

MAADAC

2022 Annual Conference

Presents

*Apathy vs Advocacy:
Improving Access to Care Within
Communities of Color*

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Biographical Highlights

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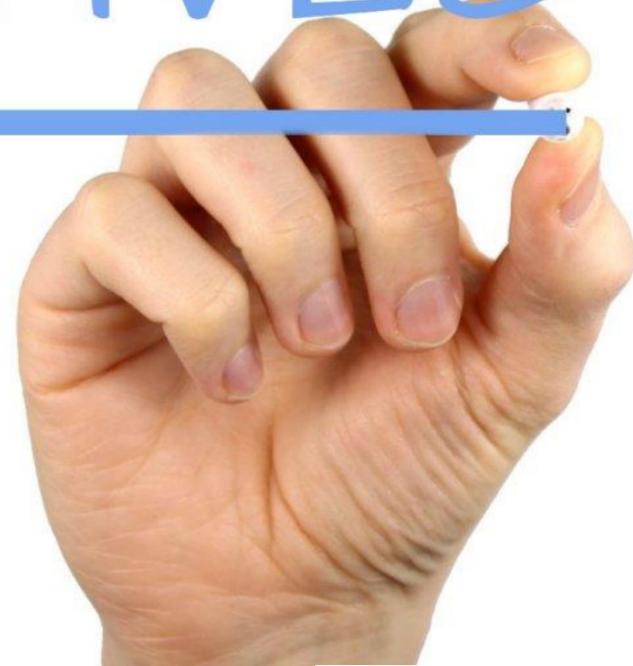
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OBJECTIVES



Participants will...

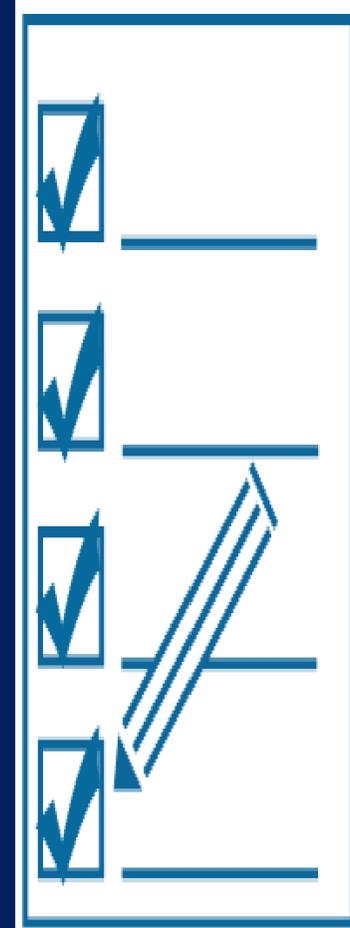


Discuss issues relating to behavioral healthcare access and other challenges impacting communities of color

Examine statistics as it pertains to addictions treatment for African American Americans in the United States

Understand how public policy and advocacy impacts access to care among African Americans

Understand the professional role and ethical responsibilities of addictions treatment professionals regarding client advocacy





Disclosure and Conflicts of Interest

The presenter has no actual or potential conflicts of interest in relation to this program, the Michigan Association of Alcoholism & Drug Abuse Counselors, or this presentation.



Let's Talk About Access



What does access mean to you???



Polling Question

Among the following racial and ethnic categories, which group has the worse access to care?

- a) Latin/Hispanic Americans*
- b) Asian/Pacific Islanders*
- c) Whites*
- d) American Indian/Alaska Native*
- e) Blacks*
- f) Other category*





“Among all the racial and ethnic categories reflected throughout American society, Blacks have the worse access to care.”

– National Health Care Quality and Disparities Report , 2016



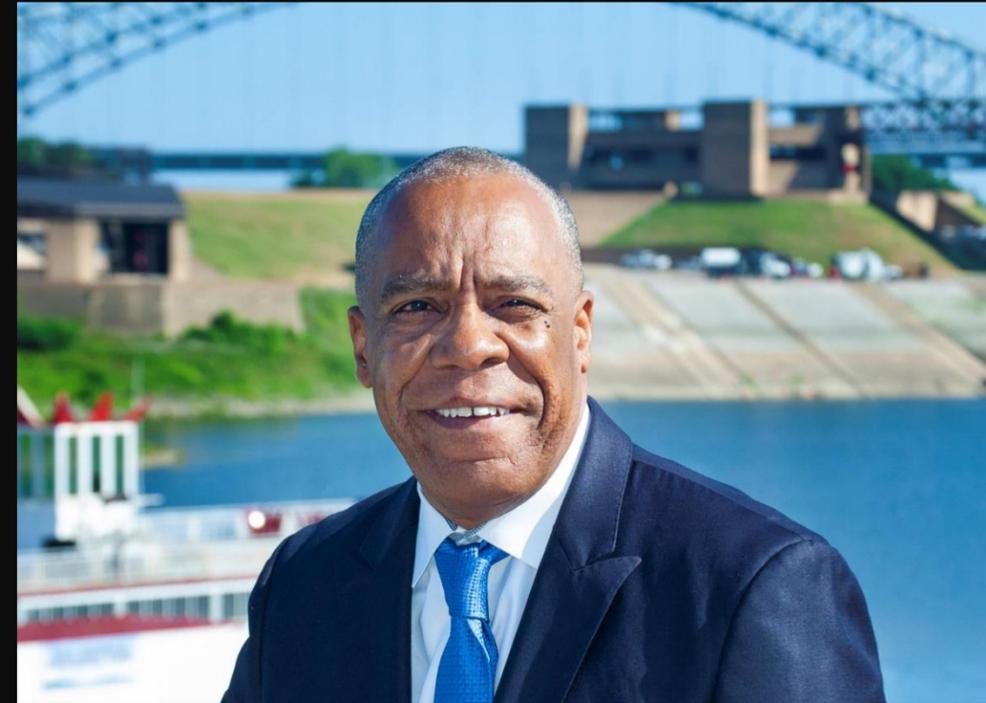


Although the Affordable Care Act has improved overall access to behavioral healthcare for all Americans, Blacks still have disproportionate access to treatment, experience greater challenges, and are more underinsured than any other ethnic group.



What is Access???

The ability to obtain culturally-specific services towards the prevention, management, diagnosis, and treatment of illness, disease, and other life-impacting healthcare conditions without restriction. The who, what, when, where, why, and how of healthcare services must be readily available to all who require it.



Access to Treatment

“From 2016 to 2017, overdose deaths among blacks rose by 25 percent, compared to an 11 percent increase among whites. The largest percentage increase in drug overdose deaths in recent years has been among African Americans, who often face more barriers to treatment than the general population when factoring in stigma, bias, and socioeconomic status.”

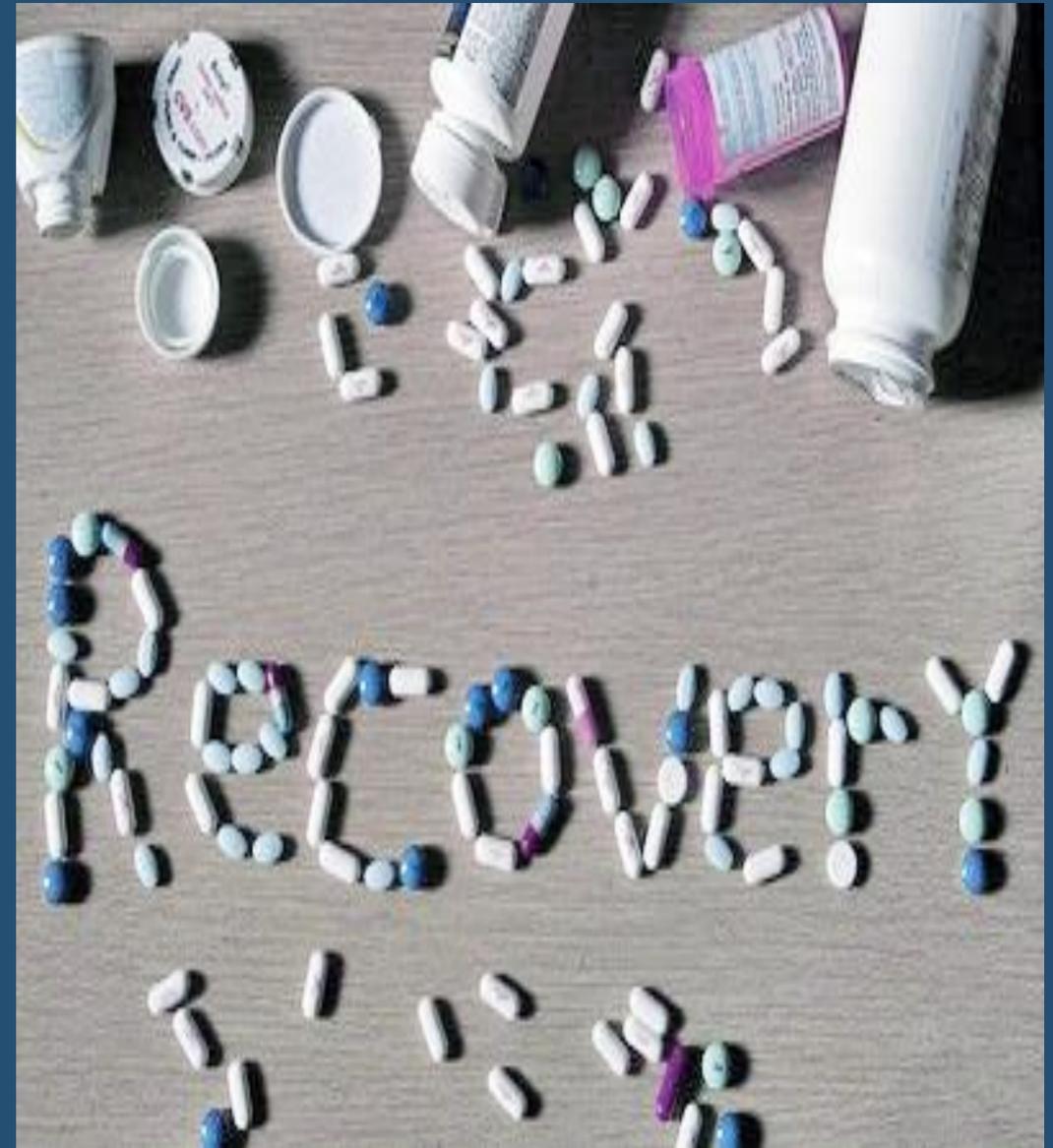
- Beth Connolly, 2020



Access to SUD Treatment

“The inequities in substance use treatment are multifactorial, but racism is a common thread throughout. Drug policies provide the historical context for how substance use treatment has been viewed, who was able to receive treatment, and in what context.”

- Fabiola Arbelo Cruz, M.D. 2021



Polling Question

Which of the following categories has a direct impact on access to treatment?

- a) Culturally appropriate providers
- b) Duration of treatment
- c) Location of services
- d) Affordability/insurance
- e) All the above



Treatment Access - A Multidimensional Problem



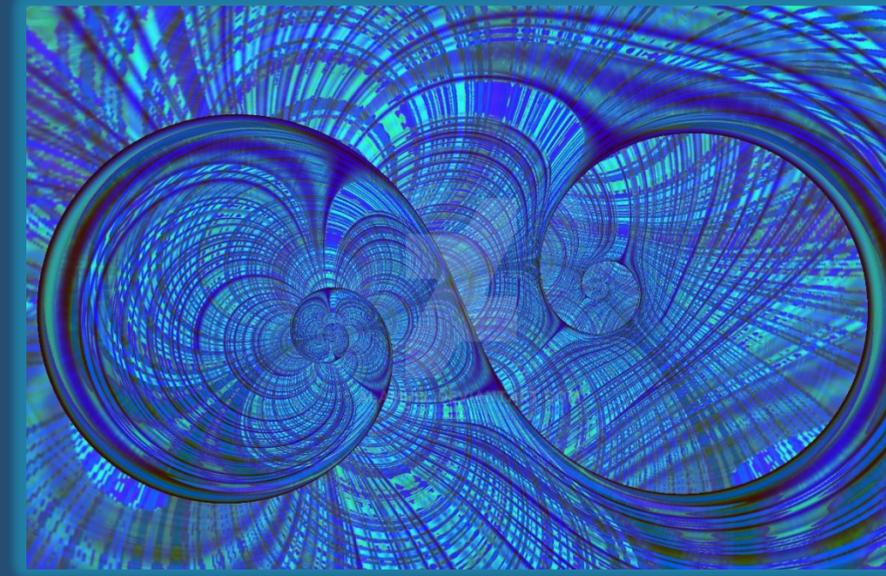
“The lack of Medicaid expansion in key states, health disparities, and health care provider shortages, make it incredibly hard to address America’s health care needs in a comprehensive way. While these challenges are factors that touch many Americans in various parts of the country, the gravity of them is uniquely seen in the South, and among the African-American population.”

- Jamila Taylor, 2019

“Many factors, such as poverty and healthcare access, are intertwined and have a significant influence on the people’s health and quality-of-life. Racial and ethnic minority populations are disproportionately represented among essential workers and industries.”

- Centers for Disease Control & Prevention , 2021

Treatment Access - A Multidimensional Problem



5 A's to Healthcare Access:

- *Affordability: Insurance and financial costs*
 - *Availability: Services to meet the volume and needs in a community (supply and demand)*
 - *Accessibility: Services are within reasonable proximity (geography)*
 - *Accommodation: Availability of providers and access to nontraditional appointment times*
 - *Acceptability/culturally appropriate: Provider/service address cultural concerns*
- Pechansky and Thomas, 1981*

Statistics



- *49.9% of Black Americans with severe mental illness (SMI) received treatment*
- *50.1% of Black Americans with SMI received no treatment at all*
- *Cooccurring substance use is more frequent among Blacks*
- *33% of U.S. incarcerations for drug related offenses are Black, i.e., use, possession, and sales*
- *Compared to Whites, Blacks are more likely to use emergency rooms rather than mental health specialists and less likely to receive guideline specific care*
- *Although Blacks use substances at similar rates of others, they are far less likely to receive treatment and far more likely to be imprisoned*
- *Blacks are more frequently misdiagnosed when they receive mental health care*
- *Treatment gaps are vast for Blacks seeking mental health and substance abuse treatment*
- *Texas, Florida, and Georgia have the largest population of uninsured Black Americans in the U.S.*

Drug Policies Impacting Access to Treatment



- *The Harrison Narcotic Tax Act of 1914, established to regulate the distribution of coca and opiates, and is among the first highly punitive drug laws. it contributed to the perception that drug use was a moral and character problem, rather than a condition requiring treatment.*
- *The Anti Drug Abuse Act of 1986 established the 100:1 powder/crack cocaine sentencing disparity, which led to disproportionately longer sentences for Blacks.*



Problems Pertaining to Access Historically Rooted in Discriminatory Policies “A Complex Puzzle”

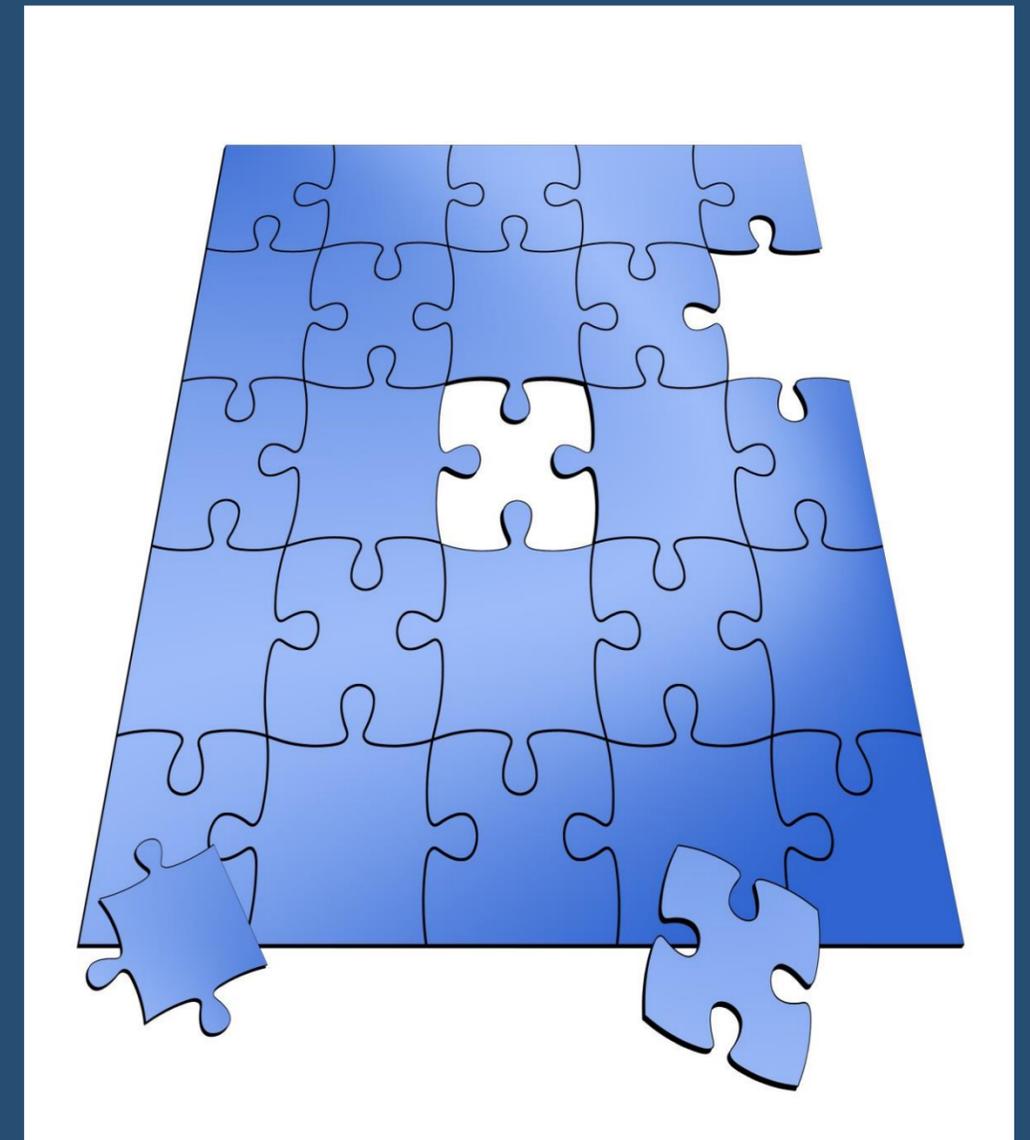


- *“Black Codes” following Reconstruction (forerunner to harsh criminal justice practices)*
- *Plessy vs. Ferguson (1896 - Codified 14th Amendment “separate, but equal doctrine”)*
- *Brown vs. Board of Education (1954 – Overturned “separate, but equal doctrine” in schools)*
- *F.D.R.’s “New Deal” (housing, banking, and labor discrimination)*
- *Civil Rights Act – 1964*
- *Voting Rights Act – 1965*

“Racial disparity persists within every system across the country, without exception.”



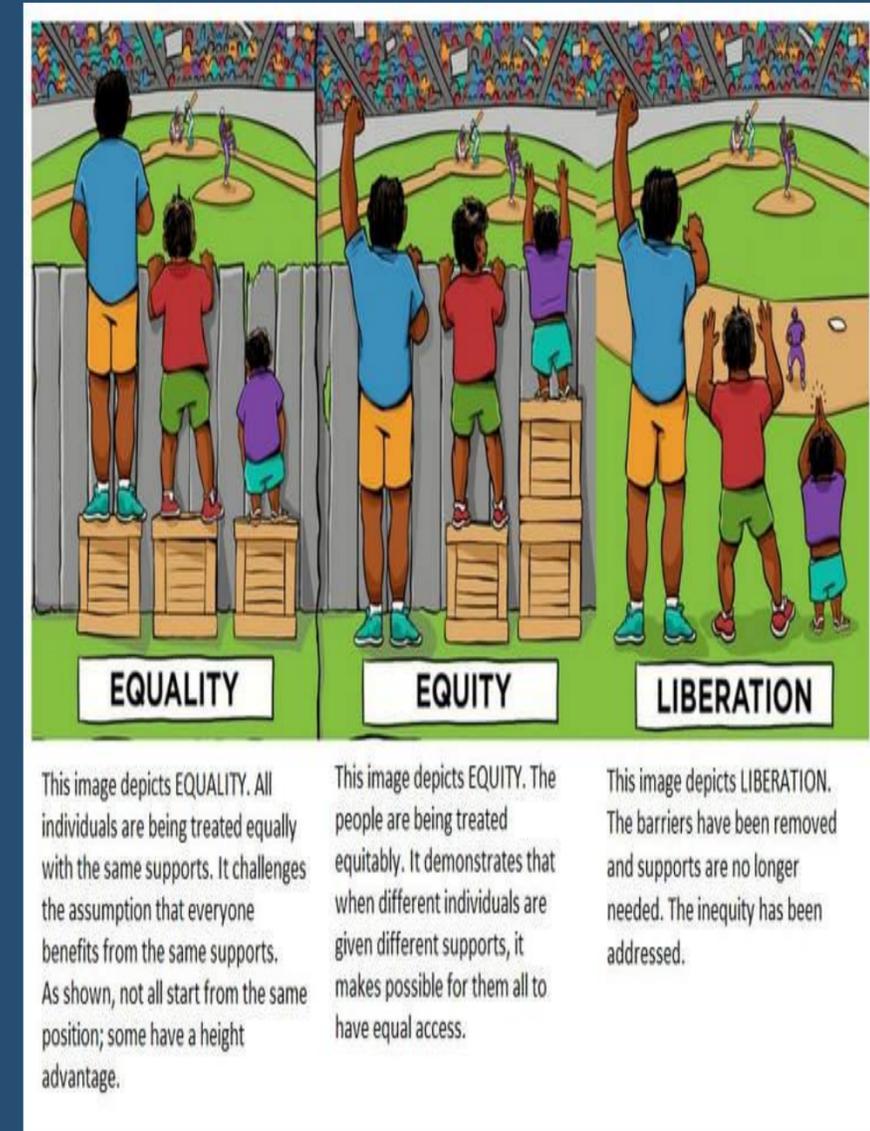
- Racial Equity Institute, 2021



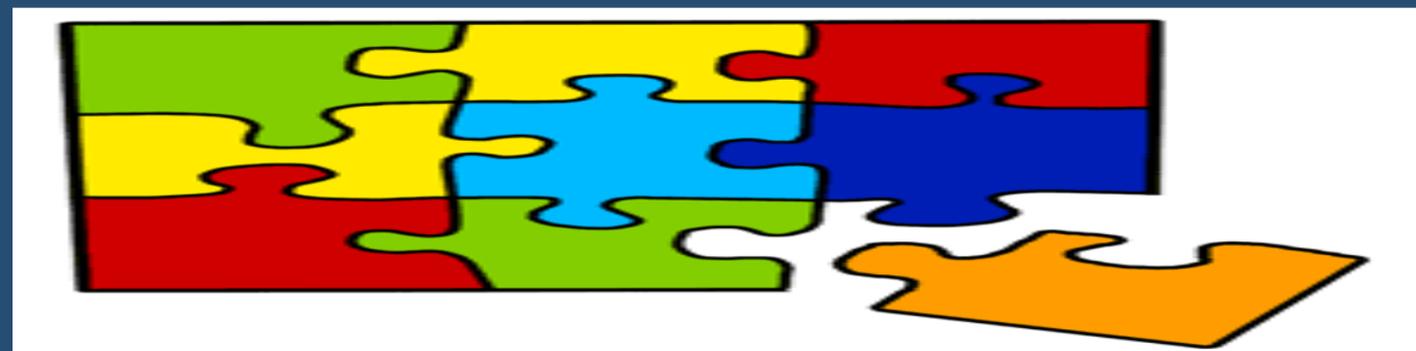
Unique Social Paradigms of Inequity “A Complex Puzzle”



- *Child Welfare System – “Disproportionality”*
- *Juvenile Justice System – “Disproportionate Minority Contact”*
- *Economic System – “Wealth Gap” and “Historically Underutilized Business”*
- *Criminal Justice System – “Overrepresentation”*
- *Education System – “Achievement Gap”*
- *Education System (Special Ed.) - “Disproportionate Representation”*



Despite well established research regarding the cause and practice of inequity within America’s social systems, there are both different methods of describing and addressing the same problem.



A Little About Advocacy

person
champion, up
advocate. noun
supporter, b
promoter, r
keeper

ADVOCATE



As challenges relating to treatment access are often broad and complex, this is especially the case within communities of color.

And while practitioners may grow frustrated given the lack of progress in this area, we must avoid apathy and complacency at all costs. The role and importance of advocacy has never been more important.





Advocacy and Professional Responsibility

NAADAC Code of Ethics



Addiction professionals shall advocate on behalf of clients at individual, group, institutional, and societal levels. Providers shall speak out regarding barriers and obstacles that impede access to and/or growth and development of clients. When advocating for a specific client, providers shall obtain written consent prior to engaging in advocacy efforts.

Addiction professionals shall be aware of society's prejudice and stigma towards people with substance use disorders, and shall willingly engage in the legislative process, educational institutions, and public forums to educate people about addictive disorders, and shall advocate for opportunities and choices for clients. Providers shall advocate for their clients as needed.

Addiction professionals shall inform the public of the impact of substance use disorders through active participation in civic affairs and community organizations. Providers shall act to ensure that all persons, especially the disadvantaged, have access to the opportunities, resources, and services required to treat and manage their disorders. Providers shall educate the public about substance use disorders, and shall work to dispel negative myths, stereotypes, and misconceptions about substance use disorders and the people who have them.

(NAADAC, 2021)

Advocacy and Professional Responsibility

NASW Code of Ethics



Value: Social Justice

Ethical Principle: *Social workers challenge social injustice*

Social workers pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people. Social workers' social change efforts are focused primarily on issues of poverty, unemployment, discrimination, and other forms of social injustice. These activities seek to promote sensitivity to and knowledge about oppression and cultural and ethnic diversity. Social workers strive to ensure access to needed information, services, and resources; equality of opportunity; and meaningful participation in decision making for all people.

Value: Service

Ethical Principle: *Social workers' primary goal is to help people in need and to address social problems social workers elevate service to others above self-interest. Social workers draw on their knowledge, values, and skills to help people in need and to address social problems. Social workers are encouraged to volunteer some portion of their professional skills with no expectation of significant financial return (pro bono service).*

(NASW, 2021)

Voices of Leadership



“One of the enduring code of ethics that NAADAC has articulated over five decades is that the person suffering from alcohol and other drug addiction should be advocated for, locally, state-wide, and nationally. It is our duty to advocate for those who have difficulty advocating for themselves. We are honored to do so for those individuals and families affected by the disease of addiction.”

**- Cynthia Moreno-Tuohy, BSW, NCAC II, CDC III, SAP
NAADAC Executive Director**



“The NASW Code of Ethics is a document that serves as a guide to daily practice of professional conduct for social workers. This document has been in place for the last 55 years and it has continuously evolved to address current needs, such as the needs for self-care and advocacy. As social workers, one of our key functions is to advocate for individuals who are disadvantaged, as well as to advocate on local, state and federal levels for policy changes. This advocacy work is paramount to one of the core tenets of the NASW Code, to improve the lives of the persons that we serve.”

**- Monica Rich-McLaurin, MHSA, MSW, LMSW
Ethics Committee Chair, National Association of Social Workers**

Advocacy Tips



- ✓ *Do your research*
- ✓ *Know your clients*
- ✓ *Seek adequate clinical supervision*
- ✓ *Establish membership in a professional association*
- ✓ *Grow your network and professional support system*
- ✓ *Stay abreast of trends and practices in your area of expertise*
- ✓ *Examine the work of various local and national advocacy groups*
- ✓ *Study social and organizational policy and establish relationships with policy makers and other governmental officials*

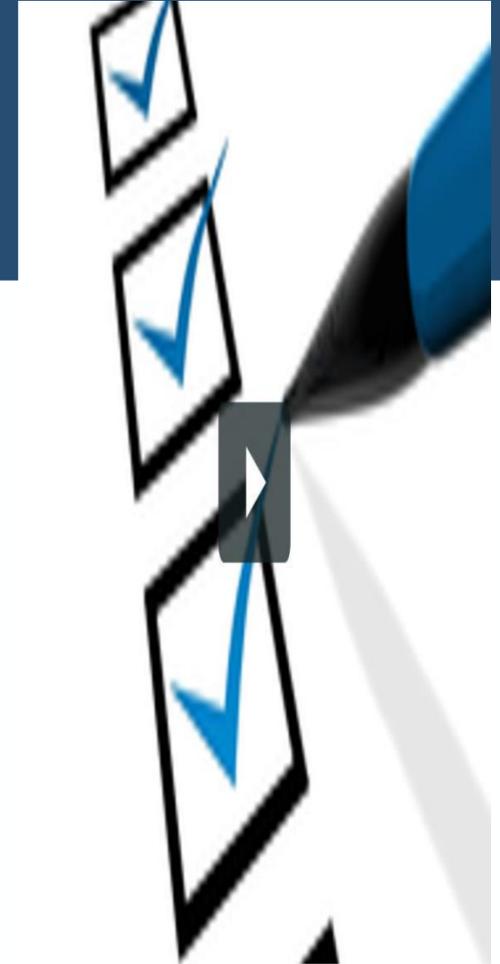




Benefits of Advocacy



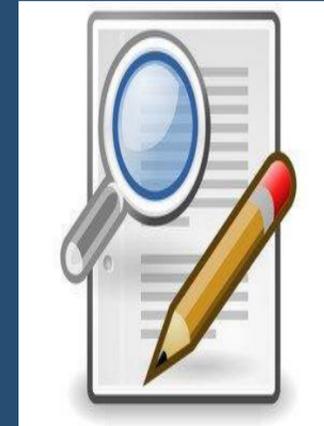
- ✓ *Informs citizen decision making*
- ✓ *Increases support on specific issues*
- ✓ *Rallies attention around important issues*
- ✓ *Educates the client, the public, and the service provider*
- ✓ *Serves as a precursor to policy change and legislative reform*
- ✓ *Reduces “red tape”, stress, and improves patient outcomes*
- ✓ *Empowers clients, providers, and communities to effect change*



Key Points



- ✓ *Advocacy is an invaluable resource and indispensable tool*
- ✓ *Mitigating accessibility issues requires a multisystem approach*



- ✓ *Quality healthcare delivery is one of the most effective methods of advocacy*
- ✓ *Challenges pertaining to SUD treatment and general healthcare access are multidimensional*
- ✓ *Problems related to accessibility are historically tied to discriminatory public policies and practices*
- ✓ *African Americans and communities of color have unique experiences relating to treatment access*
- ✓ *Addiction counselors and other healthcare practitioners have a professional responsibility to advocate for disadvantaged individuals and groups*

Resources

Equal Justice Initiative

Phone: (334) 269-1803

Website: <https://eji.org/contact/>

National Network to Eliminate Disparities in Behavioral Health

Phone: (720) 446-0726

Website: <https://nned.net/>

NAADAC, The Association for Addiction Professionals

Phone: (800) 548-0497

Website: <https://www.naadac.org/code-of-ethics>

National Urban League

Phone: (212) 558-5300

Website: <https://nul.org/>

Racial Equity Institute, LLC

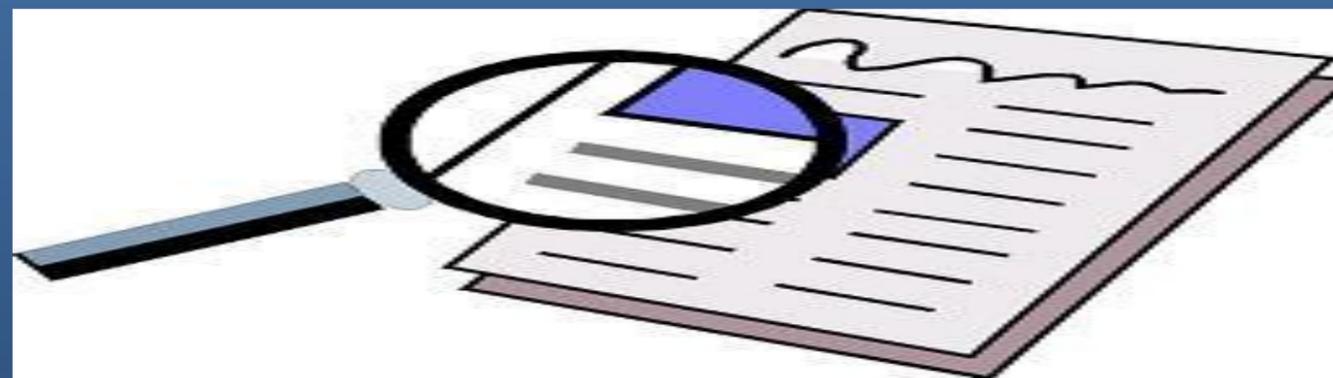
Phone: (336) 582-0351

Website: <https://www.racialequityinstitute.com/groundwater-institute>

SAMHSA

Phone: (800) 662-Help

Website: <https://www.samhsa.gov>



Thoughts & Questions???



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