Using Epidemiological Data for Prevention of Substance Abuse and Mental Disorders

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SAMHSA’s Center for the Application of Prevention Technologies (CAPT) and State Epidemiological Outcomes Workgroup (SEOW) Contracts

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Primary Audience

Epidemiologists and evaluators from states, tribes, and jurisdictions receiving:

• Strategic Prevention Framework State/Tribal Incentive Grants,
• Partnerships for Success grants, or
• State Epidemiological Outcomes Workgroup sub-contracts.
Objectives

• Explain the importance of collaborating across sectors to address substance abuse and mental disorders

• Present an epidemiological framework (based on SAMHSA’s Strategic Prevention Framework) to identify and address key indicators
Objectives (cont’d.)

• Provide an overview of shared risk and protective (R/P) factors, their domains, and data availability/gaps

• Demonstrate use of shared risk and protective factors in prevention planning
Presenters

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Webinar Overview

• The Importance of Behavioral Health
• Understanding the Epidemiological Framework
• Exploring Shared Risk and Protective Factors
• Using Behavioral Health Indicators
• Next Steps
Behavioral Health

Why broaden our scope?
Behavioral Health

• “A state of mental/emotional being and/or choices and actions that affect wellness”¹

• Service systems encompassing the promotion of emotional health, the prevention of mental and substance use disorders, substance use, and related problems, treatments and services for mental and substance use disorders, and recovery support¹

Behavioral Health Disorders

- Substance abuse or misuse, alcohol and drug addiction, serious psychological distress, suicide, and mental and substance use disorders

Behavioral Health Disorders: Facts

• By 2020, behavioral health disorders will surpass all physical diseases as a major cause of disability worldwide.¹

• In 2008, an estimated 9.8 million adults in the U.S. had a serious mental illness.¹

• In 2009, the annual total estimated societal cost of substance abuse in the United States was $510.8 billion.¹

• Approximately 8.9 billion dollars are spent on the treatment of child and adolescent mental health conditions annually.²

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Rationale: Why Look at Both?

• Co-occurrence is common.
  • Approximately 8.7 million adults have both substance abuse and mental health disorders at the same time.\(^3\)
  • The severity of emotional and behavioral problems among adolescents is associated with increased likelihood of substance use.

• Resources are limited.
  • There is a need for collaborative and cost-effective prevention efforts.
  • Addressing shared risk and protective factors can reduce or prevent multiple negative outcomes.

Poll (check all that apply)

Are the substance abuse and mental health agencies/divisions in your state/tribe/jurisdiction:

- Combined/merged?
- Separate?
- Collaborating with each other?
SAMHSA Strategic Initiatives (SSIs)

1. Prevention of Substance Abuse and Mental Illness
2. Trauma and Justice
3. Military Families
4. Recovery Support
5. Health Reform
6. Health Information Technology
7. Data, Outcomes, and Quality
8. Public Awareness and Support
“Creating communities where individuals, families, schools, faith-based organizations, and workplaces take action to promote emotional health and reduce the likelihood of mental illness, substance abuse including tobacco, and suicide.”¹

Center for Substance Abuse Prevention (CSAP) Priorities

- Address SSI1, keeping the primary focus on substance abuse prevention
- Promote data-driven decision-making using the existing Strategic Prevention Framework
- Broaden scope of epidemiological workgroup core tasks and products to include risk and protective factors that impact both substance abuse and mental disorders
CSAP’s Response: Behavioral Health Indicators Workgroup (BHIW)

- Group of key CSAP/SAMHSA staff and contractors
- Purpose/tasks
  - Assist states/tribes/jurisdictions (S/T/Js) in addressing SSI 1
  - Enhance existing epidemiological framework, resources, and tools given CSAP’s scope of work
  - Identify appropriate national, state, and community-level indicators for use in planning/products (i.e. epidemiological profiles, fact sheets)
Epidemiological Framework

*How do behavioral health indicators fit with our current models?*
Using the Existing Framework: What We Know

- S/T/Js implementing model since 2004/05
- Created useful products, tools, and trainings for decision makers, stakeholders and communities
- Trained communities on use of substance abuse indicators for prevention planning
- S/T/Js used risk/protective factors to select strategies that impact problem outcomes
Epidemiological Framework

Substance Abuse Problems

Mental Health Problems

SA + MH

Risk/Protective Factors

Shared Risk/Protective Factors

BHIW Focus

Risk/Protective Factors
What Do We Mean by ‘Shared’?

- Defined as predictors that relate to and/or influence the occurrence of both substance abuse and mental disorders
  - Focus on factors across life-span
Example of Shared Risk Factor

Shared Risk Factor

Family Disruption

Heavy Alcohol Use

Depression

BHIW Focus

S/T/J Epidemiology Focus

Substance Abuse Problem Mental Disorder
Shared Factors

*Which factors are associated with multiple outcomes measures?*
Behavioral Health Indicators
Workgroup Process

1. Identify behavioral health constructs
2. Search literature for shared risk and protective factors
3. Identify indicators and their sources
4. Obtain input from the field
5. Disseminate indicator data and tools

Obtain input from the field
Disseminate indicator data and tools
Ecological Model

- Individual
- Relationship
- Community
- Societal
### Shared Risk Factors: Examples

<table>
<thead>
<tr>
<th>Ecological Level</th>
<th>Shared Risk Factors</th>
<th>Data Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Society</td>
<td>• Prejudice/discrimination • Lack of cultural identify</td>
<td>• State or community surveys</td>
</tr>
<tr>
<td>Community</td>
<td>• Chronic community stress • Problems/difficulties in school</td>
<td>• Uniform Crime Reports • School records • National Survey of Children’s Health (NSCH)</td>
</tr>
<tr>
<td>Relationship</td>
<td>• Parental substance use • Child abuse/maltreatment (ACEs handout)</td>
<td>• National Survey on Drug Use and Health (NSDUH) • Monitoring the Future (MTF)</td>
</tr>
<tr>
<td>Individual</td>
<td>• Illness/poor physical health • Poor social/problem solving skills</td>
<td>• Behavioral Risk Factor Surveillance System (BRFSS) • NSDUH, MTF</td>
</tr>
</tbody>
</table>


Adverse Childhood Experiences
## Shared Protective Factors: Examples

<table>
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<th>Ecological Level</th>
<th>Shared Protective Factors</th>
<th>Data Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Society</strong></td>
<td>• Culture</td>
<td>• Surveys</td>
</tr>
<tr>
<td><strong>Community</strong></td>
<td>• Participation in social activities (clubs, school or community sports)</td>
<td>• NSCH, Youth Risk Behavior Survey (YRBS)</td>
</tr>
<tr>
<td><strong>Relationship</strong></td>
<td>• Parental support and bonding • Access to mentors</td>
<td>• NSCH • NSCH, YRBS</td>
</tr>
<tr>
<td><strong>Individual</strong></td>
<td>• Religiosity/spirituality • Stable housing</td>
<td>• NSCH, NSDUH • U.S. Census</td>
</tr>
</tbody>
</table>
Considerations and Caveats

• The relationship between factors and outcomes may be mediated by other factors

• Mental disorders are risk factors for substance abuse and vice versa
Considerations and Caveats

• Risk factors and protective factors tend to cluster

• Risk factors and protective factors can have a cumulative effect
Using Indicator Data in Products/Planning

How can shared factors be incorporated into key products and data-driven planning?
Assessment, Prioritization, and Allocation

• Use shared risk factors to determine high-need communities/populations
• Collaborate across sectors to enhance the development and implementation of prevention strategies appropriate for communities/populations with a multitude of problems
Dissemination

• Use shared risk and protective factors to demonstrate the relationship between substance abuse and mental disorders
• Mobilize cross-sector support for prevention efforts using shared factors
Minnesota Students Reporting Current Alcohol Use or Feelings of Hopelessness by History of Physical Abuse, 2010 Minnesota Student Survey

- Any past 30 day alcohol use:
  - Ever physically abused by adult in household: 30.1%
  - Never physically abused by adult in household: 18.6%

- Extremely or quite discouraged or hopeless during past 30 days:
  - Ever physically abused by adult in household: 35.4%
  - Never physically abused by adult in household: 9.4%
Minnesota Students Reporting Current Alcohol Use or Feelings of Hopelessness by Ability to Talk with Mother About Problems, 2010 Minnesota Student Survey

- Can talk to mother most or some of time about problems:
  - 17.7% able to talk
  - 9.2% not able to talk

- Cannot talk to mother very often or at all about problems:
  - 30.1% any past 30 day alcohol use
  - 26.6% extremely or quite discouraged or hopeless during past 30 days
Chart 1: Binge Drinking by Selected Resiliency Factors, Grades 9-12, 2011

Students were least likely to be binge drinkers if they said "Very much true to"

- In my home, a parent or other adult is interested in my school work
- My family has clear rules and standards for my behavior
- At my school, a teacher or other adult believes I will be a success
- In my school, there are clear rules about what students can and cannot do
- At school I am involved in sports, clubs, or other extra-curricular activities
- I plan to go to college or some other school after high school

Resiliency Factor Question

- In my home, a parent or other adult is interested in my school work
  - Very much true
  - A Little or Pretty much true
  - Not true at all
  - Percent (%) who were binge drinkers

- My family has clear rules and standards for my behavior
- At my school, a teacher or other adult believes I will be a success
- In my school, there are clear rules about what students can and cannot do
- At school I am involved in sports, clubs, or other extra-curricular activities
- Outside my home and school, there is an adult I trust
- Outside home and school, I am a part of group activities
- I plan to go to college or some other school after high school
- I have a friend about my own age who really cares about me

Legend for all protective factors

- Very much true
- A Little or Pretty much true
- Not true at all

* Had 5 or more drinks on a single occasion (i.e., in a row or within a couple of hours) at least once in the past 30 days

Substance Abuse Epidemiology Program, New Mexico Department of Health. New Mexico Substance Abuse Epidemiology Profile. August, 2012. Obtained upon request from the SEOW Contract.
Poll (check all that apply)

Has your epidemiological workgroup:

- Incorporated shared R/P factors into your profiles and products?
- Incorporated shared R/P factors into prevention planning?
- Assessed shared R/P factors data/resources for future incorporation?
- Decided not to incorporate shared R/P factors at this time?
Chat

If you have incorporated behavioral health indicators into data products or planning, tell us how in the chat box.
Resources and Next Steps

What behavioral health resources and T/TA would be helpful to you?
Behavioral Health Indicator Workgroup: Key Products

• BHIW Overview Document

• Webinars
  – Using Risk/Protective factors for Planning (July 13, 2011) [http://www.state-epi.org/audioconf.htm](http://www.state-epi.org/audioconf.htm)
  – NPN 2012 “A Framework for Using Epidemiological Data to Support Substance Abuse Prevention and Mental Health Promotion

• Resources on Shared R/P Factors
  – List of shared R/P factors and domains
  – Domain-specific summaries
Behavioral Health Indicator System

• Interactive, web-based data and monitoring system
• Provides outcomes data for epidemiological workgroups to use in prevention planning and monitoring
• Downloadable graphs for key substance abuse indicators

(See Handout #6 for additional information)
Next Steps

• Continue to seek input from national experts and S/T/Js

• Continue to identify shared risk/protective factors and indicator data for dissemination

• Calculate effect sizes from research articles to assess strength of association

• Create and disseminate tools to assist S/T/Js in using shared risk/protective factors in their products and prevention planning
Poll (check all that apply)

What types of training and technical assistance (T/TA) and/or resources would best support efforts to incorporate shared risk/protective factors:

- T/TA on incorporating shared factors into data products (i.e. epidemiological profiles, fact sheets)
- T/TA on using shared factors in planning
- Additional handouts on shared factor domains
- Other (please use chat box to describe)
Discussion
Contact Information

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