Prevention Research Collaborative Meeting
Wednesday, March 13, 10:30 am – 1:00 pm PST

Theme: Agency Updates and New Youth/Young Adult Data

AGENDA

10:35 – 10:45	**Welcome & Introductions**
10:45 – 11:00	**Impromptu Networking** Members consider/discuss options for the PRC 'badge'
11:00 – 11:15 (15 min)	**Healthy Youth Survey 2023 Summary of Results** Tyler Watson, HCA
11:15 – 11:35 (20 min)	**Legislative Session Update** Harrison Fontaine, HCA
11:35-11:50 (15 min)	**Mental Health Logic Model Workgroup Update** Billy Reamer, HCA
11:50 – 12:00 (10 minutes)	**Break**
12:00-12:35 (20-minute presentation and 15-minute discussion)	**Young Adult Survey: 2023 Results** Jason Kilmer, UW
12:35 – 12:50	**Chatterfall: Updates from the prevention community**
12:50 – 1:00 (10 min)	**2024 Meetings – and theme for June** • Wednesday, June 12: 10:35 a.m. - 1:30 p.m. • Wednesday, September 11: 10:35 a.m. -1:30 p.m. • Wednesday, December 11: 10:35 a.m. - 1:30 p.m.

Introductions
- **WSU**: Brittany Cooper, Clara Hill, Elizabeth Weybright, Cassandra Watters, Eleanor Dizon, Jordan Newberg, Mya Houghten, Lisa Rey Thomas
- **UW**: Kevin Haggerty, Christine Lee, Nicole Eisenberg, Jason Kilmer, Margaret Kuklinski, Jim Leighty, Blair Brooke-Weiss, Scott Graupensberger
- **DBHR**: Sarah Mariani, Gavin Mina, Harrison Fontaine, Jaymie Vandagriff, Rebecca Ruiz, Roxane Waldron, Tsion Beshah, Yonathan Zerfu, Sandy Salivaras, Billy Reamer, Leah Marcotte, Erin Bacon
- **HCA Communications**: Jennifer Fortnash
- **OSPI**:
- **WA DOH:** Liz Wilhelm
- **WA DSHS RDA:** Grace Hong, Irina Sharkova
- **WA LCB:** Kristen Haley, Sarah Oakey
- **WSIPP:** Amani Rashid
- **WASAP:**
- **King County Dept of Human Services, Division of Behavioral Health & Recovery:** Jennifer Wyatt
- **King County Dept of Public Health:** Sarah Ross-Viles
- **Washington Traffic Safety Commission**:
- **Cannabis Observer:** Gregory Foster
- **Balmer Group:** Kody Russell

Announcement: The name of this group has changed to the Prevention Research Collaborative (PRC).

Impromptu networking
Kevin Haggerty invited participants to consider the badge options and/or to just check in with each other.

Badge choices (36 participants after networking)
Jennifer Fortnash introduced the badge options for us to consider using as part of the PRC going forward.
Polling and discussion revealed that the group will choose the following badges for future PRC documents. Jen Fortnash will revise the research brief templates to include them.

Header

Acknowledgement

Healthy Youth Survey 2023 Summary of Results

Taylor Watson, HCA

Tyler reported a snapshot of the 2023 results
- The press release is live: https://www.askhys.net/
- Also on the DOH website: https://doh.wa.gov/newsroom/2023-healthy-youth-survey-results-offer-signs-hope-and-resiliency-among-washington-students

Background for 2023
- This is a collaboration with four state agencies, a data research firm, statewide partners and a communications team (see slide)

Timeline
- The collaborative spent about a year on the revisions process, then April – November 2023 on recruitment, registration and administration, followed by four months of data analysis, quality control, results drafting and review
- March 20, 2024: public results presentation 1-2:30pm

Notes on background and progress (see slides)
- Different HYS era – HYS 2020 was postponed to 2021 and changed the grade cohort
- There were methodology changes in 2023:
  - Fully electronic administration (no paper/pencil option).
  - Retained remote option for students enrolled in remote schools
  - Core/bank questions with randomization. Now there is a core set of questions all students see, then a bank of questions that are randomized for all students
  - Introduced display and skip logic
  - *Hence: trend data from before and during/after the pandemic should be interpreted w caution*

Results
See slides

Some Grade 10 findings
- **Substance use** remains 50%+ lower than pre-pandemic (2018)
- **Perception of harm for marijuana and vaping** *increased* from 2021 to 2023
- Past 30-day substance use for other **illegal drugs, painkillers, prescription drugs** *increased*, and is higher than comparable national results MTF grade 12.
- **Perception of harm from prescription drugs** *decreased* from 2021 to 2023
- **Mental health concerns** continued decrease from pre-pandemic, including depressive feelings and considering suicide.
- **Hope scale:** no significant change from 2021 to 2023, still a slight decline from pre-pandemic levels
- Continued **disparities in mental health concerns among sexually and gender diverse (SGD) youth** compared to non-SGD youth
- Continued **disparities in mental health concerns among youth who have one of more disabilities** compared to youth without disabilities
- Continued **increase in student supports** since pre-pandemic (2018) (e.g. having adults to turn to when depressed, people at school who will help me)

New scales
- **Eating Disorder** – will do some more analyses as this is the first time the scale has been asked on the survey
- **Gambling** – asked a two-part gambling question in 2021 and 2023. See significant increase in problem gambling, however when we see an increase in a very low percentage, we need to be careful in interpreting. 1.2% said gambled has caused problems. "Effect size and value is so small that it may not be practically significant."

HYS results are available online, see the snapshots and fact sheets on HYS and DOH websites. For school level reports, must ask principal. https://www.askhys.net/SurveyResults/FactSheets

Revision process for HYS 2025 has already started, asking for any ideas:
https://redcap.doh.wa.gov/surveys/?s=DEAPY4AAACRJT4XC

Partner revisions meetings May 22-30th

Future goals: see slide

Comments/questions
- Haggerty: lots of positive outcomes here. Hope we're showing that in communications. As well, of course, highlighting those areas of concern.
- Watson: HCA communications is helping formulating these findings, look for future communications.
- Haggerty: MTF data show 11% of 12th graders using Delta-8; is this more than WA data? Tyler: yes, but comparing 10th graders in fall over 12th graders in spring it might be more complex than we think. Wish we had more immediately comparable data but broadly speaking yes.
- Kudos to entire team!
- Russell: I'd encourage your team to outreach the Seattle Times Mental Health Lab to explore further coverage of the HYS data
- Haley: If your organization is interested in broadcasting these results, keep your eye on DOH, HCA, and OSPI social channels to repost over the next several weeks. DOH's blog will also be rolling out several deep-dive articles about some of the more nuanced topics.

Legislative Session Update (34 participants at start of leg update)
Harrison Fontaine, HCA

Please refer to slides for summary of this talk.

Mental Health Logic Model Workgroup Update (33 people present)
Billy Reamer, HCA

Helping to develop a mental health/substance abuse theory of change and then a logic model. The team working on this has connected with this group and other groups in order to conceptualize the current draft theory of change. We are presenting an update today, and are not yet ready for full review.

Goal: if we had the funding within the HCA scope of work, what would we like to implement to optimize mental well-being in the state?

Draft theory of change (please note: this is not for public or outside PRC; therefore, it should not be disseminated/shared outside the group members at this time):

	Provide:	To:	Addressing:	To Improve:	As Measured By:
	Information Dissemination		Healthy Coping Strategies*		Coping Strategies Used
	Education	Designated High Risk Communities*	Help Seeking Behavior*		Help Seeking Behavior
	Problem ID and Referral		Hope for the future*		Connectedness
			Social Emotional Learning/Awareness**		Hope
	Community-Based Process		Connectedness/Loneliness & Isolation**	Mental Health of individuals, families, and communities	Depression
			Institutional Culture of Providers***		Anxiety
	Environmental strategies	High Risk/Minoritized individuals and groups**	Community Stigma Related to Mental Health Problems***		suicidality
			Community Awareness of Mental Health Problems***		Suicide Thoughts, Plans, and Attempts
			Public Policy****		Treatment needs (youth and adults)
					Physical health outcomes
Notes:		*Based on risk rankings	*Individual, **Interpersonal, ***Community, ****Society		Academic achievement/HS graduation
		**based on state and local data			

HCA recognizes that access to health care services, including primary prevention is an ongoing issue that disporportianately impacts communities of diverse backgrounds including communities of color and LGBTQ communities. This requires specific and explicit attention throughout this process. HCA does not believe that this theory of change can be effective unless it's application actively and directly addresses health equity at every stage.

This theory of change table is designed to be read by column and not necessairly by row. i.e. something in row 5 may or may not align directly with other items in row 5 and may align with items in other rows.

It is critical to understand the three dimesional aspects of this work. This is complex work that happens in the context of individuals, families, schools, and communities. For this reason, being aware of, and inclusive of, influencers such as equity, tribal communities, LGBTQ communities, communities of color, sustainability, Social Determinants of Health, Health Related Social Needs, community readiness and capacity as well as many other aspects is of the utmost importance.

Notes from presentation
As can been seen from the visual, the theory of change includes key issues to address and high priority populations to serve, as well as categories of action and possible measurement concepts.

The bottom section is designed to define the scope, and to make explicit that health equity is a part of the whole; can't do this in isolation. This also calls out the reality that the conditions in which people live are essential to the mental health of individuals.

Where the team is in the process:
- Have obtained most of feedback expected
- Still compiling references
- Will request final feedback once that compiled
- Finalize this document and make it digestible

Comments/questions

Cooper: SPR has been doing work around health equity and prevention science in case this is helpful: https://preventionresearch.org/advocacy/advocacy-for-health-equity-in-prevention-science/

The health equity brief might also be helpful in your communications with communities: https://preventionresearch.org/healthequity/

Russell: Curious about the language being used "high risk/minoritized individuals and groups" vs. person-first language like... Individuals/groups experiencing oppression, hatred, discrimination, violence... HCA agrees this is on the list for wordsmithing; will likely not read that way in final product.

Reamer: language in how to classify the two columns is still under review; essentially, it's everyone, with priorities on certain populations. There is some language that will be updated.

Russell: value in acknowledging that the well-being of some communities is impacted by historical trauma as well as certain forces that impact well being of individuals and communities

Sharkova: in the data books produced for CPWI there is a health equity chapter, discussing issues that have been raised. Historical issues in WA and current landscape. Will present eight maps of racial/ethnic compositions and census tract level and life expectancy

Washington Young Adult Health Survey: 2023 Results

Jason Kilmer, UW
See slides: a decade of data from WA Young Adult Health Survey.

Recognized the team that helps to ensure that the questions we ask get a good idea of what's happening with young adults in our state.

A reminder of the main steps
- Direct advertising to a random sample, as well as online advertising
- This approach lets us see where data are coming in in order to turn the dial up to be sure we get info from where needed
- Post-stratification weighting and analyses (see slide)
- Every year collect data from a new cohort of 18-25 years olds
- Every year also follow up on previous cohorts
- In year 10, paused on cohorts 2, 3, 4, and 5 for fiscal reasons

What do we see across 10 years of data?

1. Compared to cohort 1, which cohorts have statistically higher rates of cannabis use?
   - There is a statistically significant trend showing increasing cannabis use (non-medical) – past year, at least monthly, at least weekly, and daily use
   - Significant age/cohort interaction: 21-25-year olds account for the majority of this trend
   - See slides/graphs

2. Daily use is higher in cohort 10 than at any time (cohort 10 is 23%)
   - Pushing 14% daily use
   - MTF measures 'daily or almost daily' so we can't make the comparison

3. Perceived norms of cannabis use
   - Data show that 54% of people don't use
   - But when asked, only 2% of people think their peers 'never use'
   - Almost 20% of people think people use daily

Note: for those who are thinking of changing their behaviors, it is helpful to get accurate information about norms into people's hands

How did young adults obtain cannabis? (slide 26)
- For 18-20-year old's, getting it from parents with their permission has become the third most endorsed item

Driving after cannabis use
Note: this item asks about driving w/in three hours after using cannabis, which was the science at the time I-502 was enacted. Newer papers have suggested guidelines for longer wait periods.
- There are declines in driving after cannabis use between cohorts 3-10, as well as a significant linear trend
- Still about 1/3 are driving after use

Medical cannabis
- Cohort nine was significantly lower than cohort 1, but that's the only difference

Perceived risk
- A little more concern among young adults of physical/psychological risk of regular use seems to be rising

Other substances

Significant decreasing trend in:
- Alcohol, at least once in past year
- Alcohol, at least monthly
- Cigarettes, at least monthly
- Pain relievers to get high, at least once in the past year
- Heroin use, at least once in the past year

For 2024 data collection, will add some new items
- Fentanyl
- Potency/concentration
- Delta-8
- Delta-10
- Mental health items

Comments/questions (30 present)
Congrats on a decade!

Russell: are you able to disaggregate the data by parenting status?
Answer: we ask who else lives in your household; one item is 'children' – so could do this analysis

Cooper: is there anything that stood out comparing HYS to YAHS?
Jason: what always stands out is that perceived norms are influential; there can be lots of misunderstandings in perceived norms so correcting the perceived norms where they exist is an opportunity suggested by both data sets
Watson: agrees with this point. Some risk perceptions are moving in beneficial direction, e.g. difference between occasional and usual use. Other things that stands out is that we don't see clear differences between pre-post Covid.

Haley: I'm really interested in the access data--how it compares to HYS and also if there are opportunities via the DOH campaign for parents/influential adults to address giving cannabis to youth and young adults.
And of course, the community coalitions statewide that address parents as an audience could really utilize this data in their efforts to curb youth/YA cannabis access.

Kilmer: from day one we've wanted to see how this informs prevention opportunities. So, if parents are an increasing source that might be an area to work on getting the message out there.

Haley: some prevention partner could overlay this trend decade; we know over time when different campaigns launched, when we reached certain thresholds in CPWI, etc. Here are the prevention activities happening and then cross-walk with the data trends.

Mariani: one place where all data are compiled together is in the state plan. It was published 6 months ago and now we have new data. That's a place where over time we try to capture those connections. Even if items were the same, they were delivered in different time frames and methodologies so have to be careful. Over time we can update our understanding about here's what we're seeing in middle school, high school, young adults.

Cooper: does WSIPP leverage young adult survey for their I-502 eval?

Mariani: interesting question Haley asks. This is really an evaluation effort to a certain extent. Could you map and create cross-lines, which cross-lines, what policies and laws have come into play along those cross lines, etc.?

Part of why we have this group --- this is the group that has interest in this. Those in the research circles know of various grants and may take the option to seek those to help follow some of these questions.

Rashid: this is a salient point. WSIPP hasn't looked at this question. Our work is looking at retail outlets. If we were to overlay prevention efforts we could look at mitigating effects. Now adding Medicaid claims. An area we need help from prevention experts to know what's going on perhaps in a future session. High on list of what to bring into our study.

Haggerty: love the idea of creating a dotted line between what's happening in prevention world and what we're seeing in the data.

Chatterfall: Updates from the Prevention World
28 present

Kilmer: College Coalition on Substance Misuse, Advocacy, and Prevention (CCSAP) annual conference will be virtual on Friday, May 10th

SPR Conference Registration is open! https://preventionresearch.org/2024-annual-meeting/registration/

National Prevention Network conference is August 13-15: https://npnconference.org/

Mariani: excited about NPN conference, will be in AZ, very inexpensive travel wise, so more feasible for folx from Washington to attend.

March 25, NWPTTC webinar: Opioids, Fentanyl, and Xylazine: What are they and what do prevention professionals need to know and do to prevent overdose? Kym Ahrens is one of the presenters. Already 500 people registered.

Research to Policy Collaborative: Building the science of evidence-informed prevention policy study: https://prevention.psu.edu/projects/building-the-science-of-evidence-informed-prevention-policy-testing-the-research-to-policy-collaboration-with-state-legislatures/
This RCT trial is randomly assigning states; WA is in the control group. WSU Impact Lab is involved. The project is interested in approaching the state legislature to inform them on the plan for this study. Interesting project; good to be aware.

SAMSHA is working on decisions on perhaps revising an evidence-based program registry; Cooper is part of an expert panel on that effort.

2024 Meetings – and theme for June?
- Wednesday, June 12: 10:35 a.m.-2 p.m.
- Wednesday, September 11: 10:35 a.m.-2 p.m.
- Wednesday, December 11: 10:35 a.m.-2 p.m.

Theme for summer meeting? (22 participants)

One idea: alternative methods for demonstrating the impact of prevention (e.g. ripple effects mapping, interrupted time-series, Myra Parker's indigenous communities' tool kit). Debra Hansen from ripple effects and Scott Waller both available.

Haggerty: still strong believer in the RCT trial to demonstrate impacts, AND there are other methods that can enhance that approach

Cooper: even explicitly connecting it to health equity could be helpful in context of a review of what is evidence?

If people have good suggestions please let Blair, Kevin and/or Brittany know.

Wilhelm: DOH - YCCTPP will be hosting a Ripple Effects Mapping facilitator training in early June. We like REM for process eval on a singular activity and community building opportunity.

Wyatt: client voice or youth voice, what are ways we could engage young people more in policy development, research, etc.

Haggerty: photovoice as process to identify risk and protective factors in their communities

Watson: increasingly discussing with HYS is not just how to hear from youth but to be involved and have ownership. Active and continued involvement over time. Student ambassadors via DOH.

Haley: The youth council at DOH
https://waportal.org/partners/adolescent-health/youth-engagement-and-youth-advisory-council

Haggerty: one of my fantasies has been to have high school modules for statistics teachers or other classes you could plug it into, which is giving YOUR data back to you.

Wyatt: Reminds me of the levels of youth engagement in this handy guide put forth by Dr. Weybright & WSU Extension colleagues :) -- engaging youth at higher levels.
https://theathenaforum.org/sites/default/files/public/2023_youth_engagement_resource_guide_interactive.pdf

Mariani: Education bills. HCA is not the lead for that; DOH is the lead. But HCA has the opportunity to work with DOH on this effort. Application is education.

Haggerty: who might be the contact in DOH doing the curriculum development? Campaign side of that implementation: Nikki Meline, Nikki.Meline@doh.wa.gov

Watson: a fantasy goal from the survey side. What if we had a nested/smaller cohort of the HYS sample that we intentionally follow up from each cycle? More like the design of the YAHS.

Haggerty: might be interesting to use this meeting to discuss some of the statistical aspects of that approach. Jason probably has a lot of lessons learned.

Kilmer: would be delighted to work with Watson and pass on some of those lessons learned.