

A Culture Of Compassion: The Shatterproof National Stigma Initiative Case Study

December 5, 2024 | 1:00 pm ET

Note: The following text was transcribed using Otter.ai. Any misspellings and typos are a result of that service being used.

Hello everyone.

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00:00:04.635 --> 00:00:07.475

My name is Corey Thornton, senior editor here at Open Minds,

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00:00:07.475 --> 00:00:09.755

and welcome to today's Circle Executive Round table,

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00:00:09.815 --> 00:00:11.235

the Culture of Compassion,

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00:00:11.495 --> 00:00:14.275

the Shatterproof National Stigma Initiative case study.

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00:00:14.545 --> 00:00:16.755

Today's round table features Courtney McKean,

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00:00:16.755 --> 00:00:17.755

senior Vice President

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00:00:17.755 --> 00:00:19.835

of the Shatterproof National Stigma Initiative

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00:00:20.295 --> 00:00:21.315

during the q and a.

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00:00:21.315 --> 00:00:25.035
She'll be joined by Open Minds Senior Associate Karen Cari.

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00:00:25.175 --> 00:00:27.635
Before we get started, I have a few housekeeping reminders.

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00:00:27.635 --> 00:00:29.675
Your audio will be muted for today's briefing.

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00:00:29.675 --> 00:00:30.875
However, if you have any questions,

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00:00:31.175 --> 00:00:33.515
you can submit them in the question box on the right side

15
00:00:33.515 --> 00:00:35.675
of your screen, and we will address them at the end.

16
00:00:36.095 --> 00:00:37.155
And finally, the slides

17
00:00:37.175 --> 00:00:39.395
and recording for today's round table will be archived

18
00:00:39.395 --> 00:00:42.115
and available for subscription members on the Open Minds

19
00:00:42.115 --> 00:00:43.275
website starting tomorrow.

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00:00:43.815 --> 00:00:44.875
And with that, here's Courtney.

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00:00:46.845 --> 00:00:49.315
Thank you, Corey. I'm gonna go ahead

22
00:00:49.315 --> 00:00:51.035
and switch over to my screen.

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00:00:55.195 --> 00:00:56.965
Okay. I hope you all can see that.

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00:00:57.905 --> 00:01:00.245

Um, again, my name is Courtney McKean.

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00:01:00.265 --> 00:01:03.565

I'm the Senior Vice President Shatterproof National Stigma

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00:01:03.565 --> 00:01:07.005

Initiative, um, where we are, uh, working

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00:01:07.105 --> 00:01:09.285

to reverse the addiction crisis,

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00:01:09.545 --> 00:01:13.085

but specifically in my department, um, really looking at,

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00:01:13.225 --> 00:01:15.565

uh, public stigma of addiction.

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00:01:15.785 --> 00:01:17.325

So with that, I'll go ahead

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00:01:17.325 --> 00:01:19.205

and get in today's, in today's presentation.

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00:01:22.385 --> 00:01:23.605

So today our agenda,

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00:01:24.055 --> 00:01:27.125

we're gonna level set on substance use disorder in America.

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00:01:28.105 --> 00:01:29.735

We're really gonna look at the role

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00:01:29.845 --> 00:01:32.295

that stigma plays in this epidemic.

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00:01:33.715 --> 00:01:36.455

We are gonna talk about the Shatterproof Addiction Stigma

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00:01:36.585 --> 00:01:39.655

Index and the recent 2024 findings.

38
00:01:41.675 --> 00:01:43.975
And then we're gonna dive in specifically into

39
00:01:43.975 --> 00:01:45.935
how we can reduce stigma in the workplace.

40
00:01:47.715 --> 00:01:50.415
Um, with the hope of the objectives today being

41
00:01:50.525 --> 00:01:55.135
that we will be able to have tips on, um, how

42
00:01:55.155 --> 00:02:00.095
to foster more compassionate organizational cultures, uh,

43
00:02:00.245 --> 00:02:02.575
tips for addressing compassion fatigue.

44
00:02:03.115 --> 00:02:06.295
And then really, um, how do you elevate your organization

45
00:02:06.355 --> 00:02:09.815
as an active contributor, uh, to the communities you live,

46
00:02:10.205 --> 00:02:11.655
work, and strive to serve?

47
00:02:15.445 --> 00:02:19.415
Okay, so according to, um, Sam says nsda,

48
00:02:19.625 --> 00:02:23.095
which is their annual national survey on drug use in health,

49
00:02:23.945 --> 00:02:27.325
we know that over 48 million people aged 12

50
00:02:27.325 --> 00:02:30.165
or older have had a substance use disorder in the past year.

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00:02:30.665 --> 00:02:33.045
You'll see below that, over 28 million

52
00:02:33.225 --> 00:02:35.885
of those folks had an alcohol use disorder,

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00:02:36.635 --> 00:02:39.685
over 27 million had a drug use disorder,

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00:02:40.385 --> 00:02:44.805
and over 7 million had both an A UD and A DUD.

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00:02:46.135 --> 00:02:49.025
Furthermore, we know that in 2023,

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00:02:49.115 --> 00:02:52.345
there has been over 107,000 people

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00:02:52.605 --> 00:02:54.065
who have died of an overdose.

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00:02:56.775 --> 00:02:59.205
So let's dive in a little bit to some, some

59
00:02:59.205 --> 00:03:02.125
of the recent media coverage around overdoses.

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00:03:02.825 --> 00:03:06.245
Um, the theme that you'll see across these headlines are

61
00:03:06.635 --> 00:03:09.965
that drug overdose deaths are dropping.

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00:03:10.665 --> 00:03:14.765
Um, and I just really wanna highlight that one, a lot

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00:03:14.765 --> 00:03:16.525
of this data is still provisional,

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00:03:17.765 --> 00:03:21.665
and two, that the data, this data isn't always telling

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00:03:22.405 --> 00:03:24.225
all parts of the story, right?

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00:03:25.535 --> 00:03:30.095
So as we look at the United States age adjusted

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00:03:30.415 --> 00:03:33.535
overdose fatality rates on this graph, we'll see

68
00:03:33.535 --> 00:03:36.335
that the reports are really talking about the first

69
00:03:36.735 --> 00:03:37.975
decrease since 2018.

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00:03:38.755 --> 00:03:42.815
Um, but if you look at this graph, it really is more

71
00:03:42.835 --> 00:03:45.095
of a plateau than it is a decrease.

72
00:03:45.775 --> 00:03:47.935
I wanna really think about, you know,

73
00:03:47.965 --> 00:03:49.375
responsible data sharing

74
00:03:50.315 --> 00:03:52.775
and think about, again, these numbers are provisional.

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00:03:53.475 --> 00:03:57.935
Um, we wanna be careful about sharing out trends,

76
00:03:58.555 --> 00:04:01.295
um, or, um, any causation

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00:04:01.815 --> 00:04:05.295
causal relationships over a one year span of data,

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00:04:05.295 --> 00:04:08.375
especially around, um, the overdose crisis.

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00:04:09.315 --> 00:04:10.855
And then let's just highlight

80
00:04:10.855 --> 00:04:13.775
that these numbers are still alarmingly high.

81
00:04:14.815 --> 00:04:16.375
So in 2018,

82
00:04:17.035 --> 00:04:20.255
we had about 67,000 overdose deaths a year.

83
00:04:20.875 --> 00:04:24.495
We are still about 60% increase from

84
00:04:24.495 --> 00:04:25.895
that time in the past five years.

85
00:04:26.075 --> 00:04:28.935
So again, it's great to celebrate,

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00:04:29.035 --> 00:04:32.175
but let's also just really think about what the data is,

87
00:04:32.375 --> 00:04:33.535
um, really telling us.

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00:04:34.705 --> 00:04:37.685
And then I wanna dive into the data just one level deeper.

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00:04:38.545 --> 00:04:43.145
Um, you'll see this red dotted line really is the line

90
00:04:43.145 --> 00:04:46.185
that we saw in the last graph that is going to show us

91
00:04:46.215 --> 00:04:48.305
that there has been this marginal decrease

92
00:04:48.305 --> 00:04:49.385
in overdose stats.

93
00:04:50.505 --> 00:04:54.885
You can also see here that, um, the tan line

94
00:04:54.885 --> 00:04:57.685
that represents, uh, the white community

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00:04:58.435 --> 00:05:00.605
most closely follows that line.

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00:05:01.755 --> 00:05:03.775
But the thing that the data's not telling us,

97
00:05:03.795 --> 00:05:06.705
or the headlines are not telling us, is

98
00:05:06.705 --> 00:05:09.345
that we're actually seeing disproportionate increases

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00:05:09.345 --> 00:05:13.705
amongst certain racial groups such as black,

100
00:05:14.425 --> 00:05:17.025
Hispanic and Native Hawaiian and Pacific Islander.

101
00:05:17.865 --> 00:05:20.785
Specifically, if you look at this pink line, you'll see

102
00:05:20.785 --> 00:05:22.385
that in the past year,

103
00:05:22.575 --> 00:05:26.585
there's been a 35% increase in overdose deaths according

104
00:05:26.585 --> 00:05:31.465
to the provisional 2023 data, um, of the NHPI communities.

105
00:05:32.005 --> 00:05:34.425
So it just, all of this is really just to say

106
00:05:34.425 --> 00:05:37.665
that the addiction crisis in the United States needs

107
00:05:37.665 --> 00:05:39.945
to remain a top priority for this country.

108
00:05:40.595 --> 00:05:44.585
54% of Americans have reported that they know somebody

109
00:05:44.585 --> 00:05:45.825
with a substance use disorder.

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00:05:49.125 --> 00:05:51.305
So let's zoom out a little bit about Shatterproof.

111
00:05:51.305 --> 00:05:54.145
Shatterproof is a national nonprofit working

112
00:05:54.245 --> 00:05:55.705
to reverse the addiction crisis.

113
00:05:56.525 --> 00:06:01.125
Um, we were really born out of a personal tragedy of our CEO

114
00:06:01.705 --> 00:06:03.565
who lost his son, um,

115
00:06:03.855 --> 00:06:07.445
after a long complex, um, complex battle

116
00:06:07.475 --> 00:06:08.925
with substance use disorder.

117
00:06:09.425 --> 00:06:12.605
Um, from that, Gary Mende really wanted to be able

118
00:06:12.605 --> 00:06:16.165
to prevent others from feeling what his family felt,

119
00:06:16.665 --> 00:06:19.245
but also wanted to bring the evidence

120
00:06:19.245 --> 00:06:22.165
that he found stuck in research journals to life.

121
00:06:22.305 --> 00:06:26.045
How can we ensure that we are putting research

122
00:06:26.065 --> 00:06:30.285
and evidence base into practice to really increase, um,

123
00:06:30.515 --> 00:06:31.525
treatment outcomes

124
00:06:31.545 --> 00:06:32.885
and quality of life for people

125
00:06:32.885 --> 00:06:34.645
who have substance use disorder?

126
00:06:35.265 --> 00:06:37.445
So we have three priority areas.

127
00:06:37.955 --> 00:06:41.165
They're first being revolutionizing the treatment system.

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00:06:41.985 --> 00:06:45.605
We have a platform, a free platform, known as Atlas,

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00:06:45.825 --> 00:06:47.525
as a quality treatment locator,

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00:06:47.525 --> 00:06:51.365
which is currently active in 14 states across the country.

131
00:06:51.865 --> 00:06:54.885
And it really seeks to hold, um,

132
00:06:54.995 --> 00:06:58.965
treatment providers accountable to a standard of principles

133
00:06:58.965 --> 00:07:03.045
of care, and also really help the person, um,

134
00:07:03.185 --> 00:07:06.405
or family members looking to navigate the treatment center,

135
00:07:06.585 --> 00:07:09.685
get them to top quality and evidence-based care.

136
00:07:11.005 --> 00:07:13.385
One of our other priority areas is supporting

137
00:07:13.385 --> 00:07:14.665
and empowering communities.

138
00:07:15.245 --> 00:07:18.305
Um, we really do this through grassroots activation.

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00:07:18.645 --> 00:07:23.265
We have, um, shatterproof walk to end addiction stigma walks

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00:07:23.265 --> 00:07:24.345
that we just completed.

141
00:07:24.575 --> 00:07:27.665
They are active in around six markets across the country,

142
00:07:28.245 --> 00:07:31.105
really bringing people together to have a movement

143
00:07:31.565 --> 00:07:34.585
around ending the, uh, stigma around addiction.

144
00:07:34.965 --> 00:07:38.265
Um, but then really, you know, again, reversing this crisis,

145
00:07:39.005 --> 00:07:41.745
we also do some policy work in this area

146
00:07:41.855 --> 00:07:45.065
that also is represented in this, um, priority area of work.

147
00:07:45.955 --> 00:07:47.615
And then last, but certainly not least,

148
00:07:48.005 --> 00:07:50.375
what we're gonna be talking about today, uh,

149
00:07:50.655 --> 00:07:53.175
breaking down addiction related stigmas.

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00:07:53.175 --> 00:07:56.575
And that is the work that National Stigma Initiative is

151
00:07:56.575 --> 00:07:59.895
currently doing, um, in communities across the country.

152
00:08:00.115 --> 00:08:03.695
We are ha we have statewide, uh, digital media campaigns.

153
00:08:03.695 --> 00:08:07.375
We're working to really educate the public on substance use

154
00:08:07.615 --> 00:08:10.415
disorder and reduce public stigma of addiction.

155
00:08:11.115 --> 00:08:13.695
Um, and then we are also working in, um,

156
00:08:13.845 --> 00:08:16.255
some curriculum development for healthcare professionals

157
00:08:16.395 --> 00:08:19.855
to educate and reduce stigma of addiction, as well

158
00:08:19.855 --> 00:08:21.535
as the Shatterproof Addiction Stigma Index,

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00:08:21.535 --> 00:08:22.735
which we will talk about today.

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00:08:25.165 --> 00:08:27.505
So what is addiction stigma?

161
00:08:28.125 --> 00:08:30.225
Uh, stigma is a socially, socially

162
00:08:30.245 --> 00:08:32.025
and culturally constructed process

163
00:08:32.655 --> 00:08:34.905
that reproduces inequalities

164
00:08:34.905 --> 00:08:37.385
and is perpetuated by the exercise of social,

165
00:08:38.265 --> 00:08:39.545
economic and political power.

166
00:08:40.285 --> 00:08:42.425
It is a barrier to receiving healthcare,

167
00:08:42.925 --> 00:08:44.585
and it prevents people from

168
00:08:45.145 --> 00:08:46.705
engaging in help seeking behavior.

169
00:08:47.365 --> 00:08:50.465
It can result in discrimination and exclusion.

170
00:08:53.165 --> 00:08:56.485
So there are typically four types of stigma

171
00:08:56.635 --> 00:08:59.245
that we talk about when we talk about addiction stigma.

172
00:09:00.145 --> 00:09:01.245
We have public stigma.

173
00:09:01.945 --> 00:09:05.125
Um, this is society's negative attitudes towards a group

174
00:09:05.125 --> 00:09:08.765
of people, um, where individuals feel unwelcome, judged,

175
00:09:08.905 --> 00:09:10.245
shamed, or even blamed.

176
00:09:10.975 --> 00:09:13.805
There are structural stigma, so

177
00:09:13.885 --> 00:09:16.045
that's systems level discrimination caused

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00:09:16.065 --> 00:09:18.285
and codified by institutional policies

179
00:09:18.345 --> 00:09:20.085
and dominant social norms.

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00:09:20.865 --> 00:09:24.605
We have self-stigma where individuals, um,

181
00:09:25.105 --> 00:09:27.965
who have a substance use disorder in this case accept

182
00:09:28.645 --> 00:09:29.685
societal stereotypes.

183
00:09:30.425 --> 00:09:33.965
And, um, they internalize these negative views

184
00:09:33.965 --> 00:09:36.205
and feelings, which can reduce their

185
00:09:36.395 --> 00:09:37.965
self-efficacy and self-esteem.

186
00:09:38.925 --> 00:09:40.945
And we have stigma against medications

187
00:09:40.965 --> 00:09:43.665
for opioid use disorder order, which is unique

188
00:09:43.885 --> 00:09:45.145
to the opioid crisis.

189
00:09:45.765 --> 00:09:49.185
Um, medication for Opioid Use Disorder is also known

190
00:09:49.405 --> 00:09:50.745
as MOUD.

191
00:09:51.605 --> 00:09:54.385
And the stigma here is that there's a misconception

192
00:09:54.415 --> 00:09:58.745
that MOUD involves trading one addiction for another.

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00:10:02.185 --> 00:10:05.565
So back in 2019, when Shatterproof decided

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00:10:05.705 --> 00:10:07.805
to really set out, um,

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00:10:08.345 --> 00:10:11.645
and figure out how we were going

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00:10:12.105 --> 00:10:15.845
to address this crisis, we did a,

197
00:10:16.045 --> 00:10:19.485
a really extensive research, um, study on

198
00:10:19.795 --> 00:10:21.765
what were the drivers of the crisis.

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00:10:22.625 --> 00:10:26.525
And what we were able to find through that work is

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00:10:26.525 --> 00:10:28.605
that there were nine primary drivers,

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00:10:29.385 --> 00:10:32.805
and seven of the nine were driven by pervasive stigma.

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00:10:33.265 --> 00:10:35.205
So you'll see here that shame

203
00:10:35.225 --> 00:10:38.925
and social isolation individuals not seeking help

204
00:10:38.985 --> 00:10:40.805
for their addiction, um,

205
00:10:40.865 --> 00:10:42.685
and then criminalization of people

206
00:10:42.795 --> 00:10:44.125
with substance use disorder.

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00:10:47.605 --> 00:10:49.485
So with that, I'm gonna go ahead

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00:10:49.485 --> 00:10:52.005
and talk a little bit about the Shatterproof Addiction

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00:10:52.005 --> 00:10:53.245
Stigma Index.

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00:10:53.865 --> 00:10:57.565
One of the things that we also realized pretty early on is

211
00:10:57.565 --> 00:11:01.805
that while people were doing stigma reduction, um, a lot

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00:11:01.805 --> 00:11:03.965
of the times that may look like, uh,

213
00:11:04.245 --> 00:11:06.285
communications campaigns, they were,

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00:11:06.505 --> 00:11:08.485
the impact wasn't being measured.

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00:11:08.705 --> 00:11:10.685
So, you know, the impact

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00:11:10.685 --> 00:11:13.725
that was being shared were impressions or clicks.

217
00:11:14.065 --> 00:11:17.885
But what we really care about is are we changing knowledge,

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00:11:18.365 --> 00:11:20.005
attitudes, and ultimately behavior?

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00:11:20.625 --> 00:11:22.965
Are we making the world more inclusive

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00:11:23.065 --> 00:11:24.485
and compassionate towards people

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00:11:24.745 --> 00:11:26.605
who have a substance use disorder?

222
00:11:27.265 --> 00:11:30.685
Um, and so we set out

223
00:11:30.865 --> 00:11:32.485
to put together an index

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00:11:32.935 --> 00:11:35.885
where we could really hold the nation accountable

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00:11:36.345 --> 00:11:39.645
to moving the needle over time when reducing stigma like

226
00:11:39.645 --> 00:11:42.805
other social change movements have, such as hiv, aids,

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00:11:43.035 --> 00:11:44.565
same sex marriage, et cetera.

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00:11:45.345 --> 00:11:47.885
So the Shatterproof Addiction Stigma Index, also known

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00:11:47.885 --> 00:11:50.765
as the Sassy, is a first of its kind measurement tool

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00:11:51.365 --> 00:11:53.965
designed to assess attitudes from the General P*****k.

231
00:11:54.465 --> 00:11:56.765
We also look at the perceptions of those

232
00:11:56.875 --> 00:12:00.885
with substance use disorder to better understand what type

233
00:12:00.885 --> 00:12:02.845
of self-stigma they hold.

234
00:12:04.245 --> 00:12:08.025
Um, this index was first fielded in 2021

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00:12:08.445 --> 00:12:09.745
and close partnership

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00:12:09.745 --> 00:12:12.985
with leading stigma researchers at Indiana University.

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00:12:13.885 --> 00:12:15.585
And it's comprised of more than 50

238
00:12:15.655 --> 00:12:17.225
validated stigma measures.

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00:12:17.365 --> 00:12:21.825
We really lean to the mental health field, um, to,

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00:12:22.205 --> 00:12:23.305
you know, model

241
00:12:23.645 --> 00:12:26.785
and learn as we, um, embark on this journey

242
00:12:26.805 --> 00:12:28.425
to reduce stigma of addiction.

243
00:12:28.765 --> 00:12:30.305
So a lot of the questions

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00:12:30.305 --> 00:12:32.505
and scales were borrowed for, um,

245
00:12:32.575 --> 00:12:35.065
some validated measures in mental health.

246
00:12:37.925 --> 00:12:42.025
So in the Shatterproof Addiction Stigma Index, um,

247
00:12:43.405 --> 00:12:47.185
the SSE is randomly assigned to,

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00:12:47.605 --> 00:12:48.985
um, the general public.

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00:12:49.355 --> 00:12:53.985
We're able to field this in English and Spanish to adults 18

250
00:12:53.985 --> 00:12:55.545
and older, and we partner

251
00:12:55.575 --> 00:12:58.585
with a leading marketing research firm called Ipsos.

252
00:12:58.845 --> 00:13:01.665
Um, they use a probability based sampling method,

253
00:13:01.835 --> 00:13:04.705
which allows us to generalize all of our findings

254
00:13:04.705 --> 00:13:05.745
to the general public.

255
00:13:06.325 --> 00:13:09.145
Um, so again, that sample is over 8,000 people.

256
00:13:09.685 --> 00:13:13.265
Um, and then they were randomly assigned to a,

257
00:13:13.525 --> 00:13:14.745
um, vignette.

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00:13:14.925 --> 00:13:17.025
I'm not gonna get into that methodology too much,

259
00:13:17.565 --> 00:13:22.385
but these vignettes, um, varied across different substances.

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00:13:22.485 --> 00:13:26.745
So we have alcohol prescription opioids, both medical onset

261
00:13:26.745 --> 00:13:29.825
and recreational onset heroin, meth, amphetamine,

262
00:13:30.165 --> 00:13:32.745
and marijuana was a new one that we added this year.

263
00:13:33.125 --> 00:13:35.105
And then in addition, each

264
00:13:35.105 --> 00:13:39.185
of those substances had a vignette that was active use

265
00:13:39.765 --> 00:13:41.825
and one that was an abstine based vignette.

266
00:13:43.405 --> 00:13:47.655
What I can say about that is that we have a robust data set

267
00:13:47.795 --> 00:13:51.775
to really understand how stigma changes across

268
00:13:52.385 --> 00:13:56.175
substances and also across someone's journey, um,

269
00:13:56.225 --> 00:13:58.335
navigating substance use, substance use

270
00:13:58.335 --> 00:13:59.495
and substance use disorder.

271
00:14:02.435 --> 00:14:07.255
So, jumping into the key findings of 2024, we, again,

272
00:14:07.255 --> 00:14:10.695
like I mentioned earlier, most Americans, 54%,

273
00:14:10.925 --> 00:14:12.975
they know someone with a substance use disorder.

274
00:14:14.005 --> 00:14:16.495
Most people misunderstand the nature

275
00:14:16.635 --> 00:14:17.935
of substance use disorder.

276
00:14:19.405 --> 00:14:20.925
Americans distance themselves from people

277
00:14:21.075 --> 00:14:22.365
with substance use disorder.

278
00:14:23.435 --> 00:14:27.175
People hold stigma towards some treatment pathways,

279
00:14:27.835 --> 00:14:29.135
and there's mixed support

280
00:14:29.275 --> 00:14:31.935
for life-saving harm reduction interventions.

281
00:14:35.805 --> 00:14:37.305
So let's dive into those a little bit.

282
00:14:37.565 --> 00:14:39.745
So, misunderstanding of the nature of SUD.

283
00:14:40.245 --> 00:14:43.225
We saw that three-fourths of Americans do not believe

284
00:14:43.225 --> 00:14:46.505
that a person with SUD is experiencing a chronic medical

285
00:14:46.665 --> 00:14:49.865
illness like diabetes, arthritis, or heart disease.

286
00:14:50.715 --> 00:14:54.005
We also saw that only half of Americans understand

287
00:14:54.155 --> 00:14:57.525
that a person with SUD could be experiencing mental illness

288
00:14:57.865 --> 00:14:59.205
or physical illness.

289
00:14:59.875 --> 00:15:01.965
This truly underscores the need

290
00:15:02.065 --> 00:15:04.165
for additional education of the general public.

291
00:15:04.465 --> 00:15:06.525
Um, to really correct these misconceptions around

292
00:15:07.085 --> 00:15:11.545
substance use disorder, we then looked at, uh,

293
00:15:11.555 --> 00:15:13.865
distancing from people with substance use disorder.

294
00:15:14.245 --> 00:15:17.385
So in a home life context, we saw

295
00:15:17.385 --> 00:15:19.825
that four in 10 adults were unwilling

296
00:15:19.825 --> 00:15:22.345
to spend an evening socializing with someone

297
00:15:22.565 --> 00:15:24.905
who has a substance use disorder and

298
00:15:25.165 --> 00:15:27.825
or have someone with a substance use disorder

299
00:15:28.165 --> 00:15:29.345
as a close friend.

300
00:15:30.125 --> 00:15:33.865
Um, so again, you know, during the time

301
00:15:33.975 --> 00:15:38.705
that people need that peer support, the most is the time

302
00:15:38.775 --> 00:15:41.945
that people are, um, creating distance between them

303
00:15:41.965 --> 00:15:43.065
and the people who have people

304
00:15:43.065 --> 00:15:44.425
who have substance use disorder.

305
00:15:45.245 --> 00:15:49.285
As we look at treatment pathways, uh, we saw

306
00:15:49.285 --> 00:15:51.645
that four in 10 Americans believe that medication

307
00:15:51.705 --> 00:15:54.245
for opioid use disorder substitute one drug for another,

308
00:15:54.635 --> 00:15:57.685
even though it's an FDA approved gold standard for treating,

309
00:15:57.985 --> 00:15:59.325
um, opioid use disorder.

310
00:16:00.835 --> 00:16:03.815
We also know that the majority of Americans understood

311
00:16:03.815 --> 00:16:06.895
that medication for opioid use disorder is an effective

312
00:16:06.895 --> 00:16:09.855
treatment and helps people cope with substance use disorder.

313
00:16:10.515 --> 00:16:12.655
But then when we asked them whether they'd be willing

314
00:16:12.655 --> 00:16:14.095
to have a clinic in their backyard

315
00:16:14.155 --> 00:16:16.575
or their neighborhood, um, we saw

316
00:16:16.575 --> 00:16:19.015
that only about 53% of them supported that.

317
00:16:19.235 --> 00:16:20.255
That's really, um,

318
00:16:21.205 --> 00:16:23.495
underscores this phenomenon called nimbyism,

319
00:16:23.555 --> 00:16:24.695
or not in My Backyard,

320
00:16:24.905 --> 00:16:27.175
where people support something in theory,

321
00:16:27.555 --> 00:16:29.935
but they kind of wanna keep it out of sight, out of mind.

322
00:16:30.935 --> 00:16:32.795
So this is something we see come up a lot

323
00:16:32.815 --> 00:16:35.995
and something that we, we really need to need to solve for.

324
00:16:37.765 --> 00:16:40.465
As we look at support for harm reduction interventions,

325
00:16:40.645 --> 00:16:42.065
it was, um, promising

326
00:16:42.065 --> 00:16:45.665
that we saw seven in 10 adults support personally procuring

327
00:16:45.785 --> 00:16:49.745
Naloxone, um, which we all know is a reversal agent,

328
00:16:49.885 --> 00:16:51.065
um, for overdose.

329
00:16:52.865 --> 00:16:54.805
But then we saw that less than half

330
00:16:54.805 --> 00:16:57.165
of Americans support having safe injection

331
00:16:57.335 --> 00:16:58.845
sites in their communities.

332
00:16:59.335 --> 00:17:01.525
Again, we can really reflect back on that nimbyism,

333
00:17:02.025 --> 00:17:03.685
um, not in my backyard.

334
00:17:04.085 --> 00:17:07.085
I I don't want, you know, an us first them mentality.

335
00:17:07.945 --> 00:17:10.365
Um, but then I also wanna really highlight that

336
00:17:11.365 --> 00:17:15.495
this is all also known despite, um, lots of research

337
00:17:15.495 --> 00:17:18.975
and evidence recently that safe injection sites also known

338
00:17:18.975 --> 00:17:20.055
as safe conception sites,

339
00:17:20.285 --> 00:17:22.455
they evidence decreases in overdoses,

340
00:17:23.135 --> 00:17:26.335
decrease in bloodborne diseases such as HIV and Hepatitis C,

341
00:17:26.955 --> 00:17:29.615
and actually support linkage to effective treatment

342
00:17:29.635 --> 00:17:32.135
for those who are looking to take that next step.

343
00:17:32.395 --> 00:17:34.575
So this is definitely an area that we would like

344
00:17:34.575 --> 00:17:36.375
to see more support for in the future.

345
00:17:39.185 --> 00:17:42.685
And then as we look at people specifically in the workplace,

346
00:17:43.505 --> 00:17:45.885
um, we're gonna see that nimbyism again, right?

347
00:17:46.105 --> 00:17:48.125
So approximately three fourths

348
00:17:48.125 --> 00:17:51.805
of Americans report being willing to have someone with SUD

349
00:17:51.805 --> 00:17:54.885
as a coworker, but then when we ask

350
00:17:55.505 --> 00:17:58.965
if they would work in close proximity with that same person,

351
00:17:59.825 --> 00:18:02.565
um, that willingness drops to 52%.

352
00:18:03.255 --> 00:18:07.355
Um, so again, um, we need to really work on,

353
00:18:08.255 --> 00:18:12.195
on aligning some of this, like this theory versus practice

354
00:18:12.375 --> 00:18:14.595
of how people are answering these questions

355
00:18:14.615 --> 00:18:16.555
and then how do they actually show up in the workplace?

356
00:18:16.575 --> 00:18:18.275
How do they actually show up in their real lives

357
00:18:18.535 --> 00:18:20.515
to support people who have substance use disorder?

358
00:18:23.405 --> 00:18:27.675
So in the 2021 Shatterproof Addiction Stigma Index,

359
00:18:27.895 --> 00:18:30.275
it was our inaugural index, we came out

360
00:18:30.275 --> 00:18:32.195
with a very traditional data report.

361
00:18:32.695 --> 00:18:36.355
Um, we really shared what we would say is the baseline, um,

362
00:18:36.535 --> 00:18:38.835
for what addiction stigma looked like in our country

363
00:18:38.935 --> 00:18:39.955
in 2021.

364
00:18:41.115 --> 00:18:44.935
In our 2024 report, we wanted to take a, a different,

365
00:18:46.735 --> 00:18:48.975
a different spin on the, on the report.

366
00:18:50.625 --> 00:18:54.045
One, we know that story sharing is an effective

367
00:18:54.525 --> 00:18:56.525
strategy for stigma reduction.

368
00:18:57.895 --> 00:19:00.035
Two, we wanted to really lean into,

369
00:19:00.035 --> 00:19:02.075
wanna shatterproof strengths, which was collecting

370
00:19:02.075 --> 00:19:05.315
and sharing these stories, um, building rapport

371
00:19:05.315 --> 00:19:07.755
with our story shares, um,

372
00:19:07.975 --> 00:19:10.995
and then, you know, putting these stories out there, um,

373
00:19:11.295 --> 00:19:12.475
to be told to the world.

374
00:19:13.455 --> 00:19:15.155
But then also we were seeing that

375
00:19:15.155 --> 00:19:18.195
during our story collections when we were asking story

376
00:19:18.295 --> 00:19:21.315
shares about their lived experience with stigma, a lot

377
00:19:21.315 --> 00:19:24.235
of the times we weren't getting answers,

378
00:19:25.175 --> 00:19:27.355
and we would have to pull and pull

379
00:19:27.355 --> 00:19:29.075
and maybe like, ask a question.

380
00:19:29.075 --> 00:19:30.995
It's like, oh, that's stigma, and that's stigma.

381
00:19:31.575 --> 00:19:35.155
So it, it really like highlighted this need to show

382
00:19:35.855 --> 00:19:37.515
how does stigma, these numbers

383
00:19:38.555 --> 00:19:39.915
actually manifest in real life

384
00:19:40.535 --> 00:19:43.595
and practice as someone's navigating

385
00:19:43.595 --> 00:19:44.955
their substance use disorder.

386
00:19:45.255 --> 00:19:47.955
So from that, we were able to really dive into,

387
00:19:48.415 --> 00:19:49.835
um, Kaitlyn's story.

388
00:19:49.975 --> 00:19:53.675
I'm gonna share her short video with you now, um, so

389
00:19:53.675 --> 00:19:56.915
that she can talk a little bit about her journey

390
00:19:56.945 --> 00:19:58.075
with substance use disorder

391
00:19:58.375 --> 00:20:00.155
and the stigma that she faced during it.

392
00:20:01.995 --> 00:20:04.875
I think always used to, I felt like a failure,

393
00:20:05.055 --> 00:20:07.275
but today I see it completely different.

394
00:20:07.275 --> 00:20:10.195
Like, I know that I was supposed to take this path.

395
00:20:10.315 --> 00:20:14.995
I think I faced a lot of stigma through active use,

396
00:20:15.175 --> 00:20:19.395
and especially in early recovery, people still look at me as

397
00:20:20.655 --> 00:20:21.715
she'll never make it.

398
00:20:22.455 --> 00:20:24.275
Um, she's gonna go back to using.

399
00:20:24.815 --> 00:20:28.395
And so, you know, hearing stuff like that, it always

400
00:20:29.505 --> 00:20:30.795
made me down my own stuff.

401
00:20:31.035 --> 00:20:34.155
I originally became a peer support specialist

402
00:20:34.815 --> 00:20:35.835
simply for the passion.

403
00:20:36.655 --> 00:20:40.155
You know, when I completed treatment, I became a peer mentor

404
00:20:40.415 --> 00:20:42.235
and I did nine months

405
00:20:42.335 --> 00:20:45.275
of peer mentoring at the treatment center I was at.

406
00:20:45.455 --> 00:20:48.045
And, um, so many people gave to me.

407
00:20:48.195 --> 00:20:50.845
They gave their time to me to help me and love me

408
00:20:51.625 --> 00:20:53.485
and just simply be there for me.

409
00:20:53.745 --> 00:20:56.845
And like I said, ever since I was a little girl,

410
00:20:56.925 --> 00:20:59.765
I had these big dreams and goals to grow up and help people.

411
00:21:00.345 --> 00:21:01.725
And this is what I was made for.

412
00:21:01.925 --> 00:21:03.325
I mean, this is what I was meant to do.

413
00:21:04.145 --> 00:21:07.885
And so I want somebody to be able to look at me

414
00:21:07.885 --> 00:21:10.605
and believe me when I say I know how you feel,

415
00:21:11.305 --> 00:21:15.885
as in there working as a recovery coach today, like,

416
00:21:16.005 --> 00:21:17.365
I get to do peer support,

417
00:21:17.385 --> 00:21:19.245
but I also get to help with harm reduction.

418
00:21:19.585 --> 00:21:21.365
We also get to help send them to treatment,

419
00:21:21.585 --> 00:21:24.565
or we get to link them to MOUD.

420
00:21:24.825 --> 00:21:28.725
We get to let them choose whatever pathway they wanna take,

421
00:21:28.985 --> 00:21:32.725
and so whatever type of recovery they want to go

422
00:21:32.725 --> 00:21:35.565
after, like, I'm here for it and I get to be a part of it.

423
00:21:35.565 --> 00:21:39.365
And it's beautiful. So back when all of this was going on

424
00:21:39.865 --> 00:21:42.965
and we were all actively,

425
00:21:43.065 --> 00:21:46.925
and so fentanyl had just started to come out right

426
00:21:46.925 --> 00:21:49.325
around the time that I entered into recovery.

427
00:21:49.825 --> 00:21:52.765
And also Narcan was just starting

428
00:21:52.785 --> 00:21:55.045
to make its way onto the community for free

429
00:21:55.505 --> 00:21:57.085
and become available to us.

430
00:21:57.385 --> 00:22:00.005
The most that we knew about was like the syringe exchange

431
00:22:00.005 --> 00:22:02.525
program, and that was so small.

432
00:22:02.585 --> 00:22:04.725
It was like the little mobile van units

433
00:22:04.915 --> 00:22:06.805
that they had downtown and Louisville.

434
00:22:07.825 --> 00:22:10.325
So the lack of resources that was out there,

435
00:22:10.625 --> 00:22:12.885
it wasn't anything like today.

436
00:22:13.105 --> 00:22:15.925
You know, like the recovery community today is loud.

437
00:22:16.385 --> 00:22:18.725
And I love that if it wasn't prolo

438
00:22:18.745 --> 00:22:20.085
and I wouldn't be here today,

439
00:22:21.025 --> 00:22:22.565
and I'm very grateful for that.

440
00:22:22.785 --> 00:22:25.805
But, you know, I've personally used Naloxone

441
00:22:26.465 --> 00:22:27.925
before numerous times.

442
00:22:28.285 --> 00:22:31.285
I had a very good friend that I had to use it on.

443
00:22:31.505 --> 00:22:34.205
And, you know, had I not had it in my purse,

444
00:22:34.645 --> 00:22:36.845
I don't think she would've bled Narcan.

445
00:22:37.465 --> 00:22:40.965
Um, in my car, in my backpack, in my purse,

446
00:22:41.545 --> 00:22:43.325
it Narcan saved my life.

447
00:22:43.705 --> 00:22:46.125
And like had it not been available,

448
00:22:46.485 --> 00:22:47.965
I would not be alive today.

449
00:22:48.365 --> 00:22:51.005
I was in active use for about 10 years,

450
00:22:51.745 --> 00:22:56.325
and it took me, I would say it took me

451
00:22:56.885 --> 00:22:59.965
five or six treatment centers that finally this last time

452
00:22:59.965 --> 00:23:01.965
that I went into treatment, something changed

453
00:23:02.265 --> 00:23:04.405
and something was different.

454
00:23:04.565 --> 00:23:06.925
I had had enough out there and I sat still,

455
00:23:07.465 --> 00:23:10.525
but it took me, I mean, it took a long time

456
00:23:10.785 --> 00:23:11.845
for me to finally get it.

457
00:23:12.165 --> 00:23:16.005
I think for some people the multiple attempts is, for one,

458

00:23:16.345 --> 00:23:20.325

the lack of support or, um, like we had mentioned

459

00:23:20.325 --> 00:23:22.885

before, the stigma in the community.

460

00:23:23.225 --> 00:23:27.725

You know, so some people need medication, you know,

461

00:23:27.785 --> 00:23:29.885

not everybody's pathway, it's gonna look the same.

462

00:23:29.985 --> 00:23:33.765

So what 12 steps might work for somebody,

463

00:23:33.985 --> 00:23:36.565

but other people, they might need suboxone

464

00:23:36.585 --> 00:23:38.245

or methadone or Vivitrol.

465

00:23:38.425 --> 00:23:40.165

But the stigma around it

466

00:23:40.165 --> 00:23:43.085

and the judgment around it, they're too scared to reach out

467

00:23:43.085 --> 00:23:44.125

and say something about it.

468

00:23:44.305 --> 00:23:46.005

And so for them, their only option

469

00:23:46.025 --> 00:23:48.405

and answer is, I'm gonna keep suffering in silence

470

00:23:48.545 --> 00:23:49.725

and I'm gonna keep using.

471

00:23:50.585 --> 00:23:54.245

And so what people don't realize is that medication

472
00:23:54.975 --> 00:23:56.685
helps people become sustainable,

473
00:23:56.945 --> 00:23:59.565
it helps save their life while they're on their medication,

474
00:23:59.835 --> 00:24:02.565
they're no longer using, they're getting up,

475
00:24:02.565 --> 00:24:05.805
they're showering, they're paying their bills, you know,

476
00:24:05.805 --> 00:24:08.845
they're sustaining a home a car.

477
00:24:09.225 --> 00:24:12.165
And I just wish more people would come forward

478
00:24:12.385 --> 00:24:15.045
and realize, like, it's okay to be on that medication.

479
00:24:15.755 --> 00:24:17.885
Everybody's pathway is gonna be different.

480
00:24:18.065 --> 00:24:20.565
You know, I had these big plans to go out to nursing school,

481
00:24:20.945 --> 00:24:24.195
and my goal was to always be in a field setting

482
00:24:24.255 --> 00:24:26.595
to help people, but I guess, um,

483
00:24:26.775 --> 00:24:29.915
God didn't want me in the hospital field, so I had

484
00:24:29.915 --> 00:24:32.795
to take this path and come out on this side of the field

485
00:24:32.825 --> 00:24:35.675
because I was meant to help people who are like me.

486
00:24:40.735 --> 00:24:44.095
So that was a clip that we put together

487
00:24:44.275 --> 00:24:46.135
to really talk a little bit about

488
00:24:46.235 --> 00:24:49.095
or summarize a little bit of Kaitlin's experience, um,

489
00:24:49.225 --> 00:24:52.055
navigating substance use disorder and the stigma around it.

490
00:24:53.435 --> 00:24:54.595
Specifically in the report,

491
00:24:54.745 --> 00:24:56.915
Kaitlin recalls her peers at work,

492
00:24:57.305 --> 00:24:59.115
they would talk about her behind her back.

493
00:24:59.735 --> 00:25:02.715
Um, management was unwilling to make accommodations for her

494
00:25:02.715 --> 00:25:05.995
to take MOUD as she strived to find stability.

495
00:25:06.925 --> 00:25:08.705
She says that this made her feel less than,

496
00:25:08.925 --> 00:25:11.625
it lowered her self-esteem made her feel like a failure.

497
00:25:12.365 --> 00:25:13.985
She felt as though she was treated differently

498
00:25:14.085 --> 00:25:17.025
and that people didn't trust her, and that her roles

499
00:25:17.045 --> 00:25:21.585
and responsibilities were changed once she disclosed, um,

500
00:25:21.975 --> 00:25:23.225
that she was striving

501
00:25:23.285 --> 00:25:25.665
to find recovery from her substance use disorder.

502
00:25:26.585 --> 00:25:29.125
So again, I just wanted to really bring the data

503
00:25:29.225 --> 00:25:31.845
and bring that, that human com component,

504
00:25:32.105 --> 00:25:33.165
um, to that work through.

505
00:25:35.005 --> 00:25:37.785
So why, what is this sassy for?

506
00:25:38.305 --> 00:25:40.345
I kind of hinted toward this a little bit earlier.

507
00:25:40.805 --> 00:25:43.225
Um, but yes, what I just explained

508
00:25:43.405 --> 00:25:44.945
to you is really measuring,

509
00:25:44.945 --> 00:25:46.865
measuring population level stigma.

510
00:25:47.325 --> 00:25:49.265
So really looking at what is,

511
00:25:49.415 --> 00:25:51.985
what are the general perceptions across the United States

512
00:25:52.205 --> 00:25:55.105
around substance use disorder and people who use substances.

513
00:25:55.765 --> 00:25:58.665
Um, societies take a long time to change.

514
00:25:59.165 --> 00:26:02.705
Uh, stigma is not going to be changed overnight.

515
00:26:03.045 --> 00:26:05.705
Um, with that, we also hope that the shadow

516
00:26:05.765 --> 00:26:09.785
of addiction stigma index can be used, um, as a mechanism

517
00:26:09.885 --> 00:26:13.505
to hold us accountable, uh, to truly reducing stigma.

518
00:26:13.725 --> 00:26:16.865
So we will be doing this every two to three years

519
00:26:17.365 --> 00:26:19.465
to look at, uh, change over time.

520
00:26:20.635 --> 00:26:23.815
You can also look at differences between demographic groups

521
00:26:23.875 --> 00:26:25.295
and segments of the community.

522
00:26:25.915 --> 00:26:29.505
Um, as we talked about earlier, it's not,

523
00:26:29.605 --> 00:26:32.385
the data is very different when you just aggregate

524
00:26:32.445 --> 00:26:33.745
by racial group.

525
00:26:34.285 --> 00:26:36.785
Um, so we can look at the data from that way

526
00:26:36.805 --> 00:26:38.985
and see what types of stigma, um,

527
00:26:39.015 --> 00:26:40.385
does the black community hold

528
00:26:40.655 --> 00:26:42.505
that the white community might not hold,

529
00:26:42.565 --> 00:26:45.365
and that can really help us better understand

530
00:26:45.545 --> 00:26:47.445
how we're going to tackle this problem.

531
00:26:47.985 --> 00:26:51.285
And as you think about segments of the community in 2021

532
00:26:51.425 --> 00:26:54.965
and 2024, we also over sampled for people

533
00:26:54.985 --> 00:26:56.365
who are in the healthcare profession.

534
00:26:56.665 --> 00:27:00.845
Um, so how, what are the unique stigmas that people

535
00:27:00.905 --> 00:27:02.765
who work in healthcare have?

536
00:27:03.305 --> 00:27:05.965
Um, and how can we, again, going to three

537
00:27:06.625 --> 00:27:09.205
design tailored interventions, um,

538
00:27:09.985 --> 00:27:12.925
and better understand effective strategies

539
00:27:12.945 --> 00:27:15.125
to reduce stigma within those systems.

540
00:27:16.165 --> 00:27:18.945
And then last but not least, we can use the SSE

541
00:27:18.945 --> 00:27:22.945
as a pre-post, um, intervention evaluation tool

542
00:27:23.045 --> 00:27:25.865
to really understand efficacy, ensure

543
00:27:25.895 --> 00:27:28.185
that we are moving the needle where we want to,

544
00:27:28.565 --> 00:27:31.185
and we're mitigating unintended consequences

545
00:27:31.245 --> 00:27:32.585
of any of our interventions.

546
00:27:35.235 --> 00:27:37.095
So now let's jump into taking action.

547
00:27:37.315 --> 00:27:39.375
So reducing stigma in the workplace.

548
00:27:41.085 --> 00:27:44.545
So, um, sorry, my slide, I will fix this slide

549
00:27:44.545 --> 00:27:46.905
before the shared, it looks like it got cut over,

550
00:27:47.085 --> 00:27:49.825
but it says, understanding the mini roles we play.

551
00:27:50.345 --> 00:27:53.185
I wanna just, you know, take a 30,000 foot view

552
00:27:53.185 --> 00:27:56.505
and just remind everybody that we wear mini hats.

553
00:27:57.125 --> 00:28:01.105
Um, me, for example, I am a female.

554
00:28:02.005 --> 00:28:05.105
Um, I am heterosexual, I

555
00:28:05.685 --> 00:28:08.185
am a mom, I am biracial.

556
00:28:09.425 --> 00:28:12.165
All of those things play into my identity,

557
00:28:12.705 --> 00:28:14.845
or di identities are multidimensional.

558
00:28:15.915 --> 00:28:18.135
That's the same way that I wanna think of.

559
00:28:18.255 --> 00:28:20.935
I want you all to think about your role in addressing

560
00:28:21.235 --> 00:28:23.695
stigma, specifically stigma around addiction.

561
00:28:24.675 --> 00:28:27.055
So if you look at, uh, this diagram,

562
00:28:27.725 --> 00:28:30.335
this shatterproof Addiction Stigma Index report this year

563
00:28:30.475 --> 00:28:32.335
was really targeting the individual.

564
00:28:32.685 --> 00:28:36.615
What is one action in one individual can take today

565
00:28:37.395 --> 00:28:38.855
to really show compassion

566
00:28:38.855 --> 00:28:41.095
to someone who's has substance use disorder

567
00:28:41.515 --> 00:28:43.135
and work to reduce stigma?

568
00:28:44.115 --> 00:28:47.255
Um, the work that Shatterproof does, um,

569
00:28:47.255 --> 00:28:50.535
in the broader communities at the statewide is looking at

570
00:28:50.535 --> 00:28:53.055
community and society at large.

571
00:28:53.635 --> 00:28:58.295
How do we, um, how do we have that population, um,

572
00:28:58.925 --> 00:29:01.615
size shift in knowledge, attitudes, and beliefs?

573
00:29:03.105 --> 00:29:05.525
And we all sit in different spheres here.

574
00:29:05.585 --> 00:29:07.885
And then today, like what we're really talking about is

575
00:29:07.885 --> 00:29:09.165
that organizational sphere.

576
00:29:09.465 --> 00:29:12.405
So when we put on our hat, whether it's as an employee

577
00:29:12.985 --> 00:29:17.565
or an employer, what is our role, um, in that,

578
00:29:18.025 --> 00:29:20.165
uh, system to reduce stigma?

579
00:29:22.735 --> 00:29:26.595
So again, that SSE really looked at the individual level.

580
00:29:26.775 --> 00:29:30.955
We were able to do a qualitative thematic analysis on all

581
00:29:30.955 --> 00:29:32.515
of the stories across our states.

582
00:29:33.215 --> 00:29:36.035
Um, of people that we interview, we ask a question

583
00:29:36.035 --> 00:29:39.475
around like, how do they see stigma being

584
00:29:39.475 --> 00:29:40.595
reduced in their communities?

585
00:29:40.595 --> 00:29:43.285
And just wanna highlight how important it is

586
00:29:43.385 --> 00:29:46.685
to center the voices of people with lived experience.

587
00:29:47.105 --> 00:29:50.925
Um, while these actions seem simple, um,

588
00:29:51.355 --> 00:29:52.925
they were well-informed,

589
00:29:53.505 --> 00:29:55.885
and I think they are very tangible ways for people

590
00:29:55.945 --> 00:29:56.965
to take that next step.

591
00:29:56.965 --> 00:29:58.445
And addressing stigma.

592
00:29:58.705 --> 00:30:00.805
So treating people with empathy

593
00:30:00.805 --> 00:30:03.335
and kindness, educating yourself

594
00:30:03.335 --> 00:30:05.615
and others about substance use disorder, you know,

595
00:30:05.615 --> 00:30:08.295
really correcting those misconceptions that we heard earlier

596
00:30:08.995 --> 00:30:10.295
and then sharing your story.

597
00:30:10.675 --> 00:30:14.055
Um, regardless, sharing, not everyone is meant to disclose,

598
00:30:14.595 --> 00:30:17.095
um, on a social media campaign.

599
00:30:17.555 --> 00:30:19.815
So what does it mean, right?

600
00:30:19.915 --> 00:30:21.935
To even share your story with one person?

601
00:30:22.265 --> 00:30:24.615
There can be a domino effect there

602
00:30:24.615 --> 00:30:27.175
and a very positive impact on just that one person.

603
00:30:27.435 --> 00:30:31.095
So, um, really encouraging people to share their story

604
00:30:31.115 --> 00:30:32.135
and where they're comfortable.

605
00:30:32.715 --> 00:30:36.375
So because we're talking about the workplace,

606
00:30:36.895 --> 00:30:39.895
I wanna also hit on the impact

607
00:30:39.895 --> 00:30:42.695
of substance use disorder on the bottom line of a workplace.

608
00:30:43.395 --> 00:30:47.255
Um, so using, um, a calculator that was developed

609
00:30:47.255 --> 00:30:50.135
by Shatterproof and the National Safety Council, um,

610
00:30:50.555 --> 00:30:51.895
we looked across industries

611
00:30:51.995 --> 00:30:54.695
and we can see that, uh, workers in recovery

612
00:30:55.205 --> 00:30:59.295
help employees avoid over \$4,000 in turnover.

613
00:31:00.705 --> 00:31:05.235
Workers in recovery miss about 14 days less per year than

614
00:31:05.235 --> 00:31:07.835
workers that have an active substance use disorder.

615
00:31:09.095 --> 00:31:12.265
Each employee who recovers from substance use disorder saves

616
00:31:12.345 --> 00:31:16.065
a company about eight, uh, \$8,500 on average a year.

617
00:31:17.775 --> 00:31:22.035
And then something that came out of a recent, uh, SAMHSA

618
00:31:23.355 --> 00:31:26.555
employer focus issue brief is that work is one

619
00:31:26.555 --> 00:31:29.875
of the best predictors of positive outcomes for people

620
00:31:29.905 --> 00:31:31.035
with substance use disorder.

621
00:31:31.535 --> 00:31:33.275
So people with substance use disorder

622
00:31:33.415 --> 00:31:36.755
who are employed when compared to their counterparts

623
00:31:36.755 --> 00:31:38.195
who have a substance use disorder

624
00:31:38.215 --> 00:31:40.995
and an unemployed, they're more likely

625
00:31:41.095 --> 00:31:44.435
to demonstrate lower levels of recurrence, higher rates

626
00:31:44.495 --> 00:31:47.995
of abstinence, um, improvements in quality of life

627
00:31:48.615 --> 00:31:51.795
and more successful transitions from long-term residential

628
00:31:51.795 --> 00:31:53.675
treatment back to community.

629
00:31:53.675 --> 00:31:54.915
And that's just a couple things

630
00:31:54.915 --> 00:31:56.115
that were listed in that study.

631
00:31:58.085 --> 00:32:01.745
So just to, you know, uh, go a little bit deeper there.

632
00:32:01.855 --> 00:32:04.385
Workplace benefits to reducing addiction stigma,

633
00:32:04.725 --> 00:32:06.545
we can increase employee productivity.

634
00:32:07.605 --> 00:32:11.105
Um, so we can, again, reduce that absenteeism and turnover.

635
00:32:11.445 --> 00:32:15.545
We can improve morale, engagement and focus, um,

636
00:32:16.165 --> 00:32:18.465
and we can improve people's overall

637
00:32:18.465 --> 00:32:19.745
wellbeing in the workplace.

638
00:32:20.745 --> 00:32:23.245
Um, we can strengthen community relations.

639
00:32:23.385 --> 00:32:26.325
So demonstrating commitment to social responsibility,

640
00:32:26.415 --> 00:32:29.005
again in the communities we live, work,

641
00:32:29.265 --> 00:32:32.645
and strive to, um, have real impact in.

642
00:32:32.985 --> 00:32:36.405
We can foster new partnerships and strengthen networks,

643
00:32:36.825 --> 00:32:38.565
and we can attract diverse talent.

644
00:32:39.065 --> 00:32:41.805
So all of these can lead to improved consumer outcomes.

645
00:32:44.255 --> 00:32:46.515
So now I just wanna introduce a little bit of work

646
00:32:46.515 --> 00:32:48.275
that Shatterproof is currently doing.

647
00:32:48.575 --> 00:32:50.275
We are partner partnering

648
00:32:50.275 --> 00:32:52.955
with an organization called the Center for Implementation.

649
00:32:53.295 --> 00:32:55.875
We have been partnering with them for about six months now

650
00:32:55.935 --> 00:32:58.915
to develop a theory of change, uh, for

651
00:32:59.135 --> 00:33:02.835
how addiction stigma can be reduced in the workplace.

652
00:33:03.645 --> 00:33:06.505
So for those of you who might not be familiar, a theory

653
00:33:06.525 --> 00:33:10.545
of change is a methodology that helps organizations plan,

654
00:33:10.735 --> 00:33:13.745
implement, and evaluate initiatives that aim

655
00:33:13.765 --> 00:33:16.425
to create social and environmental change.

656
00:33:17.165 --> 00:33:19.545
And it's largely rooted in the evidence base.

657
00:33:22.835 --> 00:33:25.575
So one of the high level findings that has come out

658
00:33:25.575 --> 00:33:29.695
of this work is really underscoring the importance

659
00:33:29.795 --> 00:33:32.255
of assessing your readiness as a workplace

660
00:33:32.435 --> 00:33:33.695
to reduce addiction stigma.

661
00:33:34.475 --> 00:33:37.895
And through that, I want you to consider culture

662
00:33:38.315 --> 00:33:42.955
and policy concurrently, um, assessing your readiness.

663
00:33:43.025 --> 00:33:44.475
It's really important to remember

664
00:33:44.475 --> 00:33:47.115
that this can't be a check the box exercise.

665
00:33:47.895 --> 00:33:48.995
Uh, we need to be authentic

666
00:33:49.135 --> 00:33:51.755
and intentional about the change that we make

667
00:33:51.755 --> 00:33:53.155
or the policies we set forward.

668
00:33:53.975 --> 00:33:56.655
You need to think, does your culture promote

669
00:33:56.675 --> 00:33:58.455
and inclusive environment for people

670
00:33:58.455 --> 00:33:59.655
with substance use disorder?

671
00:34:00.155 --> 00:34:01.895
And do your policy support.

672
00:34:02.635 --> 00:34:07.575
Um, the, the helper continued support

673
00:34:07.605 --> 00:34:09.255
that someone with substance use disorder

674
00:34:09.515 --> 00:34:10.735
or someone who has a family member

675
00:34:10.735 --> 00:34:12.255
with substance use disorder might need.

676
00:34:13.445 --> 00:34:15.585
We work with, uh, employers

677
00:34:15.885 --> 00:34:18.825
and some employers, for example, have brought ideas

678
00:34:18.925 --> 00:34:21.825
to the table of, you know, let's go ahead

679
00:34:22.085 --> 00:34:26.665
and start a pathway program where we can link people

680
00:34:26.845 --> 00:34:28.745
who are coming out of residential treatment

681
00:34:29.945 --> 00:34:32.165
to a job at our organization.

682
00:34:33.425 --> 00:34:36.685
And the thing that I always wanna flag there is if your

683
00:34:36.725 --> 00:34:40.205
organization is not ready, um,

684
00:34:40.305 --> 00:34:42.485
if your culture is not ready,

685
00:34:42.865 --> 00:34:44.725
if your policies are not ready,

686
00:34:45.265 --> 00:34:49.365
you're actually doing more harm than good, um,

687
00:34:49.665 --> 00:34:51.645
by opening up that pathway.

688
00:34:51.985 --> 00:34:54.325
So you really need to assess readiness

689
00:34:54.505 --> 00:34:57.805
before jumping into large scale initiatives.

690
00:34:59.525 --> 00:35:02.585
So as we think about building compassionate organizational

691
00:35:02.665 --> 00:35:06.665
cultures, um, examples of stigma, reducing behaviors

692
00:35:06.665 --> 00:35:09.945
and actions that have come up in the research include build

693
00:35:09.945 --> 00:35:12.945
connection, create a supportive environment,

694
00:35:13.485 --> 00:35:16.585
and engage in non-discriminatory employment practices.

695
00:35:16.605 --> 00:35:18.305
And I'll dive into each of those next.

696
00:35:19.515 --> 00:35:21.455
So for example here, um,

697
00:35:21.725 --> 00:35:24.575
when we think about building connection, the thing

698
00:35:24.575 --> 00:35:27.135
that comes up a lot is this idea

699
00:35:27.135 --> 00:35:28.535
of happy hour in the workplace.

700
00:35:28.715 --> 00:35:30.975
So, uh, one of the things we talked about is

701
00:35:31.365 --> 00:35:33.175
what does it mean to have

702
00:35:33.635 --> 00:35:36.295
or include people with substance use disorder

703
00:35:36.635 --> 00:35:38.885
and workplace hosted social events?

704
00:35:39.465 --> 00:35:40.805
So some of the things

705
00:35:40.805 --> 00:35:43.165
that you can really consider always providing a

706
00:35:43.165 --> 00:35:47.575
non-alcoholic option, um, organize other activities

707
00:35:47.575 --> 00:35:49.255
that are not centered around alcohol.

708
00:35:49.255 --> 00:35:52.415
And you'll see that reflected on this flyer Shatterproof

709
00:35:52.485 --> 00:35:53.815
partnered with Hilton.

710
00:35:54.395 --> 00:35:57.975
Um, and one of the things that we work with them are like,

711
00:35:58.045 --> 00:36:01.375
what are the other ways that we can create new bonds

712
00:36:01.375 --> 00:36:04.295
with team members through this happy hour concept

713
00:36:04.605 --> 00:36:06.535
that are not focused around alcohol?

714
00:36:06.795 --> 00:36:07.975
And then just generally,

715
00:36:08.195 --> 00:36:10.175
how do we ensure we're promoting wellness

716
00:36:10.515 --> 00:36:15.485
as an organization broadly create a

717
00:36:15.485 --> 00:36:16.485
supportive environment.

718
00:36:17.145 --> 00:36:20.565
So creating opportunities to discuss substance use disorder.

719
00:36:21.065 --> 00:36:23.805
An option here that has come up, um, is

720
00:36:24.685 --> 00:36:27.125
creating an employee resource group for people

721
00:36:27.385 --> 00:36:28.565
who have substance use disorder

722
00:36:28.585 --> 00:36:31.045
or even allies of people who have substance use disorder.

723
00:36:31.665 --> 00:36:34.525
Um, adapting work culture

724
00:36:34.585 --> 00:36:36.565
to normalize inclusion and accommodations.

725
00:36:37.125 --> 00:36:38.805
Remember, let's go back to Caitlin's.

726
00:36:39.025 --> 00:36:43.265
Um, her quote, she really talked about

727
00:36:43.925 --> 00:36:48.105
the impact it had on her when her manager would not allow

728
00:36:48.105 --> 00:36:51.745
her to, uh, adapt her hours for her

729
00:36:51.805 --> 00:36:54.105
to receive her treatment for medication

730
00:36:54.105 --> 00:36:55.385
for opioid use disorder.

731
00:36:55.815 --> 00:36:57.905
This is something to really think about in terms

732
00:36:57.905 --> 00:37:01.545
of are we ready to support the needs of somebody, um,

733
00:37:01.765 --> 00:37:03.865
in substance use with substance use disorder

734
00:37:04.245 --> 00:37:06.425
and potentially with that pathway of recovery

735
00:37:06.425 --> 00:37:07.665
that they might be exploring.

736
00:37:08.895 --> 00:37:11.355
And then at the other thing to highlight here is really

737
00:37:11.595 --> 00:37:13.515
ensuring that managers are trained

738
00:37:14.135 --> 00:37:18.875
and educated, then also have the proper resources

739
00:37:19.015 --> 00:37:20.275
for affected employees.

740
00:37:20.505 --> 00:37:22.355
They can't just be trained

741
00:37:23.015 --> 00:37:25.755
and then have no place to direct employees

742
00:37:25.755 --> 00:37:27.835
who are impacted or disclose.

743
00:37:28.295 --> 00:37:32.035
Um, so really thinking about the full spectrum of what

744
00:37:32.035 --> 00:37:33.115
that support looks like.

745
00:37:35.775 --> 00:37:38.555
Engage in non-discriminatory employment practices.

746
00:37:39.255 --> 00:37:41.955
Um, the list here includes advocating

747
00:37:41.975 --> 00:37:46.555
for change in company policy, um, that might include,

748
00:37:47.055 --> 00:37:50.075
you know, maintaining employment of people with SUD.

749
00:37:50.095 --> 00:37:51.995
So don't dismiss them when they disclose

750
00:37:52.135 --> 00:37:55.715
or if they need to go away for residential treatment.

751
00:37:56.145 --> 00:37:58.875
What does it look like to for them to be able

752
00:37:58.875 --> 00:38:00.715
to financially provide for themselves

753
00:38:00.735 --> 00:38:02.675
and their family during treatment that might,

754
00:38:03.165 --> 00:38:05.915
might make you reconsider some of your benefits such

755
00:38:05.915 --> 00:38:09.875
as insurance coverage, um, being open to hiring people

756
00:38:09.875 --> 00:38:14.035
with history of SUD, um, having a plan for

757
00:38:14.175 --> 00:38:16.595
how do you intentionally reintegrate employees

758
00:38:16.885 --> 00:38:19.315
after they, um, come back from treatment.

759
00:38:19.615 --> 00:38:21.515
And then making sure we're offering fair

760
00:38:21.515 --> 00:38:23.395
and equitable opportunities for promotion

761
00:38:23.395 --> 00:38:24.715
and upward mobility for people

762
00:38:24.775 --> 00:38:26.395
who have substance use disorder.

763
00:38:29.005 --> 00:38:32.335
Just a little bit more on compassionate organizations is we

764
00:38:32.335 --> 00:38:33.615
really need to understand that it starts

765
00:38:33.615 --> 00:38:34.735
with leadership commitment.

766
00:38:35.185 --> 00:38:36.405
Um, while leaders not,

767
00:38:36.425 --> 00:38:41.405
are not always the most influential in organization, um,

768
00:38:41.955 --> 00:38:44.045
they should model compassionate behavior

769
00:38:44.545 --> 00:38:47.565
and they should also feel comfortable openly discussing

770
00:38:47.565 --> 00:38:50.045
mental health and addiction, when and where appropriate.

771
00:38:50.465 --> 00:38:52.965
Um, that really helps set the tone

772
00:38:53.065 --> 00:38:54.565
for the rest of the organization.

773
00:38:55.385 --> 00:38:58.605
Uh, providing education on addiction and stigma.

774
00:38:58.975 --> 00:39:03.685
Again, really centering, um, the experiences of, of people

775
00:39:03.755 --> 00:39:07.325
with substance use disorder, um, whether that's a workshop

776
00:39:07.325 --> 00:39:09.925
or lunch and learn and really trying to, uh,

777
00:39:09.925 --> 00:39:13.125
correct common misconceptions around substance use disorder.

778
00:39:13.665 --> 00:39:15.125
And then manager trainings,

779
00:39:15.125 --> 00:39:17.285
which we talked about briefly in the last slide.

780
00:39:17.665 --> 00:39:19.485
Um, there's many different trainings

781
00:39:19.555 --> 00:39:24.005
that can be complimentary, um, for a manager just generally

782
00:39:24.065 --> 00:39:25.605
to be a supportive and good manager.

783
00:39:25.835 --> 00:39:29.165
Then also as we think specifically to supporting a, um,

784
00:39:29.885 --> 00:39:31.365
employee who has substance use disorder.

785
00:39:31.425 --> 00:39:34.565
So that might look like communication skills sensitivity,

786
00:39:34.845 --> 00:39:37.485
training activity or active listening.

787
00:39:37.905 --> 00:39:40.885
Um, but then also how do you identify substance

788
00:39:40.885 --> 00:39:42.205
use disorder in the workplace?

789
00:39:42.745 --> 00:39:44.525
How do you have difficult conversations?

790
00:39:44.625 --> 00:39:46.605
And then what are the available resources?

791
00:39:49.015 --> 00:39:51.235
The next thing I wanna talk about is identifying addressing

792
00:39:51.415 --> 00:39:52.755
com compassion fatigue.

793
00:39:53.215 --> 00:39:55.195
And let's start with what is compassion fatigue?

794
00:39:55.775 --> 00:39:58.955
Uh, compassion fatigue is a state of mental

795
00:39:58.975 --> 00:40:01.075
and physical exhaustion, uh,

796
00:40:01.075 --> 00:40:02.715
that can occur when someone is helping people

797
00:40:02.775 --> 00:40:05.275
who are experiencing trauma or emotional distress.

798
00:40:06.575 --> 00:40:10.675
The thing that I really want to emphasize here is that

799
00:40:11.705 --> 00:40:14.635
when someone is experiencing compassion fatigue,

800
00:40:15.585 --> 00:40:18.845
it impacts both the people they are interacting

801
00:40:18.845 --> 00:40:20.325
with and themselves.

802
00:40:20.465 --> 00:40:23.525
And that's really important to, um, be cognizant of.

803
00:40:23.985 --> 00:40:26.045
So when someone has compassion fatigue,

804
00:40:26.115 --> 00:40:28.525
they have reduced empathy for the person

805
00:40:28.755 --> 00:40:31.405
that they're interacting with that can, um,

806
00:40:32.265 --> 00:40:35.565
really close down doors for people who are seeking help.

807
00:40:36.065 --> 00:40:39.685
And then on the flip side of that, people can also start to,

808
00:40:39.945 --> 00:40:43.965
um, demonstrate physical symptoms from compassion fatigue.

809
00:40:45.475 --> 00:40:48.215
We see that's very commonly in the healthcare

810
00:40:48.215 --> 00:40:49.335
professional field.

811
00:40:49.875 --> 00:40:52.615
Um, and then I wanted to really emphasize that again,

812
00:40:52.635 --> 00:40:56.335
we oversampled our healthcare professionals on 2021

813
00:40:56.335 --> 00:41:00.735
and 2024 for our shatterproof Addiction Stigma Index 2024.

814
00:41:00.875 --> 00:41:02.815
We saw that 62%

815
00:41:02.835 --> 00:41:05.375
of healthcare professionals did not believe a person

816
00:41:05.375 --> 00:41:08.775
with SUD is experiencing a chronic medical illness like

817
00:41:09.135 --> 00:41:10.775
diabetes, arthritis, or heart disease.

818
00:41:11.875 --> 00:41:14.095
We also saw that 40% believe

819
00:41:14.095 --> 00:41:16.535
that MOUD is treating one drug for another.

820
00:41:17.315 --> 00:41:19.935
So you can see how that can be problematic.

821
00:41:20.515 --> 00:41:23.775
Um, that 40% of healthcare professionals

822
00:41:24.275 --> 00:41:28.255
who are in positions of, you know, prescribing

823
00:41:28.255 --> 00:41:32.875
or providing people options for pathways to recovery hold,

824
00:41:33.215 --> 00:41:34.395
um, this negative view

825
00:41:34.395 --> 00:41:37.155
or negative attitude towards this drug, which,

826
00:41:37.165 --> 00:41:40.275
which could lead to, um, decreased, um,

827
00:41:40.595 --> 00:41:41.595
prescribing practices.

828
00:41:42.135 --> 00:41:45.155
Um, and then again, it's a thing I like to just say is,

829
00:41:45.175 --> 00:41:46.805
you know, a lot

830
00:41:46.805 --> 00:41:48.245
of healthcare professionals are seeing people

831
00:41:48.245 --> 00:41:50.965
with substance uses what are, depending on, uh,

832
00:41:50.965 --> 00:41:54.165
where they work, whether that's the emergency room, um,

833
00:41:54.235 --> 00:41:57.725
they could be seeing people, um, on the lowest of lows

834
00:41:58.265 --> 00:42:01.845
and that can also shape their lived experience

835
00:42:02.425 --> 00:42:06.125
and reinforce, uh, negative attitudes and beliefs.

836
00:42:06.125 --> 00:42:07.725
So that's something that we need to be aware of.

837
00:42:09.265 --> 00:42:12.565
So we wanna really ensure that people are recognizing,

838
00:42:12.565 --> 00:42:14.125
acknowledging compassion fatigue.

839
00:42:14.275 --> 00:42:17.925
It's really important to do that, you know, um, reflection

840
00:42:18.545 --> 00:42:21.045
to understand that that might be something

841
00:42:21.045 --> 00:42:25.085
that is playing a factor in how you are, uh, dealing

842
00:42:25.085 --> 00:42:26.685
with people with substance use disorder

843
00:42:26.685 --> 00:42:28.085
or thinking about them.

844
00:42:28.915 --> 00:42:30.805
Provide access to mental health.

845
00:42:31.205 --> 00:42:34.245
Re mental health resources to your, um,

846
00:42:34.645 --> 00:42:37.805
employees is really important, especially as they interact

847
00:42:38.075 --> 00:42:41.605
with, um, you know, any type of population

848
00:42:41.915 --> 00:42:46.485
that has is sharing any type of traumatic, um, experiences.

849
00:42:47.395 --> 00:42:50.525
Encourage regular self-care and work-life balance.

850
00:42:51.185 --> 00:42:53.885
You can implement organizational changes to reduce stress.

851
00:42:54.265 --> 00:42:55.525
So that could be man, uh,

852
00:42:55.525 --> 00:42:57.125
making sure workloads are manageable,

853
00:42:57.465 --> 00:43:00.565
making sure expectations are clear, as well

854
00:43:00.565 --> 00:43:02.405
as boundaries and rotating duties.

855
00:43:02.865 --> 00:43:04.765
And then again, back to benefits.

856
00:43:04.825 --> 00:43:07.285
You need to evaluate and adjust benefits regularly.

857
00:43:07.505 --> 00:43:11.645
Are these benefits really able to support, um,

858
00:43:12.185 --> 00:43:14.925
the workforce that we are trying to attract and retain?

859
00:43:19.985 --> 00:43:21.525
And then last but not least,

860
00:43:22.265 --> 00:43:23.485
how do you exemplify your

861
00:43:23.485 --> 00:43:25.365
organization's contributions to community?

862
00:43:25.945 --> 00:43:29.005
So some of the options here is publicly advocating

863
00:43:29.005 --> 00:43:30.725
for addiction education awareness.

864
00:43:31.425 --> 00:43:34.165
Um, again, starting in home is always best.

865
00:43:34.275 --> 00:43:36.485
Make sure that you're doing the practice

866
00:43:36.485 --> 00:43:39.805
before you're going out externally to implement practices,

867
00:43:40.195 --> 00:43:42.205
support, local recovery initiatives

868
00:43:42.225 --> 00:43:43.445
and harm reduction efforts.

869
00:43:44.885 --> 00:43:47.405
Champion policy change and partnership with policy.

870
00:43:47.945 --> 00:43:49.845
Policy makers and advocacy groups

871
00:43:51.095 --> 00:43:54.125
offer family focused programs, um, support

872
00:43:54.145 --> 00:43:55.245
and employee assistance.

873
00:43:55.245 --> 00:43:57.565
And the thing that I wanna, you know, take a time

874
00:43:57.585 --> 00:44:01.925
to underscore here again, is that 54% of people say

875
00:44:01.925 --> 00:44:03.685
that they know someone with a substance use disorder.

876
00:44:05.005 --> 00:44:07.535
It's not always the employee themselves

877
00:44:08.115 --> 00:44:09.975
who has a substance use disorder.

878
00:44:10.125 --> 00:44:12.095
They might be helping a family member

879
00:44:12.235 --> 00:44:15.015
or a friend navigate a substance use disorder.

880
00:44:15.805 --> 00:44:16.935
Some research shows

881
00:44:16.965 --> 00:44:19.455
that family members' healthcare costs rise

882
00:44:19.955 --> 00:44:22.855
by about 31% on average when their loved one develops

883
00:44:22.895 --> 00:44:24.015
a substance use disorder.

884
00:44:24.385 --> 00:44:27.935
These higher costs are attributed to new stress related

885
00:44:27.935 --> 00:44:30.455
to physical and behavioral health conditions.

886
00:44:30.875 --> 00:44:34.965
So again, it's important to focus on the whole family unit

887
00:44:35.385 --> 00:44:38.245
and not just the person who might have the diagnosis

888
00:44:38.245 --> 00:44:39.485
of a substance use disorder.

889
00:44:40.105 --> 00:44:41.445
Um, you can use your marketing

890
00:44:41.445 --> 00:44:43.525
and media strategy to reduce stigma

891
00:44:43.825 --> 00:44:46.605
and, um, you can also partner with influencers

892
00:44:46.785 --> 00:44:48.085
and other community partners

893
00:44:48.085 --> 00:44:50.205
and organizations doing this work, um,

894
00:44:50.305 --> 00:44:52.605
to really join in the collective action

895
00:44:53.185 --> 00:44:55.485
to reduce stigma across this country.

896
00:44:56.225 --> 00:44:57.845
So I'll leave you with substance use

897
00:44:58.045 --> 00:44:59.285
disorder does not discriminate.

898
00:44:59.825 --> 00:45:01.565
It impacts friends, families,

899
00:45:01.925 --> 00:45:03.765
coworkers directly and indirectly.

900
00:45:03.985 --> 00:45:06.805
And it is our responsibilities, members of our communities

901
00:45:06.805 --> 00:45:09.965
as an employers to play an active role in addressing stigma.

902
00:45:12.165 --> 00:45:16.185
If you would like to read the 2024 SSE report, um,

903
00:45:16.185 --> 00:45:18.025
like there's a QR code on the left.

904
00:45:18.185 --> 00:45:19.945
I know Corey will be sharing these out

905
00:45:19.955 --> 00:45:21.305
after, uh, the webinar.

906
00:45:21.765 --> 00:45:24.505
And then on the right there's a QR code that will direct you

907
00:45:24.505 --> 00:45:27.905
to some resources on shutter proof's website, um,

908
00:45:27.905 --> 00:45:29.545
where you can, uh, learn more

909
00:45:29.685 --> 00:45:32.665
but also, you know, maybe bring some resources over

910
00:45:32.685 --> 00:45:33.785
to your organization.

911
00:45:34.445 --> 00:45:37.625
Um, with that, I thank you all for their time today

912
00:45:37.685 --> 00:45:40.905
and I'm gonna pass it back, um, to Corey and team.

913
00:45:45.425 --> 00:45:46.615
Thank you so much, Courtney.

914
00:45:46.725 --> 00:45:49.495
That was, uh, an impressive body of work

915
00:45:49.755 --> 00:45:52.415
and certainly brought up a lot of questions

916
00:45:52.875 --> 00:45:56.455
and I would like to encourage our audience to ask questions.

917
00:45:57.555 --> 00:46:00.855
We do have one audience question to start us off.

918
00:46:02.525 --> 00:46:05.385
The question is, is Shatterproof doing any specific

919
00:46:05.385 --> 00:46:08.625
assessment of structural racism,

920
00:46:08.625 --> 00:46:10.105
especially in healthcare settings

921
00:46:10.985 --> 00:46:14.775
where racism can keep doctors from prescribing MOUD?

922
00:46:18.605 --> 00:46:20.815
That is a a great point, right?

923
00:46:20.995 --> 00:46:24.335
We know, uh, that research shows, um, that

924
00:46:25.065 --> 00:46:28.495
white men are prescribed, uh, much higher rates

925
00:46:28.595 --> 00:46:31.815
and there are black counterparts, um, medications

926
00:46:31.875 --> 00:46:33.215
for opioid use disorder.

927
00:46:33.595 --> 00:46:36.975
Um, so we definitely know, right, that that is,

928
00:46:37.565 --> 00:46:39.375
this is all very complex and nuanced.

929
00:46:39.375 --> 00:46:41.735
I'll go back to that slide where we talked about, um,

930
00:46:41.735 --> 00:46:43.095
multidimensional identities, right?

931
00:46:43.435 --> 00:46:46.935
We also know that stigma is compounded depending on the

932
00:46:46.935 --> 00:46:48.775
types of hats that you wear on your identity.

933
00:46:49.035 --> 00:46:51.735
So Shatterproof is very aware of that,

934
00:46:51.835 --> 00:46:55.735
and that's why we try to do as what we can, um,

935
00:46:55.835 --> 00:46:58.695
to really use that sassy data, disaggregate that data

936
00:46:58.915 --> 00:47:02.695
by race and ethnicity when possible to ensure that we are,

937
00:47:03.175 --> 00:47:06.135
A lot of our work right now is around messaging campaigns.

938
00:47:06.845 --> 00:47:09.935
Messaging resonates differently with different races, right?

939
00:47:10.155 --> 00:47:12.695
So we wanna make sure we're tailoring those strategies

940
00:47:12.755 --> 00:47:14.055
as best as possible.

941
00:47:14.435 --> 00:47:17.655
Um, so while we're not, we're to the question directly,

942
00:47:17.655 --> 00:47:19.095
we're not doing that directly,

943
00:47:19.315 --> 00:47:22.175
but we're definitely looking to partner, um,

944
00:47:22.445 --> 00:47:23.735
with other organizations

945
00:47:23.735 --> 00:47:25.095
because we know that

946
00:47:25.095 --> 00:47:27.215
that is also a driver of this issue as well.

947
00:47:28.695 --> 00:47:33.335
Thank you. Um, I don't see any other audience questions,

948
00:47:33.355 --> 00:47:35.215
so that means I get to ask questions.

949
00:47:36.275 --> 00:47:39.495
So, um, one of the things I was curious about is

950
00:47:40.805 --> 00:47:43.095
what surprised you in the findings?

951
00:47:45.205 --> 00:47:48.295
Yeah, what surprised me in the findings,

952
00:47:48.295 --> 00:47:51.135
which is something that we really didn't

953
00:47:51.565 --> 00:47:52.935
elevate much this year.

954
00:47:53.515 --> 00:47:58.015
Um, the sass e again, it's meant to be a,

955
00:47:58.555 --> 00:48:01.495
um, mechanism to hold this nation accountable to change.

956
00:48:01.915 --> 00:48:03.895
We know societies change slowly.

957
00:48:04.435 --> 00:48:07.055
Um, there's still stigma in the HIV community,

958
00:48:07.055 --> 00:48:09.095
there's still stigma around same-sex marriage

959
00:48:09.235 --> 00:48:10.255
and these are movements

960
00:48:10.285 --> 00:48:12.215
that have been going on for decades, right?

961
00:48:12.275 --> 00:48:13.335
So this is just something

962
00:48:13.335 --> 00:48:15.415
that we know we're in it for the long haul.

963
00:48:16.245 --> 00:48:18.685
Um, so with that,

964
00:48:19.065 --> 00:48:21.325
having done this assessment in 2021

965
00:48:21.385 --> 00:48:25.285
and then repeating it in 2024, we didn't really expect

966
00:48:25.435 --> 00:48:28.965
that there would be any real significant change over time.

967
00:48:29.625 --> 00:48:30.845
Um, we didn't expect

968
00:48:30.955 --> 00:48:34.045
that stigma would really move one way or the other.

969
00:48:34.705 --> 00:48:37.885
So we really were focusing on let's just continue

970
00:48:37.885 --> 00:48:39.325
to raise awareness of this issue.

971
00:48:39.915 --> 00:48:44.765
What we did see is that public stigma did get worse

972
00:48:45.355 --> 00:48:47.685
from 2021 to 2024.

973
00:48:48.185 --> 00:48:51.885
And I think the thing for me that that really, um,

974
00:48:53.235 --> 00:48:56.445
kind of, you know, begs the question, all

975
00:48:56.445 --> 00:48:58.365
of this money is going in,

976
00:48:58.425 --> 00:49:00.765
all this opioid settlement dollars are going into

977
00:49:00.935 --> 00:49:04.965
strategies, um, around the overdose crisis.

978
00:49:05.745 --> 00:49:08.805
Stigma is something that needs to be addressed.

979
00:49:08.805 --> 00:49:11.245
It is a critical driver and it needs to be addressed.

980
00:49:12.725 --> 00:49:15.265
Are we using evidence-based practices?

981
00:49:15.885 --> 00:49:18.105
Um, I'm not sure that we are.

982
00:49:18.605 --> 00:49:21.745
And I want to continue, um, to

983
00:49:22.335 --> 00:49:25.905
encourage partner organizations, community organizations

984
00:49:26.325 --> 00:49:28.385
to just think really critically about

985
00:49:28.565 --> 00:49:32.425
how we can best invest dollars to move the needle.

986
00:49:32.885 --> 00:49:35.785
Um, I think sometimes it feels super tangible

987
00:49:36.085 --> 00:49:39.785
and just easy to throw money into things like, you know,

988
00:49:41.005 --> 00:49:43.135
mass media messaging campaigns

989
00:49:43.355 --> 00:49:46.255
or let's just buy a whole bunch of naloxone, right?

990
00:49:46.555 --> 00:49:49.215
But also, like even with purchasing Naloxone,

991
00:49:49.885 --> 00:49:52.705
people also need to be willing to carry it.

992
00:49:52.775 --> 00:49:56.105
They also need to know how to, um, be able

993
00:49:56.105 --> 00:49:57.265
to identify an overdose.

994
00:49:57.335 --> 00:49:58.625
They need to know how to use it.

995
00:49:58.685 --> 00:50:02.145
So like there is a lot of wraparound that needs to happen

996
00:50:02.175 --> 00:50:03.305
with these strategies.

997
00:50:03.405 --> 00:50:06.665
So I think that was the most, um, eye-opening was like, wow,

998
00:50:07.165 --> 00:50:09.705
in three years we've actually have seen movement

999
00:50:09.705 --> 00:50:10.825
in the wrong direction.

1000
00:50:11.405 --> 00:50:12.905
Um, we need to do better.

1001
00:50:14.575 --> 00:50:16.355
That's interesting. And I, I think it, I think

1002
00:50:16.355 --> 00:50:17.355
that is surprising.

1003
00:50:17.575 --> 00:50:22.135
And that brings me to the question of you referenced

1004
00:50:22.275 --> 00:50:24.535
how you can use the sass e as a pre

1005
00:50:24.535 --> 00:50:28.275
and post where you can sort of evaluate where you are

1006
00:50:28.695 --> 00:50:32.155
and use some strategies and see if you can improve.

1007
00:50:33.015 --> 00:50:35.155
And I was curious if you did

1008
00:50:35.155 --> 00:50:37.715
that within your own organization, within Shatterproof.

1009
00:50:37.855 --> 00:50:40.195
Did you launch some things, see

1010
00:50:40.195 --> 00:50:41.675
how it worked and what was that like?

1011
00:50:42.815 --> 00:50:45.065
Yeah, of course. So that's actually,

1012
00:50:45.165 --> 00:50:47.145
so the Shatterproof Addiction Stigma Index,

1013
00:50:47.285 --> 00:50:49.185
the baseline went out in 2021.

1014
00:50:49.645 --> 00:50:53.505
Um, we were able to kick off a, uh,

1015
00:50:53.575 --> 00:50:57.705
statewide intervention with, um, Kentucky and,

1016
00:50:57.845 --> 00:51:01.785
and I would say around the same time, uh, late 2021.

1017
00:51:02.365 --> 00:51:05.345
So we did the Shatterproof Stigma Index

1018
00:51:05.445 --> 00:51:06.745
as a baseline in Kentucky.

1019
00:51:07.255 --> 00:51:09.985
That was, that gave us the information we needed

1020
00:51:10.325 --> 00:51:13.065
to tailor our strategy to that specific population,

1021
00:51:13.535 --> 00:51:16.545
what messages needed to be needed to be heard where,

1022
00:51:17.085 --> 00:51:19.865
and who needed to be the messenger of those messages, right?

1023
00:51:20.605 --> 00:51:24.185
Um, and then after 12 months of an active campaign,

1024
00:51:24.485 --> 00:51:28.505
we were able to go back refill the SSE with, um,

1025
00:51:29.385 --> 00:51:30.625
campaign awareness questions.

1026
00:51:30.885 --> 00:51:33.865
So we were able to disaggregate our data by people

1027
00:51:33.865 --> 00:51:35.505
who said they were aware of the campaign

1028
00:51:35.525 --> 00:51:37.425
and people who were not aware of the campaign.

1029
00:51:37.765 --> 00:51:40.945
And we were able to see statistically significant decreases

1030
00:51:41.365 --> 00:51:44.305
across public stigma, um, medication

1031
00:51:44.305 --> 00:51:45.825
for opioid use disorder stigma.

1032
00:51:46.205 --> 00:51:49.105
And then we also saw increases in knowledge around Medica,

1033
00:51:49.105 --> 00:51:52.185
um, around Naloxone, um, willing, uh, ability

1034
00:51:52.205 --> 00:51:54.105
to find quality treatment in the state.

1035
00:51:54.285 --> 00:51:56.305
So yes, we, we definitely actively use it

1036
00:51:56.305 --> 00:51:57.305
as an organization.

1037
00:51:57.965 --> 00:52:01.545
Um, and we're trying to get others to adopt it as well.

1038
00:52:01.655 --> 00:52:03.625
It's currently the full, um,

1039
00:52:04.065 --> 00:52:05.785
questionnaires available up on our site.

1040
00:52:06.005 --> 00:52:08.945
We encourage other people to use it as well so that we, um,

1041
00:52:09.405 --> 00:52:11.105
can kind of all get on the same page, use it

1042
00:52:11.105 --> 00:52:12.345
as a gold standard of measurement.

1043
00:52:13.415 --> 00:52:16.045
Thank you. And that, that brings me to one

1044
00:52:16.045 --> 00:52:18.565
of the questions that we talked about before, uh,

1045
00:52:18.625 --> 00:52:20.125
before the session today,

1046
00:52:20.575 --> 00:52:23.285
which is our listeners are primarily healthcare

1047
00:52:23.355 --> 00:52:26.085
organizations and many of them are

1048
00:52:26.735 --> 00:52:29.245
developing integrated care strategies.

1049
00:52:29.625 --> 00:52:32.405
So maybe for the first time in the organization's history,

1050
00:52:32.995 --> 00:52:37.045
they have, um, employees who have backgrounds that are,

1051
00:52:38.195 --> 00:52:40.525
that are in different fields than they've had before.

1052
00:52:40.665 --> 00:52:42.845
So maybe they have primary care doctors,

1053
00:52:42.895 --> 00:52:46.285
maybe they have nurses in a, an organization

1054
00:52:46.285 --> 00:52:47.965
that was primarily behavioral healthcare,

1055
00:52:48.745 --> 00:52:52.485
and then maybe they're adding in, um, SUD services,

1056
00:52:52.955 --> 00:52:56.285
they have more, uh, more interesting co-occurring.

1057
00:52:56.945 --> 00:52:58.325
And so when I think about that,

1058
00:52:58.785 --> 00:53:01.485
and I think about what you referenced in terms of

1059
00:53:03.485 --> 00:53:06.985
who is effective to bring messages to whom,

1060
00:53:07.685 --> 00:53:10.025
and in thinking about the folks

1061
00:53:10.025 --> 00:53:12.145
with those different professional backgrounds,

1062
00:53:12.525 --> 00:53:17.155
do you have any advice for our listeners about how to, um,

1063
00:53:17.415 --> 00:53:19.555
how to approach that within that organization

1064
00:53:19.895 --> 00:53:21.835
and those different types

1065
00:53:21.855 --> 00:53:23.555
of professional employees they might have?

1066
00:53:24.785 --> 00:53:28.525
Yeah, I think the thing that I would say there is one,

1067
00:53:28.765 --> 00:53:30.725
I am a huge advocate

1068
00:53:30.865 --> 00:53:34.405
for peer support specialists being part of care teams.

1069
00:53:35.105 --> 00:53:39.085
Um, it really is very different to have someone who,

1070
00:53:39.085 --> 00:53:40.365
like Caitlyn said, who can say,

1071
00:53:40.365 --> 00:53:41.525
I've been there, I've done that.

1072
00:53:41.545 --> 00:53:45.285
And, um, kind of holds someone's hand, uh, you know,

1073
00:53:45.285 --> 00:53:48.045
when they're ready to take the next step in their, you know,

1074
00:53:48.445 --> 00:53:50.125
whatever their recovery journey may look like.

1075
00:53:50.545 --> 00:53:53.085
Um, so I think that is really important, um, that

1076
00:53:53.085 --> 00:53:54.885
that is integrated into these teams.

1077
00:53:55.465 --> 00:53:58.645
And then I also wanna say too, that the education

1078
00:53:59.115 --> 00:54:02.565
that is needed is needed across all

1079
00:54:03.175 --> 00:54:04.645
dimensions of these teams.

1080
00:54:04.785 --> 00:54:06.165
And when I say all dimensions,

1081
00:54:06.645 --> 00:54:08.685
I even mean the person at the front desk.

1082
00:54:09.405 --> 00:54:12.605
I mean the person who might be the custodian.

1083
00:54:12.885 --> 00:54:17.285
I mean, any person who has an opportunity to interact

1084
00:54:17.515 --> 00:54:19.005
with someone who is ready

1085
00:54:19.065 --> 00:54:20.485
and coming in to take

1086
00:54:20.645 --> 00:54:22.805
that next step in their recovery process.

1087
00:54:24.025 --> 00:54:27.365
Um, people need to be ready to be able to have those

1088
00:54:28.245 --> 00:54:30.965
informed and compassionate conversations with that person

1089
00:54:31.105 --> 00:54:32.365
and meet them where they're at.

1090
00:54:32.905 --> 00:54:36.485
Um, I've heard too often about people, again,

1091
00:54:36.955 --> 00:54:39.565
it's sometimes it's not even the doctor, it is just like

1092
00:54:39.955 --> 00:54:42.485
that one person that they had interaction, which is so bad.

1093
00:54:42.755 --> 00:54:44.725
That was so bad and it was so uninformed

1094
00:54:44.725 --> 00:54:45.725
and so uneducated

1095
00:54:45.955 --> 00:54:48.205
that the person just took off out the door, right?

1096
00:54:48.585 --> 00:54:50.485
So we just really need to think about

1097
00:54:50.705 --> 00:54:53.565
how are we holistically making compassionate organizations,

1098
00:54:53.825 --> 00:54:56.805
um, and it includes everyone from no matter the hierarchy.

1099
00:54:58.115 --> 00:55:01.745
Thank you. I think one of the things that that brings

1100
00:55:01.745 --> 00:55:04.345
to mind for me also is, um,

1101
00:55:04.485 --> 00:55:07.825
you made a reference earlier when you were speaking about

1102
00:55:08.665 --> 00:55:12.745
communications and, and that, um, kind of initial assessment

1103
00:55:12.845 --> 00:55:16.425
and readiness to build in some of these strategies.

1104
00:55:17.625 --> 00:55:22.175
Are there things that you've decided, um,

1105
00:55:23.145 --> 00:55:26.935
contribute to worsening the culture, things that,

1106
00:55:27.285 --> 00:55:30.815
that you've found make things even worse?

1107
00:55:32.565 --> 00:55:37.495
Yeah, I think what I'll say to that is, um, kind

1108
00:55:37.615 --> 00:55:39.455
of goes back to something I said earlier is it just

1109
00:55:39.455 --> 00:55:40.615
can't be a check the box.

1110
00:55:40.795 --> 00:55:43.575
And like, I think we saw this a lot around covid

1111
00:55:44.265 --> 00:55:47.295
where everyone jumped on this health equity quick.

1112
00:55:47.795 --> 00:55:51.935
Um, this health equity kick, um, DEI, everyone was,

1113
00:55:51.935 --> 00:55:54.055
you know, I'm not gonna hire a chief diversity officer,

1114
00:55:54.195 --> 00:55:55.495
I'm gonna do all of these things.

1115
00:55:55.995 --> 00:55:58.895
But people were doing it at a lot, not everybody,

1116
00:55:58.955 --> 00:56:00.495
but some people were doing it for the wrong reasons.

1117
00:56:00.565 --> 00:56:03.015
They were doing it to check a box, they were doing it

1118
00:56:03.015 --> 00:56:06.175
to stay with the rest of the people, like up with the rest

1119
00:56:06.175 --> 00:56:07.895
of their companies, their peer organizations.

1120
00:56:08.115 --> 00:56:09.215
And now we're also seeing a lot

1121
00:56:09.215 --> 00:56:11.335
of people letting go those like those, oh,

1122
00:56:11.335 --> 00:56:13.015
it's not important anymore, let's get rid of it.

1123
00:56:13.295 --> 00:56:16.735
Right? So I think the thing is just being really

1124
00:56:16.965 --> 00:56:18.375
intentional and strategic.

1125
00:56:18.565 --> 00:56:20.375
Like you don't need to do everything at once.

1126
00:56:20.715 --> 00:56:23.245
And again, with that readiness assessment, I think it is,

1127
00:56:23.905 --> 00:56:26.005
that's something that has come out of our preliminary work

1128
00:56:26.035 --> 00:56:30.285
with TCI, is just that like, you just might be better suited

1129
00:56:30.305 --> 00:56:32.885
to start in one place in another, and that's okay.

1130
00:56:33.345 --> 00:56:35.605
You can't tackle everything at the same time.

1131
00:56:36.425 --> 00:56:40.245
Um, and yeah, and we're really excited.

1132
00:56:40.345 --> 00:56:42.885
The work with our, with TCI is going to continue,

1133
00:56:43.305 --> 00:56:44.485
um, into next year.

1134
00:56:44.775 --> 00:56:46.965
We're gonna start looking at what are some

1135
00:56:46.965 --> 00:56:50.165
of those strategies, what are some of those potentially like

1136
00:56:50.165 --> 00:56:52.525
what does that readiness assessment look like?

1137
00:56:52.825 --> 00:56:56.165
How can we help facilitate some of that with organizations,

1138
00:56:56.195 --> 00:56:59.485
whether by ourselves or with partner organizations.

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00:56:59.985 --> 00:57:02.045
Um, so I'm really excited we're doing some key informed

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00:57:02.045 --> 00:57:03.085
interviews right now,

1141
00:57:03.425 --> 00:57:06.165
but the other thing I will say is that we're finding is

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00:57:06.165 --> 00:57:08.645
that people do not wanna talk about this

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00:57:09.965 --> 00:57:12.285
substance use disorder is deeply entrenched stigma

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00:57:12.715 --> 00:57:13.805
more so than mental health.

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00:57:14.385 --> 00:57:18.765
Um, and we also need more organizations

1146
00:57:18.825 --> 00:57:20.525
to be ready to talk about this.

1147
00:57:22.235 --> 00:57:24.825
Thank you. And then you spoke to this a little bit,

1148
00:57:24.885 --> 00:57:27.105
but where do you see this work going from here?

1149
00:57:28.645 --> 00:57:32.295
Yeah, I'm, I can't say for sure, um,

1150
00:57:32.295 --> 00:57:34.775
because, you know, we're still in the research

1151
00:57:34.875 --> 00:57:38.935
and the design phase of what will the strategy look like

1152
00:57:38.955 --> 00:57:40.375
for us as an organization,

1153
00:57:40.755 --> 00:57:43.775
but I do know that we as a organization

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00:57:43.835 --> 00:57:46.535
and as a department at the National Stigma Initiative really

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00:57:46.535 --> 00:57:48.335
believe in the collective impact model.

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00:57:48.635 --> 00:57:50.135
And we know that we can't do this alone.

1157
00:57:50.555 --> 00:57:53.135
Um, so we're really excited about whatever we develop

1158
00:57:53.135 --> 00:57:57.895
with TCI, getting it into the hands of as many employers

1159
00:57:58.315 --> 00:58:01.695
as organizations as possible to start those conversations,

1160
00:58:02.115 --> 00:58:04.975
um, and to start putting some, you know, evidence-based

1161
00:58:05.535 --> 00:58:07.055
practices into, into play.

1162
00:58:07.235 --> 00:58:08.855
So, um, yes,

1163
00:58:08.855 --> 00:58:10.015
and then shatterproof also,

1164
00:58:10.015 --> 00:58:11.055
we're doing our own work internally.

1165
00:58:11.515 --> 00:58:14.455
Um, we're, we're, we're working right now to do some, um,

1166
00:58:15.295 --> 00:58:16.575
examining of our own policies.

1167
00:58:16.635 --> 00:58:19.695
Are we equipped, right, as someone who's going out there

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00:58:20.115 --> 00:58:22.575
as a leader in the field, are we doing the things

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00:58:22.575 --> 00:58:25.935
that we can be doing best to model, to be role models of

1170
00:58:25.935 --> 00:58:28.175
that behavior and those policies and that culture?

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00:58:29.705 --> 00:58:31.855
Thank you. Well, thank you for joining us today.

1172
00:58:32.075 --> 00:58:34.735
And it sounds like the place that, um,

1173
00:58:35.035 --> 00:58:38.495
our members should start is using that QR code

1174
00:58:38.555 --> 00:58:40.135
and taking a look at the ss e.

1175
00:58:40.755 --> 00:58:42.455
Any other final thoughts for them?

1176
00:58:44.385 --> 00:58:47.845
No, I just think that one, thank you so much

1177
00:58:47.905 --> 00:58:50.805
for allowing me to be here today and speak to everybody.

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00:58:51.305 --> 00:58:54.485
Um, and again, I think even if people start with the sassy

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00:58:54.905 --> 00:58:57.525
and start at what can they do as individuals,

1180
00:58:58.115 --> 00:59:00.245
that is the best next step that they can take.

1181
00:59:02.655 --> 00:59:05.005
Thank you so much. Thank you.

1182
00:59:06.675 --> 00:59:08.645
Well, Courtney, I also want to thank you.

1183
00:59:08.665 --> 00:59:10.925
You've done us a great favor and a service today.

1184
00:59:10.925 --> 00:59:12.525
Thank you for speaking to our crowd.

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00:59:12.615 --> 00:59:16.045
Karen, as always, we're great to have you on q and a

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00:59:16.045 --> 00:59:17.725
and I wanna thank everybody who joined us.

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00:59:17.845 --> 00:59:20.165
I also wanna remind everybody that the slides

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00:59:20.185 --> 00:59:22.310
and recording for this, this will be made available on the

1189
00:59:22.310 --> 00:59:23.845
Open Minds website starting tomorrow,

1190
00:59:24.505 --> 00:59:26.725
and that we invite you to join us next week, Thursday,

1191
00:59:26.965 --> 00:59:29.765
December 12th at 1:00 PM Eastern for value-based care

1192
00:59:29.865 --> 00:59:31.885
for consumers with behavioral health disorders.

1193
00:59:32.145 --> 00:59:35.715
The Sunshine Health Plan case Study register for that event,

1194
00:59:35.715 --> 00:59:37.555
or for a full list of upcoming round tables,

1195
00:59:37.555 --> 00:59:40.595
you can visit the executive Round tables page under the

1196
00:59:40.595 --> 00:59:42.115
executive education tab,

1197
00:59:42.465 --> 00:59:45.675
located@www.open minds.com.

1198
00:59:45.825 --> 00:59:48.195
Once again, Courtney, Karen, thank you very much.

1199
00:59:48.355 --> 00:59:51.355
I hope you both have a wonderful weekend. Thank you.