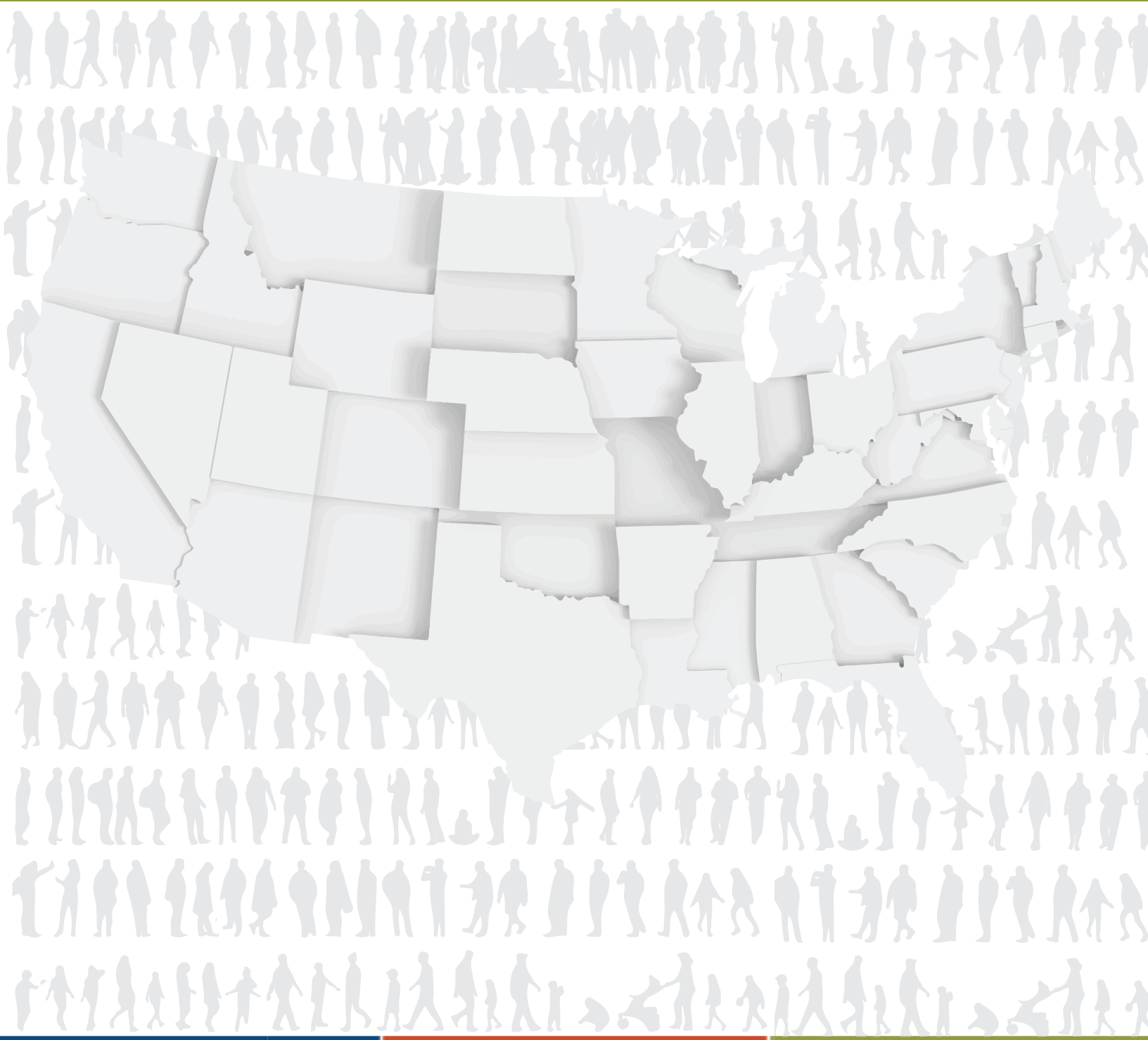


# *Getting the Lay of the Land:* THE PREVENTION EPIDEMIOLOGIST



South Southwest (HHS Region 6)

**PTTC**

Prevention Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

***SAMHSA***  
Substance Abuse and Mental Health  
Services Administration

# Acknowledgments

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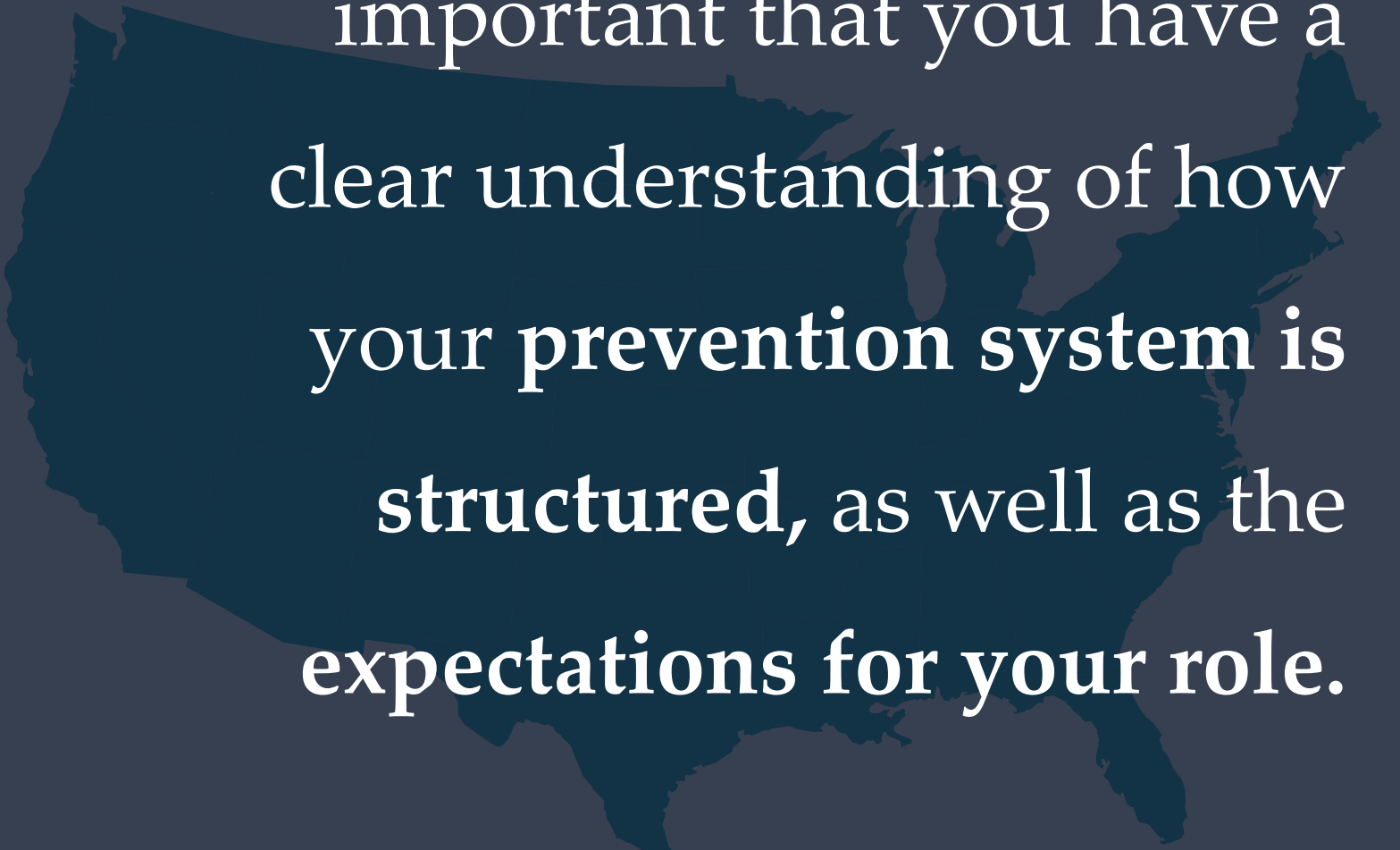




## Land and Labor Acknowledgment

We acknowledge that the land that now makes up the United States of America was the traditional home, hunting ground, trade exchange point, and migration route of more than 574 American Indian and Alaska Native federally recognized tribes and many more tribal nations that are not federally recognized or no longer exist. We recognize the cruel legacy of slavery and colonialism in our nation and acknowledge the people whose labor was exploited for generations to help establish the economy of the United States. We honor indigenous, enslaved, and immigrant peoples' resilience, labor, and stewardship of the land and commit to creating a future founded on respect, justice, and inclusion for all people as we work to heal the deepest generational wounds.

As a new epidemiologist operating within your state, tribe, or community, it is important that you have a clear understanding of how your prevention system is structured, as well as the expectations for your role.



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# Introduction

## *Purpose of This Toolkit*

The role of a prevention epidemiologist (Epi) is challenging and demanding - and one of the most rewarding and memorable experiences an epidemiologist will have. While traditionally, an epidemiologist's training focuses on investigating and monitoring disease trends, an Epi's position requires much more. An Epi is often tasked with:



Successful management of the Epidemiology Workgroup depends upon careful balance between data and group dynamics.

- ***locating data sources to use in evidence-based decision-making,***
- ***establishing and facilitating a state or tribal epidemiological workgroup (SEW/TEW),***
- ***developing strategic plans around the creation of state surveillance systems for substance use and misuse prevention, and***
- ***teaching communities how to use data.***

This toolkit provides guidance, information, and resources to help Epi's successfully carry out their duties and responsibilities.

## *Organization of This Toolkit*

The Epi will encounter more than data and its analysis; there is a strong focus on communicating the data and helping grantees understand how to use it to change their communities. To achieve this unique goal, the Epi needs exceptional leadership and presentation skills. Additionally, this toolkit will lay the framework for skills that are not, at first, immediately apparent.

The toolkit is organized by different aspects of the Epi's role. Major aspects include:

- 1. Understanding the Organizational Structure and the Epi's Role within the Prevention System***
- 2. The Prevention Epidemiologist and the Epi Workgroup***
- 3. Identifying and Communicating Data***
- 4. Strategic Prevention Framework (SPF) and Epi Workgroup Tasks***
- 5. Tools and Resources to Get You Going***

# Section 1.

## Understanding the Organizational Structure and the Epi's Role within the Prevention System

As the Epi, it is essential to understand the organizational structure that directs grant activities within the prevention system (e.g., Strategic Prevention Framework [SPF], Partnerships for Success [PFS]). This section will explain the basic structure of various grants and the Epi's role within each. Key steps to get started are highlighted below.

- ✓ **Ask for an organizational chart and job description.**
- ✓ **Ask for any documents that were created by the previous epidemiologist.**
- ✓ **Examine how the Epi's prior role relates to the National Prevention Network's (NPN) or tribal authority's view of the position.**
- ✓ **Review the Substance Abuse and Mental Health Services Administration (SAMHSA) grant proposals, budgets, contracts, and any assessment, Epi, or evaluation-related requirements. You can find updated information on prevention-related grants at <https://www.samhsa.gov/find-help/prevention>.**
- ✓ **Interview any staff under your supervision, peers, and providers about their areas of responsibility and the strengths and challenges they face in prevention.**
- ✓ **Meet with your NPN Representative and prevention project director(s) to identify key stakeholders within and outside the larger prevention network (e.g., homeless shelters, coroner's office, HIV/AIDS state division, mental health, public health, state department of motor vehicles) and their current relationship to the prevention unit and the Epi Workgroup.**
- ✓ **Identify important deadlines for grant or Epi Workgroup deliverables that may be due or overdue to others.**

- ✓ Attend and participate in SAMHSA's Prevention Technology Transfer Network's (PTTC) online course in Health-E-Knowledge (<https://healtheknowledge.org/>) called "Introduction to Substance Abuse Prevention: Understanding the Basics."
- ✓ Connect with the state prevention system to attend and participate in the "Substance Abuse Prevention Skills Training (SAPST)."
- ✓ Request briefings with other agencies within your state or tribal divisions and what they expect from the Epi and the Epi Workgroup (Epidemiological Workgroup Assessment Deliverable, 2015).
- ✓ Establish strong relationships with the tribal Prevention Director or state's NPN.
- ✓ Become familiar with the director's primary initiatives, including any based on executive orders, and the Governor's or Chief's legislative agenda.

## *Orientation to Substance Misuse Prevention, Behavioral Health, and the Continuum of Care*

As the Epi, it is crucial to understand the context and model that informs prevention work. A great first step is to register for a SAPST by connecting with the state or tribe's training system. The NPN or Prevention Director can assist with locating this training. The SAPST is a 4-day training that provides an introduction to the fundamentals of substance misuse prevention based on the current knowledge and practice in the field. Participants also get experience applying the SPF using a community case study. It is also a great way to network with prevention specialists in the communities to provide epidemiological technical assistance. Additional online courses are available from the PTTC and Health-E-Knowledge (see Section 5).



Epis should have a broad understanding of behavioral health. According to SAMHSA, behavioral health is a general term that encompasses the promotion of emotional health, the prevention of mental illnesses and substance use disorders, and treatments and services for mental and/or substance use disorders (SAMHSA, 2013).

A comprehensive approach to behavioral health also means seeing prevention as part of an overall continuum of care (see Figure 1). The Mental Health Intervention Spectrum (IOM Continuum of Care) recognizes multiple opportunities for addressing behavioral health problems and disorders (National Academies of Sciences, Engineering, and Medicine, 2019).

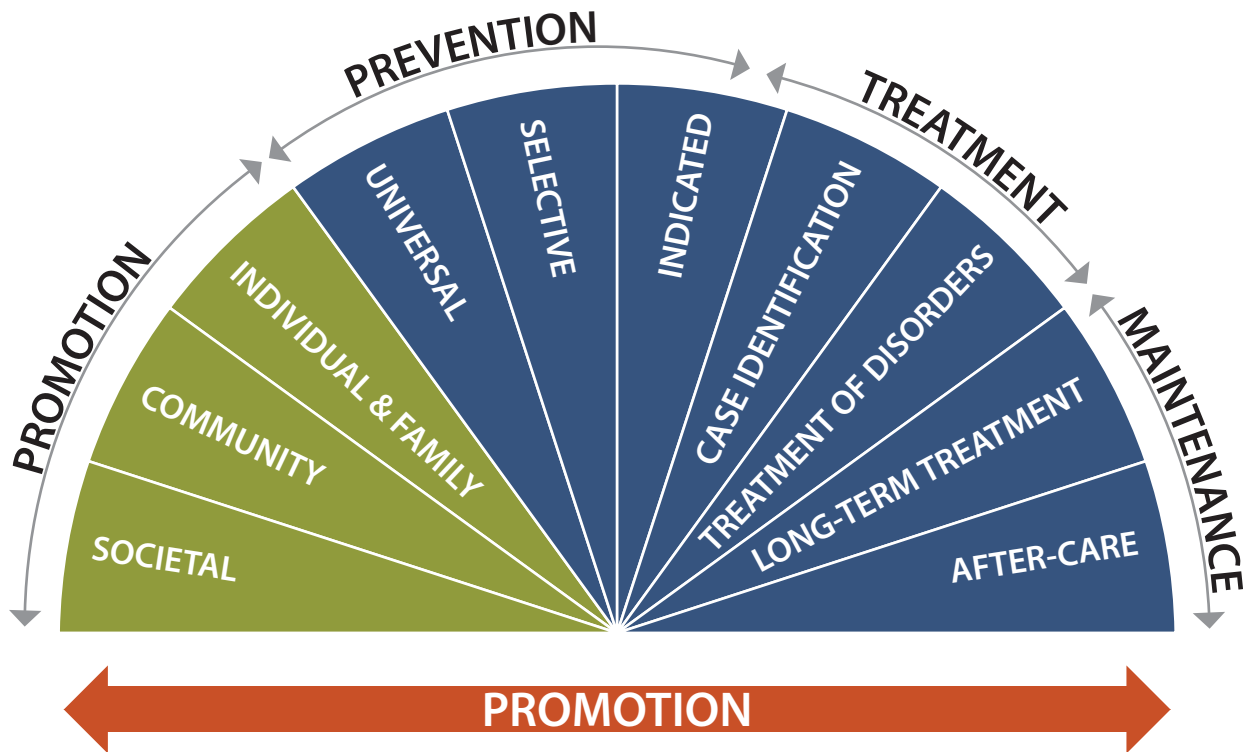


Figure 1. Continuum of Care, 2019

The Continuum of Care, first introduced in a 1994, Institute of Medicine report and updated in 2009 and 2019, includes the following components:

**Promotion**— interventions (e.g., programs, practices, or environmental strategies) that enable people “to increase control over, and to improve, their health.” As such, interventions that promote health occur independently as well as throughout the continuum of care as part of prevention, treatment, and maintenance/recovery.

**Prevention**—interventions that occur prior to the onset of a disorder and which are intended to prevent the occurrence of the disorder or reduce risk for the disorder. Prevention is also about striving to optimize well-being.

**Treatment**— interventions include case identification and standard forms of treatment (e.g., detoxification, outpatient treatment, in-patient treatment, medication-assisted treatment).

**Maintenance**— includes interventions that focus on compliance with long-term treatment to reduce relapse and recurrence and aftercare, including rehabilitation and recovery support.

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The 2019 update to the Behavioral Health Continuum of Care increased focus on promotion, cross-sector partnerships, creation of infrastructures, integration of mental health strategies, life-course approach, and the public health framework. It also emphasized vulnerability, strengths, and resilience. This update placed a greater emphasis on examining population-level outcomes, which helps to inform the future work of epidemiologists and others gathering and analyzing these population-level data.

Collecting and analyzing data on risk factors, protective factors, Adverse Childhood Experiences (ACES), social determinants of health, and the impact of strategies on substance use outcomes is a way for the Epi and Epi Workgroup to help prevention organizations address vulnerability, strengths, and resilience in their communities (CDC, 2020). By creating data infrastructure, Epi Workgroups bring together diverse stakeholders to pool resources and share data to make a broader impact across the Behavioral Health Continuum of Care.

## *Prevention Grants with Epi Deliverables and Processes*

### *Substance Abuse Prevention and Treatment Block Grant*

The SABG is the primary grant your state uses to deliver services. The SABG program's objective is to help plan, implement, and evaluate activities that prevent and treat substance misuse. SAMHSA administers this grant. States must submit an annual application to demonstrate statutory and regulatory compliance to receive funding. States must allocate no less than 20% of the SABG funding to prevention activities (SAMHSA, 2020).

### *Partnerships for Success*

Another source of primary grant funding under which Epi's operate is the PFS grant administered by SAMHSA's Center for Substance Abuse Prevention (CSAP). PFS is founded on the premise that changes at the community level will lead to measurable changes at the state level. Through collaboration, states and PFS-funded, high-need communities can effectively overcome challenges associated with substance misuse. As an Epi, it is essential to introduce yourself to the PFS-funded communities and discuss local data collection successes and challenges. PFS-funded communities have several objectives, including the following:

- ***Reduce substance misuse and strengthen prevention capacity at the community level.***
- ***Provide eligible communities with funds to achieve quantifiable declines in rates of substance misuse.***
- ***Address gaps in prevention services.***
- ***Assist communities with emerging problems related to substance use and misuse.***

## Tribal Funding

Most tribes do not have SABG funding, but tribes are eligible for PFS and other discretionary grants. In the case of tribal PFS grants, the tribe may fund high-need communities within their tribal jurisdiction. Local community strategies may include culturally adapted interventions or population strategies. A tribal Epi can assist with collecting tribal-specific community assessment data, which can help communities establish data-driven, community-level strategic plans.

## Prevention System Infrastructure

### Organizational Structure

In Figure 2, a sample organizational chart is provided to explain how the Epi's position relates to other parts of the prevention system within a state's structure. For example, a prevention system's positions or roles may include the NPN, Single State Agency (SSA), PFS Project Director, Epi Workgroup chair, Training/Technical Assistance (T/TA) Providers, and evaluators who all work toward common goals within the prevention system.

## Department of Behavioral Health

*Priorities: UAD, Prescription Drug Misuse/Abuse*

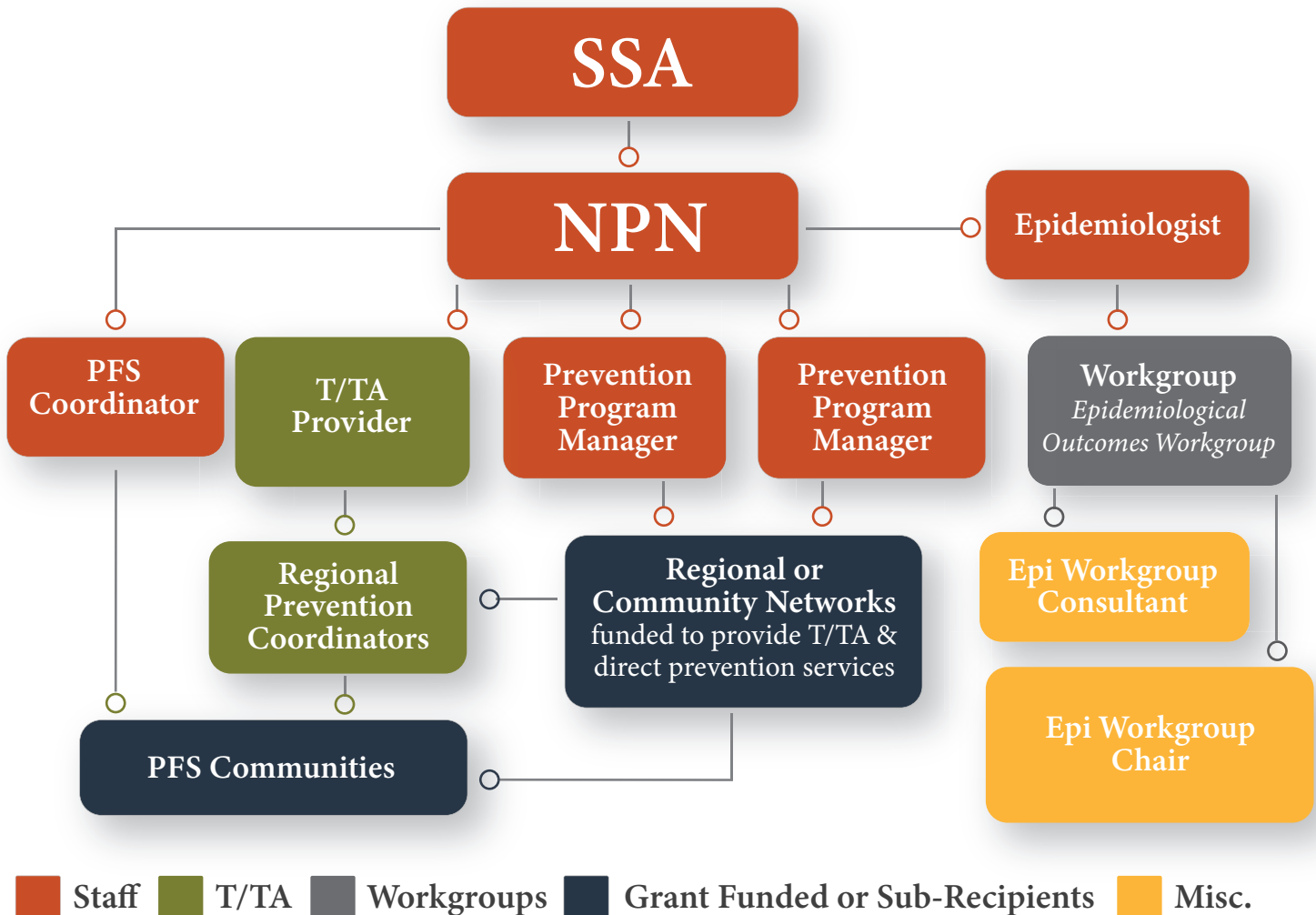


Figure 2. Example of State Organizational Structure

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## *State/Tribal Level*

For most state-level Epis, the NPN is the primary point of contact. For tribal Epis, the prevention director is typically the primary point of contact. Some states or tribes contract with other entities to conduct epidemiological work. If working under a contract with a state or tribe to provide epidemiological services, follow the requirements outlined in the contract and maintain frequent communication with the NPN and State or Tribal Epidemiological Workgroup (SEW/TEW) members. A prevention system may also have Prevention Coordinators that work for the NPN, or field representatives at the state or tribal level, who travel to provide T/TA to prevention providers.

## *Regional Level*

Some states have regional prevention centers that support prevention sub-recipients and are responsible for T/TA in those geographic areas. Additionally, some states have Epi Workgroups that collect data at the regional level.

## *Community or Coalition Level*

Some states have coalitions that also provide prevention services. Regardless of how your state or tribe is structured, an Epi must learn how their position provides T/TA related to data. Some states have coalitions that provide prevention services, so Epis may provide T/TA to those groups, as well as to the community, to assess their local substance misuse prevention issues and provide community profiles. This is a critical function of an Epi and helps coalitions and communities make evidence-based decisions.

## *Important Roles of the Epi*

### *Working with the State or Tribal Epidemiology Workgroup (SEW/TEW)*

SEWs/TEWs are “...networks of people and organizations that bring analytical and other data competencies to substance abuse prevention and tailor their work to meet the specific needs of states” (SAMHSA, 2012).

The Epi will need to determine whether the state or tribe utilizes a regional or state epidemiological workgroup. In some larger states, regions have their own Epis who report to the state epidemiological workgroup. Tribes may also have an Epi Workgroup, and some may participate in state or regional Epi Workgroups.

Members of SEWs/TEWs may include representatives from agencies, groups, or organizations such as state public health,

**The SEW/TEW membership can include any organization with an interest in prevention, but it is imperative that one agency does not dominate the membership.**



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criminal justice, education, behavioral health, social sciences, community, youth, and other service providers. These representatives may be data analysts, agency leadership, policymakers, community members, or others interested in prevention. It is imperative that one agency does not dominate the membership.

SEWs/TEWs are focused on:

- 1. applying outcomes-based prevention strategies,**
- 2. employing a public health approach to prevent and reduce substance use and related problems, and**
- 3. using epidemiological data as a primary foundation for all planning and decision-making at the state and community levels.**

The SEWs/TEWs work well when they:

- **Document a clear purpose, goals, and objectives through a formal charter.**
- **Establish and keep regular working meetings and work plans.**
- **Identify specific products, schedules, and milestones.**
- **Establish and maintain regular contacts with advisory groups and key decision-makers.**
- **Ensure ongoing and meaningful exchange of data and information between Epi Workgroup, state staff, and tribal leaders/staff, and CSAP.**

As the Epi begins to participate in Epi Workgroup activities, it is important to observe and determine the SEW's/TEW's stage of development: (1) non-existent, (2) in the process of revitalization, or (3) fully functioning. Using the toolkit *Recommended Functions of Successful Epidemiological* (available at [https://preventionsolutions.edc.org/sites/default/files/attachments/Recommended-Functions-of-Successful-Epidemiological-Workgroups\\_0.pdf](https://preventionsolutions.edc.org/sites/default/files/attachments/Recommended-Functions-of-Successful-Epidemiological-Workgroups_0.pdf)), the Epi can make an initial assessment and work with the Epi Workgroup to conduct effective processes that have impact for communities.

## ***Creating the Epi Profile***

A principal duty of the Epi is planning and developing the state/tribal epidemiological profile. Epi work closely with the SEW/TEW chair to accomplish this task. Chair positions may be filled by an Epi or contracted university epidemiologists or community leaders. Epi, chairs, and the Epi workgroup should ensure that the Epi profile represents a well-rounded scope of the substance misuse prevention and mental health issues in the state or tribe. Some states and tribes conduct joint surveys on risk and protective factors in their communities to share resources and jointly produce an Epi profile. Appendix A includes a sample epidemiological profile outline for your reference.

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## *Evaluator vs. Epi Role*

Many states and tribes have an evaluator who works with funded communities; in some cases, an Epi is also an evaluator. The Epi and evaluator roles are essential to sub-recipients as they implement the SPF in their communities. It may be necessary to consult with an outside agency or consultant to develop and administer surveys and analyze survey results. Speak with your NPN or prevention director to review how surveys are conducted and data are analyzed in the state or tribe.

## *Data-Driven Decision Making*

Another role of an Epi is to promote data-driven decision-making at the state, regional, and local levels. Providing high-quality data to prevention leaders helps them guide communities to practice effective prevention.

Effective prevention practice requires prevention professionals to:

- ***Understand substance misuse prevention within the larger context of behavioral health;***
- ***Apply SAMHSA's SPF, a five-step planning process framework designed to help states, tribes, jurisdictions, and communities more effectively understand and deliver effective prevention practices;***
- ***Incorporate epidemiology into prevention planning to help focus and refine prevention activities based on patterns of substance misuse and related consequences; and***
- ***Apply prevention approaches that address factors that contribute to or protect against identified problems, and are a good fit for the community (SAMHSA, 2019).***

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## Section 2.

### The Prevention Epidemiologist and the Epi Workgroup

Prevention epidemiologists (Epi) need to determine where they fit within the state or tribal prevention structure, identify some typical roles of Epi, and discuss with the prevention team how they will work with the State Epidemiology Workgroup (SEW) or Tribal Epidemiology Workgroup (TEW).

*Tips to help with understanding the organizational structure:*

- ✓ Establish strong relationships with the Tribal Prevention Director or State's National Prevention Network (NPN) representative.
- ✓ Identify the existing Epi Workgroup structure or documents related to policies, membership, and charters/bylaws.
- ✓ Locate past Epi Workgroup agendas and minutes and review these documents to identify focus areas for the Epi Workgroup.
- ✓ Meet with active members of the existing Epi Workgroup to discuss strengths and opportunities for improvement.
- ✓ Review past Epi Workgroup evaluations or conduct a formal evaluation of the Epi Workgroup processes and outcomes if one has not taken place.
- ✓ Maintain a historical record of the Epi Workgroup's deliverables, processes, products, and lessons learned.
- ✓ Establish and navigate the reporting relationships within the state agency or tribe.

## *Establish Strong Relationships with the Tribal Prevention Director or State's National Prevention Network (NPN) Representative*

The National Prevention Network is an organization of state alcohol and other drug abuse prevention representatives that provides a national advocacy and communication system for prevention (National Association of State Alcohol and Drug Abuse Directors, n.d.). State prevention representatives work with their respective State Agency Directors to ensure effective alcohol, tobacco, and other drug abuse prevention services in each state. The NPN provides leadership, coordination, and communication to its member states and the prevention field in general and uses its leadership role to promote high-quality prevention services (see Figure 3).

Figure 3. Roles of the NPN in Promoting Prevention



If the Epi works with a tribe, work to establish a strong relationship with the Tribal Prevention Director. As part of developing the relationship, the Epi can review the Tribal Prevention Director's primary initiatives and the Chief's legislative agenda. To develop a strong relationship with the State's NPN representative, you should review the NPN's primary initiatives, executive orders issued by the Governor, and the Governor's legislative agenda. The NPN's role is to manage the SAMHSA Block Grant and other discretionary grants like the Partnerships for

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Success (PFS) grant. The NPN is a resource for the Epi to learn about prevention programs and establish contacts within your state related to substance misuse prevention. The Epi will need to communicate with the NPN regarding any reporting requirements. Reports are considered deliverables and the Epi Workgroup will need to know when these deliverables are due.

## *Identify the Existing Epi Workgroup Structure and Materials*

As the Epi, locate and review existing Epi Workgroup organizational charts, policies, strategic plans, logic models and action plans, quarterly and annual reports, membership rosters, charters/bylaws, meeting agendas, and meeting minutes. A best practice for Epis is to organize an online folder with these resources and maintain a list of lessons learned as you progress through your tenure. Document Epi Workgroup processes and outcomes to promote prevention system sustainability and establish a historical record for onboarding new Epis.

The Epi should use these documents and resources to identify focus areas for their state or tribal Epi Workgroup. Be aware that states and tribes may have different prevention priorities. For example, one state may have two prevention priorities on underage drinking and another on youth marijuana use, but a tribe may prioritize non-medical use of prescription drugs. This may affect the data your Epi Workgroup collects and disseminates to communities.

## *Meet with Active Members of the Epi Workgroup and Discuss Strengths and Opportunities for Improvement*

According to SAMHSA (2012), the focus of the Epi Workgroup is a(n):

- 1. Emphasis on outcomes-based prevention;**
- 2. Adoption of a public health approach to preventing and reducing substance use and related problems; and**
- 3. Use of Epidemiological data as a primary foundation for all planning and decision-making at the state and community levels.**

To better understand and increase positive outcomes, many organizations utilize a process called “appreciative inquiry.” Appreciative inquiry involves asking questions in a manner that is open and allows workgroups to explore possibilities (Elliott, 1999). A sample question format for Epi Workgroups that follows appreciative inquiry, but also assesses and promotes continuous quality improvement is highlighted below. These questions should be adapted to fit the Epi Workgroup needs and elicit feedback on how the workgroup functions. In essence, these questions act as the wellness barometer of the Epi Workgroup.

- 
- ***What was an experience with your Epi Workgroup that made you feel alive, successful, and effective?***
  - ***What do you value most about yourself, your role within the Epi Workgroup, and the Epi Workgroup itself?***
  - ***What are the core factors that make the Epi Workgroup function at its best?***
  - ***Imagine it is three years into the future and the Epi Workgroup is just as you would want it to be.***
    - ***What's happening that makes it vibrant and successful?***
    - ***What can you begin to do to make it better?***
    - ***What has changed?***
    - ***What has stayed the same?***
    - ***How have you contributed to this future?***
    - ***What can you begin to do to make it better?***
    - ***What can you stop doing because it no longer serves or gets in the way?***

## ***Determine the Effectiveness of the Current Epi Workgroup Processes***

The Epi Workgroup also needs to measure the effectiveness of how it functions and meets deliverables. This can be accomplished by assessing the Epi Workgroup processes, documents, activities, and challenging areas (e.g., membership recruitment, membership sustainability, product development). As the Epi, collaborate with the Epi Workgroup to conduct the following assessment activities:

- ***Sustainability assessment of the Epi Workgroup***
- ***Evaluation of new member experiences***
- ***Use of the Epi Profile by stakeholders***
- ***Epi Workgroup retention***

If you need technical assistance with any of the areas mentioned above, please contact your Regional Prevention Technology Transfer Center at <https://pttcnetwork.org/>.

## *Maintain a Historical Record of Your Epi Workgroup's Deliverables, Processes, Products, and Lessons Learned*

As the Epi, you need to document the structure of the Epi Workgroup, the assistance you provide to the Epi Workgroup, any assessments created or conducted, meeting minutes, bylaws, and charters that promote sustainability of the Epi Workgroup. By maintaining an online folder of Epi Workgroup activities, deliverables, organizational charts, key stakeholders and community leaders, documents, policies, and publications, you begin to create historical documentation of efforts and a guide that contains invaluable information that will help to inform the future work of the organization. It may be helpful to include a “tips and recommendations” section as well as a “lessons learned on the job” section for future Epi's, or in case of emergency, when other staff may need to step in and assist in your absence.

## *Collaborate Effectively to Share Data*

As an integral part of the Epi Workgroup, the Epi needs to help ensure collaboration with stakeholders and key data partners. The Epi also needs to understand the way data can be shared with internal and external partners, and ensure everyone is at the table to produce the most comprehensive epi profile data for your state or tribe.

Collaboration is essential to ensuring the effectiveness and sustainability of SAMHSA's Strategic Prevention Framework (SPF) planning process. By sharing data and benefiting from the unique knowledge and experience that different stakeholders bring, you can strengthen your Epi Workgroup activities, work more effectively across multiple contexts, and achieve better outcomes for your state or tribe.

The following chart will help you initially identify potential collaborators or data owners and explore opportunities to build relationships. Once you complete the chart, you should be able to answer the following questions:



**Establish and navigate reporting relationships within your state agency or tribe. If you are working within a tribe, learn the reporting relationships between and within tribes, including the tribal council and tribal governmental structure.**

- *Who are you currently sharing data with, both internally and externally?*
- *Which of these would you describe as your strongest collaborator? Why?*
- *Where are there gaps in your internal and external collaboration?*
- *Which sub-populations have you successfully shared data with?*
- *Which sub-populations would you like to build stronger relationships with?*
- *What are your biggest challenges in developing effective collaborative relationships?*

## Collaboration Analysis Chart

PARTNERS	 Internal Partnerships	 External Partnerships	 Strength Scale 1-5 (5=Strong)	 Gaps
Youth				
Schools				
Families				
Sub-populations				
Youth Services				
Private Industry				
Business				
Primary Care				
Mental Health Providers				
Substance Misuse				
Treatment Agencies				
Neighborhood				
Groups/Associations				
Media				
Social Services				
Universities				
Government				
Law Enforcement				
Senior Citizens				
Faith Community				
Recovery Community				
Hospitals				
Other				

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If you are working within, or collaborating with, a tribe, there are special considerations for fostering relationships and sharing data. Some tribes have Institutional Review Boards (IRBs) that you may need to coordinate with to collect or share data. In some cases an IRB may not be available, and it may be that you need to meet with the tribal council to coordinate data collection and sharing. Build relationships at the tribal level with those who are well-respected and culturally competent in tribal communities and can advocate on your behalf. Be aware that many tribes have strict guidelines regarding collecting and sharing data, so you must be prepared to share your plan for how the data will be used and protected.

## GET RESOURCED

For special considerations on how to work effectively with tribal governments see *Working Effectively with Tribal Governments*.

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[https://www.michigan.gov/documents/mdch/Working-Effectively-with-Tribal-Governments\\_384010\\_7.pdf](https://www.michigan.gov/documents/mdch/Working-Effectively-with-Tribal-Governments_384010_7.pdf)

### *How to Facilitate Group Discussion*

As the Epi, you want to challenge people to think about prevention issues and trends and establish a safe environment for people to share their thoughts. Promote an environment during Epi Workgroup meetings where everyone feels their input is valuable. For example, you may be called by a local community data group to deliver a training or technical assistance service related to epidemiology, or your local community may need you to deliver a presentation on current data trends, or you may be asked to lead a discussion at your next Epi Workgroup meeting. In these situations, it is vital to utilize good facilitation skills while also:

- ***Making everyone feel comfortable and valued***
- ***Encouraging participation***
- ***Preventing or managing conflict***
- ***Listening and observing***
- ***Guiding the group***
- ***Ensuring quality decisions***
- ***Ensuring outcome-based meetings***

## GET RESOURCED

If you are new to facilitating meetings check out the Academy for Educational Development's *Facilitating Meetings: A Guide for Community Planning Groups*.

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[http://preventiontrainingservices.com/resources/Facilitating%20Meetings%20version\\_2005.pdf](http://preventiontrainingservices.com/resources/Facilitating%20Meetings%20version_2005.pdf)

Your Regional PTTC is an excellent resource for developing facilitation skills and can help coach you to build your capacity in this area. Many Epis make the mistake of downplaying the importance of facilitation and instead focus only on the data analysis. However, possessing both good facilitation and technical data skills will make you a more effective Epi.

### *Evaluating and Sustaining Your Efforts*

As you gain more experience, you can expand partnerships and develop plans to engage partners in Epi Workgroup and data-related activities. The more you continue to engage your partners and listen to their needs, the more you contribute to the sustainability of your Epi Workgroup.

## GO BEYOND RESOURCE

You can also analyze partnerships more in-depth with the CDC's (2008) *Fundamentals of Evaluating Partnerships*.

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[https://www.cdc.gov/dhdsp/docs/partnership\\_guide.pdf](https://www.cdc.gov/dhdsp/docs/partnership_guide.pdf)

The following evaluation plan has sample questions to assess the status of your Epi Workgroup's relationships with partners (Centers for Disease Control, 2008). These were initially designed for an evaluation related to a heart disease and stroke program, but they have been modified to apply to Epi Workgroup activities. These can be placed into an evaluation plan for your Epi Workgroup and re-evaluated annually. At the larger annual Epi Workgroup meeting, you can present and share the results. We will discuss some tips for communicating data in the next section.



EVALUATION QUESTIONS	INDICATORS/ MEASURES	DATA SOURCES	DATA COLLECTION	TIME FRAME	DATA ANALYSIS	COMMUNICATE RESULTS	LEAD
<i>Are there at least ten diverse partners representing priority areas and settings?</i>	Annual assessment of # of partners by setting.	Partnership roster Epi Workgroup membership Annual Partnership Assessment	Review partnership and membership rosters.	Annually.	Stratify list by setting, area, and population represented.  Tabulate by setting.  Identify gaps.	Orally report gaps to Epi Workgroup membership.  Include in annual membership report.	Epi Workgroup Coordinator or Chair.  Membership Committee.
<i>Do partners actively participate in meetings and Epi Workgroup activities?</i>	Meeting participation rates overall and by partner type.  Number of Epi Workgroup plans or action plan activities to which partners are contributing.  Number of partners that present at Epi Workgroup meetings.	Epi Workgroup meeting minutes.  Annual Epi Workgroup membership assessment.  Document review.	Collate membership participation rates for each meeting over the previous 12 months.  Identify the number and type of activities assigned to members/ partners at each meeting.  Identify the number of presentations or topic discussions hosted by members/ partners.	Every 6 months (for previous 6 months) beginning in January.	Calculate % of partners that participate at each meeting; graph trends over time.	Report to partnership leadership.  Include in annual partnership report.	Epi Workgroup Coordinator or Chair.  Membership Committee.

<p><i>Are Epi Workgroup meetings productive, focused, and effective?</i></p>	<p>Meeting productivity.</p>	<p>Meeting-effectiveness survey results.</p>	<p>Conduct a meeting survey after each meeting, including workgroup meetings. Revise the tool as appropriate.</p>	<p>Continuously.</p>	<p>Calculate response rate. Calculate the percentage of respondents who agree with each item.</p>	<p>Orally report to meeting planners and include in annual membership/partnership report.</p>	<p>Epi Workgroup Coordinator; Epi.</p>
<p><i>Is the membership operating successfully?</i></p>	<p>Number of membership or factors scored above 4 in the Wilder Inventory.</p>	<p>Wilder Foundation Inventory results from partnership members.</p>	<p>Conduct baseline survey with annual follow-up. Annually track improvement.</p>	<p>Annually in January.</p>	<p>Using methods described in the Wilder guide, identify areas of strength and areas of weakness.</p>	<p>Include in annual membership/partnership report.</p>	<p>Local university, evaluator, or outside consultant.</p>
<p><i>Is the partnership influencing policies, practices, or systems? If not, where are the barriers?</i></p>	<p>Changes through membership/partnership intervention.  Number of new legislative or local policies for substance abuse prevention.</p>	<p>Membership, partner, and strategic plan progress report.</p>	<p>Conduct focus groups or interviews after the annual meeting to collect partner success stories.  Review progress on the prevention strategic plan to identify policy, practice, and system changes.</p>	<p>At the end of year 3.</p>	<p>Qualitative analysis for themes/barriers. Track number and reach of changes made by substance abuse prevention priority area.</p>	<p>Include in annual membership report.  Publish success stories on the membership web page.  Press release.</p>	<p>Local university, evaluator, or outside consultant.</p>

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## Section 3.

### Identifying and Communicating Data

The Epi Workgroup is a network of people and organizations that bring systematic, analytical thinking about the causes and consequences of substance use to prevention planning to ensure prevention resources are used effectively and efficiently. The mission of the Epi Workgroup is to help states, communities, and tribes integrate substance use data into ongoing assessment, planning, and monitoring decisions (SAMHSA, 2012).

Prevention professionals assess the needs, resources, and readiness of communities through data. Data may reveal that the community has multiple areas of need that contribute to substance misuse. An Epi's responsibility is to identify and prioritize substance misuse problems, understand impacts on communities and vulnerable populations, and communicate this information to stakeholders. This section provides guidance about how to accomplish these tasks.



**"Data, data, everywhere, but not a thought to think."**

**-John Allen Paulos**

#### *Tips to help you identify and communicate epidemiological data:*

- ✓ **Think broadly about shared risk and protective factor data and the various partners the data affects (SAMHSA, 2019).**
- ✓ **Familiarize yourself with the health status of your state and the changing demographics or trends, including health disparities related to substance misuse or mental health.**
- ✓ **Be able to explain the benefits of sharing data to potential partners.**

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- ✓ Know your current inventory of data sources.
  - ✓ Obtain a copy of statutes and rules relating to substance use or misuse epidemiological data, sharing data with other entities, confidentiality, and other laws related to your responsibilities.
  - ✓ Review conflict of interest and other ethics procedures.
  - ✓ Identify your Epi Workgroup's skills in identifying and collecting data.
  - ✓ Crosswalk your existing data sources with focus populations, lifespan, and the ecological model.
  - ✓ Understand the importance of gathering data from other stakeholders, departments, and agencies.
  - ✓ Establish data-sharing agreements with stakeholders.
  - ✓ Use data ethically and responsibly, especially when utilizing data from other stakeholder groups.
  - ✓ Attend data workgroup meetings of your partners. Offer to present data on substance misuse prevention to non-traditional stakeholders.
  - ✓ Create user-friendly products for various audiences (e.g., legislators, teachers, students, coalitions, law enforcement, data workgroup) that communicate issues beyond the Epi profile.
  - ✓ Learn the process preferred by the prevention director's or NPN's office for responding to the media and legislators.

## *Think Broadly About Shared Risk and Protective Factor Data and the Various Partners the Data Affects*

Research and data suggest several common, or shared, risk and protective factors that impact substance misuse and mental health outcomes (SAPST, 2012). Assessing risk factors and protective factors that contribute to substance use disorders helps practitioners select the most appropriate interventions (SAMHSA, 2019). Many of these risk and protective factors affect various stakeholders and their interests. For example, the risk factor “poor academic achievement” impacts education, and data related to this factor may be used to engage education officials and school leaders in Epi Workgroup activities. Data on risk factors are available from sources such as the Youth Risk Behavior Surveillance System (YRBSS) and Monitoring the Future.

### GET RESOURCED

If you are new to substance misuse prevention and are unfamiliar with shared risk and protective factors, the Substance Abuse and Prevention Skills Training (SAPST) is a great resource for materials. You can also ask your supervisor if you can participate in a 4-day SAPST in your area as well.

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SAPST (2012), Session 1, Risk and Protective Factors

## *Familiarize Yourself with the Health Status of Your State or Tribe and the Changing Demographics or Trends, Including Health Disparities, Related to Substance Misuse or Mental Health*

Health disparities and social determinants of health are a focus and priority for SAMHSA. Behavioral health disparities affect the health of diverse communities across the U.S., including racial and ethnic groups, LGBTQ populations, people with disabilities, transition-age youth, and young adults. For many local and state prevention staff, providing appropriate services to these groups can be challenging.

One of the leading causes of health disparities is the lack of access to culturally and linguistically appropriate services (CLAS; U.S. Department of Health and Human Services, Office of Minority Health, n.d.). The CLAS Standards include 14 principles of culturally and linguistically appropriate services. If you design or administer surveys or conduct primary data collection, you must be aware of these standards. Your regional Prevention Technology Transfer Center (PTTC) can connect your Epi Workgroup with technical assistance on applying the CLAS Standards to your activities.

The best way to familiarize yourself with your area’s health disparities is to review various reports, the Epi profile, and studies that reflect local needs and trends. The PTTC has developed and archived several tools and resources on behavioral health disparities, including recorded webinars, and social determinants of health.

You can also find several useful data sources for analyzing behavioral health disparities through the socio-ecological lens in Prevention Solution’s “Ensuring the Well-being of Boys and Young Men of Color: Factors that Promote Success and Protect Against Substance Use and Misuse” (Prevention Solutions@EDC, 2016), as found at

[https://preventionsolutions.edc.org/sites/default/files/attachments/Ensuring-Well-Being-Boys-Young-Men-of-Color-Factors-that-Promote-Success-and-Protect-Against-Substance\\_1.pdf](https://preventionsolutions.edc.org/sites/default/files/attachments/Ensuring-Well-Being-Boys-Young-Men-of-Color-Factors-that-Promote-Success-and-Protect-Against-Substance_1.pdf)

Many of these data sources can be utilized for other disparate populations as well.

For more information on the CLAS Standards or the BluePrint, The Office of Minority Health also has a helpful website available at <https://thinkculturalhealth.hhs.gov/clas>.

The CLAS Standards include 14 principles of culturally and linguistically appropriate services. If you are designing or administering surveys, there are some culturally appropriate standards that your practices should include. The standards also cover what constitutes acceptable interpreter services, etc. If your Epi Workgroup is conducting primary data collection, you will need to consult these guidelines. Your regional PTTC can also connect your Epi Workgroup with technical assistance on applying the CLAS Standards to your Epi Workgroup activities.

## GET RESOURCED

Check out the PTTC’s resources on behavioral health disparities on our Products and Resources pages.

<https://pttcnetwork.org/centers/global-pttc/cultural-responsiveness>

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## *Major Substance Abuse Prevention Data Sources*

Below are just some of the primary data sources to familiarize yourself with as an Epi. There are many other data sources you will need to access, in addition to these below.

### Behavioral Risk Factor Surveillance System (BRFSS)

<http://www.cdc.gov/brfss/>

The Centers for Disease Control's Behavioral Risk Factor Surveillance System (BRFSS) is the nation's premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. BRFSS collects data in all 50 states as well as the District of Columbia and three U.S. territories. BRFSS completes more than 400,000 adult interviews each year, making it the largest continuously conducted health survey system in the world.

### National Health and Nutrition Examination Survey (NHANES)

<http://www.cdc.gov/nchs/nhanes.htm>

The National Health and Nutrition Examination Survey (NHANES) is a program of studies designed to assess adult's and children's health and nutritional status in the United States. The survey is unique in that it combines interviews and physical examinations. NHANES is a significant program of the National Center for Health Statistics (NCHS). NCHS is part of the Centers for Disease Control and Prevention (CDC) and is responsible for producing vital health statistics for the Nation.

### National Survey on Drug Use and Health (NSDUH)

<https://nsduhweb.rti.org/respweb/homepage.cfm>

The National Survey on Drug Use and Health (NSDUH) series (formerly titled National Household Survey on Drug Abuse) is a primary source of statistical information on the use of illicit drugs, alcohol, and tobacco and on mental health issues among members of the U.S. civilian, non-institutionalized population aged 12 or older. The survey tracks trends in specific substance use and mental illness measures and assesses the consequences of these conditions by examining mental and/or substance use disorders and treatment for these disorders. NSDUH data can be used to identify the groups who are at high-risk for initiation of substance use and issues among those with co-occurring substance use disorders and mental illness.



## Substance Abuse Prevention Planning and Epidemiology Tool (SAPPET)

<https://sappetdemo.wesdemo.com/new/default.asp>

The SAPPET is an online data tool designed to help SAMHSA-funded prevention grantees access and use data to guide their prevention planning efforts. SAMHSA's Strategic Prevention Framework (SPF) effectiveness begins with a clear understanding of community needs. SAPPET offers practitioners immediate access to data that can help them understand and prioritize the substance-related problems their communities face. The SAPPET allows you to also analyze data or download a data set for analysis. Please note, you will need to secure a password from WESTAT, the data curator, to gain access to the site. Instructions on how to contact WESTAT are located on the webpage.

SAPPET contains 151 behavioral health key indicators from 11 national data sources and makes these data available by state. Indicators are categorized into substance-related consequences, consumption patterns, and associated risk and protective factors. SAPPET focuses on a subset of these problems, specifically substance-related outcomes and associated risk and protective factors. Some of the risk and protective factors included in this tool are also related to mental health outcomes.

## Youth Risk Behavior Surveillance System (YRBSS)

<https://www.cdc.gov/healthyyouth/data/yrbs/index.htm>

The CDC's Youth Risk Behavior Surveillance System (YRBSS) monitors six types of health-risk behaviors:

1. ***Behaviors that contribute to unintentional injuries and violence;***
2. ***Sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection;***
3. ***Alcohol and other drug use;***
4. ***Tobacco use;***
5. ***Unhealthy dietary behaviors; and***
6. ***Inadequate physical activity.***

YRBSS also measures the prevalence of obesity and asthma among youth and young adults. YRBSS includes a national school-based survey conducted by the CDC and state, territorial, tribal, and local surveys conducted by state, territorial, and local education and health agencies and tribal governments.

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## *Stakeholders*

Strong, local partnerships serve as the backbone of successful community substance misuse prevention. When thinking about engaging partners in substance misuse prevention efforts, a few key players may immediately come to mind, such as parents and law enforcement. While these more traditional partners remain invaluable, today's continually evolving prevention landscape requires us to think holistically and reach out to new partners who can help us address emerging drug trends, access specific populations in greatest need, and extend the reach of our prevention efforts. The membership of your Epi Workgroup should also reflect this reality.

SAMHSA has identified several stakeholder groups as vital to the success of any community-level prevention effort. These include:

- **Youth**
- **Parents**
- **Businesses**
- **Media (e.g., newspaper, radio)**
- **Schools, both private and public**
- **Youth-serving organizations (e.g., Boy and Girl Scouts, the YMCA)**
- **Law enforcement**
- **Religious or fraternal organizations**
- **Civic or volunteer groups**
- **Healthcare professionals**
- **State, local, or tribal governmental agencies with expertise in substance misuse**
- **Other organizations involved in reducing substance misuse (treatment providers)**
- **Coroner**
- **Emergency Management**

As the Epi, familiarize yourself with these key stakeholders in your area to support the Epi Workgroup efforts.

## *Skills Inventory of Epi Workgroup*

As the Epi, you will be involved in conducting a skills inventory with the chairperson of your Epi Workgroup. An example of a skills inventory (Coalition Member/Leader Inventory) is available at

<https://elearn.sophe.org/coalition-assessment-evaluation-tools>.



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This inventory will give you a better picture of your members' access to data and particular talents so you can better align them with activities they would like to engage in and help them be productive members of the Epi Workgroup. It will also allow you to see where you might need to seek new members with areas of expertise your workgroup needs.

You can also assess skills and gaps of the Epi Workgroup membership by putting a list of skills across the top of a white board at one of your workgroup meetings and give members sticky notes to place their name under the skills they have. After everyone is finished placing their name under the skills, the group can easily see what areas they need to concentrate on during membership recruitment. This can also aid in the workgroup recognizing skills that are not always apparent.

## *Data Dissemination Methods*

The way you share your Epi products with partners needs to be deliberate. Know your audience and who will be using the product. It might be better for certain groups if you release pieces of the Epi profile as fact sheets or develop data storyboards to increase engagement in data topics. A legislator, for example, is going to have different needs than a community member when it comes to data. Ensure you accurately assess the most effective way to disseminate the data to different audiences. You do not want your Epi profile products to sit on a shelf!



**“Decide that communication is part of your job, and learn the rudiments – it’s easier than Epidemiology.”**

**-Peter M. Sandman**

## *How to Tailor Presentations and Communication Styles to Different Audiences*

The American Public Health Association states that public health professionals play an active role in communicating public health information to non-scientific audiences, such as the general population or mass media. The Epi should use language the audience knows, use visual aids and graphics, and avoid jargon.

Sandman (1991) describes eight critical guidelines to keep in mind regarding communication of epidemiological data, and they are still very applicable today (Figure 4).



Figure 4. Eight Guidelines for Communicating Epidemiological Data

## *Data Sharing Policies and Procedures*

As the Epi, you need to ensure confidentiality of data, but also encourage proper sharing of data so that advocacy and awareness increase around substance misuse. Meet with your agency representatives and know your policies regarding data sharing. Develop a data request system that explains the process to stakeholders and adequately communicate this process to Epi Workgroup members and other data owners. Some data have additional protections under state law. If you are given data from another agency, follow their requests for how the data is shared, stored, and destroyed. You may also need to check with your agency’s records retention department to learn their guidelines. Communication is key to developing trust that data will be shared and handled properly. Establish a data-sharing agreement and ensure all parties are following the agreement.

## *How to Talk to Data Owners*

One role of an Epi is to gain access to data. This requires that the Epi knows how to communicate and network with other agencies or partners who own these data. The following practices can help make this process more efficient.

- **Communicate the benefits of sharing data.**
- **Know who you need to talk to, who has access to the data, and why you need it.**
- **Think about what data you already have and how it might benefit your partners. Some partners may have access to data you are missing. You can offer to present at one of their meetings so their organization can see what your goals are, what data you collect, and how your respective missions align.**
- **Think about any barriers to sharing data before you meet, and have some solutions in mind to discuss.**
- **Practice your “ask.” Be clear about the data you need and how it will fill a gap for your Epi Workgroup and how it will benefit your community.**

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## Section 4.

# Epidemiological Workgroup Tasks and the Strategic Prevention Framework (SPF)

This section will outline the various tasks associated with the Epi Workgroups and the Strategic Prevention Framework (SPF). The Epi Workgroup is a network of people and organizations that bring analytical and other data competencies to substance misuse prevention. Epi Workgroups bring systematic, analytical thinking about the causes and consequences of substance misuse to facilitate effective prevention planning. The mission of Epi Workgroups is to move states and tribes toward the integration of data about the nature and distribution of substance use and related consequences into ongoing assessment, planning, and monitoring decisions at the state, tribal, and community levels (SAMHSA, 2012). Specifically, the focus of the Epi Workgroup is a(n):

- 1. *Emphasis on outcomes-based prevention;***
- 2. *Adoption of a public health approach to preventing and reducing substance use and related problems; and***
- 3. *Use of Epidemiological data as a primary foundation for all planning and decision-making at the state and community levels (SAMHSA, 2012).***

Additionally, the value-added features of Epi Workgroups fall within four broad categories:

- ***New/improved collaboration for data-related activities;***
- ***New/improved access to data;***
- ***Enhanced capacity to use data in substance misuse prevention planning, including increased use of data for decision-making; and***
- ***Increased appreciation or support from state leadership.***

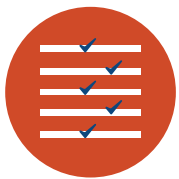
In some cases, the epidemiological workgroup began as part of a broader Strategic Prevention Framework State Incentive Grant (SPF SIG) funded by the Center for Substance Abuse Prevention (CSAP). These SPF SIG workgroups were called State Epidemiology Workgroups or SEWs. CSAP also made contract funds available to support epidemiological workgroups in other states that were not receiving SPF SIG funds; these workgroups were called State Epidemiology Outcomes Workgroups, or SEOWs (SAMHSA, 2012, p. 1). Although the contractual mechanisms differ, this toolkit refers to both structures as Epi Workgroups. Many are still in existence today to support substance misuse prevention activities and may be referred to as SEW or SEOWs, depending on your location or jurisdiction.

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## *The Strategic Prevention Framework and Epi Workgroup Functions*

SAMHSA's prevention planning process is known as the Strategic Prevention Framework (SPF). The SPF is designed to help prevention practitioners work with states, tribes, jurisdictions, and communities to address substance misuse prevention and related behavioral health problems more effectively (SAMHSA, 2019).

Through each of the SPF steps, Epi Workgroups provide the support that is essential to the success of prevention policies and projects:



**ASSESSMENT:** Epi Workgroups collect, analyze, and interpret a set of epidemiological data elements and describe substance-related consequences and describe substance misuse-related consequences, consumption patterns, and mental, emotional, and behavioral and consumption patterns and mental, emotional, and behavioral (MEB) problems in an epidemiological profile.



**CAPACITY BUILDING:** Epi Workgroups provide data and information to key stakeholders to mobilize and enhance state and community resources to address prevention priorities and assist states in collecting, analyzing, and interpreting prevention system capacity data.



**PLANNING:** Epi Workgroups determine key substance use and mental, emotional, and behavioral (MEB) problems (i.e., specific consequences of substance use and MEB disorders, target populations, geographic areas) and provide these findings to guide state decisions about prevention priorities and allocation of prevention funds.



**IMPLEMENTATION:** Epi Workgroups work with the states, tribes, and communities to provide information to help decision-makers determine strategies that effectively address identified priorities.



**EVALUATION:** Epi Workgroups conduct ongoing data collection and analysis to examine changes over time in substance-related problems, patterns of consumption, and MEB problems and provide this information for ongoing state decision-making about prevention priorities and resource allocation.



# Epidemiological Workgroup Expectations

CSAP identified six core tasks that result in the establishment and effective functioning of the Epi Workgroups (SAMHSA, 2012). To assist you, below each task are some action steps you could take as an Epi Workgroup to accomplish each task.

## 1 Develop a state-level structure that focuses on using data for decision making related to substance misuse prevention.

### ACTION STEPS

- *Establish an Epi Workgroup.*
- *Secure staff members with epidemiological expertise and time to perform Epi Workgroup tasks.*
- *Create structures and procedures that connect and foster working relationships between the Epi Workgroup and the larger prevention system.*

## 2 Identify the types and scope of data needed to describe the magnitude and distribution of substance misuse and related consequences across the lifespan and socio-ecological model.

### ACTION STEPS

- *Establish a core set of substance-use and related consequence data indicators.*
- *Crosswalk core set of indicators with the lifespan and socio-ecological model.*

## 3 Collect and analyze data on substance misuse and related consequences.

### ACTION STEPS

- *Develop a data collection plan.*
- *Create a state epidemiological profile (Epi Profile) and/or other data products.*

## 4 Assist in setting substance misuse prevention priorities based on epidemiological data and outline how they inform planning and resource allocations.

### ACTION STEPS

- *Define prioritization criteria.*
- *Establish a process for setting priorities according to the criteria.*
- *Apply the results of the prioritization process.*
- *Make recommendations for statewide prevention strategic planning.*

5

Assist in identifying, collecting, and analyzing community-level data and in determining the use of those data in community planning.

ACTION  
STEPS

- *Provide input and guidance for community-specific data analyses.*
- *Consider the implications of those analyses for community planning.*

6

Develop a system for ongoing monitoring of substance misuse prevention related data to track the progress of efforts to address prevention priorities and detect trends.

ACTION  
STEPS

- *Create a Monitoring Plan and develop a schedule for ongoing data reports.*
- *Develop or update a charter for the Epi Workgroup and the completion of a substance-related state or tribal Epi Profile in the first year (see Appendix).*
- *In the following year, conduct a thorough analysis of data gaps, complete a community-level substance-related Epi Profile, and update the initial state or tribal profile.*
- *It is best practice to update state, tribal, and community-level profiles and develop dissemination and sustainability plans.*

## Getting Started with the SPF

As the new Epi, you may not be as familiar with SAMHSA and the SPF. A great resource to provide an overview of the SPF is the online course “What is the SPF? An Introduction to SAMHSA's Strategic Prevention Framework.” This interactive, self-paced course offers a detailed overview of SAMHSA's comprehensive planning process. If you desire a more intensive face-to-face application of the SPF, you can ask your supervisor about an upcoming SAPST training in your area. These courses do not focus on just the SPF and epidemiology, but the SPF and prevention in general. However, throughout the SAPST, the curriculum focuses on data-based decision-making processes related to prevention problems.

### GET RESOURCED

The online course “What is the SPF? An Introduction to SAMHSA's Strategic Prevention Framework” is a starting point if you are new to working with a SAMHSA prevention grant.

<https://preventionsolutions.edc.org/services/online-courses>

## Using a Logic Model with your Epi Workgroup as Part of the SPF Process

Another step to help you incorporate the SPF into the Epi Workgroup process is to outline your Epi Workgroup tasks and create an evaluation logic model around the goals you would like to achieve. Once your logic model is complete, you can work together to establish action plans for each outcome and monitor your progress. If you need assistance with developing an Epi Workgroup logic model or facilitating a meeting the logic model, contact your regional Prevention Technology Transfer Center (PTTC). The center can assist you with resources and put you in contact with support in your area. Below you will find a template and example that can be used with your Epi Workgroup. You could start by reviewing the Epi Workgroup expectations stated earlier in this section and brainstorming what outcomes you would like to see and what activities (outputs) and resources (inputs) contribute to achieving those outcomes.

INPUTS	ACTIVITIES/OUTPUTS	OUTCOMES
<p><i>What resources will be used to support the Epi Workgroup?</i></p> <ul style="list-style-type: none"> <li><b>Funding</b></li> <li><b>Personnel</b></li> <li><b>Time</b></li> <li><b>Resources</b></li> <li><b>Partners</b></li> <li><b>Agreements</b></li> </ul>	<p><i>What will the Epi Workgroup do, provide, or produce?</i></p> <ul style="list-style-type: none"> <li><b>Develop Epi Profile</b></li> <li><b>Data sharing</b></li> <li><b>Develop curriculum</b></li> <li><b>Research</b></li> <li><b>Quality improvement activities</b></li> <li><b>Meetings held</b></li> <li><b>People engaged</b></li> <li><b>Materials developed</b></li> <li><b>Epi Profile produced and disseminated</b></li> </ul>	<p><i>What results should follow from the activities /outputs?</i></p> <ul style="list-style-type: none"> <li><b>The Epi Profile is used by stakeholders for decision making</b></li> <li><b>Reduction in turnover of Epi Workgroup members</b></li> </ul>

Once your logic model is developed, you should determine how often you will monitor progress and update the Epi Workgroup. A sample table for monitoring resources and inputs is below.

INPUTS	STATUS OF THIS INPUT	RESPONSIBILITY	COMMENTS

In addition to monitoring resources or inputs, you can set up monitoring plans for your activities/outputs, as well as your outcomes. Here are some examples.

ACTIVITIES/ OUTPUTS	QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4	COMMENTS

OUTCOMES	MEASUREMENT TOOL	SOURCES OF DATA	PROGRESS	COMMENTS

Please contact your PTTC if you are interested in receiving technical assistance around measuring your Epi Workgroup's efficacy, and the center can assist you with this process. A full template for an Epi Workgroup logic model is located in the Appendix.

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## References

Substance Abuse and Mental Health Services Administration (2012). *Data-Based Planning for Effective Prevention: State Epidemiological Outcomes Workgroups* (HHS Publication No. (SMA) 12-4724). Rockville, MD.

Available at: <https://store.samhsa.gov/sites/default/files/d7/priv/sma12-4724.pdf>

Substance Abuse and Mental Health Services Administration (2019). *A Guide to SAMHSA's Strategic Prevention Framework*. Rockville, MD.

Available at:

<https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf>

## Section 5.

### Tools and Resources to Get You Going

The Prevention Technology Transfer Center (PTTC) is available to assist Substance Abuse and Mental Health Services Administration (SAMHSA) prevention grantees with training and technical assistance (T/TA) around Epi-related activities associated with grant deliverables. The PTTC Network is comprised of 10 Domestic Regional Centers, 2 National Focus Area Centers, and a Network Coordinating Office. Together the Network serves the 50 states in the U.S., the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the Pacific Islands of Guam, American Samoa, Palau, the Marshall Islands, Micronesia, and the Mariana Islands (PTTC Network, 2021). Your regional resource team is the South Southwest PTTC. You can visit the PTTC website at <https://pttcnetwork.org/centers/global-pttc/about-pttc-network>.

#### *How do I request training or technical assistance from the PTTC?*

If you are interested in T/TA, discuss the T/TA needs with your Epi Workgroup or your supervisor. After confirming the T/TA you or your agency needs, please contact your regional PTTC by selecting from the center list available at <https://pttcnetwork.org/centers/selection>. Your regional PTTC will work with you to identify the best resources and services that align with your workforce development needs.

#### *What does the PTTC offer?*

The PTTC philosophy is based on a collaborative process between you, your community collaborators, and the PTTC. In terms of epidemiological T/TA and resources, the PTTC develops and disseminates tools and strategies needed to improve epidemiological efforts related to substance misuse. The PTTC can provide intensive technical assistance and learning resources to prevention professionals to enhance their understanding of prevention science, use of epidemiological data, implementation of evidence-based and promising practices, and development of tools and resources to engage the next generation of prevention Epi. The T/TA design is based on current evidence in prevention science and focused on capacity-building and technology transfer (PTTC Network, 2021).

#### *What about online training for Epi Workgroup members?*

The PTTC periodically offers regional and national webinars and can also design a webinar specifically for you around a particular prevention Epi topic. Additionally, the PTTC has self-paced online courses that you can take at your convenience without submitting a request. This training site is called Health-e-Knowledge, available at <https://healthknowledge.org/>. Health-e-Knowledge will be a helpful resource for you to quickly get new Epi Workgroup members trained on current substance misuse prevention and other related topics.

## *What about T/TA for Epi Workgroup members?*

Your PTTC can connect you with other epidemiologists and assist you with T/TA or resources. When you request T/TA, the PTTC, in collaboration with you, will determine the best fit for your needs. The PTTC also consults with experts outside the PTTC network with specialized knowledge in epidemiology or other T/TA topics. Your PTTC can also draw upon the resources of the two National PTTC workgroups that work with data, including the Data Informed Decisions Workgroup and the Implementation Science Workgroup.

### **Training and Technical Assistance Topic Examples**

Health disparities

Epi indicators and the socio-ecological model

Engaging Epi Workgroup members and stakeholders

Assessing gaps in data collection

Developing data storyboards

Developing an Epi Workgroup orientation packet

Developing an Epi Workgroup logic model

Developing products in a usable format for community members

Data dissemination

New Epi mentoring, ongoing T/TA

Shared risk and protective factors data collection

Increasing survey response rates

Monitoring and evaluating the Epi Workgroup process

Facilitating Epi Workgroup meetings

Establishing Epi Workgroup sub-committees and tasks

Incorporating the CLAS Standards into the Epi Workgroup activities

Prioritizing indicators for prevention planning

Assessing sub-populations and hard-to-reach populations

Setting up data-sharing agreements with partners

Accessing Prescription Drug Monitoring Program (PDMP) data and how to use it

Collaborating with partners and advocacy groups

## Epi Products and Prior Trainings to Get You Started

Several Epi tools are available for your use. A quick way to access products and resources related to epidemiology is to go to the PTTC Products and Resources page, available at <https://pttcnetwork.org/centers/global-pttc/products-and-resources> and select “epidemiology” from the keyword list. You may also find the resources or searches below helpful.

PTTC Products and Resources Search (Select Data-Driven or Epidemiology from Keywords)

<https://pttcnetwork.org/centers/global-pttc/products-and-resources>

Actions to Strengthen Your Epi Workgroup

[https://preventionsolutions.edc.org/sites/default/files/attachments/Actions-Strengthen-your-Evidence-Based-Program-workgroup\\_1\\_0\\_0.pdf](https://preventionsolutions.edc.org/sites/default/files/attachments/Actions-Strengthen-your-Evidence-Based-Program-workgroup_1_0_0.pdf)

Prior Epi Webinars (Select Product Type: Multimedia)

<https://pttcnetwork.org/centers/global-pttc/products-and-resources>

Data-Based Planning for Effective Prevention: State Epidemiological Outcomes Workgroups

<https://store.samhsa.gov/sites/default/files/d7/priv/sma12-4724.pdf>

Sample Epi Profiles

[https://issuu.com/spthb/docs/final\\_steow\\_epi\\_profile\\_updated\\_2-26-20](https://issuu.com/spthb/docs/final_steow_epi_profile_updated_2-26-20)

<https://www.coloradoseow.org/seow-publications-new/epidemiological-profiles-final/>

[https://afmc.org/wp-content/uploads/2017/07/OADAP\\_SEOW-2017-State-Report-Book\\_v3.3PRINT.pdf](https://afmc.org/wp-content/uploads/2017/07/OADAP_SEOW-2017-State-Report-Book_v3.3PRINT.pdf)

Online Courses (self-paced)

<https://healthknowledge.org/>

South Southwest (HHS Region 8)  
PTTC  
Prevention Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

YOUR PTTC ▾ EDUCATION ▾ RESOURCES ▾ PROJECTS ▾ COMMUNICATION ▾ ABOUT ▾

× SOUTH SOUTHWEST PTTC NAVIGATION (Select to expand / collapse menu) Go to Center 🏠

Preventing Trauma and Its Consequences  
A Five-part Series  
View Training and Materials

South Southwest PTTC

The South Southwest Prevention Technology Transfer Center (South Southwest PTTC), based on the University of Oklahoma OU Outreach, serves substance misuse prevention professionals, organizations, and community stakeholders in five southwestern states by providing high-impact training and technical assistance. These programs help build the professional and community capabilities required to deliver effective and evidence-based prevention programs, practices and strategies. The South Southwest PTTC is part of U.S. Health and Human Services Region 6, working for Arkansas, Louisiana, Oklahoma, New Mexico, and Texas.

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SIGN UP FOR OUR NEWSLETTER!

NEWS

UPCOMING EVENTS

OCT 26 Methamphetamine Use: What are the Data Telling Us  
The Great Lakes PTTC and the South Southwest PTTC are offering this training for individuals working

View All

PRODUCTS

Coalition Building: Coalition Design & Member Engagement Part 2  
COURSE DESCRIPTION Coalition member recruitment, retention, and engagement requires intentional efforts to mobilize members to move the

Coalition Building Part 1: Recruitment and Retention  
DESCRIPTION Coalition member recruitment, retention, and engagement require intentional efforts to mobilize members to move the community's



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# References

Prevention Technology Transfer Center (PTTC) (2021). *About the PTTC*.

Available at: <https://pttcnetwork.org/centers/global-pttc/about-pttc-network>

# Appendix A

## Sample Epidemiological Profile Outline

The following outline contains the basic content areas to include in an epidemiological profile:

### Cover Page

### Acknowledgments

- List members of your epidemiological workgroup, advisory council, evidence-based program workgroup, and any other key stakeholders.

### Table of Contents

### Executive Summary

- Provide a brief overview of what the epidemiological profile is, why it is important, and how it can be used.
- Provide a brief list of key findings from the profile.

### Introduction

- Describe your community. Consider including demographic information such as population size, age distribution, gender, and any socioeconomic background information that may be available (educational attainment, employment, etc.).
- Include important historical, cultural, and contextual information that might be relevant to the data included in the profile.
- Consider describing your project. Describe SAMHSA's Strategic Prevention Framework (SPF) and how developing an epidemiological profile is a component of SPF Step 1: Assess Needs.
- Describe your epidemiological workgroup. This can include the number of members, agencies, organizations they represent; how often they meet, where they meet, and any other information an interested person may want to know.

### Data Selection Processes

- Describe how you collected or gathered the data included in the profile.
- Discuss how your workgroup decided which data sources to include in the profile and which data sources to leave out.
- Provide a list of data sources, describing each source. Examples include a youth tobacco survey, emergency room data from the local hospital, alcohol-related motor vehicle crash data from local law enforcement, and community perceptions collected during a focus group. For each data source, include:
  - A brief description of the data source
  - The department, agency, or organization that provided the data
  - How frequently the data are collected and the years that data are available for
  - Any limitations of the data, which might include a small survey response or inadequate arrest reports

## **Data Dimensions**

Describe the criteria you need to prioritize substance misuse problems. These might include:

- Size or magnitude
- Trends over time
- Relative comparisons (for example, one community to another, one age group to another)
- Seriousness/severity
- Economic cost

## **Body of Report (Findings)**

This may include narrative, tables, graphs, charts, and maps. It is also helpful to incorporate a combination of formats. For example, use narrative to summarize findings in a table. Make sure that tables and graphs are clearly labeled.

- Alcohol
  - Consumption/use indicators
  - Consequence indicators
  - Risk and protective factors
- Tobacco
  - Consumption/use indicators
  - Consequence indicators
  - Risk and protective factors
- Drugs
  - Consumption/use indicators
  - Consequence indicators
  - Risk and protective factors

## **Limitations and Data Gaps**

- Discuss indicators for which you do not have data and consider including strategies or plans for addressing those data gaps.
- Discuss limitations of the data you do have. For example, maybe you have data that you cannot sort by gender or by age group.

## **Conclusion**

### **Appendices, which might include:**

- Names of State Epidemiological Outcomes Workgroup members
- Data collection instruments used
- Large, detailed tables
- Glossary of terms
- Mortality or hospitalization data: ICD-9/ICD-10 codes (if the tribe uses these data sources)

# Appendix B

## Example Epi Workgroup Bylaws

### ARTICLE I: NAME

The name of this state-level advisory committee, created by the [State] Strategic Prevention Framework Advisory Council (Council), shall be known as the State Epidemiological and Outcomes Workgroup (SEOW).

### ARTICLE II: PURPOSE

To act in an advisory capacity to the Council on matters pertaining to the development of policies and procedures that will guide and strengthen substance use prevention efforts statewide. Overall, the SEOW shall assist the State through improved prevention assessment, planning, implementation, and monitoring efforts based on the application of systematic analyses of the causes and consequences of substance use.

The SEOW shall:

- Develop a statewide needs assessment based on collection and analysis of epidemiological and other state and community level data.
- Assist the Council in setting State prevention priorities.
- Assist the Council in evaluating and mobilizing capacity to address needs identified in the assessment. The SEOW shall help the Council to collect, analyze, and interpret data regarding capacity and also provide data and information to key stakeholders to marshal and enhance state and community resources to address prevention priorities.
- Recommend targets, based on data from the needs assessment, for the State Strategic Prevention Plan. These targets may reflect geographic location, specific population characteristics, and/or substance-related behaviors. The SEOW shall also assist with community-level assessment efforts.
- The SEOW shall assist the State in efforts to select and implement appropriate and effective strategies congruent with State priorities. The SEOW shall assist in establishing a link among substance-related problems identified through the State-level needs assessment, causal factors that contribute to identified problems, and proven strategies for addressing the causal factors and problems.
- Based on priorities that emerge from the needs assessment, the SEOW shall assist the Council in developing an evaluation/monitoring system. The SEOW shall contribute to ongoing data collection and analysis to examine trends in substance-related problems, patterns of consumption, and other factors that influence them. The SEOW shall provide data to the Council and prevention providers to monitor key milestones and evaluate effectiveness of implemented prevention efforts.

Approved [Date]

## **ARTICLE III: MEMBERSHIP, APPOINTMENT, AND TERMS**

### Section 1 – Membership

The SEOW shall consist of individuals who are knowledgeable about substance abuse, prevention, intervention, and treatment issues, and possess the requisite skills, data, and/or decision-making authority for using data to guide and improve substance-related prevention. In addition, the SEOW shall include representatives of the following (listed alphabetically):

- Community-At-Large—Community Consultants, Governor’s Commission for a Drug-Free [State] (3 representatives, 3 votes)
- Division of Mental Health and Addiction, [State] Family Social Services Administration (3 representatives, 1 vote)
- Office of Medicaid and Public Policy, [State] Family Social Services Administration (1 representative, voting)
- Criminal Justice (1 representative, voting)
- Department of Corrections (2 representatives, 2 votes)
- Department of Education (2 representatives, 1 vote)
- Prevention Resource Center (3 representatives, 1 vote)
- State Department of Health (2 representatives, 2 votes)
- State Police (1 representative)
- Tobacco Prevention and Cessation (1 representative)
- Youth Institute (2 representatives, 1 vote)
- Health Policy (1 representative, non-voting, ex-officio)
- Survey Consultant (1 representative, voting)
- Substance Abuse and Mental Health Services Administration (1 representative, non-voting, exofficio)

### Section 2 – Appointment and Term

All members shall be appointed by the Council and/or majority vote of the SEOW. Members shall serve until expiration of the SPF SIG term, until a Member voluntarily resigns, or is removed by the Council, either directly or pursuant to a recommendation by the SEOW Chairperson. If a member leaves his/her entity, a new representative for that entity shall be appointed. If a member leaves his/her entity, but his/her participation is still deemed relevant, that individual may, at the Council’s discretion, be reappointed.

### Section 3 – Proxy

A SEOW member may designate an individual to serve as a proxy in the event a Member knows he/she will be absent from a meeting during which a vote is taking place. The written proxy designation must be submitted to the SEOW Chair before the formal call to order of the designated meeting. A Proxy will be allowed to exercise the Member’s voting privileges for which they are representing. A Proxy will not be permitted to exercise a Member’s voting

privileges for which they are representing. A Proxy will not be permitted to exercise a Member's voting privileges, however, when he/she has a conflict of interest whereby his/her agency and/or he/she personally may benefit from actions being voted upon.

#### Section 4 – Duties and Responsibilities

Approved [Date]

Members shall (a) represent the entity with which they are associated as well as themselves; (b) provide input, information, connections, and cooperation; and (c) maintain open lines of communication with each entity represented.

#### Section 5 – Compensation

Members of the SEOW shall serve without compensation, but shall be reimbursed for travel, accommodation, and food when such expenses are incurred in the performance of their duties.

### **ARTICLE IV: MEETINGS**

#### Section 1 – Regular Meetings

The SEOW shall consist of individuals who are knowledgeable about substance abuse, prevention, intervention, and treatment issues, and possess the requisite skills, data, and/or decision-making authority for using data to guide and improve substance-related prevention. In addition, the SEOW shall include representatives of the following (listed alphabetically):

#### Section 2 – Special Meetings

Special meetings of the SEOW may be called by the Chairperson or by request of at least 3 SEOW members. An agenda, notice of place and time of any such special meeting must be provided to the SEOW members at least 5 days prior to the date of the called special meeting. Only matters contained in the agenda shall be voted on at any special meeting.

#### Section 3 – Quorum

A simple majority of the membership of the SEOW shall constitute a quorum and may legally transact SEOW business.

#### Section 4 – Attendance

A recommendation to the SEOW Chairperson or on advice of the SEOW Chairperson to the Council for removal from membership of the SEOW may be made of any individual who is not represented in person or by proxy for three or more consecutive one-half or more of the regular meetings during any 12-month period.

#### Section 5 – Rules of Order and Voting

The SEOW adopts Robert's Rules of Order for governing all meetings. The Chairperson shall open and adjourn all meetings. When the Chairperson is unable to attend meeting(s),

the co-Chairperson shall open and adjourn meetings. Any member of the SEOW may contact the Chairperson and/or other members of the SEOW by electronic mail and/or SEOW Listserv to bring to the SEOW's attention an item for discussion, including the specific date, if any, by which a decision or vote must be made, including an explanation of any factors bearing on the time frame. All Members will be given an opportunity to comment on the item and distribute such comment(s) by using the "reply all" option for sending email. If a simple majority of the SEOW membership responds affirmatively by electronic vote, the matter is then decided in the affirmative.

Approved [Date]

## Section 6 – Meeting Minutes

Written minutes of all SEOW meeting shall be made available to the group via email within 14 days after the date of the meeting. The minutes shall include: the date, time, location, attendance (those present and absent), all motions, proposals, resolutions, orders, ordinances, and measures proposed, the name of the person proposing the same and their disposition, and the results of all votes. Upon the request of a member, pursuant to the rules, policies, or procedures regarding recording roll call votes, the minutes shall also include the vote of each member by name.

## **ARTICLE V: OFFICERS**

The only officers of the SEOW shall be the Chairperson and Co-chairperson, designated by the SEOW Chairperson. The Chairperson shall preside over all meetings of the SEOW. The Chairperson shall also communicate to the Council regarding activities of the SEOW.

## **ARTICLE VI: BYLAWS**

### Section 1 – Adoption

These Bylaws shall be adopted by a majority vote of the SEOW members provided that the Bylaws have been distributed to the SEOW members at least 5 working days prior to the meeting.

### Section 2 – Amendments

These Bylaws may be amended at any regular meeting by a majority vote of the Members present, provided that any such proposed amendment shall have been distributed to the Members at least 5 working days prior to the meeting.

## Appendix C

### Epi Workgroup Logic Model Template

A state or tribal epidemiological workgroup (SEW/TEW) is a network of people and organizations that bring analytical and other data competencies to substance misuse prevention. SEWs and TEWs aim to bring systematic, analytical thinking about the causes and consequences of substance use to substance misuse prevention planning so that prevention resources are used effectively and efficiently. SEW/TEWs are groups of data experts and prevention stakeholders responsible for bringing data on substance misuse and related behavioral problems to the forefront of the prevention planning process. To achieve their mission, SEWs and TEWs may be charged with four core tasks: identify, analyze, profile, and share data from existing state and local sources; create data-guided products that inform prevention planning and policies; advise states, tribes and local communities and support understanding, using, and presenting data in an effective manner; and build state- and local-level monitoring and surveillance systems. A SEW/TEW logic model can help the workgroup focus on its desired outcomes and build its infrastructure that leads to sustainability.

### EXAMPLE TEMPLATE

Inputs	Activities/Outputs	Outcomes
<p><i>What resources will be used to support the epidemiology workgroup?</i></p> <ul style="list-style-type: none"> <li>• Funding</li> <li>• Personnel</li> <li>• Time</li> <li>• Resources</li> <li>• Partners</li> <li>• Agreements</li> </ul>	<p><i>What are the things the epidemiology workgroup will do/provide/produce?</i></p> <ul style="list-style-type: none"> <li>• Develop epidemiology profile</li> <li>• Data sharing</li> <li>• Develop curriculum</li> <li>• Research</li> <li>• Quality improvement activities</li> <li>• Meetings held</li> <li>• People engaged</li> <li>• Materials developed</li> <li>• Epidemiology profile produced and disseminated</li> </ul>	<p><i>What results should follow from the activities/outputs? (typically, changes in broader conditions)</i></p> <ul style="list-style-type: none"> <li>• The epidemiology profile is used by stakeholders for decision making</li> <li>• Reduction in turnover of epidemiology workgroup members</li> </ul>



<b>Inputs</b>	<b>Activities/Outputs</b>	<b>Outcomes</b>