



CORAGGIO

Alcohol & Other Drug Prevention Partners Workgroup

Workgroup 2: Align and clearly communicate state-wide strategies, goals and priorities

June 27, 2018

Coraggio Group
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Webinar Agenda—June 27, 2018

Welcome (15min)

Recap of Kickoff Meeting (15min)

Establishing a Common Agenda (20min)

Establishing Shared Objectives (45min)

Wrap up and Next steps (5min)

Our Workgroup Colleagues: Webinar Attendees in Green

WORKGROUP MEMBERS

| | |
|------------------------------|---|
| Genevieve Ellis | Washington County Dep. of Health and Human Services |
| Jessica Jacks | Deschutes County Health Services |
| Demetria Thompson | Union County Center for Human Development |
| Monica Yellow Owl | The Klamath Tribes |
| Abigail Wells | Vibrant Futures Coalition |
| Anthony Jordan | Multnomah County; Oregon Alcohol and Drug Policy Commission |
| Jackie <u>Fabrick</u> | OHA-Health Policy and Analytics |
| Mary Borges | OHA- Prescription Drug Overdose Program |
| Jessica Duke | OHA - Adolescent Health |
| Luci Longoria | OHA – Health Promotion and Chronic Disease Prevention |
| Amanda Cue | OHA – Health Promotion and Chronic Disease Prevention |
| Vicky <u>Buelow</u> | OHA – Health Promotion and Chronic Disease Prevention |

FACILITATORS

Matthew Landkamer, Coraggio Group
Sarah Lechner, Coraggio Group



Recap of June: Agenda Review

1. Introductions and Reflections
2. Workgroup Context Frame-Up
3. Team Agreements and Decision-making
4. Overview of proposed model to draw on: Collective Impact Model
5. Hindsight, Nearsight, Foresight
6. Define the Change & Change Readiness Assessment
7. Identify Candidate Shared Objectives and Plans to Reference
8. Close & Next Steps



Our Workgroup Team Agreements

As workgroup members, we commit to:

- Be honest and vulnerable
- Assume best intent
- Be brave
- Avoid jargon; no shame in asking for clarification
- Represent the whole
- Be open-minded; think “outside of the box”
- Be curious
- Do your best to participate
- No “meetings after the meeting”; share w/ whole group
- Communicate as a whole, with agreement

Decision-making process

- Agreed to use “thumbs” voting approach to move our process forward with general consensus

What will happen with our recommendations

- Our recommendations will be passed on to the HPCDP team within the Public Health Division



Our Hopes for this Workgroup

Our Purpose: For collaboration and recommending an approach to clearly communicate and align state-wide strategies, goals and priorities.

Our Hopes:

- Identify **common goals** for communication and how the work is done together
- **Clear picture** of overall objectives – visual, concise
- **Solid recommendations** re: how to communicate priorities and greater visibility of the alignment on those things
- **Model an inclusive practice** of checking on what we need to do to work well together – support this work in an ongoing way
- By aligning, **recognizing the collective impact we currently have**
- 3 to 5 **state objectives and under those the strategies** the ADpep communities will adopt/options. OHA to lead with local opportunities of strategies that support
- Solid recommendation on a formal process for plan development. Allow for the **community uniqueness, but strategy driven**, reviewed by professionals.
- Model how to effectively **communicate priorities in a way that doesn't feel top down**
- **Model two-way communication** – empower partners to ask questions, etc.
- Commit to **trying some new ways of communicating** together.

Collective Impact Model: Used to Inform our Process





Establishing a Common Agenda

Defining what we mean by “Common Agenda”

Supports a way to find common ground.

A broad statement that aligns us to all be moving in a common direction together.

The common agenda is likely not the only agenda of each organization.



Establishing a Common Agenda

Draft Common Agenda initially proposed on webinar:

Together we are committed to:

- Reducing substance addiction, substance misuse, and the related chronic diseases and secondary harms

Revised Draft Common Agenda based on group discussion:

Together we are committed to:

- Reducing substance misuse and disorder and the related negative health and social harms

*The group voted to move the conversation forward using this draft, with agreement to reflect in between sessions and continue to wordsmith. Some specific considerations:

- Double check language against 1st workgroup's work
- Some feel strongly about including "use"
- Some different opinions about disorder vs. addiction, and/or maybe: chronic diseases including addiction
- Some different opinions chronic diseases vs. negative health impacts



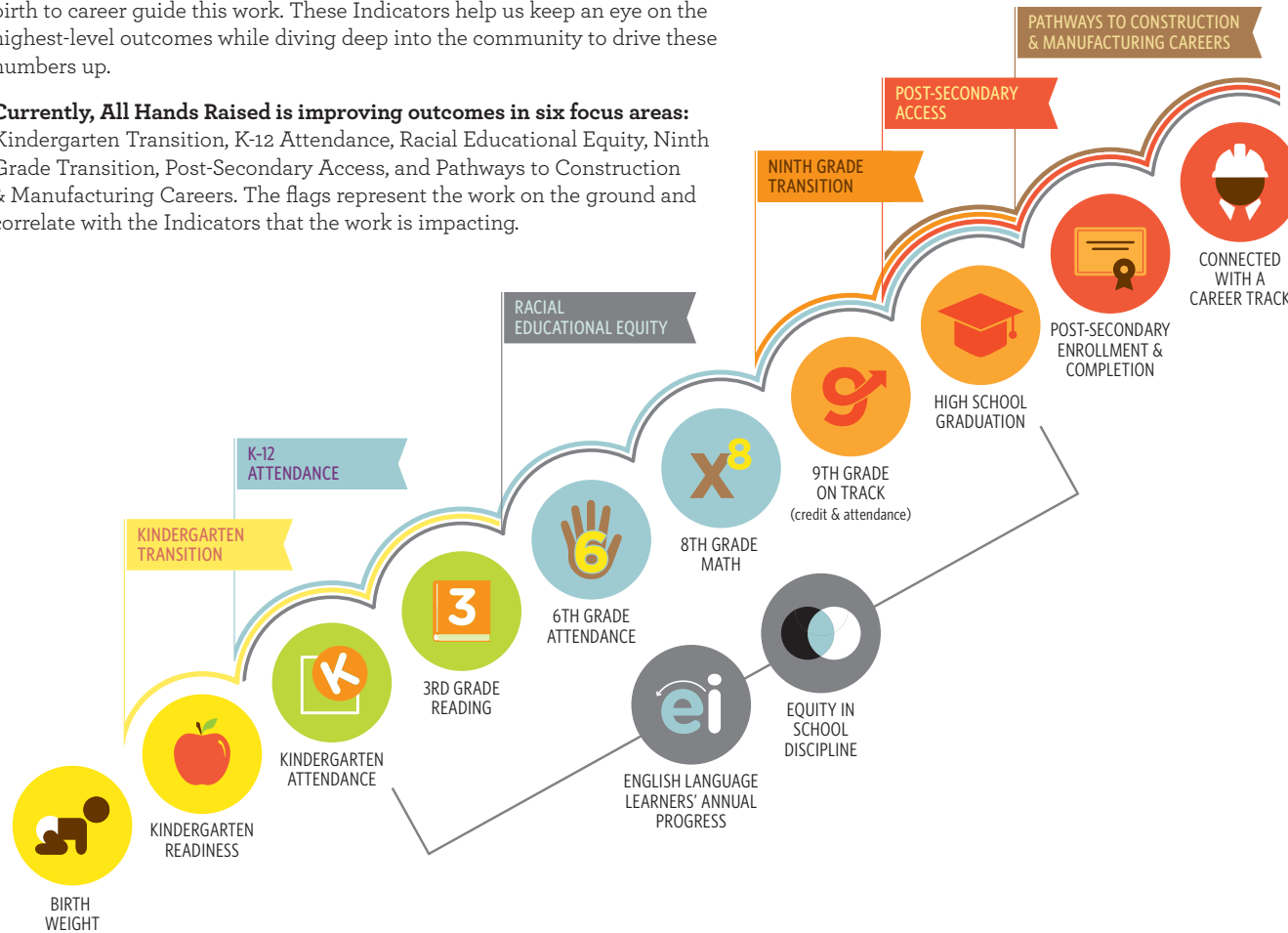
Aligning on Shared Objectives

- Starter guidance from Kick-off:
 - Common goals of both OHA and local/county prevention partners
 - Specifically measurable using data that is currently collected
 - Good representatives of overall progress
 - Represent shared alignment – those that encompass our work across the state

Community-wide Indicators

A set of Community-wide Indicators that span kids' development from birth to career guide this work. These Indicators help us keep an eye on the highest-level outcomes while diving deep into the community to drive these numbers up.

Currently, All Hands Raised is improving outcomes in six focus areas: Kindergarten Transition, K-12 Attendance, Racial Educational Equity, Ninth Grade Transition, Post-Secondary Access, and Pathways to Construction & Manufacturing Careers. The flags represent the work on the ground and correlate with the Indicators that the work is impacting.



Sample shared
objective areas
from All Hands
Raised



Draft Potential Shared Objectives List from Kickoff: Highlighted were discussed on webinar

- Reduction in teen binge drinking... ATOD
- Eliminate alcohol consumption by pregnant women (could use PRAMS survey)
- Parental disapproval
- Increase perception of harm of... ATOD attitudes
- Improve/change community laws and norms that are favorable to ATOD use/misuse
- Youth 1st use
- Ease of access
- Reduce binge drinking/heavy drinking among adults
- Increase community capacity for prevention and policy
- Number of policies and practices change/adopted re: AOD
- Reduce harms associated with AOD (mortality)
- Decreased mortality (due to substance abuse, suicide by overdose) and morbidity (ER, services use, hospitalizations)
- Attitudes and perceptions (intermediate)
 - Decreased use of substances
- Thirty day use & current use
- Binge – adults and youth
 - MJ
 - Rx Drugs
- Per capita consumption decreased – Alcohol and tobacco
- Decreased exposure access – advertising SHS
- Increased exposure to prevention messages
- # of policies passed (or something re: policy work, but unclear if we'd have a shared data source. Could work if we had shared state-wide policy goals)
- Decreased adult cigarette smoking (and smokeless) among adults
- Decrease excessive alcohol use (as defined by CDC: including no binge/heavy drinking, no underage drinking or drinking by pregnant women)
- Decrease alcohol gallons consumed
- Increase age of onset of alcohol use
- Increase age of onset of MJ/Tobacco use
- Decrease youth adult binge drinking
- Decrease poly-substance use
- Decrease risk of substance use-adult, and misuse-youth, through self-management
- Decrease per capita cigarette sales

Draft Common Agenda and Shared Objective Areas

Draft Common Agenda:

Together we are committed to:

Reducing substance misuse and disorder and the related negative health and social harms

Draft Shared Objective "Buckets":

And we'll know we're on the right track based on:

- Use & misuse
 - Need to define the substances to include
- Decreased mortality and morbidity
 - Need to define the morbidity measures
- Indicator related to social harms
 - An environmental or social indicator, something like economic impact of tobacco (is there a comparable measure for even just alcohol?)



Next Steps

Follow Up Action Steps:

- **Draft Common Agenda Reflect & Revise (see slide 9):** Please reflect on the draft, share with any colleagues it may be helpful to discuss language choices with, etc. If you aren't comfortable with the current draft, please come to the next session with a *proposed revised statement*
- **Draft Shared Objective Areas & Measures Reflect & Revise (see slide 13):** Please reflect on the draft, share with any colleagues it may be helpful to discuss options with, etc. Please come prepared to share any suggested adds/change to objective areas, and a proposed measure or two for each objective area.
- **Gather Strategic Plans:** Please bring copies of any strategic plans that guide your work to July 16 Session

Next Session: July 16th 10am-2pm, in Portland at NW Health Foundation

- Finalize Common Agenda & Shared Objectives
- Identify Mutually Reinforcing Activities



**Feel free to contact us at
any time**

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