

Building a Culture of Whole Person Health Stigma-Reduction Project Meeting

Date: Monday, June 3, 2019 from 9 am - 10:30 am

Location: The Miriam Hospital (164 Summit Ave., Providence, RI 02906) in the Schottland Conference Room on the first floor of the Fain Building. Valet parking is available, plan to arrive 10 minutes early if using. Ample street parking is available nearby as well.

Conference call line:

Dial in number: 515-606-5921

Access Code: 963062

1. Welcome and Introductions

a. Attending:

- i. Jaime Bernard - Dept. of Behavioral Healthcare, Developmental Disabilities and Hospitals
- ii. Louise Sullivan - Salve Regina University
- iii. Donna Policastro - RI State Nurses Association
- iv. Marge Paccione - Bradley Hospital
- v. Ian Knowles - RI Communities for Addiction Recovery Efforts
- vi. Joanne Quinn - The Autism Project
- vii. Carol Hall-Walker - RI Department of Health
- viii. Lisa Tomasso - Hospital Association of RI
- ix. Ryan Erickson - Governor's Office
- x. Sid Wordell - RI Police Chiefs Association
- xi. Susanne Campbell - Care Transformation Collaborative of RI
- xii. Maria Ducharme - The Miriam Hospital/RI Action Coalition
- xiii. Lynn Blanchette - RI College/RI Action Coalition
- xiv. Jenna Husted - RI Action Coalition
- xv. Michael Beauregard - RI Action Coalition
- xvi. Kathleen Simon - Blue Cross and Blue Shield of RI/RI Action Coalition
- xvii. Angela Patterson - CVS MinuteClinic/RI Action Coalition
- xviii. Ana Bess Moyer Bell - Creating Outreach About Addiction Support Together
- xix. Beth Lamarre - National Alliance on Mental Illness
- xx. Karen Nix - Parent Support Network
- xxi. Leigh Hubbard - The Miriam Hospital

2. Project Overview

- a. Remove social barrier and change public attitudes for people to seek addiction recovery.

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- b. The project areas of work include:
 - i. Communications/Advocacy
 - ii. Develop Opportunities for Professional Development
 - iii. Champion Interprofessional Engagement and Commitment
 - iv. Promote Exception Practice within and Outside RI
- c. Project activities, resources, and outreach will be geared toward:
 - i. Frontline professionals, employers who employ many frontline workers.
 - ii. Organizations that employ nurses and allied health.
 - iii. Community partners in target communities.
- d. Will create a roadmap for organizations that want to take this on internally.
- e. Will distribute public information toolkit to help organizations in identified communities to direct people to addiction recovery resources.

3. Review of Core Areas of Work

- a. Communications/Messaging and Advocacy
 - i. There are many public awareness campaigns across the state we can align with.
 - 1. Gov's Workforce Board is working on RI population health plan, which will include workforce issues and reinforcing stigma-free care. They've found that sharing personal stories is very effective.
 - 2. RI is working on a statewide media campaign, which this campaign can leverage as a resource.
 - ii. More nurse-driven as we continue the conversation.
 - iii. Strong need for person-centered communications and messaging. We must ensure our message is driven by peoples' lived experiences.
 - iv. Pairing narrative and story to promote social action. We should discuss and provide the resources during our events/trainings.
 - v. Emergency rooms are some of the most stigmatizing environments.
 - 1. Carol will look into research/data
 - vi. Messaging on college campuses for students health professionals who will soon be providing care in RI.
 - 1. Lynn will send information about upcoming events.
 - vii. Avoid using the term "stigma", and will reframe the language to "changing public attitude."
 - viii. In addition to opioids, we must also include nicotine, alcohol, etc.
- b. Develop Opportunities for Professional Development
 - i. Incorporate Hasbro and pediatric groups, interprofessional/frontline workers, nursing peer model/nurse-to-nurse mentoring, advanced practice nurses, Board of Nursing

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- ii. Educational events will be designed to be scaled and replicated in other communities.
- iii. Suggestion to establish a speakers bureau for the many educational events we're planning.
- iv. If we would want to present on college campuses, would need to first identify learning outcomes in the nursing curriculum.
- v. Suggestion: Elevate the Mental Health First Aid curriculum, which is basic information with non-behavioral health focus.
 - 1. Instructors are certified through the National Council on Behavioral Health. There are multiple certified trainers in RI.
- vi. Can align with Trauma-informed care initiative the state is working on to change public attitudes.
- vii. Basic de-escalation training and teaching how to respond across disciplines.
- viii. Should include self-care component, as many clinicians start to feel burnt out from this type of care and the trauma that can be associated with it.
- ix. Professional development for people with developmental disabilities and how to engage them in the conversation.
- x. Need one central place for all resources.
 - 1. Michael will add links to the RIAC website.
- c. Champion Interprofessional Engagement and Commitment
- d. Promote Exceptional Practice Within and Beyond RI
 - i. Need effective models for changing public attitudes, and disseminating information. The goal is to create a model that can eventually be replicated in other states, but some work will also be RI specific.
 - ii. Find avenues to advance the conversation, while following the state plan to eventually make recommendations to change policy.
 - 1. Some of our project work may be aligned with public awareness activities that are funded in the Gov's budget.
 - iii. Suicide screening as a best practice.
 - iv. What causes recovery?
 - 1. Recovery patients can identify specific attitudes, comments, experiences, etc. that prevented them from seeking care. They can discuss the challenges and stigmas they faced, but also need to focus on positives and how they got into recovery.
 - 2. Look into national resources about training on effectively telling stories/experiences.
 - v. Need to be mindful of social determinants of health as we develop our communications and messaging.

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- vi. Consider the role of nurses and nursing care, and focus on nurses out in the community to understand their true needs.
- vii. There are currently 9 Health Equity Zones in RI. We will invite contacts from each zone to be a part of this project.

4. Review Defined Activities - discussion tabled for next meeting, following priority setting among attendees.

- a. Public Information Toolkit
 - i. Must be culturally competent, and suited for all audiences.
- b. Educational Event for Parents and Teachers in targeted communities
- c. Educational Interprofessional Event in targeted communities
- d. Arts-Based Performances in Providence with Discussion and Reception
- e. Statewide Summit on Changing Attitudes/Stigma-Reduction

5. Identify Interest Areas

- a. Education for student nurses, and connect them with community needs.
- b. Create a resource in alignment with Recovery Friendly Workplace Initiative.
- c. Peer-to-peer model for professionals to seek help when in addictions
 - i. Including employment protection for people when they enter into recovery.

6. Action Items and Next Steps

- a. Will inventory all topics discussed today, and present everything at the next meeting to determine our top priorities.

7. Next Meeting

- a. Monday, July 15 at 9 am - 10:30 am at Bradley Hospital
- b. If you are unable to attend, please feel free to send a representative of your organization.