

SEOW Meeting Minutes for 7/20/07

Attendance

Barbara Seitz de Martinez; Ruth Gassman; Dave Bozell; Rick Vandyke; Karla Carr; Joshua Ross; Jeanie Alter; Harold Kooreman; Eric Wright; Eric Martin; Marion Greene; Virgil Sheets; Tom Johnson; Tom Steiger; Maggie A. Lewis; Amanda Thornton-Copeland; Mari Kermit-Corfield; April Schmid; Jasynda Lacy

Welcome

Eric W. distributed the hand-outs for the meeting and introductions were made because new non-voting members attended the meeting.

Review and Approval of Minutes from May 18, 2007

Not enough voting members were present to have a quorum and approve the minutes. Eric W. asked for comments regarding the meeting minutes. Maggie Lewis and Rick Vandyke stated that they were present and their names needed to be added to the attendance list; someone mentioned that Mi Kyung Jun's name was misspelled; and Ruth corrected a mistake on page 3 – she stated that active or passive consent for their ATOD Survey is not decided by IPRC but by the schools, who own the data. [Corrections to the meeting minutes from May 18, 2007 were made]

Update on IPRC's ATOD Survey and Youth Risk Behavior Surveillance System (YRBSS) Planning

Eric W. asked IPRC to give an update on the YRBSS planning efforts. Ruth indicated that they had met with Susan Crouch from the Department of Education (DOE) and with others. They agreed to continue collecting local-level ATOD data annually in addition to the bi-annual state-level YRBSS; as opposed to the initial plan of alternating ATOD and YRBSS administration. The feedback they received from communities implied that the schools needed the local data to apply for drug grants. Additionally, ATOD survey could serve as an incentive: Some schools rather participate in ATOD survey than YRBSS, because they get the data back – however, in order to be able to take part and receive local data, they also need to participate in YRBSS (if asked to participate in YRBSS), which will help increase YRBSS' response rate. [See hand-out "Timeline Notes" for years of state and local level data collection]

Then Ruth, with the help of other IPRC staff, discussed the priorities, strategies, and prerequisites of the IPRC/YRBSS collaboration [see hand-out "IPRC/YRBS Collaboration"]. She stated that some communities aren't aware of the student surveys and that the message needs to get out that these surveys are available and to provide some pressure to schools to participate. Additionally, she mentioned that possibly charging for participation in sub-county level data collection could be used to cover printing and other costs for random sampling methodology. Ruth emphasized the importance of educating communities on the significance of concepts such as random

sampling and representativeness. And that the prerequisite to a successful IPRC/YRBSS collaboration is the cooperation among the various agencies, such as IPRC, IDOE, and ISDH.

Jeanie asked about the difference between the methodologies. Ruth and Eric M. replied that for the non-random local-level survey, every school in Indiana is invited to participate. For the random state-level data collection, random schools are invited to take part in the survey and will receive a \$ incentive for participation; the schools will send out consent forms to parents. Marketing the survey is important to increase participation.

Harold asked if, for example, in 2010 both random and non-random results will be available. Ruth affirmed, because schools want the local data but we also need to emphasize the importance of randomness and representativeness.

Barbara stated that schools need to feel that they are not held responsible for the outcome of the survey (i.e., drug use), which will make them more willing to participate.

Joynda wanted to know if ATOD surveys will continue to be anonymous. Ruth affirmed and added that the ATOD survey is currently not generalizable.

John mentioned that with SPF SIG, community consultants will help communities get local data.

Eric W. briefly informed the new members about the 2006 State Epidemiological Profile and the ATOD survey and data collection.

Rick asked how the alternating methodology (bi-annual data collection for YRBSS) will impact trends. Ruth replied that, according to the CDC, behavior generally doesn't change significantly from year to year and that bi-annual surveys will be appropriate to use.

Discussion of Proposal for State-wide School-based Substance Use and Abuse Prevention Survey

Eric W. then discussed the draft resolution on SEOW recommendations to the Governor and the Indiana State Legislature [see hand-out "Draft Resolution"]. He recommended a bi-annual school-based survey; authorize IPRC to administer the survey on the state level; target 7th, 9th, and 11th grade students; require schools who want funding to participate in the survey (tie state funding to data collection); additionally, administer a bi-annual random telephone survey of Indiana adults 18 years and older on consumption of alcohol, tobacco, and illegal and prescription drugs. Barbara mentioned that the Monitoring the Future (MTF) study uses 8th, 10th, and 12th graders and that, for comparison purposes, we should do the same. Eric W. agreed.

John considered the costs of the surveys and added that state prevention dollars for SPF SIG funding could be integrated.

Jeanie mentioned that we could combine efforts; IPGAP (Indiana Problem Gambling Awareness Program) wants to administer a telephone survey. It would be interesting to collect information on gambling and substance abuse.

Eric W. added that ITPC (Indiana Tobacco Prevention and Cessation) also has their own survey.

Jeanie suggested to add “programmatic” to the draft resolution [Whereas...to make policy, funding, and programmatic recommendations regarding substance abuse prevention]. Eric W. asked for any other recommendations.

Karla wanted to know if the resolution applies to all schools, public and private. Eric W. confirmed; any school who wants money needs to participate.

Ruth asked if it isn't already authorized. Eric W. denied; not yet.

It was mentioned that survey participation is often not decided by an individual school but by the school corporation. And how would we define participation – a response rate of at least XX percent? Eric W. replied that we need to define participation. He was then asked about IRB approval and coercion/ethical issues. Eric W. answered that we need to have a lawyer look at the issue; SAMHSA (Substance Abuse and Mental Health Services Administration) says ‘no data no money’; it's a fine line tying funding to data. Ruth stated that for the annual ATOD survey the schools own the data, not the IPRC or Indiana University. Therefore, it's secondary data analysis and no IRB is needed. Eric W. replied, so we don't have to worry; if the school-based survey is state-mandated, information will be secondary data. He also stated that if we combine surveys [as previously suggested for the telephone survey for adults], the essence needs to be the NOMs (National Outcomes Measures), otherwise we don't have the funding.

Rick asked what if a community/school doesn't want to participate in the random survey and states that good representative data is already available. Can they still get funded? Eric W. denied; he stated that the ultimate goal is a census [all Indiana schools participate] and the fallback is the random design. Ruth replied that she thought it was vice versa. Jeanie said that her understanding was to make it a norm to participate in a random survey. Rick added that one alternative would be to leave this option open in the draft, word it as 'may be required to' to have the flexibility to go either way. Jeanie asserted that if our goal is to have a generalizable survey, it needs to be stated in the draft to decrease the burden among individual schools. Eric W. then stated that he will revise the draft.

Eric W. recapped that funding decisions have to be data-based and that the SPF SIG process is changing the way we make decisions at the state level. Dave put in that we also have to realize that with Afternoons R.O.C.K. we were ahead of the curve even before the SPF SIG and we don't want to see that go.

Eric W. stated that in Indiana we have 12 SPF SIG grantees and they have to work together. Eric M. responded that he is in favor of data-driven decision-making but the problem is we tell people to work together but we are not helping them how to work together; the backward counties stay backward because nobody shows them how to get it together. John interjected that this wasn't accurate; for example, Lawrence and

Washington counties have received assistance. Data give us the reason why we need to move – this is one way to make changes, the other way is political will.

Jeanie commented that she is looking for more specificity regarding funding [in the draft resolution]: what it means, what it entails, and the types of funding. Eric W. replied that all funding by all agencies was implied. Dave responded that two years from now new RFPs for the Afternoons R.O.C.K. program will go out; so this is timely. Ruth mentioned the relevance of the school-based survey to receive funding for Afternoons R.O.C.K.; this encourages schools to participate. Eric W. added that it goes back to marketing of the survey – have communities exert pressure on schools to participate; so when the data come out everybody has an invested interest in the data.

Eric W. concluded that in the interest of time we'll have to close this conversation. He added that he will revise the draft so it won't interfere with Afternoons R.O.C.K.

BREAK

Review and Discussion of the Draft 2007 State Epidemiological Profile Chapters

Eric W. asked for feedback on the epi profile chapters [draft of alcohol, marijuana, and methamphetamine chapters had been sent via email prior to the meeting]. Rick stated that it contains a lot of data; most of it shows that Indiana is the same as the U.S. It would be of greater interest where Indiana is different from the nation or has a different trend. The real points of interest are getting lost. Rick also prefers to see the graphs intermingled with the narrative, rather than at the end of the chapter. Eric W. replied that the profile contains an executive summary, but we also can add a brief summary/points of concern/highlights to the chapters.

Eric M. articulated that the 2006 State Epidemiological Profile was intimidating to read. Eric W. responded that it needs to be comprehensive but that we also can include bullet points, highlight key issues and trends that are different from previous years; for example, meth use is actually getting worse. Rick added that Microsoft Excel gives the option of a trend line.

Eric W. reminded everyone that last year the SEOW created a companion document to the profile that rank-ordered individual counties; one thought is to include the document this year in the profile.

Eric W. stated that another consideration is what time span to use for trends; should we highlight the last three years? Rick replied that it depends on the data; but trending is important; determination of meaningfulness is always made by the observer.

Eric M. commented that consumption and consequences are considered; how about causal factors or mediators? Eric W. answered that these are not included. He wondered how meaningful these are at the state level, more geared to communities.

Jeanie asked how feasible it would be in the future to provide an example or model for communities. Eric W. responded that this is what we are doing for communities, just not in the epi report.

Eric M. commented that the purpose of the epi profile is to affect policy-making with data; but that mediators would hopefully influence the discussions.

John stated that data indicate that underage drinking is going on; however, there is not much change in the cultural response. Is it possible to get attitudinal data to try influence cultural change? If we try to influence cultural norms, what is contributing to it/what is the cause?

Ruth we added reasons for drinking to our ATOD survey; addressing where they get their alcohol, attitudes, and cultural norms. John stated that all the data, if it doesn't change their mind set, doesn't do any good.

Eric W. discussed the logic model [see hand-out] with the group. He then asked SEOW members to fill out a logic model for alcohol, cocaine, and meth to help guide the funded communities on what to do. These will help the 12 SPF SIG grantees to guide their LEOW (Local Epidemiology and Outcomes Workgroup).

Eric W. briefly discussed the grantees meeting. He said that we are still doing a comprehensive local evaluation, but we also need to collect county-level generalizable data – so we need to do a population survey; but how to fund that? John replied that funding should be available. Eric W. went on that we got very specific recommendations: representative sample over time. We have to hire somebody to do the survey. “They want to see the ticker change”, that's why we are not only evaluating the program but also collect data on a representative sample. We want outcome data at both program and county level. We probably have to oversample our target population. Ruth added, who did/didn't the program work for, such as gender, race, age, etc.

Eric W. asked if there was any more feedback on the draft chapters or any other comments. He then stated that the target publication date for the 2007 State Epidemiology Profile is the end of October.

Eric W. announced that our next meeting is scheduled for Friday, August 17th, 2007, from 9am to 12 noon at the Indiana Government Center South, Conference Room 5. He then adjourned the meeting.