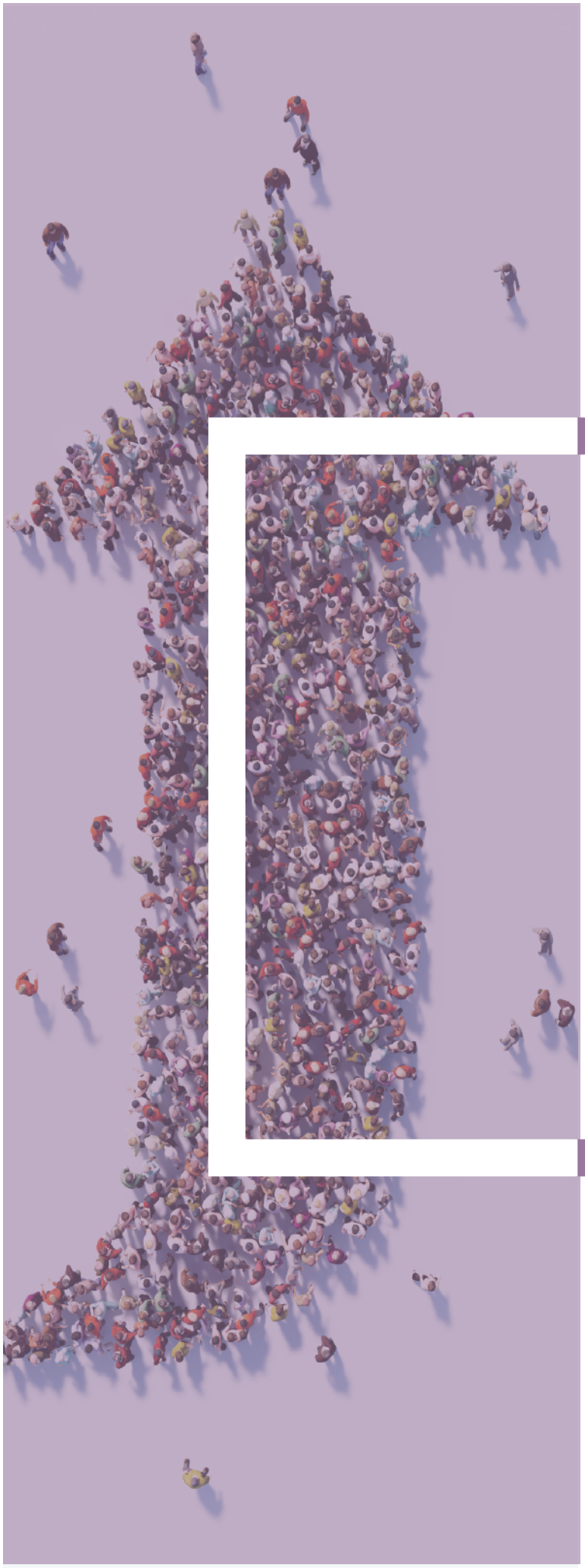

The Guide
To Advance Racial Justice and Health Equity

BOSTON PUBLIC HEALTH COMMISSION

Moving Equity Forward Together

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Note: *Underlined terms throughout The Guide are defined in the Glossary.*

Introduction

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

As a government agency whose mission is to protect, preserve, and promote the health and well-being of all Boston residents, particularly the most vulnerable, BPHC has an obligation to use racial justice[1] and health equity approaches in everything we do.

What is Health Equity?

Health Equity is the opportunity for everyone to attain their full health potential. It means no one is disadvantaged from achieving their potential because of their social position (e.g. class, socioeconomic status) or socially assigned circumstance (e.g. race, gender, ethnicity, religion, sexual orientation, geography, etc.).

Racism is a significant root cause of health inequities. As a system, racism shapes who get resources and who does not, who has access and who does not, and whom the law favors and whom it disfavors. We understand change toward racial justice and health equity occurs through a deep look at institutional racism, organizational transformation, community engagement, and applying a systems approach. We must continue to align and advance practices to reflect what we understand to be true about health outcomes. We must pay attention to communities that exist at the intersections of oppression, and center those at the margins. We must commit to understanding that racial justice is not an additional component of our work, but rather is the *core* of *all* our work and is necessary to address racial and ethnic health inequities.

How Does Racial Justice and Health Equity relate to my job?

All BPHC employees are integral to advancing racial justice and health equity, from direct service care to budgeting and other administrative functions. The Guide to Advance Racial Justice and Health Equity ("The Guide") builds on BPHC's rich history of racial justice and health equity work. The Guide helps each of us identify how to promote equity at key decision points by:

1. **Ensuring** equity impacts are intentionally and systematically considered when designing and implementing policies, programs, practices, projects, and budget decisions.
2. **Informing** our decision-making to determine 1. what are the positive and potential unintended negative impacts and 2. how can we reduce harm and promote equity. We pay close attention to decisions expected to impact those at the margins, e.g. people of color, LGBT (lesbian, gay, bisexual, transgender and gender nonconforming) folk, people with disabilities, people with low income, documented and undocumented immigrants, people who prefer to speak or write in a language other than English, and especially individuals that hold multiple marginalized identities.
3. **Integrating** multiple disciplines, all necessary in applying a racial justice and health equity lens to our work – Research and Evaluation, Quality Improvement, Equitable Community Engagement, Professional Development, Equitable Policy and Practice analysis and development.

Employees in BPHC programs and service centers can identify opportunities to develop a new activity or review an existing one. Follow the **six-step process** of The Guide on **page 4** to determine how the proposed or existing action can better advance racial justice and health equity. Employees can also get started by looking through the **Equity Considerations** on **page 2** for opportunities to advance equity related to specific areas of work like budgeting and communications.

[1] **Note:** Underlined terms throughout The Guide are defined in the Glossary on **page 14**.

Equity Considerations

Budget Development

- What funding have we allocated for translation, interpretation and ADA (Americans with Disabilities Act) accommodations including ASL (American Sign Language) interpretation and video captioning?
- How does this budget build the office/bureau's capacity to engage with and include communities most impacted by inequities (e.g., improved leadership opportunities, advisory committees, commissions, targeted community meetings, stakeholder groups, increased outreach, etc.)?
- How does this budget build community capacity and power in communities most impacted by inequities (e.g., improved leadership opportunities, community meetings, stakeholder groups, increased outreach, etc.)?

Communications

- How do our messages promote equity and inclusion? Whose voices are we uplifting?
- Is the framing of a message based on assets or deficits?
- Are our print materials designed linguistically and culturally appropriate? How are we ensuring that they are?
- Have we considered what populations will be missed by only using certain methods (e.g., email and social media)? What other approaches will we use?

Community Engagement

- Who is missing from our decision-making tables or services? What may be contributing to this exclusion?
- Have communities of color been inequitably impacted or denied access by similar or related projects in the past?
- How will we ensure those least likely to be involved are engaged in our decision-making processes and services?

Data Collection, Analysis and Reporting

- Will our data collection plan identify areas where we may unintentionally negatively impact equity and inclusion?
- Will the data I/we gather be broken down by various demographics to make differences between populations visible?
- What is our plan to consult with those most impacted by a specific issue to ensure our data is reliable and appropriate?

Grant Making

- Have we made efforts to build the capacity of applicants?
- Have we incorporated equity measures into our Requests for Proposal (RFP) applications?
- Have we promoted funding opportunities widely and removed barriers to funding resources?

Hiring, Promotion, and Retention

- Do job requirements and selection criteria unnecessarily limit who would apply and/or qualify?
- Have we considered the best posting option(s) to ensure wide diversity in applicants?
- Is the linguistic, racial, and cultural diversity of Boston represented in our workforce at all levels?

Legislative Priorities and Policy Development

- Will this policy create opportunities for one population, but exclude another from benefiting?
- How does the proposed policy expand opportunity and/or access for individuals to city services?
- How does the proposed policy affect systemic change?

Working with Partners and Vendors

- Have we assessed current or potential barriers to vendors and partners working with us? Do we have a plan to minimize those barriers?
- Are our vendors and partners informed of our racial justice and health equity lens and asked to incorporate relevant actions/information into their practices to support our partnership?
- Are there policies/procedures in place that minimize our ability to build and/or strengthen partnerships with underrepresented groups, e.g., small and woman owned businesses, advocacy groups and businesses owned by people of color?

The Guide Overview

I. PURPOSE

The Guide to Advance Racial Justice and Health Equity ("The Guide") aligns our internal and external practices as an organization with our mission and vision as a Public Health agency by offering steps to build in racial justice and health equity analysis for any existing or future BPHC activity (policy, program, practice, project, or budget decision).

II. PROCEDURE

A. GENERAL

a. It is BPHC's expectation that all employees integrate racial justice and health equity principles throughout their work.
b. The BPHC facilitates the use of tools for all staff that advance the application of racial justice and health equity to organizational functions; and supports analysis on how actions can disproportionately impact specific communities and/or perpetuate inequities.
c. The Guide and its tools provide guidance and aim to challenge assumptions about what can and should be changed to incorporate equity.
d. Building equity into the process takes more time and is not always easy; however, the result will more likely be an equitable one.

B. ASSEMBLING AN EQUITY CHANGE TEAM

a. Gather a diverse team of staff (strive for composition of different race/ethnicity, gender, age, and position, etc.) with various perspectives to complete the process.
b. Ensure equitable participation so that everyone has an important role. Develop agreements and establish roles and responsibilities.
c. Arrange opportunities for team engagement with members from the community impacted by the issue and proposed action.
d. Secure support from staff from the Office of Health Equity when necessary for technical assistance throughout the process.

C. USING THE GUIDE

a. Gather data relevant to the activity - demographics, health indicators, outcomes, and social determinants from such sources as the latest Health of Boston report; use the Community Engagement Plan, Quality Improvement and evaluation tools (more resources on **page 13)**.
b. While applying these tools, always remember the role of implicit bias and limit its influence.
c. The Guide and its tools are to be adapted as they best suit the specific work and can be used regardless of job title, role, decision-making power at BPHC.
d. There are multiple entry points to build equity analysis into a process, so depending on where you are in a process you may start midway through. Ideally you start as early as possible. However, there is never a missed opportunity. The Guide can also be used retrospectively to assess what has been done so that you plan for your future action with new considerations.

D. CONTINUOUS FEEDBACK LOOP

a. Follow-up on analysis by sharing findings with internal personnel involved with action implementation and members from the community who have informed equity process.
b. Connect with internal and external resources to help minimize unintended consequences of action.
c. Regularly evaluate progress of equity-promoting strategies.

For more information about The Guide, please contact the Office of Health Equity at healthequity@bphc.org.

Title of Activity: _____

Type of Activity: Policy ☐ Program ☐ Practice ☐ Project ☐ Budget Decision ☐

This Activity is: Making a new decision ☐ Reviewing an existing decision or a past decision ☐

Program/Service Area: _____ Staff Lead(s): _____

Before starting, please note:

a. This process is best completed with a diverse team (by race/ethnicity, gender, position, etc.).
b. Building equity into a process takes more time and is not always easy; however, the result will more likely be an equitable one.
c. Tools are to be adapted as they best suit the specific work.
d. Always remember the role of implicit bias and limit its influence throughout this process.

STEP 1: Gather Data. Focus on Impact.

1. Describe the activity (proposed or existing).
2. List the desired results (in the community) and outcomes (within your organization or program).
3. You should be able to answer the following questions about data:
    a. Will the activity have impacts in specific geographic areas (neighborhoods, areas, or regions)? What are the racial demographics of those living in the area? Refer to **Constituent and Neighborhood List** on **page 8**.

    b. What does population level data tell you about existing racial inequities? What does it tell you about root causes or factors influencing racial inequities? Refer to the **Root Cause Analysis tool** on AQI's intranet page. What does the data tell you about assets?

    c. What performance level data do you have available for your activity? This should include data associated with existing programs or policies.

    d. What other sources of data have you gathered or need to review to support final decision-making of your activity? Are there data gaps? What additional data would be helpful in analyzing the activity? If so, how can you obtain better data?
4. Select the Social Determinant of Health (SDoH) areas this activity will or could impact. Refer **Worksheet A** on **page 9** and select all that apply.

If you need support with data gathering, check in with the Research and Evaluation Office at research@bphc.org.

If you need technical assistance on Root Cause Analysis, check in with the Accreditation and Quality Improvement Office at aqi@bphc.org.

STEP ❷: Engage Those Most Impacted.

1. List the constituent groups and geographical areas/neighborhoods affected by the issues/inequities related to this activity. Refer to **Constituent and Neighborhood List** on **page 8**.

2. Consult with communities most adversely affected by the issues/inequities. See below **Figure 1. BPHC's Community Engagement Spectrum** from BPHC's Community Engagement Plan and refer to **Worksheet B** on **page 10** for details:

    a) What do the people most affected by this activity think the important issues are?

    b) How does this activity align with their priorities? How does it not align?

3. List constituents and stakeholders (internally and externally) who are already working on this issue. Refer to Partnerships Database on BPHC's intranet.

Figure 1. BPHC's Community Engagement Spectrum

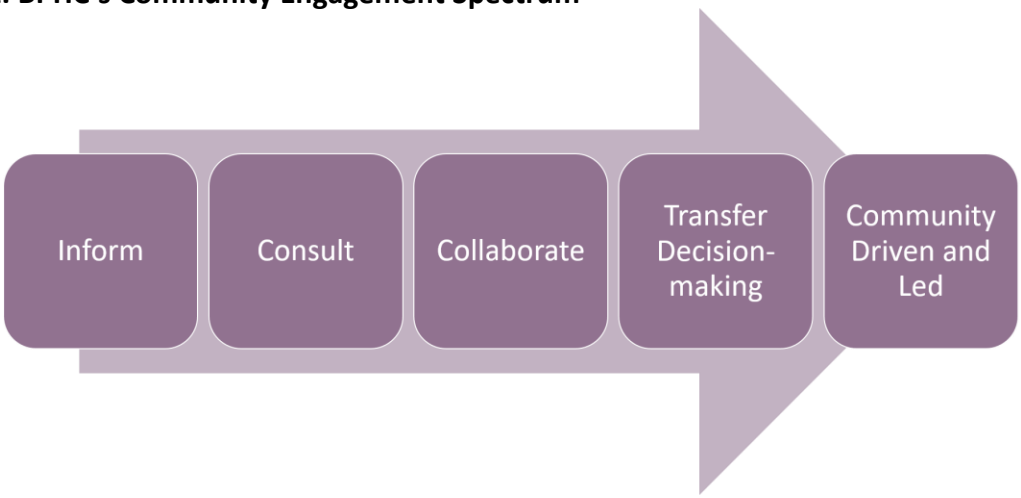


Figure 1. This is BPHC's adaptation of the International Association of Public Participation IAP2 Spectrum which is a nationally recognized model and provides a structured and consistent approach to community engagement. It depicts how community engagement is more than a one-time activity; it requires the continuous involvement of communities in planning and decision-making. This approach recognizes that engagement can occur at any or all levels of the spectrum to support deepening community involvement, understanding, and impact on decisions. All levels of engagement are important, depending on the objectives for engaging and the outcomes sought. BPHC's engagement spectrum notes that the highest level of engagement places final decision-making in the hands of communities. For some issues or projects, BPHC acknowledges its limitations in transferring decision-making control to communities. Prior to the start of community engagement processes, we will use our spectrum as a guide to determine the most appropriate and meaningful level of participation and commit to being transparent about any identified limitations throughout our partnerships. BPHC also recognizes that priority-setting and engagement processes may be initiated and led by communities. In instances where BPHC is invited to participate as a partner, we will strive to support community-identified priorities as needed.

If you need technical assistance on community engagement, check in with the Office of Health Equity at healthequity@bphc.org.

STEP 3: Analyze Data. Determine Benefit and Burden.

1. Collectively, what does the data (this includes conversations with constituents and stakeholders) tell you about existing inequities related to this issue that influence people's lives and the places they live, work, play, and age, that should be taken into consideration? Reconsider what the root causes of these inequities are.

2. Which of the constituent groups is disproportionately burdened by this issue/inequity? Which groups benefit most from the activity? Refer to the **Constituent and Neighborhood List** on **page 8**. Notice any differences in which populations you selected from **Steps 1** to **2**.

3. Describe how your activity will improve or cause unintended harm to the constituent groups' relationship to the Social Determinants of Health areas you listed in **Step 1**?

STEP 4: Advance Opportunity or Minimize Harm.

1. How will you enhance the positive or eliminate the negative impacts of this activity? For each constituent group, how will you customize approaches to align with your desired outcomes? Refer to **Worksheet C** on **page 11**.

2. Describe how your original activity (noted in **Step 1**) needs to be modified or reconsidered. What will stay the same? What will change?

3. Describe the final recommendation(s) or decision(s) made as a result of this process.

4. Describe your plan for implementation.

5. Is your plan:
    - realistic?
    - adequately funded?
    - adequately resourced with personnel?
    - adequately resourced with mechanisms to ensure successful implementation and enforcement?
    - adequately resourced to ensure on-going data collection, public reporting, and community engagement?
    - time limited?

    If the answer to any of these questions is no, what resources or actions are needed?

6. List who you will partner with e.g., BPHC programs, constituents, and other city/government departments. Refer to **Worksheet B** on **page 10**, then describe how you will partner with those identified to support a Health Equity in All Policies (HEiAP) approach to addressing this issue.

If you need assistance with modifying your original plan, check in with the Office of Health Equity at healthequity@bphc.org.

STEP 5: Evaluate.

1. How are you measuring success? How are you measuring process change and shift of normal practice? Refer to **page 12** and **13** for additional **Evaluation Tools**.

2. How will impacts be documented and evaluated? Are you achieving the anticipated outcomes? Are you having impact in the community?

3. What is your timeline for regularly assessing impact?

If you need technical assistance on evaluation, check in with the Research and Evaluation Office at research@bphc.org.

STEP 6: Ensure Accountability and Ongoing Feedback Loop.

A continuous feedback loop is necessary for continuous quality improvement and advancing racial justice and health equity.

1. What are your messages and communication strategies that will help advance racial justice and health equity?

2. How will you continue to partner and deepen relationships with communities to make sure your work to advance racial justice and health equity is working and sustainable for the long haul?

4. Share results of your policy, program, practice, project, or budget decision, implementation, and evaluation with:

    - The residents and stakeholders involved in your process; and
    - BPHC's Office of Health Equity at healthequity@bphc.org.

Constituent and Neighborhood Lists

*As referred to in **Steps 1, 2 and 3**, identify which constituent groups are disproportionately burdened by this issue/inequity and which groups benefit most from your proposed or existing activity.*

CONSTITUENT LIST

- ☐ Women
- ☐ Men
- ☐ LGBTQ+ individuals
- ☐ 0-5 years old (birth – pre-K)
- ☐ 5-17 years old (grades K – 12)
- ☐ Community partners
- ☐ People with disabilities
- ☐ Veterans
- ☐ Homeless individuals
- ☐ Young adults (18-24)
- ☐ Elderly (65+)
- ☐ People with low income
- ☐ Undocumented immigrants
- ☐ Documented immigrants
- ☐ ELL (English language learners)
- ☐ People with substance use disorder/in recovery
- ☐ BPHC employees
- ☐ Other: _____

DEMOGRAPHICS

RACE

- ☐ American-Indian or Alaskan Native
- ☐ Black
- ☐ Asian
- ☐ White
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Middle Eastern
- ☐ Other: _____

ETHNICITY & CULTURAL BACKGROUND[2]

- ☐ Hispanic
- ☐ Non-Hispanic
- ☐ African-American
- ☐ Afro-Caribbean
- ☐ Brazilian
- ☐ Cape Verdean
- ☐ Chinese
- ☐ Dominican
- ☐ Haitian
- ☐ Puerto Rican
- ☐ Vietnamese
- ☐ Other: _____

PRIMARY LANGUAGES SPOKEN

- ☐ English
- ☐ Spanish
- ☐ Arabic
- ☐ Cape Verdean Creole
- ☐ Chinese (Cantonese or Mandarin)
- ☐ Haitian Creole
- ☐ Portuguese
- ☐ Vietnamese
- ☐ Other: _____

BOSTON NEIGHBORHOOD LIST

- ☐ All Boston Neighborhoods
- ☐ Allston/Brighton
- ☐ Back Bay[3]
- ☐ Charlestown
- ☐ Chinatown
- ☐ Dorchester (02121, 02125)
- ☐ Dorchester (02122, 02124)
- ☐ East Boston
- ☐ Fenway
- ☐ Hyde Park
- ☐ Jamaica Plain
- ☐ Mattapan
- ☐ Roslindale
- ☐ Roxbury
- ☐ South Boston
- ☐ South End
- ☐ West Roxbury
- ☐ Other: _____

[2] The Ethnic & Cultural Background and Primary Languages Spoken categories listed here are those most commonly found in Boston according to the latest Health of Boston report and the Mayor's Office of Immigrant Advancement. They do not represent all ethnic groups and languages in the city of Boston.

[3] Back Bay here includes neighborhoods of Beacon Hill, Downtown, North End and West End.

Worksheet A: Racial Justice and Health Equity Impact on Social Determinants of Health Worksheet

*As referred to in **Step 1** on **page 4**, your proposal could impact multiple SDoH areas. Select all that apply.*

	Social Determinant of Health	Describe the equity opportunity and benefits
HEALTH EQUITY	☐ Community Development	
	☐ Criminal Justice	
	☐ Early Childhood Development	
	☐ Education	
	☐ Employment	
	☐ Environment	
	☐ Food Access/Affordability	
	☐ Housing Access/Affordability	
	☐ Parks and Recreation	
	☐ Planning and Development	
	☐ Public Safety	
	☐ Transportation	
	☐ Other:	
Creating Racial Justice and Health Equity in BPHC's Practices		
ORGANIZATIONAL EQUITY	☐ Budgeting	
	☐ Communications	
	☐ Community Engagement	
	☐ Data Collection and Reporting	
	☐ Grant-Making	
	☐ Government Practices	
	☐ Hiring and Retention	
	☐ Legislative Proposals	
	☐ Procurement/Contracting Equity	
	☐ Property and Utilities	
	☐ Workforce Development	
	☐ Other:	

Worksheet B: BPHC's Community Engagement Spectrum Worksheet

*As referred to in **Step 2** on **page 5**, we must be intentional in terms of how we engage the public. Select the level of impact the community will have on your decision and select the technique you will use to support their engagement. Select all that apply.*

Increasing Public Impact

☐	☐	☐	☐	☐
Inform	**Consult**	**Collaborate**	**Transfer Decision Making to Community**	**Community Driven and Led**
Communicate to share information, listen for understanding, and clarify information	Two-way communication to obtain feedback on existing issue(s), projects, processes, or ideas	Partner in each aspect of decision-making including the development of alternatives and identification of preferred solutions	Place final decision-making in the hands of communities	Support the priorities and ideas identified and led by communities
We will provide communities with balanced and objective information to assist them in understanding public health, city issue(s), opportunities, alternatives, and potential solutions.	We will inform communities of public health issue(s) or decisions that need to be made, obtain their feedback, and report back on how their input influenced decision(s).	We will establish shared decision-making roles with communities and commit to working together to identify public health issue(s), joint projects, and solutions.	We will guide and provide enough resources to communities, so they can lead the development and implementation of public health strategies, projects, and public policies.	When invited to partner we will support community-identified public health issues, plans, strategies, and public policies based on availability of BPHC resources and capacity.
☐ Emails ☐ Newsletters ☐ Press releases ☐ Fact sheets ☐ Web sites ☐ Open houses ☐ Town halls ☐ Health fairs ☐ Other:	☐ Public comment ☐ Focus groups ☐ Surveys ☐ Community meetings ☐ Workshops ☐ Legislative briefings and testimony ☐ Other:	☐ Advisory committees ☐ Coalitions ☐ Co-led community meetings ☐ Steering committees ☐ Work groups ☐ Legislative briefings and testimony ☐ Other:	☐ Community juries ☐ Planning councils ☐ Coalitions ☐ Board seats ☐ Ballots **BPHC will support community decision with:** ☐ Funding ☐ Data ☐ Testimony and policy development ☐ Technical assistance ☐ Other:	**BPHC will support by:** ☐ Attending community meetings ☐ Serving as advisory members ☐ Providing funding, data, and technical assistance ☐ Developing testimony and policies ☐ Other:

Worksheet C: Social Determinant of Health Impact Worksheet

*As referred to in **Step 4** on **page 6**, for each constituent group, describe how you will customize approaches to align with your desired/anticipated outcomes.*

Social Determinant of Health Area:				
List Constituent Groups Most Impacted	**Positive Impacts**		**Unintended Negative Impacts**	
	Positive Impact	Action to enhance positive impacts	Negative Impact	Action to reduce or eliminate negative impacts
1.				
2.				
3.				
4.				
5.				

Notes:

Evaluation Tools

*As referred to in **Step 5** on **page 7**, please find assistance for evaluation.*

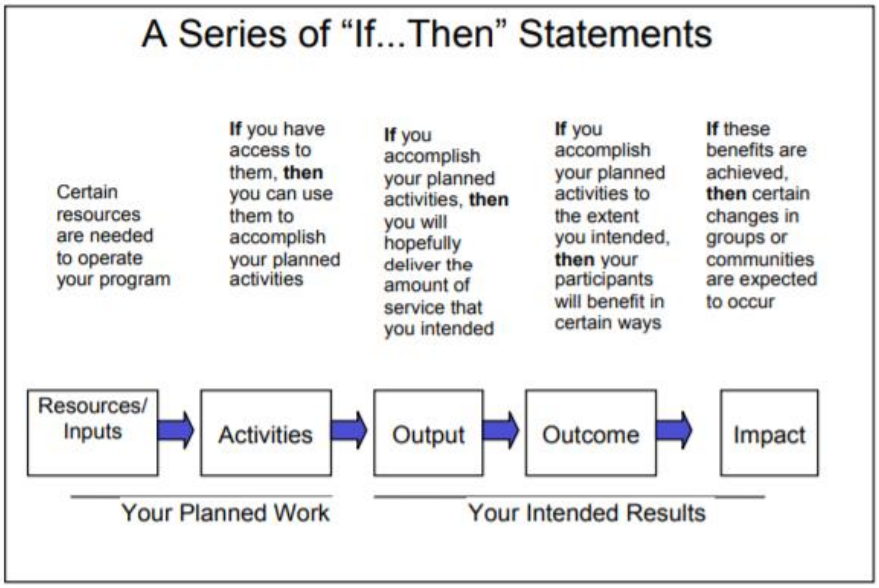
The six steps of **The Guide to Advance Racial Justice and Health Equity** completed for this project:

- ☐ Step 1: Gather Data. Focus on Impact.
- ☐ Step 2: Engage Those Most Impacted.
- ☐ Step 3: Analyze Data. Determine Benefit and Burden.
- ☐ Step 4: Advance Opportunity or Minimize Harm.
- ☐ Step 5: Evaluate.
- ☐ Step 6: Ensure Accountability and Ongoing Feedback Loop.

You can create a Logic Model for your activity to help answer questions 1 and 2 below.

Logic Model creation and assistance:

Evaluation Guide: Developing and Using a Logic Model by the Department of Health and Human Services Centers for Disease Control and Prevention National Center for Chronic Disease Prevention and Health Promotion https://www.cdc.gov/dhdsp/docs/logic_model.pdf



Source: Centers for Disease Control and Prevention National Center for Chronic Disease Prevention and Health Promotion. Page 5. https://www.cdc.gov/dhdsp/docs/logic_model.pdf

1. How are you measuring success?
   How are you measuring process change and a shift of normal practice?
2. How will impacts be documented and evaluated?

   Are you achieving anticipated outcomes?

   Are you having impact in the community?
3. What is your timeline for regularly assessing impact?
4. When are you following up with the constituents/community members most impacted by this issue? Are you integrating their feedback into the activity?

Acknowledgements and Resources

The Guide to Advance Racial Justice and Health Equity builds on many years of BPHC's organizational change efforts, adopting racial justice and health equity as key approaches to our work. BPHC's Office of Health Equity is grateful to current and former staff including the Anti-Racism Advisory Committee and to our Health Equity Advisory Committee (2017-2018) who helped shape this document to reflect our diverse roles in advancing racial justice and health equity.

The Guide has been adapted from racial and health equity tools from the Government Alliance on Race and Equity, City of Madison Wisconsin, City of Portland, Oregon's Office of Equity and Human Rights, Seattle's Race and Social Justice Initiative, and Washington State Department of Health.

The Guide is a living document and BPHC's Office of Health Equity, along with partners, will continue to revise it to best meet the needs of its users to facilitate more equitable outcomes.

Additional resources referred to in The Guide:

- BPHC's Health of Boston biannual report
- BPHC's Research and Evaluation Office data request form
- BPHC's Accreditation and Quality Improvement Office's root cause analysis tools
- BPHC's Community Engagement Plan
- BPHC's Legislative Priorities and Policy Development Tool
- Evaluation tools:
    - Racial Equity Tools, Evaluation: Getting Ready for Evaluation https://www.racialequitytools.org/evaluate/getting-ready-for-evaluation
    - CDC, Program Performance and Evaluation Office: Evaluation Tools https://www.cdc.gov/eval/resources/index.htm

GLOSSARY

Constituents are those individuals the Boston Public Health Commission is charged with serving and to whom we are accountable, e.g. Boston residents.

Health in All Policies (HiAP) is a collaborative approach to improving the health of all people by incorporating health equity considerations into decision-making across sectors and policy areas (American Public Health Association). BPHC is leading a Health Equity in All Policies approach that integrates health equity considerations into those decisions.

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

Health Inequities are 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.

Inequities are outcomes rooted in injustice and systems of oppression, like racism. Racial inequities refer to unfair systems that largely create unfair outcomes for people of color compared to their White counterparts. According to the 2015 Color of Wealth report by the Federal Reserve Bank of Boston, there are significant differences in wealth (assets minus debts) by race in Boston. White people had a median household net worth of $247,000 compared to African Americans having $8. This is a result of unjust policies and systems that historically benefited White people and disadvantaged people of color and continue to do so.

Racial Justice is 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.

Racism is 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.

Root Causes are main drivers of an outcome. In public health, root cause analysis helps to identify the source of the problem to get to a solution that has the greatest impact, i.e., “up stream.” For instance, a root cause of community violence is not the result of an individual or community deficiency; but rather is the result of systemic racism, poverty, institutional oppression, racial segregation, etc.

Social Determinants of Health (SDOH) are 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.

Stakeholder is any individual, group, or organization with a vested interest (a stake) in an issue or decision – either they will be impacted, or they are able to affect change. Stakeholders can be residents, staff, business owners, or representatives of community-based organizations.