FY25 PHE Grantee Workplan: Racial Equity Guidance

The following Racial Equity Considerations were developed by the Shared Services Unit, with insights from the Workforce Development Unit, the Culturally and Linguistically Appropriate Services (CLAS) Initiative, Health Resources in Action (HRiA), and the New England Rural Health Association (NERHA). Grantees are required to use at least 2 racial equity themes across their workplan. **Grantees are encouraged to either select from the following model activities or tailor the activities below, according to specific needs within their respective SSA.**

Racial Equity Considerations *Revised May 14, 2024*			
#	**Themes**	**Recommended Considerations**	**Model Activities**
1	Linguistic Justice	Language justice offers people and communities opportunities to understand and meaningfully participate in programs and services in their preferred languages.	1. Find out which languages are most used in your target area. Do language needs assessment to understand which populations are in the region. 2. Utilize qualified language interpretation services to expand or improve public health services. 3. Ensure language assistance services (oral interpretation, written translation, ASL, Braille etc.). 4. Include visual icons in printed materials to reach people who do not have English as their first language and who have different communication needs. 5. Use an inspectional software that incorporates Spanish, Portuguese, Haitian Creole translation, and other languages as appropriate for the region. 6. Provide required trainings in Spanish, Portuguese, Haitian Creole, and other languages as appropriate for the region. 7. Provide vital documents in English, Spanish, Portuguese, Haitian Creole, and other languages as appropriate for the region. 8. Provide on-site, in-person interpretation services for hoarding and other mental-health adjacent/difficult activities.

			9. Translate signage and health education materials to Spanish, Portuguese, Haitian Creole, and other languages as appropriate for the region (E.g. Cyanobacteria warning placards, billboards). 10. Provide language appropriate public health flyers, public service announcements, and in-person assistance related to public health initiatives and functions. 11. Consider language and other accessibility needs when selecting online permitting options. 12. Make sure public health flyers and materials are accessible (plain language, font choice, font size, screen-reader accessible PDFs, reading level).
2	Environmental Justice	Allocate resources equitably in an environmental justice population to close possible gaps due to the lack of access (socio-economic, education, health etc.)	1. Identify environmental justice population areas in the region and reach out to organizations providing direct services to Environmental Justice Block Grant (EJ BGs) to inform areas of unmet needs and opportunities to collaborate. 2. Attend immigrant-centered meetings to help identify and meet the needs of EJ BG areas. 3. Prioritize working with the most rural towns and ones with EJ BGs. 4. Educate landlords/property owners in EJ areas about housing code and their responsibilities. Encourage pre-rental inspections of vacant units with Health Inspector; Building Commissioner; and Fire Department. 5. Ensure the LBOH members understand their role in enforcing Tobacco Regulations, and other related issues (violence, substance abuse, mental health) to ensure standard follow up on violations, especially in communities serving EJ BGs.
3	Workforce Diversity	Create a work culture of diversity, equity, inclusion, and belonging that values different viewpoints and lived experiences to improve employee satisfaction and retention.	1. Review requirements on all job descriptions to include focus on range of experiences, including lived experience, rather than a primary focus on education/degree requirements. 2. Involve community-based organizations in review of job descriptions and in promoting open positions, rather than just posting on Indeed and the town website. 3. Make sure all candidates are being interviewed with the same interview questions and provide those questions to all candidates ahead of time. 4. Build iterative performance review processes; make it a continuous two-way conversation. 5. Provide ongoing required racial equity training for shared services staff and municipal staff.

			6. Provide ongoing training about cultural humility, culturally responsive services, and trauma-informed services for shared service staff and municipal staff. 7. Hire staff who belong to the same ethnic and/or linguistic community represented in your region.
4	Community Engagement	Partner with community based and/or representative organizations to extend reach to historically under-resourced populations, with a focus on enhancing FPHS delivery capabilities.	1. Identify who is in the community and who has not been historically served among them, 2. Engage historically under-resourced populations in your SSA: "Nothing about us, without us." 3. Form Community Advisory Boards (CABs); include people with lived experiences and intersectionality of identities. 4. Expand programming location/delivery method to reach historically under-resourced populations (e.g. running vaccine clinics in an Affordable Housing or Senior Living Community). 5. Develop relationships with Community Based Organizations, Faith Based Organizations, and Tribal and Indigenous People Serving Organizations across the SSA. 6. Collaborate on racial equity learning opportunities with other SSAs and their CABs to build a community of practice centering racial equity. 7. Hold public forums/listening sessions early in the process, while you can still act on community feedback. 8. Be clear about how you're going to act on and be accountable to community feedback and input. 9. Hold public forums/events at a variety of times and locations. 10. Provide childcare at public forums/events, including at meetings of municipal bodies that are seeking public engagement (public hearings, town meeting, etc.). 11. Publicize public forums/events broadly, in multiple forms, and in multiple languages. 12. Invite community partners to governing board meetings. 13. Connect with community health centers.

			14. Ensure community engagement activity across the continuum of the Quality Improvement process. 15. Work with Cultural Brokers to make sure your services or information distributed are linguistically and culturally appropriate.
5	CLAS Standards	At MA DPH, CLAS Standards are used as Program Management Quality Improvement (PMQI) tool to advance health and racial equity, by collecting and analyzing data engaging community authentically, diversifying workforce to represent community as well as ensuring language access and meaningful two-way communication.	1. Define common terminologies including health equity, health inequities, social determinant of health, structural and institutional racism. 2. Understand the importance of integrating CLAS. 3. Get an overview of the 15 federal CLAS standards. 4. Learn 6 CLAS-related areas of action. 5. Gain relevant resources/tools to support adhering to CLAS standards. • Identify 2-3 CLAS Areas of Action and assess the current state of implementation in your service area. • Develop a plan for monitoring CLAS implementation by contracted vendors. • Train all [project team leadership] on CLAS standards [offer training options]. 6. Use CLAS standards as a Quality Improvement tool to find where gaps exist in the implementation of your services.

Racial Equity Resources *Revised May 14, 2024*		
DPH Offices and Bureaus: • Office of Health Equity (OHE) • State Office of Rural Health (SORH) • Root Cause Solutions Exchange • Bureau of Community Health and Prevention (BCHAP) • Bureau of Substance Addiction Services (BSAS) **Additional Resources:** • New England Rural Health Association	**Racial Equity Tools and Resources:** • Racial Equity Data Roadmap • PCES & ACES Data • Community Health Equity Initiative • Massachusetts Population Health Information Tool • Environmental Justice Populations in Massachusetts • Interactive Map of 2022 EJ Populations in Massachusetts • The Health Equitree • Health Equity Policy Framework • Cultural Competency Program for Disaster Preparedness and Crisis Response • Improving Cultural Competency for Behavioral Health Professionals • Culturally and Linguistically Appropriate Services (CLAS) in Nursing • Making CLAS Happen: Six Areas for Action • Preferred Terms for Select Population Groups and Communities	**Continuing Learning:** • Community Commons BIPOC Health Equity Library • Public Health Accreditation Board IDEA Glossary • Six Guiding Principles to a Trauma Informed Approach • Trauma Informed Community Building and Engagement • Countering the Production of Health Inequities • How History Has Shaped Racial and Ethnic Health Disparities • Coming Down For Justice • MPHA Health Equity Policy Framework. • Pathways to Health Equity • PHIWMA Race and Health Equity Resource Guide • Health Equity and Community Partnerships for Local Public Health • Massachusetts | County Health Rankings & Roadmaps

Appendices:
Appendix I: DPH 2044 Strategic Plan to Advance Racial Equity
Appendix II: OLRH Racial Equity Statement