

Equity & SUD Treatment & Health Outcomes

ATSH Learning Collaborative
Learning Session 3

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Agenda

Overview of terminology

Review of SUD health disparities

Application to self & clinical practice

Differences in health outcomes. Often barriers embedded in health care systems. Differences in access to and use of care, quality of care, insurance coverage. Driven in large part by systems (e.g., racism, stigma, prejudice, discrimination, historical traumas)

Everyone has a "fair and just opportunity to be as healthy as possible." Involves removing and eliminating obstacles to health (e.g., poverty, discrimination, powerlessness, lack of good jobs with fair pay, quality education/housing, safe environments, health) that lead to health disparities. Both a process and a goal

Disparities

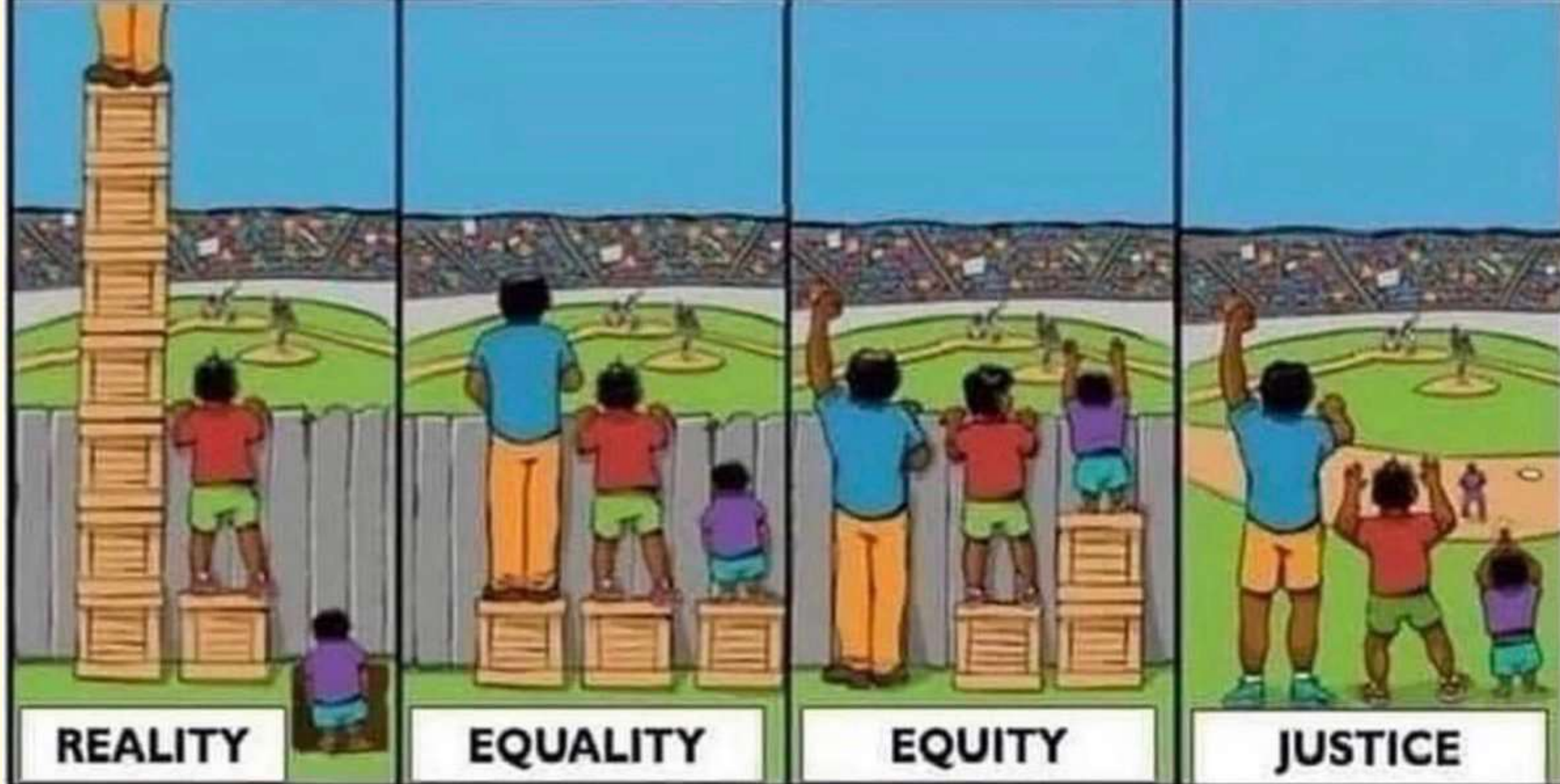
Equity

Equality

**Social
Determinants**

Ensuring that everyone has equal access to certain resources (e.g., health services)

Nonmedical factors such as employment, income, housing, transportation, childcare, education, discrimination, and the quality of the places where we live, work, learn, and play, which influence health



One gets **more than** is needed, while the other gets **less than** is needed. Thus, a huge disparity is created.

The assumption is that **everyone** benefits from the same supports. This is considered to be equal treatment.

Everyone gets the support they need, which produces equity.

All 3 can see the game without supports or accommodations because the cause(s) of the inequity was addressed. The systemic barrier has been removed.

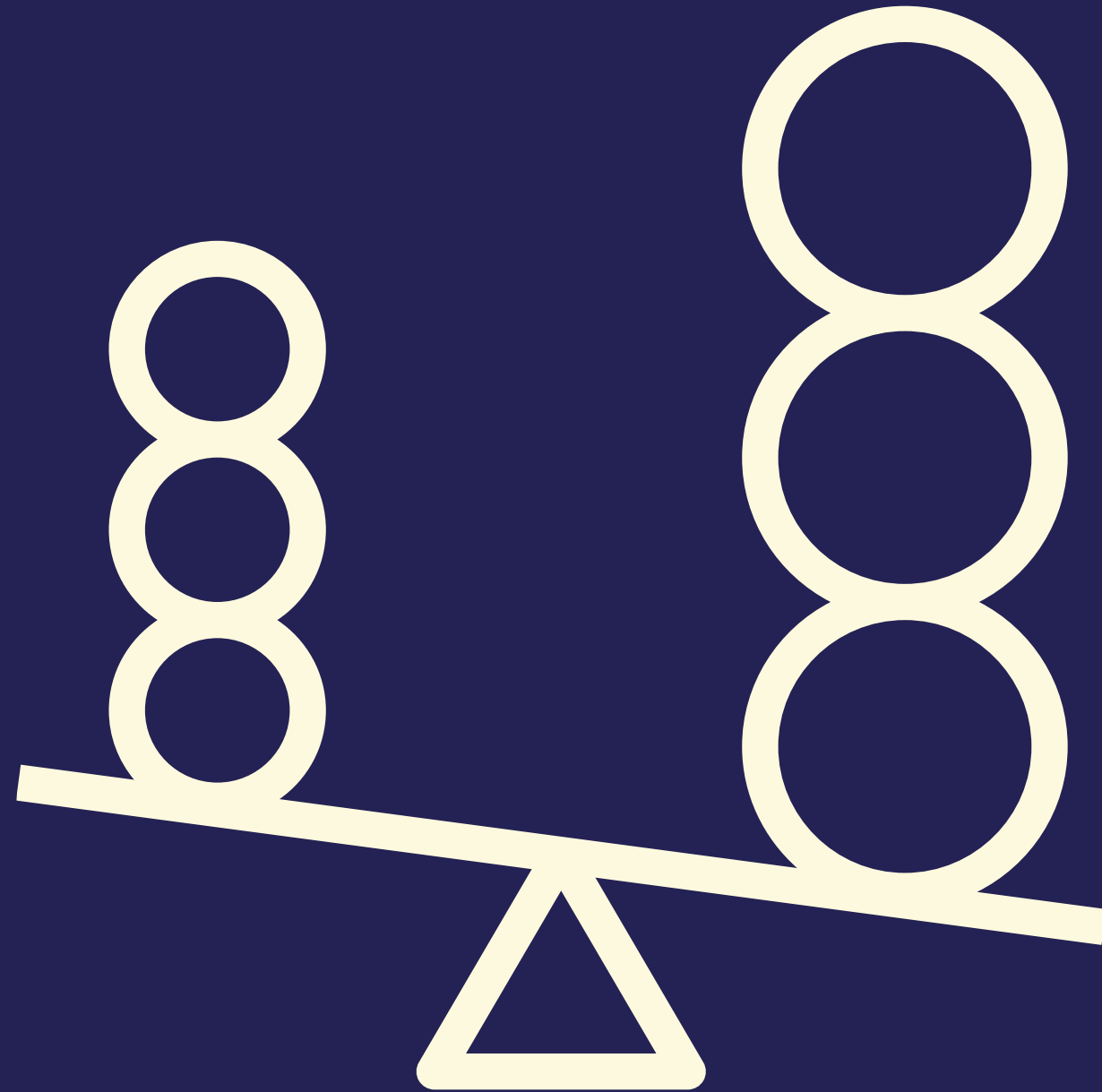


Figure 2

Social and Economic Factors Drive Health Outcomes

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Racism and Discrimination					
Employment Income Expenses Debt Medical bills Support	Housing Transportation Safety Parks Playgrounds Walkability Zip code / geography	Literacy Language Early childhood education Vocational training Higher education	Food security Access to healthy options	Social integration Support systems Community engagement Stress Exposure to violence/trauma	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

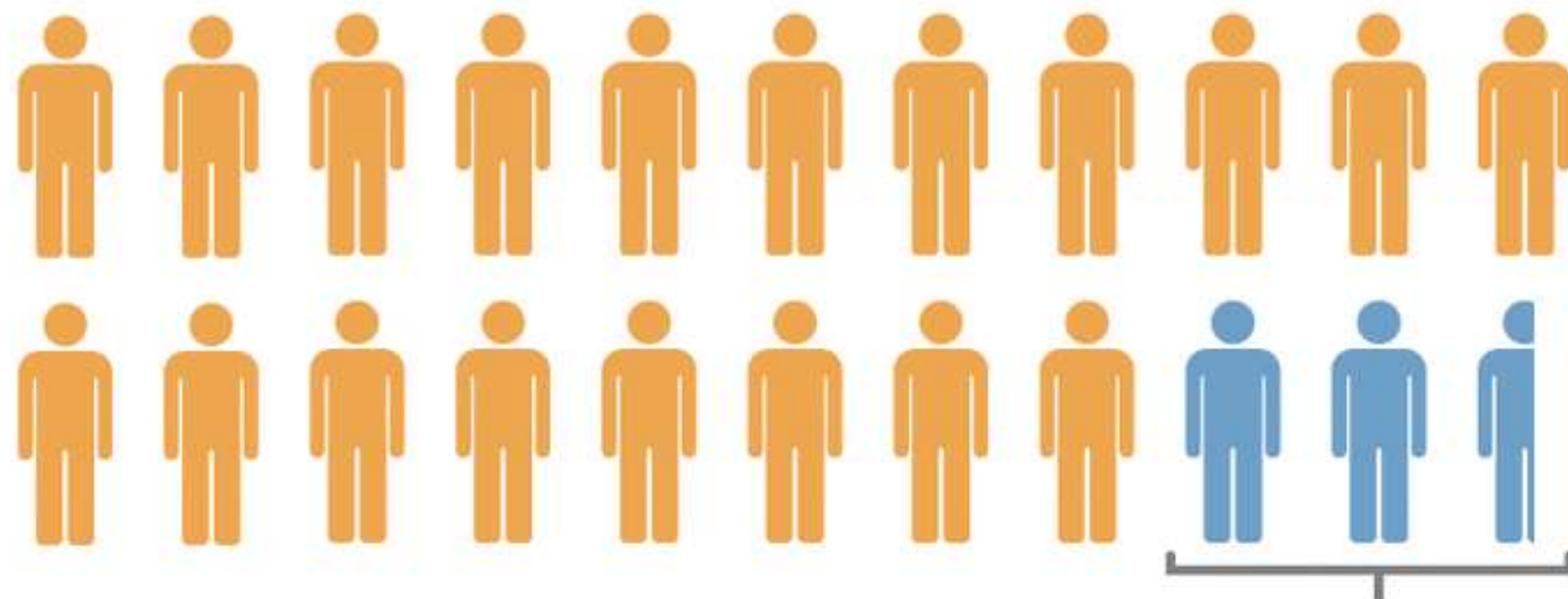


SUD Health Disparities

Most Who Need Treatment for Substance Use Disorders Don't Receive Any

1 million people

In 2019, 21.6 million people needed treatment...



but just 2.6 million received any.

Medication

Methadone is the most stigmatized medication for OUD

POC more likely to be treated with methadone

40% of people on methadone stop within one year

Legal

Criminalization of drug use; The War on Drugs

POC more likely to be prosecuted for drug-related crimes

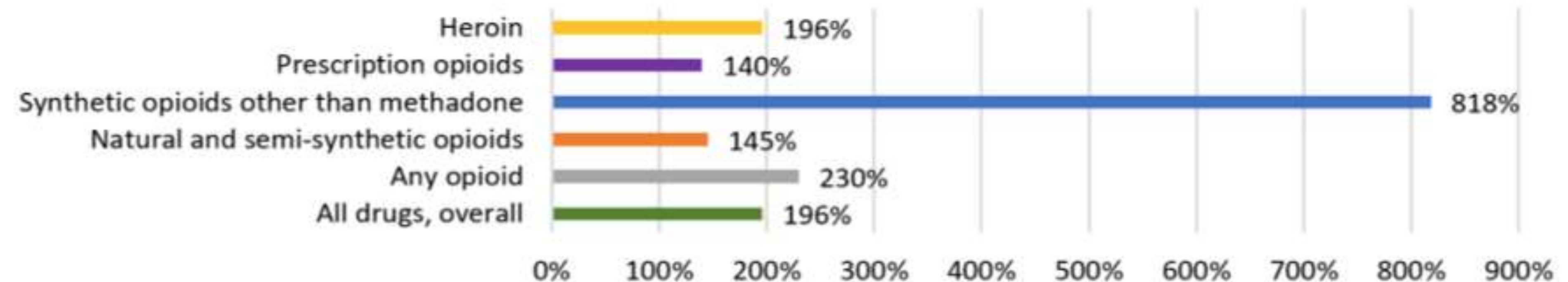
POC more likely to avoid SUD treatment out of fear that provider will report drug use to legal entities

Insurance

POC 2x as likely to have Medicaid compared to white people

SUD treatment facilities that accept Medicaid are few and far between

Figure 1. Percent Increase from 2014 to 2017 in overdose death rates by drug among the non-Hispanic Black population in the United States,
data from CDC National Vital Statistics System



Mortality

White individuals most likely to die from OUD in US (27.5 per 100,000)

Native Americans 7x more likely to die than white Americans (25.7 per 100,000)

Black Americans 2x more likely to die than white Americans (20.6 per 100,000)

Special Populations

People experiencing homelessness less likely to receive outpatient SUD treatment

Black non-Hispanic women and Hispanic women less likely than white non-Hispanic women to receive any *medication for OUD*; *more likely to receive methadone when they did receive medication*

Additional Disparities

Northeastern states have more SUD treatment resources compared to southern states--consider racial differences

Black and Hispanic individuals less likely to receive SUD treatment within 90 days of discharge from hospital following overdose**

Siddiqui, N., & Urman, R. D. (2022). Opioid use disorder and racial/ethnic disparities: Prevention and management

**Kilaru, A. S., Xiong, A., & Lowenstein, M. (2020). Incidence of treatment for opioid use disorder following nonfatal overdose in commercially insured patients. .

What explains these disparities?

Stigma	Stereotypes	History	Transportation	Access to care
Racism	Gaps in Knowledge	Geography	Employment	Cultural beliefs
Discrimination	Policies	Lack of culturally responsive care	Poverty	Unequal criminalization
Implicit Bias	Laws	Insurance status	Education	Negative representations

**Treatment is
separate and
unequal**



What do we do?

Start with you



Examine biases, gaps in training, competence, cultural fluidity

Recognize the role of structural racism

Advocate for patients

Use person-first language

Examine the ways you have identified and removed fence posts and/or placed fence posts

What is 1 thing you commit to doing differently to reduce disparities and promote equity in your work?

Questions?

If I don't get a chance to address your questions or comments today,
please contact me:



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