

**Nebraska DHHS Division of Behavioral Health
Prevention Advisory Council**

February 19, 2020 – 9:00 a.m. to 12:00 p.m.

Lancaster Extension Office, 444 Cherrycreek Road, Lincoln, NE 68528

Meeting Summary

Meeting Participants: Mindy Anderson-Kott, Jona Beck, Alex Brown, Trisha Crandall, Stefanie Creech, Carol Doolittle, Heather Drahota, Teri Effle, Crystal Fuller, Danielle Garcia, Jori Gilbreath, Tiffany Gressley, Lindsey Hanlon, Megan Hopkins, Chris Junker, Ann Koopman, Lynette Larsen, Kayla Leintz, Kelly Madcharo, Taylor Moore, Sandy Morrissey, Mike Murphy, Carey Pomykata, Jamie Rodriguez, Shannon Sell, Jason Thompson, Chris Wagner

Welcome and Introductions

Lindsey Hanlon

Lindsey welcomed everyone and briefly went over the agenda.

Synar-2019 Results

Lindsey Hanlon

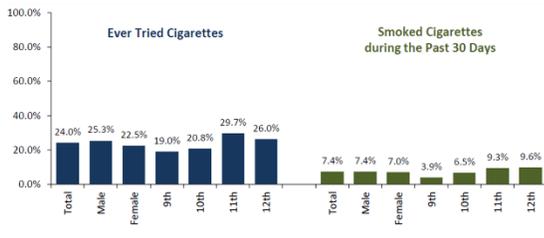
- In July 1992, Congress enacted the Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act (P.L. 102-321), which includes the federal Synar Amendment (section 1926), aimed at decreasing youth access to tobacco.
- This amendment was named for its sponsor, Congressman Mike Synar of Oklahoma.
- SAMHSA oversees implantation of the Synar Amendment, which requires states to have laws prohibiting the sale and distribution of tobacco products to minors
- The Synar program has been successful in reducing youth access to tobacco through retail sources.
- Programmatic Requirements:
 - SAMHA requires that States enact and enforce laws prohibiting the sale and distribution of tobacco products to individuals under the age of 21.
 - The goal of the amendment is to reduce the number of successful illegal purchases by minors to no more than 20% of attempted buys by minors in each State.
 - Synar is a critical component of the Federal Substance Abuse Prevention Treatment Block Grant, states not in compliance can risk losing up to 40% of their grant funding.
 - States measure their progress in reducing youth access to tobacco via annual, random, unannounced inspections (also known as the Synar survey).
 - These inspections must include at least 80% of tobacco outlets in the state and sample both over-the-counter and vending machine locations accessible to youth.
 - The sample size must be large enough to meet precision requirements and the completion rate must be at least 90%
 - SAMHA, through its Center for Substance Abuse Prevention (CSAP), Division of State Programs, annually reviews each state's Synar survey and results, and provides technical assistance to help states comply with the requirements.
 - Law enforcement follows a standardized protocol
 - DBH contracts with the Nebraska State Patrol and Omaha PD via Region 6
 - Underage male and female youth inspectors attempt buys
 - Conduct annual, unannounced inspections in a way that provides a valid probability sample of tobacco sales outlets accessible to minors
 - Any entity that sells tobacco and/or vapor products may be visited (this includes sellers of smokeless tobacco)
 - Successful buys are issued citations by law enforcement and impact the Retailer Violation Rate (RVR)
- Synar Timelines:
 - DBH's process takes an entire year in length and runs by the calendar year of January-December
 - Activities occur throughout the year, and many of them coincide with others

- All Nebraska tobacco retailer licenses expire on December 31st
- Initial Letter and Lists are mailed to Clerks the first week of January
- Reminders email/phone call
- Finalize license list by the end of February
- Negotiate interim targets and execute contracts in March
- Conduct annual, unannounced inspections in a way that provide a valid probability sample of tobacco sales outlets accessible to minors throughout April to September to achieve a noncompliance rate of no more than 20%
- Submit an annual report detailing State activities to enforce its laws by December 31st
- Sampling Methods and Field Observation (Sampling Frame Coverage Study-Summer 2018)
 - Nebraska Census tracts are the primary sampling unites
 - Strata created as based on the location of tracts within the metropolitan and rural counties of Nebraska. Tracts for the Omaha, Lincoln, and Grand Island metropolitan areas are included in the urban stratum; all others are in the rural stratum
 - Each retail outlet located and found to be open was visited and a “Merchant Field List” was completed; recording the entity name, address, type of business, primary phone, whether there was a vending machine, and if the entity carried a tobacco license and/or sold tobacco products with or without a tobacco license.
 - When surveying in a census tract is complete and data on observed tobacco sales retailers is compiled and that list compared against the list of licensed tobacco retailers for the municipality.
 - The match between observed tobacco sellers and the list of licensed tobacco outlets will comprise the percent of match for the purposes of the study.
 - A match is made when the field observer list of retailer name and address are the same as that of the list of tobacco licensees for that county or municipality
- Coverage Study Results Overview
 - Unweighted percent coverage found: 97.0%
 - Weighted percent coverage found: 97.6%
 - Number of outlets found through canvassing: 135
 - Number of outlets matched on the list frame: 131
 - 91.11% of the businesses found in canvas had licenses to sell tobacco
- 2019 Synar Sample Results

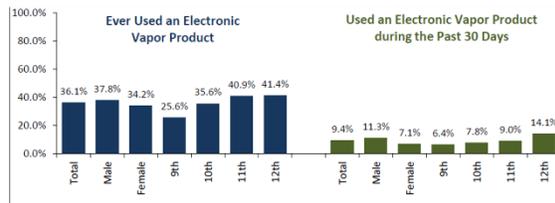
Description	Count	Patrol Area	Population Center	Inspections completed	Citations	2019 RVR %	2018 RVR %
Original Sample size	336						
In operation but closed at time of visit	2	A - O	City of Omaha	46	4	8.7%	4.1%
Moved to new location but not inspected	1	A - Non	Non Omaha	8	2	25%	0.0%
Tobacco out of stock	1	B	Northern	49	6	12.2%	10.6%
Run out of time (outside of sampling dates)	48	C	Grand Island	40	1	2.5%	19.1%
Other	3	D	North Platte	22	2	9.1%	5.7%
Total (Eligible Non-completes)	55	E	Panhandle	22	1	4.5%	0.0%
Out of Business	8	H	Southeast	68	6	8.8%	14.5%
Does not sell tobacco products	13		Statewide	255	22	9.7%	9.6%
Inaccessible by youth	2			(299 in 2018)	(29 in 2018)		
Temporary Closure	2						
Other	1						
Total (Ineligibles)	26						
Total eligible and outlet inspections completed	255						

- Tobacco Use Among Youth in Nebraska: 2016-2017 Youth Risk Behavior Survey

Cigarette Use among Nebraska High School Students, by Gender and Grade, 2017



Electronic Vapor Product Use among Nebraska High School Students, by Gender and Grade, 2017



- When combining cigarette, cigar, smokeless tobacco, and electronic vapor product use, about 1 in 6 students (16.1%) reported using at least some kind of tobacco product during the past 30 days
- When comparing the different types of tobacco products used during the past 30 days, electronic vapor products were the most commonly reported type in 2017. Cigarettes (7.4%) were the next most common type, followed by cigars, cigarillos, or little cigars (6.7%) and smokeless tobacco (5.3%)
- 2015-2017 Youth Tobacco Survey Results
 - In 2015, high school smokers under the age of 18, most commonly obtained cigarettes by:
 - Borrowing or “bumming” cigarettes from others (35%)
 - Giving someone else money to buy cigarettes for them (34%)
 - Buying cigarettes themselves (19%).
 - In 2017, they most commonly obtained cigarettes by:
 - Having someone else buy for them (41%)
 - Borrowing or “bumming” cigarettes from others (34%)
 - Buying cigarettes themselves (21%).
 - High school smokers most frequently purchased cigarettes at gas stations (2015, 42%; 2017, 37%).
 - During the past 30 days prior to the survey, slightly more than one in two smokers (2015, 55%; 2017, 51%) under the age of 18 reported they had never been refused from buying cigarettes due to their age.
 - How else can we help?
 - Ensure that youth tobacco access strategies are part of your regional strategic plan or local tobacco control plan
 - Fund additional compliance checks throughout the year or utilize coalition members to conduct non-enforcement compliance checks of tobacco retailers
 - Incentivize retailers who are in compliance
 - Utilize media to publicize compliance inspection results

Living Well Program

Julie Chytil

- Why? 6 in 10 People in the US have 1 Chronic Condition. 4 in 10 have 2 more conditions
- People who have a chronic illness are more likely to have a mental illness at some point. The reverse is true also. People who have a mental illness are more likely to deal with a chronic illness at some point.
- Value of Self-Management Programs
 - Why?
 - Effective, affordable, and evidence-based
 - Reduces disease symptoms and improves quality of life
 - Helps people be more independent & active

- Provides non-pharmaceutical treatment tool
 - Allows patients to play active role in their health and treatment
 - Benefits
 - Developed by researchers and other reputable groups
 - Evidence evaluated by CDC and others in academia
 - Taught by trained, certified instructors
 - Model behavioral skills like goal-setting and problem-solving
 - Convenient; classes may be offered nearby or even online
- Why CDSME Programs Work
 - People who believed there was nothing they could do to help themselves didn't improve. BUT... Those with confidence in their ability to make changes improved.
- Programs Available in Nebraska
 - Living Well
 - Chronic Disease Self-Management Program (CDSMP)
 - Worksite CDSMP (wCDSMP)
 - Living Well with Diabetes
 - Diabetes Self-Management Program (DSMP)
 - Coming Soon: Chronic Pain Self-Management Program (CPSMP)
- Impact of Living Well Programs
 - Studies report:
 - Fewer hospitalizations
 - Fewer visits to the ER
 - Self-related health status improved
 - Increased self-efficacy
 - Improvements in exercise, pain management, and communication with physicians
 - Greater energy and fewer social role limitations
- What is Living Well?
 - Evidence-based, 6-week workshop
 - Led by two trained leaders
 - Each weekly session is 2 to 2.5 hours long
 - Designed for people with or those who provide support* to someone with a chronic disease (physical or behavioral)
 - Goal is to have the person be able to better self-manage their disease
- Workshop Characteristics
 - Highly Interactive
 - Co-leaders present small lectures about a skill or health topic (healthy eating, breathing techniques, etc.)
 - Session focused on discussion among participants
 - Introduces a variety of skills
 - Problem solving, goal-setting, decision making and other self-management skills
 - Participants share progress with group, get feedback on challenges
- Workshop Requirements
 - Participants must be 18 years or older
 - Minimum number of participants in a workshop is 10; with no more than 18
- Living Well Topics
 - Manage medications, dealing with difficult emotions, healthy eating, controlling pain, set and accomplish goals, fight fatigue and frustration, physical activity, manage stress and relax, solving problems, communicate better with family, friends and health professionals.
- Living Well at Worksites
 - Similar content to Living Well

- More emphasis on stress reduction and work-life balance
 - Meets 2 times a week for 1 hour or at the beginning or end of the work day
 - Ideal for over a lunch hour or at the beginning or end of the work day
- Completion Rate = 78%
- Options for Involvement. What can YOU do?
 - Advocate
 - Assist in increasing awareness of Living Well programs through traditional or social media and/or advertising.
 - Help identify locations for workshops
 - As requested, participate in quality improvement and strategic planning efforts with DHHS
 - Referrer
 - Actively engaging with community organizations and clinics/healthcare agencies to develop a formal or informal process to identify and refer participants to local programs.
 - Implementer
 - Delivering Living Well programs, including the collection of required data forms and upholding the fidelity of the program.
 - Participating in quality improvement and strategic planning efforts with DHHS.
- Workshops can be found at: <http://bit.ly/LivingWellNE>
- Becoming a Leader
 - Participation in a 4-day training
 - Must attend all four days of the training
 - Each day is approximately 7 hours each day and is highly interactive
 - Cross-training in DSMP or CPSMP is an additional full day; leading wCDSMP will require attendance at a 1-hour webinar
 - Leaders can be health professionals and lay educators
 - Those who experience chronic conditions or care for those with chronic diseases often make impactful leaders
- DHHS Support
 - Training Materials
 - Leader manual
 - Books
 - Workshop supplies
 - Books for participants
 - Notebooks for participants (when available)
 - Paperwork*
 - Other
 - *DHHS does data entry
 - Calls and support for leaders
 - COMPASS Registration System & SMRC license for programs

Winnebago-PFS

Michelle Parker

- Had to cancel due to weather – will re-schedule for future PAC meeting

DBH Prevention Strategic Plan Update

Lindsey Hanlon

- Prevention Advisory Council
 - Purpose: To provide state and regional system leadership in substance abuse and mental health prevention to Nebraska's Behavioral Health System
 - To provide a public forum for key prevention stakeholders

- To advise Primary Prevention efforts funded by the Substance Abuse Prevention and Treatment Block Grant, Partnership for Success, State Opioid Response Grant, and other federal funding sources
 - Integrate related concerns into current programming
 - Make recommendations to the Joint Advisory Committees on prevention efforts
 - Recommend quality improvement measures across prevention systems
 - To maximize statewide resources for Alcohol, Tobacco and Other Drugs prevention and mental health promotion in order to increase the amount of individuals reached by preventive strategies.
 - Objectives:
 - Accomplish the Prevention mission and vision of the DHHS Division of Behavioral Health’s Strategic Plan
 - Be the driving force for statewide prevention system partnership, collaboration and growth
 - Continually grow the prevention workforce and improve upon leadership within the NBHS to assist communities to create and/or enhance sustainable, collaborative coalitions, which implement effective prevention policies, practices, and programs
 - Position the Prevention System to be in compliance with federal grant requirements and deliverables by monitoring progress
- Division of Behavioral Health 2017-2020 Strategic Plan
 - Goals related to Prevention
 - Reduce the suicide rate for identified populations.
 - Reduce the prevalence of underage alcohol use among individuals 12 to 20 years of age.
 - Reduce the prevalence of binge drinking among youth (12 to 17 years of age) and young adults (18 to 25 years of age).
 - Maintain or reduce the prevalence of non-medical use of pain relievers among individuals over 12 years of age.
 - Reduce the prevalence of high school students who seriously considered attempting suicide in the past year.
 - Maintain the annual compliance rate of tobacco retailer violations at 10% or below.
 - How Do We Achieve These Goals?
 - Funding – to help support our evidence based programs and activities and help promote policy change to support prevention efforts
 - Partnerships – help leverage funding, support (both financially and in-kind), help raise awareness
 - Data Collection and Reporting – helps show our progress and justification for future funding
- Next Steps
 - 2020 Needs Assessment
 - 2021-2024 Strategic Plan
 - What gaps are we seeing in Nebraska pertaining to SA & MH Prevention?
 - What other data sources could we provide?
 - What issues are we not addressing in the current plan?
 - Are we asking the right questions?
 - Do we need to focus more on the details of an issue rather than the overarching problem in order to move the mark?

Next Steps and Adjournment

Lindsey Hanlon

The next PAC meeting will be held in Kearney, NE on **Tuesday, May 19, 2020** at the **Region 3 Behavioral Health Services Office – 4009 6th Ave, Kearney, NE 68845**

**A virtual meeting invite will be sent via Webex for those who cannot attend in person.*