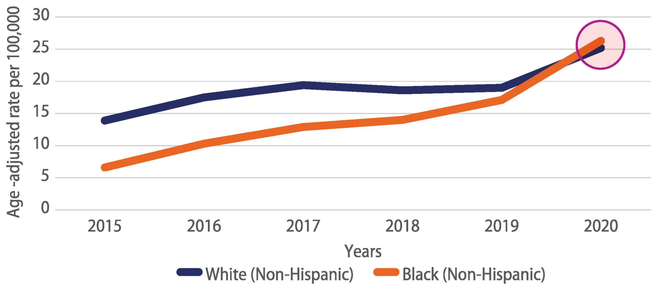
Applying the Public Health Critical Race Praxis Framework to Understand Racial Disparities in Access to Medications to Treat Opioid Use Disorders

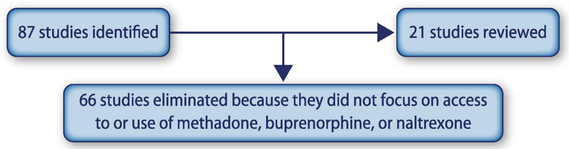
Rebecca Perry, MSc[1*]; Tami Mark, PhD, MBA[1]; La Sonya A. Goode, MPH[1]; Gary McMurtrie, BA[2]; and Lara Weinstein, MD, MPH, DrPH[3]

[1]RTI International; [2]American Society of Addiction Medicine; [3]Thomas Jefferson University

Background

Opioid overdose deaths have grown among Black individuals at a faster rate than among White individuals[1]





Literature Review Methods

- Focused on peer-reviewed published literature from 2010 to 2021
- Identified studies examining race and use of or access to Medications for Opioid Use Disorder (MOUD)
- Used PubMed (including MEDLINE), Web of Science, and PsycInfo databases
- Included 17 search terms related to MOUD and race
- Excluded commentaries, letters, and editorials

Theoretical Lens for Recommendations

Used Public Health Critical Race Praxis (PHCRP) Model[2,3,4]

- Developed by Chandra L. Ford, PhD, MPH; and Collins O. Airhihenbuwa, PhD, MPH
- Published in 2010
- Derived from Critical Race Theory
- Provides a research process and organizing framework
- Offers a race conscious orientation to research
- Has four Focus Areas

Results

Black individuals' use of or access to MOUD was different from White individuals' use or access

- Access to MOUD favored White individuals [n = 16]
- Access to buprenorphine favored White individuals [n = 11]
- Access to methadone favored Black individuals [n = 3]
- Access to MOUD favored Black individuals in 2013 and, by 2017, favored White individuals [n = 1]

Focus on coverage

Among Medicaid populations, Black individuals' use of or access to MOUD was lower than Whites'

- Prescription buprenorphine was less likely among Black Medicaid enrollees [n = 1]
- Black Medicaid enrollees with OUD were less likely to start any MOUD within 180 days of diagnosis [n = 1]

Focus on site of services

Mixed evidence about access to MOUD in specialty or hospital settings for Black individuals

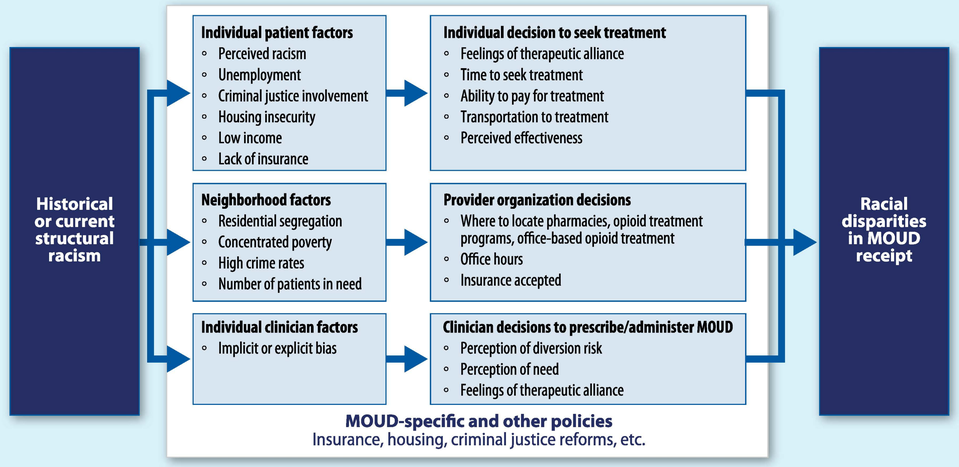
- Prescription MOUD was less likely among Black patients with OUD diagnosis than Whites in emergency department and Veterans Health Administration settings [n = 2]
- Prescription MOUD was higher among Black patients with OUD in specialty addiction treatment settings [n = 1]
- Treatment plans including MOUD were more likely among Blacks in 2013 and more likely among Whites in 2017 [n = 1]

Focus on supply

Black individuals live closer to treatment and yet the supply and access remain lower for them

- Access to and growth of buprenorphine prescribers and supply was lower in counties/areas with more Black individuals [n = 6]
- Travel time to opioid treatment programs and methadone treatment was shorter among Black patients and residents than among Whites [n = 2]

Theoretical Model of MOUD Racial Disparities Applying PHCRP Framework



Limitations and Recommendations

Limitation 1: Conducting statistical analyses on the association of race and MOUD access without consideration for how and why a statistical relationship might exist

Recommendation 1: Be clear on how race is conceptualized and interpreted

Limitation 2: Overlooking the intersection of race and other marginalized identities and socioeconomic characteristics

Recommendation 2: Use stratification and interaction to aid in uncovering the reasons for, and solutions to, disparities

Limitation 3: Deriving conclusions about racial disparities from data limited to self-report of race

Recommendation 3: Use measures other than self-reported race, such as perceived racism and unconscious clinician bias

Limitation 4: Limiting patient experience data to survey response

Recommendation 4: Use narrative stories to capture the experiences of patients who are Black

Limitation 5: Not evaluating whether policies, programs, and clinical interventions reduce racial disparities

Recommendation 5: Research the effect of policies, programs, and clinical interventions on reducing racial disparities, biases, and perceived discrimination, disseminate to stakeholders

References

[1]National Institute of Drug Abuse (NIDA). Overdose death rates. Based on CDC Wonder. Available at: https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates. Accessed August 13, 2022.

[2]Ford CL, Airhihenbuwa CO. The public health critical race methodology: praxis for antiracism research. *Soc Sci Med.* 2010;71(8):1390–1398.

[3]Ford CL, Airhihenbuwa CO. Critical race theory, race equity, and public health: toward antiracism praxis. *AmJ Public Health.* 2010;100(Suppl 1):S30–S35.

[4]Ford CL, Airhihenbuwa CO. Commentary: just what is critical race theory and what's it doing in a progressive field like public health? *Ethn Dis.* 2018;28(suppl 1):223–230.

More Information

RTI International
701 13th Street NW, Suite 750, Washington, DC 20005

***Presenting author: Rebecca Perry, MSc**
202.974.7818
rjperry@rti.org

Presented at: CMS Health Equity Conference, Washington, DC, June 7–8, 2023

www.rti.org