State Epidemiological Outcomes Workgroup (SEOW)
September 20, 2017, CT Data Collaborative Offices, Rocky Hill, CT
MEETING MINUTES

Co-Chairs: David Gregorio and Jane Ungemack, UCONN Health

Participants: Susan Bouffard, DMHAS; Anthony Dias, CHA; Alexandra Gorski, UCONN Health; Dawn Grodzki, DMHAS; Mary Lansing, DOC; Carol Meredith, DMHAS**;** Christine Miskell, SERAC; Stephanie Moran, DMHAS; David Rentler, Board of Pardons and Parole; Michelle Riordan-Nold, CT Data Collaborative; Eleni Rodis, DMHAS; Melissa Sienna, DCF; Bonnie Smith, UCONN Health; Jennifer Sussman, UCONN Health.

Via phone: Linda Goodman, Office of Early Childhood; Celeste Jorge, DPH; Anna Sigler, DCP Drug Control Division; Valerie Maignan, DCP Drug Control Division; Sara Wakai, UCONN Health.

	Agenda Item	Discussion	Outcome/Action
I.	Welcome and Introductions (David Gregorio)	In-person attendees and phone participants introduced themselves and were welcomed and the goals of the meeting were discussed. A sign in sheet was circulated for in-person participants.	• A sign in sheet will be available at each meeting to track attendance, and a call-in number will be provided for those who need it. • Goals and objectives will be formulated and revisited over time.
II.	DMHAS Comments and Charge (Carol Meredith)	The SEOW drives DMHAS's planning by interpreting epidemiological data, the compilation of which is facilitated by linkages within the SEOW, to identify prevention priorities. The identification of priorities will lead to the identification of strategies to address priority problems. This process informs strategic allocation of prevention funds.	• DMHAS Prevention Unit will utilize the SEOW prioritization in prevention planning and allocation Block Grant and other dollars.
III.	Presentation of Epidemiological Data (Jane Ungemack)	An electronic copy of the powerpoint presentation, accompanied by epidemiological profile fact sheets for all the prioritization substances, was distributed to members prior to the meeting. The data presentation was preceded by a brief explanation of the prioritization matrix and instructions. The group was instructed to consider magnitude, severity and impact of each substance, as well as changeability (i.e. can we do something to address this particular substance?). The group was also encouraged to think about subpopulations and groups that are most at-risk for problems related to each substance. The question was raised by MS (DCF) as to whether the State budget issues facing Connecticut should be factored in to the prioritization. Since the prioritization is for a point in time, which is the present, the State's financial future should not impact this prioritization process, although it could impact implementation and sustainability of	• SEOW members will utilize the data presented, along with the epi profile fact sheets, in the substance prioritization process.

		identified prevention priorities and activities. For details of the Epidemiological Data presentation, please refer to the presentation powerpoint included with these minutes.	
IV.	Discussion of data and prioritization process	CM (DMHAS) honed in on the slide comparing use of substances according to the CT School Health Survey and the CRS data on substances of greatest concern by age group, asking whether use of specific drugs (consumption data) is consistent with community concern (CT School Health consumption data does align with CRS data). DG (DMHAS) reported that DMHAS continues to struggle with addressing substance use in the 18-25 population, and observed that there was very little data presented on alcohol for that population. JU noted that gap and reminded the group that the data presentation is merely a selection of data and that the epi profile fact sheets contain data for that population. LG (Office of Early Childhood) identified a gap in data on substance use for females of childbearing age. Group agreed that drilling down to subpopulations at greater risk is an important next step in the process. SB (DMHAS) noted that Fentanyl should be added to the prioritization matrix, as it is a growing problem of its own accord, and connected to other substances as well as heroin. The group focused on additional data needed to make prioritization decisions, including data across the lifespan (specifically for adults), legal data for youth (to determine impact). Members expressed the need to pull together data of different types and from different sources (i.e. census data and hospital data) in order to make meaningful decisions based on magnitude, impact, and at-risk populations. Some suggestions were: to overlay mapped census data, Medication Assisted Treatment resources, DEA data, etc. on mapped data from OCME and other sources. AD (CHA) suggested that data that CHA is collecting/utilizing could fill some of the gaps in data for prioritization. JU (UCONN) urged members to apply other data to which their agencies/ organizations may have access, as well as data from their own work, to the data that was presented, in order to make their prioritization decisions. Members identified a significant gap in data on risk factors, but JS (CPES) reminded members to focus on using data to prioritize substances. Once substances are	- CPES will develop a chart comparing consumption and community concern data - CPES will add additional data on 18-25 year old alcohol use to the presentation slides, for future reference. - CPES will look into compiling substance data for women of childbearing age, including pregnant women. - CPES will consider adding Fentanyl to the substances in the prioritization, or allowing room for identification of emerging substances in the prioritization process/tool. - CPES will continue to work with CHA and DPH to fill gaps in hospital data. Formal request process to DPH has been identified and will be initiated. - CPES will continue building mapping capacity and exploring ways to overlay data from multiple sources. - Once the substance prioritization is complete, data on risk factors and populations at-risk will be compiled by CPES for the highest ranked substances. - Look into neighboring states' prioritization efforts and product to determine what's possible, and how CT may align/compare.

		prioritized, the group can move to review data on risk factors. BS (UCONN) shared her experience with prioritization at the community level in comparison to state level, and reiterated the need to look at substances first and then risk factors and other aspects subsequently. The group also suggested focusing on community type (DRG and/or "five Connecticuts") in looking at areas of greatest impact. Organizing data in these ways will be relevant to identifying areas of greatest need, and eventual allocation of resources. CM (DMHAS) clarified for the group that DMHAS is looking to prioritize for all age groups, starting with 12-17 group. DG (UCONN) asked if neighboring states have done a prioritization that the SEOW could consult as a model.	
V.	SEOW Prioritization	The group determined that based on multiple age groups, gaps in data, and insufficient time to review epi profiles, conduct prioritization and discuss, the group will forego prioritization at the meeting and undertake an online process. This approach will also allow those who could not be present to participate, and allow the group to work through and discuss results in a meaningful way. DMHAS prevention staff agreed.	• The prioritization step will occur via completion by members of an online survey tool in Survey Monkey, with follow-up discussion at the December 20 meeting.
VI.	SEOW Next Steps	SEOW members will be asked to complete an online prioritization survey, the results of which will be shared with the group and utilized as basis for discussion and identification of next steps at the December 20 meeting.	• UCONN Health team will develop Survey Monkey tool and send to the group by October 6, 2017.

Meeting Accomplishments

- A strong data framework was laid for the online SEOW prioritization process;
- Prioritization constructs, parameters, and process were determined;
- Data gaps, information needs, and action steps in the prioritization process were identified;
- Additional data sources were identified relevant to risk factors and at-risk populations;
- A rich and fruitful discussion occurred about the considerations that go into a prioritization;
- Meaningful next steps were identified with regard to the SEOW prioritization process.

Next Meetings

- Wednesday, December 20, 2017
- Wednesday, March 21, 2018
- Wednesday, June 20, 2018
- Wednesday, September 19, 2018