Moving Beyond Kneeling:

Promoting an anti-racist and racial justice framework within academic addiction medicine fellowships

A presentation by the Diversity, Equity, & Inclusion Committee of the American College of Academic Addiction Medicine

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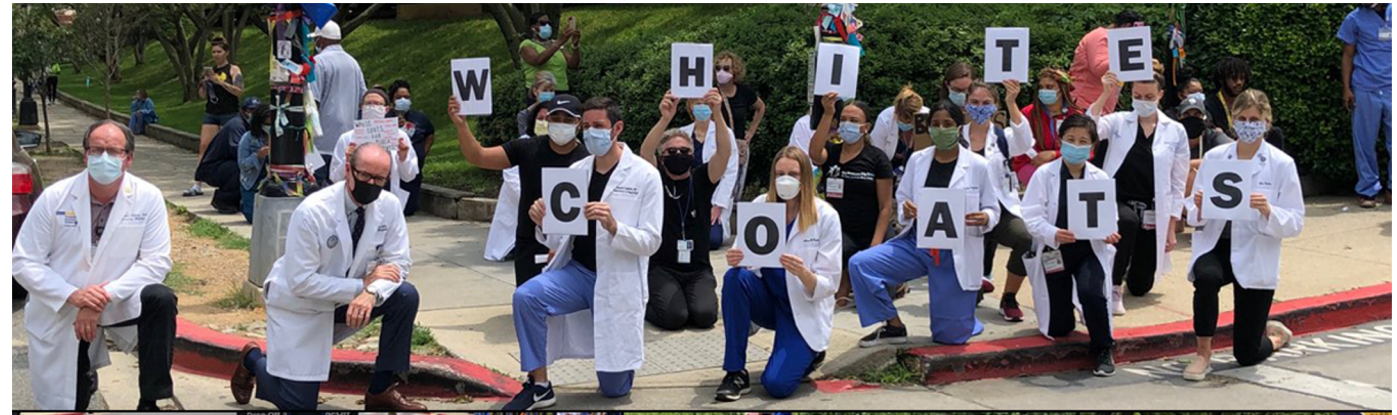
Using the chat box:

Please discuss how you are providing **faculty and fellow development** in the area of antiracism and diversity, equity, and inclusion (DEI) in your Addiction Medicine fellowship.

Contextualizing the current call to action

https://www.cnn.com/2021/05/23/health/george-floyd-death-anniversary-coping-wellness/index.html


WHITE COATS FOR BLACK LIVES


WHITE COATS


FOR


RACISM
BLACKS
LIVES


EEH White Coats
for Black Lives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WHITE COATS
FOR
BLACK LIVES


RACISM
is a public
health crisis

Key definitions

- **Racism**: A **system** of advantage and oppression based on race.

- **Institutional or structural racism:** The ways in which **policies and practices** create outcomes for different racial groups. The net effect is to advantage white individuals and oppress and disadvantage people of color.

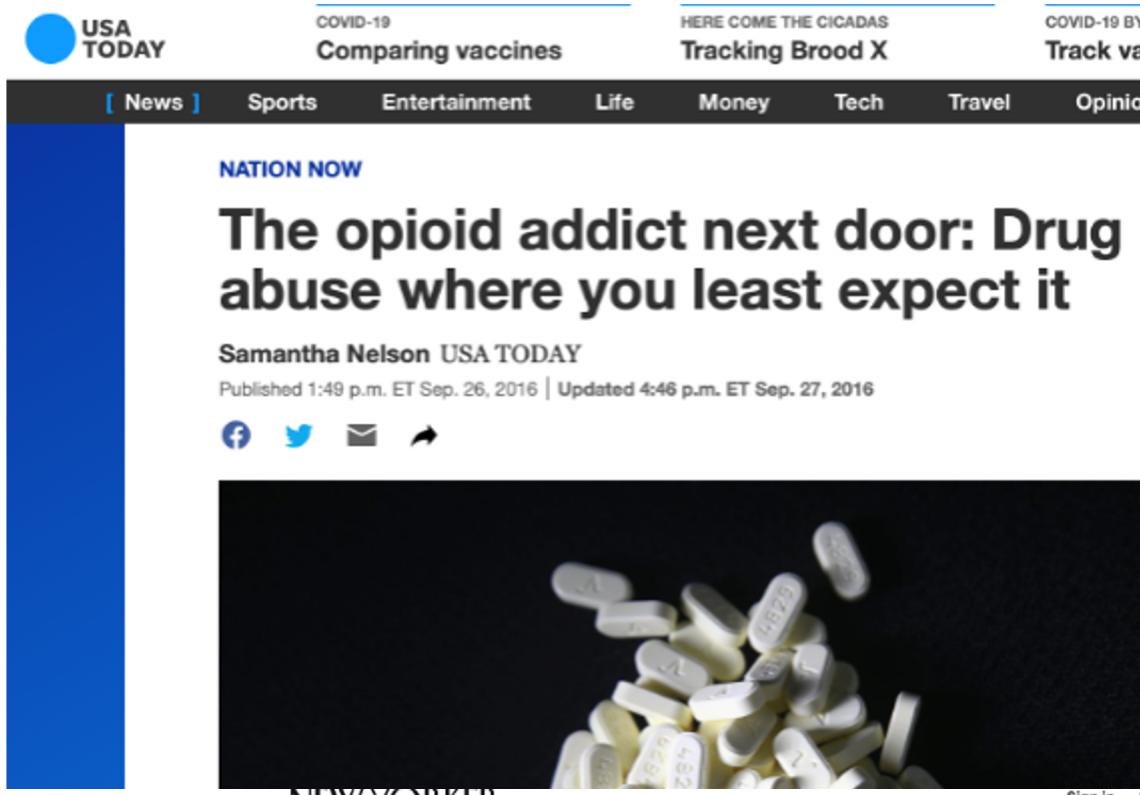
- **Implicit biases:** Negative associations expressed automatically often without conscious awareness. Have been shown to produce behavior that diverges from explicit attitudes.

- **White Privilege:** The **unquestioned and unearned set of advantages, entitlements, benefits and choices bestowed on people solely because they are white.** Reflected in part through differential access to opportunities and resources and maintained in part by denying that these advantages and disadvantages exist and by refusing to redress them or eliminate the systems, policies, practices, cultural norms, and other behaviors and assumptions that maintain them.

https://www.racialequitytools.org/

OUD as a case study:

- Early focus on prescription opioid crisis centered the needs of rural/suburban, middle class, white families
- Push for viewing addiction as public health problem and addiction as a disease
- Buprenorphine marketed for white suburban patients with prescription opioid use disorders in contrast to methadone OTPs



Netherland & Hansen, Biosocieties, 2017;
Hansen, Science,Tech & Human Values, 2020

Crack Babies: The Worst Threat Is Mom Herself

By Douglas J. Besharov

LAST WEEK in this city, Greater Southeast Community Hospital released a 7-week-old baby to her homeless, drug-addicted mother even though the child was at severe risk of pulmonary arrest. The hospital's explanation: "Because [the mother], demanded that the baby be released."

The hospital provided the mother with an apnea monitor to warn her if the baby stopped breathing while asleep, and trained her in CPR. But on the very first night, the mother went out drinking and left the child at a friend's house—without the monitor. Within seven hours, the baby was dead. Like Dontey Waters, the 6-year-old living in his mother's drug den, whose shocking story was reported in The Washington Post last week, this child was all but abandoned by the authorities.

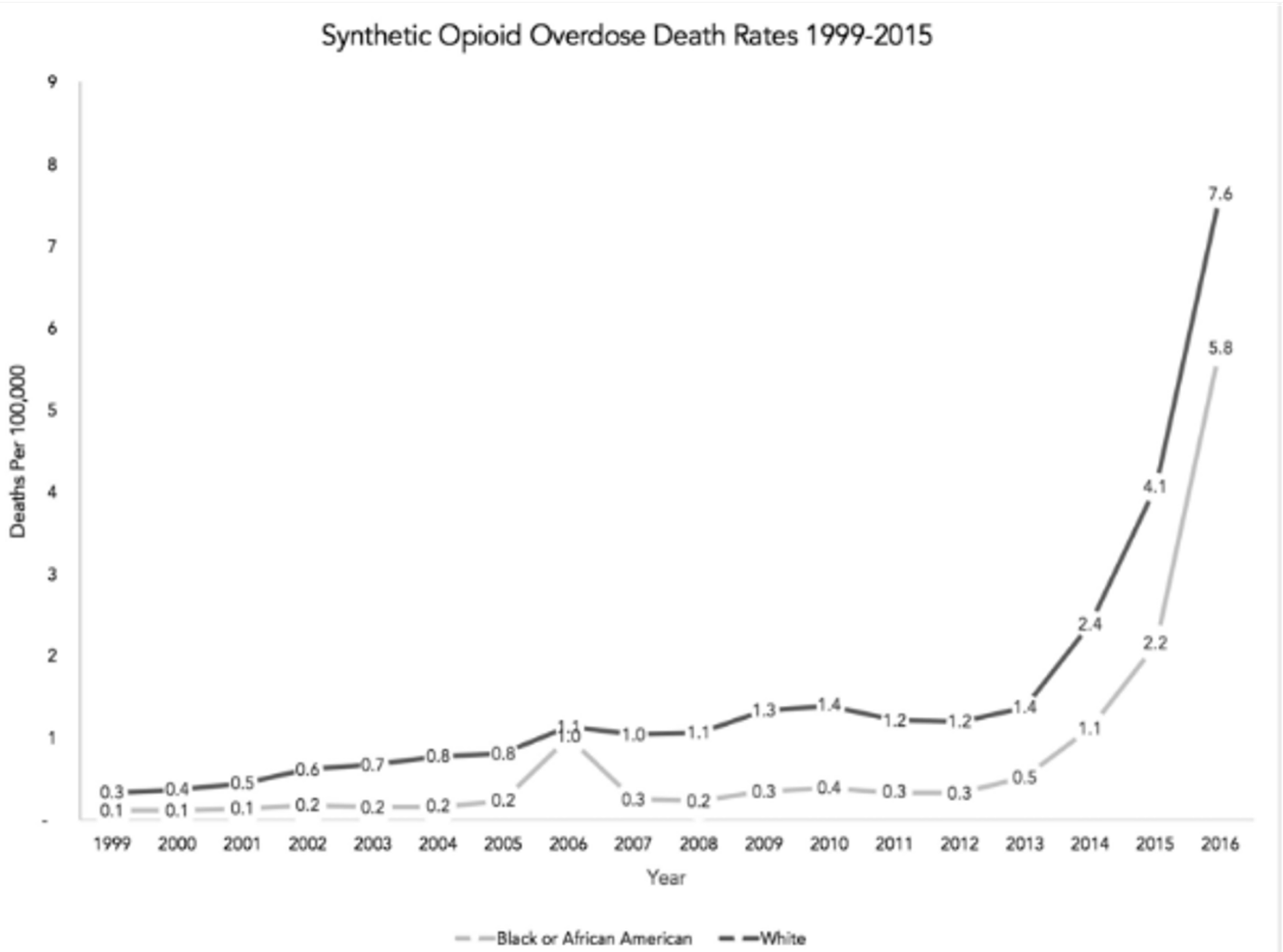
https://www.nydailynews.com/new-york/crack-scourge-swept-new-york-city-article-1.813844

https://www.ucpress.edu/blog/6263/media-myth-the-crack-baby-scare/

Current coverage still minimizes impact on Black Americans

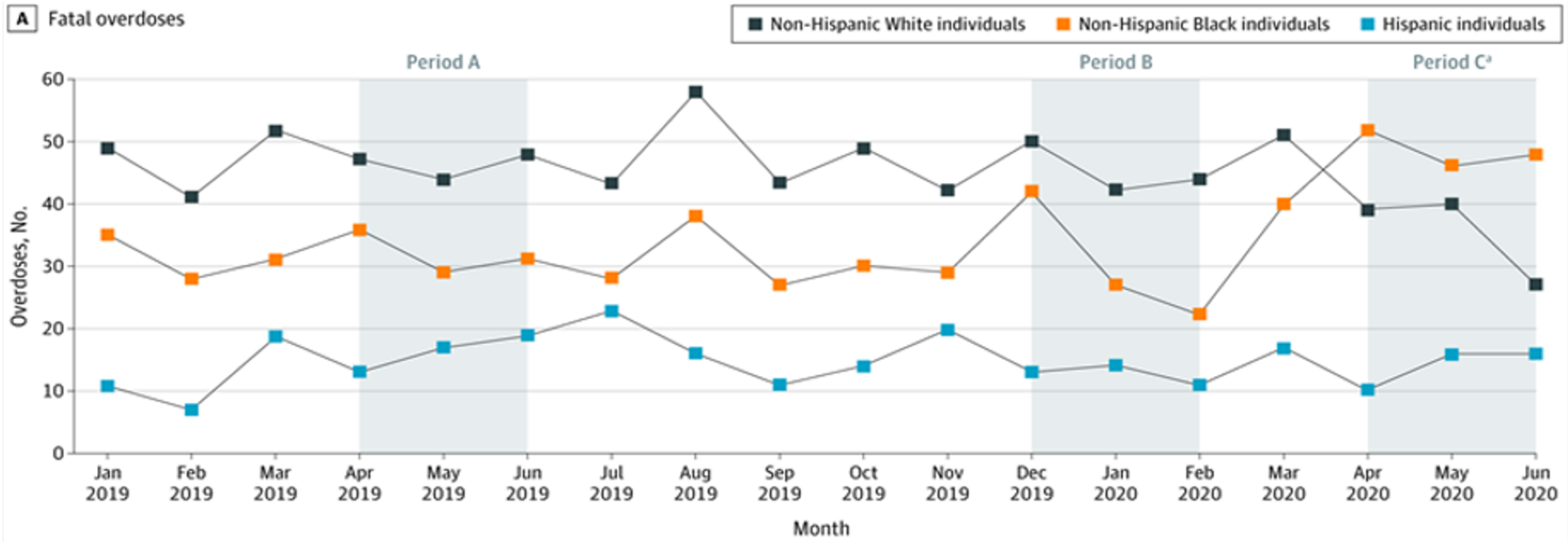
Jurisdictions with the Highest Rates of Opioid Overdose Deaths (per 100,000 Residents) Among Black Americans in 2015[21]

Jurisdiction	Black	White	General Population
West Virginia	55.5	36.2	36
District of Columbia	22.8	NR[22]	14.5
Wisconsin	21.9	11.3	11.2
Ohio	15.2	27.7	24.7
Maryland	14.8	25	17.7
Missouri	14.8	11.9	11.7
Massachusetts	13.2	27.1	23.3
Michigan	12.4	14.7	13.6
Illinois	11.6	13.1	10.7
Minnesota	10	6	6.2

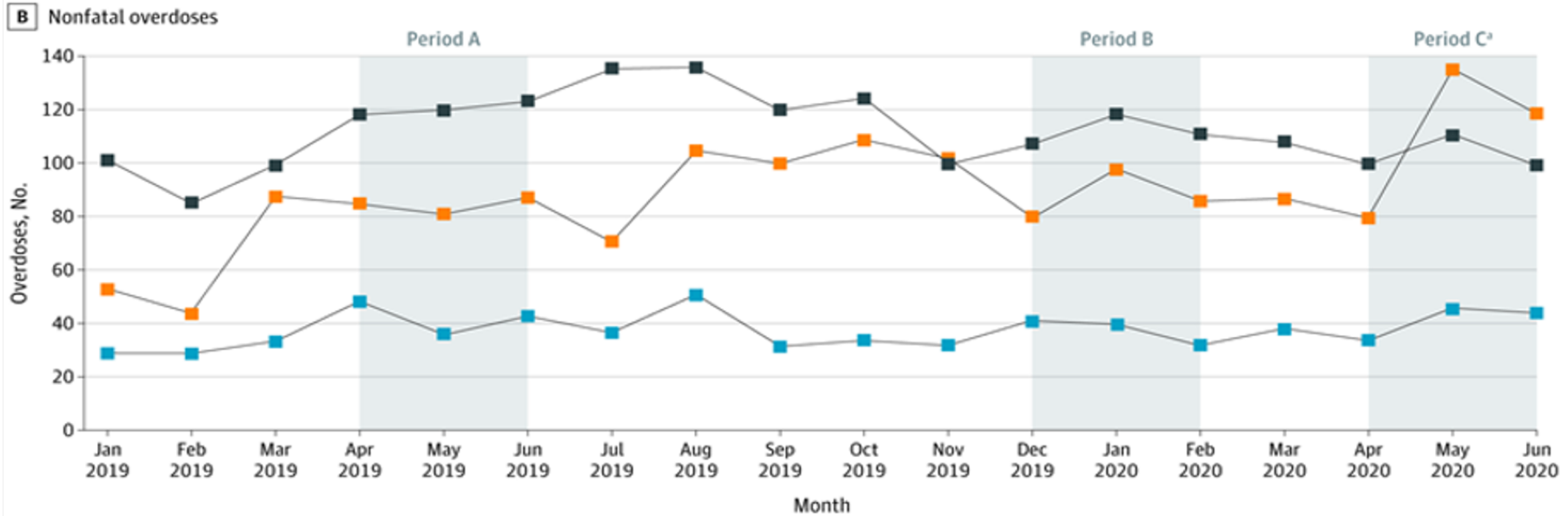


James and Jordan, Journal of Law, Med, Ethics, 2018

Worsening disparities amidst syndemic of COVID 19 and polysubstance use



Khatri, JAMA Network Open, 2021



Implicit and explicit bias and institutional racism contribute to lower rates of Black Americans receiving MOUD

Table 2. Planned Use of Any MOUD Among Admissions for Opioid Use Disorder in Residential Treatment Facilities

Huhn, JAMA Network, 2020

Characteristic	No. (%)		Unadjusted OR (95% CI)	Multivariable aOR (95% CI)
	All Admissions (N = 205 612)	Planned Use of Any MOUD (n = 33 377)		
Men	136 854 (66.6)	21 467 (15.7)	0.89 (0.87-0.91)[a]	0.87 (0.85-0.89)[a]
Race				
White	151 867 (73.9)	24 102 (15.9)	1 [Reference]	1 [Reference]
African American or black	19 076 (9.3)	2260 (11.8)	0.71 (0.68-0.75)[a]	0.67 (0.64-0.71)[a]
All others	34 669 (16.9)	7015 (20.2)	1.34 (1.31-1.39)[a]	1.33 (1.29-1.37)[a]
Age, y				
<25	28 842 (14.0)	4376 (15.2)	1 [Reference]	1 [Reference]
25-54	166 213 (80.8)	26 925 (16.2)	1.08 (1.04-1.12)[a]	1.09 (1.05-1.13)[a]
≥55	10 557 (5.1)	2076 (19.7)	1.37 (1.29-1.45)[a]	1.47 (1.39-1.56)[a]
Veteran status, yes	4245 (2.1)	645 (15.2)	0.92 (0.85-1.00)	0.92 (0.85-1.01)
Referral from justice system, yes	23 816 (11.6)	2845 (11.9)	0.67 (0.65-0.70)[a]	0.67 (0.65-0.70)[a]

Working towards anti-racist action and racial justice

- **Anti-Racism:** The work of **actively opposing racism**. Anti-racism tends to be an individualized approach in direct opposition to individual racist behaviors and impacts.

- **Racial Justice:** The systematic fair treatment of people of all races, resulting in equitable opportunities and outcomes for all. It is **not just the absence of discrimination and inequities, but also the presence of deliberate systems and supports** to achieve and sustain racial equity through proactive and preventative measures.

https://www.racialequitytools.org/about

Academic medicine's diversity problem

ACGME Data Resource Book, Academic Year 2019-2020						
	All Residents & Fellows		**Addiction Medicine**		**Addiction Psychiatry**	
	Number	%	Number	%	Number	%
White	68,835	47.5%	44	55.7%	33	42.3%
Asian	29,256	20.2%	7	8.9%	13	16.7%
Hispanic, Latino or Spanish Origin	8,891	6.1%	9	11.4%	9	11.5%
Black or African American	7,376	5.1%	4	5.1%	8	10.3%
American Indian or Alaskan Native	428	0.3%	0	0.0%	1	1.3%
Native Hawaiian or Pacific Islander	231	0.2%	0	0.0%	0	0.0%
Other	9,615	6.6%	5	6.3%	10	12.8%
Unknown	20,356	14.0%	10	12.7%	4	5.1%

% of US population: Latinx=18.5% and Black/AA=13.4%

What can we do?

- Engage in deliberate practices that may not be comfortable, but that center the needs of a racial justice and anti-racist agenda within our own institutions
- Become anti-racist
- Leverage our privileges to create systems and supports that advocate for and sustain racial equity
- Recruit, support, and elevate trainees and faculty from underrepresented in medicine (URiM) groups within the field
- Learn and implement evidence-based practices to support an anti-racist workplace and training environment

Case series 1

Submit 2 words that come to mind when you hear these cases.

- https://www.menti.com/mho8re49gb
- Go to **www.menti.com** and use the code **8978 9935**

- A trainee comes to you at the end of a clinic day
- She is Puerto Rican ethnicity
- She reports that when the clinic staff were discussing plans for an end-of-term party, the social worker on your team told her: “I bet your mom makes great tacos. Bring some in. We love Mexican food.”
- She ignored the comment initially and laughed it off, but has become increasingly bothered by it.

- You are reviewing a patient's chart before rounds in the morning.
- You see two residents sitting at the charting station preparing to sign out. You witness the following exchange:
- The white, male resident touches the hair of the Black female resident suddenly without asking. He stares at her curl. "I just have to touch your hair. It's weird because your hair and features don't match your skin."
- "I don't get it. What *are* you? *Where* are you from?"

- You are participating as faculty in a diversity training for fellows.
- The program director of the general residency program (white woman) joins your small group (consisting of the only 3 URiM fellows in the room).
- She states: “There just aren’t enough qualified minority applicants to go around. If we want to recruit more minorities we have to go lower on our list and lower our qualifications.”
- When you bring up the possibility of hosting URiM-only events for applicants on their interview day, she shares that it ”does not seem fair to other non-minority applicants. I mean, I think we should just be clear that as a program we don’t see color …”

Submit 2 words that come to mind when you hear these cases.

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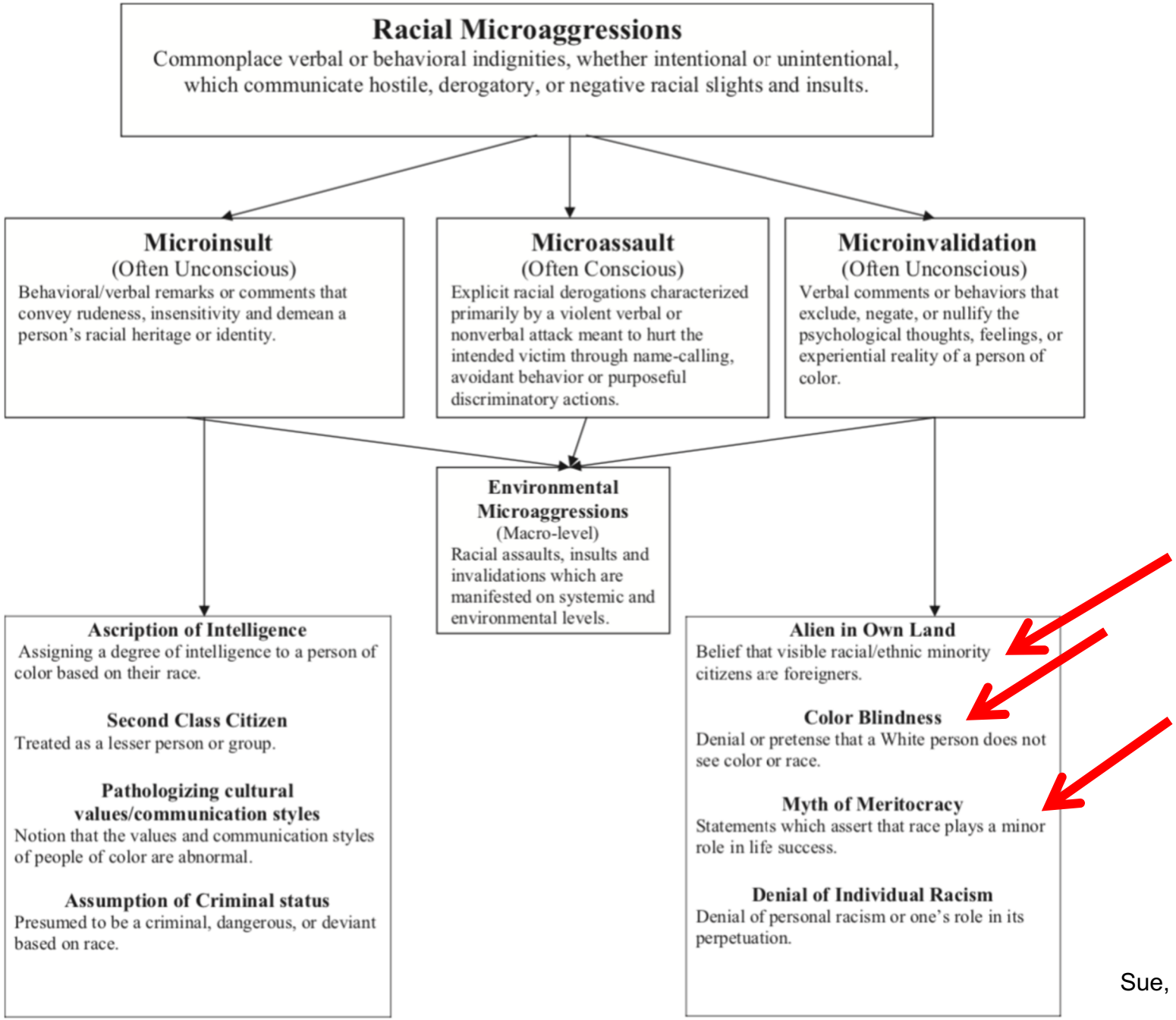
Samples of microaggressions

- **Microaggressions:** *brief and commonplace* daily verbal, behavior and environmental indignities, whether *intentional or unintentional*, that communicate hostile, derogatory, or negative racial, gender, sexual-orientation, and religious slights and insults to the target person or group. Perpetrators are *usually unaware* that they have engaged in an exchange that demeans the recipient of the communication.

- A pattern of "being overlooked, under-respected, and devalued because of race."

Sue, D.W. et al. (2007). Microaggressions in everyday life: Implications for clinical practice. *The American Psychologist, 2* (4).

Categories of and Relationships Among Racial Microaggressions



Sue, 2007,The American Psychologist.

How should you respond to microaggressions?

1. Open the Front Door (OTFD)
2. Speak up using XYZ
3. A.C.T.I.O.N. Plan

Molina, Am College of Emergency Physicians, 2020
Souza, www.facultyfocus.com, 2018
Ganote, Souza, Cheung, Creating welcoming and inclusive classrooms: a workshop for part-time faculty.

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Open The Front Door To Communication

- Observe: **Concrete, factual, and observable (not evaluative)**
  - "I overheard you ask our trainee to have her mom make tacos for the team."
- Think: **Thoughts based on observations (yours and/or theirs)**
  - I'm wondering what you were thinking in that moment.
- Feel: **Emotions – "I feel emotion."**
  - I feel uncomfortable with the statement assuming every Latinx individual is Mexican or makes tacos.
- Desire: **Specific request or inquiries about desired outcome**
  - I want to make sure the hospital is a comfortable place for everyone and these kinds of assumptions or generalizations can make people feel unwelcome.

Speak up by using XYZ

- “I feel X when Y because Z”
- I feel uncomfortable when I hear you mention that our Department does not see color, because it minimizes the different experiences and racism that trainees of color have experienced.
- I felt uncomfortable when I heard you ask Sara what she was and where she was from because it made it seem like she was foreign or alien or exotic and not part of our group.

Case 2

You are the attending on inpatient service and your fellow is presenting the following case:

68-year-old African-American male with PMHx COPD, opioid use disorder, stimulant use disorder, chronic Hep C, and homelessness. He was admitted for a COPD exacerbation and addiction medicine was consulted for ongoing heroin use. The patient is well known to the addiction medicine service and has a history of recurrent opioid overdose.

Your fellow makes a comment about seeing many black patients that are also homeless in the consult service. The fellow expresses frustration about not having resources for black patients that are also homeless.

Using the chat box:

How would you respond to your fellow?

Attending's Response:

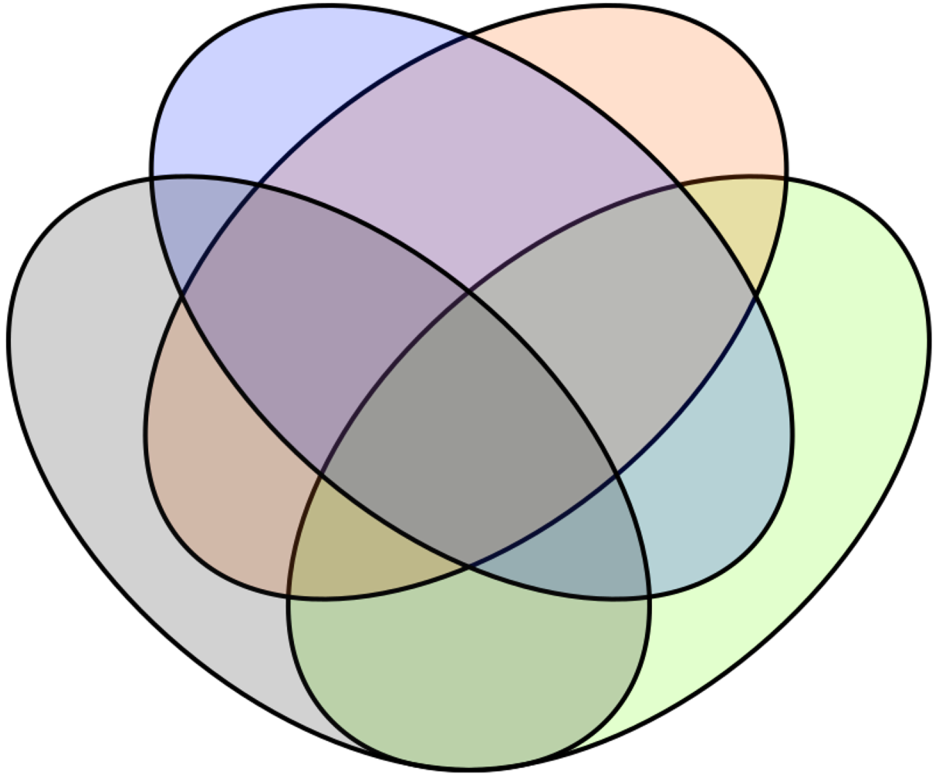
"I agree that we need more resources for our homeless patients. And I do want to point out that this is a homeless problem and not a black issue. I understand that black people have undergone historic racism and some have a lot of socioeconomic barriers, but we need to see them as individuals at the end of the day."

Non-Color Blind Approach

- Color blindness upholds a belief that minimizes (or denies) the role of racism in society, implying that all individuals, regardless of race, have an equal opportunity to thrive
- Providers with color-blindness has been found to be associated with lower multicultural competency, reduced empathy, and reduced working alliances

Intersectionality in Addiction Medicine

- **Analytical framework** for understanding how aspects of a person's **social and political identities** combine to create different modes of **discrimination** and **privilege**
- Intersectional oppression [that] arises out of the combination of various oppressions which, together, produce something unique and distinct from any one form of discrimination standing alone



Eaton, 1994

Structural Competency

1. **Understanding patients' experiences of illness in the context of structural factors** (homeless/structural racism)
2. **Intervening to address structural factors at institutional levels** (advocating for housing)
3. **Developing community connectivity and structural humility** (developing relationships with community services that help Black people)

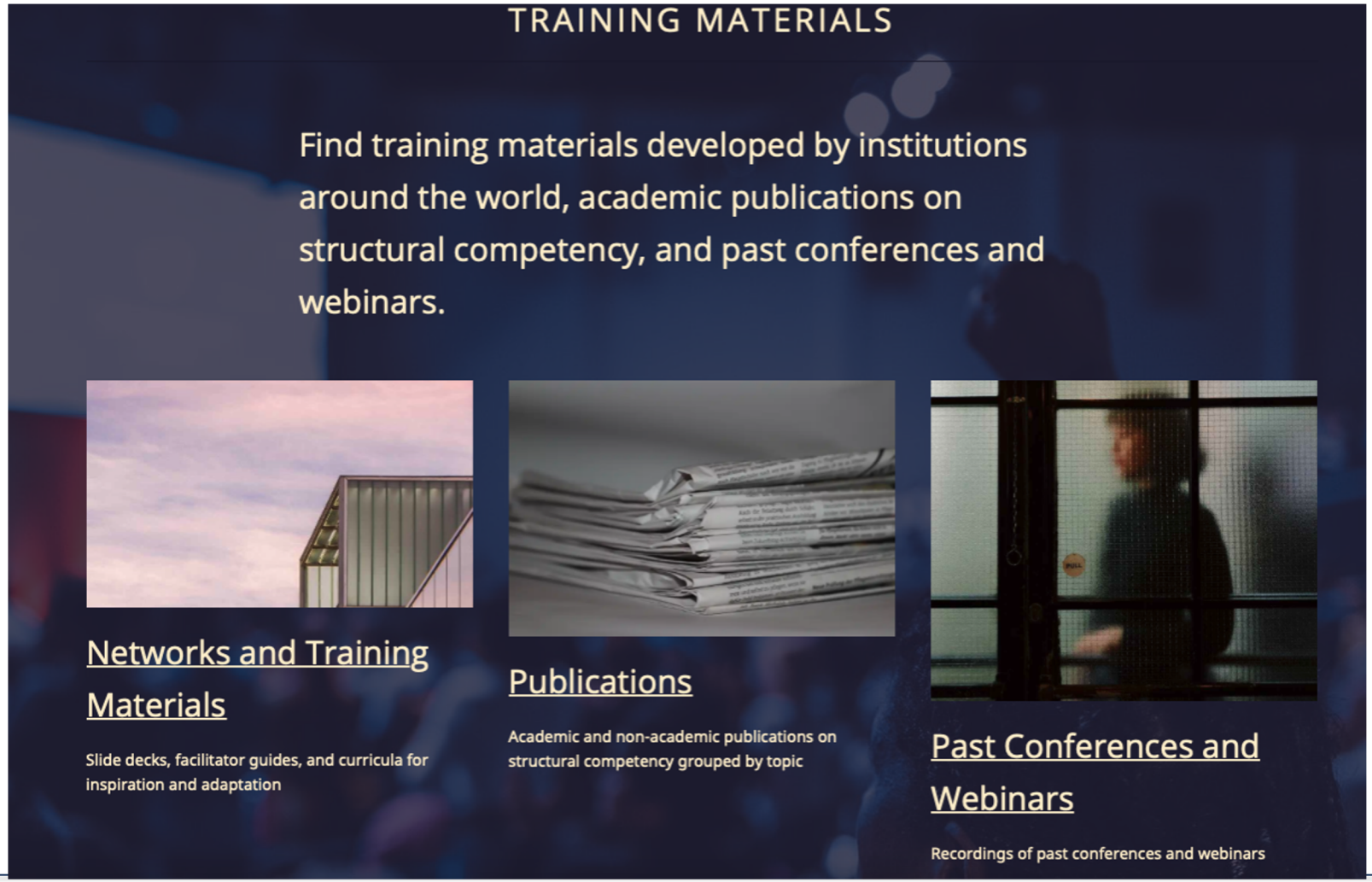
Hansen H, Braslow J, Rohrbaugh RM. JAMA Psychiatry. 2018.

One-minute Preceptor Model addressing Structural Competency:

1. **Get a commitment:** "What structural contributors to health disparities are potentially affecting this patient?"
2. **Probe for supporting evidence: "**I see you chose to do X. How did you come to this decision? What might you want to discuss with your patient about X?"
3. **Reinforce what was done well:** "Good job on incorporating the patient's X (e.g. housing status or homelessness). This will center potential interventions to mitigate recurrence or progression of the underlying disease."
4. **Give Guidance about Errors/Omissions:** "I see you mentioned "medication non- adherence" as a reason for your patient's repeat hospitalization. Did you probe further? Why is it important to assess for structural factors contributing to your patient's ongoing opioid use?"
5. **Teach core structural competencies**

http://sdoheducation.org/wp-content/uploads/2021/02/Hand-out-One-Minute-Preceptor.pdf

www.structuralcompetency.org



Hansen et al. JAMA Psychiatry. 2017

Case 3

Case 3

You are recruiting a resident to your Addiction Medicine fellowship program. He is a Black/AA physician. You have asked a program faculty member from his primary specialty to meet with him to discuss his interests and opportunities offered by the fellowship program. You and your APD receive a follow up email from your faculty colleague several weeks later.

“So the latest on James is that he attempted to schedule a time to meet with me last week but ended up sending a calendar invite for 10 pm instead of 10 am - as a result, my calendar got filled with other meetings. I then offered him a meeting today at 9 am, he agreed, and asked me to send the invite since he made an error with the one he sent. Unfortunately, I logged on to Zoom this morning and waited for him until 9:11-- he never showed. I'm starting to wonder about him potentially suffering from some kind of attention or learning disability. I don't feel inclined to continue to pursue him. I think a brand new fellowship track really needs a fellow who can function a bit more independently.”

How would you respond?

A.C.T.I.O.N Plan

Ask clarifying questions to assist with understanding intentions

- "I want to make sure I understand your email about James potentially suffering from an attention or learning disability."

Come from curiosity not judgment

- "Can you help me understand what you mean by that?"

Tell what you observed as problematic in a factual manner

- "I've noticed that when learning disabilities are ascribed to students from minoritized groups, especially Black men and boys, this oftens perpetuates negative stereotypes that only further reinforces unfair structural disadvantage."

Impact exploration: ask for or state the potential impact on others

- "What do you think the APD thought when she read your message?"

Own your own thoughts and feelings around the impact

- "When I read you message, I grew worried about what happens when we make assumptions about others that turn out to be incorrect. I feel this can be damaging to student careers and reveals the DEI work we all need to do as a program"

Next steps: Request appropriate action be taken

- "I'd appreciate your thinking about this when you contact James again to reschedule."

Souza T. Responding to microaggressions in the classroom: taking ACTION.
Available at: https://www.facultyfocus.com/articles/effective-classroom-management/responding-to-microaggressions-in-the-classroom/

Case 4

74 yo white male with CAD presents to the emergency department with chest pain, shortness of breath and diaphoresis. An Asian female physician enters to see the patient and he says “I don’t want a &#/!~@ doctor! You created the china virus and probably don’t speak English!”

Surprised, the physician leaves the room to get assistance from another colleague.

Poll

- Does the patient have a right to refuse care by an Asian female physician?

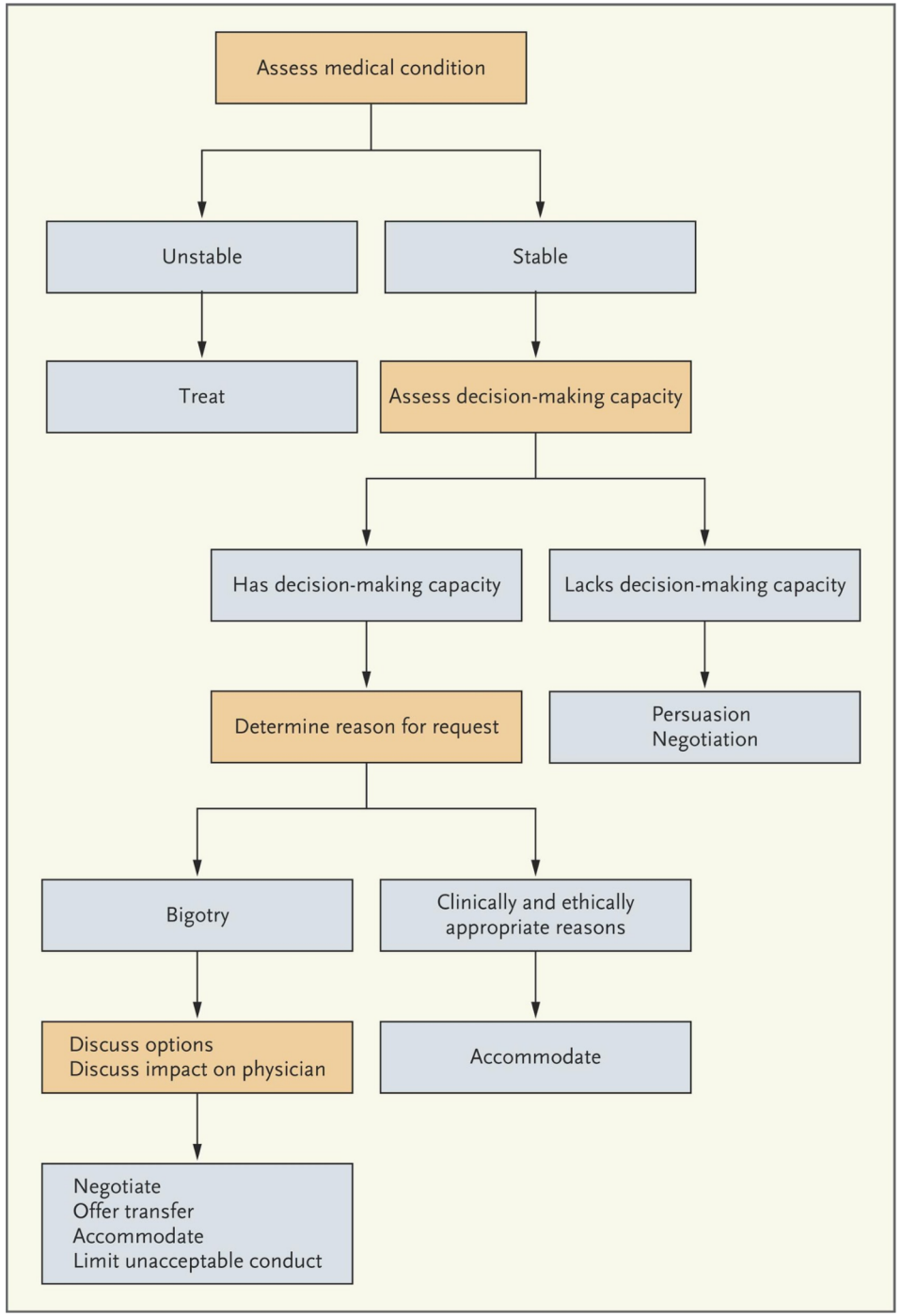
NEJM: Dealing with Racist Patients

Competent patients have the right to refuse medical care, including treatment provided by an unwanted physician. This right is granted by informed-consent rules and common law that protects patients from battery.

Physicians and other health care workers have employment rights that must be balanced with patients' rights.

Paul-Emile, NEJM, 2016

"We believe that sound decision making in this context will turn on five ethical and practical factors: the patient's medical condition, his or her decision-making capacity, options for responding to the request, reasons for the request, and effect on the physician."



Paul-Emile, NEJM, 2016

Creating safe space for trainees

Race-based caucusing

- Can be a powerful anti-racist tool
- Groups work within their own racial or ethnic group for discussions
- Sample groups:
- White caucus
  - Work to understand racism and internalized white privilege
- People of color caucus
  - Work to unpack the impact of internalized racism
- Third space caucus (people of color who are perceived as white)
  - Work to examine the impact of internalized racism and “white passing”

Cultivating a Brave Space

- Establish ground rules for talking about the microaggression

STAY ENGAGED	SPEAK YOUR TRUTH
EXPERIENCE DISCOMFORT	EXPECT AND ACCEPT NON-CLOSURE

- Set a purpose

THE PURPOSE OF US SETTING INTENTIONAL SPACE IS TO EXPLORE AND COME TO A DEEPER UNDERSTANDING ABOUT THE IMPACT OF THIS INCIDENCE.

Acosta and Ackerman-Barger, 2017

Invite a Dialogue with the Four F's

Feelings

What feelings emerged for you?

Futures

How could the team assist you better in the future?

How can we better meet the expectations we discussed at the start of your rotation in how we/I responded today?

Findings

What did you learn about yourself/others today?

Facts

What happened in our encounter?

What was hard/good about how we/you/I responded?

Pro-tip: Utilize micro affirmations or tiny acts of opening doors to opportunity, gestures of inclusion and caring, and graceful acts of listening during these sessions

Scully and Rowe, 2009

Peer-led Support Groups

Advantages

- Safe space without evaluators
- Easy to implement and requires few resources
- Normalizes and validates emotional distress
- Reduces mental health stigma and encourages trainees to seek additional support

Disadvantages

- Not effective for all students
- Inadequate infrastructure to match students with supporters
- Not enough students from marginalized backgrounds
- Systematic culture of medicine

Hixenbaugh et al, 2005; Dyrbye et al, 2005

Using Chat Box

- Write down two concrete actions you will take over the next year to support an inclusive and anti-racist environment at your institution.

- What resources do you need or would you recommend to other program directors and administrators?