

### Data, Prevention and CPES: An Introduction to the DMHAS Center for Prevention Evaluation and Statistics (CPES) at UConn Health

TTASC Lunch and Learn
Thursday, March 13, 2025, noon – 1 pm

Jennifer Sussman, Coordinator, DMHAS Center for Prevention Evaluation and Statistics (CPES) at UConn Health

### **Acknowledgements**

CPES is funded by the Department of Mental Health and Addiction Services (DMHAS) Prevention and Health Promotion (PHP) Unit through SAPT Block Grant funding from the Substance Abuse and Mental Health Services Administration (SAMHSA).

We would like to express our gratitude to our Resource Link partner, TTASC, for hosting today's Lunch and Learn and inviting us to share our work.







### **Learning Objectives**



By the end of this session, participants will be able to:

- Recognize the important role data plays in prevention and health promotion processes;
- Identify public access points and resources for behavioral health data relevant to prevention and health promotion;
- Understand the role and offerings of CPES as DMHAS' data and evaluation Resource Link.

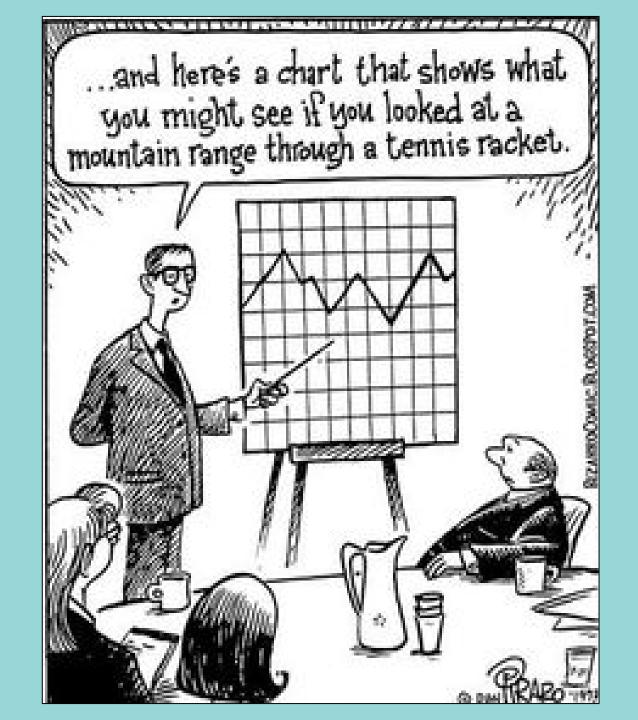


## How would you describe your relationship with data?

- I love data. Data and I are besties!
- I am an expert at utilizing data.
- I am comfortable using data but feel I could be better.
- I am a newbie to the data world.
- Data? What is data?
- Ugh, data ☺

If this is what you see when you look at a line graph





We can help!

## data

*noun* [ ∪ ]

US ◀》 / der·ţə, 'dæţ·ə, 'daţ·ə/



MATHEMATICS, SCIENCE

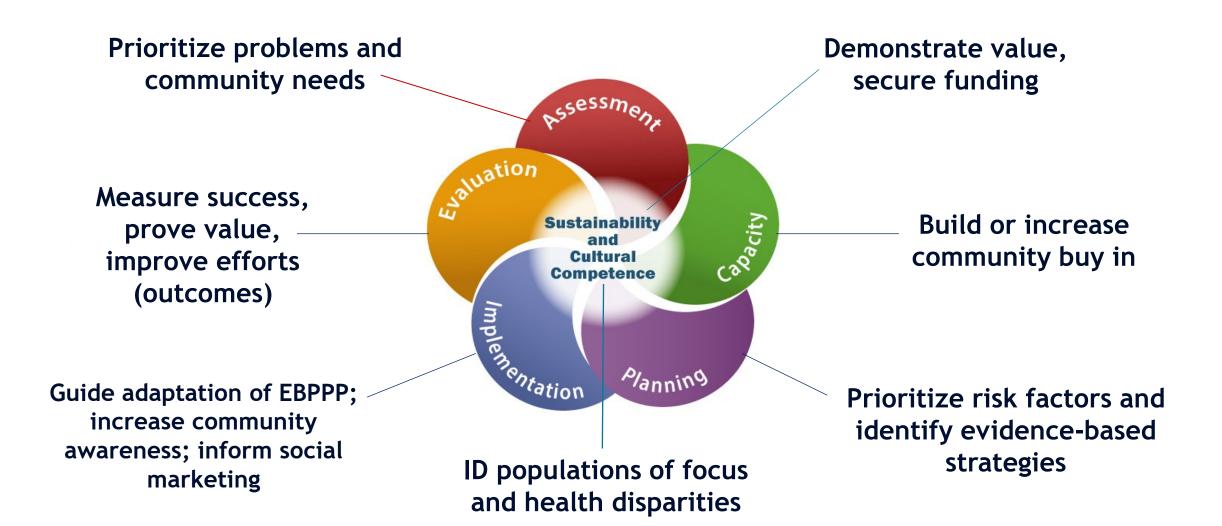
### information collected for use:

• They had data on health, education, and economic development.





### Uses of Data: The Strategic Prevention Framework



# Prevention and Health Promotion: Types of Data



- Prevalence (surveys, statistics);
- Incidence/consequence (hospital, treatment, MV crashes);
- Risk and protective (resilience) factors;
- Community attitudes and beliefs;
- Social Determinants of Health (SDOH);
- Data on capacity, resources, gaps and needs.







#### Publicly available data can be found in:

- Data portals: often contain data from a variety of sources, and in various forms;
- Dashboards: Interactive, Allowing visual comparison of data elements and levels;
- Reports and articles: do the analysis and interpretation for you;
- State or national surveys.

## **Proprietary data** can be accessed by request from:

- State agencies;
- Community partners;
- Researchers.

#### **Locally collected** data:

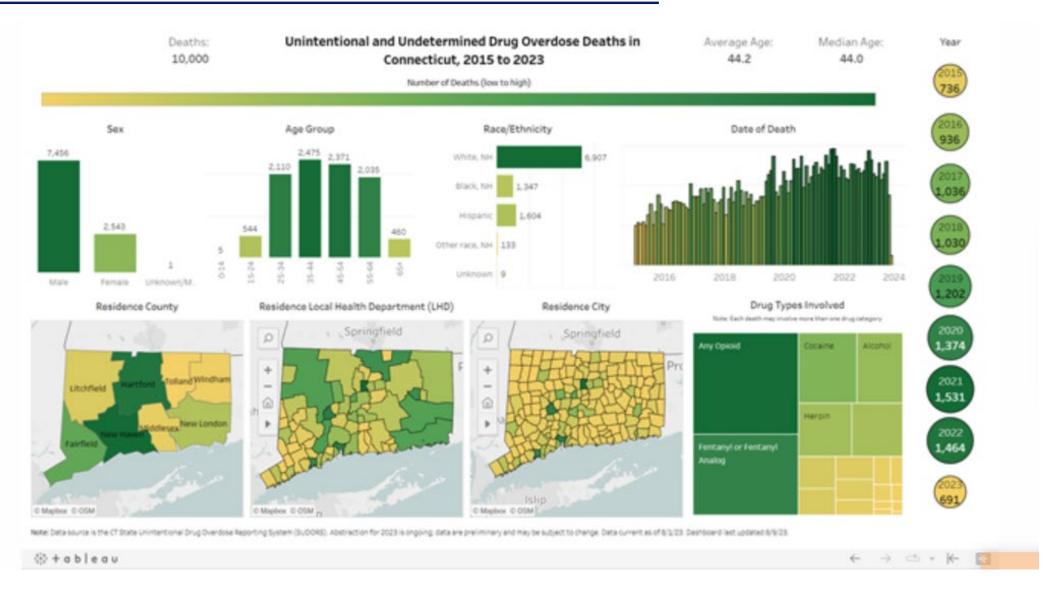
 Gathered from within your community, via surveys, focus groups and listening sessions.

### **Data Dashboards**





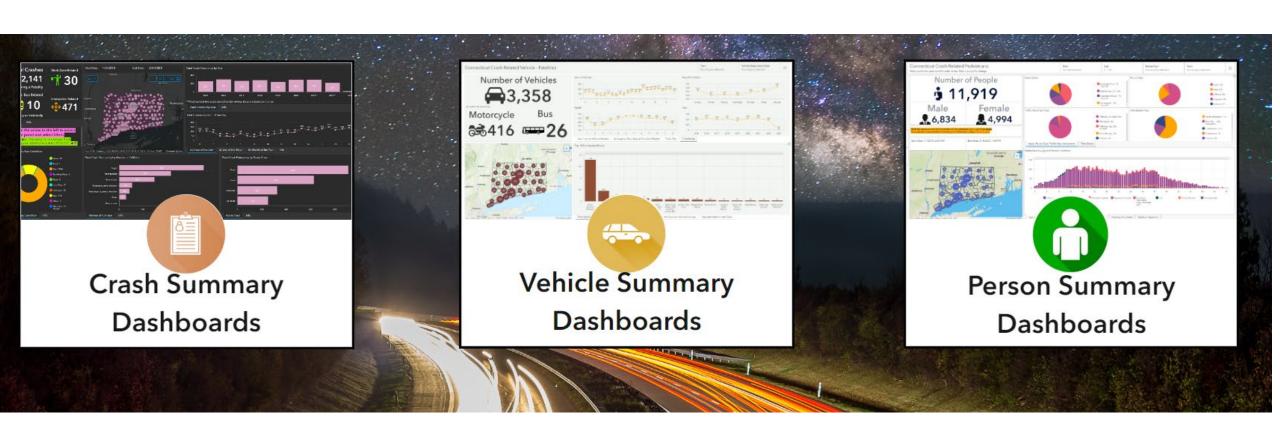
### **CT SUDORS Overdose Dashboard**





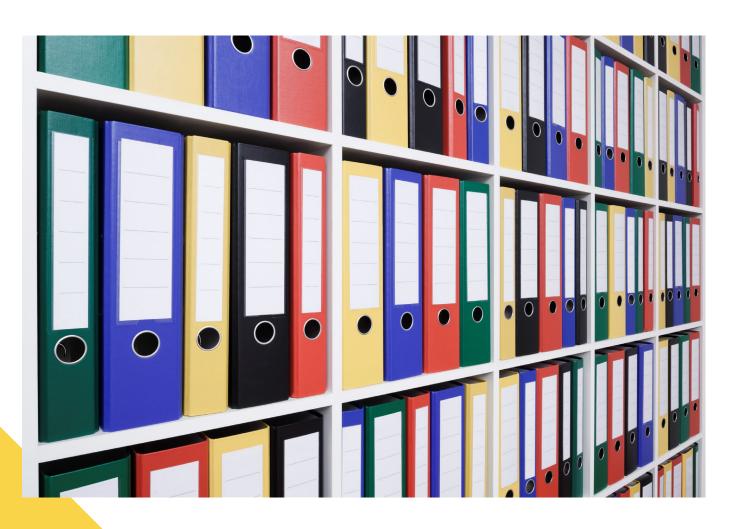
### Department of Transportation

### **CT Crash Data Dashboards**



### **Portals and Repositories**







### **CT Repositories and Portals**



### **CT Open Data Portal**

state agency data provided by legislative mandate

#### **CT Data Collaborative**

data by topic, data capacity building, special projects, State Census Data Center

### **Department of Public Health**

vital statistics, disease, opioids, CSHS (YRBSS), BRFSS

## State Department of Education (EdSight)

school and student data

#### **CT DataHaven**

community wellbeing and equity data

### **SEOW Prevention Data Portal**

behavioral health data and products



### **US National Data Resources**



## SAMHSA National Survey of Drug Use and Health (NSDUH) Results

- 2021 national summary and state-level data available
- Summary trend data available through 2018
- Interactive NSDUH State Estimates

#### **SAMHSA Data Archives**

Various databases for download and access

 NSDUH 2-yr, 4-yr, 6-yr, state, and substate data for crosstab analysis

## **CDC Youth Risk Behavior Surveillance System (YRBSS)**

Summary data at national level and by state (CT School Health Survey)

Data explorer tool

#### **CDC WONDER**

Statistical research data published by CDC

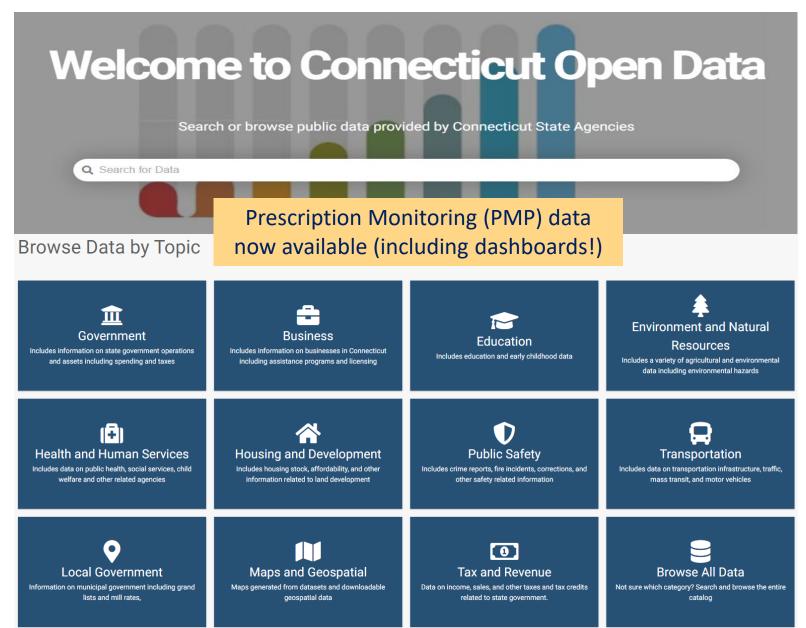
#### **KIDSCOUNT DATA CENTER**

- Project of Annie E. Casey Foundation
- Data on children and families at the national and state levels



TREVOR PROJECT National Survey on the mental health of LGBTQ+ youth (2024)

### **CT Open Data Portal**



- Office of Policy and Management (OPM) initiative mandated by Governor's Executive Order 39
- State Agency Data
   Officers responsible for sharing data to the Portal
- First stop for publicly available data
- Data visualization, search, and download capabilities
- Data vetted through use
- P20Win data linkage projects

- Built on the goal of democratizing access to public data and building data literacy
- Connecticut's State Census Data Center
- CT town profiles (Advance CT)
- Hartford Neighborhood Voter Explorer
- Data topics:
  - Business & economy
  - Children/ & families
  - Civic engagement
  - Criminal justice
  - Demographics & population
  - Education
  - Health & healthcare
  - Housing data profiles (eviction dashboard)
  - Hartford/ regional/town data
  - Migration





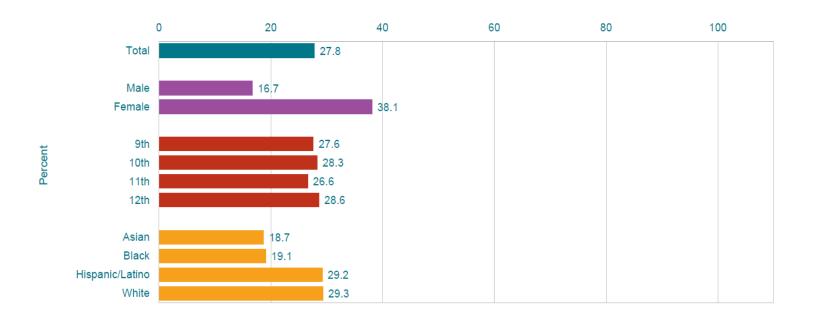
### **CT Department of Public Health**

Chronic Disease and Injury Surveillance	<ul> <li>Asthma, Cancer, Diabetes, etc.</li> <li>Drug Overdose Report</li> <li>Injury Surveillance</li> <li>Tobacco Use Prevention/Control</li> <li>EpiCenter, DPH Syndromic Surveillance System</li> </ul>
Environmental	Environmental Public Health Tracking
Health Care Equity and Quality	<ul> <li>Community Health Center Data</li> <li>Quality in Health Care Program Reports</li> <li>Health Database Compendium</li> <li>Health Disparities</li> <li>Hospitalization Statistics</li> </ul>
Health Information Systems	<ul> <li>Behavioral Risk Factors (BRFSS)</li> <li>Mortality/Deaths</li> <li>Population Statistics</li> <li>Vital Statistics</li> <li>Youth Risk Behavior Survey (CT School Health Survey)</li> </ul>
Infectious Diseases	<ul> <li>Infectious Disease Statistics</li> <li>HIV/AIDS</li> </ul>
Maternal and Child Health	<ul> <li>Infant Mortality</li> <li>WIC Participation/Improved Birthweight Outcomes</li> <li>Racial and Ethnic Disparities in Low Birthweight</li> </ul>
Tumor Registry	
Hospital and ED data (CHIME, ICD-10 codes)	Feeds Syndromic Surveillance System

### **CT School Health Survey (CT YRBS)**



Percentage of High School Students Who Reported That Their Mental Health Was Most of the Time or Always Not Good,\* by Sex,† Grade, and Race/Ethnicity,† 2023



<sup>\*</sup>Including stress, anxiety, and depression, during the 30 days before the survey †F > M; H > A, H > B, W > A, W > B (Based on t-test analysis, p < 0.05.)

All Hispanic students are included in the Hispanic category. All other races are non-Hispanic. This graph contains weighted results.

- Also referred to as the CT Youth Risk Behavior Survey (YRBS)
- Biennial student survey, grades 9-12
- Statewide weighted sample
- Focus on health risk behaviors
- Demographic breakdowns by gender, race/ethnicity, and sexual identity and preference
- Comparable to national YRBS

### CT State Department of Education: EdSight

- 5-year graduation rates
- Enrollment, absentee rates
- Suspensions/ expulsions
- School district data
- Profile and performance reports (CT Report Cards)



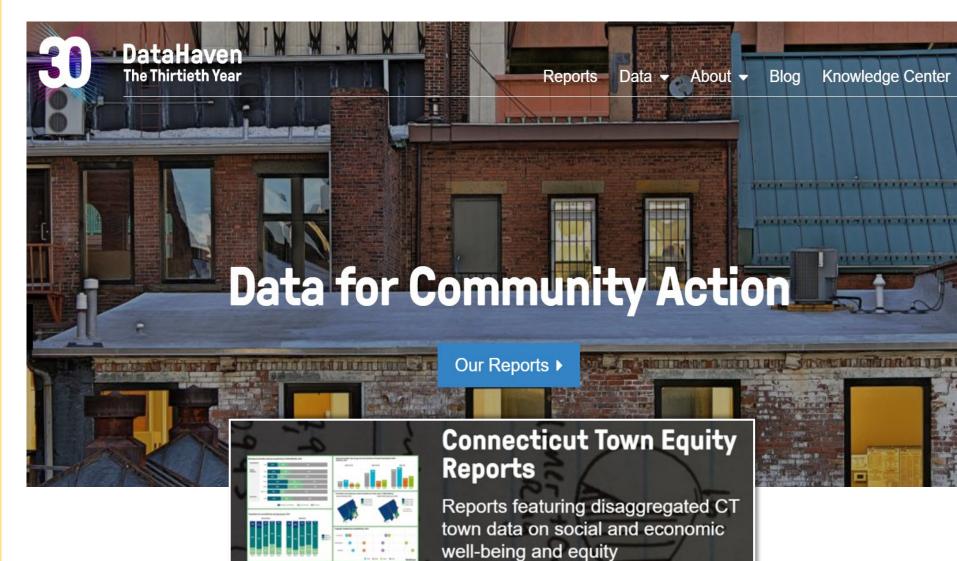
### Welcome to EdSight

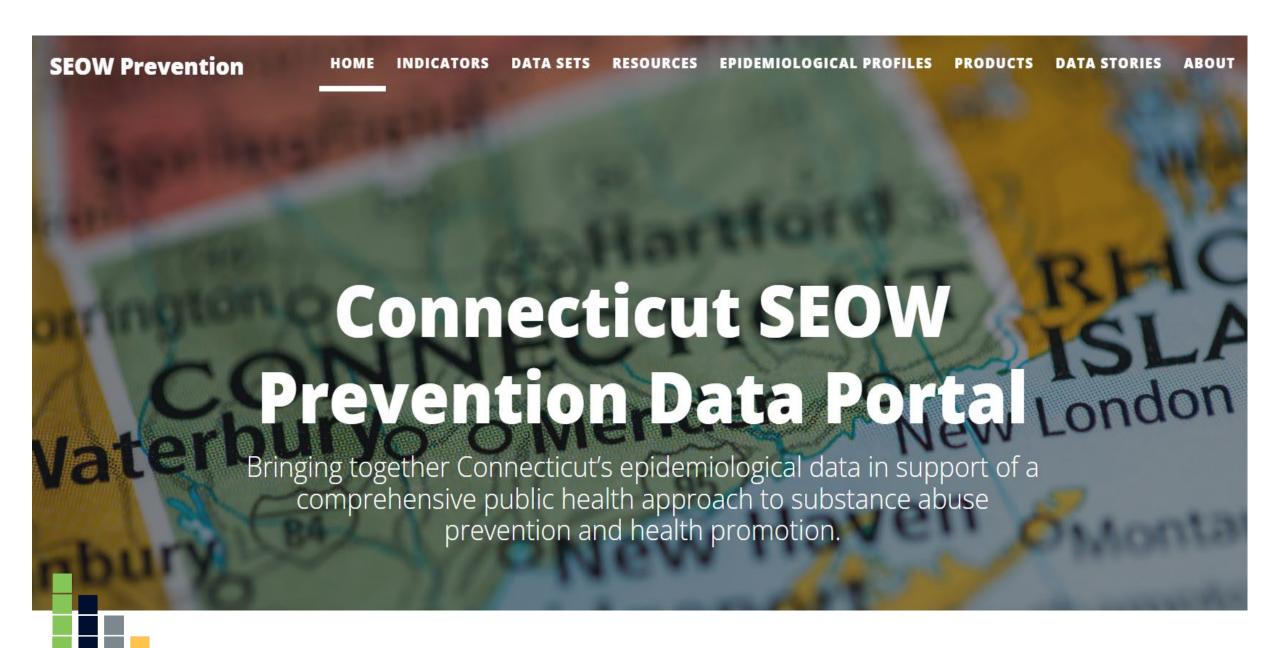
Interactive data portal for Connecticut's public districts, schools, and programs

- Community Wellbeing Survey provides quality of life, health equity, and civic vitality data by community type (5 CTs)
- Town and Regional Equity Profiles
- Community-level and neighborhood data available
- Works closely with CT hospitals to provide health assessment data
- Raw data not publicly available but open to analysis requests

### **CT Data Haven**







### **Epidemiological Profiles**

- Data products of the State **Epidemiological Outcomes** Workgroup (SEOW)
- Utilize epidemiological data pertaining to prevalence, risk factors, consequences, impact, and populations at risk for existing and emerging issues.
- Updated biennially with the most up to date data available.

#### 2022 Connecticut Epidemiological Profile: Alcohol



A product of the State Epidemiological Outcomes Workgroup (SEOW)

ofit

Alcohol continues to be the most commonly used substance nationally and in Connecticut. Alcohol use prevalence in CT has in fact remained higher than the nation since 2010, and CT has been among the 10 states with highest prevalence most/all of these years.1

Overall, NSDUH shows that the prevalence of alcohol use in Connecticut among the general population has remained relatively stable; the prevalence of past 30

In the 2021 CSHS, 17.5% % of high school students reported using alcohol in the past month. Of these students, 7.0% of them reported binge drinking\* in the past month.8 However, caution should be taken when comparing the 2021 data to that of previous years because the 2021 CSHS was collected during a different semester than in previous years (Fall vs Spring).

Percent of High School Students Reporting Past



The 2021 Connecticut School Health Survey (CSHS) also reported lower prevalence of past 30 day alcohol use in Connecticut's high school students compared to their national counterparts (18% vs 23%).8

The Connecticut School Health Survey (CSHS), CT's Youth Risk Behavior Survey, also shows that the reported prevalence of past month alcohol use and binge drinking among Connecticut high school students has steadily declined since 2005 (Figure 1).

prevalence of past month drinking (22.4%) and binge drinking (10.3%). Hispanic and Black students' reported prevalence of past month (13.7% and 12.1% respectively) and binge drinking (4.0% and 3.5%, respectively) were similar between the two groups. 8

#### At-Risk Populations

Among individuals 12 years and older, those reporting alcohol use disorder (AUD) in the past year was relatively stable from 2016 to 2019, at about 6%. However, the 2021 NSDUH data indicates an increase in reported AUD for this age group (10.3%).2

NSDUH 2018-2019

ACSHS 2021

Updated September2023







### **DMHAS Regional Data Stories**

## DMHAS Regional Data Stories

are interactive data visualizations, using cross-sector data, that describe behavioral health characteristics of the five CT DMHAS regions.

Regional interactive data stories show cross-sector data that describe general characteristics of each of five DMHAS regions.

#### **Southwest CT**



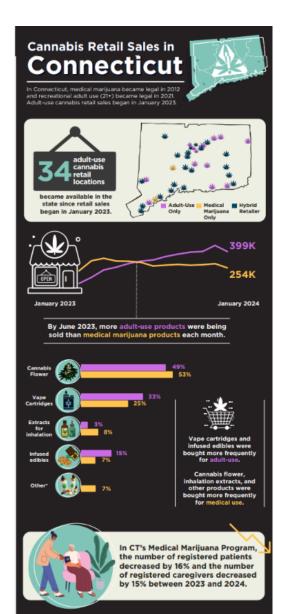
#### **South Central CT**



### **Products and Resources**

## Data-driven products:

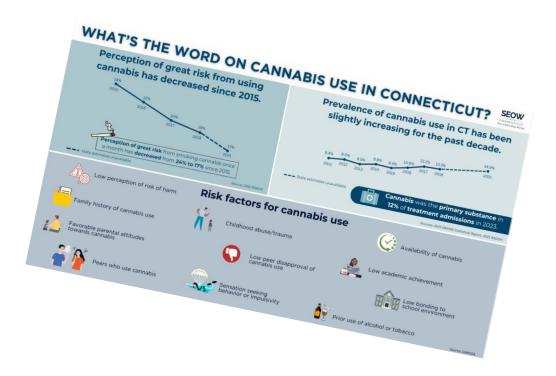
- Presentations
- Info Briefs
- Reports
- Guidance documents



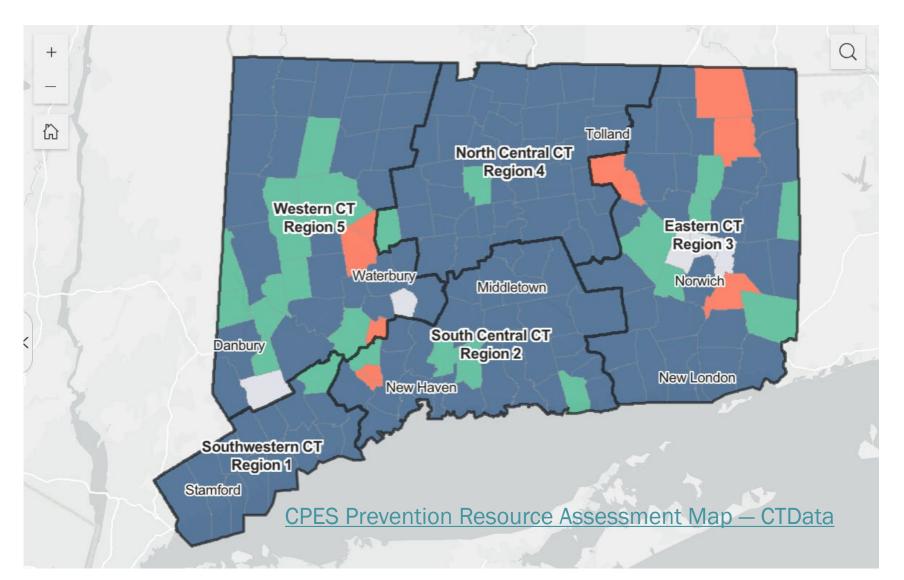
## Annotated data visualizations



- Graphs
- Charts
- Maps



### <u>Connecticut Substance Use</u> <u>Primary Prevention: An Interactive Map</u>





- Funding type
- Prevention strategies
- Overlay community type

Hover over towns to see town-level contact, funding, and strategy information.



### **Portal Re-Design: Proposed Improvements**



- Simplified landing page
- Stepwise drill down to downloadable data by key issue
- Addition of infographic info briefs by substance/issue
- Re-design of epidemiological profiles
  - Visual, headline driven
  - Regional data

- Re-organization of products by type/area of focus
- Restructure of core data library (indicator matrix)
  - Simplified search interface
  - Indicators grouped by substance/ issue
  - Assignment of SEOW data quality ratings



### **Content Drilldown Structure**



**Topic Tile (Cannabis)** 



Summary Infographic with link to epi profile

Selected visualized data elements

Downloadable data elements





The DMHAS
Center for
Prevention
Evaluation and
Statistics
(CPES) at
UConn Health

### A DMHAS funded Resource Link, managed by



#### to:

- Identify, collect, analyze, interpret and disseminate data relevant to substance use prevention and mental health promotion;
- Track behavioral health indicators;
- Develop and maintain an interactive data portal for use by DMHAS, its partners, and others;
- Share findings via data-driven products, reports, epidemiological profiles, and presentations;
- Provide research and statistical expertise and support;
- Provide training, capacity building, and technical assistance on evaluation and use of data.



### **CPES Core Functions**



### **Data Curation**



### **SEOW Prevention Data Portal**



Social Media



Statewide Epidemiological Outcomes Workgroup (SEOW)





■ Data Products

- Epi profiles
- Info briefs
- Slide decks
- Presentations
- Dashboards





**Analysis and Visualization Team** 





**Product Development Team** 



### **Evaluation**



Develop plans and instruments to assess progress, outcomes, and impact of DMHAS-funded prevention initiatives





Collect and compile data



Share results and recommendations





- Partnerships for Success (PFS)
- Preventing Drug Overdose (PDO)
- State Opioid Response (SOR)



### **Capacity Building**

Increase the capacity of prevention partners to utilize data for needs assessment, strategic planning and evaluation through:





Guidance documents, templates, worksheets







Trainings, presentations, workshops





DMHAS community initiatives





Instrument development





Megan O'Grady, PhD
Director
Associate Professor, Department
of Public Health Sciences

#### **Focus Areas:**

Management
Planning
Grants and contracts



Jennifer Sussman, BA, MFA
Coordinator
Research Associate

#### **Focus Areas:**

Data Curation
Capacity Building
Regional Planning Process
(Data Core)

### **Team Management**







Marsha Murray, MS Senior Manager Research Associate

# Focus Areas: Evaluation Product development Branding Management processes (Data Core)







Janice Vendetti, MPH Research Associate





**Christine Guerette, MS**Clinical Research Assistant

Focus Areas:
Data analysis
Instrument development
Evaluation Support
(Data Core)

**Analytics** 



Yang Liu, MPH Graduate Assistant

# Focus Areas: Analytical support Epi profile development Data management (Data Core)







Alversia Wade, MPH
Clinical Research Assistant

Focus Areas:
Evaluation support
Implementation support
Data product development
(Data Core)



Alison Wiser, MSW Clinical Research Assistant

Focus Area: Evaluation Support



Sydney Tabor, MPH
Clinical Research Assistant

Focus Areas:
Evaluation Support
Data product development
(Data Core)



Adekemi (Kemi) Suleiman, MPH Graduate Assistant

## Focus Areas: Evaluation Support Epi profile development

#### **Evaluation**







**Shayna Cunningham** Assistant Professor, DPHS

Focus Areas: Community-based Research Maternal and Child Health



Mayte Restrepo Ruiz, PhD Assistant Professor, DPHS

Focus Areas:
Women's rights
Trauma/ACES research



**Bonnie McRee, PhD**Assistant Professor, DPHS

Focus Areas: Health Service Research SBIRT



Morica (Rica) Hutchinson, PhD, LMFT Post Doctoral Research Associate

Focus Areas:
Substance Use Prevention Research
Suicide Prevention

### **Affiliated Faculty and Staff**



What can we do for







CONDUCT TRAINING



DIRECT YOU TO DATA



PROVIDE GUIDANCE



SHARE INFORMATION, TOOLS, AND PRODUCTS



## Thank you

Jennifer Sussman sussman@uchc.edu



https://preventionportal.ctdata.org/