



**A FRAMEWORK FOR COLLABORATION: RECOMMENDATIONS
TO PROMOTE A COLLECTIVE IMPACT APPROACH TO
ALCOHOL AND OTHER DRUG PREVENTION IN OREGON**

Alcohol & Other Drug Prevention Partners Workgroup #2

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Methods

Beginning in late 2016, Coraggio Group led the first phase of the prevention partner outreach and engagement, by gathering input through stakeholder listening sessions conducted in Portland, Roseburg, Coos Bay, Pendleton, Bend, and Milwaukie, as well as via an online survey. Listening session participants included substance abuse prevention coordinators, tribal prevention staff, community-based partners, and other local public health staff. The report summarizing this initial phase of outreach and engagement highlighted opportunities for OHA to strengthen collaboration and relationships, lead with transparency of decisions and priorities, foster the use of evidence-based strategies, and address systems for professional development.

A second round of outreach followed that included individual stakeholder interviews, in-person workshops in Eugene and Newport, and three online workshops. Participants in the second round of workshops helped to refine some of what was learned in the first round of outreach and identified areas of opportunity for collaborative work moving forward. Coraggio Group produced a list of the opportunities and through several additional workshops, these opportunities were prioritized and three were chosen for immediate work:

1. **Crosswalk the language and frameworks of public health and prevention**
2. **Align with partners and clearly communicate statewide strategies, goals and priorities**
3. **Collaborate with prevention partners to reimagine how prevention happens in Oregon**

Collaboration

The first workgroup, Crosswalk The Language and Frameworks Of Public Health And Prevention, started with an agreement that words and frameworks matter because they guide and direct how we spend limited resources to prevent alcohol and other drug misuse. The group reviewed eight of the most commonly used frameworks for guiding and directing funding priorities in public health and alcohol and other drug prevention. Together they developed a visual crosswalk of frameworks from the fields of prevention and public health and a list of concepts used across both professions with a description of how the concept is applied in practice.

The work of the second workgroup, Align With Partners and Clearly Communicate Statewide Strategies, Goals and Priorities, is described in this report.



Workgroup Background

In 2015, the Oregon Health Authority (OHA) reorganized and transitioned alcohol and drug prevention responsibilities to the Public Health Division (PHD). While this was a significant change for all involved, it was also an opportunity to leverage additional resources, grow a robust statewide comprehensive program and strengthen coordinated leadership at the state and locally for alcohol, tobacco and other drug prevention in Oregon. In 2016, OHA embarked on a statewide prevention partner outreach and engagement process (described below) to gather input to inform their approach, including opportunities to work more collaboratively, the best ways to continue to solicit input to inform alcohol and drug prevention work, and the most effective ways to communicate changes.

Acknowledgements

This workgroup was composed of the members listed below. To complete their work, they participated in two webinars and three in-person work sessions between June and August of 2018.

WORKGROUP MEMBERS

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FACILITATORS

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Introduction

The Align with partners and clearly communicate statewide strategies, goals and priorities workgroup brought a group of professionals together from both state and local public health and alcohol and drug prevention programs. The goal of the workgroup was to collaboratively recommend an approach to aligning and clearly communicating statewide strategies, goals and priorities related to the prevention of substance use, misuse, disorder, addiction and their related harms. The group agreed that improved alignment and communication in these areas would amplify the impact of efforts and also strengthen and sustain partnerships across the state. Through the process, the group also set out to develop and model some inclusive communication practices among diverse partners, as well as identify existing areas of alignment. The group aimed to be inclusive and holistic in defining a common agenda and shared goals, so that more entities could engage in elevating this work, and everyone with a stake in alcohol and other drug prevention could see a place for their contributions. Together, they developed the recommendations outlined in this document as an invitation to partners across the state to participate in mutually reinforcing efforts that will result in a collective positive impact for all Oregonians.

Workgroup members expressed appreciation for the opportunity to collaborate, to build understanding of their shared and respective missions, and promote robust communication channels. In the process of identifying key goals and priorities, workgroup members were pleased to learn that, across the state, many partners are already working toward the same larger goals, although the implementation strategies may be different. To have broad and collective impact, the group articulated the need to retain diverse local approaches to addressing community needs.

The Collective Impact Model

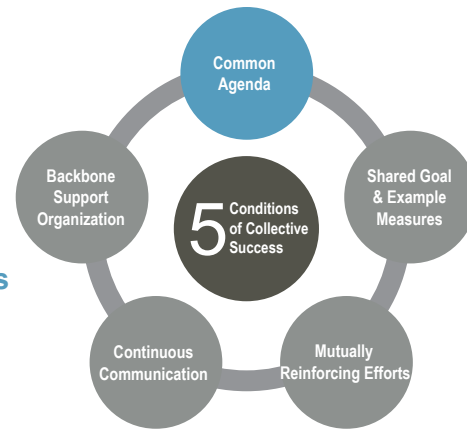


To achieve the alignment necessary for success, the workgroup needed a shared model that would organize and contextualize statewide activities. They used an adaptation of the Collective Impact Model, as illustrated above. More information on Collective Impact Models can be found at <https://www.collaborationforimpact.com>. The Collective Impact Model's Five Conditions of Collective Success-- common agenda, shared goals and measures, backbone support organizations, continuous communication, and mutually reinforcing efforts—were developed for Oregon's alcohol and other drug prevention system, and are described below.

Common Agenda

The workgroup identified alignment in the following common agenda, believing that this expresses the shared goals of all those who work on alcohol and other drug prevention in Oregon:

Together, we are committed to preventing substance use, misuse, disorder, addiction and their related harms. We do this by reducing risk factors and promoting protective factors in support of physical, behavioral, societal, cultural and spiritual health.



Shared Goals & Example Measures

There are many organizations and individuals working to prevent the use and misuse of alcohol and other drugs in Oregon, and their work takes many forms. The workgroup brought diverse strategic plans, goals and strategies from their own organizations to review with the group. After extensive discussions about alignment, they identified the following common goals which—if we focus our collective effort—can have major impact on the health of Oregonians:

1. Prevent substance use, misuse, disorder and addiction

Indicator of collective progress: A decrease in use of alcohol, tobacco, and other drugs in Oregon. When use of substances decreases in a population, substance misuse, disorders, addictions, and their related harms also decrease.

2. Prevent negative health outcomes related to substance use

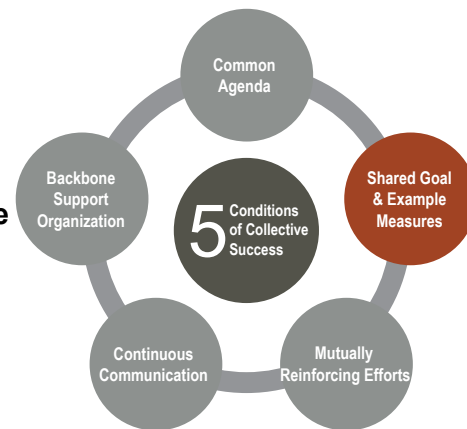
Indicator of collective progress: A decrease in mortality and morbidity related to substance use in Oregon. Substance use can contribute to both acute and chronic causes of death (mortality) and impact individual health and quality of life (morbidity).

3. Reduce social harms related to substance use

Indicator of collective progress: A decrease in the cost of substance use-related hospitalizations and emergency department visits in Oregon. Substance use is often viewed as a problem that only affects certain individuals, families, and communities. However, we all bear the economic costs of substance use in our society.

4. Promote health and resilience in individuals and communities

Indicator of collective progress: Increasing the number of youth who meet the Positive Youth Development Benchmark in Oregon. The Benchmark uses Oregon Healthy Teens questions to measure strengths and attributes that can buffer the impact of stress and obstacles young people face. The questions cover components that impact well-being: health (physical and mental/emotional); competence, confidence, connection and service. Positive Youth Development is strongly associated with higher levels of healthy behaviors.



Example measures were suggested by the workgroup based on current available data systems. These measures intentionally reflect broad populations so that current and future stakeholders in alcohol and other drug prevention can identify how their respective work can be reflected in collectively reaching long-term outcomes.

Mutually Reinforcing Efforts

There are a variety of ways that partners in alcohol and drug prevention may contribute to a common agenda and work towards shared goals. While the workgroup recognized the need to work toward common goals to have a greater impact, they also recognized that the specific work of each entity may look different. This range of efforts, which we refer to as mutually reinforcing activities, creates a variety of tools in a collective tool box. While each entity may use any of these tools, the degree of use may vary based on the leadership opportunity, the situation and the entity's specific strengths and spheres of influence. In this way, different efforts target different parts of the alcohol and other drug prevention system, but together they can maximize impact by capitalizing on each entity's strengths.



Mutually Reinforcing Activities

- Bridging partnerships with other sectors/ disciplines (housing, education, transportation)
- Building community readiness
- Capacity-building
- Changing incentives and/or disincentives
- Changing norms
- Changing or modifying procedures
- Changing physical design
- Data aggregation and analysis
- Directing funding
- Enhancing access/reducing barriers to prevention programs
- Ensuring sustainability
- Evaluation
- Fostering health equity
- Influencing legislation
- Leadership development
- Mobilizing and organizing
- Needs/assets assessments
- Policy development
- Problem identification & referral
- Promoting stewardship & accountability
- Providing alternative activities
- Resource development
- Strategic communication/education
- Strategic planning

Many organizations and leaders have an important role to play. The workgroup identified some key entities for this work, but it's not an exhaustive list. Below are the mutually reinforcing efforts that the workgroup members saw as each entity's primary tools or strengths. This list is not meant to prescribe any entity's roles or abilities, but rather to demonstrate the power of collective action and the importance of the unique roles and strengths each entity offers. The workgroup offered this list to inspire more conversations with additional entities about their contributions to shared goals.

OHA/State Government:

- Policy development
- Directing funding
- Data aggregation and analysis
- Strategic planning
- Strategic communication/education
- Stewardship & accountability
- Fostering health equity

Tribal Governments:

- Community readiness
- Fostering health equity
- Directing funding
- Changing or modifying procedures
- Needs and assets assessments

County/Municipal Government:

- Strategic planning
- Needs and assets assessments
- Community readiness
- Fostering health equity
- Stewardship & accountability

Non-Governmental Partners:

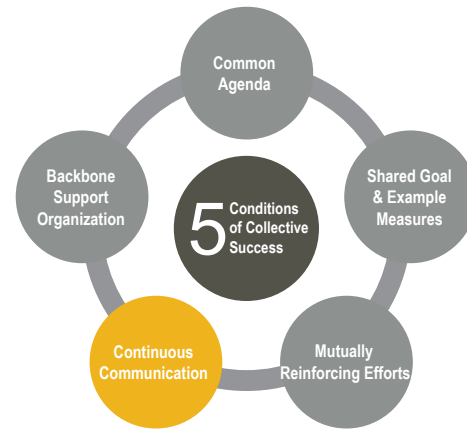
- Policy development
- Mobilization and organizing
- Strategic communication/education
- Fostering health equity
- Community readiness

Continuous Communication

The workgroup outlined the following principles for communication among alcohol and drug prevention partners:

Principles for Communication - What organizations are doing:

1. Communicate what participating organizations are doing and WHY—how they prioritize or why they chose a particular strategy
2. Encourage partners to share progress—successes, challenges and lessons learned
3. Demonstrate reciprocal communications—OHA and local communities/tribes need to communicate both ways
4. Ensure everybody has access to the information and/or know where they can go for it
5. Demonstrate consistent formats for updates so contributions are easily interpreted
6. Design built-in mechanisms for sharing in-person at conferences or other events
7. Encourage networking, supporting one another and learning from one another



Principles for Communication - Progress we are collectively making toward shared goals:

1. Help all stakeholders understand the priorities
2. Share data regularly—or as data becomes available—to keep current
3. Centralize the collection of data

The tables in Appendix A represent the workgroup's ideas for communications resources for partners and to external audiences.

Backbone Support Organization

The workgroup agreed that the Oregon Health Authority, Public Health Division (OHA-PHD) would be best equipped to play the backbone support organization role. In doing so, OHA-PHD can conduct the following activities:

- Serving as a convener and facilitator
- Being the central source of communication
- Providing training regarding how the systems work
- Operating in the interest of all partners
- Fostering conditions that allow development of a common vision, and alignment around that agenda
- Participating in the work of the partners



Outstanding Implementation Questions:

- Will this partnership need an advisory or leverage existing advisories?
- How will we measure progress and collect data? How will we use statewide surveillance systems?

The following graphic provides examples of ways in which the effectiveness of a backbone organization can be measured. Not all may apply to OHA-PHD, but the general sense of what indicates effectiveness and impact will be helpful as implementation progresses.

Backbone Effectiveness: 27 Indicators

Guide Vision and Strategy	<ul style="list-style-type: none"> • Partners accurately describe the common agenda • Partners publicly discuss / advocate for common agenda goals • Partners' individual work is increasingly aligned with common agenda • Board members and key leaders increasingly look to backbone organization for initiative support, strategic guidance and leadership
Support Aligned Activities	<ul style="list-style-type: none"> • Partners articulate their role in the initiative • Relevant stakeholders are engaged in the initiative • Partners communicate and coordinate efforts regularly, with, and independently of, backbone • Partners report increasing levels of trust with one another • Partners increase scope / type of collaborative work • Partners improve quality of their work • Partners improve efficiency of their work • Partners feel supported and recognized in their work
Establish Shared Measurement Practices	<ul style="list-style-type: none"> • Shared data system is in development • Partners understand the value of shared data • Partners have robust / shared data capacity • Partners make decisions based on data • Partners utilize data in a meaningful way
Build Public Will	<ul style="list-style-type: none"> • Community members are increasingly aware of the issue(s) • Community members express support for the initiative • Community members feel empowered to engage in the issue(s) • Community members increasingly take action
Advance Policy	<ul style="list-style-type: none"> • Target audience (e.g., influencers and policymakers) is increasingly aware of the initiative • Target audiences advocate for changes to the system aligned with initiative goals • Public policy is increasingly aligned with initiative goals
Mobilize Funding	<ul style="list-style-type: none"> • Funders are asking nonprofits to align to initiative goals • Funders are redirecting funds to support initiative goals • New resources from public and private sources are being contributed to partners and initiative

Source: FSG and Greater Cincinnati Foundation

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Appendix A. Communication Opportunities with Alcohol and Drug Prevention Partners

Audience	Key Messages	Timing
All collective impact partners including OHA, counties, tribes, and community-based partners	Best practices and priorities—what different organizations are doing to make progress against shared goals	Annually in-person, and ongoing or quarterly in some written form
Alcohol & Drug Policy Commission	Priorities, strategies, goals, data	Annual, prior to their report to the Legislature
Counties, tribes, and other community-based partners	"North star" of OHA priorities	Bi-annual web updates; annual presentations at Grantees & Contractors; quarterly at Nine Tribes meeting
Addiction and Mental Health Planning and Advisory Committee (AMHPAC), Conference of Local Health Officials (CLHO), Association of Oregon Community Mental Health Programs, Alcohol & Other Drug Treatment Providers, Oregon Health Policy Board, Oregon Public Health Association, Public Health Advisory Board, other organizations	Priorities, strategies, goals—inform them of the work, what's going on, and what opportunities are out there for collaboration, highlight successes	Annual

Appendix A. Communication to Potential Partners in Alcohol and Other Drug Prevention

Audience	Message	Timing
State officials, elected and appointed	Priorities, strategies, goals, and impact/successes for the partnership	Annual or ongoing
The public	Priorities, strategies, goals, and impact/successes for the partnership	Strategically as opportunities present themselves, coordinated around key successes; upon request
Schools, School Systems	Priorities, strategies, goals, and impact/successes for the partnership	Strategically as opportunities present themselves, coordinated around key successes; upon request
County Commissioners; tribal governments; city councils	Priorities, strategies, goals, and impact for the partnership—counties and local organizations may also carry through the message to local government	Every two years, and as strategic opportunities present themselves
Hospitals and health systems	Priorities, strategies, goals, and impact/successes for the partnership	Strategically as opportunities present themselves, coordinated around key opportunities



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