

DATE: June 19, 2018

TO: Matthew Lin, M.D.
Deputy Assistant Secretary for Minority Health
Director, Office of Minority Health

THROUGH: Violet Woo, M.S., M.P.H.
Designated Federal Officer
Advisory Committee on Minority Health

FROM: Paul Juarez, Ph.D.
Chair, Advisory Committee on Minority Health

SUBJECT: Opioid Crisis: Recommendations for Creating a Culturally Sensitive System of Care

BACKGROUND

Despite increased attention in recent years, the opioid epidemic continues to worsen and affects all sectors of our society. Its devastation now extends beyond that of individuals, families, and racial, ethnic, and socio-economic groups or the capacity of any health, behavioral health, education, or law enforcement agency to address it singularly. The increase in deaths involving opioids is so large that it now affects the average United States (U.S.) life expectancy.ⁱ The increasing magnitude of the epidemic highlights the urgent need for a coordinated public response.

During the August 2017 meeting of the Advisory Committee on Minority Health (ACMH or the Committee), evidence on opioid misuse, addiction, and overdose, as well as current federal, tribal, state, and local efforts on this issue, was presented to the Committee. In addition, multisector perspectives including health care, public health, law enforcement, and first responders related to this growing crisis were presented. Clearly, the complexity of opioid misuse requires a systems approach that includes coordination of multifaceted prevention and intervention solutions across federal, tribal, state, and local government and the public health, law enforcement, justice, and education sectors. In addition, it is imperative to take into account best practices or promising practices, structural barriers, and unique needs related to addressing substance use issues among racial and ethnic minority populations, some of which stem from differences in culture and language.¹

The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care

The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards) were developed by the Office of Minority Health (OMH) at the U.S. Department of Health and Human Services (HHS) in 2000 to promote health equity, improve health services, and help eliminate racial and ethnic disparities in health care.ⁱⁱ In 2013, OMH released enhanced National CLAS Standards, which include 15 standards divided into a principal standard and three supporting themes: Governance, Leadership, Workforce;

Communication and Language Assistance; and Engagement, Continuous Improvement, and Accountability.ⁱⁱⁱ The National CLAS Standards, their history and purpose, and suggestions for implementation are presented in the *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice*.^{iv}

The principles and approach of the enhanced National CLAS Standards provide a framework for health systems to better serve diverse populations. The enhanced National CLAS Standards have direct relevance for a coordinated response to the opioid crisis, as well as the development of effective strategies to improve service access, service delivery and quality, and equitable outcomes. The following recommendations, which leverage the enhanced National CLAS Standards, provide a roadmap for public agencies to adapt an approach that incorporates a culturally competent system of care for opioid prevention, intervention, and treatment.²⁻⁵

RECOMMENDATIONS

A culturally sensitive, patient-centered system of services is needed to provide a continuum of opioid prevention and treatment services. Achieving optimal health and wellness will require, at a minimum, involvement of first responders, public health educators, health care providers, behavioral health services (including substance abuse) treatment providers, prevention specialists, recovery support specialists, and law enforcement and justice professionals. Establishing a culturally responsive, multisector system of services will require addressing the following major components: public policy, organizational policy,⁶⁻⁸ prevention and treatment⁹⁻¹⁸, and workforce development.^{19,20} Although the provision of health services is essential to addressing the opioid crisis, ACMH recognizes that OMH does not directly provide treatment services. The Committee recommends supporting programs through the Substance Abuse and Mental Health Services Administration (SAMHSA), Health Resources and Services Administration (HRSA), and other relevant federal, state, tribal, and local organizations with expertise in prevention, and treatment services in the clinical setting.

Governance, Leadership, and Workforce

A coordinated system of services that addresses underlying causes of opioid misuse and addiction may necessitate involvement of child welfare; economic development; education; financial services; housing, labor, and social services providers; the religious community; and traditional healers in addition to federal, state, tribal, and local governments. A coordinated system of services will help ensure the provision of effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

Governance and Leadership. The second Standard within the enhanced National CLAS Standards is to “advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.” This Standard emphasizes the importance of integrating efforts that promote culturally sensitive services and health equity into organizations by working closely with leadership to ensure buy-in amongst all levels of employees. In order to address the opioid crisis in a way that is culturally sensitive, CLAS standards should be incorporated both into the cultures of governments and organizations

as well as implemented in the delivery of services on the systems level. *The Blueprint* and the enhanced National CLAS Standards provide specific strategies to support implementation.

Recommendations:

- Provide leadership to other public, private, and non-profit organizations regarding the incorporation of CLAS standards into a system of care for opioid misuse.
 - Ensure access to substance use disorder treatment among all populations, regardless of language, culture, insurance status, or ability to pay.
 - Address the unique social, cultural, and linguistic needs of minority subpopulations around opioid prevention, intervention, treatment, and recovery support to encourage patients to seek services that, promote patient-centeredness, and improve outcomes.
 - Engage patients from diverse ethnic and racial backgrounds in the development and delivery of culturally responsive prevention messages and interventions to ensure that different worldviews of underlying causes, treatment, and care are not barriers to achieving optimal health.
 - Promote a continuum of prevention and services—aligned with the SAMHSA model—that includes primary, secondary, and tertiary prevention strategies.
 - Convene coalitions and task forces to create and disseminate tailored, culturally and linguistically relevant messaging focused on prevention and treatment of substance use disorders with an emphasis on opiates. Build on the lessons learned from previous efforts, such as the National Human Papilloma Virus (HPV) Vaccination Roundtable, to develop targeted messages to specific populations.
 - Promote attention to eliminate health disparities and achieve health equity in federal efforts related to the opioid crisis:
 - Collaborate with the major federal agencies working on these issues, which includes, but is not limited to, SAMHSA, HRSA, and Department of Justice (DOJ), to expand reach and visibility as well as further promote each agency’s role in combating the opioid crisis.
 - Collaborate with federal agencies to collect, analyze, and report opioid-related data by race and ethnicity
 - Coordinate with current task forces, which includes, but is not limited to, the President’s Commission on Combating Drug Addiction and the Opioid Crisis, the Prescription Interdiction and Litigation (PIL) Task Force, and the HHS Behavioral Health Coordinating Committee.
- Adapt and evaluate the effectiveness of the enhanced National CLAS Standards implementation to ensure that governmental and organizational policies are not barriers to opioid services.

Workforce Development. The health care and service workforce is a critical issue affecting the quality and access of care and services, especially for racial and ethnic minority populations. In order to address the opioid crisis and meet the needs of the community, a robust, diverse, culturally responsive workforce is vital. Currently, there is a large underrepresentation of providers from racial and ethnic minority populations in the health care workforce.^v In addition, there are significant shortages of health professionals in low-income, rural, and medically underserved areas, which further contribute to disparities in health and health care.^{vi} Beyond

differences in representation and shortages of providers in underserved communities, racial and ethnic minority populations, especially those with limited English proficiency, are more likely to report poor patient-provider interactions than non-Hispanic white populations.^{vii}

Recommendations:

- Coordinate with responsible agencies, which includes HRSA, SAMHSA, and Indian Health Service (IHS), to ensure that CLAS elements are incorporated in the overall workforce development plans across federal, state, tribal, and local levels.
- Identify and promote evidence-based or effective models, which are applicable to rural populations, by using inter-professional team approaches to consider the language, cultural norms, and individual preferences of patients and family members.
- Ensure health service providers and their staff are culturally and linguistically sensitive to the needs of the population they serve.
 - Provide technical assistance to governments and organizations to ensure CLAS is integrated into health professions' education programs.
 - Provide continuing education to current health care professionals to ensure pain management care is aligned with evidence-based or promising models to ensure culturally appropriate practices.
 - Support the development of culturally appropriate pain management and care protocols.
 - Train health professions students on how to incorporate CLAS in effective communication with patients and their families around pain management and substance use services.
- Develop, prepare, and sustain a culturally responsive health care and services workforce that delivers high quality services in a transforming health and wellness delivery system.
 - Prepare students for practice in rural and/or medically underserved areas and populations.
 - Support the development and sustainability of inter-professional, health workforce programs, such as bridging and interdisciplinary education programs, continuing education, and recruitment programs that embody the enhanced National CLAS Standards to ensure the workforce is reflective of the populations that are disproportionately affected by the opioid crisis.
 - Work with health professions' governing and accreditation bodies to develop and support the integration of core competencies in culturally responsive, integrated care and services from prevention, intervention, and treatment to recovery.

Communication and Language Assistance

Health education and prevention messaging is critical to effectively address the opioid crisis. In order to ensure that messaging is focused on health promotion, access to health services, and effective overdose prevention, it is essential that information is available in a variety of languages and that messaging is culturally appropriate. Additionally, it is important to address and learn about cultural diversity related to stigma. Often cultures and sub-cultures preclude an acceptance for individuals and families to pursue behavioral health services because of a negative impact on their families. Approximately 8.5 percent of the U.S. population are classified as speaking English less than very well, indicating an important need to provide health

information in languages tailored to certain areas and communities.^{viii} Additionally, health literacy, or the ability to obtain, process, and understand basic health information, within the U.S. population is only 12 percent.^{ix} Low-level health literacy coupled with diversity of languages spoken in the U.S. highlights the importance of developing health communication around prevention and treatment that is culturally tailored and accessible. The diversity of the population requires the provision of culturally and linguistically appropriate access to prevention and treatment.

Recommendations:

- Provide language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all appropriate health care and preventive services.
- Coordinate with responsible agencies at the federal, state, tribal, and local levels, as well as private and non-profit organizations, to ensure CLAS standards are incorporated into overall prevention efforts.
- Reduce the stigma²¹ associated with addiction to help both seekers of services and providers through increased public awareness and education.
- Integrate CLAS and health literacy standards into opioid policies, programs, and messages.
- Support culturally relevant educational outreach and dissemination campaigns through established social media networks and partners.
- Facilitate the dissemination of easy-to-understand print and multimedia materials and signage in the languages commonly spoken by the populations in the service area.
- Utilize the expertise of Office of Minority Health Resource Center (OMHRC) to connect with resources and partners to translate materials into appropriate language and cultural content.

Engagement, Continuous Improvement, and Accountability

The health service delivery system is undergoing rapid transformation to a patient-centered system that integrates behavioral health, care coordination, cultural humility, continuous improvement, and accountability. Establishment of a culturally responsive system of services to address opioid addiction has implications for practice transformation to ensure that cultural and linguistic needs of diverse and vulnerable populations are addressed. Community partnerships can provide valuable input into the design, implementation, and evaluation of policies, practices, and services to ensure cultural and linguistic appropriateness.

Recommendations:

- Disseminate information about evidence-based opioid prevention and care as well as best practices or promising practices that integrate primary care, behavioral health counseling, transportation, access to social services, peer support, pain management, and medication-assisted treatment (MAT), which provides medication and behavioral therapy.

- Provide technical assistance to community groups on how to assess community health assets and needs to plan and implement integrated health services that respond to the cultural and linguistic diversity of populations in the service area.
- Coordinate with health plans to identify and address the needs of individual patients and vulnerable populations.
- Collect and maintain accurate and reliable demographic, health services, and patient data to monitor and evaluate the impact of CLAS on health equity and outcomes as well as the quality of health service delivery.
- Provide technical assistance to support a workforce in communities that reflects the populations that are impacted by the opioid crisis.

CONCLUSION

A complex health issue like the opioid crisis requires a multifaceted, coordinated systems approach that considers the unique needs of and effective supports for diverse communities. To prevent the tragic outcomes associated with opioid addiction and support health equity across our nation's communities, it is critical for federal, state, tribal, and local governments and multiple sectors, which includes first responders, public health, health care, law enforcement, justice, and education, to create a culturally sensitive and patient-centered system of care. An effective system of care must provide a continuum of opioid prevention and treatment services that reflect best practices. This current memo, the second in a series of ACMH memos focused on the opioid crisis, recommends policy, practice, and accountability enhancements needed to ensure the availability of a system equipped to respond to the needs of racially, ethnically, and culturally diverse populations, particularly those that are historically underserved.

To reduce disparities in health services access, quality of care, and health outcomes and to achieve health equity, it is critical for stakeholders involved in combating the opioid crisis to apply culturally sensitive, health equity focused frameworks such as the enhanced National CLAS Standards to every aspect of their efforts. CLAS provides a systems framework for communities to develop a comprehensive response to the opioid crisis and a culturally competent system of services that comprises: Governance, Leadership, and Workforce; Communication and Language Assistance; and Engagement, Continuous Improvement and Accountability. The ACMH, therefore, recommends that organizational policies and practices engage institutional leadership and consumers in the development and delivery of accessible, culturally responsive systems of services focused on evidence-based or promising practices for prevention and treatment education, services, and evaluation of effectiveness. The Committee also recommends that OMH collaborate with federal, state, tribal, and local organizations with expertise in cultural humility for workforce development, opioid prevention, treatment, and continuous quality improvement to facilitate service provision. The ACMH appreciates HHS, and OMH in particular, for continuing to work with the Committee to promote health equity. OMH can serve as an important resource to communities in developing a coordinated response, and the Committee welcomes the opportunity to collaborate on critical issues that impact the health and health care of our nation's diverse communities.

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