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 of 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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**Strategic Discussion Session 1: Health Disparities and the Impact of COVID-19 on
African American and black communities
April 28, 2020: 2-3pm ET**

LaShonda Williamson-Jennings, MEd, CPS, facilitated the strategic discussion session
with four panelists: Wanda Boone, PhD; Nzinga Harrison, MD; Tracy Johnson, and
Carlton Hall. 391 people attended the online Zoom webinar and contributed through
chat. The facilitator and panelists bios, session report, and link to the recording are
posted on the ATTC series page and PTTC series page. Four people analyzed the
notes to outline themes and key issues, plus any strategies and resources that could be
shared after the event. All notes shared in the report are de-identified except for when
the community identity is relevant to framing issues.

Key Themes
The session engaged the four panelists in responding to three key questions.
- *How has COVID-19 further highlighted racial disparities and what is the
  impact on the community, those with SUD, and for the prevention,
  treatment and recovery workforces?*
- *What strategies and resources are needed to mitigate these impacts?*
- *What is working and/or what are people trying?*

Attendees were encouraged to participate and share comments and questions
throughout using chat. The following section summarizes key issues and themes
identified by panelists and attendees, outlines recommendations for mitigating these
issues, as well as strategies and resources shared. At the end of the document, there
are a list of remaining attendee questions that were answered by panelists post-event.
A final report will further expand on these themes and share key quotes from panelists
and attendees.

How COVID-19 further highlights racial disparities and impacts African American and black communities
Panelists and attendees outlined key ways COVID-19 impacted and further highlighted
disparities in African American and black communities. These include:

Lack of trust (of medical providers, government, data and information about COVID-19)
- Historical and ongoing mistrust of medical providers.
- Imbalance of power; those in power do not see nor effectively address structural
  racism and systemic bias.
- Multi-generational distrust within black and brown communities due to history of
  enslavement and ongoing structural racism.
- Lack of trusted sources for testing and data.

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Large number of liquor stores in black and brown communities increases risk of alcohol use disorder
- Liquor stores staying open prevent people with alcohol use disorder going into withdrawal, but over-representation of liquor stores in communities of color increases risk for adults and adolescents.
- Approximately 55% increase in alcohol sales during pandemic.

COVID-19 worsens healthcare disparities that already exist
- African Americans dying at significantly higher rates than Caucasians, but incomplete data across most states.
- African Americans at higher risk/forced to work despite underlying health conditions, over-representation in essential jobs, and lack of financial resources.
- Lack of testing facilities in black and brown communities.
- Lack of PPE in black neighborhoods and clinics serving black neighborhoods.
- Lack of comprehensive healthcare access.
- Lack of SUD treatment facilities with ability to quickly transition to telemedicine meant some treatment facilities closed down for up to 2 weeks leaving a gap in services.
- Impact of underlying health conditions and weaker immune systems within communities of color due to higher rates of obesity, diabetes, hypertension, chronic kidney disease, asthma, colon and prostate cancer.
- Lack of culturally responsive approaches for effectively communicating prevention, screening and testing, and treatment.
- Fear of accessing services (patient rights, not being heard, treatment costs, being separated from family, lack of tech access/ability to use).
- Similar to Hurricane Katrina and other disasters, increase in substance use disorder and, for those in recovery, return to use.
- Intersectionality: Social determinants of health (e.g., lower socio-economic status, LGBTQ) and disparities are cumulative, all need to be looked at in the context of race and COVID-19.

Stigma around prevention, mental health and substance use disorder
- Prevents people reaching out for help and accessing resources.
- Grief being experienced in isolation.
- Youth experiencing high anxiety; increases in suicidal ideation and overdoses.
- Young black males fearful of wearing masks in public; ongoing trauma of police killing black males and high rates of incarceration.
- Adverse childhood experiences as supports of school, church, mentors, and other supportive institutions and services are unavailable.

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Recommended Strategies for African American and Black Communities and SUD Workforce

Panelists and attendees identified strategies needed to address the disparities in African American and black communities. These include:

- **Build trust**
  - Provide public education and communication through sources African American and black communities trust.
  - Find culturally responsive ways to engage the broad population in conversation to create meaningful change – overcome the distrust and isolation in communities.
  - Build trust by thoroughly acknowledging historical mistreatment of black bodies.
- **Stigma reduction strategies needed for:**
  - Accessing and addressing substance use disorder (SUD).
  - Accessing and addressing mental health.
  - Understanding race and health.
  - Addressing the cultural stigma around reaching out for resources (public health, food, education, virtual engagements, seeking help or treatment, substance use treatment)
- **Improved and disaggregated data collection, management, and dissemination**
  - Advocate for better data collection disaggregated by race and other social determinants.
  - Work with agencies to disseminate data on disparities quickly to increase visibility and impact behavior.
  - Measure COVID-19 testing by race and ethnicity (only 2 states are doing this) to highlight the health disparities and identify opportunities to provide change.
  - Provide technical assistance to ensure black people can interpret and narrate available data within their communities.
  - Create better access to data.
  - Look at both individual and cumulative disparities.
- **Increased African American and black representation in media and policy**
  - Media coverage of the opioid crisis and pandemic information does not talk about the disproportionate impact of the epidemic and pandemic in black communities

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- ▪ "When you don't see your face, you don't know that it is disproportionately affecting your community."
  - o Include AA/black communities in the decision-making process around COVID-19 decisions that impact their communities.
  - o Engage diverse representation in the national conversation about the crisis of equality and inequity.
- **Build capacity for whole community**
  - o Hold virtual town halls to share information and listen to community needs.
  - o Provide much-needed safety resources to clinics in black neighborhoods
    - ▪ Drive-through testing sites sat empty in black neighborhoods because workers were not provided PPE.
  - o Prevention and treatment need more collaboration with each other.
  - o Need both harm reduction for alcohol and substance sue, but also core prevention strategies around alcohol and other substances. Stop normalizing alcohol and separating it from drugs.
  - o Increase understanding around race and health in terms of the underlying conditions that are responsible for African American and black communities being more affected by COVID-19.
- **Address gap areas**
  - o Digital gap – Lack of access to technology for many communities, plus virtual world is not culturally responsive for many communities of color.
  - o Physical gap – Social distancing, stay at home orders disrupt the support black and African American communities need.
  - o Emotional health gap – The community is dealing with multiple crises simultaneously (acute/chronic stress, adverse childhood experiences, comorbid health concerns) and COVID-19 cannot be addressed separately from these.
- **Increase training/education**
  - o Increase peer recovery workforce.
  - o Educate elderly and those in treatment on potential for prescription misuse (themselves and family members) regarding the 3-month-supply quantities being given currently.
  - o Sticker shock for adding messaging on alcohol, TIPS trainings for sellers (re: educating alcohol businesses).
  - o Awareness and education around harms connected to drug use including weakening of the immune system with information on how to build up the immune system; how to make your body an undesirable host for COVID-19.

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- o Involve parents in juvenile justice (family-focused recovery).
- o Increase protective factors and decrease risk by building better understanding of one's ethnic background, race, community, customs, culture, and family.

Emerging Strategies for African American and Black Communities and SUD Workforce

Panelists and attendees outlined ways in which they are addressing disparities and engaging African American and black communities around COVID-19 and substance use prevention, treatment, and recovery. These include:

- **Youth activities**
  - o Organization providing 30-minute Saturday Morning Sessions for children 8-11, teens 13-17, and adults in community to "talk about what we're doing to protect ourselves and what is the impact within each of these age groups."
    - ▪ Discuss grieving and grief.
    - ▪ Each age group has opportunity to create their own messages.
    - ▪ Allows individuals to have their voices heard and be part of the solution – part of a holistic group working together helps process the grief of this situation.
- **Engaging faith-based communities**
  - o Faith communities coming together to provide assistance in many ways.
- **Alcohol Management**
  - o Including alcohol businesses as advocates in prevention, treatment, and recovery work.
    - ▪ Engage businesses in being good neighbors in terms of sales and rules and regulations they should be following.
  - o Ensure parents are monitoring and locking up their alcohol.
- **Access to technology and healthcare**
  - o Telephone trees for people that do not have access to internet
  - o Using Federally Qualified Health Centers (FQHCs) to work in the African American community in equitable engagement – utilizing federal funds to support and engage vulnerable populations.
- **Communication**
  - o Working with public data to distill data and have trusted and respected community partners and leaders provide the messages.

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- ▪ "… the key to gaining trust of those we serve is to connect with and train those who are already trusted members of a particular community, household, church..."
  - o Reducing stigma of SUD – reinforce human value regardless of SUD.
  - o Educating individuals on systemic biases and structural disparities through coalitions.
  - o Identifying advocates within every community –hiring black/brown/LGBTQ/ Native folks to be messengers in communities.
  - o Putting out culturally responsive messaging.
  - o Educating community members to fully charge phones and devices so they can communicate with loved ones if taken into care.

- **Improving COVID-19 Screening and Testing**
  - o Advocating for alternative methods of identification for testing (barrier for undocumented individuals)
  - o Addressing identified reasons people of color may avoid testing:
    - ▪ Outline other ways to test: Many describe nasal swab as too invasive, uncomfortable, fear involved.
    - ▪ Dispel myths about government using identifying information.
    - ▪ Address distrust in sharing identifiable information (ID, insurance etc).
    - ▪ Address mistaken belief that there is no risk/exposure.

- **Technology**
  - o Building capacity to administer MAT through telehealth.
  - o Developing webinars and online groups and series for certified Peer Recovery Advocates.
  - o Increasing social media connection, creativity, mentoring programs:
    - ▪ Sharing stories, creating book clubs and live chats.
    - ▪ Mentoring programs online.
    - ▪ Engaging people in culturally responsive ways: Storytelling, ideas and creativity, book clubs with live chats.

- **Identifying this as an opportunity for change**
  - o "We already have a known baseline post-COVID-19 on the collective (health, food, etc.) disparities within black and brown communities. I believe this is an opportunity to insist those who have the voices make the case for change!"
  - o "Organizations need a paradigm shift to rebuild systems in a different way. This pandemic provides an opportunity to change the culture beginning with leadership i.e., implicit bias training."

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Resources Shared

These are resources shared by attendees and panelists:

Focus/Population	Title and Hyperlink	Description
African American/Black Communities	Embracerace.org	Embracerace.org is a nonprofit organization founded in 2016 to meet the challenges raising children in a world where race matters. It is a multiracial community of parents, teachers, experts and caring adults supporting each other to meet challenges race poses to children, families, and communities.
African American/Black Communities	What the COVID-19 Crisis Tells Us about Structural Racism	A webinar that took place April 16, 2020 from Embracerace.org. The video, transcript, and resources are available from this link.
African American/Black Communities	"Cyrus Ausar: Depression and Suicide Prevention Expert" YouTube Page	Cyrus Ausar is a motivational speaker with a YouTube page that has short, inspirational and informative videos on depression and suicide prevention that are relative to African-American and black culture
African American/Black Communities	RAYSAC (Roanoke Area Youth Substance Abuse Coalition) Facebook Group	RAYSAC (Roanoke Area Youth Substance Abuse Coalition) an open Facebook Group focused on disparities in Roanoke, VA
African American/Black Communities	The Revolution Will Not Be Funded Beyond the Non-Profit Industrial Complex	*The Revolution Will Not Be Funded* gathers essays by radical activists, educators, and non-profit staff from around the globe who critically rethink the

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		long-term consequences of what they call the "non-profit industrial complex."
African American/Black Girls	BeYoutiful Weirdo LLC Mentoring Program	A mentoring program founded by KeAutnte Tynette with the mission to elevate young girls, of all nationalities, to reach their highest potential by building confidence, honing leadership skills, and supporting goal attainment. Many programs offered build self-confidence through providing arts and crafts activities.
African American/Black Youth	Durhamtry.org	Durham T.R.Y. (Together for Resilient Youth) is a non-profit organization founded by Dr. Wanda Boone, a panelist on this webinar. The mission of the organization is to prevent substance use among youth by reducing community risk factors through education, mobilization and collaborative action.
Alcohol/Liquor Stores Deemed Essential	Complications of Alcohol Withdrawal	National Institute on Alcohol Abuse and Alcoholism (part of the National Institutes of Health (NIH)) PDF paper discussing what happens in acute alcohol withdrawal. Shared in response to critique of liquor stores being open; harm reduction strategy.

Questions Raised by Attendees and Any Follow-up Responses from Panelists Post-Event

Question 1: *What role does social media play with the potential rise of alcohol and substance use?*

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- While social media and digital platforms are providing many the opportunity to stay connected with friends, family, work and supportive networks, there is increasing anecdotal evidence that should raise concerning red flags. The promotion of innumerable 420 online events to "safely celebrate" virtually during COVID-19 stay at home orders. Reports of bars hosting chat rooms and online happy hours for their patrons. Friends and coworkers launching virtual cocktail hours on Zoom, Instagram and other social media. In a recent article out of the University of Southern California, Daryl Davies, professor of clinical pharmacology at the USC School of Pharmacy and director of the Alcohol and Brain Research Laboratory at USC said "As social distancing and self-isolation turns from weeks to months, we'll see more online partying, more Zoom parties and more alcohol consumption, so we're going to hear about more problems related to alcohol abuse."

Question 2: *Can the panelists share references to the statistics mentioned, including data for rise of alcohol sales?*
- [Alcohol sales up 55%](#)
- [2 states measuring testing data by race](#)
- Highest actual and percentage increase in OD rates is among AA Pooja A. Lagisetty, MD, MSc1,2,3; Ryan Ross, BS4; Amy Bohnert, PhD2,3,5; et al. *Buprenorphine Treatment Divide by Race/Ethnicity and Payment*. JAMA Psychiatry. 2019;76(9):979-981. doi:10.1001/jamapsychiatry.2019.0876
- A recent article in Newsweek reported for the week ending March 21, sales on alcoholic beverages have spiked by 55 percent according to market research firm Nielsen. https://www.newsweek.com/us-alcohol-sales-increase-55-percent-one-week-amid-coronavirus-pandemic-1495510

Question 3: *How can we cultivate trust within the black community?*
- Systemic institutions need to partner with Black leaders so message can be sent via already trusted individuals
- Communication plans need to be driven by members of targeted communities
- Do better! Acknowledge and intentionally address implicit and explicit racial bias

-For more than two decades Carlton Hall Consulting (CHC), MEE Productions, and TTJ Group have specialized in meaningfully, cultivating trust and building credibility for the promotion of public health and prevention within communities of color across the country.

In order to be successful in promoting health equity in your community, gaining "authentic" access to community gatekeepers is the first step. Authentic access to a community is based on first having credibility and gaining trust. The "keys to the community" include having credibility, building trust, gaining access, incorporating community involvement, and providing value to the community. Having credibility means

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that you understand the environment, respect the culture and worldview, do not impose personal morality, and make no assumptions about what is happening in a particular community. Trust will require that you listen before doing anything else. Community members, at the deepest levels, should be afforded the opportunity to be involved and at the table. (MEE Productions, Urban Trends, Vol 20, No.1)

Here are several resources offered on the Southeast Prevention Technology Center website:
https://pttcnetwork.org/centers/southeast-pttc/product/webinar-community-engagement-strategies-best-practices-preventing
https://pttcnetwork.org/sites/default/files/2020-04/Engaging%20and%20Mobilizing%20the%20Grassroots%20Community%20-%20How%20to%20Work%20with%20CBOs.pdf
www.carltonhallconsulting.com
https://pttcnetwork.org/sites/default/files/2020-04/MEE%27sWin-Win_InfoGraphic_2020.pdf

Question 4: *Can the panelists speak to what response is needed to address this new addition to our historical trauma profile?*

"If you can't see or name a problem, you can't solve it." - Kimberly Christensen, UCLA

We need to continue to build upon the strategic discussion started here and encourage an organized concerted effort to change the national conversation, from merely stay at home orders, testing and PPE shortages, and restarting the economy, to keeping the spotlight on why our communities were predictably more endangered. The needed question is "How (and why aren't we) protecting our most vulnerable populations regardless of what the "crisis du jour" happens to be. Just as in recent years the data began to show how African American opioid-related overdose deaths were far out pacing those of any other ethnic group. But almost no national attention was being paid to that "crisis of disparity and inequity".

Regarding COVID-19, Part of our challenge lies in the fact that even as everyone now seems to "see the problem" (disparity) and have a greater appreciation for COVID's spotlight on the actual impact of these tragic distinctions, and how long they've existed, we, as a society have yet to develop the capacity to fully understand it and the capacity to talk about why these disparities exist the way they do. We are only just beginning to see the degree to which people of color in this country contracting the disease are more likely
- unable to stay home because they can't afford to, and

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- don't have the health coverage needed to deal with the underline health issues that make COVID-19 fatal

The fact is that far too many of the very structures and systems within our society that we rely upon for our very health and well-being, continue to fail important tests. We continue to fail the "implicit bias test", fail the "cultural humility test" and fail the "stigmatization test".

The co-morbidity of structural racism and implicit bias has led to the historical income, food and health disparities impacting African Americans at a disproportionately higher rate.

Any strategy to respond to the outsized effect of COVID-19 coronavirus on African Americans must address the larger issues of health inequities.

Question 5: *What public health policies, programs and practices are being designed and generated by Black Health Professionals to solve these problems from an African Centered approach?*
-Link to data source*:* https://www.apmresearchlab.org/covid/deaths-by-race

CHC is currently working with communities across the country and many are employing innovative strategies to curb the impact of COVID-19 to their specific context. The fact is, the African American community is not monolithic. Geographically, we are a part of very large metropolis, like, New York City, Los Angeles, Chicago, and much smaller communities, like Anniston Alabama, and Newburgh NY. There is no one size fits all approach, but innovated responses are being employed in many communities. Here are some examples of communities we are working with:

In Philadelphia:
- The Health Department has established partnerships with community-based health clinics, like FQHCs that already serve the Black community, to expand the reach of testing into the community. Federally Qualified Health Centers (FQHCs) are "safety net" providers such as community health centers. The main purpose of the FQHC Program is to enhance the provision of primary care services in underserved communities. Any Philadelphia resident is eligible for free or low cost care at the City's AHS Health Centers.
- There are concerted efforts to expand public information outreach to communities outside of the normal mass media channels, including strategies to reach the Black community on Twitter, regular interviews with

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Black media, and other door-to-door outreach strategies that are in the planning stages.

- The Department of Behavioral Health and Intellectual Disabilities are adjusting their service delivery model due to physical distancing. Providing quarantine, testing and services to the homeless as well as continuity to treatment for those willing to accept it by using major hotel chains to provide those facilities.
- Expanded MAT with adjusted restrictions to address the physical distancing requirements.
- The Mayor's Office for Black Male Engagement (the only office of its type that I am aware of) is an office that was created prior to COVID-19 but precisely to address the historical inequities experienced and the lack of engagement by this sub-population. As a result, this office was able to provide important access to information and relevant support that was trusted when brought to the most vulnerable populations.

For more information contact: Roland Lamb roland.lamb@phila.gov

In NewBurgh, NY:
TEAM Newburgh *is a local coalition coordinating COVD-19 and substance use prevention messaging with resources for the City of Newburgh in English and Spanish (another population struggling with understanding safety guidelines).*

- Reaching out to local food distribution centers, take out restaurants, partner agencies, school lunch program sites, and local community outreach/syringe exchange programs to help distribute safety guidelines with partners translating and making copies.
- Virtual meetings are being conducted and, as the county and regional overdoses begin to rise, an online Narcan training is being created with the NYS National Guard Counterdrug Task Force. The Guard, peers, and syringe exchange programs are distributing the kits to those who complete the course (following social distancing of course).
- Local radio and cable are providing free PSA for COVID-19 related information and that also includes substance use service information...

Their PeerRX system (a new innovative peer navigational tool) has had significant progress and offers promising considerations for similar communities. Currently housed at St. Luke Cornwall Hospital (in the emergency room) in Newburgh, NY.   For more information contact the planning team members:

Dawn.wilkins@cccsos.org
Regina.cieslak@cccsos.org

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Here's some highlights:
- 100% of those suffering an opioid/opiate overdose who requested a peer went onto some level of treatment!
- Average wait time by the SLCH ER to locate a substance use peer and receive confirmation was 1 hour, 40 minutes...this has been reduced to 7 minutes!
- One agency whose peers are being utilized in PeerRX is reporting a 225% increase in request for peers as a result of PeerRX and states they have had more requests in the month of Oct. than combined for Jan.-August 2019!

In Anniston Alabama:
The Agency for Substance Abuse Prevention (ASAP) is the leading community prevention agency. ASAP immediately was reminded that people don't care how much you know, until they know how much you care. Therefore, before passing out prevention literature to feeding stations and public housing communities, ASAP donated $6,000.00 to local charities that had inherited a greater demand due to the pandemic. These groups also have consistently serviced communities with racial disparities.

Finally, ASAP is providing care packages with prevention material to students/parents that come to designated locations for lunches. Social media has been a prime resource for information dissemination as well.

For more information contact: Seyram Selase agencyabuse@gmail.com

Question 6: *As we're talking about the tremendous challenges and inequities facing communities of color during this public health crisis, what can we, as individuals do to reduce disparities and promote equity in data-gathering, testing, treatment and resources during this time? Vote? Write letters? Post on social media? Write our political leaders? What else? It can be easy to feel overwhelmed and hopeless when taking a hard look at the ongoing oppression of communities of color. Any thoughts or suggestions about how to effect change?*
-This was my journey...
Remain calm and friendly. Assume that you will get an appropriate answer.
1. I personally contacted my Congressman to express my concern that the appropriate data was not being collected re: COVID19 in the Black community
Response time - Same day
Action - He discussed this with the Governor
Action - The Governor's Office spoke with the State Injury Prevention Branch
Response time 2 days but already in the works
Result - NC COVID19 Dashboard updated daily! Added data by race.
https://www.ncdhhs.gov/divisions/public-health/covid19/covid-19-nc-case-count
2. I contacted the Director of the State Office on Minority Health

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Action - He spoke with the Governor's Office
Response time 2 days
Action - He was brought before the State Legislature to discuss this. He and I
were interviewed on the news. - 1 week
Result - I send data out on a regular basis over social media and email to the public in
a digestible format focusing on Black residents but used by all. I held a Zoom and/or
Telephone call with Key Leaders (Champions) who help spread the word. Adults,
Teens, Young Adults
3. I contacted the Director of the local Health Department
Action - Began collecting and documenting data by race but not publishing it widely
although I get a copy.
Response time - 2 weeks I invited him to be a guest speaker on a call that I hosted with
Black physicians who had various insights into COVID19. We looked to him for data on
race, testing and tracing.

-I agree that trying to address all of the various challenges of inequity, that have been
facing communities of color for decades, can be overwhelming. I offer the following:
1. Advocacy for addressing structural inequities. The COVID-19 global pandemic
   has placed an important spotlight on the essentiality of societal mass collective
   engagement in the understanding, adoption, and practice of public health science
   and primary prevention as policy. This is why questions of equity, social
   determinants of heath, and accessibility matter.
2. Provide needed information to build the awareness of why communities of color
   are disproportionately affected and increasingly vulnerable during these kinds of
   crisis.
3. Engage stakeholders in problem solving opportunities focused on the following
   three areas of need. COVID-19 highlighted these presenting concerns/"needs"
   related to equitable engagement/access to the type/quality of care required in
   African American Communities:
   - Digital needs (beyond looking at educational/technological deserts can we
     problem solve regarding the challenge that this new "virtual world"
     presents as it is counter cultural for many in our community to seek those
     digital resources).
   - Physical needs (distancing rules and stay at home orders disruptions to
     needed services, public transit challenges, no uber access to get to work,
     etc.)
   - Emotional needs (the uncertainty of COVID-19 on communities that were
     already in crisis creating a dangerous syndemic of chronic stress and
     acute stress, the impact of that stress of our children exacerbating ACEs,
     etc.)

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

Question 7: *How do we start this exact conversation with communities who do not see or do not believe that there are major systemic disparities across the board?*

-Data, data, data!!! We have to get data in mainstream communication channels.

- Remember that we are all in our own bubble. We each have implicit biases based on how we grew up and the norms that became entrenched or embraced. Try to see people as a blank canvas. Let people reveal to you who they are. Do not make assumptions.

Example: I posted on my FB page that Black people were dying at higher rates than White people. A White FB friend asked, " Why is that? Is it due to non-compliance? Not caring or what?" I replied with this video without my own comments. His response to the video was "WOW, I never knew." A new conversation and deeper friendship began.

2. Many people use Racial Equity Institute training. It is a great program, but it can leave some people hurting or angry if there is no follow-up.

Race Against Systems

Question 8: *In reference to charging cellphones to ensure communication in hospitals, do people also need to sign a release of information to stay connected with family?*

-An ED Physician actually suggested this. The answer to the release in NC and NY where I have seen this being done with no problem would be "no." The patient would reveal that their loved one is on the line to help them understand the treatment suggested.

ATTC
Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

PTTC
Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

SAMHSA
Substance Abuse and Mental Health Services Administration