

Vermont's Strategic Prevention Framework State Incentives Grant
EPI WORKGROUP
October 4, 2006 1:30-3:00pm
Conference room 2A

Agenda

- 1) Updates
 - Status of evaluation contractor
 - October meeting in DC
 - Resource, capacity, readiness assessments
 - Accelerated timeline
- 2) Review priorities
- 3) Discussion of regional breakouts
- 4) Discussion of qualitative summary
- 5) Next steps

Next meeting Dec 13th 1:30-3:00 Conference room 2A

Meeting: Strategic Prevention Framework-State Incentive Grant Epidemiology Work Group Meeting

Date: October 4, 2006

Present: Kelly Hale Lamonda (Chair), Lori Uerz, Linda Piasecki, John Searles, Monica Weeber, Marcia Bellas, Olivia Hunter, Bruce Wilson, David Murphy, Jessie Brosseau, and Beth Burgess

Recorder: Julie Campbell

Topic	Leader	Discussion	Follow-Up
Update – Status of Evaluation Contractor	Linda Piasecki Kelly Hale Lamonda	The contract with the evaluator is live as of August 15, 2006. Dr. Robert Flewelling from PIRE (Pacific Institute for Research and Evaluation) will be heading the evaluation contract. Dr. Flewelling will be attending the December 13 th Epidemiology Work Group Meeting and there are several strategy meetings scheduled with Dr. Flewelling over the next three months.	
Update – October Meeting in DC	Kelly Hale Lamonda	CSAP is hosting an evaluation meeting October 11th, 12th and 13th in Washington D.C.. Robert Flewelling, Kelly Hale Lamonda, Lori Uerz and John Searles will attend the meeting. The first two days of the meeting will be for the evaluation and the third day will be focused on drafting our logic model based on our preliminary priorities. It will also be an opportunity to hear what other states have done and where they are in the process.	
Update – Resource, Capacity and Readiness Assessments	Kelly Hale Lamonda Lori Uerz	As part of the SPF SIG grant we need to justify what resources are already available in Vermont, the capacity to start and maintain prevention programs and the readiness of the communities. Other states have done a state wide resource assessment as well as a community level assessment. We need to figure out how we can do both or one versus the other or gather the information without having to spend a lot of time going out to communities. There may be a few key people we can interview over the phone to get that resources information. We also need to look at how the	

		<p>programs funded by the State of Vermont are addressing the risk factors specific to our priorities.</p> <p>Some of the capacity issues we need to look at are how much staff do people have and how trained are people to actually carry out prevention programs. We need to decide if we look at regional or state level capacity.</p> <p>Once we get a sense of our needs areas, level of resource, capacity and readiness, then we need to decide if these levels could serve as criteria for where and how community money will be allocated. For example, is it going to be high need, low resources, high capacity or is it going to be different? Will all communities receive funds? This is sub committee work that's going to happen at the Advisory Council level.</p>	
Update – Accelerated Timeline	Lori Uerz	<p>We have been told by CSAP not to expect to carry forward much money at the end of the five years. We are hoping to have the resource, capacity and readiness assessments completed by the end of November. We are planning on having another Advisory Council Meeting at the beginning of December 2006. We will write our strategic plan in January 2007 from the work that is done at the December Advisory Council Meeting. The strategic plan will be submitted to CSAP no later than March 1, 2007 and returned to us around the end of May 2007. Our goal is to have the community funds out by end of June 2007.</p>	
Review Priorities (Power Point Presentation)	Kelly Hale Lamonda	<p>Kelly recapped the preliminary priorities based on recommendations given to the Advisory Council. The number one overarching priority would be delay onset of alcohol use and associated consequences ages 0-21. Next, would be alcohol misuse among 18-25 year olds and the third priority would be</p>	

	<p>David Murphey</p> <p>Kelly Hale Lamonda</p>	<p>marijuana use and driving, focusing on the age group 16-25. We may expand this third priority to reduce marijuana use among that population because there are some issues with the measurement of driving under the influence of marijuana.</p> <p>David asked if there was a common understanding about what alcohol misuse means because it is all misuse if you are under 21.</p> <p>For our purposes, misuse refers to binge drinking – having 5 or more drinks on one occasion.</p>	
<p>Discussion of Regional Breakouts (Power Point Presentation)</p>	<p>Kelly Hale Lamonda</p> <p>Jessie Brosseau</p> <p>David Murphey</p> <p>Kelly Hale Lamonda</p>	<p>Jason Roberts prepared the maps/graphs for this power point presentation (Thank you Jason!). The slides started with the YRBS data for Vermont and were broken out by supervisory union level data. There was a separate Vermont map on each slide for the male and female population, grades 9-12. The maps covered the following categories: Ever Had a Drink; Used Alcohol Before the Age of 13; Drank in Past 30 Days; Rode With Drinking Driver; Driving After Drinking; Ever Used Marijuana; Used Marijuana in the Past 30 Days; Rode With Driver Using Marijuana and Driving After Marijuana.</p> <p>Jessie commented if these slides are going to be presented to another group you may need to let people know that the scales are not the same for male and females.</p> <p>David stated the reason for the different scales is that the distributions and range are different. You may want to add an explanation that says something like the color red always represents the highest 25% of that group.</p> <p>The next two slides were from the BRFSS by county and looked at some of the adult indicators. One</p>	

	<p>Linda Piasecki</p> <p>Beth Burgess</p> <p>Kelly Hale Lamonda</p> <p>Lori Uerz</p> <p>Kelly Hale Lamonda</p> <p>John Searles</p>	<p>graph looked at 18-25 year olds binge drinking, the percent and age 25 and older across the counties. The second slide was titled, "Driving After Drinking Among Adult Vermonters 2002-2005".</p> <p>Linda stated she would be interested to see the three age groups, 9-12, 18-25 and everybody above that by county so you could see the relationships across those three groups.</p> <p>Beth also mentioned she would like to see the YRBS data by county for 9-12.</p> <p>The last graph, from the Department of Liquor Control, showed the Liquor Stores and Alcohol Licensees across the state. Jason Roberts took the town populations and plotted the number of alcohol retailers for 1,000 town population.</p> <p>Lori asked how we would use the data from these different maps and graphs.</p> <p>One of our tasks is to see the consistency across the indicators on the graphs. Are the alcohol indicators consistent for young and old, or male and female? We know from some of these data that there are gender differences.</p> <p>The maps show there is variability across the state. They tell you where the concentrations of problems are.</p>	
	<p>David Murphey</p> <p>Linda Piasecki</p>	<p>David suggested looking at cohorts over time to get a sense of the variation.</p> <p>The next step would be identifying strategies. If we are trying to identify a high need area we might look at some sort of composite or grouping of indicators. We might consider stratifying the resource allocation in such a way as to reserve a certain amount of</p>	

	<p>Kelly Hale Lamonda</p> <p>Kelly Hale Lamonda</p> <p>David Murphey</p>	<p>money to the reduce age of onset because that's an especially important one.</p> <p>Maybe we could come up with an alcohol composite score and a marijuana composite score. The areas that have high alcohol use don't necessarily have high marijuana use.</p> <p>Kelly suggested that the data from the maps and graphs would be good information to share in house but a more simplified version might be necessary for the Advisory Council.</p> <p>This could be data that is shared with communities after they have already been chosen as recipients of the grant to help fine tune their plan.</p>	
Discussion of Qualitative Summary	Kelly Hale Lamonda	<p>Kelly wanted to make people aware there is a now a review of qualitative data for substance abuse issues for teens and young adults from 2001 through 2006. A copy of this data was attached to the agenda last week. Please let Kelly know if you didn't get a copy or if you have any comments or feedback on it.</p>	
Next Steps	Kelly Hale Lamonda	<p>The next Epidemiology Workgroup Meeting is scheduled for December 13, 2006 from 1:30 to 3:00 pm in conference room 2A.</p>	