MINUTES
Strategic Prevention Enhancement Policy (SPE) Consortium
November 9th, 2020; 1:00 – 4:00 PM

Meeting Objectives:

1. Receive important updates from state partners.
2. Hear from two partners, the Rural Prevention Network and Gay City, about reaching marginalized populations.
4. Check in with workgroups and offer assistance as needed.

Agenda

1:00 Introductions and Announcements Alicia Hughes/Patti Migliore-Santiago

• In attendance (may not include those who called in by phone)

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<td>Akshaya Sivakumar</td>
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<td>Jacob Delbridge</td>
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<td>Alicia Hughes</td>
<td>HCA</td>
<td>Jason Kilmer</td>
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<td>Bailey Ingraham</td>
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<td>Carly Bartz-Overman</td>
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<td>Jesse Jimenez</td>
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<td>Sarah Mariani</td>
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<td>Christopher Belisle</td>
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<td>Lady Anderson</td>
<td>Gay City</td>
<td>Tim Candela</td>
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<td>Elizabeth Weybright</td>
<td>WSU</td>
<td>Laura Mendoza</td>
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<td>Isaac Wulff - SPE Staff</td>
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<td>Miranda Pollock</td>
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1:20 Healthy Youth Survey Update Alicia Hughes and Sarah Mariani, HCA

• Alicia Hughes, on behalf of the HYS team from HCA, DSHS, OSPI, and DOH.
  o The full HYS survey has been rescheduled to Fall of 2021
  o It will shift grades to capture the same cohort of students
  o Making changes to accommodate students being at home and other situations
  o Adding an electronic version of the survey
  o How to ensure that students have access to the tech to take the survey?
  o Still may implement a shortened version of the HYS in Spring of 2021, but COVID-19 specific and to a limited sample.
• (See PDF of presentation slides for accompanying details)

Introduction
  o ESD 112 just received a new grant from DOH through the YMPEP program
  o Mission is to support rural communities and prevent youth marijuana use

What is rural
  o All the green areas on the map are rural areas
  o Density, commute, and population are all considerations for what makes an area rural

Approach
  o Operate like a coalition but statewide, follow the same rules from CADCA
  o Exist to inform DOH for strategies that work for rural communities

Rural needs assessment
  o Implemented March-June 2020
  o What does it mean to be rural?
    ▪ To answer above question – presenters go into things mentioned in next bullet point
    ▪ Core questions, data + findings, and developing report
  o Highlights of Existing Data
    ▪ Rural demographics to other indicators
    ▪ Rural residencies have fewer young adults and usually have older populations
    ▪ Race demographics
      • Non-Hispanic White and Hispanic the highest
    ▪ Rural mental health
      • High prevalence of depression, marijuana use
      • Some delay in getting HYS data due to COVID-19
      • Key word is diagnosis – there is lower access to facilities in rural areas so low numbers could be attributed to lower diagnosis capacity
    ▪ Deaths of Despair
      • Higher rates of suicide
      • Higher rates of alcohol related deaths
      • Same rates of poor mental health – but greater amounts of suicide
      • Again, diagnosis capacity could be a factor
    ▪ OSPI records
      • Rural schools have lower graduation rates and slightly higher dropout rates
      • Lower truancy
      • Same rates of school discipline as non-rural schools
  o Custom Built Rural Network Survey Data
    ▪ Convenience sampling
    ▪ 50% from prevention coalition and 50% no connection to a coalition
      • People not connected to a coalition don't think youth marijuana use is a problem
      • Not in coalition don't perceive as much harm from youth marijuana use
    ▪ Ranking key drivers of youth marijuana use
      • Ease of access of marijuana
Positive beliefs around marijuana
  ▪ Ease of Access to Marijuana
    • Qualitative info – figuring out the barriers to marijuana acquisition
  ▪ Rural Culture
    • Coalition members really oppose marijuana in the home, but...
      o A lot of rural people support legalization of marijuana
      o People value the farmers – marijuana farming brings jobs
    • Want media campaigns informed by rural residents
      o A lot of existing media don’t resonate with rural community members
      o Example: Picture of man fishing a river with a deep water pole
    • Outside informants from urban communities don’t work very well
  ▪ Want media campaigns informed by rural residents
  • Key Informant Interviews were helpful
  • Listening Sessions – 3 communities
    ▪ Top issues influencing marijuana youth
      • Lack of prosocial activities and are unsupervised by adults
      • Mixed age groups are common – greater exposure to substances
  • Join the Cause
    ▪ Website – Prevent coalition, prevent rural
  • Questions
    o West Side versus East Side data – relying heavily on qualitative data
    o Question about logging specific communities – did not specify by industry, but still may
    o How do you adapt the advocacy training for youth to rural communities – could be added to the toolkit

2:20 10 Minute Break

2:30 LGBTQ+ Youth: Disparity Data from the 2018 HYS  
  Tyler Watson, HCA
  • (See PDF of presentation slides for accompanying details)
  • Summary of HYS
    o In general, there are worse outcomes about marijuana, alcohol, and tobacco use in non-straight populations
    o How is gay, lesbian, or bisexual shown on a survey?
      ▪ Question is asked at the very end to allocate which demographic this survey is a part of
      ▪ Some of the answers collapsed in the presentation to avoid number suppression, so the survey as taken provides more options
  • Discussion
    o Outcome indicators are signs of deeper problems: oppression, harassment, rejection
    o Lady Anderson – What is being done to address this issue?
    o Example from Vashon Island
      ▪ Making gender neutral bathrooms

2:45 Addressing specific needs of LGBTQ+ people  
  Maisha Manson, Gay City
Gay city approach
- Targeted universalism – find the most adversely affected and design all interventions and programs to meet the needs of those individuals, but deliver it to the general population
- Peer-led advocacy in context of social determinants of health

What are the social determinants of health
- The economic and social conditions that influence the health of people and communities
  - Economic stability
  - Education
  - Social and community context
  - Health and health care
  - Neighborhood and built environment

Understanding Gender Identity and Sexual orientation
- Gender identity
  - Internal sense of their gender
  - All people have a gender identity
  - Gender and assigned sex at birth are not the same
- The Gender Unicorn – an illustration of factors affecting sexuality and gender
  - Gender identity
  - Gender expression
  - Sex assigned at birth
  - Physically attracted to
  - Emotionally attracted to
- Sexual Orientation
  - A person’s internal sense of emotional, romantic, sexual attraction to other people
  - Does not dictate a person’s gender identity
  - LGBTQ identities are not the same!
- Importance of counting LGBTQ people
  - Data on these are an important tool, transgender people really need the data to support all the things they know to be true about their lives
  - Not inclusion = not having the tools to support them
  - Lady Anderson – the HYS lacks the right questions for qualitative data
    - What are we going to do to ask the qualitative questions that will help us design a survey that will be helpful?
- Gay City data Gathering
  - Used as a general intake form for healthcare navigation appointment
  - Defining terminology used
    - Create a universal understanding for information forthcoming
  - Immutable information
    - Have to create data profiles for information that will never change
    - DOB and hometown - creates a numerical ID because first/last names change over time
For hometown – it doesn’t matter but just put down whatever comes up first for hometown
- The person doesn’t need to know the form – it creates a unique code
  - “Gay” and “Lesbian” are not the same – it’s better to give a list of what you are to check off versus putting into bins (in reference to the HYS and how the HYS does it)
  - Always provide an “Other” option with a blank space to fill in

- Takeaways
  - By centering the most marginalized (BIPOC LGBTQIA+ Youth), we support all of our communities
  - If they are not counted, they are not supported
  - Recognition is key
  - If the data doesn’t exist what resources are you using to fill the gap?
- Questions?
  - Sarah - qualitative data from HYS, in Lady’s current work, is she looking to do follow up work with other communities to have augmented data in other communities besides just King County?
    - How to apply community led solutions to other areas, requires each of us to do the work in other rural areas, more than happy to support the other folks in other areas. Gay City can’t go around and do the work but can support other people trying to do the work.
    - How to integrate what we are learning across the spectrum – HCA has more localized CPWI, potential for CPWI for communities to use the Gay City information
    - Where are you investing in listening to community?
  - Maisha question from Sarah, re: the categories and having fill in the blank
    - Talk a bit about how to sort out when you want to best represent and condense the data to extrapolate trends?
      - Trans economic empowerment coalition
      - Doing a survey on housing – other trans people who are data specialists who came in to help figuring out
      - Part of being queer and trans in this world is that you can’t pin it down
      - In the overview – these are the considerations, to do the roll up, provided a caveat to give some type of distinction, list out all the different masculine center – but name that each of them were including multiple identities, the data explanations have to have the specific processes attached
      - Instead of condensing it – no need to just use multiple options
  - Resources on different age levels? Some age levels use different terms
    - If doing an adult survey this is how it’s discussed and youth survey this is how it’s discussed
    - Harm (outing before ready/safe) is enacted by answering questions about identity sometimes
  - Tim Candela
    - Do the work within your own community or tailor it to a specific community
  - Isaac Wulff
• Celebration of a thing that was said student assistance navigation
• Gay City is a DOH contractor, providing training and technical assistance on serving people who identify as LGBTQ+
• Fred Swanson and Lady Anderson with Gay City will also be available for Q&A.

3:20 Agency Updates – 2021 Legislative issues
All
• Mary Clark
  o Law Enforcement Conversations
• Patti
  o Has a new secretary of health for DOH
• Lady Anderson concerned about HYS – how can we implement that information?

3:35 Workgroup Updates
All
• Opioid Prevention Workgroup
  o Kersten Tano starting up with monthly meetings for the opioid summit, planned for July or August in 2021.
  o New SOR Grant awarded in September allowed us to renew CPWI and CBO contracts for opioid prevention services.
  o Next meeting in January on new schedule (3rd Tuesday, every other month, from 3-4 pm).
• WHY Coalition
  o Start Talking Now hit 1k likes!
  o The Communications team is working on updating Parent’s Guide to Raising Drug-Free Youth brochure. New look and updated content. The final product will be shared once it is complete.
  o At our October meeting, we hosted a presentation from Prevention Voices. Prevention Voices is focusing the LCB’s allowances given since COVID-19 including unenforced rules, making the allowances permanent, future bills re: marijuana. This is a grassroots movement. If you are interested in joining the group, contact Alyssa Pavitt at apavitt@co.whatcom.wa.us.
  o In prep for legislative session, LCB will be holding a learning session soon, date TBD.
  o At our upcoming December meeting, we are planning to celebrate the year including identifying success from the last year.
  o Sara and Kasey (co-chairs) have been having discussions around recruitment and planning for the next year.
• Mental Health Workgroup
  o Recently reviewed the levels of collaboration and their characteristics. Obtained group consensus to review goals, progress and develop sub workgroups surrounding the goals to develop action plans.
  o Developed a sub group who will be working on identify measurements of mental health other than the absence of disorders. The group will be looking at research and what others have used to measure wellness to help us identify other points of data we can collect to inform our efforts.
Another subgroup formed to work on developing a funding strategy to utilize current resources and identify opportunities for funding.

Completion of the first year for our MHPP community based organization grants.

Next steps is to develop a sub group that will work on developing a toolkit of the different resources available to communities for prevention, intervention and post-intervention to reduce the potential for youth suicide and mental health

- **Commercial Tobacco and Vapor Products Workgroup**
  - Working with Liquor and Cannabis Board, Dept of Revenue, and Attorney General’s Office to get clarity on the state regulatory frameworks and policies for particular emerging products, including heated tobacco products (HTPs) (i.e. “heat not burn”; IQOS-brand) and smokeless/vaporless nicotine products (such as nicotine lozenges, pouches, and toothpicks)
  - Leading education and information sessions about the CDC and public health community best-practice for commercial tobacco and vapor product policy framework, which is having a strong statewide minimum standard (i.e. “floor” policy) with the specifically enabled ability to pass local policies more protective than that statewide “floor” policy.
  - Continue to closely follow and conduct information translation and dissemination on the existing and emerging research around the intersection of COVID-19 and smoking/vaping
  - Continue to work on next steps for establishing the multidisciplinary, sociodemographically and geographically diverse statewide coalition, which is a required component of the CDC grant

- **Young Adults & Marijuana Prevention Workgroup**
  - Active legislative session upcoming – many marijuana bills expected
  - Entering an aggressive recruiting and momentum building phase
  - Contact Christine.steele@hca.wa.gov for more information

### Upcoming Meeting Goals and Callout for Presenters in January

- 2021 Legislative Session: updates and agency priorities
- PSCBW updates from Leanne or Liz?

### Adjourn

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<td>January 2020</td>
<td>Opioid Prevention Workgroup</td>
<td>• Legislative Reports</td>
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<td>• Engagement of vacant SPE members</td>
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<td>March 2020</td>
<td>WHY Coalition</td>
<td>• WSIPP – Updated inventory of programs for the prevention and treatment of youth cannabis use (Eva Westley)</td>
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<td>• Opioid Advisory Board, SFP Trainings for Marijuana/Opioids (Elizabeth Weybright)</td>
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| May 2020    | • WTSC – Stacy and/or Wade: Updated presentation: Alcohol, Poly Drug and Cannabis as contributors to motor vehicle fatalities/ injuries. (We featured this in March, 2019 SPE) Confirmed: Y/N  
• DCYF – Pamala Sachs Lawler – Youth in the Juvenile Justice System: Needs Assessment data, future enhanced inclusion of population and Policy discussion. (Prevention Focus) Confirmed: Y/N |                |
| July 2020   | • CANCELED TO ACCOMODATE FURLOUGHS                                       |                |
| September 2020 | Commercial Tobacco/Vapor Products Workgroup                            |                |
| November 2020 | Young Adults & Marijuana Prevention Workgroup                          |                |
| January 2021 | Mental Health Workgroup                                               |                |
| March 2021  | • Kick off to 2022 Five-Year Strategic Plan Update!                    |                |