Medication-Assisted Treatment, Diversity, Equity, Engagement and Provider Bias

Trauma-Informed, Recovery-Oriented Systems of Care
Today’s Presenters

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A Moment to Arrive
Today’s Objectives

• Understand the importance of Diversity, Equity and Engagement (DEE) in recovery-oriented systems of care

• Describe the impact of bias on systems of care and client outcomes as well as the importance of cultural humility training on building a resilient workforce

• Identify inequities related to the use of medications for addiction treatment
Importance of DEE in TI-ROSC
A Trauma-Informed, Recovery-Oriented System of Care

- Actively resists re-traumatization
- Fully integrates TIC into policies, procedures, practices
- Recognizes widespread impact of trauma, its connection to SUD and recovery
- Coordinated network of services and supports
- Person-centered and strengths-based to promote recovery and health
- Includes individuals, families, and communities

TI-ROSC

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Mental Illness and SUD in Black Americans

Among African Americans with a substance use disorder:
- 4 IN 9 (43.8% or 993K) struggled with illicit drugs
- 2 IN 3 (67.4% or 1.5M) struggled with alcohol use
- 1 IN 9 (11.1% or 252K) struggled with illicit drugs and alcohol

Among African Americans with a mental illness:
- 2 IN 9 (23.0% or 1.2M) had a serious mental illness

7.6% (2.3 MILLION) People aged 18 or older had a substance use disorder (SUD)
3.2% (947,000) People 18 or older had BOTH an SUD and a mental illness
17.3% (5.2 MILLION) People aged 18 or older had a mental illness

In 2019, 6.5M African Americans had a mental illness and/or substance use disorder—an increase of 10.1% over 2018 composed of increases in both SUD and mental illness.
Mental Health and SUD: Huge Treatment Gaps

But treatment gaps aren’t the only problem!

- **Substance Use Disorder (SUD) 12+**: 2.4M, 90.0% NO TREATMENT*
- **Any Mental Illness (AMI) 18+**: 5.2M, 67.1% NO TREATMENT
- **Serious Mental Illness 18+**: 1.2M, 42.1% NO TREATMENT
- **Co-Occurring AMI and SUD 18+**: 947K, 91.5% NO TREATMENT*
- **Major Depressive Episode 12-17**: 367K, 64.4% NO TREATMENT

* No Treatment for SUD is defined as not receiving treatment at any location, such as a hospital (inpatient), rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.
Mental Health and SUD in LGBT population

But treatment gaps aren’t the only problem!

- 6.8M with SUD, 45.7% no treatment
- 2.6M with AMI, 86.4% no treatment
- 2.6M with serious mental illness, 31.8% no treatment
- 1.9M with co-occurring AMI and SUD, 86.8% no treatment

* No treatment for SUD is defined as not receiving treatment at any location, such as a hospital (inpatient), rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor’s office, self-help group, or prison/jail.
Drug Overdose Rates

• Nearly 72,000 Americans died from drug overdoses in 2019, according to provisional data released by the Centers for Disease Control and Prevention.

• Over 81,000 drug overdose deaths occurred in the United States in the 12 months ending in May 2020, the highest number of overdose deaths ever recorded in a 12-month period, according to recent provisional data from the Centers for Disease Control and Prevention (CDC).

Opioid Overdose Deaths Among Black People 1999-2019 (KFF)

Opioid Overdose Deaths by Race/Ethnicity: Black, Non-Hispanic, 1999 - 2019

SOURCE: Kaiser Family Foundation’s State Health Facts.

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Opioid Overdose Deaths Among Hispanic/Latino People 1999-2019 (KFF)

Opioid Overdose Deaths by Race/Ethnicity: Hispanic, 1999 - 2019

SOURCE: Kaiser Family Foundation’s State Health Facts.
Disparities in Health: Definition

“Differences in the incidence, mortality, and burden of disease and other adverse health conditions that exist among special population groups in the United States”

“Differences in health that are not only unnecessary and avoidable, but, in addition, are considered unfair and unjust”
Health Disparities: The Context

Health disparities are connected to a social context that includes individual, socioeconomic, and political factors which determine health outcomes.

Historically social policy has contributed to health disparities.

Factors may include housing, neighborhood, access to work and educational opportunities, individual lifestyle (age, gender), socioeconomic status, and access to health care.

Evidence shows that health disparities among particular racial and ethnic groups have multiple causes that need to be addressed on multiple levels.
Health Inequities arise when certain populations are made vulnerable to illness or disease, often through the inequitable distribution of protections and supports.
# Social Determinants of Health

## Economic Stability
- Employment
- Income
- Expenses
- Debt
- Medical bills
- Support

## Neighborhood and Physical Environment
- Housing
- Transportation
- Safety
- Parks
- Playgrounds
- Walkability

## Education
- Literacy
- Language
- Early childhood education
- Vocational training
- Higher education

## Food
- Hunger
- Access to healthy options

## Community and Social Context
- Social integration
- Support systems
- Community engagement
- Discrimination

## Health Care System
- Health coverage
- Provider availability
- Provider linguistic and cultural competency
- Quality of care

## Health Outcomes
- Mortality
- Morbidity
- Life Expectancy
- Health Care Expenditures
- Health Status
- Functional Limitations
Racial oppression
• Internalized Devaluation
  • “…oblivious to this infection but emotionally reactive to its effects”
  • “I am bad and unworthy”
  • “Profoundly devalued youth become hypervigilant about gaining respect... To some of these youth, death is preferable to disrespect.”
• Assaulted Sense of Self
  • “…the culmination of recurring experiences with internalized devaluation.”
• Internalized Voicelessness
  • “…results from and fuels internalized devaluation and an assaulted sense of self... it impairs the ability to advocate for oneself.”

To You

The Wound of Rage
“It is virtually impossible to be the depository of perpetual negative and debilitating messages and have one’s sense of self assaulted without experiencing rage. ....It is distinguishable from anger, which is an emotion connected to immediate experiences.”

The Case of a Nobody
“...sense of hopelessness, despair, and rage are the by-products of chronic and repeated experiences of being systematically devalued and having [one’s] sense of self assaulted.”

Healing the Hidden Wounds of Racial Trauma, Kenneth V Hardy
Journal: Reclaiming Children and Youth, Spring 2013 (vol 22, number 1) pg. 24-29
Intergenerational/Historical Trauma Events

- Genocides
- Slavery
- Pandemics
- Massacres
- Prohibition/destruction of cultural practices
- Discrimination/Systemic prejudice
- Forced relocation

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Building A Healthier Culture
Assumptions of the Equity Lens

- Oppression and injustice are human creations and phenomena, built into our current economic system, and therefore can be undone.

- Oppression (e.g., racism, colonialism, class oppression, patriarchy, and homophobia) is more than just the sum of individual prejudices. Its patterns are systemic and therefore self-sustaining without dramatic interruption.

- Systemic oppression exists at the level of institutions (harmful policies and practices) and across structures (education, health, transportation, economy, etc) that are interconnected and reinforcing over time.

- Systemic oppression has historical antecedents. We must face our national legacy and current manifestations of racism and economic inequality in order to transform them.

- Without rigorous examination, behavior is reproductive. By default, current practices, cultural norms and institutional arrangements foster and maintain inequitable outcomes.

- To undo systemic oppression, we must forge multi-ethnic, multi-cultural, multi-lingual alliances and create democratic processes that give voice to new organizing systems for humanity.

- Addressing oppression and bias (conscious and unconscious) inevitably raises strong emotions in clients and staff, and we must be prepared and trained to address these feelings.
Effects of Systemic Trauma and Institutional Racism on Staff

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https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2565803/
Real World Implications

Negative Symbolic Attitudes

Racial Inequality & Injustice

Implicit Racial Bias

Discrimination

Prejudice & Racial Stereotyping
Impact of Bias on Recovery: Oriented Systems of Care
Video – Bias in Healthcare
If you have a brain, you have bias

• Bias is rooted in the brain
• Even with sustained effort, the brain can only catch 20% of bias in the moment.
• Easy to recognize bias in others, hard to recognize in yourself.

Source: Halvorson & Rock, 2015
AUTOMATIC ASSOCIATIONS
Microaggressions are the relatively minor offenses, insults, and experiences of exclusion that many people deal with every day.

- Using endearments
- Same behavior, different description
- Benevolent Sexism
- Underestimating
- Attribution Bias
Impact of Bias on Organizations

Compassion Fatigue/Burnout
Turnover Rates
Staff Engagement
Organizational Resilience/Wellness
Inequities in Addiction Treatment
Black patients were **70% less likely** to receive a prescription for buprenorphine at their visit when controlling for payment method, sex and age.

This study demonstrates that buprenorphine treatment is concentrated among white persons and those with private insurance or use self-pay.
Black patients were half as likely to obtain treatment following overdose compared with non-Hispanic white patients even when privately insured.

**Minority Follow-Up Treatment Lags After Overdose**

A study of privately insured people who suffered an overdose and were treated at an emergency room found that referral rates were low. In particular, researchers found minorities were less likely to receive follow-up care after their overdose, such as being referred to an inpatient treatment program, or started on medication-assisted treatment.

Note: Excludes patients who had opioid treatment in the 90 days before overdose; data show probability of obtaining follow-up treatment.

Kilaru 2020

[Graph showing follow-up treatment rates for Black, Hispanic, and White patients after overdose.]
## Use of Medications in Pregnant Women of Color

In a cohort study of 5247 women with opioid use disorder who delivered a live infant, black non-Hispanic and Hispanic women with opioid use disorder were significantly less likely to use any medication for treatment and were less likely to consistently use medication for treatment during pregnancy compared with white non-Hispanic women with opioid use disorder.

## National Overview of Medication-Assisted Treatment for American Indians and Alaska Natives With Substance Use Disorders

2017 study found “Low rates of MAT implementation suggest racial disparities in access to MAT among AI/ANs, a population with historically high rates of substance use disorders. Study findings also highlight the important role of treatment culture and organizational fit in the implementation of MAT in treatment programs serving AI/AN populations. Results also speak to the importance of adapting existing EBTs in a culturally competent way to best serve the needs of the AI/AN community.”

## Buprenorphine Treatment Divide by Race/Ethnicity and Payment

2019 study demonstrates that buprenorphine treatment is concentrated among white persons and those with private insurance or use self-pay.

## Association of Racial/Ethnic Segregation With Treatment Capacity for Opioid Use Disorder in US Counties

2020 study suggests that the racial/ethnic composition of a community was associated with which medications residents would likely be able to access when seeking treatment for opioid use disorder. Reforms to existing regulations governing the provisions of these medications are needed to ensure that both medications are equally accessible to all.
Despite relatively uniform rates of substance use among racial and ethnic populations, there is a disproportionate rate of drug arrests for Black Americans.
Inequities in Rates of Incarceration

Rates of Black and White Marijuana Possession Arrests per 100k People

[Graph showing the rates of Black and White marijuana possession arrests from 2010 to 2018.]
Inequities in Rates of Incarceration (cont’d)

Disproportionate Impact of Drug Laws on Black and Latino Communities

U.S. Adult Incarceration Rates, December 31, 2016

Source: Bureau of Justice Statistics, 2017.²⁵

Sources: U.S. Census Bureau; Bureau of Justice Statistics.¹⁹
Challenges to Prevention, Treatment, and Recovery for African Americans

- Negative representations, stereotyping and stigma
- Intergenerational substance use and polysubstance use
- Fear of legal consequences
- Misperceptions and faulty explanations about addiction and opioids.
- Lack of culturally responsive and respectful care
- Discrimination and trauma


The Opioid Use disorder crisis among African Americans: An urgent issue
Challenges to Prevention, Treatment, and Recovery for Hispanic/Latino People

• Negative representations, stereotyping and stigma
• Intergenerational substance use and polysubstance use
• Fear of legal consequences/Immigration issues
• Language barriers
• Lack of culturally responsive and respectful care.
• Heterogeneity of the Hispanic/Latino population


Strategies to Address Opioid Misuse and OUD in Black/African American Communities

<table>
<thead>
<tr>
<th>Implement</th>
<th>Involve</th>
<th>Increase</th>
<th>Employ</th>
<th>Create</th>
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<tr>
<td>Implement a comprehensive, holistic approach</td>
<td>Involve the community and develop multisectoral, diverse community partnerships</td>
<td>Increase culturally relevant public awareness</td>
<td>Employ culturally specific engagement strategies</td>
<td>Create a culturally relevant and diverse workforce</td>
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The Opioid Use disorder crisis among African Americans: An urgent issue
Strategies to Address Opioid Misuse and OUD in Hispanic/Latino Communities

- Implement a comprehensive, holistic approach
- Create culturally tailored public awareness campaigns in native languages
- Form diverse partnerships
- Utilize schools
- Leverage faith-based organizations
- Build a bilingual, culturally aware and respectful workforce
- Develop culturally and linguistically appropriate prevention and treatment
- Link to primary care

The Opioid Use disorder crisis and the Hispanic/Latino population: An urgent issue
What Works?

Removing bias from process, not people.
HUMILITY IS THE SOLID FOUNDATION OF ALL VIRTUES.
- CONFUCIUS

Caritas Smile

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Cultural Humility at Work to Increase Resilience

• It normalizes not knowing

• It helps you identify with your co-workers

• It helps you identify the needs of your “client”

• It creates a culture of understanding that can spread beyond work
Equity & Inclusion in Healthcare:
If Cultural Safety is the Answer, then What is the Question?

Dr. Ruth de Souza, The Data, Systems and Society Research Network

We need each other... for health, for the world.

People get into healthcare to help...

Hospital as factory, but how do we balance the imperatives that take us away from care?

How do we make care caring & just?

Kawa whakaruruhau: Cultural Safety explicitly anti-racist!

Cultural:

- Awareness
  - Understand we are different
  - Legitimacy of our differences
- Sensitivity
  - Respect, rights
- Safety
  - Safe, recognize, good

CARE is about power, not just doing good.

The past shapes the present. e.g., nursing is highly gendered, obeying orders, virtuous.

We must address racism!

Center of person-centered care.

Cultural safety: agreed definition of cultural safety.

Opportunities: get better at understanding, respect, rights, for self-determination.

What is harmful? Who decides?

There is institutional bias.

#partnerinhealth #withconsumers

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Cultural Safety

5 Principles

- Protocols
  - Show respect – Ask permission/informed consent
  - Seek cultural knowledge – Ask questions
  - Demonstrate reciprocity – Learning goes both ways
  - Engage community accompaniment – Find allies, mentors in community of practice

- Personal knowledge
  - Hone critical consciousness of social location/power
  - Who are you? Cultural affiliations, professional persona
  - Introduce yourself in terms of your cultural identities

- Process
  - Ensure equity and dignity for all parties
  - Negotiate goals and activities
  - Talk less, listen more

- Partnerships
  - Engage in relational practice founded on authentic encounters
  - Share knowledge vs. ‘telling’
  - Collaborative problem solving vs. expert/authority
  - Strengthen mutual capacity vs. one-way ‘delivery’
  - Co-construct ways to move supports into place

- Positive purpose
  - Build on strengths
  - Avoid negative labelling
  - Ensure confidentiality
  - Be accountable
  - Do no harm
  - Make it matter: Ensure real benefits

http://www.ecdip.org/culturalsafety/

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HOW DO I DO CULTURAL SAFETY?

DR RUTH DE SOUZA, THE DATA, SYSTEMS AND SOCIETY RESEARCH NETWORK

IN THIS WORKING SESSION, I AM:

- My Best Self
- Active Listener
- Kind & Generous
- Engaged
- Suspending Judgement
- Leaning In To Discomfort
- Accepting There May Not Be Closure

My Identity

- Male
- Greek
- Young
- Outspoken
- Autistic
- White
- Higher Education

Privilege Shifts

- Invisible
- It’s All In Context

Challenge:

Listen To People Who Are Different To You!

Oppression Is Structural

#partnerinhealth #withconsumers

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Protect All Voices
Throughout the organization, staff and the people they serve, whether children or adults, feel culturally, physically and psychologically safe; the physical setting is safe and interpersonal interactions promote a sense of safety.
Recovery Capital is the sum of the strengths and supports – both internal and external – that are available to a person to help them initiate and sustain long-term recovery from addiction.

(Granfield and Cloud, 1999, 2004; White, 2006)
Creating and Reinforcing Recovery Capital

Essential Ingredients for Sustained Recovery:

- Safe and affordable housing
- Employment and job readiness
- Education and vocational skills
- Life and recovery skills
- Parenting and family skills
- Health and wellness
- Recovery support networks
- Community and civic engagement
Questions are the path to learning
Resources

- **Hiring** - https://www.wsj.com/articles/seven-steps-to-reduce-bias-in-hiring-1487646840

- **Hiring** - https://www.shrm.org/resourcesandtools/hr-topics/talent-acquisition/pages/7-practical-ways-to-reduce-bias-in-your-hiring-process.aspx

- **Teaching** -

- **Individual and organizational strategies** -

Resources (cont’d)

- Organizational Self-Care Training Activity Worksheet
- TI-ROC Climate of Equity Assessment
- National Council’s Cultural Humility Scale
- Health & Racial Equity List of Definitions

Health Equity and Racial Justice Webpage
National Council for Mental Wellbeing

See our page for more information on Webinars and Upcoming Events, Resources and Tools, and Training and Technical Assistance focused on Health Equity and Racial Justice