Health Equity, Diversity, and Inclusion: More than a Checklist

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Developed and curated by

Ohio ACBHA
Association of County Behavioral Health Authorities

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Introduction to this Toolkit

This toolkit builds on the *Health Equity, Diversity, and Inclusion Readiness Toolkit* developed by the Ohio Association of County Behavioral Health Authorities. In developing this toolkit, we are working on the assumption that you have done work offered in the Readiness Toolkit and are ready to move your efforts forward. The toolkit has encouraged you to build a foundation using emotional intelligence and psychological safety while building your knowledge so you can start your plan to address health disparities. We are also working on the assumption that there is leadership and community buy-in for you and your organization to take action to address behavioral health inequities in your community.

Maybe you have been working on building your emotional intelligence (EQ). This Inc. article talks about ways to show EQ at work. You have read about the importance of psychological safety. Here is how you can assess your EQ. By going through the Readiness Toolkit, you have built your knowledge on implicit bias, racism, issues that impact access to behavioral health care, stigma and issues experienced within minority communities. You may also have started to build your plan and may be asking "what now"?

More than a Checklist was chosen as the title because, while there are specific recommendations throughout the toolkit, your work in health equity should be an ongoing, reiterative process that includes assessment, planning, monitoring, and evaluation. Approaching this work with a quality improvement lens by asking two questions can transform the way you view your health equity work. Asking yourself *how are we doing* and *can we do it better* challenges us to consider that there is always room for improvement. We must remain critical of ourselves to move toward continual improvement. ***Health Equity, Diversity, and Inclusion: More than a Checklist*** provides you with information, tools, and recommendations to advance your health equity work. It is not a step-by-step plan, nor is it an exhaustive list of resources. Rather ***More than a Checklist*** is a curated toolkit with some guidance for you to consultant and consider as you work towards health equity in your local community and increasing diversity, equity, and inclusion in your organization.

Using this Toolkit

This toolkit attempts to tie together resources and education to build a framework for your organization to address health disparities and advance health equity. There are many hyperlinks embedded throughout the toolkit, some are there for references purposes while others are resources. The toolkit is intended to be **interactive** – you can decide what information you want to explore further whether that be linked resources or references.

If you need to prioritize which links to review, this icon has been used to highlight the valuable resources when time is limited. While all the linked information is valuable, this can help you prioritize what to review first.

Frameworks and Definitions

"Health equity means social justice in health" (Braveman, 2014). For the purpose of our work, OACBHA uses health equity as an overarching term that encompasses 'behavioral health equity', diversity, equity and inclusion (DEI). and diversity, equity, inclusion, and belonging (DEIB). There is a plethora of terminology to try to encompass the concepts of diversity, equity, inclusion, justice, and how it relates to health and wellness. Each term has its own merits and organizations should consider what term reflects their work best and then articulate that. The Prevention Technology Transfer Center Network has developed a culturally responsive glossary that can help you define the terms you will use.

Recommendation: Adopt standard definitions for regularly used concepts and terms to help ensure clarity in your communications.

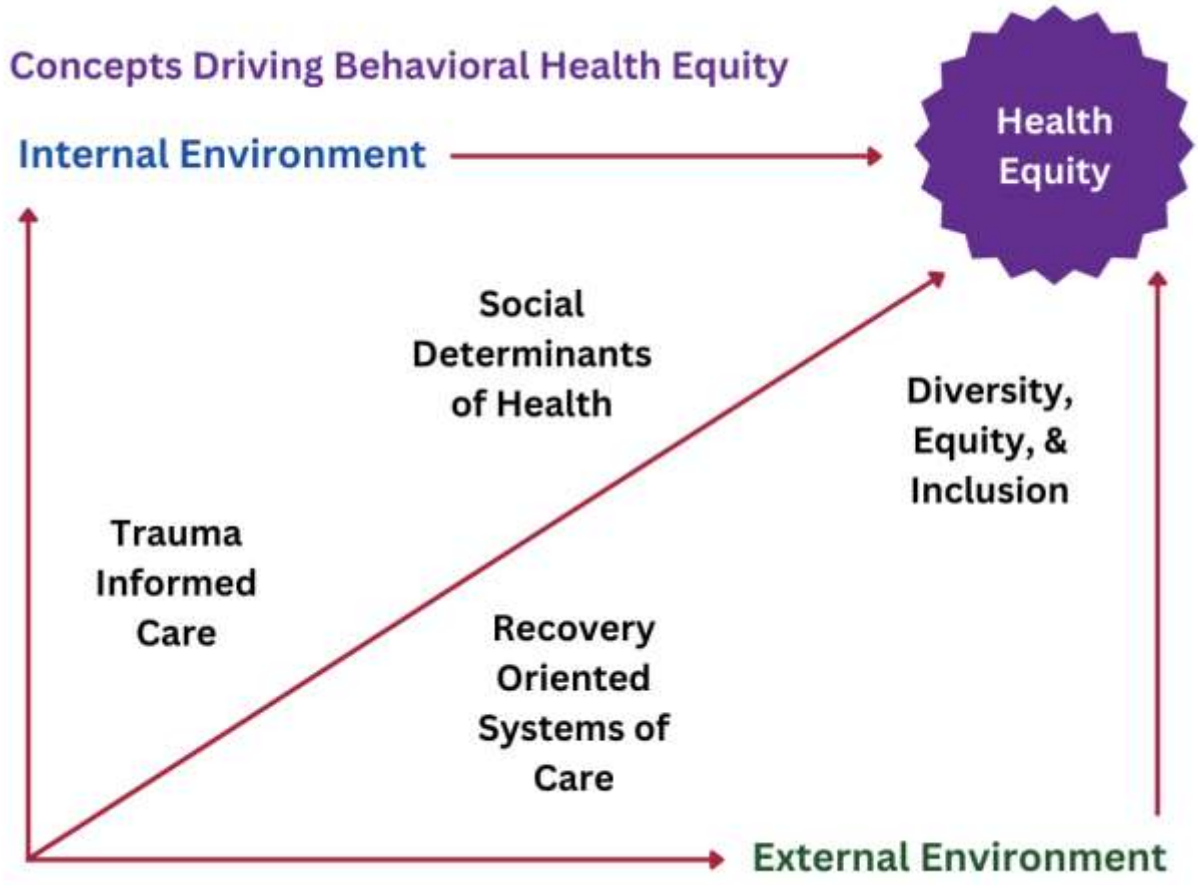
Although this document will not talk about these frameworks, the following provide foundational perspectives that are continually informing work around health equity

Social Determinants of Health (SDOH)	Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. SDOH can be grouped into five categories: economic stability, education access and quality, health acre access and quality, neighborhood and built environment, social and community context (HHS).
Recovery Oriented Systems of Care (ROSC)	A ROSC is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resiliencies of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems (SAMHSA).
Trauma Informed Care	TIC views trauma through an ecological and cultural lens and recognizes that context plays a significant role in how individuals perceive and process traumatic events, whether acute or chronic. It upholds the importance of consumer participation in the development, delivery, and evaluation of services (SAMHSA).

Health Equity Lens

Connecting Frameworks

When we consider these frameworks and concepts individually, they can easily become separate initiatives or strategies. However, when we view them collectively, we begin to see how we address behavioral health inequities.



Moving towards health equity requires the adoption and application of these concepts in both our internal organization and external community environments. To be clear, the work of addressing health inequities requires addressing both the internal and external environment.

Health Equity Lens

A health equity lens is a set of reflective questions which leads to a different set of questions. There are various wordings for the question, but the purpose of the lens is to serve as a tool for planning, decision-making, and resource allocation that leads to equitable policies, programs, and processes. The CDC (2020) says that a health equity lens means "intentionally looking at the potential positive and negative impacts". The lens should challenge our thinking by encouraging

us to consider perspectives that are often diminished or go unnoticed. Many of the common questions in the health equity lens include (Minnesota Department of Health):

- Who is affected/impacted?
- Have those affected helped to shape the/this _____?
- Who is included/excluded?
- Who benefits and who is harmed?
- What are the assumptions taking place?
- What does the data tell us?
- Who is/is not at the decision-making table?
- What values underlie the decision-making process?
- What revisions are needed/what could be done differently?

Multnomah County's Office of Diversity and Equity (2014) has developed a health equity lens using four P's – People, Place, Process, and Power.

People

- Who is positively and negatively affected (by the issue) and how?
- How are people differently situated in terms of the barriers they experience?
- Are people traumatized/retraumatized by your issue/decision area?
- Consider pyhsical, spiritual, emotional, and contextual affects

Place

- How are you/your issue or decision accounting for people's emotional and physical safety, and their need to be productive and feel valued?
- How are you consider envirionmental impacts as well as environmental justice?
- How are public resources and investments distributed geographically?

Process

- How are we meaningfully including or excluding people (communities of color) who are affected?
- What policeis, processes, and social reationships contribute to the exclusion of communities most affected by inequities?
- Are there empowering processes at every human touchpoint?
- What processes are traumatizing and how do we improve them?

Power

- What are the barriers to doing equity and racial justice work?
- What are the benefits and burdens that communities experience with the issue?
- Who is accountable?
- What is your decision-making structure?
- How is the current issue, policy, or program shifting power dynamics to better integrate voices and priorities of communiteis of color?

Moving Forward

Where do you want to go? Where are you now?

Begin with the end in mind.

-Stephen Covey

As you get into this toolkit, you will want to start by considering your vision for the future. You may be thinking, "shouldn't I be determining where I am now so I can plan where I want to go?" This is a great question, and you will want to do some internal assessment in order to establish goals and make plans, however, suspend your desire for information and consider what will the future look like?

Questions to reflect:

- What is the end result of working towards health equity?
- What is your vision for the future?
- Does your vision revolve around decreasing health disparities or eliminating them?
- Do you see all groups of people, or should certain groups be specifically named?
- What do you want your organization to look like in the future?
- When it's working well, how will you know? What will it look like?
- What changes need to occur for you to reach your vision?

These questions are for you and your organization's reflection. The answers may not be easy, and everyone may not agree on what the answers are. This is intended to have you begin this toolkit with the end in mind so you can think about the resources and tools provided and how they will help you to get to your future state.

Establishing A Baseline

Having that vision for your future state is just part of moving forward. You should also establish a baseline of where you are internally and externally. Internally refers to your staff and organizational culture. Externally refers to your community demographics, the behavioral health inequities experiences by different groups, and how your stakeholders are working towards health equity. The baseline will give you a starting point.

Recommendation: Establish an organizational commitment to health equity

Your efforts to address health inequities should be part of your organizational DNA. As an organization, we recommend adopting an organizational commitment to addressing health inequalities. This can be a standalone item, such as a **proclamation**, or it can be a part of your **vision, mission, and values**. This written commitment to addressing health inequities should be

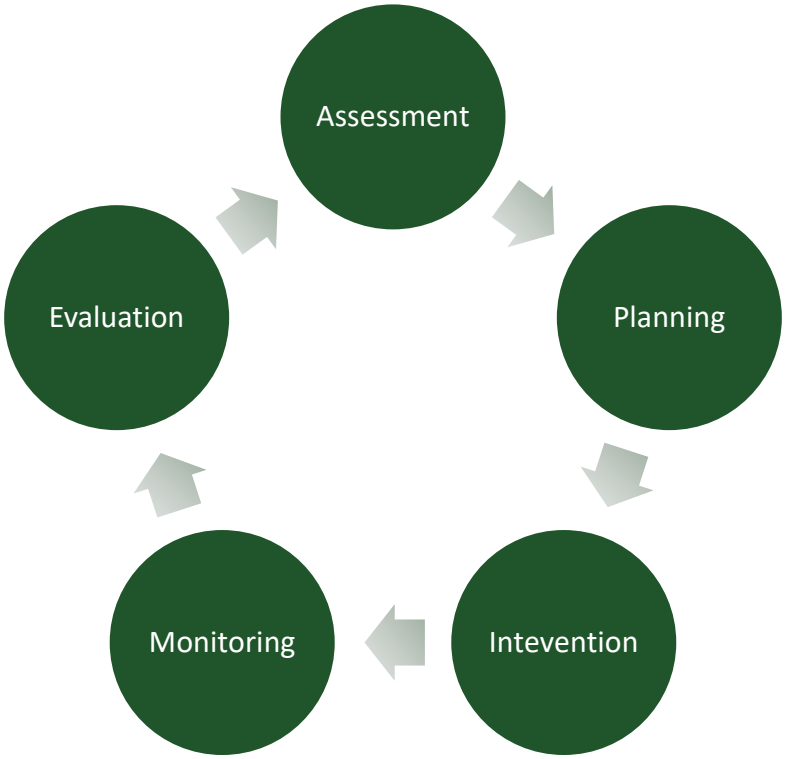
included in critical guiding documents for your organization. This statement should help provide the continual orientation to work towards health equity. Here are some examples of statements:

- Example #1
- Example #2
- Example #3

While establishing an organizational commitment is a "step", it shouldn't become just a document that lives on your website or in some folder. Your organizational commitment should guide how you will demonstrate that commitment. There are several ways that your organization can demonstrate their commitment to health equity.

- Hire a diverse staff
- Recruit a diverse Board of Trustees
- Continue your own learning and prompt organizational learning
- Make investment in minority owned businesses
- Develop regular reports to the community on how you are addressing systemic issues
- Shift funding to align your community's priorities

Now that you have considered how you can demonstrate your organization's commitment, what comes next? In order to avoid any confusion that health equity can be reduced to a checklist, we will consider the following phases as a loose framework for addressing health inequities.



This framework is loosely based on the *Stages of the Helping Process* (Becoming a Helper - Corey & Corey, 2014), where each phases informs the next. However, this toolkit considers this framework as an iterative process where once each process is "complete", or novel information becomes available, the phases begin again. Using terms such as phase, step, and complete suggest a stop and transition. Yet, the intention is to provide a malleable framework that can serve as a guide whereas each phase can be revisited during the process

Assessment

Assessment involves information gathering to inform the planning for the intervention. The information, or data, will provide the support and justification needed to pursue a plan of action. As an organization there may be two levels of assessment that need to take place. One level is internal which refers to the organization itself. The other is external which may refer to outside of your organization. This difference is particularly important for government agencies, funders, and those entities with obligations to partners outside of themselves.

Internal Assessment

Health Equity, Diversity, and Inclusion is not just for people being served; efforts need to focus on your workplace as well. In the *Health Equity, Diversity, and Inclusion Readiness Toolkit*, you were encouraged to work on developing psychological safety in your workplace. It takes time to develop the trust needed for psychological safety, but it is something you may want to assess. This article describes a five question assessment that you can use to understand where your workplace is in regards to psychological safety. There is also a link to take the quiz.

Another toolkit developed by the National Council for Mental Wellbeing is the TI-ROC Climate of Equity Assessment. According to the tool, it was created to assist organizations in assessing their current climate to understand and improve diversity, equity, and inclusion practices. This is an internal tool that you can use to help assess your internal organization.

While this may not be applicable to all organizations, the Self-Assessment for Modification of Anti-Racism Tool (SMART) was designed to help community behavioral health organization to assess the extent to which their organizational and clinical processes are affected by racism, and to use that information to create measurable progress in becoming anti-racist at all levels. The tool is intended to encourage behavioral health providers to implement concreate organizational change in several areas and challenges community behavioral health providers to be intentional about their efforts to address racism. The College of Behavioral Health Leadership (CBHL) has provided a webinar on this tool along with questions and answers. Check out these resources on the CBHL website.

External Assessment

A strategy that will be reiterated throughout this toolkit is the need to engage with marginalized groups. One way to do this is to adopt a Participatory Action Research (PAR) framework. PAR is used for "conducting research and generating knowledge centered on the belief that those who are most impacted by research should be the ones taking the lead in framing the questions, the design, methods, and the modes of analysis of such research. The framework is rooted in the belief that there is value in both traditionally recognized knowledge, such as scholarship generated by university-based researchers, and historically delegitimized knowledge, such as knowledge generated within marginalized communities".

SAMHSA has published The Opioid Crisis and the Black/African American Population: An Urgent Issue offers the following as a way to engage:

> *"Understanding the existing assets in a community is essential. Where residents go for information, whom they trust to deliver care, and who the explicit and implicit community leaders are is critical information" (SAMHSA, 2020, p. 11).*

Effective assessment and evaluation requires the inclusion of those communities impacted by health disparities to collaboratively explore the nature of the disparity and identify culturally relevant solutions

Recommendation: Promote a CLAS Standards Assessment

In the Readiness Toolkit, you were introduced to the National Culturally and Linguistically Appropriate Services (CLAS) standards. The Office of Minority Health at the U.S. Department of Health and Human Services developed An Implementation Checklist for the National CLAS Standards along with an action worksheet which can be used to assist agencies to critically consider how they rate along the standards and to begin planning to improve in identified areas.

Another tool you may consider is the Recovery-Oriented System of Care Self-Assessment. This self-assessment tool covers several domains related to ROSC. Each statement under each domain can help provide direction and focus as you adopt ROSC. OACBHA has a number of resources related to ROSC that can be accessed here.

Data

Data informed and data driven have become buzz words for how organizations should conduct business. There is a continual quest for more and better data. The assessment phase is where a point to start to collect data, but in reality, data is being collected all the time. The conversation surrounding data in the behavioral health space can be paralyzing. It can feel like quicksand- we can get stuck by wanting better data that the available data gets ignored. Or some may look at the data they do have and not know what to do with it.

Data is essential for effectively identifying health disparities and monitoring the effectiveness of interventions to address those disparities.

The article Data-Driven Decision Making: A Primer for Beginners (Miller, 2019) offers five steps to making data-driven decisions:

1. Know your mission
2. Identify data sources
3. Clean and organize data
4. Perform statistical analysis
5. Draw conclusions

As you consider the data you need to make the best decisions for your organization and community, you must be intentional about adopting a health equity lens or you may miss marginalized communities. The Urban Institute released a research report – Do No Harm Guide: Additional Perspectives on Data Equity – which captures perspectives of underrepresented groups. The following are key findings to consider to be more inclusive in your efforts:

- Incorporate community-based participatory research
- Seek advice and input from communities
- Create a pipeline for more diverse data practitioners

As identified in the research report, community-based participatory research as referred to as participatory action research differs from traditional research because it engages those affected by the issue as partners in the research. This framework recognizes that there is value in a traditional discussion of knowledge and knowledge that is constructed by marginalized groups. The Participatory Action Research Toolkit provides an introduction to using this framework.

Actionable Intelligence for Social Policy (AISP) out of the University of Pennsylvania has developed a toolkit on centering racial equity throughout the data lifecycle. The toolkit and other resources can be accessed here.

The American Hospital Association has developed a guide on Improving Health Equity Through Data Collection AND Use: A Guide for Hospital Leaders. This guide provides some key strategies as well as cast studies with challenges and lessons learned. These case studies may provide some insight as you consider your own data strategy to address health inequities.

Blue Cross Blue Shield has released a report on Racial Disparities in Diagnosis and Treatment of Major Depression. Without going into the details of the report, this report highlights the importance of utilizing data to address health inequities.

Data helps us to understand the problem and its depth, it provides a way for us to solidify the problem, and lays a foundation to measure success in addressing the problem.

Listening Sessions

Listening sessions are a great way to engage with your community and hear from them about their experience. They can also be a great way to collect qualitative data from various groups in your community. If you already doing listening sessions with your community – consider your work through a health equity lens. Commitment to the work of health equity moves us to ensure that we are hearing the voices of the marginalized and unrepresented, which differs from just having an opportunity. For example, churches can be a great way to connect with the community and host a listening session. However, there may be groups who do not feel comfortable in a church, may differ religiously, or have experienced church trauma. You can have an open opportunity for everyone but are you creating additional opportunities for those who you miss. Public libraries generally provide great meetings spaces for a listening session but holding a session on one end of town may leave those on the other end feel excluded. These are things to consider as you plan your listening sessions.

If you are new to listening sessions, Faces & Voices of Recovery has developed a Community Listening Forum Toolkit with steps are hosting a forum. Eastern Michigan University Center for Health Disparities Innovations and Studies has also developed a Virtual Listening Session Toolkit that may be useful if you consider holding virtual sessions.

Planning

Assessment is initial and ongoing. You should always be taking in data and information to inform where you are and where you are going. This includes quantitative and qualitative data. The data you gather from your assessment is used in the planning process; this is part of data driven decision making.

A key to assessment and planning is to engage populations that are affected by health disparities. Consider:

- How can engagement of partners and stakeholders be inclusive, representative, and authentic?
- How can you engage marginalized people early into your process, so they have a real opportunity to help shape solutions and strategies?
- When you look at your meetings, what representatives are missing? How can you engage your group to hold ourselves accountable to ensure you are continually reaching those whose voices are not traditionally heard?

Including the perspectives of marginalized groups is data that is part of your assessment, but the community should have a dual role as both informant and problem solver. This means that the community needs to be engaged to give their perspective, but the organization should focus on keeping them engaged to help solve the problem too. You will find more information on meaningful, authentic engagement under the Transparency & Trust section of this toolkit.

A major part of planning is goal setting. You are most likely familiar with SMART framework for goal setting: Specific, Measurable, Achievable, Relevant, and Time-bound. This acronym has provided a framework for better goal setting and remains popular today. However, it has become increasingly important to be intentional about promoting equity starting with goal setting. SMARTIE goals provide a way to consider inclusivity and equitability in your goal setting.

Specific	*Measurable*	*Attainable*	*Relevant*	*Time-bound*	*Inclusive*	*Equitable*
S	M	A	R	T	I	E

Recommendation: Shift from SMART Goals to SMARTIE Goals

How is adding the "I" and "E" that much different from SMART goals? Here are a few examples on how to shift from SMART Goals to SMARTIE Goals from the article *What's Better than SMART Goals? Try SMARTIE Goals*.

From SMART…	… to SMARTIE
Run a successful annual conference with 20% more attendance…	… and people of color making up at least 50% of the panelists.
Expand youth mentorship program into three new counties by the end of June…	… with volunteer task forces that are representative of the community (by age, gender, race, and other characteristics) advising the expansion.
Redesign community grant program by the end of June…	… to prioritize organization that center inclusion and equity in their work.

The Management Center offers resources on developing SMARTIE goals including a worksheet to help you process setting up your goals.

Intervention

In a clinical setting, a diagnostic assessment would be completed that would inform the treatment plan, and then the intervention would be the treatment (i.e., medication, therapy, case management, etc.). However, intervention may be difficult to conceptualize at the organizational and community level. For this toolkit, intervention refers to the **planed action based off an assessment**. An intervention at the organizational and community level may look like a strategy to increase diversity in the workforce or a Request for Proposal (RFP) for services for a marginalized population. Whatever the intervention is, it should come from the assessment and planning process.

Your intervention is how you demonstrate your commitment to health equity. Consider the following:

Suggestion	**Potential Action**
Hire a more diverse staff	• Change the language of job postings to attract a broad, diverse pool of talent. Here is one example from an employer: "Don't meet every single requirement? Studies have shown that women and people of color are less likely to apply to jobs unless they meet every single qualification. At Tegus we are dedicated to building a diverse, inclusive, and authentic workplace, so if you're excited about this role but your past experiences doesn't align perfectly with every qualification in the job description, we encourage you to apply anyways. You may be just the right candidate for this or other roles".
Recruit a diverse Board of Trustees	• Diversify where you recruit Board members. Check with organizations like the NAACP or some minority owned businesses. • Check out if there are any professional associations in your area that may have potential Board members.
Continue your learning	• As an organization, require continuing education in health equity, diversity, and inclusion as part of your evaluation process. • Ensure you are bringing in diverse speakers for events and trainings.
Make investments in minority owned businesses	• Change your RFP process to grant additional points for minority owned business. • Align funding to match your commitment and prioritize.

Increase staff cultural competency.	• Conduct regular cultural competency trainings. • Review data for disparities and target trainings to address emerging trends.
Create an inclusive environment.	• Have common documents translated into common languages spoken in your area. • Included images of people representing diverse backgrounds. • Contract with an interpretation service and ensure staff know how to access interpretation services when clients speak a language other than English.

Recommendation: Consider Lived Experience Quotient in your recuring efforts

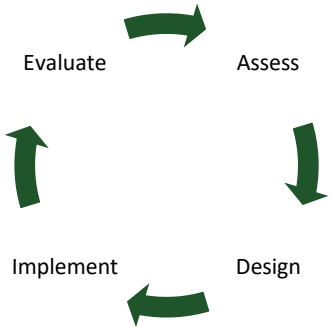
As you consider diversity and inclusion in your recruiting efforts, Jennifer Tardy provides a model to help give language and structure for *Lived Experience Intelligence* (LEI). She defines lived experience intelligence as "the particular set of knowledge, skills, and abilities that develops out of life events and occurrences in which one has been engaged, ultimately enhancing insight and perspective. She encourages organizations embrace the concept of *Lived Experience Quotient* (LEQ) which is defined as "*the extent to which on exercises the knowledge, skills, and abilities that one has developed through life events, applying and expressing them in one's thinking and actions, and using them as an asset*". So, then LEI is what an individual has while LEQ is what an individual uses. You can read more about LEI and LEQ in her white paper available for download.

Recommendation: Focus on Changing Systems – Not People

In the article To Avoid DEI Backlash, Focus on Changing Systems – Not People (2022), Lily Zheng offers practical steps for implementing successful DEI initiatives. When initiatives focus on changing people, individuals can feel like that are the target. Focusing on the process and policies that create system inequities can help to reduce the risk of the backlash that can compromise this important work.

Monitoring

You have assessed, planned, and have begun your intervention. Now you begin the monitoring process which involves observing the progress and quality of the intervention. By now you may be thinking that the Stages of the Helping Process look a lot like stages of continuous quality improvement. Depending on the methodology you are more familiar with, there is recognition of the similar elements.



Monitoring is an important phase to ensure that the intervention is having a beneficial impact. Without monitoring you run the risk of waiting until the evaluation stage to realize the intervention has not been effective (or worse, has caused additional harm). The ability to pivot and change what you are doing, based on the data you are getting from the monitoring process, is imperative.

There are a number of quality improvement/change management methodologies that can be utilized to assist you in advancing health equity. Some are more rigorous and require extensive training; others are more flexible and can be implemented with a little training. The following are types of process for your consideration.

- NIATx – a simple, evidence-based process improvement that can help teams engage in implementing change quickly. More information on the model, training, and tools can be accessed here.
- The Model for Improvement, developed by Associates in Process Improvement, uses the Plan, Do, Study, Act (PDSA) cycle. PDSA is a four stage, iterative process used to carry out change. Here are some Directions and Examples. Here is more information on the Model for Improvement.

The National Committee for Quality Assurance has issued the Behavioral health Equality Framework: A Roadmap for Using Measurement to Promote Joint Accountability and Whole-Person Care (2021). The framework offered has three primary components:

1. "Identification of population goals and priority populations, with a strong focus on care equity.
2. Purposeful, coordinated alignment of measures and metrics across different levels of delivery systems to drive common goals, and
3. Alignment of policies and payment models to support and sustain efforts."

Recommendation: Adopt a consistent use of an agreed process for your monitoring and quality improvement efforts.

Evaluation

Evaluation is synonymous with assessment. It is the final phase where you determine if the interventions had a positive affect and caused change. By following the process, you will have a good idea if your implemented strategies were successful because you have been monitoring and adapting when needed.

The Equitable Evaluation Initiative offers a framework that challenges the way evaluation is typically conceptualized. Three principles ground the framework.

1. Evaluative work is in service of and contributes to equity:
   Production, consumption, and mange of evaluation and evaluative work should hold at its core a responsibility to advance progress towards equity.
2. Evaluative work should be designed and implemented with the values underlying equity work:
   Multi-culturally valid and oriented toward participant ownership.
3. Evaluative work can and should answer critical questions:
   Ways in which historical and structural decisions have contributed to the condition to be addressed, effect of a strategy on different populations, on the underly systemic drivers of inequity, and ways in which cultural context is tangled up in both the structural conditions and the change initiative itself.

(Equitable Evaluation Framework Framing Paper)

What is important to note here is that traditional ways of conducting evaluation have removed the evaluative process from the actual work in an attempt to establish objectivity. Yet this objectivity creates undue hierarchy and robs those who have done the work from contributing to the process. It does not make sense to do the work to promote health equity only to evaluate that work with the tools developed by the systems that have created inequities. Therefore, it is imperative that equity becomes central to every phase of the process from assessment to evaluation.

Another resource is Doing Evaluation in Service of Racial Equity which consists of three guides.

1. Doing Evaluation in Service of Racial Equity: Debunk Myths
2. Doing Evaluation in Service of Racial Equity: Diagnose Biases and Systems
3. Doing Evaluation in Service of Racial Equity: Deepen Community Engagement

Recommendation: Think critically about what you are evaluating and how you are evaluating it.

Transparency and Trust

As discussed earlier, it is important to establish an organizational commitment to health equity. Demonstrating commitment helps to build trust with the community. Often times, the organizational decision-making process happens behind closed doors and only a few have access to the process. This can leave the community unclear around why decisions were made. Establishing an organizational commitment and acting on that in a visible way can help promote trust. Making the data and decision-making process as transparent as possible can promote trust from the community.

If there is one clear message from all the literature and works on health equity, it is we must go to those most affected by disparities. We must listen to them and then meaningfully include them in the process of addressing disparities and injustices.

Strategies to Engage in Authentic Community Dialogue

Engaging your community in authentic, meaningful dialogue is at the core of addressing health equity, but it can be difficult to know how to begin these conversations. Strategies to encourage meaningful conversations with the local community include the following:

- Identify community champions to partner with to engage in community dialogue.
- Partner with the community to lead the conversation. Instead of saying, "Here are the data, is this something that is happening?" try, "Let's talk about some of the data from your community. What does this mean to you?"
- Develop long-term relationships with community stakeholders to ensure that their voice is sustained through all aspects of data collection, reporting, and CQI.
- Compensate community members for their time, and select meeting times and locations that minimize barriers to participation.
- Acknowledge your place of power within the community. Attempt to be humble and build relationships based on collaboration and support, not enforcement or authority

From Applying a Health Equity Lens to Analyze Performance Data and Inform Continuous Quality Work

Allyship

In a Forbes article, Atcheson (2018) describes an ally as "any person that actively promotes and aspires to advance the culture of inclusion through intentional, positive and conscious efforts that benefit people as a whole". Although the article focuses on the tech industry, there are many takeaways that can be applied to allyship in any space. Atcheson shares that true allies should:

- Lift others up by advocating,
- Share growth opportunities with others,
- Not view venting as a personal attack,
- Recognize systemic inequalities and realize the impact of microaggressions,
- Believe underrepresented people's experiences, and
- Listen, support, self-reflect & change.

Allyship is about using one's influence to support underrepresented and marginalized groups. There are different type of allies, and this article provides examples of what it looks like at work.

While individuals may support the concept of allyship, they struggle with the actions allies should take. The YWCA has created develop 10 Things Allies Can Do to support marginalized communities.

Kim and Meister (2022) have written How to Intervene When You Witness a Microaggression which helps to define different types of microaggressions and provides three actions allies can intervene. The Guide to Allyship is another great resource for allies. It covers dos and don'ts, how to handle mistakes, and apologies. Self-reflection is an action allies can take. In the Health Equity, Diversity, and Inclusion Readiness Toolkit, you learned about implicit bias. This TedxTalk with Dushaw Hockett shares what we can do about the implicit bias we all have. Another tool is the Internalized Racism Inventory from Cultural Bridges to Justice can help you reflect on the ways racism may have cause you to internalize oppressive biases.

Interested in learning more about allyship and how you can be an effective one? Here are more resources on being an ally.

Remember – Allyship requires action.

Populations to Consider

In the *Health Equity, Diversity, and Inclusion Readiness Toolkit*, resources were provided to support a better understanding of issues experienced by marginalized communities such as racial and ethnic minority youth, LGBTQ communities, and rural communities. The American Psychiatric Association (APA) has also developed factsheets for several populations. Race and ethnicity are an important areas to address because African Americans, Latinx, and Asian Americans receive treatment for their mental health challenges between 50-70% less than White people in the United States (Shukla, 2022). However, there are other areas of identity and status that should be considered. Intersectionality refers to "the ways in which systems of inequality based on gender, race, ethnicity, sexual orientation, gender identity, disability, class, and other forms of discrimination "intersect" to create unique dynamics and effects". Intersectionality can help us recognize the dimensions of diversity beyond race and ethnicity. This Definitive Guide to Diversity Types in the Workplace is another resource to consider as you think about the great breadth of diversity.

OACBHA has developed information and resources that highlight the behavioral health needs of different populations.

- Addressing Behavioral Health Disparities in the Black Community
- Supporting Mental Health of Refugees and Asylum Seekers
- Youth in Crisis: Suicide Rates Trend Up for Black Youth
- LGBTQ+ Pride Month Learning Community
- Hispanic Heritage Month Learning Challenge

Another population that goes overlooked at times are those with developmental disabilities. Prokup, Andridge, Havercamp, and Yang (2017) explored the health care disparities of Ohioans with developmental disabilities. Our behavioral health systems can struggle to effectively meet the needs of this population, however that does not mean their needs should not be considered. Disabilities in general contribute to disparities. There are individuals with developmental disabilities and/or physical disabilities. This article talks about advancing health equity for people with disabilities in the United States. If we are not intentional about including these groups, then they get forgotten.

Neurodiversity and neurodivergence are terms that are becoming more common. According to Diversity for Social Impact, "Neurodiversity is the idea that previous categorizations of mental abilities and disabilities, which led to severe disadvantages among various groups of people, are nothing but differences in mental functions". Neurodivergence refers to the differences in how to brain process that can be due to genetic or environmental factors. Neurodivergence can vary from autism to ADHD/ADD to intellectual disabilities, to trauma. Neurodiverse individuals are found in every group, and it is important to recognize this to create systems that also support their needs.

Additional Tools & Resources

There are many excellent tools out there to help you address behavioral health inequities and to advance health equity. Here are a few more.

- Multiethnic Advocates for Cultural Competence (MACC) has a mission to help organizations embrace, achieve, and benefit from diversity and equity. They provide cultural competence, CLAS, and trauma-informed care training.
- The National Council for Mental Wellbeing has complied tools, resources, and webinar recordings related to Addressing Health Equity and Racial Justice. One of their resources is a toolkit for Addressing Health Equity and Racial Justice within Integrated Care Settings.
- If you are an avid **reader** you will want to check out 10 Diversity and Inclusion Books Every Exec Should Read.
- Understanding the social determinants of health is critical to the work of behavioral health equity. However, the SDOH are supported by the political environment. Another recommended reading is The Political Determinants of Health which explores how policy and politics include the social conditions that contribute to health outcomes.
- In this article, experts share three tips for creating an effective DEI strategy.
- This downloadable report reviews five classic and often overlooked mistakes organizations make when it comes to DEI.
- The Addiction Technology Transfer Center Network (ATTC) offers a plethora of resources on Building Health Equity and Inclusion.
- The Mental Health Technology Transfer Center Network (MHTTC) also offers several resources, products and toolkits related to Racial Equity and Cultural Diversity.
- In this article, Jacobs, Quartarone, and Hemingway (2022) wrestle with the question Do Your Diversity Initiatives Promote Assimilation Over Inclusion?

Community – Where it starts and ends

If you take nothing else from this toolkit, **take this**. Meaningful engagement with those groups in the community who are most impacted by inequities cannot be overstated. Developing relationships within the community and becoming an ally by understanding their needs from their perspective and co-creating solutions, is part of what differs this work from corporate DEI initiatives. While DEI is important, the advancing health equity goes beyond the walls of our organizations. Our work must start with the community, we must partner with the community, and we must share our success with the community. Assessing Meaningful Community Engagement: A Conceptual Model to Advance Health Equity through Transformed Systems for Health was developed by the Organizing Committee for Assessing Meaningful Community Engagement in Health & Health Care Programs & Policies. The model centers community engage as a strategy to change systems. If you are serious about advancing health equity – engage with the community.

When It Doesn't Work Out

Monitoring the implementation of your interventions- the actions you take based on your assessment- is critical. The ability to pivot comes with understanding where you are and where you want to go. So, what you're doing doesn't work out? What happens when you are monitoring your intervention and after six months there is no impact or things are getting worse?

Here are a few strategies adopted from Dr. Sam Rae, a DEI Strategies and Systems Analyst.

Rome Wasn't Built in a Day: You don't have to build everything you want today (Clear, 2014)

By now I hope you have realized that advancing health equity cannot be a check the box strategy. The systems we are in have been in place for generations and making the changes needed so all people can receive the equitable care they need will take time. Working towards health equity is an iterative process of assessment, planning, intervention, monitoring, and evaluation. It requires relationship building and allyship. It requires us to critically evaluate and challenge our ways of doing things. It is ok to stop and reassess. It is ok to pivot. It is ok to not know what to do. Our continually commitment to this work is what will drive this work forward.

It is not our differences that divide us. It is our inability to recognize, accept, and celebrate those differences.

~Audre Lorde~

Ohio Association of County Behavioral Health Authorities

(614) 224-111

www.oacbha.org

Cheri L. Walter, CEO