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POPULATION HEALTH SCIENCE SUMMIT:
NEW APPROACHES, NEW MODELS, NEW OPPORTUNITIES “FLASH
TALK”
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TRANSCRIPT

Dr. Candice Hargons: I'm accountable to the Black people in Lexington, Kentucky. I just want to start with that because I thought that was a really beautiful way to end. When you think about population health as a pilot project, I start there because that's where I live. That's who I serve. I'd heard that there were people from SAMHSA in the room and NIH in the room, so consider this my letter of intent for additional funding, but what I'm going to tell you is what I can do with the \$125,000 a year for five years and what we have done.

What is a Neighborhood Healers project? We're really excited because the Neighborhood Healers Project is a five-year project funded by SAMHSA where we train mental health. We train in mental health first aid community first responders, Black people in the Lexington neighborhoods that our first ladies and pastors and barbers and hairstylists and community leaders and activists. Then we hold them in a cohort model for one year, so it's not a one-touch point but a biweekly touch point and quarterly more intensive touch points and celebration at the end.

There are three components to this project, so we're training five cohorts of 20 for a total number of 100 community first responders. Then we have a public mental health education campaign where we target public education to reduce mental health stigma among Black Lexingtonians. In addition to the work that our community first responders are already doing, they've been talking to Black people about stress their entire careers. That is what they do. Then they get trained in mental health first aid and then they talk about ways to reduce stigma.

Then we have an annual Black mental health survey, so in order to evaluate the project, we need to see from the community, how is this working? Do you notice that we're out there? Are we doing enough? How is your service use? How are you experiencing service providers? All of these questions are what we ask, so it's a three-prong approach. We use community-based participatory action research because we need to start with the people who get to define the problem for us.

What's really important here is that it takes years to establish good relationships with communities and organizations. Our partners include the commissioner, at the state level of mental health, but also the public health office in Lexington, pastors of leading churches, hairstylist and barbers. These are the people who make up our inaugural community advisory board. City council representatives, both on the community advisory board and then people who have served as neighborhood healers' fellows. We make sure that we are in conversation in community with them well before we submitted a proposal to SAMHSA to get this funded, so I was going to the church. I was already getting my hair done.

I'm a part of the community and I was establishing those relationships by asking, "What do you need? I'm a psychologist, I just moved to Kentucky, this is 2015. I just moved to Kentucky. What

would be helpful for you? How can I show up at this church event and give you something that would be useful right now?" Giving people something that is useful right now bestows that sense of community and trust so that when it came to, I don't know, five years later I could say, "I'm thinking about everything you've told me. How does this sound? Can we partner?" and getting a resounding yes because of it.

We have a process for initiating the fellowship component. Of course, we need our IRB because we want to track the data of the neighborhood Healers fellows. We have to identify, interview, and invite community members to participate as fellows. That process is usually through our community advisory board. They have suggestions that they make, but since we're also doing community outreach, people come up to us after we've talked about Black mental health and the stressors that they're facing and they say, "Ooh, I would love to be a part of this," so we put their name down for the next round.

We train and certify selected participants. We call them our fellows or our healers. One of my graduate students is the trainer, so she then took the train-the-trainer model for mental health first aid. Now in addition to being able to do that in the Lexington community, she takes it to her home community, which is in a smaller town in Kentucky, where she comes from because that's important to her and she gets to use those trainings in that way.

Then over the course of a year, we complete biweekly check-ins with the fellows, our healers. We ask them questions about how they're doing. We also think about the number of interactions and referrals that they have administered in the community using their mental health first aid skills. How many people have you had the opportunity in this past two weeks to talk to about mental health? How many times have you referred them to our community board of mental health providers? We have a group of Black mental health providers, and we also have the largest mental health organization in that area. New Vista, who's a partner, so we have services that we can immediately refer them to.

They tell us that information, and then we also have quarterly psychoeducational and support sessions. We call them breaking bread sessions. One thing about Black people we want to eat together, and that is how we build community. We eat together, we laugh and then we have different people from different parts of the community tell us about what's been going on. The healers tell us about how things are going for them, what have been areas of struggle, what have been areas of success, and what to refine the program. Then of course we graduate the cohort of fellows.

We highlight their efforts, the work, and we do it in a community facing celebration, so we had it at the Lyric Theater, which is a Black theater historical context for Lexington. It's a place where Black people were able to go to attend theater performances before there was desegregation, and so in our inaugural cohort of 20, they had 3,295 interactions with the community. As one psychologist, never would I be able to do that in a course of 12 months. I just don't have the bandwidth. It's not realistic. They made 1,306 referrals to mental health providers. We know this because now the mental health providers are telling us they're full.

Samsung has graciously offered us the opportunity to use some of the continuing funds that we had to establish a neighborhood healers clinic. Now the students that I recruit then are trained in Black mental health specialties and they are developing the-- Well, it'll actually launch in the next 20 days, but they're developing the capacity to provide tele-mental health to members of the community so that we don't have that lag in time where there's a waitlist and people are telling us, whew, now okay, we said we going to send them. Where are they? Here's some of the things that

the first cohort told us. It's always the ability to have information ready to hand out for those who ask and they can go to and talk to.

They have been excited about the work that they get to do. Our second cohort, which our fiscal year ends at the end of this month, they have had 3000 interactions with community members, and they have provided 608 referrals to community members. They tell us about their successes and accomplishments, but they also tell us about the ways that they have struggled. Listening to people say they want help but being unwilling to make changes to better their situation, we've all faced that in our personal experiences and also with people that we serve.

Then we have their Black mental health public education campaign, so of course we're doing local community outreach. We did it prior to the launch. We'll do it after the program ends if it's not funded again so that our community who has been very vocal about, "Don't you just come in here for a couple years and then leave and act like everything's okay. It's not okay." We want to make sure that it's a sustainable process. Then here are some of the places that we've been, so we're going to be everywhere from Kentucky Black Pride Festival, which is this weekend. I hate that I had to miss it to the gospel of Mental health and Total Grace Church.

We want to run the gamut of Black people because we know that at the intersections of heterosexism and sexism and racism and classism, sometimes we miss people based on our privileged locations just being Black people in the academy. We've been able to provide community members with skills and an outlet, place emphasis on collaboration and highlighting their capabilities and dedication and maintaining their self-efficacy. We track their self-efficacy, of course, across the one year that we spend with them. They go from like, "Oh, I'm like a 6 out of 10 and how helpful I can be. I'm a 10 out of 10, I know what I'm doing now."

Then I always try to recruit people into our program, so hopefully we see some applications coming in with this next cohort. Here are our touch points for engagement. We have quarterly meetings with our community advisory board and the Neighborhood Healers Fellows through the Breaking Bread sessions. We have monthly meetings with the co-investigators of the project, so there are four Black women running this project and we're doing an outstanding job.

It's an amazing thing to work with really smart people. We have biweekly check-ins with the neighborhood healers fellows. In addition to them giving us information, we're also like, "Girl, how you doing? You struggling out there? Are you taking care of yourself," because self-care was a part of your mental health first aid training, and they appreciate that accountability because they are the people who will give and give of themselves and never ask for anything.

Then we have weekly meetings with my research team so that we can not only publish on this, but also think about what we're doing with the information and the data we collect to give it back to the community. The data of course from the annual Black mental health survey, so we use check-in information breaking bread session information. We collect that qualitatively and then our meetings. Here's some lessons learned. First of all, I'm a Big Q qualitative researcher, and so of course I have a COI who more does the quantitative side, but she also became dean of our college at the same time.

This is real life happening, so she's busy and we had some data collections to Stuff to make with Qualtrics. We didn't click something in there. We got 7,000 responses to the survey because People really wanted a \$20 Amazon gift card. I don't know why people in Turkey wanted that gift card and how they got access to the survey. We had to of course clean all of that data and then redo that process. We're thinking about additional screeners but also things like inequities and inequalities.

People in our community were like, "All of us don't have internet, all of us don't have the ability to get a survey through e-mail. You need to be sitting out here and collecting the data." Thinking about our locations for that and how we expand recruitment. Then we also better understand our community. The papers that we have coming out about this are our Black mental health first aiders telling us, "We need to decolonize this training now. Mental health first aid is good and everything, but this is not always relevant to the Black community. What are you going to do?"

Of course, because we heard that, now we wrote a paper about it and now we're going to actually do some adaptation, and then here's an acknowledgement. These are our fellows. The left side is the first cohort The right side is the second cohort. We will be onboarding and inviting our next cohort. When I'm on maternity leave, that's when you have a strong team when you can just feel like, "I can take some time to breathe because I know my team and my community got it." Thank you so much for listening. I would like millions of dollars to do this instead of \$625,000 to do this. I'm just letting y'all know the proposals will be coming in. Thanks. Y'all take good care.