Alcohol & Other Drug Prevention Partners Workgroup

Crosswalk the language and frameworks of public health and prevention workgroup: Webinar Session 2

April 18, 2018

Coraggio Group
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Welcome to the Crosswalk the language and frameworks of public health and prevention Workgroup Webinar Session 2

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

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

Crosswalk Workgroup Overview

WORKGROUP PURPOSE

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

TODAY: GOALS OF WEBINAR TWO

- Review gathered frameworks, decide which to include in crosswalk
- Discuss glossary terms to include in crosswalk
- Logistics overview for in-person meeting

FUTURE MEETINGS: PROPOSED GOALS

TWO-DAY MEETING MAY 10 & 11

- **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 JUNE 7

- **Review work to date**
- **Review solicited input**
- **Revisions and finalization of glossary**

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.

Workgroup Webinar Attendees

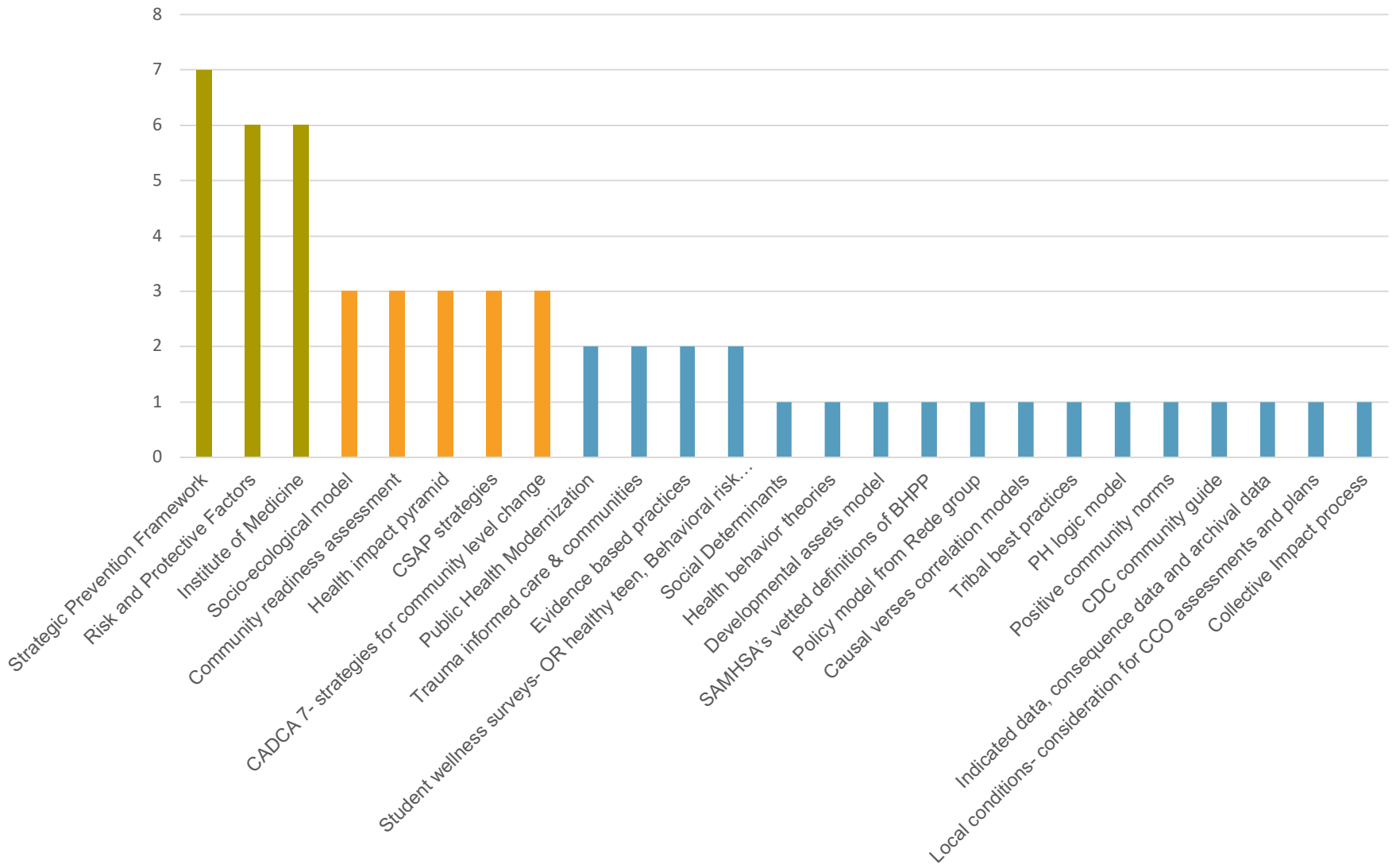
Webinar Attendees

Kirsten Aird, OHA – Health Promotion and Chronic Disease Prevention
C.A. Baskerville, Lane County Public Health
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
Nancy Goff, OHA – Health Promotion and Chronic Disease Prevention

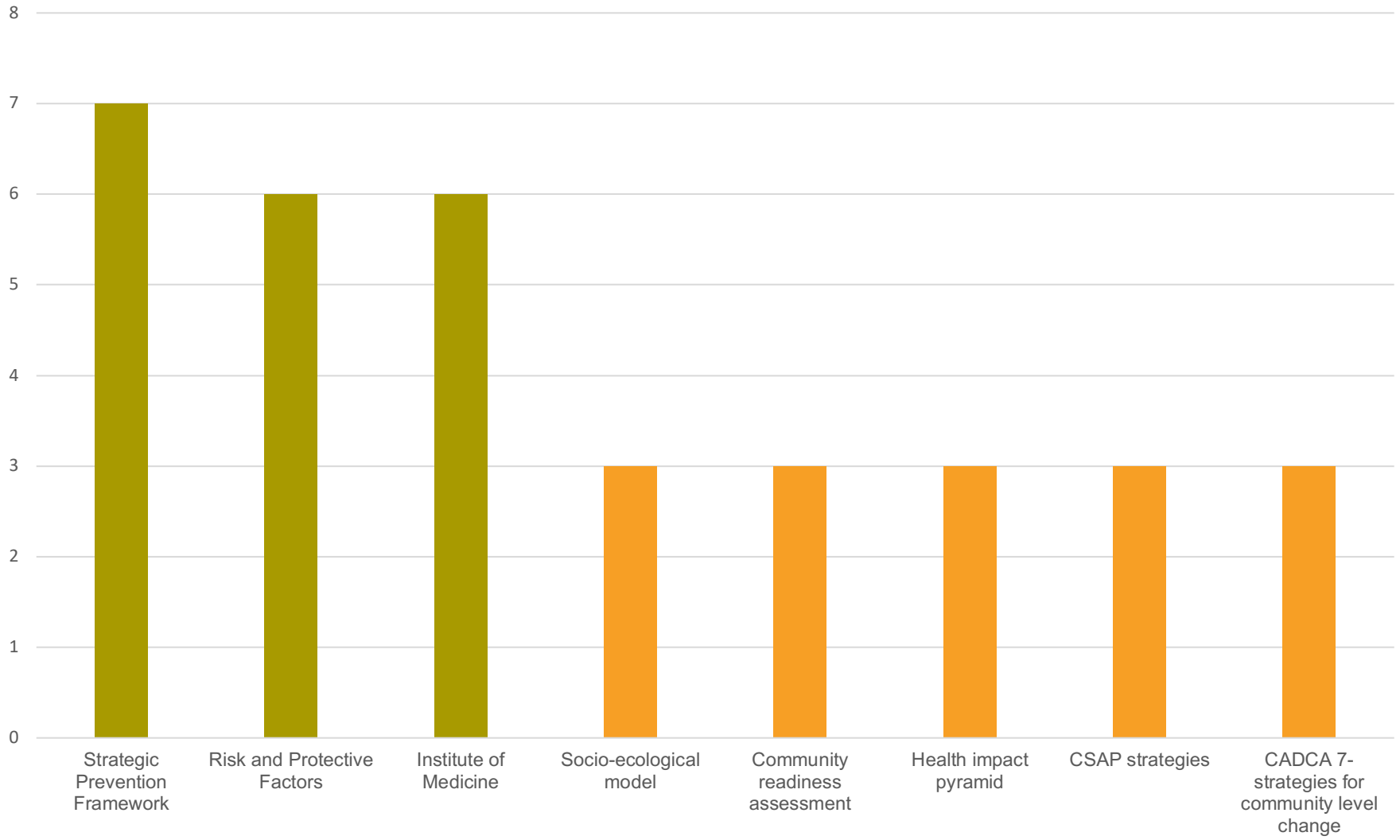
Workgroup members not able to attend this webinar

Michelle Bradach, Burns Paiute Tribe
Dr. Elizabeth Waddell, OHSU-PSU School of Public Health; Oregon Alcohol and Drug Policy Commission

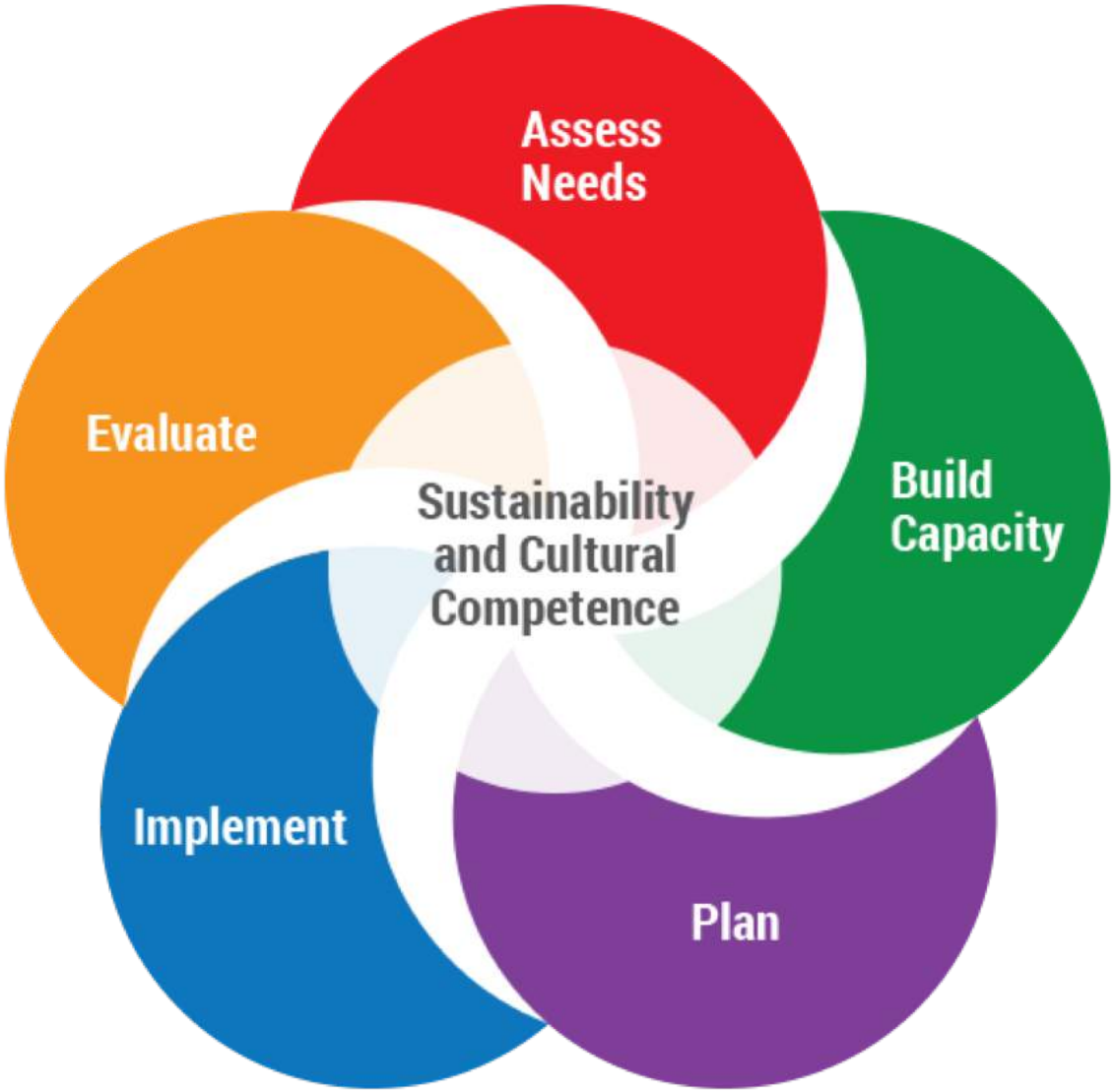
Survey Results



Survey Results: Tier 1 & 2



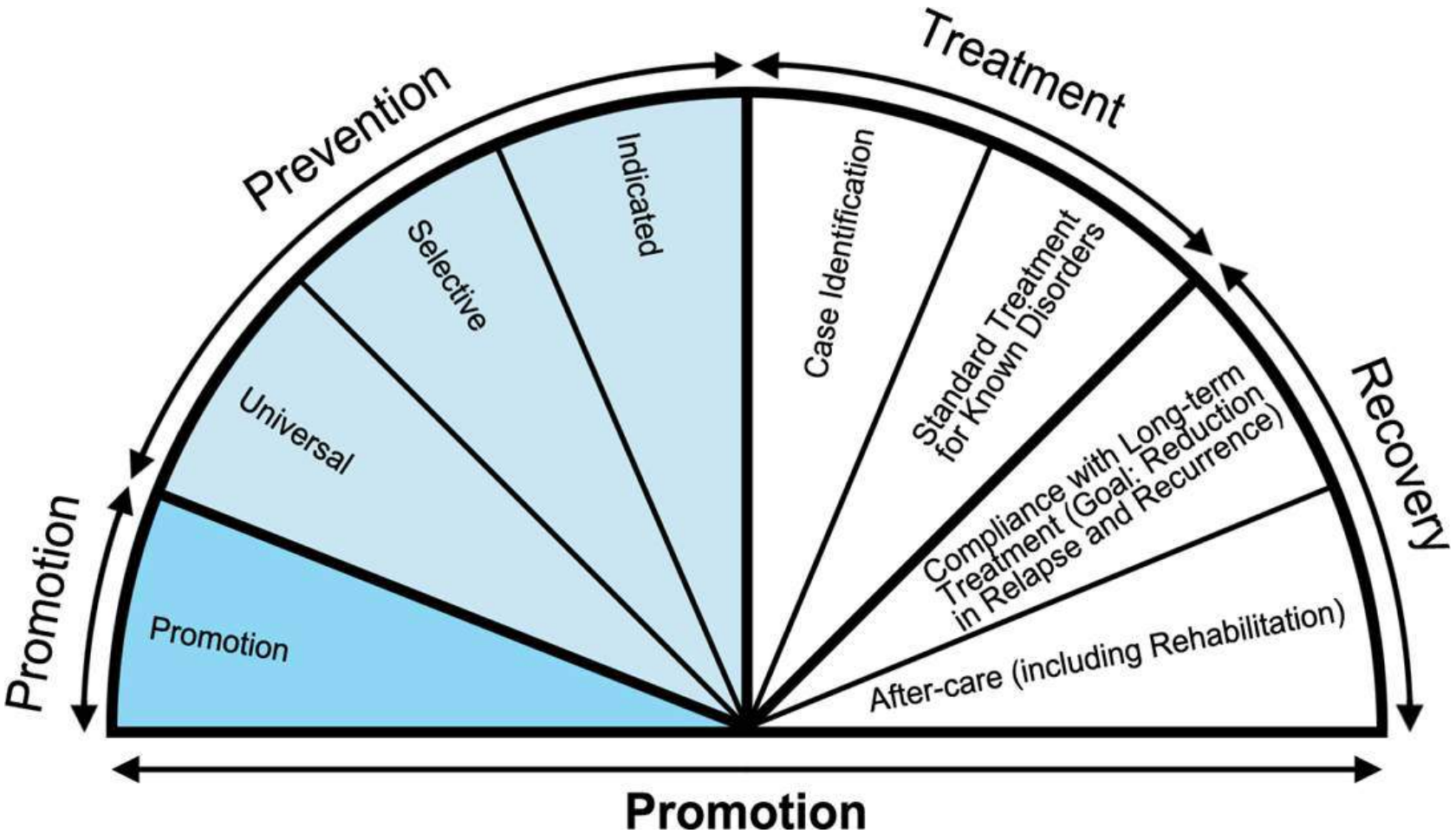
Tier 1: Strategic Prevention Framework



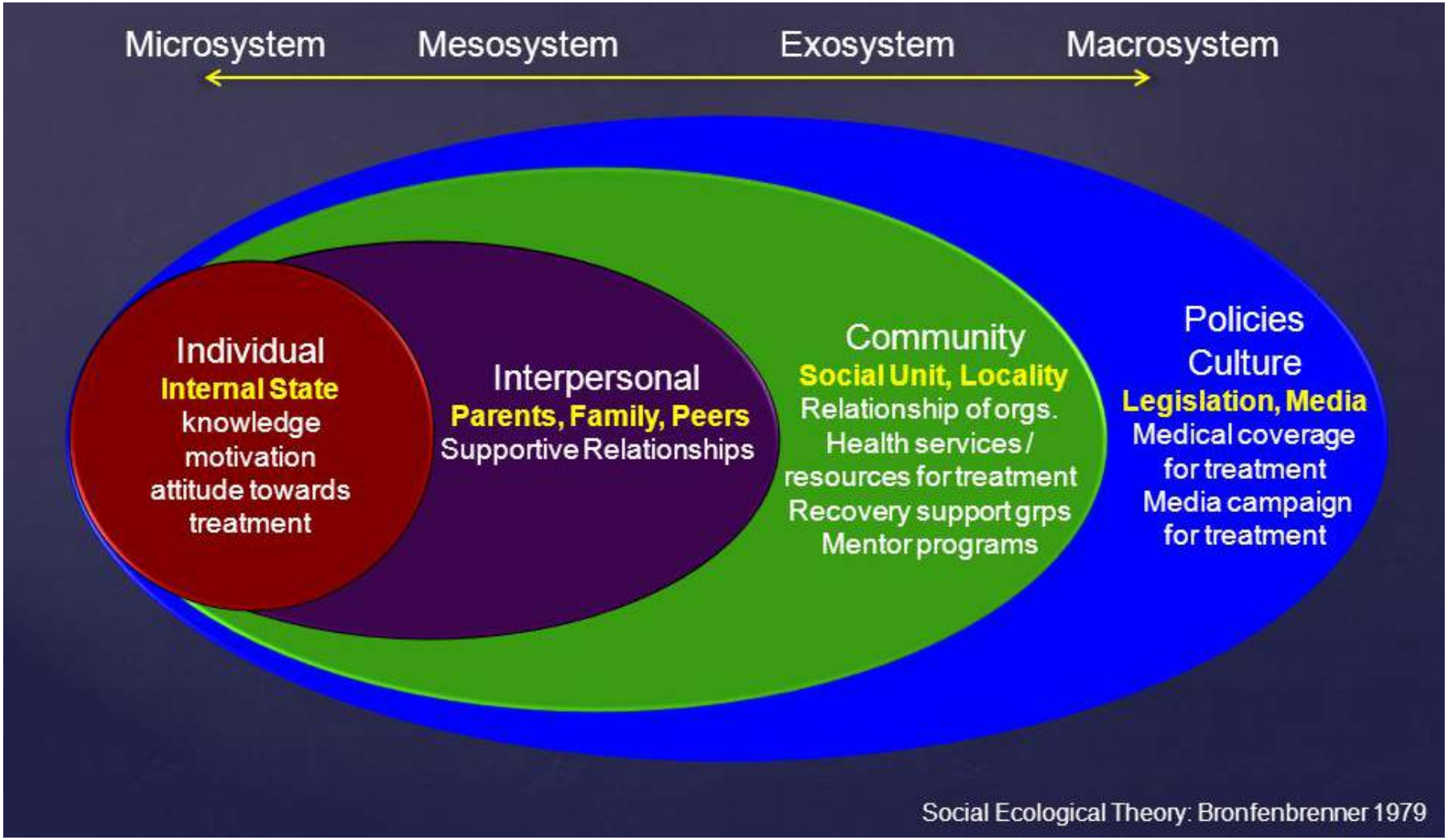
Tier 1: Risks and Protective Factors

RISK FACTORS Risk factors increase the likelihood young people will develop health and social problems.	DOMAIN	PROTECTIVE FACTORS Protective factors help buffer young people with high levels of risk factors from developing health and social problems.
• Low community attachment • Community disorganisation • Community transitions and mobility • Personal transitions and mobility • Laws and norms favourable to drug use • Perceived availability of drugs • Economic disadvantage (not measured in youth survey)	COMMUNITY	• Opportunities for prosocial involvement in the community • Recognition of prosocial involvement • Exposure to evidence-based programs and strategies (some are measured in youth survey)
• Poor family management and discipline • Family conflict • A family history of antisocial behaviour • Favourable parental attitudes to the problem behaviour	FAMILY	• Attachment and bonding to family • Opportunities for prosocial involvement in the family • Recognition of prosocial involvement
• Academic failure (low academic achievement) • Low commitment to school • Bullying	SCHOOL	• Opportunities for prosocial involvement in school • Recognition of prosocial involvement
• Rebelliousness • Early initiation of problem behaviour • Impulsiveness • Antisocial behaviour • Favourable attitudes toward problem behaviour • Interaction with friends involved in problem behaviour • Sensation seeking • Rewards for antisocial involvement	PEER / INDIVIDUAL	• Social skills • Belief in the moral order • Emotional control • Interaction with prosocial peers

Tier 1: Institute of Medicine



Tier 2: Socio-Ecological Model



Tier 2: Community Readiness Assessment

9. Community Ownership
Program(s) are an important part of the community.

8. Confirmation/ Expansion
Effective training and evaluation in place

7. Stabilization
Full awareness/implementation of program(s)

6. Initiation:
A program is being implemented

5. Preparation:
Preparing to take action on the issue

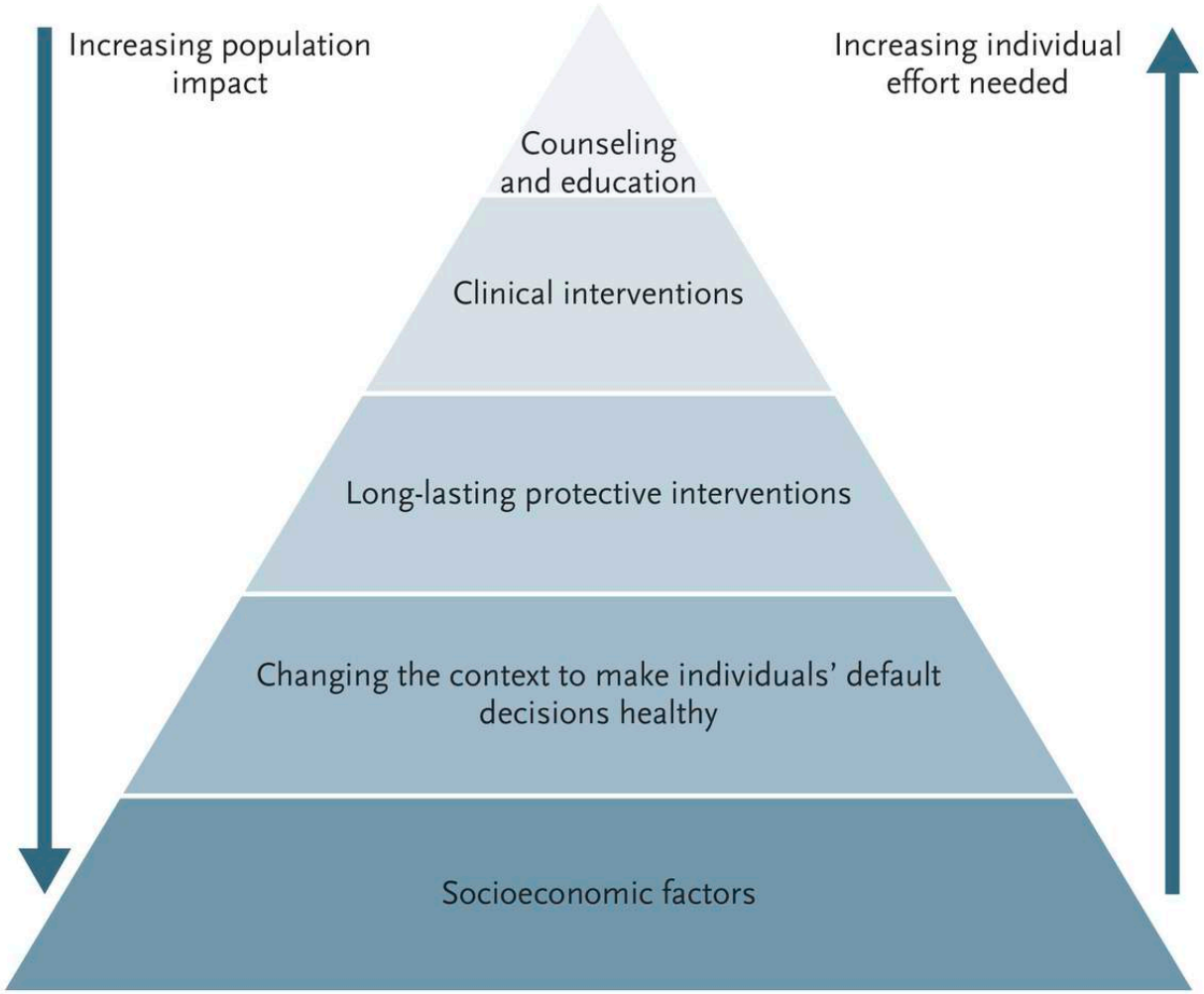
4. Preplanning:
Awareness of the issue

3. Vague awareness:
Recognition of the issue, however no plans to take action

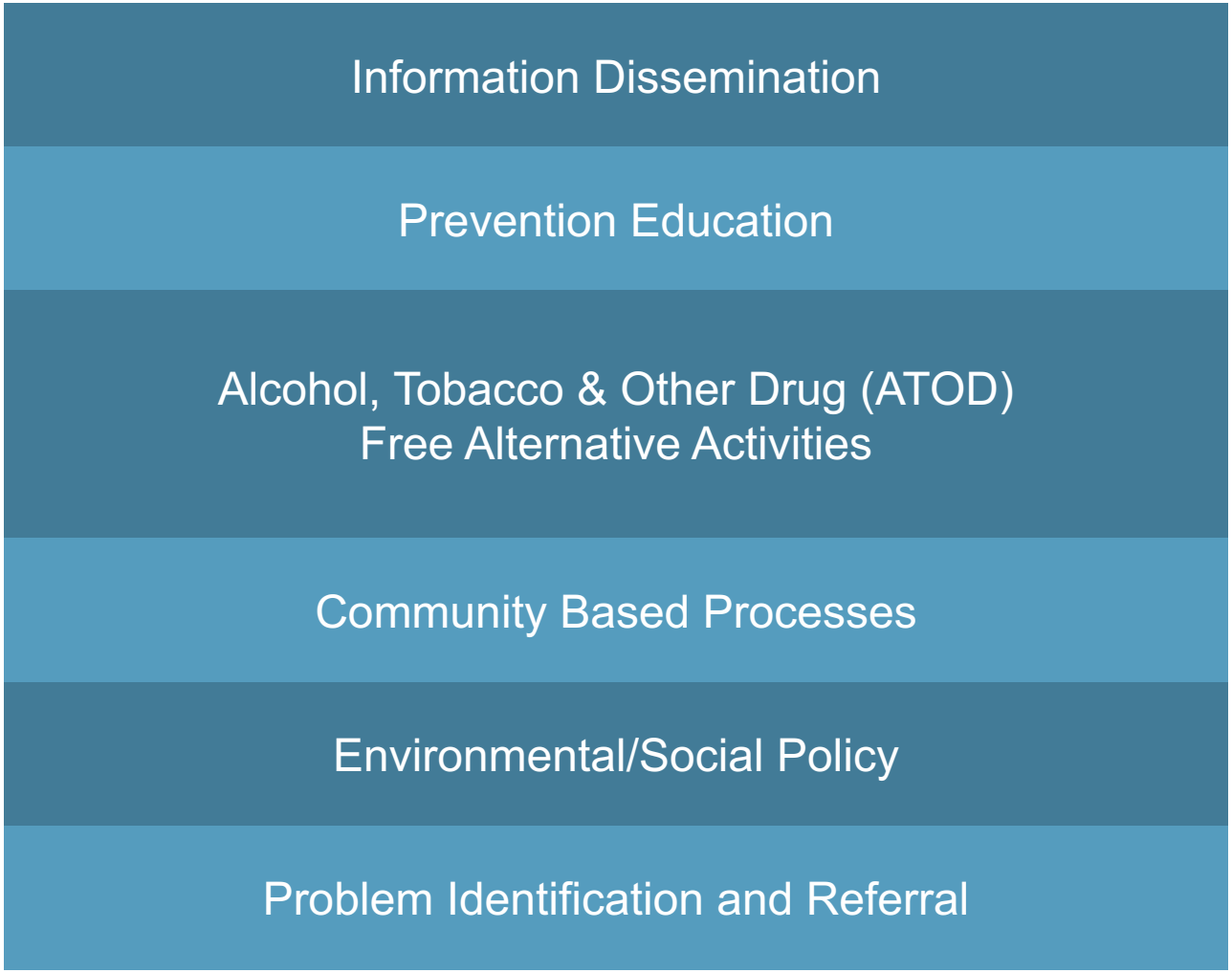
2. Denial:
Belief that the problem does not exist within the community

1. No Awareness:
The community accepts the behavior as normative

Tier 2: Health Impact Pyramid



Tier 2: CSAP Strategies



Tier 2: CADCA Strategies for Community-Level Change

Decision Making Criteria

Our workgroup decisions must take into consideration…

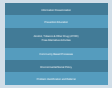
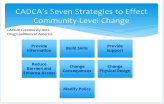
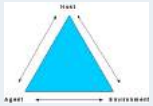
- We may surface disagreements in moving forward to shared agreement. We respect voices and seek a solution that honors those voices and look for adjustments or compromise- find ways to capture the additional perspectives
- What is most applicable to both fields, will have real life application, is most 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

Working Definition of Framework

A broad model, overview, or outline of interlinked items which brings a structural frame to a particular approach to a specific objective, and serves as a guide.

Framework Overview & Selection

* address in the “concepts” part of the crosswalk
** used locally

	Framework	Prevention	Public Health	Selected
	Strategic Prevention Framework	X		X
	Risks and Protective Factors	X		X
	Institute of Medicine	X	**	X
	Socio-Ecological Model	X	X	X
	Community Readiness Assessment	X		*
	Health Impact Pyramid		X	X
	CSAP Strategies	X		*
	CADCA Strategies for Community-Level Change	X		*
Graphic TBD	Comprehensive Program Implementation		X	X
	Public Health Model (agent, host, environment + vector)		X	X

Glossary Examples

	Prevention Definition	Public Health Definition
Cultural Responsiveness	Having awareness, understanding and consideration for cultural aspects of a specific population, including values, differences in understanding, and perspectives—and taking responsibility to undo historical inequities.	Having awareness, understanding and consideration for cultural aspects of a specific population, including values, differences in understanding, and perspectives—and taking responsibility to undo historical inequities.
Evidence/ Research-Based	Has been show in a research study to have the desired impact, including tribal best practices. (But what works in NYC might not work in Deschutes County—is it transferrable) (“promising” practices might not have demonstrated evidence yet)	Sees “research” as something that is clinically-focused and highly complex. Multiple studies vs. things tried once. (can’t spend any money on research—”program evaluation”, including community-based participation)

Glossary—Draft List

- After-care treatment
- Alternative activities
- Assess Needs
- Build Capacity
- Case Identification
- Clinical interventions
- Community disorganization
- Community engagement
- Community ownership
- Community-based processes
- Confirmation/Expansion
- Counseling
- Cultural Competence
- Denial
- Environmental/social policy
- Evaluate
- Evidence-based
- Implement
- Indicated Prevention
- Initiation
- Long-Term treatment
- Low community attachment
- No awareness
- Plan
- Preparation
- Preplanning
- Prevention education
- Promotion
- Prosocial involvement
- Protective Factors
- Protective interventions
- Referral
- Risk Factors
- Selective Prevention
- Socioeconomic factors
- Stabilization
- Standard treatment
- Sustainability
- Universal Prevention
- Vague awareness

Homework and Next Steps

Homework/Next Steps

- TBD

Next Session: In-Person Meeting May 10 11:00—5:00; May 11 8:00—2:00

- 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

Feel free to contact us at any time

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