Achieving Equity in Opioid Use Disorder Treatment

Confronting Racism’s Impact on Access & Quality Care
Historically: Racial Disparities in Discussions of Health -- Often missing or peripheral

A new 2020 OUD Toolkit is [here]. Like many toolkits & resources, there’s no reference to health equity, historical trauma, etc.

Citing COVID-19 toll, Michigan Gov. Whitmer declares racism a public health crisis

By Don Jacobson

Executive Order 2020-9
August 5, 2020
Today’s Focus on Health Equity: Driven & Mandated by Global & National Events

1. **COVID-19:**
   - Locally: MI = 13% Black, 31% of cases & 40% of deaths
   - Nationally: Blacks dying 2.7x & Latinos dying 3x rate of Whites
   - Globally: Africa, Asia & Latin America lacking critical health infrastructure

2. **Police Violence:** Renewed attention to systemic racism

3. **MSHN’s SUD Strategic Plan** *(FY21-23):* This was developed concurrently with the trends above. Addressing health disparities has a newly dominant focus.

(* Plan submitted to MDHHS on 7/16/2020)
Systemic Racism reinforced by National & Local Policies
(transportation/tax/mortgage/school policies, public housing & urban redevelopment programs, redlining)

CONTEXT:

The Great Migration: 6 million Black Americans left the South & settled in American cities across the U.S. Many thrived.

The Federal Highway Act (1944) drove interstate highway construction, bulldozing urban communities, displacing 475,000 families & a million+ mostly Black/Brown residents. This is a partial list only:

- Miami (Overton) - I-10
- New Orleans, LA I-10
- Nashville, TN – I-40
- Montgomery, AL – I-85
- Charlotte, NC I-77
- Birmingham, AL - I-59
- Columbia, SC – I-20
- Columbus, OH – I-71
- Seattle, WA – I-5
- Camden, NJ – I-95
- St. Paul, MN – I-94
- Indianapolis, IN – I-65
- Chicago, IL – I-90/94
- Providence, RI – I-95
- New York, NY - I-278
- Syracuse, NY – I-81
- Los Angeles, CA I-110
- Milwaukee, WI – I-101
- Detroit, MI – I-75
- Lansing, MI – I-475

Urban communities of color were viewed by planners as “undesirable” and destruction of those neighborhoods was deliberate, a form of environmental racism. In the words of a former federal highway official from a 1972 interview:

The urban interstates gave city officials "a good opportunity to get rid of the local n----town."
To flush that horrific statement from memory, here’s a more current, hopeful & positive image…
Leaders in Health Equity: Recommending the work of Dr. Camara Jones

- Family MD, epidemiologist
- Leader on racism & health equity
- Uses allegories & metaphors to talk about racism
- Recommended reading & viewing of Dr. Jones’ article is here, TED talk on racism is here, talk on health equity is here).
- Next 4 slides are informed by her work.
“The Cliff of Good Health” Metaphor

Cliff of Good Health

American society at large
(All socioeconomic, racial, ethnic, religious groups)

When someone gets sick or has a health incident

Uh oh.
Historically, we’ve applied this 2-Dimensional Medical Model to the Cliff of Good Health.

Race, Ethnicity, Poverty and their intersections are often peripheral here if addressed at all.
To Address Health Disparities, the Medical Model must expand 3-dimensionally

The Medical Model must be inclusive of social hierarchies (racism, sexism, poverty, etc.)

- People of color are often pushed closer to cliff’s edge (e.g. by bulldozed housing, police violence, unemployment, unsafe neighborhoods, etc.).

- Protective barriers at the cliff often are not as strong in poorer communities of color.

- The safety net has been impacted by decades of cuts in social programs, underfunded schools in poor areas, etc.

- When health care is needed, it may not be there or may be a distance away.

- When health care is accessed, the quality of care is often less good.
Health Equity requires we talk about Race & Ethnicity

We must acknowledge that People of Color have:

- Different life experiences, opportunities & adverse conditions presently & inter-generationally
- Many have personal & historical trauma
- They often have less access to care
- They often receive a poorer quality of care

We must ask: How do these differences manifest in the real world & in the health of communities we serve?
Research on Racial Bias in Care: Examples of Unequal Treatment of Pain w. Opioids

- 2016 – Medical interns & residents minimized pain in Black patients based on preconceived racial myths so recommended under-treatment of pain in those Black patients;
- 2007 – Physicians underestimated pain in 47% of Black patients v. 33.5% of non-Black patients.
- 2009 & 1997 – Only 35% of Black cancer patients got pain meds per WHO guidelines v. 50% of White patients;
- 2008 & 2009 – Latino, Asian & Black ED patients less likely to get opioids for pain than White patients. And for Latinos who did get opioid RX, neighborhood pharmacies often didn’t stock opioid meds.
- Black patients were less likely to be referred to a pain specialist;
- Black patients were more likely to be referred for SUD assessment despite being prescribed opioids.

(See articles here and here)
Research on Racial Differences in Mortality & Care: The Opioid Epidemic’s Impact on People of Color

- Michigan: April-June 2020, average monthly rate of emergency responses for opioid ODs among Blacks was 219.8 per 100,000 residents v. 123.4 among Whites.*

- U.S.: 2014-2016, opioid OD deaths rose 84% for Blacks, 45.8% for Whites;

- U.S.: 2014-2017 Latino death rates w. synthetic opioids up 617%.

- U.S.: 2013-2015, American Indian OD deaths were 2.7x higher than for Whites.

- U.S.: Black MAT patients were under-dosed w. methadone (<40 mg) vs. White patients (>60 mg is therapeutic dose)

- U.S.: A 20-year Review of clinical trials showed no recruitment of people of color reducing chance to identify effective treatment & best practices for POC w. SUD

*(MDHHS Press Release, July 29, 2020; articles here, here and here, and here)
Where to Intervene for Health Equity: Upstream, downstream or both?

- Lobbying & Political Action
- Housing Policies
- Meaningful employment w. a living wage
- Neighborhood safety
- Education
- Access to information
- Criminal justice system including policing
- Addressing discrimination in workplaces, schools, communities, etc.
- Tackling disparities in health care
Guided by the data:
Potential Targets for MSHN FY21-23

- Improve access to information in Communities of Color
- Improve access, initiation, engagement & retention in SUD treatment for people of color
- Address logistical barriers due to finances, transportation, no day care, etc. in communities of color
- Address historical trauma & internalized racism
- Train provider network(s) for Cultural Competence & Humility

(SAMHSA’s “Providing Culturally Sensitive Recovery Supports” is [here](#))
MSHN’s Next Steps

- Gather data
- Reach out, engage and listen
- Identify communities, resources & partners
- Work w. focus groups, providers, community partners to inform planning & implementation
Questions & Discussion

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