Serving Diverse Individuals in a Peer-Led Recovery Community Organization

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Introduction

What is Culture?

Merriam-Webster defines "culture" as the customary beliefs, social forms, and material traits of a racial, religious, or social group

also **:** the characteristic features of everyday existence (such as diversions or a way of life) shared by people in a place or time

Which means, you can interpret the same thing very differently than someone else, depending on your "cultural."

What is Diversity and Equity? How can we tell where our organization stands?

Diversity is the presence of differences within a given setting. In the workplace, that can mean differences in race, ethnicity, gender, gender identity, sexual orientation, age and socioeconomic class. It can also refer to differences in physical ability, veteran status, whether or not you have kids — all of those are components of diversity.

LET'S TALK EXAMPLES OF DIVERSITY IN OUR WORKPLACE

HOW DO WE ENSURE EQUITY?

Equity is the process of ensuring that practices and programs are impartial, fair and provide equal possible outcomes for every individual.
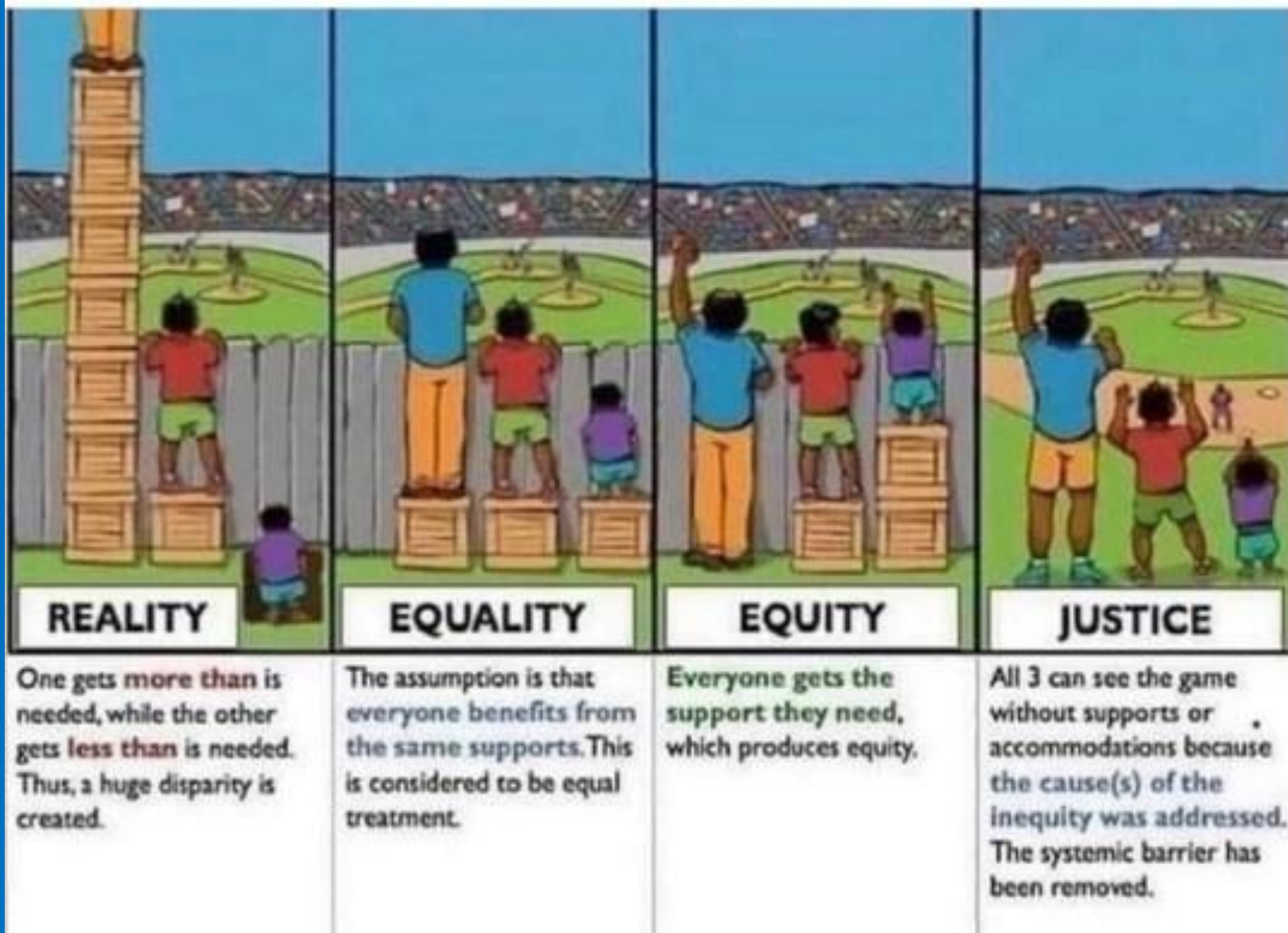
What is the difference between *equality, equity,* and *justice*?

What is "cultural competency" & Why should we practice it in Peer-led Organizations?

*The American Psychological Association has loosely defined cultural competency as the ability to understand, appreciate and interact with people from cultures or belief systems different from one's own.

Why is it important for us to strive for cultural competency in our behavioral health professions?

Every human that seeks help comes with their own unique cultural identity, which molds their values, beliefs, and practices.*We must keep that in mind*

Primary goals

- Discuss how our bias, power, and privilege can affect the therapeutic relationship.

- Discuss ways to learn more about someone's cultural identity

- Describe how stereotypes and microaggressions can affect someone's recovery experience

- Explain how culture and stigma can influence help-seeking behaviors

- Describe how communication styles can differ across cultures

- Identify strategies to reduce bias during assessment and recovery planning
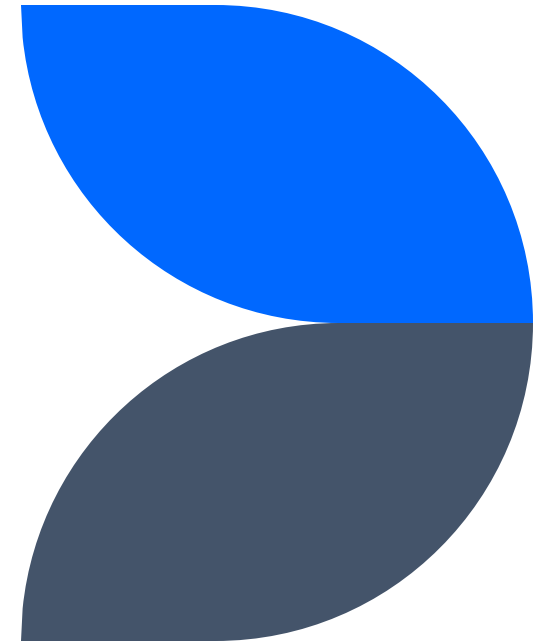
Why Does Any of This Matter in Today's Time?
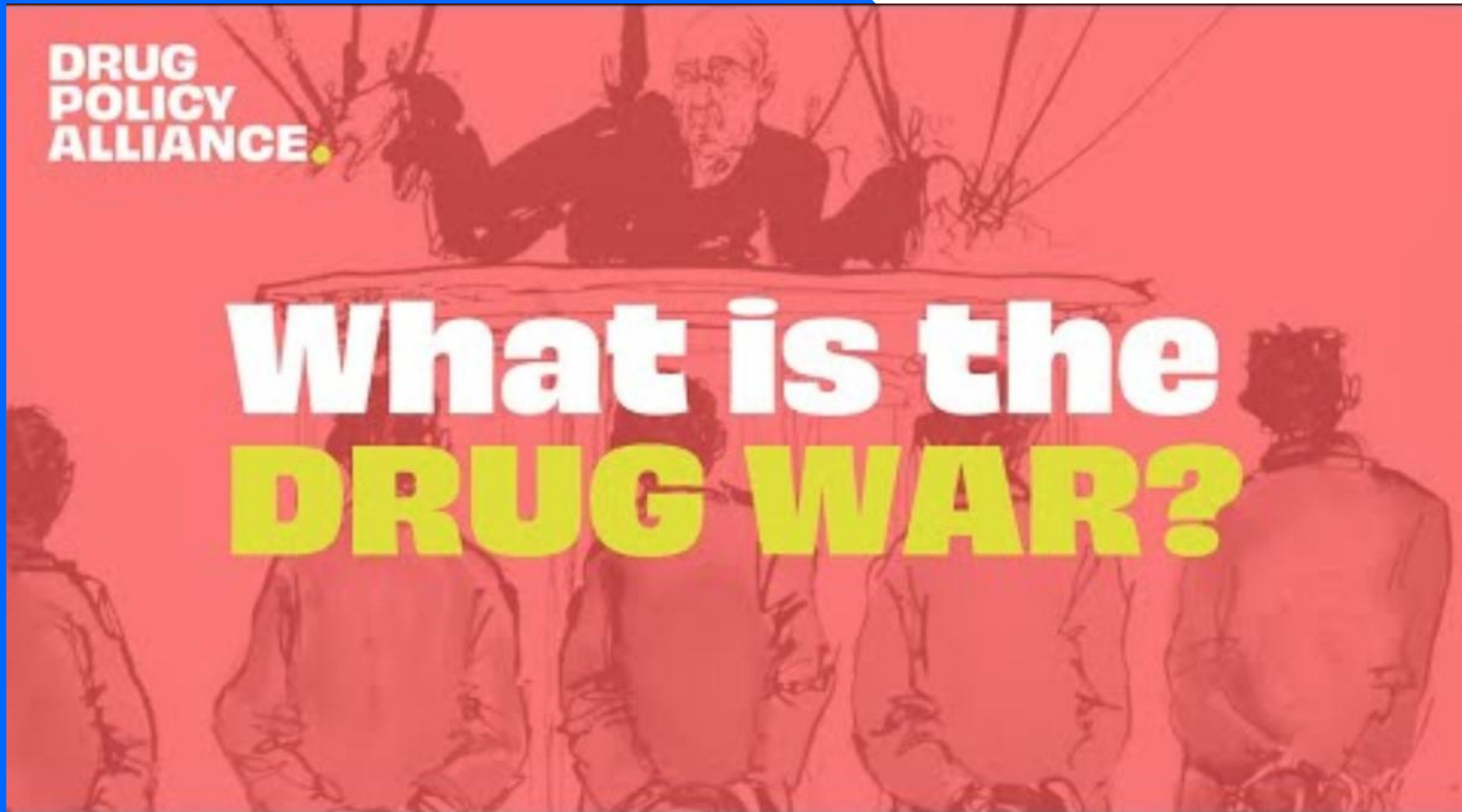
Background and Statistics
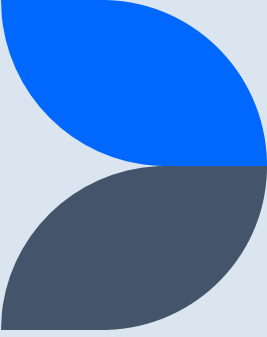
In 2020, SAMHSA reported that of individuals who need treatment for illicit substance use disorders, whites receive treatment 23.5% of the time, while Black and Hispanic individuals receive treatment 18.6% and 17.6% of the time

- A determining factor for this is access to adequate health insurance. 12 states still have not adopted the ADA's Medicaid expansion (7 of which are in the southeast, where a large majority of the US Black population lives, ranging from 15%-37% in population)
- A barrier that professionals must overcome is the distrust of the medical and health care world that Black and Hispanic Americans have inherited
- Black older adults who are exploring recovery are still struggling with the effects of the crack cocaine epidemic, which had devastating effects on families and communities of color throughout the U.S. *__Peers need to understand the role and importance of this history__*

Background and Statistics Con't.

In 2018, Substance Use Disorder was the number one health issue among Americans, yet only 18% of people that identified as needing help received it.

- This gap was even greater in the Black and Latinx communities (90% and 92% still did not receive help)
- A study of privately-insured people showed that Black and Brown patients were 70% LESS likely to receive buprenorphine prescription than their White, Non-Hispanic counters
- This same study also showed that Black and Brown patients were HALF as likely to obtain follow-up treatment after an overdose and 3.5%-8.1% less likely to complete a treatment program as their White, Non-Hispanic counterparts

(**National Library of Medicine National Center For Biotechnology Information)

Areas of Growth for Peers
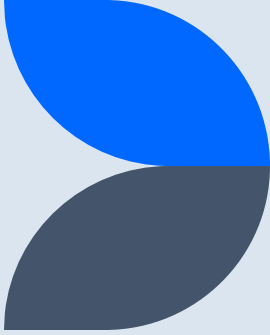
We have talked about how SAMHSA reported that Black and Latinx people have "substantially lower access to mental health and substance use treatment services, often end treatment services prematurely, and experience less culturally responsive care."

Homelessness, COVID-19 displacement, gentrification, police brutality and racism overall in the Black and Brown communities are all crises that are intertwined and adversely affect behavioral health in these communities.

We must also acknowledge our own pre-existing bias, power, and privilege while serving others

It is the behavioral health professional's duty to ensure equitable and culturally competent care to give those seeking help, regardless of their cultural background.

How Do We Grow?

Ask your participants about their life experiences: socioeconomic, discrimination, values and beliefs
- Although this may be uncomfortable for some, this will let you as a professional gain insight on imperative formative beliefs and behaviors that may differ from yours, or what you usually are exposed to

Have diverse representation: including race, gender, gender-identity, age, veteran status, etc
- Having representation that someone from a marginalized population can identify with gives them *HOPE* that they are seen (in a peer-based organization- they have *HOPE* that they can also recover)

How do you ensure equitable access for marginalized communities?
- Do you have specific fundraising or funding proposals that specifically reserves access for these communities?
- Do you have bi-lingual staff available to make communication easier?
- Does your organization have representation in outreach spaces in these communities, or does someone have to be "in the know" to know about your services?

What are some examples of your organization's equity efforts?

Serving Diverse Populations in Peer-Led Organizations

Cultural Competency, Equity and Ethics
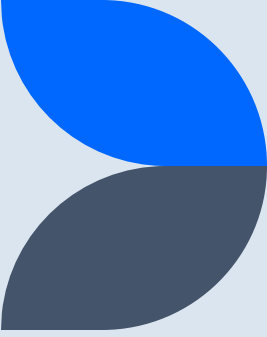
Benefits of using Ethics while practicing cultural competency and ensuring equity:

- Erase any bias of individuals within your organization in order to practice cultural competency and operate from empathy (Empathy is a key benefit of working as a Peer.)
- Have a standard process for all assessments that has gone through an ethics committee for approval
- Expanding accessibility to marginalized populations that may not receive the same access to healthcare through mainstream treatment facilities or "in the know" about RCO's
- Practicing under the Ethical Values: Respect, Acceptance, Compassion, and Authenticity (specifically regarding Cultural Competency)

Examples of when Ethics comes into play:

- Someone that speaks English as their second language and feels unheard
- Someone has described a discriminatory experience within your organization
- Someone with "different" mannerisms is having trouble settling in

What would you do in these situations?

Does your Organization use The Participatory Process?

- Participatory processes are used to clarify program values
- Participatory processes are used to develop and revise code of ethics
- Participatory processes are used to set policies and practices related to ethics
- Ethics committee or workgroup (DEI Committees) meets regularly to address ethical challenges as they arise
- Periodic process in place for review, evaluation, and modification of program values, key practices, and code of ethics.

*Excerpt from McShin Foundation
Ethics Training

Summary

While working in the Behavioral Health field, it is important for professionals to practice cultural competency in order to understand and recognize how economic, physical and sociopolitical forces impact those from marginalized communities. This will ensure that people from different backgrounds have the same hope for a healthy future.

Discussion and Q&A

Thank you

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