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### Addressing COVID 19 Among Vulnerable Populations

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1

00:00:00,680 --> 00:00:07,780

To welcome all of you to the fifth in a series of faculty lectures that have been sponsored by the Wright State Faculty

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00:00:07,800 --> 00:00:18,000

Senate during this state home order as part of our shelter in place series. I'm Laura Luehrmann professor of political science and president of the Faculty Senate.

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00:00:18,300 --> 00:00:27,655

And I'm really happy to invite you to today's discussion and I think you're really going to enjoy it and we're going to learn quite a bit. What I will do.

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00:00:27,655 --> 00:00:37,975

I'm going to briefly introduce our two speakers and then turn it over to them. As Craig has been reminding those of you as you've been arriving, this is a webinar format

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00:00:38,005 --> 00:00:50,274

so you are muted and you are unable to be seen by any of the panelists or any of the other attendees. But we can see your questions and your comments in the chat room.

6

00:00:51,024 --> 00:01:02,304

If you just hover your mouse over toward the bottom part of your screen, you'll see a little conversation icon. If you click on that, you're a, we hope you will submit questions

7

00:01:02,365 --> 00:01:11,515

and both of our panelists today have agreed to accept questions and look at questions throughout the presentation today to help make this as interactive as possible.

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00:01:12,569 --> 00:01:21,745

So our first panelist is Dr. Sydney Silverstein and she is an anthropology anthropologist by training. She received Ph.D.

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00:01:21,745 --> 00:01:25,525

and anthropology from Emory University in 2018,

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00:01:25,915 --> 00:01:35,784

after completing a dissertation on the social changes wrought by the emergence of a new cocaine production enclave in the lowland Amazonian Peru,

11

00:01:36,295 --> 00:01:39,055

including an increase of illicit drug consumption.

12

00:01:40,135 --> 00:01:46,584

She joined the center for interventions treatment and addictions research in the Department of population

13

00:01:46,584 --> 00:01:50,545

in public health sciences in 2018 and is

14

00:01:50,545 --> 00:01:58,254

the ethnographer on two NIH NIDA funded projects the study and treatment in the Dayton

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00:01:58,254 --> 00:02:01,105

area. She is published in journals

16

00:02:01,105 --> 00:02:04,045

such as the Journal of Latin American Caribbean

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00:02:04,045 --> 00:02:04,974

anthropology,

18

00:02:05,545 --> 00:02:07,314

visual anthropology review,

19

00:02:07,614 --> 00:02:14,814

the International Journal of drug policy and drug and alcohol dependence. In addition to her more traditional academic,

20

00:02:15,444 --> 00:02:18,444

she also makes the ethnographic and documentary films,

21

00:02:18,659 --> 00:02:24,384

and works as a volunteer with harm reduction Ohio in the Columbus sanctuary collective.

22

00:02:25,944 --> 00:02:34,615

Our second panelists is Dr. Timothy Crawford. Timothy Crawford is a chronic disease epidemiologists and bio statistician.

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00:02:35,360 --> 00:02:45,920

He is an assistant professor in the Department of population and public health sciences and family medicine in the school of medicine at the Boonshoft school of medicine at Wright State.

24

00:02:46,040 --> 00:02:58,400

He has been with the University since 2017. Timothy received his BS and microbiology from the University of Tennessee and his masters and public health and pH. D.

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00:02:58,400 --> 00:03:13,580

in bio statistics and epidemiology from the University of Kentucky. His research focuses on using existing data to examine factors associated with multiple chronic conditions among people living with HIV.

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00:03:13,680 --> 00:03:27,380

So, those are our two panelists today they will be joined by some of their colleagues from the Department of population and public health sciences in our discussion today. So, Sidney, I'm going to turn it over to you. All right.

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00:03:30,270 --> 00:03:42,625

Okay, so our presentation in called Addressing COVID-19 among Vulnerable Populations. Is my audio okay? There's a bit of an echo at first. Okay. Okay.

28

00:03:43,074 --> 00:03:54,414

So Timothy Crawford and I will be presenting, but we also want to acknowledge collaboration from our fellow MPH program faculty, including Naila Khalil, Jo Ann Ford,

29

00:03:54,414 --> 00:04:08,694

Nichole Kinzeler, Christina Redko who helped with some of the brainstorming and editing and collaborative work on this. So we are all at home right now in the midst of a global pandemic.

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00:04:08,754 --> 00:04:19,285

And the graphic that you see out the screen is a screenshot from the Johns Hopkins dashboard that's tracking all the COVID cases across the world, and what's evident from this

31

00:04:19,285 --> 00:04:23,964

graphic is COVID has spread everywhere across the globe.

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00:04:24,360 --> 00:04:25,050

So,

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00:04:25,134 --> 00:04:26,214

it is a pandemic,

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00:04:26,245 --> 00:04:28,074

it's affecting populations,

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00:04:28,074 --> 00:04:31,375

and every continent maybe not Antarctica,

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00:04:31,375 --> 00:04:43,975

but everywhere else and it's really it's affected people diverse as the prime minister or Johnson to the lady that my step mother walks or dog with every week.

37

00:04:44,665 --> 00:04:57,475

So, it's really spread throughout the globe and is affecting everyone either directly or indirectly. However, there are a few key elements in this global pandemic that are not equal.

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00:04:58,375 --> 00:05:02,125

So,

what we're going to focus on today as public health scholars,

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00:05:02,125 --> 00:05:13,225

how we as public health scholars really try to understand how what elements of this pandemic are unequal and how we can kind of brainstorm and think about tailoring responses to global pandemic,

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00:05:13,225 --> 00:05:16,764

such as COVID to meet the needs of diverse populations,

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00:05:17,200 --> 00:05:18,714  
so that's we're gonna talk about today.

42  
00:05:18,720 --> 00:05:32,760  
We're gonna give a few short case studies and then wrap up with some ideas about how public health is uniquely positioned to think about innovative ways that we can address this pandemic and future pandemic as they affect different populations and really unique ways.

43  
00:05:33,020 --> 00:05:42,920  
So I'm going to turn it over to Timothy. Hello everybody. Thanks for being here. Thanks Sydney. So,

44  
00:05:43,080 --> 00:05:53,700  
one of the things that we have, we've done to try to reduce the risk of transmission has been, you know, staying at home sheltering in place and also social distancing.

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00:05:53,754 --> 00:05:58,855  
I like to call it physical distancing because, you know, we're trying to be physically distant apart.

46  
00:05:59,095 --> 00:06:13,495  
Technically, socially, not socially distanced always. Right now we're being social through WebEx and listening to this, but not everybody has the privilege and ability to actually shelter in place or stay at home

47  
00:06:13,735 --> 00:06:23,185  
and be physically distant. Some people are in jobs where they couldn't work from home, or they have jobs where they cannot afford to actually not work.

48  
00:06:23,185 --> 00:06:37,285  
And so there are these disparities with these individuals that we see here throughout the US is. In addition there has been more research coming out, showing that populations like people with chronic conditions, people experiencing precarious housing.

49  
00:06:37,314 --> 00:06:44,274  
Also, African Americans were likely or disproportionately diagnosed and have more severe outcomes.

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00:06:47,579 --> 00:06:55,975

So basically, the bottom line here is, we know that no one is really invincible from this virus.

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00:06:56,305 --> 00:07:10,254

If you look at the data that the Department of health has, basically cases go from people who are less than one years of age up to people who are 106. So, pretty much anybody and everybody is susceptible.

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00:07:10,254 --> 00:07:21,504

However, there are more groups that are more vulnerable to this virus and can experience more severe outcomes, like hospitalization, and even death due to this virus.

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00:07:23,845 --> 00:07:24,345

So,

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00:07:25,194 --> 00:07:26,245

in our department,

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00:07:26,245 --> 00:07:36,444

we have a lot of great faculty in our department that conduct a lot of information and research with a number of vulnerable groups that we have here,

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00:07:36,444 --> 00:07:38,875

including people with communication

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00:07:38,875 --> 00:07:39,685

differences,

58

00:07:40,105 --> 00:07:40,524

language

59

00:07:40,524 --> 00:07:41,365

differences,

60

00:07:41,845 --> 00:07:43,644

people with mobility impairments.

61

00:07:44,845 --> 00:07:59,754

We also have faculty working with people who are homeless or marginally housed, people who are currently incarcerated and newly released. We also deal with people with chronic conditions, whether that's physical also, whether that's mental health problems and substance use disorder.

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00:07:59,785 --> 00:08:10,495

So, our faculty in our department works with a lot of different vulnerable populations, trying to understand is that can help them with their situations.

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00:08:10,524 --> 00:08:24,685

And so many of these groups can struggle to observe these physical distancing recommendations that we have set. And so, for example, people experiencing homelessness, they must rely on shelters and friends, or people with disabilities

64

00:08:24,685 --> 00:08:39,595

some of whom may be relying on home health care workers, having to deal with the, with that idea. And that also the fear of contracting the, the virus and so struggling with that among these populations is very,

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00:08:39,595 --> 00:08:40,975

It's very difficult during this time.

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00:08:43,230 --> 00:08:56,065

So as an epidemiologists I want to provide some numbers for you all because I like numbers, but as as looking at people living with chronic conditions, as a vulnerable population, they experienced a lot of things.

67

00:08:56,065 --> 00:09:08,304

So, they experienced the potential impact of exposure as well experiencing more severe outcomes, like death or hospitalization. So there's been a lot of reports that have been coming out and there's probably more coming out by the minute.

68

00:09:08,575 --> 00:09:16,764

But a lot of them are showing that people with chronic conditions are are more likely to be hospitalized compared to their counterparts.

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00:09:17,274 --> 00:09:32,095



And so the studies are showing that basically those who are hospitalized are dying and more likely to have conditions like diabetes, hypertension, COPD, and so these studies are looking at those

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00:09:32,095 --> 00:09:34,434  
characteristics. What we do know,

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00:09:34,554 --> 00:09:37,075  
and at the CDC has shown that basically,

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00:09:37,075 --> 00:09:44,125  
sixty percent of the US population actually has at least one condition and forty percent of them have two or more conditions.

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00:09:44,154 --> 00:09:54,414  
So that's just to show you how the populations at risk for these severe outcomes due to COVID. A recent article that just came out from the data

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00:09:54,414 --> 00:09:55,914  
I'm showing you here in this slide,

75

00:09:56,184 --> 00:10:00,745  
looked at people hospitalized and the number of hospitals in New York,

76

00:10:01,134 --> 00:10:06,115  
and they wanted to see the characteristics of those individuals and so 5,700 people,

77

00:10:06,384 --> 00:10:09,865  
88 percent of those that were hospitalized to COVID-19

78

00:10:09,894 --> 00:10:11,845  
actually had two or more chronic conditions.

79

00:10:12,355 --> 00:10:19,404  
And when they looked at those chronic conditions over half had hypertension followed by obesity in diabetes,

80

00:10:19,404 --> 00:10:23,095

and then roughly around twelve percent had coronary artery disease.

81

00:10:23,934 --> 00:10:28,254

So just looking at those different types of conditions.

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00:10:28,884 --> 00:10:42,414

And so then there's another study that came out in the morbidity mortality, weekly report that looked at, not only the conditions that these individuals had, but also wanting to look at some outcomes.

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00:10:42,480 --> 00:10:53,260

So, for example, of those who were hospitalized, what percent actually had a chronic condition? Of those who were hospitalized and had to go to the I. C.U.?

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00:10:53,420 --> 00:11:00,080

What percentage had a chronic condition? And so of the 7,000 individuals they had information on,

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00:11:00,120 --> 00:11:04,960

they found that 78 percent of those that were hospitalized and had to go to the I.C.U.

86

00:11:05,000 --> 00:11:16,680

were actually had one or more chronic condition and 71 percent of those hospitalized that didn't have to go to the I.C.U. had a chronic condition and these conditions that they found were commonly diabetes,

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00:11:17,004 --> 00:11:19,465

chronic lung disease, and cardiovascular disease.

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00:11:19,500 --> 00:11:33,980

So, these studies are basically suggesting that chronic conditions, people with chronic conditions are a much higher risk really severe diseases compared to those without any conditions.

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00:11:34,140 --> 00:11:48,475

And so unfortunately, one of the things I've been interested in looking at is how is COVID-19 actually indirectly impacting people with chronic conditions, not necessarily looking only at those who have been diagnosed

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00:11:48,475 --> 00:12:00,955

but those who have not been diagnosed with COVID-19, or haven't even been exposed and how it indirectly impacts them. For example, the fear of going out and managing their chronic conditions.

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00:12:00,955 --> 00:12:14,485

So going out and getting their medications. Here, you know, making sure that they are being able to physically distance from other people. And so trying to model from previous outbreaks,

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00:12:14,485 --> 00:12:28,615

there was a study in 2009 that came out to look at what happened during SARS outbreak in 2003 and post SARS. and what they found was, there was a drop in hospitalizations due to chronic conditions during SARS, which makes sense.

93

00:12:28,615 --> 00:12:41,725

No one wanted to go out in fear of infecting the virus, but then after post SARS, they found a huge spike in hospitalizations from people with hypertension and diabetes.

94

00:12:41,725 --> 00:12:55,975

And what they suggested was during that time during the outbreak and trying to contain it a lot of people were not managing their chronic condition properly due to possibly fear of stepping out to their medications and things like that.

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00:12:55,980 --> 00:13:09,800

And so that's what we don't want to happen during this time that we have people living with chronic conditions being able to manage their conditions and not have a spike hospitalizations post COVID-19.

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00:13:09,920 --> 00:13:17,700

And of course, there's also other other, vulnerable groups. And so, for example, people who are experiencing homelessness.

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00:13:18,745 --> 00:13:28,705

So one of the things with people who are homeless are living in shelters, they're typically more likely to be older. They're also more likely to have underlying chronic conditions.

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00:13:28,705 --> 00:13:40,315

So that means they're at a more increased risk of having more severe outcomes due to COVID-19. And so we just wanted to show this brief table here, looking at a recent MMWR

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00:13:40,315 --> 00:13:54,625

article that looked at four cities, and they looked at, they tested staffed and residents from homeless shelters just to see what proportion of those individuals actually tested positive for COVID-19.

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00:13:54,985 --> 00:14:00,054

And essentially what they found was are approximately 25 of the residents

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00:14:00,414 --> 00:14:10,014

had a positive COVID-19 test and then also 11 percent of the staff had a positive COVID-19 test.

102

00:14:10,014 --> 00:14:12,325

So,  
it kinda shows you how

103

00:14:14,335 --> 00:14:16,434

COVID-19 can move through,

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00:14:16,615 --> 00:14:18,475

you know,  
different vulnerable populations.

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00:14:18,475 --> 00:14:19,164

For example,

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00:14:19,705 --> 00:14:25,134

homeless individuals living in shelters as well as the staff that are working at those shelters.

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00:14:25,554 --> 00:14:29,125

But fortunately, public health can intervene

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00:14:29,575 --> 00:14:41,154

in a number of ways here. So we have public health scholars throughout that can work on understanding the ways that COVID can spread

throughout populations or creating policies and interventions that we can address this pandemic.

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00:14:41,815 --> 00:14:50,215

So like Sydney said earlier we want to focus on what public health scholars are doing and their awareness on these specific groups and vulnerable groups,

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00:14:50,514 --> 00:14:56,605

and thinking about how we can customize interventions and solutions to meet the needs of these,

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00:14:57,294 --> 00:14:58,434

these populations.

112

00:14:58,465 --> 00:15:03,715

And so after that, I'm going to turn it back over to Sydney. Thanks, Tim.

113

00:15:04,884 --> 00:15:05,215

So,  
yeah,

114

00:15:05,215 --> 00:15:08,575

we're gonna be a little bit of cheerleaders for public health right now,

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00:15:08,575 --> 00:15:22,855

and we're going to backtrack a little bit to a Pre-COVID era and we're gonna look at some of the ways that local public health scholars in the Dayton area approached an emergent epidemic and try to think of innovative ways to respond.

116

00:15:23,125 --> 00:15:37,524

And then we're going to look at the same situation in a COVID context and think about all the kind of interesting and innovative ways in which people are trying to think through these problems and think through solutions. Because, as Timothy said, we understand that COVID is affecting everyone.

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00:15:37,644 --> 00:15:41,845

But we also understand that it affects different people in different ways. Right?

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00:15:41,845 --> 00:15:54,654

And particularly vulnerable populations are gonna be more at risk to experiencing severe symptoms, or potentially exposing themselves to the virus or, you know, perhaps most, interestingly, the indirect effects.

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00:15:54,929 --> 00:16:01,705

Like, how are COVID related restrictions changing the way that people manage their every day care of things, like chronic conditions?

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00:16:02,514 --> 00:16:03,054

So,

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00:16:03,294 --> 00:16:12,924

I'm gonna backtrack to about three and a half years ago when the Dayton area found itself in the midst of another epidemic,

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00:16:12,924 --> 00:16:15,024

which was the Opioid overdose epidemic,

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00:16:15,054 --> 00:16:15,774

which we can say

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00:16:15,774 --> 00:16:17,754

we're still in the thick of,

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00:16:17,754 --> 00:16:20,184

although the numbers have gone down a tiny bit.

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00:16:21,325 --> 00:16:23,875

But if we think back a few years, there

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00:16:23,875 --> 00:16:28,465

all of a sudden started to be a ton of Opioid overdoses

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00:16:28,495 --> 00:16:34,495

or people who were found dead who are surprisingly,

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00:16:34,495 --> 00:16:37,914

you know,  
not even originally identified as drug users.

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00:16:38,184 --> 00:16:50,575

And so why did opiates present a particularly challenging problem to community in public health workers? Well, people who use often may try to hide their drug use

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00:16:50,605 --> 00:17:01,284

and so people may not even be necessarily identified as people who use Opioids because of the shame and stigma secrecy surrounding drug use and surrounding, asking for help.

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00:17:01,615 --> 00:17:14,125

And as we all know from kind of the current narratives of the ongoing Opioid overdose crisis, a lot of people who transition to heroin use may not have started off as even people who are experimenting with drugs

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00:17:14,125 --> 00:17:20,244

but perhaps people who were mis-prescribed pain killers, or people who are experimenting, didn't realize that

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00:17:20,940 --> 00:17:35,815

pills like Oxycodone and Percocet were even Opioids themselves. So there's a lot of secrecy and stigma and so it was initially really hard to address the opioid overdose problem because a lot of people who are using these drugs we're using them in secret.

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00:17:35,840 --> 00:17:40,740

We're trying to hide out of fear out of shame out of stigma.

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00:17:40,760 --> 00:17:49,720

A lot of people were using drugs and out of the way places, such as abandoned houses, so overdoses were happening, but they were not happening in places where people could seek help.

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00:17:50,335 --> 00:17:52,795

Sometimes people were using drugs

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00:17:52,795 --> 00:17:55,015

just in the company of other we use drugs,

139

00:17:55,734 --> 00:18:00,835

and the same people might have been afraid to call 9/11 due to fear of arrest or legal consequences,

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00:18:00,835 --> 00:18:07,704

or having their families find out that they use drugs and so opioid overdose problem was a serious issue,

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00:18:07,704 --> 00:18:13,494

and it was also particularly challenging to find interventions to meet the needs of that particular population

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00:18:13,795 --> 00:18:20,335

because so many of them were using drugs in secret, were felt shamed or stigmatized by their drug use.

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00:18:20,759 --> 00:18:24,174

So

you take all these factors of shame,

144

00:18:24,174 --> 00:18:24,865

secrecy,

145

00:18:24,865 --> 00:18:25,494

stigma,

146

00:18:25,494 --> 00:18:26,005

fear,

147

00:18:26,005 --> 00:18:28,974

legal consequences and in the

148

00:18:28,974 --> 00:18:30,474

particularly in the Dayton area,

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00:18:30,625 --> 00:18:35,755

you mix that with an adulteration of the local drugs supply with lethal non,

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00:18:35,755 --> 00:18:39,265



pharmaceutical fentanyl on fentanyl analogs that came to replace heroin.

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00:18:40,345 --> 00:18:53,125

So, Dayton, as many of you may know is one of the epicenters of fentanyl. My center has done numerous studies about the presence of fentanyl and fentanyl analogues, the drug supply, and we are really kind of ground zero of fentanyl in the United States.

152

00:18:53,394 --> 00:19:03,025

And so you mix all the secrecy, shame, stigma around drug use and add it to a bunch of highly potent opioids that have kind of come to replace heroin in the drug supply

153

00:19:03,625 --> 00:19:16,825

and you get a graph that looks like this. This is the overdose rate in Montgomery County. So you see the spike in 2017. In 2017 Montgomery County had the highest per capita overdose rate in the state of Ohio.

154

00:19:17,220 --> 00:19:31,704

And in that same year, Ohio was second in the nation, only after West Virginia and overdose rates. So we can safely say in twenty seventeen that Dayton was really the epicenter of the opioid overdose epidemic. So we really see this emergent public health crisis.

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00:19:32,184 --> 00:19:46,525

So, just to kind of flip gears a little bit, what are some of the ways that kind of public health scholars, public health workers in the community try to address this problem? You have a population that's really difficult to reach, they may be using drugs and secret,

156

00:19:46,525 --> 00:19:54,894

they may be stigmatized. So one of the most important and I think you know, biggest impact interventions to this crisis was

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00:19:55,769 --> 00:20:04,855

community Narcan distribution. So, this was a local public health response to an emergent crisis. So really the overdose rates really started spiking.

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00:20:04,855 --> 00:20:17,634

There was tremendous effort by different community organizations to get Narcan into the hands of people who use drugs and into the hands

of people who live, or have social relationships or kin with people who use drugs.

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00:20:18,025 --> 00:20:22,105

And so Narcan, which is a medication that can reverse overdoses,

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00:20:22,795 --> 00:20:34,255

it has no potential help harm, so you can train anyone from adolescences, children, senior citizens, people who own grocery stores or barbershops,

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00:20:34,255 --> 00:20:48,984

it's a very simple mechanism for reversing an overdose. The that is pictured here on the slide is just a nasal spray, and it's really a life saving medication that can be administered by people in the community.

162

00:20:49,855 --> 00:20:58,585

They can reverse fatal overdoses, which was very important in an era fentanyl. What was most was, it could be given directly to the people who are using drugs.

163

00:20:58,585 --> 00:21:09,295

So, even despite the stigma and the fear and the fear of legal consequences, Narcan was getting out into the actual hands of people using drugs or the people that we're spending time with people who are using drugs.

164

00:21:09,569 --> 00:21:23,545

So, Narcan was being distributed by (audio loss) and behavioral health, through the life enrichment center. You could do Narcan trainings. It was a different sort of community resource hub. And so, and there's even pharmacies also have it

165

00:21:23,545 --> 00:21:25,194

If you get a prescription for it.

166

00:21:25,795 --> 00:21:35,365

So, Narcan is really an example of an innovative public health response to an emergent crisis that took into consideration the particular needs of the hidden and stigmatized population of drug users.

167

00:21:36,240 --> 00:21:45,474

So here's just a little bit of data from a study conducted by my own center of taken from a group of 357 individuals with opioid use disorder

168

00:21:46,285 --> 00:21:59,214

that reported to me a number of an average twelve people that they knew who had died of opioid overdoses. And so this is data taken from a few years back. And I would say that if it was updated to 2020 the graph would be even higher.

169

00:21:59,214 --> 00:22:06,595

But you see a large percent of this group had carried Narcan and had used Narcan to help someone.

170

00:22:08,309 --> 00:22:16,585

So this is a quote from a qualitative interview that I conducted with someone with opioid use disorder, who was actually fourteen months into her recovery

171

00:22:16,920 --> 00:22:32,020

and she had told me the story of, you know, once fentanyl came on the scene, she overdosed and she with Narcan and really prompted her to seek help and to begin taking medication and going to counseling and getting off Opioids. And so

172

00:22:32,040 --> 00:22:41,800

she was an opioid user for fourteen years, and when I interviewed her, she was almost a year and a half into her recovery. This was over a year ago and she still has not she has not gone back to using opioids

173

00:22:42,260 --> 00:22:57,700

and so she really credits Narcan in the hands of one of her friends who's also an opioid user with saving her life. So, you know, this is really kind of a life changing life, saving drug, and an innovative solution to a public health crisis.

174

00:22:57,740 --> 00:23:04,760

So now we think about what Opioid overdoses mean and then

175

00:23:05,845 --> 00:23:18,684

and we have this novel risk environment. You know 2020 Dayton is still in the midst of opioid overdose crisis. The numbers have gone down since 2017 but there's still record high numbers.

176

00:23:18,924 --> 00:23:31,795

And so, how is COVID changing, how are these two emergent epidemics intersecting and, and kinda playing off one another and having direct and indirect impacts on the people who are affected by both of them.

177

00:23:32,640 --> 00:23:33,140

So,

178

00:23:33,535 --> 00:23:34,434

interestingly,

179

00:23:34,464 --> 00:23:38,125

thanks to my colleagues at the public health Dayton and Montgomery County,

180

00:23:38,755 --> 00:23:44,815

I learned there was a spike in overdoses immediately after the implementation of stay at home orders,

181

00:23:44,815 --> 00:23:49,075

and the closures of businesses such as restaurants and schools and libraries.

182

00:23:49,674 --> 00:24:02,634

And so in January of 2020, I believe there was twenty fatal overdoses, in February. There was twenty four and then in March, there was thirty seven, which is a really big spike, and that spike really started in mid March

183

00:24:02,634 --> 00:24:17,275

once we started having closures of businesses and right before the stay at home orders. So we see this really, you know, kind of alarming spike in overdoses that we might guess is linked directly to these changes brought by COVID.

184

00:24:18,750 --> 00:24:31,494

Do you think about why COVID (audio loss) might prompt overdoses? We can think about the stress of an emergent pandemic prompting people to use drugs.

185

00:24:31,494 --> 00:24:42,654

People were losing jobs, that could also cause stress. It could be a different sort of triggers and or people even being afraid again, to call them when one and seek help because they were afraid of exposure.

186

00:24:44,760 --> 00:24:54,880

Again, to try to think about some of the positive ways that public health recognize that these two epidemics are intersecting and have a unique set of needs,

187

00:24:54,960 --> 00:25:03,740

I'm going to talk a little bit about some of the local responses to the ongoing overdoses and the spike in overdose is caused by COVID.

188

00:25:03,840 --> 00:25:10,880

So, Narcan, as I mentioned before, has been this really fantastic community, based response to an overdose crisis.

189

00:25:11,275 --> 00:25:14,394

But what happens if people are not leaving the house,

190

00:25:14,424 --> 00:25:17,214

don't want to go to a pharmacy to pick up Narcan because,

191

00:25:17,664 --> 00:25:18,775

as Timothy mentioned,

192

00:25:18,805 --> 00:25:19,974

they may be afraid of

193

00:25:20,005 --> 00:25:22,315

you know,  
even picking up a regular medication,

194

00:25:22,555 --> 00:25:26,934

because they're afraid of contamination. And so Montgomery County,

195

00:25:26,934 --> 00:25:28,615

public health and also harm reduction

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00:25:28,615 --> 00:25:35,424

Ohio have been doing lots of so you can write or you can call in and request that,

197

00:25:35,664 --> 00:25:41,244

you know,

say that you're a person who uses drugs or you're in contact with the person who uses Opioids and you need Narcan

198

00:25:41,244 --> 00:25:51,265

and they will actually mail it to you for free to your house. There's also ways to do online Narcan trainings to learn how to use. Can you can do in our Ken training over the phone.

199

00:25:51,775 --> 00:26:05,335

So, narcan, which was this important kind of life saving intervention to the overdose crisis they've innovative workers and public health have thought of ways to work around social distancing shelter in place is still and to the hands of people who need it.

200

00:26:07,555 --> 00:26:10,555

We also have telehealth and virtual counseling services.

201

00:26:10,825 --> 00:26:22,585

So, a big worry among people who who use drugs who are currently in recovery from substance use disorders is, you know, a lot of people are really dependent on counseling, on self, help meetings, such as AA, NA.

202

00:26:23,214 --> 00:26:27,894

So what happens when we have shelter in place? What happens when we have physical distancing orders?

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00:26:28,404 --> 00:26:33,505

So,

there's been a new emphasis on telehealth and virtual counseling sessions and again,

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00:26:33,505 --> 00:26:34,914

this is very preliminary data,

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00:26:34,914 --> 00:26:37,134

but from anecdotal reports from public health Dayton

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00:26:37,134 --> 00:26:38,214  
and Montgomery County,

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00:26:38,424 --> 00:26:44,875  
there is reports that for the one on one counseling attendance has  
actually been a bit better than it was for in person counseling,

208

00:26:44,875 --> 00:26:49,285  
so this is kind of an exciting innovation and it's a way that people  
have figured out a workaround.

209

00:26:49,760 --> 00:27:04,020  
However, it's not without problems because not everyone who uses drugs  
has access to the Internet, access to cellphones. So, again, it's  
creating some uneven results or uneven access, but it is at least some  
kind of innovation.

210

00:27:04,160 --> 00:27:14,900  
And then also, I want to just recognize the work that public health  
Dayton and Montgomery County has been doing further outreach services.  
Once people experience a non fatal overdose.

211

00:27:15,085 --> 00:27:29,575  
So they are still visiting people writing letters to people who  
experienced a non fatal overdose and encouraging them to seek help.  
There used to be a team that would visit people after and overdose at  
their homes, but clearly in the sort of COVID era distancing request

212

00:27:29,575 --> 00:27:42,025  
that's not as possible, but those phone calls are still happening,  
letters are being mailed. And so there's still is an effort on behalf  
of public health to reach out to the people who are really vulnerable  
and may even be at risk of going back to using drugs

213

00:27:42,025 --> 00:27:48,565  
Due to some of the stressors and cues related to COVID, related  
restrictions, job loss, etc.

214

00:27:51,865 --> 00:28:00,654  
Okay, so this is just a screenshot of project Don, which is one of the  
places that we could go and Dayton and to get to learn how to use  
Narcan to get a free Narcan kit.

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00:28:00,894 --> 00:28:11,275

Now, you can go on their website, you can watch a video about how to use Narcan, and you can request that a kit email to your house, or you can pick up the kit. So, this is kind of an exciting way that public health has dealt with

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00:28:12,204 --> 00:28:20,005

the intersection of opiate overdose and COVID. And then just kind of branching out a little bit, this is an app.

217

00:28:20,125 --> 00:28:33,234

This organization called the Brave co-op that's based in Vancouver, but has won some grants in Ohio to develop innovative tech based solutions to the opioid crisis. They had developed an app that was basically it's called BeSafe.

218

00:28:33,234 --> 00:28:41,664

And what it is, is for people who use drugs who are afraid of overdosing, but are using drugs alone.

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00:28:42,025 --> 00:28:55,555

You can actually log on the app and a peer support will stay with them until they're finished to ensure that they don't overdose and are by themselves. And so this app was in development, but Brave kinda sped it up as soon as COVID hit

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00:28:56,069 --> 00:29:08,035

because of, you know, social distancing, many people who use drugs may be using drugs alone more than they were in the past and if you're using drugs alone, even if you have Narcan, there may be no one to revive you.

221

00:29:08,035 --> 00:29:29,335

And so, what this app does is it kind of gives people opportunity to call and have someone, you know, virtually on the other end of the phone just to make sure that you are able to that you complete your what you're doing, your drug use and are able to kind of respond at the end. And if you don't respond, then they kind of alert the authorities and call 9-1-1.

222

00:29:29,875 --> 00:29:41,545

So, again, this app is also can be somewhat uneven. It has to be someone who has a cellphone, who has apps and I think that, of course,



there would always be the suspicion that people really want to call into an app and admit that they're using opioids.

223

00:29:42,325 --> 00:29:56,244

But Brave Co-op has gone to great lengths to make people feel safe and to ensure the security and privacy of the people who use the app and brave is run by people who are in recovery themselves from drugs and they kind of the specific needs.

224

00:29:56,540 --> 00:30:11,340

And so, again, this is just another interesting example of public health and tech kind of coming together and thinking of innovative ways, not only to address overdose crisis but what overdose means in the context of a global pandemic like COVID.

225

00:30:11,540 --> 00:30:25,640

So that was my kind of case study about opiate overdoses Dayton, and it's intersection with COVID and then I'm going to turn it back to Timothy to kind of wrap up.

226

00:30:25,740 --> 00:30:35,095

Great so so, basically a conclusion, like, we talked about some vulnerable, vulnerable population. So we know that everybody is vulnerable to COVID-19,

227

00:30:35,095 --> 00:30:46,884

but there are some groups like people living with chronic conditions, people who are homeless and other groups that are more susceptible to not only exposure, but more severe outcomes.

228

00:30:47,244 --> 00:30:48,355

But today,

229

00:30:48,355 --> 00:30:52,045

the case study focused on people with Opioid use disorders,

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00:30:52,345 --> 00:30:57,444

but take away from what Sidney was saying is that there are these interventions,

231

00:30:57,444 --> 00:30:58,615

like social distancing,

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00:30:58,615 --> 00:31:05,605

physical distancing or sheltering in place that may not be interpreted by by all and they may not be applied with the same ease,

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00:31:05,605 --> 00:31:11,454

and so just thinking about not just someone being exposed to COVID-19,

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00:31:11,454 --> 00:31:15,174

but how COVID-19 can indirectly impact these vulnerable populations?

235

00:31:15,234 --> 00:31:15,714

Like,

236

00:31:15,714 --> 00:31:16,464

for example,

237

00:31:16,615 --> 00:31:31,494

people being afraid to call 9-1-1, to go to the emergency room due to a fear of exposure or going to get their medication because of a fear of exposure and how that can have a indirect impact on their management of their

238

00:31:31,494 --> 00:31:32,664

of their chronic conditions,

239

00:31:32,664 --> 00:31:34,674

or other things, and

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00:31:36,690 --> 00:31:40,285

so really what we wanted to kind of have you take away,

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00:31:40,285 --> 00:31:52,615

is that as public health scholars we are working to really identify these specific risk environments that are occupied by these populations and hopefully tailor these interventions to meet their needs.

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00:31:52,644 --> 00:32:03,684

So, going to them and seeing what they need as opposed to us developing things and saying, here, this is what you, you really need when it's not for them.

243

00:32:03,684 --> 00:32:13,555

So actually working with them, having their input on what are ways to help them through these tough situations.

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00:32:13,560 --> 00:32:29,240

And so there's a lot of good things are going on with public health, especially during this time. So, yeah so, you know, just thinking about that, we wanted to bring that up to you all and and do that. So.

245

00:32:29,340 --> 00:32:42,200

Yeah, and just sentiment again, we, you know, we're here to kind of also introduce to the community a little bit of the work that we do as public health scholars. We collect epidemiological data on the spread of illness who it's impacting.

246

00:32:42,505 --> 00:32:55,944

And then, we also kind of try to use that knowledge and our experience with these different groups understanding "Okay, how do we take these numbers and how do we make these kind of models of the spread of diseases and and mortality rates and hospitalization rates?"

247

00:32:56,244 --> 00:32:56,545

And then,

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00:32:56,545 --> 00:33:02,664

how do we think everyday realities and every day lived experience of people with different kind of needs are different,

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00:33:02,964 --> 00:33:03,444

you know,

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00:33:03,444 --> 00:33:05,904

different kind of context of their life,

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00:33:05,904 --> 00:33:07,825

whether they're living with a chronic condition,

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00:33:08,095 --> 00:33:13,825

like hypertension or a substance use disorder or if there's someone who's living with a physical disability,

253

00:33:13,974 --> 00:33:16,224  
you know,  
how do we think about making interventions,

254

00:33:16,224 --> 00:33:19,884  
make sense for them and have them not be an afterthought. So,

255

00:33:20,605 --> 00:33:21,924  
yeah,  
just to conclude on that note,

256

00:33:21,954 --> 00:33:22,454  
you know,

257

00:33:23,125 --> 00:33:23,664  
we,

258

00:33:23,694 --> 00:33:25,884  
we are still trying this is new for all of us.

259

00:33:25,884 --> 00:33:27,714  
So,  
these are just kinda findings,

260

00:33:27,714 --> 00:33:29,035  
but I think as a department,

261

00:33:29,214 --> 00:33:44,125  
and as a program are really committed to trying to think of how we can  
make the kind of nationwide interventions towards COVID with stopping  
the spread and trying to think of a better future to meet the needs of  
people who are a little bit less considered from the

262

00:33:44,125 --> 00:33:44,634  
mainstream.

263

00:33:49,855 --> 00:34:00,565  
Oh, good. So, we have a question about COVID in the homeless shelters  
and so it asks "Have the services in shelters been responding and  
changing their operations during the stay at home?"

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00:34:00,960 --> 00:34:01,480

So,

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00:34:02,140 --> 00:34:04,240

I know from the MMWR study

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00:34:04,240 --> 00:34:07,860

study as well as just reading up on the CDC

267

00:34:07,940 --> 00:34:16,340

they have made guidelines on making sure that those shelters are doing things they need to do to prevent further spreads.

268

00:34:16,700 --> 00:34:17,335

For example,

269

00:34:17,640 --> 00:34:28,360

making sure that there can be physical distancing within those shelters, making sure that things are clean and sanitize so that surfaces are not contaminated.

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00:34:28,500 --> 00:34:30,220

Making sure that people are tested,

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00:34:30,240 --> 00:34:41,200

not just people that they suspect are exposed, but making sure everyone the residence, and the staff are tested to prevent any further spread.

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00:34:41,280 --> 00:34:47,905

And I believe, I'm not sure Dayton, but I know in Columbus, there is a shelter that specifically for people who have tested positive.

273

00:34:47,905 --> 00:35:01,045

So, you know, I think there's also people who have asymptomatic that can be spreaders or there's people who suffering from flu symptoms but don't require hospitalization. And so there are also with the shelters,

274

00:35:01,045 --> 00:35:13,704

I think they're trying to do as extensive testing as possible, just to make sure that there is a space for those people. So, you know, once people are already living with COVID, but if they don't require medical attention that people are isolated because one of the things we've learned

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00:35:14,070 --> 00:35:28,525

you know, since this whole first thing came out, is that people who are asymptomatic can also spread. And so in a shelter, if you think about how important testing is in one asymptomatic person and that whole cluster of people living together. You know, not only.

276

00:35:28,525 --> 00:35:41,394

The people who were using the shelter for shelter, but the people who are working, they're providing food. It's very, very dangerous. So they are also creating special shelters for people who have tested positive for COVID but who don't need specifically medical attention.

277

00:35:43,045 --> 00:35:52,405

We're getting some great questions in the chat room right now. One of the questions "What about low level of vitamin D. Could this be on its own a risk factor for COVID?"

278

00:35:58,284 --> 00:36:12,114

I will defer I have, no idea. I don't want to sound like I know the answer to that question. I will say, kind of we talked about earlier that there's all this stuff coming out,

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00:36:12,114 --> 00:36:14,304

like,  
by the minute. I will say

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00:36:15,114 --> 00:36:21,264

I did see a headline in PubMed that talked about vitamin D could be a

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00:36:22,164 --> 00:36:28,105

potential can help prevent the spread of COVID-19,

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00:36:28,105 --> 00:36:29,485

but I didn't read the article.

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00:36:29,485 --> 00:36:34,315

So, I'm not well versed on that. So, I'm not sure that's interesting.

284

00:36:35,514 --> 00:36:41,275

Yeah, that was a very interesting question. Definitely changing environment. I've got a policy question here.

285

00:36:41,485 --> 00:36:51,025

"Have you seen any willingness by states or localities make policies that they may have otherwise been reluctant to embrace prior to the pandemic?"

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00:36:51,804 --> 00:37:05,844

The questions the asker is sending the (audio loss) like safe injection sites. Yes, I think that's a fantastic idea. Yes, although safe consumption sites

287

00:37:05,844 --> 00:37:19,764

I think it's gonna be a little bit of a ways away. Okay. So, one of the hugest, you know, one of the biggest issues has been the prescribing guidelines for good therapies for good use disorder.

288

00:37:19,764 --> 00:37:33,144

Like buprenorphine and methadone. So, methadone usually requires that people who are on methadone maintenance, make daily visits to a clinic to get their daily dose of methadone and with buprenorphine there's a little bit more flexibility.

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00:37:33,594 --> 00:37:38,125

But people are still kind of required to show up periodically to get a prescription and so

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00:37:38,724 --> 00:37:53,664

one of our recent one of the most recent papers we published at Sitar is about why people are using buprenorphine that they bought off the streets to self treat opioid use disorder even when they're on even when they have the kind of health insurance that would get them that same medication

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00:37:53,664 --> 00:38:04,255

for free and so one of our key findings was that people often resent the requirements of outpatient treatment centers to go to three three hour group therapy sessions a week to get a medication.

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00:38:04,465 --> 00:38:12,804

A lot of people argue that it's really impossible for them to hold down a job or to fulfill care obligations when they have this heavy burden from a treatment center

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00:38:13,074 --> 00:38:28,045

and if really, the medication is the evidence based approach to treating opioid use disorder while counseling is recommended that degree of heavy outpatient counseling, there's no sort of evidence to show that that kind of large counseling requirement has any benefit.

294

00:38:28,764 --> 00:38:29,485

And so,

295

00:38:30,175 --> 00:38:30,594

It's,

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00:38:30,594 --> 00:38:32,815

it's been very challenging for people to accept that,

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00:38:32,815 --> 00:38:33,804

in a lot of times people would,

298

00:38:33,804 --> 00:38:35,755

rather buy those medications off the street,

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00:38:36,235 --> 00:38:37,074

but now,

300

00:38:37,885 --> 00:38:48,625

SAMHSA in light of COVID era has changed around a lot of the prescribing guidelines and people are able to get more take home doses of methadone, are allowed to do telehealth appointments to get a buprenorphine prescription.

301

00:38:48,804 --> 00:38:49,315

And so,

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00:38:49,344 --> 00:38:51,235

a lot of harm reduction advocates

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00:38:51,235 --> 00:38:52,735  
have been trying to push,

304  
00:38:52,885 --> 00:39:01,704  
push,  
push for people to have less onerous requirements to get these life  
saving medications and they flipped it pretty quickly to where people  
sort of

305  
00:39:01,704 --> 00:39:05,094  
more radical pro harm reduction policies are actually being  
implemented

306  
00:39:05,215 --> 00:39:10,195  
because people simply don't have the ability to attend those  
counseling sessions. So that's pretty exciting.

307  
00:39:10,434 --> 00:39:12,054  
I know there is some fear about,

308  
00:39:12,085 --> 00:39:22,284  
you know,  
things like take home methadone because people can overdose from  
methadone buprenorphine not so much but it has been also a requirement  
in some of the methadone clinics that if you're getting take home  
doses of methadone,

309  
00:39:22,525 --> 00:39:25,315  
you get Narcan along with it just in case and. so,

310  
00:39:25,614 --> 00:39:25,974  
yes,

311  
00:39:25,974 --> 00:39:26,474  
I mean,

312  
00:39:26,755 --> 00:39:29,574  
I don't know safe consumption,

313  
00:39:29,574 --> 00:39:30,534  
safe injection sites.

314

00:39:30,894 --> 00:39:42,655

It's such a polemical thing, and, you know, Philadelphia has pushed it through, but I really don't know what the chances are about that in the United States. I think you can make an argument for it.

315

00:39:42,660 --> 00:39:55,900

I don't know if people are ready for it, but I do think that there have been some kind of very massive harm reduction based policies that are moving forward because of COVID era restrictions. And so it is a tiny bit of a ray of hope. I think.

316

00:39:55,940 --> 00:40:02,480

For those of us that kind of come from the harm reduction approach to substance use disorders. Thanks for the question, it's fantastic.

317

00:40:04,764 --> 00:40:16,824

And a lot of talk about prisons, could you talk a little bit about the vulnerable population and prisons we've been hearing about outbreaks and how again different localities are responding to the crisis in prisons in very different ways.

318

00:40:19,675 --> 00:40:32,635

Yeah, I mean, there's been a push to let non violent first time offenders out, you know, again, this is all speaking anecdotally, but at Sitar, we're continuing to do search.

319

00:40:32,635 --> 00:40:37,135

So,  
phone follow up interviews with participants who are already consented into our studies and so,

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00:40:37,914 --> 00:40:38,485

you know,

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00:40:38,545 --> 00:40:44,724

there have been people who have mentioned that they were in a sort of halfway program,

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00:40:44,724 --> 00:40:50,755

and they left early because because of COVID they would they just trying to kind of create space,

323

00:40:50,755 --> 00:40:54,954  
but I think the person situation is very alarming,

324  
00:40:54,954 --> 00:40:56,724  
because it really brings to light.

325  
00:40:56,724 --> 00:41:11,574  
Some of the reality is the mass incarceration and, you know, you were just unprepared. I mean, you know, the prison systems have become these kind of hotspot outbreak epicenter, because once it's in there, there's really nothing you can do.

326  
00:41:12,385 --> 00:41:21,684  
So, maybe, you know, it'll be I know that at least in California, they've been able to kind of push forward and release people for non violent offenses.

327  
00:41:22,434 --> 00:41:36,625  
I don't know a ton about the data on Ohio, but, you know, I hope it's gonna move some of the conversations forward to why do we need to keep so many non violent offenders in prison? But we're still a long way and the prisons are still, I mean, it's just gotta be terrifying.

328  
00:41:36,625 --> 00:41:45,775  
So I think that's a great Super key, vulnerable population that's really being impacted by this. And it's very hard to advocate for because

329  
00:41:46,315 --> 00:41:52,585  
we at the public college, we just don't really have so much access so there's so many other barriers in the way.

330  
00:41:56,275 --> 00:42:02,664  
One of the questions is asking you to respond to some of the data that you presented earlier. The spike in evidences,

331  
00:42:02,875 --> 00:42:11,965  
which was an increase of thirteen is greater than the number of COVID deaths in Montgomery County. (audio unclear)

332  
00:42:12,715 --> 00:42:22,405

What are your thoughts on what the impact on drug users might have been, overdose is or other factors had no social distancing measures been put in place.

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00:42:25,405 --> 00:42:26,905

It's a fantastic question.

334

00:42:29,934 --> 00:42:31,014

You know, and I think,

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00:42:35,635 --> 00:42:50,485

I think the public of Montgomery County county kind of wants to know, wants to hear about what the experience of those social distancing measures were like for people who use drugs because we can only kind of do the guesswork. From from my experience again,

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00:42:50,485 --> 00:42:54,324

just anecdotally continuing to follow up with some of my participants who do

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00:42:54,355 --> 00:42:58,434

who are people who use opioids (audio loss) imagine that,

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00:42:58,465 --> 00:43:05,275

you know,

normally even relapse after someone has stopped using drugs is caused by a stressor,

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00:43:05,304 --> 00:43:08,425

a queue or the presence of an accident themselves.

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00:43:08,425 --> 00:43:23,125

And, you know, what greater stressor than thinking, you know, people are laid off from jobs, especially, you know, a lot of the people in the Dayton area who use drugs, who work work in food service, or work, you know, in in these.

341

00:43:24,119 --> 00:43:35,755

They may not be vital workers and so, you know, you, you have no income. A lot of people maybe earned money by pan handling or by scrapping all of those kind of things all of a sudden become impossible.

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00:43:35,755 --> 00:43:47,065

So that the kind of dismay in the fear, I think, you know, may prompt people to use drugs a bit more. At the same time

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00:43:47,155 --> 00:44:01,525

there's something really interesting that I've been reflecting on and that, you know, people who use opiates in the Dayton area are confronting epidemic everyday. You know, they're confronting the risk of overdose. They're confronting hepatitis C and HIV exposure.

344

00:44:01,525 --> 00:44:15,835

So, you know, I wonder, in some ways, if this was not as much as a shock for them, because they're already living in this kind of vulnerable gray space, and kind of confronting potential fatalities and illness everyday.

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00:44:17,425 --> 00:44:30,204

So, I think it's a great question. I don't wanna pretend to know the answer to it, but, you know, hopefully we will be able to do some research on it in the near future. And, you know, if no social distancing measures have been put in place

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00:44:31,014 --> 00:44:35,155

would that same spike of happened? I don't really know.

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00:44:35,215 --> 00:44:35,574

I mean,

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00:44:35,574 --> 00:44:37,554

I think there's enough kind of collective trauma,

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00:44:37,554 --> 00:44:41,844

just from turning on the news that it may have prompted people who had,

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00:44:41,844 --> 00:44:46,644

maybe ceased using opioids to start using again even without social distancing,

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00:44:46,644 --> 00:44:52,135

just kind of seeing the collective trauma of what's going on in the world and the kind of changes that are happening,

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00:44:52,405 --> 00:44:52,855

But again,

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00:44:52,855 --> 00:44:57,594

it's all kinda speculation and I really hope I will have the opportunity in the near future to,

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00:44:57,804 --> 00:45:02,034

to understand for people who continue to use opioids what those changes were like for them.

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00:45:05,880 --> 00:45:17,215

Thank you. Are there community that have strategies to assist vulnerable populations that should be considered models for mid sized metro areas like Dayton? If of course,

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00:45:17,215 --> 00:45:18,744

perhaps we had received,

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00:45:18,744 --> 00:45:21,235

or we will be able to receive additional resources,

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00:45:21,655 --> 00:45:31,045

who are the models right now, do you believe about who are adopting methods to assist very vulnerable relations during this pandemic?

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00:45:39,054 --> 00:45:40,255

Do you mean during the pandemic?

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00:45:42,985 --> 00:45:51,235

I think I think it's John. Vulnerable populations. Let's see.

361

00:45:53,184 --> 00:45:55,045

Yes, you do mean during the pandemic. Okay.

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00:45:58,255 --> 00:46:08,244

I don't know. Timothy, do you know, during pandemic strategies to assist populations? So, this actually a good question.

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00:46:08,244 --> 00:46:21,505

And that's something I've been trying to find the past weeks just to see, like, what are some models out there that are helping these populations and it's for me, it's been hard to find. But that could be just horrible at finding you without there.

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00:46:21,775 --> 00:46:35,784

But I know there's been a lot of volunteering to help these populations, especially like people with chronic conditions, and the older adults who cannot leave their homes in fear of exposure, and putting them at higher risk.

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00:46:35,784 --> 00:46:43,675

So, there's things like, for example, there are pharmacies that are now offering delivery for their their medication.

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00:46:43,675 --> 00:46:54,655

So they don't actually have to step out of their, their home. There are organizations that had been volunteering for help with these individuals. But, I'm not sure if any models out there yet.

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00:46:55,525 --> 00:47:06,385

You know, I think that there probably will be some in the next, probably tomorrow as we say this, there's there'll be a paper out on on, you know, a good model. But unfortunately, I don't

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00:47:06,594 --> 00:47:12,835

know of any models out there yet that could be implemented in here.

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00:47:14,664 --> 00:47:18,445

I mean,  
one thing I was usually sort of at the front lines,

370

00:47:18,445 --> 00:47:20,120

is the VA.

371

00:47:20,180 --> 00:47:21,080

You know,  
they have kind of,

372

00:47:21,114 --> 00:47:24,565

they pull out resources and they tend to be,

373

00:47:24,565 --> 00:47:28,050

you know,  
pretty innovative and really their,

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00:47:28,554 --> 00:47:32,155

their kind of health services are pretty top notch and so,

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00:47:32,364 --> 00:47:32,724

again,

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00:47:32,724 --> 00:47:34,554

this is not necessarily COVID era,

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00:47:34,554 --> 00:47:38,724

although I know they have implement certain changes like telehealth  
but the V.A.

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00:47:38,724 --> 00:47:47,605

has been at the forefront of these different hub and spoke programs  
that look at how you address the health needs of rural populations

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00:47:47,605 --> 00:47:51,445

if there's no nearby specialists and so this one VA

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00:47:51,534 --> 00:47:59,094

the program with the University of New Mexico was kind of looking at  
hepatitis C care and taking specialists in Albuquerque who were  
mentoring

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00:47:59,460 --> 00:48:01,704

local nurses,

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00:48:01,735 --> 00:48:02,905

nurse practitioners,

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00:48:03,985 --> 00:48:15,114

even some CNA's in rural areas of New Mexico and how to administer  
certain elements of a hepatitis C treatment regime and so it was kind  
of this hub and spoke model of the specialists,

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00:48:15,114 --> 00:48:19,045  
which are concentrated in the cities working within supporting less,

385  
00:48:19,195 --> 00:48:20,574  
maybe less qualified,

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00:48:20,574 --> 00:48:20,965  
but,

387  
00:48:20,965 --> 00:48:21,505  
you know,

388  
00:48:21,840 --> 00:48:24,295  
definitely willing enable health workers,

389  
00:48:24,295 --> 00:48:30,264  
or even outreach workers in rural areas and so I think models like  
that are probably going to be,

390  
00:48:30,264 --> 00:48:30,594  
you know,

391  
00:48:30,594 --> 00:48:31,764  
what we have to think about,

392  
00:48:31,764 --> 00:48:32,260  
like.

393  
00:48:32,380 --> 00:48:47,460  
Dayton has vulnerable populations, but then we also have rural  
populations in Ohio or people who are living with different  
disabilities and can't and don't even have the option of making  
out, or navigating certain technologies.

394  
00:48:48,114 --> 00:48:56,425  
So, I think it's really thinking about how we can make connections  
between the specialists, and the places where those kind of resources  
are thinner.

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00:48:56,454 --> 00:49:05,695

So, again, I don't know if models during COVID, but I would say that the VA's probably a good place to, to look because they tend to be ahead of the curve on this kind of thing.

396

00:49:12,054 --> 00:49:15,054

Do you have a question? Yeah.

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00:49:16,100 --> 00:49:32,200

Second Wave, right. Especially I was gonna ask you to make the connection to some of the research from the prior epidemic that you had shared just we see spikes. And then we see lines.

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00:49:32,340 --> 00:49:47,275

Do you expect to see greater challenges among many of the vulnerable populations that you've talked about today and that you study as things start to relax a little bit and we go back to some sense of this new normal or might it be different because,

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00:49:47,275 --> 00:49:48,235

like you said earlier,

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00:49:48,264 --> 00:49:53,065

or some of these populations are living in such high risk categories already.

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00:49:53,580 --> 00:49:59,040

How do you perceive the impact to be different? If at all.

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00:49:59,220 --> 00:50:05,760

I mean, one thing that I always think of is the people. (audio echo)

403

00:50:05,900 --> 00:50:20,755

The people who are trying to make positive changes in their life and try to taper off, or maybe cease using Opioids completely what recovery is going to look like for them. Because one of the huge things is, if you're a person who uses opiates, and that is the kind of social world you live in,

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00:50:20,755 --> 00:50:34,554

and that is your economic reality, one of the biggest challenges, how do you transition back into kind of the formal sector? How do you transition back into formal employment? How do you build relationships

with people who are not drug users? How do you kind of build a recovery community?

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00:50:34,795 --> 00:50:37,914

And what I worry about is what's gonna happen to those resources?

406

00:50:38,190 --> 00:50:38,690

You know,

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00:50:38,724 --> 00:50:52,434

what it's gonna be the motivation for someone in terms of trying to build a new life for themselves away from drugs when there's no jobs within the economy crashing what kind of purpose there in terms of in economic future?

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00:50:52,739 --> 00:50:54,264

So that's one thing I worry about,

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00:50:54,264 --> 00:50:58,855

you know,

not even necessarily the direct physical health consequences,

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00:50:58,855 --> 00:50:59,355

but,

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00:50:59,485 --> 00:50:59,875

you know,

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00:50:59,875 --> 00:51:01,344

the kind of emotional health,

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00:51:01,344 --> 00:51:06,175

and the hope that you need to really sustain recovery from substance use disorders.

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00:51:07,110 --> 00:51:17,815

Be it alcohol opioids whatever is you need to have some kind of hope or some kind of vision of a life for yourself that's beyond drugs and in a kind of climate where the economy's crashing,

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00:51:17,815 --> 00:51:27,534

they're sort of all over unemployment, fear, you know, all these changes in our society, I worry about what is gonna be that hope that people will left onto.

416  
00:51:28,344 --> 00:51:28,795  
And again,

417  
00:51:28,795 --> 00:51:29,295  
I mean,

418  
00:51:29,394 --> 00:51:31,885  
part of it is that because of shelter in place,

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00:51:31,885 --> 00:51:39,775  
and because this is affecting everyone there is a way in which communities maybe strengthen family bonds maybe strengthen people may be kind of,

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00:51:40,284 --> 00:51:45,414  
forced to spend and confront some of these issues with their family and maybe if they can't hide from them,

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00:51:45,414 --> 00:51:48,954  
it'll force them to confront and create some sort of positive,

422  
00:51:49,800 --> 00:51:51,505  
clear some moving forward.

423  
00:51:51,505 --> 00:52:06,054  
But, again, when I think about the second wave or the long term trajectory, I think not only of things like, you know, overdose or contract in covert. But what is our sense of what is the kind of hope that you build recovery towards?

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00:52:06,054 --> 00:52:20,485  
Because I think some of the work that's being done treatment programs or substance use disorders is things like vocational training, you know, and becoming a peer support counselor and just trying to think of what life is like. And so that's one thing that I immediately worry about.

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00:52:20,545 --> 00:52:23,664

Is just kind of that overall sense of,

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00:52:24,480 --> 00:52:25,704

you know,  
pessimism,

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00:52:26,815 --> 00:52:27,625

even in terms of,

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00:52:27,655 --> 00:52:28,224

like yeah,

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00:52:28,945 --> 00:52:29,394

you know,

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00:52:29,394 --> 00:52:33,264

if there's no jobs sort of people going to kind of turn to? And,

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00:52:33,324 --> 00:52:40,945

you know,

Montgomery County has had really pretty low COVID rates of mortality  
and also,

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00:52:40,945 --> 00:52:42,235

even it seems like infection,

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00:52:42,235 --> 00:52:42,864

but again,

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00:52:42,864 --> 00:52:43,364

I mean,

435

00:52:44,125 --> 00:52:46,105

you know,

they're not really some places,

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00:52:46,105 --> 00:52:50,844

or there's some kind of still guess on why some are hit harder than  
others.

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00:52:51,264 --> 00:52:57,655

But, I mean, there is a way in which Montgomery County and the Dayton area does have so many pockets of vulnerable populations.

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00:52:57,929 --> 00:53:06,385

So many people were experiencing homelessness, so many people who are living with substance use disorders that maybe it hasn't hit yet, but it's still could be.

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00:53:06,925 --> 00:53:18,655

It could hit hard here, just because of the kind of proximity and the reliance on on kind of social spaces and sociology that people were experiencing homelessness or substance use disorders may rely on. So, I don't know that

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00:53:18,655 --> 00:53:29,005

we're out of the clear even for that yet, or maybe, you know, we'll kinda be spared, but I think that the two problems put together are gonna be somewhat troubling.

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00:53:35,335 --> 00:53:40,914

Thank you. Do we have any other questions from our audience? Our invisible audience?

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00:53:49,135 --> 00:54:02,934

I think Sidney the Timothy have done a fantastic job, wanting to add for the tremendous insights that can be gained through public health and the work of our public health professionals also really highlighting the interdisciplinary nature

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00:54:02,934 --> 00:54:08,425

and the need to look at crisis from so many different angles. I think that's been extremely helpful.

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00:54:08,425 --> 00:54:18,500

If there aren't any questions that are submitted, we're seeing a number of comments on how interesting this was

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00:54:18,520 --> 00:54:26,480

and expressing significant appreciation for you and your colleagues in population and public health sciences are doing.

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00:54:26,500 --> 00:54:33,440

We really appreciate everything you've shared and helping us understand the insights from your fields better.

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00:54:33,440 --> 00:54:39,900

And also please do feel free to reach out to anyone in their department with questions as a follow up.

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00:54:39,900 --> 00:54:44,280

We really appreciate your time today and I think we'll wrap up today

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00:54:44,280 --> 00:54:50,380

by reminding everybody that our series of shelter in place lectures will continue next week.

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00:54:50,380 --> 00:54:57,820

As you know we've been alternating on Thursdays and Fridays. Next Friday we will have one of our faculty members from the college of nursing and health,

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00:54:57,820 --> 00:55:05,780

Dr. Sherry Farra, who is going to be presenting on crisis standards of care and COVID-19.

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00:55:05,780 --> 00:55:09,720

So because it's Friday afternoon next week we will be convening at three o'clock.

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00:55:09,720 --> 00:55:18,200

We hope many of you can join us again next week for another extremely insightful presentation by our superb faculty at Wright State University.

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00:55:18,260 --> 00:55:27,520

Before we end today, if everybody could join me in a round of applause for Dr. Silverstein and Dr. Crawford and of course their colleges in population and public health sciences

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00:55:27,600 --> 00:55:32,220

who helped them put together a very important and extremely interesting presentation.

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00:55:32,220 --> 00:55:35,920

So thank you for joining us, everybody take care and we hope to see you next week. Thank you.

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00:55:35,920 --> 00:55:43,220

Thank you everyone for, for letting us talk for awhile and for sharing the research that we do. Thanks guys.