

# Substance Use Disorder Needs and Resources among Racial and Ethnic Communities in Wichita

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# Objectives

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- Describe Facts Not Fear ICT engagement strategies.
- Understand racial and ethnic minority communities' experiences regarding substance abuse disorder.
- Identify culturally appropriate intervention strategies to address substance abuse disorder in racial and ethnic minority communities.

# Health Literacy

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The ability to access, understand, and use health information and services.

- Individual health literacy
  - Degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.
- Organizational health literacy
  - Degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

# Why Health Literacy is Important

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- Research shows that Low health literacy is a significant predictor of poorer health outcomes (Schillinger, 2021)
- There is a stronger association between health status and health literacy than between health status and many demographic variables (e.g. age, income, employment status, education level, race, ethnicity) (Ngoh, 2009)
- Low health literacy is significantly more prevalent in socially disadvantaged communities (e.g. low educational attainment, low income, low English proficiency, racial or ethnic minorities) (Schillinger, 2021)

# Facts Not Fear ICT

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## **Advancing Health Literacy to Enhance Equitable Community Responses to COVID-19**

- The three-year project to improve health literacy and ultimately improve health outcomes in Wichita's communities and other mitigation practices for underserved populations
  - Administered through the U.S. Department of Health and Human Services' Office of Minority Health (OMH)
  - Facts Not Fear ICT is based at the University of Kansas School of Medicine-Wichita, with many partners

# Purpose of Project

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Improving health outcomes for Wichita communities by:

1. Improving health literacy among disparate populations
2. Including disparate populations in development, implementation, and evaluation
3. Improving provider-patient communication
4. Increasing access to testing and vaccination resources

# FNFICT Priority Populations

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Four racial and ethnic minority populations at the highest risk for health disparities and low health literacy in the city of Wichita:

1. Black or African American
2. Hispanic or Latino
3. Asian
4. American Indian and Alaska Native

# Engagement Strategies

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Educational health sessions



Advisory board



Volunteers



Community health facilitators (CHFes)



Key influencer interviews



Partner organizations and agencies



Local government



# Engagement Strategies

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- Community health education sessions
  - Healthy Behaviors
  - Stress and Mental Health
  - Health Visits & Screenings
  - COVID-19 & Prevention
  - *Substance Use Disorders & Prevention*
- Advisory board
- Volunteers
- Community health facilitators (CHFes)

# Engagement Strategies

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- Key influencer interviews
- Partner organizations and agencies
- Local government



What Are Some Things to Consider When Engaging Racial and Ethnic Minority Communities with Respect to Substance Use Disorder?

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# Considerations

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- Establishing trust
- Respect and acknowledge
  - Historical trauma
  - Indigenous methods
- Words matter
- Language
- Health literacy and numeracy
- Avoid “one size fits all” approach
- Be mindful of biases

# Understand Racial and Ethnic Minority Communities' Experiences Regarding Substance Abuse Disorder

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KEY INFLUENCER INTERVIEWS

# Study Objective

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- To better understand FNFICT priority populations knowledge, attitudes, beliefs, and experiences around substance use disorder.
- To identify opportunities to work with affected communities to engage them in development, implementation, and evaluation of evidence-based strategies supporting individuals with substance abuse disorder.

# Methodology

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## **Design**

- Qualitative semi-structured interview

# Methodology

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## **Participants**

- Self-identified as members of priority populations
  - Black or African American
  - Asian
  - American Indian or Alaska Native
  - Hispanic or Latino
- 18 years or older
- Residents of Wichita
- Participated in FNFICT project efforts
  - Outreach or health sessions
  - Connected through community health facilitators



# Methodology

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## **Instruments**

- 38 question interview script
- Centered around thoughts and experiences with SUD
  - Defining SUD
  - SUD experiences and impact
  - SUD perceptions (framed around Health Belief Model)
  - Accessing care
  - Prevention
  - SUD literacy
  - Health information and public health messaging
  - Demographics

# Methodology

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## Procedures

- Script development
- Review materials to ensure accessibility
- IRB approval
- Material translation
  - English
  - Spanish
  - Vietnamese
- Community members who participated in FNFICT project efforts were invited to participate in a semi-structured interview.

# Methodology

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## **Procedures**

- Interviews were conducted by four trained research personnel who self-identified within the four priority populations.
- Interviews conducted virtually or by phone.
- Participants were given the option to complete the interview in their preferred language.
- Those who completed the interview received a \$50 gift card for their participation and time.

# Methodology

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## **Analysis**

- Interviews were transcribed and translated
- Independently review and coded by two coders
- Preliminary thematical analysis was conducted to determine emerging themes

# Preliminary Results

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# Results

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- Ages ranged from 21 – 69
  - Average age = 52 ( $SD = 16.66$ )
- Race and ethnicity
  - 88% (n=7) identified as Black or African American
  - 12% (n=1) identified as Hispanic or Latino

# Results

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- Gender
  - Female(50%, n=4)
  - Male (50%, n=4)
- Education
  - Graduated high school or GED (12%, n=1)
  - Some college or 2-year degree (38%, n=3)
  - 4-year college degree (38%, n=3)
  - More than 4-year college degree (12%, n=1)

# Health Literacy and SUD

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- Understanding of participants health literacy around SUD
- 4-tems
- 5-point Likert scale
  - Strongly agree to strongly disagree



# Health Literacy and SUD

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- I understand how to protect myself from a substance use disorder.
  - Most participants indicated they either “agreed” or “strongly agreed”
- I understand the signs and symptoms of substance use disorder
  - All participants indicated they either “agreed” or “strongly agreed”

# Health Literacy and SUD

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- I have negative beliefs about people with substance use disorder.
  - Most participants “strongly disagreed” with this statement.
- I am confident in my ability to seek treatment for substance use disorder if needed.
  - Most participants indicated they either “agreed” or “strongly agreed”

# How Common SUD is in Wichita?

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- Range: 6% - 100%
- Average: 50% ( $SD = 34.144$ )

# Why Discuss SUD?

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- Loved ones
- Friends
- Self

# How SUD Has Impacted Your Life?

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- "I'm always care[ful], of course, not fall into the same path my brother has taken."
- "I have several family members that have that disorder. And I've just had a nephew that actually OD'd. I feel like they have a lot of mental issues that they've been compressing...and so, they partake of these drugs because they don't want to feel...."
- "Just torn it apart. Our family is very much divided...a lot of blame - internal blame and external blame...It's like we live it every day."

# Did Person Access Care?

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- “No, because they don't feel like that is a problem”
- “The drugs just trick the mind that you're functioning normal when you're not...”
- Yes - family member who “was sober for 7 years, then started using again...”

# Did Person Access Care?

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- “I don’t know anybody who got any personal help.”
- “...make up your mind and [acquire] your help by putting together your team as far as Christ and different people around you that support you and help you in a different group.”
- “No, because in my generation, you kept things quiet.”

# Which SUD Services Were Most Helpful?

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- “Exercise program”
- “It’s good people they work with. I think they get connected with the people.”
- “...when they are able to get in right away, when they're seeking help.”



# Which SUD Services Were Most Helpful?

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- “...I have different readings I liked...”
- “...someone in NA who believes in me, who will help me with what I need to do for myself to help me in my recovery. Just for today, I believe in someone in NA who believes in me.”

# Which SUD Services Were Least Helpful?

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- “Not helpful if not ready”
- “I don’t think the services itself actually works.”
- “Cold turkey”

# SUD Prevention

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- Described treatment or rehabilitation services
- One participant shared that they receive training on SUD through school district

# Knowledge of SUD Resources and Services

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Responses varied from “I don’t know” to identifying various services

- Participants mentioned:
  - Miracles
  - Family physician
  - Health plan
  - HealthCore Clinic
  - COMCARE
- One participant indicated there were resources because s/he drove past signs for treatment facilities

# Are SUD Services Helpful?

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- “I do believe they can be useful to the right people who want to get better.”
- “It's that they can be helpful because, you know, better way of thinking and doing things.”
- “It could take your life and ruin your family... you will have somebody who would help motivate you to go and seek help at least.”

# Barriers to SUD Treatment Services

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- Responses varied
  - Health insurance
    - “I don’t know”
    - “No”
    - “Yes”
  - Transportation

# Barriers to SUD Treatment Services

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## Accessibility to Substances

- “Pills are coming in candy forms... candy, gummies, pills... like the way the drugs are presented right now is they're pretty. they're cute. they taste good.”

## Complex Trauma and Emotional Problems

- “...for some people, dealing with the drug addiction or the substance abuse is easier than dealing with the problem that sent them down that road in the first place, especially if that is an emotional issue.”

# Barriers to SUD Treatment Services

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## **Shame and Anger**

- “They wouldn't want their grandparents or parents really to know. ...They're probably going to just try to have their peers help them...the down-low, probably without letting any family get ahold of it.”
- “...and when you try to shed light on a problem, you're being an enemy, or you become an enemy, or you're pricking on them, or you're blowing things out [of] proportion.”



# Barriers to SUD Treatment Services

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- Race
- Finances
- Gender
  - Male

# Perceptions of SUD – Health Belief Model

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- **Susceptibility**

- Most participants shared they did not feel there was a high chance of having SUD (one said highly susceptible)

- **Risk**

- Not at high risk
- One participant shared perceived risk

- **Severity**

- All reported it is life threatening

# Perceptions of SUD – Health Belief Model

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- **Benefits to not using**
  - “Primarily a clear mind, at least a healthy state of being.”
  - “...more aware; you're able to live in the real world, and not, like, be out of it.”
  - “A healthier life, financially more stable, socially, everything.”
  - “You feel better. People look at you differently, better...”

# Perceptions of SUD – Health Belief Model

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- **Barriers**
  - Mental health challenges
  - Tragedy
  - Family problems
  - Financial programs
  - “...if I was hospitalized in some way and they gave me drugs in the hospital.”

# Perceptions of SUD – Health Belief Model

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- Cues to action
  - Most participants stated they would seek resources and treatment depending on the situation.
  - One participant said they would not seek resources
    - Fear of job loss
    - Financial

# Perceptions of SUD – Health Belief Model

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- **Self-efficacy**
  - Most participants indicated they were “confident” or “somewhat confident” in their ability to seek treatment, if needed.
  - One participant shared,
    - “...it would be a mental struggle.”

# What Has Protected You from Having a Substance Use Disorder?

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- “[Having a] strong network.”
- “Knowing how to deal with my mental health.”
- “Taking time for myself [even when there was trauma].”
- “My parents, my upbringing.”

# What Has Protected You from Having a Substance Use Disorder?

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- “Seeing other people, well, I don’t want to get that bad.”
- “You need the inner circle support, whether that be family or friends, but you need some kind of inner circle support for that person.”
- “Role models.”



# Public Health Messaging for SUD Treatment

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- “Just take a moment to look at the ones you love and see if any of the warning signs are there, or at least the signs that somebody is struggling with substance abuse are there.”
- “...there are programs to, at least, help you get out of the problems you're in. And there's always someone who cares about you, even if you don't realize it.”
- “Pay attention to your household. Pay attention to behaviors, patterns. Watch your kids. Stay connected with one another so you can identify a change....”

# Public Health Messaging for SUD Treatment

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- “I'm sure that there's someone that you know who is on [substances] right now. Take a look at their life and see if that's the kind of life that you wanna have. It's something you gotta deal with for the rest of your life if you get hooked on drugs, alcohol, or anything that's detrimental to your body.”
- “Treat it as a sickness...a serious disorder...something that can be cured with the right steps.”
- “Ain't nobody gonna take care of you. You got to do it for yourself.”

# Public Health Messaging for SUD Treatment

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- “You're not alone, and it's okay to seek help. It's okay to work on you. You're not broken.”
- “Don't take the chance of thinking it's going to be a one-time thing.”
- “Seek help, inquire God, and get help. Surround yourself with people that love you, people that want to help you, people that have your best interests in mind and in their heart for you.”
- “Respect for yourself, and your community, and your family - because that's where it starts. You know, we've lost respect.”

What Are Some Culturally Appropriate  
Intervention Strategies?

How Do You Identify Them?

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# Next steps

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- Continuing data collection to inform the work of FNFICT
  - SUD stakeholder meeting
  - Culturally tailored community health education session
    - How to intervene and support friends/families
    - Addressing stigma
  - Individual and organizational interventions
  - Stigma reduction public health communication campaign
  - Collaboration with local clinics
  - Community health work
  - Provide recommendations and next steps for the City of Wichita

# Questions

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