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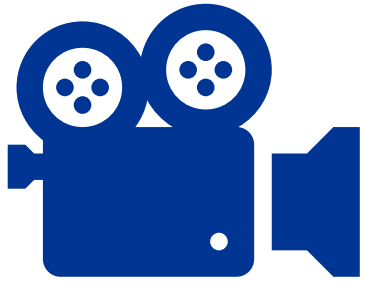


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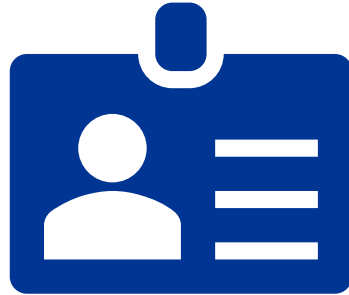
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Mutual Agreement

- Everyone on every Program Evaluation and Research Unit (PERU) webinar is **valued**. Everyone has an expectation of **mutual, positive regard** for everyone else that respects the **diversity** of everyone on the webinar.
- We operate from a **strength-based, empathetic, and supportive** framework – with the people we serve, and with each other on PERU webinars.
- We encourage the use of **affirming language** that is not discriminatory or stigmatizing.
- We treat others as **they** would like to be treated and, therefore, avoid argumentative, disruptive, and/or aggressive language.



Mutual Agreement (continued)

- We strive to **listen** to each person, avoid interrupting others, and seek to **understand** each other through the Learning Network as we work toward the highest quality services for Centers of Excellence (COE) clients.
- Information presented in Learning Network sessions has been vetted. We recognize that people have different opinions, and those **diverse perspectives** are welcomed and valued. Questions and comments should be framed as **constructive feedback**.
- The Learning Network format is **not conducive to debate**. If something happens that concerns you, **please send a chat during the session** to the panelists and we will attempt to make room to address it either during the session or by scheduling time outside of the session to process and understand it. **Alternatively, you can reach out offline to your PERU point of contact.**



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Acknowledgements

- The COE project is a partnership of the University of Pittsburgh's Program Evaluation and Research Unit and the Pennsylvania Department of Human Services; and is funded by the Pennsylvania Department of Human Services, grant number 601747.
- COE Vision: The Centers of Excellence will ensure care coordination, increase access to medication-assisted treatment and integrate physical and behavioral health for individuals with opioid use disorder.



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Program Evaluation and Research Unit

Addressing Disparities and Enhancing Access to COE Care



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Learning Objectives

By the end of this module, trainees should be able to do the following:

- Discuss dimensions of diversity including racial, ethnic, cultural, language, gender, sexual orientation, and socio-economic diversity, and the impact on service access and quality.
- Identify and describe existing disparities in clients enrolled in COE services, including an analysis of underserved populations and where they may be accessing services outside of COE.
- Identify evidence-based strategies and best practices for promoting diversity and inclusion in client identification and enrollment.
- Review existing COE policies and procedures to identify potential biases or barriers



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Background





Discussion Question

What dimensions of diversity do you consider at your COE?



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Dimensions of Diversity

Racial

Ethnic

Cultural

Language

Gender

Sexual
orientation

Socio-
economic

Others



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Importance of Diversity, Equity, and Inclusion

- Improved **patient care**
- Enhanced **innovation** and **problem solving**
- Reduced healthcare **disparities**
- **Organizational excellence**
- **Legal** and **ethical** imperatives
- **Educational** benefits

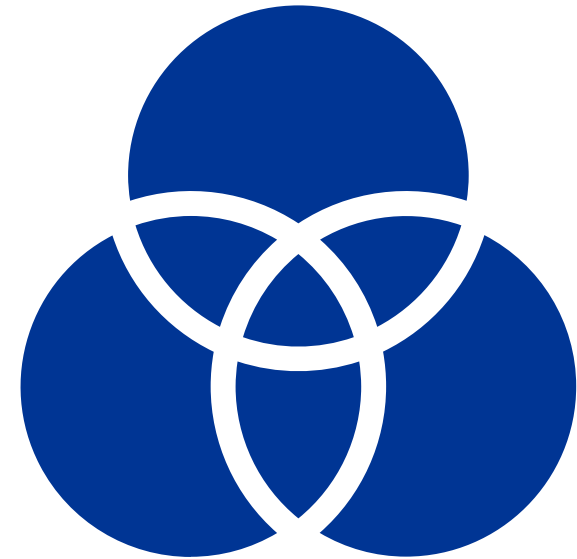


Common Disparities



Disparity in SUD Treatment

- Socioeconomic Disparities¹
- Geographic Disparities¹
- Race and Ethnicity¹
- Age-Related Disparity²



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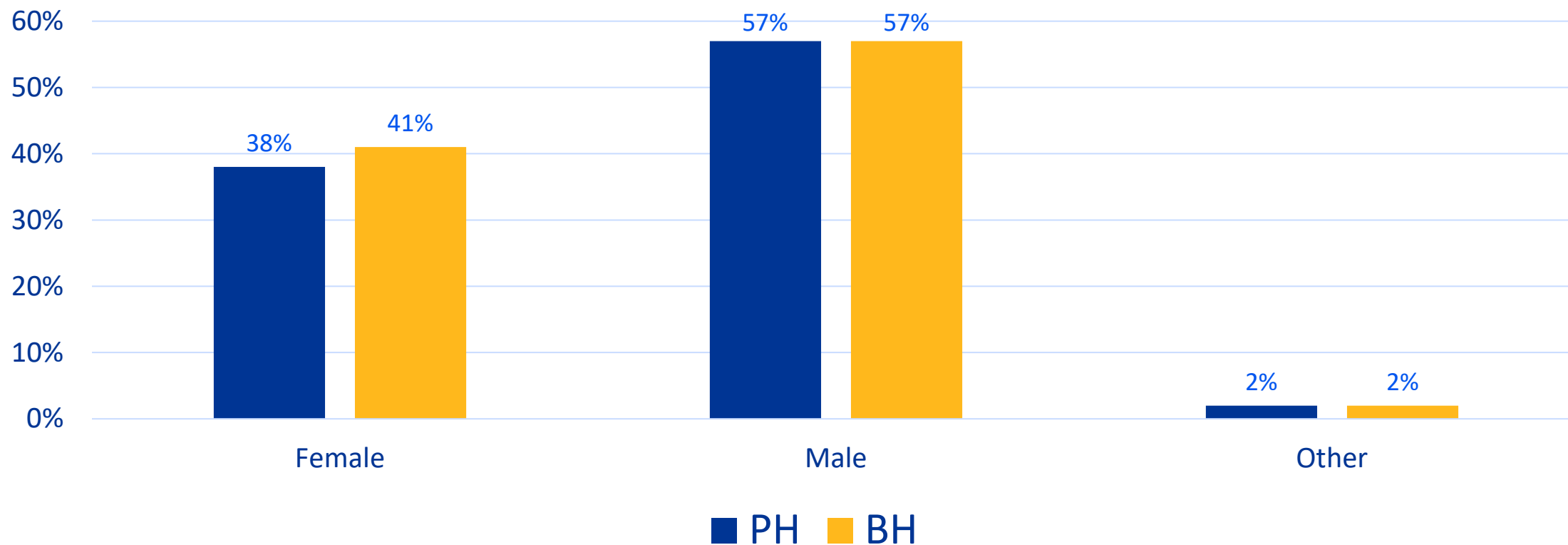
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Disparities at COEs



Sex Percentages at COEs

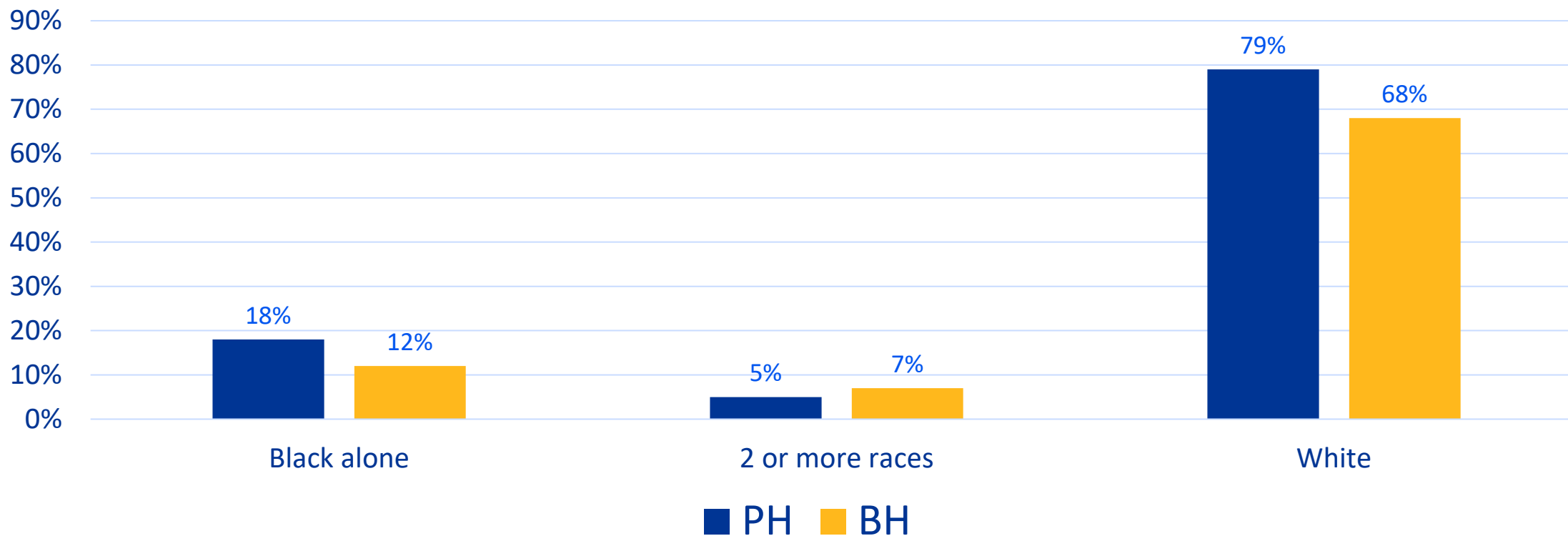


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Race Percentages at COEs

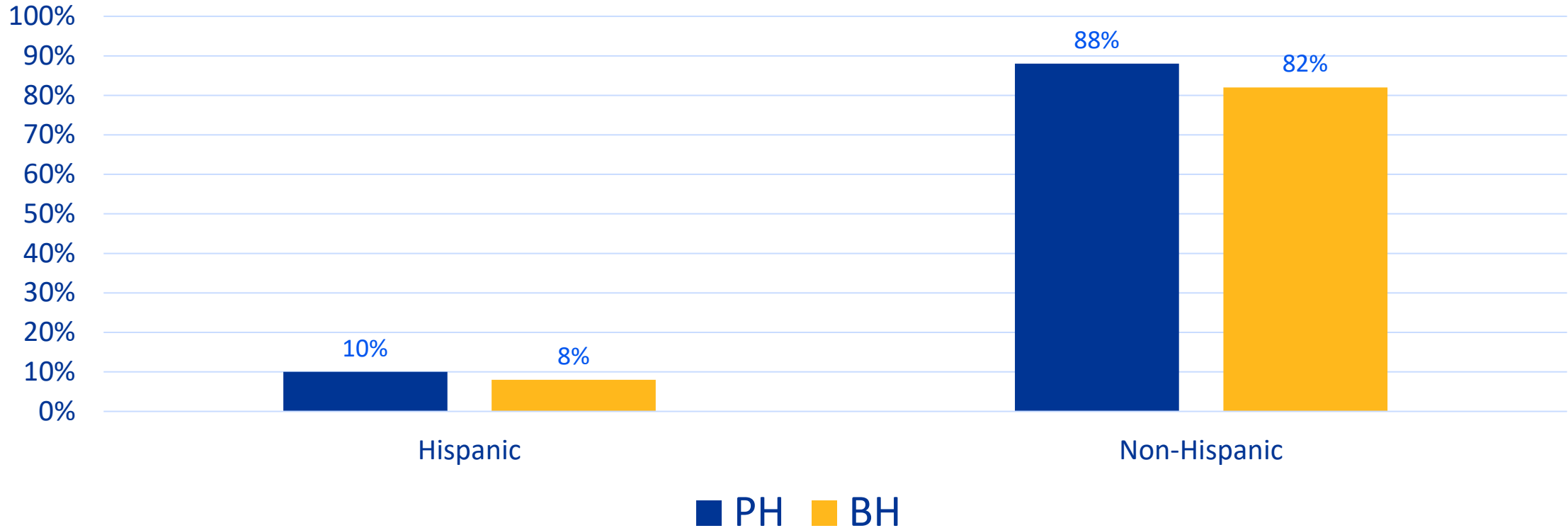


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Hispanic Percentages at COEs



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Discussion Questions

- What disparities do you see between your clients and your population at your COE?
- How do you know these disparities exist?



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Strategies and Best Practices for Reducing Disparities



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Strategies for Inclusive Client Identification

Build	Build trust over time
Tailor	Tailor outreach strategies
Use	Use trauma-informed approaches
Approach	Approach client engagement with humility and patience



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Best Practices for Equitable Enrollment Processes

Remove barriers to service access for diverse populations.

Simplify the enrollment process and offer multilingual assistance.

Ensure enrollment forms are easy to understand.

Create a respectful and welcoming environment.

Train staff on cultural humility and implicit bias.

Regularly update policies to remove unintentional biases.



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Written Strategies for Reducing Disparity

- PERU developed guide can be used to support implementation
- Framework with clear objectives grounded in research & assessment.
- Facilitates consistent implementation, progress tracking, & adaptive service delivery.
- Emphasizes cultural humility, organizational accountability, & sensitivity.
- Achieve goals, measure progress, monitor & evaluate outcomes effectively.



UPMC Pregnancy Women's Recovery Center (PWRC)

Traci Day, LCSW
Senior Social Worker
Pregnancy and Women's Recovery Center
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Disclaimer

In this presentation, the terms “women” and “people” will be used interchangeably. This is to ensure inclusivity and accuracy, recognizing that not all individuals who experience issues traditionally associated with women identify strictly as women. By using inclusive language, we aim to acknowledge and respect the diverse identities and experiences of all individuals.

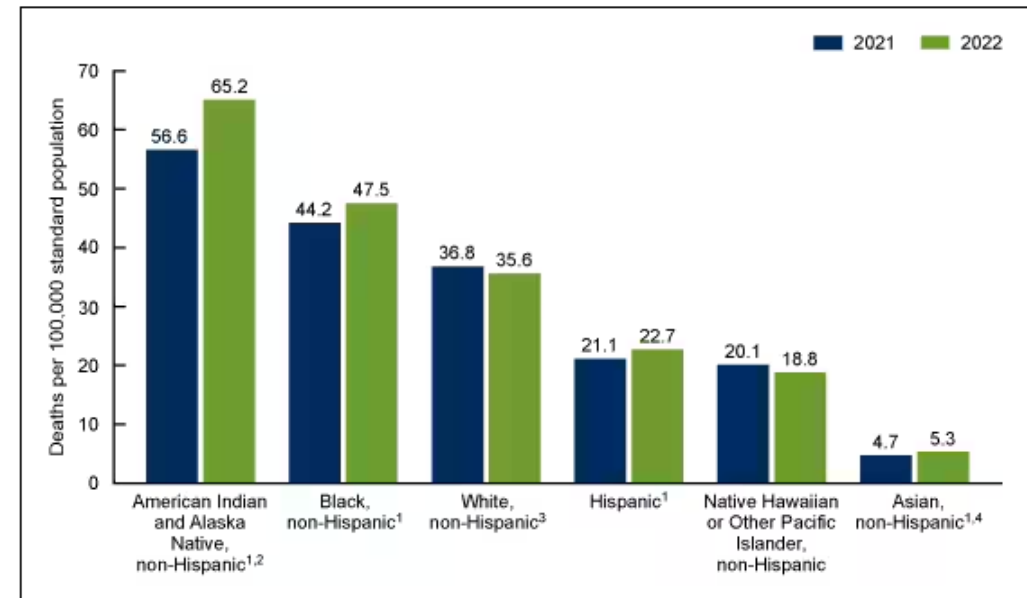
2020 Census Statistics

- 2020 Census for United States
 - 41,104,200 Black/African American
 - 204,277,273 White
- 2020 Census for Pennsylvania
 - 1,423,169 Black/African American
 - 9,750,687 White
- 2020 Census for Allegheny County
 - 163,678 Black/African American
 - 946,321 White

United States Overdose Rates

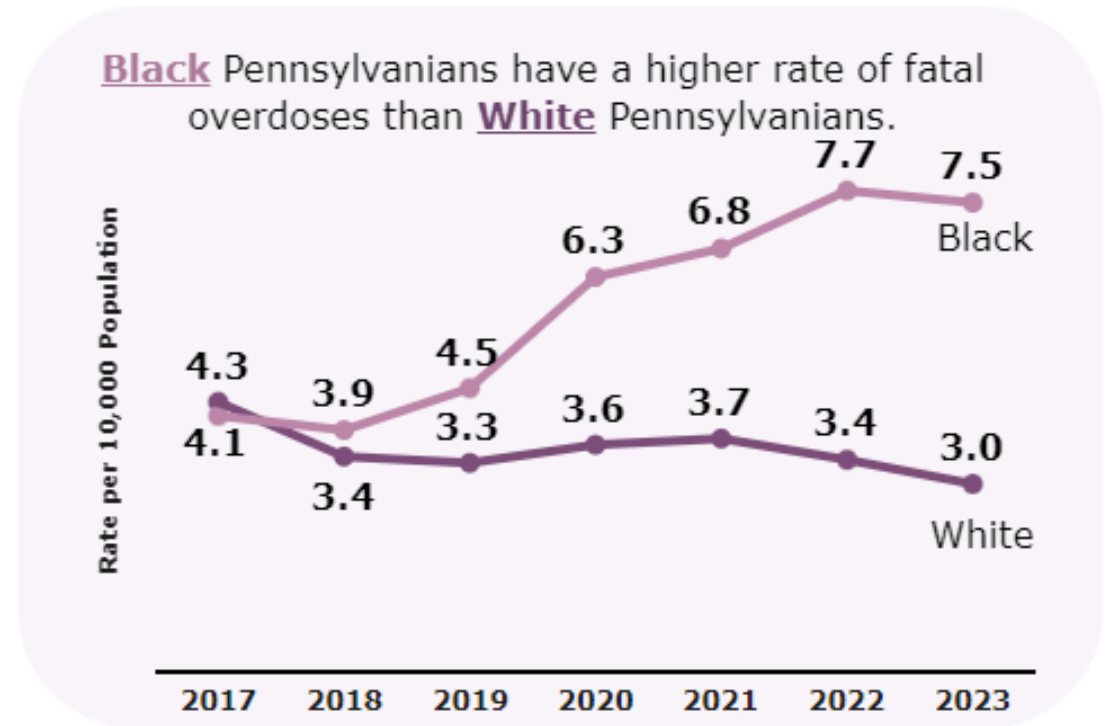
- Drug overdoses are one of the leading causes of injury deaths in adults
- In 2022, 107,941 people died of a drug overdose
 - 32.6 deaths per 100,000
- American Indian/Alaskan Native and Black people have higher overdose death rates compared to White

Figure 3. Age-adjusted rate of drug overdose deaths, by race and Hispanic origin: United States, 2021 and 2022



Pennsylvania Overdose Rate

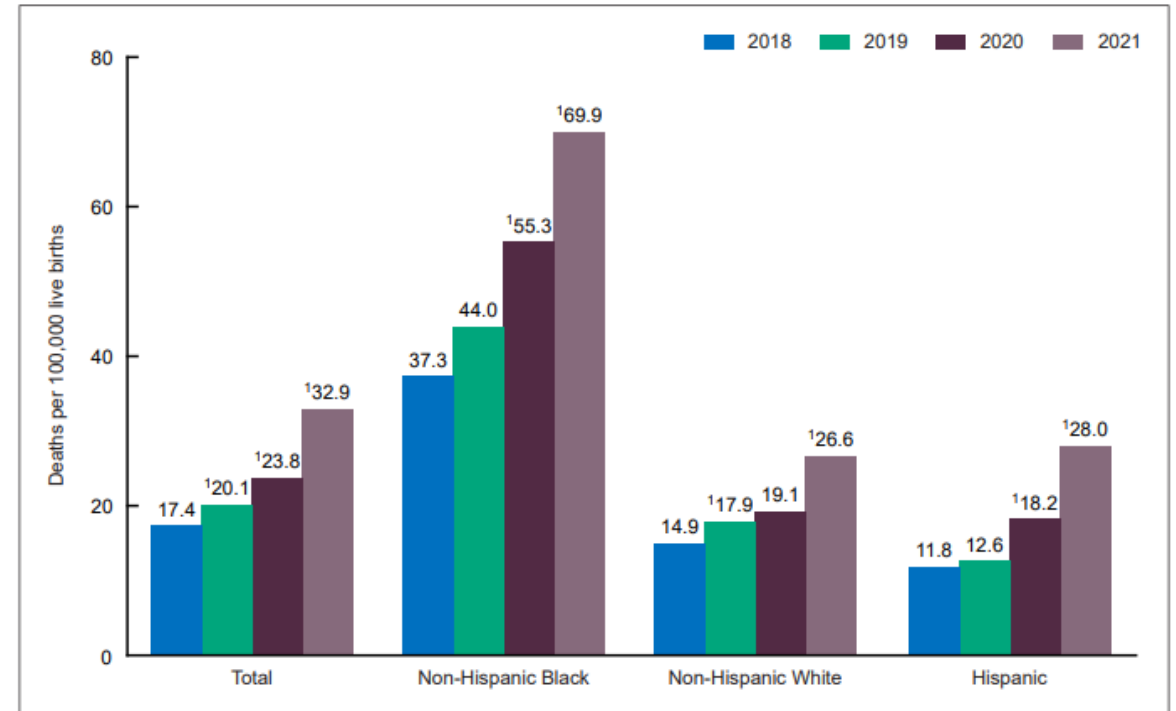
- In 2023, every 2 hours one Pennsylvanian died of an overdose
- Black Pennsylvanians have a higher rate of fatal overdoses than White Pennsylvanians



United States Maternal Mortality Rates

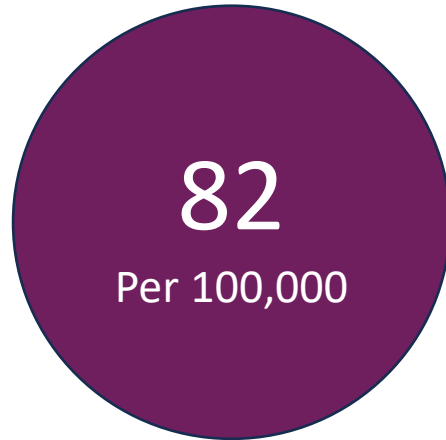
- In 2021, the maternal mortality rate for Black women was 69.9 deaths per 100,000
- 2.6 times the rate compared to White women
- More than 80% of these deaths are **preventable**

Figure 1. Maternal mortality rates, by race and Hispanic origin: United States, 2018–2021

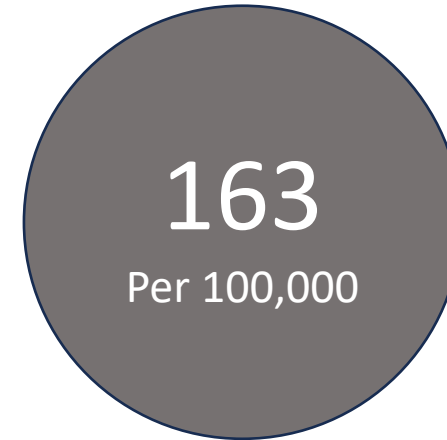


¹Statistically significant increase from previous year ($p < 0.05$).
NOTE: Race groups are single race.
SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

Pennsylvania Maternal Mortality Rates



Pennsylvania overall



Black Pennsylvanians

Access to Care

- 6 out of 67 Pennsylvania counties are classified as “**maternal health deserts**”:
 - Cameron, Forest, Greene, Juniata, Sullivan, and Wyoming county
- About 105,000 women between 18-44 years of age live in counties with **little or no obstetric care**



Pregnancy and Women's Recovery Center

September 2024

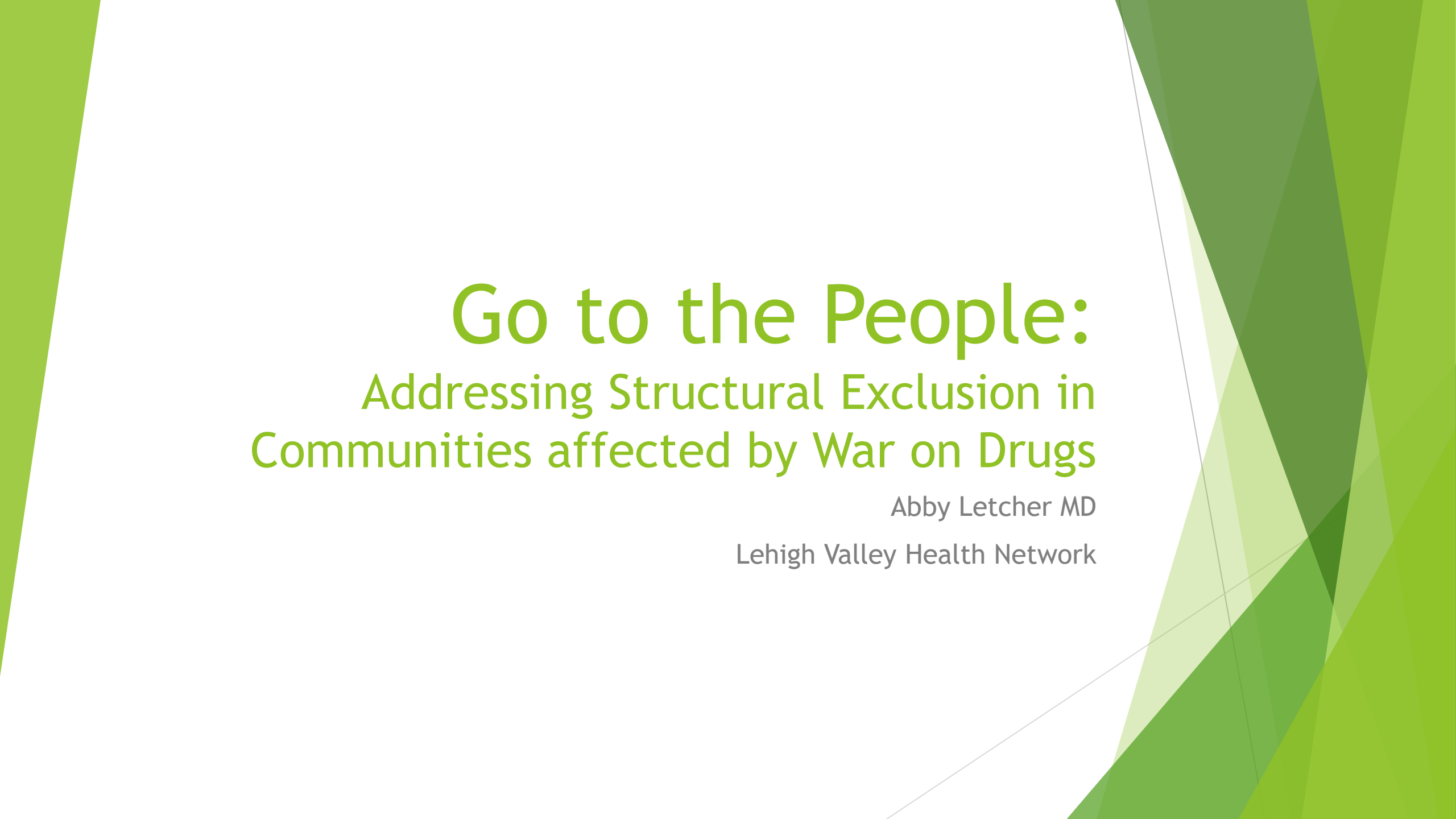
- Saw 170 total patients
 - 158 White
 - 12 Black/African American

*If addiction doesn't discriminate,
then why are we primarily
providing care to white people?*



Enhancing Equity and Inclusivity

- Examining Historical Impact
 - Medical Exploitation and Racism
 - War on Drugs
 - Social Determinants of Health
- Self-Reflection
 - Implicit Bias
 - Cultural Humility and Competence
- Reviewing REDCap and EMR to pull data regarding patient care
- Community Events and Outreach
 - Historical BIPOC Communities
 - Partnering with Magee Outreach

The background features abstract, overlapping geometric shapes in various shades of green, ranging from light lime to dark forest green. These shapes are primarily located on the left and right sides of the slide, framing the central white text area.

Go to the People:

Addressing Structural Exclusion in Communities affected by War on Drugs

Abby Letcher MD

Lehigh Valley Health Network

Street Medicine/Inclusion Health Collaboration

Street Medicine

- ▶ Street medicine focuses on those living outside, many of whom use alcohol and drugs
- ▶ Trained and supported by Inclusion Health to treat SUD, rx MAT
- ▶ Go to encampments, drop-in centers across Lehigh Valley
- ▶ Primary care model

Mobile Harm Reduction (MHR)

- ▶ MHR focuses on people who use alcohol and drugs, many of whom live outside
- ▶ Learned from street medicine what people need who are living on streets
- ▶ Go to places where people in this high-risk neighborhood might want help, “hyperlocal”
- ▶ Primary care model

Mobile Harm Reduction



- ▶ Follow the map - partnership with Allentown Health Bureau and Community paramedicine specialist
- ▶ Follow the people - snowball/networking
- ▶ We are on foot, carry minimum supplies, snacks, survival supplies



What we do



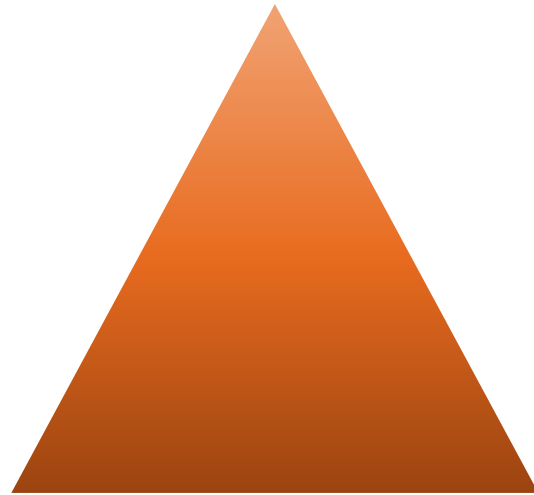
Communnity
Connection

Self-Care Goals

Relationship
Building

Relationship building triad

Power



Hope

Love

Self-care



PICKING THE TIME TO TALK
ABOUT GOALS



CELEBRATING SUCCESSES -
CONTINGENCY MANAGEMENT

Community Building



MUTUAL AID



**HARM REDUCTION
GUIDES**



Understanding the context

Shifting drug supply

Displacement

Building partnerships for better care

- ▶ Allentown Health Bureau
- ▶ Lehigh Valley Conference of Churches
- ▶ Parks and recreation
- ▶ Lehigh County Drug and Alcohol



- ▶ What is our relationship with police?
- ▶ What is our relationship with competing hospital network?
- ▶ What is our relationship with other community organizations?
- ▶ What is our relationship with local businesses? Barber shops?

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