



Equity as an Expectation

DR. TONICIA FREEMAN-FOSTER

AUGUST 30, 2021

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<https://www.magellanhealthcare.com/contact/>.

If you are in an emergency situation, you should do one of the following:

1. Call 911
2. Go directly to an emergency room
3. Call your doctor or therapist for help



Agenda

1

Behavioral health inequities among diverse populations, and underlying causes

2

Ways in which our own biases and prejudices exacerbate inequities

3

The importance of self-reflection and self-awareness when entering helping spaces

4

Strategies for fostering hope and hopefulness in the work and workplace

5

Criticalness of client, participant, customer and family voices in policy/decision-making processes

6

Fostering diverse and innovative community (formal and informal) partnerships

6

Q&A/Discussion

Equity As An Expectation

Magellan Healthcare *eMpowered for Learning* webinar

Facilitator: Dr. Tonicia Freeman-Foster

August 30, 2021



FACILITATOR

DR. TONICIA FREEMAN-FOSTER, CDP, CHES®, CCAR™, PMP



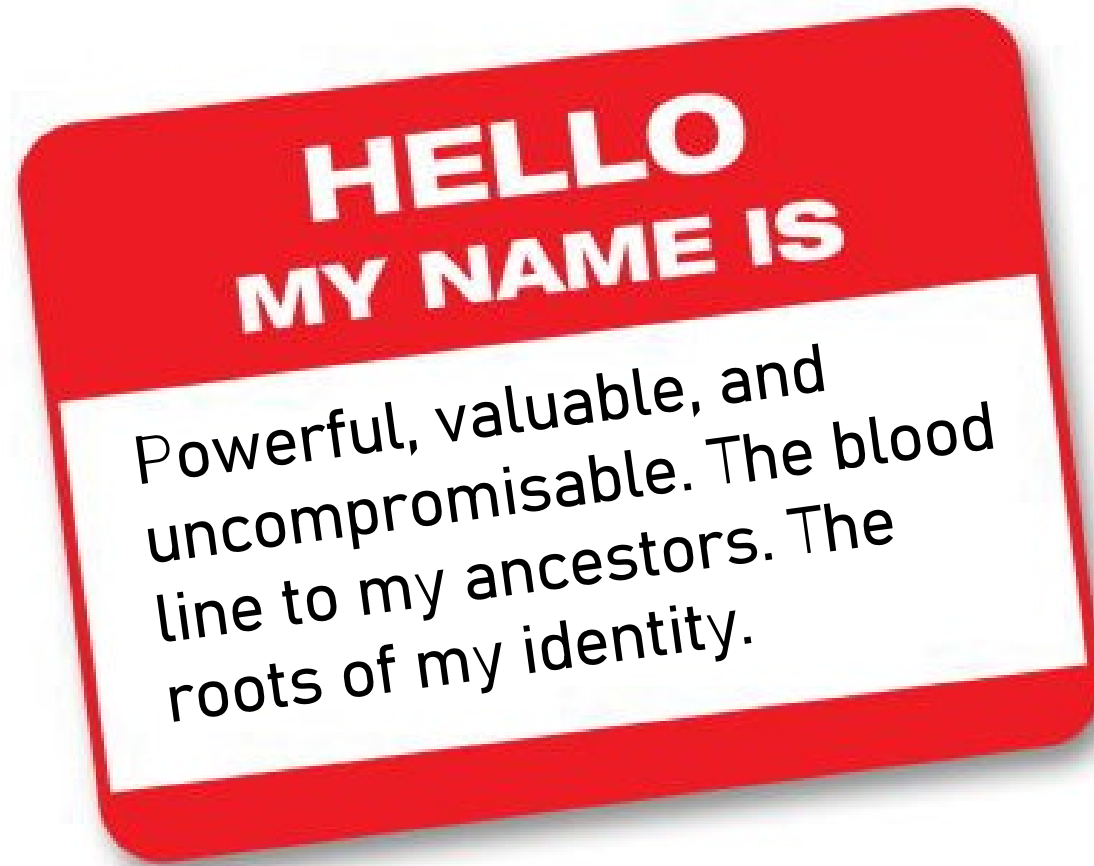
- Co-Founder & Principal Consultant of Kusudi Consulting Group
- Project Director & Change Specialist at Change Matrix

GETTING TO KNOW YOU

- Please share your name
- The meaning or value of your name
- State/Tribe/Territory you are joining from today



SAY (AND SPELL) MY NAME... CORRECTLY



LEARNING OBJECTIVES

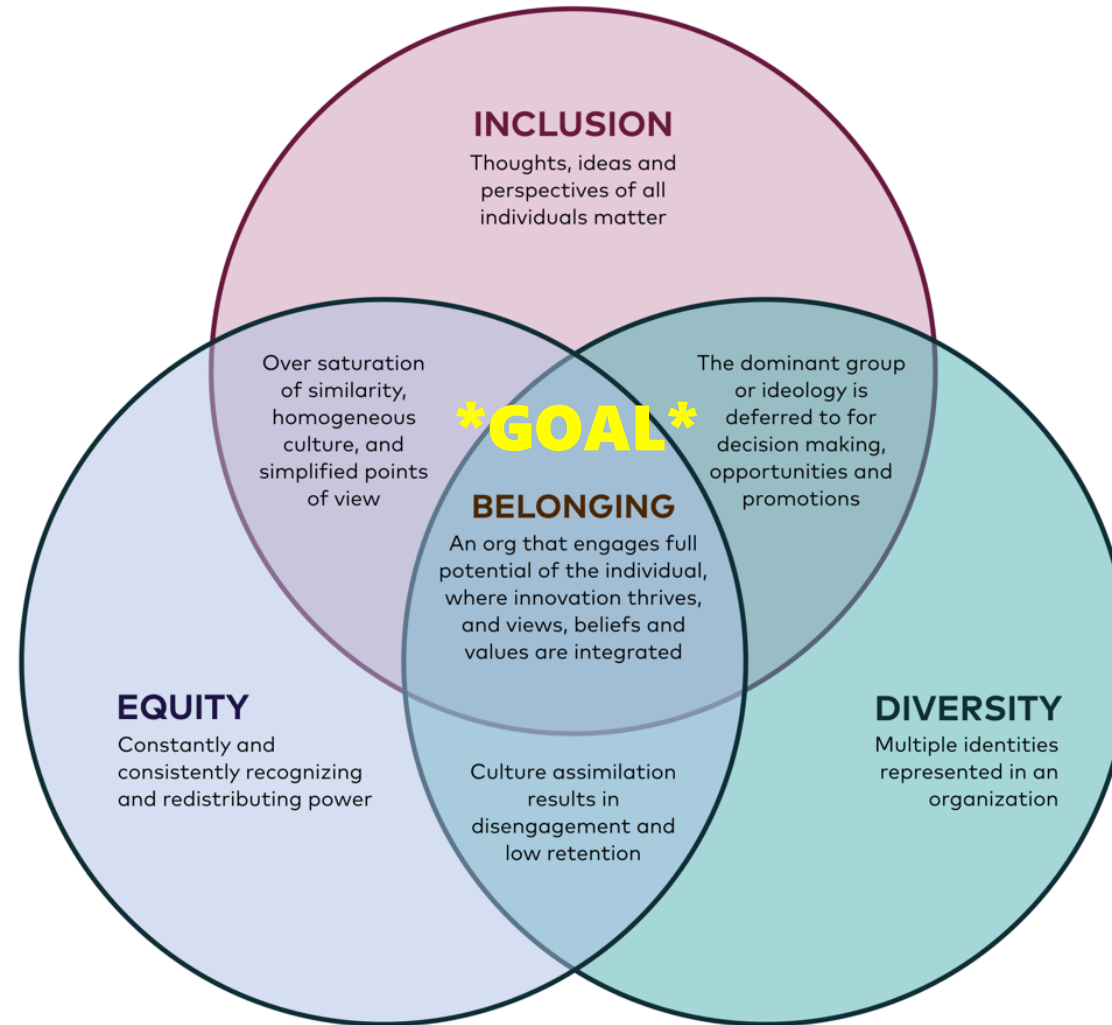
- Describe the relationship between health inequities (historical and present-day) and client engagement.
- Identify the ways in which biases and beliefs impact actions, both positively and negatively.
- Describe how to engage in authentic self-reflection using the PAUSE model, in an effort to lead/facilitate/implement equitable behavioral health services for all persons.
- Explain the CHIME Framework for Recovery and identify actions that mental health practitioners and mental wellness advocates can implement to promote and sustain positive and equitable outcomes for clients, families, and communities.

TODAY'S COMMITMENTS

- Be present. Stay present.
- Embrace the uncomfortableness as an opportunity for growth.
- Speak your truth from a place of "I"
- Demonstrate empathy for diverse journeys.
- Use respectful language.
- Acknowledge the humanity behind systems, policies, organizations, as a critical precursor for change.
- Ask curious questions through a lens of love, with the intent to learn and not defend.



DEVELOPING SHARED DEFINITIONS



Burnette, K. (2019). Belonging: A Conversation about Equity, Diversity, and Inclusion. Retrieved from <https://www.aug.co/blog/belonging-a-conversation-about-equity-diversity-and-inclusion>

Turner, T. (2014). Winning at the Intersection of Equity, Diversity & Inclusion. Retrieved from <https://www.turnerconsultinggroup.ca/blog-tana-turner/winning-at-the-intersection-of-equity-diversity-inclusion>

BACK AT THE RESTAURANT...



EXPECTATIONS



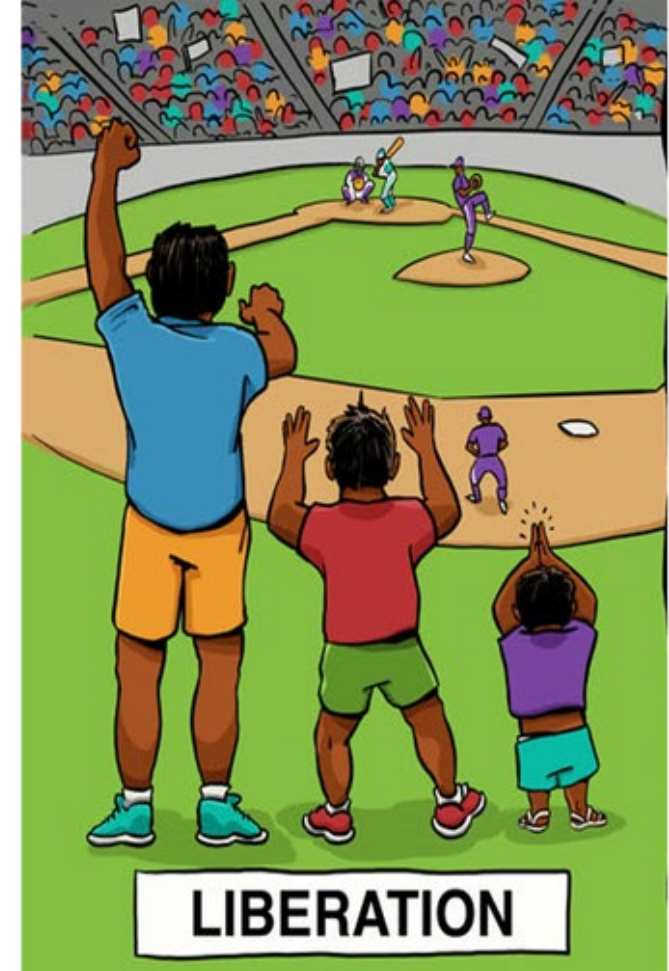
DEAL BREAKERS



EQUITY & WELLNESS



WHAT IS EQUITY?



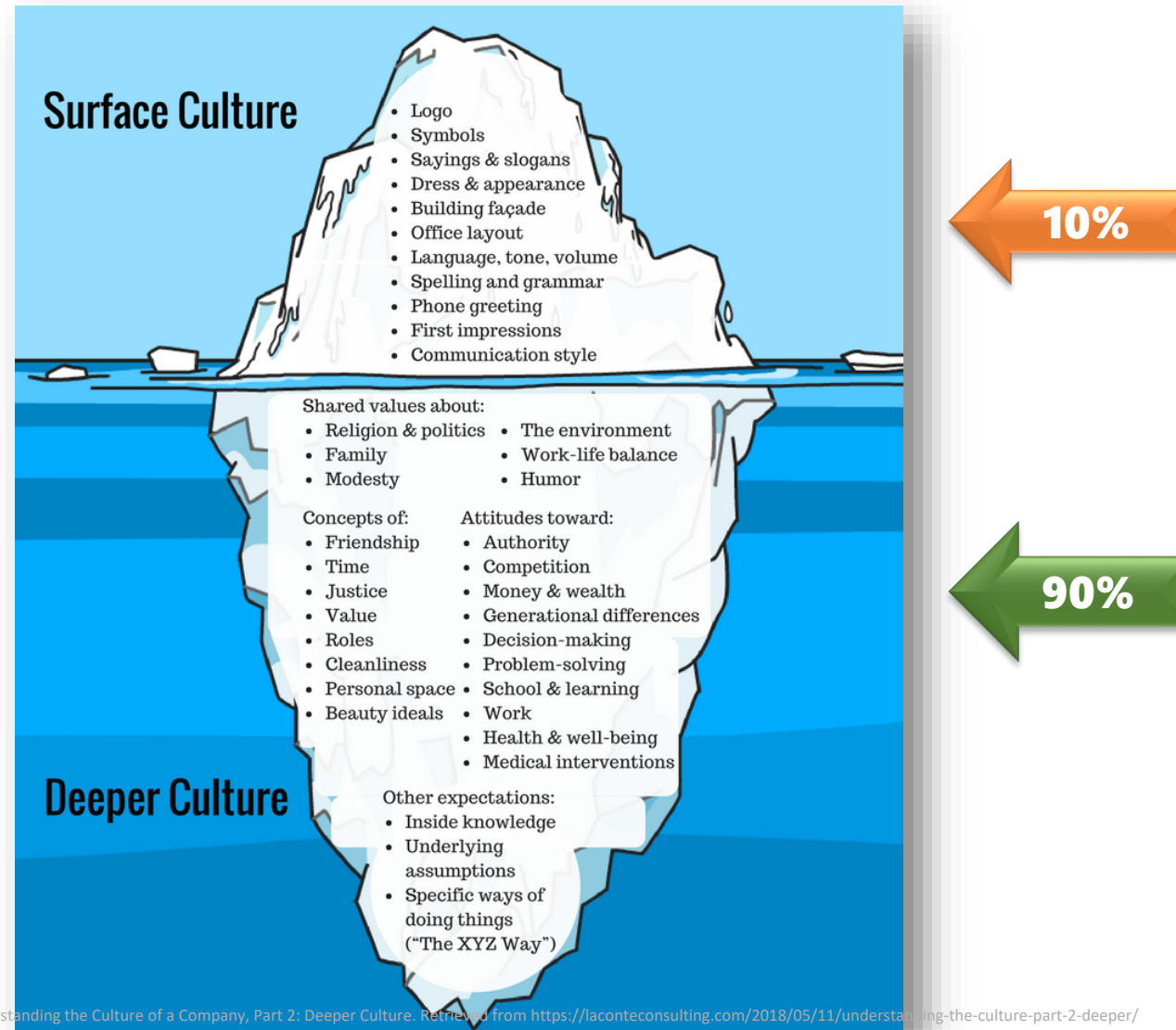
Hudson, S., and Rikard, R. V. 2018. The case for health literacy: Moving from equality to liberation. NAM Perspectives. Commentary, National Academy of Medicine, Washington, DC. <https://doi.org/10.31478/201805a>

WHY IT MATTERS...

- Ethnic/racial minorities often bear a disproportionately high burden of disability resulting from mental disorders.
- Approximately 50% to 75% of youth in the juvenile justice system meet criteria for a mental health disorder, most of them are BIPOC youth.
- Racial trauma increases risk for PTSD diagnoses.
- LGBTQ individuals are 2.5 times more likely to experience depression, anxiety, and substance misuse compared with heterosexual individuals.
- Black men are over diagnosed with schizophrenia at a rate 4 times greater than their white male counterparts.
- The rate of suicide attempts is 4 times greater for LGB youth, and 2 times greater for questioning youth, than that of heterosexual youth.
- U.S.-born Hispanics report higher rates for most psychiatric disorders than Hispanic immigrants.
- Native and Indigenous American adults have the highest reported rate of mental illness of any single race. In 2014, suicide was the second leading cause of death for ages 10-34, and leading cause of death for girls ages 10-14.
- Existing data show high rates of adjustment disorder among Muslim Americans seeking mental health treatment.

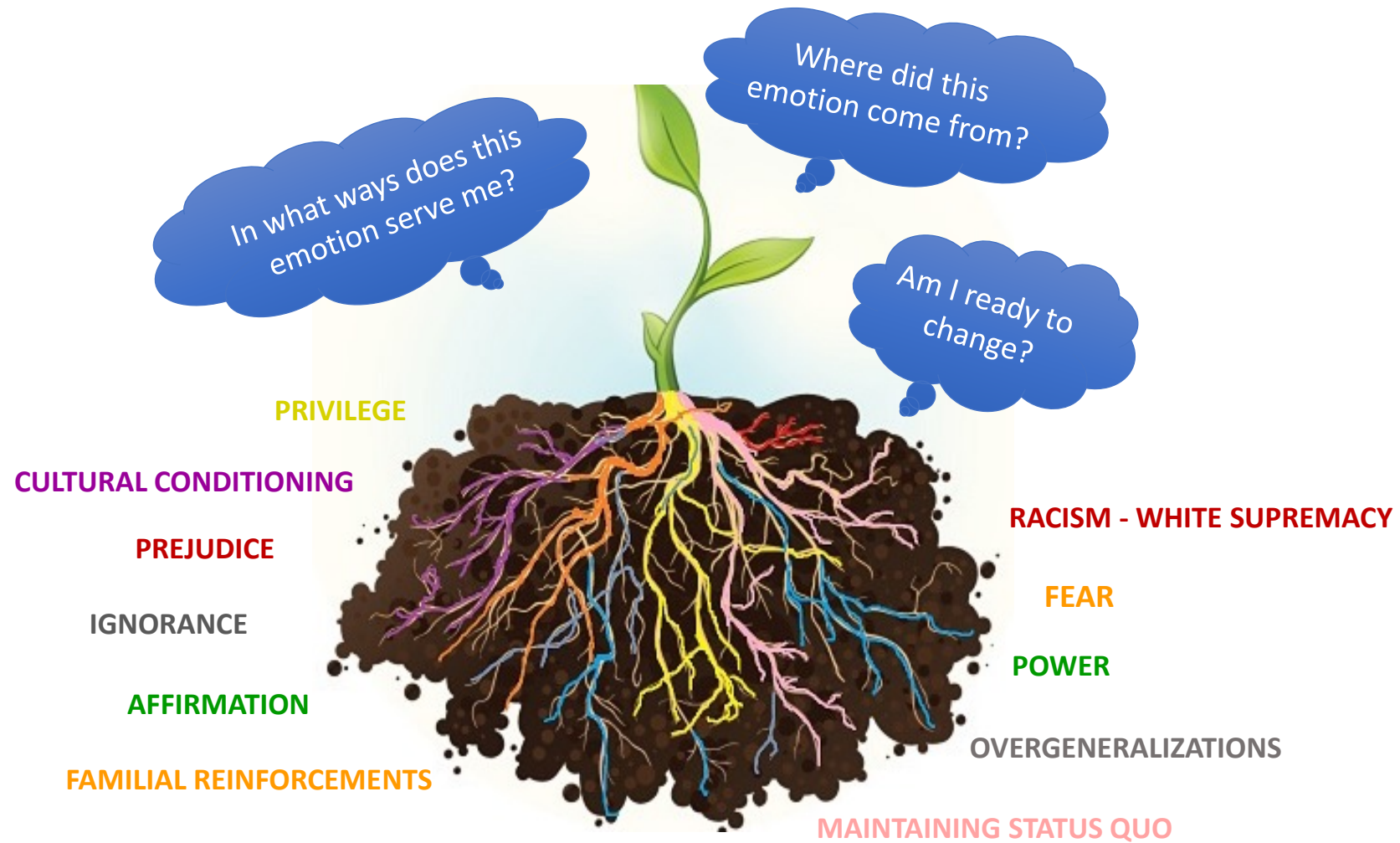
American Psychiatric Association (2017). Mental Health Disparities: Diverse Populations. Fact Sheets. Retrieved from: <https://www.psychiatry.org/psychiatrists/cultural-competency/education/mental-health-facts>
Mental Health America (2021). Racism and Mental Health. Retrieved from: <https://www.mhanational.org/racism-and-mental-health>

MORE THAN MEETS THE EYE



LaConte Consulting LLC. (2018). Understanding the Culture of a Company, Part 2: Deeper Culture. Retrieved from <https://laconteconsulting.com/2018/05/11/understanding-the-culture-part-2-deeper/>

GETTING TO THE ROOTS – THE WHY?



Freeman-Foster, T. (2020). Getting to the roots – The Why?
Clipart. Weizmann Wonder Wander. (2013). Environment: Getting to the root of the problem.

THE IMPACT OF OUR HIDDEN BIASES



Picture Alternatives. (2019, November 12). *Our Hidden Biases* [Video]. YouTube. <https://youtu.be/ZWgVs4qj1ho>

VIDEO DEBRIEF

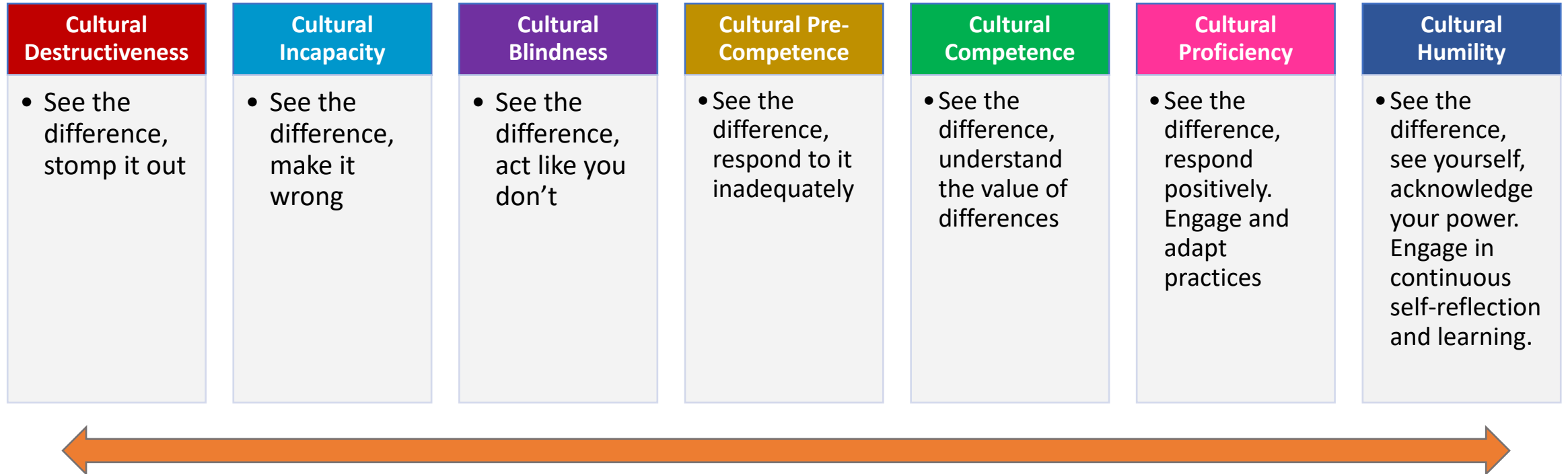
- What thoughts came up for you as you watched this video?
- What does this look like within your profession?
- What does it look like within your organization?
- What does it look like in your personal work?



CULTURE & WELLNESS



CONTINUUM OF CULTURAL COMPETENCY



Yzquierdo, M. (2020). Culturally Responsive Pedagogy: Moving Below the Surface. Seidlitz Education. Retrieved from <https://seidlitzblog.org/2020/12/07/culturally-responsive-pedagogy-moving-below-the-surface/>
National Center for Cultural Competence. A Guide to Infusing Cultural and Linguistic Competence in Health Promotion Training. Georgetown University, Center for Child & Human Development. Retrieved from <https://nccc.georgetown.edu/video-infusing-clc/continuum.pdf>
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CULTURAL DESTRUCTIVENESS



- Intentional attitudes, policies, and practices that are destructive to cultures and individuals within the cultures
- Using your position and authority to convince individuals that your approach is the best approach
- Collecting and/or misusing data to draw inaccurate conclusions, justify deficits, and unworthiness of resources

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CULTURAL INCAPACITY

- Catering to the needs of the dominant population
- Excluding individuals who don't "fit"
- Lowering expectations for marginalized cultural, ethnic, or racial groups



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CULTURAL BLINDNESS

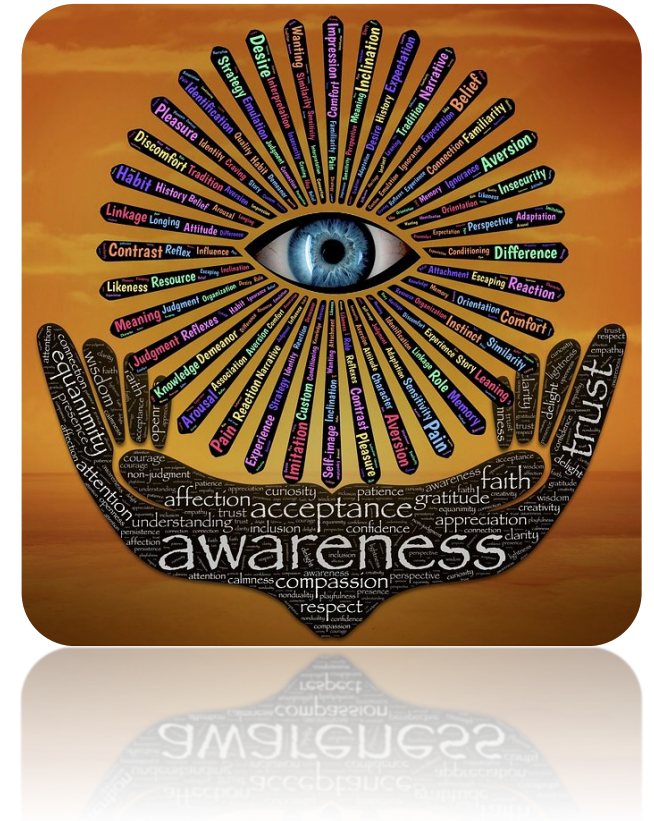
- One size fits all approach
- Ignoring cultural strengths and encouraging assimilation
- Believing everyone experiences discrimination, prejudices, and racism
- Blaming individuals for their circumstances



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CULTURAL PRE-COMPETENCE

- Acknowledges the importance of high quality services to culturally and linguistically diverse individuals, groups, and communities
- Recognizes personal weaknesses in serving people of color and other marginalized populations
- Demonstrates a willingness to learn and change personal behaviors



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CULTURAL COMPETENCE

- Demonstrating acceptance and respect for differences and diverse cultures
- Ensuring the voices and choices of the individuals and communities being served are included at all times
- Adapting policies and service models to meet the needs of diverse populations



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CULTURAL PROFICIENCY

- A state of actively implementing processes and policies to improve the lives of underserved and marginalized individuals and communities.
- Establishing and maintaining authentic partnerships and collaborations to eliminate racial and ethnic health disparities
- Advancing the field with new research, treatment protocols, intervention, and policies that support the needs of diverse populations
- Advocating with, on behalf of, populations who are traditionally marginalized and underserved

CULTURAL HUMILITY

Being aware of one's own biases, values, perceptions, and limitations in order to build honest and trustworthy relationships.

Requires:

- Lifelong learning
- Constant critical self-reflection
- Recognizing and challenging power imbalance consistently

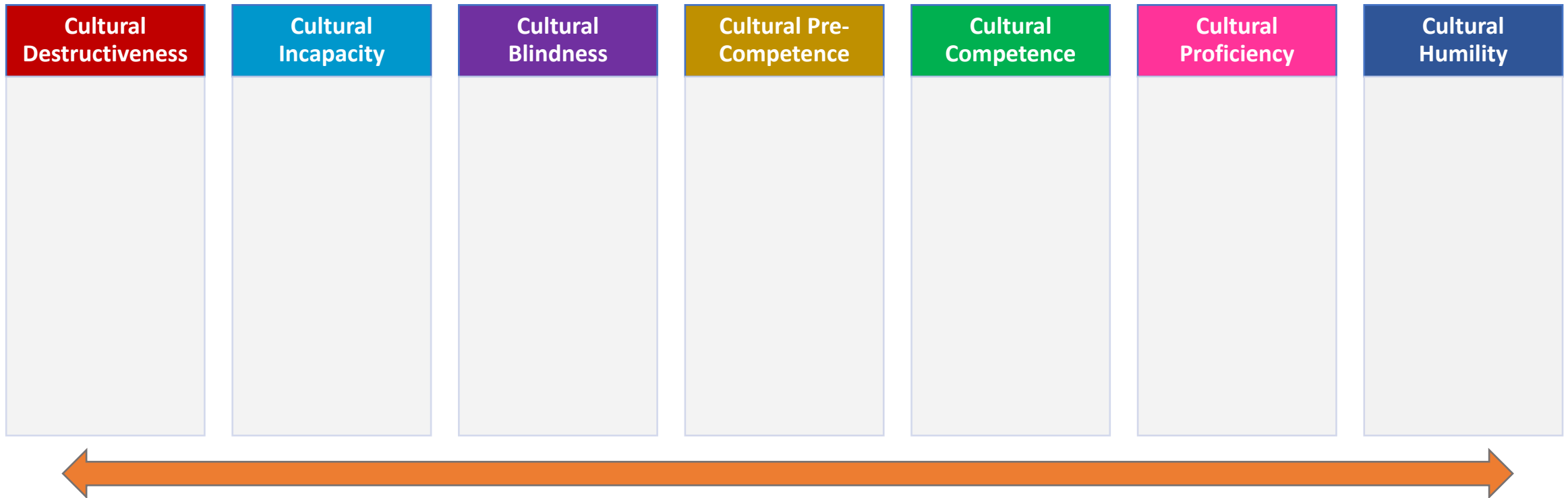


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Hohman, M. (2013). Cultural Humility: A Lifelong Practice. IN SITU. San Diego State University School of Social Work. <https://socialwork.sdsu.edu/insitu/diversity/cultural-humility-a-lifelong-practice/>

POLL



Overall, where does your organization fall on the continuum, as it relates to the implementation of culturally responsive services?

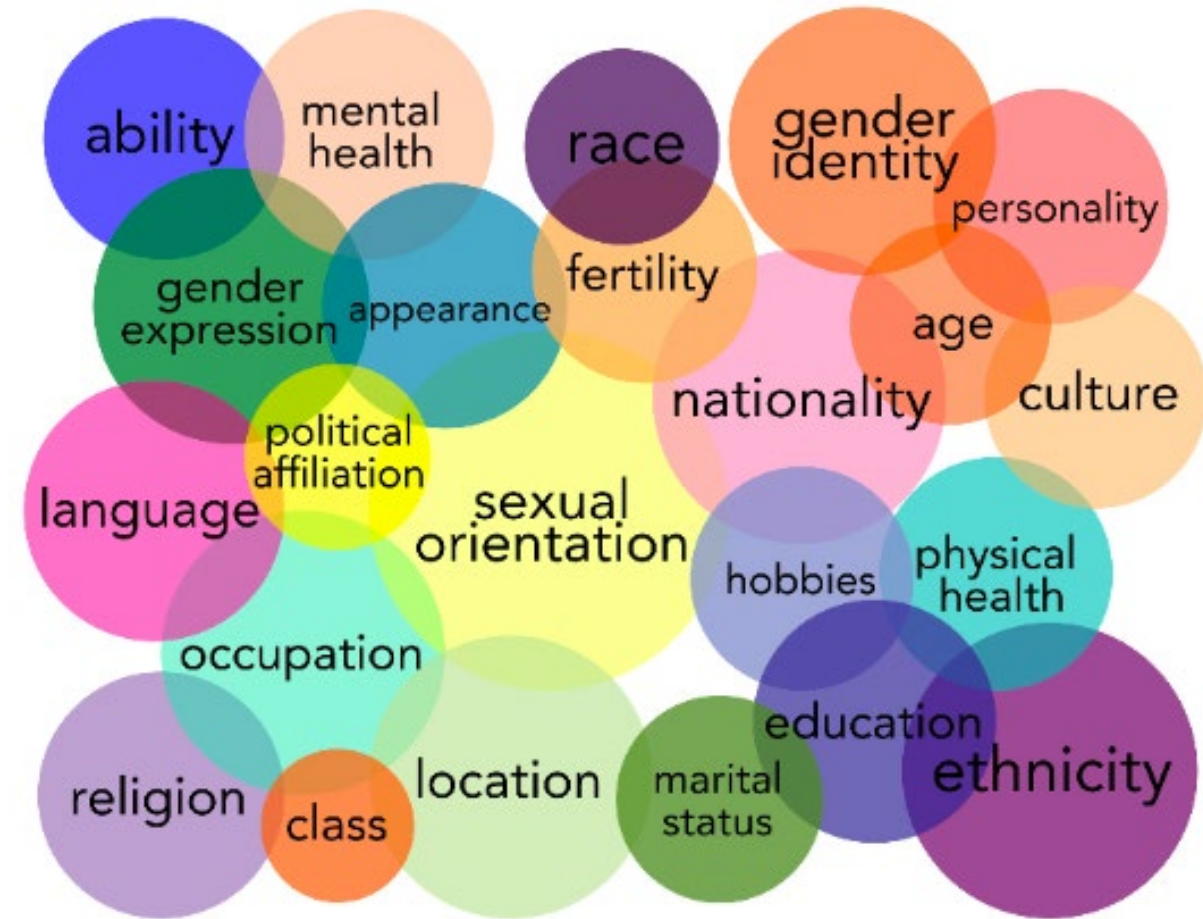


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HOW CAN WE IMPROVE OUR SERVICES?
WHOLE PERSON APPROACH

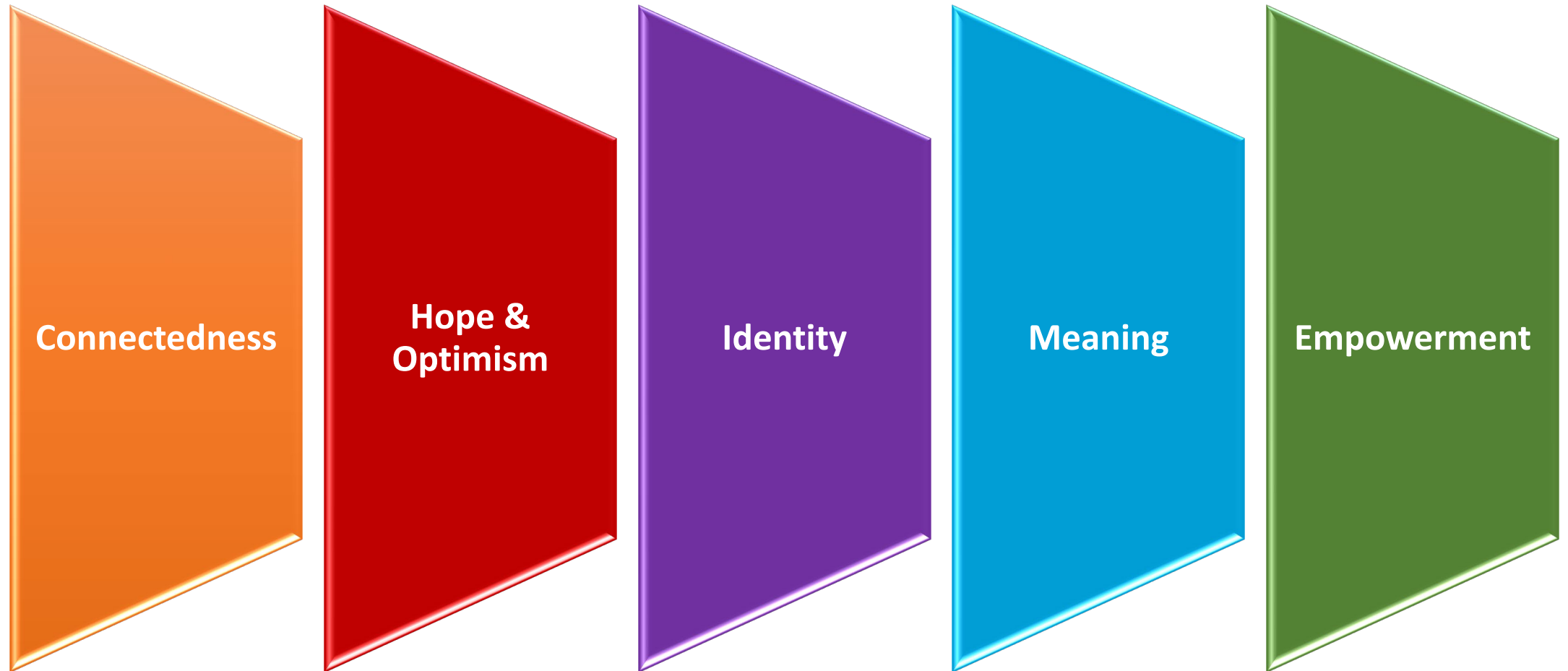
INTERSECTIONALITY

- Each of us are multidimensional beings
- Intersecting systems of power
- Identities operating together to strengthen or exacerbate outcomes



Lopez, N. and V. L. Gadsden. 2016. Health Inequities, Social Determinants, and Intersectionality. NAM Perspectives. Discussion Paper, National Academy of Medicine, Washington, DC. <https://doi.org/10.31478/201612a>
Dawn, M. (2019). What is Intersectionality? Images of Intersectionality. <https://imagesofintersectionality.home.blog/2019/08/28/what-is-intersectionality/>

CHIME FRAMEWORK



Lim, M., Xie, H., Li, Z., Tan, B. L., & Lee, J. (2020). Using the CHIME Personal Recovery Framework to Evaluate the Validity of the MHRM-10 in Individuals with Psychosis. *The Psychiatric quarterly*, 91(3), 793–805.

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Leamy, M., Bird, V., Boutillier, C., Williams, J., & Slade, M. (2011). Conceptual framework for personal recovery in mental health: systematic review and narrative synthesis. *British Journal of Psychiatry*, 199, 445 - 452.

CHIME FRAMEWORK

Connectedness

- Peer support and social groups
- Authentic relationships
- Support from others
- Community belonging

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CHIME FRAMEWORK

Hope & Optimism

- Belief in recovery
- Motivation to change
- Hope-inspiring relationships
- Positive thinking and valuing success
- Having dreams and aspirations

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CHIME FRAMEWORK

Identity

- Awareness of dimensions of identity
- Positive sense of identity
- Overcoming stigma

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CHIME FRAMEWORK

Meaning

- Meaning of mental health experiences
- Spirituality
- Quality of life
- Meaningful life and social roles and goals
- Rebuilding life

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CHIME FRAMEWORK

Empowerment

- Personal responsibility
- Control over life
- Focusing upon strengths

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CHIME IN ACTION

- How is your organization implementing the CHIME Framework values?
- What whole person approach to care and/or policy is your organization currently implementing?
- What values, strategies, or processes can be added to improve equity and enhance outcomes?



HOW CAN WE IMPROVE SYSTEMS?

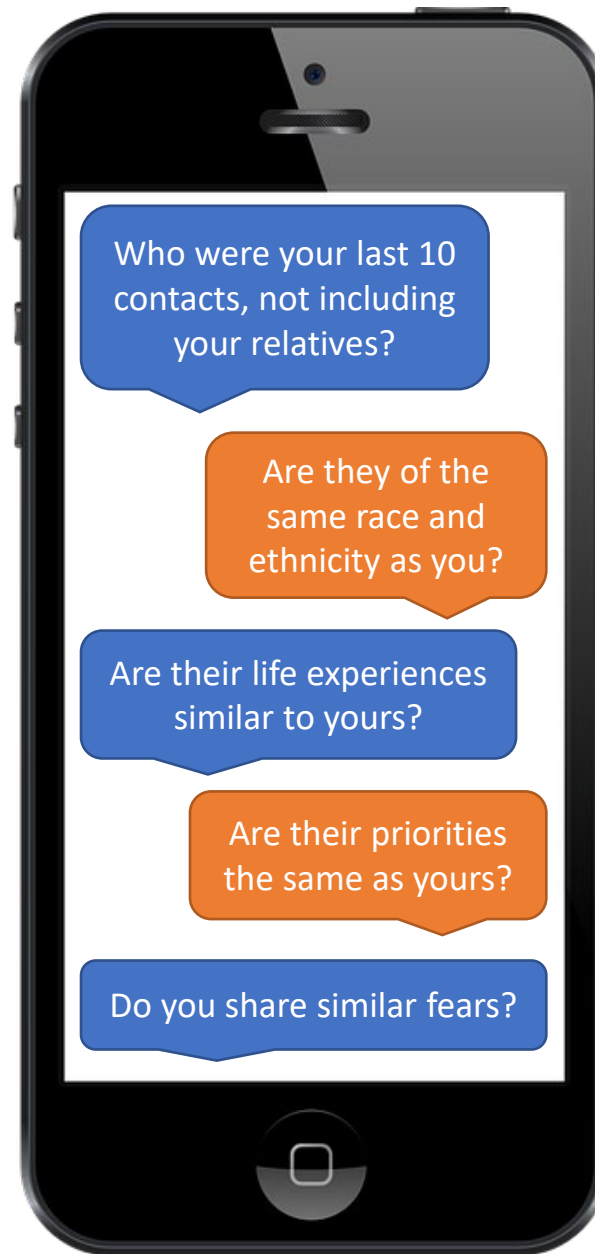
COMMUNITY ENGAGEMENT

- **Commit to change. Make community engagement a KNOWN priority.**
- **Understand the HISTORICAL CONTEXT of previous attempts of engagement**
- **Understand the IMPACT of the social and political determinants of health**
- **IMMERSE yourself in the communities you seek to connect with**
- **Practice active LISTENING with a goal of learning versus defending your position**
- **Hire and SUSTAIN staff who reflect the diversity of the community, within ALL levels of the organization**
- **Embrace opportunities to learn in ALL interactions with clients and community members**
- **Collaborate, engage, and FUND diverse multi-sector partners in the work**
- **Implement policies and financial structures that promote ACCOUNTABILITY**
- **CONTINUOUSLY monitor and evaluate processes, progress, and outcomes**

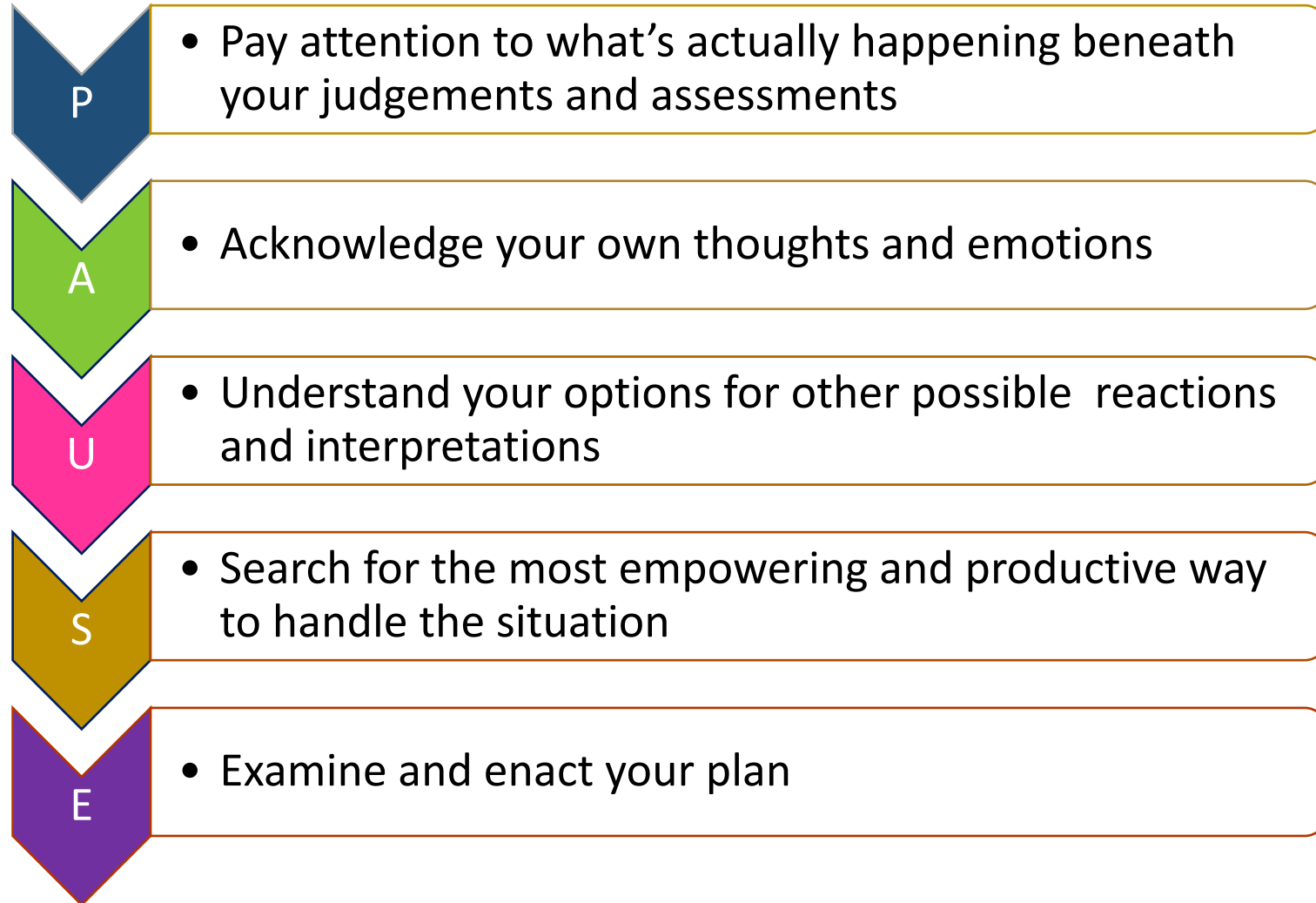
HOW CAN WE IMPROVE OURSELVES?

LIFELONG LEARNING

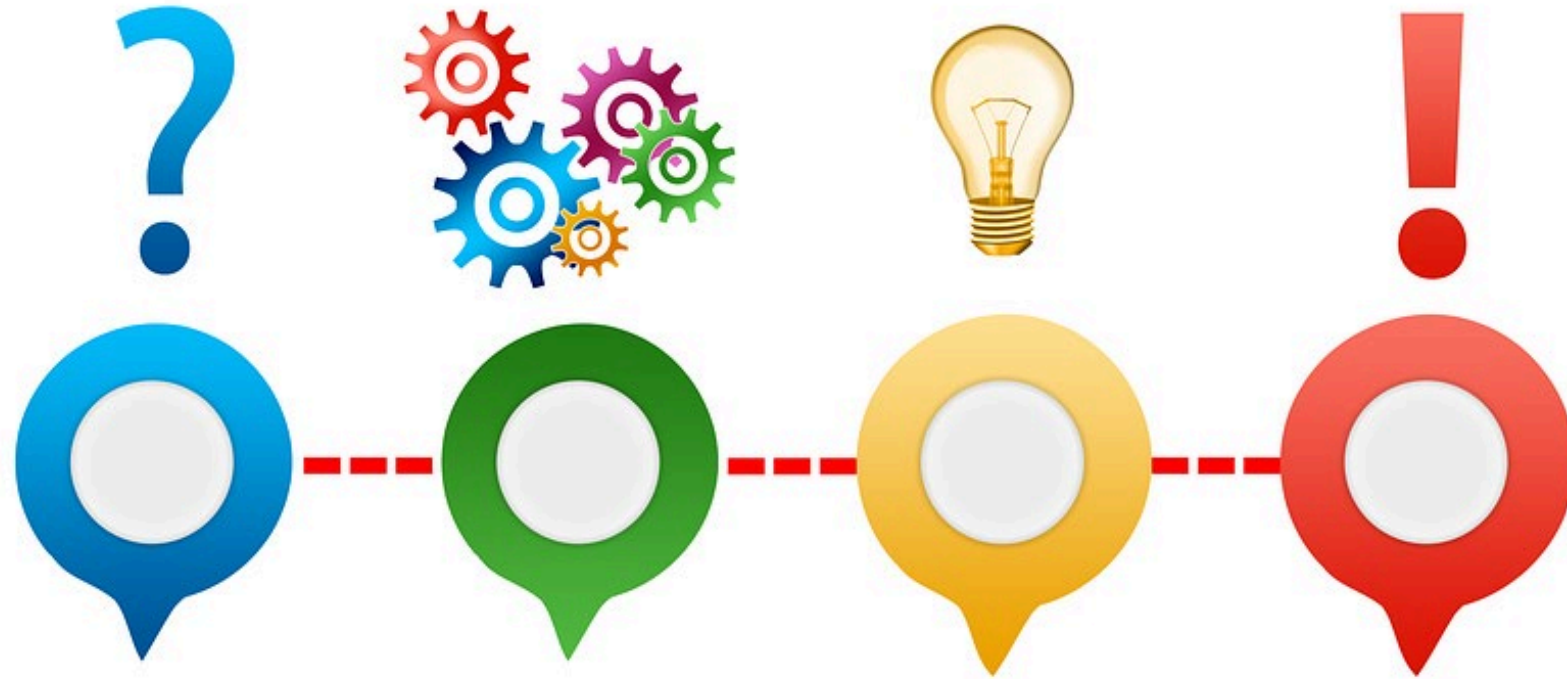
EQUITY BUDDY



P.A.U.S.E. Before You Act



QUESTIONS ~ THOUGHTS ~ INSIGHTS ~ CONCERNS



EACH OF US CAN DO SOMETHING.



RESOURCES

- National Training & Technical Assistance Center for Children, Youth, & Family Mental Health. (2021). 5 Things Digest Issues:
 - [5 Things Equity Leaders want you to know](#)
 - [Fostering culturally responsive peer services](#)
- Harnessing Evidence and Experience to Change Culture: A Guiding Framework for Patient and Family Engaged Care. <https://doi.org/10.31478/201701f>
- University of Wisconsin Population Health Institute. Understand and Identify Root Causes of Inequities [[worksheet](#)].

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Thank you!

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About the presenter



Dr. Tonicia Freeman-Foster, CDP, CHES®, CCAR™, PMP, has over 20 years of experience in cultivating hope, resiliency and wellness through her work with underserved persons and marginalized communities. She is passionate about her work in assisting organizations and leaders in understanding how their beliefs and actions impact diversity, equity, inclusion, belonging, and justice for staff, clients, and communities. Dr. Freeman-Foster possesses extensive experience in matters related to mental health, substance use, child welfare, HIV/AIDS, and LGBTQ+, youth and young adult, women, Black, Indigenous, and People of color (BIPOC) populations.

Dr. Freeman-Foster is the co-founder and principal consultant at Kusudi Consulting Group, and she also currently serves as a change specialist at Change Matrix. In these roles, she provides training, technical assistance, and coaching to individuals, communities, and organizations throughout the nation. In her previous role, Dr. Freeman-Foster served as project director of the Florida Healthy Transitions program, and led the development of an innovative peer-to-peer behavioral health model for youth and young adults. Dr. Freeman-Foster possesses a Bachelor's degree in Health Science Education (Community Health) from the University of Florida, a Master's degree in Human Services (Organizational Management and Leadership) from Springfield College, and a Doctorate degree in Education (Organizational Leadership) from Argosy University. Dr. Freeman-Foster is a Certified Diversity Professional, Certified Health Education Specialist, Certified Courageous Conversations About Race™ Practitioner, and Certified Project Management Professional.



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