

Vermont's Strategic Prevention Framework State Incentives Grant  
EPI WORKGROUP  
October 10, 2007 1:30-3:00 pm  
**Conference room 2A**

Agenda

1. Introductions
  
2. Updates
  
3. Prescription drug misuse surveillance
  - a. Taking on new role/responsibility
  - b. Data presentation
  
4. Continued discussion
  - a. Data gaps for 18-25 year olds and discussion of potential ways to address  
BRFSS  
Center for Rural Studies  
DMV  
211  
Chamber of Commerce
  
  - b. "Rapid response" to new data  
EARS  
Poison Center

Next meeting: January 9, 2007

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

Date: October 10, 2007

Present: Kelly Hale Lamonda (Chair), John Searles, Rod McCormick, Bruce Wilson  
David Murphey, Jessie Brosseau, Lori Tatsapaugh Uerz, Caroline Dawson,  
Katy Cahill, Jason Roberts

Recorder: Jessica Rosato

Topic	Leader	Discussion	Follow-Up
<b><u>Introductions</u></b>	Kelly Hale Lamonda	<p>Kelly began the meeting by introducing Katy Cahill, PIRE on-site evaluator, as the newest member of the Epi Workgroup. Katy has a doctorate in psychology with much experience in research, community organizations and large data sets. Her new role at the Vermont Department of Health blends data analysis and work with community grantees.</p> <p>Introductions by all group members followed.</p>	
<b><u>Update: Current Timeline</u></b>	Lori Uerz	<p>Lori gave an update and timeline regarding the status of the Strategic Prevention Framework State Incentive Grant. As of the October 5, 2007 deadline, 23 community grants applications were received, 11 of which were for capacity building and 12 for implementation. Technical review has been underway, revealing missing items that are to be turned in by October 11th at 12:00pm. The grants will be sent out to a team of 19 reviewers who will evaluate the grants. A grant reviewer training will be taking place on October 15th at The Summit Learning Center to refresh reviewers on tips, strategies and grant scoring procedures. A day long grant review meeting will then take place on October 30th where all reviewers will meet to discuss the strengths and weaknesses of each grant and to finalize recommendations to be passed on to Barbara Cimaglio. The final decision over which communities will be funded will be left to Barbara Cimaglio and Sharon Moffat.</p> <p>Lori hopes for a quick turn around, no later than November 15th,</p>	

		<p>once decisions have been made. Once the accepted applicants have been notified, they will move quickly into their first training (step 1: needs, capacity and readiness assessment) on December 11th and 12th in Montpelier. Training on step 2 will take place in January, training on step 3 (writing of the strategic plan) in March and the final training on program implementation at the end of May. Our contractor, the Center for Health and Learning, will be conducting all of the trainings.</p>	
<p><b><u>Prescription Drug Misuse Surveillance:</u></b> <b><u>New role/responsibility</u></b></p>	<p>Kelly Hale Lamonda</p>	<p>The meeting then turned to a discussion over prescription drug misuse. Apparently, in the treatment world, much discussion is bubbling up around this topic. There is some concern prescription drug misuse may be increasing at a rapid rate, However, the Epi workgroup staff has not yet been able to document this increase through examination of available national and State-level data sets. The staff has been investigating several methods to more rapidly assess prevalence rates of all substances . Although this is not one of the priorities of the SPF-SIG, the Epi Workgroup is being asked to review and manage data around prescription drug misuse. In addition, The Vermont Department of Health does not have a central location for media management regarding this topic, and as a result, would like the workgroup to be a depository for data surrounding prescription drug misuse. The role of the workgroup would then expand to include data on prescription drug misuse as it pertains to special populations (individuals in treatment, incarcerated individuals, etc).</p> <p>Kelly then asked for members' thoughts regarding this additional responsibility and their feelings about the expanded role. Some people were concerned about the validity and generalizability of specific data sources, while others were concerned about how much time this additional responsibility would require. Some members were hesitant due to the uncertainty of what the future workload will be in regard to the identified priorities and that obtaining data on the 18-25 year old population poses a big challenge to the group. Kelly suggested that the mandate of the SEW is to continue after the life of the SPF grant so that the group can monitor and track all ATOD use and abuse. David also mentioned that Epi involvement will allow</p>	

		<p>access to all available data, which will in turn, support the selection of the SPF-SIG priorities .</p> <p>Currently, John has already accumulated a data from additional Health Department sources that he has been asked to review. John suggested summarizing these data for the group and soliciting a consensus evaluation by the SEW He is also working on a 1-2 page summary outlining the current data that we have on prescription drug misuse. This will abstract what is currently known from an epidemiological standpoint.. Some of these data will be presented at the State Substance Abuse Conference taking place October 11th. Both Kelly and John will be attending.</p>	
<p><b><u>Prescription Drug Misuse: John's Data Presentation</u></b></p>	<p>John Searles</p>	<p>John gave a brief account of the PowerPoint presentation that will be used as part of the discussion on prescription drug misuse at the State Substance Abuse Conference on October 11th. In short, he presented national and state-level prescription drug data in context with alcohol and marijuana use and abuse. Alcohol and marijuana remain the two most prevalent substances in Vermont, especially among the 18-25 year olds. Very little increases over time in a wide variety of prescription drug misuse has been observed. John believes that some of the interest surrounding prescription drug misuse is driven by high profile media coverage of selected events (robberies, home invasions, etc.) that are attributed to individuals seeking money to obtain drugs. While these reports contribute to an overall epidemiological profile, they should not be emphasized at the expense of systematically collected data. .</p> <p>The concern then becomes, as Kelly states, how to acknowledge prescription drug misuse as an issue without contributing to media frenzy. It is also problematic to get away from the main priorities/problems to focus on a drug that data cannot yet support the prevalence of.</p> <p>Everyone agreed that it is valuable to hear other perspectives, and that it may be beneficial to bring in select speakers to foster further understanding and relevance related to prescription drug misuse. Todd Mandell, Max Schluter and a representative from the Vermont Prescription Monitoring system were all suggested</p>	<p>.</p>

		as possibilities. It was also suggested that keeping a record of how much time is spent on prescription drugs may be useful so as to avoid neglecting the focus on 18-25 year olds.	
<b><u>Continued Discussion: Data Gaps 18-25 year olds</u></b>	Kelly Hale Lamonda	In previous meetings, much discussion was centered on ways to lessen the data gaps in the hard-to-reach 18-25 year old population. Many ideas were brought to the table in attempt to address this gap and to gain access to this age group. One suggestion made to obtain data was through the oversampling on the BRFSS. However, after further investigation, it appears that this option is far too costly and without guarantee. John and Kelly have also been in contact with the Center for Rural Studies at UVM to see if they could provide assistance. Additional discussions are planned in early November. There was also much interest in utilizing the Department of Motor Vehicles data base as a source for contact information for this group. Unfortunately, the DMV is devoting most of their current resources at developing a secure drivers license that is in Federal compliance and therefore do not have the time or manpower to assist us. Bruce had mentioned working with the Chamber of Commerce and the business community to gain access to 18-25 years olds who are not in college, and this idea is still being developed. Bruce also suggested the possibility of having an “all out” campaign that would involve VDH, colleges, media, police, etc that would not only make this target population aware of the staggering rates of drug and alcohol abuse in Vermont, but that would also make them part of the initiative to reduce rates and help acquire necessary data. Lastly, Beth Burgess suggested in the last meeting, collaborating with BISCHA who conduct a health insurance survey that may be useful. Kelly has a contact that she will be getting in touch with to further explore this option.	John to meet with Center for Rural Studies in November.  Kelly to contact BISCHA.
<b><u>Rapid Response to New Data</u></b>	Kelly	Also a continuation from the last meeting is discussion regarding rapid response to new data. At this time the data generated for the Early Aberration Reporting system (EARS) is not available to the SEW.. There are significant concerns that involves HIPPA (confidentiality) compliance; however, obtaining emergency room data could be quite useful and worth pursuing. Caroline also	Jessie to get VAHHS

		<p>suggested looking to BISCHA and VAHHS (Vermont Association of Hospitals and Health Systems). Also to consider as another way for rapid response is the Prescription Monitoring Survey. Lastly, the Poison Center remains a resource, and John, Kelly and Katy all plan to attend a meeting there on October 29, 2007.</p> <p>The next meeting will be held on <b>Wednesday, January 9, 2007</b>. Location and time to be announced.</p>	<p>contact to Kelly</p> <p>John, Kelly, Katy to attend Poison Center Meeting on October 29th.</p>
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