

Using Data to Improve Health Equity

Kendall Darfler, MS

Gloria M. Miele, PhD

Tuesday, August 27, 2024

Indigenous Land Acknowledgement

We live and work on unceded ancestral lands of Indigenous people who were removed unjustly and that we, in our non-Native communities across the nation, are the beneficiaries of that removal. UCLA is a land grant institution on Tongva and Gabrielino land.

We offer respect for all Indigenous people and their sovereignty.

Whose land are you on?

Option 1: Text your zip code to 1-855-917-5263

Option 2: Enter your location at [Native Land CA](#)

Option 3: Access Native Land website via QR Code:



Overdose Awareness Week

August 26-31, 2024



#iOAD2024 August 31

#ENDOVERDOSE





WHAT WE SAY AND HOW WE SAY IT INSPIRES THE HOPE AND BELIEF THAT RECOVERY IS POSSIBLE FOR EVERYONE.

AFFIRMING, RESPECTFUL, AND CULTURALLY-INFORMED LANGUAGE PROMOTES EVIDENCE-BASED CARE.

PEOPLE FIRST

Language Matters
in treatment, in conversation, in connection.



Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

National Immunization Awareness Month

#Ivax2Protect



National Immunization Awareness Month (NIAM) is an annual observance held in August to highlight the importance of vaccination for people of all ages. Together, we can help raise awareness about the importance of vaccination and encourage people to talk to a healthcare provider they trust about staying up to date on their vaccinations.



National Immunization Awareness Month

August 26 - National Dog Day



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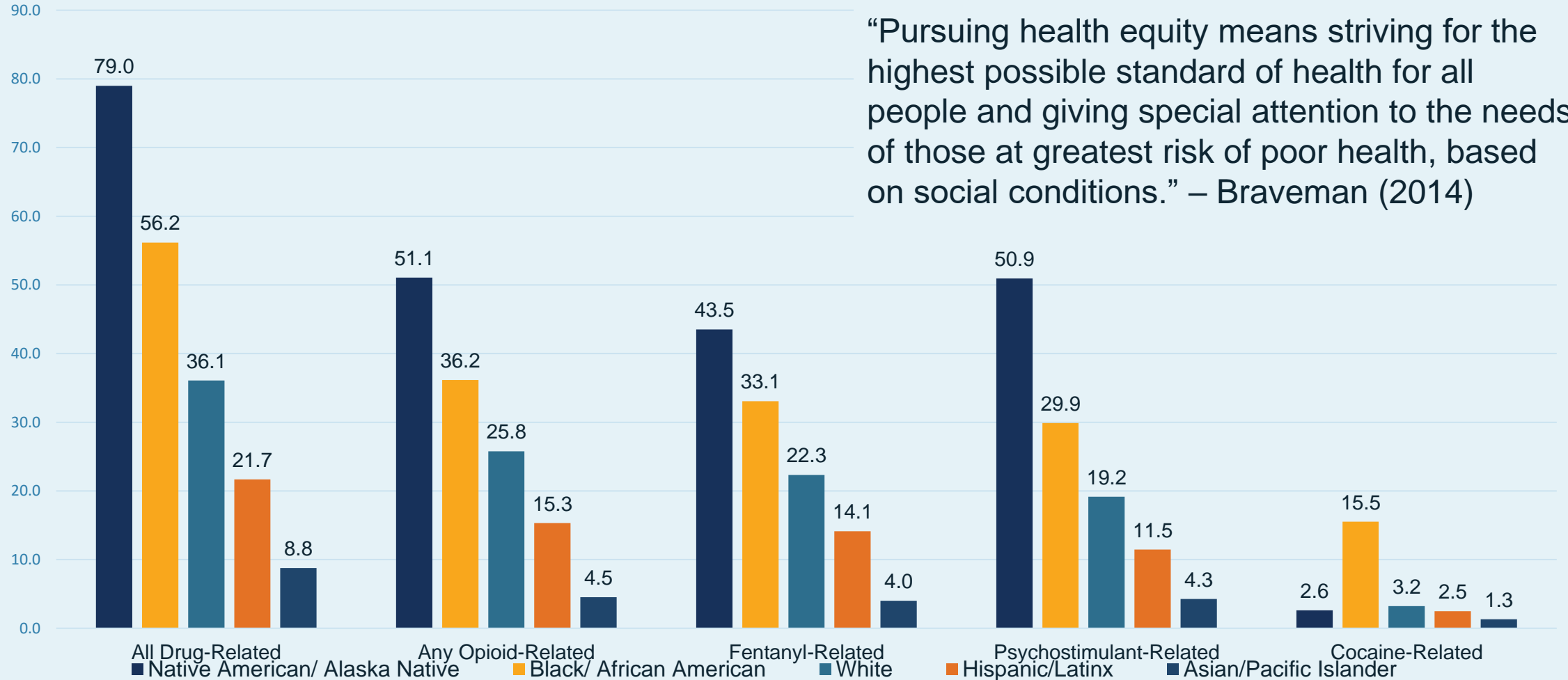
Tuesday, August 27, 2024

Disclosures

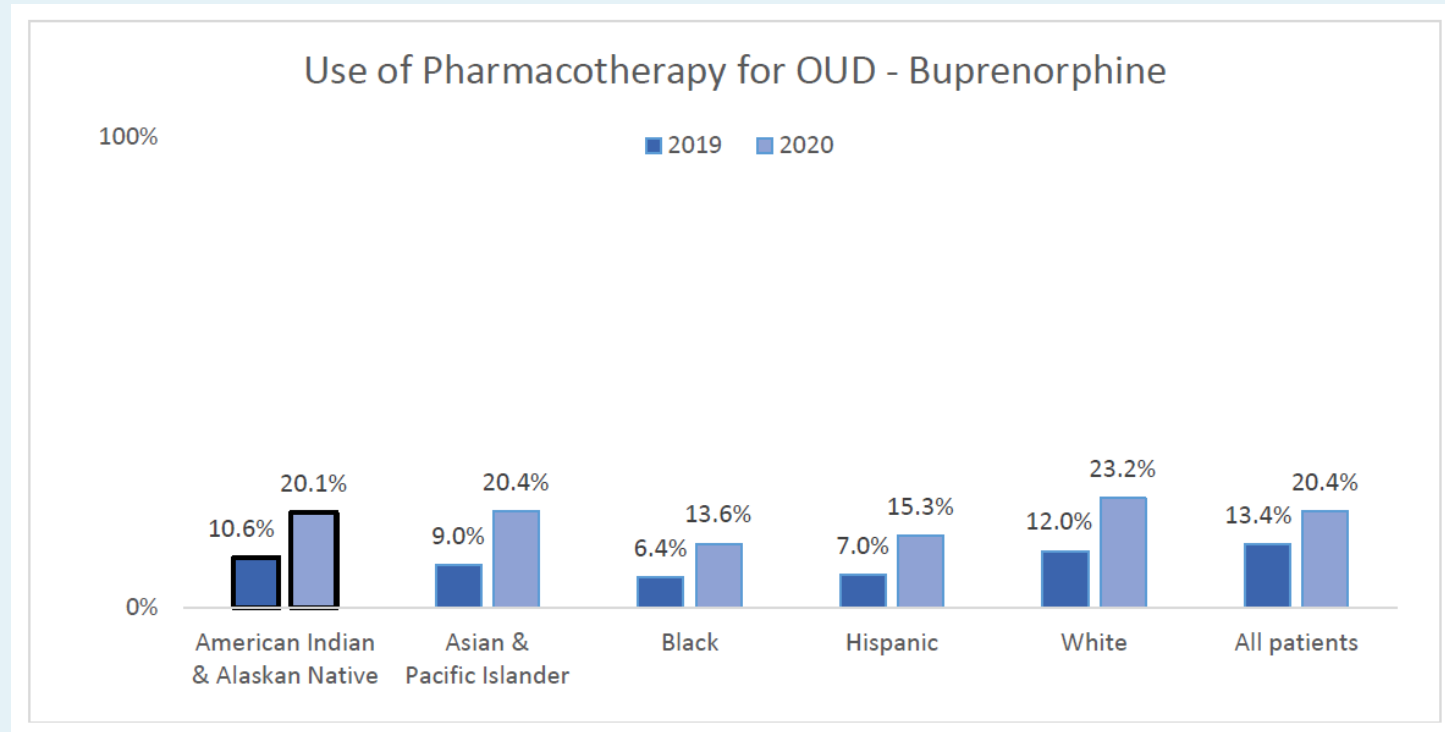
None of the presenters, planners, or others in control of content for this educational activity have relevant financial relationships to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

California Overdose Death Rates by Race/Ethnicity

2022 age-adjusted rates per 100,000 residents



Percentage of Medi-Cal beneficiaries with OUD who filled a buprenorphine prescription



A group of people are gathered around a table in a meeting, looking at various documents and a laptop. The scene is overlaid with a blue tint. A yellow rectangular box is centered over the table, containing the text "GETTING STARTED" in black, bold, uppercase letters.

GETTING STARTED

UCLA

Understand the Strengths and Needs of Your Community

Who is a part of your local community?

What are the strengths of your community?

- What existing resources can be leveraged?

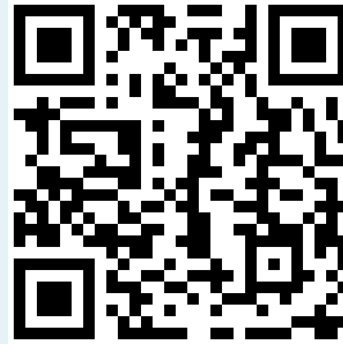
Where are there disparities or inequities in your community? How can you and your organization address them?



DATA SOURCES

UCLA

Data Source: Race Counts



Read our latest blog posts on Crime & Justice, Democracy, and Housing!

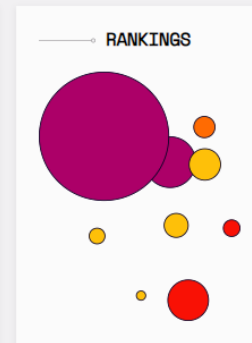
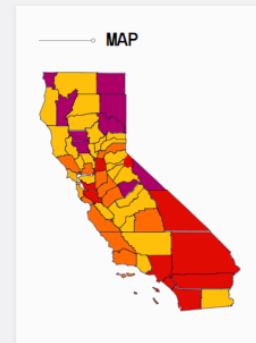
[Learn More](#)

RACE COUNTS

CAMPAIGNS ▾ RANKINGS ▾ PLACE ▾ ISSUES ▾ RACE ▾ MAP ABOUT ▾

Start Exploring

SEARCH KEY ISSUE



PLACE

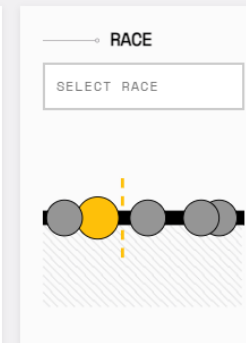
TYPE STATE OR COUNT

California state

Alameda county

Alpine county

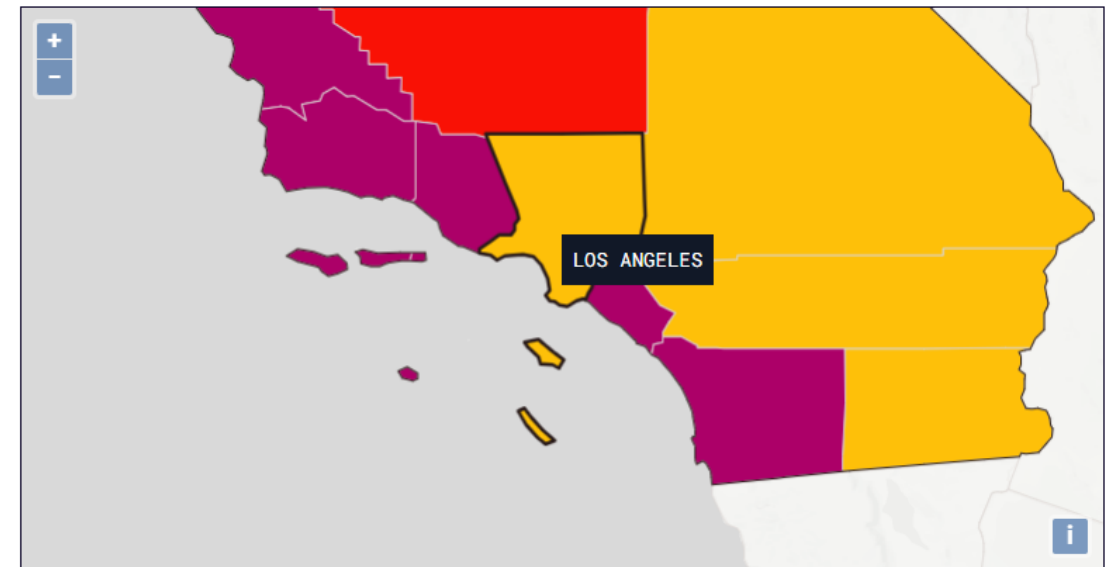
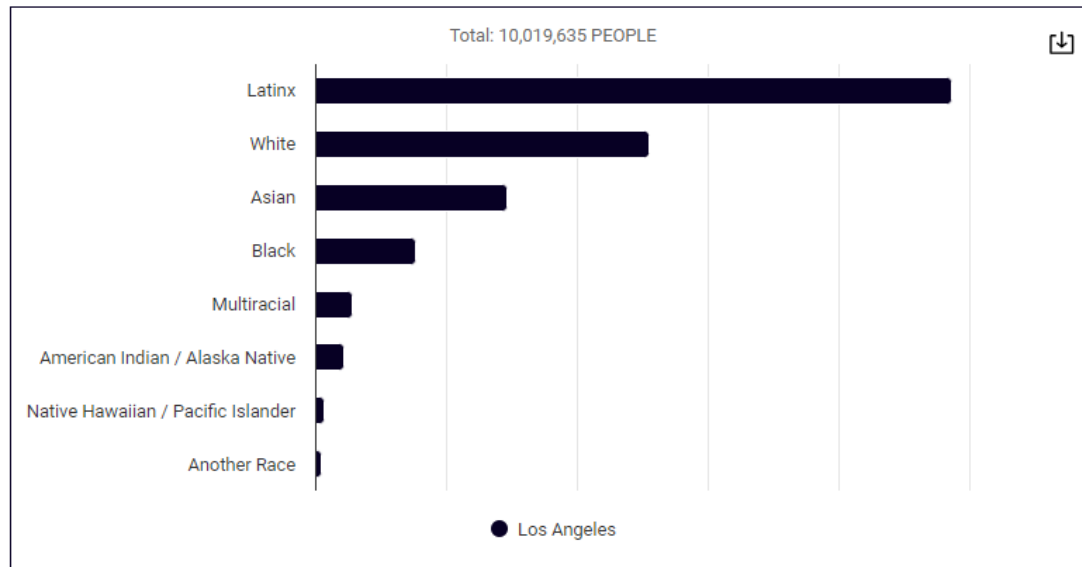
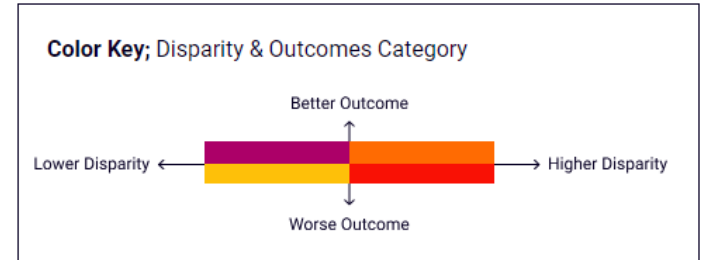
Amador county



Get data updates and campaign news. Enter your email and zip code.

ZIPCODE EMAIL

An Overview of Los Angeles County



American Community Survey Estimates, Table DP05 (2017-2021)

Issue Heat Map

A visual snapshot of racial disparity and outcomes across seven key issues. Use buttons to toggle between category, disparity, and outcomes.

View by:

- Category
- Disparity**
- Outcomes

Color Key; Disparity



County	Crime & Justice	Democracy	Economic Opportunity	Education	Health Access	Healthy Built Environment	Housing
Los Angeles	High Disparity	Low Disparity	Medium Disparity	High Disparity	Low Disparity	Medium Disparity	Low Disparity

Other Counties in Region: Southern California

Imperial	Low Disparity	High Disparity	High Disparity	Medium Disparity	Low Disparity	Low Disparity	High Disparity
Orange	Low Disparity	Low Disparity	Low Disparity	Medium Disparity	Medium Disparity	Low Disparity	Medium Disparity
Riverside	Low Disparity	Low Disparity	Low Disparity	High Disparity	Low Disparity	Medium Disparity	Low Disparity
San Bernardino	Low Disparity	High Disparity	Low Disparity	High Disparity	High Disparity	Low Disparity	Low Disparity
San Diego	Low Disparity	Low Disparity	Low Disparity	High Disparity	Low Disparity	Low Disparity	Low Disparity

Crime and Justice

Filter by Indicators

Arrests for Status Offenses

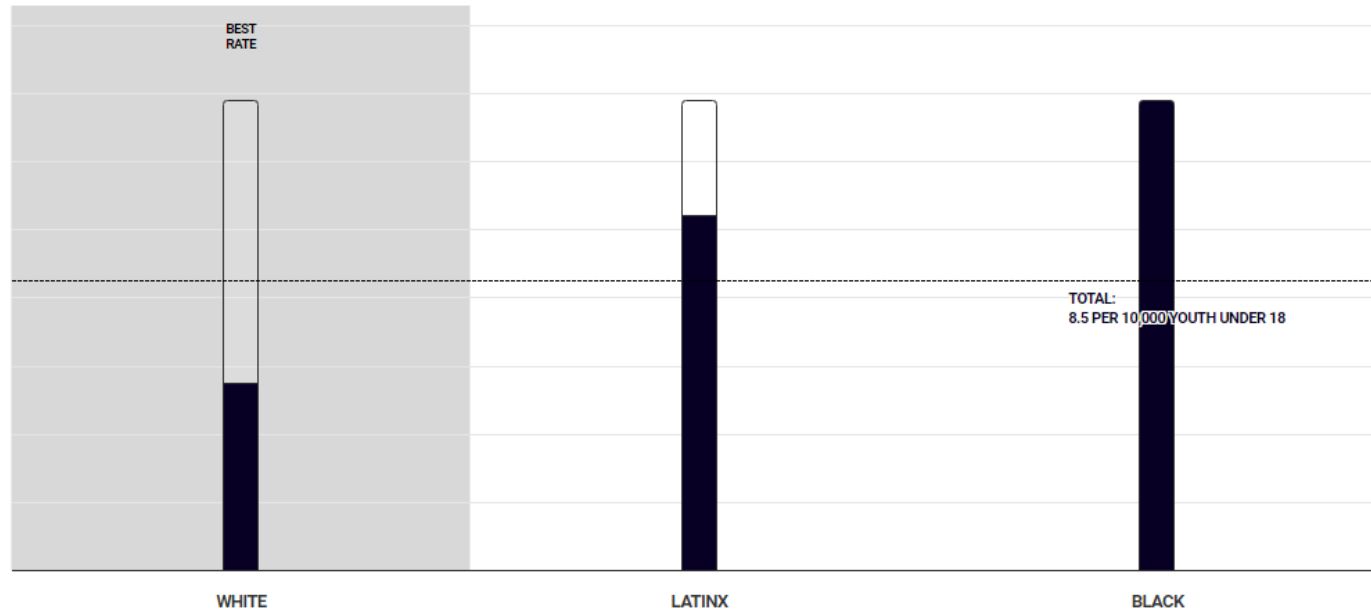
Use of Force

Incarceration

Perception of Safety

The over-policing and harsher sentencing of youth of color result in arrest disparities.

Annual Average of Arrests for Status Offenses per 10,000 Youth under 18



Los Angeles

○ Total

8.5
per 10,000 youth under 18

1,857
arrests (annual avg)

About this Data

Open Justice Data, California Department of Justice (2011-2020); American Community Survey 5-Year Estimates, Table B01001 (2016-2020)

Annual average number of arrests for status offenses per 10,000 youth under age 18. Status offenses such as curfew violations, truancy, and running away and can only be committed by youth under 18. Catalyst California screened out estimates with fewer than 30 arrests and for populations with fewer than 100 youth under 18. The data source only provided racial/ethnic information for Latinx, White, and Black youth under 18. [Full Methodology](#)

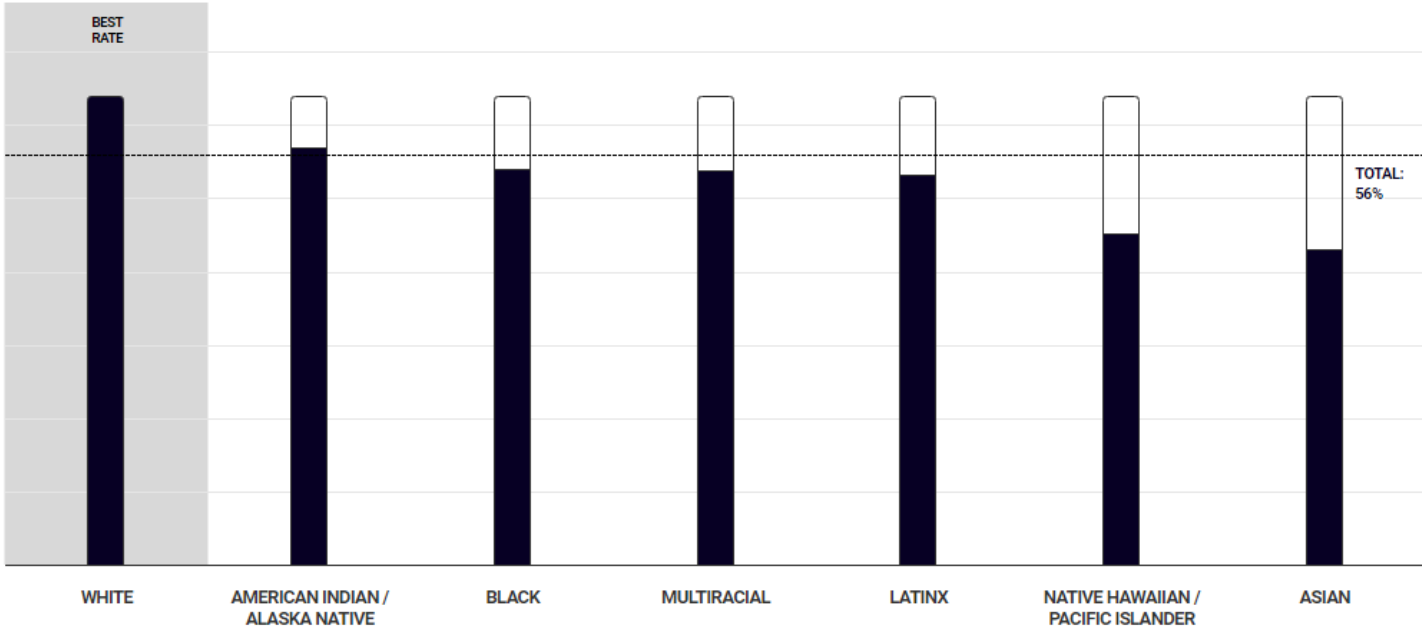
Health Care Access

Filter by Indicators

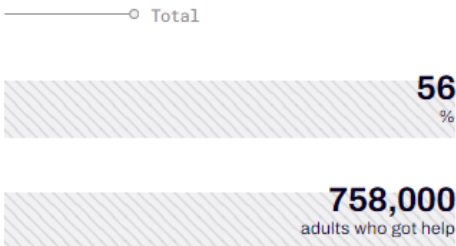
- Life Expectancy
- Health Insurance
- Preventable Hospitalizations
- Low Birthweight
- Usual Source of Care
- Got Help**

Disparities in whether groups get help for mental or behavioral health are rooted in access to providers, differences in insurance coverage, and discrimination by health systems and professionals.

Adults who Got Help for Mental/Emotional or Alcohol/Drug Issues (%)



Los Angeles



About this Data
California Health Interview Survey (2011-2020)
 Adults seeking and receiving treatment for self-identified mental/emotional or alcohol/drug issues in the past year. Catalyst California screened out unstable statistics. [Full Methodology](#).

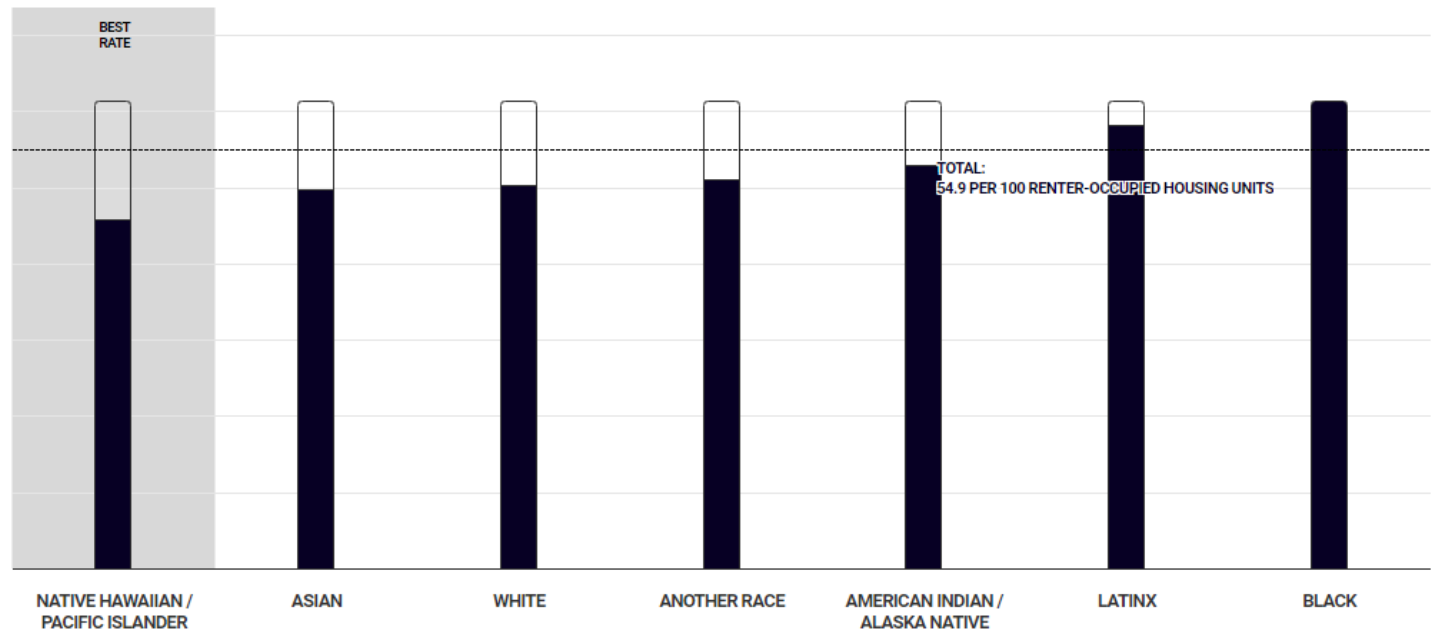
Housing

Filter by Indicators

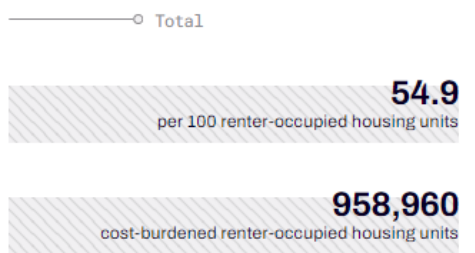
- Subprime Mortgage Loans
- Housing Quality
- Housing Cost Burden (Renter)**
- Housing Cost Burden (Owner)
- Foreclosure
- Denied Mortgage Applications
- Homeownership
- Student Homelessness
- Overcrowded Housing
- Evictions

Incomes are not keeping up with the extremely high housing costs in California, especially for people of color who are more likely to be lower-income. This has led to disparities in the housing cost burden for renters of color.

Housing Cost Burden (Renter) (%)



Los Angeles



About this Data

US Department of Housing and Urban Development (HUD), Comprehensive Housing Affordability Strategy (CHAS) (2014-2018)

The number of renter-occupied housing units where occupant spends more than 30% of income on housing costs, out of all renter-occupied housing units. Catalyst California excluded estimates for groups with fewer than 100 renter-occupied housing units and unreliable estimates based on coefficient of variation. [Full Methodology](#)

Data Source: CA Overdose Surveillance Dashboard

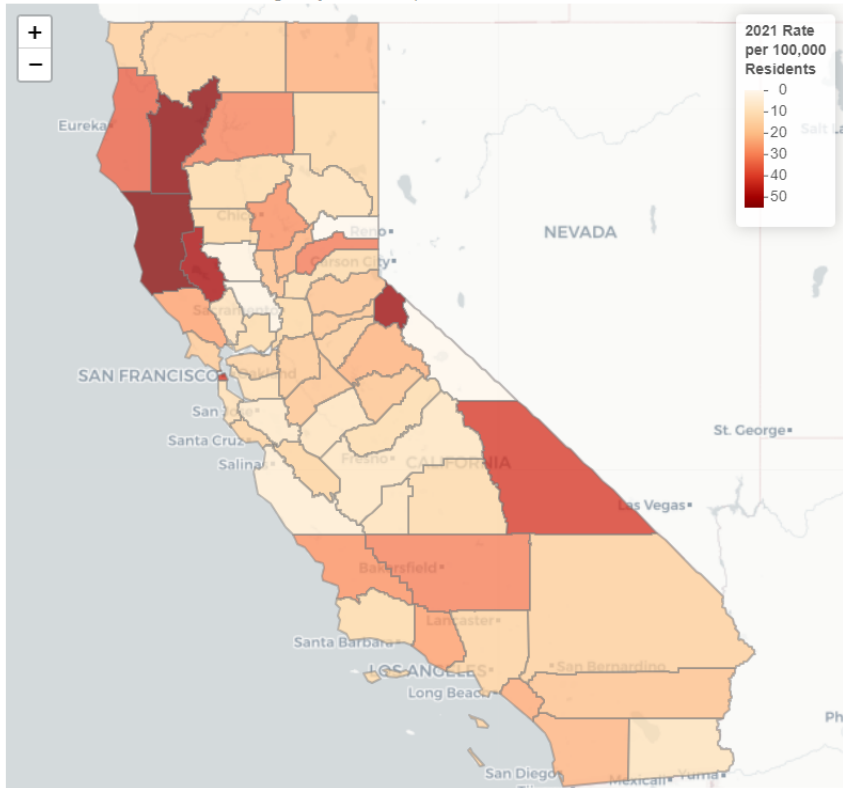


- Home
- California Dashboard
- Download State Report
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- Advanced Views
- Data Definitions
- Technical Notes
- Data Publications
- Using the Dashboard
- Resources
- Contact us: opi@cdph.ca.gov
- Find a bug? Report it!
- California Department of Public Health
- Developed in R-Shiny
- Funded by:

California Dashboard

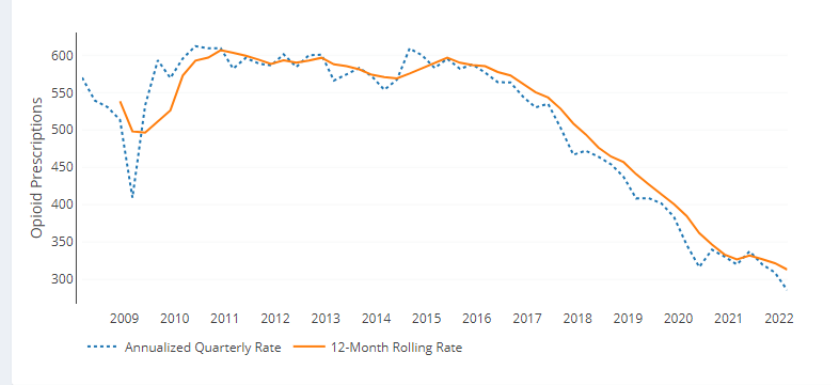
Map Graph Table Select Display Options Geographic Distribution

Any Opioid-Related Overdose Deaths - Total Population, 2021
Age-Adjusted Rate per 100,000 Residents



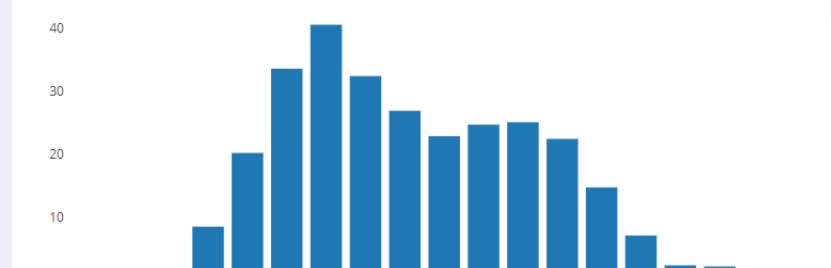
Graph Table Select Display Options Time Trend

Opioid Prescriptions - Total Population
Age-Adjusted Rate per 1,000 Residents



Bar Chart Table Graph Select Display Options Demographic Breakdown

Any Opioid-Related Overdose Deaths by Age Groups, 2021
Crude Rate per 100,000 Residents



Map

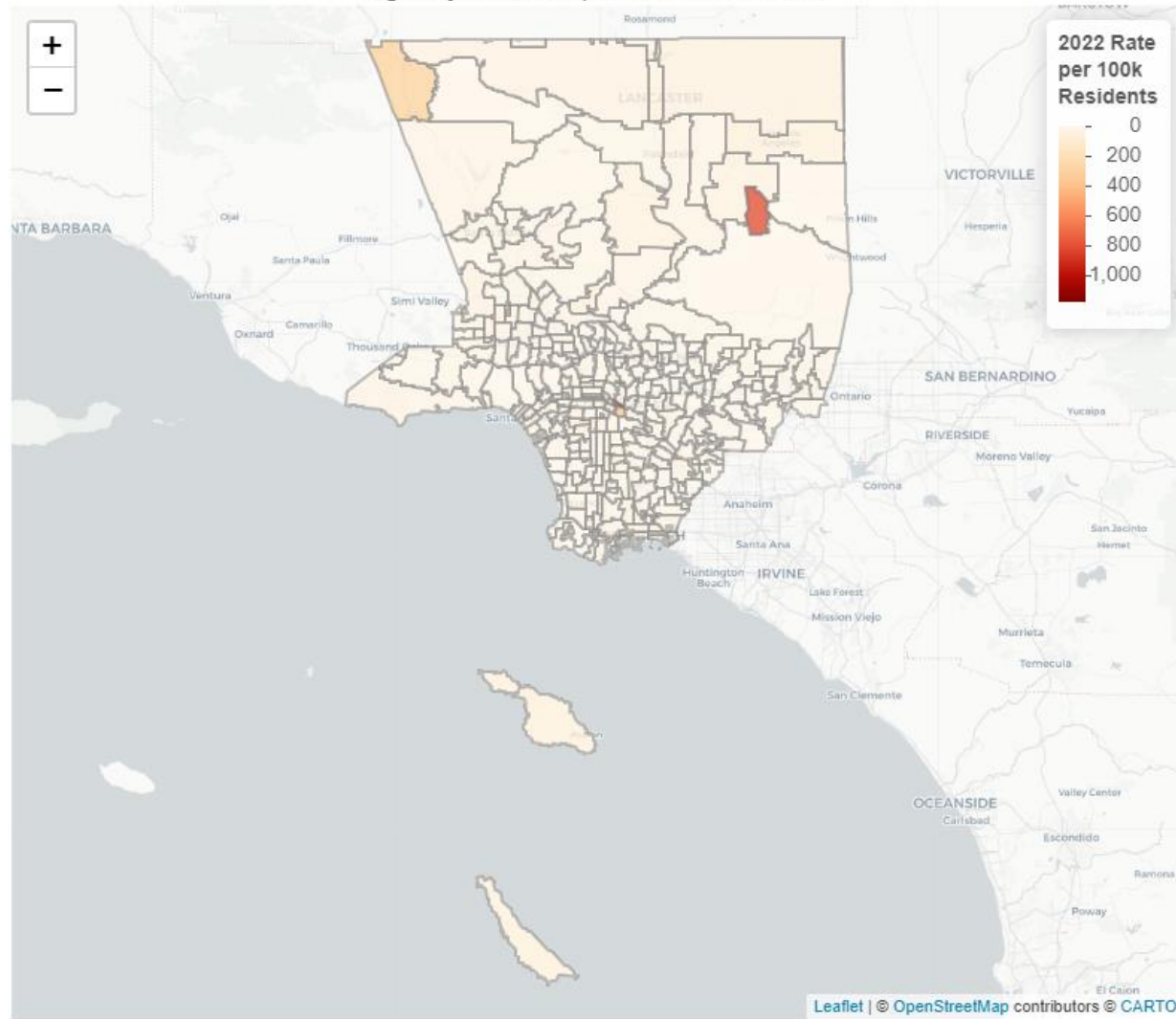
Graph

Table

Select Display Options

Geographic Distribution

All Drug-Related Overdose Deaths - Los Angeles County, 2022 Age-Adjusted Rate per 100,000 Residents



Map

Graph

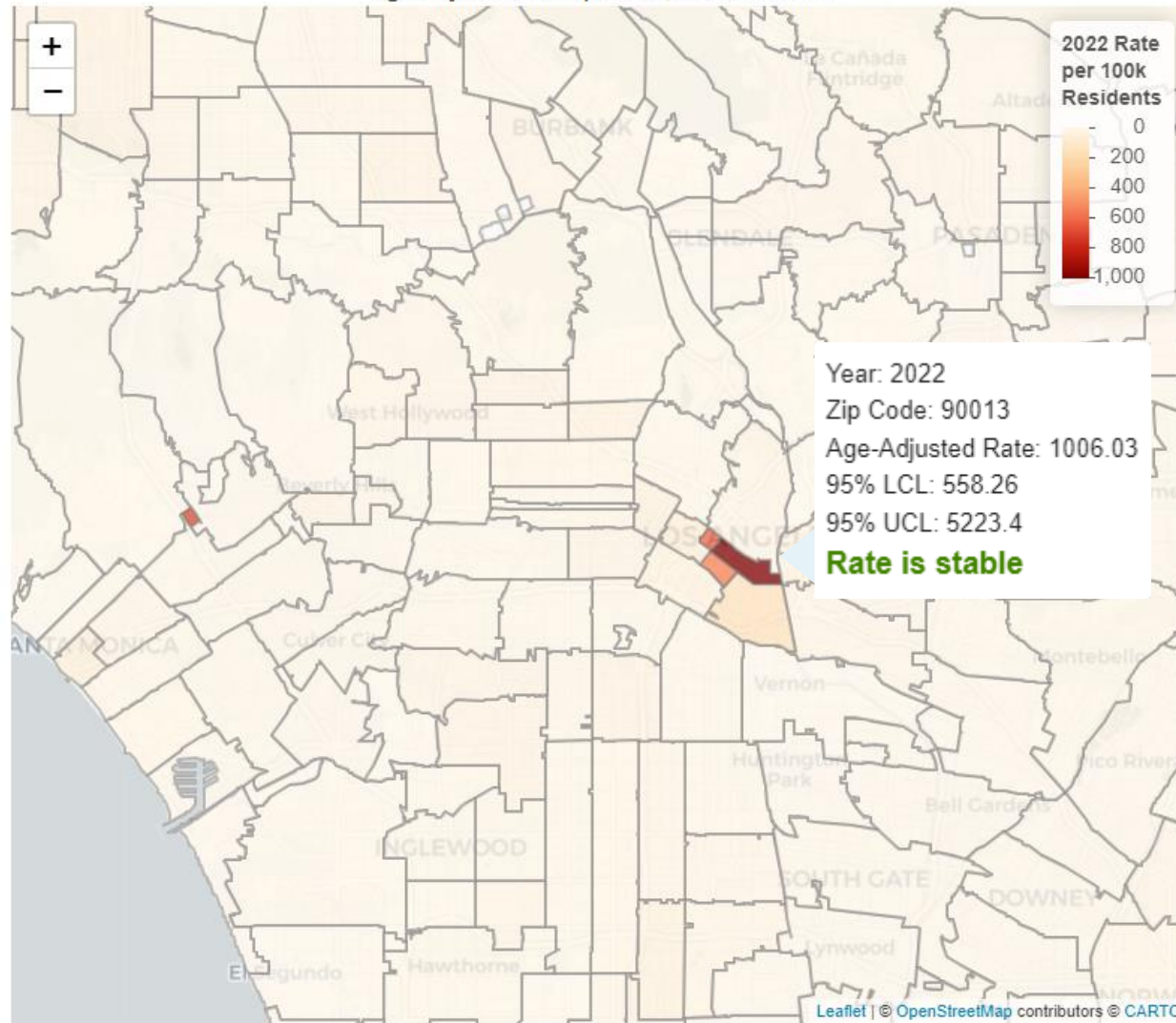
Table

Select Display Options

Geographic Distribution

Any Opioid-Related Overdose Deaths - Los Angeles County, 2022

Age-Adjusted Rate per 100,000 Residents



Bar Chart

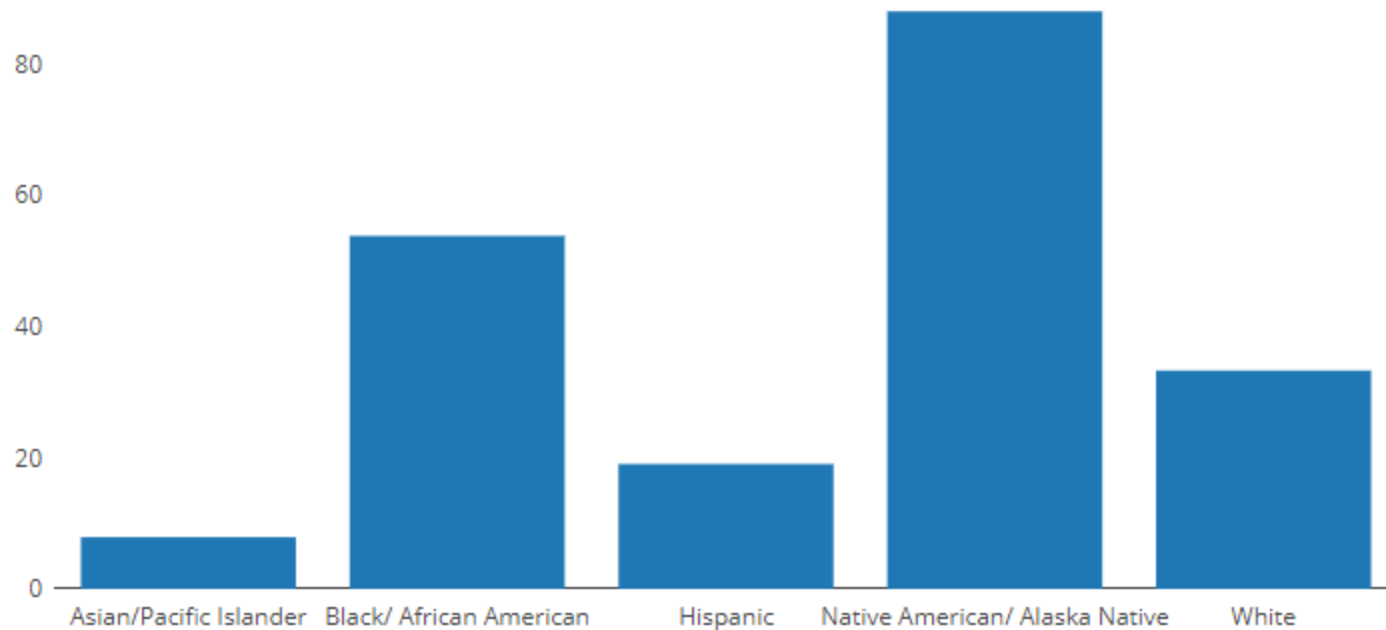
Table

Graph

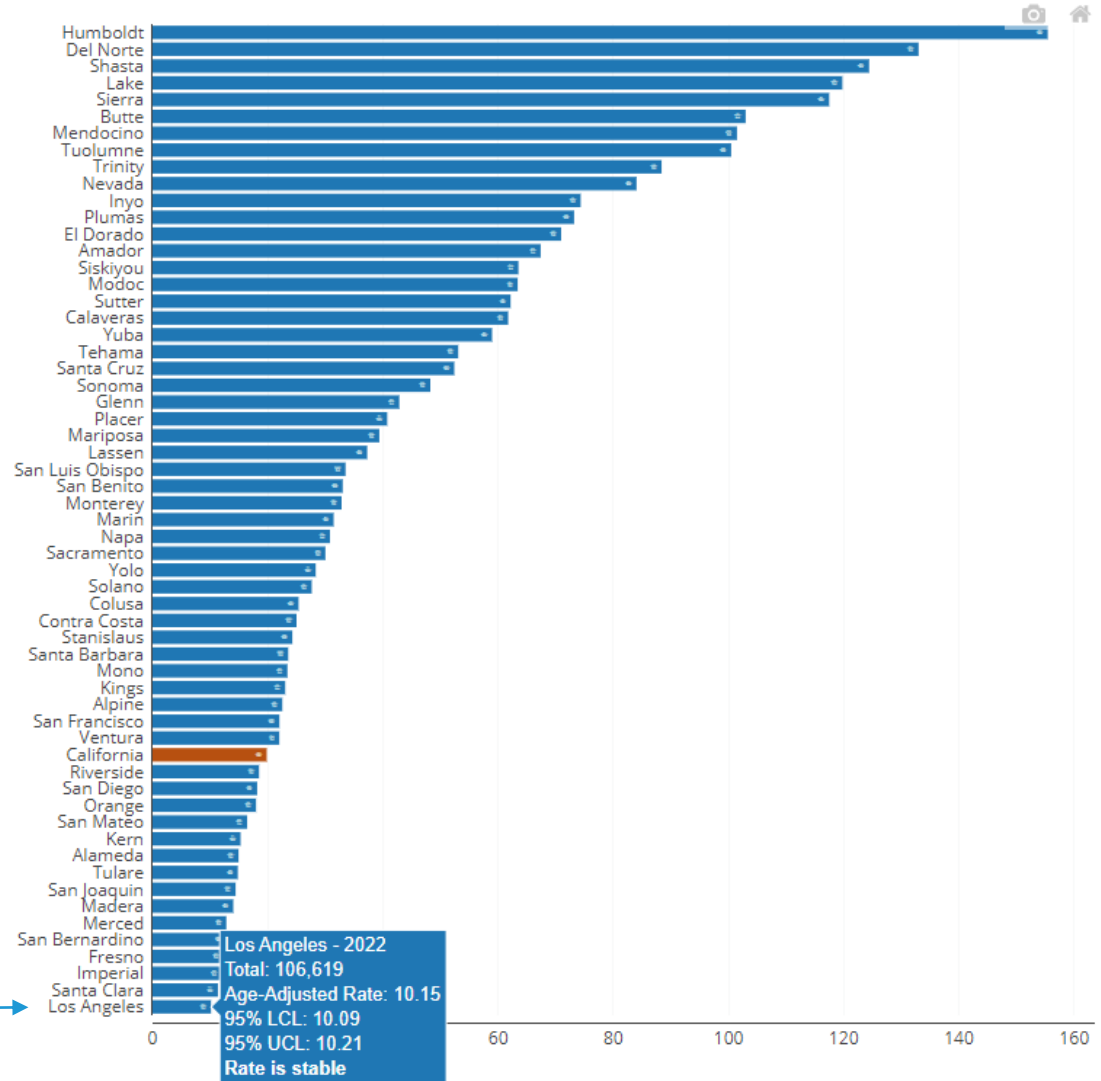
 Select Display Options

Demographic Breakdown

All Drug-Related Overdose Deaths - Los Angeles County by Race/Ethnicity, 2022
Age-Adjusted Rate per 100,000 Residents



Buprenorphine Prescriptions by Patient Location Prescriptions - Total Population, 2022 Age-Adjusted Rate per 1,000 Residents



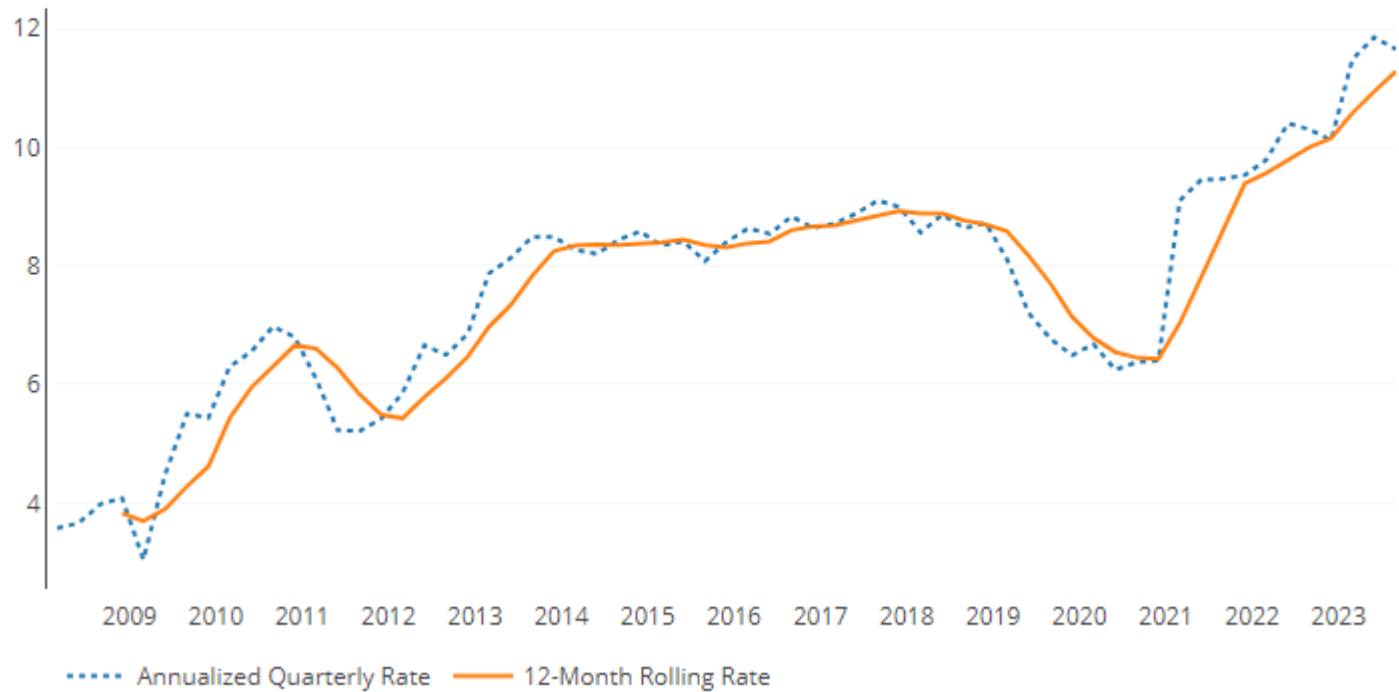
Graph

Table

 Select Display Options

Time Trend

Buprenorphine Prescriptions by Patient Location - Los Angeles County Total Population
Age-Adjusted Rate per 1,000 Residents - **2023 data are preliminary**



Data Source: Recovery Ecosystem Index



Recovery Ecosystem Index Map

- SEARCH LIST OF COUNTIES >
- Reset Map
- BASE MAP
 - Recovery Ecosystem Index
 - Drug Overdose Mortality
- OVERLAY
 - Recovery Ecosystem Index
 - Drug Overdose Mortality
 - Socio-Demographic
 - Economic

County / State: Counties | Urban / Rural: All

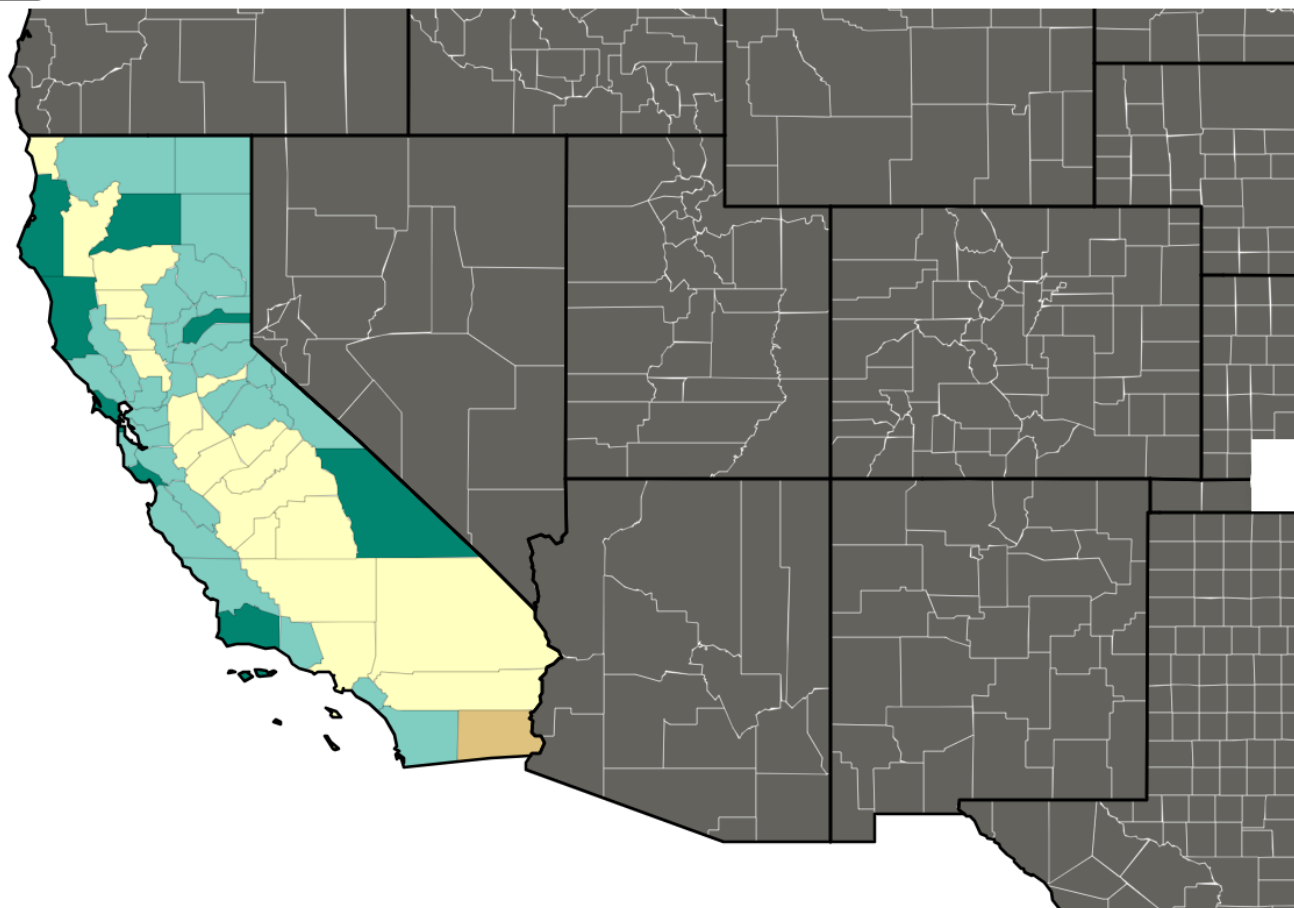
Filter by state: California

Add Map Overlay: Map Overlays

Recovery Ecosystem Index Score

5 (weakest) to 1 (strongest)

Zoom: + -



Los Angeles County, CA

[Print Data Tables](#)

 Select data table: Recovery Ecosystem Index ▾

Recovery Ecosystem Index Score

3.0 1=strongest; 5=weakest

10,040,682 Population (Urban)

Hover over a variable in the data table, and its definition will appear below

Substance Use Treatment Facilities: Number of substance use treatment facilities per 10,000 population

Data Source: SAMHSA (N-SSATS data)

Component	Score	Sub-Component	Los Angeles County, CA	California	United States
SUD Treatment	2	Substance Use Treatment Facilities per 10k	2.7	2.5	3.7
		Buprenorphine Providers per 10k	10.2	11.1	13.6
		Average Distance to Nearest MAT Provider (miles)	2.1	N/A	N/A
		Mental Health Providers per 100k	417.6	424.0	321.7
Continuum of SUD Support	3	Residential Treatment Facilities per 10k	2.2	2.2	1.8
		Average Distance to Nearest SSP (miles)	8.0	N/A	N/A
		NA or SMART Meetings per 100k	3.0	4.1	4.0
		Is there a Drug-Free Communities Coalition?	Yes	32.8%	16.6%
		Is there a Drug Court?	Yes	93.1%	62.5%
State SUD Policy Environment Score (10=highest; 0=lowest)	4.0	4.0	N/A		
Infrastructure and Social	5	One or More Vehicles	91.4%	93.1%	91.7%
		Broadband Access	88.9%	90.4%	87.0%
		Social Associations per 10k	5.5	6.0	10.6
		Severe Housing Cost Burden	22.8%	18.9%	12.6%

State Policies:

Note: Some policy information may be outdated. Please review the Methodology & Data Sources page for more information on the source for each policy and the year the data were most recently updated.

Policy	California
Does the law provide protection from probation or parole violations?	No
Does the jurisdiction have a drug overdose Good Samaritan Law?	Yes (Cal. Health & Safety Code Sec. 11376.5) (Cal. Health & Safety Code 11376.5)
Is reporting an overdose considered a mitigating factor in sentencing?	No
Does the state require commercial insurers to provide coverage for MOUD?	No
Does the state Medicaid plan include coverage for behavioral health supports for MOUD?	Yes (Cal. Code. Regs. Tit. 22, Sec. 51341.1(d)(1)) (Cal. Code. Regs. Tit. 22, 51341.1(d)(2)) (Cal. Code. Regs. Tit. 22, 51341.1(d)(5))

Qualitative Data

What are the quantitative data *not* telling you?

What information gaps need to be filled in?

Talk to people in your local community

- Patients
- People who use drugs
- Local harm reduction organizations/SSPs
- *Compensate them for their time!*

Make note of any common themes that arise

- What are you hearing over and over again?



**WE HAVE DATA!
WHAT NOW?**

UCLA

Plan-Do-Study-Act

Implementing the PDSA Cycle

Establish a team to oversee and determine:
Why are we changing?
What are we changing?
Lay out current process.
How will we know when we have improved?
Establish outcome and process metrics.

Implement change(s) or modifications to your implementation plan and identify next step of improvement. Continue cycle.



Initiate the change. Consider a pilot or a small change to begin.

Review metrics and progress toward goal in small increments. Determine if changes need to be made.

Define Your Goals

What are the data telling you?

- What main stories are emerging?

Where are the areas of need?

- Which of our structures, practices and/or policies are contributing to them?

Who is being underserved?

What resources do we have?

What resources do we need?

Who do we need to build relationships with?

Example: Los Angeles County Data

Highest overdose death rates among American Indian/Alaska Native residents

- California has the largest AI/AN population in the country
- Los Angeles County has the largest AI/AN population in the state

Highest overdose death rates in Skid Row/Arts District

- Unhoused community highly impacted

Severe housing cost burden

- Largest burden in Black, Latine and American Indian/Alaska Native communities

Los Angeles County has the lowest buprenorphine prescribing rate in the state

- Research consistently shows racial disparities in access to MOUD (Nguyen et al 2022)

Designing a Change Project and Measuring Change

First Step

- Build relationships in your community

Critical Questions

- Who can speak to community strengths and needs?
- How do the communities you are serving define success?

Center equity

Determining Metrics and Collecting Data

What are we trying to accomplish?

- Which structures, practices or policies are we trying to address?
- What makes the most sense to measure?

Which data points do you currently have access to?

- Examples:
 - Number of prescribers who have prescribed buprenorphine in last 90 days
 - Number of patients with OUD prescribed buprenorphine in last 90 days
 - Demographics of patients with OUD prescribed vs. not prescribed buprenorphine
 - Race/ethnicity
 - Gender
 - Sexual orientation
 - Language
 - Insurance status

Are there any *new* data you need to collect?

- Examples:
 - Housing status - *Can this be standardized and added to intake forms?*
 - Patient experiences of care encounters (surveys, qualitative data)

Revisions to OMB's Statistical Policy Directive No. 15

Effective March 28, 2024

Using **one combined question for race and ethnicity**, and encouraging respondents to select as many options as apply to how they identify.



Adding **Middle Eastern or North African** as a new minimum category. The new set of minimum race and/or ethnicity categories are:

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander
- White

Requiring the collection of **additional detail beyond the minimum** required race and ethnicity categories for most situations, to ensure further disaggregation in the collection, tabulation, and presentation of data when useful and appropriate.

Race and Ethnicity Questions

Figure 1. Race and Ethnicity Question with Minimum Categories, Multiple Detailed

Checkboxes, and Write-In Response Areas with Example Groups

What is your race and/or ethnicity?
Select all that apply and enter additional details in the spaces below.

American Indian or Alaska Native – Enter, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.

Asian – Provide details below.

Chinese Asian Indian Filipino
 Vietnamese Korean Japanese

Enter, for example, Pakistani, Hmong, Afghan, etc.

Black or African American – Provide details below.

African American Jamaican Haitian
 Nigerian Ethiopian Somali

Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.

Hispanic or Latino – Provide details below.

Mexican Puerto Rican Salvadoran
 Cuban Dominican Guatemalan

Enter, for example, Colombian, Honduran, Spaniard, etc.

Middle Eastern or North African – Provide details below.

Lebanese Iranian Egyptian
 Syrian Iraqi Israeli

Enter, for example, Moroccan, Yemeni, Kurdish, etc.

Native Hawaiian or Pacific Islander – Provide details below.

Native Hawaiian Samoan Chamorro
 Tongan Fijian Marshallese

Enter, for example, Chuukese, Palauan, Tahitian, etc.

White – Provide details below.

English German Irish
 Italian Polish Scottish

Enter, for example, French, Swedish, Norwegian, etc.

Visualizing and Tracking Data

Low-burden ways to track data

- Built-in visualizations in EMR
- Excel charts/graphs

Keep visualizations simple

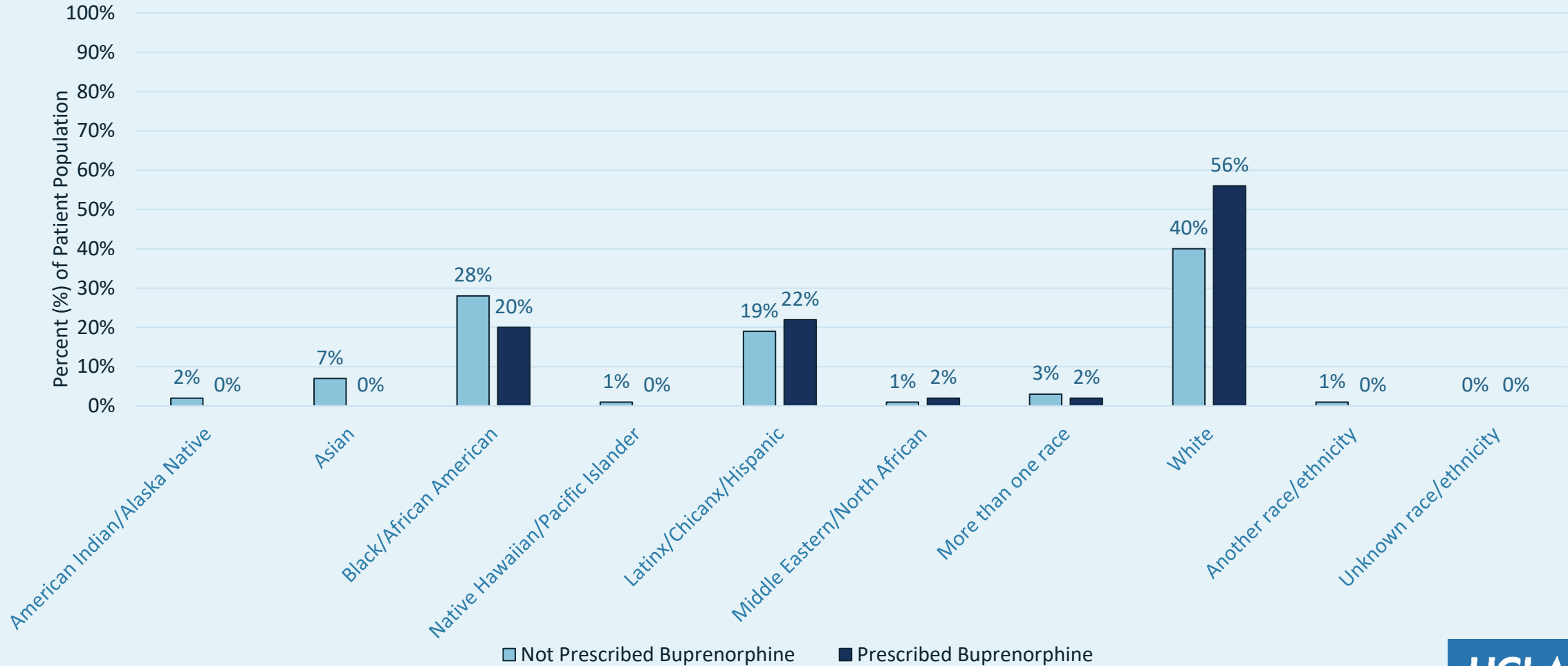
Update visualizations on a regular basis to track change as it happens

- Monthly, quarterly

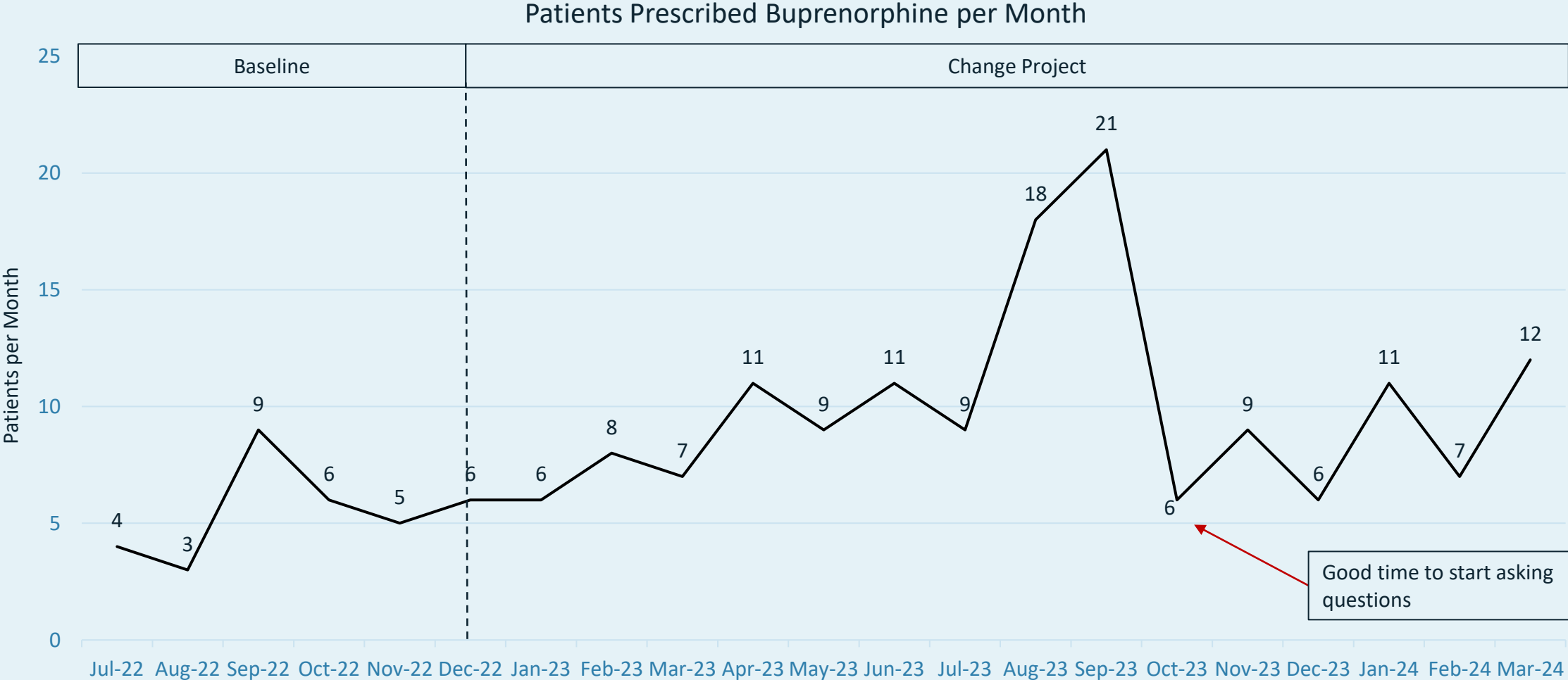
Share and discuss your data often

Group Comparisons (Example)

Race/Ethnicity of Patients with OUD
Prescribed vs. Not Prescribed Buprenorphine



Change Over Time (Example)



Important Considerations

Watch for unintended consequences

- Lion, Faro and Coker (2022) describe how change projects can
 - Improve *outcomes* for all groups, but **maintain disparities** between groups
 - Improve outcomes more for group experiencing better care at baseline, **widening the disparity**
 - Improve outcomes more for group experiencing disparity at baseline, **reducing the disparity**

Check in regularly with stakeholders and community members

- Maintain relationships
- Share data for accountability
- Create structures for ongoing review and feedback (*and compensation*)

Allow room for adaptation and experimentation

Questions?

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Schedule Change for September

There will be no PSI webinars offered in September. We will return to our regular bi-weekly schedule October 8th.

Self-Paced Learning Opportunities

Stigma

Courses for clinicians interested in addressing stigma related to addiction
Claim up to four (4.0) credit hours of CE/CME

- **Dismantling Stigma: Addiction, Treatment, and Policy** (1.0 credit hour)
- **Stigma in Healthcare** (1.0 credit hour)
- **Social Determinants of Health and Cultural Competency in Substance Use Treatment** (1.0 credit hour)
- **Understanding the Impact of Structural Racism on Clinical Care: Lessons from HIV and COVID-19** (1.0 credit hour)



Scan the code
or visit
<https://bit.ly/StigmaSUD>

<https://psattcelearn.org/>



Accredited
Courses



Individualized
Learning Plan



Qualifies for
MATE Act DEA
Requirement

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