



Minnesota Substance Use Disorder Community of Practice: May 7, 2024 Meeting Summary

Background

On May 7, 2024, participants attended the sixth Minnesota (MN) Substance Use Disorder (SUD) Community of Practice (CoP). The CoP comprises people engaged in SUD treatment and prevention in any capacity. This includes individuals with lived experience, providers, family members, researchers, recovery peers and advocates. The goal of the MN SUD CoP is to encourage the translation of knowledge into action and provide a framework for information sharing, competence development, rich discussion, and mentoring.

The MN SUD CoP meeting was facilitated by Health Management Associates (HMA) employees, Boyd Brown and Danielle Swanson, with subject matter expertise from [Anika Alvanzo](#). The CoP meeting was also planned and conducted in partnership with three community consultants, George Lewis, Zhawin Gonzalez, and Yussuf Shafie. While HMA and the community consultants are available to provide a framework for the meetings, the goal of the MN SUD CoP is for participants to engage and set priorities for the CoP actively.

General Announcements

Boyd Brown, HMA, began the meeting with a few reminders for the CoP participants. These included:

1. **March and April Workgroups:** HMA conducted two workgroups in March and April focused on delivering culturally specific SUD care. HMA thanked participants for their attendance in the 2024 workgroups thus far.
2. **2024 MN SUD CoP Schedule:** HMA reminded participants that the MN SUD CoP meeting links are provided in the table below and available on the [MN SUD CoP webpage](#).

Meeting	Date/Time	Registration Link
Q3 MN SUD CoP Meeting	August 20, 2024: 1-2:30 pm CT	https://healthmanagement.zoom.us/meeting/register/tJ0IdOqpqD4tGtzQfTBGwetlGuqSxssEVLbT
Q4 MN SUD CoP Meeting	October 15, 2024: 1-2:30 pm CT	https://healthmanagement.zoom.us/meeting/register/tJwPd-yhrzktGdAjRiOfyPNDD9wb-h86ocRs

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Presentation and Provider Panel: Delivering Culturally Responsive SUD Care

Presentation and panel facilitation by Anika Alvanzo, MD, MS, DFASAM, FACP, Principal at HMA's Baltimore office.

Panelists:

- Woodrow Jefferson, Community Liaison Coordinator at Turning Point
- Yussuf Shafie, CEO at Alliance Wellness Center
- Angela Cuellar, CEO of Another Chance
- Latricia Tate, CEO of Twin Cities Recovery Project

Presentation

To begin the presentation, Dr. Alvanzo presented on the following topics:

Understanding Equality and Equity

- Equality: Each individual or group is given the same resources or opportunities.
- Equity: mandates customized solutions to meet the unique requirements of specific communities or population(s); tries to correct imbalance by creating more opportunities for people who have historically had less access- The bottom picture illustrates the concept of equity.

Equity and Justice

- Social systems are not naturally inequitable.
- Injustice is rooted in discriminatory practices and beliefs.
- Justice involves correcting systemic barriers that cause inequities.
- Structural changes are necessary to rectify imbalances.

Race, Ethnicity, Sexual Orientation Differences in Substance Use

- Structural changes have enabled equitable resource distribution for historically disadvantaged groups.
- Stark racial and ethnic differences exist in substance use. For example, Indigenous youth are four times more likely to report substance use in the last 30 days, Black women who drink are more likely to develop alcohol use disorder and continue it for many years, Hispanic US-born men and women have a higher risk of alcohol use disorder, SUD is higher among sexual and gender minorities, and people with disabilities are at significantly increased risk for SUD.
- Racial and ethnic minorities are disproportionately likely to be arrested, prosecuted, convicted, sentenced, and incarcerated.
- Overdose rates increased significantly between 2019 and 2020, disproportionately affecting minority communities.

Disparities in SUD Treatment

- Women are less likely to report substance use disorder and more likely to need ancillary services when they do, people with disabilities are 40% less likely to be prescribed medication for opioid use disorder compared to those without disabilities, and Black people are 72% less likely to receive medication for opioid use disorder than whites.
- Racial disparities exist in harm reduction services for those not ready to stop substance use.

Cultural Humility and Culturally Responsive Care

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- Cultural humility and culturally responsive care are important to address unequal treatment in healthcare as data shows pervasive racial and ethnic disparities leading to poor outcomes. Evidence-based practices are often normed on the majority population, not reflecting diverse populations.
- Cultural humility involves understanding and respecting diverse identities, in contrast to cultural competence which assumes knowledge acquisition.
- Cultural competence is important, but cultural humility is a continuous process. To be culturally humble, healthcare providers must be aware of how different identities and cultures impact health behaviors. Cultural humility requires openness, respect, and a willingness to minimize hierarchies when interacting with people from diverse cultures.
- Identifying potential barriers and facilitators, considering strengths, and providing culturally responsive care are crucial.

Culturally Focused Assessments for Individualized Treatment

- Using culturally focused assessments to identify potential barriers and strengths of individuals and inform the design of services, treatment plans, and recovery support. Key factors include lived identities, recovery definitions, systemic impacts, and life stages.

Measuring and Improving Culturally Responsive Care

- There is limited research and challenges in assessing outcomes from the provision of culturally responsive SUD services.
- Responsive care interventions have demonstrated positive results in reducing substance use. Benefits include decreased frequency of use, high abstinence rates, reduced cravings, and improved mental health symptoms.
- However, additional research is needed to further support these findings.

Federal Standards for Culturally Appropriate Healthcare Services

- Culturally responsive care is gaining attention from organizations, federal standards, and funders.
- The Minnesota Department of Health, The Joint Commission, and the American Society of Addiction Medicine (ASAM) emphasize its significance.

Panel

Following Dr. Alvanzo's presentation, SUD treatment providers and advocates who provide culturally responsive care in Minnesota were asked to share their experiences. A summary of their responses is provided below.

Please provide a brief introduction of yourself and your organization.

- Woodrow Jefferson is a Client & PA Liaison and After Care Coordinator at [Turning Point](#), an SUD treatment center that has been providing SUD treatment, primarily to Black/African American males for about 20 years.
- Angela Cuellar is the co-founder of [Another Chance 4 Hope](#), a non-profit organization of dedicated lived experienced professionals who aim to promote health and wellness to the underserved population. Angela is passionate about addressing the rise in addiction by meeting individuals where they are at, particularly in her own Native American community.
- LaTricia Tate is the CEO and co-founder of [Twin Cities Recovery Project](#), a Recovery Community Organization (RCO) that offers a variety of services for people seeking help in the areas of substance use, mental health, and criminal justice. LaTricia emphasizes her organization's focus on supporting the Black/African American community in their recovery journey.

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- Yussuf Shafie is the founder of [Alliance Wellness Center](#), a culturally specific SUD treatment program for East African men and women.

Can you describe the steps your organization took to ensure that the treatment you were providing was culturally responsive and what that means to your organization?

- Culturally responsive care involves tailoring programs to the specific cultural needs of the community. It often involves community engagement and collaboration with aligned organizations.
- Panelists have developed outreach and treatment programs focused on culturally responsive care for diverse communities. For example, Native American, Black/African American, and East African traditions and practices are incorporated into treatment services at panelist organizations. Additionally, panelists incorporate other practices such as using translation services or applications to help non-English speaking families.

How does being a member of the community you serve help to impact or improve your ability to deliver culturally specific care?

- Panelists noted that for most of their organizations, a substantial percentage of their staff and leadership are from the community they serve, ensuring cultural representation. This approach enhances the organization's ability to provide culturally responsive treatment.
- Staff members who are not members of the specific community undergo cultural sensitivity training to better understand clients. The trainings cover topics such as communication, customs, and beliefs. The goal is to create a more comfortable and respectful environment for clients.
- Panelists shared that being a member of and living in the community helps build trusted client relationships and improve the ability to provide services to that community.
- However, being a person of color does not automatically ensure culturally responsive care, as not all individuals of color are familiar with cultural practices or beliefs outside their own. Cultural humility and openness to learn and communicate are essential.
- Some panelists noted that SUD counselors or treatment providers, particularly White providers, face challenges in connecting with clients due to a lack of shared experiences and systemic injustices. However, culturally responsive care is possible for non-community members with passion and willingness to learn and understand the culture.

How are you measuring the impact of culturally responsive care?

- Panelists noted that healing the community is the focus of many of their organizations and acknowledged that they obtain stories of success through alumni meetings, surveys, focus groups, or other story-sharing settings. They also measure success by observing continued participation, volunteering, and engagement beyond recovery.
- There was an acknowledgment that though some of the panel organizations collect progress and retention data, there are challenges in developing effective measurement strategies. Panelists noted that lack of funding or staff contributes to barriers to implementation, particularly as it relates to outcomes of culturally specific care.

How did you go about incorporating the voices of the community that you are serving in shaping the treatment you provide?

- Panelists have held listening sessions, social media outreach, in-person feedback events, surveys, and other methods to obtain feedback from community members on services and incorporate feedback into services regularly.

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- Summer is an active time for SUD treatment organizations and organizations often work with other treatment facilities or advocates to incorporate new or improved culturally specific practices and offerings.
- Panelists stressed that eliminating SUD and addiction stigma is key to receiving honest feedback from impacted community members.

How do you incorporate addressing tobacco use in your programs and educate on disparities in tobacco marketing and use?

- The tobacco industry targets specific communities, particularly communities of color, leading to higher tobacco use rates. While effective strategies to combat tobacco use are still being sought, panelists try to educate clients and community members about risks and disparities in tobacco marketing and health outcomes.

How do you think providing culturally responsive SUD care helps improve treatment outcomes?

- Culturally responsive care builds trust and removes barriers to active participation in SUD treatment, which promotes individual success in recovery. Building trust is also crucial for opening dialogue, establishing relationships, and supporting individuals.
- Panelists build trust by incorporating cultural practices, such as providing familiar food, religious spaces, holidays, and other culturally specific practices.
- Outreach efforts should emphasize confidentiality and cultural sensitivity, particularly among youth who are heavily impacted by culturally responsive practices. Approaching people from the perspective of their day-to-day, values, beliefs, and what is important to them increases the chance of them using resources and support.

If you had a magic wand and unlimited funding, how would you design a culturally responsive treatment system?

- Panelists are continually exploring ways to connect finances and logistics for faster service and to remove barriers for organizations to provide services immediately. They encouraged seeking innovative funding methods to enhance community development efforts and to be able to provide additional individual therapy sessions without financial constraints.
- Other social needs, such as housing, food security, and employment, also need to be addressed, as these needs can place additional strain on those in recovery and lead to relapse if they are not adequately addressed.
- Finally, panelists noted that improved prevention and aftercare are crucial aspects that require substantial investment.

The MN SUD CoP will reconvene on August 20, 2024.

To obtain the slides presented during the May MN SUD CoP, please email mnsudcop@healthmanagement.com.

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