**State Epidemiological and Outcomes Workgroup (SEOW)**
**May 5, 2006**
**Meeting Minutes**

*In attendance*: Barbara Seitz de Martinez, John Viernes, Rick Vandyke, Diana Williams, Martha Payne, Niki Crawford, Jeremy Chenevert, Maggie Lewis, Sheila Nesbitt, Jamie Lane, Dave Bozell, Jim Wolf, Mary Lay, Kim Manlove, Bob Teclaw, Roland Gamache, Marion Greene, Eric Wright, Harold Kooreman, and Rachel Thelin

*Absent*: Karla Carr, Megan Chaille, Tom DeLoe, Ruth Gassman, Kate Gullans, Kathy Lisby, Barbara Lucas, and Miranda Spitznagle

Eric opened the meeting with welcome and introductions of all members, including newly appointed participants. Eric also welcomed Kim Manlove, the SPF SIG Project Director.  Eric informed the group that the previous meeting dealt with organizational matters and the nomination of several new members, including Barbara Seitz de Martinez (Indiana Prevention Resource Center, IPRC), Barbara Lucas (Indiana Youth Institute), and Mary Lay (IPRC and Division of Mental Health and Addiction, DMHA). Community Consultants with the Governor's Commission for a Drug Free Indiana/Indiana Criminal Justice Institute (ICJI) were specifically nominated by the Advisory Council (Council) to serve as liaisons with community, as the Council's Bylaws do not allow providers to serve.  During introductions, Maggie Lewis (Community Consultant for Johnson, Shelby, Rush, Marion, and Hancock counties) indicated that her role, as the "middle person" between ICJI and the counties, is to provide guidance on plans that address alcohol, tobacco, and other drug abuse.  Jim Wolf (Director, Survey Research Center, IUPUI) shared that he has been involved in a number of research efforts as an independent consult before IUPUI on a variety of research projects and writing grants.  He possesses knowledge specifically regarding DMHA data.

Eric asked the group for other nominees.  Niki Crawford recommended two other groups, including the Indiana Sheriff's Association (Mike Eslinger, Executive Director) and the Indiana Prosecuting Attorneys Council (Steve Johnson, Executive Director).  Andrea Linchmeier, who represents an after school program, was also suggested.

Eric restated that the primary focus of the previous SEOW meeting was to orient individuals and as such was devoted to larger focus of the project.  For those who were unable to attend the first meeting, he will make arrangements for a special meeting (sometime in May or June) to present the overview PowerPoint and bring them up-to-date.

Eric circulated the membership roster for review and corrections.   He also mentioned that the project will eventually have a website for all materials.

Eric requested a motion to approve the previous meeting minutes (circulated by email prior to the meeting).  Bob Teclaw and Rick Vandyke motioned that the minutes be approved.  The minutes were approved.

Eric asked for a vote on newly nominated members, including Terry Cohen, Maggie Lewis, and Janet Whitfield-Hyduk (Community Consultants), Barbara Lucas (IYI), Barbara Seitz de Martinez and Mary Lay (IPRC), .  The group approved the addition of new members.  Sheila Nesbitt indicated that her membership status should be changed from a voting to non-voting and ex-officio member.

*SEOW Draft Bylaws*
Eric mentioned that the draft Bylaws were emailed earlier to the group and asked for feedback.  Mary Lay suggested that under members/representatives all agencies listed should include the number of representatives and votes. Rick Vandyke suggested that the Office of Medicaid and Public Policy be listed separately from other

FSSA agencies. Mary suggested that DMHA should have a voting member. This was followed by a discussion about DMHA voting membership and concluded with Dave Bozell being recommended as the voting member.

There was also a suggestion to clarify in the Bylaws which representatives are voting and non-voting members. Eric asked Jeremy Chenevert (Indiana Department of Education) whether he or Karla Carr would serve as a voting member.   Jeremy will discuss this with Karla.  Mary also inquired about whether SAMHSA/Tom DeLoe would be a voting or non-voting participant.  Sheila indicated that she assumed Tom would not want to be a voting member.  She told the group that Tom is trying to attend the Council meetings and may not be able to participate as regularly in the SEOW meetings.  John Viernes asked Sheila to ask Tom if he could give her proxy. Sheila said she would inquire.

Eric said that the voting membership is important because of quorums.  Sheila recommended that the Bylaws language be amended to simplify a quorum to "simple" majority.  Eric also reminded the group about the schedule for regular meetings—every third Friday of the month from 9 a.m. to noon.

Sheila suggested that regarding the quorum issue and a majority of the voting membership, to consider attendance and that a certain number of consecutive absences would result in possible removal of a member. Eric asked the group how they felt about Sheila's suggestion.  Jim and Mary indicated they thought it was reasonable.  Eric and Sheila suggested that after three (3) consecutive months of non-attendance, membership would be reviewed by the SEOW chair and the Council.  With regard to the chairperson presiding over all meetings, Mary suggested that the chairperson have a fill-in.

Eric pointed out that following the above discussion that eight of sixteen voting members were in attendance.

Diana Williams suggested that rather than wait for the Bylaws to be amended in writing and re-distributed, the group approve them in the meeting.  Eric made a motion to approve bylaws as amended.  Jim Wolf seconded the motion.  The group approved the amended Bylaws.

### SPF SIG Sample State Profiles
Eric asked the group for reactions to the three sample state profiles included in members' binders.  He reminded members that the group's task is to use epidemiological data to identify priorities for prevention.

Jim offered that based on previous, similar involvements, organizations that produce these type of reports have different audiences.  He inquired about who the eventual users will be and suggested that that audience will define what is needed.  Eric said that the group has a dual challenge—to speak to ourselves and to Council who are representatives of the community. In order for the wider community to participate, transparency is desired. He also stated that the primary audience is the Council, but they may not accept the groups' recommendations.

Rick Vandyke asked who the Council's audience is and to bear that in mind.  Eric responded that it is the governor and the state—entities that will make grants.  He also said that the Council has not addressed this-- whether they take recommendations on face value or tweak them—in the Bylaws.

John Viernes commented that once there are data, there will be wider uses than distributing funds and gave the example of a House bill regarding counties providing methadone programs.  In this instance, indicators will help to determine whether there is a need for clinics.

Mary suggested that this is a systems change grant and as such the group's task requires changing the system and the legacy, going beyond five years, will be that system.  John agreed that the decision-making goes beyond the Council in that communities will dole out money as well.  He sees this group surviving longer than Council—if data is the process by which decisions are made, this is an ongoing workgroup and the federal government will continue to fund the SEOW.

Barbara Seitz de Martinez suggested that entire state is the group's audience, and will be very interested in the model and how decisions evolve.   She sees the SEOW efforts as a model for the whole state in terms of capacity building.

Sheila informed the group that based on other state's epidemiological profiles that 1) audience(s) tend to be the state level; 2) a required component is that CSAP is considered part of the audience; and 3) specifically for the profile document, the audience is primarily the epidemiological workgroup and advisory council.

Eric suggested that the group might focus on speaking to ourselves; and concurrently work on shorter (abstracts) documentation for council.  This would involve developing a longer document that is more scientifically detailed and a brief that would summarize key priorities and rational.  He likes the Wyoming model as it provides a brief description along with a fuller explanation.  Eric summarized that there are really three audiences—the state, the Council, and the SEOW.

Mary stated that the Connecticut profile was preferable in a way, in that it wasn't as graph heavy as Wyoming which didn't attach explanations to its graphs.  She thought Wyoming's could have been a slightly more simplified.

Jim offered that with the exception of New Mexico, the other two (Connecticut and Wyoming) lacked geographic specificity.   Eric indicated that this was a specific request to the NM workgroup from local communities.  He added that there is a tension in the process between modeling this process at the state level and then providing a framework for the local communities to develop their own processes.  Individuals may recommend specific geographic areas for consideration, which may not be comparative, and which raises questions in terms of the primary goals of translating information.

Rick Vandyke suggested that the state level information could be addressed in the body of the document and county level data could be included in appendices.  Any significant differences could be addressed in the body of the document(s).  He doesn't see it as an "either or" with regard to state versus county level geographic analysis and presentation, but rather what is the best way to present the information.

Diana pointed out that data at the state level challenges communities to obtain data reflective of the counties.  She added that local communities need to examine their systems to assess whether change is warranted.  Mary concurred that a lot of communities say "not us," but all contribute to the average and may not be aware that they are the ones "sending it up."

Barbara stated that there are constraints on time and data availability. The IPRC does have county level data which ranks counties in relation to each other and the nation. She suggested that at the community level, there are too many and consistency across the state for data isn't equivalent.

Eric mentioned that state policy makers tend to think about counties and that data is based on standardized sources.  He added that currently, the project has access to the SAMHSA/SEDS data will, for now, use the county as the unit of aggregation.

Rick and Barbara suggested consideration of rural and urban areas and for a small versus large city approach.

Ronald Gamache said that when the group considers interventions, these will be regional and suggested that the group take into account the 14 service areas—these areas already have places for intervention which may help move the process along.  Eric asked members of the group whether the Council decided to restrict the effort to this approach. John didn't recall the Council suggesting the service area focus. Roland offered that the way in

which data are organized (design and sampling factors) is critical in terms of analysis.  He also mentioned that the analytical strategy depends upon intervention strategy.

Eric said that part of the analysis is to identify issues and reviewed the six CSAP-recommended dimensions.  These include size/magnitude, trends, severity (e.g., death and the New Mexico profile), economic and social impact, capacity, and changeability.  Eric summarized that Wyoming emphasized time trends and that few states have examined social/economic impacts other than arrest/criminal justice issues. He also hasn't seen any other state address capacity in systematic way.  Roland offered that in the literature and peer review work, others have addressed capacity within certain sectors, especially in rural settings.

Sheila mentioned that with regard to capacity, some states examined areas that already possessed significant resources and infrastructure (high capacity, low intervention).  These states also examined trends—where there were substantial resources there wasn't a need to supplement high capacity.  Tennessee developed analytical tools to identify areas with low or high capacity.

Jim inquired about asking the Community Consultants to identify local need. He indicated that the STNAP project gained a lot from them on how to proceed with the social indicator system.  The Community Consultants helped the project readjust on how to proceed effectively.  Jim added that this could provide confirmation that the effort is on the right track.  Eric said that this goes back to the tension--the SEOW planning process identifies priorities, RFPs are issued and local communities follow suit.  This may bias the view for local communities to identify particular issues.

Mary liked the Connecticut profile's worksheet.  She thought there should be something available for communities as an ultimate end product.  Barbara also liked matrix and suggested that any aid to take a lot of information and reduce it into categories and decisions is helpful.  Eric informed the group that Connecticut blended the five dimensions into three.   Eric expressed concern that such subjective ratings may not provide transparency.  Barbara thought this effort could be drawn from conclusions based on data not subjectivity.  Eric added that there is a subjective dimension to operationalizing categories. He also offered that the group could consider a standard for "severity", e.g. one standard deviation above the mean.

Barbara also suggested that the group consider integrating the six dimensions, e.g. with severity, the degree to which the problem has grown over time.  Rick offered that ultimately the project might examine time trends versus capacity.  Eric mentioned another issue for the group to bear in mind—that the risk with trend data is how quickly these are available—often data are two or three years old.

### *Data Analysis Plan and Logic Model*
Eric reviewed the circulated draft analysis plan and logic model.  He stated that if the group approaches the problem in aggregate terms, everyone could see how we arrive somewhere.  The most important thing is being systematic to see how decisions are made along the way.  He mentioned that based on PIRE's suggestions and the Kentucky example, the group might focus on the broader context.  This would involve beginning with state level estimates and how these compare nationally, but also examining how counties compare to state averages.  Eric offered that he sees this process proceeding in 4 phases and reviewed these with the group.  He added that regionally, there are social differences that may not correspond to 14 service areas and asked the group for comments on the analysis plan and logic model.

Roland suggested that while it is prudent to recognize areas that are higher than the national average, even those that are not higher may still warrant consideration.  For instance, meth use may not be significantly higher than other states.

Rick asked whether the idea of moving from B to C in phase one is identifying areas of greatest concern epidemiologically. Eric said that, given the quantity of potential consequences, the plan is essentially a funneling process.

Sheila shared that one state pared 106 indicators down to 3. Eric indicated that he understood the effort to be epidemiologically driven, then winnowing the list down using the 6 criteria, e.g. many indicators are epidemiologically significant, but only two may have an economic impact. He stated that Indiana is actually low in many areas. He added that Harold has worked with SEDS data to allow the group to compare Indiana to the rest of the nation. Eric also said that Harold has looked at UCR data and for both, highlighted where Indiana and the U.S. differ significantly and that there is very little highlighting. Eric summarized that Indiana seems better than national average, with notable exceptions—tobacco and alcohol. He posed a question to the group—maybe the project doesn't want to start with areas that are epidemiologically higher than the nation? He reiterated that the draft logic plan is based on areas that are more significant epidemiologically and therefore deserve attention.

Bob Teclaw asked whether that meant epidemiological significance versus size. Eric responded that the group could also examine raw numbers compared with rates. Mary agreed that this is important, as only a few people may be impacted. Eric indicated that this goes to changeability and asked whether the effort should have an impact that will show in national statistics or one that is more strategic. This may distribute money that impacts the rate or perhaps it may target the most severe problems which won't impact rates. Eric asked the group whether the focus should be statewide of just one county that has a particular problem.

Barbara offered that CSAP wants to see the "needles" change on use and added that dosage has a lot to do with outcome. In other words, investments may results in a lull, but eventually rates rise again. She also suggested a third consideration—that when the group investigates different drugs, these don't all weigh the same and that poly-users often start with alcohol or tobacco. She recommended that the group could look at gateway initiators. Eric said that he viewed the plan and model as more about the decision-making process than moving the bar.

Sheila added that as a state, the group needs to decide where we need to see change, and suggested that this may be a role for the Council. She asked whether the group will focus resources where the change will be on the local, community level or at the state level. She emphasized that CSAP wants Indiana to be strategic in decision-making. She suggested that the group consider whether some decisions can be made by the Council and that this may come down to the funding mechanism. She summarized states' priorities and models:
- The equity model examines issues at the state level and funds the whole state. CSAP is concerned when states want to follow this model and is setting the bar very high for this approach.
- The highest contributor model examines where numbers are highest and helps identify areas of need. The "needle" would be expected move for the targeted population.
- The highest need model considers particular communities where there are significant problems.

Sheila concluded that the approach may also be a question for the Council.

Rick expressed some confusion that the first obligation is to put facts on the table to inform that decision. It may not be an either or, for instance, within alcohol and tobacco abuse there may be different initiatives or needs. Sheila offered that what most other states have done is have the workgroup present preliminary findings before making decisions about the model.

John asked what CSAP's response has been when looking at models and when the decision making pieces on data do not match what CSAP is looking for. Sheila said that CSAP's primary concern is with the equity model as mentioned above.

Eric said that his bias is a money issue, in that how can we have a high impact with available resources. Bob added that if the effort focuses primarily on immediate change, then long-term infrastructural change will be lost. He added in Indiana that the biggest focus is on children, and as such change may not be apparent for some time. Eric reflected that this is a high contributor model, e.g., youth alcohol data is significant and would take the group back to thinking about gateway drugs. He added that the longer term pay off may be in focusing on children and that a theoretic argument can be made based on how people develop problems.

Barbara said that the responsibility is for using resources effectively and that whether change is immediate or long term, what is going to make the biggest difference is most important. Eric added that he is less worried about moving the needle. Sheila offered that the logic model would show that the group decision has a rational basis. It would identify some desired impacts, but the foundation is using logic and rational.

Rick suggested that in part B of the plan, the group consider adding income or poverty level indicators, given data availability (most programs have income eligibility requirements).

Eric pointed out that there seemed to be momentum around focusing on youth as logic and that this could be argued as highest need (and some contributor) logic. He added that the Council needs more direction than this group does. The SEOW could make a recommendation that Eric delivers to the Council. Eric asked the group if the latter seemed like a reasonable strategy.

Roland urged the group to not forget about the capacity factor and whether communities are already involved in prevention activities. Mary added that activities may be spread out beyond a certain geographic area. Eric agreed that the project would need to recognize areas that already have sufficient capacity. Sheila suggested that it might help to view this as a sequential process of separating out the steps as a way to focus on the work at hand. This would involve identifying what the first questions/criteria are and then starting to narrow the focus by looking at the phase c-1 steps which would allow ample opportunity to comment and make decisions based on past or future steps

Bob asked whether the funds are for demonstration projects or to just produce results. Eric responded that the goal is to produce, that there is bias toward evidence-base practices, and that the workgroup is tasked with providing guidance to the communities. Barbara concurred that the group/effort is training people in the strategic framework approach, so the communities that do get the funding are models to others, of partnership and use of data.

Eric suggested that if the group stepped back and considered what Sheila suggested, he sees 1 through 4 (of the plan) as a natural grouping and then the last two are how to make an impact. He added that in looking at the data, the team has already done 1 through 4. He reiterated concern about economic and social consequences, uncertainty about how to assess these areas, and that the workgroup won't be able to do it well. Sheila commented that very few states have included economic and/or social indicators for that reason.

Rick mentioned that he has met with DMHA, and that they have relevant data (people in treatment) going back to 1996. Eric commented that income in that regard would be considered a cause, not consequence. There is an economic aspect to measuring the cost of treatment. Rick added that in a descriptive way if might be possible to quantify the number in treatment that were employed at the same rate as rest of population. Eric suggested that at a minimum, the group could use income as criteria to cross-classify and to find the contributors. Barbara said that social and economic impacts can be a consequence and/or intervening factor. She would like to include such data and income in reality is really important, but the group would have to be careful how to interpret these factors.

Roland asked John if intervention for different areas, for instance alcohol and tobacco would be accepted and whether the infrastructure would support both. John responded that the recommendation is to use evidence-

based practices. Roland said that if one of the interventions is tobacco, it may go across different areas and that efforts are going to overlap in intervention. Eric added that in theory, if there is overlap in intervention that makes sense.

Roland recommended that in looking at consequences, there are other things the project could take on as a state. Eric mentioned that the RFPs might address areas that overlap. Barbara commented that when looking at consequence and use, the use involves looking at where it happens, high-risk groups, and patterns to help develop strategy.

Jeremy pointed out that if economic impact is part of the focus then most populations would be included. He added that in his experience, interventions that target parents and caregivers don't exist. Rick said that the cost of chronic conditions is huge. Eric mentioned that this is one of the challenges—if the focus is on economic impact, in terms of downstream impacts, how much would prevention dollars have on someone already in treatment? Is it secondary prevention?

Mary suggested that the efforts would focus on sphere of influence and that prevention would ultimately have an impact. The first SIG focused on community and family that helped individuals—the contextual influence. Rick said that the project can't go wrong by keeping adult economic consequences. Eric added that those indicators are the justification for what the project is trying to avoid. He asked the group if the question is "Do we want to target dollars—focus on children?" From looking at the data, it easy to justify looking at 12-21 age bracket. Also, from the prevention literature, to be effective, parents and community are an important part of the approach. Sheila suggested that this will play out in the logic model, but said that at this point, the workgroup should focus on consequences and determining criteria for figuring out priorities. She said that a number of states have noticed that alcohol seems to be drug of concern; they have identified a number of consequences with alcohol; and decided that certain consequences have less changeability over the course of the grant. One state narrowed it down to motor vehicle crashes versus fatalities and in depth discussion(s) about the two. She urged the group to take the first step of looking at consequences, problems that we want to solve.

Niki Crawford inquired if the project is looking at what to focus on right now? She said that a long term issue is going to be kids and that the state's biggest problem with underage drinking and tobacco use is lack of parents stepping in. She would also like to see some attention given to incarcerated individuals. Rick said that his agency has a lot that focuses on kids, but that once they get older they are out of the system. There is a gap in who is served and who isn't—young adults in 20s and 30s. Barbara commented that consequences, strategies, target all go together. She added that first the group needs to define the consequences, use and get to intervening factors and then come up with strategies.

*Preliminary Findings*
Eric asked the group for direction on how far to drill down into the data. He went through the preliminary findings tables which included SEDS and UCR data and pointed out highlighted areas. He summarized that the evidence suggests that it is with younger people where Indiana stands out. Diana pointed the need to define what younger means. Mary said that there is a trend in the 18 to 20 age category (post high school, college, and just entering workforce), another blip at 24-25 and then use really starts to drop off—in other words, an episodic window. She said that an IPRC study showed binge drinking among high schools seniors is off the charts.

Eric asked what the factors are that might be driving these things and said that there is a lot of literature to explain these. He asked for suggestions on how to focus subsequent data analysis. He said that he would be willing to expand the definition of youth. Eric suggested that the group proceed with focusing on age. He asked whether the analysis should consider all age groups, or cross-classify. He also said that the research would need to drill down more in the data and also get more access to data sources for the analysis, and then the group could come to a consensus.

Eric commented that in terms of magnitude of impact, everyone seemed to be of like mind to examine early age, but added that there are myriad ways to classify these data. He suggested that if there were no objections, the analysis will be focused on age and see what that reveals. He said that this could be considered a hybrid of highest contributors and highest need logic models and they have the highest pay-offs. Eric will start writing up a logic model about this.

Bob asked whether only looking at alcohol offers a gain; if the group looks at where we're above the nation, if we treat where we're highest, do users go to some other drug? Eric said that we may start to look at causal processes that drive one of the other. Roland added that looking at the age group is great and that alcohol is also good. He also said that, based on the governor, the group would need to look at tobacco and meth use and that there is executive support in that area which provides for changeability. Eric shared that the Council chairperson, Sheriff Frisbee, said is that the group is obligated to "look at" tobacco and meth.

Eric told the group that based on the number of consequences in the matrix it would be hard to pull out the individual drug classes and even more difficult within this youth age range. He informed the group that the analysis, for now, would involve examining consequences that are more proximal to youth, focus on age as the independent driving variable, and that the data table would be updated to reflect the preliminary analyses for the next meeting.

Roland inquired as to whether age groups will match with national grouping. Eric hoped they do. Jim mentioned that SAMHSA has come out with national outcome standards that will hopefully overlap with these consequences, and suggested that the group's work should try to overlap as much as possible with these. Dave Bozell added that the standards have been written up. Sheila also pointed out that the NOMS tend to be more focused on the next area—around consumption patterns and then get into process and program measurements, which would come next in the logic model. Dave said that he would send a copy of the NOMS to Eric.

### Data Sources
Eric referred the group to the updated "SEOW Data Sources" table and specifically highlighted sections that do not have complete information. He added that the project team will be contacting group members to discuss available datasets. He also reminded members that their presence on the workgroup is to assist with access to data and that a further goal of the project is to make datasets available to communities. Eric mentioned that the team is aware of HIPPA issues and that multiple agency approvals may be required to gain access to data.

Eric concluded the meeting with asking the group for input regarding process. He encouraged members to feel free to communicate any thoughts regarding how the meetings are run to the team.