A CALL TO ACTION:
OUR RESPONSIBILITY AS LEADERS TO ADDRESS
STRUCTURAL RACISM AND
RESULTING HEALTH INEQUITIES
JULY 29, 2020

Welcome! We will get started momentarily
The College for Behavioral Health Leadership

• **Part 1**
  - Presentation

• **Part 2**
  - Discussion with Panelists & Deep Dive into topics
  - *Separate registration required!*

[www.leaders4health.org/leading-through-crisis](http://www.leaders4health.org/leading-through-crisis)
We want to hear from you! Share your questions and comments via the chat box.

A recording of today’s discussion with materials will be made available within 24 hours. We’ll send you an email once it is online.
OBJECTIVES

Participants will be able to:

- Identify and classify inequities experienced from the lens of the communities or populations they serve using SEM;
- Understand the impacts of inequities on populations with behavioral and other complex health needs;
- Articulate concrete examples of ways in which as leaders, they can address inequities occurring at each level of the social ecological model.
OUR PRESENTERS

Larissa J. Estes, DrPH
Executive Director
ALL IN Alameda County

Jei Africa, PsyD, MSCP
Director
Marin County Behavioral Health and Recovery Services
A LITTLE ABOUT YOU

• Where are you from?
• How do you classify your current role?
• In what sector do you work?
• Have you been actively involved in the COVID response?
Your zip code should not determine the length of your life. This year, California legislators and Governor Jerry Brown recognized that health happens in neighborhoods. The California Endowment would like to thank California’s leaders for taking steps to make our communities and our state stronger.

**AB 581 (Perez)**: Brings grocery stores to neighborhoods where they are needed.

**AB 6 (Fuentes)**: Eliminates bureaucratic red tape for families who need access to healthy food.

**SB 20 (Padilla)**: Gives Californians the facts about restaurant food.

**SB 244 (Wolk)**: Requires local land use planning to include improvement of disadvantaged communities.

To learn more visit [www.calandow.org](http://www.calandow.org)
The Cascading Curves of Poverty of COVID-19

By Dr. Larissa J. Estes, ALL IN Alameda County
“It is unreasonable to expect that people will change their behavior easily when so many forces in the social, cultural, and physical environment conspire against such change.”

Institute of Medicine
We face a host of systemic challenges traditionally beyond the reach of our individual institutions.

Continuing to do what we are currently doing but doing it harder or smarter is not likely to produce very different outcomes.

The path to catalyzing and guiding systemic change at a scale must commensurate with the scale of problems we face.
RACISM IS NOT EASY TO TALK ABOUT

• Lancet (2016): most use “race” (and not “structural racism” or “systemic racism”)

• Quick search of Health Affairs website reveals only 114 pieces that included the word racism; 39-year history of the journal

• 2018 systematic literature review of the public health literature additionally found only 25 articles that used “institutionalized racism” between 2002 and 2015

• Pub Med database done on June 23, 2020, revealed 86 articles that included both “race” and “structural racism” or “institutional racism”; 32 published within the last 18 months

Health Affairs, July 2020
THE FOUR DIMENSIONS OF RACISM

INSTITUTIONAL
Policies and practices that reinforce racist standards within a workspace or organization.

STRUCTURAL
Multiple institutions collectively upholding racist policies and practices, i.e. society.

INTERPERSONAL
Racist acts and micro-aggressions carried out from one person to another.

INTERNALIZED
The subtle and overt messages that reinforce negative beliefs and self-hatred in individuals.
Social-Ecological Model:
Framework that helps understand, explore and address issues on multiple levels.

- **Structural**
  (cumulative among institutions; durable; multigenerational)

- **Institutional**
  (bias within an agency)

- **Interpersonal**
  (bigotry between individuals; stereotype threats)

- **Internalized**
  (beliefs within individuals; stereotype threat)
Action Steps at Each Level of Racism

**Internalized**
- Engage in self-reflection: bias and stereotypes
- Invest in increasing knowledge and skills

**Interpersonal**
- Create a culture of curiosity and safety
- Role model vulnerability
- Be clear and share your values
Action Steps at Each Level of Racism

Institutional
- Evaluate policies on recruitment, hiring, promotion
- Implement a racial equity lens to in contracting and budgeting
- Ensure meaningful community engagement

Structural
- Partnering with local organizations focused on advocacy and equity
- Empowering & enhancing grassroots organizations/stakeholders
WHITE SUPREMACY & THE BIAS OF “PROFESSIONALISM”

• Jones and Okun: White supremacy culture – systemic, institutionalized centering of whiteness

• At an organizational level can be seen in practices and standards related to dress code, speech, work style, timeliness, etc.

• Cultural norms (examples):
  • Perfection – mistakes seen as personal, talk about person’s inadequacies as a person or their work w/o directly talking to them
  • Fear of open conflict – emphasis of being polite
  • Objectivity – the belief that there is such a thing about being objective, invalidating people who show emotion
# SHOWING UP AS A LEADER

<table>
<thead>
<tr>
<th>Invest</th>
<th>Invest in building authentic relationships; nurture trust</th>
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<tbody>
<tr>
<td>Be</td>
<td>Be comfortable not knowing and being able to say this out loud</td>
</tr>
<tr>
<td>Listen</td>
<td>Listen and observe; be ready to act through direct or indirect efforts</td>
</tr>
<tr>
<td>Facilitate</td>
<td>Facilitate opportunities to lift people up e.g. mentorship and sponsorship</td>
</tr>
<tr>
<td>Gain</td>
<td>Gain a deep understanding of the ideology of whiteness and how it shows up</td>
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Stay in Place. Maintain Your Space. Cover Your Face.
Power and Leadership in the COVID Moment

- Elevate issues of race and equity – if not you then who?
- Empower community members and partners to share their stories and experiences → create safe spaces and be prepared to listen and learn
- Shifting beyond mentorship to sponsorship to reflect the communities we serve
- Intentionality
“Working on social determinants of health is both scary and reassuring. If we don’t do this level system change, we will always be chasing the problem.”

Adapted from the Ohio Community Collective Impact Model for Change Learning Community Partner
We want to hear from you! Share your questions via the chat box. We will answer as many as possible.
CONTACT INFORMATION

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We want to hear from you!
Join the interactive discussion now!
Login via the link and password sent with your registration.
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• We would love to see you! Turn your video on if you are comfortable.

• We want to hear from you!
  • Share your questions and comments via the chat box
  • Wave at me or let me know you’d like to comment or ask a question via chat.
  • Ask for clarification or expansion on specific topics of interest
Please turn your video on!
Mute/unmute
Rename yourself - Where are you from?
Gallery view
To chat:
Breakout rooms
Chat will turn off – you can turn back on!
Ask for help
Timer
LET'S GET STARTED

Via a quick breakout:

1. Warm up in a safe space
2. Initiate participation
3. Get to know each other
4. Reflect

The College for Behavioral Health Leadership
1. What resonated most in the webinar?
2. What do you still wonder about?
• How do I effectively partner with communities to identify and respond to inequities as a result of COVID-19?

• When I identify structural racism within my own organization or community, how do I address?

• What is my role as a leader to have difficult conversations about race?

• How do I show up as an authentic leader as a person of color or as a white person in order to elevate issues of racism?
Holly Salazar
Director of Operations
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