



Evaluation and Data Committee: Thursday, December 3, 2020 9:30 a.m. – 11:00 a.m.

Committee Members in Attendance: Chris Sorvari, Elissa Adair, Grace Bullock, Jill Baker, John Seeley, Jon Rochelle, Joseph Stepanenko, Karen Cellarius, Sarah Spafford, Shanda Hochstetler, Roger Brubaker

Committee not Members in Attendance: Debra Darmata, Sandy Bumpus, Spencer Delbridge

Staff: Annette Marcus, Jennifer Fraga, Kris Bifulco

Guests: Gordon Clay, Kara Boulahanis, Laura Rose Misaras, Maude Elovitz, Meghan Crane, Michelle Bangen, Robyn Ellis, Xun Shen

Please join my meeting from your computer, tablet or smartphone.

<https://www.gotomeet.me/AnnetteMarcus/data-and-evaluation-alliance>

You can also dial in using your phone.

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Focus of the Data and Evaluation Committee: Advising and supporting the process of developing the next YSIPP.



Time	Topic	How	Notes / Attachments
9:30	Welcome, Announcements, Consent Agenda	<ul style="list-style-type: none"> October meeting minutes <p>Table items that have not been resolved</p>	Consent agenda approved.
9:40	October Action Items Check-In John Seeley, Annette Marcus	Previous Action Items: -Status of Letter to OHA regarding data recommendations from Alliance -OHA Presentation -TOC Letters will be sent to this committee -Committee Chair	See attached written report on the status of action items. John asked about by-laws and the process for electing a chair – co-chair for committees. Motion: Roger Brubaker volunteered to serve as a co-chair for this committee. John put forward a motion to have both Roger and John named as the co-chairs for this committee. Joseph Stepanenko seconded this motion. Vote: All were in favor, no nays. This motion passed. Roger Brubaker is now co-chair to the Data & Evaluation Committee with John Seeley.
9:40	OHA Data Presentation Meghan Crane Chris Sorvari	-OHA is planning on distributing a “menu” of the suicide data we have -Walkthrough of a graph for each measure (using our dashboards)	Today’s objectives -Shared understanding of some available public health data around SP. What won’t be included is Medicaid / other utilization data.

	<p>Xun Shen</p>	<p>so that everyone becomes familiar with how to access and interpret the data</p>	<p>-Knowledge on where to find the data and who to reach out to for TA</p> <p>-Examples of how this data have our could inform the YSIPP</p> <p>When looking at demographic statistics, Kris asked, “are bisexual / non-monosexual students grouped in with lesbian and gay students?”</p> <p>Jill let Kris know that they can find additional information on the OHT webpage here.</p> <p>Meghan thinks that bisexual is its own category.</p> <p>Kris said, “Good, bisexual/non-monosexual should be in its own category. I was just wondering why it wasn't represented in this document.”</p> <p>Jill reminded the group that not all schools or school districts participate in the Oregon Healthy Teens survey. So, keep that in mind when using this data by county.</p> <p>YSIPP Strategic Direction 1: -Chris question: What information in measures 1-9 have you used to inform the YSIPP and what could you use to inform the YSIPP? How could these measures inform the YSIPP going forward?</p>
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-Karen says that this could inform any interactions with schools like content or curriculum, safety measures in schools.

-YSIPP 1.0 wasn't sector based so there was no information directly mentioned in the plans. But UO Lab is working to have YSIPP 2.0 divided into sectors so this will be better reflected in the updated plan.

-Karen said that it would be interesting to add questions about feeling safe or threatened in schools.

-Meghan said that she only included measures that specifically called out suicide so all measures are not listed on the document we are reviewing.

-Student health survey is brand new

-Karen asked if we could have access to deidentified records for analysis. Chris said she didn't think this would be possible.

-Karen proposed that we have the most recent Oregon Healthy Teens Survey report on a future agenda and review the one that comes out after that to see how the data relates to suicide prevention. (Maybe we can have a standing agenda item to discuss one data report per meeting, starting with the most recent healthy teens survey (How generalizable is it, possible

uses, what it tells us about suicide prevention, what prevention activities could impact risk areas identified by the data, whether raw data is available for further analysis)

-Potential next step-what are missing data we want?

Student Health Survey Report can be found on the OHA website [here](#). You can also sign up to receive the new report when it comes out on this webpage as well.

Elissa asked if we know if, “there is a correlation between youth self-reported suicide ideation and youth suicide rates?”

Michelle thinks it is important to have questions around connectedness and having an adult who cares about them at school as protective factors.

Meghan said, “I encourage folks to look at the questionnaires for the Student Health Survey including safety, wellness, social determinants of health, etc.”

Meghan let the group know that they do have a Gender identify/sexual orientation in the SHS: How do you identify? (You can choose more than one answer).A. Female B. Male C. Transgender/Trans Female D. Transgender/Trans Male E. Gender nonconforming F. Something else fits better

(Specify)G. I am not sure of my gender identity H. I do not know what this question is asking

Gordon shared that, “Past pride surveys had a lot of data on bullying by group. Be careful that you can't do a year-to-year trend, only every other year. The questions in SHS for suicidality are basically the same as past surveys. Also, the included 6th grade every other year, not every year. The student health survey is only every other year.”

Elissa said that, “A key point is that we do not yet know from current data if suicide rates and suicide ideation are rising due to COVID. Reporting as percentage of visits is important because COVID restrictions have impacted count.”

Jill let the group know that, “The 2020 report will be released late Jan or Feb 2021, depending on CDC data release.”

-YSIPP Strategic Direction 2 and 3 were combined
-Measures listed here are where reports are coming from.

-Monthly reports with weekly data for emergency departments and urgent care centers. Chris reviewed an Essence report to orient us to what is included.

-Essence data cannot be used for any research purposes just public health uses

-Chris questions: what measures have informed YSIPP and what could inform YSIPP?

-Karen thinks it would be useful to ID data points that we do have a regularly analyzed that are impacted by the YSIPP and use this to track changes over time

-With sector breakouts in the YSIPP, have people from those sectors participate in adding ideas and measures to the YSIPP

-How are people using this data? Roger provided the following examples:

OHT Data: look at it each time it comes out for their county and uses it to tailor their QPR Trainings.

Cluster of suicides in the county: utilized ESSENCE Data to do real time assessment of attempts occurring and landing folks in the ED.

-Elissa discussed Lines for Life Crisis Lines: Call volume changes a lot based on how widely the crisis line is advertised. Doesn't take into account repeat calls. There are many reasons why, as a surveillance tool for understanding anxiety or depression, it is not a great source. There are other data sets, like a

household survey conducted by Census, that is used to get baseline rates. Have not seen any significant spikes. Historically, there have been noticeable spikes, for example after Robin Williams suicide. these are things they look at. As for acuity levels, Elissa does not foresee reporting on acuity levels. 98% of calls are handled without a rescue.

-Annette talked about 988 starting and that Lines for Life expects a huge spike in call volume. Thinking about this, we should keep this in mind for this committee.

-Elissa said that some cellphone carriers have already started using 988, like T-Mobile, so the national suicide prevention line is already receiving their calls. This number has not been advertised so there hasn't been a spike in calls at this time.

-Chris encouraged the group to look at data easily accessible as there is so much out there and it is easy to get buried in all of it

-Jill asked, "could Measure 18 available more regularly than annually? Or is it just that way because its listed in the YSIPP annual report?" Meghan said, "Traditionally it has been yearly to report in the YSIPP Annual Report. We can follow-up with Dagan about that."

-Joseph asked, “Does OHA know which means y/ya used in attempting suicide. Other than firearms. Such as trends in substances.” Meghan said to look in the YSIPP annual report found [here](#).

-Jill asked, “Can ESSENCE data differentiate between suicide attempts vs ideation for emergency departments and urgent care centers?” Meghan said, “Jill, the short answer is yes, although it is a more complicated answer! Counties can run the different ESSENCE reports. OHA is working on validating the difference data pulls. While the suicide attempt data pull has not been validated, counties can pull the data and review the definition table to understand where data limitations may be. The county ESSENCE user has access to this definition table to pull this data. As already mentioned, ESSENCE data needs to be approved by a project proposal to be publicly utilized.”

- Oregon ESSENCE - Electronic Surveillance System for the Early Notification of Community-Based Epidemics) which is why everyone calls it ESSENCE! You can learn more about ESSENCE [here](#).

-Meghan asked, “Elissa - is the only measurement of where calls originate from area code? I assume that you get many calls in which the person calling lives in Oregon but has an area code from somewhere else?” Elissa said, “Counselors request county when they

can, but there are missing data as anonymity is part of what our service offers. You are correct that we are reporting on folks with an area code from Oregon that no longer live in Oregon.”

-Elissa shared that, “The state of Washington includes the household survey on anxiety depression and both. Those data are [here](#).”

-Oregon Violent Death Related Data dashboard has a lot of rich data but there is some lag time to this so it is not as real time

-Kris asked, “Where are undetermined intent deaths captured / tracked?” “The violent death reporting system collects much more information (police report, medical examiner report, etc.) Violent Death Reporting System tries to paint a picture of the circumstances around the death, not just the count. So that risk factors, etc., can be identified. But because of the deeper dive into the records, it takes MUCH longer (a human has to go through and enter what they find in records).” “Kris, unintentional injury deaths are captured through vital statistics [here](#).” The additional level of analysis needed for NVDRS data (circumstances) take additional time which is why there is the lag time. If people are interested in learning more about the NVDRS and by extension the OVDRS as data systems, check out the CDC's Web

Coding Manual and Implementation Manual. All you'll ever want to know and more. Can be found [here](#).

-Elissa shared This is another household survey that is not as recent that can be found [here](#).

-YSIPP Strategic Direction 4

-Jill question: What happens if there is a suicide younger 10, how do we capture this data?

-This data is captured and recorded. Annual report includes this data, under 25 suicide deaths include those under 10. If we compare the Oregon rate to the national rate, they specifically say 10-24 rate. If you want this kind of information, we can include that. For the annual data, we do include deaths under 10. On the dashboard for total number of deaths, under 10 deaths are included. Suicide deaths under 10 are a very low number so data and statistics for this are unreliable due to low numbers. Before 2019, there was 1 in a four-year span. In 2019, there were 3. So, in these data sets, there weren't data in that category. When there are less than 5, you cannot calculate a rate as the numbers are too small.

-Kris "I'm interested in tracking undetermined along with known suicide death rates. there's been concern about seeing suicide rise as leading cause of death for younger age groups, but I've been wondering if that

might be an effect of determination of death (reduced stigma of labeling death a suicide) or if the suicide deaths are rising independently.”

-The hospitalization data for ideation and attempts at younger ages is larger N and a better way to track this issue.

- When Xun gives the data for the YSIPP annual report, he includes under 10-year-old.

-Chris questions: what measures have informed YSIPP and what could inform YSIPP?

-Jill said that it is not super helpful to have a long lag time. She said that if there is a way for an advocacy group like the Alliance to get numbers.

-As we are a state agency, we cannot provide preliminary data which makes the turnaround time for releasing data long. When we publish online data, we have to go through public health communication office. If they give approval, we can then publish the information. OHA cannot publish official data sets online because its preliminary, and changes (due to out of state deaths, toxicology reports, etc.). But there might be the ability to get preliminary (less detailed) information about the picture of suicide in Oregon.

- If people are interested in a near term solution to this lag issue. Check out the OHA vital statistics preliminary death data page [here](#).

-If there is a channel to do preliminary data release with a lot of caveats, this would be helpful for the Alliance. Recognizing that this would be preliminary data and could only go to certain stakeholders to make decisions.

- Xun needs to know what the need of this group is as far as preliminary data.

-Elissa “Would it be helpful to think through some key categories for using data? (1) Needs assessment to help us target or tailor interventions and prioritize; (2) Comparative benchmarking (national, state, regional, county as possible); (2) Public education (as Roger mentioned including slides in QPR); and (4) Evaluation -- are interventions having an impact -- this is hard because we do not know what the rates would be without intervention. I would love some research on message framing around statistics -- what information will be most impactful in motivating community action and changing public attitudes about mental health?”

- [Here](#) is the link to the Secretary of State audit including the OHA response at the end of the report.

			<p>- Also, if you want to include the OHT Survey summary I did during the Dec. 2019 quarterly, I have attached it. It also includes some information on the new Student Health Survey development and engagement process. While the new Student Health Survey has some differences, I think the PP will still be helpful for folks to understand the kind of data that the survey provides. The PP also includes some additional measures that were asked about today. Again, the survey has changed, so some things may not be in the new survey, but all the questions for the survey currently being administered can be found here.</p>
10:40	Discussion / Q&A on OHA Data Presentation	<p>Questions to consider if the core charge of our committee is to determine how we leverage the data available to inform our work. How are we going to do this and make the linkages?</p> <p>What are our strategies for using the data to inform action? Are there certain metrics that should trigger specific actions? How is Zero Suicide and Meghan Crane using the data? Is there action tied to it on a regular basis? Who is responsible for action?</p>	<p>John reminded the group that we were tasked with writing a letter to OHA requesting more timely data releases. He doesn't think we are yet in a position to write a letter requesting this but wants to see what the group thinks.</p> <p>The group was reminded that the letter discussion was around what information is needed and at what frequency. We have reports and there is currently a 2-3 year lag to when data is released. To know what this committee and the Alliance as a whole needs / would be helpful to their work.</p> <p>Annette asked if there is a small group of folks to meet to discuss what could be part of the next agenda. Roger Brubaker, Elissa Adair, John Seeley, Deb Darmata, Jon Rochelle, and Chris Sorvari.</p>

		<p>With the next YSIPP do we want a clearer connect between data and action? Data committee synthesizes and makes recommendations?</p> <p>Does this committee want to consider a request of release of preliminary suicide death data? Discussion of this request and how it would serve our work together?</p> <p>Do we want disaggregated numbers by gender? John is more interested in proximal outcomes that we might be able to impact – hospitalizations due to suicide attempts, access to treatment inpatient and outpatient supports?</p>	<p>Meghan requested that this committee be really specific on what data / data sources they need so the right people are at future meetings.</p> <p>Elissa Adair said that she wants to put a plug in for workforce data, on the behavioral workforce.</p>
10:55	<p>Standing Agenda Items that won't be Reviewed / Discussed during meeting:</p> <p>Data Review</p>	<p>YSIPP 2.0 Update</p> <p>Essence Report</p> <p>HB 3090 Report</p> <p>Discuss how this committee will work to distill data from YSIPP 2.0 input</p>	<p>Not discussed during meeting due to focus on OHA presentation.</p>

	<p>Check-In on Google Sheet Research Tracker</p>	<p>Create survey to be sent out to this Committee with the purpose of finding gaps in available data for the next YSIPP (what is currently available for U of O to use and what needs to be researched). Keep in mind, “what data would be useful in your role in suicide prevention?”</p>	
<p>10:55</p>	<p>Set Next Agenda / Committee Business</p>		<p>- Geraldyn from Health Policy and Analytics will be the person to invite to talk about what medicaid data is/can be available. Geraldyn.BRENNAN@dhsosha.state.or.us</p> <p>Long-ish term goal – create / update SMART Goals for this committee (see below agenda for potential Committee projects and previous Committee SMART Goals for reference)</p>
<p>11:00</p>	<p>Adjourn</p>		



Potential tasks for Data & Eval Committee (brainstorm ideas)

- Catalog a list of data sources.
- Learning collaborative for people working in suicide prevention who are working in data, best practice, gap identification.
- Score Card—assess how we are doing to get aligned with national standards of suicide prevention data. Focus on how to improve this.
- Improving the data literacy and competency of people across the state.
- Build the capacity of the field to be more data driven
- Data coordination—what metrics are most important to collect on a local level and how do we feed these into the larger scheme of things. Review the data dashboard on a routine basis
- Who holds the task of providing data sources and the data dashboard for us to review
- Think tank brain trust for individual research presentations.
- What are the universe of data metrics? How does this connect -- protective and risk factors
- We review the data, understand the strengths and gaps, a forum for learning and supporting each other who are doing in research.

