STATE EPIDEMIOLOGICAL AND OUTCOMES WORKGROUP (SEOW)

MEETING MINUTES
June 16, 2006

In attendance: John Viernes, Miranda Spitznagle, Bob Teclaw, Kim Manlove, Mary Lay, Dave Bozell, Niki Crawford, Amanda Thornton, Janet Whitfield-Hyduk, Rick Vandyke, Maggie Lewis, Terry Cohen, Karla Carr, Kathy Lisby, Barbara Seitz de Martinez, Martha Payne, Ruth Gassman, Jeannette Grissom, Harold Kooreman, Eric Wright, Michelle Evans, Marion Greene, and Rachel Thelin

Absent: Megan Chaille, Roland Gamache, Diana Williams, Jim Wolf, Jeremy Chenevert, Tom DeLoe, Barbara Lucas, and Sheila Nesbitt

Eric opened the meeting with welcome and introductions.

Eric asked for review and approval of minutes from the previous (5-19-06) SEOW meeting. Bob Teclaw motioned for approval of the minutes; Janet Whitfield-Hyduk seconded the motion. SEOW 5-19-06 meeting minutes were approved.

Eric updated the group on the most recent Advisory Council (Council) meeting he had attended. He asked for Council for guidance on how to establish priorities. Members of the Council indicated that they weren't prepared to do so until they could review data. Eric debriefed Sheila Nesbitt following the Council meeting and based on this discussion, they decided that the only way to keep to timeline was to make an executive decision and focus on data immediately available. Eric added that everyone who has data has indicated that to gain access, the project would need a data sharing agreement. Eric said that the last time he had to obtain such agreements for another project it took some time. Eric said that in light of efforts required to obtain local data, the support team decided to focus on SEDS data, ISP data (thanks to Niki Crawford,) and publicly available information, and to move the process along by writing a document. He informed the group of four specific changes the team is already in the process of making, including the following:

1. The team tried to include all the values and data points to be informative, but has since decided to modify the charts with parallel data tables.
2. With regard to the maps at the end of each chapter, specific rates by county will also be listed.
3. There are some omissions, including criminal justice data in the marijuana, methamphetamine (meth), and cocaine sections.
4. Harold will conduct a poly-substance abuse analysis of the TEDS data. One aspect of the analysis will look at the percent of individuals who are entering treatment with more than one substance. Secondly, a cluster analysis will consider all information about patterns and what groups of drugs go together. A map of the communities may be possible. This would have to be a second stage analysis and will add as an 8th chapter.

Eric proposed that the group go through each of the seven drug fact sheets and that the second step would be to identify priorities. Eric informed the group that the team has drafted priorities, but will wait for the group to discuss and tell the team what they propose are. In addition to the draft priorities, Eric said that the he would distribute a matrix from Sheila that she offered as a tool for developing priorities.

Alcohol Fact Sheet, General Comments, and Questions

Mary Lay said that she had general questions about all sections. With regard to chart scales, she inquired if there is a standard that they would all start at. People that don't understand data would think it was 100 percent. Eric replied that the problem with the 1-100 percent scale would be that some of the differences wouldn't be easy to see. Mary recommended a note at the beginning of the document regard chart scales. Eric added that this would be developed

into an epi provile with an executive summary, chapters, and priorities. He thanked Mary for the great editorial suggestion and added that it might be possible to apply a similar metric across different drugs.

Ruth Gassman asked whether the group had decided upon the 95% confidence intervals. None of the group indicated otherwise. Rick Vandyke asked why age and gender were not profiled in the alcohol section. Eric said that the team was trying to look at statistically significant patterns. Rick said that he raised this as a question because of its importance. Eric said that the team would double-check, but that due to the tight time frame, was struggling to get to priorities. He added that the group is required to deliver priorities by July 26th, a non-negotiable date. He also mentioned that in the analysis plan, the group indicated that these aspects would be considered and that there is some upper level concern about demographic factors as well.

Karla Carr pointed out that some data only go through 2002 and 2004. Eric responded that at times that is all that is available to date and that there is often a two-year time lag. He mentioned that specifically with cocaine, new data suggestion new trend and that at the next meeting the group could engage in more systematic conversation about the data. Eric commented that in comparing across the drug sections, variability is a serious concern.

Karla pointed out that a reference to figure 1.9 states that data goes through 2003, but that she did not see 2003 on the chart. Harold said that he has 2003 data, but did not have time to add it yet. Eric followed up by urged everyone to scrutinize the documents in this manner as each will be highly scrutinized by the Council and others.

Bob Teclaw asked about how alcohol was estimated as a contributing factor to mortality indicators of suicide and homicide. Eric responded that this was a great point and that typically SAMHSA has reported on mortality, but has no way to currently connect suicide and homicide with alcohol use. He added that Sheila had recommended excluding these data from the reports.

Ruth offered that there are fractions that are typically applied. Bob added that there are national fractions that the state applies and would imagine that they are not above 50 percent. Bob suggested dropping suicide and homicide data from the report. Eric asked Ruth to elaborate on the AFFs. Ruth said that it was a way of attributing indirect causal effect of drinking or drug use to mortality. Bob pointed out that they look at incidence of death rate in drinkers versus non-drinkers, and that they are estimates. He added that until it is known what that are, it is disingenuous to include. Ruth suggested that SAMHSA might have a fraction. Eric summarized that the group has two choices in this regard, to either drop or calculate estimates.

Barbara Seitz de Martinez said that she would be interested in what literature has to say about the type(s) of drinking relative to suicide and homicide; whether it's younger individuals that are using alcohol more heavily, especially in Indiana, and whether there is a correlation between population, age group, and events. She added that binge drinking is a characteristic that tends to result in these types of behavior. Rick offered a hypothesis that the same age group that is binge drinking are more likely to commit suicide and homicide. Bob pointed out another issue that is that people who more likely to abuse substances more likely to commit suicide and homicide. Is it a correlation or causal?

Eric said that if the AFF were a national fraction, it would affect the rate. Barbara added that it would be more of a supportive argument. John Viernes said he still has concerns about cause and effect, that there may be all kinds of reasons and that substance use is one factor but there are other factors in a person's life. Barbara concurred that it is a whole constellation of factors. Rick also said that if there is association, there is a call for further study. Bob gave an example of radon reported contributing to causes 5% of lung cancer cases. He said that if someone were trying to make the case for radon remediation, using that would be irrelevant and asked what if the cause and effect is a low percent?

Rick offered that if both conditions are age-specific then there are both reasons that group needs more attention and that it could be said that there is no statistically significant association, yet these are both behaviors in that age group.

Eric observed that even if suicide and homicide rates are dropped, the age group for binge drinking is still statistically significant. We may not be in a position to make the argument, and would mention that one of many possible consequences of alcohol use is suicide and homicide. Barbara said that if the group decides to chose alcohol, at the close of the report there could be a mention that while not the group is not sure, alcohol may be part of high suicide and homicide, but would not have it on the table when making decisions about the priorities.

Eric again presented the choice of including suicide/homicide rates. Ruth replied that they should be included and sees alcohol as a contributing factor. Eric said that if the group agreed, caveats would be included. He summarized that two changes could be made: 1) add the AFFs and 2) cautionary statements that alcohol is a contributing factor, but not the only factor. Eric asked the group to vote. The group voted to include the suicide/homicide rates.

Mary asked why the alcohol section included only specifically national sources and in other sections, Indiana specific charts were included. Harold said that he did not use the YRBSS because only 2003 data are available and also that there were several years of NSDUH data which provided good information. Mary responded that it seems like this is comparing apples and oranges. Eric said that this is a fundamental problem with report that will not to be solved now and that ideally, we would have the same datasets across the board. Mary said that the IPRC survey collects data on alcohol. Miranda Spitznagle asked if the group was weighting national data versus state data sources. Harold said that the team is trying to find statistical significance, since datasets are not available torun comparisons. Barbara added that IPRC survey includes comparisons. Eric replied that the team understands that the IPRC survey has limitations and asked the group whether to include those data. Ruth offered that she liked what Eric had said earlier about triangulating and if finding a different source of data that show the same results then it is valuable to include. Eric added that it is possible that all data sources are having the same problem, especially when addressing stigmatized behavior. Eric asked whether the team should revamp these documents with technical assistance from Mary and Barbara. Amanda Thornton said that there would be a section addressing data limitations and that from a research perspective; she appreciates presentation of different data sources. Eric concurred that the introduction would include these caveats and specified that the Council will most certainly comment on the quality of UCR data. He elaborated that there is a tension between law enforcement and policymaking and it is challenging to be completely certain before final decisions are made.

Rick expressed concern about the UCR data presentation. He pointed out that so many counties have virtually no reporting and because of estimates, it is problematic. Eric said that every suggestion that team have with law enforcement data there all have serious limitations. He added that, in general, there has not been a lot of thought about how to collect data systematically and as there is movement to data based decision making, the infrastructure for data collection does not exist. He pointed out that with the UCR data, at least the limitations are known. Rick said that the presentation of a map invites criticism and suggested excluding counties where there is no reporting. Eric thought systematic changes could be made to the maps to take this into account. Barbara suggested crosshatching to show counties with no or low reporting. Eric informed the group that data are based on UCR estimates, but that UCR is the best source available for local level criminal justice data. Rick said that he would feel better if the estimation procedure were included in the report and that it is the presentation by map that raises concerns. Eric said that a footnote about the estimation procedure could be added to the table. Bob pointed ot that a lot of people may not get behind tables and maps and that everything needed to be asterisk and noted. Eric concluded that the maps could be colored with crosshatching of county rates based completely on estimates.

Tobacco Fact Sheet

Eric asked the group for comments regarding the tobacco document.

Miranda noted that on page three, the focus on 2003-2004 in figures 2.4 and 2.5 was somewhat confusing, and recommended using the most reliable data source for the most current year. Eric said that dropping it would limit comparability. Miranda also pointed out that there are national median numbers that could be compared and the consistency would be helpful. She asked what standards of surveillance are for the report and added that the BRFSS is the one ITPC uses.

Eric asked the group to consider what the implication of such a suggestion and revision would be for other drug sections. He said that the BRFSS uses a different sampling frame than others. Rick mentioned that it is important to have 2005 data as it shows an up-tick for Indiana. Amanda commented that from an academic research standpoint and looking at it from literature review and what is available. She added that the group has to compare what is available. She appreciates the historical perspective and incorporation of multiple data sources.

Harold suggested that the reports could be organized according to data sections and for those drugs that do not have data, a note would be added regarding the availability of data from specific dataset(s). Rick thought that this could be addressed in the introduction or data section and that the methods section could address the data sources, availability, and limitations.

Eric indicated he appreciated the "story telling," but these are conversations that need to happen. He offered that the report could include a comment that the tobacco prevention community, for instance, tends to focus on the BRFSS with limitations.

Miranda suggested moving Figure 12 to page 6 with the discussion of those data beginning on page 5. Eric said that the team was considering putting the figures at the end of each drug section and adding tables beneath each figure. He also indicated that it might not be possible to get everything on the same/right page.

Miranda also suggested adding charts and graphs to illustrate mortality and morbidity would be helpful. She appreciated references to second-handing smoking.

Rick had a comment regarding all drug sections, not only tobacco, pertaining to demographic distributions. He said there is a statistically significant difference across demographics and suggested that a third graph depicting the combined effects of those would be useful. He noted that sometimes it may not bear out, but sometimes it is very dramatic.

Eric responded that the team has done this when possible, but data access is limited. He said that it should be possible with the BRFSS data since individual level data are available and that a graph or table to show the cross tabs could be added.

Barbara commented that the rate of smoking is highest among the Black population, but among school age, African Americans are the lowest. She pondered whether it is school-drop out rates and thus not representative, adding that for example, Hispanics tend to drop out at higher rates. Eric said that this could be mentioned in the priorities, as a critical transition, and as such an opportunity to target; a high priority target. Barbara concurred that it could be an opportunity to examine transitions.

Mary asked the group whether, since this would be the first report and thus the priorities would be based on what the group knows, is it necessary to examine in such detail at this point. She suggested that the group could establish priorities and than delve further into the data for the second year. She added that when demographics are added they augment the priority. Eric said that this depends on how big or specific the group wants the priorities to be. The team took a very specific approach. He said that it would be easier to recommend "tobacco" or "cocaine," however the group is tasked with being as specific as possible. He added that the former would be a shot gut approach and therefore unlike to have an impact and would also prove difficult for communities to decide what they would do.

Kim Manlove commented that from his perspective all the discussions are on target. He said that it may go back to the Council meeting and that that group may only focus on the summary document. He added to what Mary talked about and that the group may be fleshing it out too much for the present task.

Eric said that other states have winnowed priorities down to some key indicators. He expressed concern about getting too specific and possibly constraining communities. He also added that this would be a 5-year process and

furthermore that data are not easily available to put consumption and consequences together. John said that he thought it might be too much for now and suggested that the group just give suggestions to get the process moving along.

There were a few additional comments regarding minor formatting and editing of corresponding text on a few figures in the tobacco section, which Marion noted.

Marijuana Fact Sheet

Rick inquired whether it is older people rather than youth that use marijuana. If so, he suggested that this should be highlighted. Bob pointed out a typo at the end of the consumption section. Mary asked if there are criminal justice data. Rachel responded that there are UCR data that have been added to the marijuana and meth sections. Bob suggested combining three tables (3.1 through 3.4) into a single table.

Cocaine Fact Sheet

Rick suggested including results from gender and ethnicity crosstabs. Eric responded that the team would try to make that a consistent element. Karla inquired whether "FY" on page 4.10 referred to "fiscal year" or "federal fiscal year." Eric said that the authors could spell it out as "federal fiscal year." Barbara said that the reference to IPRC should be 2005 throughout and not 2006. Marion said that the team was using APA reference style that cites by date retrieved. Karla noted that the map sizes change. Eric replied that the team was aware of this and would reformat the maps to be consistent.

Heroin Fact Sheet

John said that the TEDS are a public system data for which private methadone clinic data also are collected and reported on. He added that these data are in an access database and reports are published on the DMHA website. He offered to email the report to the team. He added that it would have to be examined carefully since clients served come from Indiana and bordering states. He also noted that on the race break-down, the majority in treatment (private) are white. Eric asked Harold to follow up with Martha Payne on obtaining these data.

Eric said that the team would use the term "Black" which is used by the majority of data sources, as opposed to African American, unless there was objection. No one in the group voiced objection.

Methamphetamine Fact Sheet

Eric called attention to YRBSS data in table 6.3. He pointed out the full percentage jump among Black students from 2003 to 2005, and added that the team thought it was worth highlighting. He added that the team could try and present some of these data in graph format.

Prescription Drug Fact Sheet

Janet said that La Porte County has reported that attention needs to be paid to prescription drug use. Eric noted that this section was most limited in terms of available data. Rick said that Medicaid data could help in this regard. From preliminary work, he can track from a large portion of the population that are receiving prescription drugs in larger quantities (one in seven) than what the guidelines are.

Eric suggested that the schools survey could be redesigned to address this issue.

Niki said that prescription drug use is the most under-reported, and that there was not reporting until Oxycotin came along.

Mary pointed out that youth might be stealing from grandparents because there are often multiple prescriptions in the house. She added that the DEA does have information on prescription drugs and that Indiana is ranked third, per capita, in the nation for Ritalin. Janet said that what they have heard in La Porte County is kids do not want to take Ritalin and are selling it to classmates.

John offered that the pharmacy board collects information and gets Department of Justice money to track this information. He added that DEA tracks prescriptions by zip code. Kim said that the DEA is now focusing on internet commerce and prescription drugs, for instance purchasing in Canada without prescriptions, and that this is one of the DEA's highest priorities. Eric asked if these DEA data are publicly available and that at a minimum the group could try to get hold of the data. Kim offered that he is meeting with the DEA soon and could follow up. John also said that he would talk to Harold about these data.

Rick reiterated the need to note limitations of datasets.

Review of Prevention Priorities Draft Document

Eric said that the major challenge is setting priorities and that group had decided to be more comprehensive than narrow. He said that as Sheila pointed out, the effort could have a bigger impact by being narrower. He said that the team tried to identify key patterns that were problematic. The two criteria that the team applied were 1) significant differences between the nation and 2) subgroups that appear to be high need groups. Eric distributed Sheila's matrix that she had recommended as a helpful tool in arriving at priorities.

Eric reviewed that draft priority document for the group. With tobacco he noted that ITPC is addressing this, and that there are a lot of resources (capacity) going in that direction. He said that the task is to consider size, magnitude, and severity. He commented that there is a tension in trying to determine how to balance these factors. He also noted that the documented needed to be revised as policy recommendations.

Eric asked the group about the length of list and whether it was unwieldy? There were no comments.

Rick asked whether the listing implied priorities and whether alcohol was recommended as the number one priority. Eric said that the priorities were organized by chapter. He asked if the group wanted to rank order the priorities. He suggested that it could be put to a vote based on the committee's sentiment.

Mary asked whether the focus is primary, secondary, and/or tertiary prevention, and about the implications for targeted age groups. Eric said that thought that if this group is comfortable with the priorities, the Council will adopt them. He confirmed from previous discussions that the group would focus on 1-4 as a first cut and 5-6 as the second cut. He added that the plan is to begin collecting data from treatment folks about capacity. He also said that the group might want to consider the changeability factor.

Eric commented that among 18-25 year olds, alcohol use is high and if the focus iss on youth that would imply focusing on those in the age category immediately before the former cohort. Jeannette Grissom added that the group can address special needs of 18-25 year olds and that prevention work can work from before, with even earlier age groups.

Eric said that if the thinking were primary prevention, then the focus would be high school. He added that his hunch is that as individual gets older, they become more poly-drug users. Mary said that transitions into college or work could be considered. Barbara also noted that the group might want to examine transitions to high school from middle school and targeting high school dropouts before they leave school. Jeannette added that by 18, many have already become poly-users.

Ruth said that her understanding of the grant was to address use across the life span, and not simply focus on addiction as the consequence. She said that from the public health perspective, that is where the harm occurs and where we most health and criminal just costs are incurred. She added that the group should be wide open in terms of primary, secondary, and tertiary prevention and not only focus on early years. Dave added that the Feds have been focusing on the lifespan. Eric agreed that the grant indicated life span consideration.

Karla offered that most school systems are involved in targeting early age groups. She is not sure how to reach 18-25, and noted the difficult in reaching them after they leave school. Eric said that Indiana is below the national average in number of college students. He said that it might be an appropriate target, especially because of prevalence among other groups, and that the effort could be innovative in how do we reach 18 to 25 and perhaps suggest putting resources to expanding services. Ruth pointed out that there are other institutions that these individuals come in contact with.

Miranda said that if these are local dollars, those communities could make policies that have an impact. Barbara pointed out that the idea of compliance checks--retail inspection programs that do not tolerate alcohol sales to youth—might be effective. These would enforce limited access to alcohol. Jane said that would involved legislative change and said that an LCC is being sued for doing alcohol checks in Vanderburgh County and that other jurisdictions are now wary of conducting checks. Dave commented that it would be nice if the legislature were ahead of the curve on alcohol, unlike how it was with regard to tobacco and federal checks. Eric said that this is a vehicle that might carry some weight and informed the group that there are two legislators on the council.

Janet commented that a lot of communities changed their rates with tobacco sales enforcement. Ruth said that another effective change is raising prices.

Eric said that one approach is to force decisions about target group (18-25) and how deep to go to do primary prevention and across the board regardless of substance. Rick commented that there are some aging differences. Barbara said that effective prevention addresses multiple domains with multiple strategies. Eric responded that there is not a lot of money and that laying out a broad framework, while clearly academically justifiable, from the public policy standpoint may not be feasible. John said that an argument could be made to fund anyone of the areas. The task is how to focus dollars effectively to make a significant impact and improve quality of life.

Rick said that transitioning from use to regular abuse, where it becomes a matter of lifestyle is problematic, and that's why this age group is focal. He added that the deduction is that you could make most effective use of dollar, if you can affect that change from use to regular abuse. Mary asked again whether the focus is primary or secondary prevention?

Eric pointed out that one challenge of providing effectiveness of primary prevention is whether the reduction is related to the prevention efforts. He said that the group and the Council eventually need to demonstrate effective use of funds to the Governor. Miranda said that, depending on where the focus is, there are precursor indicators that could show short-term impact.

Eric told the group that he was concerned about time. He suggested that the group could reconvene July 7th and asked the group to put together thoughts based on the draft document. He also informed the group that Tom DeLoe would attend the next regular meeting. Mary said that she could reserve the room for July 7th and reserve a larger room for the July 21st meeting.

Niki asked if it was possible to find out what about current programs to avoid allocating money where there are already dedicated resources, and to help focus thinking. Eric responded that he would like to do that, but the group would need to be able to pull all that information together later. Mary added that the data might not even show an accurate picture of where resources are. Eric suggested that capacity to need could be mapped, in the sense that dollars are not a good measure, but the actually numbers (prevention spent per head), though crude is a better indicator; nonetheless this would be a long-term goal. John said that DMHA did collect data from other agencies on spending on treatment and prevention. Mary added that in the report, *Imagine Indiana Together*, on page 55 provides a snapshot to 2003 and lists all agencies, their programs, and funding priorities. Eric said that this may not provide a sense of magnitude or capacity.

Janet asked if the RFP would require communities to demonstrate change. Eric responded that since it would be extremely difficult to change state rates with the amount of money, it would be possible to evaluate change in local communities, albeit maybe only 5 communities. Janet asked if those communities needed to sow change, even if the state does not.. Eric said that that is the group's decision; it could take the money, and for instance, reinvest in ITPC and then monitor the state. He pointed out that if the group looks at concentration of problems, there may only be a few communities and it could be thought of as a demonstration. Amanda commented that there is a political aspect to this in the push for statewide change. She said it should be community-based, but that this needs to be clearly communicated and that this is a step in the right direction, toward having an impact at the state level. Eric replied that he tried to communicate this to the Council and that it becomes even more of an issue with primary prevention. He also said that on the evaluation, communities will be examined on a regular basis and if there are numbers that show some success, folks will be happy.

Eric concluded the meeting by reminding the group that the discussion suggested focusing on the 12-24 age ranges and keeping it broad, but with one exception for meth and the wider age range. He added that he will work on the text to accompany the prevention priorities, and said that there could be priorities for each drug or simply two or three priorities. Rick mentioned the importance of leaving the window open for poly-pharmacy to inform prevention priorities. Eric said that he would work on the priorities based on discussion and encouraged everyone to talk to their colleagues for feedback. He also informed the group that the team would set up a listserv for SEOW communications, continue to revise the main document, and work on the poly-substance document. He also asked the group to work through the exercise/matrix from Sheila. Eric thanked the group for contributions and feedback and adjourned the meeting.