

Criteria for Analyzing Assessment Data

When setting prevention priorities, communities often find it helpful to analyze their assessment data according to these five criteria:

- **Magnitude.** This describes the numbers of people affected by the problem. Communities that use magnitude to prioritize problems seek to address problems that affect the greatest number of people. So, for example, in a community where more youth use alcohol than Oxycontin, practitioners are likely to direct their efforts at limiting alcohol use.
- **Impact.** This describes the depth of a problem across multiple dimensions, such as community health, the economy, or criminal activity. So—comparing alcohol and Oxycontin use again—communities seeking to reduce impact might direct their efforts at reducing Oxycontin use. Oxycontin use has more legal ramifications than alcohol use, because users are more likely to engage in illegal activity to obtain the drug.
- **Changeability.** This describes the degree to which the indicator may be changed. In the above example, it may be easier to restrict access to Oxycontin than to alcohol, since Oxycontin is already illegal without a prescription. Alcohol is widely available through retail sales and as a result, more difficult to contain. Given this, community members may focus on reducing Oxycontin use because it will be easier to show change or results. Community members will also want to consider whether the problem has been successfully changed in the past, and if there are any evidence-based interventions available to address the problem.
- **Concentrated occurrence in a specific sub-population.** Directing prevention efforts at a specific sub-population can sometimes produce maximum effects. For example, targeting alcohol consumption among pregnant women is easier to tackle than targeting alcohol consumption in the general population.
- **Time lapse between consumption behavior and consequence.** The amount of time between consumption of a substance and produced consequences can differ significantly by substance. For example, death from heroin overdose may be less frequent than tobacco-related deaths. However, the time lapse between consumption and the ultimate consequence is much shorter for heroin overdose than tobacco-related deaths. A short lapse between consumption and consequence can make it easier for communities to show relationships between prevention activities and outcomes.

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