Using Your Core Data

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Core Survey History & Background

- Created in late 1980's
- U.S. Department of Education's Fund for the Improvement of Postsecondary Education (FIPSE)Program Evaluation
- Revised very little over the past 25+ years
- IHEC used the Long Form Version 2 –

Core Survey History and Background

- Core Surveys quantify and document:
  - college students' attitudes, perceptions, and opinions about alcohol and drugs.
  - behaviors of actual AOD use
  - consequences of use.

Core Primary Audiences

- The target audiences of Core survey results include:
  - College presidents
  - Administrators
  - Health and wellness promotion
  - Counselors,
  - others student life professionals
  - Faculty.

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Trust in the Core Institute – Trust the Survey

- Core survey is established
- Core survey is extensively used
  - Needs assessment
  - Trend Evaluation
  - Research
- Is anonymous
- Results are fairly consistent over time

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Limitations

- Core is cross-sectional
- You will not be able to survey everyone
- Despite efforts to streamline process, some differences in administration occur from institution to institution
- No single survey provides an entire picture.
- Different measures will provide different results

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Why You Most Likely Administer the Core

Cochran (2008)

Strategic Prevention Framework

SAMHSA (2016)

Core Data can Help in Assessment
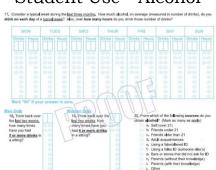
- Identify student use
- Identify negative related consequences
- Identify student perceptions, beliefs, and attitudes
- Identify student protective factors
- Identify environmental/socio ecological issues
- Identify possible policy issues

Student Use - Alcohol
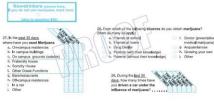

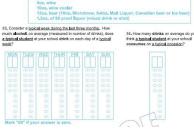
Student Use - Marijuana

Student Use – Other Illicit Drugs

Negative Consequences

25. How many times did the following things happen to you while you were drinking or because of your alcohol use during the last 30 days?

a. Had a hangover
b. Performed poorly on a test or important project
c. Got into trouble with campus police, residence hall, or other college authorities
d. Got into in trouble with off campus police or other local community authorities
e. Vandalized or damaged property
f. Got into an argument or verbal fight
g. Got into a physical fight
h. Got nauseated or vomited
i. Drove a car while under the influence
j. Rode in a car with the driver under the influence
k. Went to class under the influence
l. Missed a class
m. Someone expressed concern about your drinking or related behavior

25. Continued . . .

n. Thought you might have a drinking problem
o. Forgot where you were or what you did
p. Passed out
q. Said something you later regretted
r. Did something you later regretted
s. Have been taken advantage of sexually
t. Had sex when you didn't want to
u. Had unprotected sex when you otherwise might not have
v. Tried unsuccessfully to reduce drinking
w. Injured yourself
x. Injured others
y. Spent too much money
z. Felt that you needed more alcohol than you used to use in order to get the same effect (during the last 30 days)

Student Perceptions - Alcohol

A drink is defined as:
5oz. wine
10oz. wine cooler
12oz. beer (10oz. Microbrew, 8-9oz. Malt Liquor, Canadian beer or Ice beer)
1.5oz. of 80 proof liquor (mixed drink or shot)

33. Consider a typical week during the last three months. How much alcohol, on average (measured in number of drinks), does a typical student at your school drink on each day of a typical week?

34. How many drinks on average do you think a typical student at your school consumes on a typical occasion?

MON	TUES	WED	THUR	FRI	SAT	SUN

Mark "00" if your answer is zero.

Student Perceptions – Other Drugs

32. Approximately how often do you think the Average Student on your campus uses . . . (mark what best represents your perception)

Prescription drugs without a prescription or other than prescribed:
Pain medication (Vicodin, OxyContin)
Sedatives/Anti-Anxiety (Valium, Xanax)
Stimulants (Adderall, Ritalin)
Sleep medication (Lunesta, Ambien)
Antidepressants (Wellbutrin, Cymbalta)
Medicinal Marijuana

Other substances (not prescribed)
Alcohol
Recreational Marijuana (not medicinal)
Cigarettes, Cigars, Pipe tobacco
Chewing tobacco, snuff, pouches
Cocaine
Amphetamines/Methamphetamine
Opiates
Steroids
Hallucinogens
Inhalants (glue, solvents, gas)
Synthetic Drugs (bath salts, K2, etc.)
Designer drugs (ecstasy, MDMA)
Other illegal drugs

pg. 5

Protective Factors

Identifies Possible Policy Issues (Q43)

Core Data can Help in Capacity Building

- Provide data as proof
- Clarifies strengths/ weaknesses
- Publicizes need
- Builds unity
- Justifies efforts
- DFSCA Compliance /Biennial Review
- Grant Proposal Writing

Capacity Building

- Who do you currently share your results with?
- Is what you provide what they actually need to move forward?
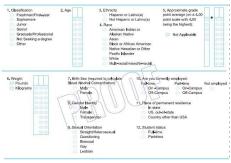- Who should you be providing your data with?
- How can you better share your results

Core Data Can Help in Program Planning

- Help identify subpopulations at risk
- Helps identify location
- Help guide identification of strategies/methods to address problems

Identifying At-Risk Subpopulations

Identifying At-Risk Subpopulations

Identifying Location/Context

NIAAA College AIM

How can CollegeAIM help?

It can be challenging to decide where to focus your prevention efforts and dollars —especially given the magnitude of the problem and the dozens of varied interventions available.

CollegeAIM provides the evidence-based information you need to compare a broad range of alcohol interventions. By rating the relative effectiveness and other characteristics of nearly 60 strategies, CollegeAIM will help you:

- Identify strategies most likely to reduce drinking and its harmful consequences,
- See how your current strategies compare with other options,
- Find new, research-based strategies to consider, and
- Select a combination of approaches that meets the needs of your students and campus.

Where does CollegeAIM fit into an overall prevention planning process?

CollegeAIM, with its matrix-based tool, guide, website, and related resources, is meant to be used in conjunction with your school's own processes for anticipating and responding to the needs of your student body, campus environment, and surrounding community. You probably already apply a variation of these steps for college prevention programs:

- **Assess** the problems on your campus and set priorities,
- **Select strategies** by exploring evidence-based interventions,
- **Plan** how you'll carry out the chosen strategies and how you'll measure results, and
- **Take action**—implement the chosen strategies, evaluate them, and refine your program.

College AIM Strategies

CAMPUS-ONLY (ENV)
Alcohol-free campuses
Prohibition of alcohol use/service/sales at
- campus social events
- sporting events
Standards for alcohol service at social events
Requirement of Friday morning classes(1)
Campus-wide social norms campaign(1)
Substance-free residence halls(1)
Amnesty policies(1)
Requirement of alcohol-free programming(1)
Bystander interventions(1)

College AIM Strategies

COMMUNITY-BASED ONLY (ENV)
Increase alcohol tax
Retain state-run alcohol retail stores (where applicable)
Dram shop liability laws pertaining to
- Sales to underage
- Sales to intoxicated
Retain age-21 drinking age
Require unique design for state IDs for age <21
Responsible beverage service training laws
Increase cost of alcohol license
Limit number/density of alcohol establishments
Prohibit home delivery of alcohol
Keg registration laws
Social host laws:
- Property
- Provision of alcohol
Noisy assembly laws
Shoulder tap campaigns

College AIM Strategies

CAMPUS OR COMMUNITY-BASED (ENV)
Prohibition of beer kegs
Restriction of alcohol sponsorship and advertising
Retain ban on Sunday sales (where applicable)
Retain restrictions on hours of alcohol sales
Restrictions on happy hours/price promotions
Beverage service training programs:
- Sales to underage
- Sales to intoxicated
Minimum age requirements to serve/sell alcohol
Enforcement of age-21 drinking age, e.g. compliance check campaigns
Party patrols
Safe-rides program(1)

College AIM Strategies

EDUCATION/AWARENESS PROGRAMS (IND)
Information/knowledge/education alone
Values clarification alone
Normative re-education: In-person norms clarification alone
Electronic/mailed Personalized Normative Feedback (PNF):
- Event Specific Prevention (21st birthday cards)
- General PNF programs

College AIM Strategies

COGNITIVE-BEHAVIORAL SKILLS-BASED (IND)
Expectancy challenge interventions (ECI):
- In vivo / experiential expectancy challenge
- By proxy / didactic / discussion expectancy challenge alone
Self-monitoring/self-assessment alone
Goal/intention-setting alone
BAC feedback alone
Multi-component alcohol skills training:
- Alcohol Skills Training Program (ASTP)
- Alcohol 101 Plus
- Parent-based alcohol communication training
- General life skills training/lifestyle balance/coping

College AIM Strategies

MOTIVATIONAL/FEEDBACK-BASED (IND)
In-person Brief Motivational Intervention (BMI) (e.g., BASICS):
- BMI - Individual
- BMI - Group
Electronic/mailed Personalized Feedback Intervention (PFI):
- e-CHECKUpToGo (formerly e-CHUG);
- CheckYourDrinking.net (beta 1.0 version);
- College Drinkers CheckUp (CDCU);
- General PFI programs
Multi-component education-focused programs:
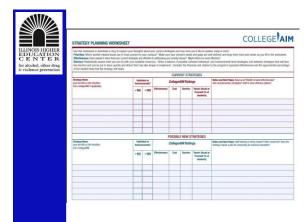- AlcoholEdu for College
- General MCEFP

College AIM Strategy Info

Close X

Motivational/feedback-based approach

Multi-component education-focused program (MCEFP): AlcoholEdu® for College

AlcoholEdu® for College is a two-part, online program providing personalized feedback along with education around alcohol use. The first part of the program is typically completed in the summer before freshmen arrive on campus, with the second part being completed during the fall. Students must complete knowledge-based quizzes in order to complete the course. Cost of the program is based on first-year enrollment size. This program also may target individuals and all students.

Effectiveness: ★ ★ ★ = Higher
Cost: $$$ = Higher
Barriers: # = Lower
Research Amount: ** = 4 to 6 studies

Public Health Reach: Focused
Primary Modality: Online
Staffing Expertise Needed: Coordinator
Target Population: Individuals, specific groups, or all students
Duration of Effects: Short-term (up to 3 months) effects; long-term (≥ 6 months) effects not assessed

Summary **Notes** **References** **Potential Resources**
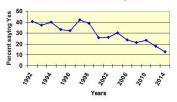

Core Data Can Help in Evaluation

- Changes in BAVPB
- Benchmarking Evaluation
- Trend Evaluation

Comparing Your Data

• Looking at results longitudinally

Percentage of Students who Reported Performing Poorly on a Test Because of the Effects of Alcohol or Other Drugs

Comparing Your Data

• Core Survey 2014 – Illinois
  – Anticipated release late summer 2016
• Core Survey 2016 – Illinois
  – Anticipated release fall 2016
• Core Survey – National
  – http://core.siu.edu/_common/documents/2011%20-%202013.pdf
• NCHA
  – http://www.acha-ncha.org/pubs_rpts.html

Key Questions – Eyeballing the Data

• What are your first impressions of your data?
• What does your data suggest in terms of campus strengths
• What does your data suggest in terms of campus weaknesses
• What key themes seem to be immerging

Data Reports

- Cross Tabulations
  - Generally descriptive statistics
  - Male, Female, Overall
- Executive Summary
  - Generally Descriptive
  - Will have some inferential/nonparametric comparisions

Analyzing Your Own Data

- Probably the strongest application
- You can attempt to answer questions pertinent to your campus
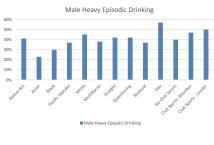- Allows you to better cut the data

Types of Data Analysis

- Descriptive Statistics
- Non-parametic statistics
- Inferential
- Univariate
- Multivariate

Cutting the Data

Male Heavy Episodic Drinking
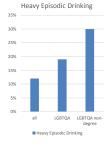

Male Heavy Episodic Drinking

Caution with N sizes

- Situation 1: Heavy episodic drinking.
  - 1954/16566 = ~12%

- Situation 2: Heavy episodic drinking among self-identified LGBTA
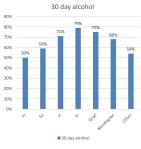 - 239/1250 LGBTQA students = ~19%

- Situation 3: Heavy episodic drinking among self-identified LGBTQA students who are non-degree enrolled
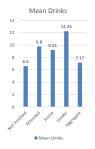 - 3/10 = ~30%

Heavy Episodic Drinking

Heavy Episodic Drinking

Aggregate Vs. Non-Aggregate

Aggregate Reported 30 day alcohol use = 66%

30 day alcohol

30 day alcohol

Average Drinks/Week by Student Athletic Participation

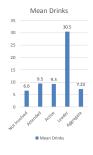**Mean Drinks**

- Not Involved significantly < than other 3 groups
- Attended – sig.> not involved; sig. < leader
- Active – sig > not involved; sig < leader
- Leader – sig > all 3 other groups

Average Drinks/Week by LGBTQA Student Athletic Participation

Mean Drinks

- Leader – sig > all 3 other groups
- No other differences
- N = 1188
  - NI = 1055
  - Attend = 75
  - Active = 41
  - Leader = 17

Data and the Big Picture

- Data as Problem Definition
- Data as Proof
- Data as Monitoring and Surveillance
- Data as Justification of On-Going or New Activities

Themba (2003)

Questions?

References

Cochran, C. (2008). Defining the Problem. Retrieved from:
http://www.qualitydigest.com/magazine/2008/sep/article
/defining-problem.html

References

SAMSHA. (2016). Strategic Prevention Framework.
Retrieved from http://www.samhsa.gov/spf

Themba, M. (2003). Drawing the Big Picture: Data, Power,
and Institution in Community Organizing and Policy
Change. Retrieved from
http://www.thepraxisproject.org/drawing-big-picture-data-
power-and-institution-community-organizing-and-policy-
change

Voas, J. (2014). So you have your student health data…
Now what? (powerpoint slides). Retrieved from
masstapp.edc.org/sites/...edc.../F2.%20**Student**%20survey
s-Wadsworth%20room.pptx

All of this information
and MORE can be
found on our website:

www.eiu.edu/ihec

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