

## Prevention Research Collaboration Meeting

Wednesday, December 10, 2025

10:35 am – 1:00 pm PT

<https://washington.zoom.us/j/99602783480?pwd=lbstiQW6JSgq7h4yr4bgFgfoQQOe3e.1>

Theme: Strengthening Opportunities for Collaboration

### AGENDA

<b>10:35 – 10:50</b> (15 min)	<b>Welcome &amp; Introductions</b>
<b>10:50 – 11:05</b> (15 min)	<b>Impromptu Networking</b>
<b>11:05 – 11:15</b> (10 min)	<b>Updates from DBHR</b> Sarah Mariani, DBHR
<b>11:15 – 12:00</b> (45 min)	<b>Washington State prevention landscape: Five mini-presentations from PRC members</b> <ul style="list-style-type: none"><li>• <i>Community Behavioral Health Risk Indexes: Substance Use, Mental Health, and a Potential Youth Problem Gambling Risk Index</i>, Grace Hong &amp; Irina Sharkova, DBHR</li><li>• <i>Evaluating Young Adult Prevention Efforts in a Tribal Setting</i>, Marc Bolan, Marc Bolan Consulting</li><li>• <i>Snapshot of the YCCTPP Community Grants Mentoring Partnership Project</i>, Liz Wilhelm, DOH</li><li>• <i>To use or be used: The role of media literacy in healthy decision making</i>, Erica Weintraub Austin, WSU</li><li>• <i>Promising findings on preventing suicidal thoughts and behaviors</i>, Jennifer Bailey, UW</li></ul>
<b>12:00 – 12:15</b> (15 mins)	<b>Break</b>
<b>12:15 – 12:45</b> (30 min)	<b>WSIPP's latest report on cannabis retail access and healthcare outcomes</b> , Amani Rashid, WSIPP
<b>12:45 – 12:55</b> (10 min)	<b>Consultation: Meeting with out-of-state partners</b> Who/What/Why?
<b>12:55 – 1:00</b> (5 min)	<b>2026 Meetings – and theme for March</b> <ul style="list-style-type: none"><li>• March 11, 2026: 10:35 a.m.-1:00 p.m.</li><li>• June 10, 2026: 10:35 a.m.-1:00 p.m.</li><li>• September 9, 2026: 10:35 a.m.-1:00 p.m.</li><li>• December 9, 2026: 10:35 a.m.-1:00 p.m.</li></ul>

## **Introductions** (28 people at start)

- **WSU:** Brittany Cooper, Erica Weintraub Austin, Elizabeth Weybright, Jason Kilmer, Myah Houghten, Jessica Willoughby, Edith Dale (fellow), Andy Opoku
- **UW:** Margaret Kuklinski, Jason Kilmer, Blair Brooke-Weiss, Patricia Gomez, Jennifer Bailey, Christine Lee
- **DBHR:** Sarah Mariani, Jaymie Bockelman, Rebecca Ruiz, Enos Mbajah, Alexis Schmierer
- **NWPTTC:**
- **NW HIDTA:** Eliza Powell
- **HCA:** Jeremy Whitaker, Jaymie Vandagriff
- **HCA Communications:**
- **OSPI:**
- **ADAI:**
- **WA DOH:** Jordan Arias, Sally Riggs
- **WA DSHS RDA:** Irina Sharkova, Grace Hong, Barbara Lucenko
- **WA LCB:** Kirsten Haley, Tyler Watson, Sarah Okey
- **YCCTPP:** Liz Wilhelm
- **WSIPP:** Amani Rashid
- **WASAP:**
- **King County Dept of Human Services, Division of Behavioral Health & Recovery:**
- **King County Dept of Public Health:**
- **Washington Traffic Safety Commission:**
- **Cannabis Observer:** Gregory Foster
- **Seattle Children's:**
- **Seattle University:** Bridget Joyner-Carpanini
- **Guest :** Marc Bolan (Bolan Consulting)

## **Impromptu networking** (29 present)

1. Looking back over 2025 and what you're grateful for
2. Looking ahead to 2026 what are you hopeful for

Here are some of the comments that came from the breakout rooms.

- *Grateful for the opportunity to work hard with my son and daughter-in-law, while moving Dad into assisted living*
- *All of us in the room were hopeful for meaningful connections/projects from this lovely meeting packed with great minds :)*
- *Grateful to still have federal support/funding for Northwest PTTC and hopeful about new projects coming online in 2026.*
- *Grateful to be able to do the health communication work I do with the people I do it with and hopeful to continue doing that work, helping support others as well.*
- *SO grateful to Jason and his colleagues with more epi background*

(31 participants)

## **Updates from DBHR**

Sarah Mariani, DBHR

In December we prepare for the short legislative session (Jan-Mar); we continue to have administrative freezes and that lack of staffing does slow our response rates to partners. It's okay to nudge us if you experience a delay.

We have a need for sustainable growth to provide services in the prevention and promotion space. Our partners at the University of Washington and Washington State University have helped us with that need, with for example interventions such as *Check in with Yourself* and *First Years Away from Home (FYAH)*.

We have adjusted our strategic vision and goals on how we do our work sustainably in our communities. We are hyper focused on how (especially in this economic climate) we can maintain our core services. This requires being able to measure/demonstrate our success. RDA and HYS are hugely supportive of evaluation, which helps ensure financial support for our services.

Healthy Youth Survey (HYS): We had some delay in implementing this year, but it may have had a serendipitous learning effect, which is we can have a tight timeline and still get high participation. 300K surveys were returned. Levels of participation are still not as high as pre-pandemic levels, but they're improving. We are in the middle of cleaning up data and will release data in April. Due to our freeze, we have had to rely on several partners whom we really appreciate. Thank you to Jason Kilmer (UW) and his team, and also Jaymie Bockelman's and Rebecca's expertise.

If you don't know much about the Healthy Youth Survey, we have lots of info and a data dashboard here: <https://www.askhys.net/>

We are getting close to launching a community survey that lets us know what's happening from an adult perspective.

(32 participants)

## **Washington State prevention landscape: Five mini-presentations from PRC members** (See the slides for details)

1. *Community Behavioral Health Risk Indexes: Substance Use, Mental Health, and a Potential Youth Problem Gambling Risk Index*, Grace Hong & Irina Sharkova, DBHR

**Summary:** Explained methodology and where they get their data. RDA's efforts are leading to greater knowledge about community SUD risk, community MH risk, and their overlap. This information supports CPWI decision making.

**Key Takeaways:** Highlight is a map that shows where risk in one or both areas is high and where we need more data. For example, they have no information in tribal communities or low population areas.

2. *Evaluating Young Adult Prevention Efforts in a Tribal Setting*, Marc Bolan, Marc Bolan Consulting

**Summary:** Evaluation of a very small group of tribal youth (S'Klallam tribe is small, 2400 registered members) in the Kingston area.

**Key Takeaways:** There is more for prevention professionals to learn about how to develop effective, equitable, and respectful collaborations with tribal partners.

**Q & A:** Could this approach help fill the gap that was developed for the Community Behavioral Health Risk Indexes work in the previous presentation?

Port Gamble decided it was important to have their own local data, first from youth and then from young adults and the community. It's beneficial to try to communicate with other Tribes about the power of having local data and what it would take to get that data.

A great project. It complements the previous presentation, too. Important efforts in a different, and very tangible way.

PRC meeting participants would like to see the results when they are in.

3. *Snapshot of the YCCTPP Community Grants Mentoring Partnership Project*, Liz Wilhelm, DOH

**Summary:** Community grants provided with the goal of incubating more prevention efforts in communities in WA State. CDC is the prime funder. Funds are given directly to communities to do the work. Some communities are very seasoned while others are very new to community work. A project was set up to have a more seasoned community mentor for a less experienced/new community to improve success. It looks like it's a success, but we want to do some measurements in a few months to quantify our success stories.

**Q & A:** None

4. *To use or be used: The role of media literacy in healthy decision making*, Erica Weintraub Austin, WSU

**Summary:** Without media literacy, consumers of social media can get pulled in having an emotional response. Content providers use this response to shortcut your critical thinking. Their goal is for you to like them, trust them, and not trust anyone else. As consumers, we need to get emotions to work for us and not necessarily believe those content creators. Data was collected using family-based studies, online, in person, in schools, and kids.

We learned in our most recent study that 18–29-year-olds are using social media as a primary source of news, health info, etc. We want to help them check what they are seeing and not sharing so quickly. Intervention did help some, but not with other bits of misinformation. We would like to do better studies and welcome any advice on how to improve.

**Q & A:** Would be a cool research project to see media literacy strategies done at an environmental level (like whole schools, communities getting courses) and in classrooms or communities to "buffer" impacts of social media at multiple levels.

5. *Promising findings on preventing suicidal thoughts and behaviors*, Jennifer Bailey, UW

**Summary:** To demonstrate decades-long preventive impacts of a preventive intervention delivered universally to a selective population.

**Q & A: Did you look at substance use outcomes?** Yes, those really went away after young adulthood; it's the physical and mental health issues that increase.

These talks are so interesting and engaging they could all go for at least 30 minutes. All the talks could go for at least 30 minutes.

**Meeting Break: 12:10 to 12:25**

(23 participants)

### **WSIPP's latest report on cannabis retail access and healthcare outcomes**

Amani Rashid, DBHR (See slides)

WSIPP is a nonpartisan research group that does research at the behest of the legislature.

**Summary:** The work is a piece within a larger scope of Initiative 502. (502 has a public health requirement and this work falls under that requirement) Final eval work ends 2032. The purpose of this work was to look at retail access and how it relates to increase in Cannabis Use Disorder (CUD), hospitalizations related to CUD and CUD treatment. There was a finding of an increase in CUD diagnosis in areas where retail access is closer. Could the use already be high there, and not caused by proximity to retailers? One way to determine is to look at data from the past before there were any retailers. The year before retailers opened there is no difference going back 2-5 years. But once the stores have been in operation for more than one year, there is an increase.

Important to note: These results are only from Medicaid enrollees, so the increase cannot be generalized to other populations. RDA provided the Medicaid data, and WA LCB provided retail data. Other factors that need to be considered are different drive time thresholds, number of retailers, and possible subgroup differences.

**Q&A:** Can you validate that the study scope focuses only on I-502 retailers and excludes consideration of tribal cannabis retailers, hemp-derived THC products, and illicit market

cannabis? – Yes, but it's actually underestimating access, so the results could be higher. Although Oregon retailers are situated close to study sites, we had no access to their data. A question to consider: could density be influenced by zoning laws? This may be more impactful in small communities.

### **Consultation: Meeting with out-of-state partners**

Time ran out to discuss exploring this new area at any length. Co-chairs are happy to receive feedback over email. And any topic ideas would be great to receive.

### **2026 Meetings – and theme for March**

All meetings fall on a Wednesday, 10:35am – 1:00pm

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