Cultural Knowledge in Emergency Medicine: Addressing the Opioid Crisis

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A little about me…

Indigenous Scholar	Community Led Scholar	Community Health Education
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Outline

➢Historical Context of the Opioid Crisis

➢Recommendations from a National Collaborative Board

➢National Institute on Drug Abuse Clinical Trials Network (CTN)

➢Culturally Centering MOUD with AI/AN Communities (CTN-0096)

➢Causes of OUD in AI/AN communities

➢Addressing OUD in AI/AN communities

➢Summary

➢Conclusion and Future Directions

Historical context of the opioid crisis

Pharmaceutical Industry

The overprescription of opioids by the pharmaceutical industry led to widespread addiction in the United States.

Stigma & Bias

Patients who suffer from substance use disorder are often stigmatized and underserved by medical professionals.

Cultural Trauma

The historical trauma of marginalized communities can lead to distrust of medical systems and treatments.

Centering culture in the treatment of opioid use disorder with American Indian and Alaska Native Communities: Contributions from a National Collaborative Board

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Implementation Science to Increase Health Equity

USING IMPLEMENTATION SCIENCE TO PROMOTE EQUITY; AS WITH OTHER AREAS OF RESEARCH, NOT YET UNIVERSALLY APPLIED ACROSS POPULATIONS (E.G., ACCESSIBILITY, ACCEPTABILITY)

RECENT WORK TO BETTER INTEGRATE HEALTH DISPARITIES INTO IMPLEMENTATION SCIENCE (SEE: WOODWARD ET AL. WORKSHOP, 2020; WOODWARD ET AL., 2019, HEALTH EQUITY IMPLEMENTATION FRAMEWORK; SHELTON ET AL., 2020 EXTENDING RE-AIM TO ADDRESS SUSTAINABILITY AND HEALTH EQUITY)

COMBINE COMMUNITY ENGAGEMENT WITH IMPLEMENTATION SCIENCE TO DEVELOP AN INTERVENTION TO INCREASE THE SUCCESSFUL INTEGRATION OF MOUD INTO CLINICAL SITES SERVING AI/AN COMMUNITIES

Woodward et al., 2020: https://publichealth.wustl.edu/bringing-a-health-equity-lens-to-implementation-science-frameworks/

National Institute on Drug Abuse Clinical Trials Network (CTN)

18 Research Nodes linked with diverse community partners

Fosters a broad infrastructure for multi-site testing of promising evidence-based services for substance use disorder

Goal to increase the delivery of best practices in community settings across the Nation

Culturally Centering MOUD with AI/AN Communities (CTN-0096)

Rationale: Education, training, and implementation of MOUD must be tailored to individual communities and integrate Indigenous health perspectives and knowledge with Western medicine to successfully improve wellbeing of AI/AN peoples

Study Aims: **Develop** and **test** an implementation intervention to support healthcare and/or addiction specialty programs to culturally center the delivery of MOUD with American Indian / Alaska Native consumers

Background: Study

Implementation study to support the cultural centering of the delivery of medications for opioid use disorder (MOUD)

CBPR process

Partnering with four geographically diverse AI/AN primary care and addiction specialty organizations

- Urban and reservation areas

Collaborative Board (CB) was convened to:

1) Identify key components of a culturally centered implementation intervention

2) Introduce and tailor implementation science strategies

3) Build partnership with our academic research team for bi-directional learning in achieving the study aims

California Needs Assessment of Tribal MOUD (Zeledon et al., 2020)

Challenges and Risk Factors

- Treatment access: transportation, insurances coverage, unstable housing, privacy, waitlists
- Historical and intergenerational trauma (boarding schools, loss of language and land)
- Cultural disconnection
- Economic stress
- Mental health comorbidities
- Polysubstance use

Protective Factors

- Cultural cohesion and activities; family units/dynamics
- Provider/consumer communication; for non-Native providers education and exposure
- Integrated care; case management

Methods

The lead and co-investigators of the study reached out to individuals with diverse experience via personal and professional networks across the U.S. and invited them to become members of the CB (final membership N=26)

- Physician prescribers

- Behavioral Health providers (both AI/AN and non-AI/AN),

- AI/AN people knowledgeable in traditional healing and worldviews

- AI/AN adults with lived experience

- Elders

- AI/AN ethnobotanists

- NIDA CTN representatives

- dissemination and implementation experts

- AI/AN researchers

An initial in-person meeting comprised of the CB and research team was conducted over two days at the Indian Pueblo Cultural Center in Albuquerque NM, in October 2019

Methods cont.

- **Adapted "Rez Café" method**
- Qualitative facilitation method
- It is a culturally congruent collaborative process that allows for meaning making together, with an invitation for participation through discussion, writing and illustrations.
- **Round tables were set up with flipcharts, markers, and voice recorders**
- Members were split up into groups of about 4-5 people each and given 15 minutes to discuss each core question
- **Mindmaps**
- The question or theme was presented in the center of the flipchart with the ideas generated from the discussion branching out
- **3 coders independently reviewed the transcripts to identify themes**
- CB members were solicited for interpretation of results

Objectives

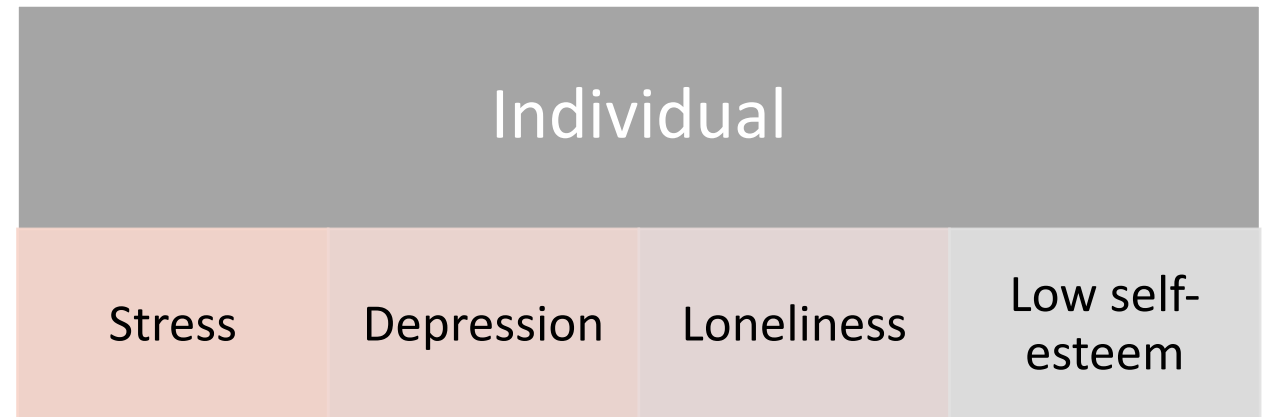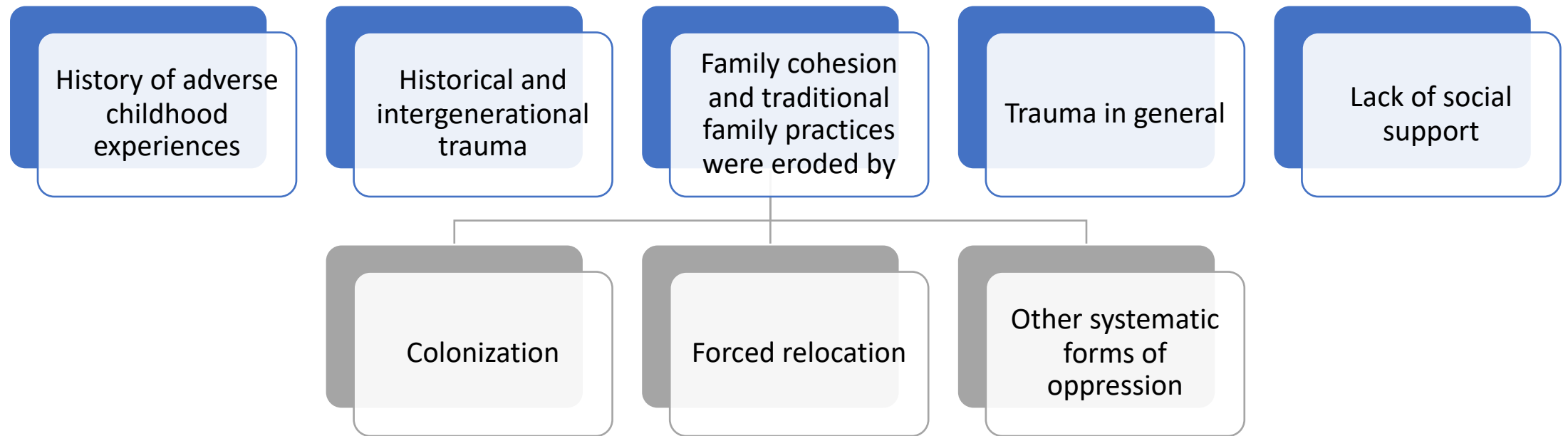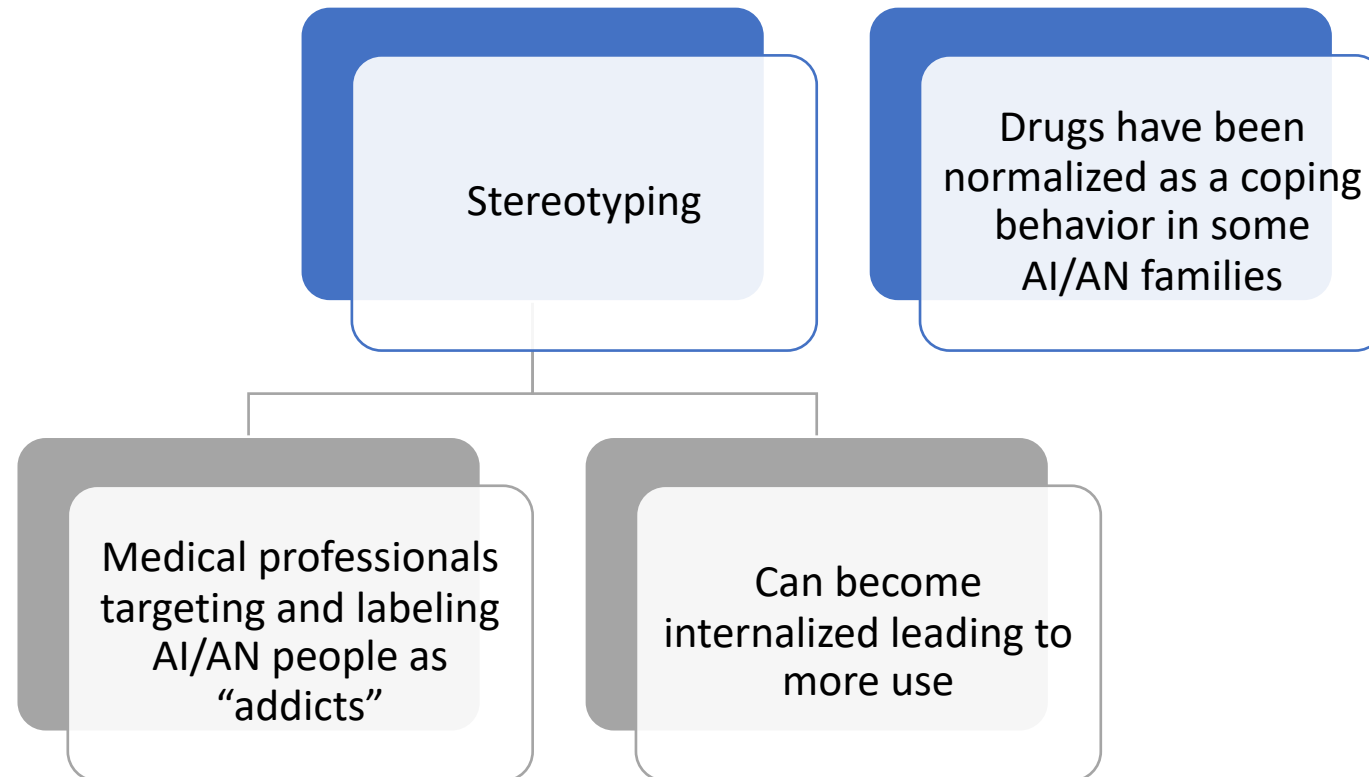| Describe	Discuss	Examine	Discuss
Describe complex causes of OUD among American Indian and Alaska Native (AI/AN) communities	Discuss AI/AN cultural strengths and integration of healing traditions, practices and holistic approaches to wellness in MOUD	Examine the process of using Mindmaps to identify the similarities and differences across treatment perspectives (centering wellness versus MAT)	Discuss the importance of providing culturally responsive services to American Indian and Alaska Native communities

Causes of OUD among AI/AN Communities

Individual			
Stress	Depression	Loneliness	Low self-esteem

As one CB Member stated, "stress, anxiety, probably...mental dis-orders...having a mental health comorbidity could be a trigger".

Causes of OUD among AI/AN Communities

History of adverse childhood experiences

Historical and intergenerational trauma

Family cohesion and traditional family practices were eroded by

Trauma in general

Lack of social support

Colonization

Forced relocation

Other systematic forms of oppression

Causes of OUD among AI/AN Communities

Stereotyping

Drugs have been normalized as a coping behavior in some AI/AN families

Medical professionals targeting and labeling AI/AN people as "addicts"

Can become internalized leading to more use

Causes of OUD among AI/AN Communities

- Healthcare system
  - Providers not delivering adequate information
  - Providers not managing clients well
    - Physical injuries leading to longer-term substance use disorders
    - Prescribing opioids with a "one-size fits all" approach

Causes of OUD among AI/AN Communities

"I think a lot of people get into it. They'll have an accident of some kind. They'll get a pain prescription...oftentimes little bit excessive, or it extends too long. And then I think sometimes the provider realizes...the pain should be...minimum right now, and they either will just abruptly discontinue or not taper. Then people go through withdrawal, and a lot of times people will then either buy pills to try to manage their pain or the withdrawals or turn to heroin…. I think people are often set up for opioid use disorders".

- Opioids viewed as an "acceptable drug" that is not harmful because they are prescribed by medical professionals

Causes of OUD among AI/AN Communities

Causes of OUD among AI/AN Communities

"The misunderstanding of…dependence that can develop from opiates…some people…feel like if it's a prescription, that it's safe. That if it…is from a bottle, it's not going to become dependent or you're not going to be as harmed as you're—as opposed to buying it on the street or from heroin. They'll take a bunch of pills, not knowing that could actually lead to overdose as well. So, I think it goes back to that…misunderstanding about and the safety of medication".

Addressing OUD among AI/AN Communities

Compassionate workforce

- Does not shame or stigmatize
- Maintains confidentiality and trust

Initial contact crucial to bridging the gap between the individual and provider

- Allowing walk-ins
- Flexible schedules
- Personalization of treatment goals
- Understanding of both short- and long-term goals
- Rapport and collaboration

Learning from programs that are models of care

- Successful Tribal treatment programs
- Medical home model
- Having a customized menu of options
- Providing medications on site

MINDMAP OF CULTURAL STRENGTHS

Results

AI/AN Cultural Strengths

Family

Family support

Clan systems

Individual

- Men
- Women
- Two-spirit

AI/AN Cultural Strengths

- Each individual plays a role
    - Leadership
    - Family
    - Community connectedness
    - Spirituality
    - Providing resources to their families and relatives
    - Providing diverse knowledge to the next generation

AI/AN Cultural Strengths

"Familial...like knowing about other family members that went through the same thing, or how they survived a similar ordeal, whether it's addiction to drugs or else alcohol."

"From an individual's strength to the traditional strengths, spiritual strengths, family, clan, community, Tribe, location, any kind of strengths that we can bring to help them in maybe the program aid people better in recovery."

"Broadly: family, social, kind of community networking, religion, spirituality, language, cultural identity."

Integration of healing traditions, practices, and holistic approaches to wellness in MOUD

- Cultural grounding
  - Engage or re-engage with culture
- Traditional healing practices
  - Forgiveness
  - Humility
  - Nourishment of "Native spirit"
- Spirituality
  - One cultural connection point
  - Importance of understanding
    - Drumming
    - Songs
    - Talking circles

Integration of healing traditions, practices, and holistic approaches to wellness in MOUD

- "A spiritual foundation must first be built in order for the context of treatment to be understood and accepted"

Integration of healing traditions, practices, and holistic approaches to wellness in MOUD

- Taking the time
  - Sit (e.g. talking circles)
  - Drink traditional teas (e.g. cedar water)
  - Discuss what is on someone's mind
  - Reduce anxiety and promote healing
- Sweat lodges

"When you're sitting in the lodge... I can't go into too much detail...what it's about. It's almost like a form of meditation. There are songs. There are prayers. They have long talks."
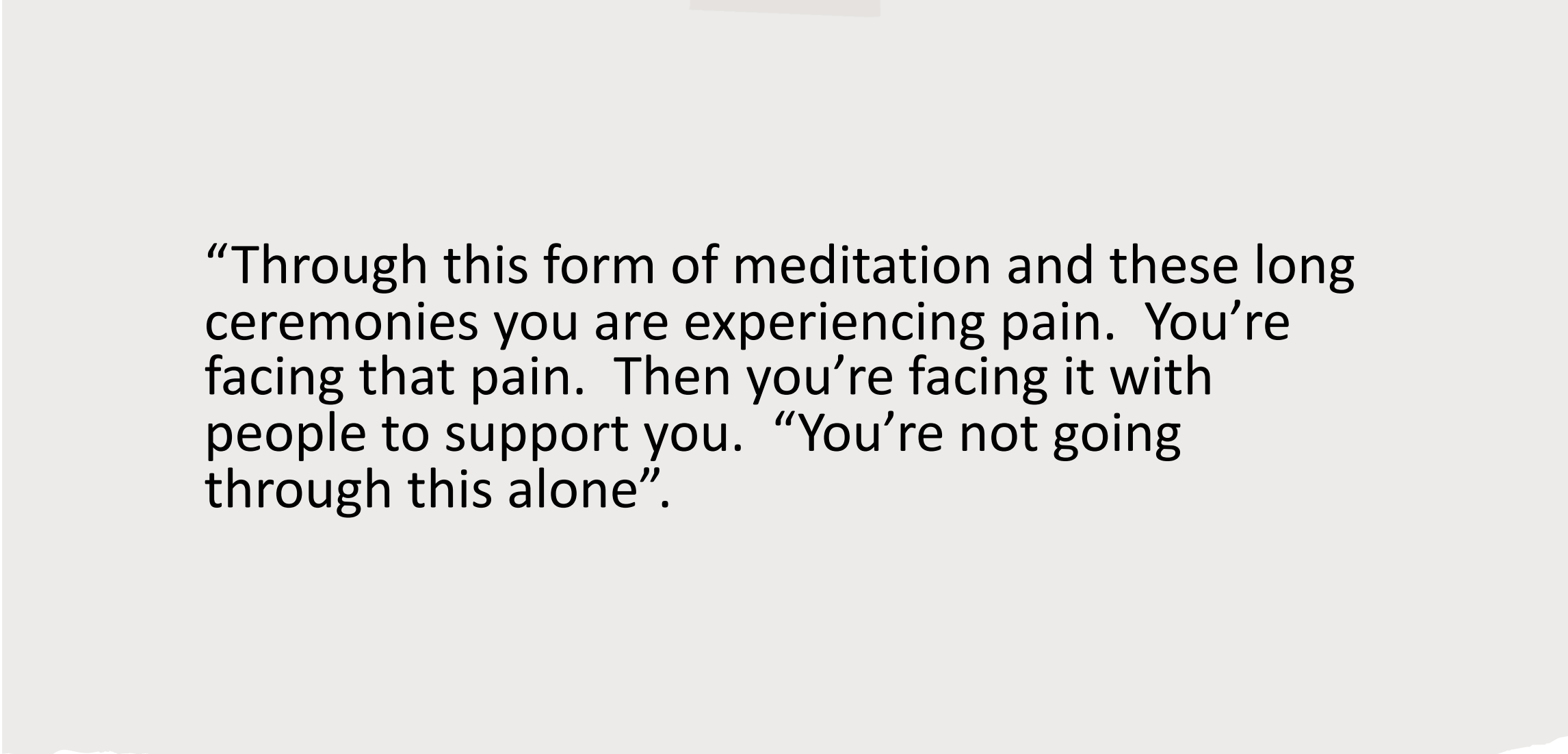
Integration of healing traditions, practices, and holistic approaches to wellness in MOUD

- Importance of individual defining what holistic healing means to them
  - Start there
- Provide opportunities to
  - Practice traditional healing
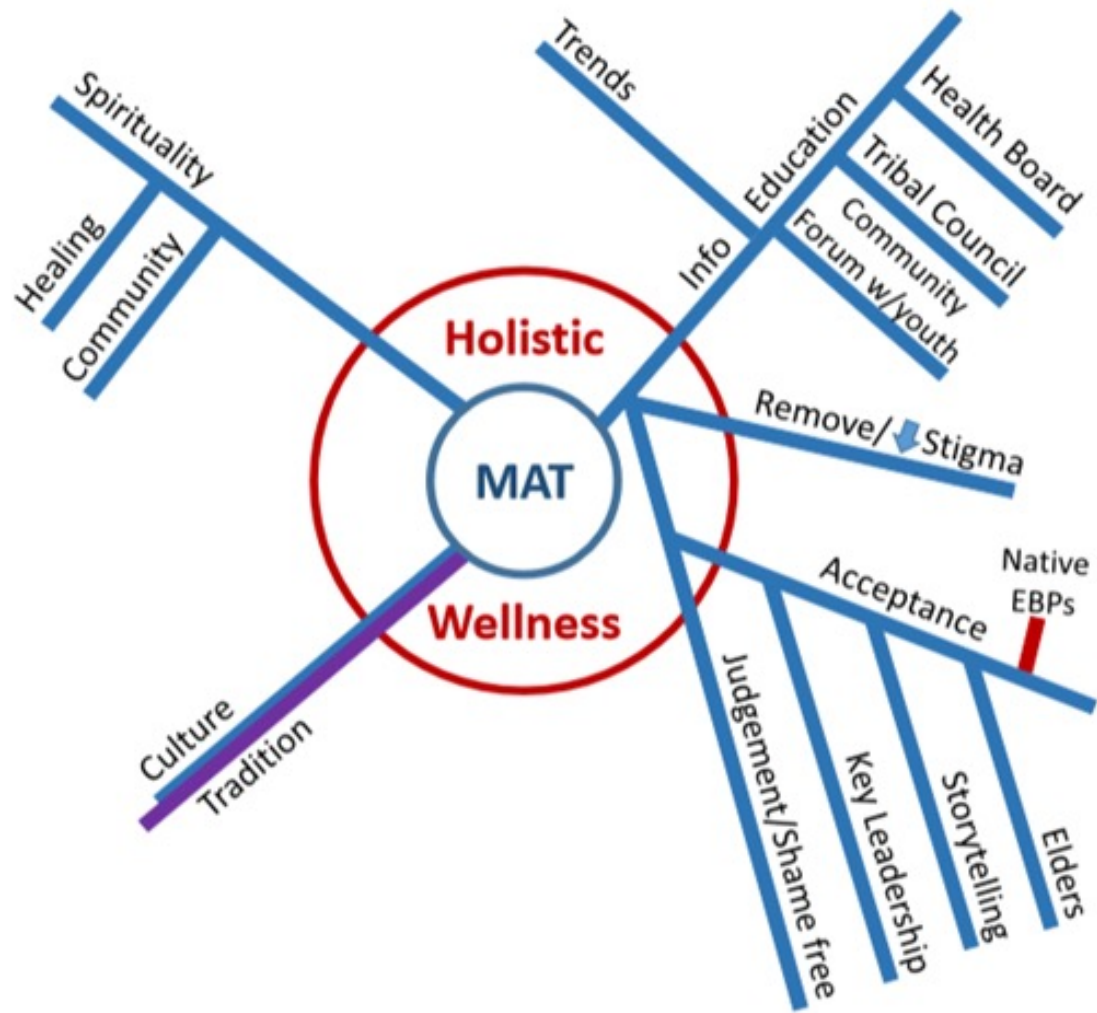 - Celebrating treatment milestones
- Provide opportunity for healing to the youth

Integration of healing traditions, practices, and holistic approaches to wellness in MOUD

- Conceptualization of Pain
  - Having a menu of options for holistic healing
  - Space for traditional healing
  - Consensus that Western-based medicines (i.e. opioid analgesics) overemphasized relieving pain
    - Viewed as unsustainable

"Through this form of meditation and these long ceremonies you are experiencing pain. You're facing that pain. Then you're facing it with people to support you. "You're not going through this alone".
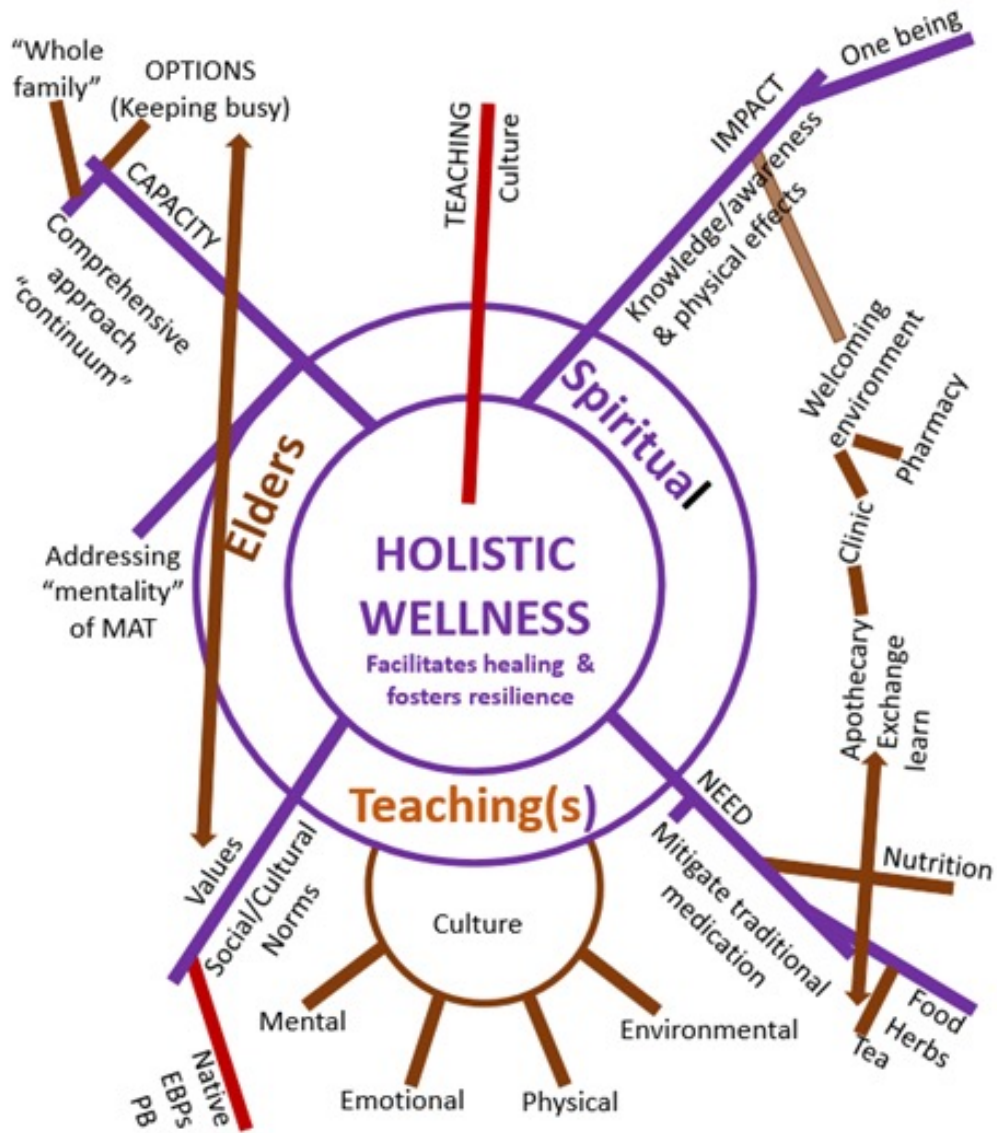
"I think pain has been recognized as part of the human experience, and it—and different cultures have different ways of experiencing and expressing that and addressing that. And in the client population that I see, some people feel like pain is something just to be endured, with suffering. Where others are kind of in this learned helplessness where, everything needs a medication for it. So, it's a wide, very diverse understanding and tolerance of pain".

Mindmap of centering medicated-assisted treatment in wellness
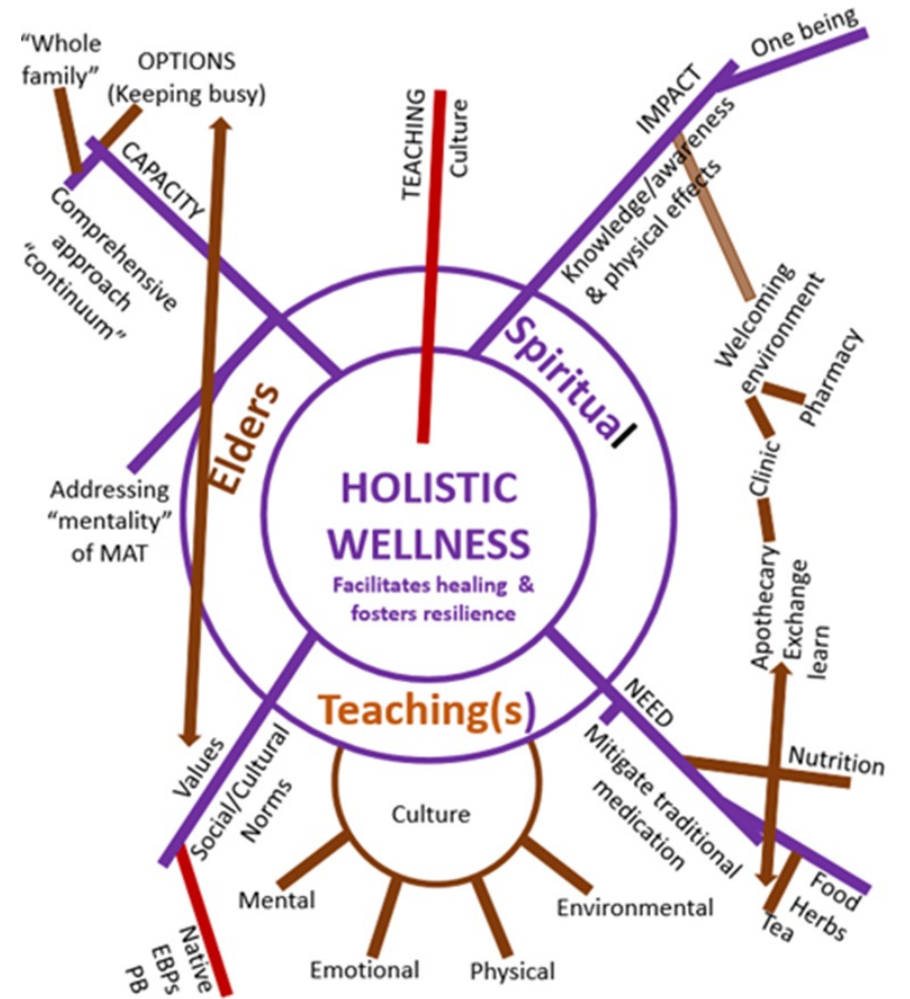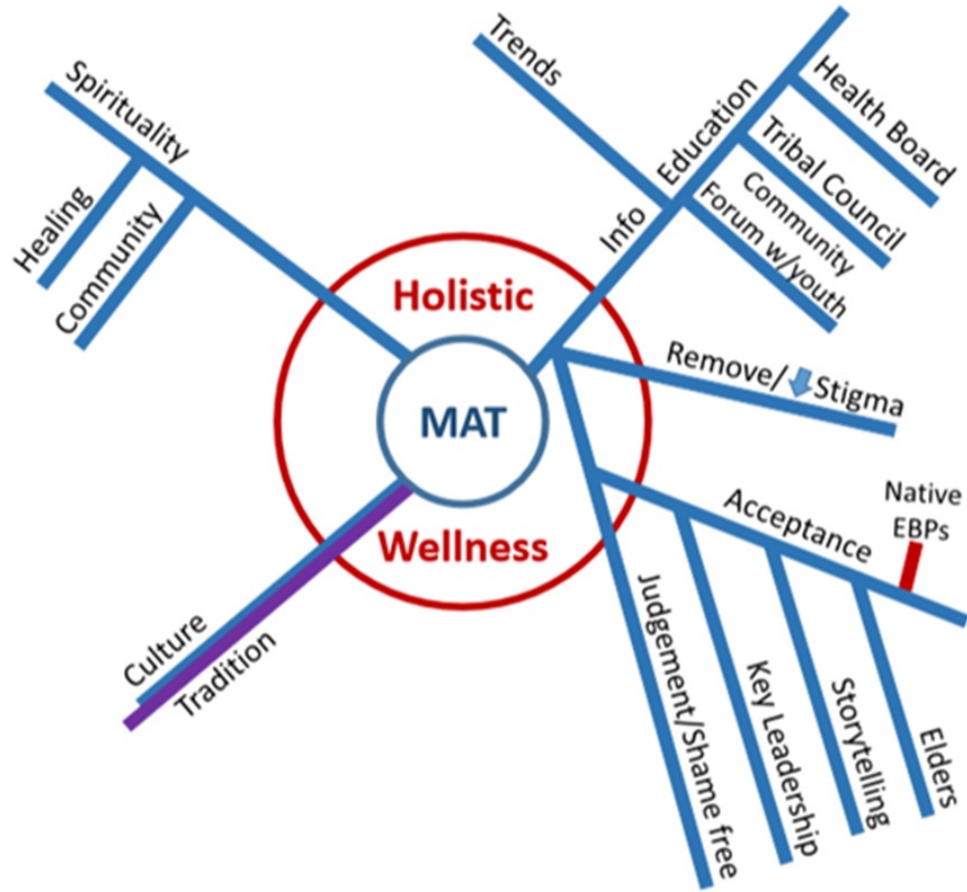
Results

MINDMAP OF CENTERING WELLNESS IN MEDICATION-ASSISTED TREATMENT

Results

Summary of Findings

- Implementation should use a strengths-based and holistic model of OUD recovery and wellbeing

- Engagement, recovery strategies, integration of extended family traditions, addressing stigma and building trust with providers and clients

- Integration of traditional healing practices, ceremonies, and other cultural practices recommended

- Importance of centering AI/AN culture and involving family

Dissemination & Implementation among AI/AN Communities

AI/AN communities need culturally appropriate and effective substance use disorder treatments

CBPR – engage with community members & consider community needs/context from development to implementation
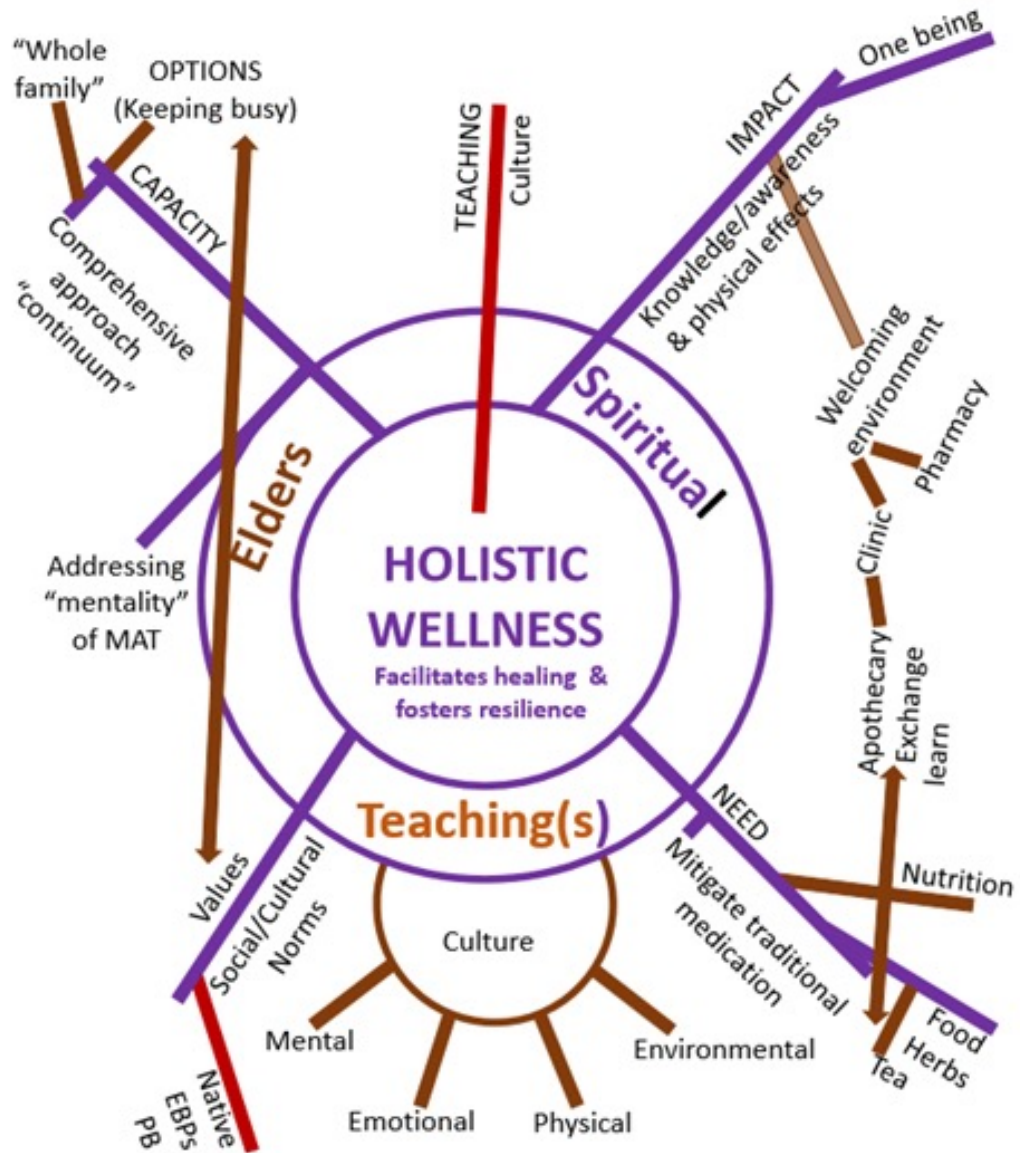
Let culture guide the research and consider sustainability during intervention implementation

Identify frameworks, theories and models that align with community worldview and values

Resiliency

"We can heal our communities through culture, connection,

and developing interventions and policies that are grounded

in traditional indigenous knowledge, tribal best practices, and

evidence-based practice."

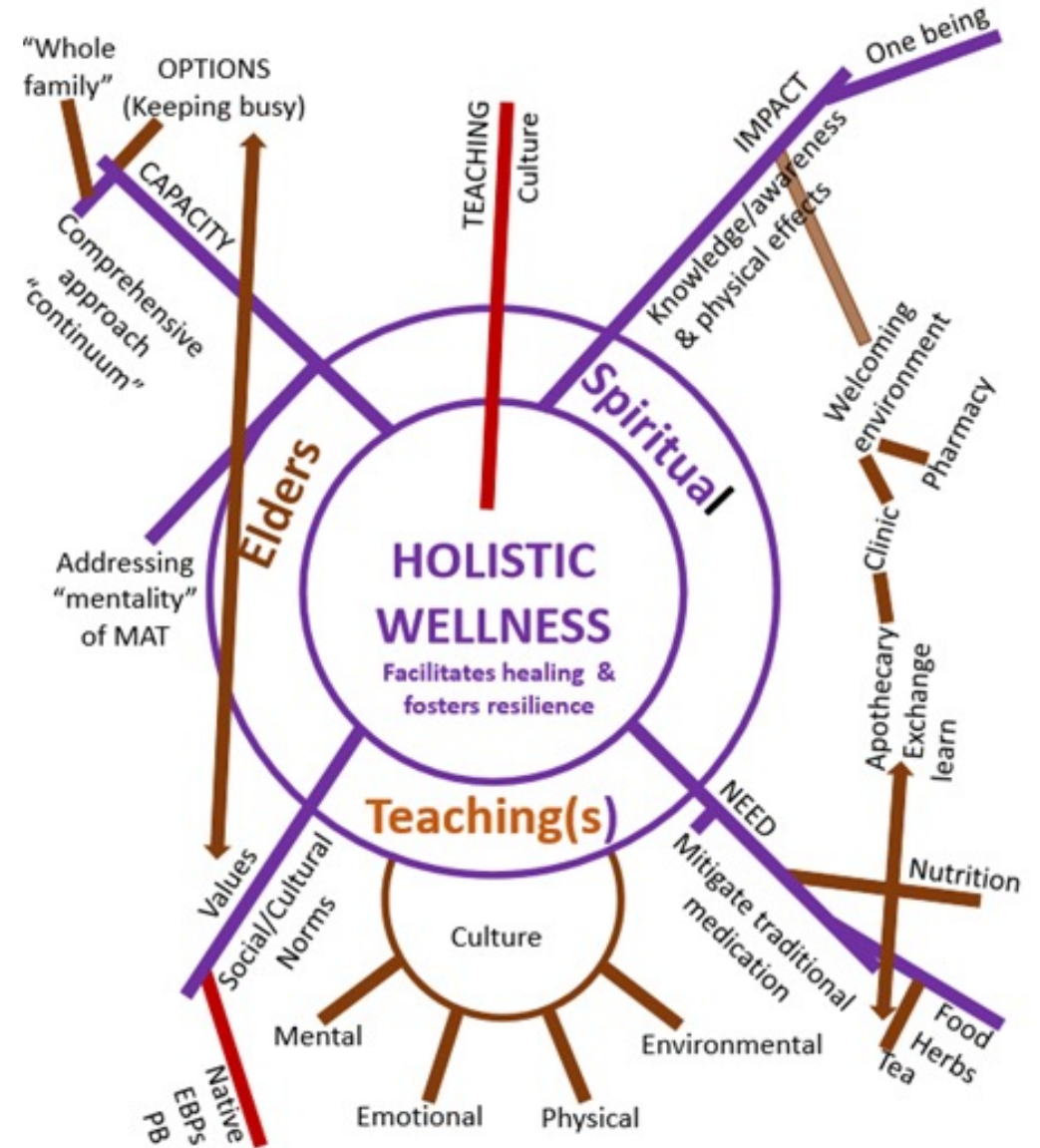-Tribal Opioid Response National Strategic Agenda

Proceedings from Initial 2-day CB Gathering

- Complex factors lead to OUD
- Cultural strengths to promote wellness
- Holistic health options and support for pain
- Centralizing Holistic Wellness compared to MOUD (in the Mindmap) resulted in different conceptualizations of treatment

Proceedings from Initial 2-day CB Gathering

- *"There's no way MAT is going to really work in Native communities in the long-term unless we center it culturally. There's no way. There's just no way. Unless we incorporate ceremony and traditional medicine in the form of like plants or whatever, whatever is relevant to those communities, there's no way it's going to work for them. I mean that's my firm belief."*

Conclusion and Future Directions

Culturally aware, sensitive and safe workforce

Providing ongoing training for healthcare professionals to better understand the cultural, economic, and social factors affecting patient care.

Cultural and health literacy

Improving cultural knowledge and communication skills among healthcare practitioners can help patients better understand their treatment options

Conclusion and Future Directions

Multidisciplinary Teams

Collaborating with interpreters, social workers, public health professionals and other healthcare professionals to ensure the highest quality of care.

Community outreach

Working with community organizations and leaders to build trust and improve access to care

Conclusion and Future Directions

- Cultural knowledge in emergency medicine is critical to addressing the opioid crisis and improving outcomes for all patients. Moving forward, we must continue to prioritize culturally sensitive and safe care and develop innovative strategies for reaching diverse populations.

Miigwetch!