

PUBLIC HEALTH INSTITUTE  
 DIALOGUE4HEALTH WEB FORUM  
 "NEW FUNDING OPPORTUNITY: IMPROVING THE MENTAL HEALTH AND WELL-BEING  
 OF U.S. MEN AND BOYS"  
 Thursday, May 28, 2015  
 4:00 p.m. – 5:18 p.m. EST

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>> Joanna Hathaway: Hello and welcome to "New Funding Opportunity: Improving the Mental Health and Well-being of U.S. Men and Boys." My name is Joanna Hathaway and I will be running today's Web Forum along with my colleagues Holly and Alexis.

Closed captioning will be available throughout today's Web Forum. Christine, with Home Team Captions, will be providing realtime captioning. The closed captioning text will be available in the Media Viewer panel. The Media Viewer panel can be accessed by clicking on an icon that looks like a small circle with a film strip running through it. On a PC this can be found on the top right-hand corner of your screen. On the Mac it's located on the bottom right corner of your screen. In the Media Viewer, bottom right-hand corner, you'll see the "Show/Hide Header" text. Please click on this in order to see more of the live captioning. During the Web Forum another window may cause the Media Viewer panel to collapse. Don't worry. You can always re-open the window by clicking on that icon that looks like a small circle with the film strip running through it.

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Once the Web Forum ends today, a survey evaluation will open in a new window. Please take a moment to complete the evaluation as we need your feedback to improve our Web Forum. The recording and presentation slides will be posted on our website at [Dialogue4Health.org](http://Dialogue4Health.org).

We are encouraging you to ask questions throughout today's presentation. To do so, simply click the question mark icon, type your question in, and hit send. Please remember to send your question to all panelists. We will be addressing questions throughout and at the end of the presentation.

We will be using the polling feature to get your feedback during the event. The first poll is on screen now. Please select your answer from the available choices and click the submit button.

[Reading poll question from the presentation.]

Once you are done answering the poll question, click on the Media Viewer icon to bring back the closed captioning panel if you need it.

We're thrilled about our presentation panel today and they will be introduced to you at greater length as we get going. In the meantime, to get started, it's my pleasure to introduce Sheila Savannah. Sheila is a Program Director at the Prevention Institute where she provides leadership on health

equity, mental health and violence. She focuses on the intersection of mental health with community resilience and the social determinants of health with projects aimed at improving outcomes for boys and men of color and addressing trauma through a public health approach to early childhood development.

Sheila, please go ahead.

>> Sheila Savannah: Good morning. We'd like to welcome you to this funding announcement webinar and we will proceed. We have a number of panelists that will be joining us from the Movember Foundation and also from Prevention Institute. All of us are here to make sure that you are able to submit the most successful Letter of Interest for this funding opportunity.

Our agenda will include: Information on the Movember Foundation, their global work and their work here in the United States; information from the Prevention Institute and our role as lead coordinating agency for this initiative; information on the what and why of community-level approaches that are underscored through this opportunity; what we mean by making connections for mental health and well-being; and instructions on how to apply for this initiative. We will have an opportunity for questions and answers at the end.

First of all, we would like to find out who is in the audience today. We know from registration that we have an overwhelming, high-volume registration. It represents at least 42 states. You should see a pop-up of questions. We would like you to take that poll now and let us know if you represent --

[Reading poll question from the presentation.]

If it is other, please submit your answer in the question and answer box.

As you respond to that, we will hear from Clare Shann, the Global Mental Health Lead with the Movember Foundation. Welcome, Clare.

>> Clare Shann: Thanks, Sheila. Good morning and good afternoon, everyone. I'm dialing in from Melbourne, Australia, so it's not quite dawn here yet. It's fantastic to have the opportunity to speak to you all. And I'm speaking, as Sheila mentioned, on behalf of the Movember Foundation and also on behalf of my colleague, Mark Hedstrom who is on the call. Mark leads our very talented Movember campaign team in the U.S. and will also be available to take any questions that you might have towards the end of this webinar as well.

I thought I would give just in the first instance a bit of background about the Movember Foundation and about our history for those of you who don't know a lot about it. We started in 2003; so we're a relatively young organization. The Movember idea was born in a Melbourne bar over a beer one Friday evening between two friends. They took on the challenge to bring back the mo -- mo being mustache -- so to bring back the mustache because it was grossly out of fashion at that time in Melbourne. And they convinced their friends at that time to grow a mustache in the newly renamed month of Movember or the month formerly called November. In 2014 -- sorry, in 2004, the following year, the concept was actually formalized and it was decided to get men growing a mustache for a cause, which was prostate cancer in the first instance and then a couple of years later men's mental health and then a few years later, again, testicular cancer.

Since those humble beginnings in a bar in Melbourne, the Movember movement has gone global. We have over four million mustaches grown across all of our campaign. We have now been operating the Movember campaign in 21 countries. This has resulted in raising over half a billion dollars for men's health. And these dollars have been invested in high-impact and innovative men's health programs. To date we've invested in over 800 programs of these type. So we came from small beginnings and now have gone global.

We're absolutely delighted to be operating the Movember campaign in the U.S. It's a credit to all of the supporters in the U.S. who have supported the campaign over the years and helped to raise funds for men's health, which is obviously how we're able to offer this fantastic funding opportunity today in partnership with Prevention Institute.

So that's a little bit about where we've come from. Here's a little bit about what we do. I've already talked about who we are. This is from our website. I encourage all of you to have a further look at our website. I just wanted to highlight the last box there about how you can help -- just to highlight how the money is raised for Movember. It's all raised through peer-to-peer fundraising,

essentially. So it's grassroots fundraising linked to the growing of mustaches during the month of Movember.

Now, just finally, a little bit about our work in the men's mental health and well-being space. A couple of comments about this particular funding opportunity. We've got a number of strategic goals that oversee or overarch or lay the foundation, really, of our work globally. The ones related to this particular funding opportunity: firstly, that men and boys are socially connected; secondly, that men and boys are comfortable to discuss the impact of significant life events -- and these are life events that could have a negative impact but also could be positive, so the sorts of things that we tend to talk about are transitioning out of school, into the workforce, the breakdown of a relationship, becoming a new father, or loss of a job -- and finally, and most importantly, that men and boys are mentally healthy and have a strong sense of well-being and resilience as well.

As you heard earlier, the Movember Foundation and the Movember movement was really founded on grassroots, this principle of grassroots community involvement. And we at the foundation are just delighted to be able to, in partnership with Prevention Institute, fund an initiative that reflects the beginnings of the Movember campaign.

We fund upstream prevention and early intervention programs that improve the health and well-being of men and boys. And we're really interested through these particular opportunities to strengthen communities and to strengthen social connections within the U.S. amongst men and boys and their families and communities.

So with that I'll hand back to you Sheila. We're absolutely delighted to be working with the team at Prevention Institute on this initiative. And I'm very pleased to take any questions and delighted to have your interest in this opportunity.

Thanks, Sheila.

>> Sheila Savannah: Thank you, Clare. We're excited to have the Movember Foundation invest this way in this very important work.

Next, we'd like to welcome Larry Cohen, the Executive Director and Founder of Prevention Institute who is going to talk about our organization.

>> Larry Cohen: The excitement is mutual. Any organization that has the creativity and audacity to rename a month gives me the sense that together -- and when I say together, I'm including the 325 of us participants on the phone as well as our two organizations -- that together we can all start to really have an impact on mental health that really emphasizes the health side of it.

I founded Prevention Institute 25 years ago -- 17 years ago. I switched numbers -- I just messed up the webinar connection. Excuse me a second. I need to move us forward. There we are. It took a while to get us to our office here. We're based in Oakland, California. The Prevention Institute is actually almost 18 years old. We really started to become a focal point for prevention, a place that people could come to.

Lots of people talk about prevention but too often it might be misunderstood and we wanted to make sure it wasn't trivialized but we could really, really focus on quality. Very quickly we learned it's a focal point that meant people were coming to us. And in every one of those encounters we were learning more and more about creative community situations, about the kinds of needs that needed to be focused on. And in a way that the mental health element of those needs is what led us to the thinking that we share with Movember and to the kind of partnership that we've created. Our focus often is on community. It's on environment. We have a particular focus on equity because we feel there has been too much inequity in the United States.

For this initiative, we're going to serve as the lead coordinating agency. What that means is we'll be involved in site selection and administration, a lot of attention to capacity building particularly through technical assistance, managing a multi-site learning community which hopefully will include a number of you joining us on this webinar. And very important, really using the work we all do together to catalyze more engagement from others, identifying other key partners, other initiatives already doing work like this, hopefully enticing other funders to recognize the value of these kinds of approaches so that the resource base and commitment base continues to build. And as part of that capturing and

disseminating the lessons learned from this work, critiquing, rethinking them, and catalyzing ever greater action on community level approaches to men's mental health and well-being.

We thought we would illustrate that with a bit of a game. We call the game What's Mental Health Got To Do With It? We think that the pictures that we'll show you in a minute are good evidence that community environments affect mental well-being of boys and men. And this comes from a quote from the Institute of Medicine that I often cite. "It is unreasonable to expect that people will change their behavior easily when so many forces in the social, cultural and physical environment conspire against such change." It's unreasonable to expect that people will change their behavior easily when so many forces conspire in the social, cultural and physical environment. And that is particularly key when we're talking about mental health. Because what we're seeing in the community environment is going to have a huge impact on health, on emotional well-being, and on social connection.

So, what's mental health got to do with it? We've already talked about the Q&A feature so I'm going to show you a picture. I'll give you a brief opportunity to chat. Let's start with the photo that we took right outside -- not the office where we are now but our previous office also in downtown Oakland, California. What's health got to do with it?

I'm giving you a couple of minutes to type in some responses.

Looking at all the pro tobacco advertisements, someone mentioned. Thank you, Dawn. Of course smoking rates are higher. And we see in addition to the tobacco someone else mentions the advertisements, the signage: alcohol, cigarettes; kids hanging out in close proximity. And I think we can see that some of the kids are pretty young, which means their parents are probably in the store and that's the environment they're being left in. A lack of positive messages as much as the negative. And someone puts this brilliantly, I think, Brenda Hillhouse, too much mental noise; all of those signs competing for attention, unhealthy treatment, homeless, litter, nobody cares about the place.

I think we'll move on to the next now. What's mental health -- what's the environment got to do with it?

Lee, you asked whether the responses should be written in the Q&A. That's perfect. Thinking about Chicago where some people faced other buildings and others faced out at the greenery. And the people who faced out at the greenery not only had less health problems, they had more friends, they had better jobs and so forth. As someone said, it looks like a prison, no trees, confinement within bars. Someone uses the word "stark," being closed in, in green space, isolation, bleak. And I think we can carry from that experience and these terms, you know, when I'm feeling bleak and isolated, I'm, of course, less vibrant, less creative, less resilient and so forth.

So the points we're making here is I think we understand the links between the environment and health and safety when we think about the air, the water, the soil, all of those kinds of exposures. And equally we need to understand how the environment affects our behavior and emotional experience.

I often think of that effect as the norms in our environment. We need to equally understand how the environment through behavior and emotional experience also is affecting our health and safety and, of course, our mental health. And, of course, we know how our mental health and our physical health are often intertwined and braided together.

At Prevention Institute, to make this explicit and to help people think about it more effectively, we've created this tool and this approach we call taking two steps to prevention. We'll start with health and mental health conditions and then move to the exposures and behaviors and then move from there to the environment and particularly the community environment because the community -- the elements of the community determinants are often going to shape those exposures and behaviors through norms we were just seeing in the pictures. And that's really then a key element or lead in terms of the medical conditions.

I'm going to give you an example here of a car crash. When we see a crash like this, of course, the first thing that comes to mind is call 911, get that person help. We're thinking about the medical urgency there. And that's critical in that situation. And at the same time, we understand that healthcare is not the primary determinant of health. All the research shows that behavior and

environment have a much greater impact on health than medical care does. Furthermore, the medical care can only deal with one person at a time. We can't make community-wide change. And I think we can guess from the photo we saw of that car, the person may not come out unscathed despite the best medical care. So prevention in the first place, of course, is more critical.

So what if we think about that and take a step from the medical condition, from the catastrophe that we're seeing there, to the exposures and behaviors? In this case let's look at this behavior. Let me show you the next picture.

Wow. Do you notice how the paradigm is going to shift when you see this? All of a sudden the solution is not more emergency department, is it? We realize there's another element to this solution which we think of as quite important. But wait a minute. Let's take another step. Let's look at the environment and how the environment is supporting or challenging that set of behaviors.

Here's a photo one of our staff took in Kentucky. Although it's kind of shocking, it's very representative of the way we think about these issues across the United States. And when we see "Whiskey Drive-in Window" we realize that that's encouraging the kinds of behaviors and that the medical condition is just a logical conclusion. We're going to have crashes if we have people thinking it's fun to drink and drive and if we have stores that are really saying that's the natural, normal encouraged thing to do.

So we really need to move from that to prevention being a systematic process that reduces the frequency as well as the severity of illnesses or injuries and in particular to primary prevention which is being what can we do in the first place. It's real clear what we need to do in the first place, particularly thinking about the issues we're discussing rights now, related to men and boys, what we need to do in the first place is to restore our focus on the community environment. So that's really what this initiative focuses on, what it's all about. And, again, this emphasis on quality prevention. That prevention is comprehensive, including multiple, mutually supportive strategies. It's aimed at the community environment so that the community starts to encourage healthy options and healthy choices and make health the default rather than ill health the default as in the comments of that first picture of all the advertising in the store.

And quality also means working comprehensively. It means working on individuals' behavior, educational efforts for communities. But perhaps even more importantly if we're going to change the community environment, we need to look at organizational practices. We need to look at policy change.

We have a tool we won't share with you today that kind of captures all of this called the spectrum of prevention. That brings us across all of these issues so that, as D.H. Lawrence puts it, "The ideas of one generation become the instincts of the next." When we have unhealthy norms, those unhealthy ideas become the instincts of the next.

I'm hoping that this work that many of us will do together can be truly transformative and that what we're transforming to is multiple changes and most importantly to positive changes.

Let me turn it back to Sheila to introduce Howard Pinderhughes.

>> Sheila Savannah: Thank you, Larry. I think that sets a very important context for the kind of work that we really will move forward through this initiative.

I'd like to welcome and thank Dr. Howard Pinderhughes who has joined us today both as one of the leaders in this work that happens around community trauma but most importantly as a subject matter expert with the Prevention Institute.

Thank you, Howard.

>> Howard Pinderhughes: Thank you, Sheila.

I'm going to talk first briefly about the report that we prepared for the Movember Foundation on making connections for mental health and well-being among -- among men and boys in the U.S. Then I'll move from that to talk more specifically about the importance of community level strategies for dealing with mental health issues of men and boys in the United States.

In terms of the report findings, we found -- and many of these will not be surprising to any of you -- that prevention is not at scale to maximize its impact needed. There are indigenous approaches

that are emerging that are supporting healing and mental well-being. And we'll talk about that as we move through.

Resilience is a critical protective factor. And boys and men of color are disproportionately impacted with far reaching implications related to fathering, families and communities.

And the other group that we have a focus on is our military service members, veterans and their families who experience trauma and its effects disproportionately.

In terms of making those connections and looking at mental well-being and community-level approaches, we wanted to emphasize that promoting community-wide strategy development that engages public and private partners in comprehensive solutions is one of the critical aspects of trying to make a difference in terms of mental health of men and boys, particularly men and boys of color and veterans.

In terms of making those connections to men and boys and particularly intergenerational connections, focusing strategies in the places where men and boys spend their time, through the people with whom they interact, doing the things they enjoy doing. So that's promoting both public spaces that enable these kinds of interactions but also the types of activities and behaviors that will allow for intergenerational as well as peer group positive engagement to take place.

Connecting men and boys means supporting men and boys in experiencing connection and in coping with stressors. That's past, present, and future. So that means engaging the issues that have happened in their lives, engaging the situations that they find themselves currently in, and then having them understand and envision what their futures would look like and how they should try to shape those futures.

Reconnection to cultural identity and expanded notions of masculinity. We've found that this can be a critical and important way of engaging the mental health of men and boys and particularly in underserved and minority communities.

Advancing the notion of providing men and boys with an expanded definition of who they are and who they can be through cultural reconnection both in terms of their history, in terms of their community, and in terms of their families and the intergenerational connections that come from those families and communities.

Connect systems and institutions to mental health and well-being and to each other. This is really critical. Transforming systems and institutions that serve men and boys to support positive mental health outcomes; embedding those effective strategies within the practices of these institutions, systems, and services; and creating a focal point of advancing coordinated strategy.

So part of it is utilizing the systems and institutions that are already in place but transforming the way they work, the way in which people are engaged with them, and the integration that people have to them but also having those institutions connected to communities and interacting and working with communities to promote mental wealth and mental health of men and boys in those communities.

So in terms of communities' well-being approaches, we are looking at three different spheres that are interconnected of place, equitable opportunity, and people.

Sorry about that.

In terms of place, we're talking about parks and open space that look and feel safe getting around. That means transportation. Housing, the quality of housing and the safety of it; what's sold and how it's promoted. Larry talked a little bit about that in his remarks. Air, water and soil quality and its impact. And then the arts and cultural expression that happen within communities.

We're talking about designing physical environments to foster social connection through all of those different areas and domains.

In terms of people, we're talking about social networks and trusts, participation and willingness to act for the common good, and norms and cultures that are productive and positive in terms of the activities within a community and the connectedness that an individual feels in their families and communities.

So talking about implementing strategies to shift community social norms including around narrow definitions of masculinity and mental health, and this is critical, in terms of understanding what

are the dominant norms that are at play in a particular community, in a particular family, in a particular public space and neighborhood. But also those that exist there but need to be strengthened, that promote more positive sense of self, sense of connection, and sense of well-being.

And in terms of equitable opportunities we're talking about living wages and local wealth and quality education. The idea of providing job training, employment support, and placement services for veterans, formerly incarcerated individuals, for individuals with a mental illness and chronically unemployed men and young men.

So, in terms of all of these, we want to stress that these are all areas that we want to encourage you to think about, to incorporate in terms of your proposals. The development of public space means that you are talking about transforming the physical environment of a neighborhood and of a community both in terms of the built environment but also in terms of the relationship the community members have to that environment so that the development of this public space can take place through community action and activity. Through that process you have both the transformation of the physical environment but also the social connections and social environment that exist in a community.

An example of some of what we're talking about is the healing generation's project in Salinas, California. La Cultura Cura is a transformative health and healing philosophy which recognizes that within individual, family, and community values, traditions, indigenous practices, there exists the path to a healthy development, restoration, and lifelong well-being.

The idea here is to use the cultural -- the culture of the community itself as a basis and a framework for both individual as well as community healing so that you have people who can draw strength from that practice but also the connections among people in the community, particularly intergenerational connections can be improved.

Veterans Sustainable Agriculture Training Program, VSAT passes on agricultural knowledge to veterans to not only provide healing through farming but also to support them in it starting their own agricultural enterprises. This does a couple of things that we talked about. It shifts and changes the physical environment through community action. It also provides economic opportunity that's integrated with community development for the individuals to achieve both economic as well as mental health success and progress.

And now I'll turn it back over to Sheila to talk a bit more about the application process for the Movember initiative.

>> Sheila Savannah: Thank you, Howard. I want to thank you for both the context that you set, the examples that you raised, but also your guidance in this project.

We're now moving to the portion of the webinar where we will provide information on the application process. Our overarching goal of the initiative is to improve the mental health and well-being of men and boys in the United States. It emphasizes the community-level strategies that you've heard about today and underscores the importance of mental health and social connection and their link with community well-being and resilience.

The initiative is prioritizing those who particularly have a high need for community-level attention to mental well-being such as military, veteran communities, and their families, and boys and men of color and their families. Through this funding announcement, Prevention Institute and the Movember Foundation are seeking to select up to 10 communities to be a part of this initiative.

I think a question was raised about technical assistance and what we meant by that. Our forum for providing technical assistance will be a multi-site community of practice. That community of practice, those sites that are participating, will meet regularly both online as well as in person. They will share lessons, challenges, and successes. They will hear from some of the leading thought leaders as well as research in this area. They will help solve problems together. They will be using a lot of Prevention Institute's tools, some of which were introduced you by Larry Cohen such as two steps to prevention. They will also be participating in a strategic planning process at their site as well as looking at how that is implemented across different sites. Most importantly, that community of practice will be used to inform tools and advance the field.

In year one, the strategic planning process will be provided with technical assistance by Prevention Institute. Sites that fully participate during that year and develop an actionable prevention plan for their site will be eligible to receive implementation grants for a period of two to four additional years.

This is a two-step application process. Organizations must submit a Letter of Interest by June 12, 2015. We encourage you to read thoroughly the funding announcement.

Based on individual and composite criteria, invitations will be extended to select applicants who will respond with a submission of a full Proposal Application.

The Letter of Interests are due by 5:00 p.m. Pacific time June 12, 2015. There are requirements that are listed on pages 9 and 10 of the Funding Announcement but notably you must have completed making connections cover sheet which is the last page of the funding announcement. And your Letter of Interest must be no more than three pages in length. Please refer to the funding announcement for other specific criteria.

Your Letter of Interest must be responsive to the funding announcement and include a brief description of the need, brief description of what you want to accomplish, the applicant's capacity to accomplish the work, and the amount requested for the funding year which is a planning period.

I'm having some difficulty progressing the slides. I would encourage you to read the funding announcement while I am waiting for the computer to begin progressing.

I will take a minute to answer one of the questions that came in. I think it was asked if the presentations were recorded. Yes, they are. At the end of this webinar we will provide information on how you can listen to the recorded webinar.

There was also a question about outreach to the recovery community. We have done outreach through a number of networks and encourage you to submit any other organization's names that you would like the information sent to or, more importantly, forwarding it to your network.

I think our technology is now ready. I'm going to be tell you a little bit more about the individual selection criteria. This is the criteria that will be used to select organizations that have been invited to submit a full proposal: one, we would expect your Letter of Interest to reflect an understanding of the initiative intent; a selection of the appropriate population of focus; well-defined goals, objectives, and activities; a willingness and capacity to engage in a planning process including with appropriate partners; the ability to engage multiple sectors in planning and implementation; the capacity to effectively carry out the work; the ability to harness community leadership; the willingness to participate in a learning collaborative; and a readiness to participate in individual site and collective evaluation.

The composite selection criteria is applied so that we will be able to have a diverse group of sites with respect to the following criteria: geographic location; population of focus; and the organization's stage of readiness for planning and implementing community-level strategies.

There are some important dates we would like you to underscore, make sure that you're aware of. The letters of interest are due 5:00 p.m. on June 12, Pacific time. The invitations to submit a full proposal will be sent to selected applicants based on their Letter of Interests on July 12 -- I'm sorry. On July 2. The deadline for full proposal application is August 3. Application review interviews will be scheduled with top respondents during the period of August 17 through 20. And projects are expected to begin in mid-September.

All correspondence and questions related to this initiative should be submitted to [MakingConnections@preventioninstitute.org](mailto:MakingConnections@preventioninstitute.org). And as appropriate, questions that are raised both in this webinar as well as those that are sent to that e-mail address will be included in a frequently asked questions page that will be posted on [preventioninstitute.org](http://preventioninstitute.org).

We would now like to open up for questions and answers. I will be responding to some of the questions that have already been submitted.

Someone submitted a question that asked about the focus areas that were mentioned I think on page 7. There are three areas of focus that were mentioned on page 7. These are the three areas that Howard talked about. They are presented as examples of community-level approaches and

strategies. The three areas that have been outlined are within the built and physical environment, within the social, cultural environment, and within the economic environment. We see those as interrelated areas. And these are examples that were presented as strategies within those interrelated areas. The actual strategies really will come out of the planning process with the community. We anticipate that as the site goes through technical assistance, they will see and be able to apply skills to have strategies that impact multiple areas of focus.

There's another question that was submitted. Is it possible to apply as two communities to look at comparisons? Yes. I think we'll be able to provide a more full answer to that after talking with the funder.

I would like to introduce Rachel Davis, who is Managing Director here at Prevention Institute that will give some context around that as well.

>> Rachel Davis: Thanks, Sheila. I think it's a really good question in the notion of being able to look and apply across -- you know, look at methodologies and outcomes across sites, which is part of the intent of this question. Is the intent in part of the whole initiative? There is going to be a strong evaluation partner and component who will be partners in this work moving forward. And part of the goal of that will be to look across communities and understand methodologies and comparisons, etc. So that's really embedded in the design of the whole initiative.

From our perspective, we would want to make sure that sites have adequate resources to be able to do the work. We definitely will be conferring with Clare and others at Movember around if there's specific limitations but for us we want sites to really be able to focus in on their plans as their implementation, which is why we anticipate funding eight to 10 sites to really be able to do the work in a meaningful way.

>> Sheila Savannah: Thank you, Rachel.

We also have a question from Elizabeth Baker who asked: Are pilot activities allowable? The Letter of Interest is really for a planning period. So we would anticipate that the development of any strategies would be informed through the planning year. While you may have some ideas about a pilot, we encourage you to engage the community of focus and really be prepared to participate in the learning community and look at how we can best achieve primary prevention.

Thank you for your question.

We also have a question on the maximum budget. The maximum budget for the planning year is listed on page -- I'm sorry. I'm trying to reference exact page numbers. It's listed in the description of the funding opportunity on page 5. The planning year budget is a maximum of \$150,000.

Can more than one organization apply for funding together? That's a really great question. We also want to encourage you to partner with organizations in your jurisdiction or in your area. We do focus that primary prevention takes multi-sector approach, multiple organizations, multiple perspectives to really address a community-level need. So we encourage you to partner with other organizations and to submit a single application.

>> Rachel Davis: Was that the question about one organization submitting more than one application? Shall we take that one on?

So our goal, really, is to have eight to 10 distinct communities as part of this process. So that's really what we are looking at. And as Sheila mentioned, we're looking at composite criteria as well. So across the eight to 10 sites we're going to be looking at geographic diversity and other kinds of considerations. So, you know, depending on what that means exactly it would still -- depending what it means to apply for more than one application it would really need to be distinct communities developing community-level actionable prevention plans.

>> Sheila Savannah: That's a good question.

I think another question that was raised is: Are the goals, objectives and activities focused on planning? The answer is yes. I think the rest of that question was: Are they focused on the intended intervention or both? Your goals and objectives and activities should be geared towards the planning period.

There's another question on what were the main populations of focus, military veterans, men and boys of color, men and boys of color and who? The who was and their families.

>> Rachel Davis: The overall focus is to address health and well-being for men and boys in high need communities. We've provided those as examples. As examples of high need communities that would make sense as applicants in here.

There was another question, Sheila, about please define military and veteran communities, which I think is a good question. If you go back to Clare talking about sort of the founding of Movember and the grassroots nature of it and the community-driven, we're looking for communities to define some of this themselves and are open to that. So for us that could mean various things. I think it's really how the community is defining itself.

>> Sheila Savannah: That's good. I think a similar question is we've been asked in several different ways about what is the ideal population size. I think some of that has to come from the community, too, but definitely understanding that this planning process is for you to have a community-level impact. So the size of the community as you define it needs to also be commensurate with the size, partnership or coalition or infrastructure that you are able to impact. Definitely this is a community-level prevention initiative but we would want there to be a community-level impact. So we encourage you to really think about what level of impact you could achieve.

Rachel, do you have other thoughts on that?

[No Audible Response]

There are several questions here we are not able to answer. We appreciate there are several that have come in late -- recently. As we look through these, we know that all of these will be answered in our frequently asked questions which will be available both on our website as well as sent out to participants in this webinar.

Is a community partner required for the Letter of Interest? Once again, we encourage you to partner with organizations. We especially encourage you to engage individuals and organizations from the community -- from the population of focus. We feel like that will be the best way to have authentic participant voice in your planning process.

I think there's one other question. Is there one applicant per institute or organization? We encourage you to only submit one application if you are a single organization. Once again, some of our criteria for composite criteria is to make sure that we have geographic diversity. So multiple -- one organization submitting multiple Letters of Interests, ends up competing with themselves.

Can you please provide some examples of the outcomes related to mental health that you are looking for? I think I want to refer you back to the making connections report. It has some examples of what we mean by mental well-being, some of the things -- those that were interviewed in our literature review, identified, and that would be the best place for you to begin getting a good grounding in what is meant by mental health outcome.

>> Rachel Davis: I think an example out of that could be reduction in trauma across the population, you know, and improvements in other kinds of mental health outcomes like that.

>> Sheila Savannah: So we are coming up at 2:00. So I want to be able to take a minute also to turn back over to Rachel and see if there are other things that you would like to raise about this opportunity.

>> Rachel Davis: Well, I think the questions people are asking are really good ones. They show that there's a lot of interest and enthusiasm. Our plan is to post responses to these because I think that there's a number of them we'll want to discuss with our partners so that we can get all of you the clarifications that you need to be able to make the most successful application. We're looking forward to getting you that information.

Sheila, what is the timeline for that getting posted?

>> Sheila Savannah: I think at this point we have approximately 50 questions that have been submitted today as well as those that have been submitted directly to the Making Connections e-mail address. We would want to be able to turn those answers around within four working days because we would also want to be able to get Movember Foundation's input on some of these questions.

I think there was one question that asked could you describe in further detail what is meant by community-level impact. I think that part of that will come from the community planning process. This Letter of Interest was really designed for us to begin seeing what is available, what that interest is, what your thoughts are about the community-level impact that you could achieve.

>> Rachel Davis: Yeah, and I think if we extrapolate from what Howard was talking about, and some of the priorities Clare talked about, in terms of the overall global initiative, that we would anticipate seeing increased social connections; for example, across generations or more engagement in community or changes in physical space that are associated with lower rates of depression. Those are the kinds of things, kinds of community-level strategies that we know can promote changes across the population.

>> Sheila Savannah: We have one question that says: Is the first year funding only for planning a new program or could it be for amping up a current program? The first year of funding is for a planning process. The technical assistance, the community of practice will be for you to add new voices, possibly new partners, new ways of looking at primary prevention. So we would encourage you to have an open mind even though you may have a concept that the planning process will really help you enhance any planning or any kind of project you may have currently operational.

There's another question that says: On page 8 for the call of Letter of Interest states that institutional overhead costs are ineligible; please explain why. These guidelines were designed based on both the foundation funding instructions as well as ensuring that the investment of the small planning dollars really go to the planning process. We understand that sometimes institutions, larger institutions, do have administrative rates. We encourage you to partner with other organizations that may not have that constraint on their grant funding.

We have another question to say: If we have been working with men in our community for 27 years and would like to -- and would like to connect with other like missioned non-profits and growth, would we be considered? We would welcome a Letter of Interest from you. We would encourage you to frame your Letter of Interest towards your growth as well as towards your existing experience.

I have another question. Do we only write the Letter of Interest with a focus on the one-year planning goals and objectives or do we present the overarching concept with long-term change, planning and implementation?

>> Rachel Davis: I think that's a good question, too. What we are really looking right now is that in year one the focus is on creating an actionable plan. So given that the strategies and objectives will get developed in that process, the letters of intent are much more around how that's going to happen and the kind of outcomes that you would expect to come out of that but we don't anticipate you having those set at this point because that's in large part, the purpose of year one.

>> Sheila Savannah: We have another question about is it possible to incorporate participation from a federal or state agency.

>> Rachel Davis: I think as Sheila's been saying, that, you know, we encourage partnership to really address needs that get identified at the community level. The actions, activities, strategies and change in outcomes really need to be at the community level.

>> Sheila Savannah: What if the intervention is already underway with initial outcomes showing positive results on sense of community and mental health? Could the planning phase be more about effective measurement and collaboration to increase impact?

That's a good question as well. If you already have an intervention that is underway, one thing that you might ask yourself as an applicant would be how would going back into a planning process enhance or detract from your work. I think it could enhance it but that would be something the organization would need to make an informed decision about because we would be engaging you in a robust planning process.

Does the work have to connect with an existing collaborative or is the intent to ensure to develop a partnership with community and other sectors in the planning process? I think the best answer for that question is, yes, we do expect there to be strong collaboration and development of both new partnerships as well as the renewing of existing partnerships. We do expect those partnerships

will be across multiple sectors in the planning process; whether it's connected with an existing collaboration or it's a new collaboration would be for the applicant to decide.

>> Rachel Davis: And I think part of what we anticipate would happen in the planning process is it's not existing already; that that would get developed through the engagement and planning process.

>> Sheila Savannah: Are you accepting applications that focus on men of color without an emphasis on their families? I think that applicants should think about the population of focus in the context of community. So I think to the extent that family is a part of that community should be considered.

>> Rachel Davis: But it's not required.

>> Sheila Savannah: Correct.

If an organization gets selected for the planning period of funding, do they also receive the total grant for years three through four?

>> Rachel Davis: What we are looking for right now is to identify eight to 10 communities that would get planning grants. What we anticipate -- and, again, this is in partnership with the Movember Foundation -- is that sites that successfully complete the planning stage will be eligible for funding for future years and that that would be on annual or semiannual basis based on, you know, grant reports and meeting requirements and benchmarks along the way as well and that the sites would continue to be very engaged members of the community of practice, working closely with our evaluation partner and also working closely with knowledge translation partners so that we're able to lift up the work that's going on across sites.

>> Sheila Savannah: We have another question that says: Can the focus of the need population be race and ethnic specific? We think that a cultural competency lens is really important to this work. So to the extent that that is part of -- I think a number of the slides spoke having culturally rich strategies. I think that that would be part of your consideration in your submitting content.

We want you to continue to submit questions to the webinar. We are going to conclude shortly but we will answer about another four to five questions.

>> Rachel Davis: I think there's a number of questions here that are somewhat technical and can be clustered. We can get that information out to folks and group them together.

>> Sheila Savannah: One of the questions is: Can funding be used to provide stipends to community residents to participate? Yes. That would be an allowable expense.

Does community level impact extend to school-based initiatives?

>> Rachel Davis: I think it can. Certainly looking at school climate and the interrelationship between that and community could be a viable application.

>> Sheila Savannah: Another question. For the Letter of Interests, do we just list current partnerships without letters of support? Yes. We are not expecting you to attach letters of support to this Letter of Interest. If invited to submit a full proposal application, there will be a template that allows for more information and the type of partnership and the level of commitment that they've made. Before the list of -- before the Letter of Interest you would list but not attach things beyond the cover sheet and limit your response to three pages.

There's a question. Are awardees allowed to subcontract out to other organizations or should all organizations apply as one partnership?

>> Rachel Davis: What we anticipate is that there will be one awardee or grantee per community and that that money won't necessarily just go to that one group. So as other questions talked about stipends, people talked about supporting staff participation from other organizations, that that's viable in terms of appropriate use of funds. It's just any funding used through this initiative has to go to support this project.

>> Sheila Savannah: Correct.

I think we received one question online that asked about whether that subcontracting -- what we meant by not allowing re-granting. We see re-granting as a process where multiple organizations bid for receipt of funds. That is not allowable. However, funding for this planning period going to multiple organizations that are all working in this planning process is allowable.

>> Rachel Davis: Yeah.

>> Sheila Savannah: Is there an age-group of men or their children that this grant would favor? No, there is not. We encourage you to work with your partners in your community and to submit what you feel is most appropriate to the need.

There's a question of will we send out awardee lists and where they are located so that we can consider collaborating and putting together one proposal for our region. That is something that we have not considered.

>> Rachel Davis: Well, you know -- I don't know, Clare, if you want to chime in here. I know that one of the values that Movember really holds is transparency. I anticipate that the grantees -- it will be public information and will be available on our website. Movember will have that information as well. So we anticipate that that information will definitely be available.

>> Clare Shann: Yeah, Rachel, it's Clare here. I would just echo that comment. We do place a very high priority on transparency and also collaboration as well. So giving people an opportunity to find out who are other recipients of our funds so that they can make contacts and connections is really important to us.

If you're interested to have a look at the listing of recipients of current Movember funds, have a look at the report card section on our website which lists all the project partners in all of our countries across all of the 800 projects that we've invested in.

>> Rachel Davis: Great. Thanks, Clare. Did you have any responses for any of the other questions or any comments that you heard us make that you either want to underscore or modify?

>> Clare Shann: No. I think you guys have done a terrific job in answering the questions. As you said, I think both of you said, Rachel and Sheila, there are a few there that we'll be formulating a more considered joint response but there's nothing in particular that I wanted to say now. I think you've done a great job.

>> Rachel Davis: Great. Thanks, Clare.

>> Sheila Savannah: We want to thank you, again, for listening today to this webinar. We thank you for the questions that you raised. All of the questions that have been submitted as well as those that are submitted to the [MakingConnections@preventioninstitute.org](mailto:MakingConnections@preventioninstitute.org), will be answered and included as part of our frequently asked questions. We will try to make that available within four working days so that it can inform your response.

We also encourage you to look at the Prevention Institute website, [preventioninstitute.org](http://preventioninstitute.org). A number of valuable tools including the Making Connections report, the funding announcement, some other documents that are related to health, prevention, men and boys, could inform your answer and definitely could inform your work.

I want to thank those that provided our behind-the-scenes support. You were a tremendous help during this webinar, both those from Prevention Institute as well as those that are from Dialoge4Health.

With that, we'd like to turn it back over to Dialoge4Health to conclude the webinar.