Continuing the Conversation on Anti-Racism

Camara Phyllis Jones, MD, MPH, PhD

Invited Speaker Concurrent Session ASAM Virtual 2021 American Society of Addiction Medicine

Via StreamYard from Atlanta, Georgia April 23, 2021

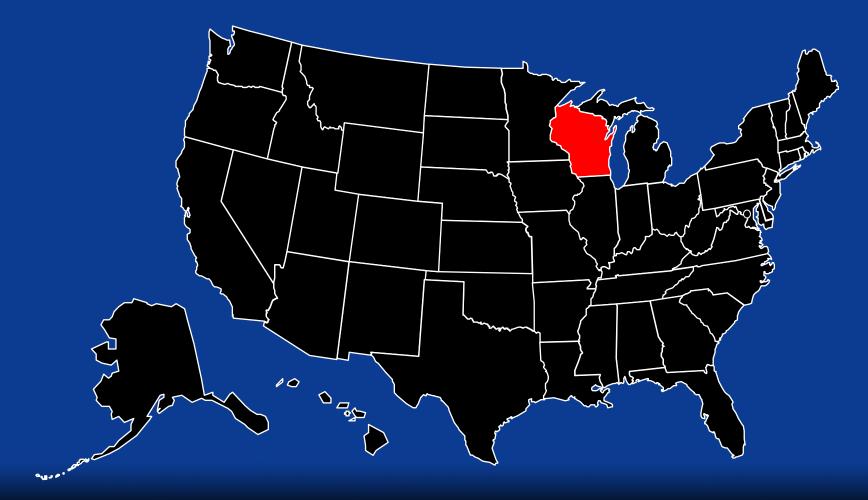
I have no financial conflicts of interest to disclose

Name racism

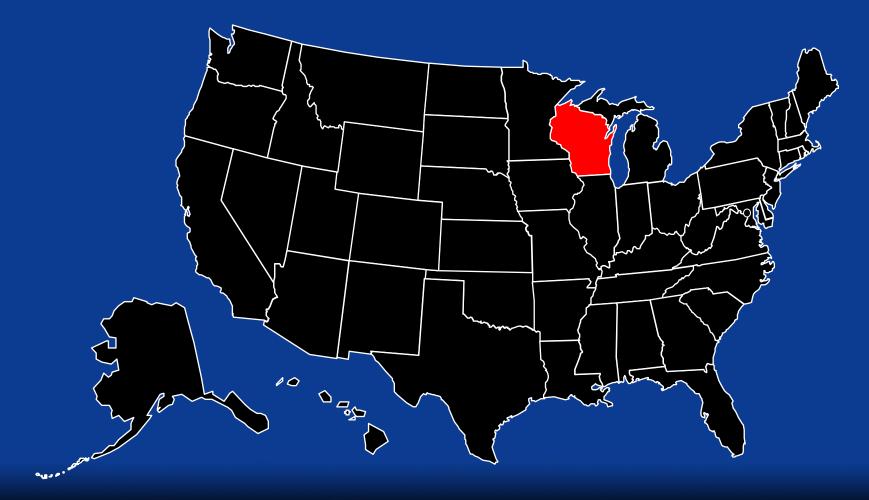
Name racism Ask "How is racism operating here?"

Name racism Ask "How is racism operating here?" Organize and strategize to act

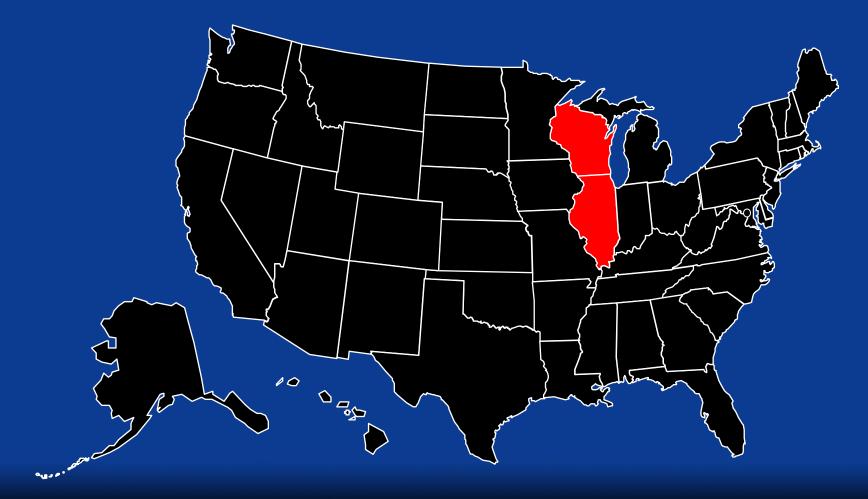




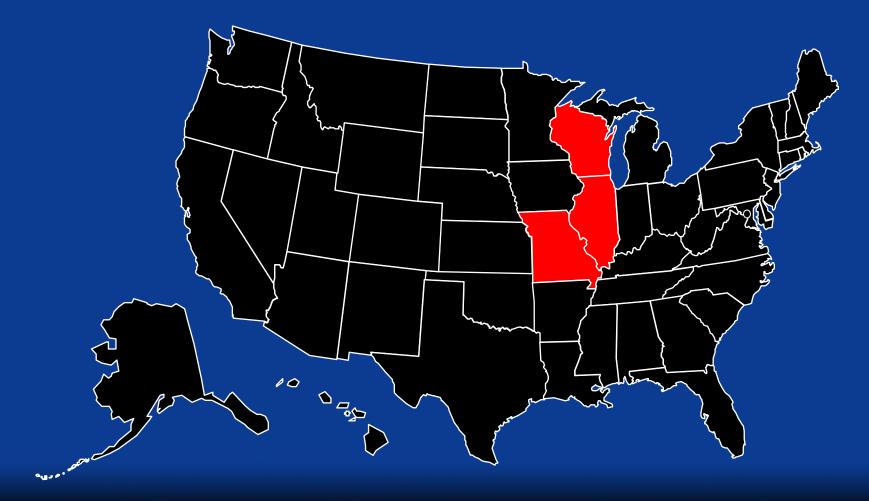
May 2019



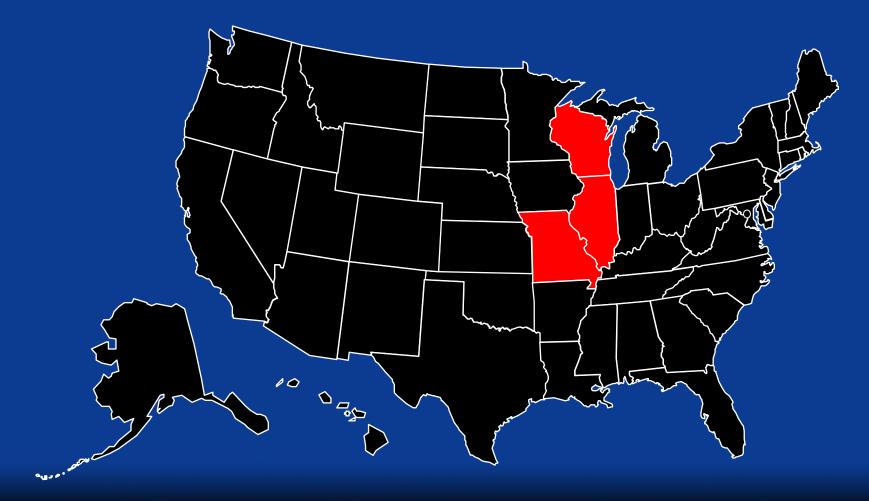
June 2019



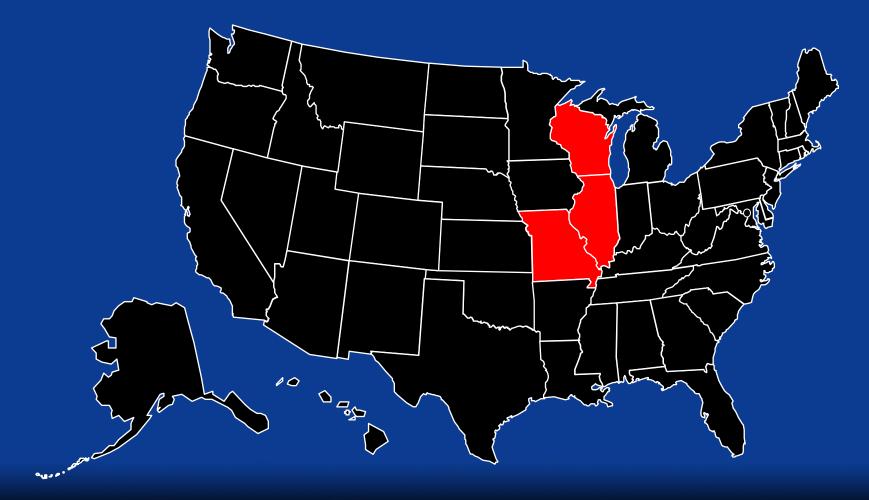
July 2019



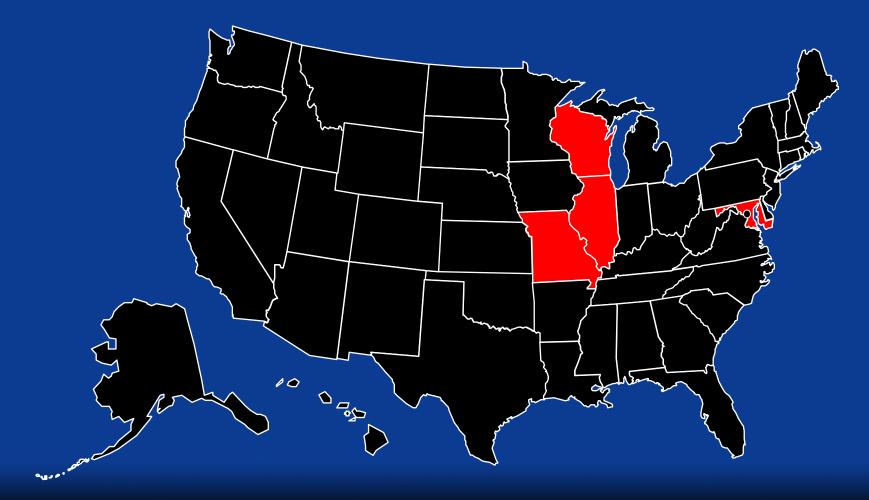
August 2019



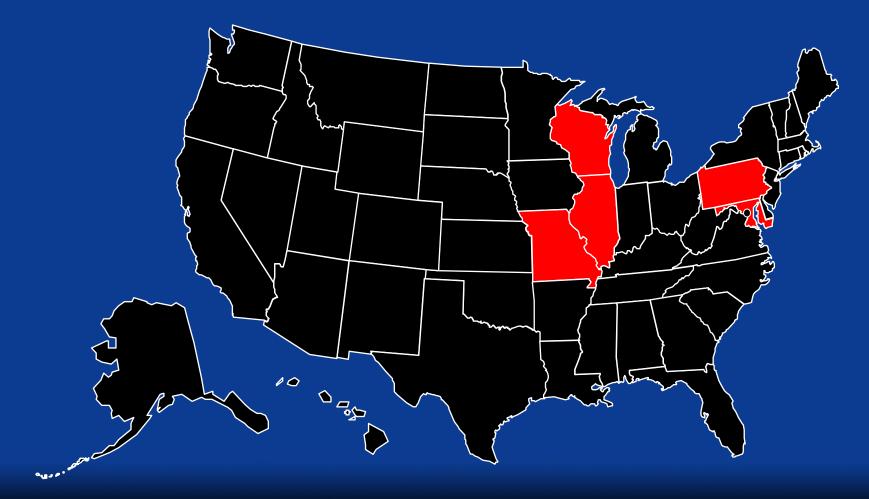
September 2019



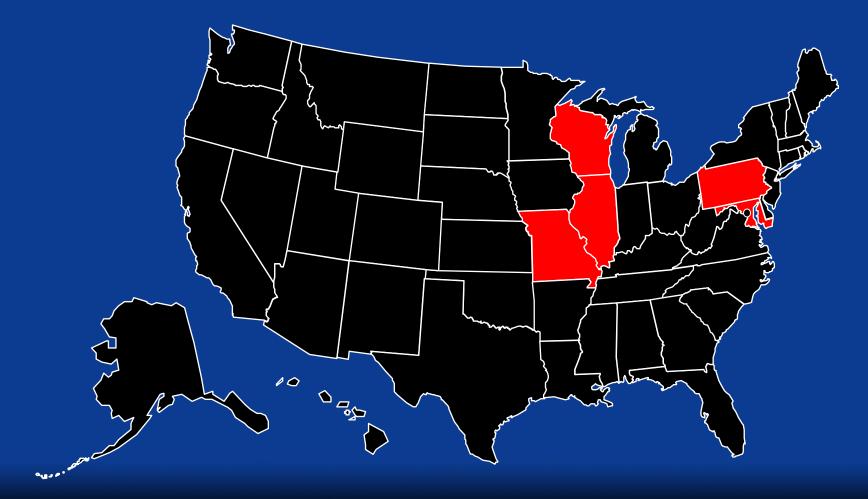
October 2019



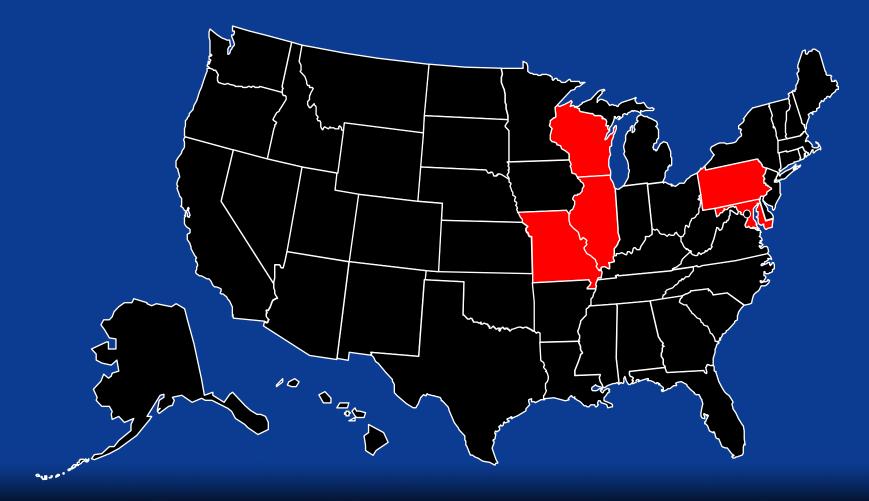
November 2019



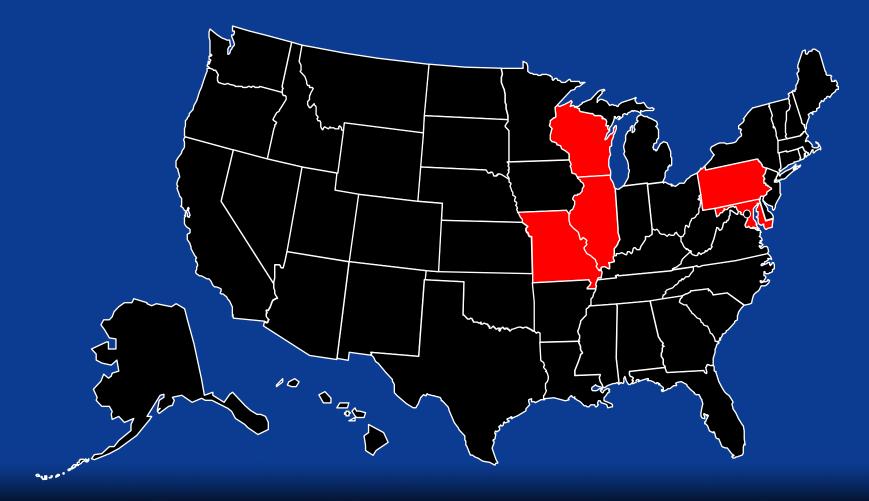
December 2019



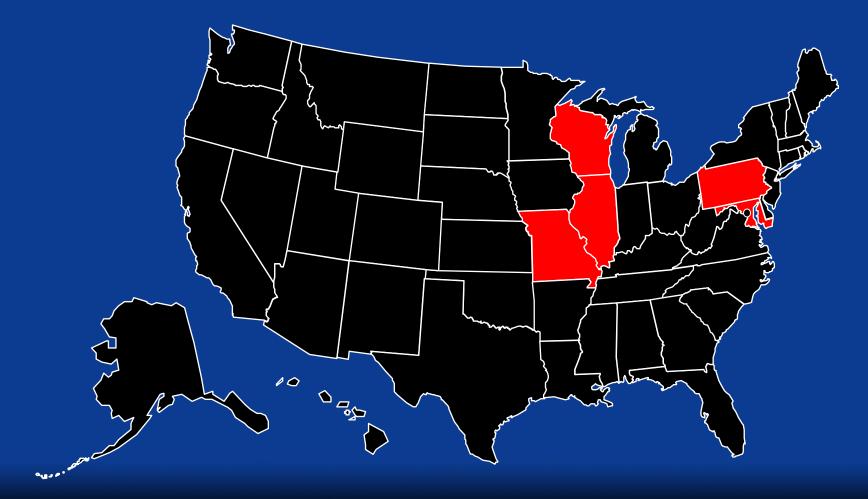
January 2020



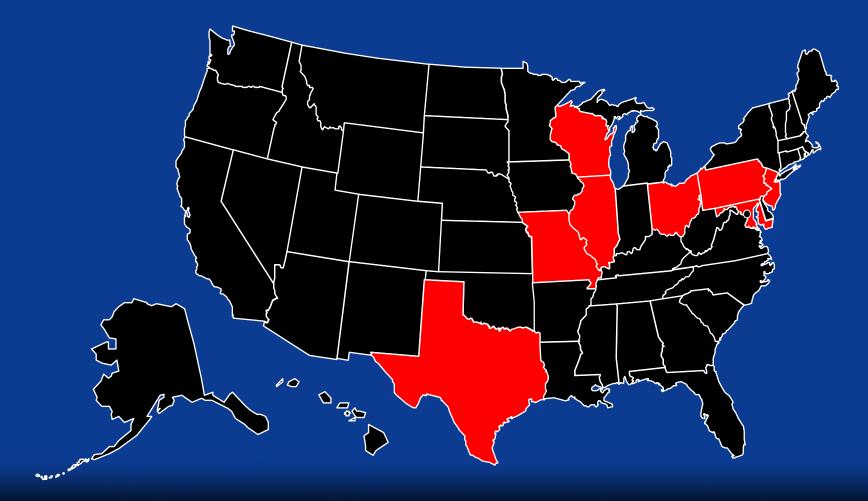
February 2020



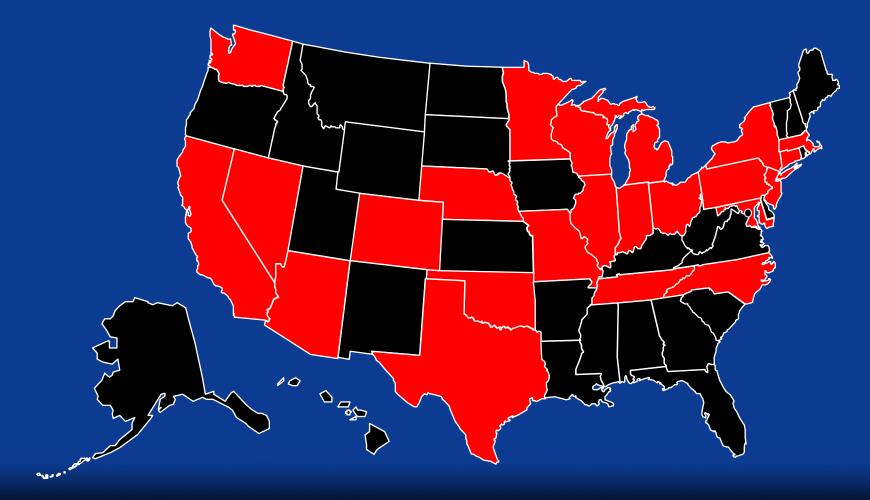
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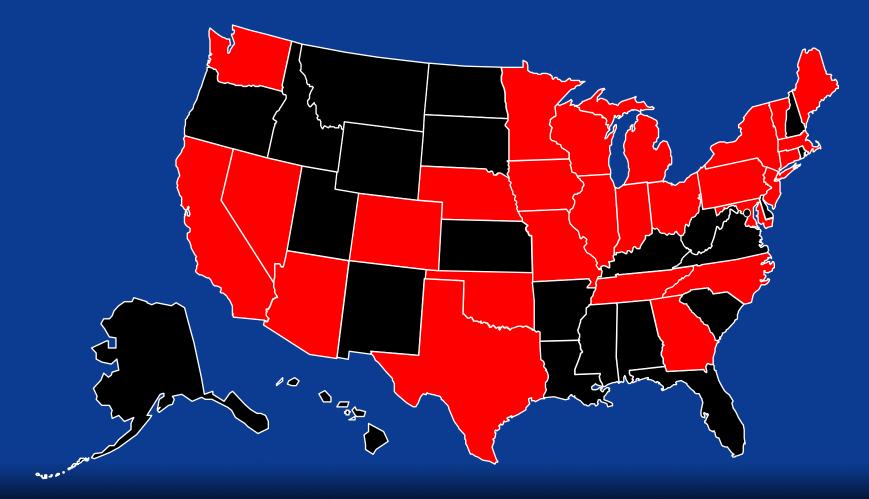
April 2020



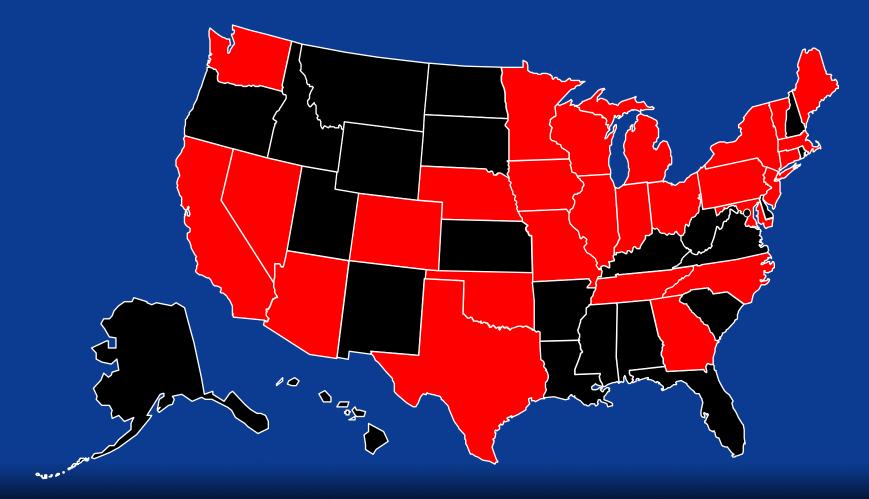
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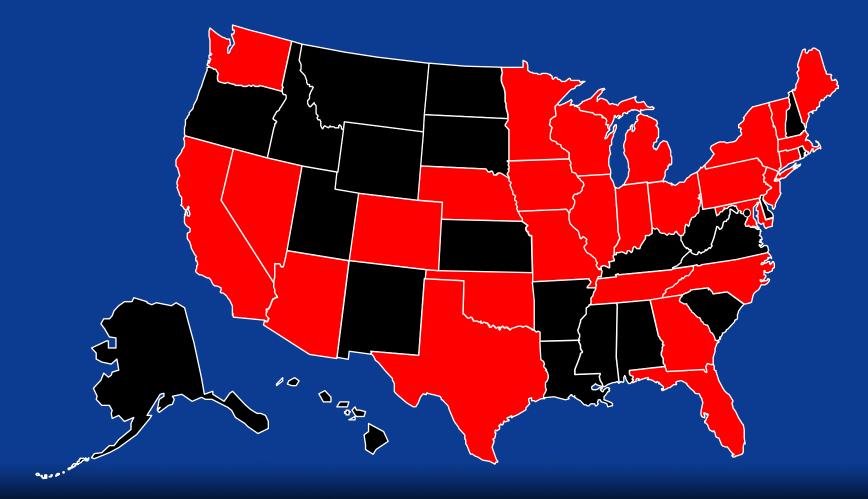
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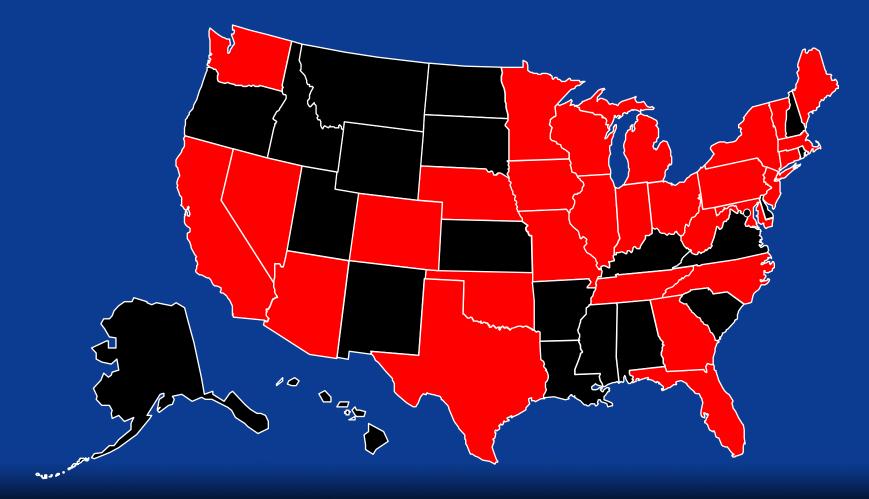
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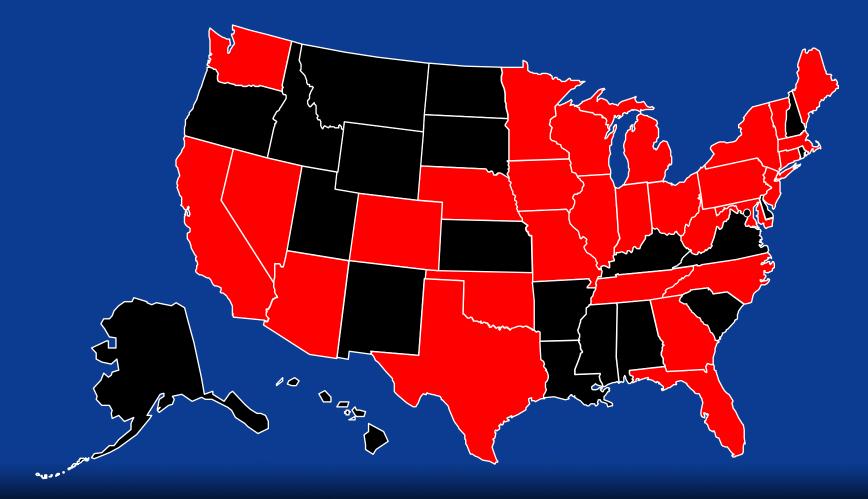
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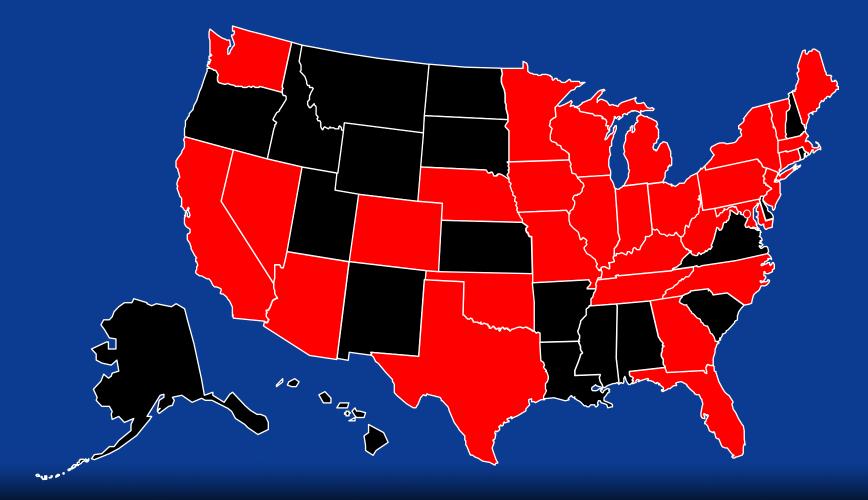
September 2020



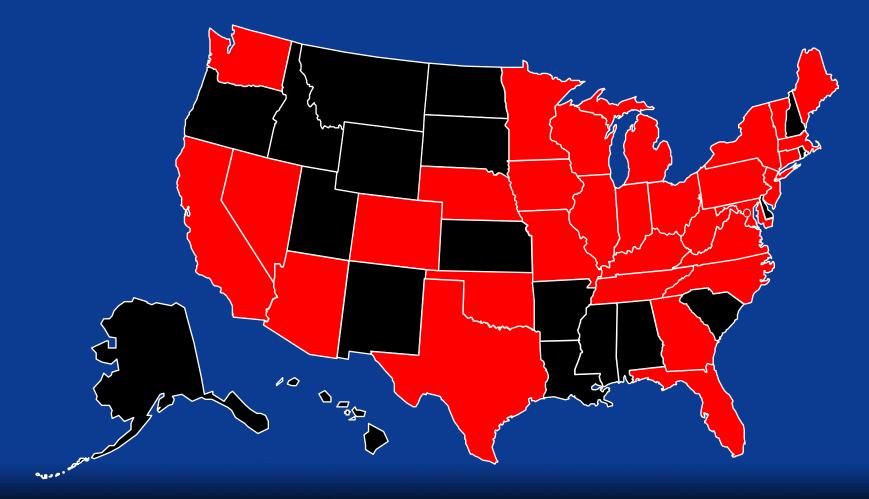
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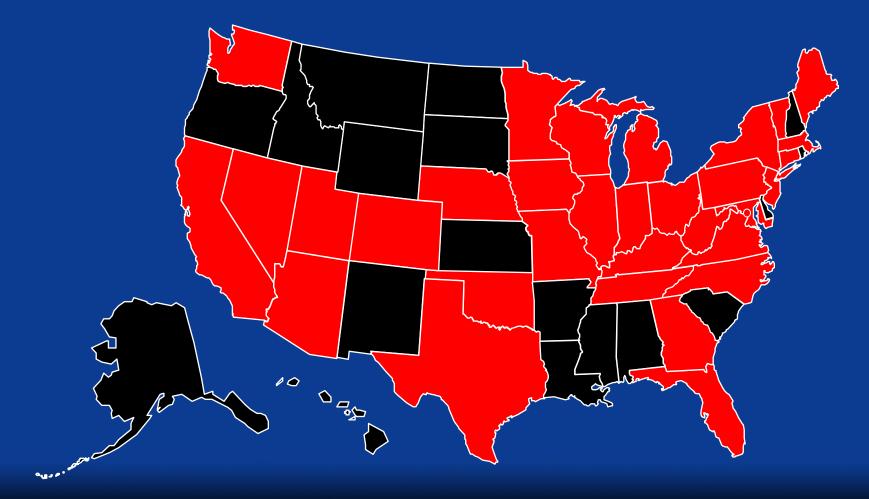
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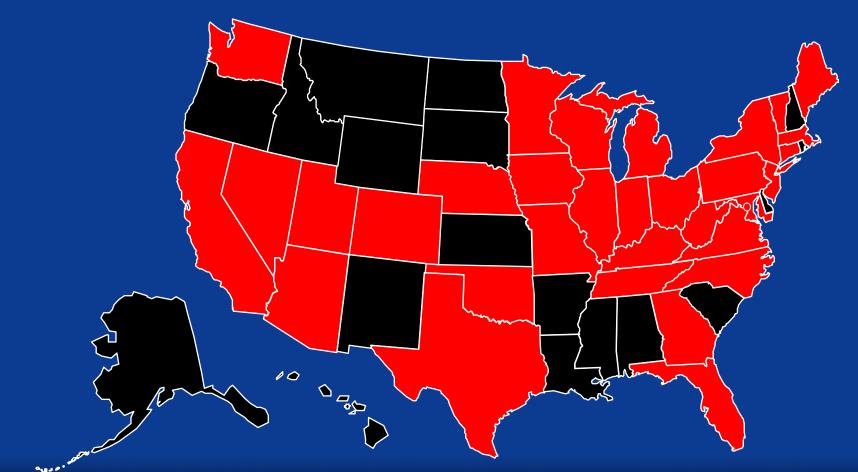
December 2020



January 2021



February 2021



ARIZONA 1, California 27, Colorado 3, Connecticut 19, DISTRICT OF COLUMBIA 1, Florida 2, Georgia 1, Illinois 5, Indiana 3, Iowa 1, Kentucky 1, Maine 1, Maryland 3, Massachusetts 14, MICHIGAN 18, MINNESOTA 4, Missouri 2, Nebraska 2, NEVADA 3, New Jersey 1, New York 2, North Carolina 11, Ohio 25, Oklahoma 1, Pennsylvania 4, Tennessee 3, Texas 4, UTAH 1, Vermont 1, VIRGINIA 1, Washington 6, West Virginia 1, WISCONSIN 11

Cement Dust in Our Lungs

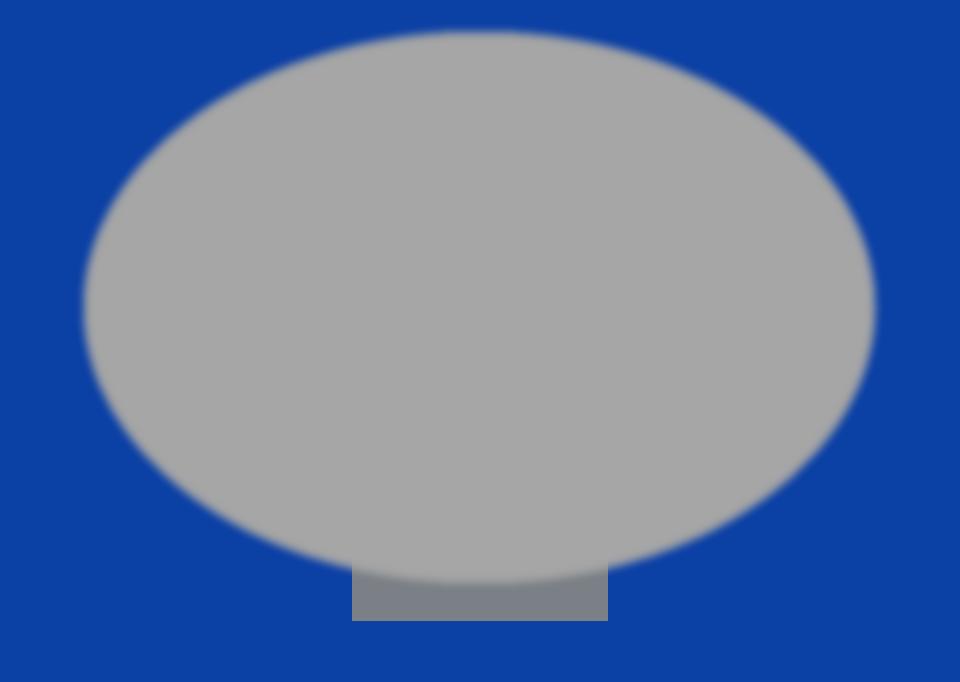
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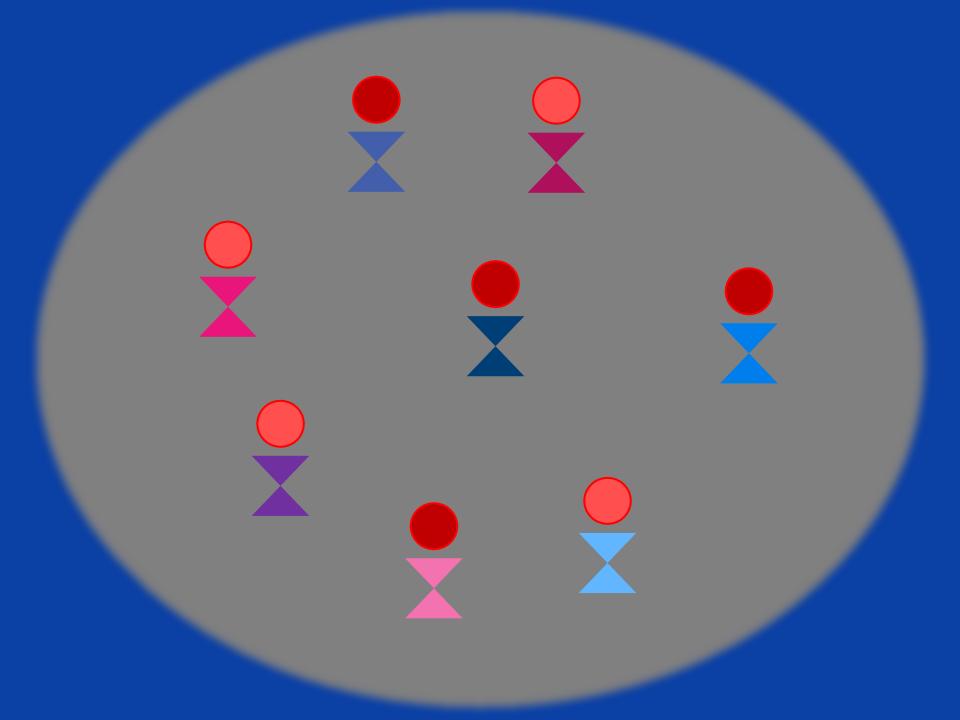


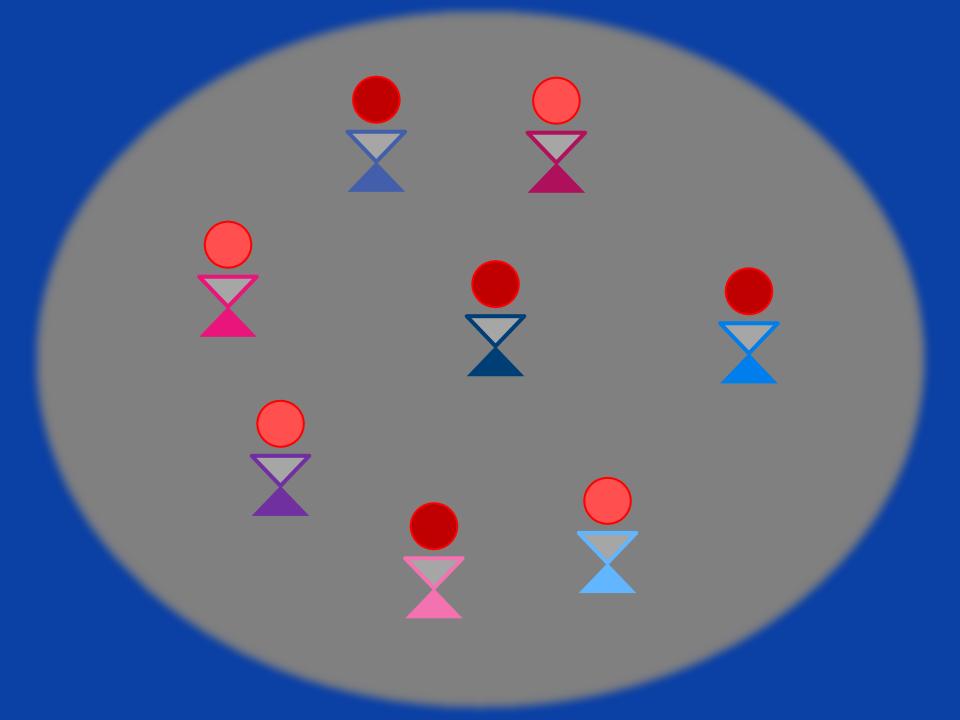
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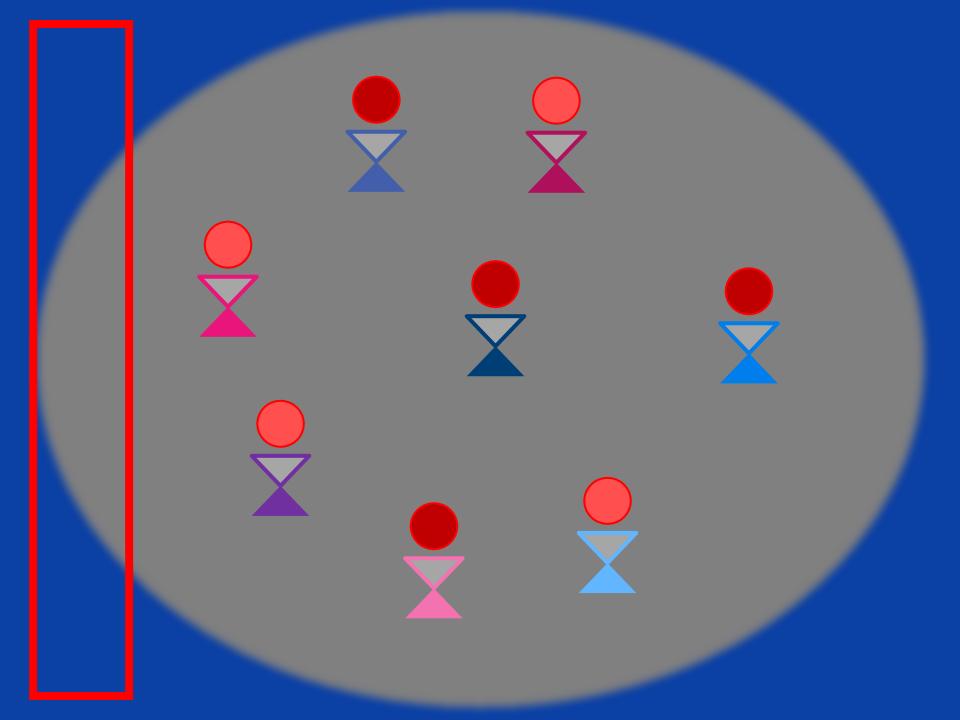


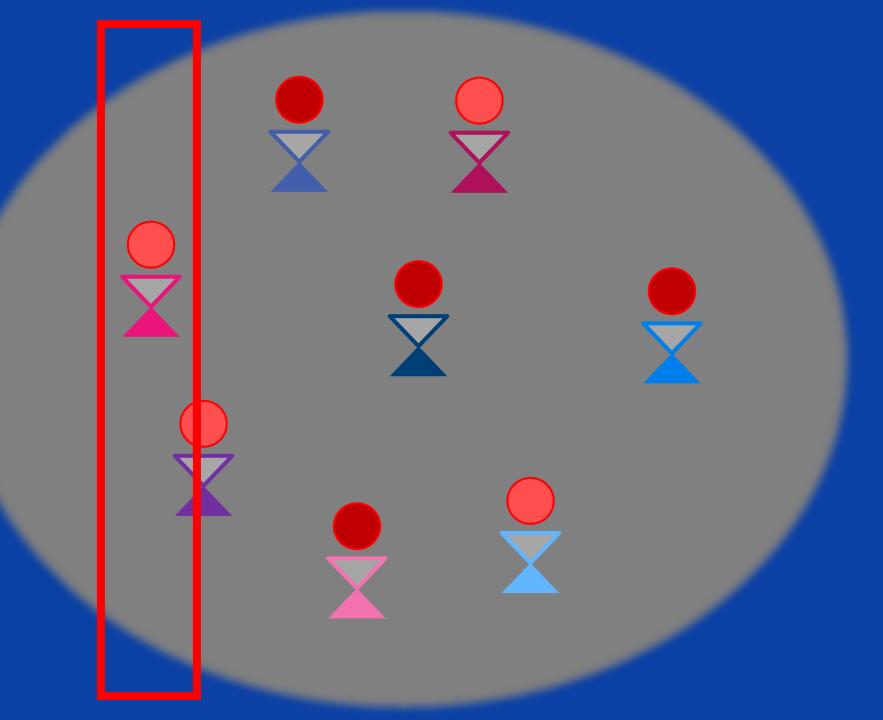


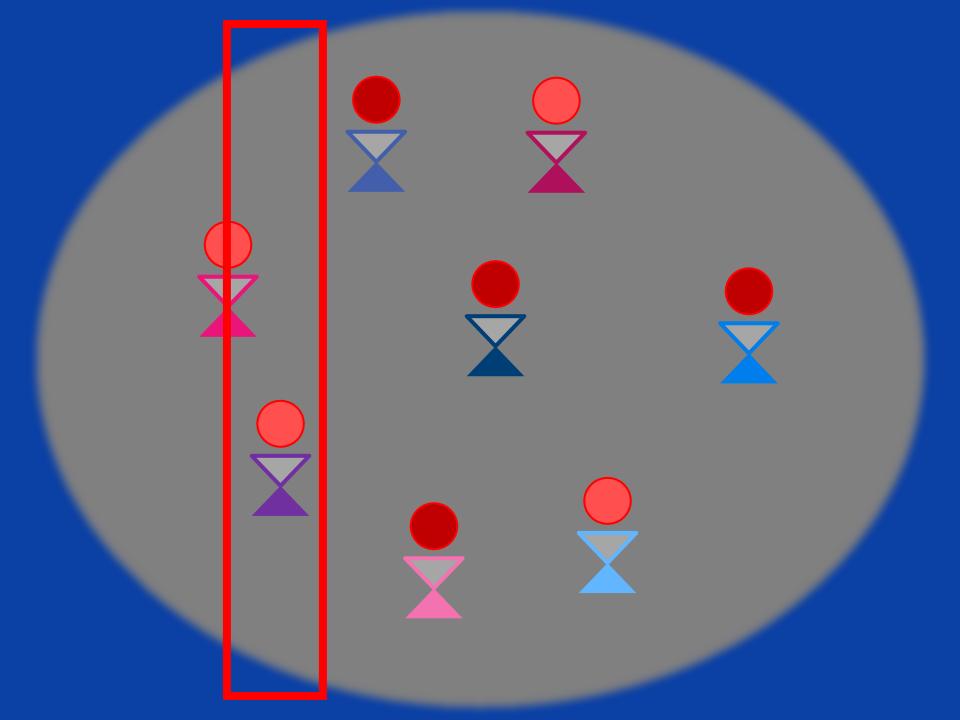


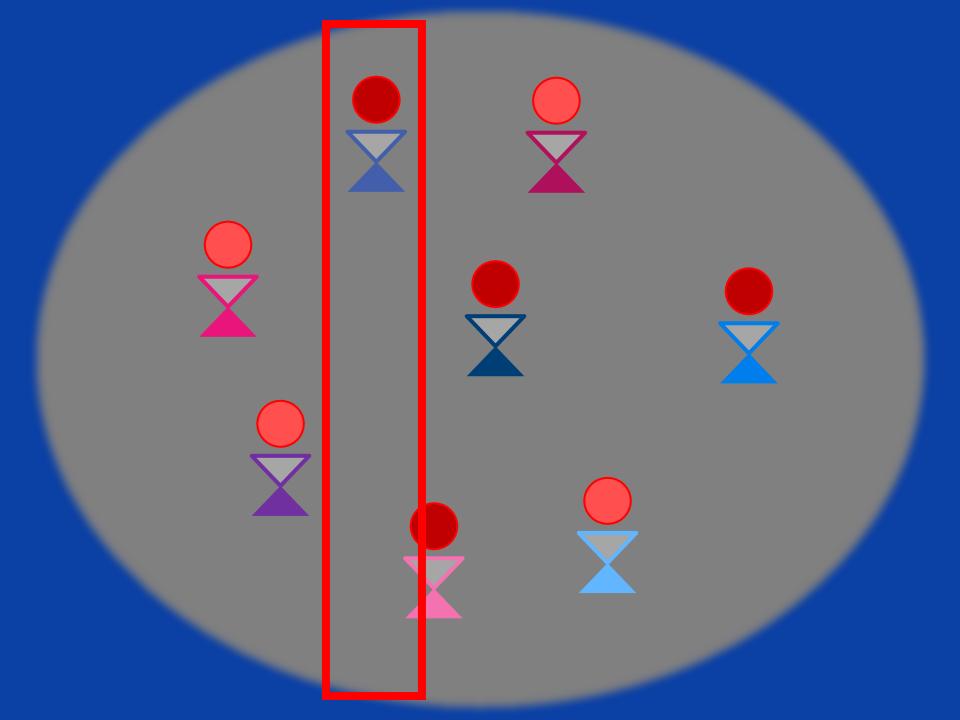


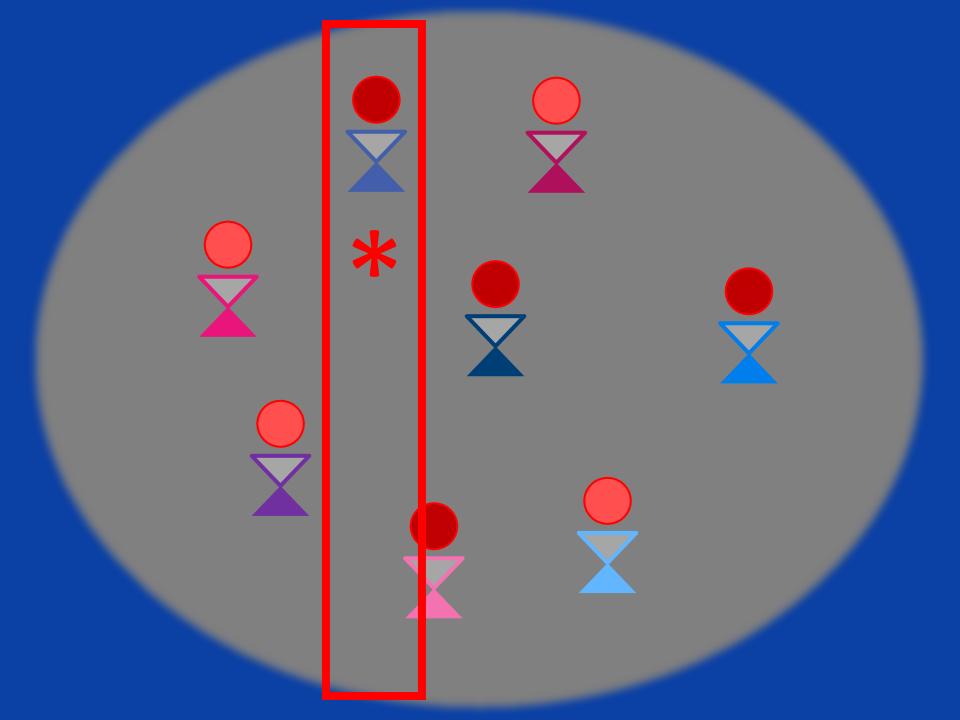
FOCUS on the individual?

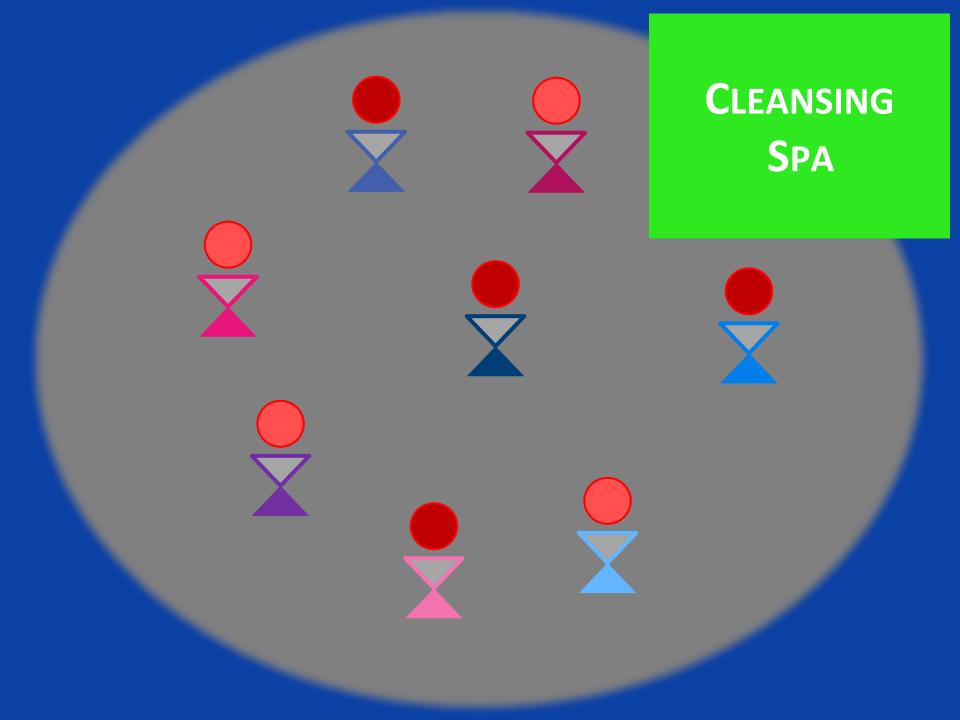


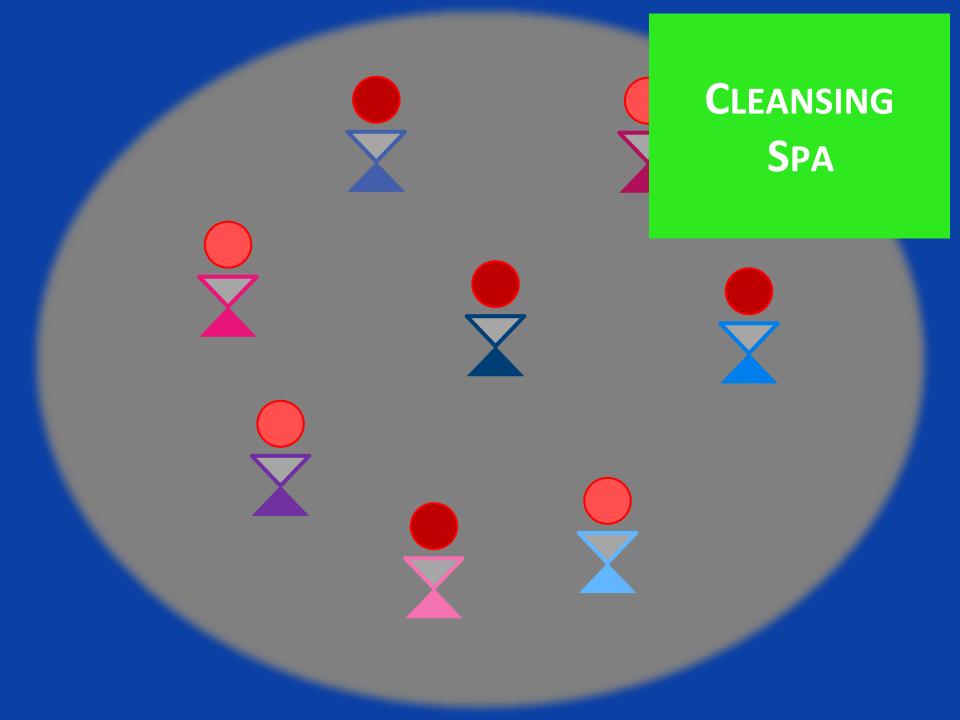


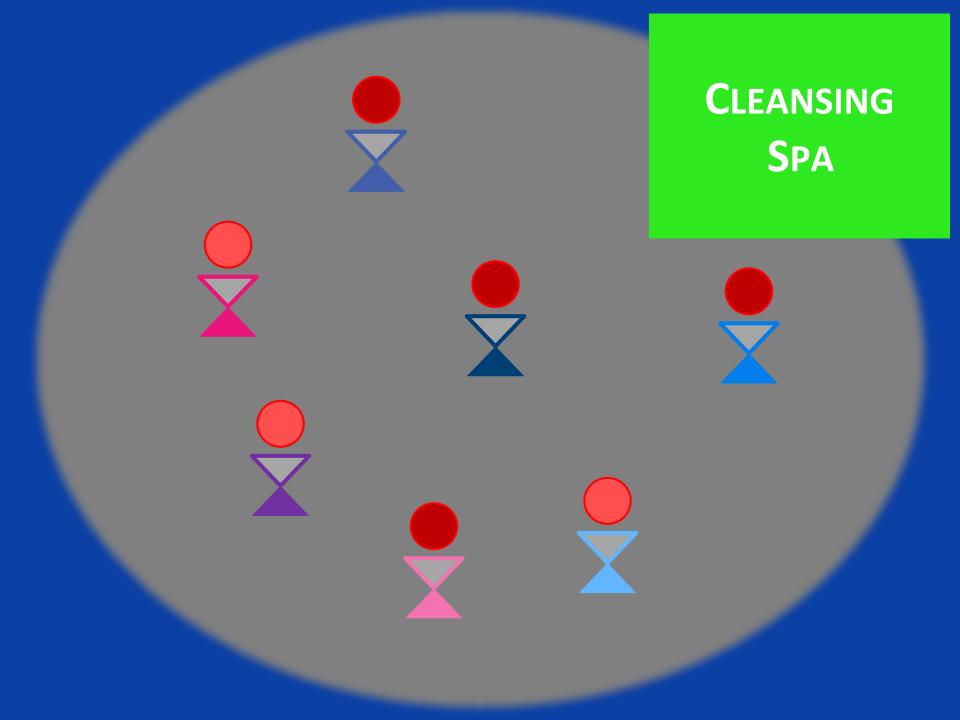


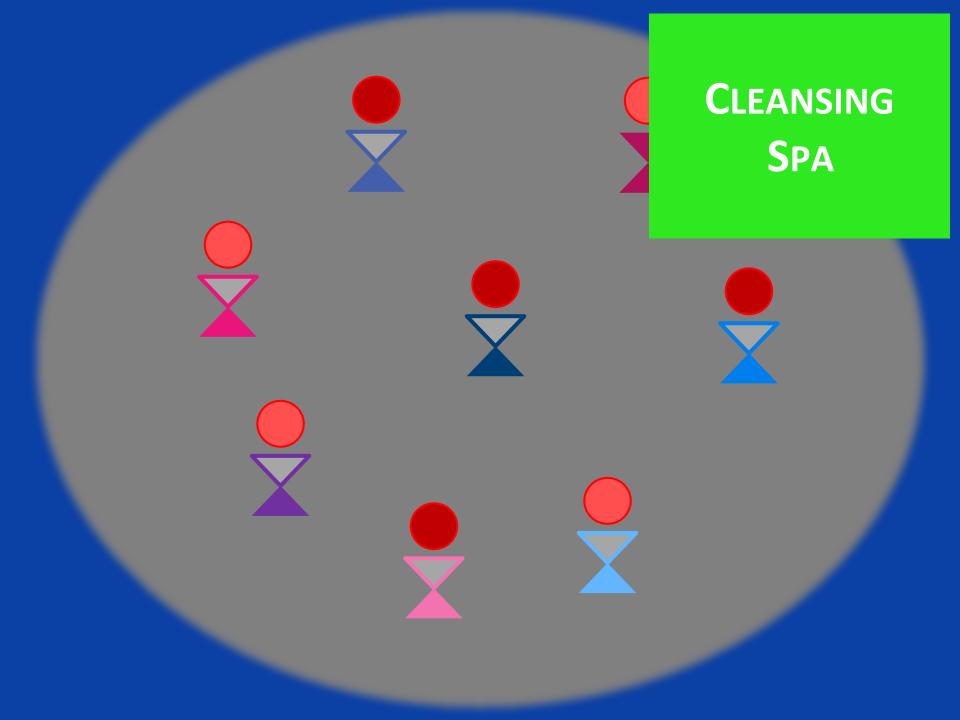


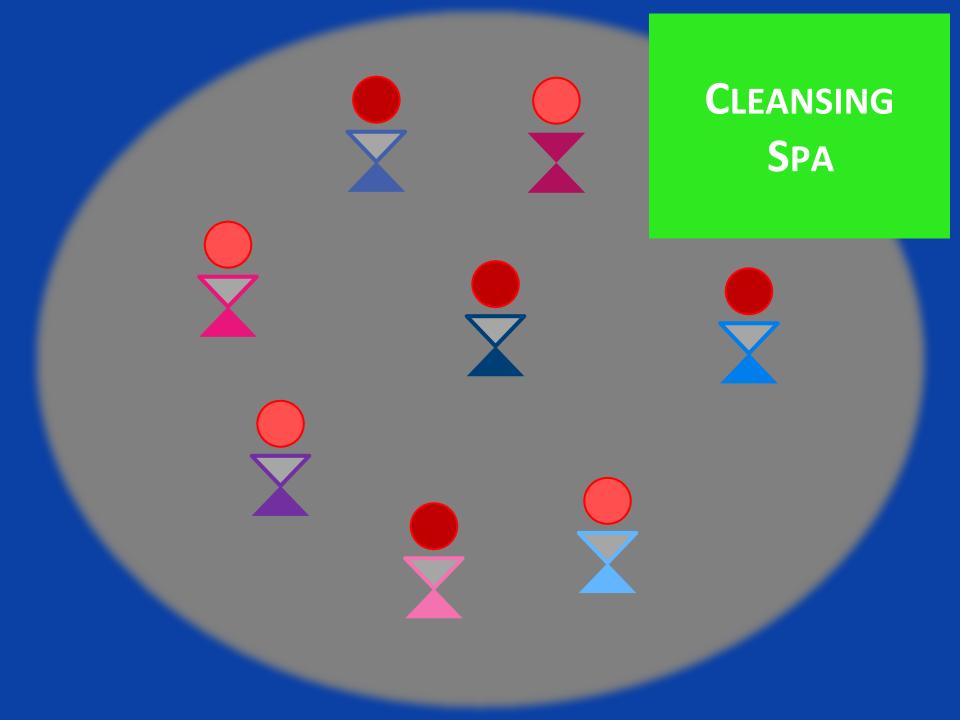


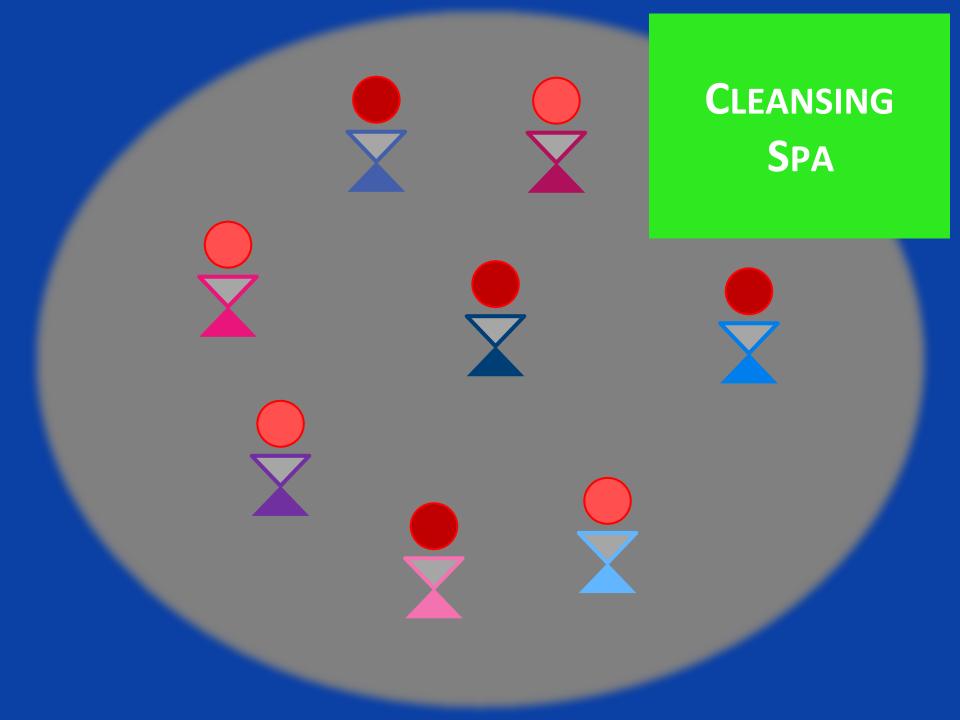




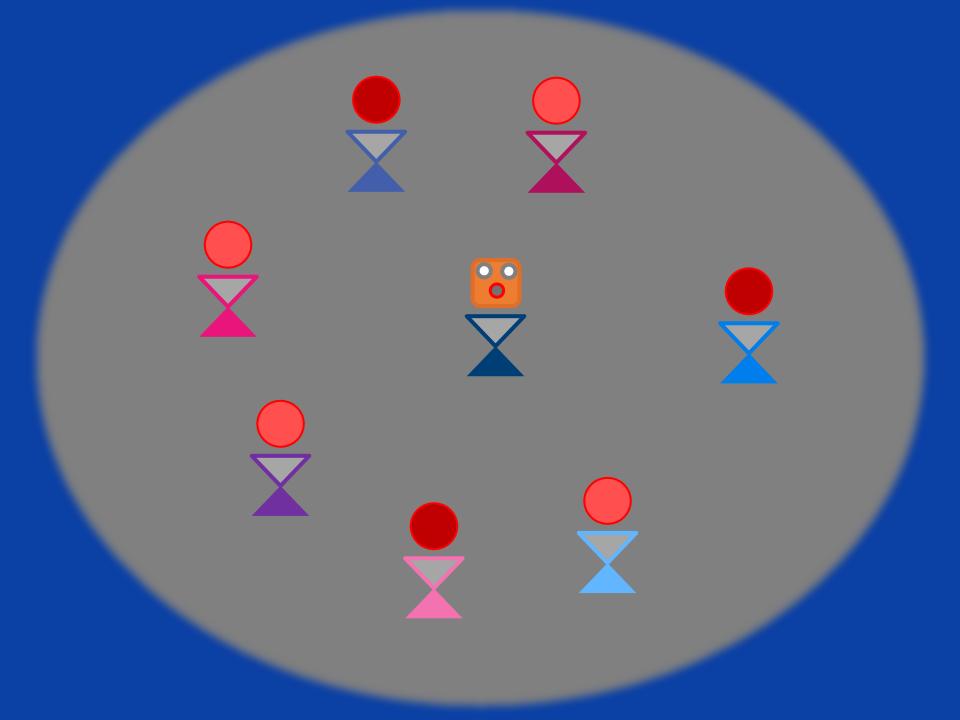


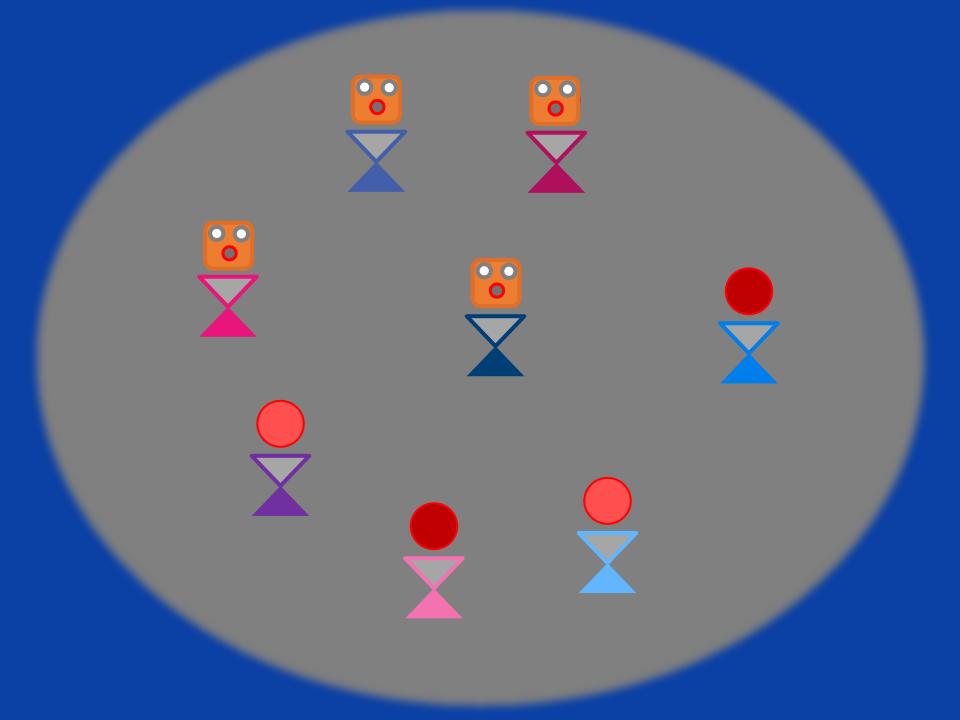




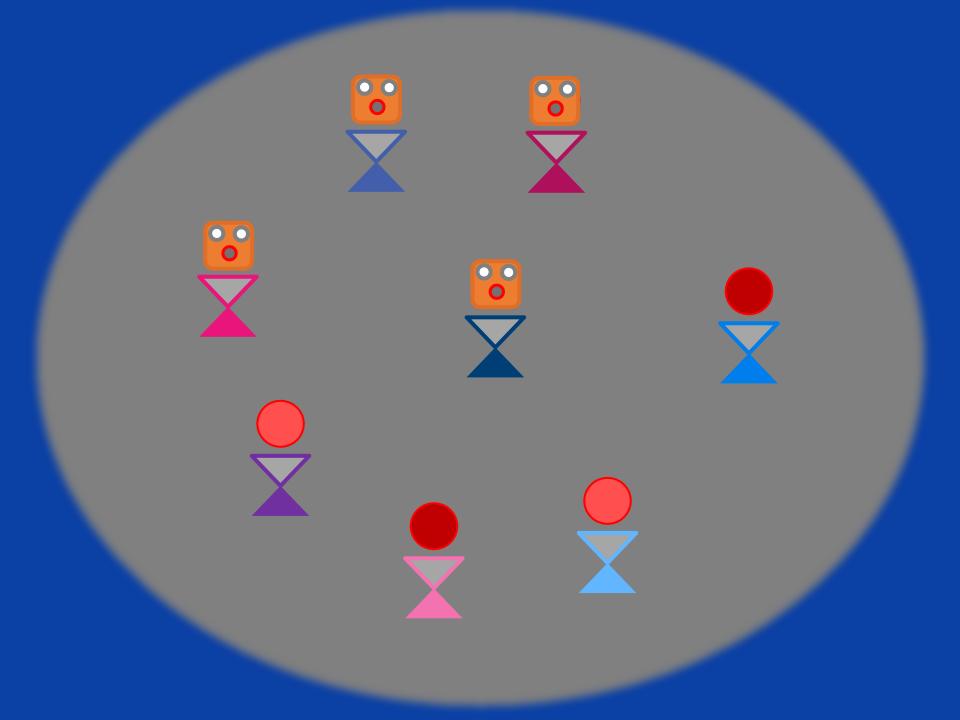


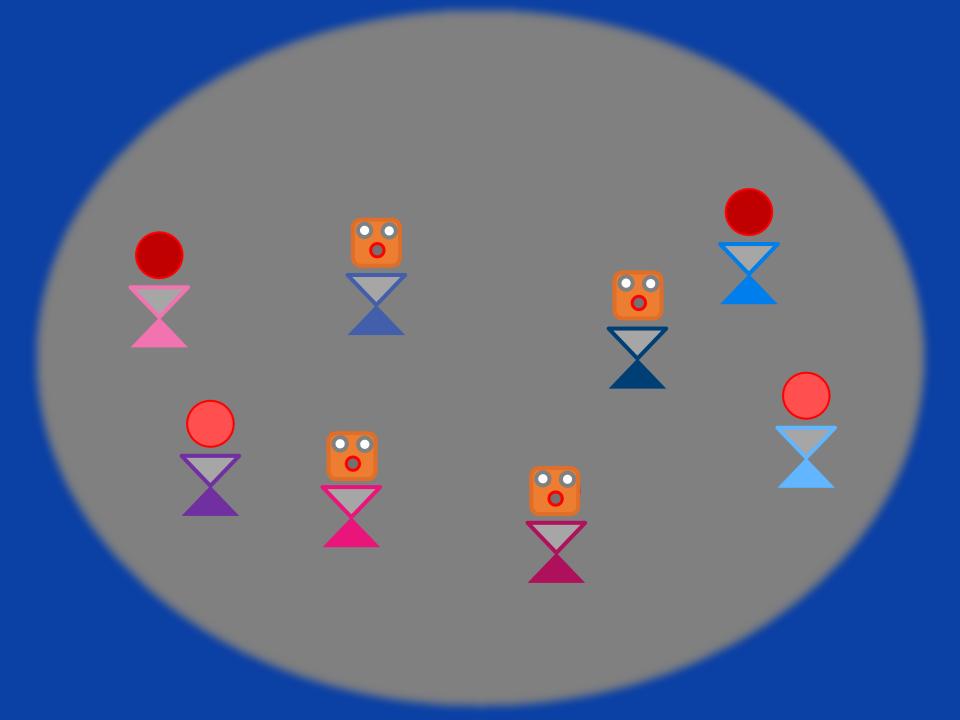
FOCUS on the cloud?

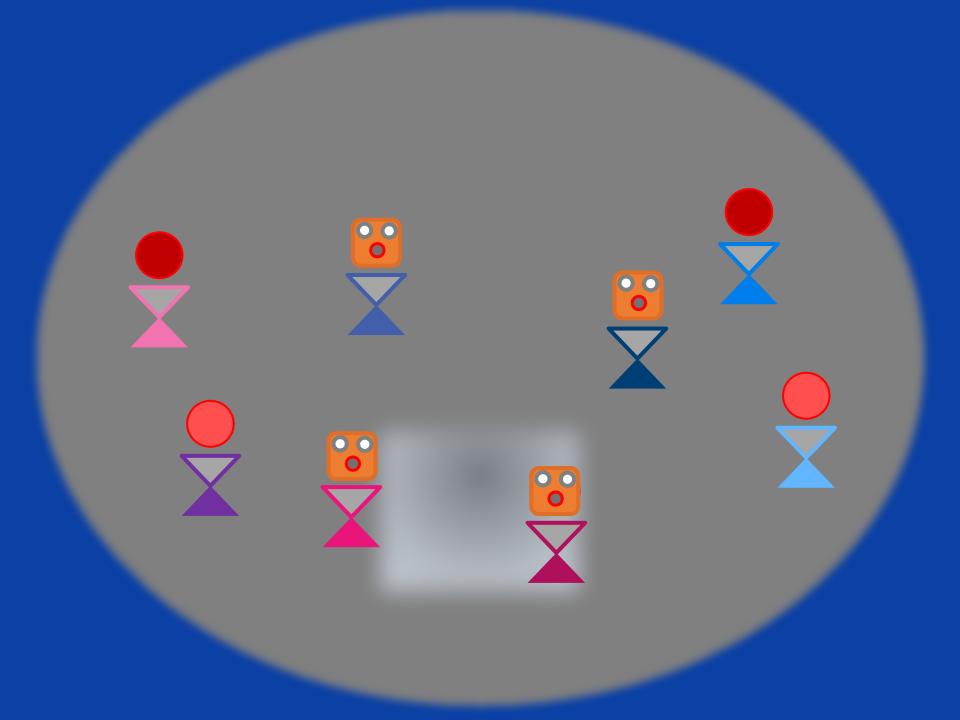


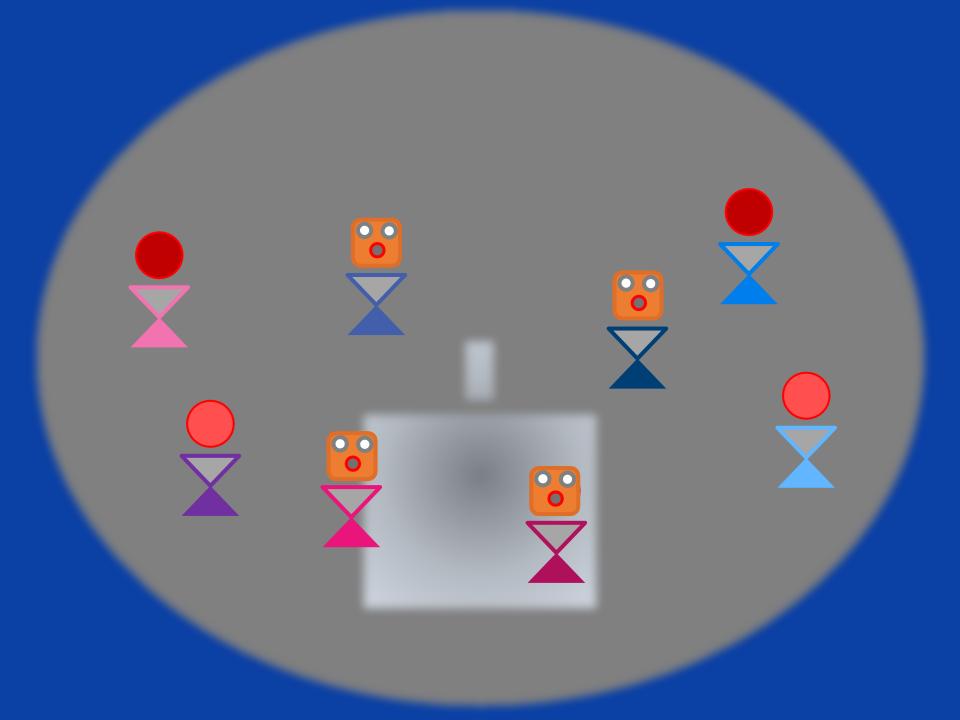


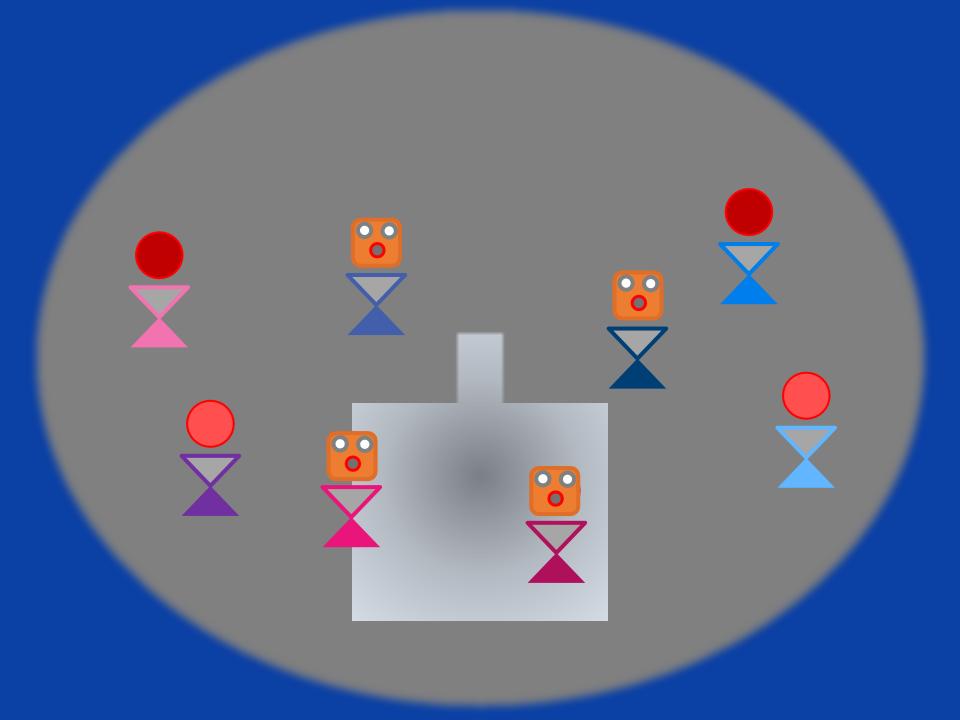
FOCUS on the factory!

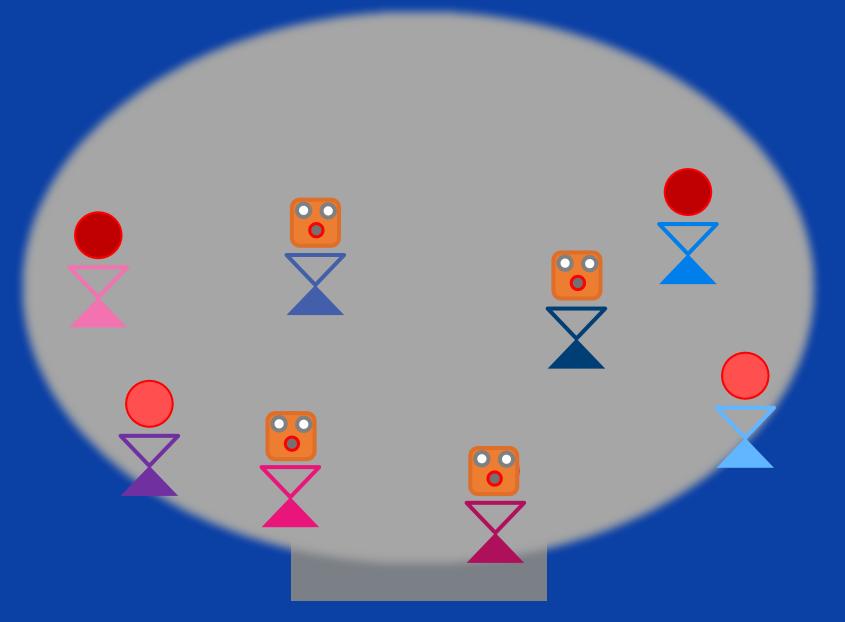


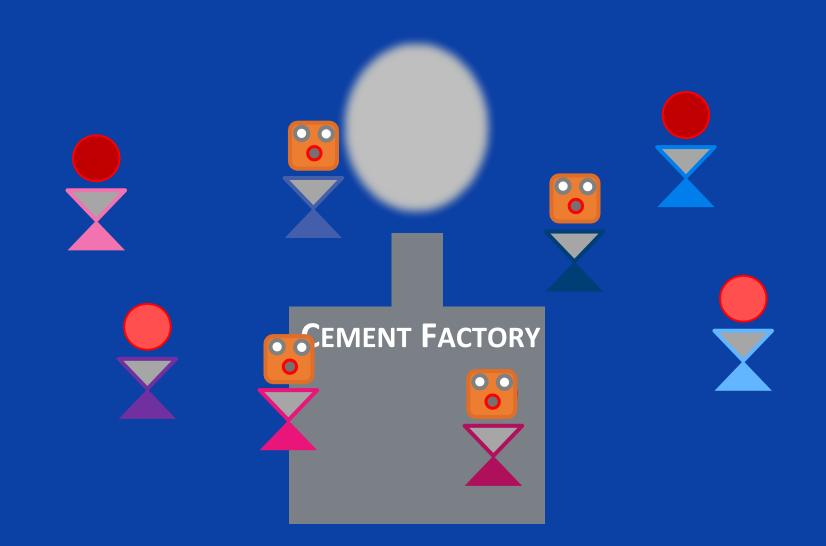


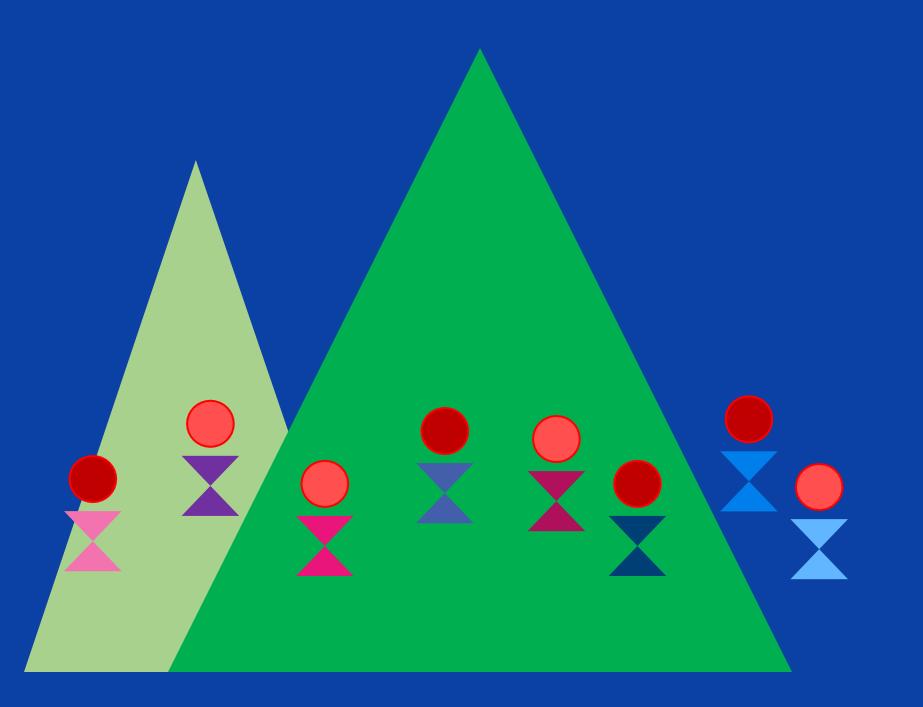












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- Policies: the written how?
- Practices and norms: the unwritten how?
- Values: the why?

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What is health equity?

"Health equity" is assurance of the conditions for optimal health for all people

Achieving health equity requires

- Valuing all individuals and populations equally
- Recognizing and rectifying historical injustices
- Providing resources according to need

Health disparities will be eliminated when health equity is achieved

Jones CP. Systems of Power, Axes of Inequity: Parallels, Intersections, Braiding the Strands. *Medical Care* 2014;52(10 Suppl 3):S71-S75.

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Barriers to achieving health equity

Narrow focus on the individual

- Self-interest narrowly defined
- Limited sense of interdependence
- Limited sense of collective efficacy
- Systems and structures as invisible or irrelevant

A-historical stance

- The present as disconnected from the past
- Current distribution of advantage/disadvantage as happenstance
- Systems and structures as givens and immutable

Myth of meritocracy

- "If you work hard you will make it"
- Denial of racism
- Two babies: Equal potential or equal opportunity?

Jones CP. Seeing the Water: Seven Values Targets for Anti-Racism Action. Harvard Primary Care Blog Aug 25, 2020.

Barriers to achieving health equity

Myth of zero-sum game

- "If you gain, I lose"
- Fosters competition over cooperation
- Masks the costs of inequity
- Hinders efforts to grow the pie

Limited future orientation

- Disregard for the children
 No "Seven generations" perspective
 No "How are the children?" focus
- Usurious relationship with the planet

Myth of American exceptionalism

- Disinterest in learning from others
- Sense of US entitlement

Jones CP. Seeing the Water: Seven Values Targets for Anti-Racism Action. Harvard Primary Care Blog Aug 25, 2020.

Barriers to achieving health equity

White supremacist ideology

- Hierarchy in human valuation
- "White" as the ideal and the norm
- Sense of "White" entitlement
- Dehumanization of people of color
- Fear at the "browning" of America

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Adopted February 25, 2021

Seven recommendations:

- Addiction medicine professionals should examine their own motivations, biases, and practices
- Addiction medicine professionals must lead medical practices and treatment programs that acknowledge and respond to patients' experiences of racism
- Addiction medicine professionals should develop proficiency in, practice, and demonstrate leadership in trauma-informed care as well as structural competency

Seven recommendations:

- Providers of addiction medicine training in medical school, residency, fellowship and continuing medical education (CME) programs should review their curricula to identify gaps related to trauma-informed care, structural competency, and racial understanding
- Addiction medicine professionals should advocate for policies that lead to a more diverse addiction treatment workforce and should seek opportunities to mentor BIPOC clinicians into the field
- Addiction medicine professionals should advocate for policies that ensure BIPOC at risk of, or with, addiction have equitable access to evidence-based prevention, early intervention, treatment, and harm reduction services

Seven recommendations:

 Addiction-related research should strive to include an equitable representation of BIPOC researchers and participants in study design, implementation, and dissemination of results

- Title: Does not include the word "racism"
- Second sentence: "Racism disproportionately shapes the environment and life experiences of Black, Hispanic/Latinx, Asian, Pacific Islander, Native American, and other racially oppressed and disenfranchised people"
- Second sentence: "... collectively referred to as Black, Indigenous, People of Color (BIPOC)"
- Throughout: "... white people"