

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

- MAY 25, 2022 -



Clinical and Translational
Science Center



CENTER FOR CLINICAL AND
TRANSLATIONAL SCIENCE



Georgia CTSA
Georgia Clinical & Translational Science Alliance

UF UNIVERSITY OF
FLORIDA



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
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Morehouse School of Medicine



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UC Davis Health



Linda B. Cottler
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University of Florida



Debra S. Oto-Kent
MPH
Health Education Council

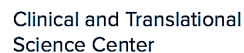
MODERATORS



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%

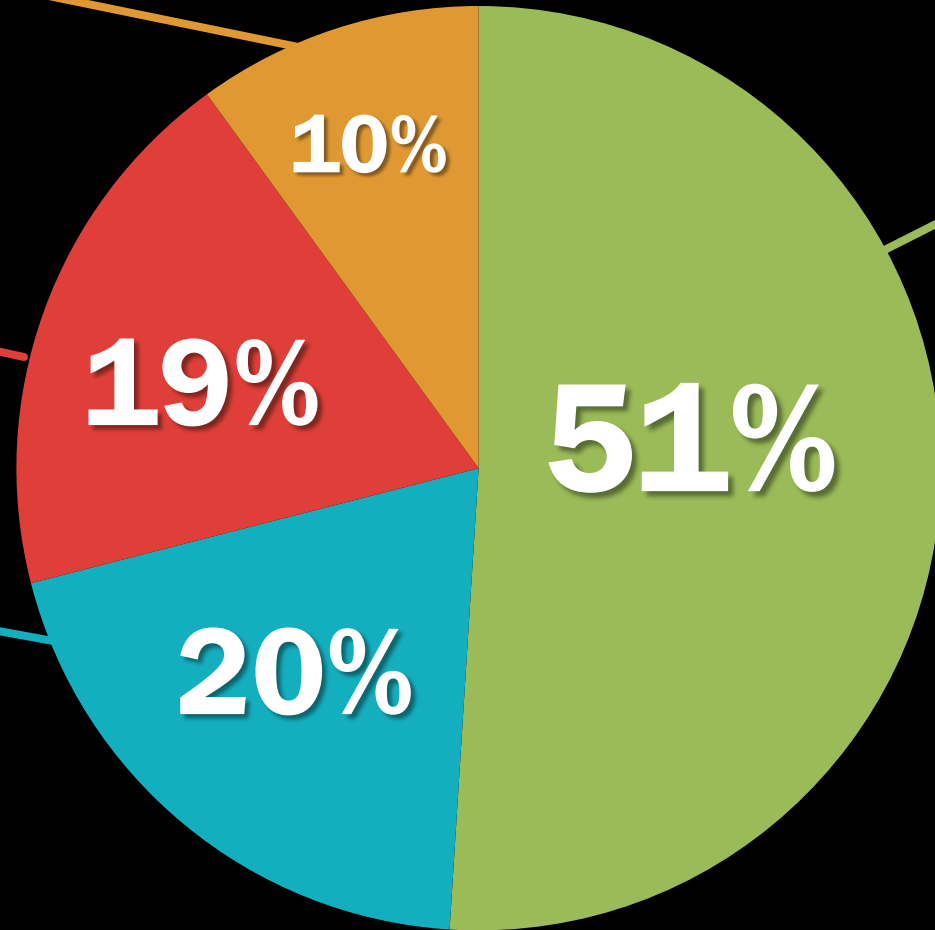
HUMAN BIOLOGY

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:

Mokdad, A. H., Marks, J. S., Stroup, J. S., & Gerberding, J. L. (2004). Actual causes of death in the United States, 2000. *Journal of the American Medical Association*, 291, 1238-1245. [Correction in: Actual causes of death in the United States, 2000. (2005). *Journal of the American Medical Association*, 293(3), 298.]

Health Disparities



Social Determinants of Health
Copyright-free

 Healthy People 2030

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/>

Figure 1

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

Health Outcomes
 Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

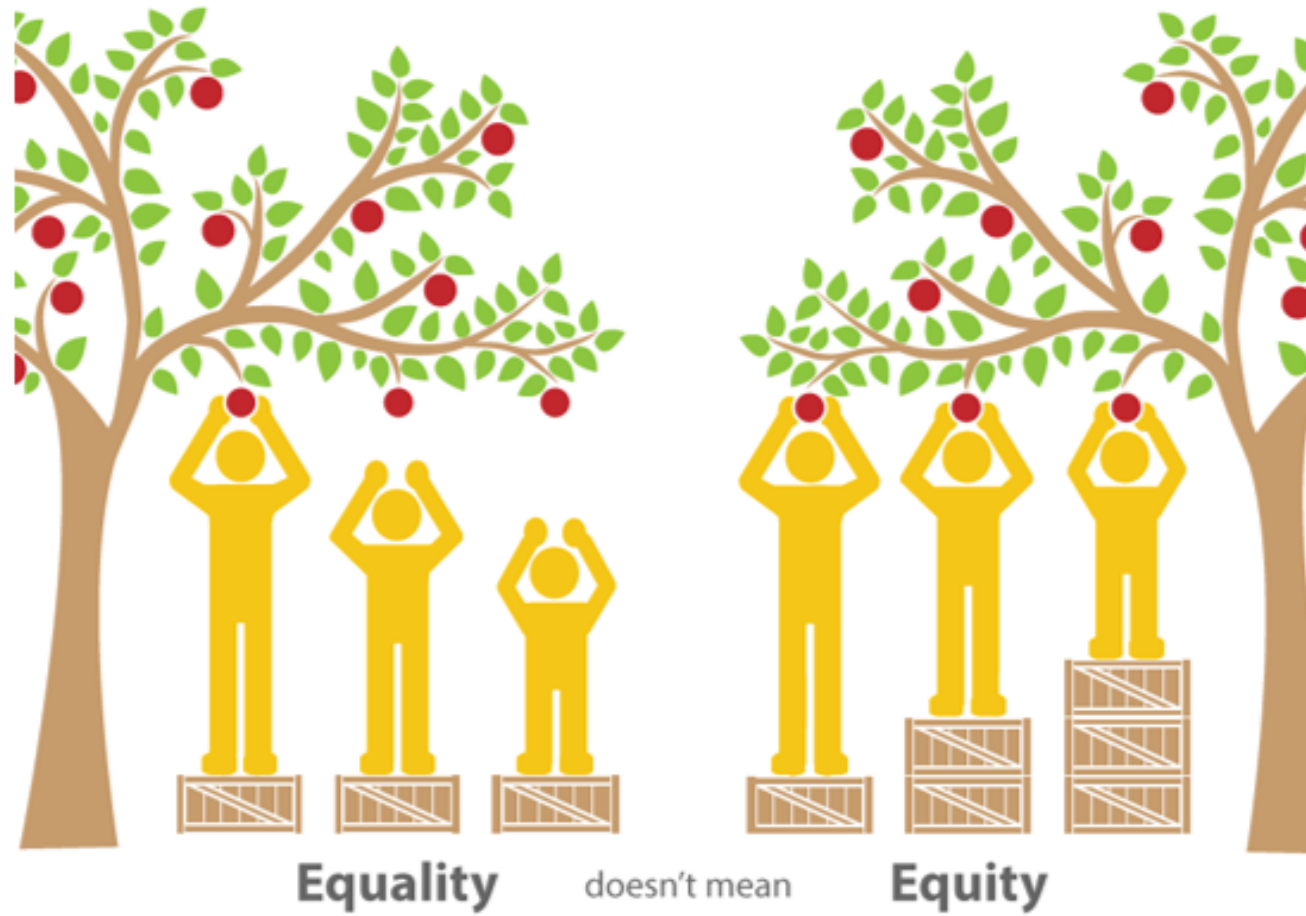
Social determinants of health are the conditions in which people are born, grow, live, work and age.

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



- 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



Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. What is Health Equity? 2017, Robert Wood Johnson Foundation, <https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html>

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



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 Equity and Health Disparities are Intimately Related to Each Other

- 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.

RESEARCH



ADVOCACY



EDUCATION/
TRAINING



PRACTICE

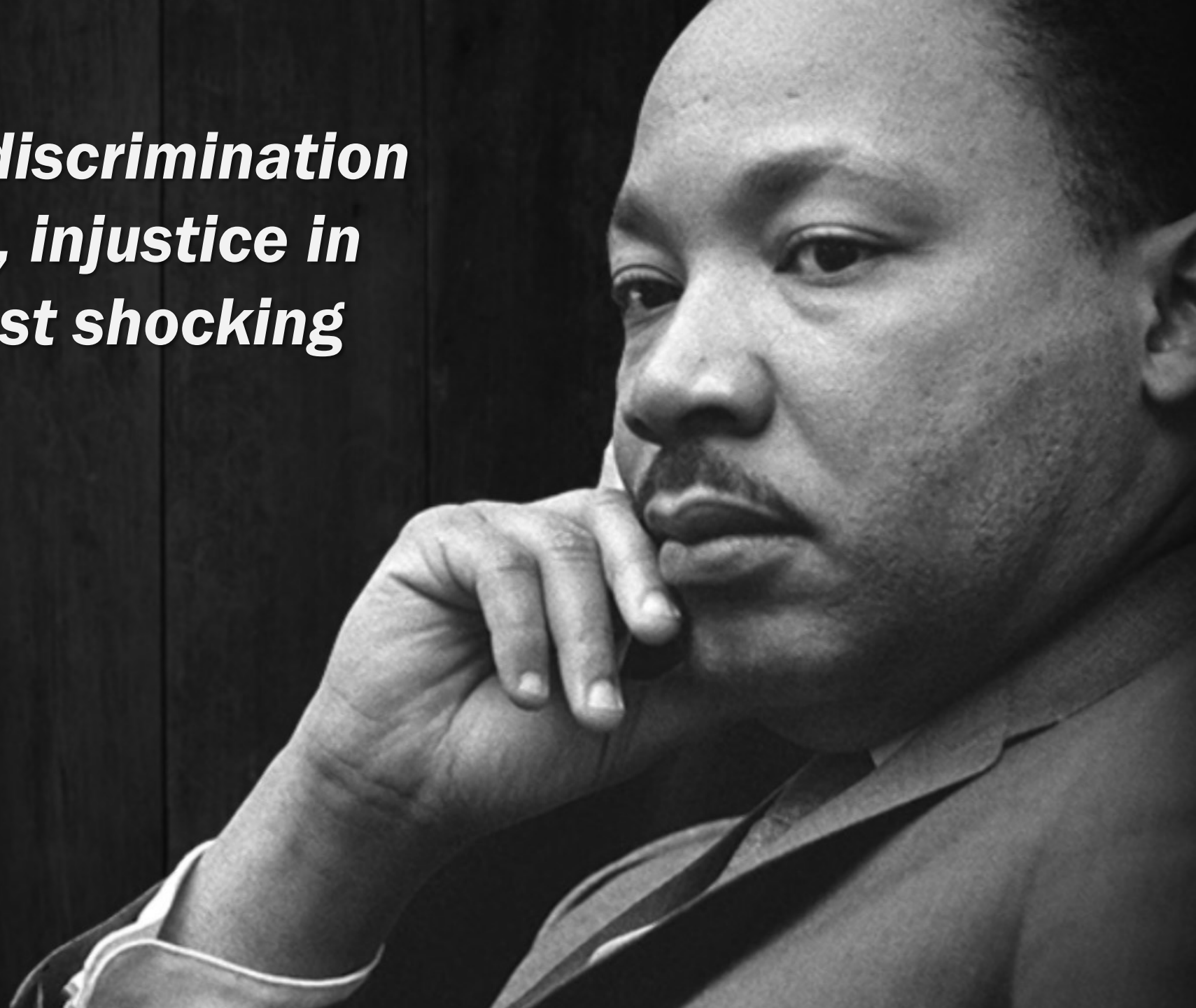


RECOMMENDATIONS

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

UC DAVIS
HEALTH

Center for Reducing
Health Disparities

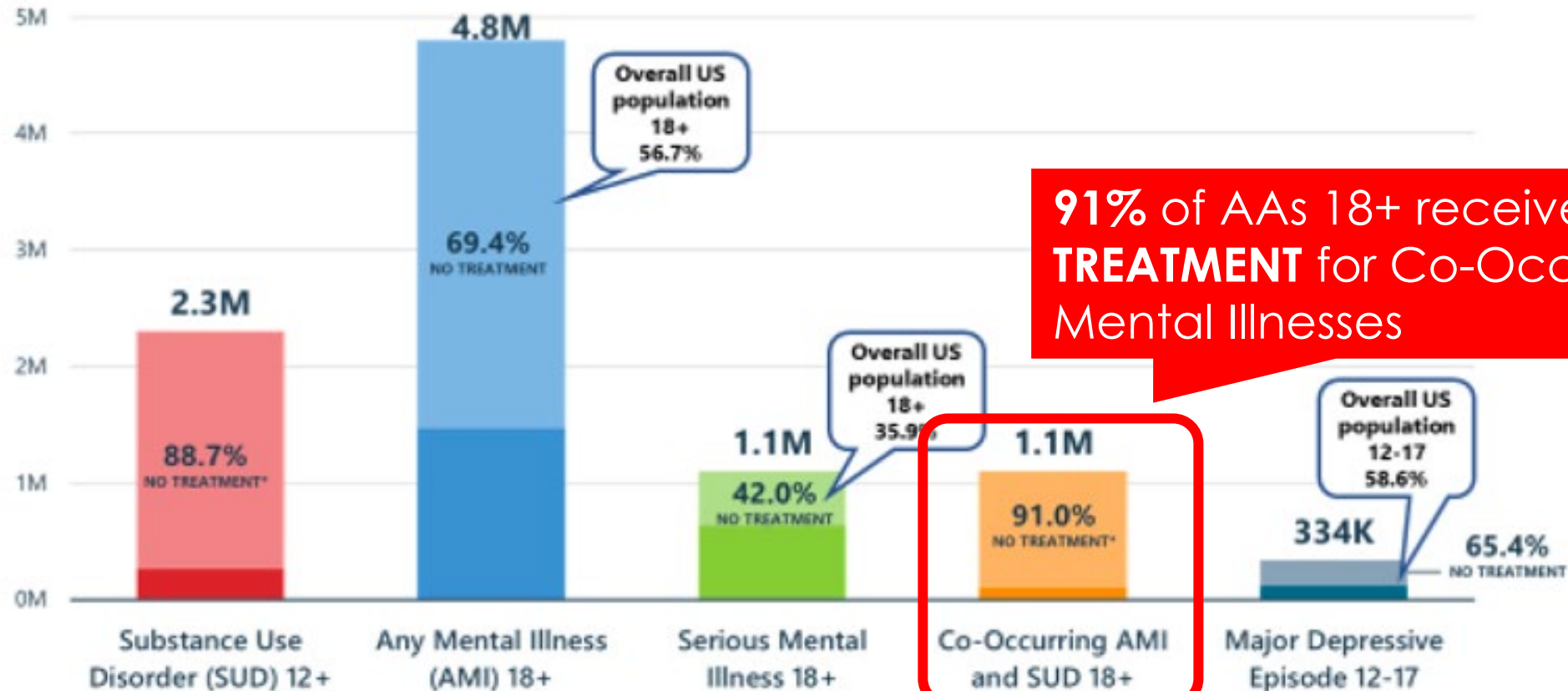
CROSS-CTSA SPECIAL SEMINAR



Before COVID-19: Pervasive Social and Structural Inequities Existed for African Americans

Despite Consequences and Disease Burden, Treatment Gaps among African Americans Remain Vast

PAST YEAR, 2018 NSDUH, African American 12+

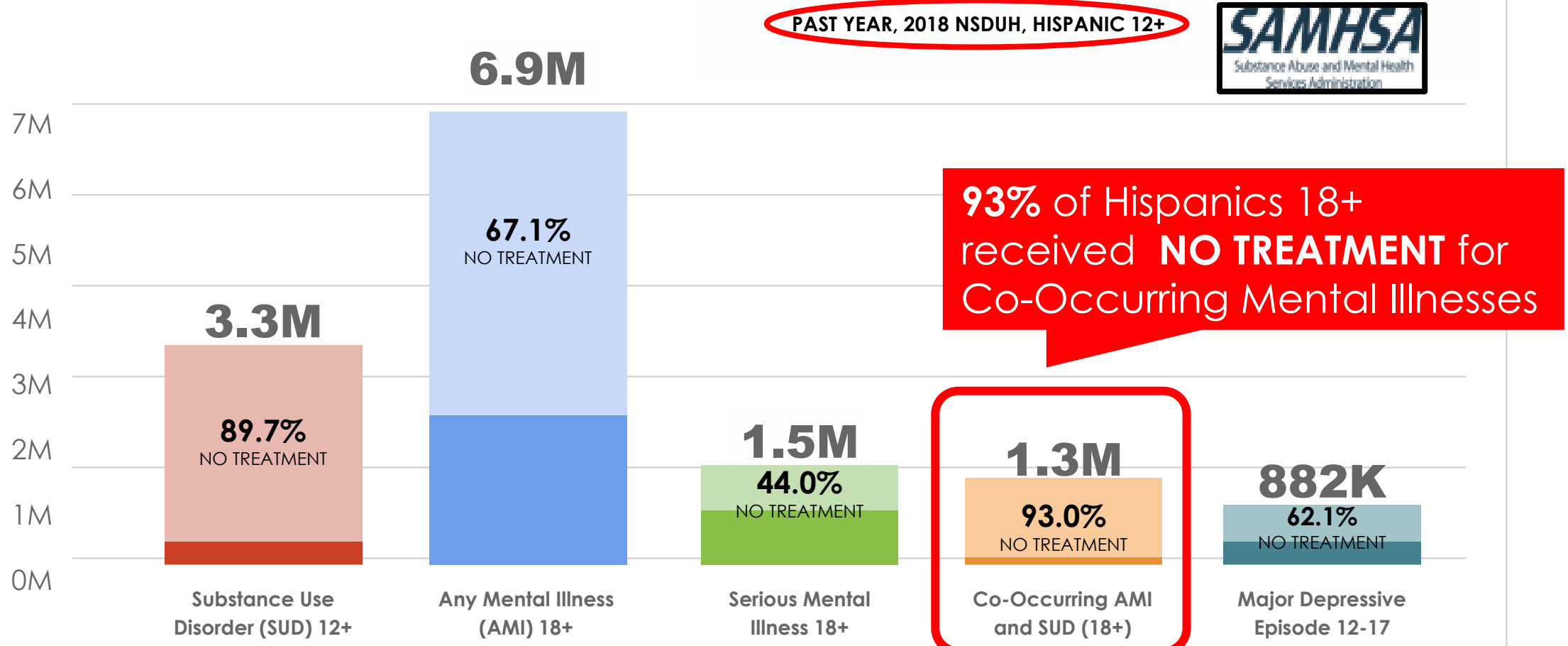


91% of AAs 18+ received NO TREATMENT for Co-Occurring Mental Illnesses

* 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.

Before COVID-19: Treatment Gaps Existed for Latinos Too

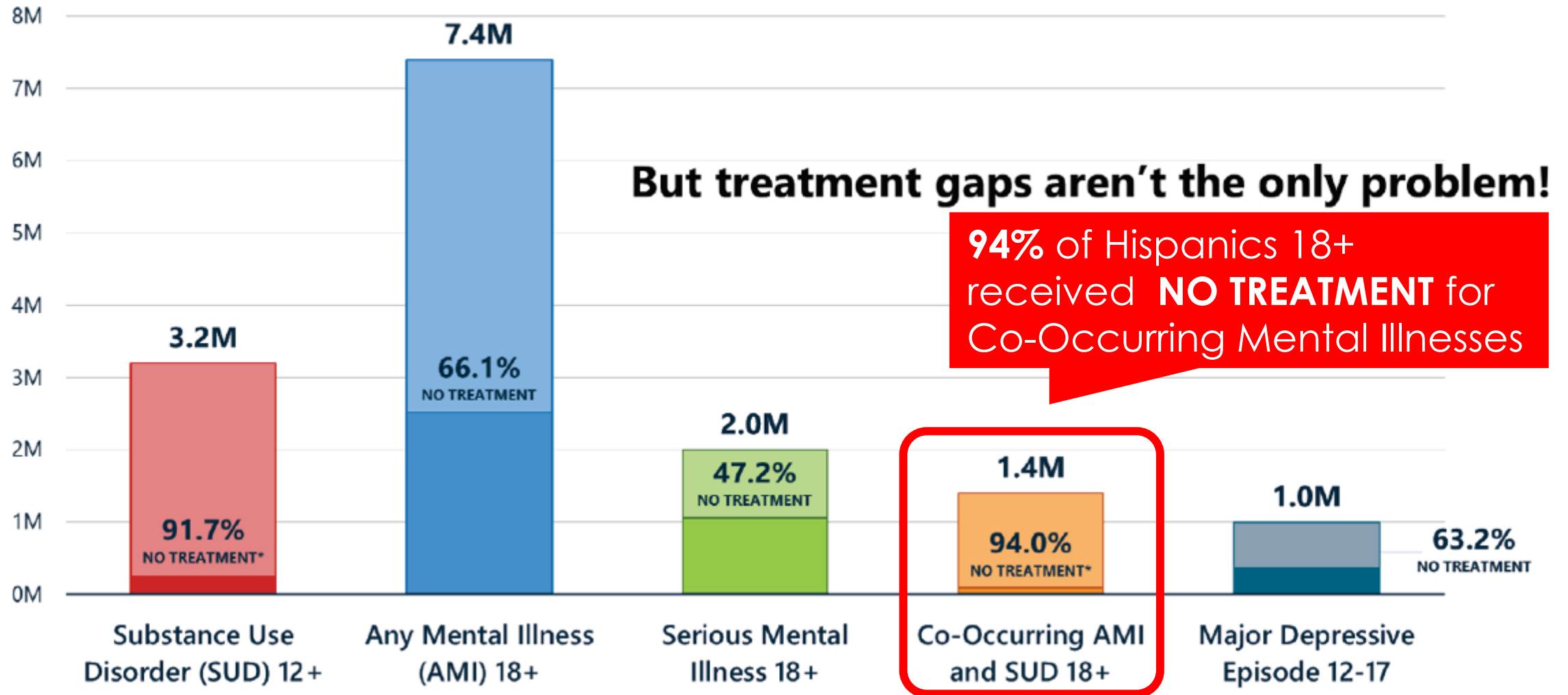
Despite Consequences and Disease Burden, Treatment Gaps among **Latinos** Remain Vast



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.

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

PAST YEAR, 2019 NSDUH, Hispanic 12+



* 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?**

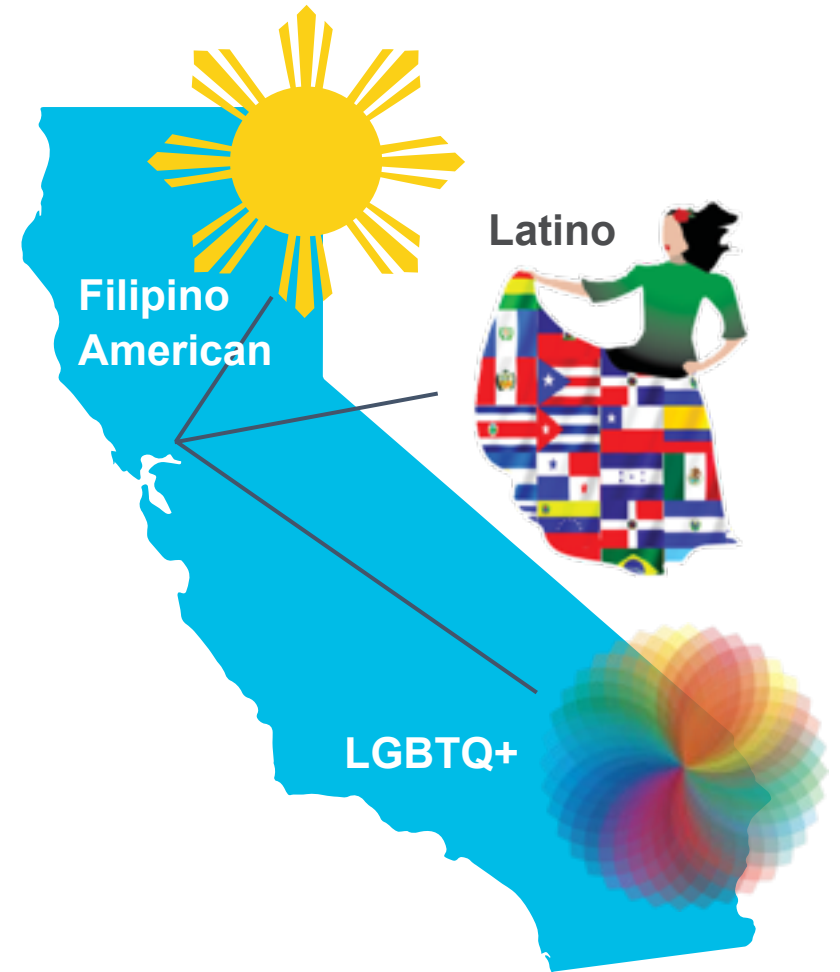
Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM)

2016 - 2021

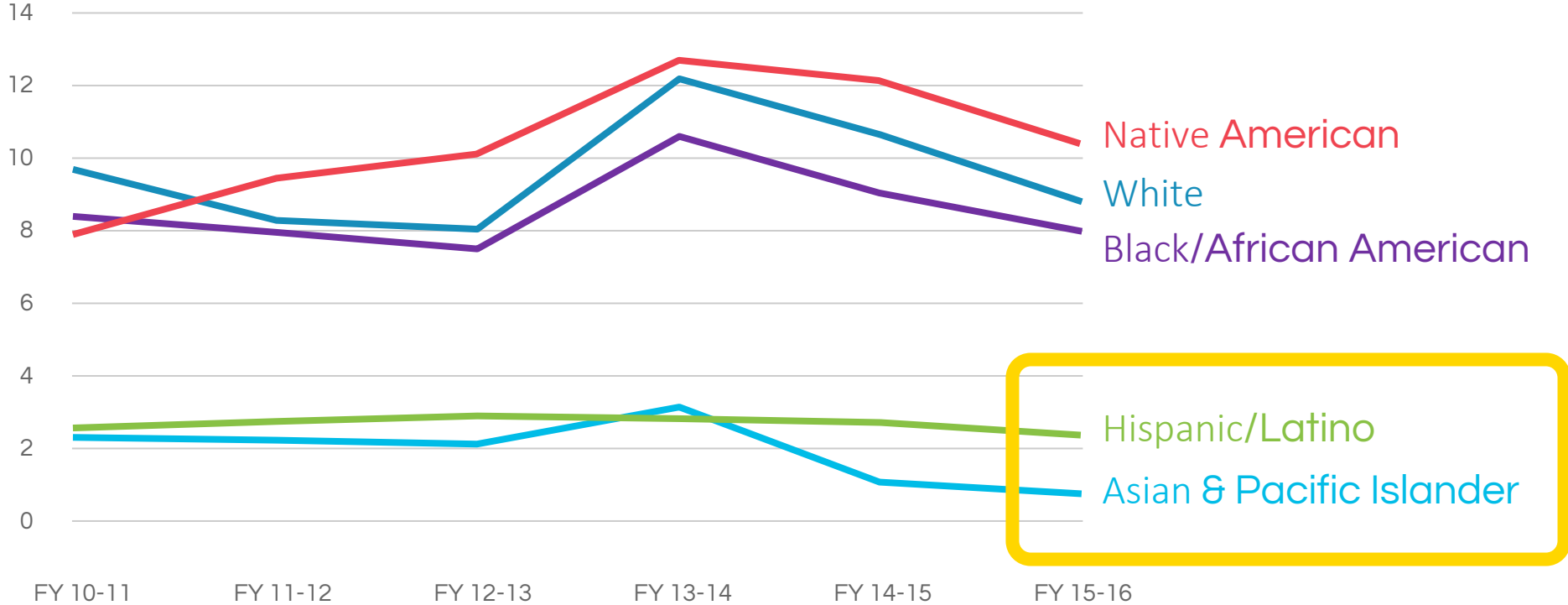
5

YEARS

- 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



Hispanics and Asians had much lower Mental Health Penetration Rates than other groups

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

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

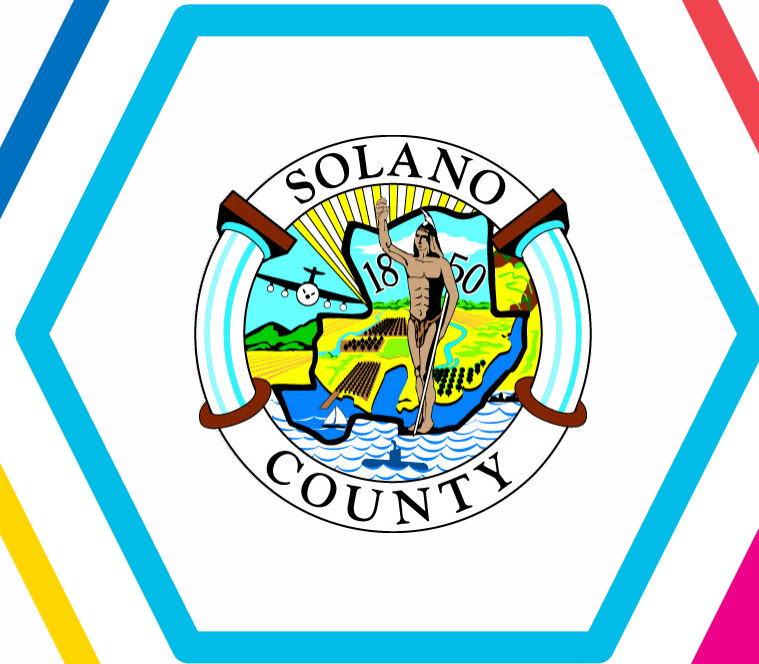
- ↑ Delivery of CLAS-informed care

3. Quadruple Aim

- ↑ Consumer experience
- ↑ Consumer outcomes
 - ↑ Access & service utilization
- ↑ Provider experience
- ↓ Per-capita cost



ICCTM Partners



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

CBO DEFINED

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



WORKFORCE FOCUSED

1. Cultural Game Changers
2. CLAS Gap Finders



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





ISeeU

- **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**.
- Trough 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:**



+19%



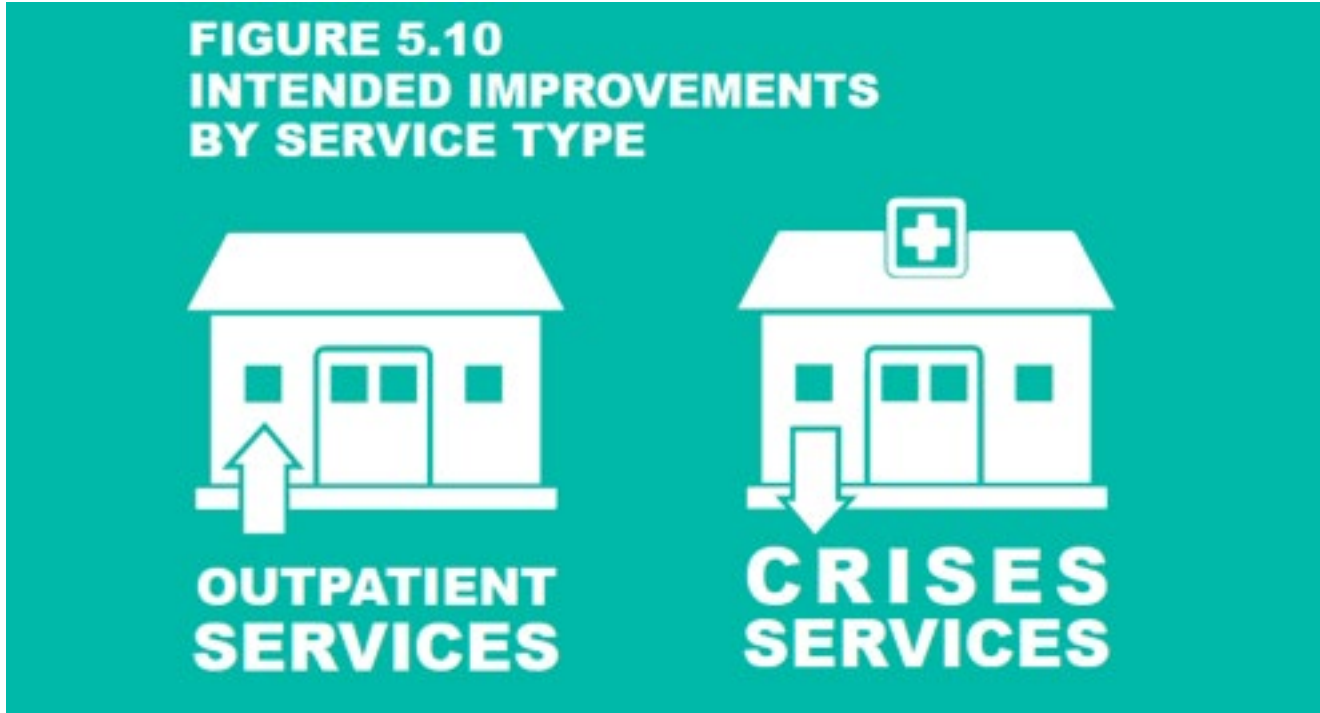
+32%



+21%

- **Solano's underserved communities were less likely to enter the mental health system of care through crisis services.**

ICCTM Outcomes



**FIGURE 5.16
DECREASE IN FIRST ADMISSIONS
VIA CRISES SERVICES**



- These trends reflected increased trust towards primary mental health care providers in Solano County and resulted in substantial cost savings.

**FIGURE 3.4
FINDING JOY IN THEIR WORK**



Joy in Work

Is participation in the ICCTM Project associated with higher levels of job satisfaction among SCBH staff?

- **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

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

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

Interpreter & Translation Services

- Extended County’s contracted interpreter service to all funded vendors

Continued Implementation of QI Action Plans

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

Is it possible to advance health equity in historically underserved populations?

Yes!

Health/Mental health equity can be advanced!

ICCTM Learning Collaborative Training Topics

Practice & Support

Between community engagement sessions, counties will be able to practice skills with local communities

Learning Collaborative with 40+ CA counties

2 training cohorts

4 Mentor – Mentee with 4 counties (LA, Kern, Fresno & Marin)

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



RESEARCH

2022 AAMC Innovations That Bolster Community Trust in Science Award

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

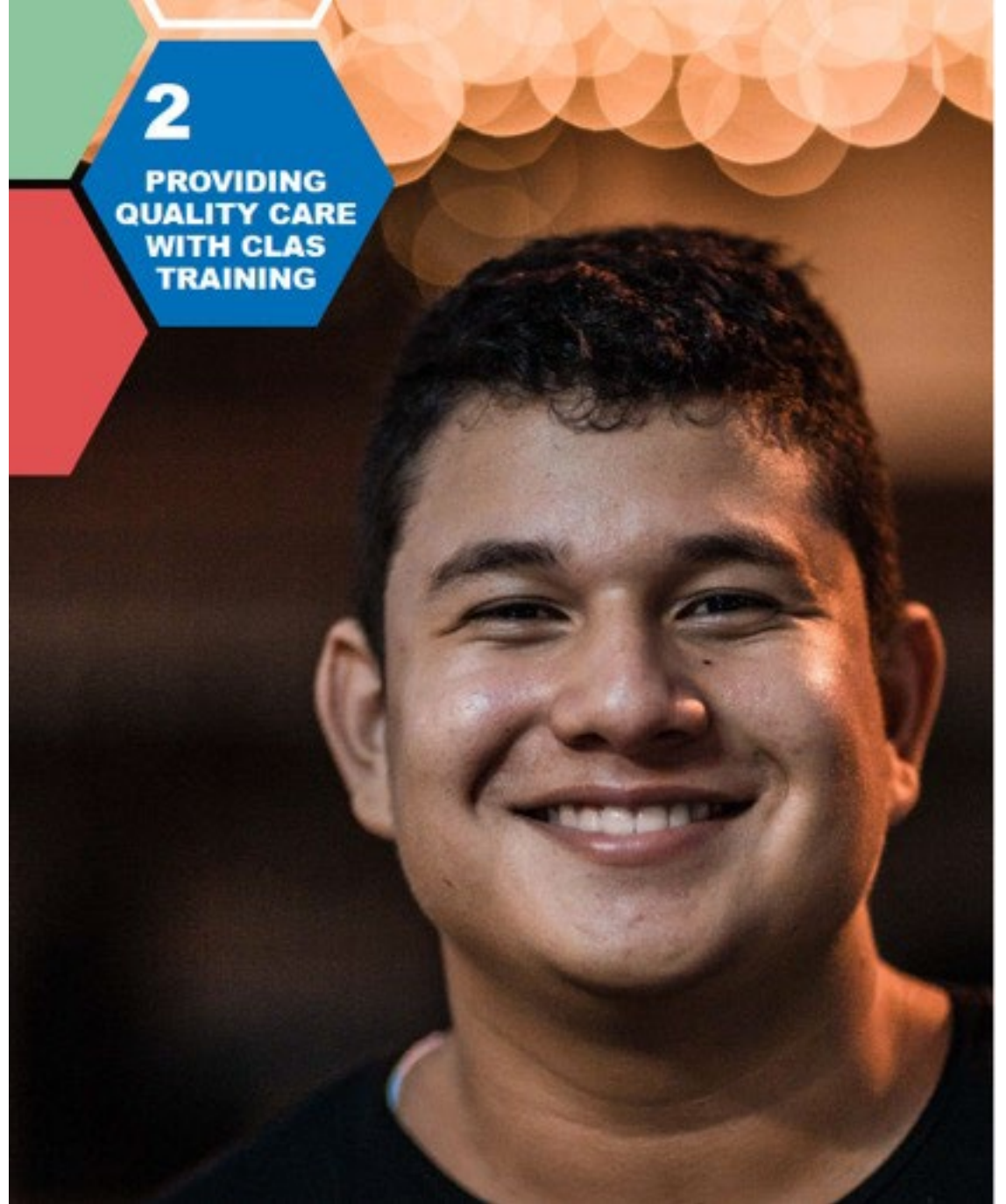
University of California, Davis School of Medicine

Sergio Aguilar-Gaxiola, MD, PhD



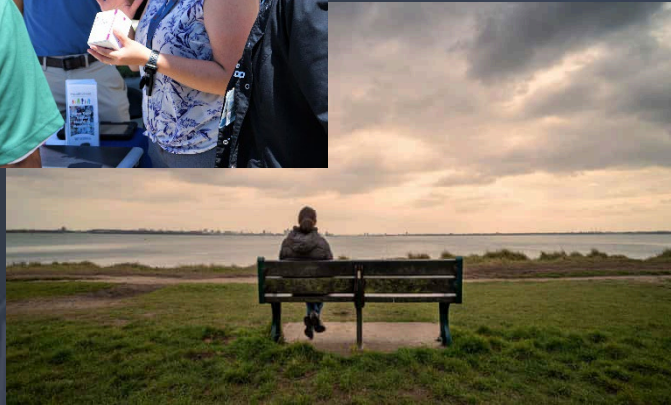
**SOLANO COUNTY INTERDISCIPLINARY
COLLABORATION AND CULTURAL
TRANSFORMATION MODEL (ICCTM) INNOVATION
PROJECT: FINAL EVALUATION REPORT**

JUNE 2021



Lessons Learned in Building Community Programs

- **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

UF Clinical and Translational
Science Institute
UNIVERSITY OF FLORIDA

Our Community. Our Health.



HEALTHSTREET
UNIVERSITY OF FLORIDA

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



Objectives of Presentation

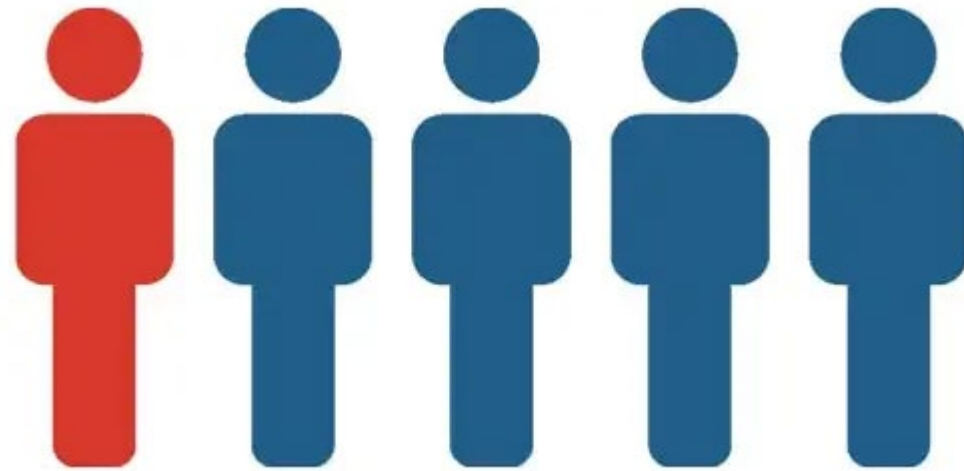
- Inequities in our community
- Model of Community Engagement we developed
- What we know about inequities in participation in the research enterprise related to mental health
- Next steps to continue to promote behavioral health research



Objectives of Presentation

- **Inequities in our community**
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- What we know about inequities in participation in the research enterprise related to mental health
- Next steps to continue to promote behavioral health research

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

Does not Require	Requires
DSM criteria (official nomenclature of the American Psychiatric Association)	Screening questions to elicit behaviors
A clinical degree	Being sensitive to language used to assess
	Knowledge of community resources
	Ability to do social prescribing
	Protection of the data (confidentiality)



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

Our Community. Our Health.



| HEALTHSTREET |
UNIVERSITY OF FLORIDA

...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



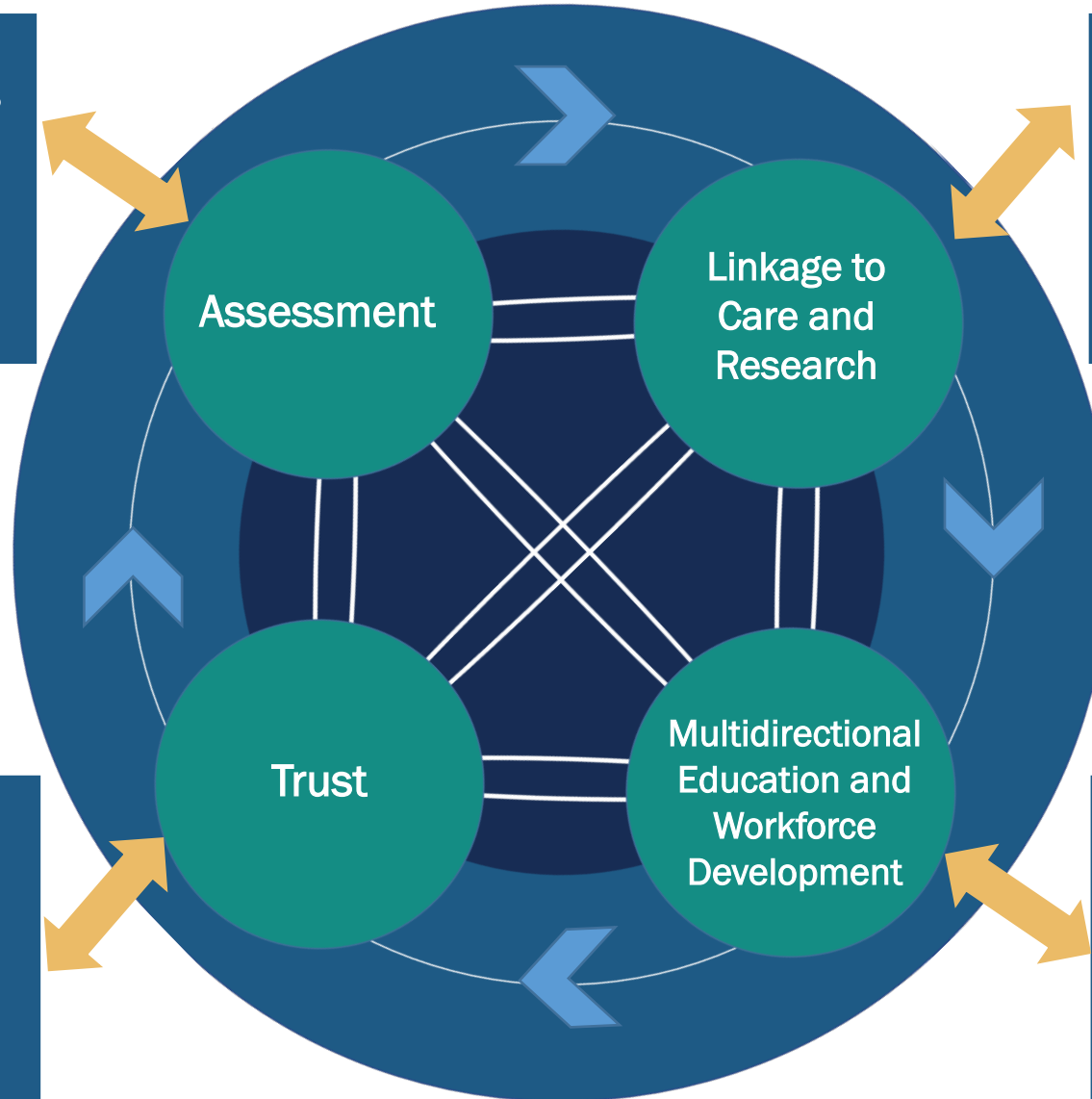
UF HealthStreet 4 Pillars

DO -Screen for conditions/concerns

FOR -Better health
-Targeted interventions

DO -Give referrals
-Navigate to UF research

FOR -Access and parity
-Quality improvement
-Increased relevance and impact of research



Assessment

**Linkage to
Care and
Research**

Trust

**Multidirectional
Education and
Workforce
Development**

DO -Measure research perceptions
and trust

FOR -Breaking down walls
-Becoming a community

DO -Train the next generation
-Provide opportunities for
communication within the
Learning Health Community

FOR -Building and sustaining the
Learning Health Community

Assessment- Informed Consent



INFORMED CONSENT FORM to Participate in Research, and

AUTHORIZATION to Collect, Use, and Disclose Protected Health Information (PHI)

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. Cottler at (352) 294- the research or if you think that you have
- The information collected from you is call signing this informed consent you provide to researchers who have an IRB approved potentially qualify.
- Your medical records at UF Health (Unive & Clinics) and other medical records may

IRB Project # 201600459
IRB Version: 03/10/2010
PI Version: 1/14/2019

Other things you should know:

- Your medical information will be encrypted computer server will
- There will be no cost to you for
- Your involvement in this UF HealthStreet Your participation in this UF HealthStreet concerns and needs of you and
- You are not required to sign this use and share your PHI. Your enrollment, or eligibility for any cannot participate in this research
- You may choose to not be in this and/or you can revoke your authorization participation in this study. If you you, but information that was a if the researchers have relied on authorization by giving a written not be penalized or lose any benefits Dr. Cottler at (352) 294-5947 t from the "re-contact" list.

You have the right to review and c However, we can make this availa

Study ID:IRB201600459 Date Approved: 5/3/2019



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 review of your medical information and possible re-contact if you are a potential candidate for a research study. You have also been told of possible benefits and risks, and that you are free not to agree to be in this UF HealthStreet Registry. You have received a copy of this informed consent. You are aware you may contact UF HealthStreet and you can ask other questions at any time. Signing this document means that the research study, including the above information, has been described to you orally and/or that you have read this document, and you voluntarily agree to take part.

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 and Authorizing for Self

Date

The University of Florida HealthStreet (UF He

Study ID:IRB2016004

Printed name of study participai

to participate in a brief health screening and n understand your health concerns and health c

see the boxes at the end of this form.) If y been seen at another facility in Florida, we information form from your healthcare pro

- Your name and contact information will be approved study for which your records sh Review Board (IRB) is a committee of scie whom you can contact (352-273-9600) ab what to do if you are injured.
- If you are eligible, you will be told about th can choose whether or not to be involved.
- You may refuse to answer any question, t with more opportunities to link you to servi research studies.
- If you are 50 or older, you will be asked to answer a brief set of additional questions related to thinking and daily activities.
- You may be contacted at set intervals to update your contact information and to receive information about your satisfaction with our referrals, services, resources and research opportunities.

HealthStreet's Community Health Needs Assessment

ID: _____ **HealthStreet Health Needs Assessment-S** 1

1a. Date of Contact: _____ 1b. Time: _____ (24 HR CLOCK)

2a. Staff Name: _____ 2b. Staff ID: _____

3. Referral Source:
 1=Friend/Relative 2=Brochure 3=Radio/TV 4=CHW/Community Outreach
 5=Newspaper 6=Walk-in 7=MD/clinic 11=Health Fair
 12=Social Media 13=Website 9=Other

5. Closest Intersection (list alphabetically) _____ & _____

6. Location ZIP Code: _____ 7a. Location Code: _____

8. GPS Coordinates: _____ / _____

9. What gender do you identify as? 1=Male 2=Female 3=Transgender 4=Non-binary/third gender 9= Refused

10. Are you Hispanic or Latino? 1=No 5=Yes

11. Race/ethnicity:
 1=American Indian/Alaskan Native 3=Asian 4=Black or African-American
 6=Native Hawaiian/ Pacific Islander 7=White 8= Biracial, Multi-Racial 9=Other

12. First Name: _____

13. Last Name: _____

14. Age: _____ 15. DOB: _____ / _____ / _____

35. Street Address: _____ 35a. Apt: _____

36. City: _____ 37. State: _____ 16. ZIP: _____ (of Residence)

38. Phone - Cell: (_____) _____

38a. Phone - Other: (_____) _____

40. Email: _____

17. What are your top three health concerns?
 17a. _____ CODE _____
 17b. _____ CODE _____
 17c. _____ CODE _____

17d. What do you think is the most important concern for your neighborhood?
 _____ CODE _____

18. Have you ever been in a health research study? 1=No 5=Yes 8=Not Sure

There are many types of health studies. Would you volunteer for a health research study:	No	Yes
19. that only asked questions about your health?	1	5
20. if researchers wanted to see your medical records?	1	5
21. if you had to give a blood sample?	1	5
22. if you were asked to give a sample for genetic analysis?	1	5
24. if you might have to take medicine?	1	5
27. Would you participate in a study if you didn't get paid?	1	5
29. How interested are you in being in a research study?	5=Definitely	1=Not At All

1 2 3 4 5 6 7 8 9 10
 Not at all Completely

On a scale of 1 to 10, where 1 is 'Not at All' and 10 is 'Completely'

29a. how much do you trust RESEARCH?	_____	98aa. how lonely do you feel?	_____
29b. how much do you trust RESEARCHERS?	_____	98ab. how stressed are you?	_____

PI Version: 01/25/2022 10:26 UF HealthStreet 2022

_____ **HealthStreet Health Needs Assessment-S** 2

ed: _____ 44. Are you employed? 1= No 5=Yes

in 49a. Weight: _____ lbs 49b. BMI (calculate): _____

ical or a check up in the last 12 months? 1=No 5=Yes

ctor for any other reason in the last 12 months? 1=No 5=Yes

dentist in the last 12 months? 1=No 5=Yes

e of medical insurance? 1=No 5=Yes

your health in general is excellent, good, fair, or poor?
 2=Good 3=Fair 4=Poor

do you have? _____

rently live with you? _____ TOTAL NUMBER _____

(START WITH THE YOUNGEST) _____

nes in the last 12 months when you did not have enough money to buy food that you or your
 5=Yes

do you had, or problem with...?	N	Y	Have you ever been told you had, or have you ever had a problem with...?	N	Y
re	1	5	63_0. Digestive health	1	5
vous system	1	5	61_0. Dental health	1	5
	1	5	64_0. Hearing	1	5
	1	5	72_0. Sleep	1	5
	1	5	73_0. Vision	1	5
	1	5	60. Cancer	1	5
	1	5	a) Types: _____		
	1	5	b) _____		
pe pain	1	5	c) _____		
	1	5	d) In what year were you last diagnosed?		
m	1	5	e) In what year were you last treated for any cancer? _____ NO TX		

ie last 30 days, have you had more than 4 drinks like beer, wine, or liquor in a _____

n the last 30 days, have you had more than 3 drinks like beer, wine, or liquor in _____

YS. IF NO FOR LT, SKIP TO THE NEXT QUES) L30 days: Used in last 30 days	LT		L30 days		
	N	Y	N	Y	
oked cigarettes?	1	5	92a. In the last 30 days?	1	5
ed e-cigarettes or a vaping device?	1	5	92ca. In the last 30 days?	1	5
ed marijuana?	1	5	84a. In the last 30 days?	1	5
er been prescribed for you?	1	5	84ba. In the last 30 days?	1	5
ed Kratom?	1	5	84ca. In the last 30 days?	1	5
ed cocaine or crack?	1	5	83a. In the last 30 days?	1	5
ed heroin?	1	5	85a. In the last 30 days?	1	5
ed speed or amphetamines?	1	5	86a. In the last 30 days?	1	5
ed prescription pain medication like Codeine, Demerol, Morphine, me, or any others?	1	5	87a. In the last 30 days?	1	5

bet, bought a lottery ticket or used slot machines in the last 12 months? 1=No 5=Yes

a problem with gambling in the last 12 months? 1=No 5=Yes

01/25/2022 10:26 UF HealthStreet 2022 10:26 UF HealthStreet 2022

_____ **HealthStreet Health Needs Assessment-S** 3

ne questions about COVID-19 pandemic and your viewpoints on vaccinations.

VID-19? 1=No 5=Yes

1=No 5=Yes 8= Don't Know

vaccine?	No	Yes
	1 (SKIP TO C4)	5
f Johnson & Johnson (J&J) vaccine or 2 doses of	1 (SKIP TO C4)	5
	1	5

oints on vaccination, and we'd like to know which one describes you the best.

d something until I see what happens with others
 me sick and not being able to work or do things that I normally do

VID-19 pandemic

in the last three years? 0=None 1=One 2=Two 3=Three

ents by how much you agree with them:

	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
things that are important to me.	1	2	3	4	5
ctical things like doing favors for me.	1	2	3	4	5
upport I receive from people in my life.	1	2	3	4	5

IE, DON'T FORGET TO GIVE MEDICAL AND SOCIAL SERVICE REFERRALS TO MEMBERS, AND
 SOURCES NOT MENTIONED ON THE ASSESSMENT.

. Linked to study # _____

FOR OFFICE USE ONLY					
PEER EDIT			QC		
ID	Initials	Date	ID	Initials	Date
_____	_____	____/____/____	_____	_____	____/____/____

10:26 UF HealthStreet 2022





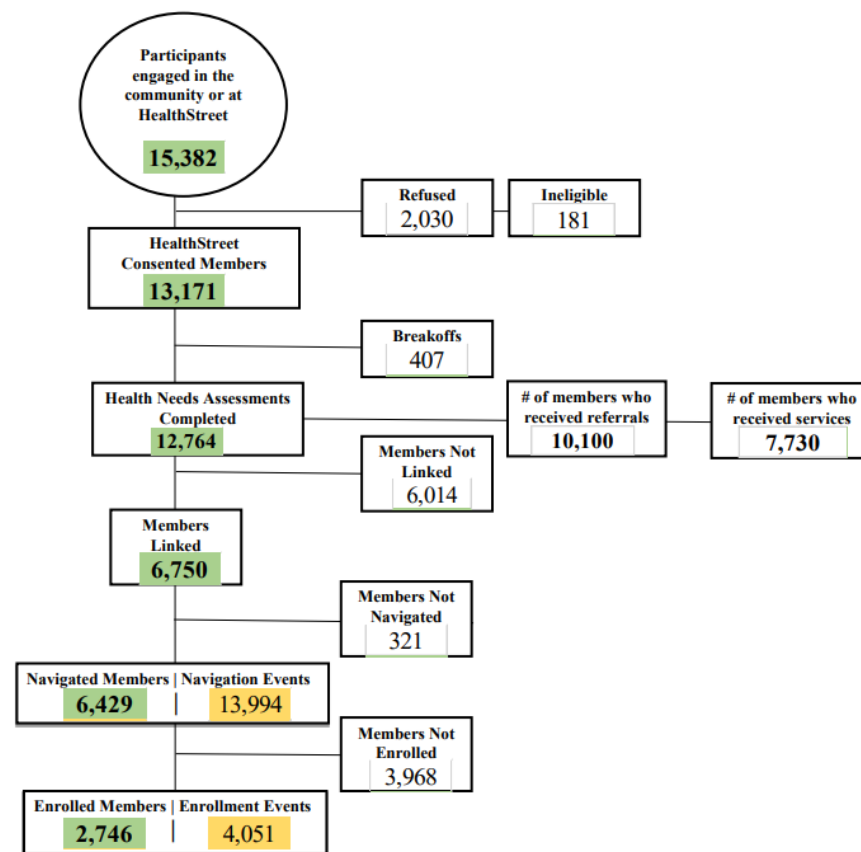
Building Trust Through the HealthStreet Community Engagement Model



[Community Health Needs Assessment](#)

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](#). 

Spotlight Story

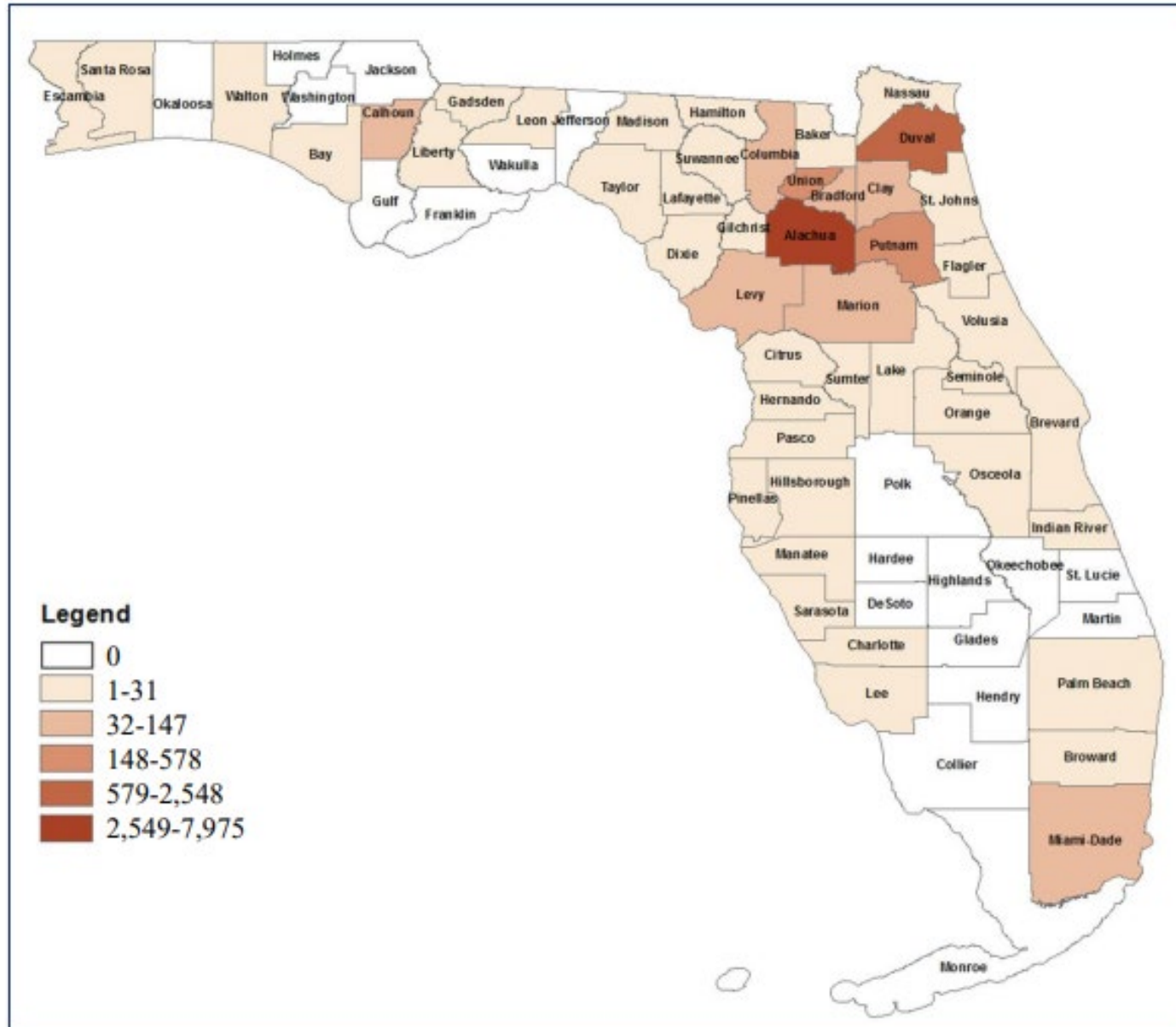


Tackling Vaccine Hesitancy and Health Care Skepticism Through Community Engagement and County Extension

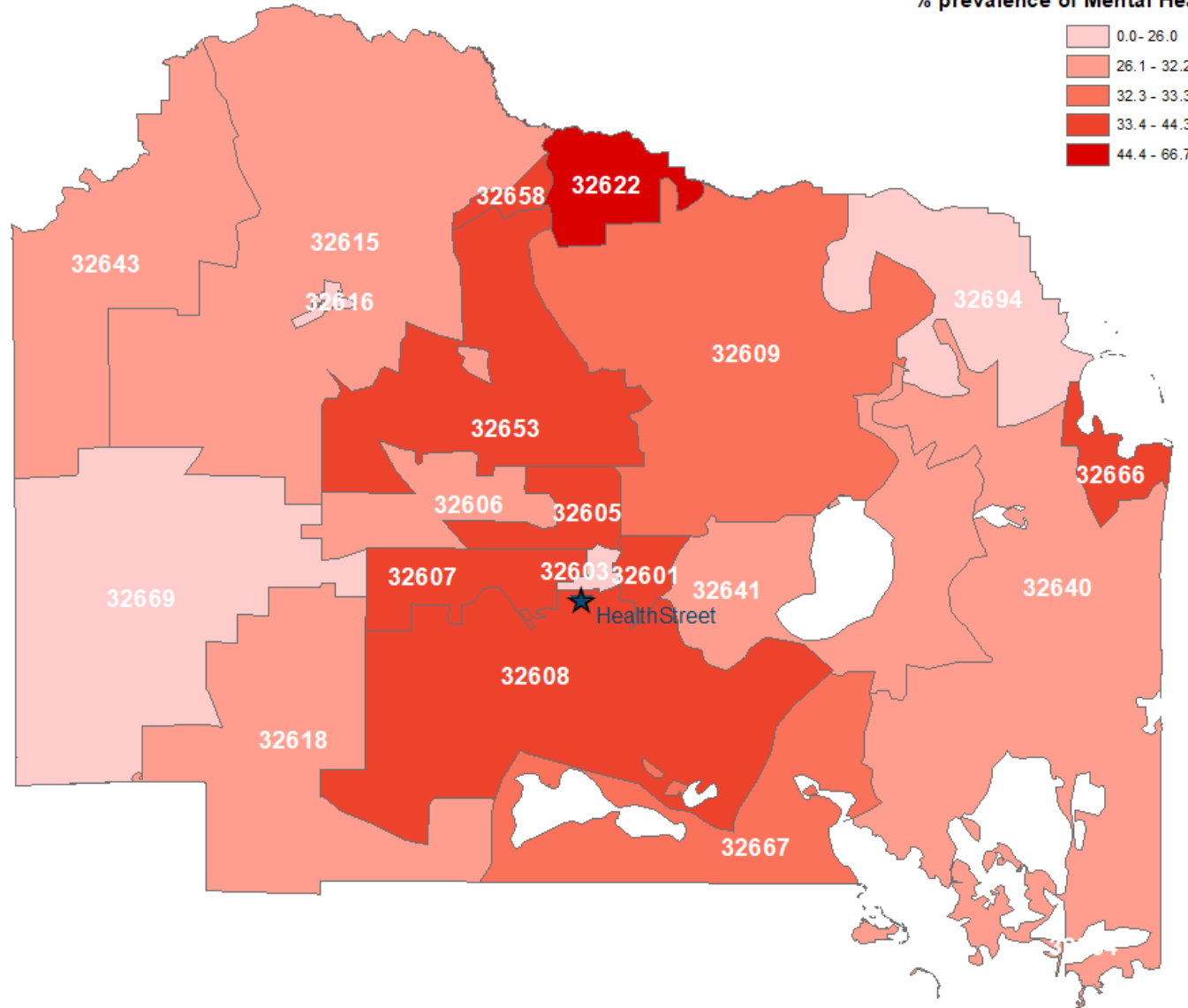
The Our Community, Our Health program reaches community members where they are, focusing on community events, primary care providers and mobile health vehicles. This community engagement program was established with CDC grant and aims to address vaccine hesitancy and health care skepticism. Based on the HealthStreet model, programs in Florida and beyond are partnering with and prioritizing migrant workers, LGBTQ, Native American, Hispanic and Black populations.

Submitted by: University of Florida, on behalf of Florida State University, Washington University, University of Missouri, University of Minnesota Twin Cities, Montefiore Medical Center, University Of California Davis, University Of Kentucky

[Continue Reading](#)



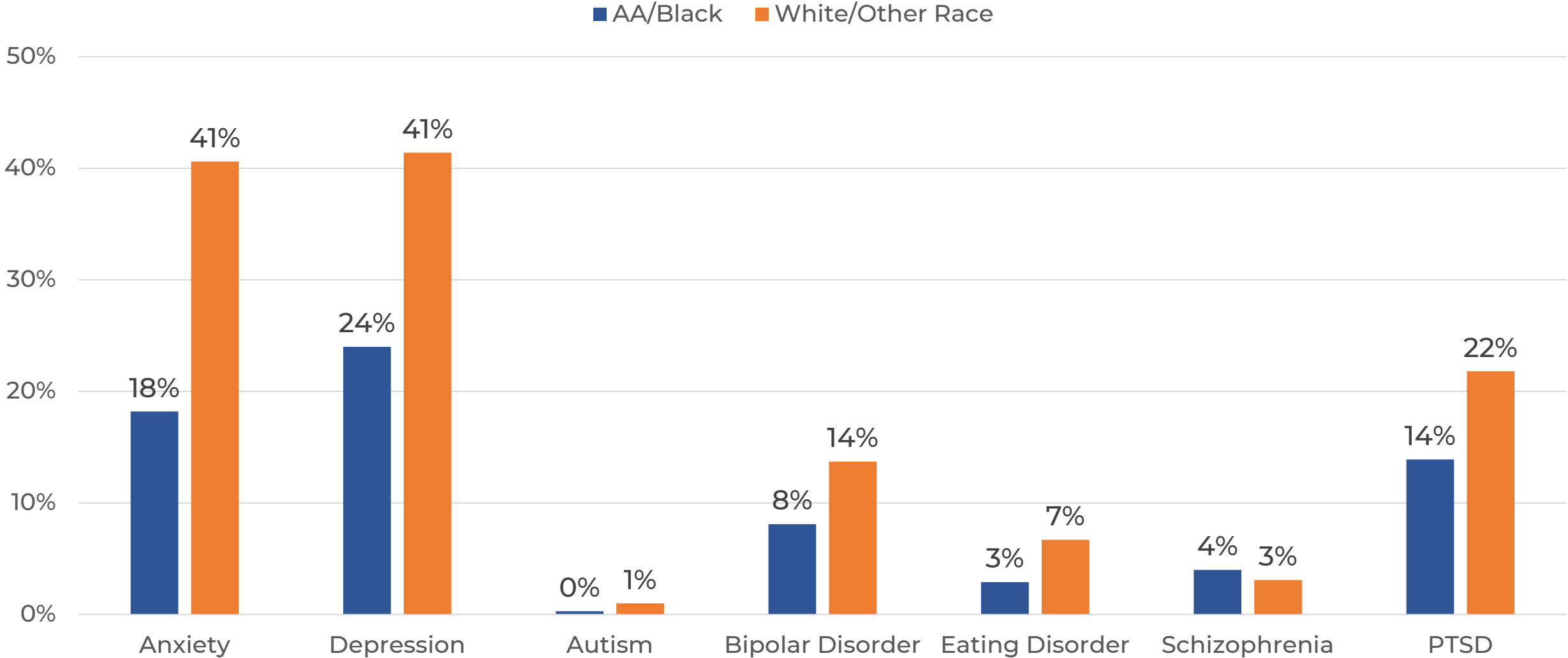
HealthStreet Respondents in Alachua County by % prevalence of Mental Health Conditions



How Common are Mental Health Conditions and Concerns among HealthStreet Community Members?

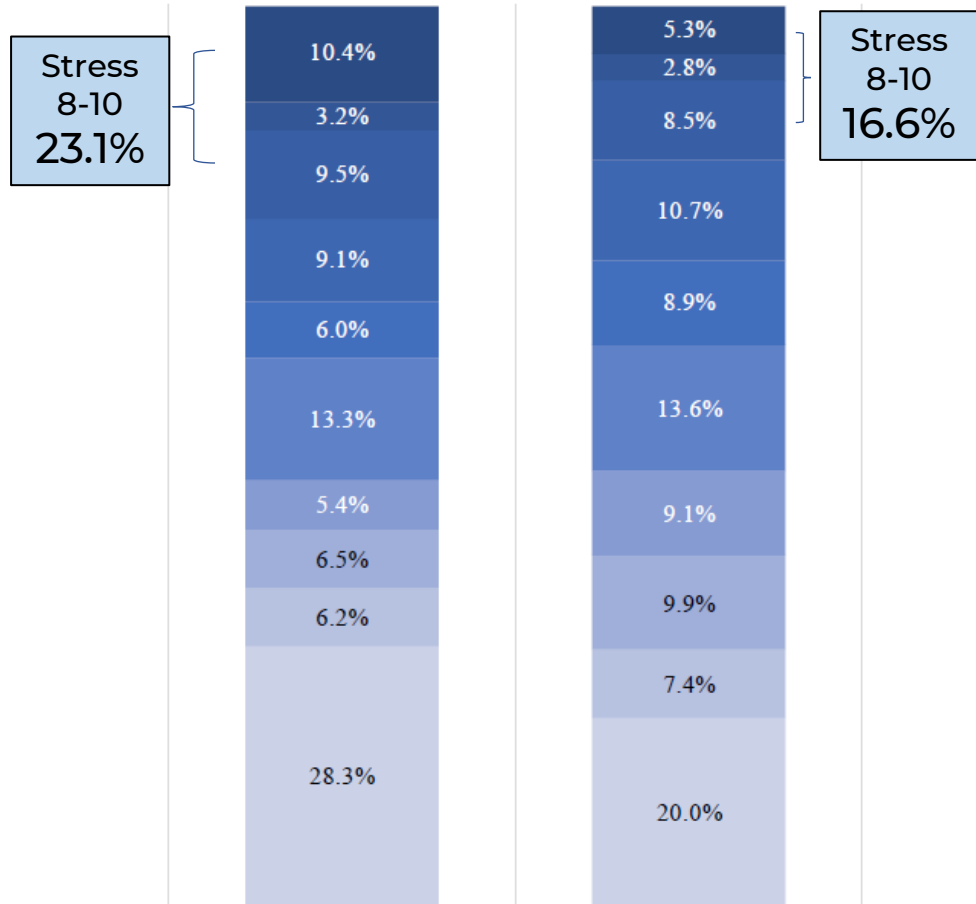
	2011 through December 2019	January 2020 to present
Mental Health Conditions	Ranked 4 th	Ranked 3 rd
Mental Health given as a Concern	Ranked 8 th	Ranked 2 nd

Mental Health Conditions by Race



Stress and Loneliness by Race

STRESS

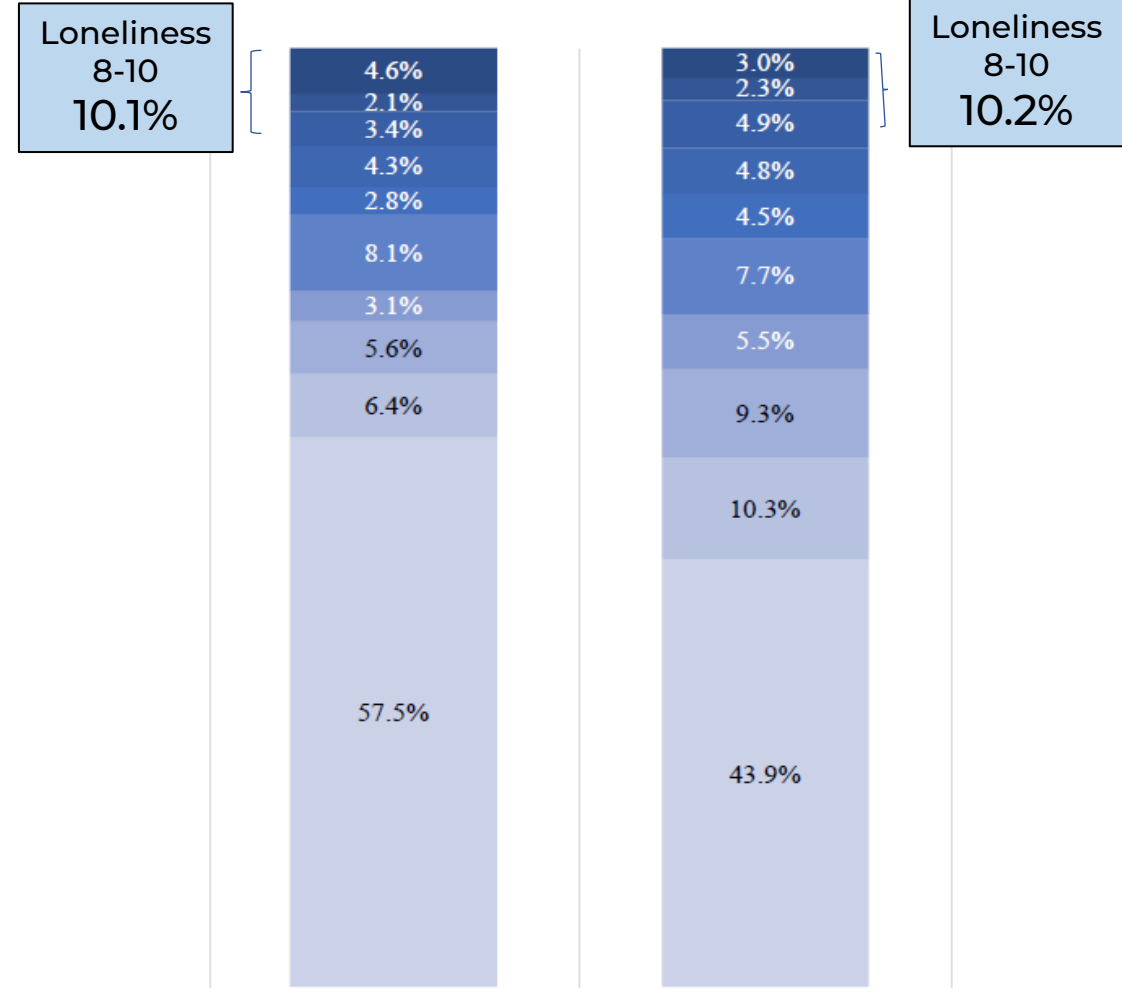


AFRICAN-AMERICAN/BLACK
(n=1,489)

WHITE/OTHER RACE
(n=1,732)

N=3,227

LONELINESS



AFRICAN-AMERICAN/BLACK
(n=1,489)

WHITE/OTHER RACE
(n=1,732)

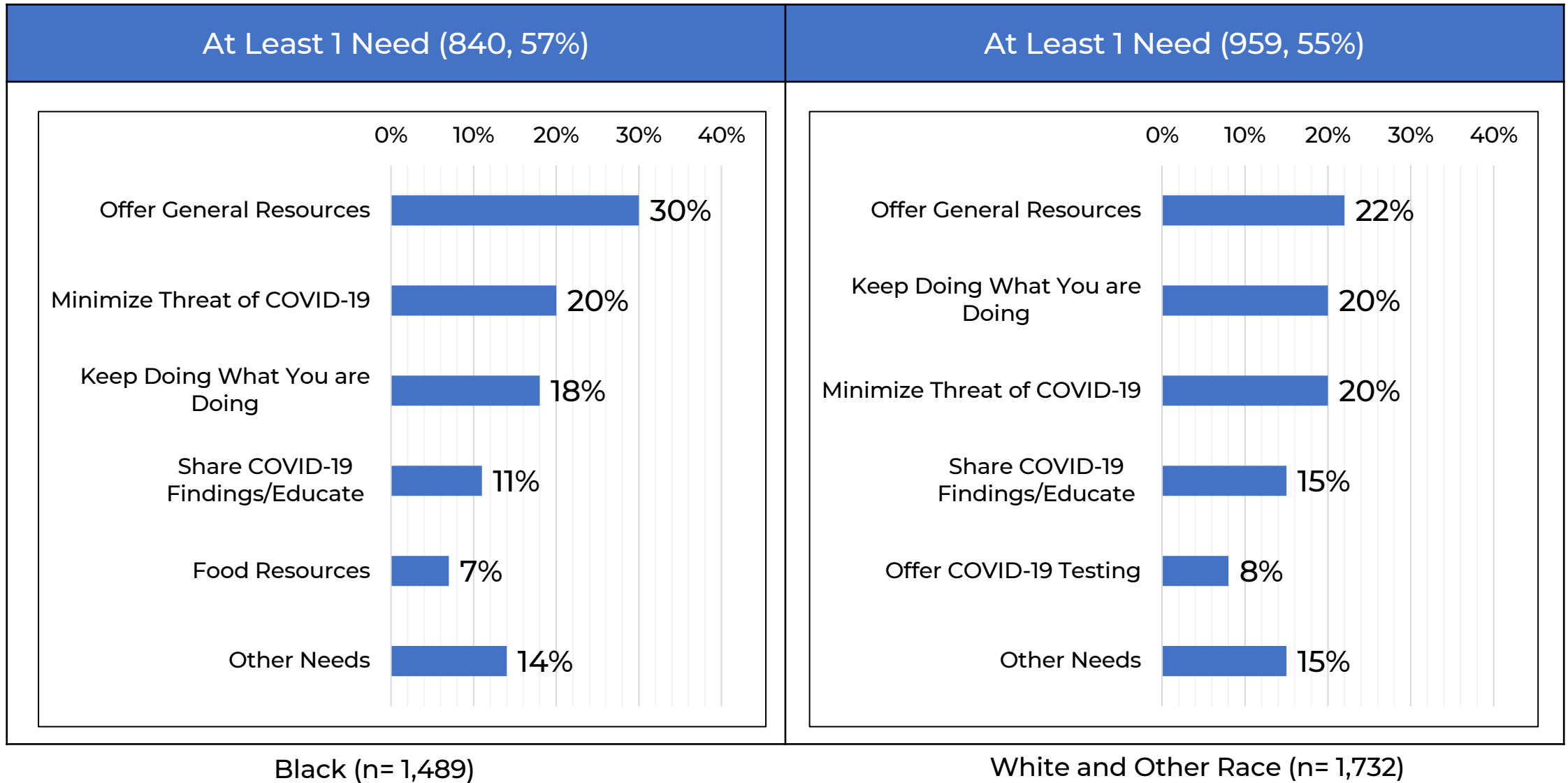
Comorbidity of Mental Health Conditions and Loneliness/Stress by Race

# of Mental Health Conditions (0-7)	None		1 only		2 or more	
	AA/Black N= 4,572	White/ Other Race N= 2,632	AA/Black N= 1,010	White/ Other Race N= 1,180	AA/Black N= 1,145	White/ Other Race N= 2,038
Loneliness (1-10)	3.0 (2.9)	2.9 (2.4)	4.0 (3.1)	3.3 (2.6)	4.6 (3.1)	4.5 (2.9)
Stress (1-10)	4.3 (2.9)	4.2 (2.5)	6.0 (3.2)	5.4 (2.7)	6.4 (3.2)	6.6 (2.9)

Other Health Conditions and Trust by Race

	AA/Black N= 6,723	White/ Other Race N= 5,845
Health Conditions		
Hypertension	41.2%	31.6%
Diabetes	15.2%	12.3%
Trust in research (1-10)	7.2 (2.1)	7.6 (1.9)
Trust in researchers (1-10)	7.1 (2.2)	7.6 (1.9)

COVID-19 Community Needs by Race



HealthStreet Referrals/Social Prescribing Program

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

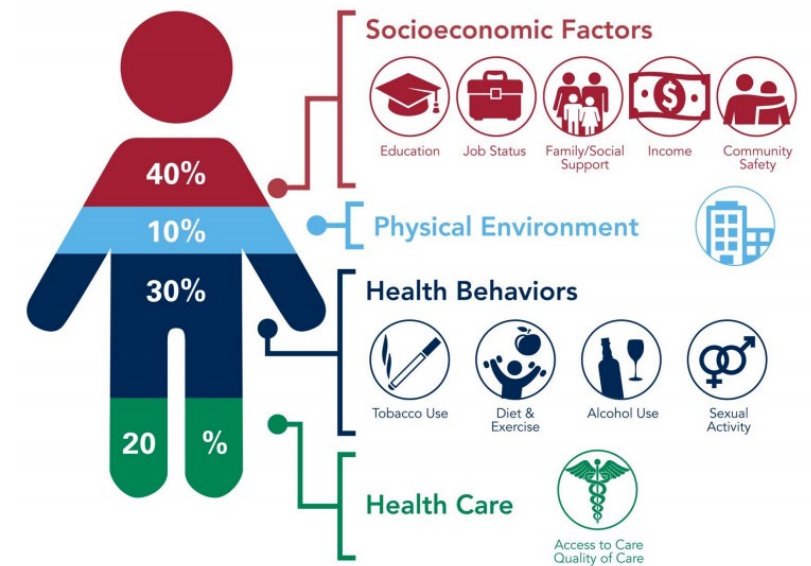
“Did you use our referrals?

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



Mock Referral Form

FRONT

BACK

HEALTHSTREET
2401 SW Archer Road
Gainesville, FL 32608
(352) 294-4888
healthstreet@program.uff.edu

Respondent ID: 1234567
Respondent Name: John Doe
Date (MM/DD/YYYY): 01/01/2022
Time (24 HR CLOCK): 10:30
Location: HealthStreet

SOCIAL PRESCRIBING REFERRALS

247 MENTAL HEALTH HOTLINE
Anyone suicidal, in crisis, or simply needing to talk.

- Alachua County Crisis Line 352-264-6789
- SAMSHA's National Helpline 1-800-662-4357
- National Suicide Prevention Lifeline 1-800-273-8255

CATHOLIC CHARITIES - FOOD
1701 NE 9th St Gainesville, FL 32609
352-372-0294
Mon and Tues 9:30 AM - 12:30 PM
Call for more details

Photo ID, SS card of everyone in the home receiving assistance, proof of receiving support services

TEAR HERE

Respondent ID: 1234567 Staff ID: 375
Respondent Name: John Doe
Date: 01/01/2022 Time: 10:30

Referral Name	Category	Code	QC
Mental health hotline	Mental health		
Catholic Charities	Food		

KNOW YOUR NUMBERS

HEIGHT: 5 ft 10 IN WEIGHT: 135 lbs
BMI: 19.4
BLOOD PRESSURE: 126/071
DATE: 01/01/2022

- Be more active daily. Walk, take the stairs, garden, swim, dance. Make it fun!
- Engage in mind-body exercises such as yoga or Tai-Chi to reduce stress.
- Choose water instead of sugar-sweetened beverages.
- Eat more vegetables. They are low in fat & cholesterol, high in fiber, full of antioxidants, and inexpensive.

TEAR HERE

Blood Pressure: 126/071

HIV Testing & Counseling Smoking Cessation
 Narcan Nasal Spray: 02 Safer Sex Kits/ Condoms
 Face Masks: 01 UF Health Vaccination Information
 Blood Glucose Screening

Location: HealthStreet Outreach LM

Age	Gender	Race/Ethnicity	Hispanic/ Latino	ZIP Code
M	F		Y	N

Goes to the member

CHW keeps it and stores at HealthStreet

HEALTHSTREET
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healthstreet@program.uff.edu

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BACK

TEAR HERE

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 Blood Glucose Screening

Location: HealthStreet Outreach LM

Age	Gender	Race/Ethnicity	Hispanic/ Latino	ZIP Code
M	F		Y	N

For Behavioral Health We Refer to...



The University of Florida AHEC Program Presents
FREE Tobacco Cessation Classes

at
HealthStreet
RESEARCH HELPING PEOPLE



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.



*While supplies last and if medically appropriate



Service Referrals by Race

	AA/Black N= 6,723	White/ Other Race N= 5,845
By # of Mental Health Conditions (0 -7)		
None	68%	45%
↳ % at least 1 service referral/ Mean # of referrals	77% / 3.8	66% / 3.3
↳ % completed at least 1 FU in 120 days	55%	60%
↳ % utilized at least 1 referral	15%	13%
↳ % completely/ mostly satisfied	93%	84%
Only 1	15%	20%
↳ % at least 1 service referral/ Mean # of referrals	85% / 4.5	77% / 3.9
↳ % completed at least 1 FU in 120 days	58%	59%
↳ % utilized at least 1 referral	20%	17%
↳ % completely/ mostly satisfied	91%	88%
2 or more	17%	35%
↳ % at least 1 service referral/ Mean # of referrals	90% / 4.8	84% / 4.6
↳ % completed at least 1 FU in 120 days	60%	60%
↳ % utilized at least 1 referral	23%	22%
↳ % completely/ mostly satisfied	86%	83%

- 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*

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

*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 CTSA's 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.



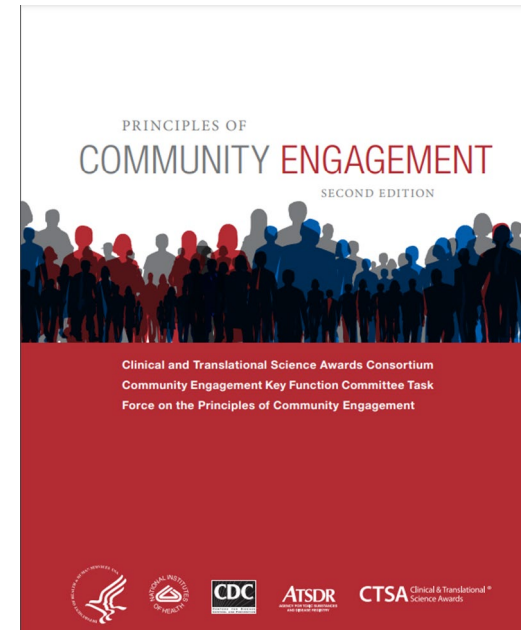
Recommendation 3: Track Metrics Cascade of Community Recruitment Efforts to Research Opportunities*

	HealthStreet Registry	Navigated	Enrolled (Among Navigated)
	n= 13,171	n= 6,429 (49%)	n= 2,746 (43%)
African American/Black	55.2%	52.6%	53.1%
White	37.8%	40.0%	39.8%
Others	7.0%	7.4%	7.1%



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

CROSS-CTSA SPECIAL SEMINAR

Community-Based Approaches to Promoting Behavioral Health Equity: A Call to Action

MAY 25, 2022
4:00-6:00 ET / 3:00-5:00 CT / 2:00-4:00 MT / 1:00-3:00 PT

Registration is required for this event

[REGISTER](#)

Hear from experts about community-engaged interventions that promote behavioral health equity, the role of community/patient engagement in advancing behavioral health research, as well as community perspectives.

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



Stephanie Lemon
PhD, MS
UMass Chan Medical School

[REGISTER](#)

Real-time Captioning will be provided.





Thanks to all partners and
community members, NCATS,
UF+FSU Hub
@LCottler
lbcottler@ufl.edu