State Epidemiological and Outcomes Workgroup (SEOW)

Meeting Minutes
April 7, 2006

In attendance: Robert Teclaw, Miranda Spitznagle, Sheila Nesbitt, John Viernes, Richard Vandyke, Kathy Lisby, Diana Williams, Ruth Gassman, Mary Lay, David Bozell, Barbara Lucas, Harold Kooreman, Eric Wright, and Rachel Thelin

Eric opened the meeting with introductions, a brief summary of the SEOW charge, meeting objectives, and a review of the agenda items. (This included a review of materials in the binders—compiled for all SEOW members—that were distributed at beginning of the meeting.) He also mentioned that the SEOW Bylaws have not been established, but will be based on priorities of the Governor's Advisory Council (Council).

SPF SIG/SEOW Overview
Eric presented an overview of SPF SIG/SEOW, drawn from slides created by Jo Brickmayer of the Pacific Institute for Research and Evaluation, PIRE). (Copies of the presentation are included in each member's binder.)

During the presentation various items were discussed. John Viernes (Department of Mental Health and Addiction, DMHA) mentioned that with regard to project resources, the maximum for the second cohort of funding (which includes Indiana) has been raised from $150,000 to $200,000 per year. He will seek clarification on this issue and report back to the group. Ruth Gassman (Indiana Prevention Resource Center, IPRC) inquired as to whether individuals outside of the group meetings will be tasked with responsibilities. Eric responded that this will likely evolve over the next few meetings and will depend on how questions are defined and the group is structured.

Eric referred to the sample state profiles (Connecticut, New Mexico, and Wyoming) included in the binder. He mentioned that the SEOW's task is to develop a similar profile that will be delivered to and adopted by the Council. This profile will guide the state plan and resource allocation.

Committee Structure, Operations, and Bylaws
Following the SEOW overview presentation, Eric initiated a discussion about committee structure, operations, and Bylaws. He stressed that the group will need to determine how to arrive at decisions, otherwise the effort will "drown in the data." This will involve identifying the process by which the group defines priorities—this standard will become part of the Bylaws and will help maintain continuity and transparency of the project.

Eric asked the group members how they would like the SEOW like to operate. He indicated that he hoped the process would be didactic. He also informed the group that as chair and researcher, he is considered a non-voting member.

Barbara Lucas (Indiana Youth Institute, IYI) mentioned it is very helpful to have an agenda prior to meetings. Eric apologized for not distributing the agenda earlier, but indicated that this will occur for subsequent meetings. He also mentioned that the binder is considered a "living" document to which updates will be added and informed the group that a project website will likely be developed through the Center for Urban Policy and the Environment. All binder materials would be posted on the website for members and in support of SEOW's transparent process. Minutes will be taken and available for review. These will be electronically distributed to the group for addition to members' binders.

John voiced support for Robert's Rules of Order and a need for accountability, in particular given that the groups' decisions may impact issues relate to resource allocation. There was discussion and informal consensus that Roberts' Rules could guide the meetings, but perhaps need not be strictly adhered to. Eric pointed out that Roberts' Rules regarding structure require a minimum number of committee members be present to make a decision.

SEOW Membership

The current membership list was provided to Eric by the Council. The Council offered the option to recommend additional members, to be voted on by the SEOW. Eric suggested adding roughly 5 more members. He nominated Barbara Lucas of the Indiana Youth Institute. Barbara mentioned that Megan Chaile, also of IYI, was listed as an original member. Barbara briefed the group on her background, including research in the areas of education and youth. Eric suggested that IYI have one vote.

Eric asked the group about adding community representatives. The group agreed that this was a good suggestion. Richard Vandyke (Office of Medicaid Policy and Planning) pointed out that if community members are added to the group, this should occur soon as important decisions will be made in the first few meetings. Ruth nominated Barbara Seitz de Martinez, deputy director of the IPRC, and suggested she would be an valuable asset given her deep commitment to prevention and her experience with IPRC's PREVSTAT database.

Mary Lay (DMHA and IPRC) raised the issue of whether community representatives on the SEOW would be precluded from applying for funding. John offered that they could recuse themselves from voting on such decisions. John also indicated that in his capacity as Project Director he is a non-voting member. Eric pointed out that the group is tasked with primarily making recommendations about priorities.

Both Eric and Ruth nominated Mary Lay. Mary offered that she could be a non-voting member since she is part of IPRC. If IPRC is represented by three members, Ruth is comfortable with the IPRC having one vote.

John suggested Mary Eber from "drug free communities" who could represent the St. Joseph County area. He further recommended nominating a community representative associated with ICJI. John also informed the group that the project budget includes funds for accommodation, and that forms for travel and related expenses could be distributed to non-state employees.

Mary suggested that the group locate the 14 communities that receive SBG block grant dollars and select one representative—these entities engage in significant data collection. Mary also recommended adding a representation from the ATC, which provides oversight regarding compliance related to tobacco and alcohol.

Eric concluded the discussion regarding additional members by asking the group to forward other recommendations to him. He suggested that the group could have an "electronic discussion" via email about additional members. He also pointed out that current members will need the support of their supervisors to attend the monthly meetings, especially for quorums when their presence will be required.

Sheila Nesbitt (Center for the Application of Prevention Technologies, CSAP), who is working with other SPF SIG states, reported that lessons learned include consideration of a proxy voting process and continuity of decision making. John told the group that has was sent West Virginia's draft Bylaws which he will share with Eric and others. He added that West Virginia indicated their Bylaws were essential to the project. Eric informed the group that the SEOW Bylaws will be coordinated with the Councils' Bylaws. He suggested that the issue of subcommittee formation be deferred for the time. He also mentioned that the group will need to consider the issue of guests, ex officio members, and closed meetings.

Selecting Target Indicators

Eric began the discussion regarding the process of selecting target indicators by reviewing the draft of proposed criteria, included in the binders. (The document was adapted from SAMHSA and Connecticut data quality standards.) Given the amount of data the project will examine, the group will need to address the issue of data quality. Eric referred to the legitimacy often attached to national and state data sources. He also touched on the following issues: 1) criteria for state or lower level data; 2) while lower level (below state or county) might be appealing, would this imply a focus on single issues that may not be comparable; 3) data validity, 4) availability over time, 5) consistency, and 6) sensitivity. Eric suggested adding social class, education, and profession to the list of sub-analyses.

Eric noted that a number of state agencies have offered data, and part the groups' responsibility is to evaluate these sources. At this juncture, researchers will use data available from the State Epidemiological Data Systems (SEDS). Eric added that surveys may be suggested as a means of collecting data, but these can be expensive and may not be repeated over time. John mentioned that the Indiana Adult Survey, sponsored by DMHA, is expected to be administered every four years and the expenses are cover by block grant dollars.

Richard commented that the issue of data quality depends on importance of identified outcome—if limited data can contribute to the research in a meaningful way, these should be used with limitations of reliability noted. Eric concurred and suggested that the proposed list be viewed as a set of principles and guidance (keeping standards in mind, while citing limitations) rather than strict criteria for assessing the use of available data.

Barbara expressed concern that if the group's first charge is the identification of all consequences, this may limit datasets available. She also inquired whether the consequences/data the group uses at the beginning of the project will limit the evaluation of outcomes down the road. Eric agreed that the latter point reflects a larger complexity and poses a set challenges and questions, specifically related to whether the desired outcome will be demonstrated state or community level change. Ruth also voiced concern that data quality not dictate which problems the group examines or identifies as worthy of further investigation and that these decisions can be "data-driven" but not solely based on the quality of the data. Ruth and Eric suggested that as the group evaluates multiple data sources, the proposed criteria for selecting indicators could serve as an additional resource for the group to utilize in arriving at decisions.

Consequences Matrix and Data Sources
The group reviewed the consequences table in the binder. Eric posed a question regarding other illicit drugs and how much the group will focus on these. He also pointed out the example of meth and the degree to which the group would choose to focus on this drug, given political considerations and not necessarily prevalence rates. Eric mentioned adding prescription drug use to the list. Related to the latter, John referred to passage of the moratorium exception for methadone clinics and the result that there could have many more applications for funding. Mary Lay pointed out that if prescription drugs are included, the group can expand analyses and consider life span—older adults as well as younger individuals (e.g., appropriate use of ADHD drugs).

Eric asked the group what data are available to measure consequences, and expressed concern about obtaining data regarding social consequences. Richard suggested that employment could serve as a social consequence measure. He also pointed out that general health is a factor and health care costs are a measure of general health. Richard indicated that while these are broad measures and may not be drug-specific, they could be considered.

Mary mentioned research out of Colorado that suggests low-neighborhood attachment is related to substance abuse. Eric recommended adding a column for risk and protective factors to the consequences table. Other questions raised regarding consequences included whether divorce is a legal or social consequence. Barbara mentioned that data are available from schools regarding students who are suspended or expelled for substance abuse.

Mary also indicated that CSAP has archival indicators that PREVSTAT built upon. With regard to this, the question was raised as to whether the group will use archival indicators. Mary also suggested the possibility of adding domains of individual/family/community and the option of reorganizing the consequences table to reflect this. Eric indicated this would be helpful, but also commented that this may blur the lines with risk and protective factors. Mary asked Sheila if CSAP used these domains to frame analyses and would Indiana's effort be better-positioned if it used this approach. Sheila indicated that other states currently identify priority consequences and/or priority use patterns. The individual/family/community approach could be used in subsequent next phases, but the current plan/draft would be acceptable.

Ruth suggested the group address poly-drug use as most individuals do not only use one drug. Eric agreed that the group should consider patterns of poly-substance abuse. He acknowledged uncertainty as to how cleanly the analyses could be conducted, as disguising poly-abuse at the population level in the data is at times difficult to tease out. He welcomed suggestions for analytical strategies. Richard offered that Medicaid data has potential in this regard as it provides up to four diagnoses on individual claims.

Eric encouraged members to review the sample state profiles. He pointed out that the information included in the profiles and which SEOW is charged with developing for Indiana, will be used to inform critical decisions. The Connecticut profile covers a lot of territory for each specific substance, but for the purposes of prioritizing, it's difficult to compare across indicators. New Mexico only focuses on one consequence—death. Eric relayed that Jo Brickmayer indicated that this surprisingly has prove very effective for New Mexico—given the severity of consequence and that the data are clean. Ruth pointed out that death is not aligned with prevention. Mary also asked whether New Mexico has or will incrementally evaluate how users "get to death." Eric concurred that the impact of prevention initiatives won't be demonstrated until later. He mentioned the example of differentiating between acute and chronic alcohol abuse and that there are substantial rational reasons to focus on acute abuse.

Ruth asked for clarification about the group's responsibility regarding intervention. Eric pointed out, from the earlier PowerPoint presentation, that the strategies are recommendations for interventions to communities. Ruth asked how this information will reach relevant communities. Eric said that the process will be transparent and determined for the RFPs, which DMHA issues. Mary mentioned that there are resources for evidence based practices (EVPs) and asked where the group would focus intervention points in terms of EVP standards. Richard recommended incorporating the life cycle approach (pattern of abuse is probably age dependent) and maintaining this public health model. Eric said that these questions would likely be left to the Council.

Ruth asked how precise the group will be in identifying geographic areas within the state and whether group's role is to specify target communities. Eric indicated that if the analyses yield evidence of, for instance, county or race/ethnic problems, the group can be specific in recommendations. He added that the richer the analyses, the more targeted the process will be, but that the group will encounter challenges when geographic data aren't readily available to support recommendations.

Eric referred the group to the SEOW data sources table in the binder. The datasets identified were gleaned from the SAMHSA website (www.epidcc.samhsa.gov) and materials prepared for Indiana's application. To assist the research staff in compiling a comprehensive list of available data, Eric asked the group to relay any information and/or recommendations regarding specific datasets included in the table and/or any not listed.   Eric also mentioned that the group may consider the possibility of a warehouse model for the data which would allow public access to actual datasets and support the group's transparent work.

Eric mentioned that Jo Brickmayer recommended a particularly effective aspect of the Kentucky model. This effort began by examining the state as a whole, including demographic information. Eric suggested this approach can assist the group in arriving at hypotheses that may drive patterns of abuse.

Preliminary Findings
Eric referred the group to the preliminary findings section of the binder. He indicated that this would be the living part of the binder and form the basis for the group's preliminary epidemiological profile. The indicators included also will be updated on an annual basis and will influence the funding process. Eric reiterated that among the groups' first tasks are developing the state profile and priorities documents.

Ruth and Mary both mentioned the value of IPRC's PREVSTAT which provides a range of indicators, through an interactive framework, not only at the county, but also census tract and block level. Eric encouraged everyone to visit the PREVSTAT site (http://www.drugs.indiana.edu/resources/prev-stat/index.html).

Meeting Schedule
The next two meetings of the group were scheduled for Friday, May 5th and Friday, May 19th from 9 a.m. to 12:00 p.m. in the same location (Government Center South, Conference Room 14). The group agreed to subsequent meetings every third Friday of every month.

Task List
Eric concluded the meeting with a review of group tasks, as follows:
1. The SEOW Support Team will send the group electronic versions of the "Consequence Matrix" and "SEOW Data Sources" for review and comment. Everyone is asked to remit suggested additions and/or changes, using track changes in MS Word. The staff will revise the current copies according to group suggestions and bring new versions to the next meeting to replace the current copies in the binders.
2. Everyone also was asked to send Eric names of recommended additional members for the group.