STATEWIDE EPIDEMIOLOGY WORKGROUP (SEW)
MULTIDISCIPLINARY PREVENTION ADVISORY COMMITTEE (MPAC)
COMBINED MEETING
DRAFT MINUTES

DATE: July 16, 2014
TIME: 9:30 a.m.
LOCATION: Truckee Meadows College, Dandini Campus, Reno
Video-Conference: College of Southern Nevada, Cheyenne Campus, Las Vegas

SEW Committee Members Present

Angel Stachnik*	Disease Control Specialist, HSPER-OPHIE
Brad Towle	NSHD- Health Statistics, Planning, Epidemiology, & Response
Dave Caloiaro	Mental Health Chief, DPBH
Ihsan Izzam	NSHD – Office of Epidemiology
John Johansen	Impaired Driving Program Manager, Nevada OTS
Julia Peek*	Office of Public Health Informatics and Epidemiology, HSPER
Kristen Rivas	DCFS, Program Evaluation Unit, Children's Mental Health
Luana Ritch	DPBH – Mental Health
Richard Egan, Proxy for Misty Allen	Office of Suicide Prevention, DPBH
Ron Pierini	Douglas County Sheriff
Sue Meuschke	Nevada Network Against Domestic Violence
Tony Fredrick	Southern Nevada Health District
Wei Yang	Nevada Center for Health Statistics and Informatics, UNR
William Gazza – Committee Chair	Clark County Coroner's Office

MPAC Committee Members Present

Charlotte Andreasen/ Jennifer DeLett-Snyder	Join Together Northern Nevada
Dave Caloiaro	Mental Health Chief, DPBH
John Johansen	Impaired Driving Program Manager, Nevada OTS
Judge Cedric Kerns	Las Vegas Municipal Court, Regional Justice Center
Leslie Marlowe, proxy for Stephanie Asteriadis	Nevada Prevention Resource Center / UNR
Lu Torres	Foundation for Recovery
Rosanne Catron	Deputy Director, Crisis Call Center

SEW Committee Members Absent

Alicia Hansen	Public Member
Pauline Salla	DCFS- JJPO

MPAC Committee Members Absent

Elizabeth Fildes	Director of Clinical Services, Nevada Tobacco Users' Helpline
Monty Williams	Statewide Native American Coalition
Scott Shick – Co-Chair	Chief Juvenile Probation Officer, Douglas County

Others Present

David Frankenberger	Epidemiologist, CASAT
Gwen Taylor	Accept
Kristen Clements-Nolle – Ex-Officio	Epidemiology, UNR / CAPT
Michael Coop – Consultant	Coop Consulting
Michelle Frye-Spray – Ex-Officio	T/TA Specialist, CSAP CAPT West RET, CASAT, UNR
Sandi Larson*	OPHIE
Stephanie Walden	DPBH – Mental Health Statistician
Taylor Lensch	YRBS and School Profiles Coordinator, UNR

SAPTA Staff Present

Bill Kirby	SAPTA Health Program Specialist
Charlene Herst	SAPTA Prevention Team Supervisor
George Goodwin	SAPTA Health Program Specialist
Meg Matta – Recorder	SAPTA Administrative Assistant
Nan Kreher	SAPTA Health Program Specialist

*** Attended Telephonically**

1. **Welcome and Introductions**
   Following 45 minutes of technical difficulties which included a disabled call-in number, the meeting was finally called to order and opened in due form. Quorums for both the SEW and the MPAC were established.

2. **Public Comment**
   Michael Coop commented that he had been in meetings with the SAPTA Prevention team to lay plans to substantially revise Nevada's substance abuse prevention provider plan at the state agency level. Focus will be on indicators that agencies can share, and Nan passed out a list of ideas that were brainstormed. Michael asked everyone to consider what indicators on the list they feel are important, and to suggest any indicator that may be missing. A Doodle notice will be sent out to the SEW, the MPAC, SAPTA and other invitees, to put together a skeleton of a cross-agency strategic plan and process. This meeting will need to happen in September, so there will be a selection of four or five dates offered; the date that has the most available attendees will be the date for the meeting. Michael again asked everyone to read the list of indicators provided by Nan, and to make further suggestions via email to either Charlene Herst or Michael Coop prior to the meeting. So far, the indicators are: underage drinking; binge drinking (age groups 18 to 25 and 18 and under); prescription drug abuse and misuse; driving under the influence (drilling down as deeply as possible in the data bases in the Office of Traffic Safety); suicide for the target populations of military, Native American and LGBTQ as required by SAMHSA, and in the general population including ages 18 to 25; smoking among youth and adults; hospital discharge data for overdoses that do not result in death; use of methamphetamines; use of heroine; psychological and mental health issues (additional input requested); and substance related domestic violence. Additionally, questions that address mental health in the YRBS will be narrowed down and hopefully, UNR will be able to run correlations on those questions that are most closely related to depression, risky behavior, and suicide ideations and attempts. It will be a data driven plan based on this list plus any additional input received.

   Charlene Herst added that when the group looks at the indicators, they will want to focus on those things that run across programs and agencies. The goal is to decide where the agencies fit into the larger plan so that work on a single problem can happen collaboratively. Kristen Rivas said she had been looking at the suggestion of a combined block grant application, with cross-reference to ensure that all the required data is being collected. Gwen Taylor asked if, after the additional work is done, they can look forward to an increase in funding. Charlene answered that the more grants the state can apply for, the better chance to be awarded more funding. Charlene added that any further suggestions should be emailed to Meg Matta or to herself; and it should happen soon – well ahead of the September meeting.

3. **Approval of Meeting Minutes of SEW and MPAC of January 15, 2014**
   Tony Fredrick moved for approval of the SEW minutes, John Johansen seconded the motion and the members of the SEW unanimously approved.

   Judge Kearns moved to approve the MPAC minutes. John Johansen seconded the motion and the MPAC members unanimously approved.

4. **Approval of Evidence Base Workgroup Minutes of September 10, 2013**
   The April minutes had been previously approved and the September minutes required the

group's approval. For the SEW, Luana Ritch moved to approve and was seconded by Richard Egan. The SEW members voted and the motion carried. For the MPAC, Judge Kearns moved to approve, Charlene Herst seconded and the motion carried.
The September 10 minutes for the Evidence Base Workgroup were unanimously approved.

Charlene Herst said that there were some very specific tasks that SAPTA needed to get done before calling the next EBW meeting which, for a myriad of reasons, did not get finished previously. However, before moving on with the EBW, new members have to be added. There are only a few committee members left on the EBW, outside of SAPTA staff, because the rest of the members have either retired or moved to other positions. She wants members from the SEW and from the MPAC, and external members as well who are willing to serve on the workgroup. She did not ask for answers at the meeting, but asked everyone to think about it and have suggestions at the next meeting. An email will be sent to remind everyone to consider the membership.

5. **Suggestions and Approval of Evidence Base Workgroup Policies**
Tabled. An email will be sent out asking for suggestions to discuss at the next meeting, and policies from other states will be provided as examples. A tenitive deadline for input for both policies and members is September 17th.

6. **Presentation and Discussion and Approval of the Transgender Survey**
Tabled.

7. **Presentation and Training on the Adverse Childhood Experience Survey (ACES**)
David Frankenberger introduced himself and presented information on the survey. Beginning with Fetal Alcohol Spectrum Disorder (FASD), he defined the disorders in the spectrum: fetal alcohol syndrome (FAS), alcohol-related neurodevelopment disorder (ARND) and alcohol-related birth defects (ARBD), which are all caused by drinking while pregnant. 40,000 infants are born in the U.S each year with FASD, and the tragedy is that it is 100% preventable. Information from the CDC indicates that 7.6% of pregnant women consume alcohol. This number has decreased over time, but the goal in 2020 is 100% abstention. The concern is that 1.4% of pregnant women report binge drinking, which has increased over time. Factors associated with drinking during pregnancy are age (more older women drink during pregnancy); income (higher income more likely to drink during pregnancy); education (more highly educated women drink during pregnancy); marital status (single women drink more during pregnancy); and employment (more unemployed women drink during pregnancy). Other contributors are drinking habits – those who drink before pregnancy are more likely to drink during pregnancy; and smokers tend to drink during pregnancy. There is also a connection between depression and anxiety and drinking during pregnancy. There is emerging evidence that links physical and sexual abuse and trauma to drinking during pregnancy.

Because of the evidence connecting abuse and trauma to drinking during pregnancy, David continues to examine the connection between that and adverse childhood experiences (ACES). The more adverse experiences a person has during their childhood, the more risky behaviors and adverse health factors are experienced later in life. There is a strong dose-response relationship between risky behaviors and health outcomes and resulting behaviors

associated with early alcohol initiation, alcohol abuse and alcoholism. David went on to discuss the objectives and methods of ACES, and showed how an ACE score of 4 or more increases the odds of drinking during pregnancy by 11.6%. If screening for ACES is implemented, the necessary services need to be provided as well; and there is a question if it is possible to make ACES screening for pregnant women mandatory at a policy level.

David went over the limitations of the study, which were:

- Data is self-reported. David said that while that may not seem as reliable, people will tend to under-report their drinking while pregnant rather than exaggerate it.
- Use of landline telephones only; David explained that in 2010 the BFRSS did not poll on cell phones, so there is a resulting older population in the poll.
- Limited sample size;
- Measurements of covariates. David said if they are reaching an older population, there may be some inaccuracies if they are trying to remember back to when they were pregnant. Measurements that are taken a little more recently after giving birth will be more accurate.
- Cross-sectional studies cannot establish temporality. David said they can suspect that pregnancy happened later than the ACE score, as it is taken before the age of 18; however, it may not necessarily be true.

Tony Frederick asked a question regarding information on income, and David said that because of the older population, the income at the time of their pregnancy did not accurately correlate. He therefore used education as a proxy for socio-economic status. Gwen Taylor asked about the race break-down; it was explained that the diversity in the cross-section was an accurate reflection of Nevada and can be accessed by race if needed, but that the other populations were small enough that for purposes of the final models, it was narrowed down to “white” and “others”. Dave Caloiaro asked if there was a breakdown of types of alcohol. David said the questions were limited to asking how many drinks one had in the month before they were pregnant. If the answer was 30, for example, there was no way to know if it meant one drink a day, or all thirty in one week. Dave Caloiaro mentioned that Mental Health is currently running a huge public service campaign aimed at pregnant women who drink. It’s currently running statewide on radio; it’s in English and in Spanish, and with a positive message of “I choose” not to drink during pregnancy. Charlotte Andreasen asked if there is data or an ACE study on other substances beside alcohol use. Kristin Clements-Nolle responded that in the BRFSS and other data sets, not only in Nevada but other states as well, adverse childhood experience is highly predictive of all adverse behaviors, substance use and outcomes. She offered to send Charlotte the training from a previous year. She added that it is unique that for the most part, researchers have not gone beyond the basic demographics of whether a person drinks and smokes to examine the psycho-social issues. The studies that look at trauma are limited. Nevada’s answers to the questions about drinking before and during pregnancy could not be combined with other states because they aren’t asking the question. John Johansen asked what is available to mitigate the high scores to prevent a carry forward. David responded that the message of “don’t drink while pregnant” is not going to be enough; more services needed to be made available. Kristen added that the message is only beginning to get out across the nation but screening for ACE has been embraced by the pediatric community, which are at a level to intervene earlier. Another emerging area of interest is resiliency – asking the question why when two people have the same high ACE score, one may have good outcomes while the other does not. The

goal is to identify and build resiliency into interventions. There are some school-based interventions for kindergarten and first grade, where they are screening and effective in treating trauma. Michelle Frye-Spray added that there are different levels of intervention. In the state of Washington they are beginning to work on the implementation of ACES-informed policies across agencies. She said it would be a great role for the MPAC to create a white paper or practices across agencies that could eventually become policies. Sue Meuschke asked if there was a correlation between early adverse childhood experiences and current adverse experiences. Kristen said that in the past Nevada has done the domestic violence studies, and it was found that there was a connection between domestic violence or having partner who drinks, and drinking while pregnant. The modules were in different years, however. Kristen finished by asking that the ACES module be included in all the state's data elements because of how it cuts across chronic disease, sexual health, every agency in the state division of Public and Behavioral Health.

8. **Final Approval of the Revised 2012 Clark County Coroner's Report**
Michael Coop presented the latest revised version of the report which incorporated or implemented previous comments from the members. He again provided an overview of the report, explained the massive size of the data and the varying data sets and pointed out various edits and footnotes. A question was asked about whether Washoe County data was included, and Michael answered that this data is not electronically stored. Clark County has had discussions with Washoe County about getting the data moved to an electronic format where it can be accessed; but Washoe County Coroner's Office is small and underfunded and it has not been able to make it available. CASAT has offered to help, and Kristen Clements-Nolle offered her undergraduates to get data entered. Bill Gazza said it was possible that they did not have the space or staffing to accommodate interns; but he had an upcoming meeting scheduled and would open the subject with them again. Kristen said if they are interested and it is feasible, she will send their internship coordinator to discuss it with them.

   Michael Coop will send out a final edit as soon as possible. John Johansen moved to approve the report with the minor edits discussed, and Wei Yang seconded the motion. The motion carried.

   Tony asked if, once the final edit is received, it is OK to distribute to colleagues. The answer was that what they receive next is final and they may distribute.

9. **Discussion and Approval of the Youth Risk Behavior Surveillance System (YRBSS)**
Taylor Lensch, the YRBS and School Health Profiles Coordinator for UNR, presented. Health risk behaviors are often established during childhood and adolescence and extend into adulthood. They are preventable behaviors that contribute to the leading causes of morbidity and mortality. In 2013 the Center for Disease Control (CDC) provided funding for 30 randomly chosen Nevada schools for inclusion in the national YRBS. Of those 30 schools, 20 were in Clark County. The Southern Nevada Health District and their contractor sampled the Clark County schools; and the State Division of Public and Behavioral Health contracted with UNR to sample all remaining school districts plus 52 additional schools. The additional schools were added to allow for regional analysis and to provide stronger regional data. Most Nevada public high schools were represented in this report, and the total sample size was just under 4,000. The CDC weighted their information to represent the state

as a whole, but UNR weighted it by regions to be able to see demographic data. There will be slight differences, therefore, between the reports on the CDC website and the UNR website. Anyone who is interested in studying this further are encouraged to view the UNR study at the following URL:
http://chs.unr.edu/subpages/research/documents/2013NevadaYRBSReportUpdated.pdf

The next steps are to produce a special report of the military status of parents, the 2014 Health Profiles (which is done on off years and centers on policies within the school districts), and the 2015 YRBS for middle schools and high schools. New CDC variables for the survey will be: sexual orientation, sex of sexual contacts, lifetime and current use of electronic vapor products, lifetime synthetic marijuana use (which is prominently used and just behind prescription drug use), ever tested for HIV, oral health care, hours of sleep per night, and grades in school. The CDC added a lot of new questions but also dropped questions which are no longer being used across the United States such as use of tobacco products on school property, and three questions regarding use of diet pills or other weight loss strategies.

Nan Kreher asked about the inclusion on questions on oral health care. Kristen said that in Nevada there is a problem with access to dental care and she was happy to see the question there, but she does not know the reasons the CDC had for adding it to the core questions. Kristin Rivas asked if there were any questions on school based health centers and student access to them. Kristen Clements-Nolle said she didn't recall that question in the School Health Profiles, but said it would be an interesting question. Kristen Rivas added that the Governor's Health Council has a subcommittee that is working on school based health centers, and the two will exchange further information. Wei Yang said that that was a question that should be aimed at teachers and administration. He said that chronic disease questions to the youth yield unreliable answers. They can say if they drink or smoke, but are not sure if they have asthma or diabetes.

Kristen Clements-Nolle said that the CDC provides funding to sample the CDC selected schools only. Most of the research is funded by SAPTA and other programs in Public and Behavioral Health. They are still waiting for funding for the middle school YRBS. The big push is to get participation up so that they can get weighted data, and that will depend on getting school districts to approve passive permission rather than requiring active permission of the parents. Active permission requires more work by administration and teachers, and yields a lower response. Sandi Larson said that the schools that were passive permission were in the 70% to 80% average response rate, while schools on active permission were as low as 15% response rate and averaged 40%. In order to move forward with this issue, Nevada Public and Behavioral Health has put forth a bill draft (BDR) to implement state wide passive permission. It will be up for discussion in the 2015 legislative session and if passed, will not go into effect until the 2017 YRBS. The bill is written to cover all school district approved, anonymous surveys. There will be no way to connect student information to the answers. Theoretically, if the coalitions wanted to do a survey with school district approval, they could use passive permission as well. Kristen asked anyone who has connections in Clark County School District, or any other district that is still on active permission, to share this report and show them what they are missing out on by being on active permission.

10. **Discussion and Approval of the Behavioral Risk Factor Surveillance System (BRFSS)**
Brad Towle said that the 2013 data set is now complete; it has been distributed to the states but it is not on the public download site yet. There were about 5,200 completed and about 25% was through cell phones which tends increase representation of younger people. The 2014 data is on schedule, about 48% complete, and cell phone data was increased to 30%. Because of the cutback in funding, there will only be 3,300 responses. The Annual Report is being reformatted to make it more internet friendly, and the 2012 Report should be posted within a month. Charlene Herst asked about state-added questions for the 2015 survey, and Brad replied that he is currently collecting suggestions and will have a data users meeting in August to determine what questions to add. Washoe County and Southern Nevada Health District usually contribute, as well as Tobacco and Emergency Response. He mentioned the ACES module, the Mental Health module to add, the Axis in Health Care, plus sexual orientation questions. He said it is difficult to determine how many questions they can ask because of the funding issues – the funding for 2014 has not come through yet, and they were cut 56%. They need to know what they have to work with to plan ahead for 2015. Wei said the majority of the report is not from the CDC core but from the additional modules. The number of questions that can be asked is not as restrictive as the YRBS, but it is a matter of practicality. Brad has found that they get better response on cell phone. If they can catch someone on cell phone wearing a blue tooth, they can keep them engaged longer.

11. **Discussion and Approval of Agenda Items for SEW and MPAC Meetings of October 15, 2014**
    - New members for the Evidence Base Workgroup
    - Suggestions and p approval of EBW policy
    - New members to SEW to include more agencies
    - New members to MPAC to include more agencies
    - Update on new data in the 2013 Clark County Coroner's Report
    - Transgender Report
    - Updates on YRBS and BRFSS
    - MPAC election of new Chair
    - MPAC approval of By-Laws
    - Important 2015 Legislative session bill drafts

    Also, as action items, emails will go out asking for review and additional comments on the indicator list, thoughts and suggestions for EBW policy, and suggestions for new members. Responses for these emails must be received by September 17.

12. **Discussion on the Outcome of the Center for Substance Abuse Prevention Site Visit**
Charlene Herst reported that in February, SAMHSA's Center for Substance Abuse Prevention (CSAP) visited SAPTA to provide technical assistance and training. Prior to their visit, they were sent an abundance of documents such as policies and procedures, by-laws and minutes for SEW and MPAC, and the strategic plan. They were well informed before coming to the agency, where they spent a week further delving deeply into the SAPTA programs. They met with other agencies, community folks and coalitions to assess the breadth and quality of SAPTA's external interactions. The site visit was focused on Substance Abuse Prevention and Treatment Block Grant; but also on SAPTA's other relationships, regardless of the funding source. A part of the Block Grant is Synar, which is

compliance with Tobacco. The visit went very well, and the many questions and suggestions were helpful. One recommendation that was touched on earlier in this meeting is for SAPTA to enhance the strategic plan to focus on outcome more than process. The goals, objectives and strategies should be measurable not only within our agency, but with those we work with as well. SAPTA's partnerships need to be true partnerships.

CSAP recommended that along with the strategic plan, there needs to be an implementation plan. There also needs to be a sustainability plan at the local and the statewide levels so that if funding were cut, for example, the statistics could continue to improve or at least stay level over time; or if issues change, a method of transition has been developed. The third recommendation was to have a plan for workforce development, to build the professionalism of our preventionists, whether they are substance abuse preventionists, or for chronic disease, maternal and child health, or elsewhere at the community level. The fourth recommendation was for an evaluation plan. The Partnership for Success Grant has enabled the hiring of a national evaluator. One of the tasks the national evaluator will be expected to provide is evaluation training to the agencies represented in the SEW and MPAC, the coalitions, and to other agencies in the state. There will be many training opportunities over the 5 year duration which will focus on evaluating processes as well as outcomes, and equip agencies to accurately sustain internal evaluation processes at the program or outreach level. Charlene said that she doesn't know of a funding agency that doesn't ask for evaluations, so it will be a benefit to everyone to know the process and be able to train their own staff evaluator. The final recommendation was for SAPTA to evaluate their own performance as well as the performance of our subrecipients, and to base our funding decisions on performance. That is a long term goal, but there are incremental steps that can be taken.

Michelle Frye-Spray offered that there is a lot of implementation science now on capacity building; there are teams of people meeting regularly to look at ways to improve the quality of implementation. She suggested that could be a way to work on sustainability planning.

13. **Public Comment**
Charlene Herst announced that Nan Kreher is retiring, and her last day is August 1. Then she announced that she also is retiring, and her last day will be October 10. There is a lot of work to do before that happens. Bill Gazza extended congratulations on behalf of the members, and expressed his sadness to see Nan and Charlene leaving; they have kept everyone else going and they will be greatly missed.

14. **Adjournment**
The meeting was adjourned in due form at 11:20 p.m.