

National Prevention Network  
Bridging Research to Practice

# Prioritizing Data for a Comprehensive State Prevention Plan

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# Learning Objectives

- Learn a process to reduce and prioritize a large number of data indicators into a manageable set of priorities for a statewide prevention plan.
- Review a template to assist groups in the review and prioritization of data taking account data variability, comparability, and quality as part of weighting and performance review.
- Discuss methods for gaining group consensus around data priorities for prevention efforts.
- Learn how Kansas developed meaningful goals and objectives for identified prevention priorities for their state prevention plan.



**KANSAS PREVENTION  
COLLABORATIVE**



**DCCCA**



**GREENBUSH**  
RESEARCH, GRANTS & EVALUATIONS



**WICHITA STATE  
UNIVERSITY**  
*COMMUNITY ENGAGEMENT  
INSTITUTE*



**CENTER FOR  
COMMUNITY HEALTH  
& DEVELOPMENT**  
**The University of Kansas**  
Life Span Institute



# Developing a Strategic Plan

# SAMHSA's Strategic Prevention Framework



## **Assessment**

Profile population needs, resources, & readiness to address needs & gaps

## **Capacity**

Mobilize and/or build capacity to address needs

## **Planning**

Develop a comprehensive strategic plan

## **Implementation**

Implement evidence-based prevention programs & activities

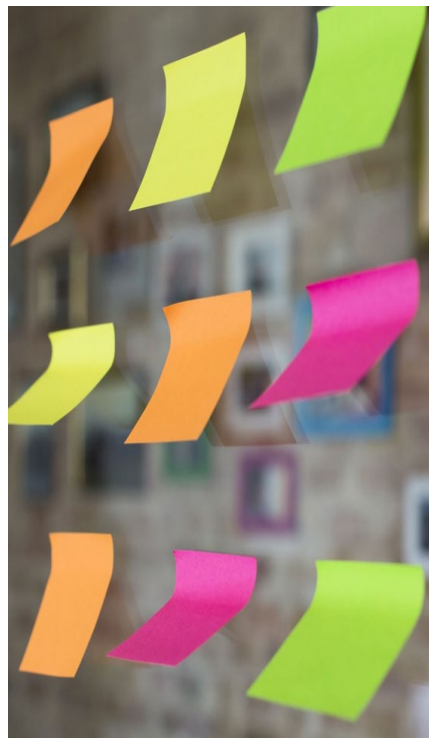
## **Evaluation**

Monitor, evaluate, sustain, and improve or replace those that fail

# Prevention Plans

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- 2023-2027 KDADS Behavioral Health Services Commission Objectives
- Governor's Behavioral Health Services Planning Council Prevention Subcommittee
- 2021-2025 Kansas Suicide Prevention Plan
- Kansas Department for Aging and Disability Services (KDADS) Block Grant Priorities



## KANSAS BEHAVIORAL HEALTH SERVICES

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### MISSION:

Ensuring all Kansans can access integrated services for prevention, treatment, and recovery to live safe, healthy, successful, and self-determined lives in the community of their choice.

### VISION:

Kansas communities support services that promote wellness.

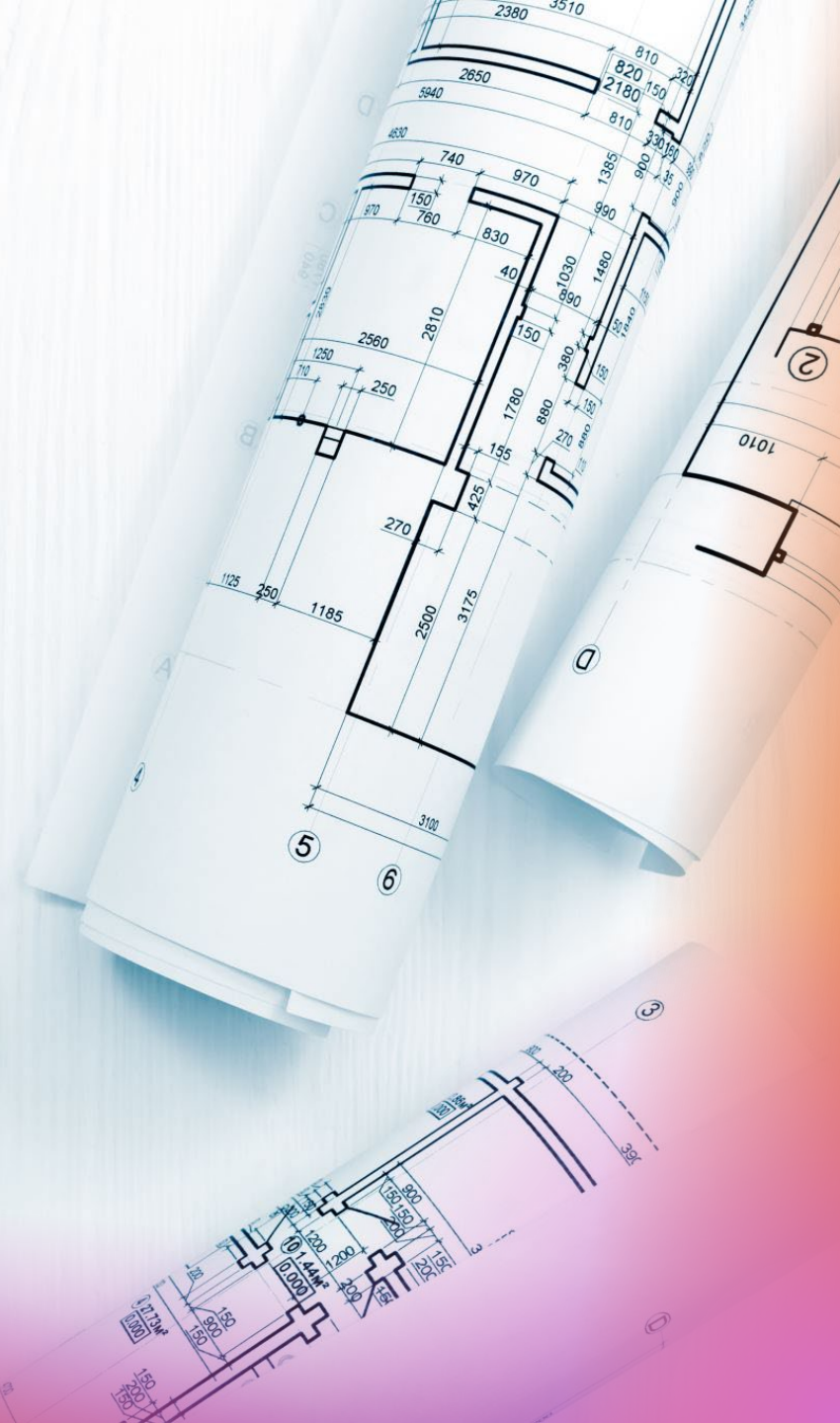
### Kansas Suicide Prevention Plan

2021-2025



THE KANSAS PREVENTION SUBCOMMITTEE  
BEHAVIORAL HEALTH PLAN

# Crosswalk of Kansas Prevention Plans





GBHSPC Prevention Subcommittee		KS Suicide Prevention Plan		BHS Presentation	All	
Goal	Objective	Goal	Objective	Objective	Stakeholders	
<b>Goal 1:</b> Support improved shared access to data resources among State agencies and GBHSPC Subcommittees	<b>Objective 1.1</b> Promote the Kansas Behavioral Health Indicators Dashboard (KBHID) data with all Subcommittees such that 80% of Subcommittees review relevant data by 2022.	<b>Goal 1</b> Integrate and coordinate suicide prevention activities across multiple sectors and settings	<b>1.1.1</b> Establish a statewide suicide prevention coalition dedicated to integrating prevention and treatment efforts across sectors	1. Increase access to services across the state, especially in rural and frontier counties.	Youth and adult consumers, parents, and family members, Kansas Department for Aging and Disability Services (KDADS), Kansas Prevention Collaborative (KPC), Keys for Networking, Office of the Attorney General, National Alliance on Mental Illness (NAMI) Kansas, Association of Community Mental Health Centers of Kansas (ACMHCK), suicide prevention coalitions, suicide prevention organizations, lawmakers and taxpayers, and private funders	
	<b>Objective 1.2</b> Recommend that the SEDW (State Epidemiological Outcomes Workgroup) have greater access to mental health and substance abuse treatment data from State.		<b>1.1.2</b> Sustain and strengthen collaborations across state agencies to advance suicide prevention		2. Expand the provision of Medicine Assisted Treatment, Harm Reduction, and Contingency Management among SUD treatment programs.	Youth and adult consumers, parents, and family members, KDADS, Kansas Department of Health and Environment (KDHE), Kansas Attorney General's Office, Kansas Department for Children and Families (DCF), Kansas State Department of Education (KSDE), and Kansas Suicide Prevention HQ, NAMI Kansas, ACMHCK
	<b>Objective 1.3</b> Review New Hampshire Public		<b>1.1.3</b> Include those with lived		3. Invest further in Social Determinants of Health	Youth and adult consumers, parents, and family

GBHSPC Prevention Subcommittee		KS Suicide Prevention Plan		BHS Presentation	All	
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# Initial Crosswalk of State Plan Priorities

Outcomes	Populations	BG Priorities	Prevention Subcommittee Priority	BHC Prevention Objectives
Alcohol	Youth	X	X	
	Young Adults	X	X	
	Adults		X	
Binge Drinking	Youth		X	
	Young Adults		X	
	Adults		X	
DUI	Youth			
	Young Adults		X	
	Adults		X	
Marijuana	Youth	X	X	
	Young Adults	X	X	
	Adults		X	
Vaping	Youth	X		
	Young Adults	X		
	Adults			
Fentanyl Awareness	Youth	X		
	Young Adults	X		
	Adults			
Illicit Drug Use	Youth		X	
	Young Adults		X	
	Adults		X	
Opioid Use	All			X
Depression	Youth		X	
	Young Adults		X	
	Adults		X	
Suicide Ideation	Youth		X	
	Young Adults		X	
	Adults		X	
Suicide	All			X
Problem Gambling	All			X



# KPC Needs Assessment



# Kansas Behavioral and Mental Health Profile

[kdads.ks.gov/docs/librariesprovider17/csp/bhs-documents/reports/kansas-behavioral-mental-health-profile-2022.pdf?sfvrsn=382573ec\\_0](https://kdads.ks.gov/docs/librariesprovider17/csp/bhs-documents/reports/kansas-behavioral-mental-health-profile-2022.pdf?sfvrsn=382573ec_0)

<https://portal.dataviz.greenbush.org/districts/292/reports/47>

- Prevalence
- Treatment
- Consequences
  - Morbidity
  - Mortality
  - Crime

=

**79** BH Indicators  
**22** Data Sources

1) Clear all selections

2) Select Topic

- Alcohol Indicators
- Marijuana Indicators
- Mental Health Indicators
- Other Illicit Drug Indicators
- Other Related Indicators
- Prescription Drug Indicators
- Problem Gambling Indicators
- Tobacco Indicators

3) Select Report Section

- Consequences / Crimes
- Deaths
- Prevalence
- Treatment

4) Select Indicator

- 30-Day Alcohol Consumption...
- 30-Day Binge Drinking – Adult
- 30-Day Binge Drinking – You...
- Alcohol Use Disorder - Adult...
- Alcohol-Related Arrests
- Alcohol-Related Vehicle Dea...
- All Alcohol-Related Deaths

Indicator Description

The percentage of 6th, 8th, 10th, and 12th graders who reported drinking alcohol at least once in the 30 days prior to completing the Kansas Communities That Care Survey. The survey question is "On how many occasions have you had beer, wine, or hard liquor during the past 30 days?" The responses 1-2 occasions, 3-5 occasions, 6-9 occasions, 10-19 occasions, 20-39 occasions, and 40 or more occasions were combined to calculate the percentage.

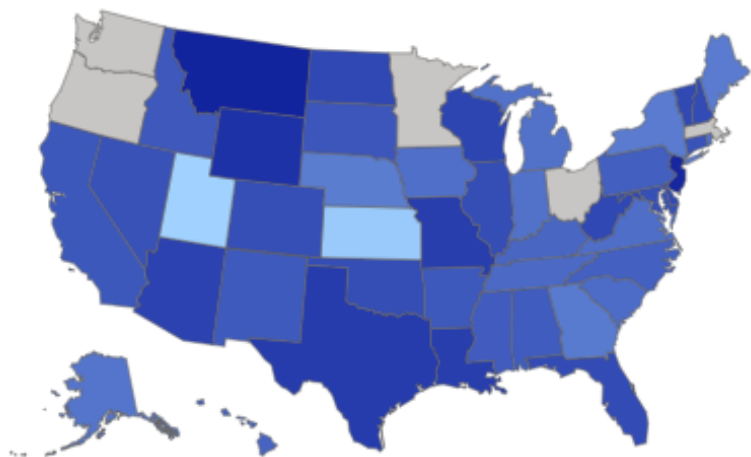
Full Definition

Where We Got It

Why Important

Displays Five Years Averaged

States data from YRBS High School Survey

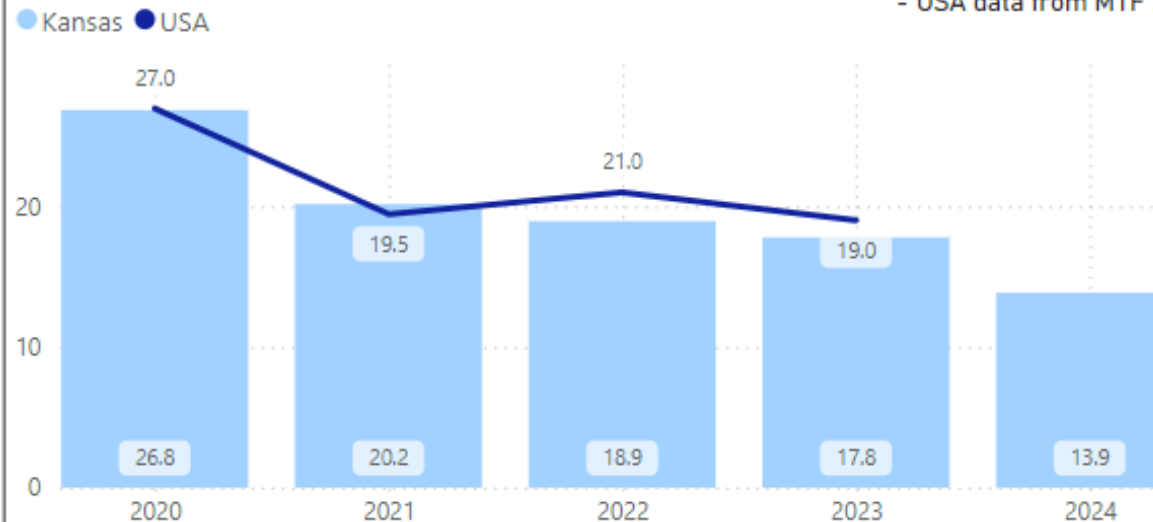


0.0 100.0

Min / Max based on any single year value over the past 5 years

30-Day Alcohol Consumption – Youth

Grades 10 & 12 only  
- USA data from MTF ...



Group	2020	2021	2022	2023	2024	Avg
<b>Grade</b>						
6th Grade	4.1	2.4	2.2	2.0	1.6	<b>2.5</b>
8th Grade	11.0	6.5	5.4	4.8	3.9	<b>6.3</b>
10th Grade	21.5	14.9	12.3	12.5	10.1	<b>14.3</b>
12th Grade	33.3	25.5	23.3	22.4	18.9	<b>24.7</b>
High School	26.7	20.5	16.9	16.6	13.9	<b>19.2</b>
Middle School	7.6	4.5	3.9	3.4	2.7	<b>4.4</b>
<b>Sex</b>						
Male	14.1	10.0	8.6	8.3	6.9	<b>9.6</b>
Female	17.5	11.8	9.8	9.9	8.2	<b>11.4</b>
<b>Race</b>						
N/A		6.1	6.2	5.1	3.5	<b>5.2</b>
White	16.9	12.4	10.3	9.6	8.3	<b>11.5</b>

# Sub-State Analysis



Balance between accuracy and utility



Difficulty in providing accurate information for all 105 counties in Kansas



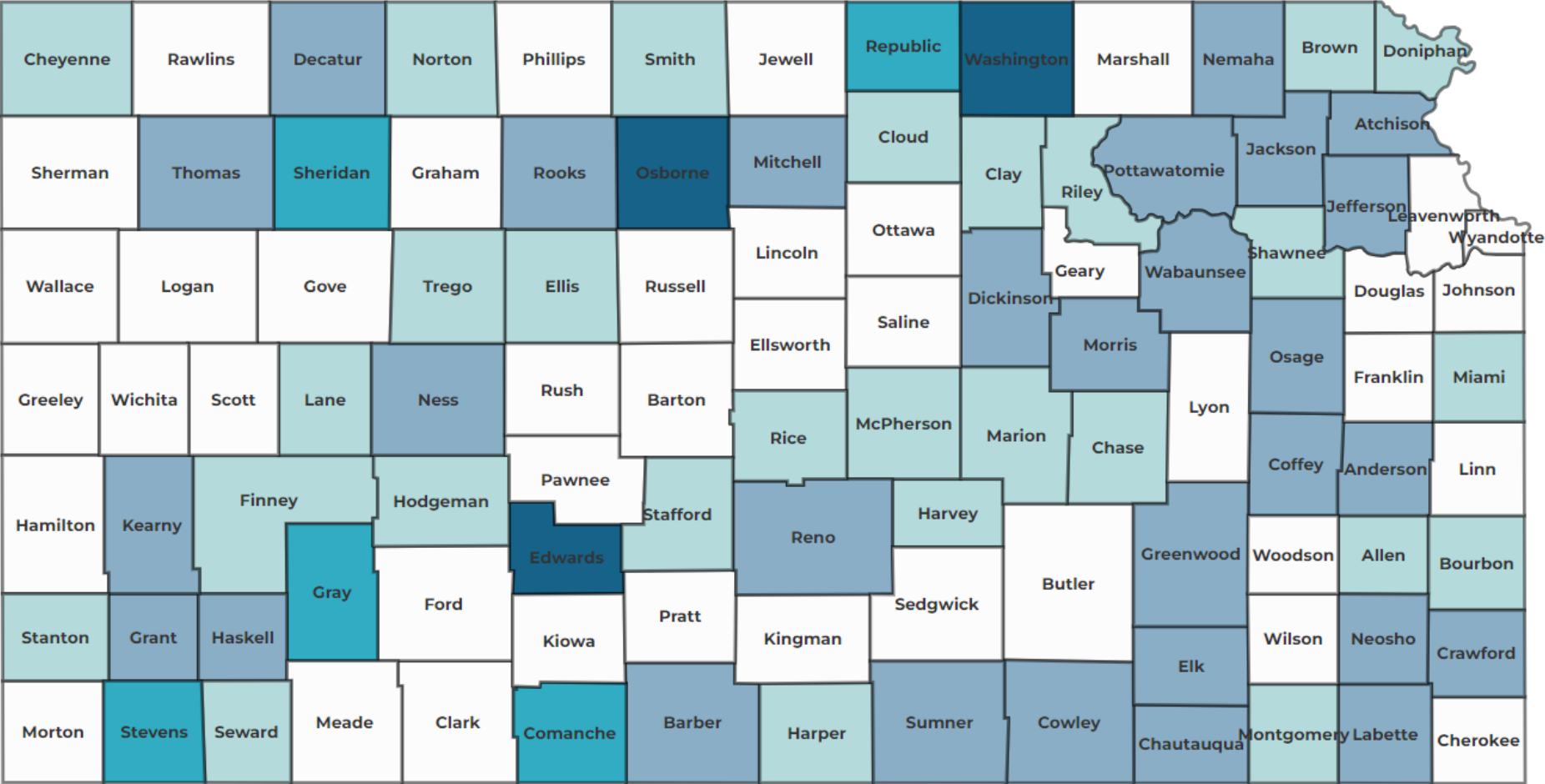
Regional analysis based upon geographic location, population density, and population distribution



# Youth Past 30-Day Alcohol Use

Default

**State Average: 7.49%**



# Data Gaps

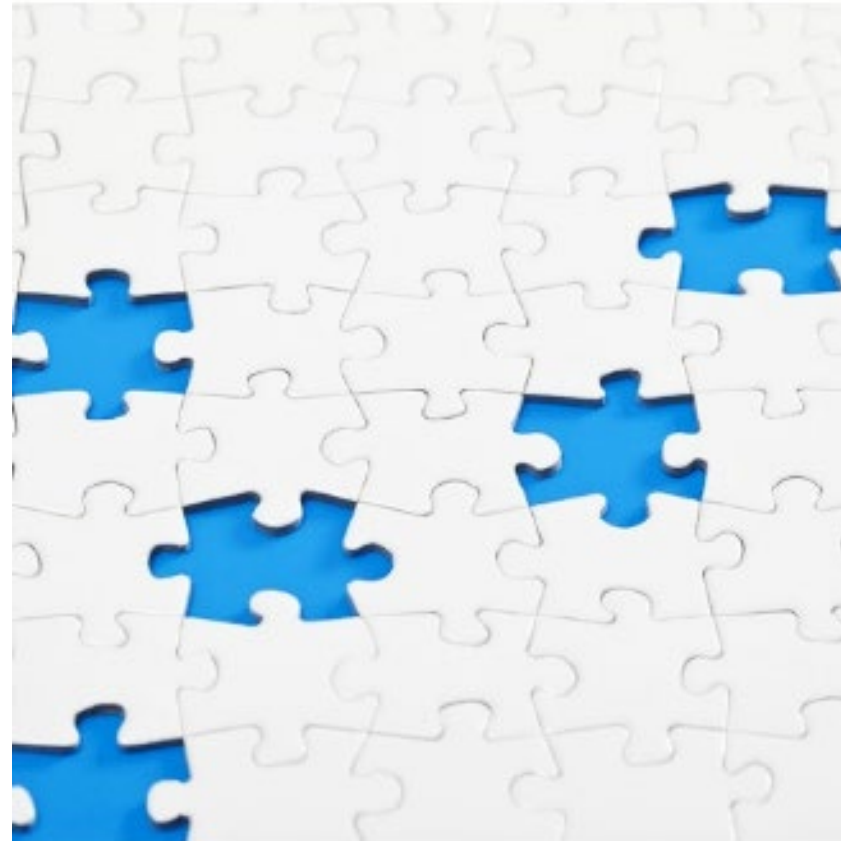
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## Challenges

- Limited or missing data (low response rates)
- Lack of timely data (slow publication or reliance of multi-year averages)
- Lack of data access/sovereignty
- Lack of quality, completeness, availability
- Data for specific populations (tribal, military, LGBTQ+)

## Ask

- What's missing and Why?
- Is there another way to get the data?
- What do we need to fill the gaps?





# Data Review

# Data Review & Prioritization Guidance

- **Magnitude**
  - The number of people affected
- **Trend**
  - How are the data are changing over time?
  - Is the problem getting better or worse?
- **Relative Ratio**
  - How the data compares to other state or national values?
- **Impact**
  - The severity or consequence of the problem



# Data Indicator Review and Prioritization Template

Indicator	Data Definition	Magnitude		Comparison to National Average	5 – Year Time Trend Slope	Changeability	Strategies/ Resources
		Percentage	Rate				
				<input type="checkbox"/> Higher <input type="checkbox"/> About the same <input type="checkbox"/> Lower	<input type="checkbox"/> Increase <input type="checkbox"/> No change <input type="checkbox"/> Decrease	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	
				<input type="checkbox"/> Higher <input type="checkbox"/> About the same <input type="checkbox"/> Lower	<input type="checkbox"/> Increase <input type="checkbox"/> No change <input type="checkbox"/> Decrease	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	
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# Triangulation of Data

- **Magnitude Only**

Indicator	Magnitude	
	Absolute Number (3 Year Average)	Rate per 100,000 (3 -year Rate)
Chronic Liver Disease <b>3</b>	195 deaths per year	7.0 per 100,000
Cardiovascular Disease <b>1</b>	8,086 deaths per year	262.2 per 100,000
Suicide <b>2</b>	353 deaths per year	12.8 per 100,000

# Triangulation of Data Cont.

- **5 Year Trend Only**

<b>Indicator</b>	<b>5 – Year Time Trend Slope (Increasing, Decreasing, Level)</b>
Chronic Liver Disease <b>2</b>	0.10 (Increasing)
Cardiovascular Disease <b>3</b>	-10.61 (Decreasing)
Suicide <b>1</b>	0.35 (Increasing)

# Triangulation of Data Cont.

- **National Comparison Only**

Indicator		National Comparison Relative Ratio (Higher, Lower, Equal)
Chronic Liver Disease	<b>3</b>	$7.0 / 9.3 = 0.75$ (Lower)
Cardiovascular Disease	<b>2</b>	$262.2 / 285.8 = 0.92$ (Equal)
Suicide	<b>1</b>	$12.8 / 10.8 = 1.19$ (Higher)



# Data Indicator Review and Prioritization Template



Indicator	Data Definition	Magnitude		Comparison to National Average	5 – Year Time Trend Slope	Changeability	Strategies/ Resources
		Percentage	Rate				
				<input type="checkbox"/> Higher <input type="checkbox"/> About the same <input type="checkbox"/> Lower	<input type="checkbox"/> Increase <input type="checkbox"/> No change <input type="checkbox"/> Decrease	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	
				<input type="checkbox"/> Higher <input type="checkbox"/> About the same <input type="checkbox"/> Lower	<input type="checkbox"/> Increase <input type="checkbox"/> No change <input type="checkbox"/> Decrease	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	
				<input type="checkbox"/> Higher <input type="checkbox"/> About the same <input type="checkbox"/> Lower	<input type="checkbox"/> Increase <input type="checkbox"/> No change <input type="checkbox"/> Decrease	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	
				<input type="checkbox"/> Higher <input type="checkbox"/> About the same <input type="checkbox"/> Lower	<input type="checkbox"/> Increase <input type="checkbox"/> No change <input type="checkbox"/> Decrease	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	

# Data Review & Prioritization Guidance

- **Changeability**

- Degree to which an indicator can change
- Issues related to access and capacity
- Policies, social and cultural norms, and political will can impact the feasibility of change

- **Health Disparities**

- Are certain demographics more adversely affected?
- Rate of BH problems as well as higher levels of illness or death compared to the general population

- **Resources Available**

- What strategies are currently addressing this issue?
- What strategies are available to address this issue?



Feasibility

Indicator	Data Definition	Magnitude		Comparison to National Average	5 – Year Time Trend Slope	Changeability	Strategies/ Resources
		Percentage	Rate				
30-Day Alcohol Consumption – Youth 2024 BG; PS	% of students in grades 6, 8, 10, 12 reporting any use of alcohol within the past 30 days	7.5% (Total) 13.9% 1(HS)		<input type="checkbox"/> Higher <input type="checkbox"/> About the same <input checked="" type="checkbox"/> Lower (22.7%)	<input type="checkbox"/> Increasing <input type="checkbox"/> No change <input checked="" type="checkbox"/> Decreasing (2.0%)	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High	KPCCI Drug Free Communities Liquor Tax
30-Day Alcohol Consumption – Young Adults 2024 BG; PS	% of young adults aged 18-25 reporting any use of alcohol within the past 30 days	62.3% (18-25) 48.7% (18-20)		<input checked="" type="checkbox"/> Higher <input type="checkbox"/> About the same <input type="checkbox"/> Lower (31.3% 18-20)	<input type="checkbox"/> Increasing <input type="checkbox"/> No change <input checked="" type="checkbox"/> Decreasing (2.8%)	<input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High	KPCCI
30-Day Alcohol Consumption – Adults 2024 PS	% of individuals 18 and older reporting any use of alcohol within the past 30 days	54.1%		<input checked="" type="checkbox"/> Higher <input type="checkbox"/> About the same <input type="checkbox"/> Lower 53.6%	<input type="checkbox"/> Increasing <input checked="" type="checkbox"/> No change <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	KPC will focus on youth and young adults



# Data Prioritization

# Prioritization Methods

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Dot voting

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Ranking

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Weighting

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Consensus

# Dot Voting

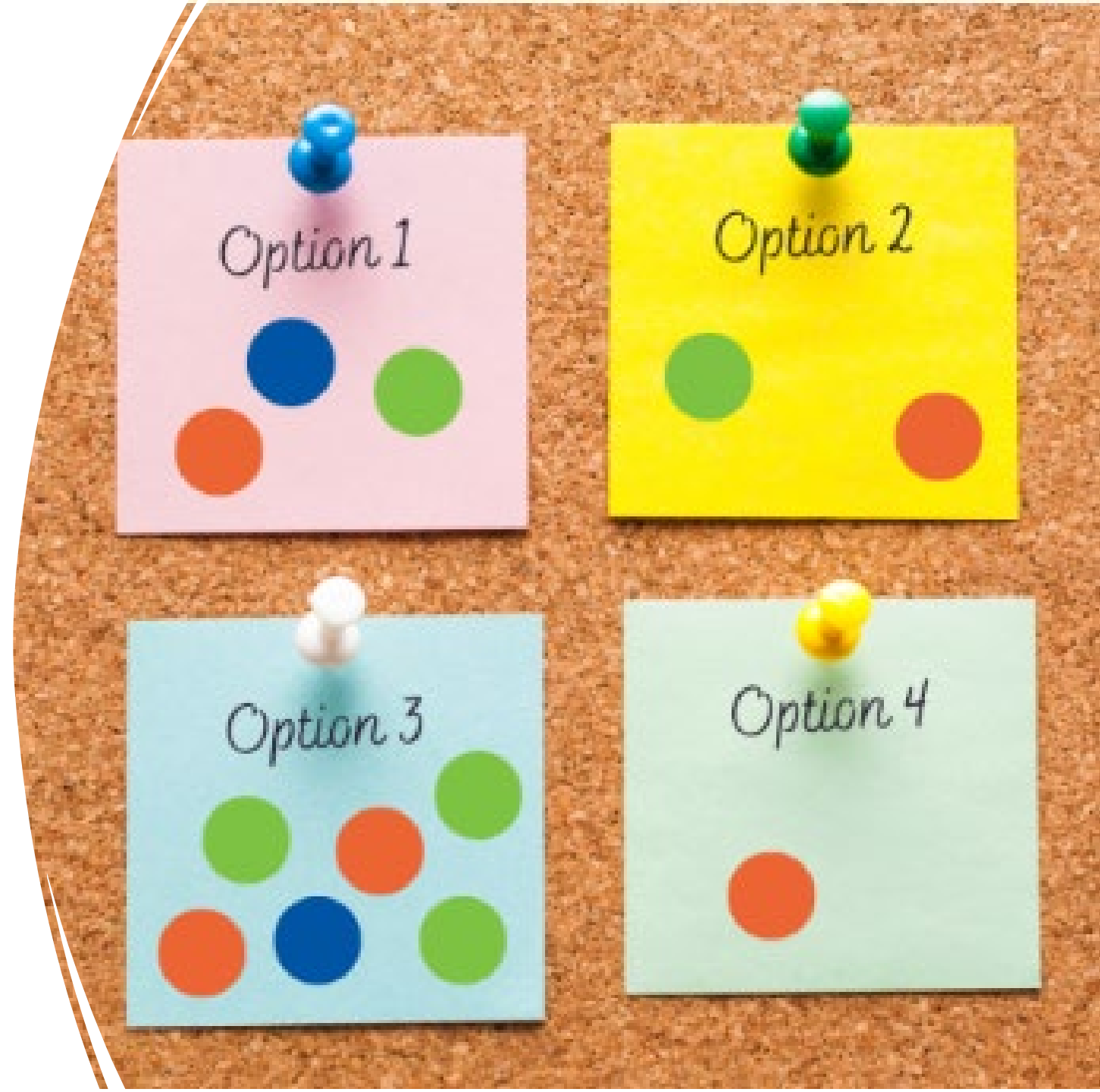
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## PROS

- Quick and easy
- Ensures that every vote counts

## CONS

- Can result in 'popular' and often the easiest options



# Rank

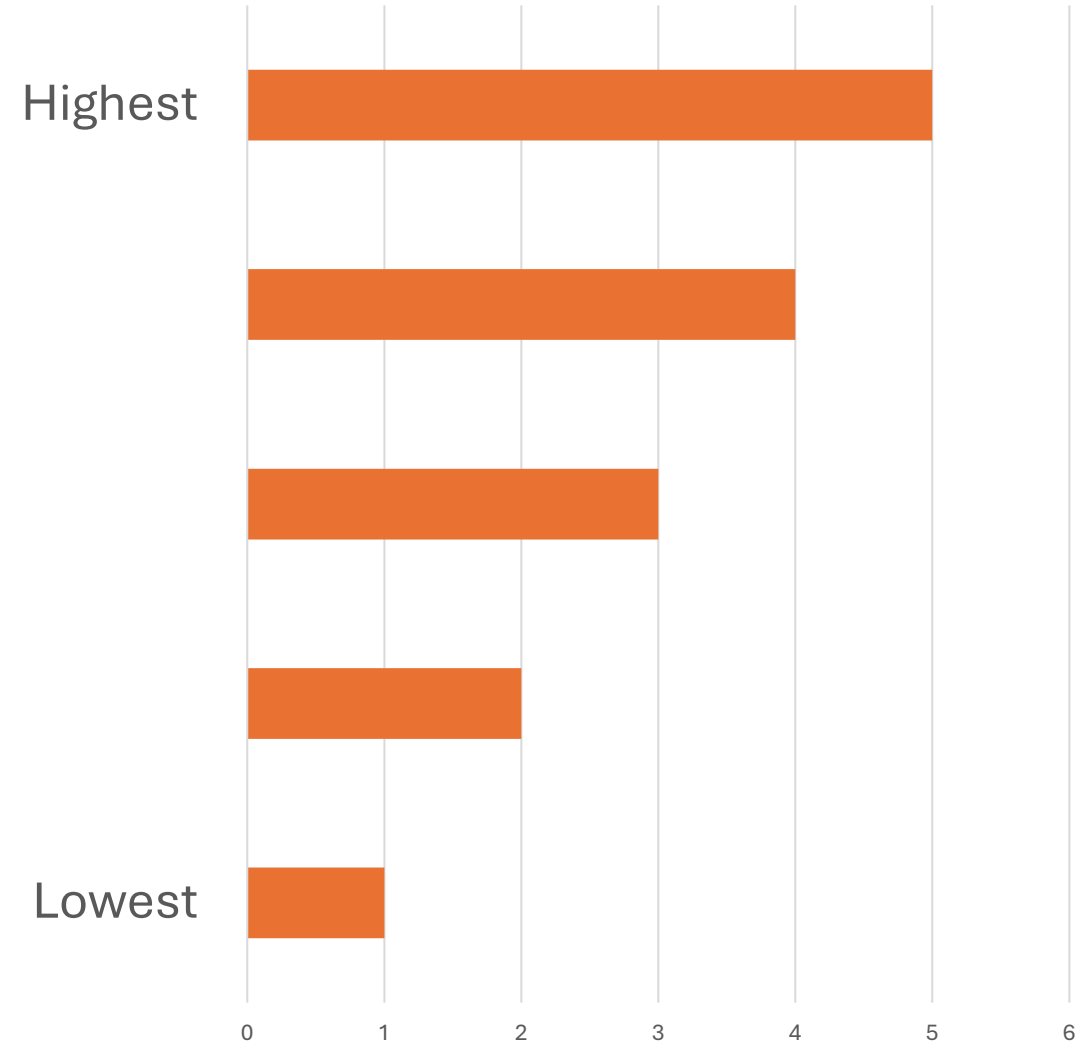
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## PROS

- Quick and easy
- Ensures that every vote counts

## CONS

- Times time
- Can result in priorities that no one fully supports



# Weighting and Ranking

<b>Rate importance of the items below:</b>	Very High High 7 Pts	High 5 pts	Medium 3 pts	Low 1 pt	Unavailable / Unknown
<b>Magnitude</b> (50% of Total Score)					
<b>Five-Year Trend</b> (25% of Total Score)					
<b>National Comparison</b> (25% of Total Score)					



# Weighting

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## PROS

- Objective
- Transparent
- Consistent

## CONS

- Adds complexity
- Weights can seem arbitrary  
can be difficult to explain



# Consensus



*Don't settle for concessions,  
strive for consensus"*

## **PROS**

- Ensures buy-in of all members which increase likelihood of success
- Strive to make the best choices for the group

## **CONS**

- May be difficult to reach a consensus, especially in large groups
- May be very time consuming



# Kansas Goals & Objectives

## Annual KPC Retreat

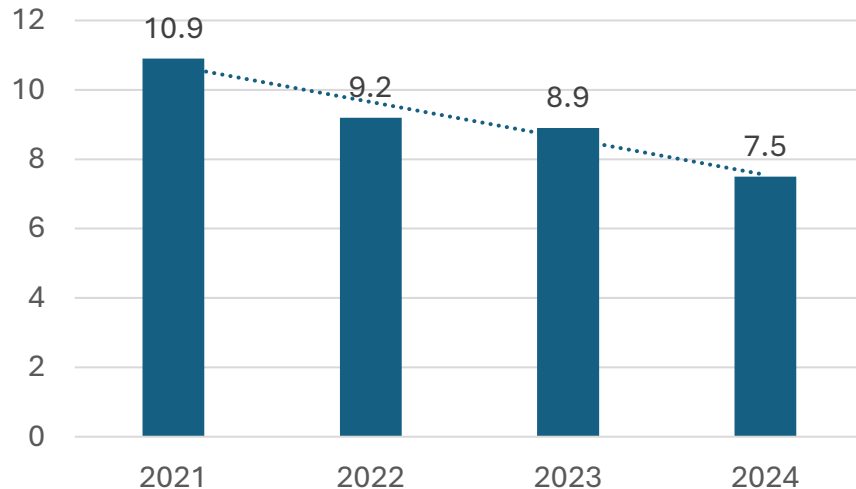
# Kansas Strategic Prevention Plan Priorities

Reduce	Reduce Underage Drinking
Reduce	Reduce Marijuana Use
Reduce	Reduce Vaping
Increase	Increase Fentanyl Awareness
Reduce	Reduce Death by Suicide
Increase	Increase Problem Gambling Support

# Reduce Underage Drinking

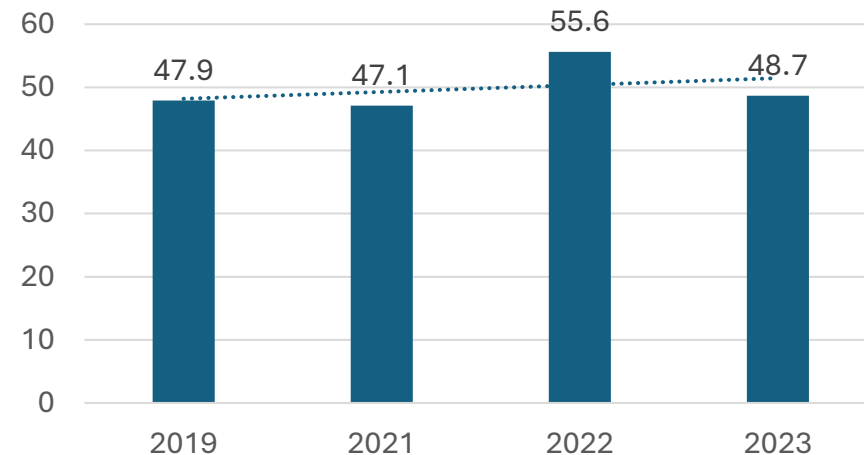
## Objective 1:

- Reduce the % of **youth** that report past 30-day alcohol use from a baseline of 7.5% in 2023/24 to 4.1% in 2026.



## Objective 2:

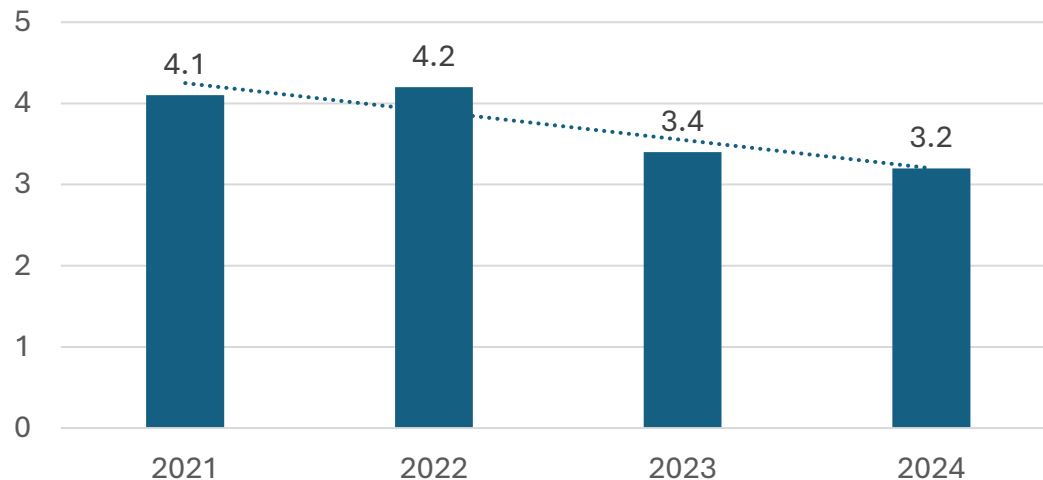
- Reduce the % of **young adults aged 18-20** that report past 30-day alcohol use from a baseline of 48.7% in 2023/24 to 45.0% in 2026.



# Reduce Marijuana Use

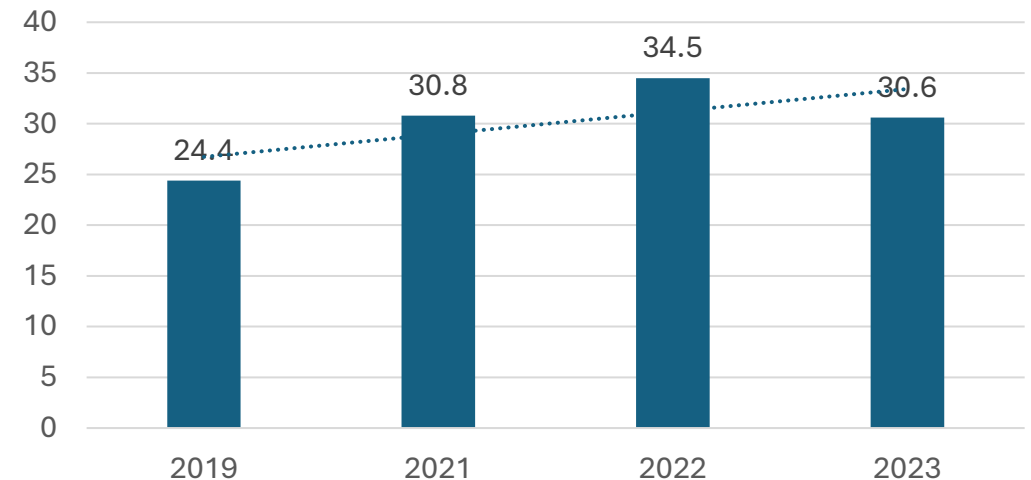
## Objective 1:

- Reduce the % of **youth** that report past 30-day marijuana use from a baseline of 3.2% in 2023/24 to 3.0% in 2027.



## Objective 2:

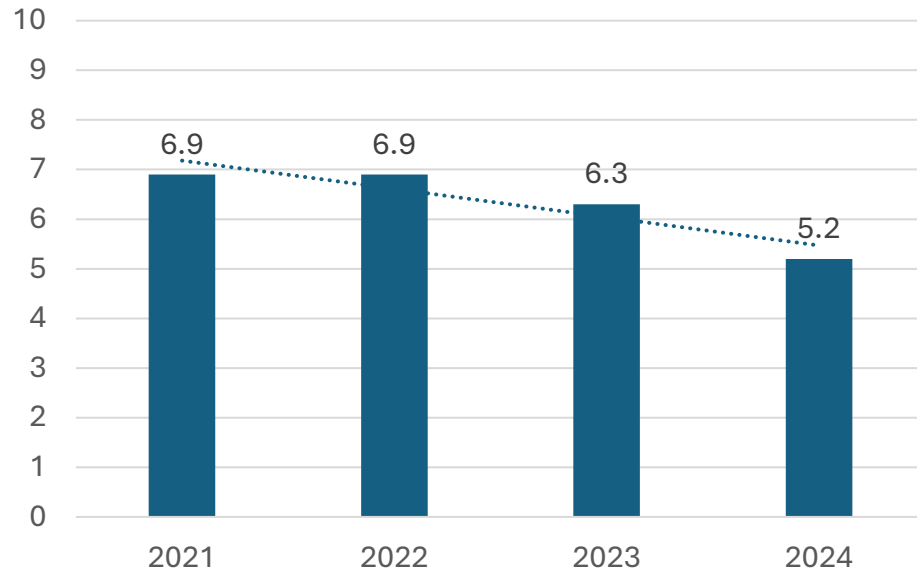
- Reduce the % of **young adults** that report past 30-day marijuana use from a baseline of 30.6% in 2023/24 to 28.4% in 2027.



# Reduce Vaping

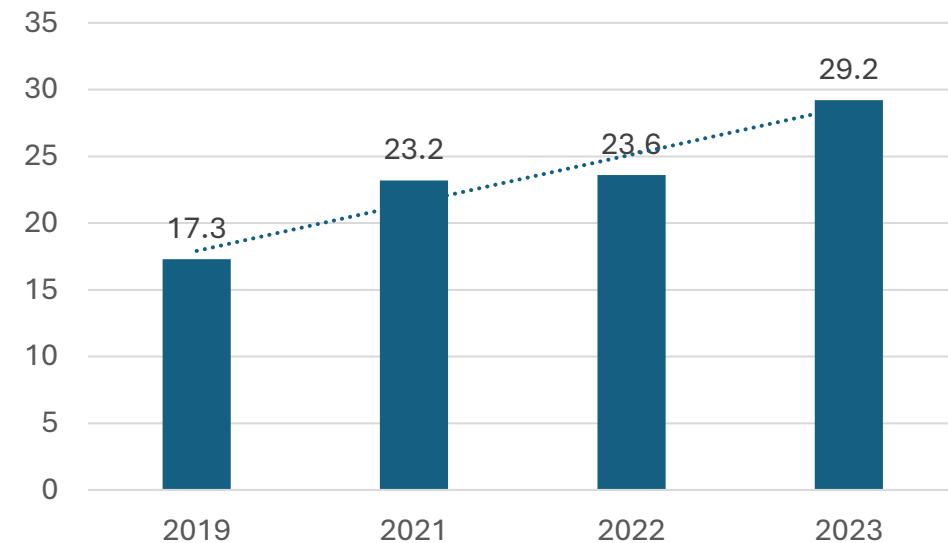
## Objective 1:

- Reduce the % of youth that report past 30-day vaping from a baseline of 5.2% in 2023/24 to 3.5% in 2026.



## Objective 2:

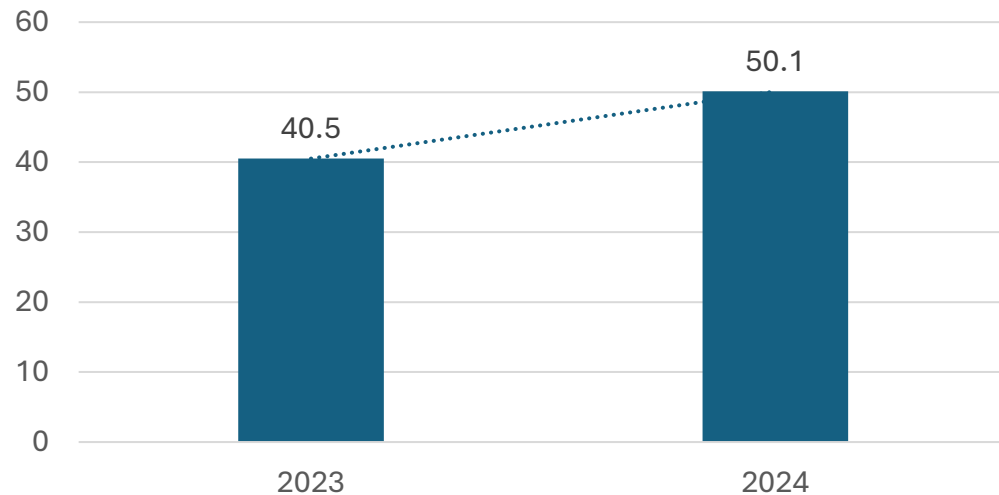
- Reduce the % of young adults that report past 30-day vaping from a baseline of 29.2% in 2023/24 to 28.0% in 2026.



# Increase Fentanyl Awareness

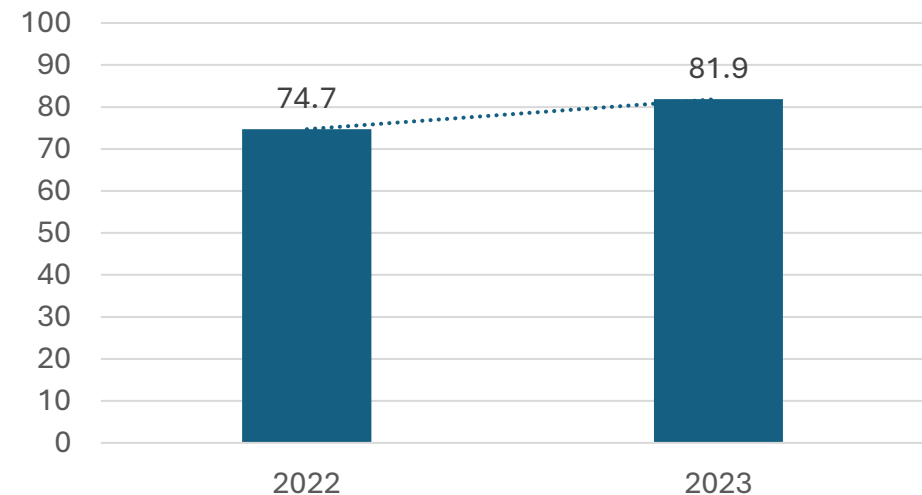
## Objective 1:

- Increase the % of youth that report they have heard of fentanyl and know what it is from a baseline of 50.1% in 2023/24 to 75.0% in 2027.



## Objective 2:

- Increase the % of young adults that report they have heard of fentanyl and know what it is from a baseline of 81.9% in 2023/24 to 90.0% in 2027.





# Increase Prevention Strategies to Reduce Suicide

## Objective 1:

- Increase KDADS-funded suicide-specific prevention strategies for **youth** (activities and resources) from 0 in 2023 to 50 in 2026.

## Objective 2:

- Increase KDADS-funded suicide-specific prevention strategies for **young adults** (activities and resources) from 0 in 2023 to 50 in 2026.

# Increase Problem Gambling Support

## Objective 1:

- Increase the three-year average number of **calls to the Gambling Helpline** by 20%, from 288 in 2023 (2021-2023) to 346 in 2026 (2024-2026).

## Objective 2:

- Increase the number of licensed **Kansas Certified Gambling Counselors** by 15%, from 38 in 2023 to 44 in 2026 (by over 15%).

# Kansas Strategic Plan Status

Finalizing narrative

Setting up monitoring and evaluation plan

Dissemination plan

Planning for annual review

Support for National Outcome Measures

Community guidance

# Things to Remember /Helpful Tips



# Acknowledgements

## **KPC Evaluation Team**

Dr. Jerry Schultz

Lisa Chaney

Dola Williams

Melissa Guns

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## **Crosswalk Subcommittee**

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Thank you!

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