



Evaluation and Data Committee: Thursday, November 4, 2021 9:30 a.m. – 11:00 a.m.

Committee Members in Attendance: Co-Chair Elissa Adair, Co-Chair Roger Brubaker, Claire Kille, Debra Darmata, Gordon Clay, Holly Zell, John Seeley, Jonathan Rochelle, Karen Cellarius, Sarah Spafford, Shanda Hochstetler

Committee not Members in Attendance: Jill Baker, Kara Boulahanis, Laura Rose Misaras, Michelle Bangen, Rebecca Marshall, Sandy Bumpus, Spencer Delbridge

Staff: Annette Marcus (AOCMHP), Jennifer Fraga (AOCMHP), Kris Bifulco (AOCMHP)

Staff not in Attendance:

Guests: Colleen Cadell, Justin Coleman, Renee Boyd, Tom Peterson, Yasuhiro Tanaka

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, Introductions, Announcements, Consent Agenda	Table items that have not been resolved	<p>Returning members: <i>Put name & organization in the chat.</i> New members: <i>Share name & organization with the group.</i></p> <p>Announcement for December: Housekeeping meeting – small groups to review tracker and talk about what they are working on, add information to the tracker, bring back what they learned to the larger group. Look at workplan – review and update. November Student Health Survey. (Meghan Crane: explain data they are already sending us?) Submit policy recommendations to OHA for long legislative 2023 session by February 2022.</p>
	October Action Items Check-In	Previous Action Items	
9:35	Big View, Review, Preview of Committee Work	<ul style="list-style-type: none"> -Review committee purpose -Last meeting review -Present meeting actions -Tracker check-in -UO Project Check-In 	<p>UO – doctoral dissertation by Richard Thomas that involved partnership between Klamath County, Klamath tribe, and UO lab. Looks at needs assessment (about 300 members), youth survey (96% response rate), and analyzing success of --- Peak and success of research partnerships.</p> <p>Insights – partnership is working. Just had a youth gathering, a QPR training was done with postvention techniques from Connect and pieces of Sources of Strength. This will be another dissertation that will be presented in Spring 2022.</p> <p>John could bring students to do presentation on what they have learned if the committee is interested.</p>

9:40	Student Health Survey Presentation		
10:10	Q&A for Student Health Survey		<p>Q: Will we be unable to see school data unless school approves? Glad to see 6th grade included in the data.</p> <p>A: We recognize suicidality is a concern among younger youth too. Wanted survey to be as useful as possible. It will be interesting to see what the 6th grade results will be and how it will be used. Communities won't be able to see individual school data unless schools give permission. Schools own their own data so if people want to see that, they need to request it from the school or the district.</p> <p>Q: Did you ask questions about gaming or sleep? Gambling is different from gaming.</p> <p>A: Asked some gambling questions but did not include a sleep question in 2020. The way the questions were designed, each program develops their own questions. HSD Problem Gambling staff designed these questions. currently creating content for 2022 survey so they will follow-up with HSD about this area.</p> <p>Q: As an advocacy group, our role is to make recommendations to OHA. Other states, like CA, there are legislative requirements for survey participation. what is the extent to which you have explored this and is that something we should propose as a recommendation?</p>

A: this has come up as a legislative concept before. This needs to involve ODE as well as there are pros and cons to mandating participation.

Q: As you look at the data you pull in, do you do a cross walk between risk factors and negative outcomes?

A: Their role in the survey unit is collect the data, process it, and make it make sense for users. They don't do in depth analysis because the programs want to do a deep dive into their topic areas. Other programs = school health looks at mental health, suicide, student health; health promotion looks at substance use questions, etc.

Q: When will data be available?

A: A report will come out mid-November but data for public use / those requesting it will be available in 6-months. Dashboard data should be available for the general user so when this is launched it will allow for more users to do their own analysis. If we have specific questions, we can talk to different programs within OHS / DHS.

Q: Can we make specific requests for what is included on the data dashboard?

A: Not sure.

Q: Demographics?

			<p>A: Will depend on sample size on how specific we'll be able to drill down on data as small numbers will need to be suppressed for confidentiality. Some demographics that data will be available for – county level is the lowest level they go to; gender identity will be available. Depending on the county (size / population / response rate) will determine what data will be available. A number of at least 50 respondents is needed. Answers / counties that have less than 50 respondents will combine with others. Race / ethnic groups – caution doing analysis without getting input from specific community groups.</p> <p>Q: Benchmarks – are these within state, compared to other areas?</p> <p>A: there is a mix – some are state specific and some are from another survey that is nationwide. These comparisons will not be available in the data dashboard. Right now they are focusing on developing, testing, and launching the dashboard.</p> <p>Q: Public use data set – does this require IRB oversight?</p> <p>A: No. Process – data use form that is available online. Hopefully having dashboard will eliminate this in the future.</p> <p>Q: Access to data – would allow us to look at county and zip code and difference between urban and rural. Is that possible?</p>
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			<p>A: Special request and would need to go through another level of review but there is precedent and would be possible.</p>
<p>10:20</p>	<p>Review National Climate Study Results</p>		<p>Elissa draft potential process / proposal for a statewide survey. List categories of questions and bring to group for approval.</p> <p>Are some questions / categories covered in a different survey? Elissa will research that before sending to the group for final comment.</p> <p>NHANS – National Health and Nutrition Survey, does this cover similar questions / data? Are we able to access that? We can use it as a benchmark and ask similar questions so we can compare our data to that.</p> <p>Thoughts on frequency of administration? National climate survey is done every two years and there isn't much change. Knowing public attitudes / behaviors don't move quickly and due to the cost, it may make sense to do it every 5 years. Oregon may be doing more intensive work than what's being done at a national level so it may make more sense for us to do more often than 5 year increments. Could also time around review / update of state suicide prevention plans (YSIPP and ASIPP). Elissa will put language of "at least every five years" in the recommendation.</p> <p>Sense of anticipated cost of administering survey? What ballpark amount would this be worth? \$150,000 range to do a statewide representative survey. Elissa received this price from a contracted agency that does these types of surveys so she thinks it could be from \$100,000-\$200,000. John says this would be for</p>

			<p>data collection but not necessarily the analysis / in-depth analysis. Who else has vested interest in this that may want this same kind of survey done that we can partner with.</p> <p>2018 Survey 2020 Survey – see attached in materials</p> <p>Data is fun! Invite a friend to join us in this exploratory conversation.</p> <p>Issues with accessing mental health services, according to the 2020 survey, are not being able to afford services, not knowing about it, and general accessibility issues not necessarily attitudes / beliefs.</p> <p>Ask general question(s) about firearms.</p> <p>Questions to consider:</p> <ul style="list-style-type: none"> -What are your top 3 takeaways from the survey results? -Did they miss any specific data points? -Thinking of the attitudes, beliefs, behaviors of Oregonians around suicide, which ones are most helpful to track to show progress on suicide prevention? <p>Bring back 2-3 important aspects of the 2020 report or methodology we should consider in terms of implementation to next weeks meeting.</p>
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10:35	Finalize list of Recommendations for Big River	List will be sent to OHA / UO	See attachment. Feedback will be received over the next week before recommendations are sent out.
10:45	Overview of December Meeting		Housekeeping meeting – small groups to review tracker and talk about what they are working on, add information to the tracker, bring back what they learned to the larger group. Look at workplan – review and update.
	If time permits: Finalize information around Training Data Elements		<p>Elissa and Roger worked on a document that lists data measures we want to track relating to the Big River Programs. See this document attached in meeting materials.</p> <p>OHA has done a scan around existing trainers so the training category of data elements should be a fairly easy lift except for sexual orientation and REALD data. Much of this data is already being gathered. Shanda let us know that we are on track with specific data elements listed.</p> <p>Roger was wondering if these data points could be included in the application process for trainers. He acknowledged that some trainings do their own training forms (like directly through LivingWorks and QPR Institute) but to ask this when possible on trainer applications.</p> <p>Trainings category is also right on track with data that trainers want to have collected or are collecting. It will be more difficult for other trainings but can be done.</p>
	NEXT MONTH: National Climate Study Results	Review previous surveys before meeting	<p>Next steps:</p> <p>-Review slides on your own to get a sense of what remaining questions you have. We'll return to these topics next meeting.</p>

			<ul style="list-style-type: none"> -Share out framework from rapid engagement. Framework of data points for rapid engagement, how to get people into help faster. Way it was framed can be helpful. -Send out invite to connect with Kyn on ask for OHA discussion
	<p>Standing Agenda Items:</p> <p>Data Review</p> <p>Check-In on Google Sheet Research Tracker</p>	<ul style="list-style-type: none"> -YSIPP 2.0 Update -Essence Report -HB 3090 Report -Recent Reports / Studies from OHA (such as Healthy Teens) -Discuss how this committee will work to distill data from YSIPP 2.0 input 	<p>Which reports are part of our scope that we need to review and respond to?</p> <ul style="list-style-type: none"> -CDC Data -Essence Data -HB 3090 Reports -SB 48 Reports -Healthy Teens Survey / Student Wellness (November 4th OHA will attend meeting) -Crisis text line (hopefully October meeting) -PSU work – what do you do? Miranda and Karen? <p>Action Item: Receive updates from OHA on progress of crisis text line as it progresses.</p>
10:55	Review Action Items / Next Steps from Meeting		<p>Future agenda items:</p> <ul style="list-style-type: none"> -Look at different county data teams / processes -Crisis text line data -QPR Fidelity checklist -Climate survey -HB 2315 survey <p>Next steps:</p> <ul style="list-style-type: none"> -Revisit Student Health Survey with Jon Rochelle & John Seeley -SPRC Guidelines for Communities in the State



			-Long-term Discussion: How do we set-up benchmarks going forward to track implementation of YSIPP 2.0 (have on a spring meeting agenda)
11:00	Adjourn		

Presentation Contacts

[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

Drew Allen or Robyn Ellis for ESSENCE information.

- 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.