

Building Inclusive Communities

A Guidebook for Advancing Health Equity in the MetroWest Region



METROWEST
HEALTH
FOUNDATION

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Introduction

As of March 2022- two years after COVID was declared a public health emergency- the death rate from COVID-19 in Massachusetts was nearly 3 times higher for Hispanic people ages 20-49 and 2.5 times higher for Black people in the same age group compared to their white non-Hispanic counterparts.ⁱ This is the age when most are establishing careers, parenting children, taking care of older family members and paying the majority of household bills. Any loss of life is devastating for families and the entire community. The loss of lives in their prime are particularly devastating as they are more likely to leave young children with deep grief, households in sudden economic distress and communities losing vital contributors to economic and social life. The statistics shows that people and families of color are far more likely to be impacted. The direct cause of death may be COVID-19, but the root cause is centuries of institutional racism that created the conditions leading to unequal health outcomes. We have the power to collectively change the conditions that create health inequities in the MetroWest region. In doing so, we will improve health outcomes for everyone.

Nonprofit agencies and municipalities are uniquely positioned to lead this change. The moment is long overdue. It is not only COVID that has highlighted the vast health inequities in our region, state and nation. Recent high profile racially motivated murders have raised awareness of how racism leads to violence against people of color. All of this has led to more open discussions of racism and the consequences of inequities by many organizations and community leaders. Unfortunately, it has also given renewed energy to groups and individuals across the country and in our region who vehemently oppose acknowledging or taking steps to address structural racism and inequities. This reality means that an ongoing and unwavering commitment is the only way forward for those who understand that strong, healthy communities are equitable communities.

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 resource book 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.

Why do Health Inequities Exist?

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 causes of inequity.

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.ⁱⁱ There are many ways in which these conditions are unequal among population groups. One example is access to healthy, fresh, affordable food. This is influenced by proximity of retailers offering healthy options, access to transportation, available resources to purchase healthy food, knowledge and time to prepare available food and access to culturally relevant food options. In Massachusetts, 2.8 million people live in low-income areas that lack access to grocery stores.ⁱⁱⁱ Racial disparities are profound. Nationally, Black Americans are nearly 400% more likely to live in a neighborhood that lacks a full-service grocery store than White Americans.^{iv} This has profound implications for health outcomes, including seven times the risk of stroke, double the risk of developing type 2 diabetes and four times the risk of kidney failure.^v The result is lower life expectancy. For example, life expectancy for residents in Back Bay in Boston, a predominately white, affluent neighborhood is 90 compared to 60 for residents of Roxbury, a predominantly Black neighborhood with limited access to grocery stores.^{vi} There are layers of inequities that contribute to this disparity, many rooted in systemic racism. In order to truly understand why poverty is more pervasive in some communities and why income is not always the only factor in health disparities, we need to look deeper.

In Massachusetts, between April and September 2022, 1 in 7 white households with children were food insecure compared to 1 in 3 Black households with children

Source: Project Bread

What Roles Does Racism play in Health Inequity?

The direct consequence of poverty deserves an urgent response from the public health, government and social service community. However, social determinants of health and poverty alone are not the root causes of inequity, they are simply how it shows up for some families and individuals. Income does not drive all inequities. For example, in Massachusetts infant mortality rates for Black babies is 6.6 per 1,000 live births compared to 2.6 for white babies and 3.7 overall.^{vii} Nationally, Black women have a 3 times higher pregnancy-related mortality rate than white women.^{viii} There are multiple factors for these disparities, and they not driven by income or education level. Black women with a ^{ix}college degree or higher are 1.6 more likely to die from pregnancy-related complications than white women without a high school diploma.^x

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.^{xi} Policies that explicitly and implicitly discriminate against people based on their skin color and/or gender have existed since the creation of the United States. They are the basis of understanding the root causes of health inequity.

Housing discrimination is an example of how generations of inequities have created conditions that leave Black and Hispanic people less likely to own homes and more likely to live in neighborhoods with underfunded schools and less access to healthy foods and public transit.^{xii} These disparities are a direct result of policies that excluded Black people from purchasing homes in predominately White neighborhoods and made it difficult to obtain mortgage loans.^{xiii} While these explicit policies are no longer in place, a significant number of Black people report discrimination when attempting to obtain housing.^{xiv} Housing matters for multiple reasons. It is one of the primary ways families build generational wealth, especially in the current housing market where fair market rents are well out of reach for those not earning well above the minimum wage. Housing that is unsafe and/or located in neighborhoods where there is an underinvestment in resources can lead to negative health outcomes. Lead paint and mold can lead to increased cases of childhood asthma or neurological conditions; deteriorating building conditions lead to preventable falls; and neighborhoods without access to safe, accessible green space make it more difficult for those of all ages to exercise, leading to higher rates of obesity-related illness.^{xv}

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

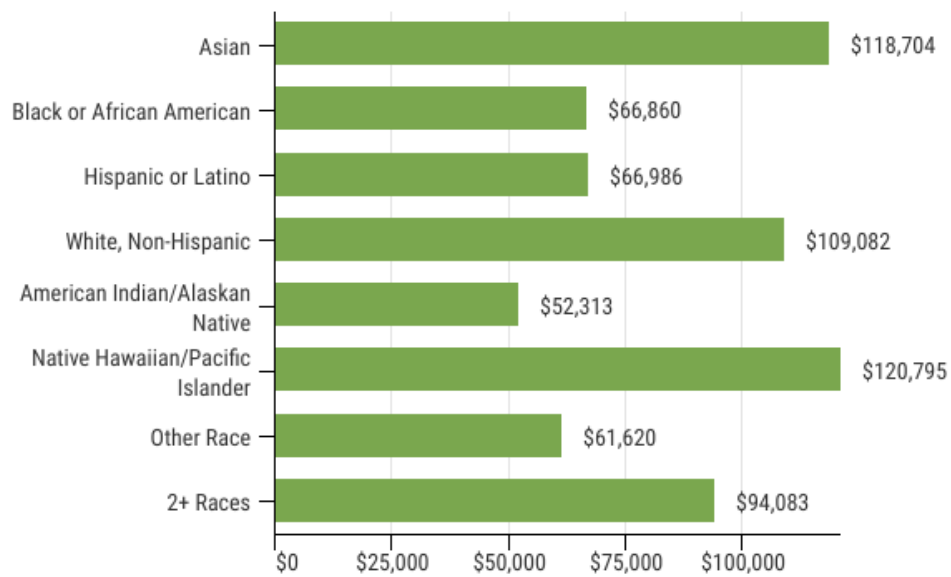
Source: MAPC Trends and Projections Report (2018)

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. 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?

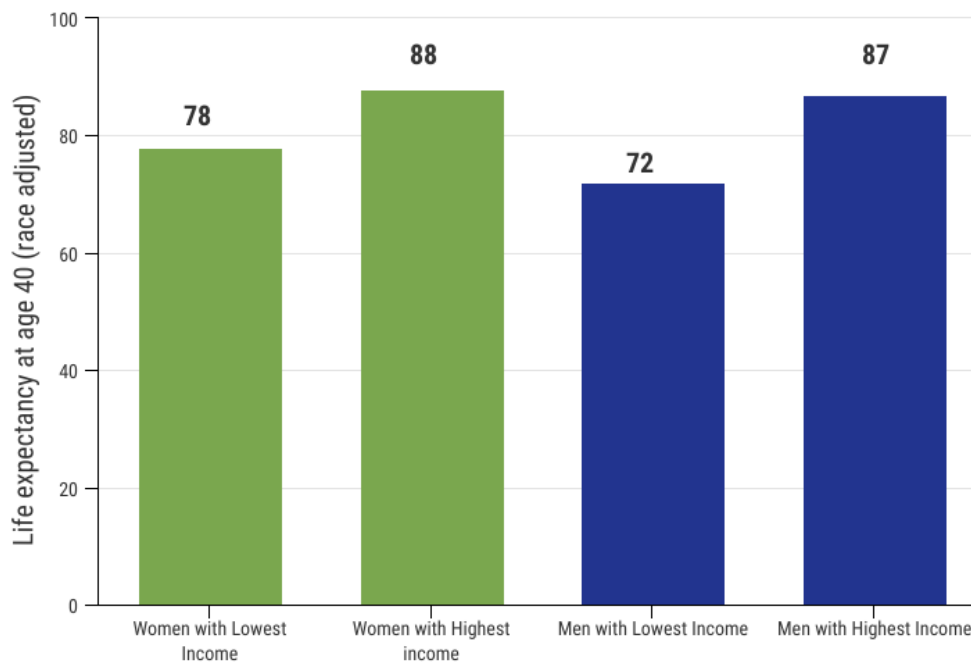
The MetroWest region is one of the wealthiest regions in one of the wealthiest states in the country^{xvi}. It is also one of the healthiest regions in the country.^{xvii} Yet we do not all benefit from this status equally. The chart below shows the average median household income broken down by race/ethnicity. The median household incomes in MetroWest are significantly higher than those of the state, but disparities still exist.

Middlesex County Median Income 2016-2022 Estimates



Data Source: US Census downloaded from Policy Map

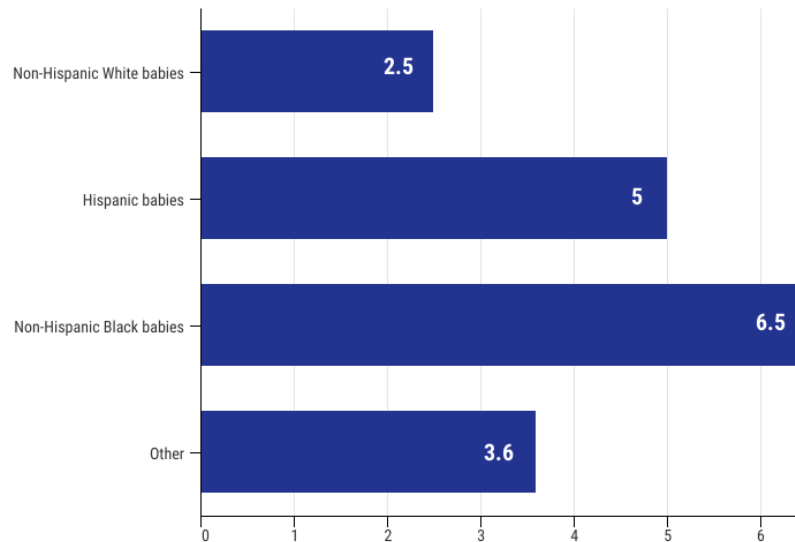
U.S. Life Expectancy vs. Income 2014



Data Source: Health Inequity Project: <https://healthinequality.org/>

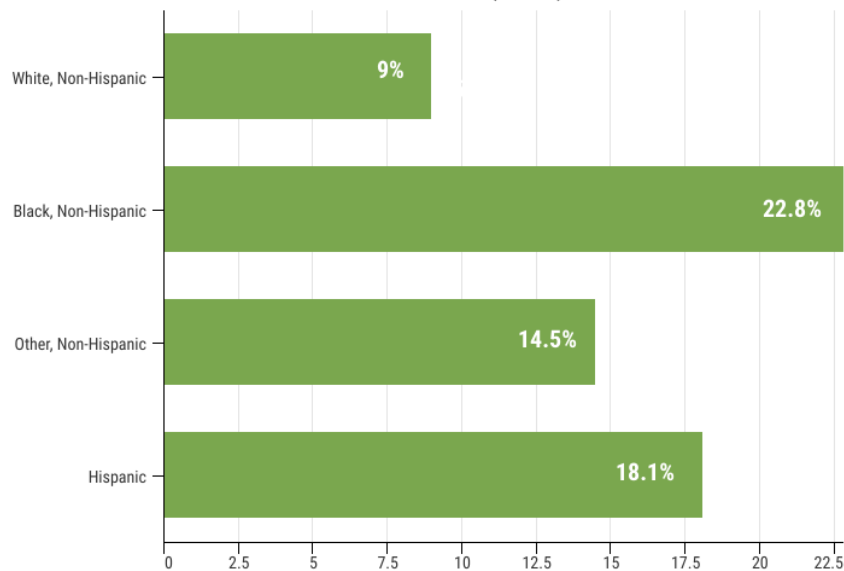
The differences in income are important. Those who live in poverty tend to live shorter lives than those with higher incomes. Health outcomes are also worse overall on many indicators for Black and Hispanic residents regardless of income. Inequities persist from infancy through adulthood. The examples below are only a small sample of those that exist.

2019 Massachusetts Infant Mortality Rates

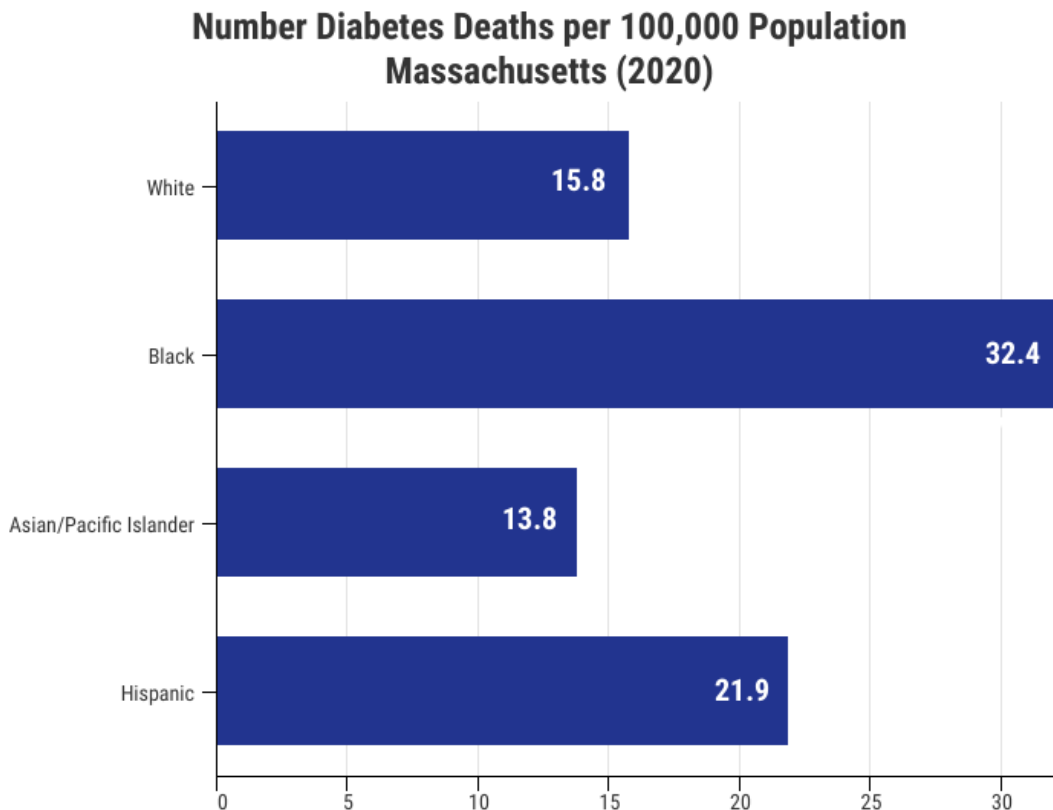


Data Source: Kaiser Family Foundation. State Health Facts. <https://www.kff.org/other/state-indicator/infant-mortality-rate-by-race-ethnicity/currentTimeframe=0&sortModel=%7B%22colId%22%22Location%22%22sort%22%22asc%22%7D>

Child Lifetime Asthma Prevalence Massachusetts (2020)



Data Source: BRFSS 2020: Asthma and Community Health Branch, National Center for Environmental Health, Centers for Disease Control <https://www.cdc.gov/asthma/brfss/2020/child/tableL5.html>



Data Source: Kaiser Family Foundation State Health Facts. <https://www.kff.org/other/state-indicator/diabetes-death-rate-by-raceethnicity/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

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 healthy as their neighbor simply because of their income, zip code or color of their skin.

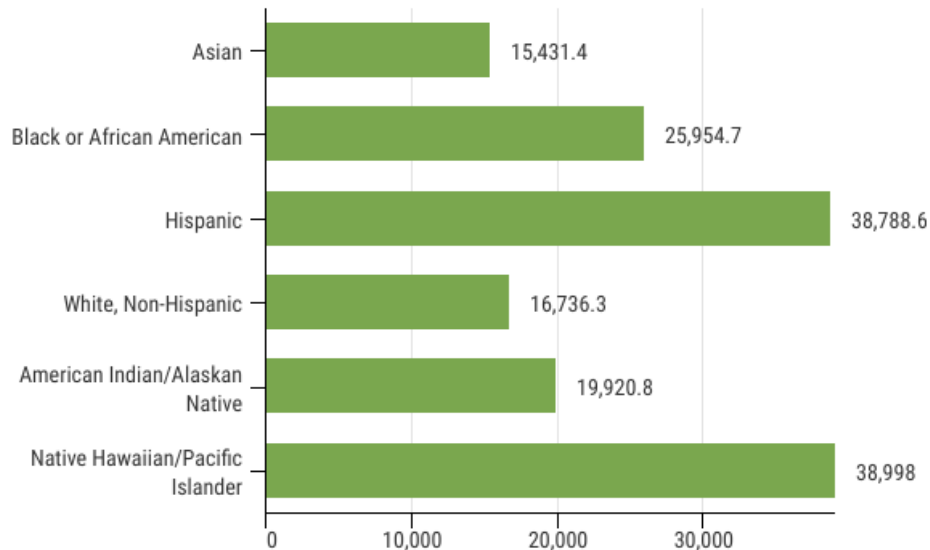
What is the Impact of COVID-19 on Inequities?

The COVID-19 pandemic has exacted a heavy toll on many in Massachusetts and MetroWest. The data shows disproportionate impact on Black and Hispanic populations.

In Massachusetts, as of January 2022, death rates for those ages 20-49 from COVID were 2.93 times higher for Hispanic residents and 2.48 times higher for Black residents compared to white residents

Source: The Boston Globe

Massachusetts COVID-19 Case Rates

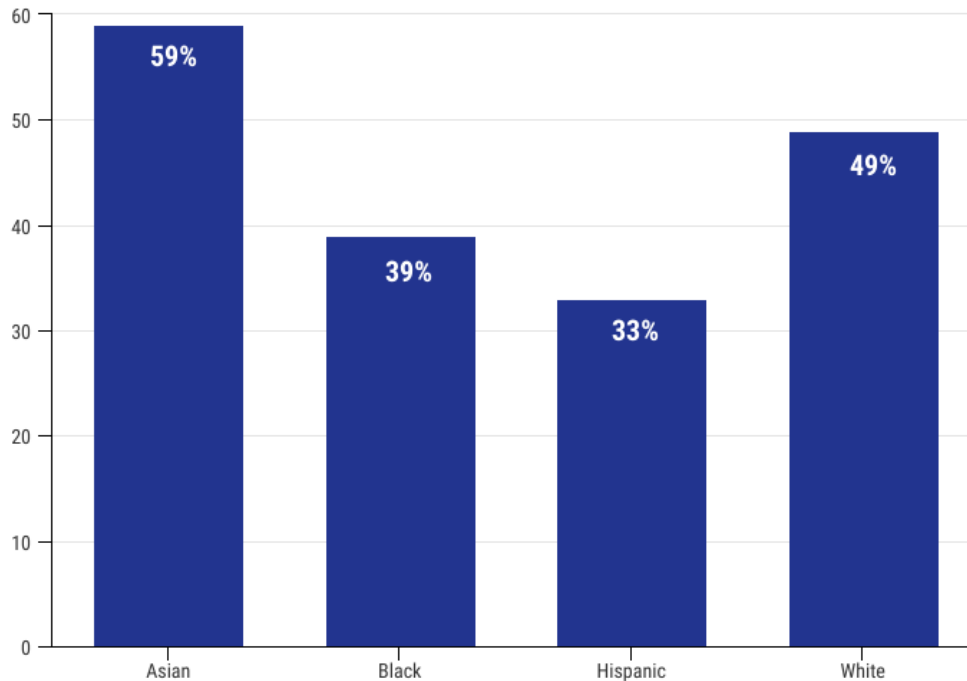


*Cumulative data reported on 12/12/22

*Case rates are per 100,000 residents

Data Source: Massachusetts Department of Public Health: <https://www.mass.gov/info-details/covid-19-response-reporting#covid-19-interactive-data-dashboard>

Ability to Telework Massachusetts: February 2021



Data Source: Blue Cross Blue Shield Foundation (2021). Racism and Racial Inequities in Health. [Racism and Racial Inequities in Health: A Data-Informed Primer on Health Disparities in Massachusetts | Welcome to Blue Cross Blue Shield of Massachusetts \(bluecrossmafoundation.org\)](https://www.bluecrossmafoundation.org/racism-and-racial-inequities-in-health)

The unequal burden of disease from COVID-19 is a result of inequities that began well before COVID-19. The virus spreads more efficiently in less ventilated, enclosed spaces and among those in close contact. In Massachusetts in February of 2021, Black and Hispanic people were far less likely than Asian and White people to have the ability to work from home.^{xviii} Hispanic residents were also more likely to be essential workers with public facing jobs, which were associated with higher rates of COVID-19 in 2020.^{xix} Black residents are more likely to rely on public transportation to commute to work, which may increase risk.^{xx}

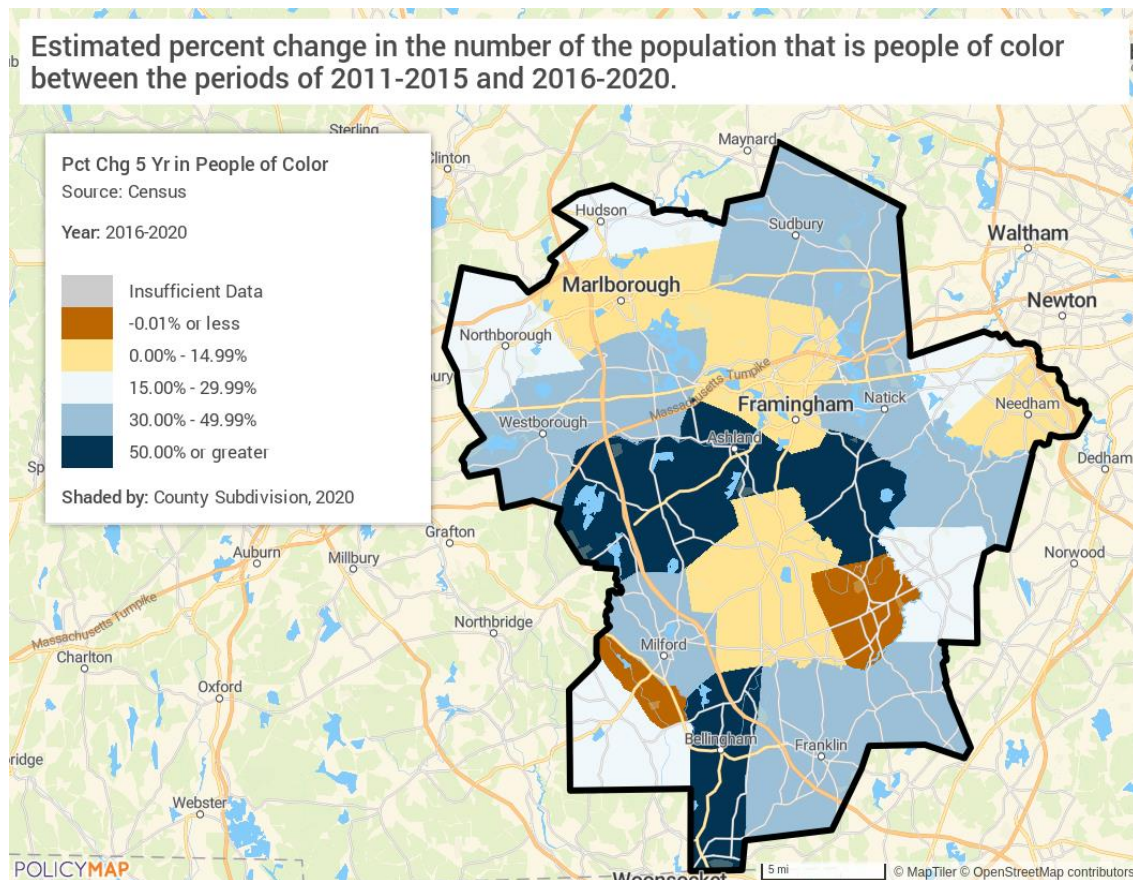
We also know that COVID-19 is more likely to cause severe illness and death in those with pre-existing conditions. In Massachusetts, Black and Hispanic people are disproportionately impacted by chronic disease.^{xxi}

The disparities in COVID-19 case and death rates in Massachusetts are a stark indication of the cost to families and our entire community when we collectively fail to address the root causes of health inequity.

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. Addressing 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 change the way we engage and lead. Diversifying leadership and developing career ladders for staff of color is one of multiple strategies to employ when striving to impact equity. It is not the only one. Organizational leadership can create culture where leadership staff from all backgrounds are committed to fostering equity, both internally and in the community. This takes deliberate planning, action and the willingness to have difficult conversations. There is also community engagement work that is needed. This means taking the time to develop relationships with community leaders, who an agency may not be currently serving, as well as those using services. Truly serving all in the community means going beyond stating that “we do not discriminate” and moving to actively welcoming, engaging, learning from and partnering with those who may not feel comfortable walking through the established doors.

The MetroWest region is growing more diverse and will continue to diversify. Below is a map showing the percentage of change in people of color living in MetroWest communities from 2011-2020. The data shows the region is becoming more diverse, which makes for stronger communities. It also means that improving the health of the region is only possible when the strategy includes addressing health inequities in strong collaboration with communities most impacted by them.



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 expanding the hiring pool and recruiting more diverse Board members and volunteers. It can also mean 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. 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.

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 are preventable differences in in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.^{xxii}

Example: In Massachusetts, the maternal mortality rate for Black women is twice as high as for non-Hispanic white women.^{xxiii} The disparity is preventable because it is not caused by chance or biological differences.

Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health.^{xxiv} It is the ethical and human rights principle that motivates us to eliminate health disparities.^{xxv}

Example of health inequity: Nationwide in 2017, 83.9% of those who identify as Hispanic had health insurance compared to 93.7% of those who identify as white Non-Hispanic.^{xxvi} Lack of access to health insurance means unequal opportunity to seek preventative and acute treatment for medical and behavioral health conditions.

Cultural humility 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.^{xxvii}

Example: Healthcare practitioners show cultural humility when they ask patients about their lives in an effort to understand who they are beyond their clinical diagnosis. This often helps to identify better ways to deliver care and potential barriers. For instance, if someone is struggling to purchase food, suggesting they eat more fresh vegetables is not going to result in behavior change. They may need help accessing affordable healthy options.

Social Determinants of Health are the conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks.^{xxviii} The five domains are economic stability; education access and quality; health care access and quality; neighborhood and built environment and social and community context.^{xxix}

Example: In Massachusetts in 2017, children living in low-income communities were 3 times more likely to have elevated blood lead levels than those living in high income communities.^{xxx} Black children were 2.5 times more likely than White children to have lead poisoning.^{xxxi}

Implicit Bias is an unconscious attitude or stereotype that affects understanding, actions, and decisions. These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without awareness or intentional control.^{xxxii}

Example: Physicians are less likely to treat suicide ideation in elderly patients despite the fact that those age 85 and older have the second highest suicide rates in the country.^{xxxiii}

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.^{xxxiv}

Example: Nationally, the average wealth of white families was 7 times that of Black families in 2016.^{xxxv} This is the result of centuries of laws, policies and societal norms that intentionally impeded wealth accumulation by Black people and facilitated it for white people.^{xxxvi}

What Action Steps Can My Organization Take?

Eliminating health disparities and achieving health equity in the community and organizations is a large and often overwhelming challenge. Yet, there are steps agency leadership and stakeholders can take right now to move towards greater equity.

Understand the community your agency is serving

- Look at relevant data by demographic group to identify trends and disparities
- Create and implement a plan to engage with the people who use your services as well as other community stakeholders

Understand Current Staffing with an Equity Lens

- Assess staff and volunteer demographics with a focus on how closely they match the cultural and linguistic makeup of those you are serving
- Assess demographics of leadership staff and front-line staff with a focus on who is hired and promoted into leadership positions
- Assess job descriptions to determine if there are ways to make them more inclusive (i.e. what educational level does each position need to be successful vs. what asking for)
- Make discussions about seeking promotions a regular part of performance reviews for all promising staff

Conduct an organizational equity assessment

- Vary depending on size and nature of the organization
- Use an established tool (see below for examples), hire a consultant or use internal stakeholders
- Ensure you engage all stakeholders, including staff, volunteers, Board, external partners, donors and those you serve

Develop an Equity Action Plan

- Based on the results of your organizational assessment, create a plan with short- and longer-term action items
- Engage all stakeholders in creating the plan – buy-in from leadership is essential
- Create target due dates for each item and assign one or more staff each item
- Regularly assess progress towards action items and make changes as needed

Assign Staff or Team as Equity Point Person

- This could be a formal role, like at DEI Director
- Could be a staff committee or leadership team
- Ensure role fits within designated work time or staff are paid for their time
- Leadership should convey that equity work is the role of all staff, not only those assigned

Talk with Peers at Other Agencies about Equity

- Understand what others in the region are doing to promote equity
- Seek support and share best practices and challenges

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 through Vimeo ([Watch UNNATURAL CAUSES: Is Inequality Making Us Sick? Online | Vimeo On Demand on Vimeo](#)) 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

WGBH:

Basic Black Show Segment

[Racial disparities in maternal healthcare are staggering. What can be done? \(wgbh.org\)](#)

- Interview with State Rep. Liz Miranda, Ndidi Amutah-Onukagha, Ph.D., assistant dean, associate professor and founder of the Center for Black Maternal Health and Reproductive Justice at Tufts University and Ketura'h Edwards-Robinson, doula and nurse practitioner and manager of the Maternal Child Health Program at the Dimock Center
- Discussion on 2022 data on maternal and infant mortality in Massachusetts, reasons for disparities in outcomes and how to address the issue

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

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.ihl.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

Massachusetts Health Policy Commission

Applying a Health Equity Lens in Principle and Practice: Style Guide, Practices and Resources

[Style Guide, Practices, and Resources for Bringing an Equity Focus to HPC \(mass.gov\)](#)

Key Features:

- Guidance on recommended language for communicating about people and populations
- Definitions of common equity focused terms and concepts

Vitalyst Foundation:

[Equity - Vitalyst Health](#)

Key Features:

- Multiple publications on community engagement- process and examples

A Broken System: Healthcare Inequity:

[WQED Specials | A Broken System: Health Care Inequity | Season 2021 | Episode 6 | PBS](#)

Key Features:

- 30-minute documentary on health disparities

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

Workforce: Recruitment and Retention

Wayside Equity Training Center:

[Home - Wayside Equity Center](#)

Key Features

- Consultation for organizations beginning or advancing their Diversity, Equity and Inclusion work
- Cost varies depending on services provided
- Resources including assessment quiz and blog posts

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 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

Mass Area Planning Council (MAPC):

Community Engagement Guide

[MAPC-Community-Engagement-Guide-2016.pdf](#)

- Examples of community engagement projects across the state
- Outlines a framework for creating a community engagement strategy

Penn State College of Agricultural Sciences

Engagement Toolbox

[Engagement Toolbox — Department of Agricultural Economics, Sociology, and Education \(psu.edu\)](#)

- Resource, definitions and examples of best practice in community engagement

Equity Plan Examples

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

Alliance for Strong Families and Communities- Sample plans from three member agencies
[Equity Sample Plans.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_r3nBRDxARIsAJIleHKnO8ePX3cG4YklZOT2HSgPZOEb_YbWZJTSbmL6l8k1veDR71p-OkaAvXhEALw_wcB

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.

Health Care for All: Framingham and Milford Vaccine Equity Initiative

When the approval of the COVID vaccine for children ages 5-11 was imminent, Health Care for All worked with local partners to develop an outreach campaign in Framingham and Milford. The vaccine was approved for children in late October of 2021, and the initiative officially launched in December 2021. Health Care for All staff worked closely with the Health Departments in both communities to develop a coordinated response. A five-person canvassing team, many of whom are fluent in multiple languages, spoke to residents one-on-one at local businesses and knocked on doors where feasible. They also partnered with local nonprofit agencies and faith-based organizations to speak and distribute information at events. The Framingham Vaccine Equity Workgroup, a coalition of community members led by the Framingham Health Department, were a key partner in the work. The broad coalition of partners, who are trusted service providers and sources of information was essential to the success of the initiative.

The result of six months of intensive engagement in the community was vaccine rates among 5–11-year-old children rising from 30% in Framingham and 33% in Milford in December 2021 to 70% and 60% respectively by June 2022. The rate of adult vaccination also increased in both communities. Currently, the work is ongoing and includes outreach to increase the number of eligible residents receiving the bivalent COVID booster shot. It is clear that intentional, respectful, culturally competent and persistent engagement from trusted sources is a highly effective way to improve community health outcomes.

Jewish Family Service of MetroWest

Jewish Family Service of Metrowest (JFS) provides vital social, health, and community services to alleviate suffering, enhance lives, and support people in need. JFS has focused, throughout its history, on serving the urgent needs of poor and marginalized people, seeking to accelerate health, social, and educational equity. Services have responded to factors such as an influx of immigration from Latin America, increased longevity and corresponding needs of seniors, world crises resulting in new groups of asylum seekers, prolonged economic crisis and, more recently, the Covid-19 pandemic and emergency resettlement of Afghani evacuees and Ukrainian war refugees and displaced persons.

JFS has a long, established history of offering a range of programs that target marginalized members of Metrowest communities: poor/low-income Jewish residents, immigrants and refugees, minority and first-generation students, LatinX and BIPOC communities, the elderly and disabled (including LGBT+ older adults), veterans, etc. These services have garnered credibility and have firmly anchored JFS within Metrowest's diverse communities, forging partnerships with gatekeepers, funders and key service providers.

JFS is a vocal and highly visible advocate of social justice, a community convener and innovator. In 2020, following the death of George Floyd, JFS publicly supported Black Lives Matter and created a special Board Committee Against Racism and Anti-Semitism, and became the convener of an active community-

wide, multi-denominational interfaith group, developing long-term strategies to address hate, discrimination and bigotry in local communities.

Central to JFS, the commitment to equity is supported further by inclusive policies and practices governing Board and Staff recruitment, hiring and promotion practices as well as client services and programs. Diversity, Equity and Inclusion training is part of JFS' core ongoing Board & Staff development program. JFS employs some 65 staff and uses the services of over 300 volunteers. More than 60% of JFS employees, including its CEO and members of the Board of Directors, represent ethnic, racial, religious, cultural (LGBT) and/or language minorities. Staff hail from 19 different countries and speak 25 languages.

Latino Health Insurance Program (LHIP)

The Latino Health Insurance Program, Inc. (LHIP) is working toward helping diverse communities in MetroWest achieve their health potential by expanding efforts intended to promote equal access to medical care. This includes working to ensure that everyone in the region receives equal access to COVID-19 prevention, testing, treatment and vaccines, so people at higher risk of infection do not develop severe disease or die due to the virus. Beyond COVID-19, efforts to increase access to early diagnosis and treatments, vaccine administration, and to provide assistance enrolling in medical insurance, have reduced death rates for some common preventable conditions in the region.

LHIP believes that health equity can be achieved by working toward common goals to promote easy access to medical services and to reduce negative impacts of social determinants of health, while reducing barriers to medical care and improving health literacy allowing for more effective self-advocacy. The agency's diabetes prevention efforts, which deliver daily evidence-based programs have helped more than 2,000 MetroWest residents to lower their A1c by losing weight and becoming more physically active. Education for individuals about screening for some types of cancer, such as prostate, cervical, and breast cancer are also provided. This has helped thousands of residents connect to primary care offices across the region, as well as to LHIP's primary care services. LHIP believes that health equity can be achieved if we work together to eliminate premature death from preventable conditions and provide community members access to the right information and support, so they can make better informed decisions about their health.

LHIP clinic services are filling a gap in medical services. It is important to give individuals equal access to accurate information from trustworthy organizations, like LHIP and other trusted community partners. The diverse and multilingual team partner with families and other health providers to share medical, prevention and education resources.

The Latino Health Insurance Program is confident that together the community can help address health inequities that prevent too many MetroWest residents from getting healthy and staying healthy during these unprecedented times, especially in an environment where immigrant communities are confronting compounding challenges that include fear, poverty and misinformation.

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.

***Stay connected to work in the region –
Attend the MetroWest Racial and Ethnic Disparities Workgroup and
subscribe to the foundation’s Equity Matters blog. For details go to
www.mwhealth.org***

Endnotes

ⁱ Lazar, K (2022). *Two years of COVID: A new analysis reveals a heavy toll on young families of color in Massachusetts*. The Boston Globe. [Two years of COVID: A new analysis reveals a heavy toll on young families of color in Massachusetts - The Boston Globe](https://www.bostonglobe.com/2022/02/02/health/covid-19-color-massachusetts/)

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

ⁱⁱⁱ Massachusetts Public Health Association. *Massachusetts Food Trust Program*. [Massachusetts Food Trust Program | Massachusetts Public Health Association \(mapublichealth.org\)](https://mapublichealth.org/massachusetts-food-trust-program/)

^{iv} Food Revolution Network (2020). *From Food Deserts to Food Oases: Addressing Access to Healthy Food*. [Food Deserts: Causes, Impacts, & What to Do \(foodrevolution.org\)](https://foodrevolution.org/food-deserts-causes-impacts-what-to-do/)

^v Ibid.

^{vi} Ibid.

^{vii} Blue Cross Blue Shield Massachusetts Foundation (2021). *Racism and Racial Inequities in Health: A data-informed primer on health disparities in Massachusetts*. [Racism and Racial Inequities in Health: A Data-Informed Primer on Health Disparities in Massachusetts | Welcome to Blue Cross Blue Shield of Massachusetts \(bluecrossmafoundation.org\)](https://bluecrossmafoundation.org/racism-and-racial-inequities-in-health/).

^{viii} Kaiser Family Foundation (2020). *Racial disparities in maternal and infant health: An overview*. [Racial Disparities in Maternal and Infant Health: An Overview – Issue Brief – 9577 | KFF](https://www.kff.org/maternal-child-health/fact-sheet/racial-disparities-in-maternal-and-infant-health/).

^{ix}

^x Ibid.

^{xi} 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>

^{xii} Blue Cross Blue Shield Massachusetts Foundation (2021). *Racism and Racial Inequities in Health: A data-informed primer on health disparities in Massachusetts*. [Racism and Racial Inequities in Health: A Data-Informed Primer on Health Disparities in Massachusetts | Welcome to Blue Cross Blue Shield of Massachusetts \(bluecrossmafoundation.org\)](https://bluecrossmafoundation.org/racism-and-racial-inequities-in-health/)

^{xiii} Ibid.

^{xiv} Ibid.

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- ^{xv} Baily, P. (2020). *Housing and health partners can work together to close the housing affordability gap*. Center on Budget and Policy Priorities. [Housing and Health Partners Can Work Together to Close the Housing Affordability Gap | Center on Budget and Policy Priorities \(cbpp.org\)](https://www.cbpp.org/housing-and-health-partners-can-work-together-to-close-the-housing-affordability-gap)
- ^{xvi} 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 (<https://www.indexmundi.com/facts/united-states/quick-facts/massachusetts/median-household-income#chart>)
- ^{xvii} 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>
- ^{xviii} Ibid. Blue Cross Blue Shield Foundation (2021).
- ^{xix} Figueroa, J, et al. (2020): Community-level factors associated with racial and ethnic disparities in COVID-19 rates in Massachusetts. *Health Affairs*: 39:11. [Health Affairs Racial and Ethnic Disparities in COVID-19 2020.01040.pdf](https://www.healthaffairs.org/content/39/11/e01040)
- ^{xx} Ibid.
- ^{xxi} Massachusetts Department of Public Health (2017). State Health Assessment. Chapter 8. [download \(mass.gov\)](https://www.mass.gov/info-details/download-mass-gov)
- ^{xxii} Centers for Disease Control and Prevention. [Health Disparities | DASH | CDC](https://www.cdc.gov/dash/)
- ^{xxiii} MacNeill, A (2021). Boston Globe. *Black women are dying during childbirth: A new Mass. Commission aims to find out why*. [Black women are dying during childbirth. A new Mass. commission aims to find out why. \(boston.com\)](https://www.boston.com/news/health/black-women-are-dying-during-childbirth-a-new-mass-commission-aims-to-find-out-why).
- ^{xxiv} Centers for Disease Control and Prevention. [Health Equity - Office of Minority Health and Health Equity - CDC](https://www.cdc.gov/minorityhealth/)
- ^{xxv} Robert Wood Johnson Foundation (2017). *What is health equity?* [health equity brief 041217.pdf \(buildhealthyplaces.org\)](https://www.rwjf.org/en/about-us/health-equity/health-equity-brief-041217.pdf).
- ^{xxvi} American Center for Progress (2020). *Health disparities by race and ethnicity*. [Health Disparities by Race and Ethnicity - Center for American Progress](https://www.americanprogressaction.org/research/reports/health-disparities-by-race-and-ethnicity/).
- ^{xxvii} Massachusetts Public Health Association's Equity Framework; November 2016.
- ^{xxviii} Centers for Disease Control and Prevention. <https://www.cdc.gov/socialdeterminants/index.htm>
- ^{xxix} Ibid.
- ^{xxx} Massachusetts Department of Public Health: Office of Environmental Health (2019). *Data Brief: Childhood Lead Exposure in Massachusetts*. [Microsoft Word - 2017 Lead Data Brief_FINAL.docx \(mass.gov\)](https://www.mass.gov/info-details/microsoft-word-2017-lead-data-brief-final-docx).
- ^{xxxi} Ibid.
- ^{xxxii} Massachusetts Public Health Association's Equity Framework; November 2016.
- ^{xxxiii} American College of Cardiology. *Implicit Bias: Recognizing the unconscious barriers to quality care and diversity in medicine*. [Cover Story | Implicit Bias: Recognizing the Unconscious Barriers to Quality Care and Diversity in Medicine - American College of Cardiology \(acc.org\)](https://www.acc.org/cover-story/implicit-bias).
- ^{xxxiv} 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>
- ^{xxxv} Urban Institute (2019). *What would it take to overcome the damaging effects of structural racism and ensure a more equitable future?* [2019.05.12 Next50 structural racism finalized \(1\).pdf \(urban.org\)](https://www.urban.org/research/publication/2019-05-12-Next50-structural-racism-finalized-1)
- ^{xxxvi} Ibid.