The Webinar will begin promptly at 11:00am

Due to the number of participants, you will be automatically placed on mute as you join to ensure good quality sound. If you would like to comment or ask a question, please use the "chat feature"

Send your questions to the host via the chat window in the Zoom meeting.

Q+A will open at the end of the presentation.

Follow-up questions?

Contact

Elaine Henry
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ADDRESSING HEALTH EQUITY AND PROVIDING CULTURALLY AND LINGUISTICALLY EFFECTIVE SERVICES

HMA ICTA INTEGRATED CARE TECHNICAL ASSISTANCE

PRESENTED BY:
Kima Taylor, MD, MPH

Thursday,
April 15, 2021
11:00am – 12:00pm EST

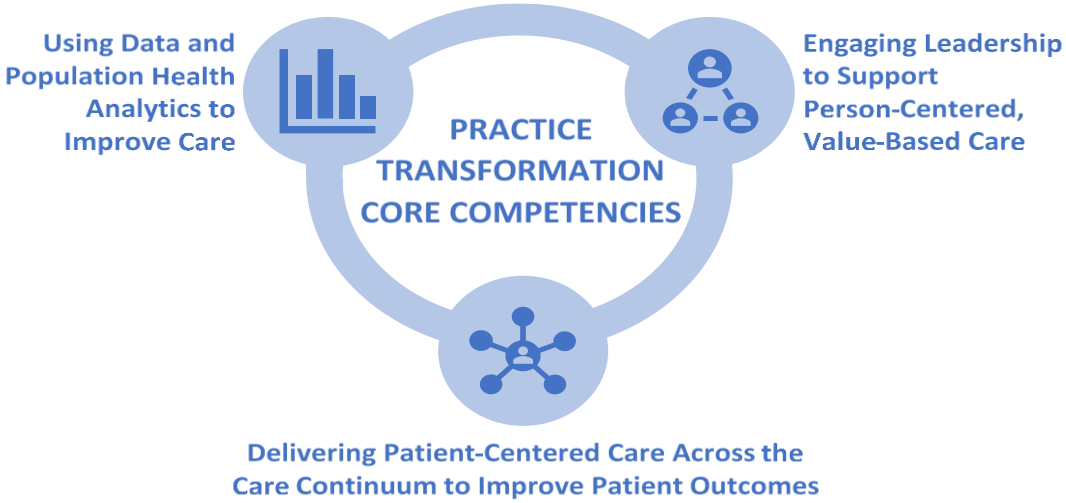
The Integrated Care Technical Assistance Program (ICTA) is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH). This project is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $4,616,075.00 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, or an endorsement by, CMS/HHS, or the U.S. Government.

WHAT IS THE ICTA PROGRAM?

- The Integrated Care Technical Assistance Program (ICTA) is a five-year program aimed to enhance Medicaid providers' capacity and core competencies to deliver whole person care for physical, behavioral health, SUD and social needs of beneficiaries.

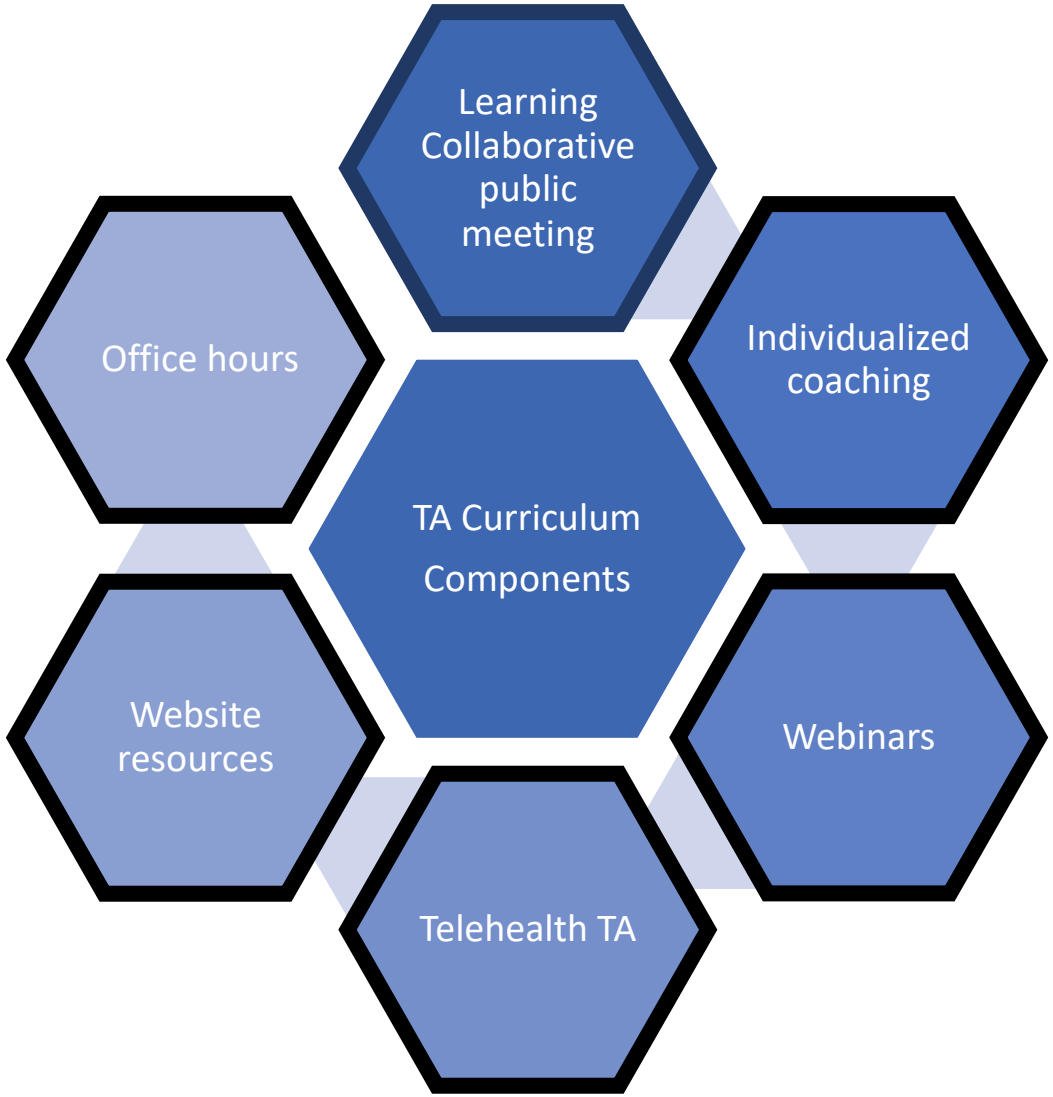
- The ICTA Program is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH). Health Management Associates will provide the training and technical assistance.

The goal is to improve care and Medicaid beneficiary outcomes within three practice transformation core competencies:



ICTA TECHNICAL ASSISTANCE

- The program offers several components of coaching and training. Material is presented in various formats. The content is created and delivered by HMA subject matter experts with provider spotlights.
- All material is available on the project website: Integratedcaredc.com
- Educational credit is offered at no cost to attendees for select elements.



PRESENTER

Kima Taylor, MD, MPH
TA Coach/SME
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DISCLOSURES

Faculty	Nature of Commercial Interest
Kima Taylor, MD, MPH	Dr. Taylor discloses that she is an employee of Anka Consulting Firm, LLC. She discloses that she is a subcontractor for the Foundation for Opioid Response Efforts.
Elizabeth Wolff, MD, MPA CME Reviewer	Dr. Wolff discloses that she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of healthcare clients.

AGENDA

Addressing Health Equity and Providing Culturally and Linguistically Effective Services

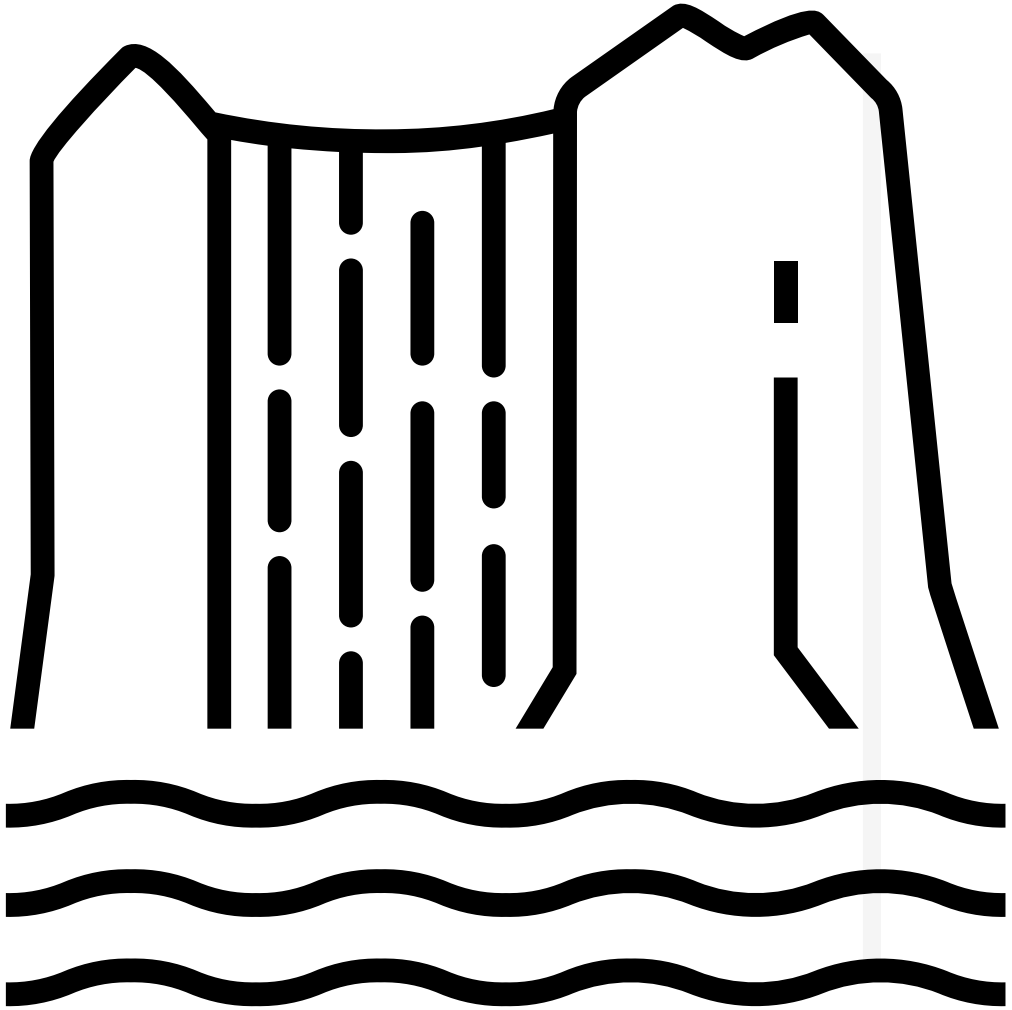
- How history fueled and created our current inequitable system
- How to define health equity within substance use field
- How to build trust and implement culturally and linguistically relevant and effective care as one step towards equity
- Closing Remarks/Q&A

OBJECTIVES

- Explain how the past racialized history of our drug responses led to past and current inequities
- Identify policies that perpetuate inequities
- Explain the concept of health equity within the substance use and integrated health service domains.
- Define Culturally and Linguistically Effective Services
- Identify resources to learn more about culturally and linguistically effective services
- Define ways the provision of these services can lead to improved outcomes and is a step towards equity

Image permitted by DC Department of Health Care Finance

CHATTERFALL



- What are some past policies/laws/practices that lead to inequities in the substance use realm?
  - Wait to press enter

HISTORY

HMA ICTA INTEGRATED CARE TECHNICAL ASSISTANCE

Those who cannot remember the past are condemned to repeat it

George Santayana

HISTORY

- As far back as the late 1800's, San Francisco passed the Opium Den Ordinance; the law was aimed at opium smokers of Chinese descent in response to increasing hostility, racism and violence towards Chinese residents that were accused of taking white people's jobs.
  - https://www.theguardian.com/commentisfree/2016/mar/15/long-opiate-use-history-america-latest-epidemic
- In the early 1900's states began passing marijuana prohibition laws as a means to keep a growing Mexican population out of the labor market.
  - https://www.aclu.org/other/race-war-drugs

HISTORY OF RACE AND SUBSTANCE USE

- There have been many substance use crises throughout US history
- Opioid crises-late 1800's, civil war, Vietnam era
- Cocaine early 1900's, Amphetamines 1950's, Cocaine/crack 1980's
- Methamphetamines-Early 2000's
- However, no substance use health or social based system

HISTORY

During a 1994 interview, President Nixon's domestic policy chief, John Ehrlichman, provided inside information suggesting that the War on Drugs campaign had ulterior motives, which mainly involved helping Nixon keep his job.

In the interview, conducted by journalist Dan Baum and published in Harper magazine, Ehrlichman explained that the Nixon campaign had two enemies: "the antiwar left and black people." His comments led many to question Nixon's intentions in advocating for drug reform and whether racism played a role.

Ehrlichman was quoted as saying: "We knew we couldn't make it illegal to be either against the war or black, but by getting the public to associate the hippies with marijuana and blacks with heroin, and then criminalizing both heavily, we could disrupt those communities. We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news. Did we know we were lying about the drugs? Of course, we did.""

https://www.history.com/topics/the-war-on-drugs

WAR ON DRUGS

- The frame led to a “War on Drugs” that had dramatic disproportionate effects on communities of color; we, as a society, chose not to build a culturally and linguistically effective substance use system despite the myriad crises that had been documented

WAR ON DRUGS

- Disproportionate arrest, sentencing and justice contact
  - https://www.hrw.org/news/2009/06/19/race-drugs-and-law-enforcement-united-states#_B._Incarceration
- Disproportionate child removal
  - https://static1.squarespace.com/static/5be5ed0fd274cb7c8a5d0cba/t/5eead939ca509d4e36a89277/1592449422870/MFP+Drug+War+Foster+System+Report.pdf
- Disproportionate community impacts
  - https://www.forbes.com/sites/erikkain/2011/06/28/the-war-on-drugs-is-a-war-on-minorities-and-the-poor/?sh=336f8b0f624c
- Left ourselves wide open for horrible effects for yet another SU crisis-even when it was to affect white people

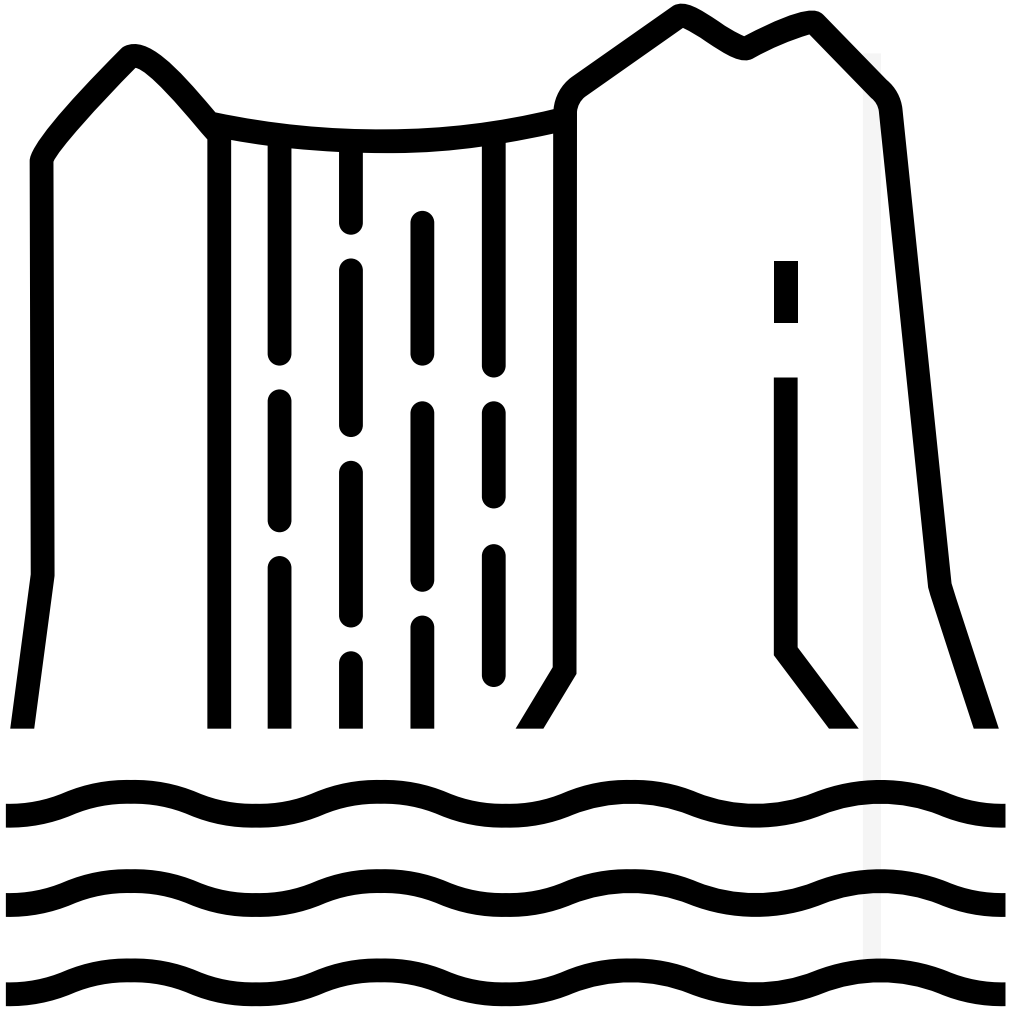
LEARNING FROM THE PAST

- Even with all that history, not only did we overprescribe, but even more important we did not and still do not screen for substance use nor do we willingly provide access to a culturally and linguistically continuum of evidence informed harm reduction services
- Even with overprescribing, had we been screening and serving clients on an integrated basis, could we have landed in a different place with the current crisis?

WHAT CAN HISTORY TEACH US ABOUT TODAY

- Our past responses have repeatedly been inadequate-stepwise, racist, moral instead of comprehensive, healing caring or kind
- Policymakers, funding etc. ignored data and research; elevated false research for political, racial, other purposes
- Demonize/Criminalize some patients and sympathize with others
- However, no substance use health or social based system
- If we used a health, not race based or punitive lens might more people of all colors be alive today?

CHATTERFALL



- What does health equity in the substance use field mean to you?
  - Wait to press enter

HEALTH EQUITY

- “Health equity means that everyone has a fair and just opportunity to be healthier. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”
  - What is Health Equity? A Definition and Discussion Guide - RWJF

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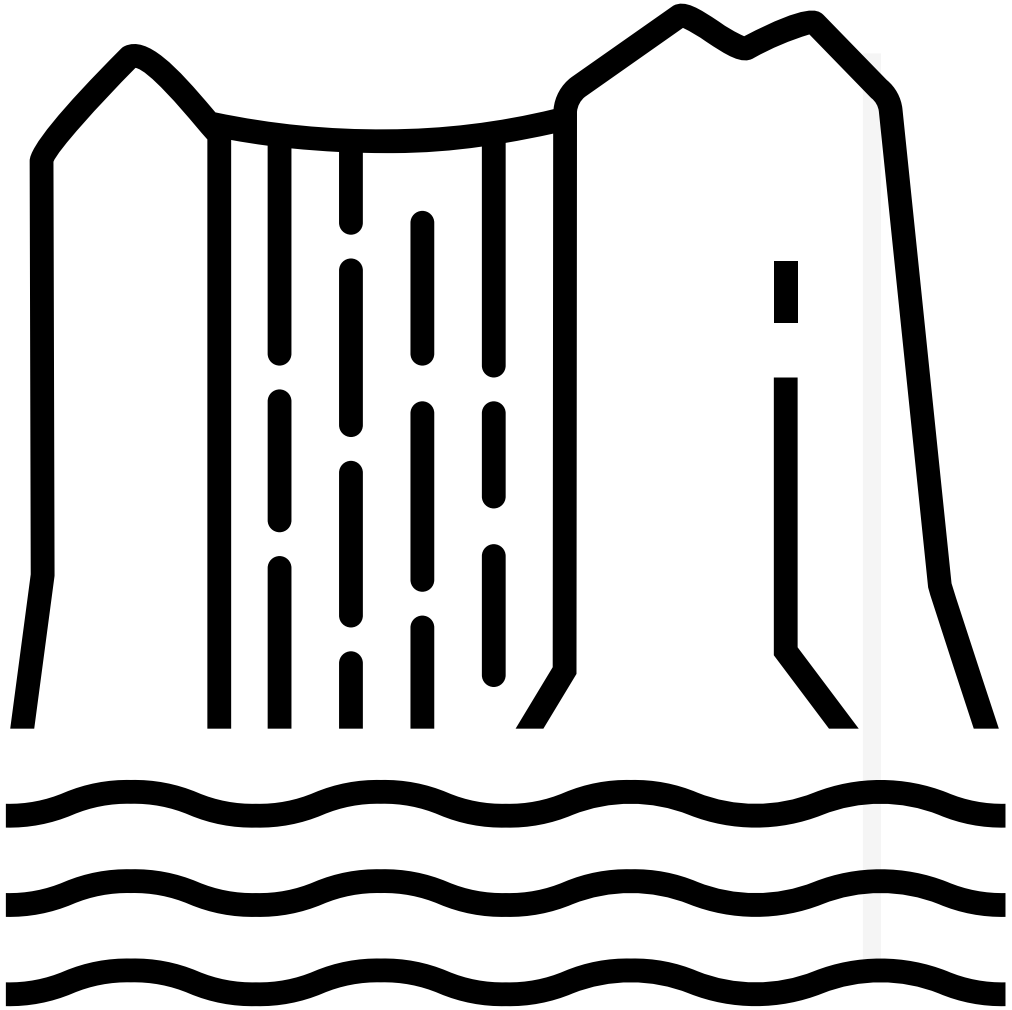

- What are some ways we can move closer to health equity and justice on the substance use field?
  - Wait to press enter

CULTURAL AND LINGUISTICALLY EFFECTIVE/RELEVANT CARE

- Cultural Competence
  - Cultural Competence is the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services; thereby producing better outcomes.
  - https://npin.cdc.gov/pages/cultural-competence#what
- Cultural Humility
  - Cultural humility is a lifelong process of self-reflection and self-critique whereby the individual not only learns about another's culture, but one starts with an examination of her/his own beliefs and cultural identities
    - https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3834043/#R31
    - https://melanietervalon.com/wp-content/uploads/2013/08/CulturalHumility_Tervalon-and-Murray-Garcia-Article.pdf

CULTURAL AND LINGUISTICALLY EFFECTIVE/RELEVANT CARE

Culturally Effective Care

- The American Academy of Pediatrics (AAP) defines culturally effective care as "the delivery of care within the context of appropriate physician knowledge, understanding, and appreciation of cultural distinctions leading to optimal health outcomes
  - https://www.aap.org/en-us/professional-resources/practice-transformation/managing-patients/Pages/effective-care.aspx#:~:text=The%20American%20Academy%20of%20Pediatrics,leading%20to%20optimal%20health%20outcomes

RELATION TO SUBSTANCE USE SERVICES

- Culturally and Linguistically Appropriate Services (CLAS) Standards
  - "The National CLAS Standards are a set of 15 action steps intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services."
  - https://thinkculturalhealth.hhs.gov/clas
- WA State Health Care Authority Retention Toolkit Chapter- has resources
  - https://adai.uw.edu/retentiontoolkit/culturalcompetence.htm
- Cultural and Structural Competence to Improve Treatment Engagement for Substance Use Disorders
  - https://opioidpreventionandtreatment.ucsf.edu/sites/g/files/tkssra506/f/wysiwyg/C%26S_Competence_One-Pager_FINAL.pdf

RELATION TO SUBSTANCE USE SERVICES

- AHRQ Improving Cultural Competence to Reduce Health Disparities for Priority Populations
  - https://effectivehealthcare.ahrq.gov/products/cultural-competence/research-protocol
- TIP 59 Improving Cultural Competence
  - https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4849.pdf
- Protocol for Responding and Assessing Patients' Assets, Risks and Experiences (PRAPARE)
  - https://aapcho.org/focusareas/prapare/

LEVERS AND TOOLS FOR CHANGES

- Federal
- State
- Local
- Clinic

- Regulations
- Legislation
- Incentivized, Blended, Bundled, Pilot Funding
- Waivers
- Data Collection, Disaggregation, Analysis

PARTNER TO DEFINE NEEDS/AIMS/DESIRED OUTCOMES

- Cultural Humility
- Community Engagement
  - Who are you serving? Do you know the breath? Have you talked with them
- Diversify staff along all intersections
- Provide translation services –in person when possible
- Partner with culturally and linguistically effective CBO's

GROUP DISCUSSION

What are some ways your work embodies culturally and linguistically effective care?

Where do you need partnerships or more support to increase access to culturally and linguistically effective services?

THREE TALKING POINTS

- We must learn from the past to improve the future
- Health Equity must be centered to provide equitable and holistic population and patient centered improved outcomes
- We can use the tools we have and create new ones to move systems that will allow for better outcomes on individual family and community levels

Q&A

CONTACT US

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EVALUATION POLLING QUESTION

As a result of this webinar, I understand:

a. How history fueled and created our current inequitable system
b. How to define health equity within SU
c. Ways to implement culturally and linguistically relevant and effective care

WRAP UP AND NEXT STEPS

- Please complete the online evaluation! **If you would like to receive CME credit, the evaluation will need to be completed.** You will receive a link to the evaluation shortly after this webinar**.**

- The webinar recording will be available within a few days at: https://www.integratedcaredc.com/learning/

TA Office Hour:

- Tuesday, April 20, 2021, 11:00am – 12:00pm EST with Kima Taylor, MD, MPH

*The Zoom link for this webinar will provide you access to the TA Office Hour

- **Upcoming Webinar/TA Office Hour:**
  - *Addressing Comorbidities and Enhancing Access to Care through Low Barrier and Harm Reduction Strategies,* Wednesday, May 12, 2021, 10-11am EST
  - TA Office Hour: Monday, May 17, 2021, 10:00-11:00am EST
- For more information about the DC Integrated Care Technical Assistance Program, please visit: https://www.integratedcaredc.com/