



Clara McCurdy-Kirlis:

Hello everyone, and welcome to the webinar series today on engaging new partners, addressing emerging prevention priorities with a health equity lens. As you join us today, we have a poll that is something that we'd like to get your thoughts on. So please, as people come in, please take a moment to answer the question that you see here on the screen by typing in that little white box, which is, "What is something unique about your community that others may not know? We would love to hear your thoughts about this, and give us a little time to get folks all on the line. Please be sure to unmute your computer speakers because that is how we are broadcasting the audio today. So if your computer speakers are muted then you probably wouldn't be able to hear me at the moment, but please make sure that you turn on or turn up the volume on your computer speakers to be able to hear the audio portion.

Clara McCurdy-Kirlis:

And if you do have technical troubles please let us know here in the chat, and we'll do what we can do to assist you. Again welcome, as folks are coming in, welcome to today's webinar on engaging new partners, addressing emerging prevention priorities with a health equity lens. We're really happy to have a great audience today and participants, and we hope to hear a lot from you as we go through our webinar. Again, we have a poll question here. We would love to hear your thoughts, and you can type your answer in that little white box that says, "Type your answer here." And the question is, "What is something unique about your community that others may not know?" It will be very interesting to hear. So we'll just give you some time. As answers roll in I'll welcome the new people who are joining us today. And remind folks who are just joining to please be sure to turn on your computer speakers to hear the audio, and if you do have any technical trouble you can let us know in the chat.

Clara McCurdy-Kirlis:

Also in the chat, which is in the lower left that says main chat, you can see there's a link from me. I'm Clara McCurdy-Kirlis. That is for attendance purposes. So please do click on the link. We don't need to have your name and email in the actual chat. We will be collecting attendance with a link that is available. It's the second chat from me that says, "For attendance purposes please click on this link and write your name and email." And if you have trouble doing so because it's maybe an iPad, we have had issues with people trying to do that with iPads, that's okay. You can also write your name and email in the chat if you are not able to on the link for attendance purposes.

Clara McCurdy-Kirlis:

So we're getting some more people joining with really rich responses here that are coming into the chat. Thank you everyone for taking a minute to think about something unique about your community. It's very exciting to see your thoughts, and we'll definitely be talking more about specific communities and your community today in the conversation. This is the first event of the series. So we have a webinar today and then we'll have a peer sharing call next week, which is a follow-up of today's webinar, which that event will be on August 13th. So we'll hope that you join us for that as well.

Clara McCurdy-Kirlis:

Again, thank you so much for your participation today, for joining us. And let's see some of the questions rolling in, and there are a lot so far. So we have community members protect each other. That's very positive and a great thing to see about our communities. And of course there are also the unfortunate unique aspects of our communities like trauma, high rate of substance abuse. So we have a



different... positive and also some areas where our prevention professionals like ourselves will need to be working to address. So thank you very much for taking the time, and we are recording your responses so we'll be able to look back and reflect.

Clara McCurdy-Kirlis:

But in the interest of time, I'd like to move us to the main discussion today. Before I do that, for people who just joined us, I'd like to remind you to please click on the link that you can see in the chat. That is for attendance purposes, and you can enter your name and email address there for attendance purposes rather than writing it in the chat, unless you have trouble. And of course, if you have any technical issues, please feel free to let us know in the chat as well. We'll see what we can do to help you. All right?

Clara McCurdy-Kirlis:

So thank you all for participating in that poll. It's great to see some things about different communities and both the positive and the negative. So thank you very much for sharing. Again, welcome to today's webinar, "Engaging New Partners and Addressing Emerging Prevention Priorities with a Health Equity Lens." I'm Clara McCurdy-Kirlis, and I'm joined by my colleagues who I will address, or I will introduce, in just a moment. That's Ivy Jones-Turner and Debra Morris, but I'll give you a little bit more information about them and introduce them properly in just a moment.

Clara McCurdy-Kirlis:

This webinar is being recorded, and following the presentation we'll be sharing the slides with all of the participants. So you will get the slides and the recording if you're here joining us today, so rest assured. My name is Clara McCurdy-Kirlis, as I said, and I work with Education Development Center as a Training and Technical Assistance Coordinator. And I support the work that we do in the field of substance misuse prevention in a variety of ways, instructional design and training and technical assistance support. And I'm joined by my two fabulous colleagues who will be presenting today's topic, Ivy Jones-Turner and Debra Morris. Ivy has been for over 20 years providing organizational capacity assistance on health promotion and prevention and substance abuse, suicide violence, injury, and mental health with nonprofit and community-based organizations, state, and faith-based agencies and school districts. Her capacity-building skills include program evaluation, training, and technical assistance in program design and implementation, and organizational development, and grant management. So she is a Certified Prevention Specialist, and she holds an MPA from Harvard University, Kentucky School of Government. So we'll be hearing a lot from Ivy today.

Clara McCurdy-Kirlis:

I'm really honored to be presenting with her as well as Debra Morris, who is an expert in advanced training and technical assistance. And she helps build strong systems to promote health and support substance misuse prevention. Debra also brings extensive experience in evidence-based prevention strategies, cultural competency, effective methods to address health disparities, school-based prevention management of large public health centers, and systems change. So, as you know, today we'll be talking in depth about cultural competency and health disparities. So it's great to have both Debra and Ivy here today to share their knowledge and expertise with us.

Clara McCurdy-Kirlis:



So today we'll be talking mainly about three objectives that we're hoping you will walk away with this webinar feeling confident about the following: defining terms related to health equity, strategies for recruiting and retaining new partners to address health equity, and then finally identifying techniques to integrate health equity into partnership engagement. So that is what we are hoping you will be able to walk away with. And thank you very much for joining us today. And I'd like to get us started by handing this over to Debra Morris. And Debra, you may be on mute.

Debra Morris:

I was. I was. Thank you Claire. [crosstalk 00:09:07] Hi everyone. Thank you. As Clara said, I'm Debra Morris, and I'm really glad to be with you today. So just starting off, we'll spend a few minutes going over definitions. And so about health equity, health disparities, social determinants of health. But I know you know these definitions. But the one thing when we do this training, we want to make sure that we're all on the same page. And because you are the experts and you are out in the field every day doing this work. So I encourage you throughout the presentation to write your answer or respond to things I've said or provide your opinion in the chat. And we welcome to... welcome... as you... welcome you as additional trainers for this session.

Debra Morris:

So let's go over a few definitions first. One is health equity, and health equity really is our goal. It's the attainment of the highest level of health for all people regardless of who they are. And when I look at... and this is by Health and Human Services. And I'm sure you've seen definitions by WHO, W-H-O, by CDC, Robert Wood Johnson Foundation, and your community or your agency may have your own definition. But the things that stand out... the one thing is common in all of these definitions, excuse me, are words like highest, all, regardless. And so those are the words that I really hang on to when we think about health equity.

Debra Morris:

Health equity requires us to remove obstacles to health in which people are born, grow, live, work and age. And then we think about social determinants, and we'll talk more about that, it reminds us that things that get in the way of health, or prohibit a person from achieving health equity, is such things as poverty, discrimination, and the consequences of that discrimination, the lack of access to good jobs with fair pay, quality education and housing, safe environments and healthcare.

Debra Morris:

The next definition is health disparities. And that's the difference in outcomes that are results of or closely linked with social, economic, or environmental disadvantages. So some examples of health disparities among blacks, American Indians, and Alaska natives are more likely than whites to report a range of health conditions, including asthma and diabetes. American Indians and Alaska natives also have higher rates of heart disease compared to whites. These two examples illustrate that health disparity is about differences in outcomes concerning specific illnesses, but also access to services.

Debra Morris:

So when we think about health disparities, let's put a behavioral health... Listen to behavioral health in this definition. So when we think about behavioral health disparities, it refers to differences in the prevalence and incidence rates of behavioral health problems, for instance, substance misuse disorder, emotional health problems, and suicide rates, as well as higher levels of morbidity and mortality



associated with behavioral health disorders, when compared with the behavioral health status of the general population. In addition, higher levels of behavioral health disorders, disparities may be related to differences in healthcare access as well as to the quality of care. Limited healthcare facilities...

Participants:

[inaudible 00:13:23].

Debra Morris:

Somebody's mute... Can you mute your phones please?

Debra Morris:

So another definition. Let's talk about social determinants of health, and those are conditions in our environment where people are born, live, learn, work, play, worship, and age, that affect health functioning and quality of life outcomes and risks. We will talk more about social determinants of health at a later time in the presentation.

Debra Morris:

We're going to move to the fourth definition. We're going to talk about is cultural competence. And that's the ability of an individual or organization to understand, interact effectively with people who have different values, lifestyles, and traditions based on a distinctive heritage and social relationships. But cultural competency is about behaviors, attitudes, and policies that come together to ensure that a system, an agency, or a program, or an individual can function effectively and appropriately in diverse cultural interactions and settings. It also means ensuring that we have an understanding, appreciation, and respect of cultural differences and similarities within, among, and between groups. And simply put the goal of cultural competency is to learn about the other person's culture rather than reflecting on our own backgrounds.

Debra Morris:

One of the other definitions that I am seeing more and learning more about is cultural humility. And with cultural humility, it requires us to be aware of our own cultural biases, and historical realities, and legacies of certain groups of people. Cultural humility also goes even deeper. It requires us to step outside of ourselves and be open to other peoples' identities in a way that acknowledges their authority over their own experiences. And in some ways it frees us to listen, to think, to hear, and not having to be the expert on everything. And so it's more about never being done with learning, never finishing.

Debra Morris:

Some examples of cultural humility include an approach learning about another culture as a lifelong process. So for instance, meeting with key stakeholders and leaders of organizations representing the populations of focus for guidance on understanding the cultural history and traditions, and review and assessment data, and before sharing data publicly. So with that we're taking into account someone else's feelings. Thinking about another person's culture, their history, and using that assessment data, but making sure that people are okay with sharing that with others, sharing the data with others. Also think about asking about, instead of assuming, trauma as a risk factor for LGBT youth clients. With cultural humility, we have a willingness to act and acknowledge that we have not, and will not, arrive at a finish line. And it's also understanding is only as powerful as the action that follows.



Debra Morris:

Here's an example of equality and equity furnished by the Robert Wood Johnson Foundation. I'm sure you've seen many, many iterations of this equality versus equity slide. You've probably seen one, that slide where you see children looking over the fence, the children standing on boxes and knocking down fences. So if you look at the top, equality. Everyone received a bicycle, which is great. Everyone had a chance to receive a bicycle. The problem is that everyone can't use the bicycle provided or offered. When you think about it, there may be a bicycle that's too small or too large. It may not be appropriate for people with disabilities. But when you think about equity, everyone receives a bicycle to fit their needs.

Debra Morris:

And I talked about diving in a little bit deeper into social determinants of health. Really like these slides, the next three slides, because they give us an example. When you look beneath the surface or beneath the... in the roots of a problem, you see there's a barren tree. Because what are some of the things that get in the way of letting this tree, or people, flourish? We have discrimination, institutional racism, poor schools, unemployment. Also thinking about trauma, poverty, stigma, adverse living conditions.

Debra Morris:

And what are some of the health outcomes as a result of that? And we see this is violence, stress, substance misuse, HIV, and depression, among others. And then when we look at this tree, we're thinking about systems. The same issues... if you look to the tree on the left, there are the same issues or conditions, but also you put on top of that a fragmented system, a restricted power, disinvestment, disconnected members. But when you look on the right, you see what has happened. If you look below the surface there's access to health care, quality housing, access to healthy foods, clean environments. And what happens as a result of that? You see policy change, networks, participation, social support, and a sense of community.

Debra Morris:

Look at this first tree again, and if you look at the tree to the left, there still are deficits. They're deficit based. And so what do we get when we don't have good... unemployment, good schools, you still see that barren tree. But when you look on the tree at the right, it looks... this tree is... think about this tree, community or individual is operating in an asset-based environment. Look at the health of the individual or community with access to quality healthcare, jobs, quality housing, all help build a healthy society, a healthy community and healthy people who live in those communities.

Debra Morris:

With that, Claire, I'll ask you to pull up the poll. So what I asked you to write in the chat, "What social determinants of behavioral health influences your work?" I'd love to have you... we can talk about it just a bit. If you could put in the chat what social determinants to behavioral health influence your work, and Ivy, I'd like to invite you in to help with some of the reasons. So, unemployment being one. Sure. Yes.

Ivy Jones-Turner:

The impact of both poverty and unemployment. Yes.

Debra Morris:



Makes you think of that tree. Mm-hmm (affirmative).

Ivy Jones-Turner:

As you folks also are noting some of the other items that had been highlighted, both housing, as well as substance abuse and substance use. Oh, someone's noting imprisonment. Yeah.

Debra Morris:

Yes. I did not put it in there. Yep. Lack of adequate housing. Housing and transportation in rural communities. Yeah.

Ivy Jones-Turner:

Yeah. I was going to say having grown up in somewhat rural areas, yep. Definitely can be a social determinant.

Debra Morris:

Yes. Think about how far you have to drive to go to the doctor or even get healthy food options. All of those things contribute to behavioral health and... social determinants.

Ivy Jones-Turner:

Another interesting thing I'm seeing from a couple of folks, Debra, is that folks are not just thinking about those immediate social determinants, but how they play out. So I've seen someone note imprisonment, which often comes as a result of... or education. I've also seen someone mention trauma, which comes as a result. And then also there was a... well, several people have mentioned discrimination, but also just a lack of services.

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Ivy:

But also just a lack of services and what that means.

Debra Morris:

Yes, you think about racism, think about substance misuse, that transportation, to be able to access those services, differences of schools and living situations. Wealthy and poverty, yes.

Ivy:

Mm-hmm (affirmative).

Debra Morris:

Thank you for participating in the poll. I'll turn it over to you.

Ivy:

Okay. Thanks, and as we go onto the next slide, what I'd like to do is highlight here in many ways, this is an opportunity for us to understand how cultural competence, which Debra just described a few



minutes ago, really helps us to rethink as an organization and as a system level to promoting health and supporting health equity.

Ivy:

If you look at cultural competence, it really is the ability of an organization or an institution to not only meet the needs of the persons with whom they're interacting and supporting and serving, but really making sure that the services, the information, the communication, the interactions are intentionally addressing the different values, the lifestyles and the traditions that may exist within that particular different community or that community with whom you're serving. Very often we know for many of our programs we are working with many different communities and so being able to respond to each of those.

Ivy:

If we think first of the behavioral health disparities, identifying those allows our organizations to create an institute culturally competent approaches, to reduce the behavioral health disparities, to really respond to those in a way that then leads to the reduction of those behavioral health disparities. Ultimately to our goal of increased behavioral health equity.

Ivy:

An example of that can begin with very simply, and we'll talk about this throughout today's session, we can look at the behavioral health disparities in terms of education and educational communities if we are serving you who speak English as a second or third language, as well as if we are working with or serving youth who may have some type of a physical or a developmental change, excuse me, developmental difference. Being able to culturally respond in an intentional way to ensure that those students have the appropriate education interventions, the appropriate educational support and the appropriate educational, excuse me, the reflection of their lifestyles, their traditions, or just their values, and maybe even recognition of skills that they bring. Then that helps to the behavioral health disparities and therefore lead to increased and the same level of behavioral health and equity.

Ivy:

With that, what I'd like to do is go on to the next slide, and in particular, begin to think about what that means in terms of how we engage our partners and really thinking about identifying both the health disparities in our work and what that means for how we are interacting and thinking about engaging our partners. For example, first question I'll ask you is just as we have had an opportunity to review a number of the definitions and terms, so that we're all on the same page.

Ivy:

Debra, we haven't a chance to really think about what are some of the social determinants of behavioral health that influenced your work. We recognize that this means that we can prioritize attention to the social determinants as a way to really focus our efforts on the evidence-based strategies that are going to allow us to have the best fit and to be more likely to impact the risk and protective factors to advance and support the buy-in and adoption of interventions, as well as support the ongoing implementation.

Ivy:



As we, along with the population, with whom we're working, try to address systems. We're going to talk a little bit more about what are some of the social determinants of health that might address your work and influence your work, but also to begin to think about how we can ensure that we're providing the best and most appropriate services. If we take a look at this slide, as we think about beginning the process, according to the strategic prevention framework and identifying where and how our decision-making begins with designing substance misuse interventions, we're really starting with a data driven decision making process. That means that we're starting with several key questions, is there a substance misuse and disorders problem within our community? Who are the population that we might need to focus our efforts? What are some of the factors that are those programs that we want to think about as well as what are some of the prevention strategies that we want to adopt and how we should think about involving the public in adopting these prevention measures?

Ivy:

Now I think one of the key things just to note here is that as we look at these questions we talked about, and we often talk about how data driven data driven decision-making is a key part of how we approach substance misuse prevention efforts. In particular, one of the things that we often try and do is that we make sure that we're basing our plans and interventions and decisions are made on that has been collected from the community.

Ivy:

Well, if we look at these questions here, I'm sure many of you... Okay, I'm sorry, I see that there's a message that my sound is coming in and out. Hopefully this is just a little better and I'll try and make sure that it's a little more clear on the next section. There's going to be two of these questions in particular that are listed on your screen that really help us to take a start at addressing and instituting a health equity lens in our planning efforts. Love to hear from folks, you can use the chat. Which of those questions you think that might apply to? Which of these questions that are on screen support your efforts instituting and integrating a health equity lens in your prevention planning?

Ivy:

I think for many of you, you've already figured it out that it really is the second question and also the final question. Both of those not only address, how do we identify the populations with whom we need to focus our efforts but also how do we involve the public as part of this?

Ivy:

I'm going to switch over to our next slide and this is part of where we really are thinking about how we can take more of a health equity perspective and really focus on what they were describing it is putting on a health disparity lens so that we're able to identify and pay attention to where there are health disparities so that they are priority in our attention and focus.

Ivy:

What that means is partially we're thinking about how are we providing the best and most appropriate services that are going to support not only the cultural competence in terms of their adequate care available for clients, when they arrive with providing a welcoming environment with people who they see who look like them. All of these are some strategies that really are going to go a long way in order to ensure that we're supporting and helping to connect with our population so that we can better connect with them. What I would like to do is just highlight here, and I understand that my audio sounds really



choppy today, so I'm going to try and take care of that in a few minutes. If we can give me one second. Yes.

Ivy:

Oh, okay and hopefully this sounds a little better. The idea here with taking a health disparity lens is that there's some key questions we want to consider as we approach both our data collection, as well as our work and our support provided to the populations of whom we're going to focus our prevention efforts.

Ivy:

In some cases, I think for a number of you, you recognize that there are ways that you might think about how are you engaging the public going back to our previous question, how are you engaging the public in the data collection and analysis to really ensure that those specific populations are represented? Are they able to and are they a part of helping you to interpret and understand the data and how the data and the problem of whatever the substance misuse or substance abuse issue is, is not only the consequences for their community or for the community, but also how it compares to other populations.

Ivy:

There are a number of these kinds of questions that you're going to be thinking about that you've already been thinking about. In fact, for many any of you, I'm sure that there is the recognition that you've even identified partners to help you address some of these areas for a number of years and you have engaged those partners, particularly because of their skill, their knowledge and their expertise in terms of working to support your efforts and so what I'm going to do, and it looks like I might still be having some audio challenges, at least in terms of what folks are hearing. In a few minutes, as we transition between presenters, I'll try and take care of that and hopefully that will be alleviated, but I just want to move on to a couple of ways that we might really think about this and how these issues show up in our work, as well as in our communities.

Ivy:

I think for many of you, you are quite familiar with this information. Over the last several months we've been focused on focusing our attention on responding to some of the changing substance use landscape issues. We recognize that there's some emerging substance use trends in particular, for many of you've communicated to us that there had been some changes in the perception of harm and experienced experimentation or the use and regular use rates of vaping or marijuana with young people.

Ivy:

Now, for some of you, of course, that might also include some increasing rates of use, the amount of use, or even the use of new substances that you might see in your local community during this period of COVID. I think for many States throughout the country, we've also seen a relaxing of alcohol distribution policy, so that there is the ability for communication for restaurants to make home deliveries of alcohol, which is again, another changing context to our substance use issues.

Ivy:

One of the goals for our discussion today during this session is really to help us to think as preventionists and really rethink about our tools and our practices so that we can strategically include ways to build on and implement the strategies that engage our communities and partners in a more effective and



sustained way. If we think about COVID, we can see here that from this data from the CDC, we have some disparities in terms of the health experiences of different populations.

Ivy:

We see obviously that we are seeing differences in the present than the percentage of a population that might be present in a community, as well as the percentage of that same population, in terms of how they're represented among the population of clients that have been hospitalized with COVID. Another example that we might think of are deaths from COVID, in particular in New York City, again, we see discrepancies or disparities between the death rates, again, based on in this case, racial and ethnic identity.

Ivy:

Another example that we'll use is a little closer to our own work. If we think about health equity with regards to the outcomes of treatment and treatment success in terms of alcohol or alcohol and drugs, and we see differences that are based on again, racial and ethnic differences, all of these situations, whether it be the illness rate or whether it be the illness rate, whether it be the death rate or whether it be the outcome of interventions we see for all of these, there are the disparities and the question is what has led to these disparities? What are the determinants of health that have effected the ability of populations in order to experience and get to help?

Ivy:

What part of what we're focusing on in today's conversation, as well as in our next session is really to think about how do we both identify, what are those social determinants of health that specific populations might experience, and how do we ensure that those populations have the resources that they need to both affect the substance problem and the social determinants?

Ivy:

We're going to invite you to come into the conversation and to respond to these questions on this slide and Debra, I'm going to bring you in here to help talk about some of the responses that we see and hear from the chat.

Debra Morris:

Yes, it's my pleasure. Thank you. I have it for that. What I'd like for you to do is either say, just think about a community and who they know to help answer these questions. How do you validate this information and how do you understand, what can you ensure to a specific populations of focus that they have the resources they need to address both the substance misuse problem and social determinants that contribute to this problem?

Debra Morris:

If you think about those trees and think about what can we do to address some of the issues below the surface so that we can have a full and flourishing community. That's what I'd like you to do. If you could just put in the chat. Put the social determinants of health and think about specific populations of focus, folks have experienced.

Debra Morris:



I saw you typing. Okay, so poverty? Yes. What can be done to address poverty in a community? Housing? Thank you, Daniel and Lynn.

Debra Morris:

How can we help address those by having quality housing, poverty, think about jobs, access to transportation to get to a job. Yes, racism plays a big part of that and when we thought talked about it, just think about those systems that can change once we make a difference in a person's life or community life, think of that. That employment and think about housing. I think about fresh air, clean air, think about a place to walk so you get that exercise to go outside and kind of clear things up that are going on. We've talked about poverty, housing, racism, employment, and others are typing now.

Debra Morris:

Health care? That's absolutely right. A couple of things about health care it's do we have access to healthcare? Is it quality healthcare? Does the healthcare meet my needs? Actually does your healthcare provider institution practice cultural humility? Are they willing to listen to you and take in what you're saying? Then begin to view you as a partner, when you think about health care.

Debra Morris:

Also quality education is a big, big issue. Do we have the tools in our schools, in our neighborhood to provide that education that allows people to find a job that it could be sustained? So, you can sustain a lifestyle and access to healthy food? You're absolutely right. Where I grew up, now it's a food desert and then once was a flourishing community that had grocery stores, drug stores, and over time the population is older and the stores went away. I think about my parents and think about that food desert and how it impacts their health. Not only just food but healthy food also.

Debra Morris:

I see others as continuing to type. Thank you so very much for participating in the poll. Clara and Clara, I think we can move on to the next. We have a poll now, after you reviewed the data, how do you generally engage key stakeholders and partners? We have a poll up and select all that apply.

Debra Morris:

How do you generally engage? Do you gauge populations and collecting and analyzing the data? Do you examine specific pocket data from specific populations regarding the prevalence of the problem? Also, what is the impact of the problem on specific populations? Then how do you use the data? Do you compare the data to other populations of focus?

Debra Morris:

As you're looking at the data, do you think about those social determinants of health that may impact the population? It looks like engaging individuals and key stakeholders. That seems to be the number one answer. I see another comment. The populations may not be accessed enough, more outreach needed in the area, more drop in centers. I'm going to save. It seems like over almost 81% of you already engage individuals. As I began this presentation, I said you would have experts and it shows that you truly are.

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Debra Morris:

Yeah, let's see. So, comparing this specific population data to other populations of focus. Now that received the lowest number of responses. Tell me why that wasn't the number one. So just type in the chat, why wasn't the compare specific population data to other populations of focus? Why is that one of the lowest? Only 17 people chose that one, that answer, or that response.

Debra Morris:

I see a couple of people are typing. So it looks like engage individuals and key stakeholders from the populations of focus and collecting and analyzing the data out of 75%. Someone said the main focus is on the person we serve and self-report. The focus is more on local needs. Yes, yes, yes. The next highest vote-getter was analyze data regarding the impact of the problem on the specific populations yeah. Then let's see, examine data on the social determinants of health impacting the specific populations. Focus is on more of a local level in specific population, thank you.

Debra Morris:

So let's go to talk more about engaging key stakeholders and partners and things that can be done. So thank you, Clara and Clare, we have a Clara and Clare, so thank you for moving to the next slide. Thank you. So we've already talked about ... Abby started talking about engaging your partners and recruiting, and let's talk about how do we do that as we address health equity?

Debra Morris:

So we know that engaging partners is vital to the success of your organization's goals and your initiatives. There are a number of reasons why developing partners and and engaging other people in organizations might be beneficial. Oh, I see, "We must listen to our people." That's absolutely right and that will fall right into this next presentation.

Debra Morris:

So in general terms, partnerships can concentrate the community's focus on a specific or a particular problem. It also creates alliances among those who might not know that we work together and it keeps the community's approach to issues consistent. So if you all engage partners and you're working on a specific issue, everyone knows what the other person is doing. So you get a coordinated approach. I'm thinking about more specific reasons for forming a partnership might include bringing a more effective and efficient delivery of programs. As I said before, it eliminates the duplication of efforts.

Debra Morris:

Also, you think about using resources and that's to pool resources among others in the prevention community. You think about bringing many people together, organizations, they may have the resources to accomplish the tasks that no one or none of the organizations in the community can do alone. That's exactly what recruiting is about, accomplishing together what they can't do alone.

Debra Morris:

Also, you began to increase communication among groups and you break down stereotypes. Bringing together organizations from many sectors of the community can create alliances where there was little contact before. It also helps think about other issues that you may want to address. So if you may want



to address substance misuse prevention, you may be able to work with that same group on housing or employment, or some of the things you talked about.

Debra Morris:

Also, when we think about working together toward a common goal, it also helps organizations and people break down barriers and misconceptions and it also enables people to trust one another. Another thing about partnerships, you want to create long-term, permanent social change. The real change usually takes place over a period of time. When you're working together is when you're working with individuals and organizations to gain trust, to share ideas and getting past the preconceptions in order to understand the real issues underlying community needs.

Debra Morris:

Just tell you a little bit of story in our organization, some of us participated in an implicit bias training, and I can tell you, in my small group, all of us walked in thinking, "Oh no, we know how to do this work." When we got the results and had further conversations, we realized that we have work to do, to let go of some of those misconceptions and begin working in a more collaborative and responsive way.

Debra Morris:

Also, a thing about partnerships is structure. You have cooperation among the first groups and it helps with problem-solving. It also can accelerate the process of change in a community. We all know from either our social lives or our work lives too, partnerships, even though they may take either initially or the long-term, it also helps to design, obtain funding for, and also to address and lead to interventions in the community. So we'll go to the next slide. I encourage you to type in the chat if you have things to offer.

Debra Morris:

So when we think about building resources and readiness, it takes time and preparation. This is where we really begin to develop partnerships and understanding the role of cultural humility. It's an opportunity to look internally, to be sure we're prepared and that we've done our homework to engage specific populations, such as understanding the community, what is important to the community and what are issues that may need to be addressed.

Debra Morris:

You also get a understanding of risk and protective factors of a community. You begin to learn about the community's resources and you also began to build the readiness of your coalition or groups to address disparities. You also need to engage the community you want to serve to determine their readiness.

Debra Morris:

It also, just like those trees we discussed, you see what's on the surface, and there are things you can't see and think about, that's what cultural humility is all about. Communities also do have pasts. People don't often come as blank slates, and I bet no one comes as a blank slate. All communities have access, they have lived experiences that can inform dynamics of the community and how they approach partnerships. I also think that when we engage in our work through a cultural humility lens, we change our thinking from deficit based to asset based because when you enter a community, or people come to your community, as I said, they don't come with a blank slate.



Debra Morris:

So just a real quick question and Clare, I'm just throwing this in there for a minute. I'd love for you to type in the chat as you've developed new partnerships, what were some of the things that you've learned about a community, or experienced with a new partner? So when you've engaged in partnerships, what are some of the things that you've learned as a result of those partnerships? Share transmissions and other information.

Ivy:

Deborah, this is Ivy, I'm back now, hopefully with a better audio. I saw some conversations as well, in terms of just the approach to really communicating in a newer and deeper way, it sounds like.

Debra Morris:

Yes, yes, yes. And I see, I love this, the shared vision, shared vision, goals and vision because the community in fact may have goals. They may have visions and I bet they do. So how do we work together to complement each other, to get where we want to be? It also helps with more resources. That's absolutely right.

Debra Morris:

So we've put here on the screen is a continuum of recruitment strategies. We know that before you begin to recruit, you need to really know what does success look like before you start and help when you've achieved a certain goal. So, just quickly, do you do that? Do you think about what does success look when you're getting into partnerships? So the one thing about going in with knowing what success looks like in your community, you will know when you receive it and Richard says, "Yes, we do. We evaluate that, yes, yes, yes." Just because a constituent group may seem to be more challenging to engage, I encourage you to still engage them. When we're doing this work, it's not always easy. So we need to remember not all recruitment approaches are created equal. Also including hurdles, yes.

Debra Morris:

For sectors that may be interested in your topic of interest, a more general recruitment strategy may work. This may only include an invitation to a meeting or even a letter of introduction. The more prospect members may be more difficult to engage. You might have to do a more customized approach and it may take more time. Sometimes people use the same recruitment strategies for all new members. However, we all know that some individuals in key sectors may take more time to develop trust and to build relationships.

Debra Morris:

I've worked on a coalition where we were working on tobacco prevention and control and we wanted to bring the clergy in. Before we brought the clergy and we needed to have a real understanding of who attends the church, or the synagogue, or the mosque? Who is it that attends those? So we could also try to think about how can we approach the big community? So we think about that more customized recruitment approach, you want to gain information on the organization, such as the mission and their work. We want to know who are the gatekeepers. You may need a one-on-one introduction meeting. I also encourage you as you're doing this work to think about friend-raising, that you may attend a function. You may not have an ask, but you're just trying to understand about people in the communities and what are some of the things that are important to that particular person or group? Get



to know them. Also in just conversation, they may know someone that you don't know, that you're trying to reach. So I encourage you to think about those customized recruitment approaches.

Debra Morris:

You might want to invite potential organizations to a steering committee meeting. You may have the leadership of another organization of a particular sector come talk to your organization. Now these steps, they're steps that are often overlooked in recruiting new members. So I'm asking you, how do you make the case? Do you have your elevator speech? So, when you are in a casual environment, you can strike up a conversation and part of that's friend-raising to get to know what are some of the things they're interested in, and you could be thinking in your head, "So how can I engage them? and get them to be involved in our efforts?"

Debra Morris:

Do you have a volunteer orientation plan? When a person walks in the door of your meeting, who will greet them and who will follow up with them? Those are some of the things that in my experience has worked. Those things have worked when I have gone to do recruiting. Also, if I had better skills, I would put this next slide in bronze, silver, and gold, because everyone has a part in the work we're doing.

Debra Morris:

So this provides a helpful way of looking at our relationships and the structure of your coalition. So we have core members who come on on a regular basis or identify with being a part of the coalition. They're the people who call and you say, "Can you make 10 phone calls?" With core members, we have people who guide the coalition and help make decisions and if you remember, when we used to send out mail, we'd have someone to get a group of people to help us stamp and lick the envelopes. Those are some of the things that don't quite happen these days, but there was a time when the core members were there to do that and they often had personal relationship with the topic. We also have people who guide ... that's that leadership. We have people who guiding and the coalitions who help make decisions.

Debra Morris:

So lastly, we have partnerships and affiliations with organizations that may not be officially part of a formal coalition or collaboration, but I guarantee you, it helps to have good relationships working with the people in those organizations or coalitions. This could include the press, other not-for-profits in the community of business.

Debra Morris:

I also think what's important in all, both members and partnerships, we want to make sure that everyone can contribute to the work. We're all busy professionals, we have a lot on our plate, and sometimes we forget when we have our head down and we're moving through the work, we sometimes forget to look up and recognize and acknowledge the accomplishments of the people in the room for their work.

Debra Morris:

I think that's one of the things that we often forget. We just want to keep going, but I promise you, everyone likes to see their names in lights. So find a way to recognize your coalition of people in your groups as well.



Debra Morris:

The other thing about prospective partner and membership recruitment worksheets. We've developed this worksheet just to give you an example of a planning tool to identify potential members. So you give this tool to others in your community. You say, "What is your goal in your coalition? How many people do you want to bring to who we think would be engaged in our issue?" And begin to keep a record? One thing that I think also may help with your recruitment is to find a place that you can ... have a site that everyone can see the status of the recruitment and what needs to be done, so that everyone can see this and everyone actually can take ... they can be very proud of the work. This is also a way of acknowledging people. So Ivy, are you up?

Ivy:

Yes, yes. So thanks so much Deborah, and thanks everyone. I think this has been a really rich and really great number of examples that you've been sharing, Deborah. What I'd like to do is maybe share a few more here in terms of, as you think about engaging new partners, what are some examples of the actions and steps that you can take? What does that look like and how might you think about, as well as where might you think about, and intentionally integrate ways to engage some of these new partners? I've been keeping an eye on the chat and there've been some really great responses there from a number of folks, and we'll just encourage you to continue typing into the chat some strategies and examples that you've used, but I'd like to share a couple here at this point.

Ivy:

As you think about examining the current representation and gaps of your partners, make sure that you're spending some time, not only at the very beginning, but also throughout the experience of your planning, as well as your implementation process. Who's present at the table? When are they present at the table? And who's missing?

Ivy:

One of the things that's very critical, and we've talked about this earlier in today's session, is really thinking about not only who are the populations of focus, based on maybe disparities in health outcomes or health experiences? How are they present in the conversations? Are they there at ideally the beginning of the planning process and in what roles have you invited them to be members of the planning team? Are they listening to the information and then giving you feedback? Are they listening to the data and then helping you to understand and interpret the data to understand then what are the suggestions and decisions that could be and should be made from that data? Are you involving them at the point of not just identifying potential programs or interventions, but also asking them to be part of helping to design and implement those interventions?

Ivy:

Again, it's key and we want to encourage you to think about looking at the representation and ensuring that you are paying attention to where there may be gaps in representation, but not just representation, it is representation with a key role. As Deborah just noted, there are a number of different levels of roles that your partners and participants can play, but you want to make sure that you're looking across all of those levels.

Ivy:



You also want to think about what's the cultural humility within the group? I'm sure we all can think of some examples where we may have joined a group that's already been formed and the question is, how do we establish ourselves and how are we welcomed by the group?

Ivy:

So we want to encourage you to think about helping the coalition or the group that's working on the issues initially to have a learning and welcoming response, engaging the new partners and new practitioners that you're asking to join you in this work, really helping to develop in so many ways what I call a learning perspective, not just a learning perspective, but I think as we've seen through a number of the comments through this afternoon's session, there've been a number of ... actually, and I'm seeing a couple right now.

Ivy:

Richard has noted, it's nonjudgmental attitudes. It's having an icebreaker to really give an opportunity for people to share both about who they are and what they bring and how that is encouraged to be shared as part of a networking process and a sharing and joint learning and benefit for the ...

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Ivy:

Like learning and benefits for the entire group. I'll just also note a couple of others. As you think about the specific community that you're interested in engaging, think about also how you're integrating intentionally, both cultural humility, as well as cultural competence. Again, thinking about cultural competence as the initial starting point, in terms of making sure that you have some sense of who the population community that you're interested in engaging in is. What are some of their values? What are some of their priorities? How do they interpret and understand both challenges as well as the consequences? But then also recognizing that you need to have the humility. That they are not going to necessarily... No, I'm sorry. That no specific group is entirely the description or the understanding that we might have about that population in our cultural competence material.

Ivy:

So, for example, while we might learn that Latino or Hispanic cultures might have Catholicism or Catholic church as a predominant faith experience. You don't want to make the assumption and you want to have the humility that there may not be everyone coming from that same background and experience. Thinking about the organizational readiness for your new members and your current partners. And how you might integrate opportunities for current partners to think and to develop a level of readiness, to both listen, to welcome, and to learn from others who are being integrated. Are new members, new partners, being asked for their opinions, their ideas? Or are all decisions being made ahead of time? And then, finally, just thinking about how some of your current and new community stakeholders, what are their community interests and concerns?

Ivy:

Some of the work that I've done over the years has really reminded me, in many occasions, to not make the mistake of coming in with an assumption that, "Hey, I already know the answer to the questions that you think you might have". And a perfect example might be, when you go to the doctor for any kind of checkup, ideally, you're explaining what your conditions and experiences are. The doctor's listening, and



then you and the doctor are making some interpretation. You're not waiting for your medical personnel to tell you this is exactly what's happening before you have an opportunity to share and to discuss with them, what some of the conditions are that you're experiencing. Or that you seen.

Ivy:

So, as we think about some of these examples, we'd like to invite you to respond to the poll questions that are listed on screen, both what is a community stakeholder or a specific population that you would like to engage in the future? And then secondly, which populations or communities are you working with or would you like to work with? And how has today's conversation helped you to identify some new strategies? Or new thoughts and perspectives on how to approach and engage them?

Debra Morris:

Just a suggestion;

Ivy:

Yes.

Debra Morris:

There was something in the chat, a couple of comments about engaging youth. And so how do you do that? How do you get youth at the table? I think about the old adage, "nothing is about me without me". So if we're planning to work with youth, I bet you'd get a different response. If you have youth helping to plan the engagement.

Ivy:

Yes, I was going to say definitely.

Ivy:

The recognition that maybe in the past, we have not been as engaging of our youth populations. And we definitely want them to be part of not only the response, but also to support their level of buy-in and the adoption. So definitely. Oh, wow. Some great responses that we're seeing here. Specific populations, such as older adults. Seniors. I see a couple of folks also noting the attention to parents of youth, along with the youth. Great. Debra, are there any other responses that you've seen so far that have been really interesting?

Debra Morris:

Yes. There's one in particular veterans in rural areas. I think that is so important a group to engage. And if, I'm sure they have experience that is very important and can help us, can teach us a thing or two, for sure. So non-english speaking populations, I think that's also... Are we prepared for that? So as a coalition or as a group, do we have interpreters who could help? Is there a hierarchy in the community for someone who does interpretation if an outside interpreter is not available?

Ivy:

Yes. You know, I see someone's also noted in the first chat, the recovery community and law enforcement. And then I also noticed that someone had noted that they already have been working with a black population at various ages, and they'd like to expand, to include Latino populations.



Ivy:

So definitely some key things to think about. And, as you are looking at some of the audiences or the populations that you are looking to engage for the future. Again, try to identify, as you've heard us talk about throughout today's conversation, representative and identify representatives of those populations who might have an opportunity to help you do a lot of the items that you've started to note in the advice chat. So for example, folks who can help you, stakeholders and key informants, as well as gatekeepers, who can help you to build relationships and develop a participatory approach.

Ivy:

Definitely see some folks also noting that you want to make sure that you're not assuming that everyone has access to and the knowledge for using technology. Ah, yes. And unfortunately we have really been relying on technology very heavily most recently, but I think one of the things Debra, you and I may have spoken about this recently, is that not all recovery community participants have access or feel comfortable with technology.

Debra Morris:

Yes.

Ivy:

And therefore, what is the response that they, or their ability to participate? Yeah.

Debra Morris:

I think another thing is to think about stigma. What are some of the things we can do to make people from the recovery community invite, feel comfortable joining an organization.

Ivy:

Yes.

Debra Morris:

And someone else had written "no judgment". I saw that on before we changed to this format, that was there. That was a comment.

Ivy:

Yes. So we have a couple more slides that we'd like to share some discussion on. So we're going to switch over to those, but thank you so much for such a rich conversation and lots of great comments and input here. So, as we go to the next questions and discussion portion, we'd like to talk a little bit more about how to engage partners and really thinking about what are some of the questions for consideration and some of the tools that you might use that would be supportive for this process. I think as we have been talking throughout today, you've heard us talk about several steps of prevention. Planning, building capacity, selecting and planning your interventions, really walking you through some of the first several steps of the SPF or the Strategic Prevention Framework. You're already familiar with these. And now you've had an opportunity through this conversation to really re-examine how through a health equity perspective, you can both gain more understanding.

Ivy:



You can deepen the collaboration and you can really develop some of those intervention plans. They're going to be more effective because not only is there greater input from your populations of focus, but there's also greater buy-in and support from some of the key stakeholders. So in our remaining time, let's look at a couple of tools, but also some questions to consider, that can really help us to intentionally and consistently include a health equity frame. So as we go to this next one, we're going to really talk a little bit about partner engagement and some questions to consider. So I'm going to turn this over to you, Debra.

Debra Morris:

Okay. Thank you, Ivy. And thanks everyone for writing in chat. We really do appreciate your engagement. And as I said at the beginning, you are definitely the experts. So thinking about this partnership engagement, we talked a little bit about being prepared for engaging partners.

Debra Morris:

And these are the things when you think about when a partner is there and at the table, so who's sitting around your table? What role have you, has a person expressed interest and been engaged? Are there stakeholders that may want to be engaged in new ways? Are you open for conversations about new ways to expand and enhance your coalition? Are people who are sitting at your table, are they part of the decision-making process? The new partners, do they have a role in planning and implementation? Also, what plans do you have to share the data you've collected? Will a member of the community share in the report out? Will their names beyond the report that you generate based on the data? And also, I think, another important piece, think of ways members of the community teach you or share with you.

Debra Morris:

And then I have a few other reminders. One is to be realistic and fair. Partners are more likely to engage if you follow up on your commitments. Recognize that each partnership is unique, it's not one size fits all. And although you may know the interesting and successful partnership in a nearby community, the partnership used to design for another group may not be the same. Also, when we're talking with our partners and things to consider, is to think about engaging in active listening. Encourage you to focus on what others are saying, both on their actual words and the underlying meaning. This also may help you understand the interest of others and be a help to your coalition or your group. Also because you were actively listening, when your responses make it clear that you have really been listening, your partners too may be more prepared to listen. We know that in just in our own life experience that active listening can produce better, more long lasting relationships.

Debra Morris:

Just to cover a couple of other important parts. What capacity are you building not only in your coalition, but also in the communities or with people, who are part of joining you in partnership? Also, thinking about the cultural considerations regarding evaluation methods. Something else to think about, encourage you to take a fresh look at practices, youth, this opportunity as you're engaging new partners to address areas that need improvement. Such as increased outreach activities. What about professional development activities? What can the coalition or your group and others learn? You also wants to challenge yourself to examine your existing practices. Is this truly the practice that engages the community you're planning to engage? I think that's a really important question.

Debra Morris:



Are you really have the right intentions of engaging partners? And how are you making changes? One way to grow a relationship between partners is to involve them, when appropriate, in the culture of your organization. Help them understand what you have learned about substance misuse prevention and why your organization does things that it will do to address substance misuse prevention. I also encourage you to turn the tables and attend some of their meetings that they already have an organization. By understanding how each organization operates, you will foster a mutual understanding of the challenges each partner faces. And also, is your meeting location convenient to your partner? Is there a place in your partnership's neighborhood to meet? And lastly, just as a reminder, partnership engagement and sustainability is a lasting commitment to achieving health equity. So Ivy I'll turn it over to you.

Ivy:

Okay. Thanks so much, Debra. And you know, I think I've been following the conversation in the chat and, really rich discussion. I think a number of folks have noted that there's no single way to approach the work. But as we have heard Debra say at the beginning of today's session, it's key to have the underlying focus and the prioritization of health for all. And so the question is how to support that. How are we going to demonstrate and intentionally include a genuine commitment to the best health of others.

Ivy:

And so what we've highlighted here on this slide, and we will also be providing some additional resources after our second session of this series, is that we're going to share, we are highlighting two key resources at the top of the screen. The National CLAS Standards and the document, What is Health Equity? That really will be supportive for you. Having a frame and an understanding of the approach. And then in the collaboration toolkit, you'll find a number of tips, number of worksheets and other resources that you can use to support your collaboration and partnerships. And so I'll just go on and turn it over at this point to our team for the next questions that we're going to encourage you to do in the chat while Clara takes us through the last few items.

Ivy:

And so... We have folks who are already jumping in with the responses. We'd love to hear from you, what are some of the ways that you feel confident in moving forward? And then also we'd like to hear some of the questions that you might have. Both, what are some of the areas that you'd like some additional support? You have some questions you'd like to hear a little bit more and we can incorporate these into our next session. As well as one takeaway that we would love to hear and for you to share with your peers, that might help guide some of your next steps as you continue to integrate a health equity perspective in your work.

Ivy:

And I know are going to be closing out in just a minute. So we just want to encourage you to go on and keep typing your responses here. It does look like folks are really feeling confident about both assessing the needs of specific populations, and also thinking about how to engage stakeholders, to really build capacity on health disparities into the planet. Actually, it looks like all of the responses in the chat are areas that you feel really confident. And it's really great to see that you're thinking strategically about how to build the capacity of your partners and engaging your stakeholders in a way that you build their capacity as well.



Ivy:

Great. So we'd love to hear some more examples. It does sound like some additional conversations folks would like to hear about are to possibly think about student education and also thinking about how to apply cultural humility. So in just a minute, we're going to turn back over to another layout. And if you have additional questions, we want to encourage you to continue sharing those in the chat. You can also continue to contact us after today's webinar and be sure to make sure that you share with us some topics that you'd like to have addressed in our peer sharing discussion next week. So I'm going to turn it over to you now, Claire. Excuse me, Clara.

Clara McCurdy-Kirlis:

Thank you, Ivy. Yeah. Thank you everyone. And I know we're just hitting the hour that we will be ending this webinar today, but I wanted to get a chance to just reiterate what Ivy said that, of course, if you have any questions, you'd like to finish up with, we will integrate them also possibly into our peer sharing call next week. So we will not forget about your questions.

Clara McCurdy-Kirlis:

I'd like to thank everyone for being here today and for our presenters, Debra and Ivy. And of course, to all of you who have been here and adding to the discussion and the chat and taking the poll and to Clare Neary who is with Rutgers University. Who's been also communicating with folks in the chat. So thank you all for being here. And we do have a very brief evaluation. We, of course, value your feedback and it will help us to improve in the future and include topics that you would like to be talking about. So I just put the link in the chat. So if you could take a moment. Again, it's all about data, right? And this is where we ask for your help to tell us what you think. So I'm going to also connect us all through the browser, but thank you so much everyone, for joining us today, for your opinions and for your thoughts and for the questions. And with that, I will go ahead and...

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