

**Evaluating an Equity-focused Community Coalition Initiative:
Learning from the Field**

By

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Subjectivity statement

My name is Chelsea Hochfilzer and my pronouns are she and her. I was born in 1988 on the ancestral, traditional and unceded territory of the Coast Salish Peoples, including the xʷməθkʷəy̓əm (Musqueam), Skwxwú7mesh (Squamish) and sə́lilwətaʔt (Tsleil-Waututh) Nations, in what is commonly known today as the city of Vancouver. This is where I live, work, learn, and play today. I am white with European ancestral lineages: Austrian ancestry as a second-generation immigrant on my father's side and French-Canadian and Greek ancestry as a third-generation immigrant from my mother. I am a first-generation native English speaker and raised by two parents in a middle-class suburban neighbourhood. I am a cis-gender, heterosexual woman who has had the privilege of education and employment. I attended a Catholic high school and earned a bachelor's degree in philosophy and international development studies at McGill University. I internalized norms from that education, including values around scientific rationalism and modernity, along with an awareness of shifting paradigms throughout history and differences across cultures. I currently attend the University of Victoria, completing a master's degree in community development and a graduate certificate in evaluation, and am employed in the provincial BC health care system. This wholistic context creates, sustains, and influences my ways of knowing and being in the world ongoingly.

Executive Summary

Nine communities located across the state of North Carolina are being supported to build community capacity to effectively address local behavioral health equity issues through the most current grant cycle of the North Carolina Behavioral Health Equity Initiative (NCBHEI). This interim evaluation report has been conducted at the end of year two of a three-year initiative that began in July 2019 led by the Wake Forest School of Medicine (WFSM) with funding from the Division of Mental Health, Developmental Disabilities and Substance Abuse Services, North Carolina Department of Health and Human Services.

Evaluation Purpose and Questions

The purpose of this interim evaluation is to provide participating sites with information that they can use to positively impact the success of their work in the final year of the grant. The learning from this formative evaluation will also contribute to establishing additional baseline data for the final summative evaluation that will be conducted at the end of year three to inform and improve future grant cycles and provide a summary of findings to the state funder.

The evaluation questions addressed are:

1. What equity issue(s) and population have grantees identified?
 - a. To what extent are grantees collaborating with community partners to reach their identified equity goals?
2. How is NCBHEI funding contributing to grantee projects?
 - a. Is NCBHEI funding being used for a unique project or is it contributing to a larger project?
 - b. In what ways has this funding enhanced equity in the community or with the population of interest?
3. What strategies are grantees utilizing to achieve their equity goal(s) within their selected community or population?
 - a. What are the perceived facilitators aiding grantees to reach their equity goals?
 - b. What are the perceived barriers hindering grantees from reaching their equity goals?
 - c. How has the COVID-19 pandemic impacted their progress?

Methodology

This is a formative, improvement-focused mixed method evaluation designed to provide feedback to measure grantee experiences, challenges and successes over the past two-year

period. Multiple data sources were used to inform this evaluation through both primary data (a web-based survey, interviews, and focus group) and secondary data (project documentation) collection. The approach was informed by an analysis of relevant empirical literature on evaluations of other similar equity-focused community coalitions.

Conclusions

Despite the unprecedented context of the COVID-19 pandemic and an increased global focus on issues of equity, racism, and structural discrimination, the current grant cycle of the NCBHEI enabled participating sites to make progress towards health equity issues within their identified population of focus. The conclusions drawn from the evaluation findings highlighted that:

- Community partnerships have been a major part of the work undertaken to date and there remains further opportunity to strengthen and leverage community leadership;
- Cultural competency and humility have been shown to be key strategies and facilitators of success across sites and contexts;
- The initiative has opened up reach to hear from and learn about populations who have not previously had the opportunity, though the extent to which they have heard directly from members of the community varies;
- Having an adaptable structure for allocating funding and technical assistance for sites to enhance their identified equity goal has been a benefit; and
- COVID-19 impacted how sites pursued their identified equity goals.

“I feel like as a community, it has allowed a much greater level of an upstream approach than we would ever have gotten as individuals working on our own” – NCBHEI Site Coordinator

Recommendations

Based on the conclusions identified, the following four recommendations are made to support sites in prioritizing activities in the third and final year of this initiative, as well as the grantor in preparing for and optimizing future iterations of the initiative:

- Centre the voices of members of the community/population of focus;
- Strengthen understanding of the connection between NCBHEI projects and equity;
- Generate more distributed leadership among community partners; and
- Conduct a summative evaluation at the end of year three, focused on assessing the extent to which grantees have addressed the equity issue identified in their communities with the funding and support received through the NCBHEI, with additional exploration of the activities and strategies they have implemented, how stakeholders have been involved, and the facilitators and barriers to success.

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Introduction

Background and Rationale

The most current funding cycle of the North Carolina Behavioral Health Equity Initiative (NCBHEI) began in July 2019 as a three-year initiative led by the Wake Forest School of Medicine (WFSM) with funding from the Division of Mental Health, Developmental Disabilities and Substance Abuse Services, North Carolina Department of Health and Human Services. Nine communities located across the state of North Carolina are supported through the initiative to build community capacity to effectively address local behavioral health equity issues. The participating sites were selected through a request for applications (see Appendix A). The nine sites are located in the following communities: Alamance County, Ashe County, Cabarrus County, Durham, Jackson and Haywood Counties, New Hanover County, Mecklenburg County, Pitt County, and Wilson County.

An interim evaluation of the NCBHEI was conducted at the end of year one based on the outcomes and experiences of the nine participating sites up until July 2020. The purpose of that interim report was to provide a baseline understanding of the NCBHEI during the first year of its implementation, with the goal of completing additional evaluations after year two and three. Findings were presented on the health equity issues and strategies identified by the sites, the processes they undertook to conduct their community needs assessments, and the extent to which community partners were engaged in that process. Early enablers, challenges, and barriers to implementation that emerged were also described (Chouinard, 2020, pp. 6-9). However, the substantive conclusions that were able to be made as a result of that evaluation were limited due to extenuating circumstances and a lack of data. Notably, a delay in sites receiving funding until January 2020 followed by unanticipated and unprecedented effects of the COVID-19 pandemic from March 2020 onward presented a challenging context for the goals of the initiative (Chouinard, 2020, p. 1).

The purpose of this next interim evaluation is to provide the sites with information that they can use to positively impact the success of their work in the final year of the grant. The learning from this formative evaluation will also contribute to establishing additional baseline data for the final summative evaluation that will be conducted at the end of year three to inform and improve future grant cycles and provide a summary of findings to the state funder.

This report provides context and an overview of the NCBHEI, followed by the evaluation questions and methods used, and a summary of the associated findings. This is supported by a preceding summary of relevant literature related to similar equity-focused community coalition

initiatives which was used to inform the evaluation framework and methodology. It concludes with key takeaways and recommendations for sites to advance priorities in the final year of the grant.

Context of the Initiative

Significant health disparities exist in communities across the United States. Baseline research described in this section was presented in the first interim evaluation conducted at the end of year one. It supports that health issues of all kinds disproportionately affect individuals, families, and communities that systematically experience social, economic, and cultural disadvantage. Health disparities may be found in a variety of racial and ethnic groups; lesbian, gay, bisexual, transgender, and queer (LGBTQ) populations; transition-age youth and young adults (Chouinard, 2020, p. 1). Historically, these populations have been faced with disproportionately reduced access to health care due to higher physical, cultural, or psychological barriers to service use. This, in turn, has led to health inequities which are “differences in health which are not only unnecessary and avoidable, but in addition, are considered unfair and unjust (Whitehead, 1992, p. 5).” Examples of health inequities include higher levels of mental health and substance use disorders, rates of suicide, poverty, domestic violence, childhood and historical trauma (Substance Abuse and Mental Health Services Administration, 2011, pp. 1-6). Braveman defines a health disparity as:

A health disparity/inequality is a particular type of difference in health or in the most important influences on health that could potentially be shaped by policies; it is a difference in which disadvantaged social groups (such as the poor, racial/ethnic minorities, women, or other groups that have persistently experienced social disadvantage or discrimination) systematically experience worse health or greater health risks than more advantaged groups (Braveman, 2006, p. 180).

Researchers have noted the lack of progress and measurable improvements being made in addressing health disparities. This is attributable, in part, to “siloes” approaches to addressing health disparities, as community-based and clinical initiatives remain separate, thus missing opportunities to marshal community participation and better align resources (Horowitz & Lawlor, 2008). Addressing the root causes of substance abuse and other behavioral health disorders requires an understanding of the complex interactions between the individual and his/her environment, including cultural factors that may influence their ability and/or willingness to engage in and benefit from prevention services. Health disparities are essentially about social justice, insofar as they relate to the treatment of advantaged versus less

advantaged, and presently and/or historically marginalized, people in terms of health care (Braveman, 2014).

Client Overview and Deliverables

The NCBHEI is a three-year grant initiative aimed at building community capacity to effectively address local behavioral health equity issues. The guiding framework for the initiative is the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) Strategic Prevention Framework (SPF) (Chouinard, 2020, p. 5). The SPF is designed to guide community coalitions and other organizations to effectively plan and implement community-based, public health approaches to achieve sustainable reduction in alcohol, tobacco and other drug use and related problems. The SPF model is framed by two guiding principles: cultural competence and sustainability. Successful implementation of the SPF model requires a clear understanding of community needs and community involvement. The model is based on five key, interconnected steps:

1. assess needs
2. build capacity
3. plan
4. implement
5. evaluate

(SAMHSA, 2015, pp. 27-28).

The NCBHEI is administered through the Wake Forest School of Medicine (WFSM) with funding from the Division of Mental Health, Developmental Disabilities and Substance Abuse Services, North Carolina Department of Health and Human Services. In addition to providing up to \$25,500 per year in funding to each of the grantee sites, WFSM coordinates the initiative and provides technical assistance and training. The technical assistance focuses on helping site coordinators and managers with project planning, implementation and evaluation. The training provided has included sharing resources and hosting virtual meetings among the participating sites, as well as workshops for site coordinators and relevant community members as an opportunity to both network and develop competencies (see Appendix B).

Nine sites located across the state of North Carolina are receiving grant funding and support through this current cycle of the initiative. The sites were selected in spring 2019 through a Request for Applications based on geographic location, capacity and experience in collaborating with various stakeholders, and demonstrable passion to address health disparities. Table 1 below presents the community and lead agency of each of the nine participating sites (Chouinard, 2020, p. 3).

Table 1*Communities and Lead Agencies Participating in the NCBHEI*

Community	Lead Agency
Alamance County	Alamance Citizens for a Drug Free Community
Ashe County	Western Youth Network
Cabarrus County	Cabarrus Health Alliance
Durham	Durham Together for Resilient Youth (TRY)
Jackson and Haywood Counties	Mountain Projects
Mecklenburg	Center for Prevention Services
New Hanover County	Coastal Horizons, Inc.
Pitt County	College of Health and Human Performance, East Carolina University
Wilson County	Wilson County Substance Abuse Coalition

This current cycle of the three-year initiative formally began for participating sites in July 2019 and continues through to the end of June 2022. Year one of this initiative was designed to provide communities with training and technical assistance to help them build their capacity to tackle the challenging issues they face related to health equity and substance misuse (Chouinard, 2020, p. 4). Years two and three were intended to support implementation of the plans developed in year one and to evaluate the success of the project. An updated logic model for year two of the initiative was developed with the client through this evaluation, based on the original NCBHEI Strategic Plan created at the start of the initiative and the current state of program activities. The logic model provides details on the nature of supports, activities, and associated outcomes of the initiative (see Appendix B).

Literature Review

Purpose

The purpose of this literature review was to inform the evaluation methodology. One part entailed a review of non-empirical literature to establish a relevant and evidence-informed understanding of equity-focused community coalitions. The other part entailed a review of empirical literature on research and/or evaluations of equity-focused community coalitions operating within a similar context to the NCBHEI to gauge methods used and relevant lessons learned. This research was supported by the grantor team at WFSM based on the following research questions:

1. What evaluation approaches are being used to evaluate the work of community coalitions in public health? What methodologies are being advanced?
2. What are challenges? Benefits? What are key lessons learned?

This was complemented by utilizing the University of Victoria's Summon 2.0 and Google Scholar. Included publications focused on evaluations of equity-focused community coalition initiatives. The review also included grey literature published by equity-focused community coalition programs in the United States.

Equity-Focused Community Coalitions

Community coalitions have emerged as a popular means of addressing social and health issues (Brown et al., 2020, p. 181). They refer to "groups of individuals and/or organizations with a common interest who agree to work together toward a common goal (Community Tool Box, n.d)." An equity-focused community coalition is simply one whose common goal pertains to increasing equity or addressing inequities within the population of interest. While there are many definitions of health equity, each with its own nuance, a credible definition by Margaret Whitehead articulates that "equity in health implies that ideally everyone should have a fair opportunity to attain their full health potential and, more pragmatically, that no one should be disadvantaged from achieving this potential, if it can be avoided (Whitehead, 1992, p. 106)."

It is critical that coalition efforts be monitored and evaluated in order to coordinate, improve, spread, and sustain efforts. That said, the "complexity of coalition efforts, however, presents a number of conceptual, technical, and methodological challenges (Brown et al., 2020, p. 182)." The following section seeks to expand on this stream of inquiry through a look at the empirical literature about research and evaluation of equity-focused community coalitions.

Approaches to Research and Evaluation

Eleven empirical studies were included in an in-depth review to explore approaches used to research and evaluate the work of community coalitions in public health. See Table 2 below for a summary of these studies. The focus of inquiry was on the specific methods advanced through the studies, the challenges and benefits cited, and key lessons learned that may be relevant within the context of the NCBHEI. Overall, studies cite program documentation as a possible data source and include a variety of effective data collection tools, including surveys, in-person and telephone interviews, focus groups, case studies, and observation. As noted in Hilgendorf et al.

“Many broadly used evaluation methodologies and data collection tools – like surveys, key informant interviews, and focus groups – lend well to exploring agreement and difference among coalition members and systems actors about the nature of problems and how to address them, including those related to health equity. Thus, exploring perspectives helped us determine from whom we want to gather information and about what, while leaving open many possibilities for data collection (Hilgendorf et al., 2020, p. 97).”

Participant involvement in the design, implementation, and/or analysis was integrated within several of the approaches. Further to this, many refer to community-based participatory research (CBPR) principles grounding their research and/or evaluation to varying degrees. This is an approach that involves “partnering with the community to identify and address problems regarded as important to its residents (Bryan et al, 2014, p. 319).” Benefits of this approach within the communities of interest are presented, including (but not limited to) increased recruitment, retention, and benefit to participants as well as progress towards desired equity outcomes (Cacari-Stone et al., 2014, p. 1622). Also of interest were the lessons shared on what happened, or would have had to happen, for effective CBPR to take place. This included significant investments in time and energy to build relationships, establish and grow trust, and develop the knowledge, skills, and confidence of community members to be successful (Bryan et al, 2014, pp. 331-332; Sirdenis et al., 2019, p. 95S).

A couple of studies also referenced Collaborating for Equity and Justice (CEJ) Principles as a grounding for their approach (Reid et al., 2019, p. 108S; Sirdenis et al., 2019, p. 97S). CEJ was developed in response to issues identified with a leading practice known as Collective Impact, and articulates the following six principles for community transformation:

1. Explicitly address issues of social and economic injustice and structural racism.
2. Employ a community development approach in which residents have equal power in determining the coalition’s or collaborative’s agenda and resource allocation.

3. Employ community organizing as an intentional strategy and as part of the process. Work to build resident leadership and power.
4. Focus on policy, systems, and structural change.
5. Build on the extensive community-engaged scholarship and research over the last four decades that show what works, that acknowledge the complexities, and that evaluate appropriately.
6. Construct core functions for the collaborative based on equity and justice that provide basic facilitating structures and build member ownership and leadership (Wolff et al., 2017).

While there is a small and growing body of empirical research, there remains an identified “need for a wide range of systems-oriented evaluation strategies, tools, and examples, especially related to equity (Hilgendorf et al., 2020, p. 101).” This is especially significant given the inherent challenges of measuring and evaluating impact in the context of long-term community transformation (Sirdenis et al., 2019, p. 96S). As Reid et al. states:

“Community transformation is challenging because it involves changing relationships, structures, and norms within a complex system...The gap between what can be accomplished in months and the enormity of the needed system changes to create equitable opportunity for marginalized communities creates challenges even for the most motivated coalitions (Reid et al., 2019, p. 108S).”

Table 2

Summary of Research/Evaluations of Equity-focused Community Coalitions

Study	Equity Focus	Method(s) Identified	Key Relevant Lesson(s)
Brown et al., 2018	Substance abuse prevention coalitions in Mexico (p. 5)	Data collected through paper-based survey of members across several community coalitions. Regression models used sectoral diversity and intersectoral communication to predict coalition processes and outcomes (pp. 5-6)	Focused on sectoral diversity and found that it is important for coalitions to facilitate communication and relationships between its members (p. 12)
Bryan et al., 2014	Low-income, disadvantaged African	CBPR through face-to-face surveys	Important to consider the significant time

	American population geographically in the southern United States (p. 321)	administered through training research apprentices, followed by focus group focus groups (pp. 323-324)	commitment to engage the community, need for foundation of trust and close supervision of research-related activities when planning and executing CBPR projects (pp. 331-332)
Cacari-Stone et al., 2014	Policy changes to improve health equity in California (p. 1615)	CBPR using individual in-person and telephone interviews, focus groups, document review, and participant observation; case studies based on a sample selected for relatively high performance (p. 1617)	Foundation of trust needed for CBPR, which is aided through time, relationship-building, and intersectoral collaboration; directly confronting political and social power with evidence, awareness-building, and accounting for contextual environment (p. 1622)
Domlyn & Coleman, 2019	Multi-stakeholder coalitions targeting health disparities within the United States (p. 418)	Data collected from cohort selected based on demonstrated efficacy and alignment through program documentation and validated survey instrument results; a hybrid qualitative–quantitative method (qualitative comparative analysis) was conducted (pp. 417-419)	Macro level political context and environment significant factor in progress towards equity goals (p. 421).
Fawcett et al., 2010	Collaborative action towards population health equity goals in the United States (p. 1)	Presents a framework for the process for collaborative action, but does not identify a methodology (p. 3)	Establish participatory evaluation systems for documenting and reviewing progress and making adjustments (p. 5)
Haluza-Delay, 2003	Racism against First Nations Peoples in Thunder Bay,	Case study, field notes, key informant	Develop a sound set of research questions that enable efficient use of

	Northwest Ontario, Canada (p. 78)	interviews, and surveys (p. 80)	resources and drive the details of the methods chosen (p. 82); balance client needs, community involvement, and research expertise when developing methods that are culturally relevant, theoretically sound, and practically valuable (pp. 83-84); knowledge production as a tool of power (pp. 85-87).
Hilgendorf et al., 2020	Multisector coalitions in Wisconsin focused on child health (p. 95)	Document and database review, survey of coalition members focused on own practices, self-assessments and self-reflection (p. 97)	Value of collaboration between evaluators and practitioners to allow for approaches that account for complexity of coalition environment; evaluation must be nimble and provide for continuous, actionable feedback (p. 101)
Minkler et al., 2019	Grassroots community organizers across the United States working towards a variety of health equity goals among marginalized and/or vulnerable groups (p. 9S)	Qualitative research grounded in interpretive perspective; iterative thematic coding process to analyze professional transcribed recordings of in-person convenings of community-based representatives and those who work with community-members (p. 11S)	Acknowledging data limitations with certain sampling strategies; however, possibility for candor and rich data through in-person discussion (p. 15S). Building community leadership and power and centering their voices, as well as contextualizing health and social problems historically, socio-politically, and culturally (pp. 13S-14S).
Reid et al., 2019	Case study with two community coalitions in the United States (p. 100S)	Participatory and formative evaluation; data sources included site visits, interviews, and collaborative	Grounded in Collaborating for Equity and Justice (CEJ) Principles (p. 108S)

		reflection sessions (pp. 102S-103S)	
Scarcini et al., 2017	Transdisciplinary collaborative centers for health disparities research in the United States (p. 37)	Mixed method evaluation plan that is grounded in CBPR as a philosophical framework (p. 38) and includes analysis of various program documentation and surveys (pp. 40-41)	Significant engagement, participation, and commitment of all involved are critical to evaluation process; logic model instrumental in aligning stakeholders; participation of the evaluator in the leadership and core meetings facilitates continuous feedback (p. 44)
Sirdenis et al., 2019	A Michigan Coalition focused on sexual health equity for gay, bisexual, and transgender youth (p. 88S)	Multimethod assessments including quantitative online surveys and qualitative interviews using content analysis and ripple effect mapping (pp. 91S-92S)	Grounded in Collaborating for Equity and Justice (CEJ) Principles (p. 97S); participatory approach requires more time and resources, power sharing and communication needs to be addressed among participants, and evaluation challenging because structural change is long term outcome (pp. 95S-96S)

Conclusion

A review of relevant literature highlights the need to take a systems approach to evaluating equity-focused community coalitions to account for the complex social, political, structural, and cultural contexts in which they operate. The influence of the broader environment on their work, and the extent to which they are able to influence that environment in return, is paramount to advancing their equity goals. There are various methodologies being advanced in the field. A driver of success seems to be in those that emphasize participatory methods and collaboration with stakeholders, with members of the community or population of interest chief among those stakeholder groups. Another driver of success is the ability to adapt and

tailor approaches to the constraints and opportunities presented by the context in which the evaluation is conducted. More empirical research continuing to be shared within this area of evaluation will further support those looking to start or strengthen their practices.

This review of the literature informed the evaluation methodology for the interim evaluation of the NCBHEI. A mixed methods approach was proposed, which includes document analysis, a survey, focus group, and key informant interviews. The studies reviewed that undertook community-based participatory research (CBPR) acknowledged several lessons learned do it well, including having the necessary time, earning trust, and building relationships. Given this, full CBPR did not seem feasible in the environment and context within which this interim evaluation was to be conducted. Evaluation goals needed to be balanced with the burden imposed on the people involved (e.g., grantee team members with limited capacity and multiple competing priorities, members of the community who experience multiple barriers to participation, diversity of coalition partners, etc.), as well as the geographical spread and the active public health responses to the COVID-19 pandemic. However, the principles of participation and spirit of collaboration were intentionally integrated. For example, by creating the opportunity for connection before content by introducing the evaluator to NCBHEI site teams before commencing evaluation; having the key informant interviews done by someone with an existing relationship with the participants; working closely with the project client who has leadership within the work; and validating preliminary findings with participants as an opportunity both for learning and capacity development, as well as strengthening the conclusions drawn.

Evaluation

Purpose and Scope

The purpose of this interim formative evaluation is to:

- Provide the NCBHEI grantee sites with information that they can use to positively impact the success of their work in the final year of the grant, build grantee capacity for evaluation, and lay the groundwork for full case studies following end of year 3.
- Enable the grantor to understand what grantees have been doing and prepare for the next grant cycle by exploring the experiences of participating sites, focusing on areas of success and perceived barriers.
- Give the funder an idea of what has gone well and the challenges that grantees have faced in meeting their goals.
- Contribute to establishing additional baseline data for the final summative evaluation that will be conducted at the end of year three.

The scope of the evaluation is on the experience of the nine current grantee sites during the first two years of the initiative (July 2019 through July 2021), with an emphasis on the self-assessments and reflections shared by grantees following the completion of year two.

Evaluation Questions

The following questions were developed for this formative evaluation by the evaluator in collaboration with the NCBHEI lead from WFSM based on their perceptions and concerns for the success both of current participating sites and future granting cycles.

1. What equity issue(s) and population have grantees identified?
 - a. To what extent are grantees collaborating with community partners to reach their identified equity goals?
2. How is NCBHEI funding contributing to grantee projects?
 - a. Is NCBHEI funding being used for a unique project or is it contributing to a larger project?
 - b. In what ways has this funding enhanced equity in the community or with the population of interest?
3. What strategies are grantees utilizing to achieve their equity goal(s) within their selected community or population?

- a. What are the perceived facilitators aiding grantees to reach their equity goals?
- b. What are the perceived barriers hindering grantees from reaching their equity goals?
- c. How has the COVID-19 pandemic impacted their progress?

Methods

Evaluation Approach

The evaluation approach is informed by the sociocultural context of the program, and as such is designed to ensure that program planning, implementation and outcomes are grounded in the local knowledge and cultural histories of the community. Cultural responsiveness informs how the evaluation will be designed, planned and implemented, the questions that guide the inquiry process, the development of data collection instruments, and the analysis and dissemination of findings (Chouinard, 2016; Hopson, 2009). The evaluator has aimed to be collaborative, respectful, attentive, honor cultural norms, illuminate structural injustices, promote action to redress inequities, and be reflective about their own culture, prejudices, assumptions, and biases.

Evaluation Design

This is a formative, improvement-focused mixed method evaluation designed to provide feedback to measure grantee experiences, challenges and successes over the past two-year period. The results of this evaluation will be used to inform the planning and implementation of the NCBHEI in the final year of the current grant cycle and in the future subsequent iteration(s) of the initiative. An evaluation framework was developed in collaboration with WFSM to answer the evaluation questions, outlining specific indicators, data sources, data collection methods, and bases for comparison used to address each of the questions (see Appendix C).

Sample Selection

The selection of individuals recruited for this evaluation was based on their involvement in the NCBHEI during the first two years of the initiative. A group of 13 individuals from across all nine sites were invited to respond to a web-based survey based on the key role they play in the project as the primary contact with WFSM (mostly site coordinators or project managers). In addition to this, two sites were selected by the grantor as case examples based on their high-performance and/or progress to date with innovative activities.

Data Sources and Collection

Multiple data sources were used to inform this evaluation through both primary data (a web-based survey, interviews, and focus group) and secondary data (project documentation) collection.

Project documentation

The project documentation reviewed in this evaluation includes:

- NCBHEI Year 1 Interim Evaluation Report 2019-2020
- Year two quarterly reports submitted by sites to WFSM lead (17 reports)
- Summary of responses to a COVID-19 pulse-check survey administered to sites during fall 2020 (9 respondents)

Survey

A web-based survey data collection instrument was developed and sent by email to key project team members at all nine sites (see Appendix D). A total of 11 respondents completed the survey. This included six respondents who identified their role in the project as project manager, three respondents identified as site coordinator, one respondent identified as both manager and coordinator (the only person funded in the project), and one respondent identified as project assistant.

Interview

Case examples from two sites were created based on 45-minute virtual interviews with one individual from each of the sites (see Appendix E for interview questions). One case example was developed based on the interview from Pitt County (see Appendix F) and the other from Cabarrus County (see Appendix G).

Focus group

Approximately one hour of the year three first quarter kick off call was dedicated to diving deeper into select evaluation questions to enhance the findings (see Appendix H for focus group questions). Project leads and support members from each of the nine sites had the opportunity to attend and provide input or follow up via email and/or phone directly to relate pertinent information and experiences.

Table 3 below indicates which data sources and data collection methods were used to respond to each evaluation question.

Table 3

Summary of Data Sources and Collection Methods by Evaluation Question

Evaluation question	Data source and collection method
Q1: What equity issue(s) and population have grantees identified?	<ul style="list-style-type: none"> - Program documentation including the NCBHEI Year 1 Interim Evaluation Report (2019-2020) and year two quarterly reports
Q1a: To what extent are grantees collaborating with community partners to reach their identified equity goals?	<ul style="list-style-type: none"> - Program documentation including the NCBHEI Year 1 Interim Evaluation Report (2019-2020) and year two quarterly reports - Case examples - Survey - Focus group
Q2a: Is NCBHEI funding being used for a unique project or is it contributing to a larger project?	<ul style="list-style-type: none"> - Survey - Focus group
Q2b: In what ways has this funding enhanced equity in the community or with the population of interest?	<ul style="list-style-type: none"> - Program documentation including year two quarterly reports - Case examples - Survey - Focus group
Q3: What strategies are grantees utilizing to achieve their equity goal(s) within their selected community or population?	<ul style="list-style-type: none"> - Program documentation including the NCBHEI Year 1 Interim Evaluation Report (2019-2020) and year two quarterly reports - Survey
Q3a: What are the perceived facilitators aiding grantees to reach their equity goals?	<ul style="list-style-type: none"> - Program documentation including the NCBHEI Year 1 Interim Evaluation Report (2019-2020) and year two quarterly reports - Case examples - Survey
Q3b: What are the perceived barriers hindering grantees from reaching their equity goals?	<ul style="list-style-type: none"> - Program documentation including the NCBHEI Year 1 Interim Evaluation Report (2019-2020) and year two quarterly reports - Case examples - Survey
Q3c: How has the COVID-19 pandemic impacted their progress?	<ul style="list-style-type: none"> - Program documentation including the NCBHEI Year 1 Interim Evaluation Report (2019-2020), year 1 COVID-19 pulse-check survey, and year two quarterly reports

	<ul style="list-style-type: none">- Case examples- Survey
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Data Analysis

Mixed methods were used integrating both quantitative and qualitative data within the data collection and analysis. The evaluator collected the data and analyzed the various sources of data for patterns or useful information relevant to each of the evaluation questions. The grantor (lead from WFSM) was involved in identifying data sources, planning and implementing data collection, and reviewing preliminary findings. The grantees (project team members from the nine sites) were able to review and validate preliminary findings based on the document analysis, interviews, and survey in advance of the focus group so they could review and reflect prior to providing additional feedback.

The focus group was video and audio recorded, transcribed verbatim, and annotated with notes taken by the evaluator during the discussion regarding content or mood. The data was analyzed to enhance, improve, and validate the preliminary findings that were generated by the open-coding thematic analysis used when reviewing the program documentation, interviews, and open-ended survey data. A selection of relevant anecdotes and de-identified quotes which illustrate themes or responses were included to enrich the findings. An initial review of the quantitative responses from the survey's close-ended questions considered aggregated data in order to provide a program-level view and help to identify themes. A secondary review of the quantitative responses stratified results based on responses to questions that conveyed respondents' self-assessed level of progress and satisfaction with how the work was progressing.

Limitations

Because survey responses were collected anonymously, it is not possible to know the exact representation of respondents across the nine sites. Therefore, the experiences of some sites are over- or under-represented in the feedback given that 11 individuals completed the survey. Further, the limited number of respondents (by nature of the sampling) limits the ability to produce statistically significant findings. There was also variation in the year two quarterly reports that were available for review, in that not all sites submitted reports at each quarter and there were varying degrees of detail included. As well, the focus group participants shared information on projects outside the scope of those being funded through the NCBHEI. In those cases, the out-of-scope information was excluded from the analysis where it was readily identifiable. Finally, the context of public health recommendations and restrictions put in place

in response to the COVID-19 pandemic limited the extent to which the evaluator collaborated with the sites throughout all stages of the evaluation.

Findings

This section outlines the key findings related to each of the evaluation questions, the data sources are included within the analysis for each question, respectively.

Question 1: Equity Goals and Community Partnership

Q1: What equity issue(s) and population have grantees identified?

Findings from an analysis of program documentation summarized in Table 4 below indicate the health equity issue, target population, and key strategy(ies) identified by each of the nine sites. The most common equity issues identified focus on trauma and resilience and building sustainable infrastructure. Among all the sites, at least four are focusing on a health equity issue specifically related to Adverse Childhood Experiences (ACES) and/or trauma, four related to substance use, four related to suboptimal systems and/or infrastructure, and two related to low income. In relation to identified population, among all the sites, five identified youth as the target population, three identified the LGBTQ+ community, and four identified racialized communities (including two focused on the Latino community and one focused on the Black and Brown communities).

Table 4

Health Equity Issue, Target Population, and Key Strategy Identified by Sites

Site (Lead Agency & Community)	Equity Issue & Target Population	Strategy Identified
Alamance Citizens for a Drug Free Community (Alamance County)	Creating sustainable infrastructure for youth	Build a collaborative (coalition) with diverse community membership
Western Youth Network (Ashe County)	Safe and affirming systems and communities for LGBTQ+ youth	Build a sustainable GSA student group at the high school and focus on strengthening awareness, communication, capacity building, and training

Cabarrus Health Alliance & El Puente Hispano (Cabarrus County)*	Substance use awareness and prevention focused on Latino families	Develop a family-centered awareness and prevention program based on communication and equity strategies
Durham Together for Resilient Youth – TRY (Durham)	Adverse childhood experiences (ACES) and resilience among Black and Brown residents	Develop a resilience toolkit and guide using collaborative principles
Mountain Projects (Jackson and Haywood Counties)	Trauma and resilience among youth in poverty	Establish county group to address trauma and resilience
Center for Prevention Services (Mecklenburg)	Awareness and access to behavioral health services for Latino community with a focus on youth	Create youth empowerment model to develop trauma-informed, culturally and linguistically sensitive internal procedures
Coastal Horizons, Inc. (New Hanover County)	Organizational capacity to address health equity through care access for LGBTQ+ population	A systems approach to addressing care access by examining and changing policies, practices, and programs through stakeholder feedback
College of Health and Human Performance, East Carolina University – ECU (Pitt County)*	Adverse childhood experiences (ACES) and trauma to reduce substance use inequities among racialized communities	Develop and deliver training on racial inequities and trauma, and facilitate discussion of community initiatives to address trauma
Wilson County Substance Prevention Coalition (Wilson County)	Building trauma-informed community with focus on low-income middle school and LGBTQ+ youth	Develop and delivery training on resilience, racial equity, and education

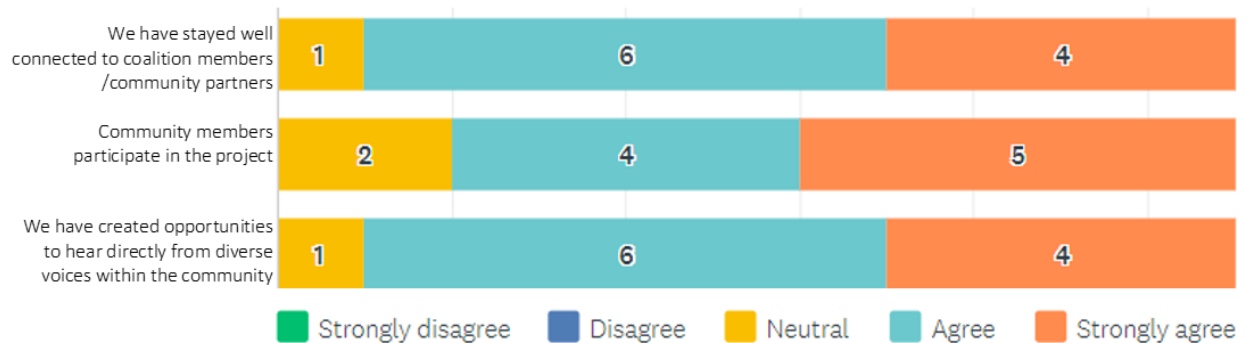
**case example sites*

Q1a: To what extent are grantees collaborating with community partners to reach their identified equity goals?

Data from the survey show that collaborating with community partners is a significant way that grantees are striving to reach their identified equity goals. All 11 survey respondents indicated that they are actively collaborating with at least six coalition members or community partners on their project, with more than half of them collaborating with over 10 partners, with one respondent indicating over 50 partners. No respondents indicated that they have *not* stayed well connected to coalition members/community partners, that community members have *not* participated in the project, nor that they have *not* created opportunities to hear directly from diverse voices within their respective communities. Figure 1 below presents a summary of the relevant responses.

Figure 1

Survey Results to Three Likert Scale Questions Relevant to Evaluation Question Q1a



The document analysis supports these results, with community partnerships frequently listed within the activities, accomplishments, and strengths identified by the sites. These, along with the open-ended responses to the relevant survey question, shed additional light on the community partnerships. According to one survey respondent “members of the community strategically involved and engaged have been the pivotal ingredient in the success of the project.” For others, partnerships extend past the local level to regional, state, and national partners as well. There are common themes in terms of how members of the community have participated in the projects, including:

- **Providing input to help shape project activities**, whether it be through providing insights and feedback from the target population, expert guidance, or relevant data.
- **Participating in and/or assisting with knowledge sharing, training, and workshops** to build local capacity, including accessible and virtual delivery methods.

- **Increasing the reach of the project** by disseminated messages, resources, and materials through multiple channels. A respondent shared that “partners are willing to look at their sphere of influence and how they can help spread the message of trauma and resilience.” Another respondent shared that “they have worked in collaboration with multiple partners to not only implement core project activities, but to also further our reach in relation to access to resources and their availability.”

A few survey respondents mentioned specific community partners that could potentially contribute but are not currently actively involved, including groups that were previously involved prior to the COVID-19 pandemic (explored further in Q3c findings). However, given that the previous evaluation found that “some site coordinators noted resistance among community groups in partnering with others, as well as a lack of across agency leadership discussions” there may have been improvement in this area during year two for some sites, though experiences vary. While one survey respondent stated that “some sectors that are refusing to participate,” for another “currently, barriers that previously prevented progress are not impeding forward movement on this project.”

Findings from the focus group discussion during which this topic was explored further reinforce themes while offering some additional information into the role that community partners are playing. A few participants shared that partners have shown leadership in some instances in providing funding, overcoming barriers for project activities, and identifying additional opportunities to contribute to the identified equity goal. One participant spoke about the value that partners offered through sharing relevant data that they had collected, both in the form of metrics and capturing community voices, which has been used to inform their strategic planning and help them decide what to do and where they should be focusing efforts.

Case profiles

Cabarrus Health Alliance & El Puente Hispano relies on a number of community partners to advance its identified equity goal, including partners such as:

- Approximately 100 community champions (people embedded in their communities) involved to help with communication and to get the message out to people within their respective networks, as well as recruiting students for the youth video voice project
- Several government and organizational partners who took on components of a recent community festival (e.g., the city facilitated event logistical requirements, and the parks and recreations department as well as an elementary school from a nearby community led an area designed for kids and youth)

- A local community college that has taken action to increase enrollment of Latino students

East Carolina University's BRACE initiative is a coalition that involves a broad and diverse collective of community agencies (e.g., education, social services, health, family and parenting, local non-profits, etc.), who all come into contact with people who have experienced trauma. There are now 375 people on the coalition's regular list serve. The site coordinator describes BRACE as having been very successful in building "*compassionate collaboration*," which she describes as a focus on building caring relationships with BRACE members, which has led to partnerships including:

- Collaborative resource sharing and knowledge exchange among members and agencies, leading to increased numbers of people trained in trauma informed care across agencies
- Pooling of resources across agencies for training, communication and funding
- A recently submitted \$20 million grant proposal co-written utilizing the resources and mobilizing the people from agencies within BRACE
- A podcast between two organizations that have never collaborated before
- A racial equity video with one of the prominent pastors in the community
- A trauma team has now been developed in every school with resilience training for all staff, from the superintendent down to every teacher.

"These are collaborations that I would say largely were not collaborating before, so that sparked other projects, and so I love what's come out of BRACE, the organic development of relationships that have led to projects to better enhance Pitt County." - Site coordinator

Question 2: Funding Structure and Impact

Q2: How is NCBHEI funding contributing to grantee projects?

Q2a: Is NCBHEI funding being used for a unique project or is it contributing to a larger project?

Findings show that most sites are using the NCBHEI grant money to fund unique projects. Seven of the 11 respondents are funding at least one unique project per county through the initiative. Two respondents indicated that the funding is contributing to one larger project. Two others indicated that the funding is contributing to multiple projects. One respondent noted: "While the NCBHEI funding is designated for one unique project, the impact, community partnerships, coalition work, and strategic planning has direct and indirect contributions to work in our region." For examples, another respondent shared that the "project really started a lot of the

work in our community related to trauma, including racial trauma. It has been amazing to see other projects start as a result of the relationships developed because of NCBHEI.”

It is worthwhile to note that unique project funding may be positively associated with successful project implementation based on survey responses. All four respondents who indicated strong agreement with both the statements “The project is going well” and “I am satisfied with the progress that we are making” also indicated that the NCBHEI funding was funding at least one unique project. Further inquiry into the relationship between successful project implementation and funding structure, however, would be needed to make this conclusion.

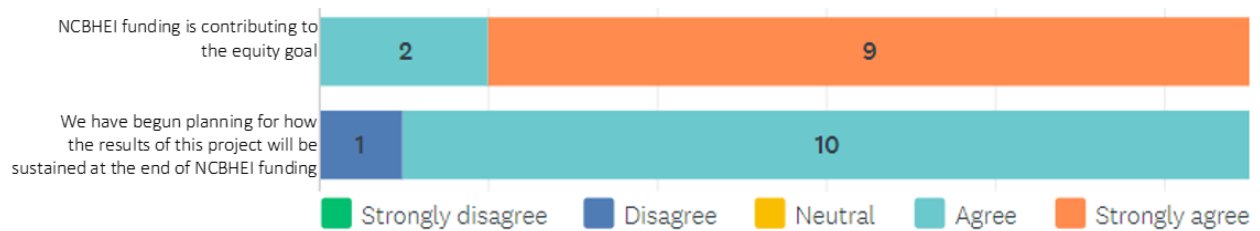
Findings from the focus group discussion, during which the topic of funding structure was explored further, shed additional light on how NCBHEI funding is being used by different sites. Participants were asked to weigh in on the effectiveness of having the funding to support one single project, versus contributing to a larger overarching project or spread across multiple projects, as well as any impact they think this structure has had on progress. There was variety in responses. Two participants shared positive remarks on the value of having a single funding stream dedicated to one project or program. For these sites, “having a dedicated funding stream has made a huge difference” in enabling focus, allowing time to source additional funding sources, and/or taking advantage of opportunity for overlap with other funding streams. One site stated doubts that their “leadership would have necessarily even taken on a project like this without a dedicated funding source, so I definitely think it was more of spring board to, you know, building sustainability towards the future and we’ll never go back.” Two other participants shared positive remarks about the flexibility that is afforded by being able to fund several projects. Being able to fund multiple different projects within the initiative has allowed them to work with and bring on partners they may not have been able to before. Ultimately, the NCBHEI funding was consistently cited as a key contributor of progress; as one participant shared “if we had to make it work within our existing funding streams, I’m not sure that we would have made the same progress.”

Q2b: In what ways has this funding enhanced equity in the community or with the population of interest?

All 11 survey respondents explicitly agreed that NCBHEI funding is contributing to their equity goals, with nine among them indicating strong agreement with that statement. All but one survey respondent indicated that they have begun planning for how the results of this project will be sustained at the end of NCBHEI funding. Figure 2 below presents a summary of the relevant responses.

Figure 2

Survey Results to Two Likert Scale Questions Relevant to Evaluation Question Q2b



In addition to this, the open-ended survey feedback included numerous mentions of funding as a perceived facilitator to achieving identified equity goals. There were varied responses to specifically how the funding was being used towards activities that are thought to contribute towards enhancing equity. There were limited details on the extent to which equity has been demonstrably increased within the population of interest at this time. The findings include:

- **Progress is occurring towards long-term equity goals.** As one respondent shared “obviously this project has overall goals that will take far longer than the funding will be available, but the funding from this project allows us to reach our smaller goals. This funding combined with [another source of] support have really allowed the community to begin to address equity.” Another respondent shared that other projects have started as a result of the funded work and “this project really started a lot of the work in our community related to trauma, including racial trauma.”
- **Discussions with members of the community and coalition partners** are taking place which would not have otherwise been possible. For example, one respondent noted that without the funding they doubt that they would “have had the level of readiness to even publicly discuss many of these issues, not to mention actively partnering to reduce inequities and creating lasting and sustaining change.” Another shared that “this project also funded racial equity discussions and racial healing groups, all that were open to community members to participate in.”
- **It is difficult to gauge the impact on the target population** or community at this time. One respondent noted that “measuring community change is very difficult but I am certain now that HUGE change has happened.” While there were limited specific details on the extent to which equity has been demonstrably increased within the population of interest, many examples that were shared related to providing education and accessible information, such

as “providing education that will allow for more equitable treatment and also providing resources and information to the public in a language they can understand.” Another specific example related to increasing visible support for their equity goal, as one respondent shared about “providing resources to staff and the agency as a whole, such as pronoun pins, an equity library, inclusive family posters and other resources would not have been possible without this project because unfortunately there is no administrative budget for the DEI committee or DEI Director outside of this project.”

- **Increasing the sustainability of the equity-oriented work.** One survey respondent noted that “relationships created with partners will continue after funding is removed.” All except for one of the 11 survey respondents also indicated that they have begun planning for sustainability after the funding is removed.

“I know that no matter what happens in the future, this project has made a lifelong impact on our staff, our agency, and our communities. Even if the funding were to disappear tomorrow, there is no slipping back as progress in the community and with youth will continue no matter what. We are so grateful for your support, expertise, guidance, and especially flexibility in this innovative and ground-breaking equity initiative in NC. After over 20 years working in public health, I have learned more professionally and personally from this project than from anything else. Our staff, partners, and community will carry this change with us and continue to nurture the equity seeds planted so they hopefully grow into thriving, equitable communities in the future long after we are gone. Thank you from the bottom of my heart for this life-changing opportunity. It has challenged me and helped me become a more resilient, brave, and confident human and professional.” – Survey respondent

Findings from the focus group discussion during which this topic was explored further did yield some additional evidence demonstrating how the funding is contributing to enhanced equity within the communities identified. One participant shared how an equity group created for staff did “a small thing but a big thing” by identifying and addressing an issue for trans youth whose insurance was issued at a school-based health center under their “dead name.” Previously, a person would have to verbally out themselves in the lobby in cases where their new or preferred name was not listed in the electronic record when they arrived for an appointment. The system-level solution trialed and implemented by staff now allows for more private, safe, and accessible care by inviting the person to write their name (rather than request it be spoken) and explore changes in the electronic record system to link to the new name.

Three other sites shared positive impacts through self-assessed progress of people participating in programs they have implemented. One site that has been offering training around LGBTQ youth, for example, collected data on participants self-assessments after attending their programming that showed their support of LGBTQ youth had changed in a positive way, they had increased knowledge and awareness around LGBTQ youth health issues, and an increased willingness to publicly support LGBTQ youth. Another site shared a project impact report that highlights the results of their programming to increase capacity around building resilience among staff of a local middle school (included as Appendix I with permission from site coordinator in Wilson County). Most participants indicated that their knowledge of trauma-informed principles increased as a result of the program, with 82% who:

- indicated that their understanding of stress, trauma, and resilience improved as a result of their pilot
- agreed that the program enhanced their ability to create trauma-informed environments for students
- agreed that they had learned skills that would positively impact their personal lives and their work
- indicated that their ability to calm down and self-regulate also increased as a result of being part of the pilot

“Because of what they’ve been seeing, new partners are emerging...partners are seeking us out or there are new groups or new movements forming where there was nothing before. I think that’s something that is so exciting.” – Focus group participant

Case profiles

Cabarrus Health Alliance & El Puente Hispano has used NCBHEI funding towards a three-pronged approach to addressing an upward trend in the Latino youth consumption of alcohol, including:

- Education and skill building for parents and families, designed to improve communication between parents/families and youth through interventions aimed at fostering dialogue and reflection among Latino adults/parents and building knowledge about different substances (with a primary focus on alcohol).
- Youth participation in a video voice project designed to engage them in discussions about issues relating to substance use/misuse. While it was challenging to keep the youth motivated in a virtual environment, there were eight or nine younger youth who remained actively engaged throughout the project. [Here is a link to the final video voice project.](#)

- Cultural humility training for community members (including a broad range of community partners and leaders, mayors, city managers, council members from the main municipalities, etc.) to broaden community understanding of the Latino population and help address some of the more systemic racial issues facing Latinos in her community. The training has received very positive feedback from community members and has led to the recent hiring of a bilingual customer service representative in Concord and a Hispanic middle level manager at city hall. As the site coordinator says, *“that’s progress in a way, small, but progress.”* Other organizations have also been in contact with the site coordinator to discuss hiring Hispanic people.

East Carolina University’s BRACE initiative has expanded its focus over the last two years towards racial equity. They have now developed new partnerships, collaborations, and funding sources, which the site coordinator directly attributes to NCBHEI funding. The long-term focus of BRACE is on bringing people together (e.g., monthly book club, knowledge and resource sharing) to build relationships and alignment among what are traditionally siloed organizations within Pitt County to build a more trauma aware community who work together to advance racial equity. They have also used some of the NCBHEI funding to develop tangible products (e.g., resource guide, educational website, podcast). Positive outcomes related to racial equity to date include:

- Discussions being had among BRACE members about trauma and racial equity have spilled out into the community and led to the pooling of resources across agencies for training, communication, and funding. As the site coordinator stated, “even just opening up discussions is to me a great outcome...to hopefully, you know, spark some type of interest or get people to think about things in a different way.” According to the site coordinator, BRACE has done well reaching people and raising awareness about ACES trauma and racial equity within Pitt County. Before BRACE, these conversations were simply not occurring in Pitt County.
- All Pitt County teachers have been through resiliency training and they know what they need to do in their classrooms to prevent or help a student get back into their resiliency zone if issues arise. This is due to dedicated efforts of BRACE volunteers doing basic training about ACES and education. The resiliency training within the school system has now spilled over into discussions about racial equity, and it is self-sustaining in Pitt County as there are enough people within their community who can offer the training for free to other community members.

Question 3: Strategies, Facilitators and Barriers

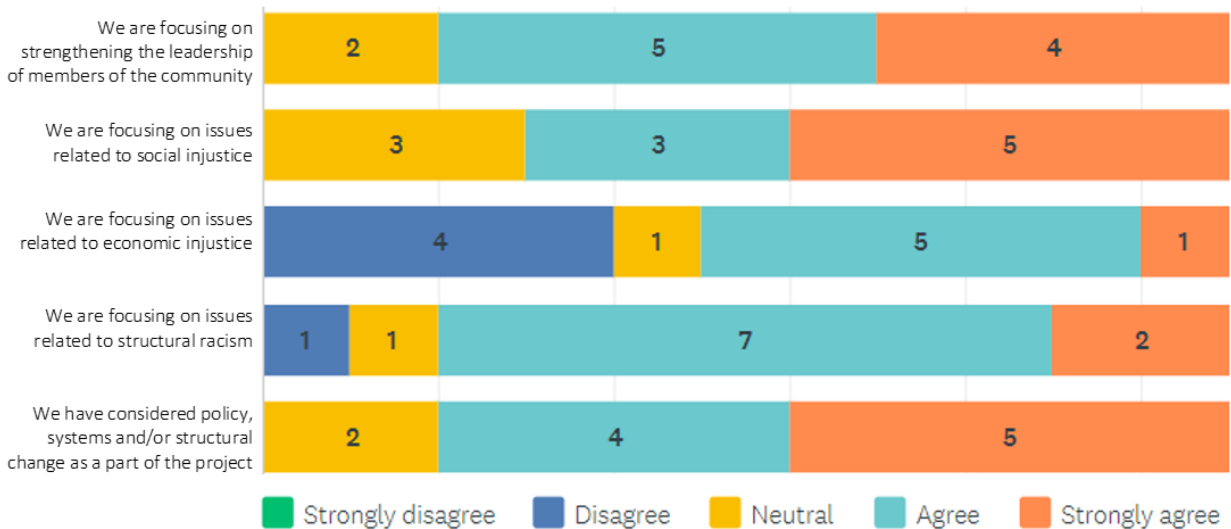
Q3: What strategies are grantees utilizing to achieve their equity goal(s) within their selected community or population?

Findings from the analysis of program documentation summarized in Table 4 above indicate the key strategies identified by each of the nine sites. There are common themes in terms of key strategies identified. Most of the sites’ strategy includes a focus on building resilience within the identified community. Among all the sites, strategies most often center around building awareness, connecting with community partners, and building capacity through offering training, toolkit development, or program enhancement.

In addition to the key strategies identified by sites, findings from the survey indicate that sites are focusing to varying degrees on overarching issues related to strengthening community leadership, social and economic justice, structural racism, and changing policy, systems, and/or structures. Figure 3 below presents a summary of the relevant responses.

Figure 3

Survey Results to the Five Likert Scale Questions Relevant to Evaluation Question Q3



Q3a: What are the perceived facilitators aiding grantees to reach their equity goals?

There are common themes from the survey responses in terms of the perceived facilitators aiding grantees to reach their equity goals, which are corroborated in the project documentation. These include:

- **Community engagement and strengthening community partnerships.** This notably includes collaboration with community partners and coalition members. It also includes efforts to reach out to the identified community both directly as well as through community partners/coalition members, overcoming potential location and linguistic barriers. For example, intentional engagement of minority populations was often cited, and in one case “partnerships in the community and the enthusiasm from the Latino Community to become engaged and help develop and plan efforts”. By effectively fostering buy in to the project ideals, one site experienced that “having a community that is passionate about addressing equity in our area is really motivating to keep striving for our goal.”
- **Funding and structure of the initiative** are also seen as significant facilitator aiding grantees to reach their equity goals. While the funding was commonly cited as a perceived facilitator, the additional supports offered through the NCBHEI (such as technical assistance and guidance from WFSM lead) were also mentioned. One survey respondent stated that “this initiative provides a foundation and structure for staying focused and a level of accountability when we could be pulled in many different directions.” Education opportunities and effective needs assessments were also meaningful contributions, both of which are inherent within the NCBHEI strategy. For example, one survey respondent included “a deep knowledge of the needs of the local Latino community” as a perceived facilitator.
- **Increased discussions about equity** with leadership and members of the community is another perceived facilitator. These discussions are thought to have been accelerated due to fortuitous changes in political will and climate as well as community leadership efforts. Internal staff were also mentioned, though less often, both in terms of specific activities as well as general “patience” and “hard work.”

Case examples

Cabarrus Health Alliance & El Puente Hispano identified the following four strategies that have facilitated progress towards their equity goals:

- *Cultural adaptations* – The site coordinators’ ties to the Latino community means that she has been able to culturally adapt her strategies to fit the cultural and language needs of the Latino population in Cabarrus County (e.g., focus on alcohol rather than on heroin or prescription drugs, using WhatsApp for communication and outreach, translating materials and training into Spanish).

- Equity-focused programming - A key consideration throughout this project has been to ensure that the people involved are not only bilingual Spanish speakers, but bi-cultural as well, and that they understand the issues and problems that the community is facing. Educating the community (and community leadership) about the issues facing the Latino population in Cabarrus County helps to address system-level issues, build understanding of the Latino population (e.g., where they come from, the issues and concerns they have, etc.) needed to *“make a real impact.”*
- Community champions – Involving people embedded in the Latino communities helps with communication and getting the message out to people they are wanting to reach.
- Strength-based and trauma-informed approach – Keeping the focus on giving people hope that things can change, rather than focusing on the things that are more difficult to change, facilitates prevention work and helps create a sense of belonging for youth.

East Carolina University’s BRACE initiative identified the following four strategies that have facilitated progress towards their equity goals:

- Building collaborative relationships – the outcome of which has led to collaborative resource sharing and knowledge exchange among members, as well as other partnerships (as detailed in Q1a).
- Knowledge exchange and resource sharing - BRACE provides all members with the knowledge about which resources, services, and programs exist, enabling them to identify program and resource gaps across the county. This enables a more comprehensive use of resources across Pitt County.
- Training, education and awareness - With a diversity of agencies now involved in BRACE, they now focus on a variety of training offerings (e.g., resilience training, trauma training, groundwater training) which has allowed people to have their own unique ah-ha moments at different times.
- Addressing racial trauma – The agencies that comprise BRACE all agree on the need to focus on trauma, which has led to difficult conversations about racial equity. As the site coordinator stated, *“I think right now BRACE members understand that racial trauma is just so pervasive in some of the systems that, in all of the systems, but that by addressing that you’ll see major changes that impact all types of trauma down the road.”*

Q3b: What are the perceived barriers hindering grantees from reaching their equity goals?

There are common themes in terms of the perceived barriers hindering grantees from reaching their equity goals, which are corroborated in the project documentation. These include:

- **Lack of community readiness**, including deficiencies in the capacity of community partners and the will of community leaders. Competing priorities and limited availability of partners can slow down an already time-intensive process of addressing behavioral health equity issues. As one survey respondent noted “community partners often are overworked/wear many hats of responsibility, are under-resourced” all of which impact the extent to which they can act as effective agents of change. Related specifically to community leadership, another respondent had this to say:
“We have found that some communities leaders are not quite ready to really dig deep into addressing equity. It is one thing to provide education, but to really do the hard work (like addressing policies) takes time. There are also some sectors that are refusing to participate. Several sector leaders do not want to be "the only ones" to address equity. However, they are on board as long as other sectors are on board. At some point, we need to go beyond just trainings and really start to make change.”
- **The COVID-19 pandemic** is perceived to be contributing to, exacerbating, or at the root of many of the issues facing project. For example, around increased social isolation and decreased ability to bring community members and/or coalition partners together. This is explored further in Q3c findings.
- **Cultural and linguistic barriers** are also among additional perceived barriers hindering advancement towards equity goals. “Social and stereotypical stigmas” as well as “a lower degree of community readiness to address issues/populations that may challenge cultural/social/religious norms” were among the specific instances referenced.
- **Difficulty in demonstrating measurable impacts** and identifying specific examples and on equity outcomes is seen as a barrier to reaching equity goals. While this was only mentioned by one survey respondent, it is corroborated by the document review and a lack of demonstrable changes to outcome measures included in program documentation.

Case examples

Cabarrus Health Alliance & El Puente Hispano identified three interconnected challenges which can be traced to the COVID-19 pandemic:

- Direct impacts of COVID-19 experienced by community members - Many in the Latino population are undocumented and as such, are not eligible to receive stimulus checks to make up revenue lost due to the COVID-19 pandemic. This led to many community members experiencing food insecurity and going to work despite feeling sick. Cabarrus County thus started fundraising to ensure that community members would not go hungry and at the same time educating them about COVID-19. The site coordinator stated, *“the challenge really was being busy all the time. It felt like it was insane.”*
- Forced shift of community outreach activities to a virtual environment - The emergence of an online outreach environment also created issues of disconnection, isolation, and lack of bonding between people, all of which translated into fewer people attending online training sessions. While the Latino population in Cabarrus County does use the internet, it becomes harder through virtual outreach activities to reach the people who might need services the most. The site coordinator said, *“once you put the virtual into the mix, you get a different type of population, that don’t necessarily need the help that we want to give them.”*
- Motivating youth participation - The site coordinator also described challenges in motivating and retaining youth participation in the video voice project. While they did succeed in completing and promoting a final video online, there was an attrition of 14 youth down to 8-9 who remained engaged in the project, and they will not have a public launch as the youth are reluctant to get involved.

East Carolina University’s BRACE initiative identified three ongoing challenges:

- Lack of alignment with organizations and people who have emerged with similar goals - With ACES, trauma and racial equity in the current spotlight, many people and organizations are now involved in tackling one or all of these issues. This makes it challenging to maintain awareness of each other’s activities and reach all of the people who should be getting the message. As the site coordinator stated, *“it would be nice if we could all work together and try to build on what everyone else is doing rather than reinventing the wheel.”*
- Limited inclusion of community members in the work - Up to this point, BRACE has been focused on agency-level change and trying to get the system in place to support the community-changes required. While it has produced benefits, this focus on system-level change has detracted from a focus on ensuring community-level involvement in BRACE,

a focus that they recognize is essential in racial equity work and to mitigating power issues between agency leaders and community members

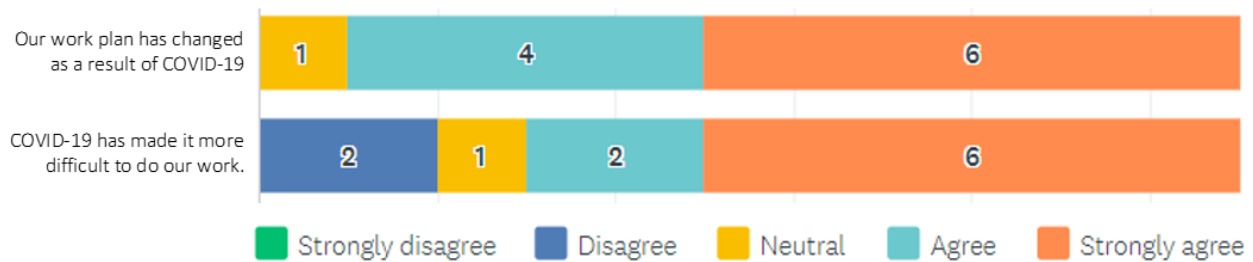
- Power issues between agencies and community members

Q3c: How has the COVID-19 pandemic impacted their progress?

Findings show variability in the extent to which it impacted projects. Findings from the survey presented in Figure 4 below show this to a certain extent through responses to two relevant questions.

Figure 4

Survey Results to Two Likert Scale Questions Relevant to Evaluation Question Q3c



The open-ended responses from data sources offer further insights. Data from year one, including the evaluation report and the summary of the COVID-19 pulse check survey administered fall 2020, presents challenges as a result of COVID-19 that reduced activities and slowed down momentum. Some of this persists, however, the data collected in year two through the survey, case examples, and quarterly reports signals that many sites were able to adapt. Generally, the changing context of activities made sites shift the way that they did their work, but it did not stop work from happening all together. Themes observed are included below:

- **Limited ability to bring partners together as originally planned.** Preferred engagement methods that are known to be effective within specific community groups were often not possible due to public health restrictions and/or recommendations. This reduced or impeded the ability to meet initially decreased momentum and/or limited community involvement particularly in year one. As one survey respondent stated, “Covid kind of made the outreach in [the community] grind to a halt and it has been difficult to get the flow started again.” This was made more challenging in certain cases due to technological

limitations for some population groups. Throughout year two, many sites found ways to reach out to client base and to their community. COVID-19 changed the way that coalitions engaged with communities, but it did not always mean that engagement did not happen. For example, one site described shifting their engagement strategy towards increased reliance on community champions. Another noted that “limits on face-to-face training created new opportunities for virtual training not previously available to us, increasing our initial planned reach from 20 to 168.”

- **Impacted issues that sites and communities addressed.** This included the introduction of new issues, such as the need to provide information related to COVID-19. One site described shifting the focus of their training towards relevant public health recommendations. In many cases, however, it exacerbated existing issues rather than created them. This meant highlighting different facets of the issues in some cases and/or changing the severity in others (e.g., poverty, food security, housing).
- **The emotional burden and competing demands for attention** on the part of project team, community and coalition members meant that some project activities needed to be stopped, started, slowed down, or adapted.

Case examples

Cabarrus Health Alliance & El Puente Hispano has had a successful year educating and working with youth, parents and families and community members despite the challenges introduced and/or exacerbated by COVID-19 and the need to shift to an online environment (as detailed in Q3b). While these global challenges experienced in the last two year have made it more difficult for Cabarrus to attain its goals, a flexible and adaptive approach to problem solving and implementation has facilitated their local responses.

East Carolina University’s BRACE initiative has continued to progress well despite COVID-19, though one observable change has been a decline in attendance at their regular meetings. These are monthly meetings that may involve book clubs and different educational pieces, with emphasis placed on racial equity issues and other traumas. While pre-COVID meeting attendance would include between 60-80 people, this has decreased to approximately 45 people in the current COVID environment.

Conclusions

Despite the unprecedented context of COVID-19 and increased global focus on issues of equity, racism, and structural discrimination, the NCBHEI nonetheless enabled participating sites to make progress towards health equity issues within their identified population of focus. While challenges and barriers emerged, sites made advances in reaching out and developing new relationships and partnerships with a diverse group of community stakeholders, engaging in challenging conversations, and providing training to a broad range of community stakeholders. Notably, the site coordinators and project managers themselves indicated increased capacity and understanding of behavioral equity issues and community change, as a result of their participation in this grant. The following conclusions are based on the findings detailed above.

Community partnerships have been a major part of the work undertaken to date and there remains further opportunity to strengthen and leverage community leadership. Sites have been able to build relationships and generate broad participation from community partners. That participation has largely been in the form of informing, consulting, and/or involving partners. There are a few demonstrable examples of participation in the form of full collaboration or empowerment, however, there is opportunity to increase and strengthen this area.

Cultural competency and humility have been shown to be key strategies and facilitators of success across sites and contexts. This includes site coordinators/project managers' own capacity for understanding the populations and communities which they are striving to serve, so that activities can align with their strengths, needs, preferences, cultures, and values. It also includes building the capacity of the people, organizations, and leaders within the community and/or county.

The initiative has opened up reach to hear from and learn about populations who have not previously had the opportunity. At the same time, there has been variability and overall limitations on the extent to which sites have created opportunities to hear directly from members of the community regarding the impact of the activities.

Having an adaptable structure for allocating funding and technical assistance for sites to enhance their identified equity goal has been a benefit. Flexibility to distribute funding among multiple projects has been essential for some, while the imperative for increased focus on a single project has been good for others. In general, regardless of structure the funding has increased sites' ability to think through partnerships and sustainability, and the support and coaching offered by the grantor have increased their capacity for community development.

COVID-19 impacted how sites pursued their identified equity goals. It undoubtedly changed the context of activities and made sites shift the way that they did their work. It impacted sites to varying degrees, though all were able to show measures of adaptability and responsiveness to the emerging needs and experiences of community members, partners, and staff/volunteers.

Recommendations

The following recommendations are put forward with the intention of supporting sites in prioritizing activities in the third and final year of this initiative, as well as the grantor in preparing for and optimizing future iterations of the initiative. They are grounded in the conclusions outlined above.

Centre the voices of members of the community/population of focus. Sites should strive to capture information, perspectives, and experiences from members of the population of interest regarding the impact that project activities have had on the equity goal identified. Connecting with members of the community/target population to solicit their input into project activities and future direction, and collect impact stories, creates an opportunity to center issues on what matters most to those that the work is seeking to serve.

Strengthen understanding of the connection between NCBHEI projects and equity. It would be valuable to include a focus throughout year three on increasing knowledge around the challenges that sites have experienced in working with a focus on equity, the factors that have facilitated this process, as well as what impact the projects have had on the wider community and the impact (or potential impact) on policy. Including the population(s) of interest in this exploration would be beneficial.

Generate more distributed leadership among community partners. While in some instances community partners have taken on work to contribute towards the identified equity goals, in many cases they are still mostly following or assisting efforts being driven largely by the sites themselves. While this involvement in the work is beneficial, increased ownership and generating of activities by others within the coalition will accelerate progress and support sustainability. Additional training and coaching for sites in this area may be beneficial.

Conduct a summative evaluation at the end of year three. It would be beneficial for the grantor to focus the evaluation following the end of the third and final year on assessing the extent to which grantees have addressed the equity issue identified in their communities with the funding and support received through the NCBHEI. Additional exploration of the activities and strategies they have implemented, how stakeholders have been involved, and facilitators and barriers to success would be of value. Sample evaluation questions guiding this final evaluation may include:

1. How have grantees collaborated with community partners to reach their identified equity goals?

2. To what extent has NCBHEI supported enhanced equity with the population of interest?
 - a. How will improvements be sustained?
 - b. What could be done differently in future iterations of the initiative to further improve the extent to which sites make progress towards their equity goals?

3. What strategies are grantees utilizing to achieve their equity goal/s within their selected community or population?
 - a. What has facilitated grantees to reach their equity goals?
 - b. What has hindered grantees from reaching their equity goals?

References

- Braveman, P. (2006). Health disparities and health equity: concepts and measurement. *Annual Review of Public Health, 27*(1), 167-194.
<https://doi.org/10.1146/annurev.publhealth.27.021405.102103>
- Braveman, P., Kumanyika, S., Fielding, J., LaVeist, T., Borrell, L., Manderscheid, R., & Troutman, A. (2011). Health disparities and health equity: the issue is justice. *American Journal of Public Health, 101*(S1), S149-S155. <https://doi.org/10.2105/AJPH.2010.300062>
- Braveman, P., Arkin, E., Orleans, T., Proctor, D., & Plough, A. (2017). *What Is Health Equity? And What Difference Does a Definition Make?* Princeton, NJ: Robert Wood Johnson Foundation.
- Brown, L., Wells, R., Jones, E., & Chilenski, S. (2017). Effects of sectoral diversity on community coalition processes and outcomes. *Prevention Science, 18*(5), 600-609.
<https://doi.org/10.1007/s11121-017-0796-y>
- Brown, K., Wolfe, S., & Price, A. (2020). New directions for the evaluation of coalitions and collaboratives. *New Directions for Evaluation, 2020*(165), 181-185.
<https://doi.org/10.1002/ev.20396>
- Bryan, V., Brye, W., Hudson, K., Dubose, L., Hansberry, S., & Arrieta, M. (2014). Investigating health disparities through community-based participatory research: lessons learned from a process evaluation. *Social Work In Public Health, 29*(4), 318-334.
<https://doi.org/10.1080/19371918.2013.821356>
- Cacari-Stone, L., Wallerstein, N., Garcia, A., & Minkler, M. (2014). The promise of community-based participatory research for health equity: a conceptual model for bridging evidence with policy. *American Journal of Public Health, 104*(9), 1615-1623.
<https://doi.org/10.2105/ajph.2014.301961>
- Chouinard, J. (2020). *North Carolina Behavioral Health Equity Initiative Year 1 Interim Evaluation Report (2019-2020)*.
- Chouinard, J., Wolfson, M., Wagoner, K., Augustine, N., Parries, M., & Lentz, A. (2018). *North Carolina Behavioral Health Equity Initiative Year 2 Final Evaluation Report (FY 2018)*.
- Community Tool Box (n.d.). Starting a coalition. Retrieved from <https://ctb.ku.edu/en/table-of-contents/assessment/promotion-strategies/start-a-coalition/main>
- Domlyn, A., & Coleman, S. (2019). Prioritizing equity: exploring conditions impacting community coalition efforts. *Health Equity, 3*(1), 417-422. <https://doi.org/10.1089/heq.2019.0061>
- Fawcett, S., Schultz, J., Watson-Thompson, J., Fox, M., & Bremby, R. (2010). Building multisectoral partnerships for population health and health equity. *Preventing Chronic Disease, 7*(6). Retrieved 21 November 2021, from https://www.cdc.gov/pcd/issues/2010/nov/10_0079.htm.

- Haluza-DeLay, R. (2003). When the topic is racism: research and advocacy with a community coalition. *Social Justice, 30*(4 (94)), 77-90. Retrieved 21 November 2021, from <https://www.jstor.org/stable/29768225>.
- Hilgendorf, A., Moore, T., Wells, A., & Stanley, J. (2020). Positioning health equity within a systems thinking framework to evaluate coalitions and collaborative initiatives. *New Directions for Evaluation, 2020*(165), 91-102. <https://doi.org/10.1002/ev.20403>
- Horvat L., Horey D., Romios P. & Kis-Rigo J. (2014). Cultural Competence Education for Health Professionals (Review). *The Cochrane Library, Issue 5*.
- Howowitz, C. & Lawlor, E.F. (2008). Challenges and Successes in Reducing Health Disparities: Workshop Summary. Jennifer A. Cohen, Rapporteur, *Roundtable on Health Disparities*. The National Academies Press, Washington, DC.
- Lo, C. & Cheng, T. C. (2011). Racial/ethnic differences in access to substance abuse treatment. *Journal of Health Care for the Poor and Underserved, 22*, 621-637.
- McGuire, T. & Miranda, J. (2008). New evidence regarding racial and ethnic disparities in mental health: Policy implications. *Health Affairs, 27*, 393-403.
- Minkler, M., Rebanal, R., Pearce, R., & Acosta, M. (2019). Growing equity and health equity in perilous times: lessons from community organizers. *Health Education & Behavior, 46*(1S), 9S-18S. <https://doi.org/10.1177/1090198119852995>
- Reid, A., Abraczinskas, M., Scott, V., Stanzler, M., Parry, G., & Scaccia, J. et al. (2019). Using collaborative coalition processes to advance community health, well-being, and equity: a multiple–case study analysis from a national community transformation initiative. *Health Education & Behavior, 46*(1S), 100S-109S. <https://doi.org/10.1177/1090198119838833>
- Scarinci, I., Moore, A., Benjamin, R., Vickers, S., Shikany, J., & Fouad, M. (2017). A participatory evaluation framework in the establishment and implementation of transdisciplinary collaborative centers for health disparities research. *Evaluation and Program Planning, 60*, 37-45. <https://doi.org/10.1016/j.evalprogplan.2016.08.020>
- Schensul, J., & Trickett, E. (2009). Introduction to multi-level community based culturally situated interventions. *American Journal of Community Psychology, 43*(3-4), 232-240. <https://doi.org/10.1007/s10464-009-9238-8>
- Sen, A. (2002). Why health equity? *Health Economics, 11*(8), 659-666. <https://doi.org/10.1002/he.762>
- Sirdenis, T., Harper, G., Carrillo, M., Jadwin-Cakmak, L., Loveluck, J., & Pingel, E. et al. (2019). Toward sexual health equity for gay, bisexual, and transgender youth: an intergenerational, collaborative, multisector partnerships approach to structural change. *Health Education & Behavior, 46*(1S), 88S-99S. <https://doi.org/10.1177/1090198119853607>

- Substance Abuse and Mental Health Services Administration. (2011). *Results from the 2010 National Survey on Drug Use and Health: Summary of National Findings*, NSDUH Series H-41, HHS Publication No. (SMA) 11-4658. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- Substance Abuse and Mental Health Services Administration [SAMHSA]. (2015). *A Guide to SAMHSA's Strategic Prevention Framework*, United States, 2015. HHS Publication No. SMA-16-Baro-2015. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- Tillotson, M., Doswell, W., & Phillips, C. (2014). Finding a voice: an allocentric worldview to guide effective reduction of behavioral health disparities in African Americans. *Journal of African American Studies*, 19(1), 65-78. <https://doi.org/10.1007/s12111-014-9290-9>
- U.S. Department of Health and Human Services. National Center on Minority Health and Health Disparities. *Social Determinants of Health Initiative*. Available at: <http://www.nimhd.nih.gov/recovery/goSocialDeterm.asp>
- Whitehead, M. (1992). The concepts and principles of equity and health. *International Journal of Health Services*, 22(3), 429-445. <https://doi.org/10.2190/986l-lhq6-2vte-yrrn>
- Whitehead, M. (2007). A typology of actions to tackle social inequalities in health. *Journal of Epidemiology & Community Health*, 61(6), 473-478. <https://doi.org/10.1136/jech.2005.037242>
- Wolff, T., Minkler, M., Wolfe, S., Berkowitz, B., Bowen, L., & Dunn Butterfoss, F. et al. (2017). Collaborating for equity and justice: moving beyond collective impact. *Nonprofit Quarterly*, (Winter 2016). Retrieved 21 November 2021, from <https://nonprofitquarterly.org/collaborating-equity-justice-moving-beyond-collective-impact>.

Appendices

Appendix A: NCBHEI Request for Applications

North Carolina Behavioral Health Equity Initiative

Request for Applications

Release Date: April 1, 2019

Due Date: June 7, 2019

The North Carolina Behavioral Health Equity Initiative is funded by the Division of Developmental Disabilities and Substance Abuse Services, North Carolina Department of Health and Human Services. Direction and technical assistance are provided by the North Carolina Community Initiative Coordinating Center, Department of Social Sciences and Health Policy, Wake Forest School of Medicine.

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Funding Opportunity Title:	North Carolina Behavioral Health Equity Initiative
Due Date for Applications:	June 7, 2019
Estimated Number of Awards:	Up to 8 awards
Estimated Award Amount:	Up to \$24,000 per year
Length of Project Period:	Up to 3 years
Eligible Applicants:	<p>Eligible applicant organizations include county and city government agencies, non-profit organizations (which are exempt from federal income tax as described in Section 501(c)(3) of the Internal Revenue Code), and tax-exempt educational institutions. All local partnerships, alliances, organizations, coalitions and collaboratives are eligible to apply.</p> <p>This opportunity is restricted to organizational entities that are based in North Carolina.</p>

How to Apply

To apply for funding under the *North Carolina Behavioral Health Equity Initiative (NCBHEI)*, please follow these instructions carefully and adhere to the deadlines as indicated below when responding to this Request for Application (RFA).

Electronic submission via RedCap, a Wake Forest School of Medicine online system, is required for the RFA.

The NCBHEI Application must be uploaded by midnight June 7, 2019. Applications or attachments will NOT be accepted after the deadline.

Contacts

If you need any assistance with the application, please contact Maria Parries at 336-716-6196 (mparries@wakehealth.edu) or Ashley Lentz at 336-716-1482 (awlentz@wakehealth.edu).

NCBHEI Background, Overview and Goals

Significant behavioral health equity issues exist in communities across the United States. Health issues of all kinds disproportionately affect individuals, families and communities that systematically experience social, economic and cultural disadvantage. Health disparities may be found in a variety of racial and ethnic groups; lesbian, gay, bisexual, transgender, and questioning (LGBTQ) populations; transition-age youth; and young adults. Historically, these populations have been faced with reduced access to healthcare and higher barriers to service use, leading to elevated levels of mental and substance use disorders, higher rates of suicide, poverty, domestic violence, childhood and historical trauma, and involvement in the foster care and criminal justice systems.

The goal of NCBHEI is to build capacity and support participating communities to partner with community members, agencies and organizations to identify a critical behavioral health equity issue affecting their community and develop and implement strategies to effectively address the equity issue. Using qualitative and quantitative data, sites will be responsible for the following:

- Identifying a key behavioral health equity issue in their community.
- Engaging key stakeholders to address the equity issue.
- Developing, planning, and implementing local strategies to effectively address the targeted behavioral health equity issue.

NCBHEI Overview

The purpose of NCBHEI is enable local communities to identify and address specific behavioral health disparities on a local level through a data and community-driven collaborative process. A learning community, consisting of eight North Carolina communities selected based on geographic location, capacity and experience to collaborate with various stakeholders, and a passion to address health disparities, will provide a vehicle for sharing expertise, insights, and supports throughout the initiative. Key stakeholders and representatives from these communities will meet periodically and participate in tailored training and individualized technical assistance focused on key concepts and strategies to address behavioral health equity issues.

NCBHEI Goals

The goals of NCBHEI are to build the capacity of community-based organizations to:

- Collaborate with **key stakeholders/ partners** experienced and knowledgeable about behavioral health equity issues.
- Collect and analyze **quantitative and/or qualitative data** related to behavioral health equity issues related to substance use.
- Increase **awareness within their communities** about behavioral health equity issues.
- Identify, implement and evaluate **promising and best practices and strategies** to address behavioral health equity issues.

Description of the NCBHEI Program

The NCBHEI program seeks to support communities in building capacity and implementing effective evidence-based and promising strategies, including environmental strategies, to address behavioral health equity issues. **Year one** of this grant program is designed to provide communities with **training and technical assistance** to help them build their capacity to tackle the challenging issues they face related to health equity and substance misuse. **Years two and three** are intended to support **implementation** of the plans developed in year one and **evaluate** the success of the project.

We are using the following definitions:

- *Health equity means ensuring full and equal access to opportunities that enable everyone to live a healthy life. This means reducing the obstacles that impede access to healthcare resources. Examples of such obstacles include: poverty and discrimination based on race or ethnicity, sexual orientation or geography. These obstacles create health disparities, meaning some communities experience a greater burden of disease or illness in comparison to others.*
- *Behavioral health equity seeks to direct attention on health equity issues as it pertains to mental health and substance misuses issues.*

There are several ways we will support grantees in reach their goals and objectives for this initiative. By providing the year-long training program to grantees in Year one, NCBHEI will encourage innovative planning, design and implementation of strategies that will have a long-lasting impact on North Carolina with respect to behavioral health equity issues and substance misuse. In addition, on-going intensive technical assistance will be provided to grantees to assist as needed.

The NCBHEI program models its planning process on the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) **Strategic Prevention Framework (SPF)**. The SPF provides a blueprint for how to conduct a comprehensive community assessment, build individual and organizational capacity, develop a strategic plan that focuses on evidence-based or promising practices, and implement a plan. Your application should be formatted using this framework. A detailed description of the SPF is provided in the **Program Narrative Instructions** section.

Participants will also begin the process of **evaluating** and sustaining their efforts, primarily by participating in the Coordinating Center's evaluation of NCBHEI. For more information about the NCBHEI evaluation, refer to the **Performance Measurement and Evaluation** section.

The NCBHEI Coordinating Center, on behalf of the DMHDDSAS, will coordinate the selection of grant recipients, disperse funds to recipients, coordinate training, and provide overall fiscal and programmatic oversight of NCBHEI.

The **Strategic Prevention Framework** is a five-step process based on guiding principles that reduce risk-taking behaviors, promote youth development, build assets and resilience, and prevent problem behaviors.

Training and Technical Assistance

The NCBHEI Coordinating Center is staffed by individuals with expertise in substance misuse prevention, environmental strategy implementation, faith community involvement, community mobilization, and behavioral health equity issues.

NCBHEI grantees will be asked to send a lead individual from their organization to attend trainings and participate in technical assistance. However, it is important to note that it is advantageous to engage others in your organization and community in grant activities as well.

On-going technical assistance will be provided in a number of ways and may include the following:

1. **Training:** a fall and spring in-person training will take place each year of the grant. These trainings will be in a central location in NC. In **year one**, these trainings are designed to help build capacity. In **year two** and **three**, these trainings will focus on implementation support, peer-to-peer sharing and networking, evaluation and sustainability.
2. **Monthly conference calls** will be held with each site to monitor progress, troubleshoot challenges, and identify training needs. Individual calls allow for focused attention on site-specific issues and sensitivity to community culture and norms.
3. **Bi-monthly group conference calls/webinars** may be conducted and will include all organization leads when possible. These teleconferences will be structured so grantees can share progress and innovative ideas on specific topics for addressing common challenges.
4. **Mentoring opportunities** will be available from grantees who are farther along in their community with addressing behavioral health equity issues.
5. **On-site technical assistance and consultation** will be provided by the NCBHEI Coordinating Center. These visits are intended to serve as tailored TA for grantees and may include NCBHEI staff observing organizational and community meetings and activities, with the intention of ensuring that sites are sensitive to culture competencies, racial disparities, and the unique assets of their community. Site visits will be held during the fall and spring of each grant year.

Performance Measurement and Evaluation

The NCBHEI Coordinating Center will conduct an evaluation to determine overall program success. The evaluation will focus on collecting data to assess the primary goals of the initiative:

1. Collaborate with **key stakeholders/ partners** experienced and knowledgeable about behavioral health equity issues.

2. Collect and analyze **quantitative and/or qualitative data** related to behavioral health equity issues related to substance use.
3. Increase **awareness within communities** about behavioral health equity issues.
4. Identify, implement and evaluate **promising and best practices and strategies** to address behavioral health equity issues.

All grantees will be expected to report grant-related activities on a regular basis.

Eligibility Requirements

Eligible applicant organizations include county and local government agencies, non-profit organizations (which are exempt from federal income tax as described in Section 501(c)(3) of the Internal Revenue Code), and tax-exempt educational institutions. Previous participation in the NCBHEI program does not preclude an organization from applying. However, previous grantees will be expected to show strong evidence of their commitment to, and progress toward, their identified behavioral health equity goals.

If multiple organizations from the same community intend to apply, they are strongly encouraged to work together to submit a single application. This will promote collaboration and limit duplication.

Communities that have recently mobilized to address a pressing local concern are most apt to benefit from this capacity building program. However, organizations that have been in existence for a number of years may also benefit from participating in this training and mentorship program, particularly if they have not systematically conducted a needs assessment of their community, developed a logic model, mapped out a multi-year strategic plan, or developed plans to evaluate and sustain their efforts.

One of the strongest predictors of effectiveness is the existence of a passionate, competent leader. For this reason, funded organizations will be required to have a **dedicated lead person** for the project. **This person may receive limited salary support on the grant.**

Application Instructions

The following section provides detailed instructions for completing each of the four sections of the application. Please review the instructions carefully and adhere to them when completing each section.

Section I. Applicant Information Sheet Instructions ([online form](#))

The **Applicant Information Sheet** provides information about the individual completing the application, the applicant/host institution (if applicable), and your organization. This information will be used to contact the applicant if needed. Please complete the information as indicated and ensure all information is accurate. If changes occur to this information after submission of your application, please contact Maria Parries, NCBHEI Program Coordinator, at (336) 716-6196 or mparries@wakehealth.edu.

Section II. Program Narrative Instructions ([provide upload link](#))

The Program Narrative section is **limited to 2 pages, single-spaced**. Please use Arial font, size 11 with 1 inch margins.

The NCBHEI program is modelled after the Strategic Prevention Framework, which is a five-step process. The SPF (see Figure 1) steps include:

- (a) conducting a comprehensive community **assessment**,
- (b) building individual and organization **capacity**,
- (c) developing a strategic **plan** that focuses on environmental strategies,
- (d) **implementing** their evidence-based plan, and
- (e) **evaluating** the plan's effectiveness.

Sustainability and cultural competence are interwoven throughout these five steps to ensure an organization's efforts are inclusive and become a viable, long-term part of the community.

In the Program Narrative section, applicants should describe their previous, current, and/or future activities to address health equity issues and substance misuse using this framework. Where applicable, share how your organization has ensured, or will ensure, sustainability and cultural competence in your organization's infrastructure. The following outline provides more details about what to include in this application section.

Figure 1. SPF model



a. Assessment

As part of the training in Year 1, grantees will complete a comprehensive assessment to determine the health equity issues that exist in their community. For the grant application, please provide a general overview of the problem or problems, as you currently see them, as well as your community's response to date, using the bullet points below as a guide.

- Describe the nature and extent of behavioral health equity issues in your community. Include the results of any community data, whether formal or informal, that document these public health burdens in your community.
- Provide an overview of the social, cultural, and geographic factors that may play a role in encouraging or discouraging this health equity issue.
- Describe the environmental factors that influence individual decisions that may impact these health equity issues.

b. Capacity

- Describe your community's existing resources and any previous or current efforts for addressing the health equity issue mentioned in the Assessment section. Be sure to include any developing or established organizational efforts in this description.
- Describe how your organization is structured and managed. If the organization is hosted by a community agency, demonstrate the host agency's commitment to the organization.
- Describe the organization lead's qualifications and experience. If this position hasn't been hired, describe the qualifications you seek and the hiring process you will undertake.
- Describe efforts to collaborate with any other existing community organizations or collaborative groups to prevent duplication of efforts.
- Demonstrate your community's commitment and capacity to focus on evidence-based strategies and to address environmental factors (i.e., the social, physical, cultural, legal, and economic factors) that contribute to the health equity issue in your community.

c. Planning

- Describe your organization's experience in developing plans to implement evidence-based strategies.
- Describe any previous efforts to maintain organization activities, member involvement, funding, and other resources.

d. Implementation

- Describe any previous efforts to implement evidence-based strategies in order to address the health equity issue referenced above.

e. Evaluation

- Describe any previous efforts to assess whether your organization was functioning effectively.

- Describe any previous efforts to evaluate whether your organization’s activities contributed to any community-level changes. If this is a new organization, describe any efforts made by its partners/members to assess the impact of efforts to address a community problem.
- In this section, express your commitment to participating in the NCBHEI evaluation plan.

Section III. Budget Instructions (provide upload link)

Applicants must submit a budget. This budget may be amended if funded; however, it will provide the Coordinating Center with an idea of the activities you plan to engage in to accomplish your program activities and goals.

This is a three-year grant program (depending on allocated funds and approval from the state each fiscal year). For the current submission, **applicants are only required to submit a budget for the first year**, the twelve-month period from **July 1, 2019 – June 30, 2020** (Fiscal Year 2020). The budget requested cannot exceed **\$24,000**. The funds must be spent in the timeframe given; unexpended funds cannot be carried from one fiscal year to the next.

When completing your budget, please provide as much detail as possible. As an example, you may include salary for the organization lead, funds to cover data collection efforts (e.g. focus groups, interviews), travel to trainings, expenses for hosting trainings in your community, and marketing and advertising materials. If you have additional questions on allowable and non-allowable cost, please contact Ashley Lentz at 336-716-1482 or awlentz@wakehealth.edu.

The following information provides an overview of Allowable and Non-allowable costs.

Allowable Costs

Funds may only be used to support grant-related activities. These funds can cover, but are not limited to:

- Salary support and fringe benefits for project staff
- Meeting costs (meals, materials, space) associated with the organization’s planning process
 - Travel and lodging associated with required trainings. The organization’s lead is required to attend the following trainings:
 - Two, 2 day trainings (up to 2 nights for each training)
- Implementation costs (years 2 and 3 only)
- Website development
- Telephone and postage
- Indirect costs of up to 10% of direct costs
- Purchase of durable equipment (e.g., office furniture, computer equipment) - for designated staff identified in the budget only. Purchases are not to exceed a total of \$5,000. Equipment purchases must be in accordance with state budget guidelines.

Section IV. Letters of Support Instructions (provide upload link)

Letters of support from a broad cross-section of community partners are encouraged but not required. Letters will be assessed based on the diversity of the individuals and organizations that submit them. The letters should emphasize the individual/group's willingness to participate directly in the specific activities that will be undertaken as part of this initiative, if funded. The letter should reflect a genuine commitment to the organization and its activities.

Letters should describe length of involvement with your organization's efforts, type of support (e.g., participation in organization meetings, provision of in-kind assistance, participation in the needs assessment, etc.) that has been provided up to this point, and the nature of involvement during the proposed grant period.

Review and Selection Process

Applications will be initially screened to eliminate those that do not comply with the application format, deadline or clearly do not fit the goals and objectives outlined in this RFA. Applications that pass this initial screening will be reviewed by a committee consisting of prevention professionals, coalition leaders, and researchers with expertise in addressing health equity issues, effective organization processes, and evidence-based substance abuse prevention strategies.

The following criteria will be considered in the review:

1. Documented Need

Substance misuse problems in the community that disproportionately impact one group compared to another.

Inadequate community mobilization to respond to the problem to date

2. Community and organizational leadership capacity

Partner commitment and capacity

Dedicated organization lead (or evidence that demonstrates that a person fitting the job description will be hired)

3. Commitment to organizational approach

Participation of and commitment to broad-based community effort

Depth and breadth of involvement of community sectors (including parents, youth, and the faith community)

Appropriate organizational infrastructure to sufficiently plan and implement actions

The review committee will make recommendations regarding funding, with final decisions determined by DMHDDSAS. After approval by the Division, the NCBHEI Coordinating Center will issue awards to the successful applicants. Notifications will be made no later than June 28, 2019.

Appendix B: NCBHEI Year 2 Logic Model

Inputs	Objectives	Activities	Outputs	Outcomes
State resources and funding	Build grantee capacity for community engagement	<ul style="list-style-type: none"> provide TA (as required): tools, information and opportunities provide training to sites (as required): subject matter, community engagement, sustainability and capacity building, methodological training participate in peer learning community 	<ul style="list-style-type: none"> #/type of training sessions held level/range of support/tools/etc. provided to sites frequency and use of basecamp range of approaches/opportunities for co-learning/peer to peer sharing #/type of virtual meetings attended 	<ul style="list-style-type: none"> greater local knowledge and awareness of community engagement processes and practices improved community engagement in discussing and prioritizing behavioural health equity issues increased involvement of community partners
Support from technical assistance (TA)				
Training	Determine strategies to impact identified behaviour health equity issue in collaboration with community partners	<ul style="list-style-type: none"> identify intervention strategies and key partners finalize collaborative community behavioural health equity strategy sites to engage with diverse community sectors sites to hold community conversations ongoing TA 	<ul style="list-style-type: none"> completed BHE strategy #/type of implementation strategies #/range/diversity of community members involved, relationships and connections range of activities and interactions among and within communities #/type of connections among people, coalition members and institutions #/range of community conversations held #/type/range of TA provided 	<ul style="list-style-type: none"> increased knowledge and understanding of local behavioural health equity issue
Support from sites and community stakeholders				
	Implement strategies to impact identified behaviour health equity issue in collaboration with community partners	<ul style="list-style-type: none"> conduct action planning begin implementation conduct evaluation (process/outcome) ongoing TA 	<ul style="list-style-type: none"> range of implementation milestones reached relevance of activities/interactions range of evaluation reports interim formative evaluation report completed #/type/range of TA provided 	<ul style="list-style-type: none"> increased knowledge and understanding of local behavioural health equity issue positive changes in behavioural health equity issue
	Build community-level awareness of the identified local behavioural health equity issue	<ul style="list-style-type: none"> conduct action planning (including building community awareness) 	<ul style="list-style-type: none"> #/range of strategies identified to build awareness #/range of activities implemented to build awareness 	<ul style="list-style-type: none"> increased awareness and knowledge of the behavioural health equity issue at the local level

Appendix C: Evaluation Framework

Evaluation questions	Indicators	Data Sources	Data Collection Methods	Bases for Comparison
<p>1. What equity issue/s and population have grantees identified?</p> <p>a) To what extent are grantees collaborating with community partners to reach their identified equity goals?</p>	<ul style="list-style-type: none"> - Range of equity issues - Range of activities and strategies implemented - #/diversity of community partners involved - Range/diversity of coalition activities - Level/range of involvement of members from the target community or population in determining project goals and activities - Range of approaches to activities that strengthens community members' leadership and power - Level of consideration for policy, systems and structural contexts - Range of sustainability planning 	<ul style="list-style-type: none"> - Program documentation - Site coordinators - Project managers 	<ul style="list-style-type: none"> - Document analysis - Survey 	<ul style="list-style-type: none"> - Between grantee sites
<p>2. How is NCBHEI funding contributing to grantee projects?</p> <p>a) Is NCBHEI funding being used for a unique project or is it contributing to a larger project?</p> <p>b) In what ways has this funding enhanced equity in the community or with the population of interest?</p>	<ul style="list-style-type: none"> - #/type of projects unique to NCBHEI - #/type of larger projects of which NCBHEI funding is a part - range of activities funded - range of approaches to funding 	<ul style="list-style-type: none"> - Program documentation - Site coordinators - Project managers 	<ul style="list-style-type: none"> - Document analysis - Survey 	<ul style="list-style-type: none"> - Between grantee sites
<p>3. What strategies are grantees utilizing to achieve their equity goal/s within their selected community or population?</p> <p>a) What are the perceived facilitators aiding grantees to reach their equity goals?</p> <p>b) What are the perceived barriers hindering grantees from reaching their equity goals?</p> <p>c) How has the COVID-19 pandemic impacted their progress?</p>	<ul style="list-style-type: none"> - Range/diversity of themes across program sites - Linkages identified between activities, outputs, and outcomes - Characteristics of high-performing sites - Range and severity of challenges identified - Level/range of impact - Linkages identified between activities, outputs, and outcomes - Extent to which original plan has changed as a result of COVID-19 	<ul style="list-style-type: none"> - Program documentation - Site coordinators - Project managers 	<ul style="list-style-type: none"> - Document analysis - Survey 	<ul style="list-style-type: none"> - Between grantee sites

Appendix D: Survey Data Collection Instrument

North Carolina Behavioral Health Equity Initiative Year 2 Interim Evaluation (2020-2021)

You are invited to participate in a study entitled North Carolina Behavioral Health Equity Initiative Year 2 Interim Evaluation Framework (2020-2021) that is being conducted by researchers Chelsea Hochfilzer and Jill Chouinard with the University of Victoria.

Jill Chouinard is the principal investigator and an Associate Professor in the School of Public Administration at the University of Victoria. You may contact her if you have further questions by phone at 1-250-721-8060 or email at jchouinard@uvic.ca. I, Chelsea Hochfilzer, am the principal applicant and as a graduate student I am required to conduct research as part of the requirements for a Master degree in Community Development. It is being conducted under the supervision of Jill Chouinard. You may contact my supervisor at the information provided above. You may contact me by phone at 1-604-668-8224 or by email at chochfilzer@gmail.com. This study is also being conducted for a client: Kristin Kidd, Senior Professional Research Associate, Wake Forest Baptist Health.

Purpose and Objectives

The purpose of this research project is to learn from the experiences of the nine sites currently participating in the North Carolina Behavioral Health Equity Initiative (NCBHEI). It will inform an interim evaluation aimed at providing the sites with information that you can use to positive impact your final year of the grant. The learning will also contribute to establishing baseline data for the final summative evaluation that will be conducted at the end of year three, improving future grant cycles, and providing a report summarizing the findings to the state funder.

Importance of this Research

Research of this type is important because it will help sites to be successful in addressing a behavioral health equity issue identified within their community. Beyond the scope of this specific grant program, this research will also contribute more broadly to our collective understanding of how to affect positive change within similar groups. The research will add to the growing body of knowledge and empirical evidence around the Collaborating for Equity and Justice principles, as well as our collective understanding of the impacts of COVID-19 on community development efforts, in particular within marginalized population groups.

Participant Selection

You are being asked to participate in this study because you are currently involved in leading the work being supported through the NCBHEI.

What is involved

If you consent to voluntarily participate in this research, your participation will include completing a web-based survey. Responses will be collected anonymously and you will not be required to disclose personal or identifiable information. The survey may take you approximately 15 minutes to complete, and you may do so on a device and at a time most convenient for you within the requested time frame (within one week of receipt of link). Please be advised that information about you that is gathered for this research study (no identifiable information being requested) uses an online program located in the U.S. or a program that can be accessed from the US (SurveyMonkey). As such, there is a possibility that information about you may be accessed without your knowledge or consent by the US government in compliance with the US Freedom Act.

Inconvenience

Participation in this study may cause some inconvenience to you, including the time and energy spent reflecting on responses and completing the web-based survey, which will require short term access to a device and internet.

Risks

There are no known or anticipated risks to you by participating in this research.

Benefits

The potential benefits of your participation in this research include benefits for participants, society, and the state of knowledge. For participants, the findings will relate directly to their current work and provide valuable learning that will contribute to future activities. All sites will have greater knowledge of the key components that are aiding and challenging success towards their goals. Society will benefit from the research in that it is contributing directly to understanding and advancing work to address behavioural health equity issues within the identified populations in North Carolina. The state of knowledge will advance to the extent that the research will be grounded in an evaluation that uses Collaborating for Equity and Justice principle as a basis for comparison within the evaluation framework.

Voluntary Participation

Your participation in this research must be completely voluntary. If you do decide to participate, you may withdraw at any time without any consequences or any explanation. If you do withdraw from the study after submitting survey responses, please be aware that it will be

logistically impossible to remove your individual participant data from the research given that it is submitted anonymously and without request of identifying information.

Anonymity

In terms of protecting your anonymity, your responses will be anonymous. This includes both in the data gathering phase of the research and in the dissemination of results. No one is able to associate responses or other data with individual participants, unless you choose to include identifiable information in the open-ended text response (not required).

Confidentiality

Your confidentiality and the confidentiality of the data will be protected by limiting access to the data to the researchers only, during all phases of the research and after the study is complete. The survey will be administered using SurveyMonkey from the researcher's password protected user account. Raw data will be downloaded and saved by researcher on their computer in a password-protected file. There are some limits to confidentiality, including limits due to U.S. Freedom Act due to SurveyMonkey data being stored in the USA (as described above). There are also some limits due to selection given that this is a directly-recruited participant pool. It may be possible for investigators to discern who responses come from if a participant chooses to include identifiable information in open-ended text responses (not required). All results will be generalized in findings and no direct quotes with potentially identifiable information will be used.

Dissemination of Results

It is anticipated that the results of this study will be shared with others in the following ways: directly to pool of potential participants through a report and virtual information session for all currently participating NCBHEI sites, as well as through a capstone project for researcher's Masters in Community Development at the University of Victoria (including a presentation to a small group of faculty for defense and final report posted on "UVicSpace" on Internet publicly available).

Disposal of Data

Data from this study will be disposed of by the end of the NCBHEI grant cycle (approximately August 2022). All electronic data will be permanently erased from the researcher's computer (password-protected file) as well as the SurveyMonkey user account. According to SurveyMonkey policy, once a user deletes data from their account, it only exists in back-ups within their service for a limited period of no more than 12 months. After this time the data is permanently deleted. Any data they retain beyond this is non-personal/aggregated and anonymous data related to the operation of their service.

Contacts

Individuals that may be contacted regarding this study include:

- Chelsea Hochfilzer (researcher) – 1-604-668-8224 or chochfilzer@gmail.com
- Jill Chouinard (researcher/supervisor) - 1-250-721-8060 or jchouinard@uvic.ca
- Kristin Kidd (research client) - 1-336-713-4202 extension 31592 or Krkidd@wakehealth.edu

In addition, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Human Research Ethics Office at the University of Victoria (250-472-4545 or ethics@uvic.ca).

By completing and submitting the online survey, **YOUR FREE AND INFORMED CONSENT IS IMPLIED** and indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researchers.

Survey

What is your primary role in the project? (radio response)

- Site coordinator
- Project manager
- Other (please specify) (open text field)

How many active coalition members or community partners are you working with in this project? (radio response)

- None
- 1-3
- Up to 5
- Up to 10
- Over 10

Are you using the NCBHEI funding for one unique project or is it contributing to a larger project(s)? (radio response)

- One unique project
- Contributing to one larger project
- Contributing to multiple projects
- Other (open-ended text response)

Please indicate your level of agreement with the following statements in relation to your identified equity project: (scale: strongly disagree, disagree, neutral, agree, strongly agree)

- The project is going well.

- I am satisfied with the progress that we are making.
- We have stayed well connected to coalition members/community partners.
- Community members participate in the project.
- We have created opportunities to hear directly from diverse voices within the community.
- We are focusing on strengthening the leadership of members of the community.
- We are focusing on issues related to social injustice.
- We are focusing on issues related to economic injustice.
- We are focusing on issues related to structural racism.
- We have considered policy, systems and/or structural change as a part of the project.
- Our work plan has changed as a result of COVID-19.
- COVID-19 has made it more difficult to do our work.
- NCBHEI funding is contributing to the equity goal.
- We have begun planning for how the results of this project will be sustained at the end of NCBHEI funding.

What is helping you reach your equity goal in this project? (open-ended text response)

What is getting in the way of you reaching your equity goal in this project? (open-ended text response)

How have members of the community participated in the project? (open-ended text response)

How has COVID-19 impacted your work or project activities? (open-ended text response)

How have you had the opportunity to be innovative to promote equity with this project? (open-ended text response)

Is there any other information that you would like to share about your experience with this project so far? (open-ended text response)

Appendix E: Interview Questions

1. Describe your project and how it specifically addresses an equity issue in your community?
2. How did you identify this specific equity issue?
3. How did you develop this specific project?
4. In what ways do you think this project is successful? And to what would you attribute these successes?
5. What specific challenges have you experienced? How have you addressed them?
6. How have you adapted your project to fit within the culture of your population? What challenges did you experience? How has the culture of the population/community facilitated your work?
7. In what ways has this project shifted your thinking about equity? Your community's thinking?
8. How does this project connect to other work currently being doing in your community around equity?
9. If you were just starting this project now, what kinds of things might you do differently? Please explain.
10. Can you think of anything else to add?

Appendix F: Case Example - BRACE (Building Resilience and Courage to Excel)

**Case Example
Building Resilience and Courage to Excel (BRACE)
East Carolina University (ECU)BRACE**

NCBHEI Evaluation (2021)

July 27, 2021

Case Example ECU – BRACE

“I feel like as a community, it has allowed a much greater level of an upstream approach than we would ever have gotten as individuals working on our own” (Site Coordinator)

INTRODUCTION

Background

This case example is part of the 2021 evaluation of the North Carolina Behavioral Health Equity Initiative (NCBHEI), an initiative coordinated by Wake Forest School of Medicine (WFSM) with funding from the Division of Mental Health, Developmental Disabilities and Substance Abuse Services, North Carolina Department of Health and Human Services. The initiative supports nine communities located across the state (Alamance County, Ashe County, Jackson and Haywood Counties, Durham, New Hanover County, Pitt County, Cabarrus County, Mecklenburg County, and Wilson County) in building community capacity to address behavioral health equity initiatives in their communities. The purpose of this case example is to highlight one of the nine project sites, the College of Health and Human Performance, East Carolina University (ECU), and to document their experiences (success and challenges) with BRACE (Building Resilience and Courage to Excel), a recently developed community-wide coalition focused on adverse childhood trauma. The case example is based on a one-on-one interview with the site coordinator, as well as other relevant program documentation.

Methods

This site is one of two sites in the NCBHEI project (2021) highlighted for its achievement in working collaboratively with community members to identify a community-wide equity issue and identify ongoing local strategies and goals across a broad and diverse constituency of stakeholders. This case example will focus on successes, challenges and lessons learned. Data was collected through a one-on-one interview with the site coordinator, as well as program documentation, including quarterly reports, a local community needs assessment and the Pitt County Community Health Needs Assessment (2019).

PROJECT AND SITE DESCRIPTION

Pitt County

Pitt County is located in eastern North Carolina and covers an area of 655 square miles. It is considered one of the fastest growing communities in North Carolina, with a population of 179,914, up from 174,332 in 2013 (US Census Bureau, 2018). The race and ethnicity of the population in 2016 was estimated as: White (59.8%), Black/African American (35.3%),

Hispanic/Latino (6.2%), Asian (2.2%), American Indian/Alaska Native (0.5%). Pitt County has a larger share of residents who identify as Black or African American (35.3%) as compared to North Carolina as a whole (22.2%), and a smaller number of Hispanic or Latin (6.2%) population than the North Carolina average (9.2%) (Pitt County Community Health Needs Assessment, 2016).

In terms of its socioeconomic profile, the median household income in Pitt County is \$42,308, as compared to \$48,256 for North Carolina as a whole (American Community Survey, 2012-2016). Pitt County also has a broad range of income based on postal code, with the lowest median household income (\$27,363) and the highest median household income (\$64,526). Overall, 24.5% of the population in Pitt County lives below the poverty line, higher than the average for North Carolina (16.8%). Similarly, the rate of children living below the poverty line is also higher in Pitt County (28.2%) compared with North Carolina (23.9%).

BRACE (Building Resilience and Courage to Excel)

BRACE, created in Spring 2019, can be described as a broad and diverse collective of community agencies (e.g., education, social services, health, family and parenting, local non-profits, etc.), who all come into contact with people who have experienced trauma. The goal of BRACE is to break down siloes and bring people who do trauma-related work together. BRACE members share resources with one another and support each other's work on related projects. At each of the meetings they have book clubs and different educational pieces, with emphasis placed on racial equity issues and other traumas. The coalition has used the issue of ACES (Adverse Childhood Experiences and Trauma) as a springboard for discussions about racial trauma, racism and systemic racism in Pitt County. There are now 375 people on the regular list serve, and pre-COVID, meetings would include between 60-80 people, falling to approximately 45 people post COVID.

HISTORY OF BRACE

The site coordinator at ECU began this initiative by reviewing the local data around trauma, crime, and substance use from a racial equity lens, which she then broadened to include adverse childhood experiences, including indicators that might be a part of adverse childhood experiences and trauma. As part of the data, she included surveys, as well as interviews and conversations with people from a number of difference sectors (including juvenile justice, DSS, the Health Department, etc.), which she then used to bring people together for discussions addressing trauma, ultimately leading to the creation of BRACE.

One of the groups in the community mentioned the resilience movie that was taking place across the state, with four training sessions scheduled in Pitt County. In an effort to grow their membership base, BRACE members decided to collect data from the approximately 600 people in attendance, which they then followed up with a scheduled breakfast meeting where they

shared the data they had collected from training session participants. This initial breakfast meeting soon turned into monthly meetings with approximately 60-80 people.

While initially not focused on equity, it did not take long for connections between trauma and resilience to connect back to racial equity. As a result, the site coordinator states that for her, the use of ACES is somewhat of a proxy for discussions about racial trauma. As she states

At the time, racism, racial equity was not something that was being discussed in Pitt County...not in the larger level, and so people were not ready to hear that. So this was sort of our way of starting to delve into that a little bit.

Connections to racial equity have also led BRACE into new areas of focus and leadership, including collaborations and partnerships with new organizations across the county and state. According to the site coordinator, *“none of this would have happened without BRACE...the organic development of relationships that have led to projects to better enhance Pitt County”*.

KEY OUTCOMES

The focus on ACES led BRACE to branch out into areas of racial equity, an evolution the site coordinator states was greatly influenced by what was happening across the country, as well as globally. As a result of this expanded focus, they have now developed a number of new partnerships and collaborations and successfully secured new funding sources, none of which would have happened without BRACE, which the site coordinator directly attributes to NCBHEI funding. While the focus of BRACE is on bringing people together, they have also used some of the NCBHEI funding to develop a resource guide and an educational website, a podcast and a monthly book club for BRACE members. Thus, while BRACE does fund the creation of more tangible products, its long term focus is on building relationships among what are traditionally siloed organizations within Pitt County as a way to build a more trauma aware community who work together to advance racial equity in the community.

Building Collaborative Relationships

As the site coordinator describes, BRACE has been very successful in building what she calls *“compassionate collaboration,”* which she describes as a focus on building caring relationships with BRACE members, the outcome of which has led to collaborative resource sharing and knowledge exchange among members. As a result of this collaborative environment, BRACE recently submitted a \$20 million grant, which the site coordinator states she was able to coordinate because she could utilize the resources and mobilize the people within BRACE (many from prominent agencies) to co-write the grant proposal. She also describes a podcast collaboration between two organizations that have never collaborated before, a racial equity video with one of the prominent pastor’s in the community, as well as other partnerships, none of which could have happened without BRACE. As the site coordinator describes,

These are collaborations that I would say largely were not collaborating before, so that sparked other projects, and so I love what's come out of BRACE, the organic development of relationships that have led to projects to better enhance Pitt County.

Knowledge Exchange and Resource Sharing

BRACE partnerships and collaborations have also led to knowledge and resource sharing among agencies and BRACE members, enabling a more comprehensive use of resources across Pitt County. As the site coordinator describes, BRACE provides all members with the knowledge about which resources, services, and programs exist, enabling them to identify program and resource gaps across the county. At this point, they are looking for ways to consistently fund mental health professionals to ensure that the training they are provided with is trauma informed. They have thus been working collaboratively across agencies to increase the number of people who are trained in trauma informed care across agencies to ensure there are no gaps in services.

Racial Equity

While all of the agencies that comprise BRACE each have their own cultures, interests, goals and agendas, they can all agree on the need to focus on trauma, which has led to difficult conversations about racial equity. As the site coordinator states,

I think right now BRACE members understand that racial trauma is just so pervasive in some of the systems that, in all of the systems, but that by addressing that you'll see major changes that impact all types of trauma down the road.

These discussions about trauma and racial equity have spilled out into the community and led to the pooling of resources across agencies for training, communication and funding. As the site coordinator states, *"even just opening up discussions is to me a great outcome...to hopefully, you know, spark some type of interest or get people to think about things in a different way."*

Training, Education and Awareness

With a diversity of agencies now involved in BRACE, they now focus on a variety of strategies, whether resilience training, trauma training, groundwater training, all of which has allowed people to have their own unique ah-ha moments at different times. According to the site coordinator, BRACE has done really well reaching people and raising awareness about ACES trauma and racial equity within Pitt County. Before BRACE, these conversations were simply not occurring in Pitt County. Through the dedicated efforts of BRACE volunteers doing basic training about ACES and education, a trauma team has now been developed in every school that everyone, from the Superintendent down to every teacher. At this point, all Pitt County teachers have been through resiliency training and they know what they need to do in their classrooms to prevent or help a student get back into their resiliency zone if there is an issue in

their classrooms. More than that, it is now self-sustaining in Pitt County as they no longer need to rely on anyone from outside of the county to conduct their training as they now have people within their community who can offer the training for free to other community members. And the resiliency training within the school system has now spilled over into discussions about racial equity.

CHALLENGES

While BRACE has led to a number of positive outcomes in such a short period of time, the site coordinator nonetheless notes a few ongoing challenges, including what she calls “*territory issues*,” the inclusion of community members in the work of BRACE, and power issues between agencies and community members.

Territory Issues

With ACES, trauma and racial equity in the current spotlight, there are a number of people and organizations now involved in tackling one or all of these issues, making awareness of each other’s activities quite challenging. As the site coordinator puts it, “*it would be nice if we could all work together and try to build on what everyone else is doing rather than reinventing the wheel.*” On a related note, this lack of each other’s activities also makes it a challenge to reach all of the people who should be getting the message.

Community-level Involvement

Up to this point, BRACE has been focused on agency-level change and trying to get the system in place to support the community-changes required, which they are seeing at the school level and in the Department of Social Services. This focus on system-level change, however, has detracted from a focus on ensuring community-level involvement in BRACE, a focus that they recognize is essential in racial equity work and to mitigating any power issues between agency leaders and community members.

Appendix G: Case Example - Cabarrus Health Alliance and El Puente Hispano

**Case Example
Cabarrus Health Alliance & El Puente Hispano**

NCBHEI Evaluation (2021)
August 23, 2021

Case Example Cabarrus Health Alliance and El Puente Hispano

INTRODUCTION

Background

This case example is part of the 2021 evaluation of the North Carolina Behavioral Health Equity Initiative (NCBHEI), an initiative coordinated by Wake Forest School of Medicine (WFSM) with funding from the **Division of Mental Health, Developmental Disabilities and Substance Abuse Services**, North Carolina Department of Health and Human Services. The initiative supports nine communities located across the state (Alamance County, Ashe County, Jackson and Haywood Counties, Durham, New Hanover County, Pitt County, Cabarrus County, Mecklenburg County, and Wilson County) in building community capacity to address behavioral health equity initiatives in their communities. The purpose of this case example is to highlight one of the nine project sites, the College of Health and Human Performance, Cabarrus County, and to document their experiences (success and challenges) with implementing their project. The case example is based on a one-on-one interview with the site coordinator, as well as other relevant program documentation.

Methods

This site is one of two sites in the NCBHEI project (2021) highlighted for its achievement in working collaboratively with community members to identify a community-wide equity issue and identify ongoing local strategies and goals across a broad and diverse constituency of stakeholders. This case example will focus on successes, challenges and lessons learned. Data was collected through a one-on-one interview with the site coordinator, as well as program documentation, including quarterly reports, and a local community needs assessment.

PROJECT AND SITE DESCRIPTION

Cabarrus County

Cabarrus County, a geographically diverse mix of urban and rural communities, is located in south-central North Carolina. The County is also demographically diverse, with 73.6% Caucasian, 20.7% African-American, and 10.78% Hispanic or Latino residents. Among Cabarrus County Hispanic or Latino residents, including those born in the United States, 51.20% identify Mexico as their country of origin; 21.3% Puerto Rico; 8.9% are of a South American background like Colombian, Peruvian, and Ecuadorian, and 7.6% of Central American countries (Cabarrus County Needs Assessment Report, 2020).

The most significant economic challenge faced by the community was the collapse of the manufacturing sector in 2003, when nearly 10,000 people lost their jobs with the closing of two major manufacturing plants, resulting in the largest permanent layoff of workers in North Carolina's history (Cabarrus County Needs Assessment Report, 2020). Thus, while Cabarrus County has the highest median income at \$54,730, compared to other counties in the region, 14.1% of families with youth in their homes continue to live in poverty, and 15% of adults under age 65 lack health insurance coverage.

Cabarrus Health Alliance and El Puente Hispano

In year one of this initiative Cabarrus Health Alliance and El Puente Hispano conducted a comprehensive community needs assessment where they identified an upward trend in the Latino youth consumption of alcohol (and other substances), a finding further corroborated by a survey where 83% of parents and other Latino community members identified alcohol as the substance most abused by youth in their communities. According to the site coordinator, the trend in alcohol consumption among youth can be attributed to Latino bi/cultural factors, including permissiveness towards alcohol for youth in the home and bicultural issues between youth and their parents. As she explains, "alcohol is a big problem because it's ingrained in the families...[it's about] teaching kids how to drink so that they don't get drunk when they go out." There is also a lack of material and training for Spanish-speaking people in the community.

PROJECT DESCRIPTIONS AND KEY OUTCOMES

As a result of the needs assessment, the project in Cabarrus County has developed a three-pronged approach focused on 1) parents and families, 2) youth and 3) community members and community leaders. A description of each area follows.

Parents and Families: Education and Skill Building

For parent and families, the focus is on communication skill building that includes interventions aimed at fostering dialogue and reflection among Latino adults and parents and training designed to build knowledge about different substances (with a primary focus on alcohol). The communication skill building intervention is designed to improve communication between parents/families and youth. As the site coordinator describes

My whole goal is to improve communication because it's a challenge for us as parents because we are from another culture, and then our kids are little American things walking on the street, they become different, especially teenagers. We don't relate to them anymore...the kids may speak Spanish, but there is something in the culture that is different...

To address these bicultural challenges, they offer parents a therapy using poetry, writing and journaling designed to create the opportunity for parents to reflect on possible communication

challenges they likely experience with their children and to tap into their feelings about their experiences. Substance abuse training is also provided to parents and families.

Youth: Video Voice Project

In the past year, youth have been participated in a video voice project designed to engage them in discussions about issues relating to substance use/misuse. After recruiting approximately 11 Latino youth, the Cabarrus site hired someone from Mental Health America and a production company to work with the youth on a weekly basis in developing infographic-style videos related to substance use. While it was challenging to keep the youth motivated in a virtual environment, there were eight or nine younger youth who remained actively engaged throughout the project. Here is a link to the final video voice project:

<https://www.youtube.com/watch?v=IA-qEGMX7Lk>

Community Members/Leaders: Cultural Humility Training

With a recognition that equity issues are often systemic in nature, the site coordinator hired a trainer to do presentations on cultural humility to community members (including a broad range of community partners and leaders, mayors, city managers, council members from the main municipalities, etc.). According to the site coordinator, the purpose of the training is to broaden community understanding of the Latino population. As she states

I want them to understand why Latinos are here. I want them to understand that we are human. I want them to understand that they feel and that they have feelings and that they miss their people. I want them to understand that if you move here you are always in trauma...you always have the feeling of you don't belong anywhere.

For the site coordinator, cultural humility training not only provides a way to educate community members about the Latino population, it also helps address some of the more systemic racial issues facing Latinos in her community. The training has received very positive feedback from community members and has led to the recent hiring of a bilingual customer service representative in Concord as well as an Hispanic middle level manager at city hall. As the site coordinator says, *“that’s progress in a way, small, but progress.”* Other organizations have also been in contact with the site coordinator to discuss hiring Hispanic people.

KEY STRATEGIES

Cultural Adaptations/Equity Focus

The site coordinator is Hispanic (from Columbia) and has worked in the Cabarrus community for over seven years. She is the President of El Puente Hispano (The Hispanic Bridge), a nonprofit community organization recently created with other Latino professionals, focused on providing

equity-focused programs and services to Hispanic people in Cabarrus County. Their mission is “to connect and integrate the Hispanic community with available resources to foster self-sufficiency and productivity.” As the site coordinator describes, she wears many hats - - she is a coordinator for the Cabarrus health Alliance, she also does outreach and communications from the agency to the Latino population, and as noted above, she is President of El Puente Hispano.

Her ties to the Latino community means that she had been able to culturally adapt her strategies to fit the cultural and language needs of the Latino population in Cabarrus County. A key consideration throughout this project has been to ensure that the people involved are not only bilingual Spanish speakers, but bi-cultural as well, and that they understand the issues and problems that the community is facing. Throughout this project, her focus has thus been on alcohol rather than on heroin or prescription drugs. As she describes

I know the communities. I know that there's not a problem [with heroin and prescription drugs] because the community in this county don't have medical services, so to get prescription pills is going to be a little challenging for them to begin with. I mean it's hard for them to get aspirin...and that's why we do so much emphasis on alcohol, because I know it's a problem.

She has also adapted her communication and outreach strategy, using *WhatsApp*, as she knows that Latinos in the community all use this app as it is a way to communicate without cost (and without internet) with family in other countries. She has also translated all of the materials and training into Spanish, as much of the material being used before was all in English.

The third pillar of their work is focused on educating the community (and community leadership) about the issues facing the Latino population in Cabarrus County. For the site coordinator, for real change to occur, and to “*make a real impact*,” she has to address system-level issues, build understanding of the Latino population, where they come from, the issues and concerns they have, etc.

Community Champions

The site coordinator also involves approximately 100 community champions (people embedded in their communities) to help with communication and to get the message out. As she describes, she sends her message to 100 community champions, who then send it out to all of the people in their networks. When asked how she has identified the community champions, the site coordinator stated that she is very outspoken herself, and as a result, she meets community champions everywhere and is always adding new names to her list. Community champions were also used to recruit students for the video voice project.

Strength-Based/Trauma Informed Approach

In all of her prevention work, the site coordinator makes sure to use a strength-based and trauma informed approach, as she recognizes that there are few Latino role models for youth in her community. As she describes, thirty five percent of the students are Latino, yet only a very small percentage of teachers or community leaders are themselves Latino. From her perspective

We need to have the kids feel that they belong... that feeling is deep...we need to give them the hope that they can be a doctor or a fireman or an owner of a construction company. You don't have to follow the path of construction workers, and get pregnant at 15.

As prevention, she thus likes to keep her focus on giving people hope that things can change, rather than focusing on the things that are more difficult to change.

CHALLENGES

In the past two years there have been global challenges which have made it more difficult for Cabarrus to attain its goals, a flexible and adaptive approach to problem solving and implementation has facilitated their local responses. What follows are three interconnected challenges the site coordinator identified.

COVID

COVID has clearly been a challenge for all community-based organizations (xx), Cabarrus notwithstanding. While all challenges identified by the site coordinator can be traced to COVID, there were also direct impacts experienced by community members. Many in the Latino population are undocumented and as such, are not eligible to receive stimulus checks to make up for lost revenue. For a number of community members, this meant that they did not have enough money for food. However, lacking money for food, and with no sick days available, a number of community members began going to work despite feeling sick. Cabarrus County thus started fundraising to ensure that community members would not go hungry and at the same time educating them about COVID. As the site coordinator says, *“the challenge really was being busy all the time. It felt like it was insane.”*

Virtual World

With COVID, Cabarrus County, like all other community associations, was forced to shift their community outreach activities to a virtual environment. While the Latino population in Cabarrus County does use the internet, it becomes harder to reach the people who might need services the most. As the site coordinator says, *“once you put the virtual into the mix, you get a different type of population, that don't necessarily need the help that we want to give them.”* The online environment also created issues of disconnection, isolation and the lack of bonding between people, all of which translated into fewer people attending online training sessions.

Youth Motivation

The site coordinator also described challenges motivating the youth to participate in the video voice project. As she describes, they started out with about 14 youth and over time, there were eight or nine who remained motivated and engaged. Despite the fact that they had hired a young “hip” person from Mental Health America, she also felt that she had to cajole the youth into participating in the virtual project. So while they did succeed in putting together a final video, which they have promoted online, they will not have a public launch as the youth are reluctant to get involved.

CONCLUSION

Despite the challenges of COVID and the need to shift to an online environment, the NCBHEI project in Cabarrus County has had a successful year educating and working with youth, parents and families and community members.

Appendix H: Focus Group Questions

Please review the preliminary year 2 interim evaluation findings (PDF attached) and be prepared to share your reflections on the following discussion questions:

1. Community partnerships: How have you been collaborating with community partners to reach your equity goal? Who are your partners? What kinds of things have they taken on or contributed to?
2. Enhancing equity: How has equity been increased within your population of interest so far? What specific examples or evidence have you been able to gather?
3. Funding structure: Has it been effective to have the funding support one single project, versus contributing to a larger overarching project or spread across multiple projects? What, if any, impact do you think this structure has had on progress?
4. Anything else you would like to share?

Building Resilience at Darden PROJECT IMPACT REPORT



Background Context

During the 2020-2021 school year, the Rural Opportunity Institute (ROI), in partnership with Area L AHEC and the Wilson County Department of Social Services, provided capacity-building support to the staff of Darden Middle School in Wilson, NC. This support included:

- A staff-wide 14-hour *Reconnect for Resilience*, by Resources for Resilience training to learn evidence-based skills to balance your body and nervous system to support people and organizations to become trauma-informed and resiliency-focused, by offering practical strategies to promote a culture of resilience in an organization or community.
- A staff biofeedback breathing pilot which used HeartMath's InnerBalance app and heart-rate variability (HRV) sensor to support guided meditation to increase the health & strength of participants' autonomic nervous system & resiliency.
- Distribution of resilience posters and skill cards which were used by staff and students to practice resilience skills



Testimonial Video



Eric Lyons

Student/Community Support Specialist



Jennifer Parker
Principal



Broderick Robinson
Restorative Justice Facilitator



Cynthia Nelson
Art Teacher

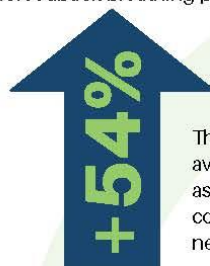
To view the video, click on the image above or visit www.youtube.com/watch?v=ou_QJGZKneY

Biofeedback Breathing Program Data

The data from staff doing **6-weeks of daily breathing** (average breathing session on the app was 10 minutes) was overwhelmingly positive. Staff who participated in the biofeedback breathing program saw increases in:



The total power of the regulation system/nervous system (SDNN) of by an average of +52%.



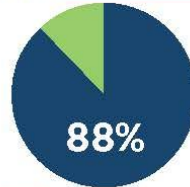
The vagal/parasympathetic activity by an average of +54%. An increase is typically associated with improved self-regulation/ coping skills coping well and an improved nervous system fitness level.

PROJECT IMPACT REPORT

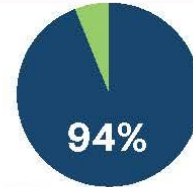
Overall Survey Summary Report

Feedback from participants about the Building Resilience at Darden program was overwhelmingly positive.

Most participants indicated that their knowledge of trauma-informed principles increased as a result of the Building Resilience at Darden program.



88% of participants would recommend working on a project with ROI to others



94% of participants would recommend working on a similar project to others

82%

of participants

indicated that their **understanding of stress, trauma, and resilience improved** as a result of their pilot.

agreed that the program **enhanced their ability to create trauma-informed environments** for students.

agreed that they had learned skills that would **positively impact their personal lives and their work**.

indicated that their **ability to calm down and self-regulate also increased** as a result of being part of the pilot.

What They're Saying

Teaching resilience awareness and tools reduces the effect of trauma... academically as well as socially and emotionally.
- Building Resilience at Darden Participant

It allows you to learn coping strategies not just on the job, but at home as well.
- Building Resilience at Darden Participant

This program helped me to better connect with my students and have more patience with them.
- Building Resilience at Darden Participant

COVID put a [damper on] what would have been a very exciting year. Hopefully we pick up and move forward.
- Building Resilience at Darden Participant

My students' have been able to participate fully in the general education classes due to many of the teachings that I incorporated in their behavior lessons. The difference has been major in my students on my caseload!
- Building Resilience at Darden Participant

The benefits of this program are immense. Students and staff learn self-regulation strategies and communication is improved.
- Building Resilience at Darden Participant

I hope the Resilience Project becomes an elective for the kids that really need it.
- Building Resilience at Darden Participant

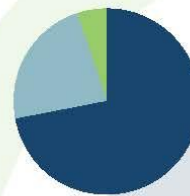
Demographics



317 students Grades 6th, 7th, 8th

99.1% Free/discounted lunch recipients

14.9 Student to teacher ratio



Racial Makeup of Student Body

69.7% African American

22.1% Hispanic

5.0% Two or more races

ruralopportunity.org

Appendix J: Certificate of Ethics Approval



**University
of Victoria**

Office of Research Services | Human Research Ethics Board
Michael Williams Building Rm B202 PO Box 1700 STN CSC Victoria BC V8W 2Y2 Canada
T 250-472-4545 | F 250-721-8960 | uvic.ca/research | ethics@uvic.ca

Certificate of Approval

PRINCIPAL INVESTIGATOR	Jill Chouinard (Supervisor)	ETHICS PROTOCOL NUMBER	21-0143
PRINCIPAL APPLICANT	Chelsea Hochfilzer Master's student	Expedited review - delegated	
UVIC DEPARTMENT	Public Administration PADM	ORIGINAL APPROVAL DATE	30-Jun-2021
		APPROVED ON	30-Jun-2021
		APPROVAL EXPIRY DATE	29-Jun-2022

PROJECT TITLE North Carolina Behavioral Health Equity Initiative Year 2 Interim Evaluation (2020/21)

RESEARCH TEAM MEMBERS
Kristin Kidd - Client, Wake Forest Baptist Health

DECLARED PROJECT FUNDING None

DOCUMENTS INCLUDED IN THIS APPROVAL
tcps2-eptc2-certificate.pdf - 08-May-2021
Interview questions.docx - 10-May-2021
Recruitment%20script%20-%20revised.docx - 29-Jun-2021
Survey%20form%20-%20revised.docx - 29-Jun-2021
Consent%20-%20revised.docx - 29-Jun-2021
SurveyMonkey%20-%20Privacy%20Policy.pdf - 29-Jun-2021

CONDITIONS OF APPROVAL

This Certificate of Approval is valid for the above term provided there is no change in the protocol.


Modifications
To make any changes to the approved research procedures in your study, please submit a "Request for Modification" form. You must receive ethics approval before proceeding with your modified protocol.

Renewals
Your ethics approval must be current for the period during which you are recruiting participants or collecting data. To renew your protocol, please submit a "Request for Renewal" form before the expiry date on your certificate. You will be sent an emailed reminder prompting you to renew your protocol about six weeks before your expiry date.

Project Closures
When you have completed all data collection activities and will have no further contact with participants, please notify the Human Research Ethics Board by submitting a "Notice of Project Completion" form.

Certification

This certifies that the UVic Human Research Ethics Board has examined this research protocol and concluded that, in all respects, the proposed research meets the appropriate standards of ethics as outlined by the University of Victoria Research Regulations Involving Human Participants.



Dr. Rachael Scarth
Associate VP Research Operations

Certificate Issued On: 30-Jun-2021