

Key Concepts of Assessment

To change a problem, you must first understand it. The assessment step is sometimes referred to as “assessing needs” (or “needs assessment”) because the data collected during the assessment will reveal what a community, state, tribe, or jurisdiction needs in order to prevent substance abuse and promote wellness.

Assessment involves gathering the following data:

- Nature and extent of substance use problems and related behaviors (this refers to substance use *consequences* and *consumption*, terms that may be more familiar)
- Risk and protective factors that influence substance use problems and related behaviors
- Available resources and readiness of the community to address these problems

Using data allows for a more objective decision-making process. The assessment should be able to answer the following questions about substance use:

- What problems and related behaviors are occurring?
- How often are the problems and related behaviors occurring?
- Where are these problems and related behaviors occurring?
- Which population groups experience more of these problems and related behaviors?

Some population groups are at greater risk than others, and thus experience disproportionate substance abuse problems. During the assessment process, you will need to collect data on these vulnerable populations, even if it is not readily available.

Epidemiology

Epidemiology is concerned with the *distribution* and *determinants* of health and diseases, sickness, injuries, disabilities, and death in populations.ⁱ In assessments, epidemiology is used to describe the problem. The data collected will tell you the following:

- What the problems and related behaviors are
- How many are experiencing the problems and engaging in the behavior
- Who is affected most (which population group)
- Where and when it is occurring
- What factors are contributing to the problem

Distribution reveals the varying *frequency* and *pattern* of disease occurrence from one population group to another.ⁱⁱ Distribution can help us understand what the problems and related behaviors are by providing information related to:

- Pattern: How do the problems occur?
 - Time (e.g., annual and seasonal occurrence, daily or even hourly occurrence)
 - Place (e.g., geographic variation, urban-rural differences, school or work location)
 - Personal characteristics (e.g., age, sex, race, marital status, socioeconomic status, behaviors, and environmental exposures)

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- Frequency: How often do the problems occur?
 - Incidence – How many *new* cases are there? (i.e. number of *new* cases of a disease in a specific period of time)ⁱⁱⁱ
 - Prevalence – Within a population or group of people, how many of them have the disease? (i.e. number of existing or current cases in a population)^{iv}

Determinants refer to the risk and protective factors that influence problems and are capable of bringing about a change in health. For example, risk factors for underage drinking include laws and social norms (the expressed or implied rules indicating what behavior is acceptable) that are favorable towards alcohol use. A protective factor is parental monitoring.

The data that communities collect are commonly referred to as “data indicators” because they indicate the level of the problem. Communities can use these epidemiological data to compare the severity of problems and allocate scarce prevention resources.

Logic Model



Logic models connect problems and related behaviors to (1) the specific local factors that influence or contribute to them, and (2) the interventions that will be used to address the risk and protective factors related to the problems and behaviors.

- **Assessment** is the first step in the strategic planning process.
- **Epidemiology** is *how* we do the assessment.

ⁱ Friis, R.H. & Sellers, T.A. (2009). *Epidemiology for public health practice* (4th ed.). Sudbury, MA: Jones & Bartlett Publishers, LLC.

ⁱⁱ U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. (2006). *Principles of Public Health Practice in Epidemiology, Third Edition: An Introduction to Applied Epidemiology and Biostatistics*. [Self-study Course SS1978]. Retrieved from http://www.cdc.gov/osels/scientific_edu/SS1978/#2

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ⁱⁱⁱ Wu, L.-T., Korper, S. P., Marsden, M. E., Lewis, C., & Bray, R. M. (2003). *Use of Incidence and Prevalence in the Substance Use Literature: A Review*. Rockville, MD: Substance Abuse and Mental Health Services

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^{iv} Wu, L.-T., Korper, S. P., Marsden, M. E., Lewis, C., & Bray, R. M. (2003). *Use of Incidence and Prevalence in the Substance Use Literature: A Review*. Rockville, MD: Substance Abuse and Mental Health Services

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