Cultural and Clinical Factors Affecting Retention of African-Americans in Substance Abuse Treatment Programs

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Disclosures

Traditional:
• None

Non-Traditional
• I am a Black woman
• I grew up in Indiana
• My father was Commander of the Black Panther Militia
• I have a Black husband
• I have two Black sons
• I am a Black psychiatrist
• I am an activist
Learning Objectives

Upon completion of this activity, learners will be able to:

1. Describe history and meaning of the terms BIPOC, African-American and Black.
2. List three types of cultural variations among Black communities.
3. Understand the impact of historical experiences of Black communities with the medical community on health outcomes.
4. List 3 ways implicit bias can affect the health of Black communities.
5. Describe 4 evidence-based interventions designed to improve health outcomes among Black communities.
Contributing Factors to Health Disparities

1. Historical
2. Systemic
3. Psychosocial
# History of Racism in U.S. Healthcare

<table>
<thead>
<tr>
<th>Greco–Roman Period</th>
<th>Middle Ages</th>
<th>Renaissance</th>
</tr>
</thead>
</table>
| • Scientist Galen – Blacks inferior intellectually, physiologically, clinically | • African Moors and White Christians at war.  
• Worst healthcare was for slaves and non-whites | • Parcelsus– Blacks inferior to Whites.  
• Scientific reasoning for slave trade. |
History of Racism in U.S. Healthcare

Age of Science and Enlightenment
- Francois Benier and Carl Linnaeus classified Blacks as a different species
- Black slaves used for medical demonstration and dissection

Colonial and Antebellum
- Scientific racism – Blacks, non-whites, women assigned lower societal ranks
- Polygenism – races thought of as separate species descended from different Adams

Civil War
- Black Union soldiers receive poorer health care
- Discriminatory rules for Black physicians
## History of Racism in U.S. Healthcare

<table>
<thead>
<tr>
<th>Early 20th Century</th>
<th>Civil Rights Era</th>
<th>Present Day</th>
</tr>
</thead>
</table>
| - Eugenics, Social Darwinism  
  - IQ testing to justify sterilization, incarceration and immigration restriction  
  - Black health institutions receive less funding and close | - Government-sponsored hospital segregation deemed illegal  
  - Tuskegee experiment and unethical experimentation on Blacks | - resistance against universal healthcare, biased clinical decision-making, inequities for Black patients and Black providers |
Historical Factors

- Slavery
- Jim Crow
- The Great Migration
- Civil Rights
- Post–Civil Rights
Systemic/Structural Factors

- Educational Systems
- Healthcare Systems
- Criminal Justice Systems
- Economic Systems
- Occupational Systems

Systemic Factors
Educational Disparities

Racial divide starts with little kids

School discipline starts with kindergarteners, and the rates vary widely. In Seattle, for example, suspension rates for kids in fifth grade and below were more skewed in 2013-14 than in two neighboring districts that also agreed to provide discipline data.

Note: Shows the total number of suspensions by race, not the total number of students suspended

Source: Seattle Times analysis of data provided by Seattle, Lake Washington and Highline school districts

STEFANIE REDDING / THE SEATTLE TIMES
Occupational Disparities

The growing wage gap between black and white workers

1979 18.1% 1989 20.9% 1995 21.2% 2000 22.4% 2007 23.9% 2015 26.7%

Note: Figures are adjusted for inflation. Source: EP1 Analysis of Current Population Survey (CPS), 2018
Criminal Justice Disparities

Locked up in jails

- U.S. population
- Jail incarceration

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Economic Disparities

Racial Wealth Inequality Is Rampant In The U.S.
Median household wealth by race/ethnicity in the United States (1983–2024)

Source: Prosperity Now & Institute For Policy Studies
Healthcare Disparities

https://familiesusa.org
Psychosocial Factors

- Microaggression
- Macroaggression
- Implicit Bias
- Explicit Bias
- Acute on Chronic Trauma of Racism
- Weathering
Cumulative Burden

- Black
- Queer
- Trans
- Living with a disability
- Lower SES

Intersectionality → Higher Rates of:
- Suicide and suicidal thoughts
- Mood disorders and anxiety
- Eating disorder
- Alcohol, tobacco and other substance use disorders
- Chronic physical health conditions
- Breast cancer
- Obesity
- Premature Death

→ Less Access to Care
- Less likely to have health insurance
- Less likely to fill prescriptions
- More likely to use ED or delay getting care
- More likely to be refused health care services
- More likely to be harassed by health care providers
Evidence-Based Interventions

- Systemic
- Organizational
- Programmatic
- Individual
Cultural Competence

A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enable that system, agency, or those professionals to work effectively in cross-cultural situations.
Cultural Humility

- Recognizing that you know nothing about the individual in front of you.
- Acknowledging that what you think you know is based on your past experiences, implicit bias, stigma and stereotypes.
- Asking questions to get to know the individual in front of you rather than relying on your past experiences, implicit bias, stigma and stereotypes.
- Believing the emotional and literal experience of the individual in front of you as told by them – even if it differs from your own.
- Admitting when you have made mistakes and/or been offensive, even if unintentional.

—Dr. Harrison
Culture

- Beliefs
- Religion
- Education
- Materials
- Politics
- Aesthetics
- Language
- Social
Systemic/Organizational

1. Behaviors
2. Attitudes
3. Policies

DATA DATA DATA
Programmatic

1. Behaviors
2. Attitudes
3. Procedures

DATA
DATA
DATA
What does it mean to be African-American?

- History of the term
- Current meaning of the term
- Exploring cultural variations among individuals described as African-American
- Potential impact of using the term “African-American”
African-American

History

Centuries of enslavement, freedom in the course of the Civil War, a great promise made amid the political turmoil of Reconstruction and a great promise broken, followed by disfranchisement, segregation and, finally, the long struggle for equality.

Current

Anyone who looks Black

The Making of African America, by Ira Berlin
BIPOC

Replacing POC

• BLACK
• INDIGENOUS &
• PEOPLE OF COLOR

Intent

Meant to acknowledge that not all POC face equal levels of injustice
Impact of the term “African-American”

or

BLACK

Or

BIPOC

"People fail to get along because they fear each other; they fear each other because they don't know each other; they don't know each other because they have not communicated with each other."

MARTIN LUTHER KING JR.

KeepInspiring.me
Individual

1. Behaviors
2. Attitudes
3. Self-Awareness
4. Relationships

DATA
DATA
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Implicit Bias

What is implicit bias?

How does implicit bias affect the health of Black communities?
BIAS DEFINED

Negative evaluation of one group & its members relative to another group

<table>
<thead>
<tr>
<th>EXPLICIT</th>
<th>IMPLICIT</th>
</tr>
</thead>
</table>
| • Conscious  
  • Believed correct  
  • Time & motivation to act  
  • Has ↓ in health care | • Unconscious  
  • Unintentional  
  • Quickly activated  
  • Persists in healthcare  
  • Difficult to measure |
Implicit Bias: CLINICIANS

Quickly activated

Busy | Distracted | Stressed

<table>
<thead>
<tr>
<th>Citation</th>
<th>N (% of eligible)</th>
<th>Characteristics</th>
<th>Focus of Implicit Bias</th>
<th>IAT Score</th>
<th>Effect Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green et al (2007)</td>
<td>220 (28%)</td>
<td>Residents in internal medicine and emergency medicine</td>
<td>African Americans</td>
<td>0.36 (0.40)</td>
<td>d = 0.90</td>
</tr>
<tr>
<td>Sabin et al (2008)</td>
<td>43 (26%)</td>
<td>Residents and faculty in pediatrics</td>
<td>African Americans</td>
<td>0.18 (0.44)</td>
<td>d = 0.41</td>
</tr>
<tr>
<td>Sabin et al (2009)</td>
<td>2535 (NA)</td>
<td>Physicians self-selected to Internet site, unknown specialties</td>
<td>African Americans</td>
<td>0.39 (0.47)</td>
<td>d = 0.83</td>
</tr>
<tr>
<td>White-Means et al (2009)</td>
<td>331 (38%)</td>
<td>Students in pharmacy, medicine, and nursing</td>
<td>African Americans</td>
<td>0.40 (NA)</td>
<td>NA</td>
</tr>
<tr>
<td>Penner et al (2010)</td>
<td>15 (83%)</td>
<td>Residents in family medicine</td>
<td>African Americans</td>
<td>-0.10 (0.35*)</td>
<td>d = -0.028</td>
</tr>
<tr>
<td>Brener et al (2007)</td>
<td>60 (NA)</td>
<td>Nurses and doctors in drug and alcohol</td>
<td>Injecting drug users</td>
<td>0.36 (0.42)</td>
<td>d = 0.86</td>
</tr>
<tr>
<td>Von Hippel et al (2008)</td>
<td>44 (NA)</td>
<td>Nurses in drug and alcohol</td>
<td>Injecting drug users</td>
<td>0.26 (0.41)</td>
<td>d = 0.63</td>
</tr>
</tbody>
</table>

$d = $Cohen's d with “small,” “medium” and “large” effects indicated by $d = 0.20, 0.50 and 0.80, respectively. NA = Not Available.

* = obtained from personal communication with the authors.
4 categories

- Patient provider interactions
- Treatment decisions/Quality of care
- Patient treatment adherence
- Patient health outcomes
Provider Attitudes

• Longer wait times for treatment for non-Whites

• More time spent with White patients

• Preferential requests: ex: extending visiting hours for some, limiting for others
Interpersonal communication

“It’s the body language. When people lean into you, they may eye contact… it’s the little subtleties you pick up on that let you know people are really engaged.”

–Eleanor Health Member

- Tone, use of interpreters
- Proximity to patient
- Patient collaboration

Implicit bias
↓
Poor communication
↓
Lack of trust
↓
Follow-up
↓
Adherence
Patient perception

- **Black patients:** worse treatment in patient provider interactions from biased providers (via IAT)

- **Black patients rated biased clinicians:** less warmth, friendliness, team orientation

- **Black patients react less positively** to providers with low explicit, but high implicit bias
Health Outcomes

Pro-White Bias associated with Black patients being less likely to fill prescriptions

Psychosocial outcomes for Black & White patients affected by provider bias

- Integration
- Depression
- Life satisfaction
Implicit bias: neurobiology

**Limbic System**
- Amygdala
- Hippocampus
- Thalamus/Hypothalamus
- Prefrontal Cortex
Implicit Bias

Implicit Bias:
Attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner.
EVIDENCE

Based Strategies for Improving Retention

Systemic
Organizational
Programmatic
Individual
# Systemic Interventions

<table>
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<tr>
<th>Cultural Humility</th>
<th>Cultural Knowledge</th>
<th>Cultural Skill</th>
<th>Dynamic Process</th>
</tr>
</thead>
</table>
| • appreciation, respect, and comfort to the cultural diversity of clients | • sound educational base about various cultural groups to better understand different beliefs, values, and behavior of clients | • ability to perform cultural assessment to collect relevant cultural data of a client’s current health problem  
• accurately incorporate related data into care planning and provision in a culturally sensitive manner | • becoming culturally humble rather than being “culturally competent” through consistent encounters with diverse clients |

Individual Self-Awareness

Implicit Bias

• The evidence indicates that healthcare professionals exhibit the same levels of implicit bias as the wider population.

• Correlational evidence indicates that biases are likely to influence diagnosis and treatment decisions and levels of care in some circumstances and need to be further investigated.

• All the studies that investigated correlations found a significant positive relationship between level of implicit bias and lower quality of care.

# Practical Strategies To Address Implicit Racial Bias In Healthcare

| We have to be **AWARE** of our implicit and attribution bias | We have to have the **DESIRE** to address our implicit bias | We have to have the **KNOWLEDGE** and **ABILITIES** |

**REINFORCEMENT**
AWARENESS— IAT

• IAT – IMPLICIT ASSOCIATION TEST
• The IAT is thought to measure implicit attitudes
• In research, the IAT has been used to develop theories to understand implicit cognition (i.e. cognitive processes of which a person has no conscious awareness).
• Because the IAT requires that users make a series of rapid judgments, researchers believe that IAT scores may also reflect attitudes which people are unwilling to reveal publicly.
AWARENESS – IAT

Project Implicit®

About Us

Project Implicit is a non-profit organization and international collaboration between researchers who are interested in implicit social cognition - thoughts and feelings outside of conscious awareness and control. The goal of the organization is to educate the public about hidden biases and to provide a “virtual laboratory” for collecting data on the Internet.

Project Implicit was founded in 1998 by three scientists – Tony Greenwald (University of Washington), Mahzarin Banaji (Harvard University), and Brian Nosek (University of Virginia). Project Implicit Mental Health launched in 2011, led by Bethany Teachman (University of Virginia) and Matt Nock (Harvard University). Project Implicit also provides consulting services, lectures, and workshops on implicit bias, diversity and inclusion, leadership, applying science to practice, and innovation. If you are interested in finding out more about these services, visit https://www.projectimplicit.net.

www.projectimplicit.net
IAT – Race
IAT – Race Results of My Family

- Zena
  - 4 yo
  - Invalid Test

- Zahir
  - 11 yo
  - Mild automatic preference for white race

- Katana
  - 6 yo
  - No automatic preference

- Akosua
  - 32 yo
  - Mild automatic preference for Black race

- Nasir
  - 10 yo
  - Moderate automatic preference for Black race

- Jane
  - 68 yo
  - Moderate automatic preference for Black race

- Nzinga
  - 40 yo
  - Strong automatic preference for Black race
# EVIDENCE-BASED STRATEGIES

## REDUCE/BE AWARE OF RISK FACTORS
- Busy
- Distracted
- Stressed

## STEREOTYPE REPLACEMENT
- Recognize that a response is based on stereotypes
- Label the response as stereotypical
- Reflect on why the response occurred
- Consider how the biased response could be avoided in the future
- Replace it with an unbiased response

## COUNTER-STEREOTYPIC IMAGING
- Imagine in detail counter-stereotypic others
- Makes positive exemplars salient and accessible when challenging a stereotype’s validity

## INDIVIDUATION
- Prevent stereotypic inferences by obtaining specific information about group members
- Helps people evaluate members of the target group based on personal, rather than group-based, attributes

## PERSPECTIVE TAKING
- Take the perspective in the first person of a member of a stereotyped group
- Increases psychological closeness to the stigmatized group, which ameliorates automatic group-based evaluations

## INCREASING OPPORTUNITIES FOR CONTACT
- Seek opportunities to encounter and engage in positive interactions with out-group members
- Alters the cognitive representations of the group

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NAH
Implicit Bias Exercise

Let’s write a story
The greatest privilege, is the benefit of the doubt.
"IT'S NOT ONLY ABOUT RACE, BUT, IT'S ALWAYS ABOUT RACE."
References


References (cont.)


11. WWW.PROJECTIMPLICIT.COM