Transcript: Building Capacity for Local Data Collection

Presenter: Shai Fuxman
Recorded on November 29, 2022

REBECCA BULLER: And good morning. We welcome you to building capacity for local data collection with Shai Fuxman. This presentation has been prepared for the Great Lakes PTTC under a cooperative agreement from the Substance Abuse and Mental Health Services Administration, or SAMHSA. The opinions expressed in this webinar are the views of the speakers and do not reflect the official position of the Department of Health and Human Services.

The PTTC believes that words matter and uses affirming language in all activities. Have a few housekeeping items. And these will also be in your chat. So, if you need to refer to them, you can do so there. If you have technical issues, please individually message me, Rebecca Buller, Alyssa Chwala, or Jen Winslow in the chat section at the bottom of your screen, and we'll be happy to assist you.

If captions or live transcript would be helpful, please use your Zoom toolbar near the bottom of your screen to enable by going into the More Section, select Captions, and then Show Captions. Questions for the speaker-- we're going to ask that you put those in the chat. We will pause at a couple of appropriate times to address questions. Or if you need clarification, we'll be watching the chat. And we'll help Shai find those questions in a timely manner.

At the end, you will be redirected to a link, which has a short survey. And we would really appreciate it if you could fill that out. It takes about three minutes. We use it to report to SAMHSA. And it helps us continue to provide trainings like this one. Certificates of attendance will be sent out via email to all who attended the full session. And it can take up to two weeks to receive those certificates.

If you'd like to know more about what we are doing or information on upcoming events, please see our social media pages. And now, I'd like to introduce our presenter. Shai Fuxman, a behavioral health expert and senior research scientist, leads initiatives promoting the positive development of youth. He has extensive experience in social and emotional learning, school-based trauma informed care, and substance misuse prevention.
He also has expertise in program evaluation, cultural competence, and quantitative and qualitative research. As a prevention solutions EDC training and technical assistance specialist, he supports state agencies and

community-based organizations to implement and evaluate effective substance misuse prevention. I will stop sharing and turn things over to Shai.

Thank you so much, Rebecca. And good morning, everyone. I'm excited to be here with you all and spend the next hour and a half or so talking about data collection. Let me first share my screen and make sure I get it right. OK. Can people see my screen? Yeah. Perfect. OK. Great.

So again, good morning, everyone. As Rebecca said, my name is Shai Fuxman. And I'm a researcher at Education Development Center, based in Massachusetts. So, I'm an hour ahead, at 10 AM, but I'm still sleepy, so it feels like 9 AM for me. And so let me get started.

So, I wanted to start off by giving you all an opportunity. And I notice that some people have already been introducing yourselves. So, I just want to ask everyone else, if you haven't introduced yourself, please do so. I'd love to know who's here with us. Let us know your name, your role, organization, and city and state. And I love seeing where everyone is coming from.

I see Vermont, Indiana, Illinois, Texas, Louisiana, Indiana, Florida, Washington. Oh, so it's 7 AM in Washington. Yeah. So, you just woke up, I'm guessing. New York, Ohio, Illinois-- great. Please continue to let us know who's here. While I jump into today's content.

So as another way of getting-- breaking the ice and making all of us feel a bit more comfortable with today's content, I also want to play a little game before we get started, which is to get your reaction when you hear data collection. So, we're going to be talking a lot about data collection. I'm curious where you're at right now. How are you feeling about the fact that we're about to spend the next hour and a half talking about data collection?

For those of you not familiar with the TV show, The Office, this is Michael Scott. He's one of the characters, the main character. And as you can see, he has a lot of great expressions. And so, what I'd like to ask you to do is identify which one of these reactions, these facial reactions, on the screen best describes how you feel about data collection.

Are you crying, like A? Are you happy and comfortable, like C? Are you really excited, like E? Do you feel like data collection is a challenge you're willing to take on, like in me? So again, pick the expression. Look at the letter. And let me know in the chat. How do you all feel about data collection?

ERIN FICKER: Shai, I am watching this chat go by. And I don't know why, but it's cracking me up. People are kind of all over the board. I'm surprised about the number of people in the middle, at A, the expression on that-- that expression on their face. But some people also D and F-- [LAUGHS] --G, which cracks me up. I don't know why I find these so funny. Some A's-- we

really have some people who are like, yikes. A and F, yeah, uh-huh. That's-- [LAUGHS]

SHAI FUXMAN: I see a few I's, a few people willing to take the challenge. That's great too.

ERIN FICKER: Yeah. This is great. Thank you guys for being honest in your responses and letting us know you may be in that A. And those of you who are feeling super excited and ready to take it on, thank you so much. Somewhere between B and I. [LAUGHS] You guys are great. So yeah, thanks for the honesty. And it's a fun way to do that.

SHAI FUXMAN: Ellen's comment-- I'd rather chat with Toby, clearly an Office fan, as am I. Talking to Toby-- we know those of you-- those of us who watch a show know that's not a pleasant experience. So that says a lot about how you feel about it. Anyway, my goal for the next 90 minutes or so is to get you all to E. So here we go. Let's see how many of you can be moved to that E square by the end of today's session.

So, the learning objectives for today. So, first of all, we're going to talk a little bit about, what are the different types of local data that is needed to conduct prevention, and needs assessment, and program monitoring? We're also going to be talking a little bit about, what do we mean by needs assessment and progress monitoring to connect the different kinds of data that you might collect to those two important processes within prevention efforts?
We're also going to talk about partners that you might want to rely on, connect with to gather local data. And lastly, we're going to talk about specific strategies to increase your capacity to understand and use local data effectively. So that's what we're hoping to accomplish today, again, with the goal of having that E face by the end of today's session.

And as you can see, we're hoping to make this a very interactive session. So, this session I would love for you all to participate. Here's yet another opportunity to participate. I'd love for all of you to type in a chat why collect local data. Why do you think it's important to collect local data as part of our prevention efforts? So, feel free to just type in the chat.

And by the way, I promise it will be actual content, not just questions for you all. But I would love to start with this question. My chat keeps jumping to the top. But I can see-- to determine the need, to assess need. So many of you-- several of you are talking about the importance of identifying local needs to [? form?] prevention efforts. Yep.

ERIN FICKER: I'll try to keep track with you.

SHAI FUXMAN: Sure.

ERIN FICKER: I'd like someone said take snapshots of the climate in the area we're working. That's great.

SHAI FUXMAN: To identify the right intervention. Yes. So, by assessing needs and then figure out based on needs, what do you need? What would be the best kinds of intervention?

ERIN FICKER: Establish a baseline. That's a great one.

SHAI FUXMAN: Yep.

ERIN FICKER: Understand effectiveness of the program. Another good one. To see where we're going.

SHAI FUXMAN: Yeah.

ERIN FICKER: Oh, we both loved that one at the same time.
[LAUGHTER]

SHAI FUXMAN: Great. So let me-- keep typing these comments because they're all very helpful, not just for me but for all of you. And while you do that, I'm going to give you some of the reasons we came up with, although some are covered in what you said, and some are new. Some of yours are added to ours. So, to determine what needs to address. Several of you mentioned that. Determine if the program is working. So that's kind of the program evaluation part. Once you select the right program or right intervention, you implemented it to see if it's working, if it's accomplishing its goals. To document our efforts, including adaptations. So, we're going to talk a little bit about monitoring program implementation and so to see, are you implementing the programs as intended? And if not, you're making adaptations to document those adaptations.

To inform decisions about the future. Several of you alluded to that as well. To see where you're going. I think that was one of the comments that we liked. Similarly, an idea of informing decisions about the future, where to go next. And to tell your story, to share your success.

You know, you want to build support for your prevention efforts in your community, among stakeholders, funders. And so having that data to show that your efforts are actually working, how you're succeeding is important, another important way to use data. So that's the reasons to collect data.

And again, before we jump into how to collect data, we also want to make sure that we're connecting the idea of collecting data and using data to how we do prevention well. And so, to do that, I'm going to talk a little bit about this concept theory of change. I'm sure many of you are familiar with it. And to see how data can help us to inform the theory of change. So, this is the theory that

informs what we actually do and how we do it to prevent substance misuse in communities.

So, we begin with a needs statement. Again, several of you mentioned this, that you want data to assess needs. And so, you want to understand specifically, what is the problem that you're trying to address or problems? Is it underage drinking? Is it marijuana use? Is the misuse of a non-medical use of prescription drugs?

And what is the reason for the problem, including risk factors? Why is it that young people are drinking? or why are people-- why is there an increase in non-medical use of prescription drugs? So, as I go through this, I'm going to also give you an example, a simple example, just to help explain each step of the way.

So, let's say my issue-- and I'm not going to use a substance misuse issue. I'm going to use a different example. Let's say my issue is that I've noticed I've been feeling a lot of headaches. So constantly throughout the day-- it's not true but just an example-- I keep having headaches.

And so that's my problem. I have a headache. I constantly have headaches. The reasons for the problem, I identify, is lack of sleep. I'm not sleeping well enough. And therefore, I have headaches. So that's my need statement. So, once you have your need, you want to identify, what is the problem? And why it's happening? Then, you want to identify your goals and objectives. So, what do we need to do? So obviously, one of them is to reduce the substance-- to reduce the problem, to address a problem.

But by doing that, by addressing the risk factors or by increasing protective factors. So, address the problem by addressing the reason. So, in my example, I decide to reduce headaches. I'm going to improve-- I'm going to address the reason, which is I'm going to improve my sleeping habits. So I'm going to get better night's sleep so that I can reduce my headache. So those are my goals. And the goal is reduce headaches. The objective is to improve sleep habits. And then, that's when I get to strategy.

So, what am I going to do? How am I going to address the problem? And how am I going to address the reason for the problem? So, in my case, I'm going to practice healthy sleep hygiene. So, I'm going to make sure I'm in bed by 10 PM. I'm going to make sure I stop using electronic devices and hour before sleep. I'm going to make sure that I get exercise during the day but stop exercising three hours before bedtime.

These are all practices that can help me improve my sleep. So those are my strategies. They are very specific strategies. And then, once I have the strategies, I want to make sure I'm measuring outcomes. I want to make sure that I am actually addressing the reasons, the short-term reasons for the

problem and, ultimately, that leads to long-term outcome of actually reducing the problem.

So, in my case, the short-term is improving sleeping. So, if I can measure how many hours, continuous hours, of sleep I'm getting. That's my short-term outcome as a result of my strategies. And then, the long-term outcome is to notice am I also reducing the original problem, which is headaches. So that's kind of an analogy of how you think about theory of change for substance misuse prevention.

Again, I'm assuming this is a review for most of you. And that's how you're already thinking about your prevention efforts. So, having said that, where does data come in? So first, we want to collect data, as many of you mentioned, in the need statement. How do we use data to identify what is the problem and why it's happening. And we can talk a little bit more about that in a second.

So that's one place in which data is critical for our efforts to prevent substance misuse. And so that's the needs assessment. Then, the other place where we want to collect data is to measure-- monitor the implementation of our strategies. So, are we implementing strategies as intended? So, in my example, measuring, how many nights do I go to bed at 10:00?
Am I able to consistently go to bed by 10:00? How many nights am I able to stop using electronics in time? So that, in your case, it might be if it's a curriculum, how many modules are being implemented? How many people are participating? How many students are receiving the program?

These are all the data around the implementation of your strategies or of your programs. So that's the second place the process evaluation and the third place where data becomes really important is in the outcome evaluation. Did I achieve my outcomes? Am I sleeping eight hours a night continuously? Am I also feeling fewer headaches? And that's, in your case-- or that's the outcome evaluation. In your case, that might be, are you actually seeing a decline in substance misuse as your long-term outcome?

Short-term outcomes depend on the risk factor. It might be, did I manage to-- did our efforts increase the perception of harm? We think that young people are using marijuana because they think-- they don't realize how dangerous it is. So, our goal, our strategies-- through our strategies, we're going to increase the perception of harm. The short-term outcome might be to see an increase in perception of harm.

So those are the three key points in which data is really important to inform prevention efforts. So now that we know how data is helpful for prevention efforts, let's now jump into talking about actual data collection. And data collection, whether you're doing it for research, or needs assessment, for

program-- for outcome evaluation, any kind of data collection should always begin with questions.

What are the questions you're trying to answer through your data collection? That will guide not only deciding what data to collect and how you'll collect it, but it will also help to guide the analysis of the data. Once you have the data, how do you answer-- how to use the data to answer your questions?

So, in terms of needs assessment questions-- so that's kind of the first step that, again, many of you mentioned. Very simply, think about the questions you want to answer as what, who, when, where, how, and why. So, starting with the what-- what is the problem? What are the specific substance misuse behaviors that we're seeing in our community? Is it underage drinking? Is it marijuana use? Is it non-medical use of prescription drugs? Is it opioids, illicit opioids, or non-medical use of prescription opioids?

So that's the what. What is the problem? And who? Are we talking about young people that are struggling with alcohol, the 12 to 18 age group? Are we talking about the 18 to 25 age group that is struggling with opioids? Are we talking about elderly misusing non-medical-- misusing prescription drugs? So which population are we talking about? Which segment of the population are we talking about?

And obviously, I use examples related to age. It's not just age. Is it gender? Is it certain cultural groups that are struggling? So, who are the people-- or is it people in certain situations? So, for example, we're seeing that individuals struggling with mental health are struggling with substance use, so it's people with mental health challenges. Those are the who that we want to address in our efforts.

When? When is substance misuse happening? That can be thought about in terms of the age range, so when in terms-- is it at high school, in high school? Is it after high school? Is it adult? But also, when to be there's certain times of the week, or certain times of the month, or certain times of the year. As we're approaching the holidays, for example, do you tend to see from previous years a spike in substance misuse because people are struggling with the holidays, which, for some people, can bring a lot of anxiety and depression. So, is it this time of year? Is it a particular time of the week. Weekends, young people go out, binge drink, and expose themselves to negative consequences of underage drinking. Or drinking, in general, drinking and driving, for example, so dealing with that weekend problem of alcohol use and problem behaviors around alcohol.

Where? So, for example, if you're trying to address underage drinking, what exactly is the underage drinking problem in your community? Is it that young people are going to their homes? Young people are hosting parties when their parents aren't there, so the drinking is happening in people's homes. Is it at

school? Is it out-- football games, Friday night football games? So where exactly is the drinking happening, if that's the issue?

How can be how are young people accessing alcohol. So, part of the problem might be-- again, using the example of parents being out, parties at people's homes-- are young people accessing alcohol through their parent's own liquor cabinet? Or is it that your liquor establishments are not following policies to ID young people and so young people are accessing it directly through liquor establishments?

So again, determining how are young people or people accessing substances and why. And again, those are the risk factors. Risk factors can include, as I mentioned before, to mask mental health challenges, like anxiety or depression. Is that why people are using substances? Is it young people using substances because there's better to do in the community? And what they need is alternative alcohol-free activities.

So again, that's another-- the why, trying to understand what are the risk factors. These are all the questions you want to be asking to better have a sense of not only what is the problem or problems you want to address but also, why are they happening? So let me pause here. And again, we're trying to make this very interactive and ask you-- so we're going to be asking you questions throughout.

So, I want to ask you now, what are your challenges with collecting data to understand these-- to answer these questions? So, thinking about what I just said, about what, who, when, where, how, and why, which of these questions. do you struggle to answer? What kind of challenges do you have related to these questions?

ERIN FICKER: And you can either unmute your line and actually talk. Raise your hand, and we'll make sure you can talk. Or you can write in the chat. And I see things coming in the chat now, like community participation, people do not want to share data, finding local data, assuming your samples are representative, accessing current data, accessing the population, people who are skeptical, getting people to answer.
I'm in a rural community, so getting specific current data is difficult. Access to the community and funding to make the process more functional. Schools are scared to share data around student substances.

REBECCA BULLER: Erin, there are a couple of hands raised if you--

ERIN FICKER: Oh, great. Thank you. I was like so busy with the chat. Great. So, Claire, do you want to unmute and ask your question or share your challenge?

AUDIENCE: For me, my challenge is getting the data from my fellow colleagues in case they might not be able to collect the data in the timely manner, or they have issues collecting it themselves, and then it getting to me. So, I'm kind of the end line of that. So that can be kind of difficult.

ERIN FICKER: Actually, getting it. Actually, having it in hand. Got it. Got it. Great. Sean, did you want to share?

AUDIENCE: Yeah. I think a lot of the times, at least from the challenges that I've seen, was getting an accurate representation of the error rate. So a lot of times, give you like one [? swayed, ?] like a lot of-- when we break it down, it just seems like, oh, one male answered. And then like 30 females answered. And you're like, OK. How is that a representation on who really is using what in that area?

ERIN FICKER: That's a great point. I'm sure, Shai, you can speak to that a little bit.

SHAI FUXMAN: Yeah. I appreciate these challenges. And hopefully, we're going to address some of them in the next few slides. But Sean, to your point, I believe actually the very next slide it's a great segue. Well, actually two more slides. We'll talk about the importance of cultural responsive ways of collecting data. So, we'll definitely come back to your point.

But thank you for those challenges. So, I do see I have this other exercise I wanted to try out. We're not going to actually talk about gathering data. And again, hopefully, by talking about the different ways in which you can gather data, address some of those challenges. I first want to just check in with you all. How do you feel about-- how data savvy are you? So how much of an expert are you with data?

There's, as you see, a continuum from novice-- I can count to 10 and that's pretty much about it-- to expert-- I do calculus in my dreams. Here's how you're going to respond to this. We're going to use the annotate option in Zoom. If you look at the top of your screen, it should probably say something like, you're now seeing Shai Fuxman's screen.

You should see at the end-- oh, Michelle, thank you. You're already role modeling. You should see view options. If you click on View Options, the fourth item on the menu should be annotate. If you click on Annotate, you should see stamps. Click on Stamps. You can pick any shape you want. I see we have a couple of stars. You can keep doing stars. You can do a heart like Sean, thank you, and Cecilia.

Great. I see a lot of you in checks. I see a lot of you are finding the annotate. And you're going right into the exercise. I love it. So, I see there's definitely a lot of people leaning towards the-- between the middle and the expert. So, a

lot of you are comfortable with data, all the way to a couple of stars on the expert side. And then there's some people who are leaning more in towards the novice. So, no one at the novice extreme.

So, I'm glad that people can do more than count to 10. But yeah, some of you are certainly in that-- leaning towards I could definitely use some help with data. I love seeing this. It's like watching popcorn pop, seeing all the results. And I think this is about the moment in which the popping is stopping. So, it looks like most people got a chance to respond.

So, this is also kind of interesting to see the range that you all have, that we all have in this virtual room, the virtual space that we're in. So again, I'm going to try the next couple of slides. Move you a little bit further to the right. So, let me just delete those-- how can't I do this? More, let me find my annotate.

Oh, mine is a little bit different. Annotate-- there you go. And I'm going to clear all [? joiners. ?] Thank you all for participating. So, this is where we go back to Sean's point, as I was mentioning. Alan, thank you for the heart.

[LAUGHS]

Let me just-- well, I'll keep it there. Because why not have the heart on the slide. But anyway, cultural competence is a key element of how we collect data in doing an assessment of practices. And that goes back to Sean's point about really making sure that you're-- not only when you're collecting data-- that you are collecting data from the range of perspectives in your community, that you recognize that all voices have something important to say, that really want the whole range.

You don't want to collect information from 50 people and realize you had one male and 49 females, as Sean said, or any other kind of not well-represented range of perspectives. And part of that includes, to begin with, that humility, that recognition those voices are important. And then the second point, you want to make sure that when you're recruiting participants, when you're thinking about how you can collect data, that you're thinking about, how do you make sure you do collect data from everyone?

What are some of the barriers for collecting data for certain groups? And how do you address those barriers before you even begin the process? So, for example, if you have a non-English speaking segment of your population, how do you make sure that the data collection tools that you're using are available in other languages so that those who might not speak English well can participate as well?

Or if you have, to Sean's example-- I'm just going to use Sean, if you don't mind-- if you've collected data, you've done surveys, and you realize, for some reason, we have way more girls than boys participating. How do we

kind of push that data collection a little bit further and figure out, OK, how do we get more boys to participate in our processes? So really thinking about and troubleshooting any barriers to really making sure that the entire community is represented.

And then, not only that but also the tools themselves, the way you ask the questions are reflective of all the values and beliefs of all members of your community, that you're not perpetuating inequity by asking questions that might be offensive to people or might not use affirmative language. As Rebecca talked about earlier-- to make people feel like you're not really taking them seriously. All these different ways that you want to really thinking about collecting data using tools that are really meant to be culturally responsive to everyone in your community.

And then, once you collect the data, it's important when we're doing prevention efforts. Again, to be culturally competent, to be culturally aware, to look at the different-- use the data and disaggregate the data to really understand how different segments of your community are being impacted by substance misuse, consumption patterns, by risk factors, by consequences in different ways.

Are members in your community, people of color in your community, experiencing substance misuse differently that than, say, white-- the white segment of your population? Or risk factors-- are people, LGBTQ students, facing certain discrimination practices that are a risk factor for substance misuse? So, kind of looking-- using the data to help you see those inequities in both risk factors, consumption patterns, and consequences.

And then not only looking at what are the challenges by culture but also looking at using data to identify protective factors. So, what are the ways in which certain cultures, their beliefs or practices, actually serve as protective factors? What are the strengths, the elements of resiliency that each community or each segment of your population brings? Measuring that as well.

So that's-- and we wanted to talk about cultural competence up front just so that it's always-- you bring that lens to the process. And now, we're actually going to go through the process, again, keeping that cultural responsive lens as we think through each one of these steps. So, what type of data do you need? How will you get the data? Who will you get the data from? And I think that was another challenge.

Sorry, I forget the person's name that talked about -- we have the data. I'm just not getting it. My staff [? in?] collecting the data, isn't sharing the data with me. So, it's not only does the data exist, but how will we get the data? Who will we get it from? And then, when and how often will you get data? So how often do you want to collect data as well. So, these are all questions as

you're developing your data collection plan. And we're going to go through each one of these.

So first, what type of data? So, data is really anything, any kind of information that is helpful to inform, to answer those questions that you might have to develop your prevention efforts and to measure the effectiveness of your prevention efforts. We can think about that whole range of different kinds of information as falling into one of two buckets.

Quantitative data-- that's always numbers-- age, weight, number of substance-- number of times people engage in substances, number of times people, on average, spend having dinner as a family, all kinds of ways that we can measure things through numbers. That's quantitative data. Qualitative data, oftentimes, not always-- we tend to think about data as being quantitative. Qualitative data is equally as important. It Involves narrative, or visual, or output, visual output or audio output.

So, in terms of collecting data-- focus groups, interviews, observations. If you want to find out how well is a school-based program working, having someone from the outside come and observe the implementation of the program, not only using a rubric or checklist that can translate to numbers but also just kind of watching how the implementer and the participants are engaging with each other. That's another way that qualitative data is important.

So, think about how can quantitative data be helpful to you. Think about how qualitative data can be helpful to you. And there's benefits of each. So, the quantitative-- it's standardized. So, if I collect number of times that student raise their hand in one classroom, and then I do it in the other classroom, I have a standardized measure, number of times students raise their hands. That's very standardized. It's exactly the same in each classroom.

Whereas if I'm just writing a narrative of what happened in the classroom, if I write it versus someone else writes the narrative, we might be looking at different things. Sorry, let me give a better example of that. If I measure the number of times a student raised their hand in one classroom, someone else measures a number of times a student raise their hand in a different classroom, that's the same measure, two different people collecting exactly the same information.

Whereas if the two of us are writing our impressions of what's happening in the classroom, that's not really standardized. We each look at different perspectives. So that's why quantitative-- think about things you can measure and with numbers is more standardized, more succinct, so much easier to present quantitative data. If you have a bar graph, you can represent-- that represents hundreds of responses. As opposed to if you want to represent hundreds of responses by interviews, it's much harder to do it in a succinct way.

Easily aggregated for analysis, so there's a lot of quantitative analysis that we can do. We can average numbers. We can do correlations, regressions, all kinds of interesting analyses using mathematical analytical tools. And systemic-- so we are collecting the same data. We can collect the same data over, and over, and over again, always asking the same questions, getting the same range of numbers.

So, if I ask in a Likert scale from 1 to 5, how helpful was the information presented today? We can keep doing that every single webinar and always measure that 1 to 5 scale across multiple webinars. Whereas if I just ask an open-ended question, helpful but not as systemic. We're going to get all kinds of different answers, as opposed to the range of just five answers in a Likert scale.

Easily presented in small space, so again, it's succinct when we present it. And its generalizability is widely accepted. So, we have all kinds of mathematical analytical tools we can use to use a sample, sample data from a particular population, and determine how that-- sorry, we can use a sample of the population to extrapolate how people feel in the broader population. So, for example, when we do opinion polls in politics, we might only sample 1,000 people of a population of 3 million in a particular state. And we can then use the responses from 1,000 people and extrapolate it to how 3 million people will vote. That you can't really do if you're collecting qualitative data. So those are the benefits of quantitative.

Qualitative has its benefits. You can better explain the why, if you really want to understand the reason behind numbers. So, if people are saying, on average, we only spend twice a week eating as a family. Well, why? What are the barriers to sitting for dinner as a family? You can kind of dig deeper into the data. It can reveal areas of refinement.

If you are trying to better understand why a program isn't working, with a quantitative survey, you can ask, did you enjoy the program? Was this a good program? But if you want to know, well, why aren't people liking it? Or in this webinar, if I ask you from 1 to 5 how helpful this was. But if I want to really understand why it wasn't helpful, that's when qualitative, open-ended questions might be more helpful.

Can produce surprising information. I mentioned before that in Likert scale, we only have five options. So, I can have-- I know exactly what kind of answers I'm going to get because it can only be somewhere between 1 to 5. Whereas if it's an open-ended question or qualitative data, we can find surprising answers that we might not have even thought about. Can help to explain short-term outcomes.

So, for example, I talked before about the example to reduce underage drinking, we want to reduce access to alcohol. So, let's say the long-term

outcome-- you're not achieving long-term outcomes. Students are still drinking. You want to better understand, well, why didn't we achieve the long-term outcome? What about the short-term outcome of reducing access to alcohol than we really get? And therefore, how did that impact the long-term outcome?

Can help to train new ideas or theories. So, if you think about a focus group, you want to have better have better understanding of why are people-- why young people in your community drinking? Having a conversation about it can generate new ideas, new theories that you might not have even thought about.

And then, also, it's perfect for pilot testing. So, if you want to pilot test a survey, for example, you can have people fill out a survey. But then ask them questions like, well, was the survey easy to understand? Was it helpful? Or did it ask the right questions? Did you feel like there were questions that you wished you were asked? So that's a great way collecting qualitative data to better understand something you're piloting, whether it's a survey, or a program, just getting people's impression through qualitative data is more helpful than quantitative data.

So those are the benefits between the two. And it's never really a one or the other. So, I'm kind of comparing it two. But as you can see, because both have benefits, you might want to be thinking about a combination, quantitative and qualitative, so you have the best of both worlds. And that's what we call mixed methods. Mixed methods refer to using both quantitative and qualitative tools to collect data.

So, the approach of using mixed methods also has pros and cons. So, the pro, obviously, one pro of using mixed methods is that you're using the strengths of both methods to compensate for each other's weaknesses. So sometimes, it's good to be able to summarize data with a Likert scale, 1 to 5, all those answers, and also to have the additional answers that are not being offered in a closed-ended question. So having both options might be helpful.

Results may be useful for a variety of audiences. Some people are numbers people. They're not going to listen to anything you have to say, unless you can demonstrate with numbers that you've made a difference, that you've reached the right number of people. But other people wanted stories, anecdotal stories. So great, you trained 100-- you offered a training for 100 parents on how to talk to their children about substances.

But how did that make a difference in people's homes? How did parents actually take this information? What did they do with it? They might want those stories and, again, in combination with the quantity of number. We trained 100 parents, and this is how that made a difference. Results may be more credible to a variety of audiences.

So not only do people want more-- but different people can also better process different kinds of information. Some people process numbers better. Other people process stories better. Some people, beyond just how they process it, it's also the credibility. Some people feel like anything that is quantitative, that can be generalizable, is more credible. Other people need anecdotal stories to really understand how you're making a difference.

But there's also cons when thinking about mixed methods. So obviously, it requires multiple skills. The kinds of people who can collect and analyze quantitative data, someone who is an expert in developing a survey might not necessarily know how to run a focus group, or how to transcribe and then analyze focus groups. So, you might want to have-- you will need more people on your team, not only more people but also people with different skills.

It also can be more expensive because rather than using one method, one survey, now you're doing a survey and focus groups. That's more time. If you're hiring an evaluator or a researcher, obviously, more methods, more time, more money, higher cost. And then also there's a risk of contradictory or inconsistent findings.

What if your quantitative data contradicts your qualitative data? Now, you have to figure out how to make sense of different kinds of results. So those are the cons with mixed methods. So just something to think about. Should we be collecting quantitative data, qualitative data, or maybe a combination of both? So that's the what kind of data. Now, we're going to move to the next question, which is, how will you get the data?

By the way, we are going to pause in a second to answer any questions you have. So, if you have any questions along the way, write them in the chat and Erin and/or Rebecca will help to raise those questions when we pause. And I think we have just a few more slides until we get to that pausing moment.
So anyway, so how will you get data. So, first of all-- or local data-- sometimes, we immediately assume that if we need data, we need to collect the data ourselves. And that's not necessarily the case. Sometimes you can use existing data, so finding what data already exists. If you're working for a community-based organization, for example, you might want to check with your local schools. Maybe they have data that you need or that would be helpful to you, or local hospitals, or the police department.

There's a lot of data that already exists, that's already being collected, that can help you inform your needs assessment process. It might even help you inform your outcome data. So, for example, if there's a youth health survey being conducted every two years, like the YRBS in your community or in your region, you can use that for your outcome evaluation data to see if there's changes in behaviors. So, thinking about existing data is really important before you jump into collecting your own.

And we're going to talk more, again, about combinations. It's never one or the other. It can be using local data along with collecting your own. So, if you are going to collect your own data, now you have to think about, well, what are the kinds of measures I'm going to use to collect data?

And it's important that we use good, well-developed, well-researched measurement tools, the right surveys, surveys that have been developed with a lot of thought and research into them to make sure they're good surveys. Those are what we call standard or standard measures. So, if you want to collect data on, for example, perception of harm among young people, there already might be measures that already exist that are exactly what you need. And so, you're collecting your own data, but you're collecting your own data using a survey that was already developed. So, you're using someone else's or pre-developed tools to collect your own data as opposed to creating your own surveys. And when we talk about standard measures and, in fact, robust measures, there's two specific things that we oftentimes think about in terms of measurement or knowing if the tool itself is a good tool.

Those are the psychometric properties of a survey. And those are reliability and validity. So, you want to know how reliable is the survey? And how valid is the survey? And just to explain the difference between those two things. Reliability has to do with whether the tool will measure the same data-- is reliable to measure the same kind of data time, and time, and time again. If you use the same data, let's say, with the same group of people, will get the same kind of information? And what I mean by that is, for example, let's say you want to measure how well your students are sleeping, right? So, you want to know, are students sleeping well enough?

One way-- one kind of question you can ask is, how tired do you feel today or right now? How tired do you feel right now? That could be a way to answer the question, are they sleeping well enough? By simply asking, how tired are you right now?

Well, the reality is, if you're trying to figure out, in general, as an overall habit, how well your students are sleeping, asking them how tired you are right now is not a very reliable way of asking it. Because if you're asking that question early in the morning, when they just woke up, they're going to be very tired. If you're asking that question right after recess, when they've just been running around, they're going to be less tired. And then, maybe in the afternoon they're going to have that, again, get really tired.

And so, the time of day that you're asking that question, or the day of the week-- Monday versus Friday-- all those things might impact how tired they are at any given moment. And that doesn't really mean that they're sleeping differently within the same day. It just means that it's not a very reliable way of measuring sleeping habits in general.

If you ask the question, how many hours did you sleep last night? That's a little bit more reliable because now you talk of a number of hours. So that-- it doesn't matter if you're ask in the morning, or in the afternoon, or in the evening. The number of hours I slept last night doesn't change based on when you're asking me the question during the day.

But maybe it's not very reliable because that doesn't tell you in general how well I'm sleeping this time of year. Because maybe last night I didn't sleep well but the last five nights I slept better. So maybe a more reliable question is to say, on average, how many hours have you been sleeping the last three weeks?

Well, now you have a whole-- you have an average, a whole range. It's a much more reliable way of asking that same question. So that's what we mean by reliability. There's also the idea of collective reliability, which is the reliability if you give the same tool to three different people, will they collect the same data?

So, for example-- I use the example before-- if you have three different people going to three different classrooms, and you ask each of them to determine how engaged are students, if you simply say, from 1 to 5, how engaged are they? The level of engagement, from 1 to 5-- my understanding of what engagement-- what 1 is versus 5 might be different from a different person. So that's not a very reliable measure.

But if we ask all three of us how many times are students are raising their hand in each session, and we collect the same data for-- let's say, a month, once a week for a whole month, each of us goes to a different classroom and counts how many times someone is measuring their hand-- that's a much more reliable measure because it doesn't matter who's measuring. It doesn't matter what our opinions or biases are about, level of engagement. We're all measuring number of times hands are up. So that's reliability.

Then, there's validity, which can have a very reliable measure, it measures the same thing over and over again. However, it's not really measuring what you think it's measuring. So let me give you a silly example. So, let's say you want to know if people who eat McDonald's are smarter than people who eat at Burger King. And you're trying to figure out, well, how are we going to figure that out? And you decide that people who are smarter-- people who wear glasses are smarter. If you wear glasses, you might be smarter.

So, you have researchers for a whole month straight going every day to McDonald's and Burger King for a few hours and counting the number of people who are in there who wear glasses. Now that's a very reliable measure. Number of people wearing glasses is a very reliable measure because it doesn't matter who counts them. It's the same number-- it's going to be the same measure.

But wearing glasses is not a good measure of intelligence. So, you're measuring how many people are-- you can compare the number of people wearing glasses tend to eat McDonald's versus Burger King. But that doesn't really tell you anything about intelligence. Because there's absolutely no research, no evidence to show that wearing glasses correlates well with intelligence. So that's not a valid measure because it's not really measuring what it's intended to measure.

So, both reliability and validity are very important when we're collecting data and are very difficult to determine. You have to really measure-- use the same tool multiple times and do a bunch of analysis to do that, which is why-- that is a very long way of saying why it's always better to use standard measures that have already been developed and already been checked for reliability and validity. And if you do have to develop your own surveys, keep those things in mind.

Is this reliable? Is this valid? You might not be able to measure it-- to have the capacity to measure it in a scientific way, but you can certainly keep those two ideas in mind. All right. So that's how you collect data. So just to go back to the idea of funding existing data. So, the kinds of data you might want to be thinking about, I mentioned before, school records. You have health surveys the schools might be collecting.

Mental health screening tools-- more and more schools are measuring those. That might be an important measure of the risk factor. How many students are struggling with mental health? Hospitalization data-- if you're trying to find out numbers of non-fatal or fatal overdoses, hospitalization data, and same thing with police or EMS data. So, these are all different sorts of data that already exist in your own community that you can, if you're able to access, can use in your efforts.

And/or you might want to use original data sources, so surveys. So maybe there is an existing parent survey. You might want to do that on your own because the schools only collect youth surveys. Focus groups, informal interviews, qualitative data-- that might be things that you might want to collect on your own. So that's your own original data source. So, let's pause here. First. If there are any questions-- I don't know if there are any questions about anything yet. It looks like there's a lot of comments.

ERIN FICKER: Yeah. So, the number one question that we did see was-- or the conversation that you're seeing is about, is it OK to incentivize, like providing gift cards? And it looks like other people are saying that's fairly common. And, well, I guess we're curious, Shai, your take on that.

SHAI FUXMAN: Yeah. Absolutely. Incentives are really important, especially when you want to be thinking about getting the right sample. Yeah. You want

to get as many people as possible to participate in a focus group or give you data. When

you're collecting data, even though you're doing it for the well-being of the community, you are asking people to spend some time to help you with the data, so for example, participating in a focus group.

So, providing an incentive is both fair-- as long as it's same incentive to everyone. So, you can't give $500 if you are male and only $20 if you're female because you're trying to balance-- you have that problem that Shawn talked about of more girls and boys. You really want to make sure you provide the same incentive to everyone and that you're incentivizing in a way that doesn't actually interfere with the data. So, you can't incentivize people if they answer a certain way. You have to make sure you're disconnecting the incentive from the data collection itself. If that makes sense.

ERIN FICKER: Great. That's really helpful, Shai. We also had a question that someone asked about if you need a lot of data, is it better to do one long survey or to break that up into smaller surveys and have people ask to continue to take a different survey over and over? I know that's a challenge we've seen a lot of different places. So, I'm curious your take on that, Shai.

SHAI FUXMAN: Yeah. I mean, there's no magical formula for how long a survey should be. But that is definitely something you should be aware of. That's why sometimes when you do a survey, you may want to pilot it. So, ask three or four people first to try it out, see how long it takes them. And know your population. If you only have 45 minutes to do a survey in a classroom because that's the period you're given, and you piloted your survey, and it takes people an hour to fill it out, then your survey is too long.

And in general, you also want to make sure that it's the most efficient survey as possible, which means the least number of questions to answer all of your questions. You don't want to throw just random questions just because it would be fun to know. You really only want to ask the questions that are really important to you, which is why you want to start with, what is my big research question or questions? And then keep the survey as short as possible in a manner that answers all your questions.

In terms of doing it once versus multiple times, I mean, it's a great question. Ideally, you would have just one survey with all your questions, as short as possible, and reduce the burden on participants. If you absolutely have to-- again that's something to pilot, to try out and see how it goes. Is doing it two different times, three weeks apart, for example, does that work better? It really depends on your population. And trying things out first is always a good idea. Anything else, Erin?

ERIN FICKER: I don't see any other ones at this time. That seems to be the questions. Are there any other questions? You can throw in the chat now. Or raise your hand as another option and just ask your question directly to Shai. Take out the middleman.

SHAI FUXMAN: Yeah. As people do that, I meant to also ask you all a question, which is, what are some local data sources that you've used to inform your needs assessment? So, what data have you already used?

ERIN FICKER: And while people are answering that question, we did have another question about, for surveys, how do you know validity in a population with high rates of illiteracy?

SHAI FUXMAN: Validity for high rates of illiterate.

ERIN FICKER: Yeah, illiterate population.

SHAI FUXMAN: So, I'm not sure that validity is really the issue. If it's a highly illiterate population, the question is, are you getting the right sample? Because if only 7% of the population can read, then they won't take the survey at all. The measure might still be valid. But people can't access it because they can't read. So, then you have to just think about different data collection methods.

So is there a way to collect the same data by having-- through interviews, structured interviews. If you're using-- it's a close-end survey, you can have people ask close-end questions of a population that is predominantly-- or that has a higher rate of illiterate students, literate people, I should say. Just an example. I know it might not be the exact situation. But if you want to measure something for preschool students, they tend to be illiterate because they're young.

So having a teacher rating where someone else is reading the students is a different strategy than having the students themselves answer. And I'm just using that example. I know we're talking about different something different when you're talking about an adult population is illiterate. But I'm just using-- just sharing different ideas of how you collect data to address those barriers. So, I hope that was helpful.

[INAUDIBLE]. Whereas measures in relation to hospital data are not publicly available, a major barrier. Yeah. Obviously, laws governing the confidentiality of data, whether it's HIPAA or FERPA, need to be respected. There's a reason for that. Sometimes, you can work with a partner, like a hospital, to have them de-identify the data. If there's ways for people to remove all identifying data, they can share that with you.

Or if you sign a contract-- this involves legal stuff. And I'm not a lawyer, so I'm not giving legal advice. But there are ways of signing contracts between a

hospital and a group to include them into the data privacy clause, to allow them to have data as long, as they don't share with others. But certainly, de-identifying data might be a way to address that barrier.

And just in terms of my question, I see that a lot of people are using state use surveys, which are certainly a great source or pride survey. I see [INAUDIBLE] used also focus groups. You can form interviews in qualitative ways. Community coffee chats-- that is data collection. Absolutely. If you're running around and having conversations with parents through coffee chats, and you're hearing what their perspectives are, that's data. That's absolutely data. I love that.

Parent surveys through Google surveys schools send out or put on their website. Monitoring the future survey-- that's NIDA. That's a national data source that provides, I think, definitely state and maybe even some cities data. Great. So let me move on. So, we talked about existing data versus the original data. So, I'm just going to quickly talk about pros and cons. Some of these are obvious.

Obviously, if you're using existing data, it saves a lot of time, a lot of research, a lot of energy. It doesn't add any burden on subjects. So, you're not adding any additional burden subjects because the data already exists. So, you're not asking people to do more. Provides foundational information. So, for example, the youth survey, the state youth surveys, [INAUDIBLE] youth survey, the Illinois youth survey provides a great foundation of information.

So, every two years so you can use that as baseline and knowing that you have it already. Because it's there as opposed to have to go and collect it and is oftentimes based on robust instruments. Absolutely, certainly the surveys. But these state surveys or monitoring the future, these federal surveys from federal agencies, those you can pretty much assume that they're reliable and valid.

You might want to check. But I know for a fact definitely the Indiana and Illinois surveys are reliable, have been checked for reliability and validity. Original data sources don't answer your questions. So obviously, you have much more control about what is actually being asked if you're the one asking the questions.

Once you have it, you have access to it. So, the example the barrier before of hospital data. That's great data, but you might not have access to it. If you collect it, obviously, you have it. And so, you don't have that barrier. Provides additional information. So, for example, you might have looked at the Indiana

youth survey or your state youth survey. And you see certain patterns. And you want to understand the reason behind those patterns.

Going back to students with a focus group, with your own focus group can provide additional information to better explain the existing data. And it's specific to your population. You get to decide which segment of the population you're asking the question of. So those are pros and cons. Again, and it's never about one or the other. You can think about both, a combination of both

and maximize the kind of data that you need. Oh, there you go. It doesn't have to be one or the other. How smart of a comment.

Today, we're really focusing on local data. But I just want to make one general comment. And some of you have already kind of talked about it, which is, even when you think about your own local community, you might want to be thinking about different sources of data. So, there's national sources of data. So, for example, US Census Bureau, you can put in your zip code. And from a federal data source, you can get information about your population, in your specific community.

Monitoring the future is another great example of that. It's a federal-- it has a federal agency, federal data. But it provides data if not for your community, certainly for your state. So, survey specific websites, that's NIDA, and YRBS, and others. Also, your state agencies or state warehouses-- Indiana youth survey, Illinois use survey. I know there's others, but those are the ones that you all mentioned. Oh, sorry. Those are all good source of data.

I'm not sure exactly about the specific ones in terms of how local data you can get from that. Can you look at a specific zip code or specific town using these state surveys? Some of them do allow you to drill down to your specific community or at least a region of your state. And then, obviously, local data.

Local data sources we've already talked about. Health departments, treatment providers, police departments, schools, colleges in your own community can obviously provide you with local data as well. So even though you're thinking about local data, you might want to think about getting local data from not only local sources but from potentially from some national and state sources as well.

OK. So, we talked about what kind of data. We talked about how you collect the data. Now, the next question is, who can collect the data? So, these are just quick examples of all the different ways in which you can collect data where the collector is different. So, for example, self-collected data. So, let's say I'm a teacher. I'm implementing a program. I want to measure the fidelity of the program. I want to make sure that I'm implementing the data exactly as it's planned.

So, I might collect data by myself, not about myself necessarily, but about my teaching. I might every single day that I teach the particular program, I might write down these are the number of lessons I did. This the number of activities I did. And this is how I collect data about my implementation of the program. I'm collecting this data for myself.

Self-reported-- that's when I might be the staff person administering the survey to students. So, students are doing-- they're filling out the survey. I'm administering it to them. But they're the ones who actually giving data by

themselves. So, they're indicating the number of substances they might use in the past 30 days. They might include data about protective factors. But so, anyway, they're reporting their own data that is being administered by someone else.

And independent observation-- so again, talking about monitoring implementation. Instead of having me as a teacher collect data on how I'm teaching the program, I might have someone outside, a program coordinator, come and observe how I'm implementing it. And having them indicate maybe not only what am I teaching but how am I teaching. Maybe there's a rubric to indicate how well am I doing. And that might be better to have an outside person collect data about me.

In this case, I'm not doing anything as opposed to self-reported data where I need to fill out a survey if I'm the student. In this case, the subject of the data isn't actually involved in any way. It's just someone else observing them. Obviously, they should know that you're they're being observed.

Use the existing data, so that's no one is collecting data or data was already collected. So, no one new is collecting data. So, you might want to collect data from-- you're the data person. You're doing the data analysis. You're not actually collecting data. You're just using existing data, like school records-- absenteeism, suspensions, et cetera. And then there's this other cool idea called participatory action research, which is that people who you're collecting data about are actually the ones who are collecting the data.

So, think about, for example, a program for young people that is designed to empower young people. And you want to know how well the program is working. Because it's a youth empowerment, program rather than you asking them or you collecting data, you tell them, this is the question we want to answer. Why don't you go out and collect the data on how this program is impacting you?

And let's say they do-- they can be creative. And they collect qualitative data by talking to their peers, by taking pictures, by taking videos of the programming action. So, they're collecting their data. They're figuring out how to collect their own data about themselves. That's what's called participatory

action research because it's the participants who are actually taking the action of collecting the data. So that's just, again, different ways of thinking about who's collecting the data.

Beyond just thinking about the role of the collector as it relates to the subject of the data, you want to think about specific partners. So maybe your organization doesn't have the capacity to collect data, so you might want to work with partners. Or you want to use existing data, so schools' youth serving agencies, local government officials, gone through all of them. These are all people you want to be thinking about in terms of data collection.

When and how often to collect data. So, these are things to think about, to consider. So, you want consider reducing respondent burden. So that's kind of going back to that same direct question that someone asked about, how long should the survey be? Or when is the survey too long? You don't want to be asking-- again, you don't want a survey to be too long. You also don't want to be collecting data over and over again.

You don't want to have young people fill surveys every week. That's just too much for them. They're spending more time giving you data than actually participate in a program. So, the more you can reduce respondent burden, whether it's by having the data collected through observations so that the participants don't have to actually do anything or just keeping the survey short, those are all ways to reduce the burden on participants.

Think about time of year, time of week, time of day. All these things can impact us. We all know that. Again, with the holidays, collecting data during the holidays might be different than collecting it in the spring. Doesn't mean you shouldn't. It just means you want to be thinking about how the time of year might be impacting people, time of week, time of day.

Especially if you're collecting the same survey-- like you're doing pre- and post-- you might want to be thinking about collecting the data same time of week and same time of day, so Wednesdays in the morning, three months apart. That doesn't address the time of year. But it certainly addresses the time of week and time of day.

One single data point versus two versus many-- again, that answers that question before. What I should say about it-- I didn't say before-- but having a survey that's too long is a problem. But having too many data points might also be a problem. So, think about, what is the least amount of data you can collect, both in terms of a one-time sitting but also in terms of fewer data collection points, but to make sure it's robust enough?

So, for example, if you're doing focus groups or parent surveys, you want to do it twice a year, at the beginning of the school year and at the end of the school year. Maybe just doing it once a year, just every fall it might be better.

Because it's just parents are not going to have that much time to constantly be filling out surveys.

And consistency across sites. So, if you had to collect data from multiple sites, how do you make sure that you're doing it consistently, the same instrument,

instruments are reliable so that you're collecting it in a consistent way? So, I know we only have a little bit of time, but I do want to make sure that there aren't any other challenges that we haven't discussed yet.

I know there were some at the beginning. I hope I addressed some of them through different ideas of how to collect data. But are there any additional challenges or additional questions?

ERIN FICKER: No. Feel free to go ahead, excuse me. And go ahead and raise your hand if you want to ask a question directly to Shai, that's fine. Or share-- excuse me-- or share with your peers some of the challenges you've faced, especially with the local data. Collecting follow up data. Anna, can you talk a little bit more about that, about what the challenge has been around that? And you can either unmute your line and share with us. Or you can type in the chat, either way. And other people--

AUDIENCE: OK. Can you hear me?

ERIN FICKER: We can. Hello.

AUDIENCE: Hello. So, I remember whenever I was working with my graduate advisor. And we were working on a SAMHSA grant. We had a really hard time following up with clients. And it was just really hard to get their phone numbers. A lot of their phones had quit working. Or they had gone out of the community. They just disappeared. So, trying to get follow-up data for their treatment was really difficult.

And we also were collecting data from clinicians and other community members. And we used SurveyMonkey to try and email the post data. And we did not get very great response rates, either because the mail went to spam, or they just didn't feel like filling it out. Yeah. That was really difficult.

SHAI FUXMAN: So that is a common challenge when you're collecting data from the same people multiple times, especially if it's not a captive audience. If it's a school, that's easy. If it's members of the community or doctors, that's much harder. I actually did a similar-- we did an evaluation here, the EDC, that also required us to follow up with young people in the community every six months for several years. And we used some creative strategies.
And I'll just share a few of them.

So obviously, first of all, you want to try to get as much contact information from participants at baseline, so their phone number, their email, their address. We also asked, is their relative who-- these are all optional. You can't make people give you data. But at least ask. And sometimes people will give you that data, that contact information, including a relative, someone else who might know where you are. So that's one way to make sure you have as much data as possible.

We also had people-- and we had federal funding. So, we were able to have a couple of college students call people every couple of months just to make sure that we still had the right information for them, and that they haven't

moved, or if they have moved, both phone and email so that we can figure out where they are. Also, incentives-- so the way we did, we had them collect-- every time they fill out a survey for us, the incentive was larger. So, you got like $20 in baseline, $25, point one, $30, point two.

So, the more surveys you collect, the larger your incentive was. So that was another incentive. And we also even got creative. We used to send them birthday cards when it was their birthday. Because that was one of the questions. We asked them for their birth date just to create this kind of-- we want to keep connected with you. We want to make sure we don't lose you. I think we also sent them holiday cards.

Again, we're trying really, really hard to keep this big population of people all over the country, young people, filling out surveys over time. So, these kind of creative strategies and/or others might be helpful as well. And one of the other things that we tried to keep doing is also figuring out where are they within the community. People tend to go to the library or faith-based organizations. How can we find them and make connections with those places.

ERIN FICKER: Great, Shai. That's really helpful. I want to get to a couple of these other questions because I think they're really, really valuable and important. So, I want to skip down. Lisa Coleman's asking or saying that one of the challenges that they have is collecting local data to identify health disparate populations. And I think that's something that's really challenging. Is there anything you can share with the group that might be helpful in understanding kind of that local component of collecting data to identify health disparities and what populations are impacting in local areas?

SHAI FUXMAN: Yeah. So, part of it is just knowing what-- just looking into what are the barriers. Is it a language barrier? Is it too few people? Is it hard to get them to do the surveys? And being creative with the data collection tools that you use. So, for example, we try to work in a community, specifically with people recovering from opioid use disorders. And that was the population to reach. So, we did a couple of key informant interviews.

We tried to find them. We say, hey, can I talk to you for a half an hour? There's an incentive. And we interviewed them. We didn't do a survey. We didn't try to get 50 people. We just try to get as many as we could and just do quick interviews where they just need to pick up the phone and have a conversation. So, think about, what are the barriers? Is it confidentiality issues?

Is it concern about-- also, are there members of the community that are-- people who can be our champions, so people who are the same race or culture of the people you're trying to reach? They might be able to reach to them in a better way than someone who is seen as an outsider. So, these are all strategies to be thinking about. What are the barriers? And then how can we get around those barriers?

ERIN FICKER: OK. Great. Thank you. I'm seeing some other questions around or some challenges that schools can be hesitant in administering their extra survey. And that's definitely a common challenge that we hear about. We're actually going to have another event in a couple of weeks about working with schools, and parents, and hesitancy to do surveys, to do data collection. So, we're going to talk about that. That's a great one I would encourage you to sign up for.

And then, I kind of see that kind of as a theme. So, the other-- someone said another piece of advice would be to employ people from the community and invest in the community. It's wonderful. So, someone asked about social media as a tool. I'm going to tell you, too. Keep your eyes open. We're going to have some social media trainings down the line-- hopefully, later this spring-- that might help you think about that.

Yeah. And schools are overwhelmed with parents, and the fallout of COVID, and other crazy things that have happened. So, we often see schools and school boards in the district stretched very thin. So again, that's something that I think if you could bring that challenge with you when we do our webinar event on working with schools. And that's going to be in two weeks. So, look for that. And look at that. It's right there.

And what we will do during those-- just does a little quick plug, and then I'll get back to Shai-- one of the things we're going to do is really say we're going to have you guys engage with each other in a peer-sharing environment where you're going to talk about your challenges. And you're going to talk about and ask your peers what they've done and how they've approached these topics. Shai and I will both be there to support you as well. But we really want you to be able to learn from each other.

And so those two events are coming up. One is on rural challenges. And the other is on challenges with schools and parents. So, thanks for putting that in there, Rebecca. That's my plug for that event. So, get signed up. And we'll get

to there. So, let's see if there's-- I think we can move on. There were some other challenges that I'm actually going to write down for our upcoming webinars.

SHAI FUXMAN: Yeah. Thanks, Erin. So yeah, as Erin said, if you have more challenges, we'll have more time in the next two sessions to really just have a discussion about these. I know we only have a few minutes left, so I just want to talk a little bit now about, what do you do once you have the data? So how do you actually use it-- understanding and use it effectively? So just a couple more slides.

So, once you have the data, the question is, what next? How do you actually make sense of it? And there's a process by a group called School Reform Initiative-- and we can send it out as a resource-- that came up with this idea of data dialogue. The idea of a data dialogue is that you bring multiple members of your community, and ideally people who represent different perspectives, and you literally have a conversation about the data.

And so, everyone has a chance to provide a perspective on how they are making sense of the data. And as part of this process, they have a very specific protocol that has these five different steps. And anyone should use them. You can use them on your own too. But this is particularly helpful when you're having this idea of a data dialogue, multiple people looking at the data.

First, before people even look at the data, what are the assumptions that we're bringing? It's always good to name those assumptions before we even look at the data to try to eliminate or at least name the bias we might be bringing in. And so, we might say, fill out some sentence like I believe that. So, I believe that young people-- that girls drink more than boys. Or I believe that older kids are going to have-- struggling more with depression than younger kids.

So, what are things that I know or that I think I know? And put those aside. And then, you actually get the data. And the next step is looking at observations. I can see that-- and you're focusing just on observations, just what are you seeing. What is the actual data telling you? The answer is always an actual piece of data.

Like I see that young people-- that younger students are reporting depression at a higher rate or depressive symptoms at higher rates than older students. That's an observation. I'm not explaining it. I'm not trying to explain it away. I'm just observing it. After you have all the observations, everyone makes observations, then, you go into the next step, which is now you have a conversation about the observations. What are some of the inferences you're making?

This difference in age for depressive symptoms-- I wonder if this means that younger kids are more lonely? And we have an issue in middle school versus high school around relationships. That's an inference. And you're saying in terms of wondering or asking a question. You don't know that for a fact. These are things that you're wondering based on the actual data, based on the observations. And then you say, well, how can we confirm these inferences?

And that's when you go to validation. Can we use multiple data sources to validate some of these assumptions? That's when you start thinking about, well, this is what the survey says. Maybe we should do a focus group and ask these questions directly to young people. So that's a way to validate, confirm, or unconfirmed some of the inferences.

And then, lastly, the implication. So, what does this actually mean? So, if this is finding, this is what we are seeing in the data, and we confirmed the reason that this is happening, what does this mean in terms of prevention? What does that mean in terms of informing our action plan? Going back to all those reasons why you would collect data in the first place.

So those are five very specific steps. And you do one step at a time without skipping steps. This is one way in which you can make sense of data. And if you can imagine multiple people, especially people from different perspectives all having that conversation, it can be a very rich conversation that is very much data driven. So that's how you discuss data.

There are also different ways to communicate data. Tables, charts, graphs, discussion, storytelling-- these are all ways in which you can communicate data. And I just want to give a couple of examples. So going back to the needs assessment. So, if I want to know, well, what is the problem? So, you can review consumption data by different-- use by different substances. That's that for that first table on the left.

Is it looking at substance misuse over time? So, is the problem getting worse? If it's alcohol you're concerned about, is the underage drinking actually increasing over time? And how does that compare to other communities? So, there's different ways in which you can present data to answer your questions, specifically when you talk about consumption data.

We talked about consequences as well. You want to think about the consequences of presenting data around consequences. Here, use a pie chart. What are the consequences-- or what is leading to the consequences of fatal crashes among drivers? To what extent it's only alcohol, only THC, other substances, or multiple substances? So that helps you kind of understand how substance misuse is impacting people in your community.

We also talked about risk factors. So why are things happening? So, if underage drinking is the problem that you identified, where are people getting

it? So, in this case, mostly from home without permission or friends at a party. So, the home-based drinking, in this case, is the issue, less so from people buying it at a store.

We also talked [INAUDIBLE] risk factors were protective factors, so thinking about how to measure, present protective factors. So, this is social-emotional learning assessment or results from a social-emotional learning assessment, looking at specific social-emotional competencies or school environment, I should say. Do you get encouragement at school? Do you feel like you matter at school? Do you feel like there's an adult that you can discuss important issues within your life?

And this shows how a school is doing in terms of providing that supportive environment. So that's just different ways in which you can present data and use data presentation to answer those original questions of what, how, why, where et cetera, in a way that makes sense to people, in a way that is easy to visualize. But also, think about you don't have to do it all on your own.

So, in terms of analyzing data and presenting data, once you have it, if you haven't already worked with partners, this might be another point in which you might want to bring in partners. A professional evaluator-- there's a lot of evaluation organizations. There's the American Evaluation Association. If you Google it, there's actually a way in that website, the American Evaluation Association can help you identify local evaluators.

I think you put your zip code, and it can help you find an evaluator. College professors or college students who are learning or teaching a data analysis might love to have a project of analyzing real data. And so that might be a great combination if you can find students who are willing-- college students or grad students who are actually wanting to help you because that's a learning experience for them. Or college professors who want to use this opportunity to mentor their students, so thinking about local colleges.

Think about what the skills of your staff within your organization are. Who has different kinds of skills? As this webinar indicated, there's all kinds of different steps and ways of collecting data and so thinking about the different skills you need. Who is really good at focus groups? Who's really engaging and can really engage people in conversation versus who's really good with numbers? Or who's really good with Excel or other kinds of data analytical software? So, think about who on your staff has which skills.

And then use your own participants. I talked a little bit about participatory action research. That's another great way to have people help you not only collect the data but analyze the data. So in participatory action research, not only do young people-- the participants-- for example, young people-- collect their data, but they will also help to make sense of it too. So, these are all the different ways in which you can engage partners to analyze and present data.

So that's my presentation. That's the webinar. As Erin said and as Alyssa put in the chat, we have a couple more sessions that will focus on actions-- I'm sorry, on challenges. And we'll talk through it, not only Erin and I but also all of you will help each other. So having said that, what I'd love to ask you all to do the last two minutes before I hand it over to our colleagues is to ask you these two questions.

What is one thing you learned or relearn during today's training? And/or what is one action you can take as a result of today's training? So, if you can add that-- if you can answer that question. I hope you have some answers for those questions. If you can add those to the chat, that will be very helpful. Take advantage of local data. Thank you, Cecilia-- local database. Thank you,

Cecilia. Others might chime in. And with that, we can also open up the floor for a couple of questions before we turn things over.

ERIN FICKER: And I'm just watching these challenges. And we're going to take a look at this chat and help us think about what we need to do moving forward for our next two events on rural challenges and challenges with schools and parents. But it's nice to see that people have learned and relearn things around data. So, it looks like, Shai, we had some good learning that happened today. And we have more to build on.

SHAI FUXMAN: I love seeing all the things people learned-- using local data, the importance of culturally competent, ways of collecting data, participatory action research-- Pamela, I'm glad that was something that you've learned today. Reach out for local data. Yeah, absolutely. Local data is key. Existing data, if you have it, definitely use that as much as possible because it's already there.

ERIN FICKER: Great. And you guys can go ahead and keep writing that in while we turn it over to our colleague Rebecca to wrap us up.

REBECCA BULLER: Thank you so much. I just want to let people know that we have some upcoming trainings, as we've mentioned a couple of times, two more sessions in this data collection series. One focusing on rural communities December 6th, a week from today, and then also focusing on schools and parents two weeks from today. We've got something coming up mid-December on tips and tricks for creating compelling slides and handouts, where you can actually depict and share some of that data possibly.

And then, also, we have an ethics series starting in January that will run once a month through June. And that will be available soon. And then January 10th, Nothing About Us Without Us, Best Practices for Community-led Prevention. You are invited to join us at any time. I will put this information in the follow-up email. We also invite you to stay in touch with us and know what's happening by liking and following us on Facebook.

And we also have a newer opportunity to follow us on LinkedIn. And we invite you to do that. I want to remind everyone that after the training, you will be directed to this link for a follow-up survey. And this is, again, what helps us report to SAMHSA and continue to share this kind of information. And we want to thank you so much for being here.

One last reminder, we have a telehealth survey that's being conducted through the University of Wisconsin. And we invite you to also participate in that. I will send the link. It's looking at the changes, benefits, challenges, adaptations, and projections on how telehealth, since COVID, has changed what we do.

So please know that your input will help us provide more information to SAMHSA and other important folks. And we'd love to have you participate and share in that survey as well. So, thank you so much for being here. And any last comments from Shai or Erin?

SHAI FUXMAN: No. Just thank you all for participating today. And I hope to hear from you all next time

ERIN FICKER: Yeah. Thank you. We hope you can join us.

REBECCA BULLER: Thank you, everyone.

ERIN FICKER: Thank you so much. Your participation made this great, so thanks so much.

AUDIENCE: Thank you.