



*MDDCSAM is the Maryland state chapter of the American Society of Addiction Medicine whose members are physicians and other health providers who treat people with substance use disorders.*

House Bill 097: Workgroup on Black, Latino, Asian American Pacific Islander, and Other Underrepresented Behavioral Health Professionals

House Health & Government Operations Committee     January 20, 2022

## **SUPPORT**

Due to myriad factors, Black, Latino, and other underrepresented minorities suffer a disproportionate burden of behavioral health symptoms, and are also less likely than Whites to access mental health services. Racial and ethnic minorities have unfavorable social determinants of health that contribute to reduced access to healthcare.

It is well known that cultural sensitivity and responsiveness are standards of care in behavioral health, particularly in minority populations. **Cultural competence is recognized as a factor in quality of care in Black, Indigenous, People of Color (BIPOC).**

A 'Stress & Trauma Toolkit from the American Psychiatric Association recommended that practitioners **"Be aware that provider biases exist and try to identify and address them appropriately."**

<https://www.psychiatry.org/psychiatrists/cultural-competency/education/stress-and-trauma/african-americans>

According to an editorial in the Journal of Public Health Management and Practice, "Adopting a deliberate antiracist approach to drug policy and public health is essential to preventing us from implementing policies that, despite our best intentions, reinforce punitive approaches and continue to harm people of color." (1)

Diversifying a mental health workforce is an important step, among many others, in reducing healthcare disparities. Approximately 4% of U.S. psychologists, and approximately 2% of psychiatrists are black.

According to a 2021 Public Policy Statement by the American Society of Addiction Medicine (ASAM), (2) **"Addiction medicine professionals should advocate for policies that lead to a more diverse addiction treatment workforce" . . . and this "can help improve patient care, satisfaction, and outcomes and alleviate health disparities."** (3) (4)

(next . . .)

(. . . continued)

In this statement, ASAM reiterates "the fundamental axiom that systemic racism is a social determinant of health that has had profound deleterious effects on the lives and health of BIPOC," The statement goes on to say that ASAM is involved in efforts "to recognize, understand, and counteract the adverse effects of America's historical, pervasive, and continuing systemic racism . . . in addiction prevention, early intervention, diagnosis, treatment, and recovery,. . . and **to increase structural competency** defined as "the capacity... to recognize and respond to health and illness as the downstream effects of broad social, political, and economic structures."

We strongly urge a favorable report.

(1) Kunins HV. Structural racism and the opioid overdose epidemic: the need for antiracist public health practice. J Public Health Manag Pract. 2020;26(3):201-205.

(2) Advancing Racial Justice in Addiction Medicine. Feb 2021

[www.asam.org](http://www.asam.org) - 'Advocacy' - 'Public Policy Statements' OR

<https://www.asam.org/advocacy/public-policy-statements/details/public-policy-statements/2021/08/09/public-policy-statement-on-advancing-racial-justice-in-addiction-medicine>

(3) Cooper LA, et al. Patient-centered communication, ratings of care, and concordance of patient and physician race. Ann Intern Med. 2003;139(11):907-915.

**EXCERPT: "African-American patients who visit physicians of the same race rate their medical visits as more satisfying and participatory than do those who see physicians of other races. . . "Race-concordant visits were longer, and had higher ratings of patient positive affect compared with race-discordant visits.**

(4) Johnson RL, et al. Racial and ethnic differences in patient perceptions of bias and cultural competence in health care. J Gen Intern Med. 2004;19(2):101-110.

**EXCERPT: "African Americans, Hispanics, and Asians remained more likely than whites (P < .001) to perceive that: 1) they would have received better medical care if they belonged to a different race/ethnic group, and 2) medical staff judged them unfairly or treated them with disrespect based on race/ethnicity."**

Respectfully,

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Chair, Public Policy Committee