COLLABORATE WITH PREVENTION PARTNERS TO IMAGINE HOW FUTURE PREVENTION HAPPENS IN OREGON

Alcohol & Other Drug Prevention Partners Workgroup #3
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.
Methods

Beginning in late 2016, in the first phase of the Prevention Partner Outreach, Coraggio Group gathered input through stakeholder listening sessions conducted in Portland, Roseburg, Coos Bay, Pendleton, Bend, and Milwaukie, as well as via an online survey. Participants included alcohol, tobacco, and other drug coordinators and stakeholders, tribal prevention staff, community coalition representatives and local public health staff. In all, they heard from 109 individuals.

A second round of outreach followed that included 23 individual stakeholder interviews, in-person workshops in Eugene and Newport, and three online workshops. There were 48 participants in the second round of outreach, bringing the total number of participants to 157.

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 Oregon Health Authority to consider in moving forward. Coraggio Group produced a list of the top opportunities, and through workshops at the Grantees and Contractors conference, as well as through workshops held in La Grande and Redmond, 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 imagine how future prevention happens in Oregon

Collaboration

The purpose of the first workgroup, Crosswalk the Language and Frameworks of Public Health and Prevention, was to foster collaboration while evaluating the frameworks and language commonly used in the prevention field, identifying the connection points, and illustrating how they relate to one another. The second workgroup took on the second opportunity and developed a recommendation for common goals for all prevention efforts and an adaptation of the Collective Impact model to guide ongoing collaboration.

Building on the work of the first two workgroups, this third workgroup was tasked with the collaborative identification of steps that the alcohol and other drug prevention community in Oregon will need to take over the coming years to become more integrated and focused on reaching outcomes.
Acknowledgements

This workgroup was composed of the members listed below. To complete their work, they participated in two webinars and a two-day in-person work session between September and October of 2018.

WORKGROUP MEMBERS
Clarice Amorim Freitas—Linn Benton Health Equity Alliance
Belinda Ballah—Hood River County Prevention Department
Doug Barrett—Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians
C.A. Baskerville—Lane County Public Health
Todd Beran—OHA – Health Promotion and Chronic Disease Prevention
Kerry Cassidy Norton—OHA-Maternal Child Health
Laura Chisholm—OHA-Injury and Violence Prevention Program
Nicole Corbin—OHA- Health Systems Division
Caroline Cruz—Confederated Tribes of the Warm Springs
Judy Cushing—Lines for Life Emeritus
Lynda Daniel—Klamath Tribes
Nurit Fischler—OHA-Maternal Child Health
Karen Girard—OHA – Health Promotion and Chronic Disease Prevention
Dwight Holton—Alcohol and Drug Policy Commission / Lines for Life
Jordan Kennedy—OHA- Maternal Child Health
Devynne Krossman—Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians
Donna Libemday—Lines for Life
Mike Marshall—Oregon Recovers
Tim Noe—OHA – Public Health Division
Shaun Parkman—OHA – Health Promotion and Chronic Disease Prevention
Katie Plumb—OHA-Crook County Health Department
Cati Strempel—ADAPT

FACILITATORS
Matthew Landkamer—Coraggio Group
Sarah Lechner—Coraggio Group
Our Vision
Within the context of creating a future Oregon where all people live in communities that foster optimal health and wellness, we imagine this future for prevention:

**Oregon is the model for a holistic, braided and fully funded prevention system that is culturally relevant, adaptive and equitable**

Common Goals
In alignment with Workgroup 2’s work, we recognize the following common agenda and goals for alcohol and other drug prevention in Oregon:

1. Prevent substance use, misuse, and substance use disorders (SUDs)
2. Prevent negative health outcomes related to substance use
3. Reduce social harms related to substance use
4. Promote resilience in individuals and communities

Proposed Activities
The following activities tie to the Mutually Reinforcing Activities identified in Workgroup 2’s report, and are offered as a framework for others to use to promote growth toward the future alcohol and other drug prevention system we have envisioned:

**Influence the Legal and Policy Environment**
- Identify local and statewide legislation that can be supported by grassroots advocacy
- Gather stories from those with lived experience to support legislative changes
- Identify and activate champions to engage decision makers

**Build Capacity in the System**
- Provide sufficient and sustainable funding for prevention
- Ensure that the data, evaluation methods, tools, and research used to inform programs and practices are up to date
- Design and implement a sustainable, culturally relevant workforce development plan for alcohol and other drug prevention

**Secure Sustainable Funding**
- Identify financial requirements for a sustainable and robust prevention program
- Create a tax-supported revenue structure to fully fund the prevention continuum of care
- Create an equitable funding structure that incentivizes outcomes and innovation
Foster Innovation within the System

- Build a prevention community with diverse perspectives, backgrounds and education
- Foster a research and data-driven culture within the prevention field
- Recognize and celebrate diversity in Oregon to identify and develop prevention leaders and champions

Build and Align Coalitions in the Alcohol and Other Drug Prevention System

- Create a collaborative communication plan that includes relationship-building to align efforts
- Assess current prevention advisory and planning groups
- Identify culturally relevant ways to mobilize communities

Use Data to Inform Action

- Assess existing data sources and resources
- Develop an accessible and sustainable data and resource system
- Establish and maintain a system for continuous process improvement

Connections to Workgroups 1 and 2

The outputs of Workgroup 3 are aligned to the work of the previous two workgroups:

Workgroup 1

Many of the frameworks and concepts highlighted by Workgroup 1 can be used by collaborative efforts to create the future imagined by Workgroup 3, and their work will foster understanding with alcohol and drug prevention partners in Oregon.

Workgroup 2

The common agenda and goals identified by Workgroup 2, with the added intention to change norms and reduce stigma, form the measures for the work identified by Workgroup 3.

Moving Forward

The efforts of Workgroup 3 are a culmination of an extensive participatory process to imagine a sustainable prevention network that supports stronger, healthier families and communities across Oregon. The common vision for the future is a process for continuous improvement rather than a binding strategic plan. From prevention to screening to treatment to recovery, no central agency is tasked with all the activities listed. Implementation will require the participation, collective expertise, cooperation and shared responsibility of many partners across the state.

What has been realized is that a shared agenda with common goals can unite all past language differences and across seemingly contrary approaches. To the degree the alcohol and other drug prevention community and partners operate as described by Workgroup 2 – with OHA’s Public Health Division as a convener for collective action – the activities proposed inform living, working initiatives that facilitate inter-agency collaboration along the continuum of care at state, community and individual levels.