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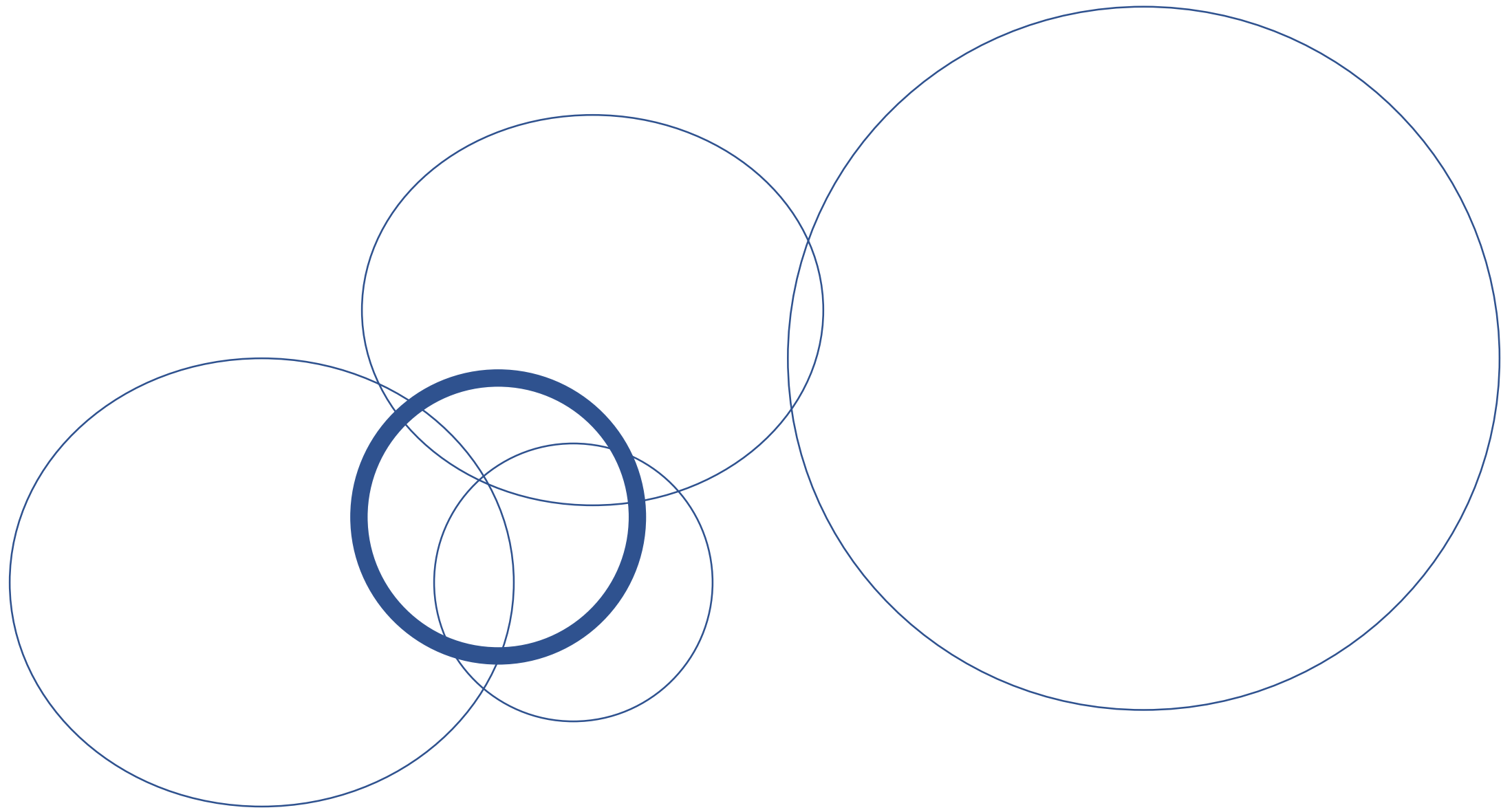


CHIPTS
Center for HIV Identification, Prevention
and Treatment Services

cbam
center for behavioral &
addiction medicine

Centering the Margins: Health Equity in California

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University of California, Los Angeles
Charles R. Drew University of Medicine & Science



(bell hooks, 1984)

*Piloting TelePrEP Information Sessions to Increase
PrEP Awareness and Uptake among
Black and Latina Cisgender Women*

Study Team and Partners

Study Team:

- Dilara Üsküp, PhD, PhD (presenter)
- Ronald Brooks, PhD (Co-PI)
- Omar Nieto, BA
- Elena Rosenberg-Carlson, MPH
- Sung-Jae Lee, PhD
- Norweeta Milburn, PhD

Partners:



Aims

- The study team trained staff at Black Women for Wellness (BWW) and East Los Angeles Women's Center (ELAWC) to conduct TelePrEP Information Sessions with their BLCW clients to:
 - **AIM 1:** Raise awareness and knowledge of PrEP among BLCW.
 - **AIM 2:** Motivate BLCW to consider using PlushCare as an option to access PrEP.

Implementation Science Methodologies

- Agency staff completed monthly client engagement logs and submitted them to the study team.
- The study team conducted mixed-methods interviews to assess the acceptability and appropriateness of the TelePrEP Information Sessions, PrEP, and PlushCare.
 - We used Proctor's taxonomy of implementation outcomes to guide development of the interview guide.
 - We utilized two separate quantitative measures to help assess the appropriateness and acceptability of the Information Session: the **Acceptability of Intervention Measure (AIM)** and the **Intervention Appropriateness Measure (IAM)**.

Definitions of Acceptability and Appropriateness

Acceptability

- The perception among implementation stakeholders that a given intervention is agreeable or satisfactory. Acceptability can be measured from the perspective of various stakeholders, such as senior leadership, health educators, and consumers.

Appropriateness

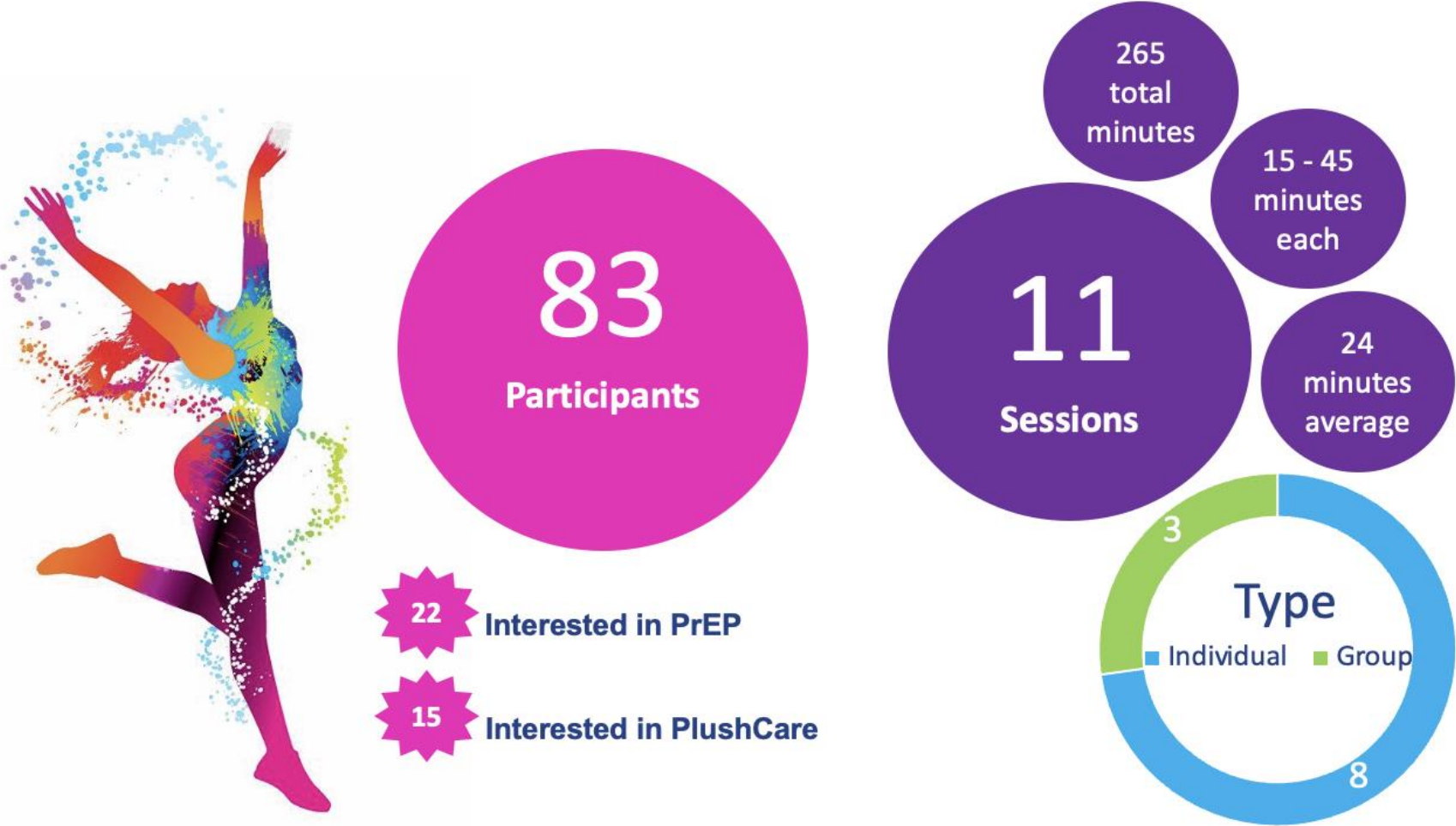
- The perceived fit, relevance, or compatibility of an intervention for a given practice setting, provider, or consumer; and/or perceived fit of an intervention to address a particular issue or problem.

Proctor E, Silmere H, Raghavan R, Hovmand P, Aarons G, Bunger A, Griffey R, Hensley M. Outcomes for implementation research: conceptual distinctions, measurement challenges, and research agenda. *Administration and policy in mental health and mental health services research*. 2011 Mar;38(2):65-76.

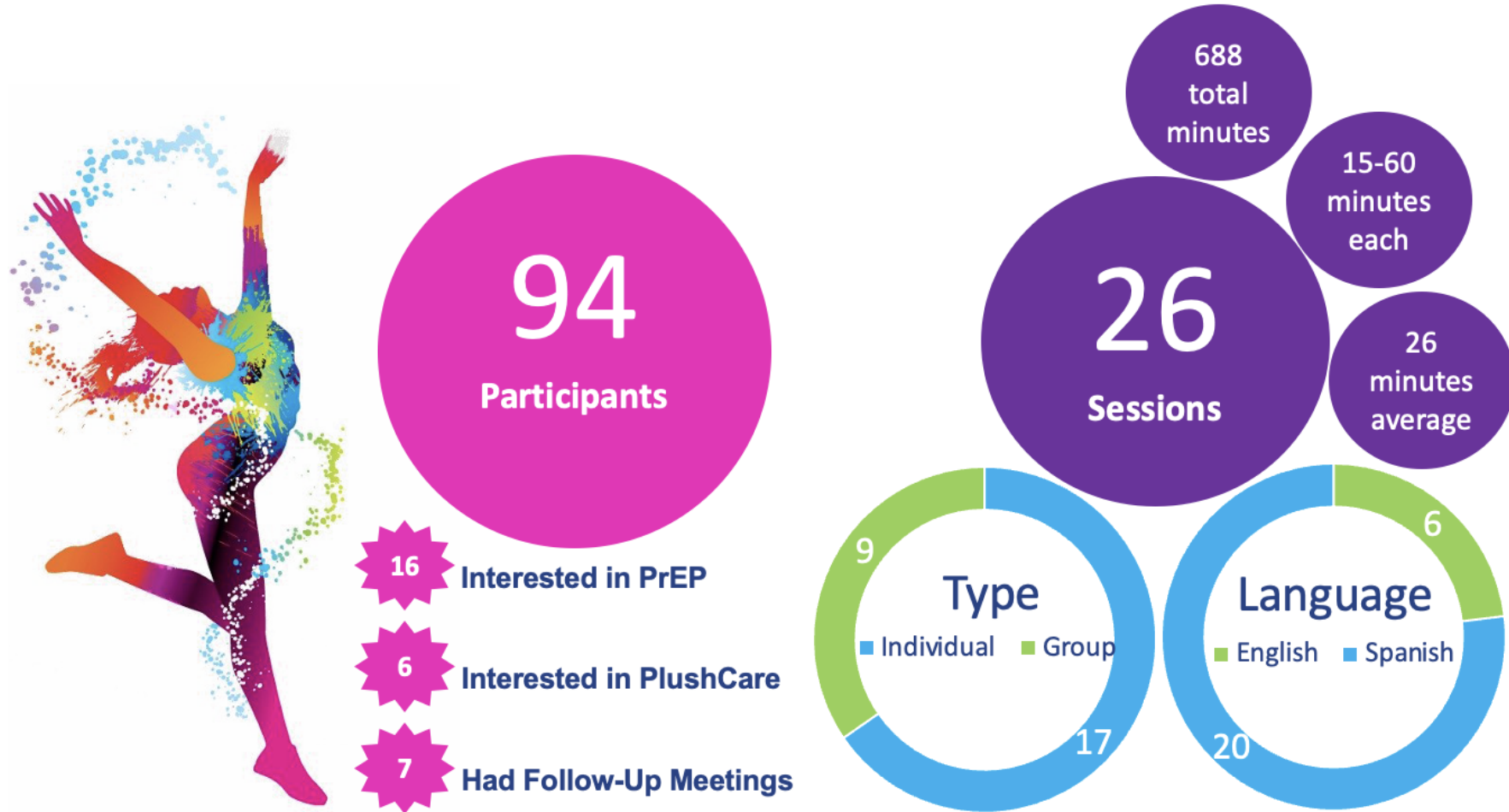
Participant Demographic Information (N=20)

Characteristics	n	(%)
Age (years): mean (range)	41 (26-62)	
Straight/heterosexual	17/19	89.5 %
Completed some high school or received high school diploma/GED	13/20	65.0 %
Employed (full-time, part-time, or other)	13/19	68.4 %
Annual income of \$20,000 or less	12/17	70.6 %
Have health insurance	16/20	80.0 %

Key Outcomes: Overall Agency Findings from BWW



Key Outcomes: Overall Agency Findings from ELAWC



Key Outcomes:

Highlights from Qualitative Interviews with LCW

- The majority of LCW did not know about PrEP and PlushCare.
- The Information Sessions increased **knowledge** and **awareness** of PrEP and PlushCare.
- LCW viewed the Information Sessions as **acceptable** and **appropriate**.
- LCW generally expressed positive attitudes about PrEP and PlushCare.
- The majority of LCW did not feel they were at sufficient risk to warrant PrEP use.

Discussion: Getting to the Next Level

- **What were the challenges?**

- Staff turnover
- Lack of support and communication from senior leadership to frontline staff
- Limited timeline to complete project (one year)
- Mistrust of research among clients

- **How did you address those challenges?**

- Increased training sessions to accommodate new staff members
- Created opportunities for discussion related to recruitment
- Conducted coaching sessions with senior leadership and frontline staff
- Created video introductions from investigators and tailored promotional materials

Best Practices and Lessons Learned

- The TelePrEP Information Sessions were very successful in raising awareness and knowledge of PrEP and PlushCare among LCW clients.
- Connecting BLCW to PrEP services will require extensive time and support.
- There is a need to build trust with BLCW around research and PrEP.
- The health messenger is important.

Acknowledgements

- National Institute of Mental Health (Sponsor Award Number 3P30MH058107-24S1)
- East Los Angeles Women's Center: Thelma Garcia, Alejandra Aguilar Avelino, Karla Morales, Lizette Villanueva, and Monica Lerma
- Black Women for Wellness: Jan Robinson Flint, Akil Bell, Stephanie Haynes, Aareka Davis, Milan Eatmon, Isabella Faith
- PlushCare: Dr. James Wantuck, Jonathan Bandy, Seth Ragonese, Michael Contreras, and Dr. Cristina Garcia
- Los Angeles County Department of Public Health, Division of HIV and STD Programs (DHSP): Dr. Sonali Kulkarni

COVID Findings & Perspectives from South LA and Southeast LA: Doing What Needed to Be Done

Study Team and Collaborators

Study Team:

- Funder - California Community Foundation
- Community members, leaders and partners we engaged for the summits, interviews and focus groups.
- Research team
 - Steve Shoptaw, PhD
 - Dilara Üsküp, PhD, PhD
 - Nina Harawa, PhD, MPH
 - Vickie Mays, PhD, MSPH
 - Chelsea Shover, PhD
 - Uyen Kao, MPH
 - Oluwadamilola Jolayemi, MSc
 - Enrique Sanchez, BSc
 - Cheryl Branch, MSc – LAMC 501(C)3
- Focus Group Facilitators
 - Oladunni Adeyiga, MD, PhD
 - Yelba Castellon-Lopez, MD, MSHPM
 - Jesse Clark, MD

Collaborators:



AIMS

Facilitate - community, public, private, and governmental partnerships to reduce COVID-19 vaccine inequity.

Educate - communities of color in South Los Angeles about the COVID-19 vaccines through virtual town halls/summits.

Navigate - communities of color in South Los Angeles on how to access available COVID-19 vaccines.



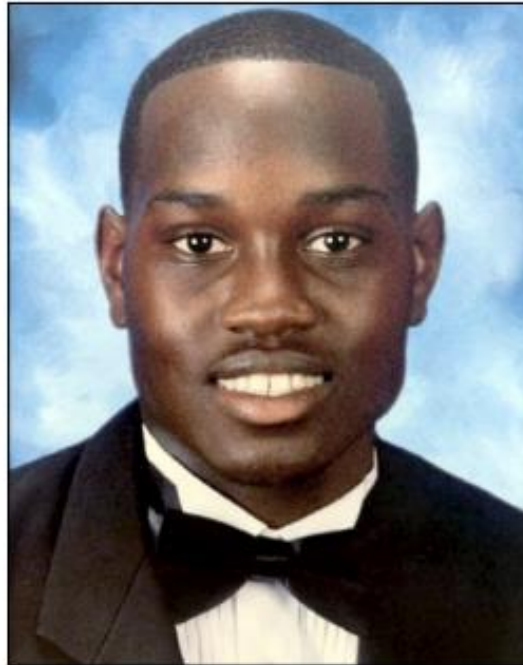
Eye of the Storm

Fig. 1
Age-Adjusted Death Rates Due to COVID-19 Per100K
January 31, 2022

		Mortality Rate
Los Angeles County Total		264
Race/ Ethnicity	Asian	180
	Black/African American	275
	Hispanic/Latino/o/x	417
	White	155
Area Poverty	<10% Area Poverty	153
	10% to 20% Area Poverty	272
	20% to 30% Area Poverty	359
	30% to 100% Area Poverty	480



Breonna Taylor



Ahmaud Arbery



George Floyd

Research & Action in the Community

- Community Summits (May 2021-August 2021)
- Reach 350+
 1. Community Summit (English and Spanish speaking community members)
 2. Community Leaders
 3. Clinical Providers



Research & Action in the Community

LE GUSTARIA AYUDARNOS A BRINDAR ACCESO A LA VACUNA COVID-19 EN SU COMUNIDAD?

PARTICIPE EN UN GRUPO FOCAL SOBRE LAS VACUNAS COVID-19

Comparta sus opiniones sobre la entrega de las vacunas COVID-19 a las comunidades Afroamericanas y Latinas.



QUIEN ES ELEGIBLE?

- Personas mayores de 18 años que sean de:
- Identidad multiracial negra, de descendencia africana, afroamericana o negra
- Latina, Latina o Latinx
- Miembros de la comunidad
- Miembros de organizaciones comunitarias
- Miembros de comunidades religiosas
- Miembros de organizaciones sociales
- Proveedores de atención médica (clínica)
- Proveedores de atención médica (no clínicos)
- Prácticos
- Personal de agencias de salud (sector público y privado)

QUE IMPLICA?

- Participación en un grupo focal virtual durante 1.5 horas.
- Participantes recibirán una tarjeta Visa de \$50 por su tiempo
- La participación es para un estudio de investigación de UCLA
- La participación es voluntaria

CONTACTO

Interesado? Contactar (714) 594-0508 o correo electrónico de los investigadores principales: Steve Shoptaw (PhD) y Dilara Uskup (PhD, PhD) duskup@ucla.edu

FORMULARIO DE INTERES

<https://bit.ly/covid-focusgroup>

Este estudio se está realizando por el UCLA Center for Behavioral and Addiction Medicine (CBAM) IRB Approval #: 21-000329.

WANT TO HELP PROVIDE ACCESS TO COVID-19 VACCINES IN YOUR COMMUNITY?

PARTICIPATE IN A FOCUS GROUP ABOUT THE COVID-19 VACCINES

Share your views and opinions about delivering the COVID-19 vaccines to Black and Latinx communities



WHO IS ELIGIBLE?

- Persons 18 years of age and older who are:
- Black, African Descendant, African American, or Black Multiracial identity
- Latina, Latinx or Latinx
- Community members
- Members of community based organizations
- Members of faith based communities
- Members of social organizations
- Clinical healthcare providers
- Non-Clinical healthcare providers
- Policy makers
- Staff from health agencies (private and public sector)

WHAT IS INVOLVED?

- Participation in a virtual focus group for 1.5 hours
- Participants will receive a \$50 Visa card for your time & effort
- Participation is for a UCLA research study
- Participation is voluntary

CONTACT

Interested? Contact (714) 594-0508 or email Principal Investigators of the study team, Steve Shoptaw (PhD) and Dilara Uskup (PhD, PhD) at duskup@ucla.edu

INTEREST FORM

<https://bit.ly/covid-focusgroup>

This study is being conducted by the UCLA Center for Behavioral and Addiction Medicine (CBAM) IRB Approval #: 21-000329.

Research & Action in the Community

- Community Summits (May 2021-August 2021)
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 2. Community Leaders
 3. Clinical Providers



Research & Action in the Community



What We Learn

- Medical
- Histori
- Misinform
- Accessib
- Health a
- Lack of Cultural
- Pressure and Blame

“And then you’ve got politicians and you’ve got celebrities and you’ve got community leaders coming out and saying, “Oh you must do it. You must do it. You must do it.” And now what I’m hearing is a put down to those who haven’t done it, those who have not taken the vaccine, ... and I listen to people and they think that those people are ignorant, that they’re inexcusable what they’re doing, that they’re hurting everybody. And so those are issues that people are dealing with.”

(Community member-English speaking, Black Female, August 2021)

reached them—that if they get vaccinated, they won’t be able to have children.” *(Community member- Spanish speaking, Latina Female, August 2021)*

Medical Mistrust and Distrust

Concern, Fear, Skepticism, and Uncertainty

Chaotic Political Leadership

Perception of Vaccination Efforts

Personal Experiences

Gender-Specific Physiological Reactions



Lack of Cultural Humility and Inattention to Community Fears

Accessibility

Pressure and Blame as a Damaging Vaccination Strategy

Health and Access to Healthcare

Misinformation and Falsehoods

Vaccination Mandates

Perceived Severity of COVID-19

Recommendations

1. Invest in and Mobilize a Community-Based Health Workforce
2. Dialogue and Disseminate Accessible Information
3. Tailored and Culturally Appropriate Messaging
4. From Shaming and Blaming to Educating
5. Reduce Barriers to Access
6. Strengthen Coordination and Learning
7. Build Community Capacity

Acknowledgements, Partners, & Stakeholders

PARTNERS/STAKEHOLDERS

- COVID-19 Vaccine Volunteer Crew
- Department of Family Medicine at UCLA
- Gerente de Programa de Cultiva La Salud-Condadode Merced
- Get Out the Shot LA
- Kaiser Family Foundation
- Kedren Health
- Long Beach Department of Health and Human Services
- Los Angeles Department of Public Health
- Los Angeles Metropolitan Churches
- Pull Up Neighbor
- Southside Coalition of Community Health Centers
- St. Johns Well Child and Family Center
- Community Engagement Alliance (CEAL) Against COVID-19 Disparities
- Community Engagement and Research Program (CERP)
- Vaccinate California and Vaccinate the States
- Vine Street Clinic



California Cannabis Count (CaliCann)— A Demographic Analysis of the California Licensed Cannabis Industry & Consumer Market

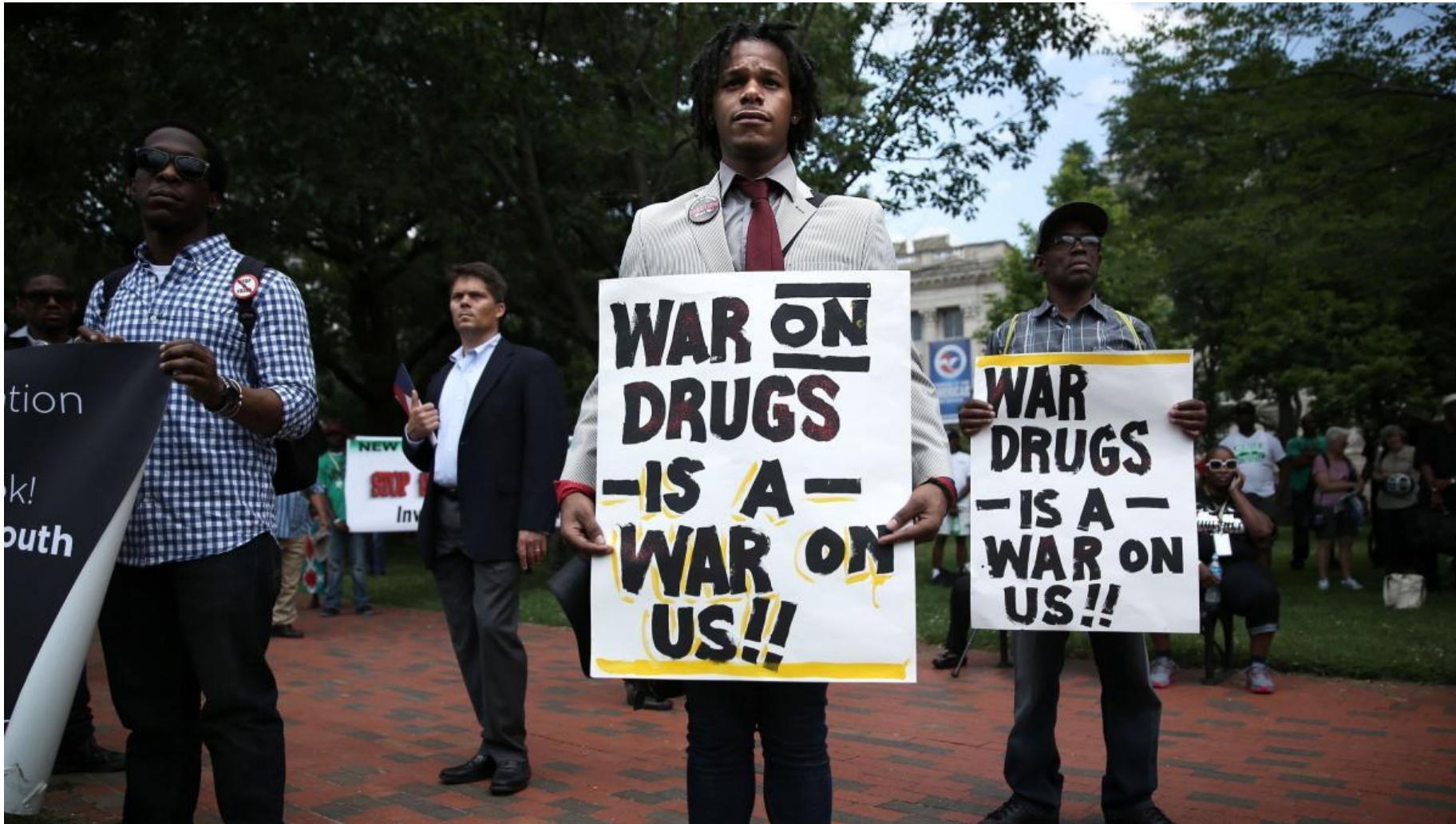


Department of
Cannabis Control
CALIFORNIA

UCLA Grant Number: (App ID RG-1603152285-696) 65367



Health Equity: “is achieved when every person has the opportunity to ‘attain his or her full health potential’ and no one is ‘disadvantaged from achieving this potential because of social position or other socially determined circumstances” (CDC).



“There are 100,000 total marijuana smokers in the U.S., and most are Negroes, Hispanics, Filipinos and entertainers. Their Satanic music, jazz and swing result from marijuana use. This marijuana causes white women to seek sexual relations with Negroes, entertainers and any others.”

-Harry Anslinger was the US Treasury Department's first Commissioner of Federal Bureau of Narcotics

“You understand what I'm saying? We knew we couldn't make it illegal to be either against the war or Black, but by getting the public to associate the hippies with marijuana and Blacks with heroin, and then criminalizing both heavily, we could disrupt those communities.”

-John Erlichman, Nixon Aide (in 1994 interview)

“Casual drug users “ought to be taken out and shot,” Los Angeles Police Chief Daryl F. Gates told a Senate hearing Wednesday on the first anniversary of the Bush Administration's war on drugs. LAPD Chief Bill Gates, discussing his comment to the Senate Judiciary Committee, said his harsh assessment was aimed at those “who blast some pot on a casual basis”...“We're in a war,” Gates said, and even casual drug use “is treason.” - LA Times, Sept. 6, 1990

“According to a 2017 report from Marijuana Daily Business, only 4.3% of legal cannabis businesses had an African-American founder or owner and only 5.7% were owned or founded by people identifying as Hispanic/Latino even though these groups represent 31.5% of the US population” (Nani, 2019).

(Supernova Women)

Social Equity: “to promote equitable ownership and employment opportunities in the cannabis industry in order to decrease disparities in life outcomes for marginalized communities, and to address the disproportionate impacts of the War on Drugs in those communities” (LA City)

Cannabis Social Equity Legislation

- **2018** – Governor Edmund G. Brown Jr signed Senate Bill 1294, the California Cannabis Equity Act, authored by Senator Steven Bradford (D-Gardena). This groundbreaking bill, aimed at reversing some of the damaging impacts cannabis prohibition has had on individuals from disadvantaged communities, is the first social equity cannabis measure in the United States. ([Senate Bill 1294](#))



Predatory contracts and practices

Excessive taxes

Supply co

Requirements

High sta

complexities

Exclusive contacts and investment networks

Key Collaborators



Our Team

David Goodman-Meza, MD, MAS
Co-Principal Investigator



Dilara K. Üsküp, PhD, PhD
Co-Principal Investigator



Elena P. Rosenberg-Carlson, MPH
Project Director



Brad Rowe, MPP
RPM Site Lead



Cheryl Branch, MS
LAM Site Lead



Warren Hewitt, DrPH, MS
LAM Sub-Contractor, Senior Researcher



Jade Stuart, MPH
RPM Research Consultant





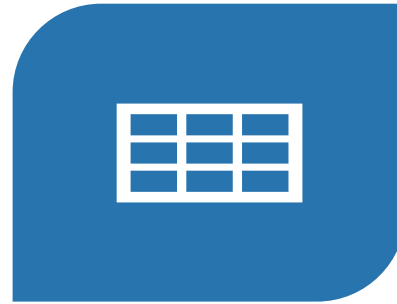
“Nothing About Us, Without Us!”



License-Holder
and Consumer
Surveys



License-Holder
In-Depth
Interviews



Development of
Geocoded
Database and
Heat Maps

Methods

Current Activities

Implementing our consumer survey (200~ **responses** to date!)



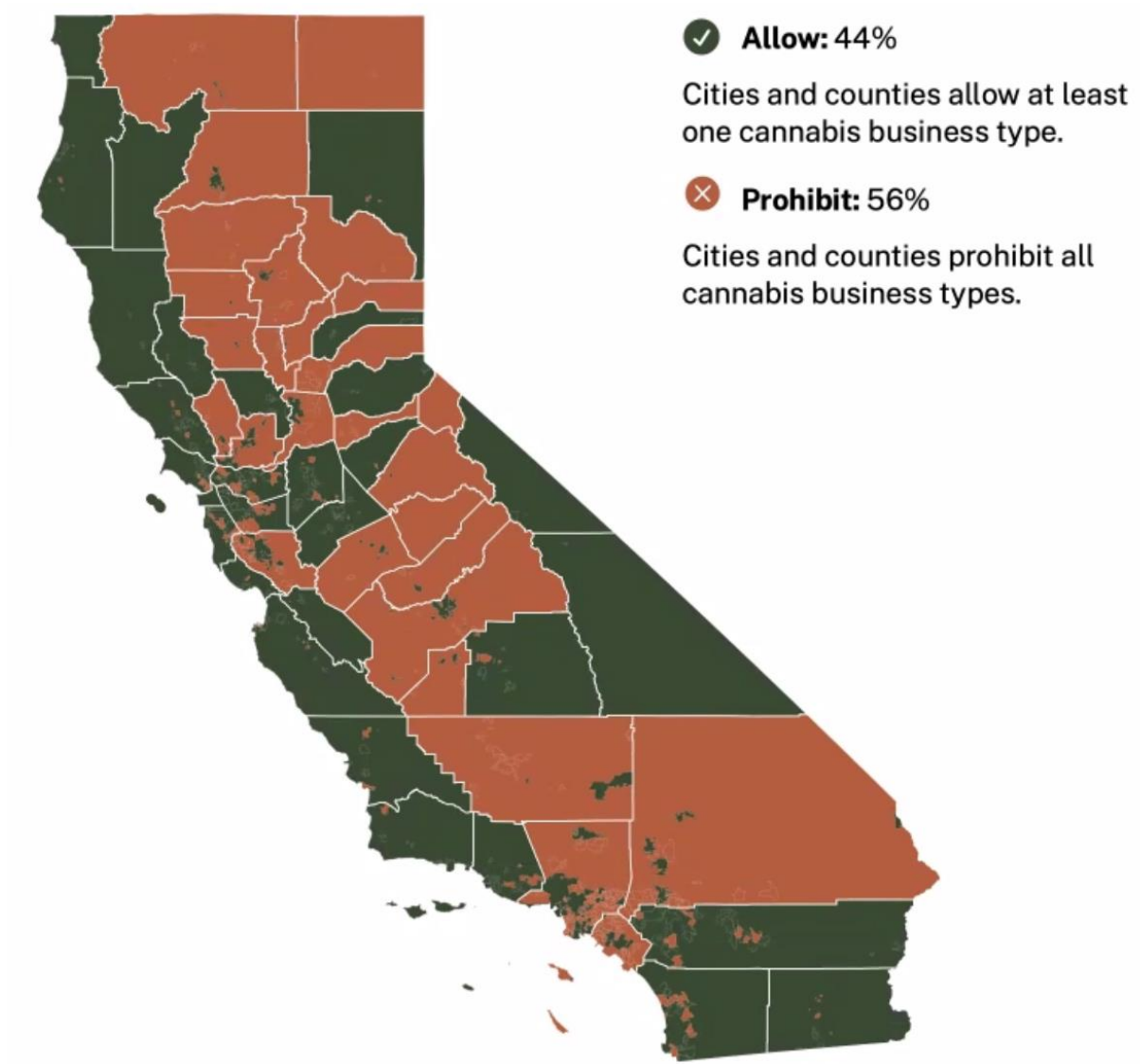
Implementing our license-holder survey (~ **100 responses** to date!)



Conducting our license-holder interviews (~ **40 responses** to date!)



Gathering data for our geocoded database and heat maps (In Progress)



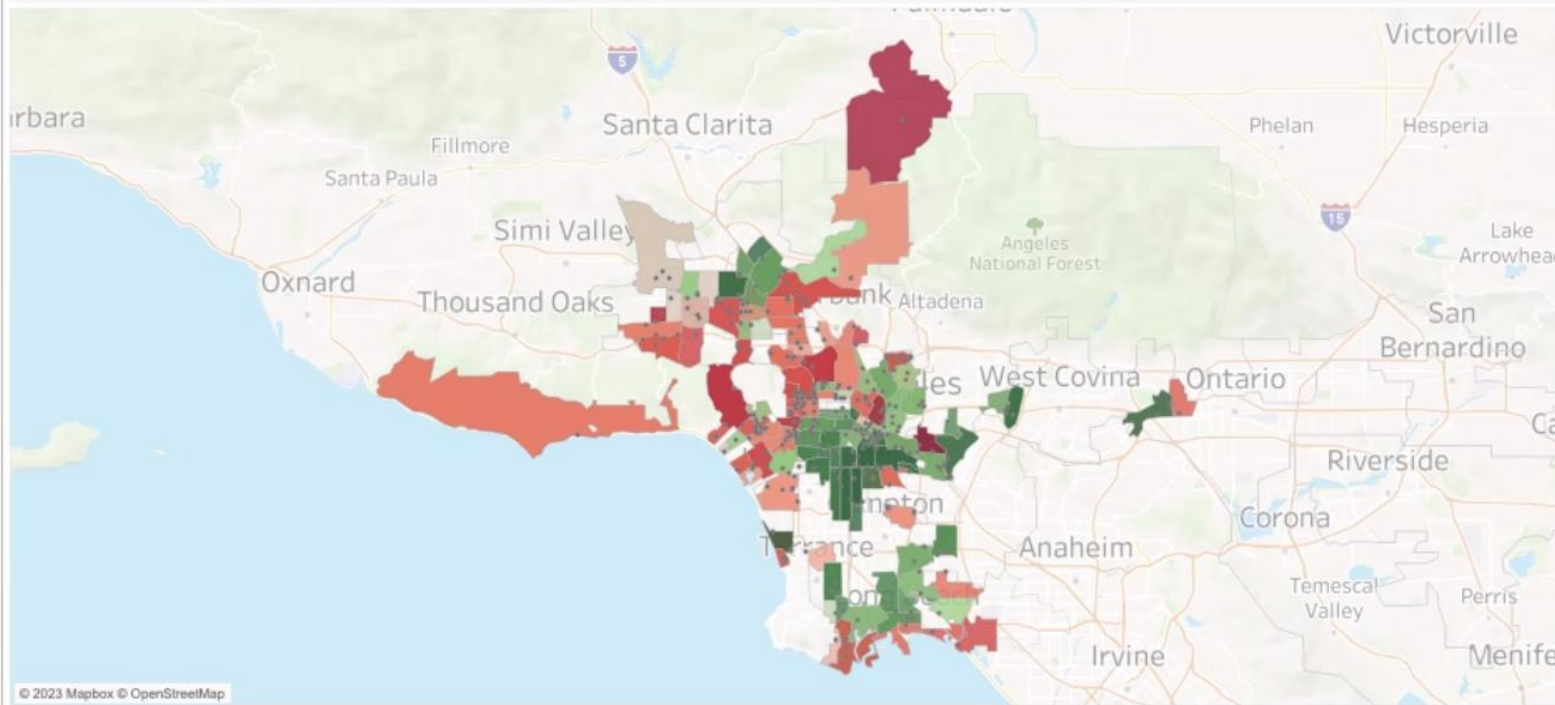
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CaliCann Mapping Project

Retail Licenses by Race

Colors indicate License Type and Zip Codes are shaded by Average Percentage of Non-White Population (White Only--Not Hispanic or Latino). Filter by County and Congressional District. Select Circle Size to adjust as map zooms in. Uncolored Zip Codes lack cannabis licenses.



© 2023 Mapbox © OpenStreetMap

Licensee list provided by the Department of Cannabis Control (DCC). Latitude, longitude, and zip code of license locations were converted through Geocodio, which also matched coordinates to Congressional Districts and U.S. Census Bureau ACS (American Community Survey) demographic, economic, and social data. Geocodio could not locate approximately 3,000 addresses provided by the DCC. These missing addresses are captured in County-level data.

License Type

- (All)
- Retailer
- Retailer - Non-Storefront

Select Circle Size

County

Congressional District

City

Avg. % Non-White



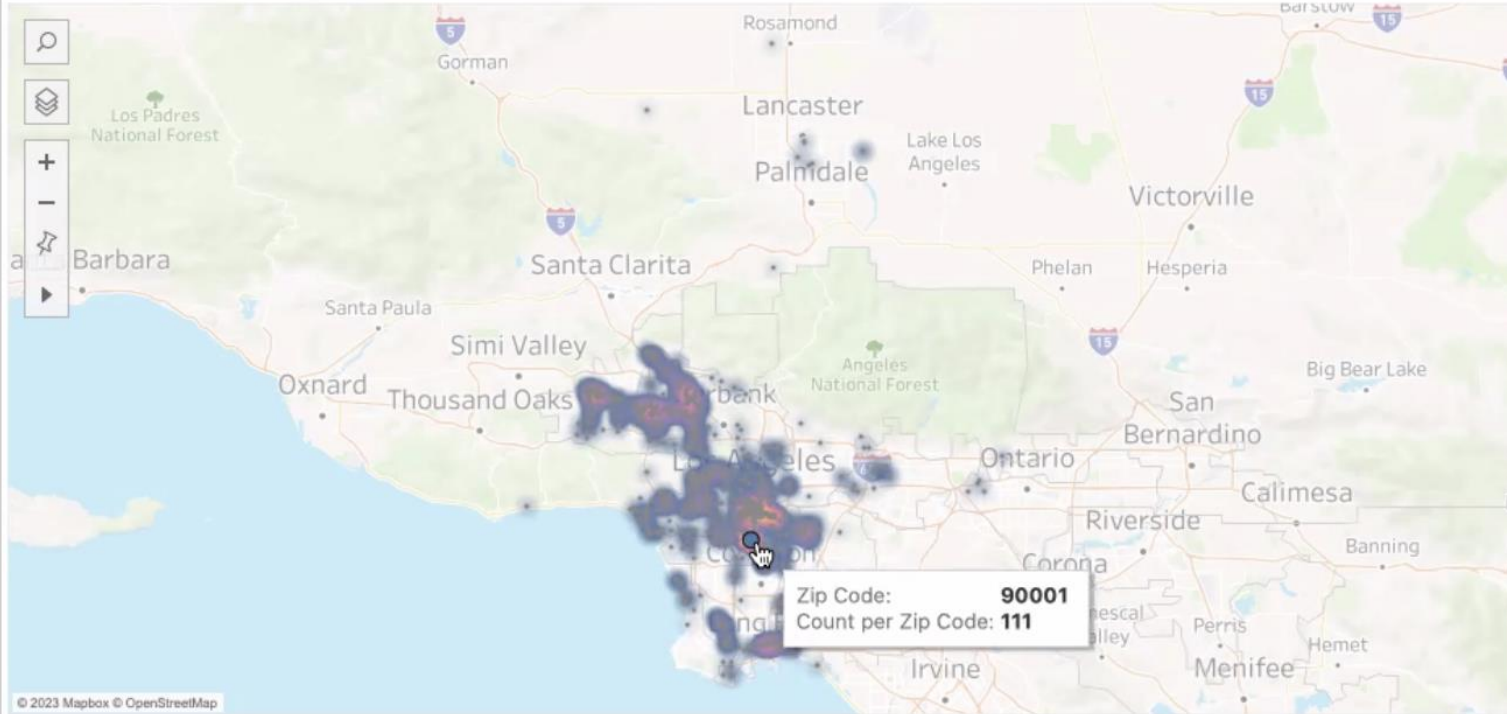
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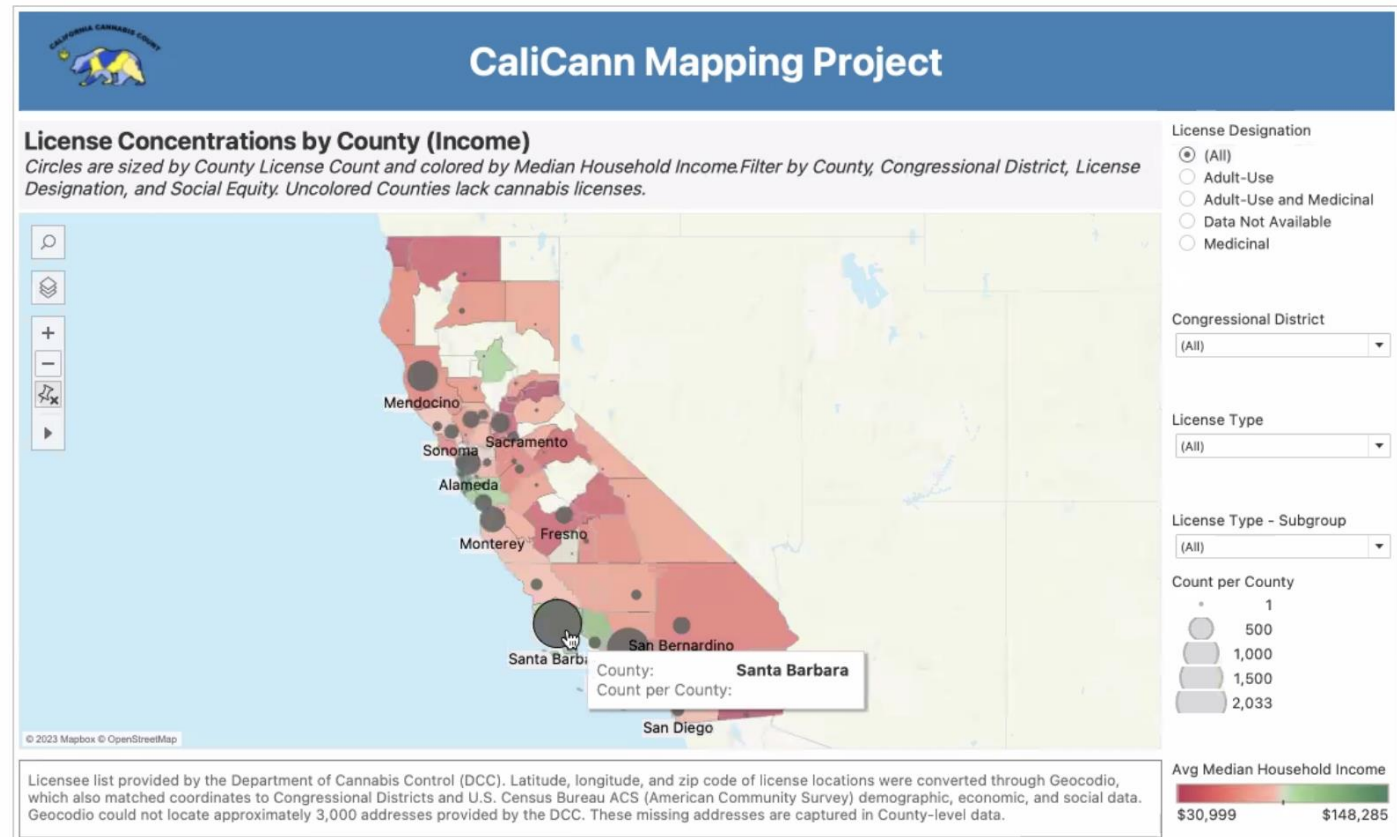
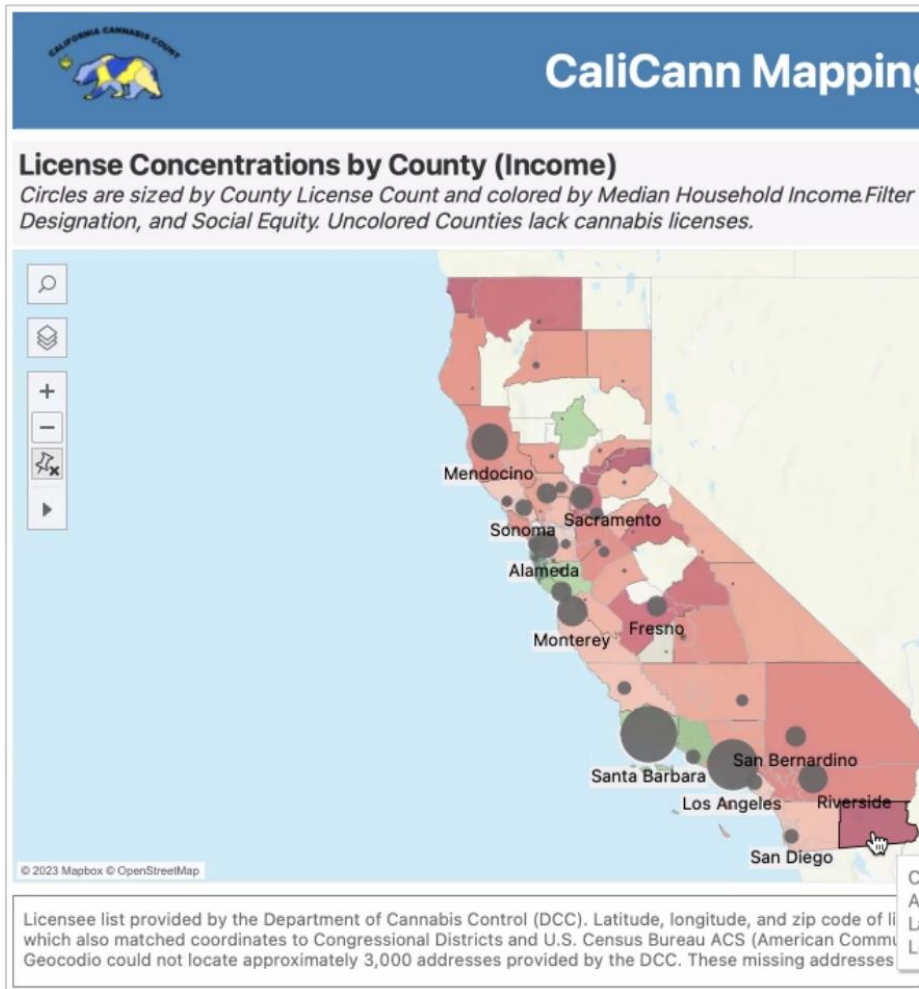
License Density by Zip Code

Zip Codes are shaded by density of license count. Filter by County, Congressional District, City, License Designation, and License Type. Select Circle Size to adjust as map zooms in.



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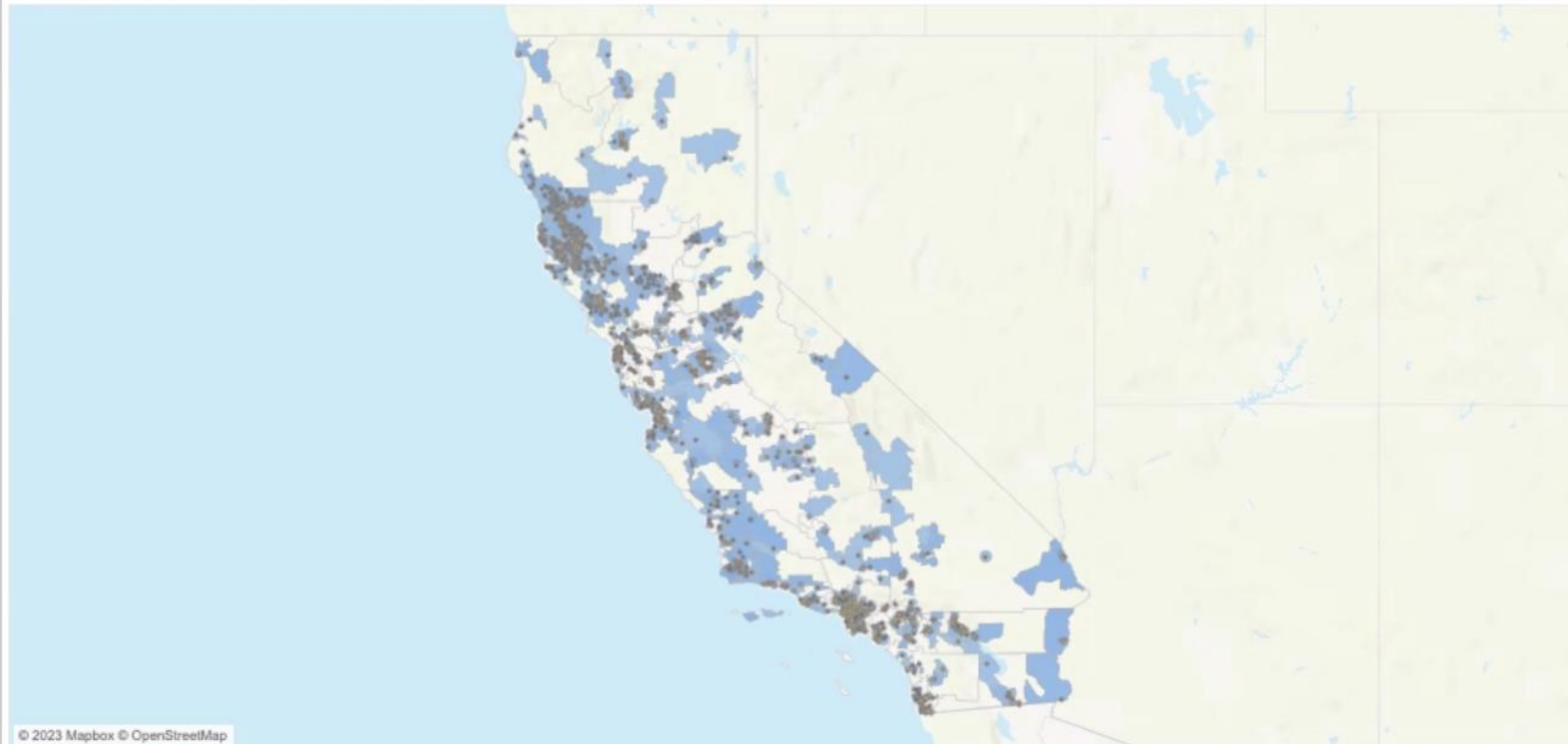
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CaliCann Mapping Project

License Concentrations by Zip Code with License Types

Colors indicate License Type and Zip Codes are shaded by license count. Filter by County, Congressional District, City, License Designation, and License Type. Select Circle Size to adjust as map zooms in. Uncolored Zip Codes lack cannabis licenses.



License Type

- Testing Laboratory
- Event Organizer
- Microbusiness
- Manufacturer
- Distributor
- Retailer
- Cultivation

Select Circle Size

County

Congressional District

City

License Designation

License Type

License Type - Main

License Type - Subgroup

Count per Zip Code

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Consumer Survey Snapshot

- Demographic characteristics
- Recreational cannabis purchasing and consumption practices
- Medicinal/therapeutic cannabis purchasing and consumption practices
- Experience with discrimination at licensed retailers
- Cannabis-related conviction/expungement history



License-Holder Survey Snapshot

- Business structure and characteristics
- Experiences with licensing and becoming operational
- Products and/or services offered
- Purchasing and profit
- Employment practices and staffing
- Personal wellness, sustainability, community, and equity-focused practices
- Social equity license status and experiences
- License-holder (respondent) demographic characteristics
- License-holder (respondent) historic involvement in the criminal justice system



License-Holder Interview Guide Snapshot

- Business overview
- Business operations
- Consumer engagement practices
- Social equity perspectives and practices
- General industry and policy perspectives

Emerging Recommendations & Future Directions



We must recognize cannabis' therapeutic potential, health risks, and abuse potential.

Cannabis & Health (In)Equity

- Potential to apply lessons learned from alcohol and tobacco to cannabis?
- Can limiting outlet densities protect public health? What does that mean for our social equity owner & operator?

Thank you!



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