

**Indiana State Epidemiology and Outcomes Workgroup**  
**Meeting Minutes from November 16, 2007**

Attendance

Weston Bush, Marcia French, Ruth Gassman, Marion Greene, Harold Kooreman, Kim Manlove, Barbara Seitz de Martinez, Miranda Spitznagle, Rick Vandyke, John Viernes, Jim Wolf, Eric Wright

Welcome and Approval of Minutes

Eric welcomed everybody to the meeting. No rejections to the meeting minutes from October 19, 2007, were made; minutes were approved.

Summary of LEOW Training Workshop from 11/13/2007

Review of the training workshop: About 30-35 people from the funded communities attended the LEOW training workshop (all but Tippecanoe County were present); additionally, CHP (who conducted the training), IPRC, and DMHA staff as well as Sheriff Matt Strittmatter (new GAC chair) were present. The purpose of the workshop was to guide the SPF SIG grantees through the process of conducting their local needs assessment and drafting their strategic plan; also to clarify the roles IPRC and CHP have in giving technical assistance.

An SEOW/LEOW network listserv was created to help build collaborations among LEOWs and to connect LEOWs with the SEOW.

A summary of the training evaluation results was handed out to SEOW members; the feedback we received from workshop attendees was positive and most of them felt they gained valuable information. Eric said that he doesn't anticipate another training session soon but that this is something we may want to think about on an annual basis.

Rick stated that he likes the idea of an annual meeting, a coming-together of LEOWs and SEOW.

Kim added that the feedback received from the Southern tier was very positive; they were very impressed. Communities face challenges, some have staff changes. Building camaraderie among the communities is essential; some mentoring has been going on from higher- to lower-capacity communities.

Eric explained that we "tweaked" the logic models that were introduced at the PIRE conference in Albuquerque and presented them to the LEOWs [Marion will send the logic models on

underage drinking, cocaine use, and methamphetamine use to SEOW members]. Communities don't need to incorporate all the factors displayed in the models, only focus on the things their data are leading them to.

Ruth asked if Eric was able to integrate the information from the PIRE conference and use it for the workshop.

Eric confirmed and said that the Albuquerque logic models have a strong law-enforcement component but they also included some antecedents and mediating factors. He added that he'd like to see the SEOW transform more into a policy-making body; there is a growing desire to use the state epidemiological profile as a policy tool, and people are happy about the idea of bringing agencies together for communication (as in the SEOW).

#### Discussion of SPF SIG Phone Survey

Eric reported that we have received approval from John to move forward with the survey and that financing was available; Miranda had indicated that ITPC could also bring some funds to the table. The goal is to start the survey in January.

Ruth mentioned that Mary wasn't able to be here today but that she's interested in adding some gambling questions to the survey.

Eric replied that the length of the survey is a concern because non-responses will increase if the survey is too long (Jim agreed); we need to be mindful of the non-response issue.

Jim handed out a draft of the survey and commented that if we call people, we are obligated to tell them at the beginning of the call how long it will take to complete the survey. Also, the cost estimate is based on certain assumptions; we know from previous efforts that about 3% will admit to current use of cocaine, about 25% will convey current tobacco use. Jim went on to cover the basics of the survey design: we'll sample 8,000 people; oversample in funded communities; include the NOMs with some adjustments; include issues of dependency and abuse. He stated that we are ethically obligated to reveal to respondents who is funding the survey and for what purpose the data are being used; so Jim asked for suggestions on whose behalf we are calling.

Eric suggested saying that we are from Indiana University or Indiana University Center for Health Policy, but that the word "university" probably should be used; or we could say we are calling on behalf of the State Epidemiology and Outcomes Workgroup.

Rick recommended saying that Indiana University is doing the survey on behalf of somebody else.

Eric proposed to use “Indiana University on behalf of the State of Indiana”. SEOW members consented.

Jim resumed discussing survey details: for a sample of 8,000 respondents, we are lucky if we get one completed survey per hour; that’s what makes it so expensive. Also, we follow random sampling methods; not like market research, who is focusing on volume.

Ruth asked if the survey will go through IRB.

Jim confirmed; we’ll survey persons under 18 years and we will publish the results. But we might get it through expedited.

Jim referred to the hand-out “SEOW Substance Use Survey, Draft 1”: on page 1 are screening questions, the real questions start on page 2; we moved the NOMs around to increase the flow of the survey; we start with questions about norms; on page 4 is a section on perceived risk. This questionnaire is used on youths and adults but includes skip patterns; some questions are only to be asked of youths; #19 are prevalence questions about alcohol use; #20 marijuana prevalence; #21 illegal drugs prevalence (lumps the illegal drugs together).

Miranda advised that it might be better to read a list of illegal substances to participants and have them respond “yes” (have used substance) or “no” (have not used substance).

Rick agreed and added that if respondents choose “yes”, we can go to a follow-up question.

Eric acknowledged that we want information on each individual substance; that’s the current problem with Uniform Crime Reports (UCR) data – they lump substances together; we want details on all substances respondents said “yes” to.

Marcia added that we need detailed information on at least our priority drugs [alcohol, cocaine, and methamphetamine], because the communities are dying to get information on “their” substance, especially meth.

Rick said that it should not be that time-consuming to drill down on individual illegal substances because it is a minority who has taken them and taken them more than once.

Jim replied that he will expand on the illegal drug issue. The remainder of the questionnaire is about abuse and dependency of alcohol and other drugs – this is DMHA's only measure of abuse/dependency in Indiana.

Barbara asked him how he defined “often”.

Jim answered that this is the way the question is worded in the NOMs; we let the participants define it for themselves; it’s a bit fuzzy.

Ruth wanted to know if there is a lot of variation in abuse/dependency across counties; since prevention is the focus, leaving out dependency issues would shorten the survey and therefore increase response rate.

Eric replied that Jim made a good point when he said that these questions in the survey are the only measure we currently have to assess abuse and dependency in Indiana.

Ruth responded that if you look nationally, alcohol abuse and dependence seems constant.

Eric replied that this is true for alcohol but not necessarily for other drugs.

Ruth agreed with him.

Barbara was concerned about side effects in older individuals (65+) who use prescription drugs (medical use, not misuse/abuse) and drink alcohol.

Eric said maybe we should ask SHS (subjective health status) questions.

Ruth wanted to know if the question "have you ever needed treatment but didn't get it" will be included.

Jim replied that the question was used in other surveys but didn't turn out to be very helpful.

Marcia asked if a Spanish version of the survey will be available. Jim confirmed.

Eric announced that we will set up a meeting of the SPF SIG phone survey subcommittee to further discuss the questionnaire and methodology.

#### Discussion of Drug Fact Sheets

Eric reported that the 2007 state epidemiological profile is available online on the CHP website (<http://www.healthpolicy.iupui.edu/SEOW.htm>) and that we are currently putting one-page drug fact sheets together (draft was handed out during meeting). Hard copies of the report will be printed soon, but to save on costs it was decided to print less copies and create more CDs, which are cheaper. The CD-version will contain the 2007 state epidemiological profile, the drug fact sheets, and a chart pack (PowerPoint of all the figures/graphs used in the report).

Marcia added that the CDs and printed drug fact sheets will be distributed among the agencies as a quick eye catcher.

#### Other Business

Eric suggested canceling the December meeting and resuming our meeting schedule in January 2008. The proposition was approved.

Then, Eric adjourned the meeting.

**The next SEOW will be held on Friday, January 18, 2008, from 9am through 12 noon,  
at the IGCS, conference room #2.**