

# WI Idea Forum Report

## “Addressing Alcohol Abuse through Public Policy: Finding Common Ground”

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## Executive Summary

The inaugural Wisconsin Idea Forum took place in Eau Claire on May 14, 2009. There were approximately 230 participants across the state attending at one of 6 sites: Eau Claire, Green Bay, Madison, Milwaukee, Stevens Point and Lacrosse. Each satellite site had a 2-way broadcast with opportunities to ask questions and engage in the Forum discussion.

The topic of the Forum was “Addressing Alcohol Abuse through Public Policy: Finding Common Ground” **with** business leaders, elected officials, healthcare professionals, students, educators, Alcohol Industry representatives, community representatives, treatment professionals, **and others invited to participate.** The goal of the WI Idea Forum was to teach, learn, and share best ideas and practices around alcohol abuse.

The Forums grew out of the work of the Advantage Wisconsin Think Tanks which notes the wealth of expertise on UW campuses and the need to link that expertise to the problems facing the State of Wisconsin in a manner that would help find solutions to these problems. Campuses across Wisconsin are taking turns hosting the bi-annual Forums and are given the task of finding the most appropriate public policy-related topic for that region of the state. In addition to doing market research on potential topics, UW-Eau Claire staff held several focus groups that included healthcare, public health, business, nonprofit and University professionals from the region to determine alcohol abuse was the best topic for the inaugural Forum in Eau Claire.

This forum directly aligns with the “Growth-Agenda” Action Step of the Strategic Plan. For more information, see the following links:

[UW System Growth Agenda Action Steps Overview](#)

[UW System AODA Strategic Plan](#)

The Wisconsin Idea Forum “Addressing Alcohol Abuse Through Public Policy: Finding Common Ground,” focused on policy approaches as opposed to solely education/social marketing approaches. The social, physical, and environmental norms present in Wisconsin regarding alcohol use as well as the idea of blending evidence with improving and expanding services were emphasized. The forum speakers provided resources such as websites that are free and easily accessible to participants, and demonstrated the great need to get funding for treatment, prevention, and enforcement. In addition, the forum highlighted the fact that family policy, organizational policy, local and state policies can and should all be changed, but that some strong barriers to these policy changes are funding and cultural norms.

General comments and issues regarding alcohol use and abuse as well as common obstacles to addressing alcohol abuse through public policy were raised throughout the forum.

Common issues and comments included:

## Policy Issues

- The need to enact the Dramshop Law for accountability
- Enforcement of sober server laws
- Model drug court systems
- Code-signing
- Policies need to be statewide or people will jump county

## Community Issues

- Tavern fundraisers involving high school students in rural areas is becoming a common event
- The lack of availability in help for kids with Adverse Childhood Experiences (ACE)
- No existence of a mass movement
- Sexual assault was only briefly mentioned—most sexual assaults in WI involve alcohol, which just became a “date rape” drug a couple years ago—this is an example of a effective way to impact alcohol use and abuse through public policy
- Family policies—parents want to be their children’s friends
- Parents questioning schools, etc
- Fear of friends, charges etc
- Overall mentality and social norms regarding alcohol
- Adolescent brain development
- The need for “dose response” education because 5 or more drinks is really “binge” drinking

## Health Issues

- Lack of patient involvement with treatments
- Collaborate with medical profession

## Session One: “Working Upstream to Reduce the Public Health Burden of Alcohol Abuse in Wisconsin”

**Presenter: Dr. Pat Remington, MD, MPH**

The presentation by Dr. Remington revolved around the theme of “working upstream” to find the root causes of alcohol use and abuse in Wisconsin. He provided a framework for studying alcohol abuse in the context of Public Health by discussing the science of Epidemiology, which gets to the “causes” of a situation. He stressed the importance of translating the science of epidemiology into practice when focusing on alcohol abuse, and used the metaphor working upstream as a way to show audience that we need to find the determinants of alcohol-related problems.

Dr. Remington began his presentation by asking the audience to consider two causes—the environment and internal/external assets—that contribute to alcohol abuse. He noted that public health focuses on *environmental changes* and that primary care prevention focuses on *one-on-one interventions* to change behaviors. He stressed that alcohol abuse and other community health issues should be addressed using both approaches.

Dr. Remington stated that, in terms of public response to alcohol use and abuse, the first inclination is usually to say “don’t do it” or “do it responsibly,” which are oversimplified answers. Rather than take this option, he suggested we instead build “safety nets.” He discussed the disease continuum and preventable causes of death, using the example of driving and drowning due to alcohol impairment. He emphasized that, as a society, we focus too much on treatment rather than prevention and noted that alcohol is the 3<sup>rd</sup> leading cause of death, so we need to ask what the epidemiology of this is?

Dr. Remington then asked the audience to consider the environment as a factor, personal responsibility, etc. He used a case study from La Crosse to emphasize this point. (\*See Power Point for further details)

The next topic Dr. Remington discussed was internal and external assets. He noted that a list of the 40 Developmental assets exists for further reference.

Internal and external assets

- Internal
  - Commitment to learning (i.e. homework)
  - Positive values (i.e. integrity)
  - Social Competencies (resistance skills)
  - Positive Identity (self-esteem)
- External
  - Support (family)
  - Empowerment (service to others)
  - Boundaries and Expectations (high expectations)
  - Constructive use of time (involvement in youth programs)
- Studies show that the more assets one has the less the risky behaviors
  - Research is available from the “Institute-Data on Development from WI”

- Adverse Childhood Experiences (ACE)--Studies show this environment is common and has long term effects—4 to 5 times the risk of alcohol abuse for the more ACEs a child has

Dr. Remington's suggestions for the audience included:

- Look at individual components of public health to see what is being done and how to combine with medical health
- Assist and collaborate, look upstream and start early (i.e. ACE)
- Consider the environment and the social context of community health problems
- Use a combination of evidence-based public policy and clinical approaches for best outcomes

The current best practices and/or policies mentioned during this presentation were as follows:

- La Crosse development plan for underage and binge drinking programs/River Watch
- Partnership dollars from Milwaukee and Madison
- WI Healthy People 2020-
  - Overall theme of the model is to examine determinants, interventions, outcomes, assessment, monitoring, evaluation, dissemination
  - Social-ecological model is becoming more widely used and will form the basis of intervention planning when U.S. Healthy People 2020 Goals are released

## Session Two: “The Role of Public Policy in Reducing Harm from Alcohol Use”

**Presenter: Dr. Tom Oliver, PhD**

Dr. Oliver’s presentation explored the rationale for governmental action on the issue of alcohol use, contrasting this issue with other public health problems such as tobacco use and obesity. He described and assessed the potential impact of various tools of public policy. Finally, he reviewed some common features of the policy process and frameworks for analyzing the feasibility of different strategies for reducing harm from alcohol use in Wisconsin.

Dr. Oliver’s presentation addressed why health is a public issue, and focused on when health becomes a public concern. He stated there are system approaches to managing/addressing/preventing alcohol use and abuse, but noted there is a resistance historically to government intervention although it is integral to the well-being of our society.

He began by discussing three processes in agenda setting for Government intervention:

- Problem Recognition and Definition
  - Imperative to raising awareness and finding key community organizations and members to help
  - Be aware of target populations and their particular social construction
- Generation of alternatives
- Political Interaction and Influence

He noted the behavior of threshold use as an example, (i.e. 1-2 drinks/day to 4-5 drinks/day –the difference between healthy vs. harmful) and discussed the need to not only address the issue through government intervention, but also through personal service.

Next, Dr. Oliver discussed the seven steps to government action for public regulation of private behavior:

- Social disapproval
- Medical science
- Self-help
- Demon users
- Demon industry
- Mass Movement
- Interest Group Action

He then noted the aims of health policy:

- To support the quest for health
- To impact physical environment, behavioral choices, social determinants, and health services

Dr. Oliver also discussed policy types that impact alcohol abuse – those that:

- Decrease availability
- Increase prices (tax)
- Reduce social acceptance
- Reduce harm from risky drinking
- Improve/expand services for individuals

Dr. Oliver noted that the government can make many positive changes with regard to alcohol abuse, including regulating the availability of alcohol, increasing prices through “sin taxes,” reducing social acceptance, reducing harm from risky drinking, and increasing services for individuals.

Dr. Oliver then provided five policy instruments that people can and should use in addressing alcohol use and abuse:

- Inducements (incentives)
- Rules
- Facts
- Rights
- Powers

Dr. Oliver noted that there are sources of incrementalism that exist in policy making--barriers to progress in policy change:

- We don't really understand cause and effect
- Policy institution is designed to stop initiatives
- There is not enough money available
- Political interests are at play at all levels

Dr. Oliver noted that in terms of making policy changes with regards to alcohol use and abuse (and other issues), that the policy must first “survive the political test.” This criterion can then be used to determine which alternatives can be adopted and implemented with the least political opposition:

- Must be supported by officials, voters, or key stakeholders
- Interest groups and individuals concerned about the problem must be identified
- Groups and individuals expected to become involved in the current problem must be identified and informed
- Motives , resources, and strategic position of stakeholders must be assessed

Dr. Oliver also provided information on the sources of innovation in policy making; for instance, critical junctures in policy development, political opportunities and leadership, policy entrepreneurs and investors and linkage of multiple venues in reform. He then suggested strategies for public health entrepreneurs:

- Articulate a socially as well as scientifically credible threat
- Mobilize diverse organizational constituency

- Seek convergence of political opportunities with target vulnerabilities
- Use the examples of Joe Camel and Fast Food Nation as models

Dr. Oliver noted the arenas for policy making are often litigation and legislation. He stated there are definite limits regarding litigation that must be taken into consideration. For instance, he discussed the comprehensiveness of policy and target populations, the idea of compensation rather than prevention, that the resources needed to litigate are quite often not commensurate with injuries, and the durability of the solution.

Dr. Oliver also stressed the importance of considering politics in policy implementation. He noted factors to consider such as: frequent ambiguity in policy design, a dependence on private actors and other public agencies, agency resources, hostile political environments, and interagency coordination.

Dr. Oliver covered various topics related to policy process: key issues, participants, values vs. tradeoffs, and questions for the analysis and evaluation of policy design. Key issues in policy process are: whose interest and viewpoints are represented, how responsive or accountable the government is, and how effective chosen policies are in solving a problem.

Dr. Oliver stated that participants in the policy making process should include: elected officials and staff, administrative officials and staff, interest groups, academic and independent analysis, mass media, and public opinion. He stated there are values and tradeoffs in Federal, State, and Local Policy making: self-governance, equity, effectiveness, and innovation.

In closing, Dr. Oliver noted three questions that should be asked for analysis and evaluation of policy designs:

- What is the logic of the policy—is the theory reasonable?
- What is the assembly—who has the essential elements?
- What is the availability of the fixers—who will manage the assembly?

### **Session Three: “Evidence-Based Policies and Practices to Reduce the Harm Caused by Alcohol Use in Wisconsin”**

**Presenter: Dr. D. Paul Moberg, PhD**

Dr. Moberg’s presentation focused on alcohol use and consequences in Wisconsin and the United States, priorities for action, and policies and practices to reduce the harm, which included a discussion of the goals and evidence-base.

Dr. Moberg began by discussing the Strategic Prevention Framework-State Incentive Grant in Wisconsin (SPF-SIG). He noted that this grant is based on epidemiological workgroup analysis, through which the following priorities emerged: risky drinking (underage and young adult binge drinking) and alcohol related motor vehicle fatalities, injuries and crashes for individuals between the ages of 16-34.

Dr. Moberg notes that the epidemiology of alcohol use needs to explore adult drinking and binge drinking in WI, stating that 23 % of adults in WI binge drink. He stated that evidence shows that changing the drinking age to 21 has made a positive impact in decreasing the number of alcohol related accidents and crashes among young people. Dr Moberg emphasized the idea that as a society, we tend to ignore the unintended consequences of alcohol use and abuse.

In summary, Dr. Moberg noted that alcohol epidemiology has discovered the following:

- WI leads the nation in rates of alcohol use and many alcohol problem indicators, and has for quite some time
- Very high health, monetary and social costs, especially for the youth
- In the long run (20+ years), several key indicators for youth and adults improved both in WI and nationally
- The problem is not necessarily the individual alcoholic or the repeat OWI offender, but the overall rates and risky patterns of consumption in the population

Dr. Moberg then discussed what we as a society, an audience, etc. can help to reduce the harm of alcohol abuse. He first noted the limits of evidence-based practices:

- Many non-experimental studies that don’t meet a rigorous scientific threshold
- Limited and selected goals or outcomes addressed
- The unintended consequences may be missed or ignored
- Much “conventional wisdom” without data
- Value concerns (prohibition on drinking among adults 18-20, enabling concerns, sobriety itself as value, personal freedom as competing value)
- Policy analysis—competing values and preferences
- He stated that evidence-based marketing programs sponsored by the industry itself are often not effective in cost or results. He also noted a paradox—that the drinking age is 21, which lowers drinking rates for minors under 18, but may increase rates of risky and binge drinking among college students.

Dr. Moberg also discussed racial and economic disparities, commenting that historically, alcohol is used by more educated and financially well-off populations. He indicated we should work towards a goal of improving public health without increasing racial or other disparities. He suggested that the 1<sup>st</sup> OWI offense be criminalized, as the charge is currently punishable with a citation, and also that diversionary treatment for 1<sup>st</sup> offenders is drastically underfunded and must have increased financing to be successful.

Dr. Moberg then noted that the evidence around alcohol use/abuse for adolescents and young adults relates to the four “A’s” of alcohol control, which are:

- Decreasing *Access* points/availability of alcohol
- Reducing *Affordability* of alcohol
- Reducing *Attractiveness* of drinking
- Reducing *Acceptability* of underage drinking and risky alcohol use

Dr. Moberg stressed that even though there are limits to the current evidence base, there is enough to suggest that certain strategies are effective:

- Population level alcohol interventions
- Policy interventions
- Ways to reduce alcohol availability in Wisconsin:
  - Outlet regulation (many ways to limit access through this route)
  - Taxes
  - Minimum age laws
  - Server (retailer) regulations
  - Sustained compliance checks
  - Drinking & driving regulations, especially immediate consequences
  - Public or other transportation options
  - Brief intervention

In summary, Dr. Moberg concluded the following:

- Alcohol is not just a youth problem; in the US there is a cultural and historical ambivalence reflected in youth
- We need to attack the issue on both a societal and cultural level, as well as in terms of individual behavior
- Programs and policies should address: access to and availability of alcohol, affordability of alcohol, attractiveness of alcohol use, acceptability of underage and risky alcohol use, and ways to reduce harm related to alcohol use

## Session Four: “Getting Involved and Making a Difference”

**Presenter: Dr. Richard Brown, MD, MPH**

Dr. Brown’s presentation focused primarily on authoritative sources of information and advocacy: who to talk to, what to talk about, and how to talk about it. He stressed the idea that, in terms of finding solutions to the problem of alcohol use and abuse, education *alone* is rarely effective.

Dr. Brown began his presentation by suggesting numerous websites to use as resources for treatment improvement protocols and finding further research on a particular subject, including: [National Institute on Alcohol Abuse and Alcoholism](#), [www.collegedrinkingprevention.gov](http://www.collegedrinkingprevention.gov), and the [National Institute on Drug Abuse](#) (\*full list of websites available on Power Point).

Dr. Brown’s discussion of advocacy stressed first that the first step is to select an advocacy goal. He noted that people’s first inclination is often to say “there ought to be a law,” but that laws are often not the best strategy. Dr. Brown referenced two prime examples of this situation, Wisconsin’s “cocaine mom law” and Madison’s “Alcohol Licensing Density ordinance.” Both laws had unintended negative consequences. To further this idea, Dr. Brown raised the much-discussed idea of sobriety checkpoints as a possible policy to enact in WI. He noted that although the goal of this policy is positive (to reduce intoxicated driving); potentially negative barriers to such a policy are the insufficient numbers of law enforcement staff and funding for the project.

Dr. Brown then proceeded to provide a framework for advocacy work. He noted that the first step is to identify possible targets for action:

- legislative bodies
- officials
- agency
- police agencies
- businesses
- health care
- schools and universities
- media
- community organizations

Next, Dr. Brown stressed that timing is important in advocacy for policy implementation. He emphasized the idea of taking advantage of planned annual events, capitalizing on times of political and social crises, avoiding “crunch” times for elected officials, and avoiding competition with other agendas. Dr. Brown highlighted several modes of communication that can be used in advocacy work: email, phone calls, letters, and personal meetings. He recommended that an initial plan for communicating the issue to key stakeholders consist of the following:

- Introduction
- Identify the problem

- Note prior unsuccessful solutions
- State the vision
- Make a recommendation
- Provide supporting information
- Summarize and close

Dr. Brown also provided a list of tips for positive communication with key contacts:

- Be warm, business-like, and concise
- Look for opportunities to show appreciation for previous efforts, bond beyond the topic, and help achieve the target's goals
- Allow interruptions, go with the flow
- Gladly answer questions
- Admit when you lack answers
- Find out the answers and be back in touch
- Leave a summary-- 1 page is optimal
- Show appreciation for time and concern

Dr. Brown concluded with a list of Do's and Don'ts to further aid communication about a topic. (\*See power point). His overall message declared the importance of building a constituency and collaboration to strengthen individual voices.

## **Panel Discussion: “Policy Recommendations with Legislators, Practitioners, and the Community: Views, Ideas, and Recommendations”**

Panelists:

The panel members consisted of the following people:

- Dr. Richard Thoune, Department Head of the Eau Claire County Health Department
- Captain Jeff Pettis, Patrol Captain for the Eau Claire County Sheriff’s Department
- Jean Christenson, ATOD Prevention Coordinator for the Eau Claire Area School District Division of Teaching and Learning
- Dave Duax, District #1 Councilperson for the Eau Claire City Council
- Jennifer Lee, Director of the Blugold Family Connection at the University of Wisconsin Eau Claire
- Tom Fuchs, Director of L.E. Phillips-Libertas Treatment Center
- Joyce Allen, Director for the Bureau of Prevention, Treatment, and Recovery (BPTR) in the Division of Mental Health and Substance Abuse Services
- Kristin Dexter, WI State Representative
- Beth Hellwig, Vice Chancellor of Student Affairs and Dean of Students at the University of Wisconsin Eau Claire
- Robert Peck, Chair of Psychiatry at Luther Midelfort Behavioral Health
- Ev Maloney, Human Service Board Chair and County Board Supervisor of Chippewa County, and,
- Gary Seward, Executive Director for Hope Gospel Mission.

Moderator Dr. Eric Giordano asked the panelists to discuss three main topics: the best opportunities to make changes, the most effective current practices, and the biggest obstacles in regards to addressing alcohol abuse through public policy. The answers of the panelists were as follows:

### Best Opportunities

- 125.07 Parental Consent Law
- Increase Beer Tax
  - proceeds to go to prevention, treatment, enforcement
- Identify factors in our physical and social environment that contribute to the problem—change social/cultural norms
- Advertising Campaigns; lose alcohol ads
- UWEC: teach our students to look out for each other
  - This should start from K-12 on
- Include prevention and treatment in any health care reform discussions; take advantage of opportunities to promote these aspects of health care
- Urge legislation for Health Care Reform
- Barriers to Employment and Education
- Take a holistic approach to treatment - consider economic, education, financial, spiritual and moral
- Use Tobacco Free movement as a model
  - Over ½ of smokers suffer from other substance issues
- EC Consortium on Alcohol
- Parental Education is Key
- Limiting access points for alcohol in communities, including retail outlets, events

- Small scale policies in families and organizations can have significant impact
- Peer education programs – help to shape cultural norms
- Logical consequences – enforcement of rules (requires political support)
- Find funding for prevention, treatment, enforcement
  - 85 % of jail inmates have substance abuse issues and there are no funds to help
  - Eau Claire has had no changes in the amount of drinking but there are changes in *how* people are drinking (bars v home, etc)
  - Much crime is related to alcohol use

#### Effective Practices

- Logical consequences—fine landlords, do a bar walk
- Keep drinking age at 21
- Removing negative consequences for calling help by enacting a Good Samaritan policy
- Communicate with interested people in communities
- Grassroots activities like in La Crosse
- Intervention at the ER
- Treatment used for treating physicians with substance abuse can be used for a model— they work over a period of time with a partner
- Second hand effects of alcohol abuse should be stressed
- Chippewa County Strategic Prevention program
- Tie together primary and preventative care
- Early and routine screenings
- Realitycheck21 project
- Collaboration among organizations and interested groups
- EC community assessment and individual beverage industry and individual events (i.e. Country Jam)
- Work with parents and peers
- Spectator ditched drink special ads
- Personal accountability
- Need a continuum of care
- 5 % drop in youth alcohol use from reality check program

#### Biggest Obstacles

- Screening and brief interventions in health care settings – we need to do a better job of linking primary care and treatment
- Comprehensive treatment does work, e.g. impaired professional program for MD's – but this is not widely available to the average person
- Excuses
- Underage drinking
- Lack of funding for prevention, treatment and enforcement
  - bad economic times may actually provide a great opportunity to instigate
- Attitudes about drinking in WI
  - Economists needed to analyze \$ spent on alcohol

- State budget and political will
  - Beer tax is unpopular because of vocal constituents
- Individual and community outreach efforts need to be increased
  - Prevention coalitions are needed
- Tavern league
- Our American culture, stigma of alcohol abusers, denial
- Political will

### Facilitated Table Discussions:

The facilitated table discussions asked forum participants to gather in small groups at the end of the day to discuss what they had learned and what they would like to see done as a follow up to the forum. The questions were as follows:

- What are the 1 or 2 things that struck you or stood out for you today?
- What policy changes need to occur to adequately address alcohol abuse in Wisconsin?
- How do you see your role, or the role of your organization, in affecting policy?
- What do you (or your organization) need in order to take action on this issue?
- What is preventing you, or might prevent you, from taking action?

Common themes that were given strong support in the report outs at the end of the facilitated discussions consisted of addressing the political empowerment of the Tavern League, raising the beer tax that has remained unchanged for 40 years, and changing the parental consent laws. The groups came up with several points for discussion, and served to emphasize many of the problems that need to be addressed with regards to alcohol abuse. Comments from specific sites were as follows:

#### Green Bay

- Using smoke free model, especially the 2<sup>nd</sup> hand smoke campaign – stress the impact that alcohol has on those around you

#### Stevens Point

- Natural consequences for 1<sup>st</sup> offense OWI
- Enforced consequences for underage drinking

#### Milwaukee

- Public service advertising – social marketing
- Screening and brief intervention
- Infuse evidence base and what works
- Collaboration – include all stakeholders

#### La Crosse

- Social host promotion – house party issues
- Server training
- Limit liquor licenses

#### Madison

- Make it unlawful for parents to purchase for kids
- Impose purchase tax

- Work at the local level
- Involve local coalitions, kids, policy makers

#### Eau Claire

- Get kids out of taverns.
- Beer tax
- Underage drinking laws
- Attitude change – think in terms of savings that can be achieved rather than cost of making changes
- Emphasize the disease of alcohol abuse, not the crime
- Regulate advertising, especially to young people
- Raise awareness of alcohol problems across the lifespan
- Look at truancy as a symptom of alcohol problems
- Reduce density (of access points) issues
- Think in terms of shared responsibilities and various community member roles in addressing the problem - build constituency of empowered change agents
- Think in terms of policies at all levels – family, organization, community

## Evaluations

As a follow up, participants were asked to evaluate the forum. It must be noted that evaluations were distributed at the end of the forum. There were a total of 230 Forum participants across the state, and approximately 83 respondents to the evaluations. Almost two-thirds of the attendees left prior to the conclusion of the program and did not complete evaluations.

When asked if the forum helped them to understand policy changes that could support efforts to address alcohol abuse in WI, 96% of the respondents reported that they agreed or strongly agreed. When broken down by site, the percentages of respondents who agreed or strongly agreed were as follows:

- EC: 96%
- Mad: 83%
- SP: 100%
- Mil: 100%
- GB: 100%

When asked if the forum helped them to understand their or their organization's role in affecting policy, 87% of the respondents agreed or strongly agreed. When broken down by site, the percentages of respondents who agreed or strongly agreed were as follows:

- EC: 86%
- Mad: 83%
- SP: 86%
- Mil: 100%
- GB: 100%

90% of the respondents agreed or strongly agreed that Dr. Remington's presentation was beneficial and helped them to better understand the issue of alcohol abuse in WI. When broken down by site, the percentages of respondents who agreed or strongly agreed were as follows:

- EC: 93%
- Mad: 63%
- SP: 89%
- Mil: 80%
- GB: 100%

75% of the respondents agreed or strongly agreed that Dr. Oliver's presentation was beneficial and helped them to better understand the role of Public policy in addressing alcohol abuse. When broken down by site, the percentages of respondents who agreed or strongly agreed were as follows:

- EC: 77%
- Mad: 50%
- SP: 89%

- Mil: 60%
- GB: 82%

Overall, 89% of respondents agreed or strongly agreed that Dr. Moberg’s presentation was beneficial and helped them to better understand what works to reduce harm caused by alcohol abuse. When broken down by site, the percentages of respondents who agreed or strongly agreed were as follows:

- EC: 88%
- Mad: 88%
- SP: 89%
- Mil: 80%
- GB: 100%

Overall, 89% of respondents also agreed or strongly agreed that Dr. Brown’s presentation was beneficial and helped them to better understand ways they could get involved in changing public policy related to alcohol abuse. When broken down by site, the percentages of respondents who agreed or strongly agreed were as follows:

- EC: 87%
- Mad: 88%
- SP: 89%
- Mil: 100%
- GB: 92%

89 % of the overall respondents agreed or strongly agreed that the Moderated Panel Discussion gave them useful insight into various perspectives on policies related to alcohol abuse in WI. When broken down by site, the percentages of respondents who agreed or strongly agreed were as follows:

- EC: 92%
- Mad:100%
- SP: 50%
- Mil: 100%
- GB: 91%

Overall, 93% of the respondents agreed or strongly agreed that the Facilitated Table Discussions gave them a chance to consider constructive ideas to help them/their organization to engage in policy related to alcohol abuse. When broken down by site, the percentages of respondents who agreed or strongly agreed were as follows:

- EC: 98%
- Mad: 60%
- SP: 80%
- Mil: 100%
- GB: 88%

Finally, an overwhelming 99 % of respondents agreed or strongly agreed that they would encourage the UW System to continue offering The Wisconsin Idea Forum on public policy topics to communities throughout WI. When broken down by site, the percentages of respondents who agreed or strongly agreed were as follows:

- EC: 89%
- Mad: 100%
- SP: 89%
- Mil: 100%
- GB: 100%

Common themes for future forum ideas were obesity/eating disorders, healthcare, AODA, and education. Participants of the forum had a wide range of suggestions for future forum topics. When asked what other topics of concern and importance to Wisconsin they would like to see addressed at future UW-System Wisconsin Idea Forums, they responded with the following ideas:

- Public transportation x 2 (regional rail)
- School funding x 2
- Continue this topic x 3
- Other drug addictions/abuse x 10 (prescription drugs)
- Prevention and treatment on AODA issues x 4
- Networking opportunities with organizations/coalitions throughout the state.
- Literacy x 2
- Socio-economic challenges in rural and urban centers like teenage pregnancies, unemployment, and teenage male incarceration.
- Sexual assault
- More school based strategies.
- State priorities like schools, prisons, and human services.
- Tobacco use and prevention
- Stress reduction
- College health issues
- Sustainability
- Obesity/Activity/Health and Wellness x 11 (adult and childhood)
- Personal finance
- How to afford college x 2
- Emergency/immediate assistance
- Addiction in general
- Health care x 4
- Mental health x 11 (in adults, adolescents, and children and its impact on others)
- Safety in schools
- Poverty/Homelessness x 5
- Criminal justice system overhaul
- Environment/Going Green x 5
- Pharmaceuticals in water
- How to address social economic determinants of health

- Community health centers in schools
- Diversity
- Prevention (strategies that influence behavior to control crime and violence)
- Trauma
- The shrinking middle class
- Coping with budget crisis
- Eating disorders
- Increased opiate addiction in WI
- If most school districts do DARE, which is now proven to be ineffective, let's see a specific program that is in fact successful and how it's implemented. Can you do more than distributing a Best Practice website? How do we even get school admin to the table if they don't want to modify curriculum?
- Substance abuse (illegal, prescription, over the counter)
- Program designed to outline how to apply for and identify grants and grants that are in process and the results of and products of grants.
- Campus safety issues and concerns
- Ecotourism
- Economic development and job creation
- Legalization/Decriminalization of marijuana
- Incarceration rate and what needs to be done x 2
- Role of physician community in addressing/assessing/education AODA
- I am looking forward to spring '09 on sustainable communities
- Mental health issues, drugs and alcohol, obesity-the list goes on!

## Speakers and Panelists Evaluations (Compiled)

The forum speakers and panelists were also asked to evaluate the forum. In addition to gaining their input regarding strengths and areas needing improvement, speakers and panelists were asked to discuss what issues they felt emerged from the forum and also to provide suggestions regarding what they would like to see done as a follow-up to the forum.

Overall, the speakers and panelists commented that they felt the following issues emerged from the forum:

- Success of the non-smoking campaign as a model for action for reducing alcohol abuse
- High interest in this topic
- Desire to move Wisconsin from #1 in the abuse of alcohol statistics
- A lack of leadership (Such as a Tobacco Free Coalition) to take up the cause in a serious way
- The need for a beer tax and for that tax to go directly to addressing alcohol related programs (whether treatment, enforcement, etc.)
- Greater treatment generally for alcohol abuse and for the idea that investment up front in treatment will lead to greater payoffs down the road in terms of decreased incarceration
- Evidence-based approaches need more attention AND more experimentation
- How hard it is to change culture
- Difficulty of translating research into policy
- Value differences in what should be accomplished
- Conceptual need to address alcohol-related problems at multiple levels--not just alcohol use per se
- A consensus with concrete priorities for policy advocacy emerged
- Personal responsibility needs to be emphasized
- Communities need to take responsibility to foster lifestyle-related actions
- State government needs to be proactively involved
- The need to look at Bars and children being allowed to be in them with parents
- The need to look at how other initiatives around the country around topics such as smoking and seat belts has impacted behavior

Overall, the presenters and panelists felt the following should be done as a follow up to the forum:

- Our campus committee on Alcohol Safety that is addressing a number of areas around alcohol and alcohol policy will be discussing items from the Forum in our next meetings
- Highlight notable efforts that are ongoing or initiated as a result of the Forum: e.g., web site updates
- Report success stories for others to consider
- Indicate available resources to tap into, to include grants (encourage collaboration)
- Publicity on the emergent priorities for action and for further research
- Support for/collaboration with other existing coalitions for policy change
- The need for some sort of coalition and funding for effective leadership and a small staff to move the effort forward statewide
- Perhaps the UW System convening a follow up meeting with a different set of processes designed towards action--without any preconceived notion of what that action might entail--would be helpful
- Obviously, the issue of a report is valuable and is the most obvious next step
- Invite attendees to participate in future programs of interest and/or to create an online discussion group

## Conclusion

In closing, there are many plans in progress regarding follow-up actions to the forum.

UW-System:

- Creation of a WI Idea Forum Website
- Provision of a summary report of the forum proceedings to a broad audience: forum participants, speakers and panelists, legislators, administrators, businesses, health care professionals, interest groups, and community members

Other Recommendations made by forum participants, panelists, and speakers included:

- Requests for the university system giving the state, each county, and each city a report on alcohol policies
- Requests for more efforts on primary and secondary treatment
- The need to create a state coalition focusing on alcohol abuse and public policy
- Provide an electronic link to the forum on the website
- Provision of follow-up reports on topics that have emerged from the forum (i.e. ACEs in WI, best practices from communities statewide, best practices on college campuses nationally, policy plans, etc.)
- Execute further research on the resources speakers mentioned in their presentations (For instance, Dr. Remington spoke to the audience about studies done at the WI Institute on ACE )
- Begin a campaign focusing on “Secondhand Alcohol” effects
- Build a statewide support system-counselor to physician to teacher etc
- Educations specialized programs
- Create action plans for UW System, legislators, and communities