Concurrent Session 1: Advancing Health Equity: Discussion and Listening Session

Moderator: Mallory O’Brien, Johns Hopkins University

Speakers

- Laura Kollar, Centers for Disease Control and Prevention (CDC)
- Rose Hefferon, CDC
- Cortney Yarholar, National Criminal Justice Training Center of Fox Valley Technical College (NCJTC)

Advancing Health Equity Through Overdose Fatality Review (OFR)

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2024 National Forum on Overdose Fatality Review
March 5, 2024

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Land Acknowledgement

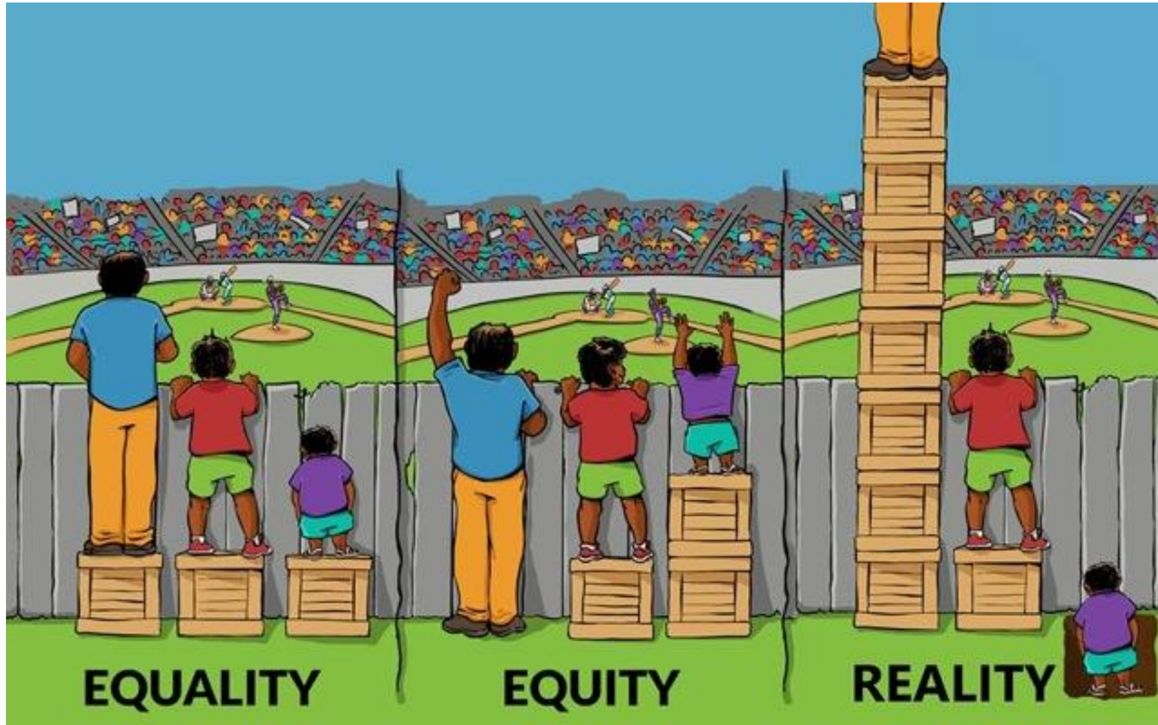
Presentation Objectives

- Define health equity and related terms
- Discuss how each phase of an OFR can be led through a health equity lens
- Introduce the incorporation of social determinants of health data elements within the OFR data management system
- Share your experiences, strategies, and challenges integrating health equity in OFRs – Facilitated discussion

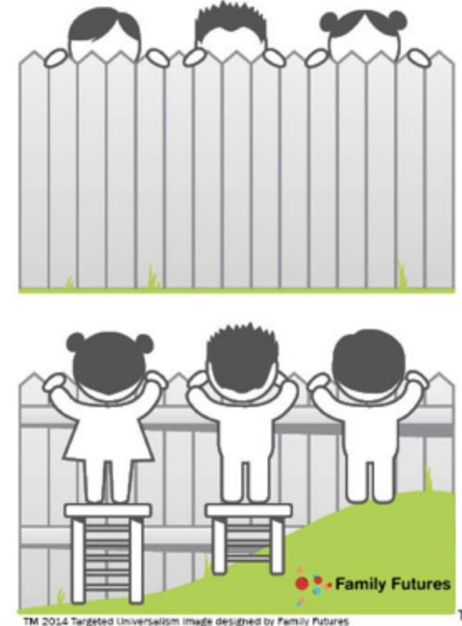
Defining Health Equity and Related Terms

We engage in equity work every day!

Equality, Equity, Reality: No perfect solutions



Craig Froehle is credited in 2012 of inspiring several images similar to above and becoming an "accidental meme". The first two panels were a "gift to the world of equity practitioners" from the Interaction Institute for Social Change who engaged artist Angus Maguire (January 2016). Twitter user @urbandata posted a 3rd "Reality" panel later (February 2016)



Family Futures (2014)

Unknown artist and year (earliest attribution found in August 2018 by Northumberland Coalition for Social Justice)

Health Equity

A state in which **<u>everyone</u>** has a fair and just opportunity to attain their highest level of health.

Achieving this requires focused and ongoing societal efforts to

- address historical and contemporary injustices;
- overcome economic, social, and other obstacles to health and healthcare; and
- eliminate preventable health disparities.

CDC Office of Health Equity, https://www.cdc.gov/healthequity/index.html

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Health Disparities

Preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by populations that have been disadvantaged by their social or economic status, geographic location, and environment

Health Equity Glossary | OHE (cdc.gov)

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Health Inequities

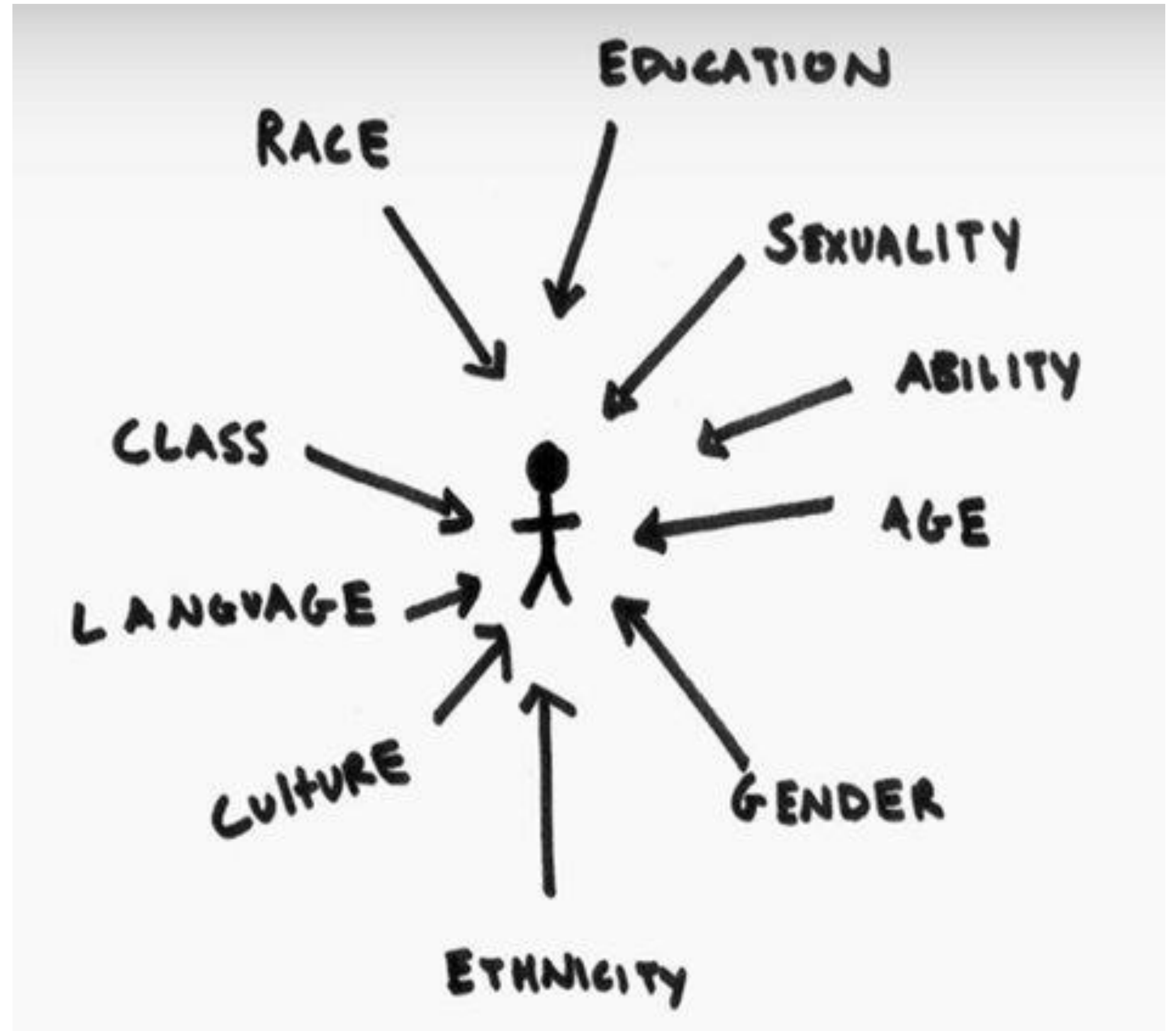
Particular types of health disparities that stem from unfair and unjust systems, policies, and practices and **limit access** to the opportunities and resources needed to live the healthiest life possible.

[Health Equity Glossary | OHE (cdc.gov)](https://www.cdc.gov)

Importance of Intersectionality

"This idea that we all have the same life is false. Race, class, gender come together to shape the life chances of people in very different ways."

-Kimberle Crenshaw



Adverse Childhood Experiences (ACEs)

ACEs are **potentially traumatic events that occur during childhood** (ages 0-17 years), such as experiencing abuse or neglect, witnessing violence, having a family member attempt or die by suicide, or living in a household where a parent or caregiver is negatively affected by substance use or poor mental health.

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Fast Facts: Preventing Adverse Childhood Experiences |Violence Prevention|Injury Center|CDC

Social Determinants of Health (SDOH)

Conditions in the places where people live, learn, work, play, and worship that affect a wide range of health risks and outcomes.

- Healthcare access & quality
- Education access & quality
- Social & community context
- Economic stability
- Neighborhood & built environment

Health Equity Glossary | OHE (cdc.gov)

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Overdose deaths affected by data issues

TABLE 1. Corrected* and uncorrected age-adjusted total drug†, opioid-involved, and heroin-involved overdose mortality rates (per 100,000 population) and rate ratios for American Indians/Alaska Natives and non-Hispanic whites — Washington and United States, 2013–2015

Race	Population	Total drug†	Opioid-involved	Heroin-involved
		Type of drug overdose rate (95% CI)		
American Indian/Alaska Native	WA (corrected)	40.9 (35.1–48.0)	27.5 (22.8–33.5)	16.7 (13.1–21.6)
	WA (uncorrected)	28.7 (23.7–33.7)	19.6 (15.7–24.2)	11.9 (8.9–15.5)
	US (uncorrected)	13.2 (12.5–13.8)	7.6 (7.1–8.0)	2.4 (2.1–2.6)
White, non-Hispanic	WA (corrected)	15.1 (14.5–15.7)	10.2 (9.7–10.7)	4.1 (3.7–4.4)
	WA (uncorrected)	15.7 (15.0–16.3)	10.6 (10.1–11.2)	4.3 (4.0–4.6)
	US (uncorrected)	19.2 (19.1–19.3)	12.1 (12.0–12.2)	4.4 (4.4–4.5)
AI/AN:NHW rate ratios				
WA AI/AN:NHW (corrected)	—	2.7 (2.3–3.1)	2.7 (2.3–3.2)	4.1 (3.2–5.2)
WA AI/AN:NHW (uncorrected)	—	1.8 (1.3–2.6)	1.8 (1.5–2.3)	2.8 (2.1–3.6)
U.S. AI/AN:NHW (uncorrected)	—	0.69 (0.65–0.72)	0.63 (0.59–0.67)	0.55 (0.49–0.61)
WA AI/AN (corrected:uncorrected)	—	1.4 (1.0–2.1)	1.4 (1.1–1.8)	1.4 (1.0–2.0)

Slide annotations (AI/AN WA corrected vs. uncorrected): Total drug +12.2; Opioid-involved +7.9; Heroin-involved +4.8. Rate ratios: Total drug +0.9; Opioid-involved +0.9; Heroin-involved +1.3.

Sources: Washington Center for Health Statistics Death Files 2013–2015 linked with the Northwest Tribal Registry (corrected data); CDC WONDER online database, Multiple Cause of Death data 2013–2015 (uncorrected data).

Abbreviations: AI/AN = American Indian/Alaska Native; CI = confidence interval; NHW = non-Hispanic white; WA = Washington.

* Data are corrected for misclassification of AI/AN race through probabilistic record linkage with the Northwest Tribal Registry.

† Total drug overdose deaths include opioid-involved and nonopioid-involved deaths; opioid-involved deaths include heroin-involved deaths.

Racial misclassification *underestimated* WA AIAN deaths by ~40%

Citation: Joshi S, Weiser T, Warren-Mears V. Drug, Opioid-Involved, and Heroin-Involved Overdose Deaths Among American Indians and Alaska Natives — Washington, 1999–2015. MMWR Morb Mortal Wkly Rep 2018;67:1384–1387. DOI: http://dx.doi.org/10.15585/mmwr.mm6750a2

Health Equity and Tribal Communities

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OFR and Health Equity Process and SDOH

Health equity and OFRs

Recruit your OFR members

Example to incorporate equity

Partnerships are representative of each case's unique circumstances.

Think about any other examples for discussion later…

Plan your OFR meeting

Example to incorporate equity
Case selection considers local health equity needs related to overdose fatalities.

OFR meetings are accessible to all participants.

Think about any other examples for discussion later…

CDC

Facilitate your OFR meeting

Example to incorporate equity
Facilitators intentionally seek to neutralize power dynamics and establish a community of trust.

Think about any other examples for discussion later…

CDC

Collect your OFR data

Example to incorporate equity
OFR teams collect case-level and aggregate community-specific social determinants of health data.

Think about any other examples for discussion later…

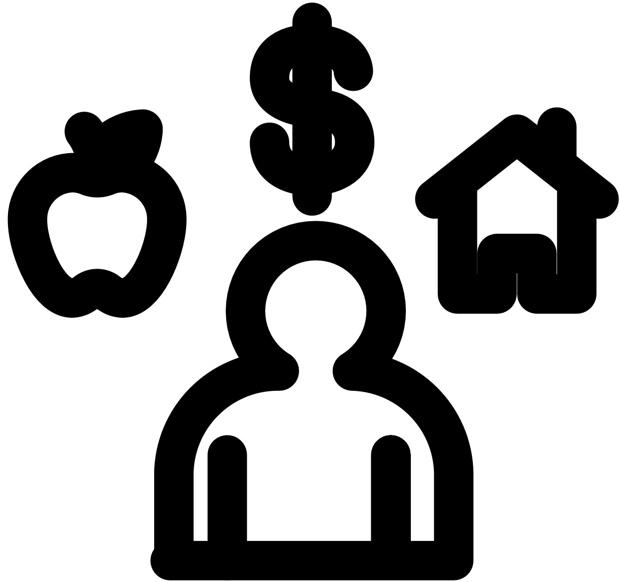
Build a Recommendation Plan

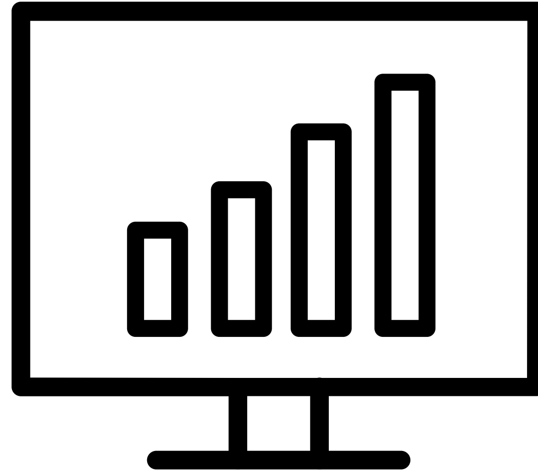
Example to incorporate equity
OFR teams intentionally build health equity goals into their recommendations and work plans.

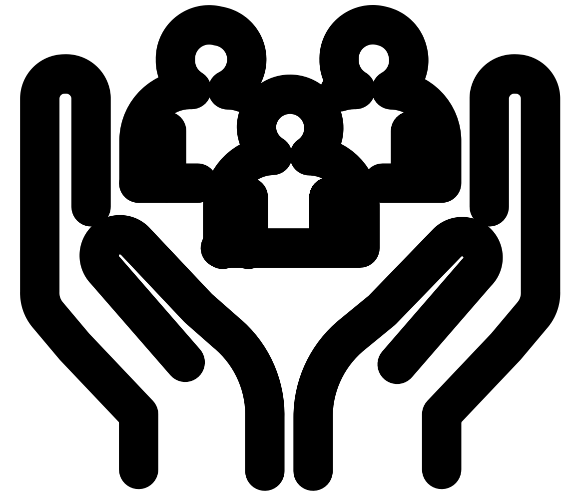
Think about any other examples for discussion later…

CDC

SDOH in the OFR Data Management System







~40% or 600 variables are SDOH-related

Some SDOH variables are found more often than others

Potential improvement: increase knowledge and use of SDOH variables

Facilitated Discussion

CDC

Discussion

Question 1

What are some challenges to integrating equity into any aspect of this process?

Why is this a challenge?

Discussion

Question 2

What are successes to integrating equity into the OFR process?

How is this a success?

Discussion

Question 3

What are two ways that you can see integrating equity into the OFR process in your community?

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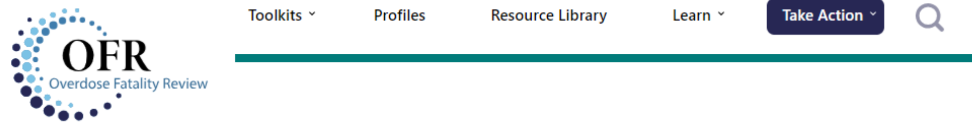
THANK YOU!

Disclaimer: The findings and conclusions in this presentation are those of the presenters and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Additional Support Available!

OFR Email Exchange

- Great way to network with your peers!



OFR Message Exchange Sign-Up

The OFR message exchange is a platform for those involved in Overdose Fatality Reviews to engage with one another. Enrollment in this message exchange is by permission only, and the **terms of use** apply.

The fields marked with the * are required.

First Name*

Last Name*

Training and Technical Assistance (TTA) Request

- Expertise is available to support your OFR efforts
- We are here to help you troubleshoot day-to-day challenges as they arise

Training and Technical Assistance Request

Regardless of funding source, anyone can request OFR training and technical assistance. Expertise is available to support the expansion and development of overdose fatality review (teams) through a variety of formats, including but not limited to:

- Host one-on-one calls to troubleshoot day-to-day challenges
- Identify available resources and materials
- Connect TTA requestor to peers in the field
- Present to team or meeting attendees
- Convene professionals to address a need
- Facilitate virtual meetings and workshops

OFR Mentor Site Opportunities

- The purpose of the Overdose Fatality Review (OFR) Mentor Program is to elevate, communicate, and leverage OFR promising practices while building bridges between nascent teams and those with demonstrated success. The OFR Mentor Program provides a unique opportunity to learn the application and practice of OFR from experienced peers
- Interested sites can apply here

Overdose Fatality Review

Peer Mentor Site Opportunities

The purpose of the Overdose Fatality Review (OFR) Peer Mentor Program is to elevate, communicate, and leverage OFR best promising practices, while building bridges between nascent teams and those with demonstrated success. The OFR Peer Mentor Program provides a unique opportunity to learn the application and practice of OFR from experienced peers.

OFR Peer Mentee Application

OFR peer mentor participants are matched to an experienced mentor site program that provides consultation and support through direct communication and a virtual* OFR site visit, to see first-hand how OFRs work in practice.

A typical OFR mentee experience will include:

- One-hour introductory call at least one week before the OFR virtual site visit
- Two-hour OFR observation
- One-hour post review discussion call at least one week after the OFR virtual site visit
- Facilitated discussions with one or two OFR members as requested by peer mentee
- Feedback to IIR by both mentor and mentee about their experience

(*Note: In-person virtual site visits are on hold during the COVID-19 response.)

Request a virtual site visit by completing this online form. (**http://s.iir.com/OFRSite_Visit**)

OFR Overdose Fatality Review

BJA's Comprehensive Opioid, Stimulant, and Substance Abuse Program

Questions?