

Indiana State Epidemiology and Outcomes Workgroup

Meeting Minutes from 10/17/2008

Attendance

Nancy Beal, Dave Bozell, Griffin Corn, Lindsay Duff, Marcia French, Ruth Gassman, Marion Greene, Ashley Hobbs, Kim Manlove, Amanda Morrison, Ramzi Nimry, Barbara Seitz de Martinez, Miranda Spitznagle, Jim Wolf, Eric Wright

Welcome and Approval of Minutes

Meeting minutes from September 19, 2008, were approved.

IPRC's ATOD Survey Results

Ruth and Barbara distributed handouts on "IPRC items added to the 2009 Indiana State Youth Risk Behavior Survey". Ruth thanked everybody for their feedback, especially Donna who worked with them on the prescription drug abuse items. She said that the CDC required them to have no more than 8 response options for each item; she stated that they did some pilot-testing with youth and that the new items here will be integrated into the 2009 survey. Then Ruth and Barbara handed out hard copies of the main findings of IPRC's 2008 Alcohol, Tobacco, and Other Drug Use by Indiana Children and Adolescents survey. They reported: IPRC is marketing the survey to get greater school participation; over 180,000 surveys were distributed and we ended up with 152,000 usable surveys; reasons for not receiving more responses can be attributed to the flooding and ISTEP testing; new features of this year's report include prevalence rates by gender and race/ethnicity; the survey included items from the CRAFFT screening instrument; noteworthy findings can be found on pages 5 – 7; the full report can be downloaded from our website (http://www.drugs.indiana.edu/data-survey_monograph.html); we will send the report to all schools who have not participated and to community leaders to encourage participation in the coming years.

Marcia asked if it was necessary to receive parental approval to let students participate in the survey [active consent].

Ruth replied that this decision was left to the school, but most schools use passive consent, i.e., students can participate unless parents state that they don't want their children to partake in the survey. Studies that are funded by the Indiana Department of Education require active consent; however, FSSA/Division of Mental Health and Addiction sponsors the annual school survey and does not require active consent. The issue of IRB (Institutional Review Board) approval was brought up. Ruth informed that Indiana University in Bloomington does not consider the ATOD survey to be 'research', so they don't require IRB approval; they consider it a service to the schools and the results are not getting published in peer-reviewed journals.

Eric mentioned that this is different at IUPUI; the survey would be considered research and the state epidemiological profile a publication – Jim agreed. Eric then asked if PhD students use the data for their dissertations.

Ruth replied that they do and they [the students] need IRB approval for that; but IPRC doesn't own the data – it is the schools' data.

Marcia asked if the communities who use the data need IRB approval.

Barbara responded that the communities receive the data directly from the schools, not from IPRC, so they are fine.

Ruth wanted to add one more thing: if you have any suggestions for additional items for the ATOD survey, please send them to me. One item that was suggested was level of religiosity. Eric thanked Ruth for sharing the information with the group.

Eric stated that the GAC approved the recommendations for a proposed surveillance system for Indiana, including 3 components: (1) Annual school survey/ATOD survey (6th – 12th grade students); college survey (such as Core survey ICRUD is currently doing) (college population/young adults); and SEOW-sponsored statewide survey (adults 18 and older). He said we need to start putting a proposal together to get the process started; we'll keep the SEOW informed; given the current economic situation, this might be on the back-burner.

Update on State Epi Profile

Eric informed that the new (2006) UCR data were still not available yet.

Jim commented that the report is a gold mine of information – a lot of information – and wanted to know if there are plans to summarize the information.

Eric replied that the document has multiple functions: the report evolved to be a reference tool; the first publication was done to backup the priorities and now it is used to look up stuff; we also will include a summary and have drug fact sheets available again for this year's state epi profile.

Jim suggested to make the report available on HTML website with the option to search by certain topic—just click on the link.

Eric responded that this is a good idea and that we could also highlight critical/intriguing findings that way.

Other comments included: add introductory paragraph to cocaine chapter; add “Adderall” to “Ritalin” in Table 9.3 (prescription drug abuse chapter). Eric mentioned that the group could review the drafts in more detail and then send their comments.

Ruth asked if there is a possibility in coming years to include sequence of drug involvement/pathways of use in the report.

Eric replied that it would be appropriate but wondered if we had the right kind of data for that type of analysis.

Ruth stated that there are some analyses that could be done, but a limitation would be that the data are cross-sectional and not longitudinal.

Eric responded that we somewhat target that issue with the chapter on polysubstance abuse [cluster analysis]. Also, a strength of the profile in its current form is that it is understandable for the average consumer (average consumer can understand rates); but we also could publish supplemental information, e.g., an issue brief, on sequence of drug use in Indiana—this is something to think about for the surveillance system.

Ruth stated that this has a lot of application to prevention—if you can prevent them from smoking, maybe you can prevent them from taking cocaine.

Kim added that this (the SEOW meeting) is certainly the arena to have this type of discussion; to find holes in the data; there is certainly a lot of talk about gateway effects; the analyses seem often difficult; anything we can do to simplify because we want to keep the document accessible.

Ruth replied, the more useful we can make the document, the better. We want communities to use it; make good use of the data, make it meaningful; analyze the data and feed it back to the communities. They [the communities] or the IPRC can make those analyses for the purpose of designing and implementing prevention efforts.

Nancy reported that the enforcement rate for underage drinking is low in Marion County. I'm sure local police is more active in drug enforcement. It would be good if we could show that by enforcing underage drinking laws they might reduce drug use.

Ruth and Barbara asked about a chapter on risk and protective factors. They said: We find that communities are not grasping how important risk and protective factors are in drug use. We need to saturate them with the information, because they are not getting it to the extent we wish they would. It's supposed to be something you have data on, so you can measure it.

Eric replied that his concern was, if we rank-ordered counties by risk and protective factors, the report might end up 1,000 pages long; so we identify "hot spots" – the strongest and weakest parts of the state.

Kim suggested that we could develop a companion piece; the 20 funded communities identify their risk and protective factors in their local profiles; we could use them as a model in putting the piece together; have them [the communities] beef that up in their documents.

Eric asked if the communities have data to assess all the risk and protective factors; some analyses require population-based data and they [the communities] don't have that.

Ruth mentioned her concern that the communities used risk and protective factors in the first year, when IPRC provided TA, and now they might drop it.

Barbara suggested a static chapter in each epi profile, to talk about the strategic prevention framework, and how to apply the information in the document for prevention purposes.

Eric responded that this is an intriguing idea – a user guide to the SPF process; a companion piece "How to SPF". Regarding the risk and protective factors, he mentioned that each year we could feature a special set of risk and protective factors; therefore, focus on one at a time rather than all at once.

Jim added that we have representatives from the Youth Council at the meeting and we should take advantage of that by giving them “homework”. He suggested the following questions for the youth to ponder: What is going on in your school right now; what type of information would be of use to high school students; is the epi report only of interest to legislators or also to youth?

Eric added (also addressing the youth representatives): Take a look at the data – how does that compare your knowledge/experience of what’s going on; does it have face validity? A cautionary note: most of the data are 2 years old. Also, how would you make the drug fact sheets more user friendly; how to format them; how to disseminate them; how many do you want to disseminate? Eric then addressed everybody in the group: This is also a budget question; the books are roughly \$20 and the drug fact sheets are much less expensive. The less books we print, the more drug fact sheets we can get.

Marcia replied that the drug fact sheets were picked up by schools who wanted more of them and plan to incorporate them into their curriculum; we are just starting to see people recognize the value of these drug fact sheets for schools.

Nancy asked if the SEOW is looking at OTC drugs.

Eric responded that not much information is available yet. He also brought up that we have been working with Donna Wall and Josh Klatter (both State Board of Pharmacy) and hope to get access to some INSPECT data – hopefully, for next year’s report [INSPECT is Indiana’s Rx monitoring program]. Eric mentioned the increase in smokeless tobacco and suspects a substitution pattern due to the increase in cigarette tax; similarly, we might see OTC use going up because of prescription drug issues and awareness.

New Business

Marcia reported on a meeting in Lake County: They are trying to ascertain options on how to get data from 18- to 25-year olds; maybe explore data from unemployment services; Randy Zaffuto (from IPRC) talked to the group in Lake County about training, such as how to do interviews, how to enter data, etc. We could train the youth group and have them do the interviews; pilot-test the project with the youth group; train them on interviewing and using SPSS.

Eric added: I’m concerned about convenience sampling; maybe consider respondent-driven sampling (RDS); it’s just a matter of coming up with a study protocol; certain methodology should be used; structure it more, have known properties of the sample. But yes, I think it’s a great idea.

Marcia: You (Eric) should come and speak with them (Lake County) about that.

Ruth stated that IPRC is going to subcontract with ICRUD to develop and administer an online survey to colleges and campuses in Indiana; we are developing the questionnaire and would like your input.

Barbara added: IPRC is also, in response to communities, looking into developing an adult survey.

Marcia asked: For the ICRUD survey, are you using the Core survey?

Ruth replied: We will take some items from that but they want something different. We need to talk to their steering committee about their priorities.

Kim: Do you know how many institutions are on board?

Ruth: No, I don't know. I think Lisa Hutcheson had 14 or 15 last year.

Eric: We developed the statewide survey using NOMs, and I thought we had an agreement that if a survey was to be developed, it was to follow the NOMs.

Ruth and Barbara stated that they will need a copy of the statewide survey/NOMs.

Jim said he could send it to them or the quickest way would be to use the survey Jim had previously sent to Barbara's husband.

Then, Eric adjourned the meeting.

**The next SEOW will be held on Friday, November 21, from 9 am through 12 noon,
at the IGCS, conference room 1.**