



Alcohol & Other Drug Prevention Partners Workgroup

Crosswalk the language and frameworks of public health and prevention workgroup: Webinar Session 1

April 4, 2018

Coraggio Group
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**Welcome to the
Crosswalk the language and frameworks of
public health and prevention Workgroup
Webinar Session 1**

We'll get started in just a moment.

Your Coraggio Group Facilitators



Matthew Landkamer



Sarah Lechner

Webinar Courtesy

- Please keep your microphone muted unless you are speaking
- Share your name before you speak: “This is Sarah, and I was thinking...”
- Be mindful of & share the time
- We may “call” on people to ensure all voices are heard- no worries if you don’t have anything additional to add



Why This Workgroup Was Formed

When prevention partners chose this as one of the top opportunities for collaboration, here's what they said:

- Understand each other
- Common expectations
- Role clarification
- Need 1-1 connection to understand & use language
- Need to understand local systems of CCO, PH, BH local work.
- To learn effectively from each other
- To have the best communications—to be equal!
- [It's] foundational
- Common language provides a good foundation for our work
- I'm from the treatment side and prevention language is very confusing to me
- Starting place to build foundation for everything else
- Provide clarity in understanding terms and concepts
- Validate expertise from both backgrounds
- To clearly work with the public
- Innovation
- Support
- Accountability

Crosswalk Workgroup Orientation

WORKGROUP PURPOSE

For collaboration, planning and cross-walking the language and frameworks for public health and prevention.

TODAY: GOALS OF WEBINAR ONE

- Kick the workgroup off
- Design workgroup process so we can get right to work when we are together in-person
- Establish working agreements/expectations
- Align on decision criteria
- Discuss frameworks to include in scope

FUTURE MEETINGS: PROPOSED GOALS

| | | |
|--|---|---|
| WEBINAR TWO 4/18 <ul style="list-style-type: none">• Review gathered frameworks• Discuss glossary terms to include in crosswalk• Logistics overview for in-person meeting | TWO-DAY MEETING 5/10 & 11 <ul style="list-style-type: none">• Develop glossary of terms• Develop visual representation of framework alignment• Capture other high-level issues to include in recommendations to OHA and visual alignment of frameworks | FINALIZATION MEETING 6/7 <ul style="list-style-type: none">• Review work to date• Review solicited input• Revisions and finalization of glossary |
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Crosswalk Workgroup Roles & Agreement

Workgroup Roles

- **Workgroup Facilitators:** Coraggio Group
- **Workgroup Participants:** Prevention partners and OHA team members
- **Other Workgroup Volunteers:** Provide review and feedback
- **Graphic Facilitator:** Nitya Wakhlu

The Workgroup's Advisory Role

The Workgroup will come to general consensus agreement in order to advise OHA on the recommended approach to representing the relationships between public health and prevention language and frameworks

Introductions

Please share your name, where you work, your role & what you hope the workgroup accomplishes



Workgroup Webinar Attendees

Webinar Attendees

Kirsten Aird, OHA – Health Promotion and Chronic Disease Prevention
C.A. Baskerville, Lane County Public Health
Michelle Bradach, Burns Paiute Tribe
Marilyn Carter, ADAPT, Douglas County
Rodney A. Cook, Clackamas County Health, Housing and Human Services
Rusha Grinstead, OHA-Health Policy and Analytics
Debby Jones, Wasco County, Youth Think
Michael Martinez, Confederated Tribes of Warm Springs
Julie Spackman, Deschutes County Health Services
Ashley Thirstrup, OHA – Health Promotion and Chronic Disease Prevention

Workgroup members not able to attend this webinar

Nancy Goff, OHA – Health Promotion and Chronic Disease Prevention
Dr. Elizabeth Waddell, OHSU-PSU School of Public Health; Oregon Alcohol and Drug Policy Commission

Working Agreements and Expectations

We will be successful if...

Relationships:

- If relationships are strengthened- with prevention and PH and across disciplines
- Listening and follow through
- Speak your truth, open and honest, give others the benefit of the doubt, listen to understand
- Honoring cultural backgrounds and communication styles
- Be out of the box re: who we are building relationship with

Process:

- Respecting one another and realizing we all come to this with valuable information & figure out how it works into the solutions
- Keep the continuity of the conversations- providing notes
- Don't have pre-perceived outcomes- Maybe prevention needs to have a broader reach
- Connection with violence and injury prevention-they have a significant role in substance abuse prevention- wondering about their involvement in this
- On the behavioral health side- it would be helpful to include mental health promotion side
- Recognizing this is the first of many conversations- there are a lot of other pieces to integrate, and staying focused on this as a first step to inform the work moving forward
- Gather input from our RSN teams and act as a voice for others
- Intent of being practical, pragmatic, innovate, applicable, digestible, and easy to understand
- Each meeting, the content and progress is shared broadly, so the process is not hidden and all are aware of what the meeting resulted in and what the next steps are. Sharing a summary of meetings across prevention and PH stakeholders. They can use workgroup members as representatives.

Decision Making Criteria

Our workgroup decisions must take into consideration...

- We may surface disagreements in moving forward to shared agreement. We respect voices and seek a solution that honors those voices and look for adjustments or compromise- find ways to capture the additional perspectives
- What is most applicable to both fields, will have real life application, is most likely to come up and clear up misunderstandings. Establish the things we have in common to work from.
- Create a solid foundation for future workgroups
- Be open to not getting all of our wishes and hopes on the board. Come to common understanding. Recognize this may be 1.0 and will move us forward.
- Make sure it doesn't eliminate/disqualify us from any funding sources- see that there are variations that get us what we need
- Clearly articulate prevention and PH 101 for those who don't understand those fields
- Appreciate the intent of a glossary, and hope we can find the braided way, as opposed to a siloed approach
- Can we move away from the idea of both fields- find the common goal of improving health and lives
- We are ambassadors and must believe in the process
- Is there a way for us to communicate the elements we see as “non-negotiable” verses those we see as “recommendations” to communicate the level of importance/priorities
- As possible, ensure the recommendations are elevated within OHA

Inventorying: What are the frameworks out there that inform our work?

- Strategic Prevention Framework
- Risk and Protective Factors
- Socio-ecological model
- Community readiness assessment
- Institute of Medicine
- Social Determinants
- Public Health Modernization
- Health behavior theories
- Developmental assets model
- Adverse childhood experiences
- Trauma informed care & communities
- Health impact pyramid
- CSAP strategies
- SAMHSA's vetted definitions of BHPP
- MPOWER- tobacco
- Policy model from Rede group
- Outcome and process evaluation
- Causal verses correlation models
- Social Norms
- Linear logic model vs. 2x4
- Tribal best practices
- Evidence based practices
- Behavioral health motivations for change of behavior
- PH logic model
- Positive community norms
- Conscious discipline (EBP)
- CDC community guide
- CADCA 7- strategies for community level change
- Community toolbox
- Student wellness surveys- OR healthy teen, Behavioral risk factors, surveillance surveys
- MAPP- mobilizing for action through Planning and Partnerships
- Indicated data, consequence data and archival data
- Local conditions- consideration for CCO assessments and plans
- Communities that Care
- Erickson, Piaget, Maslow, Bandura, Jung
- Health Impact assessment
- Environmental scans and assessments
- Collective Impact process
- Coalition related strategies for volunteer management, group facilitation & local decision-making
- 7 step planning process (similar to SPF)
- Social Marketing

How will we refine and utilize these frameworks?

What do we need to understand with these frameworks?

- Concepts
- Glossary terms
- What research underpins their use and strength
- When and how we use them and when not to use them
- Breadth of applicability to unify PH and prevention
- Level of flexibility within each model
- Their origin- where or how- to acknowledge the strengths and insights from both physical and behavioral health
- Those that capture what do do and how to do the work
- Recognition of and link to funding streams
- Validation re: usability and interchangeability, or equivalents in other fields/ways
- Intended reach of the frameworks: focused on broad populations or selected populations
- Who needs to hear these models in order to understand what we strive to accomplish (civic, OHA, community leadership, etc.)
- Address assessment to evaluation- promoting data-driven work and outcomes
- Recognize that frameworks may work or not work in relationship to different communities
- Recognize how they can compliment one another and fill in the gaps

How will we know which frameworks to focus our energy on? What is essential?

- Identify the 5-10 foundational frameworks
- Recognize some are tied to funding access and ensure those are included
- Categorize them by process-development, community personal change etc.
- Organize them to align with SPF (strategic prevention framework) elements (assessment, capacity, planning, implementation, evaluation, cultural competency, sustainability) and then drill down from there
- Maybe SPF and socioecological model (SEM) or SPF and the CDC assessment planning model
- Recognize there is both what and how we do- maybe 1.0 we start with the what
- Assessment

Homework and Next Steps

Agreed upon proposal for next steps: Sort list of frameworks into the elements of the SPF and CDC comprehensive programs, then prioritize from there

Homework/Next Steps

- Build links to frameworks- via a google doc. Coraggio will start and send
- Sort frameworks- Coraggio will build and share a survey
- Plan for May 10/11 travel as needed: more information coming soon
- Use HPCDP Connection site to capture ongoing notes

Next Session: Webinar 2 on April 18th

- Prioritize sorted frameworks
- Discuss glossary terms to include in crosswalk
- Logistics overview for in-person meeting



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

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