

# Decline of public substance use disorder treatment facilities has greater impact on counties with more black residents

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The overall decline of public substance use disorder treatment facilities has disproportionately impacted counties with high shares of black residents, where private facilities are less likely to be located, according to a study being released in the June issue of the journal *Health Affairs*.

Led by Janet R. Cummings, PhD, in the department of Health Policy and Management at Emory's Rollins School of Public Health, the team analyzed data between 2002-2010 from the National Survey of Substance Abuse Treatment Services to determine if changes in the number of public and private outpatient substance use disorder treatment facilities affect the geographic availability of facilities within black communities. Facilities surveyed included those that were licensed, certified or otherwise approved by the state substance abuse services agencies as well as those not licensed or certified.

Results indicated that between 2002 and 2010, the number of public facilities declined by 17.2 percent while private, nonprofit facilities declined by 9.8 percent. Private, for-profit facilities however, increased by 19.1 percent.

Although public facilities represented only 15 percent of the sample at the beginning of the study period, these facilities were the most likely to provide services to people who could not pay.

"Because individuals that suffer from substance use disorders are more likely than others to be uninsured, the decline in public facilities had implications for reduced access to care for low-income, more vulnerable populations," explains Cummings.

Counties with higher shares of black residents were disproportionately impacted by the overall downward trend in the public sector because they were more likely to be served by public facilities and less likely to be served by [private facilities](#) at baseline. The public sector losses in these counties were not offset by gains in private for-profit or nonprofit facilities. As a result, there was an overall disparity in the likelihood that counties with high percentages of black residents (i.e., more than one standard deviation above the mean percentage) had any outpatient facility by the end of the study period compared to counties with less than the average percentage of black residents.

"In states that expand Medicaid, we may see a change in these downward trends for public and private non-profit facilities" explains Cummings. "Medicaid expansions should reduce the amount of uncompensated care these facilities provide to uninsured individuals who cannot pay, which would be better for their bottom line."

However, the study also reported that more than four-fifths of counties with higher than the mean percentage of black residents were located in states that are not expanding Medicaid. Cummings added, "Regardless of whether a state expands Medicaid, it is imperative that we work to ensure that enough treatment facilities are accessible across all communities."

**More information:** J. R. Cummings et al. Decline In Public Substance Use Disorder Treatment Centers Most Serious In Counties With High Shares Of Black Residents, *Health Affairs* (2016). [DOI: 10.1377/hlthaff.2015.1630](https://doi.org/10.1377/hlthaff.2015.1630)

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