

# Building an Exchange Between Politics & Science:

## Moving From Barriers to Synergy in Using Data to Enhance Substance Abuse Prevention

Renée Boothroyd and Johanna Birckmayer  
*Pacific Institute for Research and Evaluation (PIRE)*

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## *Context*

# Data-Guided Decision Making

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- Few States monitor substance use and related consequences
  - Lack data infrastructure, systems, other analytical capacities
- Data alone are insufficient
  - Deliberate strategies for synthesizing, translating data
  - Frame data to guide applications by decision makers
- How can we build such data systems to promote an exchange between politics and science?

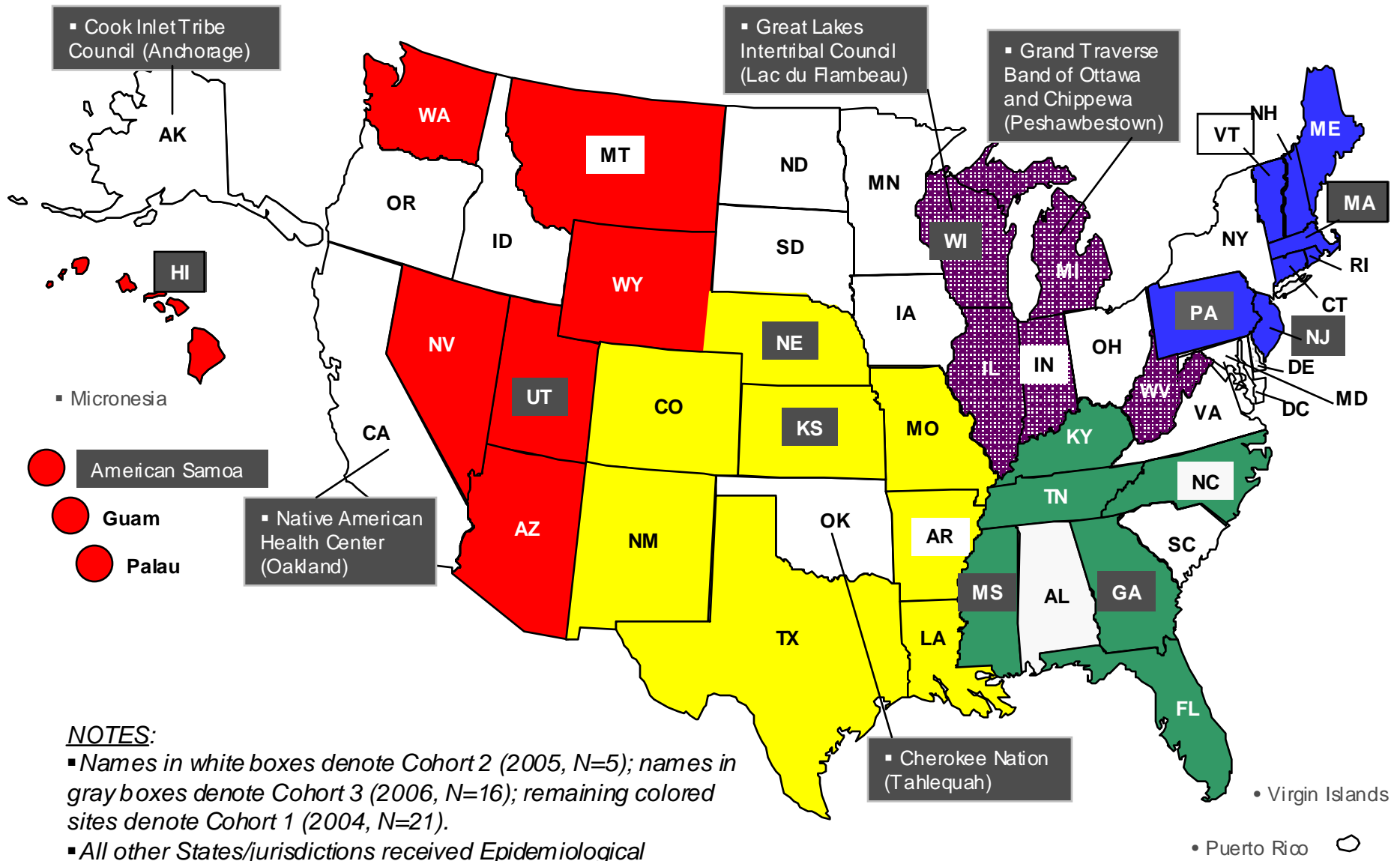
# Epidemiological Workgroups

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- **Funded by SAMHSA/CSAP**
  - **Structural component of Strategic Prevention Framework State Incentive Grants (SPF SIGs) (N=42)**
  - **Since 2006, other States/Jurisdictions/Tribes (N=23) received supportive funding for an epidemiological workgroup**
- **Network of agencies, organizations, and expertise to advance data-guided decisions about substance abuse prevention (i.e., assessment, planning, ongoing monitoring)**

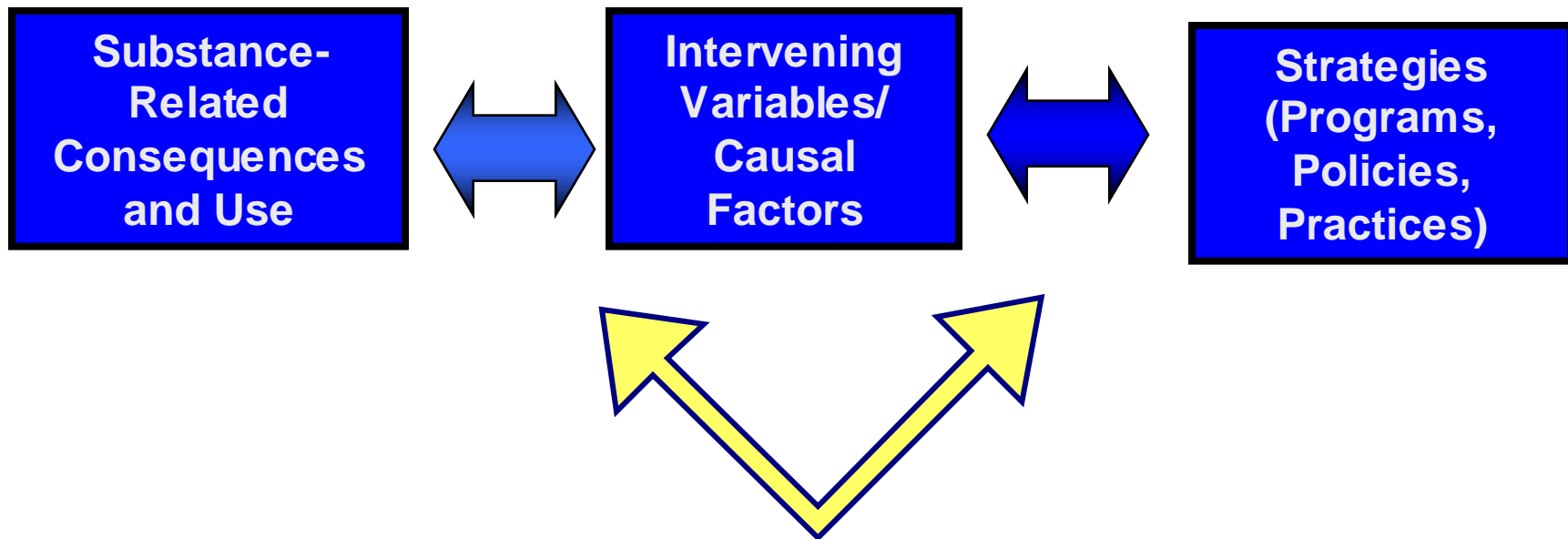


# SPF SIG Grantees, 2007 (N=42)



# Outcome-Based Prevention

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**Aim:** to guide relevant and effective prevention strategies by first understanding the prevalence and patterns of problems and the factors that contribute to them.

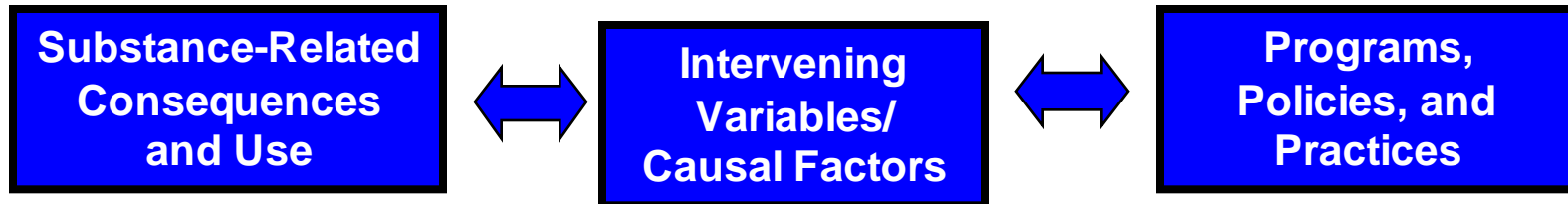
# Epidemiological Workgroups

## Key Tasks/Milestones (initial)

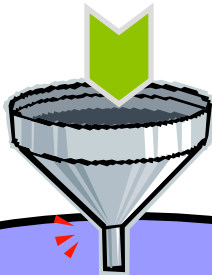
<b>Assess</b>	<b>Develop “State” Epi Workgroup</b>	Workgroup membership, staff, structure, operations, relationships
	<b>Determine data needs</b>	Set of substance use and related consequence data (constructs, indicators, sources) across the lifespan
	<b>Describe epi of alcohol, tobacco, other drugs</b>	State Epidemiological Profile (and other data products)
<b>Plan</b>	<b>Identify priorities, inform State planning *</b>	Recommendations for priorities and other data-guided components of SPF SIG Plan *

**PLEASE NOTE: “State” refers to State, Jurisdictions, Tribes**

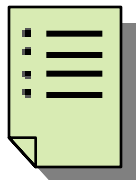
# Data Guided Decisions



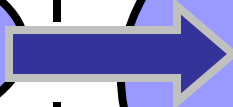
*State Epi Profile* 



Determine **State** Priorities



*State Plan allocates \$ to address them*



**Communities:**  
Implement SPF to assess contributing factors and determine and implement strategies to address priorities

# Assessment: Data Selection (Ex.)

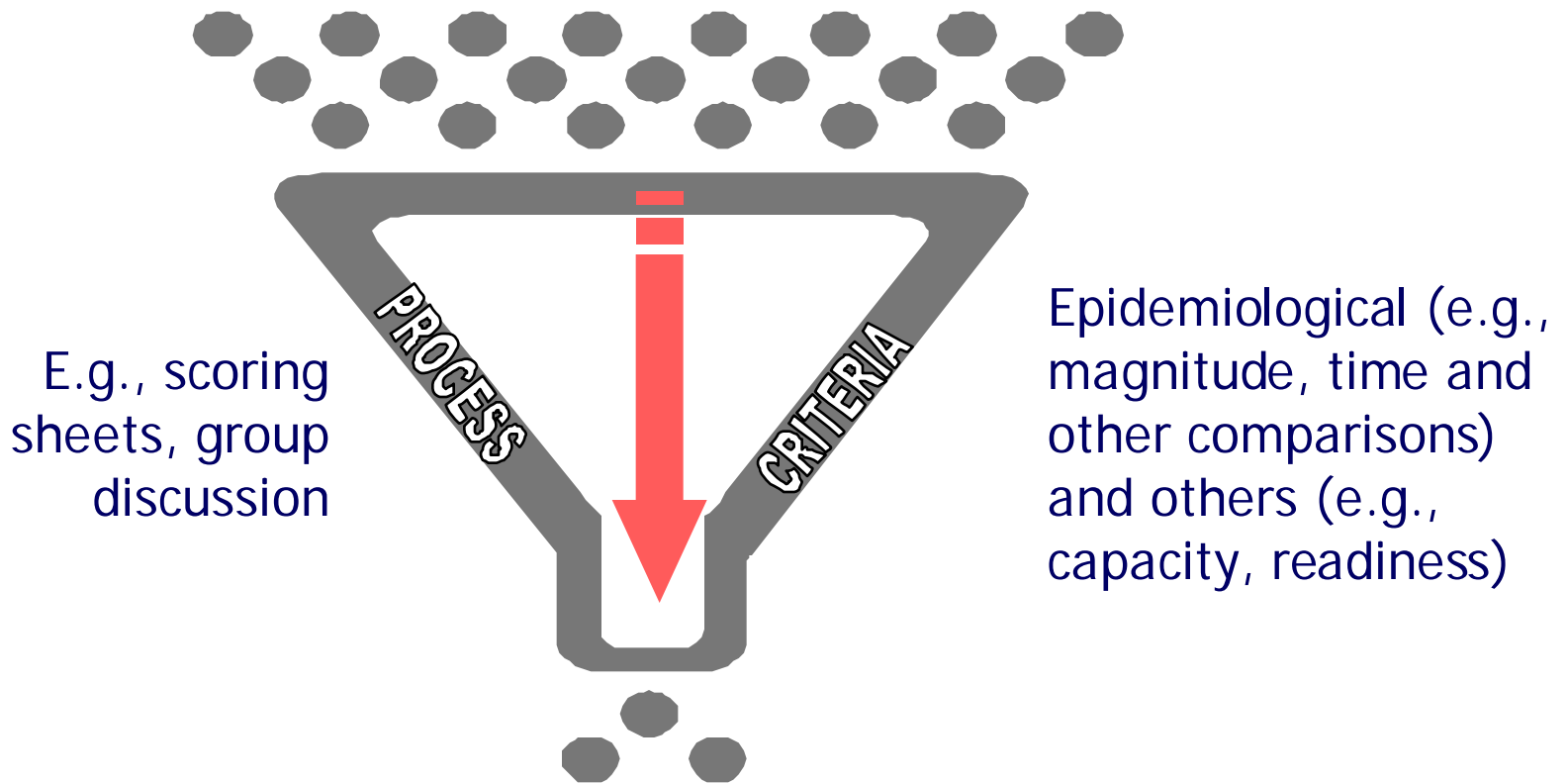
Construct	ALCOHOL	TOBACCO	ILLCIT DRUGS
<b>Mortality</b>	Chronic Liver Disease Suicides Homicides Motor Vehicle Crashes	Lung Cancer COPD CVD	Drug Deaths
<b>Crime</b>	Violent crime rate (reports to police re aggravated and sexual assaults, robberies)		Property Crime Rate (reports to police for larceny, burglary, motor vehicle thefts)
<b>Other</b>	Abuse or dependence		Abuse or dependence
<b>Use</b>	Current (30-day) Use Current (30-day) Binge Drinking Heavy Drinking Early use/age of onset Use Among Pregnant Women Drinking and Driving Total sales of ethanol	Current (30-day) use Daily use Early use/age of onset Use Among Pregnant Women Per capita consumption	Current (30-day) use Lifetime Use Early onset-age of onset

State Epidemiological Data Systems (SEDS), [www.epidcc.samhsa.gov](http://www.epidcc.samhsa.gov)



# Determining Priorities

*What do substance-related consequences and use look like in the State?*



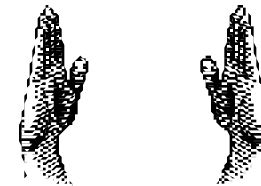
**State substance-related prevention priorities**

# PRIORITIZATION CRITERIA

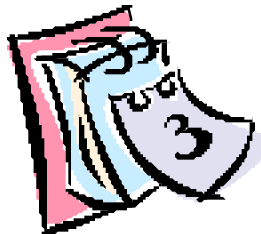
## Epidemiological Dimensions (Ex.)

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✓ Size/Magnitude of the problem



✓ Time trends



✓ Other relative comparisons



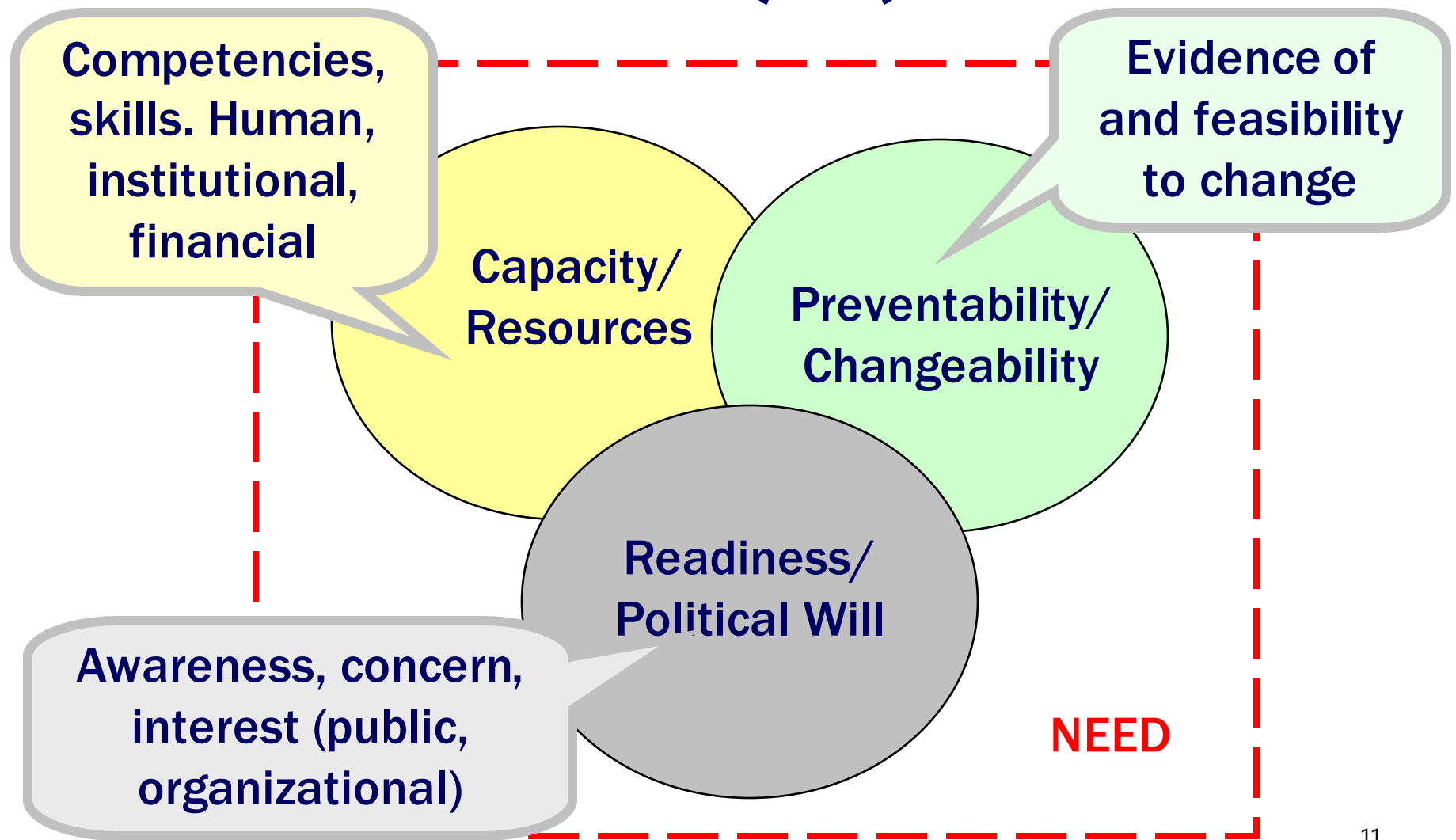
✓ Severity

✓ Economic costs/social impact



# PRIORITIZATION CRITERIA

## Other Dimensions (Ex.)





# **SPF SIG Priority Issues (N=26) (2007)**

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- **Fifteen (17) sites selected alcohol as sole priority**
  - Underage use (any & binge); plus young adult binge; plus adult binge
  - Consumption; Consumption + Consequences
    - Alcohol related crash fatalities, injuries
    - Alcohol related crime
- **Other nine (9) sites selected alcohol AND one or more other substances**
  - Tobacco
  - Inhalants, Marijuana, Methamphetamine, Cocaine, Youth illicit drug use (in general)
  - Non-medical use of prescription drugs



# Data Applications: Planning

<b>Priorities</b>	Priority consequences, consumption patterns
<b>State Planning Model</b>	Approach for allocating funds based on the nature of the problem and changes sought
<b>Resource allocation Indicator (s)</b>	Indicator(s) of the priority(s) so that how you allocate resources is connected to what you want to change
<b>Application process</b>	Method/mechanism for soliciting and distributing funds that applies planning model/resource allocation indicator(s)
<b>Grantees</b>	Number, type, funding range of recipients
<b>Outcome expectations</b>	Anticipated changes in priorities (as well as State capacity to support them)

# DATA APPLICATION

## State Planning Ex.: **Texas**

<b>Priorities</b>	Binge drinking among ages 12-25
<b>State Planning Model</b>	Highest contributors (numbers, cases)
<b>Resource allocation Indicator (s)</b>	Alcohol involved drivers in fatal crashes (proxy) – counties with 50+ cases during 2001-2003; selected those with greatest number among ages 12-25
<b>Application process</b>	RFP (State requirement) open only to seven highest contributor counties
<b>Grantees</b>	11 communities (\$100K–200K per site). Funding formula based on 12-25 population (40%) & resource allocation indicator (60%)
<b>Outcome expectations</b>	Reduce binge drinking and alcohol involved crashes in seven funded counties



# Data-Guided Decision Making

## Some Observations

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- Bridging public health  $\approx$  substance abuse prevention
- Looking across alcohol, tobacco, and illicit drugs
- Guiding prevention with a focus on outcomes
- Framing foundation for a monitoring system and ideas to improve its scope, quality, and relevance
- Building “in-” and “out-of-house” data capacities
- Infusing data into decision making structures (multiple stakeholders)



# Objectives

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- Describe epidemiological workgroup structures and processes for using data to inform State substance abuse prevention decisions,
- Examine the application of parameters for drawing data inferences and informing assessment and planning decisions, and
- Examine realities, challenges, and emergent lessons.