

Building Your Community's Capacity Around Vaping

What to Measure?
How to Collect it?

How your community can use data more effectively
to reduce vaping!

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CPES

Center for Prevention
Evaluation and Statistics



Prevention
Training
Technical
Assistance
Service
Center



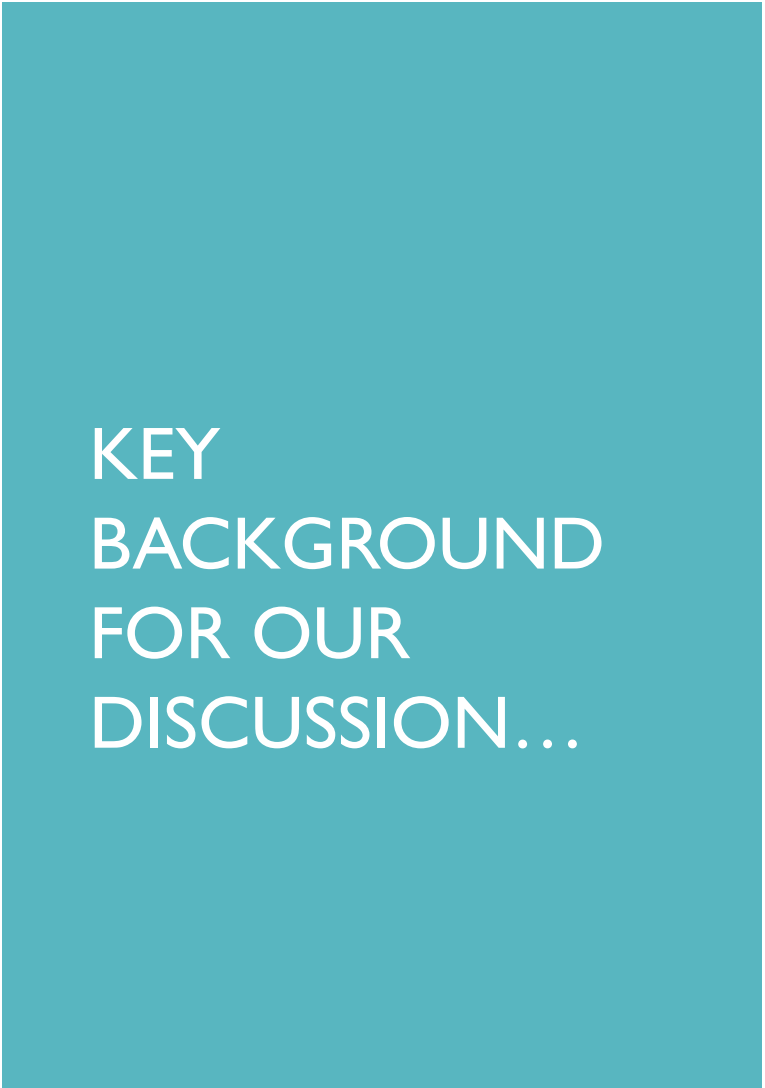
Who are we?

- Questions
- Microphones
- Cameras
- Recording session
- Share
- Slides





- Enhance ability to use quantitative data effectively
 - learn what to measure & how to collect it
 - understand logic model basics & benefits
- Understand benefits of collecting a standardized set of vaping measures
 - uniform vaping measures unpacked



KEY
BACKGROUND
FOR OUR
DISCUSSION...



The strategic prevention framework model relies on data in these steps:

Assessment:

- Profile population problems, resources and readiness to address needs and gaps

Implementation

- Evidence-based strategies aim to impact measures (data)

Evaluation:

- Monitor progress on selected change indicators
- Use results to improve, replace or sustain activities & strategies



Where do you start?

- **Conduct a needs assessment**
 - Identify your community's issues, problems & local conditions
- **Address funder required goals/outcomes**
 - LPC grants – reduction in youth vaping use rates
 - DFC grants – reduction in youth substance use rates
 - community selects substance(s) based on needs assessment
- **Develop a data collection plan**
 - Qualitative and Quantitative methods

Prevention - Why collect QUALITATIVE vaping data?

- Value of a “mixed method” approach
 - Provides corroboration/validation to local survey/quantitative findings
 - Hear from stakeholders in their own words & voices
 - Example -- reach out to retailers
 - Provides additional context & nuanced detail
 - Identify positive coping mechanisms/ alternative coping skills
 - Unearth community conditions & attitudes
- Answer the “How?” or “Why?”
 - Examples – Why are youth vaping in North Park? Why do you think youth are vaping THC more than nicotine?
 - Learn about emerging issues
 - Test assumptions
 - Enhance equity (e.g. LGBTQ youth or parents of LGBTQ youth)

RESOURCE: Fundamentals of Conducting Focus Groups & Key Informant Interviews:

<https://www.youtube.com/watch?v=8gz6dgyGmJI>

Prevention - Why collect QUANTITATIVE vaping data?

- Data are collected at regular intervals to measure change over time & progress toward GOALS and OBJECTIVES
- Evidence-based prevention strategies rely on using 4-Core Measures. (E.g. 30-day use, perception of risk/harm, perception of peer disapproval & perception of parent disapproval)
- Additional important prevention measures: access, enforcement, norms, knowledge

4-Core Measures are tied to primary prevention strategies and outcomes. (Example 30-day use)

↓ From the 2021-2022 LPC Application

Funding Application for Grant to Support Local Prevention Council

14. WORKPLAN

LPC Town Served:

Statewide Priority Problem Substance: Vaping

Goal 1: Reduce vaping use rates by 5% by 2025 among 12-18 year-olds by targeting related risk and protective factors.

Service Type Code	Activity	Resources/Partners	Proposed Priority Population(s)	<u>Estimated numbers served</u>	Proposed Service Dates/Ranges (MM/YY)

A blue pen is positioned diagonally across the left side of the image, resting on a bar chart. The chart features several blue bars of varying heights on a light blue grid. The background is a dark blue gradient.

Quantitative Data 101- Measure Change Over Time -- a brief review

- **Baseline**
- **Benchmarks**
- **Percent Change**

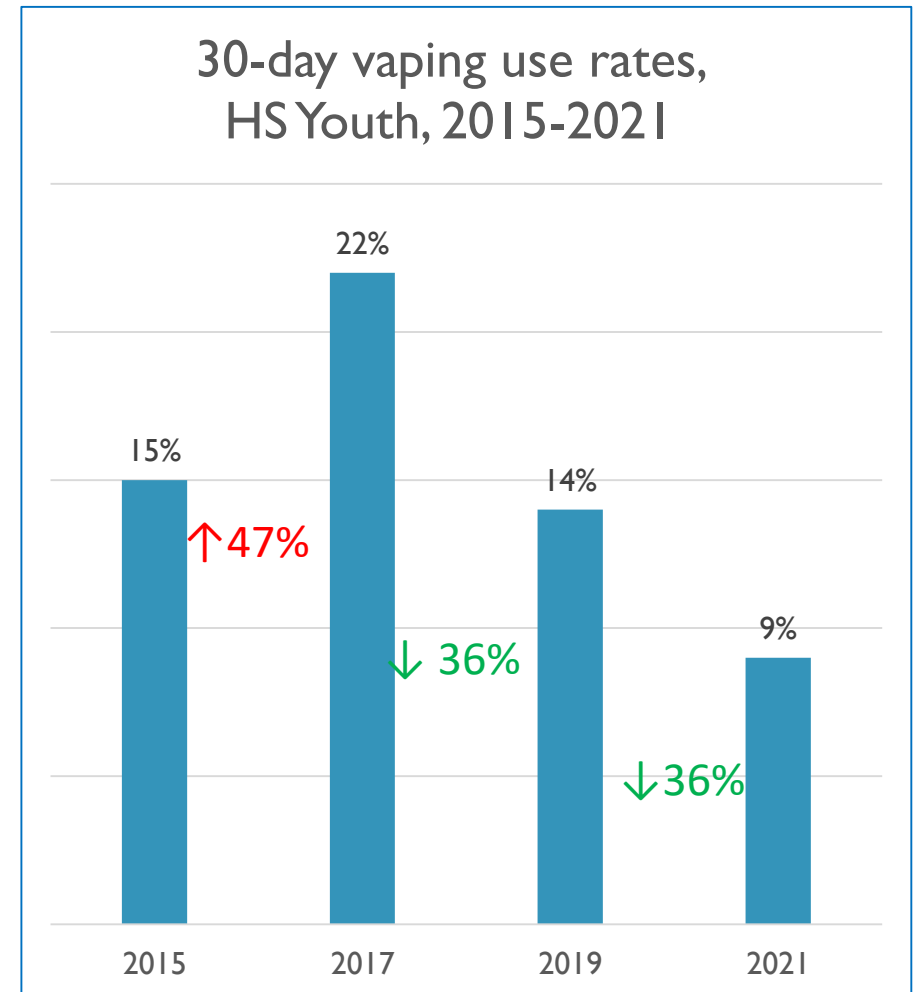


Measuring change over time - Baseline

- What is a baseline? **The initial data or reference point against which you will measure all subsequent changes.**
- Why use baseline measures? **Baseline measures can help you determine:**
 - if an intervention is necessary e.g., problem prevalence
 - If your efforts are working

Measuring change over time - Benchmarks

- What is a benchmark? **A benchmark is the standard used to measure your success. It is the outcome you are trying to achieve.**
 - Examples: A 5% decrease in use or 95% of youth report perception of harm around vaping nicotine
- How do you set appropriate benchmarks? →
 - Based on these changes from year to year, what do you expect 30-day vaping rates to be in 2023?



Measuring change over time - Interpreting change



How do you interpret changes from the baseline?

- Warning – Don't confuse **absolute percent change** & **percent decrease**
 - Example: Year 1 = 15% and Year 2 = 9%
 - **Percent change:** $(\text{new}-\text{old})/\text{old}$
 - $(9\%-15\%)/15\% = 40$ percent decrease
 - **Percentage point change:** $\text{old}-\text{new}$
 - $15\%-9\% =$ decrease of 6 percentage **points**

LOGIC MODELS

Logic Model – Illustrate the connection between your activities and your goals



Logic models are systematic visual tools for program planning & evaluation.



Logic models rely on reliable data



Logic models can focus on a specific aspect of your program, such as one evaluation question or objective, or encompass the entire program

Logic Model – Benefits



Provides evidence to demonstrate your program's impact and return on investment.



Identifies assumptions and potential challenges in meeting intended outcomes



Revised and updated to reflect changes in activities, new evidence and lessons learned

Vaping logic model

INPUTS	ACTIVITIES	OUTPUTS	Short Term GOAL/OUTCOMES	Long Term GOAL/OUTCOMES
<p>Staff Coalition Members \$</p>	<p>Health class education programming</p> <p>Community billboards</p> <p>Parent/community education forums</p> <p>Vaping postcard campaign</p> <p>Educate community about youth use rates (impact perception of social norm)</p>	<p># of health class presentations</p> <p># of community presentations</p> <p>#of vaping education postcards distributed</p> <p>#of views of community billboards</p>	<p>Increased perception of youth risk/harm.</p> <p>Increased perception of parental disapproval.</p> <p>Increased perception of peer disapproval</p> <p>Decrease the % of youth who report easy access to vapes by X% from 2022 to 2024.</p> <p>Reduction in access</p> <p>Increase harmful health effects knowledge.</p> <p>Increase in parents reporting family vaping rules</p>	<p>5% decrease in vaping use rates among community youth 12 to 18</p>

Logic Model – Example of Vaping Perception of Risk/Harm

INPUTS (resources)	ACTIVITIES	OUTPUTS (results of activities)	OUTCOMES (Short-term/intermediate) (what we achieve)	OUTCOMES* (Long-term) (what is our goal)
Staff Coalition Members \$	Health class education programming Community billboards	# of health class presentations #of views of community billboards	Increased perception of harm among youth	Measured from X% in baseline year (time 1) to X% in follow up year (time 2))

***Measured through youth survey: “How much do you think people risk harming themselves physically or in other ways, if they vape nicotine daily?”**



Unpacking Vaping Data – Standardized Data Collection



Why do we want a standardized set of measures across CT?



- Provides useful actionable information for improvement, outcomes-based decision making
- Enables community comparison (valuable reference point to understand extent of problem and progress toward goals)
- Enables comprehensive understanding at state level – facilitates state level advocacy

We need to define vaping as a 'substance.'

- Vaping represents a mechanism of administration for multiple substances
- Vaping devices can contain e-liquid with no nicotine OR nicotine, marijuana (cannabis/THC), and other harmful legal and controlled substances
- Each substance should be measured separately



Vaping marijuana or THC products also needs defining.

AVOID DUPLICATION -- If vaping related survey questions are to be combined with other substances, specifically **marijuana or THC**, you do not need to include all the questions included the standardized tool.

IMPORTANT -- wording around marijuana or THC must indicate the various **methods of delivery** available.

Perception of Harm

How much do you think people risk harming themselves physically or in other ways, if they:	No Risk	Slight Risk	Moderate Risk	Great Risk
Use marijuana or THC products 1 to 2 times per week (this includes all methods of use including a vaping device, smoking it, eating it/edibles, inhaling it)				

Beyond the 4-Core Measures

Family norms/Parent norms

- Rules & Consequences
- Communication

Access

- Ease and where device was obtained
- Location of use

Knowledge

- Health effects, vaping contents
- Laws

Additional Attitudes

- Policies
- Enforcement

Link to [Standardized Measures](#)

Data Collection Process – Key Considerations

Example: Perception of Harm

- What do you want to measure?
 - **Youth Perception of harm around vaping nicotine**
- Why is it important?
 - **Information for your needs assessment OR funder identified ‘perception of harm’ as a root cause**
- Where does the data come from?
 - **Youth survey**
- What are the recommended data collection questions for this measure?
 - **How much do you think people risk harming themselves physically or in other ways, if they vape nicotine daily (JUUL, Blu, Puff Bar, etc.)?**
- How do you calculate it?
 - **Add up the total % who responded to ‘Moderate Risk’ and ‘Great Risk’**
- How often does the data need to be refreshed?
 - **Correlate to when you can realistically collect youth survey data in your community OR sometimes driven by funder requirements**
- What if we don’t collect that data now? Where do we start?
 - **Add it! (Supplemental tool)**

Data to Action – Don't leave the data on your desk!

Dissemination & Distribution

EXAMPLE Data Work Group Committee

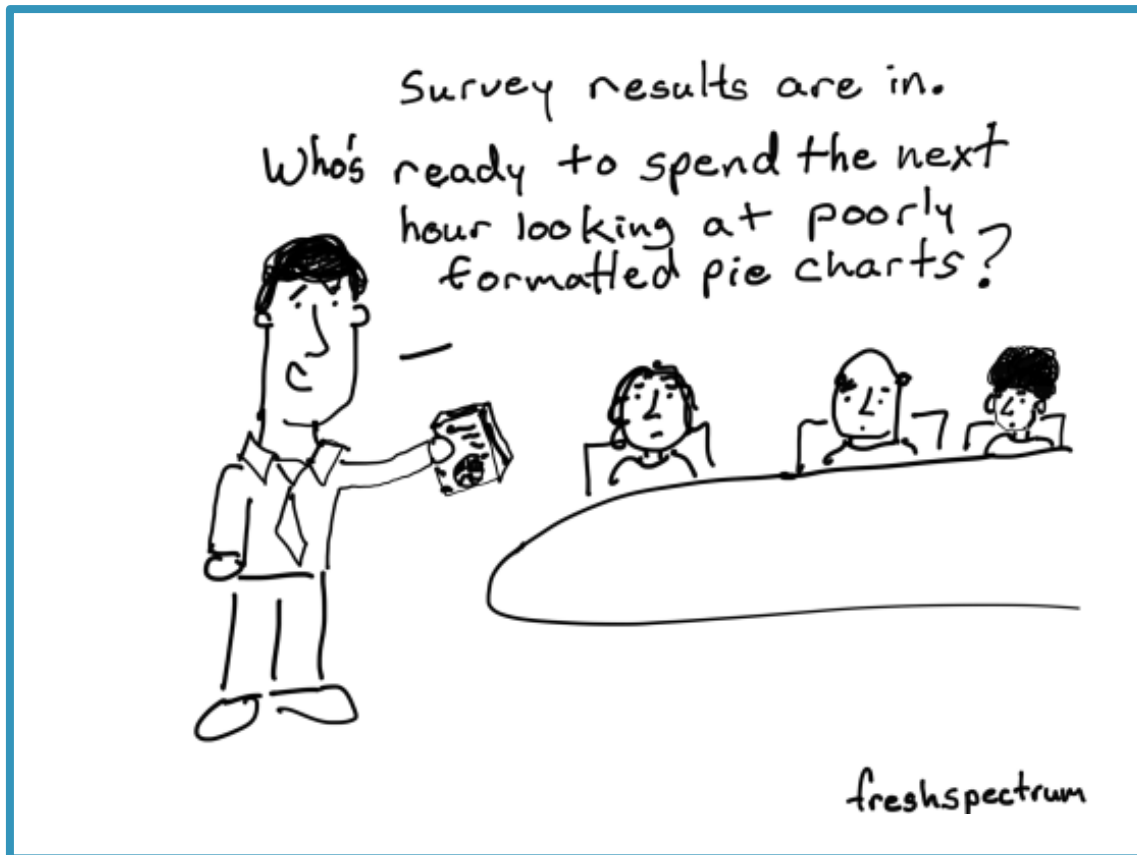
Data Dissemination Plan: Please indicate who that data will be communicated to, what will be communicated, how it will be communicated, what resources will be needed, when this will occur and what might happen as a result of data collection and presentations? As always be sure to be inclusive of how sub-populations may be included in data dissemination. Please expand this table as needed.



Target Audience: (<i>Who</i> will data be communicated to?)	Message(s)/Data: (<i>What</i> data will be communicated? type and the source)	Method(s) of Communication: (<i>How</i> will this be communicated or presented?)	Resources Needed: (skills, technology, personnel, anticipated technical assistance)	Timeline: (<i>When</i> will this occur (over the cycle of the grant))	Next step(s) as a result of the collection or presentation of these data

Data to Action – Don't leave the data on your desk!

Dissemination & Distribution



INFOBRIEF

NEWSLETTER

SOCIAL
MEDIA

BUS AD
OR
BILLBOARD

COMMUNITY
FORUM

PSA



Youth Survey Resources

- Develop your own tool
OR
- Use an outside agency or company



- Other sources for Youth Survey data - YRBS, Monitoring the Future, NSDUH
 - Not available locally but can be useful to have comparison data



Student survey approval tips!

- How to advocate around youth survey implementation
 - How can the data support your work? Grants, programming, policy, etc.
 - Align with district goals
- What about roadblocks? (School buy-in, funds)

Resources

Diversity, Equity and Inclusion

- National CLAS Standards - A set of 15 action steps intended to **advance health equity, improve quality, and help eliminate health care disparities**
 - <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>

Skills – Community Assessments, Evaluation, Logic Models

- Community Tool Box <https://ctb.ku.edu/en/table-of-contents>
- Community Anti-Drug Coalitions of American <https://www.cadca.org/resource-types/primer>
- Center for Disease Control <https://www.cdc.gov/eval/steps/step2/index.htm>
- Logic Model Templates <https://fyi.extension.wisc.edu/programdevelopment/logic-models/bibliography/>
- Percent Change Calculator <https://www.calculator.net/>

Strategic Prevention Framework

- <https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf>

TTASC – Prevention Resources

- <https://preventiontrainingcenter.org/tools>

Acronyms

CPES – Center for Evaluation, Prevention and Statistics (at UCONN Health)

DEI – Diversity, Equity & Inclusion

DMHAS – CT’s Department of Mental Health and Addiction Services. State agency for prevention & treatment of mental health and substance use.

IRB - Institutional Review Board. An IRB is an appropriately constituted group that has been formally designated to review and monitor research involving human subjects.

LPC - Local Prevention Council, a state-funded, town-based group dedicated to substance use prevention.

NSDUH – National Survey on Drug Use and Health

SPF – Strategic Prevention Framework, the public health model used in community-based substance use prevention work.

TTASC- The Prevention Training and Technical Assistance Service Center

YRBSS – Youth Risk Behavior Surveillance System