Making Connections Core Principles

Making Connections combines Movember's vision to *stop men from dying too young* and Prevention Institute's vision to create *thriving and equitable communities*. The following principles align these visions and bring together a nationwide movement on the journey towards improved mental health and wellbeing and were included in its development and implementation from the start.

Health equity

Health equity means that every person has the opportunity to achieve optimal health and safety. But in many communities with concentrated disadvantage, people have poor health outcomes, which are referred to as health inequities. To advance equity, we must focus on the structural drivers of injustice that shape the health, safety, and wellbeing of entire communities and populations. Oppression and discrimination on the basis of race, class, education, gender, sexual orientation, immigration status, religion, and other characteristics have powerful negative effects on mental health. We seek to change the community conditions tied to these inequities by addressing the policies, practices, procedures, and norms that cause or perpetuate them.

Gendered approach

Understanding gender norms within communities is a key element of addressing mental health and wellbeing. Gender norms influence socialization around coping, social connection, and help-seeking behavior, all of which have an impact on emotional and behavioral responses to community environments. For example, we have all heard the phrases "boys don't cry," and "guys tough it out" which can discourage boys and men from seeking help when they need it. There are differences across gender in a variety of mental illnesses, emotional conditions, and health behaviors. Prevention requires both changing community conditions to support broader, healthier, and more inclusive perspectives on gender and ensuring gender-responsive support systems.

Upstream prevention

Upstream prevention is all about taking action before the onset of symptoms to reduce the likelihood of illness or injury occurring in the first place. Usually, efforts to address health inequities focus on treating individuals. This can look like finding housing for a person leaving an emergency department or directing a family to the local food pantry. Upstream strategies promote safe and healthy environments at the individual, family, community, and societal level, such as ensuring that a community has an ample supply of safe, affordable housing. This influences systemic changes that expand opportunity and encourage healthier outcomes. When entire communities or populations are impacted by a condition that erodes health and wellbeing, it is more effective to take action on the community level.

Community-level systems change

Changing the conditions in which people live, work, play, and learn in a positive way provides more opportunity to be healthy. While many initiatives focus on changing individual behaviors or providing services to improve lives one at a time, community-level systems change has broader and longer-lasting benefits. For example, anti-displacement policies will positively impact more than just the one person or family in danger of being priced out of their neighborhood. Multiple sectors and systems -- like school districts and transportation agencies -- shape these places and have roles in transforming them. Working alongside communities impacted by negative policies, multisector collaboratives can change the systems that produce inequities.

Authentic engagement

Making Connections coalitions took the first 12 to 18 months to engage with their communities and partners and align their efforts with the priorities of community members. They used this planning period to talk to the population of focus, whether men and boys of color or military servicemembers and veterans, about how to improve mental health and wellbeing. Coordinators found creative and culturally responsive ways for community members to lead this effort and identify community strengths to build on and challenges to address. For example, in Albuquerque and San Diego, young men of color conducted interviews with their peers to identify community needs; in Boston, fathers of color gathered at breakfasts to set goals for themselves and the community. Each coalition approached authentic community engagement in their own unique way, which helped them build shared ownership and connection.