Cross-CTSA Special Seminar
Community-Based Approaches to Promoting Behavioral Health Equity: A Call to Action

- MAY 25, 2022 -

We will start shortly. While you wait, please enter your name and organization into the chat box to “All panelists and attendees”.
Cross-CTSA Special Seminar
Community-Based Approaches to Promoting Behavioral Health Equity: A Call to Action

FEATURED SPEAKERS

Kisha Holden
PhD, MSCR
Morehouse School of Medicine

Sergio Aguilar-Gaxiola
MD, PhD
UC Davis Health

Linda B. Cottler
PhD, MPH, FACE
University of Florida

Debra S. Oto-Kent
MPH
Health Education Council

MODERATORS

Tabia Henry Akintobi
PhD, MPH
Morehouse School of Medicine

Stephenie Lemon
PhD, MS
University of Massachusetts Chan Medical School
Charting a Path Forward: Reducing Mental Health Disparities and Advancing Health Equity

Kisha B. Holden, PhD, MSCR
Associate Director & Pouissant-Satcher Endowed Chair in Mental Health,
Satcher Health Leadership Institute
Professor, Department of Psychiatry & Behavioral Sciences;
Department of Community Health and Preventive Medicine
Chairperson-Elect, American Psychological Association, Health Equity Committee
Mental Health

The successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity; from early childhood until late life; mental health is a springboard of thinking and communication skills, learning, emotional growth, resilience, and self esteem.
Bio-psychosocial, Sociocultural, and Environmental Stressors

- Health Concerns
- Individual/Personal Issues (e.g., cognitions, identity, self-perception, body image)
- Interpersonal and Intimate Relationships (i.e., commitment, intimacy, trust, communication, infidelity issues)
- Family Relationships and Daily Demands
- Unresolved Pain and Trauma (i.e., sexual, emotional, and physical abuse)
- Negative Life Events (death of a loved one, victim of crime etc.)
- Confronting historical negative stereotypes and images
- Sociopolitical Stressors including Racism and Sexism
- Job/Employment Issues
- Economic and Financial concerns
- Community (e.g., environmental conditions)
- Handling Multiple Expectations of Others
Factors that Influence Health Status

- **HEALTH CARE**
  - 10%

- **ENVIRONMENT**
  - 19%

- **HUMAN BIOLOGY**
  - 20%

- **LIFESTYLE**
  - Smoking
  - Obesity
  - Stress
  - Nutrition
  - Blood Pressure
  - Alcohol
  - Drug Use

51%
40% of premature deaths in the United States are due to behavior.

Behavioral Health Includes:

- Healthy and Unhealthy Behaviors: activity, stress, diet, medication adherence, and more
- Mental Health: psychological distress, depression, and anxiety to severe and persistent mental illness
- Substance Use and Abuse: smoking, using drugs, alcohol dependence

Behavior Plays a Major Role in Maintaining Good Health

Information from:
The U.S. Centers for Disease Control defines health disparities as **preventable differences** in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by **socially disadvantaged populations**.

[https://www.cdc.gov/aging/disparities/](https://www.cdc.gov/aging/disparities/)
Social determinants of health are the conditions in which people are born, grow, live, work and age. They include factors like socioeconomic status, education, neighborhood and physical environment, employment, and social support networks, as well as access to health care.
- Health equity is the attainment of the highest level of health for all people.

- Achieving health equity cannot be accomplished without addressing the ways in which health inequities and structural issues are intertwined.

- Health inequities are driving substantial physical and psychological suffering and warrant immediate transformative action; aspirational goals are not sufficient.
Equity is about giving people what they need, when they need it, and in the amount that they need it!
Health equity can be viewed both as a process (the process of reducing disparities in health and its determinants) and as an outcome (the ultimate goal: the elimination of social disparities in health and its determinants).

Health inequities refer to health differences that are rooted in social disadvantages and are therefore unjust or avoidable.

Health inequities adversely affect groups of people who have systematically experienced greater social and/or economic obstacles based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; disability; sexual orientation; geographic location; or other characteristics historically linked to discrimination or exclusion.
Health disparities can stem from health inequities—
- systematic differences in the health of groups and communities occupying unequal positions in society that are avoidable and unjust

- Health equity is the ethical and human rights principle that motivates us to eliminate health disparities.

- Disparities in health and in the key determinants of health are the metric for assessing progress toward health equity.
RECOMMENDATIONS
For a More Equitable Mental Health System

- Address social determinants
- Embed services in the places people go
- Empower people to be healthy
- Work with people who are healthy
- Broaden the set of interventions that are used
- Enlist others to build broader mental health literacy
- Focus on health at the community level
- Reframe how people view mental health/reduce stigma
- Promote use of #988 Suicide and Crisis Lifeline (starting in July 2022)
"Of all forms of discrimination and inequalities, injustice in health is the most shocking and inhuman."
A Community-Based Behavioral Health Model to Advance Health Equity

Sergio Aguilar-Gaxiola, MD, PhD
Professor of Clinical Internal Medicine
Director, Center for Reducing Health Disparities
Director, Community Engagement Program of the CTSC
UC Davis School of Medicine

May 25, 2022
Before COVID-19: Pervasive Social and Structural Inequities Existed for African Americans

91% of AAs 18+ received NO TREATMENT for Co-Occurring Mental Illnesses

Despite Consequences and Disease Burden, Treatment Gaps among Latinos Remain Vast

Before COVID-19: Treatment Gaps Existed for Latinos Too

No Treatment for SUD is defined as not receiving treatment at any location, such as a hospital (inpatient), rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor’s office, self-help group or prison/jail.

93% of Hispanics 18+ received NO TREATMENT for Co-Occurring Mental Illnesses

Mental and Substance Use Disorders among Latinos: High Prevalence/Huge Treatments Gaps

But treatment gaps aren’t the only problem!

- 94% of Hispanics 18+ received NO TREATMENT for Co-Occurring Mental Illnesses

* No Treatment for SUD is defined as not receiving treatment at any location, such as a hospital (inpatient), rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor’s office, self-help group, or prison/jail.
Is it possible to advance health/mental health equity in historically underserved populations through community-engaged approaches?
Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM)

- 5-year multi-phase Mental Health Services Act (MHSA) Innovation Project
- Focused on three priority underserved populations in Solano County
- Anchored in the nationally recognized Culturally and Linguistically Appropriate Services (CLAS) Standards
- First project of its kind combining the CLAS Standards with community engagement
Solano County Mental Health Plan Service Penetration Rates by Race/Ethnic Group

Note: Penetration rates are calculated by dividing the number of Medi-Cal beneficiaries receiving mental health services by the number of Medi-Cal eligible beneficiaries.

Source: External Quality Review Organization (EQRO) and Solano County Behavioral Health
1. **Comprehensive health assessment** with the three priority populations in the first year. Community forums and focus groups throughout the project.

2. **Development and facilitation of a Solano-specific CLAS training** for cross-sector participants representing the community.

3. **Culturally and linguistically relevant quality improvement (QI) action plans** designed to improve mental health service delivery that were both community-informed and community-developed.
1. **Communities of Focus**
   - Improve community engagement and partnerships
   - ↑ Awareness of mental health services
   - ↓ Stigma

2. **Quality Improvement**
   - ↑ Delivery of CLAS-informed care

3. **Quadruple Aim**
   - ↑ Consumer experience
   - ↑ Consumer outcomes
     - ↑ Access & service utilization
   - ↑ Provider experience
   - ↓ Per-capita cost
ICCTM Partners

Solano Pride Center

Fighting Back Partnership

UC Davis Health

Center for Reducing Health Disparities

Rio Vista CARE
14 Quality Improvement Action Plans

COMMUNITY FOCUSED
1. Mental Health Education
2. Bridging the Gap
3. Takin’ CLAS to the Schools
4. TRUEcare Roadmap
5. LGBTQ+ Ethnic Visibility

WORKFORCE FOCUSED
1. Cultural Game Changers
2. CLAS Gap Finders

CBO DEFINED
1. Fighting Back Partnership CBO
2. Rio Vista CARE CBO
3. Solano Pride Center CBO
4. Queer Trans People of Color (QTPOC)

TRAINING FOCUSED
1. Cultural Humility Champions
2. ISeeU
3. Culturally Responsive Supervision
Rio Vista CARE
Supporting the Latino Community

GOALS
1. Raise Mental Health awareness and education in the Latino Community
2. Enhance community outreach and engagement efforts in the Latino community to ensure early access to mental health services and reduce stigma

HIGHLIGHTS AND ACHIEVEMENTS
• NAMI Spanish-language– Familia a Familia Training with 5 graduates
• Mental Health 101 workshops with community partners
• Latino outreach events and community celebrations to reduce mental health stigma and discrimination
• Outreach and partnerships with Community-Based Organizations

LESSONS LEARNED
• A trusted community partner is important to deliver mental health messages
• Being flexible to meet people where they are
Takin’ CLAS to the Schools

School-Based Wellness Centers

- Culturally inclusive spaces where ALL students are welcome
- Enlisted youth group to conduct focus groups at each site prior to launching
- Funded 45 wellness centers on school campuses K-12 and adult ed sites, 5 pilot sites opened before school closures due to COVID

Wellness Centers Philosophy

- Calm and supportive environment for students needing a place to re-center and re-calibrate
- Trauma-Informed space and staff
- Access point to link students to behavioral health services including crisis support as needed
- Peer delivered services when appropriate
• **Training for Frontline Reception Staff**
  - Specialized training developed to strengthen customer service skills with emphasis on providing culturally and linguistically appropriate services

• **Inclusive Spaces**
  - Ensure clinics are culturally inclusive spaces where ALL consumers are welcome

• 3 cohorts for both County and contractor staff have been trained
ICCTM Outcomes

• Increased Utilization of Services
• Increased Access Line Service Calls
• Decreased in first admissions via crisis services
• Increased levels of job satisfaction among Solano County Behavioral Health staff
ICCTM Outcomes

- Providing culturally and linguistically appropriate services (CLAS) represents a key factor in **building trust with underserved communities**.

- Through a community-engaged process, the ICCTM Project's partners were empowered to define quantitative and qualitative outcomes essential to improving the delivery of mental health services in Solano County.

- Mental health service use increased (+29%) and was especially high among LGBTQ+ residents (+309%) who had traditionally underutilized services in the past.

- From baseline, we found improvements in participants' level of cultural responsiveness (+19%), as well as improved engagement with:

  - Solano's underserved communities were less likely to enter the mental health system of care through crisis services.
These trends reflected increased trust towards primary mental health care providers in Solano County and resulted in substantial cost savings.
98% of Solano County Behavioral Health staff reported that their job was meaningful. They felt they were positively influencing people's lives and were inspired from working with patients.
Sustainability of CLAS from the go

Policy Development
- County added a section “Cultural and Linguistic Considerations” to all new and renewed policies
- CBO partners and other community organizations can consider using CLAS Standards when developing policies

County Contracting Practices
- Added CLAS language into RFPs
- Ensure contracts include requirement to use CLAS Standards
- Require contracted vendors to have their own Cultural Responsivity Plans

Continued Implementation of QI Action Plans
- Shared decision making with committee and community
- Develop an equity data dashboard
- Continue to support CBO partners to have their own Plans and Committee

Diversity & Equity Plan & Committee
- Continue to use Plan as a guide for equity and to address healthcare disparities
- Shared decision making with committee and community
- Develop an equity data dashboard
- Continue to support CBO partners to have their own Plans and Committee

Hiring & Retention
- County and CBO partners to use CLAS Standards to guide hiring and retention processes

Interpreter & Translation Services
- Extended County’s contracted interpreter service to all funded vendors
Is it possible to advance health equity in historically underserved populations?

Yes!

Health/Mental health equity can be advanced!
ICCTM Learning Collaborative Training Topics

1. Overview of the Solano County ICCTM Project
2. Community Engagement Models (3 sessions)
3. The Impact of COVID-19
4. Social Determinants of Health
5. Implications of Trauma on Marginalized Communities
6. CLAS Standards
7. Quality Improvement & Mental Health Equity Data
8. ICCTM Sustainability
The AAMC will be hosting a webinar in late spring to discuss the winning awards. Details are forthcoming.

**First Prize Winner**

**Community Engagement Model that Bolsters Trust and Trustworthiness**

*University of Florida, College of Public Health and Health Professions; College of Medicine*

*Linda B. Cottler, PhD, MPH, FACE*

**Second Prize Winner**

**Solano County Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM) Innovations Project**

*University of California, Davis School of Medicine*

*Sergio Aguilar-Gaxiola, MD, PhD*

Multistakeholder community partnerships are required
- Use a health equity lens
- Listen attentively to all
- Review local data on health outcomes in your community, connect dots ("patterns that connect"), and look for what is missing
- Actively look for community assets, strengths and resilience and use them
- Design and implement for sustainability right from the go
- Start – don’t over plan – learn and adapt as you go
- Involve students and trainees – with training and oversight
- Building trust and creating trustworthiness is front and center
Our Holistic Community Engagement Model to Advance Behavioral Health Equity

Presented by: Linda B. Cottler, PhD, MPH, FACE on behalf of Team HealthStreet
May 25, 2022
Objectives of Presentation

• Inequities in our community
• Model of Community Engagement we developed
• What we know about inequities in participation in the research enterprise related to mental health
• Next steps to continue to promote behavioral health research
Objectives of Presentation

- Inequities in our community
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Mental Illness Affects...

Community Engaged outreach efforts that assess needs and concerns MUST assess for behavioral health.
Approaches to Assessing Mental Health of the Community

<table>
<thead>
<tr>
<th>Does not Require</th>
<th>Requires</th>
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<tbody>
<tr>
<td>DSM criteria (official nomenclature of the American Psychiatric Association)</td>
<td>Screening questions to elicit behaviors</td>
</tr>
<tr>
<td>A clinical degree</td>
<td>Being sensitive to language used to assess</td>
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<td></td>
<td>Knowledge of community resources</td>
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<td></td>
<td>Ability to do social prescribing</td>
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<tr>
<td></td>
<td>Protection of the data (confidentiality)</td>
</tr>
</tbody>
</table>
Objectives of Presentation

• Inequities in our community
• Model of Community Engagement we developed
• What we know about inequities in participation in the research enterprise related to mental health
• Next steps to continue to promote behavioral health research
...a community engagement program to reduce disparities in access to research through community and other stakeholder engagement AND to improve the population health
Meet People Where They Are

- Community centers
- Libraries
- Senior centers
- Laundromats
- Bus stops
- Health fairs
- Food pantries
- Barber/Beauty shops
- Parks
- Faith-based entities
- Fitness centers
- Health care facilities
- Neighborhoods
- Community events
UF Health Street 4 Pillars

**Assessment**
- Screen for conditions/concerns
- Better health
- Targeted interventions
- Measure research perceptions and trust
- Breaking down walls
- Becoming a community

**Linkage to Care and Research**
- Give referrals
- Navigate to UF research
- Access and parity
- Quality improvement
- Increased relevance and impact of research

**Trust**
- Train the next generation
- Provide opportunities for communication within the Learning Health Community
- Building and sustaining the Learning Health Community

**Multidirectional Education and Workforce Development**
- DO
  - Give referrals
  - Navigate to UF research
  - Access and parity
  - Quality improvement
  - Increased relevance and impact of research
- FOR
  - Screen for conditions/concerns
  - Better health
  - Targeted interventions
  - Measure research perceptions and trust
  - Breaking down walls
  - Becoming a community
Assessment - Informed Consent

If you decide to participate in this UF HealthStreet research study:

- You will be part of UF HealthStreet Registry, a registry keeps information so that you can be contacted in the future.
- If you agree to participate in this study, you will be given a signed copy of this document.
- You may contact Dr. Cotter at (352) 294-0616 or if you think that you have been misled in any way or if you have other questions about this project.
- The information collected from you is called "data" and this informed consent form is provided to researchers who have an IRB approved potential use.
- Your medical records at UF Health (University of Florida) and other medical records may be used in this research study.

Other things you should know:

- Your medical information will be used only for the purpose of the study.
- There will be no cost to you for participating in this study.
- Your involvement in this UF HealthStreet study may be required if you are not required to sign the informed consent form.
- You are not required to sign the informed consent form.
- Your enrollment or eligibility for any activity cannot participate in this research.
- You may choose to be in the study and you can revoke your participation in this study.
- If you are enrolled, you can be contacted by phone or email.
- If you are enrolled, you can be contacted by phone or email.
- If you have any questions about your participation in this study, please contact Dr. Cotter at (352) 294-0616 or by email.

Signature of Subject providing Informed Consent & HIPAA Authorization

You have been informed about the UF HealthStreet research study and Registry. You have been informed of the possible risks of your participation in this study. The research study, including the above information, has been described to you orally and in writing. If you have any questions about your participation in this study, please contact Dr. Cotter at (352) 294-0616 or by email.

Signature of Person Obtaining Consent & Authorization

Date

I agree to participate in the brief health screening and be part of the UF HealthStreet research study (initial in the appropriate box):

- Yes
- No

I agree to allow UF HealthStreet to access my UF Health medical records for research purposes (initial in the appropriate box):

- Yes
- No

Signature of Adult Consenting to Self

Date

I understand the information about my satisfaction with the referrals, services, resources, and research opportunities.
HealthStreet’s Community Health Needs Assessment

<table>
<thead>
<tr>
<th>Date of Contact</th>
<th>Name of Staff</th>
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<tr>
<td>Staff Name</td>
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<td>Staff ID</td>
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<td>Contact Phone</td>
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<td>City</td>
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<td>Zip Code</td>
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**HealthStreet Health Needs Assessment**

11. Date of Contact
12. Name of Staff
13. Staff Contact Phone
14. Staff Address
15. Staff City
16. Staff Zip Code
17. Staff Email
18. Staff Title
19. Staff Department

**HealthStreet Health Needs Assessment**

1. What is your age?
2. How tall are you?
3. What is your weight?
4. Are you overweight?
5. Do you smoke?
6. Do you drink alcohol?
7. Do you exercise regularly?
8. Do you use any medications?
9. Do you have any allergies?
10. Do you have any chronic health conditions?

**HealthStreet Health Needs Assessment**

15. Have you ever been a victim of violence?
16. Do you currently participate in any group or organization?
17. Do you currently receive any government benefits?
18. Do you currently receive any medical assistance?
19. Do you currently receive any financial assistance?
20. Do you currently receive any social services?

**HealthStreet Health Needs Assessment**

21. Do you currently receive any legal assistance?
22. Do you currently receive any psychological assistance?
23. Do you currently receive any educational assistance?
24. Do you currently receive any housing assistance?
25. Do you currently receive any employment assistance?
26. Do you currently receive any religious assistance?
27. Do you currently receive any community assistance?
28. Do you currently receive any family assistance?
29. Do you currently receive any personal assistance?
30. Do you currently receive any transportation assistance?

**HealthStreet Health Needs Assessment**

31. What is your favorite food?
32. What is your favorite activity?
33. What is your favorite book?
34. What is your favorite movie?
35. What is your favorite sport?
36. What is your favorite hobby?
37. What is your favorite travel destination?
38. What is your favorite vacation spot?
39. What is your favorite music genre?
40. What is your favorite artist?
41. What is your favorite holiday?
42. What is your favorite holiday tradition?
43. What is your favorite holiday gift?
44. What is your favorite holiday activity?

**HealthStreet Health Needs Assessment**

45. What is your favorite color?
46. What is your favorite flower?
47. What is your favorite season?
48. What is your favorite day of the week?
49. What is your favorite holiday meal?
50. What is your favorite holiday decoration?
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**HealthStreet Health Needs Assessment**

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Building Trust Through the HealthStreet Community Engagement Model

HealthStreet Report
October 23, 2011 through May 2, 2022

HealthStreet Weekly Report
Bring Services Where People Are

for the AAMC 2022 Innovation Award to Bolster Community Trust and Engagement in Science for our Community Engagement Model that Bolsters Trust and Trustworthiness

• Our UC Davis partner won 2nd place for their Solano County Interdisciplinary Collaboration and Cultural Transformation Model

• Featured in the monthly NIH NCATS Clinical and Translational Science Awards (CTSA) Program newsletter, the CTSA Ansible.
How Common are Mental Health Conditions and Concerns among HealthStreet Community Members?

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<tr>
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<th>2011 through December 2019</th>
<th>January 2020 to present</th>
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<tbody>
<tr>
<td>Mental Health Conditions</td>
<td>Ranked 4&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Ranked 3&lt;sup&gt;rd&lt;/sup&gt;</td>
</tr>
<tr>
<td>Mental Health given as a Concern</td>
<td>Ranked 8&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Ranked 2&lt;sup&gt;nd&lt;/sup&gt;</td>
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Mental Health Conditions by Race

Anxiety
- AA/Black: 18%
- White/Other Race: 41%

Depression
- AA/Black: 24%
- White/Other Race: 41%

Autism
- AA/Black: 0%
- White/Other Race: 1%

Bipolar Disorder
- AA/Black: 8%
- White/Other Race: 14%

Eating Disorder
- AA/Black: 3%
- White/Other Race: 7%

Schizophrenia
- AA/Black: 4%
- White/Other Race: 3%

PTSD
- AA/Black: 14%
- White/Other Race: 22%
Stress and Loneliness by Race

Stress

<table>
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<tr>
<th>Race</th>
<th>Stress 8-10 (%)</th>
<th>23.1%</th>
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<tbody>
<tr>
<td>African-American/Black</td>
<td>10.4%</td>
<td>3.2%</td>
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<td></td>
<td>9.3%</td>
<td>6.0%</td>
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<td>13.3%</td>
<td>5.4%</td>
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<td>6.5%</td>
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<td>6.2%</td>
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<td></td>
<td>28.3%</td>
<td>20.0%</td>
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<td>White/Other Race</td>
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<td>10.7%</td>
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Loneliness

<table>
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<th>Race</th>
<th>Loneliness 8-10 (%)</th>
<th>10.1%</th>
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### Comorbidity of Mental Health Conditions and Loneliness/Stress by Race

<table>
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<th># of Mental Health Conditions (0-7)</th>
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<th>1 only</th>
<th>2 or more</th>
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<tbody>
<tr>
<td></td>
<td>AA/Black</td>
<td>White/ Other Race</td>
<td>AA/Black</td>
</tr>
<tr>
<td>N= 4,572</td>
<td>N= 2,632</td>
<td>N= 1,010</td>
<td>N= 1,180</td>
</tr>
<tr>
<td>Loneliness (1-10)</td>
<td>3.0 (2.9)</td>
<td>2.9 (2.4)</td>
<td>4.0 (3.1)</td>
</tr>
<tr>
<td>Stress (1-10)</td>
<td>4.3 (2.9)</td>
<td>4.2 (2.5)</td>
<td>6.0 (3.2)</td>
</tr>
</tbody>
</table>
## Other Health Conditions and Trust by Race

<table>
<thead>
<tr>
<th>Health Conditions</th>
<th>AA/Black N= 6,723</th>
<th>White/ Other Race N= 5,845</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension</td>
<td>41.2%</td>
<td>31.6%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>15.2%</td>
<td>12.3%</td>
</tr>
<tr>
<td>Trust in research (1-10)</td>
<td>7.2 (2.1)</td>
<td>7.6 (1.9)</td>
</tr>
<tr>
<td>Trust in researchers (1-10)</td>
<td>7.1 (2.2)</td>
<td>7.6 (1.9)</td>
</tr>
</tbody>
</table>
# COVID-19 Community Needs by Race

<table>
<thead>
<tr>
<th>Race</th>
<th>At Least 1 Need (n=1,489)</th>
<th>At Least 1 Need (n=1,732)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black (n=1,489)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Offer General Resources</td>
<td>30%</td>
<td>22%</td>
</tr>
<tr>
<td>Minimize Threat of COVID-19</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Keep Doing What You are Doing</td>
<td>18%</td>
<td>20%</td>
</tr>
<tr>
<td>Share COVID-19 Findings/Educate</td>
<td>11%</td>
<td>15%</td>
</tr>
<tr>
<td>Food Resources</td>
<td>7%</td>
<td>8%</td>
</tr>
<tr>
<td>Other Needs</td>
<td>14%</td>
<td>15%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>White and Other Race (n=1,732)</th>
</tr>
</thead>
</table>

- **Offer General Resources:** 30% of Black and 22% of White and Other Race.
- **Minimize Threat of COVID-19:** 20% of Black and 20% of White and Other Race.
- **Keep Doing What You are Doing:** 18% of Black and 20% of White and Other Race.
- **Share COVID-19 Findings/Educate:** 11% of Black and 15% of White and Other Race.
- **Food Resources:** 7% of Black and 8% of White and Other Race.
- **Other Needs:** 14% of Black and 15% of White and Other Race.
HealthStreet Referrals/Social Prescribing Program

CHWs give referrals at Baseline. Community members are followed up at 60 and 120 days.

“Did you use our referrals? How satisfied were you? Here are additional referrals.”
What is Social Prescribing?

- Non-medical interventions proposed to:
  - address wider determinants of health (food pantry referrals, walk, coping strategies etc)
  - help people improve health behaviors (Zumba, drink more water etc)
- Evidence suggests it can improve health and wellbeing and reduce workload for healthcare professionals and demand for secondary care services
- CHWs do social prescribing at all events
For Behavioral Health We Refer to...

- Alachua County, Florida Crisis Center
- CDS Family & Behavioral Health Services
- CLEAR: Clearing the Way for Change in Florida
- NAMI: National Alliance on Mental Illness
- Equal Access Mental Health Clinic at HealthStreet

Learn to Live Without Tobacco
Help is FREE!

The University of Florida AHEC Program Presents
FREE Tobacco Cessation Classes at HealthStreet

- Includes FREE Nicotine Patches/Gum/Lozenges
- Includes FREE Participant Workbook and Materials
- More than DOUBLES your chances of success!

Located at 2401 SW Archer Road, Gainesville, FL 32608

Includes FREE Nicotine Patches/Gum/Lozenges
Includes FREE Participant Workbook and Materials
More than DOUBLES your chances of success!
Program covers all forms of tobacco
<table>
<thead>
<tr>
<th>By # of Mental Health Conditions (0 -7)</th>
<th>AA/Black N= 6,723</th>
<th>White/ Other Race N= 5,845</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% at least 1 service referral/ Mean # of referrals</td>
<td>68%</td>
<td>45%</td>
</tr>
<tr>
<td>% at least 1 service referral/ Mean # of referrals</td>
<td>68%</td>
<td>45%</td>
</tr>
<tr>
<td>% completed at least 1 FU in 120 days</td>
<td>77% / 3.8</td>
<td>66% / 3.3</td>
</tr>
<tr>
<td>% completed at least 1 FU in 120 days</td>
<td>77% / 3.8</td>
<td>66% / 3.3</td>
</tr>
<tr>
<td>% utilized at least 1 referral</td>
<td>55%</td>
<td>60%</td>
</tr>
<tr>
<td>% utilized at least 1 referral</td>
<td>55%</td>
<td>60%</td>
</tr>
<tr>
<td>% completely/ mostly satisfied</td>
<td>15%</td>
<td>13%</td>
</tr>
<tr>
<td>% completely/ mostly satisfied</td>
<td>15%</td>
<td>13%</td>
</tr>
<tr>
<td>Only 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% at least 1 service referral/ Mean # of referrals</td>
<td>15%</td>
<td>20%</td>
</tr>
<tr>
<td>% at least 1 service referral/ Mean # of referrals</td>
<td>15%</td>
<td>20%</td>
</tr>
<tr>
<td>% completed at least 1 FU in 120 days</td>
<td>85% / 4.5</td>
<td>77% / 3.9</td>
</tr>
<tr>
<td>% completed at least 1 FU in 120 days</td>
<td>85% / 4.5</td>
<td>77% / 3.9</td>
</tr>
<tr>
<td>% utilized at least 1 referral</td>
<td>58%</td>
<td>59%</td>
</tr>
<tr>
<td>% utilized at least 1 referral</td>
<td>58%</td>
<td>59%</td>
</tr>
<tr>
<td>% completely/ mostly satisfied</td>
<td>91%</td>
<td>88%</td>
</tr>
<tr>
<td>% completely/ mostly satisfied</td>
<td>91%</td>
<td>88%</td>
</tr>
<tr>
<td>2 or more</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% at least 1 service referral/ Mean # of referrals</td>
<td>17%</td>
<td>35%</td>
</tr>
<tr>
<td>% at least 1 service referral/ Mean # of referrals</td>
<td>17%</td>
<td>35%</td>
</tr>
<tr>
<td>% completed at least 1 FU in 120 days</td>
<td>90% / 4.8</td>
<td>84% / 4.6</td>
</tr>
<tr>
<td>% completed at least 1 FU in 120 days</td>
<td>90% / 4.8</td>
<td>84% / 4.6</td>
</tr>
<tr>
<td>% utilized at least 1 referral</td>
<td>60%</td>
<td>60%</td>
</tr>
<tr>
<td>% utilized at least 1 referral</td>
<td>60%</td>
<td>60%</td>
</tr>
<tr>
<td>% completely/ mostly satisfied</td>
<td>86%</td>
<td>83%</td>
</tr>
<tr>
<td>% completely/ mostly satisfied</td>
<td>86%</td>
<td>83%</td>
</tr>
</tbody>
</table>
• Very few studies exist on the use of:
  • social prescribing
  • utilization of referrals
  • 15 to 23% of referrals used is a good start—especially within only 120 days (4 months)
Objectives of Presentation

- Inequities in our community
- Model of Community Engagement we developed
- What we know about inequities in participation in the research enterprise related to mental health
- Next steps to continue to promote behavioral health research
## What We Know about Participation*

<table>
<thead>
<tr>
<th></th>
<th>Not Navigated or Enrolled (N= 5,883 (46%))</th>
<th>Navigated but not Enrolled (N= 3,968 (32%))</th>
<th>Navigated + Enrolled (N= 2,731 (22%))</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Race/Ethnicity</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AA/Black</td>
<td>55.8%</td>
<td>51.1%</td>
<td>52.0%</td>
</tr>
<tr>
<td>White/ Other Race</td>
<td>44.2%</td>
<td>48.9%</td>
<td>48.0%</td>
</tr>
<tr>
<td><strong>Female</strong></td>
<td>57.8%</td>
<td>60.6%</td>
<td>63.7%</td>
</tr>
<tr>
<td>12+ years of education</td>
<td>40.0%</td>
<td>47.1%</td>
<td>51.7%</td>
</tr>
<tr>
<td><strong>Mental Health Conditions</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>60.1%</td>
<td>55.9%</td>
<td>53.2%</td>
</tr>
<tr>
<td>1 only</td>
<td>16.7%</td>
<td>17.2%</td>
<td>19.4%</td>
</tr>
<tr>
<td>2+</td>
<td>23.2%</td>
<td>27.0%</td>
<td>27.4%</td>
</tr>
<tr>
<td>Trust in research</td>
<td>7.2 (2.1)</td>
<td>7.7 (1.9)</td>
<td>7.5 (1.9)</td>
</tr>
<tr>
<td>Trust in researchers</td>
<td>7.1 (2.1)</td>
<td>7.6 (2.0)</td>
<td>7.4 (2.0)</td>
</tr>
<tr>
<td>Loneliness (1-10)</td>
<td>3.7 (2.9)</td>
<td>3.4 (2.9)</td>
<td>3.5 (3.0)</td>
</tr>
</tbody>
</table>

*Connected to the IRB and recruit for all studies.
Objectives of Presentation

• Inequities in our community
• Model of Community Engagement we developed
• What we know about inequities in participation in the research enterprise related to mental health
• Next steps to continue to promote behavioral health research
Recommendation 1: Holistic Models are Necessary

People have more than one condition
Recommendation 2:

- Community Engagement models at each of the CTSAs across the country are showing impact.
- We have a small budget and a large goal.
- To show impact requires longitudinal study.
- Fund follow-up studies.
### Recommendation 3: Track Metrics
Cascade of Community Recruitment Efforts to Research Opportunities*

<table>
<thead>
<tr>
<th></th>
<th>HealthStreet Registry</th>
<th>Navigated (n= 6,429 (49%))</th>
<th>Enrolled (Among Navigated) (n= 2,746 (43%))</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>African American/Black</strong></td>
<td>55.2%</td>
<td>52.6%</td>
<td>53.1%</td>
</tr>
<tr>
<td><strong>White</strong></td>
<td>37.8%</td>
<td>40.0%</td>
<td>39.8%</td>
</tr>
<tr>
<td><strong>Others</strong></td>
<td>7.0%</td>
<td>7.4%</td>
<td>7.1%</td>
</tr>
</tbody>
</table>
Recommendation 4: Operationalize the Principles of Community Engagement

3rd Edition coming out soon with the addition of a 10th principle: TRUSTWORTHINESS
Recommendation 5: Be Sustainable

• During the pandemic, we could not turn our back on the community we worked with everyday

• We:
  • Pushed for new guidelines from UF to be out
  • Worked outside on picnic tables a couple afternoons a week
  • Made calls to our Members to stay in touch
  • Worked for environmental justice (distributed food/toiletries/ feminine hygiene products/clothes)
Respond to Needs

• Based on data we know Florida is among the highest in the country for fatal and non-fatal overdoses. HealthStreet CHWs distribute Narcan.

• Give referrals. Track them. It’s not that difficult.
Recommendation 6: Solicit Testimonials from the Community

• It’s nice to be called and be thought of. You were the first person I have talked to in over 3 weeks so will you keep calling me and checking in on me?

• I’m lonely and you all really helped.

• Your services are very helpful for people. For me personally, I have been benefited by participating in clinical trials and your program is great. But I know people need the assistance in transportation and donations so keep offering rides and shampoo and clothes.

• Keep your doors open and continue to help people as much as you can.

• Call people and get their opinions like you are doing. Talking stops fear and anxiety so what you are doing is great. More information will help.
Recommendation 7: Let the Community Know You Stand With Them

We have written 6 Op Eds as a team (with our CAB) in the past 18 months

Topics:

• Racism x 2
• Supporting Black vendors
• Narcan
• Hard-working people
• Black Lives Matter
Recommendation 8: Let’s keep sharing our approaches
Thanks to all partners and community members, NCATS, UF+FSU Hub
@LCottler
lbcottler@ufl.edu