Recommended Functions of Successful Epidemiological Workgroups

Introduction

Data are essential to the successful prevention of substance use and misuse. They provide the information necessary to understand the problems facing a community, effectively select and deliver prevention programs, and find out if these programs work. Data-driven decision making is also one of the distinctive features of SAMHSA's Strategic Prevention Framework (SPF)—a five-step community-based planning approach to prevention efforts that helps states, tribes, and jurisdictions build the infrastructure necessary for successful outcomes.

To help communities engage with and use data consistently to guide their prevention decisions under the SPF, SAMHSA provided funding and support to all states, jurisdictions, and several tribal entities to establish epidemiological workgroups—networks of agencies and individuals focused on collecting and using data to inform and enhance substance abuse prevention practice and, more specifically, on helping communities use data throughout the SPF process.

Initially, the epidemiological ("epi") workgroups were charged with performing a specific set of core functions related to helping SAMHSA prevention grantees identify, assess, and prioritize their substance-related prevention needs–key benchmarks of SPF Step 1: Assessment and Step 3: Planning. Once these activities were complete, however, many workgroups struggled to find appropriate ways to continue to stay involved and support grantees. Without a clear charge and focus, many workgroups also had difficulty keeping members engaged.

About this Tool

This resource is designed to help epi workgroups re-conceptualize their purpose and function, drawing on lessons learned from experienced workgroup members. These functions are organized according to two categories:

- Functions that support a healthy workgroup
- Functions that support workgroup processes and products

Please note that these functions are not meant as guidelines, but as a starting point for considering what it means to be a successful epidemiological workgroup once "the assessment" is complete, and for ensuring that the knowledge and experience of data experts help to inform all prevention-related decisions. Yes, some of these functions are more closely aligned with certain SPF steps than others, but given that the SPF is a cyclical, iterative model, progress made in one area will inevitably

Developed under the Substance Abuse and Mental Health Services Administration's Center for the Application of Prevention Technologies task order. Reference #HHSS283201200024I/HHSS28342002T. For training use only. February 27, 2016

strengthen another. Finally, keep in mind that many of these functions can be performed simultaneously and/or overlap with one other; and that how they are performed is likely to shift over time—as new needs emerge, workgroup capacities evolve, and priorities change.

Functions that Support a Healthy Workgroup

Establish a clear understanding of workgroup mission and audience needs.

Workgroups that have a clearly-defined mission that aligns with state priorities and target audience needs are traditionally more successful in getting buy-in from prevention leadership, in keeping members involved in workgroup activities, and in becoming institutionalized in their states', tribes', and jurisdictions' prevention infrastructures. To this end, it is important to dedicate time early on to developing a common understanding of the purpose of the workgroup, and of the multiple audiences you are expected to serve.

In general, the target audiences for workgroups exist at three levels:

- Local-level audiences include communities and coalitions
- State-, tribe-, or jurisdiction-level audiences include the Single State Agency (SSA), as well as key stakeholders from related behavioral health offices
- Federal-level audiences include funding agencies, such as SAMHSA/CSAP

Creating a mission that incorporates the distinct needs of each of these audiences can be challenging—particularly since these needs may at times conflict with one another. Workgroups can approach this challenge by keeping their mission simple, and by revisiting it regularly. Doing so will allow you to detect evolving needs and respond accordingly. Ultimately, taking the time to clarify both your mission and audience will make it easier to see what needs to be done, recruit the most effective members, and prioritize immediate and future workgroup goals.

Dedicate ample time to the recruitment and retention of workgroup membership.

To access the variety of data needed to fully understand the range of substance-related problems facing a community—as well as their associated consequences—epidemiological workgroups must facilitate and foster collaborations among a broad range of prevention professionals and other key stakeholders. To be successful, getting the right people to the prevention table is critical.

Workgroup membership typically falls into three overlapping categories; you will want to recruit and retain members with the skills and willingness to collectively fulfill all of these roles. Categories include:

- *Core members* who are directly responsible for workgroup functions (e.g., epidemiologist, coordinator, evaluator)
- *Decision-makers* who have the authority to endorse workgroup decisions and prevention planning (e.g., workgroup chair, SSA director, National Prevention Network representative, tribal council leader)
- *Key stakeholders* at the state, tribe, jurisdiction, and community levels (e.g., health, mental health, education, or criminal justice agencies; community coalitions) who can provide access to data and/or bring valuable expertise on substance-related problems.

Recruiting, retaining, and expanding (as needed) workgroup membership takes time and effort. As mentioned above, clearly defining the workgroup's mission and functions can help potential members assess the level of commitment expected of them. It is also important to clearly articulate the benefits of participation: what each potential member can bring to the workgroup and how workgroup functions and products can help potential member agencies achieve their own missions.

Define member roles and responsibilities.

During a 2015 assessment of workgroup needs[1], many workgroup chairs cited "lack of clarity" regarding member roles and responsibilities as one of the main reasons that their epi workgroup disbanded. Clear roles and responsibilities enhance workgroup efficiency by reducing redundancy of effort and helping to ensure that members are well-suited to assigned tasks. Standard epi workgroup roles include the following:

- *Epidemiologist/Analyst* with expertise in assessment data analysis
- *Coordinator* with expertise in meeting facilitation and coordination
- *Chair/group leader* with the authority to make and communicate workgroup decisions
- *Evaluator* with expertise in data analysis from an evaluation perspective.

Workgroup members frequently assume multiple roles within the group. For example, the epidemiologist can act as the workgroup chair, and the grant evaluator can supplement the role of epidemiologist. However, even when members fulfill multiple roles, it can be helpful to define the expectations for these core members. For instance, if the grant evaluator is also the epi workgroup epidemiologist, clarifying the expected level of commitment required for each of these roles can be helpful.

In general, member responsibilities align with the different workgroup functions: those that support a sound organizational structure (e.g., meeting coordination, facilitation, relationship-building,

decision-making) and those that support workgroup processes and products (e.g., collecting, analyzing and reporting data; providing training and technical assistance to communities).

Multiple members can share responsibilities—for example, both the epidemiologist and evaluator can be involved in data analysis. Conversely, multiple workgroup responsibilities can be assumed by a single member—for example, the workgroup chair can be responsible for meeting collaboration, relationship-building and decision-making. What is important is that roles and responsibilities are clearly articulated, and that they are the right match given workgroup priorities, membership, and capacity.

Finally, it's helpful to define shared expectations for all workgroup members. These include:

- Contributing to data-guided prevention planning efforts;
- Participating in full committee meetings (usually held quarterly or semi-annually); and
- Participating in subcommittees as needed.

Functions that Support Workgroup Processes and Products

Identify and collect data

Once you have your workgroup in place, you can begin doing what you are meant to do: bring data to the forefront of the prevention planning process. The first step in this process is to identify relevant data sources and indicators. There are two main types of prevention-related data sources:

- *Epidemiological data* that describes the substance-related consequences, consumption patterns, and risk/ protective factors. Planners can use these to establish prevention priorities, identify target populations, and select appropriate prevention strategies and programs.

- *Non-epidemiological data* that describes available prevention resources and or community capacity to address prevention priorities.

The main focus of the epi workgroup is to identify epidemiological data that describes the distribution of substance-related indicators within its state, jurisdiction, tribe, and community. To accomplish this task, many workgroups start out by hoping to *acquire* all of the substance-related indicator data that their members can provide. Unfortunately, this quest can be time-consuming and expensive. Instead, workgroups should—at a minimum—seek to *document* all existing substance-related datasets and indicators available to them. Then, before beginning the acquisition process, they should assess their community context and available resources, and then focus on collecting

data on just those indicators that are most closely related to the substance-related problems in their communities.

Analyze and interpret data findings and limitations

Once the workgroup has identified appropriate data sources and indicators, it can begin analyzing and interpreting the data. Probably one of the most significant functions of the epi workgroup is to generate aggregated measures that describe the frequency and distribution of substance use and relevant trends. Assessing and analyzing the distribution of substance-related problems, in particular, can help uncover potential health disparities, guide the prioritization process, and inform the development of culturally-appropriate programs and materials, such as epidemiological profiles and data briefs, to address these problems.

Keep in mind that every dataset has its own limitations, and that these limitations should be considered when analyzing and interpreting findings. For example, findings based on small sample sizes and/or case studies are often unreliable, so workgroups should caution prevention professionals who may be interested in using these types of data to guide their decision-making.

Create and disseminate data reports

Summarizing and presenting data findings in a user-friendly format, and then disseminating these data summary reports to prevention planners, decision-makers, and key stakeholders, is as important as analyzing data. In fact, many workgroups cite the production of data reports as perhaps their most important function, and produce them annually to inform prevention planning[1]. Reports routinely produced by epi workgroup typically include the following:

- *State-, tribe-, and jurisdiction-level epidemiological profiles:* These detailed reports summarize all major data findings and limitations, and frequently serve as a reference guide for other workgroup-developed products.
- *Community profiles:* These shorter, more user-friendly reports highlight key substance-related indicators in the community.
- *Data briefs.* These 3- to 5-page reports typically highlight specific, emerging problems and/or at-risk populations (e.g., prescription drug abuse, young adults in the workplace).
- These reports can vary in content and complexity, depending on audience needs. For example, a detailed epidemiological profile is well-suited to the needs and interests of

epidemiologists and evaluators, but short summary fact sheets are more appropriate for policy- makers).

Workgroups use a variety of approaches to disseminate these reports. Examples include webinars and conference presentations to key stakeholders; electronic newsletters and "e-blasts" notifying stakeholders when new data and/or products are available; and web-based portals and data "dashboards," ranging from simple to highly interactive.

In all cases, workgroup products should be prepared with the consumer (or target audience) in mind. The material should be disseminated in user-friendly, digestible formats. The consumer-focused presentation of key findings increases the likelihood that the data will be used to inform decision-making.

Support the selection of prevention priorities

One of the important ways that workgroup products are used is to inform or support the selection of prevention priorities. In some states, tribes, and jurisdictions, epi workgroups have sole responsibility for identifying these priorities; in others, their role is to provide recommendations to advisory councils, who then make the final decision. Data-guided prioritization in the context of SPF generally includes two steps:

1. Selecting state-, tribe-, or jurisdiction-wide priority problems. This involves examining substance-related problems (e.g., binge drinking) and their distribution among subgroups (e.g., by age, gender, race/ethnicity) to select a specific priority (e.g., binge drinking among 18- to 25-year-olds).

2. Identifying communities that are high-need for a selected priority (e.g., top 10 counties with highest rates of binge drinking among 18- to 25year-olds), in order to allocate resources for implementing appropriate prevention programs and strategies.

Selecting state-, tribe-, or jurisdiction-wide priorities is often the most challenging of workgroup functions, as it involves analyzing multiple indicators from various data sources that typically vary in availability, as well as in content and collection methods (i.e., include different questions, definitions, sampling strategies). Many workgroups find it helpful to begin the prioritization process by examining substance-related consequences (e.g., mortality, morbidity); these data can help bring to light problem indicators that warrant most attention. Yet once priorities have been selected, non-epidemiological data can play an important role in helping planners decide how to allocate resources, by providing important insight into how the prevention resources and readiness of different communities compare.

Provide training and technical assistance to communities

Epidemiological workgroups can play an important role is helping communities identify and use their own data to understand and address emerging priorities, and to monitor their prevention efforts. Some examples of training and technical assistance designed to build local-level epidemiological capacity include:

- Helping communities identify data related to existing and emerging priorities
- Identifying data gaps (i.e., missing data) and limitations (e.g., findings based on small sample size), and approaches for overcoming them (e.g., ways to analyze data based on small numbers)
- Creating guidebooks and toolkits on understanding, using, and disseminating data to inform prevention planning efforts
- Conducting webinars and trainings on the role of epidemiology in prevention and general epidemiological principles

States, tribes, and jurisdictions whose epi workgroups have dedicated time and effort to building community capacity to understand and use data have been more successful in implementing the SPF process. Moreover, workgroups who are involved in providing active training and technical assistance to communities have been better able to sustain membership throughout the SPF process, and have more often become institutionalized into their state, tribe, or jurisdiction's prevention system.

Monitor existing and emerging priorities

A final role of successful workgroups is to monitor existing and emerging priorities. Regular monitoring of a state's, tribe's, or jurisdiction's priority consumption and consequence indicators and associated risk and protective factors can help prevention planners, with input from an evaluator, determine if selected programs and strategies are producing anticipated outcomes. Regular monitoring of additional key indicators can also uncover emerging trends, and help prevention practitioners be proactive in mobilizing resources early to address the emerging problem.

Because epi workgroups have unique access to a range of data, as well as the capacity to analyze these data and ensure that they are used, they are particularly well-positioned to initiate and/or sustain monitoring efforts. To this end, several epi workgroups across the nation have invested in creating online data monitoring systems that provide their communities with easy access to data they can use to inform their prevention planning efforts. Regular monitoring of key indicators can also support program evaluation efforts—a required component of almost all funding initiatives, including the SPF.

Conclusion

A well-functioning and successful epidemiological workgroup can help to ensure that the decisions of planners and decision-makers are objective and data-informed, that prevention efforts focus on those problems that are most pressing and reach those populations in greatest need, and that limited resources are put to best use. But creating and maintaining a healthy and productive team doesn't happen overnight, and many of the functions presented in this tool take time to perform. So be patient, and don't expect to accomplish everything at once. Consider prioritizing some functions over others, according to community needs and member capacity. Set short-term objectives (e.g., getting access to datasets, creating a community profile) while building capacity along the way to address long-term goals (e.g., building an online monitoring system). By focusing on both the short- and long-term, as well as on both process and product, you are far more likely to bring—and keep—data at the forefront of your state, tribe, jurisdiction, or community's planning efforts.

Endnotes

[1]Epidemiological Workgroup Assessment Deliverable (May 2015). Developed under the Substance Abuse and Mental Health Services Administration's Center for the Application of Prevention Technologies task order. Reference HSS283201200024I/HHSS28342002T.