Overview

Change to Chill by Allina Health partnered with Hennepin County Public Health to develop and expand culturally relevant mental well-being resources for students and families most impacted by COVID-19.

BACKGROUND

COVID-19 caused fear, anxiety, uncertainty, and stress and continues to impact the mental well-being of students, families and school staff in Hennepin County. COVID-19 has also disproportionately impacted Black, Indigenous, Hispanic or Latinx and LGBTQIA+ (Lesbian, Gay, Bisexual, Pansexual, Transgender, Genderqueer, Queer, Intersexed, Agender, Asexual and Ally community) populations, further highlighting systemic inequities and racism that exists. These populations are already vulnerable with LGBTQIA+ youth reporting significantly higher rates of anxiety, depression and suicidal thoughts than their cisgender, heterosexual counterparts. In addition, public health actions taken in response to COVID-19 such as physical (social) distancing and distance learning, can contribute to youth feeling more isolated and lonely, exacerbating feelings of stress and anxiety.

Because of the uncertainty that still exists, especially among school-age youth, it is crucial to expand existing community resources like Change to Chill to meet the needs of communities experiencing the greatest disparities. Through translation of existing tools, creating new content and holding virtual sessions with diverse audiences, Change to Chill aimed to provide a healing space for students and their parents while acknowledging the unique needs of different populations. This project was made possible by Hennepin County CARES Act funding.

Target Audience

Change to Chill worked with community consultants, mental health providers and youth to create culturally relevant material for Hennepin County teens, school staff and parents/guardians, prioritizing Black, Indigenous, Hispanic or Latinx and LGBTQIA+ communities.

PROJECT DESCRIPTION

Mental Well-being Virtual Sessions

From November 9 to December 12, 2020, Change to Chill contracted with 14 community consultants and mental health providers to facilitate ten, free 60-minute virtual mental well-being sessions for school staff, parents and teens throughout Hennepin County. Over the course of the virtual sessions, 349 individuals registered, 272 attended and 61 (22%) completed follow-up surveys after their session.

The majority of the participants were female (57.5%) and learned about the opportunity through school newsletters. The next most common way of learning about the opportunity was email, followed by social media or word of mouth.

Cultural Translation of Change to Chill Content

Change to Chill worked with Allina Health’s Language Services to translate existing content into Spanish. Staff translated 6 lessons, 7 fliers, 6 activities, 7 audio meditations and 17 worksheets into Spanish. Community consultants assessed the cultural relevancy of existing website content and provided recommended changes. Change to Chill staff will integrate consultant feedback into 2021 program development.

Create New Culturally-Specific Content

Change to Chill contracted with Community Blueprint to conduct 12 interviews (9 in-person, 3 virtual) with Hennepin County youth from each priority population. Youth were asked a series of questions about their experiences with school, family, friends and mental well-being. Interviews were edited into a series of short videos based on youth’s responses. Additionally, Change to Chill staff created a self-care planning tool for school staff, parents/guardians and teens.

Marketing & Promotion to Diverse Communities

Change to Chill staff worked with Allina Health marketing and communications staff to promote virtual sessions through social media, email and website updates. Opportunities were also shared via school newsletters.
RESULTS

Virtual session participants were invited to complete a brief post-session survey for the opportunity to win a $25 gift card. When asked to select their level of agreement with statement "This session increased my knowledge of methods of recognizing stress," 37 (71%) respondents agreed or strongly agreed, 10 (19%) were neutral and 5 (10%) disagreed or strongly disagreed. Forty-six (88%) respondents agreed or strongly agreed that "the topics covered were relevant to me" while 4 (8%) were neutral and 2 (4%) disagreed or strongly disagreed. Twenty-five (83%) respondents agreed or strongly agreed that "this session increased my comfort in talking about mental well-being in my community," while 3 (10%) were neutral and 2 (7%) disagreed or strongly disagreed.

When asked what was most helpful about the virtual sessions, staff and parents/guardians expressed the resources shared and discussion around current events and stressors. Youth respondents found the chat box, resources and knowing they were not alone in facing these issues as most helpful. When asked what was least helpful about the sessions, staff and parents/guardians shared that the topics were introductory level, the sessions offered limited interaction and the timing of the sessions was not always convenient. Youth respondents recommended more time for questions and many wrote "nothing."

Respondents offered the following suggestions as opportunities for Change to Chill to provide more support: additional resources, additional sessions including those for different age groups and deeper discussion around various topics such as depression.

Lessons Learned

The feedback from participants and the consultants was overwhelmingly positive regarding the virtual sessions and project as a whole, with the primary barrier being a tight timeline. There were only a few weeks to recruit and onboard contract community consultants and mental health providers while simultaneously planning 60-minute virtual sessions for very different audiences. This timeline also did not allow adequate time to promote the sessions in community newspapers and via radio, as originally planned.

Early in the process, Allina Health staff convened a steering committee to support and advise on the work, which proved essential. At least one Allina Health staff person attended every virtual session to provide technical assistance and support. Accessibility, frequent communication and ongoing support from Allina Health staff were noted by contracted consultants most often in what helped them be successful. Ongoing engagement with contracted consultants and participants will be crucial in building and maintaining relationships with priority populations.

Virtual Session Feedback

As with the effort overall, the most common barrier noted by contracted consultants related to the virtual sessions was time. Some consultants expressed that pre-taped recordings or shorter videos would have been more beneficial particularly for sessions designed for Latinx and Indigenous youth and parents, noting potential privacy and access issues. In an effort to protect the privacy of participants, eight of the sessions were formatted as a webinar, limiting the ability for interaction. This proved necessary for some audiences and created a barrier for engagement with others. The majority of consultants expressed having a co-facilitator as a key support while also noting additional time to develop rapport and plan with their co-facilitator would have been beneficial. Additionally, several consultants expressed an interest in meeting facilitators from other sessions to network and support one another.

Change to Chill Content Feedback

As part of their deliverables, contracted consultants were asked to review Change to Chill content and provide recommendations for cultural inclusivity. Several consultants perceived a lack of diversity in the representation of photographs, videos, and examples given. (e.g., several noted the lack of people of color in positions of power throughout the videos). Consultants also recommended creating more interactive tools on the website to engage youth. Several transitional-age youth consultants voiced confusion about the intended audience of Change to Chill and recommended clearer distinction between resources designed directly for youth and those designed for parents, caregivers and educators. Several consultants recommended partnering with existing agencies who directly serve the identified priority populations to advise on program development and outreach.

Success Story

Through this partnership with Hennepin County, Change to Chill staff were invited to present to Student Achievement Advisors and Indian Education Advisors in Anoka-Hennepin School District. Following the meeting, an Indian Education Advisor reached out to Change to Chill staff to support the development of "self-care" kits for over 1,000 Indigenous youth enrolled in the district's Indian Education Program.

Next Steps

Change to Chill staff plan to convene an advisory committee to review community consultant feedback and advise staff on integrating that feedback into program development. Change to Chill hopes to maintain relationships with contracted consultants to advise on recommended changes and co-develop new content. Additionally, staff plan to deepen youth and parent/caregiver engagement within each of the identified priority populations, beginning with youth who identify as LGBTQIA+.