Opioid Response Network: Developing a Shared Language For Diversity, Equity and Inclusion

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Working with Communities.

✧ The SAMHSA-funded *Opioid Response Network (ORN)* assists states, organizations and individuals by providing the resources and technical assistance they need locally to address the opioid crisis and stimulant use.

✧ Technical assistance is available to support the evidence-based prevention, treatment and recovery of opioid use disorders and stimulant use disorders.

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The Opioid Response Network (ORN) provides local, experienced consultants in prevention, treatment and recovery to communities and organizations to help address this opioid crisis and stimulant use.

ORN accepts requests for education and training.

Each state/territory has a designated team, led by a regional Technology Transfer Specialist (TTS), who is an expert in implementing evidence-based practices.
Contact the Opioid Response Network

To ask questions or submit a request for technical assistance:

- Visit www.OpioidResponseNetwork.org
- Email orn@aaap.org
- Call 401-270-5900
The purpose of this foundational training is to provide you with an opportunity to enhance your knowledge and awareness of diversity, equity, and inclusion issues. We will explore the potential impact of these issues on your beliefs towards those with backgrounds different from your own and how those beliefs can impact those you serve.

We understand that we all have different levels of understanding of these topics. This training is an opportunity to bring our diverse experiences together to sharpen our skills to create more welcoming and inclusive places of business for our staff and clients.
Learning Objectives

By the end of the session, participants will be able to:

✔ Review and define terms related to diversity, equity and inclusion (DEI).
✔ Explore data on the impact of DEI issues on health care access, experiences, and outcomes.
✔ Describe the benefits of integrating DEI into organizations.
✔ Describe how social determinants can explain disparities in disease prevalence and the recovery continuum.
✔ Outline the meaning of DEI for approaching SUD and OUD prevention, treatment, and recovery.
✔ Analyze myths and misconceptions around DEI.
✔ Analyze microaggressions and how to address them individually and organizationally.
Presenters

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Our Role as Facilitators

Create an environment for reflection, learning and engagement.

Share data, information, and experiences that reflect diverse research and lived experiences.

Reinforce that we are not experts and are learning with you. We are facilitating an ongoing conversation.
A state of complete physical, mental, social, and spiritual well-being, not merely the absence of disease or infirmity.
Health Equity

“Is attainment of the highest level of health for all people”

Health Inequity

Refers to those inequalities in health that are deemed to be unfair or stemming from some form of injustice.

Health Disparity

A term used in epidemiology to describe differences, variations, and disproportions in the health status of individuals or groups

- Descriptive term
- No value judgment necessarily implied


Start with “Why?”

✧ Critical to emphasize why this impacts all of us
✧ Health disparities impact healthcare access, experiences and outcomes nationally and within states
✧ What do the data tell us nationally about health disparities?
✧ Why do the data re-emphasize the critical need to include diversity, equity, and inclusion issues in our work?
Health disparities can begin as early as birth

- Black maternal deaths are 3-4x higher than white maternal deaths related to access and quality of care.

Black people are 1.5x less likely to have health insurance

- Decreased access to healthcare, prevention, and treatment; less likely to seek care due to costs, discrimination.
- Higher rates of chronic diseases such as diabetes.

Adverse Childhood Experiences (ACEs) are not equally distributed among races

- Impact children’s mental health and health outcomes (higher rates of obesity, substance use, poverty, depression)
  - Average of 45% of children have experienced an ACE in the US (1 or more)
    - 61% Black, 51% Latinx, 40% White, 23% Asian
  - Children who have 2+ ACEs
    - 33% Black, 21% Latinx, 19% White, 5% Asian, 26% Other (non-Latinx)

Seeking treatment for substance use

- Whites seek treatment earlier than blacks which delays health outcomes
- Latinx are half as likely to seek treatment than non-Latinx
- Many only received treatment after a court mandate

Health Disparities Data (Impact of Pandemic)

COVID-19 is disproportionately impacting BIPOC communities and increasing mental health and substance use disorder (SUD) challenges

- Latinx adults reporting a higher prevalence of psychosocial stress related to not having enough food or stable housing than adults in other racial and ethnic groups (McKnight-Eily et al. 2021)
- EHR data across 50 states shows African Americans with COVID-19 and SUD had worse outcomes (death: 13.0%, hospitalization: 50.7%) than Caucasians (death: 8.6%, hospitalization: 35.2%) (Wang et al., 2021)
- Existing stressors, social isolation, and economic deprivation disproportionately impact black, indigenous and people of color (BIPOC) communities and potentially contribute to increased substance use (Khatri et al. 2021)
  - 2020-2021 Philadelphia data on all overdoses showed 52% increase in black communities (compared to 23% decreases in non-Latinx white communities); fatal overdoses were also higher.

Workbook exercise 1:
Reflect on current events or your own experience (personal or professional). What examples of health disparities have you seen?

Pause video to reflect.
Substance-induced deaths among racial groups (highest rates to lowest rates)

- 1. American Indian/Alaska Native had the highest rates
- 2. Black/African American,
- 3. Whites,
- 4. Latinx,
- 5. Asian and Pacific Islander, Native Hawaiian

- Deaths were 2.5x higher in areas where 20% or more of the population were living at or below the federal poverty line (FPL).

Racial disparities in overall MOUD access are a significant feature of the current addiction treatment landscape (Nguemeni et al., 2021)

- Among patients who experience non-fatal overdoses, Black patients are half as likely to obtain follow-up appointments for OUD care after discharge from the emergency room (Kilaru et al, 2020)
- Racial segregation predicts differences in access to both methadone and buprenorphine (Goedel et al, 2020).
- Increased uptake of buprenorphine as an OUD treatment, but remains primarily accessible to white people, and to people who are beneficiaries of employer-based insurance (Roberts et al., 2018)

Racial Disparities in Treatment: Criminal Justice

Criminal justice system shows dramatical overrepresentation of racial and ethnic minorities.

❖ 2017: Black and African American men and women represented 12 percent of the adult population in the United States but 33 percent of the sentenced prison population; White people accounted for 64 percent of adults overall but only 30 percent of prisoners; and Latinx represented 16 percent of the general adult population, and 23 percent of the incarcerated population.

➢ People with mental and substance use disorders are incarcerated at a staggeringly high rate and overrepresented on probation and parole.

➢ Racial disparities in behavioral health diagnosis and treatment are contributing to the disproportionately high number of people behind bars and under correctional supervision.

Determinants of Health

1. Individual Behaviors
2. Biology & Genetics
3. Social Environment
4. Physical Environment
5. Health Services
Social Determinants of Health (SDH) are “the complex, integrated, and overlapping social structures, policies, and economic systems, including the social and physical environments, health-services structure, and societal factors that are responsible for most health inequities.”

Examples of SDH would include (but are not limited to) gender inequality, structural racism, stigma, poverty, citizenship status, education, housing, transportation, health systems and services, social safety network, food insecurity, unemployment/employment and working conditions, public safety, and social exclusion/inclusion (Bryant et al., 2011).
How Do SDH Impact Substance Use Disorder?

✧ Correlation between poor health and structural factors such as poverty, lack of opportunity, and substandard living and working conditions.
  – Economic hardship, social isolation, and hopelessness are key reasons for drug use
  – Viable employment, safe housing, and community reinvestment initiatives are needed to reduce high overdose deaths

✧ Poverty and substance use, reinforced by untreated mental health disorders and lack of stable housing, cited as main contributors to SUD in poor communities.
  – Counties with the lowest levels of social capital have the highest overdose rates

How Do SDH Show Up In Substance Use Disorder?

Barriers to prevention?

Barriers to care?

Engagement and retention in treatment?

Barriers to recovery?
Continuum of Care & SDH

Opioid Use Disorder (Continuum of Care)
- Poverty
- Access to healthcare
- Access to support
- Racism
- Access to education

- Linkage to primary care and/or OBOT
- Screen for risk factors and barriers
- Retention in care and services
- Prescribe MAT
- Recovery Support Services

Opioid Use Disorder (Prevention Continuum)
- Linkage to healthcare
- Screen for risk factors and barriers
- Retention in care and services
- Increasing protective factors
- Prevent SUD/return to use

- Homophobia
- Stigma
- Family acceptance
- Transphobia
- Housing conditions
Systems of Oppression and Privilege

- Where do you experience privilege and/or power?
- Where do you experience oppression and/or marginalization?
- How do systems of privilege and oppression interact?
Reflection: What does your circle look like?

*Outside=Marginalized/oppressed by system

*Inside=Privileged/power in system

- Citizenship Status
- Race/Ethnicity
- Age
- Religious Affiliation
- Disability Status
- Sexual Orientation
- Political Affiliation
- Household Income/Class
- Gender Identity
- Educational Attainment
Workbook exercise 2

- What did you learn from your circle? Where do you see privilege?

Pause video to reflect.
Reflection: How do you use your privilege?

Workbook exercise 3
- How do you use your privilege?

Pause video to reflect.
Why is race so critical?
Intersectionality*: All inequalities are connected and cumulative; biases may be overlapping or unique depending on identity.

Race intersects and impacts every system.

Structural Racism refers to the “Totality of ways in which societies foster racial discrimination through mutually reinforcing systems of housing, education, employment, earnings, benefits, credit, media, health care, and criminal justice.”

## Diversity, Equity, Inclusion (DEI)

### DIVERSITY:

Having a representative number of People of Color in your workforce is critical, but not enough.

*Slide sources: [https://www.racialequityhere.org](https://www.racialequityhere.org); [https://www.racialequityalliance.org](https://www.racialequityalliance.org); [https://www.raceforward.org](https://www.raceforward.org)*
RACIAL EQUITY:
Racial equity is about policies and practices that drive outcomes.

INCLUSION:

Inclusion centers People of Color as leaders and decision-makers in addition to ensuring diverse representation.

Racial equity means **closing the gaps** so that race can no longer predict one's success, while also improving outcomes for all.

To close the gaps, we **center Communities of Color** to target improvements for those most impacted by racial inequity, **moving beyond services to transform policies, institutions, and structures.**

*Slide sources: https://www.racialequityhere.org/;https://www.racialequityalliance.org; https://www.raceforward.org*
Reflection on Racial Equity

Workbook exercise 4

1. Given these definitions, how would you rate your organization as far as racial equity?

2. What practices within your organization seem equitable in terms of race? Which practices show gaps?

3. Who are the leaders in your organization? Who are the frontline staff? How does that match your client/patient population?
Myths about Race and Racism

“Race is biological”

“I don’t see color”

“It’s poverty, not race”

Link to video: https://www.youtube.com/watch?v=uQkJnLSPf5k

Workbook exercise 5

1. Of these myths about race 1) race is biological 2) colorblindness 3) it’s poverty not race), which one do you think is most challenging in the context of our work in substance use services and why?

Pause video to reflect.
Racial Microaggressions

“You’re so articulate.”

“You should meet my friend. She/he is black also.”

“My (black female) boss is crazy; always angry.”

“Where are you actually from?”

“I succeeded because I worked hard and did not rely on handouts.”

“Your name is hard to pronounce.”

“Oh sorry, I thought you were the admin assistant.”

“We are all one race; the human race.”

“Is that your real hair.”

“Why do you wear that? (e.g., hijab)”

“Everything is so PC these days; we can’t even joke.”
Addressing Microaggressions

**Individually**
1. Recognize microaggressions.
2. Become aware of your own biases and challenge these beliefs.
3. Create a cohort and encourage “call-out” accountability.

**Organizationally**
1. Commitment to educate on microaggressions.
2. Create a culture/safe space for all staff (to challenge (without repercussions).
3. Enforce strict anti-racism policies.
Pause and Reflect

✧ How is this resonating with you?
✧ What questions does this leave you with?
✧ What can you do right now individually to address race and racism?
✧ What is needed within your organization to build capacity around racial equity? What role can you play?
Together we can make a difference!

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