SPF Step 1: Assessment

Assessment, the first step of the SPF, involves identifying local prevention needs based on data. To conduct a comprehensive assessment of prevention needs, you must gather data about each of the following:

- Substance abuse problems and related behaviors
- Risk and protective factors for priority problems
- Capacity, including resources and readiness, for prevention

Once you have completed this assessment, it is important to share key findings with diverse prevention stakeholders.

What are Problems and Related Behaviors?

It is important to assess the nature and extent of both substance abuse problems and related behaviors in the community. But what are problems and what are behaviors?

- **Problems** refer to the negative effects, or consequences, of substance use. Some problems are direct consequences of substance use (e.g., overdose), while others are indirect consequences (e.g., motor vehicle crashes).
- **Behaviors** refer to how people use or misuse substances and are sometimes referred to as consumption (e.g., binge drinking). Consumption patterns describe substance abuse behaviors within specific groups (e.g., binge drinking among 12 to 17 year olds).

Substance use behaviors and consumption patterns produce substance use problems. This is not a one-to-one relationship. A single substance use behavior or consumption pattern can lead to various, and often multiple, problems—including illnesses, injuries, and crimes. For example, binge drinking among 12 to 17 year olds can lead to alcohol poisoning, motor vehicle crashes, delinquent acts, and other problems in this age group.

Assessing Problems and Related Behaviors

Use the following questions to guide your community assessment of substance use problems and related behaviors:

1. What substance use problems (e.g., overdoses, alcohol poisoning) and related behaviors (e.g., prescription drug misuse, underage drinking) are occurring in your community?
2. How often are these substance use problems and related behaviors occurring? Which ones are happening the most?
3. Where are these substance use problems and related behaviors occurring (e.g., at home or in vacant lots, in small groups or during big parties)?
4. Who is experiencing more of these substance use problems and related behaviors (e.g., males, females, youth, adults, members of certain cultural groups)?

This information can help you identify—and determine how to most effectively address—your community’s priority substance use problem(s). To answer these four assessment questions, you will need to do the following:
• **Take stock of existing data**: Start by looking for state and local data already collected by others (e.g., hospitals, law enforcement agencies, community organizations, state agencies and epidemiological workgroups).

• **Look closely at your existing data**: Examine the quality of the data that you’ve found, discard the data that are not useful, and create an inventory of the data you feel confident about including in your assessment.

• **Identify any data gaps**: Examine your inventory of existing data and determine whether you are missing any information (e.g., about a particular problem, behavior, or population group).

• **Collect new data to fill those gaps**: If you are missing information, determine which data collection method (e.g., surveys, focus groups, key informant interviews)—or combination of methods—represents the best way to obtain that information.

Once you have all of your assessment data, analyze it according to the following criteria to determine your community’s priority substance use problem(s):

- **Magnitude**: Describes the prevalence of a specific substance use problem or behavior (e.g., Which problem/behavior is most widespread in your community?)

- **Severity**: Describes how large an impact a specific substance use problem or behavior has on the people or the community (e.g., Which problem/behavior is most serious?)

- **Trend**: Describes how substance use patterns are changing over time within a community (e.g., Which problem/behavior is getting worse/better?)

- **Changeability**: Describes how likely it is that a community will be able to modify the problem or behavior (e.g., Which problem/behavior are you most likely to influence with your prevention efforts?)

**Assessing Risk and Protective Factors**

Two types of factors influence the likelihood that an individual will develop a substance abuse or related mental health problem:

- **Risk factors** are associated with a higher likelihood of developing a problem (e.g., low impulse control, peer substance use).

- **Protective factors** are associated with a lower likelihood of developing a problem (e.g., academic achievement, parental bonding, and family cohesion).

Understanding risk and protective factors is essential to prevention:

Since you cannot change a substance use problem directly, you need to work through the underlying risk and protective factors that influence the problem. An intervention can only make a difference if it’s a good match for both the problem and its underlying factors.

The following are some key features of risk and protective factors:

- Risk and protective factors exist in multiple contexts (e.g., individual, family, peer, and community).

- Risk and protective factors are correlated and cumulative.
• Individual factors can be associated with multiple problems.
• Risk and protective factors are influential over time.

The underlying factors driving a substance use problem in one community may differ from the factors driving that same problem in a different community. Effective prevention focuses on reducing the risk factors and strengthening the protective factors specific to the priority problem in your community.

Assessing Capacity for Prevention
Capacity for prevention includes two main components: resources and readiness.

Resources include anything a community can use to help address prevention needs, such as:
• People (e.g., staff, volunteers)
• Specialized knowledge and skills (e.g., research expertise)
• Community connections (e.g., access to population groups)
• Concrete supplies (e.g., money, equipment)
• Community awareness of prevention needs
• Existing efforts to meet those needs

Readiness is the degree to which a community is willing and prepared to address prevention needs. Factors that affect readiness include:
• Knowledge of the substance use problem
• Existing efforts to address the problem
• Availability of local resources
• Support of local leaders
• Community attitudes toward the problem

To assess readiness for prevention, it is often helpful to speak, one-on-one, with local decision makers and public opinion leaders. If individuals with access to critical prevention resources are not onboard, then it will be important to find ways early on to increase their level of readiness.

Understanding local capacity, including resources and readiness for prevention, can help you do the following:
• Make realistic decisions about which prevention needs your community is prepared to address
• Identify resources you are likely to need, but don’t currently have, to address identified prevention needs
• Develop a clear plan for building and mobilizing capacity (SPF Step 2) to address identified prevention needs

Sharing Assessment Findings
After completing a thorough assessment of prevention needs and capacity, your community must communicate the key findings to prevention stakeholders. To do this effectively, consider who will be interested in your assessment findings and what format will work best for each audience. The following are some key strategies for sharing assessment findings:

• Develop a full report: Your funder and some of your prevention partners (e.g., task force members) will want the whole story, and it’s good to have all of the details in one place.
• **Highlight key findings:** Many prevention stakeholders will want to learn about your main assessment findings. Compile key findings in slide presentations and handouts that you can use for different audiences.

• **Customize your presentations:** As needed, tailor your presentations or handouts by featuring the data that are most meaningful to each audience. This is particularly important when presenting assessment findings to key stakeholders (e.g., local decision makers, public opinion leaders, potential partners). If these individuals have specific questions or reservations, be sure to address them.

• **Solicit input from the community:** In addition to sharing your findings, it is also important to find ways for community members and groups to comment on those findings. They can help confirm that you’re on the right track with your prevention plans—or shed some light on confusing or surprising findings and help you get back on track.

**Assessment and Cultural Competence**

The following assessment activities are examples of culturally competent prevention practices and ways to make sure that your assessment data reflect the diversity of your community:

• Gather existing data about different population groups in your community, including those considered hidden or hard-to-reach

• Collect new data to fill a gap in your understanding of problems and behaviors within a specific population group

• Share your assessment findings with and solicit input from individuals and groups throughout your community—including focus population members, prevention partners, and local leaders

**Assessment and Sustainability**

Even though assessment marks the beginning of the prevention planning process, many assessment activities support the long-term sustainability of prevention efforts, for example:

• Basing prevention-related decisions on high-quality state and local data

• Assessing resources needed for prevention and considering how to fill gaps

• Assessing readiness for prevention and considering how to bring reluctant community leaders onboard

A thorough and inclusive assessment process will help your community identify its priority substance use problem(s), the risk and protective factors driving the problem(s) at the local level, and where you will need to build local capacity to be successful in your prevention efforts.