

## **SEOW Meeting Minutes from March 16, 2007**

### ***In Attendance***

Dave Bozell, Karla Carr, Niki Crawford, Ruth Gassman, Marion Greene, Terry Jenkins, Harold Kooreman, Mary Lay, Maggie Lewis (proxy for Terry Cohen), Kim Manlove, Tonia Richards, Joshua Ross, Chandana Saha, Barbara Seitz de Martinez, Richard Vandyke, John Viernes, Eric Wright

Unfortunately, Marcia French had to be absent from today's meeting due to a fractured wrist and scheduled surgery.

### ***Welcome***

Eric welcomed everybody to the meeting and proceeded with introductions because new participants were present. He and Kim gave a brief update: letters of intent [to apply for a grant] were received from 27 applicants; Kim was very pleased with the response; over 70 questions about the RFS were asked at the pre-conference informational session Kim had attended (answers to these questions will be posted on the website <http://www.in.gov/fssa/transformations/pdf/Microsoft%20Word%20-%20Questions,%20RFS%207-28.pdf>). Also, Eric stated that three abstracts regarding SPF SIG were submitted to IPHA (Indiana Public Health Association), APHA (American Public Health Association), and NPN (National Prevention Network).

### ***Review and Approval of Meeting Minutes from January 19<sup>th</sup>, 2007***

The following points regarding the meeting minutes were addressed:

- Maggie Lewis' last name was not listed in 'Attendees' section
- It was not stated that Amanda Thornton proxied for Niki Crawford
- Janet Whitefield-Hyduk, who joined us via phone, was not listed in 'Attendees' section

The minutes were approved.

### ***Discussion of 2007 State Epidemiological Profile***

Broaden the scope of the report: Eric asked for suggestions to broaden the scope of the next epidemiological report. John proposed to look at the IOM's (Institute of Medicine) definition of prevention and choose datasets accordingly. Richard recommended a 'broad thinking of epidemiology', considering total public health consequences as well as costs. Barbara advised to include risk and protective factors relative to our identified priorities. Furthermore, she suggested re-evaluating the list of priorities because of potential changes. Mary recommended looking at public policy issues that support or hinder SPF SIG efforts.

Impact on individual agencies: Eric wanted to know if and in which way the report has influenced the various agencies. Maggie stated that it would be helpful to have a county-specific cliff notes version of the report available for her contacts within the various counties. She mentioned that the epidemiological report may be overwhelming. John asserted that cliff note versions are not necessarily the best approach and that it is important for individual counties to study the complete report. Ruth then mentioned the social indicator system, which is used by the IPRC. The system is a comprehensive approach that will allow communities to access information on the county- as well as state-level. Eric also suggested creating issue briefs or fact sheets, which will not 'dumb it down' but make the report briefer and simpler.

Richard stated that traditionally behavioral issues have not received enough attention from Medicaid, but that this is changing now. The move is toward a clinical/medical model, emphasizing efficient services.

Barbara mentioned that the IPRC will be partnering with the YRBSS (Youth Risk Behavior Surveillance System) and will be able to add up to 12 questions to the survey. She suggested discussing the selection of these questions at the next SEOW meeting. Ruth added that some of the domains on the YRBSS and IPRC's ATOD survey (Alcohol, Tobacco, and Other Drug Use by Indiana Children and Adolescents) overlap. Also, new questions were previously added to the ATOD survey, such as, 'Where or from whom do you get alcohol?'; 'What do your parents think about your drinking?'. John suggested looking at relaxing attitudes on use as well as examining generational use and family patterns. Eric emphasized the importance of social/community norms and family structure and its correlation with alcohol or drug use. Barbara brought up the issue of resilience and that some children do and others don't engage in substance abuse. John asserted that resilient children generally have a significant person in their life who will help them cope. Harold mentioned to have a close look at prevention programs and their effectiveness.

County-level vs. regional data: Eric stated that much of the data are not available on the county-level. He asked the SEOW members if we should use regional instead of county-level data or if we should press agencies/organizations for more county-level data and only add regional data if no county-level data are available. However, one problem is that various agencies differ in their definitions of the regions [i.e., they draw different boundaries]. Mary mentioned that the IPRC struggles with the same problem and that regional data also give you some idea of what's going on at the county level. Barbara pointed out a difficulty with data collection, i.e., if only urban schools respond to a survey, how representative are the results? Furthermore, some schools might be leery about giving permission to publish the data; they are afraid of getting blamed for their students' substance abuse problems. Barbara then suggested writing about the limitations of the data and moving toward improving the methodology. Eric agreed but also stated that the previous epidemiological report described data limitations in detail. Richard recommended using the FSSA planning regions to define Indiana regions. Tonia asserted that looking at regional data might be very effective because counties don't have absolute boundaries; activities and trends often overlap within the region. John added that each county has an LCC (Local Coordinating Council) which is coordinated by a community consultant for the region. Eric then confirmed that the FSSA planning regions will be used to define the Indiana regions for the epidemiological report. Barbara asserted that showing people the usefulness of regional data might serve as an incentive for better, more detailed data collection on the county-level. Niki showed concern that by using regional data, local 'hot spots' might get overlooked. If the county is a high contributor for a certain drug but the region is not, the county-wide problem might be missed. Niki proposed that the county still needs to be able to apply for a grant if they have a substance abuse problem, regardless of the trend within the region. Eric asserted that SEOW's work for the next 4 years include getting communities to collect data and employ strategic thinking on how communities and state agencies will use the information.

Data sources: Three data tables were handed out: (1) Availability of data used in 2006 SEOW report; (2) Availability of data that are not used in 2006 SEOW report; and (3) SEOW data set short list. Eric addressed the timing and production of the 2007 report. He suggested postponing the deadline from July 1<sup>st</sup> to mid-fall 2007, because of data

availability issues. He confirmed that, according to Josh, data are now available to update the tables that rank counties on indicators of substance abuse. Then, Chandana briefly explained which data are or will be available for the next report. Eric stated that Proslink data were still not available and that the Prosecutors Association is not returning any of his phone calls. Niki offered data collected from marijuana eradication units; she suggested for Eric to give her a list of variables of interest. John expressed that NCES (National Center for Education Statistics) data were not on the list of data sources and should be added.

***Discussion of the Evaluation Plan and Integration with the Work of the SEOW***

Evaluation requirements: Copies of the 'Evaluation Requirements of the SPF SIG' presentation by Eric and Harold were handed out. Eric addressed slide #8 'Community Evaluation Expectations' (p.2):

- The CLI (Community Level Instrument): data collection by Mayatech
- NOMs (National Outcomes Measures) have been developed and mandated by CSAP; they need to be completed for each community contact
- State-level measures concerning alcohol, methamphetamine, and cocaine may be added to the NOMs
- Web-based survey to collect NOMs and site-specific behavioral measures
- SPF SIG process evaluation will be conducted by CHP (Center for Health Policy)
- Fidelity evaluation is comprised of two measures (process and intervention implementation)
- Communities are required to have some type of local evaluation, as part of their strategic plan

Harold distributed four hand-outs (steps 1, 3, 4, and 5). Mary expressed that the SEOW may have to create a format for communities to help them complete their local epidemiological profile and strategic plan. John added that the idea is to 'build a core', i.e., increase competency and capacity on the local level. Communities will have to be specific: data, causes, and consequences. Eric stated that the SEOW will come up with standardized training tools to help individual communities.

Next steps: John stated that Eric's version of the NOMs is not the final version and that he (John) agreed to send out the final form. Eric suggested to SEOW members to read through the NOMs and think about which state-level measures to add for the next meeting. He also mentioned that examining NOMs among counties that receive SPF SIG funding and those that do not, will provide a base for comparison between communities.

***Next Meeting***

The next meeting will be on Friday, May 18<sup>th</sup>, 2007. Issues that will be addressed include a discussion of items to add to the YRBSS and a list of state-level evaluation measures to be added to the NOMs.

After all members completed their evaluation form, Eric adjourned the meeting.