What are CAPT Epidemiological Tools?

Substance Abuse Mental Health Services Administration’s Center for Substance Abuse Prevention (SAMHSA/CSAP) supports the use of epidemiological data throughout the Strategic Prevention Framework (SPF) steps in order to ensure prevention efforts are driven by outcomes of interest, and focus on communities and subpopulations in greatest need of services. Consistent with this goal, the CAPT developed two online epidemiological tools to support SAMHSA–funded grantees in identifying, collecting, utilizing, and disseminating data to support data-driven prevention.

- The Substance Abuse Prevention Planning and Epidemiology Tool (SAPPET)
  SAPPET is an online data system that collects and aggregates data from 11 publicly available national sources sponsored by various federal agencies. SAPPET provides access to 151 behavioral health indicators categorized into substance-related consequences, consumption patterns and associated risk and protective factors. For further information on SAPPET, visit http://www.sappet-epi.com (password: sappet).

- The Shared Risk and Protective Factors (SHARP) Tool
  The SHARP Tool is an interactive online product that provides a research-based inventory of risk and protective factors associated with both substance abuse and mental health disorders. The SHARP Tool provides access to a list of shared factors, associated with substance abuse and mental health disorders, abstracts of supporting literature, and guidance on using shared factors under the SPF. For further information on the SHARP Tool, visit http://sharp.edc.org (username: sharptool, password: sharptool).
How can CAPT Epidemiological Tools be used to identify and understand health disparities?

About 87% of SAPPET indicators provide estimates by at least one demographic or geographic subgroup (Figure 1). A majority of SAPPET indicators are available by age (72%), followed by gender (57%), race/ethnicity (54%), and county (15%). SAPPET provides access to interactive graphs and raw data that can assist grantees in creating data-driven products that highlight health disparities within these subgroups, and prioritize their needs for targeting prevention planning efforts. Table 1 provides a summary of key indicators and demographic breakdown available in SAPPET that can assist in identifying disparities. For more information on SAPPET indicators and data sources, please visit the SAPPET website.

Table 1: Summary of Key Indicators and Subgroups Available from SAPPET

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<th>Dataseta</th>
<th>Indicators</th>
<th>SAPPET subgroups</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Mortalityb (CDC)</td>
<td>Total = 10 Numbers and rates for substance-related causes of death</td>
<td>Age, gender, race/ethnicity, county</td>
<td>The latest SAPPET update provides age-adjusted data for all available indicators. CDC Wonder website allows users to run customized queries for all causes of deaths. <a href="http://wonder.cdc.gov/">http://wonder.cdc.gov/</a></td>
</tr>
<tr>
<td>Dataset</td>
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<td>BRFSS(^b) (CDC)</td>
<td>Total = 17 Alcohol and tobacco use, risk and protective factors</td>
<td>Age (18+), gender, race/ethnicity</td>
<td>BRFSS website provides access to the prevalence and trends tool, and raw data for further analysis on other health-related behaviors as well. <a href="http://www.cdc.gov/brfss/data_tools.htm">http://www.cdc.gov/brfss/data_tools.htm</a></td>
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<tr>
<td>YRBSS(^b) (CDC)</td>
<td>Total = 41 Alcohol, tobacco, and other drugs use, risk and protective factors</td>
<td>Age (high school grade), gender, race/ethnicity</td>
<td>YRBSS Youth Online interactive tool provides access to other types of risky behaviors. <a href="https://nccd.cdc.gov/youthonline/App/Default.aspx">https://nccd.cdc.gov/youthonline/App/Default.aspx</a></td>
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<tr>
<td>TEDS(^c) (SAMHSA)</td>
<td>Total = 14 Alcohol and other drugs-related treatment admissions</td>
<td>Age, gender, race/ethnicity</td>
<td>Users can download raw TEDS data for further analysis from <a href="http://www.icpsr.umich.edu/icpsrweb/ICPSR/series/56">http://www.icpsr.umich.edu/icpsrweb/ICPSR/series/56</a></td>
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<tr>
<td>FARS(^d) (NHTSA)</td>
<td>Total = 4 Alcohol-related fatal crashes; number of deaths and drives</td>
<td>Age, gender, county</td>
<td>SAPPET currently provides county level FARS data for download only. Users can download raw FARS data for analysis from the FARS FTP server. <a href="">ftp://ftp.nhtsa.dot.gov/fars/</a></td>
</tr>
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\(^a\) Appendix A provides further details on the data sources listed.

\(^b\) Recently updated in SAPPET and reflects the latest year available from source dataset.

\(^c\) Currently being updated. Users are advised to check with the original data source for latest year estimates.

\(^d\) Scheduled to be updated. Users are advised to check with the original data source for latest year estimates.
The SHARP tool provides access to a research-based list of shared risk and protective factors and associated outcomes by study population age and gender. The SHARP tool research summary page identifies additional study population characteristics (e.g., race/ethnicity, socio-economic status), wherever available and appropriate. Grantees can use this information to identify factors that are prevalent in these subgroups, and focus on selecting strategies that impact the identified shared factors. Currently, the SHARP tool includes shared risk and protective factors related to school (K through 12th grade) environment.

What next steps is the CAPT taking to expand the amount of data available on health disparities through online epidemiological tools?

**SAPPET next steps:**

- The CAPT epidemiology team is currently creating a separate SAPPET webpage on populations that are already facing higher health disparities (e.g., tribal). This webpage will provide data from existing SAPPET sources by subgroups, and information for key additional resources available on these subpopulations.

**SHARP Tool next steps:**

- The SHARP team is currently working on identifying an age and gender specific list of shared risk and protective factors related to the college environment. The SHARP team will continue to highlight additional study population characteristics (e.g., Tribal, Asian, Veterans), wherever applicable.

**Questions and Comments?**

For more information on CAPT epidemiological tools, please contact CAPT Associate Director of Epidemiology Sandeep Kasat at SandeepKasat@Westat.com.
Appendix A: Key SAPPET Data Sources for Identifying Health Disparities

National Vital Statistics System (NVSS): Multiple Causes of Death (Mortality):
Sponsored by the Centers for Disease Control and Prevention’s National Center for Health Statistics, NVSS is a national source of cause-of-death information, organized by geographic and demographic characteristics. De-identified NVSS mortality data files are available upon request for all 50 states, the District of Columbia, and five Pacific jurisdictions. For further information on NVSS-Mortality data, go to http://www.cdc.gov/nchs/deaths.htm

Behavioral Risk Factor Surveillance System (BRFSS):
Sponsored by the Centers for Disease Control and Prevention, BRFSS is a state-based system of telephone health surveys that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. Currently, data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam. For more information on BRFSS, go to http://www.cdc.gov/brfss/index.htm

Youth Risk Behavior Surveillance System (YRBSS):
Sponsored by the Centers for Disease Control and Prevention, YRBSS is a school-based survey conducted every 2 years. It monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and young adults. As of 2011, YRBSS data is available for 47 states, 22 districts (including the District of Columbia), six territories, and two tribes. For more information on YRBSS, go to http://www.cdc.gov/HealthyYouth/yrbs/index.htm

Treatment Episode Data Set (TEDS):
Maintained by SAMHSA’s Center for Behavioral Health Statistics and Quality, TEDS comprises data that are routinely collected by States (and some jurisdictions) in monitoring their individual substance abuse treatment systems. TEDS system includes records for approximately 1.5 million substance abuse treatment admissions annually. The 2012 TEDS data is available for 48 states and 2 jurisdictions. For further information on TEDS, go to http://wwdasis.samhsa.gov/webt/newmapv1.htm

Fatality Analysis Reporting System (FARS):
Sponsored by the National Highway Traffic Safety Administration, FARS is a nationwide system providing data on fatal injuries suffered in motor vehicle traffic crashes. FARS contains data on fatal traffic crashes within the 50 states, the District of Columbia, and Puerto Rico. For more information on FARS, go to http://www.nhtsa.gov/FARS