Transcript: Addressing Social Determinants of Health Through Prevention Planning

Presenter: Nicole Augustine
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ANN SCHENSKY: Good morning, everyone and welcome.

We had a big registration list. So we're going to give people an extra minute or so to get into the webinar platform before we start.

OK. We will get started. We still have a couple more people logging in, but we have a lot of really great information today. So we will get started. Again, good morning and welcome. Our presentation today is Addressing Social Determinants of Health Through Prevention Planning. Our speakers today are Nicole Augustine and Virginia Johnson.

This webinar is brought to you by the Great Lakes PTTC and SAMHSA. The Great Lakes ATTC, MHTTC, and PTTC are funded by SAMHSA under the following cooperative agreements. The opinions expressed in this webinar are those of the speaker and do not necessarily reflect the official position of DHHS or SAMHSA.

The PTTC Network believes that words matter and uses affirming language that inspires hope in all of our activities. We do have some housekeeping details for you today. If you are having technical issues, please individually message Kristina Spannbauer or Stephanie Behlman in the chat section, and they'll be happy to help you.

The workbook will be in the chat for you to download, and we will be using it during today's training. We will be using automated transcriptions for today's webinar. The recording of this training and the workbook will be available on our website. It will take about 7 to 10 days to be posted. You will be sent a link after the presentation to a very short survey. We really appreciate it if you could fill it out. It would take about three minutes and it is how we report our activities back to SAMHSA.

We will also send the link for certificates of attendance for those who attend fully the live session. The link to your certificate will be sent to your email. And

if you'd like to see what else we're doing, feel free to follow us on social media and look for our weekly email updates for events in the following week.

Again, we are very excited that our presenter today is Nicole Augustine. She is the Founder and CEO of Rise Consultants, a strategic consulting firm founded in January of 2015. Nicole is an entrepreneur, public health professional, and social justice advocate.

Her journey in public health began at Cornell University. When after graduating, she worked for three years as a basic counselor for Cornell's campus Harm Reduction Initiative. From there, Nicole transitioned to George Washington University School of Public Health before experiencing a rapid career progression from providing prevention education to providing training and technical assistance, to communities, professionals, and state agencies.

Nicole has served as the Project Coordinator for the Southeast PTTC, the project director of the North Carolina Behavioral Health Equity Initiative, and the prevention director for addiction professionals of North Carolina.

Nicole currently serves as an Advanced Implementation Specialist with the Opioid. Response Network. This network is building trust across justice, corrections, and medical assistance systems to address the opioid and stimulant crisis. So we are excited to have you again, Nicole. And I will turn it over to you.

NICOLE AUGUSTINE: OK. Thank you so much for that introduction. You can hear me, OK? Coming through fine?

ANN SCHENSKY: Sound good.

NICOLE AUGUSTINE: OK, great. And Hello, everyone. It is my absolute pleasure to be here with you all today. Thank you for your time, for your attention on a topic that is really, really important as we think and reimagine what prevention is looking like in the future. So I thank you in advance for being here and I'm really looking forward to our conversation.

I have one bit of side note to make. I had planned for a guest to be here with me today, Virginia Johnson. She's a colleague of mine who is to me really embodying and giving examples of how to embed prevention into the social determinants of health. Unfortunately, she's unable to be here today. COVID

unfortunately has gotten the best of a family member, and so she's needing to take care of that.

However, I've already talked about potentially recording her interview that I was going to do with her today, just because there are a lot of really great concrete examples she was going to provide about what it looks like when you make this kind of shift. And I think what she was going to offer is still going to be very important.

So to that, I will say, we'll have plenty to talk about. This will be interactive even though we're in a webinar space. I have a way for us to interact and talk because I do want to hear from you all about what you're doing and how you're actually doing this work. And so I'm excited to get started.

For any of you who-- I think we have a poll question right here to get started first of one poll to ask folk's comfortability with this topic. Here we go. So I have a clear understanding of how the social determinants of health intersect with prevention. Great. Oh, good. The responses are coming in. Fabulous. Look at that. OK. I'll give just a few more minutes and then we'll show the results here. OK. I think we can go ahead and show these results, look at most people responding.

All right. So we got quite a few who said, absolutely. And like I said, we will have opportunities for interaction. So for those of you said absolutely, I hope you'll be willing to share some of the examples of the ways that they're doing this.

Some of you guys are saying, actually the majority are saying, I get it. I'm just not sure how to do it. And I know for me, that's been the theme here recently the same with conversations around equity. I get it, but how do we do it?

And my hope is through our conversation today, we can begin to have concrete examples of exactly how to do this. And then there are some of you who are saying not really, I'm still learning. And that's OK. I think we're all in the right place. Sorry, I've got to share the results so you guys can see them. Hopefully everyone can see them now. Great. Awesome.

OK. So before I get started, this is something that a personal commitment that I've made to me as a trainer and me understanding when I learn new skills, why. And so at the end of last year, if any of you who came to the first webinar and will actually find out who I was at the first webinar. But I want to mention

why I always pause now at the beginning of my webinars to take a moment to actually share a note about land acknowledgment.

At the end of last year, I was noticing this. I'd gone to a few trainings where they'd done land acknowledgments. And I'm always curious about why we do things. For me, this dates back to cultural competence and really wanting to make sure that the things that I do are not doing as a checkbox.

And so for me, the note that I want to give to you all today about what I've learned about land acknowledgment is really summed in this quote from Northeastern University, which says that "It's important to understand the long standing history that has brought you to reside on the land, and to seek to understand your place within that history. Land acknowledgment does not exist in the past or historical context: Colonialism is a current ongoing process, and we need to build our mindfulness of our present participation."

And I thought this quote really did a great job of helping to understand why land acknowledgment is something that folks are thinking about, especially when we're talking and having conversations about diversity, equity inclusion. I know it's come up quite a bit.

And so I encourage everyone to really take a moment to think about what is land acknowledgment, what does it mean for you personally. Because truly, the land acknowledgment is about having a recognition of the history of the land on which you currently reside.

There are plenty of resources online. And I believe in the chat, we typically dropped the map. There's an access to a map that you all can use to help you discover for yourself what lands you're currently residing on as a way of us recognizing the history. When we talk about social determinants of health, when we talk about equity and diversity, there is an unspoken elephant in the room sometimes. And this helps to kind of think about that.

And so I had made a personal commitment to sharing what I've learned about it. And this is what I'd like to do now. Instead of me sharing my own, I like to give people the opportunity to think about what this means for yourself and to do some research for yourself and really think about the community that you're serving and what lands the community is on. So I like to pause and take a moment for that.

The next thing I want to do is to bring us fully present into our session today because the world has changed. I know many of you have back to back

zooms. Some of you probably just came from one. And I always like to take a minute to make sure we're fully here. I am a trainer, I'm a facilitator of learning.

And I do this work because it really matters to me. And it's my belief system that the training spaces we hold are not just for us to get CEUs or to pass time. And so I'm hoping that if you're here today that you're here and present in this time that we have, which is not a lot of time in the day.

And this activity that I do here I think does a great job of centering us. And so I want to share it with you. It actually came from my friends here at the PTTC. And so I like to use it and it's a really great activity. If you have downloaded your workbook, you can use your workbook to do this. The workbook is there too.

And all I'm going to ask is either your workbook or on a piece of paper, you're going to put a quadrant to make four squares. OK. Again, if you're using the workbook, it's already there for you. If you don't, just grab a piece of paper and draw to make four squares. OK. This activity is not going to be shared at all. It's just a grounding activity to bring us fully present into this room in the space.

And so the first thing I'd like for us to do as a way of clearing our mind. You see a picture of a spiral here on the screen, and I'm actually going to have each of us draw the tightest spiral that you can right at the cross section of your paper. I'm a set a timer for just 60 seconds to do this. OK.

And it's just a way of clearing our mind of all the emails, all the phone calls, all the deadlines, grants, REPs, whatever you've got going on, to release that for just a moment while we're in the space. OK. So I'm setting the timer right now, and if everyone can take a moment to just start making your spiral there in the middle of the page.

Make sure you're breathing while you do this. You'd be surprised how often we forget to breathe.

OK. All right. So in your top left corner of your grid, I'd like for you to answer this question. When you think about the social determinants of health, what comes to mind? When you think about the social determinants of health, what comes to mind?

Now in the top right corner of your grid, what fears do you have about how the field of prevention is changing? What fears do you have about how the field of prevention is changing?

Right? And so your bottom left corner, and this question is actually same as the previous one for any of you who were here previously. What do you think is the biggest potential for improving equity in our prevention practice? What do you think is the biggest potential for improving equity in our prevention practice? And if you remember this question from last time, think about whether or not your response has shifted since our first discussion.

And then our final question in the bottom right corner is, what do you hope to get out of the experience today? What made you decide to show up for this webinar?

OK. All right. So hopefully, everyone has had an opportunity to bring yourself fully present into the space today as we do our work. Now if for any reason something changes, feel free. You can hop off at any time if you need to take care of other things. So in our time together, I have three main goals. One, to really just make sure we're all on the same page for what it means to define the social determinants of health, like, what exactly is that?

I also will spend the majority of our time talking about where is this intersection between the social terms of health and the field of substance prevention? And really ending with thinking about what are the opportunities for collaboration for innovative work? And like I said, the guests that I have, she had a lot of-- we got to talk just a few days ago.

She had a lot of great examples to share, which I will share with you all. But I'm going to actually host an interview with her. That way, we can give that piece to you all so she was able to be with us here today. All right. So we've got one more poll here because I'm curious of the people in the room. How many of you all actually attended the first session?

I'll give a few more minutes. We've got quite a few folks who responded. Oh, OK. All right. I'll go ahead and end the poll now and share the results. So actually, a little over half of you were not here for the first session. And that's totally fine. It's just always good to know. I'm impressed that some folks watch the recording, which is great.

I love the people who are like, I don't quite remember. It's been a while. And in the Zoom world that we live in, that is so easy to do now. But at least a

quarter of you guys were at the previous session. So that's wonderful. This is great to see. I like to get a sense of who all's in the room and what kind of examples. I can share that may have been talked about previously.

Thanks, Michel. Oh, I love it. I attend so many webinars. I honestly cannot remember. But I think so. Love it, love it, love it. This is the world we live in now, Zoom. Right, Zoom fatigue and Zoom amnesia. But I like to call the two. all right.

So the Social Determinants of Health. Now, people were really kind of first introduced to SDOH with the release of the Healthy People 2020 goals some time ago. So interestingly, the Social Determinants of Health is not new. We had goals actually in the Healthy People 2020. We had SDOH goals.

There are new goals for the 2030 year now, which is listed here. And it's about creating social and physical environments that promote good health. And if you think about that goal statement, that's huge. That's really, really big. And I would say in general, the Social Determinants of Health is ambitious.

Yet it is my belief system, I come from a background of Public Health and community health. It is my belief system even though these goals are ambitious that is completely attainable. And that's why I'm really excited that we're beginning to have these conversations of thinking about where do we fit in into this larger public health model of looking at the social determinants of health.

So what exactly are they? Essentially, the easiest definition to think about is these are any sort of life enhancing resources that when distributed correctly across the community actually improve health outcomes. Now, what's interesting is it can be looked at both ways.

The social determinants of health are the domains and if the determinants are doing well, the community does well, determinants are not doing so well, that is what is linked to the negative health outcomes. And so it's really important to kind of think about our work in this way, because nobody lives in a bubble.

And I think that's what I appreciate the most about the Social Determinants of Health, is thinking about the multiple domains in which life is affected. And so essentially, they're actually five domains that the determinants focus on. Education, health care, neighborhood, social context, and economic stability.

And what's interesting when you look at these domains and you really begin to look at how the domains predict health outcomes, it starts to be really easy to see how if education is limited, how that limits things on all the other domains. Or if the neighborhood is not very safe or the neighbor has poor resources, or if a community has really high assets, how that would give advantage. And so the purpose and intention of the Social Determinants of Health is for us to think way more broadly about the things that influence health.

One important concept that I think is a part of this idea is the recognition of social justice, and how social justice interacts with all these different domains. And that when you're really looking at improving each one of these domains, there's some work you have to do that a lot of times is outside of what we traditionally have done in prevention. OK.

And so a part of this is helping us stretch how we think about our role and the work that we do. And my goal here as we talk through each five of these is to really begin to brainstorm, really begin to think outside the box of what are the types of partnerships we need to make improvements across the domains.

Because the reality is when you think about substance use, substance use, misuse, addiction, a lot of these things are directly connected to these different domains. Whether that's education or economics or the social context or the built environment and the health care system.

There isn't any one of these that you don't experience some level of prevention being there in the space. So to me, we've always been here. We may not have been so cognizant of it and acknowledging it. And now we're really being called to be more intentional about how our work overlays with this. So we're going to dive into each of these.

However, before we dive into that, I do want to share one more resource just to set the context as to why we're really thinking of prevention differently. And it's this pyramid Health Impact Pyramid. And I'm not sure how many of you have seen this pyramid before. But I really like this pyramid because it really talks about health impact.

And what I want to do is as we look at this for you all to begin to think about for the prevention strategies that you're currently using across-- if you're using I call the CSAP6 or the CAT7, OK. So depending on which model you're using, there's a set of strategies that we have access to. And what I want you to do is, as you look at this pyramid, begin to think about for you where are most of your strategies now.

OK. And so if you look at the top, which is considered counseling and education. This area is actually considered to have the least amount, the smallest amount of impact in comparison to the others. Not that it doesn't have any, just the smallest amount in comparison.

And when I think about things like prevention education as a strategy, information dissemination as a strategy. These very individual strategies fit in the very top of the pyramid you all. OK. And if we're looking at creating changes that are systemic, changes that address disparities and inequalities, changes that really improve the health outcomes of a community, we've got to move away from the top of the pyramid. And that to me is really the essence of why we're talking about this and why we're thinking about the work in this way.

I like to say that in prevention, we are beginning to look and see the bottom parts of this pyramid. What are the ways that we can affect and influence social and economic factors? What are the ways that we can change the context in which communities and individuals are making health decisions? And I realize sometimes hearing it like that feels big. And the truth is it is big.

The good thing is we don't have to do this work alone. And to me, that's the real beauty about the Social Determinants of Health is that it's about looking at strategic and collaborative partnerships and our planning and our work, so that we can begin to shift our strategies more into the environmental space and create systemic changes in the communities that we serve. That way our impact can be larger than just on the individual level. So I like to mention that as we think about this pyramid.

Oh, thank you, James for your comment here. I would have reversed the top levels of the pyramid. It if it progresses up or from prevention to treatment from systemic to individual. Thanks for the comment.

All right. So this is we're moving into the meat of our topic today. And really looking at what each domain is. And what are some innovative strategies, ways that we can be placing ourself in the mix, if you will, of doing some new and different work?

So we're going to start first with education access. Interestingly, I would say this is probably the one domain with which prevention does a lot of work already. A lot of us have work with schools. We're doing curriculum and

prevention education in schools. And so in some ways we already have a foot in the door in this particular domain.

However, this domain looks a little bit broader right it's not just us being present but remember I think of prevention specialists as consultants. And to me when you think about what a consultant is, it's like a subject matter expert. Someone who helps and provides tactical and technical skills to do a job and do a work.

So I wonder, are we missing opportunities to actually talk with our schools that we work with about the actual school environment? About how they deliver their services? What type of nurturing environment, are they thinking about wellness? Are they thinking about trauma and resilience? Do the schools that we work with truly understand the community context in which their students come from? And in what ways are they working to address those things?

So as we really start to think about some of these domains, I think, it's less that prevention takes ownership of it or like, Oh, this is new stuff we're doing. But this is about making sure that our work with our partners has alignment and mission, has alignment and thinking about an intention of changing disparities and inequalities in the communities that these services fit into.

The other one that I want to mention before we start, I want to open it up for a bit of conversation here is the language and literacy one that specifically mentioned under education. This particular space has become extremely important to me here lately mainly because I've really begin to think about how important language is and the connection with literacy.

And so something I've been looking at is this concept of health literacy, communications. If you think about it in prevention, a lot of our work is communications in that space of communications. And a part of me wonders, are we really creating an alignment between our messaging and the people we're serving?

And sometimes, I know I've been seeing misalignment in that the folks who create the messages are people who are not from the community. The folks who create the messages may have a higher level of education than the community. And oftentimes I talk to people about how do the average literacy of the folks you're serving? Because if you do, you might actually do your website text differently, you might do your brochure text differently, you might even use completely different words in your PowerPoint presentations.

And so for me, this is a bit of a sidebar but it's become really important. I think it's a critical thing for us to think about, because if you're considering the social determinants of health, the reality is education and access to quality education is a real thing.

And so depending on the community you serve, the literacy level of that population may not be as high as you think. And so some of us are really having to think about how to reword and make sure we're having things at the right level. As a recommendation, it's recommended that you really if you can stay with fifth grade reading level as your highest.

The Greys would be eighth grade. OK. And I do have a resource to share, and I'll give it to you. There's a website Hemingway app that lets you-- you actually pull text, drop it in there, it will tell you what is the reading level of that text. It will tell you how easy it's read, and it actually give you recommendations on how to rework the information to get it at a better reading level.

And these are some of the resources we've got to start thinking about you all if we're really considering the community we're serving and the context, because access and quality access to education is a profound thing. For any of you prevention specialists who actually go into schools and go into mini schools, I'm sure some of you have seen the disparities in access to education for these schools. So this is important as important space to think about.

So now I want to begin to give you all the first opportunity. You're only going to have to do this once. So you can either grab your phone to do this or you can do it on your laptop. But you want to go to menti.com. OK. Thank you for placing it in the chat. You'll go to menti.com, it's going to ask you for a code. All you do is type in this code 89352981, and it's going to drop you right into this presentation.

And here is the first question. The good thing about mid it's completely anonymous. So no one will know who's posted what. But I like to have a bit of a discussion and for folks to begin to share, what are some ways we can provide services that actually impact the educational domain? I've shared a few things to think about.

If there's anyone who's doing any innovative strategies right now, feel free to type those in. To here to begin to think about and brainstorm. What are some of the ways that we can create more innovation? I would say outside of just providing services to students or to producing a particular curriculum is, let's

begin to think about what are the things we can be doing in this space. So thank you guys.

Some folks are beginning to submit some things. Oh, great. And it looks like we got someone who actually wants to use their voice. I always love that. I thought I saw a hand raised. So feel free to do that too. That is an option. I think we have the ability to unmute someone. So if someone did want to just speak it out loud, feel free to do that.

Also, I like to hear other voices in myself too. So that's totally fine. So we've got some comments coming in here. So the technology divide, I'm actually glad someone mentioned that when we think about the major change and shift that happened because of COVID-19. A lot of what we did is we told people to go virtual. And there were so many places and spaces in our country where this was not an option.

OK. And again, this is where you start really thinking about the social determinants of health. And it becomes really, really complicated in the ways that it manifests for folks. Doing better to assess the population needs and resources, providing materials in different languages, utilizing translation services, exactly. We have a tendency to do things only in English.

And truly if you are doing your needs assessment properly, you would have a sense of what language needs you have for the community that you're serving. These are all things we gather as a part of our needs assessment as a part of us knowing what and who our community is. That's the same with literacy. Although I don't think we really do much for checking literacy levels.

Some other things that folks are mentioning, promising practices, behavioral health education, policy changes, I definitely be interested what people are thinking about policy changes here in the educational space. I know there have been some folks-- there was a few years ago there was an initiative of helping teachers and schools in class management and understanding trauma and resilience. How do we bring those types of resources to our teachers to help and assist them?

Reading levels vocabulary. Reduce stigma about lack of education. Yes, Yes, Yes. I'm actually really glad somebody said that, because that is another unspoken thing in our society that education is equated to esteem and prestige and smartness and all these other language that we use.

And I think because of that, a lot of people minimize the lived experience, which I think is the most critical to this work. If we're really going to help and serve the communities that we're helping and serving, we need people from the community with lived experience to be providing us with expertise and guidance on how to do this work better. So I really appreciate someone mentioning that.

Wow, you guys have really put a lot in here. Neighborhood mentors and tutors making up a coalition of community members. Love it. Curriculum lessons taught by Native speakers to ESL groups and classrooms. Wonderful. Yeah, you guys have mentioned a lot of great examples here of some of the things that we can do some innovative strategies. This is interesting. So home based services, education empowering families, caregivers.

Wow, OK so some folks are saying the prevention specialists are actually housed at the school, which is awesome. Not only is she there if students are in trouble, but she provides youth campaign information. Yeah. This is great. You guys have offered a lot. The cool thing about Menti, it does record all of this.

So what I will be doing for you all is will gather all of these suggestions and resources because they probably won't go to see all of them today. And what I'll do is when we pass along this information, the recording, we will collect these so that you all can see what are some examples that folks are doing? We're going to do this with all five domains you all. So you will have plenty of opportunity to share some of the ways that you're creating innovation in the space.

That way, there may be some ideas that people see for themselves and want to utilize in their state and in their area. So this is really great food access. That's a really good one actually. And schools can be a great way to actually navigate that too.

They have property, they have land. You can encourage the students to be a part of the gardening process and all that sort of thing. So some really cool stuff people can do and have been doing on the food access and food desert space.

So this is great. I'm going to move us on. Like I said, I'm going to record these. Menti will let me gather all these, and we'll make a list an inventory of some of the recommendations and suggestions folks have made. So I appreciate you guys. It looks like everyone's being able to use Menti easily.

And so you only have to do that once. It will automatically update on your phone as we move through the slides. And so you will be easily able to continue to contribute to the conversation. And like I said earlier, if we get to one particular domain and someone wants to share something verbally, feel free to do that, feel free to raise your hand.

So the second domain we're going to talk about is health care and quality. Now, what's interesting is I think sometimes there are some folks in the prevention space who are directly connected to the health care system. And actually the guest that I was going to bring today, she is actually from a health care facility, a globally health care.

So they do health education. Generally, they do sexual health, they do substance prevention, they do nutrition. They actually cover more than just substance prevention in terms of prevention spaces. So that's why I was excited to have her talk with us today.

These still may really looks at access to and for us specifically since our work is focused in the behavioral health space, this is more specifically thinking about what kind of access to the communities we serve have to behavioral health services. And when you look at some of the health disparities and the equity issues around access and care, behavior health services are even worse off than health care services.

And so there are major deficits. Somebody mentioned stigma earlier, stigma around education. Stigma is something that affects a multitude of things. And I would say stigma is one of the things that actually affects people accessing care. Now, the side-- the parallel track to that is not only do people who are resistant to accessing care.

A lot of times in the communities we serve, the quality of the services are not that great. And the extent of the services, I hear all the time about long waits for people needing to get access to care. And so that sits, yes, more on the behavioral health side. But the reason I mentioned is because it's systemic if you think about it.

If you are working with a community that's having access issues, I guarantee you it's having other issues too that are also going to affect your work in prevention and whether or not the community is open to the work that you're doing.

So this is one of the domains that I think we do not as much with, but it'd be really interesting to begin to see. I don't know folks who remember when we were big on integrated care. That was like a big thing a few years ago.

I've always thought it'd be amazing if we actually truly had an integrated care system where all health care, behavioral health wasn't separated. And even what we think about the cousins of behavioral health that we did more work collaboratively together.

So when I think about prevention, what can we be doing in partnering with our recovery folks? In what ways can we partner with our treatment folks to let them know that we are part of the spectrum, and that there is a valuable resource and service that we provide prior to someone actually getting into the space of needing treatment. And hopefully, we do our job. We minimize that crossover into addiction.

And so these are some of the things I like to think about as we're considering what is our role in prevention connected to the health care and the quality of the health care system. It's a little bit further removed. But at the same time, I think there's some really great conversations at our leadership could be having about how we begin to integrate this.

I heard someone say earlier that they knew a prevention specialist who were inside of school systems. My question is, I believe prevention specialists can sit inside of health care systems too. If you can-- So I think in my intro is mentioned that I actually started in basics and which is brief screenings.

And remember, among our intervention strategies that as prevention as C step number 6 is the Referral to Treatment, the screening and referral to treatment. So we are qualified to assist in screening. And I think about how many people pass through doctors' offices. How many people pass through the health care system without experiencing any type of screening as to whether or not they benefit from a prevention strategy or an intervention strategy or referring on.

And so I do believe there is a space for us in the health care space to really help increase access to be and to identify folks who might be on the verge or at risk. Because that's the limitations of our professional competencies.

We can't comment as to whether or not someone needs treatment, because that's not what we're qualified to do. But we can do the screening part. And so I like to think about this and help myself consider what are the innovative

ways that we can be a part of that health care system? So see some chats coming in here.

ANN SCHENSKY: And Nicole, there is a question in the Q&A. Do you mind if I ask that?

NICOLE AUGUSTINE: Sure. Yeah, go ahead. I didn't see it, go right ahead.

ANN SCHENSKY: That's OK. All right. So Michelle says, I'm interning in a prevention program. However, I feel as though because they live for work in a homogeneous and quotes area. This is their description she says. They ignore some of the determinants that impact every socioeconomic demographic. My life has been spent in larger cities and I have a very different perspective. What are some tips to overcome this?

NICOLE AUGUSTINE: Yes. OK. So this is one of the biggest challenges. OK. And thank you, Michelle for bringing this up, because I think in general, when we have these conversations. Unfortunately, people believe that you really only have to think about this if your community is racially diverse. And it's important to recognize that the social determinants of health show racial diversity, and race is a very strong component of all of this.

There are other components too. There's geography, whether or not you live in rural, suburban, or urban will affect your determinants. Your economics will affect your determinants. There's multiple things. And so I see you saying that you live in a place that's predominantly homogeneous. And because of that, they ignore the determinants.

st challenge of how to get people to see the determinants are not just about race. And then if you live in a community, there are a lot of communities I do work with who are like 98% White. And they're like, well, what do we need to talk about? Why are we talking about disparities? I'm like, well, there are some inequity issues that are happening in our community.

A lot of times, they're based upon resources like your economics, they're still food deserts in places that are homogeneous, there are technology deserts, there are resource deserts in general. And so I thank you for mentioning this. The one thing I can say the hope is that folks will begin to get more training that we will host more conversations like the one we're hosting today.

To get people to really see that the social determinants of Health is not just about racial differences. The race part adds another added layer that makes it even more complex . OK. So if you have any qualities around poverty, that's going to negatively affect that affect health outcomes.

And then in some communities, they add the layer of race onto that which even further affects the health outcomes. And so it can be a bit of a struggle. So I appreciate you asking that question. And just that shift of moving from an urban area to a different area.

So looking at some of the chat here. James, I appreciate you speaking about integrated care like it's a past trend. And that your agency is finally just now placing therapists in the health care system. Yes.

And I say it that way because I feel as though as a professional who's been in the field for a while, I remember when like things came up as like, Oh, this big thing we need to be doing, which honestly is what some of this feels like and the equity feels like.

And I think for me because I've been through a few of them now as a professional, I'm kind of at the place where I don't want things to just be a trend that we're talking about. And I'm like, why does it take us so long to learn something new and then implement it? That's what I find interesting about how do we really take the research and what we know and translate it into practice?

And I'm not totally sure. A part of that is why I do these types of trainings, because my hope is that in us having these broader conversations that we as folks who are employed in the prevention space will feel empowered to have conversations up the chain. And I'm not sure what all the demographics are, the folks who are here, if they're folks here in leadership or folks here in the provision specialist space.

But I feel as though there's a disconnect between the knowledge of what we need to be doing, how we need to do things and the fact that some systemic changes that happen on the leadership level to support making these moves. And I think it's just going to require some advocacy and some work on us as professionals to get things to move a little bit better than they have.

So I am so sorry, Chris. I have not been seeing the chat. I feel like a lot of things came in. Feel free to pause and stop me because I haven't gotten to look at all the things that just came in.

ANN SCHENSKY: You're doing great, Nicole. I think the fact that also we can still be able to capture all of these ideas and send them out later, I think we're doing well.

NICOLE AUGUSTINE: Awesome. I do want to make one comment here that Barry mentioned, the shift in language. Language is so, so critical to this work too. And he gives an example there of the shift from MAR to MAR, Medicated Assisted Recovery.

And so there's a lot of language change that's happening in general. I think it's all things that are positive and looking towards helping us really shift our narrative, because it does start with us as the professionals. So great. All right.

So let's move on. That we can get through all five of our domains. Now this one is actually one of my favorite domains to think about. The neighborhood and the built environment truly as prevention specialists especially you all who do coalition community work. I think this is the place where we can really shine.

Now, where I do also sometimes see challenges is that for a lot of the communities I do help and work with, some communities find that your traditional block grant dollars, your traditional monies that you get, it can be challenging to not just do the prescriptive strategies. And neighborhood and built environment has us looking at our environmental strategies. OK.

What does the physical space look like? The things that are mentioned here crime, violence, environmental conditions, and quality of housing. OK. A lot of times people look at this are like, Oh, what can I do about any of those? And you're right. This is not saying that we now need to be doing things around policing or we need to be working with Habitat for Humanity for improving quality of housing. Although that might be a bad idea.

This is thinking about how do we create prevention initiatives that begin to think about the neighborhood environment, the neighborhood context. And I always say, if you really want to know how the physical environment affects health and wellness, just take a drive.

Just take a drive every City, USA, every county there doesn't take much to just get in the car and get out and see how, depending on where your community is, what's happening, how the streets change, how the sidewalks

change, what the grass looks like, the building windows, the lighting. Does this does a place have parks?

Does a place have green spaces? And if you are into any sort of sociology or community science, one of the things that you'll see is that the physical built environment definitely affects the psyche of the people.

And so some of what we can be doing in prevention is to be innovative about how we're thinking about the ways in which we can use community grant dollars, the ways in which we can collaborate with other funding sources to think about how we can create improvements on the neighborhood of the environment. Are there ways that we can work with youth?

Are there ways that we can work with community programs, diversion programs, to utilize community service hours if anything to get some work done on the built environment, so that the neighborhood feels physically safe? Because to me, that's a really important part of this work.

If you also think about right. To me the neighborhood environment also affects access to substances. Because one of the things that we see is that communities that have low resources have a lot of predatory companies.

You'll see way more liquor stores, you'll see way more tobacco advertisements, liquor advertisements, if you're in places where marijuana is legal and dispensaries. Like there's all these different pro substance businesses that really flock and are allowed to blossom in communities that are struggling. And I find that really interesting that that's able to happen.

Yes, somebody said payday lenders and pawnshops. Thank you for saying that. These are all contexts that you don't even see in certain neighborhoods. And I begin to say why not. There's a reason, because the built environment matters.

And so my question is as we are in prevention, this is not always the space we think about. But if we truly care about the health outcomes and the fact that a lot of those spaces will also have higher rates of use. Your young folks will say they have easier access to it. Are your retailers checking IDs properly? There's all these different ways and context to think about.

So the neighborhood and built environment is one that I really personally love. It's the public health side of me, I believe. The community change side of me,

I believe. But I think there's a lot of opportunity for how we can find ourselves embedded into the neighborhood in a way that actually improves health outcomes.

So again, as we did before, I've got the slide up here. Feel free. I know some folks who are doing in the chat that's totally fine. But feel free to start to populate here on the Menti. What are some of the ways you think we can provide services that will impact this neighborhood environment?

One is the resources that Virginia had shared with me in our conversation is as a result of COVID, her community got involved with community gardens. And it became a project for their youth. For them actually, their youth council blossomed during the last two years. And so they focus on bringing more and better food options.

There's another example here in North Carolina that I am familiar with. Let me see. Some people are responding here. The Good Neighbor-- And I forgot, Oh, man. I'll have to get the right name for you.

But there's an initiative here in North Carolina by a colleague of mine, Dr. Wanda Boone. And she actually partners with local convenience stores to change literally the contents of their store. And in doing so, they get a nice little seal to say there a good neighbor. They agreed to check IDs. They agree to have more fruits and vegetables.

And it's an initiative to use the current businesses in the community, so that they begin to take ownership of the role they play in the built environment. So there are definitely some innovative ways that we can do this work and be creating some shifts in the communities we serve.

So I see a lot of things coming up here. Retailer education increase walkability. I love that. Sidewalks, lighting, all these other things. We want to encourage people to be healthy and well, but they don't even feel safe walking in their neighborhood.

ANN SCHENSKY: Nicole, I love this one that says farmers market of providers. I'm curious to what that is. Doesn't that sound interesting?

NICOLE AUGUSTINE: I like that. I can actually see that. That would be amazing. That I can-- Oh my God, I love that. I might have gotten a little too excited, but I actually really like that like a farmer's market of providers.

Because when I think about farmers markets, they sit inside the community. You know what I mean?

And so if you imagine you have a nice collection of providers where people can come, learn more about what prevention is, what's going on, maybe someone from all the five domains-- people from all the five domains could be at the market providing raises on the economic level, on the health care level. So I love that idea.

Yet partnering with faith based organizations? Yes. So this is actually one of the spaces that I've often thought about because if you think about faith-based institutions, they are huge. And I mean, in terms of the reach like the number of people who interact with a church or any sort of faith-based organization.

And so you would think that in prevention, we are about wellness, about making healthy choices that there would be alignment between what we talk about and a faith-based community wanting the best for their congregation.

And so it would be awesome to see more innovative collaborations around prevention, living, and being embedded into the faith spaces. And I know there are some folks who are doing that whether they are creating recovery centers that are faith-based, treatment centers that are faith-based. So it'd be it's interesting.

At the same time, I will say there are some folks who run into challenges there. Because as you start seeing how the evolution of how we think about addiction has changed, how we think about recovery and now harm reduction. There's a lot of-- Not everyone's OK with how things are changing and shifting.

Oh, substance free green spaces. I like that one. I really like that one. Because if you think about some of our stuff is all centered around alcohol. When it comes to local and community events-- Kris, were you about to say something?

KRISTINA SPANNBAUER: I was going to say James said something interesting in the chat. He said, visual exposure to complex forms such as trees has been shown to reduce aggression as well as reducing depressive rumination. Trees even in cities and jail courtyards bring peace of mind.

NICOLE AUGUSTINE: Wow.

KRISTINA SPANNBAUER: Oh, interesting.

NICOLE AUGUSTINE: I love that and I believe it. Thank you for sharing that piece of information. I had not seen that. I have heard of a community and I wonder James, if this note is connected to some of the community initiatives I've heard where cities are giving away trees to plant. And if you need them, they're like here, call us. We'll be happy to plant trees in your neighborhood.

This gives me a salute about again, when we know information like this, an innovative project focus on the neighborhood domain is to look at your community and I love doing things like asset mapping. And typically, in asset map, we're looking at the physical stuff that's in the community buildings, community services.

What if we added nature and trees to the asset map? And I'd be really curious to see, because like I said, if you just get in the car and drive, I bet a map would tell us the same thing. That's some of our communities that have higher health disparities probably have fewer trees.

I'd be curious to see. And if there any data and mapping people out there in the space, or if this has sparked anyone's interest, I think it'd be a really interesting thing to look at, the overlay between greenery and green spaces and the neighborhood and their health disparities, and their substance-use and addiction issues. Might be fascinating.

Wow, OK. Thank you. You guys are offering some really great feedback here on all the different types of things we can be doing. So this is fabulous.

So we're going to move on here. Like I said, we will be capturing these and sharing them with everyone. So the next one is, the social and community context. And this one here really begins to look at some of the relational things that are happening in a particular neighborhood. Things from discrimination, incarceration, and social cohesiveness.

And so this particular domain really begins to think about-- this is where some of our things around stigma come into play, the recognition that stigma leads to discrimination because people will treat folks differently. And in this particular context, we also see the overlay of other things around race and race relations, economics, and multiple things. The main thing to think about

here is really the last one, around social cohesion and the connection between a lack of social cohesion in the community and negative health outcomes.

And so with this one, I want us to kind of begin to think about and brainstorm what are the ways that we can, through our work, think about discrimination? I realize in terms of incarceration there's a strong connection between disparities and the likelihood of typically a person of color being incarcerated for a substance use issue. More broadly, though, you all, we have an issue of the fact that we have had a history of treating addiction like a crime. And that is a big-- I'm glad to see it's shifting. But we have a long history of that, you all. We have locked up and arrested so many people who needed care, which is all the way back to domain two.

And so some of the things we have to think about is, what are the ways of how we've addressed substance use on the lighter space that fits with education? I think we should also be thinking about how we discipline students who are found using substances. Are we treating it like a crime and sending them to juvey, or the soft version of that? Or what are we doing to actually treat? What are we doing to actually intervene? Are we using diversion programs?

This becomes our opportunity to respond differently to the substance use issues that are happening in our community. And I think it's an opportunity to really begin to think about social cohesion. To me, that's where the coalition work really comes into play. How can we build a sense of community in the communities that we serve?

So I'll go ahead and bring up the Menti here? That way we give folks an opportunity to start typing as we talk here. What are the ways that we can really think about the social domain and how we can make some new changes?

OK. So Charmaine, I see your comment here. We have to treat those students and find out the root cause of why they're using. It's not peer pressure all the time. Often, there is an underlying issue in the environment.

Yes, yes, yes, yes, yes. This is the point that's often missed, for sure. Peer pressure or boredom are the main things you hear a lot. The truth is, if you're living in a community of trauma, if you're living in a community with some of the social determinants that I mentioned, if you just imagine, what it's like to live in some spaces like that.

The reason and the space that someone is a young person is using, it might be very surprising. You might even be surprised to find out they use with family. So they're getting in trouble at school. But family, they're doing it together. So how do you negotiate that? And that can be a challenge of some of the things we don't think about.

The child just gets in trouble and there's no other conversation about some of the underlying issues in the context in which that child comes from. So thank you for mentioning that one. But I think it requires us to really be thinking about our work differently.

So I'm seeing some examples come in here. Restorative justice, yes. Alternatives to suspension. Social norming campaigns, yes. Whoever said this, I really like this.

I'm big on health communications. And social-norming campaigns are really, really great. Because everybody thinks everybody is doing it. And social norming campaigns are our way to show that everybody is not doing it. That you are actually in the norm when you're not.

And that can be so hard, especially for young people. That can be really, really difficult for them to believe and see when their current environment is one where everybody is. It's hard to look past the current environment and realize that a lot of people aren't. And that's the one really great thing about social norming campaigns.

So great. You all are mentioning a lot of things here. Substance-free community events. Education that addiction is a disease not a choice. Yeah. And we had a long history of that. That history is what adds to the stigma of the availability.

KRIS GABRIELSEN: Nicole.

NICOLE AUGUSTINE: Yeah.

KRIS GABRIELSEN: Sorry to interrupt you. I just wondered, can I read a question from the Q&A for you?

NICOLE AUGUSTINE: Sure, yeah, go ahead.

KRIS GABRIELSEN: OK, great. This person says, my public health agency is interested in starting parenting classes. We're wanting to create incentives for people to attend our courses. Anyone done anything like this or have suggestions for incentives? Now this is a little bit off topic. But at the same time, when we're thinking about who we can reach and how we can reach them, I wondered if you wanted to comment on that in the context of social determinants of health and how those can impact people participating in parenting classes.

NICOLE AUGUSTINE: Yes. So I actually thank you for that. I really like this question. Parenting classes, I personally love them. Actually, they were my favorite type of prevention education to do when I first started doing the prevention education part.

I love parenting curriculums for a couple of reasons. One, I feel as though raising a human is a huge task that we get no guidance on. And prevention has a lot of really awesome curriculums that can help people in raising a human. So that's one.

At the same time, when you're considering the social context, the neighborhood, the economics of a person, depending on your community, attending a parenting class, my god, that might be asking someone to move a mountain. And so to me, a part of this intention of why we need to be looking-- and this is why we do prevention planning from this perspective-- is we've got to know more about our audience in order to build a program that actually they would use. So for me, one of the things that I would say is, I would start by surveying the parents in your community. Because they'll give you a sense of what's the best way to reach.

Should this be live, should it be virtual, should it be hybrid, should it be a self-paced online situation? I don't know. Should it be in-person? And then the question about your incentives, ask. Again, to me, it's remembering that the lived experience is critical. We have to give greater value to the community we're serving because they really hold the answer for the solution. So that would be my initial recommendation.

Actually do a focus group with a group of parents to get a sense of what might be the best ways they could be reached and then what might be some really great incentives. You might find out that your particular community is going to be most open to getting parenting classes from someone who looks like them, someone who sounds like them, someone who has kids. It really just depends

on the community. But truly to me, you won't know that information until you actually do the background, the research.

Now, some of you may have experience with this exact question that was asked. And so if someone has examples of incentives, feel free to drop those in the chat to share directly with the person. But that's what I would say.

And I think sometimes, we feel as though we hold the answers. And we do hold quite a few of them. There is a science to prevention. We're here because we've studied it. I just think sometimes, we've lost the reality that the lived experience of the community is just as powerful, which is why we are consultants. We work alongside. Both need to be at the table for change to happen. So that's what I have to say about that. Hopefully, that answered the question.

Great. Listen, ask, listen. Wonderful. So our last domain that we'll cover here-- this has been a great conversation, you all. I hope you all have been finding this helpful.

So the last domain is focused on economics. And this domain-- whoo-- can be a challenge on so many levels. Because truly, economics, money, finances is what we use in this world to do everything. And when you think about the resources that a community has, truly, this domain, to me, affects every single one of the other domains.

Depending on the level of research your community has, your community will experience positive or negative outcomes in education, in health, and in the neighborhood context. So this particular domain really affects so many things. And if you think about it, it actually affects even budgets for that community, which sometimes trickle down to other spaces.

And so this can be one of the more challenging ones to think about. What are the ways we in prevention can help and contribute to the economic stability of a community? This I think requires the most level of my thinking to think about. So I'm going to go ahead and push it forward. That way, as folks are thinking of stuff, you can share.

And I'll just share some of the ones that I think about. For me, it's specifically thinking-- one of the spaces is in employment. The idea that I've been thinking about is, how do we get more prevention specialists in the community? And to me, this can be one of the spaces that we can really get some great movement.

Some of you have heard of the community health worker model. I think prevention should be sitting in a very similar space in what we do. How can we leverage our grant dollars? Most of us apply for grants. A lot of us have federal grants and state block grant dollars.

Are there ways we can create opportunity for internships? How many of you all have thought about developing a federal work study program that sits alongside your prevention program? That provides an opportunity, a financial opportunity for a students. It also adds to pathways into prevention.

That's one of the spaces I personally care a lot about because I think we need to be thinking about the next generation of prevention providers and who they are. And I think the federal work study space, we could be leveraging so much more. Prevention already doesn't get a whole lot of money. So just think about how we can create people to know what prevention is, starting early. Internships for high school students.

So those are some interesting ways we might be able to look at the economics and how we can contribute to that. A lot of times, people find it a little bit hard because you're like, oh, we can take donations. Most of us are 501(c)(3s). But then it's like, OK, we take donations.

That feeds the original environment. How does that then feed the community? And that's really where you want to start thinking about is how does it feed the community?

I just saw a peer blessing box. I said it out loud because I actually really like that, a blessing box. I like that phrasing.

Oh, great. So someone is an AmeriCorps site. That's awesome. Again, innovative ways to provide opportunities and economic employment for other folks.

Ooh, yes. Someone is mentioning about making the prevention specialist at the same level as CHES. Yes. Right. Providing more opportunity, engaging funding sources, identifying areas for improvement that require volunteer power rather than dollar power. Yeah, yeah, yeah.

This domain is a little bit more challenging. I think this one does require us to give a little bit more thought on what are the ways we can actually contribute

to the economic development of a community. And I think this one is where we see innovative strategies.

I'm going to do the recording with Virginia because she had actually shared one that her community is doing. They actually have partnered with the an economic development center in their community. And they have more money, more funding.

And they were able to create a partnership in collaboration with prevention, connecting access to jobs, substance prevention. They've shifted into conversation around the eight dimensions of wellness that come from SAMHSA. How do we connect that with economic employment and advantage? And so I'll make sure she's able to share some of the strategies that her organization has done to really look at the economic domain. Because I do believe this domain is critical to setting a base of resources for all the other domains.

Great. Great, great, great. So you guys have offered a lot of great things here in the chat and here on Mentimeter. So I like, someone says, tie prevention efforts back to the return on investment and cost to the community. Exactly. And to me, that links back to sustainability.

So when we're able to show that prevention has a return, people are excited to give us money, excited to fund our opportunities. And then we then take those and pour back into the community that we're serving. So this is great. Wow.

Thank you, guys, for just really getting involved in this and offering a lot of resources. I'm excited to see all of them. I couldn't see all of them myself. But I'm excited to look at all of these and pass them on to Kris so that we can share them with everyone.

So we've got about 10 minutes left. I'm going to do a stop, share here because I'm finished with the slides. But I want to give just a few minutes to have a little bit of an open conversation before we're done for the day.

I'm glad it wasn't a one way conversation. We did it a little bit differently because it's webinar style. But you guys have been very, very active in the chat and on the Menti.

I'm just looking here. OK, so Riley is mentioning about a senior at the University of Cincinnati studying health promotion. I'm using my federal work study money for a prev-- look at that. I'm so glad I mentioned that example. So if anyone has never thought about this before, we have someone in the room right now who is experiencing using their federal work study money for a prevention internship.

You all, it is a space that we are not leveraging and accessing that we really could. Our young folks who are in school, who are excited about health promotion, who are excited about prevention, they can be great new energy for your work and can keep you relevant. Because the one thing I know is, life and culture is ever changing and evolving. And continuing keeping access to the younger generation, I think is what always keeps us helpful in being innovative in our strategies.

Great. I want to maybe offer an opportunity for a couple of comments. If anyone was brave enough to come off mute, want to raise their hand and say anything, we've got a few minutes to do that now also.

KRIS GABRIELSEN: I'm seeing some questions in the chat, not specific to have a question for you at the moment, but more about the recordings. Just to let folks know that part 1 is already up on the website. I know links have been put in the chat. Stephanie did again.

We will get part 2, as well, up there, along with the workbook. So people can look at both part 1 and part 1 to get ready to go to part 3 in two weeks. At the bottom of your workbook, towards the end, are the registration links for part 3 and part 4. Just to mention that, to put people's minds at ease. I will in just a moment, I'll share some other opportunities for you all, including the whisper course for this following this training.

NICOLE AUGUSTINE: Perfect, perfect. I just want to encourage you all. Sometimes when we learn about new frameworks and strategies and things that feel big. It can feel daunting. That is OK. Change is always daunting. We are a country that has changed many times, you all. And I have a lot of faith and excitement about looking at the social determinants of health as a framework for how we reinvent the communities and changing health outcomes.

Looks like Sunday raised a hand. I'd love for Sunday to come off mute. Did we lose Sunday? There we go. OK, I see you Sunday. Here we go. OK. There we go. Sunday?

KRISTINA SPANNBAUER: You'll be able to unmute yourself now, Sunday. I gave you the ability to unmute.

SUNDAY SUTTON: OK. I just have a comment. I'm new to the prevention field, as of this year. I've been working with coalition for years. I feel like I'm really just growing.

I really appreciate all this information. It's really helping me formulate ideas and conceptions about really how I can help my community. I've been going through motions for years, just participating. And I'm actually a coordinator for a coalition now. And I feel like I have the ability to do more.

So I just wanted to share. I really appreciate the information that's being provided. And it's just filling my head with so much information. And I guess I'm excited, yet--

NICOLE AUGUSTINE: Nervous?

SUNDAY SUTTON: Yes. Yes. But it's beautiful. And I appreciate all the information and all the suggestions. And I love how you present this. So thank you.

NICOLE AUGUSTINE: Well, thank you. Thank you for being the person to step up and say something. I appreciate it.

And I am so excited for you. Because you just said-- I loved what you said. You said, I realize I've been going through the motions. But now you find yourself at a place of leadership, where you can actually be at the helm to change and shift the intention of how we do our work. And that is awesome. I'm glad that you're ready to step up to that challenge.

SUNDAY SUTTON: Yes. And I appreciate the tools that you're giving me to do that. Thank you so much.

NICOLE AUGUSTINE: That's awesome. Thank you. Sunday. Wow. Great. Wow, what a great comment to end on. Thank you so much.

I think what I'll do-- I'm seeing we've got about five minutes left. So Kris, I'm going to go ahead and pass it back to you. That way, we can let folks know about what's coming up that we've got for the next few weeks.

KRIS GABRIELSEN: Fantastic Thanks so much, Nicole. So as I mentioned, I know some of you participated in our pilot whisper course after the first session that Nicole did for us a few weeks ago. We do have another one for you. What this consists of is three emails over the next 1 and 1/2 weeks. So next Monday, and Thursday, and the following Monday.

If you signed up for the whisper course, you'll receive those emails. They include reminders of key concepts from today's training along with one or two concrete actions we suggest for you to take to implement that concept. And then we ask you to share what actions you have taken as a result of that so that your fellow participants can see and you can learn from one another on what actions can be done regarding that concept.

We are doing an informal evaluation of that, of the first whisper course we did. And so far, the responses have been really great. So I hope that more folks will sign up for this one. I know they will. But I hope you all will sign up for this whisper course.

You will see it in the workbook. There's a link to it. I don't know if we could get that link. I can't see my chat right now. Somebody probably already put it in the chat. But if not, it will be there.

Another thing, just to let you know, is that I encourage you to go to our Facebook page. And if you are willing, to go ahead and click on Follow and on Like. And that way, when we get the conversation that Nicole is going to have with Virginia, who unfortunately couldn't be here today, we will post that on our Facebook page. So make sure that you get on there and follow that. So that when we post that it will pop up on your feed so you'll know to watch it.

The other thing is, on the Facebook page right now, I have a post that I just posted with Nicole's beautiful face on here. We encourage you to go and put any questions you have that you want us to address during the last two sessions that we have as part of this four-part series. So go ahead and just go and scroll down and comment right below.

And just a couple more things. I want to make-- oops, sorry. Let me switch over to the correct place. Wanted to let you all know, we are going to do a

pilot training of a new course that has been developed, called the Fundamentals of Substance Misuse Prevention in Higher Education.

So if you or somebody is working on substance misuse prevention in the higher education setting, I'd encourage you, or have your friends or colleagues apply to participate in this pilot. We are only going to select 30 participants for this. So it's very limited. And it is limited to those working and the higher education setting with substance misuse prevention.

So it's going to be a fantastic training. Joan Masters and Kathleen Ratcliff are going to be the trainers for it. The deadline is tomorrow. So you got to jump on this quickly. Definitely, go do this. A great, great opportunity.

And Michelle posted just as I was going to do this. Yes, we do have feedback for this training today. If you could go to this website. It was also put in the chat, as well, a link to the training feedback. It's just really quick, three questions.

Really, really, really important for us to have this information. This is what we report back to our federal funding agency. So super important to have. And also of course, helpful for us to know, even more importantly. So thank you for doing that.

Stephanie just put, register for part 3 of this series. The link is there. It's also in your workbook . And otherwise, just thank you so much to Nicole for this fantastic training.

Thank you to everybody who has been participating today. What a fantastic group of folks you all have been. So much interaction, even though, webinar format, it's hard to get an interaction. But you all made it work. So thank you, thank you. And Nicole, any last words?

NICOLE AUGUSTINE: No. Just appreciate you all. So much love in the chat. Thank you, guys. Like really, really, really, you all are everything. This is collective action on all of our parts. I'm just delighted that this went so well and that you all were interacting, even though it was a different platform. So thank you, guys, for everything.

KRIS GABRIELSEN: Great. And when we close this out, you will be sent directly to the Gipper survey, to that evaluation survey. So if you stay on, you will be able to click through there. And then when you're done with the Gipper

survey, just the three questions, it will put you linked over to our Facebook page. So if you just keep following along-- I see some people are having problems with the links-- just follow along and you should get there.

Thank you very much, everybody. Have a fantastic day. Take care.