

Northwest (HHS Region 10)

Addiction Technology Transfer Center Network Funded by Substance Abuse and Mental Health Services Administration



Northwest ATTC presents: Creating An Equitable Recovery Environment For Clients of Color

Thank you for joining us! The webinar will begin shortly.

- Participants are automatically muted during this presentation
- **Got questions?** Type them into the chat box at any time and they will be answered at the end of the presentation.
- An ADA-compliant recording of this presentation will be made available on our website at: <u>http://attcnetwork.org/northwest</u>





Questions? Please type them in the chat box!







Look for our surveys in your inbox!

We greatly appreciate your feedback!

Every survey we receive helps us improve and continue offering our programs.

It only takes **1 minute** to complete!







Certificates of Attendance are available for live viewers!



Viewing Groups:

Please send each individual's name and email address to northwest@attcnetwork.org within 1 business day.

Your certificate will be emailed within a week to the address you registered with.



NORTHWEST ATTC

JOVAN HOLLINS



Tribal Land Acknowledgement

In applying a lens of cultural humility to issues of diversity, equity, and inclusion, Northwest ATTC offers this land acknowledgement for today's event.

Our work intends to reach the addiction workforce in HHS Region 10: Alaska, Idaho, Oregon, and Washington. This area rests on traditional territories of many indigenous nations, including tribal groups with whom the United States signed treaties prior to the granting of statehoods.

Please join us in support of efforts to affirm tribal sovereignty and in displaying respect and gratitude for our indigenous neighbors.





I AM ON LUISENO & KUMEYAAY LAND



https://sctca.net/la-jolla-band-of-luisenoindians

Whose land are you on? https://native-land.ca/

AGENDA

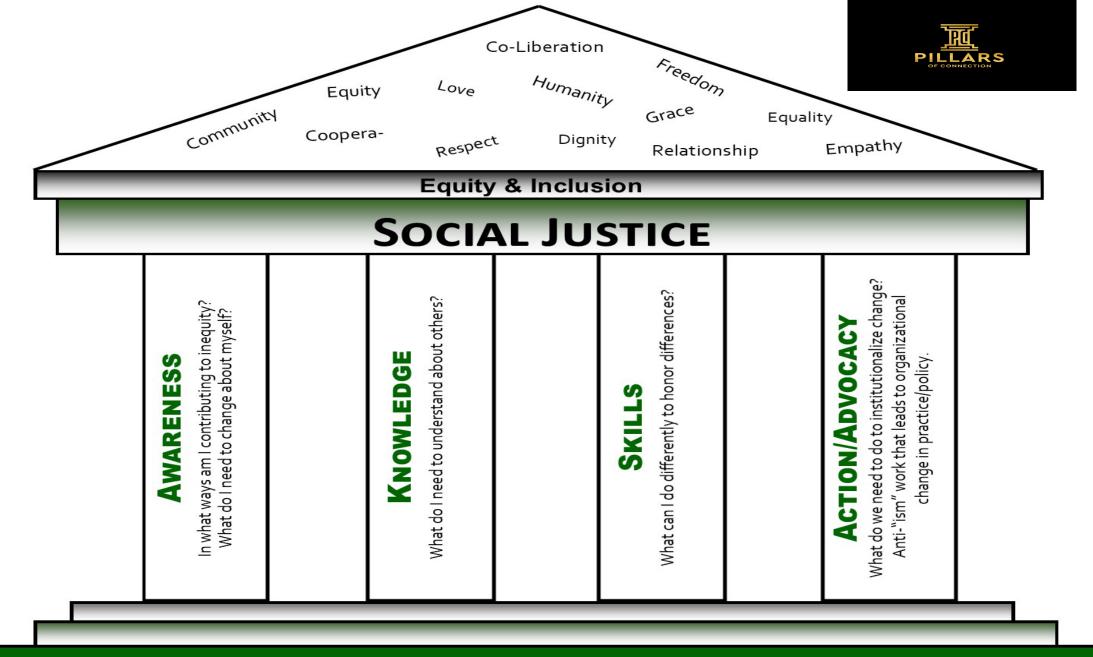
- Understanding the role you play
 - Definitions
- Implicit Bias (Awareness)
 - General Impact
 - Patient Impact
 - Colorblind
 - Damaging perspective
- Meeting patients where they are (Knowledge)
 - Stereotype threat
 - Micro-aggressions
- How can you create an inclusive environment(Skills)
 - Building Trust Community/Employees
 - Anti-racist verbiage
 - Opportunities

DEFINITIONS

- **Diversity** is a variety of personal experiences, values, and world views that arise from differences of culture and circumstance. Such differences include race, ethnicity, gender identity, sexual orientation, socioeconomic status, culture, national origin, religious beliefs, age, disability status, or political perspective. We value and respect our collective similarities and differences
- **Health Equity** is when everyone has a fair and just opportunity to be as healthy as possible. Achieving health equity requires removing obstacles to health such as poverty, discrimination, and their consequences, to achieve equitable distribution of power, access to good jobs with fair pay, quality education and housing, safe environments, and high-value health care. (adapted from RVVJ Foundation)
- Inclusion is when everyone feels welcomed, engaged, and valued.

#I ISSUE - SOCIAL DETERMINANTS OF HEALTH

 Social determinants of health are the "complex, integrated, and overlapping social structures and economic systems that are responsible for most health inequities. These social structures and economic systems include the social environment, physical environment, health services, and structural and societal factors. Social determinants of health are shaped by the distribution of money, power, and resources throughout local communities, nations, and the world." - CDC



ANTIRACIST ORGANIZATION



An active process of becoming aware of our own assumptions about human behavior, values, biases, and preconceived notions.

AWARENESS







IMPLICIT BIAS DEFINITION

- Healthcare-
 - Implicit biases involve associations outside conscious awareness that lead to a negative evaluation of a person on the basis of irrelevant characteristics such as race, gender, age etc.

Implicit Bias Creates Blind Spots

Blind Spots Impact Patients

BL HIDDEN BIASES of GOOD PEOPLE

> MAHZARIN R. BANAJI ANTHONY G. GREENWALD

BLIND SPOT DEFINED

- Blind spots...
- Your brain on autopilot
- Experts tell us that our unconscious mind makes a majority of our decisions. It creates blind spots—unconscious biases that can narrow your vision and potentially influence your behaviors. Are you letting blind spots steer your decision making? It's time to take control. -PWC

IMPLICIT BIAS IN HEALTHCARE

- The evidence indicates that healthcare professionals exhibit the same levels of implicit bias as the wider population. The interactions between multiple patient characteristics and between healthcare professional and patient characteristics reveal the complexity of the phenomenon of implicit bias and its influence on clinician-patient interaction. The most convincing studies from our review are those that combine the IAT and a method measuring the quality of treatment in the actual world.
- Correlational evidence indicates that biases are likely to influence diagnosis and treatment decisions and levels of care in some circumstances and need to be further investigated. Our review also indicates that there may sometimes be a gap between the norm of impartiality and the extent to which it is embraced by healthcare professionals for some of the tested characteristics.

I DON'T SEE COLOR



COLORBLIND PERSPECTIVE

The Intention

The Impact

• The Awareness



Actively attempts to understand the worldview of culturally diverse populations—

Knowledge

STEREOTYPE THREAT

- Defined-
 - Stereotype threat can be defined as a disruptive psychological state that people experience when they feel at risk for confirming a negative stereotype associated with their social identity—their race, gender, ethnicity, social class, sexual orientation, and so on.

STEREOTYPE THREAT IN ACTION



IMPACT FROM STEREOTYPE THREAT

• Avoidance of health care.

 To receive proper care, patients must seek it. Yet if stereotype threat creates an unpleasant social climate, patients may avoid their providers. Minority group members who perceive discrimination and report higher levels of mistrust are the patients most likely to miss medical appointments and delay needed or preventive medical care

IMPACT FROM STEREOTYPE THREAT

Communication

 Even if patients do not avoid their providers, ineffective communication can hinder their care. Providers need to know medical histories, habits, and symptoms to offer the most appropriate course of treatment. If a patient is experiencing stereotype threat, communication can be compromised in several ways.

PERCEPTION OF THE INTERACTION

 Because stereotype threat engenders mistrust, minority patients may hear, understand, and recall information and feedback, yet discount it because it is seen as biased or threatening.

Microaggressions

MICROAGGRESSIONS DEFINED

- Racial microaggressions are the brief and everyday slights, insults, indignities and denigrating messages sent to people of color by well-intentioned White people who are unaware of the hidden messages being communicated. These messages may be sent:
 - I.Verbally ("You speak good English.")
 - 2. Nonverbally (clutching one's purse more tightly)
 - 3.Environmentally (symbols like the confederate flag or using American Indian mascots).

MICRO-ASSAULT

- Purposeful
- Conscious
- Private
- Lose Control

MICROINSULT

- Subtle snubs
 Often unintentional
- Nonverbally
 Demeans racial heritage
- Hidden insulting message

MICROINVALIDATION

- × Negates reality of POC
- × Nullifies feelings
- × Color blindness

"Let me remind you, this is a name of a football team that has had that name for 80 years and has presented the name in a way that honored Native Americans." –NFL Commissioner Roger Goodell

THE WAY AHEAD

- Eliminate prejudice, discrimination, and disrespectful treatment by clinical and nonclinical staff.
 - Create an inclusive environment for patients
 - Address the issue with conversation
 - Meet the patients where they are
 - Create the inclusive environment that will make everyone comfortable

STARTING THE DIALOGUE

- The conversation needed wont be easy.
 - Start internally
 - Invite patients into the conversation
 - Close the loop on any requests or deliverables

Framework



NORMS

- Experience Discomfort
- Stay Engaged
- Listen for Understanding
- No Fixing
- Speak Your Truth
- Take Risks
- Expect and Accept Non-Closure



Adapted from Glenn Singleton: Courageous Conversations about Race: A Field Guide for Achieving Equity in Schools

THE ENVIRONMENT

- The likelihood of connection is increased in the presence of contextual cues that convey the high value of members of minority race groups.
 - One powerful cue is the presence of racial minority role models who exhibit counter-stereotypical traits and behaviors.
 - Hiring racial minority employees to occupy respected positions in the health care setting.

TRUST

• Trust is a willingness to be vulnerable to the actions of others because we believe they have good intentions and will behave well towards us. When we trust other people, we give them the power to take actions that will impact us, because we believe that these actions will be good.

TYPES OF TRUST

 Contractual trust refers, simply, to whether promises are kept, expectations are clear, and community members believe that they can depend on one another. Contractual trust is strong when people follow through on commitments; when they do what they say they're going to do.

TYPES OF TRUST

- Communication trust is more nuanced. Community members need to know they'll be told what they need to know when they need to know it. Clear and frequent communication helps people follow rules, support local causes, and accept change.
 - But keeping a tight lip can build trust, too. Gossip erodes trust very quickly.

TYPES OF TRUST

- Competency trust is something even the most scrupulous communicator can lose if they don't perform their job well.
 Competency trust is built when people are knowledgeable and skilled in what they do. People and groups build trust not just when they do a job, but when they prove they can do their job well.
 - Trust in competence can be strengthened in other ways, too like admitting a mistake or expressing trust in others' abilities.

TYPES OF TRUST

• **Caring** is the softer side of trust. We strengthen caring trust with genuine acts and words that express concern. Caring trust leads others to believe that no matter what might go wrong, you intend to act in their best interests rather than from a personal motive.

TRANSPARENCY IS KEY

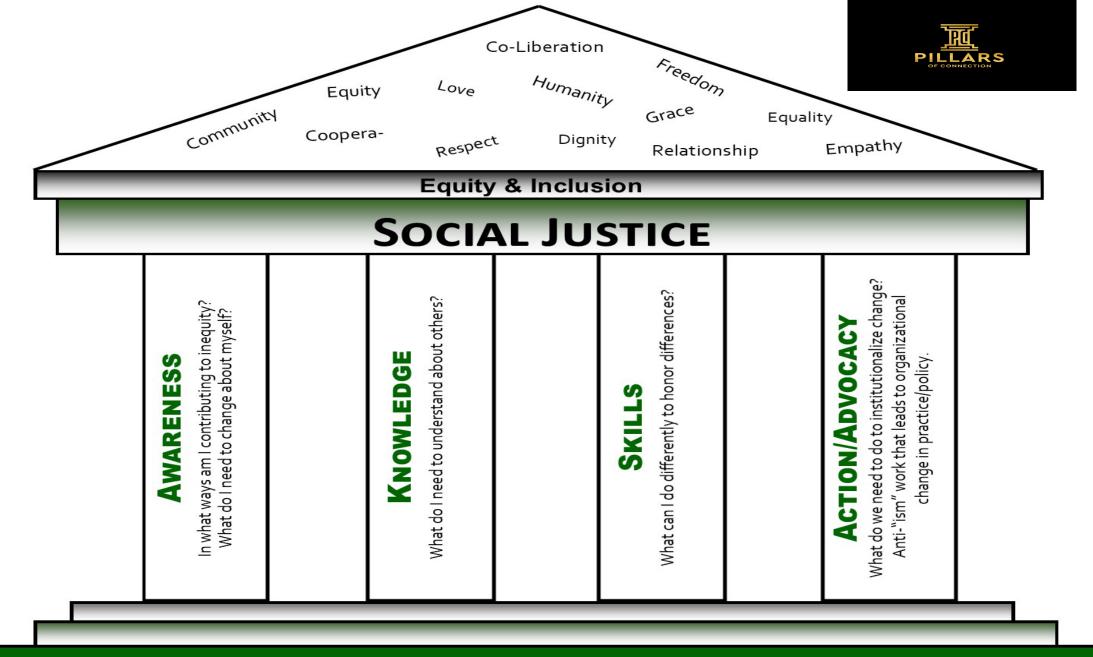
Being mindful of not only what builds trust, but what breaks trust.

WHAT BREAKS TRUST?

- Trust is broken when we have a limited understanding of how a decision has been made or feel that leaders are out of touch. If we think that bias has influenced the decision-making process, or feel like our own perspectives have been pushed to the side to benefit a group with more sway, we won't believe that a decision benefits us and may try to resist it.
- When governance processes become more specialized and complex, the distance also increases between citizens and decision-makers and we can feel disconnected. It's essential to bridge that gap, especially when the solutions required to combat incredibly complex issues, such as the climate crisis require collaboration and buy-in from a wide variety of experts and community stakeholders.

HOW DO WE ATTRACT CANDIDATES?

Always Starts With Awareness



ANTIRACIST ORGANIZATION

What do people have to leave behind in order to succeed?



A workplace can only be diverse if the people who work there can be themselves. PricewaterhouseCoopers

their opinions? their background? their native language? their real hairstyle? their gender? their ethnicity? their sexual orientation? their ideas? their personality their religion? their uniqueness? themselves?

Willingness to address personal and institutional bias?

Culturally inclusive?

Works effectively across cultures?

Addressing disproportionality? Effective leadership in a growing diverse organization?

Culturally inclusive communication skills?

Collaboration?

Job Description Language

Works effectively in diverse teams?

Intercultural competence?

Culturally responsive skills and practices?

Sensitive to the needs of diverse audiences?

Values diversity?

Experience working with diverse cultures?

Honors and respects differences?

Committed to culturally relevant institutional change?

Outward Commitment To Social Justice

1. What language is used to refer to the organization's belief in diversity, equity, and inclusion? (Check all)

Basic

□ Anti-discrimination policy □ Culture □ Social Justice □ Differences □ Diversity

 \Box Honor \Box Inclusion \Box Respect \Box Embrace \Box Bias \Box

Advanced

Antiracism Culturally responsive Disproportionality Equity Heterosexism/Homophobia

Institutional/Systemic
 Privilege
 Social Justice
 Stereotypes
 Racism
 Islamophobia

2. Where is this language found in the job announcement? (Check all that apply)
At the beginning
In the middle
At the end
In 1 statement
In 2-3 statements
In 4+ statements

MEASURING EXPERIENCE

	MEASURING EXPERIENCE	Yes	No	Not Sure	N/A
1.	Does the job announcement say it requires a college degree? If yes, determine if a degree is necessary.				
2.	Are there multiple ways for applicants to meet the minimum experience requirements, ex: years in specific position and/or education?				
3.	Are there any minimum requirements that could easily be taught through a short period of on-job training?				
4.	Is there any mention of on-job training supports provided?				
5.	Is there any mention of experience working with diverse populations?				
6.	Is there any mention of relational skills or ability to work with a team?				
7.	Is there any mention of perseverance in the face of obstacles or similar qualification?				
8.	Can recent immigrants use similar experiences or education from another country to meet the job qualifications?				
9.	Is fluency in two or more languages listed as a desired qualification?				
10	. If not, would it be beneficial to the organization?				

THE WORK CONTINUES

- Now that you have connected with your patients and have more knowledge of the diverse work force, what is next?
 - Workshops
 - Facilitations
 - Books
 - Employee Resource Groups
 - Patient Resource groups/Outreach





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