Power of Prevention Summit:
A Convening of Leaders and Champions in Our Field

Community
PREVENTION INITIATIVE

California Department of Alcohol & Drug Programs
ADP
Prevention, Treatment & Recovery Support
Since 1978

CARS
CENTER FOR APPLIED RESEARCH SOLUTIONS

Objectives

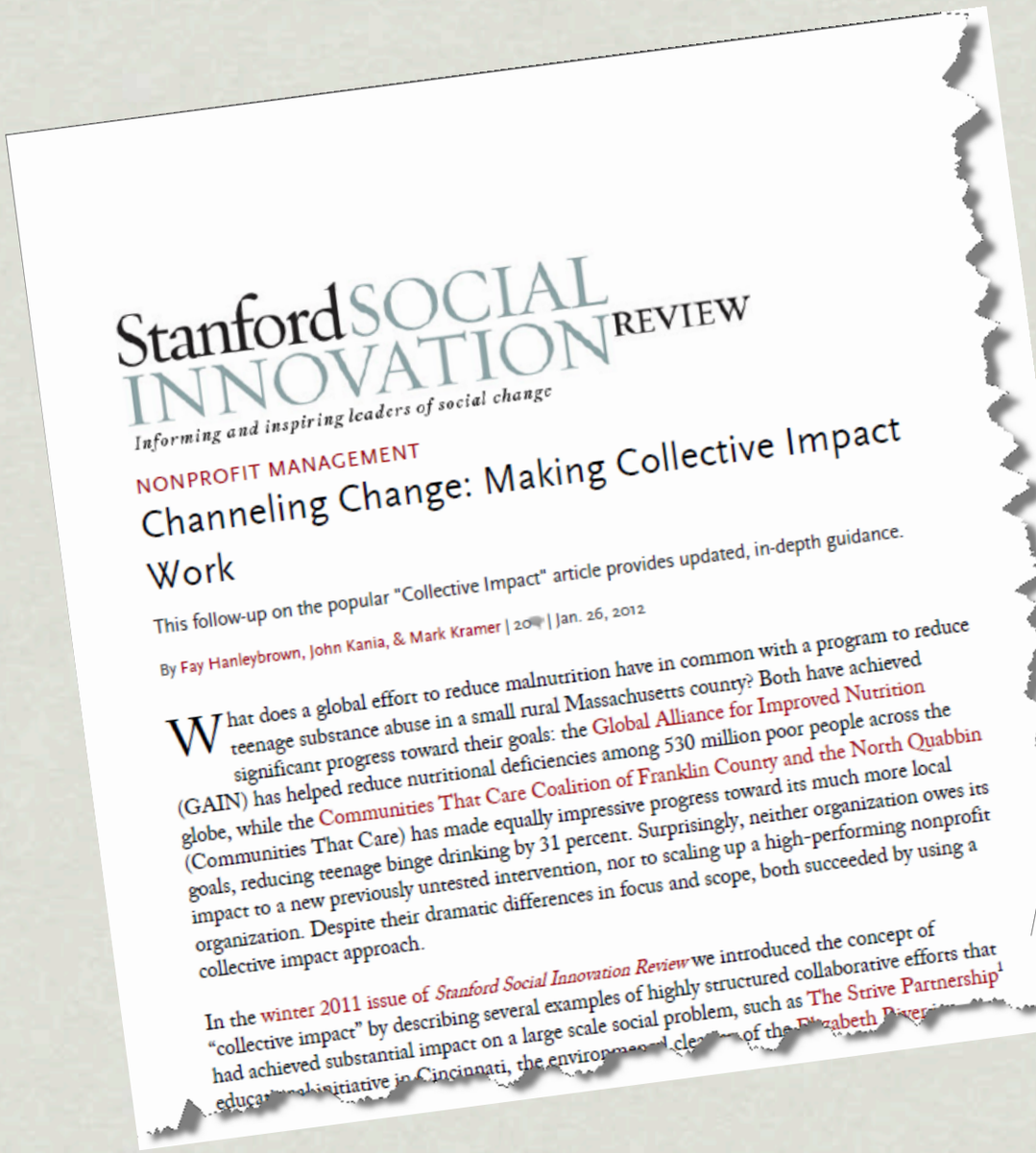
1. Identification of opportunities to promote and elevate alcohol and drug prevention efforts within the broader prevention dialogue

2. Identification of the linkages between alcohol and drug prevention and prevention of other key topical issues

3. Recommendations for ensuring that alcohol and drug prevention is considered in the development of comprehensive prevention and wellness efforts statewide and nationally

Community PREVENTION INITIATIVE

A Model for Social Change: *Collective Impact*



Stanford SOCIAL INNOVATION REVIEW

Informing and inspiring leaders of social change

NONPROFIT MANAGEMENT

Channeling Change: Making Collective Impact Work

This follow-up on the popular "Collective Impact" article provides updated, in-depth guidance.

By Fay Hanleybrown, John Kania, & Mark Kramer | 20 | Jan. 26, 2012

What does a global effort to reduce malnutrition have in common with a program to reduce teenage substance abuse in a small rural Massachusetts county? Both have achieved significant progress toward their goals: the Global Alliance for Improved Nutrition (GAIN) has helped reduce nutritional deficiencies among 530 million poor people across the globe, while the Communities That Care Coalition of Franklin County and the North Quabbin (Communities That Care) has made equally impressive progress toward its much more local goals, reducing teenage binge drinking by 31 percent. Surprisingly, neither organization owes its impact to a new previously untested intervention, nor to scaling up a high-performing nonprofit organization. Despite their dramatic differences in focus and scope, both succeeded by using a collective impact approach.

In the winter 2011 issue of *Stanford Social Innovation Review* we introduced the concept of "collective impact" by describing several examples of highly structured collaborative efforts that had achieved substantial impact on a large scale social problem, such as The Strive Partnership[1] educa[illegible] initiative in Cincinnati, the environmental cle[illegible] of the Elizabeth River

Collective Impact

LARGE-SCALE SOCIAL CHANGE REQUIRES BROAD CROSS-SECTOR COORDINATION, YET THE SOCIAL SECTOR REMAINS FOCUSED ON THE ISOLATED INTERVENTION OF INDIVIDUAL ORGANIZATIONS.

By John Kania & Mark Kramer

Illustration by Martin Jarrie

The scale and complexity of the U.S. public education system has thwarted attempted reforms for decades. Major funders, such as the Annenberg Foundation, Ford Foundation, and Pew Charitable Trusts have abandoned many of their efforts in frustration after acknowledging their lack of progress. Once the global leader—after World War II the United States had the highest high school graduation rate in the world—the country now ranks 18th among the top 24 industrialized nations, with more than 1 million secondary school students dropping out every year. The heroic efforts of countless teachers, administrators, and nonprofits, together with billions of dollars in charitable contributions, may have led to important improvements in individual schools and classrooms, yet system-wide progress has seemed virtually unobtainable.

Against these daunting odds, a remarkable exception seems to be emerging in Cincinnati. Strive, a nonprofit subsidiary of KnowledgeWorks, has brought together local leaders to tackle the student achievement crisis and improve education throughout greater Cincinnati and northern Kentucky. In the four years since the group was launched, Strive partners have improved student success in dozens of key areas across three large public school districts. Despite the recession and budget cuts, 34 of the 53 success indicators that Strive tracks shown positive trends, inclu[illegible]

300 leaders of local organizations agreed to participate, including the heads of influential private and corporate foundations, city government officials, school district representatives, the presidents of eight universities and community colleges, and the executive directors of hundreds of education-related nonprofit and advocacy groups.

These leaders realized that fixing one point on the educational continuum—such as better after-school programs—wouldn't make much difference unless all parts of the continuum improved at the same time. No single organization, however innovative or powerful, could accomplish this alone. Instead, their ambitious mission became to coordinate improvements at *every* stage of a young person's life, from "cradle to career."

Strive didn't try to create a new educational program or attempt to convince donors to spend more money. Instead, through a carefully structured process, Strive focused the entire educational community on a single set of goals, measured in the same way. Participating organizations are grouped into 15 different Student Success Networks (SSNs) by type of activity, such as early childhood education or tutoring. Each SSN has been meeting with coaches and facilitators for two hours every two weeks for the past three years, developing shared performance indicators, discussing their progress, and most important, learning from each other and aligning their efforts to support each other.

Community PREVENTION INITIATIVE

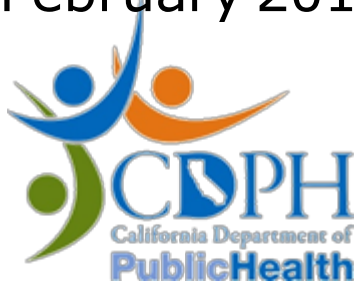
Summit Principles

A Call to Action

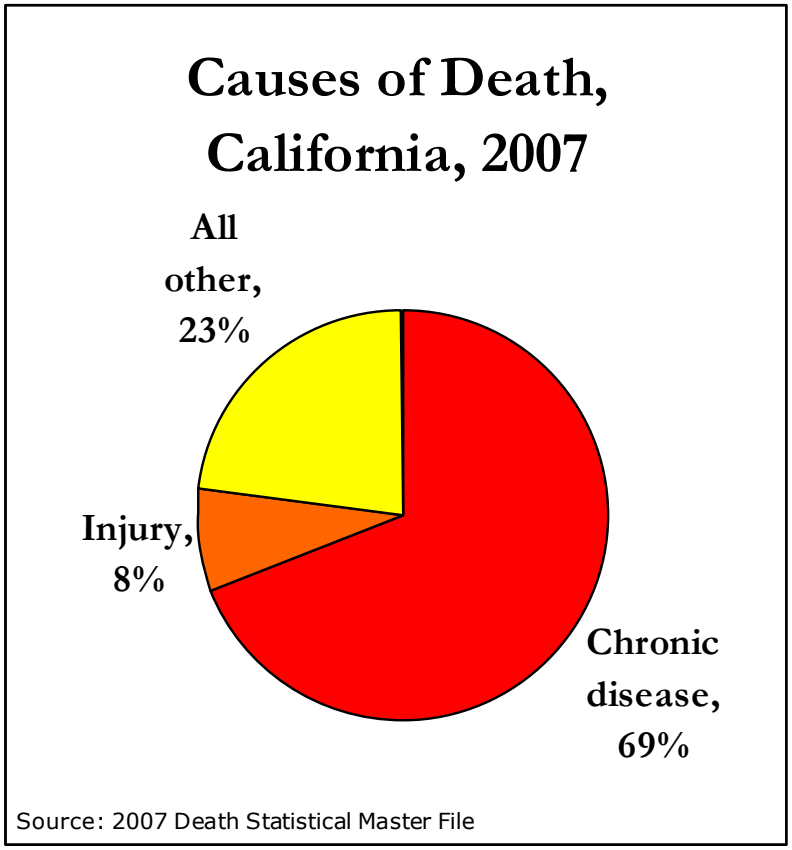
Moving Prevention to the Forefront

Moving Prevention to the Forefront: Action Under Way

Jacquolyn Duerr, MPH
California Department of Public Health
Chronic Disease and Injury Control Division
Safe and Active Communities Branch
February 2013



California's Health Challenge



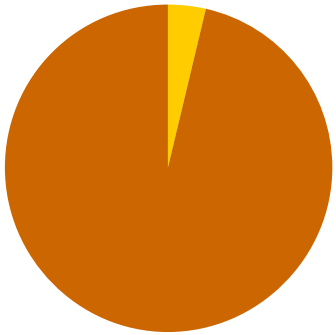
- Tobacco, poor diet, and physical inactivity top 3 causes of deaths; **alcohol is 4th leading cause of death**
- Injuries are leading cause of death for people ages 1-44
- Inequities exist across health outcomes
  - Income, education, race/ethnicity
- Obesity rates high, threaten life expectancy

Costs of Chronic Disease in CA

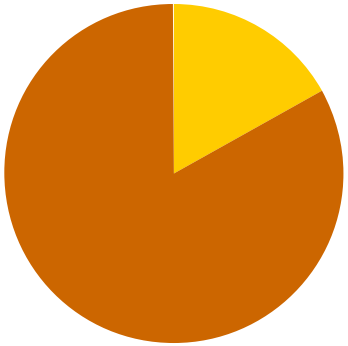
	2003	2023 (Projected)
Treatment Expenditures	$27B	$72B
Lost Productivity	$106B	$359B
Total	**$133B**	**$431B**

Milken Institute - based on MEPS/NHIS

More than **96 cents of every dollar spent** in Medicare…



..and **83 cents of every dollar spent** in Medicaid

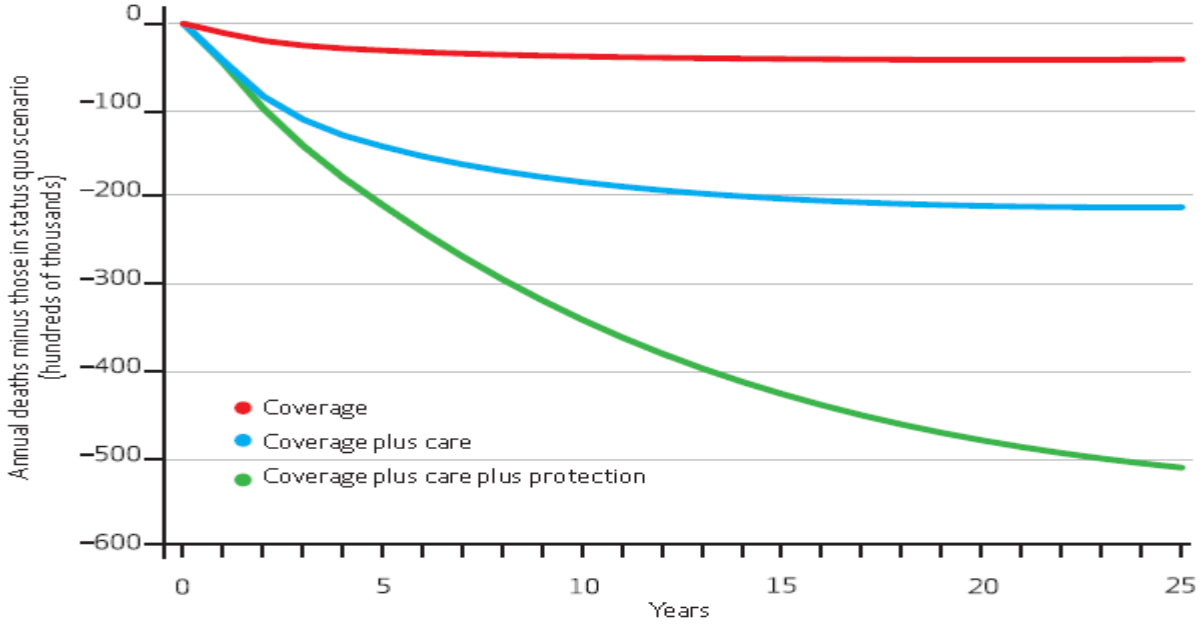


Community Prescription

COSTS, ISSUES & CONTROVERSIES

EXHIBIT 2

Annual Deaths, Three Layered Intervention Scenarios, Year 0 To Year 25



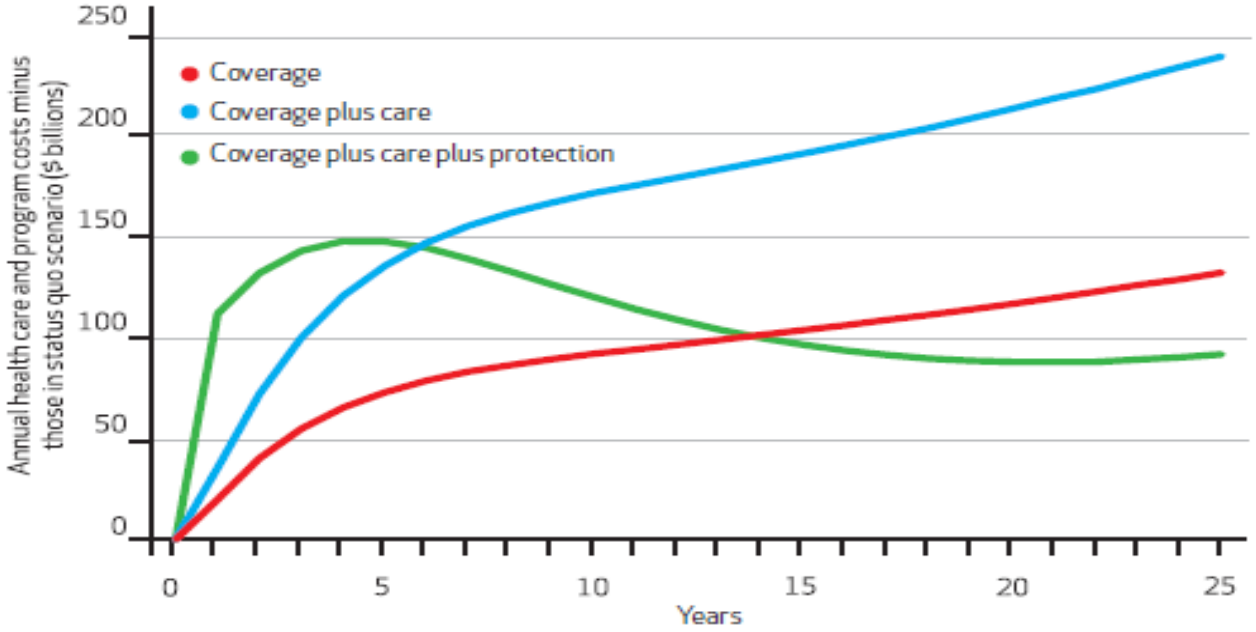
SOURCE Authors' analysis of the HealthBound policy simulation model. **NOTES** Results are from the model's baseline setting. Uncertainty ranges are listed in the Appendix (see Note 4 in text).

Source: Bobby Milstein, Jack Homer, Peter Briss, Deron Burton and Terry Pechacek. Why Behavioral and Environmental Interventions are Needed to Improve Health at Lower Cost. *Health Affairs,* 30, no 5 (2011): 823-832

Community Prescription

EXHIBIT 3

Annual Costs (Health Care And Program Spending), Three Layered Intervention Scenarios, Year 0 To Year 25



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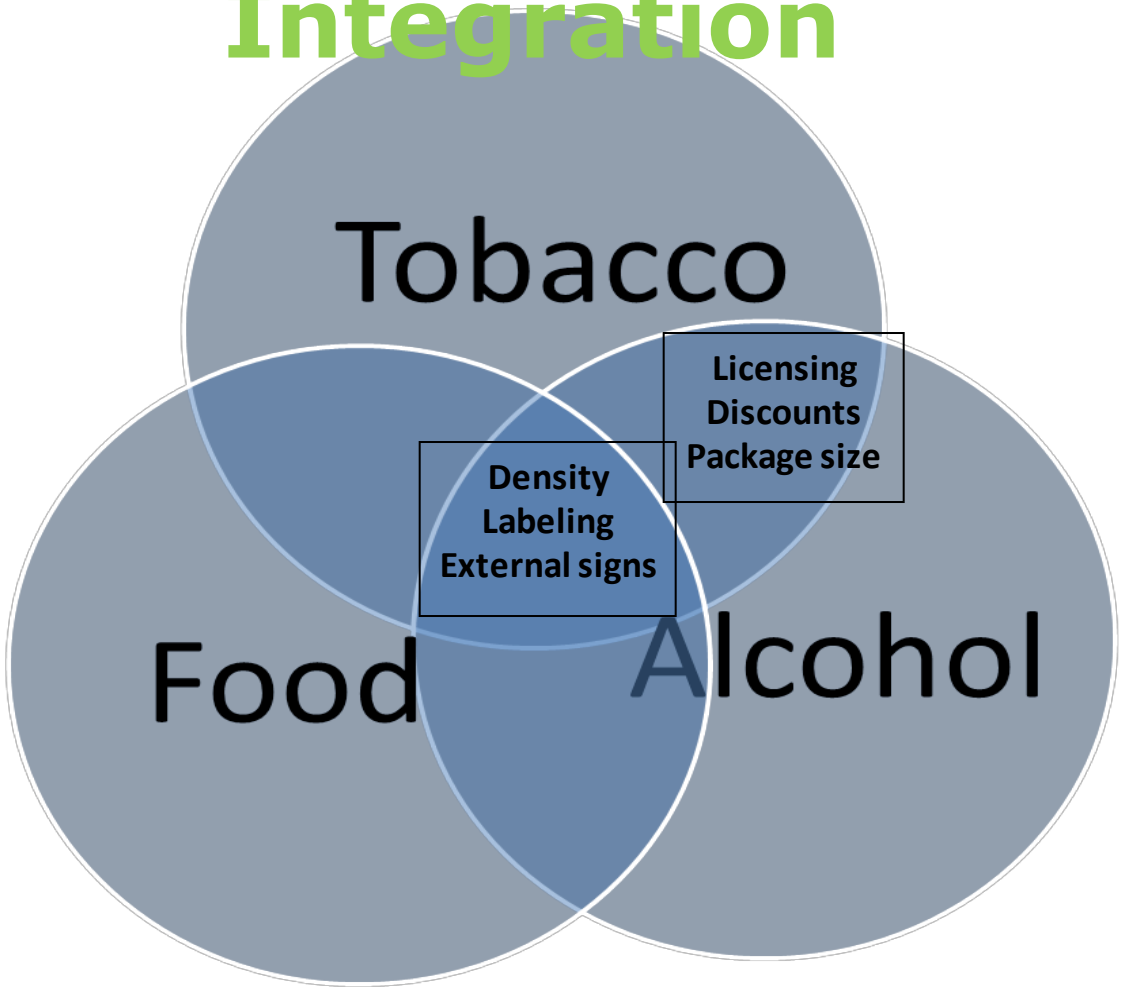
CTCP's New Retail Environment Advocacy Campaign

What Else is Going On?

Potential Areas of Integration



What Does Integration Mean?

- Working together where it makes sense at the local level
- Creating efficiencies
- Finding flexibility in funding
- Leveraging community will and attention
- Promoting systems change

Integrated Campaign Goal

To improve the health of Californians through changes to the retail environment.

What is Next?

- Retail Environment Training: September 2012
- Retail Campaign Data Collection Training: May 2013
- LLAs Train Data Gatherers: May-June 2013
- Local Data Collection: July-August 2013
- Advanced Data Analysis Webinar: January 2014
- Local Public Intercept/Key Informant Interviews: February-June 2014

Possible Areas to Explore

- Retail outlets and zoning: Links between alcohol and healthy food access
- Education: Links between attendance rates, overall health outcomes, and alcohol abuse
- Community safety: Links between liquor outlet density and violence
- Transportation: Links between traffic-related injuries and deaths and alcohol, including pedestrian and bicyclist safety
- Built environment: Links between neighborhood characteristics and alcohol consumption

Near Term Challenges

- Moving into a clinical service delivery environment
- Integration of substance use disorder treatment with primary care
- Increase knowledge/understanding of health behaviors: e.g., alcohol use problems, injection drug use (needles), unprotected sex, and smoking
- Social environment or social characteristics: e.g., discrimination, income, and gender
- Physical environment or total ecology: e.g., where a person lives, poor housing, and neighborhood retail/marketing
- Health services/medical care infrastructure development and funding dominates the health agenda

1st – Put Prevention First
2nd - Do It In Concert

- Public health's oath—Stop the problem before it creates/amplifies risk and vulnerability
- Prevention $ not growing; less than 2% of overall health budget and ↓↓
- Working together is one way to do more with less
- We cannot treat our way to health
- Community/stakeholders do not work in silos; they focus on nearby/cross cutting concerns
- Same solution solves multiple problems
- Youth get it!

Make Prevention Priority #1

1. Put prevention in your work plan-daily, weekly, and 1, 2,3,4, and 5 year.

2. Shift what you measure and count for success

3. Write and fill the community prescription

Questions?

A Conversation with Leaders in the Field

Prevention Perspectives

Prevention Perspectives: A Conversation with Leaders in the Field

Some Reflections of an Applied Scientist

Steve Wirtz, Ph.D.
Safe and Active Communities Branch
California Department of Public Health
(slides from multiple sources)

Power of Prevention Summit
February 6th & 7th, 2013
Sacramento, California

Questions for Consideration

- What do we mean by prevention?
- What are we trying to prevent?
- How does prevention fit into the broader social context?
- Does prevention work?
- What evidence based approaches, strategies and practices are available?
- How can we achieve collective impact?

Safe and Active communities

CDPH

What Do We Mean by Prevention?

- "Substance Use Disorders" Field
  - Universal
  - Selective
  - Indicated
- Challenges
  - Behavioral Health
  - Health Care Reform
- Public Health Field
  - Primary
  - Secondary
  - Tertiary

Public Health Approach

- Primary prevention
- Population based
- Environmental – policies, laws & social norm change

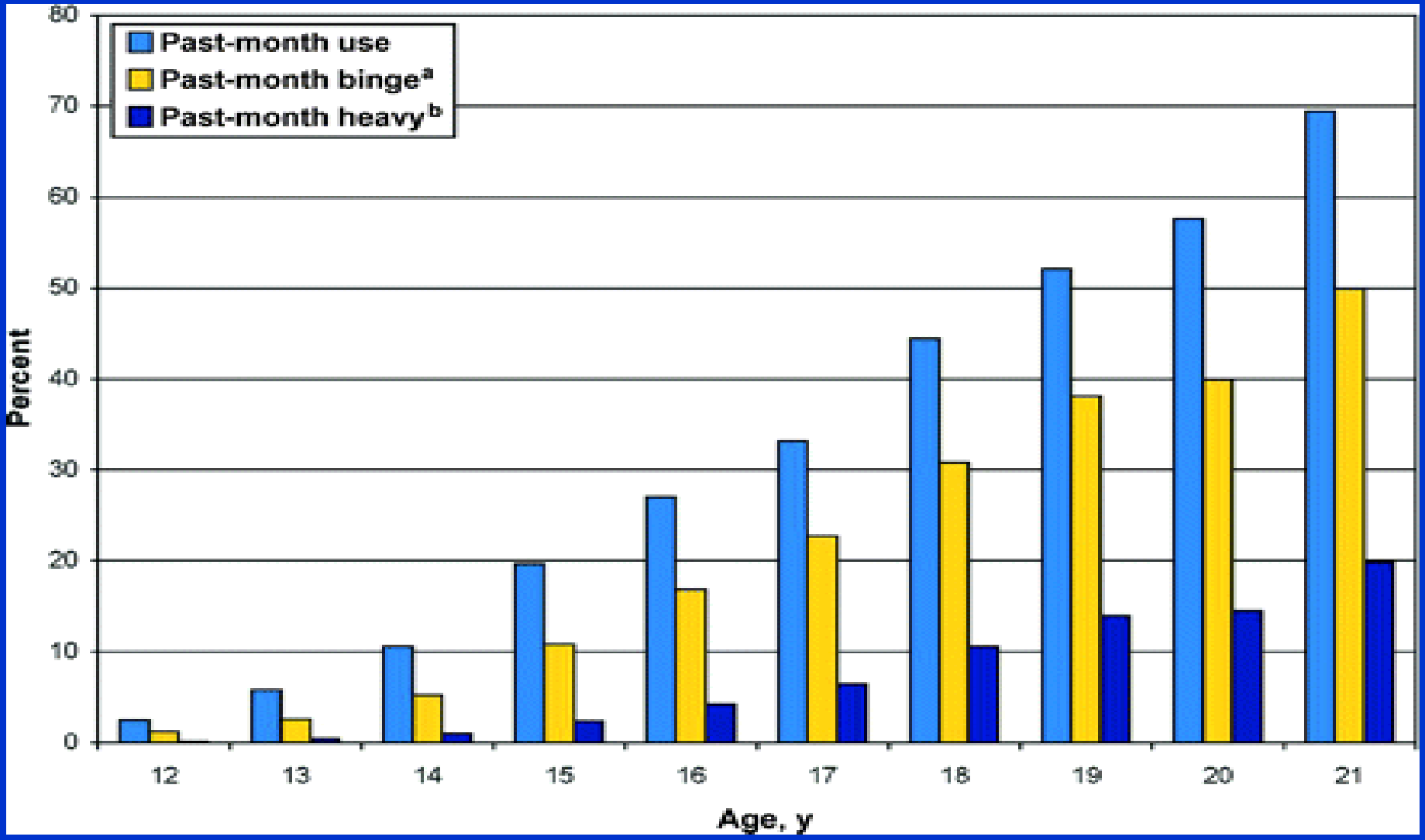
Haddon Matrix

Phase	Humans	Agent or Vector	Physical Environment	Social Environment
Pre-event – Primary Prevention Stopping the event from occurring by acting on its causes.				
Event - Secondary Prevention Attempting to prevent or reduce the seriousness of the event when it actually occurs by designing and implementing protective mechanisms.				
Post-event - Tertiary Prevention (Treatment and Rehabilitation) Attempt to reduce the seriousness of the consequences immediately after an event by providing adequate care and over the longer term working to stabilize, repair and restore functioning.				

What are we trying to prevent in the SUD field?

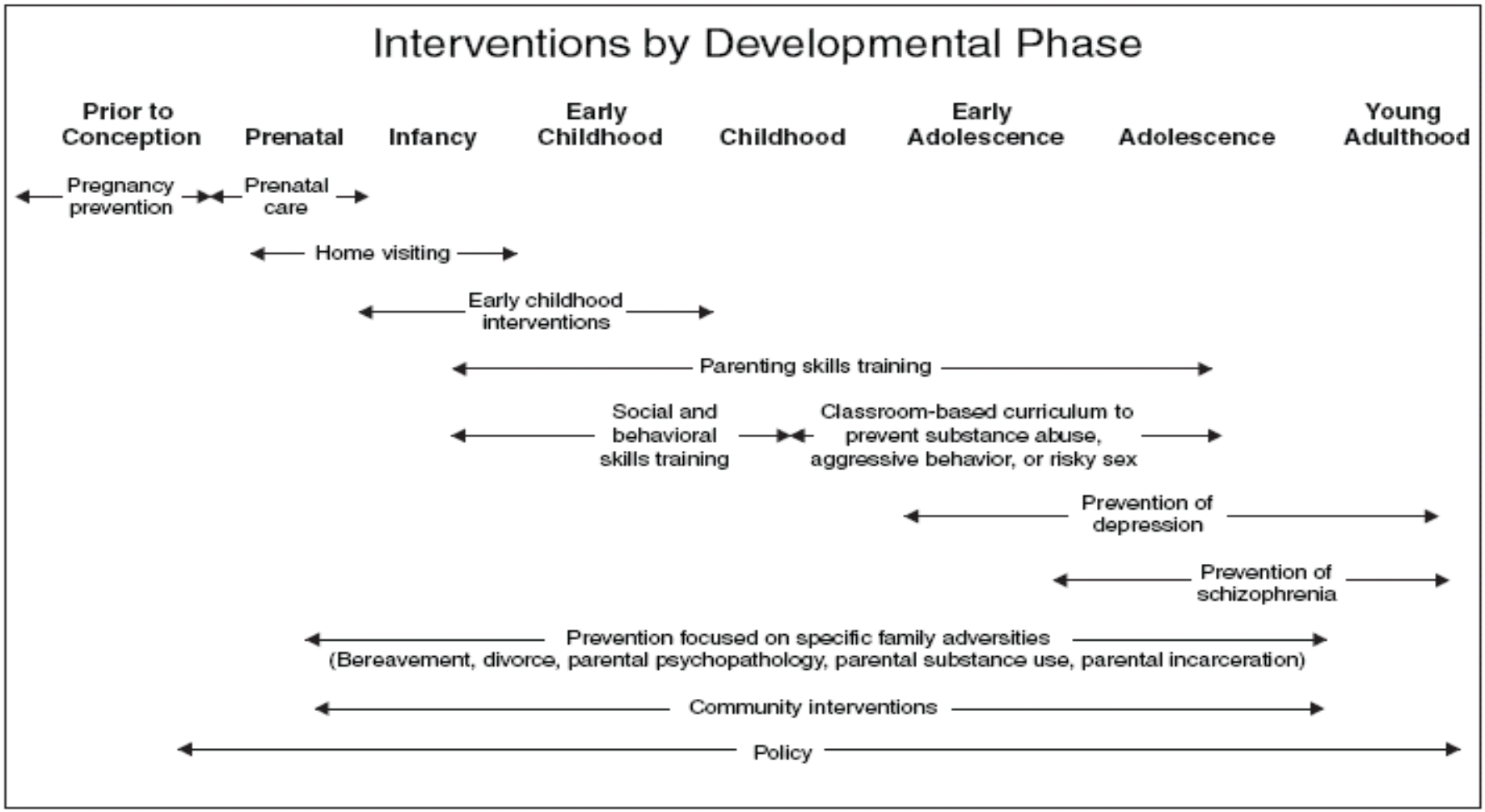
- Substance Use Disorders (abuse & dependence)
  - DSM-V - a single dimension of substance problems occurring on a continuum
    - compulsive pattern of substance use
    - physical tolerance and withdrawal symptoms are only 2 of 11 criteria
- Consequences of substance use
  - Underage, illicit, and excessive use & misuse
  - Broader consequences of misuse and abuse, including addiction

Past-30-day alcohol use (any, binge, or heavy) by age.

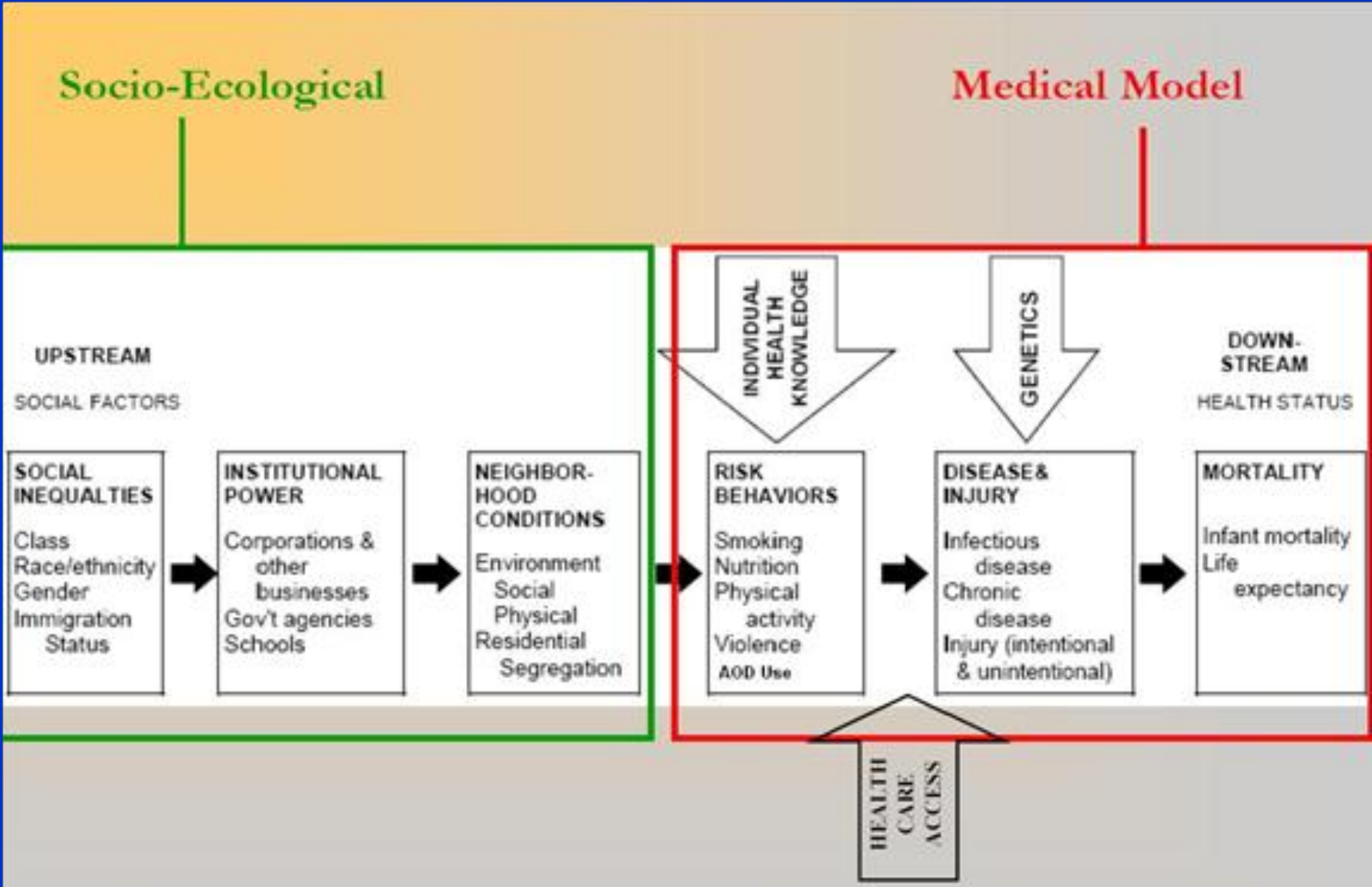


Broader Context of Prevention

- Life Course Perspective emphasizes a **temporal** and **social** perspective on health and well being
  - Developmental
    - Across life experiences (i.e., gestation, early childhood, adolescence, young adulthood, midlife, senior)
    - Across generations
  - Socio-ecological
    - Past and present experiences are shaped by the wider social, economic and cultural context.



Source: Committee on Prevention of Mental Disorders and Substance Abuse Among Children, Youth, and Young Adults, 2009



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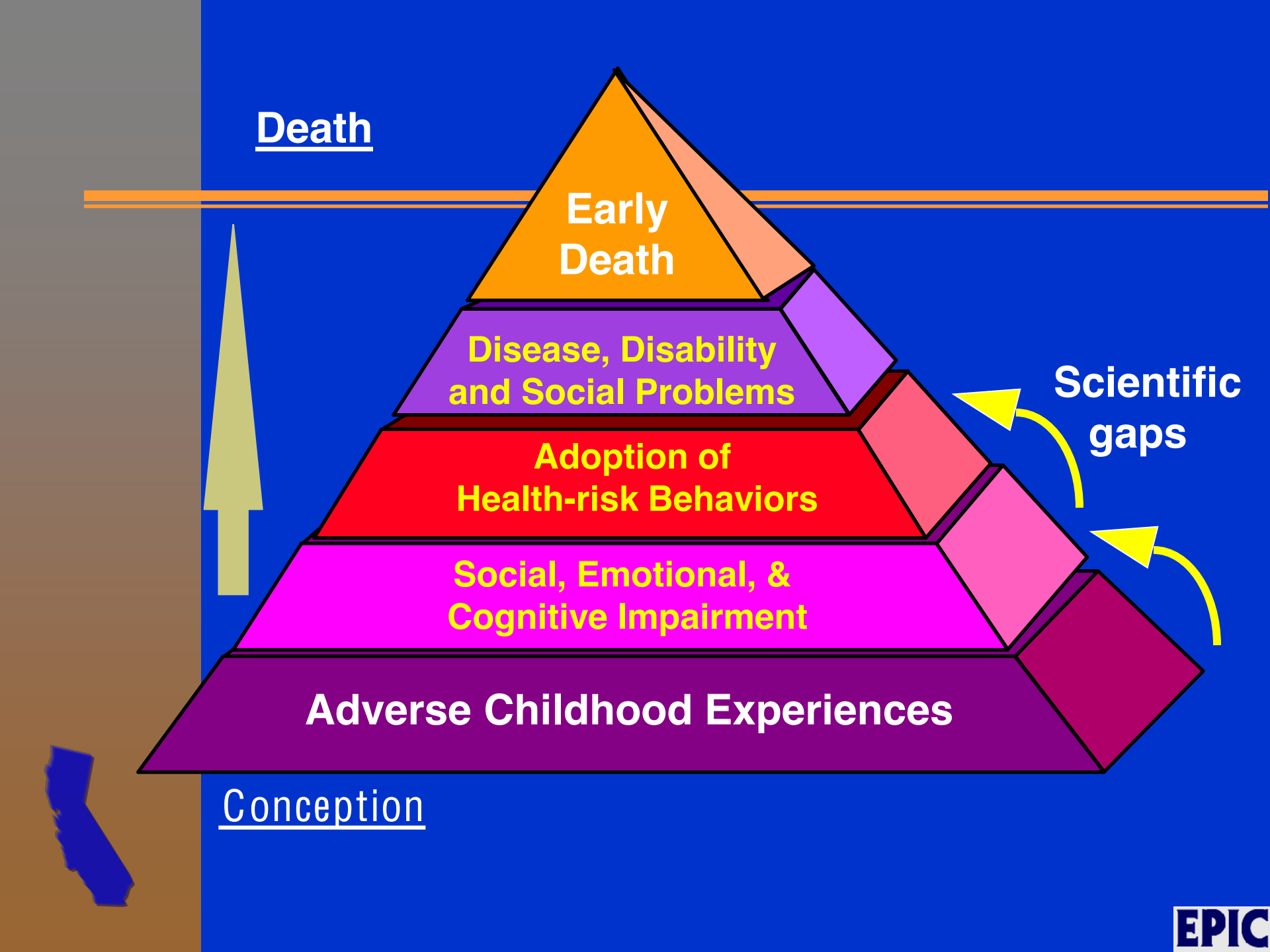
Models of Life Course Impacts

- Critical period model
- Critical period model with later effect modifiers
- Accumulation of risk with independent and uncorrelated insults
- Accumulation of risk with correlated insults
  - Risk factors tend to cluster in socially patterned ways
  - Chains of risk or pathways over time


Death
Early Death
Disease, Disability and Social Problems
Adoption of Health-risk Behaviors
Social, Emotional, & Cognitive Impairment
Adverse Childhood Experiences
Scientific gaps
Conception
EPIC

Example of Cumulative Risks

- A child living in adverse childhood social circumstances is more likely to be of low birth weight, and be exposed to poor diet, childhood infections and passive smoking.
- These exposures may raise the risk of adult respiratory disease.
- Repeated respiratory disease in childhood may result in increased sick absence from school and lower educational attainment
- This in turn, leads to a greater likelihood of smoking in adulthood and a manual occupation with greater respiratory hazards.

Safe and Active communities

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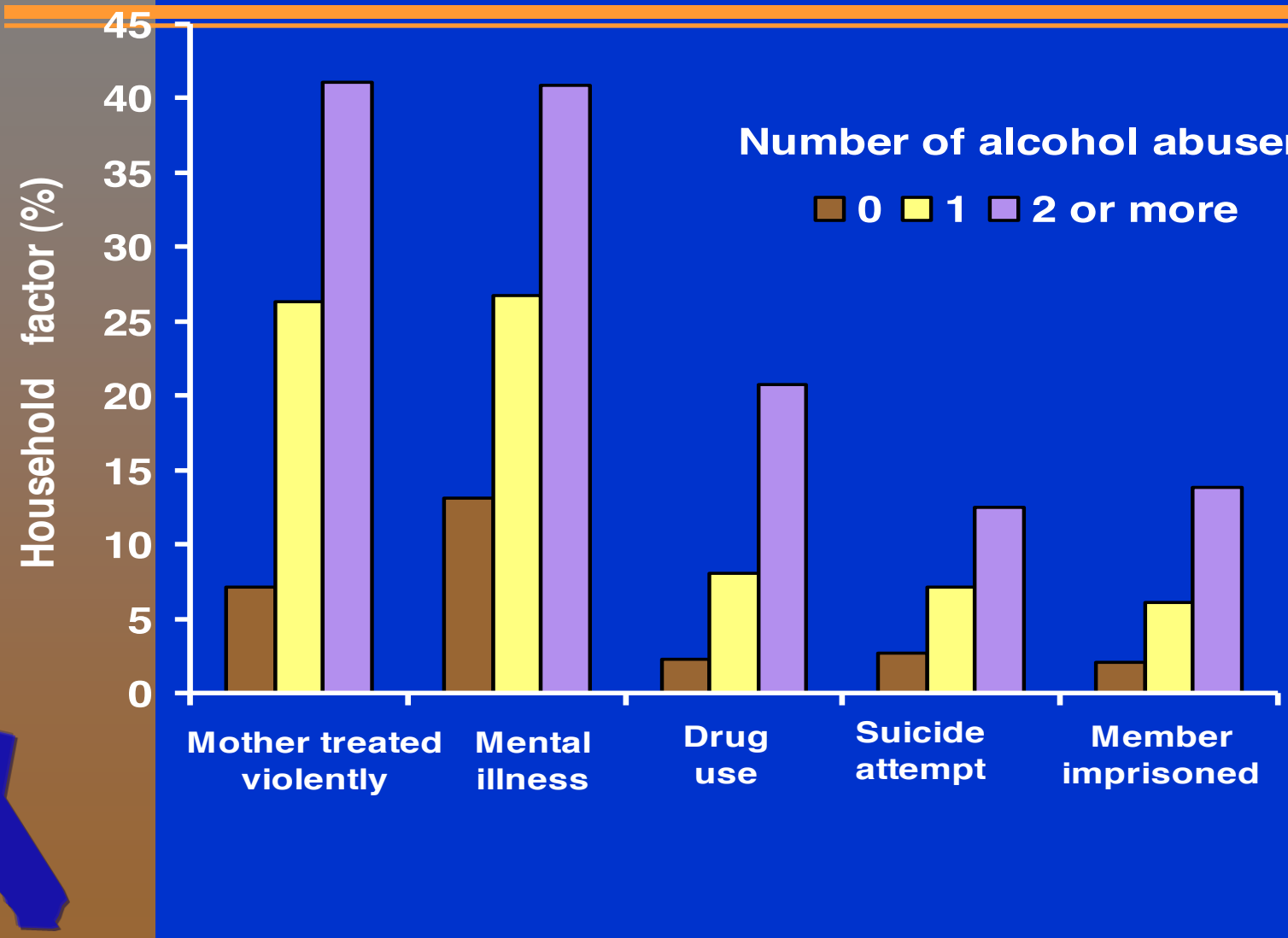
Alcohol Abuse in the Home and the Risk of Childhood Abuse

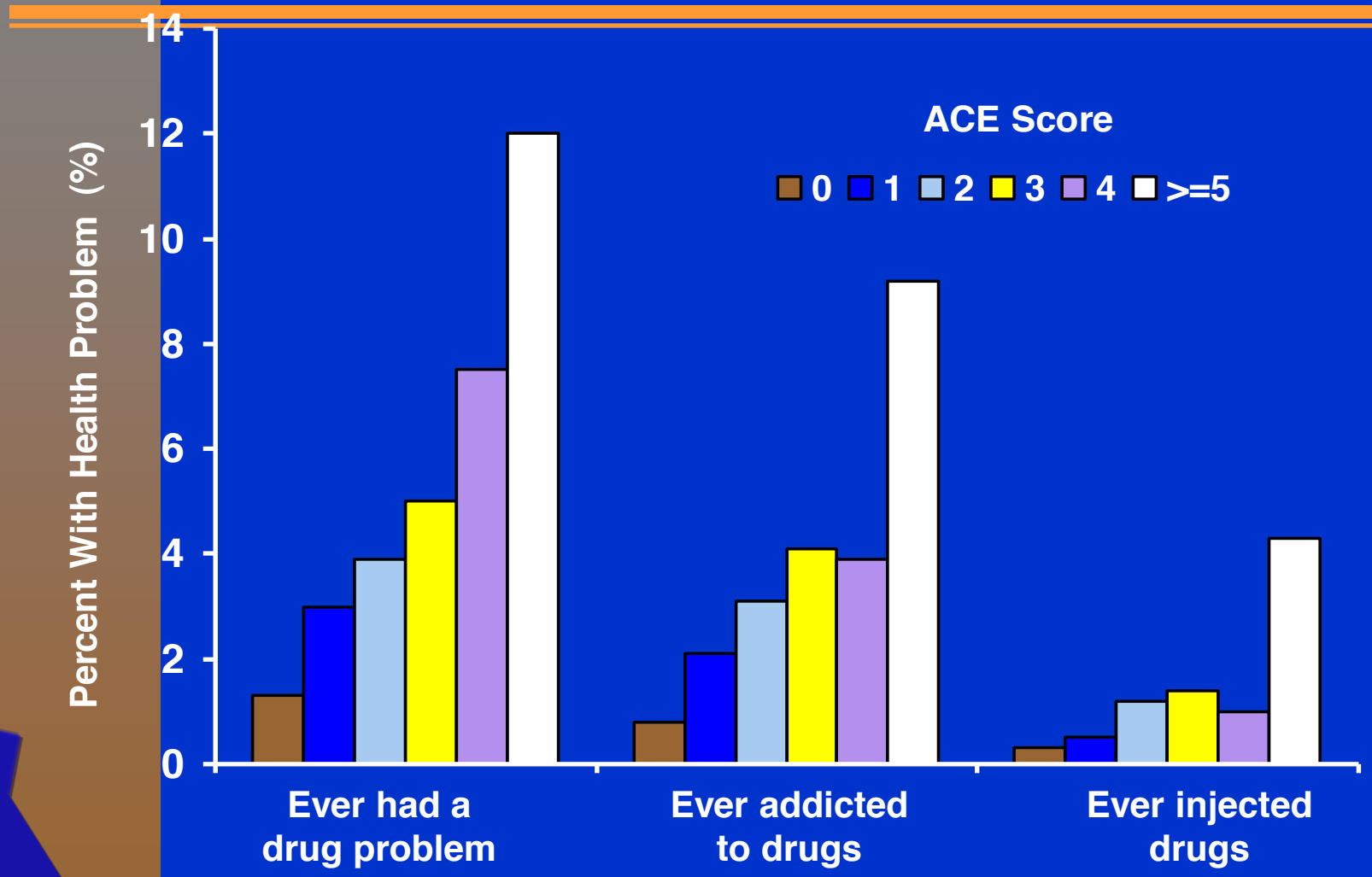
EPIC

Alcohol Abuse in the Home and the Risk of Other Household Exposures During Childhood



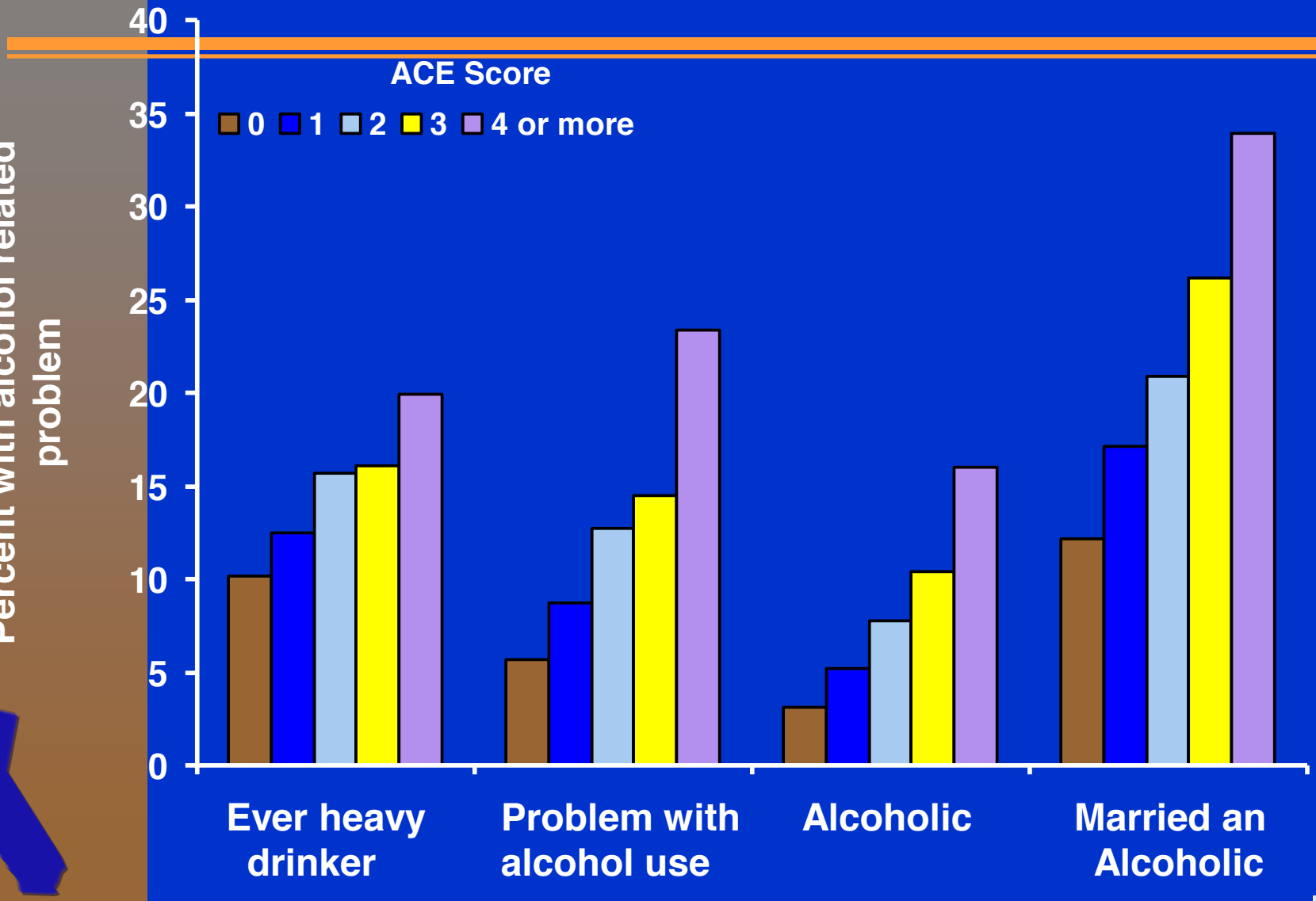
EPIC

ACE Score and Illicit Drug Abuse



EPIC

The ACE Score…
Alcohol Use and Abuse



EPIC

Does prevention really work?

- Tobacco control
  - Policy, media, and program interventions using community coalitions in a comprehensive, multiple channel, multiple target approach to “de-normalize” smoking and other tobacco use
  - Reduced smoking
  - Reduced illness and health care expenditures
- Drunk driving – MADD and Law enforcement
  - Policy and social norm change
  - Enforcement
- California cost benefit analysis - Ted Miller, PIRE
- California cost savings - Ted Miller, PIRE

Underage Drinking: Evidence-based Theory of Change

Prevention Strategy Options

- Individual
  - Behavior and behavior change
  - Relationship between individuals and their alcohol and drug-related problems
  - Short-term programs
  - People remain focused on self
  - Individual as audience
  - Professionals make the decisions
- Environmental
  - Policy and policy change
  - Social, political and economic context of substance problems
  - Long-term policy development
  - People gain power by acting collectively
  - Individual as advocate
  - Professionals help create avenues for citizens to develop and express their voice

Individually Focused Prevention Strategies

- Assume that AOD problems are due to:
  - **Problems of individuals**
  - **Lack of information about alcohol and other drugs**
  - **Lack of knowledge about negative consequences**
  - **Lack of awareness of "social norms"**
  - **Inadequate attitudes and skills**

An Environmental Perspective

- Views AOD problems not as solely individual behavior, but also the collective reflection of community norms and practices
- Targets the social, physical or public environments by managing locations and settings where use and sales occur
- Targets are policy makers and others with authority to change environments
- Seeks to change physical, economic, legal and social processes of communities

The Dialogue

- Individual
  - “Make a difference in people’s lives one at a time”
  - Targets at-risk and high-risk individuals to move them into a lower risk category
  - Secondary and Tertiary Prevention
  - Problems present in the healthcare setting, and the opportunity for individual intervention should not be missed
- Environmental
  - Congruent with a Public Health model
  - Behavior has an “environmental” context that needs addressing
  - Primary and Secondary Prevention
  - Problems present in a community setting, and the opportunity for collaborative intervention should not be missed

Why work on environments?

- Long term change
- Affects entire community
- Builds capacity
- It works

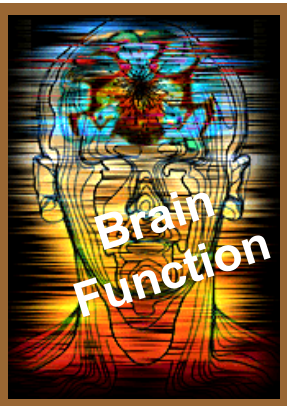

LIQUORS
WE HAVE A GREAT SELECTION OF MICRO'S

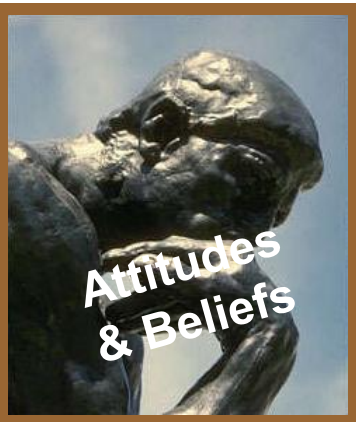
The Role of Policy and Law:

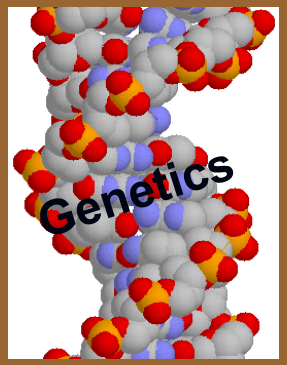
Changing the Focus of Intervention

INDIVIDUALS → POPULATIONS

CHANGE IN POINT OF INTERVENTION







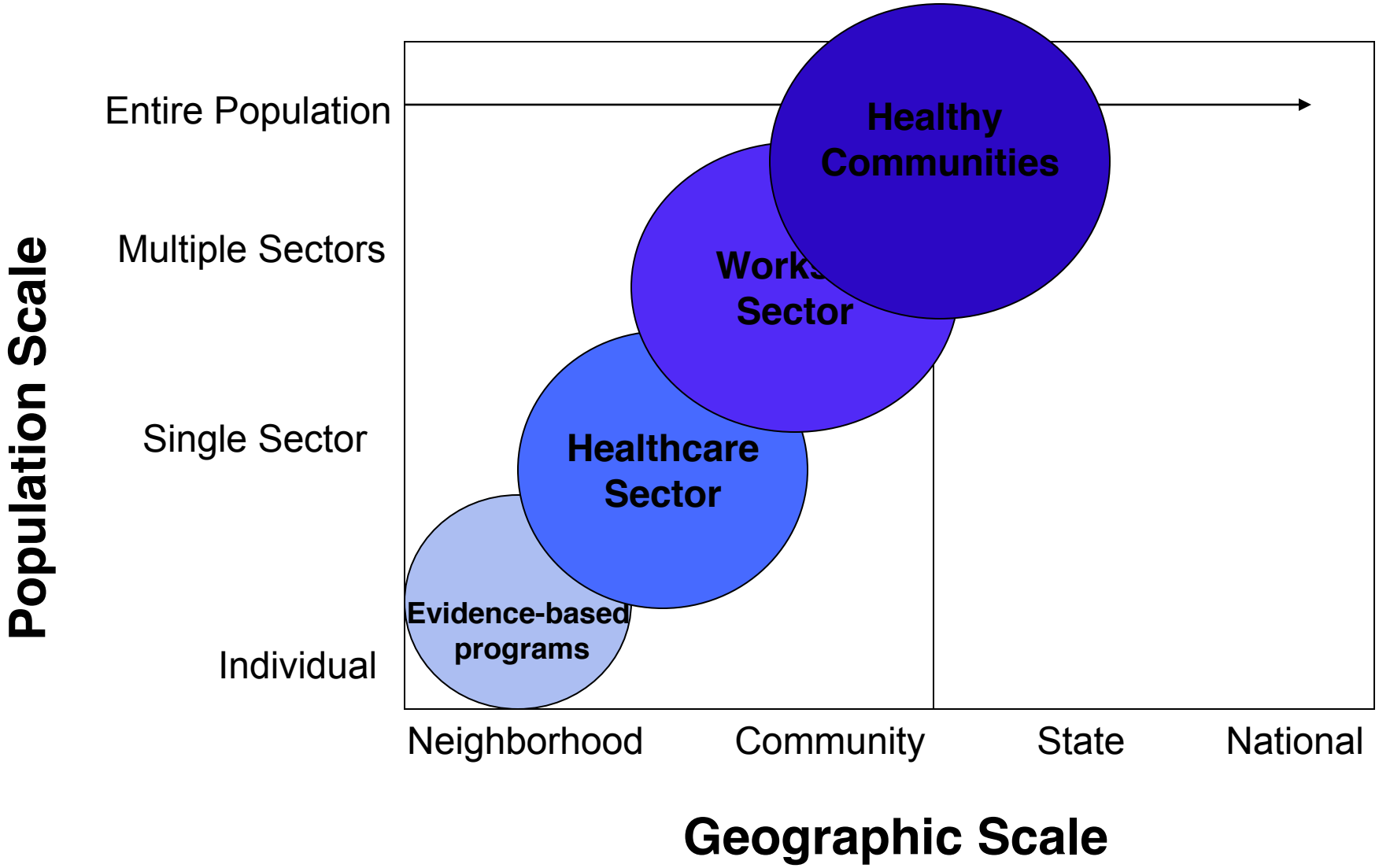
Products/Availability/Marketing

Costs/Alcohol Taxes

Individual Characteristics

Community/Environmental Factors

Policy Change Target



Adapted from YMCA Activate America presentation

Underage Drinking: A Critical Component of the Alcohol Market

- Underage drinking accounts for an estimated 20% of the alcohol beverage industry's sales -- $23.4 billion of the total $116.2 billion Americans spend on alcohol each year.

- The earlier a young person begins to drink, the heavier his or her consumption is likely to be later in life.

The 4 Ps of Total Marketing

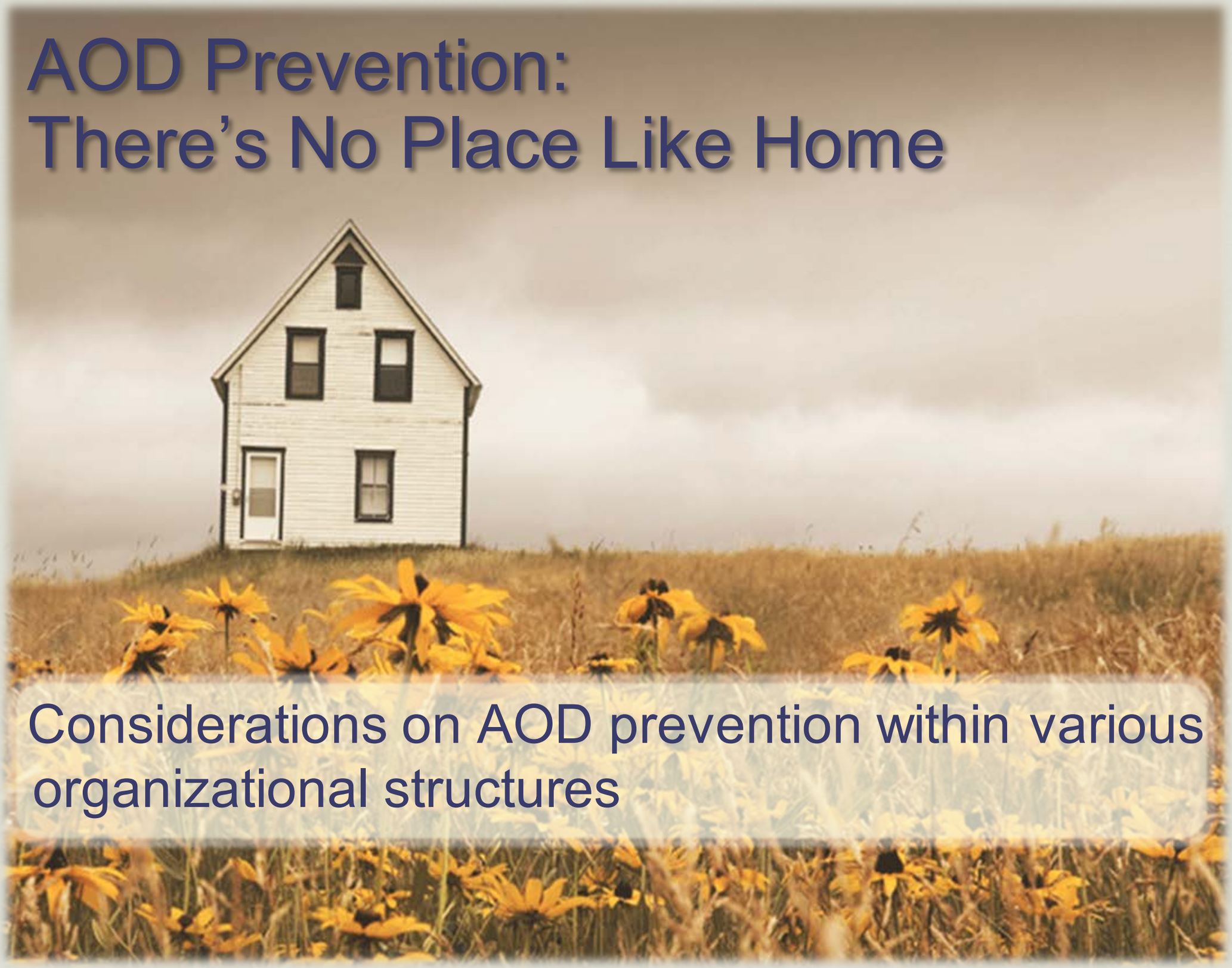
Evaluation

- How do we know if we are succeeding with our prevention efforts?
- Levels of analysis
  - State
  - County
  - Provider
- Program management and monitoring
- Evaluation

Collective Impact

- Large scale social change requires broad cross sector coordination
  - Not enough to have isolated interventions of individual organizations
- 5 Conditions of Collective Success
  - Common agenda
  - Shared measurement systems
  - Mutually reinforcing activities
  - Continuous communication
  - Backbone support organization

AOD Prevention:
There's No Place Like Home



Considerations on AOD prevention within various organizational structures

(e.g., Behavioral health, public health, health & human services, etc.)


County Planning
Who/what/ where/why are counties motivated to do effective AOD prevention?
Promoting Prevention Within County Infrastructure
Factors that elevate prevention
What are our roles in making that happen (or maintaining it)?

Perspectives Near & Far

Reflections

- What resonated with you?
- What new ideas or questions occurred to you?
- Are there any questions/ideas your table would like to bring to the panelist and/or whole group?

Sustaining AOD Prevention through Collaboration

Gary Najarian, M.S.W.
Project Manager, Community Transformation
San Francisco Department of Public Health

How do we maintain the profile of AOD prevention?

- Stay ahead of the curve
- Maintain our networks and connections as a field
- Do more with less and enjoy it ☺

Opportunities to maintain prevention during transitions

- Cost
- Community
- Continuum of Care
- Care

Cost: Prevention Saves Money

- Return on investment, saves money
- Allows for addressing both on-going and emerging issues
- Example – reducing BMI

Commitment: Evidence Based Approaches

- Commitment/orientation/ willingness to be better
- Advance the science and evidence of prevention
- Try innovative things
- Professional development

Community: Prevention Provides a Framework

- Way to organize a framework for the health of a community

- Strong focus on “place matters”
- Increased collaboration with new and diverse partners

Continuum: Prevention Matters

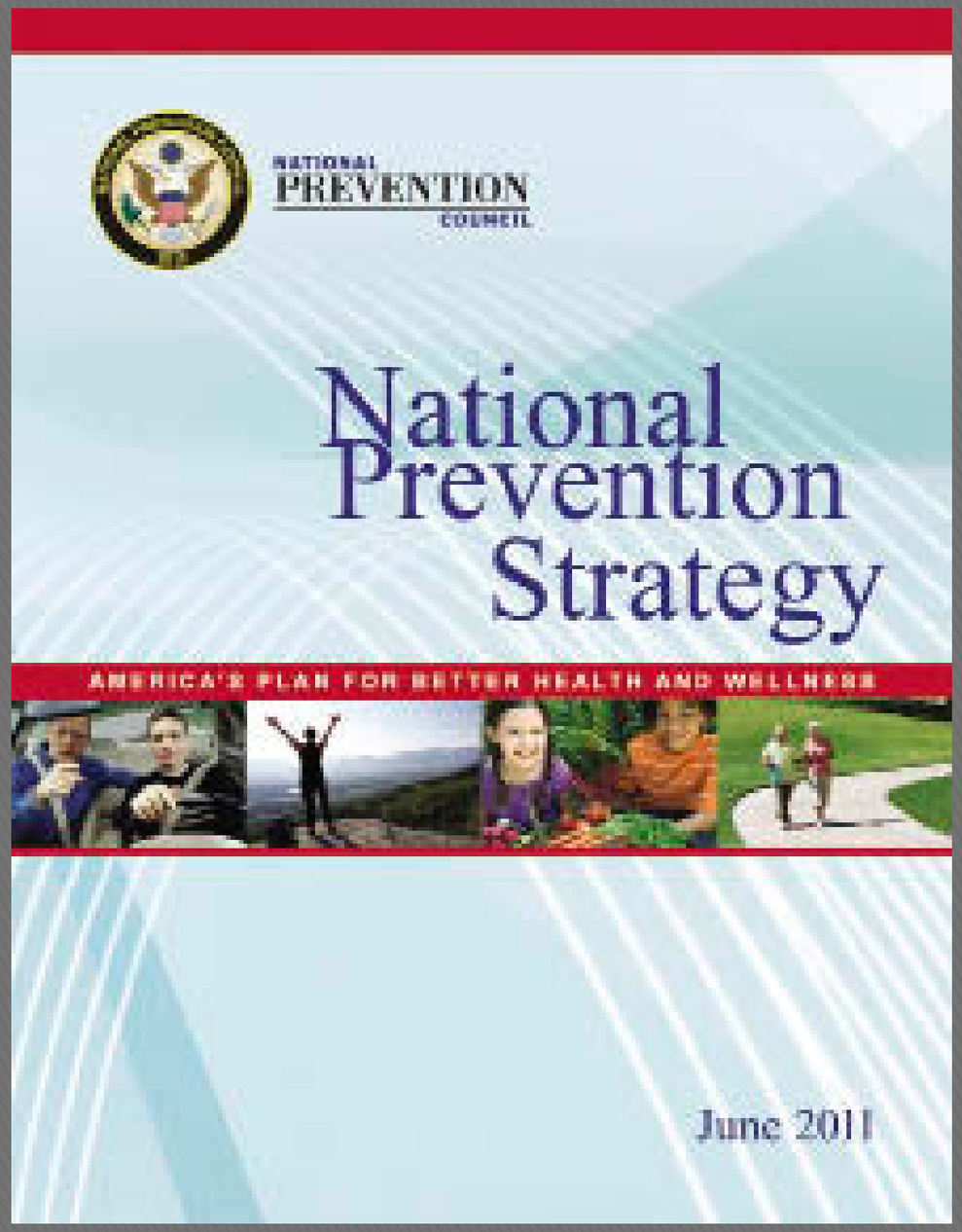
- Meaningful part of the Continuum of Care/Services
- Don’t “limit” prevention

Collaboration: Prevention Works

- Critical that the health department sees prevention as a part of its role

- Affordable Care Act/National Prevention Strategy

- Healthy Places & Healthy People



Contact Information

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Opportunities to Advance California's Capacity for Data-driven AOD Prevention

- The current and the future of informed prevention efforts.
- Are there technological or resource differentials across sectors/fields/regions that prevention leaders need to monitor, model, or address?

Perspectives Near & Far

Reflections

- What resonated with you?
- What new ideas or questions occurred to you?
- Are there any questions/ideas your table would like to bring to the panelist and/or whole group?

- Successful Prevention in Different Contexts
  - Transitions & restructuring
  - Organizational structures (e.g., BH, PH, MH)

- Affordable Care Act/Health Care Reform
  - Implications for prevention
  - Readiness

- Workforce Development
- Leadership Development
- Policy Development & Support
- Advocacy Efforts
- Establishing Effectiveness
- Partnerships
- Securing Funding & Sustainability
- Cultural & Linguistic Competence

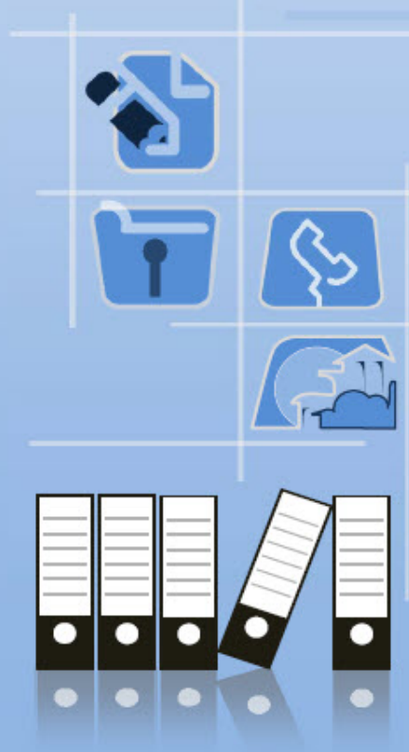
Lunch Activity 12-12:30

- See 2 confirmed topics
- Review potential topics
- Propose any new topics on card provided

12:30-1:00
“Vote” for up to 3 topics

World Café Topics

Community
PREVENTION INITIATIVE



1. Affordable Care Act/Health Care Reform
   - Implications for prevention
   - Readiness/preparedness
2. Successful prevention in different contexts
   - Transitions and re-structuring
   - Organizational structures (e.g. PH, BH)
3. Workforce development
4. Leadership development
5. Policy development and support
6. Advocacy efforts
7. Establishing effectiveness
8. Partnerships
9. Securing funding and sustainability
10. Cultural/linguistic competence

Community
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Moving Prevention Forward

Identifying Potential Strategies

World Café: Discussion Groups

Each Discussion Group session lasts for **20** minutes.

Use the opportunity to:

a) discuss **advancing** this aspect of prevention, and
b) integrate varying perspectives

Participants are tasked with discussing and legibly recording the following:

- ❑ **Short/long term vision**
- ❑ **Recommended action**
- ❑ **Summary**

Notes may be taken on the flipchart; but the **Session Worksheet must be completed** during the Summary portion of the session.

Participants may either join up to 3 different Discussion Groups or remain for 2+ sessions with the same Discussion Group.

Look for this handout:

Prevention Summit 2013 **Day 1 World Café –I: Discussion Group Instructions**

World Café I – Discussion Groups involves focused discussion on designated topics. These are a precursor to World Café II- Reflection Groups. Note that each participant in a World Café I discussion group may need to serve as the topic's reporter in part II (Reflection Groups).

Each Discussion Group session lasts for 25 minutes. **Use the opportunity to (a) discuss advancing this aspect of prevention, and (b) integrate varying perspectives. Participants are tasked with discussing and legibly recording the following:**

1. **Short/long term vision**
2. **Recommended action**
3. **Summary**

Notes may be taken on the flipchart; but the session worksheet must be completed during the Summary portion of the session.

Your Discussion Group Host will retain the "official" session worksheet – participants may take notes, etc. on their personal session worksheets to inform the subsequent Reflection Group activity.

Participants may join up to 3 different Discussion Groups; or remain for 2+ sessions with the same Discussion Group.

Look for this handout:

Prevention Summit 2013 **Day 1 World Café – I: Discussion Group Worksheet**

Topic: _____ Session: 1 2 3

Participants:

Vision	Recommended Action	Priority Level	Call to Action
		High Medium Low	Now Soon Later
		High Medium Low	Now Soon Later
		High Medium Low	Now Soon Later

Notes on various points of view (e.g., consensus, controversy, varying perspectives)

Selected Topics

- **ACA/HCR**
- **Workforce & Leadership Development**
- **Contexts of Prevention**
- **Partnerships in Prevention**
- **Policy Development & Support**
- **Prevention Practices**

Moving Further Forward

Building Consensus and Establishing Priorities

Reflection Group Formation

Use the color-coding on your card to confirm representation and identify who reports on what topic.

Identify the representative who will function as a reporter on each topic.

Recruit from or trade with other groups as necessary.

Representation from each WC-I topic – that is, at least one participant from each of the WC-I discussion groups.

Look for this handout:

Prevention Summit 2013 **Day 1 World Café –II: Reflection Group**

Instructions

FIRST

The Reflection Groups require representation from each WC-I topic – that is, at least one participant from each of the WC-I discussion groups.

Use the color-coding on your card to confirm representation and identify who reports on what topic.

Recruit from or trade with other groups as necessary.

Identify the representative who will function as a reporter on each topic.

NEXT

Each reporter will have about 5 minutes to provide a succinct summary of their designated topic. The Reflection Group should hear a summary of each World Café discussion topic.

Reporter prompts:

- Summarize 1-3 key points made about the topic (include diverse perspectives if there were any)
- Briefly describe 1-2 visions emerged from the discussion?
- Provide short overview of 1-3 key actions discussed as essential to the vision?

The Discussion Group facilitators will circulate and be available to support the reporter.

FINALLY

Reflection Group tasks:

- Be in listening and learning mode – gain an understanding of the visions that are emerging for prevention.
- Reflect independently and with the group on emerging trends, points of controversy, intersecting visions, and/or emerging consensus.

5-minute Topic Report-out

Reporter prompts:

- Summarize 1-3 key points made about the topic (include diverse perspectives if there were any)
- Briefly describe 1-2 visions emerged from the discussion?
- Provide short overview of 1-3 key actions discussed as essential to the vision?

Tomorrow is Today

Planning Priority Workgroups

Determine Prevention Workgroups

Day 1

Closing

Welcome to Day 2

Moving Vision to Action

Welcome to Day 2

Developing a Plan

Action Plan

Identify

- Identify one or two issues or challenges facing your specific work group topic
- Discuss and come to consensus about your recommendation for addressing the issue or challenge

Discuss

- Discuss and record at least one action item or next step for implementing the recommendation
- Decide and record who is going to be responsible for taking that next step

Implement

- Decide and record the timeframe for completing the next step
- Make a note of how the person responsible is going to inform this work group that the next step has been taken (i.e., via email, phone call, newsletter, etc.)

Instructions:

- ☐ Identify one or two issues or challenges facing your specific work group topic (i.e., health care reform readiness; prevention in context; etc.).
- ☐ Discuss and come to consensus about your recommendation for addressing the issue or challenge.
- ☐ Discuss and record at least one action item or next step for implementing the recommendation.
- ☐ Decide and record who is going to be responsible for taking that next step.
- ☐ Decide and record the timeframe for completing the next step.
- ☐ Make a note of how the person responsible is going to inform this work group that the next step has been taken (i.e., via email, phone call, newsletter, etc.).

Look for this handout:

Prevention Summit 2013 **Day 2 Work Group – I: Action Planning Worksheet**

Work Group Topic (i.e., health care reform readiness; prevention in context; etc.: _____

Participant Names and Emails →→

ISSUES	RECOMMENDATIONS	PROPOSED ACTION (NEXT STEPS)	PERSON(S) RESPONSIBLE	TIMEFRAME

Record how the person responsible will inform this work group that the next step has been taken.

Key Messages

Key Messages

1. Identify one key message specific work group topic that you want to take back and share with your constituents.

2. Discuss and record at least one action item or next step you can take for sharing or acting on that key message with your constituents.

3. Discuss and record any obstacles you might encounter in sharing or taking action on that key message with your constituents. Lack of specific policy? Lack of funds? Lack of personnel?

4. Discuss and record what support you might need to share or take action on that key message with your constituents. Who might be able to provide you that support? A supervisor? A funder? A community based coalition?

5. Discuss and record what resources you might need to share or take action on that key message with your constituents. Will you need a new policy? Will you need supervisor approval? Will you need funding? Etc.

Look for this handout:

Prevention Summit 2013 **Day 2 Work Group – II: Key Messages**

Instructions:

- ☐ Identify one key message specific work group topic (i.e., health care reform readiness; prevention in context; etc.) that you want to take back and share with your constituents.
- ☐ Discuss and record at least one action item or next step you can take for sharing or acting on that key message with your constituents.
- ☐ Discuss and record any obstacles you might encounter in sharing or taking action on that key message with your constituents. Lack of specific policy? Lack of funds? Lack of personnel?
- ☐ Discuss and record what support you might need to share or take action on that key message with your constituents. Who might be able to provide you that support? A supervisor? A funder? A community based coalition?
- ☐ Discuss and record what resources you might need to share or take action on that key message with your constituents. Will you need a new policy? Will you need supervisor approval? Will you need funding? Etc.

Making It Happen

Workgroup Formation, Membership, and Leadership

Look for this handout:

Work Group Topic (i.e., health care reform readiness; prevention in context; etc.):_____

Participant Names and Emails →→

KEY MESSAGE What is the key message I want to take back to my constituents?	ACTION What is one action I can take when I return to my constituents?	OBSTACLES What obstacles might I face and I how will I overcome them?	SUPPORT What support do I need and who can provide that support?	RESOURCES What resources do I need to share my key message and/or take one action?

Now what?

- Logistics
- Action items
- Support/Resources

A California Prevention Agenda

Reaching the Summit

- The role of prevention leaders
- Sustaining momentum

Using Principles of *Collective Impact* to Ground your Work

- Common Agenda: shared vision for change
- Shared Measurement: collecting data and measurement results consistently
- Mutually Reinforcing Activities: activities are differentiated while still being coordinated with a common plan of action
- Continuous Communication: consistent and open communication
- Backbone Support: a separate organization with staff and skills to coordinate and support entire initiative

Day 2

Closing

Thank You!

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Community
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