Preventing Excessive Alcohol Use Starts with Meaningful Data

Increasing Alcohol Epidemiology Capacity in Texas

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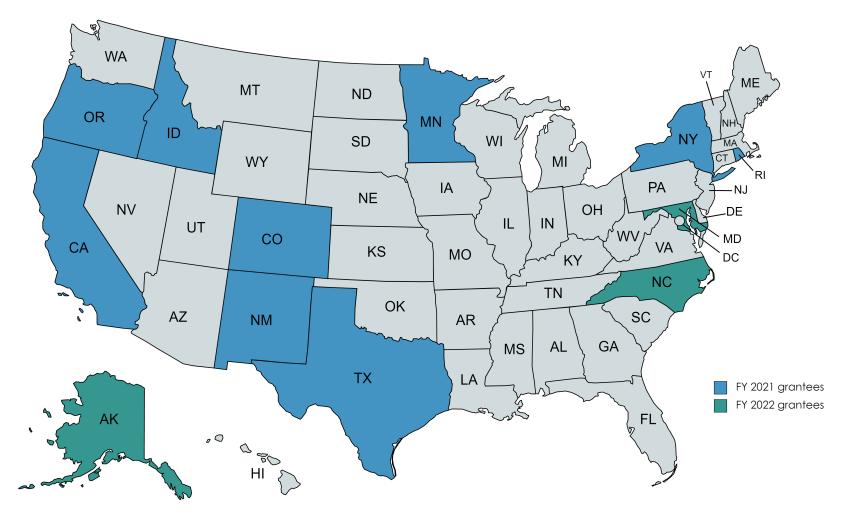
Today's Presentation

 Describe our current project funded by the Centers for Disease Control and Prevention to improve the state's epidemiological capacity related to excessive alcohol use

Promoting Population Health through Increased Capacity in Alcohol Epidemiology and the Prevention of Excessive Alcohol Use

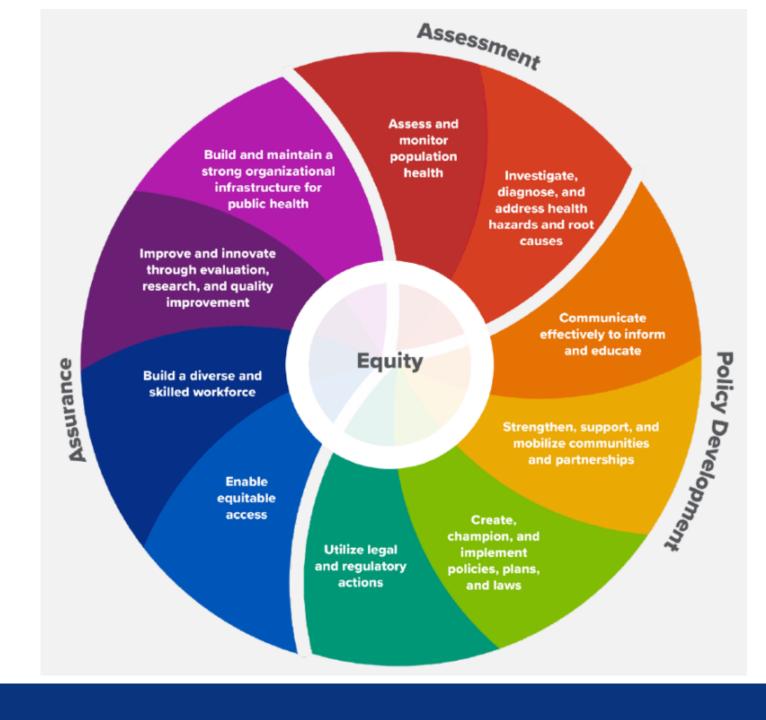
 Funded by the Centers for Disease Control and Prevention

 Goal: Build state capacity in excessive alcohol epidemiology



Advancement Strategy Consulting (T/TA center)

Ten Essential Public Health Services



Data-driven, evidence-based strategies for excessive alcohol use prevention

RESOURCE SYSTEM (DSHS)

Surveillance Systems Agency Analytics Unit Public Health Programs

LINKING SYSTEM (RTI)

Surveillance Communication Consultation Capacity Building

(COMMUNITY ADVISORY BOARD)

Texas Communities HHSC and Other Stakeholder Agencies Community Coalitions

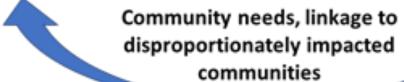


Figure adapted from Robinson et al. (2005).

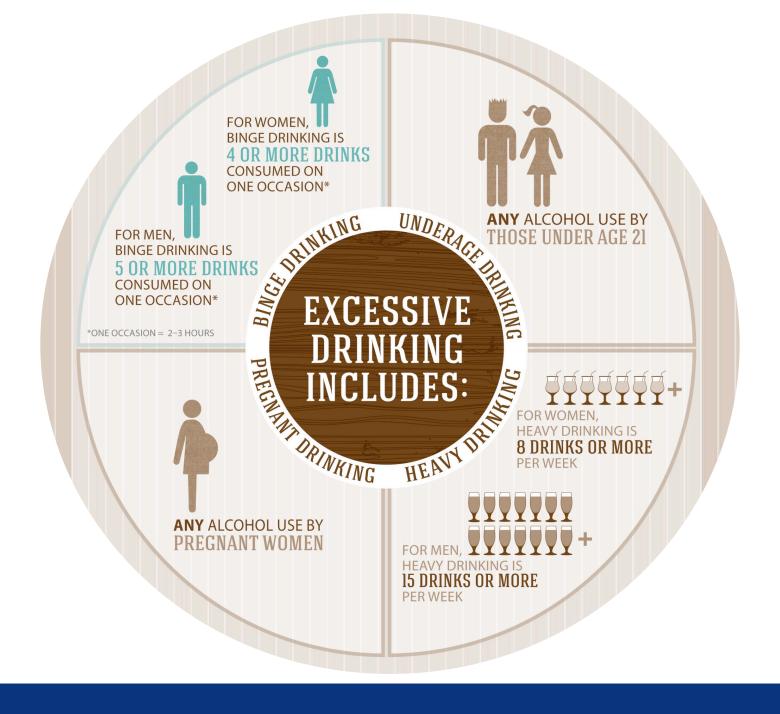
Excessive alcohol use: Associated mortality and cost to society

- Excessive alcohol use linked to more than 140,000 deaths per year ¹
 - Motor vehicle traffic crashes leading cause for about 10%
 - Shortened the lives of those who died by an average of 26 years¹
- Excessive drinking responsible for 1 in 10 deaths among working-age adults aged 20-64 years²
- The economic costs of excessive alcohol consumption in 2010 were estimated at \$249 billion, or \$2.05 a drink³

^{1.} Centers for Disease Control and Prevention. <u>Alcohol-Related Disease Impact Application website</u>. Accessed April 19, 2022.

^{2.}Stahre M, Roeber J, Kanny D, Brewer RD, Zhang X. Contribution of excessive alcohol consumption to deaths and years of potential life lost in the United States. Prev Chronic Dis 2014;11:130293.

^{3.}Sacks JJ, Gonzales KR, Bouchery EE, Tomedi LE, Brewer RD. <u>2010 National and State Costs of Excessive Alcohol Consumption external icon</u>. *Am J Prev Med* 2015; 49(5):e73–e79.



Excessive alcohol use: Binge drinking

 Most common pattern of excessive alcohol use

- 5 or more drinks for men/ 4 or more drinks per women per occasion
 - Occasion: 2-3 hours

 Responsible for more than 40% of deaths and 75% of costs associated with excessive alcohol use

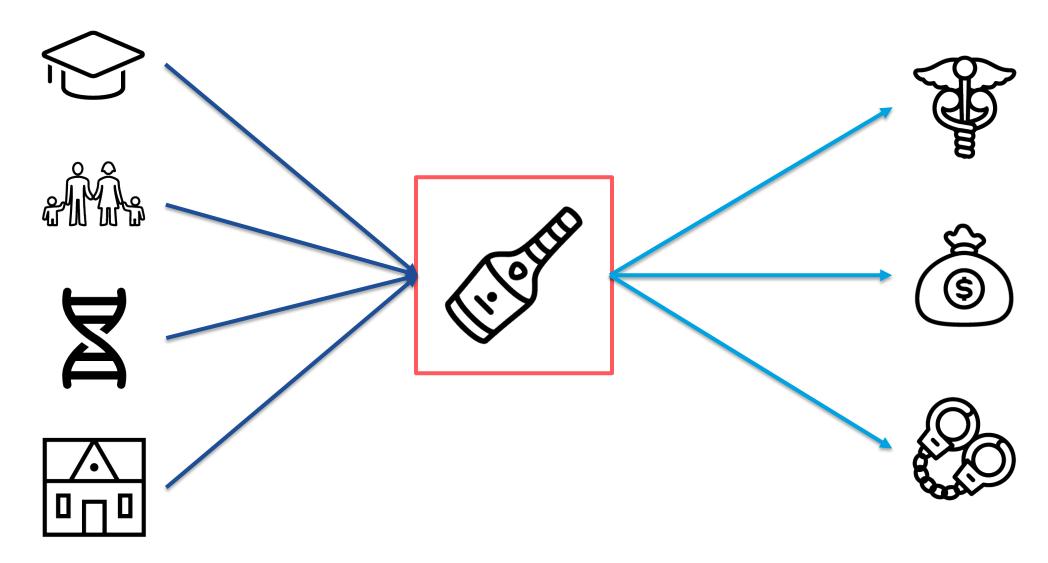


Excessive alcohol use: Other measures

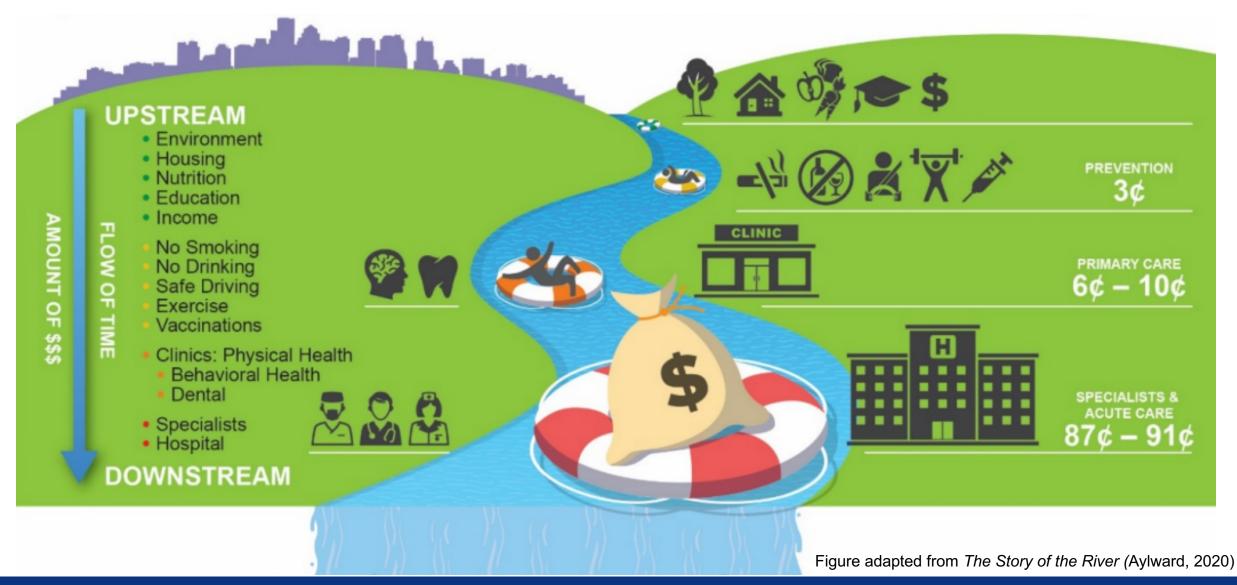
- Any alcohol use by those under age 21
- Any alcohol use by pregnant women
- Heavy drinking
 - 8 or more drinks per week for women
 - 15 or more drinks per week for men



Risk/protective factors ⇒ Excessive drinking ⇒ Consequences



Risk and protective factors: Looking upstream



Strategies and Activities

SURVEILLANCE

Analyze and interpret surveillance data on excessive alcohol use and related harms

Investigate the root causes of excessive alcohol use among populations in Texas disproportionately impacted by excessive alcohol use

COMMUNICATION

Increase number of data visualization dashboards on Texas Health Data including indicators of excessive alcohol use and related harms

Increase dissemination of scientific findings through conference presentations, webinars, policy papers, and peer-reviewed publications

CONSULTATION

Increase technical assistance to stakeholders and the general public on excessive alcohol use and associated harms in Texas

INTERMEDIATE OUTCOMES

Increase the dissemination of surveillance data on excessive alcohol use and related harms in the state of Texas

Increase the number of stakeholders engaged with the RTI-DSHS team on the prevention of excessive alcohol use

LONG-TERM OUTCOMES*

Increase the implementation of evidence-based strategies to prevent excessive drinking in Texas

Reduce excessive alcohol use and related harms in Texas

*Long-term outcomes will be monitored but change during the period of performance is not expected

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Forming the Community Advisory Board



Convened by Texans for Safe and Drug-Free Youth

- Up to 12 members
- Knowledge of state and community-level needs, resources, and strengths
- Experience with identifying, using, and disseminating findings from datasets at local and state levels
- Experience participating in advisory boards, committees, and other community-level engagements
- Organizationally invested in contributing to the development of sustainable mechanisms to produce actionable information to prevent excessive alcohol use

Identifying data sources



- Identifying and collecting a variety of data sources that describe alcohol use and other aspects of life in Texas
 - Publicly available with no fees associated
 - Ongoing data collection
- RTI and DSHS will analyze the data to better understand relationships between root causes and risk/protective factors associated with excessive alcohol use
- We want to focus on topics that are meaningful to Texas and that produce actionable information

Resulting search: Data sources of interest

- Texas School Survey on Drug and Alcohol Use (TSS)
- Fatality Analysis Reporting System (FARS)
- Texas Health Care Information Collection (THCIC)
- Behavioral Risk Factor Surveillance System (BRFSS)
- Licensed Alcohol Retailers (LAR)
- Local Alcohol Policies (LAP)
- Sales and Consumption Estimates (SCE)
- National Survey on Drug Use and Health (NSDUH)
- Youth Risk Behavior Surveillance System (YRBSS)
- Pregnancy Risk Assessment Monitoring System (PRAMS)
- Texas College Survey of Substance Use (TCSS)

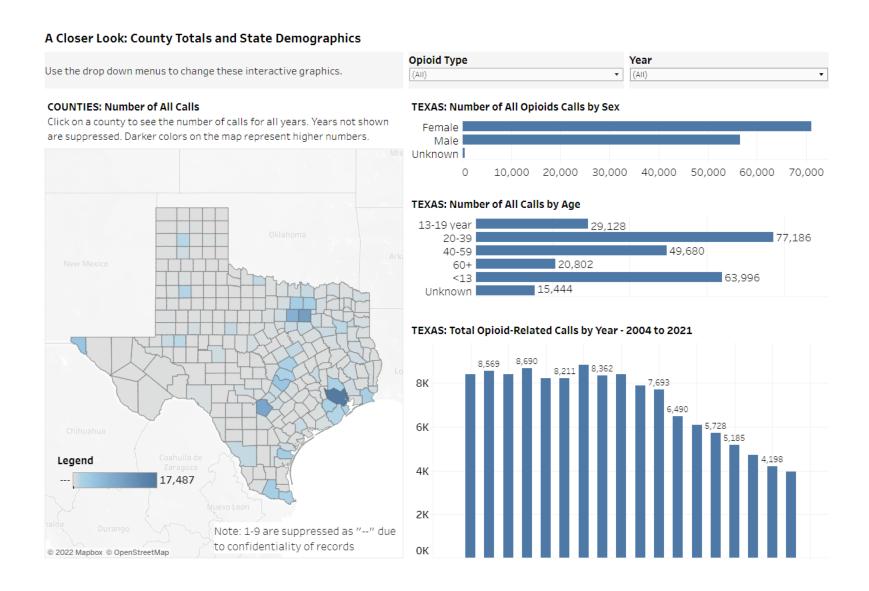
- Texas Vital Statistics (VSTAT)
- National Poison Data System (NPDS)
- American Community Surveys (ACS)
- Area Health Resource Files (AHRF)
- Opportunity Index (OI)
- Area Deprivation Index (ADI)
- Social Vulnerability Index (SVI)

Customized profile of risk and protective factors

Risk Indicators Average Across Counties

		← Lower Risk Score				Higher Risk	Score -	→		County
Consequences of Alcohol and Other Drug Use	-3	-2		-1	0	1		2	3	Rank
Alcohol-Related Hospitalizations and Emergency Room Visits per 10,000 Persons Age 0 to 19 [7; e]				-0.31	\Box					1
Alcohol-Related Hospitalizations and Emergency Room Visits per 10,000 Persons Age 20 to 24 [7; e]				-0.25	\Box					1
Alcohol-Related Hospitalizations and Emergency Room Visits per 10,000 Persons Age 25 or Older [7; e]					ļ				3.02	158
Drug-Related Hospitalizations and Emergency Room Visits per 10,000 Persons Age 0 to 24 [7; e]		-1.55								1
Drug-Related Hospitalizations and Emergency Room Visits per 10,000 Persons Age 25 or Older [7; e]		-1.82								3
Hospitalizations Due to Self-Inflicted Injuries per 10,000 Persons Age 0 to 24 [7; f]		-1	1.16							1
Hospitalizations Due to Self-Inflicted Injuries per 10,000 Persons Age 25 or Older [7; f]		-1.58								1
Any Opioid-Related Deaths per 10,000 Persons [7; f]		-1.	.25							1
Heroin-Related Deaths per 10,000 Persons [7; f]				-0.52						1
Unintentional Poisoning Deaths per 10,000 Persons [7; f]		-1.4	1							1
Suicide Deaths per 10,000 Persons [7; f]		-1.54								1
Percentage of Total Fatal Motor Vehicle Crashes That Are Alcohol Related [8; g]			-0.99		╛					1
Percentage of Total Fatal, Alcohol-Related Motor Vehicle Crashes that Involved an Underage Person				-0.47	\exists					1
(Persons Under Age 21) [8,9; g]										
Percentage of Investigated Child Maltreatment Cases Involving Alcohol or Drugs [h]					Ė			1.58		151
Percentage of School-Based Reportable Offenses Related to Substance Abuse [1, 10; i]			-0.9	2						1

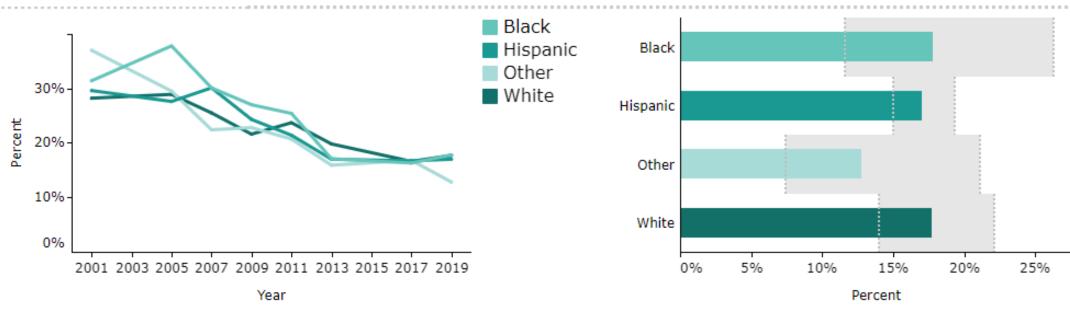
Data dashboards to better understand your community's needs



Show progress on key risk indicators

Used before age 13

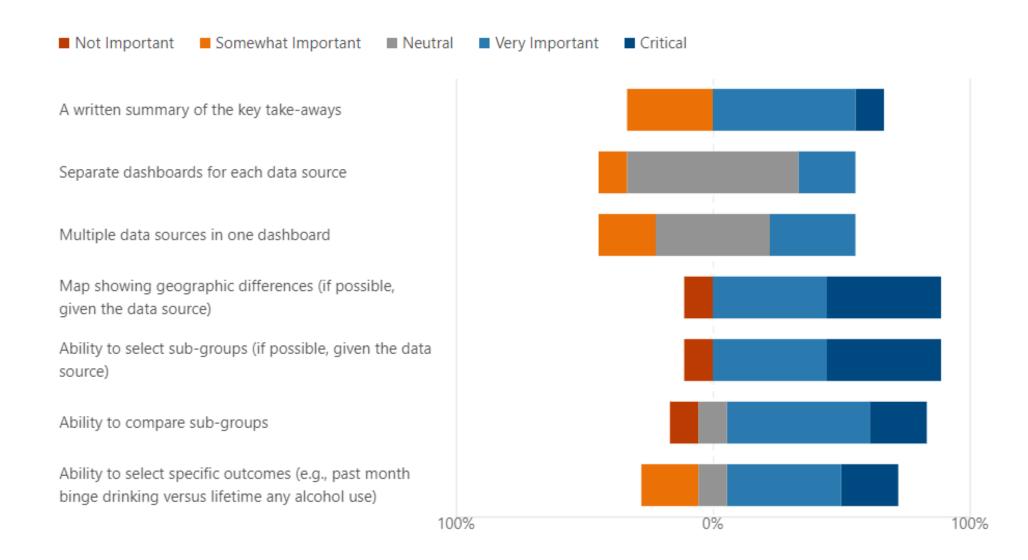
Percentage of students who had their first drink of alcohol other than a few sips before age 13 years



Trends over time

2019 Snapshot

9. On a scale of 1-5 (with 1 being not important and 5 being critical), how important is it for the dashboard to have:



Desired dashboard "features"

- Interactive when possible
 - Maps, subgroup comparison
- Ability to select multiple outcomes if possible
- Summary of key takeaways
 - Avoid too much text ("like a research paper")
- Include resources

Next Steps

- Year 2: Publish excessive alcohol use dashboard on Texas Health Data
 - Behavioral Risk Factor Surveillance System
 - Fatality Analysis Reporting System
 - Texas School Survey on Drug and Alcohol Use
- Year 3: Add data sources, technical assistance
- Year 4: Transition activities to DSHS
- Year 5: Continued transition, sustainability planning

