

FUTURE OF NURSING

RHODE ISLAND ACTION COALITION

Building a Culture of Whole Person-Health: A Project to Change Attitudes About Recovery Partner Meeting

Date: Monday, July 15, 2019 from 9 am - 10:30 am

Location: Bradley Hospital (1011 Veterans Memorial Parkway, Riverside, RI 02915) in the Welcoming Center Conference Room (WCCR). Proceed around the flagpole, you will see a small security shack, you will be parking in Lot A behind the shack. Once you enter the Main Entrance (which is back by the flagpole), you will check in at the desk straight ahead, and ask for Marge Paccione.

Conference call line:

Dial in #: 1 435-562-1464

PIN: 678 697 102#

Agenda

Conference line: Susan Storti (SUMHLC), Suzanne Carr (Community College of RI), Donna Policastro (RI State Nurses Association), Ryan Erickson (Governor's Office), Haley McKee (Substance Abuse and Overdose Prevention PAC)

Attending: Lynn Blanchette (RI College/RI Action Coalition), Marge Paccione (Bradley Hospital), Leigh Hubbard (The Miriam Hospital), Alex Donoyan (VICTA), Lisa Peterson (SUPERPAC/VICTA), Lisa Tomasso (Hospital Association of RI), Joanne Quinn (The Autism Project), Jaime Bernard (BHDDH), James Rajotte (RI Dept of Health/RI Action Coalition), Jen Giroux (RI College), Ana Bess Moyer (Creating Outreach About Addiction Support Together), Michael Beauregard (RI Action Coalition), Jenna Husted (RI Action Coalition)

1. Welcome and Introductions

2. Review of June 6, 2019 Meeting Minutes

- a. Still waiting on some data points from last meeting's action items.
- b. Will share a contact list of people who have participated or attended a meeting so far with partners.

3. Review Proposed Activities

- a. Roadmap/guide for organizations that want to raise awareness and change attitudes internally.
 - i. Currently in development. We will wait to see the report.
 - ii. The Task Force is reconvening the Advisory Council, and is meeting this week.
 1. Jen will share the session information.
- b. Public information toolkits

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- i. Localized directories of resources that are contingent on communities were are targeting.
 - ii. Would like to start with target communities then replicate in additional locations.
- c. Establish a speakers bureau for the many educational events we are planning.
 - i. Create a forum with standardized information about speakers, forums, events, etc. that exist to create a directory of all programs in the state around recovery and events about addiction.
 - ii. Feature of website will allow users to book the speakers/events.
 - iii. Will allow people to compare and see all of the programs in the state
- d. Data to convey our message that everyone is a part of this effort. The goal is to drive people to action.
 - i. Research data that will quantify impact, and people affected.
 - ii. Provide data on beliefs of Rhode Islanders (such as the percentage of those who believe recovery is possible, how close they think the issue is to them) in order to measure our efforts.
 - iii. Look at people's real biases.
 - 1. Harvard does implicit bias surveys, which we may be able to build off.
 - 2. Lisa will provide link/information.
 - iv. Data collection suggestions: public opinion poll, pre-survey before our events/programs, post-event surveys, social media polls, 1 question survey (similar to what the Providence Journal does before reading an article.)
 - 1. Mike will reach out to the Providence Journal and PBN to inquire process for adding question.
 - 2. Leigh will reach out to contact at Lifespan to see if it can be added to the healthy living website.
 - v. Data can be used in a lot of ways (legislatively, etc), so we need to narrow our intent and find the most compelling points we want to highlight.

4. Set Priorities for 2019-2020

- a. Polling
- b. User entry for website
- c. Inventory all programs, speakers, educational events, etc. around addiction recovery that are happening around the state.

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- i. Mike will send out the link to a form for programs and speakers to complete. These will be added to the directory on the RecoveryRI website.
- d. Funding/allocation
 - i. Consider costs of proposed activities, and determine targets for supporting that work.
 - ii. Project activities with associated costs include: project management, polling, website development, social media advertising, surveys.
- e. Will discuss longer term strategies at next meeting.

5. Recovery RI Website and Brand

- a. Goal is it to have an external facing brand that is easily accessible and understandable, and for direct community communications to reach people outside of health and recovery communities -



- b. Held focus group testing on logo.
 - i. The two people represent the communal responsibility, and how we want to engage non-traditional audiences to achieve a culture shift.
- c. www.recoveryri.org - went live last week, but we will continue to build it out over the next month before launching.
 - i. Will include addition of identity-based user flows.
 - ii. Will also have the domain ourjourneyri.org
 - 1. Define who are the "our" with overarching groups. Must be inclusive and ensure we do not leave out any groups.
 - iii. Visual content/pictures?
 - iv. Creating direct tracks for each audience sector to organize resources.
 - 1. We will design categories, models of content, and send out a draft to all project partners to get a first pass from our networks.
 - 2. Will send out initial categories by next week, get feedback from partners, implement suggestions, then do a focus group.
 - 3. Focus group suggestions: Anchor, RI CARES, RI State Council of Churches
 - v. Promotion of website
 - 1. Start with sharing through this network on social media and email, then will send out a press release and push for statewide publicity in a month, once user flows are completed.

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2. Promote in communities through advertising/digital ads, in-person events (will be the most direct, effective way).
 3. Need the rest of the community to see recovery knowledge as essential for everyone, and not just for one segment of the population.
 4. Awareness campaign to build coalition and plurality (many people, events, ideas) so we are not having the same conversations with the same people.
 5. Need to create urgency, and meet people where they are at.
 6. Website is good, but must meet people in-person in communities to get knowledge to new audiences.
- d. Identify translator to provide Spanish translation of website.
- e. Audiences
- i. We do not want to always be in the response mode as crises arise. We need to engage nontraditional partners in this work to be proactive.
 - ii. Churches/faith based communities to reduce stigma in religion.
 1. DOH does monthly faith-based meetings (Jaime will send info).
 - iii. Need to represent everyone/all audiences (such as seniors, as there is a whole pool of people who would answer a survey about addiction issues).
 1. Will reach out to AARP to invite them to the next meeting.
 - iv. How to reach people who are not actively looking for recovery, and help them find connections and get to these events?
 1. Coalitions who do grassroots work with people in their natural environments to promote these resources.
 2. Make information available out in the community (event for people who are on the ground, in farmers markets, backpack events, libraries, nursing students, volunteers).
 3. Educational programs/train the trainer on how to have these conversations and educate the community to lessen stigma.
 4. Hold trainings for those who may not typically care or who aren't looking for the opportunities. Interpersonal stories are the best way to transmit knowledge to people who may not be paying attention.
 5. Best done through human stories by people who look like the people they are talking to.
 6. Need to provide information in those moments of engagement.
- f. Tools to refine search of resources, programs, and events.
- i. Find balance of how much information to provide.

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1. Prevent Overdose RI already has all of the resources in the state, so we don't want to replicate.
2. May be helpful to segment by intent to direct people to a narrower list of resources.
 - ii. Website is more about education and advocating component, but can also direct people to resources.
- g. Joanne will send link for example.
- h. Website should also include data of those in the field and who have struggled, and list community partners.
- i. Need to ensure we are not only focusing on one type of addiction, but substance abuse in general. Need to discuss recovery at the highest level and that the resources are available for all of these areas.

6. Upcoming events: Four Legs to Stand On

- a. Act I: Tuesday, September 10, 2019 from 6:30pm - 8pm at Teatro ECAS
 - i. Shows the dynamic of a family when they realize they need to address the issue of someone who is actively using.
- b. Act II: Tuesday, October 1, 2019 from 6:30pm - 8pm at Teatro ECAS
 - i. How it affects a larger section of people by taking into account socioeconomic backgrounds, race, etc.
- c. Performances are created to encourage community dialogue to support recovery efforts.
 - i. There is a talkback session following each performance. The goal to help inform what we can do for the community.
- d. Will invite faith leaders, organizations who work with children and families, community leaders, legislators, etc.

7. Open Discussion

- a. October 19 from 8am - 12pm CCRI Non-Opioid Pain Treatment Symposium at CCRI Grand Hall.
 - i. Will be discussing current research, case studies, and will have a panelist who specializes in alternative methods of pain treatment.
 - ii. They are still searching for one more panelist.
- b. Jaime will let us know the planning meeting date for Rally for Recovery.
 - i. Find how we can support efforts.
 - ii. Recovery RI, Our Journey should have a table there.

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8. Next Meetings

- a. **August 19 from 9am - 10:30am at the Health Association of RI**
405 Promenade St, Ste C, Providence, RI 02908
- b. **September 16 from 9am - 10:30am at Building Futures / Apprenticeship RI**
One Acorn Street, Providence, RI
- c. ***If you are unable to attend these meetings, please feel free to send another representative of your organization.***