

Listening Session and Strategic Discussion Series:

Emerging Issues Around COVID-19 and Social Determinants of Health for the Substance Use Prevention, Treatment and Recovery Workforces

Overview of ATTC/PTTC Listening Session and Strategic Discussion Series

Background

The [Addiction Technology Transfer Center \(ATTC\) Network](#), and the [Prevention Technology Transfer Center \(PTTC\) Network](#) facilitated a national online discussion and resource sharing opportunity for the substance use (SU) prevention, treatment, and recovery workforces focused on emerging issues around social determinants of health (SDH) and COVID-19. This was in response to the differential impact of the pandemic in underserved communities and/or communities of color. The goal of the series is to engage diverse community voices and create space and structure to hear from these communities about the following issues:

- How has COVID-19 further highlighted racial and ethnic disparities?
- What is the impact on the communities and those with substance use disorder?
- What is the impact on the SU prevention, treatment and recovery workforces?
- What strategies and resources are needed to mitigate these impacts?

Through an initial listening session to frame the ongoing and emerging issues and subsequent strategic discussions to engage key communities, the intent is to gather strategies and resources to identify emerging best practices that can support underserved and/or communities of color. *By no means is this to undermine the need for structural changes to address the intersecting and cumulative impacts of social determinants of health*, but rather to recognize this complex issue requires multi-level approaches and communities are developing culturally responsive strategies and resources to mitigate these impacts. After each session, we will disseminate notes, core themes, and outline any strategies and resources shared.

Timing of Series

- 1 Listening Session (Wednesday, April 22)
- 5 Strategic Discussions with specific populations:
 1. April 28: Health Disparities and the impact of COVID-19 on African American and black communities.
 2. April 30: Strategies to support the LatinX communities.
 3. May 5: American Indian/Alaska Native communities: Trauma-responsive approaches to support the communities.
 4. May 7: Asian-American, Native Hawaiian, and Pacific Islander communities and addressing stigma.
 5. May 12: *Wrap-up Session*: Racial equity and health disparities in the age of COVID-19: What new strategies are needed to support the SU prevention, treatment and recovery workforce serving communities of color and/or underserved communities?



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Strategic Discussion Session 4: Asian-American, Native Hawaiian, and Pacific Islander communities and addressing stigma. May 5, 2020: 2-3pm ET

Larke Nahme Huang, PhD, facilitated the strategic discussion session with four panelists: Victor Loo; Michelle Lough, MD, MPH; Marielle Reataza, MD, MS; and Bonnie Wang, MSW, SUDP, MAC, MHP. 212 people attended the online Zoom webinar and contributed through chat. The facilitator and panelists bios, session report, and link to the recording are posted on the [ATTC series page](#) and [PTTC series page](#). Four people analyzed the notes to outline themes and key issues, plus any strategies and resources that could be shared after the event. All notes shared in the report are de-identified except for when the community identity is relevant to framing issues.

Key Themes

The session engaged the four panelists in responding to four key questions.

- *From your own professional and/or personal experience, how is COVID-19 affecting AANHPI communities as it relates to substance use and mental health?*
- *How have you seen stigma and discrimination manifest into substance use and mental health issues in AANHPI communities during this pandemic?*
- *What are some culturally and linguistically appropriate strategies for those in the behavioral health workforce to help AANHPIs struggling with substance use and mental health issues?*
- *How can we build a system back that is better for our AANHPI populations?*

Attendees were encouraged to participate and share comments and questions throughout using chat. The following section summarizes key issues and themes identified by panelists and attendees, outlines recommendations for mitigating these issues, as well as strategies and resources shared. At the end of the document, there are a list of remaining attendee questions that were answered by panelists post-event. A final report will further expand on these themes and share key quotes from panelists and attendees.

How COVID-19 is affecting AANHPI communities as it relates to substance use and mental health

Panelists and attendees reinforced the heterogeneity of AANHPI communities including representing over 50 counties of origin, a range of distinct languages, colonial histories, and diverse backgrounds as far as cultural values, indigenous practices, and socio-

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economic status. The panel then outlined key ways COVID-19 is affecting AANHPI communities as it relates to substance use and mental health. These include:

Increased Xenophobia & Racism

- “The current administration calling this a “Chinese Virus” has created more xenophobia.”
- Hate crimes and microaggressions have escalated across the U.S.
 - “Huge uptick in hate crimes and incident reports that have been directed toward API folks – those most targeted are often East-Asian appearing women.”

Routine silencing of AANHPI voices

- AANHPI are often known as the “model minority,” which means voices are routinely silenced, underrepresented, ignored, and unheard.
 - “When people don’t have a voice and don’t have access to services, it’s going to impact their mental health and substance use.”
 - “Without proper means to vocalize what we’re going through and without a means to address; for those who are silenced and don’t get to talk about these issues, these things we don’t speak about just become worse.”
 - “There are times I will advocate and speak out about what’s going on and I’ve been shut down and told I’m blowing it [out of proportion].”

Increased stress, isolation, and suicidality

- Higher rates of suicidal ideation.
- Increased return to use for drugs and/or alcohol.
- Increased in depression due to isolation.
- During home outreach to patients – seeing higher levels of stress, anxiety, and fear.
- School staff providing services are impacted by student distress/suicide/violence.

Housing and housing insecurity

- Safe housing is an issue in terms of isolation –AANHPI are over-represented (42%) in section 42 housing in San Francisco.
- Large communities live in multigenerational houses with multiple families living in single room occupancies (SROs).
- Individuals who are street housed are moved into shelter-in-place hotels.

Innovation

- Telemedicine and telehealth innovations could increase access.
- Innovative methods to help address alcohol use disorder (AUD).
- Coalitions are collaborating and coming together to support the community and fill in service gaps.

Cultural Barriers

- Stigma around mental health and seeking help so community are often reluctant to seek help.



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- “Our community has traditionally not been very vocal about our mental health and mental health needs and that has really set up some difficulties that we continue to experience especially during this time.”
- Resources are not available in many different languages and staff are not culturally aware of diversity of AANHPI communities and languages
 - “It can be insulting when someone hands a client a form in Mandarin and does not question if this is appropriate.”

Impact on Youth

- Disruption of regular structures for youth can impact safe spaces and ways to receive reports of substance use, child abuse, and violence in the home.
- School is a safe environment for a lot of young people and also a way to access resources.
- Isolation and the lack of a safe environment to connect with peers increases behavioral health issues.
 - “We’re seeing an increase in behavioral health and substance use crisis.”
- Losing young people to suicide and violence.

How stigma and discrimination manifest into substance use and mental health issues in AANHPI communities during this pandemic

Panelists and attendees identified tangible ways stigma and discrimination were impacting AANHPI communities during the pandemic. These include:

Increased barriers/stigma

- COVID-19 increases existing stigma and barriers around SUD and mental health treatment access.
 - “Are you going to be infected? Are you the “one” passing on the infection?”
 - Especially relevant for those who are elders and can’t get to the institution.
- Decades of systemic racism plus ongoing stigma and discrimination mean AANHPI are vulnerable even with outpouring of support.
- The association of COVID-19 as an Asian virus weighs heavily on everyone
 - AANHPI healthcare workers “putting their lives on the line” are often discriminated against – refusal of services because of presented heritage.
 - “We have heard reports of people saying I don’t want to be treated by an Asian...person.”

Lack of trust and feeling unsafe

- Public and healthcare worker response of the virus being seen as coming from Asia makes AANHPI lack trust and feel unsafe when accessing healthcare services.
 - “How do they trust a health system that says, “You caused this?””
- Looking at ways to build trust in the community from within the community.

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- Families are in smaller quarters or hotels which are new environments
 - “How do they feel trust and safety when they feel so much discrimination?”
- “COVID Kindness” acts against discrimination
 - At a national level we’re seeing a lot of entities putting out research and access to resources for vulnerable communities.

Need to increase access

- Telehealth is helping.
- Home Screenings: Meeting people where they are in the community.
- Reinforcing the importance of having diverse voices at the table.
- California provides support for immigrant, refugee, and undocumented immigrants (many of the AANHPI community identify as undocumented).

Youth

- Adverse childhood and community experiences (exacerbated by xenophobia and microaggressions) may increase mental health issues and substance use disorder.
- School districts and staff want to learn how to approach young people from a trauma informed lens.

Build Community

- This is an opportunity to “find community with each other and within our groups.”
- Health care providers that rarely speak up about social injustices are now coming forward describing the issues.
 - Issues were present long before COVID-19, but the pandemic highlighted the issues and how problematic they are (more than people realized).
- Open discussions and community-led forums (town halls) to inform, engage, and open up further discussion are helpful.

Culturally and linguistically appropriate strategies for those in the behavioral health workforce to help AANHPIs struggling with substance use and mental health issues.

Panelists and attendees identified culturally and linguistically appropriate strategies to support the behavioral health workforce and build the capacity of AANHPI communities around substance use and mental health. These include:

Building the capacity of youth and schools

- Identifying culturally, linguistically, and developmentally appropriate work for youth
 - Supporting youth in express and processing feelings and thoughts.
 - Using creative outlets like music, art, movement, and activity:
 - This can be especially important for youth that are immigrant, refugee or seeking opportunities to express in their first language.
- Reduce the stigma of talking about SUD and mental health.

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- Spending 5 minutes in each school class focusing on prevention.
- Increase protective factors and education around SUD and MH.
 - Having young people build strong relationship with an adult (teacher, counselor, school staff, coach).
 - Educate and provide education resources for staff to know how to talk about SUD and MH as well as signs and symptoms to link youth to resources.
- Building trauma-informed classrooms, trauma-responsive schools and organizations and supporting post-traumatic growth.
 - Approaching communities, family, youth from trauma-informed perspective helps in building trust.
- Preparing school staff and communities for school to open up.
 - Reach out to those doing the work (teachers, staff) who may also be isolated. Providing resources and support.
- Being aware that privacy is a barrier when reaching out to youth.
 - Youth don't want parents to know they're engaging in services.
 - Email and texting services may circumvent this.

Address the stigma around mental health and substance use throughout the community

- Community-led public awareness campaigns can help address the stigma around mental health and substance use.
- Approach communities, family, youth from a trauma-informed perspective to build trust and address stigma.
- Reach out to pregnant people with SUD – a population that is missed frequently.

Making Elderly Populations Visible

- The elders are a population often ignored; this is increased due to cultural resistance to seeking services or resources.
- The elderly struggled to engage prior to pandemic, now it is even more important to connect.
 - Address cultural and linguistic barriers with a translator.
- Find culturally responsive ways to address geriatric populations and discuss mental health and feelings.

Building Trust

- Address Language Barriers/Cultural Competency
 - Offer professionally/appropriately translated forms in multiple languages.
 - “The mistranslation (using Google Translate) can be very insulting.”
 - Find providers to refer patients to that speak multiple languages or the language of the patient.
 - Seek linguistically appropriate services.



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- Translate important information in different languages with a trusted translation service to build communication which in turn builds trust
- Implement town halls with AANHPI communities and linguistically appropriate providers to listen to communities.
- Provide language access over the phone if no people present.
- Be available to patients and meet them where they are.
 - Meet patients where they live or near where they live to increase access.
 - Listen to their needs beyond just healthcare and connect them to resources.
 - Take care of the hierarchy of needs – once food, shelter, housing, safety are met then it is easier to focus on spirit and mind.
- Remind the community “It’s OK to not feel OK”
 - We don’t know if everything is OK – give them permission to feel overwhelmed and take the time needed to practice self-care and regroup.

Structure and routine are important

- Provide concrete structure and routine for ourselves and for clients.
 - People are isolated and telecommuting so having a structure for waking, sleeping, taking breaks, exercising, eating, and balancing mental health is critical.
- Offer accessible services
 - Increase telehealth literacy.
 - Increase language literacy.
- Language matters: Physical distancing vs. social distancing.
 - Physical distancing allows more social connectedness; we do not want people to be social distant. We want them to be safe by physically distancing, but remaining connected.

Address barriers to health

- Speak to other organization and community to learn how to employ emergency and pandemic resources to the most vulnerable.
- Not a lot of money goes to AANHPI groups on a systemic scale due to often not being counted and lacking representation in policy groups.
 - Find ways to advocate and make your voice heard in meetings, committees, and during policy debates.
 - Fill out Census 2020 so AANHPI can be counted: Encourage family and friends to do this also.

How can we build a system back that is better for our AANHPI populations?

- **Retain hope:** “I truly believe that the world is more connected because of the pandemic. I believe the world will be even closer and filled with more love.”



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- **Focus on community leaders:** “Utilize existing community leaders as an entry point to create more equitable and community-based solutions.”
- **Increase risk and protective factors for youth:** “Utilizing resources in increasing protective factors and reducing risk factors will be important for youth.”
- **Build trust:** “Building trust is an ongoing process. It’s going to require time and resources and being patient with our communities and ourselves, and to give ourselves space to be able to grow together.”
- **Practice self-care:** “I will steal this from Marie Kondo: Do one thing for yourself that sparks joy every and ask your clients to do one thing that sparks joy for themselves every day.”

Resources Shared

These are resources shared by attendees and panelists. It is important to note that the larger AANHPI diaspora is incredibly diverse, and one ethnic community can vary greatly with another. We are suggesting various sources that have addressed specific ethnic or broader communities within the AANHPI diaspora:

Online Resources and Strategies

<i>Focus/Population</i>	<i>Title and Link</i>	<i>Description</i>
<i>Asian-American Native Hawaiian and Pacific- Islander (AANHPI) Communities</i>	SAMHSA's Office of Behavioral Health Equity webpages on Asian American, Native Hawaiian, and Pacific Islander (AANHPI)	Resources on this population include national survey reports, agency and federal initiatives, related behavioral health resources, and in-language resources.
<i>AANHPI Communities</i>	Chartbook on Healthcare for Asians and Native Hawaiians/Pacific Islanders	Released May 21, 2020 from the Agency for Healthcare Research and Quality with collaboration from SAMHSA's Office of Behavioral Health Equity. Includes background demographics section.

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<p><i>AANHPI Communities</i></p>	<p>2018 National Survey on Drug Use and Health: Asians/Native Hawaiians and Other Pacific Islanders (NHOPI)</p>	<p>SAMHSA NSDUH slide deck on AANHPIs substance use and mental health from 2018 national data.</p>
<p><i>AANHPI Communities</i></p>	<p>A Compassionate School Response to Mental Illness Guide</p>	<p>A resource guide from the New England Mental Health Technology Transfer Center Network (MHTTC) - funded by SAMHSA. This resource provides guidance around trauma-skilled mental health systems building.</p>
<p><i>AANHPI Communities</i></p>	<p>Shining a Light on API Mental Health in the Time of COVID-19</p>	<p>Recording of Change Matrix panel addressing: 1. The mental health implications for AANHPIs, including the impact of racism; 2. The relationship between mental and physical health; 3. Strategies to cope with COVID-19 and trauma; 4. Creating healthy communities beyond the current pandemic</p>
<p><i>AANHPI Communities</i></p>	<p>AA and NHPI In-Language Resources for Coronavirus (COVID-19)</p>	<p>Google doc linking to CV-19 resources in over 41 different AANHPI languages.</p>
<p><i>AANHPI Communities</i></p>	<p>New England MHTTC Featured Products and Services</p>	<p>The New England MHTTC featured products and services website. Provides guidance around Childhood Trauma and Learning, eNews, Events, e-Learning.</p>
<p><i>AANHPI Communities</i></p>	<p>The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care</p>	<p>National Culturally and Linguistically Appropriate Services (CLAS) Guidelines from the U.S. Department of Health and Human Services. A set of 15 action steps to advance</p>



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		health equity, improve quality, and help eliminate health care disparities.
AANHPI Communities	Stop AAPI Hate Reporting Center	Asian Pacific Policy & Planning Council web page for reporting micro-aggressions, bullying, harassment, hate speech, or violence.
AANHPI Communities	Suggestions about treatment, care and rehabilitation of people with drug use disorder in the context of the COVID-19 pandemic. Available in Arabic , Bahasa , Dari , English (A4) , English (poster) , French , Khmer , Laotian , Myanmar , Pashto , Russian , Serbian , Spanish and Uzbek .	Links to a United Nations Office on Drugs and Crime (UNODC) publications on prevention of drug use and treatment, care and rehabilitation of drug dependence site. The <i>Suggestions about treatment...</i> item is an infographic that has been translated to 13 languages.
AANHPI Communities	Improving Cultural Competency for Behavioral Health Professionals	A free online training course from Department of Health and Human Services Office of Minority Health on cultural and linguistic competency to provide quality care for clients from diverse backgrounds. The program is accredited for 4 – 5.5 contact hours for counselors, nurses, psychiatrists, and social workers or a statement of participation.
AANHPI Communities	Did you really just say that? Here's advice on how to confront microaggressions, whether you're a target, bystander or perpetrator	Feature article from the American Psychological Association on how to respond to microaggressions. Titled "Did you really just say that? Here's how to confront microaggressions, whether you're a target, bystander, or perpetrator".



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<p>AANHPI Communities</p>	<p>Twitter Hashtag: #CovidKindness</p>	<p>Twitter trending hashtag #covidkindness linking to the global twitter thread highlighting the latest posts using that hashtag – mostly referencing an act of kindness in the light of COVID-19 pandemic.</p>
<p>AANHPI Communities</p>	<p>Creating, Supporting, and Sustaining Trauma-Informed Schools</p>	<p>A publication by the National Child Traumatic Stress on a system framework for creating, supporting, and sustaining trauma-informed schools.</p>
<p>AANHPI Communities</p>	<p>Communities Respond to COVID-19: Implications for Asian Pacific Islanders</p>	<p>The National Network to Eliminate Disparities in Behavioral Health hosting a virtual roundtable on May 21st on COVID-19: Implications for Asian Pacific Islanders.</p>
<p>AANHPI Communities</p>	<p>NNED Virtual Roundtable focused on AANHPI and COVID-19</p>	<p>This NNED Virtual Roundtable is the second of a two-part series on the behavioral and mental health impacts of COVID-19. Panelists discuss: Emerging mental health needs for API communities; Strategies for providing culturally and linguistically appropriate mental health and emotional support services to API populations; Community approaches for addressing discrimination and stigma experienced by APIs.</p>
<p>AANHPI Communities</p>	<p>The Achieving Whole Health: Balancing Body, Mind and Spirit curriculum</p>	<p>Interactive, culturally responsive training that provides the tools and skills to help Asian Americans, Native Hawaiians, and Pacific Islanders (AANHPIs) make healthy decisions. The curriculum is based on the <i>Peer Support Whole Health &</i></p>

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		<i>Resiliency and the Peer Specialist Core Recovery Curriculum</i> developed by the Appalachian Consulting Group.
<i>AANHPI Communities</i>	Montgomery County (MD) Department of Health and Human Services, Asian American Health Initiative (AAHI) photonovels.	AAHI has created a series of mental health photonovels. Copyright-free templates with translation.
<i>AANHPI Boys and Men</i>	Advancing Best Practices in Behavioral Health for Asian American, Native Hawaiian, and Pacific Islander Boys and Men	This brief highlights existing programs that address behavioral health disparities among Asian American, Native Hawaiian, and Pacific Islander boys and young men. It also outlines effective tools and best practices in working with this population.
<i>AANHPI Boys and Men</i>	A Snapshot of Behavioral Health Issues for Asian American/Native Hawaiian/Pacific Islander Boys and Men: Jumpstarting an Overdue Conversation	This brief highlights issues specific to Asian American, Native Hawaiian, and Pacific Islander males. It provides clinicians with data on the prevalence of depression, suicide, and substance use disorders within these populations.
<i>Chinese Americans</i>	Family history and its relationship with dementia stigma beliefs among Chinese Americans	Journal article by Benjamin KP Woo; https://doi.org/10.1111/ggi.12686
<i>Diverse populations (including but not only AANHPI communities)</i>	COVID-19 Resources for Diverse Communities	COVID-19 resources focused on people of color and other diverse communities (elder, LGBTQ).



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<p><i>Filipino Americans</i></p>	<p>Filipino American Psychology: A Handbook of Theory, Research, and Clinical Practice</p>	<p>Book by Kevin L. Nadal; Print ISBN:9780470951361 Online ISBN:9781118094747 DOI:10.1002/9781118094747</p>
<p><i>Gambling and AANHPI communities</i></p>	<p>National Council on Problem Gambling; Information and Support for Families</p>	<p>A lesser known issue that impacts the AANHPI community is problem gambling.</p>

Question Raised by Attendees and Any Follow-up Responses from Panelists Post-Event

Victor touched on the barriers folks in the AANHPI community experience in not having access to community supports. I would love to hear the panel's perspectives on those barriers as well as ways that people, who are not part of the AANHPI community, can support.

Some of the barriers that the AANHPI community experience with regards to access to community support comes from both inside and outside the community. Barriers come from within the community because of cultural perceptions of what is considered acceptable and culture-specific ways in which the community addresses behaviors and actions that would otherwise be considered not standard of care in more Westernized models of care. This clash can be present in both mental health and the treatment of what we would consider more in line with physical ailments. Individuals who identify as AANHPI are also less likely to seek mental health care services due to cultural stigmas and/or perceived personal and familial shame when seeking mental health services.

Barriers come from outside the AANHPI community because of access and often, previous experience with providers. With regards to access, linguistic barriers can be particularly problematic, especially with folks whose primary language is not English. Thus, it is important to accurately research or survey the demographics of the communities in which one serves to understand linguistic needs and provide appropriately translated forms and means to convey information in native languages, when necessary. Educational information and forms should also be provided in paper/pamphlet form, in addition to online access. With regards to previous experience with providers, it is possible that certain concerns or personal attempts to address their own issues may have been dismissed, which can discourage patients/clients from further discussion or inquiry. Admittedly, cultural and linguistic gaps often require more

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nuanced ways of communication, and folks within the larger AANHPI diaspora often feel misunderstood or neglected by providers from outside the community.

Altogether, I suggest that if you are a provider who serves particular groups within the AANHPI community, seek understanding of their cultural and historical experiences to be able to better meet them where they are. It is often appropriate to partner with or seek consultation with local community-based organizations that are already well-established in serving those communities. I also suggest attending conferences or summits that address AANHPI mental and community health or attending seminars that address mental health issues that tend to be particularly pervasive within the AANHPI community for ongoing education and support.

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