

Vermont's Strategic Prevention Framework State Incentives Grant  
EPI WORKGROUP  
February 21, 2007 1:30-3:00pm  
**Conference room 2A**

Agenda

- 1) Updates
  - a. Current timeline
  - b. Advisory Council Meetings (Dec and Feb)
  
- 2) Review Epi portion of the Plan
  - a. Review finalized priorities
  - b. Feedback on the documentation of the process
  
- 3) Next steps
  - a. Regional breakouts
  - b. Discussion: data gaps
  - c. Discussion: "rapid response" to new data
  
- 4) Schedule next meeting  
2<sup>nd</sup> or 3<sup>rd</sup> Wednesday of every other month?

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

Date: February 21, 2007

Present: Kelly Hale Lamonda (Chair), John Searles, Marcia Bellas, Rod McCormick, Jason Roberts  
David Murphey, Jessie Brosseau, and Beth Burgess

Recorder: Jessica Rosato

Topic	Leader	Discussion	Follow-Up
<b><u>Introduction</u></b>	Kelly Hale Lamonda	The meeting began with an introduction by Kelly Hale Lamonda. She outlined the course of the meeting, stating that it would consist of discussion about the Epi portion of the SPF Strategic Plan that is to be submitted on March 2, 2007, as well as the future role and goals of the workgroup itself.	
<b><u>Update: Current Timeline</u></b>	Kelly	Kelly gave a brief timeline for the entire grant: On March 2, 2007 the SPF Strategic Plan will be submitted to SAMSHA where it will take up to eight weeks to receive approval. Once approval is granted to disburse funds, an RFP will follow. There will be two different types of grants in place, capacity building grants and implementation grants, in hopes of boosting infrastructure in Vermont. Typically there are three months given to get funds out which means it may be five months from now before communities see any money.	
<b><u>Update: Advisory Council Meetings (Dec &amp; Feb)</u></b>	Kelly	The Advisory Council meeting in December was held to get feedback on different funding strategies, to identify networks and resources that have the most with the critical populations (persons under age 25), and to have workgroups identify gaps in data, resources, etc. The Advisory Council meeting in February sought to get feedback on a recommended time frame for capacity grants, to investigate the relationship between capacity and implementation grants and to discuss the possibility of introducing a mentoring component.	
<b><u>Epi Portion of the Plan</u></b>	Kelly	Everyone at the meeting stated that they had read over the previous Epi profile that John Searles wrote and found it to be very good. Kelly stated that there is now a new, updated version of this that John wrote for the SPF Plan. In doing so, John addressed questions being asked of the Epi workgroup in a way that was clearer and more condensed. This updated version is available for anyone to view.	

		<p>Kelly also handed out a sheet listing the finalized priorities and stated that these would be going into the SPF plan. Indicators may be added under the main headings, but the four main priorities will remain as they are.</p>	
<p><b><u>Feedback on the Documentation of the Process</u></b></p>	<p>Kelly</p>	<p>Kelly mentioned that John Searles is now working on larger Epi profile that will document all data as well as include new data that was not previously available.</p> <p>Kelly inquired as to whether it would be useful to distribute publicly or to keep it internal?</p> <p>Beth Burgess stated that it may be useful for researchers to have access to this information and Rod McCormick suggested transferring it to a pdf file and putting it on the web in order to make it available and allow people to reference it.</p> <p>This topic will be revisited when the document is complete and has been read by all members.</p> <p>Kelly also mentioned that there have been many requests that the Epi workgroup respond more consistently on data and include data by county, VDH district office, AHS districts and hospital service areas. This will eventually be provided to the communities for this grant. Kelly will seek assistance from David Murphey and Jason Roberts on this.</p>	<p>Kelly will distribute Epi Profile and on March 2<sup>nd</sup> to Epi Workgroup members.</p>
<p><b><u>Next Steps: Data gaps, “rapid response”</u></b></p>	<p>Kelly</p>	<p>Kelly began the conversation reiterating that the biggest data gap is within the 18-25 year old population, and in turn, reaching that target audience.</p> <p>Rod further emphasized this point by stating that the BRFSS now only gets a 3% sample of interviews of 18-25 year olds when it used to get twice that much. This is a major problem that has arisen due to an increase in cell phone use. Statistics now show that 10% of all households are completely wireless which makes it increasingly more difficult to reach the 18-25 year old population though land lines. He also mentioned CDC’s pilot projects (cell phone survey’s that pay for the cost of the call) that are occurring at this time that may grant some clarity on this topic.</p>	

		<p>In trying to come up with alternative options to reach the critical population some suggested the option of paying for oversampling while others suggested creating a shorter interview (5 minutes) to simply address the basics or paying the interviewees cell phone bill for the time it took to complete the interview. Additional options included the use of crime data in order to get that to the part of the 18-25 year old population that has DUI's and possession violations. This may not be a complete account, but could be used as a proxy. Beth Burgess mentioned putting ads for the surveys on the internet or in messages to cell phones. Again, this would not be a true random sample, but is still a possibility.</p> <p>In conclusion, Kelly asked why we actually need data on the 18-25 year old population on a sub-state basis as people will typically resort to non-traditional data that is more oriented towards focused-groups and qualitative measures.</p> <p>The discussion then turned to the next steps of the Epi workgroup and its future projects. Kelly gave a handout addressing what will be accomplished in upcoming meetings and how exactly it will get done. The handout consisted of four items:</p> <ol style="list-style-type: none"> <li>1. Revitalizing and reconstituting the SEW membership. In this, Kelly stated the necessity for more focused meetings dedicated to accomplishing desired goals.</li> <li>2. Preparing a more user-friendly version of the Epi profile.</li> <li>3. Addressing gaps in alcohol and other drug consumption and consequence data. This will involve figuring out more creative ways to close the gaps as oversampling can be an interim step for the moment, but there needs to be something more long term. In this, we can look to CDC for guidance, but also use other data sources to do proxy sampling. It was suggested that Ashi Taka from the University of Vermont be contacted in attempt to acquire Vermont specific data. Beth also mentioned that we might find it useful to look at the Carsey Institute at the University of New Hampshire who does extensive rural research.</li> </ol>	<p>Epi Workgroup members to decide whether current version is ok to publicly distribute</p> <p>John Searles knows Ashi Taka and will contact him.</p>
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<p><b><u>Conclusion and scheduling of next meeting.</u></b></p>	<p>Kelly</p>	<p>Kelly stated that these four items will be what the Epi workgroup will focus on for the upcoming year. Although it is nice to bounce ideas off each other at official meetings, Kelly opened up the door to the possibility of setting up an email connection as an ongoing way to discuss pertinent issues, findings, and useful information. This will be a more convenient way to stay connected in between meetings and can be used as preparation for meetings (i.e. to assist with agenda updates so that more involved discussion can take place at the actual meetings). Although Kelly first mentioned this as an alternative to meeting all together as some people must travel quite far to attend, most members agreed that it can be used as a supplement, but not as a replacement for actual meetings. It was decided to continue meeting every two</p>	

		<p>months and revisit the alternative at a later date.</p> <p>It was also decided that the next meeting will be <b>April 11, 2007 from 1:30 – 3:00</b>. The minutes from this meeting and the final plan with the Epi profile will be sent out to all of the Epi workgroup well in advance of the next meeting.</p>	<p>Kelly will send out the minutes along with the final plan with the Epi profile next week.</p>
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