

# Needs Assessment Worksheet



COMMUNITY NAME: \_\_\_\_\_ YOUR NAME: \_\_\_\_\_

*Strategic Prevention Framework (SPF) Step 1, Assessment, involves conducting a needs assessment to identify a) the nature and extent of substance use problems and related behaviors in the community (what you will prioritize; b) the risk and protective factors that influence or contribute to these substance use problems and related behaviors (which may be different from community to community); and c) the existing resources and readiness of the community to address its substance use problems (where you are focusing your prevention efforts). The needs assessment, in turn, involves several critical functions, including data collection or acquisition, data management, analyses and the specification and prioritization of target issues and populations or geographic areas based on needs assessment data.*

There are six Core Data Elements<sup>1</sup> that guide us in the Assessment phase before we can move on to building capacity to address substance use problems in the community: 1) Consequences; 2) Consumption patterns; 3) Geographic target populations; 4) Intervening variables AKA risk and protective factors; 5) Community readiness; and 6) Prevention resources and infrastructure.

## Core Data Element #1: Consequences

*Consequences* describe what happens as a result of substance use/abuse. Any social, economic, or health problem can be defined as a substance-related consequence if the substance is associated with an *increased likelihood* that the consequence will occur. Consequence indicators to consider:

- Public Health Data – Deaths related to substance use, emergency department visits related to substance use, hospital discharges related to substance use, suicide rates, homicide rates, HIV/STI rates and transmission route, underage / unintended pregnancy rates, treatment episode admission data, etc.
- Crime and Delinquency Data – Violent crimes related to substance use, possession or sale of illicit drugs arrests, Minor in Possession (MIP) or Minor in Consumption (MIC) citations, public intoxication arrests/citations, social host ordinance violations, BAC data on a citation, etc.
- Traffic/Transportation Data – Driving Under the Influence (DUI) or Driving While Intoxicated (DWI) rates, accidents related to substance use, deaths during an accident related to substance use, etc.
- Education Data – Truancy/drop-out rates; academic achievement; graduation rates; substance-related suspensions and expulsions, etc.
- Other Community Indicators – Media coverage of substance use issues; substance use related advertising; outlet/access density, etc.

## Core Data Element #2: Consumption Patterns

*Consumption* describes the way people use substances. Examples of consumption patterns include how many times in the past 30 days one has consumed alcohol or drugs, binge drinking among underage youth, women of child-bearing years who drink 5 or more drinks per day, and older

<sup>1</sup> SAMHSA's Center for the Application of Prevention Technologies. (2008). *Assessing the Fidelity of Implementation of the SPF, version 2 in SPF-SIG-funded Communities.*

adults who mix alcohol with their medications. Consumption patterns describe the many facets of how people consume substances, not just how much or how often. Patterns take into account the social context of drinking, the role of alcohol in different cultures, the variations in behaviors among drinkers, and potential for both benefit and harm. Consumption patterns should identify the following:

- Population characteristics – Include age, race, sex, grade, where they live
- Environment and settings – Context, where they use, availability, how they access it, cultural norms about the substance, societal norms
- Actual use – How they consume the substance, type of substance, binge or steady regular use, other associated activities
- Differentiation between types of substances – e.g. Types of alcohol, like energy drinks with liquor, hard liquor, wine, spritzers, shots, meth, marijuana, and also how those substances are delivered into the body
- Examples of consumption pattern data - Underage binge drinking rates; lifetime substance use rates; past 30-day substance use rates; polysubstance use data; substance use location data, etc.

### **Core Data Element #3: Intervening Variables**

*Intervening variables* are research constructs that influence substance use, related risk behaviors and their subsequent consequences. You can think of the term “intervening variables” like this: these are factors present in a community or target population that we may “intervene” upon and affect/change in order to lower the likelihood of substance use/abuse. These variables are the focus of prevention strategies, where affecting them is then expected to affect consumption patterns of the substance targeted, and in-turn, may reduce the substance-related problem(s) in the community. In the field of prevention, intervening variables are often called risk and protective factors.

In thinking about risk and protective factors within the community, consider The Socio-Ecological Model, which allows for a more inclusive examination of the multiple effects and interrelatedness of social elements in an environment across the lifespan. Each level operates within, and is influenced by, the next:

- Individual – Biological and personal history factors such as age, education, income, health and psychosocial problems
- Inter-personal, like family and peers – A person's closest social circle-peers, partners and family members-influences their behavior and contributes to their range of experience
- Community – The settings, such as schools, workplaces, and neighborhoods, in which social relationships occur
- Societal – Social and cultural norms, and broad health, economic, educational, and social policies

Common risk factors that contribute to substance use related behavior include availability (social/retail access), low enforcement of laws/policies, low perception of harm, low obtainment costs, use promotion, family/peers use, and cultural norms.

### **Core Data Element #4: Target Populations**

*Target populations* are identified in order to establish who it is you are trying to reach by your prevention efforts in order to impact substance use related behaviors in the community. A high-risk group may be determined by an elevated risk for substance use, lower readiness levels to address substance use, and/or fewer resources to address substance use. The SPF directs communities to make data-driven decisions about the geographic areas or sub-populations to be targeted by the project, thus results from your needs assessment should be used to specify these. If other factors enter into consideration, it may not be reasonable to expect that community level change will be achieved. It is likely that several potential geographic areas or sub-populations will be identified through the community needs assessment. In order to effect community change with limited resources, data-driven decisions should be made about the relative priority of different community issues.

### **Core Data Element #5: Community Readiness**

*Community readiness* refers to how ready the community is to accept that substance use problem needs to change, and how ready that community is to take action to change the problem. During Assessment, you want to measure the Attitudes, Knowledge, Efforts/Activities, and Resources of both community members and prevention leadership serving that community, in order to assess a community's readiness to address the identified substance use problem. Community readiness is composed of the following dimensions or aspects<sup>2</sup> that can help guide the community in moving their readiness levels forward:

- Community knowledge of efforts - How much does the community know about the current programs and activities?
- Leadership - What is leadership's attitude toward addressing the issue?
- Community climate - What is the community's attitude toward addressing the issue?
- Community knowledge of the issue - How much does the community know about the issue?
- Resources - What are the resources that are being used or could be used to address the issue?

Assessing readiness allows you to use a data-informed approach in building capacity of prevention professionals and community members. If the community is not very ready, your focus during the Capacity step of the SPF might be on building readiness. Understanding where a community stands in terms of their readiness helps you to gauge where to start and what actions to take.

### **Core Data Element #6: Resources and Infrastructure**

*Resources* refer to the various types and levels of resources that a community has at its disposal to address identified substance use problems. Looking at existing community resources utilizes an asset-based approach to prevention planning, rather than focusing only on deficits and gaps.

- Personnel and training – Staff that are trained in the field of prevention and who understand how to apply the SPF to develop a strong prevention program using information gathered during Assessment. Training of new staff is always important to develop new skills. Examples: certification and training programs, licensure boards, professional development program/opportunities, staff skilled in handling and understand how to gather and use assessment data
- Existing prevention networks/programs – Established programs help to provide expert knowledge about a community and its needs. It also provides a good basis for assessment data based on past years of data collected. Having a strong community network helps to create strong partnerships to share information and data, in order to help promote prevention efforts. This can help generate interest in the collection of assessment data. Examples: MOUs, coalitions, partnerships, collaborative efforts
- State and federal funding – Policy setting can set things in motion to develop more infrastructure and available resources. Examples: new program, federal prevention grants, state policy to report outcome measures, federal and state mandates to facilitate change, etc.
- Access to available data systems – Access to risk and protective factor data is essential. Developing relationships and partnerships with organizations that collect data related to substance use behavior and problems is important

It is not possible to assess every resource in the community, but it is important to capture the resources that are related to addressing the substance use problem in the community. A well-planned and focused resource assessment will produce far more valuable information than one that casts too wide a net.

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<sup>2</sup> Colorado State University's Tri Ethnic Center for Prevention Research. (2014). *Community Readiness for Community Change*. Available online at [http://triethniccenter.colostate.edu/docs/CR\\_Handbook\\_8-3-15.pdf](http://triethniccenter.colostate.edu/docs/CR_Handbook_8-3-15.pdf).

**Thinking Through Assessment Data**

<b><i>Core Data Element</i></b>	<b><i>What are your best go-to information sources?</i></b>	<b><i>What are your most creative information sources?</i></b>	<b><i>Who else could help providing sources of information?</i></b>	<b><i>Are these sources broken down for specific sub-populations?</i></b>	<b><i>What are the most apparent data gaps?</i></b>
<b>Consequences</b>					
<b>Consumption Patterns</b>					

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<b>Community Readiness</b>					
<b>Resources &amp; Infrastructure</b>					

### Checklist of Policy Indicators for Alcohol, Tobacco, and Other Drugs<sup>3</sup>

This checklist can help you to assess the number and types of policies within your community and where you might best extend your efforts.

ALCOHOL – Public Policies		
	YES	NO
Excise taxes (local)		
Limits on hours and days of sale		
Restrictions of density, location, or types of outlets		
Mandatory server training or licensing		
Dram Shop and social host liability		
Restrictions on advertising and promotion		
Mandatory warning signs and labels		
Restrictions on consumption in public places		
Prevention of preemption of local control of alcohol regulation (home rule)		
Minimum bar entry age		
Keg registration/ tagging ordinances		
Compulsory compliance checks for minimum purchase age and administrative penalties for violations		
Establishment of minimum age of sellers		
ALCOHOL – Organizational Policies		
Restrictions on alcohol advertisements (media)		
Restrictions on alcohol use at work and work events (businesses)		
Restrictions on sponsorship of special events (communities, stadiums)		
Police walkthroughs at alcohol outlet		
Undercover outlet compliance checks (law enforcement agencies)		
Responsible beverage service policies (outlets)		
Mandatory checks of age identification (businesses)		
Server training (businesses)		
Incentives for checking age identification (businesses)		
Prohibition of alcohol on school grounds or at school events (schools)		
Enforcement of school policies (schools)		
Prohibition of beer kegs on campus (colleges)		
Establishment of enforcement priorities against adults who illegally provide alcohol to youth		
Sobriety checkpoints (law enforcement agencies)		
Media campaigns about enforcement efforts (media)		
Identification of source of alcohol consumed prior to driving-while-intoxicated arrests (law enforcement agencies)		

<sup>3</sup> Source: Center for Prevention Research and Development, Institute of Government & Public Affairs, University of Illinois at Champaign-Urbana, Retrieved from web at [www.cprd.uiuc.edu/pep/docs/Checklist\\_of\\_Policy\\_Indicators.RTF](http://www.cprd.uiuc.edu/pep/docs/Checklist_of_Policy_Indicators.RTF), March 2008

	YES	NO
<b>TOBACCO – Public Policies</b>		
Excise taxes (local)		
Tobacco sales licensing system		
Prohibition of smoking in public places		
Prevention of preemption of local control of tobacco sales		
Restrictions on advertising and promotion		
Ban on vending machines		
Compulsory compliance checks form minimum purchase age and administrative penalties for violations		
Minimum age of sales of 18		
Warning labels		
Mandatory seller training		
Ban on self-service sales (all tobacco behind the counter)		
Minimum age for sellers		
Penalty for underage use		
<b>TOBACCO – Organizational policies</b>		
Establishment of smoke-free settings (restaurants, workplaces, hospitals, stadiums, malls, day care facilities)		
Counter advertising (media)		
Restrictions on sponsorship of special events (communities, colleges, stadiums)		
Prohibition of tobacco use on school grounds, in buses and at school events		
Enforcement of school policies (schools)		
Mandatory checks for age identification (businesses)		
Seller training (businesses)		
Incentives for checking age identification (businesses)		
Undercover shopper or monitoring program (businesses)		
<b>OTHER DRUGS- Public Policies</b>		
Control of production and distribution		
Zoning and building codes that discourage drug activity and penalties for property owners who fail to address known drug activity		
Mandated school policies		
Marijuana Dispensary Laws (where applicable)		
<b>OTHER DRUGS—Organizational Policies</b>		
Employer policies (businesses)		
Surveillance of high-risk public area (law enforcement agencies, neighborhood watch groups)		
Enforcement of zoning and building codes (law enforcement agencies, building authorities)		
Appropriate design and maintenance of parks, streets, and other public places (e.g. lighting, traffic flow) (city agencies, housing authority)		
Enforcement of school drug policies (schools)		