

# Transforming Health:

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**Using data to strategically  
diagnosis community  
substance abuse problems  
and significantly improve  
health and well-being.**

*Provided for the Kentucky School of Alcohol and Other Drug Studies.  
August 19, 2015. Facilitator: Laurie Barger Sutter*

# Overview of the Session

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- Outcome-Based Logic Modeling and Planning Map
- Data prioritization, Standards and Coordination
- Problems and Consequences
- Consumption
- Problem Statements
- Intervening Variables
- Target Populations
- Return to Planning Map and Wrap Up

# Logic Model

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A **logic model** is a visual, data-driven depiction of the connections between problems and consequences, behaviors, and the intervening variables that drive them.

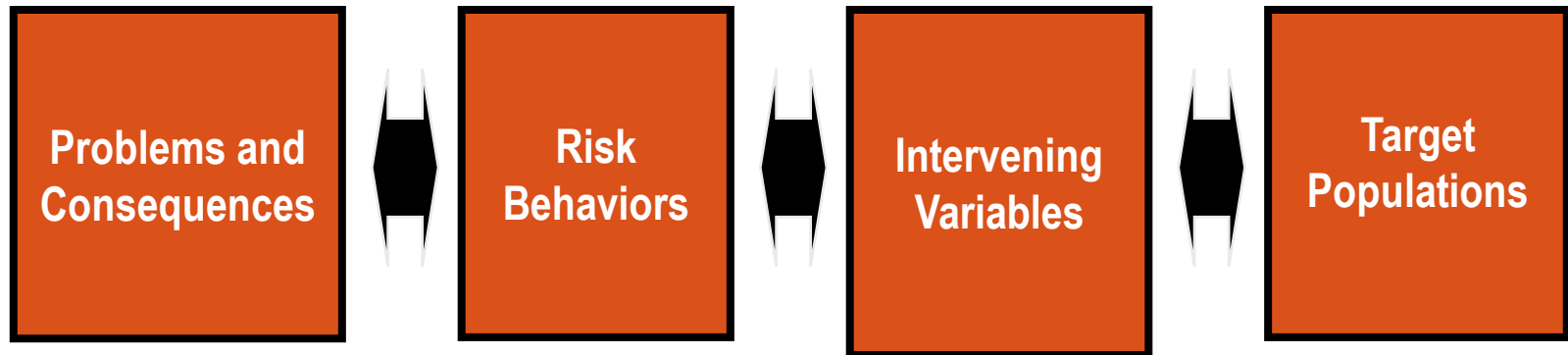
# Outcome-Based Logic Model

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An **outcome-based logic model** depicts the relationships between multiple factors and intervening variables that collectively create problems, to discover how best to manipulate them and achieve a desired outcome.

# Outcome-Based Logic Model

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# Planning Map

## Assessment

**Problem Statement:** A concise description of the priority problems and consequences that currently exist and need to change, as supported by data.

**Target Population:** The key individuals and groups who are affected by — and/or involved in—the problems and consequences identified in the problem statement(s).

**Remember to avoid the "Lack Trap!"**

If your problem statement describes what doesn't exist instead of what does exist and is a **problem**, you are falling into the "lack trap" and jumping to strategies by describing what you think needs to be done, not changed.

**Goals:** General statements of the major changes in behavior by the target population that need to take place.

**Objectives:** Specific statements that are logically linked to goals and describe the changes in intervening variables or underlying conditions that must occur in order for the goals to be met.

**Outcomes:** Statements of intended accomplishment that demonstrate that tangible and quantifiable progress is being made.

**Long-Term Outcome:** A measurable change in behavior.

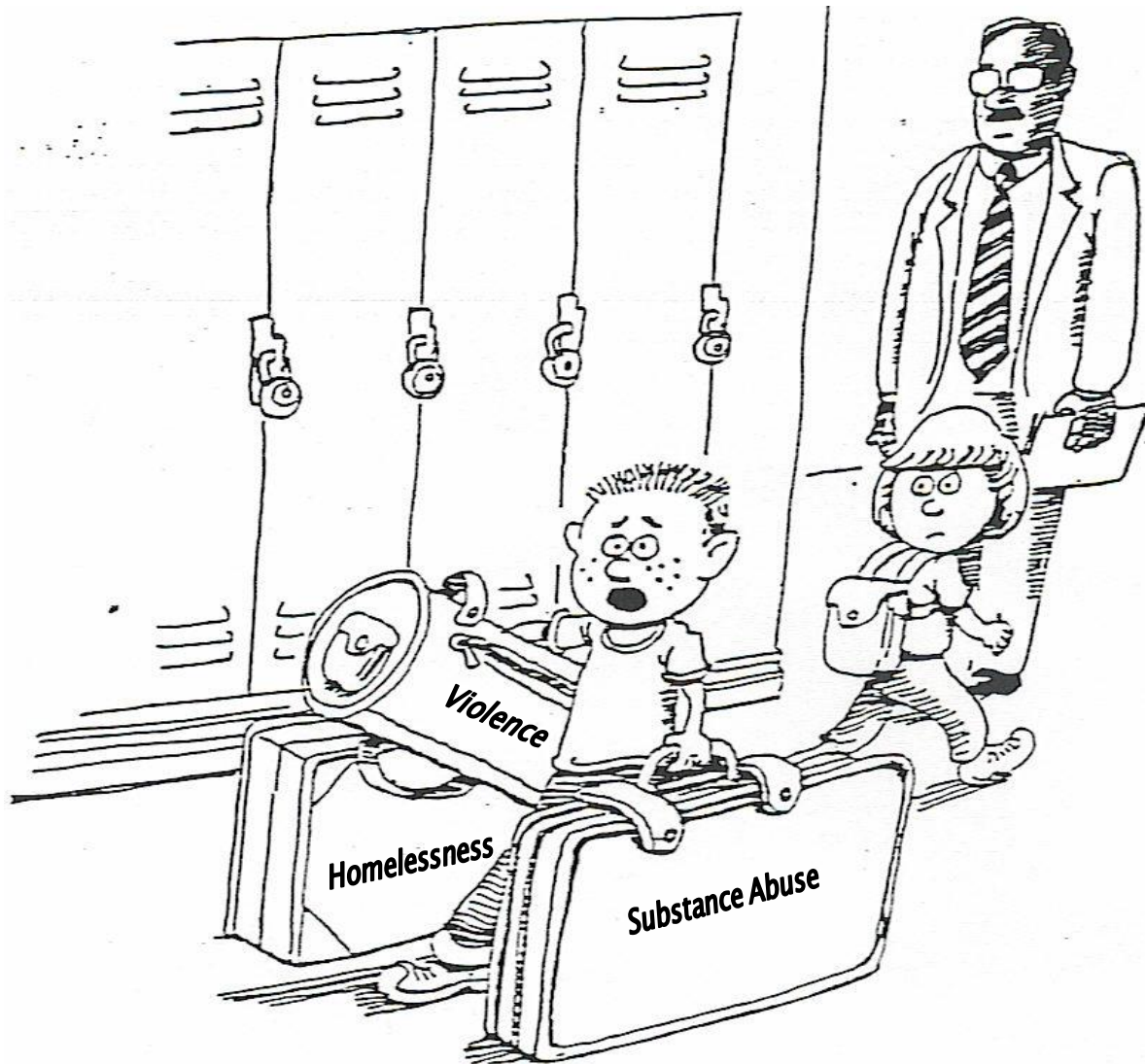
**Intermediate Outcome:** A change in variables and factors.

**Immediate Outcome:** A change in knowledge, skills, or abilities.

**Strategies and Activities:** Strategies are broad courses of action based on a theory of change. Activities are specific actions that are taken to implement a strategy.

**Remember to ✓ for "jumping to strategies!"**

If you find yourself using an **action** verb in your goal, Objective, and/or outcome statements (e.g., "provide," "implement," "train," "enforce," "meet," etc.) instead of a **descriptive** verb, ("is," "are," etc.) you are describing **action** you intend to take, **not** an existing or desired **state**, and that is "jumping to strategies!"



*"Could someone help me with these?  
I'm late for math class."*

# Data Acquisition

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Potential sources of data *and other information*:

- Survey
- Social Indicator
- Archival
- *Current knowledge*
- *Historical knowledge*



# Data Prioritization and Diagnosis

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# “Indicators Move in Herds”\*

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(\*Mark Friedman, [www.resultsaccountability.com](http://www.resultsaccountability.com), photo: <http://www.firstpeople.us/>)

# Data Focus

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Locally relevant and locally actionable



# Local is as Local Does

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# Standards for Data Collection

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- Valid and representative
- Able to be reliably collected on a periodic basis
- Sensitive to change

# Categorical Standards for Assessment

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- Minimum or Adequate
- Better
- Best/Preferred



# Panels vs. One-Time Focus Groups

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# Panels

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There are a number of factors that are critical for constructing and implementing a good panel:

- ✦ Strength of panel design
- ✦ Schedule
- ✦ Selection
- ✦ Group dropouts
- ✦ Factors that impact results
- ✦ Threats to validity
- ✦ Facilitator
- ✦ Deriving quantitative estimates
- ✦ Validation

*(Collecting Data in Support of a Local Strategic Plan Using a Logic Model, PIRE)*



# Problem and Consequence Measures

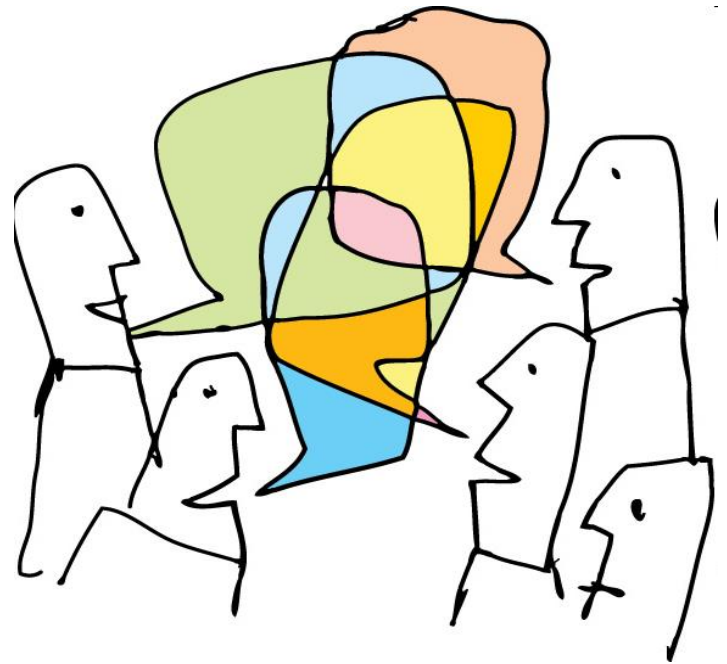
17

- **Prevalence** - the number of cases of a condition at a point in time relative to the general population
- **Incidence** - the number of new cases of a condition over a period of time
- **Burden** – a measure of the social, public health, and other costs created by the problem

# Large-Group Discussion

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What are the primary ATOD-related problems and consequences that concern your community?

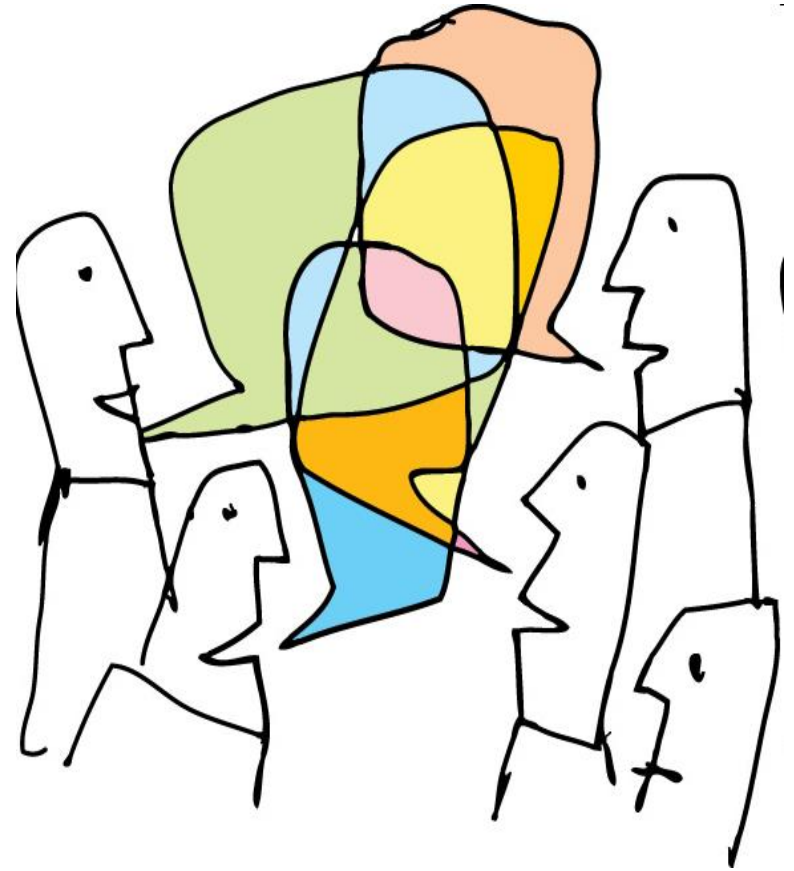


# Community Team Work

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What do your local data identify as ATOD-related problems and consequences that have the greatest prevalence, incidence, and burden in your community?

What are your challenges in collecting data on these issues?



# ATOD Risk Behaviors

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- Overall use
- Acute, heavy use
- Use in high-risk situations
- Use by high-risk groups.

# Consumption Indicators

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- Lifetime use
- Age of first use
- Past-year and 30-day use
- High-risk behaviors

# Lifetime Use

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**Lifetime Use** - use on at least one occasion.

Use this data to:

- Determine *incidence rates*
- Detect emerging trends or changes in behaviors early
- Evaluate efforts over time



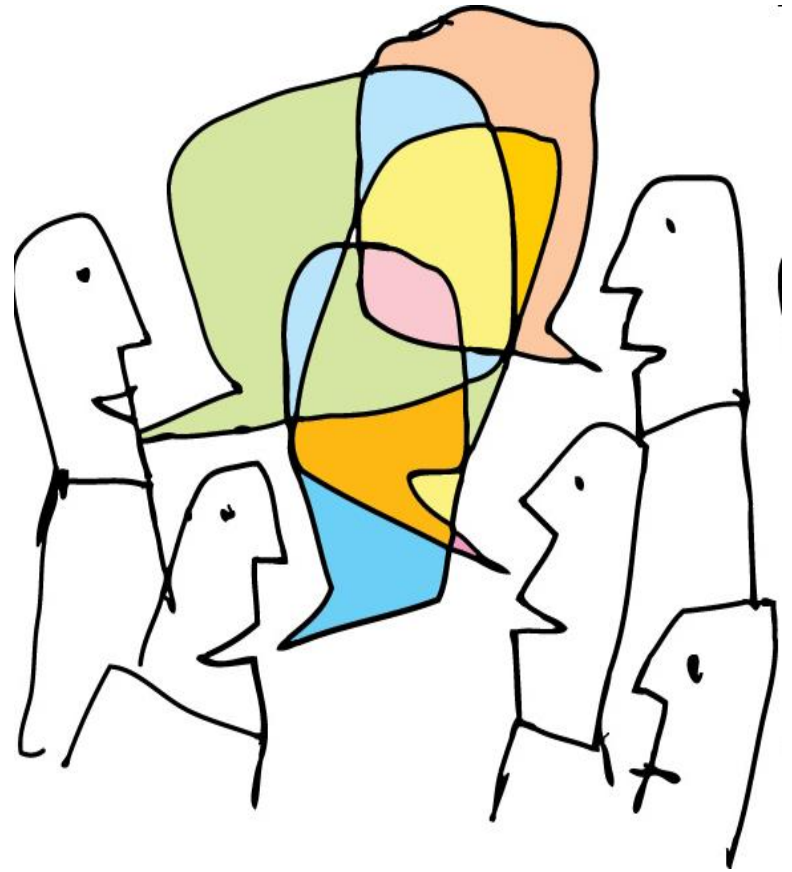
# Community Team Work

23

What do your local data on Lifetime Use of ATODs tell you about prevalence and incidence?

Do you have any challenges in collecting or analyzing data for this measure?

What questions do your data—or lack of data—raise?



# Age of First Use

24

Use this data to:

- Determine *incidence rates*
- Detect emerging trends or changes in behaviors
- Identify target populations
- Identify patterns and relationships between risk behaviors
- Evaluate efforts over time





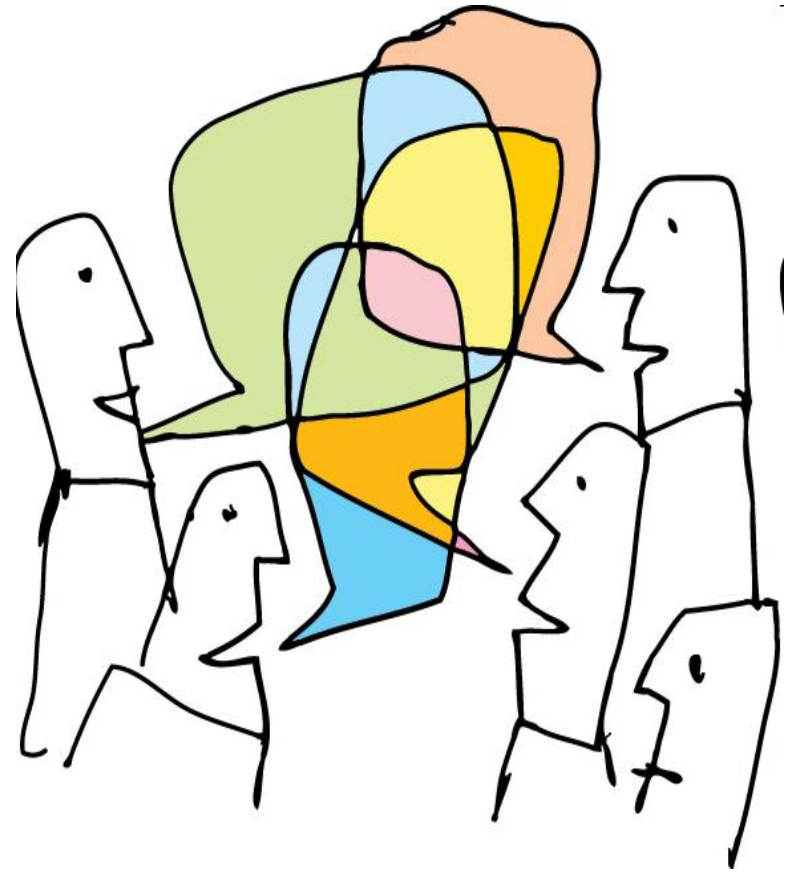
# Community Team Work

25

What do your local data on Age of First Use tell you about prevalence and incidence of ATOD use?

Do you have any challenges in collecting or analyzing data for this measure?

What questions do your data—or lack of data—raise?



# Past-Year and 30-Day Use

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Use this data to:

- Determine *prevalence rates*
- Detect emerging trends or changes in behaviors
- Identify target populations
- Identify patterns and relationships between risk behaviors
- Evaluate efforts over time



# Past-Year, 30-Day, and Lifetime Use Data

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It's also important to examine each measure in relationship to the others.

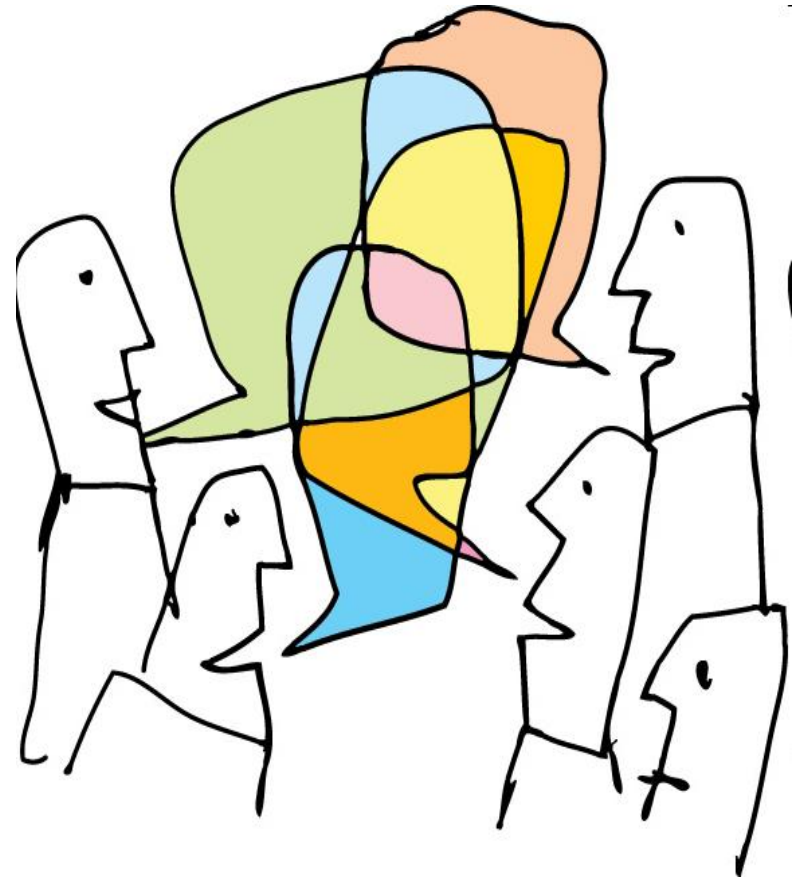
# Community Team Work

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What do your local data on Past-Year, 30-Day, and Lifetime Use tell you about prevalence and incidence of ATOD use?

Do you have any challenges in collecting or analyzing data for these measures?

What questions do your data—or lack of data—raise?



# High-Risk Behaviors

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**High Risk Behavior** –the percentage of the population engaging in behaviors that can harm to others as well as themselves

Use this data to:

- Determine *prevalence rates*
- Identify geographic areas and target populations where elevated rates of high-risk behaviors are occurring
- Detect emerging trends or changes in behaviors
- Identify patterns and relationships between risk behaviors
- Evaluate efforts over time



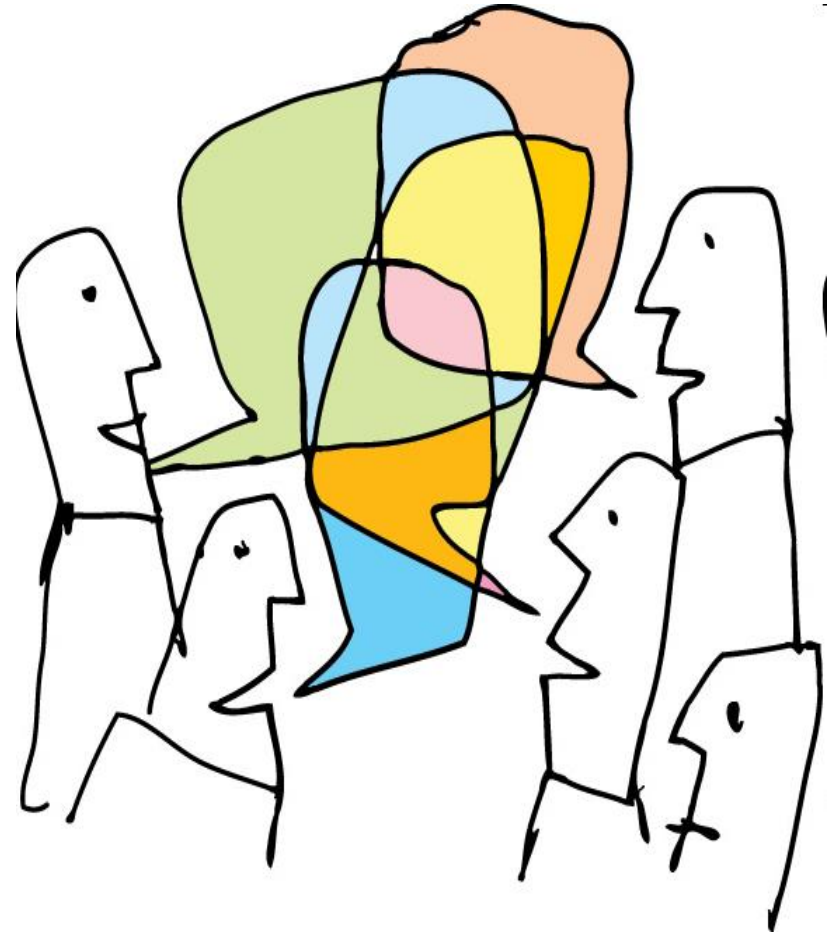
# Community Team Work

30

What do your local data on high-risk behaviors tell you about prevalence and incidence of these measures?

Do you have any challenges in collecting or analyzing data for these measures?

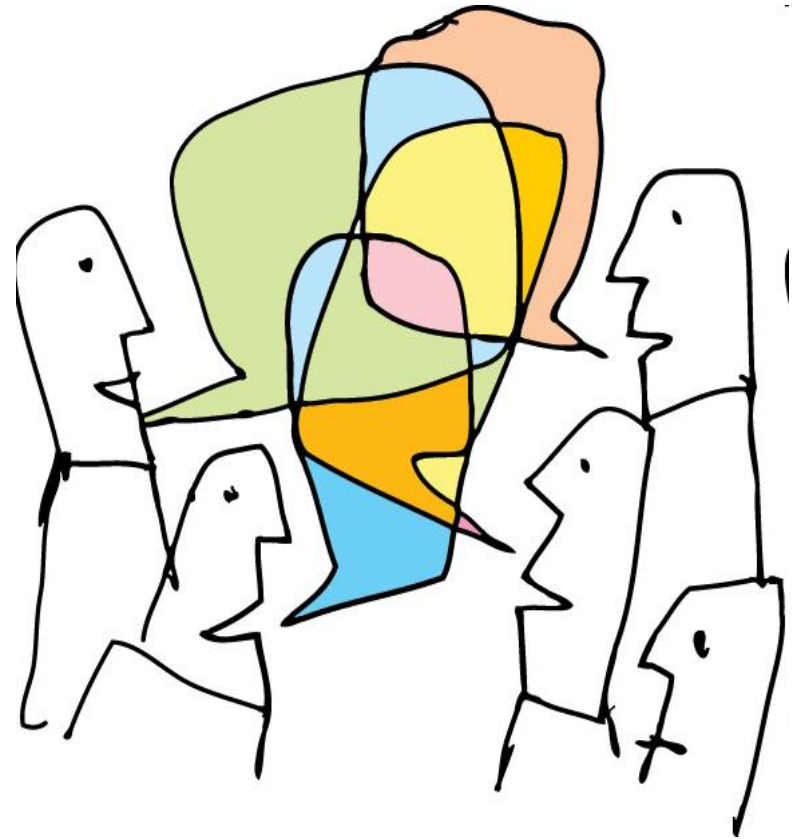
What questions do your data—or lack of data—raise?



# Large-Group Discussion

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What did you discover about ATOD problems in your communities, and what new questions were raised?



# Problem Statements

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**Problem statements** - concise descriptions of the priority issues that were identified during the assessment process, which will drive subsequent planning processes.



# The “Lack Trap”

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A statement that frames a problem as a “lack” of something assumes that addressing the “lack” will solve the problem.

*It almost never does.*

# Example Problem Statement

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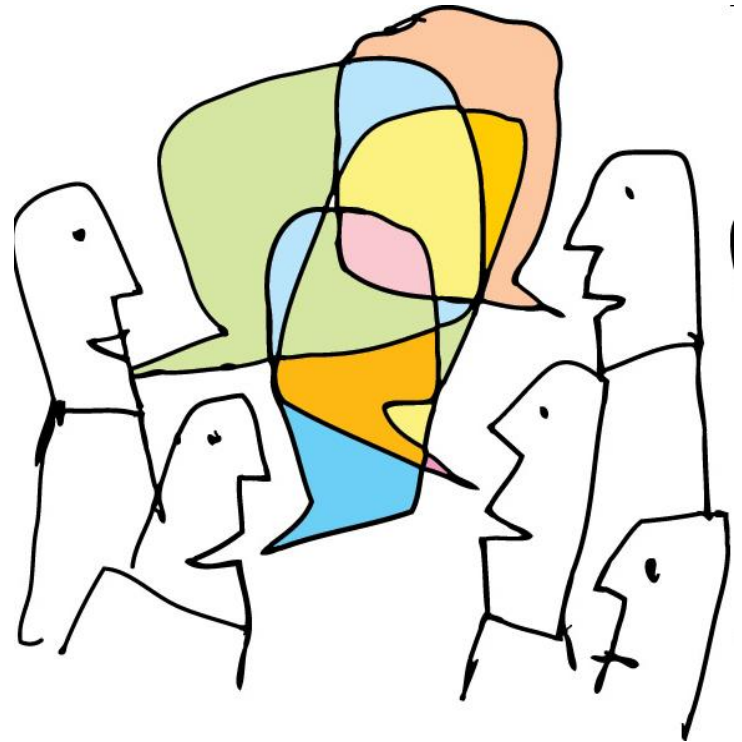
- *“Sixty percent of all car crashes resulting in death or incapacitating injuries in 2014 in ABC County were alcohol related, which was a significant increase over the 43 percent reported in 2013.”*

# Community Team Work

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Succinctly describe the priority problems and risk behavior patterns that currently exist.

If you have more than one issue that is not related, develop a separate statement for each.

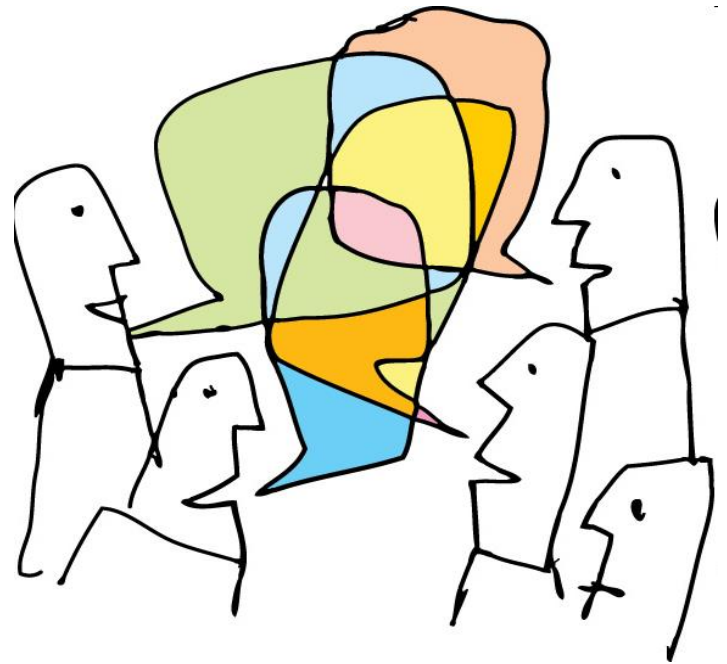


*(Note: These are the first two steps in the logic model)*

# Large-Group Discussion

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Share your problem statements and how you arrived at them with the large group, and see what feedback or suggestions they have for you.



# Intervening Variables

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**Intervening variable** - a hypothetical variable used to explain causal links between other variables.

*This is the “sweet spot”  
of problem solving!*

# Contextual Conditions

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**Contextual conditions** - perceptions or realities in the shared environment that have existed or currently exist, which help explain why things are the way they are.

# Contextual Conditions

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## Examples:

- History
- Norms
- Culture
- Traditions and beliefs
- Socioeconomics
- Geography
- Boundaries
- Demographics
- Politics
- Policies
- Prevention infrastructure
- Relationships
- Workforce
- Resources

# Other Conditions

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Additional changes to monitor over time:

- Changes in drug user populations
- Changes in drug content or form
- Changes in drug paraphernalia
- Changes in drug making, distribution, and interdiction

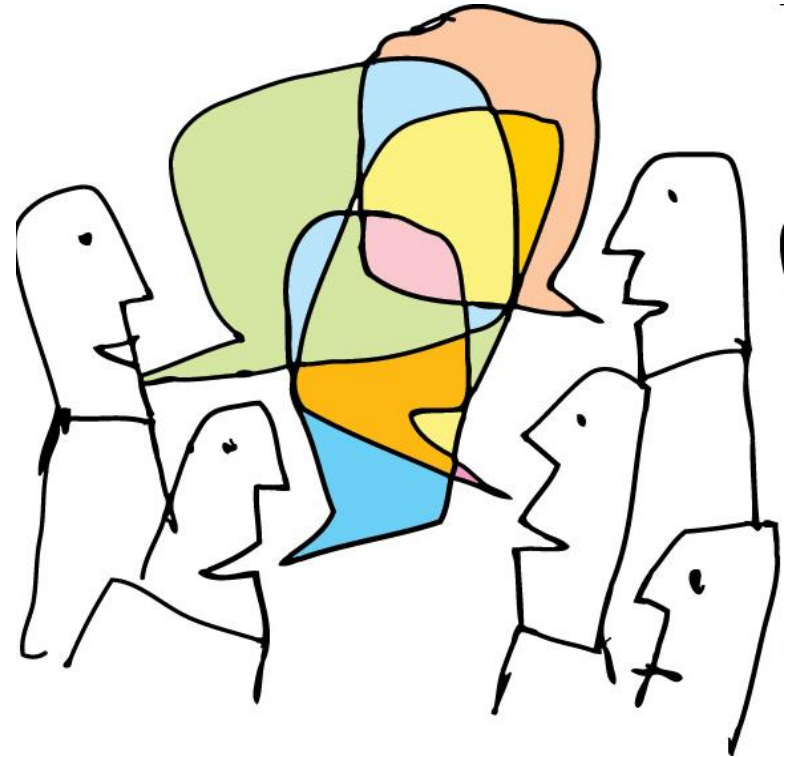


# Community Team Work

41

What do your local data identify as key intervening variables in ATOD use by persons in your community?

What other data might you need to collect and analyze?



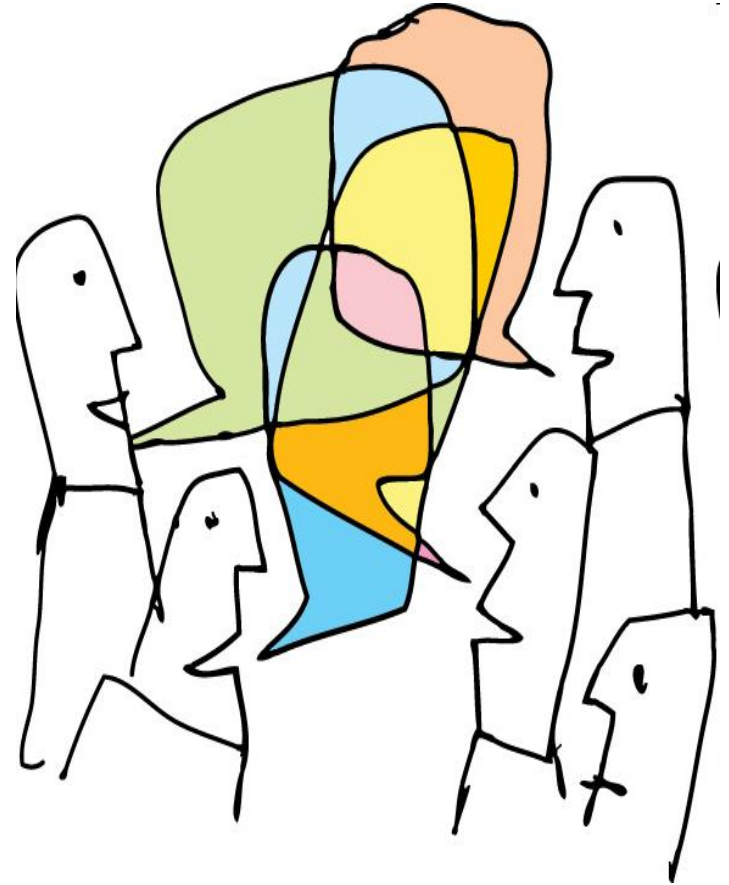
*(Note: this is the third step in the logic model)*

# Large-Group Discussion

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Summarize :

- 1) what your data identified as key contributing factors in the problem statement you developed,
- 2) any new questions that arose,
- 3) other data you might need to collect, and
- 4) challenges you anticipate in collecting it.



# Target Populations

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**Direct target populations** - groups that are directly affected by or involved in a problem or consequence.

**Indirect target populations** - groups that play an important role in the conditions that promote or prevent the problem

*Truly understanding your target Population(s) is another “sweet spot” of problem solving!*



# IOM Classifications

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**Universal populations** – are targeted by without regard to individual risk on the premise that all share the same general risk

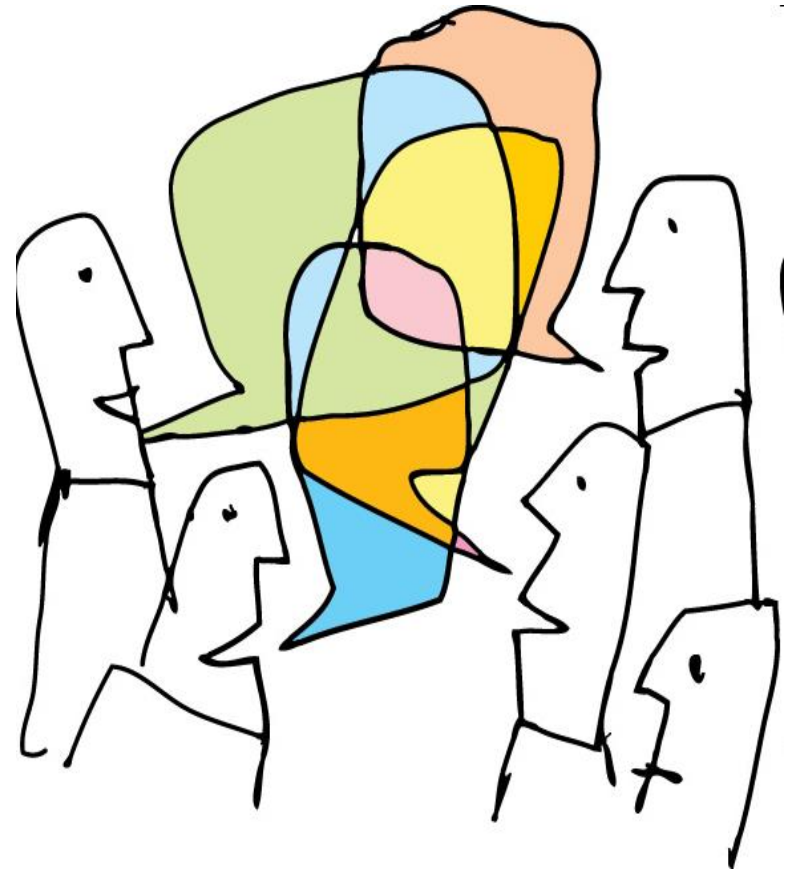
**Selective populations** – a subset that is considered to be at higher-than-average risk because of certain characteristics or inclusion in higher risk categories

**Indicated populations** - groups of individuals who have been identified as exhibiting early warning signs of problems

# Community Team Work

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Identify the direct and indirect target populations involved in the priority problems, behaviors, and intervening variables that present within your data.

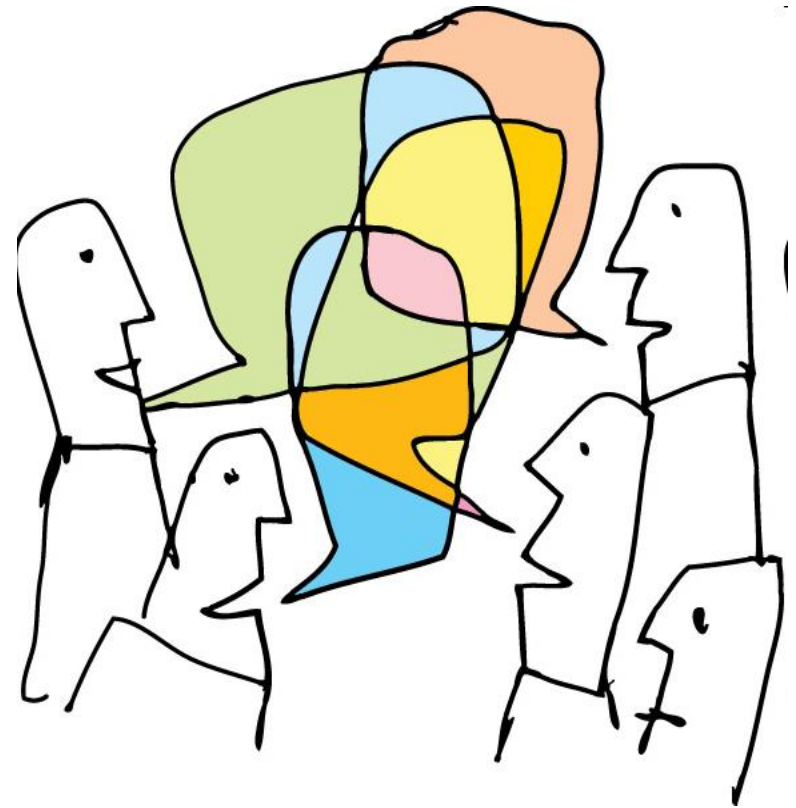


# Large-Group Discussion

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Summarize :

- 1) your current priority  
direct and indirect target  
populations, and why you  
selected them,
- 2) new questions that arose,
- 3) additional data you might  
need to collect, and
- 4) challenges you anticipate  
in collecting it.



# Planning Map

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# Wrap Up!

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