

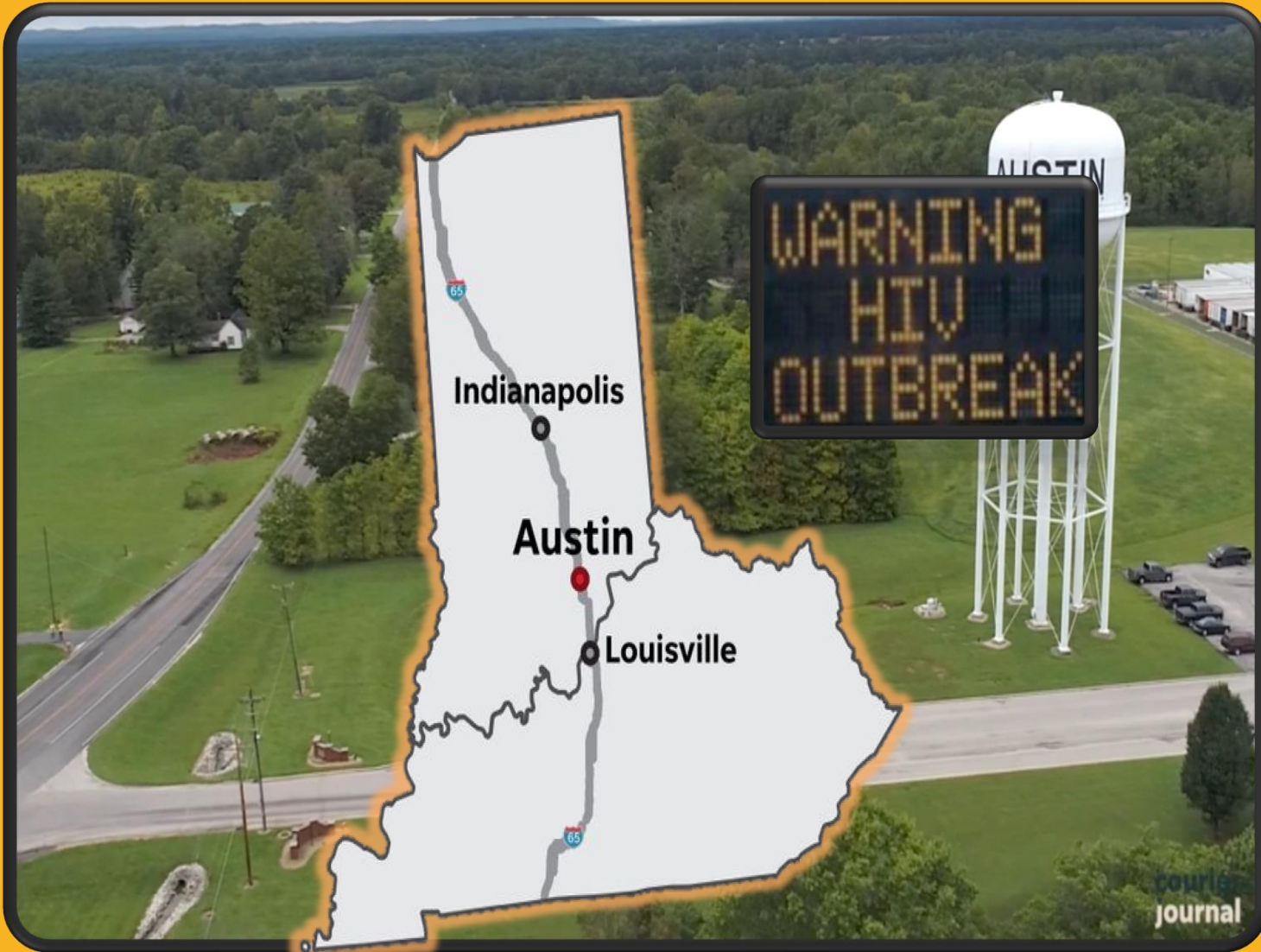
# CANARY IN THE COAL MINE

Reinvesting in the Health and  
Wellness of America

William E. Cooke, MD, FAAFP, FASAM, AAHIVS

with

Jerrica Hall and Cole Boyte



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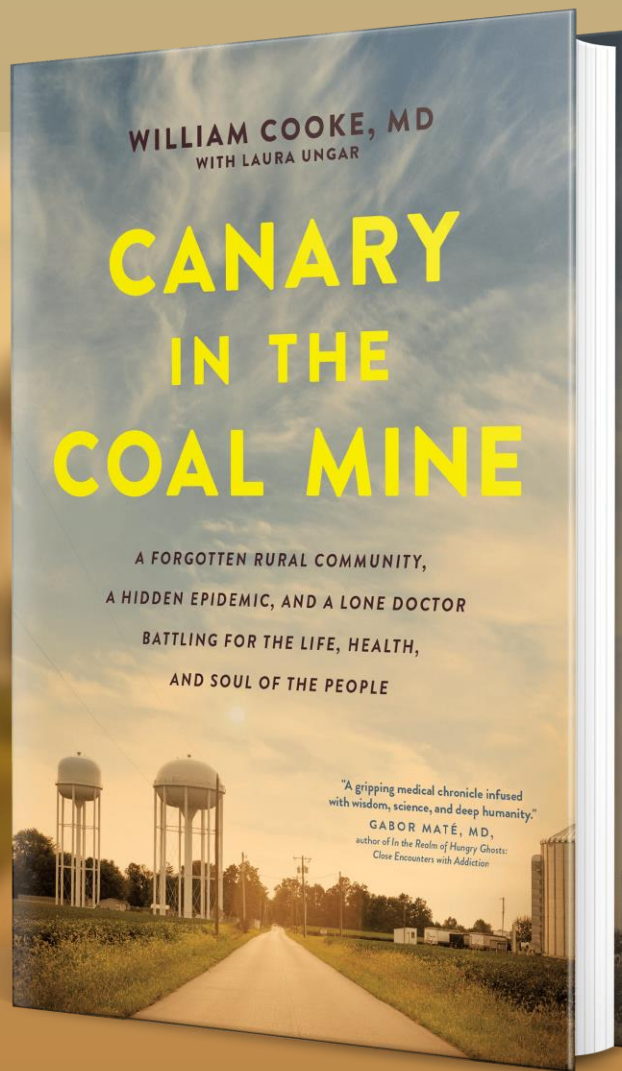


I MUST try harder

I MUST try harder

I MUST try hard





WILLIAM COOKE, MD  
WITH LAURA UNGAR

# CANARY IN THE COAL MINE

A FORGOTTEN RURAL COMMUNITY,  
A HIDDEN EPIDEMIC, AND A LONE DOCTOR  
BATTLING FOR THE LIFE, HEALTH,  
AND SOUL OF THE PEOPLE

"A gripping medical chronicle infused  
with wisdom, science, and deep humanity."

GABOR MATÉ, MD,  
author of *In the Realm of Hungry Ghosts:  
Close Encounters with Addiction*

# High & Rising Mortality Rates

## Among working-age adults

*The National Academies of*  
SCIENCES • ENGINEERING • MEDICINE

**CONSENSUS STUDY REPORT**

HIGH AND RISING MORTALITY RATES  
AMONG WORKING-AGE ADULTS

**For more information, please visit:**

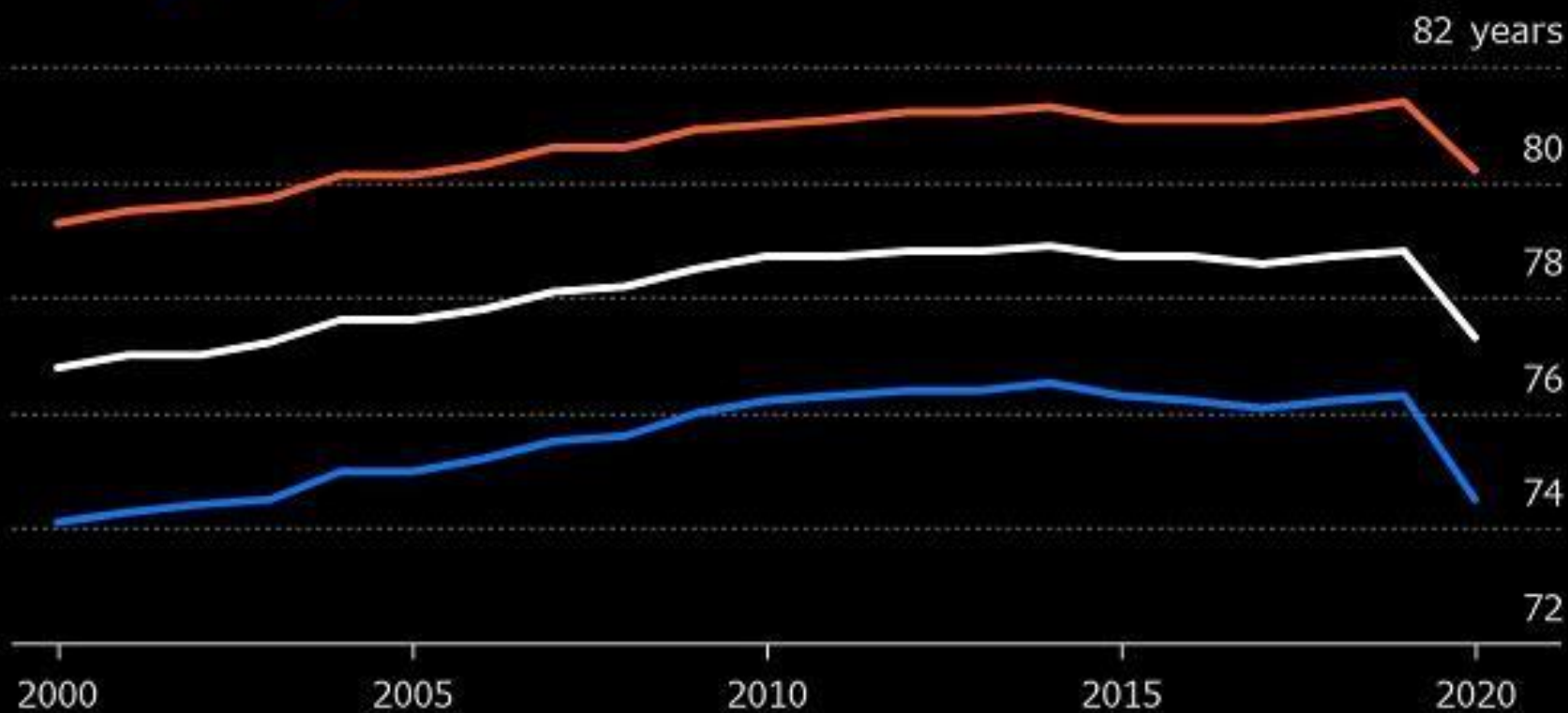
High and Rising Mortality Rates Among Working-Age Adults. Washington, DC:  
The National Academies Press. <https://doi.org/10.17226/25976>.

[www.nationalacademies.org/RisingMortality](http://www.nationalacademies.org/RisingMortality)

## U.S. Life Expectancy Declines

The drop in 2020 was the sharpest since World War II

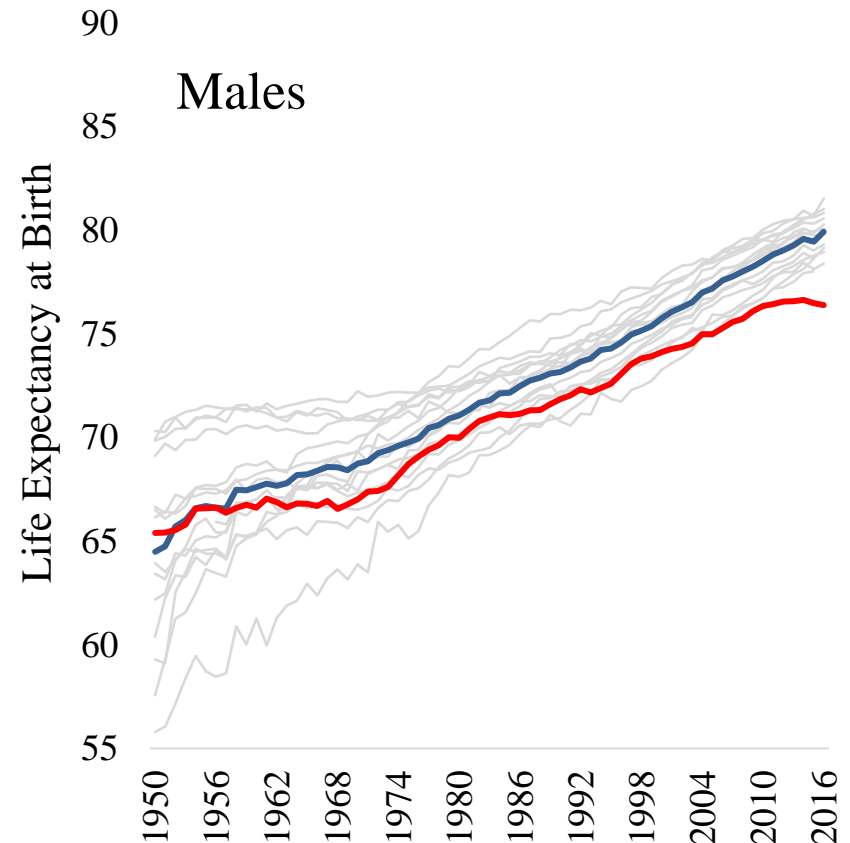
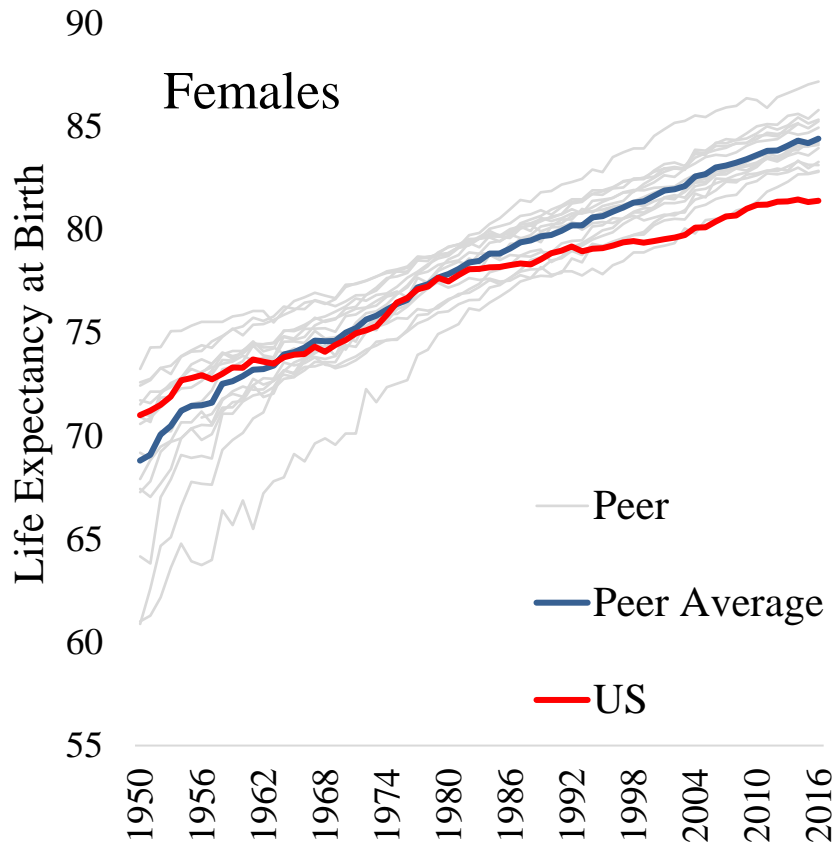
— Total — Male — Female



Source: CDC National Center for Health Statistics

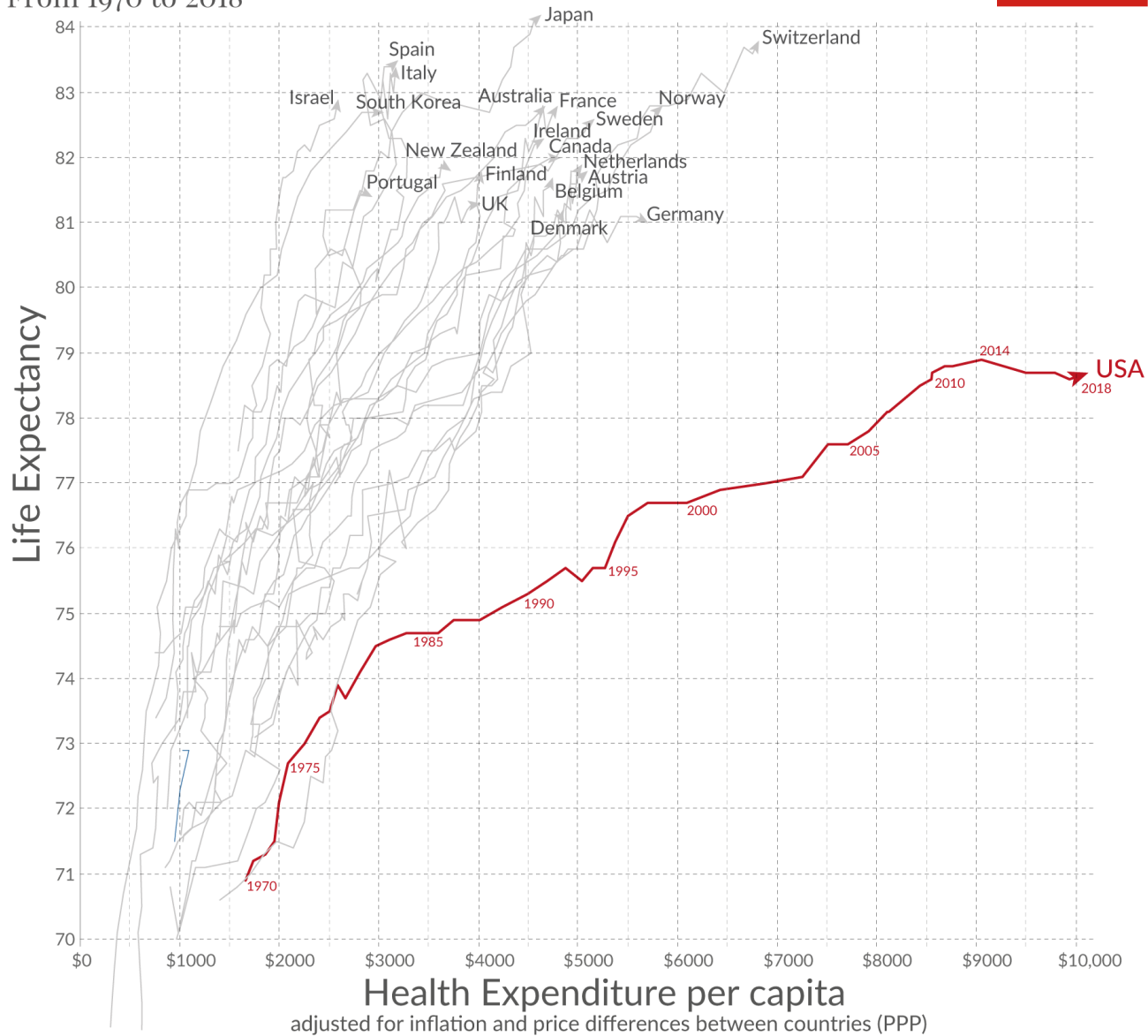
**Bloomberg**

# The Problem: U.S. Life Expectancy has Been Diverging from Peer Countries



# Life expectancy vs. health expenditure

From 1970 to 2018



Data source: OECD — Note: Health spending measures the consumption of health care goods and services, including personal health care (curative care, rehabilitative care, long-term care, ancillary services, and medical goods) and collective services (prevention and public health services as well as health administration), but excluding spending on investments. Shown is total health expenditure (financed by public and private sources).

Licensed under CC-BY by the author Max Roser.

# Main Drivers of the Rise in Working-age Mortality:

1. Drug poisonings and alcohol-induced causes
2. Suicide
3. Cardiometabolic diseases

# Disparities in drug poisoning and alcohol-related mortality

- Largest increases among Non-Hispanic Whites (especially younger men 25-44) and older Black men (55-64)
- Rates increasing among Black and Hispanic adults since 2012



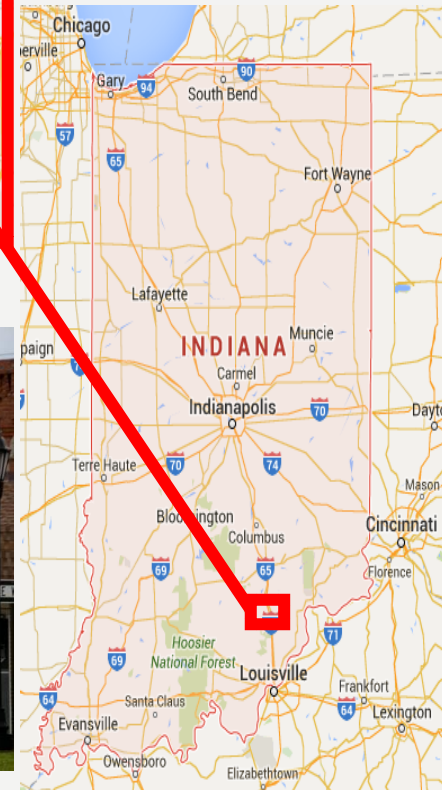
# **THE PERFECT STORM**

- **Opiate epidemic**
- **Demographics**
- **Public policy**
- **HIV/Hep C infections**

## Scott County, Indiana in 2015

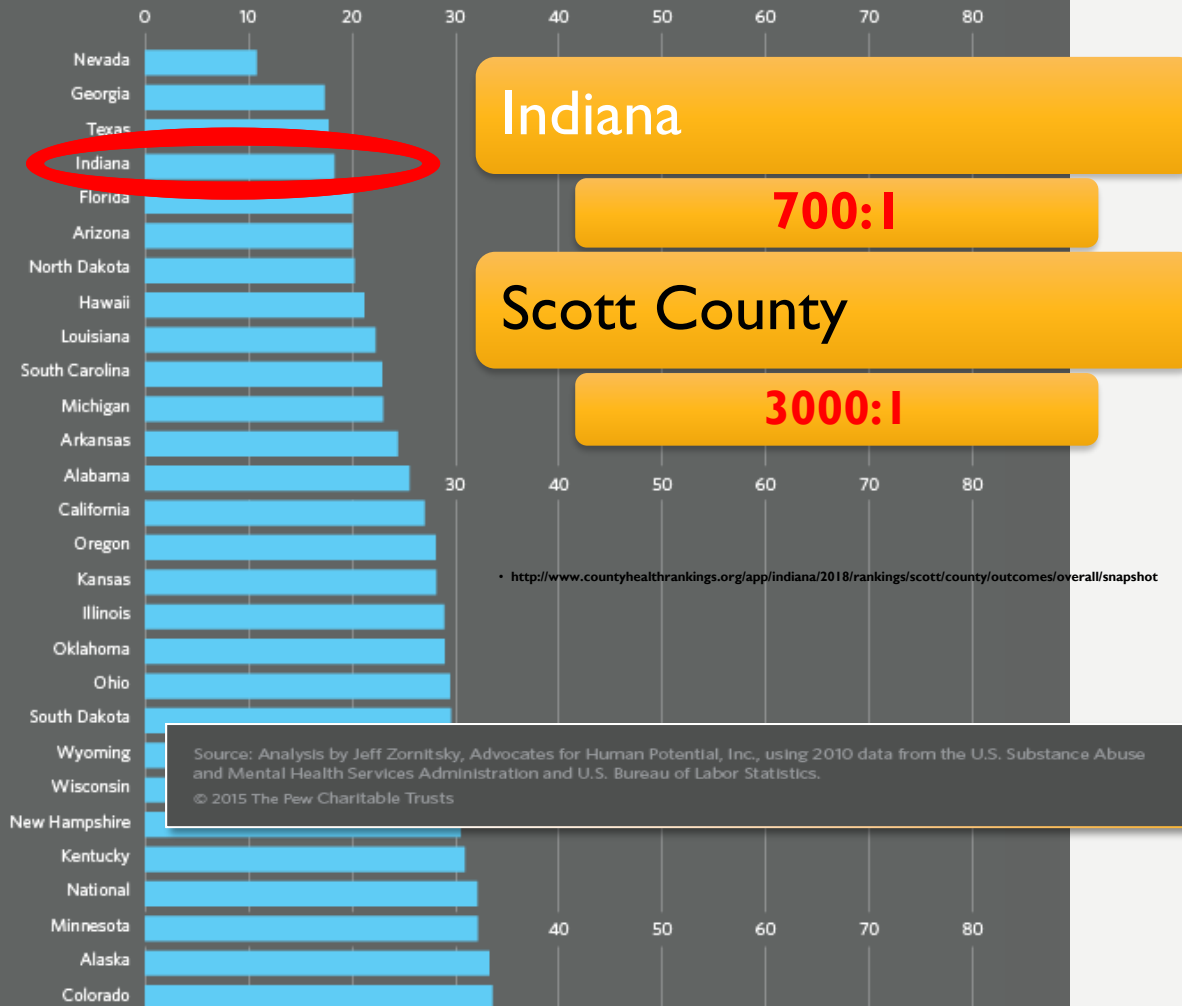
- Population: 24,000
- High rates of poverty
- High rates of unemployment
- Low HS graduation rates
- Was ranked last among 92/92 for health and social indicators, including life expectancy

Sources: **U.S. Census**  
<http://quickfacts.census.gov/qfd/states/18/18143.html>; Indiana State Health Department  
<http://www.in.gov/isdh/17397.htm>



## Number of Providers per 1,000 Adults with Addictions

The prevalence of drug and alcohol addiction varies widely among states, as does the number of behavioral health professionals available to treat them. The number of providers per 1,000 non-elderly adults with a drug or alcohol addiction ranges from a high of 70 in Vermont to a low of 11 in Nevada. The national average is 32.



# PUBLIC POLICY

- **Lack of emphasis on harm reduction**
  - **No access to clean syringes**
  - **Sex education in Scott County is abstinence only**
  - **Public education about harm reduction is essentially nonexistent in rural areas**
- **Indiana consistently ranks near the bottom nationally for public health spending and for health outcomes**



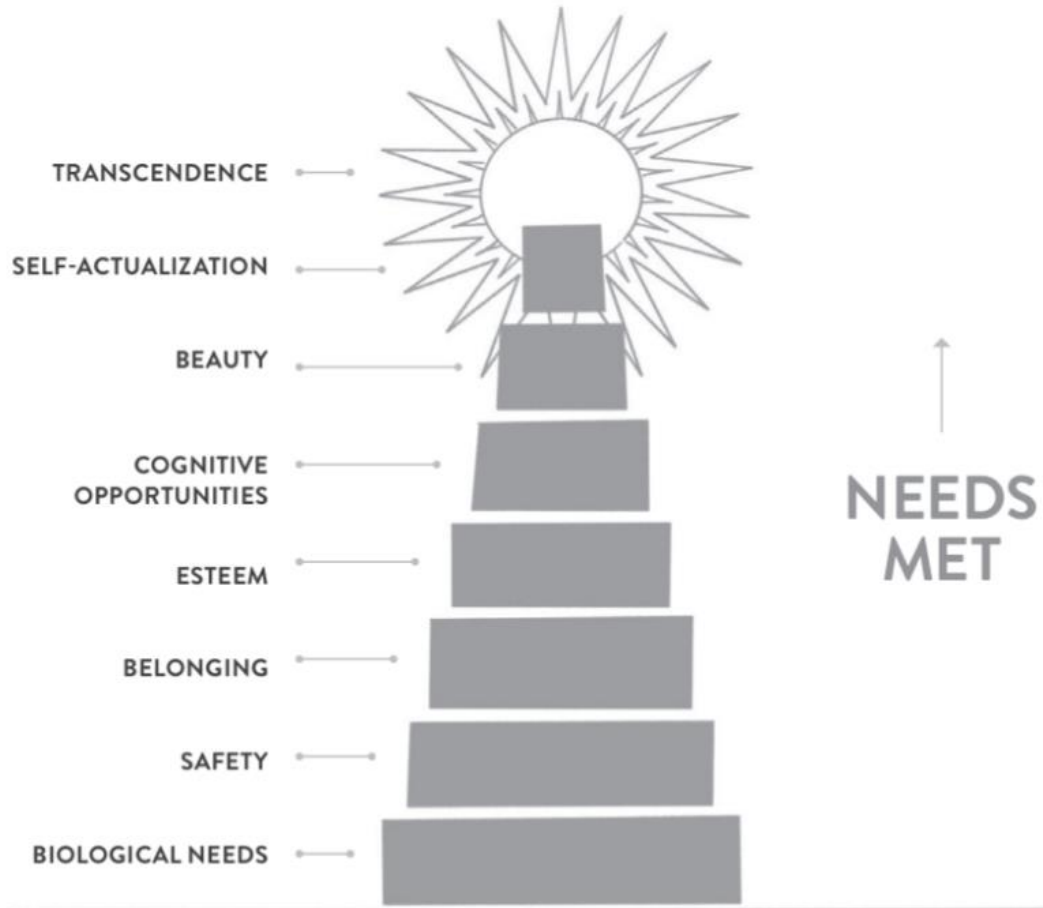


**SAMANTHA  
28 YEAR OLD**



## THE TWO TRAJECTORIES OF LIFE





Canary in the Coal Mine  
By William Cooke with Laura Ungar

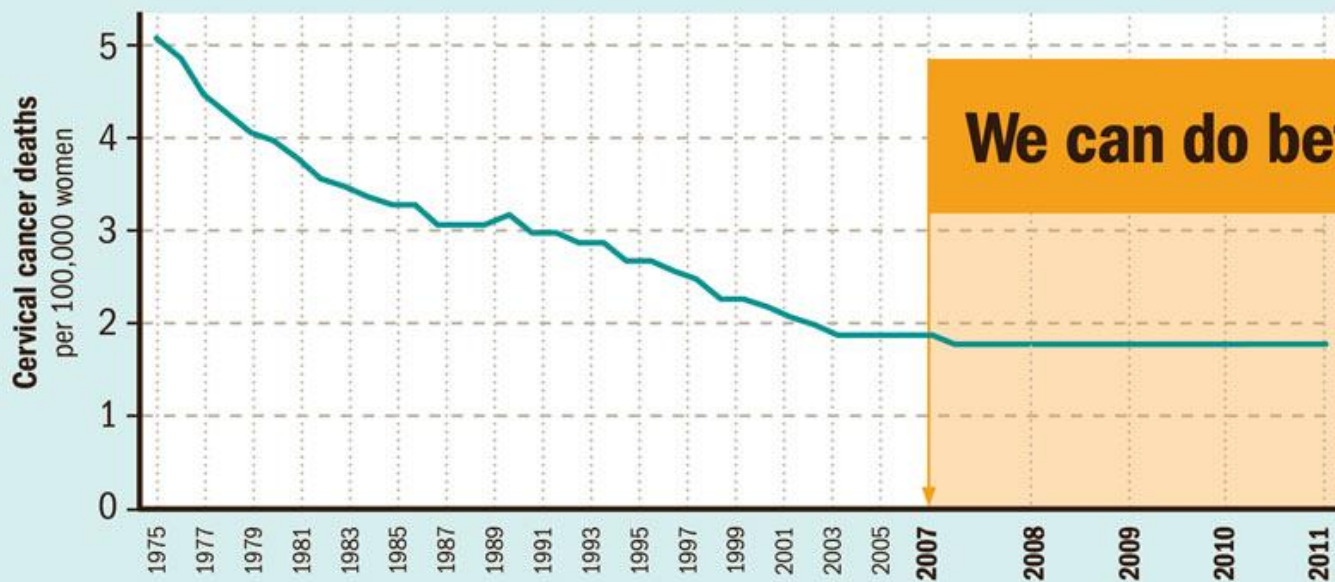
**UNMET  
NEEDS**



**Canary in the Coal Mine**  
By William Cooke with Laura Ungar

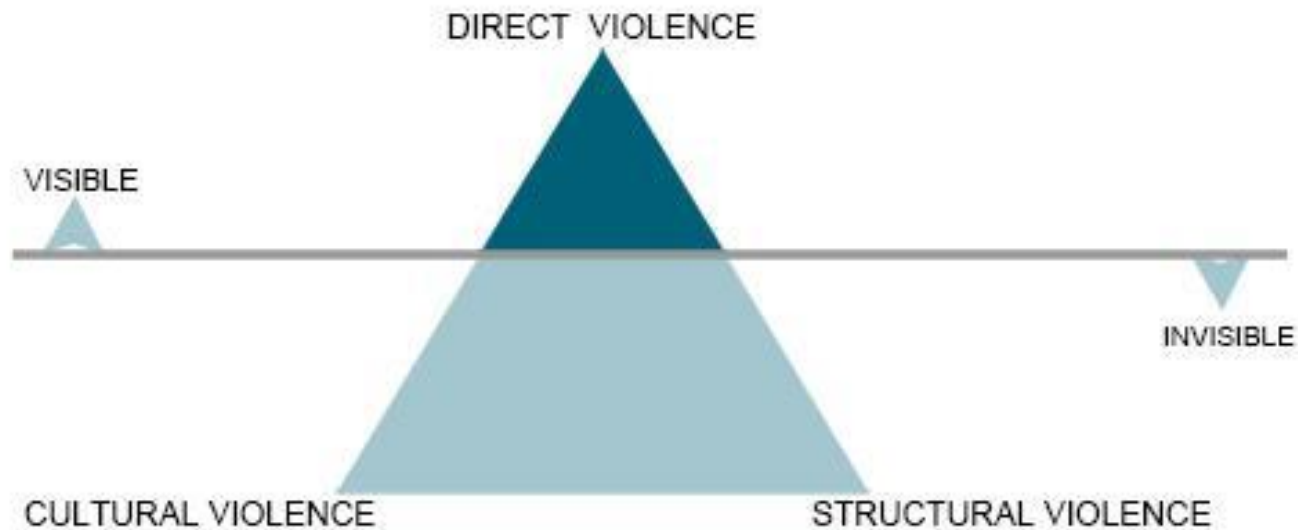
# No woman should die of cervical cancer

Screening leads to fewer deaths



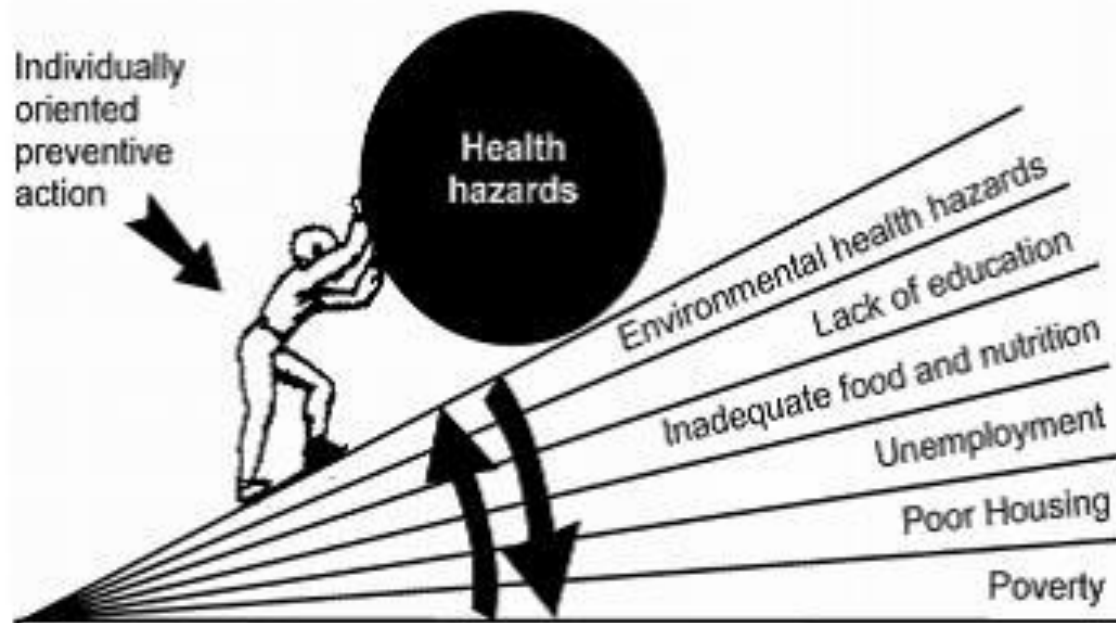
SOURCE: National Cancer Institute, 2014

# VIOLENCE TRIANGLE GALTUNG



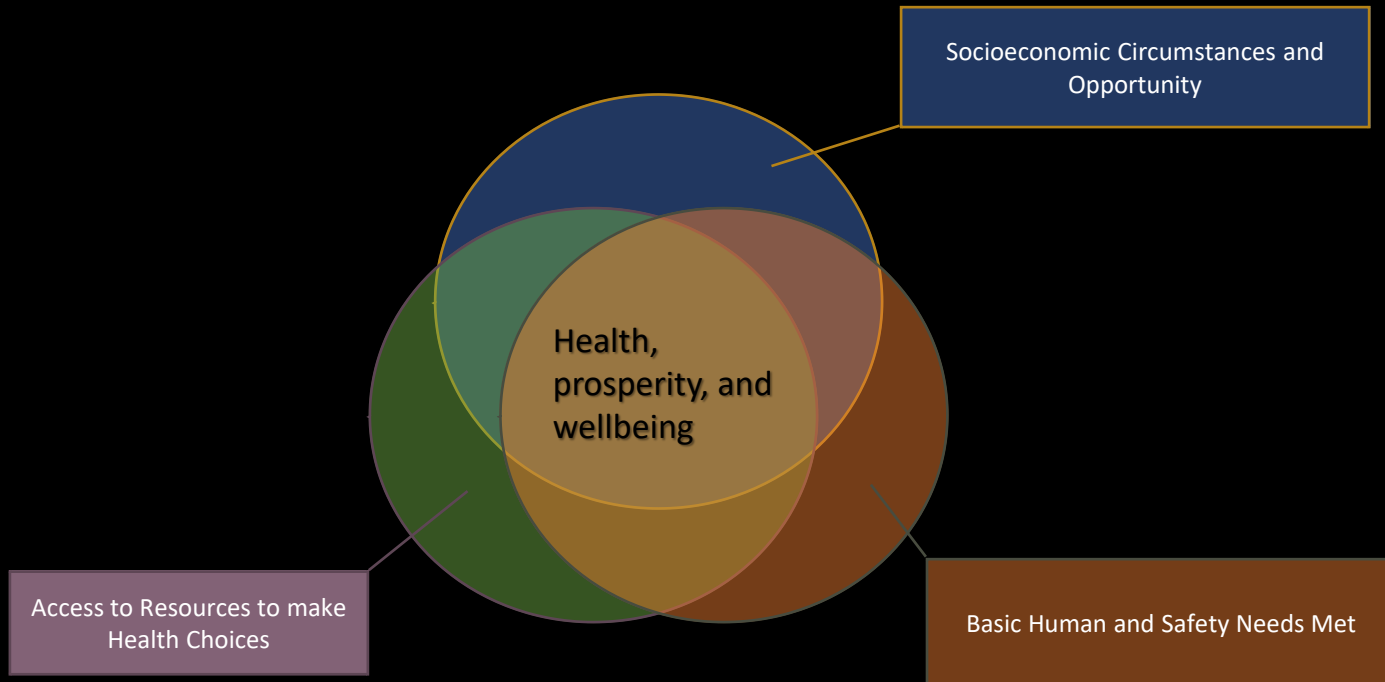
Adapted from Johan Galtung, 1990

## The Health Gradient



Source: adapted from Making Partners: intersectoral action for health.

# RESPONSIBILITY FOR HEALTH OUTCOMES REQUIRES





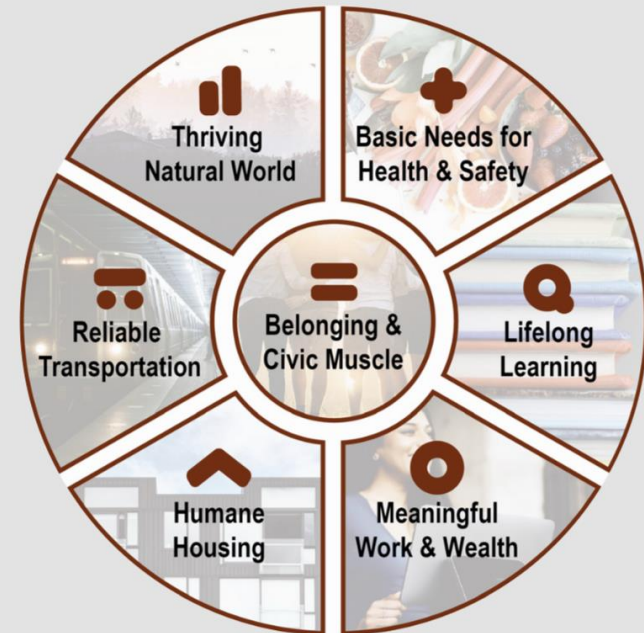




**Mom and  
Aunt Sally**

Americans tend to think of health as healthcare. But health happens in communities and is largely driven by conditions outside the healthcare system that compromise health, limit opportunity, and shorten life. In fact, 80–90% of health outcomes are the result of conditions in communities.<sup>3</sup>

These community conditions are known as “vital conditions” because everyone needs them in order to have the opportunity to achieve their best health, wealth, and well-being. The U.S. health disadvantage has its roots in poor conditions in neighborhoods and communities where the vital conditions that shape health are unmet for some residents.<sup>4</sup>





## **Meaningful Work and Wealth**

## **Rewarding work, careers, and standards of living**

- Job training/retraining
- Well-paying, fulfilling jobs
- Family and community wealth
- Savings and limited debt



## **Lifelong Learning**

### **Continuous learning, education, and literacy**

- Cognitive, social, and emotional abilities
- Early childhood experiences
- Elementary and high school
- Higher education
- Career and adult education



## **Humane Housing**

### **Humane, consistent housing**

- Adequate space per person
- Safe structure
- Affordable costs
- Diverse neighborhood (without gentrification, segregation, and concentrated poverty)
- Close to work, school, food, and recreation/nature



## **Reliable Transportation**

### **Reliable, safe, and accessible transportation**

- Close to work, school, food, and leisure
- Safe transport
- Active transport
- Efficient energy use
- Few environmental hazards

## Efforts to Strengthen Belonging and Civic Muscle

Special capacities of people and institutions that convey to all a sense of belonging and power to influence the policies, practices, and programs that shape the world



### Efforts that strengthen belonging and civic muscle include

- Arts, culture, and spiritual life
- Social support
- Freedom from stigma, discrimination, and oppression
- Support for civil rights, human rights
- Civic agency, engagement (voting, volunteering, public work)
- Collective efficacy
- Nonprofit organizations
- Civic science
- Transparency
- Communications, information technology, and social networking
- Politics and partisan discourse



**JUST TRYING HARDER  
WASN'T ENOUGH**



# WHAT WAS MISSED? OPIOIDS...

**2011**

Locally, we recognized a large increase in overdose deaths, believed to be due to injecting opiates

A nationally released article on March 27, 2012 by Reuters: "Painkiller Opana: New scourge of rural America," specifically named Austin, IN as a place that needed help

**2012**

# PAINKILLER OPANA, NEW SCOURGE OF RURAL AMERICA

## POWERFUL OPIOID CUTS A DEADLY PATH, ABUSE SURGES

**AUSTIN:** Back in high school in Houston, Texas, C.J. Coomer got good grades and played football. He was dark-haired and handsome, popular with his friends and doted on by his family.

But when his mother got divorced and moved to be near family in rural Scott County, Indiana, Coomer began running with a crowd there that abused prescription painkillers to get high. His weight dropped from 210 pounds to just 130 pounds (64 kg), he couldn't work, and was constantly borrowing money.

One night last July, Coomer tried something new—Opana, a powerful opioid painkiller containing oxycodone. He overdosed and died at the age of 24. "It's a nightmare every single day," said his mother, Melissa Himmelheber, 43, who wiped away tears as she showed pictures of her lost son. "This is a family that was extremely close. Now we're just picking up the shattered pieces."

Prescription drug abuse is the new scourge of rural America. It now leads to more deaths in the United States than heroin and cocaine combined, and rural residents are nearly twice as likely to overdose on pills than people in big cities, according

to a new survey. Law enforcement officials are alarmed by the

heavily increased overdoses that it is one reason he won't run for reelection in May.

Law enforcement officials are alarmed by the

announced the reformulation, according to Fort Wayne police spokeswoman Raquel Foster. The thief would hand the pharmacist a note, as in a

**"This Opana pill has really kicked us in the rear," said Indiana State Police Sergeant Jerry Goodin. "We've never seen an addiction like this."**

Oxycontin's "new blues," is crushed and either snorted or injected. Crushing defeats the pill's "extended release" design, releasing the drug all at once.

"This Opana pill has really kicked us in the rear," said Indiana State Police Sergeant Jerry Goodin. "We've never seen an addiction like this."

Oxycontin's new pills make it harder to crush them into a powder as they instead become gummy and cannot be readily snorted or injected. This drove abusers to switch to Opana or to generic, immediate-release forms of oxycodone, according to John

Some users and dealers get painkillers from so-called "pill mills"—storefront pain clinics that sell drugs for cash up front, often to out-of-state buyers who take them for resale.

But the other way users get pills is from their doctors, or by buying from seniors looking to supplement a fixed income. One Opana pill brings up to \$90 on the street depending on dosage, so it is tempting to sell, said Scott County Sheriff Dan McClain.

A woman in her late 70s was arrested in Austin, Indiana for exchanging pills for work around her house, McClain said. "Most of what I see is people with a prescription from their doctors and they need the money," said Austin, Indiana Police Detective Lonnie Noble. He said the appetite for Opana is "more aggressive" than it was for Oxycontin.

Nashville, Tennessee Detective Michael Donaldson, who also has seen an increase in Opana abuse, said many small towns have "dirty doctors" willing to give out unneeded prescriptions. Scott County is one of the poorest areas in Indiana, with a median household income of \$39,588 in 2010. It was a hot spot for oxycodone retail distribution in 2010, with 48.79 per capita dosage units—the highest in the state, according to Lori Croasdell, a coordinator for CEASE of Scott County, a drug abuse prevention group.

A northern section of Austin in Scott County showed signs of poverty and neglect. Run-down trailers and houses with broken windows and peeling paint were mixed in among well-kept homes and tidy gardens.—Reuters

Opana is the hot new prescription drug of abuse, sometimes with tragic consequences. At least nine people have died so far this year from prescription drug overdoses in Scott County, Indiana. Most of the fatalities involved Opana, according to county coroner Kevin Collins.

the coroner in this county of just 24,000 on the southern tip of Indiana, about 30 miles from Louisville, Kentucky.


"We're seeing a lot of 25-year-olds who are dead for no apparent reason," said Collins, who is so dis-

said of Opana. He said users who cannot afford Opana sometimes travel to Cincinnati to get heroin, which is cheaper in smaller amounts.

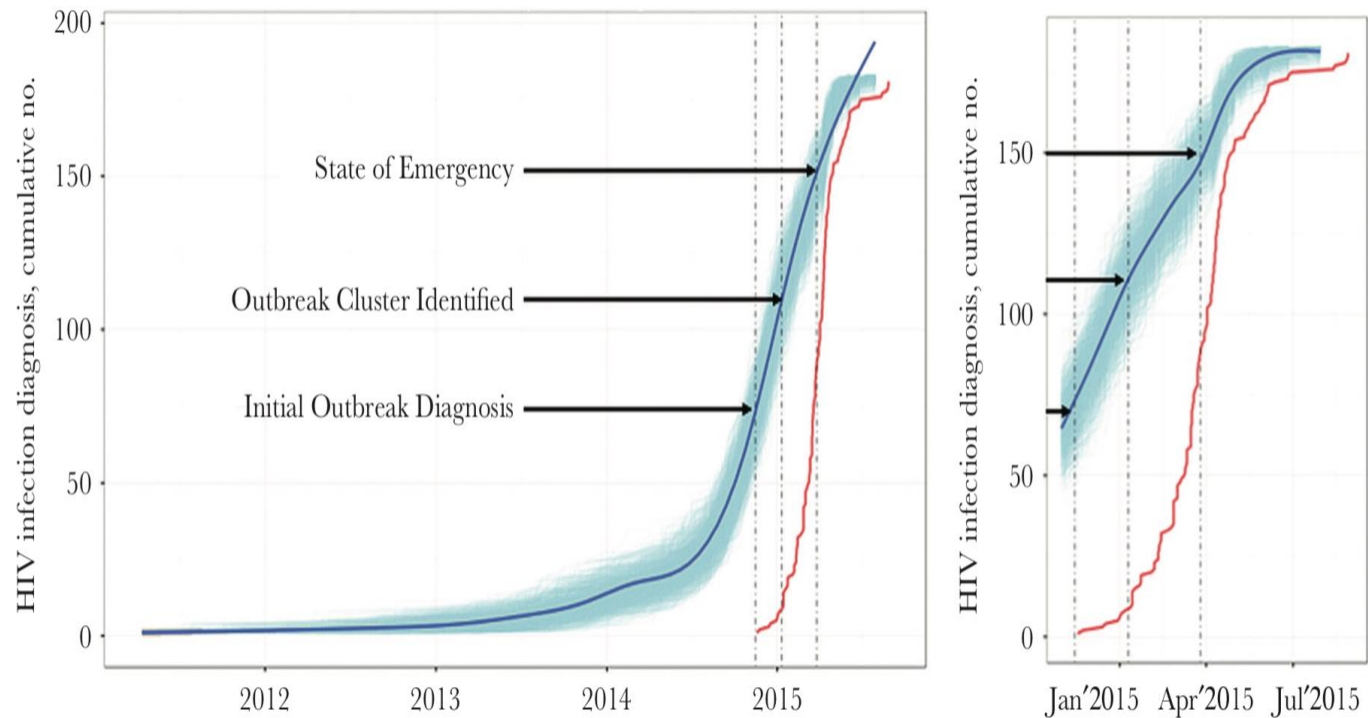
Fort Wayne, Indiana reported about 11 pharmacy robberies related to Opana since Endo

# HEPATITIS C

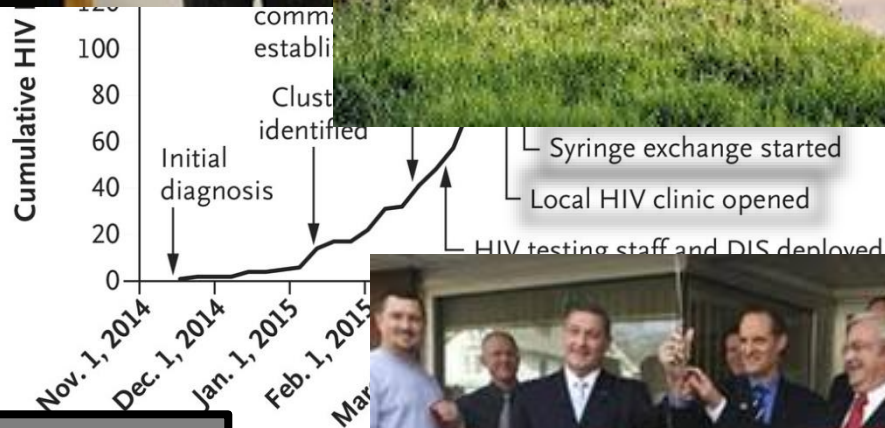
Scott was 3<sup>rd</sup>, out of 92 counties...



Cases and Rates of Acute and Chronic Hepatitis C by Indiana County 2011-2013 (Quartiles based on 3-year county median rate)							
3-year median case rate (per 100,000 population)	2011			2012		2013	
	Case Rate (per 100,000 population)	Reported Cases	Reported Cases	Case Rate (per 100,000 population)	Reported Cases	Case Rate (per 100,000 population)	Reported Cases
<b>Quartile 4</b>							
Madison*	89.8	104.5	137	89.8	117	53.7	70
LaPorte*	90.9	98.0	109	90.9	101	55.7	62
Brown	92.9	-	-	92.9	14	-	-
Union	95.4	66.9	5	95.4	7	95.8	7
Clark*	96.6	91.5	102	99.1	111	96.6	109
Martin	107.5	116.6	12	-	-	98.4	10
Miami*	109.7	161.3	59	109.7	40	85.8	31
Jackson	110.5	142.1	61	106.9	46	110.5	48
Vanderburgh	116.2	136.5	246	116.2	210	83.2	151
Dearborn	116.5	115.8	58	166.5	83	116.5	58
Randolph	119.2	119.2	31	123.9	32	78.0	20
Jay	121.7	51.5	11	121.7	26	135.1	29
Putnam*	124.1	124.1	47	124.7	47	64.0	24
Delaware	129.5	91.7	108	130.4	153	129.5	152
Henry*	135.8	135.8	67	162.4	80	108.1	53
Jennings	141.9	141.9	40	141.9	40	74.3	21
Vigo	150.5	150.5	163	173.1	188	116.3	126
Wayne	179.5	156.9	108	190.2	103	179.5	122
Blackford	223.1	173.5	22	223.1	28	232.2	29
Fayette	250.4	302.1	73	250.4	60	213.9	51
<b>Scott</b>	<b>259.9</b>	<b>267.3</b>	<b>64</b>	<b>176.1</b>	<b>42</b>	<b>259.9</b>	<b>62</b>
Hendricks*	526.9	526.9	783	552.0	841	489.4	752
Parke*	1468.0	1413.3	242	1472.7	252	1468.0	253
<b>Indiana</b>	<b>87.5</b>	<b>87.8</b>	<b>5719</b>	<b>87.5</b>	<b>5718</b>	<b>67.6</b>	<b>4445</b>



The Journal of Infectious Diseases, Volume 216,  
 Issue 9, 27 November 2017, Pages 1053–1062,  
<https://doi.org/10.1093/infdis/jix307>



**Adult prevalence as of Jun-14-20**

**Scott County (14,559): 1.1%**  
**Austin (2,841), 80% cases: 4.8 %**  
**US <0.4%**



# HIV OUTBREAK

Since 2004, the year I opened my practice in Scott County, there had only been 5 documented cases of HIV detected in our entire county.

2004

This represented 1/3 of the new HIV cases that year in the entire state of Indiana and dramatically increased the total new cases in the state by 20%.

1 Mar.

2015

In 2015, Austin, IN had 181 new cases of HIV (now, over 240) in a town of 4,300.

## Demographic and Clinical Characteristics and Risk Behaviors of HIV-Infected Persons — Southeastern Indiana, November 18, 2014, to November 1, 2015.

**Table 1. Demographic and Clinical Characteristics and Risk Behaviors of HIV-Infected Persons — Southeastern Indiana, November 18, 2014, to November 1, 2015.\***

Variable	Patients (N = 181)
<b>Demographics</b>	
Age — no. (%)	
<25 yr	26 (14.4)
25–34 yr	71 (39.2)
35–44 yr	55 (30.4)
≥45 yr	29 (16.0)
Median age (interquartile range) — yr	34 (28–42)
Sex — no. (%)	
Male	104 (57.5)
Female	77 (42.5)
Race — no. (%)†	
White	179 (98.9)
Other or missing data	2 (1.1)
County of residence — no. (%)	
Scott County	162 (89.5)
Other county	19 (10.5)
<b>Risk behaviors</b>	
Injection-drug use — no. (%)	173 (95.6)
Reported link to a partner with HIV infection — no. (%)	
Sex only	1 (0.6)
Syringe sharing only	67 (37.0)
Sex and syringe sharing	97 (53.6)
No reported link	16 (8.8)
Female patients engaged in commercial sex work — no./total no. (%)	19/77 (24.7)
Male patients having sex with men — no./total no. (%)	8/104 (7.7)

### HIV clinical characteristics

Baseline HIV-1 viral load — no./total no. (%)	
<10,000 copies/ml	11/153 (7.2)
10,000–100,000 copies/ml	46/153 (30.1)
100,001–1,000,000 copies/ml	91/153 (59.5)
>1,000,000 copies/ml	5/153 (3.3)
Median HIV-1 viral load — copies/ml	
Interquartile range	147,820
Full range	48,763–369,763
Full range	
70–10,000,000	
Baseline CD4 cell count — no./total no. (%)	
<200 cells/mm <sup>3</sup>	3/143 (2.1)
200–500 cells/mm <sup>3</sup>	39/143 (27.3)
>500 cells/mm <sup>3</sup>	101/143 (70.6)
Median CD4 cell count — cells/mm <sup>3</sup>	
Interquartile range	628
Full range	446–809
Full range	
17–1400	
<b>Other clinical characteristics — no./total no. tested (%)</b>	
Hepatitis C virus coinfection‡	167/181 (92.3)
Reactive for hepatitis C virus RNA	76/113 (67.3)
Reactive for hepatitis B virus surface antigen§	7/86 (8.1)
Reactive rapid plasma reagin test§	2/77 (2.6)

\* HIV denotes human immunodeficiency virus.

† Race was self-reported.

‡ Coinfection with hepatitis C virus was defined as a reactive test result for antibodies to hepatitis C virus.

§ Case patients with detectable hepatitis B virus surface antigen were referred for care, and case patients with a reactive rapid plasma reagin test were treated.

Peters PJ et al. *N Engl J Med*  
2016;375:229–239

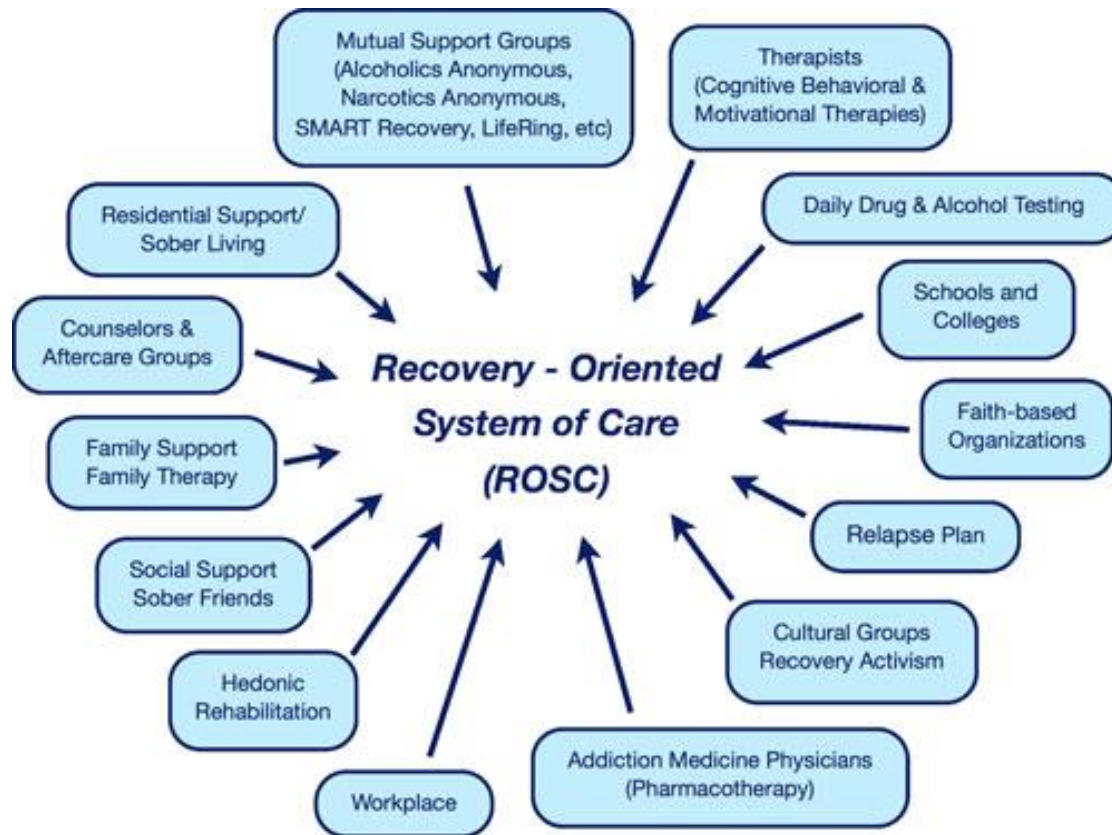


The **NEW ENGLAND**  
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## STRUCTURAL INTERVENTIONS

Decrease  
Inequity



Decrease Stigma  
and  
Discrimination



Better Laws to  
Protect  
People's Rights  
to Treatment



Better Educate  
the Public and  
Youth



# BIOMEDICAL INTERVENTIONS



Increased Access



MAT



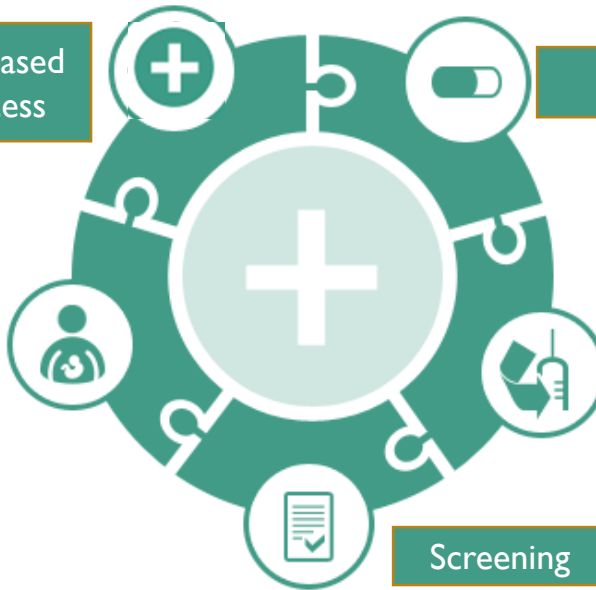
Protect Moms and Newborns



Harm Reduction



Screening

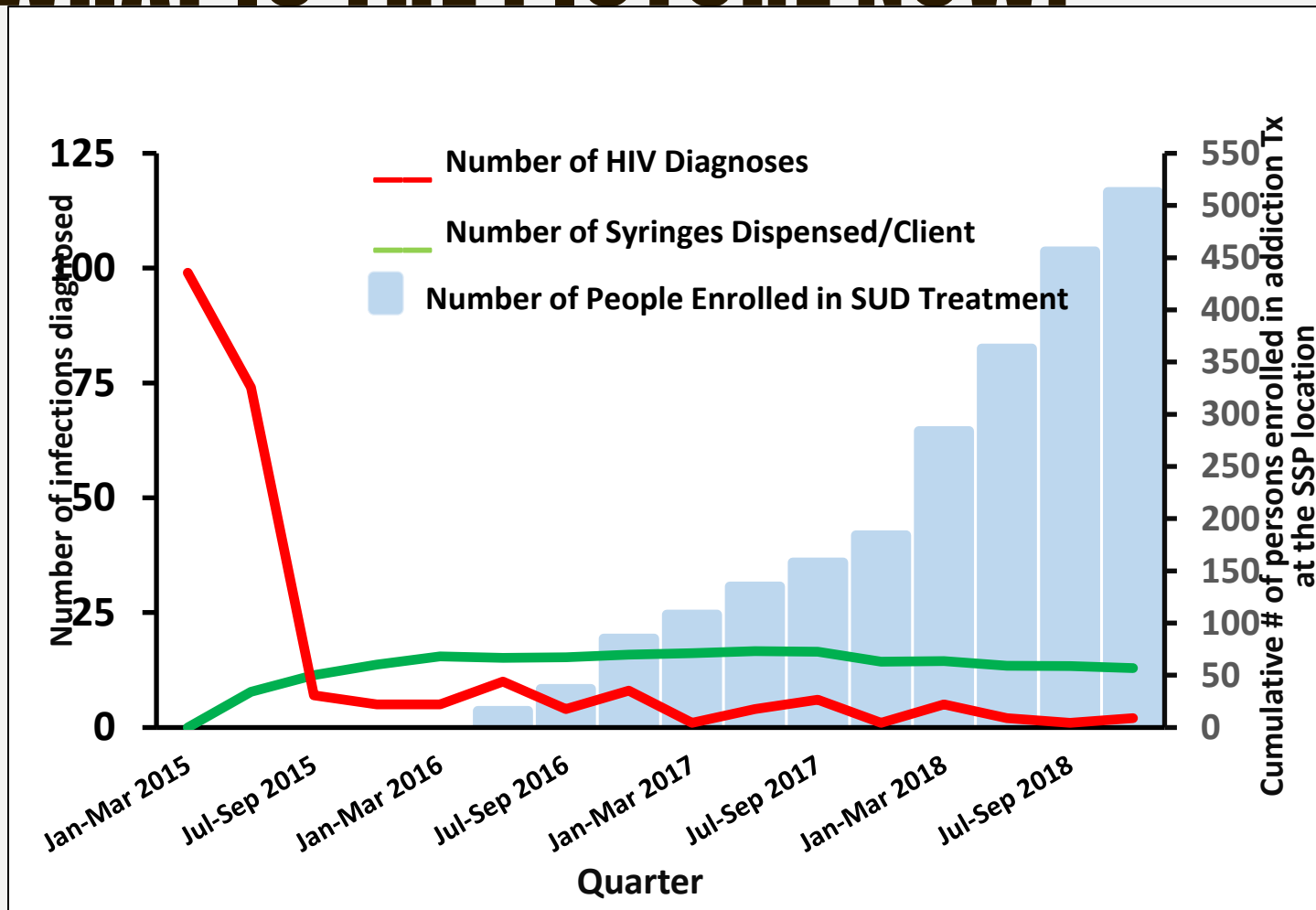


# BEHAVIOURAL INTERVENTIONS

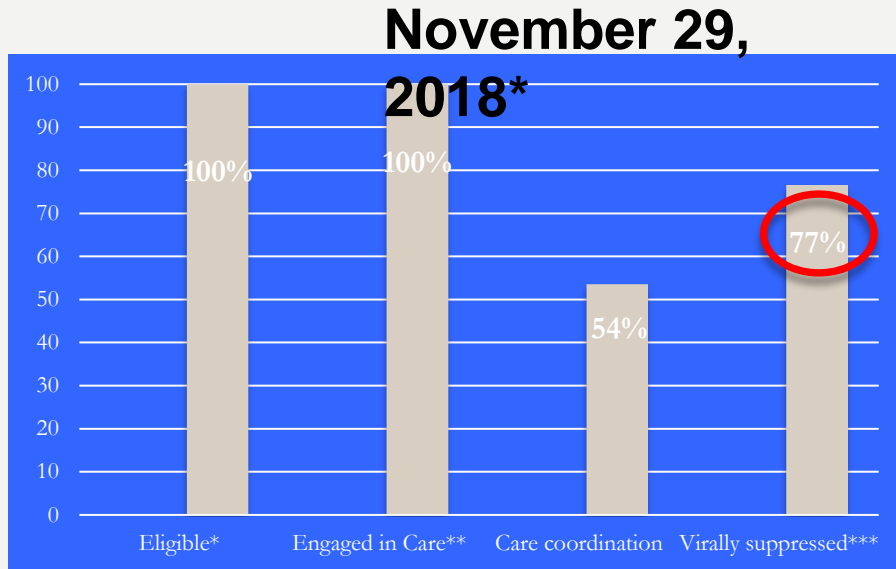




# WHAT IS THE PICTURE NOW?

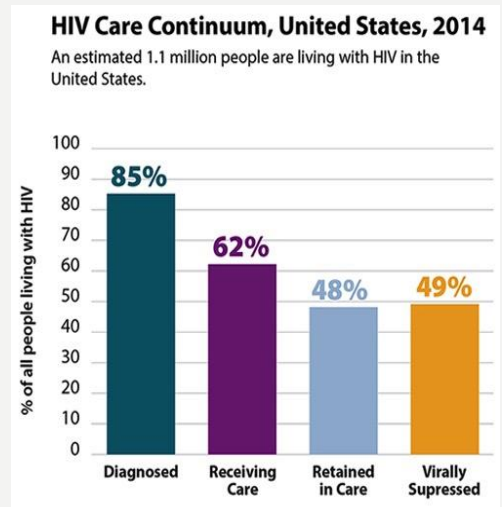


# WHAT IS THE PICTURE NOW?



**N=2**  
 28                      **N=2**  
 28                      **N=1**  
 20                      **N=1**  
 73

**Total diagnosed=237 (237 confirmed). Persons were ineligible if deceased (n=7) or outside of the jurisdiction (n=2); estimates are based on the number of eligible persons (n=228); \*\* Patients engaged in care if have at least one VL or CD4 \*\*\* Percent virally suppressed is stable at 77% when denominator changed to number engaged in care. Clinical services were initiated 3/31/15.**



# WHAT IS THE PICTURE NOW?

## Before Syringe Service Program:

Syringe Sharing: 74%

Disposed of Syringes Safely: 18%

## •After Syringe Service Program:

•Syringe Sharing: 22%

•Disposed of Syringes Safely: 86%

•PWID using SSP: 86%

•**PWID with HIV using SSP: 98%**

Reported Drug Injection Behaviors Before and After an HIV Outbreak – Indiana, 2016. Sharoda Dasgupta. Poster Presentation, HIV and Drug Use Session, March 7, 2018

# IN LAST FEW YEARS

- Indiana has led the nation in new Hepatitis C cases
- Hepatitis C cases have **increased** in every county that does not have an approved SSP





# WHAT IS THE PICTURE NOW?

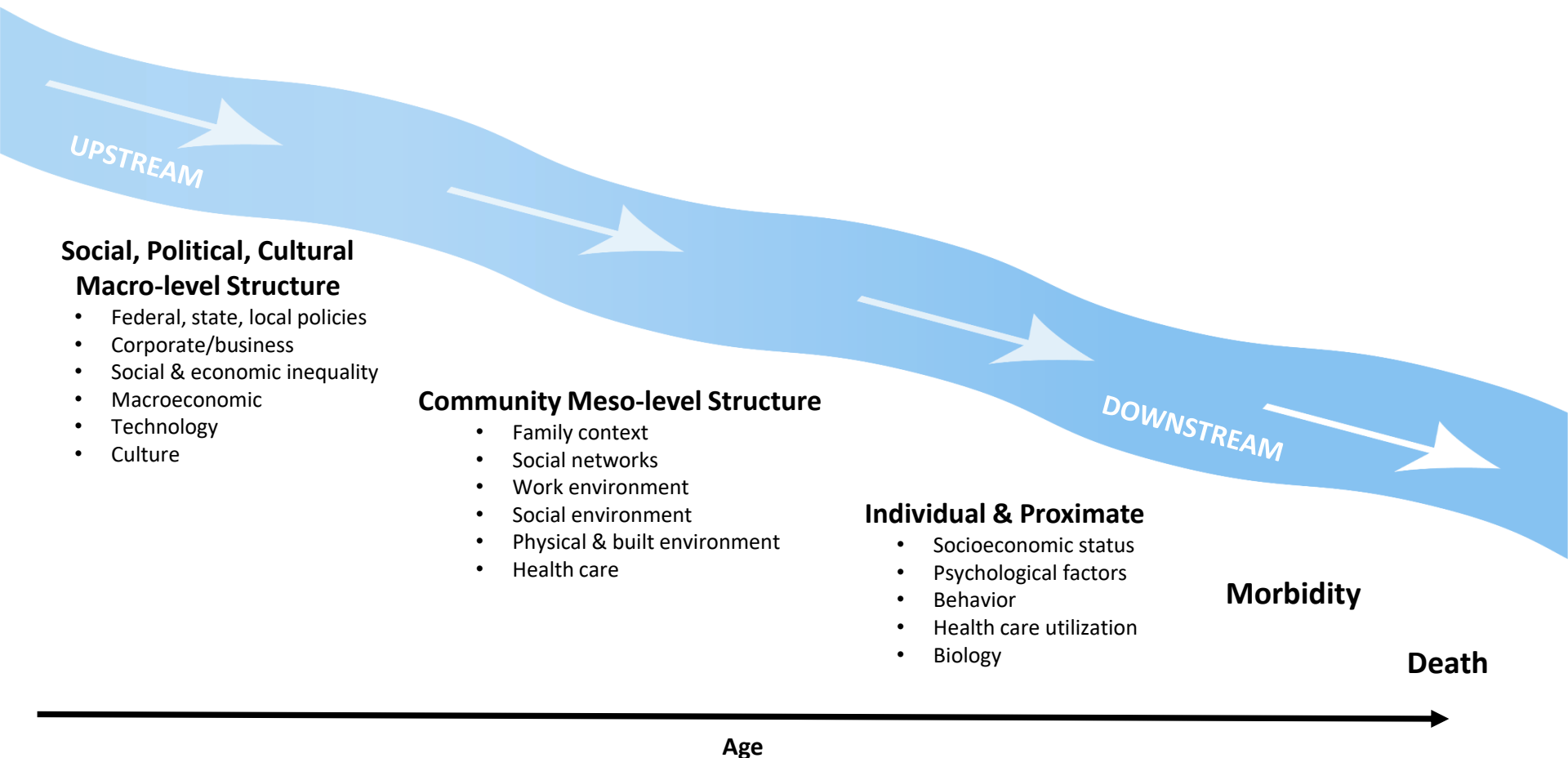
	Scott County				
Year	HIV Tests Total	Positive Tests	New HIV Cases	PLWH	% of New Indiana HIV Cases
2013	0	0	1	23	0.220264
2014	0	0	1	21	0.194175
2015	1935	104	157	154	25.2818
2016	1209	17	21	161	4.142012
2017	1166	8	8	168	1.462523
2018	1428	7	7	156	

Over 95%  
Decline!!

**IN 2020**

**Only ONE new case of HIV!!**

# Conceptual Framework: A life course multilevel model of factors involved in high and rising mortality among working-age adults



Within or across stages of the life course: gestation, birth, childhood, adolescence, young adulthood, middle adulthood

# Policy Conclusions

Adapted from

- Yale Law School and Yale School of Public Health collaborative proposals to revive public health in the U.S. (2021)
- National Academies of Sciences, Engineering, and Medicine report on the High and Rising Mortality Rates Among Working-Age Adults (2021)
- Remarks made by Joseph M. Kanter, MD, MPH before a September 29th, 2021 congressional subcommittee
- National Academy of Medicine: Public Health COVID-19 Impact Assessment (2021)

# NAM Findings



**COVID-19 provides a stark reminder of the tremendous social value of robust public health systems** and the harrowing consequences when those capabilities are allowed to atrophy.

[nam.edu/Perspectives](https://nam.edu/Perspectives)

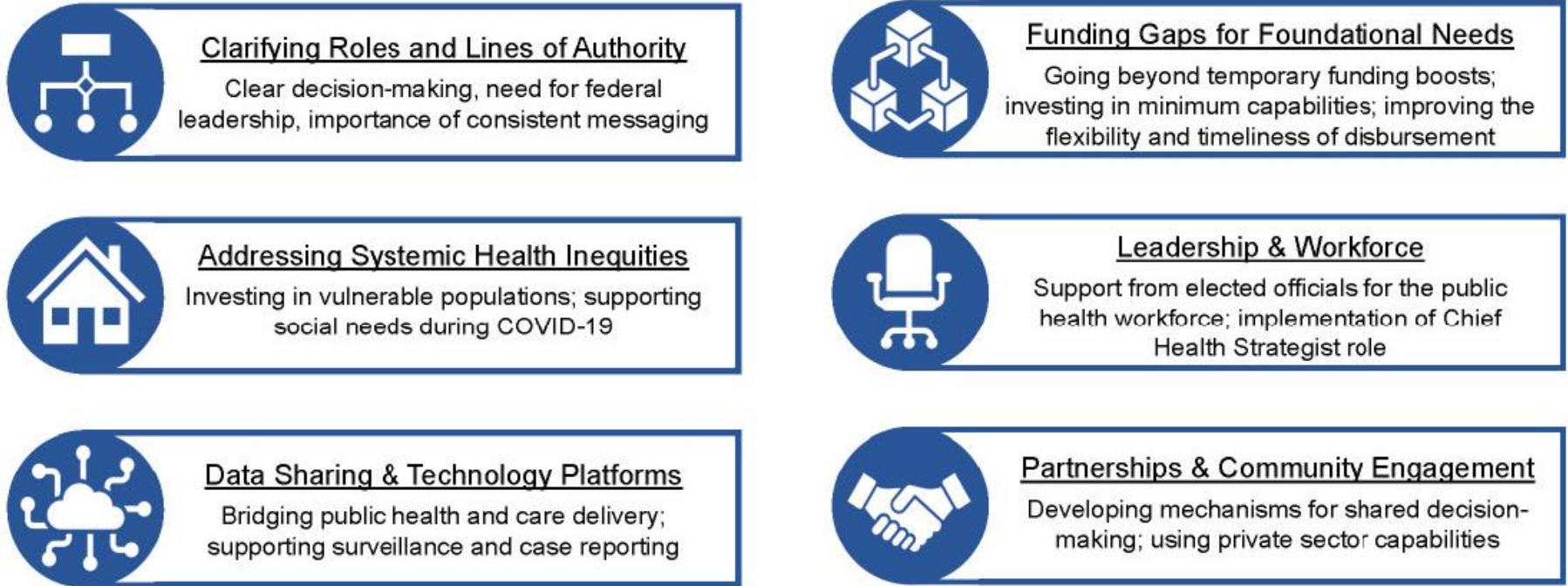
**TABLE 1 |** Role of Foundational Capabilities for Public Health During the COVID-19 Response

Foundational Capability	Key Challenges	Response Example
Emergency Preparedness and Response	Health departments activated emergency protocols, developed public-facing reporting mechanisms, and supported advancements in testing technology and capacity	<ul style="list-style-type: none"> <li>• <a href="#">Louisiana</a> collaborated with health insurers to develop the state's "COVID-19 Outbreak Tracker"</li> <li>• <a href="#">Seattle and King County (Washington)</a> developed the Seattle Coronavirus Assessment Network</li> </ul>
Assessment and Surveillance	Health departments had to organize testing and tracing capacity, requiring substantial coordination and workforce development	<ul style="list-style-type: none"> <li>• <a href="#">Hamilton County (Tennessee)</a> partnered with faith organizations to increase access to testing, while <a href="#">California</a> funded the development of sites in communities of color</li> <li>• <a href="#">Massachusetts</a> created a dedicated caller ID for its contact tracing team to increase response rates</li> </ul>
Communications	Health departments had to both combat misinformation while updating the community on evolving trends and disseminating the latest data	<ul style="list-style-type: none"> <li>• Multiple states, including <a href="#">Colorado</a>, <a href="#">Florida</a>, and <a href="#">Ohio</a> created a dedicated COVID-19 call center with 24/7 operations</li> <li>• <a href="#">North Carolina</a> launched the "3 Ws" campaign to communicate public health best practices</li> </ul>
Policy Development and Support	Health departments had to clarify the scope of their mandate and authority and develop strategies for implementing and enforcing infection control policies	<ul style="list-style-type: none"> <li>• Many cities, including <a href="#">Charlotte</a>, <a href="#">Kansas City</a>, and <a href="#">San Francisco</a> used civil or criminal penalties for enforcement</li> <li>• Many cities and states conflicted over mask policies, school closures, and social distancing requirements for retail establishments such as restaurants</li> </ul>
Community Partnership Development	Health departments had to coordinate across sectors and often perform out-of-scope functions (e.g. procurement)	<ul style="list-style-type: none"> <li>• <a href="#">Washington</a> established a Regional COVID Coordinating Center to organize medical care</li> <li>• <a href="#">Fairfax (Virginia)</a> developed a Medical Isolation Program</li> </ul>

# NAM Findings

Public Health Organizations extend beyond health departments to include Rural Health Clinics, FQHCs, Critical Access Hospitals, Nonprofits, Faith-based Organizations, Free Clinics, Medicaid providers, etc.

# NAM Findings



**FIGURE 4 |** Key Challenges for Local and State Health Departments During COVID-19

# Policy Conclusions

- Reverse the economic and social strains that made communities vulnerable.
- Prioritize basic human and safety need to the level of human rights.
- Shift funding from “downstream” disease-oriented policies to “upstream” person-oriented, life-affirming policies.

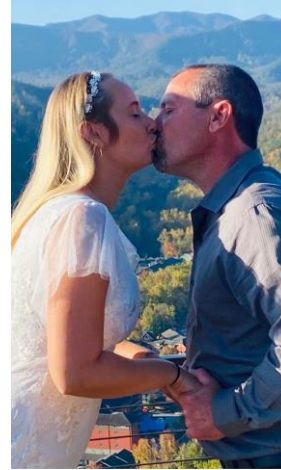
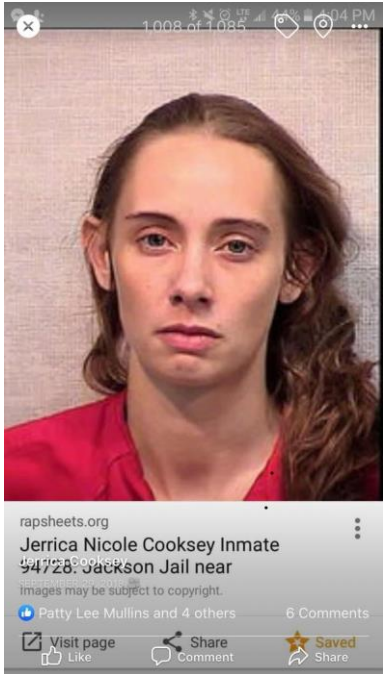
# Policy Conclusions

- Identify and end policies and practices that reinforce bias and racism.
- Empower local public health organizations to maintain skill, improve surveillance, and quickly respond to community needs.

# Policy Conclusions

- Reflect and honor the diversity of experiences and beliefs within each community.
- Recruit people with lived experiences to help develop and implement local solution.

# Jerrica Hall/Cooksey

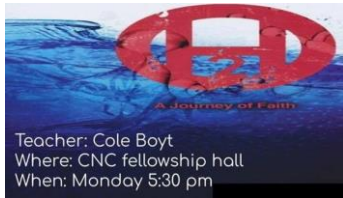


# Cole Boyt

**PEER SUPPORT & RECOVERY FOR PLWH**  
NEW COVENANT CHURCH | EVERY MONDAY  
FACILITATORS  
JERRICA HALL & COLE BOYT  
4:00PM - 5:00PM



**PEER SUPPORT & RECOVERY FOR PLWH**  
A JOURNEY OF FAITH  
Teacher: Cole Boyt  
Where: CNC fellowship hall  
When: Monday 5:30 pm



Twelve Arrests Involving Drugs ...  
scottcountysheriff.org

# Speaker Bios



**Dr. William Cooke** (MD, FAAFP, FASAM, AAHIVS) Directs the rural health clinic *Family Foundations Medicine* in Austin, Indiana and is Co-director for the IU Rural Center for AIDS/STD Prevention. He graduated with honors from IU School of Medicine in 2001 and is a Fellow of the American Academy of Family Medicine and the American Society of Addiction Medicine, specializing in Family Medicine, Addiction Medicine, and HIV Medicine. He has received national recognition for quality and compassionate care, including being named Family Physician of the Year by the American Academy of Family Physicians. He has also received the Doc Hollywood Award from the Indiana Rural Health Association, the Indiana State Health Commission's Award for Exceptional Public Health Service, the Ryan White Distinguished Leadership Award, and the first ever Physician Pillar of Excellence Award by Addiction Policy Forum. His book, *Canary in the Coal Mine*, explores the profound impact of health disparities on people's lives while providing practical community-based solutions.



**Jerrica Nicole Hall/ Cooksey** was diagnosed with HIV in 2015 when the HIV epidemic hit her hometown in Austin, Indiana. She injected drugs for several years and is now a peer recovery coach working through Foundations Family Medicine; she aspires to be an HIV recovery support specialist. She is also an addict in long term recovery and is very active in fellowships like AA, CA, HA. Jerrica loves spending time with her family, enjoys fishing and the outdoors and loves being a mother! She also enjoys helping others in recovery from addiction because she knows that if she does not give back what was so freely given to her, she won't stay sober! Jerrica is very passionate about ending HIV stigma and improving the future for people just like her.

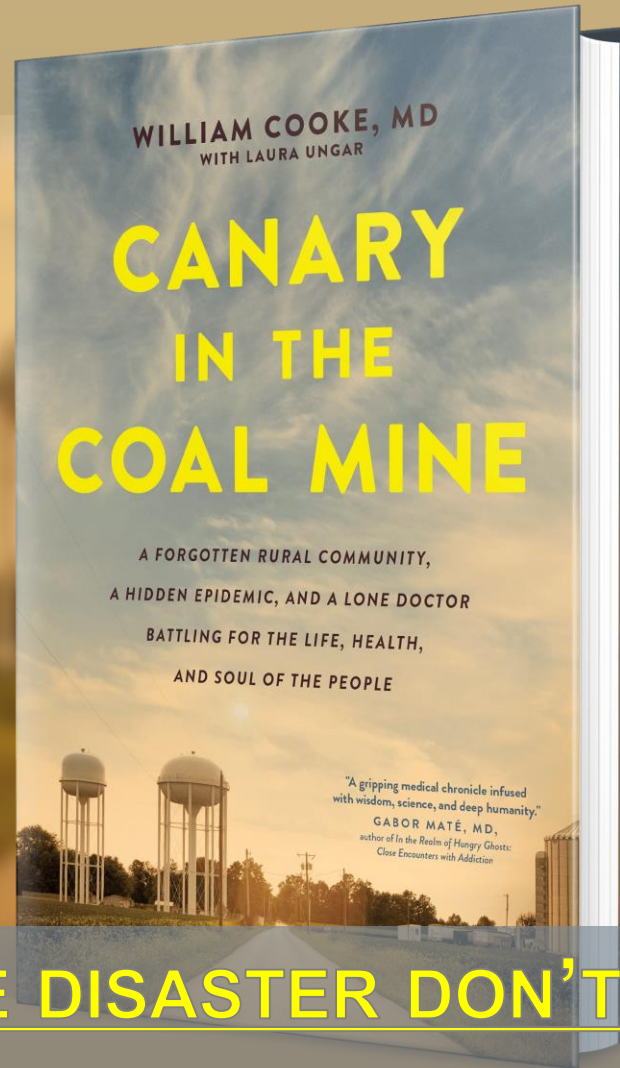


**Cole Boyt**, an Arborist by trade, is recently certified as a recovery peer coach, co-facilitates an HIV+ peer support group through Family Foundations Medicine and is an active member and volunteer at the Church of the New Covenant in Austin, Indiana. He tested positive for HIV and Hepatitis C in 2016 and has been living with lower limb loss for over ten years. After years of struggling with opioid use disorder, he has been in recovery now for nearly a year. He loves spending time with his two young children, other family members and his church community. He is passionate about ending HIV stigma and helping others struggling with substance use disorder.

# THANK YOU

- THRIVE: the Scott County Recovery Community
- Get Healthy Scott County
- CEASe
- Scott County Health Department
- Scott County Recovery Community
- Foundations Family Medicine
- Centerstone CMHC and Recovery Centers
- LifeSpring CMHC
- Faith Community: H2O, Backlot H.O.P.E., Church of the New Covenant & Food 4R Souls
- ISDH Division of HIV/STD/Viral Hepatitis
- Health Foundation of Greater Indianapolis
- Damien Center
- Project ECHO
- AIDS Healthcare Foundation
- MATEC
- Wooded Glen Recovery Center
- Indiana Addiction Coalition
- Health Foundation of Greater Indianapolis
- American Academy of Addiction Medicine
- Great Lakes Addiction Technology Transfer Center
- Weizmann Institute/CHC
- Indiana Recovery Alliance
- Chicago Recovery Alliance
- Indiana Rural Health Association
- IN Academy of Family Physicians
- Indiana Minority Health Coalition
- Covering Kids & Families
- Mental Health America of Indiana
- Fairbanks School of Public Health
- Indiana University Addictions Grand Challenge
- Rural Center for HIV/STD Prevention
- Indiana University School of Public Health
- CDC
- So many others who have helped

# THANK YOU!!!



**“HEALTHCARE DISASTER DON’T JUST HAPPEN;  
THEY DEVELOP RIGHT BEFORE OUR EYES  
UNSEEN OR IGNORED UNTIL IT’S TOO LATE.”**