

Indiana State Epidemiology and Outcomes Workgroup

Meeting Minutes from October 19, 2007

Attendance

Jeanie Alter, Dave Bozell, Marcia Dias, Marcia French, Marion Greene, Harold Kooreman, Kim Manlove, Eric Vance Martin, Joshua Ross, Barbara Seitz de Martinez, Rick VanDyke, Jim Wolf, Eric Wright, Steven Randy Zaffuto

Welcome and Approval of Minutes

Eric welcomed all SEOW members. The minutes from September 21, 2007, were approved.

Discussion of Local Epidemiology and Outcomes Workgroups (LEOWs) – Guidance Document

Eric explained that we have received many questions from LEOWs on how to conduct data analyses and complete the annual local epidemiological profile. We, therefore, have created guidelines, a living document, on logic models, procedures, etc. The broader question is how does the LEOWs' work fit in /connect with the SEOW.

Barbara stated that certain variables are common among communities and that a systematic, uniform standard system for reporting these is helpful; communities can also compare themselves over time.

Eric asked her if she was thinking of measures beyond the NOMs. Barbara replied that it could include more than the NOMs, e.g., crime data.

Eric Martin added that communities want us to exactly tell them what to do and that standardization is something that emerges over time.

Jim asked about setting up specific timelines for the funded communities; he stated that giving communities step-by-step procedures is helpful but wondered how realistic it is to give a specific timeline.

Eric and Marcia explained that the benchmarks document provides target dates; it doesn't specify exactly by when certain LEOW responsibilities have to be completed but it does give a deadline for the local epidemiological report. Eric also said that there is not much "wiggle room" and that some communities are already panicking and saying that they are going to be

late. For this reason, we will conduct a technical assistance workshop for the LEOWs on October 31, from 1:30 to 4:00pm. [Date and time of the workshop have been changed! It will be held on Tuesday, November 13, 2007, from 8:30am to 4:30pm, at the Indiana Government Center, conference room C.] The workshop will address issues such as finding the right data sources, basics of data analysis, risk and protective factors, and planning for the youth action research component (it is important to develop strategies to involve youth in the process).

Eric Martin added that some grantees might “freak out”; some will say it’s too soon, others that it is too late for the workshop.

Eric W. mentioned that the workshop as well as the guidance document help lay-out the logic of the process and that follow-up guidance will be provided to communities as they prepare their local reports. The LEOWs have to become efficient about this and we’ll help them increase their capacity.

Jim asked about the availability of a listserve /distribution list for all funded communities. Eric replied that we are in the process of creating it.

Rick asked if and how the experience of this year will benefit other grantees in other years. Eric responded that it is unlikely to fund other grantees [under this SPF SIG grant]. Eric also added that the GAC plans to use the SEOW epidemiological report for other purposes, such as policy-making decisions.

Eric stated that there are two challenges in completing the epidemiological profile: the lack of local data and the limitations of available data. He went on to say that in his vision, the SEOW report will morph into 92 chapters, one chapter for each Indiana county, and the SEOW will coordinate and provide the introduction to the report.

Jeanie replied that she has been pushing the NOMs as a minimum in her communities; they [the communities] will be able to upload the data and syntax files will be generated for them. So, the communities are already familiar with the idea of data collection and feeding into the SEOW.

Methodology for Statewide SPF SIG Telephone Survey

Jim reported on the planned methodology for the SPF SIG phone survey: we are trying to come up with the best possible way for county-level estimates; the methodology used in the STNAP was not sufficient; the methods currently used by SAMHSA and CSAP are synthetic estimation techniques; for this, we break up the state into sampling regions, so every county is at least

touched by the survey; we use a combination of strategies – look at regional estimates (provided by the phone survey) and also bring in other data sources (e.g., BRFSS, YRBSS, IYTS, Medicaid data); from there it becomes somewhat subjective to come up with a prevalence estimate; the LEOWs will have to be part of the process; we will be oversampling the funded communities; when we are done, we will be able to give reasonable estimates for the NOMs for all 92 counties and with even better precision for the funded communities (due to oversampling); for counties like Switzerland or Ohio it is appropriate to combine them with a neighboring county; this method is not a purely statistically-driven process, it involves some judgment calls. Some details of the survey include: we'll administer the survey to 6,000 people, ages 12 and older; we'll oversample 18- to 25-year olds in the funded communities (we still need to decide how much to oversample); we'll start in January and continue through September 2008. Eric interjected that it would be helpful to have the data in July for next year's epidemiological profile; Jim agreed.

Eric said that we will use the NOMs as a template for the phone survey. He also mentioned a quirk that we found in the *Youth Programs Survey Form* (Youth NOMs): questions 7a – 7e provide a Likert-type scale, with choices a) neither approve nor disapprove, b) somewhat disapprove, c) strongly disapprove, and d) don't know or can't say; no option is given to express approval. Eric said that it is not a mistake and SAMHSA/CSAP intended the design, but that we will probably change it for the phone survey.

Marcia asked if the survey was going to be set-up for one-time administration or to be continuing. Eric replied that the survey is proposed to be conducted every other year.

Jim added that by using the Indiana Prevention Resource Center's Social Indicator System (SIS), we can predict prevalence in the years we don't conduct the survey.

Eric said it is his vision that this will become an SEOW activity – whoever chairs the SEOW will oversee the survey.

Discussion of Local Epidemiology and Outcomes Workgroups (LEOWs) – Template for Profile

Eric provided a template for the LEOW epidemiological profile. It contains suggestions on how to structure/what to include in the local epidemiological report, such as “describe general consumption patterns; describe consequence patterns; comparisons between different

demographic groups”, etc. Eric asked the SEOW members to email him if they had any suggestions regarding the template.

Marcia added that the LEOWs can also provide questions and feedback on the document.

Community Alcohol Tool

Eric M. handed out the *Indiana SPF SIG Alcohol Assessment Framework and Toolkit*. Eric W. explained that the instrument was originally developed in New Mexico and that it assesses the core causes that drive substance use; New Mexico’s focus is on alcohol-related fatal car crashes. However, the purpose here is to develop a broader instrument for communities to use.

Eric M. described the tool: it has 8 different major components, such as alcohol retail availability, bar assessment, alcohol promotion and advertising, community norms, alcohol law and policy enforcement, alcohol community perceptions, community forum, and youth focus groups.

Eric W. asked if we should require the funded communities to collect information on these variables; on the flip side, it’s a huge burden to collect the data (especially items 1 through 3); do we think we should strongly encourage the communities to get this information?

Eric M. replied that his favorite parts of the assessment tool are parts 1 [alcohol retail availability assessment tool] and 2 [bar assessment tool] and that at a minimum – if anything is pushed – communities should be encouraged to use these.

Jeanie wondered where “perceived harm” falls under this; it’s a missing piece.

Jim suggested trimming down the instrument and putting it in a web-based format; we can tell the communities that we will give them feedback, let them know where they stand, for example, when it comes to alcohol availability.

Eric replied that he thinks that there is a lot of evidence for the tool on the individual level but when aggregated, the correlation is more modest; so the cost-benefit ratio needs to be considered.

Jeanie said that she doesn’t think it’s a good idea to require communities to use the instrument – due to a lack of time (for both sides); make it available for use this year, see what we get out of it, and then reevaluate requirement for next year.

Eric agreed; we’ll continue to develop this, possibly come up with a similar tool for methamphetamine and cocaine. He also suggested developing a matrix of risk and protective factors, with the assistance of the IPRC; this is critical in understanding what is going on.

Marcia agreed and stated that this is what communities need and are looking for.

Conference Evaluation for Training

Harold handed-out the results of the conference evaluation for the training that was given on September 24, 2007. Any questions about the summary can be addressed to Harold (hkoorema@iupui.edu).

Update on SEOW Report

Marion explained that the 2007 epidemiological profile is almost completed. She handed out a draft of the last chapter (chapter 11: Indicators of Substance Abuse). For the chapter, we identified communities with significant substance abuse challenges: using a highest need/highest contributor model, counties received a priority score based on their ranking on selected substance use proxy indicators; counties with priority scores in the top (most severe) 25% were identified; appendices in the back of the chapter list all counties (in alphabetical order) by number, rate, priority score, and percentile group on each indicator.

Eric stated that we used the same methodology as last year but expanded to include more proxy indicators. He added that the chapter can be used as a reference tool for counties to compare themselves to other communities.

Eric asked Joshua about the availability of meth-specific data in Indiana; he said he believed that, by law, Indiana is required to collect data on methamphetamine arrests. Josh replied that the statute Eric was referring to gives methamphetamine its own IC code but that the Indiana Criminal Justice Institute does not receive the number of meth-specific arrests; but they are working on getting that information. Eric replied that he wants to follow-up on this for next year's report.

Eric announced that after the SEOW report is published, we will condense the information and create drug fact sheets; approximately one page for each substance.

Other Business

Marcia recommended for the SEOW to suggest individuals and organizations who should receive copies of the 2007 State Epidemiological Profile. Suggestions included: SEOW

members and the heads of their agencies; 2 copies for each LCC (2 x 92); 15 copies for each funded community (15 x 13); 14 copies for Afternoons R.O.C.K. programs; 42 copies for GAC and workgroups; 10 copies for Prevention Advisory committee; Governor's Office; CSAP; PIRE; FSSA/DMHA; 150 copies for legislators; senators and congress representatives; 16 copies for the commission; Meth-Free Coalition.

Also, it was suggested to create a CD version of the report; fact sheets and the CD could be disseminated to school districts to encourage participation in the IPRC's Alcohol, Tobacco, and Other Drug Use by Indiana Children and Adolescents survey.

Then, Eric adjourned the meeting.

**The next SEOW will be held on Friday, November 16, 2007, from 9am through 12 noon,
at the IGCS, conference room #2.**