

State Epidemiological Outcomes Workgroup (SEOW)
October 19, 2016, CT Data Collaborative Offices, Rocky Hill, CT
MEETING MINUTES

Chair: David Gregorio, UCONN Health

Participants: Manik Ahuja, UCONN Health; Dawn Grodzki, DMHAS; Debora Jones, DCP; Celeste Jorge, DPH; Tyler Kleykamp, OPM; Mary Lansing, DOC; Carol Meredith, DMHAS; Christine Miskell, SERAC; David Rentler, Board of Pardons and Parole; Julie Revaz, CSSD; Michelle Riordan-Nold, CT Data Collaborative; Melissa Sienna, DCF; Xaviel Soto, DCP; Bonnie Smith, UCONN Health; Jennifer Sussman, UCONN Health; Jane Ungemack, UCONN Health; Susan Wolfe, DMHAS; Weihai Zhan, DCF.

Via phone: Linda Goodman, Office of Early Childhood; Mary Lyon, CT Hospital Association; Eleni Rodis, DMHAS; Haley Shoop, CT Youth Services Association; Sara Wakai, Center for Public Health and Health Policy.

MEETING NOTES

	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.	<ul style="list-style-type: none"> • 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.	Update on PFS 2015 Initiative (Carol Meredith and Dawn Grodzki)	<ul style="list-style-type: none"> • Handouts on the PFS 2015 initiative were distributed • 5 of 8 grantees funded, the rest pending • UCONN Health state evaluator • TTASC technical assistance • CPES support (SEOW is part) on data (Rx grant as well) • DMHAS PC to be hired, interviews completed • 10K for local evaluator • 5 hrs/week min youth advocate • SEOW role, to assist in selection and prioritization of data, informing selection of strategies (etc.) 	
III.	Update on CPES Data: Resources and Gaps	<ul style="list-style-type: none"> • Indicator list was described and distributed as a basis for discussion • Rx grant and other DMHAS initiatives will inform and expand the indicator list 	<ul style="list-style-type: none"> • Continue to work with DMHAS initiatives and the SEOW to expand the catalog of

		<ul style="list-style-type: none"> • There is a place for local data, as collected by the PFS 2015, CSCs, RACs, etc. • Focus discussion on a health problem (Rx drugs and opioids) as a first step, as many are already using data to address this and multiple issues • CPES focus on accessing and checking data we know of and identifying additional data, including risk factors. • Risk factors are shared by multiple problems and substances (social determinants, health disparities) • Some agencies are more focused on these elements, rather than substance focused • CPES strategic plan in development 	<p>indicators and connect with state agency and other stakeholders to access data.</p> <ul style="list-style-type: none"> • Engage the group in ongoing data discussions and provide updates on data expansion. • Solicit input on CPES strategic plan once completed.
IV.	<p>Discussion: Defining and Addressing non-medical use of prescription drugs, and the related problem of opioid-related deaths in Connecticut through use of data</p>	<p>The group discussed the CPES indicator lists, organized according to consumption, consequences and risk factor categories, and expanded the list based on their knowledge of and experience with data.</p> <p>Discussion was based on the following question:</p> <p>What data that you work with would be relevant to addressing non-medical use of prescription drugs, and the related problem of opioid-related deaths in Connecticut?</p> <ul style="list-style-type: none"> • Are they consumption, consequence, or risk factor data? • Are these data publicly available? At what level? • Do they identify or illuminate the risks or needs of a specific sub-population? (race, ethnicity, socioeconomic status, culture, sexual orientation, or other characteristics) • What are strengths and limitations of the data? <ul style="list-style-type: none"> ○ Are they complete? ○ What is missing or erroneous in the data you access? ○ Do they go far back enough in time to have meaning or utility? ○ Are they available in a timely enough fashion to be relevant? ○ Are you able to tell the “story” of your population from these data? • Are the data you possess or access meeting the needs of your key stakeholders? • What additional data would be useful to you or your organization in <i>addressing</i> non-medical use of prescription drugs, and the related 	<ul style="list-style-type: none"> • TK (Open Data) meeting w DMHAS re: opioid data. DMHAS opioid data is out for past 3 years. Will send to CPES. • Potential indicators relevant to this problem will continue to be compiled and evaluated based on the criteria presented and established at this meeting. • A complete list of additional data sources and indicators, as well as an updated indicator list based on this discussion will be circulated at the next SEOW meeting.

		<p>problem of opioid-related deaths in Connecticut?</p> <ul style="list-style-type: none"> Several additional indicators and data sources were identified, including: BRFSS 18+ data on Rx misuse and access (coming soon); DCF Quality and Satisfaction survey of children in foster care; School Health Survey (substance use, including non-med use of Rx drugs for kids 13+); Rx use lifetime, compared to DPH data; CMS prescriber data; Medicare part D payor data; DPH birth data (maternal characteristics); parole data (urinalysis, misconduct and violation reports); and others. 	
V.	SEOW Next Steps	<ul style="list-style-type: none"> Rate the data, based on criteria, accessibility, level of detail, etc. Per TK, the Open Data initiative is going through an exercise with DCF CONNECT grant, data integration group, and there is considerable overlap in data. 	<ul style="list-style-type: none"> TK will share that, and then CPES can prioritize according to this group. JU: distribute a list to get dataset information for indicators. Survey in DCF. Send information to JS on specific datasets, who manages, etc. Send follow-up on quality metrics.

Meeting Accomplishments:

- A rich and fruitful discussion occurred of indicators and risk factors related to NMUPD and opioid deaths;
- Indicators and data sources were identified relevant to this problem;
- The CPES indicator list was expanded;
- Co-existing initiatives were identified, with discussion of how they can work together;
- Data access linkages were made between members;
- Meaningful next steps were identified with regard to data linkage.

Proposed Next Meeting: Wednesday, January 25, 2017 10 am – 12 noon, CT
Data Collaborative Offices, Rocky Hill, CT