



## Developing a Shared Language for Diversity, Equity and Inclusion

An Opioid Response Network Training  
Ryan Springer, MPH  
Deena Murphy, PhD

### Transcripts

**Ryan Springer:** Thank you for joining us today. Welcome to the Opioid Response Network's Training on Developing a Shared Language for Diversity, Equity and Inclusion. I am one of the trainers today. My name is Ryan Springer and I'm joined today with Dr. Deena Murphy, who is the co-trainer for today. One main reminder for you today, as you go through the training, you should have received a link to download a PDF for a workbook, and that workbook will cover some reflective questions that you can conduct, or you can fill out throughout the event, the session today or afterwards.

You should also have a PDF of the presentation as well so that you have that for your review after the session. Depending on the training that you're taking, if you're doing this with a class or with a group, you may be asked to discuss some of your reflections with members of that group. We just ask, just remind people that these are your personal reflections, you can use them for your personal development and only share what you are willing to share and comfortable sharing. You don't have to share all of the answers with others, they're really for your personal reflection.

With that, we will move on to the presentation for the day. This entire program, actually, the Opioid Response Network, this is funded through SAMHSA, the Substance Abuse and Mental Health Services Administration. This grant for the Opioid Response Network assists states and organizations and individuals by providing resources and technical assistance that they need to address some of the opioid crisis issues and stimulant issues on a local level.

Technical assistance is available to support evidence-based prevention, treatment, and recovery of opioid use disorders and stimulant use disorders. Again, this is readily available to any community group and they just have to submit a request to the network for that assistance. Again, provide support at the local level, we try to utilize local experience consultants in prevention, treatment, and recovery to assist those who submit those requests for work in the opioid crisis and stimulant use areas.

We accept requests for education and training, and you should know that each state and territory has a designated team led by regional technology transfer specialists who's an expert in implementing evidence-based practices. Those are your resources on the local level to help you address some of the needs that you might have and that come up in your requests.

If you do want to submit a request to the network, you can do so by visiting [www.opioidresponsenetwork.org](http://www.opioidresponsenetwork.org). You can also email [orn@aaap.org](mailto:orn@aaap.org). That's [orn@aaap.org](mailto:orn@aaap.org) or you can call 401-270-5900.

What's the purpose of today's training? This is a foundational training to get started. We're really here to help provide you with an opportunity to enhance your knowledge and awareness of diversity, equity, and inclusion issues. We're going to explore some potential impacts of these issues

on your beliefs towards those with backgrounds different from your own and how those beliefs can impact those you serve.

I think the important piece of this purpose and why we're here and why we're offering this training is that we understand that we all have different levels of understanding around these topics, and so this training is an opportunity really to bring diverse experiences together to sharpen our skills and create more welcoming and inclusive places of business for our staff and clients.

We're going to briefly go over some of the learning objectives for this session. By the end of this session, you should be able to review and define terms related to diversity, equity, and inclusion. One of the main things here is to make sure that we all have the same language, we're using the same language, and the same understanding of that language. We're going to explore some data on the impact of DEI issues on healthcare, access, experiences, and outcomes.

We're going to describe some of the benefits of integrating DEI into organizations, describe how social determinants can explain disparities in disease prevalence and the recovery continuum. We're going to outline the meaning of DEI for approaching SUD and OUD prevention, treatment, and recovery. Analyze some myths and misconceptions around DEI, and analyze some microaggressions and how to address them individually and organizationally. Again, the idea here is that we're all learning together on this, and we just want to explore this on a personal level so that we're in a better position to make the changes necessary to help those that we serve.

Again, the presenters today, myself, Ryan Springer, and Dr. Deena Murphy. Our information here is available. Again, you'll have this presentation available to you. You can contact us if necessary.

What's our role as facilitators for you today? We're going to create an environment for reflection, learning, and engagement. I think that's an important piece of what we're trying to do here, create a safe space to have this discussion. We're going to share some data, some information, and experiences that reflect the diverse research and lived experiences. Most importantly, reinforce that we are not experts and are learning with you. We're facilitating an ongoing conversation. This is not a situation where you take one training and all of a sudden we're all experts. We're all learning in this on a day-to-day basis given the experiences that we encounter.

I'm going to turn it over to Deena at this point.

**Dr. Deena Murphy:** Thanks, Ryan. Hello, everybody. Very happy and grateful to be here. I'm going to run through a few definitions. Those of you that are already very familiar with these, please be patient and we'll delve a little deeper into some topics shortly. Again, we want to reinforce, when we're talking about health, we're talking about not just the absence of disease or infirmity, but we're talking about that complete and complex physical, mental, social, and spiritual wellbeing when we talk about health.

On the next slide, we talk about health equity, and the key part of that is just reinforcing that equality doesn't mean equity. Equal access doesn't mean equitable access. That's a little bit of what that graphic is showing. Sometimes, people, whether they are in groups or whether they are individuals require a little more help, a few more resources to be able to reach the apple on that tree, and so we're recognizing, we're talking here about health equity. When we talk about health equity, we also need to talk about health inequity. Really, what we want to do here is rethink some of the concepts around equity and just reinforce that inequity refers to those inequalities in health that are deemed to be unfair and also stemming from some form of injustice in the system.

When we start to talk about health disparities, it's critical because sometimes, we see these terms used to mischaracterize groups as somehow being responsible for their own disparities, but what we're talking about here is a term that connects those disparities to structural inequities. This could be institutionalized racism. It could be homophobia or just a couple of examples.

Where Ryan and I are today is we always want to start with "Why?" It is critical to emphasize why this impacts all of us. We recognize health disparities impact health care access, experiences, and outcomes both nationally, and I'm sure within the state that you're watching this from. What do the data tell us nationally about health disparities? We'll provide a few examples there. Why do the data reemphasize that critical need to include diversity, equity, and inclusion issues in our work? I'll turn it back over to you, Ryan.

**Ryan:** Thank you, Deena. We'll take a look at some of the national data. Of course, you can take a look at on the local level, you can explore some of the data that you can find on a local level to see how that matches there. We want to start with some of these health disparities and begin as early as birth. If you look at that data, black maternal deaths are three to four times higher than white maternal deaths related to access and quality of care.

The mortality rate is 11 per 1,000 live births in black babies and 5 per 1,000 live births in white babies. black people are 1.5 times less likely to have health insurance, which has an impact, of course, on the quality of [unintelligible 00:08:56] to decreased access to healthcare, prevention, and treatment, less likely to seek care due to costs, discrimination. We also have higher rates of chronic disease such as diabetes.

I think it's important to reflect in terms of these disparities to give an example of, I think we all know, of course, Serena Williams, who by all accounts has a level of privilege that should allow her to overcome many disparities, and yet, even when she was giving birth, she faced challenges where the medical community had expectations about her as a black woman that weren't accurate in terms of the pain threshold, et cetera, that they thought that she as black woman could bear, and it had almost really negative impacts on the outcome of her delivery. I think it's important to note that even someone who has access financially and otherwise still face a situation that cause significant challenges to her health and wellbeing.

You may all be familiar with the adverse childhood experiences. If not, we'll briefly go into some of the data here, but it's really looking at these experiences that impact kids early on in life. They're not equally distributed among races. They impact children's mental health and health outcomes, higher doses of obesity, substance use, poverty and depression. An average of 45% of children have experienced an ACE in the US, and that's 1 or more. 61% of those were black, 51% Latinx, 40% white, and 23% Asian.

Children who have two or more ACEs, if you look at those percentages, 33% were black, 21% Latinx, 19% white, 5% Asian, and 26% other non-Latinx. You see those disparities there in the data which lends itself to exploring more about what's causing that disparity. Is there an inequity or some sort of inequality that's causing that issue? Seeking treatment for substance abuse. white seek treatment earlier than blacks, which delays health outcomes. Latinx are half as likely to seek treatment that non Latinx, and many only receive treatment after a court mandate.

You have some other data for you and of course more timely in terms of the era of COVID. COVID is disproportionately impacting the BIPOC communities and population. We have increasing mental health, substance use disorder challenges and we're going to look at some of that data. Latinx adults are reporting a higher prevalence of psychosocial stress related to not having enough food or stable housing than adults in other racial and ethnic groups.

We are also seeing from EHR data that across 50 states that shows that African-Americans with COVID and SUD had worse outcomes, looking at death rates of 13% and hospitalization of 50.7% than Caucasians. The death rate there for Caucasians was 8.6 and hospitalizations at 35.2. Existing stressors, social isolation, and economic deprivation disproportionately impact black Indigenous and people of color communities, and potentially contribute to increased substance use. Again, we see this data showing disparities across the board in many areas.

As I mentioned earlier, you should have received a link to the PDF or the workbook. This is one of the reflection moments, and feel free to take a pause, you can pause the video at this point to go ahead and fill out that workbook with your personal reflection. We want you to reflect on current events or your own experience personal or professional and come up with what examples of health disparities have you seen.

Take a moment, you can pause the video to take some time to answer that and reflect on that. If you want to, these are questions that you can also reflect or ask your friends and family to reflect on their own, and potentially have small group discussions that you're comfortable having, either with the class that you're in or with individuals in your circle, just to get their feelings on this as well.

Moving on to some additional data, substance-induced deaths among racial groups have the highest rates to lowest rates if you look at this ranking. American Indian Alaskan native, they had the highest rates of substance-induced deaths among these racial groups. black and African American was number two, whites number three, fourth Latinx, and fifth Asian and Pacific Islander or Native Hawaiian. Deaths were 2.5 times higher in areas where 20% or more of the population were living at or below the federal poverty line.

We have some additional data on racial disparities and treatment for opioid use disorder. The racial disparities and overall MOUD access are a significant feature of the current addiction treatment landscape. Among patients who experienced non-fatal overdoses, Black patients are half as likely to obtain follow-up appointments for all OUD care after discharge from the emergency room. Racial segregation predicts differences in access to both methadone and buprenorphine and increased uptake of buprenorphine as an OUD treatment but remains primarily accessible to white people and to people who are beneficiaries of employer-based insurance.

Some additional data for you in the criminal justice system, we're seeing that there's a dramatic overrepresentation of racial ethnic minorities in the system. 2017 data black and African American men and women represented 12% of the adult population in the United States, but 33% of the sentenced prison population, white people accounted for 64% of adults overall, but only 30% of prisoners. Latinx represented 16% of the general adult population, and 23% of the incarcerated population.

Of course, people with mental and substance use disorders are incarcerated at a staggeringly high rate, and over represented on probation and parole. Racial disparities in behavioral health diagnosis and treatment are contributing to the disproportionately high number of people behind bars and under correctional supervision. I'm going to turn it over to Deena.

**Dr. Murphy:** Thanks, Ryan. I hope you're getting a good understanding. That was a lot of data just to really set that why, to set the complex factors to really emphasize how those intersect, and how that impacts the work that we're doing in public health. What you're seeing in this graphic here is just a representation of the determinants of health. We know the bottom, we've got those structural factors three, four, and five, such as the political environment, which we know impacts policies, like the Affordable Care Act, to individual behaviors that you see at the top and biology and genetics.

Where Ryan and I really want to go today is the next slide on these social determinants of health, and talk a little bit about that, because these social determinants of health and again, these graphics, if you're trying to squint at the screen like I am, just reminding you, we're going to send out that slide deck so you can see that, you can have a look at this. It's really to show the complexity of this, how many things go into those social determinants of health, because they really are complex, they are integrated, and they are overlapping and cumulative.

What we're really referring to here are those social structures, the policies, the economic systems, which includes the social and physical environments, the health services structure, and the societal factors that are most responsible for most health inequities. If you like to have concrete examples of social determinants of health like I do, you'd say, "Well, what are these?"

Examples of social determinants of health would include, but are no means limited to gender inequality, structural racism, stigma, poverty, citizenship status, education, the status of your housing, do you have transport, what do health systems and services look like in your region, your social safety network, food insecurity, unemployment or your employment and working conditions, your public safety, whether you feel safe to be outside or whether you feel socially excluded or included, and key to all of this and I hope that we're going to reinforce this throughout, are the ways in which these social determinants of health intersect to either promote the health and wellbeing of communities, or to prevent individuals and communities from reaching health equity.

As Ryan was showing just from that data that he shared, and a lot of this being more recent to the pandemic as well, which we know has exacerbated many of the issues for a lot of communities that were already impacted by social determinants of health for substance use disorder, the same population is being impacted by the pandemic, because social determinants of health create differential impacts around substance use disorder, the opioid epidemic, and the current COVID-19 pandemic, as we said.

What this slide is showing you is really there are clear linkages between poor health and structural factors such as poverty, lack of opportunity, and substandard living and working conditions. We know that counties with the lowest levels of social capital have the highest overdose rates. Economic hardships, social isolation and hopelessness are key reasons for drug use.

Poverty and substance use, again, reinforced by these untreated mental health disorders, and the lack of stable health housing, for example, are clearly correlated with opioid use disorder, substance use disorder, stimulant use in underserved communities. Viable employment, safe housing, and community reinvestment strategies and initiatives are things that are needed to reduce some of those high overdose rates.

In the next slide, if we were in a physical environment-- Remember when we used to do face to face? If we were there again, we'd be asking you, can you outline to us how social determinants of health show up in substance use disorder? We're guessing that a few of the things you'd say would be likely to see that for people with opioid use disorder or substance use disorder in general, social determinants of health can become barriers to prevention, they can become barriers to care, they can become barriers to engagement and retention and treatment and to recovery. A lot of these barriers are very similar and so we'll talk through these and I think you can see some of the pieces that are up there in the graphics, if you can see those.

If we're thinking about prevention, and again, not to say that there are not protective factors in a community, but what we're talking about are some of the barriers. When you think about prevention, there can be a lack of protective factors in the family and in the community and this could be based on community norms around drug use, for example, around access to drugs, around

what is an appropriate use of drugs and the impact we know as Ryan spoke to, with the data on incarceration rates, there is a disproportionately high rate of incarceration in families of color. A lack of employment opportunities in communities, a lack of access to primary care facilities and just the high stress environment of living in poverty.

All these add up to debilitating those protective factors that we want to see in communities. As far as care engagement and retention in treatment, this could include, again, we said about a lack of access to evidence-based care and treatment that could be due to availability. It could also be due to that same issue with transportation. We know there's a lack of medications available for opioid use disorder as far as prescribers across the US and the territories but especially in some of our rural areas, for example.

We also know that there's an ongoing fear or mistrust of the medical system, which could be due to previous experiences that are based on prejudice or stigma or it could be due to ongoing experiences that we see in the system. For people living in poverty, their priorities might be on survival. Medical professionals might be trying to think through a medical treatment plan and not understanding why that's not being adhered to.

When individuals' priorities are on survival, they need housing, they need food, they need safety and then of course those who are uninsured or under-insured just might not be able to cover ongoing treatment. As far as recovery barriers, we know there's a lack of recovery supports in general, but especially in specific regions, rural regions, there's a key need for wraparound services because again, you've got that transportation issue, transportation to any recovery services.

There's a lack of recovery housing in many areas, especially for those that are on medications for opioid use disorder not having a safe space or home, or maybe the family or community environment, just not being supportive of recovery and a lack of integrated care to address these co-occurring and chronic health conditions that we see.

The next slide shows you a little bit of this continuum of care and social determinants of health. What you're seeing along the top is that continuum of care and what you're seeing along the bottom is the prevention continuum and not to belabor this, but really it's just reinforcing. There are systemic impacts of social determinants of health across this continuum of prevention and care. These systems are what we're going to explore a little bit deeper. Take a deep breath as we show you the next slide.

If you can see this, again, this is in both your workbook, it's also on that slide deck so you should be able to see it more clearly. This is just to reinforce that social determinants of health linked to these various systems and these systems can hinder or advantage us and they are cumulative. There is an added impact of these systems. They interact. It's really good to take a little bit of time to reflect on these systems of oppression and privilege.

Now, we have to be careful when we talk about some of this, because privilege provides certain advantages in our society, but it doesn't necessarily guarantee good outcomes. That is often a common misconception where people will say, "I work really hard for what I have." Yes, you did and you also may have enjoyed certain advantages because of some of these systems and that's what we here to unpack a little bit. For example, if you grew up in a very loving, supportive household, maybe education was strongly encouraged.

There were books available. you are definitely more likely to go to university, to value education, to believe in education. If your parents weren't working nights and weekends, if they had more time for you, it's likely a lot of that time revolved around you. It was time to focus on your health, your well-

being, to ensure you were doing well in school, that you'd done your homework, that your needs were taken care of as you developed, and to be aware of any other things that were happening as you became an adolescent where you might need some support.

If you are able to walk down the street and hold hands with your loved one without fear of someone looking at you with a disgusted look, or maybe even saying something to you, that is privilege in action. These are all things for us to pay attention to because many of the privileges reinforce each other. Things that are related to socioeconomic status, for example, or to race and ethnicity reinforce each other and overlap and intersect and they just create these systems of privilege, but also these systems of oppression.

No doubt you have heard of the system of white privilege, for example, and people will say, "Well, what is the big deal about white privilege?" That's what we're going to unpack a little bit, because privilege is important. We have to see it. We have to name it. We have to acknowledge it because only then can we do something about it as individuals, as groups, as organizations, and as a society, because these patterns of unearned advantage have major impacts in our society.

Again, not saying because you experience these advantages, it guarantees good outcomes. It's just about seeing how these systems work. We know that issues of racism are pervasive in the US, we know it's led to institutional racism where racism is literally structured into our political and social institutions. Going back to the idea of white privilege, again, helps us see how this plays out in our society and we'll use a little example here.

Many of you may have read Michelle Alexander's book, *The New Jim Crow*, if not, we highly recommend that. Michelle Alexander lays out how institutional racism has resulted in mass incarceration in the US for people of color. One example of this, again, related to white privilege is around drugs. According to Alexander, and a lot of data from the Center for Law and Justice while approximately 85% of the people who use, buy and sell illegal drugs in the US are white, 75% of those in jail or in prison for drug-related crimes are people of color.

We'll let that sink in a little bit, because one explanation for this, which is related to white privilege is that the criminal system is more favorable to drug crimes committed by white people, and more likely to randomly stop and search and prosecute people of color. Consequently, that's an example where institutional racism results in significant and differential consequences for people of color.

Just one example there, we can think through many, and that's not to say that there are not many wonderful people that are working to redress these imbalances in our society, doing a lot of great programs, but what's happening with a lot of these programs is, they're working to combat these structures of privilege and they're working against decades of institutional racism, misogyny, and all these different systems.

Programs such as Affirmative Action were created to redress these imbalances in the hopes of allowing some of those who've been underprivileged and disadvantaged to reach for opportunities and abilities that once excluded them. Again, we've mentioned privilege does not equal success. We're being very clear about that, but we want to talk a little bit about how these systems have been a privilege and oppression interact because one of the biggest challenges we have when talking about privilege is this idea that privilege equals success, or that you should feel ashamed of your privilege or guilty about your privilege.

That gets in the way of us doing the real work and that's what we're here to talk through a little bit, because we want to be sure to reinforce just because you or we experienced some of these privileges, it doesn't mean that our lives are easy. It does not mean that you didn't have to work

really hard to achieve your goals. Even if you are white, you can work hard all your life and have very little to show for it. You can be denied a job that you are qualified for. You can struggle to get accepted to the best programs, internships organizations, or any other number of life situations. This is bringing us back again, to talk about that interaction between the systems of privilege and oppression and how complex this relationship can be.

What we're looking at when we look at this wheel is a little bit of some Seminole work that came from Peggy McIntosh and related to the intersection of these privileges, which Patricia Hill Collins calls the matrix of domination and like many of us who work in this field, Macintosh was constantly critiqued for discussing white privilege by white people, usually who were born into severely economically distressed situations or socioeconomically disadvantaged in some way.

That conflation of poverty and race, we see that a lot. One way we'll speak to this and will continue to speak to this as we move through this training is, while there are definitely overlaps between some of the advantages often outlined as white privilege, that could be classified as socio-economic privileges when race intersects with socio-economic status. When race and poverty intersect, for example, poverty creates a much harsher impact on people or communities of color. That's the piece we're asking you to see, that intersection.

What we're asking you to do now is to go and look at that circle. This is an exercise that we've used within groups but we're asking you to think about this because it's a really great thing to do with communities to look at your own matrix of oppression and privilege. We've provided an example here, you could change some of the categories if you wanted to, or you could just work through some of these. What you're seeing is, we've provided an example, it's in the workbook as well. It does require a great amount of reflective inquiry for you to honestly ask yourself, where you stand within certain systems.

When you start at the top, some of these are easy, you would ask yourself, whether you receive advantages based on your race. If you're white, you might put an asterisk or a star on the inside for privilege, recognizing some of the privileges that you experience being white in America. If you're African American, you might be closer to the outside for oppression, depending on what your experiences. We continue to move around the circle doing this for each of the systems and some of the systems we have here. They're race and ethnicity, religious affiliation, sexual orientation, household income class, educational attainment, and then you're going to review your own matrix.

The purpose of this is really for you to look at where you fit in relation to this idea of norms. These norms are around that privileged part in the middle, what are the norms that our society creates. After you've positioned yourself for each of the systems, you can draw lines to connect these Xs or these asterisks. This helps visually represent the intersection of privilege and oppression. It does require a little bit more thought.

I don't know, Ryan, if you've had a chance to look at some of this. This is not fixed people. We didn't plan this before. This is just happening off the cuff. Ryan, have you had a chance to think through your circle at all?

**Ryan:** I have. Every time I look at this circle, it's really interesting. I think it's such an important reflective exercise. After I completed this exercise of myself, what was clear is that, I'm a very privileged person here in the United States in many ways. I think part of that came from-- I'm originally from Barbados. Coming from a Caribbean island where I was able to see leaders who looked like me for the entirety of my life, there was never a thought or feeling that I couldn't break through that ceiling.

I had no thought about that coming from the Caribbean, but honestly, after coming to the United States, although I still experience significant privilege living here, across many of these categories, what was clear, though, was that my race and citizenship status played a significant role in how others viewed me and the assumptions they made. Although my entire life has been one, I would say, of some level of privilege, those two things still played a significant role, and being viewed negatively in certain situations, and having negative interactions with the system in several areas.

I just thought it was very interesting. For me, it makes me think about what does it mean for those who have not experienced the same level of privilege or don't have the same level of privilege that I do who are of the same race? What does that look like for their experience in the system here in this country or others? Very interesting.

**Dr. Murphy:** Thanks, Ryan. We appreciate you sharing. We really do encourage you to go back to that workbook. Think through what does your circle look like? Where do you feel that you experience privileges within a system? Where do you perceive that you experience being marginalized or oppressed by that system? When you look at your own circle, it's then an opportunity for you to work through and go back to that workbook again, and say, what did you learn from your circle? Where do you see privilege or maybe where do you see some disadvantages?

As Ryan said before, we really do encourage you. This is not just the stuff you could do on the cuff, it really does require a deeper level of reflection and some thoughts. We really would encourage you here to pause the video and just reflect on that. What did you learn from your circle? Where do you see ways in which you may be advantaged and other ways in which you see that advantage intersect with other advantage, or you see those advantages intersect with other ways in which you could be marginalized?

We encourage you again to pause the video there and look at the next one as well, because one of the things that we want to acknowledge is that while systems of oppression and privilege intersect to become way more complex, and there are many ways that people also use those privileges to positively impact their community. Perhaps there's a way that you can use your privilege, or you do use your privilege rather, to gain access for groups or individuals and open doors for others.

Maybe you use your voice to advocate for policy changes in arenas where your voice is more valued. Maybe you can help educate others that look like you around issues of discrimination. We know for sure, if you have a white male speaking to another white male, about racism, about issues of inequality, and they can speak through these systems of oppression and privilege, that is going to be a very different experience than Ryan speaking to another white male, because there's obviously perception that there's a different agenda or different viewpoints.

There's an ability for people to speak to others that look like them around issues that may be uncomfortable in other arenas. Thinking through that, how do you use your privilege? Maybe as well, you've got some wealth, you've generated some wealth, and maybe you can use that wealth to fund programs or a nonprofit. Again, we're going back to the workbook and we're asking you to share ways that you use your privilege. If you don't, maybe this is an opportunity for you to just reflect on how could you use your privilege? Are there some ways that you feel you could get engaged right now and use some of that privilege?

Again, pause the video, we hope you'll reflect on some of this but if not, we are moving on to really speak through, why is race so critical? I'm turning it back over to you, Ryan?

**Ryan:** Yes. Deena, thank you so much. I just want to put a pin in that comment, privilege is not necessarily a bad thing. It's really what you do with it. I just want to highlight that going forward as

you go into those reflections. Again, why is race so critical? Intersectionality, and we've looked at the systems of oppression and privilege to see how they all intersect. All inequalities intersect and are cumulative, and race intersects and impacts with every system. This is just another visual to highlight how that works.

Then next slide, structural racism. This is an outcome of those intersections. It refers to the totality of ways in which societies foster racial discrimination through mutually reinforcing systems of housing, education, employment, earnings, benefits, credit, media, health care, and criminal justice. Like I said, when I completed my wheel, it allowed me and gave me pause to look at or imagine how others who are experiencing not the same level of privilege that I did across these other areas, what does that look like for them? That's where this outcome of structural racism sits.

We're going to look at a couple of key points of note that I'm going to go over, diversity. This is really having a representative number of people of color in your workplace, this is really critical. It's not enough. You want to have diversity, but it's not the overall end goal and that's all you need to do but it is an important piece of the puzzle. Equity, another important key point of note. Racial equity is about policies and practices that drive outcomes.

Then we're going to go on to describe inclusion. Inclusion centers people of color as leaders and decision-makers, in addition to ensuring diverse representation. Again, when you put these three elements together, you're really moving in the direction of real change at the organizational and personal level.

Let's look at racial equity. This means closing the gaps so that race can no longer predict one's success, while also improving outcomes for all. I want to repeat that again, though. Racial equity means closing the gaps so that race can no longer predict one's success, while also improving outcomes for all. To close these gaps, we center communities of color to target improvements for those most impacted by racial inequity, moving beyond services to transform policies, institutions, and structures. I think it's important to know that

we're not talking about taking something away from others, but rather ensuring that there aren't artificial barriers, intended or not, based on race that are limiting the success of various racial groups. That's what we're talking about when we discuss racial equity. Here's another reflection exercise for you. Again, go back to your workbook and you can complete this there.

When you to take a look at-- Given these definitions that we just reviewed., how would you rate your organization as far as racial equity? Again, this is from an organizational perspective given what we've just described so far in this training. What practices within your organization seem equitable in terms of race and which practices show gaps? Who are the leaders in your organization, who are the frontline staff? How does that match your client population?

**Dr. Murphy:** I just want to jump in, Ryan on some of that, because I think one of the ways we often see people answer these questions is they will again look at the number of staff of color they have in their organization and again, that's not what we're talking about. I hope you really heard those definitions from Ryan. There's a lot of great work around this and around racial equity. What we're really asking is are black indigenous and people of color, BiPAP people, centered as key decision-makers and all leaders in your organization.

Really, as you're thinking through this, use those definitions, go back to the slides because it's not just that standard definition of add people of color and stir. We're really talking about structural change, organizational change, and centering people of color, black, indigenous, and people of color

as key decision-makers and or leaders or creating pathways for that to happen if it's not there already. I think we're jumping over to the next slide, Ryan, if you're good with that.

One of the things we have here, and this is near and dear to all our hearts, are these myths about race and racism. Oftentimes, we see very well-intentioned people that put forth some of these myths sometimes not so well-intentioned, but we're going to take the high road here. As far as myths around race and racism, we want to reinforce when we're talking about race, we know that race is socially constructed.

Another great book we'd refer you to written recently is Isabelle Wilkinson's *Cost*. She has this beautiful line in there where she says cost is the bones and race is the skin. It's a really beautiful way of saying we need to look at that social construction that underlines how race manifests in our culture and how it impacts individual and community experiences. Race is not a real biological or a genetic character category, we know this, but the powerful social construct of race creates real lived experiences of race and that is what we're paying attention to.

Just getting away from this myth of racist, biological. Another one, and this is something that is very critical to me, it's something I hear a lot in communities. It's something I am not happy to say, but it is something that I heard growing up in my family. A little different than Ryan, I grew up in a very low socioeconomic population. I'm the first person in my family to go to college, finish college, lots of different pieces there. What I heard a lot in that family was this idea that we're all human. I don't see color as if somehow being color blind is doing a service as if you're above someone and that really when we see color, we're being racist. We just say to say that you couldn't be further from the truth there because race and racism have very real-world impacts as we said, in the US and in the rest of the world.

When we deny these experiences or we make them invisible, it equates with suggesting that we don't care about these differential impacts that they're not important. Well-intentioned white people often will say this statement. We just want to put a pin in that and just reinforce that making a part of someone's identity invisible is not helpful. It doesn't help us move forward and it doesn't make you less racist in any way if you say you don't see color. Of course, you do.

Assuming you choose your clothes. You choose all kinds of things you see color. Nobody doesn't see color. I'm sorry. There are some [crosstalk] that see color differently, I'll acknowledge that, but we all see shades of different colors. Really recognizing that, but more importantly, recognizing what that means in our society is a critical part around some of these myths, because then we can really see the differential impacts that shows we care, that shows we can act and create change.

The conflation of poverty with race. Oh my gosh. I can't tell you how many times I've worked again with communities like the one I grew up in, but also in the US. I live in North Carolina, there's a lot of rural communities here. When I worked in Land Grant Institute, one of the universities here, a lot of the times when I'd speak about diversity issues, the students really bulked at this, they said, "Well, I grew up in a community and we had the same resources. We had the same access."

We absolutely understand that. Again, that goes back to that complex intersection of some of these systems of oppression and privilege. You can grow up in the same community, have access to the same scores, the same books, but your experience is different and part of that is related historically to the fact that people of color have been systematically denied access to wealth in the US and there's a lot of time we could spend a whole lecture on that part.

Just recognizing that there are systematic ways that people of color in the US have gained wealth and then been denied it, it's been taken from them. There's been barriers to accessing that wealth.

Race is really the strongest predictor of life outcomes regardless of wealth. Even though financial wealth is a critical driving factor for outcomes for all people, when we intersect poverty and race, it creates a differential impact. We're really hoping people kind of get to understand that because it really is a barrier when we're doing some of this work. Is there anything you wanted to add to that, Ryan?

**Ryan:** No, I think well said. I think some of the most common myths that we hear for sure but certainly, I connect with the one about, I don't see color. I hear that way too frequently and although well-meaning, it really misses the mark on acknowledging the reality that people face every day.

**Dr. Murphy:** Thank you. What we really want you to think about when you're going to these myths about race and racism, and this is going back to the workbook again, is what does this look like in the work that you do? Of these myths about race, racist, biological being color blind or it's poverty, not race, which one do you think is most challenging in the context of our work in substance use services and why?

Again, we'd encourage you to pause the video to reflect on that. One more thing we just want to reinforce if it's not coming across clearly, if we do this in live sessions, it's much easier to make this clear. We're not talking about beating yourself up or feeling that guilt and shame. You can feel that do that on your own time, but what we're talking about is really acknowledging and seeing this so we can move forward together because we're all learning about this together.

When you really get connected to this work, it is a lifelong process for all of us because there is so much programming that happens from such a young age across the globe within institutions, within the US, within families, within communities. What we're really doing is unlearning a lot of that as we go. If you are concerned that you've said this, you may have perpetuated some of these myths, you may have said some things, this is not about beating yourself up. It's about seeing it, recognizing it, naming it, and then knowing we can do better together and that's what we're here to do.

**Ryan:** Absolutely.

**Dr. Murphy:** Thank you, Ryan. Again, going back to that workshop, I think through this, what are some of the myths about race that you may have heard in the context of your work and why do you think they're challenging? How do they put a barrier to us providing services? Anything else we need to talk through about that, Ryan?

**Ryan:** No, I think that context is really important just to continue reiterating is that this really is about reflecting from a personal perspective with the intent and recreating the space to do this so that you can do better and look for ways for improvement within your organization and within yourself and then it's not a judgmental space. It's an open space for us to safely reflect and look at ways to make improvement that can help you and the folks that you serve. Just wanted to reiterate that.

**Dr. Murphy:** Thanks, Ryan. Again, it is very rare that you hear people of color that have the color blindness. We often hear this again, well-intentioned white people not wanting to see color thinking everyone is equal, and that is a privilege and actually gain because your ability to not be directly impacted by systems of race and racism that is you saying, "I don't have to see color."

No, you don't because you experienced some of the privileges related to that.

**Ryan:** Exactly.

**Dr. Murphy:** Thank you. When we don't see that, when we don't name it, it doesn't allow us to do anything about that and that is a real big barrier in the work that we do because if you don't think social determinants of health and racial inequities impact our work, if you think that is a myth then that's a problem because it really can impact everything as we spoke about along that prevention, treatment, and recovery continuum. I think we're going into a fun, fun, fun topic, Ryan, over racial microaggressions.

**Ryan:** Our favorite slide.

**Dr. Murphy:** You may recognize some of these because you may have said some of these. If you are a white person, it is highly likely that you may have said or done one of these things or had this in your mind. Again, this is not for you to sit and self-flagellate, this is for you to recognize, to see, to name, to understand the impact, and to do better. What we would do if we were in a group is ask people to articulate some of the racial microaggressions they may have seen or to unpack some of the ones that we shared. We all go through these a little bit, Ryan and I will go back and forth and maybe we can speak to, and you can be reflecting if you're watching this as well, about why these are problematic in the workplace or in social life as well, but especially in the workplace. Ryan, if I say to you, you're so articulate, isn't it a compliment I would love for someone to say I'm articulate,

**Ryan:** [chuckles] It's funny because I actually have a real-world example where Michelle and I, my wife, we were traveling and this couple came up to us and that was the comment that we received. Again, there's this well-meaning component to it. However, there are so many assumptions that go into that statement. I think a good way to look at it is would you have asked someone who's not a minority or would you have said this comment to someone who's not a minority? I think if the answer is no, there's something for you to start reflecting on there.

**Dr. Murphy:** Thanks, Ryan. One of the other ones flipping over to the other side, I do not know any of my female colleagues of color that have not at one point or another, been mistaken for a different staff member. They might be faculty in a university. They might be doctors. They may be at different positions. I'm not saying that that's a hierarchy, but they at some point have been mistaken for the equivalent of an admin assistant or been seen as part of the janitorial staff or as Ryan said, a different assumption that was made based on just taking one look at them and thinking that these are the norms within our culture. Does that sound about right, Ryan?

**Ryan:** Absolutely. I think also it's good to note that if you experienced some of these situations, some of them, it's not that every time it happens that there is a specific racial undertone. For example, I've been in many stories where depending on, I guess, how I'm dressed or how I'm carrying myself, someone might ask me if I was working there. There are times where it's very clear that some folks were making a huge assumption about who I was, but I've also made that mistake because someone was wearing the color of the shirt of the store. The goal here is to have you start thinking about these things so you can self-assess whether or not you're doing it from a place of genuine objectivity in that moment or you're making assumptions about that individual because of your assumptions about that individual.

**Dr. Murphy:** Thanks, Ryan. That's really useful because I think it speaks to that internalized oppression as well, because if someone mistakes me as working in a store, I may just blow it off, but if I've repeatedly had that thrown at me over time, I've internalized and that creates a different level of discomfort within me. Then, if it's just a single one-off situation. I think it's really important, again, microaggressions just like everything else are cumulative, are intersecting and they have differential impacts, over time. Another example could be, so Ryan, I'm like, "I succeeded because I worked hard and did not rely on handouts."

**Ryan:** That hits hard [chuckles]. It's one of those, again. Anytime we're making assumptions about an individual that you do not really know and that assumption of you worked hard, the other person didn't, there's so many implications to how that's received. If you're on the receiving end and you've received that statement multiple times from people who really don't know the effort and work that you've put in, it really rubs folks the wrong way over time. I think to your point earlier, it's really about the one-offs versus having this be the type of conversation or comment that you receive over and over.

**Dr. Murphy:** Thanks, Ryan. It also just fails to recognize, as we said, that society and workplaces have very clear built-in advantages for white people which makes it easier for them to get hired, to get promoted because of their race, and not always their competence. Not saying you did not work hard, you did, but there are other people that are working equally hard and it is possible that you've been advantaged based on being white. We're just asking people to see that and see ways at which yes, you worked hard. Yes, being advantaged doesn't necessarily guarantee success, but there are many ways in which that privilege bears out in our society and provides advantages. Ryan, let's go back to this again. It is one of my favorites, I don't see color. We're all one race, the human race.

**Ryan:** Yes, we are. However, there's a big however there. I think the other side of this too is that when we say we are all one race or you don't see color, it also completely neglects the importance of the cultural nuances of subgroups for the individual making the comment and for the person hearing it. There are these distinct differences in terms of people's lived experience. That lived experience is shared in these cultural groups or racial groups. There are two sides to that coin, but to say that we don't see it completely just dismisses the experiences that people have. Again, I know that at times it's well-meaning, but it's not a fair start to that conversation. I think it loses a lot of potential impact going forward.

**Dr. Murphy:** Thanks, Ryan. It just does not recognize a vital part of someone's identity, as you said, and it plays into that myth of this melting pot whereas we want to recognize individuals and their cultures, their background, their history, their contexts, it just makes for such a rich experience in the contrary.

**Ryan:** That's what makes this country what it is. Yes.

**Dr. Murphy:** Really we're not going to go into each of these. I think you get the general idea, but the idea is when you make assumptions about norms for people of color, when you establish white people as the norm, when you reinforce stereotypes like one of the others we have there is this angry black woman which is portrayed in the media very harmful. It implies that people of color have advantages and fails to recognize the unearned privileges that white people receive. When someone says, "I succeeded, I worked hard." It's saying, "Well, you've had an advantage, but I didn't have that." You're just not recognizing as a white person, the unearned privileges that you receive. When you see white Western names as the norm, when you assume someone is there to support you or is the help when you make race invisible and all of these are just ignoring a part of someone's identity.

People from privileged backgrounds, we've often say this. When they see racial microaggressions, we see the rolling of the eyes where they're like, "People are not having a sense of humor. Marginalized individuals are overreacting to these slights so we need to focus on bigger issues." Yes, we need to focus on bigger issues and we need to focus on this because the truth is microaggressions create a hostile work environment and should not be tolerated.

It is something we can all do something about today. That's what we're talking about in the next slide is just really, what are some of the things you can do individually and what are some of the things that you can do organizationally? This is not to say this is going to change the world overnight.

We just want to leave you with something that you can do or some way you can connect to others that want to do some of this work and start doing something right now.

Individually, you can see, you can recognize, you can name your own microaggressions. It doesn't mean you have to stand up and portray your white guilt for the world to see, but you can actually stand here and just see some of the ways in which you may have perpetuated this in the past. Just seeing that, owning that, seeing ways in which you've been programmed, just becoming more aware of your own biases, and then challenging those. We've all been raised in very different homes and families and communities than we perhaps are living in now. It's an opportunity to say, "I see where that came from. Is that something I still believe?" Then challenge that belief and create that change.

Again, you can create a cohort. Maybe you're not in a position where you feel comfortable being very outward about this work, but maybe you've got a couple of friends, a couple of colleagues, and you can encourage some of that call-out accountability in a fun way, in a way that is safe, in a way that supports you individually and as a group, because we're all again in this together and that's part of that moving forward with this work is we recognize it's a lifelong process and we're all learning together and we're going to make mistakes. If you don't try, you won't make mistakes here.

**Ryan:** Dina, can I add one point here as well? Because I think as you reflect on this individually, think about it not only from your perspective and recognizing and seeing how you might be using microaggressions, but think about the person on the receiving it, because imagine. that person who's constantly on the receiving end of the commentary, imagine how they have to experience life and walking through this world. Although you're going to look at it from your personal perspective, I challenge you to also view it from the perspective of the person who's receiving this commentary.

**Dr. Murphy:** Thank you, Ryan. That means reflecting on that person, it doesn't mean you including that person in your cohort. People of color do not exist to teach white people about racism. We do not need to put the burden of that work on our colleagues. They're experiencing enough with their real-life experiences. Again, see from the other person's perspective, but we're not suggesting you necessarily create a cohort and include people of color so they can educate you about race. This is the work that we have to do or say.

**Ryan:** Thank you, Dina [chuckles]. Yes.

**Dr. Murphy:** I know there's a lot of negativity around call-out culture right now. I want to get some concrete examples that could be that in your group if someone says something that you think is maybe on the line or is unclear or potentially is a microaggression, you can just ask them to pause and say, "What did you mean by that?" Just ask them to unpack that. During the unpacking is when we often see how these can be microaggressions and we can support each other in that seeing as well without being judgmental, but just being in there to create change together.

Again, if someone commits a microaggression against you, "I found that remark hurtful or can we take a minute to just break down what you said." Now, as we're saying, there's a lot of work you can do individually, but organizationally is where some of the power and the structural change is going to happen. If you are an organization and you have people in your organization, you can make a commitment to educate on microaggressions. It could be a training like this or something a little more deeper on really unpacking those microaggressions and thinking through them.

What you will have to do organizationally if you're doing this work is create a culture or a safe space for all staff to challenge. We can't have a space and say, "You can challenge Ryan, come ahead and challenge," but Ryan is very concerned about the repercussions if he says something in the organization. Thinking through that complex dynamic within your organization, what does a safe

space look like and what does it look like for all the people in your organization? Is it true that they really can have that space without there being repercussions or are there things you need to be aware of?

Of course, enforcing strict anti-racism policies throughout your organization. It's a top-down piece. We need bottom-up changes. We need top-down. We need changes at multiple levels on the system to make this work happen. Anything else we can add? We could talk about this all day, Ryan, I think.

**Ryan:** I know. We really could. I think that's a great point to move on.

**Dr. Murphy:** Where we are on the next slide is really-- We've thrown a lot at you. That was intentional. It's also to encourage you to pause and reflect, to complete the workbook. We hope that you will gather in small groups to discuss this. If you look for this individually, there's an opportunity for you to engage in dialogue around some of these. Maybe the dialogue is really about how is this resonating with you and what questions does this leave you with and speaking through that right now? We'd also encourage you to really think through what can you do right now individually to address race and racism? What is something that you can do actively right now to address race and racism?

This is just a step, we're all stepping toward racial equity and there is a lot of work to be done, but that work always starts with individuals that are committed to take action and be part of the solution. Then organizationally, if you're listening to make these changes in your organization, what is needed within your organization to build capacity around racial equity? In that work, what role can you play? Is there a space for you and what could that look like? I think we're just encouraging people there, Ryan, to pause and reflect. We're going to have more trainings in the future, this is just a foundational piece. Anything to add to that or things people can be thinking of as we sign off?

**Ryan:** No, I think that's really it. This is really the beginning of a journey and we're all on that journey together. I don't know that it ever ends. I think we're just challenging you to take this opportunity, given the discussions we've had, the tools that you now have, to start that journey with more tools than you had when you came into this session. Hopefully, you can reflect on those and make some personal changes that hopefully span over into the organizations as well. Of course, at the end of the day, our goal is to help those that we serve. I want to thank you all for joining us today and walking on this journey with us.

**Dr. Murphy:** Thanks, Ryan. Again, our final slide is to say, if there's a way that Ryan and I or the ORN team can support you as you're moving towards this work. We'd love to be part of your journey and then direct you to the professionals that are doing this work full-time. You can submit a request through [opioidresponsenetwork.org](http://opioidresponsenetwork.org). Around this, we can help you think through strategies. We can do similar trainings to this, but we wish you well. Thank you for letting us be a part of your work.