[00:00:00] **DR. THEA GALLAGHER:** Insights on Psychiatry: A Clinician's Guide to the Latest in Psychiatric Research. I'm Dr. Thea Gallagher, a clinical psychologist ad innocent professor at NYU Langone. Each episode, I interview a leading psychiatric researcher about how their work translates into clinical practice. Today, I'm speaking with Dr. Ayana Jordan. Dr. Jordan is the Barbara Wilson Associate Professor of Psychiatry at the NYU Grossman School of Medicine. She's also an associate professor in the Department of Population Health and the Pillar Lead for the Institute for Excellence in Health Equity. A renowned expert in addiction and other mental health conditions in underserved populations, Dr. Jordan conducts clinical and research studies that seek to increase access to evidence-based treatments for racial and ethnic minorities with substance use and other mental health disorders. So thank you so much for being with us today, Dr. Jordan.

[00:00:52] **DR. AYANA JORDAN:** Thank you for having me. I'm so happy to be with you today, for sure.

[00:00:56] **DR. THEA GALLAGHER:** Can you just start by telling us a little bit about your work and your role here at NYU?

[00:01:01] **DR. AYANA JORDAN:** Yeah. So I am the Barbara Wilson [inaudible 00:01:05] Associate Professor of Psychiatry, and I also have a secondary appointment in population health. I am a addiction psychiatrist, and I also am a Pillar Co-Lead for NYU Langone's new Institute of Excellence for Health Equity. So that's a lot of fancy titles, but what do I actually do, is I conduct research that really is geared on helping racial and ethnic minoritized people who use drugs, and those with mental illness, and also substance use disorders live better lives. And one of the ways that I try and figure that out is what are evidence-informed and evidence-based interventions that we can provide in the community, so in non-medical settings that allow people to access care in a way that's more conducive with their culture? And so, that's all of the work that we do in Jordan Wellness Collaborative.

And in the Institute for Excellence in Health Equity, I spend a lot of time thinking about how NYU as a larger institution can engage more genuinely, authentically in a sustainable basis with all of the diverse communities in New York City. So that's a bigger lift, but I think is very important because it allows us to understand, how do we really think about relationship outside of the medical institution in a way that's gonna be transformative for people's lives? So I love that, and then I take care of patients, which is like-

[00:02:43] **DR. THEA GALLAGHER:** Mm.

[00:02:43] **DR. AYANA JORDAN:** ... the best thing to do and I'm over at, um, the Family Health Center in Sunset Park, Brooklyn, uh, Sunset Terrace, and I take care of people who have co-occurring disorders, so both mental illness and also substance use disorders that are really living just every day lives, and really working to, to do their best, and gain help for their mental health and substance use. So I'm really busy, but I, I-

[00:03:13] **DR. THEA GALLAGHER:** Can't imagine.

[00:03:13] **DR. AYANA JORDAN:** ... enjoy it. I, I'm sure you can imagine.

[00:03:15] **DR. THEA GALLAGHER:** [laughs]

[00:03:15] **DR. AYANA JORDAN:** [laughs] But, uh, it really is, is awesome to be back in the city, and I always say, "New York City is back, for sure," and I'm glad to be, be here.

[00:03:25] **DR. THEA GALLAGHER:** Yeah, it sounds like you have your hands in a lot of, uh, different endeavors, but it sounds like there is this synergy to a lot of the work that you're doing, which probably feels nice. And I always like the idea that then, um, connecting with patients kinda brings it back to that, like, granular level always, which I, I enjoy as well. It sounds like when you were talking about it you enjoy that part of it too.

[00:03:45] **DR. AYANA JORDAN:** Yeah, absolutely. People always say, you know, "Ayana, you're so busy, and you're running trials, and you are thinking about curriculum, and you're training addiction specialists. How do you have time or why do you even continue to see patients?" And I always say exactly like you were saying, Thea, like, at the center of it what keeps me connected to my mission and, and the work is seeing folks get better and really thinking collaboratively, how can we, um, improve your functioning in a way that makes sense, and I love it. There's no way that I think I can do this work without being really centered in, in clinical care. And taking care of patients for me is, um, the work that is the most sustaining for my soul, you know?

[00:04:32] **DR. THEA GALLAGHER:** Yeah.

[00:04:32] **DR. AYANA JORDAN:** Yeah.

[00:04:33] **DR. THEA GALLAGHER:** And absolutely. And the goal of this podcast really is to help in a lot of ways what you're doing, but to bring that research to practice. For people who are practicing, what do they need to know? And that's why I'm going to ask you some more questions about the work that you're doing and how can clinicians be informed by that in the work that they're doing? So, um, you know, there's a lot of interesting research on health equity in the last few years. Can you share with us some of the key findings that you think every clinician should know about?

[00:05:00] **DR. AYANA JORDAN:** Yeah, I appreciate that. I think one of the major takeaways is that what we're doing collectively, we, the medical community, is not resulting in, uh, improved health outcomes. So the United States has, um, one of the most wealthiest healthcare systems in terms of we spend the most money, but we're not getting the health outcomes that are, uh, comparable to how much money we're spending. So one of the things people need to know is even though we are well-resourced, that our collective actions in the healthcare system are not leading to better outcomes for everyone, and so that is because of both individual factors, but also structural factors.

And so, one of the things is, we have to look inward and say, "What can we as clinicians do to better improve health outcomes, um, within our own area?" And so, really being honest and thoughtful about what is happening in your clinic or in your purview that is resulting in inequitable care. And I think starting off with a basic assessment of inequity in the system is where to start. I want people to understand that general health outcomes have not improved for everyone over the last decade and that's a problem.

[00:06:26] **DR. THEA GALLAGHER:** Mm.

[00:06:26] **DR. AYANA JORDAN:** Because we know that, uh, technology is getting better. We know that we have access to more, um, telehealth resources. So what is the problem, right? [laughs] It's not for a lack of will, or intent, or even resources. But it's about how we're operationalizing care, and so one of the things that we have to do from the very outset is do a inventory of what is happening in our clinic, what is happening in our own backyards that are not resulting in equitable care. So one, know about the place in which you practice. That's always important. People are always shocked to even hear that information. What, we're not doing well? And I'm like, "No, we're not." [laughs]

[00:07:10] **DR. THEA GALLAGHER:** [laughs]

[00:07:10] **DR. AYANA JORDAN:** So just, um, having access to that information is powerful to do a landscape analysis in terms of what is happening in your, in your own backyard. That's one. The other thing is we have to realize that there was a lot of focus understandably in the 90s and early 2000s in terms of cultural competence, and I, I know that everyone has heard that term, or is at least familiar with a general understanding of what that means. And so, really the cultural competence focus was thinking about, how can providers, physicians, and other clinicians understand about the cultural background of the patient or client in front of them in order to integrate it into their care for better, uh, results?

Now that sounds lovely and, and wonderful. The issue is that we have to really take into account that beyond the patient provider dynamic, there's a whole set of external factors that, uh, contribute just as much or even more to patient outcomes. So the second takeaway is really thinking about, how can we transition away from cultural competence, which is necessary but su-, not sufficient, and really move along to this idea that Jonathan Metz and Helena Hansen, uh, developed of, of structural competence.

[00:08:32] **DR. THEA GALLAGHER:** Mm.

[00:08:32] **DR. AYANA JORDAN:** So not just taking into account, uh, the patient's cultural values but how does those, or how do those cultural values and cultural factors fit into a larger environmental milieu. So how do we think about neighborhood education, housing, uh, food deserts? How does all of that factor into health outcomes and how are we, as oftentimes leaders of the medical team, integrating those factors into someone's care? So really moving away from focusing just on cultural competence but also thinking about structural competence, those external factors that influence the patient provider diet that ultimately really have a, more of an effect on, on patient outcomes. So that's really the second takeaway.

The third takeaway that I would really wanna center in terms of our understanding of health equity, what is that ... 'Cause everybody's like, "Oh, health equity." What does that really mean, is really understanding that, the core principle of equity. It means that people will have access to different resources in order to get the outcomes that are just. And so, that's really hard for folks because there's the understanding of everybody has to get the same thing, and that's not true. We have to figure out a way to understand that racism, not race oftentimes, or discriminatory care based on different racialized identities or other identities lead to inequitable outcomes. So in order for us to really think about providing good health outcomes, equitable health outcomes, we have to focus on different identities who were not treated as well because of the personhood in, in which they, um, hold. So what do-, what does that mean? I mean, when I'm thinking about people who are not from the ideal identity in this country, which is usually a cisgender, heterosexual, white male, the further you get away from that identity, the more you're likely to experience health-

[00:10:41] **DR. THEA GALLAGHER:** Mm.

[00:10:41] **DR. AYANA JORDAN:** ... disparities.

[00:10:42] **DR. THEA GALLAGHER:** Mm-hmm.

[00:10:42] **DR. AYANA JORDAN:** And so, I say to people, "That's not happenstance. It's not because the person who is away from that [laughs] ideal identity is doing anything differently than the other ideal identity person, the dominant person. But it's because the system in which they're living, surviving, engaging in are not treating them the same. So we have to be honest about the inequity that exists in the system and realize that our distribution of resources whether that be financial resource, time, human personnel, have to be distributed in a way that focuses on people who are othered or people who are from marginalized identities in order for us to equitable outcomes, and that's really hard for people because they're like, "Dr. Jordan, you're telling me to be discriminatory. You're telling me to, to spend more time with this person versus the other," and I'm saying, "No. What I'm telling you is to be proportional in terms of investing your time into folks who you know have been disproportionately affected by the system."

So it's like, all right, that's all theoretical. What does that actually look like? And what that means is that really looking at the time that is spent with everyone because the data has shown us that if you are not from these ideal identities or from the dominant culture, that clinicians regardless of their identity ... So I'm not blaming just one person. We all do it because [laughs] we're all socialized in these systems. Um, but clinicians in general are less likely to go over the risk benefits and side effect profiles of medications or medical interventions for people who are not from the dominant race. So that's really terrible. Also, we as providers are less likely to spend time with patients who are not from the dominant-

[00:12:35] **DR. THEA GALLAGHER:** Mm.

[00:12:35] **DR. AYANA JORDAN:** ... race. So these are clear examples of things that we can do in terms of just in terms of our practices and making sure that we have assessments or timing, so that we say, "Okay, no matter what, everybody's gonna get asked this screening tool, or I'm gonna spend 25 minutes with everybody regardless. And if that time is not used, then I can give that time to somebody else who m-might need more complex care," right? But this is the level of granularity that we have to, to think about.

[00:13:09] **DR. THEA GALLAGHER:** Mm-hmm.

[00:13:09] **DR. AYANA JORDAN:** Um, and finally, I'll just talk about environment and the, the importance of providers really becoming more comfortable and not having all the answers. And that is, I think, the last takeaway in terms of really striving for equity, is because many of us were socialized in a educational system that really focused on the information that we need to do, know to take care of everybody in the same way. And what I'm realizing more and more is that we have to be more comfortable in the unknown-

[00:13:47] **DR. THEA GALLAGHER:** Mm.

[00:13:47] **DR. AYANA JORDAN:** ... bringing in teachings or knowledge that we might not have otherwise been exposed to in our training. So what do I mean by that? Meaning that I've had to learn to be more open in terms of integrating spirituality and other types of religious practices into my work that I learned nothing about in my [laughs]-

[00:14:06] **DR. THEA GALLAGHER:** Mm.

[00:14:06] **DR. AYANA JORDAN:** ... residency training or addiction care, but realizing that for the people that I take care of, uh, alternative, what we would call alternative therapies are very much central in their lives. So thinking about [inaudible 00:14:20] practices, thinking about imams, thinking about spiritual leaders and integrating them into care because I'm realizing that no matter how many times they come to me, Dr. Jordan as an addiction psychiatrist, I don't have the influence, like, that-

[00:14:33] **DR. THEA GALLAGHER:** Mm.

[00:14:34] **DR. AYANA JORDAN:** ... that they're community or religious may, may have. And I would've broughten that to spirituality more, more, I think, um, just to be o-overwhelmingly more, um, inclusive because I also know that people very much see practices like acupuncture, meditation and things like that as a critical part of their care. And so, when thinking about environment, when I teach the residents and other addiction specialists, making sure that on their treatment plan, they are including that in their thoughts about what needs to happen for the patient, but also, what is the environment in which you're seeing the patient? What's comfortable for them? Do they wanna come into the clinic?

Oftentimes, people are totally fine staying at home, or they feel more comfortable going into a community setting to see their physician, or they feel more comfortable being in, um, a place of, of religious study in order to get their care. And that's okay because at the end of the day, one of the ways that we have to promote health is not just in terms of literacy and taking care of patients in our traditional way, but uh, expanding that to more of a, a comprehensive, uh, environment. And so, that's why everybody knows when they come to work with me, I'm going to really think about the social determinants of health and integrate that into the treatment planning, and I'm gonna expect you to present on that.

[00:16:00] **DR. THEA GALLAGHER:** Mm-hmm. Yeah, that sounds like you're talking about it in, like, a kind of considering the environment and augmenting the treatment, like, with, like, kind of in context, and understanding those factors, and how they might have a role on maybe adherence to the treatment, or you know, support around the treatment because ... Uh, I hear a part of what you're saying is that we wanna make sure everybody is getting empirically informed care, that they are really getting good care. But if we don't understand the context and work within that, uh, we might be missing a real crucial part of what could help outcomes.

[00:16:32] **DR. AYANA JORDAN:** Yeah, exactly right. Exactly right, and I ... And, and to take it a step further, but you just hit it right on, on the head, is really thinking about what's the point of having all of these informed, um, medical interventions, which we have, and we know that work, but in the case of addiction, less than 10% of people use it? [laughs] Like, that's ridiculous, right? And so-

[00:16:55] **DR. THEA GALLAGHER:** You mean therapists, or the patients?

[00:16:57] **DR. AYANA JORDAN:** Patients.

[00:16:58] **DR. THEA GALLAGHER:** Okay, mm-hmm.

[00:16:58] **DR. AYANA JORDAN:** Actual patients who ... So the people who receive care, less than 10% of patients or clients are actually, um, engaging with these evidence-based treatments.

[00:17:08] **DR. THEA GALLAGHER:** Mm.

[00:17:09] **DR. AYANA JORDAN:** So it's not about just doing it to augment care, but it's really understanding set, setting, place and the structural ter-, the determinants, these external factors because if we are not doing that, people are not going to even engage or initiate treatment.

[00:17:26] **DR. THEA GALLAGHER:** Mm-hmm.

[00:17:27] **DR. AYANA JORDAN:** And so, we can't talk about research for research's sake in developing new therapies. I mean, that's lovely. But what we've seen with COVID-19 is we can have the most lifesaving interventions, which we did, the COVID-19 vaccine, right, but there was terrible uptake in many othered and minoritized communities, I think, because there wasn't a real attention paid to some of the factors that we're talking about. So these things are not just to make us feel better, but it's to encourage and enhance initiation of the treatments that we already have.

[00:18:05] **DR. THEA GALLAGHER:** Yeah, because ... Yeah, it sounds like in, in some ways you're saying, we wanna work toward homogenizing the treatment in the sense that everybody gets the same thing in, in, you know, the sense of the prescribed intervention or whatever.

[00:18:18] **DR. AYANA JORDAN:** Mm-hmm.

[00:18:18] **DR. THEA GALLAGHER:** But if we do that without understanding the larger context, um, and in collaborating, then it's ... What is ... What is it worth? If it's 10% uptake, there ... You know, that's not going to be effective.

[00:18:29] **DR. AYANA JORDAN:** Yeah, exactly. And it hasn't been effective. And so, going back to that question you asked about, what are the key takeaways, is that we ... People have to really understand and kinda take the, what does Alanis Morissette, Jagged Little Pill.

[00:18:42] **DR. THEA GALLAGHER:** [laughs]

[00:18:42] **DR. AYANA JORDAN:** And understand that what we're doing is not working not because-

[00:18:45] **DR. THEA GALLAGHER:** Mm-hmm.

[00:18:45] **DR. AYANA JORDAN:** ... it, the interventions themselves don't work, but the way in which we're rolling out many of our, our, our interventions are ... whether they be therapeutic or psychotherapy, whatever, is not ideal.

[00:18:58] **DR. THEA GALLAGHER:** Yeah, and so just to kind of pull it together, it sounds like you're talking about, we need, you know, an assessment, an awareness, and then, like, not an augmentation, but an assessment, an awareness, and also an integration of, you know, the cultural factors, the, the environment, the community, um, to see kind of more effective, um, uptake of the interventions.

[00:19:20] **DR. AYANA JORDAN:** Exactly. And what I am finding more and more as I go to different places, oh, in terms of the cul-, consultant role, why aren't we engaging with this care, or why do we have such poor outcomes? First thing I'll say is, "Well, what are you guys doing? Can you show me the data in terms of what is happening on your day to day?" And I realized that a lot of people have not done that first step of just taking a, an, a landscape analysis or foundational assessment of what they're doing. They have no idea [laughs] what every single clinician is doing. People are doing their own thing, so there's no objective understanding of what's going on. It's very subjective, which when we're thinking about equity, we need to know, what are people doing because you can't-

[00:20:05] **DR. THEA GALLAGHER:** Mm-hmm.

[00:20:05] **DR. AYANA JORDAN:** ... fine tune things-

[00:20:06] **DR. THEA GALLAGHER:** Mm-hmm.

[00:20:06] **DR. AYANA JORDAN:** ... if everybody else is doing different, different things. So that assessment is important. But also, like you were saying, increasing awareness and thank you for that packaging, increasing awareness in a way that people can understand why they're doing this assessment in the first place. So increasing knowledge, having seminars, having discussions, having journal clubs, so that there's a real key awareness of what is the data that's happening that pertains to your particular patient population. But then, operationalizing care in a way that is timely, that doesn't a-add such a cognitive load to what you're already doing that you feel so paralyzed that you can't do anything. But really thinking about that element of structural competency, which is forming those relationships with people in the community and beyond the institutions themselves that can help you integrate some of these external factors that we're talking about into treatment planning.

I'm not asking you to become a social worker or a, a clinical psychologist, if you're [laughs] not one, or you know, have a totally different set of expertise, clinical expertise. I'm asking you to really think about strategic partnerships that allow you to integrate in the community for, for better outcomes. And that may mean and oftentimes, means getting out of the medical setting.

[00:21:28] **DR. THEA GALLAGHER:** Mm.

[00:21:28] **DR. AYANA JORDAN:** Thinking about, what are the nonprofits? What are the community-based organizations that already have buy in from my particular patient population, and how can we work together? So what if ... I do, for instance, a structural vulnerability tool, which is what I use in all, a-all of my, um, patient care.

[00:21:44] **DR. THEA GALLAGHER:** And is that what it's called?

[00:21:45] **DR. AYANA JORDAN:** Yes.

[00:21:46] **DR. THEA GALLAGHER:** A structural vulnerability-

[00:21:47] **DR. AYANA JORDAN:** Structural vulnerability-

[00:21:47] **DR. THEA GALLAGHER:** Mm-hmm.

[00:21:47] **DR. AYANA JORDAN:** ... tool was published by [inaudible 00:21:49] et al. Excellent. I encourage everybody to go look up the paper [laughs]. But it's a really nice way to systematically, right, thinking about as-, that assessment we were talking about [inaudible 00:22:00] at the beginning, systematically approach care so that I'm asking everyone about not only their medical illness, their psychological concerns, their substance use, but also the environment, right, those environmental factors. Do you have food? Can you read? Can you write? Is there anybody that [inaudible 00:22:20] else should be involved in this care in terms of, um, that's not here? Who are your primary social supports? And then thinking about things like discrimination. Are you-

[00:22:28] **DR. THEA GALLAGHER:** Mm.

[00:22:28] **DR. AYANA JORDAN:** ... discriminated against or sometimes I make it very plain. Do you feel like people treat you differently for any reason? And sometimes for my patients that might be because, um, they are a gender minority, uh, status, sexual minority status, the fact that they are not able-bodied, the fact that they have a mental illness and/or substance use.

[00:22:48] **DR. THEA GALLAGHER:** Mm-hmm.

[00:22:48] **DR. AYANA JORDAN:** And then thinking about how all of that affects their care. And sometimes the intervention is not take risperidone, which is something that I like, a neuroleptic per se, but it's more of having a connection with a primary social support and inviting that person into the treatment can be way more [laughs]-

[00:23:08] **DR. THEA GALLAGHER:** Mm.

[00:23:08] **DR. AYANA JORDAN:** ... restorative and actually impactful in terms of their outcomes than their medication. Or understanding with one of my patients last week, that they were functionally illiterate. So the-

[00:23:19] **DR. THEA GALLAGHER:** Mm.

[00:23:19] **DR. AYANA JORDAN:** ... medication non-adherence had nothing to do with them-

[00:23:22] **DR. THEA GALLAGHER:** Mm-hmm.

[00:23:22] **DR. AYANA JORDAN:** ... not wanting to. They were too afraid and embarrassed to say, "Dr. Jordan, I don't know how to read what you're telling me and when I go to the pharmacist, they're giving me, you know, the prescription, but I can't understand it." Even though it was, um, written in their language, they're functionally illiterate, right. So making sure that I'm asking that of every patient, not just the patients that look a certain way, right.

[00:23:49] **DR. THEA GALLAGHER:** Mm-hmm.

[00:23:49] **DR. AYANA JORDAN:** And then, really having those partnerships already in place, so that I can intervene in a way that makes sense.

[00:23:55] **DR. THEA GALLAGHER:** Yeah, and it sounds like, you know, making sure there is, again, some system that everybody is adhering to. It sounds like ... We, we know ... The, the data show that we're not treating people equally, right, no matter what. So, so we don't even ... We need ... We don't ... In some ways, that assessment could be helpful, but maybe that part of the assessment, you could say, let's just assume those are the facts. How do we make it more consistent and, yeah.

[00:24:21] **DR. AYANA JORDAN:** Yes, and ... So I would say this. That's what the data show overall, and we know that's the case, and the trend has been, been, um, getting worse, unfortunately. But why I think, um, a landscape analysis or a baseline assessment in your particular area is important because there's a sense of granularity that you need to know in terms of how unequal really is it, right?

[00:24:47] **DR. THEA GALLAGHER:** Mm, mm.

[00:24:47] **DR. AYANA JORDAN:** We don't wanna assume for everybody that looks the same. The ways in which there is inequity that exists in the FHC where I work could be very different than-

[00:24:58] **DR. THEA GALLAGHER:** Mm-hmm, okay.

[00:24:58] **DR. AYANA JORDAN:** ... the ways in which someone, uh, has that in a private care clinic, I don't know, in midtown. So really having a nuanced understanding of how are people being treated differently, and how do we approach that, and what are the ways in which we need to investigate it, so that it makes sense for us? Because I think what we do do is assume, oh, it's worse for everyone, but we might see that maybe it's good for, you know, certain identities that come from a certain socioeconomic status, but it's not good if you're from that same, you know, racial or gender group if you're from a different SES. So that's the type of granular you need to do because then you can't ... then you'll be able to really know how to intervene in a way that makes sense.

[00:25:43] **DR. THEA GALLAGHER:** Yeah. And then it sounds like ultimately some level of fidelity needs to happen, you know ... I don't know whether it's in a clinic, or in your practice, or in your own personal work. Because I'm thinking, you know, when I was I a therapist on, you know, an NIMH trial, I remembered that all of my tapes were getting recorded. I was gonna be listened to. I was gonna be graded on them. And, you know, there's an adherence to how you do the treatment, how you disseminate [laughs]-

[00:26:06] **DR. AYANA JORDAN:** Yes.

[00:26:06] **DR. THEA GALLAGHER:** ... how you-

[00:26:07] **DR. AYANA JORDAN:** Yes.

[00:26:07] **DR. THEA GALLAGHER:** You know, that you're like, "Okay, these are gonna get listened and rated. Like, I gotta make sure I'm checking off all the boxes."

[00:26:11] **DR. AYANA JORDAN:** Yes.

[00:26:11] **DR. THEA GALLAGHER:** And it's good accountability, I think, for the therapist because you ... You know, you follow the maybe the treatment manual as prescribed, or you're doing, like, what you're supposed to be doing. So it sounds like ultimately that would be, like, a natural thing to do, is some kind of fidelity across your practice, or even again, even, uh, int-, holding yourself to some ... If there's, you know, private practice psychiatrists or clinicians listening, is there a standard you're holding yourself to with fidelity? Because we realize some of these inequities might not even be conscious for us.

[00:26:41] **DR. AYANA JORDAN:** Exactly, and oftentimes they ... First of all, I'm loving your nail polish. So let me just say that.

[00:26:46] **DR. THEA GALLAGHER:** [laughs]

[00:26:46] **DR. AYANA JORDAN:** [laughs] I got distracted. I was listening-

[00:26:47] **DR. THEA GALLAGHER:** Chrome. [laughs]

[00:26:48] **DR. AYANA JORDAN:** ... to what you were saying. Then I'm like, "What is that? Because I want that." Okay, Chrome. [inaudible 00:26:52]

[00:26:53] **DR. THEA GALLAGHER:** I'll send you the link later.

[00:26:53] **DR. AYANA JORDAN:** Yes. [laughs] Yes, yes.

[00:26:54] **DR. THEA GALLAGHER:** [laughs]

[00:26:54] **DR. AYANA JORDAN:** But no, in all seriousness, absolutely right. And you are really just, um, just getting it so wonderfully in terms of how do we measure what we're doing? How do we have some accountability and fidelity is crucial. Regardless of your setting, there has to be a way for you to have some external observations of what you're doing because what we know is that if there isn't some accountability, people are more likely to, um, not be, right, equitable in the way in which they're, they're distributing care, and they are not even conscious of what they're doing sometimes. So it's not like they have this malintent of being inequitable, right, but they're just not even conscious. You don't even know what you don't know.

So having that external accountability is key, and really figuring out a way to do that. Whether you're in private practice, whether you're in a community setting, whether you're a public health setting, or whether you're in a institutional setting, you have to figure out how to measure fidelity. Is it going to be a random check of your notes and seeing, have you been able to work across different, uh, patient diagnoses, different demographics in the same way? And that's really exciting 'cause that's one of the things that we're working with in the Institute of Excellence and Health Equity to come up with a dashboard, so that there are easier ways that we can just pull from the electronic health records to see which departments are doing this really well and if patient care outcomes are the same across different, you know, demographics.

And if they're not, how can we, uh, really have some accountability and assessment to say, "Okay, we didn't pull these charts from this particular psycho-, um, group." I'm just thinking psychiatry 'cause that's the, the place where I live. And these are the, um, challenges, and now how can we address them? But there has to be a element when people do things differently that there is some accountability, first, to check to see if what they're doing makes any differences. But also, that they're actually providing that evidence-based care across settings regardless of what they're doing. Um, so that's really, really important. And I think, like you were stating earlier, like, we tend to do that in very controlled research settings, but we don't do that when we are thinking about clinical care, and we need to be more thoughtful because we're seeing that it's leading to inequities and it's not something that cannot be changed. So I always say when I have talks about eliminating healthcare inequities or eliminating disparities in addiction, I don't see that as just something that's, like, um, very knowable. It's something that actually can happen-

[00:29:51] **DR. THEA GALLAGHER:** Mm-hmm.

[00:29:52] **DR. AYANA JORDAN:** ... when we're being-

[00:29:52] **DR. THEA GALLAGHER:** Mm-hmm.

[00:29:52] **DR. AYANA JORDAN:** ... very thoughtful and thinking about the existing resources, and how do we invest those in ways that are going to, um, bring about, not only job satisfaction, but also improve outcomes for our patients?

[00:30:05] **DR. THEA GALLAGHER:** Mm-hmm. And ultimately, I think that's really hopeful, that there, there's ... There are things that ... action steps that we can take, things that, you know, we can do. Because I think sometimes, you know, when we're looking at larger problems [laughs], it can feel just overwhelming and then we can feel like, is there anything we can do? And it sounds like there is something that every person listening today can kinda take away even if it's a way that they start thinking, and then maybe a way that they start implementing it into their practice.

[00:30:29] **DR. AYANA JORDAN:** Absolutely. And I, I, I love that, um, sense of really, uh, hopefulness because one, you have to be hopeful in terms of being a medical provider during these times for sure, especially with seeing a-all that has ha-happened in our country and how, um, isolating and really just hard it is [laughs] to do this work because of the psychological duress that I think we've been through, uh, together as a country. So that's one. But also, realizing that there are actual real, tangible benefits when you feel like you're doing something better, but also you're seeing the changes in your ... as a result of your new behavior, meaning that patients are actually getting better.

So it's not just this in and out thing of, you know, just like, what is happening? I'm putting all this effort, and my patients are not getting better. So you'll see not only improved patient health outcomes, but that really lends to a better satisfaction in terms of the work that you're doing. So people who are engaged in culturally informed structural competency actually report improved, uh, satisfaction with their careers, less burnout, which is salient in this time, I think, more than ever when we're all, um, functioning from [laughs] a, a limited, uh, cup. I'll just say that. But also thinking about stronger, um, patient provider relationships, but also seeing better health outcomes. So it, it kinda works really, really wonderfully. And so, there is a reason to be hopeful, uh, in a time when it can be difficult to find, um, that silver lining. So, so-

[00:32:14] **DR. THEA GALLAGHER:** Mm-hmm.

[00:32:14] **DR. AYANA JORDAN:** I really much believe in it. And I, I want people to understand that, you know, you don't have to be, um, from a minoritized background in order to really be engaged in providing equitable care, but just understanding, what are the issues and really thinking about how it's applicable to your, to your particular work and then operationalizing something. And so, I never want people to get so overwhelmed because it can be overwhelming, right, the scope of the issue when you're looking at it very broadly. But I never want people to get so overwhelmed that they are paralyzed, and they don't-

[00:32:50] **DR. THEA GALLAGHER:** Mm-hmm.

[00:32:50] **DR. AYANA JORDAN:** ... start to do something. So I have this, uh, this diagram, and I'll try to ex-explain it to the listeners because I love it so much. But there's a person that's standing in the middle of a road, and he comes to a sign post, and there's like s-s-, five or six different signs going in many different directions, and he's ... This person is like, "I don't know which way to go because I'm overwhelmed with all of the different ways that I could go." And so, I don't want us to be like that person that's in the middle of the path with six different signs pointing every which way that you don't go anywhere, and you just stand still. But really, take a step back and think about, where can I begin in my neck of the woods where I'm working that will actually produce a different result? Just start there.

So one of the ways that you can start is think about one, what is one consistent problem that I faced in my practice for the last year, or two years, or consistently, whatever the timeline is? So really, going and starting at a place where you already have identified that there's a issue, and that could be anything, but really starting where you already know is the problem, or ... That's one way. Or two, you can think about, where do I or we have the most strength? So a strength-based approach is thinking about, what do we do really, really well?

[00:34:14] **DR. THEA GALLAGHER:** Mm.

[00:34:14] **DR. AYANA JORDAN:** And how can we extend that, right, after we've done the needs assessment, so that we are using our strengths and our skill base in order to apply it to a different problem or in a different way? So a strength-based approach. Or three, thinking about the community in which I exist or practice, or the patient population in which I am taking care of. Where would they like to start? So really doing what I say participatory conversations. Researchers call them focus groups [laughs]. But talking to people that you take care of or, or are a part of your community to say, "If you were to design a medical clinic or a clinical care that would work best for you, what would that look like?" So really starting with where the community sees as the major need. So there's many different entry points, and I'm not saying that you have to do them all, but just think strategically about one and starting. And then having that level of a-accountability because everybody ... Like, it's so cool, it's so sexy to do, like, EDI work.

[00:35:18] **DR. THEA GALLAGHER:** [laughs] Mm-hmm.

[00:35:19] **DR. AYANA JORDAN:** But I'm like, "But what are you actually doing?"

[00:35:21] **DR. THEA GALLAGHER:** Mm.

[00:35:21] **DR. AYANA JORDAN:** Right?

[00:35:21] **DR. THEA GALLAGHER:** Mm-hmm.

[00:35:22] **DR. AYANA JORDAN:** And have those points of fidelity, internal fidelity, external fidelity to actually say, "Okay, what are we doing?" And then to check in to say, "Are we ... Or what ... Is what we're doing actually working, right?

[00:35:36] **DR. THEA GALLAGHER:** Mm-hmm.

[00:35:36] **DR. AYANA JORDAN:** So I always say when I'm doing consulting, "Think about, what is the goal, what is the ... What is the activities to get to that goal? And then having regular check-ins, three months, six months to actually measure whether that be through data, whether that be through participatory conversation. What you're doing, is it actually working?

[00:35:55] **DR. THEA GALLAGHER:** And is what ... You know, it's ... And it's ... Like you're saying, is it actually working, and are we actually doing it? So what is working? [laughs]

[00:36:01] **DR. AYANA JORDAN:** Exactly.

[00:36:01] **DR. THEA GALLAGHER:** Trying to understand that. Yeah.

[00:36:02] **DR. AYANA JORDAN:** All of that, Thea. Yes.

[00:36:04] **DR. THEA GALLAGHER:** Mm-hmm.

[00:36:04] **DR. AYANA JORDAN:** All of that. And not getting so overwhelmed that you feel like you just can't start because there's many different endpoints, and you just have to start one-

[00:36:13] **DR. THEA GALLAGHER:** Mm-hmm.

[00:36:13] **DR. AYANA JORDAN:** ... place [laughs].

[00:36:14] **DR. THEA GALLAGHER:** Yeah.

[00:36:14] **DR. AYANA JORDAN:** Mm-hmm.

[00:36:14] **DR. THEA GALLAGHER:** Yeah.

[00:36:15] **DR. AYANA JORDAN:** Mm-hmm.

[00:36:15] **DR. THEA GALLAGHER:** Yeah, I love that. Um, and, and kinda moving into the specific type of work that you do, and I loved it when you were talking about how, you know, the work ends up being reinforcing kind of in and of itself because you ... It works, and you feel more competent. Your, your patients feel better. You feel better.

[00:36:30] **DR. AYANA JORDAN:** Yeah.

[00:36:30] **DR. THEA GALLAGHER:** Um, and I, I love that, um, dynamic, and I've experienced that. You know, when I started doing, like, empirically supported treatments for, like, OCD and PTSD-

[00:36:39] **DR. AYANA JORDAN:** Mm.

[00:36:39] **DR. THEA GALLAGHER:** ... really seeing, like, wow, people are feeling better.

[00:36:42] **DR. AYANA JORDAN:** [laughs] Yeah. Yeah.

[00:36:42] **DR. THEA GALLAGHER:** [laughs] They're getting better. Now I feel good 'cause they're telling me I, like, changed their life.

[00:36:46] **DR. AYANA JORDAN:** [laughs] Right.

[00:36:46] **DR. THEA GALLAGHER:** And that's really reinforcing for me.

[00:36:47] **DR. AYANA JORDAN:** [laughs] Right, right.

[00:36:47] **DR. THEA GALLAGHER:** So I'm gonna keep doing this, you know.

[00:36:48] **DR. AYANA JORDAN:** Right. Right.

[00:36:49] **DR. THEA GALLAGHER:** So I like ... I think, like ... I think when we get afraid and overwhelmed, sometimes we don't understand how good it could feel when these changes are implemented, and then you feel a greater sense of self-efficacy. Your patients feel better. They're getting better. So I like that, um, dynamic. And um, speaking of, you know, kinda going into the work that you're talking about, or the work that you do in addiction, you know, for, for clinicians that treat addiction with minoritized communities, and, and being aware of the, the latest research, you know, why is that so important? Like, for example, the rates of drug use in various populations. Like, why is that important for a clinician to kind of be aware of that?

[00:37:25] **DR. AYANA JORDAN:** Yeah, I love that. And thank you f-for asking that question because oftentimes people just really don't see, like, the a-applicability to their every day. It's like, why should I care about this and, and why do I need to know this? And so, part of it is just understanding what's happening kinda nationally and locally to see how you might be unconsciously participating in the propagation of these disparities.

[00:37:49] **DR. THEA GALLAGHER:** Mm.

[00:37:49] **DR. AYANA JORDAN:** So are you a part of the problem? And I say, "Yes." [laughs] Because if one, you don't even understand what's happening, then that means that you are, are really ignorant for no reason because you have access to ways in which you can get the information. So understanding what's happening is key in really uncovering how you might be unintentionally participating in the propagation of inequity. And so, for instance, I'll make it very plain. When I came to New York City, I asked for the rates of unintentional overdoses in, in the city. And people were like, "Oh, it's this and that." I'm like, "Okay, but in New York City in these particular areas, what are the numbers?" And it was just like, "Oh, this percentage, this percentage." I'm like, "No, no, no, no."

[00:38:47] **DR. THEA GALLAGHER:** [laughs]

[00:38:47] **DR. AYANA JORDAN:** We ... Wh- [laughs] What is the [laughs] data? Who are we using? Is it going to be from Oasis, from the city, from the state? We need the actual numbers so we know in what areas and what neighborhoods are we disproportionately impacted by overdoses. I don't wanna just guess based on national data. We need to understand. And what we found and this was, was part of the group on population health just shared, is that there consistently have been high rates of unintentional overdoses, drug, drug involved overdoses in the Bronx for the last decade.

[00:39:26] **DR. THEA GALLAGHER:** Mm.

[00:39:27] **DR. AYANA JORDAN:** Which is wild to me because, like, that's not in the media anywhere in the same way, like, in the, in the mid-2000s when we were think-, seeing the opioid crisis in many white areas. Like, it's not being talked about in the same way. But then when you look at where at in the Bronx specifically, it's in the South Bronx. But then when you start to look at who are the groups of people that have been significantly impacted in the last year, and you see a huge steep line going up, up, up amongst Black adults. So me, I would think, oh, Bronx, South Bronx, it has to be Latinx population.

[00:40:03] **DR. THEA GALLAGHER:** Mm.

[00:40:03] **DR. AYANA JORDAN:** But what we're seeing is that there are increases very much in the Latinx community and Black community, but the rate of increase is way steeper, way more significant amongst Black adults. And then we need to disaggregate that data even more because we know in New York City, what does Black mean?

[00:40:22] **DR. THEA GALLAGHER:** Mm-hmm.

[00:40:22] **DR. AYANA JORDAN:** That could be Caribbean. It could be so many different [laughs] ... Afro-Latina. So we have to break it down even more in terms of ethnicity because what we found with the Latinx data is, it's not just the term Latinx or of, of Hispanic descent, but of different ethnic populations that account for different rates of overdose. So you have to know the numbers because-

[00:40:47] **DR. THEA GALLAGHER:** Mm.

[00:40:47] **DR. AYANA JORDAN:** ... only then can you know which group you really need to focus on. So you first of all need to know, okay, we need to ask everybody about their opiate use not because you are being overly critical or, or, or nosy, or just asking, but we need to know because New York City is at the hub of the drug involved overdose crisis. So we have to be asking whether you're OB-GYN, surgery, definitely psychiatry, right, all of these things. You have to ask. But when you're dealing with those specific populations in and of itself, you need to make sure that everyone has access to Naloxone, that you're talking about harm reduction safety optimization, that they know how to use fentanyl strips, that they know where the safe consumption sites are, that they know how to use safely not because it feels good, but because these are the groups that are single-handedly being affected in our c-, in our city.

So it's not just knowing for knowing sake. It's knowing because it does impact care. And when I say if you don't access to this knowledge you might be a part of the problem, I really do mean that because you might not even be asking, not because you don't care, but because you don't know what is happening. And oftentimes, I get so angry because part of what we know even as physicians and other healthcare providers is very much influenced by the media. But if the media is not covering it, then how will you know, right?

[00:42:18] **DR. THEA GALLAGHER:** Right.

[00:42:18] **DR. AYANA JORDAN:** So it is our responsibility, especially we're in ... when we're in the middle of the worst overdose crisis that this country has ever faced. That's facts. You have to be able to extend your understanding. We're all capable to knowing the details, and it matters. And the reason-

[00:42:35] **DR. THEA GALLAGHER:** Mm.

[00:42:35] **DR. AYANA JORDAN:** ... why it matters is because when it's not top-of-mind, then you practice in a way that is ... that reinforces the status quo and propagates these disparities, right. I was talking to a young man. Um, he was racialized as Black, i-involved in the carceral system. Uh, he was out on parole at this point when I was talking to him. We were in a presentation for, um, New York State, uh, jails. Anyway, he was talking about how his physician that he saw behind bars never even asked him about opiate use at all because subconsciously, and I don't know what the physician was thinking. I never talked to the physician. But subconsciously, when people think about people who use opioids or opiate pills automatically you're thinking about maybe a white person, or someone from a-

[00:43:27] **DR. THEA GALLAGHER:** Mm.

[00:43:28] **DR. AYANA JORDAN:** ... you know, different demographic. So meanwhile, he is, like, withdrawing, detoxing, having a really terrible time. And he's saying, "I need suboxone." And the physician's like, "No, you don't." And he's like, "I nee- But the point is, he ended up not getting evidence informed care [laughs] until he got released from jail, and he actually ended up suing the, um, medical facility in jail because they did not provide-

[00:43:55] **DR. THEA GALLAGHER:** Mm.

[00:43:56] **DR. AYANA JORDAN:** ... baseline care. But that's an example of ... I don't think that the physi-, physician was being malicious in any way, but I don't think that there was a keen understanding that people who have, um exposure to opioids, it can be used in many different ways. And just because somebody's not using opiate pills them-, itself-

[00:44:17] **DR. THEA GALLAGHER:** Mm.

[00:44:17] **DR. AYANA JORDAN:** ... doesn't mean that they cannot have an opiate use disorder or come in contact with opiates through things like cocaine, which was the case for him. But you have to ask about it, right. Um, so that's why the data is important and that's why we have to stay on top of what's happening. But definitely know your local trend. I go to all these drug addiction meetings. It's good to know what's happening nationally for sure, but I need to know what's happening in New York City-

[00:44:43] **DR. THEA GALLAGHER:** Mm.

[00:44:44] **DR. AYANA JORDAN:** ... which burrow is being adversely affected, and within the burrow, what are the identities. And within the identities, what are the specific sub-populations that I need to know about?

[00:44:55] **DR. THEA GALLAGHER:** Yeah, and I'm feeling this tension when you're talking, and maybe you can help flesh this out for me a little bit, that it's like there's a personalized medicine approach in the sense of we need to get granular with the community, understanding who is being impacted, like, get into the data, understand that, and look at it uniquely.

[00:45:13] **DR. AYANA JORDAN:** Mm-hmm.

[00:45:13] **DR. THEA GALLAGHER:** But then there's also this goal to treat people with the best possible care and make sure we're asking kind of everyone the same questions ... I-it kinda seems like there's this ... Again, there's this tension between getting more unique and more granular, but then also making sure that we are kind of doing something systematic-

[00:45:32] **DR. AYANA JORDAN:** Yes.

[00:45:33] **DR. THEA GALLAGHER:** ... to help.

[00:45:33] **DR. AYANA JORDAN:** Yeah, exactly. And so, I appreciate that tension. It's like, um ... I, I don't see it as a tension per se. I see it as a complementary approach.

[00:45:42] **DR. THEA GALLAGHER:** Okay.

[00:45:43] **DR. AYANA JORDAN:** So one of the things that I think we've been taught in our training, us, collectively, medically, is that it has to be this particular way. And I always say, "It doesn't have to be either or. It can be and, both."

[00:45:55] **DR. THEA GALLAGHER:** Mm. Mm-hmm.

[00:45:55] **DR. AYANA JORDAN:** So really thinking about yes, we have to have systematic level interventions that happen for everyone regardless of where they come from, whatever identity they hold, whether part of the ideal identity or not, right? Those things look like making sure that people have the same amount of time with the provider, right. Making sure that risks, benefits and side effects of particular interventions are reviewed every single visit regardless. Making sure that we have elements of fidelity, so that we can check to make sure what we're actually doing is on par with the evidence says we're supposed to do. Those have to happen regardless, right. And there has to be a way in which there is a myopic focus on people from minoritized identities where we have the data-

[00:46:48] **DR. THEA GALLAGHER:** Mm.

[00:46:49] **DR. AYANA JORDAN:** ... to actually show that they have not been given the best opportunity for care. So we're doing these, these things at the structural level while we're also-

[00:47:01] **DR. THEA GALLAGHER:** Mm.

[00:47:01] **DR. AYANA JORDAN:** ... having an individual approach in places where the data have really pointed to [laughs] these folks being excluded or ignored. And so, thinking about how can we then divide our attention and our resources to substantiate this group of people who have been ignored because of these other structural policies or practices that were not in place. So I ... That's ... I help people say and both. It doesn't have to be either or, doesn't mean you have to be involved in both modalities, right. But you have to be involved in one of the two. I do both because I'm at a point in my career where one, this is what I study and this is where my passion lies, but what I'm saying, and everybody is listening. I hope you're listening, thank you, is really-

[00:47:51] **DR. THEA GALLAGHER:** [laughs]

[00:47:51] **DR. AYANA JORDAN:** [laughs] ... thinking about how do you intervene on a structural level, on an-

[00:47:55] **DR. THEA GALLAGHER:** Yeah.

[00:47:55] **DR. AYANA JORDAN:** ... individual level, or both? And sometimes, which is awesome about working in a system like NYU, you can go between and back and forth and mi- I might be focusing on the intervention, but once I have that on an individual level set, then I can start to have conversations and be involved in the change on a structural level, right? So I appreciate you really setting it up as, as a tension 'cause I think many, um, providers think about it that way. But I see it very complementary and, um, very fluid, you know, in a good way.

[00:48:29] **DR. THEA GALLAGHER:** I think you put that so well and it really helped for me to see it as both/and [laughs] because, you know, when you, when you learn certain evidence-based treatments, you're like, "Wow, this is ... This, this works for so many people with this condition. This is great.

[00:48:40] **DR. AYANA JORDAN:** Yeah.

[00:48:40] **DR. THEA GALLAGHER:** And I'm sure in some ways you feel that way even about, like, harm reduction, right. The more people know and understand, we can really help them and, like, you wanna get that into, like, you know, the hands of clinicians, into the minds of clinicians to know they can really make changes using evidence-based care. And then, I think we also have this wave of, like, personalized medicine, which is, like, everything is unique, and you gotta-

[00:48:59] **DR. AYANA JORDAN:** Mm-hmm.

[00:48:59] **DR. THEA GALLAGHER:** ... you know, know everything. But the way that you're talking about it, it seems like there can be somewhat of a symbiotic relationship between these two things. Um, but it actually seems like maybe on the level of, like, assessment and your environment you have to get more personalized.

[00:49:15] **DR. AYANA JORDAN:** Yes.

[00:49:15] **DR. THEA GALLAGHER:** And then, that's, that's the way that you can then disseminate and implement the evidence-based care with equality.

[00:49:22] **DR. AYANA JORDAN:** Thea, exactly!

[00:49:24] **DR. THEA GALLAGHER:** [laughs]

[00:49:24] **DR. AYANA JORDAN:** I mean, oh my gosh, yes! Yes, yes, yes. You totally got-

[00:49:28] **DR. THEA GALLAGHER:** You just taught me this.

[00:49:28] **DR. AYANA JORDAN:** [laughs]

[00:49:28] **DR. THEA GALLAGHER:** I figured it out today. My mind just was blown.

[00:49:30] **DR. AYANA JORDAN:** Yeah, no. I just love that because that's exactly right. And I am feeling very, um, just thankful to you because the way in which you framed it is just on point, right. Exactly right. And I want folks to understand that I'm not asking them to save the world at all.

[00:49:49] **DR. THEA GALLAGHER:** Mm.

[00:49:49] **DR. AYANA JORDAN:** I'm not asking them to be a social justice warrior at all. I'm just asking you to think about ways in which you can improve care in your area, small area, and be consistent, and develop a system that works for you, and understand that at points, it will be very focused and very personalized. But in order to get there, you have to take a higher level approach to see where the issues are in the first place that you have to be really, um, focused on. So exactly right, yeah.

[00:50:19] **DR. THEA GALLAGHER:** Yeah. Well, we could obviously talk forever, so I'm gonna say this now. This is part one of a, [laughs] a multi-

[00:50:24] **DR. AYANA JORDAN:** Yes!

[00:50:25] **DR. THEA GALLAGHER:** ... series that we're gonna have because I only got through, like, a couple of my-

[00:50:27] **DR. AYANA JORDAN:** [laughs]

[00:50:28] **DR. THEA GALLAGHER:** ... questions. But, um, is there any final thoughts that you want psychiatrists, clinicians to take with them today, if they're listening to this, and they say, "You know, what c- What's one step that I can take today?" And I know you've already listed them, but I'm trying to kinda leave them with a reminder of that 'cause we've talked about so much.

[00:50:43] **DR. AYANA JORDAN:** Yeah. I think just really, um, lean into thinking about what you're able to do.

[00:50:49] **DR. THEA GALLAGHER:** Mm.

[00:50:49] **DR. AYANA JORDAN:** Really spending some time, if nothing else, understanding that it's systems and people who are involved in the systems that actually contribute to disparities. It's nothing that folks themselves are doing-

[00:51:05] **DR. THEA GALLAGHER:** Mm.

[00:51:05] **DR. AYANA JORDAN:** ... on an individual level because I think oftentimes we blame people and not the problems that really account for these disparities. So if we're able to really look internally for our own actions but also within our system to see how might we unintentionally be involved in propagating disparities and it's the one thing that I can do. So be very intentional about doing one thing because that in itself is how we lead to sustainable change, right.

[00:51:39] **DR. THEA GALLAGHER:** Mm-hmm.

[00:51:39] **DR. AYANA JORDAN:** We can't look and say, "Oh, that was so interesting, but I'm not doing anything." We have to be accountable for one thing that we can do. So really lean into this culture of, of, of health equity and thinking about, how can you be a part of the solution? That's the one thing I will say, for sure.

[00:51:56] **DR. THEA GALLAGHER:** Yeah. And even if the problems might be systemic or structural, the solutions can start at the individual level.

[00:52:02] **DR. AYANA JORDAN:** 100%, yes.

[00:52:03] **DR. THEA GALLAGHER:** Mm-hmm.

[00:52:03] **DR. AYANA JORDAN:** Yes, yes. Yes.

[00:52:04] **DR. THEA GALLAGHER:** Great. Well, that's very hopeful. And I hope that people take that with them today. Thank you so much for being with us, Dr. Jordan.

[00:52:10] **DR. AYANA JORDAN:** Thank you.

[00:52:10] **DR. THEA GALLAGHER:** And we'll see you next time.

[00:52:11] **DR. AYANA JORDAN:** Yeah, thanks for having me, for sure.

[00:52:14] **DR. THEA GALLAGHER:** Thanks so much again to Dr. Jordan for that conversation. If you enjoyed this episode, be sure to rate and subscribe to NYU Langone Insights on Psychiatry on your podcast app. For the Department of Psychiatry at NYU Langone, I'm Dr. Thea Gallagher. See you next time.