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Using Local Data in Prevention Storytelling

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Today's Objective

- To empower you to interpret your community's data and to tell your community's prevention story effectively.



Image credit: <https://visme.co/blog/visual-storytelling-digital-marketing/>



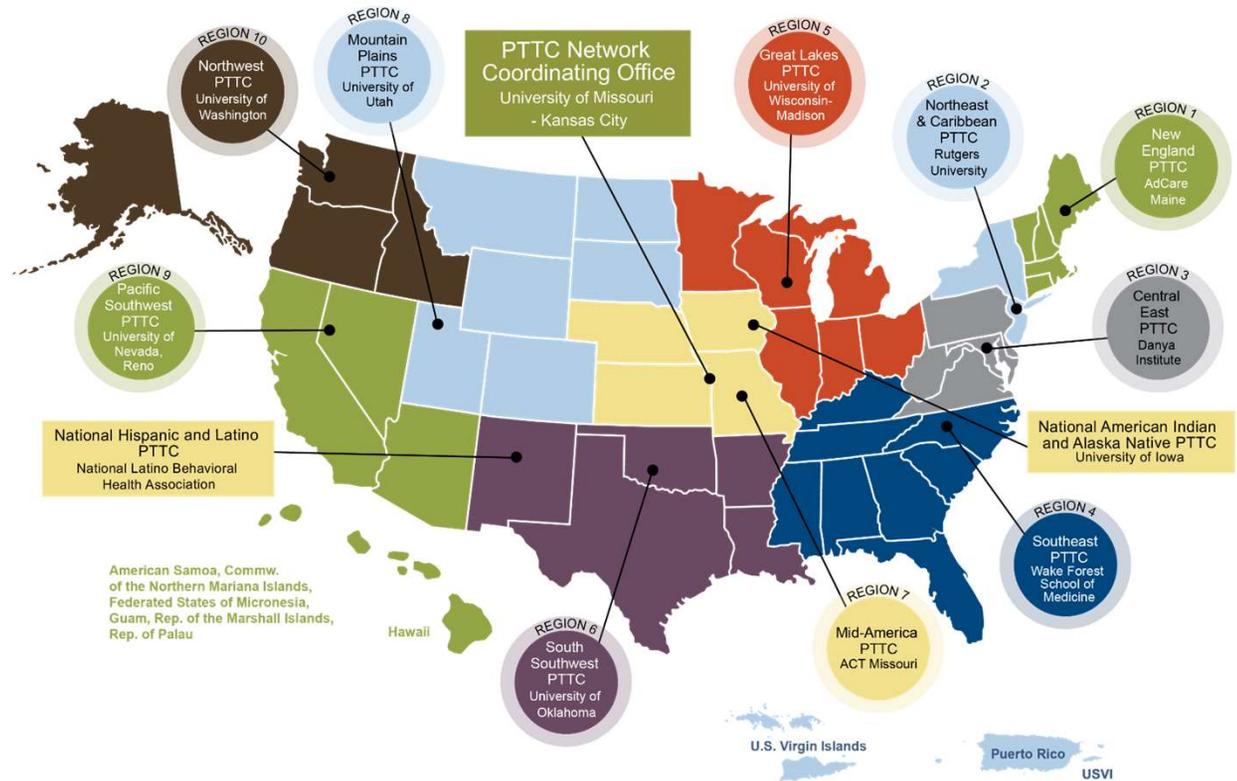
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Introductions

- Who am I?
- What is the Northwest Prevention Technology Transfer Center?
- Who are you?





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What is your prevention story?

- Introduce yourself to your neighbor and answer this question.
 - What is your community's "TED talk" prevention story?



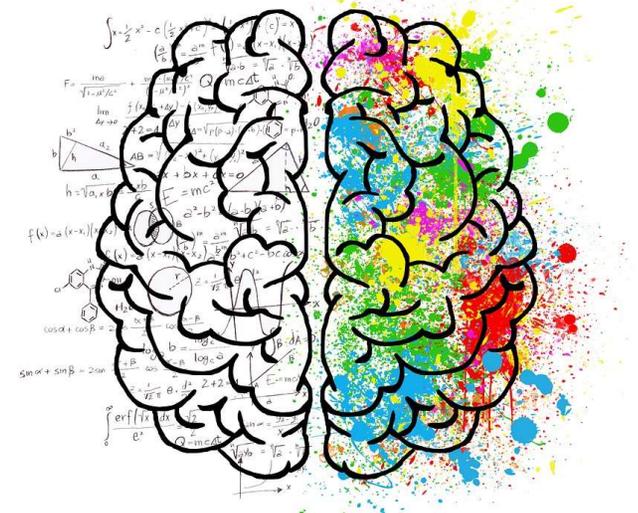


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Why storytelling?

- “People hear statistics, but they feel stories.”
 - Memorability
 - Persuasiveness
 - Engagement
- Creating a data story helps “build a bridge to the influential, emotional side of the brain”





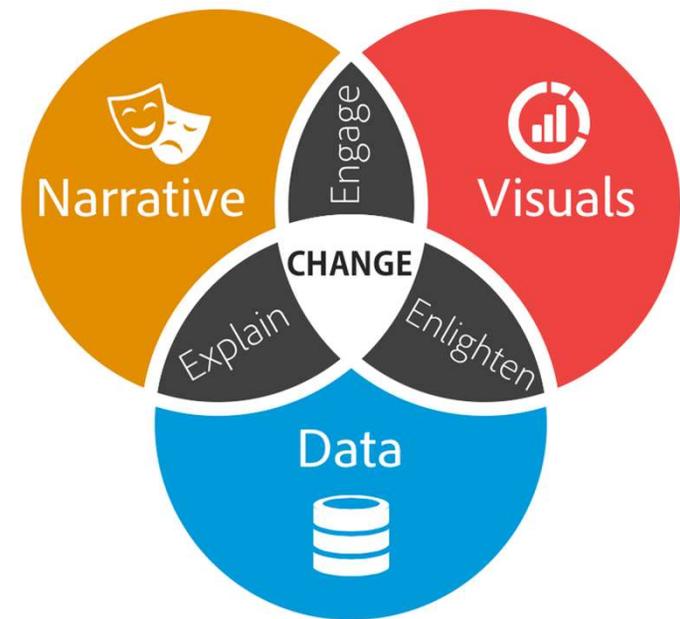
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Today's Agenda

- Knowing Your Data & Audience
- Finding the Story in Your Data
- Effectively Telling Your Story
- Taking Action





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Knowing Your Data & Audience





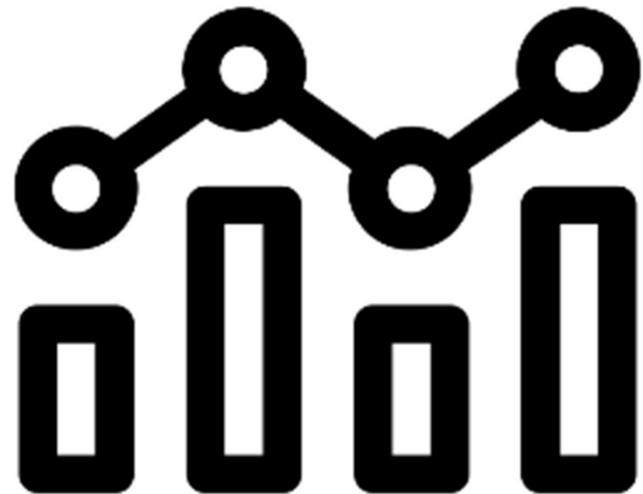
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What data do you have?

- CPWI Community Needs Assessment Data Book
 - Health Youth Survey
 - CORE Information System
- CPWI Evaluation Reports
- Data from Other Sources
 - Success stories from interviews & focus groups
 - What else?





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Why do you want to present the data?

- Raise awareness about the problem
- Inform stakeholders about activities conducted to address problems
- Keep stakeholders informed and engaged in the efforts
- Other reasons?





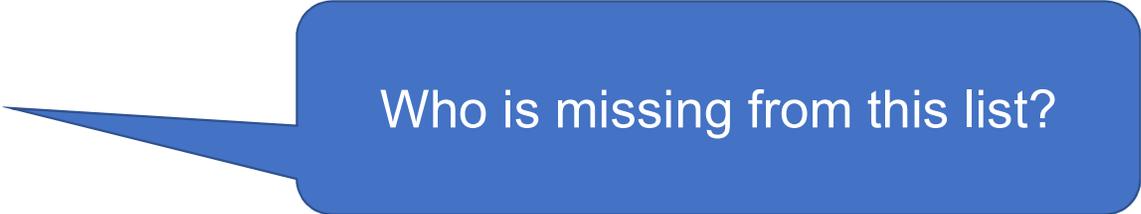
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Who is your audience?

- Youth
- Parents
- Educators
- Legislators
- Healthcare providers
- School administrators
- Law enforcement officials
- Funders



Who is missing from this list?



Who is your audience?

- Youth
- Parents
- Educators
- Legislators
- Healthcare providers
- School administrators
- Law enforcement officials
- Funders

1. What is important to this group?
2. What is their relationship to the substance misuse related problem and your project?
3. What do they want to know?
4. What do they need to know?
5. How much time and effort will they put into finding the answers to their questions?



Who is interested in what data?

Youth	Parental attitudes tolerant of substance use, friends' use of drugs, youth attitude towards ATOD use
Parents	Current ATOD use, depression
Legislators	Current ATOD use, ease of access, retail or social access, density of licenses
Health care providers	Depression, considering suicides, suicide attempts,
School administrators	Skipping school, weapon incidents in school, mental health, graduation and dropout rates
Law enforcement	Drinking and driving, marijuana and driving, perception of law enforcement risks, gang membership



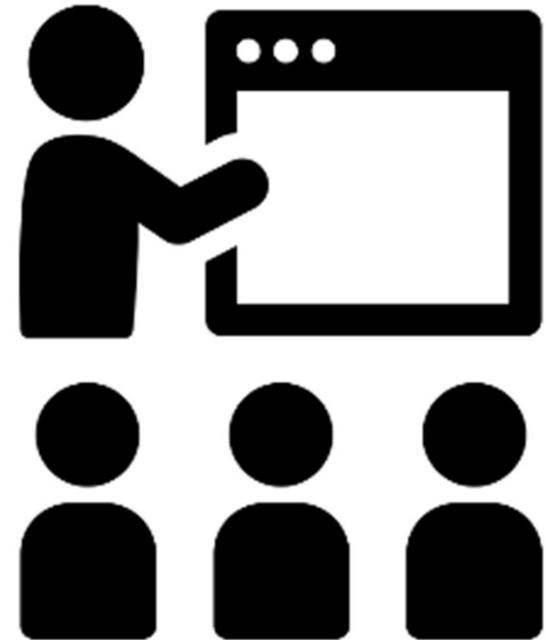
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Matching your story to your audience

- Anticipate what questions the audience wants answered
- Ensure the presentation matches the needs and capacity of the audience
- Present data in a way that will clearly communicate the most relevant findings





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Finding the Story in Your Data





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Finding the Story in Your Data

- **Step 1. Understand the relationship between the data in the Community Data Book and your CPWI logic model.**



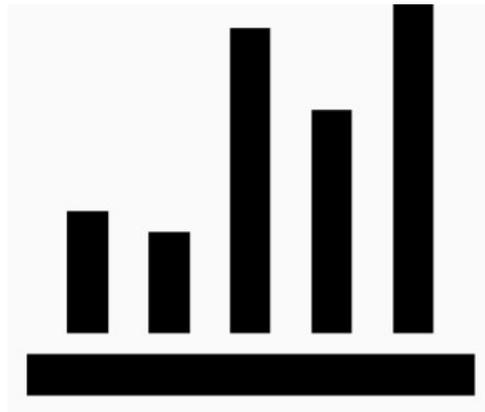


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Finding the Story in Your Data

- **Step 2. Get to know the general pattern of youth substance use and its consequences in your community.**





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Finding the Story in Your Data

- **Step 3. Review and discuss intervening variables (i.e., risk and protective factors).**



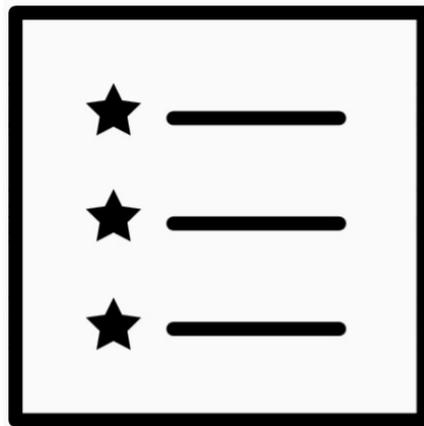


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Finding the Story in Your Data

- **Step 4. Identify stories to share with your audience. Highlight information that tells the best story about your needs and your strengths and successes.**





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Effectively Telling Your Story





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Effectively Telling Your Story

- Decide which stories you want to tell
- Do not overwhelm audience with too much data
- Do not get lost in the details
- Use evidence-based messaging + data
- Develop a dissemination plan & product



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Evidence-based Messaging for Adolescent Substance Use

- Appeal to moral responsibility + explanation of effects of substance use on adolescent development

“As adults, we have a responsibility to do everything we can to make sure our young people grow up to have healthy, strong futures. And one thing that stands in the way of that is drug and alcohol use. Drinking and substance misuse can negatively affect young people’s school performance, future job prospects, and physical and mental health, damaging their lives well into adulthood. But together, this is something we can prevent from happening. It’s our job to support policies and programs that prevent and reduce drug use among adolescents.”



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Evidence-based Messaging for Adolescent Substance Use

- Use the “boiling over” metaphor to correct misperceptions and promote public support for protective factors

“When adolescents experiment with alcohol and other drugs, it can heat up and boil over into a bigger problem. By creating environments that keep the heat down for adolescents, we can prevent substance use from boiling over into a bigger problem.”



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Creating Effective 1-Page Reports

- 1) Identify the audience
- 2) Identify the purpose
- 3) Prioritize the information
- 4) Choose a grid
- 5) Draft a layout
- 6) Create intentional visual path
- 7) Create a purposeful hierarchy
- 8) Use white space
- 9) Get feedback
- 10) Triple check consistency

<http://www.evaluate.org/>



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Creating Effective 1-Page Reports

Tutorial Videos by EvaluATE→

- [One-Page Reports: Introduction](#)
- [One-Page Reports: Building the Foundation](#)
- [One-Page Reports: Visual Strategies](#)
- [One-Page Reports: Final Touches](#)

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Two CPWI Examples

Audience: Policymakers

Community Prevention and Wellness Initiative (CPWI)

Adolescent Substance Use Prevention

Problem: Adolescent Substance Use in WA State

Prevalence of Substance Use in WA State

The 2016 Healthy Youth Survey found that 20% of 10th grade students drink alcohol, 17% use marijuana, 13% use e-cigs or vape pens, and 6% use cigarettes.¹ These rates translate to tens of thousands of adolescents using these substances.

Economic Cost of Substance Use in WA State

The total economic cost of alcohol and drug abuse in Washington State in 2012 was estimated at \$6.12 billion. This cost is primarily due to the indirect costs substance abuse has on lost productivity, premature mortality, health care and crime.²

Solution: Washington State's Community Prevention and Wellness Initiative

What is Community Prevention and Wellness Initiative (CPWI)?

CPWI is a strategic, data-informed, community coalition model aimed at preventing adolescent substance use and related risk factors and improving school outcomes. CPWI uses a community coalition model as a prevention strategy to foster community ownership of prevention efforts and to increase sustainability of prevention programming. Currently, there are 64 communities at various stages in the CPWI process. CPWI is a comprehensive, multi-component, and multilevel initiative which aims to reduce individual, peer, family, school, and community risk factors associated with adolescent substance use.

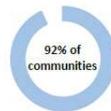
How is CPWI different?

Washington State Division of Behavioral Health and Recovery (DBHR) started CPWI in 2011 as a new

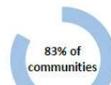
Results

Did 10th grade substance use & risk factors decrease from baseline to 2016 in CPWI Cohorts 1-3 communities?

Yes. In a majority of CPWI communities, there were statistically significant decreases in substance use and related risk factors from baseline to 2016.



in Cohort 1 (11 of 12 communities) had significant reduction in any alcohol use in past 30 days. Result was neutral for the remaining community.



in Cohort 2 (5 of 6 communities) had significant reductions in early initiation of substance use, and perceived availability

Audience: Program Providers

Community Prevention & Wellness Initiative (CPWI)

Washington State Division of Behavioral Health and Recovery (DBHR) introduced the Community Prevention and Wellness Initiative (CPWI) in 2011 to reduce underage substance use and related risk factors as well as improve school outcomes among adolescents. CPWI is a community coalition model aimed at bringing together key local stakeholders to support population-level change in high-risk communities across the state. There are currently 5 CPWI Cohorts with 64 communities at various stages in the CPWI process.

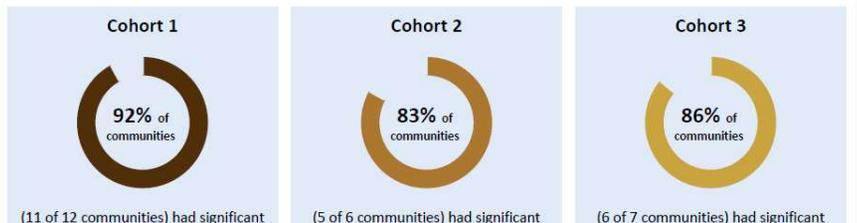
CPWI Program Evaluation

DBHR has partnered with the IMPACT Research Lab at Washington State University to evaluate CPWI. Substance use and related risk factors data are from the Healthy Youth Survey (HYS). This survey is administered every 2 years to students in the 6th, 8th, 10th, and 12th grade in approximately 1,000 public schools across the state. School outcome data (i.e. graduation and dropout rates) are from the Washington State Office of Superintendent of Public Instruction (OSPI).

Did 10th grade substance use & risk factors change from baseline to 2016 in CPWI Cohorts 1-3 communities?

Yes. A majority of results were either positive (statistically significant reduction in substance use or risk factors at $p < .10$) or neutral (no significant change $p = < .10$) for all CPWI communities.

We used chi-square analysis to examine whether substance use and associated risk factors have changed significantly from baseline to 2016 (post-intervention). Baseline for Cohort 1 is 2008 HYS data, while baseline for Cohorts 2 and 3 is 2010 HYS data.





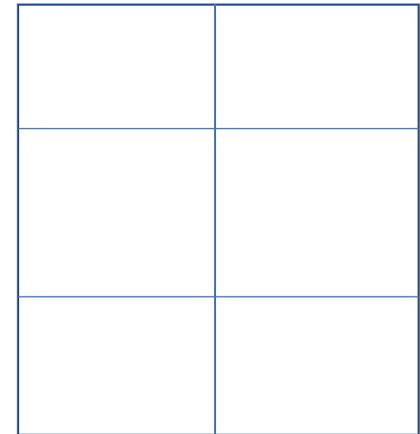
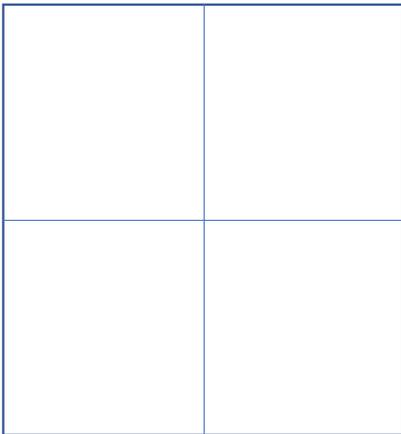
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Creating an Effective 1-Page Report

- Choose a grid
- Draft the layout



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Choose a Grid & Draft the Layout

Community Prevention and Wellness Initiative (CPWI) Adolescent Substance Use Prevention	
<p>Problem: Adolescent Substance Use in WA State</p> <p>Prevalence of Substance Use in WA State</p> <p>The 2016 Healthy Youth Survey found that 20% of 10th grade students drink alcohol, 17% use marijuana, 13% use e-cigs or vape pens, and 6% use cigarettes.¹ These rates translate to tens of thousands of adolescents using these substances.</p>	<p>Economic Cost of Substance Use in WA State</p> <p>The total economic cost of alcohol and drug abuse in Washington State in 2012 was estimated at \$6.12 billion. This cost is primarily due to the indirect costs substance abuse has on productivity, premature mortality, health care and crime.²</p>
<p>Solution: Washington State's Community Prevention and Wellness Initiative</p> <p>What is Community Prevention and Wellness Initiative (CPWI)?</p> <p>CPWI is a strategic, data-informed, community coalition model aimed at preventing adolescent substance use and related risk factors and improving school outcomes. CPWI uses a community coalition model as a prevention strategy to foster community ownership of prevention efforts and to increase sustainability of prevention programming. Currently, 120 communities are in various stages in the CPWI process. CPWI is a comprehensive, multi-component, and multilevel initiative which aims to reduce individual, peer, family, school, and community risk factors associated with adolescent substance use.</p> <p>How is CPWI different?</p> <p>Washington State Division of Behavioral Health and Recovery (DBHR) started CPWI in 2011 as a new funding approach to prioritize allocation of prevention funds to traditionally underserved, high-need communities throughout the state. CPWI is unique in its approach to community selection because CPWI communities are selected based primarily on risk scores computed from key substance use and consequence indicators.</p> <p>How can CPWI impact my community?</p> <p>Early initiation of substance use is associated with higher levels of use and abuse later in life. Preventing or delaying the onset of substance use means lowering the likelihood of substance use disorders, lowering the likelihood of negative social, behavioral, and health outcomes, and lowering the economic cost of substance use for our community.³</p>	
<p>Results</p> <p>Did 10th grade substance use & risk factors decrease from baseline to 2016 in CPWI Cohorts 1-3 communities?</p> <p>In a majority of CPWI communities, there were statistically significant decreases in substance use and related risk factors from baseline to 2016.</p>	<p>Cohort 1 (11 of 12 communities) had significant reductions in any substance use in past 30 days. Result was neutral for the remaining community.</p> <p>Cohort 2 (5 of 6 communities) had significant reductions in early initiation of substance use, and perceived availability of drugs in community. Result was neutral for remaining community.</p> <p>Cohort 3 (6 of 7 communities) had significant reduction in any cigarette smoking ever. Result was neutral for remaining community.</p> <p>Cohort 3 (5 of 6 communities) had significant reductions in any cigarette smoking in past 30 days, any binge drinking in past 2 weeks, and early initiation of substance use. Result was neutral for remaining community.</p>

Community Prevention & Wellness Initiative (CPWI)

Washington State Division of Behavioral Health and Recovery (DBHR) introduced the Community Prevention and Wellness Initiative (CPWI) in 2011 to reduce underage substance use and related risk factors as well as improve school outcomes among adolescents. CPWI is a community coalition model aimed at bringing together key local stakeholders to support population-level change in high-risk communities across the state. There are currently 5 CPWI Cohorts with 64 communities at various stages in the CPWI process.

CPWI Program Evaluation

DBHR has partnered with the IMPACT Research Lab at Washington State University to evaluate CPWI. Substance use and related risk factors data are from the Healthy Youth Survey (HYS). This survey is administered every 2 years to students in the 6th, 8th, 10th, and 12th grade in approximately 1,000 public schools across the state. School outcome data (i.e. graduation and dropout rates) are from the Washington State Office of Superintendent of Public Instruction (OSPI).

Did 10th grade substance use & risk factors change from baseline to 2016 in CPWI Cohorts 1-3 communities?

Yes. A majority of results were either positive (statistically significant reduction in substance use or risk factors at $p < .10$) or neutral (no significant change $p < .10$) for all CPWI communities.

We used chi-square analysis to examine whether substance use and associated risk factors have changed significantly from baseline to 2016 (post-intervention). Baseline for Cohort 1 is 2008 HYS data, while baseline for Cohorts 2 and 3 is 2010 HYS data.

Cohort 1	Cohort 2	Cohort 3
<p>92% of communities</p> <p>(11 of 12 communities) had significant reductions in any substance use in past 30 days. Result was neutral for remaining community.</p>	<p>83% of communities</p> <p>(5 of 6 communities) had significant reductions in any initiation of substance use, and perceived availability of drugs in community.</p>	<p>86% of communities</p> <p>(6 of 7 communities) had significant reductions in any cigarette smoking ever. Result was neutral for remaining community.</p>
<p>78% of communities</p> <p>(7 of 9 communities) had significant reduction in any binge drinking in past 2 weeks. Results were neutral for remaining communities.</p>	<p>80% of communities</p> <p>(4 of 5 communities) had significant reduction in any cigarette smoking in past 30 days. Result was neutral for the remaining community.</p>	<p>83% of communities</p> <p>(5 of 6 communities) had significant reductions in any cigarette smoking in past 30 days, any binge drinking in past 2 weeks, and early initiation of substance use.</p>



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Create an Intentional Visual Path

Community Prevention and Wellness Initiative (CPWI) Adolescent Substance Use Prevention

Problem: Adolescent Substance Use in WA State

Prevalence of Substance Use in WA State

The 2016 Healthy Youth Survey found that 20% of 10th grade students drink alcohol, 17% use marijuana, 13% use e-cigs or vape pens, and 6% use cigarettes.¹ These rates translate to tens of thousands of adolescents using these substances.

Economic Cost of Substance Use in WA State

The total economic cost of alcohol and drug abuse in Washington State in 2012 was estimated at \$6.12 billion. This cost is primarily due to the indirect costs substance abuse has on lost productivity, premature mortality, health care and crime.²

Solution: Washington State's Community Prevention and Wellness Initiative

What is Community Prevention and Wellness Initiative (CPWI)?

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How is CPWI different?

Washington State Division of Behavioral Health and Recovery (DBHR) started CPWI in 2011 as a new funding approach to prioritize allocation of prevention funds to traditionally underserved, high-need communities throughout the state. CPWI is unique in its approach to community selection because CPWI communities are selected based primarily on risk scores computed from key substance use and consequence indicators.

How can CPWI impact my community?

Early initiation of substance use is associated with higher levels of use and abuse later in life. Preventing or delaying the onset of substance use means lowering the likelihood of substance use disorders, lowering the likelihood of negative social, behavioral, and health outcomes, and lowering the economic cost of substance use for our community.³

Results

Did 10th grade substance use & risk factors decrease from baseline to 2016 in CPWI Cohorts 1-3 communities?

Yes. In a majority of CPWI communities, there were statistically significant decreases in substance use and related risk factors from baseline to 2016.



In Cohort 1 (11 of 12 communities) had significant reduction in any alcohol use in past 30 days. Result was neutral for the remaining community.



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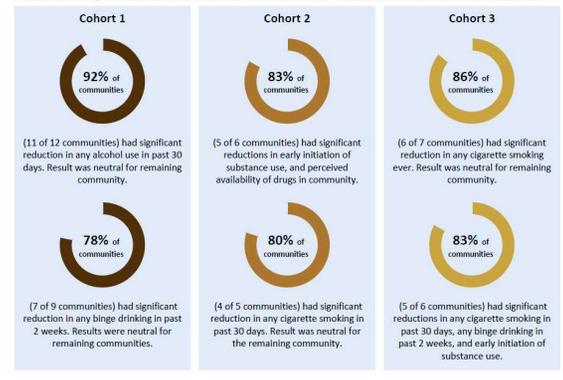
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Create a Purposeful Hierarchy

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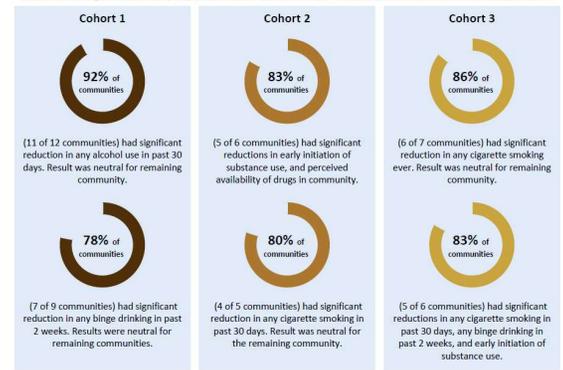
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Use White Space

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Solution: Washington State's Community Prevention and Wellness Initiative

What is Community Prevention and Wellness Initiative (CPWI)?

CPWI is a strategic, data-informed, community coalition model aimed at preventing adolescent substance use and related risk factors and improving school outcomes. CPWI uses a community coalition model as a prevention strategy to foster community ownership of prevention efforts and to increase sustainability of prevention programming. Currently, there are 64 communities at various stages in the CPWI process. CPWI is a comprehensive, multi-component, and multilevel initiative which aims to reduce individual, peer, family, school, and community risk factors associated with adolescent substance use.

How is CPWI different?

Washington State Division of Behavioral Health and Recovery (DBHR) started CPWI in 2011 as a new funding approach to prioritize allocation of prevention funds to traditionally underserved, high-need communities throughout the state. CPWI is unique in its approach to community selection because CPWI communities are selected based primarily on risk scores computed from key substance use and consequence indicators.

How can CPWI impact my community?

Early initiation of substance use is associated with higher levels of use and abuse later in life. Preventing or delaying the onset of substance use means lowering the likelihood of substance use disorders, lowering the likelihood of negative social, behavioral, and health outcomes, and lowering the economic cost of substance use for our community.³

Results

Did 10th grade substance use & risk factors decrease from baseline to 2016 in CPWI Cohorts 1-3 communities?

Yes. In a majority of CPWI communities, there were statistically significant decreases in substance use and related risk factors from baseline to 2016.



In Cohort 1 (11 of 12 communities) had significant reduction in any alcohol use in past 30 days. Result was neutral for the remaining community.



In Cohort 2 (5 of 6 communities) had significant reductions in early initiation of substance use, and perceived availability of drugs in community. Result was neutral for remaining community.



In Cohort 3 (6 of 7 communities) had significant reduction in any cigarette smoking ever. Result was neutral for remaining community.



In Cohort 3 (5 of 6 communities) had significant reductions in any cigarette smoking in past 30 days, any binge drinking in past 2 weeks, and early initiation of substance use. Result was neutral for remaining community.

Community Prevention & Wellness Initiative (CPWI)

Washington State Division of Behavioral Health and Recovery (DBHR) introduced the Community Prevention and Wellness Initiative (CPWI) in 2011 to reduce underage substance use and related risk factors as well as improve school outcomes among adolescents. CPWI is a community coalition model aimed at bringing together key local stakeholders to support population-level change in high-risk communities across the state. There are currently 5 CPWI Cohorts with 64 communities at various stages in the CPWI process.

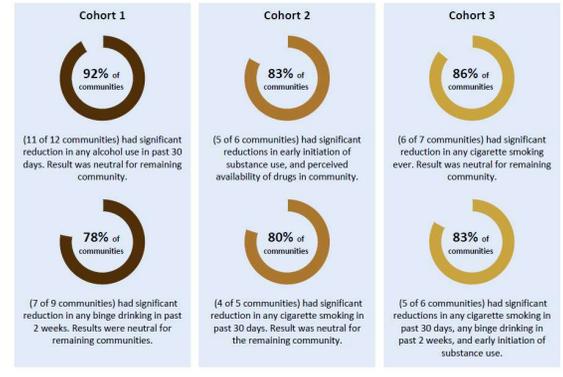
CPWI Program Evaluation

DBHR has partnered with the IMPACT Research Lab at Washington State University to evaluate CPWI. Substance use and related risk factors data are from the Healthy Youth Survey (HYS). This survey is administered every 2 years to students in the 6th, 8th, 10th, and 12th grade in approximately 1,000 public schools across the state. School outcome data (i.e. graduation and dropout rates) are from the Washington State Office of Superintendent of Public Instruction (OSPI).

Did 10th grade substance use & risk factors change from baseline to 2016 in CPWI Cohorts 1-3 communities?

Yes. A majority of results were either positive (statistically significant reduction in substance use or risk factors at $p < .10$) or neutral (no significant change $p < .10$) for all CPWI communities.

We used chi-square analysis to examine whether substance use and associated risk factors have changed significantly from baseline to 2016 (post-intervention). Baseline for Cohort 1 is 2008 HYS data, while baseline for Cohorts 2 and 3 is 2010 HYS data.





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Get Feedback

- Share with colleagues to:
 - Catch errors
 - Note areas that need clarification
 - Ensure the report makes sense and is achieving its primary purpose



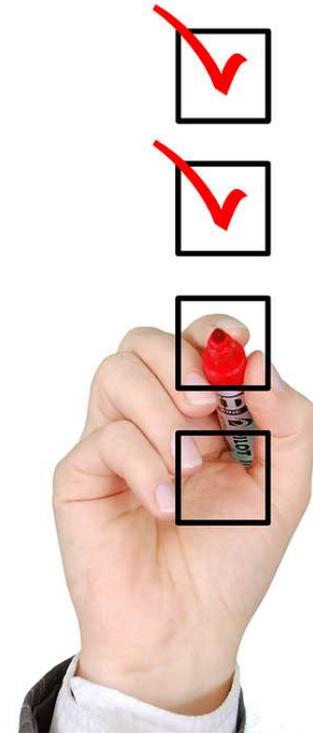


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Triple Check for Consistency

- Fonts
- Alignment
- Size
- Colors





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Image Resources

- Stock images
 - Pixabay: <https://pixabay.com/>
 - Pexels: <https://www.pexels.com/>
 - Pik Wizard: <https://pikwizard.com/>
- Icon repository
 - Noun Project: <https://thenounproject.com/>
- Color scheme generator
 - Colorbrewer: <http://colorbrewer2.org/>



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Taking Action





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Taking Action: 15% Solutions

- **Goal:** To apply what you've learned today and identify actions (however small) you can do when you get home.
- **Question:** What is your 15%? What can you do (without more resources) based on what you've learned today?
- **Structure:**
 - 1) Make your own list of "15% solutions"
 - 2) Get in groups of 2-4 to share your list
 - 3) Group members provide consultation

Activity modified from Liberating Structures:

<http://www.liberatingstructures.com/7-15-solutions/>



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Acknowledgements

- SAMSHA's Center for the Application of Prevention Technologies
- WA State Division of Behavioral Health and Recovery
- Frameworks Institute
- Pennsylvania State University EPISCenter
- EvaluATE
- Liberating Structures



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Help us build the NWPTTC data story!

- Please complete the GPRA form to provide feedback on today's workshop. We value and appreciate your input!

