

**STATEWIDE EPIDEMIOLOGY WORKGROUP (SEW)
MINUTES**

DATE: July 18, 2012
TIME: 9:00 a.m. *Video-Conference*
LOCATION: Truckee Meadows College
Redfield Campus
18600 Wedge Parkway, HTC Room 103
Reno, Nevada
College of Southern Nevada
Cheyenne Campus
3200 E. Cheyenne Ave., Room 2647B
Las Vegas, NV 89030

Committee Members Present

Alicia Hansen *	Public Member
Brad Towle	NSHD- Health Statistics, Planning, Epidemiology, & Response
Dr. Jesse Anderson, proxy for Angel Stachnik	Staff Epidemiologist, Indian Health Board, Nevada
Chuck Bailey proxy for Deborah McBride	SAPTA Agency Director
Ihsan Azzam	NSHD- Office of Epidemiology
John Johansen	Nevada Office of Traffic Safety
Charlene Howard Diane McCoy	Boys and Girls Clubs of Western Nevada
Ron Pierini	Douglas County Sheriff's Office
Tami Jo McKnight	Clinical Program Planner, MHDS
Tony Fredrick	Southern Nevada Health District
Wei Yang	Nevada Center for Health Statistics and Informatics, UNR
William Gazza – Committee Chair	Clark Co. Coroner's Office

Committee Members Absent

Chris Pritsos	Department of Nutrition, UNR
Debbie Gant-Reed	Crisis Call Center
Kevin Quint	Join Together Northern Nevada
Misty Allen	DHHS-Office of Suicide Prevention
Pauline Salla	DCFS- JJPO
Sue Meuschke	Nevada Network Against Domestic Violence

Others Present

Michael Coop - Consultant	Coop Consulting
Kristen Clements-Nolle – Ex-Officio	Epidemiology, UNR / CAPT
Stephanie Asteriadis – Ex-Officio	Nevada Prevention Resource Center / UNR

SAPTA Staff Present

Charlene Herst	SAPTA Prevention Team Supervisor
Charlene Howard	SAPTA Health Program Specialist
Chuck Bailey	SAPTA Health Program Specialist
Kim Davis	SAPTA Administrative Assistant
Meg Matta – Recorder	SAPTA Administrative Assistant
Nan Kreher	SAPTA Health Program Specialist

* Attended Telephonically

1. Welcome and Introductions

Chair William Gazza opened the meeting in due form at 9:10 a.m.

2. Public Comment

Kristen Clements-Nolle announced that the CAPT will be presenting a series of webinars on synthetic drug use in September or October that will be of relevance to the SEW members, and she will be looking for member's thoughts on what would be of special interest. She also described the Adverse Childhood Event Meeting that will be rolled out at the local level in Fall, and she will provide further information at a later date.

3. Discussion and Approval of SEW Minutes of May 16, 2012

There were no corrections to the minutes. John Johansen moved to approve the minutes, Tony Frederick seconded and the motion carried.

4. Discussion on Partnership for Success II Grant Opportunity

Charlene Herst explained how there were only 5 awards made on the Partnership for Success I grant offered a few years ago. Although SAPTA scored high, we did not receive the grant award. The Partnership for Success II Grant only gave less than a month to respond. This time, up to 18 states will be awarded the grant. We were eligible for this grant because our Strategic Prevention Framework-State Incentive Grant (SPF-SIG) timed out two years ago. We are still benefiting from the State Epidemiologic Work Group Grant (SEOW) which pays for our epidemiologist, Nan; and the Strategic Prevention Enhancement Grant. The grant is due at SAMHSA on July 19, and we sent it in a week early. If awarded, the grant is expected begin on October 1.

There are three tiers of funding for the Partnership for Success II grant, and Nevada is in the highest tier because our data shows we have more issues. We applied for 1.2 million dollars. We applied for 2 of the choices provided: underage drinking and prescription drug use/misuse through ages 10 to 25. We added a third focus based on Nevada statistics, for an expansion of the age group on prescription drug use/misuse to include ages 25 upward all the way through the life span. We also included as our over-arching goal, the SAMHSA goal number 1: behavioral health, substance abuse prevention and mental health promotion.

Eighty five percent of the dollars go to coalitions to serve local communities that are at high risk. Those communities shown by data to be high risk for underage drinking and prescription drug misuse will become our focus. We will be selecting three liaison coalitions, one in each Nevada region: north, south and rural. Those coalitions will be responsible to subgrant out to those coalitions shown by data to be in the high risk communities. We can mandate that up to twenty percent of the grants that go out to each community must have an evaluator. We can hire a state-level evaluator that each of the liaison evaluators will work with to get local and regional data analyzed at the state level. Fifteen percent of the grant will remain in SAPTA to pay for salaries, contracts for evaluation, and for added questions to the BRFSS and YRBS. Another part of the eighty five percent will be awarded to the Statewide Native American Coalition to be used strictly for underage drinking because it is a serious focus. We are data heavy in this grant application because it is an important goal. Charlene will be sure to make an announcement as soon as she hears if we have been awarded the grant.

Wei Yang commented that he and Brad Towle are working on adding or revising state questions on the BRFSS. The dollars for the added questions were written into this grant. A discussion

regarding the survey followed. When all of the questions are compiled, there will be an agenda item to facilitate further discussion.

5. Update on State Epidemiology Outcomes Workgroup Grant (SEOW)

a. Data Dissemination System

Nan provided an update on the system and described how powerful the functions and capabilities will be. Data will be split up into groups by coalitions, so it can be used to compare the state vs. coalition data. The next step is to add the most recent data on certain indicators, and the deadline for that is end of August. Hoping to have a roll-out in September. Chuck plans to develop an 8-hour training for the coalitions to use the system. He also asked for comments and suggestions on the accuracy of the Explanation of Methodology page as it relates to small data sets and rural areas. He wants to ensure it accurately describes how to understand the data.

The link to the data dissemination tool is:

<http://indicators.bach-harrison.com/nvsocialindicators/Resources.aspx>

Nan reminded everyone to click on the Resources tab to see the publications we commonly refer to; and that additionally, the epidemiological and community profiles can be found on the SAPTA website: *Publications > Administrative, Grants, and Epidemiologic Reports.*

http://mhds.state.nv.us/index.php?option=com_joomdoc&task=cat_view&gid=94&Itemid=81

Charlene would like an agenda item on data gaps for the dissemination system as well as our data warehouse.

b. Community Profile

The Community Profile is focused on prescription drug use/misuse. Nan described the suicide data and prescription drug use/misuse data collection. She commented that the emergency room discharge data on overdoses was interesting because it showed that 50% of the people who overdose on prescription medications are women, while over 67% of people who die of overdose are men.

Charlene asked what the members would like to see in the next special report or fact sheet that would be of benefit to their agencies. She asked everyone to think about an area that has not been reported upon that may be ahead of the trends. SAPTA would like to begin researching those areas to stay ahead of the data curve, and Charlene asked members to share what they are seeing from their perspectives. Nan suggested adverse childhood experiences (ACE), as there are strong correlations between that and subsequent substance abuse and behavioral health. She suggested the possibility of comparing subgroups within the ACE with general Nevada population.

Ihsan Azzam suggested studying the rates of substance abusers and people with behavioral health issues going on to suffer chronic diseases such as diabetes, heart disease, HIV, etc. as compared to the general population. Another aspect is the study of mentally ill women and the outcomes of their pregnancies. He said some research as begun but the data is preliminary. He thinks it would be of value to help focus resources.

Wei Yang commented that the Division of Health Care Financing and Policy did a cross match between mental health and Medicaid systems and found that a large number of mental health

patients do not have health insurance. Additionally, a majority of those without health insurance are eligible for Medicaid but are unaware of it.

Ihsan said that the Mental Health Division recently worked with the Criminal Justice System to cross match data with the jail system in Washoe County. With only one year of data, it was found that about 20% of the Washoe County jail population was mentally ill. In northern Nevada, jails and hospitals were being used interchangeably. They found that law enforcement officials were spending approximately 10% of their time dealing with mentally ill individuals who are behaving improperly in some situations, and when they take them to the hospital, even more time is spent on discussions if the individual poses a safety risk to themselves or the community or if they should be put into the jail system. The mental health court, when it intervened, was able to reduce the period of incarceration or days of admission by providing the proper medication and medical care that would keep the individual out of the jails and out of the mental health system. There are only three mental health courts in the state.

Tami Jo McKnight added that a part of the special report, still in the draft stage, covers co-occurring substance abuse/mental health discharges in the jail system. The co-occurring population is being released with enough medication for 2 weeks only. Some have never been assessed for Medicaid eligibility; some were Medicaid clients before their incarceration but have not been reconnected before release; and either way there is a period of time before they can get absorbed into the mental health system. They often relapse and end up in the jail system again. Wei said that of the repeat offenders, 75% had mental illnesses; with 50% being schizophrenic and 25% bipolar disorder. 1 in 5 had substance abuse issues. Tami added that, based on the findings of the Committee on Co-occurring Disorders, she had been tasked with developing a strategic plan to focus on the strain the co-occurring disorders are putting on the existing systems.

John Johansen said that the more resources you give to a problem, the more the data for that problem increases as a result of the resources. He was asked if the drop in arrest rates for impaired driving was due to a drop in occurrences or a drop in resources. John replied that the Nevada Office of Traffic Safety has found that over time, beginning in about 1990, the percentage of impaired driving offenses resulting in fatality that are attributable to alcohol have gone from over 50% , to a 2009 rate of around 30%. Drug involvement climbed from 6% to a high of about 20% by 2003 and 2004, and then fell to about 12% in the same period. At the same time, in Reno, the number of officers dedicated to DUI violations has dropped from 8 to 2.

6. **Update on Strategic Prevention Enhancement Grant (SPE)**

a. Data Warehouse and Reporting System

Chuck indicated in the last meeting that a request was made to SAMHSA to extend the SPE funds to cover the data warehouse and reporting system development beyond the original end-date of the grant. SAMHSA has indicated that it will consider and probably allow us to extend to June 15, 2013. Everything is on track – infrastructure is in place, and they are now working on the web portal, data extension, security, and confidentiality issues. The growing issue, currently, is whether there will be enough IT support provided as we combine agencies and lose staff. A progress report will be produced sometime in August.

b. Five-Year Strategic Prevention Plan

Michael Coop presented a working draft for feedback, as they relate to the epidemiology we are concerned with. Comments were made regarding the Synar Report, the Healthy People 2020 report and the YRBS variables. Michael said the draft will be done by August and if anyone has any further feedback, to please email it to him before the end of July.

7. **Discussion and Approval of Development of an Evidence-Based Workgroup Subcommittee**
Discussion tabled. Charlene will send further information out before the next meeting.

8. **Discussion and Approval of Nevada Youth Assessment Survey**

Wei Yang and Kristen Clements-Nolle explained that the survey is part of a nation-wide redesign and assembling of the survey. The survey covers 6 major areas: intentional or unintentional injuries, such as suicide attempts; tobacco use; alcohol and drug use; sexual behaviors; nutrition/ dietary concerns; and chronic disease such as diabetes. The demographics include age, gender, ethnicity, etc. The survey is given every odd year. It is used to trend data and do nationwide comparisons. The Center for Disease Control and Prevention (CDC) requires that Nevada do a sampling of 30 high schools and 2500 students. UNR would like to expand the survey by adding more questions that will provide Nevada with better data, and expand the age group by extending the survey to include middle schools. They discussed the problem with the school setting for the surveys as they require parental permission. In some school systems the permission is passive, meaning that unless the school receives a notice of parental denial, it is assumed that permission is given. Nevada and Alaska are the only states that require active permission, which entails sending notices home with the student and receiving a signed permission slip from the parent. This is problematic because many parents never receive the permission slip, or if they do, they don't understand what it is. With active permission, the response rate is low. The survey results are more accurate with passive permission because of the increased participation.

9. **Member Update from John Johansen, Impaired Driving Program Manager, Nevada Office of Traffic Safety**

John Johansen shared his background with the members and discussed trends in impaired driving.

10. **Discussion and Approval of Agenda Items for October 10, 2012, Meeting**

After discussion, it was approved to move the date of the next meeting from September 19 to October 10, 2012.

The agenda items suggested were:

- Discussion and approval of development of an evidence-based workgroup subcommittee
- No cost extension status
- Updates on the SPE grant
- Approval of the Strategic Plan, final version
- Demonstration on the Data Dissemination System
- Discussion on YRBS
- Discussion of synthetic drug use
- Information on the CAPT Adverse Childhood Event meeting
- Questions for the BRFSS
- Discussion of the data gaps and how to fill them for the data dissemination system and

data warehouse.

- Suggestions for/ decisions on the subject of the next special report
- Presentation of the progress report for the data warehouse system

11. **Public Comment**

There were no comments

12. **Adjournment**

It was moved by Ron Pierini and seconded by Tami Jo McKnight to adjourn. Motion carried and the meeting adjourned at 12:30 p.m.