# INTERACT FOR HEALTH

# **2022 Partner Update** Oct. 14, 2022

- Welcome! We're glad you're here.
- All participants are in listen-only mode.
- Slides will be shared after the webinar.
- We encourage frequent use of the chat box to participate and ask questions.
- Say hello now using the chat box to tell us your name and organization.



- I. Welcome & Review Agenda
- II. Strategic Planning Update
  - I. Vision, Mission and Values
  - II. Strategic Approach and Objectives
- III. Summary and Next Steps

# **Recap of the July Update**

#### Learned from Data

- Our region lags the nation in key indicators of health.
- Significant disparities exist between people and places, driven by social inequities.

#### Listened to People (1,800+ voices)

- Developed SWOT analysis for Interact for Health
- Top needs: Mental health of youth and adults; social determinants

#### **Emerging Themes**

- Health Equity Leadership
- Mental Health & Well-Being

### Who and Where We'll Focus

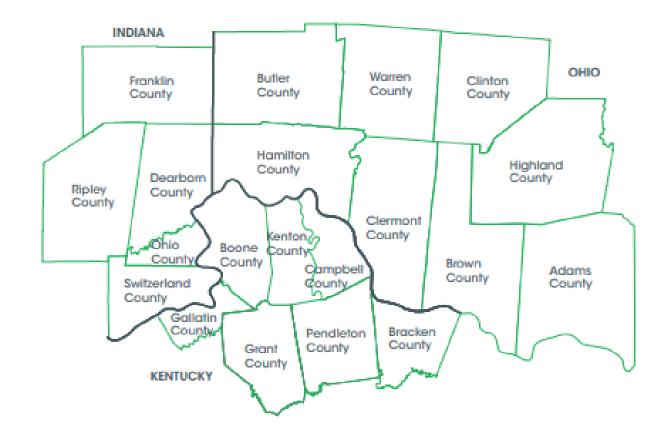
#### **Priority populations**

Black and Hispanic residents

Children and youth in families with low-incomes

People living in rural communities

#### **20-county region**



# Our Roles: How We'll Show Up



Trusted, non-partisan voice for change



Resource for data on health and health justice



Regional convener

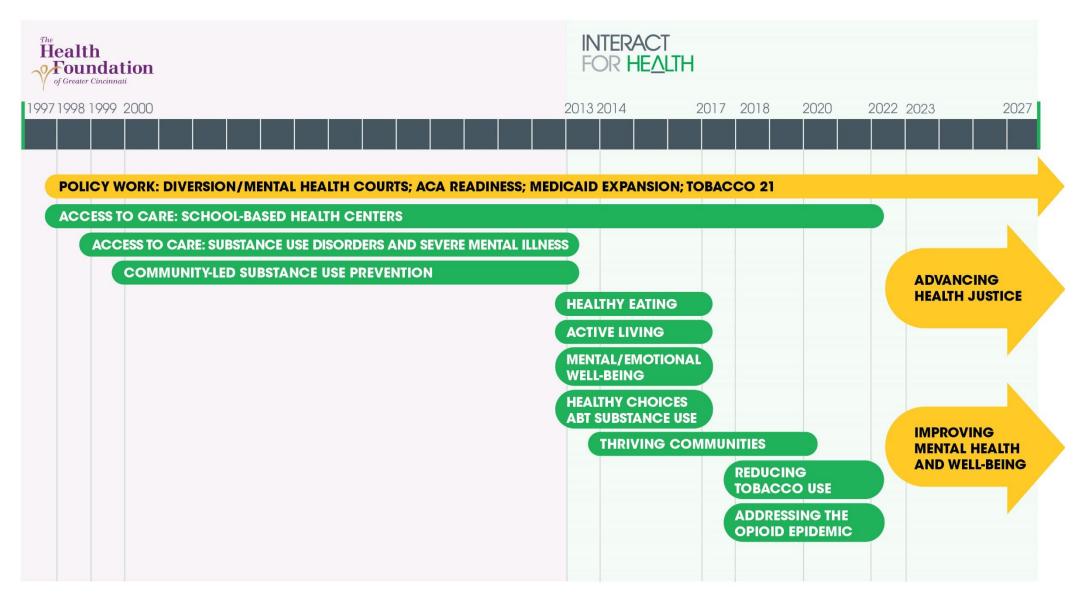


Flexible, catalytic funder



Amplifier of community voice

## **Continuing Longtime Commitment to Issues**





### **Vision and Mission**

#### **Our vision:**



People in our region are healthy and thriving, regardless of who they are or where they live.

Formerly: Our community will be the healthiest region in the country.



#### **Our mission:**

To ensure people in our region have a just opportunity to live their healthiest lives.

Formerly: To improve health by promoting health equity in our region through community engagement, grants, research, education and policy.

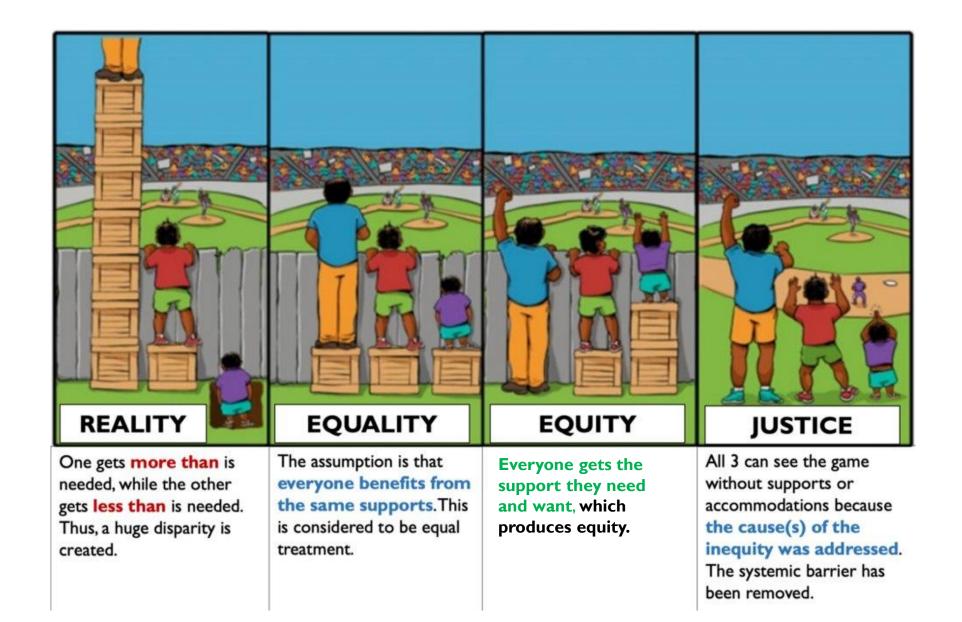
### **Updated Values**

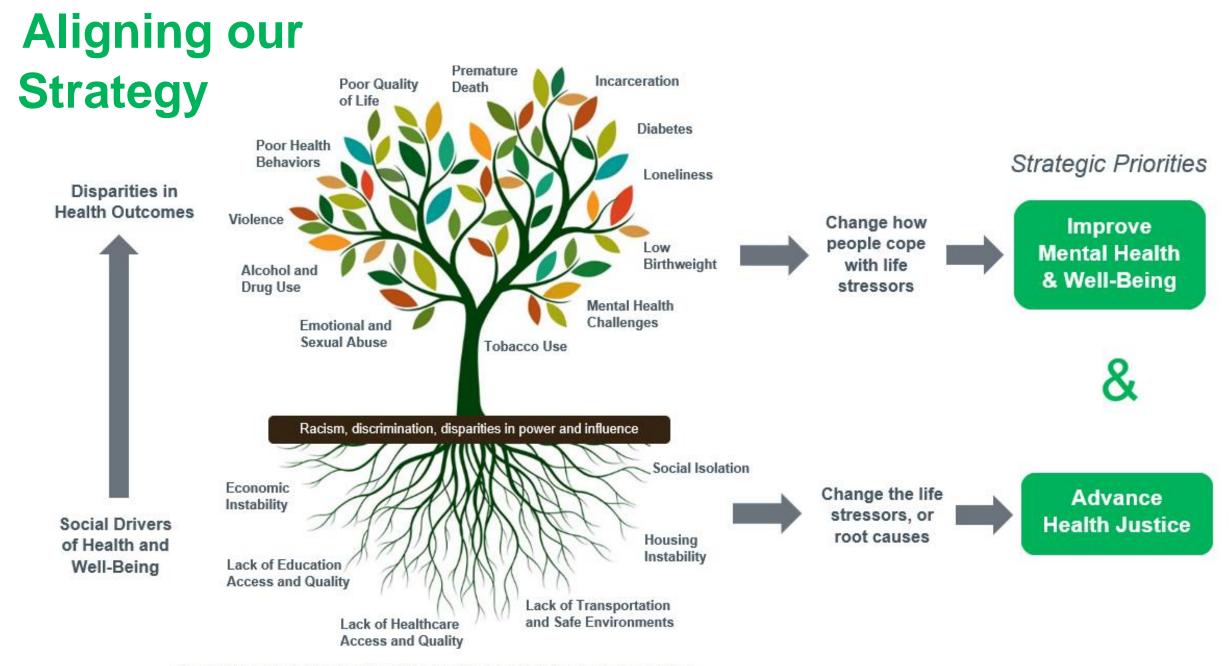
- We tackle root causes. We work to undo and prevent unfair systems, policies and all forms of racism and discrimination.
- We amplify community power. Acknowledging our privilege as a funder, we know that those closest to a problem are closest to the solutions.
- We speak openly. We don't shy away from hard conversations. We are brave in words and actions.
- We partner with trust. We come to the table with humility, honesty and transparency. We start by listening.
- We are relentless problem solvers. We work with curiosity, urgency and flexibility. We take risks, innovate and learn from mistakes.
- We strive for impact. We work to achieve positive, lasting change at scale. We are future-focused and seek to transform the status quo.

# STRATEGIC APPROACH

## **Overall Strategic Approach**

- A more **adaptive approach** where we co-create solutions with community and partners and adapt based on learning.
- Invest more in policy and systems change driven by community and collective efforts.
- Greater focus on tackling root causes and upstream prevention.
- Elevate the voice of those with lived experience in leading change.
- Adopt a **trust-based approach** that reduces grantee burden, provides longer-term flexible funding and improves transparency.





Adapted from Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. Academic Pediatrics. 17 (2017) pp. 586-593.

# $\underline{\Lambda}$

# **Aspirational Community Impact**

Health justice is achieved when a person's health is no longer determined by who they are or where they live. We strive for a system that produces overall improvement and reduced disparities in the long-run.

#### People live longer, better lives

- ▲ life expectancy and quality of life
- premature death

People are not held back by root causes and systems that undermine health

- racism and discrimination
- social drivers of health

#### People are resilient, able to cope with setbacks

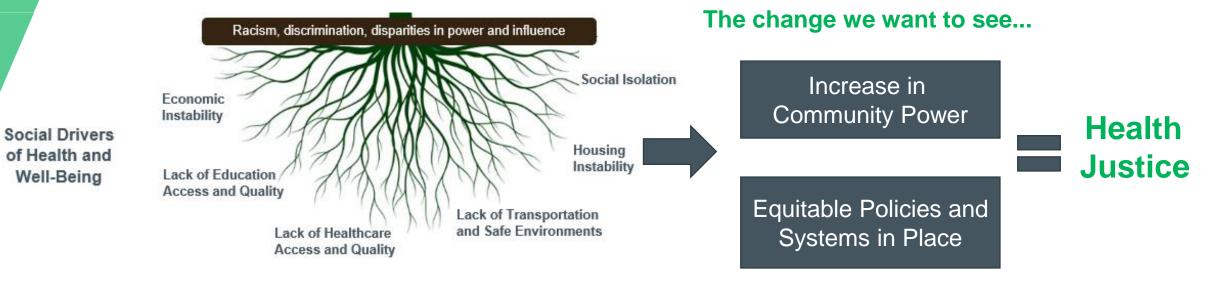
- ★ mental health and mentally healthy days
- deaths of despair (due to suicide, drugs, alcohol)

# Priority #1 ADVANCE HEALTH JUSTICE

Addressing root causes through power building, policy and system change

### **Priority #1: Advance Health Justice**

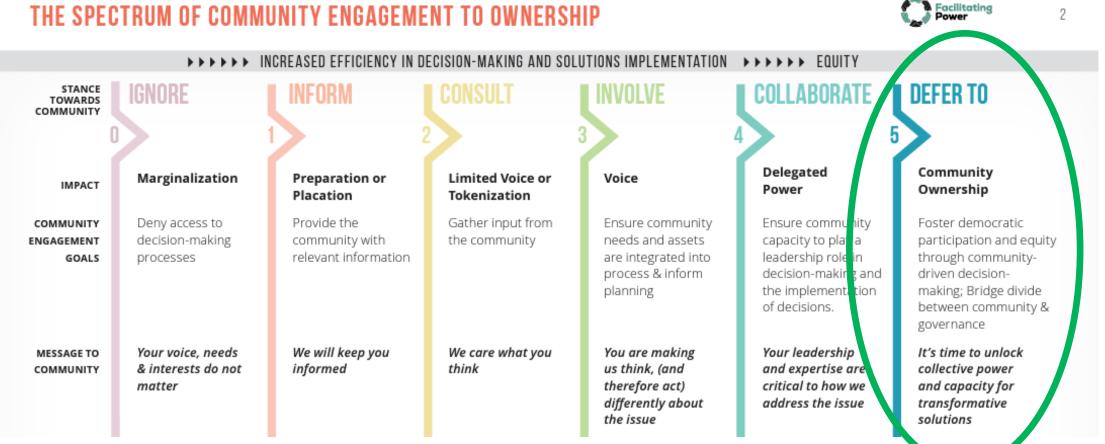
Increase power in historically disenfranchised communities and improve inequitable systems and policies so that health justice is achieved for people in our region.



Adapted from Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. Academic Pediatrics. 17 (2017) pp. 586-593.

### **Advance Health Justice: Definitions**

- **Policy Change:** A policy change attempts to change public laws, regulations, rules, mandates (public policy) or budgets/funding.
- **Systems Change:** A system change attempts to shift the way broader systems (e.g., health, public safety, local government) make decisions about policies, programs and the allocation or use of resources.
- **Community Power:** The ability of communities most impacted by inequity to act together to voice their needs and hopes for the future and to collectively drive structural change, hold decision-makers accountable, and advance health equity.



#### THE SPECTRUM OF COMMUNITY ENGAGEMENT TO OWNERSHIP

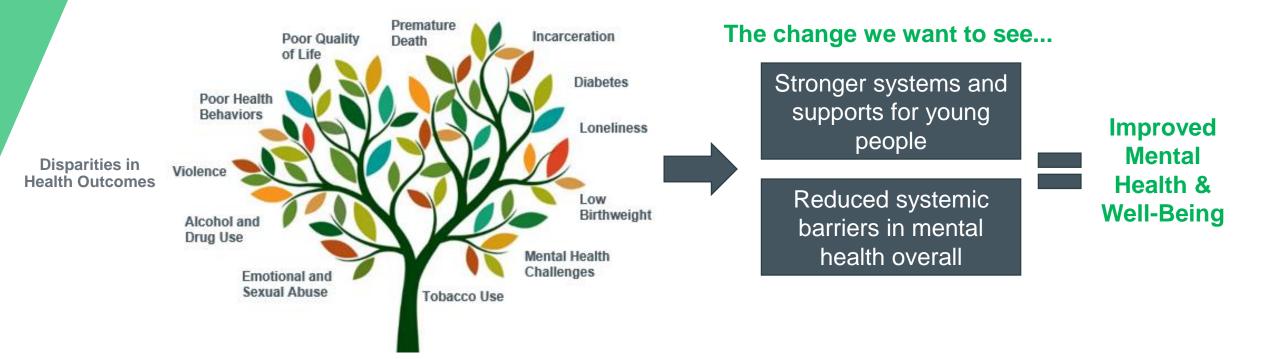
# What are Community Power-Building Approaches?

- Understanding the importance of organizing and base building ... Developing and sustaining an organized base of people impacted by structural inequalities.
- Challenging dominant beliefs and mindsets that hinder systems and policy change.
- Approaching policy and system change in ways that increase the power-building capacities and influence of communities most impacted by health inequities.

# Priority #2 IMPROVE MENTAL HEALTH AND WELL-BEING

#### **Priority #2: Improve Mental Health and Well-Being**

Improve systems, policies and social support so that people in our region have a just opportunity for their best mental health and well-being.



## **Defining Mental Health**

Reviewed 30+ definitions and listened to focus group insights

Mental health *is* health. It shapes how we cope with stress, overcome challenges, build relationships and enables us to value and engage in life. Simply put by someone in our community, *it means being good with yourself*.

# **Current State of Mental Health**

Insights from Everyday Experts

#### Root causes as drivers of poor mental health

- Discrimination, marginalization
- Racism and generational trauma
- Socioeconomic barriers
- Issues stemming from the pandemic

"I think about our time here (as African-Americans) in the United States, that inherent trauma of coming here as a slave. ... we're still dealing with so much, we're still hearing so much negativity about African-American people."

- Black resident

# Barriers to coping with mental health

- Social isolation
- Familial dynamics
- Pressure to fit in, meet school demands
- Stigma against mental health, help-seeking
- Language barriers
- Lack of accessibility of services

"Language is a huge barrier (to getting mental health support). I know that the help is there, but finding it is the problem."

— Hispanic resident

#### Ideas and Solutions Insights from Everyday Experts

- Mental health and substance use resources, when and where people need it
- Workforce diversity
- Address stigma
- Focus on children and youth, and engage youth in feedback and solutions
- Peer support
- Community, neighborhood-driven solutions
- Policies and programs that address racism, financial insecurity

*"It definitely runs in my family; depression, anxiety. I think there's a lot of doctors that are quick to give medicine, but talk therapy is really expensive if you don't have the right insurance."* — Hispanic resident

"My teacher started asking me questions on it (about my experiences with the counselor) and it was the first person who was actually interested in what I had to say about (the counselor)."

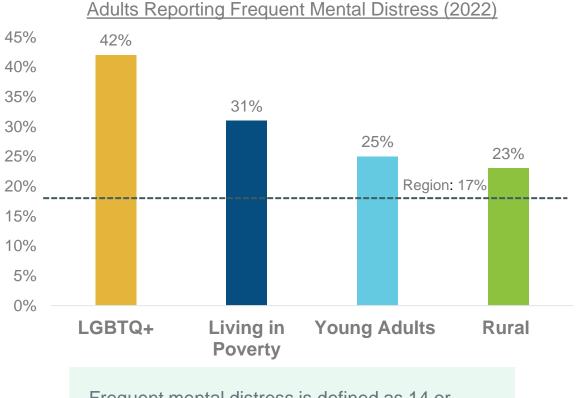
— Young person

### **Broken System of Care Preventing Progress**

- Severe workforce shortages, contributing to growing wait lists.
- Not enough providers of color, resulting in insufficiently culturally competent care.
- Lack of payment parity between behavioral and physical health, leading to unaffordable care and too few providers.
- Fragmentation between behavioral health and physical health, leading to inaccessible and insufficient care for behavioral health.
- Limited focus on prevention, with a system focused on responding to acute crises and less attention to early detection and prevention.
- **Continued stigma**, reducing help-seeking behavior.

### **Expanding Priority Populations for Addressing Mental Health and Well-Being**

- People who identify as LGBTQ+
- Children/youth in families
   with low-incomes
- Rural communities
- Black and Hispanic residents

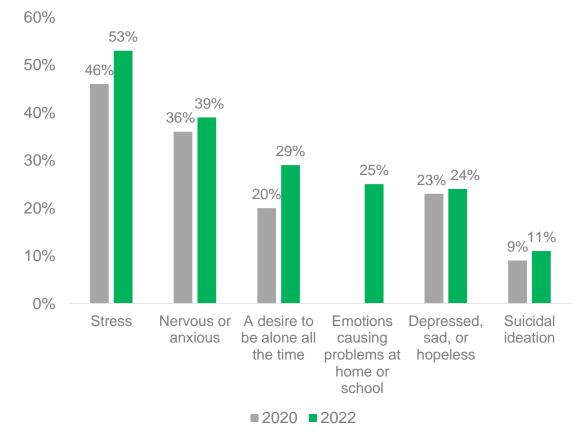


Frequent mental distress is defined as 14 or more mentally unhealthy days in the past month.

# **Prioritizing Young People**

- Immediate, acute crisis coming out of the pandemic.
- Top health need identified by key stakeholders.
- Builds on our history of investment in school-based health centers.
- More upstream prevention and early intervention necessary as half of all mental health disorders begin by age 14, and three-quarters by age 24.

Local students who report frequent mental health indicators (2022)



# SUMMARY AND NEXT STEPS

S.B.H.C!



## **Summary of Strategic Priorities & Measures**

#### **Priority 1 : ADVANCE HEALTH JUSTICE**

#### Increase community power

- ✤ voice, agency, ownership
- policy, system and physical changes

#### **Cultivate equitable systems and policies**

- policy and system changes
- $\triangle$  in flow of resources
- ★ data and accountability for progress
- $\triangle$  in attitudes, knowledge, will to act

#### **Priority 2: IMPROVE MENTAL HEALTH AND WELL-BEING**

#### Strengthen systems, supports for young people

- access to quality services for youth
- ★ youth voice, engagement
- rates of depression, anxiety, suicide

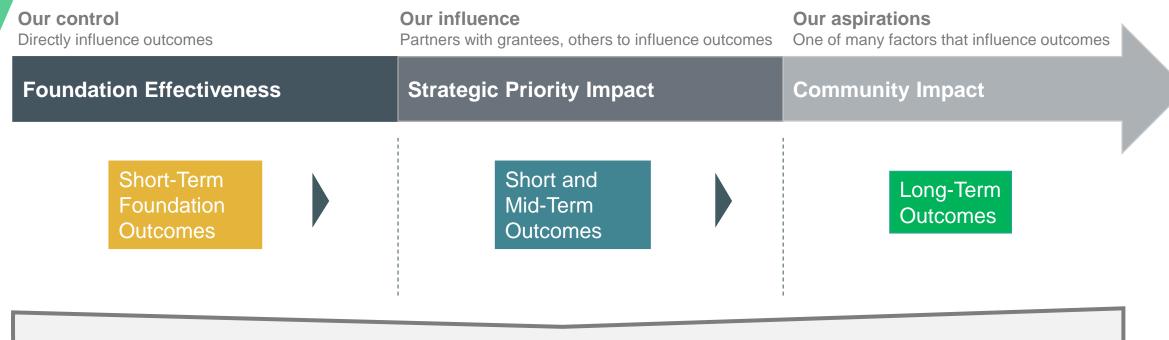
#### Remove systemic barriers in mental health overall

- ✤ policy and system changes
- ★ access to quality services, supports
- stigma and discrimination
- disparities for priority pops. & LGBTQ+



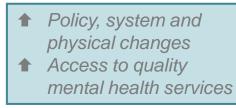
Examples

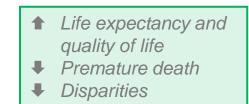
### **Our Approach to Measurement**



Emergent learning and strategy adaptation in response to changes in the environment

Trust-based philanthropy embraced
Collaboration accelerated





### **Next Steps**

#### Resources

- Data and Mapping Tool on the Social Drivers of Health: PolicyMap
- Report: Insights from Everyday Experts

#### **Funding and Input**

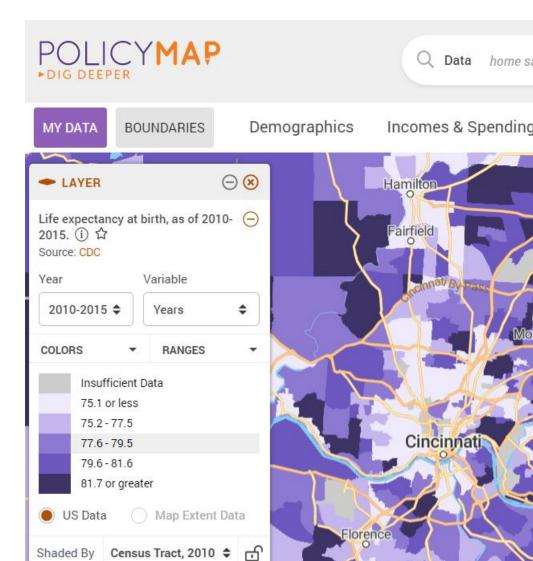
- Data for Equity Request for Proposals
- Youth Mental Health Partner Survey
- Fostering an Inclusive Culture Learning Cohort

# Data and Mapping Tool on the Social Drivers of Health

**About:** An online data and mapping tool, PolicyMap provides access to data on the social drivers of health, health outcomes, environmental conditions and more. Includes access to hundreds of indicators from sources such as the Census & CDC.

Learn more: To express interest in receiving access and for more information about the launch of this tool in late 2022, please email Kelley Adcock at kadcock@interactforhealth.org.

#### Click here to learn about PolicyMap





Insights on mental health and well-being from everyday experts in our region.

Nine focus groups with 95 people, including youth, members of the Black, Latino, and LGBTQ+ communities, people with low incomes, and people living in rural areas.







**Purpose**: Interact for Health and bi3, with support from the HealthPath Foundation, have launched the *Data for Equity Funding Collaborative* to support up to 10 nonprofit organizations in developing their capacity to use data to build equitable approaches to data and evaluation.

**Funding**: Grants will be for up to \$25,000 for 12 months.

Deadline: Oct. 26

→ Click here to learn more

### **Youth Mental Health Partner Survey**

**Purpose**: Learn from partners about efforts currently underway to improve the mental health of young people ages 0-24 in our 20-county region. We will use this survey to identify potential partners for future funding opportunities, convening learning networks and mobilizing advocacy. We will also share key findings so that we can all better understand current efforts.

**Funding**: 10 eligible organizations\* that complete the survey will be randomly selected for a \$5,000 contribution.

Commitment: 30 mins

Dates: Survey opens Oct. 14 and closes Nov. 4.

#### → Click here for the survey

### Learning Cohort on Fostering an Inclusive Culture

**Purpose**: A learning cohort facilitated by Starfire focused on fostering an inclusive culture within non-profit organizations.

**Scope**: Nonprofits interested in organizational culture; diversity, equity and inclusion; and community building may apply for the cohort.

**Commitment:** Monthly cohort sessions for six months, running December 2022 to June 2023.

**Funding**: Each of the five organizations chosen will receive \$5,000 to use toward their goals around building an inclusive culture.

**Application Deadline: Nov. 17** 

Register for the webinar on Oct. 27 at 10:00am
 Link for application

**Next Steps** 



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# DISCUSSION

S.B.H.C!