

SOUTHWEST COLLABORATIVE - FALL 2017 BEHAVIORAL HEALTH DISPARITY WORKSHOP FOR PFS COALITIONS - Collective Health Impact, LLC for VDBHDS

COALITION	SUBSTANCE ABUSE DISPARITY POPULATIONS	ADDITIONAL/MODIFIED		STRATEGIES TO BETTER ADDRESS SUBSTANCE ABUSE DISPARITY POPULATIONS (NEXT 2 YEARS)
SOUTHWEST (11/2/17) 22 Participants	Appalachian population ("Appalachian Pride"); Generationally Underemployed, Undereducated, Overmedicated; Low Income (highest rate of free lunch); Incarcerated and those Leaving Jails/Prisons; Transitionally Housed/Homeless; Pre-existing Mental Health population; Grandparents; Low Literacy-Spanish Speaking; those Lacking Transportation; "Coming-up" Youth (no jobs, "desperation"); LGBT; NAS Babies born with predisposed vulnerability and Mothers (have low uptake of services)		Advocate and Educate Lawmakers to Influence Policies	e.g., Increase stricter prescription laws; No more cash clinics - must operate like doctors offices and pharmacies must comply with PDMP; Legislative education on prevention (educate legislators about value of prevention)
			Pursue Grants and Provide More Peer Support Trainings-for-Trainers	e.g., More peer support; Support groups for populations (LGBTQ, Veterans, etc.); Create mentoring and accountability programs; Faith-based initiatives;
			Network and Educate about Value of Harm Reduction Programming	Harm Reduction programming; Syringe services to prevent infectious diseases such as HCV, HIV, etc.; Harm reduction needle exchange and drug disposal
			Increase Membership: Recruit and Retain Members from Local Businesses and Community Leaders	e.g., Address: economic development to build jobs; transportation issues (lack of, untapped resources); lack of affordable housing; education that leads to meaningful employment;
			Identify Gaps and Increase Programming for Underserved Populations	e.g., Collaboration and outreach to/for diverse populations: more safe community programming for LGBTQ community; more diverse coalition membership; more bilingual programs and services available; marketing campaigns to disparate groups; On-site services (supportive and safe housing -programs on location); Start a new bus system - similar to MEOC but offering to these under-represented populations; ; Identify recovery resources and contacts (needed for referrals); More options for counseling and recovery locations with the merger; Resiliency training programs; Support for grandparents raising grandchildren
			Develop and Implement a Strategic Plan for Providing Education in Communities	e.g., Grassroots programs that go to the Community and provide programs for families basic needs; More prevention programs that destigmatize; Educate doctors about alternate therapies; Educate about resiliency tools (e.g., teach, promote DARS scale (Devereaux Adult Resilience Survey - an assessment tool for characteristics associated with resilience); Education that leads to meaningful employment; Better educated and equipped faith based community; Focus on family building and education; Parent effectiveness training (PET) for parents; Life skills training (for all); Promote healthy habits and wellness to schools; Increase family planning for women in recovery; Get them while they are young - give them hope;

COALITION STRATEGY EQUITY REVIEW			
CURRENT STRATEGY	Who Benefits and How?	Who is Disadvantaged and How?	Remedies? Plans for Improvement?
Promote Recovery Initiatives (information dissemination)	Everyone (signs, materials distributed, facebook, billboards, coozies, magnets, fans)	Non-English speakers; Low literacy; Special populations	Expand availability of materials in additional languages; materials marketed to LGBT, veterans, grandparents, low literacy, churches, businesses
ASAC Coalition Development	All populations	Membership: Population with transportation issues -locality segregation Structure/Plans: Hopefully none	Membership : Make coalitions more diverse, engage more populations for representation on coalition. Move meetings around to make more accessible for more people in the demographics (disparate groups) Structure/Plans: Next steps: 5 yr & 10 yr plan to organize a strategic plan; 501c3 for funding; membership GAP analysis
Promote the PDMP	Prescribers - better care to patients; Consumers - less risk of adiction and/or potential problems; Providers of Support Services - better informed/educated; General population - better informed/educated, reducing stigma	General population: doesn't know what it is/misinformed/creates suspicion; Rural communities close to state lines	It has potential BUT it is very political - will take Policy Change. Public information can be more user friendly; if it were Billable, it would be done
Promote Safe Disposal - Dropboxes, map handouts (include Used Syringes)	Grieving families; Law enforcement - positive engagement; Public - drugs off street and out of houses	Criminals (removing access); those lacking transportation;	Build trust; Focus on different locations; Build relationships; Additional sites for used syringes