The Critical Role of Prevention During & Post - Pandemic

Presenter: Chuck Klevgaard and Jennifer Myers
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ANN: Hello, everyone. Welcome to our webinar today, The Critical Role for Prevention During and Post Pandemic. Our presenters today are Chuck Klevgaard and Jennifer Myers. This webinar is brought to you by the Great Lakes ATTC, PTTC, MHTTC, and SAMHSA. The Great Lakes ATTC, MHTTC, and PTTC are all funded by SAMSHA.

This presentation today was prepared for the Great Lakes ATTC, MHTTC, and PTTC under a cooperative agreement from SAMHSA. The opinions expressed in this webinar today are those of the speaker and do not necessarily reflect the official position of DHHS or SAMHSA. Our work is supported under these cooperative agreements.

And a few housekeeping details for us today-- today's webinar will be recorded and will be available on the Great Lakes PTTC web page and the Great Lakes Current YouTube channel. There will be no CEUs or attendance of certificates for this webinar. And please use the Q&A section to ask questions of the presenters that they will address during the webinar.

Just a couple additional things-- at the end of this webinar, we will give you a list of resources for additional listening sessions. We will also send everyone the link. You will also receive a direct link for a GRPA survey, which is a survey that we submit back to SAMHSA. So we would really appreciate it if you fill it out for us. And also, I would also like to invite all of you to follow us on social media, both Facebook and Twitter.

So a little bit about our presenters today-- Jennifer Myers is a mental health professional, consultant, and trainer who has worked to create trauma sensitive systems throughout her career. She is currently the training development manager for the violence and trauma team at EDC. Jennifer is a thought leader and content expert, delivering violence prevention, resiliency, and trauma-informed resources and trainings across the prevention spectrum, nationally and internationally. And we are happy to have you.

Chuck Klevgaard delivers training and technical assistance to support substance misuse prevention throughout the Midwest. Chuck has supported communities and health agencies as they adopt evidence-based alcohol, opioid, and other substance misuse programs and policies. Chuck has also

served as a prevention manager for the Great Lakes Prevention Technology Transfer Center. Chuck earned his BSW from Minnesota State University. He is a certified senior prevention specialist through the Illinois certification board. Welcome, Chuck, and thank you.

CHUCK KLEVGAARD: Good morning, everyone. All right. Good morning, everyone. Thank you, Ann. Excited to be with you all today. This is certainly, by far, one of the most popular, in demand sort of webinars we've had for prevention. I think it speaks volumes to the concern that we all have about what's happening in our communities as we shelter in place.

So I am going to start us off by talking a little bit about some objectives for today. Let me frame a little bit more of about the open dialogue that we want to start today. And I think start is the key word. We think that this will be the first in a series of conversations we want to have with the region. We want to look deeper on a number of these issues. We want to, certainly, do a deeper dive into depression and mental health as it relates to what's happening in the region and, in particular, be able to focus a lot more on mental health promotion as we gear up for planning for our response.

We also want to spend more time digging deeper into social and economic determinants. A lot of you expressed a great deal of concern about how those are eroding very quickly in the communities and states that you all work in. So we're going to spend some time looking directly at social and economic determinants as well in the region.

Today, in particular, we're going to start with looking at some issues about increased alcohol use associated problems. We'll certainly look and begin that dialogue, again, about social isolation and talking about some of how this uncertainty and grief is creating depression and at the very least anxiety. Again, we'll start the conversation about social and economic determinants and beginning to think about, what do you immediately put on your planning plate with regard to thinking about recovery.

And then we'll start talking about the important role that prevention plays. So, hence the title of this, we think that prevention folks have never been more critical, in history, in my mind, as they are right now and they will be in this sort of post-recovery time.

So we want to start by engaging you a little bit and getting a sense of what brought you here today. So we're going to open a quick poll with Kristina's help and invite you all to tell us a little bit about, by checking, which of these indicators brought you to this webinar. So if I'm most worried about increases in access to alcohol, you would check that box.

If your worry is primarily about the fact that increases in misuse, that it may be leading to more individuals developing substance use disorders where you live, you can check that. Finally, if your concern is primarily about mental

health or depression, both clinical and other kinds of sort of anxiety, and a whole host of disorders that folks may develop, your wave of depression is the box that you're going to check. Finally, if your greatest fear and concern is already seeing the economic and employment devastation issues where you live, you would check that box.

All right. Thanks for that feedback, that and the initial interest. It looks like, again, folks were here for more all of the above. So we're going to hit on each of these, again, with some initial thought and conversation.

I'll start us off with some of what we see in the news. So rather than pointing to sort of peer-reviewed journal articles, as we would normally do, we're at a point in time where we're right in the midst of this crisis. So we'll point to what's going on in the news and how that impacts prevention.

So we know that we've seen increases in alcohol sales. So let's now talk a little bit about what that looks like, and what that means, and how that changes day to day. Certainly, lots of folks thinking about responses to the stress, or disruption in their lives, or sheer boredom as one of the drivers for drinking and increases, and what that means, and what that looks like as that's taking place in homes primarily. And then, finally, sort of looking at the sort of spike in alcohol and drug use, and what are the implications for folks to develop alcohol use disorders, other kinds of problems, that are going to show up for us, and already are showing up.

So there's sort of two factors working together here that folks are extremely concerned about and sort of create this sort of double jeopardy here. It's that in the midst of all of this economic issues, and the fear, and anxiety that people have, we're at a stay-at-home order, meaning that the very level of support systems, whether that's friends, neighbors, a pastor at my church, a therapist, and in some cases even extended family or recovery groups are not available to us. So at our very worst, in terms of anxiety, we're isolated and away from some of the most important social support in our communities. So this sort of double-edged sword is part of what concerns us as prevention, that these two things working together are creating a lot of the anxiety that we feel about what's happening in our communities.

We certainly know-- and again, there's a lot of data collected by Nielsen and others showing dramatic increases. So this is just a snapshot comparing the middle of March with a year ago. So we see increases online and increases in 24 packs of beer. Increases in three liter wine boxes and in other spirits.

Now, some of what we know about that is a couple of things happen from earlier research in terms of looking at disasters and other types of trauma-related events in people's lives is that there is an increase in drinking. There's an increase in sort of problem drinking or binge drinking. We know that there's generally an increase in drinking to alleviate stress and boredom and to deal

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with the disruption and the frustration that people feel. So all of those things are at play that relate to this.

The other factor is that as the immediate impact of folks who've lost their jobs and have limited income right now, there's also a switch to cheaper alcohol. And so we also see that in the initial data. So that not only are there large spikes in sales and online sales, there's significant differences in what people are doing with regard to what they're drinking and how they're drinking are both changing.

So this was the middle of March. By the end of March, alcohol sales were up 55%. Now, again, looking at that comparatively, one of the things we know, from the toilet paper story, is that a lot of people are stockpiling. We think that some of those initial bumps up in sales had to do with just increasing supplies at home. And I think that as we moved into April, we think that the stockpiling issue is not so much the case, that there's some regular ongoing purchases that are indicating that people are drinking it in greater, more significant sort of amounts.

So by the end of March and early in April, online sales where initially we saw 42% increase are now at close to 240% increase with regard to online sales. So as people began to discover apps like Drizly and some of the others that make it really easy to have alcohol available and delivered to your house, we can see even further spikes in alcohol delivery and use. And again, opening-- lessening sort of the ways in which alcohol normally is controlled by limiting deliveries, I think all of those things have opened up and had an impact on access and use.

A couple of short-term and long-term issues with regard to health-- we certainly know, from some recent data from World Health Organization and more specifically NIDA, looking at some issues around alcohol suppressing the immune system, we know that from lots of previous research of understanding how any compromise to the lungs can increase vulnerability or susceptibility to any illness, in particular a virus that is involved in the way that COVID deals with the ways in which people contract this.

Finally, I think it's important to acknowledge that while off-premise sales are in some cases feeling like that there may be reductions in issues like property crime, with regard to people not going out to bars and drinking, there's some good news and indicators with regard to what's happening in the community. The bad news being that there's other kinds of increases with regard to potential increases of child abuse. We certainly have seen in other countries and, already here, in the US, significant spikes in domestic violence. And again, we'll talk more about that later in this webinar, but know that the issue of on-premise versus off-premise as both sort of pluses and minuses and concerns significantly.

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So, finally, I want to talk a little bit about exposure to an outbreak is probably the most important issue with regard to what we know about the damage or trauma that's done, or the potential of developing psychiatric conditions, including alcohol use disorders. So know that there's a fair amount of literature that show that this kind of an outbreak can certainly lead to increases in drinking. I just want to share a little bit about what we know from that literature with you all and what we don't know.

So some of what's clear, as we look at this-- and we looked at 10 disaster studies. We looked at everything from sort of mass murder episodes, to floods, to tornadoes, to plane crashes. We looked at Oklahoma City bombing. We looked at 9/11. We looked at Mount St. Helens-- so natural, man-made, every kind of disaster, and tried to understand what it is that we can say for sure.

A lot of these initial studies looked at the stress reduction model and tried to understand the relationship of drinking to alleviate stress and its relationship to problem drinking. Again, there's sort of a line there that's fairly confident, that we know that if you drink that it increases drinking when you're under stress or trauma, and that we see increases in problem drinking, and that, again, over time, that creates significant issues. Association between alcohol use disorders and trauma exposure with regard to PTSD is well defined in the literature. And again, we know about post-traumatic stress.

Some of those indicators-- they are trauma that presents danger it is clear. Again, in this case, it's less clear with regard to whether we can draw the same kind of conclusions about alcohol use disorders and post-traumatic stress. We don't necessarily have the vision of buildings collapsing around us, or a volcano in front of us, or a wave that washed away our house. So in some cases, that literature has been inconclusive about whether this will lead to more alcohol use disorders.

Finally, there's sort of a lot of studies looking at the issue of self-medication. If folks have illness-- substance use disorders, alcohol use disorders, or other kinds of mental health disorders, if they're self-medicating with alcohol to deal with what, again, more than just disruption and stress, but dealing with medicating an issue or condition, that creates significant problems, both in the short term and in the long term. Finally, I think that the research that's been more current with regard to what we've learned, stuff that's happened since 2012, I think that we can say with more assuredness that we understand that a couple of factors at play predict whether a disaster will result in more alcohol use disorders or other kinds of problems.

One of those issues that's been studied a lot more recently is sort of looking at the type, and timing, and the severity of the stress that's experienced. So to give you some examples, and some of that earlier-- what I just mentioned a moment ago, with regard to some issues like in Katrina or other kinds of natural disasters, alcohol use showed up in increasing amounts right away.

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And in months and even a year after the disaster, alcohol use-- sort of some of those unhealthy patterns continued.

What we saw with 9/11, and in particular some of the other research that looked at alcohol use disorders, is that there was a significant lag. And, in some cases, it was a year before they saw a significant spike. And in the case, again, of Louisiana, it was three years later they saw 37% increase or spike in alcohol use disorders.

So one of the things we know is that this particular pandemic meets the criteria for having concern about the potential for alcohol use disorders to develop, being that the type, the stress, the duration of this. We know that the duration of this is significantly longer than a month, around six months. Folks that have lost their livelihoods, their job, their business, their parent, their sister-- those are long-lasting and very severe in nature. So we can conclude, from the research, that absolutely it seems likely that we're going to see impact with regard to all of the consequences from drinking and consequences from heavy drinking or binge drinking, as well as some of the longer term outcomes associated with alcohol use disorders.

With that intro, I want to turn this over to my colleague, Jennifer Myers.

JENNIFER MYERS: Thank you, Chuck, and thank you for laying that foundation and information for us. I want to start first by just commenting a little bit of what we do at Education Development Center. And across nationally and internationally, we are in this space of suicide prevention, violence prevention, and trauma-informed work in what we're doing. And we see resiliency across all of the spaces we go, even places-- we know this, with historical trauma, and we can look, and see, historical resilience in many of the places that have experienced significant impacts.

So I want to make sure that as I go into mental health impacts, and trauma, an intimate partner violence, like Chuck has already talked about and we'll be talking about today, that we remember that resilience is also innate, and that it's our job, as prevention specialists and those working across the prevention continuum, to really tap into the individual, community, and collective, and even ancestral resilience that exists in many of our communities to be able to address the concerns that we'll be talking about today.

I also, as a therapist, my roots-- so much go into not just self care but community care. And I just remind all of us on the meeting today, that what we talk about applies to you. Some of you might be experiencing mental health impacts and stressors during this time, and I encourage you to take care of yourself. I know many of us are not traveling right now, but just a reminder to tell us to put our oxygen mask on first before helping others. And so think about what might we need to do, not just for our own self care, but oftentimes we need to reach out and get that collective community care from each other, and just remind you to do that.

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So as I go into my presentation, feel free to take a few moments to just connect with your breath, just extending your exhale longer than your inhale, and just let yourself settle in as we might talk about some things that might be a bit more stressful in our conversation today or talk about the mental health impacts. Let's go to the next slide here, Chuck. I was thinking about, what has been the coronavirus impacts on mental health, and a Kaiser Family Foundation survey shows about 45% of people reporting some impact, either major or minor, on their mental health.

And now, remember, this is different than a disruption in their lives. The survey asked about how many people had experienced a disruption. So it was about 75-80% of people that experienced some disruption. This mental health impact is different. So think along the lines of depression, anxiety, fears about what might be happening next. But also think about some trauma responses that some people might have for those who have had adverse childhood experiences or experienced community or violence trauma in the past, and how that might be contributing or coming up right now.

And this percentage, this total percentage, was actually increased from a survey, the same survey, just two weeks earlier. So this was the end of March this data is from. And if you think about this, if you look at females, you might see that having a major impact is about 24%, along with those who identified as Black or Hispanic. So think of that as 1 in 4, and think about what might be contributing to that, as we look at how some of these impacts on mental health and economics may be hitting certain communities, certain individuals, harder, due to a variety of different social, economic, cultural, and individual factors.

Go ahead to the next slide. What we know is that the Disaster Distress Helpline has seen that an 891% spike in calls. And this is a help line that people can resource. Its toll-free, multilingual, confidential crisis support, available to all residents in the US and the territories. And what they're seeing is stress, anxiety, depression-like symptoms, which are often common reactions after a disaster.

There's been some things going around about people struggling with sleep, and dreams, and those types of things. And when our sleep is off, when our routine is off, when our supports are off, we don't have the same resources available to us for coping, especially for those who have had some challenges already-- some mental health challenges already. Those might be activated more during this time.

So I encourage you, if you're using that prevention lens, to think about this as kind of four categories of people here-- those that needed help and didn't contact-- so did not contact a resource, like the Disaster Distress Helpline-- maybe for a variety of reasons. Maybe stigma, maybe they didn't have access to phone or internet-- they didn't have space on their own. Maybe they were feeling too overwhelmed.

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Then you might think of those who contacted the helpline or other service and received the help they need for acute or short-term distress. Then there might be a third category of some people who received some initial assistance, but yet they're dealing with chronic trauma or stress. And that like those that lost a loved one, or have experienced violence or trauma right now, or in hourly essential jobs, worrying about spreading coronavirus to other people-- grocery workers, things like that. And then there might be some people that for a variety of reasons are coping pretty well and didn't need a resource like this.

So when we think about prevention, how can we reach those who did not use a resource but needed it? And then the use isn't an individual judgment, it's likely something we need to do to improve access and decrease a barrier. Those who used it and got help, how do we continue to help them cope? And those who may be used it and need additional resources beyond a Disaster Distress Helpline like this.

Let's go ahead to the next slide, and we'll get into these mental health impacts in the headlines, and thinking about, you see things all over-- the survivors burden, thinking about those who have gone through experiences of coronavirus and the trauma that they might have experienced. And what we know is large scale crises like this pandemic have lasting effects. Particularly when trauma is repeated and prolonged, the emotional, physical, and behavioral health ramifications of something like an acute stress or a post-traumatic stress disorder have been well studied. So if you think about the aftermath of SARS in Hong Kong, for example, 2/3 of survey respondents expressed helplessness, nearly half reported moderate or severely deteriorated mental health. And that's what we're seeing even in some of our medical workers.

Let's go ahead to the next slide here. If you think about the mechanisms for mental health struggles, what we know is extreme, rigid thought processes tend to contribute to extreme, long-lasting emotional states. What we think affects how we feel and affects how we behave. And some examples here-- life as we know it has changed. Things will never be as good as they've been before. Someone who might think that might start feeling more hopeless about this or those types of things.

Why didn't I take this seriously? I'm going to have to isolate again. Or no one knows when this will be over. Lots of conversations about, when will this end, and an anxiety around that. What will stick with us?

And if you think about those who might be having fairly rigid, extreme thought processes before this are going to struggle more now. And some people who maybe didn't show those signs previously might be seeing it more, because it's coming at us in lots of ways-- news, friends, at workplaces. Obviously, we're doing a webinar on coronavirus and the effect.

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And so, thinking about this, we could look and say, man, everything is just different. It is just so depressing, and it's not going to get better. And when you recognize those as an opportunity for change-- Dan Siegel, who's a neuroscientist, would say, where attention goes, neural firing flows, and neural connection grows. So how can we help people put more attention, and more neural firing, and build those neural connections, into more flexible thinking patterns and flexible behaving patterns. For some people, that's connecting on zoom more often, and for some people, it's not. It's taking time to read a book that's completely unrelated to coronavirus, and say, you know, right now, this is a good book, and I don't necessarily need to go further into those types of things.

So go ahead to the next slide here, and you're thinking about health workers and some of the impacts that they might be experiencing. Think about that fear of that invisible enemy, lack of support. There have been some lasting, cognitive impacts from ventilators or delirium. We've seen some research has shown that there's been delirium, heart attack, stroke, kidney, muscle weakness for those who have needed treatment for a coronavirus.

And recently, a research study out of China showed that there were some PTSD symptoms that were quite high for people who had been treated or quarantined in a quarantine facility. We also have some complicated grief and those types of things. So if we think about this, we really need to think about what are those trauma-informed interventions that we can apply right now?

One of them is to increase people's voice, choice, engage those strengths within our communities. But also, how can we communicate order, or a plan, and community support? And this can be really vital. Even if we don't know exactly when schools are going to open, we can communicate that there's a plan to address needs now, that there are things people are doing to address their young people's needs right now, that the support of the community is here by delivering meals and those types of things. And less focus on when schools open or when this is going to happen, and more on the, what can I control, and address, and build safety right now in a way that is specific to the individual and community's definition of safety?

You might have heard some sirens when Chuck was talking. Some people find sirens supportive and safe-- helpers are coming. And others may not so much. And so, how can we help people to tap into what helps them bring in those trauma-informed principles, not just in treatment but across our communities, of empowerment, voice, and choice, mutuality, peer support, engaging culture and gender differences that really help empower people?

Go ahead to the next slide and think about domestic violence in the headlines or intimate partner violence. I think it was Mary-Beth, in the chat, from Louisville, who mentioned talking with the chief of police, that violence was happening more often. And we need to think about the impacts of not just

intimate partner violence, but also child abuse, and neglect, and other things that might be occurring in our homes, in our communities, right now.

So ahead and move to the next fight. And thinking-- oh, focusing in on abuse that is unaddressed. And some people wonder, what do you mean by abuse that's unaddressed? One thing that's happening right now-- so I think of it as abuse that's unchecked. So in the past, before we were all staying home, or most of us are, we had an ability to go to work, go to the grocery store, those precious things, and see young people, see people's partners, and those types of things, and be able to identify anything that looked awry.

If there were physical marks or bruises of abuse, be able to identify signs of concern and those types of things. And right now, people are in their homes, sometimes not turning on videos, not having access to internet and other types of resources, that might help someone identify the intensity of abuse or violence that they're experiencing in their homes.

And we know that abuse that is unaddressed can lead to mental health challenges, substance use, and violence down the road. We know this, even through things like the Adverse Childhood Experiences Study, where you see the higher the number of adverse childhood experiences a person experienced in their lifetime, there can be impacts for years. Now, I want to make sure I say, for anyone who's wondering, what do we do from a prevention perspective, we also know neuroplasticity and intervention to get people the treatment that they need and the support that they need in their communities to prevent violence has been shown to make a big impact and support resiliency.

So what do we do for intervention right now? Well, in a community perspective, we can come up with code words or code signals that someone could potentially say if they were texting or calling a 911. Some places have the ability to have a text resource. Or if they're in a school classroom, what's something that's clear that a child or others can do to a teacher or others around them to say, I am not OK? My home is abusive or violent right now, or I'm afraid. And if you are working with anyone who has had violence in their past or has had stalking-- signs of intimate partner violence-- you can create this now, ahead of time, before someone is in a potentially increased violence situation, so that you're able to communicate with them in a safe way to see when they might need additional resources or have concerns there.

If you go ahead to the next slide here, you can think about how the Crisis Text Line has actually been a great resource. This is actually slightly different than the Disaster Distress Helpline, which is a federal resource. This is a not-for-profit called the Crisis Text Line, and you can text for any reasons, no matter what it's connected to. But they have seen texts mentioning sexual assault and emotional abuse 25% higher when people mention quarantine, 28% saying, yes, I fear harm-- physical, emotional, or verbal abuse.

And words about "hit," "violence," or "abuse" going up 15%. And so, if we think about this, if people are texting these things, texting might be a great way for those who have access to it to be able to think about, how can we add, one, prevention informing about resources? Two, how do we check in? And I also, when I think about abuse and violence, think about suicide prevention. How can we make sure that we continue ongoing supports, like a caring message that doesn't demand anything, that says we're here, and we're thinking about you?

Now, you don't have to do this yourself. This doesn't just have to come from the substance misuse counselor or professional. We can activate chaplains, and spiritual leaders, and neighbors to do this with each other too. And that's how we prevent things in our community by activating a large support network.

So go ahead to the next slide here. Thinking about coronavirus and economy in the headlines, this first one here talks about the impact on the markets. And I think about some of our older population, who may have put a lot of money into stocks and those types of things for retirement, and don't have this much time to rebound. And looking at those things, what does economic impact tell us from a mental health perspective? People might feel hopeless, down, feeling depressed, feeling as if there's no way out, potentially feeling trapped, which can be a sign of suicide risk.

So go ahead to the next slide. Now, thinking about who has been impacted, we see that about 40%-- so kind of 2 of 5 people-- say they've lost her job, lost income. But we also see disproportionate impacts in certain communities. And we really need to tune into this. And from a prevention perspective, this is where we might need to put additional resources.

Go ahead to the next slide. So if you look at this and you see those who have reported losing a job or income, including their hours cut, many of them falling much more in those who have lower incomes. And I know there's actually some data about even health care workers who have been impacted who aren't on the frontlines so much, but would have done other things, whose people aren't coming for routine appointments as much. You're not getting your teeth checked or your eyes checked. So even thinking about other people who may be impacted here too who you might not typically think of. And looking at about 42% of those who are under age 65 losing some of those impacts or having those impacts. And older adults not being immune, many of them seeing some impacts also or concerns about younger people.

Let's go ahead to the next slide. This is actually where it gets to some of the health care people who have lost jobs, but also leisure and hospitality being one of the biggest things impacted. And this is where there can be some intersection in what we've just talked about. Because Chuck started out with alcohol misuse-- some communities trying to support leisure and hospitality have opened up and allow for, say, curbside cocktails to be picked up or

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ordered. So we have both of these things happening, where we're trying to support people's impact, but it might have a negative impact in our communities with increased access at times.

Go ahead to the next slide or the next one here. So looking at the pronouncement here really being in those lower income workers. And while these slides focus on the economic impact, also think about those lower income workers who might be considered essential, who may still have a job, but have to be concerned about exposures to themselves and family members, and are running our grocery stores, and delivering to the front door, and those types of things. And how we can look at prevention are crossed and including all of the impacts that people might be experiencing how-- getting ahead of them.

Go ahead to the next slide. I believe I'm going to hand off to Chuck further to talk more about the social determinants.

CHUCK KLEVGAARD: All right. Thank you, Jen. We want to move into a section that begins to highlight some of the answers in our response-- some of the way we think about recovery, and where we're going to go with this. So if we've sort of painted this picture of statistics that you all know, and you know well, we want to begin to think about and talk about what it is we know, as prevention is about social and economic determinants, and how do we leverage those points of entry to impact those things to support those populations that are most vulnerable.

So we know, again, the sort of issues of inequality. And I'll talk a little bit about that. We certainly know, again, sort of which social and economic determinants are involved. I think one of the issues to acknowledge foundational here is that alcohol-related harm and social determinants are considered, in the literature, to be bi-directional. Meaning that on the front side, alcohol-related harms of someone with an alcohol use disorder or having an alcohol problem of any kind, experiences more loss of earnings, family disruption, all of those problems-- violence, mental health issues-- and ends up with having an impact on socioeconomic status.

Now, as a result of that, there's also been a disadvantage for that same population of folks who may then not have access to treatment, may not have decent insurance, may have all kinds of co-occurring health problems that perpetuate this cycle of disadvantage. So we know that this has already been operating. Prior to the pandemic, this was happening in the world already for us.

So quick reminders of sort of what we mean in terms of social determinants, really looking at conditions in the places where people live, learn, work, and play. So we're going to highlight some of those, and, again, invite you all back into the conversation a little bit, and get a sense of some of those things that we think of as social and economic determinants we've already hinted that in

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terms of being impacted. But I want to invite you now to share a little bit about one of the things-- sort of 1, 2, or 3 of these things-- that you're most concerned about.

So Christine is going to bring in another quick poll. And we'll invite you to identify which of these things are a concern for you or greatest concern for you. Is it social factors-- things like safety and support? Are you most worried, where you live, about job loss, and income, and the sort of long-term, far-reaching impact that that's having in your community? Are you already seeing evidence and concern about health behaviors, including alcohol and tobacco use, other drug use, diet, exercise issues? Finally, is it a concern, where you live, to be looking at issues of health care? And by access, meaning that I think, at this point, many of you probably experienced what I had happened on Tuesday of this week. My doctor's office called and canceled my appointment.

So I don't have access to my doc right now, except if I can make an appointment through Skype. But in terms of broader access issues, of folks who may not have access to health care for a whole variety of other reasons that present disadvantage. They've lost their job, they've lost their health insurance, they've lost their income. If quality and cultural competence of care is an issue where you are, you would check that as well.

All right. Seeing, again, that folks are all over with these. Thank you, Christina, for sharing the poll. Let's dive into this a little bit.

This is, again, based on sort of what we know from decades of understanding about social and economic determinants, we know that 20% of a person's health and well-being is related to access to care and the quality of care. So that, right out of the moment, that's that bottom gray line there. And the physical environment, social determinants, behavior factors, drive 80% of all of the health outcomes for us.

So when we start to break those down, when we look at socioeconomic factors, thinking about education being impacted. Folks are not going to school. We know that there are all kinds of impacts with regard to education and opportunity. We know about job status. We just covered that in much more detail.

The levels of support have been impacted and eroded in some communities. Obviously, income has taken a huge hit and community safety. So all of those factors that we would consider socioeconomic have had a major hit in the last month, the last six weeks, the last two months, and likely will continue into-- well into-- the next year for folks. So this both severe and long-lasting impacts on those socioeconomic issues.

Finally, on some of the health behaviors-- we've started talking a lot about that already in terms of alcohol use, tobacco use, diet and exercise, sexual

activity. We can look at that issue with regard to social media. There's a number of companies that are tracking what's happening on Twitter, and the amount of references to drunkenness, and violence, and other kinds of unhealthy behavior and risky behavior dramatically up. So we know, again, from some of the initial of ways that we can look at what's happening with regard to help behavior, all four of those issues are being impacted as well.

And, finally, again, sort of physical environment-- dealing with issues like school, neighborhood, and family, with the immediate sort of impact of us not having access to playgrounds I live on Lake Michigan. I can't walk along the beach right now, because the park is closed-- the Lake Shore Drive is closed. That's impacted both the issues of exercise, but also the ability, for many of us, to go outside and to enjoy our neighborhoods and our community has been hampered by stay-at-home or locked down sort of orders with regard to this.

So, in this scenario, this is a place to start. So when you begin to think about what's happened in my community in my state where I live, which of these are you most concerned about? And again, we can look at data for each of these and be able to begin to think about where are the points of entry that I can consider.

I also want to mention the issues of health equity. And I think what's been reported in the news is both sort of a double-edged sword. We're certainly, in this particular graph, this is from the CDC, we see that about 1 in 3 people get sick enough that they need to be hospitalized. So one of the things we know, for example. in this particular graph, is that 33% of hospitalized patients, in this particular study Black African-Americans, that they only constitute 13% of the population in this study. So they're more likely to be hospitalized.

Now, some of what shows up in the media, and, in particular, sometimes community leaders citing this issue, of underlying conditions being the driving factor. I've even heard some politicians say, barring that underlying condition issues, then race is not an issue. Or sort of inequities or health equity is not an issue. And we know, from our prevention experience, that that's a dangerous way of thinking, that that's certainly not true. I want to share that, again, here in the Midwest and elsewhere, where people are willing to share data-- and I think that's still sparingly in some parts of the country-- we're seeing that this virus is killing people at different rates as well.

Now, and again, pointing to social and economic factors and a whole host of stuff that we just talked about, we can begin to understand why that's happening. So why in Chicago 70% of the virus-related fatalities are among African-Americans. We again know from our experience in prevention why that's happening. And folks taking that back in places like Milwaukee, and taking very ambitious and aggressive steps to deal with some of the inequities that they're seeing in their communities.

I want to say, again, that sort of the issue here that's important for us as prevention to continue to talk about with folks is some of what Jen talked about, that in addition to the inequities of the spread of the virus and the devastating effects of the virus, it's important to remind people that low wage workers lost their jobs at greater numbers. And for many of those low wage workers, they had to stay in the job. They didn't have the luxury of working at home, because they had the types of jobs that required them to be on the frontlines.

We know that older adults in nursing homes are seeing a very different experience with this virus. We know that all kinds of marginalized populations have higher rates of infection. And it's important, again, to talk about that from the standpoint of those underlying conditions, like diabetes, hypertension, obesity, but also acknowledging which populations have those underlying conditions is often lost or left out of the story. So I think, in our country, we have sort of a history of racial and economic injustice that really set the perfect conditions for an inequitable spread of the virus. And don't be afraid to say that and to make those really important points about, as we move into the conversation about recovery, that this will be critical that we get our voices to the table on some of these issues around equity.

Finally, I think that there's some great sources for us to look at, and the CDC has a Social Vulnerability Index for the spread of the virus. You can look at a combination of demographic and socioeconomic factors where you live. You can look at things-- again, sort of the first layer is looking at the issue of vulnerability, about underlying conditions, and access, and being on Medicare, and those kinds of issues are factored in here. But then you look at layers of these other determinants, and you begin to see where communities are at risk, where counties have populations that meet multiple of these factors. Meaning, they're doing double and triple duties as on some of the most devastating factors that we just talked about.

So, similarly, in Ohio, you see that sort of wave down in Appalachia that's not surprising. In places like Michigan, you see some issues with concentrations of these factors in Detroit. So know that, again, as you consider your state, your community, your county, take the time to look at which of these impacts have happened and to whom-- all important things. Finally, looking at the other side of this, there's sort of a US News and World Report, paints a picture to again look at your counties from the other angle.

So do both. I think this looks at it from the standpoint of 10 categories that are looking at positive indexes-- so community vitality, where there's evidence for equity, a strong economy, education, environment, food nutrition, population, health housing, and all of those issues. So know that, again, these things have eroded. But at least this gives us a baseline of, where were we three months ago? With regard to this and, where are we now. So it's a place to look at it from the standpoint of painting that positive picture.

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Finally, again, the sort of places to start. As I think about the community that I work and live in, we know, right from the get-go, that we have issues with housing. We have lots of governors and mayors that have put a stop to evictions right now. We know that folks have lost their livelihood. They've lost their businesses.

You've heard Jen talk about, up to in some places in the country, 40% of people have lost income. And housing is one of the sort of immediate issues that will show up for both renters and homeowners. So thinking about housing long term in the community where you live, there's going to be immediate impact on folks who have homeless issues and who get evicted. So the moment that we get out of this economic crisis and landlords can begin evicting folks again and foreclosing on people's mortgages, we're going to see really significant spikes in housing issues.

We know that there's food issues all over the place. And again, that's made the news, but we also have issues with regard to children having access to meals that might have been provided through the schools, and that there's been some short term ability to deal with that, both in terms of pickup and food delivery. But we again see lines-- long lines-- around the block in the neighborhood I live in with regard to food panic, and lots of folks standing in those lines are not people that have ever in lives used a food pantry. Thinking about access to education as people lost jobs, or businesses, or livelihoods, that need to learn a new trade, a new skill, to have to go back to school, and the access to school itself is now being compromised as well.

Finally, the issue of prejudice I think, is, again, depending on where you live-- I can tell you that that, repeatedly, if you're like me, and you watch a lot of CNN, you might have heard the word China-virus dozens and dozens of times. And the way that that impacts the communities where you all live, for some folks, that begins to create an impression, a belief, a stereotype, and then just leads to discrimination and even violence. So, again, the sort of connection of violence with which Jen talked about, know that that's something, again, to get a handle on, where you're thinking about creating a plan for your response. Don't leave that out.

Thinking about the levels of social support-- we know, for example, in some places, they've done online, 12-step meetings, and that there's been access to telehealth. And those are great news stories. But in terms of the overall levels of social support in the community, something I would put firmly on your radar screen to say, let's look at what happened to that, and how do we connect people? We know, from our instinct as prevention, that resiliency is tied to a sense of belonging and a sense of connectedness. And that has been absent for weeks in the communities where we live and work.

Finally, issues of employment and reemployment of folks is something that, again, there should be a plan for that at the county. And every community should have a plan for that. It's a way of reassessing health behaviors and

thinking about all of the resiliencies that Jen mentioned that are both in individuals, and in communities, in places where you've built strong counties and communities. Finally, we leave you with some thoughts, and we're going to point to a handout in a moment that makes 12 powerful points about the critical role for prevention.

I started this conversation today by saying, I think that there are some amazingly important critical steps that communities can take right now, and that prevention has been positioned, over time, with the competencies, and the skills, and the experiences to play a vital role, a critical role. So this handout is going to point to 12 of those talking points. They're worded in ways that if you're in an environment, like everyone is, with regard to budgets that have been adjusted in some by millions or billions, there's a reforecast in that document, where you can look at what your state is projecting with regard to lost revenue right now, as well as what will happen next year.

So we know that there are shortfalls, and they're everywhere. They're at the state level. They're at the city level. They're all over the place. And so it's important that we raise our voices and begin to talk about the importance of prevention and why we are well suited in this case.

So these are examples of competencies and skills, and that handout has 12 powerful talking points that you can use, whether you're going to any kind of a briefing or community meeting, or you're talking to a leader where you live, those are points that you can make, and that they have ready-to-go talking points prepared for you. And we are at a Q&A.

PRESENTER: Great. Thank you so much, Chuck and Jennifer. We're going to transition now to reading off some questions that were submitted during the presentation. The first question that we had that we had several upvotes on was, do you know of any prevention EVPs that address ACEs with children and youth? If so, what are they?

JENNIFER MYERS: Yes. It's a great question. And there are a lot of different approaches. So I want to remind people that when we talk about across the prevention and intervention spectrum, we talk about the community, and the family, and the individual. And so I'll answer this from a mental health perspective, remembering that there are approaches to address, like really bringing in trauma-sensitive, trauma-informed schools, and communities as evidence in supporting and helping those who have experience adverse childhood experiences thrive.

But I want to point you to a resource that's called the National Child Traumatic Stress Network. And I can put the link into the chat when I'm not speaking. But it has in there multiple resources about trauma treatments, including cognitive behavioral therapy, specific for trauma, that's alternative for families, trauma systems therapy. Often, there's actually attachment-based family

therapy that is also very helpful for those who have experience adverse childhood experiences, family-centered treatment.

And I'm really focusing this on the younger pieces of the puzzle. Of course, we need to address trauma, adverse childhood experiences, and I mean violent victimization across the lifespan, and include trauma-specific treatments-- cognitive processing therapy, people even use EMDR. So desensitization and those types of treatments. Which I won't get too nerdy about in this moment, because I'm not certain that that's our needs at this time, but I'll point you to that resource so you can learn a lot more from the child, and family, and younger person's perspective.

And I would really encourage people that really treatment-- accessing treatment-- is one of the key things to remember from this prevention standpoint. Because we know that evidence-based treatments work, but we also know that it can take people a very long time, especially those who've experience violence or trauma, to overcome some of the barriers, including shame, that our communities at times can reinforce to be able to go to treatment.

So right now, some federal and state guidelines have shifted, allowing for mental health treatment to be delivered from a telehealth perspective, which doesn't just have to mean a video. It can mean by phone also. And to access in that way also. So I want to encourage people that we need to use evidence-based treatments, but we also need to really help people address the barriers to accessing care and inform them about the changes that have been made for people to be able to get care more easily.

That being said, I do want to address one thing. I think that there may have been a number missing. So we'll make sure it fixed when you get the slides online. It's the Crisis Textline. You text the word home to 741741. I'll put it in the chat, and I appreciate the person who double-checked that. Thank you.

PRESENTER: Thank you. We're going to move to the next question, which is, how is it that Native Americans are not percentiles in the survey? And the survey that I believe the question was asked was the first one when Jennifer began her part of the presentation, titled The Coronavirus Impact on Mental Health. And I did go ahead and provide the source URL that was in the PowerPoint for greater reference, because it came from an outside organization. I believe then where Jennifer is from. So do we have any other information or any other comment on that that we'd like to address now?

CHUCK KLEVGAARD: Certainly, a Native American population have clusters of some of those risk factors and have been hit with all kinds of disasters in inequitable ways. I think there's a lag in data with regard to that. Again, so the Indian Health Service Data is already pointing to again significant disparities, both in the sort of the development of infections and the care that folks receive. Also, maybe suggesting that there are higher rates of death

associated with the virus-- again, there's sort of some challenges around data with race and ethnicity, including America Indian, Alaska Natives. And, in some cases, you're seeing on the news, right now, that some states are shutting down the release of that data. So it isn't getting easier or more accessible, I think it's going in the wrong direction.

So I think that from what we know historically, that could certainly understand that there are clusters of risk factors that are going to point to the fact that American Indian, Alaska natives, they're going to experience this virus in devastating ways, in particular on reservations. We know, here, in the Midwest, that's already bearing out.

Someone raised a question a moment ago about adolescence. I want to make sure we don't run out of time to talk about that. Less is known about how this particular kind of pandemic will impact young people. One of the things that's not been studied is their impact on unhealthy behaviors and coping. What we know, from other kinds of research, is that they're much more likely to be impacted by the loss of relationships, by the loss of structure in their life, the loss of access to friends and teachers.

So that issue of physical environment being taken away-- meaning, the whole physical environment is home now, rather than neighborhood, and friends, and teachers, and other supportive folks in their neighborhood, extended family even. The loss of all of those things are likely going to be far more pronounced on young people than we've ever understood. So that's a prediction that I think researchers are making, is that, in the short run, there are going to be mental health issues on young people because of the losses that I just mentioned.

PRESENTER: Thank you. Then, I'm actually going to skip to. There was a question regarding specifically children. I'm not sure if they mean school-age children, so younger than adolescents, but the question reads, how are you recommending reaching kids? Sheltering at home is in place, schools are closed for the year, affecting current access, as well as opportunity to engage kids in summer programming. Places of worship are closed. Many of the kids we want to target don't have access to technology due to poverty and/or limited usage in their homes that prevents privacy that they would likely need or that would likely be needed to reach out for help. We are concerned with the aftermath.

JENNIFER MYERS: Yeah, I can address that. One, I appreciate the question, And a lot of these questions, and thinking broadly and across all of everyone's needs. Because we know that accessing things that were helpful before in going to a place of worship, is very different right now. And not everyone has the phone, and internet, and those types of things. So I would encourage you to think a few different ways, not knowing exactly what you represent, as to, can you actually drive by?

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Whether it's the parade, or if it's even just the teacher or a bus driver does an actual drive past that person's home, and a stop, and a wave, and a check-in from an appropriate distance, maintaining what needs to be done, can we provide with, whether it be with meals or with other resources at a community center, or otherwise, or mailing, things that keep people engaged. So using coloring pages, just like a fire department uses coloring pages to teach prevention of fires and stop, drop, and roll, can we use those that are out there in other ways for mental health, or resiliency, or coping with trauma, and those types of things that may be accessible and available.

But also, leverage the parents, leverage the neighbors, leverage those who are right there who might actually be available and teaching them to check in. I know many people have put their barriers up month ago or so for kids going around on scavenger hunt. So how can we engage our communities so that there is a way for kids to be involved and connected, but yet still physically distant-- so socially connected and physically distant-- if they can't use the internet and other types of resources in that way.

And I always encourage people to ask those they're trying to reach, whether that be a through a survey, or a phone call, or otherwise, what's your preferred way of getting some of this? And I know you're asking families and parents in this situation, but ask them how you might be able to engage or connect them in a certain way.

I know it seems funny to-- you know, the painted rocks in certain places. Kids can do scavenger hunts and those types of things that have a goal in addition to the education standpoint or the fun activity. That maybe they're putting together certain things that help them remember a certain activity or breathing exercise or something along those lines.

PRESENTER: Thank you. If it's all right with you, Chuck and Jennifer, I'll do one more question, just in the interest of time, so we can kind of wrap this up in the amount of time that we allotted for it. I'll ask one more question. That certainly doesn't mean that we won't answer the rest of the questions, but we can do that offline-- respond to folks afterwards. We're able to save all of the questions that were submitted through Zoom. So we have them verbatim afterwards.

Would that be OK if we did one more question?

CHUCK KLEVGAARD: Sure.

JENNIFER MYERS: Great.

PRESENTER: OK. The question was, are people able to get state-specific data on the increases of domestic violence?

JENNIFER MYERS: So I would encourage, on the state-specific data, to, one, reach out to, if you're using the Disaster Distress Helpline, them and ask for those specific data. But also, reach out to your state coalition for domestic violence, intimate partner violence, and ask what they're experiencing. Oftentimes, data takes a little bit of time to fully turn around, which is why I'm saying ask for some of those types of things so that you can get the more recent data. Because even the survey we mentioned earlier was from four weeks ago.

I would encourage you, also, to reach out to law enforcement to ask and get some of that specific data too. There are many national databases that likely are going to take more time to activate. So I would encourage reach out to those networks. And then, clearly, once you have more data and you have a relationship, you can also reinforce things like, are you reminding your law enforcement officers to screen for domestic violence on every call right now, given that it's happening more often? And I use that as an opportunity for additional engagement.

PRESENTER: Great. Well, thank you both so much again. We're going to wrap up this webinar by passing it back over to Ann, we're going to go over some available resources. And again, we're going to be making a recording of this webinar, The PowerPoint slides, and links, and PDFs, and things-- all the resources that were mentioned throughout this webinar-- online by sometime during early next week. So I will turn it over to Ann, and thank you again.

ANN: So there will be several listening sessions and discussion opportunities for people to log in. You can see the website on the bottom of this slide. We will be sending this link out to everyone so they are able to get on to see what kinds of things are available, what discussion opportunities. Chuck, if you could go to the next slide. This is just a quick sort of sample of what kinds of things are available. You notice that there is one later this afternoon. So we will get this link out to everyone as soon as we wrap up this webinar, so that if you are interested in that opportunity you have it.

So this list is also updated often. So feel free to use the link to go in and see what opportunities are out there. And, again, we would like to thank everyone for their time. SAMHSA has additional resources for you. So if you want to go to any of these resource pages. Again, this is an evolving set of resources, so they will continually be added to. And if you have any questions, you can either contact us or you can go to any of these web sites. Thank you.