

Dialogue4Health Web Forum

**Unique Perspectives and Innovative Partnerships – What AmeriCorps Members Bring to Public Health**

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[Captioner standing by]

>> LAURA BURR: Welcome to today's Dialogue4Health Web Forum. Unique Perspective on Innovative Partnership -- What AmeriCorps Members Bring to Public Health. We thank the partners and sponsors for this event. The Public Health Institute, the Center for Health Leadership and Practice, and the Corporation for National Community and Service. My name is Laura Burr, and I'm running today's web forum with my colleague Tanya Hammond. Audio is through your computer or headphone. Click the small telephone icon in the participants panel on the right side of your screen to see in dial-in information if you need it.

Now, I'm very happy to introduce today's moderator, Brenna Banwarth-Kuhn. Brenna is the VISTA lead for The California Opioid Safety Network. She creates programming and provides member support for the largest opioid VISTA project in the country. She's pursuing an MD/MPH as member of the class 2023 at University of New Mexico School of Medicine. Welcome to Dialogue4Health, Brenna.

>> BRENNA BANDWARTH-KUHN: Thank you, Laura and than a to everyone for joining us today as we talk about how AmeriCorps members are bringing unique skills to the opioid response. I would like to run through the agenda for today's presentation. The purpose of the webinar today is to discuss the unique partnership between AmeriCorps and opioid programs as a model for building public health movements of the future. We will accomplish this by first talking about public health as an evolving field. How the corporation for national and community service has partnered with opioid programs. And then we will hear from the three panelist, Anna Zepeda, Shaina Wolinsky, and Nicole Vavro who are all AmeriCorps members working with opioid programs across the country. We'll close with a panelist and Q&A. And we'll do one more poll and for this poll, we would like to know what your exposure is to AmeriCorps. So, A, maybe you were an AmeriCorps member yourself. B, you might work for an organization now or have worked for one in the past that had AmeriCorps members. C, your organization is interested in setting up an AmeriCorps program. Or D, you've never heard of AmeriCorps before. So make sure you select A, B, C, or D. And when you make that select, you hit Submit. So we have the results coming in.

And we can go ahead and close that poll with everyone having made their selection. And, so, we'll wait to see what everybody's exposure to to AmeriCorps is and, hopefully, everyone gets something great and learn something new, even if you are a AmeriCorps member

yourself or working with AmeriCorps for a long time and if you've never heard of AmeriCorps, hopefully this webinar will provide that information that you need to know what AmeriCorps is doing, especially, for public health.

So as we close the poll, let me see if we can see the results here. And, Laura, I'm having trouble with the results coming up on my end. There we go. Now I see them. So, it looks like 30% of people on the line were AmeriCorps members at some point. So that's really exciting to have you guys on the line today and 38% of people have worked with AmeriCorps before. 15% are interested in setting up an AmeriCorps program and 13% of the people on the line never heard of AmeriCorps before. So I'm excited to present this to you and have our panelist tell about you their work today.

So we'll start with a bit of background framing for why this issue is pertinent to the landscape of public health today. As many of you probably know and might be experiencing with your work, public health is currently going through a major transition, in both the workforce and the approaches to create health messaging and build movements.

The public health workforce that we have currently is shrinking with baby boomers reaching retirement and general job turnover. It's estimated that there will be a shortage of 250,000 public health workers by 2020. The gap that this is creating could be filled by new public health professionals. Between 2015, 223,000 people received a formal health degree and each year more than 25,000 students receive a public health degree at some level. While this is important and impressive, it will also be important to spark interest in public health and for students outside of the formal public health realm. For example, those working in housing, education, transportation, technology, they will have a huge role in helping improve the public health and make sure there's a sustained work and passion to meet the many public health needs.

As this new workforce begins their career, they're stepping into a field that is rapidly changing to meet the demands of merging in existing threats to the public health in economically and contentious environment. Even before the politics, public leaders have been finding ways to change the traditional framework for spreading public health message with mistrust in system and the digitization of information, a perfect environment has been created for informational echo-chambers.

People can more easily select information that fits their pre-existing beliefs, and these echo-chambers contribute to increase siloing and can make it difficult to spread evidence-based information on a broad scale. In order to bridge political and professional and social silos and build trust, a fresh and candid and practical discussion of the future of public health needs to take place.

These conversations can start with public health agencies engaging with community members and stakeholders from the public and private sector to approach health initiatives from the issues and communities feel they have the most impact on their daily lives. These include job security, housing, transportation, race is affecting some communities, community safety, issues that are generally referred to as social determinant of health. These exciting partnerships can guide the development of initiatives to foster shared funding services and collective action. Leading to a long-term roadmap for creating healthy, equitable, and resilient communities.

These cross-cutting issues approached by cross-sector collaboration is in part for public health awareness. One program that provides this type of service are AmeriCorps service opportunities from the corporation for national community service. So for those on the line who said you never heard of AmeriCorps, AmeriCorps places thousands of people into intensive service positions where they live with the communities they work with and they learn how to

leverage their unique skills to address the social determinants of health to improve lives, strengthen communities, and foster civic engagement.

The current opioid epidemic is an incredible opportunity to address health issue with this new public health approach. This is being accomplished by cross-sector partnerships. A strong focus on meeting the needs of affective communities and people with substance use disorder by promoting harm reduction activities, expanding access to Medication-Assisted Treatment service of his and supporting families and loved ones.

AmeriCorps is supporting this response through partnership with 210 programs in every state, 2,800 volunteers and \$27.9 million dollars dedicated to respond to the needs of the community around the opioid epidemic. Leveraging these programs can incite transform marginal changes within the health system where AmeriCorps members serve while investing in future leaders. It has been shown those who participate in service year experiences are three times more likely to stay in community and social service careers than their peers are.

So this means that service year can be considered as a strategy to meet the demands for scale labor and to address skill gap around leadership and organizational capacity in public, private and non-profit profession. Those who participate understand that creating healthy and equitable community requires engagement across issues and sectors.

As they complete their service experience, AmeriCorps members are building knowledge, tools, and harnessing their unique skills to think and act with the system's perspective. Because many AmeriCorps members are young, they bring the advantage of being digital natives. This familiarity makes it easy to learn new technological skill such as coding, data analytics and more. Many have the social media and understand the power of the platform to gain momentum and gain movement. Learning to appropriately leverage these skills will be important for reaching communities with accessible and real-time data and health information to build partnerships and bridges for diverse communities to come together to problem solve.

AmeriCorps has made it a point to provide opportunities to individuals from communities that are often left out, bringing important perspectives and experience to the table. It has been shown that AmeriCorps alumni leave their service with a cause driven mind sector not only believing they can make a difference, but being willing to and prepared to adapt their vision and go beyond traditional roles and relationships to interrogate the systems that produce inequity.

So today, we're going to hear from three AmeriCorps members currently expanding partnerships and honing their unique skills and perspectives to create a targeted response for the opioid epidemic in the community they work with.

The first AmeriCorps member we will hear from is Anna Zepeda. She is a coalition and a California Opioid Safety Network. I'll refer to the California Opioid Safety Network as COSN for the presentation. COSN currently the largest Opioid Safety Network in the country has 43 active coalition in the county with a network that reaches 90% of California 39.9 million people. Specialized Accelerator Program utilizing evidence-based curriculum to provide customize culturing and technical assistance and peer working to strengthen the impact of 32 local coalition in 38 counties.

The Accelerator Program focuses on strengthening coalition performance across five areas with special emphasis on coalition performance improvement and opioid strategies implementation.

Each multisector coalition looks different. As they each have distinct local partners. They continuously evolve to foster new partnerships and generate important dialogue between

diverse and sometimes seemingly unrelated sector. Coalitions provide a platform for the communities to come together to implement community driven initiatives that align with evidence-based practices.

Because of California's size and diversity, coalitions are working in a microcosm of the national epidemic, developing innovation and bringing solutions to locally defined priorities. Many of which could be implemented in diverse communities across the country.

To support the work of these multisector teams, and help expand their partnerships and capacity, COSN has partnered with AmeriCorps VISTA for accelerator coalition across California. These members work with coalition and their partners to help develop and implement framework to strengthen coalition structure and in turn strengthen their ability to implement programming. Their fresh perspective also helps push coalition to look outside of their existing partner and programs, and explore different avenues to have the greatest impact on the communities they work with.

Anna is an incredible example of VISTA that has expanded her coalition horizon. Before starting her VISTA service, Anna graduated from Chico State with a bachelor's in health science with emphasis on health indication. She joined AmeriCorps VISTA to help address the opioid in Butte County. And welcome, Anna, and we're excited to hear about your involvement and addressing opioid safety in Butte County VISTA.

>> ANNA ZEPEDA: Thank you, I name is Anna Zepeda and I'm with the Butte-Glenn medical society task force. So a little bit of background location wise, Butte County is in Northern California. It's about an hour 45 minutes from Sacramento. The county is mostly rural and tends to be both socially and politically conservative.

I have a peer proactive response versus reactive response. We want to be able to decrease the risk for an issue before that actual issue happens. In this case, it could be opioid misuse or opioid misuse disorder. On the right, I have a table with different indicators and where Butte County rings. And, so, so, California had a 52 counties and the county ring on the upper half. If you look towards the middle, we have the highest rate for utilization for opioid and heroin specifically. We have been the highest rate of opioid prescription for residents. In 2017, our rate was 1031 per 1,000 residents. We also have the 5th highest rate for neonatal op syndrome. This opioid epidemic is affecting our pregnant women and newborns.

So some things our coalition does, we have community education program for both the general and medical community. On your bottom left, I have a picture here. My host site is Butte County health department. And usually, I join in on their outreach events. So this one was with the child health and disability prevention program. And I was able to sneak in some opioid-related things. So I had information about safe disposal location for medication, also drug deactivation bag and brochure of opioid safety and how to use Naloxone. We're currently planning a dinner for physicians to kind of promote the exploit use of Naloxone and update with our progress of opioid epidemic locally. We've also been introducing harm reduction as a method to decrease opioid overdose and death. In October, I was happening to plan a 2 day training. We had the harm reduction coalition from Oakland and they came and told us about the different principles about harm reduction and how we can have harm reduction principles in our county.

Since then, we've been really promoting Naloxone use. So for the past year, we've been the main distributor for Narcan. And on the bottom right, I delivered, I think 5 kits. And these brochures about opioid safety to a private physician so he can give to his patients who are on either high doses of opioids or they've had a past experience of an overdose.

Right now, we are also tracking overdoses through the use of OD map. Which is a national surveillance tool. And although the tracking isn't happening in real-time, we get these reports monthly. We're still able to have a better understanding of where overdoses happen in our area.

So what makes our program special is when we have a really good working relationship with the medical community, our roots is with the medical society. So it makes it less resistant when we're promoting our educational events. And it's not just, physicians, but we have nurses and social workers coming to our events. We've been identified local champion to lead the effort and it's not just coalition, but also outside members. We have ER physicians who is a huge advocate for starting induction and opioid treatment in ER. We also have large Naloxone providers receiving care and it's a small network of referral among them. Since I've join VISTA, we've been able to have other physicians join us. And we have people play a huge role getting safety location across the county. Our law enforcement enforcement agency, one of them has been vocal about the use of Naloxone to use and to carry Naloxone. And on the bottom left, I have a screenshot. So back in January, we unfortunately Hamas casualty overdose incident. This was highly publicized. 12 people overdosed in the same location, and one person also died. So this brought community-wide attention towards the Naloxone as a life-saving drug.

And, lastly, we have this cross county collaboration. So being part of a California Opioid Safety Network, it gives us access to contact all across the state. On your bottom right, I have a picture of another news report where we had a symposium adjusting the opioid in Butte County and this was in March. And we had people from El Dorado row and people from San Francisco and I think this cross county collaboration where we're able to share resources and collaborate with others really makes the coalition progress, but also statewide. I think that makes us really successful.

So, what I bring to the program, like Brenda said, I have a health education background. I really like communicating and connecting with people. So on your bottom left, so this is the same symposium I had in March. I was in the back. I had different flyers. I had one on safe prescribing for physicians. And both emergency room setting and also primary care setting. And I also had the drug deactivation bag and some information about Naloxone. And I also speak Spanish. So that allows me to talk to few more people during the outreach event and since I grew up in a household where you only spoke Spanish, it really shapes the way I want content my career. I want to have materials that are closely competent across all different, whether they're different cultures or different languages, or different communities.

I also have a connection to the university. So the middle picture, this was the day to group photo of a harm reduction training. So lots of smiling faces. We had other VISTAs from the county come. And we also had nurse attendants attending too. And, so, this is the next generation of healthcare professionals as well as those currently involved in the opioid use treatment world.

What I learned about myself, is I'm very cause driven about passionate about the work I do. And on the picture on the right, it's the same medical symposium back in March, the registration fees were actually all donations towards the care program for the center. And this center cares for babies with neonatal syndrome. And babies being affected by the opioid epidemic, it was all 300 being directed towards them.

And, lastly, moving forward, it made me realize that in my career, I'm more focused on doing good and making an impact in my community. I enjoy making connections. I've also learned that I'm not as shy as I think I am. I grew up painfully shy. Those who know me from

middle school or younger know that I was very quiet and reserved. And sometimes I still have that mentality that I'm shy. But being in the VISTA program and meeting other VISTAs and having such a great team behind me, they helped me gain confidence and I'm really grateful for that. So this picture here is me and city councilor in Oroville which is in Butte County for the network we have by annual community meeting. And this was a poster session by other VISTAs and myself and we were presenting about things we were doing in the community. So it was really great to be a representative that can make change at this event. And lastly now, I'm 100% I want to continue in public health. I'm actually looking into a master's program for public health to be able to create positive change in my community for people who use drugs, or for other underserved and underrepresented communities.

Whether that's becoming a health educator or public health nurse. I don't know what field yet, but I'm excited to continue the journey and I'm grateful for AmeriCorps VISTA. And thank you for listening and I'll pass it now to Brenna.

>> BRENNA BANDWARTH-KUHN: Thank you so much, Anna. It's clear that your work has made a huge and sweeping impact not only the county you work in but surrounding county, so that's exciting to hear. With that, we'll go to our next panelist, Shaina Wolinsky. She's a AmeriCorps VISTA manager for the Recovery Resource Center in Birmingham, Alabama. Before moving to Alabama, she earned a degree of anthropology in 2018. She loves being outdoors, animals and yoga. So welcome Shaina, and we're keyed up to hear your stories to work with the only linkage treatment program in Alabama.

>> SHAINA WOLINSKY: Wonderful. Thank you so much. So we are in Alabama county where one of the opioid epidemic is hitting hard. Surrounding counties as well, but we found a need to set up a place in Jefferson County. So we found, to get into a state fund facility, you need to have a state funded assessment. And that was kind of the biggest barrier that we found that people didn't know and people didn't have access to it. So if you go into a private facility, that's a totally different ballgame. You just need to have some insurance or some funds and you're good to go to get your own assessment. So we do work primarily with spawned fund facilities because that's what our population can afford.

And another cool aspect about our facilities that our clients can get immediate support, we do one-on-one. While unfortunately, a lot of our clients have put on state funded facility waiting list. Just because the need is so much greater than what's available.

So like Brenda said, we're the only program of its kind in Alabama. And all of our services are free of charge regardless of income or insurance status. We thought that was the big barrier. A lot of our clients are homeless or without insurance or without finances. So that was a huge barrier.

We are a walk-in facility. A lot of our clients have moment of clarity. Which is moment of clarity is, oh, my gosh, I need to get clean and turn my life around. And I need it right now. So being able to have a walk in facility, we're able to monopolize that moment of clarity. We have an appointment for week out, then there's a chance we will never see them again. So we have a good relationship with other facilities. So we're able to get our clients some helpful factors and we utilize peer support specialist, which is awesome because utilizing peer support specialist is a great experience for someone in not in long-term recovery.

And they have to take a class and have to pass an exam and they're very open about their recovery story. So talking to someone who is a long-term recovery themselves, make you feel less judged. And really creates that welcoming sort of environment. So for me, I'm also from a

long-term cover. And talking to me would be helpful, but it would not forge that connection that was made with some of our clients.

And we also do free Narcan and Naloxone training that Anna talked about. We partner with different counties and Department of Health. And just a quick overview.

Naloxone is the opioid overdose reversal drug. And it helps to block the opioid receptor sites and reverse toxic effects of opioids.

We do it for free. Everyone is welcome to come in. We have professional staff. We encourage everyone has Naloxone in the home, especially if you have a family member that uses. Even if not, you can keep it in your backpack or purse. It's just a thing to have with you. We're a big advocate having our Naloxone or Narcan with you all the time. You're protected under the Good Samaritan Law. But we're very clear to say this does not take the place of professional medical help.

So, for me, my unique perspective, I am a little younger than most of my co-workers. So I can connect kind of our younger crowd. We are right next to the University of Alabama in Birmingham. They have a collegiate recovery community that we like to partner with. So they're right there with us. And we utilize them sometimes to even connect with younger people, people of their generation.

I have learned a lot about myself. I'm not qualified to be a peer. I'm not a person in long-term recovery. And I am not able to make assessments. So I have found that networking and tabling, so something I'm very passionate about is networking. I love to put our name out there. I love what we stand for. I love what we do. And I have learned a lot about substance abuse and recovery. You know, I have a degree in anthropology and it's not something we cover. So I came into this job knowing nothing about substance abuse. And now I'm able to share what I know with other folks and really, really complicated information in a way that people will understand. You know, if you don't know anything about substance abuse, and you are trying to navigate the treatment system, it's very complicated. And, so, being able to really provide complicated information is something I take pride in in a very important task.

So moving forward, I've learned that with my professional career, I do want to stay in the substance abuse field. I found that just with talking to people, substance use is not really talked about in K-12 education or university education. So it's really important that it's talked about. And I feel that's where I could really fill that niche. And we want to just continue connecting with others. I feel like that's a really strong field of mind.

And I just want to continue doing that. And I'm going pass it back to Brenna now.

>> BRENNA BANDWARTH-KUHN: All right. Thank you so much, Shaina. So it's really clear that the work that you're doing is not only bringing people to the table that may not usually be there, but it's creating this safe environment that's making it so they invite you to sit at their table and learn more about exactly what they're going through. So our next presenter is Nicole Vavro. And Nicole is an AmeriCorps member working with Mercy Health in Ohio. Nicole is a 4th year public and community health student at the University of Cincinnati. She will be pursuing her masters of healthcare administration graduating this fall. So welcome Nicole and we're thrilled to have you share your experience in this unique opportunity to connect with individuals as they come into the emergency room and connect them with treatment service.

>> NICOLE VAVRO: Hi. Thank you, Brenna, for that nice introduction. So I am in Hamilton County, which is I'm based in Cincinnati, Ohio. The Southwest corner of Ohio. So, as of 2017, Ohio led the nation in opiate abuse ranking in the country and we're right behind West Virginia. So between March 2018 and March 2019, Hamilton County had around daily average

of 7 ER visits the day for overdoses. And this data comes from the public health department and they get information from the hospital of chief complaint overdose. So the county has this data for the entire year 2018. They're around 347 overdose deaths. But it's important to know the overdose death were main cause of death. It does not include death that were involves opiate or other substances so this number could be higher.

So, Sentinel has become a more prevalent in our community than ever. And it's being seen in heroin, cocaine, and other synthetic versions create that had are put into other drugs to enhance the high. So in 2018, 88% of deaths were due to fentanyl or synthetic versions of it. 37% were caused by cocaine and main demographic of overdoses in Hamilton County are people age 35 to 49. Non-Hispanic White people and males.

So for our niche, we can be some of the only -- sorry. Members serve directly in a emergency room department. And we work with the nurses, the providers, anyone else to provide the highest quality of care for the patients with substance abuse disorder. And it's also important to note, our patient population has a lot of barriers to receiving treatment such as no insurance, homelessness, lack of support from other family or friends. We can be some of the only emotional support the patient has, ever had just by having a brief conversation with them.

We do this through, we've been trained to administer SBIRT. And we serve emotional interviewing when serving our population. And these people don't always receive time and attention for medical staff, because most are tied up with other patients. And our time and we have to get things done quickly. ER culture is fast-pace. So us being there to give someone that individual attention and the empathetic ear, what they might be struggling with is a huge part of our program.

So, from my unique perspective, I do, I'm in public and community health. So I have learned a decent amount of substance use. But I didn't think I would be able to adapt and drive and work in an emergency department, because I'm still an undergrad, and I have no previous experience. But I'm allowing myself to change and learning new things has helped me. When I first started, something that kind of always bothered me honestly was my definition of success and how that was getting someone into treatment for our program.

I did learn that that doesn't always happen. And to find success in little things such as getting someone to open up for the first time about their addiction to you and admitting they have a problem for the first time in their lives was like also a huge success.

I was also very -- I'm a very shy person. And I was really afraid to go into patient rooms and just talk to them based on, I was fearing failure, what happens if they yell at me, laugh at me? So getting out of my comfort zone and getting determined and knowing professional helped me in my position here along with my personal life as I become a lot more assertive.

I also chose to seek this position out. I wanted to experience this in healthcare. And I had no prior and I always had a interest to help people find barriers to treatment or access to treatment and I wanted to understand how large hospital system functions from an organizational structural standpoint down to daily operation and management in emergency departments. This position has made me more compassionate. And I've always been able to empathize with most people but I couldn't find myself doing it as much as I wanted to.

I personally struggled watching my own parents watching through addiction through opioid and painkillers. And, so, I was also passionate and sympathized with them because it was a hard thing to understand what in their past led up to their addiction. So I did have a negative perspective of the disease due to my own experience before coming into the program. I wanted to help my parents. But I did realize, like, I couldn't be the only one to do it.



And this position has showed me that every individual cares and empathy, because most times, they do not get it from people in their lives due to like the stigma around addiction. So learning more about what causes addiction and the barriers people face helped me become more compassionate towards my patients and now my family members.

And moving forward, our program has, I think, a pretty unique professional development aspect to it. We take professional development courses. So I've become a lot more confident in my leadership abilities. I understand what some of my strengths and weaknesses are now. And how to pair them with others to build like a successful team to like get thing done.

I have also learned so much more about substance abuse and how prevalent it is in Cincinnati. I'm personally from the Cleveland area, and it is prevalent up there, but it is so much more down in Hamilton County and this kind of program made me want to continue to work with adverse population to help them overcome the barriers. They have to receive treatment because there are just so many. This program also allows me to network and understand hospital leadership. It's made me found an interest in healthcare leadership and like Brenna introduced, I will be pursuing my masters of healthcare administration upon graduating this fall from the University of Cincinnati. And I just want to continue my work in healthcare as a leader and help redesign treatment for hospitals and provide access to the best possible access of care. So I'm going to pass it back on to Brenna.

>> BRENNA BANDWARTH-KUHN: Thank you so much, Nicole. It's really clear one thing that's coming out is that you've been able to adapt and make this a adaptive success definition. And then also fostering those connections that's building trust with communities and especially, communities that really maybe don't have trust in big systems moving forward. So that's very exciting and impressive.

We're going to move into our Q&A portion now. So just as a reminder, please submit any questions that you have in the Q & A Box on the bottom of your screen. And, so, these are how you can do that. Submitting them into the panel. And then we'll be able to answer those for you.

So, it's really clear that all of you have had some really incredible experiences, and you bring really unique perspectives and skills to this work.

So the first thing I would like to ask you to reflect on is: What do you see as the most exciting opportunity within the community you have served to address the opioid epidemic? And how can this opportunity be leveraged to build systems to respond to future public health events?

So we'll start with Anna. And we'll have her tell us her thoughts on that.

>> ANNA ZEPEDA: Well, I think the biggest opportunity that we have in our community is to continue on with Naloxone awareness. Like I've mentioned, the multiple overdoses in January really brought a light on to the opioid use in our community. Sometimes the opioid epidemic is seen as a national problem and not really like a "Us" problem. It's more like a "Them" problem if that makes sense. So I think we have a good sustaining point to continue on that conversation.

>> BRENNA BANDWARTH-KUHN: Yeah, that's definitely a huge opportunity is getting communities to realize that the things that are affecting the nation are also especially in your case affecting them specifically. So now we'll move on to Shaina and have her share her thoughts.

>> SHAINA WOLINSKY: I'm just going to piggyback off an enhancement we can expand our more Narcan training. Teaching about substance use is really still stigmatized in

2019. Unfortunately. And just really getting our community partners out there and really still getting our name out. We're about a year old, so we're brand new. And just getting our name out there. I think if we did that, we would be able to have a bigger, have more plans coming.

>> BRENNA BANDWARTH-KUHN: Yeah, that's always super important to build the network and get the community working on whatever the issue is. So that they're kind of driving the work that do you and your moral support. So now we'll move to Nicole to share her thoughts.

>> NICOLE VAVRO: Hi, yeah, I think so in Cincinnati, there are a lot of treatment centers and collaborations personally happening in the community despite the epidemic. We at Mercy Health are very fortunate because we have the Mercy Health collaborative to treat programs around the city that's been vetted by our health team and they're all medicated assistive treatment that's been proven successful.

So I think it's really exciting to get the other community members more engaged in it in creating these collaborations, because problems like this cannot be solved by a single person. And coming together and putting in a network where different programs have different strengths to add really helps and to build a successful system to fight the problem.

>> BRENNA BANDWARTH-KUHN: Yes. System building is always such an important piece. And that's really true, especially with the treatment options now and making sure people are aware of those. So you guys are doing really great work for that.

So, you've all talked about your future and your next steps. In what way will you use what you have learned in this experience that help address the challenges that we see around echo Chairman and siloing between the sectors.

>> ANNA ZEPEDA: Sometimes you have to wait for a good opportunity to come up. One project I was trying to get started last year is tracking overdoses, and narloxone utilization use of data from the various EMS services. But we never really got that rolling until after the overdoses happened in January. So I think that, and I know I'm talking a lot about that instance, but that instance really kind of jump-started a lot of our programs.

>> BRENNA BANDWARTH-KUHN: Yeah, and it's very fair to talk about that at length, because it was a really big event. And you're right, it did create a lot of the movement around that. So, yeah, I think that idea of waiting for the opportunity for them to kind of bring it to you is a really powerful way to get those messages out. So we'll go to Shaina.

>> SHAINA WOLINSKY: Yes, so I think one of the things that we talk about is not fighting for resources instead, we work collaboratively. Especially, here, there's not too many options. And we only have one publically state funded detox center. So a lot of people are fighting for funding and resources. So we need to start working together and working collaboratively and getting the word out there about the substance use problem.

I started getting more young people to work on a volunteer program and those people know about it and they share with other people and they share it with other people. So just getting it out there there's a problem and not competing for resources, but working together and sharing resources, I think instead of competing, I think would be a greatest help.

>> BRENNA BANDWARTH-KUHN: Yeah, that's always sometimes the competition makes it so that you can't move forward with the work. Exactly, that sharing is going to be so important. And we'll go to Nicole.

>> NICOLE VAVRO: Yeah, I think also learning just how complex this issue is. And instruct the idea that hospitals, clinics, treatment centers even, or treating the patient as a whole and addressing what other problems they may have. Like those barriers. A lot of times mental

health plays a role in substance use. And to provide them with like effective treatment, to keep them sober, they also need to address other barriers with mental illness and insurance, housing, et cetera. And they need, well, I can continue on on the health administrator route and I want to stress more holistic care in the hospital and facilities. Because people's medical problems are not only surface level. And if we want to treat people effectively, just reduce risk for further illnesses or relapses, we need to look at someone as an entire person and address everything they need.

>> BRENNA BANDWARTH-KUHN: Yeah, those social determinants are definitely so important to making sure that not only when you link somebody to treatment, but that they can keep accessing it and keep using it that the way they need and want to be using it.

So, when are some of the most unlikely partnerships that you've seen work really well as you've been going through your service? And we'll go to Anna.

>> ANNA ZEPEDA: Well, one partnership that we didn't have before we started was harm reduction services. With the new year and new -- with the new director, you know, we're really trying to incorporate the harm reduction principles into our coalition. So I think, you know, we really haven't seen it work yet, but I'm excited to see what could happen.

>> BRENNA BANDWARTH-KUHN: Yeah, that's also kind of hard, because you're approaching a community that maybe isn't ready for that? But it's really awesome that you, you especially, I can speak to this. I've watched Anna's work. She's really pushed her coalition to go to these place and reaching the people that need the most support. So that's really incredible. And we'll go to Shaina next.

>> SHAINA WOLINSKY: We haven't really been around long enough to make a appraisal connection. We've been strategic from day one who we align ourselves with. But just going back to competing for resources, I know it's not exactly the question that was asked, but, you know, that has been like trying to figure out who has resources where. Where do we want to get our resources from? That has kind of been, I would say, as close to the best answer I can give you.

>> BRENNA BANDWARTH-KUHN: Yeah, that's a great approach though, because it seems like in that way, by looking for the resources, you may be will find different organizations that you didn't expect to connect with or different individuals in the community. So I think that that is a really great way to approach that. And we'll go to Nicole next.

>> NICOLE VAVRO: Yeah, I would say for our program, our unlikely partnership is that we have this beginning flow within our emergency department culture and staff. And to make that work, we've been communicating with registration, nurses, PA's and physicians. And it needs to happen more, but it's slowly beginning to start. By having this open communication between someone's team coming from the emergency department, our program is more integrated into this culture. And it's finally begun to solidify and work more efficiently I think. A lot of times, our ED specialists do what they need to do to help the patients. And we have begun to try to work more closely, I think, with the whole staff to address going back to like what the patient needs inside and outside of just the emergency department care. And it is a slow process, like I said, but it is slowly beginning to happen.

>> BRENNA BANDWARTH-KUHN: Yeah, and that's so important and also like a big buzzword, because it's pertinent like creating a healthcare system and system of care so people don't fall through the cracks. So those are really great connections that your program has made. So the last question that we'll have is:

What advice do you have for people that are wanting to recruit AmeriCorps or create AmeriCorps roles? What roles do you think will attract candidates? And especially, speaking to the VISTA role and the idea that it's focused building capacity in the organization. So what type of opportunities do you think organizations could offer that would, one, help you advance, but also help the work? So we'll go to Anna first.

>> ANNA ZEPEDA: I think it would really just depend on what target group you're trying to attract. Like the college students. Probably emphasize the community involvement. A lot of us really want to get more experience with different communities, whether it's people who are, you know, using drugs or the people who make decisions. That would be my advice.

>> BRENNA BANDWARTH-KUHN: Great. And Shaina, what do you think about that?

>> SHAINA WOLINSKY: I think to set up a program, you should have a specific project in mind. Like when you have a VISTA come in, have a game plan of this is what the year is going to look like. And as far as what that project should look like, you know, for me at least, and I guess just depends on where you're located.

But networking, outreach, just getting names out there, getting your job out there. Because the more you can connect and network, the more you put your name out there and your resources you put out there, people will want to come to you and get more help. So VISTA should be really good at networking and connecting with the community.

>> BRENNA BANDWARTH-KUHN: Yeah, that is a huge role that VISTA plays. And Nicole, I know you do more direct service. So do you want to speak to those types of opportunities?

>> NICOLE VAVRO: Yeah, so, for me personally, I think this is such a unique opportunity. So creating like a more, like a stronger mission that speaks to people would be helpful. And also a program that has leadership development and professional growth which is also an important thing.

>> BRENNA BANDWARTH-KUHN: Yeah. That's really great. So thank you, guys, so much for sharing. We're going to start closing up. And thank you to everybody who submitted questions in the Q&A. So, a lot of the questions that were brought up addressed how to start AmeriCorps programs or how to find what programs already exist in your state. So if you want to learn more about that, you can visit [nationalservice.gov](http://nationalservice.gov) and on there, you can access all of the AmeriCorps programs. You can look specifically by state. And they also have other national service programs that are outside of AmeriCorps. So that's how you can make those connections. So with that, thank you again so much for joining us today. And I'll hand it over to Laura to close.

>> LAURA BURR: Thank you, Brenna. And thank you so much, Anna, Shaina and Nicole for your really powerful presentations today. And also, many thanks to the Public Health Institute, the Center for Health Leadership and Practice, and corporation for national and community for AmeriCorps for sponsoring this event. And thank you to the audience. Today's presentation and slide will be available to you next week at [Dialogue4Health](http://Dialogue4Health). You will receive an email from us with a link to a brief survey that we hope you will take. We'd really like to hear from you and know your opinions.

The survey includes instructions for getting a Certificate of Completion for this event. Thank you so much for being with us. And that concludes today's web forum. Have a great day!