Addressing the Opioid Crisis
in Communities of Color
ASPE Generic Information Collection Request
OMB No. 0990-0421

Supporting Statement – Section A

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Section A – Justification

1. Circumstances Making the Collection of Information Necessary

Background

The misuse of illicit substances, addiction, and drug-related overdose deaths are a national crisis that affects public health. In 2018, there were 67,367 drug overdose deaths in the United States.[1] Each day, 128 people die after overdosing on opioids.[2] Racial and ethnic minority populations are especially affected, with 10.8% of American Indians/Alaska Natives with a substance use disorder (SUD) (compared to 7.8% national average), opioid misuse rates highest among Native Hawaiians and Pacific Islanders and opioid overdose death rates increasing fastest among African Americans in recent years.[3,4,5] Use of other illicit substances, such as cocaine and methamphetamines, and polysubstance use are also growing concerns.[6] Combined with persistent behavioral health disparities, stigma and systemic factors, substance use- and opioid-related issues pose a great risk for worsening health disparities and health outcomes for racial/ethnic minority populations.[7] Reducing opioid-related death is a secretarial priority and this research fall under HHS's Strategic Goal 2: Protecting the Health of Americans Where They Live, Learn, Work, and Play.

Treatment disparities appear to contribute to the disproportionate impact of SUD for racial and ethnic minority populations.[89] Among individuals with SUD, 89.8% do not

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[1] Hedegaard H, Miniño AM, Warner M. Drug overdose deaths in the United States, 1999–2018. NCHS Data Brief, no 356. Hyattsville, MD: National Center for Health Statistics. 2020.

[2] Centers for Disease Control and Prevention, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2018. https://wonder.cdc.gov.

[3] SAMHSA Center for Behavioral Health Statistics and Quality. (2020). 2018 National Survey on Drug Use and Health: American Indians and Alaska Natives (AI/ANs). Accessed from: https://www.samhsa.gov/data/sites/default/files/reports/rpt23246/1_AIAN_2020_01_14.pdf

[4] SAMHSA Center for Behavioral Health Statistics and Quality. (2019). *2018 National Survey on Drug Use and Health: Detailed Tables*. Substance Abuse and Mental Health Services Administration, Rockville, MD. Table 1.60B, accessed from: *https://www.samhsa.gov/data/nsduh/reports-detailed-tables-2018-NSDUH*

[5] Scholl L, Seth P, Kariisa M, Wilson N, Baldwin G. Drug and Opioid-Involved Overdose Deaths — United States, 2013–2017. MMWR Morb Mortal Wkly Rep 2019;67:1419–1427. DOI: *http:// dx.doi.org/10.15585/mmwr.mm675152e1*

[6] Hedegaard H, Miniño AM, Warner M. Drug overdose deaths in the United States, 1999–2018. NCHS Data Brief, no 356. Hyattsville, MD: National Center for Health Statistics. 2020.

[7] Wu L, Zhu H, Swartz, M. Treatment utilization among persons with opioid use disorder in the United States. *Drug and Alcohol Dependence.* 2016:169: 117-127.

[8] Acevedo, A, DW Garnick, MT Lee, CM Horgan, G Ritter, L Panas, S Davis, T Leeper, R Moore and M Reynolds (2012) Racial and Ethnic Differences in Substance Abuse Treatment Initiation and Engagement, Journal of Ethnicity in Substance Abuse, 11:1, 121,DOI: 10.1080/15332640.2012.652516 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3699873/

[9] Schmidt L, Greenfield T, Mulia N. Unequal treatment: racial and ethnic disparities in alcoholism treatment services. Alcohol Res Health. 2006;29(1):49–54.

receive treatment.[10] Among racial/ethnic minority populations with SUD, Asian Americans, Native Hawaiians and Pacific Islanders (AANHPI) are least likely to receive treatment (96.2% do not).[11]

Among individuals with an opioid use disorder (OUD) who need treatment, only about 1 in 5 (19.4%) receive opioid-related treatment[12]. AANHPIs with OUD are even less likely to receive opioid-specific treatment, at 1.24%. A recent study found that non-Hispanic Whites were 35 times more likely to have a buprenorphine-related visit than Blacks[13]. In addition, racial and ethnic minority youth under age 21 are significantly less likely to receive treatment for prescription pain reliever abuse and dependence than their white counterparts[14]. The reasons for low substance-use treatment utilization or differences in treatment experienced among minority populations include stigma, bias, cost of treatment, no or insufficient health insurance coverage, lack of knowledge about treatment, lack of culturally competent providers or culturally appropriate services, language barriers and cultural attitudes about behavioral health[15]. Understanding more about treatment-related disparities and treatment models targeting racial and ethnic minority populations will inform program effectiveness, policies, and practices to reduce disparities. After a review of the literature, a study of this nature currently does not exist. This study is not a repeat of current or past research that we are aware.

In addition, human services programs can play a significant role in supporting treatment and recovery for individuals with SUD (including OUD).[16] Minority populations are disproportionately involved in human services programs. Understanding how these programs are currently integrated into treatment efforts that target minorities can inform the Department's exploration of more effective program design.

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https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6470902/?report=reader

[10] SAMHSA Center for Behavioral Health Statistics and Quality. (2020). 2018 National Survey on Drug Use and Health: Asians/Native Hawaiians and Other Pacific Islanders(NHOPI). Accessed from: https://www.samhsa.gov/data/sites/default/files/reports/rpt23248/3_Asian_NHOPI_2020_01_14.pdf

[11] Ibid.

[12]Wu L, Zhu H, Swartz, M. Treatment utilization among persons with opioid use disorder in the United States. *Drug and Alcohol Dependence.* 2016:169: 117-127.

[13]Lagisetty PA, Ross R, Bohnert A, Clay M, Maust DT. Buprenorphine Treatment Divide by Race/Ethnicity and Payment. *JAMA Psychiatry.* Published online May 08, 2019. doi:10.1001/jamapsychiatry.2019.0876

[1414]Child Trends. White youth are more likely to receive treatment for drug abuse than youth of color, although treatment is rare for both groups. https://www.childtrends.org/white-youth-are-more-likely-to-receive-treatment-for-drug-abuse-than-youth-of-color-although-treatment-is-rare-for-both-groups

[1515]Wu L, Zhu H, Swartz, M. Treatment utilization among persons with opioid use disorder in the United States. *Drug and Alcohol Dependence.* 2016:169: 117-127.

[16] National Quality Forum. Evidence-Based Treatment Practices for Substance Use Disorders, Workshop Proceedings, 2005. Accessed from: http://www.uvalltogether.org/wp-content/uploads/2016/01/Evidence_based_treatment_practices_for_substance_use_disorders.pdf

In 2019, ASPE and OMH jointly funded a new exploratory project, "Addressing the Opioid Crisis in Communities of Color," to examine disparities in the treatment of substance use disorders and discover promising interventions targeting people of color. This project will use qualitative research methods, including data collected from eight sites by means of approximately 64 interviews in total across the sites. The Urban Institute has been contracted by ASPE and OMH to collect and analyze the qualitative data. The qualitative data may provide rich contextual information to contribute to our understanding of treatment-related disparities and promising approaches to address these disparities in racial and ethnic minority populations. We are seeking approval through the generic mechanism for this research.

2. Purpose and Use of the Information Collection

The purpose of this data collection is to:

- Explore promising SUD (including OUD) treatment and recovery models that target communities of color, specifically Black, Hispanic, Asian, and Native American/Alaska Native communities, and describe how these models may address disparities in access to and treatment rates among people of color.
- Identify and describe individual, organizational, community, and societal/public policy factors that may promote or impede SUD (including OUD) interventions for communities of color, including how these factors may vary among different racial and ethnic minority populations.
- Explore the extent to which human services programs are integrated with SUD (including OUD) treatment programs in areas with Black, Hispanic, Asian, or Native American communities, and examine the role human services programs play or could play in effective SUD (including OUD) treatment.

Qualitative data collection is needed for this study to augment information obtained through a review of published peer-reviewed and gray literature on disparities in SUD (including OUD) prevalence and outcomes, treatment access, and treatment uptake among people of color.

The research will explore barriers and facilitators to accessing and utilizing substance use treatment and human services for people of color. It will also explore effective or promising models for substance use treatment, including integrating human services with substance-use treatment services for people of color. To begin to fill in the gaps in the research and to identify potentially promising approaches to reducing disparities in SUD (including OUD) treatment among minority populations, we plan to speak with individuals working in minority communities affected by high prevalence of SUD (including OUD) so that we can better understand what approaches appear to work or not work for treating SUD (including OUD) in communities of color, particularly models for effectively integrating human services with SUD (including OUD) treatment.

The data will be used to inform our understanding of practices and policies in substance use prevention, treatment, and recovery, and to provide information to both ASPE and OMH on future research and policy proposals that may reduce treatment-related disparities of substance-use disorders among racial and ethnic minorities and identify potentially promising practices for integrating human services with SUD (including OUD) treatment.

3. Use of Improved Information Technology and Burden Reduction

Two of the eight site visits will occur via webinars and phone interviews to accommodate locations where in-person interviews would be burdensome due to circumstances such as lack of centralized staff, cost of travel, or scheduling difficulties. For these locations, the contractor will hold virtual site visits through the use of phone interviews and webinars to eliminate the associated burdens. We have selected Washington, DC; New York; California; Washington; and New Mexico. These sites were selected because of their high drug overdose death rates, they allow a focus on at least two or more racial/ethnic minority groups, and they had innovative programs. Three additional sites are under consideration—Ohio, South Dakota, and Oregon—which all have high drug overdose death rates. We are investigating whether there are innovative programs in these states that serve at least serve one of the racial/ethnic minority groups that are the focus of this study. Due to COVID-19 concerns, the contractor is requesting to do webinar/phone interviews instead of going on site. We will also determine webinar/phone interview sites based on the budget. Sites for which travel costs are higher are prime candidates to have their interviews conducted via webinar or the phone.

4. Efforts to Identify Duplication and Use of Similar Information

It is our understanding that no other prior or current research efforts have substantial overlap with our proposed investigation. A review of relevant literature revealed that there is little empirical evidence of effective SUD treatment interventions targeting communities of color that integrate human services. We are not aware of any previous or ongoing qualitative research investigating this issue through interviews.

The information collected through this study will identify gaps in the research and areas for additional research and potential policy development. This study will complement and expand on previous ASPE work that explored information at the county level about how substance abuse has influenced the child welfare system, especially foster care caseloads. That study gathered perspectives of practitioners and administrators from child welfare agencies, as well as staff from related systems, such as substance use treatment, public health, law enforcement, and courts.

5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this data collection.

6. **Consequences of Collecting the Information Less Frequently**

This request is for a one-time data collection where the data have not previously been collected elsewhere.

7. **Special Circumstances Relating to the Guidelines of 5 CFR 1320.5**

There are no special circumstances with this information collection package. This request fully complies with the regulation 5 CFR 1320.5 and will be voluntary.

8. **Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency**

This data collection is being conducted using the Generic Information Collection mechanism through ASPE – OMB No. 0990-0421, therefore no Federal Register notice is required.

9. **Explanation of Any Payment or Gift to Respondents**

Neither ASPE nor OMH will provide payments or gifts to respondents.

10. **Assurance of Confidentiality Provided to Respondents**

The Privacy Act does not apply to this data collection. State and local administrators and practitioners who answer questions will be answering in their official roles and will not be asked about, nor will they provide, sensitive individually identifiable information. However, before each interview, we will provide assurance of confidentiality that individual names, titles, and organizations will not be identified and associated with findings shared with ASPE and OMH or otherwise. Recorded transcripts will be redacted to omit any identifying information.

11. **Justification for Sensitive Questions**

No information will be collected that is of personal or sensitive nature.

12. **Estimates of Annualized Burden Hours and Costs**

The estimate for burden hours is 1.5 hours per response from administrators and practitioners in the substance-use treatment and human services fields; and 1.5 hours per response from substance-use disorder providers and others. We plan to interview up to eight participants from each site, totaling a maximum of 64 participants across all eight sites. For each site, we expect to conduct one interview with substance use administrators or caseworkers and human services program administrators or caseworkers and other relevant stakeholders. Depending upon specific circumstances and local contexts, we will adapt this plan to include other key informants involved in SUD treatment, recovery, and prevention efforts as appropriate.

Estimates for the average hourly wage for respondents are based on the Department of

Labor (DOL) 2018 National Occupational Employment and Wage Estimates (https://www.bls.gov/oes/current/oes_nat.htm). Table A-1 shows estimated burden and cost information.

Table A-1: Estimated Annualized Burden Hours and Costs to Respondents—Addressing the Opioid Crisis in Communities of Color

Type of Respondent	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in Hours)	Total Burden Hours	Median Hourly Wage Rate	Total Respondent Costs
Substance Use Treatment Administrators	16	1	1.5	24	$50.99	$1,223.76
Substance Use Treatment Caseworkers	16	1	1.5	24	$20.64	$495.36
Human Services Administrators	16	1	1.5	24	$50.99	$1,223.76
Human Services Caseworkers	16	1	1.5	24	$20.64	$495.36
TOTALS	64	1		96		$3,438.24

13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers There will be no direct costs to the respondents other than their time to participate in each data collection.

14. Annualized Cost to the Government

The cost of the government task order attributable to the work is $1,072.

Table A-2: Estimated Annualized Cost to the Federal Government

Staff (FTE)	Average Hours per Site	Average Hourly Rate	Average Cost

Social Science Analyst, GS 14	2	67.00	$134
Estimated Total Cost of Information Collection ($134x8 sites)			**$1072**

15. Explanation for Program Changes or Adjustments
This is a new data collection.

16. Plans for Tabulation and Publication and Project Time Schedule
After the site interviews are completed, the contractor will analyze collected data with NVivo to help identify cross-cutting key themes. The contractor will prepare a report for ASPE and OMH to summarize study findings.

Project Time Schedule

- November 2019 - January 2020: Develop discussion guide and recruitment plan
- February 2020: Outreach and scheduling of site visits/interviews
- March - May 2020: Conduct on-site and virtual interviews
- June–September 2020: Analyze interview findings and synthesize findings into summary report to ASPE and OMH

17. Reason(s) Display of OMB Expiration Date is Inappropriate We are requesting no exemption.

18. Exceptions to Certification for Paperwork Reduction Act Submissions
There are no exceptions to the certification. These activities comply with the requirements in 5 CFR 1320.9.

LIST OF ATTACHMENTS – Section A

Note: Attachments are included as separate files as instructed.

- Attachment A. Discussion Guide

References

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