

Panel Discussion: The Magic of Prevention Partnerships

DISCUSSANTS:

Meghan Carter, *Mothers Against Drunk Driving (MADD)*
Trina Johnson-Brady, *Wilson Area Communities That Care Coalition*
Karen Thomas, *PROSPER*
Lee Winterhalter, *Fayette County Drug & Alcohol Commission, Inc.*

Sharing the past and envisioning the future...

I. What has been successful in your prevention partnership? What has worked well?

Main ideas summarized: good communication; researchers sharing information regarding prevention science; involving media; team building through fundraising; personal connections to amplify messages; involve community/population of focus (victims, survivors, personally touched by topic); partnerships with school, school district, students; support that has experience in my shoes, peer support; connections in between and after meetings, including time for casual conversations; community coalition helps connect with “outsiders” – funding, programs coming in from outside the community; small, local, focused effort

- a. **Karen** – community partners with shared mission and vision (strengthen family and reduce adolescent risk behavior). Formed a strong collaborative based on these interests.
 - i. Partners had difference skills and strengths for well-rounded group who complimented each other’s area of expertise (e.g., recruiting, marketing, community networks, fundraising [e.g., car wash, Applebee’s, movie night, craft fair, 5k races])
 1. Community networking – contacting a shower curtain company and received \$3,000 grant from them; they knew who were philanthropic in the community).
 - ii. PRC assistance that provided education. Brought team together for statewide meetings and shared outcomes with team who shared with communities to help sustainability.
 - iii. Regular open-communication meetings with minutes and e-mail updates. Kept everyone up-to-date.
 - iv. Media events (8 press conferences) that were seen as one of the most impactful things done because of key stakeholders and state and county officials who attended to relay information and provide funding (e.g., county youth and family services). Was able to expand into the northeast because of the press conferences.

- b. **Meghan** – local partnerships with schools, law enforcement officer, and commercial organizations with similar interests (e.g., impacted by drunk driving, work with victims of drunk driving)
 - i. Known nationally as a powerhouse, but they are not in every community.
 - ii. NIPSA funding involvement with underage drinking prevention and court-ordered program helped expansion
 - iii. Advocates for the organization that have been especially impactful are the victims and survivors of drunk driving. Their strength sharing how their life has been impacted helps resonate their message.

- c. **Trina** – Strong partnership with administration of school district to overcome barriers and improve accessibility to students. Having county officials who also are a part of this partnership.
 - i. Violence intervention and prevention grant raised visibility of services offered. Attorney office of eastern PA reached out about holding a conference on accessibility to federal funding.
 - 1. Receiving a love a light award in Philadelphia through this relationship. Also raises awareness
 - ii. Having community mobilizers as a coach as been successful in increasing trust and communication based on mobilizers past experience. Increased understanding of nuances involved in the mobilizing prospective.

- d. **Lee** – Partnerships of having like-minded people with same goals created atmosphere of connections beyond initial tasks. Were able to bring each of their own specialties and share with others. Community board members missed those partnership pieces after the meeting where more informal conversations happen.
 - i. In-person meetings facilitated these deeper more personal connections.
 - ii. “Outsiders” from outside the county or SCA would come in and provide services without knowing about county problems, but the community partnerships were able to provide a way to build relationships and provide needed assistance.
 - iii. Coalition focusing on prevention providers in the county started in 2019 and has provided the connections outside of the other traditional coalition models in place.

- iv. Opioid misuse prevention formed by small group of motivated individuals in one community (e.g., school district, juvenile justice) after learning from PROSPER and CTC.
- v. Building the capacity to bring everyone together is essential.

II. How can we as researchers, or even broader as the science community, be thinking about partnerships more equitably and be more inclusive?

Main ideas summarized: partnerships help reach diverse groups; go to where special populations are; engage faith community; data, use and reflect on data, coalition and community data; coalition mixers; community mapping and community walk to get to know your community and have shared experiences; speak the language of the focus population; culturally specific programs; ask them what they want and need, and listen to their answers, respond to their answers and requests

- a. **Lee** – Enhancing DEI in the opioid prevention project was a key component in partnerships (e.g., faith-based community) to reach wider areas in rural areas with large geographic mass.
 - i. Expanded to other schools that weren't served by other community organizations. Hosted programs in those buildings to provide accessibility. Faith-based communities helped in these roles because they are deeply connected to the rural communities.
- b. **Trina** – a tool composed of a pie-chart of their community board roles, they noticed they didn't have many residents or parents as part of the board. Engaged more with local population.
 - i. One parent has a background in community and economic development who has been invaluable to their successes.
 - ii. Worked on ways to eliminate barriers on people being involved in the coalition.
 - iii. Coalition mixers where informal gatherings providing meal for community members and their children where coalitions get to know their neighbors and identify "third" places within the community – a place outside of home or work.
 - iv. Community walks from largest green space to high school to give opportunities to envision how this corridor could be more walkable and livable. A conversation about a mural project on a hospital parking garage has come from these walks. Builds relationships and develops community vision.

- v. For coalition, Highest risk factor was low community engagement and highest protective factor was prosocial community engagement.
- c. **Meghan** – staffing individuals who resonate with different areas. Program specialists who work alongside volunteers to provide reach in large cities. Smaller communities who do not have hands-on assistance, MADD looks at resource availability and try to implement underage drinking programs. If programs are not popular, they investigate real issues the community is struggle with (e.g., paying bills), and then they consider how they speak a language that meets the community and youth where they are.
- d. **Karen** – representation from a variety of perspectives to reach broad audience.
 - i. Researchers – developing and implementing interventions that meet wide cultural needs across commonwealth. Latinx population in Hazelton areas are having program implemented EBP specific to Latinx communities.
 - ii. Getting key stakeholders to the table to ask about needs to create interventions. Allow community members to be a part of development.

III. What is your vision for the future of prevention science? What considerations or recommendations do you have for future scientists, researchers, evaluators, funders, and community members? What is the call to action?

Main Ideas Surfaced: hot topics: social media, mental health, need to retest programs in current day conditions, cannabis (esp. impairment); fund infrastructure, county and statewide infrastructure; prevention science is common knowledge; broad marketing efforts communicating about prevention science, wellness, resilience/good relationships; mix of local and state-level action, shared power, and infrastructure

- a. **Karen** – to continue using EBP in communities with fidelity while focusing on issues and trends (e.g., social media, mental health) to adapt programming to address salient needs.
 - i. Retesting evidence-based programs to understand how activities can be molded to be effective in current society.
 - ii. Family and youth recruitment has declined since COVID. How can they engage in EBP through different formats.

- iii. Have SFP 10-14 fun night similar to coalition mixers that includes meals and activities alongside content to be more informal and engaging.
 - iv. Funders often fund programs directly, but they often do not fund all the moving parts and staffing required to implement program.
- b. **Meghan** – Reaching parents and knowing challenges faced in attending and engaging in events offered in the community. How they can leverage these challenges to meet their parents where they are.
- i. Starting to investigate mental health impact on drunk driving and in general to be brought to the forefront alongside alcohol and substance use.
 - ii. Cannabis impairment – what does this look like? How does this impact individuals. How can they be at the forefront of providing awareness of trends.
- c. **Tina** – has had to continuously explain prevention science to the general public. This can increase opportunities for funding and collaboration where you wouldn't have to piece money together from various sources to implement programs.
- i. Example, wearing seatbelts has become second nature where it was not as popular decades ago. Broad knowledge has helped this initiative.
- d. **Lee** – Focusing on what they can control within the community and leveraging those areas by reaching out repeatedly to impact those areas of potential control (e.g., flyers, calls, talking at the store) to provide community wide exposure.
- i. Keep staff engaged and knowledgeable about what prevention is doing at the national, state, and county levels.
 - ii. Prevention learning portal in EPIS helps engage staff by showing what prevention is and how to be successful prevention staff. This bridges gap to capacity, resources, and knowledge to provide training at local level.

IV. Q &A:

- a. As a researcher, we are always told that prevention requirements are standardized across state, yet local and state government still have room to customize services. What is your experience to meet local needs for

prevention efforts beyond the standardized requirements?... **How to support your needs with research?**

- i. **Lee** – on a local level, having the opportunity to connect to people locally to reach with programming and support to value uniqueness of communities. How can researcher see that local level providers are knowledgeable of their local communities?
- ii. **Trina** – mentioned having data and priority risk/protective factors, but they were confused about what programs would best fit their communities. Would be beneficial to have a list of programs beyond their initial database that showed programs implemented in similar communities to evaluate implementation more efficiently.
- iii. **Karen** – Researchers shared outcomes with team members who were able to share information to community partners and broader communities. A team member was able to share meaningful research outcomes in later meetings that helped increase reach of programs.