

American Indian/Alaska Native UsCC Subcommittee

2020-2021 Outreach and Engagement Toolkit Project

PROJECT DESCRIPTION

The Outreach and Engagement Toolkit Project was identified as a specific need by the American Indian/Alaska Native (AI/AN) Underserved Cultural Committee in 2020. The project was completed in five distinct phases. These phases can generally be summarized as outreach for cohort participants, facilitating eight Cohort Meetings, development of an Indigenous Mental Wellness Toolkit and creation of a 15-minute training video based on Cohort Member input, hosting a Community Wellness Forum, and the development of this report. The AI/AN UsCC was provided flyers and updates regarding the project. AI/AN UsCC participants were also encouraged to contribute through involvement in Cohort Meetings and were invited to participate in the Community Wellness Forum. Following the completion of resources and the forum, many community-based organizations and participants within the AI/AN UsCC also received digital copies and links to the toolkit and training video.

PROJECT RESULTS

The first phase of the project began in May 2021 with particular focus on the development of a detailed flyer and additional promotional materials including stories and posts that included very succinct wording with more emphasis on imagery. Through the month of May we also developed a pre- and post-survey for Cohort Members that allowed participants to share about their tribal affiliation, age group, knowledge of the AI/AN community of Los Angeles, level of familiarity with mental health challenges within the community, their knowledge of traditional forms of healing (such as traditional medicines, ceremonies and drumming) and the impact of such approaches in supporting mental wellness. The surveys also allowed community members to utilize a likert scale to identify their confidence in seeking information about AI/AN-specific mental health resources, using the internet to find resources and share their comfort level with receiving face-to-face services. The likert scale also allowed Cohort Members to share about their own access to resources to find information about seeking mental health resources in Los Angeles County, whether they have received therapy services in the past or on an ongoing basis, and finally, whether they have had an AI/AN provider, a non-Native provider or both. The post-survey also included questions regarding whether project objectives were met, as well as questions on participant engagement, facilitator preparation, knowledge of facilitators on the content and topic relevance per cohort meeting. During this first phase, we also developed a community survey to be distributed following the Community Forum. This survey included similar initial demographic questions as well as questions regarding access and participation in therapy services. This survey also included more emphasis on the

impact of the toolkit and training video on increasing and improving mental health services for the AI/AN community of Los Angeles County.

The second phase was completed in June 2021 with focus on the recruitment of 25 cohort members. All 25 participants were confirmed based on their self-identification as either AI/AN, Native American or Indigenous as well as their location/residency within the county. Participants joined from all eight service areas of Los Angeles County representing over 20 different tribal nations and Indigenous communities. We emphasized representation from all service areas to help identify gaps in services and access to resources based on location. Cohort members also represented various age groups, gender identities and different abilities. Due to COVID restrictions on physical distancing and concern for community safety, we also coordinated for all Cohort Meetings and the associated Community Forum to be held virtually on Zoom during this second phase of the project.

The third phase of this project included two stages: part A - hosting 8 two-hour cohort weekly meetings in July and August 2021 and Part B - the development of an Indigenous Mental Wellness Toolkit and 15-minute training video in September, October and November of 2021. During cohort meetings, topics per session included: (1) Historical trauma and intergenerational resilience, (2) Indigenous core values, (3) Worldview and lived experiences, (4) Myths and facts or stereotypes and assumptions, (5) Barriers to seeking services, (6) Identifying bias and privilege, (7) Understanding diagnoses, and (8) Outreach and engagement techniques. Each session was facilitated with intention through an Indigenous lens, a strengths-based approach and essential focus on visuals and engagement opportunities. During part B we read through transcripts of each meeting, that were about 35 pages long each, as well as our collective notes to identify quotes and essential themes to include and help shape the development of the final toolkit and training video. We identified a Lakota videographer and led logistical coordination and scheduling of the training video participants. We also developed a pre-filming guide that reflected fundamental themes so Cohort Members had a reference guide (not a script) of speaking points along with specific interview questions to anticipate for filming. Pre-production also included creative development, identifying speakers, and creation of opening, closing and transition slides. We completed filming at the Indigenous Circle of Wellness office to highlight an accessible, Indigenous mental health space and also completed filming at a local park that allowed us to include a mix of greenery and local animals in combination with scenery of downtown Los Angeles in the background of filming. During this phase we also worked with a Yaqui and Chumash graphic designer to develop the Outreach and Engagement Toolkit. The content was shared as a general outline with summary paragraphs and visual elements from our cohort meetings. The creative process included adding more Indigenous designs and Tongva-specific imagery to honor our local tribal community.

The fourth phase included coordinating and hosting a virtual three-hour Community Wellness Forum in December 2021. This included development of an engaging agenda as well as participant recruitment. We understood that outreach and participation might be lower due to the event being hosted at a busy time of the year. In response, we developed several outreach

flyers to highlight specific aspects of the agenda to generate interest and support recruitment. We had one graphic with the agenda, another graphic with photos of two of our Wellness Providers, a third graphic with photos of our four Cohort Member panelists and a fourth graphic with photos of our Cohort Member video panelists. Through experience, we recognize that graphics with community member photos often have more engagement and encourage participation based on relationships and interconnectedness within the community. In total, 56 individuals registered for the event although we had a total of 26 participants actually join.

The final phase includes development of this report in December 2021 with emphasis on community survey responses, pre- and post-test results, and opportunities for improvement and growth.

OUTCOMES

Tangible resources such as the Indigenous Mental Wellness Toolkit and Training Video summarize the outcomes of this project and its impact on the community. The intangible connections and strengthened relationships also advance the outcomes of this project, as they too, help to reduce stigma and increase access to services focused on mental health services. As a result of this experience, we have identified ways to improve outreach and engagement and also foster understanding for our communities' wellness needs. The toolkit encompasses specific illustrations and wording that resonates with community members based on collective input from the 25 Cohort Members. The toolkit includes focus on mental health through four main areas: (1) Myths and facts regarding the AI/AN community, (2) Tools to identify implicit biases and privilege, (3) Psychosocial struggles specific to the AI/AN community, and (4) Outreach and engagement interventions and techniques. The training video is just over 16-minutes long and includes five Cohort Members reflecting on their experiences through the cohort as well as the development of the four main areas of the toolkit.

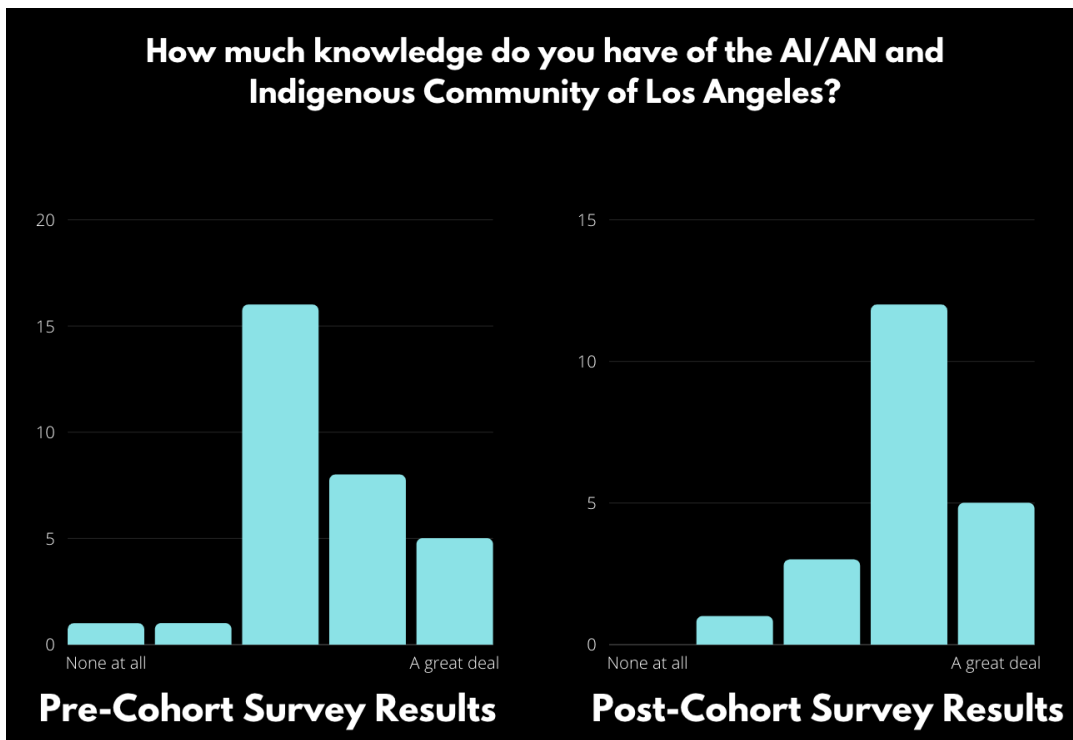
LESSONS LEARNED

There were several elements that were detrimental to the completion of this project and the accomplishment of the project's goals and objectives. Engagement was approached through the development of strong, culturally-inclusive visual illustrations and intentional, effective wording on outreach materials. Further, outreach was done through three primary methods in order to reach our intergenerational community. This was done through (1) phone calls, (2) social media posts and stories across two platforms and (3) via emails to specific AI/AN individual and community-based organizations. Recruitment of 25 Cohort Members was largely driven by outreach materials and our extensive relations within the community and among community partners. Cohort meetings were very engaging due to thoughtful questions, anecdotes, real-world examples and activities that incorporated and appealed to various learning styles. The major themes for the toolkit, video and Community Wellness Forum agenda were developed as we moved through Cohort Meetings. We had an extensive, organized documentation method throughout the process and truly centered community voices throughout the project. We also had connections to Native American videographers and graphic designers that understood what resonated with community members. They also knew how to develop visuals and flow of content reflective of cultural values and mental wellness needs.

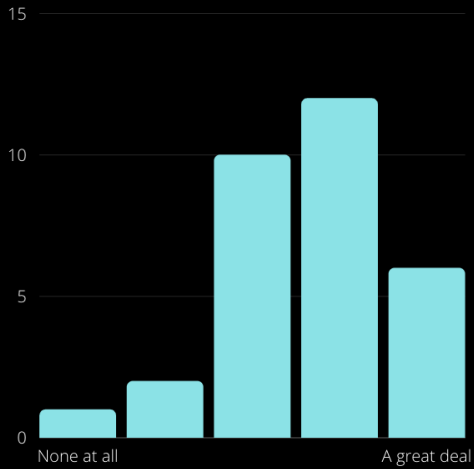
One major challenge we faced was the loss of recorded film due to a damaged camera card following three of our video interviews. Due to this, we had to re-film several community

members which pushed our general timeline back for the completion of the film, toolkit and planning for the forum. We could not have anticipated this as we have completed similar projects without this issue arising. However, we quickly notified DMH personnel of our request to adjust the timeline of remaining deliverables and identified a date that worked for the three Cohort Members, our project lead and the Videographer. We also did not anticipate the extensive back-and-forth editing of visuals for the toolkit but it truly was a hands-on experience and we enjoyed the development process. In the future we certainly recommend having film saved and backed up to a laptop immediately to eliminate any delay of deliverables as well as the anticipation of additional weeks for graphic development for any materials such as the toolkit. We also believe that if we hosted the community forum in November we would have had higher registration numbers and feedback on the resources developed.

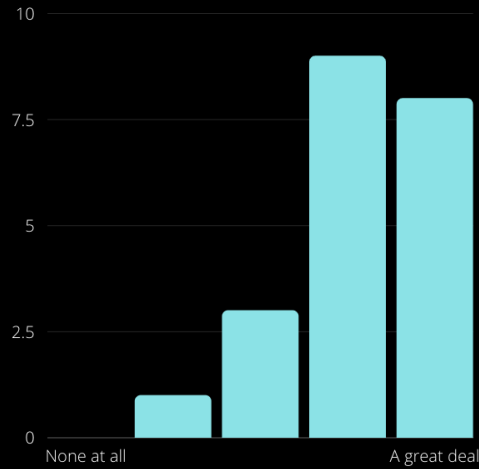
The pre- and post-survey responses by Cohort Members demonstrate that participants have much more knowledge of the AI/AN community of Los Angeles, increased awareness of mental health challenges within the community, increased knowledge of traditional forms of healing (with concrete examples), and have a more comprehensive understanding of the impact of culturally inclusive approaches in supporting mental wellness. It is important to note that there were a total of 31 pre-survey responses which included ICOW team members and there were 21 post-survey responses which accounts for only cohort members and omits responses from the few cohort members that missed more than three meetings due to employment and family obligations. The surveys also reveal that Cohort Members feel much more confident sharing information about AI/AN-specific mental health resources in Los Angeles County, using the internet to find resources and receiving face-to-face services. Overall, Cohort Members responded positively regarding the completion of project objectives, their experience with engagement, facilitator preparation, knowledge of facilitators on the content and topic relevance per cohort meeting. Please see charts below that demonstrate survey results in pre- and post-survey order per question:



How much knowledge do you have of mental health challenges among AIAN and Indigenous community?

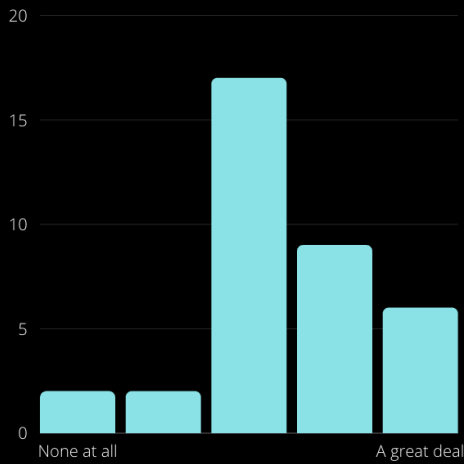


Pre-Cohort Survey Results

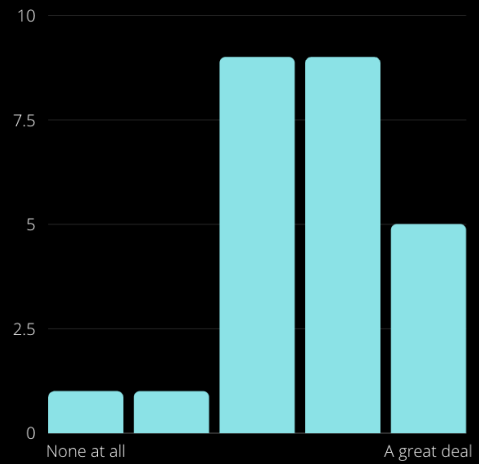


Post-Cohort Survey Results

How much knowledge do you have of traditional forms of healing?

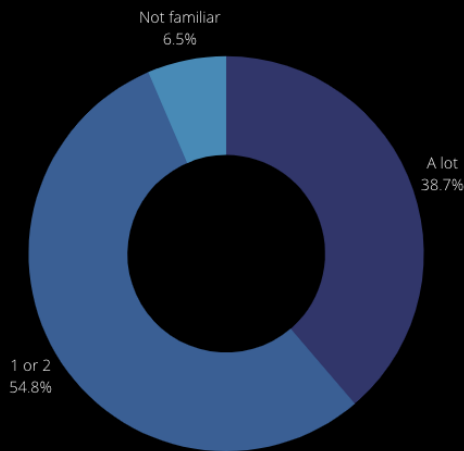


Pre-Cohort Survey Results

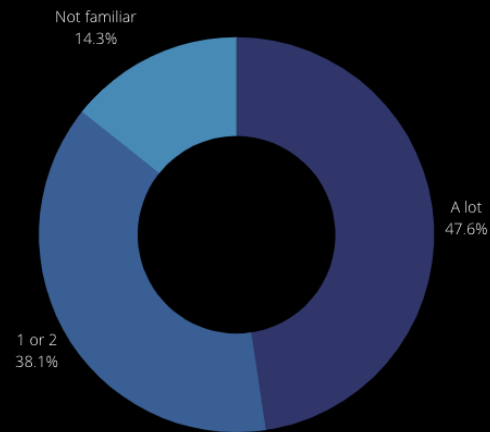


Post-Cohort Survey Results

How aware are you of services available in Los Angeles County for AIANs and/or Indigenous people?



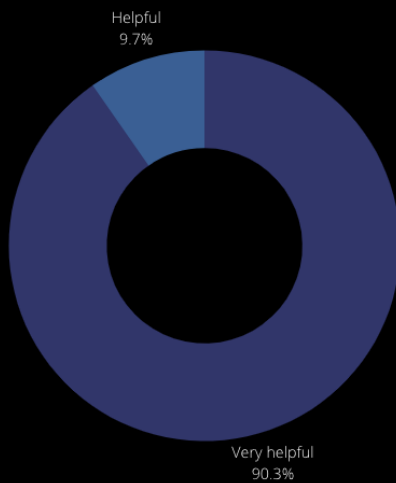
Pre-Cohort Survey Results



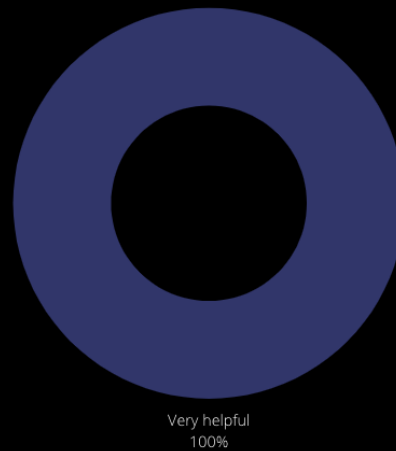
Post-Cohort Survey Results

Note: Cohort members were able to select from options that included: (1) I am aware of a lot of services, (2) I am aware of 1 or 2 services, and (3) I am not aware of services for AIANs and/or Indigenous people in Los Angeles County,

To what extent do you think it would be helpful for AIANs and/or Indigenous people to engage in cultural practices to help with mental health challenges (i.e. traditional medicines, traditional ceremony, drumming, etc)?



Pre-Cohort Survey Results



Post-Cohort Survey Results

Note: Cohort members were able to select from options that included: (1) I do not know, (2) Not helpful at all, (3) Not helpful, (4) Helpful, and (5) Very Helpful.

The Community Wellness Forum survey results demonstrate that participants learned about mental health challenges and issues that impact the AI/AN community. The vast majority of responses also indicate that community members anticipate the toolkit will be very helpful for increasing and improving mental health services for AIANs and/or Indigenous people in Los Angeles County. The forum also encouraged participants to learn about existing mental health services and this is also reflected on the survey results. Participants also agreed that: objectives of the toolkit were clearly defined, engagement was encouraged, speakers were well prepared and knowledgeable about the content, the video was effective and the event was easy to access. Overall, we had considerable success and believe that the resources developed with and for community will have a lasting impact for our local and extended communities.

Feedback received from community regarding the cohort experience, toolkit and community forum included:

- *“This is an incredible resource for both Native and non-Native providers, even those out of wellness fields, to help understand our community.”*
- *“Ta ah for this amazing session of feedback, give back, and healing. I truly am blessed to hold space today with you all. I am always so proud of community and ability to step up, use their voice and be the leader, role model and change maker. You all rock!”*
- *“This was SO BEAUTIFUL, thank you so much with all of my hear and soul for everything! I have so much gratitude for [you all] sharing the POWERFUL medicine that this carries. Please keep me updated on how I can offer my service using my role for dissemination of this and anything ongoing to help community. Open and here for it. Thank you, thank you!”*
- *“Words cannot describe how much more personal the release of the toolkit felt for me than I would have ever expected. I know [Community member name] shared feeling enthusiastic about spreading the toolkit both in-person and online. I feel the same! I look forward to seeing all the hard work you and the team continue to become successful for all those that get a chance to digest the content in the toolkit. Thank you again for the opportunity to participate and contribute!”*

RECOMMENDATIONS

We recommend including alt-text on future visuals or graphics to help ensure accessibility of all content for readers with varying abilities. We also recommend extending the creative development and editing phases of tangible resources to account for ongoing input from participants. We also recommend planning for more consultation sessions with videographers and graphic designers. We also recommend ensuring all recorded content is saved immediately following each filming session. We advocate for photography throughout each phase of a similar project to help document the full process. Finally, we recommend avoiding planning any events during the month of December as we acknowledge this time of the year is very busy as work projects finalize and holiday planning begins and we also recognize it can be very challenging for community members to be present.