

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADVISORY COMMITTEE ON MINORITY HEALTH (ACMH)**

**June 1, 2017
12:30-2:30 p.m. ET
via Conference Call**

Committee Attendees

Paul Juarez, PhD, Chair
Linda Frizzell, PhD
Gregory J. Maddox II, MD
Cynthia Mojica, PhD, MPH
Sela V. Panapasa, PhD
Beverly Patchell, PhD, APRN, PMH
Roland J. Thorpe, Jr., PhD
Winston F. Wong, MD

Federal Staff

Alexis Bakos, PhD, MPH, RN, Senior Advisor to the Deputy Assistant Secretary for Minority Health, and Acting Director, Division of Policy and Data, Office of Minority Health (OMH), U.S. Department of Health and Human Services (Alternate Designated Federal Officer, ACMH)
Juliet Bui, MPA, MSW, Justice and Health/Behavioral Health Policy Lead, Division of Policy and Data, OMH

Call to Order, Welcome, and Introductions

- *Paul Juarez, PhD, Chair*

Dr. Juarez called the meeting to order and invited Committee members, federal staff, support staff, and public guests to introduce themselves.

Recap of February Meeting

- *Paul Juarez, PhD, Chair*

Dr. Juarez summarized the ACMH meeting in February. He noted that the meeting was focused on providing new and continuing Committee members with an overview of OMH priorities, activities, and grant programs. Committee discussions focused on identifying the intersection between members' interests and OMH priorities. The opioid crisis and workforce development emerged as the primary focus areas for the Committee's work in the coming year.

Dr. Juarez noted that this meeting would focus on the opioid crisis to identify areas in which the Committee could provide guidance to OMH. Committee members would also discuss how to structure the recommendations (i.e., memo, letter, or report), determine what information they would need to develop the recommendations, and identify potential speakers for the face-to-face meeting in August.

Addressing the Opioid Epidemic: A Shared Federal, State, and Local Response

Committee Discussion

The purpose of this discussion was to identify key issues related to the opioid crisis, review the response to date at the federal, state, and local level, and identify available data sources that could inform the Committee's response.

Dr. Juarez proposed that each Committee member identify an issue for which they would conduct a literature review and make a short presentation at the August meeting.

Background Information and Key Issues

Dr. Juarez asked OMH to provide an update on the 21st Century Cures Act passed by Congress in December 2016, which included funds for states to address the opioid crisis. Ms. Bui reported that HHS was working on implementing provisions related to the opioid crisis. The Substance Abuse and Mental Health Services Agency (SAMHSA) recently announced funding for states to promote medication assisted treatment (MAT), access to naloxone, and provider education.

Committee members discussed current efforts to address the crisis in their communities.

- Dr. Frizzell reported that during her visits to Indian communities in the upper Midwest, she learned that people are continuing to use drugs because they know law enforcement can administer Narcan in the event of an overdose. She stressed that the Committee's recommendations should address the role of law enforcement.
- Dr. Maddox stated that the Seattle Indian Health Board does a great deal of addiction work and MAT with naloxone. Many of their physicians have waivers to prescribe naloxone, which is not the case for most practices. Practices need more primary care providers to be authorized to prescribe naloxone so they can share the patient load, because MAT entails a significant administrative burden. SAMHSA grants provide funds for case management, which is critical to track patients. The Seattle Indian Health Board does a great deal of Narcan training for the public. Seattle is planning to open a number of safe consumption sites. Prescribing guidelines for primary care physicians are important, because most of the current guidelines are not helpful.
- Dr. Frizzell agreed that the recommendations should highlight the need to monitor patients. Tribal clinics with methadone programs must have someone to ensure that patients take the medication. Patients who are overprescribed often sell their excess medication for a great deal of money.
- Dr. Juarez observed that workforce development is an important aspect of this issue. He noted that Meharry Medical College was looking at the need to update guidelines in the curriculum for all health professionals, including physicians, social work, nursing, and substance abuse treatment.
- Dr. Mojica stated that the Oregon State University College of Public Health and Human Sciences was currently conducting research in this area. She offered to reach out to her contacts at the Department of Public Health regarding surveillance activities.
- Dr. Patchell noted that Utah ranks fourth in the country in terms of opioid abuse. Most people are getting prescription medications from relatives; only about 20 percent are buying it on the streets. Methamphetamine use is still the primary issue on smaller

reservations. Opioids and heroin are emerging on larger reservations, such as the Navajo and those that are more urban.

- Dr. Juarez stated that Tennessee is in the top five states for opioid deaths. What began as a prescription drug problem has moved into heroin, which is easier to get and less expensive. Hepatitis C and HIV are co-occurring conditions for injection drug use. The Department of Public Health is very concerned about needle sharing.
- Dr. Panapasa stated that Michigan's Attorney General created a task force to determine the extent of the opioid crisis in the state by identifying opioid dealers, tracking the flow of opioids around the state, identifying over-prescribers, and tracking the use of needles. A new Opioid Trafficking and Interdiction Unit would take the lead in this initiative. The University of Michigan School of Public Health and the Institute of Social Research are expanding their existing data sources to capture the prevalence and use of drugs in general and to measure opioid use among adolescents and adults. They expect to release the findings in the near future.

Dr. Juarez noted that the Committee's recommendations must address the complexity of the issue, which varies from state to state.

Dr. Panapasa asked if the support for states under the 21st Century Cures Act extends to the U.S. Territories and Compact of Free Associated States in the Pacific. Ms. Bui stated that the grant portfolio she reviewed was open to U.S. territories. She would let Dr. Panapasa know whether the Freely Associated States were also eligible to apply.

Dr. Juarez asked OMH staff to describe activities at the federal level to address the opioid epidemic. Ms. Bui stated that many departments are dealing with the issue. She cited the following examples:

- SAMHSA grants to increase access to MAT, provide access to naloxone for first responders and communities, and educate providers and prescribers of MAT
- Centers for Disease Control and Prevention (CDC) data briefs and educational materials on overdose deaths and other data related to the opioid epidemic, and guidelines for prescribers of prescription pain killers.
- The Surgeon General's Turn the Tide Rx campaign, which encouraged providers to educate themselves on prescribing practices, has open communication with patients on the risk of addiction, and screen for substance use disorder.
- Department of Defense and Department of Veterans Affairs efforts to screen service members veterans who are dealing with or at risk for opioid use disorder.

Dr. Bakos said OMH would prepare an overview of the federal response to the opioid crisis for the August meeting.

Dr. Bakos noted that OMH recently announced a new funding opportunity announcement, "Empowered Communities for a Healthier Nation." The initiative seeks to reduce significant health disparities impacting racial and ethnic minorities and/or disadvantaged populations through implementing evidence-based strategies with the greatest potential for impact. The

program is intended to serve residents in communities disproportionately impacted by the opioid epidemic; childhood/adolescent obesity; and serious mental illness. Applicants will be asked to identify evidence-based strategies that work in minority communities. Details are available at <https://www.grants.gov/web/grants/view-opportunity.html?oppId=294314>.

Literature Review

Committee members identified topics for the literature review:

- Dr. Frizzell stated that literature on this issue in Indian Country was limited. Minnesota developed a statewide registry for narcotics that includes Indian Health Service (IHS) sites. She could conduct a literature review to see if other states had done something similar. She noted that prescription abuse is difficult to monitor in tribal communities. Indians are dual citizens, and public clinics and IHS clinics have different reporting systems.
- Dr. Maddox stated that access to providers is the primary issue for tribal communities, even in urban settings. A reservation in Montana paid to reserve 10 beds in the Seattle Indian Health Board's in-patient chemical dependency unit for their patients. Provider education is important. Case management is important so that prescribing providers do not bear the entire burden. Most prescribers were taught that pain should never be under-treated and short-term opiates are safe. Medical associations have guidelines, but specific rules would be more concrete. The Committee's recommendations related to opioid prescribing guidelines should focus on the perspective of minority health.
- Dr. Juarez noted that physician bias can be a factor. Historically, physicians were reluctant to prescribe pain killers to Latinos because of a stereotype that they were exaggerating their level of pain.
- Dr. Wong referenced studies showing that minority populations were less likely than whites to receive pain medication. The lack of appropriate treatment is detrimental to all communities. The opiate crisis in Asian communities is similar to other communities, but there is limited information. The epidemiology would be different if researchers disaggregated the data on the various Asian and Pacific Islander (API) population groups. There is a need to understand the impact of different immigration patterns among API populations on access to care and access to opiates. Barriers to care lead people to get drugs on the grey market or the black market. Kaiser Permanente has developed protocols to decrease opioid prescribing among its physicians. The healthcare system needs to take accountability for the number of prescriptions that are issued. Many small primary care practices do not have the resources they need to monitor patients. It is important to remember that those who are addicted are experiencing pain, including the pain of withdrawal. It would be important to determine whether people in minority communities are provided the support they need to give Narcan as necessary and to find a way to quantify the number of lives that could be saved if Narcan was more broadly available. This is a life or death issue.
- Dr. Panapasa reported that the School of Medicine and School of Public Health at the University of Michigan established the Michigan Opioid Prescribing Engagement Network to increase prevention and awareness of the opioid epidemic in Michigan. The program educates patients be their own advocates regarding pain management, and it

provides evidence for the use of medical marijuana. She stated that the literature search should include patient education resources and noted that the mainstream literature might not include successful initiatives and programs developed by community stakeholders.

- Dr. Patchell noted that, as an advanced practice nurse, she has worked with many patients who prefer to use traditional or alternative approaches to manage their pain so they do not have to take opioids or other medications. She stressed the importance of addressing the emotional pain that is often the driver of physical pain. Minority communities have historically had to rely on other things besides opioids to manage pain. If the literature review included those approaches, it could draw people back to their own traditions to address their pain. Minority health should not ignore culturally based solutions.
- Dr. Juarez stated that the Committee could make an important contribution by identifying traditional and alternative practices that are effective.
- Dr. Maddox noted that many traditional practices work, but they must be reimbursable in order to be sustainable.

Data Needs and Sources

Dr. Juarez listed existing sources of data that could shed light on various aspects of the crisis:

- Prevalence of the crisis
 - National Health Interview Survey
 - National Survey on Drug Use and Health
 - Monitoring the Future National Survey on Drug Use
- Behaviors
 - Behavioral Risk Factor Surveillance Survey (BRFSS)
 - Youth Behavioral Risk Factor Surveillance Survey (YBRFSS)
- Mortality
 - CDC
 - State and local health departments
- Arrests
 - Federal, state, and local law enforcement agencies
- Disparities/vulnerable populations
- Programs/services
 - SAMHSA
- Workforce development
 - Health Resources and Services Administration (HRSA)
 - State medical licensing boards
- Health care utilization
 - Center for Medicare & Medicaid
 - Hospital discharge data
 - Emergency Department visits, Drug Abuse Warning Network (DAWN).

Dr. Juarez asked Dr. Bakos to describe the data compendium developed by the Federal Interagency Health Equity Team (FIHET). Dr. Bakos stated that the FIHET Data Committee developed a compendium of datasets across HHS agencies. OMH Acting Director, Carol

Jimenez, co-chairs the FIHET. Dr. Bakos would ask her if the FIHET could devote a meeting to the opioid crisis and/or provide a speaker for the August ACMH meeting.

Dr. Juarez asked Dr. Bakos to post a link to the FIHET Data Compendium on the ACMH SharePoint drive.

Dr. Juarez asked if Committee members were aware of other datasets that would be helpful.

- Dr. Frizzell stated that the YBRFSS offers extensive information, but it is underutilized. For example, the data are not compared to the BRFSS.
- Dr. Juarez stated that the Tennessee State Health Department used records from the Medical Licensing Board to identify a discrepancy between the locations of licensed substance abuse counselors, who are primarily in urban and suburban areas, and opioid cases, which are primarily in rural areas.
- Dr. Frizzell cautioned that licensing data do not accurately reflect the availability of providers, because they do not differentiate between a provider who works full time and one who works one day a week in a rural area.

Committee Member Assignments

Dr. Juarez said he would circulate a list of issues that emerged from this discussion. He asked members to commit to an issue for which they would conduct background research to identify resources for developing recommendations.

Deliverable and Timeline

Committee members discussed whether to deliver the recommendations in a letter, a memo, or a report. Given the urgency of the issue, there was a consensus to develop an initial memo that would frame the recommendations, followed by a letter that could be completed within a month or two following the August meeting.

Dr. Panapasa asked if the members' background research would be incorporated into the deliverable. Dr. Juarez replied that the research would inform the August meeting.

August Meeting

Committee Discussion

Committee members proposed speakers for the August meeting:

- Dr. Juarez proposed to invite speakers from the Office of the Surgeon General, SAMHSA, the FIHET, and someone who could speak on the 21st Century Cures Act.
- Dr. Frizzell proposed a speaker from HRSA to discuss workforce issues; the CDC to discuss surveillance techniques; Tom Morris from the HRSA Office of Rural Health Policy to address the issue of clinic closings; and someone from law enforcement.
- Dr. Wong proposed to invite a speaker from the National Governor's Association and a local health officer. He noted that the Baltimore City Health Commissioner, Dr. Leana Wen, was establishing a national reputation.

- Dr. Panapasa noted that the Department of Veterans Affairs recently conducted a survey of the veteran population, which could be a source of data. Dr. Bakos said she would contact Barbara Ward, who represents the VA's Office of Minority Veterans on the FIHET, to make a presentation on survey findings regarding opioid use among veterans.

Public Comments

Dr. Juarez opened the floor for public comments.

Clare Rudolph, Association of State and Territorial Health Officials (ASTHO), noted that ASTHO has been working with state health agencies to advance comprehensive solutions to address the opioid crisis. They also work with federal partners, including HRSA, CDC, and the National Drug Abuse Network to support their members. The 2017 President's Challenge for 2017 is focused on preventing substance abuse and addiction (www.astho.org/addiction). They would be happy to support the work of the Committee as needed.

Adjournment

The meeting was adjourned at 2:28 p.m.

ACTION ITEMS

- Ms. Bui inform Dr. Panapasa whether the Freely Associated States are eligible to apply for grants funded through the 21st Century Cures Act.
- OMH will prepare an overview of the federal response to the opioid crisis for the August meeting.
- Dr. Bakos will ask Carol Jimenez if the FIHET could devote a meeting to the opioid crisis and/or provide a speaker for the August meeting.
- Dr. Bakos will post a link to the FIHET Data Compendium on the ACMH SharePoint drive.
- Dr. Juarez will circulate a list of issues for the literature review.
- Committee members will identify an issue for which they will conduct background research to identify resources for developing recommendations.
- Dr. Bakos will invite Barbara Ward from the VA Office of Minority Veterans to make a presentation on opioid use among veterans.