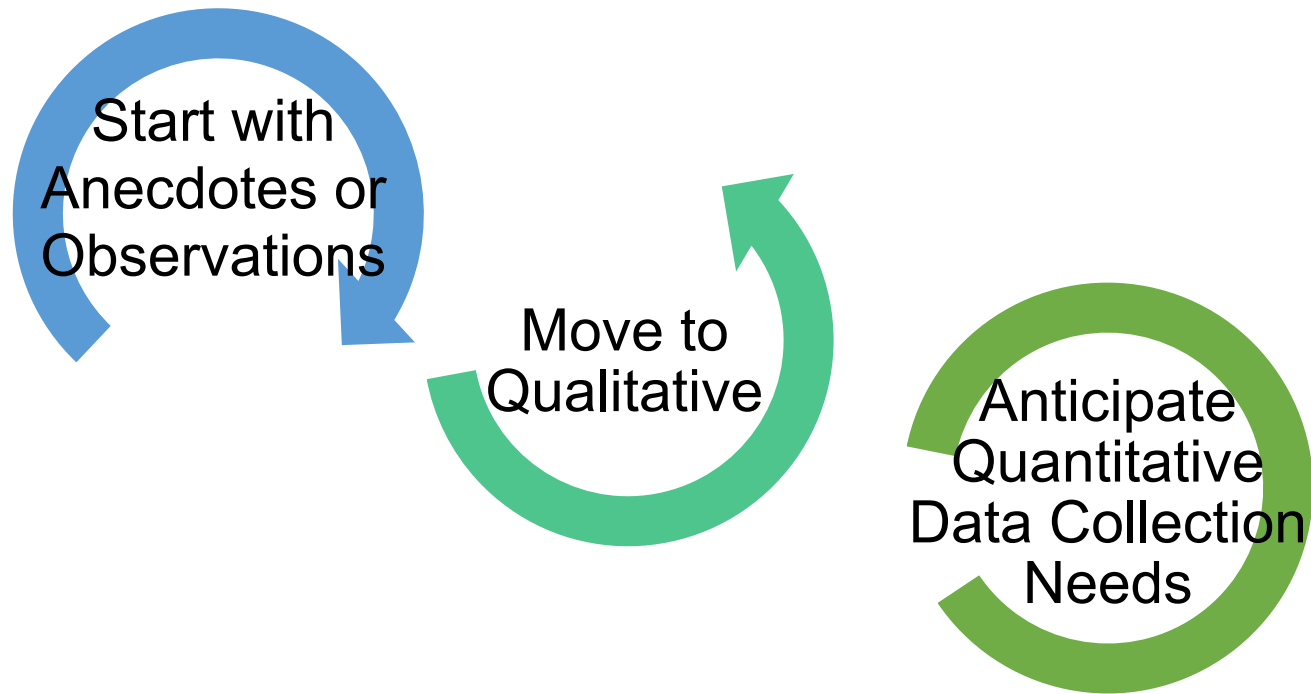


# Emerging Issues

***Efforts to fill data gaps  
may include addressing  
emerging substance  
misuse issues***

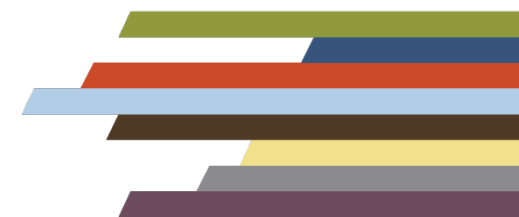


# Emerging Issues: Data Collection



# In the Chat Box.....

What is one step you can take right away to work towards filling in significant data gaps?



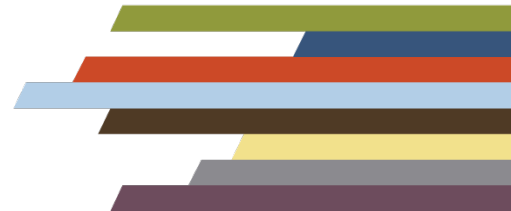
# Questions?



# Check out our Podcasts!

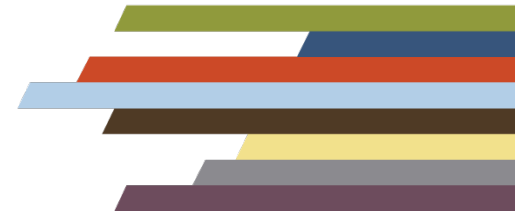
The Data-Dive  
Podcast Series

<https://pttcnetwork.org/centers/global-pttc-pttc-podcasts>



# Webinar Information

- In approximately one week, you will receive an email that will contain instructions on how to download and print your **certificate of attendance**.
- The webinar recording and slides will be made available on the PTTC website:  
**PTTCnetwork.org**.
- Please click on the **evaluation link** in the chat feature, your response helps drive the work of the PTTC Network, we appreciate your time and value your opinion.



# GPRA Survey

- Please complete our GPRA survey sent out in chat!
- You may also see this survey when you close out of the webinar

