

Summary SEOW Survey Responses

August 2006

1. SEOW success would result in:

- Being able to measure population level change in at least underage drinking and environmental strategies.
- Objective information that serves as the basis for targeted government prevention investments and policy decisions that garner buy-in from substance abuse professionals, social services, and public as reflecting key social problems and priorities (based on reliable and valid data).
- A framework of no more than 15 measurable items that are easily obtained, understood and provide a “First Look” at trend data for the state.
- Measurable impact of prevention. Outcome attainment allowing some decision making to be based on accomplishment.
- Evidence-based practice would be implemented in an environment that can capture the purported impacts.
- Local communities actually using the information to obtain grants, funding or at least focus in their local activities based on some data decisions.
- Identifying the gaps in society and/or system.
- Program development and priority setting that is more data based.
- New data systems that are developed to answer important policy questions in this field.
- Influencing service delivery by drawing attention to progress toward important outcomes.
- An OHT sample that meets YRBSS standards so Oregon results get published.

2. Barriers/obstacles that the SEOW will have to overcome:

- Organizing and harnessing the data that exists in a variety of disparate data systems that exist at the state level. Dealing with disparate data systems — differences in data elements, method of data collection, frequency of data collection, populations or samples on which the data are collected, differing definitions of variables that appear to be the same, etc.
- Taking too long.
- Leadership and coordination for integrated strategic planning and comprehensive problem-solving.
- Lack of local (school-level) data on prevalence. Lack of data on critical substance abuse issues and non-student populations
- Lack of a specific infrastructure to manage the data, conduct analysis, and produce reports
- Developing a framework that approaches a comprehensive picture of the risks/protections without demanding enormous data collection and analysis capacity (suggesting a distributed responsibility with other Oregon agencies).
- The myth that what it takes is one big database to create or store all of the data in one place. Don't replicate the work of others or spend too much time obtaining raw data files. Perhaps the other agencies can put out and update webtables that can be linked centrally at OMHAS.
- Funding. Political preconceptions and people who don't want to know the answers
- Agency policies that support data access under interagency data share agreements
- Lack of state policies/ incentives/payment mechanisms that would promote positive changes

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3. Things you would like to see measured/assessed in the epi profiles:

- Underage drinking
 - A thoughtful set of measures of frequency and severity of drinking at different age groups or grade levels broken out by county, gender and ethnic background collected in such a way that we can compare to national data.
- Underage marijuana use
 - A thoughtful set of measures of frequency and severity of marijuana use at different age groups or grade levels collected in such a way that we can compare to national data.
- Underage drug use
 - A thoughtful set of measures of frequency and severity of illicit drug use at different age groups or grade levels collected in such a way that we can compare to national data.
- Methamphetamine use
 - Examination of several data sources (Healthy Teen survey, criminal justice data, etc.)
- DUII arrests (both vehicle and boats)
- Suicides involving any drug
- A more complete and up-to-date set of adult substance use data
 - Measures that are roughly equivalent to those collected for students such as basic prevalence measures of current (30 day use).
 - In the workforce
- Measures of employee protections implemented by Oregon employers (to be systematically collected annually by the Oregon Employment Department)
 - Oregon workers covered under drugfree workplace policies, employer-sponsored employee assistance services, supervised by supervisors who are certified to intervene in performance problems, subject to drug testing
- Identification of the largest public health burden for Oregon (deaths and hospitalizations)
 - Quantification of primary risk factors for abuse of those substances and/or death or injury from abuse of these substances
- Early warning system so we can get early prevalence data on the NEXT "epidemic" - including Rx drugs.
- Assess/measure/identify the profile of an Oregon 21st century social services consumer specific to drug abuse issues/problems- how did they get there?
- Prevention Indicators: Number of adolescents referred to treatment
- Treatment Indicators: Retention (different criteria by modality); Linkages – currently most Detox users never get other modalities; Employment – Post treatment
- Methods and Presentation: Case mix adjustment – comparison with “like” localities.

We will have to be careful to do two things:

1. Stay focused and realistic, and
2. Not let bureaucracy get in the way of accomplishing our goals.