prevention Tactics

Using Data to Establish Need: Applying the Strategic Prevention Framework (SPF) Planning Process

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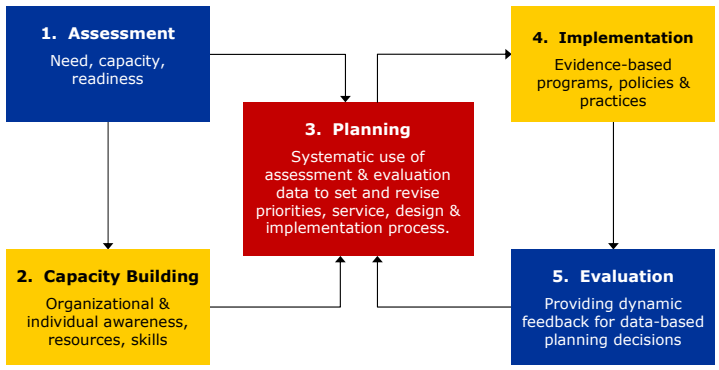
The Substance Abuse Mental Health Services Administration's (SAMHSA) Strategic Prevention Framework (SPF) provides an organized guide to designing and implementing effective community-based prevention. The SPF helps prevention professionals utilize the growing research knowledge in prevention to design evidence-based policies, programs, and practices; and to use data on community needs to establish program priorities and objectives. In this way, the SPF facilitates the ability of communities to maximize the effectiveness of their interventions in an era of data-based decision making.

Exhibit One: The Strategic Prevention Framework – A Five Step Process



Steps 1 and 5 center on data collection, analysis & display
Steps 2 and 4 focus on services and activities
Step 3 uses data to inform decisions

This Prevention Tactic is the first of two that will focus on planning. As illustrated in Exhibit One, planning is at the center of the SPF process. The planning step uses the data generated in the Assessment and Evaluation steps to make and revise decisions about outcome and target population priorities; appropriate policies, programs and practices; and action steps for implementation.

At its heart the SPF process is data-based, and this first guide to SPF planning focuses on utilizing data to inform planning decisions on problem priorities and populations to be served. A subsequent article will focus on the selection of policies, programs and practices appropriate to these decisions, and the creation of action plans to meet those needs. Planning for the "big picture" decisions about priorities and outcome objectives is often referred to as "strategic planning," and more detailed planning about implementation is often referred to as "tactical planning" or "action planning." At the level of tactical planning, decisions focus on continuous quality improvement in implementation. **In the community-based SPF process, it is critical to view planning as a process that blends strategy and action into a continuous data-driven decision process.** Specifically, this paper will:

- Emphasize the importance of setting boundaries for community- based planning processes - what are the limits of feasible decision making in a particular planning setting;
- Identify the importance of agreeing on criteria in advance for analyzing and interpreting data to guide decision making, and suggest questions that will help to identify these criteria; and,
- Identify useful ways of analyzing data in order to yield findings directly relevant to decision-making criteria.

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Tactics (tak'tiks) n. **1.** a plan for promoting a desired end. **2.** the art of the possible.

Identifying Planning Parameters

Simply put, planning helps determine where you are going, why you want to go there, and how you will get there. Ideally, when planning is undertaken by a community-based coalition, the involvement of colleagues representing diverse organizations and disciplines contributes to a comprehensive, well-informed prevention plan on which coalition members can agree upon. Participants in community-based prevention are typically action-oriented. They want to see things happening and make an impact. However, they often feel that planning contributes to perpetually packing for a trip that is never taken. Therefore, it is critical to engage and complete the initial stages of planning efficiently and effectively so the coalition can focus on it's central business – implementing policies, programs and practices that reduce AOD-related problems in the community.

To avoid wasted effort and frustration, it is important to clearly articulate the limits of a planning process at the onset. Nothing is more detrimental to the planning process than inviting participants to make decisions that cannot be acted on because they are outside the allowable limits of a project. The identification of realistic parameters for determining objectives, activities, and participation may be required or proscribed from the planning process. These parameters would include:

- Priorities or limitations concerning problems or target populations. For example, SPF State Incentive Grants (SIG) funded in recent years have focused efforts on problems concerning under age drinking.

- Priorities or limitations concerning participants in planning and interventions. For example, the conditions of a grant may set expectations concerning who will sit at the planning table as part of the community coalition.

- Resource availability and requirements directly related to the planning process, such as grant amounts or committed resources if applicable, and potential needs for resource acquisition.

- Expectations concerning the planning process. For example, the SPF planning process is expected to be data-based. It is important to set clear expectations about what this means. For example, it may be expected that problem priorities be clearly justified by empirical information and clearly stated criteria rather than agency perspective, personal commitment to particular outcomes or populations, or other individual preferences.

Clearly setting the parameters of the planning process provides a context for identifying and applying criteria, and avoids frustration and inertia as planning proceeds.

Determining Priority Problems and Purpose

Identifying priority problems or populations that will be the focus of the planning process is no easy task. Each coalition member will have a set of problems they see as most important. An educator might want to focus on problems in a school environment, such as truancy or dropouts or violence in the school. A social worker might want to focus on family intervention and protecting youth who are exposed to households with known substance abuse issues, and so on. The more coalition members are at the table, the more opportunities there are for different priorities, but somehow a consensus must be fashioned to identify a few priorities on which to focus resources.

In a data-based planning system, agreement to focus on data as a central test for prioritizing problems is an important way of minimizing disagreement based on past commitments, personal preferences or even self interest. Unless the workgroup discusses and agrees on the criteria to determine importance, disagreement in interpretation may still be an impediment to forming a consensus. At this stage in the planning process, it is important to remind members to keep an open mind. It should be emphasized that the eventual success of the coalition depends on clearly identifying the AOD problem(s) of greatest concern and using the most appropriate existing or new services to abate the targeted problem.

Agreeing on Criteria

As specified in the SPF process, needs assessments are developed prior to formally initiating planning. For example, in SPF projects implemented through the SIG, the needs assessment data is typically produced through a State Epidemiological Workgroup and made available for planning. To make decisions about the data provided by the epi workgroup, the planners need to interpret the information and its implications for planning. First, the planners should determine how they will weight different problem conditions that may be represented in the data. Then the group should agree on how important they consider each of the following substance use issues to be.

1. How important are indications of harmful outcomes as distinct from indications of substance use itself? This is a fundamental decision that has important implications for the kinds of interventions that will be emphasized, (e.g., will the emphasis be on reducing use itself, or on abuse and specific consequences such as alcohol-related automobile crashes?)

2. How important is the prevalence of the problem or the use of substances? What are prevalence rates for specific populations and/or certain communities?

3. How important is the trend in the behavior or harmful outcome? Does the fact that a problem is getting worse or better influence whether it should be a priority?

4. How important is the relative rate or trend as compared between jurisdictions or population groups? To what extent does the group want to what extent does the group want to focus on problems that are greater in their community as compared to others?

   To what extent does the group want to focus on problems that are worse in specific demographic sub-populations than others (e.g., age groups, genders, racial/ethnic/cultural groups)?

Planning group members may adopt additional criteria that are important, and it is likely members will want to balance several, or all, of the above criteria in making their ultimate decisions about priorities. The most important outcome of the criteria discussion is for members to develop an understanding of the advantages and disadvantages of datasets and to identify their own criteria for interpreting the data. In this discussion, the data provides a foundation for building planning group consensus on the methods for prioritizing those problems and populations that will be the focus of their planning efforts.

Ensuring Relevant Analysis

Data in itself does not necessarily improve decision making. If your planning group has limited resources and wants to maximize the potential impact of your intervention by focusing on demographic groups that are experiencing the greatest substance-related harm, for example, average values or percentages for the entire community are of limited value. **Unfortunately, needs data is often available most readily in community aggregates that do not answer many of the questions necessary to setting priorities in a fine-grained way.**

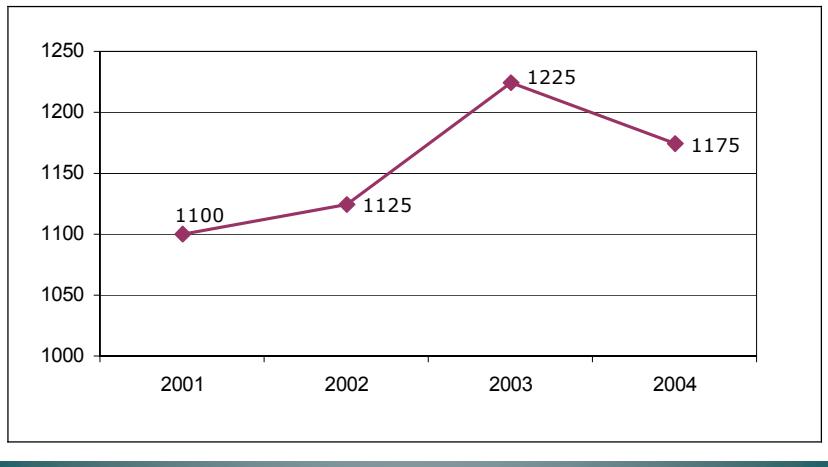
The point is that data-based decisions must be supported by appropriate analyses, and the criteria identified above provide guides to what useful analyses will look like. In brief summary, a few basic techniques and comparisons are important to helping make planning decisions truly data-based.

Trend Presentation

Trends show the degree and direction of change in problem conditions. They will show the degree of year to year fluctuation (noise), overall direction of trends, and major changes in trend direction. Over time they can be useful in monitoring performance and evaluating the impacts of interventions. Within resource constraints and the availability of comparable data, longer trends are more useful. The example below displays DUI arrests in a county over the past four years. This provides a snapshot of whether the situation is getting better, worse, or staying the same over the recent past.

Figure One demonstrates several issues related to trends. First, there is just a 6.8 percent increase overall between the first and last point in the trend. The steep upward trend in the first three years is reduced overall by the down turn in the final year. Without more information it is difficult to know whether this downturn is a change in trend or simply a fluctuation in a longer trend. The lesson is that data must be interpreted carefully, its limitations recognized, and further analysis or information may be necessary to strengthen understanding.

Figure One: DUI Arrests over Time



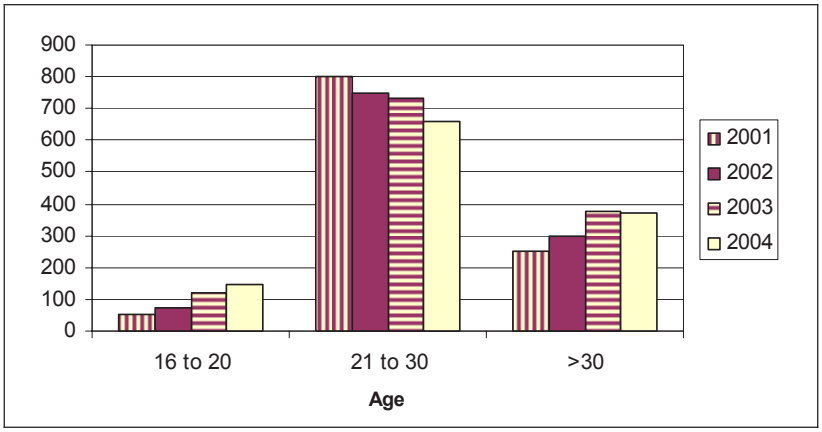
Disaggregation of the Data

Often, community needs assessment data is collected and reported as a simple aggregate for a specific reporting jurisdiction for a specific time period. For instance, in Figure One the arrest data represents the number of arrests for DUI's during four, one-year periods. This is often the format in which information can be easily acquired from public reports. However, data can be made more useful for decisions if we know something more about the individuals involved in the arrests. To illustrate this point, Figure Two displays the same arrest data broken out by age.

In this case, the arrests must be standardized by the proportion of the population that is in each age group. For example, if 21 – 30 year olds make up 30% of the overall population, but their arrests accounted for 38% of all DUI arrests, then we know more 21 – 30 year olds are arrested than their representation in the overall population would have suggested. In this example, the age breakdown provides important detail concerning the overall change of 6.8 percent across these four years. It reveals the following:

- A relatively large and consistent increase in DUI arrests for underage drivers aged 16 to 20,
- A decrease in arrests for young adults, and
- A slight increase in arrests for older drivers.

Figure Two: DUI Arrests per Year by Age Groups



This analysis provides more detail on the pattern of occurrence of the problem, and the kinds of action that will be most appropriate. The decrease in arrests for young adults may reflect initiatives, such as designated driver spots, that may impact young social drinkers most directly, but that has less impact on dependent drinkers or young drinkers. The increase in underage drinkers suggests a growing problem that requires attention.

Further analyses can be similarly revealing. At a minimum, data should be disaggregated by age, ethnicity and gender.

Some of the things to look at are:

- Does the data reflect disproportionate representation to the population base (i.e., are more girls involved in a given situation than boys?)
- Are change trends over time different across population sub-groups?
- Trend and sub-trend comparisons to other communities, state averages or desired rates (e.g., Healthy People 2010)

These examples are based on just one indicator (e.g., DUI arrests), and a single indicator is not sufficient to represent complex social problems such as the consequences of substance abuse. Any single indicator will only portray one aspect of the problem; different indicators are prone to different sources of error. Furthermore, for many indicators the data necessary to carry out the above kinds of analysis may simply not be available. To adequately inform data-based decisions it is necessary to expand the information considered. Ways of doing this include:

- Use multiple indicators that are related to the same underlying problem, but that are not subject to the same sources of potential bias or error. For example, examining night time auto crashes or alcohol-related crashes in addition to DUI arrests can be very useful. If trends in these indicators are similar to those in DUI arrests, it provides greater confidence that the DUI trend is not attributable to enforcement change, but rather changes in the problem itself.

- Consider other quantitative or qualitative information that may help explain trends or data comparisons. For example, a public service announcement campaign or a focused campaign on server training may help understand the reasons for the downtrend in DUI arrests in young adults.

The extent to which data can be collected or presented by population sub-groups, and the more that additional information and perspectives are brought to understanding the social and policy influences behind data, the more precise and focused planning will be.

In summary, there are several analysis procedures necessary to relate data to empirical criteria that will inform decisions.

1. *Prevalence*. What portion of the population is involved in a problem or behavior– what is the prevalence rate?

2. *Trend*. What are the trends in the problem or behavior– are they getting worse over time and by how much?

3. *Comparisons*. How do rates or trends compare with other jurisdictions, with state levels or with national standards? Is there an indication that problems are relatively more or less serious compared to these external comparisons?

4. *Disaggregation*. Does breaking down the data by various sub-population demographics indicate potential 'hot spots'? For example, are disaggregated rates or trend lines different across demographic sub-groups? In other words, are we experiencing a greater problem in one or more of our sub-populations in our community?

As noted above, there is not a single standard criterion for prioritizing problems, and the planning group should actively discuss and weigh several perspectives to determine which problems should have priority. The important thing is that the discussion should be systematic, stay within the agreed on criteria for identifying appropriate indicators, and relate to focused analyses that reflect different empirical criteria. Staying true to this evidence-based approach will bring disparate points of view closer to a common decision framework.

Reaching Consensus

So, by now you have empirically documented specific problem areas. For instance, you may know some specific schools have problems with drug activity, that methamphetamine use is at unacceptable rates, or that many youth are driving under the influence. Everyone in the coalition agrees these are major problems needing to be addressed, but not everyone agrees on which of these to focus on or how the issue should be approached. To gain further consensus on adopting specific coalition objectives, it is important to consider the following.

- ***Evidence-based practices.*** Are there effective services, strategies or policies that specifically address the problem area, or would it necessitate the development of new, unproven approaches?

- ***Availability of resources.*** Does the community have access to sufficient resources to deal with this problem ? Do the proposed efforts require additional funding and support or require partnerships with other organizations and agencies?

- ***Ability to ameliorate the problem.*** Is the problem so pervasive that any community-based effort is unlikely to affect the outcomes? Can you build a dike in the river to stop the flow of water or will it be the equivalent of simply throwing stones in the water, of having no substantial impact on the flow?

- ***Anticipated Barriers and Resistance.*** Are there substantial interests that will resist necessary change in a specific area, or other challenges that must be considered in setting realistic priorities for action?

Part Two of the SPF planning discussion will more specifically address the application of the above considerations in selecting evidence-based services that will meet the priority outcome objectives and populations identified through your data-based planning process.

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