



Cultural Considerations for Increasing Access to Care

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Land Acknowledgement

- We honor the memory and legacy of New York City's Original Peoples (Lenape) as defenders and stewards of the land
- It is our duty to acknowledge that many of the institutions where we work or conduct research on are indeed on Native land (GIVE THANKS)
- Land acknowledgments do not exist in the past tense or historical context: Colonialism is a current ongoing process; we need to be mindful of our present participation



Disclosures

- Ayana Jordan, MD, PhD, has no financial relationships with a commercial interest relevant to the content of this presentation.
- Dr. Jordan receives funding from the NIH (NIAAA, NIDA), SAMHSA, and FORE.
- Dr. Jordan will not discuss off-label uses of medications in today's presentation.
- There are no conflicts of interest.



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Root Factors that Impact Access to Care

- Public Policies
- Inequities in Social Determinants of Health
- Othering/Stigma
- Racism



Assessment of Treatment/Research Culture

CULTURE	
<input type="checkbox"/> PERFECTIONISM	<input type="checkbox"/> Mistakes are personal, rather than just mistakes <input type="checkbox"/> Experience of a harsh internal critic that promotes guilt, blaming, disconnection, and non-acceptance
<input type="checkbox"/> SENSE OF URGENCY	<input type="checkbox"/> Focus on outcomes <input type="checkbox"/> Little time for inclusive, democratic, thoughtful decision-making
<input type="checkbox"/> DEFENSIVENESS	<input type="checkbox"/> Criticism (of those with power) is viewed as threatening and inappropriate (or rude) <input type="checkbox"/> Energy is put forth to make sure that (White) peoples' feelings are not hurt or to work around defensiveness. <input type="checkbox"/> People spend energy defending against racism instead of considering how racism might be present <input type="checkbox"/> Defensiveness of people in power creates an oppressive culture
<input type="checkbox"/> QUANTITY OVER QUALITY	<input type="checkbox"/> Measurable goals and outcomes are valued more than interpersonal, relational processes <input type="checkbox"/> Discomfort with feelings/emotions <input type="checkbox"/> No stamina for paying attention to interpersonal dynamics
<input type="checkbox"/> WORSHIP OF THE WRITTEN WORD	<input type="checkbox"/> If it's not documented, it doesn't exist <input type="checkbox"/> No allowance for other ways of sharing information <input type="checkbox"/> Individuals with strong writing skills are more highly valued, even in relational contexts
<input type="checkbox"/> ONLY ONE RIGHT WAY	<input type="checkbox"/> There is only one right way to do things <input type="checkbox"/> Judgement and "othering" of those who don't know "the right way"
<input type="checkbox"/> PATERNALISM	<input type="checkbox"/> Those with power assume they are capable of making decisions for and in the interests of those without power
<input type="checkbox"/> EITHER/OR THINKING	<input type="checkbox"/> No appreciation for a "both/and" approach <input type="checkbox"/> Oversimplification of complex issues <input type="checkbox"/> Creates conflict and increases sense of urgency
<input type="checkbox"/> POWER HOARDING	<input type="checkbox"/> Limited value on sharing power <input type="checkbox"/> Power seen as a limited commodity with only so much to go around <input type="checkbox"/> Those with power don't perceive themselves as hoarding power <input type="checkbox"/> Those with power assume they hold organization's best interest, and perceive those wanting change as emotional/inexperienced
<input type="checkbox"/> FEAR OF OPEN CONFLICT	<input type="checkbox"/> Try to run from or ignore open conflict about race <input type="checkbox"/> White discomfort results in blaming Black people <input type="checkbox"/> In racial situations, the blame is placed on the people who raise the issue <input type="checkbox"/> Emphasis on being polite
<input type="checkbox"/> INDIVIDUALISM	<input type="checkbox"/> Problem-solving is often an individual effort <input type="checkbox"/> Isolation results
<input type="checkbox"/> OBJECTIVITY	<input type="checkbox"/> Belief in "objectivity" and "neutrality" <input type="checkbox"/> Belief that emotions are inherently destructive and irrational, and have no place in decision-making <input type="checkbox"/> Invalidating of emotion, as well as people who display emotion
<input type="checkbox"/> RIGHT TO COMFORT	<input type="checkbox"/> Belief that those with power have a right to emotional and psychological comfort <input type="checkbox"/> Scapegoating those who are perceived as the source of discomfort <input type="checkbox"/> Equating individual acts of unfairness against White people with systemic racism that targets minoritized peoples



dRworks . www.dismantlingracism.org

If we want different RESULTS, We must DO things Differently

- The master narrative **MUST** be examined
 - Can't continue to center whiteness and not focus on diverse cultural views
 - Re-examine STRUCTURE that normalizes white values as superior to others
- Focus on the Source of racial inequalities in Care
 - Structural racism—instead of SDOH only: deconstruct system that upholds the master/predominate narrative
- Not fall into the usual narrative of “noncompliance/adherence”—re write the user narrative
 - Problems to be solved, as opposed to wonders to behold



Community-Informed Expertise is Essential

Voices from historically excluded communities **MUST** be included in the narrative re solutions

Leaders must be cultivated and involved in all stages of public health policy/research development and the implementation of treatment

Health programs must meet the needs of ppl from minoritized backgrounds by removing current & historic barriers to health

SDOH must be integrated into planning for increased access



Jordan A, Mathis M, Haeny A, Funaro M, Paltin D, Ransome Y. An Evaluation of Opioid Use in Black Communities: A Rapid Review of the Literature. Harv Rev Psychiatry. 2021 Mar-Apr 01;29(2):108-130. doi: 10.1097/HRP.0000000000000285. PMID: 33666395; PMCID: PMC8335706.

Communitycatalyst.org, Feb 20. 2019



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A feasibility study providing substance use treatment in the black church

Ayana Jordan • Theresa Babuscio • Charla Nich • Kathleen M. Carroll

Published: December 02, 2020 • DOI: <https://doi.org/10.1016/j.jsat.2020.108218>



The Black Church Project

New Haven Mayor Justin Elicker and Ayana Jordan, MD, PhD, Assistant Professor of Psychiatry, gather at a news Conference November 5 to launch the Black Church Project in the city.



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Jordan, A., Babuscio, T., Nich, C., & Carroll, K. M. (2021). A feasibility study providing substance use treatment in the Black church. Journal of substance abuse treatment, 124, 108218.

Black/Latinx Church Based Project MAT



IMANI Breakthrough Honored
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Community



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