Equity & SUD
Treatment & Health Outcomes

ATSH Learning Collaborative
Learning Session 3
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Cherokee Health Systems
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.

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.

https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html
REALITY

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

EQUALITY

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

EQUITY

Everyone gets the support they need, which produces equity.

JUSTICE

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.
Affordable, safe, quality housing
Access to parks and natural resources
Equity in County practices
Access to affordable, healthy, local food
Equitable law and justice system
Community and public safety
Access to health and human services
Quality education
Healthy built and natural environments
Family wage jobs and job training
Early childhood development
Economic development
Strong, vibrant neighborhoods
Access to safe and efficient transportation
### Social and Economic Factors Drive Health Outcomes

<table>
<thead>
<tr>
<th>Economic Stability</th>
<th>Neighborhood and Physical Environment</th>
<th>Education</th>
<th>Food</th>
<th>Community and Social Context</th>
<th>Health Care System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>Housing</td>
<td>Literacy</td>
<td>Food security</td>
<td>Social integration</td>
<td>Health coverage</td>
</tr>
<tr>
<td>Income</td>
<td>Transportation</td>
<td>Language</td>
<td>Access to healthy options</td>
<td>Support systems</td>
<td>Provider availability</td>
</tr>
<tr>
<td>Expenses</td>
<td>Safety</td>
<td>Early childhood education</td>
<td>Stress</td>
<td>Community engagement</td>
<td>Provider linguistic and cultural competency</td>
</tr>
<tr>
<td>Debt</td>
<td>Parks</td>
<td>Vocational training</td>
<td>Exposure to violence/trauma</td>
<td>Stress</td>
<td>Quality of care</td>
</tr>
<tr>
<td>Medical bills</td>
<td>Playgrounds</td>
<td>Higher education</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Support</td>
<td>Walkability</td>
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<tr>
<td></td>
<td>Zip code / geography</td>
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</tbody>
</table>

**Racism and Discrimination**

- Social integration
- Support systems
- Community engagement
- Stress
- Exposure to violence/trauma

**Health Outcomes**

- Mortality
- Morbidity
- Life Expectancy
- Health Care Expenditures
- Health Status
- Functional Limitations

**KFF**

Henry J. Kaiser Family Foundation
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.
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

Andraka-Christou, B. (2021). Addressing racial and ethnic disparities in the use of medications for opioid use disorder
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

Andraka-Christou, B. (2021). Addressing racial and ethnic disparities in the use of medications for opioid use disorder
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)

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*

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.


What explains these disparities?

<table>
<thead>
<tr>
<th>Stigma</th>
<th>Stereotypes</th>
<th>History</th>
<th>Transportation</th>
<th>Access to care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Racism</td>
<td>Gaps in Knowledge</td>
<td>Geography</td>
<td>Employment</td>
<td>Cultural beliefs</td>
</tr>
<tr>
<td>Discrimination</td>
<td>Policies</td>
<td>Lack of culturally responsive care</td>
<td>Poverty</td>
<td>Unequal criminalization</td>
</tr>
<tr>
<td>Implicit Bias</td>
<td>Laws</td>
<td>Insurance status</td>
<td>Education</td>
<td>Negative representations</td>
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</table>

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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