


**Southeast Regional Summit
on Prevention and Equity 2021**

Friday, March 5, 2021
8:45 a.m. – 1:30 p.m. EST



 Southeast (HHS Region 4)
PTTC Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

 @PTTCSoutheast

SAMHSA
Substance Abuse and Mental Health
Services Administration

 Wake Forest
School of Medicine

The Summit Is Now Live

**This Summit is being
recorded**



Your audio will remain muted

- This summit is being recorded and will be available for future viewing along with today's slides on the Southeast PTTC website.

pttcnetwork.org/southeast

Technical Information

This training was developed under the **Substance Abuse and Mental Health Services Administration's** Prevention Technology Transfer Center task order. Reference # 1H79SP081018.

Audio will stream through your computer or device

- If you prefer to call in, the phone numbers are included in your registration confirmation.

If you are experiencing technical difficulties, please be sure that your audio is properly connected via phone or computer. Calling in through your phone may be helpful.

Disclaimer

Please note, the views expressed in this training do not necessarily represent the views, policies, and positions of the Substance Abuse and Mental Health Services Administration or the U.S. Department of Health and Human Services



The use of affirming language inspires hope.
LANGUAGE MATTERS.
Words have power.
PEOPLE FIRST.

The PTTC Network uses affirming language to promote the application of evidence-based and culturally informed practices.

Agenda

8:45 -9:00 am	Welcome
9:00 – 9:30 am	Setting the stage for an equity focus <i>15 min Setup break</i>
9:45 – 11:00 am	Panel Discussion: Equity & Prevention in Appalachia and Rural Settings <i>15 min Setup break</i>
11:15 – 12:00 pm	Equity & Prevention with Native American communities, a conversation <i>15 min Setup break</i>
12:15 – 12:45 pm	Equity & Prevention with LGBTQ community
12:45 – 1:15 pm	Equity & Prevention with African American communities
1:15 – 1:30 pm	Wrap-Up and Closing Thoughts

All times are Eastern Standard Time

Our planning committee

Patti Clark, *Kentucky Department for Behavioral Health,
Developmental & Intellectual Disabilities*

Crystal Gordon, *South Carolina Department of Alcohol and Other
Drug Abuse Services*

Chad Johnson, *Tennessee Certification Board*

Kayce Matthews, *Tennessee Coalition for Healthy & Safe Campus
Communities*

LaTarsha Michael, *Mississippi Department of Mental Health*

Amy Ronshausen, *Drug Free America Foundation*

Chris Wood, *Georgia School of Addiction Studies*

Kristin Kidd, *Southeast PTTC*

Carlton Hall, *Carlton Hall Consulting (CHC)*



Setting the Stage for an Equity Focus

*CAPT Michael King, Ph.D., M.S.W., Substance Abuse and Mental
Health Services Administration Regional Administrator (Region 4)*

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We return at 9:44 am ET

**Coming up: Panel Discussion: Equity &
Prevention in Appalachia and Rural Settings**

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Panel Discussion: Equity & Prevention in Appalachia and Rural Settings

*Moderator – Patti Clark, Program Manager, Prevention &
Promotion Kentucky Cabinet for Health and Family Services*

Susan Keefe
Professor Emerita
of Anthropology,
Appalachian State
University

Shelly Steiner
Prevention
Implementation
Specialist, Kentucky
Dept. for Behavioral
Health, Developmental &
Intellectual Disabilities

Michael Meit
Deputy Director, East
Tennessee State
University/NORC Rural
Health Equity Research
Center



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We return at 11:13 am ET

Coming up: Equity & Prevention in Native
American Communities, A Discussion

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Equity & Prevention in Native American
Communities, A Discussion



Ronny Bell
Professor, Department of
Social Sciences and Health
Policy, WFUSM



Hailey Wade
NATIVEhealth Counselor,
Catawba Indian Nation



Catawba Nation


"Traditional lands"
Carolina Piedmont

144,000 acres
Treaty of Augusta

Trust land today

Equity

Giving people what they need to enjoy full, healthy lives with the understanding that not everyone starts at the same place or needs the same things.



Challenges

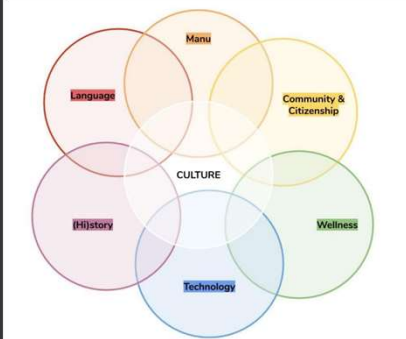
- Colonization
- Historical/Intergenerational trauma
- Federal recognition
 - Grant funding
- Risk factors
 - Poverty
 - Education
 - Illicit drug use

NATIVE*health*

- Counseling Services
 - The Catawba River Ramble for Recovery
- FIRE Program
- Peer Support Services
- Prevention Services: Native Connections
 - Youth Council
 - Financial Literacy
 - Project Venture
 - Healing of the Canoe

<https://www.youtube.com/watch?v=waQ4eK7wfb8&feature=youtu.be>

Culture is Prevention. Prevention is Primary.



The Venn diagram illustrates the interconnectedness of various cultural and community factors. It features six overlapping circles: 'Language' (red), 'History' (pink), 'Technology' (blue), 'Wellness' (green), 'Community & Citizenship' (yellow), and 'Manu' (orange). The central intersection of all six circles is labeled 'CULTURE'.

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We return at 12:14pm ET

**Coming Up: Equity & Prevention with
LGBTQ & African American Communities**

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*15 min Set-up BREAK
Coming up at 12:15 PM EST:*

Equity & Prevention with LGBTQ Communities (12:15p)



*Kate Bishop
Education Coordinator, The
LGBT Health Resource Center of
Chase Brexton Health*

Equity & Prevention with African American Communities (12:45p)



*LaTarsha Michael
Mississippi Department
of Mental Health*



Queer and Present Danger: LGBTQ Communities at Risk

Southeast Regional Summit on Prevention & Equity in Special Populations 2021



Presenter:

Kate Bishop MSSA

Education Coordinator

The Center for LGBT Health Equity
of Chase Brexton Health Care



**The Center for
LGBTQ Health Equity**
A Chase Brexton Health Care Center of Excellence

 Adult Medical Care	 HIV Medical Care	 Pediatrics	 Ob/Gyn
 Behavioral Health	 Dentistry	 Pharmacy	 Case Management

Center for LGBTQ Health Equity Initiatives:

- ElderPride
- Gender JOY (Journeys of Youth)
- **Health Equity Training Team**
- LGBTQ+ focused Behavioral Health

Chase Brexton Health Care
Because everyone's health matters.

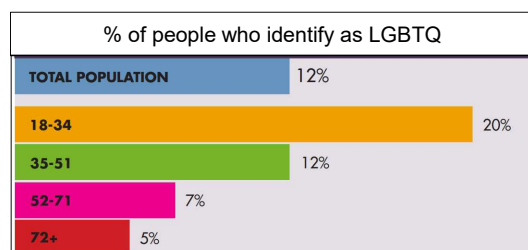
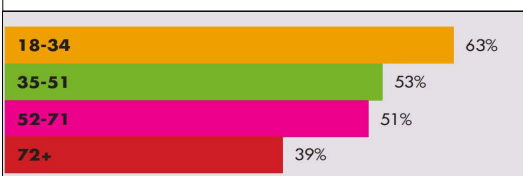
WELCOME

Presentation Takeaways

- The need for Behavioral Health services in LGBTQ communities is massive and urgent.
- Working with LGBTQ people is not specialty care, and will not be optional over your career.
- No matter your starting point, you can level up the quality of care you provide to LGBTQ individuals.

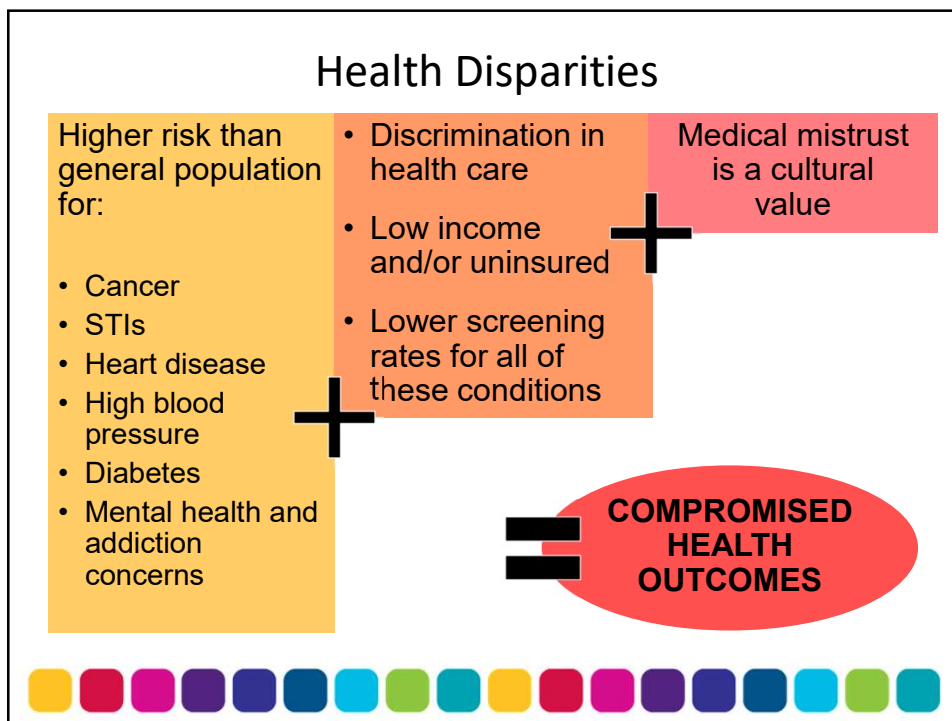


% of non-LGBTQ people "very" or "somewhat" comfortable in all situations



November 2016 *Accelerating Acceptance* survey of 2,037 adults ages 18 and older, conducted online within the United States by Harris Poll on behalf of GLAAD.





Life-Threatening Data Gap

What's the LGBTQ infection rate? Testing numbers? Transmission risks? Clusters and hot spots?

We don't know. SOGI (Sexual Orientation and Gender Identity) data is not collected.

COVID explained in gay terms; You and 10 friends are in your apartment getting ready for the Pride Parade. One has glitter. How many end up with glitter on them?

COVID Disparities Are Known, But Uncalculated



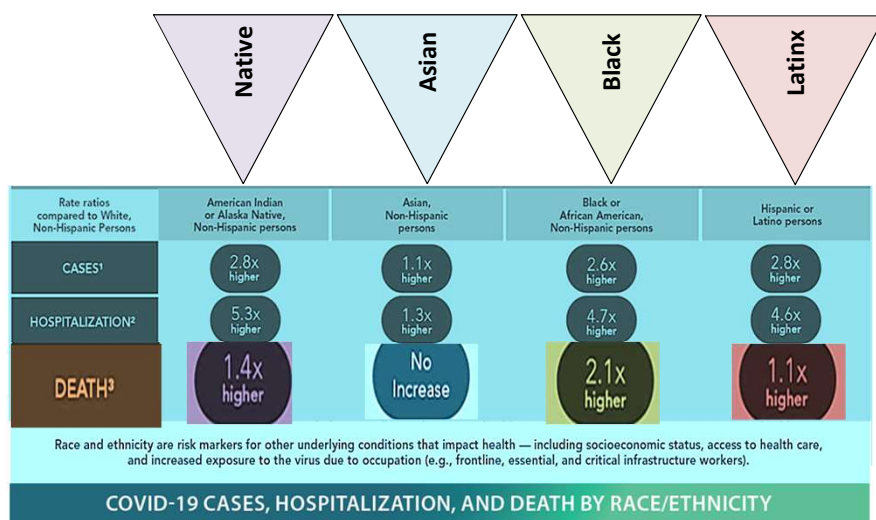
LGBTQ+
PERSONS
ARE MORE
VULNERABLE
TO COVID-19.
WHY?

We have increased

1. Tobacco use
2. HIV and cancer rates
3. Barriers to health care



COVID-19 and Race



Source: Centers for Disease Control 8/8/20



SKILL BUILDER: Practicing SOGI Questions

“As part of getting to know you as our patient, I am going to ask you some questions about your gender and sexuality.

Your answers are as confidential as the rest of your private health information.”

- “What is your sexual orientation?”
- “Do you consider yourself straight, gay, bisexual, queer, or something else?”
- “What was the sex listed on your birth certificate?”
- “What is your current gender identity?”
- “Who is significant in your life?”
- “How many sex partners have you had in the past year?”
- “What are the genders of your sexual partners?”

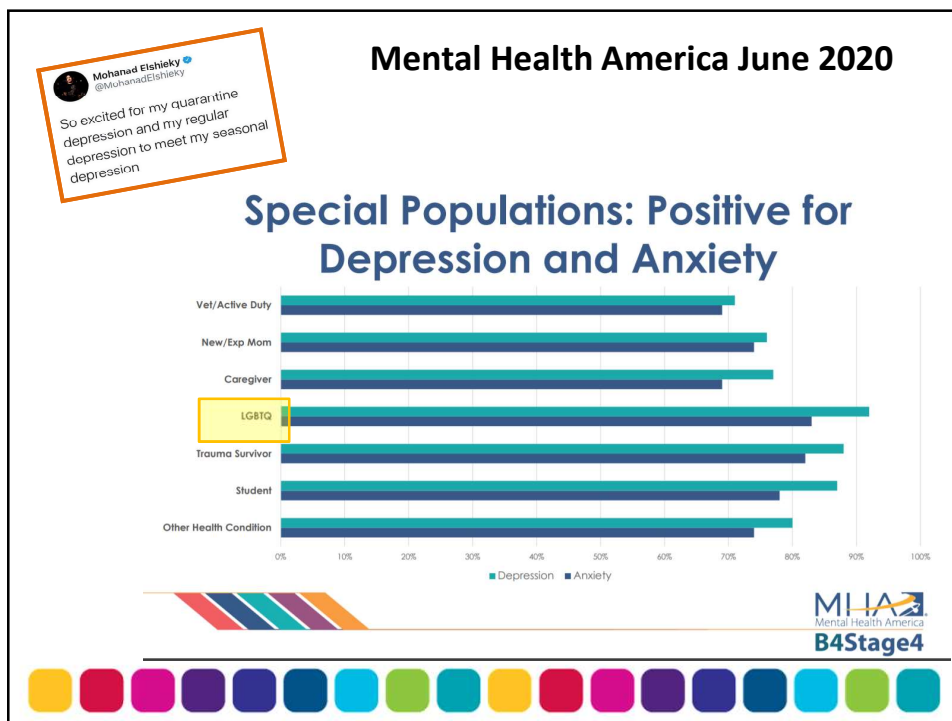


Pre-Pandemic Disparities

Before 2020, LGBTQ people saw higher rates of:

- Unemployment, low wages, lack of benefits
- Housing discrimination, eviction, instability
- Health insurance coverage gaps
- Health care discrimination, uneven provider training
- Chronic Illness – Cancer, Diabetes, HIV, Hypertension
- Tobacco, alcohol, substance misuse
- Mental Health challenges – anxiety, depression, PTSD
- Incarceration and other institutionalization
- Trauma, sexual assault, street violence
- Youth family rejection, Elder isolation





Spotlight: LGBTQ Economic Disaster

“Two in five LGBTQ people work in the five industries most impacted by the pandemic — compared to just one in five non-LGBTQ people, according to a survey from the Human Rights Campaign Foundation. All told, more than 5 million LGBTQ workers in these industries could be significantly affected by the pandemic.”

~ David Johns and Earl Fowlkes Jr

- Hospitality
- Health Care
- K-12 Education
- Colleges/Universities
- Retail

<https://thehill.com/opinion/civil-rights/508359-covid-19-is-quietly-ravaging-the-lgbtq-community>

LGBTQ Youth in Hostile Homes

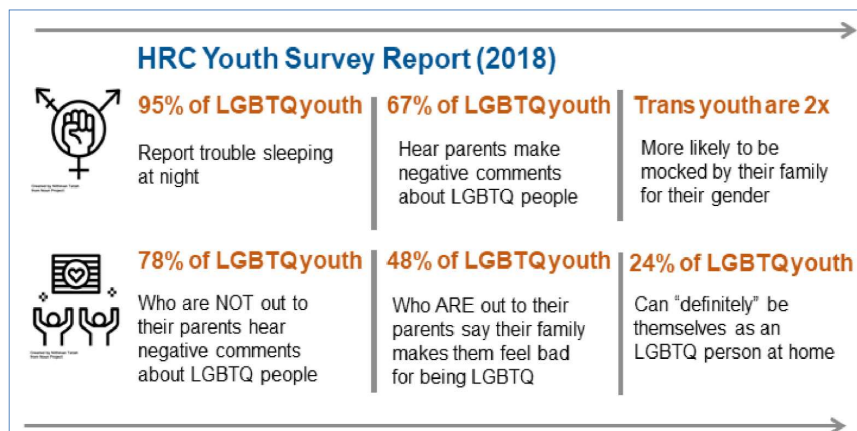
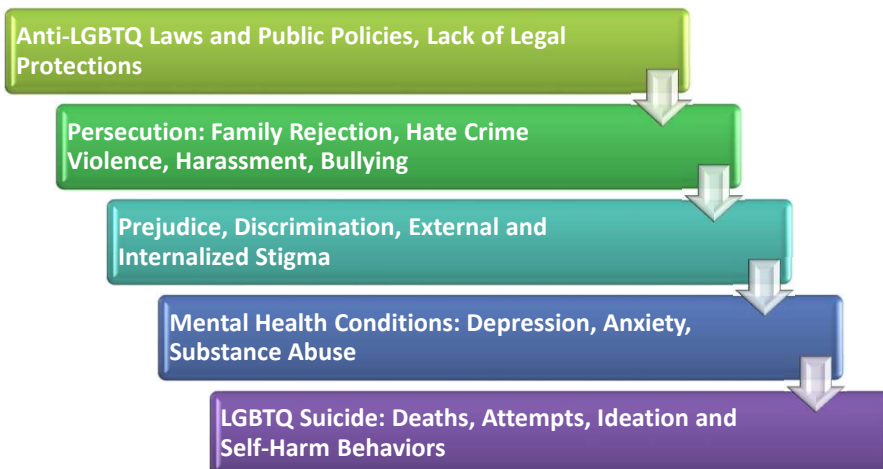


Image Source: National Association of School Psychologists. (2020). Coping During COVID-19: How to Support LGBTQ+ Youth [handout]. Author.

Data: Human Rights Campaign Foundation. (2018). 2018 LGBTQ Youth Report. Human Rights Campaign. <https://www.hrc.org/resources/2018-lgbtq-youth-report>.



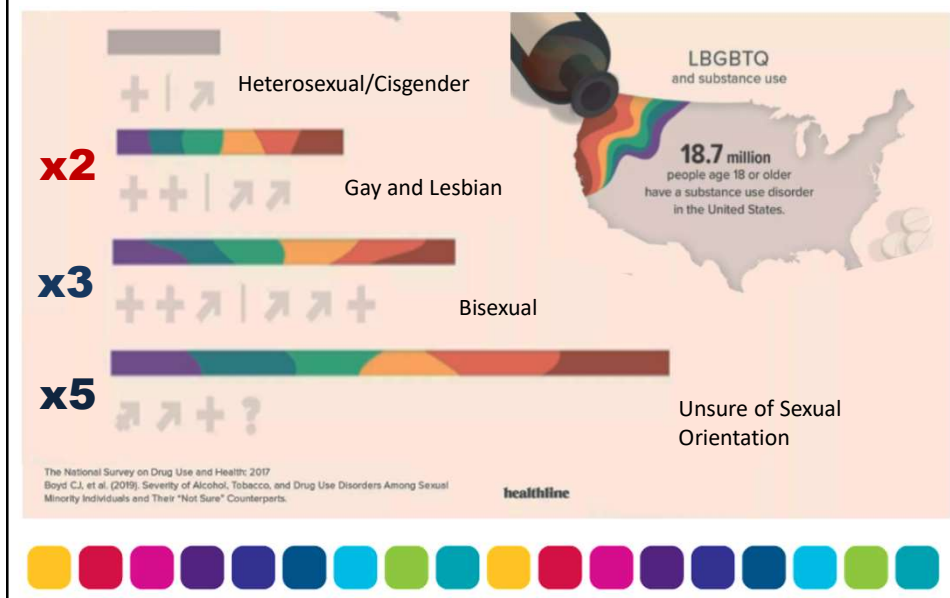
Evidence-Based LGBTQ Risk Amplifiers



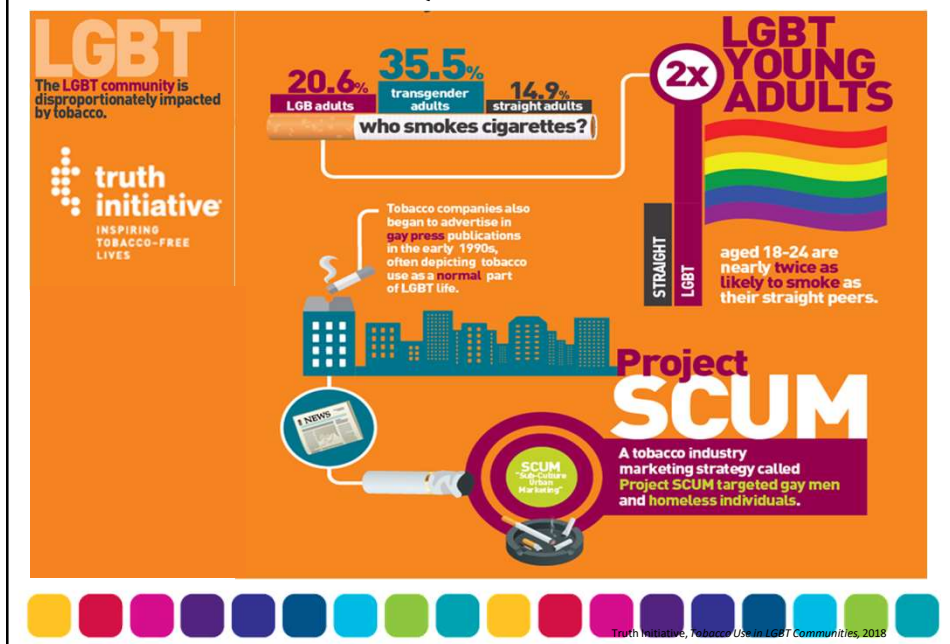
Movement Advancement Project (MAP), *Talking about suicide and LGBT populations*, 2017



Substance Use Disorder: An LGBTQ Epidemic



LGBTQ Tobacco Use



Five Reasons Why

High rates of LGBTQ substance use and abuse may be due to:

1. **STIGMA:** High stress levels due to social, legal, medical, employment and housing prejudice and discrimination.
2. **TRAUMA:** More likely to have experienced trauma and other mental health concerns than their cisgender/heterosexual peers
3. **SAFER SPACES:** LGBTQ people have relied on bars and clubs as community-controlled safe venues for socializing
4. **TARGETED MARKETING:** Alcohol and tobacco companies exploit LGBTQ values like freedom, self-expression, and visibility
5. **CARE SYSTEM GAPS:** Lack of cultural knowledge in health care discourages LGBTQ population from seeking treatment

Hunt, Jerome. *Why the Gay and Transgender Population Experiences Higher Rates of Substance Use*. Center for American Progress, 3/9/12.



Community Concept: Safety

- “Safety” to LGBTQ people means:
 - Safety to be authentic and open with identities
 - Safety to be believed about discrimination & abuse
 - Safety to feel unafraid of homophobic/transphobic responses and attitudes of service providers
- People from a **dominant** (heterosexual, cisgender) culture tend to assume that if they are mistreated, they have an automatic right to help, and will be treated respectfully by any agency
- Those from a **subdominant** (LGBTQ) culture may not have experienced agencies as helpful in the past, may not believe that help is genuinely available, and may not seek out help

**YOU
ARE
SAFE
HERE**

Adapted from the YWCA of Greater Cincinnati/Northern Kentucky



Community Concept: Service Providers

Agency assurances that services are “for Everyone” may not mean much to a LGBTQ person.

- LGBTQ people tend to assume service providers will be unwelcoming or hostile until proven otherwise
- LGBTQ people often believe services do not include their concerns unless explicitly targeted toward them
- LGBTQ people historically have been offered “help” to become “normal”, may automatically be suspicious of help from any institutional representative

Adapted from the YWCA of Greater Cincinnati/Northern Kentucky



Targeted Population Stress

- Damaging physical and mental health effects for those who are targeted with prejudice and discrimination
- Impacts all marginalized groups
 - sometimes called “minority stress”
- Hostile environments, anticipated threats, and continual micro-aggressions cause or exacerbate:
 - Depression
 - Anxiety disorders
 - Substance abuse
 - Hypertension
 - Heart disease
 - Cancer



2016 US Transgender Survey: Health Care

Respondents faced serious barriers to accessing health care, including:

- **Refusal of care:** 19% reported being refused care due to their gender. Numbers among people of color are higher.
- **Harassment and violence in medical settings:**
 - 28% of respondents were subjected to harassment
 - 2% were victims of violence in their doctor's office
- **Lack of provider knowledge:** 50% of the sample reported having to teach their medical providers about transgender care.

Source: National Center for Transgender Equality



SKILL BUILDER: Let's Talk About Pronouns!

Gender-binary pronouns:

- *She, Her, Hers*
 - (Alex ate **her** food because **she** was hungry.)
- *He, Him, His*
 - (Alex ate **his** food because **he** was hungry.)



Image credit: Original Art by Alice Che

Gender-neutral pronouns:

- ***They, Them, Theirs***
 - (Alex ate **their** food because **they** were hungry.)
- *Ze, Hir*
 - (Alex ate **hir** food because **ze** was hungry.)
- Just use my name!
 - (Alex ate **Alex's** food because **Alex** was hungry.)

Currently most common



Misgendering and Deadnaming



Image: Original art by Sam Moss

- Can “out” someone and make them emotionally or physically unsafe
- Makes the person wonder if you are clueless or cruel
- Feels humiliating and disrespectful
- Damages your rapport
- If you are a helping professional, these mistakes can contribute to someone being so uncomfortable they do not get the care they need

SKILL BUILDER: “Minority Stress” Treatment Principles

- | | |
|---|---|
| <ul style="list-style-type: none"> • Normalize adverse impact of targeted population (“minority”) stress • Facilitate emotional awareness, regulation, and acceptance • Empower assertive communication • Foster supportive relationships and community • Affirm healthy, rewarding expressions of sexuality and gender. | <p>Validate unique strengths of LGBTQ people:</p> <ul style="list-style-type: none"> • Creativity • Courage • Resilience • Humor • Community/Chosen Family • The Legacy of Elders and Ancestors • Fabulousness |
|---|---|

Adapted from: Alex Keuroghlian, 2018 *Suicide Risk and Prevention for LGBTQ People*, Webinar for The Fenway Institute



Thank you!

Kate Bishop, MSSA
Education Coordinator
The Center for LGBTQ
Health Equity

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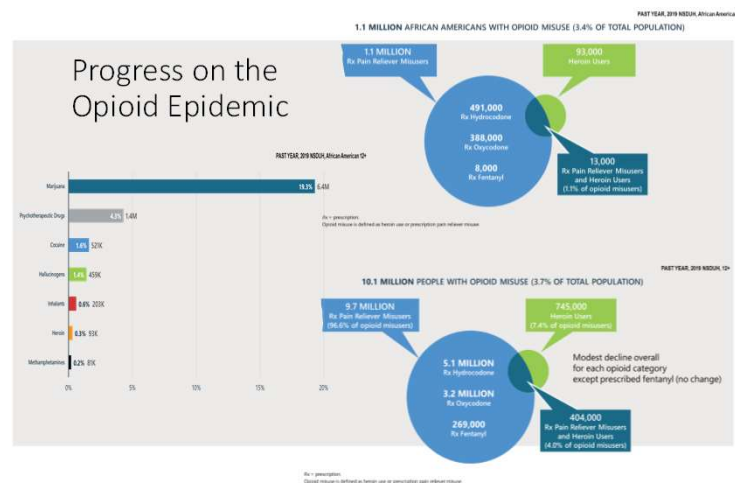
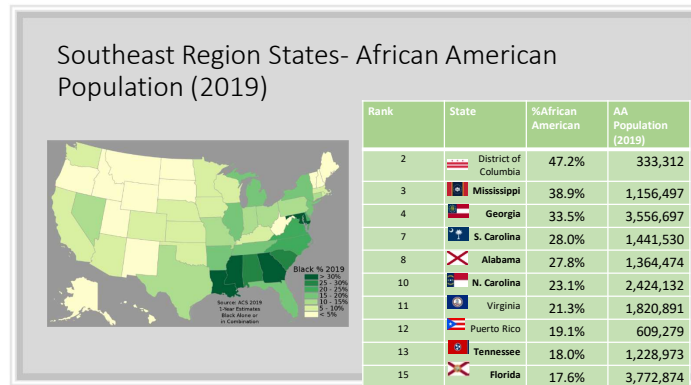
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Equity & Prevention with African American Communities (12:45p)

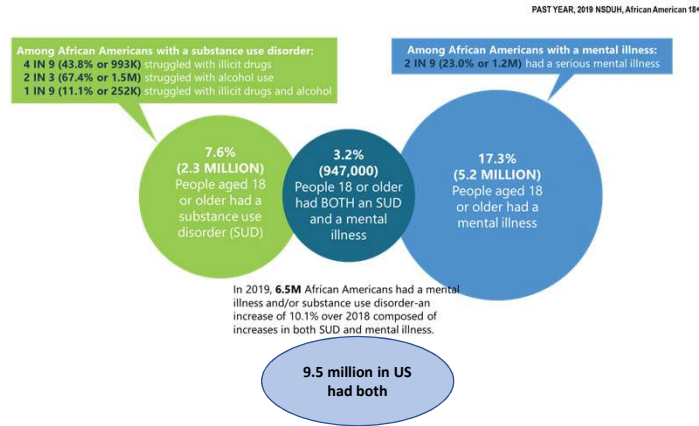


*LaTarsha Michael, Dr.PH,
Mississippi Department of
Mental Health*

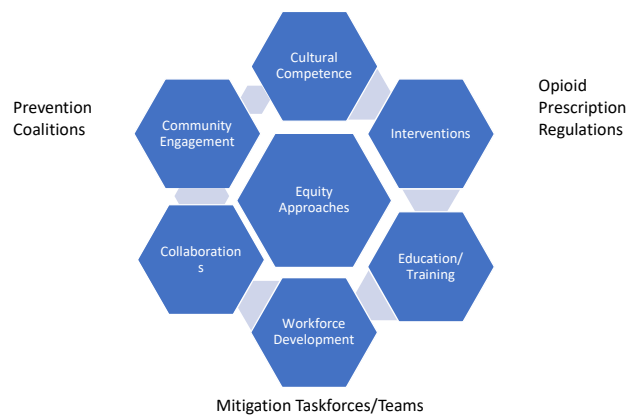




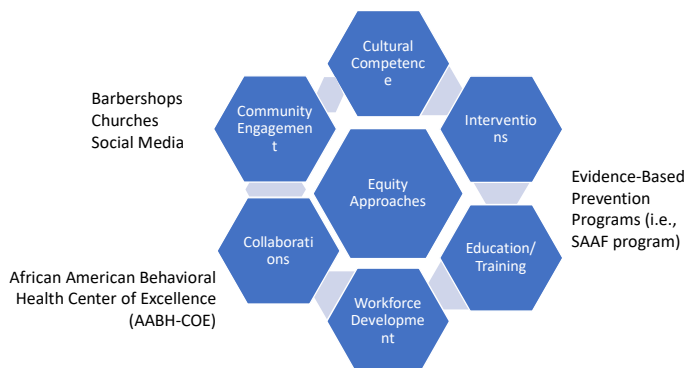
Mental Illness and Substance Use Disorders African Americans vs. United States



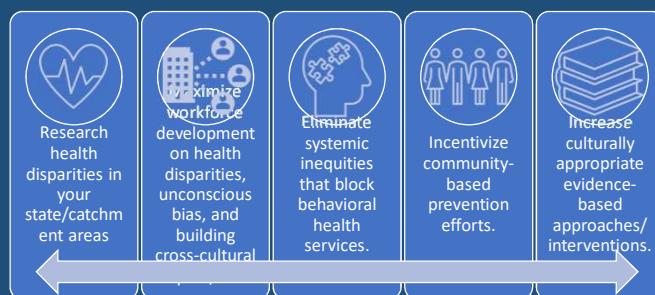
“What Prevention Looks Like”



*“What Prevention Looks Like
in some African American communities”*



“What’s Needed.... What’s Next”



Resources

- <https://africanamericanbehavioralhealth.org/>
- https://en.wikipedia.org/wiki/List_of_U.S._states_and_territories_by_African-American_population
- <https://www.equityliteracy.org/approaches-to-educational-equity>
- <https://www.samhsa.gov/data/release/2019-national-survey-drug-use-and-health-nsduh-releases>
- <https://www.vancouver.wsu.edu/equity-diversity/adopting-equity-lens>

Southeast Regional Summit on Prevention and Equity 2021

Wrap-up and Looking Ahead

Mark Wolfson, Ph.D.
Co-Director
Southeast PTTC



Southeast (HHS Region 4)

PTTC

Prevention Technology Transfer Center Network
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Thanks to our presenters!

Dr. Ronny Bell
Wake Forest School of Medicine

Michael Meit
East Tennessee State University & NORC

Kate Bishop
Chase Brexton Health Services

Shelly Steiner
Kentucky Cabinet for Health and Family Services

Dr. Patti Clark
Kentucky Cabinet for Health and Family Services

Hailey Wade
Catawba Nation Family Services

Dr. Susan E. Keefe
Appalachian State University

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Amy Ronshausen, Drug Free America Foundation

Chris Wood, Georgia School of Addiction Studies

Kristin Kidd, Southeast Prevention Technology Transfer Center

Carlton Hall, Carlton Hall Consulting

Coming Attractions...



National Hispanic & Latino PTTC



Southeast PTTC

Joint webinar being planned for Spring 2021 (title & date TBD)
Focus on Latinx populations in the Southeast

Coming Attractions continued...



Health Equity in Prevention Series

- **4 Learning Sessions and 4 Learning Labs over 2 Months**
- **Will Apply the Strategic Prevention Framework to Achieving Equity in Substance Misuse Prevention**
- **Planned for *Spring/Summer 2021***
- **Stay tuned...and register when it's time!**

Thank You!

<https://pttcnetwork.org/centers/southeast-pttc/home>

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