Disadvantaged by Design

Deanna Wilson, MD, MPH University of Pennsylvania School of Medicine

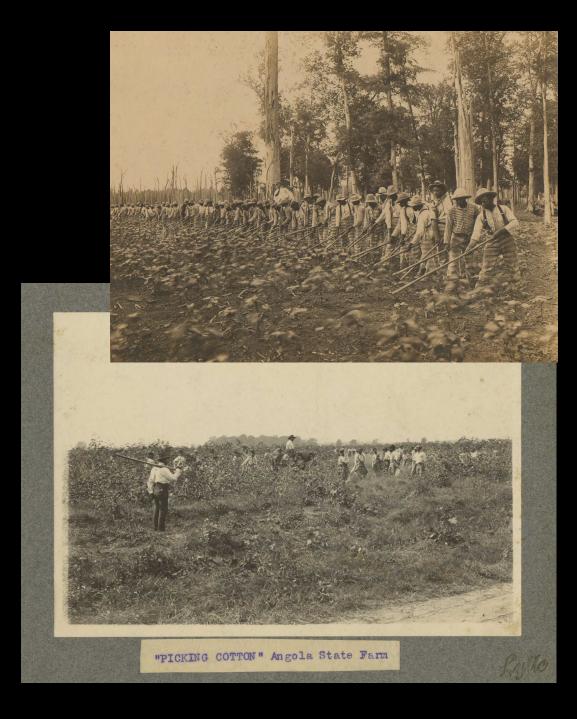
Objectives

Identify	Identify the origins of mass incarceration and the carceral system and understand how these propagate ongoing inequality in health, particularly among racially minoritized populations who use substances.
Describe	Describe the historical underpinnings of the War on Drugs and the impact of structural racism on communities today.
Use	Use the opioid epidemic as a case study for understanding racialized drug policy, treatment inequities, and the ongoing impact of racism, bias, and structural inequality on racially minoritized populations who use drugs
Define	Define strategies to address enduring disparities.

13th amendment

Abolished slavery..."except as punishment as crime."

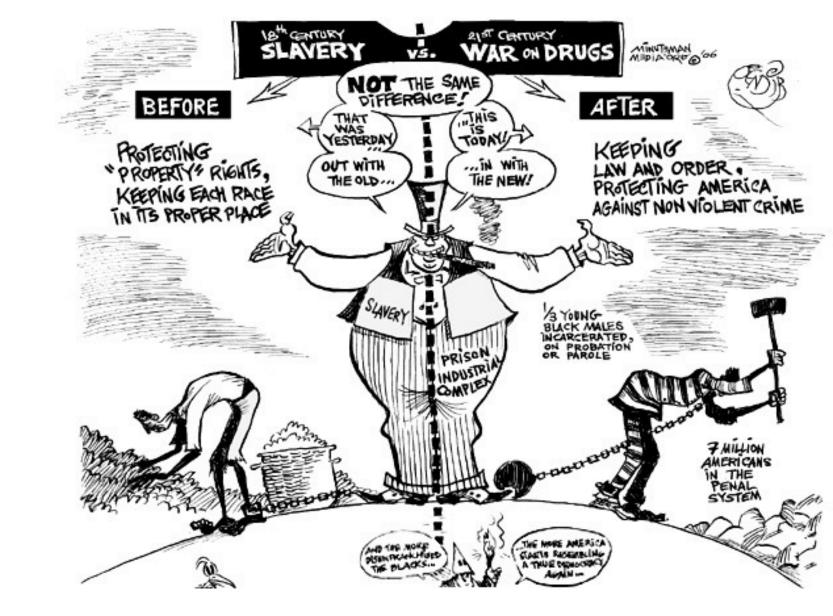




Images: https://innocenceproject.org/13th-amendment-slavery-prison-labor-angola-louisiana/

Criminalization of substance use

- Substance use often a way to "other" individuals
- Despite use in all groups, substances identified with certain marginalized and minoritized groups
- Substance use seen as a marker of being dangerous or criminal



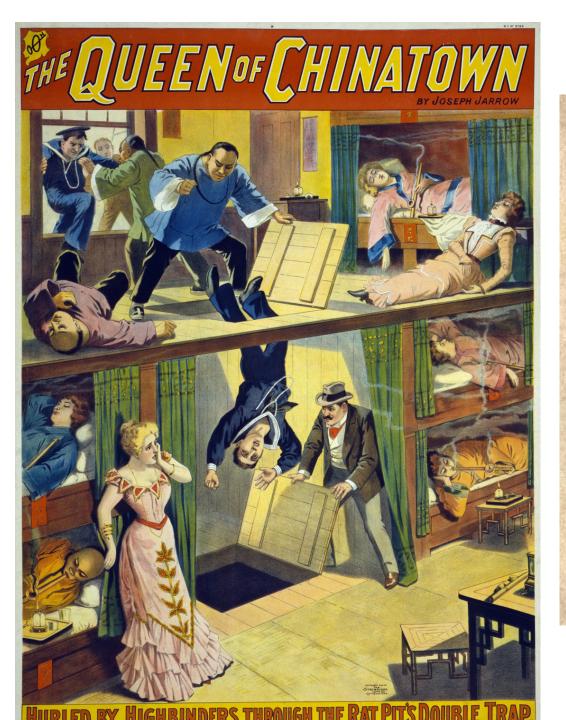




Image: https://www.cincinnatimagazine.com/citywiseblog/before-marijuana-before-heroin-cincinnati-pipe-fiends-patronized-local-opium-dens/

"The Nixon campaign in 1968, and the Nixon White House after that, had two enemies: the antiwar left and black people. You understand what I'm 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."

• John Ehrlichman



Anti-drug Abuse Act Of 1986

•Differentiated between powder cocaine, and cocaine base commonly known as crack cocaine

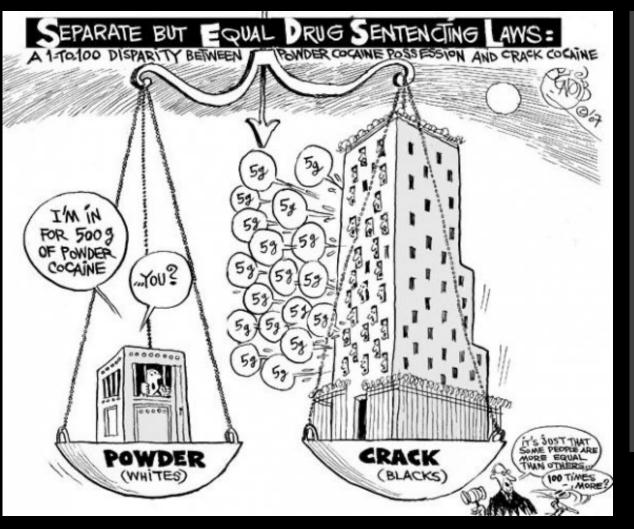
•100:1 ratio

•Mandatory minimum of five years for trafficking offenses

•5 grams of crack cocaine treated equivalently to 500 grams of powder cocaine

Mandatory minimums for drug possession





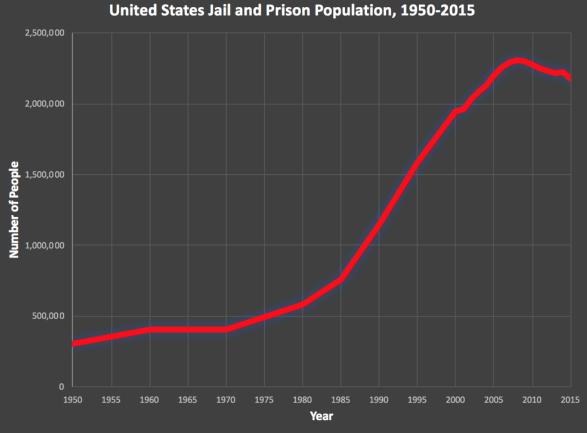
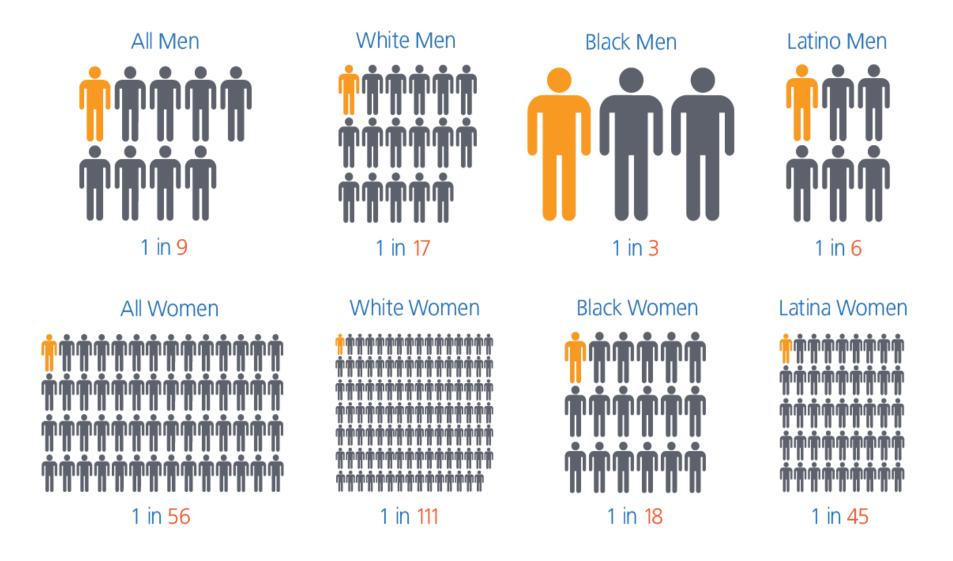


Image: https://calendar.eji.org/racial-injustice/oct/27

Image:https://dancesafe.org/crack-cocaine-and-powder-cocaine-are-the-same-drug/

Lifetime Likelihood of Imprisonment



Source: Bonczar, T. (2003). *Prevalence of Imprisonment in the U.S. Population, 1974-2001.* Washington, D.C.: Bureau of Justice Statistics.

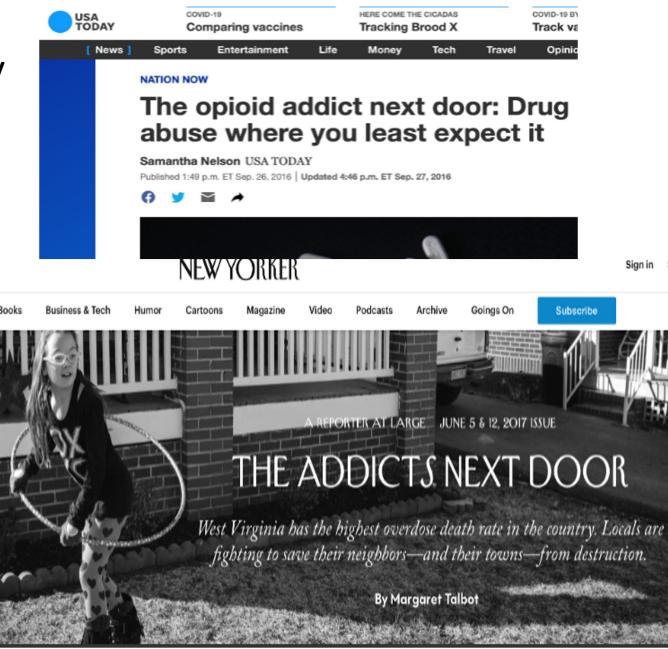


Opioids

A case study

Opioid as a case study

- Early focus on the prescription opioid crisis centered the needs of rural/suburban, middle class, white families
- Push for viewing addiction as a disease and public health problem





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	e	enforcement	administration	113
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4 law emorement officials 09	law	enforcement	officials	69
5 law courts tribunals 54	law	courts	tribunals	54
6 substance abuse treatment 43	substance	abuse		
7 students student life 39	students	student	life	
8 national football league 38		football	league	38
9 substance abuse facilities 38	national			
0 regional local governments 33	substance		facilities	

Top Words in the 1988–89 Crack Cocaine Sample

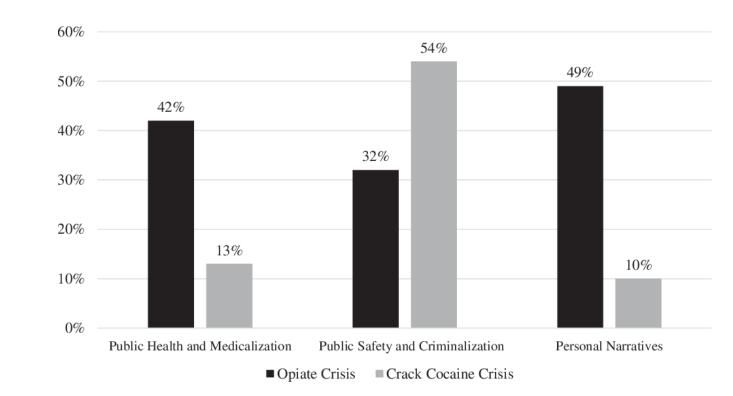
Top Words in the 2016–17 Opioid Sample

Rank		Word		Frequency
1		health		10652
2		drug		8987
3		opioid		6955
4		people		6045
5		care		5817
6		trump		4580
7		drugs		4364
8		public		3975
9		law		3713
10		abuse		3625
Rank	Word		Word	Frequency
1	health		care	3444
2	substan	ce	abuse	1846
3	public		health	1832
4	opioid		crisis	1227
5	law		enforcement	1143
6	preside	ntial	candidates	1066
7	health		departments	945
8	opioid		epidemic	883
9	white		house	836
10	donald		trump	753
Rank	Word	Word	Word	Frequency
1	affordable	care	act	560
2	health	care	reform	454
3	public	health	administration	443
4	controlled	substances	crime	442
5	health	care	policy	365
6	health	care	professionals	359
7	substance	abuse	treatment	352
8	health	care	law	334
9	special	investigative	forces	246
10	drug	enforcement	administration	237

Shachar, J Health Polit, Policy Law, 2020

Review of 400 NYT and WP articles

- Crack crisis (1985-1994)
- Opiate crisis (2007-2016)
- Media coverage "medicalized and humanized white people who used opiates" while coverage of those using crack cocaine focused on criminalization, vilifying Black people who use drugs"



Frequency of qualitative themes by drug crisis

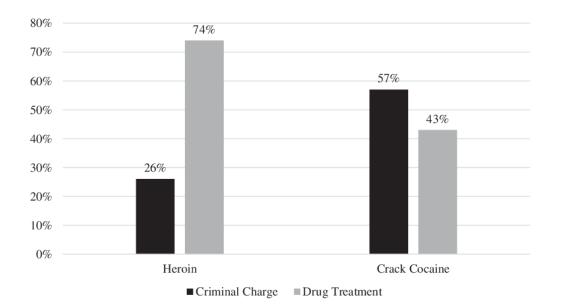
Differences have persisted

"According to a statement issued by the Police Department, James Stewart, 26, was driving northbound on Main Street when he was pulled over for driving with expired plates. Upon approaching the vehicle, the officer noticed one gram of what was later identified as [heroin/ crack cocaine] in the vehicle belonging to the 28-year-old passenger, Allen Young.

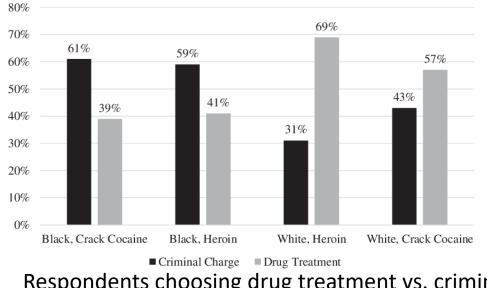
Stewart was cited for the traffic violation and Allen Young was taken into custody by the City's Police Department.

Respondents were then asked whether the person in possession of the drug should be charged with a crime or assigned to drug treatment, forcing them to choose one response.

Lindsay SL and Vuolo M, Social Problems, 2021.



Respondents choosing criminal charge vs. drug treatment by drug type



Respondents choosing drug treatment vs. criminal charge by drug user's race and drug type

Crack Babies: The Worst Threat Is Mom Herself

By Druglas J. Besharaw

L AST WEEK in this city, Greater Southeast Cammunity Hospital released a 7-week-old baby to her homeless, drug-addicted mother even though the child was at severe risk of pulmonary arrest. The hospital's explanation: "Because [the mother], demanded that the baby be released."

The hospital provided the mother with an apnea monitor to warn her if the baby stopped breathing while asleep, and trained her in CPR. But on the very first night, the mother went out drinking and left the child at a triend's house—without the monitor. Within seven hours, the baby was dead. Like Dooney Waters, the 6year-old living in his mother's drug den, whose shocking story was reported in The Washington Post last week, this child was all but abandoned by the authorities.



Image: https://www.theatlantic.com/politics/archive/2017/07/what-the-crack-baby-panic-reveals-about-the-opioid-epidemic/533763/

Image:https://www.ucpress.edu/blog/6263/media-myth-the-crack-baby-scare/

NEONATAL ABSTINENCE SYNDROME (NAS)

OPICID-RELATED NAS IS ALSO KNOWN AS NEONATAL OPICID WITHERAWAL SYNDROME (NOWS)

WHAT YOU NEED TO KNOW

BE WITH YOUR BABY: YOU ARE THE TREATMENT!



Learn more: opqic.org/omno





Neonatal opioid withdrawal syndrome (NOWS)

Infants with NOWS and their parents can thrive when accompanied by a pediatric care team.

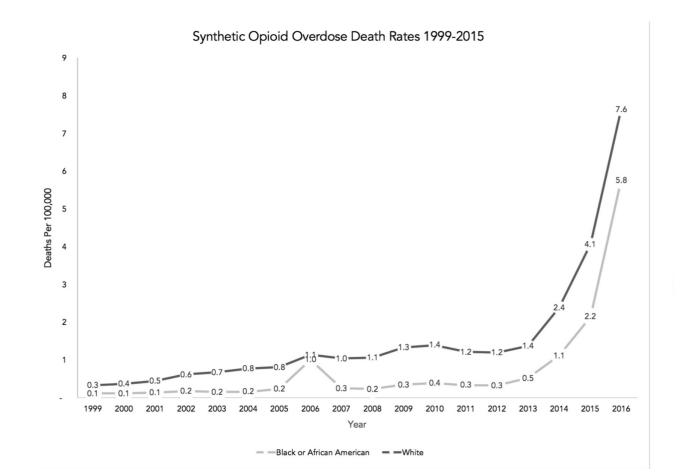
WHAT CAN YOU DO?

Image: https://oklahoma.gov/content/dam/ok/en/health/health2/documents/pub-up-rack-card-nas-2019.pdf

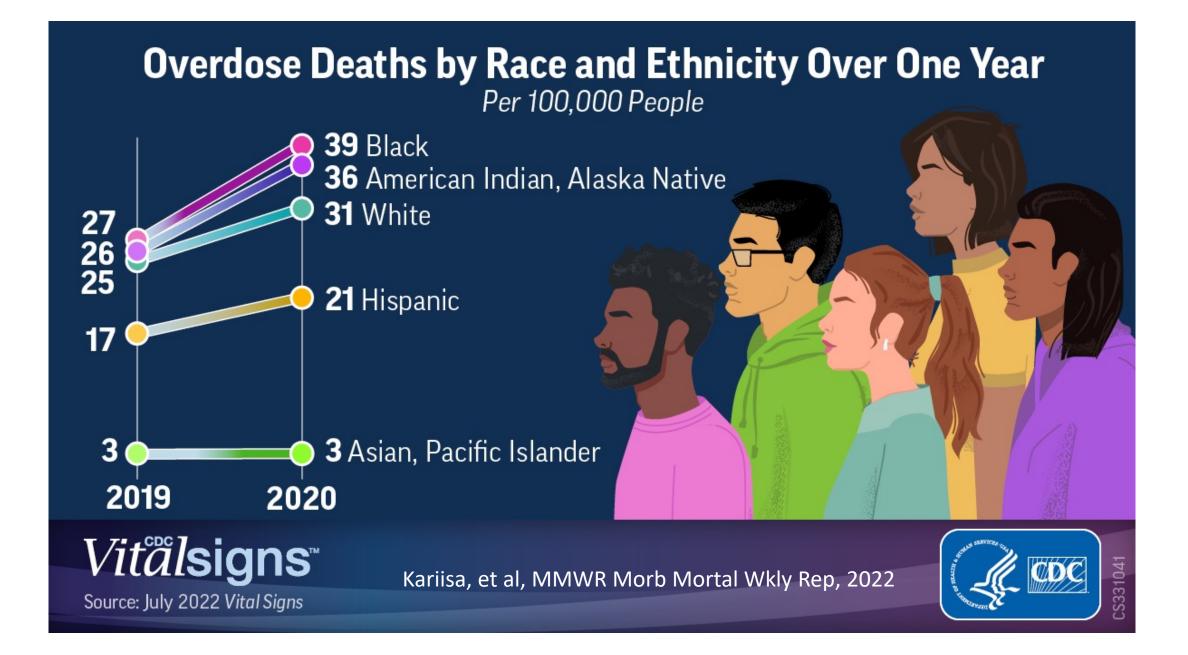
Coverage minimizes the significant impact of the opioid crisis on Black Americans

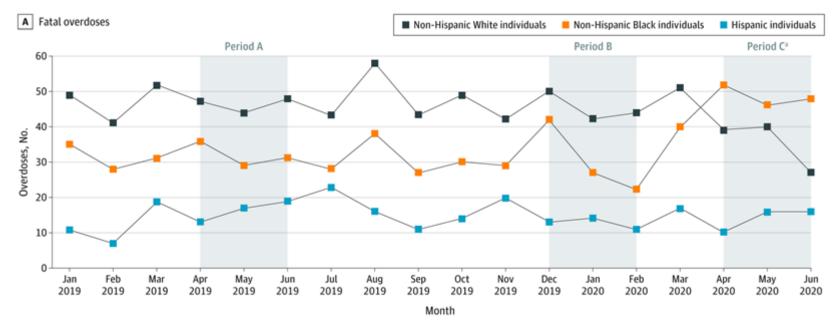
Jurisdictions with the Highest Rates of Opioid Overdose Deaths (per 100,000 Residents) Among Black Americans in 2015²¹

Jurisdiction	Black	White	General Population
WestVirginia	55.5	36.2	36
District of Columbia	22.8	NR ²²	14.5
Wisconsin	21.9	11.3	11.2
Ohio	15.2	27.7	24.7
Maryland	14.8	25	17.7
Missouri	14.8	11.9	11.7
Massachusetts	13.2	27.1	23.3
Michigan	12.4	14.7	13.6
Illinois	11.6	13.1	10.7
Minnesota	10	6	6.2

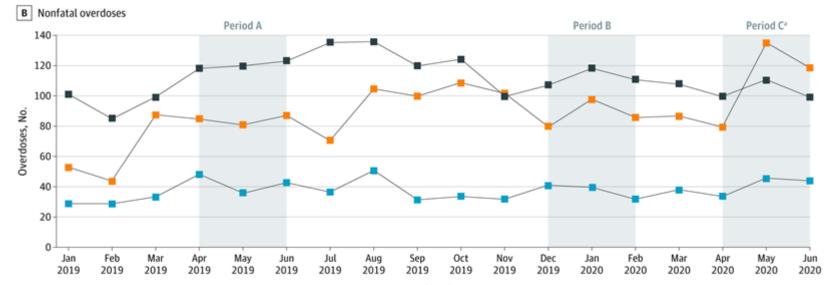


James and Jordan, Journal of Law, Med, Ethics, 2018





Striking disparities amidst syndemic of COVID 19 and polysubstance use



Month

Increasing deaths from stimulants

Overdose mortality from 2007-2019:

Deaths attributed to cocaine and opioids:

- 575% increase in Black persons
- 184% increase in White persons

Deaths attributed to methamphetamine and other stimulants:

- 16,200% increase in Black persons
- 3,200% increase among White persons

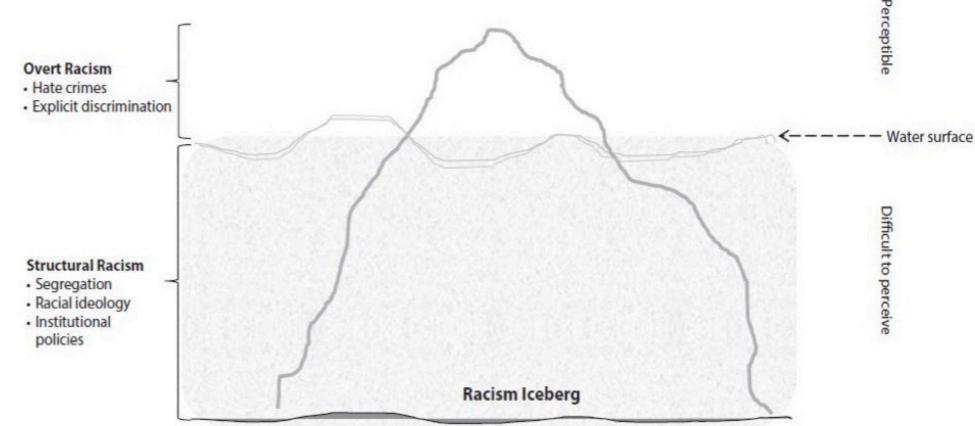


How is this manifested in health?





Structural racism



Source: Gee GC, Ro A. Racism and discrimination. In: Trinh-Shevrin C, Islam NS, Rey MJ, eds. Asian American Communities and Health: Context, Research, Policy and Action. San Francisco, CA: Jossey Bass; 2009. Adapted with permission from Wiley. Copyright © 2009 by John Wiley & Sons, Inc. All rights reserved.

Structural racism: Inequities in treatment of OUD

Table 2. Planned Use of Any MOUD Among Admissions for Opioid Use Disorder in Residential Treatment Facilities

	No. (%)				
Characteristic	All Admissions Planned Use of Any (N = 205 612) MOUD (n = 33 377)		Unadjusted OR (95% CI)	Multivariable aOR (95% CI)	
Men	136 854 (66.6)	21 467 (15.7)	0.89 (0.87-0.91) ^a	0.87 (0.85-0.89) ^a	
Race					
White	151 867 (73.9)	24 102 (15.9)	1 [Reference]	1 [Reference]	
African American or black	19 076 (9.3)	2260 (11.8)	0.71 (0.68-0.75) ^a	0.67 (0.64-0.71) ^a	
All others	34 669 (16.9)	7015 (20.2)	1.34 (1.31-1.39) ^a	1.33 (1.29-1.37) ^a	

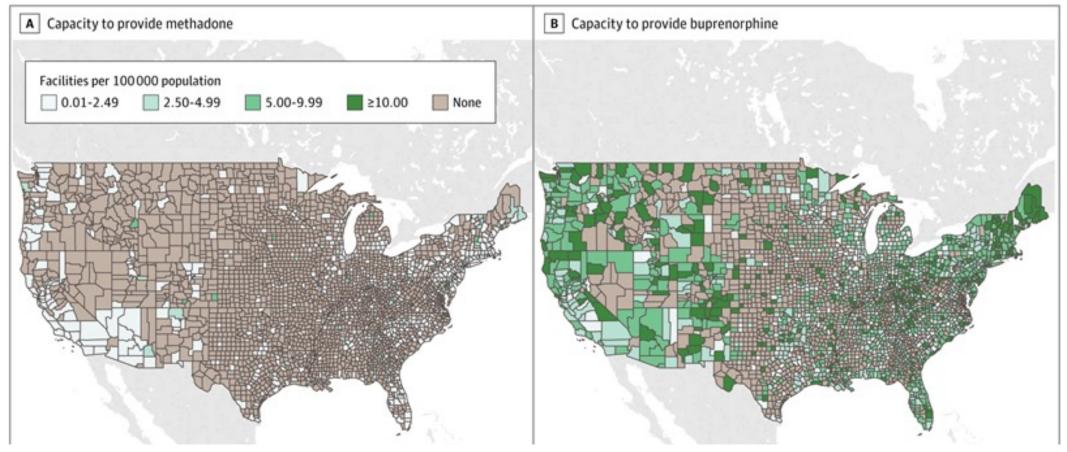
Huhn AS, JAMA Netw Open, 2020.

Mirrors other prescription disparities

- Black patients less likely than white patients to receive analgesics for extremity fractures in ER despite similar pain scores (receipt: 57% s 74%)
 - Todd, et al, Ann Emerg, 2000
- Black youth with appendicitis less likely to receive any pain medication for moderate pain and less likely to receive opioids for severe pain compared to similar white patients
 - Goyal, et al, JAMA Pediatr, 2015
- Among those prescribed long-term opioid agonist therapy
 - Black patients more likely to receive patient-treatment agreements
 - Be on smaller doses during maintenance stage
 - Have higher likelihood of being tapered off
 - Have a urine drug screen

Goedel, et al, JAMA Netw Open, 2020

Structural factors: Residential Segregation



Counties with highly segregated African American and Latinx communities had more facilities to provide methadone per capita, while highly segregated white communities had more facilities to provide buprenorphine per capita.

Structural factors: Racism and beliefs in biological differences

A survey of medical students and residents asking about both beliefs and asking them to reflect on clinical decision-making

Asked about beliefs in biological differences:

- "Black people's skin is thicker than white people's skin."
- "Black people's nerve-endings are less sensitive than White people's nerve-endings."

Half of white medical students and residents endorsed false beliefs

• Of those who endorsed false beliefs, they also made less accurate treatment recommendations

Individuals may use false beliefs about biological differences between Black and white patients to inform medical judgements

Kelly, et al, PNAS, 2016

Structural factors: Governmental policy

- New administration increased funding and support for harm reduction
- Grant allowed "Purchase of equipment and supplies to enhance harm reduction efforts"
- First of its kind to fund harm reduction at the federal level

Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

FY 2022 Harm Reduction Program Grant

(Short Title: Harm Reduction)

(Modified Announcement)

Notice of Funding Opportunity (NOFO) No. SP-22-001

Assistance Listing Number No.: 93.243

Key Dates:

Application Deadline Applications are du

Applications are due by February 7, 2022.

Structural factors: Governmental policy



"Jen Psaki [Biden Press Secretary] doubled down saying that the money was never meant to go to crack pipes. She added a reminder that this is all part of the effort to respond to the 'opioid epidemic.' "

https://freebeacon.com/biden-administration/biden-admin-tofund-crack-pipe-distribution-to-advance-racial-equity/

So what do we do?

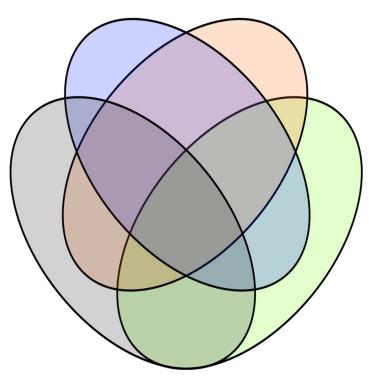
Working towards anti-racist action and racial justice

 Anti-Racism: The work of actively opposing racism. Anti-racism tends to be an individualized approach in direct opposition to individual racist behaviors and impacts.

 Racial Justice: The systematic fair treatment of people of all races, resulting in equitable opportunities and outcomes for all. It is not just the absence of discrimination and inequities, but also the presence of deliberate systems and supports to achieve and sustain racial equity through proactive and preventative measures.

Integrating an anti-racist praxis into education

- Explicitly acknowledge the role of racism and failure of "race-neutral" and "color-blind" educational and treatment approaches
- Leverage an intersectional approach to teaching and clinical evaluation
- Intersectionality is an analytical framework for understanding how aspects of a person's social and political identities combine to create different modes of discrimination and privilege



Crenshaw, 1995

Integrate Structural Competency as Teaching Tool:

- 1. ASK: What structural contributors to health disparities are potentially affecting this patient?"
- **2. Probe learners to think about structural factors:** "I see you mentioned "medication non- adherence" as a reason for repeat hospitalization. Why is it important to assess for structural factors contributing to your patient's ongoing opioid use?"
- **3.** Reinforce the role structural factors play on patient outcomes: "Good job on incorporating the patient's housing status into your history." This will be important on identifying potential interventions to mitigate recurrence or progression of the underlying disease."

TRAINING MATERIALS

Find training materials developed by institutions around the world, academic publications on structural competency, and past conferences and webinars.





Publications

Slide decks, facilitator guides, and curricula for inspiration and adaptation

Networks and Training

Materials

Academic and non-academic publications on structural competency grouped by topic



Recordings of past conferences and webinars

www.structuralcompetency.org

One-Minute Preceptor with Structural Competency

for cough. This will center potential

interventions to mitigate recurrence or

progression of the underlying disease."

The One-Minute Preceptor teaching method guides the preceptor-learner encounter via five microskills. This method is a brief teaching tool that fosters assessment of trainee knowledge as well as provision of timely feedback. The strengths of this teaching method include: increased involvement with patients, increased clinical reasoning by the learner, and the learner receiving concise, high-quality feedback from the preceptor.

	Micro	oskills
1.	Get a Commitment Focus on one learning point. Encourage learners to develop their critical thinking and clinical reasoning skills. Actively engage the learners and push them to make a decision about something, regarding a structural differential for a chief complaint or a plan. Ex: "What structural contributors to health disparities are potentially affecting this patient, and how does that change the problem list?"	 2. Probe for Supporting Evidence Uncover the basis for the student's decision - was it a guess or was it based on a reasonable foundation of knowledge? Be sure to discuss structural humility in decision making and check for potential harmful effects from implicit bias. Ex: "I see you chose the lower cost medication to prescribe. How did you come to this decision? What might you want to discuss with your patient when counseling or what medication to start?"
3.	Reinforce what was done well The learner might not realize they have done something well. Positive feedback reinforces desired behaviors, knowledge, skills, or attitudes. Ex: "Good job on incorporating the patient's housing quality and exposure to environmental pollutants in your differential for cough. This will center potential	4. Give Guidance about Errors/Omissions Approach the learner respectfully while concurrently addressing areas of need/improvement. Without timely feedback, it is difficult to improve. If mistakes are not pointed out, learners may never discover that they are making these errors and hence repeat them.

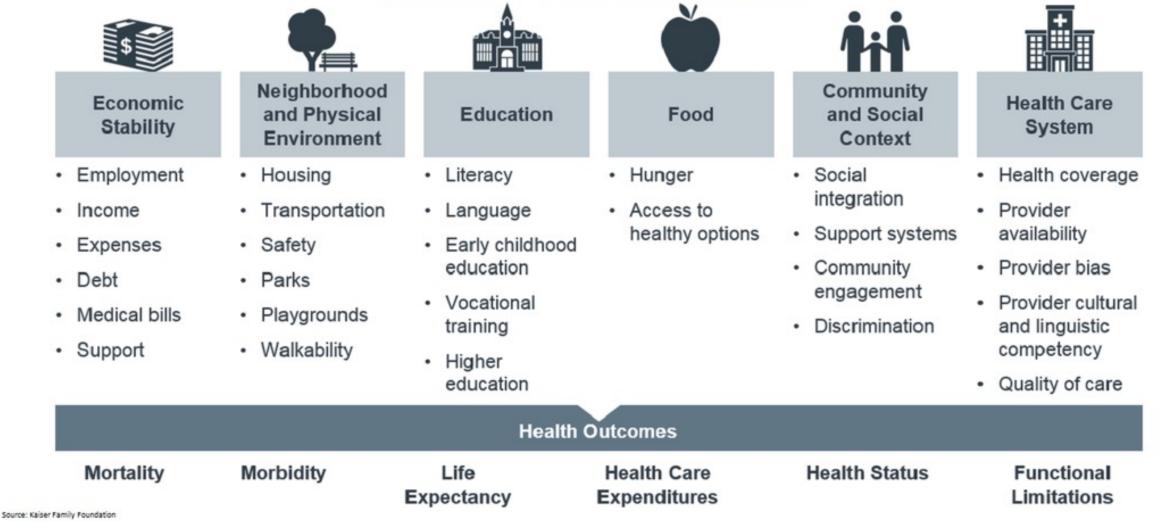
Ex: "I see you mentioned 'medication nonadherence' as a reason for your patient's

http://sdoheducation.org/wpcontent/uploads/2021/02/Hand-out-One-Minute-Preceptor.pdf

Center voices of marginalized groups in research

- Include in all areas of research design, including interpretation
- Recognize role for not only shared design, but also governance and funding--build antiracist research teams
- Elevate lived experience and use assets and not deficit-based lens
- Recognize that research is not ahistorical, is ground in place
- Employ mixed methods approaches (recognizing 'truth' is more complex)

The social determinants of health



Couple clinical interventions with those addressing related structural determination of health



Violence Prevention



IGNITE: A Randomized Controlled Trial of Concentrated Investment in Black Neighborhoods to Address Structural Racism c a Fundamental Cause of Poor Health

This trial tests a suite of environmental and economic interventions to determine the impact of concentrated investment on health, wellbeing, and safety for residents of Blac neiahborhoods.

Learn More

Original Investigation | Firearm Violence

December 5, 2022

Effect of Abandoned Housing Interventions on Gun Violence, Perceptions of Safety, and Substance Use in Black Neighborhoods A Citywide Cluster Randomized Trial

Eugenia C. South, MD, MS¹; John M. MacDonald, PhD²; Vicky W. Tam, MA³; <u>et al</u>

» Author Affiliations

JAMA Intern Med. 2023;183(1):31-39. doi:10.1001/jamainternmed.2022.5460

Ω Interviews



Deeply Rooted

Deeply Rooted is a community-academic collaborative that uses the healing power of nature to promote health and wellbeing in Black and other minority Philadelphia neighborhoods. Nature — including trees and parks — makes us healthier, lowers gun violence, betters heart health, improves birth outcomes, and reduces stress and anxiety. Nature helps us feel more connected to one another.

In partnership with community groups and leaders, Deeply Rooted will:

 Empower communities to create new greenspace including planting trees, greening vacant lots, and building mini-parks and

Community Green Gra



Deeply Rooted is a community-academic collaborative that use health and wellbeing in Black and frow Philadelphic neighboth Health I do along with our lead partners Southwest COC, ACHUY Community of Compassion CDC, and other community organiza We are currently accepting proposals for a new Community and realisents and leaders in coming together to care for celebrate in

Request a Free Tree for Your Street or Community Space

2023 Community Green Grants Information Session

2023 Community Green Grants Program

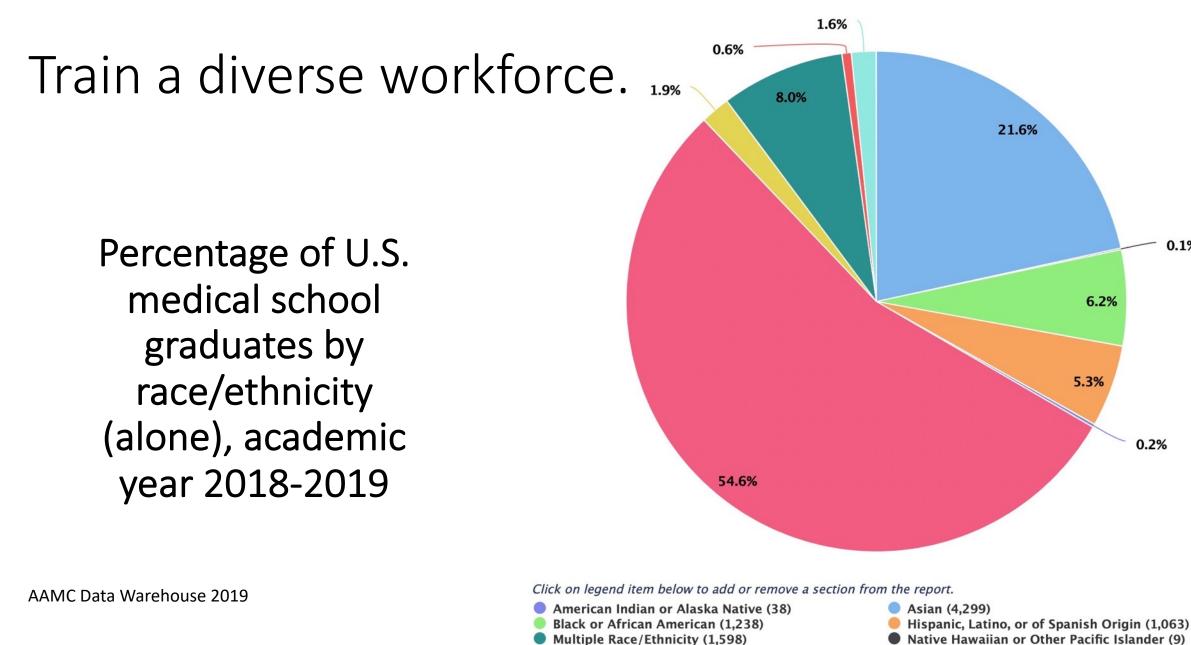
Question Do structural interventions to abandoned houses lead to improvements in health and safety in low-income, Black neighborhoods?

Findings In this citywide cluster randomized controlled trial of 63 clusters containing 258 abandoned houses and 172 participants, abandoned houses that were remediated showed substantial drops in nearby weapons violations (-8.43%), gun assaults (-13.12%), and to a lesser extent shootings (-6.96%). Substance-related outcomes were not reliably affected by the interventions, and no effect of either intervention was found for perceptions of safety or time outside for nearby residents.

Examples from: Eugenia South, MD, MS and Urban Health Lab

Key Points

Meaning Abandoned house remediation was directly linked to reduced gun violence and may be considered in efforts to create safe and healthy communities.



Unknown Race/Ethnicity (124)

Native Hawaiian or Other Pacific Islander (9)

0.1%

0.2%

Non-U.S. Citizen or Nonpermanent Resident (309) Other (380) White (10,879)

Representation matters.

"That a single Black physician in a county can have an impact on an entire population's mortality...It validates what people in health equity have been saying about all the ways Black physicians are important, but to see the impact at the population level is astonishing."

Monica Peek



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Original Investigation | Equity, Diversity, and Inclusion Black Representation in the Primary Care Physician Workforce and Its Association With Population Life Expectancy and Mortality Rates in the US

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Abstract

IMPORTANCE Studies have suggested that greater primary care physician (PCP) availability is associated with better population health and that a diverse health workforce can improve care experience measures. However, it is unclear whether greater Black representation within the PCP workforce is associated with improved health outcomes among Black individuals.

OBJECTIVE To assess county-level Black PCP workforce representation and its association with mortality-related outcomes in the US.

DESIGN, SETTING, AND PARTICIPANTS This cohort study evaluated the association of Black PCP workforce representation with survival outcomes at 3 time points (from January 1 to December 31 each in 2009, 2014, and 2019) for US counties. County-level representation was defined as the ratio of the proportion of PCPs who identifed as Black divided by the proportion of the population who identified as Black. Analyses focused on between- and within-county influences of Black PCP representation and treated Black PCP representation as a time-varying covariate. Analysis of between-county influences examined whether, on average, counties with increased Black representation exhibited improved survival outcomes. Analysis of within-county influences assessed whether counties with higher-than-usual Black PCP representation exhibited enhanced survival outcomes during a given year of heightened workforce diversity. Data analyses were performed on June 23, 2022.

Key Points

Question Is Black representation in the US primary care physician (PCP) workforce associated with population health outcomes?

Findings In this cohort study of survival outcomes for 1618 US counties, Black PCPs operated in less than half of all counties during each of 3 time points assessed (2009, 2014, and 2019). On average, every 10-percent increase in county-level Black PCP representation was associated with 31-day higher age-standardized life expectancy among Black individuals. Higher Black PCP representation levels were also associated with lower all-cause mortality rates among Black individuals and with reduced mortality rate disparities between Black and White individuals.

What are the structural implications?

Need more intensive efforts to build a diverse pipeline

- Create educational opportunities at each stage (elementary/econdary school, undergraduate, graduate, residency, etc)
- Increase exposure to diverse role models in all areas of medicine

Address structural barriers to medicine

- Increase use of holistic interview process and standardized interviews
- Address differential access to generational wealth that reduces opportunities

Create more inclusive learning environments

- Recruit and support diverse faculty
- Build environments that are not only inclusive, but antiracist learning environments

Moving from equity to liberation

