Transcript:

The Role of Preventionists in Accelerating Health Equity and Communities of Wellbeing

Presenter: Sheila Savannah & Ruben Cantu
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PRESENTER: Hello, everyone and welcome. We're going to give people a minute or so to get in, and then we'll get started. All right, we will get started. I see that we have someone from the West Coast. So, good morning and afternoon to everyone, and welcome. Our webinar today is The Role of Preventionists in Accelerating Health Equity and Communities of Well-being. Our speakers today are Sheila Savannah, Managing Director, Ruben Cantu, Program Manager, Prevention Institute. This webinar is brought to you today by the Great Lakes PTTC, The Great Lakes MHTTC, and SAMHSA. The Great Lakes ATTC, MHTTC, and PTTC are funded by SAMHSA under the following cooperative agreements.

The opinions expressed in this webinar are the views of the speakers and do not necessarily reflect the official position of DHHS or SAMHSA. Both The Great Lakes PTTC and the MHTTC believes that words matter and use affirming and respectful language in all of our presentations and activities. We have some housekeeping details for you today. If you are having technical issues, please individually message Kristina Spannbauer or Stephanie Behlman in the chat section, and they'll be happy to help you. If you have questions for the speakers, please put them in the Q&A section, also at the bottom of your screen. They will be responded to during the presentation. Sometimes if people put questions in chat, chat moves pretty quickly, and we miss it. So to make sure that we get your question, please put it in Q&A. We will be using automated transcriptions for today's webinar. And you will be sent a link after the presentation to a very short survey. We would really appreciate it if you could fill it out. It probably takes about three minutes. And it's how we report back to SAMHSA. We will be recording this session, and it will be available on our website in a couple of weeks along with the PowerPoint's.

And certificates of attendance will be sent to all who attend the full session. They will be sent to you via email, and they can also take about two weeks. If you would like to see what else we're up to, please feel free to follow us on social media.

And again, I am excited to introduce our speakers, Sheila Savannah and Ruben Cantu. Sheila has over 30 years of experience supporting multi-sector collaborations and community change initiatives. Her focus has always emphasized the necessity of mobilizing youth, families, and courageous

leaders to address the norms and conditions that lead to disproportionate outcomes in health, safety, and well-being.

Much of this work is currently done through multiple national and regional communities of practice, all of which use the primary prevention approach to reduce multiple forms of violence and improve mental well-being. She's based in Houston. Sheila provides leadership on projects that work to improve community environments and address problems of mental health, trauma, substance misuse, and violence.

Previously, Sheila was the division manager for the Houston Public Health Department and an officer of Adolescent Health and Injury Prevention. Sheila holds a BJ from journalism, in journalism-- I'm sorry-- from the University of Texas at Austin and a master's degree in psychology from the University of Houston at Clear Lake.

Rubin has over 20 years experience in public health, health equity, racial justice, program and organizational management, and technical assistance, and capacity building. At Prevention Institute he leads projects on community trauma and mental health and well being. Rubin provides training, coaching, and strategic support on policy development, sustainability, partner development, and communications.

Prior to joining Prevention Institute in 2016, Rubin was an associate director of the California Pan-Ethic Health Network, where, among other accomplishments, he authored the state's strategic plan for reducing mental health disparities. Rubin has consulted with community organizations across the United States. We are excited to have such experience with us, and I will turn it over to you.

SHEILA B. SAVANNAH: We are excited to be here with you. Thank you for the invitation. We'll start by really just saying that we're excited that you are wanting to know more about the role of preventionists in accelerating health, equity, and communities well-being. Because now more than ever this kind of work is needed.

And so, Ruben and I are dedicated to really making sure that we find ways to strengthen your skills just through this presentation. Ruben's going to tell you a little bit about Prevention Institute.

RUBEN CANTU: Good afternoon, everybody. Good morning wherever you may be. I'm Ruben Cantu. Just a little bit about Prevention Institute, Prevention Institute is a national, non-profit organization. We've been around for a little bit over 22 years. We're based in Oakland, California and have offices in Los Angeles, Houston, and Washington D.C.

And our focus is on advancing the practice of primary prevention, preventing illness and injury before it has a chance to happen. And we really focus at looking at things from the community level, what we can do to change our community environments, whether it's the physical environment, our social-

cultural environment, or the environment of equity and opportunity to make sure that folks have an opportunity to live healthy lives.

We focus on issues from health equity, mental health and well being, safety, and preventing violence and trauma, supporting healthy food and activity environments, and advancing health systems that also focus on prevention. We're really happy to be able to share with you all a little bit more information about PI. Please visit our website, and you can also find us on Twitter and Facebook. So I'll pass it back to Sheila.

SHEILA B. SAVANNAH: Sure, sure, and just to add a little context for our work today, I wanted to share with you a little bit about my family, and why it's important for us to approach health equity and racial justice from a historic context, and really think about what are the long-term drivers of health.

So this is my maternal grandfather, Cyrus Turner, and his three sisters, who in the late 1800s, after emancipation, moved from Kentucky and Tennessee up to Ohio in the Wilberforce, Ohio area. And their story is definitely one of overcoming trauma and moving from places of disadvantage, places of extreme terror, places of where health was not accessible, to move to where they could do better.

In that Ohio community they built businesses. They and that community built education. They attended Wilberforce University. And for many generations, my family began to thrive there. And so, as we think about health, health equity, racial justice, we need to both think about the historic trauma and injustices as well as how do we create more opportunities for people to be healthy, to thrive.

And sometimes that takes multiple generations. And so, as we do our work, we have to think both about now-- but as Ruben mentioned, when we work at the community level, we are also laying the groundwork to work from multiple generations in the future.

RUBEN CANTU: And speaking of speaking of family and history-- so this is my family, my mom and dad from before I was born. So this picture is probably from the late 60s. And my family history, very large families on both sides of the family. My mom had 17 siblings. My dad had eight. So we could populate an entire county in some parts of the country just from all of the aunts, and uncles, and cousins and second cousins and nieces, and nephews.

And when we think about what family, and heritage, and culture brings to us-- growing up in a small town at the southern border of Texas, right, right near the Rio Grande, right across from Mexico, we were kind of a melding of cultures. There was Native American. There was Latino, Mexican-American. And the one through line there is the family was kind of the bedrock. Family was kind of the unit that held everything together.

With a large family, connection was always important to maintain. That kind of connection is the thing that has allowed our family to thrive, to be able to heal from a lot of the different challenges that we've faced from the time my parents got married to where we are now.

And it's that connection, having that ability to connect with each other-- I just got back from a short trip visiting with them for the first time in 15 months. And it was that time that we spent together that really allowed us to look at the past year-and-a-half of the pandemic and realize we've got family. We've got these connections.

By doing this and by being able to still be together, we're able to heal and to thrive.

SHEILA B. SAVANNAH: So important. This is a quote from a report, A Time of Opportunity. It says, "Health inequity is related to both the legacy of overt discriminatory actions on the part of government and the larger society, as well as to present day practices and policies of public and private institutions that continue to perpetuate a system of diminished opportunity for certain populations."

So as we have our conversation today, and as we think about your skills of preventionists, we really want you to key in on what are the system drivers and what are the factors in community that really make health and healthy thriving more difficult for some populations than others.

Typical of Prevention Institute, we really like to engage you in conversations and almost games to think deeply about these questions that are conceptual and sometimes challenging. So this is really, what our community trauma and resilience is the question we really want to answer. And especially, what do they look like in 2021?

When we think about communities and just the term community, we use the lens of one of our tools thrive, which is a tool for health and resilience in vulnerable environments. It was originally developed for the Office of Minority Health, and it's been used by communities, both public institutions, as well as neighborhood groups, across the country-- well actually, globally-- who use it to break down the terms of social determinants of health. So that it can really engage communities. And it's not just an intellectual or an academic term. Ruben mentioned these three clusters. The cluster of people, our social connection. The cluster of place, our built environment, and our environment of opportunity. This is how we, in our work, describe community. And this framework is both a way of engaging in community dialogues, but also for people to think upstream, to think about what are the things that are impacting health and well being. And it's a way to also get them to begin to move upstream. Because once people know what can they change, they want to change it so that they in their community do better.

These are the THRIVE Factors, as they're defined in this tool. And many of these terms may feel very familiar to you, social networks and trust,

participation to act for common good, norms and culture. All of those things impact health, so does the built environment, what's sold and how it's promoted.

We know that in some neighborhoods, in some towns, things that are sold there are not sold in other communities, the look, feel, and safety. Do people in the community have a sense of safety? Do they feel safe?

Housing, much more so than just the physical house, but what if communities begin to look like? What's the housing quality? What's the cost? How available is green space? Water, air, soil, we know that those things directly impact our health, as does getting around. Are there options for active transportation? Are different areas isolated by freeways or other bifurcations in a neighborhood?

What is the cultural and arts environment like? That's one thing that I know Ruben's going to talk about in terms of how do we initiate work that is centered in healing. Similar, and you saw the overlapping circles, the environment of opportunity as we see it, includes education, lifelong education, and also living wages, and local wealth. So this is the THRIVE Framework, and it'll be part of the things that you'll have in your links to look at more later.

What I do want you to know is that people use it all different kinds of ways just to engage in conversation about how do we make our community better so that our families, our youth, the people who live there, can really engage in not just being consumers of their environment, but beginning to produce something different and having a voice in what gets changed. We also have a framework on Adverse Community Experiences and Resilience.

RUBEN CANTU: And I'll talk a little bit about that. To give folks a little bit of the background here, as we were doing a lot of the work that we've done with communities to improve safety and to prevent violence, one of the things we kept on hearing from folks, who were using the THRIVE Framework in that work, was that trauma was getting in the way of a lot of the work that they were doing.

And that it was really this trauma, which was a barrier for them to put into place strategies to address health, safety, well-being, and all of those things that we need in our communities so that folks can feel safe.

So we decided to delve into that a little bit more. And with the support from Kaiser Permanente in Northern California, and with our partner Dr. Howard Pinderhughes at UCSF, we decided to do a study to think about things like trauma, and what that actually means, both at the individual level, and at the community level.

And so, on the next slide we lay out some of the findings from doing that research, between the literature review and talking to practitioners-- the community, we started hearing from folks that there's a growing

understanding about what trauma is and its prevalence impact in communities. And the trauma is everywhere. And it has a huge impact on development. It has a huge impact on health and on our well-being.

And with that growing understanding of what trauma is, also comes a growing understanding of how folks are treating and addressing trauma. And that's through trauma-informed care, and really looking at trauma through an individual, medical-model lens.

But one of the things on the next slide, we're talking a little bit about some of the other things that we heard from folks as we talked to them about trauma. And when folks we're talking about trauma, it wasn't just about the trauma that individual folks were feeling. It was also about something that manifests at a community level. And it's not just about the individual folks in the community that are dealing with trauma.

It's also something that folks were manif-- that saw manifesting at a community level. And it ended up feeling like-- sometimes people would say, you walk into a certain neighborhood, and you can feel that there's something about that neighborhood that maybe it doesn't feel as safe-- people might not feel safe in that neighborhood.

Or it's a neighborhood that maybe has boarded up shops or boarded up homes. It feels like a community that's been dis-invested that doesn't have the attention from other folks that it needs to have. And that was really what people were getting at when they were saying there is this trauma that folks are feeling. But it's not just about us and the violence that we've experienced. It's about the adversity that's being felt across an entire community.

And that helped us to-- on the next slide we'll see that it helped us to really kind of narrow in on some definitions of what trauma and resilience are, especially at the community level. And what it came down to was, that when we're talking about trauma at a community level, we're really talking about what comes of the impact of chronic adversity across an entire community. And it's the things like how a community looks and feels when it has been dis-invested, when businesses have left, when people have left that community, when that community is not seen as equal to others. And it can look like a community that's been over policed, maybe, or unpolarized. It can look like a number of different things. But it's really about that adversity that impacts an entire community.

And going hand-in-hand with that is thinking about community resilience and the ability of a community then to adapt, recover, and thrive from whatever adverse experience it has been feeling. And it's really important for us to talk about not only being able to adapt and recover.

We're talking a lot these days about recovering from the pandemic and getting back to normal, or getting back to where we were before the pandemic hit. And we can think of the pandemic as one of those episodes of chronic of one of those episodes of adversity that a community is dealing with, right?

But for a lot of folks, the point that they were at before the pandemic hit was not a good point to begin with. So getting back to normal, getting back to where we were from the pandemic, is not a really good place for a lot of folks to have. So that's what we always talk about being able to also thrive.

And one of the things to kind of get a little bit of a sense of here, about where does this harm, where does this adversity that these communities are feeling comes from. They come from what we call structural drivers. And the structural drivers are what's driving that harm. And it boils down to structural drivers being the inequitable distribution of power, money, and resources in a community. And that inequitable distribution is what creates the conditions that end up harming communities.

To use a really quick example, we think of housing. Housing is a system, or a network, or a business, and a lot of communities. And it's supposed to be there to provide folks with a safe, clean place-- safe, clean, affordable place to live. But in a lot of places, because of the way power, money, and resources are distributed in the community, things end up not working out the way that they ideally should.

You see folks, landlords taking advantage of the opportunities to raise rents in certain communities because they see maybe-- here in the Bay Area where I live is a really great example of lots of big, tech companies opening up, hiring people who move in, who have larger salaries. They're able to afford to pay more for their rent. Landlords see that opportunity. They raise the rents in places, and it ends up displacing a lot of folks.

And so, the housing system, which is something that should be a neutral force in our communities, ends up becoming something that harms folks in a way. And that displacement ends up becoming one of those symptoms of community trauma that we were just talking about.

And I think we can skip the next slide and go into talking a little bit about the symptoms of community trauma. So when we talk about community trauma and the adversity that communities feel, it can look like this. It can look like intergenerational poverty. It can look like long term unemployment, limited employment, and disinvestment, deteriorated public environments, the availability of unhealthy products, more liquor stores opening up a neighborhood than places where folks can get healthier food options.
And it can also be about those relationships that we talked about being so important, disconnected and damaged social relations and social networks. Using the example of displacement and housing, people leave a community, and people end up leaving the community because they have been priced out of their housing. So they have to move someplace else. And what that does is it damages the social-support networks the folks have in their neighborhoods. So all of these things are kind of some of those symptoms of community trauma that manifest, again, in those three clusters we were talking about, when Sheila was talking about the THRIVE Framework in the economic and

educational environment, the physical built environment, and the social-cultural environment.

SHEILA B. SAVANNAH: And, Ruben, we've seen these not just in urban areas, but the same type patterns of symptoms in small towns and in rural areas.

RUBEN CANTU: Right.

SHEILA B. SAVANNAH: It may look a little different. But it still is displacement because jobs aren't there. And then schools begin to deteriorate, and there's land lost sometimes instead of just individual housing.

RUBEN CANTU: Right. A lot of the work that we're talking about here had its origin in looking at urban environments, looking at things like the THRIVE Factors and the symptoms of community trauma. But as we've increasingly done more of that work in rural communities-- and we'll talk specifically about an experience we had in Ohio over the last couple of years-- we've come to realize that a lot of the same thing's happen in rural environments.

You still have a lot of these-- because of factories closing down in some places, the sole source of economic stability. People end up leaving communities, and you have those frayed social networks. And it can contribute to this intergenerational poverty and to the chronic adversity that some of these communities really face every day.

And I think one of the points that we also want to make, and we've got a quote on the next slide around, "Trauma gets in the way of doing what we need to do." But, "When it is chronic and not just episodic"-- and not just something that happens and then we're able to heal and walk away from it. But when it's always there, when it's chronic, it can be really damaging to those communities.

Because it's almost like you don't have a chance to catch your breath. It's almost like you don't have a chance to really try to come up with the solutions if you're always trying to hold your head above water.

SHEILA B. SAVANNAH: And for programs and proventionists, sometimes it makes it really difficult for interventions to stick, or for programs to really launch with a strong way. And I think this quote is really a powerful way of saying that too.

RUBEN CANTU: Right, exactly.

SHEILA B. SAVANNAH: And talk about the other side, resilience. [LAUGHS]

RUBEN CANTU: Right. I mean and that's the other hand of this is, if you have trauma, the counterbalance to that is resilience. And like I said before, community resilience is the ability or the capacity of a community to adapt,

recover, and thrive. It's not just about bouncing back. It's about bouncing forward, even in the face of that adversity.

And we'll talk about it in a little bit. But one of the most important ways to do that is by looking at what a community needs to have so that it can heal, so that it can start building up those muscles again and get to the point where folks can actually start working together, that kind of collective efficacy, so that you can start looking at, what are the things that were driving that adversity. What are the things that were driving that harm, that trauma, so that we can then identify, OK, these are the things that we're-- this is what was hurting our community. These are the things we need to try to do to address it, and to improve it, and to get us to a place where we're not just bouncing back from it, but we're thriving.

And it's again, rooted in those same community factors we've been talking about, through both the THRIVE framework, and by looking at community trauma, looking at things like social networks and trust and willingness to act for the good of the community. Looking to build healthier community design and the availability of healthy products and services. All of those things are really important, and really the thing that will help the community to thrive.
SHEILA SAVANNAH: So some of what, Ruben, you're talking about, also is the importance of being able to use the strengths in communities that are there. And unfortunately, sometimes the harm that's done inadvertently by agencies is only looking at the deficits in a community or in a population. And so finding that resilience and applying that and having really the strong skills to discover and use the richness in community is part of what we always try to strengthen. And so, we're asking you to engage in some exploration of some pictures with us, where we're going to look at some community pictures. And definitely, there is both trauma and resilience reflected in each of them.

And we're going to ask that you use your chat function, or I guess we should use the Q&A function, right? Is that better? [LAUGHS]

PRESENTER: Or if you want them to respond in real time, I think we could use the chat. That will probably be a little hard to keep track of, but little more real time.

SHEILA SAVANNAH: Oh, good. Well, this is going to go fast, because we're wanting you to sharpen your eyes to both risk and protective factors in the following pictures. So we'll start now.

RUBEN CANTU: We'll start now. So if folks can in the chat box, just let us know, looking at this photo here, what are some of both the risk factors, the adversities here, and what are some of the protective factors or the resilience that you see coming through in some of these photos?

So we're seeing a lot of comments around unsafe living conditions, poverty. The housing looks dangerous.

SHEILA SAVANNAH: But I also saw a close community.

RUBEN CANTU: Right. Close neighbors, like having neighbors close by and having that connection is good.

Somebody noted that there's green space, like there's greenery around. And that's specific.

SHEILA SAVANNAH: Yeah. Danger from the elements, but also supportive neighbors. A village aspect for children. Yeah. Well, you all have keen eyes. Excellent.

RUBEN CANTU: Yeah, definitely. Oh, adaptable, the ramp. I'm glad somebody pointed that out.

SHEILA SAVANNAH: Yeah.

RUBEN CANTU: Lots of trees, the grill that can be used for community gatherings.

SHEILA SAVANNAH: Residents are in the same situation. And that's part of that community bond, as you're building solution to make sure that that residents can engage other residents and their neighbors much better than any one agency or organization. Yeah.

RUBEN CANTU: And one of the things that we always come back to, and we'll talk about this a little bit later on as well as community members are the experts on their communities. The residents are the experts. And they will be able to tell you what the challenges are, but they'll also be able to tell you what the solutions are. And a lot of times, community members or residents, they might not know all of the details about how you need to have this policy solution to address this and what department or agency you need to go to. But they will know in the big picture sense, this is what we need and that's where the importance of having partnerships and strong relationships with community organizations and advocates and folks that know how to maneuver the system come in handy.

SHEILA SAVANNAH: Yeah. And I just want to point out, because it's one of my favorite points, too. It is a historic design. It's an architecture. This is a classic row house, yes, that is designed so that there is airflow and connection in community. Yeah.

RUBEN CANTU: Here's another one.

SHEILA SAVANNAH: Talk about risk and protective factors here. Predatory advertising. And I like the way that comment is phrased, because that removes some of the stigma of people that consume what is always in their face. And so yeah, it's placing that predatory language right where it belongs. Excellent. Other comments. Yeah, lack of safe public spaces to gather, yeah.

RUBEN CANTU: It's a busy business. A busy [INAUDIBLE] goods business, yeah.

SHEILA SAVANNAH: Yeah. Lack of after school programming, yeah.

That's the thing that strikes me is what are your norms when you grow up and the closest grocery store is really a liquor store? Women reaching out, children both exposed to risk. Yeah. But it also takes a lot of trust to be able to sit your kids in front of the store and say, sit here, don't move. It looks like they've been told, sit here, don't move. [LAUGHS]

RUBEN CANTU: And there are people out there, it looks like people are keeping an eye on them, too. Like somebody pointed out.

SHEILA SAVANNAH: Yeah. The parent didn't want to take them in, yes. Very astute. We're going to go on to the next one. So what are the risk and protective factors you see here? Protective PPE. Yeah.

RUBEN CANTU: Teamwork, people working together.

SHEILA SAVANNAH: And definitely, this is a system that strained everyone this past year.

RUBEN CANTU: Somebody pointed out, it's a multicultural staff, right? That's great. That leads to there potentially being more cultural and linguistic competency among the service providers.

SHEILA SAVANNAH: Yeah. So what are the risk and protective factors here? Helpers, yeah. Going back to the other one, yeah, they're masked. They didn't completely [INAUDIBLE].

This picture is in Houston, following one of our storm episodes. Climate change. Close community ties, yeah. Yeah. Risk continues. Yeah.

And part of what we want people to think about is, what are the strengths when communities become continually more accustomed to responding to disasters? We still want to work on the protective factors or the prevention aspect to prevent disasters from happening. But also, how do you learn from disasters more about the strength of communities? Yeah.

Iron gates promote separation. Yeah, you all have a good eye.

RUBEN CANTU: Very good eye, yeah.

SHEILA SAVANNAH: So this next picture is in Nebraska after a tornado. Let's talk about even where we don't see it from an aerial view. What might be protective factors? Equity. Wow.

[INAUDIBLE] community strengths. Yeah. Neighborhoods. Small communities are usually close-knit and willing to help out.

Farmland. Yeah. How do we restore farmland? Yeah. Good, good eye. Good eye.

What are the risks and the protective factors here? Overpolicing. Yeah. Galvanized protest.

RUBEN CANTU: [INAUDIBLE]

SHEILA SAVANNAH: And so as communities begin to think about, one other thing I want to point out, these are young people. How do we engage our young people in creating solutions?

RUBEN CANTU: Appreciation. Unity. Having a shared cause. That's great.

SHEILA SAVANNAH: Yeah, this is a quote from our Adverse Community Experiences and Resilience Report. People are unbelievably resilient. But traumatized people interacting with each other, sometimes a community can run the risk of imploding. And so, how do we encourage healing and accelerate equity, especially when structural drivers and adversity are pervasive and long term?

And this is one of the diagrams from the ACER Report that Ruben talked about, where really it is a center of healing. We have to acknowledge harm. We have to be willing to give space for people to vent, to be able to really speak to what is bothering them. And then through processes like using the THRIVE tool, we found that people begin to synergize around priorities, and say, OK, these are the things that we together would like to change. And that's when those different sectors and agencies like education and justice and community development and design and housing that sometimes have done harm and sometimes offer protective factors can be brought in to do both things, to help build solutions, but also to acknowledge how their policies and practices may be furthering harm, and keeping people from being healthy and whole and thriving.

You'll see in the center of the SPF diagram or framework that sustainability and cultural competence is in the center, similar to the way that healing is. And so part of what we want to talk about is that where you're really digging deeply into cultural competence and sustaining the work, that means you're doing at least two things. You are engaging community in the solution, because then they are there to continue those solutions through multiple generations. And when you engage them within their culture, you are able to better reflect their cultural preferences and their cultural strengths.

In our work, especially in making connections for mental health and well-being, there were some words that continued to rise to the top as people talked about healing and planning together and moving toward resilience. One of those was belonging and connection. Creating tables, planning tables, or just thinking about solutions where people felt like they belonged in the conversation. They began to feel connected to each other.

And when that was done in a safe way, where they also could feel it was safe to talk about their issues, it was safe to talk about their challenge, it was safe to dream, that safety turned into trust of the process and trust of each other. And that's when we began to see more language around hope and aspirations. So you really have to begin to give space first for people to belong and feel safe and build trust and dignity, because once you have those things, then you can begin to see hope and aspiration and longer-term plans, where people feel like they have self-determination or control of destiny. Ruben, Tacoma used to talk about progress at the speed of trust. And I think that that was something that really spoke to the pillars of well-being for me.

RUBEN CANTU: Right. And Sheila, you did a great job of explaining the progression here as well. It's about building a place where people feel like they belong and they can connect with each other and feel safe in building that trust, so that you can then move forward into doing the work that needs to be done to build a thriving, resilient community. And it was really important, especially the group that we were working with in Tacoma, where it was a mix of community organizations and advocates and activists, and the health department.

And the relationship needed some healing between the community and the health department. There were folks who were distrustful of the health department, and it really took a lot of work to get them to a point where they could work together and start building out the factors that were going to improve conditions for everyone.

SHEILA SAVANNAH: Yeah. But they put in the time, and that was an amazing thing to see. We're going to show you a couple examples of where we've seen these pillars emerge. Definitely when you look at public art, this was from New Orleans post-Katrina, but really how public art is often a way to allow for the collective expression of pain. And where it's supported, it also becomes like a whole other language.

In San Diego, where young men were brought to the table to really engage in the THRIVE process and the planning. And you can see what they were looking for in their community is living wages and fair housing and education, and a look and feel of safety. Oh, thank you. You put the tools in the chat, too. This was in Canton, Connecticut, where veterans and active military members really were able to express their needs to connect as volunteers in the community, but also found tremendous value in a service dog who was shared across the community, and really began to help them feel more comfortable, and give voice to some of the things that they were challenged with. Resilience grows here. They developed a lot of good strategies that grew out of conversations of, what do you need?

These are examples of how we have to really not only discover the talents and protective factors in communities, but also use them and put them in place, and make sure that we don't displace them as we have interventions, because it's so important for indigenous healing and restorative justice

practices to really be based on the talents and engagement of people and communities.

And that's what happened in Chicago, where they worked really hard to change the policies of a hospital system and a school to make sure that mentors from that community could qualify to be a part of the after-school program. Sometimes we don't think about how policies are a barrier to engagement. And that was a case where many of the young men in the neighborhood couldn't meet the criteria for mentorship, to be mentors, without really a change in how that policy was written. And once they did, the program flourished.

And you want to talk about this example?

RUBEN CANTU: Sure. And another great example, another group that we've worked with in Honolulu as part of the Kokua Kalihi Valley, comprehensive health services, a community clinic. One of the things that they recognized was that a lot of the young men and boys in the community didn't have a space to come together and connect with each other. There was also a huge interest in bikes and fixing and repairing and building bikes.

And so the health clinic stepped in and provided a space for the young men to gather and create a space for themselves so that they could learn the skills of the bike trade. And the process of doing that also integrated a very comprehensive and very multitiered leadership development project, where these young men not only learned skills, but also learned to connect with each other, build their leadership skills, and become leaders in their community. Especially proud of the young man far right of the picture, who grew through this program to become one of the strongest leaders in the work, and was involved in not only helping to lead the bike shop work that the young men were doing, but was involved in hiring processes, to hire some of the senior staff at the clinic, and became a really strong voice and advocate for the folks in their community.

And I think one of the key things, we've talked a lot about the importance of identifying the challenges and identifying the strategies to address those challenges in communities. And that's a really important role for preventionists. But at the same time, there are so many strengths and assets in communities to begin with, that one of the skills that we need to sharpen is not only try to think of the solutions out of thin air, but also look for the solutions that are already there. And there are already these strengths and connections and assets. And really come at it from a place of abundance thinking, thinking about what do we already have?

And a lot of times, people focus on the negative. People think about the stories that make it to the news are the negative stories, when something horrible has happened. And we need to focus more on uplifting those positive narratives of those positive stories as well. And that's what a lot of the examples we're sharing today are about.

SHEILA SAVANNAH: Yeah. And when communities come together and build their strength, they can also create change that really ripples to affect not only their neighborhood, but in this case, countywide, because definitely these small grassroots organizations that helped to really bring attention to park equity in Los Angeles that created policy platforms, engaged residents. In looking at the health benefits, they were able to drive policy so that there was more equitable investment in which parks became built up, and which parks became invested in. And that that was driven through, I think it's like, $22 million a year that now is more equitably distributed in Los Angeles for park equity.

So this is a quote I love, and it's from the pediatrician in Flint that first started seeing the patterns of lead poisoning in children. And she said, to expect resilience without justice is simply to indifferently accept the status quo. So really changing health is really about looking critically at what is causing ill health to begin with? And so when we ask the question through that trauma-informed lens, what can be done to address and prevent community trauma, and see it through something like substance use?

That brings us to the work that we've done across the country, but most concentrated in the state of Ohio, related to substance misuse and the opioid epidemic. One of the things that we always ask is, what are we preventing? And the way that you answer that question determines whether you're going to be working to respond to the issue, or are you going to be working to prevent the issue?

So if we're trying to prevent overdose, then we're really talking about tertiary prevention, and then moving people into treatment and long-term recovery. But when we can start talking about primary prevention, then we're talking about, how do we look at why people are exposed, and what's increasing demand and supply of these kinds of drugs in communities?

It's similar to the way we approach the question around the COVID-19 response. What are we preventing? If we're preventing COVID-19-related deaths, then we're talking about expanding availability of hospitals. But when we start thinking about, how do we prevent the spread, and how do we assure and maintain health and safety, then the kinds of solutions move more upstream to some of the public health strategies that emerged.
Ruben, I'm going to ask you to talk about our work in Ohio, and how they answered the question, what are we preventing?

RUBEN CANTU: Right. Thank you. So like we've mentioned the few times, we just recently wrapped up a several-year-long project in Ohio, working in partnership with the Ohio Department of Mental Health and Addiction Services, as well as a team at Ohio University to take a couple of our frameworks, the THRIVE framework, and the Adverse Community Experiences and Resilience framework, to look at the opioid epidemic in the state, and really help 10 communities in the state develop community-level prevention plans that look at the community environment, and look at the things that we're contributing to opioid overuse deaths. Look at it in a way that

not only would address that one particular issue, but also might have other impacts.

One of the things we always say is, a good solution solves multiple problems. How can we come up with solutions that will not only address opioid overdose deaths, but also other mental health challenges, other chronic disease issues that the communities might be having, and really look at this with a lens of, how can we also bring in other partners in the community to try to address these challenges? And it really became about asking the folks that we were working with in Ohio the 10 counties that have the highest opioid overdose death rates in the state that were more rural communities as well. So we weren't working with your Columbus and Cleveland, kind of the larger cities, Cincinnati. We were working with some of the more rural communities to ask these questions.

And really, the question we went to ask as we were doing this work was, what do you know is driving the opioid crisis in your community? And really delve into that question, and look beyond, oh, there's an abundance of prescription medications in the community right now. There's overprescribing, there's marketing practices. And those are all really valid concerns. But we also wanted them to think a little bit about, what is it that's driving people to turn to opioids and other substances to heal whatever hurt they might be feeling, like what is it that's making people think that that's the solution?

And through that work, we were able to come up with a couple of the drivers of the epidemic. And we've got a few of them listed on the next slide here. Once people started thinking about it that way, they started realizing, oh, it's about loss of industry. Businesses that have closed down, factories that have closed down and moved away, which has led to higher rates of unemployment than the community, it means that neighbors that people have had for years and generations had to move out of that community and go someplace else to follow that job. And so that's broken those relationships and led to a lack of social supports, which led to social isolation.

And then it helped create this pervasive sense of hopelessness in these communities that were highest hit by opioid overdose deaths of the community. And once folks were able to start identifying some of these factors, we were able to then help them come up with the solutions. And we really looked at using the THRIVE tool and looking at those THRIVE factors as a way for them to assess then, what factors of the community are driving that epidemic, and how can we then work on those community conditions to help to prevent further opioid and other substance misuse? And looking at the THRIVE framework also helped us decide, who do we need to work with, then?

If the problem was that there was a lack of employment opportunity in the community, maybe there's a need to then work with some of the small businesses in that county. Or there's a need to work with some of the employment training programs in that county, to develop skills for folks. Which then led us to the actual strategy development and prioritization. So which of

these factors are the ones that are most important for your county, so that we can actually start working on those solutions with those partners that we've identified? So the THRIVE tool became that catch-all tool that really helped people to do that.

And as we started doing that work with folks, some of the strategies that emerged, that rose to the surface were around promoting social connectedness, increasing economic stability, reducing social isolation by increasing access to transportation, and increasing safe and affordable housing options. And those were the kinds of solutions that really came out of taking a deep look at the factors driving the epidemic, and are also the kinds of strategies that will have multiple impacts across a community. They were able to take those priorities that they wanted to work on, and use that to help identify, who are the partners you want to work with?

So as one of the communities, Lawrence County, as they started really thinking, we need to address this challenge of social isolation. We need to work on building up the connections between folks so that they have that social support network built back up again, so that they have folks that they can rely on and lean on when times are tough. The things that came to the surface for them were, maybe we should work with our Parks and Rec Department, and bring them to the table, and talk about how we can make sure that we're utilizing the parks and the green space in our communities to their fullest potential to be those spaces where people can connect. And they had a very willing partner at the Parks and Rec Department, he said, yes, we want to work together with you all on this. Let's do it.

And they did, and they built out the park as that place where they can start holding more community events, and bringing people together. And they also had the recognition at that point that as we're doing this, one of the other things that parks are really good for is to increase physical activity among folks. So they were able to get that buy-in, also from folks that were working on chronic disease prevention. And everybody was able to work together to make sure that parks were going to be the center of the community, to help build the connections, build a social safety net back up again, and to also work on some of these other challenges the community might be facing. And they took that approach with a lot of the different challenges that they were facing with the communities, but with the partners that they were going to be working with.

And it really was all about taking these complex challenges around the opioid use and misuse epidemic, how it's very complex, and it's always changing, and it's something that really touched everybody. And no one organization and no one system was going to be able to do everything that they needed to do to address the problem. And they recognized that it was going to need these integrated solutions, multi-sector partnerships to really get it done, and take an ecosystem approach to engaging with sometimes very new partners that they had not worked with to address this specific issue, and come together so that they could have that integrated response to the epidemic. And it really was an opportunity for them to create a space to coordinate and

align all of these efforts, so that together they can solve the problem easier and more effectively than any one organization could.

So I'll share really quickly another example of some of the work that happened in Ohio. So in Ashtabula County, they were recognizing that one of the biggest challenges that they were facing was around economic opportunity. And the United Way in Ashtabula was one of a number of counties across the country that was using this ALICE tool, which is a tool developed by the United Way. And it stands for Asset Limited Income Constrained and Employed.

And basically what this is, is looking at folks in a community that might be living above the poverty line. They might be earning above the poverty line, but they are still not being able to make ends meet. And it was really looking at that kind of data, to be able to look at who in the community was facing the greatest needs around income inequality and economic opportunity, and being able to come up with some of the solutions needed to address that challenge.

And so in Ashtabula County, for instance, they were able to see that federal poverty data showed that 20% of households were living below the poverty line. But by using this ALICE index to look at it, it was able to show that the number of folks that were actually struggling to meet their basic needs was closer to 31%. And that gave them an opportunity to say, hey, there's something here. We need to actually work on addressing this challenge.
And so they were able to use that ALICE index to make the case that they needed to work more on helping people get lifted out of poverty. So the Ashtabula Family and Children First Council, which was a partnership of local government agency service providers, educators, community members, and community organizations, launched a project which was called Bridges Out of Poverty Initiative in Ashtabula County to be able to get folks involved in a 16-week course, "getting ahead" course, for people living in poverty, so that they could help them build the skills needed and work on the things that they needed to work on, so that they could be lifted out of poverty, and also ensure that the community had the supportive services necessary for those community members to be able to do that.

So it was a really great way for them to first do the deep dive into, what is it that's driving the epidemic? It's this level of income inequality. And we're able to use this tool, this framework that the United Way had developed, to be able to make the case and say, yes, there is a huge challenge here. And let's tap into the resources we already have as a community to build out a program so that we can help people get ahead and address some of the economic inequality that they're facing.

SHEILA SAVANNAH: And it galvanized a larger partnership on that issue. I think that that's really key when we're tackling what we called as wicked problems. Complex problems require complex solutions. And this is a quote from one of the partners in Ohio who talked about that working on community

determinants, it's both scary and reassuring. If we don't do this level of prevention, we'll always be chasing the problem.

And I think that that was just a really wise insight. It was difficult to get organizations that are accustomed to one at a time service provision to really back up and think about all of these factors. It unnerved people a little bit [LAUGHS] when we introduced it.

But as they started thinking about those community determinants as issues, as solutions, as partners, then it began to help them think about the ways that complex solutions don't have to be complicated. They just need to address the multifaceted issues in front of them.

Ruben and I want to pause and talk about all of the skills that we've asked for you to do, for you to sharpen. And so this is a list of some of the skills and attributes that we see, not just needed, but that we see emerging in a lot of the people we work with across the country.

The skill to learn from both quantitative and qualitative data, narrative data, listening to the stories in communities, really hearing the richness that's wrapped around the data that you may look at and report, and approaching the work with a cultural humility that allows you to see the strengths, really putting our biases, our values in check, and really listening and hearing how that culture in that community expresses what's important to them.

Sharing leadership, that's a tough one. Especially working alongside with community members if you're not accustomed to doing it. And so it's one of those skills that requires practice, may require some missteps. But it's often about not convening the table until you have community members say, where are they comfortable with the table being placed? And this is something we talked about in some of the slides, investing in community and culturally rooted practices.

Definitely, when we talk about what drives structural harm, where you choose to invest. I was trying to remember how Tacoma phrased it, that budgets are a value statement. So looking at, how are we investing in community and culturally rooted practices, so that we are really changing the investment to close gaps and to lift potential assets in communities to fully engaged assets and resources, and how are we placing money and resources in those organizations that have been in communities for a while?

Understanding and acknowledging community trauma, and taking the time to allow those around the table to really talk about how they experience it. Examining practices and policies for implicit bias. We encourage people to really engage in implicit bias training, because it really helps you see that we are all driven by our biases. We have been socialized to accept or not accept things that just cause our decisions and our immediate reactions on issues of race, gender, socioeconomics, and other factors. And so just causing an awareness of where those may be emerging in our work.

Changing community factors to change health outcomes. There's a group in Houston, which has pretty much said, we can't expect something different if we're doing the same. And so if we can change community factors, then we can begin to see changes in health outcome. And working further upstream to impact the most people. And this all requires that we be introspective, and be willing to change.

And I know we've talked about this term upstream a lot. And we're going to pause and not assume that everybody knows what that means, but I'm going to ask Ruben to share a really good narrative that helps you remember it. [LAUGHS]

RUBEN CANTU: Thanks, Sheila. And so this is a story that I've heard multiple, multiple times. And then a few years back, I was reminded of this story by a colleague. We've mentioned the partnership we had with folks in Tacoma a couple of times. And one of the leaders of that work, a gentleman named Toby Joseph, who's with American Indians for Progress in Tacoma, shared a story from when we were talking about the need to move upstream. And the story goes that one time there were three sisters who were walking along the banks of a river. And they came across a number of children drowning in the river. And more and more children were flowing down the river, drowning, and struggling to stay afloat. And one of the sisters took immediate action and jumped right in, and started pulling some of the children out of the river to save them from drowning.

The second sister jumped in and started teaching some of the children how to swim quickly, so that they could stay afloat until somebody was able to rescue them, or until they were able to rescue themselves. The third sister started moving away from where her two sisters were doing that work, and started moving upstream. And when they noticed she was doing that, her sisters yelled out and said, where are you going? We need your help here. There are children drowning, we need to pull them out, we need to teach them how to swim.

And she responded and said, that's all very important, we really need to do that. But somebody also needs to go upstream and figure out why these children are drowning to begin with. Where are these children coming from? What is it that's happened upstream that is causing them to fall into the river, and that's putting them in this position to begin with?

And a lot of times, especially when we're doing work around things like substance misuse and substance use and violence prevention, our instinct is always to jump in and immediately start saving lives. And that's one of the most important things we can do. And that's where a lot of the funding and a lot of the resources and a lot of the attentions go. But we also need to make sure that we're thinking about prevention. And what has gotten us to this place, and what is it that we need to do to try to prevent it from either getting worse, or from happening again in the first place?

And that was one of the big challenges we faced when we went in and started doing this work in Ohio, was people were in the midst of the crisis, and people were seeing overdose deaths every day. And their biggest concern was, we need to get in there, and we need to start getting naloxone and other things in folks' hands, so that we can reverse overdose deaths as they're happening. And it was at one point where people started to realize, when we made the case and we started talking about prevention being an important thing and talking to them about prevention in the same way that we've been talking about it today, that people realized, you're right. If we don't take a step back and look at what's getting us into this position to begin with, if we don't do that, we're always going to be chasing that problem.

And that, I think was the turning point for them to realize, we need to do all of this. We need to make the space for prevention. And if we work with other partners, that helps us be able to make the space for prevention.

If we're able to leverage everything that we're working on together, that helps make the space for prevention. And if we're able to think about it and really engage with our community members and hear what they're saying, that'll help us make the space and make the case for prevention.

PRESENTER: Yeah. Thank you, Ruben.

SHEILA SAVANNAH: Yeah. Good way to always remember that paradigm. And the other thing to really leave you with before we turn to a pause for any questions that you have is, so often we do needs assessments. But as Lupe Serrano says is, "When you start with needs, you get programs. But when you start with strengths, you get possibilities."

And definitely, programs are needed in our communities. Programs are needed throughout the country. But even more so, we need to engage communities in a way that helps them discover their possibilities. Because that's where we get that multi-generational change that's lasting. So Stephanie, we're going to pause, and Ann, we're going to pause for any questions that anybody may have, including your team.

And Ruben, I'm going to ask you, have any other questions come up? I know you sometimes have tremendous thoughts and notes that you write down.

RUBEN CANTU: So one thing I will kind of loop back around in. And so somebody asked a question and made a comment in the Q&A around, sometimes we find that people don't want to say that they're in poverty. And that made me think a little bit about Sheila, as you were talking about the skills and attributes needed that if we're talking about things like poverty, or we're thinking about things like trauma, especially intergenerational and historical trauma, and we're talking about things like substance misuse and mental health and mental illness, there is a great deal of stigma attached to all of those things. And those are things that people have a really hard time talking about.

And one of the things that has really become clear to us is we've been doing this work around prevention and focusing on prevention, and focusing on the community environments and the drivers and the things that have put us in this position is, it helps to also alleviate some of the stigma associated with things. And it really helps to shift the question from one of individual responsibility, and what did you do to get yourself in this position, what did you do wrong, to, what are the things around you that have put you in this situation? Not what did you do, but what's happened to you?

SHEILA SAVANNAH: What's happened to you, yeah. So the other thing is often talking in Prevention Institute's work at the community level, I've seen that help people shed some of the stigma. And so it's not just about what happened to you, but what happened here? What happened in the community? What's the story of what happened to the people live here? And so it's not just a personalized story, but it's a story of collective impact. Someone asked a question, for me to repeat the quote. It's, "When you start with needs, you get programs. When you start with strengths, you get possibilities." So I think that that's an important thing, and that's what we've been talking about.

There's another question here, how do we educate community leaders to understand that poverty is a trauma and not laziness? Yeah, I think it's just finding different ways and consistently saying it, and demonstrating it. And it requires a receptiveness to learn. I think definitely working on the social determinants of health helps people understand, what are those pathways that keep people from thriving?

There's one question here about, how do you teach people about alcohol outlet density? Some of the things that I've seen, that I thought were really creative were walking surveys. So having people just go into their grocery store or corner store, and map out what's in the first row? What's in the next row? How many different kinds of water or milk or juice are there, versus how many types of liquor are right in the front of the stores?

And so that just opens a conversation, because just like we showed the pictures today, that helps tighten that visual lens of what is going on around you that's impacting your health? Good questions. Yep.

Is there any data about how the rates of substance misuse changed in these communities? I think also earlier, we were asked, could we send information about which counties were included? We can send a report, and also connect you to our state partners in Ohio, that I'm sure have more recent reports on how each of those counties is doing. But thank you for your question.

RUBEN CANTU: So there's another question here. Can you help connect the dots? The concepts presented about the community-level change and some of the SAMHSA requirements for primary prevention, utilization of evidence-based initiatives, et cetera. How do you address social determinants of health or, I'm assuming what SDH stands for, with primary prevention funding?

SHEILA SAVANNAH: There's a couple of ways that you could do it. One, you can use social determinants of health assessment when you are doing your needs assessment. So instead of just looking at data on substance use and misuse, you can also look at housing you can look at things like alcohol density outlets. You can look at things like transportation and education. So you begin to look beyond just the silo of your work.

The other thing is similar to the work in Ohio. You can begin to associate partners with what their impacts are. Are they dedicated to impacting community development and small business development or education? Or are they dedicated to strengthening the food systems and not only availability, but food sovereignty? And so that's another way to begin to look beyond just the lens of substance abuse prevention and treatment.

Also, if you're familiar with the ROSC the Recovery-Oriented Systems of Care, they often, from the standpoint of what sustains long-term recovery, think about multiple social determinants of health. What are the healthy and sober ways of socializing? Where are the green spaces?

Where are the places to connect? How has transportation routes built risk or protection for people in long-term recovery? So those are just some of the ways.

RUBEN CANTU: There's one last question that came in, and it's a good closing comment and question that I think we can try to add a little bit to. So I'll then ask, someone wise said that you can't legislate an appreciation for humanity. How then, do you suggest that we initiate and sustain conversations for perspectives in value and diversity from all definitions can possibly lead to real, long-term, humanitarian, systemic change? Valuing all life has to be the core.

And I think one of the things that I would say, and I'll ask Sheila to jump in is, we always talk about being able to make the case for this approach or that approach, or this strategy. And a lot of times when we talk about that, people go to finding the data and the numbers. And that's really important to be able to make the case for change.

But I think also, you've got to have the qualitative along with the quantitative, when you're trying to tell those stories and talk about what's going on in the community. So being able to talk about the real life people behind those numbers, a lot of times, really helps. Humanizing it a little bit, being able to share the experiences of folks and lifting up those folks to be able to share those stories as well.

SHEILA SAVANNAH: Yeah, yeah. I think along with that is when you bring people with lived experience to the table, and give voice or magnify voices where they can speak their truth, and not just for one meeting or one event, but really in a long-term partnership with the work. It helps people address their biases and their socialization at the rate that they're ready. Definitely your commitment to engaging people across all kinds of diversity, and doing it

unapologetically is something that helps others around you become more comfortable with it. It's almost like moving through the discomfort to get to a different place. But thank you for that question.

PRESENTER: All right, I think that was all the questions that we had, and we're right at 2:30 here. That was excellent timing. We really want to thank you both so much. This was an excellent, excellent webinar, and everyone in the chat, as I'm sure you're seeing, is agreeing and thanking you as well. So we really appreciate it, and we hope to have you back in the future.

SHEILA SAVANNAH: Thank you very much.

PRESENTER: Have a nice day, everyone.

SHEILA SAVANNAH: Thank you.

RUBEN CANTU: Thank you.

SHEILA SAVANNAH: We wish you the best with your work.

PRESENTER: Thank you.