

Handout #1
SPF Grant State Strategic Plan Data Indicators

FLORIDA SEW DATA INDICATORS

Florida's State Epidemiology Workgroup (SEW) recently produced its first report. That report is available online at: <http://www.cdrc.med.miami.edu/x58.xml>

Florida's initial SEW report incorporates indicators of consumption and consequences from a wide variety of existing sources. The draft of the state SEW report was presented to the Florida Substance Abuse Prevention Advisory Council (FL SAPAC) in mid January 2006 and discussions continued through the council's committee structure over several months. The priorities were approved at the May 10, 2006 meeting of FL SAPAC. All indicators (except those based on National Survey on Drug Use and Health – NSDUH – data) are available at the county level for all (or nearly all) of Florida's 67 counties. Indicators examined in this initial report are presented in county (or Department of Children & Families – DCF – District) maps and include:

Alcohol

Consumption

- ✓ Adolescents Reporting Alcohol Use in Past 30 Days (Florida Youth Substance Abuse Survey – FYSAS)
- ✓ Adolescents Reporting Binge Drinking in Past 2 Weeks (FYSAS)
- ✓ Adult Heavy/Binge Drinking (Behavioral Risk Factor Surveillance System – BRFSS)
- ✓ Binge Drinking Index (Combined Quartile Scores – FYSAS & BRFSS)

Consequences

- ✓ Alcohol-Related Motor Vehicle Accidents (Florida Department of Transportation – FL-DOT)
- ✓ Mortality Rates: Alcoholic Liver Disease: 2002-2004 (Department of Health, Community Health Assessment Resource Tool Set – DOH-CHARTS)

Tobacco

Consumption

- ✓ Smokeless Tobacco: Adolescents Who Reported 30 Day Use (FYSAS)
- ✓ Past 30 Day Cigarette Smoking: Ages 12-18 (FYSAS)
- ✓ Percent of Ages 18-44 Who Smoke (BRFSS)
- ✓ Percent of Ages 45-64 Who Smoke (BRFSS)
- ✓ Percent of Ages 65 and Older Who Smoke (BRFSS)
- ✓ Percent of Adults Who Smoke (BRFSS)

Consequences

- ✓ Resident Live Births to Mothers Who Smoked During Pregnancy (DOH-CHARTS)
- ✓ Age Adjusted Chronic Obstructive Pulmonary Disease (COPD) Death Rates Annual Average 2001-2003 (DOH-CHARTS)

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Illicit Drugs

Consumption

- ✓ Past 30 Day of Any Marijuana: Ages 12-18 (FYSAS)
- ✓ Past 30 Day Use of Any Marijuana: Ages 18-25 (NSDUH)
- ✓ Past 30 day Use of Any Marijuana: Ages 26 and Higher (NSDUH)
- ✓ Past 30 Day Use of Any Marijuana: Index for All Ages (FYSAS& NSDUH)
- ✓ Past 30 Day Use Any Illicit Drug Except Marijuana Ages 12-18 (FYSAS)
- ✓ Past 30 Day Use Any Illicit Drug Except Marijuana Ages 18-25 (NSDUH)
- ✓ Past 30 Day Use Any Illicit Drug Except Marijuana Ages 26+ (NSDUH)
- ✓ Past 30 Day Use Any Illicit Drug Except Marijuana Index (FYSAS & NSDUH)
- ✓ Cocaine Use in Past Year Persons Aged 18-25 (NSDUH)
- ✓ Middle School Inhalant Use (FYSAS)

Consequences

- ✓ Adult Drug Treatment Admission Rate (rate per 100,000 adults) (DCF & census)

Handout #2

State Epidemiology Workgroup Findings

Alcohol Findings

- ✓ The general rate of recent drinking among adolescents in Florida exceeds the national average and has not shown a decline as other substance use prevalence has declined since 2000. While underage drinking (which portends adult alcohol use and eventual addiction for some users) is widespread in Florida, binge drinking (which can lead to immediate consequences of violence, injury, inappropriate sexual behavior and experimentation with other drugs) does not occur among Florida youth at a rate higher than the national rates. More detailed information on adolescent drinking and adolescent binge drinking is contained in both the state level FYSAS report and in FYSAS county-level reports available online for 2004 (and soon for 2006) for nearly every Florida county.
- ✓ Among adults, rates of recent alcohol use conform to national averages and binge drinking is not more widespread than is the case nationally. Thus, among all of these alcohol consumption data, the datum that departs most from national averages is the higher (and sustained) proportion of adolescents that reports recent alcohol use.
- ✓ Data on “alcohol-related motor vehicle crash injuries” was drawn from the Florida Department of Health CHARTS system and based on data from the Florida Department of Highway Safety & Motor Vehicles. Rates were calculated using July 1 population estimates from the Florida Legislature, Office of Economic and Demographic Research. These data suggest that alcohol-related motor vehicle crash injuries may be declining in Florida. This may well indicate a decrease in the prevalence of impaired drivers, given that it is unlikely that the fleet of vehicles has become markedly safer in the short time period reported or that law enforcement agencies have decreased their likelihood of noting the presence of alcohol in writing accident reports.

Consumption: The rate of recent drinking among adolescents in Florida exceeds the national average and has not shown a decline as other substance use prevalence has declined since 2000. While underage drinking (which portends adult alcohol use and eventual addiction for some users) is widespread in Florida, binge drinking (which can lead to immediate consequences of violence, injury, inappropriate sexual behavior and experimentation with other drugs) does not occur among Florida youth at a rate higher than the national rates.

Among adults, rates of recent alcohol use conform to national averages and binge drinking is not more widespread than is the case nationally. Thus, among all of these alcohol consumption data, the datum that departs most from national averages is the higher (and sustained) proportion of adolescents that reports recent alcohol use.

Consequences: Alcoholic liver disease death rates in Florida may have little to do with behavior preventable in Florida because of the large number of retirement migrants in the state. There is considerable variation among Florida counties in these rates. This datum may be most meaningful when it coincides with high local measures of consumption.

Alcohol is a bit less likely to be present in automobile fatalities in Florida than in the nation as a whole. These data are problematic however in that the denominator (total fatal accidents) may be affected by road conditions while both the numerator and denominator may be altered by quality of and proximity to Emergency Medical Services (EMS) and a host of other factors unrelated to drunk driving. Consequently, the Florida SEW compared counties based upon data on all motor vehicle crashes involving alcohol, and not just those that produce fatal injuries. These data show a higher rate of crashes in more rural counties with most large metropolitan counties in the lowest two quartiles. An exception is the adjoining urban counties of Hillsborough and Pinellas (Tampa and St. Petersburg/Clearwater) that are classified in the highest quartile.

Handout #2

State Epidemiology Workgroup Findings

Tobacco Findings

- ✓ Adolescent cigarette use in Florida has been in decline since 2000, as it has nationally. Moreover, the rate of smoking reported in the 2004 FYSAS is below the rate reported in national MTF data. For middle school aged students, nationally in 2003 the rate reporting smoking was 10.2 percent versus 6.9 percent in Florida. Even more striking was the difference in smoking rates among high school students. Nationally, 24.4 percent of students in MTF reported current smoking in 2003 whereas only 15.0 percent of Florida high school students reported current smoking. There is little gender difference in adolescent smoking rates statewide, with 11.9 percent of females versus 10.9 percent of males reporting smoking during the 30 days preceding the 2004 FYSAS.
- ✓ Tobacco use among adults ages 26 and older in Florida is about at the same level as the nation as a whole. As shown in Table 6, roughly one in four adults is a current smoker, measured by reporting cigarette use in the past month. Men were slightly more likely (23.1%) than females (17.5%) to report being a current smoker in the 2004 BRFSS. Of the three major ethnic groups, whites were most likely to report current smoking (22.4%) followed by Hispanics (18.5%) with Blacks (11.3%) only about half as likely as whites to report current smoking. Smoking among young adults aged 18-25 occurs at a higher rate than the adult population as a whole, with 36 percent reporting cigarette use in the past month. However, this rate is significantly lower than the national rate of 39 percent for the same age group. When the use of “Any tobacco product” is considered, as in Table 7, adults 26 and older are again at the national average while younger adults are significantly less likely to have used tobacco products than the national average.
- ✓ In 2000 the age adjusted lung cancer mortality rate for male Floridians was 75.3 per 100,000, which was just slightly below the national rate of 76.9. For female Floridians, the rate of 42.3 per 100,000 was slightly above the national rate of 41.2. Nationally and in Florida, death rates from lung cancer continue to decline. In 2004 the age adjusted lung cancer death rate for Florida of 52.5 was well above the Healthy People 2010 goal of 44.9, but about at the national average. To date we have not been able to find comparable COPD death rates for Florida and the nation because CDC and Florida DOH apparently use different conventions (underlying cause versus primary cause) when describing COPD death rates. Because of the long-term nature of smoking consequences, the high mobility of much of Florida’s population, and the state’s status as a retirement migration destination, local rates of tobacco-related illness and death may tell us very little about either current or past behaviors in local populations.

Consumption: Smoking among adolescents in Florida has declined markedly among adolescents since 2000 and is well below national levels reported in *Monitoring the Future* (MTF). Nationally, 24.4 percent of students in MTF reported current smoking in 2003 whereas only 15.0 percent of Florida high school students reported current smoking. There is little gender difference in adolescent smoking rates statewide, with 11.9 percent of females versus 10.9 percent of males reporting smoking during the 30 days preceding the 2004 FYSAS. Despite an adolescent smoking rate that is lower than the nation, substantial regional differences exist within the state. Thus, as shown in the county level maps included in the report, there may still be regions of the state where anti-smoking campaigns for adolescents should be viewed as one of the highest priorities.

Tobacco use among adults ages 26 and older in Florida is about at the same level as the nation as a whole. Roughly one in four adults is a current smoker, measured by reporting cigarette use in the past month. Men were slightly more likely (23.1%) than females (17.5%) to report being a current smoker in the 2004 BRFSS. Of the three major ethnic groups, whites were most likely to report current smoking (22.4%) followed by Hispanics (18.5%) with Blacks (11.3%) only about half as likely as whites to report current smoking. Smoking among young adults aged 18-25 occurs at a higher rate than the adult population as a whole, with 36 percent reporting cigarette use in the past month. However, this rate is significantly lower than the national rate of 39 percent for the same age group. When the use of “Any tobacco product” is considered, adults 26 and older are again at the national average while younger adults are significantly less likely to have used tobacco products than the national average.

Consequences: In 2000 the age adjusted lung cancer mortality rate for male Floridians was 75.3 per 100,000, which was just slightly below the national rate of 76.9. For female Floridians, the rate of 42.3 per 100,000 was slightly above the national rate of 41.2. Nationally and in Florida, death rates from lung cancer continue to decline. In 2004 the age adjusted lung cancer death rate for Florida of 52.5 was well above the Healthy People 2010 goal of 44.9, but about at the national average. To date we have not been able to find comparable Chronic Obstructive Pulmonary Disease (COPD) death rates for Florida and the nation because Federal Centers for Disease Control and Prevention (CDC) and Florida DOH apparently use different conventions (underlying cause versus primary cause) when describing COPD death rates. Because of the long-term nature of smoking consequences, the high mobility of much of Florida’s population, and the state’s status as a retirement migration destination, local rates of tobacco-related illness and death may tell us very little about either current or past behaviors in local populations.

Handout #2

State Epidemiology Workgroup Findings

Marijuana Findings

- ✓ Among Florida adolescents, marijuana/hashish use has declined in each administration of the FYSAS since 2000,
- ✓ NSDUH data show a 30 day marijuana use rate of 27.7 percent nationally for 17-18 year old dropouts versus 16.9 percent for seniors in school.
- ✓ Adult marijuana use in Florida seems to be comparable to the nation as a whole. NSDUH data on past month marijuana use among Florida adults, shown in Table 9 show rates that do not differ from national rates.

Consumption Marijuana remains the most widely used of the substances that are illegal for all age groups in Florida. Overall, marijuana use among adolescents in Florida appears about at the same level as the nation. Among Florida adolescents, marijuana/hashish use has declined in each administration of the FYSAS since 2000. Male students were slightly more likely (12.4%) than females (10.7%) to report 30 day marijuana use in the 2004 FYSAS. Whites (14.5%) were more likely than Hispanics (9.4%) or Blacks (7.8%) to report 30 day use. When compared to national data for 2003 from MTF, the rate of use among Florida youth appeared lower than the national average for every age group except 8th graders. It should also be noted that MTF and FYSAS data do not include adjustment for absence and dropout from the school population. NSDUH data show a 30 day marijuana use rate of 27.7 percent nationally for 17-18 year old dropouts versus 16.9 percent for seniors in school. Communities with high dropout rates in the school population should take this into consideration when assessing data on consumption of illicit drugs among older teens. Finally it should be noted that adolescent marijuana use rates vary substantially by county. Adult marijuana use statewide in Florida seems to be comparable to the nation as a whole. However, both adolescent and adult appear to use marijuana more frequently in the northern half of the state.

Consequences Clearly the use of marijuana has health and behavioral consequences, however, these consequences are difficult to quantify. Lung disease directly associated with marijuana use is confounded with lung disease associated with tobacco smoking to such a great extent that risk specifically attributable to marijuana is problematic. Similarly, vehicle crashes may occur as the result of impairment due to marijuana smoking, but law enforcement data do not test for marijuana or enumerate these consequences in the same manner that they do for alcohol. Marijuana intoxication is, by convention of medical examiners, not a primary cause of death, unlike many other illicit drugs (e.g., heroin, cocaine) in which a specific dose may be considered sufficient to cause death. While marijuana use may be correlated with poor school performance, the SEW members felt that neither the specific causal mechanism nor the direction of causation were adequately defined to allow school dropout rates to be treated as a consequence directly attributable to marijuana smoking. Legal penalties for possession and sale clearly are a consequence, but the frequency of these arrests may reflect local decisions about degree of enforcement. Consequently, the SEW members did not recommend any measures of "marijuana consequences" for the first SEW report.

Handout #2

State Epidemiology Workgroup Findings

Other Drug Use Findings

- ✓ Examination of the 2004 FYSAS report suggests that use of inhalants by Florida middle school aged students accounts for a large proportion of the combined “other drug use” rate. Rates of inhalant use by tenth and twelfth graders in 2004 were at or below the rates reported in MTF, but for eighth graders the Florida rate was 6.2 percent versus 4.1 percent nationally, a rate that is half again as high as the national rate. Furthermore, the FYSAS rate among seventh graders was even higher (7.5 percent), while MTF does not report data for seventh graders.
- ✓ Among high school students in Florida, inhalants account for a much smaller proportion of “illicit drugs other than marijuana” and among adults, inhalants are very rarely found among this category of illicit drugs.
- ✓ Rates of use of “illicit drugs other than marijuana” among young adults appears slightly higher than the national average, but it does not differ significantly. For adults ages 26 and older, the rate of use is significantly below the national average. However, this may simply reflect the larger proportion of older persons among the 26 and over population in Florida as compared to the nation. This is an inherent danger in using broad age categories like “26 and over.”

Consumption The illicit use of *other drugs* is much harder to capture. Among adolescents, overall rates of use of drugs like cocaine, crack, heroin, crystal methamphetamines, methylenedioxymethamphetamine (MDMA, or Ecstasy), and so on are quite low, and adolescents who use them frequently are particularly likely to be absent from the population that participates in school-based surveys. Similarly, it seems likely that use of illicit drugs may decrease the likelihood of participating in (or responding honestly to) telephone surveys from NSDUH. When overall rates of use of a particular substance are very low, the ratio of “signal” (actual drug use) to “noise” (bad responses, non-response, etc.) in survey data becomes problematic in assessing prevalence. In some instances students reporting use of many illicit drugs on the FYSAS also report the use of an apocryphal drug that is included to assess dishonest or random responses, and these responses are discounted.

As a consequence, the construct that is frequently assessed for comparisons across geographic entities is the proportion of respondents who report using “any illicit drug other than marijuana”. This “combination rate” is intended to provide prevention planners with an overall index of so-called “hard” drug use. A surprise in Florida’s data was that the rate of use of *any illicit drug other than marijuana* had not declined among middle school aged students since 2000, and indeed in 2004 their rate was higher than that of older students in the FYSAS. This is in marked contrast to the nation as a whole, where the rate of reported use in 8th graders is less than half of that of high school seniors.

Examination of the 2004 FYSAS report suggests that use of inhalants by Florida middle school aged students accounted for a large proportion of this difference in the “combination rate”. Rates of inhalant use by tenth and twelfth graders in 2004 were at or below the rates reported in MTF, but for eighth graders the Florida rate was 6.2 percent versus 4.1 percent nationally, a rate that is half again as high as the national rate. Furthermore, the FYSAS rate among seventh graders was even higher (7.5 percent), while MTF does not report data for seventh graders.

Consequences The SEW continues to seek data that can address the consequences of illicit drug use in a manner that is meaningful for community planning. One consequence of use is admission to treatment. However, local differences in availability and affordability of services can make these data (presented in the initial SEW report) problematic to compare across communities. Similarly, law enforcement data on arrests, interdictions, seizures, etc. can reflect philosophy of or resources available for policing rather than being a true indicator of drug use consequences.

Physiological effects of illicit drugs may be serious, yet may also lack sufficient attributable risk. For example, the large majority of heavy marijuana smokers also smoke cigarettes. COPD and other lung diseases may be caused by or exacerbated by smoking marijuana, yet the primary cause of these diseases in the community is smoking.

The most serious consequence of using some illicit drugs, or misusing some prescription drugs, is death due to overdose. Medical examiners in Florida report toxicology data that lists the presence of a broad array of drugs (illicit and prescription) and identifies the subset of individuals in whom the dosage at time of death would be considered sufficient to cause death (see discussion under State-Level Service Gaps and Barriers). The SEW is currently examining these data for their utility in describing consequences of illicit drug use. However, these data present a number of challenges including numerator issues (attributing place of residence versus place of death), the need to aggregate multiple individual drugs into meaningful categories, and the potential for confounding accidental overdoses that lead to death with successful suicide attempts.

The SEW is also currently exploring the availability of hospital cost data and emergency department (ED) admissions data from the data system maintained by Florida’s Agency for Health Care Administration. These data hold promise because they are very complete, contain ICD-9 codes (International Classification of Diseases, 9th Revision) for multiple drug-related consequences, and represent a census of hospital and ED utilization, thus assuring accurate community-level time trend data. Again, see the discussion under State-Level Service Gaps and Barriers.

Handout #3
SPF SIG Priorities and Rationale

Priority	Rationale
a. Alcohol-related motor vehicle crashes	Alcohol-impaired drivers place themselves and other motorists at risk. Data on alcohol-related crashes better capture the prevalence of drinking and driving than alcohol-related fatality data, which are affected by type of highway, speed, and EMS response among other non- substance-use-related factors. The Florida SEW therefore compared counties based upon data on all motor vehicle crashes involving alcohol available from the Florida Department of Transportation.
b. adult alcohol binge drinking	Excessive drinking by persons of legal age accounts for nearly one third of the alcohol consumed in the U.S. (Foster et al., 2003). An estimated 63,718 deaths were attributable to harmful drinking in the U.S. in 2000 (Rivara, et al, 2004) Isolated episodes of binge drinking by pregnant women can harm their offspring: the odds of the appearance of six psychiatric disorders and traits were more than double in adults exposed to one or more binge alcohol episodes in utero (Barr et al, 2006). Adult binge drinking may influence older under-age drinkers; recent research shows that the rate of binge drinking among college students is about 32 percent lower in the 10 states with the lowest rates of adult binge drinking compared to the ten states with the highest (Nelson et al, 2005).
c. underage alcohol use	Early alcohol use, independent of other risk factors, contributes to the risk of developing future alcohol problems. The odds of future alcohol abuse or dependence are estimated to be 7% greater for each year of age, below age 21, that alcohol consumption begins (Grant et al, 2001). Recent research shows that those who begin drinking in their early teens are at greater risk of developing alcohol dependence at some point in their lives, are at greater risk of developing dependence more quickly and at younger ages, and of developing chronic, relapsing dependence (Hingson, 2006). Underage alcohol use has also been shown to be a strong contributing factor to youth violence and delinquency, teen pregnancy, and school dropout.
d. middle school inhalant use	Most abused inhalants produce short-term anesthetic effects which slow down the body's functions and, in sufficient concentration cause brief intoxication. Repeated inhalations decrease inhibition and with prolonged use, users can lose consciousness. Chemicals in solvents or aerosol sprays can directly induce heart failure and death within minutes of a session of repeated inhalations. High concentrations of inhalants also can cause death from suffocation by displacing oxygen. Deliberately inhaling from a paper or plastic bag or in a closed area greatly increases the chances of suffocation. Chronic abuse of solvents can cause severe, long-term damage to the brain, the liver, and the kidneys (NIDA, 2006). Adolescents who first use inhalants at ages 13–14 have been reported to be six times more likely to be dependent on inhalants as older teens. Early experimentation with inhalants may be a precursor for later abuse of multiple illegal substances (RTI, 2004).

Handout #3

SPF SIG Priorities and Rationale

The criteria the State is using to define ‘critical need’ based on substance related consequence and consumption data presented in the State’s epidemiological profile.

1. Criteria for identifying state priorities related to substance use and abuse outcomes:
 - State-level consequence rate relative to national averages
 - State-level consumption rates relative to national averages
 - State-level trends in consumption rates, e.g., not only was the consumption rate above the national average, but it was not trending downward in FL as was the case with adolescent use in all other drug categories
2. Criteria for identifying priorities related to improving state-level prevention capacity/infrastructure:
 - Challenges related to state coordination effectiveness as identified by in the operations logic model of the State Coalition Development Team
 - Challenges related to integrating the principles and elements into Florida’s guiding documents for substance abuse prevention: the Florida Drug Control Strategy and the Florida Prevention System
3. Criteria for identifying priorities related to improving community-level capacity/infrastructure to successfully conduct evidence-based prevention activities
 - Florida Coalition Strategic Prevention Framework Survey constructs on which coalitions scored five or less.

The rationale for use of each criterion

- State-level consequence rate relative to national averages: this assessment gives us a perspective on the degree to which Florida’s rates are contributing to the national average, thus helping us to identify those consequences and consumption indicators that are most likely to contribute to a national impact.
- State-level consumption rates relative to national averages: this assessment gives us a perspective on the degree to which Florida’s rates are contributing to the national average, thus helping us to identify those consequences and consumption indicators that are most likely to contribute to a national impact.
- State-level trends in consumption rates: this assessment allows us to determine the history of a key indicator and the degree to which it may be resistant to change, e.g., not only was the underage alcohol consumption rate above the national average, but it was not trending downward in FL as was the case with adolescent use in all other drug categories.

Handout #4 High Incident/Rate Communities for State SPF Priorities

Based on the epidemiology of the state priority issues, the counties with the highest rates for each issue were identified.

For Alcohol-Related Motor Vehicle Crashes: Florida data generally show a higher rate of alcohol-related crashes in more rural counties with most large metropolitan counties in the lowest two quartiles. An exception is the adjoining urban counties of Hillsborough and Pinellas that are classified in the highest quartile.

- | | | | |
|----------------|-------------|------------|-----------|
| - Monroe | - Putnam | - Bay | - Wakulla |
| - Martin | - Columbia | - Franklin | - Leon |
| - Hillsborough | - Gilchrist | - Liberty | - Dixie |
| - Pinellas | - Okaloosa | - Gadsden | - Taylor |

For Adult Binge Drinking: The crude rate of adult binge drinking in Florida (14.1%) is below the national average (14.7%; probably due to the high proportion of Floridians who are over age 65). Nevertheless, BRFSS data show that there are several Florida counties (including one highly populous county) with binge drinking rates that are well above the national average:

- | | | | |
|-----------|------------|---------------|-------------|
| - Hendry | - Seminole | - Saint Johns | - Jefferson |
| - Alachua | - Pasco | - Orange | - Escambia |
| - Monroe | - Brevard | - Gilchrist | |

For Underage Alcohol Use: Reports of recent alcohol consumption among adolescents in Florida exceed the national average and this rate of use has not shown a decline as other substance use prevalence has declined since 2000. Data from the 2004 Florida Youth Substance Abuse Survey show that the 25 percent of Florida high school students who report that they first drank alcohol before the age of 13 were twice as likely as other high school students to have been arrested at least once (18% versus 9%), half again as likely to have been suspended from school at least once (39% versus 26%), More than half again as likely to have tried marijuana (49% versus 30%) and twice as likely to report having used an illicit drug other than marijuana (32% versus 16%) Florida Counties in the highest quartile for underage drinking were:

- | | | | |
|------------|---------------------|--------------------|------------------|
| - Baker | - Lake | - <u>Charlotte</u> | - Levy |
| - Citrus | - <u>Okeechobee</u> | - DeSoto | - Martin |
| - Franklin | - <u>Monroe</u> | - <u>Gulf</u> | - St. Johns |
| - Hardee | - Suwanee | - Hernando | - <u>Wakulla</u> |

The six counties with rates more than one standard deviation above the state average are underlined.

For Middle School Inhalant Consumption: For eighth graders the Florida rate of past 30 day inhalant use was 6.2 percent versus 4.1 percent nationally, a rate that is half again as high as the national rate. Furthermore, the FYSAS rate among seventh graders was even higher (7.5 percent), (Monitoring the Future does not report data for seventh graders). Rates were closer to the national average, though still elevated, for Florida tenth graders, but below the national average for twelfth graders in Florida

Counties in the highest quartile of use were:

- | | | | |
|-----------|-----------|-------------|------------|
| - Collier | - Sumter | - Baker | - Jackson |
| - Broward | - Lake | - Gilchrist | - Walton |
| - Hardee | - Flagler | - Franklin | - Escambia |
| - Citrus | - Clay | - Calhoun | - Duval |

Handout #5
Profile of Most Risky Communities

County	Urban*	Rural*	Capacity Survey Completed	MV Crashes	Adult Binge	Underage Drinking	Inhalants
1. Alachua	✓		✓		✓		
2. Baker		✓				✓	✓
3. Bay		✓	✓	✓			
4. Brevard	✓		✓		✓		
5. Broward	✓		✓				✓
6. Calhoun		✓	✓				✓
7. Charlotte		✓	✓			✓	
8. Citrus		✓	✓			✓	✓
9. Clay		✓					✓
10. Collier	✓		✓				✓
11. Columbia		✓	✓	✓			
12. DeSoto		✓				✓	
13. Dixie		✓		✓			
14. Duval	✓						✓
15. Escambia	✓		✓		✓		✓
16. Flagler		✓	✓				✓
17. Franklin		✓	✓	✓		✓	✓
18. Gadsden		✓	✓	✓			
19. Gilchrist		✓		✓	✓		✓
20. Gulf		✓	✓			✓	
21. Hardee		✓				✓	✓
22. Hendry		✓			✓		
23. Hernando		✓	✓			✓	
24. Hillsborough	✓		✓	✓			
25. Jackson		✓	✓				✓
26. Jefferson		✓			✓		
27. Lake	✓		✓			✓	✓
28. Leon	✓		✓	✓			
29. Levy		✓				✓	
30. Liberty		✓		✓			
31. Martin		✓	✓	✓		✓	
32. Monroe		✓		✓	✓	✓	
33. Okaloosa		✓	✓	✓			
34. Okeechobee		✓	✓			✓	
35. Orange	✓		✓		✓		
36. Pasco	✓		✓		✓		
37. Pinellas	✓		✓	✓			
38. Putnam		✓	✓	✓			
39. Seminole	✓		✓		✓		

Handout #4
High Incident/Rate Communities for State SPF Priorities

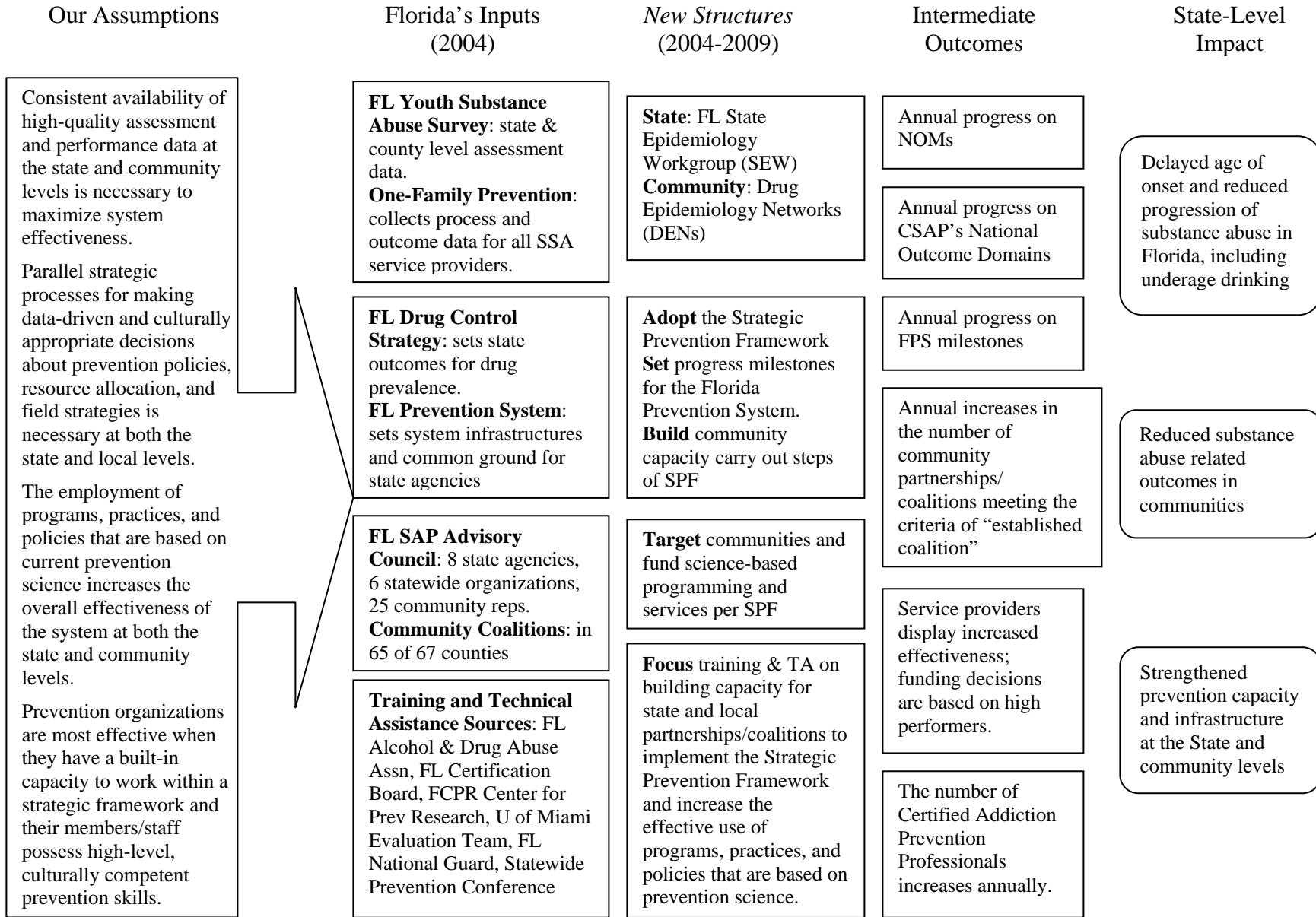
County	Urban*	Rural*	Capacity Survey Completed	MV Crashes	Adult Binge	Underage Drinking	Inhalants
40. St. Johns		✓	✓		✓	✓	
41. Sumter		✓					✓
42. Suwannee		✓	✓			✓	
43. Taylor		✓	✓	✓			
44. Wakulla		✓	✓	✓		✓	
45. Walton		✓	✓				✓

*Calculated with a modified Beale Code (US Department of Agriculture, Rural-Urban Continuum), i.e., the Beale Code reflects the degree of "rurality" of a county. The higher the Beale Code, the more rural the county. A Beale Code of 4 or higher reflects a rural county. Litchfield County, CT, with a population of 189,193 in 2000, is the county in the nation with the largest population that received a Beale Code of 4 or more. A rural county, for the purposes of SPF, could be any Florida county with a Beale Code of 4 or a population less than the population of Litchfield County, CT.

Now that the state and epidemiology report has been published and the web site contains county reports, county coalitions will be asked to develop a strategic plan that further examines their contribution to the state priorities, determine local intervening variables, and identify key target populations and general strategies for impacting the county's consequence or consumption rates.

In the spring of 2007, community coalitions and licensed prevention service providers in the SPF counties will be invited to develop and submit proposals for addressing the intervening variables identified in the county strategic plans. Coalitions will address environmental issues and service providers will work directly with youth or adults. These projects are slated to begin as early as July 1, 2007.

Handout #6: Florida Prevention System Logic Model



Handout #7: Florida Community Development Logic Model

Assessing the Capacity and Infrastructure System Based on the Coalition Strategic Prevention Framework Survey

Prepared by Ron Manasa
Florida Center for Prevention Research
June 14, 2006

The Coalition Strategic Prevention Framework (SPF) Survey was developed to evaluate a coalition's use of the first 3 steps of the Strategic Prevention Framework: Assessment, Capacity Building, and Strategic Planning in order to identify strengths and weakness to target through training and mentoring. It consisted of a series of questions; each question was worth 10 points and was weighted based on the question's relative importance. Coalitions were asked to complete the survey on-line and a follow up on-site visit was conducted to validate the coalition's responses. The survey was completed by 40 countywide coalitions out of 67 or approximately 68.7%. The scores represent the average score of the 46 coalitions completing the survey.

Of the first three steps of the SPF, Capacity Building had the highest score. The average score for Capacity Building was 6.9, compared to both Assessment and Strategic Planning, which both scored 5.6.

The following is a brief summary of the results in terms of the strengths and weaknesses of each of the first three SPF steps.

Step 1 – Assessment

The Assessment step was subdivided into 3 components: Data Collection, Resource Assessment, and Needs and Resource Analysis. Data Collection consisted of 21 items and the average score was 5.4. Resource Assessment consisted of 4 items and the average score was 5.7. Needs and Resources Analysis consisted of 3 items and the average score equaled 6.1.

Within Data Collection most coalitions reported collecting demographic data (7.1), census data (6.8), local data on youth (8.5), and use of the Florida Youth Substance Abuse Survey (7.1). The data least collected was substance abuse treatment data (1.9), local data on adults (2.9), and data on the promotion of ATOD use such as billboards, other local advertising, and sponsorship of community events (2.7). Within Resource Assessment, nearly 70% of the coalitions indicated that they collected information on community resources. However, the average of 18 (38%) coalitions for all three questions was less than a score of 5, which indicates that the assessment of prevention, human and physical resources is a serious weakness. As for Needs and Resources Analysis, the survey indicated that, with a score of 6.1, coalitions generally use needs and resource assessment information to determine community ATOD problems, target populations, and risk and protective factors. However, with a score of 3.9, there is little evidence that community organizations, other than the coalitions, use this data.

Step 2 – Capacity Building

The Capacity Building step was subdivided into 5 components: Internal Capacity, Technical Capacity, Financial Capacity, Building Collaboration, and External Capacity. Internal Capacity consisted of 9 items and the average score was 6.7. Technical Capacity consisted of 5 items and the average score was 8.0.

Handout #7: Florida Community Development Logic Model

Financial Capacity consisted of 4 items and the average score was 7.4. Building Collaboration consisted of 2 items and the average score was 6.9. Lastly, External Capacity consisted of 4 items and the average score was 4.9.

The most notable strengths related to Internal Capacity were regular monthly meetings (9.3), management of the coalition by a full or part time paid staff (7.0) and keeping members informed (8.6). The most notable weaknesses were inadequate training of members (4.0) and assessing gaps in membership (4.1) such as social and cultural diversity. In general coalitions did not indicate any weakness related to Technical Capacity, Financial Capacity, and Building Collaboration. Only 7 out of 46 (15%) had scores less than 5 for both Technical and Financial Capacity and 8 out of 46 (17.3%) for Building Collaboration. External Capacity was the most notable weakness. The scores of the four questions are as follows: conducting community readiness assessment, 4.3; conducting community prevention resource assessment, 4.7; readiness assessments included community tolerance, recognition, and level of awareness of youth use and problems, 5.7; and readiness assessments included community tolerance, recognition, and level of awareness of adult use and problems 4.1.

Step 3 – Strategic Planning

The Strategic Planning step was subdivided into 2 components: Strategic Plan Components and Monitoring and Tracking the Implementation of the Strategic Plan. The Strategic Plan Components consisted of 2 items and the average score was 5.6. Monitoring and Tracking consisted of 3 items and the average score was 4.9.

The most notable strength related to Strategic Plan Components was that most contained the coalition's mission statement, profiles, and priorities (7.2). However, most coalitions did not update their plans regularly or distribute them (4.7). As for monitoring and tracking 24 out of 46 (52%) indicated very little tracking of the progress being made on the strategic plan; 30 out of 46 (65%) indicated that they very seldom updated or amended their plan; and 19 out of 46 (41%) indicated that they do not update or amend their plans when either the goals, objectives, activities, outcomes, or responsible persons change.

Handout #8: Florida Rural/Urban Designation Table

**Source: Economic Research Service, U.S. Department of Agriculture, Rural-Urban Continuum Codes,
<http://www.ers.usda.gov/Briefing/Rurality/RuralUrbCon/>**

RATIONALE: The Beale Code reflects the degree of "rurality" of a county. The higher the Beale Code, the more rural the county. A Beale Code of 4 or higher reflects a rural county. Litchfield County, CT, with a population of 189,193 in 2000, is the county in the nation with the largest population that received a Beale Code of 4 or more. A rural county, for the purposes of SPF, could be any Florida county with a Beale Code of 4 or a population less than the population of Litchfield County, CT, the county with the highest population in the nation with a Beale Code of 4 or higher.

FIPS Code	County Name	2003 Rural-urban (Beale) Continuum Code	2000 Population	Description for 2003 codes
12077	Liberty County	8	7,021	Nonmetro county completely rural or less than 2,500 urban population, adj. to metro area
12067	Lafayette County	8	7,022	Nonmetro county completely rural or less than 2,500 urban population, adj. to metro area
12043	Glades County	6	10,576	Nonmetro county with urban population of 2,500-19,999, adjacent to a metro area
12037	Franklin County	6	11,057	Nonmetro county with urban population of 2,500-19,999, adjacent to a metro area
12065	Jefferson County	2	12,902	County in metro area of 250,000 to 1 million population
12013	Calhoun County	6	13,017	Nonmetro county with urban population of 2,500-19,999, adjacent to a metro area
12047	Hamilton County	6	13,327	Nonmetro county with urban population of 2,500-19,999, adjacent to a metro area
12045	Gulf County	6	13,332	Nonmetro county with urban population of 2,500-19,999, adjacent to a metro area
12125	Union County	6	13,442	Nonmetro county with urban population of 2,500-19,999, adjacent to a metro area
12029	Dixie County	6	13,827	Nonmetro county with urban population of 2,500-19,999, adjacent to a metro area
12041	Gilchrist County	3	14,437	County in metro area of fewer than 250,000 population
12059	Holmes County	6	18,564	Nonmetro county with urban population of 2,500-19,999, adjacent to a metro area
12079	Madison County	6	18,733	Nonmetro county with urban population of 2,500-19,999, adjacent to a metro area
12123	Taylor County	6	19,256	Nonmetro county with urban population of 2,500-19,999, adjacent to a metro area
12133	Washington County	6	20,973	Nonmetro county with urban population of 2,500-19,999, adjacent to a metro area
12003	Baker County	1	22,259	County in metro area with 1 million population or more
12129	Wakulla County	2	22,863	County in metro area of 250,000 to 1 million population
12007	Bradford County	6	26,088	Nonmetro county with urban population of 2,500-19,999, adjacent to a metro area
12049	Hardee County	6	26,938	Nonmetro county with urban population of 2,500-19,999, adjacent to a metro area
12027	DeSoto County	6	32,209	Nonmetro county with urban population of 2,500-19,999, adjacent to a metro area
12075	Levy County	8	34,450	Nonmetro county completely rural or less than 2,500 urban population, adj. to metro area
12121	Suwannee County	6	34,844	Nonmetro county with urban population of 2,500-19,999, adjacent to a metro area
12093	Okeechobee County	4	35,910	Nonmetro county with urban population of 20,000 or more, adjacent to a metro area
12051	Hendry County	4	36,210	Nonmetro county with urban population of 20,000 or more, adjacent to a metro area
12131	Walton County	6	40,601	Nonmetro county with urban population of 2,500-19,999, adjacent to a metro area
12039	Gadsden County	2	45,087	County in metro area of 250,000 to 1 million population
12063	Jackson County	6	46,755	Nonmetro county with urban population of 2,500-19,999, adjacent to a metro area
12035	Flagler County	4	49,832	Nonmetro county with urban population of 20,000 or more, adjacent to a metro area
12119	Sumter County	4	53,345	Nonmetro county with urban population of 20,000 or more, adjacent to a metro area
12023	Columbia County	6	56,513	Nonmetro county with urban population of 2,500-19,999, adjacent to a metro area

Handout #8: Florida Rural/Urban Designation Table

12089	Nassau County	1	57,663	County in metro area with 1 million population or more
12107	Putnam County	4	70,423	Nonmetro county with urban population of 20,000 or more, adjacent to a metro area
12087	Monroe County	4	79,589	Nonmetro county with urban population of 20,000 or more, adjacent to a metro area
12055	Highlands County	4	87,366	Nonmetro county with urban population of 20,000 or more, adjacent to a metro area
12061	Indian River County	3	112,947	County in metro area of fewer than 250,000 population
12113	Santa Rosa County	2	117,743	County in metro area of 250,000 to 1 million population
12017	Citrus County	4	118,085	Nonmetro county with urban population of 20,000 or more, adjacent to a metro area
12109	St. Johns County	1	123,135	County in metro area with 1 million population or more
12085	Martin County	2	126,731	County in metro area of 250,000 to 1 million population
12053	Hernando County	1	130,802	County in metro area with 1 million population or more
12019	Clay County	1	140,814	County in metro area with 1 million population or more
12015	Charlotte County	3	141,627	County in metro area of fewer than 250,000 population
12005	Bay County	3	148,217	County in metro area of fewer than 250,000 population
12091	Okaloosa County	3	170,498	County in metro area of fewer than 250,000 population
12111	Osceola County	1	172,493	County in metro area with 1 million population or more
12069	St. Lucie County	2	192,695	County in metro area of 250,000 to 1 million population
12001	Lake County	1	210,528	County in metro area with 1 million population or more
12073	Alachua County	3	217,955	County in metro area of fewer than 250,000 population
12021	Leon County	2	239,452	County in metro area of 250,000 to 1 million population
12083	Collier County	2	251,377	County in metro area of 250,000 to 1 million population
12081	Marion County	2	258,916	County in metro area of 250,000 to 1 million population
12033	Manatee County	2	264,002	County in metro area of 250,000 to 1 million population
12115	Escambia County	2	294,410	County in metro area of 250,000 to 1 million population
12101	Sarasota County	2	325,957	County in metro area of 250,000 to 1 million population
12117	Pasco County	1	344,765	County in metro area with 1 million population or more
12071	Seminole County	1	365,196	County in metro area with 1 million population or more
12127	Lee County	2	440,888	County in metro area of 250,000 to 1 million population
12009	Volusia County	2	443,343	County in metro area of 250,000 to 1 million population
12105	Brevard County	2	476,230	County in metro area of 250,000 to 1 million population
12031	Polk County	2	483,924	County in metro area of 250,000 to 1 million population
12095	Duval County	1	778,879	County in metro area with 1 million population or more
12103	Orange County	1	896,344	County in metro area with 1 million population or more
12057	Pinellas County	1	921,482	County in metro area with 1 million population or more
12099	Hillsborough County	1	998,948	County in metro area with 1 million population or more
12011	Palm Beach County	1	1,131,184	County in metro area with 1 million population or more
12086	Broward County	1	1,623,018	County in metro area with 1 million population or more
12086	Miami-Dade County	1	2,253,362	County in metro area with 1 million population or more