Health Equity, Diversity, and Inclusion Readiness Toolkit

Developed and curated by

Ohio ACBHA
Association of County Behavioral Health Authorities

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Introduction

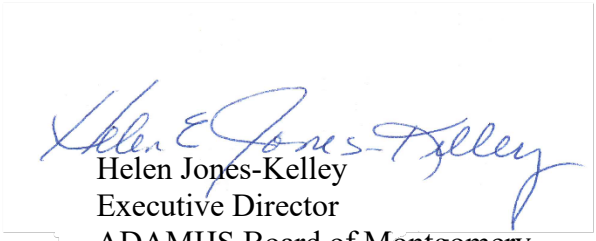
On June 5, 2020, the members of the Ohio Association of County Behavioral Health Authorities declared that racism is a public health crisis. Soon after this declaration, the Health Equity, Diversity, and Inclusion Council was formed which represents OACBHA's first step in its commitment to working toward health equity. The Council consists of Alcohol, Drug Addiction, and Mental Health (ADAMH) Board Directors, OACBHA staff, and partners who are committed to addressing racism and discrimination while developing strategies to promote diversity and inclusion. After months of deep discussion and planning, the Council saw a need to develop specific tools and resources to help OACBHA members, partners, and stakeholders work toward eliminating behavioral health disparities throughout Ohio.

This toolkit represents a collection of resources to support those individuals and organizations that are new to health equity or are just beginning their journey. While there is some content that may cause feelings of discomfort, we must realize that growth comes from stepping outside of our own comfort zones. If we are going to create equitable systems of care, we must embrace these feelings of discomfort in order to see new perspectives and gain deeper understandings.

As you move through this readiness toolkit, each section builds on the previous. It is not advised to skip to the end to get ideas for action steps. By doing this, you will miss foundational knowledge that will help you be more effective in implementing action steps. Before any planning is begun or strategy is developed, it is important to start with a solid framework to understand the problem. This toolkit follows the logic that you need a good foundation to begin to understand the issue and then take time to explore the depth and breadth of the problem. Finally, the toolkit ends with ideas for actions steps individuals and organizations can utilize to start their work.

We would like to extend our gratitude to our members and partners who have supported this work. We are excited to continue this work and to develop additional resources and tools to help Ohio in this critical effort to address the behavioral health needs of all marginalized communities.

Stay Well,



Helen Jones-Kelley
Executive Director
ADAMHS Board of Montgomery County
OACBHA HEDI Council Chair

Cheri L. Walter
Chief Executive Officer
Ohio Association of County Behavioral Health Authorities

About this Toolkit

The purpose of this toolkit is to provide resources for individuals and organizations that are new or in the beginning stages of working on health equity, diversity, and inclusion (HEDI). Resources have been curated and presented in a format designed to increase your knowledge in the HEDI arena. This toolkit is divided into three sections: *Building a Foundation*, *Building Knowledge*, and *Building a Plan*. The associated workbook will provide a space for you to consider what's been presented, reflect on it, and then start to plan.

Building a Foundation will provide you with tools and resources to ensure you and your organization are in a place to successfully begin your journey in advancing health equity. *Building Knowledge* will provide you with educational resources on critical factors related to HEDI. Finally, *Building a Plan* will provide resources for you to consider for your next steps in working toward health equity.

The toolkit follows a semi-sequential model; meaning that each section builds upon the previous section. Jumping to the end is not advised without going through the first two sections.

This toolkit is not the compendium of all knowledge related to HEDI, nor will it give you a complete roadmap to advancing health equity in your community. This toolkit will provide foundational resources to give you a solid starting point and some direction as you embark on this important, transformational work.

The Ohio Association of County Behavioral Health Authorities is committed to helping our membership and all of Ohio to advance health equity. More toolkits and resources will become available as we continue our work towards eliminating behavioral health disparities.

Building a Foundation

Before planning and strategizing to address health inequities in your community, it is important to cultivate a foundation that will allow you to work through critical conversations and challenges as you engage in this change process. The areas of emotional intelligence, psychological safety, and brave spaces may not be foreign concepts, however understanding and practicing these concepts will help to set a solid foundation for the work of health equity.

Emotional Intelligence

Emotional Intelligence (EQ) refers to "the ability to identify and manage one's own emotions, as well as the emotions of others[1]". Some suggest that EQ is more important than IQ and some research suggests we can even grow our EQ[2].

Learn more about Emotional Intelligence:

- https://www.psychologytoday.com/us/basics/emotional-intelligence
- https://positivepsychology.com/emotional-intelligence-frameworks/

Measure your own Emotional Intelligence

- https://positivepsychology.com/emotional-intelligence-frameworks/
- https://www.mindtools.com/pages/article/ei-quiz.htm

These tests are free with limited results; however, the tests can give you a good sense of where your EQ is.

Watch: Daniel Goleman on Compassion: https://youtu.be/0yGNhCaKJKk

Read: 5 Ways to Lead with Emotional Intelligence: https://www.forbes.com/sites/carolinecastrillon/2021/01/10/5-ways-to-lead-with-emotional-intelligence/?sh=45fce5f7232e

Read: Equity, Justice and EQ: https://www.6seconds.org/emotional-intelligence/topics/equity/

Emotional Intelligence is foundational to moving health equity, diversity, and inclusion forward. Understanding the importance of this work requires us to understand the emotions of others.

[1] https://www.psychologytoday.com/us/basics/emotional-intelligence
[2] https://www.verywellmind.com/what-is-emotional-intelligence-2795423

Psychological Safety

In his book *The 4 Stages of Psychological Safety*, Timothy Clark defines psychological safety as "a condition in which human beings feel (1) included, (2) safe to learn, (3) safe to contribute, and (4) safe to challenge the status quo – all without fear of being embarrassed, marginalized, or punished in some way[3]".

Watch: Building a Psychologically Safe Workplace:
https://www.youtube.com/watch?v=LhoLuui9gX8

Read: The 4 Stages of Psychological Safety (Amazon Link)

Read: To Foster Innovation, Cultivate a Culture of Intellectual Bravery:
https://hbr.org/2020/10/to-foster-innovation-cultivate-a-culture-of-intellectual-bravery

Fostering psychological safety requires emotional intelligence. Challenging the status quo requires psychological safety. We cannot expect to advance the work of health equity, diversity, and inclusion in psychologically unsafe environments.

Brave Spaces

In the work of HEDI, there is often talk about the need for safe spaces. "Safe spaces are a place or environment in which a person or category of people can feel confident that they will not be exposed to discrimination, criticism, harassment, or any other emotional or physical harm[4]". However, focusing on creating safe spaces does not challenge us to work through very real issues and can be damaging when racists ideologies, stereotypes, and stigma goes unaddressed. Instead, we need to embrace brave spaces. A brave space encourages dialogue and recognizes differences while holding each other accountable to do the work of sharing experiences and coming to new understandings[5].

Watch: Safe Spaces Are Not Enough to Change the World:
https://youtu.be/haUz1PMseyM

Read: Communication Guidelines for a Brave Space (PDF):

https://static1.squarespace.com/static/581e9e06ff7c509a5ca2fe32/t/58f25fa937c58130853337df/1492279209799/04+AWARE-LA+Brave+Space+Guidelines+and+History.pdf

[3] https://www.leaderfactor.com/4-stages-of-psychological-safety
[4] https://www.lexico.com/definition/safe_space
[5] https://alternativebreaks.org/safe-or-brave-spaces/

Creating brave spaces for the tough conversations ahead requires emotional intelligence and psychological safety. Sticking to safe spaces isn't enough to move the conversation forward to strategy. This is why we also need psychological safety.

- Another recommended read is Brené Brown's book *Daring Greatly: How the Courage to Be Vulnerable Transforms the Way We Live, Love, Parent, and Lead* (Available on Amazon). In this book she defines vulnerability as "uncertainty, risk, and emotional exposure". Creating a brave space requires some level of vulnerability because we are stepping outside of our comfort zone. It will involve some critical self-reflection and courage to listen to hear the genuine issues people are facing. If you are unfamiliar with her work, check out her now viral Ted Talk on vulnerability.

Building Knowledge

The work you are doing to build a solid foundation will provide tools to work through challenging conversations and the complex emotions that may come up as you progress through this toolkit. In the following section you will examine critical issues that affect equity for marginalized groups. These issues can often be emotionally charged with varying perspectives, yet the interconnections create a synergy that perpetuates inequities. In order to address the inequities present in your community, you will need to develop a deeper understanding of the issues. This section will help as you work to develop a more in-depth understanding of these issues and the experiences of marginalized groups.

Implicit Bias

The Perceptions Institute explains that "thoughts and feelings are 'implicit'" if we are unaware of them or mistaken about their nature. We have a bias when, rather than being neutral, we have a preference for (or aversion to) a person or group of people. Thus, we use the term "implicit bias" to describe when we have attitudes towards people or associated stereotypes with them without our conscious knowledge[6].

Harvard has developed a well-known implicit association test (IAT). There are different tests for various topics. We recommend starting with the Skin-tone IAT.

Steps for taking the IAT:

1. Click this link: https://implicit.harvard.edu/implicit/takeatest.html
2. Read the Preliminary Information, Data Privacy, and Important Disclaimer.
3. Click "I wish to proceed" at the bottom of the page.
4. On the next page you will see several blue triangles with different IATs. Find the Skin-tone IAT and click that box.
5. Follow the prompts to take the test.

Read: Implicit bias means we're all probably at least a little bit racist: https://www.vox.com/2014/12/26/7443979/racism-implicit-racial-bias

Watch: Implicit Bias: Peanut Butter, Jelly and Racism: Watch: Safe Spaces Are Not Enough to Change the World: https://youtu.be/haUz1PMseyM

For more in-depth learning take the Implicit Bias Module Series developed by the Kirwan Institute for the Study of Race & Ethnicity or read more on Implicit Bias.

[6] https://perception.org/research/implicit-bias/

We are not naturally aware of our own implicit bias but learning about them can start to raise our awareness. Only when we become aware of them can we take steps to start addressing them. While implicit bias is not the same as racism, they are interrelated and influence our actions and inactions.

Racism

Implicit bias is not the same as racism. Racism is a word we all understand and may cause some visceral reactions, however the term itself is complex. There are overt acts of racism toward an intended individual, which people tend to initially think of when they hear the term. Implicit bias can lead to unconscious acts of racism when the perpetrator may not be fully aware of the act. Implicit bias is not necessarily an act of racism. Merriam-Webster defines racism as "a belief that race is a fundamental determinant of human traits and capacities and that racial differences produce an inherent superiority of a particular race[7]". In *Levels of Racism: A Theoretic Framework and a Gardener's Tale (2000),* Dr. Camara Phyllis Jones conceptualizes a framework for understanding racism on three levels: institutionalized, personally mediated, and internalized. This framework provides a useful way to view how racism is perpetuated in order for action to be taken against it.

Read: Levels of Racism: A Theoretic Framework and a Gardener's Tale: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1446334/pdf/10936998.pdf

Watch: How I learned to Stop Worrying and Love Discussing Race: https://youtu.be/MbdxeFcQtaU

Confronting all levels of racism is important, however, this toolkit will focus on institutionalized (also known as structural) racism. Institutionalized racism refers to specific ways in which policies and practices have created different outcomes for different racial groups. These policies and practices may never mention race, and the consequences may be unintentional, but their effect has created advantages for some while systematically oppressing and causing disadvantages for people of color

According to Ibram X. Kendi, author of *How to Be an Antiracist*, most of the traditional thought around racism misses the point. He argues that power and policy, not people, keep racism firmly entrenched in society (systemic racism). Kedi (2020) states "['Racist'] literally describes what a person is being in any given moment, based on what they are saying or not saying, doing or not doing[8]". Moving our understanding of how racism affects people requires us to think through the lens of power and policy, not through individual acts of racism.

[7] https://www.merriam-webster.com/dictionary/racism
[8] https://news.yale.edu/2020/12/07/kendi-racism-about-power-and-policy-not-people

Watch: The Unequal Opportunity of Race: https://youtu.be/vX_Vzl-r8NY

7 Ways We Know Systemic Racism is Real: https://www.benjerry.com/whats-new/2016/systemic-racism-is-real

Racism is an important topic in behavioral health. The Centers for Disease Control and Prevention (CDC)[9] recognizes racism as a serious threat to public health and acknowledges the impact it has on the mental and physical health of millions of people. These impacts can be in housing, economic security, social opportunities, and access to care. In other words, racism is a significant contributor to the social determinants of health. To address it, we need to have a clear understanding of how racism impacts individuals and the system.

Read: Racism and Mental Health: https://www.mhanational.org/racism-and-mental-health

Watch: #BlackStressMatters: Understanding & Responding to Toxic Stress Through Trauma Informed Care: https://youtu.be/pJFT-p5RhF0

Racism can be very insidious and is so well established within our societal systems it can be difficult to recognize. It's allowed to continue when we rely on *"Oh that's how it's always been done"*. Even well-intentioned efforts can perpetuate systemic racism when we are not including the voices and perspectives of marginalized communities in planning and decision making.

Does institutional racism exist in your organization? Read this article for 10 ways you may be doing it.

Racism is a salient factor in addressing health equity. We need to focus on addressing the policies and practices embedded in our systems that perpetuate racism in order to improve care for black and brown individuals who are providing and receiving it.

Issues Accessing Behavioral Health Care

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines behavioral health equity as "the right to access quality health care for all populations regardless of the individual's race, ethnicity, gender, socioeconomic status, sexual orientation, or geographical location. This includes access to prevention, treatment, and recovery services for mental and substance use disorders[10]". There are many challenges for marginalized communities to access quality behavioral health care. These can include transportation and other financial restraints,

[9] https://www.cdc.gov/healthequity/racism-disparities/index.html
[10] https://www.samhsa.gov/behavioral-health-equity

which are common factors in poor communities. The National Conference of State Legislatures (2018) provided a solid overview of the factors contributing to behavioral health disparities including public and private coverage and cost, access to primary care, workforce availability and cultural competency, and use of services; meaning racial and ethnic minority groups had poor medication use, poor provider-patient communication, and *persistent stigma*[11]. Read more about these factors here.

Watch: If You're Not White It's Harder to Get Mental Health Care:
https://www.youtube.com/watch?v=FgNaqfGTysU&t=65s

These factors may not be a surprise but accessing behavioral health care is becoming more and more challenging given the workforce shortage. According to the National Council for Mental Wellbeing, 77% of counties in the United States are experiencing a severe shortage of mental health psychiatrists[12]. There is also a shortage across all mental health providers[13]. The workforce shortage is even more complex because historically it has been difficult to find clinicians of color, which has caused distrust for minority communities[14].

Read: Mental Health Care Was Severely Inequitable, Then Came the Coronavirus Crisis:
https://www.americanprogress.org/article/mental-health-care-severely-inequitable-came-coronavirus-crisis/

Read: Racial disparities in Health Care: Highlights Focus Group Findings:
https://www.ncbi.nlm.nih.gov/books/NBK220347/

Read: Identifying Behavioral Health's Workforce Diversity Issue, How to Fix It:
https://bhbusiness.com/2021/08/31/identifying-behavioral-healths-workforce-diversity-issue-how-to-fix-it/

Read: National Culturally & Linguistically Appropriate Services Standards:
https://thinkculturalhealth.hhs.gov/clas/standards

Issues with access extend well beyond race/ethnicity, transportation, and financial resources. There are similar access issues for people from Asian and Middle Eastern communities, which do not often get enough attention. Individuals with developmental or physical disabilities also experience issues accessing behavioral health care. This guide for creating accessible mental health services for people with an intellectual disability discusses access issues. NAMI discusses barriers to care for those with disabilities (i.e., physical, cognitive, developmental, or sensory).

[11] https://www.ncsl.org/Portals/1/HTML_LargeReports/DisparitiesBehHealth_Final.htm
[12] https://www.americashealthrankings.org/explore/annual/measure/MHP
[13] Is There a Shortage of Mental Health Professionals in America? (goodtherapy.org)
[14] https://bhbusiness.com/2021/08/31/identifying-behav

Accessing behavioral health care is more than just having a physical location people can get to. It involves having a diverse workforce that is equipped to provide culturally and linguistically appropriate services, while also having a workforce that can effectively serve those with disabilities such as physical, intellectual, or developmental

Stigma in Minority Communities

According to Caddell, stigma "involves negative attitudes or discrimination against someone based on a distinguishing characteristic such as mental illness, health condition, or disability. Social stigmas can also be related to other characteristics including gender, sexuality, race, religion, and culture[15](2020)". Most are likely no stranger to the concept of stigma; it may be the first thing that comes to mind when asked why individuals do not access behavioral health care. However, knowing that stigma exists is not enough to address it. Practitioners and organizations must understand where stigma comes from as a first step to addressing it.

In the video *If You're Not White It's Harder to Get Mental Health Care,* the concept of stigma was discussed as a barrier to seeking behavioral health services. Stigma and the anticipation of judgement prevent Black and African American people from seeking treatment, and men are particularly concerned with stigma[16]. Within Latino communities, family is highly valued so an individual seeking treatment can be viewed as selfish and there may be concerns that others may think something is "wrong" with the family[17]. The stigmatization of behavioral health services is further solidified due to the lack of a diverse provider workforce.

Read: Why Mental Health Care is Stigmatized in Black Communities: https://dworakpeck.usc.edu/news/why-mental-health-care-stigmatized-black-communitie

Read: What to know about mental health stigma in Latin America: https://www.medicalnewstoday.com/articles/mental-health-stigma-in-latin-america

Knowing why stigma exists can provide some insight into addressing it. Efforts are ongoing in how to address stigma, but as organizations become more diverse and inclusive, effective practices for addressing stigma will organically begin to occur. The Great Lakes Prevention Technology Transfer Center Network offers ways to address stigma.

Using non-stigmatizing, neutral language is an important way we can start to reduce stigma. Shifting to person-centered language places the focus on the individual rather than the diagnosis[18]. NAMI offers that talking openly about mental illness, educating ourselves and others, and choosing empowerment over shame are additional ways we can combat stigma[19]

[15] https://www.verywellmind.com/mental-illness-and-stigma-2337677
[16] https://www.mhanational.org/issues/black-and-african-american-communities-and-mental-health
[17] https://www.mentalmonarchs.com/mental-health-stigmas-in-latin-culture-and-what-mental-health-professionals-are-doing-to-combat-it
[18] https://www.goodtherapy.org/blog/study-language-and-labels-may-affect-mental-health-stigma-0203161#:~:text=Using%20person%2Dcentered%20language%2C%20which,person%20rather%20than%20the%20diagnosis.
[19] https://www.nami.org/blogs/nami-blog/october-2017/9-ways-to-fight-mental-health-stigma

Watch: Changing view on mental health in the Black Community: https://youtu.be/czGblnXTx8M

Watch: Overcoming Mental Health Stigma: https://youtu.be/18AqPj2Az28

Improving access to behavioral health care through implementing Culturally and Linguistically Appropriate Services can help to address stigma. SAMHSA also has the *Improving Cultural Competence* (TIP 59) which can be downloaded here.

No one campaign or intervention will solve the issue of stigma. However, committing to learning from minority communities and developing a diverse and inclusive workforce that is culturally competence can help in addressing the stigmas that prevent people from accessing quality behavioral health care.

Issues Experienced by Marginalized Communities

Unless the conversation is specifically about adolescents and youth, discussions around behavioral health care tends to default to adults. On December 7, 2021, the U.S. Surgeon General issued an advisory on the youth mental health crisis that was further exposed by the COVID-19 pandemic[20]. The full advisory can be accessed here. The CDC states that youth mental health concerns are a growing problem, with more than 1 in 3 high school students experiencing persistent feelings of sadness or hopelessness in 2019 and about 1 in 6 youth reported making a suicide plan[21]. Racial and ethnic minorities along with youth identifying as Lesbian, Gay, Bisexual, and Transgender (LGBTQ+) are more affected by mental health issues.

Read: Addressing the Mental Health Needs of Racial and Ethnic Minority Youth: https://www.apa.org/pi/families/resources/mental-health-needs.pdf

Read: Breaking Barriers to Quality Mental Health Care for LGBTQ Youth: https://www.thetrevorproject.org/research-briefs/breaking-barriers-to-quality-mental-health-care-for-lgbtq-youth/

*National LGBT Health Education Center has developed a Glossary of LGBT Terms for Health Care Teams.

Watch: Mental Health and Being LGBTQ: https://youtu.be/rS7LbBWBnIY

Watch: Promoting LGBTQ Mental Health and Wellness: https://youtu.be/NnykKeHjrtQ

[20] https://www.hhs.gov/about/news/2021/12/07/us-surgeon-general-issues-advisory-on-youth-mental-health-crisis-further-exposed-by-covid-19-pandemic.html

[21] https://www.cdc.gov/healthyyouth/mental-health/index.htm

Significant issues exist for those in rural communities. Individuals with behavioral health concerns in rural areas may face issues accessing care due to long distances to facilities or the lack of workforce in the area[22]. There may be stigma regarding receiving behavioral health care and concerns around confidentiality due to living in a smaller community where everyone knows each other.

Watch: Out of Sight, Out of Mind: Mental Healthcare in Rural America: https://youtu.be/jVrQ_LIKGVM

The American Psychiatric Association (APA) has developed factsheets to provide a snapshot of the current state of mental health of minority populations and some factors that may contribute to mental health disparities. The following factsheets are available here:

- Mental Health Facts for Appalachian People
- Mental Health Facts for Asian Americans/Pacific Islanders
- Mental Health Facts for Bisexual Populations
- Mental Health Facts for Gay Populations
- Mental Health Facts for Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ)
- Mental Health Facts for Muslim Americans
- Mental Health Facts for Refugee, Asylum-seekers, and Survivors of Forced Displacement

Best practice information for working with these diverse populations can be accessed here.

Accessing quality behavioral health care is not easy for so much of the population. Being aware of the barriers for minority and marginalized groups is the first step in developing effective strategies to address these barriers.

[22] https://www.ruralhealthinfo.org/topics/mental-health

Building a Plan

Now that you have worked on building a solid foundation to start your HEDI work and you have started to build your knowledge around racism, stigma, access to behavioral health care, and the various issues faced by minority and marginalized groups, you may be asking what do we do next? While there is no linear path to advancing health equity, finding the path of least resistance can help to ensure your work gets off to a strong start.

Lifelong Learning

In a 2021 Forbes article, Morris shares that committing personal time to grow one's own cultural competence shows a leader's genuine commitment[23]. There are many benefits to lifelong learning[24] including remaining relevant, increasing confidence, igniting new ideas, and changing perspective (Nagpal, 2017). Commitment to learning about and from minority and marginalized communities can truly spark change and transform your world view.

The Ohio Association of County Behavioral Health Authorities has dedicated pages on their website to providing health equity resources. You can access these resources anytime to continue your education.

This toolkit has provided many other educational resources, but learning does not stop here. Here are some additional suggested readings that may be helpful:

- Getting real about DEI means getting personal: https://www.strategy-business.com/blog/Getting-real-about-DEI-means-getting-personal
- Racial and Ethnic Disparities in Mental Health Care: Evidence and Policy Recommendations: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3928067/
- Addressing stigma, disparities in minority mental health: Access to Care among barriers: https://www.thenationshealth.org/content/45/1/1.3
- If we want to advance equity in public health practice, we must address race and power: https://scienceblogs.com/thepumphandle/2016/01/07/if-we-want-to-advance-equity-in-public-health-practice-we-must-address-race-and-power
- Stigma for common mental disorders in racial minorities and majorities a systematic review and meta-analysis: https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-020-08964-3
- Mobilizing toward health equity: Action steps for health care organizations: https://www2.deloitte.com/us/en/insights/industry/health-care/health-care-equity-steps.html
- Reducing Health and Health Care Disparities: Implementation Lessons and Best Practices for Health Care Organizations: https://www.solvingdisparities.org/sites/default/files/Resource-13-058_reducing_health_and_health_care_disparities_-_final.pdf

[23] https://www.forbes.com/sites/simonemorris/2021/05/28/4-signs-you-are-committed-to-inclusive-leadership-for-the-long-haul/?sh=421b135f6cfd

[24] https://www.linkedin.com/pulse/7-reasons-why-continuous-learning-important-amit-nagpal/

Strategic Priority

Innovative Growth Solutions[25] has identified that an organizational commitment to achieving a diverse workforce and an equitable, inclusive working environment is a best practice. Mate and Wyatt (2017) outline five solid actions that can be implemented to make equity a core strategy. These actions include:

1. Make health equity a leader-driven priority.
2. Develop structures and processes that support equity.
3. Take specific actions that address the social determinants of health.
4. Confront institutional racism within the organization.
5. Partner with community organizations.

The full article along with details for each action step can be accessed here.

Commitment to be Anti-Racist

Dr. Camara Jones has stated that racism is this country's "original sin," but when speaking about racism we should draw parallels to all other forms of structured inequities; including ableism, heterosexism, and economic systems that perpetuate inequities (2019)[26]. Being "not racist" is not enough to address racism[27], we need to commit to being anti-racist. A lot of work has been done to develop resources to help people adopt anti-racist practices. Here are a few for your review.

Read: 10 Keys to Everyday Anti-Racism: https://greatergood.berkeley.edu/article/item/ten_keys_to_everyday_anti_racism

Read: 'Not Racist' Is Not Enough: Putting In The Work To Be Anti-Racist: https://www.npr.org/2020/08/24/905515398/not-racist-is-not-enough-putting-in-the-work-to-be-anti-racist

Stanford University has developed a complete anti-racism toolkit to support discussion about racism with clear actions to take to move towards becoming anti-racist. The downloadable kit can be accessed here.

Also, consider reviewing *Bold Inclusive Conversations®: Addressing Race and Racism in the Workplace* developed by The Winters Group (2018).

*The University of Toledo has developed a *Racial Lexicon* which may be helpful as you continue your learning.

[25] http://www.innovativegrowthsolutions.com/wp-content/uploads/2016/04/DEI-Best-Practices-Framework.pdf
[26] https://www.ncbi.nlm.nih.gov/books/NBK540766/
[27] https://www.vox.com/2020/6/3/21278245/antiracist-racism-race-books-resources-antiracism

What if I'm not racist?

Whether you are racist or not, have implicit bias or not, or you are unsure how thoughts and actions you take can be considered racist, one thing is for sure - you participate in systemic racism. We all do. Systems weren't designed with everyone in mind therefore certain groups of people are both intentionally and unintentionally left out or forgotten.

A commitment to being anti-racist is an active stance against an oppressive system. It is saying you no longer want to be a bystander as the system maintains itself; you want to take an active role in changing the system.

Address Stigma

As you've seen in the previous sections, stigma is a major barrier to accessing behavioral health care. Working toward health equity requires an intentional effort to address stigma. You have already been introduced to some strategies to address stigma which include implementing the *CLAS Standards* and building a culturally competence workforce.

Using affirming and non-stigmatizing language can help reduce stigmas.

Read: Words Matter: How Language Choice Can Reduce Stigma; https://preventionsolutions.edc.org/sites/default/files/attachments/Words-Matter-How-Language-Choice-Can-Reduce-Stigma.pdf

Read: Words Matter- Terms to Use and Avoid When Talking About Addiction: https://www.drugabuse.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction

There are several other resources and strategies to addressing stigma.

- Approaches to Reducing Stigma: https://www.ncbi.nlm.nih.gov/books/NBK384914/
- Stigma and Reluctance to Address Mental Health Issues in Minority Communities: https://digitalcommons.library.tmc.edu/cgi/viewcontent.cgi?referer=https://www.google.com/&httpsredir=1&article=1340&context=jfs
- National Resources for Preventing and Reducing Stigma: https://pttcnetwork.org/centers/great-lakes-pttc/national-resources-preventing-and-reducing-stigma
- Growing body of research on prevention's impact on stigma: https://pttcnetwork.org/centers/great-lakes-pttc/preventing-and-reducing-stigma-research

Remember, while society at large may struggle with stigma universal stigma, reduction strategies are not enough. Intentional strategies need to be developed for specific marginalized groups in order to advance HEDI and effective work to reduce stigma.

Unsure Where to Start?

While this toolkit provided a lot of foundational education along with some actions steps you can take to start addressing health equity, it is not a complete strategy in itself. Just like any toolkit, there are resources for you to get started (or fill in some pieces) on your work towards health equity.

Equifinality is the concept that many paths can lead to the same outcome. Making the intentional decision to start and then remaining open to learn as you do is more important than having all the steps. Some may choose to commit to personal transformation while focusing on continuing their learning and challenging their own perspectives. Others may make a choice to develop some organizational strategies that are based in DEI best practices. Still others may recognize the need to partner directly with leaders and grassroots organizations and lift their voices as a way to address inequities that have become embedded in our society. Wherever you chose to start, start and allow the learning and experience continue to inform your work. As you learn and grow so too will your strategy change and become stronger as knowledge is integrated, and meaningful relationships are built.

Final Remarks

Advancing health equity isn't *easy* work; it requires a long-term commitment and a continuous evaluation in order to ensure that it remains a top priority. This toolkit provided some foundational knowledge and resources for you to begin your work. The Ohio Association of County Behavioral Health Authorities is committed to helping individuals and local communities' advance health equity, diversity, and inclusion to ensure there is quality access to behavioral health care for **all**. Additional toolkits and resources are underdevelopment and will be made available. The Association has dedicated space on their website for health equity resources that are available here and are updated periodically.

For more information, comments, or to contribute to future toolkits, please contact:

Elijah Jones, Director of Health Equity & Clinical Resources

ejones@oacbha.org

Ohio Association of County Behavioral Health Authorities

(614)224-1111

www.oacbha.org

@oacbha • @rib_org

Cheri L. Walter, CEO

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