Nothing About Us Without Us

Presenter: Christina Mancebo-Torres
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REBECCA BULLER: Good morning. Welcome. And we are opening the doors so folks can get in and get settled. We'll be starting in about three minutes. Welcome, everyone. It's great to see people joining us from all over the United States. We are going to get started in just a minute or so. We're going-- a few minutes to let folks get into the room. And thanks for your patience. We'll join you in just a minute. It's mesmerizing watching the chat with all the folks from all over the country. It's great.

Good morning and Happy New Year. Glad to have you all with us this morning. You've joined us for Nothing About Us Without Us-- Best Practices for Community-Led Prevention with Christina Mancebo-Torres. And we're very happy that you're here.

This presentation was prepared for the Great Lakes PTTC under a cooperative agreement from the Substance Abuse and Mental Health Services Administration. The opinions expressed in this webinar are the views of the speakers and do not reflect the official position of the Department of Health and Human Services.

The PTTC believes that words matter and uses affirming language in all our activities. Again, thank you for joining us. I want to just mention a few housekeeping items. If you're having technical issues, please individually message me, Rebecca Buller, or Alyssa Chwala in the chat section at the bottom of your screen and we'll be happy to assist you.

If captions or live transcript would be helpful, please use your Zoom toolbar near the bottom of your screen to enable by going into the More Section, Select Captions, and Show Captions. If you have questions for the speaker, please put those questions in the Q&A section at the bottom of the screen and we're going to help and direct those questions at the end and save time for that.

You will be directed to a link for a short survey at the end of the presentation, and we would really appreciate it if you could fill it out. It takes about three minute. And it's how we report back to SAMHSA, and it helps us continue to provide these kinds of trainings.

Finally, certificates of attendance will be sent out via email to all who have attended the full session and it can take up to two weeks to get those

certificates. If you'd like to know more about what we are doing or information on upcoming events, please see our social media pages.

And now I'd like to introduce our presenter. Christina Mancebo-Torres is the Program Specialist for the National Hispanic and Latino Prevention Technology Transfer Center. Prior to this role, Christina worked as a prevention coordinator for a local board of health in Southeastern Massachusetts where she worked with Hispanic and Latino community leaders to implement prevention strategies at the community level. Christina holds a master's degree in public health and multiple graduate certificates in epidemiology and global health. She is also a current doctoral student in Liberty University's PhD in Health Sciences program. At this point, I'm going to turn things over to Christina. And again, thank you for being with us.

CHRISTINA MANCEBO-TORRES: Thank you. I just want to welcome everybody to our webinar today entitled, Nothing About Us Without Us-- Best Practices for Community-Led Prevention. Like she said, my name is Christina Mancebo-Torres, and I am the Program Specialist for the National Hispanic and Latino Prevention Technology Transfer Center. Next slide, please.

This is our grant information. The slides will be sent to everyone following the session so you can review this information at your own convenience. Next slide, I'd like to take a moment and reflect on the power of words and remind you that together we can use our words to create positive change. Next slide.

This is the TTC network map with information about the addiction prevention and mental health technology transfer centers. Each network is comprised of 10 regional centers and three national centers, the network coordinating offices, National American Indian and Alaska Native TTCs, and the National Hispanic and Latino TTCs. Our center has a national focus for Hispanic and Latino communities and the workforce that provides services to these communities. Next slide.

Please allow me to introduce you to our parent organization, the National Latino Behavioral Health Association, also known as NLBHA. NLBHA is a nonprofit organization located in New Mexico with the mission to influence national behavioral health policy, eliminate disparities in funding and access to services, and improve the quality of services and treatment outcomes for Latino populations. Next slide, please.

NLBHA's objective is to provide national leadership on mental health and substance abuse concerns of the Latino community. Our policy priorities are selected capacity expansion of mental health services for Latinos, Latino behavioral health evidence-based practices, legislation to increase the number of behavioral health professionals, funding for co-occurring disorders

of alcohol and substance abuse, opioid crisis in the Latino community, and suicide prevention. Next slide, please.

Our team is staffed by Dr. Susie Villalobos serving as the project director, Priscilla Giamassi as our project coordinator, and I am serving in the role of program specialist. Next slide.

So today, we will be discussing a Latino-led community engagement framework that I developed based on previous experiences I had in implementing community-based opioid overdose prevention strategies in Massachusetts. We will go over some background go through the framework, and then apply it to the Great Lakes region where most of you are logged in from.

My hope is to have some time at the end of the presentation for Q&A, so feel free to enter your questions in the Q&A function or the chat. Next slide.

So who am I? As you know, I am the Program Specialist at the National Hispanic and Latino PTTC. As was already said, I hold a master's degree in public health, graduate certificates in epidemiology and global health. I'm a current PhD student in health sciences specializing in trauma-informed care. I am also the co-founder of a nonprofit organization called Centro de Ayuda y Esperanza Latina. So you'll see the acronym CAEL or you'll hear me say CAEL quite a bit today, and that's what it stands for, which is where this framework was developed. I live in a coastal gateway city in Massachusetts, but before that, I lived in the Dominican Republic where I implemented international health programming.

And I have previous experience in community-led Hispanic and Latino-focused opioid prevention program development. So that is where a lot of what we'll talk about today comes from. Next slide.

So we have two main objectives for today-- to identify the principles of community-led prevention that can be applied to a variety of communities and issues, and to identify solutions to common barriers in community-led prevention. Next slide.

So I believe it's important to understand where and in what circumstances models programs or practices are developed so that we can make necessary adjustments that benefit our populations. It's not always necessary, but can definitely be helpful. So New Bedford, Massachusetts is a city of slightly over 100,000 according to census data. It's historically known for a very large Portuguese population and for being the fishing capital of the United States. We've seen large waves of migration from Latin America, specifically Guatemala due to the persecution of Indigenous populations, and Puerto Rico after Hurricane Maria. Officially, according to Census data, where slightly under a quarter Hispanic and Latino, but local experts and data suggest that

it's actually closer to about half. Our community is low-income, working mainly in factories, construction, and the fishing industry. We see significant social determinants of health disparities in our Hispanic and Latino community. Next slide, please.

So like I said, CAEL stands for Centro de Ayuda y Esperanza Latina, which is a small nonprofit in New Bedford, Massachusetts. This framework has five steps. These are not linear by any means and can be repeated or skipped depending on the needs of the community.

This is not specific to substance misuse but can be applied to really any issue where community engagement is prioritized. So those five steps are assess, trust, organize, implement, and evaluate. And I will review each of these steps in more detail in the next several slides. Next slide.

So step 1 is assessment of the community. Get to know your community. Sometimes in prevention, we make decisions based on what others tells us is needed, especially if they are more experienced or more respected in our community. However, it is extremely important to get to know the community. Sometimes assumptions are passed on to newer prevention coordinators as if they are facts. So it's important to ask yourself, how do you know what you think you know? Where's The data to back up your opinions and assumptions about your community?

For example, in New Bedford most department heads and organizational executive directors believed that our largest populations were Portuguese-speaking and Indigenous migrants from Guatemala, leading them to focus almost entirely on these groups. However, Census data shows us that our largest group is the Hispanic and Latino population with the majority coming from Puerto Rico. Using data will help you to challenge a lot of those longstanding assumptions that exist in your community.

Some of you might be working in communities that are defined as majority white. Well, did you know that there are Hispanic and Latino communities that are white-passing? There are immigrant communities with diverse needs that are of white race. Disparities in poverty and education can impact the way you approach prevention in these communities. Race isn't the only defining factor when it comes to working with the community in an authentic way.

Diverse data will help you to have a clearer picture of what is going on in your community and who is most impacted. Archival, quantitative, and qualitative data sources should all be used whenever possible to provide a wealth of information. Examples of each of these will be shared on the next couple of slides, but before moving on, I want to emphasize the importance of speaking to non-traditional sources.

When I first started working in community-level prevention, I was told to speak to the program managers, department heads, executive directors, and higher-level community organizers. However, what I found was that speaking to the community itself was the most impactful.

In my work with the Hispanic and Latino community in particular, I started with pastors, community coalition members, community outreach workers, and then we began having forums to speak to the community directly. These conversations brought me so much farther in this work than any conversation I had with program managers, department heads, executive directors, or community organizers. Next slide, please.

So here are some examples of archival and quantitative data sources that I typically use. In states that use a county health system, you will likely have other data available to you like the County Health Rankings data. In Massachusetts, we are on a city and town health system still, so it makes it a lot harder to find this type of data. We have more than 300 health departments in Massachusetts. One thing that we did utilize was existing survey instruments, and we worked with evaluators to actually adapt those for local data collection.

So in our public school system, we adapted the National YRBS, and we have a state youth health survey. So we took those instruments, adapted them to collect student data every two years in grades 6 through 12. Surveys were made available in English, Spanish, Portuguese, Cape Verdean Creole, and Haitian Creole.

We also use the BRFSS instrument to create a Hispanic adult health survey which was later adapted for universal use. And that was also made available in English, Spanish, Portuguese, Cape Verdean Creole, and Haitian Creole. We later on use the Communities That Care tool to supplement the student survey data that we were collecting. So one year we would do this youth health survey adaptation; the following year, we would do Communities That Care. So we ended up with annual data coming from the school department. Next slide, please.

So like I discussed earlier, there are valuable data sources in our communities beyond the traditional sources. Pastors, community leaders, coalition leaders, coalition members, community members are all helpful when determining the issues impacting the community and potential solutions.

Community-based organizations often have information related to the barriers that exist around accessing services for community members. This list is not exhaustive and the types of community brokers you may engage with will likely depend on the community you are serving. Next slide, please.

So local surveys, there are some things that you should keep in mind. The shorter the survey, the more likely people are going to fill it out. Don't survey just to survey. A lot of times coordinators feel pressure from their bosses to survey or from the state that their funding is through to survey, but you should really use surveys to fill in data gaps.

Use what is already available to figure out what is missing. Keep your wording simple. A third grade reading level is ideal. Not everyone can read even in their native language, so have options available for low literacy, non-English-speaking, and visually impaired populations.

And engage the community when creating surveys. They'll be the ones that can tell you if questions don't make sense or if it should be asked in another way because they're the ones that are going to be filling out the survey, so they can be really helpful. Next slide, please.

So step 2 is relationship-building with community brokers. In a lot of communities, especially those with high levels of mistrust, it is vital to gain the trust of community brokers. When community brokers are on high alert, they will be trying to determine what your true motivation is. Are you there because you're really interested in helping and working with their community or are you just trying to complete a deliverable?

Sometimes we feel the need to rush to offer solutions. I urge you to not do that. Listen intently to what the community is saying and offer realistic solutions. And refer to other agencies when appropriate. Be realistic when making commitments with the community because if you don't follow through with what you promised the community, it can be a reason for them not to trust you later on. Maintain high levels of communication and be transparent. Next slide.

So assumptions are one of the greatest barriers to building trust because they keep you from engaging in authentic conversations with the community, making it impossible to address the issues the community is facing. Some ways to engage in authentic conversations and activities are through personal one-on-one meetings with community leaders. Community listening sessions. These can be open forums or they can be topic-focused. And activities and trainings on topics of interest to the community.

One thing we did is we did Narcan trainings, we did substance misuse education. We had meetings with policy-makers. For the one-on-one meetings, I individually met with more than 60 pastors in our community. And we had both open forum listening sessions as well as topic-focused ones. And these started to grow the more we had them. So the first one will be smaller, but you'll start to see more people coming over time. Next slide, please.
So step 3 is community organization and development. When organizing the community for community-led prevention, it is necessary to have a SMARTIE

goal. I'm sure you've all heard of a SMART goal. This is going beyond that. And that should be developed in collaboration with the community. So it's Specific, Measurable, Achievable, Relevant, Time-bound, Inclusive, and Equitable.

You should identify leaders in the community that can lead this work for greater success. Whenever possible, do the work together. The reality is that some work will be done outside of meetings, especially if you're a full-time program coordinator. But the community should be at least aware of the next steps that will take place between meetings. And if it makes sense to, invite the community to be part of that process even if it means having subsequent meetings.

Transparency and communication are vital to the success of community organizing. You don't have to be the answer to every issue that arises. Linking community members to other organizations and services helps them to know what services are available to them so that they can share that information with others in the community that you may not reach on your own. This also helps you to become a trusted individual in the community.

I know in my experience, people would start to come to me for things that, while it wasn't in my wheelhouse that I could connect them to, and they would continue to come to me. I would be like their first call, basically, which shows a level of trust. There were meetings after a while of this type of relationship-building where the local health director met with the community and they said to him, can we just work with Christina? Because that trust had been established.

So it really does bring you a lot further doing it in this way because they know it's not just about your goals and your project and what you need to meet, but it becomes a feeling of, oh, this person actually cares about what's going on in this community. They want to help us find solutions. Even if they're not the answer, they still help us find the solution, so it's really important. Next slide, please.

So this is the public participation spectrum which shows five different stages of public participation, the goal of each stage, and each stage's promise to the public and the impact it has on the decision. It essentially shows that the more ownership the community has on a decision, the more likely it is that this decision will be successful.

For this reason, the goal is to be at the Empower phase when where the decision-making is in the hands of the public. However, keep in mind this is a process of education and training that takes time. The more readiness the community has to engage in this type of work, the faster the community will reach this phase.

Personally I feel that being at the Collaborate phase is a sign of great success in this work of community organizing because that means you have people authentically and consistently engaged in this work. The Empower phase to me is like the sustainability goal in community organizing. Next slide.

Step 4 is to implement community-led strategies. As your community goes through data and identifies issues they would like to address, strategies will inevitably be identified. These should be chosen as a group using whatever decision-making process is pre-established, whether it be majority or consensus.

Once one or various strategies are chosen, program should be reviewed for best fit. You may get to a point where you need to review curricula or materials to see if they're culturally appropriate. If it turns out that you do need to make cultural adaptations, work with developers to do so. A lot of the time, they're more than willing to engage in conversations because it further validates their program with different populations. So it benefits them and it benefits the community. Next slide.

And step 5 is to evaluate progress and plan for quality improvement. So a lot of people don't like to do program evaluation because they think you're trying to get rid of their program. You're trying to show them that it doesn't work. And so a lot of times when you talk about program evaluation, people have their guard up, they get defensive. It's happened to me doing community-led work. So I suggest always framing it through a lens of quality improvement. So you're not trying to get rid of their program or you're not trying to prove it does or doesn't work. You're trying to improve it so that it's the best program possible.

So non-traditional demographic categories will help you to determine what populations aren't being served and any disparities that exist. So a lot of groups, Hispanic and Latino is one group in particular, a lot of people think that we're all the same, but there are a lot of cultural differences depending on country of origin, depending on whether you were born here or you immigrated here, depending on how old you are when you came to this country that will impact some of the way that programs work.

So by going beyond just race ethnicity, maybe to region of origin or like how long have you been in this country, things like that, especially if it is anonymous surveying, can really help you to see, OK, well, these people that said that they were born here seem to be doing better or seem to be struggling a little bit more with these outcomes, let's look at why. And then you would start to look at data and talk to people and have those conversations about what they feel worked or didn't work. Next slide.

So how do we apply this model to the Great Lakes region? Next slide. So this is Census data for each of the states in the Great Lakes region for race and

ethnicity. As you can see, depending on where you're located, the communities served might be very diverse or it might not be. Regardless of the specific demographics of your community this framework can still help you authentically engage them. Next slide.

So this data was provided to me by the Great Lakes PTTC. And these are some of the needs that were identified in a data collection process and a needs assessment that they did. So based on this information and my own experience, many of these issues will be addressed when community trust is achieved. So I'm actually going to focus quite a bit on community trust.

Resistance to school surveys is often because it's unclear what you will do with the data once you have it or there's a lack of transparency. I experienced this quite a bit in the early stages of working in community prevention because the school department didn't want the data going public. They didn't want the city or the school department to be given a bad rap, to be presented in a bad light.

And so until we had conversations around, OK, this is what we're agreeing to, this is what we're going to do with the data, they didn't want anything to do with it, and they actually held on to data for years. Until we did come to a place where the relationship had been built, where we had memorandums of understanding, where they knew that they would get a report back, but that it was private data, it would not be public. So that could be something that some communities are facing.

Parent participation issues can be for a variety of reasons, one also being a lack of trust. I know that as a parent, I have to be concerned with-- especially if I am in a household that struggles with substance use, that struggles with mental health. Not everyone understands the impact that has on children, for example, or how to help in a way that really benefits.

And if I don't know you, if I don't trust you, if I don't know how you're going to react to some of the information I share with you, I'm likely going to close off because I don't really know you. I don't want to tell you what we're struggling with in our community because it could change the way that you interact with us. It could result in a call to social services because there's plenty of data to support that Black and Brown and Hispanic communities face social services calls at higher rates than the white community even though the white community also has substance use issues at a similar level.

So without that trust being there, it's very unlikely that parents are going to get involved, especially if they don't know what's in it for them, what you want out of them, that you actually care about what they're going through. If you don't provide things like child care or transportation if you're in like an urban area where you have a lot of people that don't have transportation. So things like that can definitely add to the struggle.

Community buy-in, again, is often due to issues with trust and communication. There, unfortunately, have been communities where coordinators go in and they tell the community what they're going to do. And so people sometimes don't feel like they have an opinion or have a seat at the table, and so it makes it harder for them to buy into it.

And at the end of the day, as we saw earlier with the public participation spectrum, things are more likely to be successful if the decision is made by the community. And collaboration with schools can be due to a gap in understanding around what you're doing and how it supports the students. It can also be due to a lack of agency trust and relationship. It could be that the schools have a lot of pressure on them when it comes to testing, when it comes to discipline, when it comes to certain outcomes that they have to reach and you're coming in and asking to put one more thing on their plate.

So I know for us, when I was working in Massachusetts, we actually had to go to the school department and say, we will do everything. We want to survey your kids, we'll come in and survey them. We want you to do this life skills curriculum evaluation, well, we'll come in and we'll do the pre/post and we'll analyze and we'll give you the report.

Because it was just too much, and luckily, we were in a space where the teachers could tell us that, or administration could tell us, look, we want to do this because we see that there's a need, but we just don't have the capacity to take this on, we need your help to do this.

And so by having those conversations it really allowed us to figure out a solution to the problem where the students are struggling with these issues, but we are not at a place where we can do it, but you guys are at a place where you can do it, but you don't have access to the students, so we were able to come together. So really, communication is so important in building trust and in doing this work.

Assessment, community organization, implementation, and evaluation are all areas where skills can be learned and then put into practice. But building trust is different. It takes time. It's not learned and it requires interpersonal experiences. Without it, it's very difficult for the other pieces of this framework to flow well. So on the next slides, we'll talk about some recommendations about building trust. Next slide.

So one of the biggest recommendations I can offer you is to go where the people are. A lot of times, people in positions of power expect the people to come to them. There tends to be in some places-- this was definitely the case where I was working at the health department where the expectation was, we're the health department. People should want to come to us. We were doing these activities, why wouldn't they come?

But honestly, it doesn't really work like that. You want to hold activities where people are either already going or where they feel comfortable. There was a point where we were doing what we call Charlas, which are basically educational conversations. And we were doing it around substance misuse in the Hispanic and Latino community.

And we asked people, where do you feel safe? Where do you feel at home? And based on that information, we were able to tailor what we did in those spaces, which, for very specific reasons, everyone pretty much told us churches. So we decided, all right, well, that's what we need to do.

And pretty much everything we did moving forward, we did in churches. And we had very high turnout, a lot of people coming, much higher than other agencies had seen that had not gone about it in that way. Some other things. Just ask the hard questions. No one wants to hear the answer to why they don't trust you, but asking that question is going to go a lot further because it just opens a space where you're vulnerable and that will help people just to be honest, because you're really putting yourself out there when you do that. So what are their concerns and what do they think can be done? The answer might be nothing. And that's OK, but just having those conversations will help you to just figure out, all right, what is something that we can try here? Like I've said a lot, be transparent. Provide opportunities for these community conversations to occur.

We started having these community forums and we would do outreach to the communities where the population lived, door to door. We had like a postcard-type flyer thing that we would hand out. If people weren't there, we would leave it in the door. We had pastors calling and letting people know. So we had to be diverse in our approach to community outreach, but it was really necessary to do it in that way where people would see you in the community. Not doing it so much behind Facebook or Instagram or Snapchat or whatever. Not doing it through email, but really like showing up in the community.

And what we found is there were a lot of agencies saying that they had a lot of pull with the community we were serving, but when we would ask them to help with outreach, we found that the most effective place was what already had been told to us by the community, and that was churches.

We worked with an agency one time. It's one of our family resource development centers. And they asked us to do a community forum on homelessness. So they were to do a lot of the outreach because they said that they had that community very, very engaged in their agency. But we still did outreach the way we always do through the churches. And everyone that came was from our outreach. And so it's like, don't assume that because an agency has been around for a long time that they are going to have that type of pull in that community and that type of trust and that community because it

doesn't always work out that way. You just need to let the evidence over time tell the story. Next slide.

So some other recommendations. Foster relationships with community allies. So trusted members of the community or trusted community leaders. So when I was doing this work, my first Charla I did by myself, but after that I never did it by myself again. I started meeting with community leaders. There was one in particular who was very interested in getting involved and doing this work with me.

And so everything I did after that, he was by my side in that work. And I think that really helped because he was very well-known in the community. He's a pastor, he had a TV show on cable access for a very long time, people know him, people trust him. And so doing it alongside him helped a lot. He has a lot of connections. We started getting the superintendent of schools to show up. Our state representative started showing up. The mayor's office started calling me. And I had been working in city government for six years and he didn't-- no one knew who I was because I was in a back office. And all of a sudden, the community was being recognized for the work that they were doing.

All of this happened during COVID when the churches were about to open back up. The mayor, the police chief, and the health director held a meeting in the community with this population for the first time ever. So just really big strides that were happening just because agencies and community came together and that's very powerful.

Really, just ask the community about their needs and concerns and work with them to identify solutions. So this is where those open forums come in. So we would do community forums that literally we would just say the community, come, and tell us what the city is doing well and what the city is not doing so well.

And so people would come and they would share what they were facing, and we found that a lot of people were facing the same thing. And even though they had gone to that system and complained and filed grievances, nothing was being done. And so we ended up working with the community to try to make some progress on this issue. And that's where the state representatives came and explained the process to them and educated them.

And I can't say that all issues can be resolved because these systems are very complex. But they at least know that we did everything that we could at that moment to address these issues. And I've been now with the PTTC for almost a year and I still will get phone calls, even though I'm not in an official position in the city anymore, asking, what do I do, where do I go, who can I talk to? And so that says a lot when you leave a position and you are still considered an asset in the community. Next slide.

So in conclusion, the elements of this framework can support community-led prevention in a variety of settings. A person-first approach is crucial to success. And let go of any assumptions that you have. Let the evidence guide the process. So I went really fast, so there's plenty of time for questions and discussion around any of this. So I don't know if someone from a Region 5 wants to do this like—

REBECCA BULLER: Yeah, I'll help with that. I'd be happy.

CHRISTINA MANCEBO-TORRES: I went really fast.

REBECCA BULLER: It's OK. We've got questions, and they'll take a little time. Again, we want to remind folks to put their questions in the Q&A section at the bottom of the screen. And we'll start with one of the first ones. I think it came in actually through the chat, but I made note of it.
Let's see. Shannon's wondering, when you-- Christina said that they use substance misuse education with pastors and in the community. Is there a curriculum that you would recommend, Christina?

CHRISTINA MANCEBO-TORRES: So actually, now-- I mean, there are curriculums out there. Familia Adelante is a good one. But I didn't use a curriculum. We actually just-- we used data to explain in a way what was going on in that particular community because during the beginning of the opioid epidemic, a lot of people were saying that it was a white-only issue. That it wasn't impacting our communities of color.

And so what we ended up doing was we decided to do a death record analysis. So we went to our city clerk. We requested to collect data off of their death records going back to 2012. And since I have training in epidemiology, we analyzed all of that data in-house. And we-- between that and the school surveys, we made this PowerPoint of this is what substance misuse looks like in our community for adults and youth. These are the risk factors because we had the Communities That Care survey, so we had risk and protective factor data.

And so we presented all of that first. And then we had what I would describe as almost like a focus group where we asked people what needs they felt like were missing. What access to services they just could not seem to get. Like I said, where they felt safe. Did they feel safe in their community?

Things like that to get a clear picture of what was going on because there were a lot of beliefs among stakeholders that the substance misuse we were seeing in that community was because they couldn't get access to culturally and linguistically appropriate services, so they were coping with substances. And so during that time, I was working on a grant called Overdose Data to Action. And I worked with the state because it was a state pass-through funding opportunity. And we had developed a plan which wasn't so much with

programs, it was something very innovative. So it was a Hispanic and Latino leadership development for community members.

It was an assessment and capacity plan for community-based organizations to make sure that they were implementing the class standards, which technically isn't a requirement of community-based organizations, it's a requirement of health care agencies, but the state said that I could go ahead and try to make it work with community-based organizations, so that's what the plan was. And then to also implement Familia Adelante, which is an evidence-based program for substance misuse prevention and HIV prevention.

REBECCA BULLER: Great. Thank you so much. Let's try another question. Do you have suggestions for how to build and maintain trust in a situation of ongoing staff turnover like in schools and agencies and community coalitions?

CHRISTINA MANCEBO-TORRES: So my suggestion for that, because that was our experience as well, that's where finding an ally in the community that could continue the work would be really important. The way we did it was a little bit different because I know most places wouldn't do this.
The organization I mentioned earlier, CAEL, that was basically our sustainability plan for when the funding ran out.

So we actually created a nonprofit to continue this type of community-led work, which obviously is like a crazy giant leap of faith in a lot of ways, but I left that position. As of right now, it has not been filled. So the community is not working on any of those strategies that had been pre-set up for them because they haven't been able to find anyone to fill that role.

So obviously we have a nonprofit that does some of that still to this day on a smaller scale just because funding is what it is, but sometimes it's thinking outside of the box. It's finding someone who, in some capacity, is already engaged in the community and building their capacity a little bit more in this type of work.

So my recommendation would be, don't do it alone, because you're setting yourself up in a way that if you leave or if somebody leaves in that position that's doing this work, you're almost guaranteeing that it won't continue, but if you do it with the community, if you do it with a community leader that, let's say, has been there for 20 years, chances are, it's going to go further than if you just do it by yourself.

REBECCA BULLER: Great, thank you. We're wondering, what method did you use to host an event for the homeless population? For example, where did you host it? How did you inform them of the event?

CHRISTINA MANCEBO-TORRES: So that was a community forum. It was held at the same church we were holding all of our other events just for continuity. And I did face a lot of backlash for holding everything in one place, but I felt at the time, and I still do feel this way, that when you hold everything at the same place, people know where to go.

There's no question of where it's going to be or at what time. We would always have it on the same at the same time. The date would obviously change, but people knew, it was 7 o'clock at this location. The outreach was split between myself and I had a consultant for a community outreach working with us and the agency who had requested the event.

So we both did outreach our outreach. Was typically in a lot of the housing developments because that is where there will be spaces where like the homeless population or people at risk for homelessness will be around there because they're trying to get into housing. We went a few different routes. Obviously we shared with other agencies, but what we found, because we did a survey-type thing when they got there, and we asked them, how did you find out about this event? And all of them said-- names a pastor in particular.

And so we found that even though this agency that requested it was providing services for a lot of people and a lot of the people that were there had requested services through them in the past, it wasn't their outreach that brought them there, it was the word from a pastor that brought them there. So it's one of these things where we all could be talking to the same people, but the person that they trusted was the reason that they came.

REBECCA BULLER: And those relationships are really what create results.

CHRISTINA MANCEBO-TORRES: Yeah.

REBECCA BULLER: Speaking of relationships the question next is, when you say outreach in churches, can you tell us more about that? How did you build those relationships?

CHRISTINA MANCEBO-TORRES: Yeah. So I originally was approached by a stakeholder who was on my planning committee. She runs a daycare-type thing here in New Bedford. And she told me that if I wanted to work with the Hispanic and Latino community, that I should start with pastors. I didn't have any contacts at the time, so I asked her to put me in contact with someone.

She then put me in contact with a female pastor who helped me set up an initial meeting with whoever wanted to come. There were probably four or five pastors that showed up. One of them was extremely interested in working with me. He had been trying for a number of years to get more engaged in the community and with local agencies but just didn't have the connections.

And so he happened to be somebody who had all the contact information for all the churches-- we have more than 60 Hispanic and Latino churches in New Bedford alone. So it's definitely our largest faith group in this region, is coming out of New Bedford.

And I went to City Hall, I went to other agencies who claim to have this information, and they had five, maybe 10, he had a list of 60. And so we were able to use that information, update it, and I started with sending letters. We had a convening with the mayor that a lot of them came to.

When I sent letters, I would physically bring them because some of these churches didn't even have mailboxes. And so I would have to drive around the city, which our city is fairly large, and spend days just dropping off letters. If someone was there, I would stop and talk to them. I would give them a call. We used WhatsApp to send messages.

So this was all-- this all happened right before COVID. Well, during COVID, everyone's scared, everyone has questions. I became the point person for Spanish language COVID. They had me do PSAs. I was like on TV, I was on the radio, on Facebook for the city.

So all of a sudden, this person that had talked to them once was just always there. I was the point of contact for everything. I gave them masks, hand sanitizers, COVID tests when we started doing the COVID tests for home. I was the one that informed them of vaccination sites and testing sites.

So part of it was like-- it sounds bad because it was COVID, but part of it was luck. That it just happened to be that I at that moment was like starting this work, I was the one that rang the bell with the disparities in that population to the mayor's office. So it was-- the mayor was like, OK, Christina, you're going to be the one to head up all this. Go on the radio, go to public access cable, go do all these things.

And so it was-- these opportunities started coming up. When you start to be the voice for your community, I believe those types of things will happen for you, too. But keep in mind, as you advocate, you're going to get some pushback. I got a lot of pushback from the same people who had asked me to do this in the first place because I was very vocal about the needs. I had gone from being this very quiet, mousy person to this vocal person.

And so sometimes when you have to advocate for the needs of a population, especially if it's an underserved population, you sometimes make enemies in a way. But I truly believe that if you are doing what is right, if you're doing what is fair, what is just, it'll work out in the end because you will have the community right there with you.

And sometimes what needs to happen is they need a voice on the inside because they just-- they don't have those connections or they don't know where to go and they struggle to advocate for themselves, especially if you're working with a population where English is their second language, or they have immigration concerns where they are less likely to advocate for themselves.

Well now, they have you as a partner in that, and you can support them in this way, which is a way that they've never had that support before in a lot of situations. And so these opportunities will come up. And as long as your motivation is correct, I believe you'll be fine, but obviously these are things to keep in mind that a lot of people don't talk about when you start to do this social change-type work.

REBECCA BULLER: Well, you have to develop a thick skin and know that you are doing good work.

CHRISTINA MANCEBO-TORRES: Right.

REBECCA BULLER: A question relates to that, someone said, when you went around delivering those letters to the churches, were they very simple? Did you hold on to your mantra about keeping it at a third grade level or keep it simple?

CHRISTINA MANCEBO-TORRES: Yeah. So it was pretty much just like, Hello, so-and-so. My name is Christina. I work with the health department. Whatever the purpose of the meeting is-- I think I said like, oh, I'm working on a project with your community, I would like to meet with you to discuss this. And so some people got back to me right away because it's on like official letterhead, and so they respect that. Some people, it took a while and I would follow up with a phone call or a second letter. There were some people that I had I already had like a contact that knew them. So I would say, hey, can you give this person a call for me? And help me set this up. So there's different ways to go about it, but the letter will probably get you like a good 40% to respond, which is a good starting point.

REBECCA BULLER: Yeah, yeah. We've got lots of questions. Let's see, I must keep going. What avenues do you use to advertise community forums? Do you have any insights on in-person versus virtual forums?

CHRISTINA MANCEBO-TORRES: So when it comes to in-person versus virtual, I always do in-person. We did not really have any success with virtual whatsoever in this population. I think it really depends who you're working with, but for our Hispanic and Latino population, virtual just-- it didn't click as much as it did with other groups.

And then in terms of outreach, 99% of what we did was in-person door-to-door outreach. We obviously-- we still put things on Facebook and send things through WhatsApp, but 99% of what we did was going in-person, door-to-door, having conversations, going to churches, announcing it there, things like that that it was very interpersonal.

Which that's where knowing your community and asking your community what works best-- that was one of the questions we did ask when we started the Charlas was, what's the best way to reach you if we want to share information about activities we're doing? And they almost, all of them, said in-person conversations.

REBECCA BULLER: That's really important. I think that, again, it's the relationships and especially knowing your community. Let's see. In step 3, organize, do-- whoops, something moved. Do you assign tasks for community between meetings or provide training to community leaders or members under that organize step?

CHRISTINA MANCEBO-TORRES: Yeah. So it really depends on the group. So what I typically do is any time we're doing coalition-building or anything like that, I'm very goal-oriented, so there will be a list of goals that we want to achieve, let's say, in the next year. And then we would actually create an action plan.

So for the leadership development work we were doing, I knew, because we had discussed it with the community, these are the spaces where we need capacity. And so we actually made an action plan that reflected that with dates, with trainers, things like that.

So we knew, OK, from now until six months from now, we are going to do seven trainings, we have these meetings that are for planning, but between those, we might have workshops, or if there's a task that needs to be done, then yes, you would absolutely say, OK, so-and-so, can you help me with this between now and next meeting? And you would have those conversations and figure that out in those meetings so that everyone knows, all right, these are our next steps, this is who's responsible for what.

REBECCA BULLER: OK. This goes back to a follow-up on the outreach piece. We're curious about how much age played a role in some of the outreach. More traditional outreach like churches and door-to-door outreach seems like it be more successful with older populations. Do you think that's true? Any considerations on outreach to younger folks?

CHRISTINA MANCEBO-TORRES: So most of the people that came-- they were probably anywhere between like 30s and 50s. So you are talking about adults. If you're talking about outreach to kids, I think you would go with

school department. You would want to build those relationships with your local schools.

With parent groups, a lot of the time we were successful because a lot of our youth obviously still live at home. Their parents are in our churches. So we were able to get information out through parents if we were going to engage youth in any way, and we did do some activities for leadership development with youth. And so that's how we were able to reach them.

So I guess it depends on the age. If you're talking like teenagers, what programs are they going to? What schools are they at? Our school system had like a massive text app, so we were able to get word out that way for a lot of things. If you know what you're planning at the beginning of the year before the school year starts, a lot of schools send home a packet with all the registration paperwork and calendars and all that. Sometimes you can get things put into that packet.

So when that goes out, they get your flyers, your information for your agency, or whatever you want to send, but it's something that you would start planning probably now. So if you have a good relationship with the school department, you would start having those conversations.

Now if you have wraparound coordinators, they are perfect for this type of engagement because they'll know exactly how that process works. I wouldn't say go to your superintendent's office. You want more like on-the-ground people who are your outreach workers, who are your wraparound coordinators, who are your social services people within the school department because they'll really be able to help with all of that.

REBECCA BULLER: That's great, thank you. Karen asks, for years I've been recognizing the lack of trust in our community. I work in a child abuse-- in child abuse prevention, and how that impacts literally everything. How do I get other community leaders to recognize this as a high level of importance to be addressed when looking at why, whatever they are doing, is not working? They hear my words when I say there is a lack of trust in our community, but they do not address it.

CHRISTINA MANCEBO-TORRES: So when I faced this issue of what I was saying was not being taken seriously, what I ended up having to do was get that information directly from the community.

So if they don't trust you but there's someone that they do trust that you could work with to get them to basically admit that in a community forum or in stakeholder interviews or something like that where now you have hard data that you can say, hey, guys, look, this is what people are saying, this is what they say could help, now let's come up with an action plan or a strategic plan of how to address this particular issue.

Because a lot of the time, at least in my experience, people didn't believe me. Even though I identify as Latina, people didn't view me in that way because obviously I'm white. So it was like-- like things got said to me just about our community in general that were huge assumptions.

Like, I had someone-- my boss tell me, Hispanic and Latino people don't deal with racism or colorism, which we know that's not true. We know that it is a huge thing in our community just like it is in the African-American community and the Cape Verdean community and a lot of communities. But this person, after my first Charla, told me, they don't face that.

And so it wasn't until I was like, but this is what they're saying, I had it on paper, I could put it in a report and be like, here you go, this is what they're saying, that it was taken seriously. So me saying it as an employee, as a professional, as someone with work experience in this field wasn't enough. And I expect that that's not an isolated case in South Eastern Massachusetts. It's likely something that impacts a lot of you.

So I would say, whenever possible-- and that's why I refer back to data so much, because it's easy to discredit what you say. It's not so easy when you have a stack of surveys or when you have notes from stakeholder interviews where you can say, but look, here's the proof, then they can't discredit it so much anymore.

REBECCA BULLER: Good. Thank you. What is the process for a death case analysis? I work at a health department and we do fail reviews for teen and infant deaths and alcohol and suicide deaths.

CHRISTINA MANCEBO-TORRES: So what we did was-- I created a tracking sheet. So it had an identifying number. We didn't collect name or date of birth or anything like that. I believe it was like-- the number was like the month and the year and the number in the series.

So if it was like January 2022, you would put 01/22, and it's the first case in that month, 01. And so you would just do it in order like that just so that if you have to go back, you can find it. And then from there, I would do race, ethnicity, gender, age, their occupation. We did do place of birth, the place of birth of their parents because that would tell us if they were first generation or not.

We would do things like the immediate cause of death, secondary cause of death. They would have in there if it was a work injury. It was-- I've never seen a work injury when it came to substance use, honestly. We would do any substances that were in their blood and pre-existing conditions, and if it was like a suicide or accidental overdose or a natural death. You typically see natural death with alcohol deaths.

And so we collected all of that by hand because in Massachusetts, the individual cities do not have their death records digital. They're still in the bound books. So we would have to physically go down, and I explained it to the city clerk's office, I said, hey, I'm from the health department. We have this grant, so we do need to do a needs assessment. We would be collecting de-identified data. Can we come down and do it? And they said yes, absolutely, because it's public record, technically, this data.

And so we would go down and we would be down there for weeks when we first started because we were collecting six, seven years of data. And so we would do it by hand. I'd go back to the office and I would input it into an Excel sheet. And then from there, we would just run basic analysis. It wasn't anything over the top. I wasn't using like Stata or SAS when I first started. It was all in Excel. What percentage are male? What percentage are female? What percentage are Hispanic? And you would do that by year. And so what we found was around 2016, almost a quarter of our deaths were of Hispanic or Latino descent.

We looked at the different substances. A lot of cocaine in that population. A lot of them coming from Puerto Rico. The alcohol deaths we found were more coming from Central America, which consisted-- it was very consistent with what people in the community were telling us. That no matter where your parents were from, if you had at least one parent that was an immigrant, you were more likely to die from some sort of overdose or substance use-related death.

So all these things just from basic analysis were coming out. And so that really helped us to make the case for, rather than a universal approach to prevention, this very targeted prevention. And so we ended up having the first program in the state of Massachusetts that was focused on the Hispanic and Latino community.

And what we found was the state was really talking about equity and all of that, but almost entirely ignoring that population. They talked a lot about African American, they talked a lot about American Indian. But when I went to them and was like, I need some support, I need some subject matter experts on this population, I had been asking them for two years and they could never get me anybody.

And so it was just-- it started to open up this giant can of worms, I guess, but it was very powerful when we were able to use that data and show exactly what was going on. And it did very well match what we were seeing in the youth surveys and the adult surveys in the state data.

And so it all painted this picture of, wait a minute, we have this problem and it's not just a universal problem, we're really seeing it in this population, and they have less access to services as it is. And we looked at the treatment data

through the state and we were like, wait a minute, New Bedford is a third of all Hispanic treatment admissions, what's going on here?

And so we were able to show this story. It was a lot of storytelling that we were doing over time. And as a result, people really started to be like, wait a minute, there is something going on. And it changed the narrative from, this isn't an issue that impacts us, to, wait a minute, yes it does.

REBECCA BULLER: Wow. That just reiterates that Nothing About Us Without Us. You've got to have the data and the people involved who understand what's really happening.

CHRISTINA MANCEBO-TORRES: Mm-hmm.

REBECCA BULLER: Next question is pertaining to community forums. Were the topics wide open or just pertaining to substance abuse, mental health? Was it an open meeting or could you have-- would that create just too much-- too many topics-- diverse topics being discussed?

CHRISTINA MANCEBO-TORRES: So we did probably three of that first year that we did it. The first two were just-- they were open. We just we wanted the community to feel heard because we felt like that was something that just wasn't happening. This community in particular just wasn't feeling like their voice mattered, and we wanted to get them used to sharing their voice and advocating for themselves. And so we just had it wide open.

And almost everyone that came discuss the same one or two topics. So there-- it was this-- almost like-- it felt like a phenomenon, to be honest, because it was literally-- people were coming from all over. And the things they talked about were exactly the same, which made me understand that we have some real big issues that even though we know there are so many other issues, these ones take priority for them.

And so it was interesting to see how no matter where people were coming from, it didn't matter what part of the city, they were in, didn't matter their economic situation, their education situation, whether they could speak English or not. They were all facing these same struggles in our city.

And so the first two we did like that, and then the third one was the-- it was more specific to an issue of homelessness because here in New Bedford, we don't have rent control, and there's what we believe is gentrification happening due to the train from Boston being extended here.
So people are being almost forced out. Like rents went from like a nice apartment in a good area probably five years ago was $800, now it's almost $2,000.

REBECCA BULLER: Wow.

CHRISTINA MANCEBO-TORRES: So people were just like, wait a minute, like what is going on? There was just a lot around housing. And so I started to engage the director of housing and I started to realize, well, that's why, it's because they're not being taken seriously.

REBECCA BULLER: Yeah, yeah.

CHRISTINA MANCEBO-TORRES: And so it was very interesting to see that because you would think, if we just have it wide open, people are going to come with everything, but it wasn't like that. It was basically issues with interpreter quality, issues with access to services, and issues with housing.

REBECCA BULLER: And I think we can argue that all over the country.

CHRISTINA MANCEBO-TORRES: Mm-hmm.

REBECCA BULLER: But what an interesting way to find out, just to leave it open and see it come through the door. Carolyn wonders, what was that document called with the demographic stats? I'd like to review the information more in-depth. I'm not sure-- let's see. What was the document called with the demographics—

CHRISTINA MANCEBO-TORRES: --talking about the Great Lakes region data? That's just from the Census.

REBECCA BULLER: Yeah. That's what I saw. And when you get the slides, you've got the references at the bottom so folks will have that. Do you have any suggestions for a community coalition-- can begin to find partnerships with schools in their community? So do you have any suggestions for a community coalition to build and find those partnerships with schools?

CHRISTINA MANCEBO-TORRES: So most school departments will have a person that is in charge of community partnership. So that would probably be my first suggestion, would be to reach out to that person and schedule a meeting.

If you don't have that and you either have outreach workers or wraparound staff, whoever is in charge of those departments would be good to go to. If you're in a community that just doesn't have any of that but they have like social services-type staff or the SRO through the police department, either of those, because they're more set up for those community partnership-type relationships.

REBECCA BULLER: All right. So let's see. Let's just take one more and then we're going to need to wrap things up. And then we'll ask Christina, would you be willing to maybe write some answers and I can send them out in the follow-up email?

CHRISTINA MANCEBO-TORRES: Yeah.

REBECCA BULLER: OK, great. I'm going to make sure we have those. What was-- let's see. So I am trying to find one that's not just so specific. Did you work with your local nonprofit hospital to link your survey with any other community health needs assessment tools?

CHRISTINA MANCEBO-TORRES: So I'm like-- I tend to be a little bit crazy. So at one point, we were working with the hospital because I was trying to get overdose as a reportable event. So like HIV, tuberculosis, things like that, those are reportable events, hospitals have to report them to health departments.

And so we were trying to get the same thing done with overdose because we were like, we're getting this data year later, we can't respond in the way we would be able to. If there was a way to have a data sharing agreement between the health department and the hospital.

So we were doing a lot of that work. They were very much not interested at the time to work with the health department. Our health department had a lot of mistrust due to previous leadership. And so we found that they weren't really willing to do any data collection at that time. I believe since COVID, because they did have to work so closely with public health, that has changed. So I believe now they do do that.

REBECCA BULLER: Great. Thank you so much. Christina, I'm going to let you have a few final words, and then we'll turn things over to Kris Gabrielsen.

CHRISTINA MANCEBO-TORRES: No, I just thank you all so much for having me. I know that this work can be incredibly challenging, especially at the local level. So if there is any way I can support, just feel free to send me an email and I will support the best that I can.

REBECCA BULLER: Thank you so much, Christina. What valuable information. I just really appreciate your taking the time to talk with us today and share all of your experiences that we can learn from. I thank you so much.

KRIS GABRIELSEN: So I wanted to share a few more slides of some upcoming information that I hope you all will find valuable. We'll get through the last couple of-- here, there we go. So upcoming events that I hope you all will be interested in participating in. One is on January 19, we are going to have a webinar on Supporting Grandfamilies as Caregivers in the Opioid Crisis.

On the 26th of January, we have Communicating Cannabis Science to Communities and Collaborators-- Opportunities for Prevention Professionals.

This is with Dr. Jason Kilmer from the University of Washington who's a fantastic speaker and great information coming out of there.

Next, we have the second session of our Deep Dive Into Prevention Ethics. So we're going to focus on the principle of competency on February 2. And we have a Foundations in Prevention Intensive Training Course starting on February 6. So you can submit applications-- an application to participate in that.

And then just a few teasers here. A registration is going to be opening on some other trainings coming up. One is going to be on prevention with under-resourced populations, another one on the life cycle of a preventionist's career, one training on social media, and a training on podcasting. So be sure to watch our weekly emails and our Facebook page, LinkedIn pages for when the registration opens up for those.

Speaking of our Facebook page, I hope that you have liked and followed our page if you are a Facebook person so that our announcements do show up in your news feed. And we do have a LinkedIn page now, so we'd love for you to follow us there.

And as was already mentioned, we have the post-training feedback that once you close out of here or we close the webinar, you will be directed to the GPRA website where please, please, please complete that because that's the information we need to share to our funding agency, SAMHSA, so that we can continue to offer these free trainings to you. So if you can take a few minutes to do that, we would greatly appreciate it.

And with that, one last thank you to Christina for all the work she put into the training today, as well as to all for participating and the great questions that you shared with us today to stimulate this information. So thank you very much. Have a great rest of your day. Bye-bye.