

The Evaluation Center developed a needs assessment on behalf of the Colorado State Epidemiological Outcomes Workgroup (SEOW) to understand **current data use, data capacity, data and decision making, data and health equity, and engagement with the SEOW.** In the fall of 2021, evaluators administered a survey and conducted interviews with staff from local public health agencies and members of the Colorado Attorney General's Substance Abuse Trend & Response Task Force. Needs assessment results surface gaps between current data use and needs, highlight areas of difficulty the SEOW could address, and inform the development of publications and services useful to partners. For more information, including access to the full report, please contact [Sharon Liu](#) at the Colorado Department of Human Services, Office of Behavioral Health.

Findings

Identified Needs

Current Data Use

Geographically, county-level data are the most accessed despite the barriers partners encounter in accessing them. Assessment participants interact the most with data around opioids, prescription drugs, and stimulants.

- Provide timely, county-level data with a focus on opioids, prescription drugs, and stimulants
- Conduct data analyses with a focus on smaller geographies, demographics, and using multiple data sets

Data Capacity

Participants are confident interpreting and disseminating data to other partners but less experience developing data products and instruments. Participants interact with data personally, among their team, and through state-level expertise.

- Identify and access quality data sets
- Understand limitations and advantages among existing data sets
- Develop Instruments for primary data collection
- Develop data products for the public

Decision making

Program staff, data analysts, and evaluators use substance use data to make decisions for a variety of organizational planning including program planning & implementation, evaluation, funding, project prioritization, and policy development.

- Promote data sharing among community and state partners
- Use data for decision making in large partnerships

SEOW Engagement

Among participants who engage with the SEOW, most engage through publications, quarterly newsletters, and bi-monthly meetings. Participants report the epidemiological profiles and data briefs are most useful among all SEOW activities.

- Receive information on substance use trends, including the continuation of the types of publications the SEOW currently publishes

Health Equity

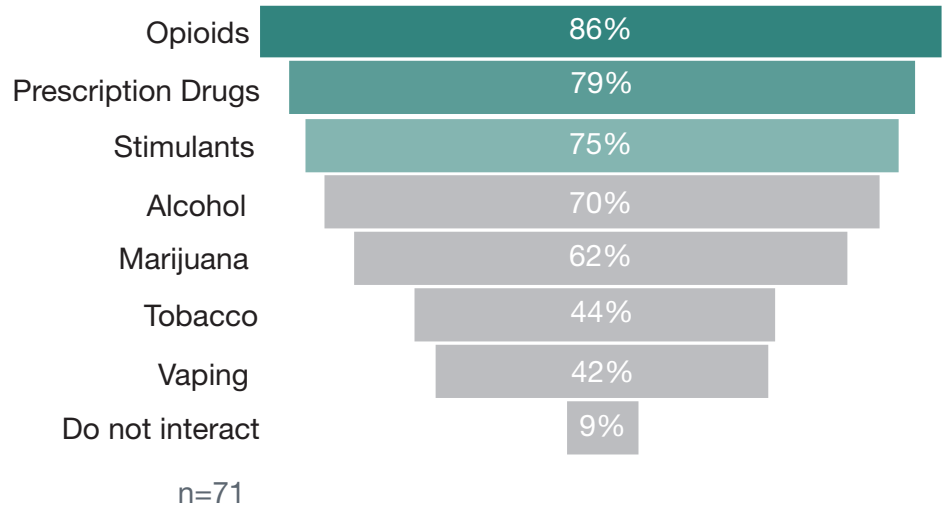
Although most participants feel prepared to address health equity, most also report challenges to using data to do so or are not currently addressing health equity around substance use.

- Identify and access data to advance health equity
- Use data to address health equity related to substance use

CURRENT DATA USE

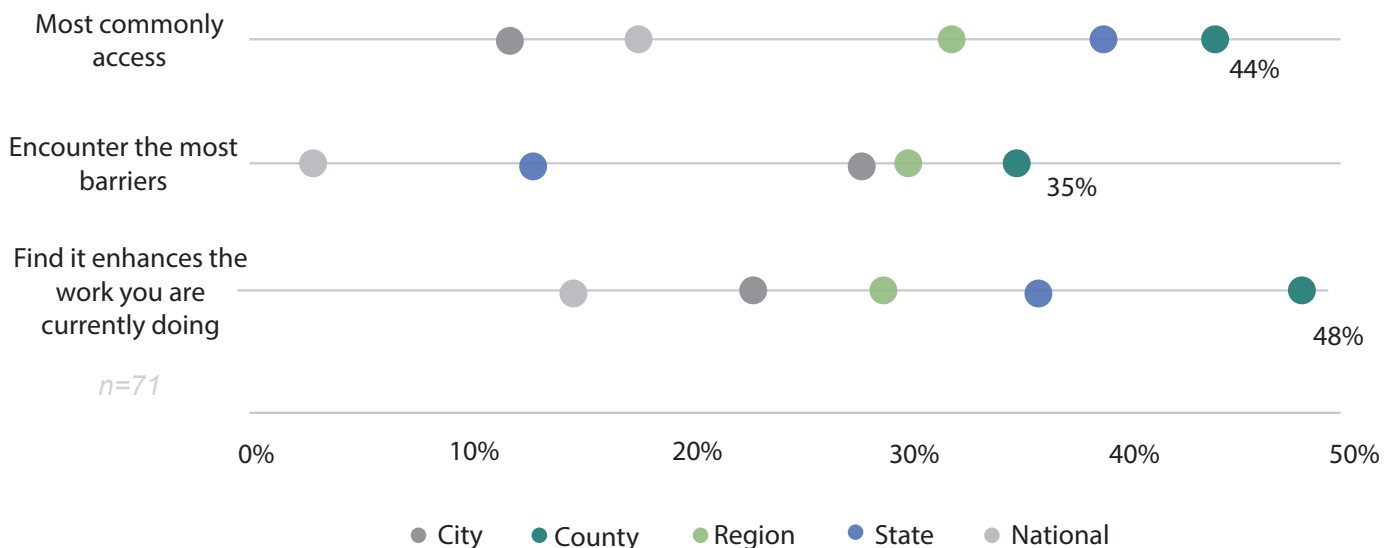
Opioids, prescription drugs, and stimulants were the substances for which the largest number of survey respondents indicated they interact with data. Respondents also interacted with alcohol and marijuana data, and, to a lesser extent, tobacco and vaping data. A higher proportion of respondents working in community-serving organizations indicated using tobacco and vaping data. Staff from Local Public Health Agencies (LPHA) mentioned a variety of types of data they interact with, beyond what type of substance it is. Interviewees mentioned requesting data from emergency medical services (EMS), hospitals, and law enforcement. Data of interest related to an interviewee's work, whether in prevention, treatment, recovery, and/or harm reduction. Additionally, interviewees mentioned accessing state-level dashboards.

The most respondents interact with data around **opioids, prescription drugs, and stimulants.**



Most survey respondents reported they interacted with population-level data (80%), which they needed monthly (55%) or semi-annually (30%). Fewer reported they worked with individual-level data (30%) or needed it annually or biennially. Survey respondents indicated they most commonly accessed county-level data, encountered the greatest barriers in accessing them, and believed county-level data would enhance the work they are currently doing in comparison to other levels of data. Unsurprisingly, interviewees from LPHAs also most frequently accessed county-level data and encountered many of the same barriers as survey respondents.

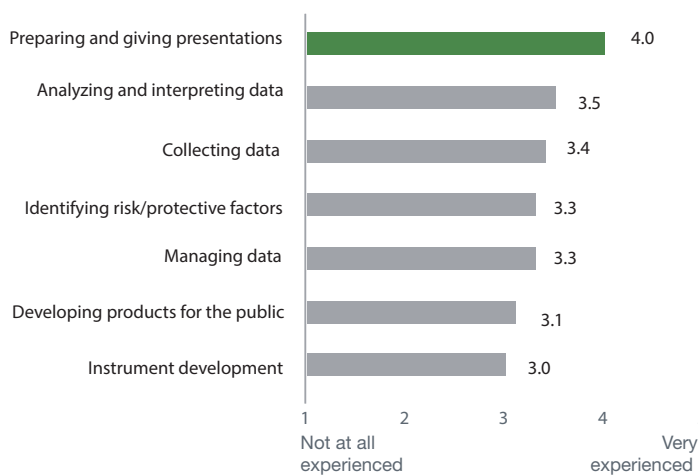
Respondents reported they **most commonly accessed county-level data, encountered the greatest barriers in accessing those data, and believed access to county-level data would enhance the work they are currently doing in comparison to other levels of data.**



DATA CAPACITY

Partners felt most confident interpreting and disseminating data to other partners and organizations and least confident collecting and analyzing data. Survey respondents had the most experience preparing and giving presentations around data and the least experience in instrument development and developing products for the public.

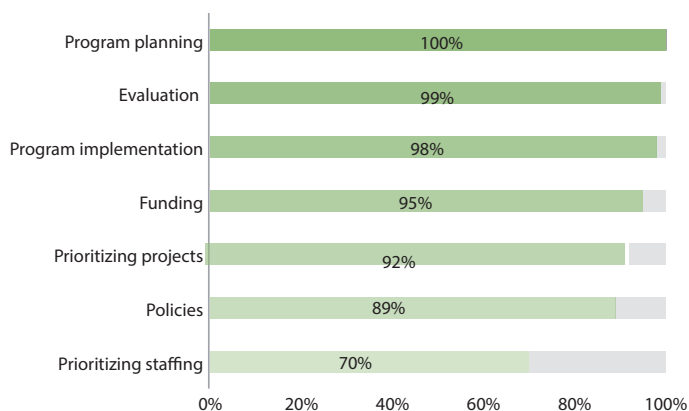
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DECISION MAKING

Most respondents reported they “frequently” or “always” provided input during data analysis, interpretation, reporting, and dissemination. Similarly, more than half of respondents reported they provided input on how decisions are made and are invited to decision-making conversations related to data.

Most respondents reported they used data to make decisions for program planning, program implementation, evaluation, funding, prioritizing projects, and developing policies. Fewer respondents reported they used data to make decisions for prioritizing staff.

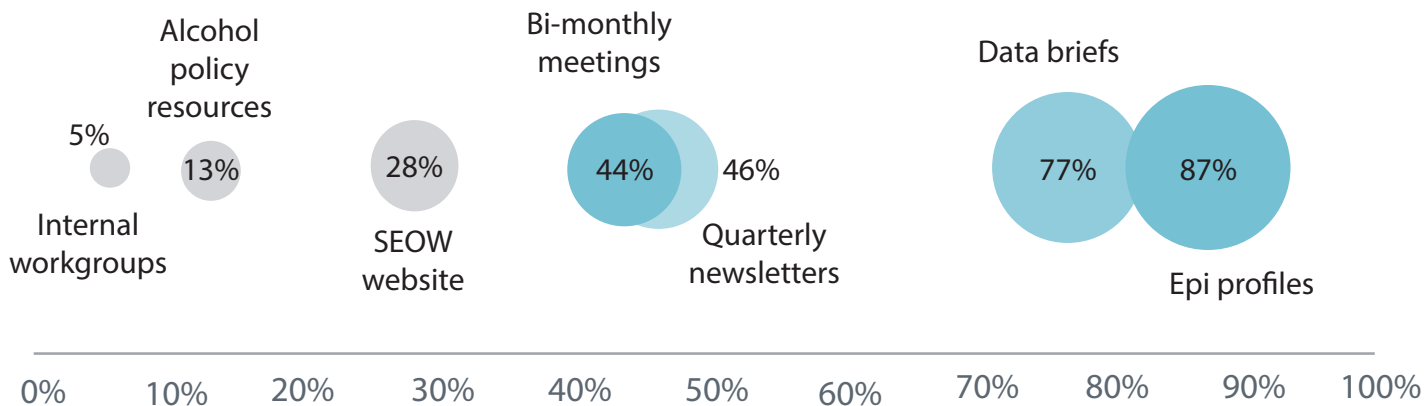


SEOW ENGAGEMENT

Nearly half (49%) of respondents reported they read some or all the SEOW publications, which included the epidemiological profiles, data briefs, and alcohol policy resources. Just under half looked at SEOW newsletters (32%) and attended bi-monthly meetings (31%).

When asked to rank SEOW activities from most to least useful, respondents found the epidemiological profiles and data briefs most useful. Respondents ranked the epi profiles as first, second, or third most useful 87% of the time. Respondents reported the profiles were easy to digest and use, especially with people who were less familiar with substance use issues and data generally. Data briefs were specific, concise, timely, and helpful since they focus on one topic.

Respondents ranked the epidemiological profiles and data briefs most useful.

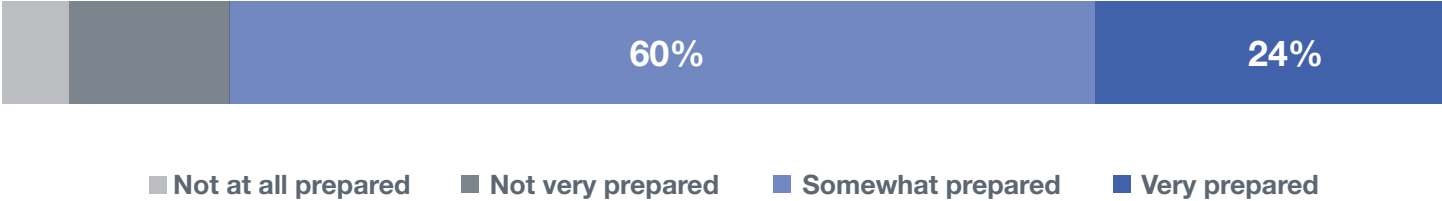




HEALTH EQUITY

Although most survey respondents were “somewhat” or “very prepared” to address health equity, most also reported challenges in using data to do so. First, they reported data often did not exist to address health equity or, if they did exist, respondents did not have access to them. Second, respondents may have had access to data but were unsure how to use them or were unsure what data were needed. Only 16% of respondents reported they had access to and used data to address health equity.

Most respondents feel “somewhat” or “very prepared” to address health equity.



Those who were currently using data to advance health equity reported they used data to increase and improve data collection and analysis efforts, for example ensuring data included demographic information and minority groups. Other methods of using data to increase health equity included disseminating findings to external groups and community partners, being more intentional in programming and messaging, and increasing training on health equity. Several LPHAs were in the process of addressing health equity related to women’s health and youth development, but none currently addressed health equity related to substance use.

Although most survey respondents were prepared to address health equity, most also reported challenges in using data to do so.

