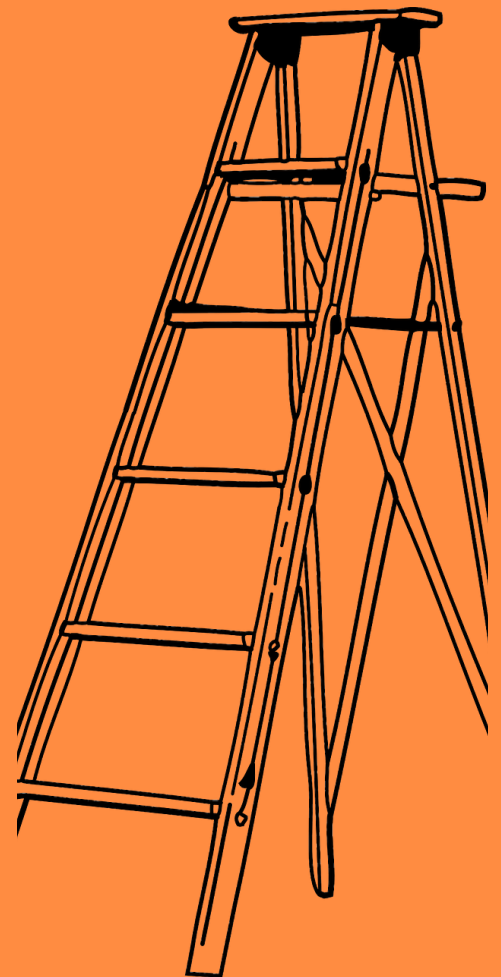


# BERKSHIRES EQUITY TOOLKIT

*For Those working in Substance Use Treatment,  
Recovery or Harm Reduction*



*Prepared by:*

*Charles Redd (Director of DE&I at Berkshire Health Systems),*

*Michael Obasohan (Chief Diversity Office, City of Pittsfield )*

*Fara Marcelin and the Pittsfield HEALing Communities Study Team*

**PUBLISHED: MARCH 2023**



# TOOLKIT TERMS AND DEFINITIONS

01

**BIAS:**

An inclination, feeling, or opinion, especially one that is preconceived or unreasoned. Grounded in stereotypes and prejudices, a bias is an unreasonable negative feeling, preference, or opinion about a social group.

02

**CULTURAL COMPETENCY:**

A process of embracing diversity and learning about people from other cultural backgrounds. The key element to becoming more culturally competent is respect for the ways that others live in and organize the world and an openness to learn from them.

03

**CULTURAL HUMILITY:**

A conscious, lifelong process of self-reflection and self-critique that allows one to learn about others' cultures, beginning with an examination of our own beliefs and cultural identities.

04

**DISABILITY:**

A physical or mental impairment that affects a person's ability to carry out normal day-to-day activities.

05

**DISCRIMINATION:**

The unequal treatment of members of various groups, based on conscious or unconscious prejudice, which favors one group over others on differences of race, gender, economic class, sexual orientation, physical ability, religion, language, age, national identity, religion and other categories.

06

**EQUITY:**

Ensuring fair treatment, access, opportunity, and advancement for all people, while at the same time striving to identify and eliminate barriers that have prevented full participation of communities most affected by systemic oppression.

07

**ETHNICITY:**

A category of people who identify as a social group on the basis of a shared culture, origin, social background, and traditions that are distinctive, maintained between generations, and lead to a sense of identity, common language or religious traditions.

08

**GENDER IDENTIFY:**

Distinct from the term “sexual orientation,” refers to a person’s internal sense of being male, female, neither, or both. Since gender identity is internal, one’s gender identity is not necessarily visible to others.

09

**GENDER NON-CONFORMING:**

An individual whose gender expression or appearance does not hold cultural and societal expectations related to gender.

10

**IMPLICIT BIAS:**

A negative association expressed automatically that people unknowingly hold and that affects our understanding, actions and decisions; also known as unconscious or hidden bias.

11

**RACE:**

A social construct that artificially divides people into distinct groups based on characteristics such as physical appearance (particularly race), ancestral heritage, cultural affiliation, cultural history, and ethnicity.

12

**STEREOTYPE:**

A form of generalization rooted in blanket beliefs and false assumptions, a product of processes of categorization that can result in a prejudiced attitude, critical judgment and intentional or unintentional discrimination. A stereotype is typically negative, based on little information, and does not recognize individualism and personal agency.

13

**STRUCTURAL INEQUALITY:**

Systemic disadvantage(s) of one social group compared to other groups, rooted, and perpetuated through discriminatory practices (conscious or unconscious) that are reinforced through institutions, ideologies, representations, policies/laws and practices. When this kind of inequality is related to racial/ethnic discrimination, it is referred to as systemic or structural racism.

14

**EQUALITY:**

Treating everyone the same way, often while assuming that everyone also starts out on equal footing or same opportunities.

15

**PREJUDICE:**

A preconceived judgement or preference, especially one that interferes with impartial judgement and can be rooted in stereotypes, that denies the right of individual members of certain groups to be recognized.

16

**SYSTEM OF OPPRESSION:**

Conscious and unconscious, non-random and organized harassment, discrimination, exploitation, discrimination, prejudice and other forms of unequal treatment that impact marginalized groups. Also referred to as systemic racism.

17

**SYSTEMIC RACISM (ALSO BE REFERRED TO AS STRUCTURAL RACISM OR INSTITUTIONAL RACISM):**

A system and structure that have procedures and processes that disadvantage African Americans, Indigenous people, Latinx people, and people of color.

## STEP 1:

**IDENTIFYING THE IDENTITIES OF THE INDIVIDUALS THIS PROCESS WILL SERVE. THIS WILL BE IMPORTANT IN ASSESSING THE INTERVENTIONS THEY WILL REQUIRE.**

### **Race and Ethnicity:**

- How will this help to determine the type of care and support needed?
- Will we need more open communication?
- Will we need providers/ caregivers who look like them?

### **Language:**

- By knowing their primary language, how can we provide services to improve communication?

### **Disability:**

- Are there visual, hearing, physical or intellectually developmental challenges that may affect care?

### **SOGI: Address Sexual Orientation and Gender Identity**

- Does this process need to know an individual's sexual orientation? How will it affect how care is delivered?
- Does this process need to identify an individual's pronoun? (She/ Her, He/Him, They/ Them). How will it affect how care is delivered?

### **Age:**

- How does age play a factor in your process? (i.e. Under age 40 have high rate of overdose deaths and suicides)



## STEP 2:

**IT IS IMPORTANT TO PREVENT ASSUMPTIONS AND MEET INDIVIDUALS WHERE THEY ARE AT. WHERE ARE INDIVIDUALS IN THE CHANGE MANAGEMENT PROCESS AND WHERE ARE INDIVIDUALS IN THEIR TREATMENT?**

- What biases exist that may affect treatment?
- Where are individuals in the stages of change? (Pre-contemplation, contemplation, preparation, action, and maintenance).
- Has the individual had a history of Substance Use Disorder?



## STEP 3:

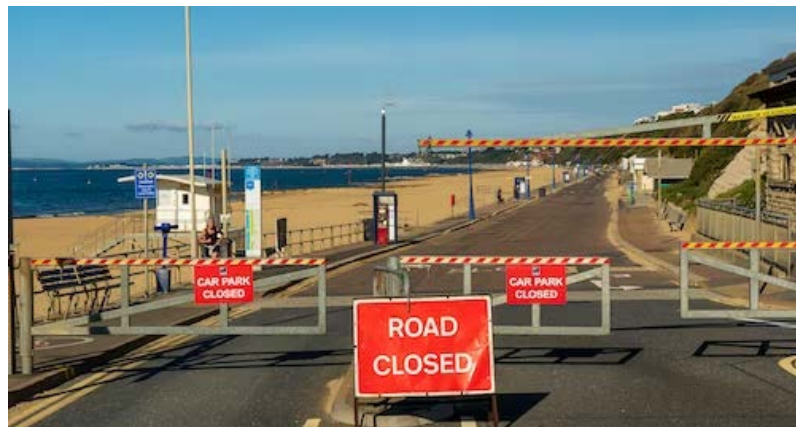
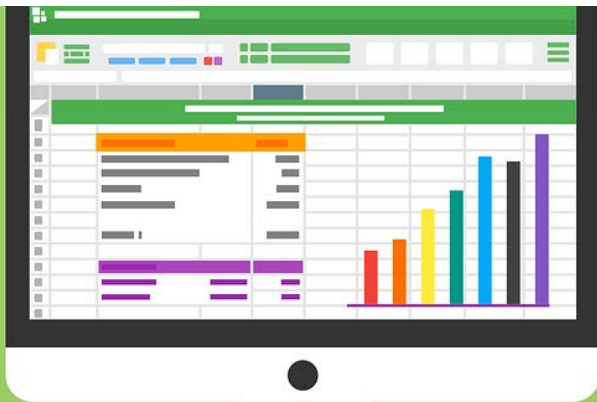
**SOCIAL DETERMINANTS OF HEALTH: WHAT ARE THOSE AREAS THAT ARE HINDERING TREATMENT OR THAT MAY BE THE REASON WHY TREATMENT HAS NOT BEEN SUCCESSFUL?**

- What are the challenges with addressing housing, transportation, food, safety, access to care (behavioral health resources), income, employment, and education?

## STEP 4:

### WHAT RESOURCES ARE IN PLACE TO ADDRESS THE ROADBLOCKS AND BARRIERS THAT PREVENT SUCCESSFUL INTERVENTIONS?

- How can we address barriers to care?
- What resources do we have?
- What are our referral resources?
  - How do we address:
    - RELD/SOGI/SDOH
- Are there referrals to Behavioral Health Resources?



## STEP 5:

### EVALUATE INDIVIDUALS AND FOLLOW UP. THIS IS WHERE WE DETERMINE OUR SUCCESSES AND OUR GAPS.

- Do we have systems in place to follow up?
- How are we tracking our data to determine if we are addressing inequities in care?
- What is our process on correcting or fixing gaps when we discover them?



## **STEP 6:** **REPORT OUTCOME AND STRATEGIES.**

- **How will we identify the reporting process?**
- **How will data and results be reported to leadership teams as well as the community?**
- **Determine how we will hold systems and ourselves accountable for continuing to make improvements and addressing inequities in healthcare.**



# EQUITY TOOLKIT

## One Pager

**1 Step 1: Identifying the identities of the individuals this process will serve. This will be important in assessing the interventions they will require.**

- Race and Ethnicity
- Language
- Disability
- SOGI
- Age

**3 Step 3: Social determinants of Health: What are those areas that are hindering treatment or that may be the reason why treatment has not been successful?**

- What are the challenges with addressing housing, transportation, food, safety, access to care (behavioral health resources), income, employment, and education?

**5 Step 5: Evaluate individuals and follow up. This is where we determine our successes and our gaps.**

- Do we have systems in place to follow up?
- How are we tracking our data to determine if we are addressing inequities in care?
- What is our process on correcting or fixing gaps when we discover them?

**2 Step 2: It is important to prevent assumptions and meet individuals where they are at. Where are individuals in the change management process and where are individuals in their treatment?**

- What biases exist that may affect treatment?
- Where are individuals in the stages of change? (Pre-contemplation, contemplation, preparation, action, and maintenance).

**4 Step 4: What resources are in place to address the roadblocks and barriers that prevent successful interventions?**

- How can we address barriers to care?
- What resources do we have?
- What are our referral resources?
- Are there referrals to Behavioral Health Resources?

**6 Step 6: Report outcomes and strategies**

- How will we identify the reporting process?
- How will data and results be reported to leadership teams as well as the community?
- Determine how we will hold systems and ourselves accountable for continuing to make improvements and addressing inequities in healthcare.