

State Epidemiology Workgroup Meeting Minutes

October 20, 2009

The meeting was called to order at 1:35PM by John Searles, Ph.D., Chair of the SEW

SPF-SIG Update – Lori Uerz

23 Community Based Grantees all have strategic plan to move them into the action phase. We're in year 5, our final yr of the grant and will be applying for 1 year implementation. Some grantees have applied in FY09. All of 23 grantees have to complete implementation work plan, for every strategy each coalition will be implementing, (avg. of 4-5 per group). Amy Livingston of PIRE is monitoring implementation fidelity of the strategies for each coalition. All work plans due in a few weeks. We've started site visits. New Directions coordinator position is funded under SPF-SIG. Scheduled SPF-SIG learning communities began yesterday at Lake Morey. Fruitful discussions ensued centered on sustainability, media strategies, norms campaigns, and marketing campaigns.

Young Adult Survey – Bob Flewelling

Why the need for community-level surveys?:

- For most substance adults 18-25 are higher users, are at highest risk, true based on national and VT data
- Illicit drug use in past 30 days (2008) graph (evidence of highest drug use among age use is 18-20 and 21-25yr olds)
- Alcohol use in past 30 days (2008 NSDUH) graph (evidence of shifting towards higher aged groups 21-25 and 26-29 yr olds)
- Cigarette Use in past 30 days (2008 NSDUH) graph (evidence highest are 21-25 and 26-29yr olds)
- DUI 21-25 and 26-29 (question about how this data was gathered, how many drinks?)

Why the need for community level data?:

- In SPF SIG Context: Grants were awarded to communities which are defined as SUs or clusters of SUs
- In general: Prevention planning, implementation, and evaluation is often done at that level. Also, national surveys (NSDUH, BRFSS) not designed to provide data at that level.

Some desirable characteristics of community-level surveys:

- Samples are at least roughly representative of the target pop
- Data collection procedures allow for honest and accurate reporting
- Sample sizes are adequate for observing differences across communities and or across years

VT SPF SIG Project:

- Mandatory priority for all communities (reduce underage drinking)
- Second Priority (community's choice: reduce high risk drinking or reduce marijuana use)

Data Source Use for Community Assessment Step:

- YRBS –conducted in every community every 2 years
- BRFSS- at the county level and aggregated over 5 yrs for age 18-24
- Comm. Key informant surveys
- Law enforcement agency reviews
- Focus groups with young adults

Options Explored for Conducting Pre/Post YA Surveys:

- Phone surveys? Too expensive, hard to reach YA on land lines
- DMV mailings or website? Not logistically feasible for DMV
- College student surveys? This was done (using CORE survey) but only covers part of the young adult population and not all communities have colleges.

VT YAS Methodology:

- web based survey with paper option
- respondents aged 18-29 recruited through various venues i.e. Facebook, advertising efforts in funded comm.(postcard distribution, print/radio add)
- 10 min time to complete
- monetary incentives provided

VT YAS timeline:

- baseline survey (October 1, 2008- January 1, 2009)
- Follow up survey planned for Fall, 2010

Facebook Ad Content:

- Survey-win up to \$250 18-29 yr olds 10 min survey about alcohol abuse enter drawing of 11 cash prizes

Cost:

- client selects per click max and daily max
- paid \$1466 for 2215 clicks, yielding 186 completed surveys

(If using Facebook, rather than calling it a ‘survey’ call it a ‘quiz?’ There are many quizzes that people participate in on Facebook, so changing the terms might elicit more of a response? Instead of offering cash as incentive to fill out survey, offer a ‘free icon’ that can be used on Facebook, etc., a free music download or ring-tone?

Distribution of Post Card Surveys:

- community Coalitions were responsible for postcard distribution
- wall posters and counter top boxes to advertise
- place in a variety of venues

Content of Surveys:

- causal factors
- where they learned of the survey
- demographics

991 respondents completed surveys, most chose web survey (916 web based, 75 paper) Most respondents found out about survey through community. Age of respondents fairly even across all age groups. 70% female respondents. More non-student participants. VT YAS comparisons with NSDUH numbers very similar (2008). Survey found that data was consistent with national data. Survey found most underage people are getting alcohol and marijuana from friends and family.

CORE Survey: Amy Livingston

The Core survey is conducted at colleges across the country to assess alcohol and other drug use on campus. The survey was conducted at 18 colleges in VT in 1998 during a CSAP needs assessment project. The majority of colleges in VT are in SPF-SIG funded communities and the age of students matches the SPF SIG priorities of reducing underage drinking, high risk drinking and marijuana use among Vermonters under age 25. 11 colleges in VT participated last fall and will repeat the survey in the Fall of 2010.

Data from 2008 (baseline) and 2010 (follow-up) will support the VT SPF SIG evaluation. Each college receives cross-tab reports and a raw data file for their college to use in assessment and planning. Each college also receives a statewide cross-tab report for comparison purposes. As part of the agreement with the participating colleges, this survey was administered by PIRE and no VDH employee has access to individual college data. VDH only has access to the aggregated State-level data.

Features:

- 11 schools participated
- recruitment strategies varied but target sample sizes were attained by most colleges
- 6 used web based survey 5 used paper
- cash incentives were provided (one per school chosen by random drawing)
- 4602 surveys completed
- content- CORE survey “long” form included: alcohol/drug use, perceived attitudes and norms, consequences of use

The Core Institute provides guidelines for numbers of students to be surveyed to obtain a representative sample. Web surveys, tend to have a lower response rate and require more prompting of students to achieve the desired sample size. Vermont schools were able to achieve sample sizes that were very close to the recommendations from the Core Institute.

Questions regarding the validity of the survey were raised on the Middlebury campus. They achieved a sample size that was very close to the recommendations from the Core Institute, and the data is weighted to ensure proportionate representation by gender and grade level. In addition, previous research and the national Core findings from the Core Institute support the reliability and validity of the data.

VT Core data compared to Northeast region and US Core data: (Different years of data collection noted)

- Gender distribution was similar across all samples, as well as class distribution
- VT rates of past 30 day alcohol use and binge drinking are similar to Northeast rates, and both are higher than US rates. VT rate of past 30 day marijuana use is significantly higher than both the Northeast and US rates (40.2% vs. 23.0% and 16.8%)
- Negative affects of alcohol/drug use over the past year- differences are similar to NE/US

Vermont Core data highlights

- Vermont binge drinking rates are higher among students 21 and older than among those under 21 (66.2% vs 54%).
- Binge drinking rates are higher for males than females, though the US trend is that the rate for females is increasing.
- Compared to Vermont data from other surveys of persons ages 18-25 (including both students and non-students), Vermont Core data shows higher rates of past 30 day marijuana use, suggesting that use is higher among Vermont college students than non-college students in the same age range.

Follow-up:

- Many participating schools plan to implement interventions on campus, often in collaboration with the SPF-SIG grantee in their communities
- Core survey will be repeated in fall of 2010
- PIRE is working with participating colleges now to plan for next fall's survey, and will invite schools that did not participate to participate in the next survey
- Results from 2010 survey will be compared to the 2008 survey as part of SPF-SIG evaluation

A question was asked about whether the time of year the survey was administered might have any effect on the results (such as during sports seasons, fraternity rush periods, etc.) The surveys were all conducted during October through early December. Most participating schools do not have large fraternities/sororities or sporting events (like football) that might influence drinking behaviors at any particular time of year. Schools were asked to complete the survey prior to holiday break to avoid any changes in drinking patterns due to being home vs. on campus.

2009 YRBS: Erika Edwards

75% response rate of students. Trends overall are fairly flat from 07-09. Erika will be presenting this to SPF SIG communities next month. The 2009 reports will be released the week of November 2, 2009 therefore no substantive results will be discussed before then.

Update on weekly evaluators meeting: John Searles

These weekly subcommittee meetings have been very productive and include the lead evaluator from PIRE, the PIRE on-site evaluation coordinator, the ADAP analyst from

Health Surveillance, and the SEW Chair Other HS staff have also participated and have contributed substantially to the discussions and analysis.

NSDUH Data 2007 State Level Data: John Searles

[2-page summary distributed] In 18-25 year old age group, has highest prevalence in the US for cocaine use. The actual prevalence rate did not change from the previous survey but other states appeared to have lowered their rates thereby elevating VT. Perception of risk of binge drinking and regular use of marijuana is very low compared to other states. A discussion of the disconnect between the public perception of prescription drug misuse in Vermont (high) and the multiple data sources that indicate no increase in prevalence rates across several years was conducted. While prevalence rates remain flat, treatment for opiates continue to climb in Vermont. This is likely due to several factors including increased funding for opiate treatment, high profile programs such as methadone replacement therapy and buprenorphine available through trained primary care providers, etc.

Update on Revised Epidemiological Profile: John Searles

Projected date for completion is December. There has been significant progress made in the last few months. Analyzing the vast amount of State hospital and ED data was quite a challenge and took more time than originally planned. Jason Roberts and Caroline Dawson were instrumental in this process. We note that Fletcher Allen Healthcare (FAHC), the largest hospital in the State continues to forward daily ED data to the SEW each month. So far, we have analyzed data from January, 2004 to December, 2008 from this source. Treatment data has also been analyzed and included in the report, thanks to Ann Van Donsel who meticulously maintains the data. There are additional data sets to be mined; for example data from the Northern New England Poison Center, ObNET/PRAMS, Medical Examiner accidental deaths, Teen Alcohol Safety Program, and others. Alcohol and drug related crime information from the Vermont Crime Information Center is another source. The Director of the VCIC, Max Schlueter, Ph.D., has granted the SEW Chair access to this rich data base.

SEW Sustainability: ALL

As of this date, the viability and sustainability of the SEW is dependent upon SPF-SIG funding which will end in 2011 (if the one-year no cost extension is approved, otherwise 2010). CSAP has previously indicated a desire to maintain the SEW structure in SPF-SIG states even after the SPF-SIG is concluded. However, there has been no official word on this at this time. We would like to broaden the membership of the SEW and include selected individuals with additional epidemiological expertise and/or access to relevant data bases.

The meeting was adjourned at 3:00PM

Attendance

John Searles, ADAP
Amy Livingston, PIRE
Lore Uerz, ADAP
Caroline, Dawson, VDH Health Surveillance
Melissa Liebig, ADAP
Ann VanDonsel, ADAP
Erika Edwards, VDH Health Surveillance/ADAP
Jen Hicks, VDH Health Surveillance
Jason Roberts, VDH Health Surveillance
Bob Flewelling, PIRE