

2024 Community Needs Assessment Data Books

How to Read and Understand Your Data

JUNE 26, 2024

Presented to the

Prevention Learning Community Meeting HCA Division of Behavioral Health and Recovery

By the

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Plan of the Presentation

Background

- What are the Community Needs Assessment Data Books?
- Prevention Coalition Logic Model
- Data Source and Variables
- How to Read the Charts and Tables

Main Section

- Part 1: Consequences
- Part 2: Consumption
- Part 3: Intervening Variables
- Part 4: All Risk and Protective Factors
- Opioids Chapter
- Community Demographics
- Health Equity Chapter
- Conclusions and Qs and As





CPWI Community Needs Assessment Data Books

History

- DBHR contracted with counties and OSPI to provide community and school-based prevention services to reduce youth substance use, and the problem behaviors associated with substance use
- The Prevention Redesign Initiative (PRI) began in 2009-2010
 - Communities such as school districts and neighborhoods rather than counties
 - Concentrates services in high need communities
- Changed to Community Prevention and Wellness Initiative (CPWI) in 2012

CPWI Community Needs Assessment Data Books

- A portrait of the indicators most relevant for community-level prevention planning
- Organized around Prevention Coalition Logic Model
- Used in the assessment phase of the Strategic Prevention Framework
- Data trends allow Coalitions to evaluate their progress toward chosen goals
- Goal: to make data-driven decision-making as user-friendly as possible





Data Books: Successes and Challenges

Successes!!

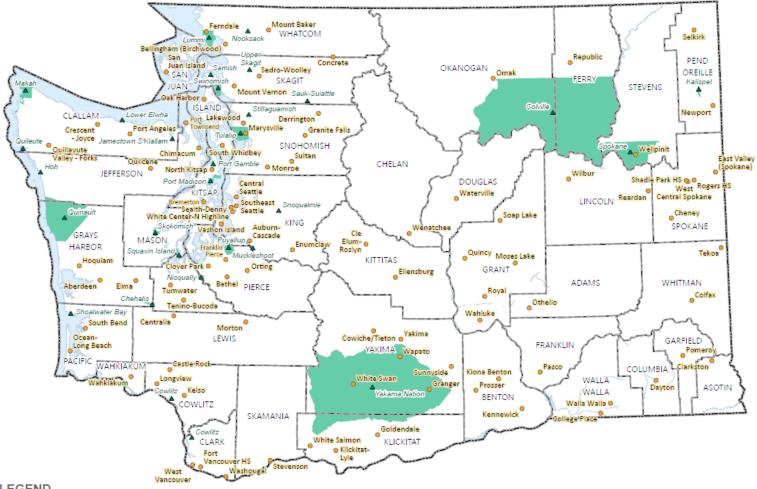
- 111 Data Books have been produced in 2024 for CPWI communities and DFCs (Drug-Free Communities)
- Plus, one Sample Community Data Book to be shared without Data Sharing Agreement (DSA)
 for Healthy Youth Survey (HYS) data
- 136 pages long, with tables, charts, maps, graphics, text, data notes, and "how-to-use"
- Data Books present the latest data: the 2023 HYS and the year 2022 for other data sources,
 as well as historical data
- Close to 1,200 different maps prepared for the 2024 Data Books

Challenges!!

- Changes! With every Data Book release, we have all or some of the following: a different set of communities, different variables, additional sections, new data sources, different community boundaries and different coalition names
- The communities are very diverse, from very large to very small, from urban to rural; in addition to school districts (SDs) and a few urban neighborhoods in the initial releases we now have multi-school district communities, county-level communities and other areas
- Some communities started to participate in HYS long time ago, others only recently. Some communities have high response rates on HYS, others low
 - > As a result, very few Data Books are identical in their content
 - It is no longer as seamless a document as we initially designed it, despite our best efforts



Prevention services are focused in communities and Tribes throughout Washington



LEGEND

- Community Prevention and Wellness Initiative Communities
- Tribal Prevention and Wellness Programs
- Tribal Lands
 - Counties

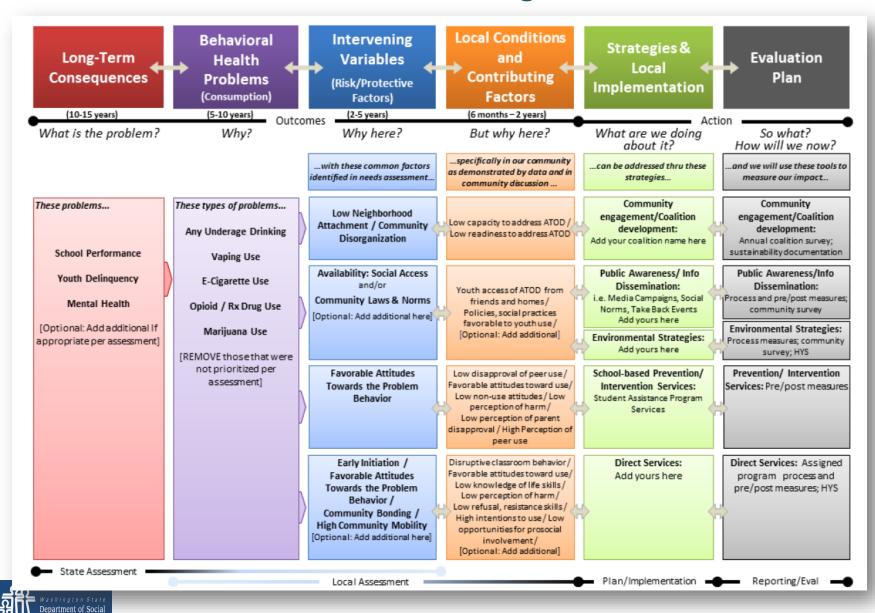
SOURCES: DSHS Research and Data Analysis. Community Outcome and Risk Evaluation. Geographic Information System (CORE).

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June 17th, 2024



Prevention Coalition Logic Model



& Health Services

Transforming lives

From the *Prevention Coalition Logic Model* to Your Data Book

Where to use the information in this report in your Community Needs Assessment

This diagram demonstrates the components that correlate to the CPWI logic model. Each of these components include key data measures that feed into the logic model.

Consequences

Behaviors that are known to be associated with substance use

Consumption

Measure of the number of youth using/consuming alcohol and other substances

Intervening **Variables**

Characteristics that are strongly predictive of underage drinking and substance use

Strategies

Activities selected to address problems identified in the needs assessment

MEASURES

School Performance

- Self-reported Grades
- Skipping School
- Graduation Rates

Youth Delinquency

- Self-reported Fighting
- Carrying a Weapon
- Gang Membership
- Drinking and Driving
- Marijuana Use and Driving
- Arrest Rates
- Weapon Incidents in Schools

Mental Health

- Depression
- · Considering Suicide

Measures with [brackets] around them are those

for which we do not have state level indicators.

Suicide Attempts

MEASURES

Youth Substance Use

- Current Drinking
- Problem or Heavy Drinking
- Cigarette Smoking
- Marijuana Use
- E-Cigarette / Vape Pen Use.
- Other Illegal Drug Use
- Prescription Drug Use

MEASURES

[Community Connectedness]

Availability

- Ease of Access
- · Retail or Social Access (Usual Source)
- · Density of Licenses

Risk of Alcohol and Drug Use

- · Perception of Law Enforcement Risk
- · Perception of Risk from Alcohol and Drug Use
- Perception of risk from E-Cigarette/Vape Pen Use

Norms Around Alcohol Drug Use

- Attitudes Toward Youth Drinking and Drug Use
- Friends Use
- · Perception of Adult Attitudes

Risk and Protective Factors

- · Parental Attitudes Tolerant of Substance Use
- . Early Initiation of Drugs
- . Intentions to Use Drugs
- Friends' Use of Drugs
- Social Skills

Community Engagement

Coalition Development

Public Awareness

Information Dissemination

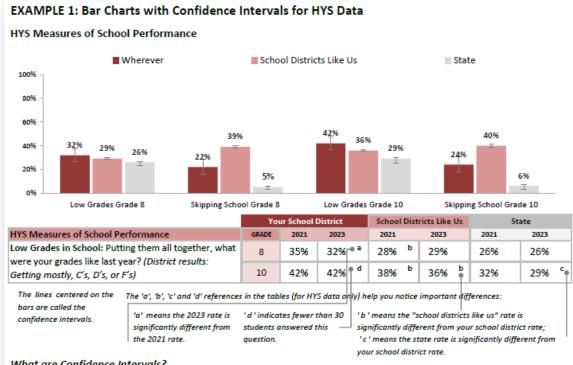
Environmental Strategies

School-based Prevention/ Intervention Services

Direct Services



How to Read the Charts and Tables (pp. 9-10)



What are Confidence Intervals?

It is unlikely that the percent score (or point estimate) reported for each question is exactly the same as the "true" value for all students in the school district. To describe this uncertainty (the difference between the reported value and the true value), this report includes 95% confidence intervals (CI) for the HYS data. The size of the confidence interval depends on the number of students answering each question. The more students who answer a survey question, the closer it will be to the true value. A 95% confidence interval means that we are 95% confident that the true value lies within this range.

If you are in a small school or school district, your CI will be wide. However, if your district surveyed the 7th-9th-11th graders, the estimates for the combined grades will be better that those you used in the last data report. Still, use caution when fewer than 30 students answered a question. But if you have an excellent participation rate, the point estimate is a good estimate for the students who took the survey—it's just that a small change in the number of students who answer a question (which students had the flu the day of the survey) can have a large impact on the point estimate.

NOTE: CORE data are not samples. This is why we do not report confidence intervals or statistical significance ('a', 'b', or 'c' in the table) for indicators from CORE data.



How to Read the Charts and Tables (pp. 9-10)

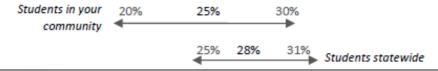
1. A significant difference:

- Students in your community report 25% ± 5%, so the point estimate is 25% and the true range is 20% to 30%
- Students statewide report 36% ± 3%, so the point estimate is 36% and the true range is 33% to 39%
- The ranges don't overlap, so the difference is significant



2. Not a significant difference:

- Your students report 25% ± 5%, so the point estimate is 25% and the true range is 20% to 30%
- Statewide students report 28% ± 3%, so the point estimate is 28% and the true range is 25% to 31%
- The ranges overlap, so the difference is not significant



3. Not sure if there is a difference:

- Your students report 25% ± 5%, so the point estimate is 25% and the true range is 20% to 30%
- Statewide students report 32% ± 3%, so the point estimate is 32% and the true range is 29% to 35%
- The ranges just barely overlap, but don't include either the point estimate for your students (25%) or the state (32%), so you don't know for sure if they are really different





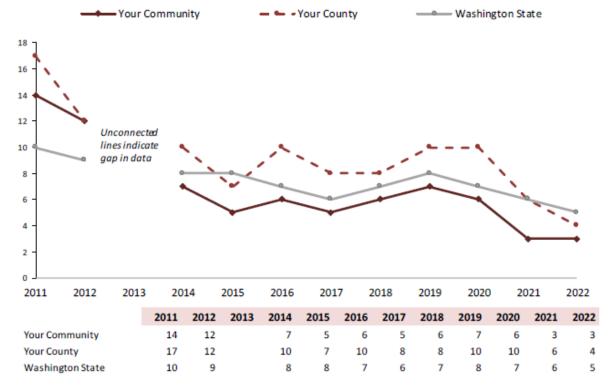
How to Read the Charts and Tables (pp. 9-10)

EXAMPLE 2: Trend Line Charts

Trend line charts allow you to monitor how indicators have changed over time. Note that gaps may appear in the trend lines and the tables if the data were not available that year. This could happen if, for example, a police jurisdiction did not submit arrest data to UCR, schools in the school district did not participate in HYS survey that year, or if the survey question was omitted for a particular grade level.

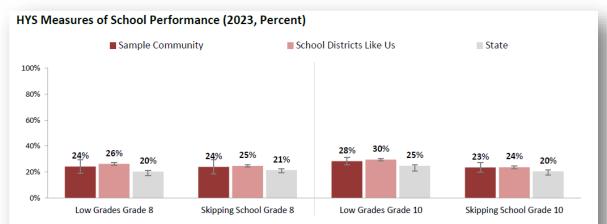
BE SURE to check the scale (units of measurement) for every chart because the scales in this report are different. For example, the chart below shows *Rate per 1,000* persons while the chart in Example 1 on the previous page shows *Percent* (which is another way to say, *Rate per 100 persons*).

Arrests (Age 10-17), Alcohol Violation (Rate per 1,000)

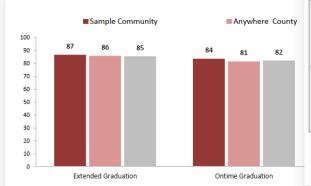




2024 Data Books: Part 1, Consequences, School Performance



CORE Measures of School Performance (2022, Rate per 100)



		Sample Commu	ınity	School Dist	ricts Like Us	St	ate
HYS Measures of School Performance	GRADE	2021	2023	2021	2023	2021	2023
Low Grades in School. Putting them all together, what were your grades like last year?	8	31%	24%	32%	26%	26%	20%
(District results: Getting mostly, C's, D's, or F's)	10	20%	28%	20%	30%	17%	25%
Skipping School. During the last 4 weeks, how many whole days of school have you missed	8	20%	24%	20%	25%	17%	21%
because you skipped or "cut"? (District results: Skipped any days)	10	33%	23%	33%	24%	27%	20%

^{*} The bar chart includes 2023 HYS results for your school district area, 'school districts like us' and the state.

	Sample Commu	ınity	Cou	inty	St	ate
CORE Measures of School Performance	2021	2022	2021	2022	2021	2022
Extended Graduation Rate. The rate per 100 of students in the freshman cohort who graduate including those students who stay in school and take more than four years to complete their degree.	88	87	87	86	86	85
On-time Graduation Rate. The rate per 100 of students in the freshman cohort who graduate in four years to complete their degree.	83	84	82	81	83	82

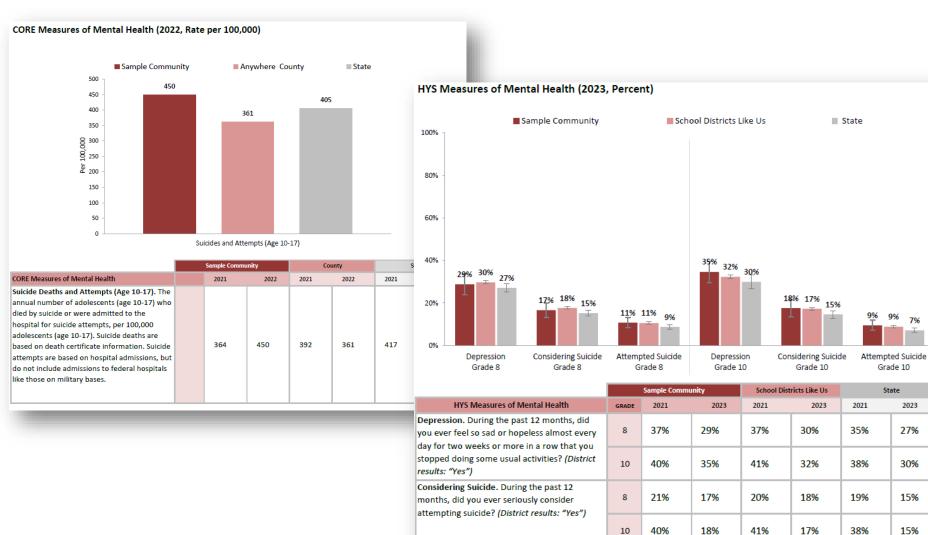
^a The 2023 rate is significantly different from the 2021 rate.

^c The state rate is significantly different from your district area rate.

^b The "school districts like us" rate is significantly different from your school district area rate.

d Fewer than 30 students answered this question.

2024 Data Books: Part 1, Consequences, Mental Health





9%

7%

Attempted Suicide. During the past 12 months,

how many times did you actually attempt suicide? (District results: Any suicide attempts) 8

10

11%

21%

11%

9%

11%

22%

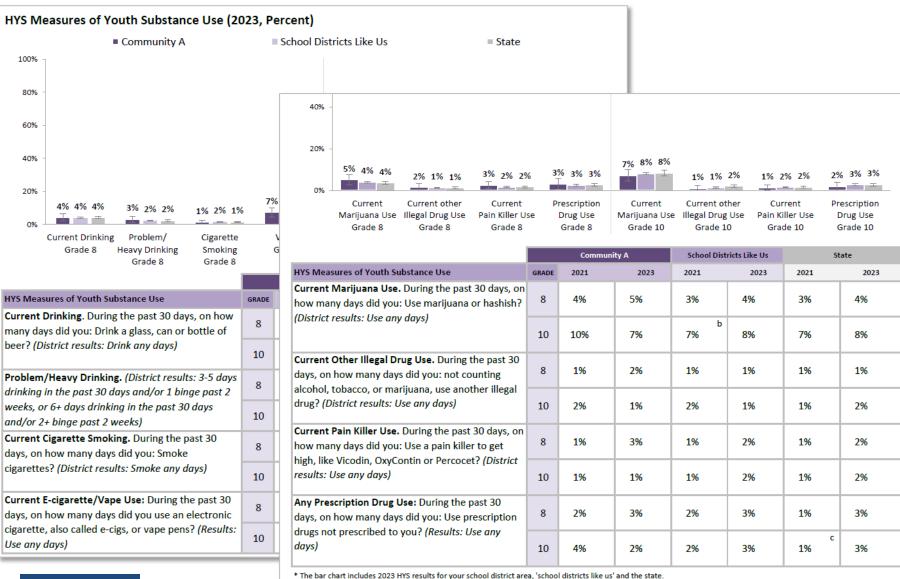
11%

9%

9%

20%

Part 2, Consumption, Youth Substance Use



[&]amp; Health Services Transforming lives

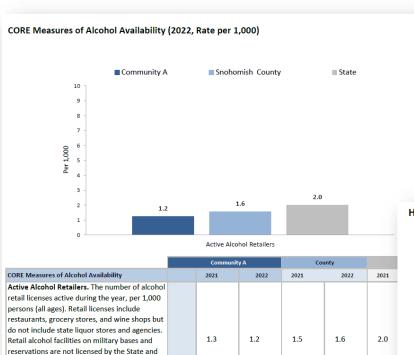
a The 2023 rate is significantly different from the 2021 rate.

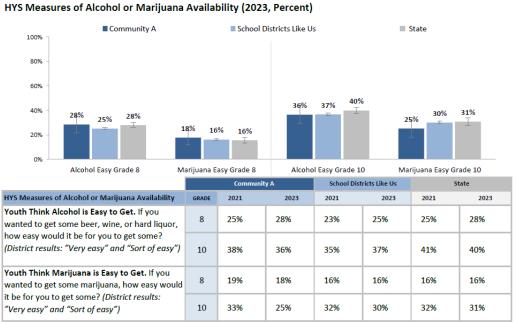
b The "school districts like us" rate is significantly different from your school district area rate.

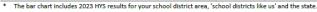
^c The state rate is significantly different from your district area rate.

d Fewer than 30 students answered this question.

Part 3, Intervening Variables, Availability







 $[\]ensuremath{\text{a}}$ The 2023 rate is significantly different from the 2021 rate.

c The state rate is significantly different from your district area rate.

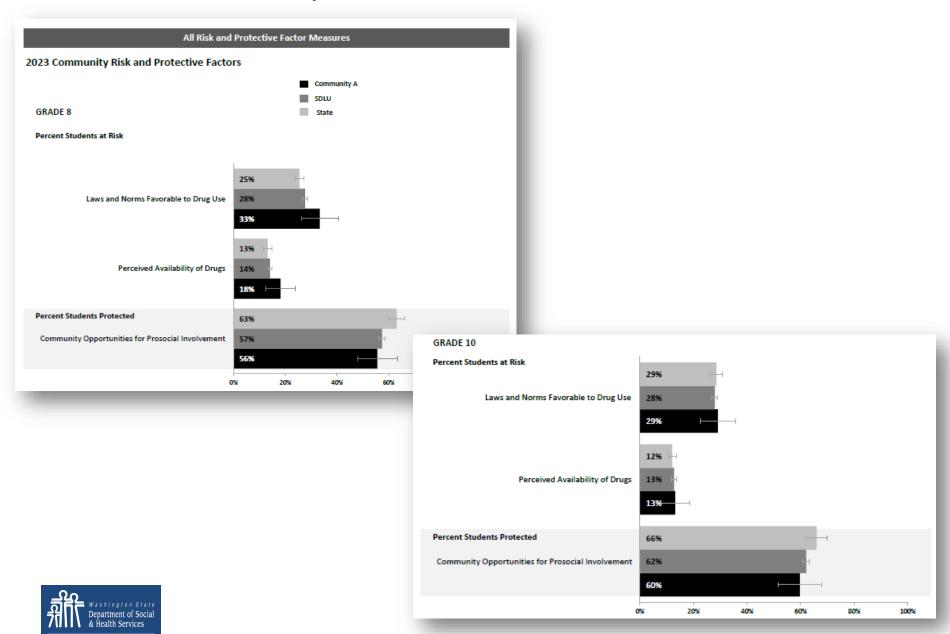


therefore are not included in these data.

b The "school districts like us" rate is significantly different from your school district area rate.

d Fewer than 30 students answered this question.

Part 4, All Risk and Protective Factors



Transforming lives

Part 4, All Risk and Protective Factors & Trends

HYS data

2014

Perceived Availability of Drugs SCALE QUESTIONS • If you wanted to get some beer, wine, or hard liquor (for example, vodka, whiskey, or gin), how easy would it be for you to get some? • If you wanted to get some cigarettes, how easy would it be for you to get some? • If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some? • If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some? Grade 8 Community A SDLU State

2018

13%

14%

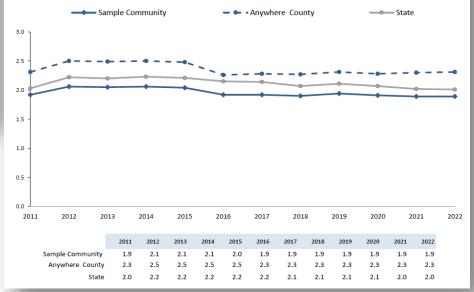
2021

CORE data

Alcohol Availability

Alcohol Retail Licenses (Rate per 1,000)

The alcohol retail licenses active during the year, per 1,000 persons (all ages). Retail licenses include restaurants, grocery stores, and wine shops but do not include state liquor stores and agencies. Retail alcohol facilities on military bases and reservations are not licensed by the state and therefore are not included in these data.





2016

State

SDLU

Community A 26%

2016 2018 2021 2023

17%

18% 16%

2023



Opioids Chapter



Data in the Opioids Chapter

... From the *Prescription Monitoring Program* (PMP)

Purpose of the PMP at the Washington State Department of Health (DOH) is to increase provider and community awareness about prescription drug and opioid misuse and abuse. The PMP collects dispensing records for controlled substance prescriptions (Schedule II, III, IV, or V), including samples, in Washington State.

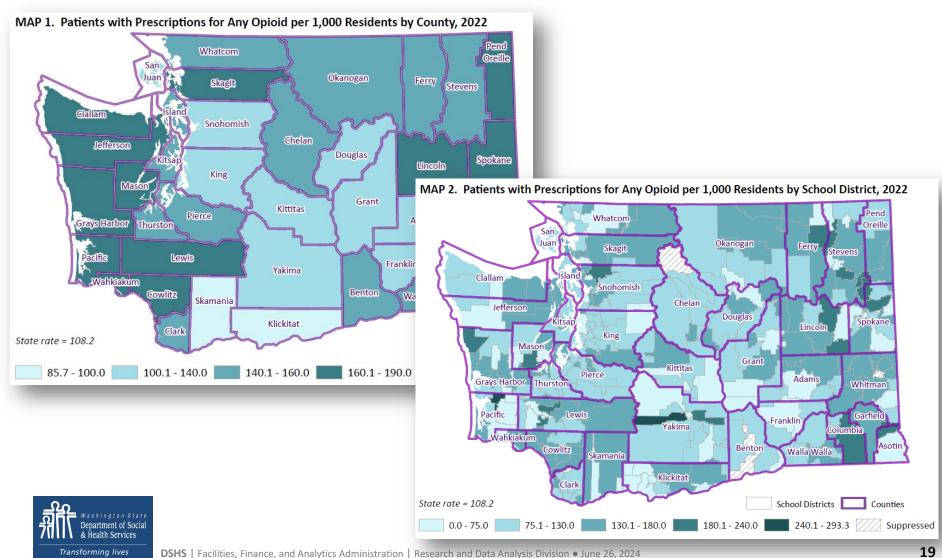
Not included are prescriptions: dispensed outside of WA state; prescribed for 24 hours or less; directly administered; given to a patient in the hospital; dispensed from a Department of Corrections pharmacy (unless an offender is released with a prescription); dispensed at an Opioid Treatment Program, and some federally operated pharmacies (Indian Health Services and Veterans Affairs report voluntarily). Wholesale distributors and manufacturers are excluded. Mandatory reporting began on 10/07/2011.

What information is in the Opioids Chapter?

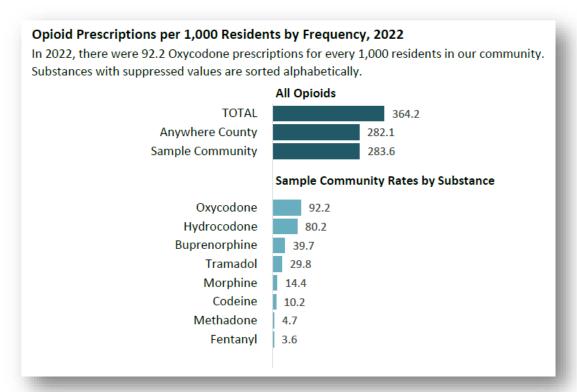
- Information for your community, your county, and the state for years 2017-2022
- In charts, maps, tables, and notes
- Counts of prescriptions filled by opioid type (All Controlled Substances, All Opioids, Buprenorphine, Codeine, Fentanyl, Hydrocodone, Methadone, Morphine, Oxycodone, Tramadol, Other Opioids)
- Ratios of patients with prescriptions per 1,000 residents
- Ratios of prescriptions per 100 patients
- All data by gender and age group



Statewide maps by county and school district provide an overview where counties and communities with high, average and low levels of prescribed opioids of different kind are located

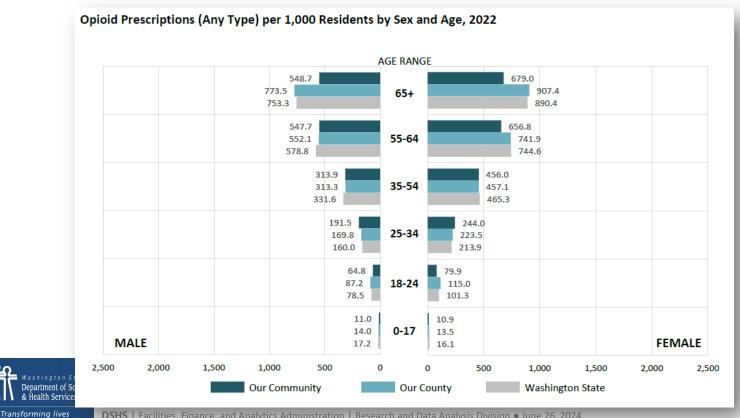


- 1. How does my community compare to my county and the state?
- 2. What are the most prescribed opioids in my community?
- 3. Do men and women obtain these prescribed opioids in a similar way?
- 4. Do prescriptions filled change with age?
- 5. What are the changes over time?

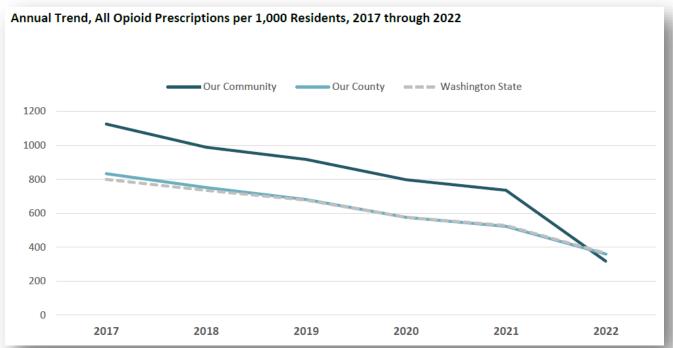




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- 5. What are the changes over time?

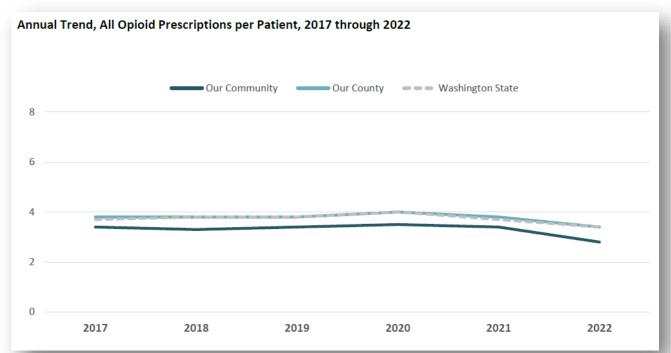


- 1. How does my community compare to my county and the state?
- 2. What are the most prescribed opioids in my community?
- 3. Do men and women obtain these prescribed opioids in a similar way?
- 4. Do prescriptions filled change with age?
- 5. What are the changes over time in prescriptions relatively to all residents?





- 1. How does my community compare to my county and the state?
- 2. What are the most prescribed opioids in my community?
- 3. Do men and women obtain these prescribed opioids in a similar way?
- 4. Do prescriptions filled change with age?
- 5. What are the changes over time in prescriptions per patient?





More data and more maps in the Chapter

MEASURE	GEOGRAPHY	SEX A	GE 0-17	18-24	25-34	35-54	55-64	65+	ALL AGES
Total Population	Our Community	Female	8,732	3,180	4,967	9,929	5,160	6,816	38,7
		Male	8,822	3,362	5,165	10,097	5,010	5,398	37,8
	Our County	Female	92,503	30,445	56,851	114,896	55,741	70,637	421,0
		Male	97,391	32,174	59,432	121,826	56,355	59,053	426,2
	Washington State	Female	827,443	333,735	553,565	993,601	490,295	724,759	3,923,3
		Male	868,447	350,143	587,241	1,031,477	480,882	622,818	3,941,0
			2022 Pres	criptions by G	eography,	Age and Sex			
2022 Rate of	Prescriptions p	er 1,000 R	SUBSTANCE	GEOGRAPH	Y SEX	AGE 0-17	18-24	25-34	35-54

2022 Rate o	f Prescriptions	per 1,000 R
CLIDCTANCE	CEOCRABHY	CEV

		•
SUBSTANCE	GEOGRAPHY	SEX /
All Controlled	Our Community	Female
Substances		Male
	Our County	Female
		Male
	Washington State	Female
		Male
All Opioids	Our Community	Female
		Male
	Our County	Female
		Male
	Washington State	Female
		Male
Oxycodone	Our Community	Female
		Male
	Our County	Female
		Male
	Washington State	Female
		Male
Hydrocodone	Our Community	Female
		Male
	Our County	Female
		Male
	Washington State	Female
		Male

SUBSTANCE	GEOGRAPHY	SEX	AGE 0-17	18-24	25-34	35-54	55-64	65+	ALL AGES
All Controlled	Our Community	Female	890	839	2,912	9,929	5,758	6,915	27,243
Substances		Male	1,976	721	2,517	6,198	4,157	4,390	19,959
	Our County	Female	14,275	15,876	43,182	135,659	79,319	105,852	394,163
		Male	26,281	12,741	35,296	95,551	56,626	73,675	300,170
	Washington State	Female	125,225	127 626	401 200	1 106 007	715 161	1 000 353	2 654 662

Our County

Washington State Female

Female

	Washington State	Female	125,2
		Male	234,5
All Opioids	Our Community	Female	
		Male	
	Our County	Female	1,2
		Male	1,3
	Washington State	Female	13,3
		Male	14,8
Oxycodone	Our Community	Female	
		Male	
	Our County	Female	7
		Male	7
	Washington State	Female	6,0
		Male	7,3
Hydrocodone	Our Community	Female	
		Male	
	Our County	Female	
		Male	
	Washington State	Female	
		Male	
Buprenorphine	Our Community	Female	
		Male	<
	Our County	Female	
		Male	
	Washington State	Female	1
		Male	3
Tramadol	Our Community	Female	
		Male	
	Our County	Female	18-
		Male	17-
	Washington State	Female	3

SUBSTANCE	GEOGRAPHY	SEX	AGE 0-17	18-24	25-34	35-54	55-64	65+	ALL AGES
All Controlled	Our Community	Female	2,34	2.08	2,75	3.67	3,58	3,43	3,33
Substances	,	Male	2.94	2.33	3.17	3.33	3.57	3.13	3.22
	Our County	Female	3.88	3.19	3.96	5.03	5.46	4.89	4.77
		Male	4.80	3.31	4.59	4.85	4.90	4.69	4.69
	Washington State	Female	3.78	2.95	3.90	4.91	5.38	4.91	4.69
		Male	4.65	3.16	4.31	4.78	4.96	4.59	4.60
All Opioids	Our Community	Female	1.07	1.40	2.17	2.90	3.07	3.05	2.81
		Male	1.07	1.57	2.35	2.75	3.22	2.81	2.74
	Our County	Female	1.16	1.35	2.11	3.31	4.28	4.08	3.44
		Male	1.18	1.40	2.57	3.23	3.81	3.82	3.31
	Washington State	Female	1.17	1.35	2.11	3.28	4.22	4.06	3.42
		Male	1.16	1.43	2.51	3.28	3.88	3.72	3.30
Oxycodone	Our Community	Female	1.12	1.23	1.32	2.20	2.80	2.73	2.32
		Male	1.08	1.33	1.58	2.22	2.94	2.58	2.40
	Our County	Female	1.16	1.25	1.53	2.57	3.50	3.37	2.74
		Male	1.14	1.25	1.56	2.59	3.30	3.26	2.78
	Washington State	Female	1.15	1.21	1.49	2.52	3.51	3.37	2.72
		Male	1.13	1.23	1.63	2.57	3.32	3.17	2.74
Hydrocodone	Our Community	Female	1.02	1.17	1.16	2.01	2.40	2.54	2.13
		Male	1.03	1.05	1.23	1.76	2.21	2.15	1.87
	Our County	Female	S	S	S	S	S	s	S
		Male	S	S	S	S	S	s	S
	Washington State	Female	S	s	s	s	S	s	s
		Male	S	S	S	S	S	S	S
Buprenorphine	Our Community	Female	S	3.78	4.48	4.82	4.18	3.45	4.50
		Male	1.00	3.82	3.72	4.01	4.79	4.64	4.07
	Our County	Female	S	5.05	6.52	7.87	8.06	6.68	S
		Male	S	4.51	6.45	7.20	7.25	6.53	S
	Washington State	Female	4.02	4.42	6.83	7.75	7.52	6.44	7.23
		Male	S	4.60	6.13	7.20	7.26	6.71	S
Tramadol	Our Community	Female	S	1.13	1.66	2.26	2.46	2.30	2.28
		Male	S	1.33	1.47	1.54	1.82	2.12	1.87

1.22

1.25

1.77

2.70

3.09

3.09



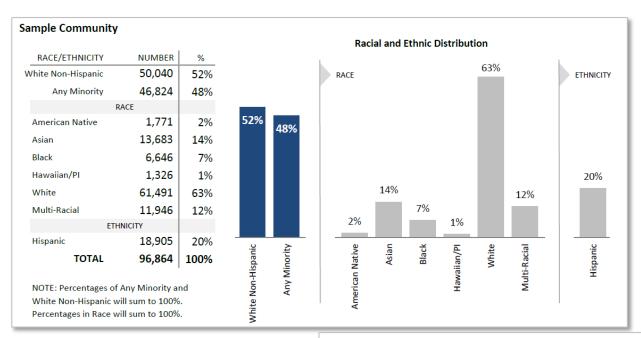
2.95



Community Demographics



Community Demographics: Race/Ethnicity and Age



Race and Ethnicity (Count, Percent)

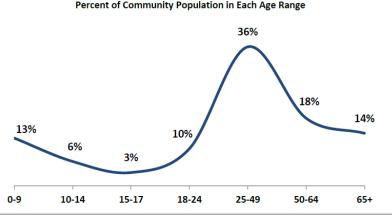
Persons whose race or ethnicity is: (1) "American Native" – American Indian or Alaska Native, one race only; (2) "Asian" – Asian, one race only; (3) "Black" – African American, one race only; (4) "Hawaiian/PI" – Native Hawaiian/Other Pacific Islander, one race only; (5) "White" – White, one race only; (6) "Multi-Racial" – Two or more races; (7) "Hispanic" – Persons whose ethnicity is Hispanic or Latino, of any race; (8) "Any Minority" – Persons of any race or ethnicity except for non-Hispanic White, one race only; calculated as a percentage of all persons. The race categories 1 through 6 may include persons of Hispanic or Latino origin.

Age Composition (Count, Percent)

Children (ages 0-9, 10-14, 15-17 years), adults (ages 18-24, 25-49, 50-64 years) and seniors (ages 65+) as a percentage of all persons.

Sample Community

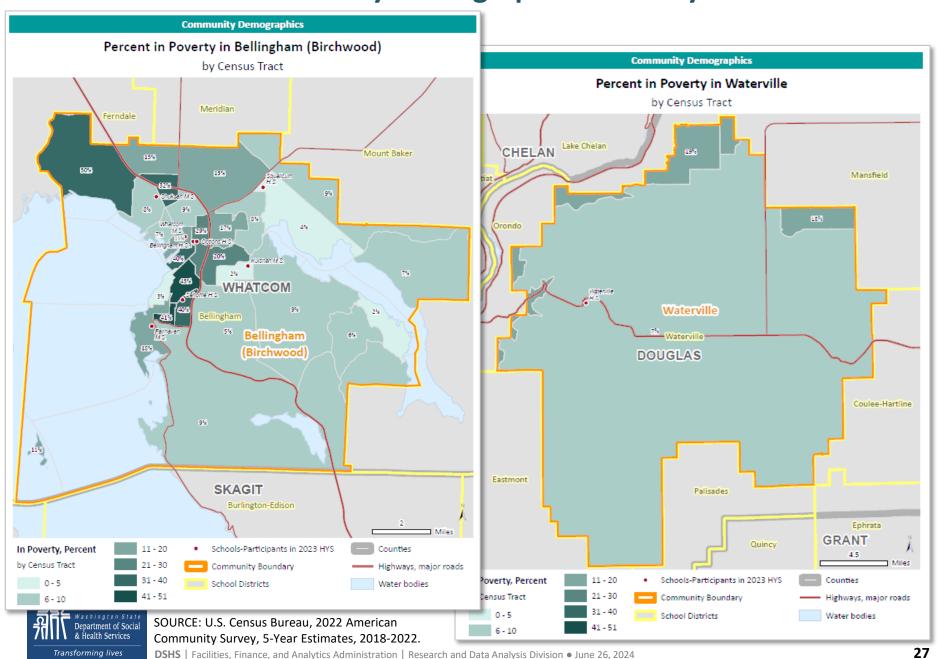
	%	NUMBER	AGE RANGE
	13%	12,118	0-9
	6%	6,190	10-14
	3%	3,377	15-17
	10%	9,417	18-24
	36%	35,247	25-49
139	18%	17,177	50-64
	14%	13,339	65+
	100%	96,864	TOTAL



SOURCE: Washington State Office of Financial Management, Forecasting Division (2024). 2022 Estimates of Age, Sex, Race and Hispanic Origin.



Community Demographics: Poverty





Health Equity



Health Equity

Mapping Race and Life Expectancy. Understanding where different racial and ethnic groups live can inform efforts to address race-related health disparities, for example by helping to inform culturally sensitive outreach such as the distribution of educational materials in languages other than English.

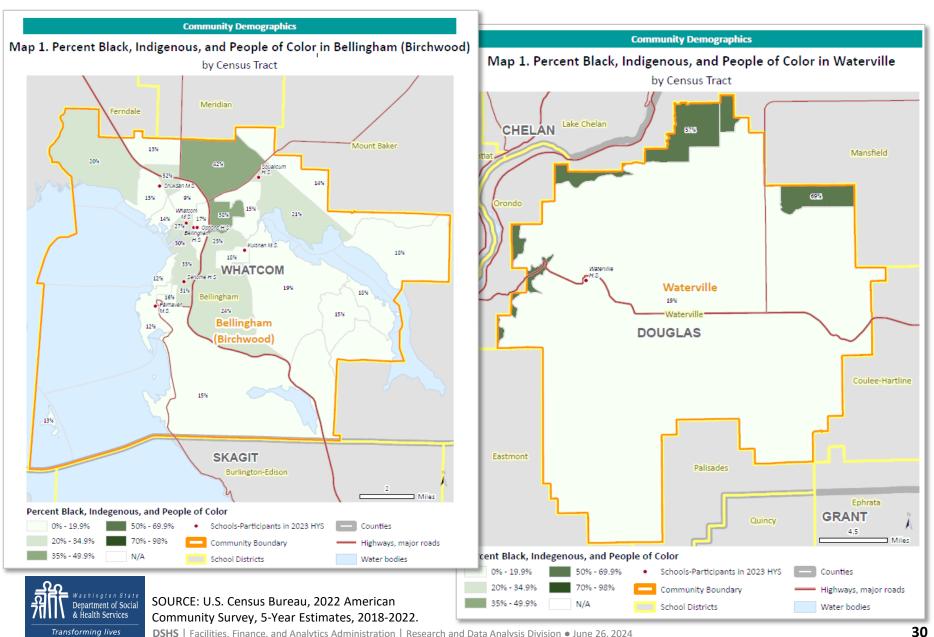
The following seven maps show the racial and ethnic composition of [your community]. They are followed by the map of life expectancy at birth [for your community]. Low life expectancy (shown in reddish hues) typically is indicative of health disparities affecting the community. When coinciding with high proportions of Black, Indigenous and People of Color (BIPOC) individuals among residents, low life expectancy points to the likely existence of race-related health disparities.

The data for Maps 1 through 7 came from the 2022 American Community Survey. The estimated life expectancy data for years 2018 through 2021 came from Washington State Department of Health. The data are shown at the Census tract level.

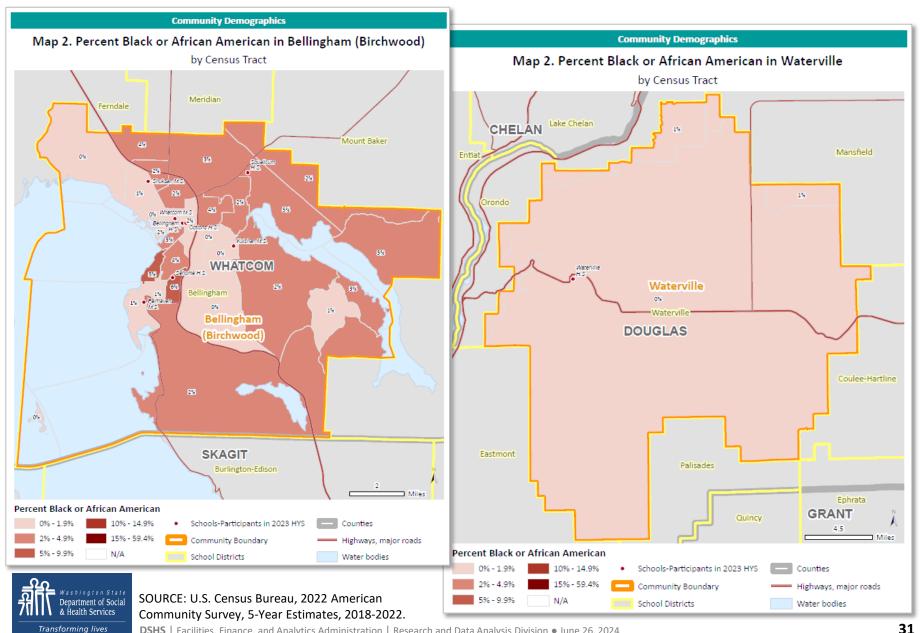
- Map 1. Percent Black, Indigenous, and People of Color.
- Map 2. Percent Black or African American.
- Map 3. Percent Indigenous or Native American.
- Map 4. Percent Hispanic or Latino.
- Map 5. Percent Asian.
- Map 6. Percent Native Hawaiian or Pacific Islander.
- Map 7. Percent White, Non-Hispanic.
- Map 8. Life Expectancy at Birth.



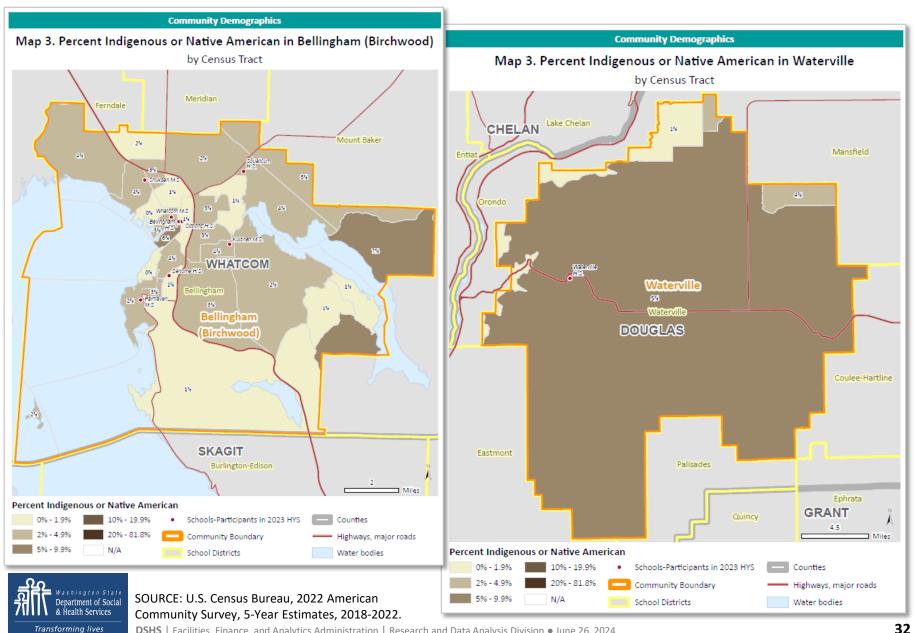
Health Equity Maps: Percent Black, Indigenous, and People of Color



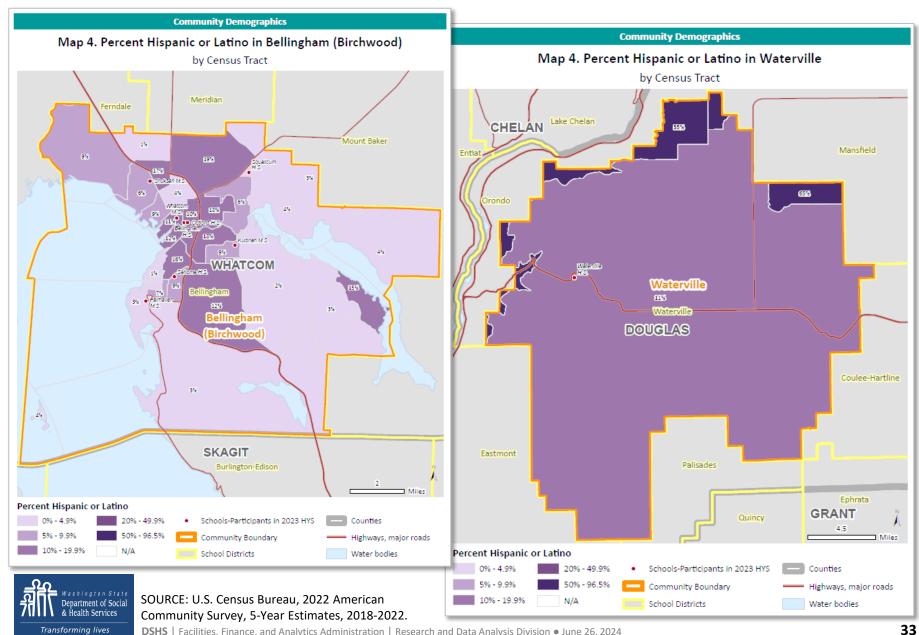
Health Equity Maps: Black or African American



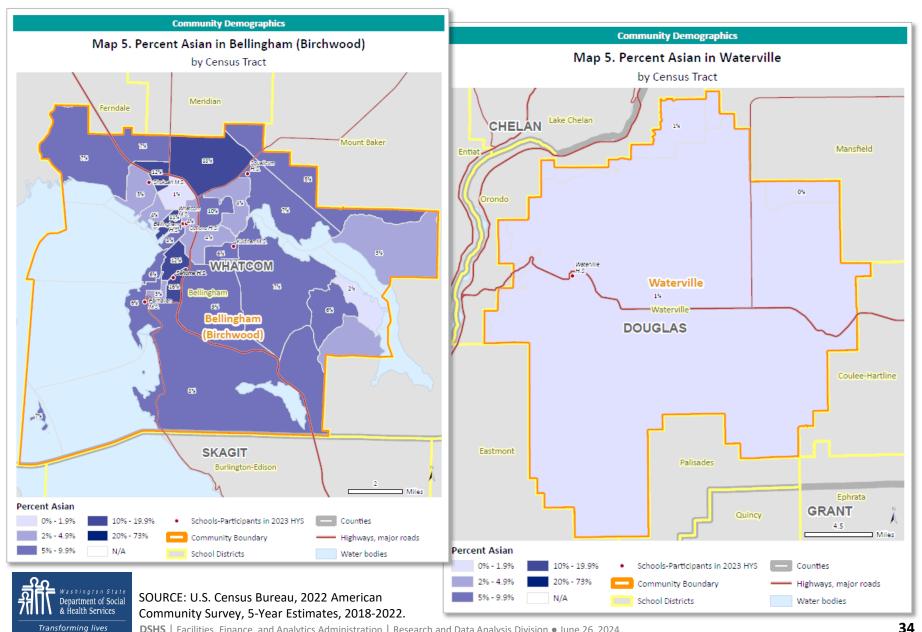
Health Equity Maps: Indigenous or Native American



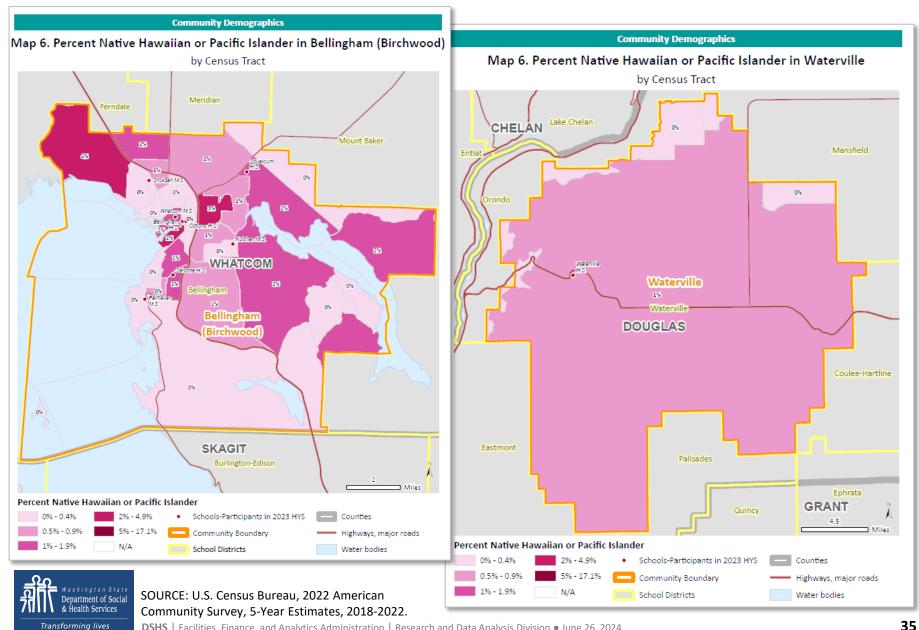
Health Equity Maps: Percent Hispanic or Latino



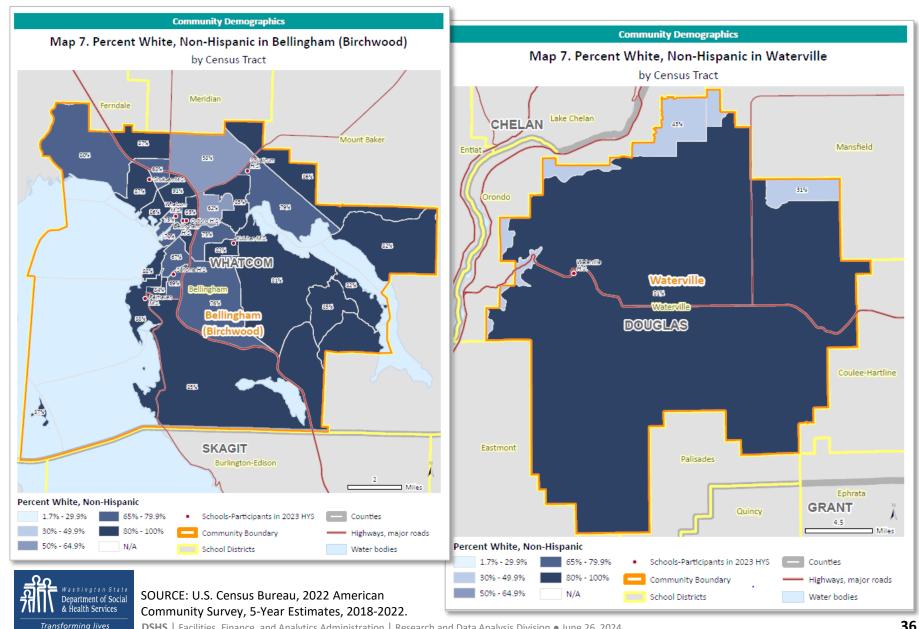
Health Equity Maps: Percent Asian



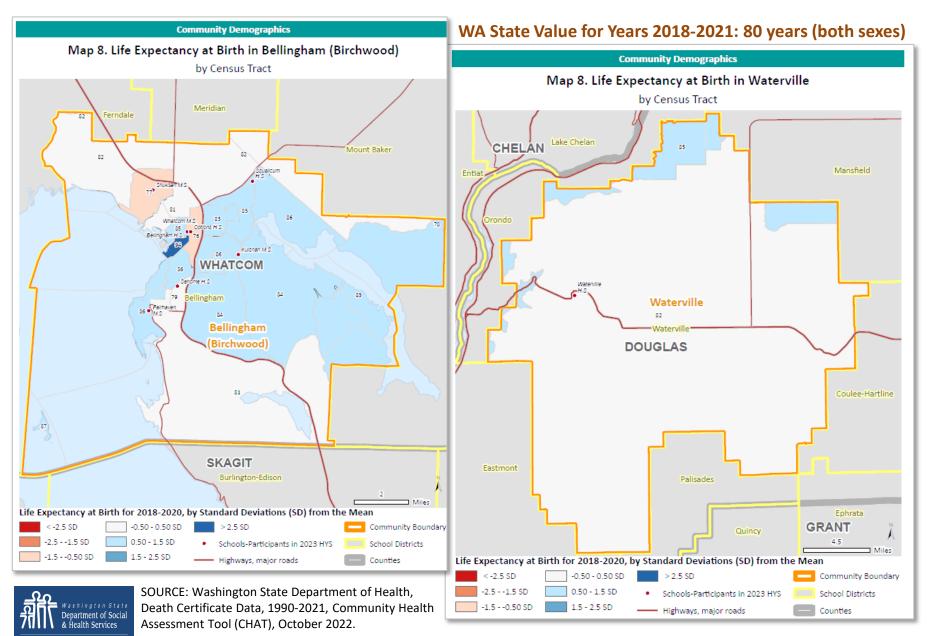
Health Equity Maps: Percent Native Hawaiian or Pacific Islander



Health Equity Maps: Percent White, Non-Hispanic



Health Equity Maps: Life Expectancy at Birth



Transforming lives

In conclusion...

The Data Books are

- Helpful for prevention strategic planning
- Comprehensive community assessment information in one document
- User-friendly design
 - Include detailed instructions ("How to Use this Data Report")
 - Present the data in tabular and graphic form

Uniqueness and strengths

- Built on a sound conceptual foundation
- High quality longitudinal data
- Rigorous methods facilitating comparisons over time and between communities
- Designed to conduct data validation and release only reliable data
 - Suppress small Ns when releasing the data
 - Calculate Weighted Reliability Index (WRI) to suppress unreliable results of geographic conversion for CORE variables
 - Adjust denominators for population of non-reporting agencies (usually, police jurisdictions)

Challenges and opportunities

- Changing community coalitions, diverse conditions across the state
- Methods: geographic mismatch between source geographic areas and the communities
- Interest in additional topics such as Health Equity, prescribed opioids, other







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