

Strategies for Outreaching and Engaging Communities of Color: A Pathway to Reducing Disparities



**Brief Guidance from SAMHSA's Office of Behavioral Health Equity
for State Administrators and State Grantees
July 29, 2020**

A Compelling and Urgent Need

A confluence of events—the COVID-19 pandemic, the associated economic crisis, and the widespread racially-focused protests and demonstrations across the country—has highlighted glaring inequities for racial and ethnic minority communities. These crises did not create race-based health disparities but have magnified them to deadly proportions. And, these crises have significant implications for mental health and exacerbate the already poor access to behavioral health services in Black, Indigenous, and People of Color (BIPOC) communities.

SAMHSA is charged with providing funding to states and communities to promote prevention, treatment and recovery from mental and substance use disorders. SAMHSA is also committed to ensuring that underserved populations, particularly ethnic and racial minority communities, receive a fair share of these federal resources. Unfortunately, as SAMHSA examines the outcomes and performance data of these investments, it is clear that populations of color remain markedly underserved.

As the COVID-19 pandemic commands the attention of our country, it also presents an extraordinary opportunity to advance health equity and eliminate structural and racial barriers to health and well-being for vulnerable and marginalized populations.

This brief guidance aims to assist State leadership and State grant recipients achieve greater inclusion of people of color in SAMHSA investments and programs. Without investing in these communities, research has repeatedly shown that “only a few boats will rise, most will flounder, and many will sink.” Wider disparities impact all segments of society.

Strategies and Tools to Promote Inclusion, Reduce Racial/Ethnic Inequities

SAMHSA hears from State colleagues and other stakeholders that “State Administrators want to do good; help them do it.”

Below are some user-friendly strategies and tools to assist with outreach and engagement of BIPOC communities.

1. Use Data and Metrics to Know Your Communities

Data disaggregated by race/ethnicity at the State level, and when available at the county level, can provide a clear picture of areas of need and inform targeted investments. It is critical for states to identify gaps in access to services by race/ethnicity. Below are data sources to capture population distributions and potential referent groups.

SPARS Data: All SAMHSA grantees must submit data into the SAMHSA Performance and Accountability System (SPARS). Review SPARS program data on access by race and ethnicity. For grantees requiring a Disparity Impact Statement, monitor the grants performance on access, services received and outcomes.
<https://www.samhsa.gov/grants/grants-management/disparity-impact-statement>

- Compare program data to a referent group. Identify a referent group by race/ethnicity and if relevant, by health condition/disease focus. Potential data sources to identify a referent group include datasets listed below.
 - SAMHSA Quick Statistics <https://www.samhsa.gov/data/quick-statistics> and SAMHSA's SAMHDA <https://www.samhsa.gov/data/data-we-collect/samhda-substance-abuse-and-mental-health-data-archive> provide easy public use access to SAMHSA's national data sources, and includes race/ethnicity and other demographic breakdowns for some sources like the NSDUH and the TEDS.
 - The US Census Bureau QuickFacts data access tool provides users with easy access to basic population, business, and geography statistics for all states and counties, and for cities and towns with more than 5,000 people. Race/ethnicity is provided by zip code. <https://www.census.gov/quickfacts/fact/table/US/PST045219>
 - CDC COVID-NET: Weekly summary of COVID-19 hospitalization data by race/ethnicity. https://gis.cdc.gov/grasp/COVIDNet/COVID19_5.html
 - CDC NCHS Provisional Death Counts for COVID-19: Weekly State Specific Data Updates. This report provides a weekly summary of deaths with coronavirus disease 2019 (COVID-19) by select geographic and demographic variables. In this release, counts of deaths are provided by the race and Hispanic origin of the decedent. <https://data.cdc.gov/NCHS/Provisional-Death-Counts-for-Coronavirus-Disease-C/pj7m-y5uh>
 - Emory University COVID-19 Interactive Health Equity Dashboard seeks to fill the gaps in county-level data about the virus and underlying social determinants of health. This Dashboard facilitates easy comparisons of counties with respect to COVID-19 outcomes and social determinants. <https://covid19.emory.edu/>
 - Kaiser Family Foundation State Health Facts: Opioid Overdose Deaths by Race/Ethnicity. KFF analysis of Centers for Disease Control and Prevention (CDC), National Center for Health Statistics. Multiple Cause of Death 1999-2018 on CDC WONDER Online Database, released 2020. <https://www.kff.org/other/state-indicator/opioid-overdose-deaths-by-raceethnicity/>
 - NORC at the University of Chicago National Opioid Misuse Community Assessment Tool is the first ever interactive data visualization of national county-level drug overdose mortality rates that includes overlays for other sociodemographic and economic variables. <https://opioidmisusetool.norc.org/>

2. Identify and Build Partnerships with Trusted Community Organizations: A CBO Locator

Community-based organizations (CBOs) are often the backbone agencies of their communities; they are frequently multi-service agencies that are trusted entities within their communities. As opposed to government agencies that are viewed with wariness, these are often the “go to” organizations within BIPOC communities. Some CBOs contract with the States; others are unknown to state agencies.

Partnerships with these CBOs through contracts or grants or MOUs may expand the State’s effective outreach and engagement with these communities. Contracting with an established ethnic-specific provider builds inroads with the community and may enable the state to tap into community-based expertise, and further diversify their planning and advisory councils.

Some CBOs are co-located with social/family support services such as Medicare, SNAP and other benefit enrollment services. For some communities, these support services are entry points that destigmatize mental health and increase access to mental health and substance use services. This is one of the most effective outreach and engagement strategies for these communities.

CBOs often provide a wide array of services including prevention and treatment for mental and substance use disorders, referral networks, culturally-based interventions, outreach to families in need, emergency crisis management, in-language service to span cultural and linguistic barriers, eligibility determination for social services, newcomer services, housing supports, etc.

- Use the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards) to guide your agency’s work. Visit <https://thinkculturalhealth.hhs.gov/clas>
- Visit the *National CLAS Standards Blueprint* for guidance, and specifically review *Standard 13: Partner with the Community* at <https://thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedCLASStandardsBlueprint.pdf#page=125>

State administrators often do not know how to find these organizations. To address this, SAMHSA built a CBO locator. The locator is hosted on SAMHSA’s National Network to Eliminate Disparities in Behavioral Health (the NNED, www.nned.net). The NNED is a public, private partnership that consists of over 1,000 CBOs across the country that provide mental health and substance use services to diverse racial and ethnic communities.

Here’s how to find CBOs serving racial/ethnic minority communities in your State.

- Use NNED’s “Partner Central”—a NNED CBO locator—to find CBOs serving racial/ethnic minority communities <https://nned.net/connect/about-partner-central/>
- View videos at <https://nned.net> on:
 - Why Partner with Community-Based Organizations: <https://youtu.be/m6zCLaPpOuA>
 - How to Join the NNED: <https://youtu.be/sPhcYPs2VwE>
 - Get to Know Partner Central: <https://youtu.be/v6Bk825x9lo>

3. Expand Behavioral Health Workforce Capacity

To increase engagement and inclusion of people of color in State run programs, it is important that the staffing of these programs reflect the community being served. When people of color enter prevention programs or treatment centers, they often will not see any staff that share a similar cultural heritage. When people feel welcomed, understood and comfortable they are more likely to continue in treatment. Recruiting and training a diverse and bilingual workforce and creating billable funding structures to pay for a language premium is essential.

- Hire and promote a diverse behavioral health workforce
 - Visit the *National CLAS Standards Blueprint* for guidance, and specifically review *Theme 1: Governance, Leadership, and Workforce (Standard 2-4)* at <https://thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedCLASStandardsBlueprint.pdf#page=53>

Create a diversity of roles in your workforce.

Community health workers and promotoras serve important functions in connecting communities of color with prevention, treatment and recovery programs. Community health workers are hired directly from the communities where they work. They bring in-depth knowledge of the community and shared life experiences. This builds trust and understanding which are key to gaining engagement.

- Learn more about the National Association of Community Health Workers at <https://nachw.org/> and how to partner with them.
- Learn about the BlueCross/BlueShield [Horizon Neighbors in Health](#) Program with community health workers.
- Learn about promotoras, <https://www.cdc.gov/minorityhealth/promotores/index.html> the Spanish term for "community health workers". The Hispanic community recognizes promotores de salud as lay health workers who work in Spanish-speaking communities.

Partnerships with community-based organizations also allow for an opportunity to recruit and train a culturally, racially, and ethnically diverse workforce. There is a current shortage of behavioral health professionals, and an even greater shortage from BIPOC communities.

- Develop state sponsored behavioral health internships and mentorships with CBOs serving BIPOC communities. This creates a pipeline of opportunity for youth and young adults of color to enter the behavioral health workforce.

For the existing behavioral health workforce, provide ongoing training in cultural and linguistic competency.

- Complete the U.S. Department of Health and Human Services Office of Minority Health sponsored continuing education free e-Learning course, *Improving Cultural Competency for Behavioral Health Professionals* at <https://thinkculturalhealth.hhs.gov/education/behavioral-health>

4. Invest in Health Communication, Health Literacy, and Language Access

For many underserved racial ethnic communities of color, there is a need for community education and awareness to decrease the stigma, misinformation and misperceptions about mental and substance use disorders. Improving the health literacy of marginalized communities involves (1) creating understandable information and in-language materials, (2) using culturally preferred forms of communication, such as ethnic newspapers, radio and social media, and (3) conveying information through trusted messengers, such as spiritual and faith leaders, community elders, community and recreation centers, barbers and salons, ethnic grocers, or popular media figures.

- Assess your state activities and programs focused on communication and language assistance, especially for communities with high limited English proficient (LEP) and BIPOC populations.
 - Visit the *National CLAS Standards Blueprint* for guidance, and specifically review *Theme 2: Communication and Language Assistance (Standard 5-8)* at <https://thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedCLASStandardsBlueprint.pdf#page=73> and apply the strategies.
- Use social marketing to engage underserved BIPOC communities in state funded programs and services.
 - As an example, review the National Association of Drug Court Professionals (NADCP) Equity and Inclusion Toolkit at <https://www.ndci.org/wp-content/uploads/2019/02/Equity-and-Inclusion-Toolkit.pdf> to learn how to apply social marketing to your programs to better recruit hard to reach BIPOC populations into behavioral health related programs.
 - Include celebrities, musical artists, ethnic actors, and athletes that are well-known to your specific population of focus in your social marketing efforts. For example, the 2017 song “1-800-273-8255” by Logic, likely was the reason for a huge upsurge in suicide lifeline calls after the release and his performances. For more information visit <https://www.billboard.com/articles/news/songs-that-defined-the-decade/8544121/logic-1-800-273-8255-songs-that-defined-the-decade>
- Use culturally and linguistically tailored health communication that has been pilot tested in the community. For example, visit the Montgomery County, MD Asian American Health Initiative (AAHI) resource library, <https://aahiinfo.org/aahi-resources/> to view culturally and linguistically tailored photonovels in multiple Asian languages on mental health. These materials have been developed with and tested by the community, and included community members as the actors. These materials are available for public download/use and allows agencies to insert their own agency information on the cover.
- Use certified health interpreters when working with LEP individuals. Visit the following national health certification organizations for more information:
 - National Council on Interpreting in Health Care, <https://www.ncihc.org/certification>
 - The National Board of Certification for Medical Interpreters, <https://www.certifiedmedicalinterpreters.org/>
 - Certification Commission for Healthcare Interpreters, <https://cchicertification.org/>
- Use the National Academy of Medicine’s specific COVID-19 information geared toward communities of color.
 - [Resources on Health Equity in the Context of COVID-19 and Disproportionate Outcomes for Marginalized Groups](#)