welcome to big ideas and overdose prevention.

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Invest in health equity. My name is merleene Tucker. and i'll be running this dialogue for health Web Forum, with my colleague, Jeff Bornstein Thank you to our partner for today's event

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the national overdose prevention network, a program of the center for health leadership and practice.

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Now it is time to meet the moderator of today's event Dr.

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Mary Maddox Gonzalez. Dr. Gonzalez is a coach, and preparedness consultant for the California overdose prevention network.

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He served as the Sonoma County Public Health Officer and division, director and chief medical officer of the Redwood Community Health Coalition for Sonoma, Napa, Yolo, and Marin, Counties.

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And she's an associate clinical professor at Ucsf.

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She has been a board member and chair of the Latino Coalition for a healthy California welcome.

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Mary. Thank you very much, and welcome to all of you who are joining us today for what I think what you will find to be a very interesting and very relevant webinar based on the work that you are doing in the community

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we're gonna be looking at really what it takes to send health equity in the local response that each of you is involved in in addressing the overdose overdose epidemic.

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So i'm really a very thankful that you are all here. I'd like to ask the next slide great what we are doing today.

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Many of you has joined us for some of our prior webinars on the 5 big ideas in overdose prevention.

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These came out of the national overdose Prevention leadership summit in 2,021, and they include reaching people where they are at being willing to pivot, not a reinventing the wheel and building

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partnerships that work, and the topic that we're going to talk about today in investing in health equity.

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The next slide, please. the learning objectives, for today's session are to identify those areas for growth in each of your organizations in terms of your health equity, practices.

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We also want to list one way that your organization can address, health, equity in your overdose prevention strategies and identify a strategy to meaningfully engage with members of your community with lived experience in substance use. disorder We really want you to translate what you're going to

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hear today into the day-to-day work that you are doing it, addressing overdose prevention. What we're going to do now is to look at a video that was developed based on the several days of the leadership summit

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that specifically looks at the topic of equity and we'll start that video Now welcome to our video series on 5 big ideas in overdose prevention.

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The following clips are from the national overdose prevention: leadership summit.

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Focus on big Idea Number one: Invest in health equity. The opioid epidemic in the Covid 19 pandemic have revealed the awful truth about the war on people.

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So now we have to ask when we stop using the wrong drugs as a stick.

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Beat people in submission to scar them, to lock them out of mainstream.

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Society to use computer tags in the cloud that always identify them as felon for drug users, or both.

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We haven't finished with the old version of the war on drugs, we pay lip service to solutions, but we are still confronted with the attitudes of Edward Williams well-meaning on one Hair but very much

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prejudiced on the other. We also have to come to know that your young white adults, who perceive who are perceived as outsiders in the mainstream, have been targeted to sanctions although less than

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African Americans or hispanic President Nixon's have President Reagan's effort and even President Clinton's efforts all resulted in policies that fuel mass incarceration all because the prevailing

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view seemed to be that not being black or Hispanic is what made America great.

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What now? an ironic twist of fade! We are confronted with the commodification. marijuana, psilocybin, ketamine, India May Lsd.

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In other psychoactive substances. Silicon is on the stock market.

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Marijuana is on the stock market. and Cbd is in the supermarket. Yet we're still arresting people the very same things that American Indians, African Americans and Hispanic have been going to

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jail for for the past 100 years, and reach Wall Street for the real money to be made.

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The big money is not just about selling marijuana to consenting adults.

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In 19 states or medical marijuana in 39 States. it's about how to figure to cater to the International Convention on narcotics while making money from the masses and the drug war is about how to continue

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alienating and depressing people of color our drug policy should be about harm reduction, preventing treatment and recovery. we don't.

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We don't exist up here you know and and that gets into the politics

and treatment centers, and and just the most current information to be up here in the northern part of California.

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All of the tribes pretty much the are are suffering from the same thing of information and access to services, and you know the telehealth is a big thing.

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I think if we banned debt it together and and spoke up in legislature of you know what about us up here, you know, because we don't have the population compared to La! that.

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There's quite a difference of how people are treated up here.

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Health professionals have not been taught about the connection between injustice, oppression, and health.

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I remember less than 10 years ago, when I graduated from medical school.

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We learn about disparities, health disparities. You know there are different rates of said disease in this population versus this population.

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But there, there was never really a kind of an exploration about why, and there always seemed to be kind of an assumption that there was some in the like problem with the individual, or you know, genetics, or something like that when the truth

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is now that we know we are all genetically very, very similar.

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99.9% similar according to the genome project so it's It's most of the time.

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Probably not gonna be in it. Sometimes there are individual factors, of course, but but more focus on the upstream policies, procedures.

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Structural factors are very important. But I want shawl to really think about.

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How can I center racial equity in your workflow when you're getting to the groove of things when y'all are like firing stuff up, you're assigning roles you're differing it up

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you're making your project management plan you're doing all this, How? How are you bringing racial equity into that?

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And this is a really big question and it's gonna be kind of it'll be hard for us to talk about here because all of our workflows are so different based on organization the type of work we do the field we're in

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all of that. But it's a question that I think it's important for us to be able to sit with. because if we're not considering how is this coming into my workflow, how is every day how am I operationalizing

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this? What is my opportunity? What is the moment throughout this work that I'm like this?

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Is where I need to really dig in and understand the impact of this is that when you are finalizing the budget is that when you're figuring out how to use spin down money is that when you're doing hiring is that when

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you're writing this program plan is that when you're deciding which one of these requests you're going to approve versus deny, because you have limited resources and understanding that sometimes you're not going to have all those

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answers, and I really encourage you to get with your community and get with your leadership and get with other equity experts in your field, and really like, Dig into that.

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And I mean like, especially if you do anything in emergency departments or hospitals.

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But really considering like, where does this fit into my flow of work?

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Virtually all synthetic opioids that are extremely potent.

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And that have really accelerated the overdose death rate.

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You're seeing now it's very clear that this is a racial justice problem.

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So we can't ignore racial inequalities and other social inequalities in addressing our overdose crisis.

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And one very quick note about the reasons that Fentanyl might be accelerating.

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Black and native American deaths at faster rates than white deaths, even though white American overdose rate can continues to go up sharply just not quite as sharply.

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One reason is that black Americans in their native Americans are subject geographically to heavier interdiction and supply side drug law enforcement which destabilizes the

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The drug supply makes it also much harder for people using drugs to know what's in their supplies and have any control over that.

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Second of all in mass incarceration, has intersected with overdose in a big way, and that the period of time after release from prison or jail is an extremely high risk. Time for overdose people who are released have lowered

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opioid tolerance if they had been using opioids before, because they hadn't had access and had gone through withdrawal in jail or prison.

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Second of all, they are at an extremely high risk for relapse to opioid use.

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They often by law are ineligible, for a lot of social services and housing, have very difficult time accessing health care and drug treatment, and our experience now at very high rates to ultra potent opioids on the

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illicit market, including fentanyl so that's That's a big reason, big driver for these inequalities.

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So we talked a lot with folks about this isn't a choice people are making.

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This is part of their brain chemistry this is part of their their environment.

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They're up like the everything that they've been exposed to throughout their lives that have come to fruition together.

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So that was really helpful. I think the folks that understand it more from a medical standpoint.

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We talked a lot about medication, assisted treatment, and that abstinence, like the the sort of old school you have to be sober.

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To be clean is outdated, and really does not support families who are straggling towards recovery.

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That Mit is sometimes a vital piece of persons ability to thrive and and stay in recovering. Take care of their kids.

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We talked a lot about family separation and How it's especially harmful and traumatic for kids and again focused on.

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How can we reunify families faster, and also avoid separation whenever possible?

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So we talked about other options for safety measures to put in place where a parent and a child can continue to be together and bond as much as possible, and even in cases of separation, we talked about how to facilitate more

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frequent and more meaningful visitation with kids and their parents.

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And then, perhaps most importantly, we tried to help folks refrain the way they talk about substance use.

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So really just examining our language around substance use in people who use substances.

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And we talked about person first language, And this comes into play a lot when folks are in and out of fort, and having people talk at them instead of with them, and to them about their use, about their families, about their kids.

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So I think that that point in particular was particularly helpful for all the audiences that we had in those tree needs.

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So I want to read a quote from Harvey Milk, the late San Francisco City Council member.

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He was talking about the Eldgbtq community when he said this, but it could just as well be about people in recovery, because it's not enough to have friends and positions of authority.

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You have to involve people with lived experience. So, he said, A person in office can set a tone can command respect, not only from the larger community, but from the young people in your our own community, who need both examples and hope the anger and the

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frustrations that some of us feel is because we're misunderstood, and friends can't feel that anger and frustration.

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They can sense it in us but they can't feel it so as much as we want to be an ally and as important it is for to be an ally for people in recovery.

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We won't know and can't feel the anger and frustration that can come from being treated poorly by a doctor, or in an emergency room, or know what that shame must feel like or know the shame or sorrow

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from losing a loved one to addiction. They are only 2 metadata on clinics that are public in the border.

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They are both both located in California people that are coming from others from other places.

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In the in the border find it very difficult to get enough money to buy the method that they would need for at least one week, so they don't have to travel that much.

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So it becomes expensive. And the other issue that we think we have the the need of of of building with the with the psychosocial interventions and housing, and other opportunities for people.

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With this with this type of disorder and fighting stigma.

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So, and the other issues that we don't have medications for paying management. No.

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So we have different types of problems, and I think that the nationally we could help each other work.

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You know these populations that we share, and what we can do from a policy perspective to really improve and and access considerations with respect to substance, use treatment.

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First and foremost, we need to be investing in prevention and universal access to health care, not just for session shoes, obviously, but also for mental and physical health services.

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Focusing on schools, and our youth is critically important, investing in the future.

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Essentially as well as investing in and making sure that we have sufficient affordable affordable housing and a really strong safety net. In order to serve these vulnerable populations.

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Another policy recommendation relates to really shifting our approach towards substance, shoes, treatment away from incarceration and towards care decriminals.

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I decriminalizing substance use will be incredibly important to reduce the stigma that's long been associated with substance, use disorders, and for us to better treat it as the chronic and relapsing health

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condition that it is additionally data collection will be payful to better understand local needs.

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And then, you know, perhaps one of our most under leveraged evidence-based interventions, medications for addiction, treatment, or Matt.

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This is something that we need to expand across the board. We really have set the goal of having mat available in every site across, especially substance.

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Use system in the future, although there's a fair amount of infrastructure building related to workforce and financing that we need in order to get there to that goal.

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And so the sounds war rage, the sounds of discontent, rage, and I believe that part of that noise comes from a disingenuous war on drugs.

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It has lasted over a 100 years that needs to come to an end.

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And so we can answer the question of what now starting with and honest appraisal of what we did, and so that we can figure out what we need to do.

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Well, thank you. This is I think you will agree with me that this is such a wonderful synthesis of really the the pearls that were shared at the the national leadership summit on what we can do to invest in in

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equity. And just so our because and ended with the very articulate and important comments of Dr.

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Wesley Clark, one of the individuals who you saw in that video.

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It is my great pleasure to present, and that is Dr. Charles Hawthorne.

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Charles is with us today, very glad to have him here.

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He manages the California bridge programs equity and harm reduction work for those of you who may not be aware of the California bridge program.

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It's it's really a that they've become a leader in transforming addiction treatment, making and with this very audacious goal.

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Really that is becoming a reality of making treatment for opioid disorder available.

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2424, over 7 in every California hospital emergency department by 2,024.

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The pro with this program also includes very innovative solutions to address the growing challenges around stimulants.

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Obviously, Fentanyl is, is a huge part of the program, too.

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They also. a large part of the success is the fact of the California Bridge really emphasizes low barrier treatment connecting to ongoing care in the community through a substance use navigator and a culture of harm

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reduction and fighting stigma. The work with the program works with acute care hospitals to train prescribers, nurses, navigators, and also very importantly, raising equity issues and substance. use treatment.

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The California Bridge program is is a program of the Public Health Institute, and Charles joined the California Bridge program 4 years ago.

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He excuse me. He joined the the California rich program after 4 years of working in harmony, reduction and program development with the National Harm Reduction Committee Coalition.

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Excuse me. Charles joined the California Bridge to advocate for higher quality emergency services for people of color who use drugs. He has A.

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Bs. Bachelor of Science in biochemistry from Purdue, and is currently pursuing a masters in public health from Johns Hopkins University as a Bloomberg American Health initiative Fellow

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in addiction and overdose welcome charles We're very fortunate and happy to have you with us today.

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Thank you so much, Mary I'm excited for this as well well, it's i'm really looking for to this conversation with you, and just so everybody on the webinar knows charles and are going to have a little conversation right now about

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health equity issues. and then we're going to start an interactive portion where we're going to have you join in this conversation, and we're very interested in your perspective.

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Also. So you know we we really I think that video really presented some excellent perspectives on centering equity in the work that we're doing.

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How would you say at this point to the excuse me, what would you?

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From your perspective. You have a lot of experience with farm projection coalition.

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You're now at the California bridge for you what does it mean to center equity in our response to overdose prevention for sure.

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Yeah, I think that's a really great question I think where I would probably start with.

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That is going back just a little bit. So when we talk about the overdose crisis, and a few people kind of like hinted at this throughout that video, it wasn't something that just fell out the sky. So Kara tolls Dr.

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Tolls. Who is California Bridges, Director of Equity, she was saying a little bit about.

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We always have had a lot of these health disparities that exist, but we haven't really ever dug into them.

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The truth is, we are as humans. we are much more similar than we are different.

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If we are seeing massive disparities, it is likely something to do with the context that we are living in as opposed to this, and this like inherent idea that it has something to do with having more melanin or having a slightly

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different body, shape, or face shape. Likely those are not the things that are leading to these massive disparities that have happened.

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And so what we know is historically. the overnight crisis was created through systematic drug criminalization or the war on drugs.

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That was something that had spurned. We had this criminalization that was very, very heavily based on a race dating back to the late 1,008 hundreds around the criminalization of East Asian folks specifically Chinese folks and

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in San Francisco and California we have had a lot of criminalization around heroin and crack specifically around the black community a lot of criminalization around cannabis or marijuana for the

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Latinx community, and that criminalization served a political purpose.

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It served a purpose of helping people make help who had power specifically.

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White people who had structural power make more money and help people's businesses, grow it fueled a cheap labor source.

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When we think about the concept of the prison industrial concept, the prison industrial, complex, and how it works with the war on drugs, you, we were literally creating a class of people who would work for next to nothing that exists to this

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day. So there was all these things that served a purpose that the criminalization served a purpose to fulfill that created this situation that we're in now.

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And now, as we moved into this opus epidemic, we do.

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Sometimes we talk about it as the opioid epidemic usually how I refer to it as the overdose crisis or the overdose epidemic, because people are overdosing from more than just opioids,

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opioids are not the only factor that are influencing people's death and and immortality and morbidity.

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You. But all in all that conversation started coming out as white people were being more and more impacted, and that conversation changed almost to the point that we're having almost like 2 different conversations at the same time.

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Where we have on one end. we're recognizing like we need to be creating these new systems, for treatment.

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We need to be figuring out how to route people towards care.

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We need to make sure people are in longitudinal care, and at the same time we are still arresting people for drug use.

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We are still criminalizing people who sell drugs We are still deporting people of for having drugs on them for selling drugs.

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We've had this entire thing that's been going down in San Francisco like almost yearly for the past 2 years, where there's been these massive events of immigration and customs and police coming together to

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arrest drug sellers who are from South America and deport them as part of a deportation plane that has nothing really to do with the drugs or the harm that comes from it.

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But just the aesthetic of the city, and not wanting to see certain people, and not wanting to see certain people around.

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So, as we're coming to actually talking about what does it look like to apply equity in our overdose crisis.

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But I think one of the big things is recognizing that, recognizing that so much of what has created this overdose crisis is very fundamentally rooted in the generation and creation of inequities, and we have to actually kind of

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pull that up at the root, We can't just keep on putting all these Band-aids on top of things, and thinking that it's going to be fixed.

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So it looks like more than just like you know putting different people's pictures on brochures.

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It looks like more than just translating our information into different languages.

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While those things are really great and incredible. short-term solutions, a lot of ways, it still kind of centers whiteness.

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It's still centers this concept that what we all have access to the up to care if we would just seek it.

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We all have access to these tools, if we are bold enough to go after them, or we're strong enough to utilize them.

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And the truth is, we have to really get under this. We have to actually change these systems that have harmed people over the over centuries.

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At this point systematically harm people of color systematically harm queer and trans people disabled people, women at all different ways

that are oftentimes also intersecting, because people don't only hold one identity ever and I look a lot of

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times. What it looks like is you know reparations not just in the form of giving people cash, but also in the form of transforming our systems to the point that they will never cause harm.

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Again, and that is really what it means. to center equity we're thinking about how we're making sure that no matter how how people may feel about people of color. How are we making sure that the most racist person working in our organization, does

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not have a structural power to cause harm, systematically to people of color, and we have to really change our systems in order to make sure that that's what's happening.

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Oh, Mary, you're muted thank you very much charles excellent comments and and I really like the way you put together this framework, this this very the history that has had such an impact on this whole situation given everything.

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You've said, How do you take those that historical context the framework within which we're working?

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And influence equity in the work that you're doing how do you really transform that into this history of policies.

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The more on drugs, all of that. How do we take that history, and then to use it to confront the present?

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Yeah, I mean, I think that's something that happens at a few different levels.

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So we have this individual level, which at first is like us.

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Recognizing it. I tell this story sometimes when I do harm reduction trainings, and I do want to say I I love my mom very much.

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So this is not a slight to her. We she also does trainings for her

job.

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So we tell stories about each other. but I would tell people when I was young, and I would be walking down the street down town with my mother, and there was a person who was, you know, They appeared to be homeless who was sitting on the corner, and

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my mom sometimes would look at me and say like you know What That's what happens if you don't do your homework.

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Those are the things that were taught throughout our lives in these subtle ways.

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My mom is an incredible person, and these are the things that she was taught.

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These are the ways that we have learned about Home House people, about people who use drugs, about people who look a certain way.

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And until we start actually like peeling that apart and getting uncomfortable and being able to process through, what are all these things that I was taught about people who use drugs?

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What are these things that I was taught about drug use that actually aren't, too, that are actually causing more harm that are preventing me from doing my job or doing my work in a way?

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That is actually caring for people, and that is a lot of times that individual level.

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And then from there, when we come together, we have to start thinking about.

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Who are the people who are missing, who are the people who have been historically disenfranchised from our groups?

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Solar cells, so that we're not able to include them in these conversations?

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And how do we make sure that they are here? and they have power to be a part of this conversation?

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That's something that I think comes up a lot in so I like Mary mentioned in my bi in my bio.

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I'm currently in grad school I go to johns Hopkins for my masters in public health, and one thing that we see so much is research is an overwhelmingly white field because of the ways that people of color have

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been historically disenfranchised from the academic network from academic opportunities, and that means that when we're doing research around public health, that there are people, and there are people there might not be people in that room who can voice

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the ways that the programs that we are creating might not adequately connect with a lot of different social groups.

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There are people in that room who might not be able to talk about the data in a way that actually represents it in a true way.

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You know all these questionnaires and no matter how quantitative or qualitative they are, they're still so much of our of ourselves that are put into that our own framework, our own perspectives that are put into the way that we

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create and both generate and evaluate our data.

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And so the more that we start to include different people who can give us a different idea of hey?

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Maybe that's what you see in this data but That's not what I see. and we need to talk about that, and the more different people that we have having those conversations, the more different people that we have in that room and the more

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power that those people have, especially people who have been historically marginalized, the better that our research is going to

get the better that our knowledge is going to become and the better programs.

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And and systems will be able to create from that absolutely. I mean, you do a good example of the surveys.

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Even what questions or ends are asked in that you know what what the relevance is.

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The actual design of those instruments, and so much research that is really so predominantly white, and excluding particularly individuals who with lived experience with the topic.

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That's whatever the topic is. Yeah, yeah for sure so when you know you've done a lot of work, I had specifically in a California bridge program where you've had to kind of operationalize these multiple concepts that you

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and in context that you've talked about can you give up some examples of how you've done that, and also, when you talk with people about the issue of centering equity, what are the most frequent questions, or where do people get a little

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stymied when they're when they're trying to do this.

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Yeah, I guess I can kind of answer those together. so there's a lot of different questions that come up a lot of the times. So I mean one of the most common ones that I get is like well how do I do this if

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my leadership Doesn't want to be a part of that and That's one of the things that i've really enjoyed about doing this work at California Bridge.

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It's very refreshing to be an organization where we have a lot of support in doing this work at all levels of the organisation, because it just makes it so much easier.

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To push things through, and that's really like oftentimes one of the most common questions you have people who do frontline work.

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You have people who are maybe more of the people connecting with the community who are directly interfacing with it, who are saying this is a problem, and I'm not really sure how to solve it.

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And my leadership just isn't interested or they they don't know how or they don't know what's going on.

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Also things like who should be involved that's a big question That's one of the questions that we're kind of navigating at California Bridge right now.

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So our work primarily We are primarily working with health professionals, so we work with doctors, pharmacists, nurses, positions, assistance, substance, use navigators, behavioral health navigators in our hospitals and

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we support them in supporting patients, and so we oftentimes have the questions of, How should we be? Who should we be having to be a part of this? How do we involve patient voices?

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How do we involve people who use drugs that in a way that is effective and efficient, and ensures that their voices are being heard, and they're actually having an influence on our system, and that's something that we're experimenting and trying

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to figure out how to do. Now, some other questions are things like, Who do I talk to to start doing this work?

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I think this is something that i'm really happy to have come to California Bridge, because, you know, historically like this is work that we're all that is very new for a lot of organizations.

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And so prior to me, coming on and prior to kara that's coming on to start with this equity work. That was one of the questions.

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California Bridge was facing, and at this point I was also working with California Bridge through my work at National Harm Reduction Coalition.

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So we still had a good report at that point. But there was a lot of there was.

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That was what was happening which is like none of us know how to do this.

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We know It's important. we know we have to kind of start chipping away this issue.

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We know that It's a really big problem But where do we even start And I think my answer usually for that is just like you just gotta go There's not really a there's not really like a great answer of just like, Oh,

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you do This needs evaluation. and then you get the results from that, and it's like no Sometimes you just start.

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You just start asking people, What do you need? What issues do you see?

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And how can we fix them and that's been a really powerful thing to see at a California bridge specifically, where we have started shifting the ways that we do, hiring? So we hired a couple of new people and we sat down

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as a team in our in our Racial equity committee and said, Okay, well, what does it look like to do?

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Equitable hiring. what's look at the process flow Where are the opportunities where inequities might be introduced?

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What questions do we want to ask in order to ensure that these folks who are coming in, who may be an entry level role, still have some awareness or sensibilities around equity and and race that they can bring into this work and

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really taking time to craft that and then also being comfortable getting it a little wrong and coming back and trying it again, and not feeling stuck, or like when we make a decision.

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It's there forever. it's like our world is constantly changing.

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We can constantly change right along with it, so just I really encourage people to just be flexible on this work, just because the more you try to remain stiff and not move with it.

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You're just more likely to get left behind in the process and and not be able to actually build towards the equitable world that we're trying to see Thank you.

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I really appreciate the fact. you say don't be afraid to fail. Sort of can't be you really can't be because you're going to, because this love is really ingrained in us one of my I got I will call her a mentor

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but she probably would hate that. But one of my mentors, Eliza Wheeler, who has led the pretty much all of the nalox.

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So all the work of helping Naloxone get into the hands of people who use drugs in this country for years.

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At this point she used to say this thing to me around harm: Reductionists fall in love with being wrong.

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We fall in love with every time you come into a new session around disability, or a new session around feminism or around immigration.

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And you've learned about some random law that influences how people move, and it completely changes your worldview where it's just where it's a thing of thinking about like the interactions of these governmental organizations leading to people not having

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access to the care they need where when you have something like dpw like departments of public works throwing away people's things, and then they don't have a birth certificate, and now people are wondering why they

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aren't registering for medical or why they aren't getting these things, and it's like well, because there's all these different things

that are influencing and making it really really hard and one of the things that I that makes it a lot easier to do

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this work is just getting comfortable with like having your world rocked. having, like the way you see the world just really aggressively switched because the wool is pulled over our eyes so much.

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There's so much intersection so much like intersecting concepts and and laws and policies and practices that kind of create a bit of a shield that makes it hard to see the reality of what's going on

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for people. and a lot of this work is just clearing that away and saying, No, that's actually not acceptable.

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We have all these ideas around professionalism. We have all these ideas around what the medical institution is supposed to function like.

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We have all these ideas of this is this person's job that's that person's job that's that's person's job. But we can't change it and it's like actually we can we can change whatever

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we want, if we want to, and more importantly we have to be able to criticize these systems and we have to be able to note how they're not working in order to help them.

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Get better excellent. I completely agree, and and you know as you said, articulated so well that that institutional racism all of this is, it's the complexities of it. the the degree to which it's enmeshed with legal

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systems, with with structural systems, with hierarchies, everything to to really disrupt, that we have to do as you say.

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Get in there and do it, and and we are going to fail, and we keep doing it.

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But it is such a complex issue, but it is such a urgent and necessary issue to address.

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If we're going to be successful so so I it's just wonderful to hear how the work that you've done, and you know that you continue to do in both of your Jobs and will only increase now with your masters in public health, and all the

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work you're doing with it with johns hopkins It's just great from your mouth to God's ears.

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Let's do it Okay, we're going to now give the audience an opportunity to interact with us on some of these issues.

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We're going to provide you with with 3 questions we're going to put the questions up on the screen, and really think back on the video on on the excellent comments that charles has has made and your experience what you're doing on

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a daily basis. Your lived experience, and then we're gonna have ask you to take a minute.

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We're gonna have a little bit of silence there for a minute so that you could think about this and then there's a Q and a part of the the at the bottom of your screen. you'll see the Q.

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And a area. We want you to enter your thoughts, your reflections in there and then.

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Charles and I are going to be talking. about these and and have a discussion about you know some of your comments that you're going to make.

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So we're starting off. Oh, what does it mean to meaningfully engage the populations that you are serving This is very individual to what the work that each of you is doing with an equity with equity in mind?

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So think about that. What does it mean the meaningfully? engage the population? You're serving with X equity in mind?

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Then we would really appreciate all of your comments, your reflections

in the Q. and A.

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Section. give it better minute, roughly to to think about that.

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I like. I would like Charles had to sit with it great and thank you already putting things.

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This is wonder we've got a lot of people already making comments.

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Okay, i'm gonna mention some of these and then, and also, Charles.

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But please take a look at these and welcome any comments you have about these reflections from our audience.

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Yeah, and continue to continue to write your thoughts. Yeah, and no one here, Emma had said, understanding.

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And then responding to barriers and engagement. and somebody who was anonymous, which is fine, had said, active, listening as well.

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And I love kind of those concepts together. like actually listening was something that I used to train a lot of direct service workers on when I was in my previous role, and I think it's always always so interesting because usually how I would open up that session was this

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is actually skills that are gonna help you in your entire life, because none of us are really ever taught how to actively.

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Listen And oftentimes that is the root of a lot of relationship issues as well, which means that it also scales up through our professional relationships through our program creation relationships.

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And so that combination of sitting with people and being able to actively listen as a way to ensure that you are completely understanding as best that you can, the issues that they're bringing to you, and then taking that, and responding to those

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barriers when somebody says it's hard for me to get in here.

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I know earlier in one of the other questions. Somebody had mentioned something around transportation and helping people get to their care.

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That's a barrier that's a huge barrier a lot of times people, if you can't get there.

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We are in a very car appendic country, but and if you are not able to make it to your care.

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You don't get your care. So how are we navigating that, and for some ways that might be on a small level of having like a hospital van.

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One big ways that might be advocating for public transportation and thinking about what is the role of health providers and advocating for our robust public transit network.

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That's like the big equity things that's where it goes past, just like, you know, having a committee to actually working towards policy change on a practical level along with the lines of what You're saying Charles I saw that

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April was saying, How are there practice tips on?

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How to remove bias, for example, from surveys.

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How to go about that. I mean that's a little harder just because it really depends on the type of survey, the type of analysis, the type of research that you're doing everything from focus groups to all of that And I mean something that is like

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a really common piece of doing that is, you know, testing your instruments.

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You go out and you talk to people who you're going to use them one. And you record what they say and then you tell them what you got from that, And they're gonna tell you Yeah, that's right?

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Or no, you are way off and that's what's going to help shape it. and a lot of the times when these instruments are tested. They're tested around like you know, is the technology working can some can people read it

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through the words, make sense, and those are all great But even diving in and saying, What does this mean to you?

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When I say that. are you excited about coming to work today?

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What does that mean? No, i'm not excited am I am I some people might say, No, i'm never excited.

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I'm here? Because I get paid. Why are you asking me That question is what and what somebody might receive from that who's doing the research might hear?

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They hate their job. they don't want to be here but what that person might mean is, no, this is a transactional relationship. i'm here.

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If you stop paying me, i'm not coming and that's something that happens so much when we have these cultural differences of how we understand words when we have these these kind of community differences and how things are understood and how we remove

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that bias is by ensuring that the question that we're asking is actually being received and answered in the way that we understand it.

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And sometimes that means that the questions that we're asking aren't good questions, and so, being able to just like you know, sit with that, and and adjust as necessary to make sure that you're actually you know getting the information that you want to need

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in order to have the public health impact that you want to need.

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Yeah, really important. And and it reminds me also that it's somewhere.

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The concept of truth grounding. you know, when we get data taking that

data to the community, to those with lip experiences, does this resonate?

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Does This is this in sync with what you're you're experiencing, because often it may not be and we really need to have that iterative process as individuals involved in the development of the surveys of the data of the

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research, we're doing yeah translation is huge I am a huge translation state.

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I'm like I love it always I think every research paper that is produced ever in the world should come with a little Pdf.

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One pager at the beginning. That explains everything in it, and 200 words and some pictures.

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That is like the only way that we are going to get to a point of like high quality.

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Health literacy in this country and and a lot of times that's not funded. That's not there's no money or motivation for researchers to do that except for the fact.

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That that's sometimes how you make sure that your community knows what's going on. And again, it's a reflection of a is of a institutional racism with individuals without lived experience creating that research and creating the surveys and everything

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and it's so it's a it's it's it's going to really open things up.

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But we have to be doing it. We have to be implementing that there was several comets. Your comments are amazing.

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I'm trying to frankly capture all of them because they're each of them is is so excellent the idea of not making assumptions, making sure that we understand what's individuals experienced or on keeping an honest open

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mindset. let's see I am with there just so many comments here, and I would really invite you to read all the kind of questions and comments in this area. and it's hard to respond to all of them but learn how

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individuals. populations have been oppressed, or their needs have not been met in the past.

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Then work together to overcome issues, same opportunities for individuals.

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No one left behind create a two-way discussion with in yourself in the population. you're serving many excellent comments.

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It looks like a lot of you are actually doing a lot of this work, and we can encourage you to continue to do so.

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We will collect these questions, want to make sure the your responses want to make sure that will be available to as part of when this is all recorded.

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I want to leave time for other questions, and I know a lot of what we're talking about in this question.

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We'll come with the additional ones and I have the next question please.

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So what is your own organization done to embody equity principles?

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How are you practicing what you preach and you know that this can be concepts? I mean, in the California Bridge program actually developed an equity section is, you know, that's an institutional commitment as an example But there Charles was also

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talking about very specific things, about looking at hiring some of these things.

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What is your organization and done? One person made a comment I wanted. to mention that there's so much emphasis on evidence based that sometimes it doesn't allow for what Charles was talking about.

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We need to just try things now. we can't wait for the evidence base.

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We have to go to promising we have to find this out.

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So share with you have found to work in your organizations so i'll give you a minute to again Sit with this one, and please enter your comments and reflections in the Q.

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And a section, Emma had said, a racial equity impact assessment for our coalition's, action, plans, and practices.

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I really like that. I think impact assessments are super cool, and they can help See?

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Help us see like you know what are we actually doing to connect, and what pieces of our program are working, and which pieces are not, and like just to kind of add on to that.

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That's also the what's also important within that piece is Mike.

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We were saying earlier about that instrumentation thing testing our instruments.

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All that, making sure that what we are trying to measure as the impact is actually what we want to measure.

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And it's actually what matters as far as How are just also just 2 very huge things, very important.

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I love this circle. discussions to explore our own biases currently engaged in a policy review that's from Mia Claire.

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The loose, hiring, bilingual by cultural health promoters serving as culturally appropriate patient navigators having provincials involved in Grant applications. program Development great actually involved in design.

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That is so important. So how can I see all the comments and questions mentioned?

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So I think Arizona Yeah. Ari sending Oscar area is sending you a note.

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One thing I used to get confused about I used to look at the chat section.

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Make sure you're looking at the q and a section because they where most of us used to used to using the chat.

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But Okay. Other other examples of what your organizations or do are doing here's one providing a grant to Cbo partners to lead an assessment process, interesting getting training and tea on what validated questions exist How

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assessments are conducted. Cbo has complete control over what questions are asked and instructions they structures they will use to gather community data.

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So that's kind of you know we're you know we I always love the African property.

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If you want to go fast go alone if you want to go far go together, and the work that we're doing is very dependent on our partners, and we're most effective in coalitions, and working with cross partners, but it's

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It's not just our organization an equity discussion it really flows through our partners, so that's an interesting approach. Katie defines says that I've been assigned to reach out to those who would lived experience to

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join a recovery oriented system of Karen in her area.

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Very interesting. Oh, and I thank you so much for joining us I hope I'm saying you're right name right, Ardanisi. but you got to get back to the ed definitely important work to be done there.

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Thank you, and then we have some suggestions on better times to have our meetings.

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Thank you for that. also. community members joining board. of directors to build the organization while building their capacity.

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Yeah, that's really getting them in positions of leadership Charles made a comment about.

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If you see racism with him, a leadership within the the power structure of your organization, how do you address that?

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But preventing is a great way to do it, but you know is, and this is a way of building a stronger, more resilient organization.

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April, involved in building equity with partners in the community, using language as well as bias.

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Recognition role of trauma, including racism, trying to best to ensure that all folks are engaged and have access to opportunities to lead to healthier lives.

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Creating a committee formed of employees working with a diversity and equity advisor from an outside source. And there are a number of resources available.

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Charles, are you aware of resources available specifically to the issues of substance?

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Use of recovery and equity that might be out there Well, it's my job to start creating them so check it in like 2 months.

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But there, there are a few i'll make sure that I send along some links for the follow-up.

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Email. I have them like saved in some in some folders.

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But there are a few groups that are starting to get this work up and going.

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I've really enjoyed the working with the black harm reduction network over.

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They've started. We started a kind of doing some new things with that. And there's some really powerful people in that group who are starting to think about harm reduction, and how it interacts with substance use treatment and all these other resources.

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That we've been generating and how we're ensuring that black people and people of color are able to access them in an equitable way.

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Yeah, and there's a there's a few more i'll be sure to send those along with the follow-up email so you can make sure to find them.

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Thank you very much. and and there are also resources that are not specific to substance use, of course, which in recovery, which are, you know, there's some excellent resources out there.

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We'll try to include some of those Broader focused resources that are out there and available.

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Katrina is saying she's scared a grant to teach health literacy program called Heel, called to William Merits of partnership with the library, teaching people to be better advocates for their own health and work with health care provider

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to be better communicators. and it's really important on the on the health care system, too, that that we become better listeners, too, you know.

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And hopefully, we have those trainings, too, very important to be active listeners in the work that we're doing.

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Great. and oh, I will share that that phrase in the chat definitely happy to do so.

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Great. I want to make sure again that we have time to get to our third question.

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So we're going to go to that right now? thank you Okay, So what are the challenges?

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The biggest challenges or roadblocks that you are facing in practicing health equity in your settings right now in the work that you are doing. give you some time to to respond to that.

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And I did just put that African property in but i've always, when I hit return, I always end up getting the news.

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It's all one proverb there great so Let's see. So we've got lack of leadership support for training and development for staff about equity structural policies like Barrier Julie I'm trying to barrier crimes that

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I think it might have been cut off. then policy, formulation, creating workplace environments that provides transparency, fairness, equal job opportunities and merit-based promotion?

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Then we do have a question what resources are available for for ode might be.

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I think it's prevention and Lgbtq for the Lgbtq community.

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Charles do you have some information about. that Yeah, there's a few groups that do some really great work around this i'll be sure to to pass those around as well.

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But yeah, I think that that's kind of the thing is like I think public health in general we tend to want to like stand on the shoulders of giants and build on work that's already created.

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But the truth is is like this is an emerging issue we're figuring this out as we go like that people in this room are the people who are creating these resources like that's us That's what we are here.

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To do, and so I definitely can send you people I definitely can connect you with organizations that are doing this work.

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But there's not necessarily like you know a hundred-page guide about how not to be racist and overdose care.

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There's not like a 50 page toolkit on what does it mean to about Here's everything you need to do to make sure that when Trans.

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People come into your clinic they're getting everything they need there's like examples, and there's opportunities.

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But things are just so. everybody's so different every program is so different.

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And that means that we're going to have to really start to create these things as we go for for each of our individual places in this field. But what I do have I will make sure I send along with the follow up email for this

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so that we can. You can give you a solid place to start.

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Thank you. I do want to mention a couple of these other comments.

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This is a really important one. hiring We restrictions of limitability to hire peer support workers who've had a criminal justice involvement. go ahead.

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That's a big one. I just want to give a huge huge shout out to Northern Inyo Hospital district,

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Which is a hospital in Northern California. They were actually the first hospital to start doing syringe access out of their emergency department.

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Quickly followed by Highland Hospital in Oakland, and they went.

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I was talking to one of their their leaders, Iileen Brown.

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She was talking about how, when she wanted to hire their navigator for their hospitals, she had to go through their Hr.

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Division and have a lot of conversations with them about how They They're hiring practices about understanding like Yeah, the people who we want to hire for this role when you do a background check on them.

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It's not going to come. up. sparkly clean it's not gonna look like they have just been sitting in their house since the day that they were born like they're gonna live some life.

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And they're gonna have it on them and I think 1 one end we can kind of say that yeah, that shouldn't happen we shouldn't be excluding people from roles because of their past We shouldn't be excluding people

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from roles from any sort of you know. drug-related health related even at a certain level.

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Poverty-related crimes, all those different types of beings, and at the same time what's also happening is?

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Those are literally the people who you need to have in that position to make sure that you're doing the work so on one end.

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It's like it's morally wrong to exclude those people, but it's also functionally wrong to exclude those people, and that's often a conversation that you might that needs to start to be had with with human resource

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directors hiring managers, leadership who who might feel differently because I have seen so much where people hire these sparkly, clean navigators who have never lived a day of life, and it's really really hard for them

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to connect with the people coming in the door thank you Charles and I've been so engaged in this conversation that we're at the end of our time.

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I really want to thank you for being here for for your contributions to the to our conversation today, and thank you to all of you who've made comments. Sorry we were not able to get to all of them it's. I we will again this will be available for you to see

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on the Noopam website, and I do want to let you know also about some upcoming webinars to upcoming. webinars. Have the next slide, please.

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We are going to have the trauma-informed practice part 2 very important part ofxic stress and burnout. and this has become a particular issue with with Covid.

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That is, tomorrow March the tenth, and then our next session on the big ideas in overdose prevention, building partnerships.

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That work will be April the twelfth, and we hope you will join us for that.

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Thank you all for joining us, and we really appreciate your being here.

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Here is the website link for for an open for national overdose prevention network.