

The National Network to Eliminate Disparities in Behavioral Health (NNED) and the SAMHSA Office of Behavioral Health Equity hosted a virtual roundtable highlighting strategies implemented by community-based organizations to address community needs during the COVID-19 crisis. Communities of color have experienced challenges including: limited access to internet or technology, cultural and linguistic gaps in information, and businesses suffering from closures. National conversations underscore the growing need for mental health and emotional supports for individuals, families and providers across all populations.

Dr. Camara Jones, past president of the American Public Health Association, opened the discussion explaining the role race plays in COVID-19 cases. Panelists then shared the needs in their communities—from a Bhutanese refugee community in Ohio to a Spanish-speaking town in Texas to an ethnically diverse, low-income school district in New York—and provided specific actions to take in order to deliver high-impact and easy to implement approaches that support behavioral health needs. The key takeaways and participant survey results are below.

## Deliver Cultural & Linguistic Health Information on Appropriate Platforms

Cultural and linguistic gaps became evident during COVID-19 as ethnic minority populations were often overlooked in mainstream communications delivered in English only. Community-based organizations stepped in to fill these gaps by providing targeted messaging delivered on platforms that could reach their communities.



*Even translated print material is very difficult to understand. So we are sending voice messages [in our native language] directly to our community members and through social media. We started a call screening challenge to take out your phone and call people. Personalize it. People will share more personal things by phone. Connect with them and give them ideas on what they can do at home. - Sudarshan Pyakurel, Bhutanese Community of Central Ohio*

## The Need for Equity

Health inequities and injustices have surfaced as communities across the country battle COVID-19. Ethnic minorities are experiencing higher infection and death rates, with many working essential jobs. The most vulnerable students are at particular risk while schools are closed (no access to food, internet, resources etc.). The equity conversation needs to not only address race, but how health care, food, housing and other basic necessities need to be accessible to all people.

## Keep Self-Care and Mental Health at the Forefront

There is a sense of uncertainty, but one thing is for sure -- self-care is important and necessary. Taking care of one's mental health needs to be a priority as communities continue to navigate the pandemic.



*We need to provide self-care for community health workers, whether they are working at a food pantry, school, etc. Recognize the symptoms of mental health distress. We are not only providing services for those with historical inequities but the people who no longer have access."*

- Denise Octavia Smith, National Association of Community Health Workers

## Build Relationships and Trust Before a Crisis Hits

One of the first steps to respond to the community's needs when the pandemic hit was to connect with leaders, families, and experts to gather resources and make the connections to understand who should be partnering for more effective outcomes.



*The first step is to call everyone you know to round up resources to see who can help with what. Relationships and trust that have already been built are important."*

- Dr. Griselda Villalobos, The Cognitive Behavioral Institute of El Paso



*After all of this is said and done, we cannot slip back into racism denial. We must dismantle the system and create one that all people can live to their fullest. If opportunity and exposure to risk was equal in the population, we would not see the racial disparities [of COVID-19]. We cannot lose our focus to develop an anti-racist policy agenda. We need to be all in. We cannot let the nation forget."*

- Dr. Camara Jones, Radcliffe Institute for Advanced Study, Harvard University

### Brave Model

The Bhutanese Response and Volunteer Effort (BRAVE) is a volunteer and community led model created in Columbus, OH that screens the Bhutanese/Nepali community for COVID-19, provides basic resources, and links COVID-19 infected patients to care. Services are in-language.

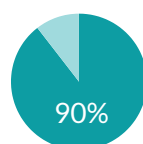
## Participants



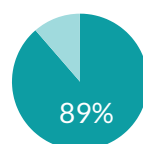
2777 registrants  
1000 participated in the roundtable by computer, 188 participated by phone, with a total of 1188 participants

## Survey Results

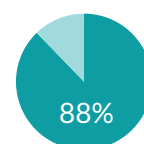
Following the roundtable, participants were asked to fill out a survey on their experience. 229 attendees responded to the feedback survey (23%).



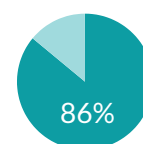
This virtual roundtable was informative



The dialogue increased my knowledge of the subject



Information provided could be useful to my work



The structure was effective and allowed opportunities to raise questions and get information

Resources and more information at: <https://share.nned.net/2020/03/communities-respond-to-covid-19-with-innovative-high-impact-strategies>



Strongly Agree and Agree

Strongly Disagree and Disagree