

NAAATP NATIONAL 2023



NATIONAL ASSOCIATION
OF
ADDICTION TREATMENT PROVIDERS

Voice. Vision. Leadership.

No Room for Neutral: Why Antiracism is Good Business for the Future of Addiction Treatment



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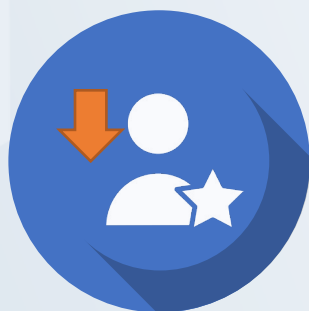
VOICE.
VISION.
LEADERSHIP.

THE PROBLEM

**The lack of DEIB is having material, negative impact
for organizations across the industry and the trend is likely to
escalate.**



**POOR PATIENT
OUTCOMES**



**INABILITY TO ATTRACT
AND RETAIN TOP-TIER
TALENT**



**SUBOPTIMAL
FINANCIAL
PERFORMANCE**



**INCREASED RISK OF
LITIGATION**

POOR PATIENT OUTCOMES

The lack of equity in patient care providers leads to lower quality of care especially for minority patients.

Latine are 39% less likely to receive substance use treatment



39%



1 in 3

Only one-in-three African Americans who need mental health care receives it

10% increase in Black physician representation resulted in a higher life expectancy of 30.61 days



31 days



19%

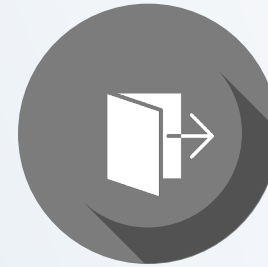
19% reduction in the black-white male cardiovascular mortality gap with increased screenings (20-26%) from a black doctor.

**Top-tier talent require more than just adequate compensation.
Real inclusion in the workplace is fast becoming non-negotiable.**

People of color are 1.4 times more likely to experience career growth challenges



+1.4 times



62%

62% would leave or have already left an organization for a more inclusive one

39% have turned down jobs because of lack of inclusion



39%



60%

60% expect CEOs to speak publicly about social and political issues

SUBOPTIMAL FINANCIAL PERFORMANCE

DEIB directly impacts a company's profitability, growth prospects and its potential to generate outsized returns.

83% of investors were willing to pay a 10% premium for a business with a strong ESG record.



83%



\$7T

The buying power of minority groups in the U.S. is projected to reach \$7 trillion by 2025 (11% CAGR).

Companies with diverse boards of directors have 53% higher returns on equity.



53%



45%

45% of consumers believe retailers should actively support Black-owned businesses and brands

INCREASED RISK OF LITIGATION

There is increasing instances of catastrophic consequence as a result of non-compliance.

SUTTER HEALTH

'A Black Doctor Like Me Was Expendable': Lawsuit Alleges Racism 'Permeates' Sutter Health

Several Black doctors were labeled as "aggressive" or "intimidating" when raising concerns about racial discrimination or patient care, according to the lawsuit.

NBC Bay Area

Study finds racial bias in Optum algorithm

Optum calls the study's conclusions "misleading" as health systems use many data elements other than cost to select patients for clinical engagement.

Healthcare Finance

State Farm slammed with dozens of pending racial discrimination lawsuits

Insurance Business News

LA hospital sued for racism in death of Black mom

A man whose Black wife died shortly after giving birth to their second son has filed a civil rights lawsuit against Cedars-Sinai hospital in Los Angeles alleging her death was the result of a culture of racism. (May 5)

USA Today

HEALTH TECH

Cerner to pay \$1.9M to settle racial discrimination claims in deal with federal regulators

Fierce Healthcare

Substance Use Disorders in BIPOC



- SAMSHA reported that in 2017, there was a significant increase in opioid related overdoses in Black Americans (44% vs. 23% in Whites)
 - Deaths in Black Americans was highest (opioid and synthetic-related opioid overdoses) across all racial groups
 - Second highest was among Native Americans and Alaska Natives (opioid overdoses) and third highest for synthetic-related opioid overdoses
- Prevalence of SUD by race:
 - 10% in Native Americans/Alaska Natives
 - 8% in Whites
 - 7.5% in Black/African-Americans
 - 7% in Hispanic/Latine

SUD in BIPOC – untapped clients?

- From the 2019 Survey on Drug Use and Health (NSDUH)
 - NA/AN – 25% use illicit drugs
 - 7% reported AUD 95,000
 - 10% reported SUD 142,000
 - 4% with SUD and mental illness 52,000
 - 8% with serious mental illness (SMI) 35,000
 - 7% with major depressive episodes 35,000
 - Black or African American – 22% used illicit drugs
 - 5% reported AUD 1.5 million
 - 8% with SUD 2.3 million
 - 3% with SUD and mental illness 947,000
 - 5% with serious mental illness 630,000
 - 7% with major depressive episodes 877,000

SUD in BIPOC



- Treatment is not accessible (NSDUH 2019)
 - Whites 2.8 million (1.8%)
 - Blacks 468,000 (1.6%)
 - NA/AN 27,000 (1.9%)
 - Hispanic 448,000 (1.1%)

Factors that affect access to care



- Lack of SBI (screening and brief intervention) in primary care offices
- Racism and trauma in behavioral health
 - “According to the American Society of Addiction Medicine (ASAM), historic systemic racism influences lived experiences for Black, Indigenous, and certain groups of People of Color and their risk for developing SUD, access to treatment, and health outcomes.”
- Cultural and familial stigma surrounding behavioral health (in ADHD for example)
- The racial and ethnic groups who are [underrepresented in medicine](#) (URM) as providers
- The dearth of research and funding for certain BIPOC groups
 - https://pro.psychom.net/special_reports/bipoc-mental-health-awareness-racism-in-psychiatry/race-and-addiction-treatment-outcomes

Crisis of Diversity in Providers

- according to the Association of American Medical Colleges (AAMC) few matriculants to medical school identified themselves as Black/African American (7.1%), Hispanic, Latino, or Spanish origin (6.2%), or American Indian or Alaska Native (0.2%).⁴
- In psychiatry, the 2018 Resident Census demonstrated that White and Asian people makeup nearly three-fourths of all Post-Graduate (PGY)-1 psychiatry residency positions (52.1% White and 24.7% Asian), while less than 1% of residents identified as American Indian/ Alaskan Native or Native Hawaiian/Other Pacific Islander, 8.1% identified as Black/African American, and 8.9% identified as Hispanic/Latino/Spanish Origin.

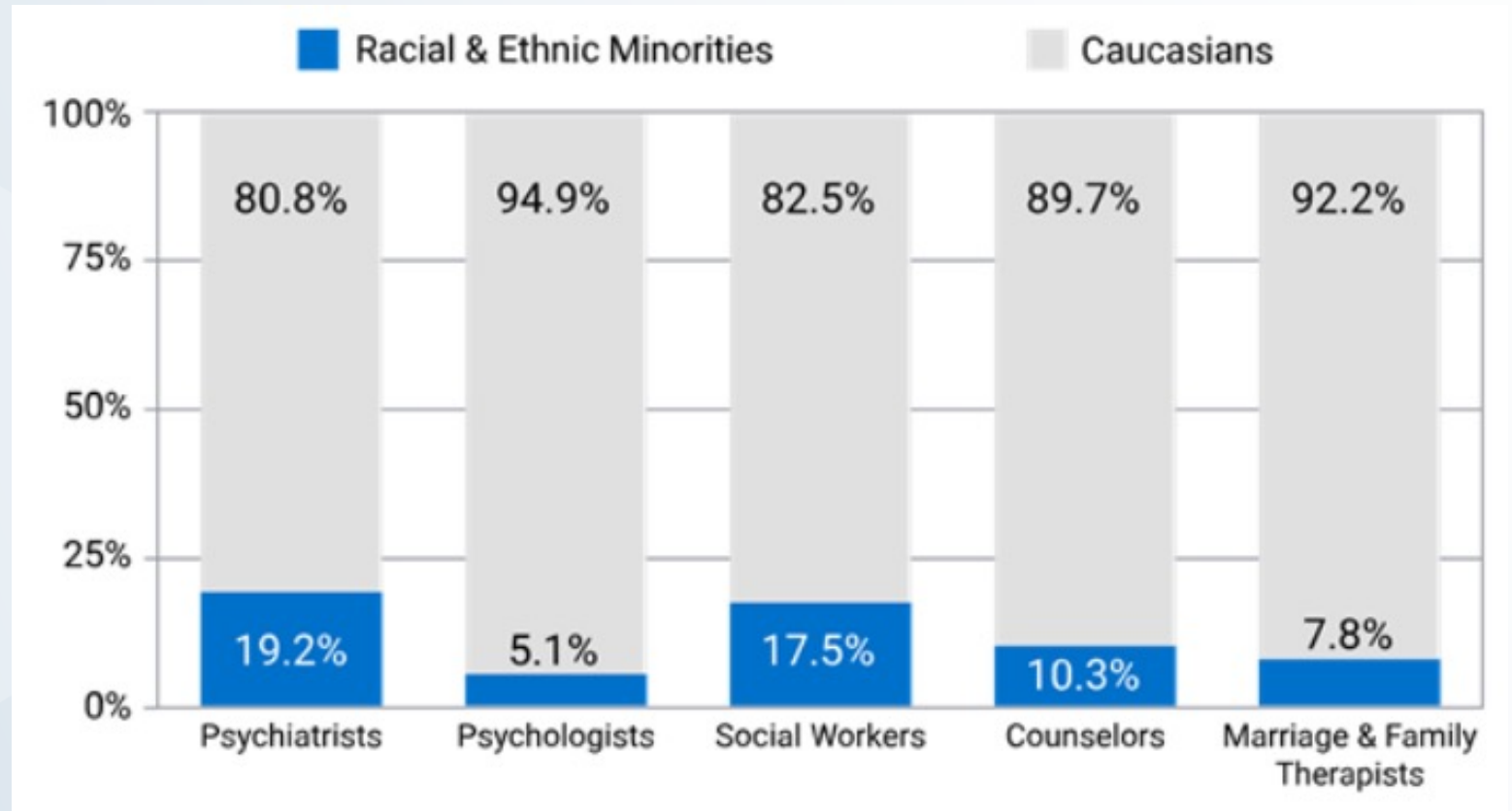
TABLE 1. Race/ethnicity profile of current addiction psychiatry and addiction medicine subspecialty trainees in 2018

Ethnicity	Addiction psychiatry, <i>N</i> (%)	Addiction medicine, <i>N</i> (%)
White non-Hispanic	46 (55.4)	23 (59.0)
Asian/Pacific Islander	18 (21.7)	4 (0.10)
Hispanic/Latino	4 (0.05)	4 (0.10)
Black/African American	3 (0.04)	0 (0)
Native American/Alaskan	1 (0.01)	0 (0)
Other	7 (0.08)	2 (0.05)
Unknown	4 (0.05)	6 (0.15)

Source: ACGME data resource book 2018/2019.

RACIAL & ETHNIC MINORITIES VS WHITE

BEHAVIORAL HEALTH CARE PROVIDERS



Substance Abuse and Mental Health Administration (2013).

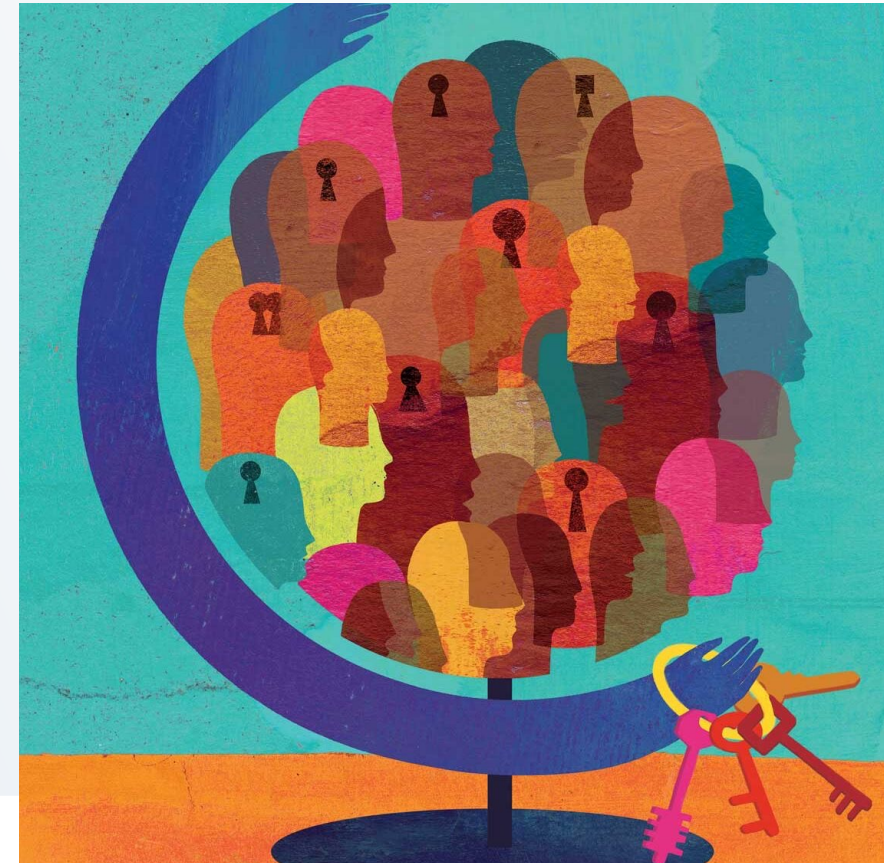
Why is culturally competent care important

- What is CC care?
 - “The findings of Clarke and DeGannes suggest that developing culturally competent approaches to providing health care services inherently includes a patient-centered and directed approach to service plan design and implementation that will affect the clinical outcomes of any group or specific community, including those defined by gender, sexual orientation, disability, or other cultural variables including age and social class.”
 - <https://www.dhs.wisconsin.gov/scaoda/diversity-aoda-cultural-competency.pdf>
- Should occur on three levels:
 - Leadership / workforce
 - Structural (processes of care)
 - Clinical (patient-provider)



Culturally Competent Care

- Studies show differences in treatment responses for SUD by gender and race
 - Gender, race and culture need to be part of the evaluation process in the engagement, assessment, planning and aftercare processes.
- There may be differences in response to psychiatric medication based on race and ethnicity
 - Asians, African Americans and Hispanics may metabolize medications differently leading to increase in sensitivity, side effects and medication effectiveness
- Screening tools for SUD and addiction evaluation should consider personal, social, environmental and cultural factors in developing treatment and aftercare plans





Implementation of CC Care for Clinicians

One model is LEARN, an acronym for Listen, Explain, Acknowledge, Recommend, Negotiate.

- Listen with sympathy and understanding to the patient's perception of the problem.
- Explain your perceptions of the problem.
- Acknowledge and discuss the differences and similarities in perceptions.
- Recommend treatment.
- Negotiate treatment.

This model reflects the National Standards on Culturally and Linguistically Appropriate Services (CLAS)

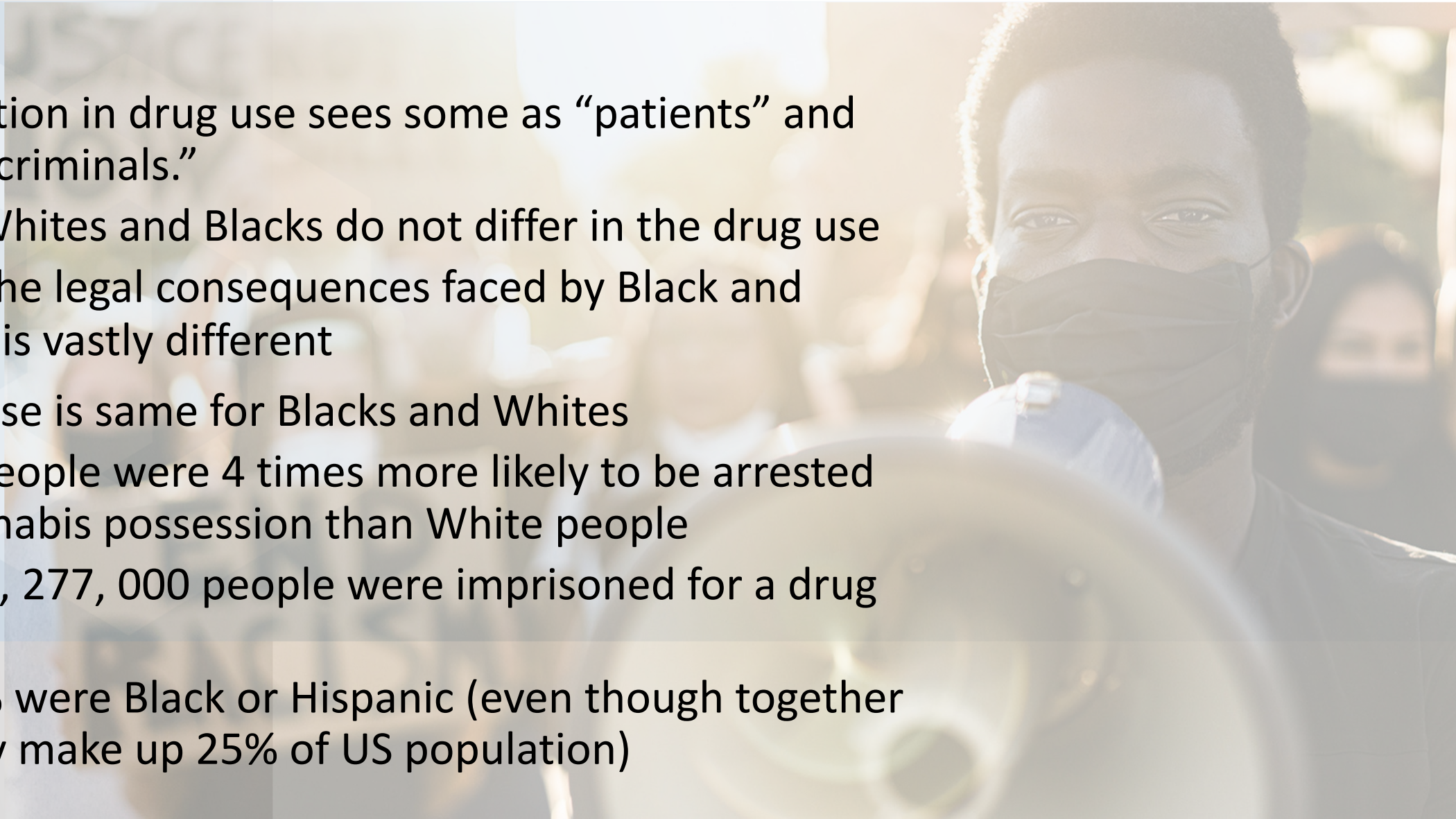
The Link between Addiction Treatment, DEIB and Trauma

- 89% of providers in SUD treatment have significant trauma
- Trauma is now being recognized as underlying root cause of SUD
 - Higher rates of overall trauma and racialized trauma in BIPOC
 - Racism, discrimination, stress and trauma in BIPOC individuals / communities leads to greater rates of SUD, depression, PTSD, anxiety
 - Black women have greater risks for SUD from trauma and stress



Trauma and SUD

- Discrimination in drug use sees some as “patients” and others as “criminals.”
 - FACT: Whites and Blacks do not differ in the drug use
 - FACT: The legal consequences faced by Black and Whites is vastly different
- Cannabis use is same for Blacks and Whites
 - Black people were 4 times more likely to be arrested for cannabis possession than White people
 - In 2013, 277, 000 people were imprisoned for a drug offense
 - 56% were Black or Hispanic (even though together they make up 25% of US population)



Diversity and Addiction Tx Outcomes

- Increasing number of BIPOC affected by Opioid Crisis
 - Increased acceptance and accessibility of MAT and MOUD when culturally competent treatment is combined with evidence based treatment
- BIPOC with OUD are less likely to be offered MOUD despite increasing rates of mortality from Opioid crisis
- “Racial and ethnic URM communities with OUD continue to be excluded from evidenced-based treatments, despite having access to care through health insurance.”

- Effect on timeliness and accessibility of treatment
- Effect on quality of treatment
 - Access to clinical trials and new treatments



Diversity and the Business of Addiction Treatment

Greater diversity in the healthcare workforce is seen as a promising strategy for addressing racial and ethnic healthcare disparities by improving access to healthcare for underserved patients, improving the patient experience, and increasing patient satisfaction.

Wilbur, et al. 2020

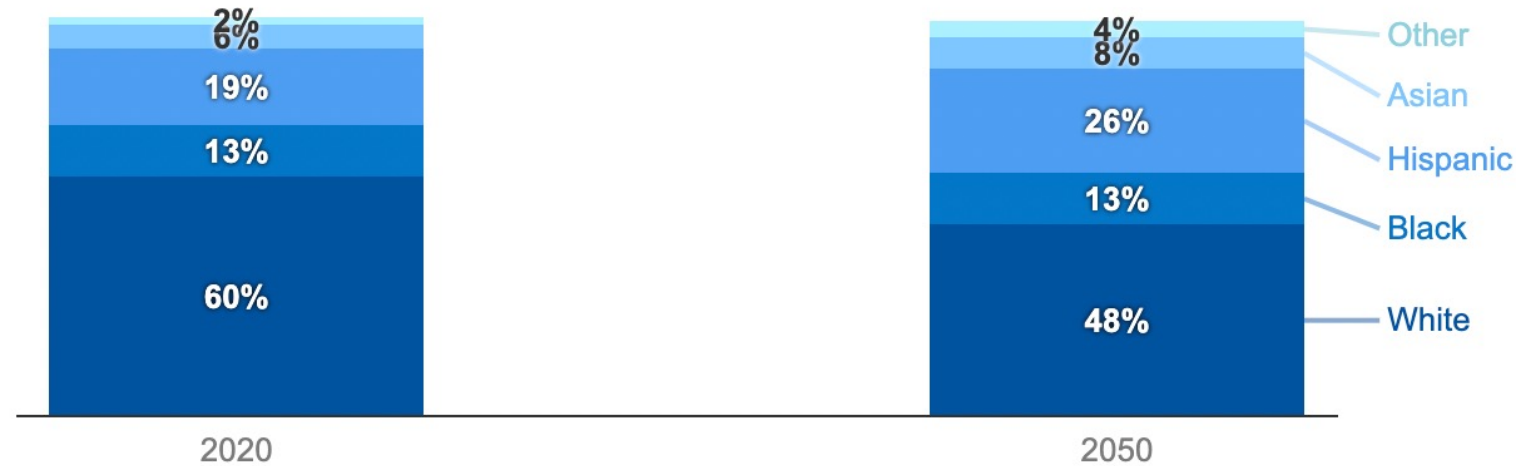
What does the future of addiction treatment look like

Increasing numbers of BIPOC & Multi-racial

Figure 2

People of Color are Projected to Make Up Over half of the U.S. Population as of 2050

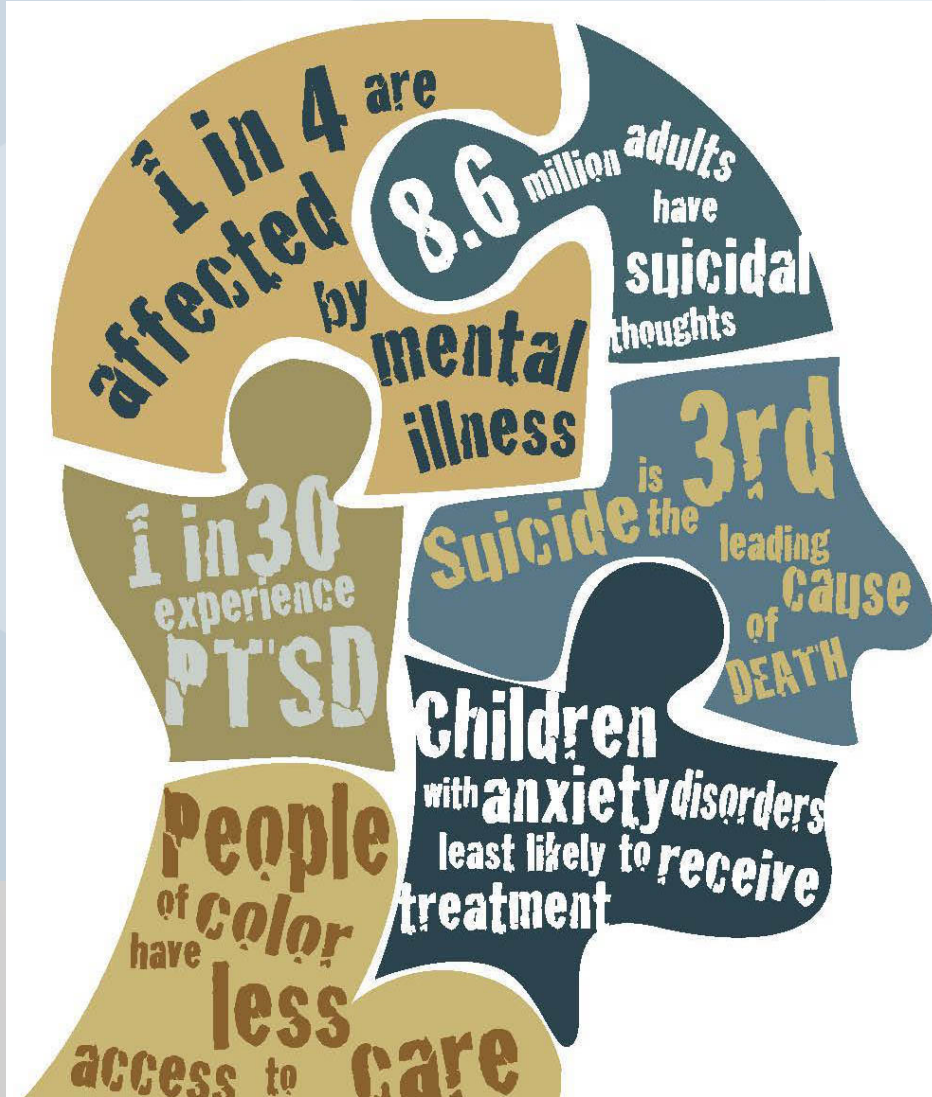
Projected Distribution of U.S. Population by Race/Ethnicity, 2020 and 2050



NOTE: All racial groups are non-Hispanic. Other includes Native Hawaiian and Pacific Islander, American Indian and Alaska Natives, and individuals with two or more races. Data do not include residents of Puerto Rico, Guam, the U.S. Virgin Islands, or the Northern Mariana Islands.

SOURCE: U.S. Census Bureau, 2017 National Population Projections, Race by Hispanic Origin, 2017-2060. • PNG

Future Directions for DEIB-based Substance Use Care



- Universal Screening for SUD
- Universal Screening for Trauma, which is root cause of SUD, starting in Peds
- Increased Access to Early Treatment, Including Harm Reduction, MOUD, etc
- Better Integrated Treatment of Co-Occurring Mental Health Issues
- Mandatory/Universal Training for Staff in DEIB

The Principles of Culturally Competent Care



1. The principle, Universality of Ethnicity and Culture, states that all consumers of service should be valued and understood within his/her cultural context and that individual differences are to be valued as strengths and resources for recovery.
2. The second principle suggests that clinical interventions and a person's recovery are more successful when the services offered are compatible with cultural values and views of the individual, family, and community.

Questions?

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**I'm no longer
accepting the things
I cannot change.**

**I'm changing
the things
I cannot accept.**

Angela Davis



Institute for
Antiracism and Equity
in Mental Health

Thank you for attending

Upcoming Events:

12:00 - 1:30 Leadership Luncheon: Addiction is a Bipartisan Healthcare Responsibility
Advanced Registration Required

Sponsored By:



1:45 - 2:45 Workshops

- Managing Increased Patient Acuity and Complexity from both a Clinical and Organizational Perspective
- Critical Juncture: Where Healthcare and Addiction Treatment Converge
- The Science of Spirituality and Healing: The NIH-HEALS Tool

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