



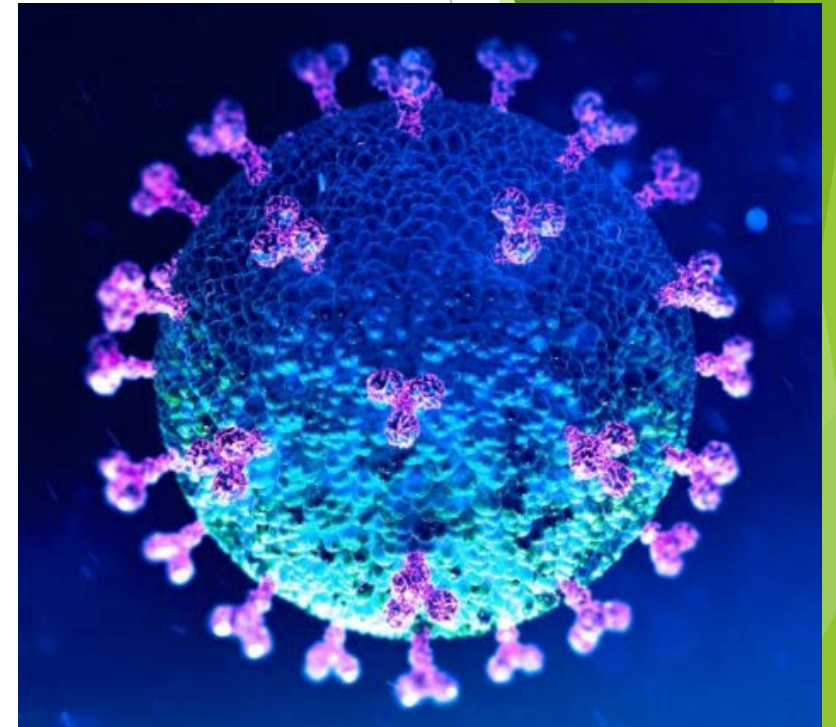
Health Disparities

Addressing Access &
Culturally Competent
Treatment



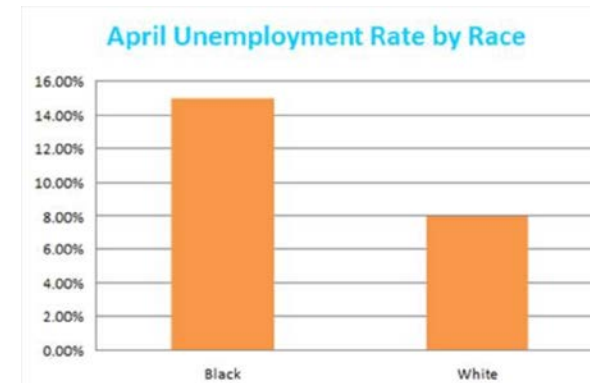
Why Health Disparities?

1. MSHN's Values: Ensuring equity and access = a guiding principle
2. COVID-19: disproportionate impact on people of color:
 - ▶ *Locally* - MI is 13% black, but 41% of COVID deaths in MI are African Americans
 - ▶ *Nationally* - Black persons are dying 2.3x rate of white persons from COVID-19
 - ▶ *Globally* -
 - ▶ Africa, Asia and Latin America have limited health care infrastructure if cases increase
 - ▶ Social distancing -> suspension of immunization campaigns
3. Police Brutality & Racism: Structural racism as a public health issue
4. SUD Strategic Plan (FY21-23)



Other Social Determinants of Health that Impact Disparities...

- ▶ African Americans in low-paying essential service jobs (increased COVID exposure);
- ▶ Few low paying jobs offer health benefits
- ▶ War on Drugs disproportionately impacted populations of color. Black Americans 5x more likely in prison than white Americans (COVID in prisons rose 73% last month).
- ▶ Black Americans are 2X as likely as whites to be unemployed;
- ▶ Discriminatory housing policies & bank practices historically limited home ownership for black families;
- ▶ Inner city and poor schools lack resources to educate their students and support children who have trauma histories and other challenges.



An Example of Health Disparities in Region 5 (Jackson County)

- ▶ Presentation to the Jackson Collaborative Network, by Megan Albertson, HFAH Population Health Specialist.
- ▶ Full talk is [here](#) on YouTube.
- ▶ Clips from the November 2019 presentation follow.



Health Disparities Exist in SUD Treatment Systems

1. Introduction

African American communities are disproportionately affected by the opioid epidemic. The CDC estimates that from 2014 to 2016 opioid overdose deaths increased by 45.8% for whites but 83.9% for African Americans [1]. Although white and rural communities have reported alarming overdose rates, African American communities in urban and suburban communities have seen a steady growth of overdoses over a longer period. In particular, the opioid epidemic has disproportionately affected African-American communities, who are most likely than whites to be uninsured or underinsured and unable to enter and stay in opioid use disorder (OUD) treatment.

It is well established that African Americans are more likely than whites to experience difficulty entering and staying in outpatient SUD treatment [2–6]. Researchers have examined wait time to enter treatment and retention in treatment to develop strategies to improve treatment engagement and improve the likelihood

Effective Treatment of Opioid Use Disorder among African Americans

Daniel L. Howard

Abstract

The current opioid epidemic substantially affects African Americans given their historical rate of disparities in access to effective substance use disorder (SUD) treatment. Yet, there is limited information about factors that may improve access to effective opioid use disorder (OUD) treatment for members of this racial group. This chapter describes policy, management, and treatment practices that may enhance access and engagement of African Americans in OUD treatment considering the current opioid epidemic and the state of public treatment systems in the United States. Drawing from a sociocultural framework on disparities in access to care, I present a comprehensive approach based on culturally competent and medication-assisted treatment that may reduce the wait time to enter treatment and increase treatment engagement and recovery rates among African Americans seeking OUD treatment. I focus on the role of public insurance (i.e., Medicaid), the diversification of the workforce, as well as delivery of adequate dosages of maintenance opioid medications (methadone, buprenorphine, and naltrexone) to improve engagement and recovery. Implications for health policy, program design, and service delivery are discussed to abate the effect of the opioid epidemic on African American communities.

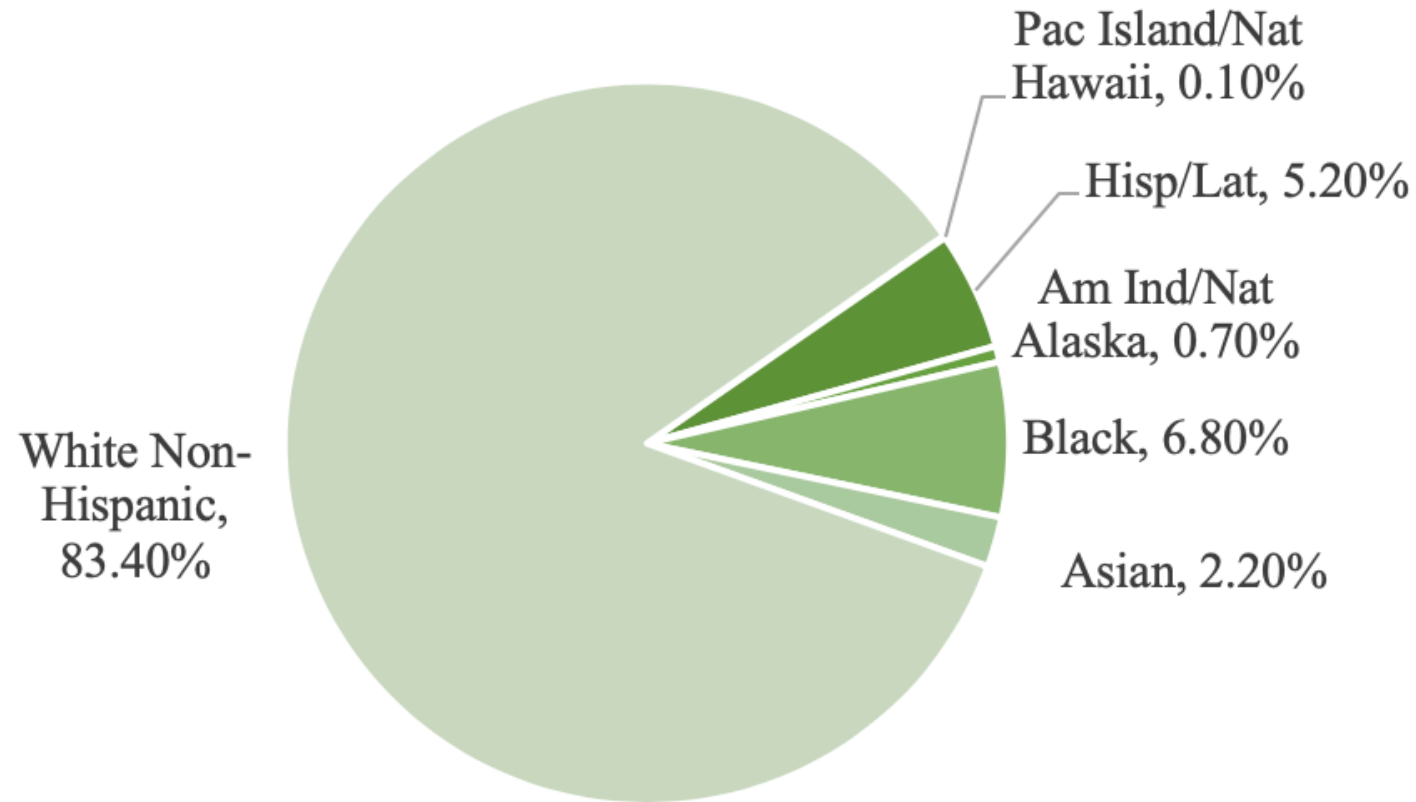
Keywords: African Americans, opioid use disorder treatment, Medicaid, cultural competence, treatment effectiveness

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Region 5: Diversity by Race/Ethnicity



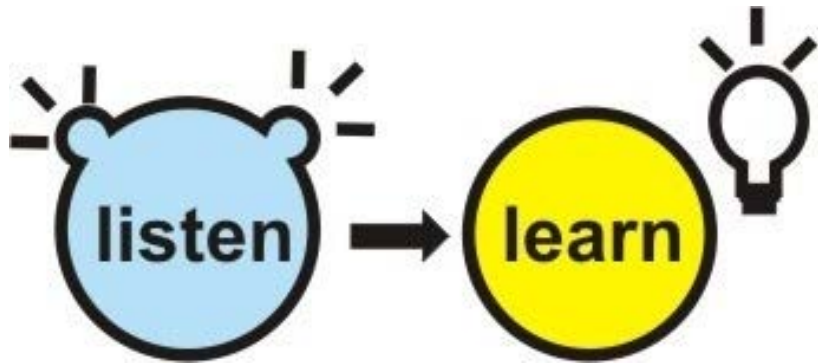
NOTE: Additional populations in Region 5 where disparities play out include folks who are immigrants, LGBTQ, rural v. urban, don't have access to broadband internet, and those of lower socioeconomic status.

MSHN's Plan for FY20 & FY21-23



- ▶ Reach out, engage and listen;
- ▶ Develop focus groups to inform planning & implementation;
- ▶ Establish an Advisory Workgroup;
- ▶ Identify target communities & resources;
- ▶ Work with providers, community partners, and other stakeholders to develop objectives;
- ▶ Implement action steps in staged process;
- ▶ Evaluate. Tweak. Continue.

Next steps...



Seeking input from potential partners in this work:

- ▶ Persons of color engaged in SUD prevention, treatment or recovery services
- ▶ Persons of color who are in recovery and/or supported a loved one in recovery
- ▶ Community partners involved in this work
- ▶ Other populations to consider

Interested parties, please contact me at Dani.Meier@midstatehealthnetwork.org or 517-914-5814.

