Framing SUD Services and Treatment for Minority Populations: Conversations with Health Centers and Community Members of Boston

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BACKGROUND

In recent years, reports on the disproportionately high overdose rates and underrepresentation in Substance Use Disorder (SUD) treatment settings experienced by Black, Latine, and Native people in Massachusetts lead to concerns about the sources of the disparities observed in these communities. Between Aug – Dec 2022, Massachusetts League of Community Health Centers partnered with the Institute for Community Health to conduct a community needs assessment to inform future programming for more equitable SUD-related treatment and recovery services.

METHODS

The needs assessment process included six distinct data collection activities, which altogether collected input from 270 individuals that were analyzed using ~~both~~ qualitative ~~and quantitative~~ methodologies to identify themes and factors associated with communities and participants perceptions and use of SUD services.

Literature Review	- Conducted a literature search on PubMed and selected 37 articles - Reviewed to explore a) interpersonal and systemic barriers to service and b) best practices in engaging communities of color
Site Visits	- Site visits to 16 health centers engaged in SUD treatment were conducted. - Group interviews with health centers' staff who are involved in delivering SUD care, both virtually via Zoom and in-person - Interviewees included leadership, clinical staff and non-clinical staff
Focus Groups	- A total of 18 focus groups were conducted involving CHC leadership (group 1), field workers, clients of agencies serving communities of color (group 2), members of community groups (group 3 & 4), clients of recovery centers (group 5), and members of faith-based organizations (group 6). - Sessions were conducted virtually via Zoom and in-person.
Stakeholder Interviews	- Interviewed 12 participants, virtually via Zoom, who are involved with organizations serving our target populations - Organizations varied from participants working at health sectors to public services and social services.
Patient Interviews	- Interviewed 26 patients receiving SUD services across 6 health centers were interviewed. - Patient interviews were conducted both virtually via Zoom and in-person at the health centers. - The majority were in English (85%) while a few were in Spanish (15%)
Community Mapping	Community tour was conducted around 5 health centers across Boston to document the environmental landscape and identify neighborhoods' characteristics that may influence community relationships with the health centers and SUD services.

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FINDINGS & OBSERVATIONS

Literature Review

Systemic and Interpersonal Barriers to Care

- Cost: insurance and transportation
- Fear of legal repercussions
- Structural racism and colonization
- Insufficient diversity and cultural competency in the workforce
- Insufficient language access
- Stigma and lack of social support for SUD treatment
- Racial bias

Promising Practices and Methods

- Medication through community-based harm reduction programs
- Partnerships with community orgs
- Open access/walk-in model of care
- Contingency Management
- Cognitive Behavioral Therapy
- Holistic Healing Method/Traditional Healing

Primary Data Collection

THEMES

Social and Medical Needs	**Social Needs:** Food, Clothing, Transportation, Employment Assistance	**Medical Needs:** Trauma-information mental health care, Affordable health care and medical care, Survival needs: Narcan, clean syringes, hygiene products, screening and treatment	
Drivers of Substance Use	• Interconnections between racism, social needs, trauma and substance use	• Advertisements and legalization of alcohol and cannabis	• Gaps in funding • Generational pattern of use
Perceptions of SUD Care	**Underutilization of Services** • Stigma from providers and staff • Systemic racism • Insufficient diversity of staff	**Underutilization of Services** • Lack of advertisement and information sharing, lang access • Fear of potential legal repercussions	**Positive Perceptions of CHC Care:** • Convenience of accessing multiple services in the same place • Friendly atmosphere • Satisfaction with treatment from staff
Approaches for Effectively Engaging with Target Communities	• Community engagement and outreach • Care spaces outside of traditional healthcare settings • Recruit and hire people who reflect the communities they serve	• Community engagement and outreach • Care spaces outside of traditional healthcare settings • Recruit and hire people who reflect the communities they serve	

RECOMMENDATIONS AND TAKEAWAY

Taken together, the perspectives of community members, CHC patients and staff, field workers, community leaders, and other stakeholders highlight ways in which the interconnections between racism, social needs, trauma, substance use, and some community characteristics drive disparities in SUD and overdose rates.

- Participants across the board recommended that CHCs conduct more community outreach about the services they offer.
- Recommendations for improving quality of services at CHCs emphasized workforce development and organizational changes to improve patients' social and clinical experience when accessing care at CHCs.
- Expanding services at the CHC, adding staff, and increasing collaboration with other service providers in the community were also recommended.

Building Awareness and Visibility

- Improving signage
- Developing print and broadcast advertisements
- Community engagement efforts
- Build awareness internally

Services

- Low threshold care
- Harm reduction services
- Support groups
- After hours outreach and services
- Transportation assistance

Improving quality of care

- Hiring workforce representative of the patient population
- Partnerships with community groups
- Increase language access
- Train all staff on SUD
- Culturally specific programming
- Progress/metrics reports