



# Health Inequities in American Indian & Alaska Native Communities

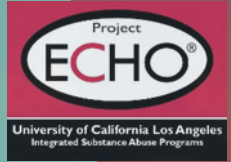
Tuesday, November 21, 2023



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# Indigenous Land Acknowledgement

- We respectfully acknowledge that we live and work in territories where Indigenous nations and Tribal groups are traditional stewards of the land.
- Please join us in supporting efforts to affirm Tribal sovereignty across what is now known as California and in displaying respect, honor and gratitude for all Indigenous people.


## Whose land are you on?

Option 1: Text your zip code to 1-855-917-5263

Option 2: Enter your location at <https://native-land.ca>

Option 3: Access Native Land website via QR Code:





**What we say and how we say it inspires the hope and belief that recovery is possible for everyone.**

**Affirming, respectful, and culturally-informed language promotes evidence-based care.**

**PEOPLE FIRST**

**Language Matters**

*in treatment, in conversation, in connection.*



Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration



# Celebrating Tribal Sovereignty and Identity

2023  
National Native  
American Heritage Month



# National Native American Heritage Month 2023



Image Credit: SAMO Dancer NPS Photo by Connor L'Ecuyer

<https://www.nativeamericanheritagemonth.gov/>

Transgender Day  
of Remembrance  
November 20<sup>th</sup>





# Disclosures

There are no relevant financial relationships with ACCME-defined commercial interests for anyone who was in control of the content of this activity.

# DISCUSSION ROADMAP



DEI FOCUSED MANDATES FOR CME EDUCATION – A TRAJECTORY



RECENT LEGISLATION CHANGES EXPANDED DEI FOCUSED MANDATES FOR CME EDUCATION



WHY IS IT IMPORTANT



SAMPLE OF DEI COMPENDIUM OF SLIDES FOR ISAP STANDARD CURRICULUM



# DEI and CME Education

**AB-1195 Continuing education:  
cultural and linguistic competency**

**2005–2006**

**2006**

The intent of the Legislature was to encourage physicians and surgeons, continuing medical education providers located in this state, and the Accreditation Council for Continuing Medical Education to meet the cultural and linguistic concerns of a diverse patient population through appropriate professional development.

# DEI and CME Education---LEGISLATIVE UPDATES

**AB-241 Implicit bias:  
continuing education requirements**

**2019–2020**

**1 Jan. 2022**

As of January 1, 2022, all continuing education courses for physicians must contain specified instruction in the understanding of IMPLICIT BIAS and Cultural Linguistic Competency in medical treatment.

# If you have a brain, you have bias



- Bias is rooted in the brain
- Even with sustained effort, the brain can only catch 20% of bias in the moment.
- Easy to recognize bias in others, hard to recognize in yourself.

Source: Halvorson & Rock, 2015

# IMPLICIT BIAS

How implicit bias affects perceptions and treatment decisions of health providers leading to disparities in health outcomes

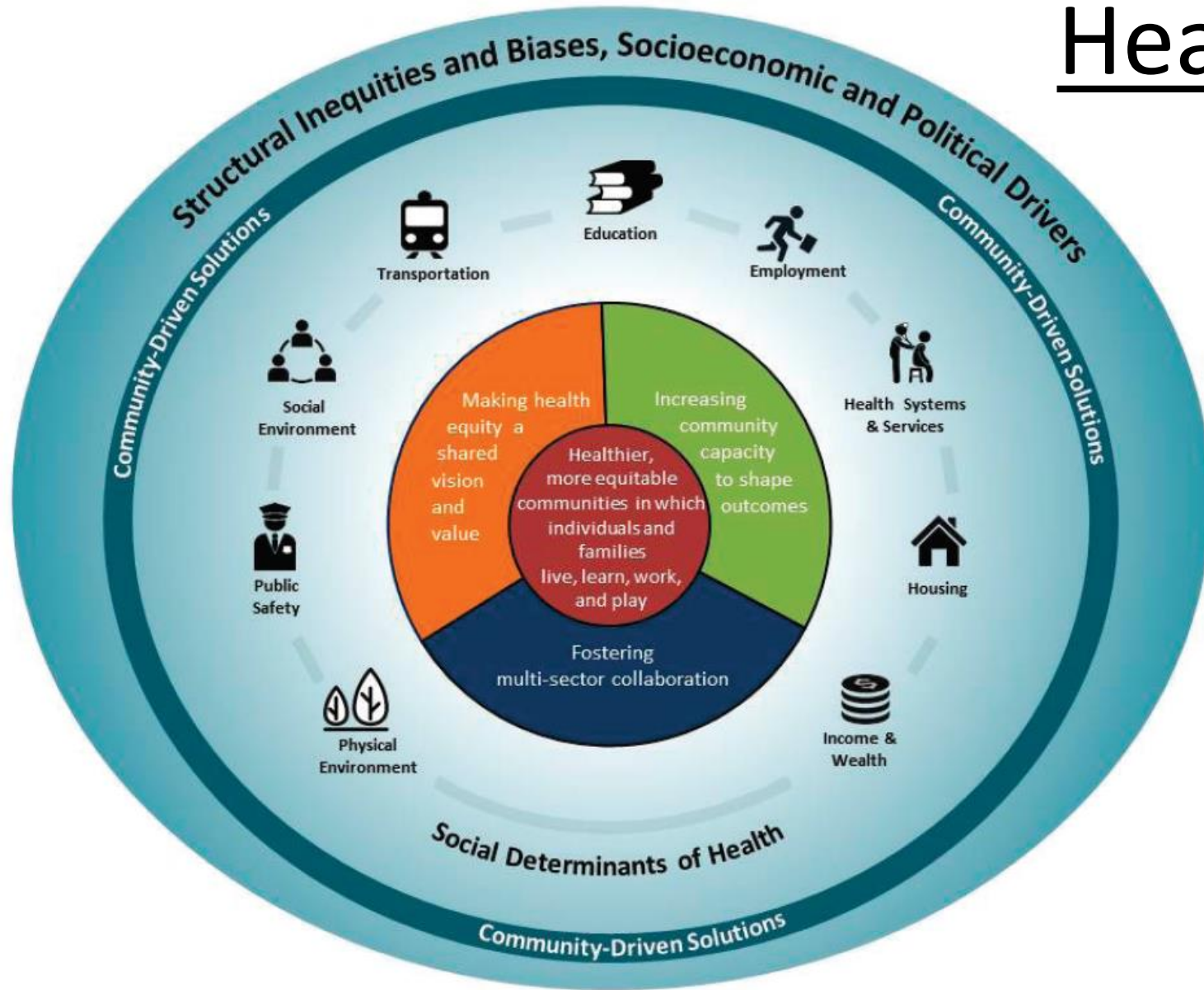


How unintended biases in decision-making may contribute to health care disparities by shaping behavior and producing differences in medical treatment along lines of

<b>Race</b>	<b>Ethnicity</b>	<b>Gender Identity</b>	<b>Sexual Orientation</b>	<b>Age</b>	<b>Socioeconomic Status</b>	<b>Other Characteristics</b>
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# Health Inequities



Health inequities arise when certain populations are made vulnerable to illness or disease, often through the **inequitable distribution of protections and supports.**

# WHY IS IT IMPORTANT

- IMPLICIT BIAS
  - Meaning the attitudes or internalized stereotypes that affect our perceptions, actions, and decisions in an unconscious manner, exists, and contributes to unequal treatment of people based on:
    - Race
    - Ethnicity
    - Gender identity
    - Sexual orientation
    - Age
    - Disability and other characteristics
- Implicit bias contributes to health disparities by affecting the behavior of healthcare providers.
- Evidence of racial and ethnic disparities in health care is remarkably consistent across a range of illnesses and health care services.

# **Health Inequities in the Native American & Alaska Native Community**



ResearchGate. (n.d.). ResearchGate. [https://www.researchgate.net/figure/Reclaiming-Indigenous-Data-Sovereignty-Through-Indigenous-Data-Governance-and\\_fig1\\_334311858/download?\\_tp=eyJjb250ZXh0Ijp7ImZpcnN0UGFnZSI6Il9kaXJlY3QiLCJwYXWdlIjoieX2RpcmVjdCJ9fQ](https://www.researchgate.net/figure/Reclaiming-Indigenous-Data-Sovereignty-Through-Indigenous-Data-Governance-and_fig1_334311858/download?_tp=eyJjb250ZXh0Ijp7ImZpcnN0UGFnZSI6Il9kaXJlY3QiLCJwYXWdlIjoieX2RpcmVjdCJ9fQ)



Effects of  
**historical trauma**  
on American Indian and Alaska Native health equity



The life expectancy  
for American Indians  
and Alaska Natives is

**5.5 years shorter**

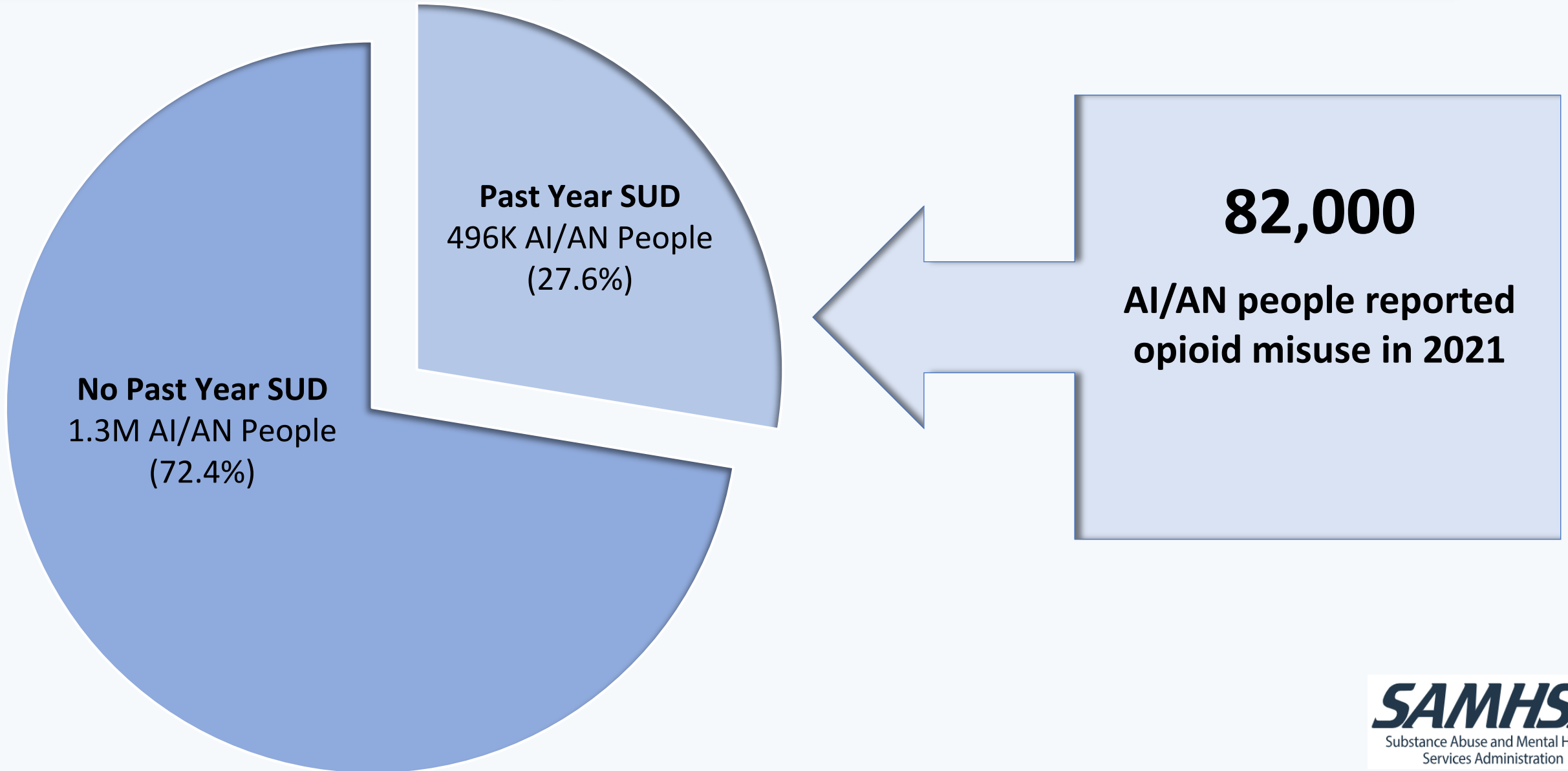
than the total  
U.S. population.

There is also a higher risk of:

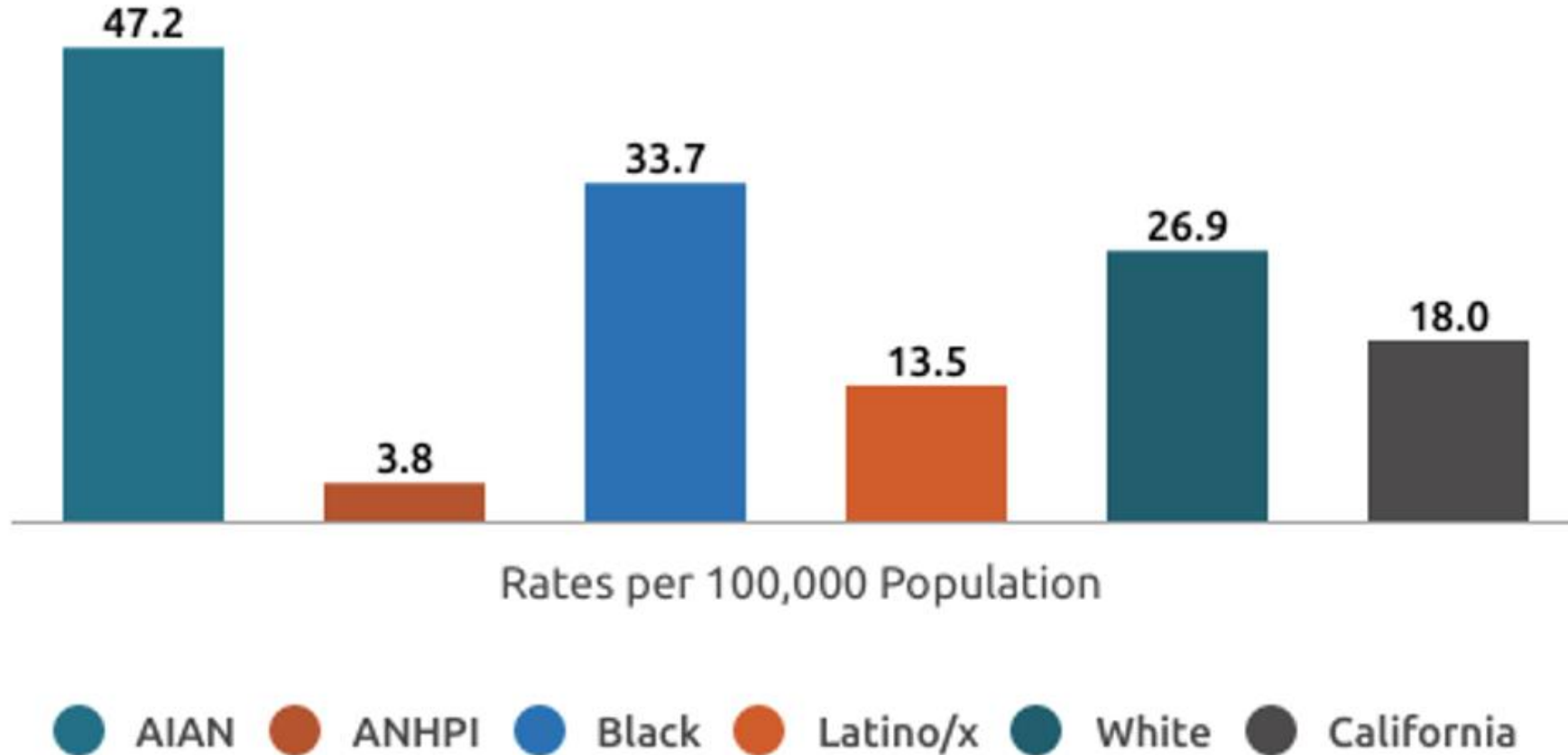
- psychiatric conditions
- suicide
- trauma
- substance use disorder
- cancer mortality
- diabetes

Sources: <https://www.ihs.gov/newsroom/factsheets/disparities> <https://www.ncbi.nlm.nih.gov/books/NBK570601>

# Past Year Opioid Misuse Among AI/AN People Aged 12 or Older



# California Opioid Overdose Deaths by Race/Ethnicity, 2021





# MEDICATIONS FOR OPIOID OVERDOSE, WITHDRAWAL, & ADDICTION

Medications for opioid **overdose**, **withdrawal**, and **addiction** are safe, effective, and save lives.

The National Institute on Drug Abuse supports research to develop new medicines and delivery systems to treat opioid use disorder and other substance use disorders, as well as other complications of substance use (including withdrawal and overdose), to help people choose treatments that are right for them.

Medications approved by the U.S. Food and Drug Administration for opioid addiction, overdose, and withdrawal work in various ways.

- ➔ **Opioid Receptor Agonist**  
Medications attach to opioid receptors in the brain to block withdrawal symptoms and cravings.
- ➔ **Opioid Receptor Partial Agonist**  
Medications attach to and partially activate opioid receptors in the brain to ease withdrawal symptoms and cravings.
- ➔ **Opioid Receptor Antagonist**  
Medications attach to and block activity of opioid receptors in the brain. Antagonist medications that treat substance use disorders do so by preventing euphoric effects (the high) of opioids and alcohol and by reducing cravings. Antagonist medications used to treat opioid overdoses do so by reversing dangerous drug effects like slowing or stopping breathing.
- ➔ **Adrenergic Receptor Agonist**  
A medication that attaches to and activates adrenergic receptors in the brain and helps alleviate withdrawal symptoms.

## REDUCES OPIOID USE AND CRAVINGS

### Methadone

Daily liquid or tablet



### Naltrexone

Monthly injection



### Buprenorphine

Daily tablet  
Weekly or monthly injection



### Buprenorphine/ Naloxone

Daily film under the tongue or tablet



## TREATS WITHDRAWAL SYMPTOMS

### Lofexidine

As-needed tablet



## REVERSES OVERDOSE

### Naloxone

Emergency nasal spray or injection



### Nalmefene

Emergency nasal spray or injection





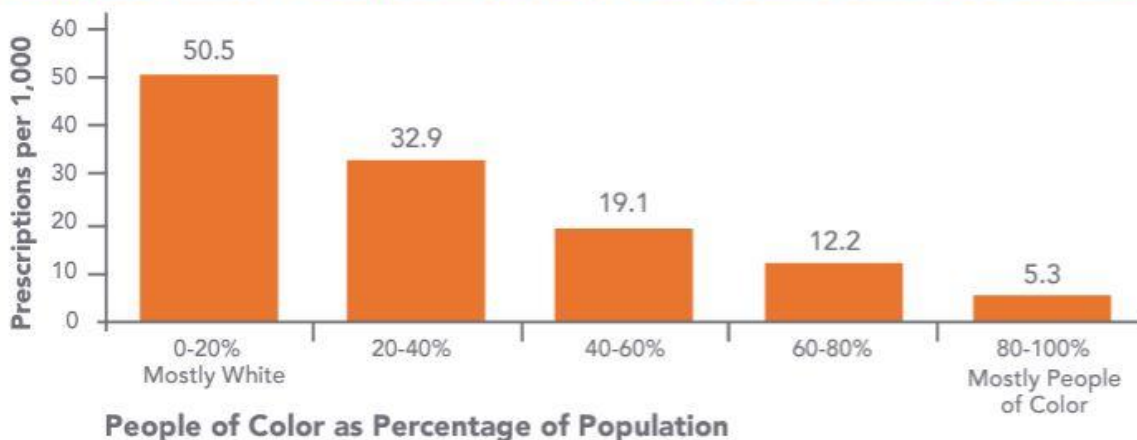
# Racial Disparities in Medication-Assisted Treatment

**Figure 1: California Overdose Deaths by Race**  
Age-Adjusted Rate per 100,000 Residents

Group	2018	2019	2020	% Increase 2018-2020
White	9.81	12.56	20.18	106%
Black	7.11	12.29	21.48	202%
Latinx	3.71	5.43	10.53	184%
Native	13.54	15.68	27.09	100%
API	1.00	1.37	2.88	188%

Source: California Overdose Surveillance Dashboard

**Buprenorphine Prescriptions by Zip Code Racial/Ethnic Distribution**

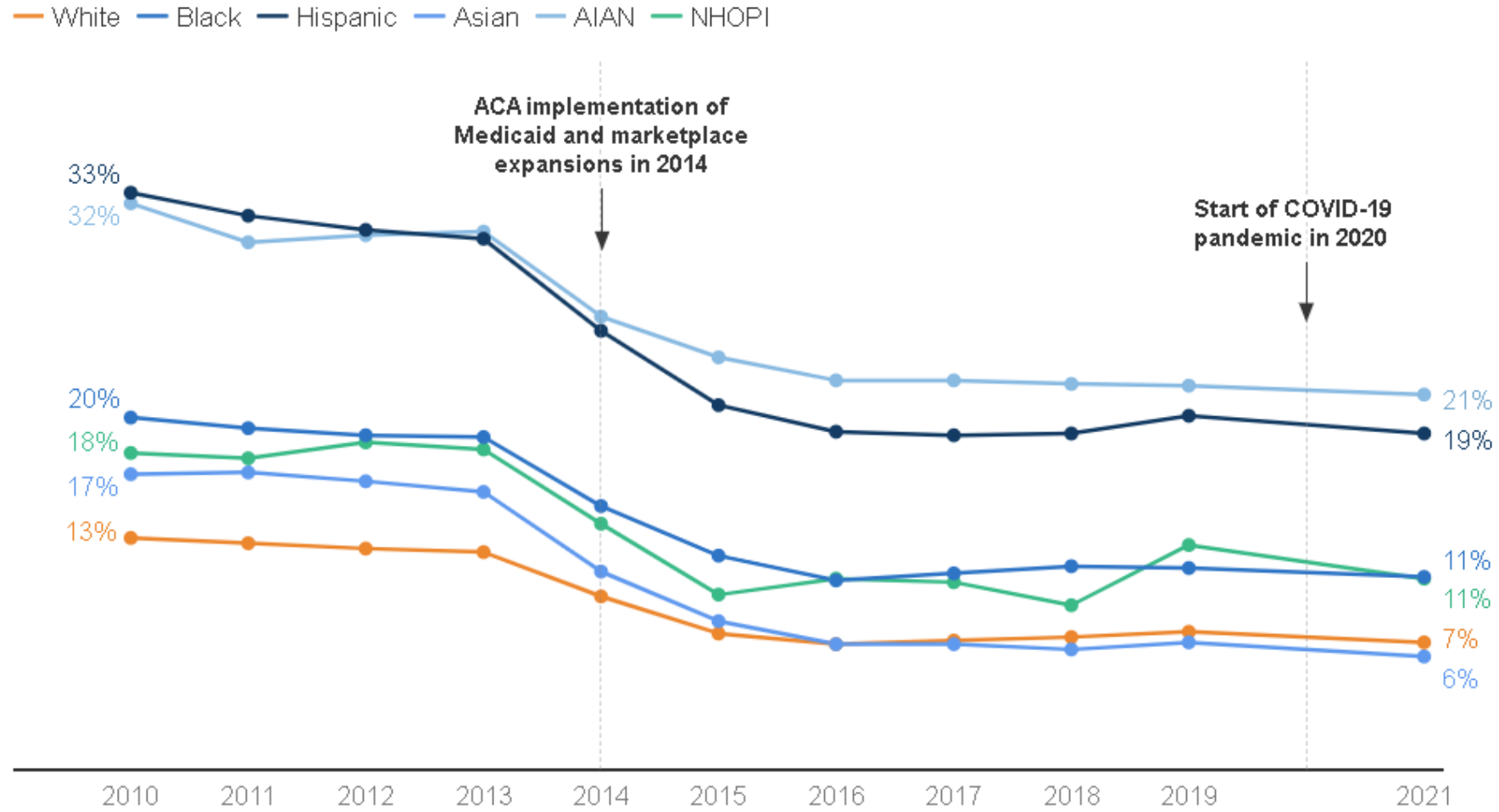


Source: CA Bridge – Racial Disparities in Access to Medication for Addiction Treatment

- Research shows a majority of patients who receive buprenorphine treatment are **White, have higher incomes and education levels, and have private insurance or self-pay** compared to patients receiving methadone treatment.
- Most methadone treatment programs are in BIPOC communities
- Patients on methadone face stigma, discrimination, and bias.

Ghoshal. M. (2021). How Race Affects Access to Opioid Use Disorder Medications. *Advances in Addiction & Recovery, Winter 2021.*

# Uninsured Rate Among the Nonelderly Population by Race/Ethnicity, 2010-2021



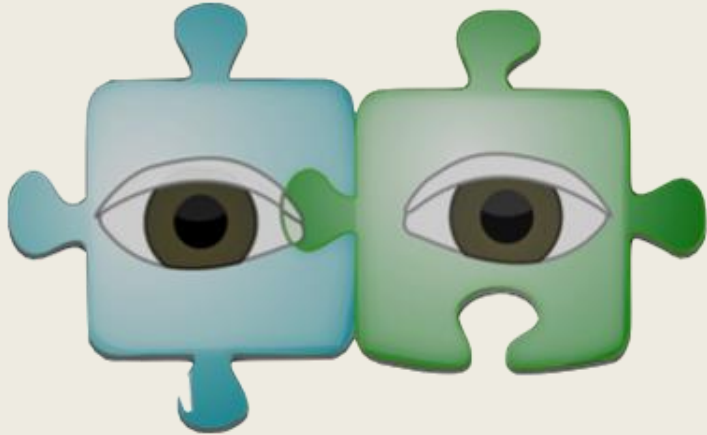
# Obstacles to Implementing MAT in AI/AN Communities

- Differences between AI/AN traditional healing and Western delivery of MAT
- Need to integrate MAT into AI/AN holistic healing
- Conflicts between AI/AN views of wellness and Western views of MAT outcomes
- Systemic barriers
- Improvements needed to MAT research in AI/AN community



# Addressing the MAT Disparity in the AI/AN Community

## “Two-Eyed Seeing” Approach



Learning to see from one eye with the strengths of Indigenous knowledges and ways of knowing, and from the other eye with the strengths of Western knowledges and ways of knowing ... and learning to use both these eyes together, for the benefit of all.

-Mi'kmaw Elder Albert Marshall



# On-Demand Course Catalog

Our Full Course Catalog includes training on a variety of topics. *Courses that offer CE/CME are noted.*

*SCAN FOR THE FULL COURSE CATALOG*







David Geffen School of Medicine

**Integrated Substance Abuse Programs**

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