Lobby

Ice cream or sorbet?

Type your answer in the chat!

Pacific Southwest (HHS Region 9)

PTTC Prevention Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Asian & Pacific Islander Caucus For Public Health

National Asian Pacific American Families Against Substance Abuse NAPAFASA

Two years in: Reflections on best practices to promote mental health and prevent substance misuse among Asian American, Native Hawaiian, and Pacific Islander communities since COVID-19

Marielle A. Reataza, MD, MS (she/siya)

May 23, 2022

Disclaimer

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Housekeeping

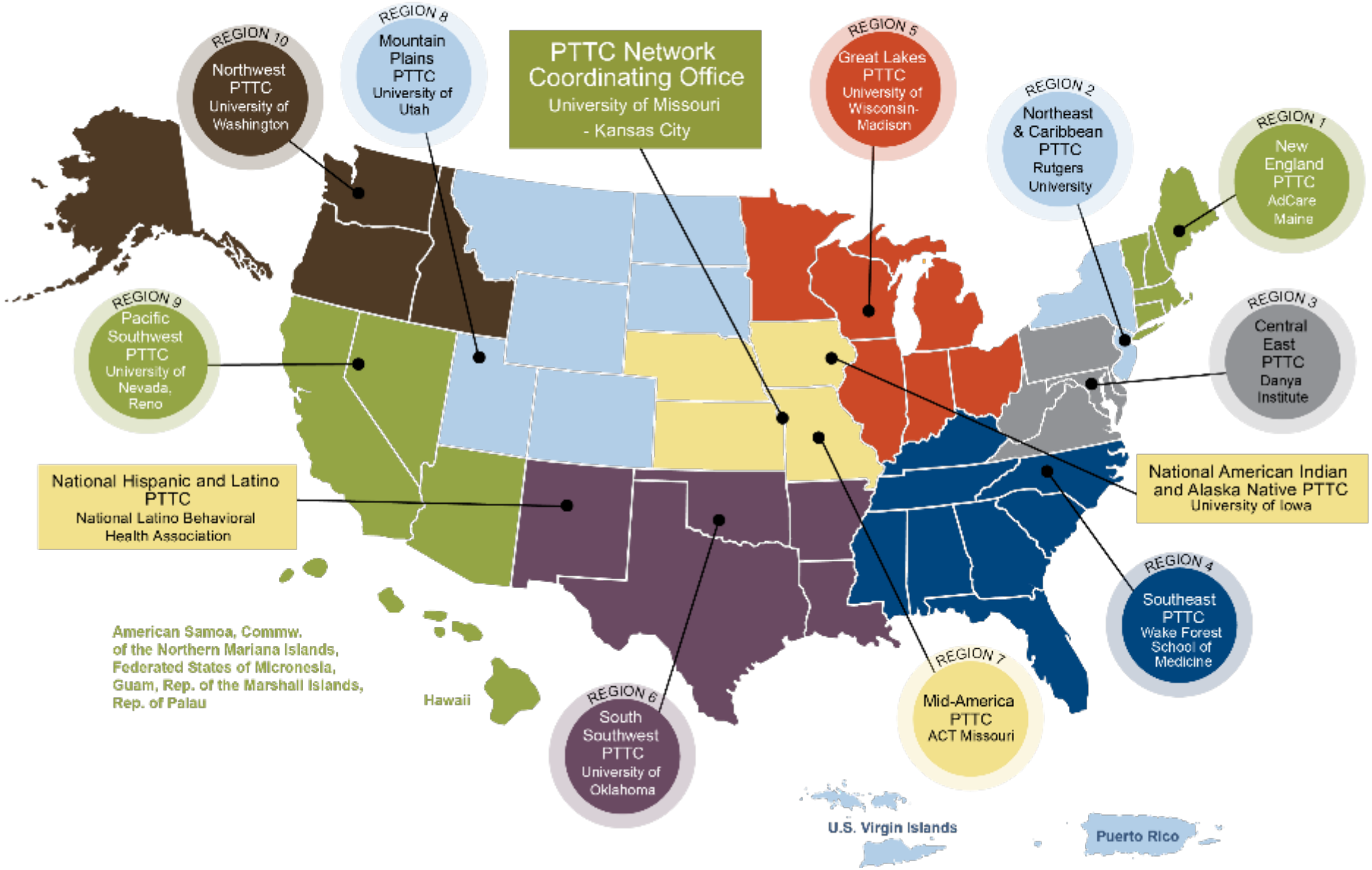
- For technical support, email Karen at ktotten@casat.org
- Learning session recording and materials
- Certificates of attendance

PTTC

Prevention Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

PTTC Network



Purpose of the TTCs

Develop and strengthen the **workforces** that provide substance use disorder and mental health disorder prevention, treatment, and recovery support services.

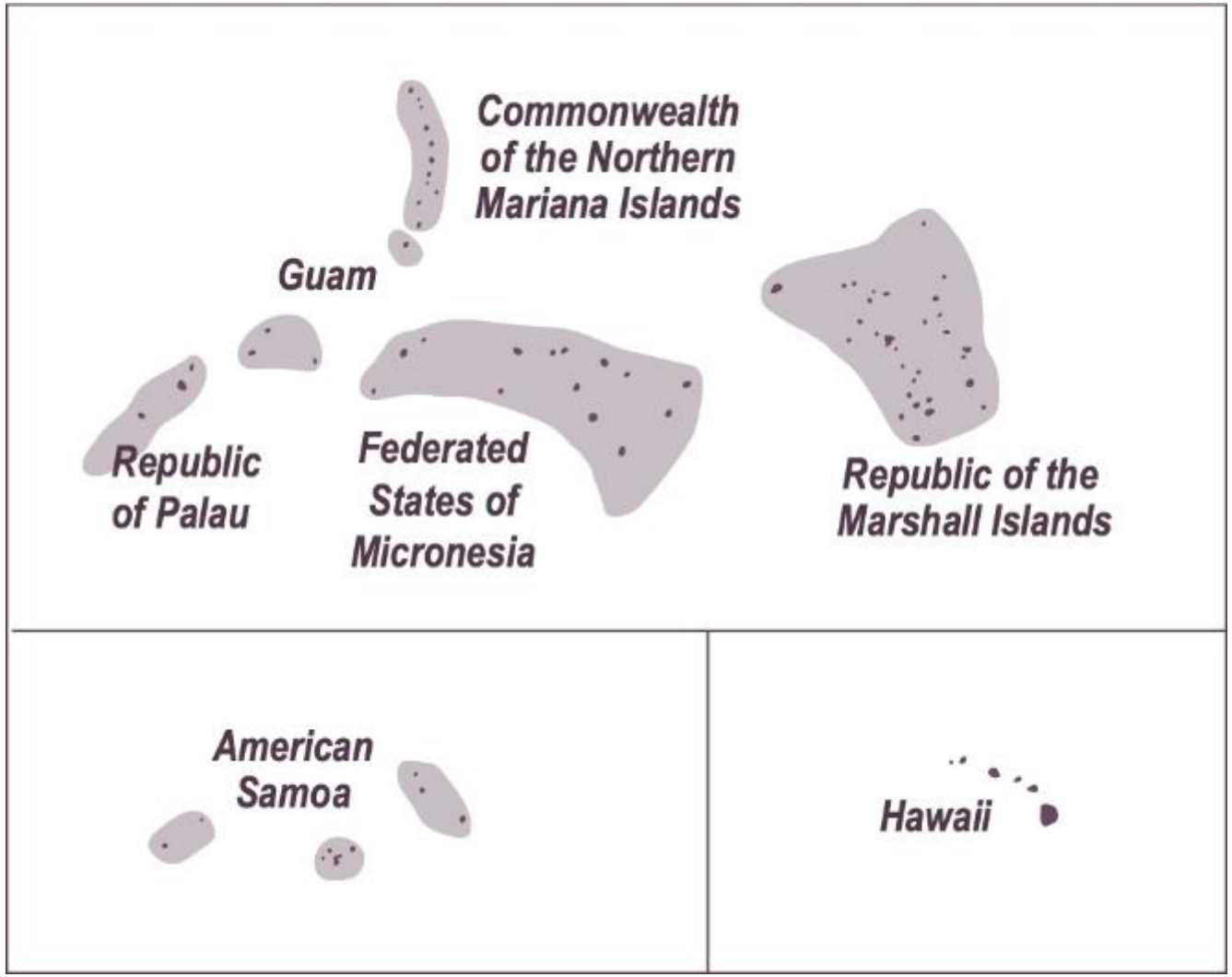
Help people and organizations incorporate **effective practices** into substance use and mental health disorder prevention, treatment and recovery services.

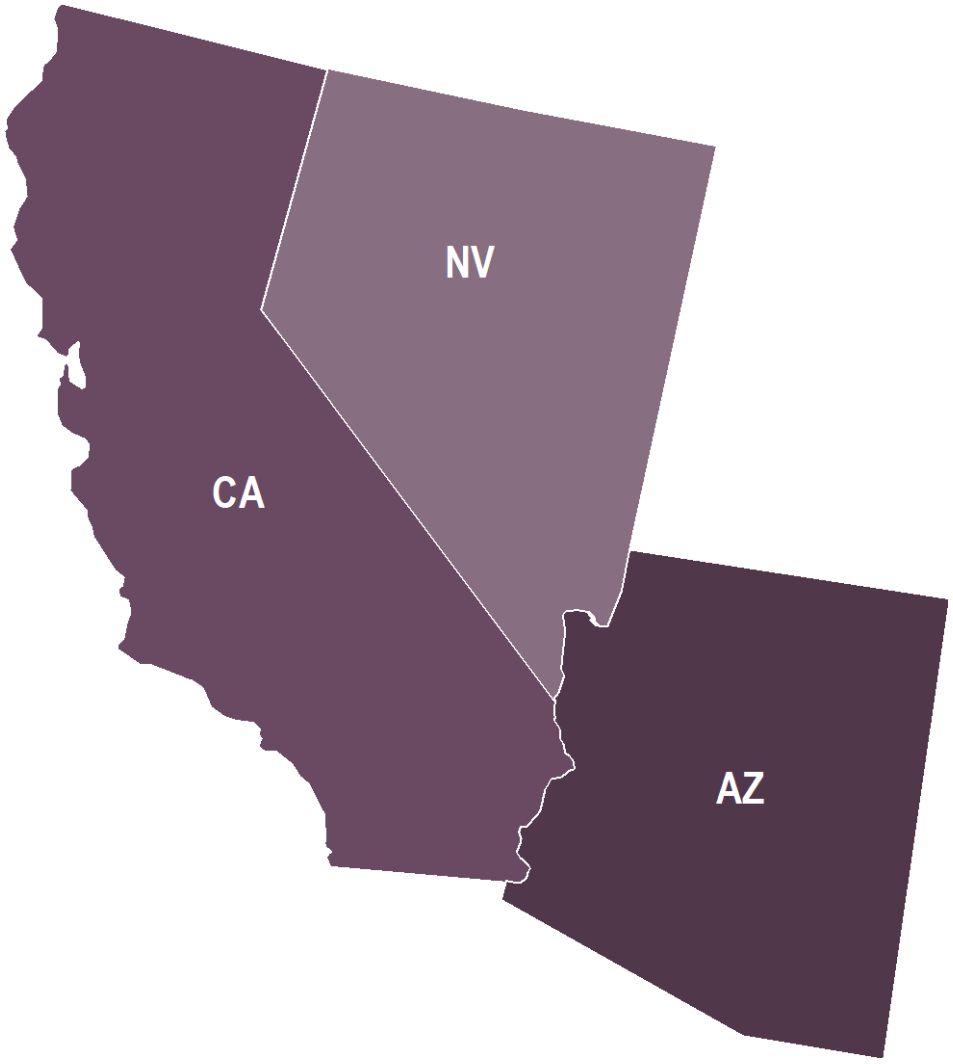
PTTC Network Approach

The PTTCs…
Develop and disseminate tools and strategies needed to improve the quality of substance abuse prevention efforts
Provide training and resources to prevention professionals to improve their understanding of • prevention science, • how to use epidemiological data to guide prevention planning, and • selection and implementation of evidence-based and promising prevention practices.
Develop tools and resources to engage the next generation of prevention professionals

Pacific Southwest

CASAT
Center for the Application of Substance Abuse Technologies
UNIVERSITY OF NEVADA, RENO





Mark your Calendars!*

Prioritizing Equity in Prevention: Affirming LGBTQ+ Youth & Community
A Partnership with the Los Angeles LGBT Center
June 16, 2022

Ripple Effects Mapping
Save the Date!
July 6, 2022

Please visit pspttc.org for registration and join our newsletter to stay up to date on the latest information!

Asian & Pacific Islander Caucus for Public Health

Caucus group affiliated with the American Public Health Association (APHA)

- Professional development
- Networking
- Public Health Information Dissemination

Asian & Pacific Islander Caucus for Public Health

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CDC
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/AsianPacificIslanderCaucus

"Asian & Pacific Islander Caucus for Public Health"

Marielle A. Reataza, MD, MS

Dr. Reataza serves as the Executive Director at the National Asian Pacific American Families Against Substance Abuse (NAPAFASA), based in Alhambra, California. Dr. Reataza has a broad professional experience as a high school teacher, physician, community advocate, and in health policy and law. Paired with her lived experience as a Filipino-Chinese immigrant, Dr. Reataza strives to amplify the experiences of AA and NHPI communities in advocacy for robust culturally responsive resources, diminished barriers to care, and substance use disorder prevention across AA and NHPI communities.

Disclosures

The presenter does not claim any conflict of interest with PTTC, SAMHSA, APIC, or the information presented in this webinar.

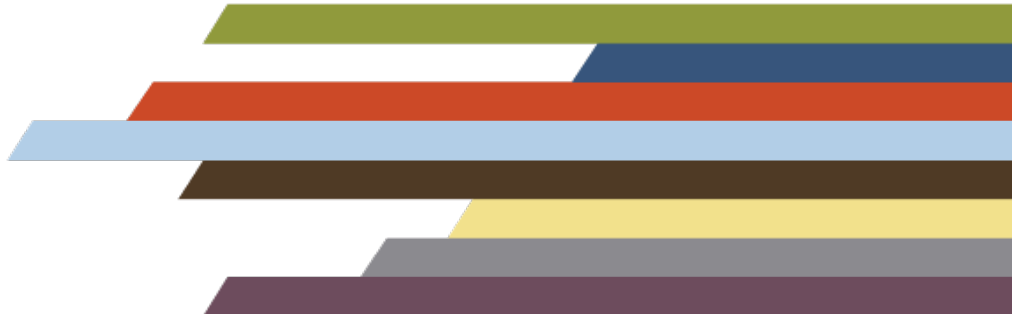
Learning Objectives

- Identify cultural factors that can act as barriers to seeking behavioral health services
- Compare strategies that promote mental health and reduce substance misuse among AAs and NHPIs
- Analyze trends in mental health and substance use among AA and NHPI communities since the onset of COVID-19

Agenda

1. Introductions
2. What We Already Knew
3. COVID-19, a Syndemic
4. What are some of the data collected since COVID-19?
5. Culture & Community: Protection, Projection, Prevention
6. Integrating Practices and Looking Ahead
7. Discussion
8. Closing

Introductions



About Myself

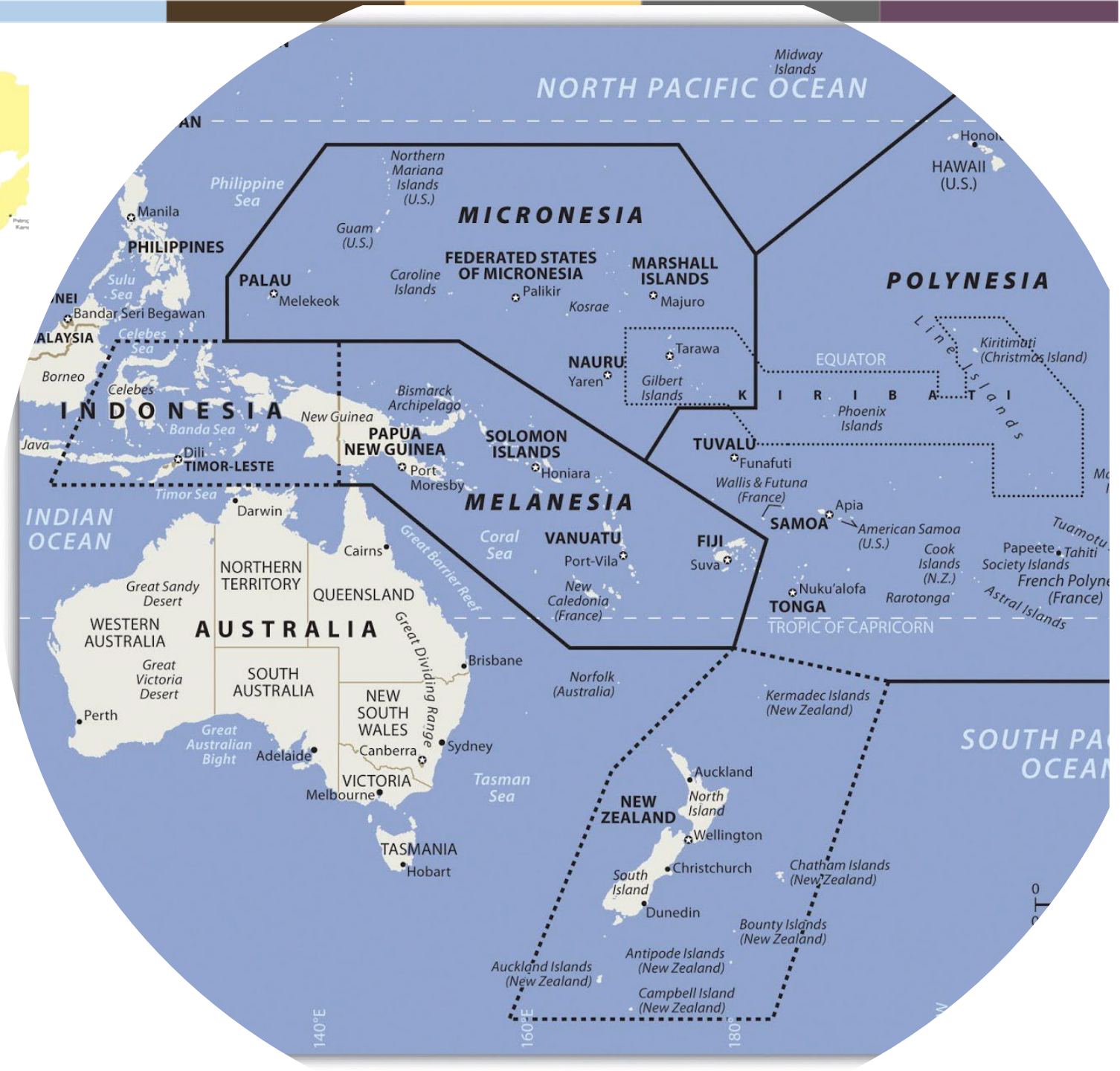
- Executive Director at the National Asian Pacific American Families Against Substance Abuse (NAPAFASA)
- Background in high school science education, medicine/health care, health policy and law, mental and public health, community empowerment and advocacy
- 1.5 generation immigrant from the Philippines
- Filipino-Chinese American
- Based in Los Angeles, CA

About NAPAFASA

- Established in 1988
- Based in Alhambra, CA
- Areas of focus:
  - Alcohol use disorder, prevention, cessation
  - Tobacco use disorder, prevention, cessation
  - Opioid use disorder and prevention
  - Stimulant use disorder and prevention
  - Problem gambling prevention and cessation
  - COVID-19 vaccination outreach
  - Community education
  - Language access advocacy
  - Health insurance access

What We Already Knew:

NHPI and AA communities are incredibly diverse



What is "AA, NH, PI?"

- 50+ ethnic groups
- 100+ different languages

It’s the numbers

To aggregate…

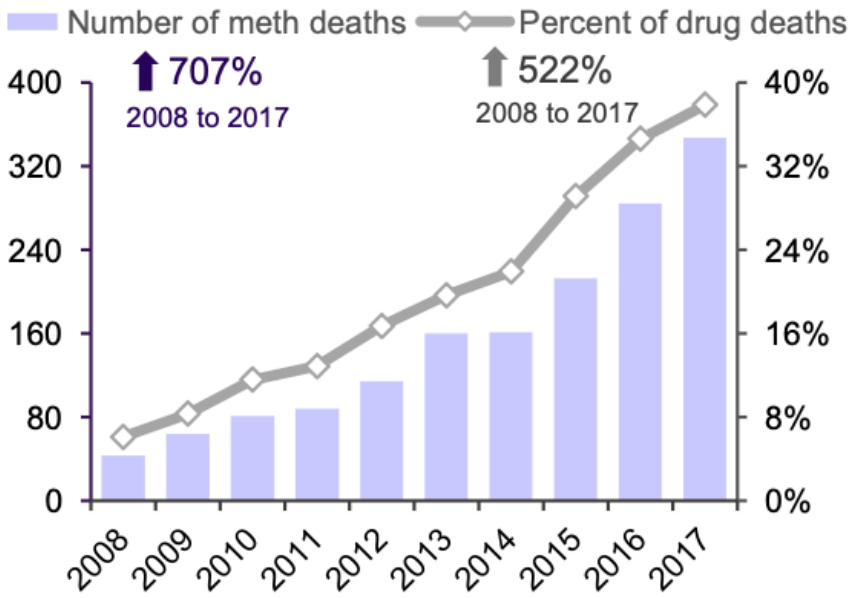
…or disaggregate?

- Historically, much of our data are aggregated as “API” or “AAPI”
- Nuances are silenced or lost when data are aggregated
- A lack of data does not necessarily mean that the issue does not exist
- We must carefully consider modes of data collection + analysis
- How do we ensure that groups that are fewer in number get the services that they need?

From SAPC, Los Angeles County

Deaths

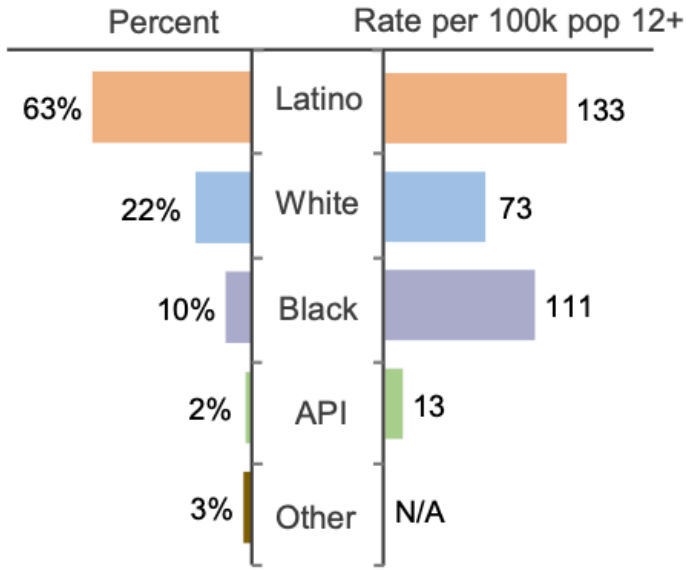
Meth overdose-related deaths, LAC, 2008-2017[19]



Meth-related deaths and its percent of all drug deaths in LAC increased from 2008-2017

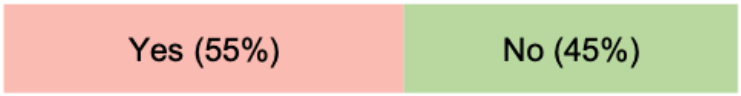
Treatment Admissions

Race/ethnicity among clients with primary meth problem, LAC, FY1718[20]

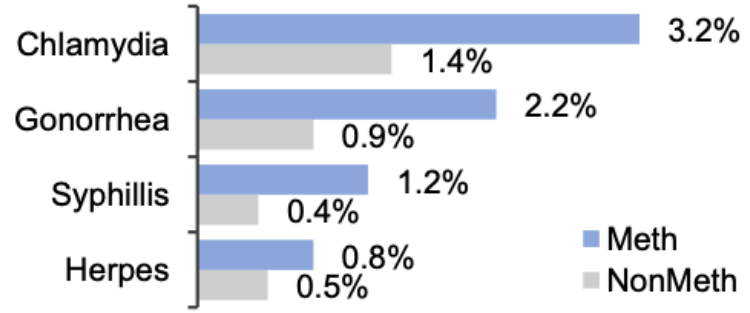


Latinos accounted for the majority of clients with a primary meth problem in LAC

Meth use before/during sex among clients with primary meth problem, LAC, FY1718[20]



Diagnosed STDs among clients with primary meth and non-meth problem, LAC, FY1718[20]



Primary meth clients had higher STD rates than clients with other primary drug problems in LAC

For substance use disorder treatment in LAC, call the Substance Abuse Service Hotline (SASH) at 844-804-7500, or visit Service &Bed Availability Tool (SBAT)
For more information on substance use disorders in LAC, visit http://publichealth.lacounty.gov/sapc/.
For more information regarding this data brief, please contact Tina Kim, Ph.D at tkim@ph.lacounty.gov

Table. Characteristics of Adolescent Overdose Deaths, 2010, 2019, 2020, and 2021[a]

Characteristics	2010		2019		2020			2021[b]		
	Deaths, No.	Rate	Deaths, No.	Rate	Deaths, No.	Rate	Change, %	Deaths, No.	Rate	Change, %
Total among overall population	38 329	12.41	70 630	21.52	91 799	27.86	29.48	101 954	31.06	11.48
Total among adolescents	518	2.40	492	2.36	954	4.57	94.03	1146	5.49	20.05
Substance										
Benzodiazepines	83	0.38	71	0.34	142	0.68	100.13	152	0.73	6.97
Cocaine	22	0.10	53	0.25	84	0.40	58.59	84	0.40	−0.07
Heroin	52	0.24	37	0.18	40	0.19	8.18	26	0.12	−35.04
Illicit fentanyls and synthetics	38	0.18	253	1.21	680	3.26	168.95	884	4.23	29.91
Methamphetamine	38	0.18	80	0.38	104	0.50	30.09	112	0.54	7.62
Prescription opioids	159	0.74	52	0.25	74	0.35	42.40	66	0.32	−10.87
Race and ethnicity[c]										
American Indian or Alaska Native, non-Hispanic	11	4.86	14	6.88	16	7.87	14.37	24	11.79	49.89
Black or African American, non-Hispanic	24	0.70	46	1.49	114	3.69	148.22	96	3.10	−15.92
Latinx	62	1.38	136	2.68	276	5.35	99.44	354	6.98	30.51
White, non-Hispanic	412	3.32	281	2.50	521	4.67	87.02	604	5.36	14.93

[a] Drug overdose deaths among high school–aged adolescents (14-18 years), shown as counts, and rates per 100 000 population for 2010, 2019, 2020, and 2021, compared with values for the all-age US population. Data for adolescents are also stratified by substance involved and race and ethnicity. Year-to-year percentage increases are shown for 2020 (relative to 2019) and 2021 (relative to 2020).

[b] 2021 refers to January to June 2021, and rates and counts have been annualized.

[c] Race and ethnicity were assessed in this study, as categorized in the underlying records, because recent data have suggested that racial and ethnic inequalities in overdose are increasing among the general population and may also be a concern among the adolescent population assessed herein.[5] Trends among Asian individuals were not included because of differences between the representation of this group in the preliminary and final databases used.

Friedman J et al. JAMA 2022

Yet…

- AAs and NHPIs are the least likely racial/ethnic groups in the US to seek mental/behavioral health services, with nearly 77% having a mental illness *not* seeking treatment (SAMHSA 2019)

- Suicide is the first leading cause of death among AA and NHPI young adults age 15-24, despite it being the 10th leading cause of death in the US (CDC 2018)

And…

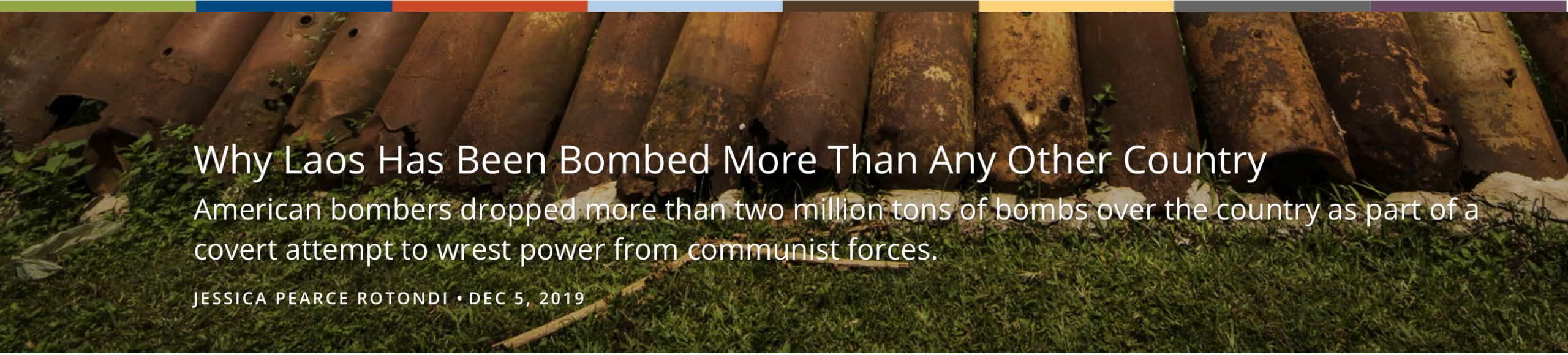
- South Asian men experienced greater psychological distress with greater financial strain, higher family cultural conflict, lower self-rated position in the community
- Men in Hawai'i die by suicide 3x more than women
- Men comprise 90% of suicides in Guam
- The most at-risk AA male age group for suicide is between 75-84 years old (>4x the overall rate for AA men)
- U.S.-born AA men more likely to struggle with SUD compared to those born outside the US
- Chinese and Vietnamese men reported more problems with alcohol compared to women, yet more Korean women reported more problems with alcohol than Korean men
- CA PI-middle school male youth highest rate of marijuana use (similar to African Americans at 22%) and highest binge alcohol use rate at 22.3%

SAMHSA 2010

Not to mention…

- Language matters—limited English proficiency (LEP) varies
  - 45% of Vietnamese folx demonstrated LEP,
  - 13% of Japanese folx,
  - 13% of Tongans,
  - 2% of Native Hawaiians
  - 1 out of 2 AAs will not seek help due to language barrier (APA 2017)
- Educational attainment and household income vary greatly
- Location, location, location
  - Most AAs live in urban areas, but
  - Most NHPIs live in HI or CA, but the 2nd largest population of NHPIs by ethnic group and state are Marshallese in AK; Tongans in UT; Guamanians or Chamorros and Fijians in WA

Chau V et al. SAMHSA 2021



Why Laos Has Been Bombed More Than Any Other Country

American bombers dropped more than two million tons of bombs over the country as part of a covert attempt to wrest power from communist forces.

JESSICA PEARCE ROTONDI • DEC 5, 2019

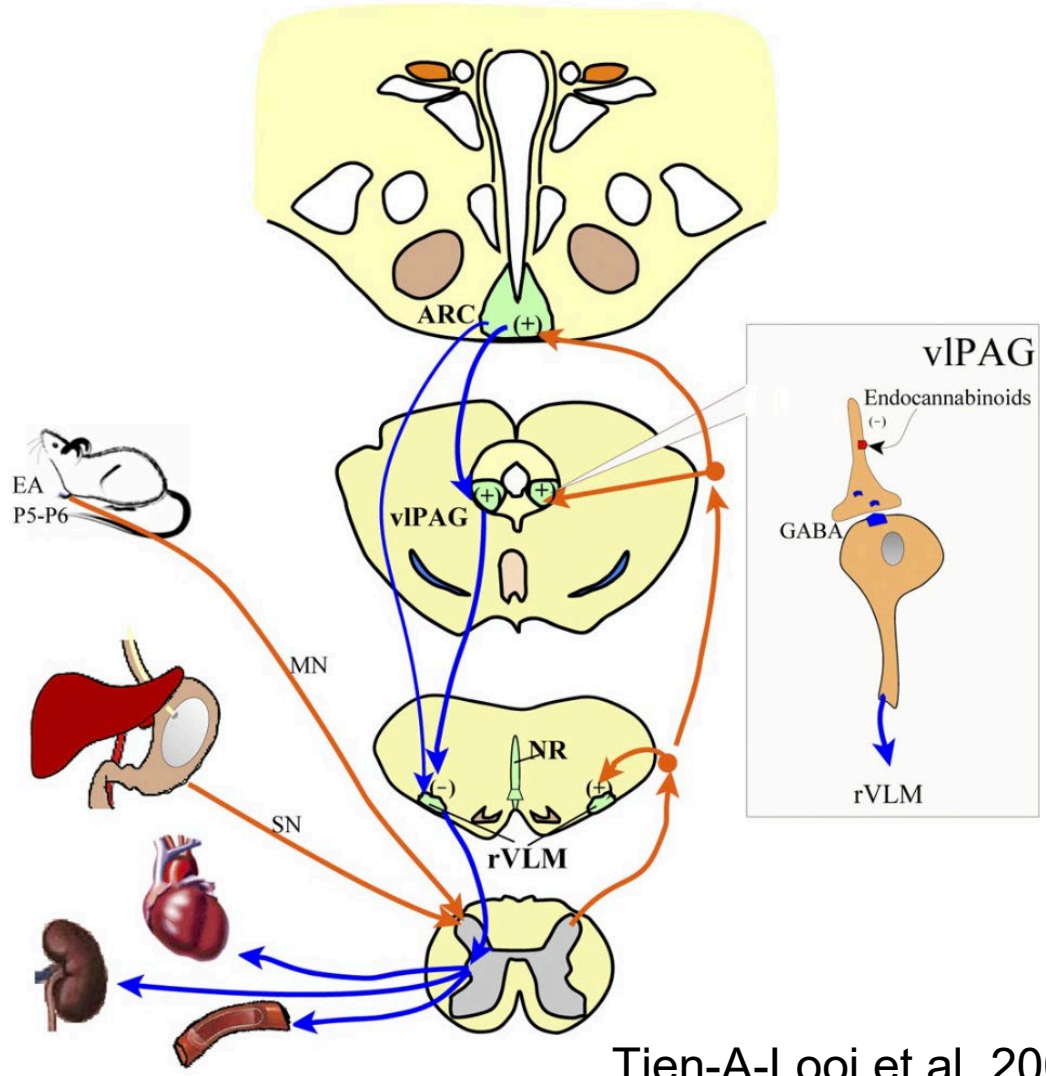
A wall made from bomb casings in Na Kam Peng, also called Bomb Village, in Laos. (Credit: Peter Langer/Design Pics/Getty Images)

The U.S. bombing of Laos (1964-1973) was part of a covert attempt by the CIA to wrest power from the communist Pathet Lao, a group allied with North Vietnam and the Soviet Union during the Vietnam War.

The officially neutral country became a battleground in the Cold War between the United States and Soviet Union, with American bombers dropping over two million tons of cluster bombs over Laos—more than all the bombs dropped during WWII combined. Today, Laos is the most heavily bombed nation in history. Here are facts about the so-called secret war in Laos.

https://www.history.com/news/laos-most-bombed-country-vietnam-war

And culturally…



Tjen-A-Looi et al. 2009

- Communities may describe “mental illness” as different from what is seen in “Western” literature
- Traditional modalities of medicine and healing vary from one community to another and can be at odds with Western practices
- “Othering” traditional modalities of care can further alienate groups

COVID-19, a Syndemic

Early COVID-19 Impact

- In San Francisco, Asian Americans accounted for nearly half of COVID-19 deaths
- Asian Americans experience higher case fatality rate than overall population (4x in SF; 3x in CA overall; exceeds 10% in Los Angeles, Chicago, NYC, New Jersey
- In Clark County, NV, 16.8% of deaths AAPI in a community that's only 10.4% AAPI
- Mortality rate for PIs in LA County 12x higher than whites, 9x higher than AAs, 7x higher than Latinx/a/o/e, 5x higher than African Americans (Huang J Apr 2020)
- Filipinx/o/a nurses 4% of RNs in the US but account for 25% of deaths among RNs (Constante Jun 2021)

Health Affairs Forefront Jul 2020

COVID Related Anti-Asian Hate Incidents

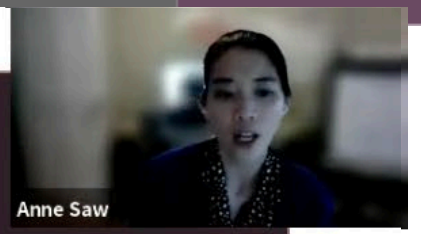
In a follow up with adult English-speaking respondents, the following accounts were commonplace:

A guy trying to block my way on the street while I was walking, and he pointed to my face and called me "Corona Chink." I quickly walked around him and ran home.

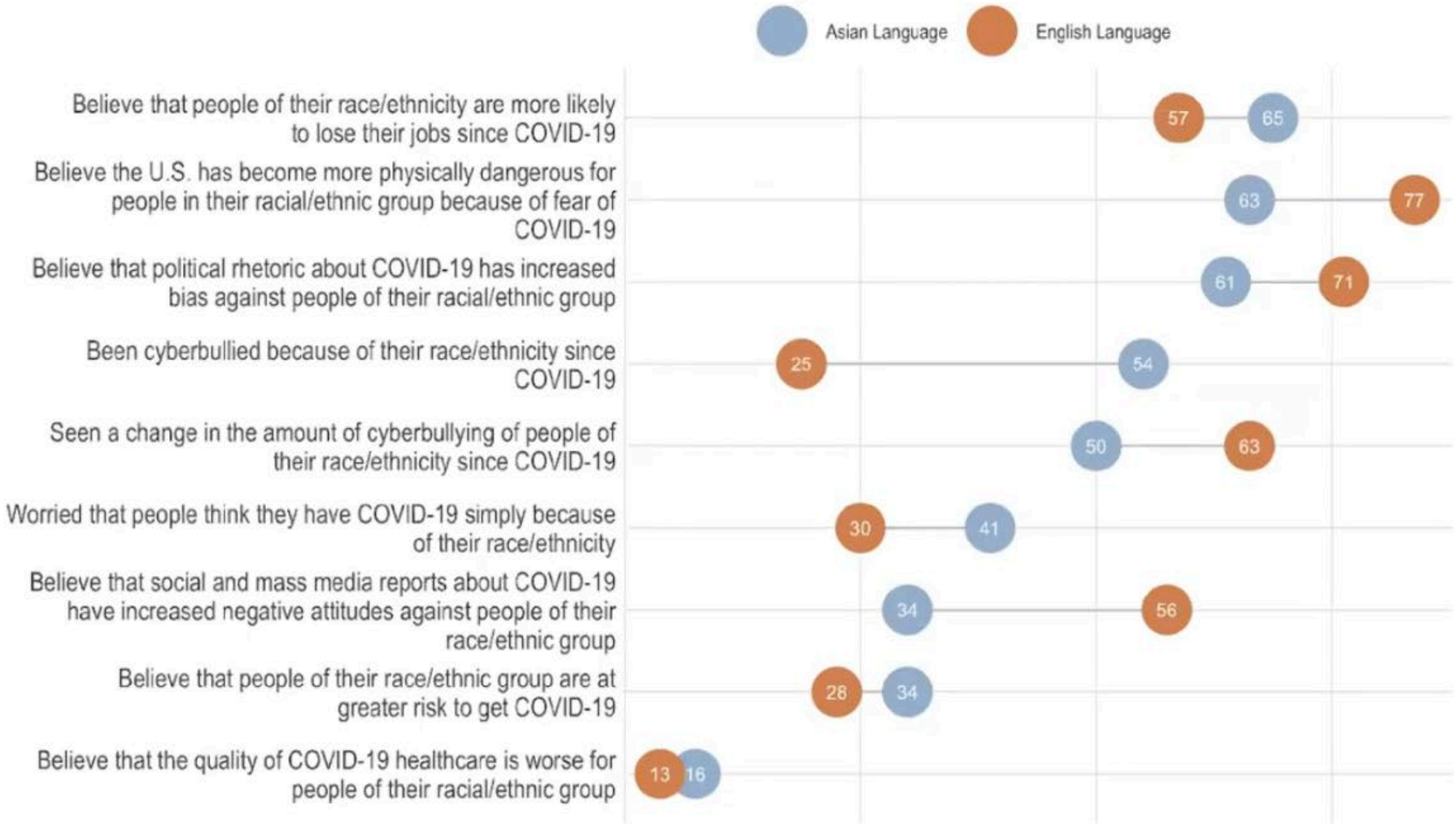
Two teenagers deliberately coughed into my face and said something about the virus.

Guys drove by in a truck and spit on me and said I gave them the coronavirus.

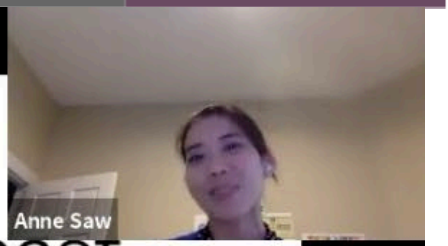
A stranger punched me in the face.



Percent of Asian Americans Who Perceive Racial Discrimination During COVID-19 By Language



APPEAL (Anne Saw, PhD) May 2021



Unprecedented increase in mental health needs this past year.

41%

of Asian Americans experiencing depression or anxiety symptoms in the past week.

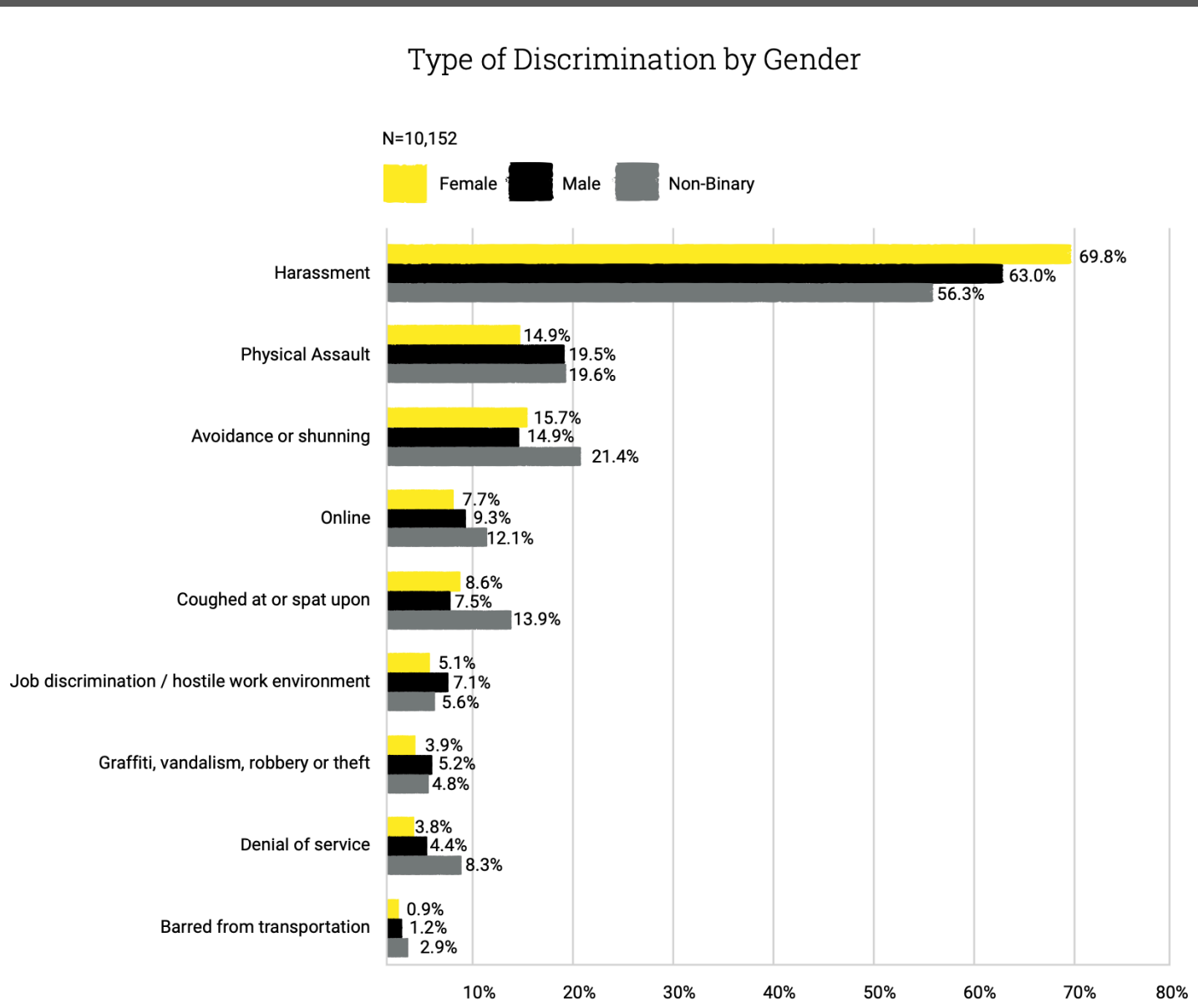
53%

of Asian Americans say mental health concerns are a top stressor during COVID-19.

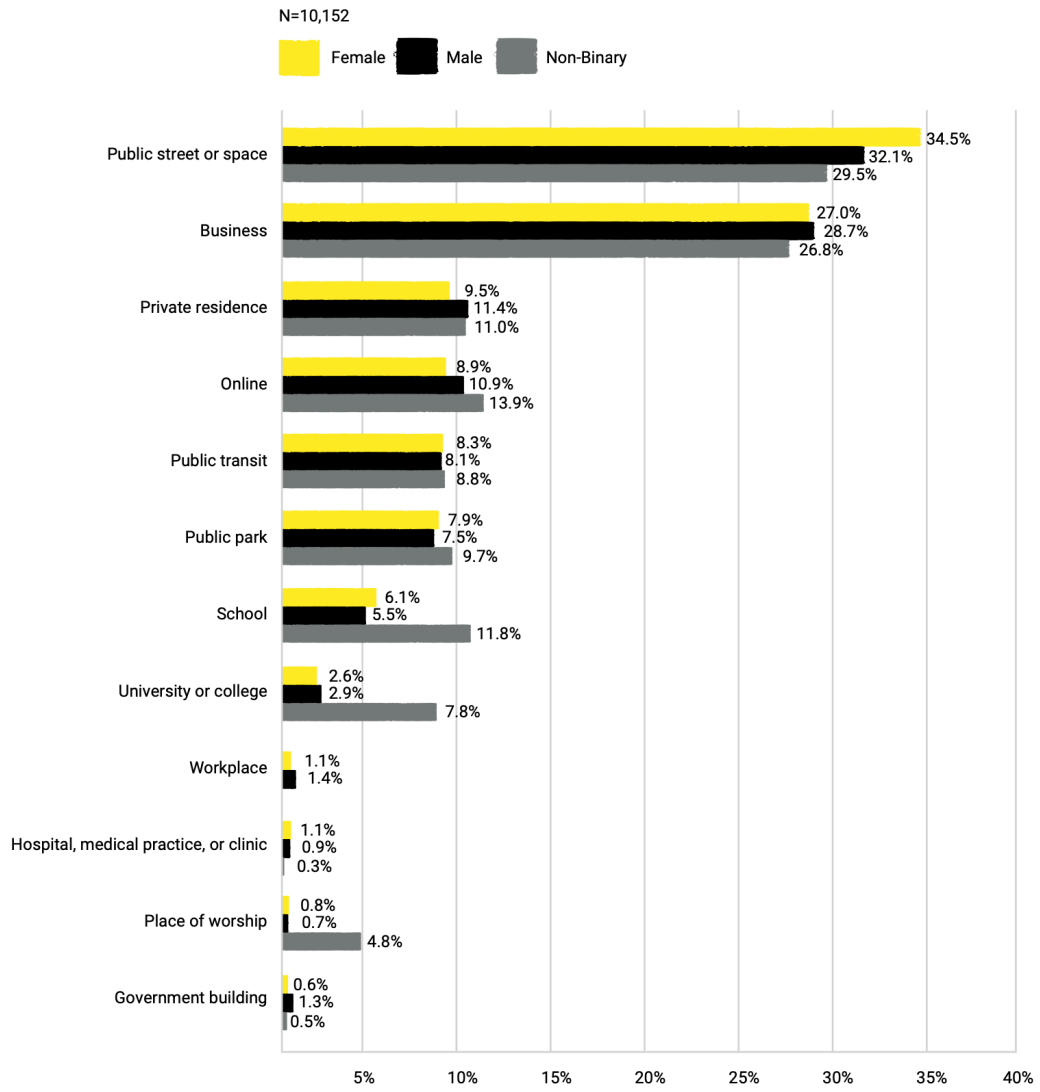
29%

of Asian Americans would like help accessing mental health services.

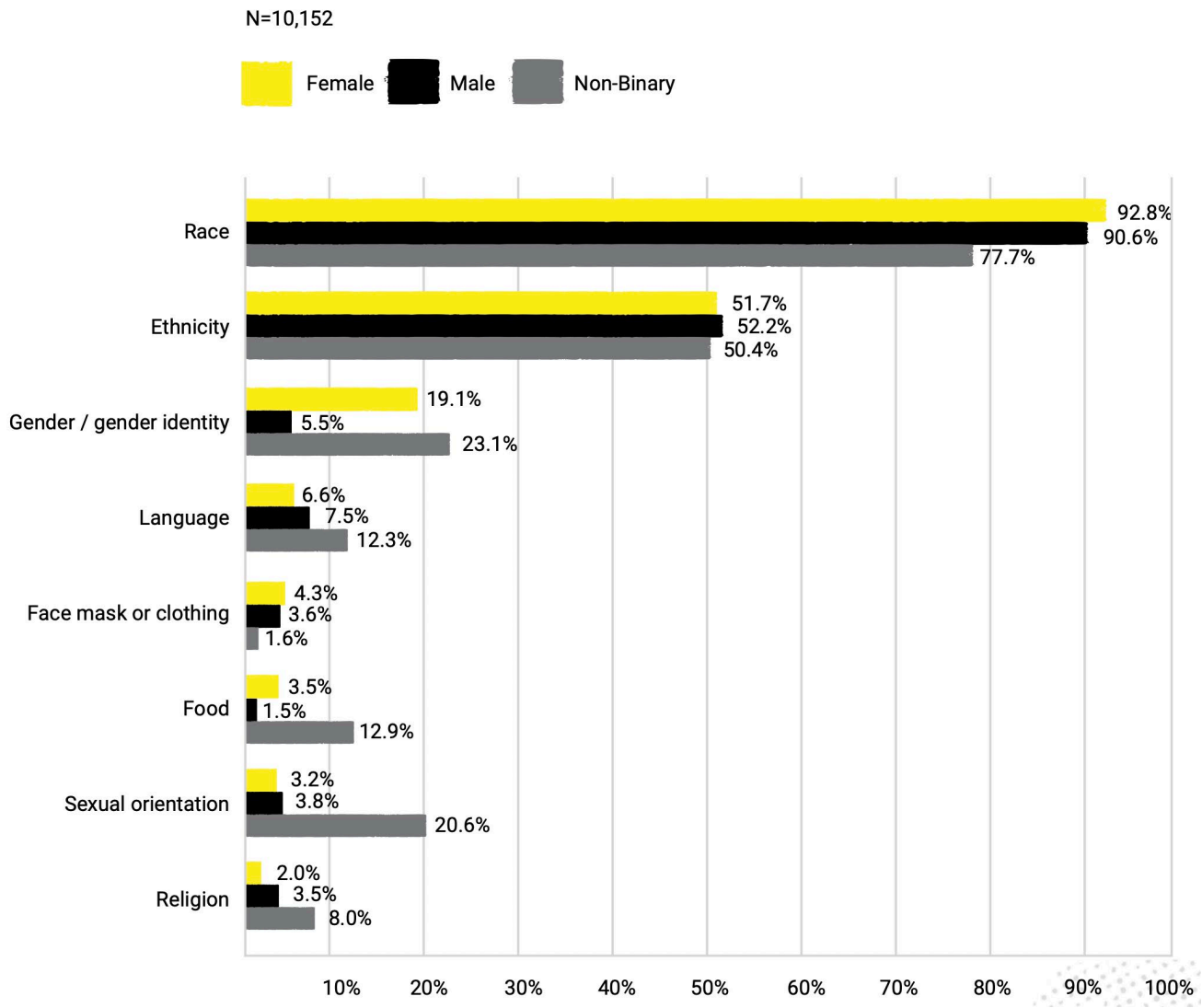
APPEAL May 2021

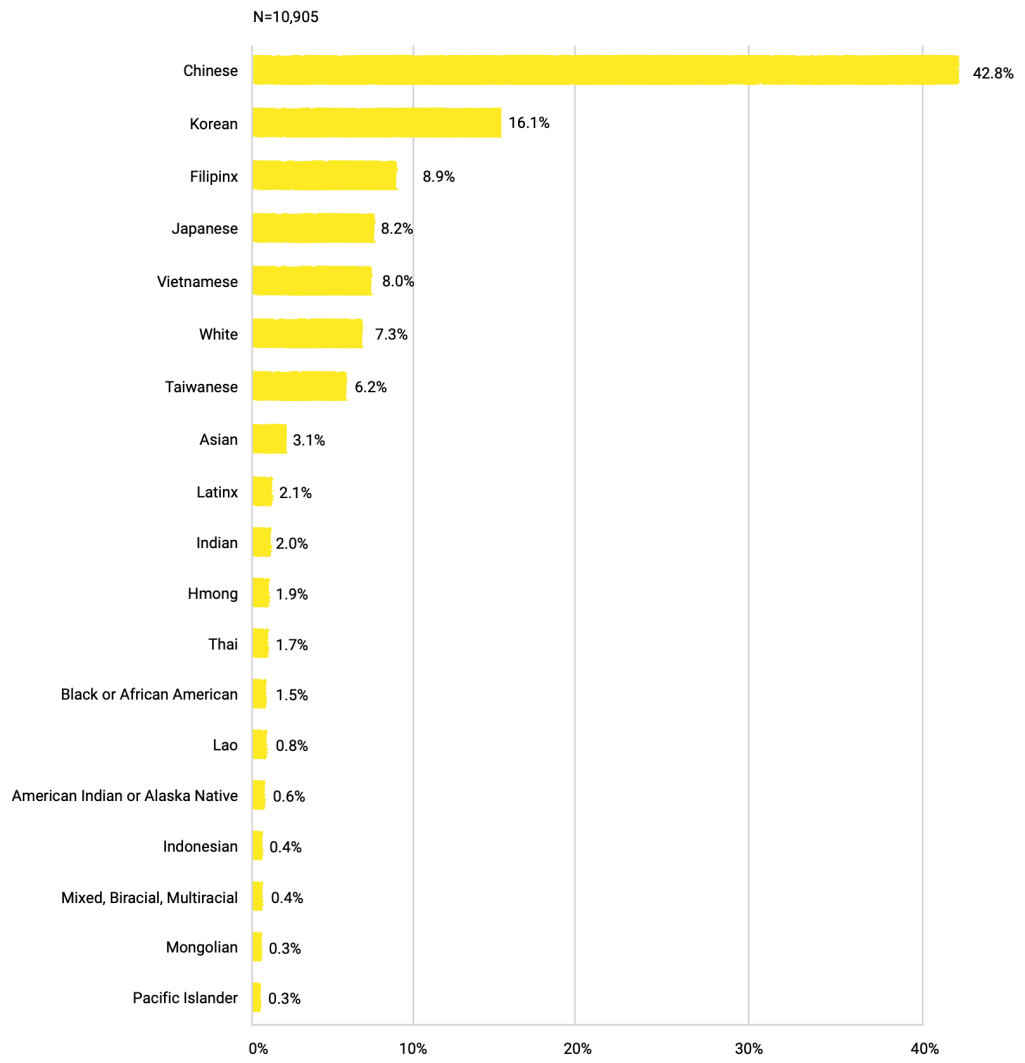

Type of Discrimination by Gender
N=10,152
Female
Male
Non-Binary
Harassment
69.8%
63.0%
56.3%
Physical Assault
14.9%
19.5%
19.6%
Avoidance or shunning
15.7%
14.9%
21.4%
Online
7.7%
9.3%
12.1%
Coughed at or spat upon
8.6%
7.5%
13.9%
Job discrimination / hostile work environment
5.1%
7.1%
5.6%
Graffiti, vandalism, robbery or theft
3.9%
5.2%
4.8%
Denial of service
3.8%
4.4%
8.3%
Barred from transportation
0.9%
1.2%
2.9%
10%
20%
30%
40%
50%
60%
70%
80%

Sites of Discrimination by Gender



Reasons for Discrimination by Gender

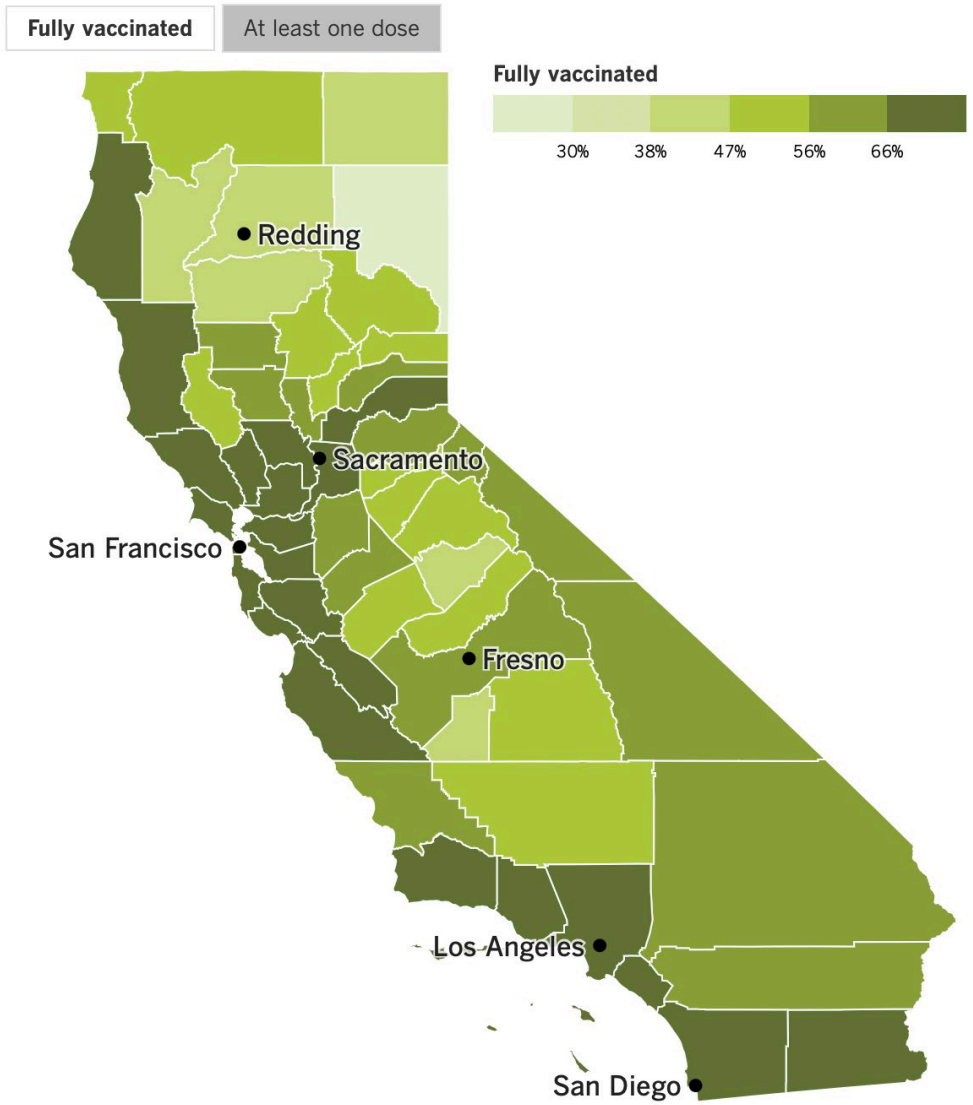



Ethnicity of Individuals Who Reported Hate Incidents
N=10,905
Chinese
42.8%
Korean
16.1%
Filipinx
8.9%
Japanese
8.2%
Vietnamese
8.0%
White
7.3%
Taiwanese
6.2%
Asian
3.1%
Latinx
2.1%
Indian
2.0%
Hmong
1.9%
Thai
1.7%
Black or African American
1.5%
Lao
0.8%
American Indian or Alaska Native
0.6%
Indonesian
0.4%
Mixed, Biracial, Multiracial
0.4%
Mongolian
0.3%
Pacific Islander
0.3%
0%
10%
20%
30%
40%

What are some of the data collected since COVID-19?

COVID-19, two years in

Omicron, the "great unifier?"



COVID-19, two years in

- In LA County, omicron increased transmission rate in
  - those whose jobs put them in close contact with others
  - those who live in crowded housing (e.g., multigenerational housing)
  - unvaccinated populations

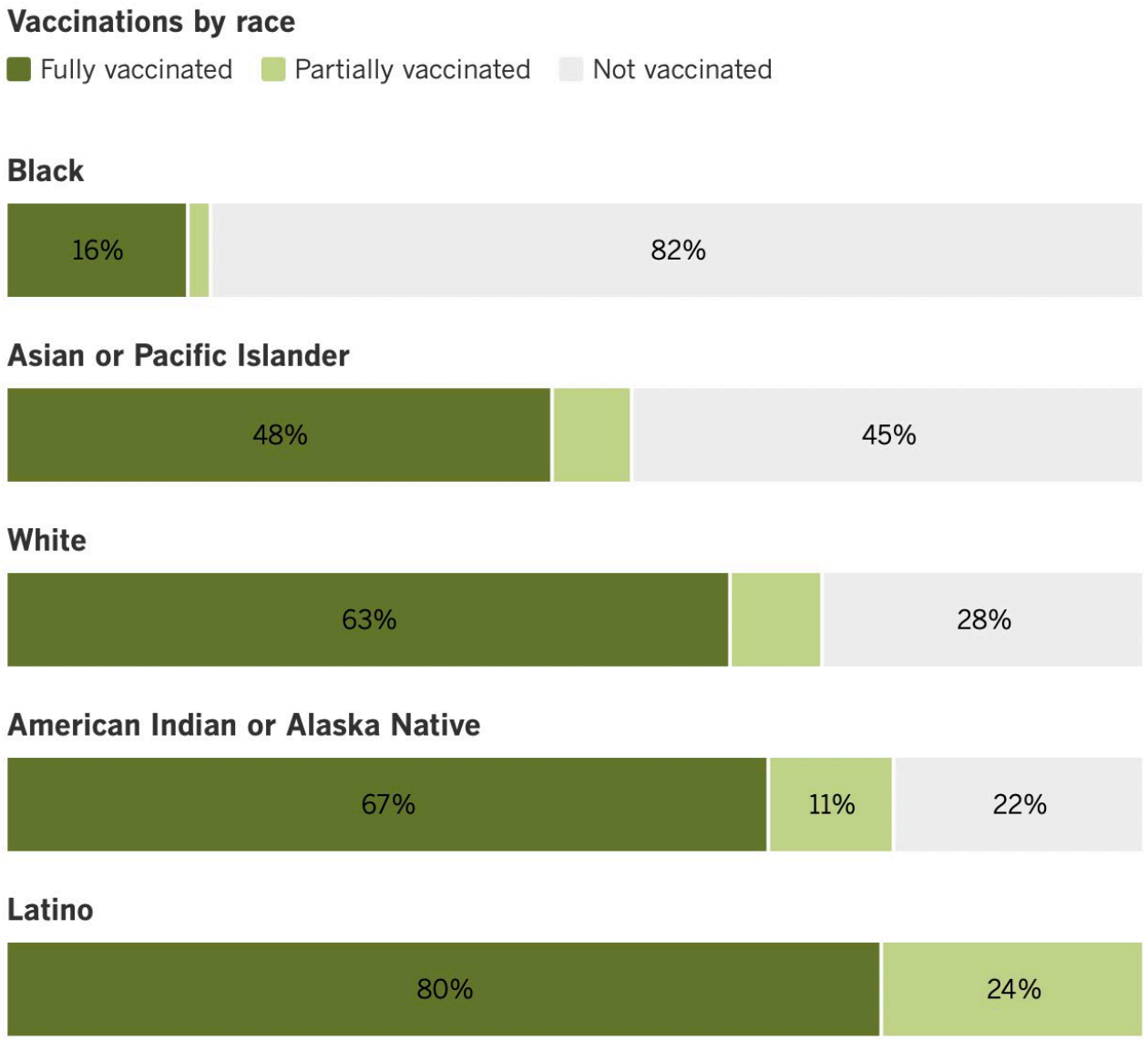
- In LA County, as of May 12, 2022, rates of fully-vaccinated communities are:
  - 53% American Indian or Alaska Native
  - 55% of Black and Latinx/a/o/e folx
  - 65% white folx
  - 89% of AAPIs

California Department of Public Health

Exploring other counties

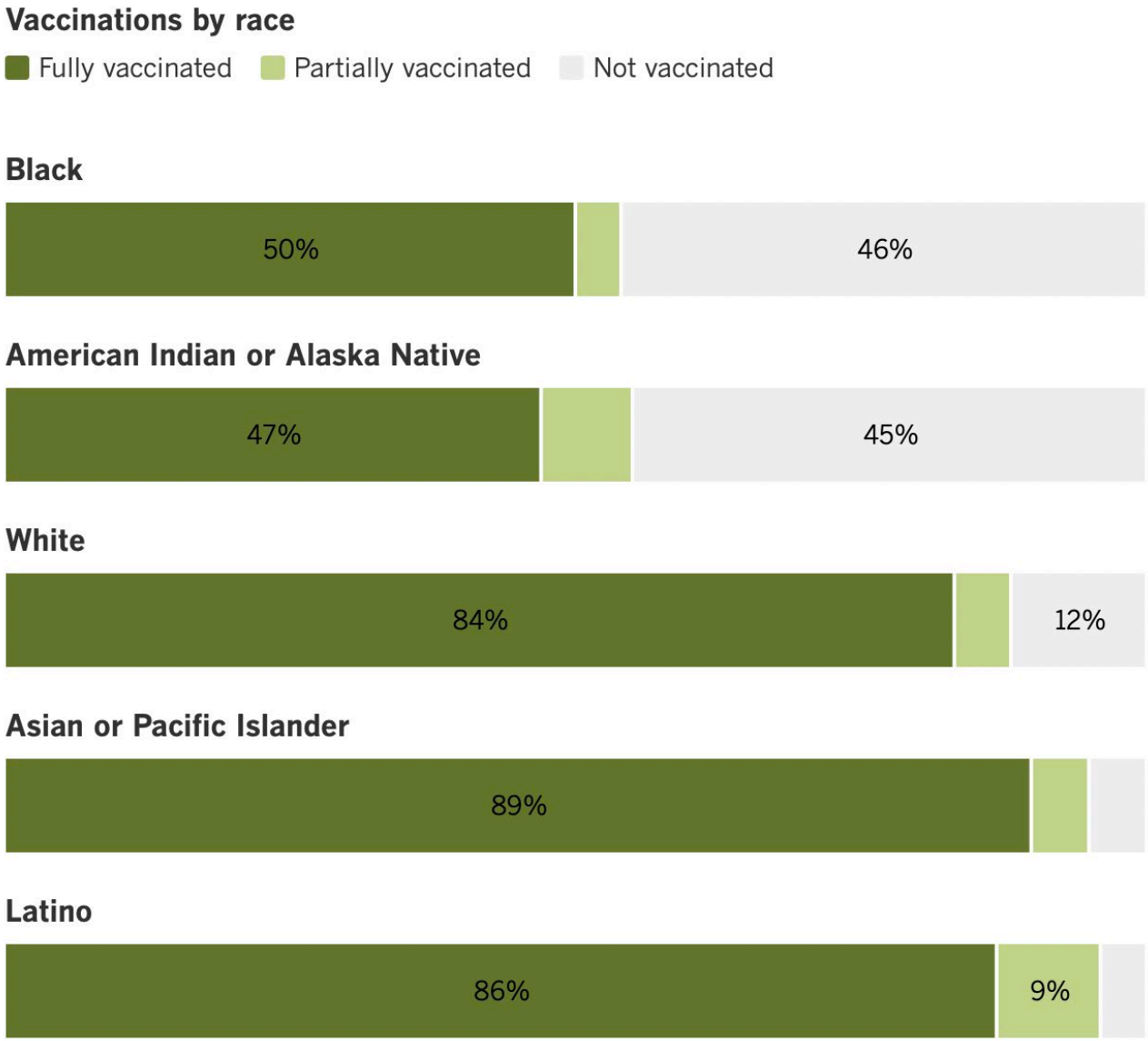
County	Doses administered	At least 1 dose	▼ Fully vaccinated
Imperial »	465,112	133.2%	95.6%
Marin »	640,313	93.2%	87.1%
Santa Clara »	4,535,358	91.8%	85.9%
San Francisco »	2,082,388	91.7%	84.9%
San Mateo »	1,803,634	91.2%	84.7%
Contra Costa »	2,569,048	88.7%	83.9%
Alameda »	3,707,330	89.5%	83.2%

Imperial County



California Department of Public Health

Marin County



California Department of Public Health

What about the Pacific Southwest?

Name	Distributed	Administered	Used	1+ dose	Fully vaxxed
California	90,875,755	75,538,447	83.1%	83.9%	69.1%
Nevada	5,994,810	4,920,959	82.1%	75.4%	56.8%
Utah	6,317,450	5,219,467	82.6%	72.1%	61.0%
Arizona	14,975,220	12,199,489	81.5%	73.2%	58.4%
Hawai'i	3,499,380	2,932,523	83.8%	87.5%	75.6%

Name	Distributed	Administered	Used	1+ dose	Fully vaxxed
American Samoa	117,010	109,639	93.7%	95.5%	87.3%
Northern Mariana Islands	126,030	109,200	86.6%	87.8%	82.1%
Republic of Palau	44,990	47,545	105.7%	94.8%	80.2%

nutrients

MDPI

Article

Changes of Exercise, Screen Time, Fast Food Consumption, Alcohol, and Cigarette Smoking during the COVID-19 Pandemic among Adults in the United States

Liwei Chen [1,*], Jian Li [2,3], Tong Xia [1], Timothy A. Matthews [2], Tung-Sung Tseng [4], Lu Shi [5], Donglan Zhang [6], Zhuo Chen [6,7], Xuesong Han [8], Yan Li [9], Hongmei Li [10], Ming Wen [11] and Dejun Su [12]

Table 3. Multivariable associations between sociodemographic variables and the undesired changes of lifestyle before and during the COVID-19 pandemic.

Characteristics	Exercise Time		Screen Time		Fast-Food Meals Intake		Alcohol Drinking		Cigarette Smoking	
	OR (95% CI)	*p*	OR (95% CI)	*p*	OR (95% CI)	*p*	OR (95% CI)	*p*	OR (95% CI)	*p*
Age, years										
18–29	1.07 (0.65, 1.75)	0.79	1.25 (0.75, 2.10)	0.39	**2.24 (1.24, 4.05)**	**0.01**	**2.24 (1.23, 4.09)**	**0.01**	2.83 (0.95, 8.40)	0.06
30–44	**1.77 (1.13, 2.77)**	**0.01**	1.21 (0.78, 1.85)	0.40	**1.95 (1.16, 3.27)**	**0.01**	**2.34 (1.42, 3.86)**	**0.001**	**4.74 (1.80, 12.48)**	**0.002**
45–59	1.17 (0.72, 1.90)	0.52	0.82 (0.52, 1.28)	0.38	1.21 (0.71, 2.04)	0.49	1.33 (0.75, 2.36)	0.34	**3.37 (1.28, 8.85)**	**0.01**
≥60	Reference		Reference		Reference		Reference		Reference	
Sex										
Male	Reference		Reference		Reference		Reference		Reference	
Female	1.21 (0.91, 1.60)	0.20	**1.72 (1.29, 2.30)**	**<0.001**	0.95 (0.70, 1.29)	0.75	1.00 (0.72, 1.40)	1.00	1.31 (0.80, 2.15)	0.28
Race/ethnicity										
Non-Hispanic White	Reference		Reference		Reference		Reference		Reference	
Non-Hispanic Black	**1.64 (1.17, 2.28)**	**0.004**	1.30 (0.95, 1.79)	0.11	**1.49 (1.03, 2.17)**	**0.03**	**1.45 (1.02, 2.06)**	**0.04**	0.98 (0.55, 1.75)	0.95
Hispanic	**2.30 (1.64, 3.24)**	**<0.001**	**1.92 (1.35, 2.72)**	**<0.001**	**1.75 (1.21, 2.52)**	**0.003**	**1.59 (1.09, 2.33)**	**0.02**	0.73 (0.40, 1.34)	0.31
Asian/Pacific Islander	1.35 (1.00, 1.83)	0.05	1.03 (0.77, 1.37)	0.86	1.05 (0.74, 1.48)	0.79	**0.51 (0.35, 0.74)**	**0.001**	**0.53 (0.29, 0.97)**	**0.04**
American Indian or other	**3.56 (1.80, 7.07)**	**<0.001**	1.22 (0.58, 2.54)	0.60	**3.65 (1.79, 7.43)**	**<0.001**	2.04 (0.96, 4.33)	0.06	1.79 (0.62, 5.14)	0.28
Education										
High school or less	Reference		Reference		Reference		Reference		Reference	
Associate degree	**1.46 (1.03, 2.08)**	**0.03**	1.21 (0.85, 1.73)	0.30	1.11 (0.78, 1.56)	0.57	1.16 (0.76, 1.76)	0.49	0.96 (0.55, 1.67)	0.88
Bachelor degree or higher	**1.79 (1.20, 2.67)**	**0.004**	**1.90 (1.27, 2.85)**	**0.002**	1.05 (0.69, 1.60)	0.83	**1.78 (1.11, 2.87)**	**0.02**	0.52 (0.22, 1.24)	0.14
Marital Status, % (N)										
Married/Living with partner	Reference		Reference		Reference		Reference		Reference	
Widowed/Divorced/Separated	1.26 (0.80, 1.97)	0.32	0.82 (0.54, 1.26)	0.37	1.01 (0.65, 1.57)	0.96	1.08 (0.65, 1.81)	0.77	1.34 (0.62, 2.89)	0.45
Never married	**1.43 (1.02, 2.01)**	**0.04 ***	1.02 (0.69, 1.49)	0.93	0.76 (0.50, 1.16)	0.20	1.02 (0.69, 1.51)	0.94	1.00 (0.51, 1.96)	1.00
Annual household income										
<$25,000	Reference		Reference		Reference		Reference		Reference	
$25,000–$49,999	1.05 (0.70, 1.58)	0.82	1.04 (0.67, 1.60)	0.87	0.64 (0.41, 1.02)	0.06	1.00 (0.62, 1.61)	1.00	**0.37 (0.21, 0.67)**	**0.001**
≥$50,000	1.08 (0.70, 1.66)	0.74	1.36 (0.91, 2.06)	0.14	0.64 (0.41, 1.01)	0.05	1.08 (0.68, 1.71)	0.74	**0.22 (0.11, 0.43)**	**<0.001**
Health Insurance										
Private	Reference		Reference		Reference		Reference		Reference	
Uninsured	0.89 (0.53, 1.52)	0.68	1.37 (0.77, 2.44)	0.29	0.97 (0.55, 1.73)	0.92	0.74 (0.31, 1.76)	0.50	1.14 (0.47, 2.80)	0.77
Medicare	**1.63 (1.06, 2.52)**	**0.03**	1.06 (0.69, 1.62)	0.80	1.04 (0.63, 1.72)	0.88	0.61 (0.36, 1.03)	0.07	0.91 (0.34, 2.43)	0.85
Medicaid	1.51 (0.95, 2.39)	0.08	1.22 (0.78, 1.91)	0.39	1.38 (0.89, 2.15)	0.15	1.09 (0.68, 1.73)	0.73	**2.30 (1.03, 5.17)**	**0.04**

Abbreviations: OR: Odds ratio; 95% CI: 95% conference interval. Bold are statsitically significant results. * indicates $p < 0.001$.

AAPI LGBTQ Youth

- 27% of of AAPI LGBTQ youth were Chinese, 21% Filipino, 15% Japanese, 14% Indian, 12% Korean, 9% Vietnamese, and 3% each NHPI, Taiwanese, and Thai
- 38% of AAPI LGBTQ youth identified as transgender or nonbinary
- 15% of AAPI LGBTQ youth were born outside of the U.S., with 20% speaking a language other than English at home including Cantonese, Hindi, Bengali, and Japanese
- 40% of AAPI LGBTQ youth seriously considered suicide in the past year, including 50% of AAPI transgender and nonbinary youth and 49% of NHPI LGBTQ youth
- 61% of AAPI LGBTQ youth reported symptoms of major depressive disorder in the past two weeks
- 55% of AAPI LGBTQ youth reported that someone tried to convince them to change their sexual orientation or gender identity

National Survey on LGBTQ Youth Mental Health 2021

AAPI LGBTQ Youth (cont.)

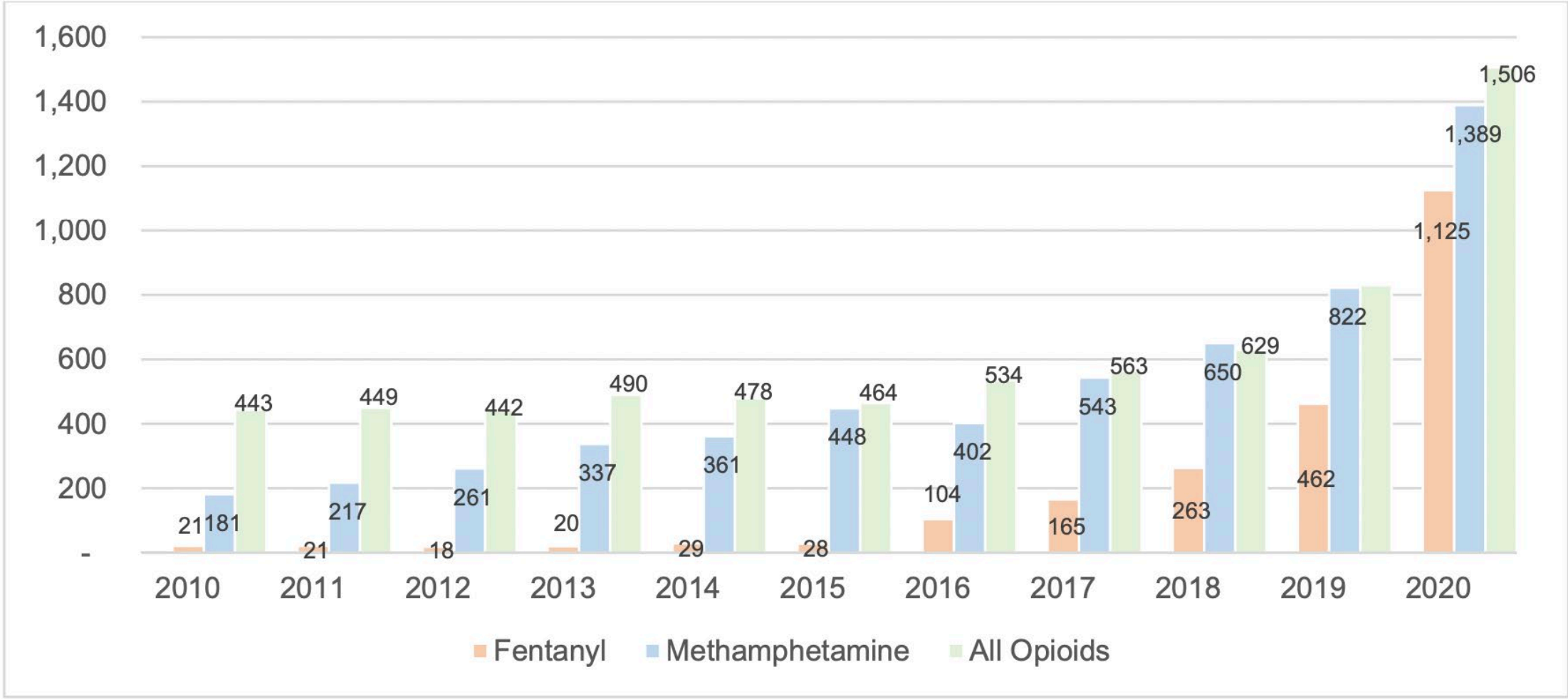
- Feeling that race/ethnicity was important to who they are
- AAPI LGBTQ youth who have social support from friends attempted suicide at lower rates
- Parental acceptance of their sexual orientation or gender identity was a protective factor for AAPI LGBTQ youth suicide
- AAPI LGBTQ youth who had access to LGBTQ-affirming spaces attempted suicide at lower rates

THE TREVOR PROJECT

National Survey on LGBTQ Youth Mental Health 2021

Update from SAPC in LA County

Figure 4. Number of Fentanyl, Methamphetamine, and All Opioids Overdose Deaths by Year, 2010-2020



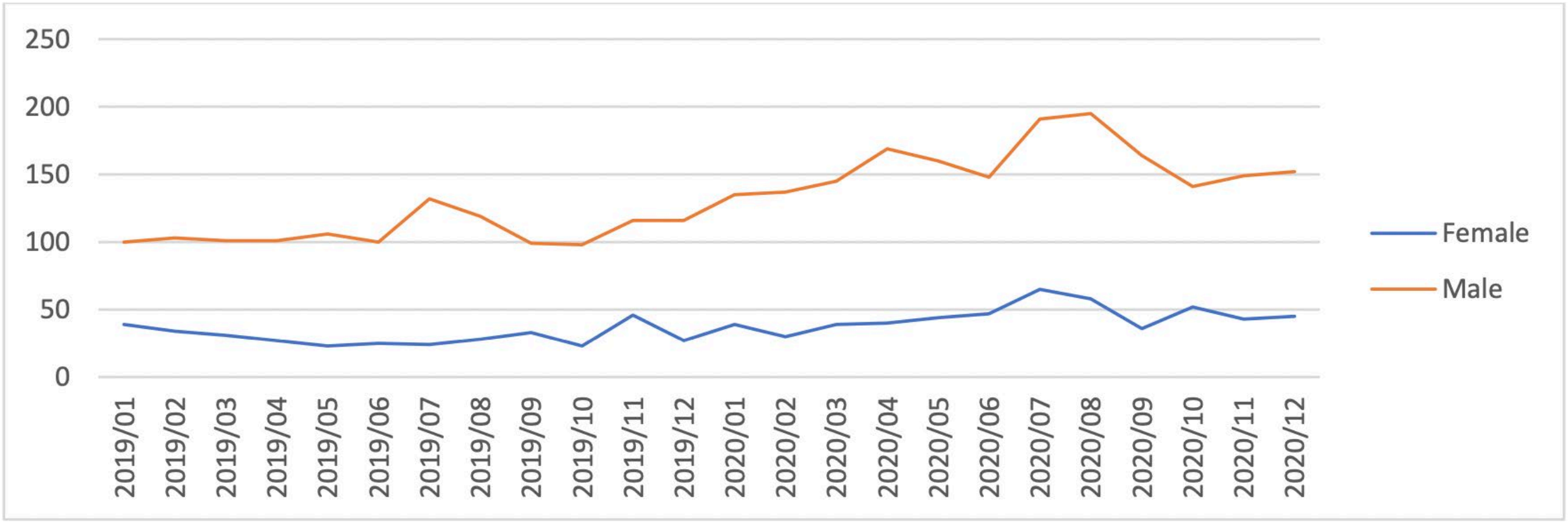
Update from SAPC in LA County (cont.)

Table 1. Number and Rate of Accidental Drug Overdose Deaths from Pre-Pandemic to Pandemic Period, March to December (2019 vs. 2020)

	2019 (March to December)		2020 (March to December)		Rate change from 2019 to 2020[6]	
Decedent Characteristic	**Number**	**Rate[5]**	**Number**	**Rate[5]**	**Absolute change**	**Relative change**
All	1,376	12.6	2,084	19.2	6.6*	52.4%*
Gender						
- Male	1,088	20.1	1,614	29.9	9.7*	48.4%*
- Female	287	5.3	469	8.7	3.4*	64.7%*
Age Group (years)						
- 0 to 11†	4	0.3	8	0.6	0.3	100.0%
- 12 to 17	9	1.2	27	3.6	2.4*	200.0%*
- 18 to 24	125	12.2	216	21.0	8.9*	72.8%*
- 25 to 34	292	19.3	483	31.9	12.6*	65.4%*
- 35 to 44	282	19.6	423	29.4	9.8*	50.0%*
- 45 to 64	581	21.4	814	30.0	8.6*	40.1%*
- 65+	83	6.0	113	8.2	2.2	36.1%
Race/Ethnicity[1]						
- American Indian/Alaska Native†	7	24.7	6	25.2	0.5	2.2%
- Black/African American	251	26.1	412	44.0	17.9*	68.5%*
- Latinx/Hispanic	466	9.2	743	14.3	5.1*	55.7%*
- White	610	20.1	844	28.6	8.5*	42.2%*
- Asian	32	2.1	58	3.8	1.6*	75.2%*
- Pacific Islander†	4	13.6	4	15.2	1.6	11.9%

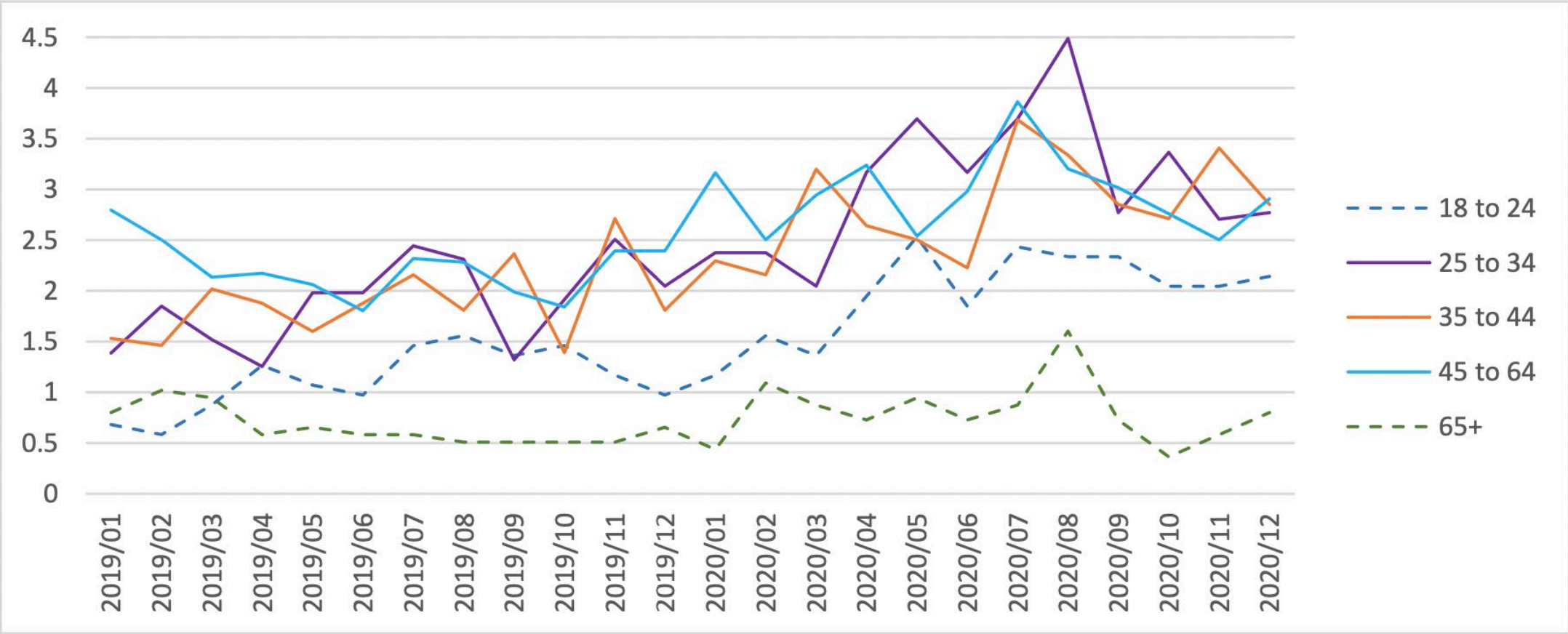
Update from SAPC in LA County (cont.)

Figure 7. Number of Accidental Drug Overdose Deaths by Gender, January 2019 to December 2020



Update from SAPC in LA County (cont.)

Figure 8. Accidental Drug Overdose Death Rate (per 100K population) by Age Group, January 2019 to December 2020



***Note**: *The majority of monthly death counts used to calculate age-specific rates were 20 or less and statistically unstable. Rate should be interpreted with caution. Age groups 0-11 and 12-17 were not included due to very small numbers (<10).*

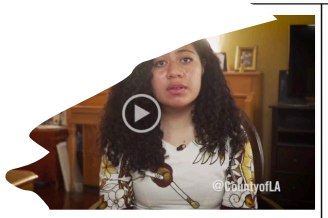
Update from SAPC in LA County (cont.)

	2019 (March to December)		2020 (March to December)		Rate change from 2019 to 2020[6]	
Decedent Characteristic	**Number**	**Rate[5]**	**Number**	**Rate[5]**	**Absolute change**	**Relative change**
Service Planning Area (SPA)[4]						
- SPA 1	79	21.3	131	34.6	13.4*	62.9%*
- SPA 2	226	9.5	329	14.1	4.6*	48.4%*
- SPA 3	125	6.6	223	12.0	5.4*	82.3%*
- SPA 4	316	23.7	479	35.8	12.2*	51.3%*
- SPA 5	79	11.0	132	18.4	7.4*	67.3%*
- SPA 6	152	14.7	238	22.3	7.6*	51.9%*
- SPA 7	111	8.1	189	13.8	5.7*	70.4%*
- SPA 8	227	13.4	315	19.0	5.6*	42.1%*

Prelim Data – NAPAFASA Survey on Understanding of Stimulant and Opioid Use

- n = 40; M = 7, F = 22, declined = 11; LGBTQ = 0/declined; 20-74 years old (11 were 30-40yo range)
- Collected May 2022 at health and street fairs in SPA 3
- 18 Asians (Chinese, Japanese, Vietnamese, Thai, Indonesian), 9 Hispanic/Latinx (Mexican, Guatemalan), 1 Black person, 12 declined to state
- 9 reported that they knew someone who struggled with substance use or addiction
- 1 person reported that they themselves struggled with substance use or addiction
- 5 reported that they either regularly used Rx beyond what was prescribed or used Rx recreationally
- 23 reported that they were concerned or very concerned with the “opioid epidemic” in their community
- 21 reported that they were concerned or very concerned with stimulant use in their community
- 12 answered correctly what misusing Rx drugs looks like
- 15 reported knowing that opioids, even when prescribed, can lead to SUD

Culture & Community:
Protection, Projection, Prevention


message from Tongan youth
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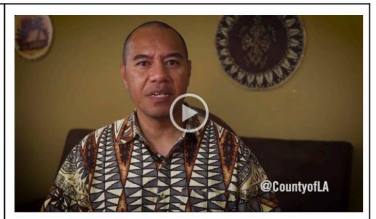

PSA: A message from a Tongan religious leader (short version)
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A message from a Tongan leader (long version)
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PSA: A message from a Tongan head of household
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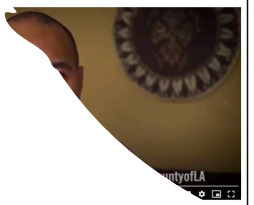


What can we learn from COVID?

Some disparities can be overcome through community-driven efforts

- Door-knocking
- Mobile clinics
- Understanding social structures
- Working with community leaders/community-vetted persons


PROJECT HUMAN EVERY DAY
NOLAN ROSS

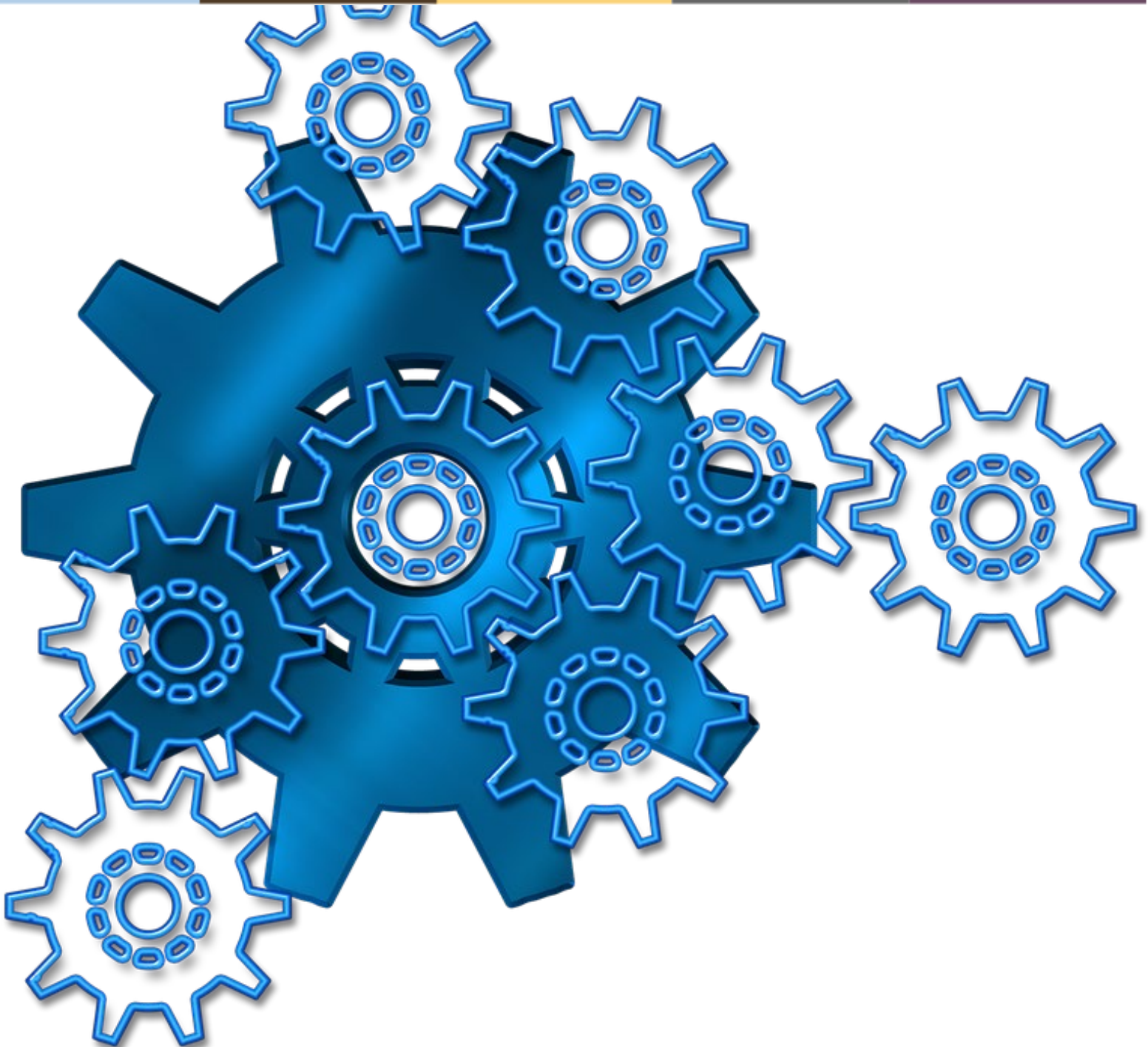
Community Dynamics

- Familial and community support networks can be so tight that stigma towards addressing mental health and substance use develop
- On the other hand, social support networks play a critical role in addressing, mitigating, and preventing substance use disorder
- Many we surveyed mentioned that they did not know what kind of behavioral health services were available
- A few mentioned that they could not find services in a desired language
- Reactionary responses and “defensiveness” when asked if they knew anything about drugs

Integrating Practices and Looking Ahead

Access

- Language-appropriate
- Provide options for various reading and technology literacy levels
- When considering telehealth, assess security and readiness
- Starting with an open mind—unavailable data does not mean the issue does not exist
- Community education



Cultural Sensitivity and Responsiveness

- Involve input from community leaders, members, community-based organizations
- Understand local or adjacent community resources
- Look into community modalities of healing and togetherness
- One ethnic group can vary from another; consider migration history/immigration status
- Involve community in decision-making
- Seek historical context
- Investigate the impact of current events
- Community education


Find Community

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Discussion

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