

Principles for Promoting Racial Equity

Bureaus of Community Health and Prevention & Family Health and Nutrition

The Bureaus of Community Health and Prevention (BCHAP) and Family Health and Nutrition (BFHN) are committed to achieving health equity by promoting racial justice and addressing institutional¹ and structural² racism. All M and P procurements issued by BCHAP and BFHN must incorporate Principles for Promoting Racial Equity (The Mass in Motion Municipal Wellness & Leadership Initiative RFR is a P procurement). The principles are intended to provide prospective applicants with information about the Bureaus' commitment to addressing racial inequities in health and provide direction regarding expectations for racial equity³ work.

It is expected that applicants will review these principles carefully and consider their content when completing their application/bid response. Each prospective applicant should demonstrate how they will incorporate the principles into their service design. **DPH reviewers will be required to consider an applicant's ability to reflect on and incorporate these principles into their program design as they score proposals.** Please find resources for further learning and a glossary of terms at the end of this document.

Principle 1: Promote racial equity and address racial inequities in access to services and supports and health outcomes.

BCHAP and BFHN strive to promote racial equity and eliminate unfair disparities in health outcomes among populations in Massachusetts. These racial inequities include but are not limited to higher rates of infant mortality, educational achievement gaps, depression, and poorer access to services or resources. Inequities often result from social, economic or environmental disadvantages, sometimes called the social determinants of health, which adversely affect certain groups of people. Promotion of racial equity seeks to improve the structures that contribute to inequities so that everyone may achieve their highest potential. Addressing racial equity in public health utilizes data, focuses on the social determinants of health, incorporates cultural relevance, actively addresses structural racism, and is accountable to improving outcomes for People of Color and underrepresented populations.

Principle 2: Build and sustain the leadership of People of Color and those from underrepresented populations.

Organizations that work directly with People of Color⁴ and others from underrepresented populations (e.g. religion, disability, gender identity) will engage them in leadership roles within and beyond an advisory capacity. Creating meaningful ways to bring People of Color and

¹ **Institutional Racism** is defined as discriminatory treatment, unfair policies and practices, and inequitable opportunities and impacts within organizations and institutions, based on race.

² **Structural Racism** is defined as racial bias across institutions and society over time. It's the cumulative and compounded effects of an array of factors such as public policies, institutional practices, cultural representations, and other norms that work in various, often reinforcing, ways to perpetuate racial inequity.

³ **Racial Equity** means that race no longer predicts life outcomes and outcomes for all groups are improved.

⁴ **People of Color** is a political construct created by People of Color to describe people who would generally not be categorized as White.

underrepresented populations into the work of an organization goes beyond being “service” oriented. For example, People of Color in leadership means that People of Color who directly benefit from programs are engaged in shared and meaningful decision-making about the programs that impact their lives. Organizations should systematically engage People of Color and underrepresented populations in the planning, development, leadership, oversight and quality improvement of the program’s services using the “Nothing about us, without us” philosophy. This engagement and leadership values the lived experiences of People of Color and other underrepresented populations without exploiting or tokenizing them.

Principle 3: Ensure programming is data-driven, evidence-informed, theory-based, and directly highlights and addresses racial inequities.

“Data-driven” approaches are those that take into consideration available local and/or programmatic data as well as up-to-date understanding of risk and resilience factors based on race, and overtly incorporate this information into the design of programming. Such approaches should include an analysis of the data with a lens of racial equity/inequity. “Evidence-informed” and “theory-based” approaches are those that take into consideration the current, best available research on effective intervention and prevention strategies and/or logically incorporate theories about the causes of human behavior, social determinants of health, structural racism or other related issues into intervention and/or prevention strategies. Evidence-informed strategies should cite the evidence/research. Theory-based approaches should articulate the theory and the logical progression to the selected intervention or prevention strategy.

Principle 4: Provide services to People of Color through community collaboration and network-building.

Active and engaged partnerships are a critical component of efforts to promote public health. Organizations that are embedded in and partner with the community/other community-based organizations can better meet the needs of People of Color and their families.

People of Color are impacted by multiple inequities and issues: racism, sexism, economic inequality, homophobia, physical and mental illness, housing instability/homelessness, access to health care, substance misuse, etc. Thus, collaboration with other entities in the community that are working on these issues enhances organizations’ engagement with the community, increases awareness of and accountability to the community’s concerns, and enables organizations to be a partner in addressing the multiple issues that intersect with public health.

In addition to collaboration providing a vehicle for increasing access to supportive services for the clients with whom they work, programs can assist their community partners to help them understand the effects of racism and support People of Color’s needs. Community collaboration should include addressing social justice and racial inequities through education/cross-training with community partners.

Principle 5: Address structural and institutional racism through a variety of policy and systems strategies.

The causes of structural and institutional racism are rooted in the intersections of multiple forms of oppression. Policy and systems strategies as described below can each contribute to addressing the underlying causes and to changing the cultural norms that allow structural racism

to flourish. This work often takes place in community settings and involves connecting with people in their neighborhoods, schools, etc., while at the same time requiring internal work within the organization. These strategies often overlap; thus the categories are not exclusive.

Internal Structural changes within an organization involve intentional institutional restructuring based on anti-racist analysis. This should include reviews of all aspects of organizational life to ensure full participation of People of Color. This also involves implementing structures, policies and practices with inclusive decision making and other forms of power sharing on all levels of the organization.

Outreach increases awareness about structural and institutional racism and develops community relationships and trust in the organization. Outreach empowers communities to understand the impact of both structural and institutional racism in their lives and to seek services.

Education increases knowledge and understanding about structural and institutional racism, and changes attitudes and beliefs that uphold it.

Training develops skills and tools to take action to address structural and institutional racism.

Community Engagement is the intentional building and maintaining of relationships with and between organizations, community leaders and social networks that are empowered and collaborate in decisions to address structural and institutional racism. While it is important that efforts ensure White people are held accountable, everyone has a role in addressing structural and institutional racism.

Community Mobilization brings communities together to define the issues and create their own approaches to addressing the issues. Community mobilization meets people where they are to move together towards the transformation of the social, economic, and political systems that result in oppression and violence. Community mobilization creates change in communities by facilitating community ownership and action to address structural and institutional racism. Social and behavior change is a process which requires sustained long term relationships and investment of time.

Principle 6: Provide trauma- and resilience-informed approaches.

Trauma is a personal experience that may result from such experiences as: interpersonal violence including sexual or physical violence; severe neglect; loss; the witnessing of violence, terrorism, racism and/or disaster. Trauma may also affect groups of people collectively through cumulative exposure to traumatic events that affect communities, and trauma may affect subsequent generations. Examples of community trauma include slavery, mass incarceration, neighborhood violence, immigration raids, school segregation, war, etc.

Providers and organizations shall approach their work with a “trauma-informed” focus, based on understanding how the physical, emotional, behavioral, social and spiritual effects of trauma may be experienced by individuals and communities of color. Because individual or community

history of trauma is sometimes not explicitly known, trauma-informed approaches assume that every person may have been exposed to trauma, similar to the concept of “universal precautions” in healthcare. Trauma-informed approaches are sensitive to the impact of trauma and offer support while avoiding re-traumatization, but are not designed to specifically treat symptoms or syndromes related to trauma. Trauma-informed care allows individuals and communities to have as much control as possible over all aspects of the encounter, emphasizing their right to stop the encounter - or withdraw previous consent - at any point in time.

Resilience-informed is a strengths-based approach which means working with individuals and communities to identify and promote their inherent skills and resources to overcome adversity and to support and promote people’s social networks and emotional connectedness.

Principle 7: Promote a just society with equity in economic, political and social rights and opportunities for People of Color.

Social justice efforts seek to eliminate social and economic inequities and to promote respect for human dignity, inclusiveness of diversity and the physical and psychological wellbeing of populations impacted by social and racial injustices. Social justice work requires that organizations understand their roles in the context of social change and justice, actively challenge systems that continue to oppress all people, and see their work in the context of larger systemic patterns of privilege, oppression and discrimination. Organizations counter the belief that people’s situations are solely a result of their personality or choices and continually make the link between individual experiences and systemic oppression. Social justice efforts are required in all aspects of work including the provision of services, prevention, community engagement, leadership, recruitment and training of staff, board members and volunteers, and systems change and advocacy.

Resources for Further Learning

[American Public Health Association – Racism and Health](#)

[Robert Wood Johnson Foundation – Living with Discrimination Can Take a Toll on Health](#)

[American Journal of Public Health – Critical Race Theory, Race Equity, and Public Health](#)

[The Lancet - Structural racism and health inequities in the USA: evidence and interventions](#)

Glossary of Terms

Health Disparities: Differences between the health of one population and another in measures of who gets disease, who has disease, who dies from disease, and other adverse health conditions that exist among specific population groups in the US.⁵

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

Health Inequities: Differences in health status and mortality rates across population groups that are systemic, avoidable, unfair, and unjust. These differences are rooted in social and economic injustice, and are attributable to social, economic and environmental conditions in which people live, work, and play.⁶

People of Color: A political construct created by People of Color to describe people who would generally not be categorized as White.

Race: A socially constructed way of grouping people, based on skin color and other apparent physical differences, which has no genetic or scientific basis. This social construct was created and used to justify social and economic oppression of People of Color by Whites.⁷

Racial Justice: The creation and proactive reinforcement of policies, practices, attitudes, and actions that produce equitable power, access, opportunities, treatment and outcomes for all people, regardless of race.⁸

Racism: A system of advantage based on race. (David Wellman)

- **Internalized Racism** - The set of private beliefs, prejudices, and ideas that individuals have about the superiority of Whites and the inferiority of People of Color. Among

⁵ Adapted from NIH

⁶ Adapted from Margaret Whitehead

⁷ Adapted from *Race: The Power of an Illusion*.

⁸ Adapted from *the Applied Research Center*

people of color, it manifests as internalized racial oppression. Among Whites, it manifests as internalized racial superiority.

- **Interpersonal Racism** - The expression of racism between individuals. These are interactions occurring between individuals that often take place in the form of harassing, racial slurs, or telling of racial jokes.
- **Institutional Racism** - Discriminatory treatment, unfair policies and practices, and inequitable opportunities and impacts within organizations and institutions, based on race.
- **Structural Racism** - Racial bias across institutions and society over time. It's the cumulative and compounded effects of an array of factors such as public policies, institutional practices, cultural representations, and other norms that work in various, often reinforcing, ways to perpetuate racial inequity.

Resilience is the capacity for successful adaptation, positive functioning and competence in the face of adversity, chronic stress and change.

Social Determinants of Health: The circumstances in which people are born, grow, live, work, play, and age that influence access to resources and opportunities that promote health. The social determinants of health include housing, education, employment, environmental exposure, health care, public safety, food access, income, and health and social services.