Peers Speak Out:
Improving Substance Use Treatment Outcomes During COVID-19

Preliminary Findings December 3, 2020

With funding from the Patient-Centered Outcomes Research Institute, Community Catalyst is partnering with Faces & Voices of Recovery and the American Society of Addiction Medicine to increase the voices of people with substance use challenges and people in recovery in influencing research and improving treatment outcomes through the "Patients Lead" project. The long-term goal of Patients Lead is to ensure treatment and recovery services are designed to achieve the outcomes most important to the individuals using those treatment and recovery services.

This fall, patients[1] spoke out through a national online survey, two focus groups[2] and the Patients Lead National Peer Council about what outcomes they want from treatment, how COVID-19 is affecting them and what needs to change about treatment/services. Community Catalyst offers these preliminary findings and recommendations so researchers, clinicians, advocates and policymakers can begin taking action now to make these patient-centered outcomes a reality. More detailed findings will be forthcoming in March 2021. The final findings could differ once we complete the full analysis and discuss all the data with the Peer Council, our partners and our project advisors.

KEY TAKEAWAYS

Findings:

- National survey data show the top three results from treatment and recovery services that individuals prioritize for themselves in "typical times[3]" are: **staying alive, improving their quality of life, and stopping all drug/alcohol use.** There are **differences in top three results by gender and race:** top priorities for people identifying as transgender or nonbinary included **"address issues that come up in daily life"** and **"develop a recovery support system"** respectively. Of those who reported their race/ethnicity, people who responded as Black/African American or American Indian/Alaska Native prioritized **"address issues that come up in daily life." "Stop all drug/alcohol use"** appeared in the top three most important results for people who responded white, but not for people identifying as American Indian/Alaska Native, Asian, Black/African

[1] The term "patients" refers to peers, people in recovery, people with substance use disorders, and others with lived experience of substance use challenges.
[2] Individuals were eligible to participate in a focus group if they had been impacted by COVID-19 (either they or a family member had COVID-19, and/or their substance use treatment or services were significantly disrupted by COVID-19) and had experience with "virtual" or telehealth services.
[3] "Typical times" are defined as before COVID-19 (coronavirus): the time period as before March 2020

American, Hispanic or Latino/Latina/Latinx, Middle Eastern/North African, or Native Hawaiian/Pacific Islander.

- During the COVID-19 pandemic, however, **improving mental health** replaced stopping all drug/alcohol use as a top priority. **Feeling safe in their surroundings** also became an imperative.
- Participants in focus groups identified different desired outcomes from survey respondents. The top results identified in "typical times" included connection to culturally appropriate treatment and a supportive network of community members, connection to recovery supports/specialists, reducing substance use through harm reduction and individual recovery pathways, and reducing stigma. Focus group participants maintained these top priorities during COVID-19 while also emphasizing the importance of continued care, access to emergency services, and access to technology. The Peer Council emphasized that COVID-19 made safety critically important—including safety when using substances, and safety in relationships.
- Regarding how COVID-19 affected access to services, virtual or phone-based support groups were easier to access, but in-person support groups and individual counseling were harder. Individuals also described significant challenges in getting inpatient services, outpatient services and residential treatment—problems exacerbated by waits for COVID-19 test results.

Several of these desired outcomes are not commonly the focus of research or clinical practice to improve substance use services. Typically, that research has focused more on whether a patient received any treatment, whether they progressed through treatment and whether they attained abstinence. Some studies have also focused on death rates. Based on the desired outcomes patients identified in this study, and other concerns the participants raised, Community Catalyst makes the following initial recommendations:

Recommendations for providers:

- Clarify each individual's desired treatment and recovery goals and adjust services to meet those goals
- Continue to provide expanded virtual services even when it is safe to return to in-person services, but maintain both as patient-chosen options
- Integrate mental health supports into substance use disorders services

Recommendations for policymakers:

- Make permanent the temporary policies enabling expansion and payment for virtual services, including take-home medication dose options and phone counseling
- Dedicate funding streams to support virtual treatment/services, and integrated mental health and substance use services, particularly in communities of color and in rural areas
- Increase resources for COVID-19 testing, particularly in substance use treatment/services settings
- Increase funding for peer services, recovery community organizations (RCOs) and other recovery supports that focus on helping individuals connect to community services

Recommendations for comparative effectiveness researchers and patient-centered outcomes researchers:

- Prioritize research questions that ask what treatments and services are most effective in helping individuals achieve the results prioritized by patients
- Investigate effective ways to better incorporate mental health treatment and supports into substance use disorders treatment and services, even for patients without a documented mental illness diagnosis
- Investigate what treatment approaches achieve the greatest increases in quality of life, and research the best ways to assess increases in quality of life for people with substance use disorders

PROJECT OVERVIEW

Too often, people with lived experiences of substance use disorders are left out of important policy decisions that affect their lives, including how treatment and recovery programs are designed and what outcomes those programs seek to achieve. This means that research on what works best isn't always based on what matters most to people in recovery and that services aren't always responsive to people's needs.

To change this, Community Catalyst is working in partnership with Faces & Voices of Recovery and the American Society of Addiction Medicine to increase the voice of people with substance use challenges and people in recovery in improving the treatment and recovery supports system. In the short-term, the goal of Patients Lead: Identifying Meaningful Outcomes to Drive Substance Use Disorders Research and Care is to influence patient-centered outcomes research. The long-term goal of Patients Lead is to ensure treatment and recovery services are designed to achieve the outcomes most important to the individuals using those treatment and recovery services.

Addiction treatment and services are always in short supply, and the COVID-19 pandemic makes this worse. Some treatment/recovery providers are closed, while others have moved to mostly or entirely remote/virtual operations. The pandemic has forced closing of some facilities and a shift to virtual services. This makes it particularly difficult for people with substance use disorders to get and stay healthy because so much of substance use treatment is based on face-to-face contact and trust. With drug overdoses on the rise and increasing feelings of isolation, depression and anxiety during this unprecedented COVID-19 pandemic, it is especially important that services meet people's needs and focus on achieving the outcomes they want most.

To this end, Patients Lead engaged people with lived experience of substance use challenges through the project's Peer Council (a diverse[4] group of 10 individuals in recovery from across

[4] 10 individuals in recovery across the country from: California, Georgia, Massachusetts, Michigan, New Jersey, New Mexico, New York, Oklahoma, Utah, and Virginia. Diverse by race/ethnicity, age, gender, primary SUD substance, length of time in recovery, recovery pathway, and history of criminal justice system involvement.

the country working with the project team to guide and carry out project activities), an anonymous national online survey of more than 1,000 individuals, and two focus groups involving a total of 10 people. These engagement activities focused on identifying:

- specific results of treatment and recovery most important to individuals with substance use challenges or in recovery
- whether those priorities change during a pandemic like COVID-19
- changes in research and clinical practice that can better assist people in achieving these outcomes

SURVEY OVERVIEW

The survey was conducted online from September through early November 2020. People were eligible to complete the survey if they were at least 21 years old and had lived experience[5] with substance use challenges, including addiction. The survey was disseminated through Community Catalyst, Faces & Voices of Recovery and American Society of Addiction Medicine networks across the country, via email lists, conference calls, webinars and direct outreach. More than 1,000 individuals responded, yielding 839 complete responses. The project team recruited in every state across the country and attempted to reach people diverse by age, gender, race/ethnicity, geography, recovery pathway, socio-economic status and other characteristics. Initial demographic summaries of survey respondents are included in the appendix.

This preliminary survey analysis focuses on how 721 individuals responded based on *their own experience* with substance use. Additional analysis focusing on family member experience is forthcoming.

SURVEY FINDINGS

WHAT MATTERS TO PEOPLE DURING "TYPICAL" TIMES?

Survey question: *Thinking of your experiences and life before COVID-19 (coronavirus), please tell us what results matter to you by completing this sentence: "as a result of treatment or services for substance use challenges, including addiction, I think I should be able to ____" When we say before COVID-19 (coronavirus), we are defining this time period as before March 2020.*

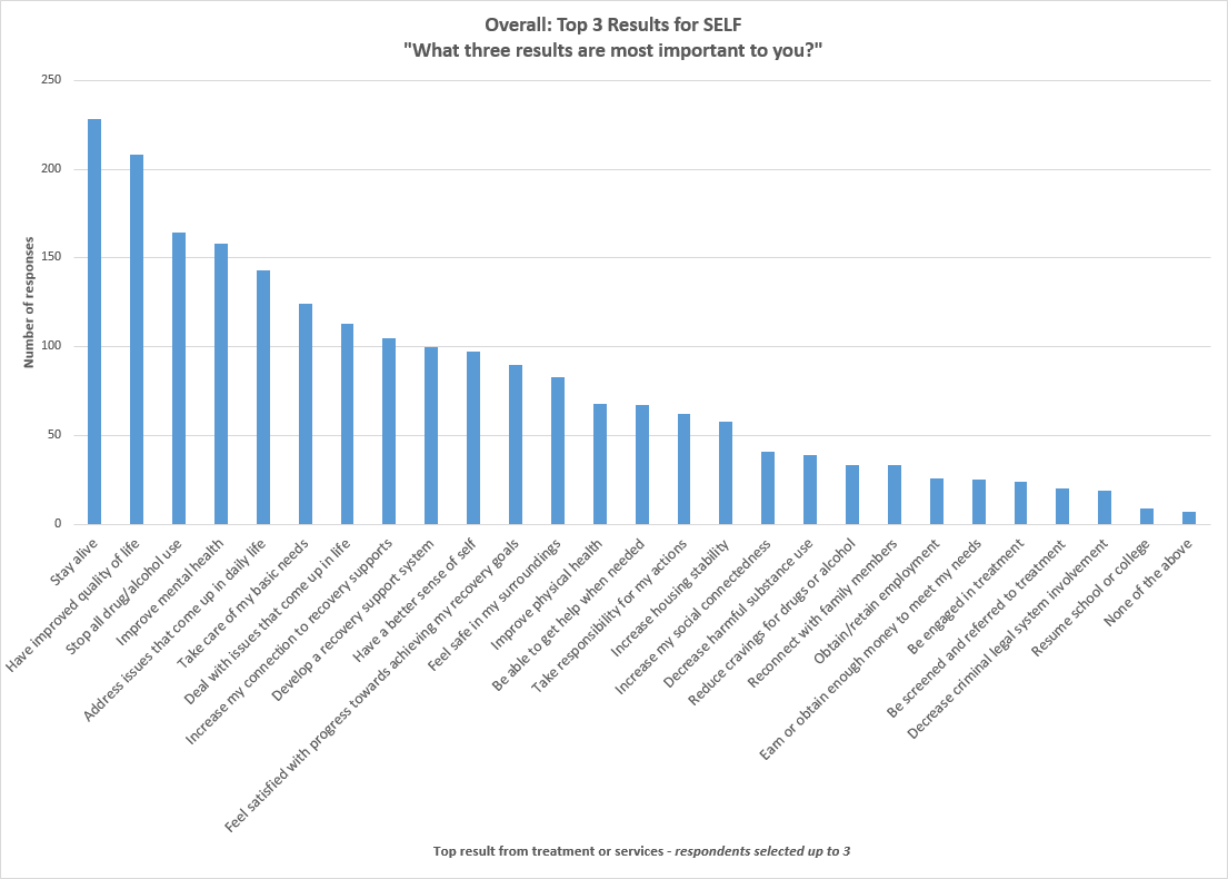
[5] Lived experience included people with substance use disorders, people still using substances, and people in recovery, using whatever definition of recovery was applicable to the individual. It also included family members of adults with substance use challenges, including those who have died from substance use.

RESPONSES:

The top 3 outcomes (results) selected overall by survey respondents that people want for themselves in "typical" (non-COVID-19) times are:

- #1 Stay alive
- #2 Have improved quality of life
- #3 Stop all drug/alcohol use

The ranked output for all possible[6] results options is included below. Of note, outcomes such as "be engaged in treatment" and "be screened and referred to treatment" are ranked among the least important.



[6] Survey response options/categories were generated based on previous focus group discussions, Peer Council discussions, and a review of existing survey tools and outcomes research.

In their own words: Why are those results the most important?

- "Quality of life, is the one thing that is most meaningful as a human, the rest just goes hand in hand"
- "I think treatment and recovery should focus on the treatment and recovery of the whole person not just in one area of the person. After treatment and recovery, a person should be able to live a quality life and function to the best of their capabilities finding purpose and meaning in their life throughout the process."
- "I want to remain sober in order to improve my mental health and my ability to be present and mindful. And ultimately it will help the quality of my life and the other results will come with that."
- "If my quality of life improves then my health and wellness improves, and I will be able to stay alive and substance free. During the recovery process it is vital that I am honest and take responsibility for my actions. To me these three things have been vital in my recovery from substance use disorder."

DIFFERENCES BY GENDER AND RACE/ETHNICITY[7]:

Our survey findings show some differences in top three results by gender and race of the respondent; some of these differences are based on relatively small numbers of respondents.[8]

- Of those reporting their gender, people identifying as "woman," "transgender," and "nonbinary" prioritized (listed in their top three) improving mental health; individuals identifying as "man" did not. Top priorities for people identifying as transgender or nonbinary included "address issues that come up in daily life" and "develop a recovery support system" respectively; these did not appear in the top three results for people who did not identify as transgender or nonbinary.
- Of those who reported their race/ethnicity, people who identified as Black/African American or American Indian/Alaska Native prioritized "address issues that come up in daily life." "Stop all drug/alcohol use" appeared in the top three most important results for people who responded white but not for people identifying as American Indian/Alaska Native, Asian, Black/African American, Hispanic or Latino/Latina/Latinx, Middle Eastern/North African, or Native Hawaiian/Pacific Islander.

[7] Respondents were given option to "select all that apply" for gender and race/ethnicity questions. If they selected more than one response, their top results are reported for each response selected.
[8] The full survey sample includes 77% white respondents and 97% people who did not identify as transgender or non-binary.

WHAT MATTERS TO PEOPLE DURING A PANDEMIC LIKE COVID-19?

Survey question**:** *Do different results become more important during a pandemic like COVID-19 (coronavirus)? When we ask about events during COVID-19 (coronavirus) or the pandemic, we are defining the time period as March 2020 through today.*

Responses:

- For most people responding (80%), the top three results they want for themselves do not change during a pandemic like COVID-19.
- For the 20% of people *for whom different results become more important during a pandemic like COVID*, the top three results are*:*
    - #1 feel safe in surroundings
    - #2 stay alive
    - #3 improve mental health

  Compared to "typical times," "improved quality of life" and "stop all drug/alcohol use" drop from the top three results for people who change what is important to them during a pandemic.

- Combining all responses regarding outcomes during the pandemic —carrying over the top three results for people who want the same things during a pandemic as during typical times and adding the new responses for those who want something different during the pandemic—the top three most important results people want for themselves during a pandemic are:
    - #1 stay alive
    - #2 improved quality of life
    - #3 improve mental health (replacing "stop all drug/alcohol use" which was #3 during "typical times")

  "Stay alive" and "have improved quality of life" remain in the top three results for both "typical time" and "during the pandemic."

In their own words: If different results become more important during a pandemic like COVID-19 (coronavrius), why?

- "Mental health issues are on the rise with COVID-19, so even more critical to address. Also more critical to have safe, secure housing during times of needing to quarantine, etc."
- "Isolation can be a very dangerous thing for addicts. The pandemic has made it harder to attend meetings and other social support. It has also made it harder for addicts to take care of their basic needs due to lack of hiring and available work. This often leads to relapse or even death."
- "Isolation and withdrawing are deadly for those with Substance Use Disorder, with proper mental hygiene and a support network someone is more likely to deal with big issues without using just to cope. They have developed better coping skills."

- "We are all going through a traumatic experience, and basic survival needs to be the priority."
- "Because the basics are harder to achieve during the pandemic. Just keeping people alive and safe is the greatest challenge and the first step in offering a path to recovery."

There was no change in desired outcomes in typical times versus during the pandemic for those few individuals in our survey (23 people) who tested positive for COVID-19 or had COVID-19 symptoms.

HOW COVID-19 IMPACTS SERVICES

Access to treatment and recovery services and supports was challenging for many people before COVID-19, and our data suggests that the pandemic made accessing some services even more difficult. Survey respondents said access to in-person support groups and individual counseling – at the center of much addiction treatment—were harder to access.

In addition, individuals faced significant challenges in getting inpatient services, outpatient services and residential treatment—problems exacerbated by waits for COVID-19 test results. On the positive side, many reported increased access to virtual supports, including phone or video counseling, but access was harder for people who are new to recovery and/or homeless.

In their own words: How did COVID-19 (coronavirus) affect your access to the substance use treatment and recovery services below?

- "In the beginning of pandemic everything recovery related was very hard to access and working in the field was a challenge. Things did take a turn and places adapted but beds are still hard to come by and hospitals are over run with people. Meetings being so slow to open up outside has been really difficult for people especially in new recovery, not having that network is a struggle for a lot of people..."
- "Inpatient wait lists have tripled during the pandemic. Much harder to reach and speak with treatment centers."
- "Attempting to access other services such as detox and residential treatment for others became significantly harder in my area due directly to covid-19, and even shut down some facilities all together and not coming back."
- "As a Certified Peer Recovery Support Specialist, it has been extremely difficult to find residential treatment services for patient asking for help, the programs locally wanting a negative Covid-19 test prior to admission and the window for getting them into treatment is so narrow that they are usually lost to the disease in the interim. A tremendous issue is finding adequate housing for the homeless population I deal with, this is a trying issue under normal circumstances and with Covid it has become impossible."
- "Because I'm already deeply plugged into recovery, I was able to pretty easily find access to recovery supports during the pandemic. However, I think it has had a huge impact on people seeking or in early recovery who aren't aware or connected to the recovery community and its array of supports."

Focus group participants shared that overall, it is easier to access virtual services and supports, but it is difficult to find access to acute inpatient care.

PRELIMINARY RECOMMENDATIONS

To meet people's needs during COVID-19 and any future pandemic, we recommend the following steps based on what we have learned from survey responses, focus groups, and Peer Council discussions[9]:

For treatment and services providers, in the immediate/short term:

- Clarify each individual's desired treatment and recovery goals and adjust services to meet those goals.
- Coordinate with COVID-19 testing facilities so that when individuals are ready to access detox/treatment programs, they are able to easily obtain a COVID-19 test.
- Focus on helping individuals find ways to fight feelings of isolation, particularly by increasing people's connection to services and to the recovery community. This is especially important for those early in their recovery journey who may not yet have an established recovery network.
- Focus on promotion and on-the-ground outreach to community members to ensure people needing treatment and recovery supports are aware of how and where to find them.
- Continue to provide expanded virtual services even when it is safe to return to in-person services, but maintain both as patient-chosen options.
- Provide a directory of virtual services, including what services are available and how they can be accessed. Focus on consistency in virtual service access, timing, management, quality, and availability so virtual services are reliable and participants are confident how to access them.
- Ask participants how they want to interact in virtual settings and structure virtual discussions accordingly; if small groups or one-on-one conversations are best, use functions like break-out rooms to build community among participants.
- Incorporate advanced training for providers on active listening skills (non-verbal cues) and motivational interviewing techniques as this can be more difficult in virtual settings; provide training for patients on how they can use technology to access virtual platforms (Zoom and others).

Long term:

- Acknowledge that individuals' treatment and recovery goals may vary across different races, genders, and other demographics, and work to provide culturally responsive care in ways that meet their needs.
- Integrate mental health supports into substance use disorders services.
- Provide community-based hubs where people can safely learn how to use virtual services/platforms, get assistance using them and where those who don't have devices (phones/computers) can safely access these privately for appointments and groups.

[9] Additional detail regarding focus group and Peer Council discussions will be included in the final report.

- Offer 24-hour virtual crisis support services that combine video with audio, rather than just phone hotlines, so participants can still see one another.

For policymakers in the immediate/short term:

- Dedicate funding streams to support the recommendations to treatment/services providers above, and for expanding virtual services, particularly in communities of color and in rural areas.
- Increase resources for COVID-19 testing, particularly in substance use treatment/services settings.
- Make permanent the temporary policies enabling expansion and payment for virtual services and continue the flexibility of take-home doses for medication assisted treatment (MAT) and phone counseling.
- Increase funding for peer services, recovery community organizations (RCOs) and other recovery supports that focus on helping individuals connect to community services.
- Fund harm reduction programs that focus on keeping individuals alive and reducing harm during their recovery journey.
- Strengthen the Lifeline program (termed "Obama phones"—free and subsidized phone lines and internet for low-income individuals) so more people can access virtual services on their mobile devices.

Long term:

- Expand health insurance coverage and benefits for substance use disorders treatment and recovery supports.
- Create a designated team or group of volunteers focused on disaster response in the recovery community. The team could include peer support workers, nurses, and technology support personnel, specifically focused on providing support and services to the recovery community and homeless communities. Focus group participants suggested establishing a virtual video-enhanced 24-hour crisis online hotline and "satellite" offices modeled after the Federal Emergency Management Agency (FEMA) but focused on recovery. They named this Recovery Emergency Management Agency (REMA).

For the research community:

- Stratify all comparative effective research (CER) and patient-centered outcomes research (PCOR) related to substance use disorders by race/ethnicity and gender, and report findings by race/ethnicity and gender to inform culturally responsive clinical recommendations and policy solutions.
- Prioritize research questions that ask what treatments and services are most effective in helping individuals achieve the outcomes patients prioritized above. For example:
    - Investigate effective ways to better incorporate mental health treatment and supports into substance use disorders treatment and services, even for patients without a documented mental illness diagnosis.
    - Investigate what treatment approaches achieve the greatest increases in quality of life, and research the best ways to assess increases in quality of life for people with substance use disorders.

    - Identify which specific strategies in treatment and recovery services build the strongest connection of patients to providers and among patients during different types of virtual services.
- Research possibilities for virtual detox programs.

CONCLUSION

These preliminary findings identify top outcomes that many individuals want out of their substance use disorders treatment and recovery services programs during COVID-19:

- staying alive
- improved quality of life
- improved mental health

We must also take account of differences in desired outcomes across demographics including race and gender, as indicated in these preliminary findings. Our further analysis of data collected in this project will explore possible differences across other demographics, such as age and socio-economic status. As researchers, clinicians and advocates work to improve access to culturally responsive care and improve health outcomes for everyone, particularly those most marginalized and historically oppressed, it is essential to make sure services are provided in ways that meet needs of people as individuals taking into account their race/ethnicity, gender, and other intersecting identities.

Several of the top outcomes selected by survey respondents are not commonly the focus of research or clinical practice to improve substance use services. Typically, that research has focused more on whether a patient received any treatment, whether they progressed through treatment and whether they attained abstinence. Some studies have also focused on death rates. Going forward, we recommend patient-centered outcomes research focus on the outcomes that project participants/peers have prioritized.

People's lives are at stake. As we work to expand programs and increase access to substance use disorders services and supports, we must do so in ways that help reach outcomes that matter to patients.

Particularly during the COVID-19 pandemic, when in-person services are hard to access, feelings of isolation are common and drug overdoses are increasing, we have an imperative to act. We must provide effective treatment and services for substance use and addiction so people can achieve the outcomes most important to them: staying alive, improving quality of life, and improving mental health.

However, we caution against simplifying our findings. Outcomes that did not rise to the top of our overall findings are undoubtedly important to someone. In addition, many outcomes are related. Certainly "increased housing stability," "reduced cravings for drugs/alcohol," and "resuming school"—all outcomes chosen by some respondents, could be a part of improving an individual's "quality of life." How to improve quality of live will likely vary from person to

person. While there are overall trends in what individuals want out of treatment and recovery services, recovery is an individual journey–the needs differ by the individual. The more we can research and invest in a holistic system of treatment and recovery supports for substances use disorders, the more individuals will be able to achieve the outcomes important to them, and thrive in their recovery.

If you have any questions or would like to offer feedback on these initial findings, please contact the project team at: TreatmentResults@communitycatalyst.org

PROJECT STRENGTHS

Community engagement is the core of this project. There are many health system reform and quality improvement efforts working to enhance addiction services, but few of them center the individuals closest to the problem in helping to create the solutions. This project centers the voices, words, and experiences people in recovery, and individuals with substance use challenges, and their family members, in the goal to improve patient outcomes.

LIMITATIONS

This report reflects interim findings. Additional survey analysis and Peer Council recommendations will be reflected in the final report. The final findings could differ once we complete the full analysis and discuss all the data with the Peer Council, our partners and our project advisors.

There are a number of limitations to these interim findings.

Our survey relied on a non-probability based sample recruited through national outreach, and as such, is subject to volunteer bias. In addition, while the project team engaged in targeted outreach, particularly among under-resourced communities, we were not able to recruit a survey sample as diverse as our nation by race, gender, age, and other demographics. We recommend further studies continue to focus on eliciting input from Black, Indigenous, and People of Color (BIPOC), lesbian, gay, bisexual and transgender/gender non-conforming individuals, especially given the disproportionate rates[10] of substance use disorders/addiction among these groups, and the legacy of "The War on Drugs" that continues to create inequitable access to quality treatment and services across different races.

Our survey was anonymous to protect individual privacy. In order to reach as many people as possible, we did not restrict the number of times the survey could be taken from the same device.

[10] Hunt, Jerome. "Why the Gay and Transgender Population Experiences Higher Rates of Substance Use." *Center for American Progress*, 9 Mar. 2012, www.americanprogress.org/issues/lgbtq-rights/reports/2012/03/09/11228/why-the-gay-and-transgender-population-experiences-higher-rates-of-substance-use/.

This makes it difficult to identify and eliminate duplicate survey responses. We also relied on information self-reported by respondents, including about their personal demographic characteristics and experience with substance use disorders.

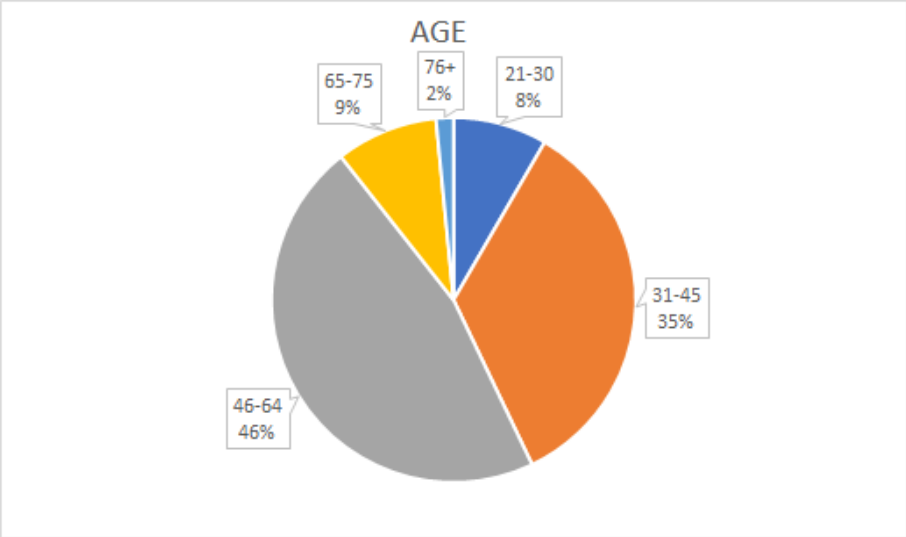
These findings provide a broad snapshot of views but may not reflect the entirety of the United States population with lived experience of substance use.

Finally, due to a survey design limitation, respondents could respond "*No*" to the question asking "*Do different results become more important during a pandemic like COVID-19 (coronavirus)?"* and still be prompted to answer the question "*If different results become more important during a pandemic like COVID-19 (coronavirus), what are the top 3 most important results?"* Based on raw data we see some respondents entered different top results during COVID-19 even when they had answered "No, the 3 results I chose [pre-COVID] are still the most important." Therefore, our overall finding that 20% of people changed what's most important to them during a pandemic could be an underestimate.

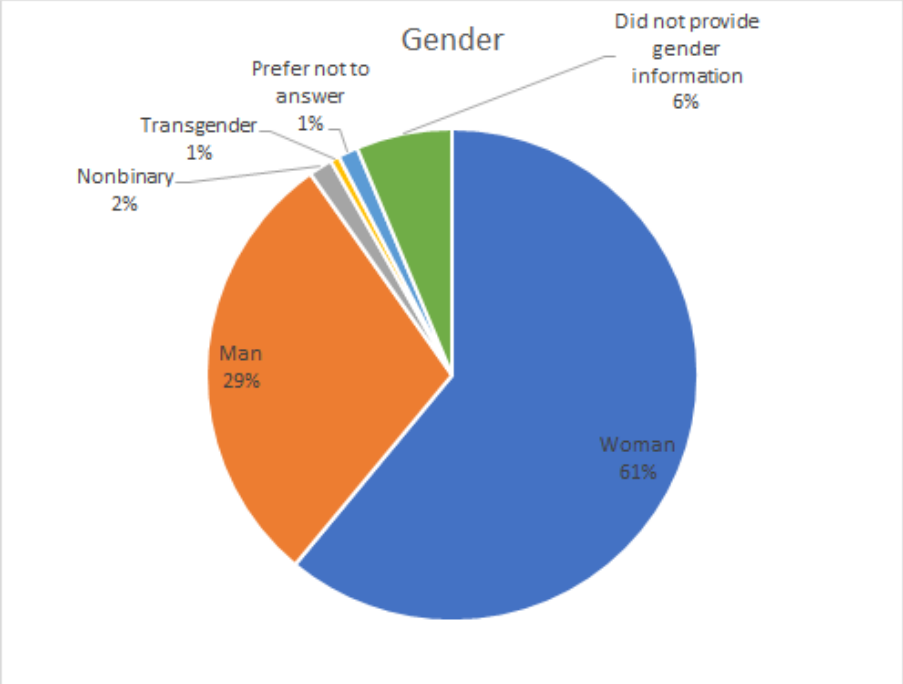
APPENDIX

DEMOGRAPHICS OF ALL SURVEY RESPONDENTS (N=839)

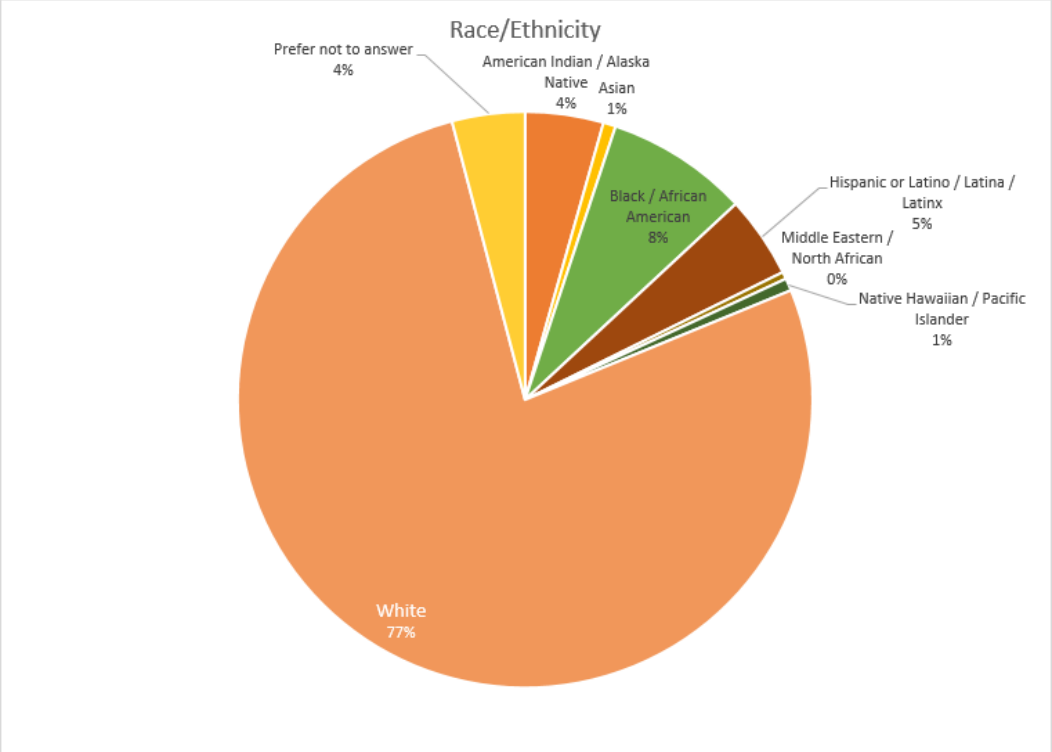
AGE



GENDER



RACE



Note: the actual percent of Middle Eastern / North African responses is 0.4%

Breakdown of All Responses (N=839) by State/Territory

State*	# of Responses	% of Total
Alabama	2	0.2
Alaska	14	1.7
Arizona	2	0.2
Arkansas	2	0.2
California	31	3.7
Colorado	27	3.2
Connecticut	32	3.8
Delaware	1	0.1
Florida	21	2.5
Georgia	43	5.1
Guam	2	0.2
Hawaii	6	0.7
Idaho	7	0.8
Illinois	19	2.3
Indiana	8	1
Iowa	2	0.2

Kansas	1	0.1
Kentucky	13	1.5
Louisiana	3	0.4
Maine	11	1.3
Maryland	34	4.1
Massachusetts	42	5
Michigan	16	1.9
Minnesota	19	2.3
Mississippi	7	0.8
Missouri	7	0.8
Montana	4	0.5
Nebraska	4	0.5
Nevada	8	1
New Hampshire	27	3.2
New Jersey	24	2.9
New Mexico	4	0.5
New York	24	2.9
North Carolina	21	2.5
Ohio	13	1.5
Oklahoma	4	0.5
Oregon	12	1.4
Pennsylvania	37	4.4
Rhode Island	7	0.8
South Carolina	7	0.8
Tennessee	17	2
Texas	39	4.6
Utah	9	1.1
Vermont	9	1.1
Virginia	29	3.5
Washington	10	1.2
Washington, D.C.	6	0.7
West Virginia	48	5.7
Wisconsin	13	1.5
Wyoming	3	0.4
Sub total	**751**	**89.5**
No state selected	88	10.5
Total	**839**	**100**

**no respondents indicated they were from North Dakota or South Dakota.*

DEMOGRAPHICS OF FOCUS GROUP PARTICIPANTS

The 10 participants represented 10 different states:

- Florida
- Georgia
- Kentucky
- Louisiana
- Massachusetts
- North Carolina
- Pennsylvania
- South Carolina
- South Dakota
- Utah

Age range (years)	Number
21-30	1
31-45	4
46-64	5
65-75	0

Race/Ethnicity	Number
Asian	0
American Indian or Alaska Native	1
Black or African American	4
Hispanic or Latino/a/x	0
Middle Eastern or North African	0
Native Hawaiian or Pacific Islander	0
White	5

DEMOGRAPHICS OF PEER COUNCIL MEMBERS

The 10 council members represent 10 different states:

- California
- Georgia
- Massachusetts
- Michigan
- New Jersey
- New Mexico
- New York
- Oklahoma
- Utah
- Virginia

Age range (years)	Number
21-30	2
31-45	5
46-64	3
65-75	0

Race/Ethnicity	Number
Asian	0
American Indian or Alaska Native	3
Black or African American	2
Hispanic or Latino/a/x	4
Middle Eastern or North African	0
Native Hawaiian or Pacific Islander	0
White	4

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