



Clara McCurdy-Kirlis:

Hello, and welcome to the series today on engaging new partners, addressing emerging prevention priorities with a health equity lens. As we welcome folks into the room today, I'd like to encourage you to please take a look at this poll that we have here.

Clara McCurdy-Kirlis:

I actually have two polls, two questions we'd like to ask everyone as you gather into the virtual room we have which is... Actually, let's see. Let's start with... That's a poll from... Sorry about that. We have a poll that isn't necessarily there, but one of the questions we want to ask you is to please share your name and organization or role in your community.

Clara McCurdy-Kirlis:

So if you could share that maybe in the participant chat in the lower left, that would be fantastic. You can get started by sharing your name and organization or role in your community in the participant chat in the lower left. That will be great, so we can get to know who is here. And then also we have one poll here that will give us a sense of what you're hoping to learn today or what you're hoping to share or discuss during today's phone call.

Clara McCurdy-Kirlis:

So in the little white box in the poll section, it says type your answer here. You can feel free to share your answers about what you hope to share, discuss, or learn from today's call. So again, as we welcome folks to the room, we would like to welcome everyone to today's call, our peer sharing call, which is engaging new partners, addressing emerging prevention priorities with the health equity lens.

Clara McCurdy-Kirlis:

And this is the second of two events of the series on engaging partners. Last week we had a webinar and today is our peer sharing call, so we're looking forward to a very rich discussion in the chat. And it depends I think on the participants on all of you, if you'd like to unmute yourselves and say something, but otherwise we will be using the chat primarily as our means of communication and also our polls.

Clara McCurdy-Kirlis:

So again, thank you everyone for joining us today. Before we move on here, I'd like to encourage folks to please write their name and organization or role in the community in this participant chat in the lower left hand corner of your screen. And then also take a look at the poll question which is, what do you hope to share, discuss, or learn from today's call?

Clara McCurdy-Kirlis:

So you can respond to that in that little box that says type your answer here. And that will give us a sense as well as what folks are hoping to talk about or learn today. So I'll give you another moment to do so. Thank you and welcome everyone. I see Norma and Sela, Jamie, Moira, Rosalie, Ayana, Adams are all introducing themselves, welcome.

Clara McCurdy-Kirlis:

And we look forward to getting to know everybody today and hearing from you. So we'll go ahead and move on so I can get started with the actual content for today and introduce everybody. So again, we



have a wonderful agenda for us today. I'd like to go ahead and welcome everyone who's joining, who's here today. My name is Clara McCurd-Kirlis, and I will be introducing our presenters and our facilitators in just a moment.

Clara McCurdy-Kirlis:

We have Ivy Jones-Turner and Debra Morris. Well, I'll introduce in more detail. But meanwhile, again if questions arise or comments arise as we go through our peer sharing call today, we would love to encourage people to please write any thoughts you have in the participant chat. Last week we had a very great discussion actually going on in our participant chat as well, and that's exactly what it's there for.

Clara McCurdy-Kirlis:

So please don't be shy, feel free to use that space to communicate and to ask questions. Great, so let's talk quickly about our technical information. So this peer sharing call is being recorded, but it's more for internal purposes that we'll use to share a summary from the call. So we will not share the recording itself, but we'll use it to extract main points in a summary of the conversation here today.

Clara McCurdy-Kirlis:

Again, of course you can always contact the facilitators if you have questions. And I will share that information at the end of our webinar, I'm sorry, at the end of our peer sharing call today. So I'll introduce myself quickly before I introduce our presenters. But in this context, also facilitators for the call today. My name is Clara McCurdy Carlos.

Clara McCurdy-Kirlis:

I work with Education Development Center as a training and technical assistance coordinator, and I support the work that we do in the PTTC work with substance misuse prevention. And I also am working with our clients to meet their prevention needs in collaboration with my team at EDC and Rutgers University.

Clara McCurdy-Kirlis:

So onto our presenters today, Ivy Jones-Turner has been providing organizational capacity assistance on health promotion and prevention in a variety of areas in substance misuse, suicide, violence, injury, and mental health with nonprofit and community based organizations, as well as state and faith based organizations and school districts for over 20 years.

Clara McCurdy-Kirlis:

Her capacity building skills include program evaluation, training and technical assistance and program design and implementation, organizational development, partnerships, collaborations, grant management, among other things. And Miss Jones-Turner is a certified prevention specialist and she holds an MBA from Harvard University's Kennedy School of Government.

Clara McCurdy-Kirlis:

So we're very pleased to have Ivy here today sharing her expertise with us and also Debra Morris. She's an expert in advanced training and technical assistance, and she helps build strong systems to promote



health and support substance misuse prevention. Debra brings extensive experience in evidence-based prevention strategies, cultural competency, and effective methods to address health disparities.

Clara McCurdy-Kirlis:

Also, school-based prevention, management of large national public health centers and systems change. So Debra currently a lead training and technical assistance specialist for prevention solutions at EDC. So we're very lucky to have both Ivy and Debra here today. And if you were at last week's webinar, then you've already heard from them. So welcome to everyone and welcome to Ivy and Debra. So with that I think Deborah is going to actually get us started. So I'd like to hand it over to you Debra.

Debra Morris:

Hi. Thank you Clara. Hi everybody. It's so good to be back with you today. So, we'll start off looking at this wordle. I actually love wordle. Don't have the capacity to do them, but I think they're really cool. So I'm sure in your prevention work, many of these words are used in your everyday communication with your peers or even with the communities and groups you serve.

Debra Morris:

Some of the words on the wordle are included in Healthy People 2030's national health objectives including in its overarching goals, languages, and language to achieve health equity. So as I'm looking at the words on the wordle, just want to just give a little bit about some of the goals for, and how to use these words, excuse me, with healthy people from Healthy People 2030.

Debra Morris:

One is, and I see these words, eliminate health disparities, achieve health equity, and attain health literacy to improve the health and wellbeing for all. So some of those words are in the wordle. So create social, physical, and economic environments that promote attaining full potential for health and wellbeing for all. I see health in this one.

Debra Morris:

I'm not sure full potential, but these are some of the words that we take from Healthy People 2030, and I'm sure some of the words you use often with your colleagues and the groups you serve. Think about creating social, physical and economic environments that promote attaining full potential for health and wellbeing for all, and then engage leadership, key constituents and the public across multiple sectors to take action and design policies that improve the health and wellbeing of all.

Debra Morris:

So all of those words weren't in the wordle, but many of them are, and they are also, as I said at the beginning, they are included in Healthy People 2030, national health objectives initiatives. And these are some of the words from some of our conversations last week. So we went through this slide last week, but I think it's worth looking at it again, just, excuse me, just understanding equity and what equity means.

Debra Morris:



And sometimes we think about that equity and equality are interchangeable. Though they're related, they're quite distaste. And so just thinking about attaining the highest level of health for all people, regardless who they are. There are many definitions that are used for health equity and health equality.

Debra Morris:

And once again, with equality, we see the bicycles. Everyone has a bicycle. So that means, everybody was given the exact same thing. But when we look at equity we noticed inequality that the bikes don't quite fit everyone. And so with equity, we give everybody an opportunity to have the bicycle that is most fitting of their needs.

Debra Morris:

Another definition of health equity comes from the quality of human rights commission, and they define equality as the distribution of the same resources and opportunities to every individual across the population. But once again, when we think about equity on the contrary, it is defined by the World Health Organization as the customized.

Debra Morris:

And I think that's one of the keywords that we need to put in our wordle, is customized. Distribution of resources and opportunities across the population to assure that no group are at a particular disadvantage over others in achieving their maximum potential. And so in other words, while equity accounts for disparities, equality does not.

Debra Morris:

Health equity also means social justice in health. No one is denied the possibility to be healthy for belonging to a group that has historically been disadvantaged. Health disparities are the metric we use to measure progress toward achieving health equity, and a reduction in health disparities is evidence that we are moving toward greater health equity.

Debra Morris:

So we understand equality is giving everyone the same equity that people need. Last week we looked at this slide and looked at the tree to the left. And once again, we're looking at system issues in some ways to get in the way from a population or communities from being healthy as possible, regardless who they are.

Debra Morris:

And we have adverse living conditions, discrimination, poor schools, unemployment, also two concepts at the root of the tree, the barren tree. And those words are trauma, adverse childhood experiences, as well as stigma. So on the right, on the tree to the right, also the tree to the left, we have a fragmented system, we have disinvestment and we also have disconnected members and disconnected communities.

Debra Morris:

But when we look at, what do we need to change? And why we can focus on health equity and how we can focus on health equity. We look at the policy changes that can happen, the networks that can be



built. People can participate fully. There's a social support to make sure people are safe and healthy, and there's a sense of community.

Debra Morris:

So what is some of the things that need to be at the root of these changes that result in a positive, beautiful tree, and I would say also a beautiful community? So we have access to health care, quality housing, adequate income, that clean environment. And here's some other strategies that may help create a striving and thriving tree.

Debra Morris:

Or should I say community? So a couple are creating more equitable distribution of basic social goods. That we need to have environmental interventions to increase the availability, accessibility, and quality of health promoting accesses and assets and amenities, such as access to healthy foods and the elimination of food deserts.

Debra Morris:

And for those of you who were on the phone last time, I mentioned that in a community I grew up, there were plenty of grocery stores, pharmacies, and it had turned into a food desert. Earlier in the week, I saw that in a neighborhood a new grocery store is coming. So I tell you, it fits right into our thinking about health equity.

Debra Morris:

When I think about that healthy foods and elimination of food deserts, these interventions can bolster environments and systems by reducing barriers to resources and service that are disproportionately experienced by some populations. Also, there needs to be a strong support for multi sectors to take action and things that you probably, if you're familiar with the spiff, these are some of the same actions to take.

Debra Morris:

So that's do a community needs assessment, rigorous policy analysis and evaluation. We look at data trends, patterns, and community assets. All of which can be used to mobilize action to overcome health disparities and mitigate determinants of health leading to help equity. I also think we need to remember to not forget sectors that link to public health services, such as education, transportation, public safety, a place to work to achieve a more comprehensive impact on the health of the community.

Debra Morris:

So some of the things we talked about that are deterrence to health equity. And if we work with policy change, networks, social supports, and sense of communities, the things that are supporting that are that clean environment, as we could see on the right tree. So with that said, I have poll. So Clara, can we go to the poll? Thank you.

Debra Morris:

So I ask you to write into the chat, how has the commitment to help equity in your prevention work, strengthen your partnerships? So if you're doing work in health equity, so how has it strengthened your partnerships in your prevention work? We'd love for you to type in the chat. Ivy, I invite you in...



Ivy Jones-Turner:

Sure, thanks.

Debra Morris:

... to this conversation.

Ivy Jones-Turner:

I see a really good response, yeah.

Debra Morris:

Yeah, I was going to say the more buy in from the whole community, you're right. And as I mentioned, that oftentimes we only think about health related, but there are other factors that can also help such as schools, places of employment, sidewalks, libraries, clean air.

Ivy Jones-Turner:

I see another response has just come in is seeing a positive impact on the community. So that there's really an opportunity when we're paying attention to some of the health equity issues, then we see a ripple effect of impacts across so many different areas in the community, great.

Debra Morris:

Yap. And once again, I see another. Someone else typed that if we are more committed to health equity, but it's in the community to be more educated to what impacts health, yes.

Ivy Jones-Turner:

Yes. It's so easy, I believe at times that, particularly the person who's responded in that way, it's just letting... A reminder for us that it's so easy at times to overlook the linkages, overlook the way that issues are impacted as well as affected by other conditions within a community. So, yeah, great.

Debra Morris:

And these are the things we cannot see, but in some communities you can look around and can tell what are some of the things missing in a community. We encourage others to type in the chat. How has your commitment to health equity in your prevention work, strengthened your partnerships?

Ivy Jones-Turner:

Debra, I'd love to hear from folks as well if there are challenges that they'd had in the past that taking a health equity lens or a commitment to health equity has allowed them to overcome. That would be really interesting to hear responses on that. I see someone's noted, helping us to address shared risk and protective factors across sectors to better impact the root causes. Yes, definitely.

Debra Morris:

I also think that... Oh, go on Ivy, sorry.

Ivy Jones-Turner:

No, go on.



Debra Morris:

I was just going to say that when we think about health equity, we actually began to take a broader view of our community and our partnerships. Who's not at the table? Who needs to be at the table? And then how do we recruit and sustain that partnership?

Ivy Jones-Turner:

I see a couple of responses have just come in. One has noted that the positive impacts on the holistic approach to health of the entire community really help the health of the entire community and not just certain populations. That's really great.

Ivy Jones-Turner:

Yes, and in so many ways, when you are paying attention to the baseline or the fundamental necessities of a community or of a population, then that attention allows the impact to be experienced by others as well. Debra I also-

Debra Morris:

Thank you.

Ivy Jones-Turner:

Oh, yeah. I was going to say-

Debra Morris:

Oh, no, go on.

Ivy Jones-Turner:

I also see Richard has responded in the chat that it helps to establish a more stable platform to work from.

Debra Morris:

You're absolutely right Richard. You can think about people see, they see a place for them in this work.

Ivy Jones-Turner:

Great.

Debra Morris:

Well, thank you everyone. Ivy, I'll turn it over to you.

Ivy Jones-Turner:

Okay. Thanks Debra. So really want to thank everyone for participating or for those of you who've participated in the poll, sharing your responses. If there are other thoughts that come to mind, we'll encourage you to continue to share those in the chat while we go back to our other layout so that we can continue the conversation.

Ivy Jones-Turner:



It's really helpful to hear some of the different ways that you've noted the impacts and the outcomes that you've seen, not just in terms of the outcomes with regards to the population. Several of you noted that there were shared positive experiences throughout the entire community when there was attention paid to the health in a holistic way.

Ivy Jones-Turner:

But also I think someone noted, one of the very first items on this particular slide with additional examples. The earlier, excuse me, the attention to risk and protective factors in particular. And yes, I think one of the things that's so great about the health equity approach, taking that health equity lens is that it does allow you not only to pay attention to both what the risk and protective factors are so that you can address the root causes, but it also supports you to address them earlier.

Ivy Jones-Turner:

Because you have identified what those risk and protective factors are through a health equity lens, you've done a couple of things. One, you've increased communication with your partners. You've also increased the quality of the communication with your partners. Your partners are recognizing that you're sharing information, you're sharing both the review and the decision making process on data.

Ivy Jones-Turner:

You're inviting them to be part of the data collection process, therefore, as they identify as they think about, and even as they're aware of information, they bring that to the table. There are, I'm sure, many times that we would all say, once we have developed a certain level of trust with a group, then there's a lot more opening of both information, interpretation, and even clarification of key data, key information that helps us to better understand what's going on and therefore then how to respond.

Ivy Jones-Turner:

And part of what I also noted there is that you have an increased level of quality with the data that's being collected because of taking a health equity lens. Which then means that you're able to not only address those risks and protective factors and identify them, but you can address them earlier.

Ivy Jones-Turner:

I think another really interesting aspect of this is that you are able to identify not just, excuse me, identify and focus on not just the risk factors, but also focusing on the protective factors. Very often in our prevention work, we're focused on those risk factors. But what are the protective factors that exist within a community?

Ivy Jones-Turner:

And how are those included in your decision making, in your review and assessment of what the interventions are that need to be implemented? When you're able to identify the protective factors earlier, then your selection of programs also means that you are able to think about a program or interventions that respond not just to the risks factors, but also to the protective factors.

Ivy Jones-Turner:

And reinforce those protective factors instead of working against them. I think a couple of the other items that are on, other examples that you'll see on screen are very familiar to you as well. Someone



mentioned that you have the ability to see the ripple effects of the impact when you take a health equity lens.

Ivy Jones-Turner:

And that's also reflected in that second bullet in terms of, it's not only looking at what the impact is for a particular population, but then you're also able to develop more effective and efficient collaboration. So there's less competition with the other organizations and groups that are working within the community.

Ivy Jones-Turner:

And in fact, if you're working together with others to address the needs of a particular population of focus, you're able to not only think deeper about what the earlier stages are for addressing the root cause. Again, you're able to think about how do we align the interventions so that they are reinforcing and supporting one another as opposed to in competition in some way?

Ivy Jones-Turner:

Of course, thinking also about how that means that your capacity is increased, not only to identify who those populations that you want to focus on are, but also then to reach them. Because of course, then as we've talked about last session, people are much more likely to then identify and help network you with others who are accessing or working very closely with those populations with whom you are interested in supporting and providing assistance.

Ivy Jones-Turner:

It really helps you to get beyond working in those silos, which is another key element of the networking component. I think just in terms of those last two bullets, again, it really helps to think about how can you strengthen or how through taking a health equity lens or a health equity focus, you're strengthening the prevention efforts not only of what you're doing and what you're bringing in collaborations to a community in terms of interventions.

Ivy Jones-Turner:

But also then supporting and strengthening the programming and efforts that are done by partners. So again, partners are able to work in conjunction with one another. We're no longer running to life skills programs or to other educational programs at the same time in the same school, and not necessarily meeting or serving all of the classrooms or all of the students at the classroom. Excuse me, in the school.

Ivy Jones-Turner:

But you're then able to ensure that if this population that you're interested in serving, you're able to serve in a different school, and then that allows you to support and strengthen how you're working with the fellow partners. And then of course, just greater level of satisfaction and support among partners.

Ivy Jones-Turner:

I think what we recognize is that ultimately, taking a health equity lens allows you to accomplish two key aspects of your work. One is that you're really beginning to deepen... Excuse me, you're beginning or you're deepening your journey in terms of implementing with cultural competence and moving towards cultural humility.



Ivy Jones-Turner:

And then also it helps to increase your capacity, your knowledge, your attention, and your focus on the root causes, the challenges and structures, the processes that can interfere and short circuit your ability to be effective in your interventions. So with that, I want to go on to our next slide, which is another poll for you.

Ivy Jones-Turner:

And so we'd like to hear, based on some of the great examples that we've heard from you of how taking a health equity lens has really helped you to strengthen your partnership, we'd love to hear from you, what strategies have you used to develop collaborations with your new partners? And so we're going to switch to the new layout, and we're going to ask if you'll just type into the poll, what are some examples?

Ivy Jones-Turner:

And if you have multiple examples, feel free to type the additional ones into the chat. And Debra I'll bring you in on responding as well to some of the themes that you see in some of the responses that we see coming in now,

Debra Morris:

Oh, I like this one. Inviting other organizations to take tours of your facility, that's great. That's a great way to get your partners to see if they like the feel, the environment, and also how people are working and clients that you're seeing. It's a great opportunity to get that up close and personal view of your facility in your organization.

Ivy Jones-Turner:

I see quite a few coming in right now. I see virtual health fairs. So I guess that's another example of how do you help to communicate who you are and what your priorities are, but also inviting others to be part of that. So yeah, that's a great example. And particularly, given that we're operating so much in the virtual environment is great to have an opportunity to share information virtually with others.

Debra Morris:

I chuckle at the one about gatherings with free food. You're absolutely right, to get people to show up and build a connection. And you're right, it was all before pre COVID. You can't do that much anymore. We don't get together that way, but also it's a way of welcoming people to your... Welcoming a partner.

Debra Morris:

I also really appreciate the one about inviting other counselors to have a highlight night at one of your group sessions. You'd give others to hear a new voice and for opportunities to learn from other organizations and what they're doing. Also, they may have certain ways of approaching issues that may be useful in your group sessions.

Debra Morris:

The other one I really like is to support other agencies in their efforts. It gives you an opportunity to see what people are doing to know that you're all in this together, that you have found connections with other organizations, so that it's not... That you're not working in silos.



Debra Morris:

When you support other agencies, they may have resources or opportunities to share with you things that they have been successful in doing, and be willing to share those resources and at least the thoughts and plans around those.

Ivy Jones-Turner:

Yes. Oh, these are great responses.

Debra Morris:

I like the phone chats and emailing information. I know we get so many emails these days but I'm a big proponent of chat. You can ask Ivy and Clara. Just picking up the phone to have that quick conversation and to share information is really important because they get to hear you and understand things that are important to you, and you can share in that way.

Ivy Jones-Turner:

I want to-

Debra Morris:

That's a trick phrase.

Ivy Jones-Turner:

Yeah. I was going to say one of the items that... One of the responses that I think bears a little bit more discussion about is the suggestion about being present in the community through community activities and events. That is such a key strategy for developing and deepening your collaborations with others.

Ivy Jones-Turner:

I think there is so much that is said when you show up for events and others' lives. You show up for the events and the important activities in the lives and schedules of your partners. So I just want to reinforce that that is such a critical element. And particularly, even when we have a virtual or when we're operating in a virtual environment, I think that's such a key thing to make sure that we do, yes.

Ivy Jones-Turner:

So why don't we go on and move to our next slide? And I want to thank you again for such great responses here. I'll just note that our next part of our conversation really builds on a number of the responses that you've highlighted. So in addition to the strategies that you've noted with regards to being present with others, to offering and sharing food as well as offering to be present and to...

Ivy Jones-Turner:

Even I think as someone noted inviting other counselors or inviting other organizations to share their information in a health fair or an event, those are all great examples to really reinforce and build some of the transparency as well as the sharing process among partners.

Ivy Jones-Turner:



A few of the other examples that we wanted to highlight is just maybe starting also within your organization, within your coalition, thinking about how you can take a climate of cultural humility. How can you begin, within the organization, to cultivate and encourage all of the staff members, all of the partners to not only think about putting themselves and asking about or looking to learn more from the communities and the populations whom you're hoping to serve?

Ivy Jones-Turner:

But also learning more about those by asking questions. Starting with the question of, can you tell me a little bit more? Can you help me to understand? This is different than what I'm used to. And that process then opens the door and really reflects a sense of humility and we're in this together.

Ivy Jones-Turner:

That's also a key part of helping to think about how you're determining within your coalition or within your staff, what's their level of readiness to bring on new members and new partners? Are they open to? And how do you help your part... Excuse me, how do you help your coalition members and your staff members to begin to cultivate not only the questioning and seeking to learn from, but also the willingness to try different ways of operating?

Ivy Jones-Turner:

I think one of the things that we've often talked about within some of our health equity work is recognizing that there is not one way to address issues. And so this is where it's so important and critical for coalitions and staff to really think about not only how are we examining ourselves and our willingness and openness to talk about, to listen to, to think about different ways that others are approaching.

Ivy Jones-Turner:

Of course, that feeds into learning more about the population, really thinking about how you can also begin discussion with other stakeholders. And really thinking about how you are engaging them as part of the conversation I see Richard has also noted a couple of other comments in terms of taking a more humble approach.

Ivy Jones-Turner:

You don't have to act like you know everything. I think Richard definitely is reflecting some of what we've been talking about not only today, but also in the previous session, and recognizing that you can ask for help in order to understand and to get an explanation of the thought process and the procedures, and just even understanding how others operate and work.

Ivy Jones-Turner:

So just want to highlight that there are so many great strategies that you already have been thinking about at one level of your efforts. But this is an opportunity when you take a health equity lens and really bring in that perspective that it allows you to dig deeper, allows you to explore in a more not only strategic way, but a really thoughtful way.

Ivy Jones-Turner:



So I want to thank Richard for adding some of those additional comments there. So I'm going to move on to our next item, and this is a case example. So we'd love to hear from you, how would you handle this situation? What might be some strategies or some encouragement that you would give to the coalition or to staff members?

Ivy Jones-Turner:

You are in a situation where you're reaching out to a community with the hope of beginning a new coalition, and the community you've learned is ethnically diverse. And many residents have been employed in the construction trades and the building... Excuse me, construction trades and service industries.

Ivy Jones-Turner:

So that gives you a little bit of a sense of what type of community this is in terms of maybe their economic situation as well as their demographics. But the response that you get from community leaders is that they really want to focus on treatment and recovery, and they know that too many crises exist in order to spend time on prevention.

Ivy Jones-Turner:

What might you say or how might you approach this community with cultural humility realizing as well that the community may have experienced several forms of trauma? So it looks like we've got a couple of folks who are typing into the chat, and Debra I'll bring you in on this as well.

Ivy Jones-Turner:

Definitely looking to hear some, not only great things and great questions from folks, but... Or excuse me, great responses from folks. But definitely looking to hear what strategies might you suggest that this community coalition do?

Debra Morris:

It would be also-

Ivy Jones-Turner:

No, sorry. Go on.

Debra Morris:

I was just going to say that it would be also interesting to know if anyone has had this actual example or this situation.

Ivy Jones-Turner:

Yes. And I was just going to say, Richard and others, I will say that if you have dialed in your... Excuse me, please feel free to speak on the phone line. We do have the phone lines open and so you can speak up. I do see Richard has noted a response in the chat wanting to contact and connect with the construction unions, the citizen advisory boards, as well as the churches PTA.

Ivy Jones-Turner:



So it sounds like reaching out to a number of different institutions, organizations, and associations or groups within the community. Great. Then that provides you with an opportunity to get some statistical data on the levels of drug use as well as the demographics according to age, in terms of adolescents drug use.

Debra Morris:

Yeah, it's also an opportunity to understand who the gatekeepers are. Who are the people in the community? Who are the leaders? Or they may be someone who's been there a long time in the community or someone who has experience in the trades and services industry, so just understanding. So how do you get an entree? How do you get the ability to work within the community by knowing someone from the community?

Ivy Jones-Turner:

Debra, there's a phrase that I've often heard folks use, which is also identifying and thinking about who are the informal leaders within the community?

Debra Morris:

Yes.

Ivy Jones-Turner:

And those are the people who they may not have an official title or role, but what they say carries weight. And it's important to identify who some of those folks are so that you can collaborate and partner with them. I see Ayana had noted that she definitely would suggest, yes, let's move forward with what the community wants to focus on.

Ivy Jones-Turner:

So a great way of being responsive in that way, starting where they are, Ayana. But you're also asking them the question of maybe forming a sub committee that's focused on prevention. That's a great example, and I love that you're not only thinking, Ayana, about how do we bring in prevention, but also humbly, how do we ask if this is a way that we can continue to focus on longer term? Great.

Debra Morris:

I also appreciate the active listening is very important. We talked about that last week that with the act of listening that you're able to comment on different points. A person says, okay, I'm important to them. They've been listening to me. It is a way of building up trust as well, that active listening. So that's really important.

Ivy Jones-Turner:

Yes. And I see Rachel's comment at the end of listening and validating their experiences as a community. That's such an important part of the process. It's so critical for us as preventionists to understand that in most cases we're not necessarily going to live in every single community and be part of every single population of focus.

Ivy Jones-Turner:



So how do we validate the experiences of others by asking what are their experiences? And what can I learn from you and how can I support you in achieving your goals? These are excellent examples and excellent responses. Thanks so much for processing through those with me Debra.

Debra Morris:

You're welcome.

Ivy Jones-Turner:

So why don't we go on to our next item, which is another poll. This time we'd like to hear, what have been some of your lessons learned? And in this case, please feel free to share, this is the mistake that we may have made or started to make in the past. And this is how we learned from that process.

Ivy Jones-Turner:

Or this is something that someone else showed or demonstrated to us, maybe even how a community member helped you to understand the root cause approach that they may have been taking in some of their work. And Debra, I'll bring you in on this one as well.

Debra Morris:

Okay, thank you Ivy. I'm looking at Mona's response from the last question. And she talks about bringing in this model and that may be helpful in understanding the data and also inviting. I really like that you're inviting the partners to join us in our humble approach. That really is a way of engaging the partners. And I bet that's the lesson learned as well, how to bring partners in.

Ivy Jones-Turner:

Yes. I think that very first... Well, it's the first one on my screen, but it's thinking that I'm going to make a difference with all my knowledge when I'm the one who came down learning so much. That is definitely an experience that I've had at times, recognizing that that is definitely a lesson learned.

Debra Morris:

And when you think about it, starting with cultural humility approach, it really is an opportunity to, as I would say, my shoulders are no longer at my ears because I'm expected to know everything. Now I can let my shoulders down and engage with others and hear what others have to say and provide their wisdom, share their wisdom with us.

Debra Morris:

Thinking that many partners come in, most of us don't walk into anything with a blank slate. And so that's definitely a way of approaching that engaging new partners, is asking. So tell us, tell me, help me understand.

Ivy Jones-Turner:

Wow, I see a lot of great responses coming in. The perspective of making sure that you're being mindful or paying attention to what the subtle differences may be and the norms. What those subtle norms may be and being sure to respect those.

Debra Morris:



The one about do more research, I think that's critical. Because oftentimes when you're working with new partners, they want to know, the new partner may want to know, so why me? Why me? Why did you choose us? Why did you choose our organization?

Debra Morris:

So by doing the more research available and able to answer that question, why me, why do you want to partner with me? And also doing more research gives you an opportunity to expand the sectors that you engage because you may think, oh, I just need to deal with prevention. I need to deal with substance misuse prevention, but so who else may be doing that work? And by doing more research, you can figure out some of those answers.

Ivy Jones-Turner:

Yes. I think another thing that I'm picking up with some of these is the transparency of members, and not only bringing a certain level of transparency, but also being transparent in both how and what you are attempting to do. But also some of your... Even just the fact that, hey, I have some questions, can you help me out with learning?

Ivy Jones-Turner:

That really speaks a lot to not only showing people that you're willing to meet them where they are, but also that you're willing to meet them where you are and learning from them. So I guess, why don't we move on to the next slide? I think this next question is a real great one. It's the opportunity to discuss about deepening partnerships. So I'm going to turn it over to you Debra.

Debra Morris:

Okay, thank you so much Ivy. It was really good to talk about so how do you engage new partners? What are some of the lessons you've learned? And so you have someone in the room, they say, yes, we're on board, but what else can you do to make sure to keep that partner engaged?

Debra Morris:

Some of the things... I know for many I've walked, and this may have happened to you, I've walked into an organization, I'm at a meeting and all the acronyms began to fly. And a new person who's sitting there saying what in the world? But remembering that when people are coming into our organization, they may come from a different sector.

Debra Morris:

So understanding someone's sector and being able to fully assess and understand and be able to respond to our partners. So what do we need to do to get them engaged? Those acronyms we think, so what are they saying? Is there a place for me? Can I throw a couple of acronyms around too? But it really is about being able to deepen the process.

Debra Morris:

Also, when you're inviting either your new partners or your existing partners, find ways to celebrate their accomplishments. And as we say on this slide, not only your process, but your outcomes. This is a time to celebrate. This is the time to call and recognize people individually.



Debra Morris:

If you can imagine, if you've ever had your name in the paper or your local newspaper, you want to get 10 copies so you can share with others, not only in your organization, but also in the community. So how can we make sure that we are bringing people along and that we're celebrating the work that they're doing.

Debra Morris:

Another key point when we're bringing new partners in and we want to deepen in the partnerships, where can we make space for a different way of being organized? Different policies? What are some of the values that our partners bring that may be useful for our organization? But it also is an opportunity to give people...

Debra Morris:

To appreciate what people bring to the table and recognize that they may be doing something another way that may be better for this our organization as well as the communities we serve. And by asking the question, is there a place for me? And then being able to answer that with opening is sharing information about your policies procedures. The other thing, the one I also like is the opening communication at training opportunities across partners.

Debra Morris:

This is a great opportunity to learn, to build the confidence of not only your partners and the knowledge not only of your current partners, but also the partners, your new partners, you're engaging. What are some of the opportunities I can share? O what are some of the things that may be valuable for their work?

Debra Morris:

Something else about deepening partnerships that I'd like to bring up is about something called a give get ratio. And I know our team the EBC team they've heard me say this. But it's thinking about when someone wants to join our team or they're part of our team, what are they giving up or giving to the team? And what are some of the things they can take back to their organization?

Debra Morris:

So think about what I'm giving and getting to make sure that people get and give... Are giving, but not only they're getting something that also they can use moving forward. It's also an opportunity to be mindful of the prevention resources the partner contributes. How does collaboration with this partner strengthen your prevention efforts?

Debra Morris:

One other aspect is to understand that the new partner may know others who may be partners that you'd like to engage in your work are a common thing, so across the work. But it's an opportunity to, I don't want to say, take advantage of, but share. I think that's probably a better word.

Debra Morris:

To share contexts, to share resources so that you're strengthening your organization, but another person's organization as well. So here is our final poll. We'd love to hear from you about one takeaway



from today's discussions that you will be applying to your work. And Ivy I think I would invite you to join in this. So what is the one takeaway from our discussion today that you will apply to your work?

Ivy Jones-Turner:

Thanks Debra. Whilst folks are thinking about their responses, one of the quotes that I'd heard recently was the point that, wow, so much of this work, we actually have known what to do. It's really a matter of now revisiting and thinking about how to do it in a deeper way.

Ivy Jones-Turner:

And I see someone has noted, I think about who I already have at the table and who is it there that should be, and then try to make that connection. Yes, great. Really thinking about both who's present and who's absent, good. And I see a number of other responses that have come in.

Ivy Jones-Turner:

I guess recognizing that we're getting towards the end of our time, I'll just ask Debra if there are any particular themes that you've noted from the responses so far. And I'll also invite folks to continue to type into the chat. Yeah, there's some really good ones here. Debra, I don't know if you're on mute but I'm sure you were reviewing some of the responses just now.

Ivy Jones-Turner:

And wow, these are really great responses. So recognizing that we're about a minute away from ending today's webinar, I'm going to go on and switch over back to our facilitator Clara, who's going to take us through the last final items. And I'll just note that we look forward to continuing to hear your comments and thoughts in the chat. Clara.

Clara McCurdy-Kirlis:

Thanks so much Ivy. Yeah, so I want to of course thank everyone for being here with us today and sharing their thoughts. I saw a lot of really good conversation happening and good insight in the chat. So thank you all for sharing your ideas and in the polls as well.

Clara McCurdy-Kirlis:

And thank of course our presenters, Debra Morris and Ivy Jones-Turner for sharing and guiding us through this conversation. Of course, as always, we value your feedback and your thoughts about our series and also about other topics you'd like to see discussed here. So this is the evaluation link. I will also put it in the chat so you can also find it there.

Clara McCurdy-Kirlis:

And with that, I want to let everyone know that we'll be following up from this series. And if you have any questions, I'll go ahead and end on the contact information for one of our facilitators here today. So that's Ivy Jones-Turner. You can feel free to reach out, and thank you everyone for your time and your interest in today's discussion and have a wonderful afternoon.

Automated Recording:

The meeting is now over all the participants have been disconnected.