

Listening Session and Strategic Discussion Series:

Emerging Issues Around COVID-19 and Social Determinants of Health for the Substance Use Prevention, Treatment and Recovery Workforces

Overview of ATTC/PTTC Listening Session and Strategic Discussion Series

Background

The [Addiction Technology Transfer Center \(ATTC\) Network](#), and the [Prevention Technology Transfer Center \(PTTC\) Network](#) facilitated a national online discussion and resource sharing opportunity for the substance use (SU) prevention, treatment, and recovery workforces focused on emerging issues around social determinants of health (SDH) and COVID-19. This was in response to the differential impact of the pandemic in underserved communities and/or communities of color. The goal of the series is to engage diverse community voices and create space and structure to hear from these communities about the following issues:

- How has COVID-19 further highlighted racial and ethnic disparities?
- What is the impact on the communities and those with substance use disorder?
- What is the impact on the SU prevention, treatment and recovery workforces?
- What strategies and resources are needed to mitigate these impacts?

Through an initial listening session to frame the ongoing and emerging issues and subsequent strategic discussions to engage key communities, the intent is to gather strategies and resources to identify emerging best practices that can support underserved and/or communities of color. *By no means is this to undermine the need for structural changes to address the intersecting and cumulative impacts of social determinants of health*, but rather to recognize this complex issue requires multi-level approaches and communities are developing culturally responsive strategies and resources to mitigate these impacts. After each session, we will disseminate notes, core themes, and outline any strategies and resources shared.

Timing of Series

- 1 Listening Session (Wednesday, April 22)
- 5 Strategic Discussions with specific populations:
 1. April 28: Health Disparities and the Impact on COVID-19 on African American and black communities.
 2. April 30: Strategies to Support the LatinX communities.
 3. May 5: American Indian/Alaska Native communities: Trauma-Responsive Approaches to support the communities.
 4. May 7: Asian-American, Native Hawaiian, and Pacific Islander communities and addressing stigma.
 5. May 12: *Wrap-up Session*: Racial equity and health disparities in the age of COVID-19: What new strategies are needed to support the SU prevention, treatment and recovery workforce serving communities of color and/or underserved communities?



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Listening Session 1 (All communities) April 22, 2020: 2-3pm ET

Holly Hagle, Ph.D. and Nicole Augustine, MPH, MCHES, CPS facilitated the listening session. 499 people attended the online webinar and contributed through chat and their phone/computer microphone. For privacy, this session was not recorded, but four people analyzed the notes to outline themes and key issues for each community, plus strategies and resources that could be shared after the event. All notes shared are de-identified except for noting the community identity, which is relevant to framing issues.

Key Themes

The following section outlines key themes raised and identifies whether different communities acknowledged these as an issue within their community. It should be noted that there was less participation from Asian American, Native Hawaiian, and Pacific Islander populations; we mention this as we feel the table may not fully reflect the issues impacting those communities but hope to better understand these during our strategic discussion session on May 7. As the sessions continue, we will further refine and expand on these themes and produce a final cumulative report.

Participants shared their experiences related to the following questions:

- *How has COVID-19 further highlighted racial and ethnic disparities?*
- *What is the impact on the communities and those with substance use disorder?*
- *What is the impact on the SU prevention, treatment and recovery workforces?*

The table below briefly outlines the themes and categories that emerged; a brief overview of the types of comments, and if communities identified this as an issue.

Theme/Category	Comment	African American and black communities	LatinX communities	American Indian/Alaska Native communities	Asian-American, Native Hawaiian, and Pacific Islander communities
<i>Access to technology</i>	For students and people in rural areas; lack of cell phone access/service; elderly populations. Not just online/web access; even phone can be an issue in remote areas (such as tribal communities/reservations).	Yes	Yes	Yes	
<i>Anxiety and fear</i>	Concerns around tech access; isolation in rural areas; recovery community anxiety, anxiety around lack of connection (key to treatment and recovery support). Fear of unknown.	Yes	Yes	Yes	Yes

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<i>Barriers to creating community</i>	Online not culturally responsive for many communities. Tough to create community online when too much noise/participation can be chaotic; impacts recovery community (100 person meetings have to be reduced to around 20 to be effective)	Yes	Yes	Yes	
<i>Barriers to prevention</i>	No running water for those who are homeless; also in some tribal communities and reservations; creates challenges to hand-washing.			Yes	
<i>Barriers to social distancing</i>	Social distancing is not culturally responsive in many communities; fracturing communities/families; grief at not being allowed to be with loved ones as they pass.	Yes	Yes	Yes	Yes
<i>Child safety and well-being</i>	Food, safety/security; anxiety and SUD in families; young children not understanding social distancing; home schooling difficult for struggling students without support. Older children helping siblings and taking care of home; added pressures for immigrant families.	Yes	Yes	Yes	
<i>Disparities in death data</i>	Rates of death: Lack of clear data from some states; data we have shows disparities in death rates for communities of color. Transparency of structural racism and implicit bias reflected in morbidity rates for CV-19.	Yes	Yes	Yes	
<i>Food insecurity</i>	Food pantries running out of food; lack of food in certain areas/neighborhoods; costs increasing for certain products; lack of public transport to areas with food.	Yes	Yes	Yes	
<i>Funding cut fears</i>	Fears around how the economy and number of people newly unemployed will stretch resources, especially with funding cuts coming. How will this impact housing and other wrap-around resources? Concerns all round for SUD workforce and communities.	Yes	Yes	Yes	
<i>Housing insecurity</i>	Inmates being released but often homeless which increases need for housing resources; same for people leaving treatment programs; some shelters not accepting new clients.	Yes	Yes	Yes	
<i>Impact of underlying health issues</i>	Increased impact of CV-19 on those with SUD and/or with respiratory issues from smoking, weakened immune systems.	Yes	Yes	Yes	



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<i>Increase in return to use and overdoses</i>	Reports of return to use and increases in overdose in recovery community; Recovery houses report losing people when asked to shelter in place as sheltering caused anxiety/stress/return to use.	Yes	Yes	Yes	
<i>Intimate partner violence increase</i>	Intimate partner violence increases due to stay at home order and lack of safe spaces; housing insecurity; need resources to address this.	Yes	Yes	Yes	Yes
<i>Lack of emphasis on healthful behaviors</i>	Need to emphasize mind-body-soul connection; impact of what we eat and need for rest, meditation, movement/exercise.	Yes	Yes	Yes	Yes
<i>Lack of recovery supports</i>	Telehealth and online recovery in place, but not well attended; some people cannot access as do not have technology. Lack of Spanish recovery resources. Can be chaotic and stressful if not well structured. Lack of wrap-around services for co-occurring.	Yes	Yes	Yes	
<i>Lack of transportation</i>	Lack of transportation for food, services, to get to testing sites (and no PPE if using buses); buses not running at full capacity.	Yes	Yes	Yes	
<i>LGBTQQ youth/adolescents</i>	Lack of support in home; higher rates of homelessness; higher rates of vaping and substance use (increased by stress and anxiety). Trans-people, especially people of color, experience disparities across SUD, employment, health, and housing.	Yes	Yes		
<i>Minimizing risk of alcohol</i>	Alcohol being normalized and minimizing risk: Virtual happy hours and lots of coping using drinking; normalizing alcohol and not a focus on building immune systems and healthy behaviors. Impact on pregnant women.	Yes	Yes	Yes	Yes
<i>Need for Spanish materials</i>	Lack of Spanish materials around COVID-19; lack of information/resources/services that serve Spanish-speaking peoples.		Yes		
<i>Testing access</i>	Lack of testing; especially in underserved communities.	Yes	Yes	Yes	
<i>Unemployment</i>	Service industry hit hard and minority population over-represented in these areas.	Yes	Yes	Yes	
<i>Unsafe employment</i>	Minority communities over-represented in essential face-forwarding jobs	Yes	Yes	Yes	



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	(domestic workers, plant workers, grocery stores, construction, delivery, healthcare); people at higher risk, but lack PPE and safety precautions. Undocumented workers are deemed essential but lack access to resources and healthcare.				
<i>Xenophobia</i>	Xenophobia and increase in attacks on Asian-American populations, even young children. Businesses severely impacted; fear of leaving home due to threats/comments.				Yes

Participants shared their thoughts on the following question:

- *What strategies and resources are needed to mitigate these impacts?*

These brief bulleted points capture what participants shared were the key resources needed and some recommended strategies. These dialogues will continue to be expanded in future strategic discussions and a final report will share tables of resources and links to those resources.

Resources Needed to Support Communities and SUD Workforce

- More Spanish speaking people, interpreters, and resources in healthcare and SUD services.
- Increases in food distribution and food pantries
- Public transportation for testing and to access food (public – bus, taxi, subway, metro)
- Homeless shelters/transitional living
- Recovery Houses
- Telehealth
- Non-Profit Supporting Queer Kids in School
- Health Insurance/options when without health insurance

Recommended Strategies

- Hire more interpreters for people separated from families in hospitals
- Increase food distribution; emergency fund food pantries
- Use personal cars for business (assist people accessing food and testing)
- Work with schools to provide local hotspots for those that do not have wireless access
- Zoom check-ins with youth leaders (girls empowerment groups)
- School and organizational coaches, counselors, and administration doing their part by having conversations to educate, inform, and share resources



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- Organizations allocating funds for food pantry
- Providers purchasing government issued cell phones for communication
- Hotline with Certified Peer Specialists available to offer support
- Organizations/tribes providing grocery boxes, water, toilet paper
- Resilience Messaging/boosting immune System with health behaviors

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