

1

00:00:00,000 --> 00:00:05,000

- I do want to thank the
key organizers for the event

2

00:00:05,290 --> 00:00:08,530

Dr. Will Aklin and Dr. Carlos Blanco,

3

00:00:08,530 --> 00:00:11,410

as well as the incredible
team of colleagues

4

00:00:11,410 --> 00:00:13,063

that they have behind it.

5

00:00:14,762 --> 00:00:18,250

I'm very excited, actually I
just got the numbers of people

6

00:00:18,250 --> 00:00:20,880

that have registered, 1,300.

7

00:00:20,880 --> 00:00:24,580

I mean, I think that these
not just reflects the easiness

8

00:00:24,580 --> 00:00:29,140

with which we can join meeting
via our virtual technology.

9

00:00:29,140 --> 00:00:33,189

but the enormous interest
in the subject matter.

10

00:00:33,189 --> 00:00:38,070

And again, it's rare to
have this level of interest

11

00:00:38,070 --> 00:00:41,030

for a meeting that was arranged

12

00:00:41,030 --> 00:00:43,410

in a relatively short period of time.

13

00:00:43,410 --> 00:00:46,310

And it does highlight
two aspects about it.

14

00:00:46,310 --> 00:00:48,883

I think that on the one
hand, the recognition that

15

00:00:48,883 --> 00:00:53,070

this is something that we
cannot justify anymore,

16

00:00:53,070 --> 00:00:55,160

that tremendous differences that exceeds

17

00:00:55,160 --> 00:01:00,160

due to racial factors that
have grown up, actually,

18

00:01:00,160 --> 00:01:03,560

and exacerbated the health
outcomes of individuals,

19

00:01:03,560 --> 00:01:07,920

that's one we can no longer
allow by not being proactive

20

00:01:07,920 --> 00:01:12,050

and participating in research
that can change it do that.

21

00:01:12,050 --> 00:01:16,420

I think on the other one, the
advances in science and tools

22

00:01:16,420 --> 00:01:20,740
that we currently have,
enable us to tackle it in ways

23
00:01:20,740 --> 00:01:23,100
that it was not possible.

24
00:01:23,100 --> 00:01:25,960
So we have the scientific
opportunity to address

25
00:01:25,960 --> 00:01:30,370
one of the most challenging
and impactful problems

26
00:01:30,370 --> 00:01:32,950
that we face in our society,

27
00:01:32,950 --> 00:01:35,970
which should reflect
the under representation

28
00:01:35,970 --> 00:01:40,970
and or first of all researchers
in the space of of science,

29
00:01:41,040 --> 00:01:44,293
but also importantly,
that has the consequences

30
00:01:44,293 --> 00:01:46,893
related to health disparities.

31
00:01:47,750 --> 00:01:51,550
We've known all along that
socio economical factors

32
00:01:51,550 --> 00:01:53,063
are driving many of them.

33

00:01:53,063 --> 00:01:55,810

And now we have the
opportunity to actually

34

00:01:55,810 --> 00:02:00,240

to investigate better,
why is it that they do so?

35

00:02:00,240 --> 00:02:02,940

And very importantly,
because after knowledge,

36

00:02:02,940 --> 00:02:05,270

why do we want knowledge?

37

00:02:05,270 --> 00:02:08,640

Yes, we're curious, but
on the other aspect to

38

00:02:08,640 --> 00:02:12,400

it is the ability that
knowledge gives us to come up

39

00:02:12,400 --> 00:02:14,960
with solutions to address this.

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00:02:14,960 --> 00:02:17,240
And this is the perfect moment.

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00:02:17,240 --> 00:02:20,600

I have never, I mean, I was
not born in the United States

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00:02:20,600 --> 00:02:23,800

but I have been living here
the majority of my life.

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00:02:23,800 --> 00:02:26,800

And I have never seen

a period like this one,

44

00:02:26,800 --> 00:02:29,490
when there is social consciousness

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00:02:29,490 --> 00:02:32,180
that this is something
that we need to address.

46

00:02:32,180 --> 00:02:36,550
Nor have I ever seen
the support of agencies

47

00:02:36,550 --> 00:02:38,410
to actually make a difference,

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00:02:38,410 --> 00:02:41,390
and we cannot miss the moment.

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00:02:41,390 --> 00:02:45,240
And on top of this, we have
the scientific developments

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00:02:45,240 --> 00:02:49,110
that will allow us and already
have started to allow us

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00:02:49,110 --> 00:02:52,860
to investigate how socio economic factors,

52

00:02:52,860 --> 00:02:57,860
negatively influence outcomes
in underrepresented groups,

53

00:02:58,145 --> 00:03:00,420
particularly for us as they relate

54

00:03:00,420 --> 00:03:04,010
to substance use disorder and addictions,

55

00:03:04,010 --> 00:03:08,220
and how to take that
information to actually target

56

00:03:08,220 --> 00:03:09,940
prevention interventions.

57

00:03:09,940 --> 00:03:13,430
But importantly, to actually
provide the knowledge

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00:03:13,430 --> 00:03:18,040
that can result in policy
changes that once and for all

59

00:03:18,040 --> 00:03:23,040
will definitively disrupt
the structural systems

60

00:03:23,240 --> 00:03:25,693
that are perpetuating these differences.

61

00:03:26,530 --> 00:03:29,490
So I'm very proud of this moment.

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00:03:29,490 --> 00:03:33,223
And I want us all to embrace
it and take advantage of it.

63

00:03:34,280 --> 00:03:37,170
And I also look forward
to the very interesting

64

00:03:37,170 --> 00:03:40,990
today's presentations that also highlight

65

00:03:41,838 --> 00:03:46,290
there's a scientific

excellence and excitement

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00:03:46,290 --> 00:03:51,160
between in this area and the
extraordinary opportunities.

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00:03:51,160 --> 00:03:53,650
So thanks very much Will and Carlos

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00:03:53,650 --> 00:03:55,330
for making this possible.

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00:03:55,330 --> 00:03:59,446
And thanks for all of the
presenters to actually participate

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00:03:59,446 --> 00:04:01,540
and attend the meeting.

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00:04:01,540 --> 00:04:04,964
And I look forward to any
conclusions or recommendations

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00:04:04,964 --> 00:04:07,680
that arise as a result of the meeting.

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00:04:07,680 --> 00:04:08,973
So thanks very much.

74

00:04:10,540 --> 00:04:13,420
- Thank you Dr. Volkow for
really setting the stage

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00:04:13,420 --> 00:04:15,367
and kicking off the meeting.

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00:04:15,367 --> 00:04:17,900
I'm Will Aklin the
meeting coach here along

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00:04:17,900 --> 00:04:20,990
with my colleague, Dr. Carlos Blanco.

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00:04:20,990 --> 00:04:23,640
Over the next two days,
we will cover the areas

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00:04:23,640 --> 00:04:25,870
of social determinants of health

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00:04:25,870 --> 00:04:28,630
and harnessing basic science to understand

81

00:04:28,630 --> 00:04:31,227
racial disparities and
the impact of racism

82

00:04:31,227 --> 00:04:34,660
and how they relate to
substance use in general,

83

00:04:34,660 --> 00:04:36,460
and health disparities specifically.

84

00:04:37,320 --> 00:04:40,680
So I just want to take a
moment or two just to provide

85

00:04:40,680 --> 00:04:45,093
context for the overall NIDA
effort in today's meeting.

86

00:04:46,030 --> 00:04:50,550
So back in June of 20,
the initiative to promote

87

00:04:50,550 --> 00:04:52,890
racial equity was formed.

88

00:04:52,890 --> 00:04:55,960

We have several work groups
under this initiative,

89

00:04:55,960 --> 00:05:00,190

including the workplace,
workforce and research gaps

90

00:05:00,190 --> 00:05:03,063

and opportunity and that's
why we are all here today.

91

00:05:04,150 --> 00:05:06,640

The next slide, I just wanted to highlight

92

00:05:06,640 --> 00:05:09,410

the mission statement of the research gaps

93

00:05:09,410 --> 00:05:11,180

and opportunities section.

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00:05:11,180 --> 00:05:14,080

The first is to realize NIDA's commitment

95

00:05:14,080 --> 00:05:18,030

to eliminating racial inequities
in addiction research,

96

00:05:18,030 --> 00:05:21,530

to examine the landscape of
health disparities research,

97

00:05:21,530 --> 00:05:24,500

and develop short and long term objectives

98

00:05:24,500 --> 00:05:29,410

as well as strategies for
enhancing the research portfolio.

99

00:05:29,410 --> 00:05:33,060
Specifically, we wanna focus
on areas where there are known

100

00:05:33,060 --> 00:05:36,060
inequities based on race and ethnicity,

101

00:05:36,060 --> 00:05:39,640
and focus on research that
has the greatest potential

102

00:05:39,640 --> 00:05:41,460
to reduce those disparities.

103

00:05:41,460 --> 00:05:45,360
And NIDA has committed over \$100 million

104

00:05:45,360 --> 00:05:50,150
over the next 10 years dedicated
to funding opportunities.

105

00:05:50,150 --> 00:05:51,843
This is an important first step.

106

00:05:52,880 --> 00:05:55,500
On the next slide, I
just wanted to go over

107

00:05:55,500 --> 00:05:58,600
our data collection and our timeline.

108

00:05:58,600 --> 00:06:03,600
Since June of 2020 we have
been meeting very consistently

109

00:06:04,310 --> 00:06:07,600
since then, we've been very
aggressive in our timeline

110

00:06:07,600 --> 00:06:11,280
in terms of moving forward
and realizing these goals.

111

00:06:11,280 --> 00:06:14,090
So we were formed again in June of 2020.

112

00:06:14,090 --> 00:06:18,180
We've conducted all of these
endpoints that you see here,

113

00:06:18,180 --> 00:06:21,930
landscape analysis to
identify scientific themes,

114

00:06:21,930 --> 00:06:25,423
listening sessions and
office hours with NIDA staff,

115

00:06:26,271 --> 00:06:29,970
request for information,
which we focus primarily on

116

00:06:29,970 --> 00:06:33,320
patients, scientists,
as well as providers,

117

00:06:33,320 --> 00:06:37,430
portfolio analysis to really
understand better our portfolio

118

00:06:37,430 --> 00:06:40,030
and where some of the gaps lie.

119

00:06:40,030 --> 00:06:42,800
And here we are today with
the scientific meeting.

120

00:06:42,800 --> 00:06:46,150
And all of these data will
be important and essential

121
00:06:46,150 --> 00:06:51,060
to inform our task going
forward in terms of developing

122
00:06:51,060 --> 00:06:53,083
a racial equity action plan.

123
00:06:54,410 --> 00:06:57,060
And the next slide, I just
wanted to highlight and provide

124
00:06:57,060 --> 00:06:59,500
everyone with our meeting charge.

125
00:06:59,500 --> 00:07:03,010
And the first is to really
develop key recommendations

126
00:07:03,010 --> 00:07:05,373
for the racial equity plan.

127
00:07:06,240 --> 00:07:08,810
Discuss the synergies
and health disparities,

128
00:07:08,810 --> 00:07:12,650
as well as addiction
research, as I noted before,

129
00:07:12,650 --> 00:07:15,160
we'll focus on social
determinants of health

130
00:07:15,160 --> 00:07:18,690
as well as basic science
research opportunities.

131

00:07:18,690 --> 00:07:21,080

And lastly, identify best practices

132

00:07:21,080 --> 00:07:23,750

and ways to measure progress.

133

00:07:23,750 --> 00:07:25,940

So with that, I want to

introduce my colleague,

134

00:07:25,940 --> 00:07:28,450

Dr. Carlos Blanco, who will kick us off

135

00:07:28,450 --> 00:07:31,050

and introduce our first keynote speaker.

136

00:07:31,050 --> 00:07:32,290

Thank you.

137

00:07:32,290 --> 00:07:33,157

- Yeah, thanks Will.

138

00:07:33,157 --> 00:07:38,157

And I also wanted to echo
what Nora and you have said,

139

00:07:38,190 --> 00:07:41,030

I think this is a very, very
special meeting for many of us,

140

00:07:41,030 --> 00:07:43,683

because, I think for,
again for many of us,

141

00:07:45,750 --> 00:07:49,343

we have sort of personal
experience of discrimination,

142

00:07:50,286 --> 00:07:54,660
but also scientific training
in health disparities.

143

00:07:54,660 --> 00:07:56,520
So in a way, this
meeting is the confluence

144

00:07:56,520 --> 00:07:58,627
of personal experience,

145

00:07:58,627 --> 00:08:03,560
values that have become more
important in our society,

146

00:08:03,560 --> 00:08:05,620
and also the scientific opportunities

147

00:08:06,490 --> 00:08:08,690
that you have highlighted.

148

00:08:08,690 --> 00:08:12,860
And also, we think, from the
intellectual perspective,

149

00:08:12,860 --> 00:08:14,910
I think we can think of
sort of three levels,

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00:08:14,910 --> 00:08:18,010
one level, which is
documenting disparities

151

00:08:18,010 --> 00:08:20,480
and that's very important.

152

00:08:20,480 --> 00:08:23,750
The second that is,
the next level would be

153

00:08:23,750 --> 00:08:26,390
sort of understanding the
mechanism of disparities

154

00:08:26,390 --> 00:08:29,430
and that I think, alludes to
what Nora was saying about

155

00:08:29,430 --> 00:08:32,000
our natural curiosity as scientists,

156

00:08:32,000 --> 00:08:33,940
but at the end of the
day the most important

157

00:08:33,940 --> 00:08:35,820
is the third level, know which is one way,

158

00:08:35,820 --> 00:08:39,510
once we understand how do
we eliminate disparities,

159

00:08:39,510 --> 00:08:43,340
and what we want to do really
in this meeting is yes,

160

00:08:43,340 --> 00:08:46,800
first document the disparities,
which are very well known,

161

00:08:46,800 --> 00:08:48,740
get a better understanding
of the disparities,

162

00:08:48,740 --> 00:08:51,820
but get from you key recommendations on

163

00:08:51,820 --> 00:08:54,910

what are the best scientific opportunities

164

00:08:54,910 --> 00:08:57,900

to eliminate disparities.

165

00:08:57,900 --> 00:09:01,270

I mean, obviously,
there's enormous interest

166

00:09:01,270 --> 00:09:02,820

in this meeting.

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00:09:02,820 --> 00:09:05,520

As Nora pointed out, there's
more than 1,500 people

168

00:09:05,520 --> 00:09:08,770

that have joined this symposium,

169

00:09:08,770 --> 00:09:11,710

we organize these, I think
in like three or four weeks.

170

00:09:11,710 --> 00:09:15,930

So I mean, people have really
opened up their calendars

171

00:09:15,930 --> 00:09:18,350

and changed their schedules to be able to,

172

00:09:18,350 --> 00:09:22,224

some of you participate actively
as speakers or panelists,

173

00:09:22,224 --> 00:09:24,810

and many of you listen to the symposium.

174

00:09:24,810 --> 00:09:26,190

So again, very, very excited.

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00:09:26,190 --> 00:09:29,220

We have a fantastic group of scientists

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00:09:29,220 --> 00:09:32,230

who are going to
illuminate the discussions.

177

00:09:32,230 --> 00:09:34,960

So I'm very happy to be able to introduce

178

00:09:34,960 --> 00:09:39,470

our first keynote speaker,
Margarita Alegria.

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00:09:39,470 --> 00:09:41,940

I have known her for
about, I think, 20 years,

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00:09:41,940 --> 00:09:44,290

and I really admire her work.

181

00:09:44,290 --> 00:09:46,620

I'm very grateful for all the
research that you have done

182

00:09:46,620 --> 00:09:48,378

and for your advocacy.

183

00:09:48,378 --> 00:09:53,378

Maggie is now the Chief of
the Disparities Research Unit

184

00:09:54,600 --> 00:09:56,777

at Massachusetts General Hospital

185

00:09:56,777 --> 00:10:00,500

and a Professor of Psychiatry
at Harvard University.

186

00:10:00,500 --> 00:10:01,920

So Maggie, whenever you're ready,

187

00:10:01,920 --> 00:10:03,320

I'm looking forward to your.

188

00:10:05,400 --> 00:10:07,950

- Absolutely, if I could get my slides on.

189

00:10:07,950 --> 00:10:10,050

Thank you so much.

190

00:10:10,050 --> 00:10:11,833

Thank you so much for inviting me,

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00:10:11,833 --> 00:10:13,380

this is close to my heart.

192

00:10:13,380 --> 00:10:16,000

So I'm going to move very
quickly in my 10 minutes.

193

00:10:16,000 --> 00:10:16,833

Next slide.

194

00:10:17,775 --> 00:10:20,750

I think I want to start
this presentation by saying

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00:10:20,750 --> 00:10:22,830

we have incredible opportunities.

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00:10:22,830 --> 00:10:26,640

I am thrilled to hear Dr. Volkow,

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00:10:26,640 --> 00:10:31,070

because I agree this is the

time for really taking advantage

198

00:10:31,070 --> 00:10:32,680
of opportunities.

199

00:10:32,680 --> 00:10:34,920
I'm gonna say that the first opportunity

200

00:10:34,920 --> 00:10:39,130
to transform disparities
research at NIDA would be

201

00:10:39,130 --> 00:10:44,130
to really think how do we take
substance using treatments

202

00:10:44,600 --> 00:10:48,090
for the populations where
people of color need it,

203

00:10:48,090 --> 00:10:49,690
how it best serves them,

204

00:10:49,690 --> 00:10:52,800
and how to co create
the services with them.

205

00:10:52,800 --> 00:10:55,820
They have to be at the
table who actually decide

206

00:10:55,820 --> 00:10:57,560
what will work for them.

207

00:10:57,560 --> 00:11:02,060
We have to stop thinking that
treatments should be in jails,

208

00:11:02,060 --> 00:11:04,020

but rather in communities,

209

00:11:04,020 --> 00:11:06,610
that they should be
given by law enforcement

210

00:11:06,610 --> 00:11:08,770
or actually by mobile clinics,

211

00:11:08,770 --> 00:11:12,060
peers and community health
workers that can get very close

212

00:11:12,060 --> 00:11:13,700
to our populations.

213

00:11:13,700 --> 00:11:18,130
We know right now that
only around 30% of people

214

00:11:18,130 --> 00:11:20,330
receive any treatment.

215

00:11:20,330 --> 00:11:23,900
So it's very, very obvious
that what we're offering

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00:11:23,900 --> 00:11:28,310
out there is not the best,
because people are associating it

217

00:11:28,310 --> 00:11:30,035
with the criminal justice system

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00:11:30,035 --> 00:11:33,380
and with punitive resources,

219

00:11:33,380 --> 00:11:36,460
that's not the way to get

people to engage in care.

220

00:11:36,460 --> 00:11:37,293

Next.

221

00:11:38,990 --> 00:11:43,990

I think we've done some work
in the population of Medicaid

222

00:11:44,410 --> 00:11:47,970

using substance using services.

223

00:11:47,970 --> 00:11:51,080

And what we find is that
the system is failing them

224

00:11:51,080 --> 00:11:53,560

to meet them where they are,

225

00:11:53,560 --> 00:11:56,430

with missed opportunities, for example,

226

00:11:56,430 --> 00:11:58,690

in making sure that once they're in,

227

00:11:58,690 --> 00:12:02,010

they obtain insurance
approval for mitigation

228

00:12:02,010 --> 00:12:05,650

and really connecting
them to customer services.

229

00:12:05,650 --> 00:12:08,440

We also see that we don't have sufficient

230

00:12:08,440 --> 00:12:11,771

harm reduction strategies
that might help them meet

231

00:12:11,771 --> 00:12:14,370
where they are at that moment.

232

00:12:14,370 --> 00:12:17,970
And that we need more
warm handoffs to integrate

233

00:12:17,970 --> 00:12:20,960
both behavioral and physical health,

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00:12:20,960 --> 00:12:23,570
with a lot of care management to address

235

00:12:23,570 --> 00:12:25,140
their social determinants.

236

00:12:25,140 --> 00:12:25,973
Next.

237

00:12:27,930 --> 00:12:31,030
We have to change the service paradigm.

238

00:12:31,030 --> 00:12:34,590
The service is really where
individuals have to find

239

00:12:34,590 --> 00:12:37,770
a treatment, where they
most prove that the intent

240

00:12:37,770 --> 00:12:39,530
that they really want it,

241

00:12:39,530 --> 00:12:43,130
where they're not giving a lot
of choices of what they need.

242

00:12:43,130 --> 00:12:46,520
And we're patients are
discharged if they don't adhere

243
00:12:46,520 --> 00:12:48,166
to the treatment guidelines.

244
00:12:48,166 --> 00:12:52,830
Rather we need the treatment
programs to find them

245
00:12:52,830 --> 00:12:56,170
where they are, invite them to treatment

246
00:12:56,170 --> 00:12:59,110
and offer them to engage and re engage

247
00:12:59,110 --> 00:13:03,800
either by peers or CHWs and to
encourage them to participate

248
00:13:03,800 --> 00:13:05,930
in a range of offerings.

249
00:13:05,930 --> 00:13:09,470
And recognizing that relapse
is part of the picture.

250
00:13:09,470 --> 00:13:10,303
Next.

251
00:13:12,640 --> 00:13:16,190
I think the second
opportunity that we have

252
00:13:16,190 --> 00:13:19,150
is from the change from
treating addictions

253

00:13:19,150 --> 00:13:22,140
to really focusing on
a package of services

254
00:13:22,140 --> 00:13:25,610
for reintegration and recovery.

255
00:13:25,610 --> 00:13:28,320
We really have to think that the ultimate

256
00:13:28,320 --> 00:13:32,130
is not treating the symptom,
but actually to make sure

257
00:13:32,130 --> 00:13:36,920
that people can reintegrate
with dignity in to our society.

258
00:13:36,920 --> 00:13:40,760
We know that certain
groups have a easier chance

259
00:13:40,760 --> 00:13:44,870
of doing this related
to education and income.

260
00:13:44,870 --> 00:13:47,040
But this is where we have to think about

261
00:13:47,040 --> 00:13:51,120
what are the alternative
resources that we can provide

262
00:13:51,120 --> 00:13:54,070
to make sure that people access medication

263
00:13:54,070 --> 00:13:57,500
assisted treatment, but
also remove barriers

264
00:13:57,500 --> 00:14:01,260
to reintegrate them in the
communities where they live.

265
00:14:01,260 --> 00:14:02,093
Next.

266
00:14:03,700 --> 00:14:08,300
There's an intersection of
NIDA's work and complex system,

267
00:14:08,300 --> 00:14:11,890
I think we really have a model that it's

268
00:14:11,890 --> 00:14:15,870
extremely simplistic,
where we need to understand

269
00:14:15,870 --> 00:14:19,730
what are the conflict factors
that contribute to drug use

270
00:14:19,730 --> 00:14:20,563
and addictions?

271
00:14:20,563 --> 00:14:25,120
For example, what are the drug
environments in communities

272
00:14:25,120 --> 00:14:28,620
that are mundane and why are they mundane?

273
00:14:28,620 --> 00:14:30,290
Is it mundane by policies?

274
00:14:30,290 --> 00:14:33,630
Is it mundane by the
medical establishment?

275

00:14:33,630 --> 00:14:35,650

What is keeping those?

276

00:14:35,650 --> 00:14:37,643

And then we need to really think about

277

00:14:37,643 --> 00:14:41,340

what are models of
retaining people in care,

278

00:14:41,340 --> 00:14:43,820

what we're finding is
the models we're using

279

00:14:43,820 --> 00:14:46,290

have very little continuity of care

280

00:14:46,290 --> 00:14:50,330

and we know continuity is
such an important thing.

281

00:14:50,330 --> 00:14:53,017

For example, we know that if we pay

282

00:14:53,017 --> 00:14:57,890

Medicaid primary care providers more,

283

00:14:57,890 --> 00:15:00,860

we could actually reduce the disparities

284

00:15:00,860 --> 00:15:04,080

in access to treatments
through primary care providers,

285

00:15:04,080 --> 00:15:07,140

there's actually great
data that's just recently.

286

00:15:07,140 --> 00:15:10,720
So increasing the payment
to Medicaid providers,

287
00:15:10,720 --> 00:15:13,401
it's a way to move that
disparity (indistinct)

288
00:15:13,401 --> 00:15:18,400
We also know that drug related arrests

289
00:15:18,400 --> 00:15:22,420
and drug related incarcerations
are overwhelmingly

290
00:15:22,420 --> 00:15:24,380
in populations of color.

291
00:15:24,380 --> 00:15:29,030
So we need to think, how do
we change those institutions,

292
00:15:29,030 --> 00:15:32,975
so that we can alter that
dynamics that put people

293
00:15:32,975 --> 00:15:36,260
at greater risk of not recovering.

294
00:15:36,260 --> 00:15:37,093
Next.

295
00:15:38,590 --> 00:15:43,140
For example, one of the things
we see is this may require

296
00:15:43,140 --> 00:15:46,630
a lot of organizational culture change.

297

00:15:46,630 --> 00:15:49,690
It's not so much focusing
on the individuals,

298
00:15:49,690 --> 00:15:52,600
but on their institutions, that really,

299
00:15:52,600 --> 00:15:56,160
and the organizations that
really work with them.

300
00:15:56,160 --> 00:16:00,280
This might require re
engineering treatment services,

301
00:16:00,280 --> 00:16:04,050
it might require investing
more in what Medicaid's services

302
00:16:04,050 --> 00:16:05,390
can offer.

303
00:16:05,390 --> 00:16:10,390
For example, we hear a lot
from clinicians, administrators

304
00:16:11,490 --> 00:16:13,256
and patients about the lack of

305
00:16:13,256 --> 00:16:17,620
well trained provider
networks that can help people

306
00:16:17,620 --> 00:16:19,860
recover and reintegrate.

307
00:16:19,860 --> 00:16:23,200
We hear a lot about not
giving enough information

308
00:16:23,200 --> 00:16:27,480
to the population about
where they can get services

309
00:16:27,480 --> 00:16:31,080
and understand what is covered
and what is not covered

310
00:16:31,080 --> 00:16:34,900
and where they can get the
services that are not covered.

311
00:16:34,900 --> 00:16:38,500
And then we need to be able
to make sure that Medicaid

312
00:16:38,500 --> 00:16:43,330
offers not just treatment
for the addictions

313
00:16:43,330 --> 00:16:47,280
but actually that it really helps people

314
00:16:47,280 --> 00:16:50,930
through employment coaching,
resource navigation,

315
00:16:50,930 --> 00:16:54,870
peer support that help people
get back on their feet.

316
00:16:54,870 --> 00:16:55,703
Next.

317
00:16:57,890 --> 00:17:01,500
The last message, I want
to say has to do with

318
00:17:01,500 --> 00:17:03,860

the need to start with hope

319

00:17:03,860 --> 00:17:07,560
to change the substance using treatment.

320

00:17:07,560 --> 00:17:10,830
I have to say that one
of the biggest shocks

321

00:17:10,830 --> 00:17:13,350
in doing this work for the last four years

322

00:17:13,350 --> 00:17:18,350
is how much lack of hope
there is in the system

323

00:17:18,580 --> 00:17:20,020
that it can be changed.

324

00:17:20,020 --> 00:17:23,610
This is something that
really really troubles me.

325

00:17:23,610 --> 00:17:27,290
People think this system
is so resistant to change,

326

00:17:27,290 --> 00:17:31,490
that although they believe
it's needed, it can be done.

327

00:17:31,490 --> 00:17:34,340
So for that purposes, we need to change

328

00:17:34,340 --> 00:17:39,340
the explanatory models of why
people engage and use drugs,

329

00:17:42,220 --> 00:17:46,130

I think it's very important
to change the narrative.

330

00:17:46,130 --> 00:17:49,560

I think we need to move
services outside the clinic,

331

00:17:49,560 --> 00:17:52,310

we can't be waiting for people to come,

332

00:17:52,310 --> 00:17:55,460

because we're not getting the
people that need it the most.

333

00:17:55,460 --> 00:17:58,450

We need to focus on social needs

334

00:17:58,450 --> 00:18:01,740

and modify the success metrics out there.

335

00:18:01,740 --> 00:18:04,850

We're not necessarily using the metrics

336

00:18:04,850 --> 00:18:09,020

that our own populations
want, like quality of life,

337

00:18:09,020 --> 00:18:12,220

like lower mortality, better functioning.

338

00:18:12,220 --> 00:18:14,520

And then we need to alter the workforce.

339

00:18:14,520 --> 00:18:18,750

It might not be that it has
to be all with clinicians,

340

00:18:18,750 --> 00:18:23,190

it could be peers and community

of workers that get trained

341

00:18:23,190 --> 00:18:27,890
to offer a warm handoff and
making sure that they navigate

342

00:18:27,890 --> 00:18:31,260
the trajectory of a very complex system.

343

00:18:31,260 --> 00:18:34,690
And then we need to change
the payment policies.

344

00:18:34,690 --> 00:18:38,370
They have to be sent there
on recovery and reintegration

345

00:18:38,370 --> 00:18:41,000
rather than on just visit,

346

00:18:41,000 --> 00:18:44,290
allowing for flexibility of regulations.

347

00:18:44,290 --> 00:18:45,123
Next.

348

00:18:47,550 --> 00:18:50,250
We know that for example,
everyone complains

349

00:18:50,250 --> 00:18:52,980
that they're prescriber shortages,

350

00:18:52,980 --> 00:18:56,390
even for getting people into care

351

00:18:56,390 --> 00:18:59,570
and giving them medication
assisted treatment,

352
00:18:59,570 --> 00:19:02,150
that there's insufficient guidelines

353
00:19:02,150 --> 00:19:04,560
for buprenorphine prescribing,

354
00:19:04,560 --> 00:19:07,970
to get them out across
the board in many areas,

355
00:19:07,970 --> 00:19:09,980
including rural areas.

356
00:19:09,980 --> 00:19:14,220
And then that a lot of the
policies of prior authorization

357
00:19:14,220 --> 00:19:16,520
are causing treatment lags.

358
00:19:16,520 --> 00:19:19,090
Policy should be one of the instruments

359
00:19:19,090 --> 00:19:22,090
that we really look very carefully.

360
00:19:22,090 --> 00:19:22,923
Next.

361
00:19:25,950 --> 00:19:28,810
We recently published a
paper in Health Affairs

362
00:19:28,810 --> 00:19:31,410
for policymakers because
we need to influence

363

00:19:31,410 --> 00:19:32,870
our policymakers.

364
00:19:32,870 --> 00:19:35,720
And we say there are
five really big things

365
00:19:35,720 --> 00:19:38,300
that policymakers should be doing.

366
00:19:38,300 --> 00:19:41,390
One is addressing social
determinants of health

367
00:19:41,390 --> 00:19:45,940
as central to get people recover.

368
00:19:45,940 --> 00:19:49,580
Another one is the flexibility
and regulatory policy

369
00:19:49,580 --> 00:19:53,090
to make sure that people
can access this treatments,

370
00:19:53,090 --> 00:19:56,610
to address inequities in
access by servicing people

371
00:19:56,610 --> 00:20:00,200
where they are, to integrate
mental health addiction

372
00:20:00,200 --> 00:20:04,180
and infectious disease into
one public health system,

373
00:20:04,180 --> 00:20:07,860
and to accelerate the
expansion of both the workforce

374

00:20:07,860 --> 00:20:12,190
and the training to make sure
that people are ready to roll.

375

00:20:12,190 --> 00:20:13,023
Next.

376

00:20:15,349 --> 00:20:20,349
I want to end by saying it's
really important to focus on

377

00:20:20,520 --> 00:20:23,250
institutional policy recommendations.

378

00:20:23,250 --> 00:20:27,370
This is where we can
focus on what is missing

379

00:20:27,370 --> 00:20:30,670
in the neighborhoods to
develop social capital

380

00:20:30,670 --> 00:20:34,130
for living well and
decreasing punitive actions

381

00:20:34,130 --> 00:20:35,940
for those that are sick.

382

00:20:35,940 --> 00:20:37,920
This is an opportunity to engage

383

00:20:37,920 --> 00:20:40,460
with the criminal justice system,

384

00:20:40,460 --> 00:20:42,500
with the public housing system

385
00:20:42,500 --> 00:20:46,982
and with a crisis response
system to really get people

386
00:20:46,982 --> 00:20:51,910
what they need to be able to
recover and live with dignity.

387
00:20:51,910 --> 00:20:53,010
Thank you so much.

388
00:20:55,650 --> 00:20:56,690
- Okay, thanks.

389
00:20:56,690 --> 00:20:57,523
Thanks, Maggie.

390
00:20:57,523 --> 00:21:00,093
That was a fantastic talk as we expected.

391
00:21:01,350 --> 00:21:03,210
We are a little bit ahead of time.

392
00:21:03,210 --> 00:21:06,500
So we have time for, even
though we will have more time

393
00:21:06,500 --> 00:21:08,500
later on during the panel

394
00:21:08,500 --> 00:21:12,030
but we have time for
maybe one or two questions

395
00:21:12,030 --> 00:21:13,029
for you, Maggie.

396
00:21:13,029 --> 00:21:16,450

So I don't know, Nora, if you have any questions right now,

397

00:21:16,450 --> 00:21:18,248
or if any of the panelists have any questions,

398

00:21:18,248 --> 00:21:22,343
please feel free to to ask the question right now.

399

00:21:27,574 --> 00:21:30,410
- Can I ask the question.

400

00:21:30,410 --> 00:21:31,970
- Please go ahead (indistinct)

401

00:21:31,970 --> 00:21:36,840
- [Man] So, Dr. Alegria, this is really a great talk,

402

00:21:36,840 --> 00:21:40,230
one of the issues that I thought might have been a good idea

403

00:21:40,230 --> 00:21:44,743
to discuss would be the criminalization of drug use.

404

00:21:48,480 --> 00:21:52,810
How would we approach that issue based on what your talk

405

00:21:52,810 --> 00:21:55,210
was about?

406

00:21:55,210 --> 00:21:57,970
- Yeah, I actually, we actually discussed it

407
00:21:57,970 --> 00:21:59,823
and let me say that that paper is in,

408
00:22:00,720 --> 00:22:05,460
together with Helena Hansen,
my attorney Ruth Chin,

409
00:22:05,460 --> 00:22:07,830
Richard Frank, and Josh Jefferson.

410
00:22:07,830 --> 00:22:09,230
So it's a group of people.

411
00:22:09,230 --> 00:22:12,230
But we actually thought
there that we definitely need

412
00:22:12,230 --> 00:22:15,910
to decriminalize it by really offering

413
00:22:16,770 --> 00:22:20,480
instead of people going to
the criminal justice system

414
00:22:20,480 --> 00:22:24,370
have a different alternative
group of options for them.

415
00:22:24,370 --> 00:22:27,680
And second, that we need to make sure that

416
00:22:27,680 --> 00:22:32,020
rather than the establishment
be a punitive action,

417
00:22:32,020 --> 00:22:36,037
it'd be you know, that people
need to then stay within

418

00:22:36,037 --> 00:22:39,930
the system of care for a
certain amount of time.

419

00:22:39,930 --> 00:22:41,940
But for example, even for crisis,

420

00:22:41,940 --> 00:22:44,490
we know people with crisis are,

421

00:22:44,490 --> 00:22:48,700
the police tends to be called
when we see behavior tied to,

422

00:22:48,700 --> 00:22:51,220
for example, the use of substances,

423

00:22:51,220 --> 00:22:54,040
instead of that if we could
engage people, for example,

424

00:22:54,040 --> 00:22:56,110
and we give examples in that paper

425

00:22:56,110 --> 00:22:59,990
that I said in Health Affairs,
of how we would engage people

426

00:22:59,990 --> 00:23:03,530
with a crisis mobile team
that would connect people

427

00:23:03,530 --> 00:23:05,345
to services immediately.

428

00:23:05,345 --> 00:23:07,645
And then from there give a warm handoff

429

00:23:07,645 --> 00:23:12,645
to the cascade of care that
we know makes people recover.

430
00:23:13,270 --> 00:23:16,090
So I think part of the
problem is how the system

431
00:23:16,090 --> 00:23:19,560
is orchestrated now that
if you do something bad,

432
00:23:19,560 --> 00:23:24,140
it gets a call, it's really
the police that get called

433
00:23:24,140 --> 00:23:28,760
or you enter the criminal
justice system, for example,

434
00:23:28,760 --> 00:23:31,580
for different actions.

435
00:23:31,580 --> 00:23:35,000
And here is where we could
actually do a lot more,

436
00:23:35,000 --> 00:23:36,590
not only with the court system,

437
00:23:36,590 --> 00:23:39,957
but actually with the judges
with what's available.

438
00:23:39,957 --> 00:23:43,270
The problem is availability
of goods services,

439
00:23:43,270 --> 00:23:45,570
is really not there yet.

440

00:23:45,570 --> 00:23:48,980

That's where we should really focus a lot of our attention.

441

00:23:48,980 --> 00:23:53,720

How do we move that criminal justice system away from

442

00:23:53,720 --> 00:23:57,193

incarceration to more treatment offerings?

443

00:24:00,590 --> 00:24:02,630

- Maggie we had another question.

444

00:24:02,630 --> 00:24:06,550

How do you see the work contributing to prevention?

445

00:24:06,550 --> 00:24:08,520

I know treatment is an important focus.

446

00:24:08,520 --> 00:24:12,420

But do you see the role in prevention as well?

447

00:24:12,420 --> 00:24:15,353

- Absolutely, I think, let me say that, you know,

448

00:24:15,353 --> 00:24:19,940

there's a lot of great data on the importance of

449

00:24:22,150 --> 00:24:26,650

employment and whether employment is helpful or not,

450

00:24:26,650 --> 00:24:29,450

we actually did simulations
for mental health

451

00:24:29,450 --> 00:24:31,903
and found that it was important.

452

00:24:32,770 --> 00:24:36,615
Employment was actually a
good in the simulation models

453

00:24:36,615 --> 00:24:39,340
for getting people better.

454

00:24:39,340 --> 00:24:43,080
However, I would have to say
that it's really important

455

00:24:43,080 --> 00:24:45,070
not only to offer employment,

456

00:24:45,070 --> 00:24:50,070
which I think it's quite a,
definitely a necessary condition

457

00:24:50,680 --> 00:24:52,337
but not a sufficient condition.

458

00:24:53,655 --> 00:24:57,710
So I think we need to do this
issue of integrating people

459

00:24:57,710 --> 00:25:01,220
into their communities and into society.

460

00:25:01,220 --> 00:25:04,410
Job is one but we need a lot more.

461

00:25:04,410 --> 00:25:08,940
We can't depend that giving

them employment for a while

462

00:25:08,940 --> 00:25:10,253
is gonna be enough.

463

00:25:16,070 --> 00:25:17,367
- I think we have time
for one more question,

464

00:25:17,367 --> 00:25:21,180
and I'm gonna take advantage
of being one of the moderator.

465

00:25:21,180 --> 00:25:24,280
So what do you see as, I
mean, this could be a topic,

466

00:25:24,280 --> 00:25:26,720
but what do you see as the main barriers

467

00:25:26,720 --> 00:25:28,503
for eliminating disparities right now?

468

00:25:28,503 --> 00:25:31,320
I mean, you've laid out
a number of initiatives.

469

00:25:31,320 --> 00:25:33,500
But obviously, the reason
things have not been solved

470

00:25:33,500 --> 00:25:35,910
is because there are forces pushing back.

471

00:25:35,910 --> 00:25:37,993
So what do you see as the
main forces pushing back

472

00:25:37,993 --> 00:25:40,100

that we should be aware of?

473

00:25:40,100 --> 00:25:43,020
- So I think they're, I would
say at least I'm gonna talk

474

00:25:43,020 --> 00:25:45,552
very rapidly, three.

475

00:25:45,552 --> 00:25:50,313
I think one, the service, what
we're paying for treatment

476

00:25:51,250 --> 00:25:54,280
is insufficient to really
cover a very serious

477

00:25:54,280 --> 00:25:57,820
chronic conditions, we are
willing to pay a lot for cancer,

478

00:25:57,820 --> 00:26:01,430
we're willing to pay a lot for diabetes,

479

00:26:01,430 --> 00:26:04,650
cardiovascular disease,
we're not paying sufficiently

480

00:26:04,650 --> 00:26:09,650
for treating substance use, one.

481

00:26:09,980 --> 00:26:14,380
So I think we need to re engage
and have a stronger package.

482

00:26:14,380 --> 00:26:17,100
And I think this administration
is willing to put more money

483

00:26:17,100 --> 00:26:18,460
into behavioral health.

484
00:26:18,460 --> 00:26:20,640
So I think it's the time to go.

485
00:26:20,640 --> 00:26:23,980
Two, I think we need to
look at what policies

486
00:26:23,980 --> 00:26:28,590
are making life impossible
for people to reintegrate

487
00:26:28,590 --> 00:26:29,930
into society.

488
00:26:29,930 --> 00:26:33,980
We have housing policies that
actually don't let people

489
00:26:33,980 --> 00:26:37,790
reintegrate into housing,
we have job policies

490
00:26:37,790 --> 00:26:41,520
that don't allow people to
reintegrate into employment.

491
00:26:41,520 --> 00:26:46,520
And we have actually, GED
policies that people have had

492
00:26:47,500 --> 00:26:52,210
certain substance using
problems, they cannot engage.

493
00:26:52,210 --> 00:26:54,380
So we need to look at the policies to see

494
00:26:54,380 --> 00:26:56,690
where they cut opportunities.

495
00:26:56,690 --> 00:27:01,690
And lastly, I really think
we need to change regulations

496
00:27:02,149 --> 00:27:06,564
or laws, I think the
regulations we have for Medicaid

497
00:27:06,564 --> 00:27:10,870
and for treatment are just archaic.

498
00:27:10,870 --> 00:27:14,570
And we need to be able to
have some novel interventions

499
00:27:14,570 --> 00:27:16,583
and test them if they work or not.

500
00:27:20,060 --> 00:27:20,930
- Okay, thanks.

501
00:27:20,930 --> 00:27:22,210
Will do you think we should move?

502
00:27:22,210 --> 00:27:23,560
I mean--

503
00:27:23,560 --> 00:27:24,900
- Well, Carl I say we go ahead.

504
00:27:24,900 --> 00:27:27,677
And I, there's some other
questions, let's go ahead,

505
00:27:27,677 --> 00:27:28,700

(faintly speaking) of time.

506

00:27:28,700 --> 00:27:31,880

Please, I think this lively discussion and very intriguing.

507

00:27:31,880 --> 00:27:36,800

So there're number of questions that we do have in the chat.

508

00:27:36,800 --> 00:27:39,490

I don't know if you wanna go and go with that.

509

00:27:39,490 --> 00:27:41,780

But if there's any other panelists who have any questions

510

00:27:41,780 --> 00:27:45,050

for Maggie, please go ahead and ask now.

511

00:27:45,050 --> 00:27:46,373

We will moderate the chat.

512

00:27:52,560 --> 00:27:55,680

So one question from the chat is,

513

00:27:55,680 --> 00:27:58,540

would NIDA support research on structural racism

514

00:27:58,540 --> 00:28:01,160

impact on health and more importantly,

515

00:28:01,160 --> 00:28:03,890

interventions to address structural racism?

516

00:28:03,890 --> 00:28:06,950

So, Maggie I don't know if
your work speaks to that

517

00:28:06,950 --> 00:28:11,950
but But NIDA has dedicated at
least \$1 million to an effort

518

00:28:12,430 --> 00:28:16,197
on structural racism specific
to substance use disorder,

519

00:28:16,197 --> 00:28:17,500
and a treatment.

520

00:28:17,500 --> 00:28:20,340
So Maggie, your work on
how that would impact

521

00:28:20,340 --> 00:28:22,120
structural racism in that way.

522

00:28:22,120 --> 00:28:26,320
- So I think if I were actually
going to invest 1 million,

523

00:28:26,320 --> 00:28:29,090
which by the way, I'm gonna be very blunt,

524

00:28:29,090 --> 00:28:32,557
and you know, I'm blunt,
it's insufficient.

525

00:28:32,557 --> 00:28:37,557
We've had structural racism for decades

526

00:28:37,940 --> 00:28:40,200
and we need to invest a lot more for that.

527

00:28:40,200 --> 00:28:42,230

But let me just go ahead and say

528

00:28:42,230 --> 00:28:44,270
if I was going to invest,

529

00:28:44,270 --> 00:28:47,540
it would be on what are
the organizational change

530

00:28:47,540 --> 00:28:52,060
that we need to do in places like,

531

00:28:52,060 --> 00:28:55,440
places that offer
substance abuse treatment,

532

00:28:55,440 --> 00:28:59,140
so that they re frame what they're doing

533

00:28:59,140 --> 00:29:01,320
to recovery and reintegration.

534

00:29:01,320 --> 00:29:06,100
How can we reframe that, and
what needs to be re engineered

535

00:29:06,100 --> 00:29:08,720
in what the package
that we're offering now,

536

00:29:08,720 --> 00:29:11,900
the package that we're
offering now and the view

537

00:29:11,900 --> 00:29:15,900
is that people are sick
and they need to recover.

538

00:29:15,900 --> 00:29:20,410

But actually, we need to
rethink that people are sick

539

00:29:20,410 --> 00:29:23,090
because there's a lot
of things in their life

540

00:29:23,090 --> 00:29:26,380
that make it really
difficult to live today

541

00:29:26,380 --> 00:29:28,570
and struggle through what happens.

542

00:29:28,570 --> 00:29:32,220
And that means for
people of color, I mean,

543

00:29:32,220 --> 00:29:37,220
constant problems, you know,
in being taken out off the road

544

00:29:39,180 --> 00:29:40,890
and check for things,

545

00:29:40,890 --> 00:29:45,250
people having difficulty in
unemployment, scheduling.

546

00:29:45,250 --> 00:29:48,290
I mean, there's so many
things I could go on and on.

547

00:29:48,290 --> 00:29:53,037
But I think we need to change
how we think providers work

548

00:29:55,662 --> 00:29:59,310
with people and especially
how institutions

549

00:29:59,310 --> 00:30:01,010
like the criminal justice system,

550

00:30:01,010 --> 00:30:06,010
how the police departments
think about their interactions

551

00:30:06,140 --> 00:30:08,850
and intersections with people of color,

552

00:30:08,850 --> 00:30:12,540
we really need to change that interaction.

553

00:30:12,540 --> 00:30:14,640
And we can do it, we definitely can do it.

554

00:30:16,740 --> 00:30:18,944
- One question that is in the chat.

555

00:30:18,944 --> 00:30:21,888
So I'm going to read for
you or paraphrase it is,

556

00:30:21,888 --> 00:30:25,123
what, and I think there's been
a lot of interest in this,

557

00:30:25,123 --> 00:30:29,120
what role do you see
for digital technologies

558

00:30:29,120 --> 00:30:30,550
in addressing disparities?

559

00:30:30,550 --> 00:30:32,760
Now, because of course,
there's the problem

560
00:30:32,760 --> 00:30:36,200
of accessing people, but also
some downsides of difficulty

561
00:30:36,200 --> 00:30:38,830
maybe accessing the internet
in some geographical areas

562
00:30:38,830 --> 00:30:39,663
now so.

563
00:30:39,663 --> 00:30:43,290
- Yeah, I mean, I'm not going
to cover the digital divide,

564
00:30:43,290 --> 00:30:45,030
because there's so much data on that,

565
00:30:45,030 --> 00:30:47,690
I'm gonna cover the the opportunities

566
00:30:47,690 --> 00:30:50,970
that the digital interaction offers.

567
00:30:50,970 --> 00:30:54,150
We're doing right now, two big projects,

568
00:30:54,150 --> 00:30:59,090
with racial, ethnic and
linguistic minority populations.

569
00:30:59,090 --> 00:31:02,270
And everything is virtual, everything,

570
00:31:02,270 --> 00:31:04,453
either by phone or by Zoom.

571
00:31:05,400 --> 00:31:08,610

And it's working, I would say fairly well,

572

00:31:08,610 --> 00:31:13,610

I wish we could at
least connect one to one

573

00:31:13,890 --> 00:31:16,760

for people to get that
personal connection,

574

00:31:16,760 --> 00:31:20,150

because I don't wanna
say that everything is,

575

00:31:20,150 --> 00:31:21,520

it should be virtual,

576

00:31:21,520 --> 00:31:24,380

I think the hybrid model would be best.

577

00:31:24,380 --> 00:31:26,730

But given the circumstances
of the epidemic,

578

00:31:26,730 --> 00:31:28,720

people are taking it on.

579

00:31:28,720 --> 00:31:30,397

And it's actually working quite well.

580

00:31:30,397 --> 00:31:35,397

And people feeling of
closeness and also an anonymity

581

00:31:35,560 --> 00:31:39,600

in that they can get someone
to tell their problems

582

00:31:39,600 --> 00:31:41,500

and get a fast response.

583

00:31:41,500 --> 00:31:45,220

So I really like we're doing
all of this work, Carlos,

584

00:31:45,220 --> 00:31:47,330

with community health workers

585

00:31:47,330 --> 00:31:51,270

and we would love to also test
it with peers, supervised,

586

00:31:51,270 --> 00:31:54,680

and I want to emphasize
supervised by clinicians,

587

00:31:54,680 --> 00:31:57,860

trained clinicians,
psychiatry, psychologists

588

00:31:57,860 --> 00:32:00,560

that then provide the
backup to make sure that

589

00:32:00,560 --> 00:32:02,163

we're doing a good job.

590

00:32:07,810 --> 00:32:09,648

- Will, I'm going to
continue asking questions

591

00:32:09,648 --> 00:32:11,723

until you think we should move to.

592

00:32:12,630 --> 00:32:13,658

So I mean,

593

00:32:13,658 --> 00:32:17,990

I mean, one of the questions
that was in the chat

594

00:32:17,990 --> 00:32:20,960
is what do you think are
the main social determinants

595

00:32:20,960 --> 00:32:22,240
of health?

596

00:32:22,240 --> 00:32:23,710
And if I've heard you correctly, I mean,

597

00:32:23,710 --> 00:32:25,640
several that you've brought up,

598

00:32:25,640 --> 00:32:29,220
the issue of policies and you
think that changing policies

599

00:32:29,220 --> 00:32:32,600
is one of the things that
is necessary to change that.

600

00:32:32,600 --> 00:32:36,180
So I guess my question, maybe
it's slightly inappropriate,

601

00:32:36,180 --> 00:32:39,160
but hopefully, I still can
keep my job at NIDA is,

602

00:32:39,160 --> 00:32:41,180
do we need more research on policies

603

00:32:41,180 --> 00:32:45,090
or do we need to do something
else to change policies?

604

00:32:45,090 --> 00:32:48,240
Is the issue of research
or is it a different issue?

605
00:32:48,240 --> 00:32:50,388
- No, I think it's an issue of research.

606
00:32:50,388 --> 00:32:53,170
Carlos, I really appreciate
you bringing that question

607
00:32:53,170 --> 00:32:56,000
because I think we know certain policies

608
00:32:56,000 --> 00:32:57,120
have made a big difference.

609
00:32:57,120 --> 00:33:02,070
For example, we know the
Accountable Care Act, you know,

610
00:33:02,070 --> 00:33:05,730
the ACA really changed disparities,

611
00:33:05,730 --> 00:33:09,180
I mean, and it changed it
in many chronic conditions.

612
00:33:09,180 --> 00:33:11,770
I'm sorry, it didn't change it only for,

613
00:33:11,770 --> 00:33:15,497
but it did allow for people
to diminish that gap.

614
00:33:16,850 --> 00:33:19,920
So we know that it's
a, for example a policy

615

00:33:19,920 --> 00:33:21,130
that change it.

616
00:33:21,130 --> 00:33:23,170
I think they're also like, for example,

617
00:33:23,170 --> 00:33:28,170
subsidies that could be given
to people that have very poor,

618
00:33:29,540 --> 00:33:34,480
for example, very poor insurance
coverage, to make sure that

619
00:33:34,480 --> 00:33:38,450
they get enough for treating
behavioral healthcare.

620
00:33:38,450 --> 00:33:41,240
I think one of the
problems we have is that

621
00:33:41,240 --> 00:33:44,050
the many of the insurance companies

622
00:33:44,050 --> 00:33:47,590
give you a very poor
package of behavioral health

623
00:33:47,590 --> 00:33:49,453
because they don't wanna attract you,

624
00:33:49,453 --> 00:33:51,430
because of adverse selection.

625
00:33:51,430 --> 00:33:54,440
So how can we provide subsidies for that

626
00:33:54,440 --> 00:33:56,150

to make sure that people feel,

627

00:33:56,150 --> 00:33:58,650
no, we really want to make sure.

628

00:33:58,650 --> 00:34:00,020
So that's a second one.

629

00:34:00,020 --> 00:34:03,680
I also want to talk about for
young, for emerging adults,

630

00:34:03,680 --> 00:34:07,170
we need to do something about
getting them treatment in

631

00:34:07,170 --> 00:34:10,640
where people actually,
community health colleges,

632

00:34:10,640 --> 00:34:11,950
I think we don't have,

633

00:34:11,950 --> 00:34:16,000
in the same way we have the school system,

634

00:34:16,000 --> 00:34:18,710
the school health system to offer care,

635

00:34:18,710 --> 00:34:23,150
we don't have an alternative
model for youth in colleges

636

00:34:23,150 --> 00:34:25,340
that can offer quick, you know,

637

00:34:25,340 --> 00:34:28,610
for community colleges, for
example, quick offerings.

638

00:34:28,610 --> 00:34:31,920

So I think that and
when we're talking about

639

00:34:31,920 --> 00:34:35,400

social determinants, I want
to say how important is food,

640

00:34:35,400 --> 00:34:37,520

how important is stable housing,

641

00:34:37,520 --> 00:34:41,730

I mean, obviously, those
are important issues.

642

00:34:41,730 --> 00:34:44,240

What we're doing, Carlos and Will is that

643

00:34:44,240 --> 00:34:48,090

we're actually partnering
with care managers

644

00:34:48,090 --> 00:34:51,510

that at the same time we
offer the behavioral health,

645

00:34:51,510 --> 00:34:55,650

we also offer you, like
what do you need, evictions,

646

00:34:55,650 --> 00:34:59,050

will put you with healthcare
legal aid to try to connect you

647

00:34:59,050 --> 00:35:00,000

to that service fee.

648

00:35:00,000 --> 00:35:03,950

Do you need some social worker
in your children's school?

649

00:35:03,950 --> 00:35:05,130
We'll connect you to that.

650

00:35:05,130 --> 00:35:08,860
So that is the other
component that we need to add

651

00:35:08,860 --> 00:35:09,853
to the package.

652

00:35:11,420 --> 00:35:12,598
- Oh, I think we have one more question.

653

00:35:12,598 --> 00:35:14,096
- Let me ask one more question.

654

00:35:14,096 --> 00:35:14,929
- Yes please one more question.

655

00:35:15,850 --> 00:35:18,202
- I feel like I'm doing
like an interview like.

656

00:35:18,202 --> 00:35:20,750
(indistinct)

657

00:35:20,750 --> 00:35:23,530
So I mean, in addition to
being a very, very successful

658

00:35:23,530 --> 00:35:26,110
researcher, you've been a very
successful mentor as well.

659

00:35:26,110 --> 00:35:27,930
And I imagine a lot of

the people listening

660

00:35:27,930 --> 00:35:31,030
to this symposium are junior people.

661

00:35:31,030 --> 00:35:33,390
So what advice would you
have for junior people

662

00:35:33,390 --> 00:35:36,030
who want to focus on these areas,

663

00:35:36,030 --> 00:35:38,910
what has in your experience
made junior researcher

664

00:35:38,910 --> 00:35:41,653
successful and eventually
become senior researcher?

665

00:35:43,140 --> 00:35:47,080
- Well, the first thing I
tell my junior researchers is,

666

00:35:47,080 --> 00:35:49,150
you have to take this with a passion,

667

00:35:49,150 --> 00:35:53,840
because the amount of persistence needed,

668

00:35:53,840 --> 00:35:58,840
the amount of determination
you have to, it's pretty large,

669

00:36:00,160 --> 00:36:04,940
but I would say the other
thing I would tell any mentor

670

00:36:04,940 --> 00:36:06,360

is collaborate.

671

00:36:06,360 --> 00:36:10,200

I don't think the future of
NIDA's research is going to be

672

00:36:10,200 --> 00:36:12,180

solo practitioners,

673

00:36:12,180 --> 00:36:15,450

I think we need to have
multidisciplinary teams

674

00:36:15,450 --> 00:36:20,450

and actually Dr. Volkow
was in a national academy,

675

00:36:21,150 --> 00:36:24,210

so medicine panel that
we did on the environment

676

00:36:24,210 --> 00:36:25,620

and mental health,

677

00:36:25,620 --> 00:36:28,600

and it was very related to
behavioral health, actually.

678

00:36:28,600 --> 00:36:31,920

So I think, to really
focus on disparities,

679

00:36:31,920 --> 00:36:33,803

we need to have a multidisciplinary,

680

00:36:33,803 --> 00:36:36,830

multi component interventions.

681

00:36:36,830 --> 00:36:40,460

And that will require for
us to work with, you know,

682

00:36:40,460 --> 00:36:43,590
different people, either
sociologists or you know,

683

00:36:43,590 --> 00:36:46,770
epidemiologists or biostatisticians.

684

00:36:46,770 --> 00:36:50,030
So I think collaboration
is gonna be key for people.

685

00:36:50,030 --> 00:36:53,920
And finally, I think not letting,

686

00:36:53,920 --> 00:36:58,600
go to places where they
value the work you do,

687

00:36:58,600 --> 00:37:01,690
don't necessarily go to the ivory towers,

688

00:37:01,690 --> 00:37:04,010
just go to places where
they're gonna value you

689

00:37:04,010 --> 00:37:06,870
for whom you are not, you know,

690

00:37:06,870 --> 00:37:08,543
independently of what you do.

691

00:37:11,400 --> 00:37:12,233
- Great.

692

00:37:12,233 --> 00:37:13,066
Thanks so much, Maggie.

693

00:37:13,066 --> 00:37:13,899

Thank you, Carlos.

694

00:37:13,899 --> 00:37:16,810

I mean, that was just a great presentation

695

00:37:16,810 --> 00:37:18,107

and lively discussion.

696

00:37:18,107 --> 00:37:21,890

And I think you provided
some concrete steps forward

697

00:37:21,890 --> 00:37:25,520

and we welcome you to our
discussion session later,

698

00:37:25,520 --> 00:37:28,010

which I think will be lively as well.

699

00:37:28,010 --> 00:37:31,000

I will move on to our
next keynote presentation.

700

00:37:31,000 --> 00:37:33,920

And that is by Dr. Debra Furr-Holden ,

701

00:37:33,920 --> 00:37:37,070

who is the Director of the Flint Center

702

00:37:37,070 --> 00:37:39,230

for Health Equity Solutions.

703

00:37:39,230 --> 00:37:42,890

Also, she's the Associate Dean
for Public Health Integration

704

00:37:42,890 --> 00:37:46,730
at Michigan State University
College of Human Medicine.

705
00:37:46,730 --> 00:37:47,563
Dr. Deb.

706
00:37:49,840 --> 00:37:51,198
- Thanks Will.

707
00:37:51,198 --> 00:37:53,390
I see we got a little bit extra time,

708
00:37:53,390 --> 00:37:57,290
which is why I always have
what I call my bonus slides.

709
00:37:57,290 --> 00:37:59,130
- [Will] Excellent.
- So if we have more time,

710
00:37:59,130 --> 00:38:02,710
I have some bonus slides
at the end here that I'll,

711
00:38:02,710 --> 00:38:04,660
but I'll stop at the legitimate end

712
00:38:04,660 --> 00:38:06,330
and see if we have any questions.

713
00:38:06,330 --> 00:38:09,720
So with my 10 minutes, we got 10 minutes,

714
00:38:09,720 --> 00:38:12,940
I'm gonna talk about unpacking
the causes of the causes,

715
00:38:12,940 --> 00:38:14,410

and the need to mandate equity

716

00:38:14,410 --> 00:38:16,742
to address the social
determinants of health.

717

00:38:16,742 --> 00:38:18,950
I normally give everybody the 101 so that

718

00:38:18,950 --> 00:38:22,140
we're all in the same
conversation, but with 10 minutes,

719

00:38:22,140 --> 00:38:23,130
I'm not gonna be able to do that.

720

00:38:23,130 --> 00:38:25,440
So I'm going to give kind
of just a quick overview.

721

00:38:25,440 --> 00:38:28,010
We use the terms,
disparities and inequities,

722

00:38:28,010 --> 00:38:30,790
oftentimes interchangeably,
and they're not the same.

723

00:38:30,790 --> 00:38:34,040
And I think that's important
for us to keep them distinct

724

00:38:34,040 --> 00:38:37,120
because they offer
different ways of thinking

725

00:38:37,120 --> 00:38:40,250
about problems and then they
offer different ways of trying

726

00:38:40,250 --> 00:38:42,980
to build and develop
solutions to problems.

727

00:38:42,980 --> 00:38:46,640
So disparities, literally
a synonym our differences.

728

00:38:46,640 --> 00:38:49,670
Disparities are typically
the differences that we see,

729

00:38:49,670 --> 00:38:51,820
mostly that deals with inequality,

730

00:38:51,820 --> 00:38:55,010
this group has more of this,
that group has less of that

731

00:38:55,010 --> 00:38:57,710
or this group has more access to this

732

00:38:57,710 --> 00:38:59,250
or more access to that.

733

00:38:59,250 --> 00:39:03,060
It typically is person centered
or sometimes group centered.

734

00:39:03,060 --> 00:39:05,360
You know, we'll talk about
disparities and outcomes.

735

00:39:05,360 --> 00:39:07,860
We're seeing all of this
play out right now with COVID

736

00:39:07,860 --> 00:39:11,300
and an upstream downstream paradigm.

737

00:39:11,300 --> 00:39:13,959

Disparities are typically
more downstream, right?

738

00:39:13,959 --> 00:39:17,500

And I would even put healthcare
and healthcare access

739

00:39:17,500 --> 00:39:21,000

in sort of the midstream
range, because you got to think

740

00:39:21,000 --> 00:39:25,590

what are the factors upstream
that give rise to the need

741

00:39:25,590 --> 00:39:30,250

for so much healthcare
differentially for groups downstream.

742

00:39:30,250 --> 00:39:33,840

And because we talk a lot and
we've gained a lot of traction

743

00:39:33,840 --> 00:39:37,020

and talked about
specifically racial inequity,

744

00:39:37,020 --> 00:39:38,440

this is where race would fall.

745

00:39:38,440 --> 00:39:41,480

When we talk about race, we're
talking about differences

746

00:39:41,480 --> 00:39:46,060

between people, downstream
things and inequality.

747

00:39:46,060 --> 00:39:48,930

Separate and distinct from
talking about inequities.

748

00:39:48,930 --> 00:39:52,169

Inequities are unfairness
and literally equity,

749

00:39:52,169 --> 00:39:56,360

equitable, a synonym for that
would be fair or fairness.

750

00:39:56,360 --> 00:39:59,570

So inequities are more about
things that are unfair.

751

00:39:59,570 --> 00:40:02,230

It deals more with systems and structures

752

00:40:02,230 --> 00:40:07,230

as opposed to individuals,
they tend to be more upstream.

753

00:40:07,460 --> 00:40:11,300

And these are the kinds of
factors that relate to things

754

00:40:11,300 --> 00:40:15,690

like racism, and structural
racism and institutional racism,

755

00:40:15,690 --> 00:40:17,710

separate and distinct from race.

756

00:40:17,710 --> 00:40:19,980

So oftentimes, I think the
mistake that we've made

757

00:40:19,980 --> 00:40:24,670

in the past is we've attributed
differences downstream

758

00:40:24,670 --> 00:40:28,480
that we see in health to
things like race, when in fact,

759

00:40:28,480 --> 00:40:30,800
there's nothing special about race

760

00:40:30,800 --> 00:40:35,800
that explains variation in
substance abuse or addiction.

761

00:40:35,850 --> 00:40:39,830
But there are things linked
to experiences of racism,

762

00:40:39,830 --> 00:40:42,650
whether they be individual experiences,

763

00:40:42,650 --> 00:40:46,710
or societal systemic structural factors

764

00:40:46,710 --> 00:40:48,660
that give rise to those differences.

765

00:40:48,660 --> 00:40:51,010
So that's what I mean when
I talk about disparities

766

00:40:51,010 --> 00:40:52,042
versus inequities.

767

00:40:52,042 --> 00:40:55,207
And I always say framework matters.

768

00:40:55,207 --> 00:40:58,210
And an important distinction

that I'd like to make is,

769

00:40:58,210 --> 00:40:59,960
sorry, I should turn my ringer off.

770

00:41:01,350 --> 00:41:03,490
I always tell people think
of what's out on the field

771

00:41:03,490 --> 00:41:05,960
is everything that you would
need for optimal health.

772

00:41:05,960 --> 00:41:08,230
And you can see here,
there's this fence up, why,

773

00:41:08,230 --> 00:41:09,690
because these guys got the great view

774

00:41:09,690 --> 00:41:11,480
from the side of the game.

775

00:41:11,480 --> 00:41:14,010
And in the quality model,
we've got resources,

776

00:41:14,010 --> 00:41:15,880
it's very much how our world works,

777

00:41:15,880 --> 00:41:18,830
we have the resources that
we have to get the job done.

778

00:41:18,830 --> 00:41:21,990
So in an equality model,
everybody gets what they,

779

00:41:21,990 --> 00:41:24,240

their fair share of the pie, if you will.

780

00:41:24,240 --> 00:41:26,406

And an equity framework, it's about

781

00:41:26,406 --> 00:41:30,010

more fairly allocating those resources

782

00:41:30,010 --> 00:41:32,980

so that everybody has the same opportunity

783

00:41:32,980 --> 00:41:34,350

for optimal health.

784

00:41:34,350 --> 00:41:36,840

I always tell people, I'm not making a value judgment here,

785

00:41:36,840 --> 00:41:38,810

I'm not saying one is better than the other,

786

00:41:38,810 --> 00:41:40,580

I just want people to have a particular way

787

00:41:40,580 --> 00:41:41,950

of thinking about it.

788

00:41:41,950 --> 00:41:46,060

The social determinants framework I really like and again,

789

00:41:46,060 --> 00:41:47,470

one is not better than the other,

790

00:41:47,470 --> 00:41:49,280

but they provide different things.

791
00:41:49,280 --> 00:41:52,490
Notice here, the fence that
was the barrier for people

792
00:41:52,490 --> 00:41:55,240
to see the game, which
was needed to stop balls

793
00:41:55,240 --> 00:41:57,760
from rolling over and
hitting the people watching

794
00:41:57,760 --> 00:41:58,930
from the sidelines,

795
00:41:58,930 --> 00:42:02,450
instead of a plank fence,
it's now a chain link fence.

796
00:42:02,450 --> 00:42:04,150
And notice, we don't need anything,

797
00:42:04,150 --> 00:42:07,220
everybody has what they
need to have opportunities

798
00:42:07,220 --> 00:42:09,390
for optimal health or to see the game.

799
00:42:09,390 --> 00:42:10,740
And now those three boxes,

800
00:42:10,740 --> 00:42:14,010
those resources can be
deployed another way.

801
00:42:14,010 --> 00:42:16,510
And I'll talk a little bit later about,

802

00:42:16,510 --> 00:42:20,200

I really think there is a
business case to be made

803

00:42:20,200 --> 00:42:21,210

for equity,

804

00:42:21,210 --> 00:42:24,240

that we've just missed the
opportunity to really do.

805

00:42:24,240 --> 00:42:25,410

So I want to point to something.

806

00:42:25,410 --> 00:42:30,410

This is a paper that was
published online ahead of print

807

00:42:30,530 --> 00:42:34,630

back in August, and it actually
just hit print yesterday

808

00:42:34,630 --> 00:42:36,821

that was published in addiction.

809

00:42:36,821 --> 00:42:40,100

And the punch line here
is African Americans now,

810

00:42:40,100 --> 00:42:42,850

outpace whites in opioid
involved overdose death.

811

00:42:42,850 --> 00:42:45,240

And I truly believe, but for COVID,

812

00:42:45,240 --> 00:42:46,830

we would all be celebrating

813
00:42:46,830 --> 00:42:50,287
because a tremendous
amount of effort was put in

814
00:42:50,287 --> 00:42:53,190
and a lot of work was
done to turn the tide

815
00:42:53,190 --> 00:42:54,470
on the opioid epidemic

816
00:42:54,470 --> 00:42:59,470
which sort of got trumped
by the coronavirus pandemic.

817
00:42:59,680 --> 00:43:01,440
But the short version is
whites have historically

818
00:43:01,440 --> 00:43:04,293
had a much higher rate
of opioid overdose deaths

819
00:43:04,293 --> 00:43:05,800
than African Americans.

820
00:43:05,800 --> 00:43:08,667
And this was the phenomenon
that if you go back

821
00:43:08,667 --> 00:43:11,287
and you look at National
Vital Statistics data

822
00:43:11,287 --> 00:43:14,430
this has been the case for
about the last 20, 25 years.

823
00:43:14,430 --> 00:43:18,700

Somewhere around 2012, African Americans started to increase

824

00:43:18,700 --> 00:43:20,440
and rapidly accelerate

825

00:43:20,440 --> 00:43:22,900
in their rate of opioid overdose deaths.

826

00:43:22,900 --> 00:43:27,900
And what happens, in the last two years,

827

00:43:28,630 --> 00:43:30,250
which followed the declaration

828

00:43:30,250 --> 00:43:34,010
from health and human services of an opioid epidemic

829

00:43:34,010 --> 00:43:38,010
is that blacks are now starting to outpace whites.

830

00:43:38,010 --> 00:43:40,930
And I'm almost certain that those lines

831

00:43:40,930 --> 00:43:42,810
are actually gonna cross.

832

00:43:42,810 --> 00:43:46,200
What's strange is that after the declaration

833

00:43:46,200 --> 00:43:49,433
of this pandemic, and the rollout of substantial resources,

834

00:43:49,433 --> 00:43:53,170
a really comprehensive evidence informed

835

00:43:53,170 --> 00:43:56,470

five point strategy, we
saw a national decline

836

00:43:56,470 --> 00:44:00,420

in opioid overdose
deaths from 2018 to 2019.

837

00:44:00,420 --> 00:44:03,210

However, when you bring an equity lens,

838

00:44:03,210 --> 00:44:06,170

and you disaggregate that
data by race, in fact,

839

00:44:06,170 --> 00:44:10,180

what we find is that that
only held up for whites,

840

00:44:10,180 --> 00:44:14,840

it did not hold up for
Hispanics and African Americans.

841

00:44:14,840 --> 00:44:18,180

In fact, African Americans and Hispanics

842

00:44:18,180 --> 00:44:21,380

had a statistically significant increase

843

00:44:21,380 --> 00:44:24,180

in opioid overdose deaths
during that same period.

844

00:44:24,180 --> 00:44:26,590

And it begs the question why?

845

00:44:26,590 --> 00:44:28,530

And what I say is we actually racialized

846

00:44:28,530 --> 00:44:30,020
the opioid epidemic.

847

00:44:30,020 --> 00:44:32,950
People were up in arms and really upset

848

00:44:32,950 --> 00:44:36,420
that once opioids really hit
middle class white America

849

00:44:36,420 --> 00:44:38,480
really hard, it became a problem.

850

00:44:38,480 --> 00:44:39,970
That's not the real problem for me,

851

00:44:39,970 --> 00:44:43,270
the real problem is the fact
that all of these resources

852

00:44:43,270 --> 00:44:47,290
were avail, we brought the best
science to bear that we had

853

00:44:47,290 --> 00:44:50,290
and then we disproportionately
left African Americans

854

00:44:50,290 --> 00:44:52,280
and Hispanics out of that.

855

00:44:52,280 --> 00:44:55,040
And so this is just sort of an example of,

856

00:44:55,040 --> 00:44:57,900
if we don't bring equity to the work

857

00:44:57,900 --> 00:45:00,560
and we don't use these
very basic and simple tools

858
00:45:00,560 --> 00:45:04,650
that we have, we run the
risk of things drifting

859
00:45:04,650 --> 00:45:05,750
toward inequity.

860
00:45:05,750 --> 00:45:07,880
And I'll talk a bit about that now.

861
00:45:07,880 --> 00:45:11,010
So my call to action is
that we mandate equity.

862
00:45:11,010 --> 00:45:14,280
And I don't actually think
this was done intentionally.

863
00:45:14,280 --> 00:45:16,010
If you look at the data,

864
00:45:16,010 --> 00:45:18,850
and if you actually talk to providers,

865
00:45:18,850 --> 00:45:20,930
I did a lot of work in
the State of Michigan,

866
00:45:20,930 --> 00:45:23,400
what we found specifically around opioids,

867
00:45:23,400 --> 00:45:26,310
is the three strongest
predictors of as an example,

868

00:45:26,310 --> 00:45:28,500
one of the points in
the five point strategy.

869
00:45:28,500 --> 00:45:31,200
The three strongest
predictors of who got started

870
00:45:31,200 --> 00:45:33,250
on medication assisted
treatment in the ED,

871
00:45:33,250 --> 00:45:36,420
which we know is a strong
evidence based practice

872
00:45:36,420 --> 00:45:40,420
was being white, being male
and having private insurance.

873
00:45:40,420 --> 00:45:42,060
And when we talk to providers and said,

874
00:45:42,060 --> 00:45:45,100
how is that the case, they
would say things like,

875
00:45:45,100 --> 00:45:47,665
well, we don't want to get
people started on treatment,

876
00:45:47,665 --> 00:45:49,550
they're not gonna be able
to continue it, you know,

877
00:45:49,550 --> 00:45:51,530
we sometimes don't get people started,

878
00:45:51,530 --> 00:45:53,880
we try to make sure we meet

some of their other needs

879

00:45:53,880 --> 00:45:56,140
and get them health insurance
and different stable housing

880

00:45:56,140 --> 00:45:57,510
and some of these other things.

881

00:45:57,510 --> 00:46:01,530
So I'm not even implying
that it's intentional

882

00:46:01,530 --> 00:46:02,910
how this is work

883

00:46:02,910 --> 00:46:05,930
but in the absence of some real intention

884

00:46:05,930 --> 00:46:09,350
to have it be some other way,
that sort of how it will go

885

00:46:09,350 --> 00:46:11,380
and what the natural drift would be.

886

00:46:11,380 --> 00:46:13,440
So I make the statement
that our natural drift

887

00:46:13,440 --> 00:46:14,950
is to inequity.

888

00:46:14,950 --> 00:46:18,220
I think a federal or even
an institutional mandate

889

00:46:18,220 --> 00:46:20,140
would push us to figure it out.

890

00:46:20,140 --> 00:46:23,130
And we've got great examples
of how we've done that locally.

891

00:46:23,130 --> 00:46:25,900
And I love how the previous
speaker talked about,

892

00:46:25,900 --> 00:46:27,910
you know, with Medicaid as an example,

893

00:46:27,910 --> 00:46:31,960
if you pay them more they'll do things

894

00:46:31,960 --> 00:46:34,240
and they'll work harder to ensure equity.

895

00:46:34,240 --> 00:46:36,320
Well, one of the things
that we've done in Michigan,

896

00:46:36,320 --> 00:46:40,530
is we've actually attached,
enhanced Medicaid payments

897

00:46:40,530 --> 00:46:42,200
to measures of equity.

898

00:46:42,200 --> 00:46:45,470
So if they can't bridge
the gap, as an example,

899

00:46:45,470 --> 00:46:48,070
who gets referred for
medication assisted treatment,

900

00:46:48,070 --> 00:46:49,630
by race, by insurance status,

901

00:46:49,630 --> 00:46:51,080
and some of those other things,

902

00:46:51,080 --> 00:46:53,400
then their enhanced payments are at risk.

903

00:46:53,400 --> 00:46:56,310
We figured out that that
was a really great approach,

904

00:46:56,310 --> 00:47:00,460
because what it did is it
forced communities of practice,

905

00:47:00,460 --> 00:47:01,650
I'll use a softer word,

906

00:47:01,650 --> 00:47:04,890
and I'll say it inspired
communities of practice,

907

00:47:04,890 --> 00:47:08,720
because the places and the
providers who were doing well

908

00:47:08,720 --> 00:47:11,060
sort of pop their chest
out said not our problem,

909

00:47:11,060 --> 00:47:13,250
we don't have that
problem, we're doing great.

910

00:47:13,250 --> 00:47:15,910
And the people who weren't
really didn't have an incentive

911

00:47:15,910 --> 00:47:17,110

to figure it out.

912

00:47:17,110 --> 00:47:20,890

So what the mandate does,
is it sort of inspires

913

00:47:20,890 --> 00:47:24,400

or will push people to create
communities of practice.

914

00:47:24,400 --> 00:47:26,540

And oftentimes we'll have researchers say,

915

00:47:26,540 --> 00:47:28,440

well, how do I integrate this lens?

916

00:47:28,440 --> 00:47:30,830

How do I begin to look at and unpack

917

00:47:30,830 --> 00:47:32,297

social determinants of health

918

00:47:32,297 --> 00:47:35,200

and integrate that into
my treatment research

919

00:47:35,200 --> 00:47:37,410

or into my clinical trials research?

920

00:47:37,410 --> 00:47:39,540

Again, if there was some mandate for it,

921

00:47:39,540 --> 00:47:42,800

imagine if the FOA that you responded to

922

00:47:42,800 --> 00:47:45,031

said you have to have some semblance of

923

00:47:45,031 --> 00:47:47,740
social determinants of
health in your research,

924
00:47:47,740 --> 00:47:51,100
it would inspire communities
of practice around research,

925
00:47:51,100 --> 00:47:53,660
and I do believe we would figure it out.

926
00:47:53,660 --> 00:47:56,200
The reason I'm also
calling for mandate equity,

927
00:47:56,200 --> 00:47:58,920
and it is a hashtag,
we're building traction.

928
00:47:58,920 --> 00:48:02,270
And that is my social media
over there, DrDebFurrHolden,

929
00:48:02,270 --> 00:48:04,580
I say if equity matters,
it has to be written

930
00:48:04,580 --> 00:48:07,120
because that's how laws
and policies work, right.

931
00:48:07,120 --> 00:48:10,180
It can't just be a practice,
it has to be written,

932
00:48:10,180 --> 00:48:11,760
it has to be enforceable

933
00:48:11,760 --> 00:48:14,120
and it has to be attached to resources.

934

00:48:14,120 --> 00:48:17,080

It's got to be attached
to the thing that matters

935

00:48:17,080 --> 00:48:17,940

for people.

936

00:48:17,940 --> 00:48:19,820

And I love telling the
story of when my son

937

00:48:19,820 --> 00:48:21,760

wanted a game system in his room.

938

00:48:21,760 --> 00:48:23,330

And I said, well, you get straight A's,

939

00:48:23,330 --> 00:48:24,710

and I'll get you the game system.

940

00:48:24,710 --> 00:48:27,006

And I'll even get you a flat screen TV

941

00:48:27,006 --> 00:48:28,950

to play the game system on.

942

00:48:28,950 --> 00:48:30,350

I didn't get the kid a tutor.

943

00:48:30,350 --> 00:48:32,700

I didn't spend more time
with him doing homework.

944

00:48:32,700 --> 00:48:36,580

I just attached what he wanted
to the outcome that I wanted

945

00:48:36,580 --> 00:48:38,440
and he figured it out
and got straight A's.

946
00:48:38,440 --> 00:48:41,390
I do believe that this fine
community of researchers

947
00:48:41,390 --> 00:48:45,050
and practitioners would be
no different than my son.

948
00:48:45,050 --> 00:48:48,810
So if equity matters, it has
to be law, it has to be policy,

949
00:48:48,810 --> 00:48:51,680
it has to be mandated.

950
00:48:51,680 --> 00:48:53,397
I also think there are some key things

951
00:48:53,397 --> 00:48:55,829
that NIDA could be doing right now,

952
00:48:55,829 --> 00:48:57,740
that would improve the DEI,

953
00:48:57,740 --> 00:49:01,100
Diversity, Equity and
Inclusion across the continuum.

954
00:49:01,100 --> 00:49:03,660
We're going to talk more about this

955
00:49:03,660 --> 00:49:07,540
in the panel discussion
later that'll be moderated

956

00:49:07,540 --> 00:49:10,200
by my colleague, Dr. Kathy Etz.

957
00:49:10,200 --> 00:49:13,350
So the first thing is, you
could be mandating equity.

958
00:49:13,350 --> 00:49:14,740
What does that look like?

959
00:49:14,740 --> 00:49:16,680
The biggest problem we have is called

960
00:49:16,680 --> 00:49:18,290
health data disparities.

961
00:49:18,290 --> 00:49:22,880
We kick the can down the
road for even having the data

962
00:49:22,880 --> 00:49:25,210
that would allow us to understand

963
00:49:25,210 --> 00:49:27,670
what are the downstream
differences that we have

964
00:49:27,670 --> 00:49:30,540
and what are the upstream
factors, systemic and structural

965
00:49:30,540 --> 00:49:32,350
that might giving rise to them?

966
00:49:32,350 --> 00:49:35,240
So the first thing is we've
got to look at the data,

967
00:49:35,240 --> 00:49:37,610

some kind of periodic
review of all applications

968

00:49:37,610 --> 00:49:40,310
that gets submitted by
underrepresented minorities

969

00:49:40,310 --> 00:49:42,415
and from minority serving institutions

970

00:49:42,415 --> 00:49:45,827
to identify where are the
leaks in the pipeline,

971

00:49:45,827 --> 00:49:48,393
and I always tell people
becoming an NIH funded researcher

972

00:49:48,393 --> 00:49:51,370
is hard no matter what
race, gender, et cetera,

973

00:49:51,370 --> 00:49:54,660
that you are, but we do
see time and time again,

974

00:49:54,660 --> 00:49:56,446
that there's some isms at play.

975

00:49:56,446 --> 00:49:59,543
Some of it is
discipline-ism, because URM's

976

00:49:59,543 --> 00:50:03,180
may be overrepresented in the
social behavioral sciences

977

00:50:03,180 --> 00:50:05,360
and NIH might lean more to the bench

978
00:50:05,360 --> 00:50:07,170
or the biological sciences.

979
00:50:07,170 --> 00:50:10,350
But we've just got to figure
it out and the data exists.

980
00:50:10,350 --> 00:50:13,220
So we've got to gather the data
and we've got to look at it.

981
00:50:13,220 --> 00:50:15,580
And we shouldn't treat
any of those variables

982
00:50:15,580 --> 00:50:18,960
like discipline, or race of the applicant,

983
00:50:18,960 --> 00:50:21,760
or the type of institution
that they're coming from,

984
00:50:21,760 --> 00:50:24,360
as noise and nuisance and control it out.

985
00:50:24,360 --> 00:50:27,590
That actually is the thing
that we need to be looking at.

986
00:50:27,590 --> 00:50:30,310
We also can create some
benchmarks for funding.

987
00:50:30,310 --> 00:50:32,840
If we say it matters,
historically black colleges

988
00:50:32,840 --> 00:50:34,687
and universities, tribal

colleges and universities,

989

00:50:34,687 --> 00:50:37,140
Hispanic serving institutions,

990

00:50:37,140 --> 00:50:42,140
and American and Pacific
Islander, I'm sorry,

991

00:50:45,800 --> 00:50:48,930
Pacific Islander
institutions should also have

992

00:50:48,930 --> 00:50:51,330
some benchmark for research grants.

993

00:50:51,330 --> 00:50:53,710
Most of the programs that exist right now

994

00:50:53,710 --> 00:50:55,601
focus largely on training programs

995

00:50:55,601 --> 00:51:00,380
for minority serving institutions,
but they don't focus on

996

00:51:00,380 --> 00:51:03,150
benchmarks for programs
that are of research.

997

00:51:03,150 --> 00:51:05,890
And for for bridging that leaky pipeline,

998

00:51:05,890 --> 00:51:07,785
with some of these
really great institutions

999

00:51:07,785 --> 00:51:10,530
getting in that pipeline

for the research grants.

1000

00:51:10,530 --> 00:51:13,070

Because where are people
gonna be training people from?

1001

00:51:13,070 --> 00:51:16,940

They need NIH funded investigators
in those institutions.

1002

00:51:16,940 --> 00:51:18,080

And we know historically,

1003

00:51:18,080 --> 00:51:20,010

the playing field has not been leveled.

1004

00:51:20,010 --> 00:51:23,400

We also need explicit
funding to integrate equity

1005

00:51:23,400 --> 00:51:26,150

and studies of structural
inequity, whether we be talking

1006

00:51:26,150 --> 00:51:30,803

about race, gender, gender
identity, geography, et cetera,

1007

00:51:30,803 --> 00:51:33,470

into programs of research, into FOAs

1008

00:51:33,470 --> 00:51:35,550

and also into training programs.

1009

00:51:35,550 --> 00:51:38,060

We need benchmarks for URM sciences,

1010

00:51:38,060 --> 00:51:41,190

it's sad to continue

to watch the percentage

1011

00:51:41,190 --> 00:51:44,940

or the success rate for
underrepresented minorities

1012

00:51:44,940 --> 00:51:48,250

fall behind some of our majority peers.

1013

00:51:48,250 --> 00:51:51,220

I think some other DEI
opportunities exist around

1014

00:51:51,220 --> 00:51:52,969

having diversity on council,

1015

00:51:52,969 --> 00:51:55,830

pipeline programs for URM reviewers,

1016

00:51:55,830 --> 00:51:58,930

and I don't think you can
just have one URM reviewer

1017

00:51:58,930 --> 00:52:01,680

on a panel, I'll tell you
having been the only one

1018

00:52:01,680 --> 00:52:04,697

on my panel for more than about 15 years,

1019

00:52:04,697 --> 00:52:07,310

it's a little intimidating.

1020

00:52:07,310 --> 00:52:10,950

We also should provide DEI
training for all reviewers.

1021

00:52:10,950 --> 00:52:14,170

And we need to build a

business case for equity

1022

00:52:14,170 --> 00:52:15,730
and community engagement.

1023

00:52:15,730 --> 00:52:20,180
And because I live in Flint,
I'd be remiss to not point to

1024

00:52:20,180 --> 00:52:22,790
there's a real business case
for equity and preparedness.

1025

00:52:22,790 --> 00:52:24,810
And I want to end with a couple questions

1026

00:52:24,810 --> 00:52:26,730
and turn it back over.

1027

00:52:26,730 --> 00:52:28,800
But the punch line is inequity and racism

1028

00:52:28,800 --> 00:52:31,970
has a real cost associated with it.

1029

00:52:31,970 --> 00:52:34,970
As an example, the Flint
water crisis cost more than

1030

00:52:34,970 --> 00:52:36,901
a billion dollars of taxpayer money.

1031

00:52:36,901 --> 00:52:39,950
And that number continues to climb.

1032

00:52:39,950 --> 00:52:43,420
The Flint water crisis
has cost our taxpayers,

1033
00:52:43,420 --> 00:52:46,120
your federal dollars
and our state dollars,

1034
00:52:46,120 --> 00:52:49,330
more than a billion
dollars of taxpayer money.

1035
00:52:49,330 --> 00:52:51,930
What was the cost to upgrade
the water treatment system

1036
00:52:51,930 --> 00:52:53,220
pre water crisis?

1037
00:52:53,220 --> 00:52:55,180
It was less than a million dollars.

1038
00:52:55,180 --> 00:52:57,690
What was the cost anti-corrosive,
which could have largely

1039
00:52:57,690 --> 00:53:00,350
prevented the corrosion of
pipes and leaching of lead?

1040
00:53:00,350 --> 00:53:01,360
Depending on who you ask,

1041
00:53:01,360 --> 00:53:04,900
it was somewhere between
81 and \$150 a day.

1042
00:53:04,900 --> 00:53:06,450
So to save a million dollars,

1043
00:53:06,450 --> 00:53:09,640
it's now cost the taxpayers a billion.

1044

00:53:09,640 --> 00:53:12,110
And the real question is what's
the cost to human capital

1045

00:53:12,110 --> 00:53:13,650
and human potential?

1046

00:53:13,650 --> 00:53:15,790
We know that is a real potent neurotoxin

1047

00:53:15,790 --> 00:53:17,960
and clearly, there's a lot
of people who look at lead

1048

00:53:17,960 --> 00:53:21,230
in the continuum of behavioral
health and addiction work.

1049

00:53:21,230 --> 00:53:22,090
We don't know yet.

1050

00:53:22,090 --> 00:53:23,290
That's to be determined.

1051

00:53:23,290 --> 00:53:26,320
And that's the cost that I
think really matters the most,

1052

00:53:26,320 --> 00:53:30,550
we really within equity,
do compromise human capital

1053

00:53:30,550 --> 00:53:31,910
and human potential.

1054

00:53:31,910 --> 00:53:34,140
So the question is, what
is the cost of inequity

1055

00:53:34,140 --> 00:53:36,490
in substance abuse and addiction?

1056

00:53:36,490 --> 00:53:39,640
And another question is,
what's the ROI of equity?

1057

00:53:39,640 --> 00:53:41,600
So the last thing that I want to say is,

1058

00:53:41,600 --> 00:53:43,960
I think we should make a case for this.

1059

00:53:43,960 --> 00:53:46,610
And I decided to hold
myself to the same standard

1060

00:53:46,610 --> 00:53:50,960
that I really hope NIH holds
all of its investigators to.

1061

00:53:50,960 --> 00:53:53,710
We did a cost benefit analysis

1062

00:53:53,710 --> 00:53:56,350
and an ROI examination of my center,

1063

00:53:56,350 --> 00:53:58,850
the Flint Center for
Health Equity Solutions.

1064

00:53:58,850 --> 00:54:01,210
And we looked at what
is the economic impact

1065

00:54:01,210 --> 00:54:03,610
of the Flint Center for
Health Equity Solutions.

1066

00:54:03,610 --> 00:54:06,490

And we can say with
certainty and with rigor,

1067

00:54:06,490 --> 00:54:09,450

we did the work, we
brought the equity focus,

1068

00:54:09,450 --> 00:54:13,530

we closed the gaps on many
disparities in our city,

1069

00:54:13,530 --> 00:54:17,460

and we did them in a way
that's sustainable over time,

1070

00:54:17,460 --> 00:54:20,360

because we engaged the
community and they own it

1071

00:54:20,360 --> 00:54:22,410

and they keep those things stood up.

1072

00:54:22,410 --> 00:54:25,980

And the punchline here is
that an \$11 million investment

1073

00:54:25,980 --> 00:54:30,010

generated \$29 million of return.

1074

00:54:30,010 --> 00:54:33,290

So I hope that once this is
published, this is the preprint,

1075

00:54:33,290 --> 00:54:36,540

it's in its second round of revisions.

1076

00:54:36,540 --> 00:54:39,120

But I really liked this mechanism also,

1077

00:54:39,120 --> 00:54:43,310
because I think it's important
that we share in real time,

1078

00:54:43,310 --> 00:54:47,240
the innovation of our work,
and I think NIH should have

1079

00:54:47,240 --> 00:54:49,190
attached as a condition to the funding

1080

00:54:49,190 --> 00:54:51,927
that they give people,
a requirement of equity

1081

00:54:51,927 --> 00:54:54,590
and a requirement of
dissemination of findings

1082

00:54:54,590 --> 00:54:57,170
to support others in scaling that up.

1083

00:54:57,170 --> 00:54:58,650
Because it's Black History Month,

1084

00:54:58,650 --> 00:55:01,865
I wanted to end with a quote
I think ties it all together.

1085

00:55:01,865 --> 00:55:04,500
And it's a quote from
Dr. Martin Luther King.

1086

00:55:04,500 --> 00:55:05,333
And he said,

1087

00:55:05,333 --> 00:55:08,460
"Injustice anywhere is a

threat to justice everywhere.

1088

00:55:08,460 --> 00:55:11,600
We are caught in an inescapable
network of mutuality,

1089

00:55:11,600 --> 00:55:13,870
tied in a single garment of destiny.

1090

00:55:13,870 --> 00:55:18,310
Whatever affects one directly,
affects all indirectly."

1091

00:55:18,310 --> 00:55:19,240
I'm gonna stop there.

1092

00:55:19,240 --> 00:55:20,230
And I'll take questions.

1093

00:55:20,230 --> 00:55:23,020
That's my email, social media, and mobile,

1094

00:55:23,020 --> 00:55:24,883
if anybody would like to follow up.

1095

00:55:27,090 --> 00:55:29,850
- Dr. Furr-Holden that was fantastic.

1096

00:55:29,850 --> 00:55:30,839
Thank you.

1097

00:55:30,839 --> 00:55:31,860
Thank you very much.

1098

00:55:31,860 --> 00:55:34,050
There's a lot to take from that talk.

1099

00:55:34,050 --> 00:55:37,252

And I think the mandate
is exactly what's needed

1100

00:55:37,252 --> 00:55:41,010
in order to move this needle
forward in a way that,

1101

00:55:41,010 --> 00:55:43,540
that has been long overdue.

1102

00:55:43,540 --> 00:55:45,064
And so thank you for that.

1103

00:55:45,064 --> 00:55:46,470
Questions from the panel.

1104

00:55:46,470 --> 00:55:49,130
I see (indistinct), I don't
know if you want to kick us off

1105

00:55:49,130 --> 00:55:50,356
on questions.

1106

00:55:50,356 --> 00:55:51,970
We have about four minutes for questions

1107

00:55:51,970 --> 00:55:53,940
for Dr. Furr- Holden.

1108

00:55:53,940 --> 00:55:55,359
- Yes, thank you Will,

1109

00:55:55,359 --> 00:55:57,690
Dr. Furr- Holden, excellent.

1110

00:55:57,690 --> 00:55:58,970
I've been reading your papers,

1111

00:55:58,970 --> 00:56:01,830
I was really glad to hear your talk today.

1112
00:56:01,830 --> 00:56:02,873
That was really brilliant.

1113
00:56:02,873 --> 00:56:07,873
So my question is, when you're
talking about DEI training,

1114
00:56:08,990 --> 00:56:11,350
do you think that's
actually really sufficient

1115
00:56:11,350 --> 00:56:13,760
without anti racism training also?

1116
00:56:13,760 --> 00:56:17,210
I mean, would you like to
discuss that a little bit?

1117
00:56:17,210 --> 00:56:20,820
- Well, I don't think there's
one thing that's gonna solve

1118
00:56:20,820 --> 00:56:22,624
all of these problems for us.

1119
00:56:22,624 --> 00:56:25,990
But I'll tell you this,
having sat on Study Section

1120
00:56:25,990 --> 00:56:30,546
for a long time now, I remember
when we started this shift,

1121
00:56:30,546 --> 00:56:33,970
to improve the pipeline for early stage

1122

00:56:33,970 --> 00:56:35,800
and new investigators.

1123
00:56:35,800 --> 00:56:38,720
And it shifted the culture
of how we do the review.

1124
00:56:38,720 --> 00:56:41,680
Because every view, they
set the stage and said,

1125
00:56:41,680 --> 00:56:44,190
and then they set the
stage and then they said,

1126
00:56:44,190 --> 00:56:47,420
and we're going to review
early stage investigators

1127
00:56:47,420 --> 00:56:49,370
and new investigators first.

1128
00:56:49,370 --> 00:56:52,220
They would remind us, we
have a different criteria

1129
00:56:52,220 --> 00:56:54,020
for preliminary studies for this group,

1130
00:56:54,020 --> 00:56:57,970
we have an explicit commitment
to increase the pipeline

1131
00:56:57,970 --> 00:57:01,610
and get new and early stage
investigators into the pipeline.

1132
00:57:01,610 --> 00:57:04,430
I thought that was gonna
happen once or twice,

1133

00:57:04,430 --> 00:57:08,850

it happens at every review,
we review them separately,

1134

00:57:08,850 --> 00:57:12,159

it's clarified that this
is a priority group.

1135

00:57:12,159 --> 00:57:16,130

We only triage the bottom 50% on my panel

1136

00:57:16,130 --> 00:57:18,620

versus with the non early
stage investigators,

1137

00:57:18,620 --> 00:57:21,480

we triage out the bottom two thirds.

1138

00:57:21,480 --> 00:57:24,050

So it's like when you
make the mandate, right,

1139

00:57:24,050 --> 00:57:27,130

so we've declared COVID a pandemic,

1140

00:57:27,130 --> 00:57:29,820

a lot of cities across the
country have declared racism

1141

00:57:29,820 --> 00:57:31,440

a public health crisis.

1142

00:57:31,440 --> 00:57:35,004

When we declared COVID a
pandemic, we got societal change,

1143

00:57:35,004 --> 00:57:38,120

massive resources that got rolled out,

1144

00:57:38,120 --> 00:57:41,570
standards that got created,
protocols that got created.

1145

00:57:41,570 --> 00:57:43,240
When we did the same thing and we said,

1146

00:57:43,240 --> 00:57:44,640
NIH that we have a priority

1147

00:57:44,640 --> 00:57:46,730
for new and early stage investigators,

1148

00:57:46,730 --> 00:57:48,430
all of these things happen.

1149

00:57:48,430 --> 00:57:50,900
Racism has been declared
a public health crisis

1150

00:57:50,900 --> 00:57:52,680
in 13 different states

1151

00:57:52,680 --> 00:57:55,890
and a number of counties
that I couldn't even count,

1152

00:57:55,890 --> 00:57:56,950
and nothing happens.

1153

00:57:56,950 --> 00:57:59,970
It lives, it's something that
sits on the books somewhere.

1154

00:57:59,970 --> 00:58:02,310
So that's why I said it has to be written,

1155

00:58:02,310 --> 00:58:03,800
it has to be enforceable,

1156
00:58:03,800 --> 00:58:06,250
and it has to be attached to resources.

1157
00:58:06,250 --> 00:58:09,430
So the DEI training alone won't do it

1158
00:58:09,430 --> 00:58:12,400
but if we could get it
written and enforceable,

1159
00:58:12,400 --> 00:58:14,930
and figure out what those metrics are,

1160
00:58:14,930 --> 00:58:17,240
because the other thing is
we've got great experts,

1161
00:58:17,240 --> 00:58:19,970
there are people who
spend their entire career

1162
00:58:19,970 --> 00:58:22,990
in behavioral economics, what's
the threshold to get people

1163
00:58:22,990 --> 00:58:25,440
to do what you want and need them to do?

1164
00:58:25,440 --> 00:58:29,030
Even on this, in the NIDA, a
sort of world of researchers,

1165
00:58:29,030 --> 00:58:32,060
we've got people who are
very steeped in implicit

1166

00:58:32,060 --> 00:58:33,380
and explicit bias.

1167
00:58:33,380 --> 00:58:35,901
So I feel like if we
don't take the first step

1168
00:58:35,901 --> 00:58:39,720
of putting the mandate in
place, and then figuring out

1169
00:58:39,720 --> 00:58:42,690
how that mandate gets
enforced and carried out,

1170
00:58:42,690 --> 00:58:46,700
and what are the real
measurable outcomes and impacts,

1171
00:58:46,700 --> 00:58:49,508
we'll just get stuck in
this world of sort of

1172
00:58:49,508 --> 00:58:53,350
trying to be perfect
and figure it all out,

1173
00:58:53,350 --> 00:58:55,140
but never make progress.

1174
00:58:55,140 --> 00:58:57,770
So I don't think the DEI
training alone will do it.

1175
00:58:57,770 --> 00:59:00,800
But it will send a signal
to reviewers and others,

1176
00:59:00,800 --> 00:59:02,320
that this is a priority,

1177
00:59:02,320 --> 00:59:05,220
and likely many other things
need to be wrapped around it.

1178
00:59:07,819 --> 00:59:10,040
And it's really nice to see you Dr. Kude,

1179
00:59:10,040 --> 00:59:12,070
you were one of the first
researchers that I met

1180
00:59:12,070 --> 00:59:16,710
at my very first CTDD
meeting where I turned 21.

1181
00:59:16,710 --> 00:59:20,800
That was 25 years ago and you were there.

1182
00:59:20,800 --> 00:59:21,720
- Thank you.

1183
00:59:21,720 --> 00:59:23,278
That was great for you to remember.

1184
00:59:23,278 --> 00:59:24,210
Thank you.

1185
00:59:24,210 --> 00:59:25,123
- Yeah, yep.

1186
00:59:26,580 --> 00:59:31,580
- Any other questions for Dr.
Furr-Holden, before we break?

1187
00:59:31,724 --> 00:59:35,230
We still have time
before we break, I think.

1188
00:59:35,230 --> 00:59:36,063
Let's see.

1189
00:59:36,063 --> 00:59:36,903
Let's see any.

1190
00:59:42,440 --> 00:59:43,520
Okay.

1191
00:59:43,520 --> 00:59:45,600
Well, I have one more question,

1192
00:59:45,600 --> 00:59:48,260
Deb, if you don't mind before we break.

1193
00:59:48,260 --> 00:59:52,460
So the mandate and I
think it resonated with me

1194
00:59:52,460 --> 00:59:54,910
for many reasons and chief among them

1195
00:59:54,910 --> 00:59:57,460
are thinking about policy.

1196
00:59:57,460 --> 01:00:00,200
And I know when you talk
about policy changing

1197
01:00:00,200 --> 01:00:03,500
and how research can can
really factor into that.

1198
01:00:03,500 --> 01:00:05,560
And once it really hits the bottom line

1199
01:00:05,560 --> 01:00:08,964
the return on investment

is what really, you know,

1200

01:00:08,964 --> 01:00:10,870
it piques many people's interest,

1201

01:00:10,870 --> 01:00:12,964
especially when you can
tie that into dollars.

1202

01:00:12,964 --> 01:00:16,430
So how do you see that moving
forward in a way that can

1203

01:00:16,430 --> 01:00:19,130
impact policy, but also the bottom line?

1204

01:00:19,130 --> 01:00:22,130
Because when you think about
it, it's all about the economy,

1205

01:00:22,130 --> 01:00:23,960
right, it's the economy.

1206

01:00:23,960 --> 01:00:27,560
So how do you really enforce
that in a way that can really

1207

01:00:27,560 --> 01:00:30,960
bring in the research and
an impact to bottom line?

1208

01:00:30,960 --> 01:00:33,550
- Well, and the reason
I call it a mandate,

1209

01:00:33,550 --> 01:00:36,610
I tell people all the time,
I have one thing in my life

1210

01:00:36,610 --> 01:00:38,500
that's unconditional, only one thing.

1211
01:00:38,500 --> 01:00:39,930
And that's my love.

1212
01:00:39,930 --> 01:00:42,530
I give my love without condition.

1213
01:00:42,530 --> 01:00:45,810
Everything else has all
kinds of strings attached.

1214
01:00:45,810 --> 01:00:49,780
My time, my attention,
my money, my everything.

1215
01:00:49,780 --> 01:00:52,220
We've got to stop giving people money

1216
01:00:52,220 --> 01:00:53,833
with no strings attached.

1217
01:00:54,910 --> 01:00:59,890
There was a recommendation in
the FOA that I applied for,

1218
01:00:59,890 --> 01:01:04,120
that funded my center, that
you include a health economist,

1219
01:01:04,120 --> 01:01:07,940
and that you consider some
type of economic analysis,

1220
01:01:07,940 --> 01:01:10,010
that really raised my antenna,

1221
01:01:10,010 --> 01:01:12,480

because I do a lot of
community engaged research

1222

01:01:12,480 --> 01:01:15,990
and I tell people, the power
of including community,

1223

01:01:15,990 --> 01:01:20,030
it's more than goodwill
and the right thing to do.

1224

01:01:20,030 --> 01:01:22,920
And I do think it's goodwill
and the right thing to do.

1225

01:01:22,920 --> 01:01:26,610
We need more science and
evidence underneath of it

1226

01:01:26,610 --> 01:01:28,230
and behind it to demonstrate

1227

01:01:28,230 --> 01:01:30,610
that it actually yields results.

1228

01:01:30,610 --> 01:01:33,690
We need to understand
the mechanisms by which

1229

01:01:33,690 --> 01:01:36,910
community engagement and
including affected populations,

1230

01:01:36,910 --> 01:01:41,520
et cetera, actually improves
results and outcomes, right.

1231

01:01:41,520 --> 01:01:46,460
Similarly, we need to
understand what is the impact

1232
01:01:46,460 --> 01:01:49,400
of inequity, what's the impact of equity,

1233
01:01:49,400 --> 01:01:53,410
and what is the return on
all of these investments.

1234
01:01:53,410 --> 01:01:55,820
I go to the NIH reporter database,

1235
01:01:55,820 --> 01:01:58,457
and I do it before every
sort of talk where I know

1236
01:01:58,457 --> 01:02:00,170
there are gonna be a lot of

1237
01:02:00,170 --> 01:02:02,350
NIH funded investigators present.

1238
01:02:02,350 --> 01:02:04,100
And I just go into keyword search

1239
01:02:04,100 --> 01:02:06,250
and I look for the word trial.

1240
01:02:06,250 --> 01:02:07,330
And it never fails.

1241
01:02:07,330 --> 01:02:10,570
I've been doing it for about
five years, I have (indistinct)

1242
01:02:10,570 --> 01:02:13,550
it's in my bonus slide that
actually has the number

1243

01:02:13,550 --> 01:02:17,420
as of today, you will find
a quarter of the number

1244
01:02:17,420 --> 01:02:20,430
of applications that are
funded in the reported database

1245
01:02:20,430 --> 01:02:23,850
with the word implementation in them.

1246
01:02:23,850 --> 01:02:28,134
We love, the RCT is
like the shining nickel

1247
01:02:28,134 --> 01:02:31,490
of the NIH research world.

1248
01:02:31,490 --> 01:02:34,820
But at what point do we take
the things that we know work

1249
01:02:34,820 --> 01:02:37,680
and scale them up and out into community,

1250
01:02:37,680 --> 01:02:40,920
and really do the work of
figuring out how to do that

1251
01:02:40,920 --> 01:02:45,030
fairly, equitably, without
losing the impact of these,

1252
01:02:45,030 --> 01:02:48,287
you know, really great,
rigorous RCTs that we've done.

1253
01:02:48,287 --> 01:02:50,440
And so I think that the
way you have to do it

1254
01:02:50,440 --> 01:02:53,290
is it has to be built into the funding.

1255
01:02:53,290 --> 01:02:55,780
And again, people will figure it out.

1256
01:02:55,780 --> 01:02:56,613
They'll figure it out.

1257
01:02:56,613 --> 01:02:58,990
My health economist had
never done an analysis

1258
01:02:58,990 --> 01:03:01,730
like this before and now he's an expert.

1259
01:03:01,730 --> 01:03:04,230
And we've got five other
senators begging us to do it

1260
01:03:04,230 --> 01:03:05,640
for them.

1261
01:03:05,640 --> 01:03:08,350
- Well said, well said I think that's a,

1262
01:03:08,350 --> 01:03:10,380
we're gonna end on that note.

1263
01:03:10,380 --> 01:03:15,240
And we will now break, we
have about six minute break

1264
01:03:15,240 --> 01:03:19,263
and then we'll get started
promptly at 10 after.

1265

01:03:20,170 --> 01:03:21,003
Thanks a lot.

1266
01:03:43,178 --> 01:03:44,011
All right.

1267
01:03:44,011 --> 01:03:45,690
Welcome back, everyone.

1268
01:03:45,690 --> 01:03:47,460
It is now 10 after the hour,

1269
01:03:47,460 --> 01:03:50,950
we are going to move into
the discussion session.

1270
01:03:50,950 --> 01:03:52,753
Priorities for ratio and equity.

1271
01:04:05,900 --> 01:04:07,050
- Can everyone hear me?

1272
01:04:09,250 --> 01:04:10,430
Great.

1273
01:04:10,430 --> 01:04:11,473
Did we lose Will?

1274
01:04:14,257 --> 01:04:15,953
I hope we didn't lose Will.

1275
01:04:17,340 --> 01:04:18,550
Well, hello, everyone.

1276
01:04:18,550 --> 01:04:20,983
I'm just going to jump
on in and get started.

1277

01:04:21,996 --> 01:04:25,200
I'm hoping that that Will is
going to be able to rejoin us

1278
01:04:25,200 --> 01:04:26,193
if we've lost him.

1279
01:04:27,044 --> 01:04:29,660
- [Carlos] Be some
problems with connectivity

1280
01:04:29,660 --> 01:04:32,388
in some of the panelists so go ahead Aria.

1281
01:04:32,388 --> 01:04:33,221
- Yep.

1282
01:04:33,221 --> 01:04:34,054
Okay, great.

1283
01:04:34,054 --> 01:04:35,770
I'm Aria Davis-Crump,
the Deputy Branch Chief

1284
01:04:35,770 --> 01:04:38,100
for the Prevention
Research Branch at NIDA.

1285
01:04:38,100 --> 01:04:40,820
And I'm very pleased to
moderate this discussion session

1286
01:04:40,820 --> 01:04:43,930
today on priorities for
racial inequality research

1287
01:04:43,930 --> 01:04:46,500
related to substance use and addiction.

1288

01:04:46,500 --> 01:04:49,690
We're very fortunate earlier today to hear

1289
01:04:49,690 --> 01:04:52,080
from Maggie Alegria.

1290
01:04:52,080 --> 01:04:54,940
And she's going to be
joining three additional

1291
01:04:54,940 --> 01:04:57,620
distinguished guests for
this discussion period,

1292
01:04:57,620 --> 01:05:02,600
Dr. Sandro Galea, Dr. Helena
Hansen and Dr. Wizdom Powell,

1293
01:05:02,600 --> 01:05:03,960
excuse me.

1294
01:05:03,960 --> 01:05:07,400
So just very briefly Dr.
Sandro Galea is a physician,

1295
01:05:07,400 --> 01:05:10,130
epidemiologist, and author,

1296
01:05:10,130 --> 01:05:13,600
he's also the Dean and Robert
Knox Professor of Medicine

1297
01:05:13,600 --> 01:05:15,850
and Psychiatry at Harvard Medical School,

1298
01:05:15,850 --> 01:05:16,683
I'm sorry, not Harvard

1299
01:05:16,683 --> 01:05:19,330

at Boston University
School of Public Health.

1300

01:05:19,330 --> 01:05:23,043
He's published extensively
on peer reviewed literature,

1301

01:05:23,043 --> 01:05:27,900
he's a regular contributor to
a range of public media about

1302

01:05:27,900 --> 01:05:29,897
social causes of health, mental health

1303

01:05:29,897 --> 01:05:32,340
and the consequences of trauma.

1304

01:05:32,340 --> 01:05:35,871
Dr. Helena Hansen is the
Associate Director of the Center

1305

01:05:35,871 --> 01:05:38,220
for Social Medicine and Humanities

1306

01:05:38,220 --> 01:05:40,580
and a Professor of the
Department of Anthropology

1307

01:05:40,580 --> 01:05:43,290
and Psychiatry at UCLA.

1308

01:05:43,290 --> 01:05:45,290
She has published on social
determinants of health

1309

01:05:45,290 --> 01:05:48,650
and institutional racism
among other topics.

1310

01:05:48,650 --> 01:05:50,160
And Dr. Wizdom Powell is

1311
01:05:50,160 --> 01:05:52,307
the Director of the Health
Disparities Institute,

1312
01:05:52,307 --> 01:05:56,010
and an Associate Professor of
Psychiatry at UConn Health.

1313
01:05:56,010 --> 01:05:58,428
Her community based research focuses on

1314
01:05:58,428 --> 01:06:01,820
the role of modern racism and gender norms

1315
01:06:01,820 --> 01:06:04,690
on African American male health outcomes

1316
01:06:04,690 --> 01:06:07,140
and healthcare inequalities.

1317
01:06:07,140 --> 01:06:10,240
I want to encourage
everyone to take a look

1318
01:06:10,240 --> 01:06:12,270
at the bios of our speakers

1319
01:06:12,270 --> 01:06:16,080
as these very brief introductions
don't begin to reflect

1320
01:06:16,080 --> 01:06:18,590
their extensive accomplishments.

1321
01:06:18,590 --> 01:06:23,130
So right now I have 2:12

and we have about until 3:10

1322

01:06:23,130 --> 01:06:26,860
for this discussion session,
I'm going to ask our panelists

1323

01:06:26,860 --> 01:06:28,750
to weigh in on questions
that were selected

1324

01:06:28,750 --> 01:06:31,780
by the planning committee and
at the end of the session,

1325

01:06:31,780 --> 01:06:34,660
I'll close by giving each
panelists an opportunity

1326

01:06:34,660 --> 01:06:36,438
for some final remarks.

1327

01:06:36,438 --> 01:06:39,773
So if we're ready to begin, everyone.

1328

01:06:40,970 --> 01:06:41,803
Great.

1329

01:06:41,803 --> 01:06:46,360
So I'm going to tag Maggie
Alegria first and ask, you know,

1330

01:06:46,360 --> 01:06:49,420
first off, really, really
enjoyed your presentation

1331

01:06:49,420 --> 01:06:50,253
this morning.

1332

01:06:50,253 --> 01:06:53,093

So much power, so much information.

1333

01:06:54,240 --> 01:06:57,540

But why don't you speak to how you think

1334

01:06:57,540 --> 01:07:00,578

we can more effectively
study the interactions

1335

01:07:00,578 --> 01:07:04,200

between race and social, psychological

1336

01:07:04,200 --> 01:07:05,970

and structural factors

1337

01:07:05,970 --> 01:07:08,543

as they relate to substance
use and addiction?

1338

01:07:09,730 --> 01:07:10,563

- Yeah.

1339

01:07:11,520 --> 01:07:13,960

One idea that I had,
because I want to hear

1340

01:07:13,960 --> 01:07:18,303

also from the other panelists
is the importance of NIDA

1341

01:07:18,303 --> 01:07:23,303

to be able to construct a data
set that actually captures

1342

01:07:24,400 --> 01:07:28,680

a realm of factors that
is offered using the model

1343

01:07:28,680 --> 01:07:31,530

that was done for the
collaborative psychiatric

1344

01:07:31,530 --> 01:07:35,730
epidemiologic studies
that can combine data

1345

01:07:35,730 --> 01:07:39,040
at the level of the
individual but merging data

1346

01:07:39,040 --> 01:07:42,700
with for example, CDC prescription data,

1347

01:07:42,700 --> 01:07:47,700
data with SAMHSA block grants,
with Medicaid enrollment

1348

01:07:47,930 --> 01:07:51,270
and use of services, with Sipco,

1349

01:07:51,270 --> 01:07:55,170
with Health Resource and
Service Administration data,

1350

01:07:55,170 --> 01:07:57,620
with federally qualified,

1351

01:07:57,620 --> 01:08:00,960
we need data sources that are merged,

1352

01:08:00,960 --> 01:08:05,240
that allow us to do more
elaborate simulations

1353

01:08:06,860 --> 01:08:11,430
and actually more, allow
and see the interactions

1354

01:08:11,430 --> 01:08:16,430
that are more from the systems
affecting the individual.

1355
01:08:17,410 --> 01:08:20,928
I think right now, we
American Community Services,

1356
01:08:20,928 --> 01:08:24,810
if we were able to join
something like the data warehouse

1357
01:08:24,810 --> 01:08:28,260
that was done in Massachusetts,

1358
01:08:28,260 --> 01:08:30,670
that actually combines a lot of data,

1359
01:08:30,670 --> 01:08:35,150
so you can really look at
this in a more interactive way

1360
01:08:35,150 --> 01:08:40,150
than the way that we're really
trying to do with pieces

1361
01:08:41,350 --> 01:08:42,983
and joining the information,

1362
01:08:42,983 --> 01:08:45,700
I think we would do a much better job.

1363
01:08:45,700 --> 01:08:48,380
And it would be available
for a lot more researchers

1364
01:08:48,380 --> 01:08:50,860
that don't have the infrastructure

1365

01:08:50,860 --> 01:08:54,070
to do this complicated disparities work.

1366
01:08:54,070 --> 01:08:55,200
I'm going to stop there,

1367
01:08:55,200 --> 01:08:57,613
cause I'm sure the
others have great ideas.

1368
01:08:59,050 --> 01:09:02,840
- Yeah, would anybody like
to reflect further on data

1369
01:09:02,840 --> 01:09:04,913
or provide another perspective?

1370
01:09:06,790 --> 01:09:08,553
Feel free to go ahead and speak up.

1371
01:09:11,390 --> 01:09:15,630
- So perhaps I could
provide another perspective.

1372
01:09:15,630 --> 01:09:18,030
So I just wanna begin by saying

1373
01:09:18,030 --> 01:09:19,730
I'm an addiction psychiatrist,

1374
01:09:19,730 --> 01:09:21,760
but I'm also an anthropologist

1375
01:09:21,760 --> 01:09:25,650
and my comments draw
on a guiding principle

1376
01:09:25,650 --> 01:09:27,260
of social science of medicine

1377

01:09:27,260 --> 01:09:30,940
and of critical studies
of race and gender.

1378

01:09:30,940 --> 01:09:34,220
And that of the master narrative.

1379

01:09:34,220 --> 01:09:37,560
That means the story or logic around which

1380

01:09:37,560 --> 01:09:40,900
a society or institution organizes itself,

1381

01:09:40,900 --> 01:09:44,130
so it involves selective
perception of reality,

1382

01:09:44,130 --> 01:09:46,310
to confirm that reality.

1383

01:09:46,310 --> 01:09:49,510
And this leads to self
fulfilling predictions

1384

01:09:49,510 --> 01:09:53,406
and received wisdom that's
resistant to change.

1385

01:09:53,406 --> 01:09:57,140
So in academic medicine, the
master narratives include

1386

01:09:57,140 --> 01:09:59,250
excellence through individual competition,

1387

01:09:59,250 --> 01:10:01,160
better living through new technologies

1388

01:10:01,160 --> 01:10:02,840
for individual consumption.

1389

01:10:02,840 --> 01:10:04,670
They imply that health outcomes are driven

1390

01:10:04,670 --> 01:10:07,220
by individual risk factors and behaviors.

1391

01:10:07,220 --> 01:10:10,180
And that scientific disciplines
that focus on the individual

1392

01:10:10,180 --> 01:10:13,402
can explain racial
inequalities and health.

1393

01:10:13,402 --> 01:10:16,450
They imply that black
biomedical scientists

1394

01:10:16,450 --> 01:10:18,758
who currently receive between one and 2%

1395

01:10:18,758 --> 01:10:21,760
of NIH R01 grants as PIs

1396

01:10:23,150 --> 01:10:24,870
that that is the case

1397

01:10:24,870 --> 01:10:27,960
because there's a shortage
of qualified and motivated

1398

01:10:27,960 --> 01:10:30,250
individual black scientists.

1399

01:10:30,250 --> 01:10:33,500

And when pipeline programs
based on that assumption failed

1400

01:10:33,500 --> 01:10:35,880
to increase the number
of black people training,

1401

01:10:35,880 --> 01:10:39,100
that actually train
people in medical science,

1402

01:10:39,100 --> 01:10:42,680
when those programs failed to
raise the percentage of black

1403

01:10:42,680 --> 01:10:45,530
and I try to be, the unspoken
master narrative is that

1404

01:10:45,530 --> 01:10:48,600
black people are deficient
in the qualities that make

1405

01:10:48,600 --> 01:10:50,390
excellent scientists.

1406

01:10:50,390 --> 01:10:53,160
And this enables the
continuation of a system

1407

01:10:53,160 --> 01:10:57,010
in which consciously or not
largely white scientists trained

1408

01:10:57,010 --> 01:10:59,700
in a select number of
individually focused disciplines

1409

01:10:59,700 --> 01:11:03,890
that dominate NIH portfolios,

continue to positively review

1410

01:11:03,890 --> 01:11:05,720
and promote from their own ranks.

1411

01:11:05,720 --> 01:11:07,570
And this allows them
to ignore the evidence

1412

01:11:07,570 --> 01:11:10,090
that black scientists
especially those who propose

1413

01:11:10,090 --> 01:11:13,730
to study inequalities, not
only are less likely to receive

1414

01:11:13,730 --> 01:11:15,430
R01 grants than white scientists

1415

01:11:15,430 --> 01:11:18,020
who have similar levels of
training and publications

1416

01:11:18,020 --> 01:11:21,610
but that those black
scientists who do receive R01s

1417

01:11:21,610 --> 01:11:23,430
have higher average review scores

1418

01:11:23,430 --> 01:11:25,450
than their white counterparts
who receive R01s,

1419

01:11:25,450 --> 01:11:26,960
that means that their white counterparts

1420

01:11:26,960 --> 01:11:29,510

are actually assisted by
review sections and directors

1421
01:11:29,510 --> 01:11:31,130
in getting grant awards,

1422
01:11:31,130 --> 01:11:34,020
even if their proposals
are not scored at the top.

1423
01:11:34,020 --> 01:11:36,510
And this allows them to overlook
the finding of one study,

1424
01:11:36,510 --> 01:11:39,500
the black scientists
report being pushed off

1425
01:11:39,500 --> 01:11:42,840
of the research track by
those grant review experiences

1426
01:11:42,840 --> 01:11:45,620
and by an equitable chili
environment among their colleagues

1427
01:11:45,620 --> 01:11:46,970
and their universities.

1428
01:11:46,970 --> 01:11:48,840
So I just want to put that on the table.

1429
01:11:48,840 --> 01:11:50,660
Number one is a master narrative

1430
01:11:50,660 --> 01:11:53,763
of the scientific
enterprise to be examined.

1431

01:11:53,763 --> 01:11:56,530
With regard to addiction
and substance use disorders,

1432
01:11:56,530 --> 01:11:58,393
one of the master narratives that is,

1433
01:11:59,679 --> 01:12:03,140
that susceptible individuals
have deficient biologies

1434
01:12:03,140 --> 01:12:04,800
and or negative learned behaviors

1435
01:12:04,800 --> 01:12:06,427
and that on the population level,

1436
01:12:06,427 --> 01:12:09,060
some racialized others are deficient

1437
01:12:09,060 --> 01:12:12,180
due to their cultures of
poverty or inherited traits.

1438
01:12:12,180 --> 01:12:15,140
Another master narrative that's
pervaded American medicine

1439
01:12:15,140 --> 01:12:18,890
itself for a long time,
is that black patients

1440
01:12:18,890 --> 01:12:20,700
are less sensitive to pain,

1441
01:12:20,700 --> 01:12:23,530
and more likely to misuse pain medications

1442
01:12:23,530 --> 01:12:25,260

than their white counterparts.

1443

01:12:25,260 --> 01:12:28,740
So master narratives like these
have shaped our realities,

1444

01:12:28,740 --> 01:12:31,810
as we see in mass incarceration
of black and Latinx people

1445

01:12:31,810 --> 01:12:34,310
driven by racially motivated drug laws,

1446

01:12:34,310 --> 01:12:36,930
as well as the opioid crisis
beginning in the late 90s

1447

01:12:36,930 --> 01:12:41,190
to 2000 that began with racially
targeted drug marketing,

1448

01:12:41,190 --> 01:12:44,220
relaxed regulation and opioid
prescribing to white Americans

1449

01:12:44,220 --> 01:12:47,151
thought to be less
susceptible to addiction.

1450

01:12:47,151 --> 01:12:51,030
So this is the moment in history
that we have an opportunity

1451

01:12:51,030 --> 01:12:53,870
to change the master narrative,

1452

01:12:53,870 --> 01:12:56,147
the past year of undeniable
racial inequalities

1453
01:12:56,147 --> 01:12:59,660
and COVID prevention, treatment
and outcomes in our country,

1454
01:12:59,660 --> 01:13:03,470
and publicly televised
racial violence by police,

1455
01:13:03,470 --> 01:13:06,510
among others, have led
academic medical centers

1456
01:13:06,510 --> 01:13:09,900
and leading medical journals
to call for self examination

1457
01:13:09,900 --> 01:13:14,900
around structural racism, an
alternative master narrative.

1458
01:13:15,830 --> 01:13:18,510
The idea that our institutions
from clinics and hospitals

1459
01:13:18,510 --> 01:13:20,680
to medical research infrastructures,

1460
01:13:20,680 --> 01:13:23,450
education and law
enforcement are the source

1461
01:13:23,450 --> 01:13:24,550
of racial inequalities,

1462
01:13:24,550 --> 01:13:27,990
is new to many who work
in those institutions.

1463
01:13:27,990 --> 01:13:29,810

The idea that social
determinants of health

1464

01:13:29,810 --> 01:13:32,930
should be a top priority
for creating knowledge

1465

01:13:32,930 --> 01:13:36,330
that actually improves
health outcomes is also new

1466

01:13:36,330 --> 01:13:38,420
for medical researchers who have long used

1467

01:13:38,420 --> 01:13:43,080
explanatory models of molecular
process and individual risk.

1468

01:13:43,080 --> 01:13:45,980
So I'm just going to end now by saying,

1469

01:13:45,980 --> 01:13:50,940
what does taking this new
structural narrative seriously

1470

01:13:50,940 --> 01:13:54,300
call on NIDA and health researchers to do?

1471

01:13:54,300 --> 01:13:55,670
And I wanna suggest number one,

1472

01:13:55,670 --> 01:13:58,590
bring non NIH supported
researchers to the table

1473

01:13:58,590 --> 01:14:01,450
for scientific planning
and for study reviews,

1474

01:14:01,450 --> 01:14:03,300
particularly those personally affected

1475
01:14:03,300 --> 01:14:06,650
by structural inequalities,
and social scientists

1476
01:14:06,650 --> 01:14:10,090
who take social networks,
systems and institutions

1477
01:14:10,090 --> 01:14:12,930
as their units for study of inequalities.

1478
01:14:12,930 --> 01:14:15,240
Otherwise the NIH and other gatekeepers

1479
01:14:15,240 --> 01:14:18,080
and medical research will
reproduce the status quo

1480
01:14:18,080 --> 01:14:19,442
as they prioritize and review

1481
01:14:19,442 --> 01:14:22,160
based on existing scientific approaches

1482
01:14:22,160 --> 01:14:23,180
and professional networks.

1483
01:14:23,180 --> 01:14:24,660
And we've seen this over the decades,

1484
01:14:24,660 --> 01:14:27,463
pipeline program after pipeline program.

1485
01:14:28,660 --> 01:14:32,400
They have not produced results
because they're not focused

1486

01:14:32,400 --> 01:14:34,230
on the structures.

1487

01:14:34,230 --> 01:14:35,063
Invest

1488

01:14:35,063 --> 01:14:37,780
significantly more public research monies

1489

01:14:37,780 --> 01:14:41,800
in social and systemic level
research, guided by people

1490

01:14:41,800 --> 01:14:44,870
with critical perspectives
based on their lived experience,

1491

01:14:44,870 --> 01:14:48,070
and or based on their training,
their scientific training

1492

01:14:48,070 --> 01:14:51,900
in fields that have methods
and theories to study

1493

01:14:51,900 --> 01:14:55,690
those systems, sociology,
anthropology, political science,

1494

01:14:55,690 --> 01:14:57,200
economics, among others.

1495

01:14:57,200 --> 01:14:58,760
Those are seriously underfunded

1496

01:14:58,760 --> 01:15:02,970
when it comes to NIH research
proposals or portfolios.

1497

01:15:02,970 --> 01:15:06,440

And then third, learn
from the organizations

1498

01:15:06,440 --> 01:15:09,740

that have produced 70% of the
black doctors in this country

1499

01:15:09,740 --> 01:15:12,140

and 50% of the black
scientists in this country

1500

01:15:12,140 --> 01:15:15,760

that is historically black
colleges and universities.

1501

01:15:15,760 --> 01:15:18,770

They use a different master
narrative of science,

1502

01:15:18,770 --> 01:15:21,400

not excellence through
individual competition,

1503

01:15:21,400 --> 01:15:25,070

but rather excellence through
responsibility to community,

1504

01:15:25,070 --> 01:15:28,460

which fosters collaboration
and mutual aid.

1505

01:15:28,460 --> 01:15:31,770

A studies of women and people
of color in science have shown

1506

01:15:31,770 --> 01:15:34,400

they succeed by doing science differently,

1507
01:15:34,400 --> 01:15:36,900
and have insights that
show the blind spots

1508
01:15:36,900 --> 01:15:38,800
of mainstream science that prevent us

1509
01:15:38,800 --> 01:15:40,980
from creating knowledge
that actually improves

1510
01:15:40,980 --> 01:15:42,160
the health of all.

1511
01:15:42,160 --> 01:15:44,050
So that's my statement.

1512
01:15:44,050 --> 01:15:44,883
Thank you.

1513
01:15:46,760 --> 01:15:48,190
- Great, thank you so much, Helena.

1514
01:15:48,190 --> 01:15:49,193
Appreciate it.

1515
01:15:50,620 --> 01:15:53,560
Before we jump forward
that was a mouthful,

1516
01:15:53,560 --> 01:15:55,310
would anybody like to respond?

1517
01:15:55,310 --> 01:15:57,710
Anyone on the panel like
to respond to what Helena

1518
01:15:57,710 --> 01:15:58,543

just said?

1519

01:16:00,930 --> 01:16:04,137
- Let me, first of all, Dr.
Crump, thank you for having me.

1520

01:16:04,137 --> 01:16:05,700
And it's really a privilege to be here

1521

01:16:05,700 --> 01:16:08,410
with Professor Hansen, Alegria and Powell.

1522

01:16:08,410 --> 01:16:11,927
I sort of agree with both
Professor Hansen and Alegria

1523

01:16:11,927 --> 01:16:16,410
and I actually think that there
is a place that synthesizes

1524

01:16:16,410 --> 01:16:17,243
both these points.

1525

01:16:17,243 --> 01:16:20,730
And I was listening to Dr.
Furr- Holden's talk earlier

1526

01:16:20,730 --> 01:16:25,347
and what I was struck by in
Professor Furr- Holden's talk is,

1527

01:16:25,347 --> 01:16:27,770
and I think echoed well,
by Professor Hansen,

1528

01:16:27,770 --> 01:16:31,910
is that what we are articulating
is a fairly radical vision.

1529

01:16:31,910 --> 01:16:36,060
It's a fairly radical
vision of a rethink of the,

1530
01:16:36,060 --> 01:16:37,660
as professor Hansen called,

1531
01:16:37,660 --> 01:16:39,570
the dominant narrative of science,

1532
01:16:39,570 --> 01:16:42,090
which I really like and use
the terms of how we talk about

1533
01:16:42,090 --> 01:16:44,433
the things that we do,
how we talk about health.

1534
01:16:45,630 --> 01:16:50,370
And to achieve that will
require many, many steps.

1535
01:16:50,370 --> 01:16:54,400
And I think sometimes we
mix up in our conversations,

1536
01:16:54,400 --> 01:16:56,850
the radical nature of division,

1537
01:16:56,850 --> 01:17:00,540
with the need for radical,
for every step being radical.

1538
01:17:00,540 --> 01:17:03,050
And I would argue that in
the context of this panel,

1539
01:17:03,050 --> 01:17:06,160
where we're talking about
how does a responsible,

1540
01:17:06,160 --> 01:17:08,710
responsive thoughtful
national institutes of health,

1541
01:17:08,710 --> 01:17:11,910
in this specific case NIDA,
but really any institute,

1542
01:17:11,910 --> 01:17:13,460
how does it move towards that vision?

1543
01:17:13,460 --> 01:17:18,460
And I suppose, I would like to
suggest that we need to have

1544
01:17:18,490 --> 01:17:21,100
clarity about the radical vision

1545
01:17:21,100 --> 01:17:23,580
and embrace the fact
that there are actually

1546
01:17:23,580 --> 01:17:28,130
many small incremental steps
that all of which together

1547
01:17:28,130 --> 01:17:30,410
will contribute towards
getting to the radical vision.

1548
01:17:30,410 --> 01:17:31,960
So let me just use one concrete example,

1549
01:17:31,960 --> 01:17:33,720
which Professor Hansen's comment

1550
01:17:33,720 --> 01:17:36,350
and actually reflecting

Furr-Holden's comment earlier

1551

01:17:36,350 --> 01:17:39,460
reminded me of, one of the
things that I haven't encountered

1552

01:17:39,460 --> 01:17:42,470
for 20 years on Study Sections

1553

01:17:42,470 --> 01:17:46,770
and I've always tried to
fight it with limited success,

1554

01:17:46,770 --> 01:17:49,643
is the sentence that goes
something like this, which is,

1555

01:17:51,510 --> 01:17:53,353
you know, somebody raises a critique,

1556

01:17:53,353 --> 01:17:57,280
and somebody else says,
yes, but I know her

1557

01:17:57,280 --> 01:17:59,730
and it's okay, I know,
she can deal with that.

1558

01:17:59,730 --> 01:18:04,170
And which, of course, that
simple statement embeds

1559

01:18:04,170 --> 01:18:05,570
right there, everything
that Professor Hansen

1560

01:18:05,570 --> 01:18:08,840
has talked about, which is it embeds a,

1561

01:18:08,840 --> 01:18:10,270
sort of integral biases

1562
01:18:10,270 --> 01:18:12,580
and sort of entrenches them
into part of the process.

1563
01:18:12,580 --> 01:18:14,030
And whenever I face
that, I've always tried,

1564
01:18:14,030 --> 01:18:16,200
in Study Sections to say, well, you know,

1565
01:18:16,200 --> 01:18:19,010
the charge is to evaluate what's written

1566
01:18:19,010 --> 01:18:21,640
and the fact that we may
know that investigator

1567
01:18:21,640 --> 01:18:23,496
is actually beside the point.

1568
01:18:23,496 --> 01:18:27,210
So you know, when we say
that, because I know her,

1569
01:18:27,210 --> 01:18:28,833
I know, she'll be able to deal with that,

1570
01:18:28,833 --> 01:18:31,280
that is simply saying,
well, the converse is well,

1571
01:18:31,280 --> 01:18:33,220
because I don't know the other person,

1572
01:18:33,220 --> 01:18:35,070

then I don't know if they'll
be able to deal with it.

1573

01:18:35,070 --> 01:18:37,958
So I'm bringing it up as
actually a micro example,

1574

01:18:37,958 --> 01:18:40,450
let me just bring it up as a
really, really small example.

1575

01:18:40,450 --> 01:18:42,930
And I think, something like that

1576

01:18:42,930 --> 01:18:44,775
and please don't misunderstand me,

1577

01:18:44,775 --> 01:18:45,830
I'm not saying there's
a solution to anything,

1578

01:18:45,830 --> 01:18:48,400
I'm just saying it's simply one small drop

1579

01:18:48,400 --> 01:18:50,040
in an ocean of solutions that we need

1580

01:18:50,040 --> 01:18:51,420
to achieve a radical vision.

1581

01:18:51,420 --> 01:18:55,073
So I am trying to push us to think,

1582

01:18:55,920 --> 01:18:57,640
what's the radical vision
we're trying to achieve?

1583

01:18:57,640 --> 01:18:59,700
And actually think that Professor Hansen

1584

01:18:59,700 --> 01:19:01,540
said it beautifully, like we're
trying to actually achieve

1585

01:19:01,540 --> 01:19:03,850
a different conception of how we design,

1586

01:19:03,850 --> 01:19:06,400
science is much more
responsive to fundamentally

1587

01:19:06,400 --> 01:19:07,233
which we're trying to do,

1588

01:19:07,233 --> 01:19:09,380
which is improve the
health of populations,

1589

01:19:09,380 --> 01:19:13,010
recognizing that the way
we've done things is a circus,

1590

01:19:13,010 --> 01:19:15,080
well, in some respects, not an others,

1591

01:19:15,080 --> 01:19:17,190
that we need a new vision of doing that.

1592

01:19:17,190 --> 01:19:19,890
But to achieve that
vision is going to require

1593

01:19:19,890 --> 01:19:21,330
many, many, many, many steps,

1594

01:19:21,330 --> 01:19:22,610
some of which are not
particularly glamorous

1595

01:19:22,610 --> 01:19:24,410
some of which don't seem
particularly radical

1596

01:19:24,410 --> 01:19:27,960
and slowly they will
accumulate to actually creating

1597

01:19:27,960 --> 01:19:29,237
the radical vision
we're trying to achieve.

1598

01:19:29,237 --> 01:19:31,702
And I feel like we're at this
moment where we're having

1599

01:19:31,702 --> 01:19:35,900
this conversations and experience teachers

1600

01:19:35,900 --> 01:19:37,726
that none of this change
is going to happen quickly.

1601

01:19:37,726 --> 01:19:39,790
And I suppose I don't want
us to get discouraged.

1602

01:19:39,790 --> 01:19:42,250
I would like us to keep
the radical vision clear

1603

01:19:42,250 --> 01:19:44,780
in our mind, and have
a commitment to making

1604

01:19:44,780 --> 01:19:48,700
all the incremental steps
needed to help us get there.

1605
01:19:48,700 --> 01:19:49,850
Just by way of framing.

1606
01:19:53,832 --> 01:19:55,023
- Please, go ahead.

1607
01:19:56,680 --> 01:19:57,563
- I'm gonna try to be brief here

1608
01:19:57,563 --> 01:20:00,390
because I know we need to move
to the additional questions.

1609
01:20:00,390 --> 01:20:02,353
But I really appreciate the perspectives

1610
01:20:02,353 --> 01:20:04,820
that were just laid out by my colleagues

1611
01:20:04,820 --> 01:20:09,090
and all of the rich dialogue
we've been having this morning.

1612
01:20:09,090 --> 01:20:12,330
And when Sandro was just talking
about the radical vision,

1613
01:20:12,330 --> 01:20:14,040
it reminds me that, you know,

1614
01:20:14,040 --> 01:20:17,740
the work that I have been
undertaking for the past 20 years

1615
01:20:17,740 --> 01:20:19,587
has really all been
about achieving a vision

1616

01:20:19,587 --> 01:20:21,570
for radical healing.

1617
01:20:21,570 --> 01:20:24,530
And I've been talking about
this explicitly in the context

1618
01:20:24,530 --> 01:20:26,780
of recovering from epistemic violence,

1619
01:20:26,780 --> 01:20:28,350
which is where we are now.

1620
01:20:28,350 --> 01:20:31,470
And I think that when we
talk about radical healing

1621
01:20:31,470 --> 01:20:33,700
in the behavioral health equity space,

1622
01:20:33,700 --> 01:20:36,253
we're talking about the design
of multi systemic approaches

1623
01:20:36,253 --> 01:20:39,810
that focus on root causes,
collective strategies

1624
01:20:39,810 --> 01:20:42,700
and the legacies of resilience
in black, indigenous

1625
01:20:42,700 --> 01:20:44,560
and communities of color.

1626
01:20:44,560 --> 01:20:47,210
I think that what Helena has laid out

1627
01:20:47,210 --> 01:20:48,647

is so critically important,

1628

01:20:48,647 --> 01:20:51,730
and we often skip over this piece

1629

01:20:51,730 --> 01:20:54,930
but Chimamanda Ngozi
Adichie also warned us

1630

01:20:54,930 --> 01:20:57,350
about the dangers of these single stories

1631

01:20:57,350 --> 01:21:00,840
that actually contribute to the
types of resource allocation

1632

01:21:00,840 --> 01:21:02,280
and decisions that we make

1633

01:21:02,280 --> 01:21:04,630
both the grass tops and grass roots.

1634

01:21:04,630 --> 01:21:07,499
And what that looks like
in the space that I occupy

1635

01:21:07,499 --> 01:21:11,543
for an agenda that focuses
on the health and well being

1636

01:21:11,543 --> 01:21:13,570
of boys and men of color in our nation,

1637

01:21:13,570 --> 01:21:14,970
what that agenda looks like

1638

01:21:14,970 --> 01:21:19,550
is rewriting the master
narrative that teaches us to

1639

01:21:19,550 --> 01:21:23,410
perceive boys and men of
color as problems to be solved

1640

01:21:23,410 --> 01:21:25,370
rather than as wonders to behold.

1641

01:21:25,370 --> 01:21:27,584
And I am principally sure that

1642

01:21:27,584 --> 01:21:30,330
a large part of our inadequacy

1643

01:21:30,330 --> 01:21:33,450
at addressing health inequities
for particular populations

1644

01:21:33,450 --> 01:21:36,700
is because of the deep
abiding empathy gaps

1645

01:21:36,700 --> 01:21:39,410
that we experience for these populations.

1646

01:21:39,410 --> 01:21:42,390
You cannot solve or design
solutions for communities

1647

01:21:42,390 --> 01:21:44,580
that you don't fundamentally love.

1648

01:21:44,580 --> 01:21:45,700
And I do mean that.

1649

01:21:45,700 --> 01:21:50,380
I mean that we have lost
sight of the humanity

1650
01:21:50,380 --> 01:21:53,540
of populations that we have authored.

1651
01:21:53,540 --> 01:21:55,720
And because of that, it contributes to

1652
01:21:55,720 --> 01:21:58,880
linearity of methodologies that
don't rise up to meet people

1653
01:21:58,880 --> 01:22:01,280
at their highest intentions
for radical healing.

1654
01:22:01,280 --> 01:22:03,670
It results in us treating people

1655
01:22:03,670 --> 01:22:05,730
as if they embodied pathology

1656
01:22:05,730 --> 01:22:09,600
as opposed to creating therapeutic
landscapes where people

1657
01:22:09,600 --> 01:22:11,460
can heal, grow and thrive.

1658
01:22:11,460 --> 01:22:13,571
And so when I think about
the state of the science

1659
01:22:13,571 --> 01:22:15,929
or behavioral health equity
for boys and men of color,

1660
01:22:15,929 --> 01:22:19,750
I think about the fact that
most of our lenses on this work

1661
01:22:19,750 --> 01:22:22,232
have not been an intersectional.

1662
01:22:22,232 --> 01:22:25,140
And so we have created a body of science

1663
01:22:25,140 --> 01:22:26,976
that results in horizontal equity,

1664
01:22:26,976 --> 01:22:30,420
where we create a strategy for resolving

1665
01:22:30,420 --> 01:22:32,580
the unequal treatment of women and girls

1666
01:22:32,580 --> 01:22:33,560
when we talk about gender

1667
01:22:33,560 --> 01:22:37,300
but we forget that men and
boys also have highest,

1668
01:22:37,300 --> 01:22:39,700
the highest rates of
behavioral health disparities,

1669
01:22:39,700 --> 01:22:42,470
particularly more mortality
related disparities

1670
01:22:42,470 --> 01:22:45,670
in our nation, and that
the data suggests that

1671
01:22:45,670 --> 01:22:48,700
men are withdrawing from the labor force

1672
01:22:48,700 --> 01:22:51,280

because they are taking opioids daily

1673

01:22:51,280 --> 01:22:53,120
or other substances daily,

1674

01:22:53,120 --> 01:22:55,952
the fact that we're
hemorrhaging this talent

1675

01:22:55,952 --> 01:22:59,390
and the potential for these
men and boys to contribute

1676

01:22:59,390 --> 01:23:03,290
to our economic vitality suggests
that we have a blind spot.

1677

01:23:03,290 --> 01:23:05,990
And that blind spot isn't
just methodological,

1678

01:23:05,990 --> 01:23:10,860
that blind spot is actually
resulted from our inability

1679

01:23:10,860 --> 01:23:13,910
to fully embrace folks in our society

1680

01:23:13,910 --> 01:23:17,000
that we've cast away,
that we've buried alive.

1681

01:23:17,000 --> 01:23:21,700
And so I think that the methods
that we deploy in this time

1682

01:23:21,700 --> 01:23:24,670
have to acknowledge the
institute arrangements

1683
01:23:24,670 --> 01:23:25,503
of individual lives.

1684
01:23:25,503 --> 01:23:26,710
And we've talked about this.

1685
01:23:26,710 --> 01:23:28,790
So those scholarship focused on

1686
01:23:28,790 --> 01:23:31,910
the social ecology of
behavioral health disparities

1687
01:23:31,910 --> 01:23:35,517
or inequities are principle
to moving the needle.

1688
01:23:35,517 --> 01:23:38,780
And also principle to
changing that master narrative

1689
01:23:38,780 --> 01:23:40,612
that suggests that people are hardwired

1690
01:23:40,612 --> 01:23:42,190
for disparity and inequity.

1691
01:23:42,190 --> 01:23:46,330
And what we know that it is
the opportunity structures

1692
01:23:46,330 --> 01:23:50,080
that give rise to the decisions
that individuals make.

1693
01:23:50,080 --> 01:23:51,831
Living in a food swamp, a food desert,

1694

01:23:51,831 --> 01:23:54,380
has considerable implications

1695
01:23:54,380 --> 01:23:57,070
for the health behavioral
decisions that a person makes.

1696
01:23:57,070 --> 01:23:59,730
It is not just that people
are using substances

1697
01:23:59,730 --> 01:24:03,620
because they are without moral character

1698
01:24:03,620 --> 01:24:05,120
or without uprightness.

1699
01:24:05,120 --> 01:24:07,479
And I think that that sounds simple

1700
01:24:07,479 --> 01:24:11,810
but we are still legislating
and designing policies

1701
01:24:11,810 --> 01:24:15,460
that frame individual behavioral choices

1702
01:24:15,460 --> 01:24:19,660
as the primary catalyst for
behavioral health disparities.

1703
01:24:19,660 --> 01:24:22,050
And we know that that's not the case.

1704
01:24:22,050 --> 01:24:24,530
So when I look at it, the
horizon I think that we need

1705
01:24:24,530 --> 01:24:29,060

more support for methodologies
that reach individuals

1706

01:24:29,060 --> 01:24:31,650
where they live, work, play, get educated,

1707

01:24:31,650 --> 01:24:33,350
get health care, et cetera.

1708

01:24:33,350 --> 01:24:36,210
For the past 20 years
before it even became sexy,

1709

01:24:36,210 --> 01:24:40,138
I was in barbershops I was in
night clubs, in car washes,

1710

01:24:40,138 --> 01:24:44,820
in street corners, intercepting
young men in the places

1711

01:24:44,820 --> 01:24:46,190
where they live.

1712

01:24:46,190 --> 01:24:48,830
Because I understood
principally that these men

1713

01:24:48,830 --> 01:24:51,750
who were not going to show
up in our health systems

1714

01:24:51,750 --> 01:24:55,270
were being left out,
edged out of opportunities

1715

01:24:55,270 --> 01:24:57,560
to improve their behavioral health.

1716

01:24:57,560 --> 01:25:01,410
And I think that if we're
going to design a new agenda,

1717
01:25:01,410 --> 01:25:04,780
a radical vision that it
has to address the identity

1718
01:25:04,780 --> 01:25:08,070
based wounds that individuals
face when they're navigating

1719
01:25:08,070 --> 01:25:10,940
systems and structures,
because it's those wounds

1720
01:25:10,940 --> 01:25:13,997
that give rise to the behavioral
health outcomes that we see

1721
01:25:13,997 --> 01:25:16,853
I think most principally
and most proximately.

1722
01:25:19,630 --> 01:25:21,570
- May I just clarify something?

1723
01:25:21,570 --> 01:25:22,810
- [Ms. Crump] Yes please.

1724
01:25:22,810 --> 01:25:25,500
- Because when I said I
had an alternative view,

1725
01:25:25,500 --> 01:25:30,500
I actually wasn't referring
to Dr. Alegria or Dr. Galea

1726
01:25:31,650 --> 01:25:36,373
or Dr. Powell who are my

mentors, colleagues, co authors,

1727

01:25:38,480 --> 01:25:42,130

I was referring actually
to the standard narrative

1728

01:25:42,130 --> 01:25:46,090

that is given about where
health inequalities come from,

1729

01:25:46,090 --> 01:25:48,470

where the inequalities in NIH funding

1730

01:25:48,470 --> 01:25:50,873

and who's a PI on NIH grants,

1731

01:25:51,950 --> 01:25:53,580

where those inequalities come from.

1732

01:25:53,580 --> 01:25:56,350

So I wanna clarify that
because I actually don't,

1733

01:25:56,350 --> 01:25:58,160

this is very productive,

1734

01:25:58,160 --> 01:26:01,310

in that there are some nuanced differences

1735

01:26:01,310 --> 01:26:03,180

in our entry points for this conversation.

1736

01:26:03,180 --> 01:26:06,200

But I think we're actually
saying the same thing.

1737

01:26:06,200 --> 01:26:09,610

And we need big and small interventions

1738
01:26:09,610 --> 01:26:12,090
to get to this alternative vision.

1739
01:26:12,090 --> 01:26:14,850
So I just wanna make
that absolutely clear.

1740
01:26:14,850 --> 01:26:15,810
- Can I--

1741
01:26:15,810 --> 01:26:18,490
- [Ms. Hansen] (faintly
speaking) with my co panelists.

1742
01:26:18,490 --> 01:26:21,400
- Can I add something to
Professor Hansen and Powell's

1743
01:26:21,400 --> 01:26:24,278
last comment and of the, you know,

1744
01:26:24,278 --> 01:26:27,600
the word which I find myself
writing more and more about

1745
01:26:27,600 --> 01:26:28,910
in the past few years,

1746
01:26:28,910 --> 01:26:30,620
really building on sort
of a couple of decades of

1747
01:26:30,620 --> 01:26:33,520
sort of building on this
is the need for compassion

1748
01:26:33,520 --> 01:26:34,750
as part of this radical vision.

1749
01:26:34,750 --> 01:26:37,760
And I've actually written an essay on it,

1750
01:26:37,760 --> 01:26:40,150
I do want to distinguish
compassion from empathy,

1751
01:26:40,150 --> 01:26:42,027
and empathy, and have sort
of written on this for people

1752
01:26:42,027 --> 01:26:43,190
who are interested,

1753
01:26:43,190 --> 01:26:46,300
empathy means I want what's good for you,

1754
01:26:46,300 --> 01:26:49,140
because I can imagine how
hard it is for you, right.

1755
01:26:49,140 --> 01:26:50,260
Compassion doesn't mean that all.

1756
01:26:50,260 --> 01:26:52,600
Compassion means that we
actually want what's good

1757
01:26:52,600 --> 01:26:54,079
for communities and populations

1758
01:26:54,079 --> 01:26:55,760
because it's the right thing to do.

1759
01:26:55,760 --> 01:26:57,970
Which means even if I cannot understand

1760
01:26:57,970 --> 01:27:00,270

what you're going
through, it's still right,

1761

01:27:00,270 --> 01:27:02,300
that we actually are
promoting your health,

1762

01:27:02,300 --> 01:27:05,080
your well being, making sure
that we create the conditions

1763

01:27:05,080 --> 01:27:07,710
for you to have a full
richly realized life.

1764

01:27:07,710 --> 01:27:11,170
And I feel like one
cannot really think about

1765

01:27:11,170 --> 01:27:12,720
population health, I'm
using the term generally,

1766

01:27:12,720 --> 01:27:13,630
we can talk about committee health

1767

01:27:13,630 --> 01:27:15,740
but let me use the term
population health for a second,

1768

01:27:15,740 --> 01:27:20,140
without a radical vision of
compassion, that our goal,

1769

01:27:20,140 --> 01:27:21,970
as scientists, and if
I may just use the term

1770

01:27:21,970 --> 01:27:25,710
sort of generally for this discussion,

1771
01:27:25,710 --> 01:27:29,110
is to create a scholarship of consequence

1772
01:27:29,110 --> 01:27:33,520
that aims to improve the
health of all populations

1773
01:27:33,520 --> 01:27:36,000
so that all humans have
the capacity to live,

1774
01:27:36,000 --> 01:27:37,760
rich fully realized lives.

1775
01:27:37,760 --> 01:27:39,780
And I don't think that we can achieve that

1776
01:27:39,780 --> 01:27:43,260
without a radical compassion
as part of that vision

1777
01:27:43,260 --> 01:27:45,713
and everything else that
we're talking about then,

1778
01:27:45,713 --> 01:27:47,460
so I feel like if we can
have the radical vision,

1779
01:27:47,460 --> 01:27:48,293
everything else we're talking about

1780
01:27:48,293 --> 01:27:49,780
then falls in the service of that,

1781
01:27:49,780 --> 01:27:52,029
and then I feel like we
can have arguments about,

1782

01:27:52,029 --> 01:27:54,340

well, maybe this is more
effective than that.

1783

01:27:54,340 --> 01:27:56,121

And I refer to Professor Hansen mentioned,

1784

01:27:56,121 --> 01:27:59,877

sort of systems thinking and
thinking of the complexity

1785

01:27:59,877 --> 01:28:02,626

of these many of these forces,
which I couldn't agree more

1786

01:28:02,626 --> 01:28:03,950

and I think actually
there's a really interesting

1787

01:28:03,950 --> 01:28:05,540

intellectual discussion.

1788

01:28:05,540 --> 01:28:08,540

But fundamentally, it's in the service of

1789

01:28:08,540 --> 01:28:12,327

a radical compassionate vision
that says that all of us

1790

01:28:12,327 --> 01:28:13,930

in the health enterprise,

1791

01:28:13,930 --> 01:28:16,880

our role should be to do everything we can

1792

01:28:16,880 --> 01:28:21,340

to create health as a means
for everybody in our society,

1793

01:28:21,340 --> 01:28:23,780
now, we're talking nationally,
but without globally as well,

1794

01:28:23,780 --> 01:28:26,020
to live full richly realized lives.

1795

01:28:26,020 --> 01:28:28,470
And just one last reflection
of Professor Powell.

1796

01:28:29,880 --> 01:28:32,640
You know, health inequities are avoidable.

1797

01:28:32,640 --> 01:28:37,090
They are the result of
decisions that we make

1798

01:28:37,090 --> 01:28:37,923
in our society.

1799

01:28:37,923 --> 01:28:40,910
And, you know, often in my
talks, I make the points that

1800

01:28:41,750 --> 01:28:44,020
we choose to have health inequities.

1801

01:28:44,020 --> 01:28:46,670
And when I say that, it
sort of upsets people,

1802

01:28:46,670 --> 01:28:48,503
well, I don't choose that to (indistinct).

1803

01:28:48,503 --> 01:28:51,350
Well, we do, we actually
do by virtue of the fact

1804

01:28:51,350 --> 01:28:54,160
that we choose and accept
particular approaches,

1805

01:28:54,160 --> 01:28:55,730
scientific approaches, policy approaches,

1806

01:28:55,730 --> 01:28:58,260
we are choosing a particular
conception of the world.

1807

01:28:58,260 --> 01:29:02,150
So I suppose the radical
vision I'm suggesting is

1808

01:29:02,150 --> 01:29:03,920
a radically compassionate vision that says

1809

01:29:03,920 --> 01:29:06,280
our role is to make sure everybody,

1810

01:29:06,280 --> 01:29:07,750
regardless of their identity,

1811

01:29:07,750 --> 01:29:09,430
whatever axes of identity it is,

1812

01:29:09,430 --> 01:29:12,070
has the opportunity to live
fully richly realized lives,

1813

01:29:12,070 --> 01:29:14,460
everything else should be
in the service of that.

1814

01:29:15,690 --> 01:29:20,690
- And given that, how would
you or the other panelists

1815
01:29:21,740 --> 01:29:25,960
see NIH's research enterprise
as being most responsive

1816
01:29:25,960 --> 01:29:28,280
to those particular needs?

1817
01:29:28,280 --> 01:29:31,913
How do we make sure that our
research informs racial equity?

1818
01:29:38,338 --> 01:29:41,455
- I just want to highlight
one of the last points

1819
01:29:41,455 --> 01:29:44,590
that I made, which is that
we need to bring people

1820
01:29:44,590 --> 01:29:48,400
from outside of this
very tight circle at NIH.

1821
01:29:48,400 --> 01:29:53,400
And I am aware that many on
this call are among the handful

1822
01:29:53,480 --> 01:29:57,790
of extremely successful
NIH supported researchers

1823
01:29:57,790 --> 01:30:02,790
that do take seriously this
radical alternative framework

1824
01:30:03,430 --> 01:30:06,170
or narrative that we've
been talking about,

1825
01:30:06,170 --> 01:30:09,980
but there are very few,
actually by systemic design.

1826
01:30:09,980 --> 01:30:12,270
And in order to break that cycle,

1827
01:30:12,270 --> 01:30:13,550
we're gonna have to bring in people

1828
01:30:13,550 --> 01:30:17,140
who are extremely successful
scientists and researchers

1829
01:30:17,140 --> 01:30:18,910
outside of the NIH framework.

1830
01:30:18,910 --> 01:30:21,317
And that can be hard to,
it can be hard for those

1831
01:30:21,317 --> 01:30:23,560
who are very embedded
in NIH to believe that

1832
01:30:23,560 --> 01:30:25,160
there are such people.

1833
01:30:25,160 --> 01:30:28,970
But actually, there's a
whole universe of such people

1834
01:30:28,970 --> 01:30:31,510
who are supported in other
ways by foundation grants,

1835
01:30:31,510 --> 01:30:33,603
by their institutions in many other ways.

1836
01:30:34,660 --> 01:30:38,660
Particularly because they
do research differently.

1837
01:30:38,660 --> 01:30:40,359
They take on different questions,

1838
01:30:40,359 --> 01:30:43,270
questions that are the
questions that we're seeing,

1839
01:30:43,270 --> 01:30:45,970
our priority questions,
using different methods,

1840
01:30:45,970 --> 01:30:48,840
different approaches, the
ones that we're seeing now

1841
01:30:48,840 --> 01:30:51,610
need to be fully invested
by the public monies

1842
01:30:51,610 --> 01:30:53,960
with which NIH is interested.

1843
01:30:53,960 --> 01:30:57,800
So we cannot break this cycle
with the existing group,

1844
01:30:57,800 --> 01:30:59,380
we're going to have to reach outside

1845
01:30:59,380 --> 01:31:02,190
and pay a lot of attention
to those scientists

1846
01:31:02,190 --> 01:31:04,070
who bring lived experience

of these inequalities

1847

01:31:04,070 --> 01:31:07,390
to the table, which gives
them an inherent embodied

1848

01:31:07,390 --> 01:31:10,420
critical perspective and
helps them to see things

1849

01:31:10,420 --> 01:31:15,420
that other predominantly, white
scientists have blind spots

1850

01:31:16,210 --> 01:31:17,890
around, many of them do.

1851

01:31:17,890 --> 01:31:21,440
We also have to take seriously
those trained in disciplines

1852

01:31:21,440 --> 01:31:23,980
that are not prioritized
by the NIH right now,

1853

01:31:23,980 --> 01:31:25,830
those tend to be the social sciences.

1854

01:31:27,540 --> 01:31:29,413
That's not where the
majority of NIH funding,

1855

01:31:29,413 --> 01:31:31,970
NIDA of funding in particular is going.

1856

01:31:31,970 --> 01:31:35,990
So that I just want to
emphasize that point

1857

01:31:35,990 --> 01:31:38,870
that we will have to make some
big changes in that regard

1858
01:31:38,870 --> 01:31:40,870
with regard to leadership and direction.

1859
01:31:42,160 --> 01:31:46,230
- We heard a couple of
comments earlier one referring

1860
01:31:46,230 --> 01:31:50,218
to the situation with NIH
and RCTs and other one about

1861
01:31:50,218 --> 01:31:54,160
can we, be should we be
prioritizing policy research?

1862
01:31:54,160 --> 01:31:57,640
Are there any thoughts
about what our research

1863
01:31:57,640 --> 01:32:02,029
that will help us move the
needle toward influencing

1864
01:32:02,029 --> 01:32:04,560
the change whether it's a paradigm change

1865
01:32:04,560 --> 01:32:09,560
in terms of how we see
these problems, right

1866
01:32:09,830 --> 01:32:12,920
or whether it's a change in terms of

1867
01:32:12,920 --> 01:32:16,280
how we review our research?

1868
01:32:16,280 --> 01:32:18,151
Are there particular recommendations

1869
01:32:18,151 --> 01:32:19,943
that you would have there?

1870
01:32:22,810 --> 01:32:24,490
- So my head is really full right now

1871
01:32:24,490 --> 01:32:28,060
because I'm thinking of
all of the ways in which

1872
01:32:28,060 --> 01:32:33,060
we engineer inequity by
design into the review process

1873
01:32:33,290 --> 01:32:34,560
and into what we value.

1874
01:32:34,560 --> 01:32:38,418
My mother always said,
what you value shows up

1875
01:32:38,418 --> 01:32:39,780
where you spend your money.

1876
01:32:39,780 --> 01:32:44,570
And you know, if you invest
your money in brain addiction,

1877
01:32:44,570 --> 01:32:47,130
only research of your
portfolio is heavily weighted

1878
01:32:47,130 --> 01:32:49,420
towards that, that's
saying something about

1879
01:32:49,420 --> 01:32:51,950
what you value in terms
of an explanatory model

1880
01:32:51,950 --> 01:32:55,190
for why these behavioral
health inequities exist.

1881
01:32:55,190 --> 01:32:59,330
And I also, you know, as someone
who works in an institute

1882
01:32:59,330 --> 01:33:02,400
that has a legislative
mandate, my day to day work,

1883
01:33:02,400 --> 01:33:05,135
is about translating what I learned,

1884
01:33:05,135 --> 01:33:08,970
through my scientific
research into action.

1885
01:33:08,970 --> 01:33:11,360
So creating evidence for action,

1886
01:33:11,360 --> 01:33:14,440
I think that has to be a part
of the charge of the NIH,

1887
01:33:14,440 --> 01:33:18,380
writ large, if we're really
going to reduce the lag time

1888
01:33:18,380 --> 01:33:20,540
in between scientific discovery

1889
01:33:20,540 --> 01:33:23,170
and novel implementation on the ground.

1890

01:33:23,170 --> 01:33:26,130

I mean, part of my, the
biggest frustration for me

1891

01:33:26,130 --> 01:33:28,740

as a scholar activist
in this space is that

1892

01:33:28,740 --> 01:33:33,740

we have so much time in
between when we finish a study

1893

01:33:34,500 --> 01:33:37,130

or learn something new to
when we actually share it

1894

01:33:37,130 --> 01:33:40,842

to the community, so much
so that the needle has moved

1895

01:33:40,842 --> 01:33:44,510

on the catalyst, or
even the wicked problem

1896

01:33:44,510 --> 01:33:46,050

that we're trying to resolve.

1897

01:33:46,050 --> 01:33:47,830

So the catalysts of the problem has moved,

1898

01:33:47,830 --> 01:33:51,270

and also the the nature of
the shape of that problem

1899

01:33:51,270 --> 01:33:53,370

has changed by the time we show up.

1900

01:33:53,370 --> 01:33:54,709

And that just cannot be.

1901

01:33:54,709 --> 01:33:59,709

We are hemorrhaging
intellectual contributions

1902

01:34:00,770 --> 01:34:03,090

in this space because of that lag time.

1903

01:34:03,090 --> 01:34:07,240

So how do we then move beyond
just incremental science

1904

01:34:07,240 --> 01:34:08,180

as usual?

1905

01:34:08,180 --> 01:34:11,960

How do we incentivize, you
know more moonshot approaches

1906

01:34:11,960 --> 01:34:13,140

to this work?

1907

01:34:13,140 --> 01:34:15,830

How do we bring other
sectors to the table,

1908

01:34:15,830 --> 01:34:18,600

if I'm talking about creating
therapeutic landscapes,

1909

01:34:18,600 --> 01:34:21,500

where boys and men of color
can heal, grow and thrive,

1910

01:34:21,500 --> 01:34:25,380

I cannot do that without an
urban planner at the table.

1911

01:34:25,380 --> 01:34:28,240
I can't do that without someone
at the table who understands

1912
01:34:28,240 --> 01:34:30,010
transportation systems

1913
01:34:30,010 --> 01:34:33,390
and the intricacies of
housing policy and education.

1914
01:34:33,390 --> 01:34:37,260
So I think that we talk a
good game in this space about

1915
01:34:37,260 --> 01:34:39,710
wanting to have multidisciplinary

1916
01:34:39,710 --> 01:34:41,590
and even transdisciplinary science,

1917
01:34:41,590 --> 01:34:44,770
but when we look at what
we fund, it's incremental,

1918
01:34:44,770 --> 01:34:49,770
and it's pushing the,
moving the needle along,

1919
01:34:49,900 --> 01:34:53,990
and it's because we had that
policy, I think science gap,

1920
01:34:53,990 --> 01:34:56,560
and I know that they're,
sort of rules around

1921
01:34:56,560 --> 01:34:58,300
how we do this within federal government,

1922
01:34:58,300 --> 01:35:02,760
but I just feel so strongly
about not only just for the sake

1923
01:35:02,760 --> 01:35:05,910
of moving the science forward,
but for engaging communities

1924
01:35:05,910 --> 01:35:09,340
because they're tired of
us talking and not walking

1925
01:35:09,340 --> 01:35:11,160
and not moving the needle.

1926
01:35:11,160 --> 01:35:15,820
They're watching NIH invest
hundreds of millions of dollars

1927
01:35:15,820 --> 01:35:20,412
in scientific discovery
and nothing's changing.

1928
01:35:20,412 --> 01:35:24,580
They're still seeing
distressed economic conditions

1929
01:35:24,580 --> 01:35:28,480
in their communities and
drug dens and other spots

1930
01:35:28,480 --> 01:35:29,780
that incite cravings

1931
01:35:29,780 --> 01:35:31,470
for people who are substance dependence.

1932
01:35:31,470 --> 01:35:35,623
So how do we even explain to

the folks that we're working

1933

01:35:35,623 --> 01:35:38,721
with in the service of what we're doing?

1934

01:35:38,721 --> 01:35:41,020
And I think that we have to hold ourselves

1935

01:35:41,020 --> 01:35:44,630
to a higher standard, speedier
standard for translation

1936

01:35:44,630 --> 01:35:46,193
of our evidence into action.

1937

01:35:47,330 --> 01:35:49,723
- That's very well
said, thank you so much.

1938

01:35:51,590 --> 01:35:54,550
- I think you have heard, you
know, from so many people,

1939

01:35:54,550 --> 01:35:59,430
the importance of bringing a
group of researchers of color

1940

01:35:59,430 --> 01:36:02,240
to actually look at NIDA,

1941

01:36:02,240 --> 01:36:07,240
what is reproducing in its
funding, in its training,

1942

01:36:08,310 --> 01:36:11,020
in its, you know, even supplements,

1943

01:36:11,020 --> 01:36:16,020
how it might be excluding

people in a certain way,

1944

01:36:16,450 --> 01:36:19,530
this is the same as the
ventilators, you know,

1945

01:36:19,530 --> 01:36:22,040
don't give them to people
with chronic conditions

1946

01:36:22,040 --> 01:36:24,610
and that takes away a
lot of people of color.

1947

01:36:24,610 --> 01:36:28,860
So we are doing, we
basically have decision rules

1948

01:36:28,860 --> 01:36:32,770
that we should examine
across the board for NIDA

1949

01:36:32,770 --> 01:36:37,770
to see is in any way, are we
including a different type

1950

01:36:37,840 --> 01:36:42,840
of research that it's needed
in that second narrative.

1951

01:36:43,330 --> 01:36:47,120
- So Margarita, I'm so happy
that you mentioned that

1952

01:36:47,120 --> 01:36:50,820
because it actually
resonates with me as someone

1953

01:36:50,820 --> 01:36:52,410
who's a men's health researcher,

1954

01:36:52,410 --> 01:36:54,400
so I'm gonna do a little
soapbox, and then move on

1955

01:36:54,400 --> 01:36:57,270
because I want to be
respectful of my colleagues.

1956

01:36:57,270 --> 01:36:59,770
But so most of the research call,

1957

01:36:59,770 --> 01:37:02,723
calls for research on
sex and gender research,

1958

01:37:03,640 --> 01:37:06,520
explicitly exclude men and boys,

1959

01:37:06,520 --> 01:37:08,439
as if men and boys are not gendered

1960

01:37:08,439 --> 01:37:12,660
and don't live within gender structural,

1961

01:37:12,660 --> 01:37:14,600
socio structural arrangements.

1962

01:37:14,600 --> 01:37:19,470
And as if male gender and
power are equitably distributed

1963

01:37:19,470 --> 01:37:22,210
across men from all
sectors of our society.

1964

01:37:22,210 --> 01:37:25,430
And that's that horizontal
equity I talked about before.

1965

01:37:25,430 --> 01:37:28,072

It's like you focus on women and girls,

1966

01:37:28,072 --> 01:37:31,625

I'm a woman who was once
a girl, very happy to have

1967

01:37:31,625 --> 01:37:34,900

a programmatic approach to women's health.

1968

01:37:34,900 --> 01:37:38,590

But what is keeping us
from being able to see

1969

01:37:38,590 --> 01:37:42,210

the disparities that
lurk in the intersections

1970

01:37:42,210 --> 01:37:45,630

for men and boys, it's because
of the way structurally

1971

01:37:45,630 --> 01:37:50,630

we write our RFAs and our PARs to exclude

1972

01:37:50,916 --> 01:37:55,440

a population who even if they
have male gender privilege

1973

01:37:55,440 --> 01:37:58,810

in some areas, it doesn't
translate into a health advantage.

1974

01:37:58,810 --> 01:38:01,930

So why haven't we shifted
the way we're nuanced ways

1975

01:38:01,930 --> 01:38:03,850

that we're talking
about intersectionality?

1976

01:38:03,850 --> 01:38:05,350
I'm going to keep saying that,

1977

01:38:05,350 --> 01:38:08,760
because I think any equity
agenda that isn't intersectional

1978

01:38:08,760 --> 01:38:11,740
is missing, folks, we're seeing
it in the vaccine rollout,

1979

01:38:11,740 --> 01:38:15,820
how we chose older Americans
but didn't consider

1980

01:38:15,820 --> 01:38:17,920
that when you look at life expectancy

1981

01:38:17,920 --> 01:38:20,270
differences across
racial and ethnic groups,

1982

01:38:20,270 --> 01:38:23,000
the folks who are in that
older Americans category

1983

01:38:23,000 --> 01:38:27,467
may overwhelmingly be white
just because of the design,

1984

01:38:27,467 --> 01:38:30,140
the demographics of our society.

1985

01:38:30,140 --> 01:38:34,572
So again, I think we
have to get more nuanced

1986

01:38:34,572 --> 01:38:39,572
and much more conscientious
about even how we're writing up

1987

01:38:40,030 --> 01:38:42,100
announcements for proposals

1988

01:38:42,100 --> 01:38:45,960
and considering who's not at
the table proverbial metaphoric

1989

01:38:45,960 --> 01:38:48,590
or otherwise, like that should be

1990

01:38:48,590 --> 01:38:50,230
with respect to this particular outcome

1991

01:38:50,230 --> 01:38:52,743
that we are trying to impact.

1992

01:38:53,680 --> 01:38:54,672
- Great.

1993

01:38:54,672 --> 01:38:57,870
(indistinct)

1994

01:38:57,870 --> 01:39:01,500
- I couldn't agree more
what Wizdom, Dr. Powell

1995

01:39:01,500 --> 01:39:04,020
so eloquently just said,
and I want to get back to

1996

01:39:04,020 --> 01:39:07,110
another point she made
previously, which was about

1997

01:39:07,110 --> 01:39:10,410
the research to practice and policy gap,

1998
01:39:10,410 --> 01:39:12,740
research to action gap.

1999
01:39:12,740 --> 01:39:15,950
Another unspoken element
of the dominant scientific

2000
01:39:15,950 --> 01:39:18,860
master narrative is the
idea that scientific rigor

2001
01:39:18,860 --> 01:39:20,910
comes from some sort of distance

2002
01:39:20,910 --> 01:39:23,660
between the researcher and the subject.

2003
01:39:23,660 --> 01:39:27,790
The dispassionate and attached
research is more rigorous

2004
01:39:27,790 --> 01:39:29,370
in some way.

2005
01:39:29,370 --> 01:39:33,180
And I think what Dr. Powell
is raising is actually

2006
01:39:33,180 --> 01:39:37,280
a very alternative
scientific narrative around

2007
01:39:37,280 --> 01:39:41,630
invested and committed and
interested scholarship.

2008

01:39:41,630 --> 01:39:45,480
And what it speaks to is
the blind spots that come

2009
01:39:45,480 --> 01:39:49,380
when the researcher is
distanced from the subject.

2010
01:39:49,380 --> 01:39:52,640
She gave really wonderful
examples of those blind spots.

2011
01:39:52,640 --> 01:39:57,450
And there's a different
epistemological model of rigor

2012
01:39:57,450 --> 01:40:01,170
that comes from the filling
in of those blind spots

2013
01:40:01,170 --> 01:40:05,060
through researchers who are
bringing lived experience

2014
01:40:05,060 --> 01:40:07,720
and multiple perspectives to the table.

2015
01:40:07,720 --> 01:40:09,800
There's actually a formal
theory of it in science

2016
01:40:09,800 --> 01:40:12,700
and technology studies
called standpoint theory,

2017
01:40:12,700 --> 01:40:15,670
the argument that scientific
rigor comes from bringing in

2018
01:40:15,670 --> 01:40:18,120

people from multiple standpoints,

2019

01:40:18,120 --> 01:40:21,930
that can identify those blind
spots and increase the rigor.

2020

01:40:21,930 --> 01:40:25,050
But what that also opens
up the possibility for is

2021

01:40:25,050 --> 01:40:29,400
a very committed and active
and engaged scholarship

2022

01:40:29,400 --> 01:40:33,520
in research, that is very
quick to bring insights

2023

01:40:33,520 --> 01:40:37,370
from research to action
on the community level

2024

01:40:37,370 --> 01:40:38,700
in policymaking.

2025

01:40:38,700 --> 01:40:40,300
And that's a different model.

2026

01:40:40,300 --> 01:40:43,140
And it requires a
different infrastructure.

2027

01:40:43,140 --> 01:40:47,140
And I think that's another
piece of the new narrative

2028

01:40:47,140 --> 01:40:51,780
that we need to seize the
moment to engage right now

2029
01:40:51,780 --> 01:40:52,613
and promote.

2030
01:40:54,450 --> 01:40:57,530
Otherwise, how does our science
actually improve the lives

2031
01:40:57,530 --> 01:40:59,130
of people that we're studying?

2032
01:40:59,130 --> 01:41:00,790
And then what is the point of the science

2033
01:41:00,790 --> 01:41:02,630
and the knowledge generation?

2034
01:41:02,630 --> 01:41:03,913
- Right. Absolutely.

2035
01:41:05,350 --> 01:41:09,620
We've talked a bit about how
different areas of science

2036
01:41:09,620 --> 01:41:13,010
may not be represented as well.

2037
01:41:13,010 --> 01:41:15,650
One question I wanted
to pose to everyone is,

2038
01:41:15,650 --> 01:41:18,860
are there particular areas
of research, for example,

2039
01:41:18,860 --> 01:41:23,860
stigma research, or really
understanding disparities

2040

01:41:26,290 --> 01:41:31,290
around treatment, access
and treatment availability,

2041
01:41:32,844 --> 01:41:37,844
what are the types of the areas
of research that you all see

2042
01:41:37,980 --> 01:41:42,620
NIDA making an investment in
in order to do a better job

2043
01:41:42,620 --> 01:41:45,143
of addressing equity issues?

2044
01:41:51,070 --> 01:41:53,140
- I'll just pick up on
a thread that I think

2045
01:41:53,140 --> 01:41:58,140
Margarita laid out in her
beautiful talk earlier,

2046
01:41:58,150 --> 01:42:01,940
when she was talking
about the capacity for us

2047
01:42:01,940 --> 01:42:06,940
to merge data, so big data
approaches are so important

2048
01:42:07,780 --> 01:42:11,980
when you think about
being able to determine

2049
01:42:11,980 --> 01:42:15,750
which of the social experiences
are catalyzing people's

2050
01:42:15,750 --> 01:42:17,740

behavioral health decision making,

2051

01:42:17,740 --> 01:42:21,060

I think you need to have some capacity

2052

01:42:21,060 --> 01:42:26,060

to wed administrative data to
primary data that's collected,

2053

01:42:26,830 --> 01:42:30,640

to data that can be drawn
down from some GIS systems

2054

01:42:30,640 --> 01:42:33,750

so that we can really
look at the landscapes

2055

01:42:33,750 --> 01:42:36,500

in which individuals
live in for opportunities

2056

01:42:36,500 --> 01:42:39,350

for igniting interventions.

2057

01:42:39,350 --> 01:42:42,210

And I also think, you
know, this is my pet peeve

2058

01:42:42,210 --> 01:42:45,320

around research that
focuses on black indigenous

2059

01:42:45,320 --> 01:42:49,060

and people of color, is
that we rarely take, rarely,

2060

01:42:49,060 --> 01:42:52,210

and I'm not saying not at
all, but rarely do we apply

2061
01:42:52,210 --> 01:42:55,060
or invest in work that gives
us a life force developmental

2062
01:42:55,060 --> 01:42:59,903
understanding of how people
come to use substances

2063
01:42:59,903 --> 01:43:04,498
over the period of once lifespan.

2064
01:43:04,498 --> 01:43:08,100
We know, for example, that
black adolescents start out

2065
01:43:08,100 --> 01:43:11,960
using substances at lower rates,
and then something happens

2066
01:43:11,960 --> 01:43:13,730
as they enter an emerging adulthood

2067
01:43:13,730 --> 01:43:17,351
that time when ecologic
exposures are more pronounced

2068
01:43:17,351 --> 01:43:20,900
and also confronted more autonomously.

2069
01:43:20,900 --> 01:43:23,940
So what is it about that
developmental period?

2070
01:43:23,940 --> 01:43:28,040
What can we learn from those,
from studying those critical

2071
01:43:28,040 --> 01:43:31,560
developmental transitions about

opportunities for prevention

2072

01:43:31,560 --> 01:43:33,050
or mitigation?

2073

01:43:33,050 --> 01:43:36,590
I also think that we need more real time

2074

01:43:36,590 --> 01:43:39,650
and I have to credit Dr. Debra Furr-Holden

2075

01:43:39,650 --> 01:43:43,860
for leading me down this
path many, many years ago,

2076

01:43:43,860 --> 01:43:46,710
to sort of thinking about
the use of technology

2077

01:43:46,710 --> 01:43:48,580
as a way to reach people where they are,

2078

01:43:48,580 --> 01:43:52,680
so how do we not only do
we use leverage technology

2079

01:43:52,680 --> 01:43:57,680
to explore the ecological
unfolding of substance use,

2080

01:43:58,790 --> 01:44:02,550
misuse and addiction, but
then how do we also carefully

2081

01:44:02,550 --> 01:44:06,400
monitor our approaches so that we're not

2082

01:44:06,400 --> 01:44:11,400
recreating inequities through

the use of AI that targets

2083

01:44:11,960 --> 01:44:15,130
and stigmatizes those who are studying,

2084

01:44:15,130 --> 01:44:17,890
so it's like a two way street here

2085

01:44:17,890 --> 01:44:19,726
with respect to technology investment,

2086

01:44:19,726 --> 01:44:22,001
one investing in more
technology for the research,

2087

01:44:22,001 --> 01:44:27,001
but also studying the implications
of using those technology

2088

01:44:27,510 --> 01:44:32,415
and communities where access
to resources are more lessened

2089

01:44:32,415 --> 01:44:34,300
by the social condition.

2090

01:44:34,300 --> 01:44:38,390
So I think all of that is
essential to being able to create

2091

01:44:38,390 --> 01:44:40,920
a more nuanced agenda.

2092

01:44:40,920 --> 01:44:44,760
But none of that will
be possible if in fact,

2093

01:44:44,760 --> 01:44:47,770
the lens is the mental models we use,

2094

01:44:47,770 --> 01:44:51,020

frame communities that are more at risk

2095

01:44:51,020 --> 01:44:55,260

for these kinds of
exposures as pathologically

2096

01:44:55,260 --> 01:44:58,440

and biologically determined
beings, you know,

2097

01:44:58,440 --> 01:45:01,980

if we don't move away
from that strict reliance

2098

01:45:01,980 --> 01:45:05,180

on bio behavioral explanations,

2099

01:45:05,180 --> 01:45:08,240

then we will miss an opportunity to change

2100

01:45:08,240 --> 01:45:12,270

the social conditions, which
I do think are are changeable.

2101

01:45:12,270 --> 01:45:14,250

- Let me just add to that for a second,

2102

01:45:14,250 --> 01:45:15,850

what professor Powell just said.

2103

01:45:16,830 --> 01:45:21,190

I think it's in arguable
that in art and literature

2104

01:45:21,190 --> 01:45:23,280

and humanities, just bear
with me for a second,

2105
01:45:23,280 --> 01:45:26,380
that substance use and substance misuse

2106
01:45:26,380 --> 01:45:28,200
is a product of the life course.

2107
01:45:28,200 --> 01:45:31,670
It's a product of the full
range of social conditions

2108
01:45:31,670 --> 01:45:34,900
that characterize
inheritance over generations,

2109
01:45:34,900 --> 01:45:38,300
the assets and the stressors,
and then the life experiences

2110
01:45:38,300 --> 01:45:40,750
that then create people who
then may use substances,

2111
01:45:40,750 --> 01:45:42,730
who then may have substance use disorders.

2112
01:45:42,730 --> 01:45:46,560
Like in literature, this
is sort of commonplace,

2113
01:45:46,560 --> 01:45:49,640
like there's an abundance of
the (indistinct) does this now.

2114
01:45:49,640 --> 01:45:51,170
There's much less science that that does.

2115
01:45:51,170 --> 01:45:53,490
So the question is, why is that?

2116
01:45:53,490 --> 01:45:54,323
Right.

2117
01:45:54,323 --> 01:45:56,550
And I think the answer
just being very pragmatic,

2118
01:45:56,550 --> 01:45:57,900
is just sort of harder to do, right,

2119
01:45:57,900 --> 01:46:00,240
it's harder to do, I think,
you know, professor Alegria

2120
01:46:00,240 --> 01:46:01,390
started off by saying,

2121
01:46:01,390 --> 01:46:02,730
we need data that allows us to do that

2122
01:46:02,730 --> 01:46:03,848
and I'm gonna lose that point,

2123
01:46:03,848 --> 01:46:05,530
because I actually I agree
completely with Maggie's point

2124
01:46:05,530 --> 01:46:06,380
on that.

2125
01:46:06,380 --> 01:46:08,650
So I suppose there are two
ways we can go about with that,

2126
01:46:08,650 --> 01:46:09,483
right.

2127

01:46:09,483 --> 01:46:13,250
Number one is to say,
well, we sort of know that

2128
01:46:13,250 --> 01:46:15,750
this is probably important scientifically,

2129
01:46:15,750 --> 01:46:19,320
but our structures for
how we do our science,

2130
01:46:19,320 --> 01:46:21,560
sort of limit us because
it's just harder to do,

2131
01:46:21,560 --> 01:46:22,770
it requires a different way of doing it.

2132
01:46:22,770 --> 01:46:24,910
So therefore, let's just
keep doing what we're doing.

2133
01:46:24,910 --> 01:46:27,465
The other approach is to say,
is to take Professor Hansen's

2134
01:46:27,465 --> 01:46:30,450
point to say, well,
actually, we need different

2135
01:46:30,450 --> 01:46:32,680
dominant narratives, different models.

2136
01:46:32,680 --> 01:46:37,100
And if we accept that it
is important to understand

2137
01:46:37,100 --> 01:46:40,360
the intergenerational
transmission of social conditions

2138
01:46:40,360 --> 01:46:41,433
and the full set of life experiences

2139
01:46:41,433 --> 01:46:44,480
that then becomes substance use disorders,

2140
01:46:44,480 --> 01:46:46,890
and if our systems do not lend themselves

2141
01:46:46,890 --> 01:46:49,010
to scientific inquiry around that,

2142
01:46:49,010 --> 01:46:51,073
then maybe we should pause and say,

2143
01:46:51,073 --> 01:46:54,150
maybe we need to change our
systems to allow that to happen.

2144
01:46:54,150 --> 01:46:57,760
Now, the bad news is,
that's hard to do, right?

2145
01:46:57,760 --> 01:46:59,600
The bad news is, it's actually hard to do

2146
01:46:59,600 --> 01:47:02,280
because we have systems,
we have large systems.

2147
01:47:02,280 --> 01:47:05,940
NIH is the world's largest
funder of research,

2148
01:47:05,940 --> 01:47:07,427
I was gonna use the word
biomedical research,

2149
01:47:07,427 --> 01:47:10,842
that's probably accurate, but
this is probably not generous.

2150
01:47:10,842 --> 01:47:15,090
But other funders in other
countries have actually done

2151
01:47:15,090 --> 01:47:16,447
innovative things that we can learn from,

2152
01:47:16,447 --> 01:47:18,980
and I have the privilege of
reviewing grants regularly

2153
01:47:18,980 --> 01:47:23,290
for the UK, UKPR, I never
remember their acronym,

2154
01:47:23,290 --> 01:47:26,780
but essentially is the
equivalent of what NIH is,

2155
01:47:26,780 --> 01:47:29,520
and they have developed
some really interesting

2156
01:47:29,520 --> 01:47:32,240
funding mechanisms, which
every time I review for them,

2157
01:47:32,240 --> 01:47:33,765
I'm thinking, Oh, this is interesting.

2158
01:47:33,765 --> 01:47:35,290
We don't have an equivalent yet.

2159
01:47:35,290 --> 01:47:36,710
I'm not saying that

that's what we should do.

2160

01:47:36,710 --> 01:47:40,410

I'm simply saying that
if we start off by saying

2161

01:47:40,410 --> 01:47:43,050

what should we be studying,
what should we be doing

2162

01:47:43,050 --> 01:47:48,050

and if our goal is to understand
the complexity of forces

2163

01:47:49,010 --> 01:47:52,690

that ultimately drive and
create health well being

2164

01:47:52,690 --> 01:47:54,620

in the absence of health and well being

2165

01:47:54,620 --> 01:47:57,397

and if our systems do not let us study it

2166

01:47:57,397 --> 01:47:58,620

in the way we should,

2167

01:47:58,620 --> 01:47:59,673

to the end of improving population health,

2168

01:47:59,673 --> 01:48:01,971

then maybe we need to step back and say,

2169

01:48:01,971 --> 01:48:05,120

what from our systems needs changing?

2170

01:48:05,120 --> 01:48:07,228

And, I feel like, we don't do that enough.

2171
01:48:07,228 --> 01:48:10,830
And, actually, I'm trying to give us all

2172
01:48:10,830 --> 01:48:13,380
the sort of the generosity of the doubt

2173
01:48:13,380 --> 01:48:16,331
that we all mean to do this right

2174
01:48:16,331 --> 01:48:17,956
but we keep falling short,

2175
01:48:17,956 --> 01:48:20,410
because it's just really hard to do.

2176
01:48:20,410 --> 01:48:22,170
And maybe at this moment in time,

2177
01:48:22,170 --> 01:48:25,680
in the spirit of hope emerging
from this very difficult year

2178
01:48:25,680 --> 01:48:27,970
that we've all been through,
it's that we are now seeing

2179
01:48:27,970 --> 01:48:28,810
this very clearly.

2180
01:48:28,810 --> 01:48:30,570
And now is the time to say, okay,

2181
01:48:30,570 --> 01:48:33,670
which aspects of our systems
do we need to inflect

2182
01:48:33,670 --> 01:48:38,149
to get at this new model, this

new dominant way of thinking?

2183

01:48:38,149 --> 01:48:40,740

- Sandro I think it's a merging of both.

2184

01:48:40,740 --> 01:48:45,740

I think we need both the
systems to study the systems

2185

01:48:46,050 --> 01:48:51,050

but I also think we need a
data that's at a bigger level

2186

01:48:51,350 --> 01:48:54,090

that gets correlated so that,

2187

01:48:54,090 --> 01:48:58,210

I mean, my biggest worry
is, it's also creating,

2188

01:48:58,210 --> 01:49:00,920

who can do the research and who cannot,

2189

01:49:00,920 --> 01:49:05,853

because some of this
studies are so, you know,

2190

01:49:07,100 --> 01:49:08,410

they're so ambitious

2191

01:49:08,410 --> 01:49:11,710

that you really need like a very heavy set

2192

01:49:11,710 --> 01:49:14,500

and it's really limiting
who can do the research.

2193

01:49:14,500 --> 01:49:18,120

And I think that to me,

there's three areas,

2194

01:49:18,120 --> 01:49:21,560

the doing a new narrative with new models

2195

01:49:21,560 --> 01:49:25,704

with really rethinking in a broader sense,

2196

01:49:25,704 --> 01:49:30,704

I think getting good data to
actually test other models.

2197

01:49:31,280 --> 01:49:35,610

And lastly, I think NIDA
needs to look at themselves

2198

01:49:35,610 --> 01:49:40,610

as the unit of analysis
in how it does research,

2199

01:49:41,480 --> 01:49:44,720

it might be perpetuating
certain disparities.

2200

01:49:44,720 --> 01:49:47,880

So I think it's the three
things at the same time.

2201

01:49:47,880 --> 01:49:49,980

- Maybe just add a data point to the,

2202

01:49:49,980 --> 01:49:52,220

perhaps interesting
data point that reflects

2203

01:49:52,220 --> 01:49:53,780

what Professor Alegria just said

2204

01:49:53,780 --> 01:49:56,860

and something that Helena,
Professor Hansen said a while ago

2205

01:49:56,860 --> 01:49:59,770
about sort of who does the research,

2206

01:49:59,770 --> 01:50:03,010
one interesting exercise is,
look at the list of the most

2207

01:50:03,010 --> 01:50:04,440
cited social scientists,

2208

01:50:04,440 --> 01:50:07,450
which use come by Thomson
Reuters now it's by Clarivate.

2209

01:50:07,450 --> 01:50:09,490
And the reason I'm actually
suggesting that is,

2210

01:50:09,490 --> 01:50:10,597
when you go through that list

2211

01:50:10,597 --> 01:50:13,210
and you find that the majority,

2212

01:50:13,210 --> 01:50:15,360
not the vast majority
of people on that list

2213

01:50:15,360 --> 01:50:19,040
are people who have been part
of large ongoing studies,

2214

01:50:19,040 --> 01:50:21,280
especially when you look at the most cited

2215

01:50:21,280 --> 01:50:23,510

social scientists, the
way to become a more cited

2216
01:50:23,510 --> 01:50:26,640
social scientist, is to be
part of large ongoing studies

2217
01:50:26,640 --> 01:50:29,210
that have sort of over
generations of scholars

2218
01:50:29,210 --> 01:50:31,010
generated sort of papers
and papers and papers

2219
01:50:31,010 --> 01:50:32,150
that are cited.

2220
01:50:32,150 --> 01:50:35,140
And I'm not necessarily
arguing against that as much

2221
01:50:35,140 --> 01:50:37,180
as I'm arguing that that is
just a simple illustration

2222
01:50:37,180 --> 01:50:40,610
of how difficult it is
for new ideas to emerge,

2223
01:50:40,610 --> 01:50:42,850
because of course, being
more cited then introduced

2224
01:50:42,850 --> 01:50:45,167
opens doors and creates
opportunities for more work

2225
01:50:45,167 --> 01:50:46,000
and all that.

2226

01:50:46,000 --> 01:50:49,530

So I think this theme is
emerging super clearly about

2227

01:50:49,530 --> 01:50:52,370

the need to make sure that there are,

2228

01:50:52,370 --> 01:50:53,880

that these alternative perspectives

2229

01:50:53,880 --> 01:50:56,960

that now we're discussing
become embedded in what we do

2230

01:50:56,960 --> 01:51:00,150

and we don't lose them
when this moment is over.

2231

01:51:00,150 --> 01:51:01,776

- Yeah, thank you so much for that.

2232

01:51:01,776 --> 01:51:05,530

I want to jump on to this
question that we have around,

2233

01:51:05,530 --> 01:51:09,770

you know, we have
research that's shown that

2234

01:51:09,770 --> 01:51:13,330

some PIs of color, that PIs
of color are underrepresented

2235

01:51:13,330 --> 01:51:17,230

in NIH funding, and that a part
of what is happening is that

2236

01:51:17,230 --> 01:51:19,810

there's a difference
in the types of topics

2237

01:51:22,684 --> 01:51:25,310
that they propose in applications.

2238

01:51:25,310 --> 01:51:27,680
And so one of the questions
that we wanted to pose

2239

01:51:27,680 --> 01:51:32,190
to the panel is, you know,
whether there are topics

2240

01:51:32,190 --> 01:51:33,810
that we really should be looking at

2241

01:51:33,810 --> 01:51:36,230
that we're not paying enough attention to,

2242

01:51:36,230 --> 01:51:41,230
that might affect our ability
to support more PIs of color?

2243

01:51:50,200 --> 01:51:55,200
- Hi, so I wonder if I could
lead in by just going back to

2244

01:51:55,860 --> 01:51:57,510
a question you posed about stigma

2245

01:51:59,410 --> 01:52:02,253
because it might illustrate
some of the points so.

2246

01:52:03,270 --> 01:52:07,932
I think that what we're seeing now is

2247

01:52:07,932 --> 01:52:10,220

an up take in interest in stigma

2248

01:52:10,220 --> 01:52:13,410
among clinical researchers
of substance use disorder,

2249

01:52:13,410 --> 01:52:16,240
in particular, because
they've ran across it

2250

01:52:16,240 --> 01:52:17,802
and so many of their studies,

2251

01:52:17,802 --> 01:52:22,802
and they will often cite
Erving Goffman, a sociologist,

2252

01:52:22,900 --> 01:52:26,420
who decades ago teased out
the systemic nature of stigma

2253

01:52:26,420 --> 01:52:29,283
and its creation and reinforcement.

2254

01:52:30,148 --> 01:52:33,610
But in the hands of clinical
researchers that don't have

2255

01:52:33,610 --> 01:52:36,950
a robust concept of social systems,

2256

01:52:36,950 --> 01:52:39,420
the idea of stigma has
been individualized.

2257

01:52:39,420 --> 01:52:42,660
So it's how do people rate
their personal experience

2258

01:52:42,660 --> 01:52:45,010
of stigma, how they behave
in relation to that.

2259
01:52:46,560 --> 01:52:49,143
And it leads to some
inaccurate assumptions.

2260
01:52:50,290 --> 01:52:54,770
So for example, the idea
that redefining substance use

2261
01:52:54,770 --> 01:52:59,580
disorder as a biological
problem, as a medical problem,

2262
01:52:59,580 --> 01:53:02,250
will in itself solve the problem of stigma

2263
01:53:02,250 --> 01:53:06,300
when medical sociologists,
among others have done studies

2264
01:53:06,300 --> 01:53:07,570
to see if that's the case

2265
01:53:07,570 --> 01:53:08,717
and it found that that's not the case.

2266
01:53:08,717 --> 01:53:11,300
And in fact, sometimes
the biological model

2267
01:53:11,300 --> 01:53:15,770
reinforces stigma, by making
people think that they have

2268
01:53:15,770 --> 01:53:18,750
this incurable trait, that they're kind of

2269
01:53:18,750 --> 01:53:22,380
pass along in their
lineage, among other things.

2270
01:53:22,380 --> 01:53:25,060
And the other thing that we
overlook in clinical research

2271
01:53:25,060 --> 01:53:29,476
is the very systemic way that
stigma and racial oppression

2272
01:53:29,476 --> 01:53:34,160
in addiction in particular
have reinforced each other.

2273
01:53:34,160 --> 01:53:37,860
So, in fact, in my sociologist, colleagues

2274
01:53:37,860 --> 01:53:42,860
in studying low income white
people in the Appalachians

2275
01:53:42,870 --> 01:53:46,590
who've been deeply affected by
the opioid crisis are finding

2276
01:53:46,590 --> 01:53:50,200
that many of the ways that
wealthy people in the area

2277
01:53:50,200 --> 01:53:51,970
are talking about

2278
01:53:51,970 --> 01:53:54,980
the low income people who
are dying of overdose,

2279
01:53:54,980 --> 01:53:58,120

it's very racialized, it's
very similar in the way that

2280

01:53:58,120 --> 01:53:59,860
in states that are much more diverse

2281

01:53:59,860 --> 01:54:02,180
than the Appalachian states,

2282

01:54:02,180 --> 01:54:04,650
black and brown people
with substance use disorder

2283

01:54:04,650 --> 01:54:06,530
are spoken about.

2284

01:54:06,530 --> 01:54:09,850
So it just highlights the
political nature of stigma

2285

01:54:09,850 --> 01:54:11,721
and the way that addiction
and racial stereotypes

2286

01:54:11,721 --> 01:54:16,150
feed each other and lead to
very punitive drug policies

2287

01:54:16,150 --> 01:54:18,840
and responses to addiction.

2288

01:54:18,840 --> 01:54:21,150
So I just highlight these
examples to say that

2289

01:54:21,150 --> 01:54:24,530
if we were to really take
seriously something like stigma,

2290

01:54:24,530 --> 01:54:27,100
again, we would need very different tools.

2291
01:54:27,100 --> 01:54:29,370
And we would need a
different set of people

2292
01:54:29,370 --> 01:54:30,580
around the table.

2293
01:54:30,580 --> 01:54:35,450
to Dr. Galea's point that
these kinds of systemic drivers

2294
01:54:35,450 --> 01:54:39,349
of health inequalities are
complex and difficult to address.

2295
01:54:39,349 --> 01:54:43,960
I just want to and also to
his really apt point that

2296
01:54:43,960 --> 01:54:46,950
we are a country that
spends the most per capita

2297
01:54:46,950 --> 01:54:49,130
on health care and gets the worst results

2298
01:54:49,130 --> 01:54:51,550
of all industrialized countries, okay,

2299
01:54:51,550 --> 01:54:53,380
so we're doing something very wrong.

2300
01:54:53,380 --> 01:54:55,940
And he's pointing out that
other countries, for example,

2301

01:54:55,940 --> 01:54:58,150
in Western Europe, do things differently,

2302
01:54:58,150 --> 01:55:00,860
among them they take the
social very seriously

2303
01:55:00,860 --> 01:55:04,137
in their health research and
in their health planning.

2304
01:55:04,137 --> 01:55:07,430
In this country, we do have
an example of how to work

2305
01:55:07,430 --> 01:55:08,270
against stigma,

2306
01:55:08,270 --> 01:55:12,830
AIDS activism gives us
some really strong models.

2307
01:55:12,830 --> 01:55:15,800
It involves elevating
the perspective of people

2308
01:55:15,800 --> 01:55:17,760
directly affected.

2309
01:55:17,760 --> 01:55:21,470
It involves placing resources
and decision making power

2310
01:55:21,470 --> 01:55:23,320
within communities in the way that

2311
01:55:23,320 --> 01:55:26,070
Ryan White Care Act funding does.

2312

01:55:26,070 --> 01:55:28,370
And it involves rethinking
research itself.

2313
01:55:28,370 --> 01:55:32,460
So it's activists actually
fought their way to the table

2314
01:55:32,460 --> 01:55:36,700
to co decision make around, study design,

2315
01:55:36,700 --> 01:55:39,620
around research fund, for AIDS.

2316
01:55:39,620 --> 01:55:41,010
And so those are the kinds of models

2317
01:55:41,010 --> 01:55:42,730
that we would have to look to.

2318
01:55:42,730 --> 01:55:45,470
And then to get to your point
about PIs and researchers

2319
01:55:45,470 --> 01:55:48,650
around the table, that would
be the ethos that we would have

2320
01:55:48,650 --> 01:55:53,650
to tap into, to change the
way that scientific funding

2321
01:55:54,700 --> 01:55:58,708
is allocated, the way that
promotion and recognition

2322
01:55:58,708 --> 01:56:01,750
in health science is doled out.

2323

01:56:01,750 --> 01:56:04,270
So I just want to put on
the table that these things

2324
01:56:04,270 --> 01:56:05,103
are difficult,

2325
01:56:05,103 --> 01:56:07,760
it's difficult to take a
systemic social approach.

2326
01:56:07,760 --> 01:56:10,130
But we have lots of models
for how it's possible,

2327
01:56:10,130 --> 01:56:11,630
especially outside of the US,

2328
01:56:11,630 --> 01:56:14,250
but in some cases within the US.

2329
01:56:14,250 --> 01:56:17,010
And it's really, if we
don't take those seriously

2330
01:56:17,010 --> 01:56:20,410
then it's a failure of our
will to really do the things

2331
01:56:20,410 --> 01:56:23,040
that would be needed to
improve health outcomes

2332
01:56:23,040 --> 01:56:24,643
and reduce inequalities.

2333
01:56:27,440 --> 01:56:29,600
- I'll just add this point
and it's only because

2334
01:56:29,600 --> 01:56:30,963
it's nagging at me.

2335
01:56:31,850 --> 01:56:35,990
And that's around the
conversations we have in rooms

2336
01:56:37,140 --> 01:56:40,160
like this when we're trying
to move small and big needles

2337
01:56:40,160 --> 01:56:43,550
on outcomes that have seemed intractable.

2338
01:56:43,550 --> 01:56:46,040
And the reason I'm
lifting this up is because

2339
01:56:46,040 --> 01:56:48,523
I think that the myth of complexity,

2340
01:56:50,130 --> 01:56:53,910
that we surround issues like
behavioral health issues,

2341
01:56:53,910 --> 01:56:57,290
racial injustice, all of
those big thorny problems,

2342
01:56:57,290 --> 01:56:59,510
like the way we talk about them,

2343
01:56:59,510 --> 01:57:03,355
also sets us up for failure.

2344
01:57:03,355 --> 01:57:06,960
So I always, you know,
as a racial justice,

2345
01:57:06,960 --> 01:57:09,200
healing justice practitioner, you know,

2346
01:57:09,200 --> 01:57:12,780
working in all parts
of, many parts of Africa

2347
01:57:12,780 --> 01:57:17,780
and watching communities there
do so much more with less,

2348
01:57:18,580 --> 01:57:21,030
I'm often reminded that it isn't that

2349
01:57:21,030 --> 01:57:25,220
we don't have the tools,
it isn't that it's so hard

2350
01:57:25,220 --> 01:57:29,290
and unsolvable, it's because
of lack of political will.

2351
01:57:29,290 --> 01:57:30,650
So I'm just going to say it.

2352
01:57:30,650 --> 01:57:31,743
I mean, I think that,

2353
01:57:33,950 --> 01:57:36,947
where there is a will
there is a legislative way.

2354
01:57:36,947 --> 01:57:41,130
And where there is
political will, privilege,

2355
01:57:41,130 --> 01:57:45,050
even privileges unearned
in structures and systems

2356

01:57:45,050 --> 01:57:46,460
can be up ended.

2357

01:57:46,460 --> 01:57:49,420
So I'm saying this to say
like, I think, you know,

2358

01:57:49,420 --> 01:57:52,330
we've sent human beings to the moon,

2359

01:57:52,330 --> 01:57:56,530
we have a worldwide communication
system that allows us

2360

01:57:56,530 --> 01:57:59,940
momentarily to be in touch
with another human being

2361

01:57:59,940 --> 01:58:01,840
on the other side of the earth.

2362

01:58:01,840 --> 01:58:06,840
We have figured out how to get
a vaccine into the population

2363

01:58:07,150 --> 01:58:10,470
in record time, I think
we can solve inequities.

2364

01:58:10,470 --> 01:58:12,339
I don't think that it is impossible,

2365

01:58:12,339 --> 01:58:16,760
Toni Morrison would always
say that racism is man made

2366

01:58:16,760 --> 01:58:19,840
and therefore, it can be

unmade by men and women

2367

01:58:19,840 --> 01:58:23,980
who are willing to take the
steps to move those needles.

2368

01:58:23,980 --> 01:58:26,810
So I think that we can
shift the inequities

2369

01:58:26,810 --> 01:58:29,430
and we can change the
composition of researchers

2370

01:58:29,430 --> 01:58:30,453
that get funded.

2371

01:58:30,453 --> 01:58:33,670
The question is, how do
we sustain that agenda?

2372

01:58:33,670 --> 01:58:36,060
And how do we make it so
that it's not contingent

2373

01:58:36,060 --> 01:58:39,610
on a few champions within an
institute or an organization

2374

01:58:39,610 --> 01:58:41,700
or an institution?

2375

01:58:41,700 --> 01:58:44,170
Because what happens is, if
you don't structuralize it,

2376

01:58:44,170 --> 01:58:47,150
then when those champions go
away, we have all seen it.

2377
01:58:47,150 --> 01:58:50,240
No one else is left around
the Study Section review table

2378
01:58:50,240 --> 01:58:52,370
to make the points that Helena is making,

2379
01:58:52,370 --> 01:58:54,640
or that Sandro is making
or that Maggie's making.

2380
01:58:54,640 --> 01:58:57,220
So I think that we
really have to figure out

2381
01:58:57,220 --> 01:59:01,040
how do we structuralize the principles

2382
01:59:01,040 --> 01:59:05,160
that would be necessary to
inform our decision making

2383
01:59:05,160 --> 01:59:06,170
going forward?

2384
01:59:06,170 --> 01:59:08,970
And how do we change the
narrative around this

2385
01:59:08,970 --> 01:59:11,330
so that we're not talking
about things that are so hard

2386
01:59:11,330 --> 01:59:13,780
or too big to solve, but that we're saying

2387
01:59:13,780 --> 01:59:17,890
this is solvable with time,
energy and sustained commitment.

2388

01:59:17,890 --> 01:59:22,230

I think that's, what younger
scholars are wanting to hear,

2389

01:59:22,230 --> 01:59:25,420

we all mentor them, and they
are leaving our institutions,

2390

01:59:25,420 --> 01:59:28,160

they're leaving the field of
behavioral health research

2391

01:59:28,160 --> 01:59:30,760

because they're not feeling the love.

2392

01:59:30,760 --> 01:59:35,760

And they're not feeling the
immediate action to follow

2393

01:59:36,360 --> 01:59:37,530

the work they're doing.

2394

01:59:37,530 --> 01:59:40,320

So it's not just even about
like moving the research agenda,

2395

01:59:40,320 --> 01:59:42,980

it's like how do we create the workforce

2396

01:59:42,980 --> 01:59:47,210

within this ecosystem of
behavioral health equity research

2397

01:59:47,210 --> 01:59:50,560

that actually mirrors the
passion and the commitment,

2398

01:59:50,560 --> 01:59:53,190

and the stick-to-itiveness
that we're talking about?

2399

01:59:53,190 --> 01:59:55,480

And you don't do that
if you keep reproducing

2400

01:59:55,480 --> 01:59:56,770

the same science

2401

01:59:56,770 --> 01:59:59,170

and using the same
methodological approaches,

2402

01:59:59,170 --> 02:00:01,980

because soon enough those
would be revolutionaries

2403

02:00:01,980 --> 02:00:04,040

and activists are going
to leave the table.

2404

02:00:04,040 --> 02:00:06,290

And they're going to go to
other places where they feel

2405

02:00:06,290 --> 02:00:08,560

their work is being better utilized,

2406

02:00:08,560 --> 02:00:10,720

and their assets are being better deployed

2407

02:00:10,720 --> 02:00:13,993

to help the people, they
still truly love and serve.

2408

02:00:14,980 --> 02:00:15,920

- Very well said.

2409

02:00:15,920 --> 02:00:18,500
Thank you so much, Dr. Powell.

2410
02:00:18,500 --> 02:00:23,500
Dr. Alegria has had to step
aside for a prior commitment.

2411
02:00:24,980 --> 02:00:27,950
And we have about four minutes left.

2412
02:00:27,950 --> 02:00:32,250
I want to give Drs Galea
and Hansen a chance

2413
02:00:32,250 --> 02:00:35,153
for a final remark,

2414
02:00:36,300 --> 02:00:39,283
forgive me, Dr. Powell,
I feel like that was

2415
02:00:39,283 --> 02:00:41,170
such a wonderful statement,

2416
02:00:41,170 --> 02:00:44,173
it pretty much qualifies
as a final remark.

2417
02:00:45,290 --> 02:00:46,940
So Dr. Galea, would you go ahead

2418
02:00:46,940 --> 02:00:48,820
and give us a final statement.

2419
02:00:48,820 --> 02:00:52,330
And please focus on you know,
I loved how you talked about

2420
02:00:52,330 --> 02:00:55,240

small steps that we can take.

2421

02:00:55,240 --> 02:00:56,780

Right.

2422

02:00:56,780 --> 02:01:00,560

And this is kind of dovetailing
off of Dr. Powell's comment

2423

02:01:00,560 --> 02:01:04,563

about how this isn't too
complex, we can get this done.

2424

02:01:05,610 --> 02:01:09,600

So what are your final remarks
that you'd like to leave us

2425

02:01:09,600 --> 02:01:12,980

with Dr. Galea, about what
should our next steps be?

2426

02:01:12,980 --> 02:01:16,113

Where should we be emphasizing
our focus right now?

2427

02:01:19,720 --> 02:01:21,680

- I'm speaking on mute.

2428

02:01:21,680 --> 02:01:24,840

So let me, I just want to echo actually,

2429

02:01:24,840 --> 02:01:26,700

Professors Powell and Hansen,
on a couple of things.

2430

02:01:26,700 --> 02:01:30,160

First of all, Professor
Hansen cited a data point

2431

02:01:30,160 --> 02:01:33,840
that I feel like I've been
citing every talk, all the time

2432
02:01:33,840 --> 02:01:37,150
for many years, which is,
we spend more on health

2433
02:01:37,150 --> 02:01:38,160
than any other country in the world,

2434
02:01:38,160 --> 02:01:39,344
and we get less out of it.

2435
02:01:39,344 --> 02:01:43,410
And the challenge I often
pose to audiences is,

2436
02:01:43,410 --> 02:01:45,070
name one other sector
where this is the case.

2437
02:01:45,070 --> 02:01:46,470
And the fact is, there's no other sector.

2438
02:01:46,470 --> 02:01:47,870
You know, I often use the example,

2439
02:01:47,870 --> 02:01:51,070
if I were to tell you that
your phone would cost more

2440
02:01:51,070 --> 02:01:54,230
but the slower and hold less
data than any other country,

2441
02:01:54,230 --> 02:01:55,950
you probably wouldn't accept
it, you go to another country,

2442
02:01:55,950 --> 02:01:57,640
but we accepted about our health.

2443
02:01:57,640 --> 02:02:00,440
So the reason I think it's
an important point is because

2444
02:02:01,480 --> 02:02:03,130
to me, it's self evident
that we can do better.

2445
02:02:03,130 --> 02:02:03,963
That's point a.

2446
02:02:03,963 --> 02:02:07,580
Point b, I thought Professor
Powell made an excellent point

2447
02:02:07,580 --> 02:02:11,930
about, we are at a moment
of potential and hope,

2448
02:02:11,930 --> 02:02:15,460
but are reliant on good
people in good places,

2449
02:02:15,460 --> 02:02:17,450
with good intentions, which,

2450
02:02:17,450 --> 02:02:19,060
you know, I feel fortunate to be in,

2451
02:02:19,060 --> 02:02:20,127
I know, a lot of those people,

2452
02:02:20,127 --> 02:02:22,470
many have whom are actually on this call.

2453

02:02:22,470 --> 02:02:23,670
And that's great.

2454
02:02:23,670 --> 02:02:26,650
But, it's important to
actually move to a place where

2455
02:02:26,650 --> 02:02:28,890
we embed things so the
structures are not dependent

2456
02:02:28,890 --> 02:02:29,723
on the individual.

2457
02:02:29,723 --> 02:02:30,700
That's the second point.

2458
02:02:30,700 --> 02:02:33,380
The third point is, you know,
I made this point earlier

2459
02:02:33,380 --> 02:02:35,273
about this radical vision
and then small steps,

2460
02:02:35,273 --> 02:02:37,010
and I don't want to be
misunderstood about small steps.

2461
02:02:37,010 --> 02:02:39,430
And I think Professor Powell
echoed what I said really,

2462
02:02:39,430 --> 02:02:41,340
really well about that
this, I think, Wizdom

2463
02:02:41,340 --> 02:02:43,430
you got what I was saying,

2464
02:02:43,430 --> 02:02:45,030
I don't mean (indistinct)
supposed to be unambitious.

2465
02:02:45,030 --> 02:02:47,400
I'm simply just being realistic that

2466
02:02:47,400 --> 02:02:50,160
to get to a radical vision,
it's a sum of many, many things.

2467
02:02:50,160 --> 02:02:51,117
It's a sum of many things.

2468
02:02:51,117 --> 02:02:54,210
And I often find sort of in
panels like this, somebody says,

2469
02:02:54,210 --> 02:02:55,717
well, what's the one thing you would do?

2470
02:02:55,717 --> 02:02:57,840
And my answer is, I don't
know what the one thing is,

2471
02:02:57,840 --> 02:02:59,880
there's not one thing, there
are like two dozen things

2472
02:02:59,880 --> 02:03:01,780
that I actually think need to be done.

2473
02:03:01,780 --> 02:03:05,880
So if you were to say to
me, what should we do next?

2474
02:03:05,880 --> 02:03:09,250
I think we should the next
is, if we accept that this

2475
02:03:09,250 --> 02:03:10,798
is a vision that's worth aspiring to,

2476
02:03:10,798 --> 02:03:13,230
then we should do the
hard work of brainstorming

2477
02:03:13,230 --> 02:03:15,200
about what are those little steps

2478
02:03:15,200 --> 02:03:18,160
that we need to put in place
and figure out what's required.

2479
02:03:18,160 --> 02:03:19,550
So we can actually put
those steps in place

2480
02:03:19,550 --> 02:03:21,400
and then see how that is
going to bring about change

2481
02:03:21,400 --> 02:03:24,350
in the next year, next two
years, in the next three years.

2482
02:03:24,350 --> 02:03:26,830
And I'm sure you know, if we
structured this differently,

2483
02:03:26,830 --> 02:03:29,440
if professors Hansen and
Powell and Alegria and I,

2484
02:03:29,440 --> 02:03:32,460
just brainstorm, we can
easily come up with 20 steps

2485

02:03:32,460 --> 02:03:36,594
that are each of them in and
of themselves insufficient,

2486
02:03:36,594 --> 02:03:40,070
but all of them necessary towards
getting to the final goal.

2487
02:03:40,070 --> 02:03:42,950
So I actually do think the next
step is what are those steps

2488
02:03:42,950 --> 02:03:44,980
that need to be made,
that would need to be

2489
02:03:44,980 --> 02:03:46,610
baked into the system such that

2490
02:03:46,610 --> 02:03:48,380
it actually gets us to our desired end,

2491
02:03:48,380 --> 02:03:49,610
which is where we started from,

2492
02:03:49,610 --> 02:03:51,920
which is where we are all doing work

2493
02:03:51,920 --> 02:03:55,033
in the service of creating
a healthier, better world

2494
02:03:55,033 --> 02:03:58,540
so that everybody can
live to their potential.

2495
02:03:58,540 --> 02:04:00,180
- Fantastic.

2496

02:04:00,180 --> 02:04:02,880
We're right at 3:10.

2497
02:04:02,880 --> 02:04:05,750
Dr. Hansen, last words.

2498
02:04:05,750 --> 02:04:06,620
- Okay.

2499
02:04:06,620 --> 02:04:08,770
So looking at the chat, by the way,

2500
02:04:08,770 --> 02:04:12,103
some fantastic responses
and questions in the chat.

2501
02:04:13,170 --> 02:04:16,630
One that I just wanted to
quickly hone in on is that

2502
02:04:16,630 --> 02:04:19,260
some have raised the question
about what about Latinx

2503
02:04:19,260 --> 02:04:21,250
or other people of color?

2504
02:04:21,250 --> 02:04:25,160
I think, echoing or anticipating
some of what Dr. Powell

2505
02:04:25,160 --> 02:04:27,240
said about intersectionality.

2506
02:04:27,240 --> 02:04:30,290
I want to go back to what does,

2507
02:04:30,290 --> 02:04:33,020
what do the racial tropes that

we're really talking about

2508

02:04:33,020 --> 02:04:36,170
right now, the really embedded
racial tropes and patterns

2509

02:04:36,170 --> 02:04:38,230
that come from that,
what are they actually?

2510

02:04:38,230 --> 02:04:40,580
We know that they're not biological.

2511

02:04:40,580 --> 02:04:42,980
They're actually a framework
and a language that we use

2512

02:04:42,980 --> 02:04:45,570
to describe power inequalities.

2513

02:04:45,570 --> 02:04:50,280
And those are frameworks
that operate across races

2514

02:04:50,280 --> 02:04:51,180
and across groups.

2515

02:04:51,180 --> 02:04:53,890
So many of the same dynamics
that we're talking about.

2516

02:04:53,890 --> 02:04:56,780
I use the example of black
Americans were at a rare moment

2517

02:04:56,780 --> 02:04:59,610
in time when many of us
are speaking openly about

2518

02:04:59,610 --> 02:05:03,950
anti-black racism, because
that's kind of like the standard,

2519
02:05:03,950 --> 02:05:07,040
like, that's the gold
standard of that kind of power

2520
02:05:07,040 --> 02:05:09,602
inequality and systemic oppression.

2521
02:05:09,602 --> 02:05:13,070
Many other people fit into that framework.

2522
02:05:13,070 --> 02:05:16,110
And many people have
intersecting identities

2523
02:05:16,110 --> 02:05:19,150
So I want to take the focus
off of identity politics

2524
02:05:19,150 --> 02:05:22,090
and put it more on the systemic narrative

2525
02:05:22,090 --> 02:05:24,050
that we've tried to foreground now.

2526
02:05:24,050 --> 02:05:26,060
When you look at systems,
then you're looking at

2527
02:05:26,060 --> 02:05:30,400
any qualities as relationships
and power relationships.

2528
02:05:30,400 --> 02:05:32,170
And so these are patterns that fit

2529

02:05:32,170 --> 02:05:34,720
whether you're talking
about anti black racism,

2530
02:05:34,720 --> 02:05:36,550
which is a model that's then imported

2531
02:05:36,550 --> 02:05:38,977
to anti immigrant discrimination,

2532
02:05:38,977 --> 02:05:43,050
anti muslim discrimination,
gender discrimination,

2533
02:05:43,050 --> 02:05:46,120
these things overlap and
reinforce each other.

2534
02:05:46,120 --> 02:05:48,670
And so I just want to point
out that that's why we need

2535
02:05:48,670 --> 02:05:52,110
a systemic perspective, not
an individual perspective,

2536
02:05:52,110 --> 02:05:56,280
that would stop with somebody's
self identity, or otherwise,

2537
02:05:56,280 --> 02:05:58,180
we really need to look
at how power inequalities

2538
02:05:58,180 --> 02:05:59,230
are reinforced.

2539
02:05:59,230 --> 02:06:01,030
And we've already had
a rich discussion about

2540

02:06:01,030 --> 02:06:04,200
how NIH might partake in that now

2541

02:06:04,200 --> 02:06:07,510
and might partake in
changing it in the future.

2542

02:06:07,510 --> 02:06:08,343
- Great.

2543

02:06:08,343 --> 02:06:11,340
Well, thank you so much
to all of our panelists,

2544

02:06:11,340 --> 02:06:13,954
really do appreciate your time today.

2545

02:06:13,954 --> 02:06:17,140
Will, I believe we're
going on break right now

2546

02:06:17,140 --> 02:06:20,130
and resuming at 3:20.

2547

02:06:20,130 --> 02:06:21,103
Is that correct?

2548

02:06:22,030 --> 02:06:23,010
- That's correct.

2549

02:06:23,010 --> 02:06:24,270
- That's correct.
- Right.

2550

02:06:24,270 --> 02:06:25,880
Thank you again to everyone

2551

02:06:25,880 --> 02:06:30,870
and to all of our participants
for your attention today.

2552
02:06:30,870 --> 02:06:31,703
- Thank you.

2553
02:06:37,480 --> 02:06:38,830
- Audio is okay this time.

2554
02:06:38,830 --> 02:06:42,343
I think it is, I got the
thumbs up from everyone.

2555
02:06:43,410 --> 02:06:46,400
So we're going to move into
our discussion session two,

2556
02:06:46,400 --> 02:06:48,360
which is focused on study design

2557
02:06:48,360 --> 02:06:51,200
for studying racial inequities.

2558
02:06:51,200 --> 02:06:54,070
This panel will be
moderated by my colleague,

2559
02:06:54,070 --> 02:06:55,883
Dr. Kathy Etz, Program Officer

2560
02:06:55,883 --> 02:06:59,090
and Director of the
Native American Program,

2561
02:06:59,090 --> 02:07:01,770
in a Division of Epidemiology Services

2562
02:07:01,770 --> 02:07:04,010

and Prevention Research.

2563

02:07:04,010 --> 02:07:06,143

Kathy, take it away.

2564

02:07:07,270 --> 02:07:08,103

- Hi, great.

2565

02:07:08,103 --> 02:07:09,440

Thanks so much.

2566

02:07:09,440 --> 02:07:11,710

First, I want to say
thanks to the committee,

2567

02:07:11,710 --> 02:07:15,315

and to Will and Carlos, who
worked to plan to this meeting,

2568

02:07:15,315 --> 02:07:19,520

and also acknowledge all
of the great presentations

2569

02:07:19,520 --> 02:07:21,160

and discussion that we've heard so far.

2570

02:07:21,160 --> 02:07:23,720

I for one, I'm just blown away

2571

02:07:23,720 --> 02:07:25,390

by everything we've been hearing.

2572

02:07:25,390 --> 02:07:27,110

And it's just super exciting.

2573

02:07:27,110 --> 02:07:30,990

So we've got a couple
panelists to follow up on

2574
02:07:30,990 --> 02:07:34,500
Dr. Holden's, Furr-Holden's
talk earlier today.

2575
02:07:34,500 --> 02:07:37,280
We have Dr. Furr-Holden herself.

2576
02:07:37,280 --> 02:07:39,960
And then we also have Dr. Willie Prado,

2577
02:07:39,960 --> 02:07:41,969
who is the Vice Provost
for Faculty Affairs

2578
02:07:41,969 --> 02:07:44,450
at the University of Miami,

2579
02:07:44,450 --> 02:07:48,290
and Dr. Brian Heckman, who is the Director

2580
02:07:48,290 --> 02:07:50,940
for the Center for the
Study of Social Determinants

2581
02:07:50,940 --> 02:07:53,740
of Health, and Associate
Professor of Psychiatry

2582
02:07:53,740 --> 02:07:56,890
and Behavioral Sciences from
Macquarie Medical College,

2583
02:07:56,890 --> 02:08:01,590
so delighted to welcome them
to be here with us today.

2584
02:08:01,590 --> 02:08:04,030
I think when we designed
the discussion breakouts

2585

02:08:04,030 --> 02:08:06,700

for this meeting, the
first one was really on

2586

02:08:06,700 --> 02:08:08,590

the priority topics of research.

2587

02:08:08,590 --> 02:08:12,150

and the second was on the study designs,

2588

02:08:12,150 --> 02:08:14,900

methodological issues, et cetera,

2589

02:08:14,900 --> 02:08:16,260

for approaching this area.

2590

02:08:16,260 --> 02:08:19,640

And I think what emerged,
what is emerging very rapidly

2591

02:08:19,640 --> 02:08:22,220

for me is the understanding
that these things are just

2592

02:08:22,220 --> 02:08:26,500

absolutely, completely
inextricably linked.

2593

02:08:26,500 --> 02:08:29,680

And that to talk about one we
need to talk about the other.

2594

02:08:29,680 --> 02:08:33,510

So in some ways, I think our
discussion now will just be

2595

02:08:33,510 --> 02:08:36,210

an extension of what we've

already been talking about.

2596

02:08:37,616 --> 02:08:40,230

I have a series of questions
or six different questions

2597

02:08:40,230 --> 02:08:42,480

to pose to you all, but my guess is that

2598

02:08:42,480 --> 02:08:44,770

as we're going through
them, we're gonna find that

2599

02:08:44,770 --> 02:08:45,910

we've answered some already

2600

02:08:45,910 --> 02:08:50,090

or maybe some are seeming
a little bit less relevant.

2601

02:08:50,090 --> 02:08:53,700

So if there's a pet question
that I don't specifically pose,

2602

02:08:53,700 --> 02:08:57,410

please make sure you nudge
me in that direction.

2603

02:08:57,410 --> 02:08:58,550

Hopefully, we'll get to them all,

2604

02:08:58,550 --> 02:09:00,473

but we don't have that much time.

2605

02:09:01,580 --> 02:09:04,580

So the question I'm going to start with is

2606

02:09:04,580 --> 02:09:07,960

what research designs and

methods are most appropriate

2607

02:09:07,960 --> 02:09:10,630
for addressing questions
of racial inequities?

2608

02:09:10,630 --> 02:09:12,515
And I think we've already heard a lot of

2609

02:09:12,515 --> 02:09:16,510
community based participatory
research approaches, you know,

2610

02:09:16,510 --> 02:09:18,140
how do we design the study?

2611

02:09:18,140 --> 02:09:22,030
What are the actual, a
randomized clinical trial

2612

02:09:22,030 --> 02:09:23,870
relative to other designs, et cetera.

2613

02:09:23,870 --> 02:09:25,640
So I think we could spend all day

2614

02:09:25,640 --> 02:09:28,210
just on this question alone.

2615

02:09:28,210 --> 02:09:30,230
But I want to kick us off with that.

2616

02:09:30,230 --> 02:09:31,110
But actually, before I do that,

2617

02:09:31,110 --> 02:09:33,091
I also want to really
thank Dr. Furr-Holden

2618
02:09:33,091 --> 02:09:36,610
for her absolutely
amazing talk and say that

2619
02:09:36,610 --> 02:09:40,240
I am embracing this hashtag
mandate equity idea.

2620
02:09:40,240 --> 02:09:42,700
I think that's a great
way for us to frame what

2621
02:09:42,700 --> 02:09:43,800
we're thinking about.

2622
02:09:43,800 --> 02:09:48,050
So again, our first question
is, what research designs

2623
02:09:48,050 --> 02:09:50,080
and methods are most
appropriate for addressing

2624
02:09:50,080 --> 02:09:51,790
questions of racial inequities?

2625
02:09:51,790 --> 02:09:55,990
And I don't know Deb if
you want to speak first,

2626
02:09:55,990 --> 02:09:56,950
maybe we'll start with you

2627
02:09:56,950 --> 02:09:59,970
and then move on to the other panelists.

2628
02:09:59,970 --> 02:10:04,540
- Sure, there two points
I'd like to add here.

2629
02:10:04,540 --> 02:10:07,768
The first is health data disparities.

2630
02:10:07,768 --> 02:10:09,420
I was working really, you know,

2631
02:10:09,420 --> 02:10:11,320
I'm an epidemiologist by training.

2632
02:10:11,320 --> 02:10:14,930
And I was looking at the
opioid epidemic prior to COVID.

2633
02:10:14,930 --> 02:10:16,220
I'm still doing some of that work.

2634
02:10:16,220 --> 02:10:20,910
But I am the only epidemiologist
PhD level in my county.

2635
02:10:20,910 --> 02:10:23,870
And so I work, you know,
pretty much around the clock

2636
02:10:23,870 --> 02:10:26,160
on COVID and COVID related things,

2637
02:10:26,160 --> 02:10:28,190
and I have been for a while.

2638
02:10:28,190 --> 02:10:30,633
So when I was doing that
work, one of the things

2639
02:10:30,633 --> 02:10:35,510
that we noticed is that the
quality of the death record,

2640
02:10:35,510 --> 02:10:38,660
and the quality of the
data for the death record

2641
02:10:38,660 --> 02:10:42,010
for African Americans was just not as good

2642
02:10:42,010 --> 02:10:43,543
as it was for whites.

2643
02:10:44,670 --> 02:10:48,780
And I thought, wow,
disparaged even in death.

2644
02:10:48,780 --> 02:10:51,100
There's something that happens
when you see the black body

2645
02:10:51,100 --> 02:10:54,540
on the slab that has you
not do as good of a job

2646
02:10:54,540 --> 02:10:56,070
on the death record.

2647
02:10:56,070 --> 02:10:58,330
And we thought, well,
some places use a corner,

2648
02:10:58,330 --> 02:11:00,210
and some use a medical examiner,

2649
02:11:00,210 --> 02:11:03,240
maybe it's a geography
issue, and maybe people are,

2650
02:11:03,240 --> 02:11:05,730
you know, African Americans are
disproportionately in places

2651

02:11:05,730 --> 02:11:08,110
where they just do a poor job.

2652

02:11:08,110 --> 02:11:09,994
And we looked at all of that.

2653

02:11:09,994 --> 02:11:11,550
We looked at all of that.

2654

02:11:11,550 --> 02:11:14,300
And guess what, even in death,

2655

02:11:14,300 --> 02:11:16,010
African Americans are disparaged,

2656

02:11:16,010 --> 02:11:18,210
and the quality of the
death record isn't as good.

2657

02:11:18,210 --> 02:11:21,751
So this idea of health data
disparities is a problem.

2658

02:11:21,751 --> 02:11:23,870
Because what we get on
the front end limits

2659

02:11:23,870 --> 02:11:25,564
what kind of work we can do

2660

02:11:25,564 --> 02:11:27,830
and the questions that we
can answer on the back end.

2661

02:11:27,830 --> 02:11:29,850
So I think that's an important problem.

2662

02:11:29,850 --> 02:11:31,860
And then the other thing is,

2663
02:11:31,860 --> 02:11:35,400
we often kick the can
down the road on data,

2664
02:11:35,400 --> 02:11:38,490
the kind of data that we could
and should be collecting,

2665
02:11:38,490 --> 02:11:42,360
and I think of that from a
level of systems and structures.

2666
02:11:42,360 --> 02:11:45,560
And the other panel, I thought
did just an excellent job

2667
02:11:45,560 --> 02:11:48,707
of really unpacking sort of
social determinants of health

2668
02:11:48,707 --> 02:11:51,740
and more nuances around how
we should be thinking about

2669
02:11:51,740 --> 02:11:52,750
these problems.

2670
02:11:52,750 --> 02:11:56,360
But for your typical treatment researcher,

2671
02:11:56,360 --> 02:12:00,960
how will they get that kind of
data, to then be able to put

2672
02:12:00,960 --> 02:12:04,140
their own work in a context to understand

2673
02:12:04,140 --> 02:12:05,370
how those things work.

2674
02:12:05,370 --> 02:12:09,590
And, so we have major problems around data

2675
02:12:09,590 --> 02:12:11,047
and health data disparities.

2676
02:12:11,047 --> 02:12:12,450
And the last thing that I'll point to,

2677
02:12:12,450 --> 02:12:15,690
so I'm not giving answers,
I'm more calling out problems.

2678
02:12:15,690 --> 02:12:17,990
And again, I'll go back to mandate equity,

2679
02:12:17,990 --> 02:12:22,230
because we could mandate
this, the data infrastructure,

2680
02:12:22,230 --> 02:12:25,330
and the lack of training and
resources to look at these

2681
02:12:25,330 --> 02:12:29,080
types of variables is something
that we actually could fix.

2682
02:12:29,080 --> 02:12:31,540
And it's something that
we could fix right now,

2683
02:12:31,540 --> 02:12:33,490
the last thing I'll say,

2684

02:12:33,490 --> 02:12:35,240
that, I think is a methodological problem

2685
02:12:35,240 --> 02:12:37,320
is in how we train people.

2686
02:12:37,320 --> 02:12:40,250
I'm 22 years postdoc.

2687
02:12:40,250 --> 02:12:41,620
And when I was coming
through graduate school,

2688
02:12:41,620 --> 02:12:43,970
we treated race like a nuisance variable,

2689
02:12:43,970 --> 02:12:45,650
it just got adjusted out.

2690
02:12:45,650 --> 02:12:48,190
And we would say things like, you know,

2691
02:12:48,190 --> 02:12:51,640
after controlling for,
and then all of the things

2692
02:12:51,640 --> 02:12:53,258
that we now realize are the things

2693
02:12:53,258 --> 02:12:57,570
we need to be focusing on,
I was trained to control

2694
02:12:57,570 --> 02:13:00,110
those things or adjust those things out.

2695
02:13:00,110 --> 02:13:02,020
So I can understand relationships,

2696
02:13:02,020 --> 02:13:04,090
independent of those things.

2697
02:13:04,090 --> 02:13:07,740
Lo and behold, those
things are big drivers,

2698
02:13:07,740 --> 02:13:10,870
or the structural factors
that come with having

2699
02:13:10,870 --> 02:13:12,990
those qualities like lack of insurance

2700
02:13:12,990 --> 02:13:16,820
or living in a rural community,
or being African American,

2701
02:13:16,820 --> 02:13:18,670
or being non gender conforming,

2702
02:13:18,670 --> 02:13:22,750
we have to start to treat
those things as important

2703
02:13:22,750 --> 02:13:26,500
in the way we look at data and
try to understand problems.

2704
02:13:26,500 --> 02:13:27,912
So I'll stop there.

2705
02:13:27,912 --> 02:13:29,640
And that's sort of an opening.

2706
02:13:29,640 --> 02:13:32,203
And I'll turn it over
to my great colleagues.

2707

02:13:34,100 --> 02:13:35,440
- I think that's such a great,

2708

02:13:35,440 --> 02:13:37,780
both of those I think we're a great point.

2709

02:13:37,780 --> 02:13:39,527
And it's something actually that

2710

02:13:39,527 --> 02:13:41,051
and I always think about

2711

02:13:41,051 --> 02:13:42,360
and some of my colleagues
have written about it

2712

02:13:42,360 --> 02:13:44,620
about the health data disparities,

2713

02:13:44,620 --> 02:13:47,790
now there really is scientific inequity.

2714

02:13:47,790 --> 02:13:49,260
Not only in substance abuse,

2715

02:13:49,260 --> 02:13:51,513
but in mental health and other areas.

2716

02:13:52,370 --> 02:13:55,510
I think regarding study designs, you know,

2717

02:13:55,510 --> 02:13:57,640
one of the things that
I always think about

2718

02:13:57,640 --> 02:14:00,861
as we're thinking about
methods and research designs

2719
02:14:00,861 --> 02:14:04,460
to study underrepresented populations

2720
02:14:04,460 --> 02:14:06,480
is issues around measurement.

2721
02:14:06,480 --> 02:14:08,980
And I think there is an
underlying assumption that

2722
02:14:08,980 --> 02:14:11,190
if at least in the psychosocial world,

2723
02:14:11,190 --> 02:14:13,333
and the behavioral that
there are particular measures

2724
02:14:13,333 --> 02:14:16,370
that work for non Hispanic whites,

2725
02:14:16,370 --> 02:14:20,830
that they work for other
underrepresented minority groups.

2726
02:14:20,830 --> 02:14:23,330
And the truth is that they don't.

2727
02:14:23,330 --> 02:14:27,060
And a simple translation of a measure

2728
02:14:27,060 --> 02:14:30,140
that has been validated
with another population

2729
02:14:30,140 --> 02:14:33,930
is necessary, but it's
certainly not sufficient.

2730
02:14:33,930 --> 02:14:36,310
And so I do think that we have
to think about measurement.

2731
02:14:36,310 --> 02:14:40,354
And we have to think about
looking at carefully examining

2732
02:14:40,354 --> 02:14:44,090
issues around measurement
and psychometric properties

2733
02:14:44,090 --> 02:14:45,389
and validations.

2734
02:14:45,389 --> 02:14:49,800
So that we can really are
confident that we do have measures

2735
02:14:49,800 --> 02:14:53,020
that are rigorous and that
are strong for the populations

2736
02:14:53,020 --> 02:14:54,613
that we're working with.

2737
02:14:55,500 --> 02:14:58,007
I also think another
issue is that going back

2738
02:14:58,007 --> 02:14:59,900
and I think my colleague
made a great point about

2739
02:14:59,900 --> 02:15:01,410
how We're trained.

2740
02:15:01,410 --> 02:15:04,830
And certainly one of those

is controlling for race

2741

02:15:04,830 --> 02:15:06,560

and these are the findings that we have

2742

02:15:06,560 --> 02:15:07,710

after we control for race.

2743

02:15:07,710 --> 02:15:10,900

I think another way that
we're trained is that

2744

02:15:10,900 --> 02:15:13,119

the randomized clinical
trial is the gold standard,

2745

02:15:13,119 --> 02:15:16,650

which of course, we know,
it's an ideal study design,

2746

02:15:16,650 --> 02:15:18,640

it's got term validity.

2747

02:15:18,640 --> 02:15:21,500

But I think oftentimes, we're trained,

2748

02:15:21,500 --> 02:15:25,950

that it is the only option,
or one of the very few options

2749

02:15:25,950 --> 02:15:27,620

and that it's the option,

2750

02:15:27,620 --> 02:15:29,953

no matter what it is that we're studying.

2751

02:15:29,953 --> 02:15:32,970

And so, clearly, that's not the case,

2752
02:15:32,970 --> 02:15:36,370
if we're looking at, if we
want to make causal inferences,

2753
02:15:36,370 --> 02:15:40,677
and we want to make some
inferences, say on racism,

2754
02:15:43,670 --> 02:15:48,110
we can't randomize to different
levels of that exposure,

2755
02:15:48,110 --> 02:15:48,943
right.

2756
02:15:48,943 --> 02:15:50,880
I mean, one, it would be not feasible.

2757
02:15:50,880 --> 02:15:54,580
And two, it wouldn't be ethical to do so.

2758
02:15:54,580 --> 02:15:56,522
So I do want to make the point that

2759
02:15:56,522 --> 02:16:01,110
the randomized clinical
trial is not always

2760
02:16:01,110 --> 02:16:03,210
the most appropriate.

2761
02:16:03,210 --> 02:16:05,970
I also think that we have
to start thinking about

2762
02:16:07,490 --> 02:16:10,150
study designs, as we move,

2763

02:16:10,150 --> 02:16:14,060
more innovative study
designs as we move across,

2764
02:16:14,060 --> 02:16:16,790
say, the intervention research continuum.

2765
02:16:16,790 --> 02:16:21,230
Again, once we know that
certain intervention works,

2766
02:16:21,230 --> 02:16:23,640
whether that's biomedical or behavioral,

2767
02:16:23,640 --> 02:16:28,360
and we're past the phase
of efficacy testing,

2768
02:16:28,360 --> 02:16:31,960
and once we move on to
effectiveness or implementation,

2769
02:16:31,960 --> 02:16:34,810
I do think we have to be
more innovative in looking at

2770
02:16:34,810 --> 02:16:36,320
other types of study designs,

2771
02:16:36,320 --> 02:16:41,040
including hybrid effectiveness
implementation on designs,

2772
02:16:41,040 --> 02:16:42,717
looking at rollout designs, because again,

2773
02:16:42,717 --> 02:16:45,960
I think that we oftentimes,
because of how we're trained

2774
02:16:45,960 --> 02:16:49,920
in graduate school and beyond,
we always get very siloed

2775
02:16:49,920 --> 02:16:53,783
to the RCT being really being
the only study design option.

2776
02:16:58,010 --> 02:16:58,843
- She's on mute.

2777
02:16:58,843 --> 02:17:01,860
So I'm gonna jump in, I
want to give that an Amen.

2778
02:17:01,860 --> 02:17:02,693
An Amen.

2779
02:17:02,693 --> 02:17:05,550
And dissemination and
implementation science

2780
02:17:05,550 --> 02:17:07,127
was very new for me,

2781
02:17:07,127 --> 02:17:10,067
because I got this sort
of classic training.

2782
02:17:10,067 --> 02:17:13,840
And so we just did a very
large hybrid type two trial

2783
02:17:13,840 --> 02:17:17,090
of this Strengthening
Families program in my city,

2784
02:17:17,090 --> 02:17:18,390
in the city of Flint.

2785

02:17:18,390 --> 02:17:23,390

And we paired that with
a community wide program

2786

02:17:23,410 --> 02:17:25,180

to integrate peer recovery coaches

2787

02:17:25,180 --> 02:17:27,585

into the sort of system of care.

2788

02:17:27,585 --> 02:17:30,224

It was one of the most
transformative programs

2789

02:17:30,224 --> 02:17:34,270

and who knew that how we
deliver behavioral health care

2790

02:17:34,270 --> 02:17:36,020

would be radically changed,

2791

02:17:36,020 --> 02:17:38,590

because a pandemic was on the horizon.

2792

02:17:38,590 --> 02:17:41,760

But I thought, I've got to
have some rigor to the work.

2793

02:17:41,760 --> 02:17:46,500

But I also have to have an
opportunity to implement programs

2794

02:17:46,500 --> 02:17:49,870

that we know work, and figure
out how to best do that.

2795

02:17:49,870 --> 02:17:53,140

Literally, it was the perfect timing.

2796

02:17:53,140 --> 02:17:56,120

And we have held on in
the face of the pandemic,

2797

02:17:56,120 --> 02:17:57,250

and all of the cracks

2798

02:17:57,250 --> 02:17:59,880

and how our behavioral
health care system worked

2799

02:17:59,880 --> 02:18:02,250

and was able to respond
during this crisis.

2800

02:18:02,250 --> 02:18:04,710

So I just wanted to give that a Amen.

2801

02:18:04,710 --> 02:18:06,770

I 100% agree.

2802

02:18:06,770 --> 02:18:09,870

And I think funding has to go with that.

2803

02:18:09,870 --> 02:18:12,160

You know, because when I
think about all the leaks

2804

02:18:12,160 --> 02:18:16,010

in the pipeline, it's you know,
it's heartbreaking, right.

2805

02:18:16,010 --> 02:18:18,820

I remember the first R01 I
submitted, it got scored,

2806

02:18:18,820 --> 02:18:20,513

but he got really terrible score, right,

2807

02:18:20,513 --> 02:18:24,330
this was an old system where
it went from like 1 to 90,

2808

02:18:24,330 --> 02:18:25,960
or 100 to 900.

2809

02:18:25,960 --> 02:18:27,910
And I just, I got, I
didn't even understand

2810

02:18:27,910 --> 02:18:30,150
how it was discussed with
the score that it got.

2811

02:18:30,150 --> 02:18:32,560
And I was like, heartbroken,
you know, you pour your heart,

2812

02:18:32,560 --> 02:18:34,621
your soul, all your
training into something,

2813

02:18:34,621 --> 02:18:37,810
and then your peers say not good enough.

2814

02:18:37,810 --> 02:18:42,370
And so I really am curious,
what is the cultural shift

2815

02:18:42,370 --> 02:18:46,300
that we have to make so that
these hybrid type trials

2816

02:18:46,300 --> 02:18:50,210
really stand a fighting chance in review,

2817

02:18:50,210 --> 02:18:53,260

because that area of dissemination
implementation science

2818

02:18:53,260 --> 02:18:56,610
is not new, but there's
not a lot of experts

2819

02:18:56,610 --> 02:18:59,810
and specifically in the substance
abuse and addiction space.

2820

02:18:59,810 --> 02:19:03,480
So I just wonder how those
grants will fare and review,

2821

02:19:03,480 --> 02:19:06,453
they'll never even make it
to council, potentially.

2822

02:19:08,420 --> 02:19:10,302
- Yeah, I think that's an excellent point.

2823

02:19:10,302 --> 02:19:12,450
And I think also related to
randomized clinical trials,

2824

02:19:12,450 --> 02:19:13,970
Willie, I'm really glad
you brought that up

2825

02:19:13,970 --> 02:19:17,820
because I think that that's
a big challenge in this area,

2826

02:19:17,820 --> 02:19:18,775
right.

2827

02:19:18,775 --> 02:19:21,330
And we also have the
distrust of communities

2828
02:19:21,330 --> 02:19:23,185
where they don't want to be randomized.

2829
02:19:23,185 --> 02:19:25,590
We also have, we make a lot of,

2830
02:19:25,590 --> 02:19:28,770
we have a lot of faith in
the randomized clinical trial

2831
02:19:28,770 --> 02:19:32,860
and yet in the community setting
or any real world setting,

2832
02:19:32,860 --> 02:19:34,312
it violates a lot of
the assumptions, right.

2833
02:19:34,312 --> 02:19:38,150
So there are questions
of does this even have

2834
02:19:38,150 --> 02:19:39,050
external validity?

2835
02:19:39,050 --> 02:19:40,700
Does it tell us what we think it tells us?

2836
02:19:40,700 --> 02:19:42,700
So I think that could be
an all day conversation.

2837
02:19:42,700 --> 02:19:45,270
I want to let Brian weigh in here too.

2838
02:19:45,270 --> 02:19:46,660
So Brian.

2839
02:19:46,660 --> 02:19:48,760
- Yeah, well, thank
you for passing it off.

2840
02:19:48,760 --> 02:19:52,153
I'll throw in a hallelujah
to, (indistinct)

2841
02:19:53,040 --> 02:19:55,747
mentioned earlier, but
I'll kind of follow up on

2842
02:19:55,747 --> 02:19:59,790
the RCT alternatives and
particularly if you're trying to

2843
02:19:59,790 --> 02:20:04,420
maintain the trust that takes
a while to actually build

2844
02:20:04,420 --> 02:20:07,530
thinking about your control
group is also really important.

2845
02:20:07,530 --> 02:20:10,570
So, you know, you can
have alternatives like

2846
02:20:10,570 --> 02:20:12,760
a step wedge design, where
everybody actually does get

2847
02:20:12,760 --> 02:20:14,530
the intervention at some point,

2848
02:20:14,530 --> 02:20:16,470
or some of these other adaptive designs,

2849
02:20:16,470 --> 02:20:18,610

like a sequential multiple assignment,

2850

02:20:18,610 --> 02:20:22,480
randomized trial or
smart, are easier to say,

2851

02:20:22,480 --> 02:20:26,951
or these micro randomized
trials where you kind of,

2852

02:20:26,951 --> 02:20:29,980
are able to test
multi-component interventions

2853

02:20:29,980 --> 02:20:32,840
by turning some things
on or off and finding out

2854

02:20:32,840 --> 02:20:34,459
for whom it works, and when.

2855

02:20:34,459 --> 02:20:37,900
So really taking into
greater degree the context

2856

02:20:37,900 --> 02:20:39,760
both on a daily basis,

2857

02:20:39,760 --> 02:20:42,330
but also at the environmental
and systemic levels.

2858

02:20:42,330 --> 02:20:47,330
So that kind of core to all of
that is kind of understanding

2859

02:20:47,390 --> 02:20:50,876
going back to the idea that, you know,

2860

02:20:50,876 --> 02:20:52,240
instead of just controlling for something,

2861
02:20:52,240 --> 02:20:55,230
we're actually looking at the
intersectionality, as well,

2862
02:20:55,230 --> 02:21:00,230
and how some of these variables
might influence one another.

2863
02:21:00,470 --> 02:21:03,130
Were working conjunction
and maybe work differently

2864
02:21:03,130 --> 02:21:04,200
in different populations.

2865
02:21:04,200 --> 02:21:07,857
So thinking more about
advanced statistical approaches

2866
02:21:09,500 --> 02:21:10,333
as well.

2867
02:21:10,333 --> 02:21:14,290
So using, like moderated
mediation or mediated moderation,

2868
02:21:14,290 --> 02:21:17,420
or many other kinds of forms
of which you can develop

2869
02:21:17,420 --> 02:21:20,650
these conditional or
processed types of analysis.

2870
02:21:20,650 --> 02:21:23,870
And also thinking about how we can use

2871
02:21:24,900 --> 02:21:27,900
secondary data analysis on
the massive amounts of data

2872
02:21:27,900 --> 02:21:29,570
we already have on these topics,

2873
02:21:29,570 --> 02:21:31,090
but just hasn't been explored,

2874
02:21:31,090 --> 02:21:36,090
or it hasn't been explored
via traditional methods,

2875
02:21:36,470 --> 02:21:39,700
but could be adapted using
like AI or machine learning

2876
02:21:39,700 --> 02:21:42,530
to identify what are the core facets

2877
02:21:42,530 --> 02:21:47,530
that are driving a lot of
these kind of outcomes?

2878
02:21:47,980 --> 02:21:51,000
And then how can we kind
of modify those within

2879
02:21:51,000 --> 02:21:54,280
and I guess at a broader
level, also just thinking about

2880
02:21:54,280 --> 02:21:56,050
not only just analysis and approaches,

2881
02:21:56,050 --> 02:22:01,013
but data repositories,
that could be accessible,

2882
02:22:03,689 --> 02:22:05,500
in relation to that kind
of data harmonization

2883
02:22:05,500 --> 02:22:08,480
and systematic ways to measure everything.

2884
02:22:08,480 --> 02:22:12,860
So unfortunately, there's the
social determinants of health,

2885
02:22:12,860 --> 02:22:17,260
core items and additional
special collections

2886
02:22:17,260 --> 02:22:19,570
within the PhenX Toolkit, it's nice to see

2887
02:22:19,570 --> 02:22:22,450
that certain funding
announcements are specifying

2888
02:22:22,450 --> 02:22:25,440
you need to be implementing
these measures.

2889
02:22:25,440 --> 02:22:29,410
But just think if kind of
like the mandate equity,

2890
02:22:29,410 --> 02:22:32,730
if the additional power analysis
of every statistical plan,

2891
02:22:32,730 --> 02:22:34,764
you had to have an SDOH plan.

2892
02:22:34,764 --> 02:22:39,100

And now, you know, maybe
those researchers don't,

2893

02:22:39,100 --> 02:22:40,810
not every researcher in
the world necessarily

2894

02:22:40,810 --> 02:22:43,720
has to do the analysis but
maybe that data would at least

2895

02:22:43,720 --> 02:22:47,090
get dropped into a
folder that is accessible

2896

02:22:47,090 --> 02:22:49,860
to everyone else that does
want to focus on that,

2897

02:22:49,860 --> 02:22:51,233
which would allow us to look at

2898

02:22:51,233 --> 02:22:53,330
a much wider array of outcomes

2899

02:22:53,330 --> 02:22:57,180
and the intersectionality
of different populations

2900

02:22:57,180 --> 02:22:58,013
and different outcomes

2901

02:22:58,013 --> 02:22:59,980
and different health domains in general.

2902

02:22:59,980 --> 02:23:00,830
So.

2903

02:23:00,830 --> 02:23:02,933

- Yeah, that is great.

2904

02:23:04,130 --> 02:23:08,100

I love that that will have
an SDOH plan, as long,

2905

02:23:08,100 --> 02:23:10,610

as well as a power analysis
in every grant application.

2906

02:23:10,610 --> 02:23:11,443

I love that.

2907

02:23:11,443 --> 02:23:12,448

I hope that--

2908

02:23:12,448 --> 02:23:14,357

- I apologize to my colleagues
for adding extra reading.

2909

02:23:14,357 --> 02:23:16,026

(indistinct)

2910

02:23:16,026 --> 02:23:16,859

- That's all right.

2911

02:23:16,859 --> 02:23:17,692

That's lit.

2912

02:23:17,692 --> 02:23:18,753

- So I want to move us on
to question number two,

2913

02:23:18,753 --> 02:23:22,370

because they think it is
related to this conversation

2914

02:23:22,370 --> 02:23:23,350

that we're having.

2915

02:23:23,350 --> 02:23:26,120

And that question is how do
we balance generalizability,

2916

02:23:26,120 --> 02:23:28,650

scalability with cultural adaptation?

2917

02:23:28,650 --> 02:23:30,760

And I think there's the
precise question around

2918

02:23:30,760 --> 02:23:33,340

cultural adaptation in that.

2919

02:23:33,340 --> 02:23:36,430

But to me, it also begs
questions, really about

2920

02:23:36,430 --> 02:23:39,060

the value that we put on generalizability

2921

02:23:39,060 --> 02:23:41,580

when again, we know that
randomized clinical trials

2922

02:23:41,580 --> 02:23:43,050

are violating so many assumptions,

2923

02:23:43,050 --> 02:23:44,830

do we really have the external validity

2924

02:23:44,830 --> 02:23:48,300

that we think we have,
such that the interventions

2925

02:23:48,300 --> 02:23:53,300

we're testing are going to
generalize exactly in the ways

2926
02:23:53,440 --> 02:23:54,923
we think, so I think embedded in this,

2927
02:23:54,923 --> 02:23:57,349
there's a little bit of that RCT question.

2928
02:23:57,349 --> 02:24:00,420
But then also, it's really
critical question about

2929
02:24:00,420 --> 02:24:02,805
cultural adaptation,
obviously, for working,

2930
02:24:02,805 --> 02:24:05,570
engaged with communities,
we need to be responding,

2931
02:24:05,570 --> 02:24:07,860
Willie, you brought up
the measurement issue.

2932
02:24:07,860 --> 02:24:10,320
So just posing this
question on generalizability

2933
02:24:10,320 --> 02:24:11,643
and cultural adaptation.

2934
02:24:13,040 --> 02:24:13,880
And who wants to go?

2935
02:24:13,880 --> 02:24:14,713
Willie?

2936
02:24:14,713 --> 02:24:16,393
- I'm happy to happy to start.

2937
02:24:17,771 --> 02:24:19,730
I think it's such a great question.

2938
02:24:19,730 --> 02:24:23,230
And I think that we have to focus on both.

2939
02:24:23,230 --> 02:24:26,560
And I know that sort of
the the easy way out here.

2940
02:24:26,560 --> 02:24:30,300
But certainly, there's evidence that

2941
02:24:30,300 --> 02:24:34,950
culturally syntonc
interventions are efficacious.

2942
02:24:34,950 --> 02:24:37,640
And in fact, there are some studies where

2943
02:24:37,640 --> 02:24:39,200
they have been shown to be more so

2944
02:24:39,200 --> 02:24:41,550
and believe me, Castro and
others have done some nice work

2945
02:24:41,550 --> 02:24:43,857
in this area of cultural adaptations.

2946
02:24:43,857 --> 02:24:48,430
I also don't want us to just focus on

2947
02:24:48,430 --> 02:24:52,070
the cultural adaptation
if it's going to impede

2948
02:24:52,070 --> 02:24:56,830

the wide dissemination of
evidence based practices.

2949

02:24:56,830 --> 02:24:59,900

And so I'm going to use
terms that Greg Aaron's

2950

02:24:59,900 --> 02:25:02,650

and Hendricks Brown and others have coined

2951

02:25:02,650 --> 02:25:07,650

and it's the importance of
scaling out and also scaling up.

2952

02:25:08,700 --> 02:25:12,700

So scaling out referring
to the adaptation of

2953

02:25:12,700 --> 02:25:15,510

an evidence based intervention
for another population

2954

02:25:15,510 --> 02:25:18,670

and other settings, potentially,

2955

02:25:18,670 --> 02:25:21,950

and then scaling up taking an
evidence based intervention

2956

02:25:21,950 --> 02:25:25,358

and scaling it up to that
particular population or setting.

2957

02:25:25,358 --> 02:25:27,700

And so I think that we have to do

2958

02:25:27,700 --> 02:25:30,330

both of those simultaneously.

2959

02:25:30,330 --> 02:25:32,900
And I think the question becomes is,

2960
02:25:32,900 --> 02:25:34,999
how much of an adaptation do we have to do

2961
02:25:34,999 --> 02:25:38,200
before we can begin to scale up,

2962
02:25:38,200 --> 02:25:41,440
and I think Brian made some
great comments earlier about

2963
02:25:41,440 --> 02:25:46,010
looking at innovative methods,
including smart designs.

2964
02:25:46,010 --> 02:25:49,000
And so I would say, we could
also think about looking at

2965
02:25:49,000 --> 02:25:53,040
which are the core components
or the core ingredients

2966
02:25:53,040 --> 02:25:57,040
of certain interventions
that are driving the effects.

2967
02:25:57,040 --> 02:26:00,920
And so for example, here,
you're going to see my own bias

2968
02:26:00,920 --> 02:26:03,020
of doing family intervention work.

2969
02:26:03,020 --> 02:26:07,090
And so family processes
are certainly common

2970
02:26:07,090 --> 02:26:11,010
and important factors
across multiple populations.

2971
02:26:11,010 --> 02:26:15,190
So if we can disentangle
the core ingredients

2972
02:26:15,190 --> 02:26:17,760
of evidence based interventions,

2973
02:26:17,760 --> 02:26:20,700
when we adapt we don't
have to reinvent the wheel

2974
02:26:20,700 --> 02:26:22,440
and start from the very beginning,

2975
02:26:22,440 --> 02:26:24,690
we can build off of the
great work that's been done

2976
02:26:24,690 --> 02:26:29,140
by others and then I think we
can use innovative designs,

2977
02:26:29,140 --> 02:26:30,650
such as what Brian mentioned,

2978
02:26:30,650 --> 02:26:33,150
I think we could use other
approaches like (indistinct)

2979
02:26:33,150 --> 02:26:36,610
for example, to try to
understand which other components

2980
02:26:36,610 --> 02:26:40,010
that are driving to the to

the intervention effects.

2981

02:26:40,010 --> 02:26:43,457

So for me, it's both about
scaling up and scaling out.

2982

02:26:45,150 --> 02:26:46,083

- Fantastic.

2983

02:26:46,940 --> 02:26:48,033

Debra Brian.

2984

02:26:50,890 --> 02:26:52,910

- Well, he said it perfectly.

2985

02:26:52,910 --> 02:26:56,090

The only one thing that
I would add to that is,

2986

02:26:56,090 --> 02:26:59,670

and it's funny, right, being a reviewer,

2987

02:26:59,670 --> 02:27:03,400

we talk a lot about scalability
and generalizability

2988

02:27:03,400 --> 02:27:08,400

and all, but this is such a
niche population is this really,

2989

02:27:08,860 --> 02:27:12,630

but like, I think that's
maybe the wrong way

2990

02:27:12,630 --> 02:27:14,070

to think about it.

2991

02:27:14,070 --> 02:27:14,903

Right?

2992

02:27:14,903 --> 02:27:16,410

Because we have, you know,

2993

02:27:16,410 --> 02:27:19,520

and I'll just use this COVID
example right now, you know,

2994

02:27:19,520 --> 02:27:21,973

as an African American people are asking,

2995

02:27:23,280 --> 02:27:25,127

how does the COVID vaccine
response for people

2996

02:27:25,127 --> 02:27:27,970

who have sickle cell disease
or sickle cell trait,

2997

02:27:27,970 --> 02:27:32,770

which is predominantly in
African American communities

2998

02:27:32,770 --> 02:27:34,960

very overrepresented in the
African American community,

2999

02:27:34,960 --> 02:27:37,760

sickle cell trait, and
sickle cell disease?

3000

02:27:37,760 --> 02:27:40,800

And so I think about how
would a grant have fared

3001

02:27:40,800 --> 02:27:45,600

looking at some medication
in a sickle cell population,

3002

02:27:45,600 --> 02:27:48,040
because it affects a group

3003
02:27:48,040 --> 02:27:51,710
that's only 13% of the population,
and then that, you know,

3004
02:27:51,710 --> 02:27:56,260
disease expression is in
a very even smaller group

3005
02:27:56,260 --> 02:27:57,870
within that population.

3006
02:27:57,870 --> 02:28:00,180
But it doesn't mean
that it's not important,

3007
02:28:00,180 --> 02:28:02,770
it doesn't mean that it's
not worth looking at.

3008
02:28:02,770 --> 02:28:06,600
And so I think, again,
like, what's the training

3009
02:28:06,600 --> 02:28:11,090
and what's the sort of value
system that we have around

3010
02:28:12,400 --> 02:28:15,110
generalizability and scope or impact?

3011
02:28:15,110 --> 02:28:18,997
Is it important to understand good science

3012
02:28:18,997 --> 02:28:23,667
and good practice, and, you
know, small sub populations?

3013
02:28:23,667 --> 02:28:25,740
I think, if it's a value,

3014
02:28:25,740 --> 02:28:29,510
then it has to match the resources.

3015
02:28:29,510 --> 02:28:31,120
And then the other sort of,

3016
02:28:31,120 --> 02:28:34,030
it's a caution more than it is a solution,

3017
02:28:34,030 --> 02:28:36,980
is that we have to be
real clear of a one size

3018
02:28:36,980 --> 02:28:38,710
fits all model.

3019
02:28:38,710 --> 02:28:40,760
Because we know that context matters.

3020
02:28:40,760 --> 02:28:42,750
And that's what we're
talking about today, right.

3021
02:28:42,750 --> 02:28:45,920
These very sort of social, political

3022
02:28:45,920 --> 02:28:48,270
community level determinants of health.

3023
02:28:48,270 --> 02:28:52,190
And so that's why again,
I go back to I think,

3024
02:28:52,190 --> 02:28:54,950
DNI dissemination implementation

science and research

3025

02:28:54,950 --> 02:28:57,990
is so important, because
to go to Willie's point,

3026

02:28:57,990 --> 02:29:01,270
how to get things scaled
up and scaled out,

3027

02:29:01,270 --> 02:29:03,680
those things are happening in a context.

3028

02:29:03,680 --> 02:29:06,380
And so I think creating
communities of practice

3029

02:29:06,380 --> 02:29:10,070
built on good research and good
evidence will be important,

3030

02:29:10,070 --> 02:29:14,520
because how I implemented the
programs that I do in Flint

3031

02:29:14,520 --> 02:29:17,220
looks very different from
how I was able to do them

3032

02:29:17,220 --> 02:29:18,630
in Baltimore.

3033

02:29:18,630 --> 02:29:19,463
Right?

3034

02:29:19,463 --> 02:29:20,296
It just looks very different.

3035

02:29:20,296 --> 02:29:22,930

But there are lessons
learned from the science

3036

02:29:22,930 --> 02:29:26,190
behind scaling up and scaling
out that I could apply,

3037

02:29:26,190 --> 02:29:29,190
but there were really
important contextual variables

3038

02:29:29,190 --> 02:29:31,530
that made the two places very different,

3039

02:29:31,530 --> 02:29:33,960
which requires some adaptation.

3040

02:29:33,960 --> 02:29:36,920
And so I see it kind of as
a both and not an either or,

3041

02:29:36,920 --> 02:29:38,710
either you can scale up and out,

3042

02:29:38,710 --> 02:29:41,352
or either it's generalizable
or it's not, right.

3043

02:29:41,352 --> 02:29:44,823
We just have to broaden the
way that we think about it.

3044

02:29:46,135 --> 02:29:46,968
- That's great.

3045

02:29:46,968 --> 02:29:48,030
Brian.

3046

02:29:48,030 --> 02:29:51,063

- I like the win-win as well, Deb, so,

3047

02:29:52,084 --> 02:29:54,470

the ways to kind of find the best in both

3048

02:29:54,470 --> 02:29:57,650

and I think it's really
important to keep in context,

3049

02:29:57,650 --> 02:30:00,020

technology and the role that that can play

3050

02:30:00,020 --> 02:30:03,760

in helping make a lot of
these things become possible,

3051

02:30:03,760 --> 02:30:06,060

both with advanced statistics
and with, you know,

3052

02:30:06,060 --> 02:30:07,990

for example, like a smartphone,

3053

02:30:07,990 --> 02:30:11,320

you can actually start learning
what matters and to whom.

3054

02:30:11,320 --> 02:30:13,340

And you can actually customize,

3055

02:30:13,340 --> 02:30:14,710

you could still have the core elements

3056

02:30:14,710 --> 02:30:17,620

as Willie was mentioning, but
maybe you'd modify the way

3057

02:30:17,620 --> 02:30:19,420

in which is delivered or, you know,

3058
02:30:19,420 --> 02:30:21,840
even the color of the screen or something

3059
02:30:21,840 --> 02:30:24,847
so that it's kind of more
appealing or more attractive,

3060
02:30:24,847 --> 02:30:26,630
(indistinct) start kind
of influencing things

3061
02:30:26,630 --> 02:30:28,750
related to treatment,
engagement and adherence,

3062
02:30:28,750 --> 02:30:33,750
but also other outcomes that
would come as a result of that.

3063
02:30:33,760 --> 02:30:38,710
So there, you can kind of do
these mixed method approaches

3064
02:30:38,710 --> 02:30:41,530
through like agile development,
where it's very iterative,

3065
02:30:41,530 --> 02:30:45,280
with different focus group
type of end user testing,

3066
02:30:45,280 --> 02:30:47,450
and then being able to
then actually scale that up

3067
02:30:47,450 --> 02:30:50,593
pretty large, pretty quickly.

3068

02:30:50,593 --> 02:30:53,950
And then being able to evaluate, again,

3069
02:30:53,950 --> 02:30:56,530
through some large scale type studies,

3070
02:30:56,530 --> 02:30:58,240
what's working and for whom,

3071
02:30:58,240 --> 02:31:00,520
and being able to actually
turn things on and off,

3072
02:31:00,520 --> 02:31:04,650
so that you can then start modifying it

3073
02:31:04,650 --> 02:31:06,330
in the context that's most appropriate

3074
02:31:06,330 --> 02:31:08,000
for the patient population.

3075
02:31:08,000 --> 02:31:11,750
So a couple thoughts on that.

3076
02:31:11,750 --> 02:31:15,980
And then also thinking
about how multi site trials

3077
02:31:15,980 --> 02:31:18,060
and consortia can work together,

3078
02:31:18,060 --> 02:31:21,530
essentially, to kind of
already use best practices.

3079
02:31:21,530 --> 02:31:24,067
So maybe it would also be in
partnership with organizations

3080

02:31:24,067 --> 02:31:25,497
who are outside of NIDO

3081

02:31:28,588 --> 02:31:29,730
or substance use specific work,

3082

02:31:29,730 --> 02:31:32,060
but already have infrastructures
in place of working

3083

02:31:32,060 --> 02:31:34,150
with different community stakeholders.

3084

02:31:34,150 --> 02:31:37,870
And so we can kind of leverage
already existing resources

3085

02:31:37,870 --> 02:31:40,320
that are already in
place, things like that.

3086

02:31:40,320 --> 02:31:41,205
- Great.

3087

02:31:41,205 --> 02:31:42,038
Great,

3088

02:31:42,038 --> 02:31:42,871
Thank you.

3089

02:31:42,871 --> 02:31:43,940
- Can I say something about that?

3090

02:31:43,940 --> 02:31:45,710
It's a real life example.

3091

02:31:45,710 --> 02:31:48,530

And I'm going to tell
one on myself if I could.

3092

02:31:48,530 --> 02:31:53,530
This notion around technology
and how we adapt models,

3093

02:31:54,330 --> 02:31:56,940
I will tell you, we worked very hard

3094

02:31:56,940 --> 02:31:59,090
to get the Strengthening Families Program

3095

02:31:59,090 --> 02:32:01,280
as a reimbursable program,
because a lot, you know,

3096

02:32:01,280 --> 02:32:03,230
we have Medicaid expansion in my city,

3097

02:32:03,230 --> 02:32:05,640
so a lot of our population
is Medicaid eligible.

3098

02:32:05,640 --> 02:32:08,330
And as we started to think
about sustainability of programs

3099

02:32:08,330 --> 02:32:10,277
and how we scale them up,
and how we scale them out,

3100

02:32:10,277 --> 02:32:12,250
and how we have them
be able to be sustained

3101

02:32:12,250 --> 02:32:14,590
when the research dollars go away,

3102

02:32:14,590 --> 02:32:16,930
the state will actually
pay for the program.

3103
02:32:16,930 --> 02:32:19,030
And now it is a Medicaid
reimbursable program,

3104
02:32:19,030 --> 02:32:20,053
we did that work.

3105
02:32:20,910 --> 02:32:23,410
The version of the program
that they wanted us to use

3106
02:32:23,410 --> 02:32:25,960
was adapted by our
colleagues in Iowa, right,

3107
02:32:25,960 --> 02:32:27,710
because they deal with rural communities.

3108
02:32:27,710 --> 02:32:29,691
And so getting families together

3109
02:32:29,691 --> 02:32:33,230
in the way that the sort
of classic program work

3110
02:32:33,230 --> 02:32:37,320
wasn't really possible
in many parts of Iowa.

3111
02:32:37,320 --> 02:32:39,270
But it's a lot cheaper,
because you're not having

3112
02:32:39,270 --> 02:32:41,160
to deal with transportation, you know,

3113
02:32:41,160 --> 02:32:43,210
big part of the program
is the family meal,

3114
02:32:43,210 --> 02:32:45,430
which for a lot of
families, it's the only time

3115
02:32:45,430 --> 02:32:46,980
that they actually sit down together,

3116
02:32:46,980 --> 02:32:49,063
we have many families that are
participating this program,

3117
02:32:49,063 --> 02:32:52,930
not here, but also in my
programs in Baltimore and in DC,

3118
02:32:52,930 --> 02:32:57,270
who for many families, this
was like the first non holiday

3119
02:32:57,270 --> 02:33:00,680
where they had actually just
sat down on a regular basis

3120
02:33:00,680 --> 02:33:04,040
and had dinner together and
checked in with each other.

3121
02:33:04,040 --> 02:33:08,500
So I was just like, I
just was on up in arms

3122
02:33:08,500 --> 02:33:09,630
when the state said we'll pay for it.

3123
02:33:09,630 --> 02:33:13,010

But we want you all to try this new model

3124

02:33:13,010 --> 02:33:15,340
that also has strong evidence behind it.

3125

02:33:15,340 --> 02:33:17,234
And I was so resistant.

3126

02:33:17,234 --> 02:33:21,310
And I was so surprised to find
out that we could actually

3127

02:33:21,310 --> 02:33:24,320
implement that program well,

3128

02:33:24,320 --> 02:33:28,020
that it did solve a lot of
problems that families had,

3129

02:33:28,020 --> 02:33:31,770
we got really creative and had
meals delivered to families.

3130

02:33:31,770 --> 02:33:34,650
And so people would be on
Zoom and things like that,

3131

02:33:34,650 --> 02:33:36,950
having their family meal together.

3132

02:33:36,950 --> 02:33:39,070
A lot of moms talked about,
it was the first time

3133

02:33:39,070 --> 02:33:40,808
they cleaned off the dining room table

3134

02:33:40,808 --> 02:33:43,150
(indistinct) full of

male and other things.

3135

02:33:43,150 --> 02:33:46,503

And lo and behold COVID hits.

3136

02:33:47,760 --> 02:33:52,150

And we are a demonstration
site in an urban center

3137

02:33:52,150 --> 02:33:57,150

for how to do a remote
distance virtual version

3138

02:33:58,210 --> 02:34:01,580

of this very robust, very efficacious,

3139

02:34:01,580 --> 02:34:03,220

very effective program.

3140

02:34:03,220 --> 02:34:07,170

Like, and I myself didn't want to do it.

3141

02:34:07,170 --> 02:34:11,730

So again, it's like how do
we sort of build a case for

3142

02:34:11,730 --> 02:34:16,730

and really disseminate,
how you can adapt programs,

3143

02:34:17,610 --> 02:34:20,090

when I know that there's
resistance because I see myself

3144

02:34:20,090 --> 02:34:22,470

as somebody who's very nimble and flexible

3145

02:34:22,470 --> 02:34:25,490

and willing to sort of venture

out on the skinny branches

3146

02:34:25,490 --> 02:34:28,240

of different study designs.

3147

02:34:28,240 --> 02:34:32,420

But I can imagine there's

resistance to that.

3148

02:34:32,420 --> 02:34:35,330

And is there really

funding for that, right?

3149

02:34:35,330 --> 02:34:37,800

Is there funding for

the research behind it?

3150

02:34:37,800 --> 02:34:39,590

This was implementation.

3151

02:34:39,590 --> 02:34:41,010

This was the state paying for it.

3152

02:34:41,010 --> 02:34:43,760

So we just basically did what they said.

3153

02:34:43,760 --> 02:34:46,120

And then I did the research around it,

3154

02:34:46,120 --> 02:34:48,500

but I just think there's so

many missed opportunities.

3155

02:34:48,500 --> 02:34:51,190

And we've learned a lot I

think, during this pandemic,

3156

02:34:51,190 --> 02:34:53,870

that some of the ways

we've been doing things,

3157

02:34:53,870 --> 02:34:56,420
there's some other ways,
but we need better data

3158

02:34:56,420 --> 02:34:59,830
and better research and better
science (faintly speaking)

3159

02:34:59,830 --> 02:35:00,663
- [Kathy] Yeah.

3160

02:35:00,663 --> 02:35:02,310
- And Deb, and if I may, Kathy, sorry,

3161

02:35:02,310 --> 02:35:04,690
just one minute.

3162

02:35:04,690 --> 02:35:07,090
I can relate to exactly
what you're saying.

3163

02:35:07,090 --> 02:35:08,790
And now it's sort of my amen to you,

3164

02:35:08,790 --> 02:35:12,270
because I think that
your points are right on.

3165

02:35:12,270 --> 02:35:16,140
And as we think about the
internet or online platforms,

3166

02:35:16,140 --> 02:35:19,290
as Brian was setting for
the dissemination of these

3167

02:35:19,290 --> 02:35:22,530

interventions, I also do
think that we have to sort of,

3168
02:35:22,530 --> 02:35:23,830
again, balance that,

3169
02:35:23,830 --> 02:35:26,359
this goes back to the adaptation question,

3170
02:35:26,359 --> 02:35:30,330
because there is an adaptation
that goes from moving these

3171
02:35:30,330 --> 02:35:34,250
to a face to face and
to an online platform.

3172
02:35:34,250 --> 02:35:38,360
And we have to think still
about how to make that relevant

3173
02:35:38,360 --> 02:35:42,631
to the context, to the
population without sort of losing

3174
02:35:42,631 --> 02:35:44,540
that central focus.

3175
02:35:44,540 --> 02:35:45,710
- [Kathy] Right.

3176
02:35:45,710 --> 02:35:46,660
- Yeah.Yep.

3177
02:35:46,660 --> 02:35:48,177
- Okay, thanks for those comments.

3178
02:35:48,177 --> 02:35:50,999
And I think those were all

really important points.

3179

02:35:50,999 --> 02:35:53,850
In terms of our next question,

3180

02:35:53,850 --> 02:35:57,440
is really honing in on
these contextual variables.

3181

02:35:57,440 --> 02:36:00,760
So what contextual variables
should be included to ensure

3182

02:36:00,760 --> 02:36:04,360
that findings about racial
differences or racial inequities

3183

02:36:04,360 --> 02:36:06,330
can uncover underlying causes

3184

02:36:06,330 --> 02:36:08,520
rather than being attributed race itself?

3185

02:36:08,520 --> 02:36:10,830
And I think, you know, this sort of, Deb,

3186

02:36:10,830 --> 02:36:13,930
harkens back to the statement
you made in your talk,

3187

02:36:13,930 --> 02:36:16,350
which is that there's
nothing special about race

3188

02:36:16,350 --> 02:36:18,090
that explains the
differences that we really,

3189

02:36:18,090 --> 02:36:20,288

if we have this equity perspective,

3190

02:36:20,288 --> 02:36:23,310
it moves us into this other
way of thinking about it

3191

02:36:23,310 --> 02:36:27,630
and really looking at
how we remove the fence

3192

02:36:28,621 --> 02:36:30,369
and realize that it's
these structural factors.

3193

02:36:30,369 --> 02:36:34,320
But just specifically
to hear from all of you

3194

02:36:35,770 --> 02:36:38,170
what contextual variables
and what other steps

3195

02:36:38,170 --> 02:36:41,883
should be taken to support
informed data interpretation.

3196

02:36:50,340 --> 02:36:52,220
- I guess I'll jump at it.

3197

02:36:52,220 --> 02:36:56,100
So I think I'll first
do a shout out again,

3198

02:36:56,100 --> 02:36:58,240
to the PhenX Toolkit.

3199

02:36:58,240 --> 02:37:02,440
So it kind of again, have
some examples of individual

3200
02:37:02,440 --> 02:37:07,420
and also systemic or structural
types of questionnaires,

3201
02:37:07,420 --> 02:37:09,330
that can be applied.

3202
02:37:09,330 --> 02:37:12,450
So the list could be rather
long when thinking about

3203
02:37:12,450 --> 02:37:14,332
the things that are related to race,

3204
02:37:14,332 --> 02:37:17,500
or kind of more downstream,
whether it's wealth or dialect,

3205
02:37:17,500 --> 02:37:21,923
or neighborhood or social
status, norms, skin color,

3206
02:37:23,640 --> 02:37:26,280
religion, and so on, and so on.

3207
02:37:26,280 --> 02:37:30,230
But one can kind of see all those

3208
02:37:30,230 --> 02:37:32,880
that are in the actual available online,

3209
02:37:32,880 --> 02:37:36,570
but also thinking about
other factors that might be

3210
02:37:37,980 --> 02:37:40,690
like medical mistrust or stigma,

3211

02:37:40,690 --> 02:37:43,690
and also protective factors.

3212
02:37:43,690 --> 02:37:45,890
So different measures of resiliency,

3213
02:37:45,890 --> 02:37:48,870
or other kind of components
that might buffer

3214
02:37:48,870 --> 02:37:51,501
some of the relationship that's driven

3215
02:37:51,501 --> 02:37:53,211
through some of these other causes,

3216
02:37:53,211 --> 02:37:56,070
I think it's really important to add into

3217
02:37:56,070 --> 02:37:58,780
people's conceptual models.

3218
02:37:58,780 --> 02:38:01,980
Because the more we identified
kind of some of these buffers

3219
02:38:01,980 --> 02:38:05,870
or protective factors, the more
we can actually build things

3220
02:38:05,870 --> 02:38:07,060
around improving those,

3221
02:38:07,060 --> 02:38:09,640
in addition to decreasing
some of the risk factors.

3222
02:38:09,640 --> 02:38:12,520
So I just want to mention that.

3223

02:38:12,520 --> 02:38:15,010

And then the other thing to think about is the way we define

3224

02:38:15,010 --> 02:38:16,898

a lot of these terms or context variables.

3225

02:38:16,898 --> 02:38:21,860

So, context can be subjective or physical environments,

3226

02:38:21,860 --> 02:38:23,778

or it can be a number of different things.

3227

02:38:23,778 --> 02:38:26,186

And when we say words like community,

3228

02:38:26,186 --> 02:38:28,390

I think that might mean different things

3229

02:38:28,390 --> 02:38:29,950

to different people.

3230

02:38:29,950 --> 02:38:32,900

But we kind of just usually just mention it.

3231

02:38:32,900 --> 02:38:36,140

But the way in which most administrative

3232

02:38:36,140 --> 02:38:39,040

or kind of publicly available datasets measure this

3233

02:38:39,040 --> 02:38:44,040

might be way different than a citizen might actually define

3234
02:38:44,310 --> 02:38:45,260
their own communities

3235
02:38:45,260 --> 02:38:47,240
within like a citizen
science based approach.

3236
02:38:47,240 --> 02:38:50,680
So whether you're talking about
census tracts, or counties,

3237
02:38:50,680 --> 02:38:54,230
or zip codes, somebody else
might think about it as

3238
02:38:56,070 --> 02:38:58,190
you know, much different
contexts or different boundaries

3239
02:38:58,190 --> 02:39:01,450
that actually represent
their actual daily life,

3240
02:39:01,450 --> 02:39:05,090
and where they actually
interact and what they see.

3241
02:39:05,090 --> 02:39:08,140
So keeping in mind, some
of those factors as well,

3242
02:39:08,140 --> 02:39:10,430
I think are really important.

3243
02:39:10,430 --> 02:39:11,840
- Yeah, that's helpful.

3244
02:39:11,840 --> 02:39:15,920
I think, I'd like to reframe

this question a little bit.

3245

02:39:15,920 --> 02:39:17,830

And then Willie, I'll call on you.

3246

02:39:17,830 --> 02:39:20,930

But you know, I think it's
partially what we talked about

3247

02:39:20,930 --> 02:39:22,877

in the last discussion
session, where we think about,

3248

02:39:22,877 --> 02:39:25,110

you know, the individual level,

3249

02:39:25,110 --> 02:39:26,810

this more sociological level,

3250

02:39:26,810 --> 02:39:28,510

the perspectives from different science

3251

02:39:28,510 --> 02:39:30,360

where we're not interpreting results

3252

02:39:30,360 --> 02:39:34,515

as an individual problem, but rather,

3253

02:39:34,515 --> 02:39:37,580

that there are these
systemic factors that are,

3254

02:39:37,580 --> 02:39:40,950

so I think that's where we're
sort of thinking to go there.

3255

02:39:40,950 --> 02:39:41,783

So Willie, I'll call on you

3256

02:39:41,783 --> 02:39:43,800
and see if that helps
flush it out any more.

3257

02:39:43,800 --> 02:39:46,920
- Actually, Kathy, you took the
words right out of my mouth,

3258

02:39:46,920 --> 02:39:49,930
because that's practically
what I was gonna say.

3259

02:39:49,930 --> 02:39:52,760
And so I do think that we have to focus on

3260

02:39:52,760 --> 02:39:54,720
some of these upstream factors

3261

02:39:55,610 --> 02:39:57,960
that we typically don't focus on,

3262

02:39:57,960 --> 02:40:01,865
including certainly, you know,
structural discrimination,

3263

02:40:01,865 --> 02:40:05,270
societal structure, Maggie
mentioned some earlier

3264

02:40:05,270 --> 02:40:08,540
on her presentation in
terms of employment,

3265

02:40:08,540 --> 02:40:11,860
and certainly, you
know, policies and laws.

3266

02:40:11,860 --> 02:40:16,860
And I also think that political

climate is an important one,

3267

02:40:17,760 --> 02:40:20,590
certainly I think we live
in very interesting times

3268

02:40:20,590 --> 02:40:25,083
where in some ways there's
direct correlations between,

3269

02:40:26,940 --> 02:40:30,020
political climate, and public health

3270

02:40:30,020 --> 02:40:34,180
and other things that are
going on in the country

3271

02:40:34,180 --> 02:40:35,670
with systemic racism.

3272

02:40:35,670 --> 02:40:40,220
So I do think that, that
it is important to focus on

3273

02:40:40,220 --> 02:40:43,095
political climate and societal structure,

3274

02:40:43,095 --> 02:40:45,520
which are typically upstream factors

3275

02:40:45,520 --> 02:40:48,590
that we have not focused on in the past.

3276

02:40:48,590 --> 02:40:53,590
And just a shout out to
NIMHD, they have a great,

3277

02:40:53,832 --> 02:40:56,620
they have a great research framework,

3278
02:40:56,620 --> 02:40:57,517
the National Institute of Mental Health

3279
02:40:57,517 --> 02:40:59,530
and Health Disparities,

3280
02:40:59,530 --> 02:41:02,800
that really does in addition
to certainly focusing on

3281
02:41:02,800 --> 02:41:05,300
the individual and the interpersonal,

3282
02:41:05,300 --> 02:41:08,490
there's really a strong
focus on the community

3283
02:41:08,490 --> 02:41:10,473
and more of the upstream level factors.

3284
02:41:12,690 --> 02:41:13,550
- Great, thanks for that.

3285
02:41:13,550 --> 02:41:15,273
Deb anything to add there?

3286
02:41:16,482 --> 02:41:20,910
- No, I'm busy answering
questions in the Q&A queue

3287
02:41:20,910 --> 02:41:22,420
because I know we're not
gonna get to them all.

3288
02:41:22,420 --> 02:41:24,707
So I typed some because
people were asking about

3289

02:41:24,707 --> 02:41:28,040
the PhenX Toolkit, which
I do think is awesome.

3290

02:41:28,040 --> 02:41:31,340
And I really appreciate Dr.
Heckman for pointing us to that,

3291

02:41:31,340 --> 02:41:33,430
because one of the things that I think,

3292

02:41:33,430 --> 02:41:35,300
and if I look at some
of the other questions

3293

02:41:35,300 --> 02:41:37,520
that have been raised in previous panels,

3294

02:41:37,520 --> 02:41:40,550
people say, you know, what
are the best measures,

3295

02:41:40,550 --> 02:41:43,173
and which things could we be including,

3296

02:41:46,677 --> 02:41:48,470
and so providing tools
and standards for people,

3297

02:41:48,470 --> 02:41:52,810
because many of us were not
trained to think this way,

3298

02:41:52,810 --> 02:41:56,310
let alone sort of have the expertise,

3299

02:41:56,310 --> 02:42:00,240
we might have the will or a core value,

3300
02:42:00,240 --> 02:42:02,930
to sort of broaden how we view the world

3301
02:42:02,930 --> 02:42:05,830
and how we view and
contextualize our research.

3302
02:42:05,830 --> 02:42:08,720
That's very different
from then actually having

3303
02:42:08,720 --> 02:42:11,620
the practical sort of tools and skills

3304
02:42:11,620 --> 02:42:12,470
to be able to do that.

3305
02:42:12,470 --> 02:42:15,517
So I'll give another nod
to the PhenX Toolkit.

3306
02:42:15,517 --> 02:42:20,283
And I did put the links to
that in the chat for people.

3307
02:42:21,700 --> 02:42:24,700
Just to harken back to
what I did in my talk,

3308
02:42:24,700 --> 02:42:27,836
looking at the causes
of the causes, you know,

3309
02:42:27,836 --> 02:42:31,630
there's no such notion of
downstream versus upstream.

3310
02:42:31,630 --> 02:42:34,370
I always tell people, when

you identify disparities,

3311

02:42:34,370 --> 02:42:36,030

I don't expect people to, you know,

3312

02:42:36,030 --> 02:42:39,840

nobody trained me in how to
be a researcher or activist,

3313

02:42:39,840 --> 02:42:42,040

nobody, you know, I remember being a kid,

3314

02:42:42,040 --> 02:42:43,760

and there's that Schoolhouse Rock video,

3315

02:42:43,760 --> 02:42:46,860

how a bill becomes a law, you know,

3316

02:42:46,860 --> 02:42:50,310

there's so much more to how
a bill becomes a law, right?

3317

02:42:50,310 --> 02:42:53,470

That was a great video,
but it didn't tell me that,

3318

02:42:53,470 --> 02:42:56,440

cause I actually thought,
in graduate school

3319

02:42:56,440 --> 02:43:00,243

and after graduating,
that data drives policy,

3320

02:43:01,220 --> 02:43:02,960

like that made good sense to me.

3321

02:43:02,960 --> 02:43:05,410

And then I realized data

does not drive policy,

3322

02:43:05,410 --> 02:43:09,740

we had data on the harms
of tobacco use for decades

3323

02:43:09,740 --> 02:43:13,470

before we actually got
policies that regulated tobacco

3324

02:43:13,470 --> 02:43:16,410

and put warning labels on tobacco products

3325

02:43:16,410 --> 02:43:17,750

and things like that.

3326

02:43:17,750 --> 02:43:20,750

So I always tell people, it's
not data that drives policy,

3327

02:43:20,750 --> 02:43:22,940

it's politicians that drive policy.

3328

02:43:22,940 --> 02:43:25,040

And if you're lucky, you'll
be able to use your data

3329

02:43:25,040 --> 02:43:28,430

and relationships to influence
a politician to drive policy,

3330

02:43:28,430 --> 02:43:31,770

there's a lot more that
happens sort of along the way.

3331

02:43:31,770 --> 02:43:36,770

So I just think that, us
sort of saying it matters

3332

02:43:36,970 --> 02:43:39,530
using the great tools that we have,

3333
02:43:39,530 --> 02:43:43,946
baking equity in to FOAs,

3334
02:43:43,946 --> 02:43:47,530
to opportunities for improving pipeline.

3335
02:43:47,530 --> 02:43:50,070
And I don't mean, just getting
people in the pipeline,

3336
02:43:50,070 --> 02:43:52,563
because a lot of people
get in and then fall out.

3337
02:43:53,526 --> 02:43:57,640
It's sort of a start in and
getting us into the world of it.

3338
02:43:57,640 --> 02:44:01,910
But I do think we do have a
lot of knowledge in science

3339
02:44:01,910 --> 02:44:04,670
around some of these factors.

3340
02:44:04,670 --> 02:44:06,140
And we should be using those.

3341
02:44:06,140 --> 02:44:09,740
So people are sort of asking
themselves, where can I start,

3342
02:44:09,740 --> 02:44:13,530
the PhenX Toolkit is a good
sort of place to start.

3343

02:44:13,530 --> 02:44:15,953
And then depending on who I'm talking to,

3344
02:44:15,953 --> 02:44:18,890
I tell my research assistants
all the time, Google it,

3345
02:44:18,890 --> 02:44:21,610
or Google Scholar it,
if you go into PubMed

3346
02:44:21,610 --> 02:44:24,710
and you put in social
determinants of health,

3347
02:44:24,710 --> 02:44:27,350
a whole lot comes up.

3348
02:44:27,350 --> 02:44:31,470
If you go into some of
these really scholarly

3349
02:44:31,470 --> 02:44:34,410
and scientific places where
our work is disseminated,

3350
02:44:34,410 --> 02:44:39,090
there are a lot of people who
are sort of in this space.

3351
02:44:39,090 --> 02:44:42,210
And so if this is something
that we say is of value,

3352
02:44:42,210 --> 02:44:45,000
I believe if we mandate it,
people will figure it out.

3353
02:44:45,000 --> 02:44:48,130
You might have to be a little

bit of a student again,

3354

02:44:48,130 --> 02:44:51,140

and I see tremendous possibility there.

3355

02:44:51,140 --> 02:44:53,260

I've got colleagues that I work with here

3356

02:44:53,260 --> 02:44:56,200

who are doing equity work from the bench.

3357

02:44:56,200 --> 02:44:57,627

I didn't even,

3358

02:44:57,627 --> 02:44:59,597

and they said Deb, hanging out with you,

3359

02:44:59,597 --> 02:45:01,990

how could I not get steeped
in the work of equity.

3360

02:45:01,990 --> 02:45:04,070

And they've got some really
amazing studies looking at

3361

02:45:04,070 --> 02:45:05,640

equity from the bench.

3362

02:45:05,640 --> 02:45:08,870

And they point back to those
early Rat Park experiments,

3363

02:45:08,870 --> 02:45:11,510

when we figured out that
people will not just administer

3364

02:45:11,510 --> 02:45:14,580

or rats won't just administer
drugs to the point of death,

3365
02:45:14,580 --> 02:45:17,950
if they're in nice parks
with other rats and good food

3366
02:45:17,950 --> 02:45:21,230
and wheels to run on and all
that it's like the first,

3367
02:45:21,230 --> 02:45:23,630
to me real preclinical study

3368
02:45:23,630 --> 02:45:25,070
of social determinants of health.

3369
02:45:25,070 --> 02:45:26,530
- Right.
- Right.

3370
02:45:26,530 --> 02:45:28,570
If you were miserable,
and didn't have anything

3371
02:45:28,570 --> 02:45:31,200
that you needed for life
that you valued and love,

3372
02:45:31,200 --> 02:45:33,540
I think I might rather be high too.

3373
02:45:33,540 --> 02:45:36,310
And we learned that from rats
in the Rat Park experiments,

3374
02:45:36,310 --> 02:45:37,660
that's real stuff.

3375
02:45:37,660 --> 02:45:41,240
So I just think we have an

unending opportunity to bring

3376

02:45:41,240 --> 02:45:44,300
this lens in the work of
equity and social determinants.

3377

02:45:44,300 --> 02:45:47,820
We've got great tools that are
always being expanded upon.

3378

02:45:47,820 --> 02:45:50,690
And I do encourage people to
check those resources out.

3379

02:45:50,690 --> 02:45:51,523
- Yeah.

3380

02:45:51,523 --> 02:45:52,356
Thanks for that.

3381

02:45:52,356 --> 02:45:55,470
And I think when we think
about the complexity

3382

02:45:55,470 --> 02:45:57,889
of the variables, the
upstream, the downstream,

3383

02:45:57,889 --> 02:46:02,200
it's hard to know what
mediators and moderators,

3384

02:46:02,200 --> 02:46:04,880
do we focus on mechanisms
that we can change,

3385

02:46:04,880 --> 02:46:07,180
do we need to understand what
those structural level factors

3386
02:46:07,180 --> 02:46:11,070
are that really, it's going
to be the job of policymakers,

3387
02:46:11,070 --> 02:46:14,290
and not intervention as per
se, to specifically change,

3388
02:46:14,290 --> 02:46:18,430
so I think it quickly
becomes highly complex.

3389
02:46:18,430 --> 02:46:20,080
And it's hard to break it down.

3390
02:46:20,080 --> 02:46:23,110
But I think thinking about
all of those factors is,

3391
02:46:23,110 --> 02:46:27,860
as you guys have said, it's
gonna be important to frame

3392
02:46:27,860 --> 02:46:29,110
the questions in such a way that

3393
02:46:29,110 --> 02:46:30,290
we get to the right answers.

3394
02:46:30,290 --> 02:46:32,990
And then we move beyond these
sort of individual level

3395
02:46:33,870 --> 02:46:35,290
interpretations.

3396
02:46:35,290 --> 02:46:37,470
I'm going to move us to the next question.

3397
02:46:37,470 --> 02:46:39,640
And I'm actually just going to
say, so the next question is,

3398
02:46:39,640 --> 02:46:41,584
what are the implications
and sample sizes needed?

3399
02:46:41,584 --> 02:46:45,300
I think this question really
comes from the idea that

3400
02:46:45,300 --> 02:46:47,479
in some cases, health disparities science,

3401
02:46:47,479 --> 02:46:49,800
impact small populations.

3402
02:46:49,800 --> 02:46:52,440
And we sort of talked about
that when we talked about

3403
02:46:52,440 --> 02:46:54,240
culturally adapting interventions.

3404
02:46:54,240 --> 02:46:57,530
And the example, Deb you
gave about the sickle cell.

3405
02:46:57,530 --> 02:47:00,840
I mean, if the population is very small,

3406
02:47:00,840 --> 02:47:03,760
but it's a critical health disparity,

3407
02:47:03,760 --> 02:47:05,642
then maybe it doesn't
matter how small it is,

3408
02:47:05,642 --> 02:47:07,860
you need to figure out how to study it.

3409
02:47:07,860 --> 02:47:09,290
I think that where that comes from,

3410
02:47:09,290 --> 02:47:10,894
I would like to move us on

3411
02:47:10,894 --> 02:47:12,150
because we're going to
run out of time soon.

3412
02:47:12,150 --> 02:47:14,890
So I would like to move us on
to what is required to support

3413
02:47:14,890 --> 02:47:16,475
true community engagement,

3414
02:47:16,475 --> 02:47:18,400
because I think there's gonna
be a lot of thought there.

3415
02:47:18,400 --> 02:47:20,690
But before I do that, did
anybody want to say something

3416
02:47:20,690 --> 02:47:22,140
quick about the sample size?

3417
02:47:22,140 --> 02:47:24,393
Or was there any other
thought you had on that?

3418
02:47:26,720 --> 02:47:29,700
- I mean, very, maybe just
reiterating Brian's point

3419
02:47:29,700 --> 02:47:31,550
about data harmonization,

3420
02:47:31,550 --> 02:47:34,170
I think is is a really important one.

3421
02:47:34,170 --> 02:47:38,994
And then two, I think that,
the inclusion of minorities

3422
02:47:38,994 --> 02:47:43,970
in research studies, in any
number isn't sufficient.

3423
02:47:43,970 --> 02:47:44,803
Right.

3424
02:47:44,803 --> 02:47:47,730
So, you know, because we want to check off

3425
02:47:47,730 --> 02:47:50,730
inclusion of women and
minorities in our applications

3426
02:47:50,730 --> 02:47:54,870
and including a small
percentage of those populations

3427
02:47:54,870 --> 02:47:56,830
in our grant isn't sufficient.

3428
02:47:56,830 --> 02:47:57,663
Right.

3429
02:47:57,663 --> 02:48:00,070
So in order to really
generalize, as we talked about

3430

02:48:00,070 --> 02:48:03,490
in the first question, I mean,
we really do need to have

3431
02:48:03,490 --> 02:48:07,877
studies that do focus
on individuals of color

3432
02:48:07,877 --> 02:48:10,183
and other underrepresented groups.

3433
02:48:11,543 --> 02:48:12,376
- Okay, great.

3434
02:48:12,376 --> 02:48:16,320
Okay, so with that, I'm gonna
move us on to what is required

3435
02:48:16,320 --> 02:48:18,980
to support true community engagement?

3436
02:48:18,980 --> 02:48:22,610
What mechanisms best support
this and what programs might be

3437
02:48:22,610 --> 02:48:25,420
developed to support
community engagement goals

3438
02:48:25,420 --> 02:48:27,890
that are required to
attain scientific goals?

3439
02:48:27,890 --> 02:48:29,300
So I think just breaking this down,

3440
02:48:29,300 --> 02:48:31,110
there are two parts to this question.

3441

02:48:31,110 --> 02:48:34,850
And that is, in process
what's really quite required

3442
02:48:34,850 --> 02:48:36,770
and then the other part
of the question is,

3443
02:48:36,770 --> 02:48:41,770
what NIH mechanisms exist
now or could be developed

3444
02:48:42,120 --> 02:48:44,740
to better support
community engaged science?

3445
02:48:44,740 --> 02:48:46,033
So two parts to that one.

3446
02:48:48,621 --> 02:48:52,760
- I'll go briefly, because we
got the questions in advance.

3447
02:48:52,760 --> 02:48:54,070
So I'll do something I normally don't do

3448
02:48:54,070 --> 02:48:54,940
for the sake of time,

3449
02:48:54,940 --> 02:48:58,010
I'll read my answer and
then add one extra cents.

3450
02:48:58,010 --> 02:49:00,600
So I said, we need more
than goodwill here.

3451
02:49:00,600 --> 02:49:03,630
We need real incentives for
community engaged research

3452
02:49:03,630 --> 02:49:07,230
and ongoing empirical
research to demonstrate impact

3453
02:49:07,230 --> 02:49:09,830
on outcomes and sustainability.

3454
02:49:09,830 --> 02:49:13,460
The only other thing I would
add to that is I think we have

3455
02:49:13,460 --> 02:49:17,163
really perverse incentives in
the academy for performance.

3456
02:49:18,260 --> 02:49:21,880
And it's the hardest thing, when you,

3457
02:49:21,880 --> 02:49:26,470
when I talk to fresh
PhDs, new researchers,

3458
02:49:26,470 --> 02:49:28,130
they say, I want to do this.

3459
02:49:28,130 --> 02:49:31,165
And disproportionately in my experience,

3460
02:49:31,165 --> 02:49:36,010
investigators of color, have
this just in their sole desire

3461
02:49:36,010 --> 02:49:39,700
to give back, to do the work,
to roll up their sleeves,

3462
02:49:39,700 --> 02:49:42,700
to work with the people that they serve

3463
02:49:42,700 --> 02:49:45,130
in the communities that they come from.

3464
02:49:45,130 --> 02:49:47,580
And the reality of it
is it doesn't generate

3465
02:49:47,580 --> 02:49:50,370
the same number of publications.

3466
02:49:50,370 --> 02:49:52,680
Those publications are harder to get put

3467
02:49:52,680 --> 02:49:54,546
into high impact journals.

3468
02:49:54,546 --> 02:49:56,564
And I always tell people, I'm like,

3469
02:49:56,564 --> 02:50:01,142
it's a heavy lift for post
doc or an assistant professor.

3470
02:50:01,142 --> 02:50:05,430
I worked on transformative
legislation in Baltimore

3471
02:50:05,430 --> 02:50:07,890
that was the single most
thing that has happened

3472
02:50:07,890 --> 02:50:12,040
in that city's history to reduce violence.

3473
02:50:12,040 --> 02:50:15,590
And it was legislation to
reduce alcohol outlet density,

3474
02:50:15,590 --> 02:50:17,490
and I had all the credentials to do it.

3475
02:50:17,490 --> 02:50:22,490
It took me seven years, working
with about 120 other people

3476
02:50:23,630 --> 02:50:26,470
on this legislation, we
hadn't had a zoning rewrite

3477
02:50:26,470 --> 02:50:28,820
in over 40 years in Baltimore,

3478
02:50:28,820 --> 02:50:33,300
I got three publications out of that work.

3479
02:50:33,300 --> 02:50:37,180
Seven years, my kids
dragging them to hearings

3480
02:50:37,180 --> 02:50:39,060
and community forums, you know,

3481
02:50:39,060 --> 02:50:43,320
they're eating at these meetings,
so much time and energy,

3482
02:50:43,320 --> 02:50:45,580
but it was in my soul to do that work.

3483
02:50:45,580 --> 02:50:49,280
And I got three publications out of it.

3484
02:50:49,280 --> 02:50:53,693
So just, there's some disconnects
and a context and culture

3485

02:50:53,693 --> 02:50:57,680
in which performance and
progress is rewarded,

3486
02:50:57,680 --> 02:51:02,410
that are inconsistent with
community engaged work

3487
02:51:02,410 --> 02:51:04,280
and community participatory research.

3488
02:51:04,280 --> 02:51:07,020
And I worked with Dr.
Mona Hanna-Attisha, which,

3489
02:51:07,020 --> 02:51:09,120
I call her the Beyonce of public health.

3490
02:51:09,120 --> 02:51:12,430
She is the whistleblower
for the Flint water crisis.

3491
02:51:12,430 --> 02:51:15,290
She had a AJPH's article of the year,

3492
02:51:15,290 --> 02:51:16,820
there were three publications

3493
02:51:16,820 --> 02:51:20,280
that came out of all of
that work that she did,

3494
02:51:20,280 --> 02:51:23,440
over the course of five
years, to get them to switch

3495
02:51:23,440 --> 02:51:25,990
that water source back and
stop poisoning the city.

3496
02:51:27,330 --> 02:51:30,750
And all reviewer see when
they get her application is

3497
02:51:30,750 --> 02:51:34,170
they look at the count,
oh, three publications,

3498
02:51:34,170 --> 02:51:39,170
how do you quantify the
impact of working that way,

3499
02:51:40,080 --> 02:51:43,030
besides the number of
publications that they have.

3500
02:51:43,030 --> 02:51:46,030
So that's the other side of
it that, on the other side,

3501
02:51:46,030 --> 02:51:47,740
it just it's not a match,

3502
02:51:47,740 --> 02:51:51,730
the incentives for performance
in the academy don't match

3503
02:51:51,730 --> 02:51:54,400
the realities of doing
community engaged research.

3504
02:51:54,400 --> 02:51:55,550
And we got to fix that.

3505
02:51:57,030 --> 02:52:00,600
– So Deb you and others
can see me from here below.

3506
02:52:00,600 --> 02:52:04,500

But literally, I am off of my chair,

3507

02:52:04,500 --> 02:52:07,980
because it's the one point
that I really wanted to make

3508

02:52:07,980 --> 02:52:09,270
with this particular question.

3509

02:52:09,270 --> 02:52:13,221
Because clearly, the importance
of community engagement

3510

02:52:13,221 --> 02:52:16,390
and for all of us who do community based

3511

02:52:16,390 --> 02:52:19,580
participatory research,
it takes a long time.

3512

02:52:19,580 --> 02:52:24,230
And it takes a long time
to really build trust

3513

02:52:24,230 --> 02:52:26,210
with our community partners,

3514

02:52:26,210 --> 02:52:30,160
to build genuine and
sustainable relationships

3515

02:52:30,160 --> 02:52:32,590
outside of, all right, I
need to partner up with you

3516

02:52:32,590 --> 02:52:35,620
for this particular grant
and then once we're done,

3517

02:52:35,620 --> 02:52:38,660
well, I'm going to go find
my next community partner.

3518
02:52:38,660 --> 02:52:42,060
So I do think that that point,

3519
02:52:42,060 --> 02:52:47,060
and your point about
the academy is right on.

3520
02:52:47,070 --> 02:52:50,340
Because it takes so long,

3521
02:52:50,340 --> 02:52:53,620
and because the tenure
and promotion clock,

3522
02:52:53,620 --> 02:52:58,340
for most faculty is seven
years across the country

3523
02:52:58,340 --> 02:53:01,670
and you're putting your file together

3524
02:53:01,670 --> 02:53:04,930
at the end of the fifth year,
beginning of sixth year,

3525
02:53:04,930 --> 02:53:08,050
there is an expectation
that you have to have

3526
02:53:08,050 --> 02:53:10,180
a certain number of publications,

3527
02:53:10,180 --> 02:53:13,730
there's an expectation,
particularly in medical schools,

3528
02:53:13,730 --> 02:53:15,640
and schools of public health,

3529
02:53:15,640 --> 02:53:20,640
that you have to have R01
funding, or R01 equivalent.

3530
02:53:21,300 --> 02:53:24,810
And the truth is that these
types of formative grants

3531
02:53:24,810 --> 02:53:26,590
where you are building the partnerships,

3532
02:53:26,590 --> 02:53:29,220
where you are doing the
community engage work

3533
02:53:29,220 --> 02:53:31,930
isn't going to happen in an R01.

3534
02:53:31,930 --> 02:53:34,620
In an R01, we're likely
thinking about efficacy

3535
02:53:34,620 --> 02:53:35,979
or effectiveness studies.

3536
02:53:35,979 --> 02:53:38,707
So I think it's such a great point.

3537
02:53:38,707 --> 02:53:43,707
And my point here was really
to think about how the NIH

3538
02:53:45,490 --> 02:53:50,490
and the academy can really
sort of work together.

3539
02:53:50,910 --> 02:53:54,330
Because I think that there
really is an opportunity

3540
02:53:54,330 --> 02:53:58,500
to have both key stakeholders at the table

3541
02:53:58,500 --> 02:54:00,740
as to how are we going to change this,

3542
02:54:00,740 --> 02:54:05,190
because quite frankly, it's
really, and I've seen this,

3543
02:54:05,190 --> 02:54:09,270
it's really deterring some early career

3544
02:54:09,270 --> 02:54:13,570
underrepresented faculty to
work in certain communities,

3545
02:54:13,570 --> 02:54:15,950
because they're just not
going to have the number

3546
02:54:15,950 --> 02:54:18,420
of publications or the
funding record in five years

3547
02:54:18,420 --> 02:54:20,750
to be able to go up for
tenure and promotion, and so,

3548
02:54:20,750 --> 02:54:23,333
I think that partnership
really has to happen

3549
02:54:23,333 --> 02:54:25,213
between the academy and the NIH.

3550

02:54:26,640 --> 02:54:27,620

- Yeah, thanks for that.

3551

02:54:27,620 --> 02:54:29,870

So we've got about two minutes left,

3552

02:54:29,870 --> 02:54:32,787

we've got one last question on a review,

3553

02:54:32,787 --> 02:54:36,620

and how we can help the review system

3554

02:54:36,620 --> 02:54:39,647

so that it responds favorably
to these applications.

3555

02:54:39,647 --> 02:54:41,420

We're not gonna have a lot of time,

3556

02:54:41,420 --> 02:54:44,570

so I'll give you all like,
I don't know, you know,

3557

02:54:44,570 --> 02:54:46,270

just concise sentence on

3558

02:54:46,270 --> 02:54:49,200

and also I want to say for
anybody who is listening

3559

02:54:49,200 --> 02:54:51,280

to this meeting, if you
have thoughts and ideas,

3560

02:54:51,280 --> 02:54:54,550

please send emails to us, also this panel,

3561

02:54:54,550 --> 02:54:56,240
please share your other ideas with us

3562
02:54:56,240 --> 02:54:59,220
because we are obviously eager
to make some changes here.

3563
02:54:59,220 --> 02:55:00,873
So how do change review.

3564
02:55:07,460 --> 02:55:08,660
- How much time do we have?

3565
02:55:08,660 --> 02:55:09,493
No, I'm just kidding.

3566
02:55:09,493 --> 02:55:10,724
- Yeah.

3567
02:55:10,724 --> 02:55:12,480
(indistinct)

3568
02:55:12,480 --> 02:55:14,653
- So I mean, I think a
couple of suggestions,

3569
02:55:14,653 --> 02:55:17,860
and I'll be very brief so
my colleagues can speak.

3570
02:55:17,860 --> 02:55:21,870
I think it's important
to have representation

3571
02:55:21,870 --> 02:55:25,390
and I'm talking about more
than just the one individual,

3572
02:55:25,390 --> 02:55:28,888

the one African American,
or the one Hispanic,

3573
02:55:28,888 --> 02:55:30,810
or the one Native American

3574
02:55:30,810 --> 02:55:34,653
in a group of 30, 35
study session members.

3575
02:55:35,536 --> 02:55:36,960
So I think it's important to do that.

3576
02:55:36,960 --> 02:55:40,980
I think it's important for
NIH and NIDA to continue

3577
02:55:40,980 --> 02:55:44,090
to invest in funding mentoring programs

3578
02:55:44,090 --> 02:55:46,435
for underrepresented groups.

3579
02:55:46,435 --> 02:55:49,710
I think it's important to look at the data

3580
02:55:49,710 --> 02:55:53,780
that are coming out on a continuous basis,

3581
02:55:53,780 --> 02:55:56,120
not just the article that was done,

3582
02:55:56,120 --> 02:55:58,550
now almost, I guess,
seven, eight years ago,

3583
02:55:58,550 --> 02:56:03,270
in terms of the success
rates by race and ethnicity,

3584
02:56:03,270 --> 02:56:05,290
of different investigators.

3585
02:56:05,290 --> 02:56:08,230
And I also think it's important to

3586
02:56:08,230 --> 02:56:10,750
not just sort of check the box
of whether we're including,

3587
02:56:10,750 --> 02:56:14,770
again, underrepresented
minorities and women,

3588
02:56:14,770 --> 02:56:17,670
but sort of the adequacy of that, right.

3589
02:56:17,670 --> 02:56:19,170
So not just yes or no,

3590
02:56:19,170 --> 02:56:22,450
are we including some
underrepresented minorities

3591
02:56:22,450 --> 02:56:25,970
in the study, but what's
the adequacy of that?

3592
02:56:25,970 --> 02:56:30,140
So I do think that and
kudos to NIDA and to NIH,

3593
02:56:30,140 --> 02:56:31,800
there's been a lot of
work that has been done,

3594
02:56:31,800 --> 02:56:34,480
but I think there's still some work to do.

3595
02:56:34,480 --> 02:56:36,850
- Okay, and I misspoke,
we actually do have,

3596
02:56:36,850 --> 02:56:39,513
I thought we were running
4:10 minutes, 4:20.

3597
02:56:40,444 --> 02:56:43,300
In addition, I know what a bonus.

3598
02:56:43,300 --> 02:56:46,780
So in addition to
thinking about, you know,

3599
02:56:46,780 --> 02:56:50,810
how we can assess best practices
for evaluating research,

3600
02:56:50,810 --> 02:56:53,010
equity, opportunities, and gaps in review,

3601
02:56:53,010 --> 02:56:55,920
I also want you guys to think
about your sort of final list

3602
02:56:55,920 --> 02:57:00,920
of, I think, the way that
Sandro Galea put it was,

3603
02:57:00,930 --> 02:57:03,170
with this clarity of radical vision, ID,

3604
02:57:03,170 --> 02:57:04,910
all the steps that are needed

3605
02:57:04,910 --> 02:57:07,387
and I know it's not just one step or two,

3606

02:57:08,360 --> 02:57:10,420

but thinking about what
are some of your important

3607

02:57:10,420 --> 02:57:11,253

next steps?

3608

02:57:11,253 --> 02:57:13,890

So first, I'll let Deb and Brian

3609

02:57:13,890 --> 02:57:15,260

weigh in on the review question

3610

02:57:15,260 --> 02:57:17,540

and then I'll ask you all for
sort of your final thoughts

3611

02:57:17,540 --> 02:57:20,735

on what you think some of the
most important next steps are?

3612

02:57:20,735 --> 02:57:22,477

And I'll tell you one, I
think is that we all need

3613

02:57:22,477 --> 02:57:25,610

three days together to
figure out the next steps.

3614

02:57:25,610 --> 02:57:28,210

- Yeah, listen, and I'm all down for that.

3615

02:57:28,210 --> 02:57:30,333

So, I'm gonna,

3616

02:57:31,967 --> 02:57:34,510

a modified statement
that I made her earlier,

3617
02:57:34,510 --> 02:57:37,386
because I do think that
data could drive policy

3618
02:57:37,386 --> 02:57:39,290
in this context.

3619
02:57:39,290 --> 02:57:42,610
We are scientists, we should
be being informed by data,

3620
02:57:42,610 --> 02:57:47,610
the NIH, NIDA and I trust
my great colleagues at NIDA,

3621
02:57:48,790 --> 02:57:49,900
and I'm going to call Kathy out,

3622
02:57:49,900 --> 02:57:52,940
my very first R01 that I was a Co-PI on,

3623
02:57:52,940 --> 02:57:55,480
Kathy was my program officer.

3624
02:57:55,480 --> 02:57:59,500
Like, I know, you guys, I trust you guys.

3625
02:57:59,500 --> 02:58:01,930
I know that there's actually will

3626
02:58:01,930 --> 02:58:06,110
and real core values around
equity, around pipeline,

3627
02:58:06,110 --> 02:58:10,870
around, like really solving
a lot of our problems.

3628
02:58:10,870 --> 02:58:13,040
Like I know that because I know you guys,

3629
02:58:13,040 --> 02:58:14,440
I know who you are.

3630
02:58:14,440 --> 02:58:19,440
Dr. Volkow has been just
an amazing director at NIDA

3631
02:58:19,480 --> 02:58:22,900
and has pushed things
that directors before her,

3632
02:58:22,900 --> 02:58:24,930
who helped to push
science and other things

3633
02:58:24,930 --> 02:58:27,080
and she's had some good
movements in science,

3634
02:58:27,080 --> 02:58:31,090
but she is very much at
the forefront of this work

3635
02:58:31,090 --> 02:58:34,570
around equity, in our
space and in our field.

3636
02:58:34,570 --> 02:58:38,300
So my thing is, what do the data tell us?

3637
02:58:38,300 --> 02:58:41,810
What do the data tell us about
where people are slipping

3638
02:58:41,810 --> 02:58:43,280
through the cracks?

3639

02:58:43,280 --> 02:58:46,510

I get the calls, I hear
the stories from people,

3640

02:58:46,510 --> 02:58:51,000

I can't even get a score for my grant.

3641

02:58:51,000 --> 02:58:53,820

You know, and I redirect
people sometimes and I thought,

3642

02:58:53,820 --> 02:58:58,040

okay, well, while you know,
addiction may be your outcome,

3643

02:58:58,040 --> 02:59:00,420

your real framing and the
real thing you're looking at

3644

02:59:00,420 --> 02:59:02,420

or substance use et cetera,

3645

02:59:02,420 --> 02:59:06,260

it has more of a disparities
focus or more of this.

3646

02:59:06,260 --> 02:59:08,440

So we need to actually be be looking,

3647

02:59:08,440 --> 02:59:10,440

what do the data tell us?

3648

02:59:10,440 --> 02:59:13,480

And I actually do think
it is incumbent upon us,

3649

02:59:13,480 --> 02:59:15,990

especially these federal agencies,

3650

02:59:15,990 --> 02:59:18,110
to let the data be the guide.

3651

02:59:18,110 --> 02:59:21,320
And people like myself will say, okay,

3652

02:59:21,320 --> 02:59:22,940
I will help you look at the data,

3653

02:59:22,940 --> 02:59:25,477
we can all stand
downstream with the numbers

3654

02:59:25,477 --> 02:59:27,120
and the disparities.

3655

02:59:27,120 --> 02:59:30,160
But that is my work,
is to take the now look

3656

02:59:30,160 --> 02:59:33,420
and look upstream at what
are the contextual factors.

3657

02:59:33,420 --> 02:59:36,640
Dr. Galea said it perfectly
when he talked about

3658

02:59:36,640 --> 02:59:38,430
being on review panel,
this has happened to me

3659

02:59:38,430 --> 02:59:43,430
so many times, and it's well
meaning smart people who do it.

3660

02:59:43,440 --> 02:59:45,900
They say, oh, I know her,

she'll deal with that.

3661

02:59:45,900 --> 02:59:48,130

She'll fix that, she'll get it straight.

3662

02:59:48,130 --> 02:59:51,380

But imagine the really sharp,

3663

02:59:51,380 --> 02:59:53,940

brilliant early stage investigator

3664

02:59:53,940 --> 02:59:56,520

at a non research one institution,

3665

02:59:56,520 --> 02:59:58,490

at a historically black college university

3666

02:59:58,490 --> 03:00:01,710

that doesn't have a massive
program of research,

3667

03:00:01,710 --> 03:00:05,140

who is unknown to everybody
on the review committee.

3668

03:00:05,140 --> 03:00:07,210

That's how privilege works.

3669

03:00:07,210 --> 03:00:09,160

Privilege gives people advantage,

3670

03:00:09,160 --> 03:00:11,550

even when and if they don't want it.

3671

03:00:11,550 --> 03:00:15,130

And it also puts others at a disadvantage.

3672

03:00:15,130 --> 03:00:17,290

So we can't really answer the question

3673

03:00:17,290 --> 03:00:19,320
if we don't look at the data,

3674

03:00:19,320 --> 03:00:21,560
and actually sort of do the work.

3675

03:00:21,560 --> 03:00:22,460
And Kathy, I agree.

3676

03:00:22,460 --> 03:00:24,950
And I would welcome the
opportunity to roll up my sleeves

3677

03:00:24,950 --> 03:00:27,430
and spend three days looking at the data,

3678

03:00:27,430 --> 03:00:30,580
helping make sense, and
helping to actually figure out

3679

03:00:30,580 --> 03:00:32,850
what would long term solutions look like.

3680

03:00:32,850 --> 03:00:37,050
Not programs, not quick fixes, you know,

3681

03:00:37,050 --> 03:00:38,720
and what's the ongoing work,

3682

03:00:38,720 --> 03:00:42,550
I feel like the power for this
is not just in the solutions,

3683

03:00:42,550 --> 03:00:45,860
but a commitment and the
will to ongoingly saying

3684
03:00:45,860 --> 03:00:48,850
in the inquiry, are we being fair?

3685
03:00:48,850 --> 03:00:50,640
Are we being equitable?

3686
03:00:50,640 --> 03:00:52,800
Are we losing people in the pipeline?

3687
03:00:52,800 --> 03:00:54,991
Are we suppressing the
potential brilliance

3688
03:00:54,991 --> 03:00:58,100
and contributions of people
because of where they are,

3689
03:00:58,100 --> 03:01:01,250
who they are, what
category they fall into?

3690
03:01:01,250 --> 03:01:03,250
And I think we have a lot of goodwill,

3691
03:01:03,250 --> 03:01:05,723
but we need good science
and good data too.

3692
03:01:09,700 --> 03:01:11,230
- Brian.

3693
03:01:11,230 --> 03:01:12,750
- You'll get another amen on that.

3694
03:01:12,750 --> 03:01:17,750
So I guess specific to
the review aspect of it,

3695

03:01:18,123 --> 03:01:21,660
I thought it could be interesting
to think about diversity

3696
03:01:21,660 --> 03:01:26,660
broader than just the actual
people on the committees,

3697
03:01:26,850 --> 03:01:29,910
but actually like their training
or perspectives as well.

3698
03:01:29,910 --> 03:01:33,120
So if you had actual like health disparity

3699
03:01:33,120 --> 03:01:34,840
or social determinants of health

3700
03:01:34,840 --> 03:01:37,220
type of curriculum certifications,

3701
03:01:37,220 --> 03:01:39,440
that people could actually go through

3702
03:01:39,440 --> 03:01:41,490
some competency level training,

3703
03:01:41,490 --> 03:01:44,581
and then actually be able to show that

3704
03:01:44,581 --> 03:01:47,640
there's some level of education

3705
03:01:47,640 --> 03:01:49,470
that has occurred or training.

3706
03:01:49,470 --> 03:01:52,283
So we're currently working
on some programs to do that.

3707

03:01:53,220 --> 03:01:55,960

Or not only, we weren't
thinking of just reviewers,

3708

03:01:55,960 --> 03:01:57,760

but like community health workers

3709

03:01:57,760 --> 03:02:01,470

or other community partners,
so that we make sure that

3710

03:02:01,470 --> 03:02:02,610

when we're talking about certain terms,

3711

03:02:02,610 --> 03:02:04,130

everybody's kind of on the same page.

3712

03:02:04,130 --> 03:02:07,700

So and I'll throw one,

3713

03:02:07,700 --> 03:02:10,270

going back to the question
about what's important

3714

03:02:10,270 --> 03:02:13,530

for community engagement, I
think communication is huge.

3715

03:02:13,530 --> 03:02:17,150

And that's something that I
think oftentimes scientists

3716

03:02:17,150 --> 03:02:20,390

get caught up in our jargon
or how we talk to one another,

3717

03:02:20,390 --> 03:02:22,750

and not necessarily

how we can most broadly

3718

03:02:22,750 --> 03:02:26,700
and with the most appealing
manner, get words out to people.

3719

03:02:26,700 --> 03:02:31,700
So you know, I think ways in
which we can think about other

3720

03:02:32,490 --> 03:02:35,280
public private partnerships,

3721

03:02:35,280 --> 03:02:37,830
and also just kind of across
different disciplines,

3722

03:02:38,975 --> 03:02:41,160
I think are the way forward
in terms of really addressing

3723

03:02:41,160 --> 03:02:42,560
the social determinants of health.

3724

03:02:42,560 --> 03:02:46,430
And if we bring together
the main key stakeholders

3725

03:02:46,430 --> 03:02:49,254
and people with influence
and power and money,

3726

03:02:49,254 --> 03:02:51,940
that's where you're really
gonna start seeing these changes

3727

03:02:51,940 --> 03:02:53,860
and making sure that these conversations,

3728

03:02:53,860 --> 03:02:54,912
which I was amazed,

3729
03:02:54,912 --> 03:02:59,050
I guess what 1200 or 1300
people signed up today,

3730
03:02:59,050 --> 03:03:00,270
so there's great interest.

3731
03:03:00,270 --> 03:03:03,151
And I've been a panelist on a
number of these conversations

3732
03:03:03,151 --> 03:03:05,658
for other organizations.

3733
03:03:05,658 --> 03:03:09,390
But just making sure that there
actually are real actionable

3734
03:03:09,390 --> 03:03:14,050
next steps that can be almost
in a centralized fashion,

3735
03:03:14,050 --> 03:03:16,233
something ways other people
can help contribute to,

3736
03:03:16,233 --> 03:03:20,150
whether it's helping identify resources

3737
03:03:20,150 --> 03:03:24,890
or helping troubleshoot or planning

3738
03:03:24,890 --> 03:03:26,890
and then thinking about
infrastructure building.

3739

03:03:26,890 --> 03:03:29,360
So I've been at our major R01 Institute's

3740
03:03:29,360 --> 03:03:31,960
for over 15, 20 years.

3741
03:03:31,960 --> 03:03:34,737
And now I'm at NHBCU over the past year,

3742
03:03:34,737 --> 03:03:36,640
and there definitely were differences

3743
03:03:36,640 --> 03:03:40,220
in some of the infrastructure
that I kind of saw

3744
03:03:40,220 --> 03:03:42,929
and availabilities, so
making sure there are kind of

3745
03:03:42,929 --> 03:03:47,260
partnerships tied up so
that we can help identify

3746
03:03:48,300 --> 03:03:51,630
and build more, more
research infrastructure,

3747
03:03:51,630 --> 03:03:53,670
and again, kind of leveraged partnerships

3748
03:03:53,670 --> 03:03:55,540
of ongoing infrastructures, as well.

3749
03:03:55,540 --> 03:03:57,530
So I'll leave it at that.

3750
03:03:58,673 --> 03:04:00,450
- Great, it's an important point.

3751

03:04:00,450 --> 03:04:03,163

Willie, I think the last
word might be going to you.

3752

03:04:04,512 --> 03:04:07,155

- I think my colleagues have said

3753

03:04:07,155 --> 03:04:08,980

a lot of what I was gonna say.

3754

03:04:08,980 --> 03:04:12,190

I think, I just want to
talk about that radical idea

3755

03:04:12,190 --> 03:04:15,880

and Sandro was so eloquent
in what he said earlier.

3756

03:04:15,880 --> 03:04:20,880

And I mean, again, I think
just engaging with the academy

3757

03:04:21,060 --> 03:04:23,460

and with the leaders of the academy.

3758

03:04:23,460 --> 03:04:27,420

So we share common goals
on the academy and NIH,

3759

03:04:27,420 --> 03:04:29,780

we both want to produce knowledge,

3760

03:04:29,780 --> 03:04:31,528

we both want to translate knowledge,

3761

03:04:31,528 --> 03:04:34,030

we want to create the pipeline

3762
03:04:34,030 --> 03:04:36,680
of the next generation of scientists.

3763
03:04:36,680 --> 03:04:40,090
And so I do think that working together

3764
03:04:40,090 --> 03:04:44,090
and creating that bridge,

3765
03:04:44,090 --> 03:04:46,160
I mean, coming up with solutions together,

3766
03:04:46,160 --> 03:04:50,970
I think is going to move this
particular agenda forward.

3767
03:04:50,970 --> 03:04:54,690
So, and I love to thank the
committee for the invitation

3768
03:04:54,690 --> 03:04:56,930
and a shout out to Aria,

3769
03:04:56,930 --> 03:04:58,700
Deb since he gave a shout out to Kathy,

3770
03:04:58,700 --> 03:05:00,052
I'll give a shout out to Aria,

3771
03:05:00,052 --> 03:05:03,562
who was my first program
officer for my first R01.

3772
03:05:03,562 --> 03:05:04,556
- Okay.

3773
03:05:04,556 --> 03:05:08,493
- Okay, any last thoughts

anyone wants to share?

3774

03:05:11,360 --> 03:05:12,193

Are we good?

3775

03:05:13,290 --> 03:05:15,120

- I'm just so grateful

that you guys are up

3776

03:05:15,120 --> 03:05:16,140

for the conversation.

3777

03:05:16,140 --> 03:05:18,233

So I thank you for having me as well.

3778

03:05:19,614 --> 03:05:20,447

- Well.

3779

03:05:21,810 --> 03:05:22,930

Sorry, Brian, go ahead.

3780

03:05:22,930 --> 03:05:25,080

- Oh, I'm just saying thanks all, as well.

3781

03:05:25,080 --> 03:05:27,540

- Yeah, well, I think that we
are all incredibly grateful

3782

03:05:27,540 --> 03:05:30,940

to all of you for the fantastic
work you do out there.

3783

03:05:30,940 --> 03:05:34,740

And the ways that you're able
to put all of this together

3784

03:05:34,740 --> 03:05:35,850

to help us move forward.

3785
03:05:35,850 --> 03:05:38,470
So I just want to thank both the panelists

3786
03:05:38,470 --> 03:05:40,720
in this discussion and
the previous discussion.

3787
03:05:40,720 --> 03:05:42,950
And then, Will, I don't know if I'm

3788
03:05:42,950 --> 03:05:45,090
or am I turning it back to Carlos?

3789
03:05:45,090 --> 03:05:46,360
- Yes.

3790
03:05:46,360 --> 03:05:48,960
So we've decided to, thanks, Kathy

3791
03:05:48,960 --> 03:05:50,283
and to all the panelists.

3792
03:05:50,283 --> 03:05:53,120
I mean, really, really interesting.

3793
03:05:53,120 --> 03:05:54,847
We've changed the (indistinct)

3794
03:05:54,847 --> 03:05:56,750
because we realize, there
was going to be a break

3795
03:05:56,750 --> 03:05:58,350
and then just final remarks.

3796
03:05:58,350 --> 03:06:00,900
And I think our final
remarks will be very brief.

3797
03:06:00,900 --> 03:06:01,950
So we're just going to skip the break.

3798
03:06:01,950 --> 03:06:05,793
And that way, everybody gets
a little bit of time back.

3799
03:06:06,950 --> 03:06:10,740
We will have formal summary of the recap

3800
03:06:10,740 --> 03:06:12,220
of today's presentations,

3801
03:06:12,220 --> 03:06:14,993
tomorrow at the beginning
of tomorrow's workshop.

3802
03:06:14,993 --> 03:06:18,823
But to me, for me today
has been fantastic.

3803
03:06:20,142 --> 03:06:21,560
A lot of topics have emerged,

3804
03:06:21,560 --> 03:06:24,100
I am maybe a little bit
more confused than I was

3805
03:06:24,100 --> 03:06:25,467
at the beginning of the workshop.

3806
03:06:25,467 --> 03:06:27,840
But that was the goal to
kind of get a lot of ideas,

3807
03:06:27,840 --> 03:06:29,390
a lot of discussion.

3808
03:06:29,390 --> 03:06:34,160
I think we have had two
very good keynote speakers

3809
03:06:34,160 --> 03:06:36,160
and an excellent panel.

3810
03:06:36,160 --> 03:06:38,270
And some of the at least
for me, some of the lessons

3811
03:06:38,270 --> 03:06:42,500
are the importance of
acting at the system level.

3812
03:06:42,500 --> 03:06:44,364
So even though we care
about the individual,

3813
03:06:44,364 --> 03:06:47,970
many of these problems are systemic,

3814
03:06:47,970 --> 03:06:52,870
and we need to address them
with systemic solutions.

3815
03:06:52,870 --> 03:06:54,300
And so some of them would be

3816
03:06:54,300 --> 03:06:57,320
what Helena was mentioning
about automatic narratives,

3817
03:06:57,320 --> 03:07:01,677
what Maggie was suggesting
about addressing policies

3818
03:07:04,440 --> 03:07:07,610
and what Debra was saying

about engaging science

3819

03:07:07,610 --> 03:07:09,870

to influence practice.

3820

03:07:09,870 --> 03:07:13,240

So I want to thank everybody
for your discussions.

3821

03:07:13,240 --> 03:07:16,490

And also those of you who were not able

3822

03:07:16,490 --> 03:07:19,470

to directly participate,
for your participation

3823

03:07:19,470 --> 03:07:21,900

through the chat and your attention.

3824

03:07:21,900 --> 03:07:24,430

And with that, I want to turn it to Will

3825

03:07:24,430 --> 03:07:26,140

for the last few words

3826

03:07:26,140 --> 03:07:29,323

and then I guess, set us up for tomorrow.

3827

03:07:30,560 --> 03:07:31,393

- Right, great, thank you.

3828

03:07:31,393 --> 03:07:35,400

And I certainly want to echo,
Carlos sentiment in that

3829

03:07:35,400 --> 03:07:37,960

this was a very enlightening meeting,

3830

03:07:37,960 --> 03:07:41,790
something that I think we
really did not take lightly

3831
03:07:41,790 --> 03:07:45,853
in terms of challenging
our meeting organizers,

3832
03:07:45,853 --> 03:07:48,730
our contributors to really think boldly.

3833
03:07:48,730 --> 03:07:50,390
And that's something
that came from the top

3834
03:07:50,390 --> 03:07:53,420
from Dr. Volkow, is to
really think boldly,

3835
03:07:53,420 --> 03:07:56,960
and not to be confined
to some of the challenges

3836
03:07:56,960 --> 03:07:59,570
that we face in the past
or areas of research

3837
03:07:59,570 --> 03:08:02,430
that we were generally accustomed to,

3838
03:08:02,430 --> 03:08:04,020
but to focus and think big.

3839
03:08:04,020 --> 03:08:07,660
So I think the discussions
really centered and provided

3840
03:08:07,660 --> 03:08:11,100
some very concrete
points of moving forward

3841
03:08:11,100 --> 03:08:12,270
in that direction.

3842
03:08:12,270 --> 03:08:14,670
I just want to highlight some
of the overarching themes

3843
03:08:14,670 --> 03:08:17,000
that I thought were very actionable,

3844
03:08:17,000 --> 03:08:20,043
that were items that we
can really move forward on.

3845
03:08:20,043 --> 03:08:23,780
And I want to challenge
our session tomorrow

3846
03:08:23,780 --> 03:08:27,127
that will focus on basic
science and the impact of racism

3847
03:08:27,127 --> 03:08:30,910
and how social determinants
of health should factor

3848
03:08:30,910 --> 03:08:33,420
into those studies as well.

3849
03:08:33,420 --> 03:08:37,510
And so I think, Dr. Deb
Furr- Holden provided

3850
03:08:37,510 --> 03:08:41,733
intriguing insights on
really defining health equity

3851
03:08:41,733 --> 03:08:43,710

and the social determinants of health,

3852

03:08:43,710 --> 03:08:47,240
really disentangling that and
making sure that it's clear

3853

03:08:47,240 --> 03:08:51,080
that there are ways to
really distinguish those

3854

03:08:51,080 --> 03:08:53,390
and important questions there are of,

3855

03:08:53,390 --> 03:08:55,790
also distinguishing health disparities

3856

03:08:55,790 --> 03:09:00,790
and health inequities, as
opposed to health equities here.

3857

03:09:02,810 --> 03:09:05,160
I also thought providing a framework

3858

03:09:05,160 --> 03:09:09,920
for kind of the upstream
versus the downstream factors

3859

03:09:09,920 --> 03:09:11,710
of health, which are vitally important

3860

03:09:11,710 --> 03:09:15,040
in terms of moving these ideas forward

3861

03:09:15,040 --> 03:09:18,970
in a very concrete way,
to very much look at ways

3862

03:09:18,970 --> 03:09:22,560
to objectively not only

objectively measure

3863

03:09:22,560 --> 03:09:25,040

but objectively evaluate over time,

3864

03:09:25,040 --> 03:09:26,290

and that's what's needed.

3865

03:09:39,350 --> 03:09:42,060

Looking at these changes
over time, equity,

3866

03:09:42,060 --> 03:09:45,190

and that is something
that really spoke volumes,

3867

03:09:45,190 --> 03:09:47,840

and I think is really undergirding today

3868

03:09:47,840 --> 03:09:51,450

as well as tomorrow is
to really think through

3869

03:09:51,450 --> 03:09:54,390

the mandate of equity,
not just something that

3870

03:09:54,390 --> 03:09:56,950

is just a snapshot in time, but again,

3871

03:09:56,950 --> 03:09:59,035

a mandate and when you
speak in those terms,

3872

03:09:59,035 --> 03:10:03,320

I think It forces us to
really challenge ourselves

3873

03:10:03,320 --> 03:10:06,770

and think about how can
we not just click a box

3874
03:10:06,770 --> 03:10:08,220
or check a box and thinking that

3875
03:10:08,220 --> 03:10:11,475
we've done something
meaningful, but really mandate.

3876
03:10:11,475 --> 03:10:14,790
And I think when we think
about it in those terms,

3877
03:10:14,790 --> 03:10:18,540
change is likely to happen
and likely measurable.

3878
03:10:18,540 --> 03:10:20,690
Some of the other points
with regard to treatment

3879
03:10:20,690 --> 03:10:24,110
that really stood out, and
I think will be important

3880
03:10:24,110 --> 03:10:27,960
to think about long term
is that only 30% of people

3881
03:10:27,960 --> 03:10:30,890
with substance use disorders
are receiving treatment.

3882
03:10:30,890 --> 03:10:35,850
So that leaves a lot of people
who are not receiving care,

3883
03:10:35,850 --> 03:10:37,970
but there's some missed

opportunities there.

3884

03:10:37,970 --> 03:10:41,360
And so I think this discussion
or discussion tomorrow

3885

03:10:41,360 --> 03:10:46,020
will be important to help with
the focus on reintegration

3886

03:10:46,020 --> 03:10:49,928
and recovery as some points
that Dr. Alegria noted.

3887

03:10:49,928 --> 03:10:54,080
And again, I just want to get
back to the important aspects

3888

03:10:54,080 --> 03:10:55,220
of the mandate.

3889

03:10:55,220 --> 03:10:59,040
And that is an overarching
theme that I think will likely

3890

03:10:59,040 --> 03:11:01,820
drive us through this
effort going forward.

3891

03:11:01,820 --> 03:11:03,910
And I thank Dr. Furr-Holden for that,

3892

03:11:03,910 --> 03:11:06,923
for that call to action,
because it most certainly is.

3893

03:11:08,240 --> 03:11:13,240
Also the data sources that
allow elaborate simulations.

3894
03:11:14,420 --> 03:11:18,520
I mean, we talked about other
strategies to design studies

3895
03:11:18,520 --> 03:11:21,710
that may not rely solely on RCTs,

3896
03:11:21,710 --> 03:11:25,490
but other integrative designs
that could really help

3897
03:11:25,490 --> 03:11:28,440
to shape and move and
understand behavior change

3898
03:11:28,440 --> 03:11:29,273
in that way.

3899
03:11:30,330 --> 03:11:31,980
And I just want to just to note,

3900
03:11:31,980 --> 03:11:35,680
a couple other important
aspects that really stood out,

3901
03:11:35,680 --> 03:11:39,240
and just involving
perhaps non NIH reviewers

3902
03:11:39,240 --> 03:11:40,180
into the structure.

3903
03:11:40,180 --> 03:11:45,180
So I think the structural
components of this challenge

3904
03:11:45,500 --> 03:11:48,230
is one that is deep, deeply rooted.

3905
03:11:48,230 --> 03:11:51,780
And that's something that I
think is an important theme

3906
03:11:51,780 --> 03:11:53,830
that that came up today.

3907
03:11:53,830 --> 03:11:57,100
The HPC use really serve as a model

3908
03:11:57,100 --> 03:11:59,086
and has provided a blueprint.

3909
03:11:59,086 --> 03:12:03,870
And I think Dr. Helena
mentioned this very articulately

3910
03:12:03,870 --> 03:12:08,528
is really a moving excellence
through responsibility

3911
03:12:08,528 --> 03:12:09,740
to the community.

3912
03:12:09,740 --> 03:12:13,030
So the responsibility
that we have as scientists

3913
03:12:13,030 --> 03:12:16,530
and researchers and clinicians
is to the community,

3914
03:12:16,530 --> 03:12:19,923
and if that is our guiding
principles going forward,

3915
03:12:19,923 --> 03:12:23,870
then I think equity, and really
that mandate is something

3916

03:12:23,870 --> 03:12:28,870
that will be important as we
move these processes forward.

3917

03:12:29,148 --> 03:12:33,880
Compassion over empathy is
another driving principle

3918

03:12:33,880 --> 03:12:37,610
that I think will be important
to really move this forward,

3919

03:12:37,610 --> 03:12:41,050
the lag time between research finding

3920

03:12:41,050 --> 03:12:43,340
and how that information is disseminated

3921

03:12:43,340 --> 03:12:46,700
to communities of interest,
I think is important.

3922

03:12:46,700 --> 03:12:50,890
And also, along the lines
of really thinking big

3923

03:12:50,890 --> 03:12:52,379
is these moonshot approaches.

3924

03:12:52,379 --> 03:12:55,400
So not really thinking small but moonshot,

3925

03:12:55,400 --> 03:12:59,390
if we can have a vaccine
developed inside of one year,

3926

03:12:59,390 --> 03:13:03,930
if we can do other things

that really call for us

3927

03:13:03,930 --> 03:13:07,360
to come together, the
experts, the thought leaders

3928

03:13:07,360 --> 03:13:09,440
to really drive this home.

3929

03:13:09,440 --> 03:13:13,277
We can do this, we can focus,
we can work on health equity,

3930

03:13:13,277 --> 03:13:16,630
and in a major way, not
just in an incremental way,

3931

03:13:16,630 --> 03:13:20,370
but in a significant
way to move the needle.

3932

03:13:20,370 --> 03:13:24,000
And I just want to close
on two other points is that

3933

03:13:24,920 --> 03:13:27,320
the issue, I guess it's been long standing

3934

03:13:27,320 --> 03:13:29,170
has been deeply rooted

3935

03:13:29,170 --> 03:13:32,040
but I think the groundswell
of support that we've noticed

3936

03:13:34,180 --> 03:13:38,470
over the last year has
really been heartening.

3937

03:13:38,470 --> 03:13:43,470
And I think it really speaks
to the value that I think,

3938
03:13:44,767 --> 03:13:49,140
coming together as scientists,
as researchers and providers,

3939
03:13:49,140 --> 03:13:52,030
to really think boldly
and to move this forward.

3940
03:13:52,030 --> 03:13:56,810
And I think it was well said
that it's not too complex.

3941
03:13:56,810 --> 03:13:58,674
They're deeply rooted,
but not too complex.

3942
03:13:58,674 --> 03:14:02,830
And I think with time and
commitment, that is something that

3943
03:14:02,830 --> 03:14:05,750
we can move this forward
in a way that can offer

3944
03:14:05,750 --> 03:14:10,160
the systematic solutions that we all need.

3945
03:14:10,160 --> 03:14:13,480
And the final point is on impact.

3946
03:14:13,480 --> 03:14:17,240
And I think there needs
to be and that was said,

3947
03:14:17,240 --> 03:14:20,270
a premium on impact versus publications.

3948
03:14:20,270 --> 03:14:21,287
Right.

3949
03:14:21,287 --> 03:14:24,192
I think there's a notion
that with publications,

3950
03:14:24,192 --> 03:14:28,030
there's only a select, I would say outside

3951
03:14:28,030 --> 03:14:32,930
of the research community
that really review

3952
03:14:32,930 --> 03:14:33,860
the publications.

3953
03:14:33,860 --> 03:14:36,500
But the impact I think goes a long way,

3954
03:14:36,500 --> 03:14:40,090
Dr. Furr-Holden mentioned
that the work that she's done,

3955
03:14:40,090 --> 03:14:44,330
that impacted legislature and policy,

3956
03:14:44,330 --> 03:14:46,210
that it takes some time, it takes years,

3957
03:14:46,210 --> 03:14:48,790
so I would value and I would
challenge my colleagues

3958
03:14:48,790 --> 03:14:53,587
that value the impact of
public health and policy

3959
03:14:53,587 --> 03:14:57,037
and how those really drive those changes

3960
03:14:57,037 --> 03:14:58,840
are vitally important.

3961
03:14:58,840 --> 03:15:02,730
And I would weigh heavier
over a publication.

3962
03:15:02,730 --> 03:15:04,813
So I think that's
something to think about,

3963
03:15:04,813 --> 03:15:09,390
and including social
determinants of health as a plan,

3964
03:15:09,390 --> 03:15:12,880
as we do with having a plan of ensuring

3965
03:15:14,110 --> 03:15:16,990
sex and gender, differences and analysis.

3966
03:15:16,990 --> 03:15:19,350
I think having a social
determinants of health plan

3967
03:15:19,350 --> 03:15:22,660
as was brought up by a panelist

3968
03:15:22,660 --> 03:15:24,691
I think is important, as well.

3969
03:15:24,691 --> 03:15:28,720
So with that said, I
want to end on that note.

3970

03:15:28,720 --> 03:15:31,760
I just want to thank
everyone, the panelists,

3971
03:15:31,760 --> 03:15:34,620
I want to thank the keynote
presenters, my colleagues,

3972
03:15:34,620 --> 03:15:37,870
the moderators, as well
as the contractors.

3973
03:15:37,870 --> 03:15:42,010
Tomorrow is going to be I
would say, equally valuable,

3974
03:15:42,010 --> 03:15:44,370
we're going to talk a little bit,

3975
03:15:44,370 --> 03:15:46,730
we're gonna change directions and focus on

3976
03:15:46,730 --> 03:15:49,957
harnessing basic science to
understand racial disparities

3977
03:15:49,957 --> 03:15:51,477
and the impact of racism.

3978
03:15:51,477 --> 03:15:56,477
And I think the challenge
would be to have the panelists,

3979
03:15:56,670 --> 03:15:58,390
the keynote presenters think about

3980
03:15:58,390 --> 03:16:02,060
how the social determinants
of health can be integrated

3981
03:16:02,060 --> 03:16:03,800
in that basic science sense.

3982
03:16:03,800 --> 03:16:05,863
I think there was some a lot of interest,

3983
03:16:06,830 --> 03:16:11,070
Debra Furr- Holden, some
colleagues responded in the chat

3984
03:16:11,070 --> 03:16:13,460
about the study that she talked about,

3985
03:16:13,460 --> 03:16:15,470
the basic study that she talked about,

3986
03:16:15,470 --> 03:16:20,010
so I'm sure there will be some
interest in that tomorrow.

3987
03:16:20,010 --> 03:16:21,780
So we want to end there.

3988
03:16:21,780 --> 03:16:26,780
And I think Carlos that would
be a good wrap up on day one.

3989
03:16:28,420 --> 03:16:31,423
Any questions before
we part ways for today?

3990
03:16:34,320 --> 03:16:35,870
All right, well, thank you everyone,

3991
03:16:35,870 --> 03:16:38,260
and look forward to
seeing you all tomorrow.

3992

03:16:38,260 --> 03:16:42,183
Thank you all for a very
successful and intriguing day one.