

## Community Approaches to Counter Hate: Introducing HEART Resources

July 25, 2024 | 3:00 pm – 4:30 pm ET

Krystle Canare:

Hello, everyone! We are going to give folks a few minutes to join. Welcome. We will be beginning shortly. Thank you. All right. We will go ahead and get started. Welcome again, everyone, and thank you to those for joining us today's webinar "Community approaches to counter hate: Introducing HEART resources."

As folks are sharing already in the chat. We would love to know who is in the zoom so in the chat if you could introduce yourself, share where you are joining from, we will get a sense of our virtual community in today's space today. And while you share, I will go ahead and introduce myself.

Krystle Canare:

My name is Krystle. My pronouns are she hers and I am a middle aged Filipino American woman, wearing a multicolored prop blouse, a bright green blazer with a purpose purple lotus background, with a white logo of NAAPIMHA, which is the National Asian American Pacific Islander Mental Health Association. It is great to be here. I serve as deputy director at NAAPIMHA and will be serving as your facilitator for today's webinar.

Today I am joined by members of SAMHSA's Office of Behavioral Health Equity and members of the Achieving Behavioral Health Equity Initiative some of you of whom you'll hear from today, and some who will be working behind the scenes for today's webinar.

Krystle Canare:

I would like to share with you all some logistics to make sure you are all technologically prepared to join us in today's space. Today's webinar is being recorded, and all attendees are muted in a listen only mode, Closed captioning is available through zoom using the CC button. Live transcription option is on the bottom of your screen. And then, as a reminder, we would love your questions. Questions can be typed into the QA box and there will be time for QA towards the end of the webinar.

Krystle Canare:

During today's webinar, you will learn about racial trauma healing family friendly media on how to talk about hate and advocacy for strength-based prevention and early intervention, programming. Before we hear from our amazing presenters today it's been very important to take a step back and reflect on significant hard work that has happened between our federal partners and our Asian American Native Hawaiian and Pacific Islander, serving organizations. To share those opening remarks, I have the pleasure of introducing you to Deeana and Larke.

Krystle Canare:

Deeana Jang serves as policy director at the White House Initiative on Asian Americans, Native Hawaiians, and Pacific Islanders (WHIAANHPI). In this role she supports the coordination, development and implementation of federal policy, events, equity, justice, and opportunity for Asian Americans, Native Hawaiian, and Pacific Islander communities. She is an attorney who work for several legal aid programs representing survivors of gender-based violence.

We will also listen to Dr. Larke Nahme Huang who is the senior advisor in the Office of the Assistant Secretary for Mental Health and Substance Use, and the director of the Office of Behavioral Health

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Equity. She is a licensed psychologist, clinical psychologist who has worked at the interface of policy, research and practice and behavioral health for nearly 35 years. I will go ahead and pass it off to Deena to start our remarks.

Deena Jang:

Thanks, crystal. Again. My name is Deena. I use she her pronouns and I am an older Asian woman who is wearing, who has glasses and is wearing a stripe. And my background is blue, and I have the White House Initiative on Asian American Native Hawaiian and Pacific Islanders. As policy director for the White House Initiative on Asian American, Native American and Pacific Islanders or, as we what we call WHIAANHPI, it's my honor to welcome you to today's webinar, hosted by the US Department of Health and Human Services' Substance Abuse and Mental Health Services Administration, or SAMHSA and the National Asian, American and Pacific Islander Mental Health Association, NAAPIMHA. Both the White House Initiative and the President's advisory on AANHPIs are housed within the US Department of Health and Human Services, and co-chaired by HHS Secretary Xavier Becerra, and US Trade representative Ambassador, Katherine Tai.

Deena Jang:

Today's webinar builds off the historic AANHPI Mental Health Summit, held in partnership with SAMHSA last July, during Minority Mental Health Month. The 2023 summits stem from a recommendation made by President Biden's. Advisory Commission on AANHPI.

Yesterday we hosted a follow-up meeting at the White House in collaboration with the White House Office of Public Engagement, White House Domestic Policy Council and the Department of Health and Human Services' Substance, Abuse and Mental Health Services, Administration. After convening, updates were provided on the progress the Biden Harris Administration has made to ensure that the mental and behavior health needs of AANHPI communities are addressed.

Deena Jang:

I would like to especially acknowledge Dr. Larke Huang, who has been a key collaborator for these events, and has been a leader in efforts to advance equity and eliminate disparities in behavioral health for underserved communities of color, and to ensure an equity agenda in SAMHSA programs and policies. I would like to thank all the AANHPI community leaders online today for your tireless efforts to address persistent and emerging health equity challenges AANHPI communities face, including the impact of Anti-AANHPI hate and discrimination.

Deena Jang:

These impacts range from experiencing incidence of physical violence such as the Atlanta spa murders, shootings of the Monterey Park and half of Bay bullying at schools or micro aggressions and have exacerbated by the COVID-19 pandemic rise in Islamophobia and discrimination against South Asians and inter-generational trauma, that all of our communities' experience. There is a great need and urgency to improve access to mental health resources for the vast and diverse needs of our AANHPI communities.

Deena Jang:

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According to CDC, suicide the leading cause of death for Asians age 15 to 24 years old, and this is the only racial group with it as the number one leading cause of death for this age group. And for the AANHPI population, they actually have the second highest suicide rate for the 15 to 24 year old age group compared to all other Rachel groups. The presentations today will uplift the need to implement linguistically and culturally appropriate strategies, acknowledge the deep stigma tied to seeking mental and behavioral health care and the impact of anti-Asian hate on our communities.

Deeana Jang:

Just this may, during Mental Health Awareness month, the Biden Harris Administration announced a historic investment of 46.8 million dollars to increase access to behavioral health services, suicide, prevention, preventative care and technical assistance to providers in the field, including 15.4 million dollars for the minority fellowship program focused on increasing behavioral health and outcomes and culturally responsive care for communities of color. The needs and challenges to address mental and behavioral health are vast. Today's webinar will provide examples of AANHPI specific programs to address the impact of anti-AANHPI and discrimination in our communities, and uplift the progress we have made in sustaining and reinvigorating collaborations to heal our nation. I encourage you all to help contribute to building our toolkit with many more resources from our communities. And I'll pass it on now to Dr. Larke.

Larke Huang:

Thank you very much, Deanna. It is always great to partner with you. I am Larke Huang. My pronouns are she her, I am an older Asian woman, wearing a purple shirt. My background is blue with the SAMSA logo.

On behalf of the Office of Behavioral Health Equity at the Substance Abuse and Mental Health Services Administration (SAMHSA), I want to welcome you and thank you for joining this webinar today. As mentioned, I am Larke, and I am the director of that office. The mission of our office is to address equity issues and behavioral health especially for underserved communities, including the Asian, American, Native Hawaiian, and Pacific Islander communities.

Larke Huang:

Nearly one year ago, actually July of last summer, my office collaborated with the White House Initiative on Asian Americans, Native Hawaiians, and Pacific Islanders to convene the inaugural. The White House supported on this to populate on the mental health of these populations. This was a long overdue summit. It was elevating a focus on mental health challenges in these populations challenges that often go unnoticed, unrecognized, untreated, and certainly poorly.

Larke Huang:

Five key themes critical to the mental well-being of these communities were generated at that summit. Three weeks after the summit, SAMHSA convened the pathways forward, meeting which consisted of public private work groups on each theme, emanating from the summit, and the objective to develop and implement action is related to those challenges that came from the summit.

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These work groups represented a collaborative among federal agencies, community based organizations, community leaders and advocates, academic researchers, people with lived experiences, and practitioners from each of these communities.

Larke Huang:

The toolbox which you will hear about today was developed by the collaborative addressing hate towards AANHPI populations. Hate incidents towards these populations began to spike during COVID and as our country was becoming increasingly polarized. These hate incidents singly and cumulatively have an impact on the mental health wellbeing of individuals and communities. This collaborative, which we are very grateful to have remained in operation for a year post summit has developed this toolbox to help people, families and communities to handle these incidents. So that rather than feeling hopeless, dismissed, and increasingly fearful of the next likely incident to happen.

Larke Huang:

The toolbox provides tools to counter hate discrimination and alienation and to think about and select coping strategies and reestablished a sense of belonging connection, and also care.

So once again our deepest gratitude to the members of this collaborative some of whom are presenting today. You have provided an ongoing gift to the communities and have most aptly entitled your Toolbox. The HEART toolbox and you have kept the momentum going. We are supporting mental health in these communities. So, we thank you, and are so indebted to you as the collaborative that did this and we hope that many of you who are listing will be able to use the collaborative toolbox developed, and also contribute work that you may have been doing. That is relevant for this toolbox. So thank you very much. And I am going to pass it on back to Krystle.

Krystle Canare:

Yeah, thank you so much. And thank you to both SAMHSA's Office of Behavioral Health Equity, and for your partnership as a work group member. So, these are again the pictures from the recent summits. So as a workgroup member of the AANHPI healing, empowerment, awareness, resilience, and toolbox work group aka HEART work group. I want to take a moment to share my gratitude to all of the members who would meet consistently over time over the past year to compare hate in our communities. Today's webinar, as mentioned, will highlight a few of our members as well as resources that come from HEART workgroup members.

Krystle Canare:

I have an opportunity to represent in the HEART Workgroup, and so wanted to give you all a background over NAAPIMHA, the National Asian American Pacific Islander Mental Health Association as one of these resources that you can turn to when countering hate. NAAPIMHA started in 2001, one of 4 multi-ethnic behavioral health associations supporting the mental health of various BIPOC communities across the country. Since 2001, NAAPIMHA has consistently provided mental health trainings, programs and policy and advocacy in support of AANHPI mental health.

Krystle Canare:

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So wanted to just go ahead and provide these various trainings to you all. They are free. We offer achieving whole health trainings for a wellness, coaches in the communities. We also offer mental health for state trainings for an AANHPI communities. Where we, although it is national training, we make sure that they have cultural considerations, support in HP communities that want to talk about mental health in their communities, especially during times of crisis mental health programs.

Krystle Canare:

We offer programs for NHPI youth to talk about mental health and we also have a national Asian, American, Pacific Islander empowerment network for people with lived experience, and the people that care for them. And then, lastly, we do policy and advocacy work in in line with a lot of the organizations here today. And a couple of things that we vote for is just making sure that there's investments towards AANHPI mental health whether that's through educational campaigns, additional research, additional educational programs. All of that is done through our national policy and advocacy work.

Krystle Canare:

And then finally, one of our newer buckets of work is around community supports and response. So should you have any need to connect to resources after a natural disaster, instances of hate or instances of violence, we encourage you to reach out to us in order to support your community during these times. So to learn more, feel free to go to the [www. naapimha.org](http://www.naapimha.org) and we will be gladly to support you in that time.

I would love to now pass it off to our presenters. We have 3 amazing presenters today from New York University and RAMS to share their experiences and programs focused on Asian American, and Pacific Islander communities. We want to be transparent, that a lot of the existing resources are made for Asian Americans and Pacific Islanders and Native Hawaiians often get overlooked.

Krystle Canare:

And even within Asian communities, people often overlook south Asian, Central Asian, southeast Asians. And so, while the presenters may not be talking about certain communities and maybe focusing in on their own respective communities, we hope you can share resources for all a AANHPI communities through this call for resources that we are sharing with you all today. We can recognize and uplift all the various resources you all are doing to support your communities during times of hate.

Krystle Canare:

So, I'll introduce our speakers. First, we have Annie. Dr. Annie saw (She, her) is an associate professor of psychology and affiliated faculty with global Asian studies program at the DePaul University in Chicago, and past vice President of the Asian American Psychological Association. For over 20 years, she has worked with Asian and Asian American community based organizations on research program, development training and consultation.

Krystle Canare:

Next, you'll hear from Doris Chang. Doris is a licensed clinical psychologist and associate professor in the New York University (NYU) silver school of social work. Her research seeks to advance the well-being of BIPOC communities by understanding the processes that impact psychological health, identifying

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strategies, for improving intergroup relationships, and developing culturally interventions that integrate mindfulness and other contemplative traditions. Her recent work examines Asian and Black Americans of discrimination in the COVID-19 pandemic, and the role of critical consciousness and cross racial allyship, and promoting more resilient. Her research has been profiled on ABC News, CNN, npr, and the New York Times.

Krystle Canare:

And then finally, you will hear from Natalie Ah Soon. Natalie is a visionary and systems changer, committed to advanced health and mental health, equity. She is a bold thinker and strong proponent of collaborative culture, health and mental health outcomes across the lifespan, and among all communities. Her roles and programs are many first at RAMS, and for the Pacific Islander and Asian communities in the San Francisco Bay Area. She directs two mental health prevention and early intervention programs in San Francisco County and Alameda County which are in direct partnership with longstanding, trusting community based organizations.

You can read more about today's presenters and the links in the chat. And I will go ahead and pop it off to Anne.

Anne Saw:

Great. Thank you so much Krystle. My name is Annie Saw. I use she her pronouns. I am a cisgender woman in my mid-40s, wearing a dark color blouse. I have a blurred zoom background, so you cannot see my messy office. In my presentation, I'd like to share about a newly developed community based group intervention to promote radical healing from racism in Asian American communities. We hope to share details about this intervention within our heart toolbox as one of the many ways our communities can counter hate. As we all know, anti-Asian hate is not new. It has persisted across generations with periods of heightened sentiment triggering a rise in hate and violence, as we saw during the COVID-19 pandemic accounts of.

Anne Saw:

People, being screened, shouted at racial slurs, individuals being coughed and spat upon and other incidents of physical violence, verbal assaults, discrimination and bias in commonplace. Racism, whether acute or everyday common occurrences, whether interpersonal, institutional, or structural have significant impact on health and well-being.

As Harrell has written, racism is a stressor that harms us through taxing or exceeding our existing individual and collective resources, or threatening well-being. It increases the risk of mental health problems, such as depression, anxiety, and PTSD, chronic health problems like diabetes, hypertension and obesity, and use of alcohol and tobacco.

Anne Saw:

One psychological consequence of racism that is increasingly being discussed is racial trauma. Racial trauma is not a mental illness, but rather because racism is a traumatic stressor, it can elicit psychological and emotional harm. It can elicit psychological and physiological symptoms of depression, of anxiety, avoidance, hypervigilance, intrusive thoughts, physical symptoms, such as aches and anger.

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In our 2021 work following up with respondents to the stop AAPI reporting center, we found that 4 in 10 Asian Americans who experienced a hate incident reported at least one significant of racial trauma.

Anne Saw:

As we are aware, doesn't just impact those who are personally attacked or discriminated against, it also impacts families and communities. Even as the pandemic waned, we have heard accounts of many in our community who remain afraid to go out, leaving them vulnerable to loneliness, isolation, and generally poor mental health. Many in our community question our belonging, and inclusion in our own country, and racism. As a form of traumatic stress interacts with other forms of historical and contemporary community space, one silver lining of the pandemic is that of our communities are increasingly willing to speak out about our mental health, and advocate for spaces to heal.

Anne Saw:

The need for healing spaces has been shared and uplifted by many in our community. In the same 2021 survey as stop AAPI hate respondents, when asked what resources they would find valuable and that they currently don't have. Many ask for spaces where they could come together with others, who have been impacted by racism. Spaces for mental and emotional healing, for support for one another, and a platform to express their feelings, share their experiences and feel together.

Anne Saw:

We are so grateful for funding from the California Department of social services to our lead, AAPI Equity Alliance in Los Angeles to be able to respond to community needs for healing. My colleagues, Dr. Grace Chen, Sherry Wang and I have developed a new community based intervention to address the need for healing and transformation in Asian American communities. We are so fortunate to partner with Equity Alliances partners Little Tokyo Service Center, Koreatown Youth and Community Center, Asian Pacific Counseling and Treatments, Search for Filipino, and Search To Involve Filipino Americans, Pacific Asian Counseling Services as well as Stop AAPI Hate of the development and pilot testing for this program.

Anne Saw:

In developing our program, our HOPE program, we reviewed research on racism and on its impact on Asian Americans as well as theories and models of healing from racism for black, indigenous and other people of color communities. We also conducted informal focus and individual interviews with 66 community members, representing five ethnic communities as well as staff from our partnering organization. Synthesizing these different bodies of knowledge and community input, we then develop the intervention, and we continue iteratively. So far, we have launched one pilot round of our intervention and are now in the process of having these intervention into 5 Asian languages, Kami, Korean, Chinese, Filipino, and Japanese with a plan to launch a second pilot round next spring.

Anne Saw:

Each implementation has involved intensive in person and virtual training and practices and technical assistance and support during implementation. And of course, being great researchers as we are, we continue to evaluate the program based on participant facilitator and refine to improve the program.

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The heart of our program is based on the psychology of radical healing framework by French and colleagues which itself is based on theory and research and liberation psychology, Black psychology, sociopolitical psychology, and other subfields.

Anne Saw:

Radical healing is about becoming or being whole in the face of racism. It happens when we are able to get down to and resist the at the roots of repression through fostering connections, strength, and resiliency as well as challenging and changing systems of oppression.

The psychology of radical healing framework is meant. Many for all of our BIPOC or black, indigenous, and other people of color communities. But our hope intervention has been designed specifically for Asian, Asians and Asian Americans. We recognize that a group space to talk about racism, support and really share about both the pains of racism, and that is also the joys and celebrations of community strength is new for many Asian Americans.

Anne Saw:

Therefore, we strive to cultivate that space for participants. We attend the reality that talking about racism maybe less familiar for some Asians and Asian Americans, particularly those raised outside the US. And therefore, we introduced terminology around race and racism, so that participants have an easier time verbalizing their experiences. We consider that the ways that Asian Americans are diverse, group and encourage facilitators to tailor content specifically for their participants based on their cultural, ethnic, historical, and local contexts.

So far, our pilot testing has been. with facilitators leading groups in their own ethnic communities. With the exception of one-panel Asian group. In terms of considering diversity, we also consider the ways in which racism and racial trauma and interact with other forms of trauma that communities have experienced. For example, for Cambodian Americans. That means attending to the legacy of Cambodian genocide and promoting critical consciousness. We highlight the distinct position that Asians and Asian Americans have within our us. Racial landscape and encourage thoughtful reflection of Asian American communities situated within a multi racial, multicultural US nation, and how we might work together with other marginalized communities, towards justice and liberation.

Anne Saw:

Hope is set up as six two hour session. All focus to run promoting radical healing. With session, one focused on building connections and communities built on trust and safety and in session 2 we provide a healing space for participants to share their experiences and listen, and provide emotional and social support for one event, another's experiences with racism. We have heard from some of our early participants. This is that this is often their 1st experience, sharing experiences of racism.

In session 3, we try to cultivate cultural authenticity and self knowledge, allowing people to have a space to reflect on their family and individual histories, and while session 4 shifts to unpacking community challenges through a structural lens and reflecting on our community strengths. In session 5, we introduce radical self-care as essential to resisting injustice and encouraging an important aspect of critical action which aims to reduce social action and activism.

Anne Saw:



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Our space is really about community care and catalyzing community change as a form of community care. And we close with a final session that emphasizes radical but even in the face of persistent racism. We can find hope and move towards change through dreaming and acting for our collective wellness and liberation. So far, we are hearing from participants and facilitators that the program is truly transformative.

Although we are still in the pilot stage of evaluating and testing our program's effectiveness, we hope that in the near future we can support other community organizations who may want to implement this program.

Anne Saw:

And so, although we are not quite ready to disseminate our program, I hope that if you're thinking about ways to support your community and hate, that you have found our program useful. To close my presentation, I like to offer a few recommendations based on our program. First, rather than simply supporting people to cope with a mental health impacts of hate, we would really love to encourage the radical healing to promote social connections including that are so critical when hate makes us feel like we're all alone and don't belong. We would also like to encourage you to have honest conversations about racism and its impacts. Many of our Asian American communities are taught to take to keep our head down and swallow the bitter pains and traumas we face.

Anne Saw:

Talking can be healing. It is also important to connect people with the resources that they need when they face hate and those might be healing and supporting and supportive practices that are indigenous to our communities. Research shows that positive ethnic, cultural and racial identity development and pride are great for our mental health. So, let's encourage people, particularly our young people, to connect with and learn more about our Asian Americans, as well as our native Hawaiian and Pacific Islander communities, and their histories.

Anne Saw:

Racism feels like a big and intractable problem in our society, but we have found time and again that when our communities come together. We can make change. And so we recommend supporting our communities, collective agency and empowerment. Finally, although we tend to focus on individual level, we know that racism manifests in systems and structures that keep it going for our communities, but also other communities of color. So we encourage the promotion of critical consciousness and action to resist racism and that because that is so critical, if we are truly to counter hate in our communities. Thank you so much for your kind attention, and encourage you to continue to leave questions in the QA. If you have them, and I would like to now turn it over to my friend and colleague, Dr. Doris Chang.

Doris Chang:

Thank you so much, Anne. That was an incredible presentation, and I just keep thinking about how those 6 modules kind of encapsulate. I feel like my own healing journey over the last 25 years of my life. So thank you so much for the work that you're doing with your team.

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So yes, I want to introduce myself. I use she her pronouns. I am a cisgender, middle aged woman. I have shoulder length, black hair, and I am wearing a black, sleeveless shirt, and I'm sitting in front of a plain blue zoom background.

Doris Chang:

So, in addition to being a practicing clinical psychologist and a professor at NYU, like all of us here, I also have a lot of other identities that inform my work and perspectives. What I'll be sharing today specifically a set of resources that I helped to produce, aimed at promoting dialogue, connection and help seeking during difficult times specifically around AAPI families facing discrimination.

This was very much informed by my experiences as a second generation Chinese American woman whose immigrant parents still live in my hometown of Fort Worth, Texas and I'm also a mother to 2 teenage boys. I share all of this because these life experiences, these family connections very much set the stage work why I am so passionate about this topic, and how these life experiences have also been critical in informing my work.

Doris Chang:

So one of our goals in today's overall webinar is to really highlight how our unique lived experiences, our cultural identities can give us powerful insights into the unique challenges and strengths of our communities. And also we're hoping today that you'll walk away feeling empowered to feel like you can be part of the solution as well.

So the resource that I'm sharing today that will be part of the HEART Toolbox was created in response to the COVID-19 pandemic and specifically, that, as Dr. Saw mentioned, that news reports and research findings were specifically showing at that time this, this incredible increase an anti-Asian racism and xenophobia. As a clinical psychologist working in the community, I was seeing a lot of stress and anxiety particularly among our young people.

Doris Chang:

So during this time I was actually being called to facilitate a number of healing spaces and listening spaces for AAPI youth families and adults in a number of community settings, including schools, in various workplaces, and I kept hearing how both youth and their adult parents were really struggling in the moment, as Dr. Saw mentioned having a hard time finding the language to talk about our experiences with each other. And we know that the typical generational gaps that can challenge parent-child relationships are exacerbated by a cultivation, gaps by culture, differences and also our many of our cultural norms that make it really hard for us to talk about our emotional difficulties.

Doris Chang:

Especially when dealing with traumatic events, and I know that you know, as a second generation, Chinese American I very rarely spoke with my parents about what I was really struggling with, and they similarly rarely shared with us as kids.

The kinds of discriminatory experiences they might have been experiencing as an immigrant in Texas.

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So this is a slide that documents some quotes from an npr story that talks about how Asian American teens were reflecting on during the pandemic and increase in violence affecting Asian Americans, was affecting themselves.

Doris Chang:

You see some quotes around how it is affecting their identity, how is really amplifying their awareness of what it means to be Asian feelings of anger, coming to grapple with the reality that you know they're always going to be seen as different, feeling betrayed by white Americans, feeling a lot of fear for their communities and also feeling the sense of resilience like, we need to stay strong.

Doris Chang:

So, even though there was a lot of this going on with these youth, they were telling me. I cannot talk to my parents about this these parents were telling me like I can't imagine talking about my own fears as my children. I am concerned about how they might feel if they know that I'm also struggling. And yet, as Dr. Saw mentioned in her presentation, we know, is mental health professionals, that talking about our experiences helps to promote positive coping and connection. It can actually strengthen families and as so as a community we started to also see around this time more new stories that talked about how we are.

Doris Chang:

We were starting to make more efforts in a sense to go against our cultural programming, to begin to talk about these hard things with each other, even though we did not necessarily have a script for doing so. So finding our way through these tough conversations, and really kind of reaching towards each other during this time of crisis. And at the same time we also know that sometimes our needs are greater than what our family, members and friends can provide. Sometimes we actually need formal mental health support from a professional and we know from the research that exposure to race related events, race related trauma, violence, discrimination, is associated with increases in depression, anxiety, avoidance, behaviors, PTSD, anger etc. and sometimes we need to talk to professional to help us navigate through those challenges.

Doris Chang:

And this is even more important because the research suggests that Asian Americans are the least likely to seek formal mental health services compared to other racial groups. While this was all going on these sort of experiences kind of catalyzed decision in March of 20, and my role as the Asian American member at large representative to the American Psychological Association Division on the Society for the Psychological Study of Culture, Ethnicity and Race. So, in my role there we decided to convene a task force to address this issue of anti-Asian discrimination, and to really leverage our collective knowledge, to develop educational tools and resources to support AAPI families and empower community activism and conversation.

Doris Chang:

To address these acts of racial violence, in partnership with the Asian American Psychological Association, our 1st initiative was to develop a series of public service announcements consisting of infographics and a variety of Asian languages and companion videos. And the purpose was to really try

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to help Asian, American and Pacific Islander families talk to their kids and teens expect to COVID-19 related bullying and trauma.

So these tools in the curriculum evolved out of an anti-bullying initiative that was spearheaded by AAPA members Cixin Wang, Ulash Dunlap, Sumie Okazaki, and Munyi Shea which you can see them here at the bottom.

Doris Chang:

And you can see here from this blurb that each campaign was translated into simplified and traditional Chinese, Korean, Vietnamese, Tagalog, Bengali, Urdu, and Hindi. And we will make sure that you have a link to be able to download directly as well. Okay, so you can see here we have a flyer or an infographic and then we also have a companion video so the 1st campaign was really focusing on again providing families with some tools for how to broke a conversation with family members who might be experiencing anti-Asian hate and discrimination, and we centered on 4 strategies. The 1<sup>st</sup> is to just sort of acknowledge what that this family member might be experiencing, and we gave them some sort of language they might use to express and validate that experience.

Doris Chang:

So some sample languages like this virus is making many people angry and afraid. It is causing people to say or do horrible things, so to acknowledge that yes, this is happening. And second, to validate these experiences like, wow, this is really, really painful, it's really scary. The third step is reframing, and rather than focusing necessarily on those events, to recenter in our cultural strengths and to remind each other this is not our fault. What others say does not define who we are. And then finally as it's important to be cataloging these events to report that these things are happening. Not be silent, to share these experiences, so that we can be tracking them more effectively. And then you can see on the flyer that there was a QR code that took members to a video in which we invited. Our 4 members of our task force who were involved in this initiative to speak directly about it, because we know that videos can be a little more engaging.

Doris Chang:

So we want to give you a flavor. For what? Just a snippet of the video. And again, I want to highlight our volunteers. We had so many volunteers that helped us translate these materials. The videos are only available in English. We did not have the resources. To translate everything. But I want to acknowledge our video creators Vinh Dang and Justin Chu, to who again, we are volunteers to create these videos for us. So let's play just a little clip in which we have our experts talking a little bit about these.

How Asian Americans can respond to COVID-19 discrimination: Acknowledge, Validate, Reframe video:

"I am full time, faculty and director of diversity, equity, and inclusion at the Wright Institute, master's in counseling psychology program and therapist in private practice. When you or your child experience a racist attack, it can be very upset in not only to your children, but also to you. In the moment you might feel humiliated and ashamed, and not want to talk about it. Or you might not know what to say. However, we encourage you to talk about what happened. Things out can be helpful to your children and adolescents. So after you and your child are in a safe place and no longer in immediate danger. Here

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are free steps that we recommend to help you talk to your child. The three steps are acknowledge, validate, and reframe.

First, acknowledge to your child that harassment is happening. You might say something like this: "Virus is making people afraid and angry, it is causing people to say horrible things. Acknowledging helps a child know that something really upsetting did happen, and that you are taking it seriously. Second, validate the upsetting emotions that you and your child may be feeling. You might say these words or actions really hurt. Validating helps a child feel burdened and it gives them a place to share their feelings so that they do not bottle it up inside. Third, reframe the incident to let your child know that they did not do anything to spread the Coronavirus, and that they did not do anything to cause other people to attack them. You might say something like, it is not our fault what they say does not define who we are. Reframing helps a child feel that they are not responsible for COVID-19 or other people's angry reactions to Asians. We show them that there is nothing about being Asian, and that you are still proud of your family's culture and heritage."

Doris Chang:

Clearly, even though we created these to address the Covid context. You can see how these messages are relevant around, how to talk to your children, how to have these conversations. These conversations are still relevant today.

So the second campaign I just want to briefly touch on was really to address strategies for dealing with discrimination in the moment. So as it's happening to you, how can you respond, what can you do in the moment, while maintaining your own safety. And so again, in this campaign we did the same thing. We had a graphic that was translated in those different Asian languages then we had a companion video. And specifically, we use this acronym again developed by Cixin Wang's team of using your WITS with WITS stands for Walk away, ignore the perpetrator, talk it out or seek help. So we want to play a little clip for you as well in which we have 2 other experts part of it. The APA team talking about these different steps you should do. You want to go ahead and play the clip.

How Asian Americans can respond to COVID-19 discrimination: Use your Walk Away, Ignore, Take it Out, and Seek Help (WITS) video:

"In this video, we share some tips on what to do if you or your child are confronted with such attacks and discrimination, whether in person or online. In addition to using the acknowledge and the refrain steps, we can also respond by using the WITS framework which stands for, walk away, talk it out, and seek help.

Walk away or log off if they are online. When you experience harassment or discrimination in person, such as on the street and if you feel you are unsafe, please consider walking away and ignoring the situation. Safety is always the most important thing. If you experience harassment online, you can also choose to ignore direct confrontation with an aggressor. Ignoring, ignoring does not mean that you are weak. Sometimes the aggressor says a mean thing to you in order to get your attention when you ignore and do not give them the attention, they may stop bothering you. Sometimes walking away and ignoring do not work and again, you will need to use other strategies. Talk it out means speaking up and telling the aggressor to talk with someone you trust later. For example, during an online zoom class, a classmate made a comment saying that I do not like Chinese people because they started this virus. You could respond by saying or writing in the chat something like China may be where the virus was 1st

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detected, and nobody really knows for sure how it started, and the virus has spread globally and hurt many of us. It is unfair to blame on only one group.

Seek help, seeking help can mean getting help from an authority such as teachers, principals in your school, or a police officer if you're on a street. When you experience online harassment, report it to the website manager immediately. The more we could bring these incidents to their attention, the more likely the website managers will take the situation seriously and remove the contents. Even if you're just a bystander who has witnessed these online harassment, you could help by reporting the incident to the website manager. Seeking help could also mean that you're seeking social, emotional support. Talk to someone you trust, such as your family friends, or someone in your community. You may also consider seeking help from a professional, like a school counselor or a psychologist. Take care of yourself.

It is okay to feel upset or angry during this challenging time. Pay attention to your body sensations, use different techniques, such as deep breathing, quiet time, or even exercise to manage difficulties.”

Doris Chang:

As you can see, we are not professional videographers. So they're a little low fi but you can see that they it sort of brings together some animations with some quotes and then featuring our psychologists who helped to create the toolbox. We did this during COVID, so we were not in the same place. We were filming remotely, sending each other clips, and then trying to pull this together into a video, and we really wanted again to create a short easily disseminatable product. So these videos are between 3 and 4 minutes long.

Doris Chang:

So let's go ahead and go to our final takeaways. I wanted to share with you this as an example of the kind of thing that any of us can create, and also to highlight that. The motivation to create this tool came out of our personal lived experience and insight into some of the challenges facing our own communities, and then asking ourselves, what might we be able to offer to address them. So the first key takeaway I want to share is just that your perspectives are really valuable, and you are sitting on a lot of insight and knowledge that you can leverage to create interventions, to create resources, to address your community's needs.

Doris Chang:

Secondly, an important point is that people really do want to help. So once we put out the call for example, we needed translators to translate our documents. We needed a a videographer. We needed someone who could donate their time in a variety of ways. People were so ready to help, because I think that we all felt like we wanted be part of something that could make us feel less helpless, less hopeless, and also to be part of something that could really shine a light on issues that are really hard to talk about. So we actually felt that we were on the receiving end of a lot of goodwill, a lot of time and a lot of volunteer resources. In addition to the incredible structural support infrastructure we got from the American Psychological Association who helped disseminate this on their website.

Doris Chang:

Then third to really leverage your networks. To think big, find people who have the skills to fulfill your collective vision whether that is creating a video. We did not know what we were doing, but we found

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some great folks to help us. We are all here connected now through this webinar. And then, 4th, it doesn't have to be perfect. Clearly our videos were not perfect, we were all working within particular constraints. So I would just encourage you to really try to prioritize about what you're what sort of the valuable product.

You want to create and get input from key stakeholders, and really just aim for good enough. We wanted to get something out as quickly as possible and this was what we were able to achieve, and where we feel like it, it fit the bill in that moment. That is all we really needed to be able to do. I really want to encourage you all to think about the kinds of issues, facing your own communities and the skills and insights you have to bring to bear. So thank you so much. And I am going to turn it over now to Natalie.

Natalie Ah Soon:

Thank you, Doris.

Talofa!

Malo le lagi e mama ma le soifua manuia. Faafetai ua tatou feiloa'i i le alofa ma le agalelei o le Atua Faatalofa atu i le paia ua aofia. Ae o lea taoto ia faama'ene outou paia ma mamalu.

I am Natalie Tualemoso. I'm the director of community engagement and government relations with Richmond Area Multi Services (RAMS) A mental health nonprofit here in San Francisco. I am a Samoan woman on the best side of 50. I'm wearing a green top and shell earrings. I have a wooden starburst butterflies, and Marshall Islands round woven art in my background. I am joined by members of SAMHSA's Office Of Behavioral Health Equity and members of the Achieving Behavioral Health Equity initiative.

Natalie Ah Soon:

My contribution today to the HEART toolbox comes from the heart of the Pacific Islander and Asian American communities. We serve through the Richmond areas prevention, early intervention top focused programs, and at the heart of these programs are they were designed using the customs, traditions, and values to weave into the design of the program and activities of our prevention and early intervention programs. And these programs were planned so that they are to reduce risk factors, that increase or worsen mental health challenges, and increase protective factors that promote and strengthen mental health and well-being to include self-esteem, community connectedness or sense of belonging, and nurturing relationships. In Pacific Islander communities, there is such a concept of "teu le va!" which is the importance of nurturing relationships and that is part of our work that we do around prevention and early intervention.

Natalie Ah Soon:

Plan for interventions to address mental health challenges early to include screening and assessment which is a tool that RAMS was able to develop in partnership with our AAPI community partners to develop a non-clinical screening and assessment tool where basic needs are also assessed. And so that we are able to link and refer clients not just to mental health services but also other services, social services that they need to support their whole health and wellness.

In 2019, California earmarked over 500 million dollars for prevention efforts to advance statewide prevention and early intervention in mental health, build and strengthen programs and service

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providers. To implement programs, helping to overcome deeply embedded community challenges, including stigma reduction, and insufficient services and support for underserved, unserved ethnic and language populations.

Natalie Ah Soon:

So prevention funds are essential for improving outcomes, basic needs are foundational to wellbeing that includes safe living and working environments, adequate food and housing connections to community, and culture, access to high quality, mental health, care, and social support. Overall, I mentioned earlier goals are to promote one mental wellness, increase awareness of mental health resources and services that are available in the community and reduce the stigma of mental illness.

Natalie Ah Soon:

As I have shared just briefly the hard and underpinning of our program are the cultural values of the communities that RAMS are in partnership. With for the work that we do in San Francisco, our program is called Asian and Pacific Islander Mental Health and our community partners are the Filipino mental health initiatives, San Francisco The Samoan Wellness Initiative that is anchored at the Samoan Community Development Center, the Filipino Mental Health Initiative is anchored at the Filipino American Development foundation and by in the end community center, and our Southeast Asian Mental Health Initiative with lead organizations, the Cambodian community development Inc. Southeast Asian Development Center, and the Vietnamese Family Services Center.

If you can see from, if you are able to see those are the Logos, or the promotional materials that our community partners have created for themselves, and it includes the in language of their programs, information about where they are located on the other end. That is not shown here. Of course, our program is sponsored by or funded by Proposition 63, or the Mental Health Services Act here in California.

Natalie Ah Soon:

The photo that I have here is that of any some of our RAMS staff we had on May 10<sup>th</sup>. The Asian American and Pacific Islander Mental Health Day celebrated every year on May 10<sup>th</sup> and this is a photo of our RAMS staff.

Natalie Ah Soon:

Some of the achievements and successes of our work that we have done now for our San Francisco County program 10 years, a decade of providing early intervention work to our AAPI Communities. Some of our achievements and successes include Workforce Capacity and Development. Our community based organizations are encouraged in our supported to apply programs. Peer mental health specialist certificate program. Also, we were able to attend the achieving old health curriculum, train the trainer program, and some of our staff have been trained as instructors in the Mental Health 1st Aid Course both in the adult and the youth version.

Natalie Ah Soon:

I also want to share a more to about where, and when we started our prevention early intervention program. In San Francisco, we did not have clinical or therapists who are from some of our community



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partners. So over the years we were able to identify and advocated for additional funding to support the hiring of commissions. So they are housed, or they are situated at community-based organizations alleviating the need to go outside of the community, organize the community, setting to access mental health services.

Natalie Ah Soon:

Our other success is the organizational capacity building. When we started, we realize we recognize that we needed to build the capacity of our partners to be able to provide to do programming, to develop a screening and assessment tool that specifically screen and assess our AAPI community. Also, understanding how are they describing certain experiences that they are experiencing because of mental health issues they're encountering. So we created a screening and assessment tool that our community partners are currently using and we can also share that. We also provided many opportunities to train our community partners one of which is the training them in motivational interviewing. I shared a little bit about our AAPI specific screening and assessment tool we use. We use idioms of distress to describe how the community is feeling. So that's part of our screening and assessment tool instead. Some examples of what we included there is how are they feeling. So we included I have a heavy heart or I have a heavy hit, instead of putting depression, anxiety, and such.

Natalie Ah Soon:

We also encouraged, and we worked with our community partners to create a glossary of terms for mental health. As we know, many of our communities that we worked with in here in our San Francisco work even though they have a language but many of our adults, monolingual adults do not read their own languages. We were able to develop youth leadership curricula mainly focusing on cultural identity understanding the root causes of what might be happening in the communities they live in. We also developed digital storytelling along with a discussion guide and these digital stories did not necessarily include folks talking about mental illness. Mainly describing what their experiences are, where they live and what might be causing them a lot of distress, and those are also available online.

Natalie Ah Soon:

We were also as many of you know, we had to evaluate our programs, and we were able to tailor an evaluation tool that San Francisco Health Department send to us. So we were able to tailor that the evaluation tool to a level that's accepted to the communities we were serving. Many of our activities are around community and cultural events and celebrations and gathering. We know that among our Pacific Islander and Asian American communities the active gathering and just being around each other has been very beneficial to many to us.

Natalie Ah Soon:

These are some of the photos from our May 10<sup>th</sup> events we celebrated some of our milestone programs and also celebrating RAMS off the beginning of celebrating 50<sup>th</sup> year of providing excellent services to our communities here in San Francisco. Part of our activities on the during this celebration is bringing in our community partners and have them demonstrate the mental health wellness activity for mental wellbeing. Mental health promoting activities they provide on site. So you see a picture of someone who

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is leading the meditation group, photo of we were weaving, using tea leaves, and then we were also doing a Thai Cambodian dance. We had various teas and essence, and everyone is able to create their own variety. We also did drumming circle, Hawaiian dancing, and all of these activities that promote mental health and wellness for the communities that we serve here. So many culture centered activities.

Natalie Ah Soon:

So I want to share here about some of the participant feedbacks from the activities in our community partners. I will just read them “Great program. I am truly blessed to hear and see all these stories. It has truly touched my heart and soul also opened my mind to all these taboos in our community.”

“I have acquired an awareness, motivation to change. Understanding has me rethink life and my life's issues and how they relate.”

“This event was amazing to see people coming out and speaking out of what they have been dealing with mentally.”

Natalie Ah Soon:

Our Pacific Islander Wellness initiative here in the county and these are the slide that you have our partners: “Tulama,” “The Regional Pacific Islander Taskforce,” “Samoan Community Center,”

This is from the just this past fiscal year and this is a unique program because it serves specifically Pacific Islanders in Alameda County, and if you, although have our notice Alameda County has the most Pacific Islander residents. So it is fitting for RAMS to be able to replicate our prevention early intervention program in San Francisco and replicate that for here in Alameda County.

Natalie Ah Soon:

Similar to our work in San Francisco. Our goals was to prevent mental illness from becoming severe and disabling, create access and linkages to mental and behavioral health treatment. For most strategies that are non stigmatizing and non-discriminatory, and improve timely access for underserved populations and finally access. Not just to mental health services, but other wellness, promotion activities that can support everyone's health.

Natalie Ah Soon:

So the key strategies for meeting the goals of the prevention, early intervention for our work in Alameda, county are: our outreach and education, engagement and education, mental Health consultation.

Early intervention or preventing counseling services and these are time limited, low intensity. We are looking at 6 to 8 sessions. And during COVID, here in Alameda County we were able to expand the number of sessions to up to 18 months considering the COVID impacted so many of us.

Natalie Ah Soon:

These strategies are implemented through a variety of community services including one on one outreach, psycho education workshops, mental health consultations with a variety of stakeholders like families, faith based leaders and healers, hope teachers, and culture workshops. Promotional activities to include blog radio programs and prevented counseling to improve on the understanding of mental

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health activities were created to strengthen cultural ethnic identity, to change knowledge and perception of mental health, to build community and wellness connecting individuals and families with their culture, identify cultural norms as a bridge to provide services.

Natalie Ah Soon:

Improving access to available services and resources to alleviate increased stress, anxiety, isolation and depression and to advocate for more for the creation of resources and services for unserved groups to transform systems to move away from one size, fits all. So increase workforce and leadership development.

This slide is just full of different flyers and promotional items that our program created. Some of our in language and many are, if not all use some of the motifs of the Pacific Islands to create these flyers and different activities that we help during COVID, and other outreach activities that we provided.

Natalie Ah Soon:

This slides is also many of the activities that we offer to our community like physical activity, presentation at Schools. Also, a convening of clergy members, and an opportunity to also do Telano for wellness or having social groups or social support groups.

Some challenges that we are encountering right now I think the biggest one here in California is the modernization of mental health services act (MHSA) to behavioral health services to all (BHSA) for our programs that uplift the importance of culture and language in healing and wellness.

The modernization of the MHSA undermines the community to find practices of healing and wellness, prevention versus treatment. We need both of them not one of them or the other.

Natalie Ah Soon:

Data aggregation is one of the areas that we continue to push for the importance of reporting data that showcases, all of the strength and the needs of many of our communities that are often invisible within the AAPI, large and umbrella term. And then just asking for researchers and data collectors to make sure that our communities are in this, and back of their mind as they are planning and implementing their work.

Natalie Ah Soon:

Recommendations existing and early intervention programs, provide us a road we are doing. We're making a lot of progress but more is still needed to be done to improve mental health, mental wellness for all. Strengthen and replicate programs with at least damage, and least burden on people who are already invisible. And create careful policy decision making, and their future implementation, implications. And invest substantially based organizations serving Pacific Island and diverse Asian American community building their infrastructure.

Natalie Ah Soon:

They are organizational and personnel, so they can be a service. Continue to be of service to the people they serve, and take culturally specific practices and protocol unpack them and apply them to the

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current mental health, and the behavioral health concerns of our communities. And that is it. Thank you so much. I am going to pass it back to Krystle.

Krystle Canare:

Thank you so much, Natalie. Thank you, Doris for sharing all these different ways for embracing and empowering communities during times, when they're harmed, and using WITS, using radical healing, making sure that it comes from the community it's informed by the community. I loved also the fact that you all uplifted the voices of your community and shared those photos of their challenges, their hopes and their stories. So I'm going to go ahead and open it up for questions and answer. So again, as a reminder, if folks could share their question by submitting the question in the Q&A box located on your zoom panel, that way we'll be able to track them whether they're answered live, or whether they're answered through the chat box itself. So, we do have some questions here and I actually want to bring Natalie back on to the screen, and have all of our presenters on the screen as we go through our Q&A.

Krystle Canare:

Natalie, we have a few folks asking some follow up questions for you, so wanted to see if you could offer some insight. One of the attendees said RAMS, impressive achievements as our youth are growing in a multi-ethnic community in schools, do you happen to know or are developing any curriculum training in youth peer to peer psychological first aid for SPR which is on skills for psychological recovery? Are you all creating any curriculum?

Natalie Ah Soon:

I would say, this is something that is not unique. I do not think this is unique to RAMS. I think so many of us who are doing amazing work serving our communities, we come up and we create these tools, but we just need support from partners whether that's academia, curriculum developers to come and help us put it all together in a way that we can also put it out into the rest of the world and all of our communities to use it.

If anything specific, RAMS has an amazing peer mental specialist entry course that's in partnership with San Francisco State I believe it's 12 weeks. So that's 1 that we offer in San Francisco. Our individual programs either have the opportunity to provide mental health first aid to the community, or some of our own staff.

Krystle Canare:

Awesome. Thank you so much. And as a follow-up question, this is actually referring to your presentation earlier when you mentioned 68 sessions. Crystal asked whether your sessions are available in telehealth or do they need to be residents within Hayward area? Or do they serve other counties?

Natalie Ah Soon:

So for us, I have Hayward County Program, it serves Alameda county residents not that we haven't served other community members outside of San Francisco. Given the nature of the work, it is unique, right? There is a specific program that serves a specific community so there is a lot of interest.

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We have had the opportunity to serve, but ideally based on our funding and our county contract. We do have to focus on our county residents but we are open. We are still open, and we do offer telehealth. Thank you for the questions.

Krystle Canare:

Yeah, thank you. Feel free to continue to drop questions in the chat. And so the next question we have is, can someone give us an overview of efforts to include Asian American history into the public curriculum nationally? I am going to pass it off to Anne, and perhaps maybe can share more around State of Illinois.

Anne Saw:

Yeah. I unfortunately don't know about any national efforts, but as far as the State level in Illinois, we were the 1st state to pass legislation to mandate that Asian American, and Pacific Islander history be folded into K Through 12 educations. I know New Jersey followed suits after. These are just are all grassroots coming from community organizations, such as some that you all represent. It was out of those efforts that in partnering with State legislators to get that passed. And I know that there is some efforts to now evaluate the effectiveness of these new curricula on our youth and their mental health and social emotional wellbeing.

Krystle Canare:

Thank you, Annie, and I do want to drop in the chat the resource for those that are wanting to advocate for AAPI history in their states. States look different everywhere so Asian Americans advancing justice has a guide for educational stakeholders and policy makers as they really advocate for Api history in their school.

Any other questions in the chat, or sometimes they get lost in the main chat. So Michelle shares, "what opportunities are there for cross racial allyship to mitigate racial divides and hatred?" Anyone like to share their thoughts on it?

Anne Saw:

Doris, do you want to jump in with that question?

Doris Chang:

I was thinking you could jump.

Anne Saw:

I mean, I am happy to answer that question in different contexts in which I live and work. So, of course, as many know, Chicago is a very racially segregated city. I found in my work with particularly Chicago China Town that there is interest in certainly cross racial allyships and movements towards raciality and our communities are complex. For some in our community, they are ready to engage in solidarity efforts, and for others to be quite honest, it is first about kind of having those education dialogue on why racial solidarity is so important.

Anne Saw:

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We have because of the racial landscape in this country oftentimes Asian Americans, and sometimes Pacific Islanders as well are wedged between this White Black kind of divide and kind of put in a position where we are pitted against other folks of color and stereotypes. The model minority myth continue to create this awkward position that Asian Americans are in, and I think part of the movement towards racial solidarity is often doing the work within our own communities to challenge some of those biases that oftentimes Asian Americans, and other communities of color have. And then to really promote the value of cross racial solidarity and that is why for our work in particular promoting critical consciousness is so important to understand why it is important to work in solidarity to think about structures and systems that perpetuate racism. It all starts with kind of developing that knowledge and interest in working across outside of our communities.

Doris Chang:

And I will just add to that really quickly, because I know we are running out of time I feel like a lot of the research on this topic is trying to describe some of the predictors of Asian Americans willingness to engage in racial solidarity, efforts, and understanding the relationship between, say our own internalized racism. Our inheritance of anti-black biases and which is why in Dr. Saw curriculum, I think it is so important to offer our communities a structural analysis of our own racial right because that helps to see how those very similar structures of oppression are also actually aligning our interests and concerns with those of Black communities and other racialized communities. So that educational piece, the critical consciousness piece, is so critical at least it seems to be coming from research. And I do think we need more folks involved in interventions, and as you are suggesting facilitating those kinds of conversational spaces to come together.

Natalie Ah Soon:

If I may add just quickly, Krystle. San Francisco seems big but it is also very small so what we have been doing, too, in terms of ethnic coalitions the API Health Parity Coalition, the African American Health Equity Council, and the Latino Health Equity Council, as well. And this was formed many years ago understanding that these are not new issues. So, we try to do collaborate as much as possible when we even went on a retreat and discuss what do we need to do and we did come to one conclusion that we really need to see each other. We need to learn more about our the history of our communities.

Natalie Ah Soon:

All of us should have that responsibility to know more, learn more and collaborate more. So that is some of what we have been doing here in the Bay Area. With COVID, our efforts are coming back to meet in person but I think anywhere just be open to seeing and listening and hearing each other out. And of course oh, yes, thank you that Cori and RAMS are unity trip takes African, American, Black teens and Chinese and take them on a national tour so they get to go learn the history of Chinese, Americans, and also Black African Americans across our country. They just came back from their trip I think last Sunday. So, follow us on our RAMS website and some information on our unity trip. Thank you.

Krystle Canare:

Absolutely, and thank you so much for all of you answering that question. I know we are running out of time, so I just want to acknowledge that. Those questions not answered, continue to connect with us especially those that mentioned being in spaces that may not have AAPI communities as densely

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populated like I often find that these national efforts and all of us, learning from each other are ways that we can find hope and find ways to organize and find ideas for our local areas. So I'm going to go ahead and pass it off to Cori for closing remarks. Cori is a Public Health Advisor at the office of Behavioral Health Equity at SAMHSA. And love for her to share more about our offer resources and all the work that we are doing through the work group.

Cori Cafaro:

Thanks, Crystal. I will keep it short and brief, because so much great information was shared today. My name is Cori Cafaro, and I am a public health advisor at SAMHSA'S Office of Behavioral Health Equity. I use she her pronoun, and I'm a biracial Korean and Caucasian cisgender woman in my early thirties I have dark brown medium hair. I am channeling deep jobs today with a black turtleneck, and I have a background with a blue SAMHSA logo.

Cori Cafaro:

So, I just want to say, you know, express my appreciation on behalf of SAMHSA'S Office of Behavioral Health Equity and the Achieving Behavioral Health Equity team. We want to acknowledge and thank all of the audience for joining us today, and a special thanks to our facilitator, Crystal Canare, and our 3 presenters, Dr. Anne Saw, Dr. Doris Chang, and Natalie Ah Soon for sharing their innovative work, which generated a lot of conversation.

Also, thank you to Dr. Larke and Deeana Jang for opening remarks today. We really just want to also express appreciation for the AANHPI HEART workgroup. This webinar happened because of the toolbox development along with NAAPIMHA support. So we encourage anyone to submit resources they may have to this toolbox. The presentations today highlight the diverse resources that we hope to feature when the toolboxes website. So please stay tuned.

Cori Cafaro:

Lastly, just logistics wise we will be sharing the recording with the transcript links and all of that stuff on NNED share site. You should get an announcement or through the website when that is ready if you've registered for the event today.

We also want to hear from you about your input, about the event. Any feedback is helpful. We do read it all and try to make improvements for future events and that link is link is being dropped in the chat right now. Again, thank everyone for joining us today and spending the afternoon with us on this topic. Bye, everyone.