

# The Racial Justice and Health Equity Initiative 2015 Overview

## RACIAL JUSTICE AND HEALTH EQUITY INITIATIVE



The Boston Public Health Commission's Racial Justice and Health Equity Initiative is a broad organizational transformation process, which aims to integrate health equity and racial justice principles and practices into all of the health department's work, both internal and external, to measurably reduce inequities in Boston. This document provides an overview of the Racial Justice and Health Equity Initiative.

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**The Boston Public Health Commission  
Racial Justice Health Equity Initiative**

**Table of Contents**

<b>Racial Justice and Health Equity Initiative</b>	<b>page 3</b>
<b>Anti-Racism Advisory Committee</b>	<b>page 5</b>
<b>Professional Development Series</b>	<b>page 8</b>
<b>Language Justice Working Group</b>	<b>page 11</b>
<b>Boston Health Equity Goals</b>	<b>page 13</b>
<b>Quality Improvement and Performance Management System</b>	<b>page 15</b>

## Organization-wide Progress Towards Health Equity and Racial Justice

The Boston Public Health Commission's (BPHC) commitment to reducing the burden of disease and mortality for all residents of Boston, and specifically closing the racial gap in health outcomes is data-driven. Annual review of BRFSS, hospital data, death reports, community voices, and other sources show persistent inequities in health, and in the social, economic, and environmental factors that influence health. Differences in health status by race are persistent across the country and the globe and require significant shifts in public health practice to address the social, economic, and environmental causes of inequities. These shifts depend on the adoption of new strategies to promote health and well-being that are framed with racial justice and an organizational context that supports these new strategies. The Boston Public Health Commission's (BPHC) Racial Justice and Health Equity Initiative (RJHEI or Initiative) is a broad organizational transformation process to adapt, improve or develop innovative public health practice to measurably reduce inequities in Boston.

### Racial Justice and Health Equity Initiative

At its core, the Initiative is about engaging the entire organization in building a movement towards health equity and fulfilling the organization's mission and vision (see page 7). The Initiative encompasses a range of activities and recruits staff to develop and implement strategies for the core functions: The Anti-Racism Advisory Committee, the Language Justice Working Group, Boston Health Equity Goals, the Professional Development Series, and the future implementation of Quality Improvement and Performance Management System. Hundreds of employees are engaged on multiple levels from brown bag learning sessions on racism to the shared responsibility of tracking and reducing racial health inequities in Boston. BPHC employees drive the work and are accountable to the broader community.

The Racial Justice Health Equity Initiative relies on the support of Commission's Senior Leadership Team (SLT - a leadership body of bureau directors and executive staff), the Office of Racial Equity and Health Improvement, the Research and Evaluation Office, Consortium for Professional Development and others working towards an inclusive organizational change process to address issues of inequity. To maximize the Initiative's potential impact, the Office of Racial Equity and Health Improvement (OREHI) established the RJHEI Coordinating Committee – a team made up of representatives from each element of the Initiative, and other representation from the Commission to increase communication and collaboration, and identify unique and common measures and outcomes to strategically orient our organizational resources to eliminate health inequities.

### Racial Justice through the Lens of Health Equity

The work of BPHC is rooted in the understanding that a person's health status is influenced by environmental conditions, social relationships, and institutional structures and that individual choices and behaviors are largely shaped by the resources available in the places where people live, work, and play. BPHC uses an equity framework (see Figure 2.) to understand the connection between racism, the social determinants of health and

Figure 1. Racial Justice and Health Equity Initiative

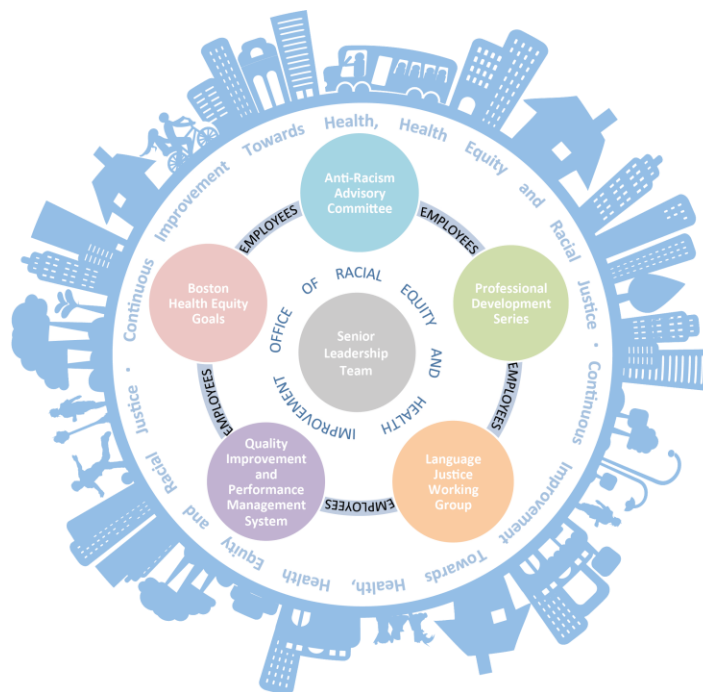
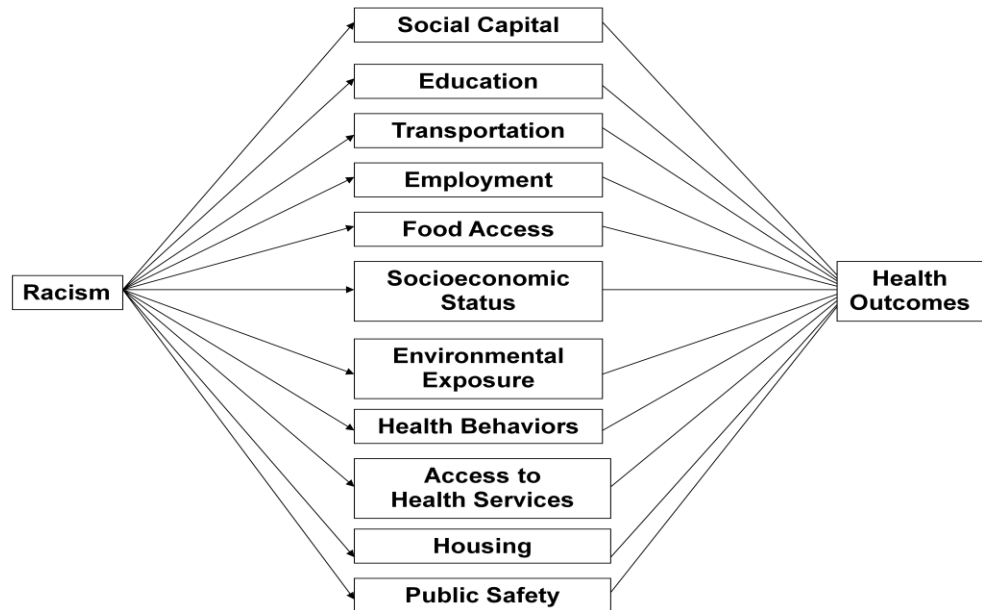


Figure 1. The diagram depicts the multiple core functions (as depicted above in the colored circles) of the Initiative and the engagement of staff to align programs, policies and evaluation in an inclusive process with community to promote racial justice and health equity.

health outcomes. Traditional approaches to public health often focus on health outcomes and developing interventions centered on addressing poor health outcomes. While that work is important, it is necessary to develop innovative public health practice to improve the social conditions that contribute to poor health status including poverty, residential segregation, lack of access to affordable healthy foods, unequal distribution of physical activity opportunities, educational inequality, lack of employment opportunities, sub-standard housing, and community violence.

**Figure 2. Health Equity Framework**

**Figure 2.** The Boston Public Health Commission’s framework for understanding health inequities illustrates how racism has an independent influence on all the social determinants of health and that racism in and of itself has a harmful impact on health.



At BPHC, advancing racial justice and achieving health equity require that we have a shared understanding of racism, agreement on how we operationalize theory to practice, and a model that synergizes our efforts and measures progress. The Racial Justice Health Equity Initiative is rooted in this understanding and developed goals and projects to promote health equity through the lens of racial justice. Each element of the Initiative has developed over time in response to various stimuli including direct funding, employee and leadership support, and political will. Additionally, many programs across the organization have taken measures to ensure that their efforts target the inequities and include strategies that influence the social determinants of health and include sustainable policy and systems changes. This document provides an overview of the work of The Anti-Racism Advisory Committee, the Language Justice Working Group, Boston Health Equity Goals, the Professional Development Series, and the future implementation of a Quality Improvement and Performance Management System.

For more information about the Boston Public Health Commission’s **Racial Justice and Health Equity Initiative**, please visit [www.bphc.org/healthequity](http://www.bphc.org/healthequity) or for the **Office of Racial Equity and Health Improvement** contact Vivien Morris, [vmorris@bphc.org](mailto:vmorris@bphc.org), 617-534-9642

## Anti Racism Advisory Committee

Created in 2008, the Anti Racism Advisory Committee (ARAC) reviews, assesses and develops recommendations on internal policies, practices, structures and systems using a racial justice and health equity framework. ARAC's work supports organizational capacity building in order to effectively reduce inequities across the city. ARAC does this work in a process that is inclusive of all Commission staff. ARAC membership is voluntary, and aims to build a committee that is representative of employees from across the Commission. ARAC's decision making process is by consensus, building full agreement that can be supported by all members. ARAC works closely with the Senior Leadership Team (SLT) in all project areas to ensure leadership support and collaboration.

### ***Commission-wide Shared Language***

Collaboration is a key strategy to promote racial justice; for that reason it was essential for BPHC to have a common framework within which to work, including a shared understanding of racism, an analysis to promote racial justice, as well as a common language to hold discussions. An earlier work of ARAC was the development of a glossary of terms to support conversations about racism and systems of oppression. The glossary of terms was adopted by BPHC to inform how staff understands health equity within a racial justice framework. The glossary is used in staff trainings and throughout the Racial Justice Health Equity Initiative.

**Racism:** A form of oppression based on the socially constructed concept of race that is used to the advantage of the dominant racial group (Whites) and the disadvantage of non-dominant racial groups.<sup>2</sup>

-Boston Public Health Commission

### ***Organizational Identity Statement***

ARAC led a process to revise the organizational identity statement to 1) reflect the Commission's understanding that racism is a significant root cause of health inequities and 2) illustrate the Commission's commitment to addressing the impact of racism. An organizational identity statement holds considerable significance, as it outlines concretely how BPHC envisions the health of the city of Boston as well as the Commission's role as a city institution in supporting that vision.

Working with over 300 internal and external stakeholders, ARAC gathered extensive feedback through in-person listening sessions to produce a meaningful identity statement that is representative<sup>1</sup> of BPHC employees and Boston residents. One notable change with the current organizational identity statement is the addition of a preface which describes a racial justice framework and the explicit link between racism and health inequities. The final product (see page 7) was approved by the BPHC's Senior Leadership Team and the Board of Health in November 2013.

### ***Internal Equitable Policy Development***

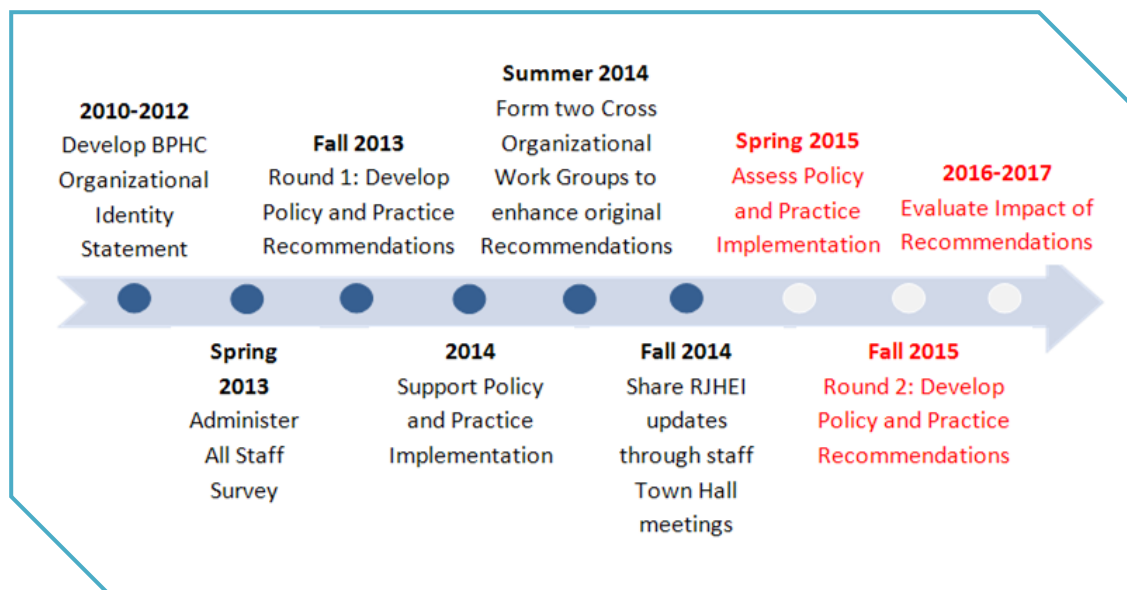
Much of ARAC's work focuses on internal policy development. In 2012, ARAC and BPHC's Senior Leadership Team developed a survey to better understand staff perceptions of issues related to race and racism, and to identify both strengths and opportunities for improvement to support the fulfillment of BPHC's mission and vision. In spring 2013, ARAC administered this all-staff survey to inform the development of internal policy recommendations, ARAC's work.

<sup>1</sup> Through the internal stakeholder interview process, ARAC engaged with staff from all 6 bureaus and the executive and administrative offices; the interviews also included staff participation among various racial and ethnic groups. The external interview process included Alternatives for Community Environment (ACE), Boston Area Health Education Center (BAHEC) Youth Advisory Board, Boston Alliance for Community Health (BACH), Boston Conference of Community Health Centers, Brigham & Women's Hospital/Center for Community Health & Health Equity, Center for Community Health, Education and Research Services (CCHERS), Healthy Aging Network (HAN), Hyde Square Task Force, Mass Association of Community Development Corporations (MACDC), Massachusetts Department of Public Health – Office of Health Equity, Mattapan Food & Fitness Collaboration, REACH Coalition, SEIU-1199, Southern Jamaica Plain Community Health Center/Youth Health Equity Collaborative, and Tufts University.

<sup>2</sup> Adapted from the Interaction Institute for Social Change and Race Forward Working Definitions

As a result of the survey, ARAC has collaborated with the SLT and provided recommendations for the creation or adaptation of internal policies focused on for example, hiring and promotion processes, as part of the agency’s commitment to equal employment opportunity. ARAC will continue to assess and develop recommendations for internal policy and practice improvement in partnership with SLT.

**ARAC Timeline through 2018**



**Learning Opportunities**

In addition to its policy and practice work, the Anti Racism Advisory Committee also provides ongoing learning opportunities for members and staff to increase understanding of racism and its impact on health. These events also offer space for staff to discuss these difficult topics, such as the school to prison pipeline, racial profiling and the HIV/AIDS care cascade.

For more information about the **Anti-Racism Advisory Committee** contact Makaila Manukyan, [mmanukyan@bphc.org](mailto:mmanukyan@bphc.org), 617-534-2329

## **Boston Public Health Commission Organizational Identity Statement**

### *Preface*

Where we live, work, and play greatly shapes our health and well-being. While it's common to think first about individual behavior, genes, and health care access as most important for good health, in actuality, factors such as housing, education, environmental exposure, public safety, employment and income are also strong predictors of health and well-being. When examining how these factors contribute to health inequities, it is important to understand how experiences within the individual and community context differ by race. In the United States, racism plays a significant role in creating and perpetuating health inequities. Social inequities, such as poverty, segregation, and lack of educational and employment opportunities have origins in discriminatory laws, policies, and practices that have historically denied people of color the right to earn income, own property, and accumulate wealth. Health promoting resources are distributed unevenly across the city of Boston and follow patterns of racial segregation and poverty concentration. As a result, on average, Boston residents who are White enjoy better health than many residents of color. These significant differences in health outcomes between residents of color and White residents are systemic, avoidable, unfair, and unjust. Other forms of oppression also contribute to different health outcomes. We must understand and address the many factors shaping our individual and collective health and provide all residents with fair access to the conditions that promote the best possible health.

### *Mission*

The mission of the Boston Public Health Commission is to protect, preserve, and promote the health and well-being of all Boston residents, particularly the most vulnerable. We achieve our mission by providing and supporting accessible high quality community-based health and social services, community engagement and advocacy, development of health promoting policies and regulations, disease and injury prevention, emergency services, health promotion, and health education services.

### *Vision*

The Boston Public Health Commission envisions a thriving Boston where all residents live healthy, fulfilling lives free of racism, poverty, violence, and other systems of oppression. All residents will have equitable opportunities and resources, leading to optimal health and well-being.

### *Guiding Principles*

BPHC is committed to the following principles:

- Promote the fair treatment of all people.
- Ensure internal policies, procedures, and practices are fair and equitable.
- Continually strive to improve public policies, systems, and environments that influence social conditions.
- Foster mutual respect, transparency, and accountability with colleagues, residents, coalitions, and other partners.
- Strengthen community capacity and uplift community voices.
- Use the best available scientific evidence to inform the Commission's work.
- Provide culturally and linguistically appropriate services to people from all backgrounds.
- Ensure effective communication and coordination with other city agencies, community-based organizations, residents, and other partners.



## Professional Development Series

The Professional Development Series (PDS) is the training component of the overall Initiative. PDS provides staff with the knowledge, skill and motivation to create and sustain organizational and programmatic change. Senior Leadership, working with the Offices of Human Resources and Labor Relations, required all staff to participate in at least 22 hours of professional development focused on racial justice and health equity.

The Professional Development Series grew out of requests from staff for content knowledge and training so they could better align their work with the Commission's priority of health equity. In 2008, leadership conducted 27 meetings with over 800 employees from across the organization and a survey of over 400 employees and found that:

- 79% felt their work was connected to the Commission's priority to eliminate racial and ethnic health inequities;
- 51% felt trainings that explain racial and ethnic inequities in health would allow their program/department to be more effective in addressing this priority;
- 67% felt trainings that introduce strategies that can be used by a public health program to address racial and ethnic inequities in health would allow their program/department to be more effective in addressing this priority.

### **Staff Development**

PDS was created to support staff in understanding and applying the principles of health equity and racial justice, so that they can participate in aligning programs and transforming the organization. The goal of the PDS is to ensure all BPHC staff apply the principles and practices of health equity and racial justice to all Commission work. To accomplish this, its objectives are to:

- Increase staff understanding of the relationship among all levels of racism, social conditions, and health outcomes;
- Equip all BPHC staff to promote health equity and racial justice in the development, implementation, and evaluation of internal and external programs, policies, and practices;
- Create a culture of ongoing learning and professional growth about health equity and racial justice for all BPHC staff.

Staff are required to attend the 14 hour core workshop and at least eight hours of follow-up practice workshops totaling 22 hours of professional development. PDS is staffed by the Commission's Consortium for Professional Development and is supported by a cross-organization planning team that offers leadership and guidance on all aspects of the work from the design and implementation of workshops to the logistics of training across the organization.

### **Workshops**

The Series begins with a two-day core workshop (14 hours) that introduces racial justice and health equity concepts and explores data about health inequities in Boston. The core workshop provides an opportunity for staff to expand their understanding of what shapes the health of Boston, why people of color are more likely to have worse health outcomes than White people, and what all staff members can do – as BPHC employees and as city residents – to eliminate inequities in health.

*"I came in feeling, 'Why do I have to be here?' and, 'I don't have these problems.' [The workshop] made me realize I can be part of the solution."*

**–staff comment on core workshop**

The core workshop was developed by an organization-wide team representing multiple functions and roles, over an 18 month period between 2009 and 2011. The team drew from past workshops attended, including Visions, Undoing Racism from the People's Institute for Survival and Beyond, Race Forward, World Trust Educational Services, as well as the teachings from local and national conferences. Race Forward, World Trust Educational Services, and the Interaction Institute for Social Change provided consultation and guidance during development



and into implementation. A variation of the core workshop, specifically for staff of Boston Emergency Medical Services, was designed to meet their unique training schedule across 3 shifts, and highlight examples relevant to their roles as first responders.

*“I knew about many of these topics in isolation. This workshop gave me words to associate and recognize patterns and links that I have never made before.”*

**–staff response to self-assessment of learning in core workshop**

As of May 2015, 1010 employees completed the core workshop, about 91% of all Boston Public Health Commission employees. Evaluation of the two day core workshop includes pre, post (one week after the training) and follow-up (six months post the training) surveys of participants, one-on-one interviews with randomly selected participants, focus groups with the workshop facilitators (who are also BPHC staff), and workshop evaluations (done immediately at the conclusion of workshops). Evaluation is designed to assess change in staff attitudes and knowledge towards race, the connection between racism and health, and integration of this knowledge into the Commission’s work.

Following the core workshop, a set of half-day and full-day practice workshops is offered, providing skills for applying racial justice and health equity concepts to the work of the organization’s many programs and bureaus. Workshop topics include community engagement, policy advocacy, evaluating health equity efforts, quality improvement and accreditation, and promoting equity in internal operations.

### **Facilitation**

Workshops are facilitated by BPHC staff on assignment from a broad range of programs and offices. A full-time Senior Trainer for Health Equity, within BPHC’s Consortium for Professional Development, provides overall management and leadership for workshop development and delivery. The Senior Trainer for Health Equity serves as an internal expert on racial justice, racism, health equity, and theory and practice-based strategies. Workshops are typically facilitated in teams of three, including one to two staff facilitators and the Senior Trainer, who serves as the primary trainer and supports the skill and content knowledge of staff facilitators. Teams are intentionally balanced by race and gender. This approach builds internal capacity to conduct workshops, and to lead and implement racial justice and health equity work. Workshop Facilitators develop a deep understanding of health equity and racial justice and ways to apply these approaches to the Commission’s day-to-day work. Please see PDS facilitator description on page 10.

### **Additional Learning**

In addition to PDS workshops and the learning opportunities offered by ARAC, staff are also encouraged to continue their learning independently, through readings and participation in community activities. The Office of Racial Equity and Health Improvement maintains a lending library of resources for additional learning.

For more information about the **Professional Development Series** contact  
Brad Cohen, [bcohen@bphc.org](mailto:bcohen@bphc.org), 617-343-1375

## **BPHC Professional Development Series Workshop Facilitator Description**

Below are the responsibilities, eligibility criteria and qualifications for PDS Workshop Facilitators.

### **Responsibilities**

#### *Facilitator Development*

- Participate in Workshop Facilitator Orientation and all days of facilitator preparation

#### *Workshop Facilitation (Prep & Delivery)*

- With a co-facilitator, facilitate one Core Workshop per year and one Practice Workshop about every other month
- Foster a safe, respectful environment for shared learning
- Prepare for workshops prior to each scheduled session, including meeting with co-facilitator(s) and working with PDS Senior Trainer as needed
- Follow a set curriculum and make adaptations to group needs within specified guidelines

#### *Ongoing Learning*

- Participate in ongoing refreshers: about nine days per year, scheduled according to need and facilitator availability

### **Eligibility**

Internal Workshop Facilitators must be:

- a. Full-time staff
- b. Employed at BPHC for a minimum of 1 year; 2 years preferred
- c. Familiar with key concepts of the workshops (*see Knowledge section, below*)
- d. Experienced working with groups on challenging topics
- e. Able to attend all days of facilitator preparation (*see dates above*)
- f. Able to dedicate approximately 15% FTE for a two-year period, with supervisor's support
- g. In a role/position that is not 100% grant-funded, unless the terms of the grant would allow for participation in this special project
- h. Endorsed by their Bureau /Office Director and immediate supervisor

### **Qualifications**

#### *Knowledge*

- A. Basic understanding of key racial justice and health equity concepts (including race, all levels of racism, health inequities, root causes of inequities, social determinants of health, etc.)
- B. Basic understanding of one's own identity, power, privilege, and oppression, and how these influence one's experience and personal biases
- C. Willingness to engage in self-reflection, including sharing one's learning process and insights in group settings
- D. Enthusiasm; ability to motivate others

#### *Skills and Experience*

- E. Experience with public speaking using strong communication and active listening skills
- F. Experience with group facilitation and/or training skills
- G. Excellent time management skills
- H. Ability to facilitate discussions and respond effectively to questions on challenging topics
- I. Ability to recognize and work with strong emotions in oneself and others, including managing one's own emotions while also attending to the needs of the group
- J. Demonstrated commitment to social justice
- K. Demonstrated experience working with people of diverse identities and backgrounds, including: race, ethnicity, national origin, religion, gender, sexual orientation, age, mental/physical ability, class, and other dimensions of diversity
- L. Demonstrated ability to work collaboratively

## Language Justice Working Group

The population of Boston has become increasingly diverse over time. Boston is a racially and ethnically diverse city in which less than 50% of its residents are White, and in 2012, 26% of the Boston population was foreign-born.<sup>3</sup> While English was the language most frequently reported being spoken at home, 37% of Boston residents ages 5 and over reported speaking a language other than English at home.<sup>3</sup> Central to promoting racial justice and health equity is community engagement and language is core to creating an inclusive process with and provides supports for the community to improve the conditions where people live, work, and play.

The Language Justice (LJ) Working Group develops and implements recommendations to improve the Commission’s interpreting, community engagement and translation practices, including gaining a better understanding of internal capacity, streamlining processes with vendors, finding opportunities for professional development, and developing consistency across the Commission through policies and protocols. In this capacity the LJ Working Group aspires to improve the Commission’s ability to serve clients and engage the community, whose primary language is not English, across all programs and bureaus. The Working Group is made up of staff volunteers representing each of the Commission’s Bureaus and central offices, a significant percentage of whom are multilingual. The Working Group developed organically out of an internal committee that was focused on strategic thinking for how the Commission could best advance health equity through community meetings it holds annually to present health data in partnership with community groups. Language access surfaced repeatedly in this committee; over time, it became clear that improvements to translating materials and the provision of appropriate kinds and levels of interpreting services were needed by all BPHC programs both in and out of the community meeting context. The Working Group aims to improve the development and translation of materials and the provision of appropriate kinds and levels of interpreting services to support all BPHC programs to promote community engagement

*Language is at the core of people and their culture and is the vehicle for the people to share their ideas, strengths and dreams for a better world. In order to build broader movements for justice, it is important to create multilingual spaces where language is used democratically and as a tool of empowerment, so that people can communicate, learn and strategize together.*

**-Highlander Center**

### Language Access

- Communication:
  - Is mostly unidirectional for interpreting/translation.
  - Flows from the dominant language and culture (white) to others
- English IS at an advantage over others
- Segregates participants

### Language Justice

- Communication:
  - Is multidirectional for interpreting/translation.
  - Flows according to other cultural norms and allows for others to participate with cultural pride in speaking their own language(s).
- All languages and people in the room are on equal footing
- English is NOT at an advantage over others.
- Incorporates racial justice approach

practice that are multidirectional and promotes language equity.

The Praxis Project Change Model led the LJ Working Group to ground its language access work in a racial justice and health equity framework. This chart from the Praxis Project illustrates some of the distinctions between using language access as a framework and supplementing it with the frame of language justice.

<sup>3</sup> 2014 – 2015 Health of Boston Report, Boston Public Health Commission

**Language Access: Agency-wide Assessment** As part of a larger set of recommendations developed by the Language Justice Working Group, an agency-wide assessment was identified as the highest priority by the group. Without a better, more comprehensive understanding of language access practices and capacity throughout the Commission, it would be difficult to develop or apply new organization wide policies or practices. In order to answer the following questions on a Commission wide level, the LJ Working Group will administer an agency-wide language capacity assessment, developed with the support of the Office of Research and Evaluation, to be used to survey Bureau & Program Director's and Managers.

Based on the results of the survey the LJ Working Group will make recommendations as to how to better serve clients whose primary language is not English consistently throughout all programs and bureaus. The working group also seeks to identify professional development opportunities for staff, and to develop and implement recommendations for improving interpretation and translation practices throughout the organization.

### ***Building BPHC translation Capacity***

Developed with community partners, the LJ Working Group has created a translated glossary of the most commonly used public health and health equity terms used Commission-wide so that there are standard translations of those terms in each of the five languages that are most commonly used at the Commission (Spanish, Portuguese, Haitian Creole, Chinese Simplified, and Vietnamese). The LJ Working Group developed an initial draft list of commonly used public health and health equity terms. Three glossaries (Spanish, Haitian Creole, and Chinese Simplified) were further developed through in person two hour focus groups with the help of internal staff and community members. The other two (Portuguese and Vietnamese) glossaries followed a process to collect input from staff and community members by email. The glossaries will serve as a tool that would improve the Commission's interpretation and translation practices, including gaining a better understanding of our internal capacity, streamlining our processes with vendors; and developing consistency though messaging in the Boston area. The glossaries will be utilized by BPHC's contracted vendors for translation of written documents.

For more information about the **Language Justice Working Group** contact  
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## Boston Health Equity Goals

The Boston Public Health Commission works to promote the health and well-being of all residents. Examples of successful public health improvements include the reduction of blood lead levels among young children, teen and adult smoking rates, and consumption of sugar-sweetened beverages. While universal approaches decrease poor health outcomes overall, they have not significantly addressed the difference in health outcomes between Black and Latino residents and White residents that result from structural inequities. Black and Latino residents make up 40% of the city population<sup>4</sup>, but bear a disproportionate burden of disease.<sup>5</sup> The Boston Health Equity Goals (represented to the right) were created with the objective of reducing overall rates in obesity, low birth weight, and Chlamydia by recognizing and addressing the racial inequities that exist. Each of these health issues is a longstanding problem with persistent racial inequities that can be related to unjust social, environmental, and economic causes. There are promising practices which address each of these issues that can be reviewed and adapted.

### **Structure and Communication**

Additional objectives were developed that include areas of work across BPHC that support the three health equity goals. Work plans, with SMART objectives in mind, were developed in consultation with bureaus across the Commission and external stakeholders and collaborators. Assessments of resources committed and needed were made, and impact measures were created. Implementation of work plans began in 2012 and opportunities for feedback and progress updates occur throughout the organization and the community each year.

Coordination and planning for the Health Equity Goals is supported by the Office of Racial Equity and Health Improvement, and each goal has a champion that coordinates the activities described in the work plan. The work is reviewed quarterly by the leadership team in a meeting attended by champions (Bureau and Division Directors and other key staff), other key Public Health Service Centers (Communications Department, Office of Research and Evaluation, Office of Racial Equity and Health Improvement), and the BPHC Chief of Staff. The Executive Director attends each leadership team meeting. Bi-monthly newsletters are sent to all BPHC staff to share progress updates. Communications and marketing materials include a basic brochure, web postings, and occasional seminars on related topics. A comprehensive communications plan, tool kit, and mid-term report are in progress.

#### LOW BIRTH-WEIGHT

Reduce the rate of Low Birth Weight (LBW) among Boston infants and reduce the gap between White and Black LBW rate by **25%** by 2016.

#### OBESITY

Reduce Obesity/Overweight rates among Boston residents and reduce the gap between White and Black/Latino obesity/overweight ages by **30%** for school-aged children and **20%** for adults by 2016.

#### CHLAMYDIA

Reduce Chlamydia rates among Boston residents 15-24 years of age and reduce the gaps in Chlamydia rates between Black, Latino and White residents 15-24 years of age by **25%** by 2016.

<sup>4</sup> 2010 US Census

<sup>5</sup> 2014 – 2015 Health of Boston Report, Boston Public Health Commission

### **Work in Progress**

Below are some examples of programmatic work currently implemented through BPHC that directly relate to the three Health Equity Goals.

#### **Low Birth Weight**

##### Healthy Start in Housing

In partnership with the Boston Housing Authority, The Healthy Start in Housing (HSiH) Program provides stable housing and case management for pregnant women and their families who are at high risk of homelessness. At least one of 3 criteria must be met:

1. The mother has a chronic health condition
2. The mother has had a previous poor birth outcome like pre-term birth or low-birth weight
3. The family includes a child under age 5 with a complex condition requiring specialty care

This program aims to curb low birth weight by addressing homelessness and limited social support as stressors affecting pregnancy outcomes.

#### **Obesity**

##### Boston Healthy Childcare Initiative

The Boston Healthy Childcare Initiative provides training on healthy eating, increasing physical activity, increasing breast feeding, and decreasing screen time to center family-based, childcare staff. As a result of participating in this program, childcare centers across Boston have adopted related policies and practices that ensure that the youngest Boston residents are being cared for in healthier environments. Each of the policy changes are aimed at improving overall health and addressing the issue of childhood obesity.

#### **Chlamydia**

##### It Could be Hiding in You

In 2012, Chlamydia was the most commonly reported communicable disease in Boston, with 4,823 reported cases. 64% of these cases occurred in youth ages 15-24. [Chlamydia: It Could be Hiding in You](#) can be seen throughout the city of Boston, on billboards, on public transportation, in schools, on tee shirts, and in the social realm. This initiative was developed with the active participation of Boston young people as a youth-focused effort to encourage testing and treatment for Chlamydia among sexually active young adults ages 15-24.

For more information about the **Health Equity Goals** contact  
Vivien Morris, [vmorris@bphc.org](mailto:vmorris@bphc.org), 617-534-9642



## Quality Improvement and Performance Management System

### **Continuous Quality Improvement Towards Health, Health Equity, and Racial Justice**

The Commission's recently-developed Quality Improvement and Performance Management System aims to develop a sustainable systematic process to continuously improve our effectiveness in achieving BPHC's mission and strategic goals. As articulated in BPHC's organizational identity statement, racism and other social inequities are avoidable, unfair and unjust forms of oppression that contribute to inequitable conditions for health and inequitable health outcomes for Boston residents. By committing to measure, report, and continuously improve the quality of our organization's activities, BPHC will ensure measurable progress towards our vision of a thriving Boston where all residents live healthy, fulfilling lives free of racism and other systems of oppression and have equitable opportunities and resources, leading to optimal health and well-being.

Establishment of a Performance Management System (PMS) will also promote BPHC's readiness for formal recognition of the high quality of our activities and systems by the Public Health Accreditation Board (PHAB) and may serve as a model of how health departments may effectively integrate a racial justice and health equity framework into all of their activities.

Continuous Quality Improvement in public health is the use of a deliberate and defined improvement process, such as Plan-Do-Study-Act (PDSA), which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community.<sup>6</sup>

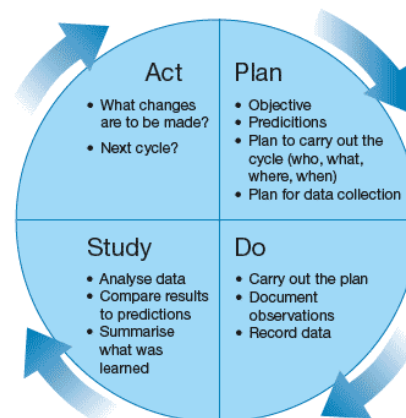
An organization wide Accreditation and Quality Improvement committee (AQI Committee) will facilitate deliberate actions and testing small change constantly that can lead to more equitable processes and outcomes. The committee will train staff on numerous models/methodologies for quality improvement including LEAN, Six Sigma, FADE, PDSA as part of the Professional Development Series and ensure that processes selected would have a direct positive impact on health equity.

The AQI Committee includes representatives from the different bureaus at BPHC and is responsible for a broader Public Health Accreditation and Quality Improvement infrastructure which includes a Quality Improvement plan and a Performance Management System. One goal of the AQI Committee is to prioritize projects to advance racial justice and health equity work through quality improvement. Additionally, the quality improvement system serves to support a culture where BPHC is quantifying improvement, not 'success' or 'failure;' provide real opportunities for staff to incorporate the health inequities framework into their daily work; and ensure measurable progress towards health, health equity, and racial justice through small adjustments in our practices.

For more information about the **Quality Improvement and Performance Management System** contact

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**Figure 3. Plan-Do-Study-Act**



**Figure 3:** An example of a Quality improvement model that would be employed by the AQI Team

<sup>6</sup> Riley, Moran, Corso, Beitsch, Bialek, and Cofsky. *Defining Quality Improvement in Public Health*. Journal of Public Health Management and Practice. January/February 2010