

RACIAL EQUITY AND MENTAL HEALTH IN THE WORKPLACE:

Actions to Drive Systems Change



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The Milken Institute is a nonprofit, nonpartisan think tank focused on accelerating measurable progress on the path to a meaningful life. With a focus on financial, physical, mental, and environmental health, we bring together the best ideas and innovative resourcing to develop blueprints for tackling some of our most critical global issues through the lens of what's pressing now and what's coming next.

About the Center for Public Health

The Milken Institute Center for Public Health develops research, programs, and initiatives designed to envision and activate sustainable solutions leading to better health for individuals and communities worldwide.

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INTRODUCTION

Nationwide protests in the summer of 2020 sparked many of the largest US corporations to pledge more than \$200 billion to advance racial equity and confront the nation's history of systemic racism.¹ These commitments focused mainly on external strategies in affordable housing, financial lending, and community development.² Nonprofits, government agencies, and academic institutions made statements pledging support and action to advance racial equity. These externally facing commitments prompted deeper discussions among employers about racial inequities in the workplace, their impact on employees' mental health, and the opportunity to identify actionable strategies. In the subsequent three years, organizations have demonstrated varying degrees of success in meeting these commitments and dismantling the structural components that perpetuate racial inequity.³

The Milken Institute Center for Public Health (CPH) supports action among employers to address racial equity and mental health in the workplace. While employers face many priorities, challenges, and opportunities, advancing racial equity remains a moral and economic imperative, requiring sustained investment and measurement. With more than 155 million employees in the US workforce, fostering equitable workplace systems positively impacts employees and extends to their families and communities.⁴ A landscape analysis, a survey, semi-structured interviews, and a thought-leader roundtable uncovered key themes, insights, and actions for employers at varying stages of systems change.

Systems change requires a shift in the conditions that are holding the problem in place. Transforming a system is about transforming the relationships between people who make up the system.⁵

Racism and Mental Health in the Workplace

According to the National Institutes of Health, whole-person health considers multiple interconnected biological, behavioral, social, and environmental factors that may promote health or disease.⁶ A robust and evolving body of evidence demonstrates the impact of

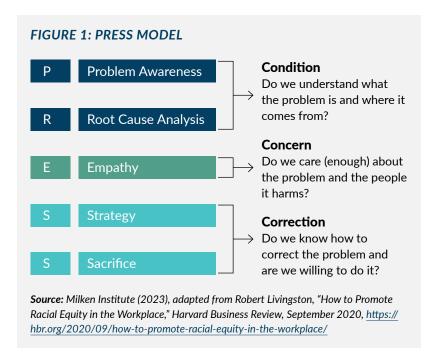
racism on physical and mental health in racial and ethnic populations.⁷ For example, racism has been associated with depression, low self-esteem, anxiety disorders, trauma, and psychological stress, among other conditions.⁸ In the workplace, racism and discrimination can also affect employees' perceptions of the organization's culture, opportunities for advancement, and feelings of psychological safety and belonging.⁹ Poor mental health can also negatively affect employee work performance and productivity, communication with coworkers, and physical capability and daily function, undermining well-being, performance, and retention.¹⁰

Racial bias in the workplace costs US businesses \$54.1 billion in increased absenteeism, \$58.7 billion in lost productivity, and \$171.9 billion in turnover annually.¹¹

Framework for Equitable Workplace Systems

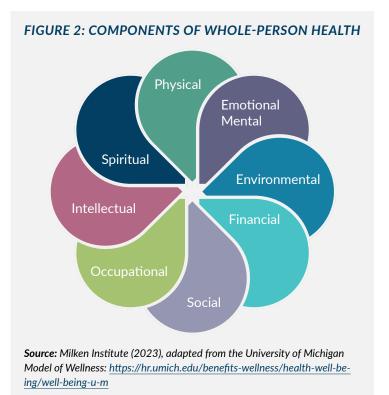
An equitable workplace ensures that there are no disparities in development and advancement opportunities and that workers enjoy equal access to key roles, experiences, and rewards. Advancing racial equity requires us to address the root causes of inequities through the intentional and continual disruption of inequitable policies, practices, structures, and systems to foster measurable change. Advancing racial equity in the workplace requires

fair and respectful treatment and equitable access to resources and opportunities, regardless of an employee's race or ethnicity. To that end, Robert Livingston, a social psychologist and leading expert on the science underlying organizational bias and racism, developed a model for employers to foster equitable systems with the right information, incentives, and investments.13 Livingston's PRESS—P (problem awareness), R (root cause analysis), **E** (empathy), S (strategy), S (sacrifice) model outlines five stages for organizations to progress through to advance racial equity in the workplace.



Organizations move through these steps by first assessing the *conditions* to understand the **P**roblem and its **R**oot causes. Based on this assessment, organizations determine whether they have enough *concern* or **E**mpathy for the problem and those who are impacted. The foundation leads to *correction* through **S**trategies and **S**acrifice, specifically by investing the necessary time, energy, and resources. ¹⁴ The sequential nature of the model may seem limiting when the complexity of racial equity is considered, but its core components align with efforts and initiatives developed by other organizations whose processes may be guided by more iterative cycles at various stages along the PRESS continuum.

Ultimately, effective workplace strategies and resources to advance racial equity and mental health incorporate the whole person. Considering the whole person includes different and intersecting identities, diverse and multigenerational perspectives, and lived experiences, including the impact of historical and contemporary injustices.



Methodology

Throughout 2021 and 2022, CPH conducted research with diverse multisector organizations, including nonprofits, government, and businesses of all sizes. In the first phase of landscaping employer actions to address racial equity and mental health, CPH cataloged the goals and initiatives of more than 50 organizations across industries and analyzed external response themes. This catalog complemented a literature review of workplace diversity, equity, and inclusion (DEI) training best practices. CPH followed with a quantitative and qualitative survey as well as semi-structured interviews with 17 leaders focused on their successes, challenges, and insights. This also included a review of their initiatives' impact on employees' mental health.

Last, CPH curated a cross-sectoral roundtable with three dozen attendees to further discuss insights, barriers, and opportunities. Many of the participating leaders were part of an existing employer collaborative action group dedicated to driving and tracking actions that improve the overall mental health of workforces and their communities. This group of 85+ organizations identified racial equity and mental health in the workplace as a key priority area, which resulted in this initiative. The actions detailed in the current brief are distilled from the multifaceted approach reflecting the prominent themes that emerged throughout the landscape analysis, survey, interviews, and roundtable.



FINDINGS

The insights in this brief are for employers pursuing organizational change to address racial equity and mental health. Of the leaders surveyed, 100 percent believed an organization's racial equity strategy is important to employee mental health, with 75 percent specifying "very important." Though the expressed belief in this intersection was clear, the actions discussed to support racial equity often were separate from an organization's mental health approach.

Leaders surveyed and interviewed were from organizations at various stages of advancing racial equity. Approximately a third of the organizations had a plan to implement a racial equity strategy and were in the implementation process. Another third had been implementing and measuring the impact to evaluate the next steps. However, 13 percent of organizations surveyed were still defining their racial equity strategy, 6 percent had indicated their strategy but had not determined the next steps, and 19 percent lacked the information, tools, or support to create an implementation plan. In analyzing the insights leaders shared, four key themes emerged to drive their strategies:

- Process: Outlines tools for problem awareness, root cause analysis, and building empathy that mirror the "PRE" stages of the PRESS model.
- Tools for Action: Describes organizations' methods to actualize their racial equity strategies.
- Evidence: Demonstrates the need for evidence, sources of data, and accountability metrics emphasized at every stage of implementation.
- Gaps and Opportunities: Reflects insights for organizations as they move the needle toward collective systems change.

The key themes and subthemes described below represent a sample of actions for employers centering whole-person approaches in their strategies. These themes are paired with actions for employers at varying stages as they advance their racial equity and mental health priorities, spark deeper collaboration, and help foster safe, equitable, and healthy workplaces.



ACTIONS FOR EMPLOYERS

Process

Leadership Buy-In and Involvement

Insight:

Early leadership buy-in is necessary to drive change to address racial equity and mental health within an organization. Of survey respondents, 25 percent identified a lack of leadership buy-in as a barrier to their organization's building a racial equity strategy. Leaders emphasized the need to "speak in a language" that resonates with senior leadership to understand the multifaceted incentives better and garner the long-term resource investment needed for systems change.

Actions:

- Understand the drivers of racial equity and mental health in the workplace that resonate
 with senior leaders, including board members.¹⁵ Though the moral imperative to advance
 racial equity in the workplace is a strong incentive for some leaders, use data-driven
 insights, incorporating the business case and return on investment to incentivize further
 action. One leader indicated that if reasons for action are not directly relevant to
 decision makers, the foundation of progress may erode.
- Model openness, transparency, and adaptability when discussing racial equity and mental health in the workplace.¹⁶ Leaders emphasized how leadership involvement precedes employee involvement.

Fostering Trust

Insight:

Prioritize organizational culture and accountability to create a sense of trust and well-being. As one survey respondent shared, "Racial equity personifies empathetic leadership, which builds trust and a healthier workplace for everyone."

Actions:

- Use evidence-based tools to forge employee trust when approaching racial equity and mental health strategies. In a recent CPH brief titled "Understanding and Identifying Gaps in Employer Mental Health Resources," authors highlighted hosting town halls, talking about mental health in one-on-one meetings, promoting resources, and integrating inclusive language into their internal communications.¹⁷
- Include trusted messengers, representing many organizational levels, in the process
 of designing and executing whole-person strategies. Establishing trusted messengers
 builds "safe and brave spaces" to communicate information, education, and awareness.¹⁸
 These spaces encourage wider input, opinions, ideas, and feedback to remain focused on
 organizational and systemic change.¹⁹
- Establish standards of behavior at all organizational levels that consider the spectrum of employee needs to protect psychological safety and foster trust. There are five generations in the workforce whose relationships with organizations, authority, and working styles vary, impacting their needs.²⁰

Process

Employee Ownership, Voice, and Acknowledgment

Insight:

Incorporate employee opinion and feedback for deeper connection and impact. Employees who feel their input is taken seriously and "heard" by leaders are 4.6 times more likely to feel empowered to do their best work, strengthening and building a more inclusive organizational culture.²¹

Actions:

- Use listening tours, focus groups, surveys, and equity assessments to understand gaps
 and opportunities. Though this listening phase is crucial to understanding the true needs
 of workplace communities, leaders emphasized the need for employers to progress
 intentionally from listening to action, applying the findings to implement appropriate
 strategies.
- Sustain racial equity strategies by leveraging employee resource groups (ERGs), also
 referred to as affinity groups. These groups typically form around shared identities or
 experiences and are designed to foster respectful, diverse, and inclusive workplace
 environments. It is important that ERGs are integrated as part of an organization's
 holistic racial equity strategy and that organizations provide sufficient support to ERG
 leaders to prevent burnout.
- Ensure the support of employees contributing to and leading racial equity responsibilities as an additional component of their job.²² Support can include compensation, recognition, and professional development.²³

"The workplace is either fair for everyone or fair for no one ... The fundamental issue comes down to power. For example, racism is the benefit derived from the systematic denial of power one population can exert over another on the basis of perceptions of race. In the workplace, there is nothing more demoralizing to employees than being excluded or disregarded because those in power don't consider you to be like them."

-Linda Goler Blount, President and CEO, Black Women's Health Imperative

Tools for Action

Recruitment and Retention

Insight:

Workplace culture refers to shared values, behaviors, unwritten rules, and communication styles expressed in the workplace integral to employee belonging and well-being.²⁴ Leaders also emphasized the influence of workplace culture on hiring, retention, promotion, and mentorship opportunities.

Actions:

- Identify, examine, and disrupt problematic hiring practices to implement more equitable processes. For example, to reduce bias, ensure that the hiring process emphasizes tangible professional competencies and is standardized, consistent, and clearly documented. Adopt a pay equity strategy that includes routine analyses and a formal process with an allocated budget to address pay inequities.²⁵
- Provide development and training programs for racially diverse employees with clear, equitable pathways for advancement into leadership positions. Provide promotion transparency and visibility, as having visible, diverse leaders helps to attract and retain talent. For example, Black managers are likely to seek other positions if they feel "alone" in development opportunities.²⁶
- Foster opportunities for mentoring and sponsorship to support career navigation and other professional development goals. Develop and sustain partnerships with Historically Black Colleges and Universities to implement internship programs and build potential pipelines for new talent.

"In addition to a workplace that strives for racial equity, employers must also work to eliminate ageism that persists and can negatively affect older workers' health, well-being, and productivity. Valuing older workers' experience, wisdom, and resilience should be part of any DEI strategy."

-Diane Ty, Senior Director, Center for the Future of Aging, Milken Institute

Tools for Action

Building Flexibility in the Workplace

Insight:

Leaders encouraged employers to consider flexible policies that address employees' needs holistically, promoting healthier, happier, and more engaged employees. According to Gallup research, positively affecting employee engagement and well-being can drive productivity and organizational growth.²⁷

Actions:

- Continue leveraging the technology and flexibilities used during the COVID-19 pandemic that made workplaces more comfortable, especially for women of color. Black, Asian-American, and Latinx knowledge workers all preferred hybrid or fully remote work at higher rates than White workers.²⁸ Leaders highlighted how novel flexibilities increased employee freedom, enjoyment, the balance of personal rhythms, and inclusivity.
- Examine how workplace policies center equity while ensuring that flexibilities are both accessible and practical. One leader recommended offering "a suite of well-being opportunities," including fitness and wellness opportunities, flexible hours, parental leave, and caregiver support.²⁹ Model accessing and using well-being and flexible work policies to reinforce a workplace culture that values and encourages these opportunities.
- Offer hybrid or remote work options when possible to decrease emotional labor, which supports retention. In hybrid or remote environments, historically excluded racial and ethnic employees feel it is less of a job requirement to "code switch" or change behavior, appearance, or speech to fit into the dominant culture in the workplace.³⁰
- Address the social drivers that underpin whole-person health and wellness, examining
 employee benefits programs and policies. For example, access to reliable transportation
 is a driver of health and equity in the workplace. One leader analyzed data on the
 company's internal clock-in system and tardiness policies, which demonstrated that
 junior-level employees of color who used public transit were disproportionately
 disciplined or disciplined differently from other colleagues.

Nearly half of respondents in a McKinsey & Company survey recommended prioritizing policies that support flexibility, like parental leave, sick leave, flexible hours, and work-from-home policies to build more inclusive workplaces.³¹

Tools for Action

Training

Insight:

Of survey respondents, 75 percent identified "DEI training programs" as a response or initiative their organization has been involved in to address racism in the workplace. We heard from nearly all leaders that training should be one part of the racial equity strategy, included in a "wider program of change" that is systems-focused.³²

Actions:

- Provide ongoing and regular training, involving multiple opportunities and different formats to cater to the individual needs of employees.³³ Avoid "one-off" and "blanket" trainings, which are less likely to be effective and unlikely to make a difference in habits or long-term behavior.³⁴ One leader highlighted the value of an employee's ability to correlate learnings from the workplace with those of families and friends in their homes and communities.
- Integrate DEI training into your measurement process.³⁵ Include qualitative and quantitative approaches to evaluate knowledge and attitude shifts to adjust trainings or DEI organizational strategies as needed.³⁶ Incorporate key mental health metrics around inclusion, belonging, and safety.

"From a mental health standpoint, we first start with the principle that caring about the mental wellness of our team members is a core part of who we are ...

Our approach to racial equity alignment is not to change minds and hearts; we are focused on creating inclusive behavior standards and expectations."

-Kevin Clayton, Senior Vice President, Head of Social Impact and Equity, Cleveland Cavaliers

Evidence

Measurement

Insight:

Of survey respondents, 38 percent identified a lack of clear goals or metrics as a barrier their organization faces in actualizing their racial equity strategy. Leaders highlighted the importance of collecting data and measuring throughout the stages of action to remove subjective analysis. While these data and measurements are critical to driving impact, leaders emphasized the nuances in how they are collected and analyzed.

Actions:

- Gather all available data that give a holistic view of the organization's culture. Leaders found the most useful metrics were those related to hiring, retention, compensation, promotions, performance evaluations, benefit utilization, and procurement contracts.
- Map all internal policies to look critically at how each policy affects certain populations unequally, including but not limited to HR policies.
- Measure sense of belonging, development, and other mental health-related metrics
 through employee engagement surveys. Transparently share the results of these surveys
 with clear follow-up on insights captured. Employee feedback should be used to define
 strategic impact metrics to ensure that employee community priorities are represented.
 One leader shared a staff equity audit (with 96 percent engagement), which allowed staff
 to assess individual needs. The audit also allowed the organization to use aggregated
 information to identify resources necessary to evolve its organization-wide strategy.

"This system wasn't created overnight. That's why we need input ... We have to look at trends and try to combat them. By measuring and holding people accountable, that's how we make progress."

—DeAnna L. Minus-Vincent, Executive Vice President, Chief Social Justice & Accountability Officer, RWJBarnabas Health

Evidence

Accountability

Insight:

Though "data proves, and research indicates," as a key leader shared, measurement ensures progress when paired with accountability. Leadership being out front with consistent messaging and action is key to a culture of accountability. Half of those surveyed indicated they only rarely or sometimes saw those in visible leadership roles speaking to racial equity in the workplace. Tackling the underlying bias and racism ingrained within systemic inequities won't happen within a short time frame, and incremental accountability must be woven throughout organizations' strategies.

Actions:

- Embed racial equity strategies within your organizational infrastructure. For example, leaders discussed aligning racial equity metrics with leadership bonuses and compensation. An assessment across academic and government sectors also reveals action and opportunities to center equity relative to tenure reviews, promotions, and retention of racially diverse faculty. Progress is also occurring in federal policy and program areas, including civil rights and language access, acquisitions, grants, capacity building, data collection, equitable pay, and workforce development.³⁷
- Distribute accountability for, and ownership of, implementing racial equity strategies to
 a multidisciplinary leadership team. Given the complexity of the challenge, accountability
 must be shared and not fall on a single individual, such as a chief DEI officer.³⁸ Monitor
 and evaluate the organizational impact and leadership efforts consistently to ensure
 actions aren't at a single point in time. Some leaders found success from leveraging
 reporting scorecards for both overall employer progress and individual measurement.

The Black Women's Health Imperative (BWHI) Fair Work Initiative™

is an example of a comprehensive process that includes 350 metrics at organizational, departmental, and individual levels with reporting to allow for action and accountability. These metrics center on health and wellness, professional development, and racial and gender bias. The first cohort of companies to pilot the BWHI Equity Index and Fairness Training is currently in progress and will shape how these metrics and holistic approach weave in accountability measures.

Gaps and Opportunities

Lack of Common Standard for Systems-Change Action

Insight:

Several leaders emphasized the lack of a common standard for action as both a barrier to broader systems change and an area of opportunity. As one leader put it, "since there isn't currently a 'Good Housekeeping seal' if you want to be considered anti-racist," there is an opportunity to commit collectively to iterative models of change to find best practices and principles.

Actions:

- Ground racial equity strategies in evidence and build off existing frameworks like the PRESS model to align impact and compare best practices and principles across organizations.
- Report learnings and best practices publicly to guide peers and improve the body of evidence while standardizing processes and actions.

RWJBarnabas Health

reated its Ending Racism
Together framework to
transform into an anti-racist
organization. The group
applied the Kotter 8-Step
Process for Leading Change
paired with Lean Six Sigma
to make the framework
circular. By rooting their
strategy in theory with a
proven methodology, they
were primed to create
systems change.

FIGURE 3: ENDING RACISM TOGETHER ORGANIZATIONAL CHANGE PROCESS



Source: Milken Institute (2023), adapted from RWJBarnabas Health, Framework for Strategic Change: Ending Racism Together: https://www.rwjbh.org/why-rw-jbarnabas-health-/ending-racism/

Gaps and Opportunities

Intersectionality

Insight:

Though racial equity and mental health were the primary focus, nearly all leaders emphasized the importance of intersectionality, defined as "the complex, cumulative way in which the effects of multiple forms of discrimination (such as racism, sexism, and classism) combine, overlap, or intersect especially in the experiences of marginalized individuals or groups."³⁹ Kimberlé Crenshaw, a civil rights scholar and writer, originally coined the term and theory more than 30 years ago to describe the simultaneous racial and gender oppression of Black women. ⁴⁰ In workplace equity strategies, it is important to understand the roles of race, culture, gender, religion, sexual orientation, age, and ability, and the influence on employees' sense of belonging and satisfaction in the workplace.

Actions:

- Approach racial equity strategies through an intersectional lens to understand the impact further, examining the social drivers of health and wellness. For example, when analyzing internal policies, less flexible working conditions may disproportionately affect women or groups who are more likely to have caregiving roles.
- Connect internal affinity groups or ERGs for collective support and impact. Executive
 or leadership sponsorship supports alignment with overall strategies. One leader
 highlighted leaning into ERGs to create opportunities for cross-collaboration. For
 example, a women's leadership ERG expands its focus to address the intersection of
 racial and gender gaps and opportunities.



CONCLUSION

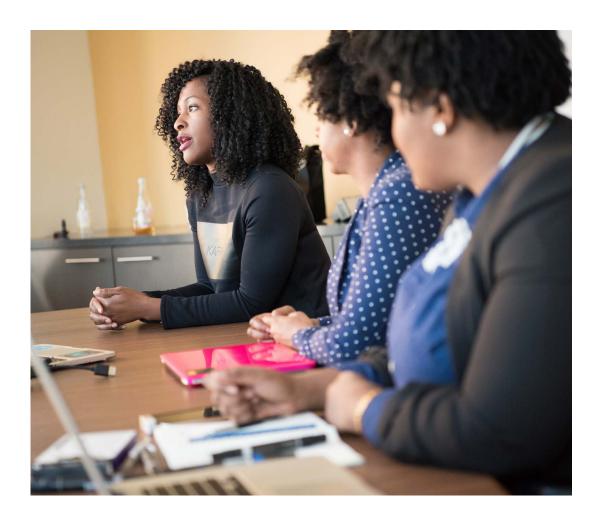
In the few years since organizations made sweeping commitments to address racial equity, leaders and their workforces have faced a continual barrage of evolving societal, equity, and mental health challenges. While news cycles change, organizations understand now more than ever the imperative to address whole-person health, better positioning themselves to disrupt complex challenges. A landscape analysis, a survey, semi-structured interviews, and a thought-leader roundtable all emphasized the power of workplace culture and the many interconnected ways employers can advance progress. The actions in this brief address racial equity from a systems-change perspective, all centering on creating workplace cultures that foster trust, belonging, safety, productivity, and fulfillment. The Center for Public Health looks forward to connecting with and supporting organizations further at all stages of cultural change to advance racial equity and mental health in the workplace and ensure individuals and workplace communities thrive.

ENDNOTES

- Tracy Jan, Jena McGregor, and Meghan Hoyer, "Corporate America's \$50 Billion Promise," Washington Post, August 24, 2021, https://www.washingtonpost.com/business/ interactive/2021/george-floyd-corporate-america-racial-justice/.
- 2. Earl Fitzhugh et al., "It's Time for a New Approach to Racial Equity," McKinsey Institute for Black Economic Mobility, December 2, 2020, https://www.mckinsey.com/bem/our-insights/ its-time-for-a-new-approach-to-racial-equity/.
- 3. Fitzhugh et al., "It's Time for a New Approach to Racial Equity."
- 4. "Current Employment Statistics-CES (National)," Bureau of Labor Statistics, accessed January 10, 2023, https://www.bls.gov/web/empsit/ceseeb1b.htm/.
- 5. John Kania, Mark Kramer, and Peter Senge, *The Water of Systems Change* (FSG, 2018), https://www.fsg.org/resource/water_of_systems_change/.
- 6. "Whole Person Health: What You Need to Know," National Center for Complementary and Integrative Health, accessed December 29, 2022, https://www.nccih.nih.gov/health/whole-person-health-what-you-need-to-know/.
- Yin Paradies et al., "Racism as a Determinant of Health: A Systematic Review and Meta-Analysis," PLOS ONE 10, no. 9 (September 2015), https://doi.org/10.1371/journal.pone.0138511/.
- 8. Paradies et al., "Racism as a Determinant of Health."
- 9. Ellyn Maesse and Camille Lloyd, "Understanding the Effects of Discrimination in the Workplace," *Workplace* (blog), Gallup, May 26, 2021, https://www.gallup.com/workplace/349865/understanding-effects-discrimination-workplace.aspx/.
- "Mental Health in the Workplace," Centers for Disease Control and Prevention, July 2018, https://www.cdc.gov/workplacehealthpromotion/tools-resources/workplace-health/mental-health/index.html/.
- 11. Arlene S. Hirsch, "Advancing Racial Equity in the Workplace," *Global and Cultural Effectiveness* (blog), July 15, 2021, https://www.shrm.org/resourcesandtools/hr-topics/behavioral-competencies/global-and-cultural-effectiveness/pages/advancing-racial-equity-in-the-workplace.aspx.
- 12. Pathways to Social Justice: A Revitalized Vision for Diversity, Equity, and Inclusion in the Workforce (World Economic Forum, December 2021), https://www3.weforum.org/docs/WEF_Pathways_to_Social_Justice_2021.pdf.
- 13. Robert Livingston, "How to Promote Racial Equity in the Workplace," *Harvard Business Review*, September–October 2020, https://hbr.org/2020/09/how-to-promote-racial-equity-in-the-workplace/.
- 14. Livingston, "How to Promote Racial Equity in the Workplace."

- 15. Stephanie Creary and John Rogers, "How Board Directors Can Advance Racial Justice," strategy + business, January 5, 2021, https://www.strategy-business.com/article/How-board-directors-can-advance-racial-justice/.
- 16. Natalie Kroc, "In Times of Upheaval, Leaders Must Model Empathy, Transparency, Agility," *People Managers* (blog), Society for Human Resource Management, October 12, 2021, https://www.shrm.org/resourcesandtools/hr-topics/people-managers/pages/managers-and-empathy.aspx.
- 17. Sabrina Spitaletta, Christina Dialynas, and Athena Rae Roesler, *Understanding and Identifying Gaps in Employer Mental Health Resources* (Milken Institute, December 5, 2022), https://milkeninstitute.org/report/employer-mental-health-resources-understanding-identifying-gaps.
- 18. Davionne Garrett et al., How Should We Foster Safe and Brave Spaces for Connecting across Divides? (Wabash and RAND, n.d.), https://www.wabash.edu/academics/docs/ CAREPWDPD-BraveSafeSpaces_Guiding_Document.pdf.
- 19. Rhianna C. Rogers, "Seven Ways to Build a Truly Equitable DEI Strategy," *The RAND Blog*, RAND, August 1, 2022, https://www.rand.org/blog/2022/08/seven-ways-to-build-a-truly-equitable-dei-strategy.html/.
- 20. Allen Smith, "Generational Mindsets Affect the Workforce," *Global HR* (blog), Society for Human Resource Management, September, 10, 2021, https://www.shrm.org/ resourcesandtools/hr-topics/global-hr/pages/generational-mindsets-affect-workforce.aspx/.
- 21. The Impact of Equality and Values Driven Business (Salesforce, 2017), https://www.salesforce.com/content/dam/web/en_us/www/assets/pdf/datasheets/salesforce-research-2017-workplace-equality-and-values-report.pdf.
- 22. Natacha Catalino, et al., "Effective Employee Resource Groups Are Key to Inclusion at Work. Here's How to Get Them Right," McKinsey & Co., December 7, 2022, https://www.mckinsey.com/capabilities/people-and-organizational-performance/our-insights/effective-employee-resource-groups-are-key-to-inclusion-at-work-heres-how-to-get-them-right/.
- 23. Catalino, et al., "Effective Employee Resource Groups."
- 24. Mandy Gilbert, "Workplace Culture and How It Affects Employee Retention," *Inc.*, August 31, 2021, https://www.inc.com/mandy-gilbert/workplace-culture-how-it-affects-employee-retention.html/.
- 25. Pathways to Social Justice.
- 26. Amy Liu and Reniya Dinkins, From Commitments to Action: How CEOs Can Advance Racial Equity in Their Regional Economies (Brookings, March 11, 2021), https://www.brookings.edu/essay/from-commitments-to-action-how-ceos-can-advance-racial-equity-in-their-regional-economies/.
- 27. Susan Sorenson, "The Benefits of Employee Engagement," *Workplace* (blog), Gallup, June 20, 2013, https://www.gallup.com/workplace/236927/employee-engagement-drives-growth.aspx/.

- 28. Joan C. Williams, Olivia Andrews, and Mikayla Boginsky, "Why Many Women of Color Don't Want to Return to the Office," *Harvard Business Review*, May 12, 2022, https://hbr.org/2022/05/why-many-women-of-color-dont-want-to-return-to-the-office/.
- 29. Bonnie Dowling et al., "Hybrid Work: Making It Fit with Your Diversity, Equity, and Inclusion Strategy," *McKinsey Quarterly*, April 20, 2022, https://www.mckinsey.com/capabilities/people-and-organizational-performance/our-insights/hybrid-work-making-it-fit-with-your-diversity-equity-and-inclusion-strategy/.
- 30. Sheela Subramanian and Ella F. Washington, "Why Flexible Work Is Essential to Your DEI Strategy," *Harvard Business Review*, February 25, 2022, https://hbr.org/2022/02/why-flexible-work-is-essential-to-your-dei-strategy/.
- 31. Dowling et al., "Hybrid Work."
- 32. Frank Dobbin and Alexandra Kalev, "Why Doesn't Diversity Training Work? The Challenge for Industry and Academia," *Uncommon Sense* 10, no. 2 (September 2018), https://doi.org/10.1080/19428200.2018.1493182.
- 33. Shoshana Davidson and Hannah Burd, "Unconscious Bias and Diversity Training—The Evidence," The Behavioural Insights Team (blog), December 15, 2020, https://www.bi.team/blogs/unconscious-bias-and-diversity-training-the-evidence/; Alex Lindsey et al., "Two Types of Diversity Training That Really Work," *Harvard Business Review*, July 28, 2017, <a href="https://htt
- 34. Davidson and Burd, "Unconscious Bias and Diversity Training"; Lindsey et al., "Two Types of Diversity Training That Really Work."
- 35. Dobbin and Kalev, "Why Doesn't Diversity Training Work?"; Anna Papadopoulos, "How Evidence-Based Diversity Training Can Make You an Inclusive Leader," *CEOWorld Magazine*, February 14, 2022, https://ceoworld.biz/2022/02/14/how-evidence-based-diversity-training-can-make-you-an-inclusive-leader/.
- 36. Edward Chang et al., "Does Diversity Training Work the Way It's Supposed To?" *Harvard Business Review*, July 9, 2019, https://hbr.org/2019/07/does-diversity-training-work-the-way-its-supposed-to/.
- 37. "Advancing an Equitable Government," Performance.gov, accessed January 10, 2023, https://www.performance.gov/equity/.
- 38. Kelly Lockwood Primus, "DEI Churn & Burn Is Real—Here's What You Can Do to Stop It," *Forbes*, December 6, 2022, https://www.forbes.com/sites/ forbeshumanresourcescouncil/2022/12/06/dei-churn--burn-is-real-heres-what-you-can-do-to-stop-it/?sh=59e3ae9c2015.
- 39. "Intersectionality," Merriam-Webster, accessed January 10, 2023, https://www.merriam-webster.com/dictionary/intersectionality/.
- 40. Kimberlé Crenshaw, "Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics," *University of Chicago Legal Forum* 1989, no. 1 (1989): http://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8/.



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