METROWEST HEALTH FOUNDATION

Building Inclusive Communities

A GUIDEBOOK FOR ADVANCING HEALTH EQUITY IN THE METROWEST REGION

Rebecca Gallo, Editor

Published October 2019

The core of public health is creating the conditions for all people to be as healthy as possible.

Inside this guide

Introduction

The MetroWest Health Foundation is committed to working with the community to improve the health of all those who live and work in the region.

The Foundation recognizes that opportunities for good health do not extend to all in the region. The effects of historical discrimination contribute to the inequities we see in our community today. When current biases and practical barriers to accessing services are factored in, it leaves many, in particular people of color, in a position where the conditions in which they live are not conducive to good health.

The Foundation recognizes that opportunities for good health do not extend to all in the region.

The core of public health is creating the conditions for all people to be as healthy as possible. The MetroWest region is fortunate to have many nonprofit organizations, municipal agencies, foundations, local businesses and dedicated community members who work tirelessly to achieve this goal. As we work and think together about how to best approach challenging health and social issues, pervasive inequities are impossible to ignore. In order to create a community where all residents thrive, we need to start by understanding the root causes of inequity.

The foundation has a long commitment to health equity. This includes supporting organizations through funding as well as convening educational sessions and community conversations. There are many agencies and individuals in the community raising awareness about the importance of addressing the root causes of inequities and taking action to minimize its negative effects. The local work is informed by state and national best practices, as well as a wide variety of resources created by foundations and nonprofit organizations. This guidebook is designed to provide some context about the importance of health equity to overall health; why such vast inequities exist; and to offer select resources and best practices you can use in your agencies and community.

The foundation would like to thank the members of the MetroWest Racial and Ethnic Disparities Workgroup for their input as well as their ongoing leadership around this issue in the region.

Why do health inequities exist?

The direct causes of health inequities stem from differences in the social determinants of health for different populations.

Social determinants of health are the conditions in the places where people live, work and play.[1] There are many ways unequal access to healthy environments can cause unequal health outcomes. For example, if we think of a typical family of four with one parent working a full-time job making slightly above minimum wage and the second parent working a part-time minimum wage job. Both parents could be working full-time but they earn slightly above the income limit to qualify for vouchers for afterschool care for their six and eight-year old children and cannot afford the market rate. Therefore, someone needs to be home to meet the school bus. The family can only afford a two-bedroom apartment in a building near the bus depot. Their six-year old has asthma that is exasperated by the constant fumes from the buses as well as the mold that is throughout their apartment, which the landlord refuses to remedy. The neighborhood is also a known area for drug dealers, so the parents are wary of letting their children play outside, even during the day. This means on most days the only exercise they get is during recess at school. This decreased physical activity combined with the difficulty of buying fresh produce and other healthy foods due to their budget and lack of neighborhood grocery stores has led to their eight-year old becoming overweight. He has also started having behavior issues at school and teachers say he has a hard time concentrating during class, which can also be a result of an unhealthy diet.[2] The story could go on and on detailing the potential effects of poverty on families. It becomes clear earning a lower income contributes to health disparities. Yet, to truly understand why poverty is more pervasive in some communities and why income is not always a factor in health disparities, we need to look deeper.

There are many ways unequal access to healthy environments can cause unequal health outcomes.

What role does racism play in health inequity?

The direct consequences of poverty on families is something that deserves an urgent response from the public health, government and social service community.

However, social determinants of health and poverty itself are not the root causes of inequity, they are simply how it shows up for some families and individuals. We know that differences among those living in poverty and those living in relative wealth are not the only inequities. For example, a Black person at any income level is more likely to suffer from heart disease than their White counterparts of the same income level.[3] Therefore, the long-term work of creating equity is in understanding and addressing true root causes through a social justice framework.

BY THE NUMBERS

$247,500 | $8

Median net worth of white households in Boston is **$247,500** compared to **$8** for non-immigrant black households.

A social justice frame for health equity looks at the effects of implicit bias and structural racism. Implicit bias is learned prejudice that operates unconsciously, and structural racism refers to past and present racial discrimination in housing, education, employment, healthcare, criminal justice and other systems.[4] Policies that explicitly and implicitly discriminate against people based on differences in skin color and/or gender have existed since the United States was founded. They are the basis of understanding the root causes of health inequity. If we look closer at the housing issues that affected our family of four, there are historical policies that have made it more challenging for families of color to own homes. The GI Bill, enacted in 1944, provided World War II veterans with low-interest home mortgages and stipends for college tuition and living expenses. This led to the rise of a white middle class throughout the country. However, the over 1.2 million black veterans were faced with structural barriers when they attempted to use their GI benefits.[5] Home loans were often not available to black families, and even if they could secure a loan, they were turned away from many neighborhoods because of their skin color.[6] In addition, most colleges did not accept black students or had strict quotas, leaving many with historic black colleges as their only option for higher education.[7] However, these colleges could not meet the demand and many did not have Bachelor's or graduate degree programs.[8] This meant that the management jobs available to White veterans who earned their degrees were still not options for many of their Black counterparts. This is one of many examples of how racist structures and policies have contributed to the economic and health inequities that exist today between White people and people of color.

Even as policies changed, the effects have been lasting. For example, the median net worth of White households in Boston is $247,500 compared to $8 for non-immigrant Black households.[9] The structural barriers, rooted in racism, that people of color faced historically and continue to face today are at the heart of health inequity.

All of us, especially those with privilege, need to do the hard work of understanding root causes, listening to each other in new ways and working together towards greater health equity in our communities.

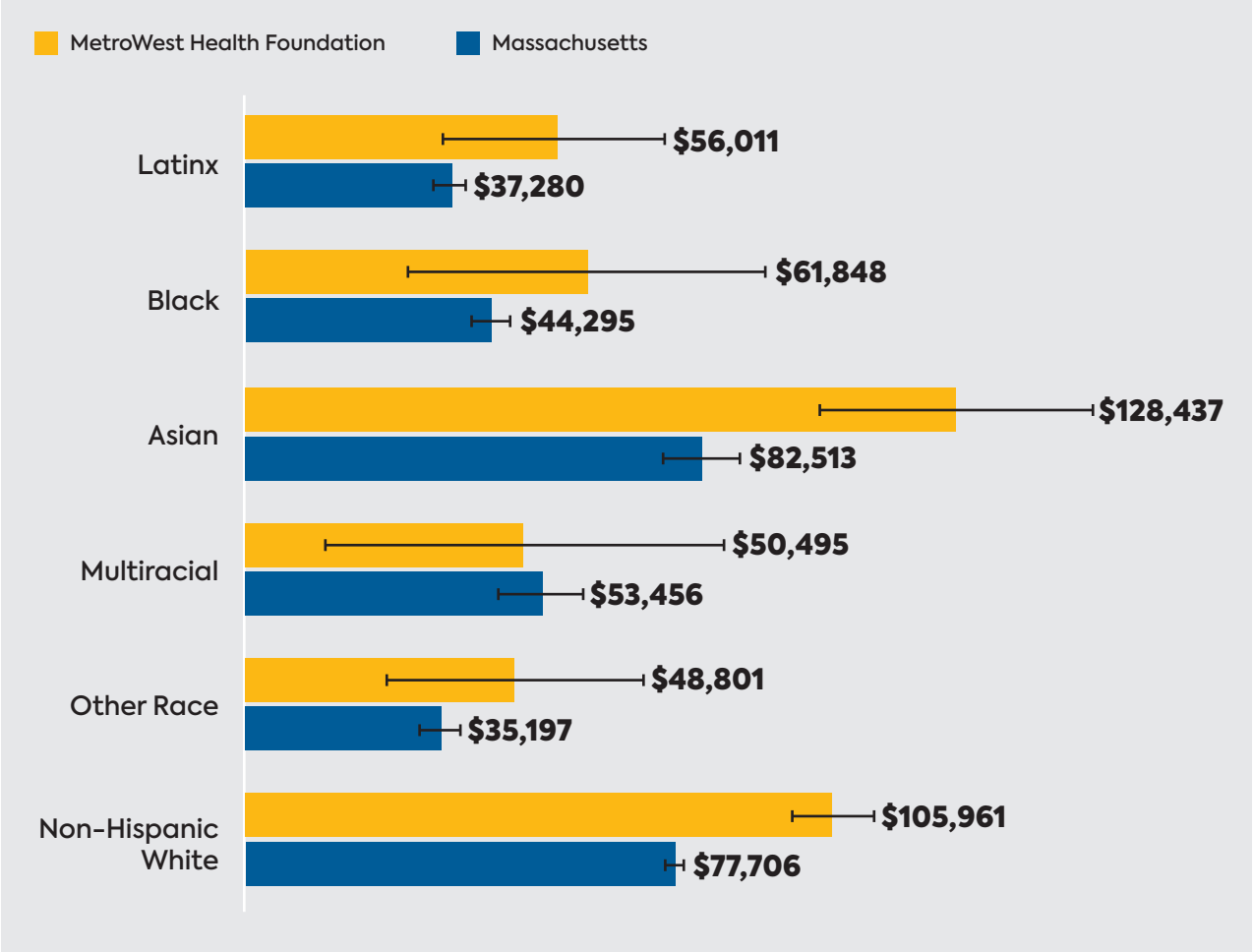
If we believe that inequity in health outcomes is unacceptable in our communities, we have no choice but to take action. This means understanding and addressing the direct causes in the form of social determinants of health, as well as committing to the hard work of addressing the underlying racist structures and implicit bias that drive the inequities. This begins with engaging those who have not been invited to the table, listening to them and supporting them as they lead in their communities. It also means those of us who have settled into our seat at the table need to look at how we consciously or unconsciously perpetuate systems that are at the root of inequities. Good intentions are no longer good enough. All of us, especially those with privilege, need to do the hard work of understanding root causes, listening to each other in new ways and working together towards greater health equity in our communities. This resource book is designed to be a starting point to build on the work of many and continue moving from conversation to understanding to action to lasting change.

Why does health equity matter in MetroWest?

The MetroWest region is one of the wealthiest regions in one of the wealthiest states in the country.[10] It is also one of healthiest regions in the country.[11]

Yet we do not all benefit from this status equally. The chart below shows the average median household income broken down by race/ethnicity for 2016. The median household incomes in MetroWest are significantly higher than those of the state, but disparities still exist.

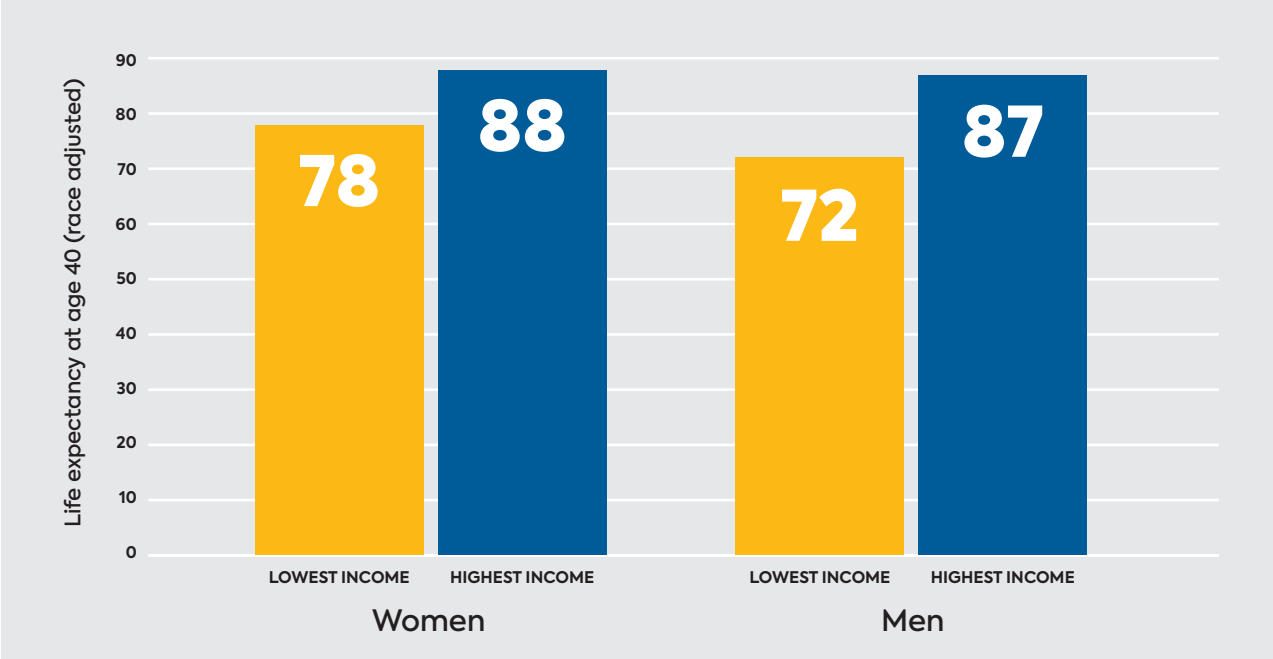
Figure 1: Median Household Income by Race/Ethnicity, 2016



Source: American Community Survey 2012-16 5-Year Average. Graphic from Metropolitan Area Planning Council.

These differences in income are important. Those who live in poverty tend to live shorter lives than those with higher incomes.

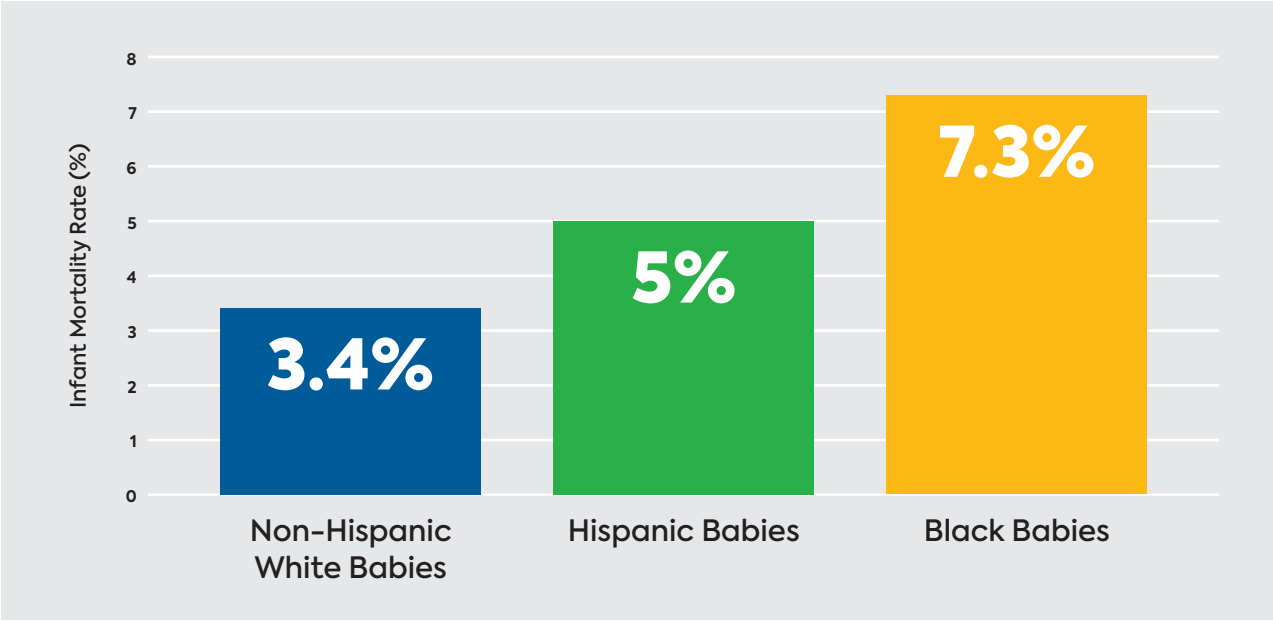
Figure 2: U.S. Life Expancy vs. Income: Life expectancy at age 40 (race adjusted)



Source: Health Inequality Project: https://healthinequality.org

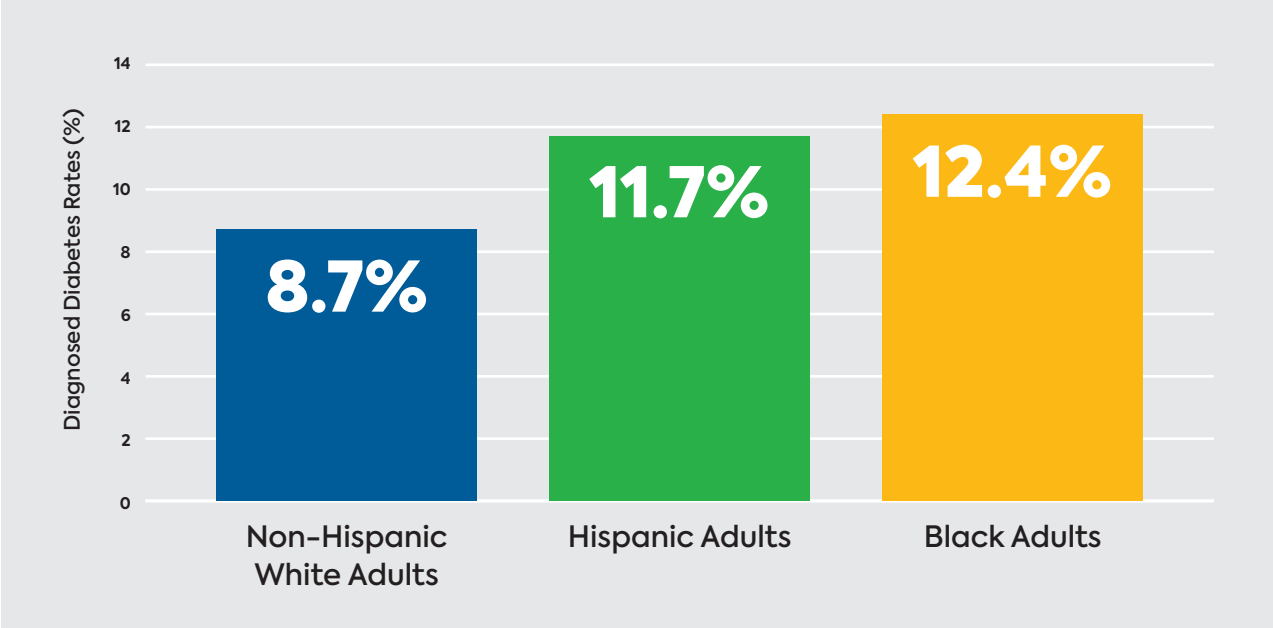
Health outcomes are also worse on many indicators for Black and Hispanic residents regardless of income. Inequities persist from infancy through adulthood. The examples below are only a small sample of those that exist.

Figure 3: 2014 Massachusetts Infant Mortality Rates



Source: Massachusetts Dept. of Public Health; 2017 Massachusetts State Health Assessment

Figure 4: 2015 Massachusetts Diagnosed Diabetes Rates



Source: Massachusetts Dept. of Public Health; 2017 Massachusetts State Health Assessment

The numbers show the extent of the inequities and are important indicators. Yet, as professionals it can be tempting to focus only on the data. We also need to remember that each fraction of a percentage point represents someone in our community who does not have the same opportunity to be as healthy as their neighbor simply because of their income, zip code or color of their skin. The work of reducing health inequity is the only way to truly improve community health in MetroWest.

Why should my organization be focused on equity?

Nonprofit and municipal agencies are often on the front lines of providing vital services to those most affected by inequities.

They are those who may need help to put food on their table; put their child in high-quality day care or out of school time programs; find safe housing; or escape a violent partner. Addressing these immediate needs is essential. But, if we are not committed to also looking beyond the immediate crisis to the underlying causes, the number of those in need of services will continue to grow well beyond community capacity. We cannot look closer if we are not willing to engage different voices. Nationally, more than 80% of nonprofit leaders are White.[12] This means that among the educated professionals making decisions, there is often an important perspective missing. Getting that perspective and truly serving all in our community means going beyond stating that "we do not discriminate" and moving to actively welcoming, engaging, learning from and serving those who may not feel comfortable walking through our doors. It also means hiring leaders who represent the communities we are serving.

Getting that perspective and truly serving all in our community means going beyond stating that "we do not discriminate" and moving to actively welcoming, engaging, learning from and serving those who may not feel comfortable walking through our doors.

The MetroWest region is growing more diverse and will continue to diversify into the future. Approximately one-quarter of towns in the region have seen an increase of at least 50% in residents of color since 2011 (see Figure 5). This means if we are committed to a healthy region, we must address the root causes of health inequities.

In addition to creating pipelines for more diverse leaders, organizations need to effectively engage community members most affected by the inequity being addressed. If you are not hearing from and harnessing the leadership in these communities, the intervention your agency is committed to may not be the one most likely to have an impact. It is essential to not only listen to the community, but to co-create solutions with them. If nonprofits and municipal agencies are not willing to share power with the community, equity will be an unattainable goal.

BY THE NUMBERS

20%

20% of MetroWest residents speak a language other than English at home (MAPC)

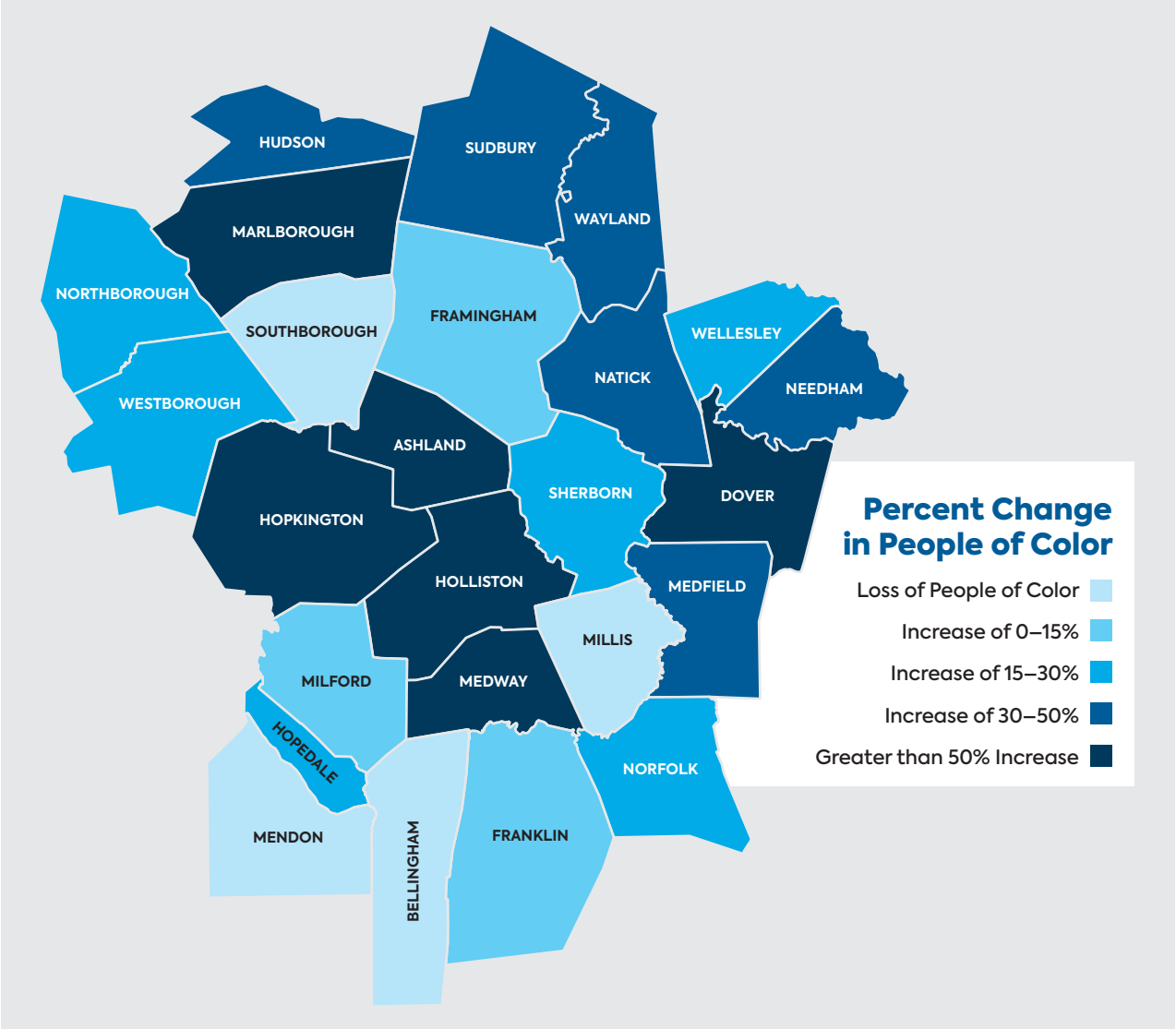
35% | **78%**

In 2016 **35%** of Black and Latinx families in MetroWest owned their homes compared to **78%** of non-Hispanic White families (MAPC)

25%

25% of MetroWest towns and cities have increased their populations of color by **50%** or more since 2011 (MAPC)

Figure 5: Percent Change in People of Color, 2011 to 2016



Source: Metropolitan Area Planning Council (2018)

There are resources (listed in subsequent pages) to help you begin to look at equity differently or to continue to deepen your commitment to equity. This can mean looking to diversify staff and recruit more diverse board members and volunteers. If this is not immediately feasible, training existing staff, board and other volunteers so there is a common understanding of the root causes of health inequity, implicit bias and basic cultural competence, is a place to start. Community engagement can build on relationships you already have with those who use services at your agency. Where you start is less important than making an internal agency commitment to addressing the root causes of disparities.

If we are committed to a healthy region, we must address the root causes of health inequities.

What do we mean when we talk about...?

There are a lot of terms used when talking about equity. It is helpful to create a common language around the topic.

Below are definitions of commonly used terms.

Health Disparities

Differences in the incidence, prevalence, mortality and burden of diseases and other adverse health conditions that exist among specific population groups in the United States.[13]

> **Example**: *Female babies, on average, have a smaller birthweight than male babies. This is rooted in genetics and unavoidable so is a disparity.*[14]

Health Equity

Health equity is the opportunity for everyone to attain his or her full health potential. No one is disadvantaged from achieving this potential because of his or her social position (e.g. class, socioeconomic status) or socially assigned circumstance (e.g. race, gender, ethnicity, religion, sexual orientation, geography).[15]

> **Example**: *Babies born to Black women are more likely than those born to white women to die in their first year of life. Some of this difference can be attributed to poverty. But there are differences in the health of Black and White mothers and babies even if we compare those with the same income. Many scientists have shown links between the stress from racism experienced by Black women and negative health outcomes. This is a health inequity because the difference between the populations is unfair, avoidable and rooted in social injustice.*[16]

Cultural Competence

Cultural competence is a lifelong process of self-reflection, self-critique and commitment to understanding and respecting different points of view, and engaging with others humbly, authentically and from a place of learning.[17]

> **Example**: *A healthcare system that strives to be culturally competent trains their staff and board and intentionally enacts policies to serve all in the community. This can include offering interpreters, hiring and retaining providers from the same background as patients, using community health workers, and extending hours of operation to accommodate patient schedules.*

Social Determinants of Health

Social Determinants of Health are the complex, integrated, and overlapping social structures and economic systems that are responsible for most health inequities. These social structures and economic systems include the social environment, physical environment, health services, and structural and societal factors. They are shaped by the distribution of money, power and resources throughout local communities, nations and the world.[18]

> **Example**: *Access to safe, affordable housing impacts health in a number of ways. For instance, if a child living in substandard housing is at greater risk for lead poisoning and asthma.*

Implicit Bias

Implicit Bias is when we have attitudes towards people or associate stereotypes with them without conscious knowledge.[19]

> **Example**: *Studies have shown that White people will commonly associate criminality with Black people without realizing it.*[20]

Structural Racism

Structural Racism is a system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity. It identifies dimensions of our history and culture that have allowed privileges associated with "whiteness" and disadvantages associated with "color" to endure and adapt over time. Structural racism is not something that a few people or institutions choose to practice. Instead it has been a feature of the social, economic and political systems in which we all exist.[21]

> **Example**: *The 1986 Anti-Drug Abuse Act established mandatory minimums sentences depending on the amount of cocaine in possession. However, guidelines for crack cocaine were significantly stricter than for powder cocaine, despite the fact that they do not differ substantially in their chemical composition or the affect they have on users. Yet distribution of 5 grams of crack carries the same 5-year sentence as distribution of 500 grams of powder cocaine. The biggest difference is that crack is cheaper and users are more likely to be poor and Black while powder cocaine is more expensive and users are more likely to be wealthier and White.*[22]

BY THE NUMBERS

$105,961 | $61,848 | $56,011

Median income in 2016 in MetroWest was **$105,961** for non-Hispanic White families; **$61,848** for Black families; and **$56,011** for Latinx families (MAPC)

What resources are available to me?

There are many online resources available free of charge. The following list is not exhaustive, and the foundation does not explicitly endorse any of them. They are meant to be a place to start as you research the best resources for your organization.

Understanding Racism as a Root Cause of Health Inequity

Unnatural Causes: *Video Series on Health Disparities*

https://unnaturalcauses.org/

Key Features

- Series highlighting root causes of health disparities in the United States
- Can purchase DVD or free to watch if your library subscribes to Kanopy (https://www.kanopy.com/product/unnatural-causes-9)

New York Times Article: *Why America's Black Mothers and Babies are in a Life and Death Crisis*

https://www.nytimes.com/2018/04/11/magazine/black-mothers-babies-death-maternal-mortality.html

Key Features

- Looks at the disparities in infant and maternal mortality rates
- Connects high rates among people of color to the toxic stress of institutional racism

NPR: *Race and Redlining: Housing Segregation in Everything*

https://www.npr.org/sections/codeswitch/2018/04/11/601494521/video-housing-segregation-in-everything

Key Features

- Short video (6 minutes) recounting the history of housing segregation and its enduring effects today

Understanding Health Equity

HRIA Community Health Training Institute: *Introduction to Health Equity in Community Building:*

https://hriainstitute.org/blog/176-chti-health-equity-toolkit

Key Features

- Webinar (1 hour 30 minutes) led by Mo Barbosa

Prevention Institute: *Health Equity and Prevention Primer*

https://www.preventioninstitute.org/tools/tools-general/health-equity-toolkit

Key Features

- Seven online modules: videos between 3 and 21 minutes long
- Start with definitions of health equity and primary prevention and go through the importance of different community factors, how to build a coalition, promote policy, and identify community health indicators

NACCHO: *Roots of Health Inequity*

http://rootsofhealthinequity.org/

Key Features

- Online course for the public health workforce
- Focus on defining health equity, root cause of inequities, and principles of social justice
- Can go through as a group or individual – involves online interaction with others

Institute for Healthcare Improvement

http://www.ihi.org/Topics/Health-Equity/Pages/default.aspx

Key Features:

- 8 videos that focus on why health equity matters and how healthcare systems can promote equity
- Guide for healthcare organizations on achieving health equity
- Case studies of healthcare organizations' work around equity

PolicyLink

https://www.policylink.org/health-equity-resources

Key Features

- Resources on understanding equity; building leadership around equity; building organizational capacity around equity; assessments and toolkits
- Blog and webinars on wide range of topics such as economic development and equity and immigration issues

Join the MetroWest Racial and Ethnic Disparities Workgroup

There are many in the region already leading on this issue. One way to stay connected to work in the region is to attend the MetroWest Racial and Ethnic Disparities Workgroup. The group is open to anybody who lives or works in the region and meets on the third Monday of each month from 12-1:30pm at the MetroWest Health Foundation. Contact Rebecca Gallo at rgallo@mwhealth.org or 508-879-7625 for more information. You can also subscribe to our Equity Matters blog, published six times a year at www.mwhealth.org.

Assessments

Race Forward: *Racial Equity Impact Assessment*

https://www.raceforward.org/sites/default/files/RacialJusticeImpactAssessment_v5.pdf

Key Features

- Relevant questions to ask about an issue or policy to think through how different groups will be affected by a proposed action
- Most relevant to policy decisions but could be applied to programmatic decisions

Workforce Development: *Racial Equity Readiness Assessment*

https://act.colorlines.com/acton/form/1069/0086:d-0002/0/-/-/-/-/index.htm

Key Features

- Assessment on multiple domains of organizational culture: mission, values and culture; tracking racial disparities; curriculum; leadership and staff morale; external relationships and advocacy
- Self-score within each domain as a starting point for discussion

Beloved Community: *Equity Audit*

https://www.wearebeloved.org/equity-audit

Key Features

- Free online equity audit for your organization
- Results emailed to you after it is complete
- Can purchase more detailed report and consultation call for $500

Workforce: Recruitment and Retention

Urban Sustainability Director Network: *Equity, Diversity and Inclusion in Recruitment, Hiring and Retention*

https://www.usdn.org/uploads/cms/documents/usdn-equity-in-recruitment_hiring_retention.pdf

Key Features

- Focus on environmental field, but applicable to all nonprofit organizations
- Detailed best practices, checklists and examples of recruiting, onboarding and retaining diverse staff

Third Sector New England (TSNE): *Step-by-Step: A Guide to Achieving Inclusion and Diversity in the Workplace*

https://www.tsne.org/sites/default/files/Achieve-Diversity-StepByStep-Guide.pdf

Key Features

- Guide with key questions and checklists for five phases of committing to a workforce diversity initiative (Prepare for start-up; establish a framework; begin implementation; integrate diversity and organizational goals; evaluate progress)

Toolkits

Racial Equity Resource Guide

http://www.racialequityresourceguide.org/

Key Features

- Online resource created by the W.K. Kellogg Foundation
- Resources in different categories (media, racial healing, research, organizational alliances)
- Choose resources you want to save to your profile to create a customized guide
- Can also choose from pre-made resource guides

Racial Equity Tools

https://www.racialequitytools.org/home

Key Features

- Comprehensive resources, tools, opportunities for online engagement
- Sections: Fundamentals; Plan; Act; Evaluate; Connect; Curricula
- Can look at issue specific information (i.e. education, food justice, environmental justice, etc.) or type of intervention (i.e. leadership development, youth activism, community building, etc.)

Government Alliance on Race & Equity (GARE)

Racial Equity Toolkit: https://www.racialequityalliance.org/resources/racial-equity-toolkit-opportunity-operationalize-equity/

Key Features

- Audience is municipal departments
- Guidelines on how to ensure policies are equitable at all stages
- Proposal outcomes; data; community engagement; analysis and strategies; implementation

Annie E. Casey Foundation: *Race Equity and Inclusion Action Guide*

https://www.aecf.org/m/resourcedoc/AECF_EmbracingEquity7Steps-2014.pdf

Key Features

- Step by step guide to advancing an equity framework
- Establish understanding of equity and inclusion; engage affected populations and stakeholders; look at disaggregated data; systems analysis of root cause of inequities; identify strategies and target resources to address inequities; conduct race equity impact assessment for all policies and decisions; continuously evaluate and make improvements

CDC: *A Practitioner's Guide for Advancing Health Equity*

https://www.cdc.gov/nccdphp/dch/pdf/HealthEquityGuide.pdf

Key Features

- Sections that outline how to incorporate health equity into different types of work: foundational skills of public health; tobacco-free living; healthy food strategies; active living, etc.
- Includes best practice examples and guiding questions for each section

Getting started: What is a health equity plan?

The development of a plan for how to advance health equity within your agency or community can be a useful way to think through, with your staff and/or key partners, your goals, realistic timelines and how you will measure progress.

The plan should be reviewed and revised regularly by key stakeholders. The exercise of creating and updating the plan will also help to foster buy-in from those around the table.

Before you sit down to create a plan, it is important to understand the commitment level from organizational leadership. This includes senior management as well as your board of directors. If they are not committed to integrating a health equity framework into all the work of the organization, it will be difficult to achieve lasting results. This means having difficult conversations among leadership about the current focus on equity, the policies and norms in place that advance or hinder equity, and what the organization is willing to invest to achieve greater equity within the organization and for those it serves. An equity audit, conducted by an outside consultant or internally, is one way to understand where the organization currently stands. The next step is to create a plan.

Before you sit down to create a plan, it is important to understand the commitment level from organizational leadership.

The following are components to include in a health equity plan. Your plan should include those elements that are most relevant to your agency and community.

1. **CONTEXT AND GOALS**—explain why you are focusing on equity; history within agency and/or community; strengths and accomplishments; future goals
2. **DEMOGRAPHIC INFORMATION AND DATA** on health and other disparities
3. **STAKEHOLDER ENGAGEMENT**—who do you plan to engage and how?
4. **FOCUS AREAS**—for example, increasing staff diversity; improving access and insurance enrollment for those who experience inequitable access; public transportation; access to healthy foods in particular neighborhoods, etc.
5. **ASSESSMENT OF THE STATUS QUO**—see the resource section for assessment tools
6. **INTEGRATION WITH OTHER AGENCY AND/OR COMMUNITY INITIATIVES**—for example, if your town is working to become Age or Dementia Friendly, how does equity fit into the process?
7. **SPECIFIC ACTION STEPS** with timelines to address identified focus areas
8. **MEASUREMENT AND CONTINUOUS IMPROVEMENT**—How will you know you are successful at each step? What changes do you need to make as you do the work?

The plan is a starting point. It should be reviewed regularly to measure progress towards goals and updated as needed. It is also essential that equity be infused into all aspects of your organization's work. This means any decisions that are made should include equity as part of the discussion. Any other plans you create, such as strategic and staffing plans, should also be framed through an equity lens.

Equity Plan Examples

City of Boston: *Resilient Boston*

https://www.boston.gov/sites/default/files/document-file-07-2017/resilient_boston.pdf

San Francisco Arts Commission: *Racial Equity Plan 2019-2020*

https://www.sfartscommission.org/sites/default/files/pdf/Racial%20Equity%20Statement%20and%20Plan%20FY19-20.pdf

Equity Plan Resources

Government Alliance on Race & Equity: *Racial Equity Action Plans: A How-to Manual*

https://www.racialequityalliance.org/wp-content/uploads/2016/11/GARE-Racial-Equity-Action-Plans.pdf

Annie E. Casey Foundation: *Blog with steps to a plan and resources to help*

https://www.aecf.org/blog/new-resources-help-organizations-advance-race-equity-at-every-step/?gclid=Cj0KCQjw_r3nBRDxARIsAJljleHKnO8ePX3cG4YklZOT2HSgPZOEb_YbWZJTSbm-L6l8k1veDR71p-OkaAvXhEALw_wcB

BY THE NUMBERS

8.7% | 11.7% | 12.4%

In 2015, **8.7%** of Non-Hispanic White adults had a diabetes diagnoses compared to **11.7%** of Hispanic adults and **12.4%** of Black adults.

What is happening in MetroWest?

There are many nonprofit agencies and municipalities in the region who have a commitment to health equity. They range in size and resources.

A few examples of specific work are highlighted below. These are only a few of many examples from the region.

Advocates, Inc.

In order to fulfill our mission to support those facing life challenges to lead their best lives, Advocates is committed to diversity, inclusion, cultural competence, and equity. We work in partnership with communities and other service agencies and embrace the National Culturally and Linguistically Appropriate Services (CLAS) Principle Standard to care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and other communication needs.

Our commitment to diversity, inclusion, cultural competence, and equity is highlighted in our Strategic Plan. We've focused our efforts in four areas: workforce diversity, culturally competent service provision, marketing, and operating environment. Staff are trained to be mindful of cultural and linguistic differences between themselves, the people seeking support, their families, and other community members. All our services strive to match individuals and families with staff who are culturally and linguistically similar, and short of that, competent.

Advocates recruits, retains, trains, and promotes staff who reflect the cultural diversity of the communities we serve in all positions, including our Board of Directors and Senior Leadership team. There are clear expectations about promoting people of color into management positions. We provide training to all our staff, including "Managing Diversity", "Culturally Competent Leadership", and "Interrupting Racism". Cultural Competency ratings are included in Annual Performance Evaluations.

Advocates Diversity Advisory Council, which includes people who receive Advocates support and staff members from all parts and levels of the organization, provides overall direction to our diversity, inclusion, cultural competency, and equity efforts. Members of the DAC, along with other Advocates community members, are members of our Diversity Response Teams, which assists individual programs facing particular challenges to diversity and inclusion.

Advocates employs over 1,400 people, 26% of whom are bi- or multi-lingual, with more than 25 languages represented. We employ a significant number of Deaf staff and have American Sign Language (ASL) interpreters on staff to assist in communication access. We work to make sure that meetings are accessible to all staff and individuals we support—we provide ASL interpreters at all agency meetings, functions, and trainings.

Ongoing efforts to create and maintain a welcoming and inclusive community include having bicultural/bilingual receptionists, providing materials in multiple languages, and encouraging staff and people we support to exchange cultural stories, often augmented by sharing foods from diverse backgrounds.

Edward M. Kennedy Community Health Center

The Edward M. Kennedy Community Health Center's (Kennedy CHC) mission is to help people live healthier lives. As such, they provide health services to anyone in need, no matter their ability to pay. What also helps to set them apart from other health care providers is a focus on health equity. Providing equitable care and service is not an easy task; rather it requires an ongoing commitment from all staff and providers to ensure that equity is pervasive throughout all aspects of the organization.

To meet this objective, a Health Equity Committee was formed in 2002 to guide Kennedy CHC's health equity and culturally responsive care. This committee meets quarterly to implement the Culturally Responsive Care Policy and to create and update an annual work plan with action items. This team has and continues to develop, implement and update policies and procedures; provide new hire and annual staff training; provide staff with training and resources to learn about new populations entering our service areas; and expand our collection of ethnicity data beyond the minimum federal standards to better understand the populations we serve and more effectively identify and address health disparities.

Also included in Kennedy CHC's overall health equity efforts is the use of "teach back" as part of patient care to insure health literacy; the use of trained medical interpreters and translation services; the provision of refugee health initiatives; the inclusion of culturally responsive questions into our patient and staff experience surveys; participation in our communities' "Stand Against Racism" activities; a cultural code of ethics developed by a team of "ambassadors" from across the Health Center; the meeting of Healthcare Equality Index (HEI) requirements and obtaining LGBTQ HEI leadership status; and assessing our progress on meeting Culturally and Linguistically Appropriate Services (CLAS) Standards.

Upcoming initiatives include increasing awareness of racism and its impact on health and society; increasing skills to prevent and address racism; identifying and addressing issues related to LGBTQ health; improving understanding of the health needs of people with disabilities; improving understanding of the health needs of people from the culture of substance use, addiction; and measuring clinical outcomes by race and ethnicity and LGBTQ status to identify disparities and create plans to address disparities.

Wayside Youth and Family Support Network

Wayside Youth & Family Support Network supports and promotes a culturally diverse workforce and highly trained staff around diversity, equity and inclusion (DEI) issues. Wayside takes a multi-pronged approach to improve outcomes related to recruiting, retaining and promoting diverse staff. Specific activities include offering certification test preparation sessions for bilingual staff, recruiting outreach for bilingual staff, including translating all openings into various languages, completing a diversity analysis of all staff positions by title and pay rate, running staff trainings about diversity, equity and inclusion issues and launching a career development program. In the last three years they have reduced turnover of staff of color from 36% to 27.5%, increased managers of color from 27% to 35%, and increased the percentage of staff of color from 36% to 46%.

Wayside did this by supporting staff education and providing a Diversity, Equity & Inclusion Training Series as part of its yearly Training Institute. The DEI Training Series includes topics such as: defining racism, microaggressions (a comment or action that subtly and often unconsciously or unintentionally expresses a prejudiced attitude toward a member of a marginalized group), white privilege (the historical roots of systemic oppression), and white fragility (defense mechanisms to avoid dealing with racial stress).

In addition, since knowing the definition of racism, microaggression or white fragility does not automatically equate to staff feeling comfortable enough to talk about experiencing racism or microaggressions or connecting with coworkers who have, Wayside offers training to give staff the tools to have these difficult conversations. Having courageous conversations means sitting with intense emotions, being uncomfortable and learning how to slow down the conversation long enough to connect with the reality and totality of racism/systems of oppression. Through training, Wayside identifies "Courageous Conversations Champions" who teach teams at Wayside's 19 sites how to hold conversations and create space to grow as an anti-racist and anti-oppression agency.

By developing and retaining a culturally diverse workforce, Wayside can provide truly culturally competent services to clients and their families.

BY THE NUMBERS

3.4% | 7.3%

2014 Massachusetts infant mortality rates were **3.4%** for white non-Hispanic babies and **7.3%** for black babies

78 | 88

Life expectancy for women who fall into the lowest income bracket is **78** compared to **88** for those in the highest income bracket.

72 | 87

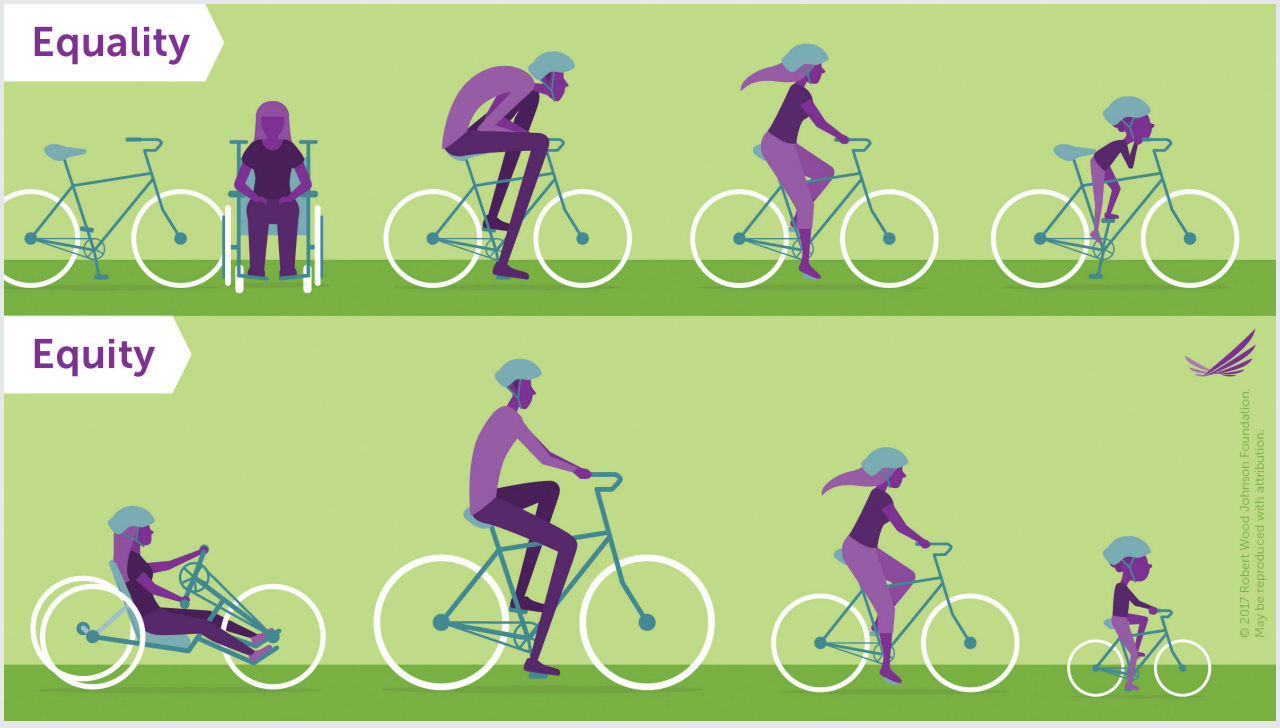
Life expectancy for men who fall into the lowest income bracket is **72** compared to **87** for those in the highest income bracket.

Conclusion

It is essential to put equity at the core of every decision and program that aims to improve community health.

If we do not start by understanding and acknowledging that many of the health disparities that exist are rooted in historic and current discrimination and biases, then improving overall community health will be impossible. The MetroWest region has been a leader on public health issues from local tobacco control policies to jail diversion programs. Eliminating health disparities and promoting a culture of health equity is a goal we can achieve if we continue to have the difficult conversations that identify root causes and then take action in our organizations and community.

Figure 6: Equality versus Equity



Acknowledgements

The MetroWest Health Foundation would like to thank the following for their contributions to this guidebook:

MetroWest Racial and Ethnic Disparities Workgroup for feedback on the concept and overall vision

The following contributed to the writing and editing of aspects of the document:

- Marty Cohen
- Anna Cross
- Guimel DeCarvalho
- Paula Kaminow
- Regina Marshall

About the MetroWest Health Foundation

The MetroWest Health Foundation is an independent health philanthropy whose mission is to improve the health status of the community, its individuals, and families through informed and innovative leadership.

The foundation meets the health needs of our region's residents by supporting community-based and community driven programs. We encourage and foster leadership on critical health issues. We are a grantmaker, convener and facilitator, working to provide resources, information, ideas and advocacy for community change.

The foundation serves 25 MetroWest communities: Ashland, Bellingham, Dover, Framingham, Franklin, Holliston, Hopedale, Hopkinton, Hudson, Marlborough, Medfield, Medway, Mendon, Milford, Millis, Natick, Needham, Norfolk, Northborough, Sherborn, Southborough, Sudbury, Wayland, Wellesley, and Westborough

Endnotes

1 Centers for Disease Control (2019). https://www.cdc.gov/socialdeterminants/index.htm

2 American Psychological Association. *Effects of Poverty, Hunger, Homelessness on Children and Youth*. https://www.apa.org/pi/families/poverty

3 *Health disparities by race and class: Why both matter*. Health Affairs. Vol. 24. No. 2: March/April 2005.

4 Hostetter, M. & Klein, S. *In focus: Reducing racial disparities in healthcare by confronting racism*. The Commonwealth Fund. Sept. 27, 2018. https://www.commonwealthfund.org/publications/newsletter-article/2018/sep/focus-reducing-racial-disparities-health-care-confronting

5 *Racial inequities in the GI bill reverberate into today*. Wisconsin Faith Voices for Justice. March 2016. https://wisconsinfaithvoicesforjustice.weebly.com/voices-for-justice-blog/-racial-inequities-in-the-gi-bill-reverberate-into-today

6 Wisconsin Faith Voices. 2016.

7 Wisconsin Faith Voices. 2016.

8 Wisconsin Faith Voices. 2016.

9 *Boston. Racism. Image. Reality*. Boston Globe. Dec. 10, 2017. http://apps.bostonglobe.com/spotlight/boston-racism-image-reality/series/image/?p1=Spotlight_Race_FooterNav

10 In 2019 Massachusetts ranked 4th on the list of wealthiest states in the country (https://www.investopedia.com/articles/investing/101015/10-wealthiest-states-united-states.asp) and Middlesex County was ranked as the 3rd wealthiest counties in the state based on median income

11 Middlesex County was ranked 83rd out of 500 on US News and World Report's 2019 Healthiest Communities list: https://www.usnews.com/news/healthiest-communities/massachusetts/middlesex-county

12 Schmitz, P. Nonprofits: *Equity must begin within*. HuffPost. Aug. 27, 2016. https://www.huffpost.com/entry/nonprofits-equity-must-begin-within_b_8045330

13 Massachusetts Public Health Association's Equity Framework; November 2016. https://mapublichealth.org/wp-content/uploads/2015/05/mpha-health-equity-policy-framework-approved-11-16-2016.pdf

14 Boston Public Health Commission. http://www.bphc.org/whatwedo/health-equity-social-justice/what-is-health-equity/Pages/Health-Disparities-vs.-Health-Inequities.aspx

15 Massachusetts Public Health Association's Equity Framework: November 2016.

16 Boston Public Health Commission.

17 Massachusetts Public Health Association's Equity Framework; November 2016.

18 Centers for Disease Control. https://www.cdc.gov/socialdeterminants/index.htm

19 Perception Institute: https://perception.org/research/implicit-bias/

20 Perception Institute: https://perception.org/research/implicit-bias/

21 Aspen Institute. *Glossary for understanding the dismantling structural racism/promoting racial equity analysis*. https://assets.aspeninstitute.org/content/uploads/files/content/docs/rcc/RCC-Structural-Racism-Glossary.pdf

22 ACLU. 2006. *Cracks in the system: Twenty years of the unjust crack cocaine law*. https://www.aclu.org/other/cracks-system-20-years-unjust-federal-crack-cocaine-law

It is essential to put equity at the core of every decision and program that aims to improve community health.

METROWEST HEALTH FOUNDATION

161 Worcester Rd, Ste. 202
Framingham, MA 01701
PHONE 508-879-7625
EMAIL info@mwhealth.org
www.mwhealth.org

COVER PHOTO: @2012 Jessica Evelyn | jesicaevelynenfoto.wordpress.com
PAGE 2 & BACK COVER PHOTO: @2012 Michelle Munoz | michellemunozphotography.com

DESIGN: J Sherman Studio