State Epidemiological Outcomes Workgroup Meeting
September 7, 2006

Attendees: *Mimi Bushman, Workdrugfree   Joe Koziol, CCCH*
Dr. Mel Kohn, PH   Karen Wheeler, AMH
Geralyn Brennan, AMH   Matt Tschabold, OCCF
Joyce Grant-Worley, PH   Angela Vehrs, AMH
Bill Etter, DEA   Martin Hankins, ORI
Jon Collins, AMH
Stephanie Soares Pump, Governor's Council on A&D Abuse

Review of Minutes from July meeting:

- Minutes from the July 31 meeting were reviewed and the following corrections made:
  From: "It was agreed that it's best to start with 1 or 2 easy profiles (alcohol and marijuana prevalence) before moving onto more difficult profiles (meth).
  To: It was agreed that profiles will be completed for alcohol, marijuana, tobacco and methamphetamine.
- Angie distributed copies of the meeting schedule for 2006-2007. Please note: some meeting locations may change. Angie is trying to schedule more rooms with videoconference capacity so please double check the locations before traveling to future meetings.
- All action items from the July 31 meeting have been completed and were reviewed as part of the meeting agenda items.

Review of the Draft Charter:

- The first four sections of the draft charter were reviewed. There were many improvements recommended. To see the original text with tracked changes, go to the end of these minutes.
- There was a good deal of sharing about what was meant by a "public health model." Following are some of the points made:
  1. Public health models focus on population level change rather than individual intervention.
  2. The Institute of Medicine defines three levels of prevention: universal, selective and indicated.
  3. Analysis of consumption and consequence data helps quantify the extent and impact of substance abuse. Analysis of risk and protective factors provides additional information that will help in prioritizing effective prevention strategies. Implementation of programs should be consistent with the data from these analyses.

4. The SEOWs work should use a public health framework that encompasses education, public safety and other societal issues and interests. The epidemiological profiles should define and describe health and societal outcomes related to substance abuse.

- A second draft of the charter will be sent out previous to the October 5 meeting.

Survey Results:

- Many thanks to everyone who responded to the survey in August. A two-sided summary of the survey results was distributed. Responses were used to inform the draft charter.
- Although responses varied there were a few common themes. The responses received most often are noted below:
  1. Name one or two things that you think would results if the SEOW is truly successful.
     Being able to measure population change in at least underage drinking.
     A framework with limited measures that are easily obtained, understood and meaningful.
  2. Name one or two barriers or obstacles that you think the SEOW will have to overcome if it is to be successful.
     Getting and using the data that already exists in multiple agency databases.
     Taking too long to get the work done and down to the local level.
  3. What are the top three things you would like to see measured/assessed in the epi profiles.
     Alcohol, tobacco, marijuana and other drug use by Oregon youth.
     Methamphetamine use.
     A more complete and up-to-date set of adult substance use data.

Review of National Outcome Measures:

- "SAMHSA's Substance Abuse Prevention National Outcome Measures" were handed out. Jon Collins reviewed the eight NOMs prevention domains and outcomes.
- States will be required to collect and report NOMs data in the FY 2008 SAPT Block Grant. CSAP will require states to report annually on measures in three domains: a) Access/capacity; b) Evidence-based practice; and c) Cost bands.

- For more information on NOMs, go to this link
  http://www.nationaloutcomemeasures.samhsa.gov//welcome.asp

Vital Statistics Mortality Data:
- Joyce presented two examples of Vital Statistics data that can be posted on the web and used in the epi profiles. The web pages would provide data in three formats: tables with county rates, maps and charts.
  1. Age-adjusted death rates for selected causes of death. This web page provides mortality data for 2000-2004. For an example, go to this link then click on the table for lung cancer
     http://170.104.158.20/dhs/ph/chs/data/death/adjdeath.shtml
  2. Adult survey data (BRFSS) which includes alcohol consumption, binge drinking and heavy drinking for males and females as well ass current smoking. For an example, go to this link then click on the table for heavy drinking, males
     http://170.104.158.20/dhs/ph/chs/brfs/brfscounty.shtml

State Epidemiological Data System (SEDS)
- Geralyn provided a handout that breaks out the State Epidemiological Data System (SEDS) measures by constructs. CSAP provides SEDS data sets online to the states to help them in putting together their epi profiles. States are free to use this data or their own local sources.
- For more information on SEDS, go to this link
  http://www.epidcc.samhsa.gov/default.asp

Action Items:

What	Who	When
Locate conference rooms with videoconferencing ability	Angie	10/05
Make revisions to the draft charter and send out to SEOW members	Geralyn	9/22/06
Contact Lisa Millet regarding LEDS data	Geralyn	9/15/06
Look into data from OSHA that may be of value to the SEOW and epi profiles	Mimi Bushman	10/05

Next meeting: Thursday, October 5, 10:00-2:00 3414 Cherry Avenue, Keizer, OR (Training Room # TBA)

Draft Charter Revisions, first 4 sections

State Epidemiological Outcomes Workgroup Charter

Mission~~/Purpose~~
Oregon's State Epidemiological Outcomes Workgroup (SEOW) was formed in June 2006, ~~for the purpose of improving~~to facilitate the use of ~~state~~ data in policymaking and program development for substance abuse prevention efforts at the state, county, tribal and local community level. ~~prevention systems so that substance abuse is reduced.~~

Purpose
The SEOW is responsible for ~~the collection~~compiling information, analy~~sis~~zing, and reporting ~~of~~ substance use incidence, prevalence and related data and National Outcome Measures (NOM~~s~~S). These data will in turn be used to assess, plan, and implement state and local prevention policy and programs.

Operating Principles ~~(adapted from meeting notes and RFP operating principles)~~
- Establish a clear purpose and set of goals and objectives consistent with a public health model of universal, selective and indicated prevention strategies;
- Use a public health framework that encompasses education, public safety, workforce and social supports to define and describe health and societal outcomes related to substance abuse prevention;
- Recommend reasonable outcomes to policy-makers based on meaningfule data;
- Establish work plans that identify specific ~~workgroup~~ products, schedules, and milestones;
- Establish and maintain regular contacts with appropriate State advisory group(s) and key State decision-makers;
- Ensure an ongoing and meaningful exchange of data and information between the SEOW, ~~State leaders~~stakeholders and SAMHSA;
- Emphasize outcomes;
- ~~Implement~~ Promote data driven decision-making at the state, county, tribal and local level;
- Provide advocacy tools for the ~~layperson~~general public;
- Provide community-oriented data for use in community planning, monitoring, and evaluation purposes;
- Identify data gaps and ~~E~~ensure continual improvements in depth and breadth of data gathering for assessments;
- Use data sources that will provide multiple measures over time and meet data quality technical standards.

~~Membership~~Participants
Membership in the SEOW includes representatives of agencies that supply or use data regarding alcohol, tobacco and other drugs; state, county and tribal Prevention Coordinators; research organizations and universities; the Governor's Council on Alcohol and Drug Abuse Programs; the Governor's Advisory Committee on Driving Under the

Influence of Intoxicants; the Oregon Indian Council on Addictions; and the Oregon Prevention, Education and Recovery Association. See Table 1 for a listing of SEOW membership.

Chairperson: Roy Gabriel PhD, Senior Research Associate, RMC Research Corporation

Main Point of Contact: Geralyn Brennan, Prevention Epidemiologist, DHS Addictions and Mental Health Division (AMH).

Workplan Goals and Activities

The SEOW will work on ~~five~~ four major goals for the three-year period ending March 2009. The goals and related activities are as follows:

Goal 1. Develop needs assessment strategy.
      A. Identify data sources available.
      B. Develop data quality criteria.
      C. Identify assessment process (prioritization tool).
      D. Identify gaps in data.
      E. Identify risk and protective factor data.

Goal 2. Develop profiles for alcohol, ~~marijuana,~~ tobacco, and ~~methamphetamine~~ other drug use.
      A. Assess the nature and magnitude of consumption and consequence patterns statewide.
      B. Identify problems of specific populations, ~~especially~~ including ~~underage~~ alcohol, marijuana, and tobacco use. ~~(Also race/ethnicity, gender and other age specific issues.)~~ of youth.
      C. Determine priorities using assessment strategy.

~~Goal 3. Identify risk and protective factor data.~~
      ~~A.Identify data sources available.~~
      ~~B.Develop data quality criteria.~~
      ~~C.Identify assessment process (prioritization tool).~~
      ~~D.~~A. ~~Identify gaps in data.~~

Goal 4~~3~~. Provide materials to support development of a ~~State Prevention~~AMH workplan.
      A. Analysis of trends and findings in risk and protective factor data that can inform the choice of evidence-based prevention strategies and programs to implement.
      B. Develop communication/training materials for local prevention coordinators.
      C. Identify a limited set of measures to track that complement NOMs.
      D. Track progress and report results (outcomes) of prevention strategies and programs.

Goal 5~~4~~. Provide information to partners and policymakers.
      A. Develop user-friendly communication tools.

B. Provide local planning data on consumption, consequences, risk and protective factors.

C. Provide outcome reports on successful prevention strategies and programs.

D. Provide recommendations for future prevention goals.