At the African American Behavioral Health Center of Excellence (AABH-COE), we are tasked with addressing the health disparities that have ravaged a large proportion of our nation’s population, often unchecked, over the course of four centuries. The Substance Abuse and Mental Health Services Administration (SAMHSA) has founded this new national Center of Excellence to provide training, materials, and technical assistance to behavioral health and allied providers and practitioners.

Because this multifaceted topic is easily minimized or misinterpreted—and sometimes still held as controversial—we believe it is important to start with a discussion of some of the central premises that will drive our work. This is the first version, an amalgam of ideas voiced by many African American scholars and truth-tellers, past and present—including a section (Section 5) recounting ideas from our Executive Advisory Board. This document is not an exhaustive list of everything we believe or a “credo” that our constituents are asked to accept. It is just a place to start.

We hope this discussion will grow and deepen over time, as we continue to learn about health equity and disparities affecting African Americans and the best roads to well-being for this amazingly resilient population.

We believe that:

1. No population is more important or more deserving than any other.

At the African American Behavioral Health Center of Excellence, we are deeply grateful for this opportunity to address behavioral health disparities among African Americans, but we do not contend that this population is the only one that endures deep and intolerable disparities. Even trying to make such a comparison would play into the same kind of hierarchical thinking that created these inequities.

All human beings deserve health, well-being, dignity, respect, freedom, opportunity, and justice. Although we understand the boundaries of our charge clearly and understand why our singular
focus is necessary, we will welcome collaboration and hope that our work will inspire, encourage, inform, support, and learn from similar efforts among other groups.

2. No population is homogenous.

Anything we can accurately say about “some” or “many” African Americans is bound to be untrue of many other African Americans. Technically speaking, what the members of this large and diverse population have in common is the fact that one or more of their ancestors were people of color who came from Africa. Beyond that factor, there is boundless multiplicity in terms of color, culture, appearance, values, traditions, language, customs, ethnicity, ancestral language and residence, length of time in the United States, philosophy, spirituality, religion, socioeconomic status, education, ability, interests, political affiliation, sexual orientation and identity, family systems, and a host of other characteristics.

We will try to walk humbly and carefully in our work, given that so many psychological and spiritual wounds have already been inflicted through our nation’s and our institutions’ tendency to overlook the very real differences within this group, instead falling back on stereotypes and generalizations. Even when they are sincerely well meant, these generalizations can deny a highly diverse people’s strengths and remarkable resilience—and render virtually invisible the individuals within it.

That said, we understand that we still must study, analyze, and illuminate experiences, values, strengths, challenges, resources, and solutions that are common to large or small portions of this population. But we will try to remember where we always are: suspended between commonality and diversity, needing and respecting both.

3. Words are awkward.

Starting with the word “race”—a social and political construct invented long ago to justify an industry built on kidnapping, buying, selling, “owning,” and exploiting human beings—we have inherited a language that does not yet know how to communicate without wounding. When words are used in ways that deny the power, worth, or individuality of human beings, they tend to grow toxic. Searching carefully for more respectful language is not “political correctness.” It is an act of repair.

At this Center of Excellence, we will at times stumble imperfectly over this bumpy terrain in our trainings, our presentations, and our writings. We will understand that a number of our constituents are also searching for the right words, sorting through the world’s conflicting messages but wanting only the best for the people they serve. Together with our many partners, we will strive to help our language heal.

4. Truth is essential to health and healing.

A central and highly destructive falsehood—known to many African Americans as “The Lie”—is the idea that Black people are somehow inferior to White people, less worthy and even less than human, simply by virtue of the color of their skin. When that lie has been accepted, an avalanche of lesser lies becomes possible. Those lies embed themselves in cultures, institutions, systems,
policies, norms, customs, accounts of history, belief systems, emotions, perceptions, judgement, words, and actions.

And if the lie is big enough—for example, the lie dehumanizing African Americans—it becomes very difficult to correct. It has taken up residence in our minds and our cultures, become part of who we think we are. To deny the lie is to admit that we have been fundamentally wrong and that we are responsible for figuring out how to repair the wounds to reason, morality, and justice that an entire nation has sustained.

In the behavioral health field, we have seen what happens when human truths are denied, distorted, or swept under a rug. In substance use disorder (SUD) recovery circles, the old saying goes, “You’re only as sick as your secrets.” Trauma is real, and painful memories should always be handled with care. But the honesty that can be life-saving for an individual or a family can also be life-giving for a community, a culture, an organization, a system, or a nation.

This Center has been born at a time in America’s life when studying and discussing history, equity, and justice are on the rise among African Americans and non-African Americans. We hope this trend continues, and we hope to ride—even accelerate—this wave. The effects of history live on in many of the institutions, policies, conscious and unconscious biases, and everyday forms of disrespect and discrimination that have such profound effects on African Americans’ physical and behavioral health. We hope to promote in our field the love of truth we have found in many Black communities—a love that is courageous, healing, liberating, and restorative to people of all colors and cultures.

5. This Center must respect the complexity of our mission.

At the AABH-COE, we must look at our work through an integrated lens that includes the full range of historical, environmental, systemic, social, political, economic, and experiential factors that affect African American health, well-being, behavioral health, and healthcare. Rather than focus narrowly on behavioral health services, we must take a population health approach and perspective, understanding that health equity for an entire population—an interdependent whole—is our charge and our goal.

We cannot shy away from issues of social justice, such as the disproportionate targeting of young Black men and women by the justice system and the lifelong burden of disparities that often follows. Although our central charge is not to illuminate transgressions of social justice, we know those transgressions—historical and contemporary—are often the “determinants of the determinants.” Those powerful forces help shape the social and economic conditions that determine the health and well-being of individuals, families, communities, and cultures. We must stay within our appropriate role as a federally funded not-for-profit Center, but still offer the field and the public crucial information about the causes and effects of behavioral health disparities.

For behavioral health providers, we must promote accountability to the African American individuals, families, and communities they serve. There must be a set of standardized tools for measuring the racial equity of services and health outcomes—a record that providers can use to measure and continually improve the safety and effectiveness of their services. We must also
advocate transparency, giving providers incentives to display these metrics in public, so people in need of help can make informed choices.

As an organization and as a field, we must break the isolation that naturally occurs when disciplines try to address complex problems in their own little silos. We must inspire, empower, and facilitate system integration and transformation, helping leaders think intentionally about their options to promote change within systems, policies, organizations, and individuals.

We must also make sure that the work of this Center not only adds to but truly advances the conversation on equity. Then we must take it farther, to real change and sustained commitment to ongoing change.

6. This choir needs every voice.

At the new and growing African American Behavioral Health Center of Excellence, we are proud that our founding leadership is primarily African American, and that our home institution (Morehouse School of Medicine) is one of our nation’s Historically Black Colleges and Universities. However, we are also excited about the cultural diversity before us and around us in many of our strategic partners, consultants, subcontractors, subject-matter experts, and participants—and about the solidarity of purpose and understanding that we are finding in this diversity.

Our nation may be divided on many fronts, but the past year has brought many non-African Americans into greater willingness to learn more about issues of equity and justice, to explore and expose health disparities, and to advocate equitable solutions. They are listening, reading, and volunteering their voices in support of true equity.

We have seen the harm that prejudice and cruelty can do, even to the human beings who wield them. We have also seen enough of the healing power of fairness and respect to know that it can move all of us—of every color and ethnicity—toward greater dignity, stronger resilience, healthier minds and bodies, and a deeper sense of shared humanity.

At the African American Behavioral Health Center of Excellence, we offer our efforts and hope they will contribute much to this progress.

Please join this conversation!