

Dialogue4Health Web Forum

Cultivating Our Roots: Leveraging a Gendered and Cultured Lens to Advance Community Strategies to Improve Population Wide Mental Health and Wellbeing

Thursday, February 8, 2018

Remote CART Captioning

Communication Access Realtime Translation (CART) captioning is provided in order to facilitate communication accessibility and may not be a totally verbatim record of the proceedings. This transcript is being provided in rough-draft format.

HOME TEAM
CAPTIONS

www.captionfamily.com

>> Laura Burr: Welcome to today's Dialogue4Health web forum, Cultivating Our Roots: Leveraging a Gendered and Cultured Lens to Advance Community Strategies to Improve Population Wide Mental Health and Wellbeing, brought to you by our partner, Prevention Institute. We also thank Blue Shield of California Foundation and Movember Foundation for today's event. My name is Laura Burr and I will be running the web forum along with my colleague, Tanya Hammond.

Now it is my great pleasure to introduce our moderator today, Dr. Larissa Estes, program manager at Prevention Institute. Larissa joined the health system transformation and mental health and wellbeing teams at Prevention Institute in September 2015. She has served as a key author on several publications at Prevention Institute on accountable communities for health, medical high utilization, and mental health and wellbeing. Welcome back to Dialogue4Health, Larissa!

>> Larissa Estes: Thank you, Laura. I'm extremely excited to share this work on advancing population wide mental health and wellbeing. Especially this work that's happening on the ground in local communities across the U.S. First, let's see who is joining our webinar today. We've got lots of friends calling in from California and Colorado and Texas. But it's even more surprising to see folks calling in from Australia, Canada, Germany, Singapore, and the U.K. In terms of sectors, we've got a lot of sectors represented, but we see a lot of our friends in the nonprofit world as well as local, state government which includes public health as well as healthcare providers.

So Prevention Institute was founded in 1997 as a national nonprofit dedicated to advancing community health and wellbeing to focus on primary prevention or the prevention of injury and illness before it occurs.

Our focus areas at Prevention Institute include violence and trauma prevention, health equity, active living and healthy eating, health system transformations and mental health and wellbeing.

Two weeks ago in the first part of the webinar series featured a high level overview of the Cultivating Our Roots paper and the thinking that formed the content. During this webinar will we go into strategies to advance this community approach. With he will get to hear from some

local communities implementing prevention strategies to implement mental health and wellbeing. The first part of the webinar series is recorded and available at www.dialogue4Health.org.

Our panelists today are Ruben Cantu and Sheila Savannah of Prevention Institute, Jack Callahan with our Chicago Making Connections site and Dean Jackson with the Tacoma Making Connections site. Unfortunately, Marcus Williams is unable to participate. I would like to dedicate this webinar to him and other young people working in our communities. We see your leadership and honor you and your work in this webinar.

First up we have Ruben Cantu, Program Manager for community trauma, mental health and wellbeing at Prevention Institute. Previously the Associate Director at the California Pan-Ethnic Health Network, Ruben was lead author of California's Draft Strategic Plan for Reducing Mental Health Disparities, part of the California Reducing Disparities Project funded through the Mental Health Services Act.

Ruben, can you share with us the information you've developed regarding advancing community strategies to improve mental health and wellbeing?

>> Ruben Cantu: Right. Thank you so much, Larissa. Very glad to be back for this second part of the webinar series. And one of the concepts that emerged in our mental health work is the importance of a gendered and cultured lens as opposed to having that one size fits all approach. We know that gender norms influence socialization around coping, social connection and help seeking behaviors. On the last webinar I mentioned and talked a little bit about how people say boys don't cry and also talked a little bit about the lone cowboy going it alone and how that has been a concept in the U.S.

These types of behaviors have a really deep impact on the mental health and wellbeing of men and boys and may often have greater impact on people whose gender does not align with the male/female gender distinction and roles.

A lot of our thinking here at Prevention Institute on how community factors, culture, and gender influence mental health and wellbeing was catalyzed through a project funded by the Movember Foundation which is the world's leading funder on men's health including mental health and suicide prevention. Movember has been around since 2003 and has been helping men become more aware of their health, talk more about what is going on in their lives and be more active. They worked with communities in Australia where they are based as well as Canada, the U.K., New Zealand and the U.S.

They funded over 1200 projects focused on prostate cancer, testicular cancer and now in the U.S. on mental health and suicide prevention.

Movember's work takes a community and population approach to men's mental health with the understanding that men's mental health and wellbeing is influenced by more than their gender. The approach looks at behaviors, social and community networks and socioeconomic, cultural, and environmental conditions as big influencers on men's health.

Movember is supporting the Making Connections wellbeing among men and boys initiative, made up of 16 sites across the U.S. working to improve mental health and wellbeing among men and boys of color and military service members, veterans and families through upstream community level strategies.

Prevention Institute manages this project and the University of South Florida provides evaluation support for this work. Over 230 organizations across the country responded to an initial RFP or request for proposals to be part of this project, by really goes to show the immense interest in these kinds of approaches. The 16 sites that are part of the community of

practice -- you can see where they are located on this map on your screen -- are really diverse in terms of the population that they are working with, their location across the country, and who is leading the work. So we have community-based organizations, health systems, health departments, and healthcare providers that are all leading this work across the 16 sites that we are working with.

We are really excited to have a couple of those sites on the call, on the webinar today to share a little bit about their work.

So when Movember is interested in working in a new location they like to commission a report to get a sense of the needs and current situation regarding men's health in that place. In 2014 Prevention Institute did this work for the Foundation, which included conducting a literature review and interviews to develop the landscape analysis that informed the design of the project. Some of the key findings in this landscape analysis included that there are limited notions of masculinity that tend to socialize males towards isolation and not seeking help or even talk about what is bothering them.

We also found that boys and men of color are disproportionately affected, which end up having a huge impact on fathers, families and entire communities. We found that military service members, veterans and families experience trauma and also its effects disproportionately. We also found that prevention strategies are not at the scale we need to have the kind of impact we need to see to improve mental health and wellbeing among men and boys, but we saw that indigenous and lay approaches are emerging across populations and across the U.S. These kind of approaches support healing and mental wellbeing from a culturally rooted and defined place. And finally, resilience emerged as a critical protective factor. It can help to spur the development of community wide approaches when we take this approach that looks at the need for building resilience in our communities.

The Making Connections initiative has emerged as a way to bridge mental health to population and community level approaches. It is also helped to focus strategies into places where men and boys spend their time and with the people with whom they interact and trust and helps to connect institutions and to wellbeing and to each taking that important multi-sectoral approach which can end up having a much broader impact.

And Making Connections is also about making connections. So that we can help men and boys reconnect to cultural identity and expanded notions of healthy masculinity, to build connections to cope with stressors, past, present, and future. For example, we've seen in some of our communities, especially with our military service members and veterans communities, that these men are more likely to help others than help themselves. In doing so, they end up helping themselves after all. Finally, it's about connecting men and boys to each other, their families and communities to support healing and build resilience.

>> Larissa Estes: Thanks, Ruben. To better understand how this is working on the ground, we will hear from Jack Callahan, psychotherapist and coordinator at the Under the Rainbow, an outpatient behavioral health clinic at Mt. Sinai hospital in Chicago. Jack specializes in the treatment of children and adolescents and spent most of his career working in Chicago's most disadvantaged communities. As a program coordinator Jack led a group of youth directors and coalition of community organizers and agencies to develop and implement a sports and play-based mentorship program. Jack, I'll turn it over to you.

>> Jack Callahan: All right, thanks so much, Larissa. Thank you all for joining today and inviting Marcus and I to participate as specialist. I want to give a special shout out to Marcus who helped develop our presentations and the content of these slides.

He was unfortunately unable to join us today to do some school work and testing he had to complete. I'll explain Marcus' and our youth board of directors shortly. I want to clarify I will be presenting on two approaches on community strategies to improve mental health and wellbeing, one being the Making Connections initiative and the work over the last two years and the other being from the perspective of our community mental health clinic Under the Rainbow where Larissa stated we specialize in the treatment and care of children and adolescents. I'm in a unique position in two roles, one being a psychotherapist and the other coordinator of the Making Connections initiative. Throughout this presentation I will be repeating some common themes and messages, those being the healing power of consistent and genuine relationships and their ability to transform individuals and communities. The other themes being the importance of building trust and making active listening a priority in our work. I think it's always important to start, explain a little bit about who we are to give context to our work. I'll start with Under the Rainbow. Unfortunately I don't have a picture of our team or clinic here, but I want to make clear our clinic is a unique department at Mt. Sinai hospital. We are known as one of the six Trauma 1 centers in Chicago, meaning our physicians and caregivers, we get a lot of gunshot wound and violent crimes coming to our clinic for treatment. Our hospital is often associated by community residents with pain, fear, loss, and death. Understandably so. Most people tend to avoid hospitals at all costs. Our hospital does provide a variety of programs outside of our ER department, including community assessment and case management services and we try to be participants in multiple city wide initiatives to reduce violence and promote healthy life styles but the general view of our community is our hospital is that our hospital is on stand by in the event of a emergency.

The Under the Rainbow doesn't look like other departments at Mt. Sinai, our team has freedom and encouragement to adapt our programs and offer unique events that reflect the needs of our communities. So for over 20 years Under the Rainbow has been dedicated to providing psychological services for families on Chicago's south and southwest side. Some of the services include individual, family and play therapy in addition to a variety of groups, like social skills groups, mindfulness groups and art therapy groups. We also provide psychiatry services, crisis intervention and case management services and most importantly community-based and school-based services.

I'll talk a little bit about our Making Connections team. So when we are invited to participate in Making Connections, we recognized it as a fairly unique grant. There weren't many guidelines from Movember other than to improve the mental health and wellbeing of men and boys and North Lawndale, Little Village and other communities.

The first step, our team started researching other agencies in the community that we thought were doing something inspiring for young people or at the very least offered something we thought sounded cool and we wanted to learn more about. Our team recognized that positive impact and advocacy can occur at multiple levels throughout the community and appreciating the diverse efforts to address the environmental factors that impact health and wellbeing, we formed a diverse coalition of community partners and community leaders and others to join our team. That's a picture of our coalition. The bottom photo there. It is always funny to think about those initial meetings where we showed up at partner agencies and they would ask us, this sounds great. What will we do? We said I don't know. We need to figure that out. They would ask us what is our role going to be? Our response is we're not sure about this either, do you want to do it with us anyway? Our coalition is made up of diverse service providers. We have school social workers, supervisors of youth mentorship programs,

agencies that focus on youth violence and prevention programs. We have community leaders, legal service providers, we have behavioral health experts, and we have partners who specialize in place making, which is repurposing and revitalizing neighborhood space to make it safe and accessible.

Right off the bat we established a flat hierarchy within the coalition with the belief that equal power, equal sharing of ideas, resources and openness to explore program obstacles and healthy interventions.

Early on we formed our coalition's vision and our approach we would follow no matter where the Making Connections road led us. The vision we came up with was for men and boys to thrive in their community with sense of belonging, ownership and safety. Our approach was emphasis on listening and acknowledging that the community and the residents are the experts. We also wanted to make sure we gave a lot of power to the young men in our community.

So our new program, Legends of Lawndale which recently launched, what our team came up with and designed is a sports-based mentorship program exclusively for men and boys. This program was designed based on conversations with community residents and people from the community. It was important for them that our board of directors and mentors were men from the community. There is mistrust towards people in helping positions for young people such as teachers and police officers. There is a common message of what the young men called fake love, people saying I've got your back, I'm here for you when things get rough and those relationships end up not being genuine and true. So we hired all of our men from our community of focus. What we did was provide comprehensive training for them such as mentoring 101, first aid, facilitation, and we hired a third party to do trauma trust training for us. We provide ongoing supervision for our mentors.

So this is a slide that Marcus was going to be speaking about because he is the expert on our communities. He wanted to touch a little bit on what are the needs in the community and what are some of the opportunities that youth have. Some of the needs across all three of our communities is access to safe space, having places that people can hang out, chill, and compete or play or learn. There's a lack of inspiring adults and healthy relationships, also a lack of employment opportunities and most importantly a platform to have a voice. I'll touch on that a little bit later.

What Marcus really wanted to clarify is that there's a lot of opportunities despite the violence and despite the poverty that occurs in our communities.

Marcus wanted to talk about how when he goes to school, he sees the reality of his community and the consequences are in your face. So when he sees guys on the street drinking or selling drugs, he sees that as motivation to stay in school and think how he can promote his own life. There are opportunities for volunteer and high participation in advocacy groups. Throughout Cook County there's 20 percent participation in advocacy group. In North Lawndale detail, it's closer to 70 percent.

What is the team doing about community needs? We developed the cross age mentoring program that is trauma form, building relationships between young men, adolescents and boys. We have ongoing discussions about the meaning of manhood and boyhood and we talk about what does it take for a man to become a legend? We have a youth board of directors that are participating in a photo journalism project to define the true meaning of their community and also the right narrative. In the media a the look of times violence is referenced and our young men believe that is not always true. A lot of wonderful things happen in the

community and they want to highlight those things RFA we believe that our project is successful because it is owned by our community. It was designed by young men. And it is led by young men from the community. We also make sure that we have access to safe spaces. We've created a robust social system and network between our coalition of partners and empower young men to have a voice. Every night of our program is ended with a Squad Circle, P-Circles defining what it does it mean to be a healthy man and what does it take to become a legend?

From our clinic standpoint there's a number of best practices that we follow to engage our community. One of the important things is having culturally competent staff that reflect the change in demographics of our community. Over the last five years our commune has seen an increase in Latino population coming for services. Three-fourths of our staff are now Spanish speaking. We understand that trauma is often the underlying diagnosis of the clients we see. That's why we have ongoing training about trauma informed care and also we recognize that prevention work is as important as intervention work. That being said, we try to promote activities that are out in the community and we encourage our staff to get out of our office and be in the community advocating for wellness and not waiting for our clients to come to us. Our team also recognizes that schools are the heart of our communities. If we really want to make an impact we have to get involved with the schools.

That said, our team has a number of collaborative grants with schools. We establish long-term relationships with the schools and their administration, and that takes time and listening and trust.

What we offer the school staff is social, emotional learning for their classrooms. Our team will go into different classrooms about two hours each week and do activities with the kids, provide training and support to the teachers to make sure they are being trauma informed and also helpful strategies to intervene when they have difficult students in their classrooms who may be displaying concerning behaviors. We make sure that Under the Rainbow is known as an open door place where parents and families can come in without an appointment, get an assessment and learn about what services we have available.

As far as providing the helpful strategies in the community, we do more than just family and individual therapy. We also do a lot of experiential activities and events in the community such as a summer program where we take kids on field trips, get out of our neighborhoods and go do exciting new things that kids have never done before, horseback riding last year, I wish you could have seen that. It was hilarious to see kids who never saw a horse before and getting on those. To me that is as healing.

So the challenges we faced in Making Connections was working through the vagueness of not having a plan and establishing new relationships with partners and also the recruitment of youth was a challenge. One of the ways we overcame that, we had our partner coalitions nominate our mentors and youth board of directors. So we didn't make any job fliers or anything like that. We had partners identify men from the neighborhood who they thought would be successful mentors. They referred them to us. Again, establishing that trust, making sure our partnerships are providing opportunities for their own members and also open up new opportunities for men in the community.

So moving forward what helped our team was creating meaningful partnerships that resulted in collaboration of resources and services, goal of building a trauma informed community. It's important to will challenge your own agency emission an vision and if it is still reflective of community needs. At the core of the program, letting the community guide us on what they

wanted and giving as much hour power as we could to the young people of the community. Thank you all for coming and joining us today.

>> Larissa Estes: Thank you, Jack. I'm always wowed by the work you all are doing in Chicago and equally wowed about the work happening in Tacoma, Washington.

Next we have Dean Jackson, Executive Director of Hilltop Urban Gardens. He's a Black genderqueer farmer living in Tacoma. They are a social justice organization working to develop systems of food sovereignty and create racial and economic justice. Qualities Dean strives for: Heart-led leadership, honesty, compassion and love. Dean, tell us a little bit about your work in Tacoma and how food sovereignty helps your community?

>> Dean Jackson: Hi, I'm coming to you from the ancestral lands of the Suquamish, Salish, and the Puyallup peoples. Food sovereignty is when people are able to control the means of production, control of the land and growing and sharing healthy, safe, life giving culturally appropriate foods.

HUG's mission -- Hilltop Urban Gardens, we call it HUG for short. Our mission is to develop systems for food sovereignty to create racial and economic justice. We are an agri-ecology social organization.

We are able to provide and grow food for our communities, we are able to improve farming practices and production within existing food systems and also build social solidarity economies to maintain our emerging alternative practices. So some of those emerging alternative practices are our urban farm network which I'll talk about in a few minutes. The revitalization and preservation of first foods and medicines, that's really about restoring and remembering our ancestral practices, ceremonies and traditions around food. And the Black Mycelium Project, which is specifically to support black people, people of the African diaspora in reconnecting to the land, the soil, to the as stolen and displaced people we were targeted because of ago regard Indian expertise and forced into enslavement that placed wounds on our understanding of ourselves as indigenous people and as people connected to the soil.

The work of the Black Mycelium Project is to restore and remember our agrarian roots.

This slide is an aerial map of a portion of the Hilltop neighborhood. And what you see on this map are the locations of our different sites. The model is that neighbors share portions of their yard. Hilltop Urban Gardens then builds and manages gardens on that shared land. Together all of those shared sites function as one urban farm. We currently have 17 sites that are growing this year with a goal of 20 sites by the end of the year, growing on 1 acre of land. We share and distribute roughly 2 tons of produce each year. What we are doing is building a model that strengthens community connections and reduces isolation.

Hilltop Urban Gardens is part of 253, Making Connections initiative. This is a coalition of grassroots organizations like Hilltop Urban Gardens, as well as kind of more grass top agencies and institutions and then our local Tacoma department, HUG's work centers, around working with LGBTQ people and men and boys of color mobilizing to work in our communities. In the communities of Hilltop, east side Tacoma and Springbrook. These are all communities that are largely communities of color and people and families experiencing poverty.

We did surveying in these communities. We essentially asked our neighbors what were they experiencing as barriers to mental health and wellbeing? And what do they see as solutions? Based on those survey results we came up with the three target goals of strengthening social connections, improving access and utilization of quality resources and then improving civic engagement.

So how are we doing this? I'm going to speak a bit about Hilltop Urban Gardens' work and

some of the work we're doing in collaboration. Hilltop is historically red line neighborhood and experienced quite a bit of community trauma with both infusion of drugs and a high amount of violence in the community. In the late '80s and early '90s, the community came together to really make the neighborhood safer for families and children, and as they did that the community started to gentrify. Now we are experiencing a and rapid level of gentrification and displacement. Part of our work in the Making Connections is to rebuild community in the context of this displacement. We are reconstructing place ways for our diaspora communities. This is very much what we are doing within the urban farm network. These are gardens but also places where we can build culturally grounded experience for our community. We are growing food. We are working together to breakdown the isolation in the community that can come from the community trauma and then the displacement of people. Then we are reconnecting to the land. Our work, we are very clear in our work that by reconnecting to the soil, by remembering and practicing our traditional ecological knowledge so that is remembering our ceremonies, remembering our rituals, connecting to the wisdom of our ancestors, that these are all tools we use in community to be strengthening our resiliency, really building cultural grounding to build that community resilience.

Within the Making Connections initiative, our work with LGBTQ people of color. In our surveying we found specifically that transgender women of color had very little access to resources in our county. Our county is Pierce County. We are traveling about 35 miles north to Seattle at great cost and time to access any type of resource that was actually going to be safe and appropriate for them. So this is a huge barrier to women who are already experiencing quite a bit of trauma. So our work here in Tacoma was to educate service providers on LGBTQ issues specifically centering on transwomen of color, working to end stigma in our community and improving access to HIV testing and education with folks in our community. One thing we have been instrumental in is getting our mobile testing to actually be mobile. What was happening is that there would be one location that the mobile unit would just park at and we have been really influential to have them go where people need the testing. Then we are creating affirming social spaces as a prevention tool. This year we will be conducting hair and makeup days for transgender women of color. This creates a safe and gender affirming space for these women to be able to access and receive services. And we see this as building a foundation for future organizing for this community.

Our asks. We are very clear that we need larger institutions to recognize and acknowledge that we are experts in our communities. We know it works. We know what doesn't work. We have connections and relationships. And we are very capable of leading real life solutions to mental health and wellbeing. We also need larger institutions and foundations to join us by investing in and following our grassroots leadership in really authentic ways. Sometimes we experience larger agencies and institutions kind of coming into communities and working in ways that create distrust and competition within our communities. So what we ask is to take our leadership, we have relationships established and really just need support in building our capacity.

Finally, we live in such a polarizing world that it is super crucial that we defend our diversity and our autonomy. If we look at the top -- I often look to the plant world to guidance or natural world. If we look at the top of the food chain we see isolation and increased threats of extinction. However, if you go out into what some people might consider a weedy field and you pull up a dandelion root you are going to see a diverse and thriving ecosystem. I will leave you with the thought that to be diverse is to be sustainable. Thank you all.

>> Larissa Estes: Thank you, Dean. That was powerful and applied to what Ruben said about what a gendered community really is.

We want to engage the audience and bring up poll number two: Do you feel that this framework and both examples are valuable in informing your work? Please select from the multiple choice options.

Yes, I can use it to inform my existing work. Yes, I would like to apply to my existing work but would need technical support. No, this would not be helpful in my work. And D, other. We would ask that you specify what other is.

And please click submit once you selected your choice.

You know, I think there are a lot more examples that the Making Connections initiative can share. And Laura, I ask that you close the poll. We are happy at the Prevention Institute to follow up with your questions and discuss other examples such as from our networks where we are working with veteran and military populations or rural populations and happy to explore the application of your frameworks for your community.

We are just waiting for the poll numbers to come in. And it looks like many folks are really think these examples in the framework could influence their work and inform their work at 55 percent. Of course, there are folks out there that would love to have the supply and have that technical support which is often necessary as we've learned from both Chicago and Tacoma, that it really takes the time to engage the sites, the communities and really get to know what the communities' needs or and advance a strategy that works for everyone and to talk about the strategies, I have next up Sheila Savannah, who is a director at Prevention Institute and provides leadership on health equity, mental health, violence prevention. In her leadership role on mental health she focuses on intersection with the community resilience and social determinants of health, with projects aimed at improving outcomes for boys and men of color, and addressing trauma through a specific public health approach to early childhood development. Sheila, describe how this movement, the Making Connections movement is facilitating change to shift norms, policies and practices, and the narrative surrounding mental health and wellbeing?

>> Sheila Savannah: Certainly. And thank you to everyone who is part of this webinar. It is just really exciting to see this momentum expand as people are interested in how do we approach mental health and wellbeing.

What you see here on this slide is the Making Connections theory of change. Importantly, this theory of change really came out of the planning process. As Jack mentioned, we really focused on innovation and being flexible, providing tools, providing background information, but really wanting the 16 Making Connections sites to explore with their communities what would make a difference in mental health and wellbeing. Importantly what would make a difference for men and boys? And that authentic community engagement is here reflected on the theory of change which was also developed iteratively with the sites.

In that planning process which you see in the first column of the theory of change, the focus was on coalition development. On really engaging the population of focus, engaging multiple sectors, in partnerships and conversations, and engaging the surrounding community.

A number of the tools that were introduced at that time helped the coalitions look at the community determinants of health through the thrive framework. What in the people, place, and equitable opportunities in that community were impacting mental health and wellbeing, both as protective factors as well as detrimental factors.

What we found in that really intentional planning process is some of the words that began to be

mentioned like we're building trust. This planning meeting becomes a safe place to talk about mental health differently. Building a sense of belonging, connection. Approaching it with dignity, especially in communities that were often disenfranchised. What we found is that in the planning coalitions, there was a new sense of hopefulness and aspiration and as they moved towards developing implementation plans, it really brought forth also control of destiny. These pillars of wellbeing, these things that we feel are really essentially important became part of the theory of change. You see them embedded across the theory of change and across the initiative in all 16 sites.

In this next column you see that they were all responsible for building a comprehensive upstream set of strategies that really came from the community, that built on the strengths that were already there. And we also found some very strong similarities in what the sites developed. We'll talk about that in the next slide.

But I want to draw your attention to some of the local process milestones and the outcomes that the sites are really working toward.

Definitely maintaining that engaged and vibrant coalition. You heard that reflected in Dean's comments and also in Jack's. And an understanding of gendered upstream community prevention approaches. Importantly, that peer leadership be supported. You know, there are across all these sites amazing people that will have come forward as peers to help advance this work. And as they work to help others and engage others, we feel it is really important for them to be supported as peer leaders.

But we also found there is a high sense of innovation. By fostering that, you'll see in some of the longer term outcomes also identifying those scalable innovations that really can help us find a pathway towards mental wellbeing that is a lot stronger and that can impact a lot more people.

I mentioned that across the comprehensive plans for each of the sites there were some things that really stand out. This slide really highlights the strategies that we found across multiple sites. Almost all of them had at least four, many of them all six of these strategies. As Ruben and others have talked about, the pillars of wellbeing, hope, aspiration, dignity, trust, connectedness, belonging, sense of safety and control of destiny, these are very important factors that are embedded in the work both here but also what we find is it's the kind of values that are embedded in work that is particularly healing.

This is the other slide that is part of our national theory of change. Amazing local work, but we feel that it's just as important for the best practices that are discovered in these local sites to be moved out to impact the field. And so we are currently moving process of identifying best practices, synthesizing tools that make a tremendous difference and moving that out into the field and so other communities that are doing similar work in ways that shifts policies and practices, changes the narrative around mental health and wellbeing, and begins to shift the norms.

Our work is evaluated through the university of the south Florida. Some of the work that is really being done there is exciting. They are doing concept mapping that has taken the language of mental health and wellbeing from the 16 sites and really worked with them in developing a mental wellbeing measure index. That is being used to really look at how do we make a difference or impact on how those that are deeply engaged view mental health, but also how do they view their community connections and their community power as part of their mental wellbeing.

All of the sites have local evaluations and importantly we are also focused a lot on peer to peer

sharing. And so we are learning a lot about what builds a strong community of practice and how can we facilitate sharing from one site to another in a way that builds from local impact to a larger movement.

These are the evaluation questions. And we can always send additional information on this after this webinar. This is more on the concept mapping which Larissa, if it's okay in the interests of time, we can send afterwards.

I wanted to highlight some of what is being done in Tacoma/Pierce and Dean touched on it, but community-driven evaluation and the work being done there as well as other sites is where community asset mapping and surveying is not just a way of doing assessment, but it's also a community organizing tool. It is also a way that reweaves the fibers of community connectedness, planning evaluation along with the community allows for field testing and adaptation of tools.

It is also a way to really engage more people in the work that is moving forward.

What we see in Making Connections is these four fundamental shifts. It is really about reframing mental health. So it is really about mental health, and it's more than the absence of mental illness.

It is about realigning and expanding strategies to emphasize prevention and resilience alongside treatment and services, similar to what Jack described. It is replacing a one size fits all model and applying a cultural and gendered lens to involvement through elevating the importance of culture as part of healing. And it is recalibrating approaches to improve community conditions. Because those are the things that influence mental health and wellbeing for everyone. So we see these as the pathway forward, as a comprehensive community prevention approach. These are all described in the back to our roots paper. We want to invite another poll. Really, find out a little bit more from you about what would help you apply these approaches and lessons in your community. In addition to designated funding. Because that way we will be able to know how to spread this innovation more broadly.

So we would like you to answer, and you should see the poll to your right. What would be most helpful? Technical assistance to better understand how commune determinants of health impact mental health and wellbeing?

Technical assistance on how to operationalize upstream approaches?

Technical assistance on how to move from individual services to community level strategies?

Or you may have to select D, another idea. I believe you can select all that apply. We would like you to make your selections now and be sure to hit "submit", click "submit" at the bottom right-hand corner as well.

>> Larissa Estes: Sheila, as everything tabulates, a question came up in the Q&A and I thought it fits right here. What helps to apply these approaches. The question is about organizational process and program development and how long it took.

There's one quote that I remember coming out of the Making Connections initiative which is moving at the speed of trust. Can you talk a little bit about moving at the speed of trust?

>> Sheila Savannah: Sure, sure. In communities, whether they are populations or geographically defined, communities that have experienced high levels of trauma have trauma that begins to impact how organizations and how people in those communities interact. And so we thought it was a brilliant term. Really planning at the speed of trust meant that it gave time for organizations, for residents to come together and talk about some of the past experiences that they had had, some of the traumas that they had experienced, find common

language. So, for example, with large institutions like the health department, sometimes there were projects that had done assessments and the community hadn't seen benefit. Planning at the speed of trust gave time for those health departments in communities to have conversations, to re-build understanding of what each is dealing with, for them to come together in both informal conversations as well as support each other's activities. And rebuild relationship. I think that Jack said that too. It is really about rebuilding relationships. We found that the planning year became 18 months. That was necessary to build the will relationships and partnerships that allowed for strong implementation plans to be developed.

>> Larissa Estes: Thanks, Sheila. I think your final quote really sums it all up.

>> Sheila Savannah: It does. I love this quote from Lupe Serrano. "When you start with needs, you get programs. When you start with strengths, you get possibilities."

>> Larissa Estes: Thank you so much, Sheila. I know that was a lot of information for the group. We have a very brief amount of time for questions and answers. We have a ton of questions coming in. I ask that you use the Q&A feature on the right side of your screen. You click the drop down, hit all panelists and add in, type in your question.

While we have a short amount of time to respond to questions, I want to let you know if we don't get to your question we'll develop a follow-up document that responds to all the questions on this webinar as well as the previous webinar on January 25.

Stay tuned for that.

The first question I'm pulling here, I'm going to direct to Sheila. Access to mental health services in rural and frontier communities is close to obsolete. What are the front in communities that address mental health and wellbeing?

>> Sheila Savannah: It's a great question, a tough question. I think as in all communities when we've worked with our site in Nebraska and the site in Canton, Connecticut and Florence, South Carolina, they've expressed the importance of starting with what's there and really utilizing whether that's the kind of gatherings where people work together for home and farm shows really beginning to connect to small businesses.

There's a potential place for going to connection. I think in some rural places there's heavy reliance on online connections. So the Movember Foundation had really good tools that worked in other countries that provide that online support that can also be leveraged into reducing isolation.

>> Larissa Estes: Thank you. Add your questions into the Q&A feature so we may be able to respond.

As a final question or statement, I would like for both Jack and Dean to unmute and give one word that sums up your experience to date with the community driven initiatives and that one word that kind of inspires you to keep going.

>> Jack Callahan: That's a great question. My one word that keeps me going would be inspiring.

>> Dean Jackson: Jack, you took my word!
(Laughter.)

>> Jack Callahan: Oh, no!

>> Dean Jackson: Definitely hope and inspiration.
Yeah.

>> Larissa Estes: Great, great. Thank you so much. While we are very short on time we do please ask that you reach out to us. You can send myself a direct email. I can connect you with the panelists as well as connect you with other Making Connections sites. My email

address is larissa@preventioninstitute.org. More information about Prevention Institute is available at our website, again www.preventioninstitute.org.

We hope to hear from many of the participants on this webinar.

Laura, I'll turn it back over to you.

>> Laura Burr: Thank you, Larissa. And big thanks to Prevention Institute. The Blue Shield of California Foundation, and Movember Foundation for today's event and thank you to you, our audience.

This text is being provided in a rough draft format. Communication Access Realtime Translation (CART) is provided in order to facilitate communication accessibility and may not be a totally verbatim record of the proceedings.
