Dialogue4Health Web Forum

Back to Our Roots: Exploring the History of Community Mental Health
Thursday, January 25, 2018

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

HOME TEAM
CAPTIONS
www.captionfamily.com

>> Laura Burr: Welcome to today's Dialogue4Health web forum, Back to Our Roots: Exploring the History of Community Mental Health and Identifying Strategies to Advance Population Wide Mental Health and Wellbeing.
Brought to you by our partner, Prevention Institute. We also thank the Blue Shield of California foundation and Movember Foundation for funding today's event. My name is Laura Burr and I will be running today's web forum along with my colleague, Tonya Hammond.
And now it is my pleasure to introduce our moderator for today, Dr. Larissa Estes, a program manager at Prevention Institute. Larissa joined the health system transformation and mental health and wellbeing teams at Prevention Institute in September 2015. She has served as a key author and several publications at Prevention Institute on accountable communities for health, medical high utilization, and mental health and wellbeing.
Welcome, Larissa.
>> Larissa Estes: Thank you, Laura. I'm extremely excited to share this work on advancing population wide mental health and wellbeing strategies. And the lessons we can learn from the history of community mental health and primary prevention.
First we want to get an idea of where our audience is from. You know, we've got a strong representation from California, but it's great to see that we have friends dialed in from Canada, Nigeria, Sweden, and the U.K.
This demonstrates that this is an important issue everywhere. Our audience and the work sectors represented include public health and local government really representing the diverse audiences and reflects our inclusive approach at Prevention Institute. Prevention Institute was founded in 1977 as a national non-profit dedicated to advancing community health and wellbeing through a focus on primary prevention or preventing injury and illness before it occurs. Our focus areas include violence and trauma prevention, health equity, active living and healthy eating, health system transformation and mental health and wellbeing.
Our work actively embeds health equity, ensuring that everyone has a share and just opportunity to thrive and flourish. This particularly includes our mental health and wellbeing work and our recent report titled back to our roots, catalyzing community action for mental health and wellbeing.
Back to Our Roots grew out of discovering or rediscovering the history of community mental health in California. Alongside with our work with the Movember Foundation through the Making Connections for Mental Health and Wellbeing Among Men and Boys Initiative which

you'll hear a little bit more about from our panelists as well as in a subsequent webinar on February 8 where we will highlight specific strategies and sites.

We do want to note that this is a high level overview of the content that we will be providing during this webinar. Additional resources will be shared with you, including the Back to Our Roots report. We will also have p an opportunity later for question and answers during the webinar. We are also available for follow-up with questions regarding the content presented today by our panels.

On our panel today is Ruben Cantu, Program Manager for Community Trauma, Mental Health and Violence Prevention at Prevention Institute. Previously he was Associate Director at the California Pan-Ethnic Health Network. He was leader of California's strategic plan for reducing mental health disparities and part of California's reducing disparities project funded through the Mental Health Services Act.

We will hear from Ruben a bit later. First off, we will hear from Larry Cohen, founder and Executive Director of Prevention Institute. Larry has helped advance a deeper understanding of how community factors shape health outcomes and provide resources, conceptual frameworks and tools to help communities address health inequities leading to illness, injury and violence. Now, Larry, we've all heard the saying: You don't know where you're going unless you know where you've been. Let's jump right in. Where are we? And where have we been with mental health and wellbeing?

>> Larry Cohen: What is really interesting is that we've come a long way. And it turns out as we'll share with you a little bit that a lot emerged from a very strong mental health history that was focused on community.

Before working on prevention, I worked on mental health treatment, as I think you know, running a psychiatric halfway house. When I worked there I was struck by the fact what it took for people who had serious emotional problems, what it took for them to sustain and recuperate was a strong sense of their own value and their own abilities.

So we taught people some key skills like how to prepare food, shop, participate in a job interview, and the other thing that was really important was the strong support from people around them. This meant not only support from them but the affirmation from the people around them that they themselves had something to give to others. So in effect, it was their social and physical environment that enabled them to thrive.

Now, at Prevention Institute that really aligns because we recognize that as a community condition and that it cannot be maintained just one individual at a time. That's part of what led us to writing this paper, because as we started to look at mental health and first we were planning something much briefer than the paper, we ended up with, but we were caught up in the excitement of recognizing that community wide strategy was needed to complement quality treatment and services. And we needed to capture and describe some of the potential of that strategy. Perhaps our initial finding was that when people talked about mental health, we realized they were often talking at cross purposes because of misunderstandings and different definitions about what they meant by mental health. We discovered four distinct understandings of mental health. Unlike physical health when people use the term mental health they are usually not talking about health, but instead illness like sigh companies cease and chronic and serious mental illness.

The second understanding is broader than that, a broader set of emotional concerns or disorders, clinical diagnosis or not. Thirdly, the everyday ups and downs experienced by the general public. You know, problems with our kids, our relationships, our jobs. These things happen to

all of us, yet can be significant determinants of our wellbeing, of our health, and often are what people are describing when they are talking about their mental health. A very important example of that is when people have, quote, physical health problems. Their mental health obviously drops from that. On the other hand their mental health is a key determinant of how well they are going to recuperate and the likelihood of getting those problems at all. That's a very important issue we will come back to because it has huge implications when we think about what we want to do in our health system.

Only the fourth definition is a positive one. Mental health and wellness as a goal for the population as a whole. Not only the responsiveness to emotional setbacks or disorders but positive attributes, focus on resilience, a focus on joy, a focus on self-confidence.

So I think we all have a sense -- I don't need to tell most of you about the impacts and costs of mental health. 20 percent of adults experiencing some form of mental illness annually with a total cost of over $300 billion per year. $100 billion in healthcare expenditures alone. Mental illness as the third leading cause of homelessness. Drug overdoses and we're talking a lot about opioids now. Drug overdoses now kill more people than gun homicides and car crashes combined.

Here is a picture I want to show you, the change in opioid growth over the past 15 years. You know, going back to the turn of the century. There has been a lot of attention given to immediate responses to stop impending death related to opioids. It is critically important.

In addition we need to pay attention to the fact that these are diseases of despair, with cause and consequences that are in many ways similar to mental illness. I know, Ruben, you are working on this intensively.

Another way we see the impact of mental health and medical concerns is in the work, Larissa, your past work on medical high utilization. Where we see mental health conditions and some of the conditions that could immediately ameliorate mental health could ameliorate medical high utilization.

>> Larissa Estes: Larry, what is interesting about looking at medical high utilization and eventually delving into mental health and wellbeing is that housing kept coming up as a major community determinant of hotel that impacts high utilization.

Amongst three recent Prevention Institute publications funded by Blue Shield of California foundation, including Back to Our Roots, housing came up as a critical factor for the needs of vulnerable populations.

>> Larry Cohen: When we worked on mental health, as I said, it was in a psychiatric halfway house. What is really critical about that, I think, was that it was a house. That there was a recognition that a safe residence was really an important element of what it took to have healthy community. That was a time that this kind of residential community work was successful across the State. In fact, Tom Bates, a state legislator at the time, was someone we worked with. We established a complete residential treatment system, starting with acute care, going to halfway houses, and then community settings where people lived in pairs and in groups with some support. Because as I say, the housing was really, really an essential piece along with, as I said earlier, life skills and social supports that complement clinical care.

Unless the halfway house to try to do community mental health work, county wide in Contra Costa County nearby. When I participated as part of my county work with other local mental health prevention directors across the state, an enormous opportunity emerged of the there was an office of prevention as part of state government and the local and the state people partnered. And that group advanced a lot of great work. There was a statewide awards program which

identified lots of local work. And a unique campaign called "Friends Can Be Good Medicine." I love this. Normally I think you know I'm skeptical of tossing out slogans, for not going beyond the words to real action. But this really changed the paradigm of how we think about social support. And they promoted I think in 20 different languages.

John Vasquelez, probably the most well-known legislator at the time because he headed the budget committee and had an enormous amount of clout. He had a heart attack and started to rethink that he was doing business as usual in the budget. He promoted and there was controversy about it, he promoted a task force to promote self-esteem across the State. The task force was mocked by many politicians. Then by the most popular cartoon series at the time, Doonesbury.

(Panelists read the cartoon.)

>> I would like to call to order this first meeting of the California Task Force to Promote Self-esteem and Personal and Social Responsibility.

As you know, our mandate is nothing less than to study the relationship between self-esteem and social problems and to identify programs that address that relationship.

Okay! Before we roll up our sleeves, let me first just ask how everyone here feels about himself today?

>> Good.

>> Good.

>> Good.

>> Great!

>> Larry Cohen: I can hear all 530 participants in this webinar saying we feel good, don't we? Well, the cartoon series went on for a year, it gained worldwide attention for the task force and for the concepts that maintaining wellbeing was an important part of what government should do. That's, I think, part of what we really need to recapture. How do we create community conditions that advance people's wellbeing?

Perhaps even more important was the work to emerge from the state partnership, particularly a book. Here is a picture of my copy, Concepts in Primary Prevention, a framework for program development. It shaped thinking not only about mental health but interestingly, in particular -- I think I probably played some role in this too, in shaping thinking about mental health, population health, community equity.

My favorite mentor as I developed my career was Dr. George Albee. He wrote an article in the book and he said no mass disorder afflicting humankind has ever been brought under control or eliminated by attempts at treating the afflicted individual.

I wished I had asked doctoral bee while he was still alive whether he was mostly commenting on was how no mass disorder was ever attempted by treating one individual, or whether it was by treating the afflicted after the fact. I'm pretty convinced he meant both. That's why both of are captured here.

We took a lot of the core concepts from this book and made them front and center. Some of the key elements that we recommend, as Larissa says this is just a briefing on today and there's a lot more detail on them. But the notion of strengthening healthy social norms, promoting community connections and networks, supporting thriving community environments by strengthening the qualities that encourage positive interaction and interdependence. The focus on promoting resilience and community healing, recognizing that disenfranchised populations typically face less supportive environments. So we need to redress and improve environments

for everyone, but in particular for disenfranchised populations. And that's not just in health or healthcare or mental health or behavioral health. Every sector impacts people's lives.

And that was well stated in another quote in the book by Dr. Stephen Goldston, the editor. Mental health or ill health of a community is reflected in its institutions. The key community agents such as teachers, police, and clergy, have major impacts on the mental health status of the community.

Clearly in the 30 years since this was written we are pretty clear that this is the way that this is all playing out.

So what we learned from primary prevention history and community mental health is the notion of up front population-based multi-sectoral actionable, fostering equity, fostering healthy norms and enabling people to play an active role in their own wellbeing. You could probably add to those, use different words for them. But it kind of summarizes the thrust of a community approach. Not instead of treatment, not instead of individual services. But I would say as an absolutely essential critical complement to that.

I just want to take a couple of minutes now to emphasize the tremendous opportunity for healthcare to use some of our findings for mental behavioral health in their own work both in dealing with behavioral health as an important part of their work and also in advancing physical health, because one finding is that physical health and mental behavioral health are interrelated. We can take that picture of physical health and we can align it with mental and behavioral health conditions. Both are affected in negative or ideally in positive ways by the experiences in our environment.

And that's what we call at PI the community determinants of health. For example, reducing the risk of developing asthma or diabetes is dependent on your sense of wellbeing, how well you take care of yourself, and the supportiveness of the environment.

(Lost audio.)

>> Larry Cohen: Like diabetes, by focusing on community environment from a health and healthcare perspective. We can support both physical and emotional wellbeing at the very same time. And this photo is supposed to be, you know, we chose this as a rural example of social support because social support is one of the areas ...

(Lost audio.)

>> Larry Cohen: -- community environment. This works again for both physical and mental health and provides an enormous opportunity to advance prevention to save money, to save lives, to improve success for healthcare and for mental health as well.

It all fits together. It is all ... (Speaker away from microphone.)

That's why we say a good solution solves multiple problems. Let me turn it back to you, Larissa.

>> Larissa Estes: Thanks, Larry, for taking us through the context of mental health and wellbeing and the history of community health and prevention. Not a lot is known about it so it's good to have the quick snapshot of where we come from and put us in the direction of where we're going.

Through our work on Back to Our Roots and of course with the Making Connections Initiative mentioned earlier, we really learned a lot about how the role of environment and community environment play in our overall health and wellbeing. A vision of Back to Our Roots led us to a three-part solution to addressing the needs in the community environment. Specifically the community determinants of health, Pillars of Wellbeing and a gendered lens.

Ruben, can you briefly describe the community determinants of health and its connection with mental health and wellbeing?

>> Ruben Cantu: Thanks. The community determinants of health are the most prominent factors that affect outcomes including mental health.

Prevention Institute in working with the office of minority health identified key determinants to determine which community conditions were most strongly tied to health conditions with the greatest disparities. These determinants were clustered into factors in what became PI's Thrive Framework. Thrive groups cluster 12 community determinants of health and safety into three clusters: Social, cultural environment, or people. The built or physical environment or place. And the economic and education am environment or equitable opportunity.

>> Larry Cohen: Minor clicking problem there.

>> Ruben Cantu: Here we have the factors organized within those clusters which includes things like social networks and thrust, norms and culture, living wages and social wealth, local wealth and assets and look, feel, and safety of a community which I think we can all agree influence our health and safety in many ways.

As Larissa mentioned earlier, a the look of our thinking on which community factors most influence mental health and wellbeing was catalyzed through a project funded by the Movember Foundation which is the world's leading funder of men's health issues and including mental health and suicide prevention.

The Movember Foundation is funding the Making Connections for Mental Health and Wellbeing for Men and Boys Initiative, as Larissa said earlier.

The initiative is made up of 16 sites across the country who are focused on improving mental health and wellbeing among men and boys of color and military veterans and their families.

Prevention Institute manages this project, which as I mentioned is funded by the Movember Foundation.

And through our work with the Making Connections Initiative over the last three years we were able to identify a set of community determinants that most impact mental wellbeing, how they impact the community really depends on the community environment and kind of the environment that --

(Lost audio.)

>> Laura Burr: I want to let everyone know we are having some audio difficulties and a little bit of cutting out, but we will continue. Back to you, Prevention Institute.

>> Ruben Cantu: Great, thank you. Hopefully this is a little bit clearer.

So as I was saying, these seven community determinants most associated with mental health and wellbeing, often times it's the interplay of several of these community determinants that shape our mental health status. These seven community factors also align with some of the strategies to address mental health and wellbeing that I'm going to be talking about a little bit later on during this webinar. So as you can see these seven are social networks and trust, participation in willingness to act for the common good, norms and culture, look, feel and safety of a community, housing, arts and cultural expression an living wages and local wealth.

So what we are going to do right now is take a moment to take a quick poll of the audience to see and hear from you what are the most important factors in your community that contribute to your mental wellbeing. So off to the right of your screen you will have the choices. Take a minute right now and select which one of these seven that I just mentioned are the community determinants that you feel most contribute to mental health and wellbeing. We'll allow a minute to allow you to make your choice and hilt select.

We will take a moment while we tabulate the results.

We are interested in hearing from you all which factors most impact mental health and wellbeing in your community. I think probably everybody on this call could make a case for any one of these being a really important factor in what is both holding us back and also can serve as protective factors to build resilience in our communities.

It looks like 51 percent of folks on the call selected social connections and trust as the factor that is most impacting your community in terms of mental health and wellbeing. It looks like housing is also 34 percent, living wages and local wealth is 36 percent.

But really, I don't think there is any one of these factors that were not found important in some way or another in our communities.

One of the other, another set of concepts that emerged in the work with the Making Connections Initiative are the Pillars of Wellbeing. These pillars have emerged as -- (lost audio.)

>> Ruben Cantu: These pillars with each other and with the community determinants of health makes the community determinants more specific in how we need to be working towards them to improve community health and wellbeing. As we saw in the poll, lack of housing significantly contributes to mental health and physical health in our communities. But more specifically, when we look at the Pillars of Wellbeing and how they interplay with those community determinants it makes it clear that housing must also be safe and stable in order to avert stress. Housing practices that reinforce belonging, connection and trust have increased capability to advance mental wellbeing.

And, for example, this next photo is a photo from one of our Making Connections site in South Carolina. At first glance this housing seems to be very poor and might not contribute to our wellbeing. But if you look closely you'll notice porches at the front of the homes. Some of them look like they might have been built to provide a space for social networks, for building relationships, for talking to your neighbors. That's really something that can contribute to our wellbeing, mentally and physically as well.

This brings to mind here the concept of connectedness and interdependence, which is most commonly talked about as the South African concept of Ubuntu which captures this concept of connectedness and interdependence.

This is a concept that has been talked about in --

(Lost audio.)

>> Ruben Cantu: Here, for instance, we have a photo from our Making Connections site in Honolulu. And at the federally qualified health center in Hawaii which is running the Making Connections site in Honolulu they start each event with a large circle to show how they are connected and gets to the heart of the concept. Each much us is who we are because of every other individual in the community. It translates to the idea of us all being brothers and sisters and part of the same family. Each parent and neighbor is responsible for every child in the community. We are all responsible for each other. It is a world view of collective life, inclusive of all relations and past, current, and future generations.

Another place that we see this is in communities harvesting gardens together. Which will contribute to individuals needing sustenance but also to the wellbeing of the community as a whole. And as our colleague Dean Peacock at Gender Justice in South Africa told us, if we are all in agreement that we are because of others, it must follow surely that we all aspire to treat others the way we want to be treated and we all agree that we as a community should mirror the best in each of us.

A second concept that emerged from our work with the Making Connections Initiative is the importance of a gendered lens. And I think we all understand how gender norms influence

socialization around coping, social connection, and help seeking behaviors. We are familiar with the old saying of boys don't cry. But this ends up having a profound impact on the mental health and wellbeing of men and boys. And may often even have greater impact on the mental wellbeing of people whose gender does not align with the male/female gender distinction and roles.

Within our gender norms are positive attributes as well which can be employed to further health and wellbeing. We have heard the concept of a lone cowboy who does his own things and keeps to himself to deal with problems on his own. As we heard with our work in connection with the Making Connections sites focused on military and veterans they are more inclined to help others than to help themselves or to seek help for themselves. We are finding as they come together to help and provide support for others, they are actually helping themselves while building social section connections and building that within themselves. We also see this through this concept of barn-raising where a community would come together to help a community member in need by building or rebuilding their barns.

So a lot of the types of strategies that we can take to address in advancing mental health and wellbeing are laid out in the Back to Our Roots paper and also in the accompanying info graphic that you see here, a path forward.

>> Larissa Estes: Ruben, one thing we've heard through Larry's comments and one thing we heard through your comments is that this model and this model of advancing primary prevention as a way to address community mental health and wellbeing can't be done in silos. It really requires work that is aligned and coordinated across sectors.

>> Ruben Cantu: Right. Thanks, Larissa.

One of the things, you know, just following up on what you said, one of the most important things here going back to the community determinants, these strategies are stronger when they are in multi-sector collaboration. We each have a role from community organizations to healthcare to housing and transportation, improving conditions to improve wellbeing.

So in the time that I have left I'm going to talk a little bit about some of the strategies that we've seen work through our Making Connections sites and others. One example is going back to the beginning and talking about community-driven planning. So with our Making Connections site in San Diego, which is run by an organization called united women of east Africa support team, they very intentionally sought out as they were planning the kind of strategies that they wanted to put in place to improve mental health and wellbeing among immigrant and refugee young men and boys was to intentionally involve those men and business boys in the planning. They brought they will together, engaged them to talk about what challenges are seen in their communities and what it is that they want to improve that will impact their mental health and wellbeing.

The reason that this worked, the organization had a long history of working with the community and they had built up over years and years a lot of trust in both the young men and boys and among their families who were also very important factors to be engaged in this work.

One of the other really important strategies and another example is around restoring social connectedness and the work of La Culture Cura, a National Compadres Network.

This is about taking the concepts of self, cultural values, cultural traditions and indigenous practices and how those can be actually used for health and for healing and to develop a path to healthy development restoration and lifelong wellbeing among indigenous populations and the Latino community.

Whoops, I went ahead too far.

Another example around developing economic opportunity which comes to us from New Orleans. In the city unemployment was recognized by the mayor as a major driver of trauma, violence and poor health. The mayor resolved to work with partners to address the issue including developing strong collaboration among hospitals and other healthcare providers to serve as local anchor institutions.

They developed this economic opportunity strategy which leveraged the role of hospitals to connecting job seekers to opportunities, connecting opportunities for disadvantaged businesses, developing a work around a Co-Op and job training for in-demand jobs.

As Larry mentioned earlier, housing continues to be a major driver of mental health problems and with our Making Connections site in Boston, which is run by LISK, they have prioritized housing as an issue, particularly for men and boys of color and particularly those coming out of the justice system. The coalition that they pulled together is working with housing developers and low and moderate income communities in Boston to increase the number of affordable housing units for --

(Lost audio.)

>> Ruben Cantu: One of the really key issues to consider, though, when we are talking about housing is the issue of development without displacement. PI recently --

(Lost audio.)

>> Laura Burr: Please bear with us for a moment while we get our audio back.

(Pause.)

>> Laura Burr: And Prevention Institute is having a little trouble on their side with the audio.

>> Ruben Cantu: Can you hear us okay?

>> Laura Burr: Now we can hear you again. Thank you.

>> Ruben Cantu: Great, great.

One of the other, finally, one of other strategies we can talk about is around arts and culture and how arts and culture can help a community to thrive. This example is from the Philadelphia mural arts project. It shows how arts can help transform otherwise depressed and blight-filled communities with public art displays that consult validate neighborhood pride and depict the culture, vision of the communities in which they are created.

Before I wrap up I do want to talk a little bit about something we heard about at our recent convening of our Making Connections network. This is a story that was shared to us by one of our participants. It is about the story of the honoring our medicine can knew journey held every year in the Pacific northwest with a different Native-American tribe hosting each year, similar to the talking stick. It is rooted in tradition and culture, a way to honor their medicine, the elements in the community that healed them, taking care of children and elders, respecting one another and passing on teachings and receiving teachings.

One of the tribal council members shared, what I'm very excited about is that talking stick that goes from tribe to tribe an it's full of all the prayers and songs, ceremonies, dances, good, strong, powerful healing medicine. That is coming to our community at a time when we really need it. This is our time and that healing is going to come to our community.

This healing and this type of connection to our culture and our roots is what can really help our communities to come to a healthier place where they can build resilience and thrive.

>> Larry Cohen: I really love that. I think it's just so amazing how it combines the notion of healing, the notion of community, the notion of social support and the history and culture all into one quote and all into one vision. I can't wait to see the canoe journey.

>> Ruben Cantu: We are very excited about it.

>> Larissa Estes: Thank you, Ruben and Larry. Wow, we covered a lot of ground in a short amount of type. Again we apologize for the technical difficulties we have been having with the sound. You can never predict when and how it is going to happen. So we thank you for hanging on and sticking with us.

You know, this really was just a taste of the concept that are outlined in the Back to Our Roots pay. We encourage you to follow up with us after the webinar for additional information.

We also would love to speak with those who are designing or interested in designing interventions that are similar to the ones we briefly discussed today.

We are, however, shifting into our Q&A session. We have had a handful of questions come in thus far. Just for a reminder, please use the question and answer feature in the upper right hand corner of your screen. It has a big question mark there. We love to take your questions. We have a couple that we got in advance from those who submitted questions during registration. We can start there as y'all start to ask your questions.

So Ruben, one thing that came up. Larry, you mentioned Ruben's work in opioids. How are strategies addressing substance abuse disorder different or similar from those strategies addressing mental health and wellbeing?

>> Ruben Cantu: As Larry mentioned ands you mentioned we are doing work in Ohio right now with the Ohio Department of addiction services to look at how they can put in place a framework to prevent opioid and other substance misuse. And really, what we are seeing in this community which is addressing, as Larry mentioned earlier, a disease of despair, a lot of the same community factors involved in developing strategies for addressing substance abuse as they are for addressing mental health and wellness with the addition of adding on what is sold and how it's promoted, what is sold and how it is promoted factor in our framework.

>> Larry Cohen: I think that's important. When you think about alcohol, what is being promoted and sold is kind of obvious. Increasingly with marijuana availability in many states, but the way that medicine is pushed on TV, I'm up often late at night. The later it gets, they go after older, sicker, more insomnia population with drug after drug after drug with sing song about the risks, but nevertheless they think it works.

This promotion of substances, of course, is just part of the solution paying -- paying attention to that is part of the solution. It really is promulgating the whole notion of everything should be fine easily.

>> Ruben Cantu: That's right. I think a lot of this, we have to go back to those things we just talked about, about making sure that we've got a community that can deal with these issues, community that is resilient. Building that resilience in the community, looking at the Pillars of Wellbeing that we talked about, safety, trust, connectedness, those are important to think about as you develop strategies to address this.

>> Larissa Estes: A second question. Larry, this is directed towards you. You know, with the healthcare system having a key role in ensuring mental health and wellbeing as well as other sectors, we've got to figure out a way to pay for this.

How do you finance primary prevention strategies?

>> Larry Cohen: Thank you for that softball easy question. We have a federal opioid crisis, fully recognized across the country. Resources are not aligned with it.

Perhaps even more importantly, the way the entire medical and health system works is one individual at a time. In the community wide social support, community environmental solutions we're talking about have a terrible time being reimbursed. When we finally get a health system that focuses on value and focuses on paying for keeping people well or getting people well as

opposed to the sicker people get, the more money you make, that will turn around. We are not quite there yet.

There are a number of different opportunities, though it's very tricky. In California, for example, we have the mental health services act which is legislation in the last several years providing funding for prevention and early intervention. It is mostly been interventions after the fact. We are looking now here with partners at how to broaden the primary prevention and community wide strategy elements of this.

And efforts like this can be developed in every state and needs to ultimately be part of what national support looks like.

There are important philanthropies across the country focusing on mental health and wellbeing. Obviously Movember which we talked about. Blue Shield community foundation supported -- sorry, Blue Shield California foundation supported a lot of the work that we were able to do here. And a new philanthropy across the United States Caldwell being trust which emerged out of the partnership of providence and St. Joseph's hospitals. They put a good deal of funding into wellbeing. That's another opportunity to really look at this work.

Recently I was part of a couple of meetings, one in Washington and one here in our office where philanthropists came together to explore further ways to build moment Tim on prevention. We would love to hear from you and link you with any of those philanthropies that might be in your state and in your region.

There's also talk about wellness thrusts and how we capture fees and taxes including tobacco, alcohol, more recently marijuana and soda taxes and really apply them to community wellbeing and to creating partnerships across a community or across a region or across a state that advance community health and wellbeing writ large. It is critical, for example, with the soda tax to pay attention to diabetes, but it's equally important to build the momentum where we focus on community wide health and we focus in particular on reducing the inequities in the populations that are most hit by that. And then what we've got to do is capture the savings as we do this work. I said it before, a good solution solves multiple problems. When we invest in housing, when we invest in social support our healthcare and mental health costs are eventually going to start to go down. We have to capture those savings and reapply that return on investment back into the system. So there's a lot of bits and pieces we need national strategy. It ain't easy, but I think we have stuff where it is really time to start to build on that in every community, all 500 people who are listening right now.

>> Larissa Estes: Thanks, Larry and Ruben. One question that I know comes up and keeps coming up. That is somewhat tied to the financing piece of it. It is related to data and measurement. You know, measurement is huge and important. One question we have -- I can actually take this one. But what data indicators are your interventions tracking to demonstrate progress towards improved community mental health and wellbeing?

Through the Making Connections Initiative we are actually working with the University of south Florida on doing just that. It was through con settlement making, a qualitative exercise, looking at different statements and arranging them into themes or categories allowed us to really identify the Pillars of Wellbeing that Ruben reviewed. And we've taken those Pillars of Wellbeing and are in the process of developing a wellbeing index with University of south Florida.

In addition to that each of the local 16 sites that has been funded by the Movember Foundation has developed their own local evaluation. We will actually get into some of that in a little bit more detail on that evaluation piece at our upcoming part II webinar for the series entitled

Cultivating Our Roots. We'll talk a little bit about one site's evaluation process and how they engaged the community in that.

Another question, and Larry, I would love your insight on this. It's about tobacco. This is something, I don't know, we've talked about as it relates to back to our roots, but it is spot on. Social norming associated with the acceptability of smoking changed significantly in the wider community. But less so among behavioral health populations in behavioral health settings. As you know, California is a leader in tobacco control and prevention so given all of the morbidity and mortality associated with smoking attributable diseases, what are some of the strategies or thoughts you may have that we can introduce into this Back to Our Roots framework related to tobacco use and control?

>> Larry Cohen: That's a very interesting question and as you know, I was involved in some of the earliest no smoking laws engaging multiple cities on consistent laws. The goal was to change norms. And I think what we have to do is understand that we've got to change norms, but that tobacco is a response in some ways to -- it's a habit, a disease of despair -- not disease but a behavior of despair. We have to look at some of the underlying conditions. Give people stronger options and alternative. We have to give people more of a sense of hope. And we've got to give people the skills to quit when they are already smoking and we have to get in there more intensively in a variety of disenfranchised communities where we see more tobacco use. Ruben, when you gave the examples of community canoeing and others, those are examples of support where tobacco is less necessary.

>> Ruben Cantu: That's right.

>> Larry Cohen: You mentioned the additional factor regarding substances, how it's promoted. We need to take a stronger stance in terms of some of the promotion. For example right now the tremendous promotion of eCigarettes. Candies, you know, all these things. The kind of children's flavors which, quote, are not being aimed towards children.

We've got to have a multi-pronged approach that says the most disenfranchised populations, whether because of mental health and wellbeing or whether it be for other issues that they are dealing with need to be prioritized. I think when we did our earliest work we were trying to change norms wholesale with the notion that that will affect everyone. It has, but it has affected some populations less. Now is the time to prioritize those populations, including people with mental health problems.

>> Larissa Estes: Thanks, Larry. Looks like we have time for one more question. Ruben, I wanted to ask you specifically, what are some of the strategies you are seeing emerge across the country where you might see some peer to peer or communities health worker happening across the country?

>> Ruben Cantu: I'll give a little bit of an example. Playing off some of the things I mentioned earlier when I was talking about the work of the sites that are working with military and veterans and their families. We have had a site in rural Connecticut, the farming community in Connecticut that has been doing work to build the resiliency of that community, particularly with the military and vets. It has a high number of veterans in the area just because of the location of military bases in the area.

And as I said, that's a population that really doesn't seek help on its own. They have to come up with a couple different strategies to figure out how they are going fob working with that population. One was by, like I said, finding out that these folks, these men really helped themselves by helping others. They've kind of turned these men who came forward to be part of this work into kind of a cadre of peers who could work with other military vets and their families

to help develop the traction, to build resilience and build connections and build the networks in the populations. We've actually seen that work really kind of flourish across the country. A couple other sites that we work with in rural Illinois and Kankakee Community College, they are interested in taking some of those strategies, learning from them and applying them in the local community as well. They are doing a lot of peer exchange, learning from each other. These are the kinds of strategies that they are gaining interest among the population. They are all really rooted in building those social connections, building the networks and the resiliency of the community to be able to deal with the challenges they are facing.

>> Larry Cohen: I think, going back to the question on payment, there's no question that as payment starts to change and funding starts to change, these efforts that work will be increasingly better reimbursed and there will be flood gates opening before long because the it in this is really growing, Ruben.

>> Larissa Estes: Well, thank you so much for all these wonderful questions. While we are unable to get to all of the questions, please note that staff at Prevention Institute will receive a copy of all the questions and we'll definitely look to respond through a brief FAQ.

I do want to note that we have part II of this series called Cultivating Our Roots. We may address some of the questions there related to specific strategies we are seeing across the country. We are going to be featuring the Chicago site with Mount Sinai hospital system as well as our Tacoma site, 253, Making Connections.

In this we are going to start detailing what those community strategies are and how they really do work together to improve mental health and wellbeing through ensuring that there is a multi-sectoral approach that engages the community as a whole.

You can register at Dialogue4Health.org and we encourage your registration and look forward to seeing you at that upcoming webinar.

For more information about Prevention Institute, you can visit our website www.preventioninstitute.org. There you will be able to find a full library of work we have done related to mental health and wellbeing, as well as our Making Connections Initiative and other things that we've done tied to high utilization, injury and trauma prevention and adverse community experiences.

>> Laura Burr: Thank you so much, Larissa, Larry, and Ruben, for your presentation today.

>> Larry Cohen: You're welcome!

>> Ruben Cantu: Thank you.

>> Larissa Estes: Thank you.

>> Laura Burr: Big thanks also to Prevention Institute the Blue Shield of California foundation and Movember Foundation for today's event.

Lastly, thank you to you, our audience.