

**Indiana State Epidemiology and Outcomes Workgroup (SEOW)
Meeting Minutes from September 21, 2007**

Attendance

Marcia French, Maggie Lewis, Joshua Ross, Jim Wolf, Barbara Seitz de Martinez, Ruth Gassman, Desiree Goetze, Katelin Ryan, Eric Martin, Miranda Spitznagle, Marcia Vras, Jeanie Alter, Rick VanDyke, Tom Steiger, Kim Manlove, Niki Crawford, Amanda Thornton-Copeland, April Schmid, Matt Frische, Weston Bush, Lindsay Duff, Harold Kooreman, Marion Greene, Eric Wright

Welcome

Eric welcomed everybody and asked for introductions because new members from the Youth Council were present.

Review and Approval of Minutes from May 18 and July 20, 2007

The meeting minutes from the previous two meetings were reviewed. Ruth mentioned that in the May-minutes the CRAFFT questionnaire was misspelled (the word contains two “F’s” not just one – minutes have been corrected). Jeanie remarked that, also in the May-minutes, her name was misspelled (only one not two “n’s” – minutes have been corrected). The minutes were approved.

IPRC¹ Update – Methodology and Marketing of Annual ATOD² Survey

Ruth handed out the “ATOD Survey Marketing Plan”; information on ATOD methodology; a table with regional comparisons of samples and populations by demographics; and the 2007 Alcohol, Tobacco, and Other Drug Use by Indiana Children and Adolescents report.

¹ IPRC = Indiana Prevention Resource Center

² ATOD = Alcohol, Tobacco, and Other Drug Use by Indiana Children and Adolescents survey

Eric gave a brief overview to the new members from the Youth Council about the SEOW's struggle to obtain good usable data and that the IPRC has been conducting annual ATOD surveys in Indiana for a long time. However, the survey is non-random and a discussion on how to improve its methodology is important.

Ruth stated that the goal of the survey is to be representative. There are several sampling methods that can be used: the census approach is too expensive, difficult to administer, and non-participation can be an issue. Random sampling using county estimation is cost-effective but external validity is a problem, so it's not the ideal approach. Random sampling at the individual level has similar drawbacks as the census approach and may be stigmatizing. Non-random convenience sampling, which is currently used, has the advantage of already being quite representative (Ruth referred to the copy of the table with demographic comparisons between the sample and the population). Ruth stated that the differences between the population and the sample are not that bad and that, by using a random sample, we'd be collecting data from less people. There are about 25 counties that didn't participate in the survey in 2007. The IPRC's methodology approach is to continue using a convenience sample and target communities that are not responding; 1/3 of the schools that participated have already agreed to share their data on the county-level – Ruth added that the rate can be improved.

Desiree elaborated on some preliminary ideas for the ATOD survey marketing plan. IPRC plans to conduct phone surveys with non-participating and with participating schools to find out the reasons why they do/don't participate; additional interviews with key leaders and stakeholders will be facilitated. Currently, survey participation is low in the northern parts of the state (northwest, north central, and northeast). Administrative and marketing costs need to be estimated: how much do we need to pay to achieve a certain response rate? Another consideration is which stakeholders to target and which marketing strategies to use. IPRC will target four priority areas (17 counties) with low or no participation to increase involvement in the 2008 survey.

Ruth added that most of the counties tend to participate if they have participated before (“they tend to stay once they are involved”).

Miranda replied that often the barrier is within the school; some schools have a no-survey policy.

Jeanie responded that the link between academic achievement and substance abuse is critical and that this needs to be weaved into the marketing.

Eric M. added that school people are stretched so thin that even if you show them that this will impact their educational priorities, it is hard for them to find the time to do it.

Ruth replied that's why it is so important to expand marketing beyond the borders of the schools and involve community stakeholders, who can put pressure on the schools to participate.

Jeanie suggested coupling the survey administration with SPICE (a DOE¹/IPRC Model Program Project).

Rick stated that prevalence estimates can be made for missing data based on an analysis of variances and that this estimate may serve as an incentive for schools to participate in the annual survey.

Eric asked Ruth if, due to the non-random sample design and confidentiality issues, only regional and not county-level data will be available.

Ruth replied that if schools are willing to share the information (and currently, 1/3 of the schools are), then county-level data will be available.

Barbara added that one of the barriers to school participation is the lack of faith in the validity and usefulness of the data; but this general movement toward data-driven decision-making may change people's minds.

Ruth stated that currently no one [no other state] is doing a statewide survey that is representative on the county-level; and that the IPRC will start reporting county-level data, from counties/schools who gave permission, in their ATOD report.

Discussion of Draft Resolution

Eric articulated that we needed to discuss the draft resolution for a statewide school-based substance use and abuse prevention survey and to get ITPC's² input. He asked Miranda to talk about ITPC's statewide youth survey.

Miranda explained that the IYTS¹ is sponsored by the CDC² but administered by the individual states; survey respondents are middle and high school students; the

¹ DOE = Department of Education

² ITPC = Indiana Tobacco Prevention and Cessation Agency

methodology used is a 2-stage sample design, i.e., individual classrooms are selected within selected schools. Miranda added that it is a struggle to get a representative sample and they have to follow CDC's strict rules: a 60% response rate to weigh the data and combine them to the national dataset; the instrument consists of about 75 questions and uses only tobacco-related items; the survey is administered bi-annually (even years), therefore, together with the YRBSS³, which is collected in odd years, Indiana has a basic youth smoking prevalence for every year.

Eric mentioned that John had said that funding for the proposed resolution might be available. Eric, then, went into detail about the proposed instrument: utilizing a random-digit-dialing (RDD) telephone survey, like the STNAP; the need to have county-level estimates for the counties that have received SPF SIG funding; the instrument needs to be based on the NOMs⁴; we want to create point-prevalence estimates with only 3.5% error margins; the survey will provide additional data to complement ATOD and IYTS surveys and cover all substances; instrument will be administered bi-annually.

Miranda stated that ITPC also conducts an annual adult tobacco phone survey and that, if the proposed survey will be implemented every other year, it is important to coordinate efforts with the ITPC, IPRC, and BRFSS⁵ surveys.

Eric then asked Miranda if she wanted to be on the design subcommittee and Miranda agreed. Miranda also said that she'd be interested in the cost estimates, questions and methodology of the new survey.

Eric mentioned that at a previous SEOW meeting we had discussed tying school funding to the school's survey participation but that we will not do that.

Rick said that there are different methodologies for getting county-level information and Ruth asked if we intended to use the exact STNAP methodology.

Jim replied that we won't be using exactly the same methodology as the STNAP ("We learned from that experience"). He also added that for cost reasons we should reconsider a 3.5% margin of error for all 92 counties. The sampling design will include sampling in many regions within Indiana (e.g., Marion County is one region).

¹ IYTS = Indiana Youth Tobacco Survey

² CDC = Centers for Disease Control and Prevention

³ YRBSS = Youth Risk Behavioral Surveillance System

⁴ NOMs = National Outcomes Measures

⁵ BRFSS = Behavioral Risk Factor Surveillance System

Barbara inquired about the difficulties using phone surveys, i.e., many people have cell phones, and she wondered if the demographics of people who can be reached via landline differ from those who can't; her other concerns for representativeness were language issues and homelessness.

Jim replied that in Indiana the cell-phone effect is not a major factor yet and that landline respondents are still representative enough.

Miranda suggested striking the "3.5% margin of error" from the resolution draft. Eric agreed and Jim added that we can include "an acceptable margin of error" and define "acceptable" later.

Ruth wanted to know if the survey will only cover the funded communities and Eric explained that it will be statewide – we want to sample the state and oversample 18- to 25-year olds in funded counties. Ruth suggested adding to the resolution draft: (1) a. "Include statewide representative sub-samples of both youth between the ages of 12 and 17 and adults over age 18".

Eric said that in principle we are asking Indiana DMHA¹ to fund the survey and then work out the methodology; and the reason that he is pushing this is because we cannot wait – we need a baseline measure on the funded communities.

Jeanie suggested giving the draft to an outside source to make sure the text is clear and understandable. Eric replied that the document will not be given to the public or legislature but only to John, who'll hopefully fund it. He explained that we can vote on the principles, such as: statewide survey; administered bi-annually; including representative subsamples of youth (12 through 17 years) and adults (18 and older); oversampling adults 18 to 25 in SPF SIG-funded communities; using NOMs. The motion to accept the principle was approved. Eric named the committee members: Jeanie, technical assistance group from Indiana State University (Vigo County), Youth Group representatives, Miranda, and Marion.

¹ DMHA = Division of Mental Health and Addiction

Discussion of LEOWs¹

Eric addressed the SEOW's expectations of the LEOWs: the LEOWs will provide an annual report, which will be included in the SEOW report (State Profile); Eric's "vision" is to have, eventually, a "monster document" with 92 chapters on all Indiana counties. It was also mentioned that the local data may be used to help update IPRC's Social Indicator System. Marcia emphasized on the importance to get communities motivated to collect as much local data as possible and to encourage their willingness to share the data.

Review and Discussion of 2007 State Epidemiological Profile Draft

Eric commented on the new lay-out of the SEOW report (2 columns on each page; figures and tables within the text; see hand-out) and overall comments were positive. He mentioned that the last three drug chapters (tobacco, prescription drugs, and polysubstance abuse) and the highlights chapter ("a juicy executive summary") have been completed and that we are on track for meeting the end-of-October deadline.

Niki asked if we could change the alcohol-attributable fractions in Table A.1 (highlights chapter) to percentages. Jeanie suggested dividing the table into two: one table that will feature diseases that are only caused by alcohol consumption and the other table will include diseases that are partially attributable to alcohol [table has been changed].

Rick stated that he liked the summary but still would like to see a section that only highlights where Indiana is different from the nation. Someone replied that with this approach we might lose valuable information; in some cases, Indiana's rate might not be significantly greater than the nation's, but the substance poses a problem for the entire U.S.

Eric stated that another chapter will be added to the report in which we'll rank counties on indicators of substance use – based on UCR² data; the Governor's Commission wants to use this for their purposes (policy decisions) as well. He also mentioned that Marion will work on the draft and send it to the SEOW for feedback.

¹ LEOW = Local Epidemiology and Outcomes Workgroup

² UCR = Uniform Crime Report

Eric asked Niki if she can get methamphetamine arrest data. Niki replied that she will try.

Annual Satisfaction Survey

Harold provided a draft of the Annual Satisfaction Survey (hand-out). Eric stated that the survey will be administered every July as part of the evaluation process.

Other Business

Representatives from the Youth Council remarked that they will have a big event in October; opening remarks will be made by Governor Mitch Daniels. The Youth Council's responsibilities will include helping gather data for the SEOW and inform local businesses about SPF SIG-related activities.

Eric adjourned the meeting.

The next meeting will be on Friday, October 19th, from 9am to 12 noon at the Indiana Government Center South, Conference Room #5.