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Health Equity Now Plan



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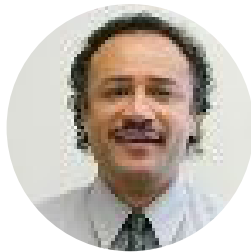
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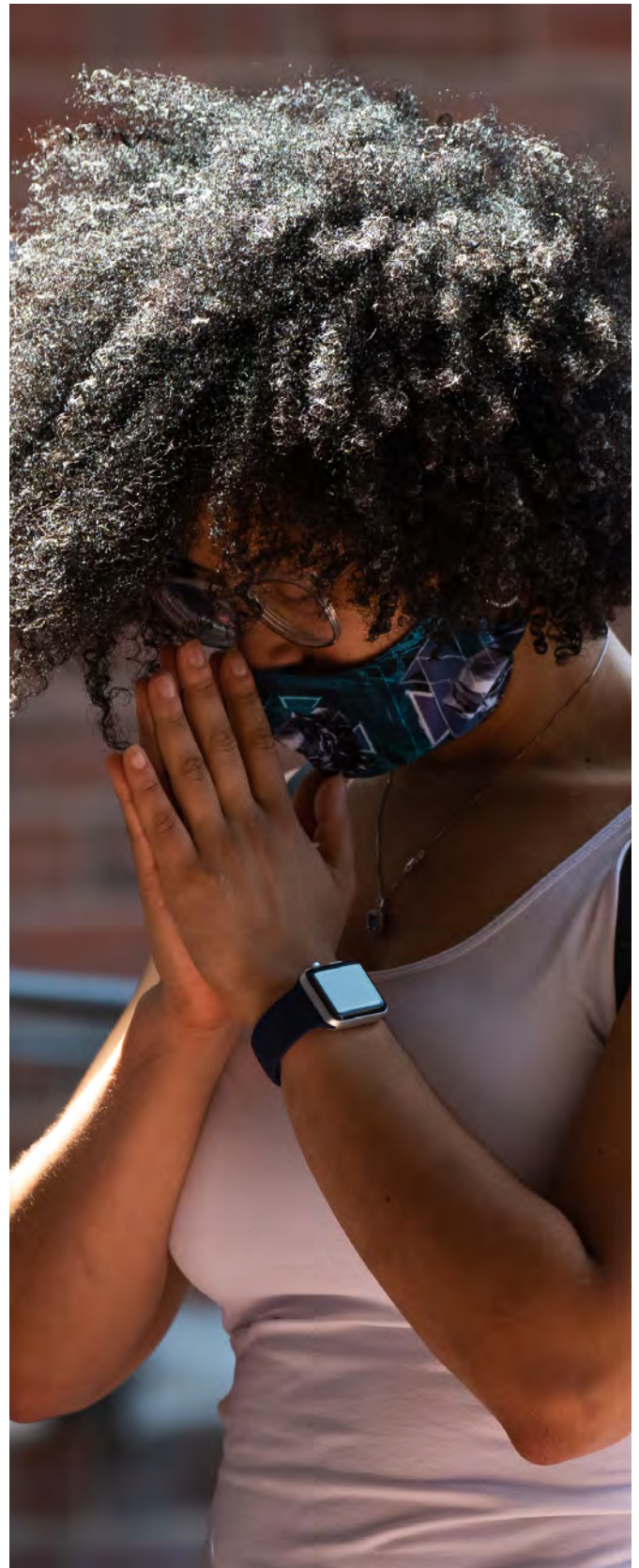
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“Like slavery and apartheid, poverty is not natural. It is man-made and it can be overcome and eradicated by the action of human beings.”

- Nelson Mandela, 2005 Make Poverty History Rally, Trafalgar Square, London

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“Not everything that is faced can be changed, but nothing can be changed until it is faced.”

- James Baldwin



HEALTH EQUITY STATEMENT

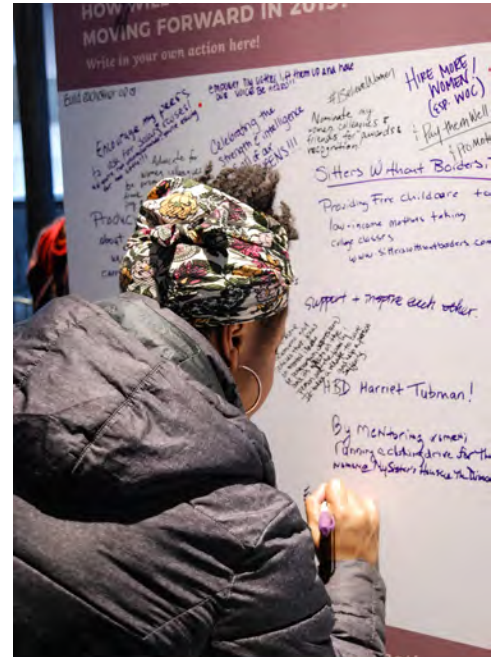


The lasting legacy of racism and discrimination against all aspects of identity, including discrimination based on race, ethnicity, gender, religion, sexual orientation, and immigration status, are embedded in societal institutions and result in poor health outcomes with significant inequity across different demographic groups. These unjust health disparities affect communities differently, with some groups suffering much poorer health and lower life expectancy than others.

These economic, social, and environmental factors influence health more than access to healthcare, although equitable access to such care is of utmost importance.

The City of Boston recognizes its responsibility in identifying and dismantling the root causes of structural inequity. The Health Inequities Task Force calls upon the City to do this by identifying best practices, creating and applying race equity evaluation tools, and building and nurturing partnerships to work together towards a more just society.

We invite all of you – whether as an individual, a government office, a non-profit, a community-based organization, a local business, a university, or a healthcare institution – to join us in this historic effort of utmost urgency and importance.



“A veces sentimos que lo que hacemos es tan solo una gota en el mar, pero el mar sería menos si le faltara una gota.”

“Sometimes we feel that what we do is just a drop in the ocean, but the ocean would be less without that missing drop.”

– Mother Teresa



*“Todos somos pueblo, nada nos separa (We are all people, nothing separates us)
Todos nos unimos en un mismo caminar (We are united walking along the same path)
Vamos adelante con un mismo sueño (We go forward with the same dream)
Todos somos pueblo, con las mismas ganas de triunfar” (We are all people, with the same desire to succeed)*

- Peruvian Songwriter Gian Marco



Haitian Proverb: Moun ki kenbe kiye bwa se li ki konnen si li cho

Translation: Whoever holds the wooden spoon is the one who knows if it is hot

Meaning: The opinion of a person who has experience in the field counts more than the opinion of those who have not experienced similar experiences.

*“We need to forge a new identity, one in which we need each other.”
- James Baldwin*

Chinese Proverb: 只蜂酿不成蜜一颗米熬不成粥 [一只蜂酿不成蜜一颗米熬不成粥]

One bee cannot produce honey; one grain of rice cannot produce a meal
(It needs joint effort to achieve anything worthwhile)

Brazilian Proverb:
*“Un grupo unido consegue realizar muito mais do que alguém sozinho.”
(A group united can accomplish much more than someone alone.)*

HEALTH EQUITY NOW PLAN



FOREWORD

To Mayor Janey, City Councilors, non-profit institutions and community-based organizations, businesses, and residents:

As we reflect on the past year, we remember and mourn those lost to COVID-19. We watched in horror as the pandemic impacted the health and well-being of Bostonians and with disparate severity among people of color. Racial disparities in testing, rates of infection and death rates, access to health care, and vaccinations have been evident throughout the pandemic. The sources of these inequities -- rooted in structural racism -- were exposed and exacerbated.

Adding to the fear of the infection, attention has focused on acts of police brutality toward communities of color. The murder of George Floyd in the early months of the pandemic galvanized attention and activism on the current and prevailing realities of misconduct that targets communities of color disproportionately. The national reckoning on these matters has motivated a more intense scrutiny of Boston's experience with law enforcement. These inquiries once again led to an examination of root causes.

Racism as a public health trauma manifested in many ways during the pandemic. For example, our Asian American residents have been subjected to racist actions based on the decades old racialization of them as perpetually foreign agents of external threats. Additionally, immigrants, especially those out of status, have been systematically excluded from governmental relief programs.

In the spring of 2020, Former Mayor Walsh declared racism a public health crisis on June 12, 2020. The direction of our task force to respond to the pandemic and to develop strategies and analyze data to better serve individuals and families in communities of color across Boston. As we struggled to deal with the hour by hour impacts and changes associated with addressing the deadly corona virus, we also came to the clear recognition that the deep and longstanding roots of racism were behind the health disparities. Former Mayor Walsh declared racism a public health crisis on June



12, 2020. The direction of our task force's work logically and seamlessly recognized that the health of the city required addressing the many manifestations of racism. This document reflects many hours of spirited and purposeful discussion aimed at envisioning a Boston where racism and its effects could be directly addressed and in the end dismantled.

The City of Boston has long been engaged in a wide range of initiatives aimed at reducing health and economic inequities. Health and Human Services and the Boston Public Health Commission's (BPHC) commitment and action to address these inequities spans over 20 years. Most recently, BPHC's 2019-2021 strategic plan identified Racial Justice and Health Equity as their top priority. The City's Racial Equity and Leadership Training by MORRE has created a process that promotes a shared understanding of how equity is implemented and operationalized in Boston. All City of Boston staff will undergo a series of training that will develop a tool kit to assist departments in updating and/or removing current policies that cause harm. The newly created Equity Cabinet is another example of the City's commitment to institutionalize equity.

The change to Mayor Janey's administration provides an historic opportunity to build on these initiatives and to work even more aggressively towards achieving equity as her long held goals align significantly with those of the Health Inequities Task Force.

Our deliberations have been guided by a Theory of Change, a vision

for a racism-free future, one in which one's race, national origin, immigration status, gender, sexual orientation, English language proficiency, level of ability, or zip code does not determine one's health and wellness. The Health Inequities Task Force focused on identifying strategies, that when implemented, will harness the city's diversity with genuine inclusion and equity and, thereby, enhancing the ability of all residents to lead healthy and prosperous lives. These strategies encompass all aspects of life as public health professionals estimate that more than 60% of one's health is due to social factors, like housing, education, employment, access to open space and recreation, transportation, and neighborhood, amongst others. These are referred to as the Social Determinants of Health (SDOH).

The roots of racism are long and deeply entrenched. It will take a concerted, highly-resourced effort to dislodge them. We must work together in a coordinated fashion towards the same vision. As we continue our efforts to treat and prevent the spread of infectious disease, we invite you, all of you, to join us in this historic mission of undoing racism and creating a new Boston. Add your ideas to those we introduce in this document.

The task that this task force calls upon us to tackle is perhaps the most important and consequential ever undertaken. It requires new and bold ideas and an uncommon level of engagement in the process. Ignoring racism is no longer a viable option. The well-being of residents and the health of our city demand a response.

Very Truly Yours,

- Rev. Sam Acevedo
- Dr. Jean Alves
- Dr. Joseph Betancourt
- Dr. Cheri Blauwet
- Vanessa Calderón-Rosado
- Michele Courton Brown
- Karen Chen
- Petrina Cherry
- Michael Curry
- Louis Elisa
- Linda Dorcena Forry
- Rev. Ray Hammond
- Rev. Gloria White Hammond
- Dr. Thea James
- Suzanne Lee
- Manny Lopes
- Victor Anthony Lopez-Carmen
- Eva Millona
- Dr. Myechia Minter-Jordan
- Alexandra Oliver-Dávila
- Dr. Lorna Rivera
- Carol Rose
- Marie St. Fleur
- Guale Valdez
- Paul Watanabe
- Frederica Williams



EXECUTIVE SUMMARY

PURPOSE

This Health Equity Now Plan presents the Health Inequities Task Force's vision for health and economic equity; it is a purpose-driven Plan that responds to and actualizes the Mayor's Executive Order to address racism as a public health crisis. The COVID-19 pandemic has and will continue to exacerbate existing health inequities and disparities across the City of Boston rooted in more than four hundred years of systemic racism. The Plan was developed under the joint leadership of the City of Boston and the Health Inequities Task Force (HITF), appointed to guide COVID-19 recovery and beyond. In line with the Mayor's executive order, this collaboration enabled the City to reimagine what health and economic equity looks like in Boston. The following plan provides the City and its key stakeholders the priorities and ideas to foster recovery, wellness, equity, and inclusion.

COVID-19 Recovery and Beyond

The City must continue to protect all Bostonians from COVID-19 and ensure that they have the means to prosper and recover through policies, practices, and programs spearheaded by the Department of Health and Human Services, Boston Public Health Commission (BPHC), the Office of Economic Development, and the Equity and Inclusion Cabinet. The Health Inequities Task Force was assigned the task of providing guidance and insights from their deep experience working in the community. The City recognizes that COVID-19 recovery involves economic, social, and health components. This plan outlines a path forward for the City to reach health justice, a vision where social health inequities are eliminated through improving economic security, educational opportunity, fair housing, physical health, and holistic wellness. Using a thoughtful public health and planning approach, the Health Equity Now (HEN Plan) plan identifies opportunities for key stakeholder involvement and collaboration across City leadership.

Anti-Racism, Diversity, and Intersectionality

The Health Equity Now Plan integrates city planning and issues of health by examining how the Social Determinants of Health impact health, wellness and economic equity. An intersectional approach is applied

in order to both celebrate our mosaic of multi-cultural diversity and to understand how gender, ethnicity, race, sexual orientation, religion, immigration status, disability, and economic status interact to impact health equity. This plan weaves a Theory of Change with data-driven strategies, and these in turn, span across City functions. However, if the initiatives presented here are to be successful, the City will need partners from the non-profit and private sectors, community based groups and area healthcare and educational institutions. Only by joining forces with the common purpose of dismantling the structures that hold back communities of color will we truly make progress. Additionally, the action steps will need to be further vetted and prioritized through a process of meaningful engagement with the communities most impacted.

It should be noted that the City of Boston has undertaken a number of initiatives intended to address inequities in a wide range of areas. Specifically, the Health and Human Services and the Boston Public Health Commission (BPHC) have been working to reduce health inequities for many years. The Mayor's Office of Resilience and Racial Equity (MORRE) has studied and implemented a number of initiatives focused on social and economic justice; most recently they are involved in overseeing Diversity Equity and Inclusion training of all of the City's staff. Another important development is the newly created Equity Cabinet with the sole purpose to center equity in all the City does. While these as well as a significant number of other efforts are to be commended as they represent progress, there is much more that is needed to achieve true health and economic equity for all.

What COVID laid bare is that there is much more work that needs to be done if the structures that hold people of color back are to be dismantled. The key recommendations presented here in some cases build on existing City initiatives, in other cases are altogether new action items. In all cases, if Boston is truly going to emerge as a reimagined equitable city, then the recommendations need attention, intentionality, collaboration, and resources. Immediate action is urgently needed.

PROCESS

The CERT (COVID-19 Equity and Recovery) team is comprised of long-time practitioners in public health, urban planning, community engagement, and equitable economic development. Every week, CERT met with the Health Inequities Task Force, along with Health and Human Services, BPHC, the Office of Economic Development, and the Office of Equity to workshop Health Equity Now plan goals, strategies, and implementation priorities. As civic leaders, scholars, and practitioners, HITF members represented the voices of their communities in shaping this living document.

LEADERSHIP INTERVIEWS

To understand and build upon existing equity initiatives at the City of Boston, the CERT team conducted a listening tour with key city leaders from the following Departments and Mayor's Offices:

- Arts and Culture
- Streets, Transportation, and Sanitation
- Environment, Energy, and Open Space
- Immigrant Advancement
- Boston Public Schools
- Neighborhood Development
- Violence Prevention
- Workforce Development
- Equity Cabinet
- Boston Police Department
- Policy

These meetings with City leadership covered how individual offices and departments have and continue to address racism as a public health crisis, connecting their purview area with social determinants of health, a landscape analysis of their existing plans addressing equity, and how their policies, practices, and programs related to Health Equity Now goals and objectives.

YOUTH SURVEY

A youth survey was circulated through Boston's Director of Youth Engagement and Employment, Director Rashad Cope. Ninety survey respondents between the ages of 13 and 21 hailed from the following neighborhoods: Dorchester, Roxbury, Mattapan, East Boston, South Boston, Hyde Park, Roslindale, North End, and Fenway.

IDEAS FROM OTHER CITIES

The CERT team compiled precedents of equity in action in the form of policies, practices, and programs throughout other US Cities to generate fodder for HITF meetings and the Health Equity Now Plan. Some of these examples are provided in an Appendix to this Plan. To workshop and add further nuance to the goals and recommendations presented below, CERT formed working groups across recommendation domain areas to engage in collaborative brainstorming about City leadership action steps.



A set of eight goals, objectives and strategies were developed to provide a framework to help guide the process of achieving the long-term goal of health equity for all. From these, 18 key recommendations were selected as priority actions to be taken. All will require support from and collaboration with partners outside City Hall.

KEY RECOMMENDATIONS

The Health Equity Now Plan makes the following recommendations:

- **Acknowledge and Increase Awareness of Racism and Inequity**
- **Provide Meaningful Employment Opportunities with a Living Wage for All**
- **Provide Quality Housing for All**
- **Reimagine Public Health and Safety**
- **Eliminate Food Insecurity**
- **Provide Free or Subsidized Child Care**
- **Provide Guaranteed Minimum Income**
- **Promote Active Living**
- **Invest in Youth**
- **Close the Digital Divide**
- **Provide Affordable, Reliable Transportation**
- **Hire Diversity At All Levels**
- **Expand Equitable Procurement**
- **Take a Place keeping Approach**
- **Proactively Engage Community Members**
- **Amend Capital Budgeting Processes**
- **Collect More Granular Data**
- **Develop Health Equity Impact Assessment Tools**

GOALS

The Health Equity Now Plan recommends the following goals which were co-developed by the Health Inequities Task Force:

- **Increase Home Ownership, Support Renters, and Promote Neighborhood Stability**
- **Decrease the Wealth Gap**
- **Increase Participation in the Economy**
- **Expand Access and Opportunity for Students of Color**
- **Increase Representation in Positions of Leadership, Influence, and Power**
- **Increase Cultural Pride**
- **Foster Well Being and Enhance Quality of Life**
- **Increase Disease Prevention and Reduce Chronic Disease**

We want to achieve health equity and inclusion by assessing and addressing current policies, programs, and practices so that we can shift power and resources to communities that have been marginalized. We will build on existing assets, cultural wealth, and talents and we will obtain and apply additional resources.

The Health Equity Now Plan seeks to:

- Facilitate the process by which the City will reach health and social justice: a vision of Boston without social health inequities.
- Address racism as a public health crisis by identifying and addressing health inequity.
- Develop a Theory of Change and propose implementation strategies that directly work to redress health inequities for communities of color.
- Encourage coordination of services across the City, nonprofits, health sector, and private sectors.
- Create an accountability framework, the Health Equity Index, for the stakeholders to collectively develop, coordinate, and implement strategies to achieve health equity.
- Prioritize policies, practices, and programming for restructuring, capacity-building, and further coordination that may require additional resources and coordination to prioritize as a roadmap for the city.

GOALS AND OBJECTIVES

The goals and objectives presented here set the table for near-term and long-term work to reduce and eventually eliminate health inequities. They serve as guideposts for City leadership to implement COVID-19 recovery and establish partnerships with community organizations, private organizations, and community members.

Developed in collaboration with the Health Inequities Task Force, our Theory of Change states:

- **The Problem We Face:** An inequitable distribution of power, resources, full participation, and voice that threatens public health and overall well-being.
- **Our Long-term Goal:** We want to institute a new system, one that is inclusive, equitable, and just.

NEXT STEPS

The Health Equity Now Plan is only an initial step towards the long recovery from COVID-19. The time is now for leaders from all corners of Boston to take part in rebuilding a Boston free of racial and health inequities. Join us and the countless, tireless local organizations in the learning and doing that lies ahead.



INTRODUCTION

Imagine a baby, Duante, born next to Malcolm X Park in Nubian Square. At birth, the life expectancy of Duante is 73 years, which is just one year more than it is in [North Korea](#). However, things would be different if he were born just 5 miles away near Rogers Park in Oak Square. The life expectancy at birth in this community is 88 years, higher than any nation on Earth (it is worth repeating that this is just 5 miles away, next to Rogers Park in Oak Square). Fifteen years is a long time - the difference between not seeing your grandchildren even enter pre-school to watching them graduate from high school. Through no fault of his own, Duante is already at a disadvantage.

What Duante's story demonstrates is that COVID-19 is not the only public health crisis facing Boston. Long before COVID-19 tore apart so many lives, the problem of health equity, the unjust and immoral differences in health outcomes, existed. The goal of this document is to give the City of Boston a plan for health equity, NOW.

The immediate planning process began on June 12, 2020, when former Mayor Martin J. Walsh declared

racism a public health crisis, an acknowledgment of the link between the institutions, policies, programs, and practices that create, sustain and exacerbate racism, and its relationship to health and wellbeing. Soon after, the Health Inequities Task Force (HITF) and the COVID-19 Equity and Recovery Team (CERT) were established. For nearly a year, they have been working together to reimagine how City policies, programs, and practices can end unjust health inequities by the health and wellbeing of all Bostonians.



REOPEN- RECOVER- REIMAGINE

Before chronic health inequities are addressed, the City must resolve the more pressing, acute issues surrounding COVID-19. To ensure that health inequities are not exacerbated, a COVID-19 Recovery Plan must center priority populations. COVID-19 has only underscored longstanding health disparities with deep roots in systemic racism, income inequality, and patriarchy. Communities of color nationwide experience disproportionate burdens from this pandemic. This public health emergency is embedded in a history of systemic injustice, and to accomplish a full recovery, we must take concerted, collective action to address long-standing inequities. This is an opportunity for the City of Boston to lead by example in its recovery. As Mayor Janey aptly stated:

“There is no going back, our only choice is to go better.”

To “go better,” there must be a reprioritization of health. But what do we mean by ‘health’? For this report, we use the broad definition of health first articulated by the World Health Organization in 1946: **Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.**

Through this definition, improving health goes beyond the walls of our doctor’s offices, hospitals, and other healthcare settings. The City needs to partner with other organizations and institutions not only to prevent disease but promote each individual’s wellbeing, by ensuring the opportunities to succeed.

Health is arguably our most valuable possession and paves the way for us to pursue the many freedoms and protections our institution bestows upon us. [President Franklin Delano Roosevelt also noted the importance of health to our government:](#) “the state’s paramount concern should be the health of its people.”

Health is a human right. Yet, it is not equitably distributed. The Health Equity Now Plan identifies how the City will eliminate social health inequities, through its policies, programs, and practices, to improve the health outcomes for communities of color and other vulnerable groups. It is a Call to Action. The ultimate vision of this report is health justice, by which we mean that the health and wellness of Boston’s residents will not depend on zip code, race, ethnicity, gender identity, sexual orientation, income level, educational attainment, or any other non-biological factor. We see health justice as a vital component of overall social justice.

TOWARDS HEALTH JUSTICE

What will it take to reach health justice? A common answer may be that a healthy community needs a robust healthcare system – doctors, clinics, and hospitals – for everyone. However, the healthcare system alone is not sufficient to build a community health system. What if all the homes in the community had asbestos? Or the community’s water system was contaminated with lead? Or the neighborhoods had no places to buy fresh fruits and vegetables?

According to public health research, where you live, work, and play – the so-called social determinants of health – determines the majority (estimated around 70%) of your health. The significance of the social determinants of health means that improving healthcare, through expanding access to health insurance or building new local hospitals, will not create the largest impact. Instead, a community needs to improve social determinants, such as housing, wealth, transportation, education, and neighborhood livability. Health inequity is a societal problem that needs solutions that affect every aspect of Bostonians’ daily lives.

We take an intersectional approach in addressing the obstacles to health equity, using a three-dimensional model recently [published](#), which identifies social, economic, and political causes of health injustice. Each dimension presents a different lens through which to analyze health inequity that cannot be reduced. Only by addressing the concerns across every dimension will Boston achieve health equity. We will discuss each in turn.

The first dimension is racism has existed in the United States since its inception. The disparate impact of COVID-19 on communities of color, where we saw significantly higher case rates and deaths, is only the latest example of the long shadow racism has cast on health. There has never been health equity in the US by race and ethnicity. As long as life expectancy data has been tracked adequately, there are differences in outcomes between whites and non-whites. Nearly every major health metric still has disparities across racial and ethnic lines.

Racism impacts health in a myriad of ways, by affecting the neighborhood one lives in, the education one receives, job opportunities, and even the care received by doctors. Some of these factors are mediated through an idea called ‘allostatic load,’ which describes the perpetual

high stress levels on people of color in the US, which leads to an increase of risk factors, like blood pressure and diet choice, which lead to worse health outcomes.

The second dimension of our health injustice model is economic inequity caused by the maldistribution of resources. In the last few decades, the difference in incomes has skyrocketed between economic classes, in other words, the rich have gotten richer and the poor have gotten relatively poorer. While [differences](#) in incomes have increased, so have the differences in health outcomes. An academic study from 2019 found that the difference between wealthy and non-wealthy people in self-reported health has increased since 1993. Income was the biggest predictor of the difference in health outcomes.

Income impacts health by affecting clinical, behavioral, and environmental determinants of health. People with higher income, especially from jobs with benefits, are more likely to receive high-quality healthcare and regularly visit doctors. Second, there are behavioral differences between classes, such as smoking rates are higher among less wealthy individuals. Finally, income impacts where you can afford to live, which may change environmental exposure and other factors.

Finally, the third dimension is political underrepresentation. From contractors to bureaucrats to leadership, City officials still do not look like the population of the city they work for. The same social groups who were impacted more by COVID-19 are underrepresented in city government, especially in city leadership. Contracting and human resource policy need to change to increase diversity. While the initial causes of this disparity occur further upstream in terms of educational and social opportunities, the city can do more to address this downstream outcome.

Political representation is key to ensuring long-term change. Health inequities are caused and worsened by deep-seated policies, patterns, and people. Health will not improve overnight. We recognize that this report may recommend sweeping changes that require dedicated staff and significant investment of time for lasting impact. When the voices of those most impacted by a policy are heard and chosen to lead, that is the inflection point for progress. Health inequity must be viewed through all three lenses; racism, economic inequality, and political representation. Each is a distinct driver of health inequity. By taking this intersectional approach, we aim to eliminate all health inequities in the city.



WHERE BOSTON NEEDS HEALTH EQUITY

The COVID-19 pandemic has ravaged our daily routines and ways of being for more than a year. Just within the United States, nearly 33 million cases and over 581,000 deaths have been reported. In Boston, there have been 69,785 cases of COVID-19 and 1,370 deaths as of [May 9, 2021](#). Unsurprisingly, the burden of COVID-19 is not equally spread across the city. Latin@ are 20% of the overall population but make up 30% of COVID-19 cases, while African Americans are 25% of the overall population but make up 33% of deaths.

Health inequities start at the very beginning of life and occur throughout the lifespan. At birth, there are significant differences in rates of maternal and infant complications. Black and Latin@ children have higher rates of low birth weight and preterm birth. Then in childhood, Black, Latin@ and Asian children between 3-5 years old have higher rates of emergency room visits for pediatric asthma. At Boston high schools, students of color have higher rates of obesity than their white peers. Black and Latin@ adults have a higher prevalence of diabetes and experience higher diabetes-related hospitalization.

There is no medical or biological rationale for these disparate health outcomes. They are caused by the social determinants of health, such as income, housing, education, and employment. Unfortunately, COVID-19 concurrently deteriorated these factors for many.

According to a pulse poll by the US Census, large shares of the US population are experiencing excess hardships. In the most recent poll, 44% of adults reported a loss in household income, 20% applied for unemployment insurance, and 9% reported food insufficiency. Disproportionate impacts of COVID-19 adversely affect communities of color.

The Health Equity Now recommendations contained in this report were developed together with the Health Inequities Task Force and represent much discussion and identification of priority issues.

The plan advocates for more honest conversations with City leadership about creating mechanisms and measurements of accountability. Increasing the capacity to address the multi-faceted dimensions of and intersections between health and equity is also crucial. While some issue areas are related to a particular Social Determinant of Health (e.g. housing), most are interdisciplinary and reflect how our lived experiences cannot be defined by subject areas. We offer actionable insights that only serve as a starting point toward a momentous effort that will be long overdue and much needed. The Health Equity Now Plan calls on City Hall and other vital stakeholders to reimagine and rebuild a more equitable Boston. And to partner to do so together.

COVID-19 EXACERBATED and EXPOSED INEQUITIES

Racism is a principal determinant of a wide range of health and economic inequities and has significant impacts on such factors as:

- **Wealth gap**
- **Life expectancy**
- **Access to health care and health outcomes**
- **Educational achievement/attainment**
- **Employment opportunities/income**
- **Incarceration rates / police brutality/ violence**
- **Cost burden for housing**
- **Risk of eviction**
- **Access to healthy food**
- **Access to well-maintained parks and recreational facilities**
- **Access to computers and the internet (digital divide)**
- **Voice, influence, and power in decision-making**

EXISTING INEQUITIES

Racial Wealth Gap:

There are myriad factors that created and continue to exacerbate the persistent racial wealth gap in Boston. Nationwide, there has been declining economic mobility largely due to growing income inequality. Younger generations experience difficulty securing higher income and accruing wealth than their parent's generation. Income is more highly concentrated with top earners, meaning less income is distributed toward workers and families across the states, which inhibits economic advancement opportunities.

*From a historical perspective, “wealth disparities have deep roots in historic injustices such as redlining, school segregation, the racially uneven application of the GI Bill and federal home loan subsidies that built the white middle class after World War II, discriminatory access to credit, especially in the housing mortgage market, the failure to grant former slaves forty acres and a mule, and many other conditions that continue to affect social practices and policies today.”**

HOUSING:

01

The housing crisis has only been further exacerbated by COVID-19, with scores of households facing eviction due to unpaid rent and the expiration of the state's eviction moratorium. The National Low Income Housing Coalition estimates that, nationally, 30–40 million renters could be at risk of eviction due to COVID-19.¹ Data collection for Phase 3.1 of the Household Pulse Survey began on April 14, 2021, with a first data release on May 5, 2021.

The most recent Household Pulse Survey, conducted by the Census Bureau from July 16–21, estimates that 318,000 Massachusetts renters have no confidence or only slight confidence they could pay August rent.²

ECONOMIC SECURITY:

02

The accessibility of wealth informs how households pay for big investments like college education or a home, and also how households weather unforeseen shocks in their lives, like losing a job or facing an expensive medical emergency. Wealth allows individuals and families to access services like financial planning or preventative medical care services that lead to better financial, physical, and professional outcomes. Finally, wealth is sustained through intergenerational transfer, as individuals and families can look out for future generations by passing down their wealth and protecting them from financial distress or unexpected emergencies that arise.

Wealth inequality is pervasive and persistent in Boston. A few key findings in “The Color of Wealth” study conducted by the Federal Reserve Bank of Boston illustrates what the wealth gap looks like, uncovering the oft-cited and deeply disturbing statistic that white households have a \$247,500 median net worth, while for U.S.-born Black households, it is \$8. Similar gaps exist for Latin@, Asian American, and indigenous communities as well. Statewide economic growth in Massachusetts has not been broadly shared. Racial disparities in resource and wealth transfers across generations exist in Boston and are exacerbated by COVID-19. Communities of color lack access to inheritances, bequests, and intrafamily transfers that enable financial security during economic downturns.

* Tatjana Meschede, • Darrick Hamilton, • Ana Patricia Muñoz, • Regine Jackson, • William Darity Jr; *Inequality in the “Cradle of Liberty”: Race/Ethnicity and Wealth in Greater Boston*; *Race Soc Probl* (2016) 8:18–28 ; Published online: 11 February 2016 © Springer Science+Business Media New York 2016

¹ https://nlihc.org/sites/default/files/The_Eviction_Crisis_080720.pdf

² <https://www.wbur.org/bostonmix/2020/08/06/massachusetts-rent-confidence-census-eviction-unemployment-pandemic>

COVID-19 has thrust the immigrant and undocumented resident perspectives to the fore, pointing out how culturally accessible support, resources, information, and care are vital to physical, emotional, and community health and wellbeing. The Massachusetts Immigrant and Refugee Advocacy Coalition (MIRA) [report](#) documents the challenges that COVID-19 has imposed on immigrants, undocumented, and refugee communities.

Representation is vital beyond the pure optics of diverse leadership across sectors, public and private. Meaningful representation involves the creation of pipelines and career advancement opportunities that are fundamental to institutional design and management.

Key political, business, and civic institutions lag behind our region's growing racial diversity. For instance, non-white people make up 32 percent of all occupations in Greater Boston, but only 14 percent of CEO and legislator roles (a Census-defined category). Students of color make up 40 percent of public school enrollment statewide, but only 8 percent of teachers are people of color.³

WHAT IS REDLINING?

Redlining is the systematic denial of various services to residents of specific neighborhoods or communities, either explicitly or through the selective raising of prices. In the 1960s, sociologist John McKnight coined the term “redlining” to describe the discriminatory practice of fencing off areas where banks would avoid investments based on their racial makeup. Lenders and the federal government actually drew red lines on maps delineating areas where they would not invest; these were mostly black inner city neighborhoods. “While the best known examples of redlining have involved denial of financial services such as banking or insurance, other services such as health care or even supermarkets have been denied to residents. In the case of retail businesses like supermarkets, purposely locating stores impractically far away from targeted residents results in a redlining effect.”*

A Theory of Change guides our vision for a future where one's race, national origin, immigration status, gender, sexual orientation, English language proficiency, level of ability, or zip code does not determine one's health and wellness. The Health Inequities Task Force articulated strategies that intend to harness the city's diversity with genuine inclusion and equity upon implementation to enhance the ability of all residents to lead healthy and prosperous lives. These all-encompassing strategies derive from social factors that influence health, such as housing, education, employment, access to open space and recreation, transportation, and neighborhood, among others. These are referred to as the Social Determinants of Health (SDOH).

The recommendations presented in this Plan are intended to be a Call to Action to those working within the walls of City Hall, but also to all those who live

and work in Boston to join forces to create a more just future for all. We call for concerted, highly-resourced initiatives to eradicate the deeply entrenched roots of racism. This plan is the first step towards creating a shared vision in which we coordinate efforts to treat and prevent the spread of infectious disease. We invite city staff, civic, and private stakeholders to join us in this historic endeavor to address racism's racist legacies in Boston. We encourage you to add your ideas to those we put forth in this document. The issues included in this plan are perhaps the most important and consequential ever undertaken and require not only bold action, but unprecedented Boston resident engagement.

The Health Equity Now Plan leaves no room to ignore the legacy of racism. Together we will build a Boston that honors the wellbeing and health of all Boston residents.

³ [The Changing Faces of Boston Report](#)

* <https://en.wikipedia.org/wiki/Redlining>



HEALTH EQUITY NOW PLAN VALUES

- Zero Tolerance for discriminatory policies, practices, and programs within City Hall
- Ensure all residents have equitable access to relevant City programs and services
- Health inequities caused by social determinants of health are unjust and immoral
- Eliminating health inequities and is key to achieving social, and health justice
- An intersectional approach to health is fundamental to all Bostonians thriving
- Equitable plans and practices require boldness and intentionality in design
- City leaders must be held accountable to benchmarks and timelines
- All City of Boston plans and initiatives must build on community assets for a community’s resilience



KEY TAKEAWAYS FROM CITY LEADERSHIP INTERVIEWS

COMMON THEMES

- Create and nurture a culture of inclusion; start by increasing diversity in City management
- Need for collaboration with organizations outside City Hall (e.g. philanthropy, business, CBOs)
- Granular data collection
- Improve community engagement capacity, capabilities, and consistency
- Develop common equity principles across City Hall
- Create tools/processes to ensure equitable distribution of resources
- Ensure that resources (grants, contracts) flow to qualified POC and MWBEs
- Improve linguistic and cultural competency
- Call on artists to be facilitators of city planning processes
- Connect youth, seniors, and artists to reimagine monuments
- Create workforce development opportunities across the City, beyond BPHC and Public Works
- Create opportunities to support MWBEs across the City functions
- The cost of living is housing + transportation
- Social Determinants of Health and the City's failure to address them are the root causes of violence
- There exist particular housing needs for unique populations (e.g. artists, immigrants, transitional youth)
- Equitable distribution of resources depends on equitable distribution of planning efforts
- Decreasing the wealth gap should be a priority



RECOMMENDATIONS

The following recommendations were developed based on input from the Health Inequities Task Force, discussions with City leadership, and a review of best practices emerging in several cities across the country. A framework was first developed as a set of Goals and Objectives (see next section). From these, 18 recommendations integral to recovering from COVID-19 were selected. They are presented on the following pages.

Many of the recommendations are cross-cutting, requiring collaboration across departments. Others suggest developing partnerships with entities outside of City Hall. The recommendations are intended to help the City build capacity and recalibrate policy, programs, and practices that address racism as a public health problem.

“Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it’s the only thing that ever has.”

- Margaret Mead





TOP 18 KEY HEALTH EQUITY NOW PLAN RECOMMENDATIONS

The recommendations below are meant to accelerate the recovery from COVID-19 in communities of color where impacts were disproportionately experienced, and to redress racial/ethnic inequities and health and economic disparities. The recommendations are meant as a way to institutionalize equity moving forward. The order of the recommendations does not indicate or imply priority, although the first one, “Acknowledge and Increase Awareness of Racism” is key to providing a foundation for moving forward. The recommendations address specific basic daily needs and also propose action tools to achieve equity overall.

01 ACKNOWLEDGE AND INCREASE AWARENESS OF RACISM AND INEQUITY

Enhance understanding of the root causes of racism and broad-based support for dismantling structural racism.

INEQUITY:

Acknowledging racism’s historical roots and its traumatic health impacts is only the first step. The City must marshal capacity to work towards the deep healing that only occurs with major changes necessary to eliminate all social health disparities.

SIGNIFICANCE:

Identifying and acknowledging the problem

constitutes the initial stage of eliminating racism and racial practices. The recognition of unfair and harmful practices **allows for the generation of and support for strategies targeted at dismantling racism.**

IMPLEMENTATION IDEAS (how):

- Support the City’s Racial Equity and Leadership Training (by MORRE) to create a process that promotes a shared understanding of how equity is implemented and operationalized in Boston (All-City of Boston staff will undergo a series of trainings to help develop a tool kit to assist departments in updating and/or removing current policies that cause harm).
- Create a process to promote a **shared understanding of how equity is implemented and operationalized** in a City.

- Invite the Mayor, Equity Cabinet, Arts & Culture and others (private scholars) to call for a **permanent installation** (e.g. plaque, monument, etc.). This sends a message that Boston fully embraces its citizens and acknowledges systemic racism.
- Conduct a **Policy Audit** to ensure equity in all existing policies.
- Establish a **Health Equity Advisory Board** that includes members of the HITF and residents from priority neighborhoods charged with reviewing the City charter, Zoning, Bylaw and other ordinances to determine whether they have unintended consequences on priority populations. Identify and address any barriers they may pose to being an inclusive city.
- Incorporate **local race and ethnic studies** with a historical equity lens in BPS curriculum.
- Make it a practice to make a **Land Acknowledgment** at the opening of all public events.
- Consider establishing a **City Equity Collaborative** and invite partners from community-based organizations, philanthropy, educational and health care institutions, the business community, faith-based organizations, etc. to sign a Diversity, Equity, and Inclusion Compact. This would serve to make the moment more of a movement involving all of the City’s main players. The Collaborative should explore effective precedents for dismantling racist structures in other municipalities and discuss funding and implementation tactics.

⁴ <https://www.desegregatect.org/character>

- Require that **City staff, boards, commissions, and committees undergo annual training** that uses an equity lens to create a shared understanding and increased awareness of systemic racism. Training curriculum should include place-based components involving taking guided tours by residents or community leaders of priority neighborhoods.
- **Increase City staff’s sense of responsibility and purpose to advance health equity** by involving them in the preparation and monitoring of the Health Equity NOW Plan, conducting regular trainings, asking for accountability, and holding annual discussions regarding progress.
- **Hold an annual Equity Summit** inviting representatives of all City Cabinets, Departments, Committees, Commissions, and Boards to share their progress, reflections, and any obstacles they have encountered in their efforts to work towards equity.
- Deliver an annual **State of the City’s Equity Address:** publically express progress and demonstrate successes where certain performance standards are met. Note which goals have not yet been achieved and the necessary adjustments that will be made.
- Partner with the city to define COVID-19 recovery priorities that repair harms and can be tied to measurable metrics.



02 PROVIDE MEANINGFUL EMPLOYMENT AND A LIVING WAGE FOR ALL

INEQUITY:

Even prior to COVID, communities of color and women were experiencing unemployment due to technological innovation and changing investment patterns that create new types of jobs and displace workers. Communities of color and women have been hit hardest by the pandemic, as their respective unemployment remains much higher than compared to pre-pandemic times; they were hit hardest due to COVID-19 related layoffs, with few protections and benefits to fall back on. There is a larger burden placed on women due to unpaid care. Communities of color have long experienced economic exploitation in the form of lower wages and less access to paid sick leave and family care leave. Boston's workforce has contributed to Boston's current economic activity and should share and benefit from new opportunities for prosperity.

SIGNIFICANCE:

Lower wages, less schedule flexibility, and fewer workplace protections exacerbate financial precarity. The racial and gender wealth gap will only widen without wages that provide for a living wage, the ability to save and liquid assets that can cover unexpected circumstances or emergencies that arise.

In 2019 in Boston, women earned 70 cents for every dollar a white man earned. It was worse for women of color with Black women earning 49 cents and Latinas earning 45 cents to a man's dollar.* Women's employment has been severely impacted by COVID, with many women losing work or reducing to part time participation in the workplace.

*"Equal pay focuses on women doing the same work as men, in the same positions. It has been a law since 1963 (Equal Pay Act). Equal pay measurement ignores occupational segregation. Pay equity is broader than equal pay. It gives consideration to occupational segregation in keeping women's pay down. There is a lot more that goes into achieving pay equity than simply commensurate salary".**

Workforce participation should offer career growth opportunities, protections from unfair working conditions, and support individuals and their families for a healthy standard of living. Recent guaranteed income experiments in cities like Stockton, California have shown major improvements to job prospects, financial stability, and overall well-being. Those with some guaranteed income have been shown to seek out better employment opportunities given pressure from immediate expenses are alleviated.

IMPLEMENTATION IDEAS (how):

- Conduct a guaranteed income pilot that seeks private funders and an implementation partner (e.g. a local credit union), and research or data collection partner.
- Tailor benefits to the specific needs of the employee. Partner with benefit providers (potentially seek out external funding) to create plans around healthcare, childcare, sick leave and vacation.
- Create a citywide living wage implementation plan that offers resources and ample preparation time for small businesses.
- The Office of Workforce Development should do long-range planning across sectors and businesses sizes to create more concrete workforce training and transition plans that outpace the rate of technological innovation.
- The City should lead by example:
 - While hiring diverse candidates is only a preliminary step, a major focus should be to build inclusive culture and think about retaining current employees with a diverse background.
 - Promote existing employees of color to positions of executive leadership company and reexamine promotion ladders and pathways that factor in the contributions and working styles of a diverse workforce.

* <https://static1.squarespace.com/static/5c929cff51f4d4fc49ab6f8b/t/5fc6b84f0791337046cb93b8/1606858854488/BWWC+2020+Interventions+Report.pdf>

* https://thebwwc.org/pay-equity?fbclid=IwAR1BttX59v66ZV6VL6INW19PQAKnjYar_ZZ6QbecqVkHi0BVf6u9uGYqOTU



- Work with the Mayor's Office of Women's Advancement to support women entrepreneurs*
- Work to expand the #100PercentTalent Compact Signers* dedicated to ensuring gender/ racial equity in the workplace and sharing best practices with interested organizations.
- Work with the Boston Women's Workforce Council (BWWC), a public private partnership between the City and the Boston business community, whose goal is to eliminate the wage gap in Boston.
- Partner with Boston-based staffing agencies to ensure that contracted labor can access livable wages and benefits that full-time employees enjoy.
- Encourage private sector and area institutions to hire and promote employees of varied backgrounds and give public accolades for doing so.

- **Information Needed:**

- Identify which sectors have the fewest livable wage jobs, especially among women and people of color.
- Conduct a landscape analysis of how much of Boston's workforce consists of contract workers. Understand the types of protections and benefits that are needed.



* https://www.masscompetes.org/itshertime?fbclid=IwAR118dWLFa_Y6V90zPVdFhyfwrJtmmwWL3on5EYs3yUSWpgPubGFZeWXvg8

* https://thebwbc.org/compact-about?fbclid=IwAR3uUQsNjep93GDRQqtcHOVAkDky_H7qWDRD7xeH_amtdrOQaYgwDbSkhX4

03 PROVIDE QUALITY HOUSING FOR ALL

Ensure that all residents have access to quality housing as a human right.

INEQUITY:

Bostonians of color often lack stable, good quality, and affordable housing in safe neighborhoods. Inadequate housing results in higher incidences of acute, chronic, and mental illness and infectious disease (e.g. tuberculosis, scabies, etc.) Overcrowded living conditions gave rise to increased COVID-19 infection during the pandemic. It also impacts educational outcomes and many other facets of the youth experience.

Even prior to COVID-19 attainable stable housing was challenging for many Bostonians of color. In 2019, almost 20% of CHNA survey respondents reported trouble paying their rent or mortgage. For some groups the rate was much higher, including respondents who were Black (29.4%), Latin@ (27.1%), Non-binary/transgender (42.3%), those with some college or a certificate program (34.2%), LGBTQ individuals (24%), and the parent of a child under age 18 (23.7%)* COVID has only served to exacerbate housing instability for many of the city's residents.

SIGNIFICANCE:

The effects of redlining and generations-old disinvestment continue to dictate disparities in economic and physical wellbeing. In neighborhoods that were redlined, life expectancy now remains lower than in other neighborhoods in the city. From environmental exposure, to neighborhood safety, housing is a fundamental social determinant of health, and happens to be a policy and planning lever that the City has purview over.

In addition to the need for family housing, older adults who wish to age in community have specific needs that require attention. Many older adults face caretaking and mobility challenges as they age, and require specific types of accessible housing. Additionally, more than half of older adults in Boston cannot afford their living expenses without assistance, a prevalent occurrence in communities of color.



* 2019 Community Health Needs Assessment. Boston CHNA-CHIP Collaborative.



IMPLEMENTATION IDEAS (how):

- Consider instituting a city-wide rental and ownership registry database to understand the scale and nuances of the rental, eviction, and ownership crisis in Boston. It should be required that large scale landlords should report.
 - Adapt the Beacon Hill Village concept by partnering with community-based organizations, local businesses and residents to help to stabilize neighborhoods for all residents, and to specifically support older adults to age in place.
 - Review zoning codes and remove any barriers to creating tiny houses or any other alternative affordable options.
 - Promote mixed-income housing
 - Specifically focus on meeting the the housing needs of families of color, people with disabilities, older LGBTQIA and artists (live/work spaces)
 - Identify the specific vulnerabilities and blind spots associated with current homeownership and rental assistance programs as it pertains to marginalized groups, including the needs of the LGBTQ+ community.
 - Significantly expand the ONE+ Mortgage Program and prioritize providing opportunities for first time home ownership to communities of color.
 - Increase linkage fees on office and lab buildings and collect for use in creating affordable housing.
- **Information Needed:**
 - Number of housing units in the development pipeline and the corresponding affordability level.

04 REIMAGINE PUBLIC HEALTH AND SAFETY

Conduct better training, develop trust, and reallocate funds away from policing to services that support violence prevention and address substance abuse in non-criminalized ways.

INEQUITY:

An inherent power dynamic and disproportionate use of force exists in Boston's neighborhoods of color, which undermines trust and perpetuates racial trauma that causes stress and increases allostatic load.

SIGNIFICANCE:

Policing and incarceration continue to erode trust between those who are responsible for promoting public safety and residents they are meant to protect, especially in communities of color. The disproportionate number of people of color incarcerated contributes to the widespread destabilization of families and entire communities and has immense ripple effects on health, economic, educational, and social outcomes.

Compounding the fear of contracting the virus, police brutality toward communities of color has been a longstanding concern. The murder of George Floyd in the early months of the pandemic galvanized attention and activism on the current and prevailing realities of misconduct that targets communities of color disproportionately. The national reckoning on these matters has motivated a more intense scrutiny of Boston's experience with law enforcement. In these inquiries once again the search for responses has led to an examination of root causes.

IMPLEMENTATION IDEAS (how):

- Create better pathways for dialogue between police and communities, so that the health and wellbeing of all Bostonians are considered in response. Communication practice should be rooted in an historical understanding of policing practice in communities of color, of power imbalances and mistrust. Individual and collective trauma must be recognized and addressed.
- Support on-going **police reform efforts** including revising civil service exam and residency requirements that currently are obstacles to the hiring of police officers that reflect the community.



- The City should conduct an impact analysis of School Resources Officers (SROs) to evaluate the role and function of these police officers and whether there is a commensurate need for police presence at Boston Public Schools.
- Expand on existing programs and create a **network of community-oriented, accountable and transparent guardians**.
- Develop new ways to **partner with community organizations** and continue to build trust to proactively address the conditions that give rise to public safety issues and impact police legitimacy.
- Endorse new laws, policies, and state funding sources for access to treatment for victims of violence and trauma experienced through over-policing and misconduct. Support and bolster the mental wellness among police officers.
- Divert non-violent 911 calls and dispatch behavioral response teams to provide a non-criminal response option grounded in a public health approach.
- Shift a percentage of BPD budget to programs like SOAR, Trauma Team, BPHC, and mental health and recovery programs.
- **Invest in youth programs** that focus on violence intervention, prevention and re-entry strategies including supporting youth capacity and job readiness.
- Develop a **Boston Strong Violence Response** that includes prevention, intervention and healing of trauma by expanding beyond clinical and individual response to address resilience at the community level. Develop a resiliency plan akin to Municipal Vulnerability Plans (primarily focused on preparing for and mitigating natural disaster) but focus on preparing and mitigating the more predictable and frequent events of violence in the City's neighborhoods.
- Expand efforts and funding within the BPD/MOWA for CEASE (collaborates efforts against sexual exploitation) . This will require extended funding for the office of sex trafficking in BPD as well as staff.
- Review and implement recommendations of the Police Task Force Report

Integrate restorative justice practices^[1] derived from indigenous cultures (of Native American, First Nation, and other indigenous people of North America) into the process and expand existing efforts. Indigenous restorative justice practices place the emphasis on healing the harm done and rehabilitating the actor to prevent future harms. In addition to healing community ties, it also identifies and targets the root cause for violence that can integrate SDOH.



[1] Research on restorative justice programs in England demonstrated that 85% of victims who take part in restorative justice found the process helpful. For many victims meeting the person who has harmed them can be a huge step in moving forward in recovering from the crime (<https://restorativejustice.org.uk/resources/evidence-supporting-use-restorative-justice>)

05 ELIMINATE FOOD INSECURITY

INEQUITY:

Food insecurity has risen drastically because of COVID-19, especially among vulnerable groups such as children, communities of color, undocumented folks, and the elderly. This creates a vicious cycle, as food insecurity and poor nutrition are associated with several chronic illnesses that put people at higher risk for the more severe complications of COVID-19. Approximately 1.6 million people in the Commonwealth report they are struggling to get enough to eat during the pandemic, according to a new survey by the Greater Boston Food Bank.

SIGNIFICANCE:

Research has found that the health effects of food insecurity disproportionately affect children and their development at an early age. Birth defects, cognitive problems, aggression and anxiety, anemia, asthma, and worse oral health are some of the myriad short and long-term side effects of food insecurity.*

School, community center, and civic gathering place closures worsened food insecurity. It is urgent that the City work with community partners to formalize mutual aid networks in preparation for future crisis response and to ensure that vital resources and energy is not wasted on seeking out sustenance.

As the whole US population experiences an increased risk of losing their jobs, losing homes, and facing food insecurity, that risk is only elevated for LGBTQ people. The Trump administration rolled back several policies protecting transgender people from discrimination in healthcare and in homeless shelters, increasing demand in the wake of COVID-19. LGBTQ people may also face rejection from their families and have less of a support network on which they can rely in times of health or financial crises.



* <https://www.healthaffairs.org/doi/10.1377/hlthaff.2015.0645>



IMPLEMENTATION IDEAS (how):

- Improve offerings in corner stores. Consider renting floor space from heavily trafficked corner store operators for a community fridge. Partner with a local food pantry to stock and replace items in the fridge.
- Offer City support in the form of application workshops, translation services and need assessment to boost SNAP enrollment rates.
- Plant urban gardens in the spring and summer and partner with a local organization to provide food education and distribute produce.
- Expand the number of healthy produce businesses that accept EBT.
- Pair Mayor's Office of Food Access Healthy Incentives Vendors, Food Pantries, and Boston Eats Sites with home delivery or hyperlocal pick-up points for those who cannot access these locations.
- Continue to partner with Boston Public Schools, the Age Strong Commission, Mass Farmer's Market, the YMCA and community based organizations, etc. and seek additional funding from the business community and area institutions to support the Mayor's Office of Food Access emergency food response system. Focus on expanding and strengthening the network of food pantries and meal sites throughout the City, supporting immigrant-serving organizations, and ensuring that the City's elderly, children and teens are fed.

Information Needed:

- When in the calendar year are Boston Food Access program utilization rates the lowest?
- What are the qualitative last-mile challenges to reach these programs and locations?
- Are Bostonians who are eligible for SNAP applying?

06 PROVIDE FREE OR SUBSIDIZED CHILD CARE

Ensure that parents, especially women are supported to work outside the home by providing quality affordable child care.

INEQUITY:

Prioritizing women's economic empowerment has aided equitable economic development; it is a vital component of pandemic recovery. Compared to men, women have taken on more caretaking responsibilities and experienced more destabilizing economic events. This has frequently resulted in income loss, and worse yet, unemployment. We need to uphold previous gains and future progress towards gender income equity.

SIGNIFICANCE:

In order for women to recover their position in paid employment which is related to the ability to support a family, children need to be cared for in a safe, stimulating environment, with good nutrition and opportunities for interaction with others. Often the cost of such childcare is so high as to consume a large percentage of a woman's salary. Investing in subsidized

quality childcare is not only investing in a woman's ability to work outside the home, but also in her children's wellbeing and future.

IMPLEMENTATION IDEAS (how):

- Provide affordable quality child care for all City staff.
- Create a new program to significantly subsidize childcare for eligible residents. Expand eligibility to beyond parents who are currently working so as to also provide support during times of job search.
- Provide incentives/rewards to employers who provide affordable or free quality child care.
- Work with the State to expand the income-eligible child care program (currently there is a waiting list).
- Streamline the process for accessing vouchers and other financial aid. Provide information in top languages spoken.
- Consider also providing subsidy support for elderly day care.
- Work with the Mayor's Office of Women's Advancement to support family childcare providers.



07 PROVIDE GUARANTEED MINIMUM INCOME

Provide a safety net to families to keep them from falling into poverty.

INEQUITY:

Boston's high cost of living severely restricts individuals' and families' ability to afford basic necessities, exacerbating acute and chronic health conditions. This is all the more true for communities of color.

SIGNIFICANCE:

Income generated from existing jobs for individuals and families is not enough to cover basic living expenses and daily necessities. In times of great employment uncertainty, countless individuals and families are thrust into financial precarity, which undermines their ability to save up for unexpected expenditures in the future). COVID-19 exacerbated these conditions: a disproportionate number of individuals and families of color have been evicted, are unemployed, and face food insecurity.

IMPLEMENTATION IDEAS (how):

- Create a pilot program for Guaranteed Minimum Income by partnering with companies to help fund a program focused on jobs that are predicted to replace people with automation.
- Use federal COVID-19-relief funds to fund a pilot program. Involve area universities to help monitor and evaluate the program.
- Create a pilot program for UBI with companies funding guaranteed income for positions that are vulnerable to automation-related job loss.
- Increase capacity for apprenticeship and training programs. Offer scholarships and grants to supplement income for folks who attend.
- Establish an independent, permanent agency (well-staffed and funded) to hold the Mayor perpetually accountable, report on and release data on workforce statistics, contracting diversity, and number of people/families earning a livable wage etc.



¹⁶ https://static1.squarespace.com/static/6039d612b17d055cac14070f/t/603ef1194c474b329f33c329/1614737690661/SEED_Preliminary+Analysis-SEEDs+First+Year_Final+Report_Individual+Pages+-2.pdf



- **Guarantee that all residents and families have an income sufficient to live on, provided they meet certain conditions** (not restricted to those who have a Social Security number; a means test; and either availability to participate in the labor market, or willingness to perform community services).
- Fundraise from philanthropic organizations and partner with organizations like The Economic Security Project to ascertain phasing, implementation, and targeting.
- Due to housing and unemployment instability, LGBTQ+ individuals, especially those of color, have had to resort to sex work. Launch a pilot for those on the brink of homelessness or resorting to sex work to make ends meet.
- Providing Guaranteed Income has been found to improve health and economic equity in the following ways*:
 - Guaranteed income reduced income volatility, or the month-to-month income fluctuations that households face.
 - Unconditional cash enabled recipients to find full-time employment.
 - UBI recipients were healthier, showing less depression and anxiety and enhanced wellbeing.
 - Alleviated financial scarcity creating new opportunities for self-determination, choice, goal-setting, and risk-taking.

* UBI pilots in Stockton and Oakland, CA.

08 PROMOTE ACTIVE LIVING

Create conditions in communities of color to support active living in order to help prevent physical and mental illnesses.

INEQUITY:

Living and environmental conditions in historically underinvested neighborhoods often result in a number of physical and mental illnesses. Conditions include the lack of safe, accessible, and pleasant walking or biking infrastructure, lack of access to recreation space, food desert or insecurity, among other many other factors.

According to a Boston Youth Risk Behavior Survey, one-third of Boston high school youth (33%) reported being obese or overweight in 2013–2017. Similar to patterns for adults, a significantly higher proportion of Latin@ (37%) and Black (36%) high school youth reported being obese or overweight than White high school youth (23%).¹³ It is not expected that these numbers have changed in any significant way.

Stress, anxiety, and depression were the most frequently-cited behavioral health issues among Boston residents, especially those who identify as LGBTQ, low-income, women, renters, seniors, children, immigrants, communities of color, and the unemployed.*

SIGNIFICANCE:

Providing access to safe and pleasant opportunities for active living (e.g. walking and biking, athletics, passive recreation) can help to decrease the incidence of some physical (e.g. obesity) and mental illnesses (e.g. anxiety, depression). Additionally these can lead to additional illnesses; as an example obesity puts an individual at higher risk for a number of chronic diseases including diabetes, heart disease, hypertension, and stroke.

IMPLEMENTATION IDEAS (how):

- Work with the Boston Public Health Commission to identify a pressing health focus area related to the environmental conditions of Boston's communities of color and identify the key environmental changes that would positively impact health outcomes



* 2019 CHNA Report: Other Health Concerns in Boston and North Suffolk.



- Ensure that parks and playgrounds are universally designed to ensure access to persons with disabilities.
- Develop goals with significant community engagement.
- Collect baseline data and monitor progress on goals.
- Create a process for the community to brand the campaign; include youth, artists and others.
- Provide an opportunity to showcase and share different cultural traditions regarding health and wellness.
- Create a network of partnerships with healthcare organizations, schools, non-profits, community organizations and City Departments charged with making environmental changes to support health goals. The private sector and non-profit partners can help to fund and implement the environmental changes.
- Devise multilingual messaging for all wellness goals.



09 INVEST IN YOUTH

Provide youth with the support, guidance and direction they need to reach their full potential.

INEQUITY:

Boston's youth experience inequitable access to learning resources and support, which differential outcomes and graduation rates. Lower educational attainment is correlated with worse economic attainment, correlated with higher incidences of acute, chronic, and mental illness. Disparities in educational access and attainment have only worsened during COVID-19. A concerted effort must ensue to recover gaps in educational achievement.

SIGNIFICANCE:

Preventing inequity before it occurs by providing the new generation with the resources they need for their health, wellness, education and economic wellbeing is a significant step towards creating a more just society. Investing in youth is a way to start anew with the new generation, to intervene as early as possible to ensure that the barriers and conditions that lead to inequitable health and economic outcomes are redressed. A more coordinated approach that provides significant support to the efforts of the BPS is needed to make a meaningful impact. By creating the conditions and removing the barriers that youth of colors now face, a page can be turned, the cycle of poverty can be broken and a new beginning begun.

IMPLEMENTATION IDEAS (how):

- Provide support to immigrant youth regardless of status (e.g. Dreamer's Fellowship program)
- Ensure that all learning environments provide adequate and peer-based settings for social interaction, especially among youth most likely to experience persistent sadness and social isolation, further exacerbated by distanced learning.
- Use American Recovery Act funding to develop programs to make up for learning loss during the pandemic and to help to continue and increase funding in order to stabilize the school district. Especially at risk may be brown and Black boys who may feel so left behind because some were not able to participate and/or learn remotely that they are at risk of dropping out. Funding should be tied to pre-COVID-19 enrollment of students in the BPS system.



- More supportive and wraparound programs must be dedicated to address the social determinants of health shaping child and adolescent development, well-being, and inclusion. Promote and build on assets of each community, and develop programs and invest in supporting children and youth of color to reach their full potential.
- To enable all students to focus on learning, there needs to be a cross-departmental push across all city functions to take a more active role in promoting the health and wellness of youth before they enter BPS, as well as while they are enrolled in school. There are many children and youth that are at-risk in many regards (e.g. gang activity, bullying and social isolation, housing stability, substance use, domestic safety, school attendance, etc.).
- Boston's corporate, educational, philanthropic and cultural institutions should be called upon to invest in the city's youth, through monetary and in-kind contributions to reduce resource and extracurricular learning gaps. Additionally, area employers should be invited to connect to the educational institutions to provide clearer pathways to employment. Also, youth should be invited to be involved in City decision-making as it directly affects their future.
- BPS currently acts as a social service provider to many Boston youth and their families. The City should invest in outside providers so that BPS can focus more of its energy on providing education.
- Hire and retain teachers of color and ensure that curriculum is linguistically and culturally relevant. Institute system-wide ethnic and race studies with an emphasis on local history and use and adapt The New York Times's 1619 curriculum¹². Ensure that there is racial / ethnic equity, and that English language learners, economically disadvantaged, and disabled students receive the support they need.
- Develop and nurture community partners to provide health and wellness support to Boston's youth and to provide mental health and substance use counseling in and out of school.
- Include Boston youth attending parochial and other area non-BPS schools.
- Hold a bi-annual Boston Youth Summit inviting all organizations that work with youth to meet to identify priorities, shared goals, discuss ways of achieving goals and ways of working together.
- Develop a channel for communication and a mechanism of accountability. Widely share any progress, lessons learned and if adjustments need to be made explain the how and why. Involve youth in these processes.
- Expand the Boston Saves program to include wraparound wellness programming and education, career and financial coaching.
- Provide quality and culturally competent pre-school experiences, homework help centers, after school programs and enrichment activities for at risk, low income and racial and ethnic minorities, including refugees and undocumented children and youth.
- Develop and fund programs that are relevant and empathetic to the unique challenges that Black and Brown young men experience.
- Continue and expand efforts to improve the City's high school programs including race and ethnic studies and better align with career opportunities such as robotics and life sciences. Support efforts to promote School Choice to attract students from outside the City to attend BPS. Consider more bilingual programs and immersion schools. Also align the vocational programs with industry creating opportunities for apprenticeship programs and internships in area businesses.
- Conduct outreach and include undocumented youth in educational support and enrichment programs as well as internships and other activities that lead to employment.
- Implement the Opportunity and Achievement Gap Policy adopted by the School Committee, which includes expanding bilingual education, increasing teacher diversity, increasing diversity at exam schools, and creating a more culturally relevant curriculum.

¹² <https://pulitzercenter.org/lesson-plan-grouping/1619-project-curriculum>





10 CLOSE THE DIGITAL DIVIDE

Achieve digital equity so that all residents have access to services, information and communication that the on-line world has to offer.

INEQUITY:

Differential wifi and technological access undermines information sharing, communication with City Hall, receiving education and support services online, telehealth and pathways to employment, undermining wellbeing.

SIGNIFICANCE:

Information and connectivity are vital to maintaining health and wellbeing. Those most disconnected from City announcements face barriers to accessing wifi and technology. The pandemic has laid bare how disabled communities, families of color, and the elderly lack access to hardware and connectivity. Some of the myriad benefits of digital access include: accessing telemedicine, finding and retaining employment, developing new skills, civic participation, social connection, and access to the arts, culture and education.

A recent poll conducted by the PEW Research Center found that 87% of adult Americans believe that the internet has been at minimum, important, if not extremely important for them during the COVID-19 pandemic. This includes the 53% of all respondents who described the internet as essential. Access to the internet, however, remains inequitable (94% of higher-income households have home broadband compared to just 56% of lower-income households). The numbers are the same for computer ownership and many lower-income households depend on their smartphone as their only access to the internet and also report worrying about keeping up with their internet and/or phone bills.

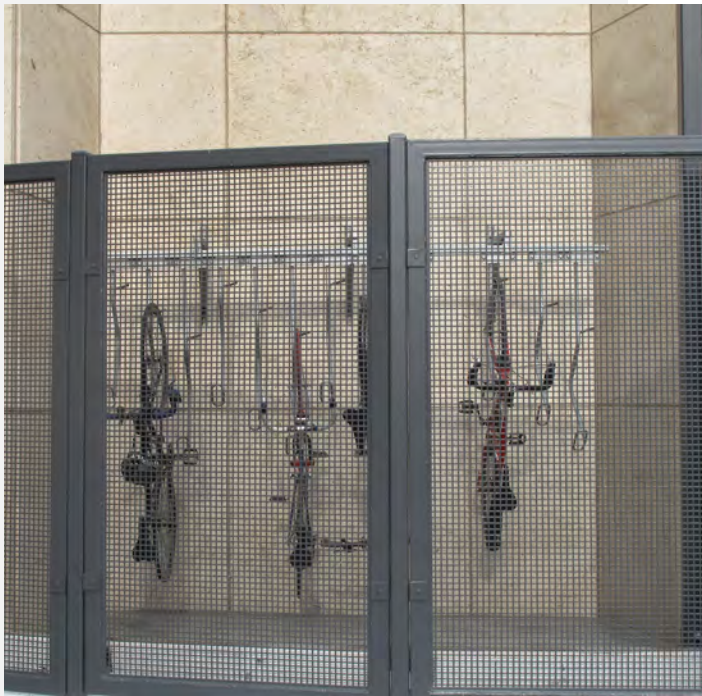




IMPLEMENTATION IDEAS (how):

- The internet should be a public utility (see how that is achieved in other cities like Longmont, CO). In addition to access, there needs to be training. Consider providing a training program through BPS's Parent University. Use the American Recovery Plan funding for infrastructure to expand broadband access and develop a long-term solution to achieving digital equity.
- Begin by determining the need, both geographically and demographically. IPUMS USA compiles data on internet and computer usage and may be a good place to start.
- Implement digital inclusion policies and programs that incorporate access to digital literacy training, provide affordable, robust broadband internet service, and distribute devices where needed. Develop partnerships with the private sector to help with funding.
- Consider providing free and reduced internet access through municipally-owned broadband.





11 PROVIDE AFFORDABLE, RELIABLE TRANSPORTATION

Connect residents to places of employment, houses of worship, recreational facilities, schools, parks, and other third places in safe, pleasant and affordable ways.

INEQUITY:

Black commuters spend an average of 64 more hours per year on the bus than white riders, and the data show that low-income families pay the most out of pocket for public transportation.



- In Boston, ride-hailing and active transit options have emerged as important alternatives to public transit with distinct equity impacts. In fact, it has been found that “the cancellation rate for African American sounding names was more than twice as frequent compared to white sounding names”.
- There is a strong gender component to transportation equity. Female ride-hailing passengers tend to be driven farther than their male counterparts, and there is a strong correlation between commute length and life expectancy for low-income, less educated women. This suggests access to efficient transportation (or lack thereof) has an impact on health, with “lower social position and demographic factors affecting health outcomes”.
- Most residents in East Boston, Downtown, Back Bay, South End, Seaport, Fenway, Longwood, Mission Hill, and Roxbury can reach a transit stop, bus stop or blue bike station within 5 to 10 minutes. In South Boston, Allston, Brighton, Dorchester, Mattapan, Jamaica Plain, Roslindale, West Roxbury and Hyde Park, only those sections of these neighborhoods clustered around existing transit infrastructure are able to reach a transit stop, bus stop or blue bike station within 5 to 10 minutes.

[i] <https://www.masstransitmag.com/alt-mobility/shared-mobility/article/21135013/via-transportation-10-cities-that-have-redefined-public-transportation-during-COVID-19>

[ii] <https://www.masstransitmag.com/alt-mobility/shared-mobility/article/21135013/via-transportation-10-cities-that-have-redefined-public-transportation-during-COVID-19>

[i] <https://www.urban.org/urban-wire/how-cities-are-making-equity-priority-new-mobility-space>

[ii] <https://milwaukeekeerecord.com/city-life/scooter-pilot-study-from-2019-deemed-a-success-new-pilot-study-recommended-for-2021/>

SIGNIFICANCE:

Transportation, along with housing, often comprises a lion's share of one's cost of living. Transportation is key to accessing employment, nourishment, public services, recreation, houses of worship, and cultivating community, etc. Mobility in the form of transportation is vital to one's well-being and an important policy lever at the disposal of the City of Boston.

IMPLEMENTATION IDEAS (how):

- Service should be provided based on need, not ridership.
- Ensure that transportation facilities, networks and technologies are affordable, reliable, and accessible to all, including the disabled.
- The City should try out new programs by implementing pilot programs and studying and discussing the results with the communities impacted.
- While cashless solutions may be attractive, transit should not exclude those without bank accounts, credit cards, or smartphones.
 - Allow riders to reload prepaid transit cards at retail stores. Encourage a variety of retail establishments including convenience stores, corner stores, laundromats, grocery stores, liquor stores, etc. to adopt this practice.
 - Integrate and allow prepaid cards to tap the way a smartphone user taps: The transit agency should partner with a tap-enabled prepaid card provider to ensure that unbanked riders have equitable access.
 - Providing protections for zero or negative balances: Allowing one or two additional transit rides if a user has a negative balance can mean the difference between paying a babysitter overtime or missing a job interview.
- Robust public participation: Any planning process that involves a transition from accepting cash

on transit agency vehicles must include robust public involvement, especially among low-income, minority, or transit-dependent populations. Specific public involvement techniques to involve people and representatives from diverse neighborhoods must provide constituents the ability to request interpretation and/or must be provided in accordance with the City's Communication Ordinance, as well as the ability to participate at different times of day to accommodate a wide variety of worker schedules and shift types.

[i] <https://www.urban.org/urban-wire/how-transit-agencies-can-transition-contactless-payment-without-leaving-anyone-behind>

Inform recommendations based on data and ridership collected from free MBTA and Bluebikes passes to 1,000 workers in five of the city's main streets districts.

- Make more micro mobility options available for neighborhoods that experience first-mile and last-mile challenges.
- Review recent research on ways in which women use transportation networks and have specific transportation needs and concerns and adapt accordingly.



[iii] <https://city.milwaukee.gov/ImageLibrary/Groups/cityBikePed/Dockless-Scooters/2019DocklessScooterPilotStudyEvaluationandRecommendationReport3.pdf>

[iv] https://www.chicago.gov/city/en/depts/cdot/provdrs/future_projects_andconcepts/news/2020/december/chicago-s-second-shared-electric-scooter-pilot-concludes.html

[v] <https://betterbikeshare.org/2019/03/21/e-scooters-equity-and-accessibility/>

[vi] <https://betterbikeshare.org/2019/03/21/e-scooters-equity-and-accessibility/>



12 HIRE DIVERSITY AT ALL LEVELS

Ensure that the workforce across City Departments reflects Boston's rich diversity.

INEQUITY:

The City's workforce is not reflective of the city's demographics across all job levels. **This limits the opportunities for people of color to achieve economic wellbeing and communities of color voice in shaping the city.**

SIGNIFICANCE:

There is a decision-making, influence, and power gap at mid and senior-level management positions, hindering culturally relevant perspectives. As demonstrated by the City's Diversity Dashboard, employees of color are stratified in low income positions in the City. Despite previous diversity in hiring initiatives and procedures, COVID-19 recovery is a period in which the **City must model hiring and wage best practices that promote a healthy standard of living.**¹⁰

IMPLEMENTATION IDEAS (how):

- **Revisit hiring practices and processes** to understand why City employees of color are underrepresented in higher employee income brackets.
 - Assess workplace benefits to create more flexibility for modern families, domestic partners, affirming wellness, and mental health (e.g. supporting individuals on their transition roadmap, etc.)
 - Expand on the City Academy concept and create a job pipeline for additional roles (non-degree requiring roles/paraprofessionals) within City Hall.
 - Understand and map the different parties and processes involved with drafting and posting a City Hall job description. Coordinate the creation of department/team specific criteria that substitute credentials or degrees for equivalent field experience. Regularly audit.
 - Set hiring targets for underrepresented demographics (e.g. POC, women, people with disabilities) across all levels of staff, particularly management and leadership positions.



¹⁰ <https://www.cityofboston.gov/diversity/>



- Shift the onus of diverse candidate outreach and hiring from ERG (Employee Resource Groups) to train those that are hiring, focusing on unconscious bias, cultural competence, racial justice and emphasizing the value of a diverse workforce; create a culture that supports and understands the value of diversity.
- Allocate resources to conduct a diversity in hiring report in every department within City Hall regularly.
- Map out different hiring processes and groups responsible for drafting job descriptions, recruiting, onboarding, and retaining employees.
- Understand how union regulations influence hiring process and contract negotiations
- Generate buy-in for a City Hall and department-specific hiring initiative that puts inclusion and representation at the forefront
- Provide clear professional development and career advancement opportunities to existing employees
- Conduct exit interviews to understand daily experiences and career ladder opportunities within each department to improve retention
- Support the Community Council created by the MORRE office developed to facilitate opportunities to remove barriers/connections across races and ethnicities in communities with the goal of strengthening social cohesion. By acknowledging the value, expertise, and skills that all stakeholders bring to the table and improving the decision-making capacity of residents through this initiative, the City hopes to develop more equitable policies, programs, and practices.

• **Information Needed:**

- The City of Boston's most recent hiring and diversity numbers.
- The process identifying head count, drafting job descriptions, circulating job descriptions, hiring, evaluating, and extending an offer
- What City Hall internal working groups and accountability procedures exist for diversity and inclusion goals?

13 EXPAND EQUITABLE PROCUREMENT

Reduce barriers to equitable City procurement.

INEQUITY:

Many city efforts have sought to improve procurement and contracting with more diverse business owners, but **systemic barriers, as well as interdepartmental challenges have prevented MWBEs** owners and workers from participating in Boston's prosperity. There is a disconnect between business owners who are willing, able, and ready to supply versus those doing the purchasing.

SIGNIFICANCE:

The Disparity Study findings will provide a legal basis to hold equitable procurement initiatives and those in leadership positions making procurement decisions accountable, presenting an opportunity to take action.

IMPLEMENTATION IDEAS (how):

- Use the legal case and actionable recommendations from the Disparity Study to:
 - **Marshall more resources and bolster capacity** to conduct more targeted, and proactive small business outreach.
 - Build capacity to **support strategic, cross-departmental initiatives** for supplier diversity.
 - Set concrete procurement (and subcontracting) goals and create accountability processes for departments to track against their procurement numbers.
 - Develop explicit consequences for non-compliance
 - Link performance evaluations, compensation, bonuses and future employment for all cabinet-level positions, department heads, procurement officers and other staff across departments to making a good faith effort and documenting substantial progress toward achieving equity and diversity contracting goals
- Articulate responsible contracting standards (e.g. fair-chance hiring, establishing wage floors based on zip code or Area Median Income (AMI), city introduces small business owners to benefits brokers that help set up retirement funds and basic benefits for small business employees, etc.) for the City of Boston to enforce with its vendors and respective vendor employees. The idea here is that by articulating basic responsible contracting standards, the City of Boston can set the example for responsible contracting.
- Hold developers accountable for meeting the Boston Residency Jobs Policy goals and sanction those in violation:
 - at least 51 percent of the total work hours of journey people and 51 percent of the total work hours of apprentices in each trade must go to Boston residents
 - at least 40 percent of the total work hours of journey people and 40 percent of the total work hours of apprentices in each trade must go to people of color, and
 - at least 12 percent of the total work hours of journey people and 12 percent of the total work hours of apprentices in each trade must go to women.
- Adopt the Massport Model which heavily weights diversity and inclusion in the grading of bids for projects, such that 25 percent of each bid's grade is based on the diversity of the various businesses involved. Submissions that do not have substantial partnerships with minority-owned firms and minority investors throughout the proposal automatically receive a lower rating.

⁹ <https://www.calle24sf.org/en/about/mission-and-vision/>



14 TAKE A PLACEKEEPING APPROACH

Respect, celebrate, and affirm Boston's beautiful cultural mosaic.

INEQUITY:

Promoting and preserving a sense of belonging is vital to physical, mental, and emotional health. **Centering art, culture, history begins with honoring the lived experiences of current residents**, ensuring they and their stories have a right to remain and shape their neighborhoods based on their needs and priorities.

SIGNIFICANCE:

Promoting and preserving a sense of belonging is vital to physical, mental, and emotional health. The starting point is about **valuing art, culture, history, and the lived experience for current residents**, ensuring they and their stories have a right to remain and shape their neighborhoods based on their needs and priorities.

IMPLEMENTATION IDEAS (how):

- Provide **permanent, affordable live/work space** and cover the costs of materials and gallery space.
- Embed multimedia forms of art, history, and culture of Boston's communities of color into Boston's tourism industry. **Bring Boston residents together across neighborhoods** through trolley tours, multimedia festivals and other artist led innovations.
- Build on the All Inclusive Boston campaign.
- Think about bringing tactical urbanism together with place and space activation that meets the needs of local neighbors. Some examples of this include:
 - Multi-media community engagement efforts can identify context-sensitive symbols and shapes that serve as a design of snow and ice/weather barriers can be made of snow. This provides visual stimulation as well as a cultural exposure.
- Partner with Boston Public Library and non-profit literacy organizations can establish outdoor reading rooms in otherwise under trafficked public spaces.
- A central piece of placekeeping involves investing in the cultural assets of neighborhoods to bring about parity in reputation with stature as cultural institutions like MFA, ISG Museum, etc.

- Create a multimedia platform for Boston residents to weigh in on naming historically and culturally significant places and reimagining statues and forms of art that no longer represent Boston's rich diversity.
- Preserve third spaces (coined by sociologist Ray Oldenburg to refer to places between home and work where we build relationships, exchange ideas, and be in community) for LGBTQ+ communities and people of color. Many businesses that serve as communal spaces have experienced financial hardship and are at risk of closure and relocation. Create or leverage legacy and cultural business designations to preserve and honor the historic, cultural, and neighborhood significance.
- Design gender and identity-affirming public spaces for LGBTQ+ folks, the elderly, and non-native English speakers. Certain design features that aid placekeeping include adequate lighting and pocket parks that offer some privacy. Also more representation of women's and LGBTQ+ history and heritage (through statues, memorials, plaques, and street and building names) can help more Boston residents feel seen and represented in their physical surroundings and streetscapes.



⁹ <https://www.calle24sf.org/en/about/mission-and-vision/>





15 PROACTIVELY ENGAGE COMMUNITY MEMBERS

Invite Bostonians to the decision-making table and empower them with the ability to shape decisions impacting their community.

INEQUITY:

Community engagement is fragmented, department specific, and is in many cases reactive as opposed to proactive. This means that community engagement occurs after major decision-making and designing has occurred, and prohibits meaningful representation and transparency that is central to incorporating resident voice and priorities.

SIGNIFICANCE:

Empowering residents and involving them in decision-making helps ensure that the **community's environmental, economic and health priorities** are being addressed.

IMPLEMENTATION IDEAS (how):

- Ensure that City programs, policies and practices are culturally and linguistically competent. Consider specific historic and current issues that relate to race, gender, ethnicity, immigration status, place of birth, etc.
- Build on BPHC Office of Racial Equity and the new Community Engagement Plan and toolkit as a model to use as inspiration and starting point.
- Create a Citywide Engagement Guide of best practices to be used across City Departments. Involve the community in developing the Guide with some sample outcomes:
 - Legitimacy and increased support for plans and projects
 - Improved community/government relations
 - Deeper understanding of the issues
 - Increase in community capacity
 - Lower long-term costs
 - Democracy in action



- Use a participatory action research approach for each community engagement opportunity.
- Lean on civic, faith, and nonprofit leaders to provide opportunities for resident leadership development.
- Develop best practices protocol for consistent use across all city functions.
- Create opportunities for engagement to be ongoing, not only project-based; demonstrate that residents have something to gain.
- Ensure that those impacted are included in the formulation of policy, project, etc. from the inception.
- Be clear and honest about the purpose of engagement (e.g. information session or actually seeking input that will impact the outcome?).
- Significantly expand existing Citizen's Academy efforts and train 100 residents in every neighborhood so community members have the know-how to serve on boards, be ambassadors, and interact with city leadership and advocate on behalf of their communities.
- Organize events that bring together city leadership with community leaders on a regular basis and meet in the neighborhoods.
- Establish a standing meeting whereby the City goes to the community and communicates in the language(s) of the immigrant communities in these neighborhoods.
- Re-establish the Office of Neighborhood Services City van presence in the neighborhoods for people to pay their bills.
- Advocate for continuation of engagement through virtual platforms.
- Provide constituents with a multilingual notice with information on how to request simultaneous interpretation at public meetings.
- Bring city services to the people (see Cambridge precedent: one stop- all city offices represented at booths in the gym at the Boys and Girls Club).
- Develop community based partnerships to translate and interpret materials and work towards producing format in a native language and distributing materials simultaneously to English versions.
- Divert money away from printed information materials and instead build capacity to engage community members through in-person event and activities in their immediate neighborhoods and places of gathering.
- Identify natural constituencies and organize voting drives that monitor elected and appointed officials and their actions/track record.
- Build on the Boston Public Health Commission's Community Engagement Plan.
- Significantly expand the existing Immigrants Lead Boston Civic Academy into other languages. Also expand the Citizens Academy program to include a larger number of residents from Boston's neighborhoods of color.
- Tailor engagement to the stakeholder group. Translation of materials is not the best approach for all immigrant communities. In some cases, it is better to keep materials in English and to hire a community leader to facilitate the meeting in-language.



16 AMEND CAPITAL BUDGETING PROCESS

Reinvest in neighborhoods without displacement and direct at least half of public infrastructure spending over the next 20 years to the census tracts/neighborhoods with the lowest life expectancy.

INEQUITY:

There is **uneven availability and quality of public spaces and infrastructure**, such as parks and safe streets, that fosters health and wellbeing.

SIGNIFICANCE:

Decades of **disinvestment in some neighborhoods have been perpetuated by conventional budgeting practice**. The value of an equity approach towards prioritizing and assessing capital budgets is a way for the city to take **concerted and wide-scale action**.

IMPLEMENTATION IDEAS (how):

- Formalize a City Hall budget evaluation process that applies an equity lens to internal and external inputs. Devise evaluation criteria to prioritize health and wellbeing outcomes. Reinvest in neighborhoods without displacement; direct at least half of public infrastructure spending over the next 20 years to neighborhoods largely comprised of priority populations.
- Create a **standardized rubric to prioritize capital projects** that each department can tailor to its fiscal budgeting process, building off the best practices from existing budgeting rubrics (e.g. Department of Streets, Sanitation, and Transportation capital budget prioritization tool.)
 - Assess the equity and social impacts of budget requests to ensure programs, projects, and other investments to help reduce disparities and promote service level equity, improve participation, and support leadership development.
 - Identify whether budget requests advance equity, represent a strategic change to improve efficiency and service levels, and/or are needed to provide for a basic standard of living and wellbeing.





- **Begin engaging Boston residents at the ideation phase of any project throughout the city.** Build upon participatory budgeting models.
 - Improve communication regarding the process, making it easy to understand when and how to be involved.
 - Explore the use of an interactive online tool to promote understanding of the budget, build on existing online mapping tool.
 - Consider requiring stakeholder engagement in the existing Budget Proposal Equity Framework.
 - Engage a broader set of community stakeholders that could be implemented based on city budget allocation.
 - Expand on the pilot program developed in conjunction with the Office of New Urban Mechanics (MONUM)⁷ to use different modes and methods to explain the budget and the budgeting process using performing art, etc.⁸

- **Information Needed:**

- Comprehensively document the criteria that major departments use to prioritize capital projects.
- Brainstorm health equity criteria and accountability mechanisms for capital budget planning.



⁷ https://www.boston.gov/sites/default/files/file/2020/06/monum_yir_2018-final.pdf

⁸ https://www.boston.gov/sites/default/files/file/2020/06/monum_yir_2018-final.pdf

17 COLLECT MORE GRANULAR DATA

Collect quantitative and qualitative data as granularly as possible to better identify and address needs specific to particular populations and geographic locations.

INEQUITY:

As Boston's 2019 Community Health Needs Assessment pointed out, lack of data at granular levels across demographics, neighborhoods, and communities limits the awareness of health inequities. To overcome these challenges, Boston must identify and invest in collecting granular data that policymakers can use to evaluate the reach and outcomes of their programs.

SIGNIFICANCE:

Disaggregated data can be used within the Health Equity Index to better estimate, identify and address current disparities. Performing analysis with specific parameters paves the way for more targeted policies and accountability structures.

IMPLEMENTATION IDEAS (how):

- The City should establish a baseline or minimum set of demographic data that is collected by all departments regarding their programs, policies and practices in order to better understand disparities so that programs, policies and practices can be reoriented to address those disparities.
- Data should be as disaggregated to the degree that is possible (by race, ethnicity, gender, age, religion, immigration status, nativity, preferred language, disability status, zip code, etc.) in order to develop policies and programs that target specific needs of specific populations (e.g. Black and brown young men, undocumented immigrants, unaccompanied Latin@ minors, isolated older adults, single mothers, etc.). Be aware that undocumented may hesitate to share information due to fear of federal agencies.
- Collaborate with the private and non-profit sectors to gather additional data to fill in the data gaps of city departments (e.g. workforce diversity data, university data, hospital data, etc.)

- Create an open data portal where the City publishes its data in an easily accessible manner (clean, consolidated, user-friendly, downloadable). This data would be accessible to anyone.
- Share data with community organizations, non-profits, residents and others working together to advocate and effect change and ask them to share their data with the City.
- **Hold a Data Summit** with relevant parties including those within City Hall as well as others (such as social service agencies, health care providers, community –based organizations, etc.) about data collection in order to understand how data is currently being collected, what the obstacles are, and how to improve the process.
- Use the **Health Equity Index** to measure, monitor and model health equity by race, ethnicity, etc. in specific neighborhoods. The Index should be used to diagnose where health inequity is most pronounced, across demographic groups and/or neighborhoods. The index could also show which domain (housing, economic opportunity, transportation, etc) is driving that inequality. The aggregate score can be disaggregated by each domain. The goal would be to identify what areas or demographic groups have the lowest scores and which domains within the index are most behind that inequity.
- City Staff should identify the capacity and staffing needs associated with collecting and sharing data.
- **Information Needed:**
 - Document the desired and actual granular data collected by departments.



18 DEVELOP HEALTH EQUITY IMPACT ASSESSMENT TOOLS

Evaluate, discuss, and mitigate potential negative impacts of both public and private activities before policy, program, practice, or project implementation.

INEQUITY:

Despite recent efforts by the City to address inequitable health outcomes, there has not been a concerted city-wide approach to integrate health and economic impacts within all policies, programs, practices, and projects. This has **contributed to inequitable health outcomes for communities of color and other marginalized populations.**

SIGNIFICANCE:

Previous public policies and private development have contributed to increasing prosperity that is unevenly shared, resulting in inequitable outcomes, further exacerbated by COVID-19. The Health Equity Impact Assessment tools will help the **City prioritize health equity and specify the conditions and needs of communities of color.** Assessing health and economic impacts ahead of time will **hold the developer accountable for mitigating harm.**

PERMITTING AS A HEALTH EQUITY ACCOUNTABILITY MECHANISM

- **Summary:** Private development is not held accountable for equitably serving all Boston residents. Advancing private interests and operational procedures without consideration for adjacent communities undermines the physical, economic, and mental wellbeing of Boston's most vulnerable residents.
- **Significance:** Identifying and assessing potential health and economic equity impacts before a project being implemented can help **proactively mitigate or prevent inequities.** This creates a common language and understanding for private actors to understand and play a role in promoting equity. Consider giving acknowledgment to projects through a publicly announced and displayed (e.g. on a building) "Equity Score"

EXISTING INITIATIVES TO BUILD ON:

- BPHC's Health in All Policies initiative
- BPS's Racial Equity Assessment Tool





IMPLEMENTATION IDEAS (how):

- Develop a Health Impact Assessment tool and require its users to create and evaluate all proposed City policies, programs, practices. Train City staff on how to apply and evaluate the tool. Tie to performance review and or program budget for accountability.
- The Health Equity Impact Assessment will provide a framework:
 - To assess the health impacts through social determinants of health of a proposed project
 - To measure impacts on specific populations and whether or not it exacerbates racial, ethnic, gender, disability, and other access inequities.
 - To conduct community engagement with an impacted community to assess impacts and generate mitigation measures.
 - To require that a Health Equity Impact Statement be submitted as part of the permitting process for private sector projects and incorporate as part of the performance review of City staff.
- **Information Needed:**
 - More clarity into development permitting approval and identify areas to incorporate health equity into Inclusionary Development Policy.



GOALS AND OBJECTIVES FRAMEWORK

The following section presents the goals and objectives co-developed with the Health Inequities Task Force intended to address the equity, health, and wellness outcomes of Boston residents. While the goals are aspirational, we provide some concrete, preliminary implementation steps, supplemented by precedents from other cities. The order in which the eight Goals are presented does not imply ranked priority of any sort. The goals and objectives capture the breadth of discussion that the Health Inequities Task Force engaged in, which is now distilled into a framework. The Goals and Objectives Framework offers a health equity lens to use when seeking funding, establishing partnerships, and crafting a vision for eliminating inequity. The initial framework presented here needs further vetting and a robust community input and engagement process that is yet to come.

- 1 Increase Home Ownership, Support Renters, and Promote Neighborhood Stability
- 2 Close the Wealth Gap
- 3 Increase Participation in the Economy
- 4 Expand Access and Opportunity for Students of Color
- 5 Increase Representation in Positions of Leadership, Influence, and Power
- 6 Increase Cultural Pride
- 7 Foster Well Being and Enhance Quality of Life
- 8 Increase Disease Prevention and Reduce Chronic Disease





GOAL 1:

Increase Home Ownership, Support Renters, and Promote Neighborhood Stability

WHY IS THIS IMPORTANT TO HEALTH AND WELLNESS?

Shelter is a basic human need. Housing stability is linked to better physical and mental health outcomes, employment stability, and better education outcomes.

“Gentrification is a big part of the problem, there needs to be more low income housing and affordable buying options for families in all neighborhoods. There needs to be neighborhood leaders and meetings.”

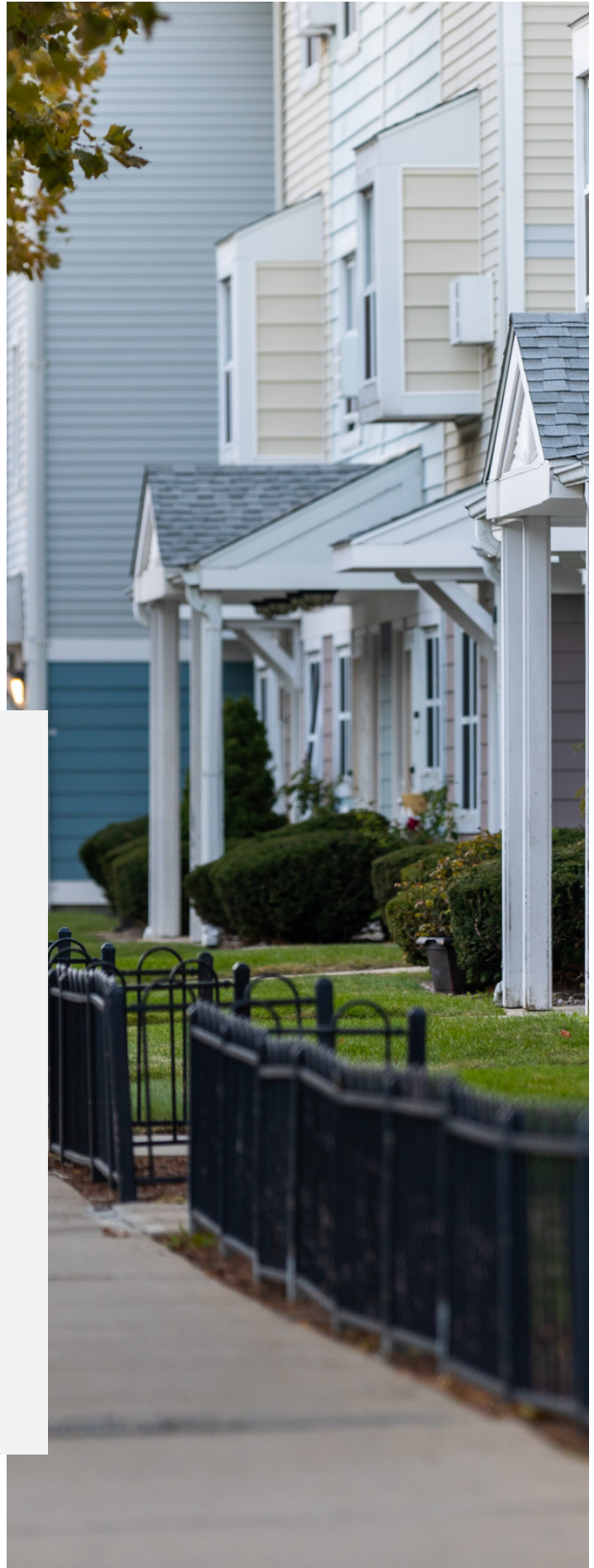
(respondent to youth survey)

“We need more affordable housing in places other than Dorchester and Roxbury.”

(respondent to youth survey)

“Make it easier for people of color to have access to loans, more access to affordable housing, and rent controlled housing.”

(respondent to youth survey)



EXISTING DISPARITIES

Black households have about 23 percent of the wealth of a typical white household, down from 34.6 percent before the Great Recession. In Boston, the homeownership rate for Black households is 35.3 percent, which is 33.5 percentage points lower than the homeownership rates for white households. Black-owned homes in Boston are typically valued at \$457,693, which is 17.1 percent lower than homes owned by white households.

As of July 2019, people age 65 and over represented nearly 12 percent of Boston's population – and that number is growing steadily. According to a 2018 AARP survey, 76 percent of Americans age 50 and up stated that they wished to remain in their own homes, or at least their own communities, as they aged. Yet the same survey revealed that only 59 percent felt that they would be able to age in place. Respondents cited obstacles including uncertainty about how to access support and services, and how to maintain a sense of community, with increasing age.

- Whites and nonwhites also exhibit important differences in assets that are associated with homeownership, basic transportation, and retirement. Close to 80% of whites own a home, whereas only one-third of U.S. Blacks, less than one-fifth of Dominicans and Puerto Ricans, and only half of Caribbean Blacks are homeowners. And while most white households (56 percent) own retirement accounts, only one-fifth of U.S and Caribbean Blacks, and 8 percent of Dominicans have them¹⁷.
- Although members of communities of color are less likely to own homes, among homeowners they are more likely to have mortgage debt. Nonwhite households are more likely than whites to have student loans and medical debt¹⁸.

OBJECTIVES: Expand first-time homeownership programs^[1]



IDEAS REGARDING STRATEGIES:

- Increase the reach of first-time homebuyer programs
- Provide regular support and check-ins to first time home owners for timely mortgage payments and meeting maintenance and repair needs. repairs/ maintenance funding programs
- Explore the reuse of office space made surplus due to COVID-19 into affordable live/work spaces, and cooperative living with shared common spaces, etc.
- Promote home ownership by working with community-based organizations that provide homeownership counseling and foreclosure prevention services.

Provide support and protections to renters

IDEAS REGARDING STRATEGIES:

- Prevent eviction and stabilize neighborhoods by providing additional legal services and additional financial support to residents threatened by eviction
- Increase dollars spent on wraparound services and cash assistance to support rent-burdened families with rent and other daily expenses
- Permit affordable housing based on neighborhood housing needs in accordance with AMI. Provide housing at all levels of affordability and accommodate families and their cultural practices. 80% AMI and below. Design physical spaces and applications for housing to accommodate people with disabilities.
- Invest in supportive services that are co-located within affordable housing developments (e.g. education, job and skills training, health and wellness, eviction prevention, youth and family services, employment services and career development).

¹⁷ Federal Reserve, The Color of Wealth in Boston

¹⁸ Federal Reserve, The Color of Wealth in Boston



Ensure that all people are housed in adequate shelter and that their temporary conditions do not become permanent

IDEAS REGARDING STRATEGIES:

- Streamline re-entry programs, workforce development programs, and homeless wraparound services around the goal of housing stability.
- Provide additional residential mobility counseling and housing search support
- Improve rules, conditions of public housing and work to avoid it being generational housing
 - Work with BHA to remove regulatory barriers that keep families apart
 - Work to remove obstacles that keep people from leaving public housing

Stabilize neighborhoods and support healthy and thriving communities

IDEAS REGARDING STRATEGIES:

- Support Boston City Council efforts to develop an equity standard with which to assess development plans so that they meet the neighborhood's needs [1]
- Review and revise zoning so that it reflects the City's commitment to equity
- Integrate health and equity into City's Comprehensive Plan
- Work with the BPHC to require that Health Impact Assessments are conducted for large development projects [2]
- Advocate at the state level for reducing the currently needed 2/3 majority required to change zoning so that a wider range of housing types can be allowed in more locations throughout the Commonwealth
- Identify and implement successful strategies to mitigate gentrification and displacement of communities of color
- Work with Age Strong to support older adults by providing a network of accessible housing for elders with disabilities, essential services, educational, cultural, social and recreational activities.
- Provide high quality public facilities and services such as schools, libraries, public safety, public transportation etc.
- Reduce the number of low/moderate-income residents who are displaced from their homes

[1] "Boston needs to adopt a planning equity standard, The Boston Globe, June 4, 2020. https://www.bostonglobe.com/2020/06/04/opinion/boston-needs-adopt-planning-equity-standard/?p1=Article_Inline_Related_Link

[2] Health Impact Assessment (HIA) is "a practical approach used to judge the potential health effects of a policy, program or project on a population, particularly on vulnerable or disadvantaged groups. Recommendations are produced for decision-makers and stakeholders, with the aim of maximizing the proposal's positive health effects and minimizing its negative health effects." (World Health Organization).



GOAL 2:

Close the Wealth Gap

WHY IS THIS IMPORTANT TO HEALTH AND WELLNESS?

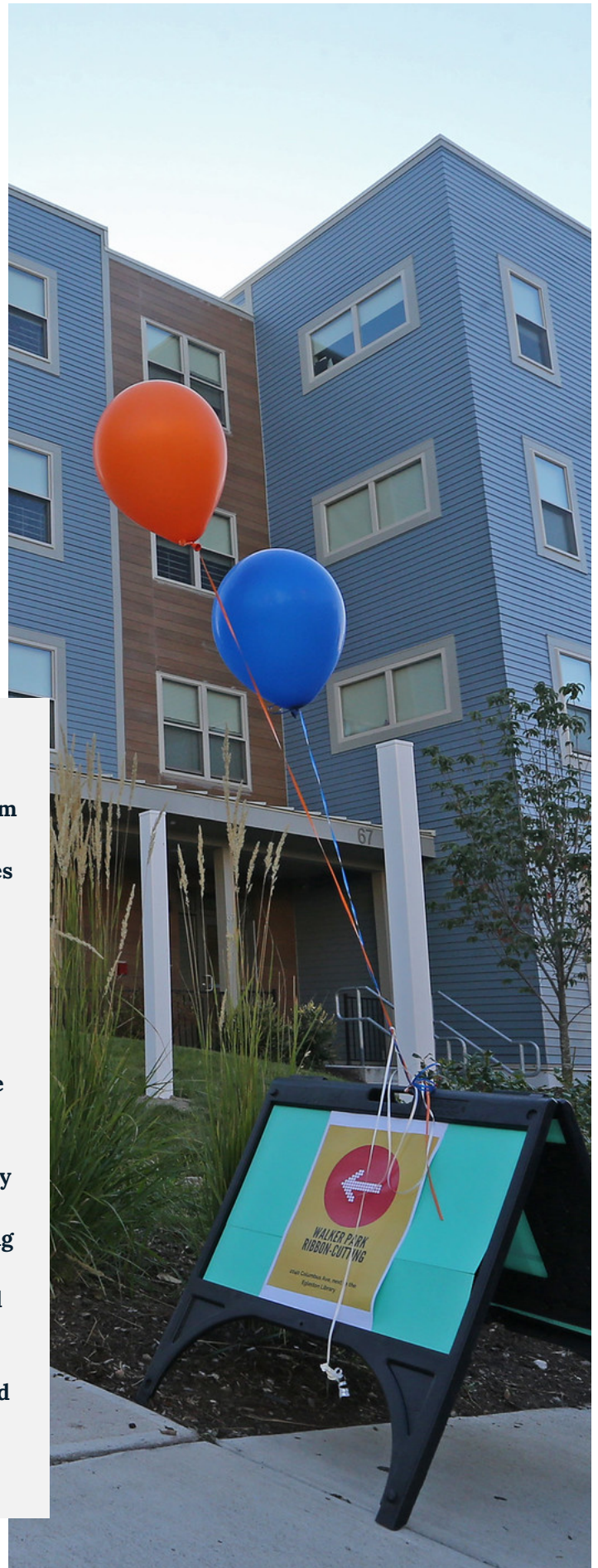
The relationship between health and wealth was first identified in the 1970s when wealthier countries were seen to have longer life expectancies. Since then, inequities between wealth classes have been found in numerous health outcomes, such as smoking, obesity, and rates of chronic disease. The wealthier people are, the healthier they tend to live.

“Racism is discrimination based on race. A system that puts people of color at a disadvantage and prevents them from having equal access to opportunities, education and basic human rights. Furthermore, it keeps minorities in a cycle of poverty they cannot escape.”

(respondent to youth survey)

“Population growth in the Boston MSA [metropolitan statistical areas] is already driven by the nonwhite population increase. Thus, the financial well-being of communities of color is central to ensuring the inclusive long-term growth and prosperity of the Boston MSA. Unless net worth outcomes in communities of color improve, the aggregate magnitude of the wealth disparity will increase. This is a first-order public policy problem requiring immediate attention. Policies aimed at bridging the wealth gap should also consider the wide diversity among nonwhite populations and be targeted or adapted accordingly. Policy solutions are complex and need to use a multifaceted approach that includes input from practitioners who are familiar with the unique needs and challenges different communities of color face.”

(Federal Reserve, The Color of Wealth)



EXISTING DISPARITIES

The City of Boston is characterized by large inequities in the distribution of wealth. Of the city's approximately 667,137 residents, 10% are Asian, 23% are Black and 20% are Latin@. There are persistent differences in income and poverty rates across these groups when compared with White Boston residents.

In 2015, a higher percentage of White residents had a household income of \$50,000 or more (76%) compared with Asian, Black and Latin@ residents (50%, 55%, and 42% respectively). Also in 2015, White residents had a poverty rate of 13%, while the poverty rate for Asian, Black and Latin@ residents was higher in comparison (30%, 21%, and 32% respectively) ^[1]



- Nonwhite households have only a fraction of the net worth attributed to white households. While white households have a median wealth of \$247,500, Dominicans and U.S. Blacks have a median wealth of close to zero. Of all nonwhite groups for which estimates could be made, Caribbean Black households have the highest median wealth with \$12,000, which is only 5 percent of the wealth attributed to white households in the Boston MSA¹⁹
- The coronavirus pandemic further widened that gap. A September poll from NPR found that 72 percent of Latin@ respondents, 60 percent of Black households, and 55 percent of Native Americans reported significant financial hardships due to COVID-19. In comparison, 36 percent of white households said the same

For every dollar the typical **white household** in Boston has in assets that can be turned into cash quickly, such as stock retirement:

African-Americans
in Boston have 2 cents

Caribbean blacks
have 14 cents

Puerto Ricans and Dominicans
have less than 1 cent



“The Color of Wealth in Boston” A Joint Publication with Federal Reserve Bank of Boston, Duke University and the New School (2015)

^[1] Boston Public Health Commission, CHNA, Health of Boston 2016-2017, p. 75

¹⁹ Federal Reserve, The Color of Wealth in Boston



OBJECTIVES:

Provide support and transfer know how to POC to enable them to accumulate assets and build credit and wealth

IDEAS REGARDING STRATEGIES:

- Provide on-going **financial coaching** to supplement and add accountability to financial literacy training including guidance in investing, developing credit and asset building
- Work with the Federal Reserve Bank's Department of Community Development and Outreach and the External Diversity Advisory Council to identify strategies
- Engage with federal, state and local public agencies to scan regulations related to subsidized housing, food, childcare, health, transportation, etc. for potential barriers to access.
- Prevent predatory lending by prohibiting high-cost lenders from operating in designated neighborhoods

Reduce number of people living below the poverty level

IDEAS REGARDING STRATEGIES:

- Consider a progressive tax system
- Consider raising the minimum wage
- Consider a **guaranteed minimum income** for all residents of Boston (in order to reduce number of households with zero net work, liquid asset poverty and those that are unbanked and underbanked)and/or **universal basic income** for those individuals determined to be eligible
- Provide **debt relief** for residents earning below a certain level to reduce the number of people with poor credit or unsustainable debt

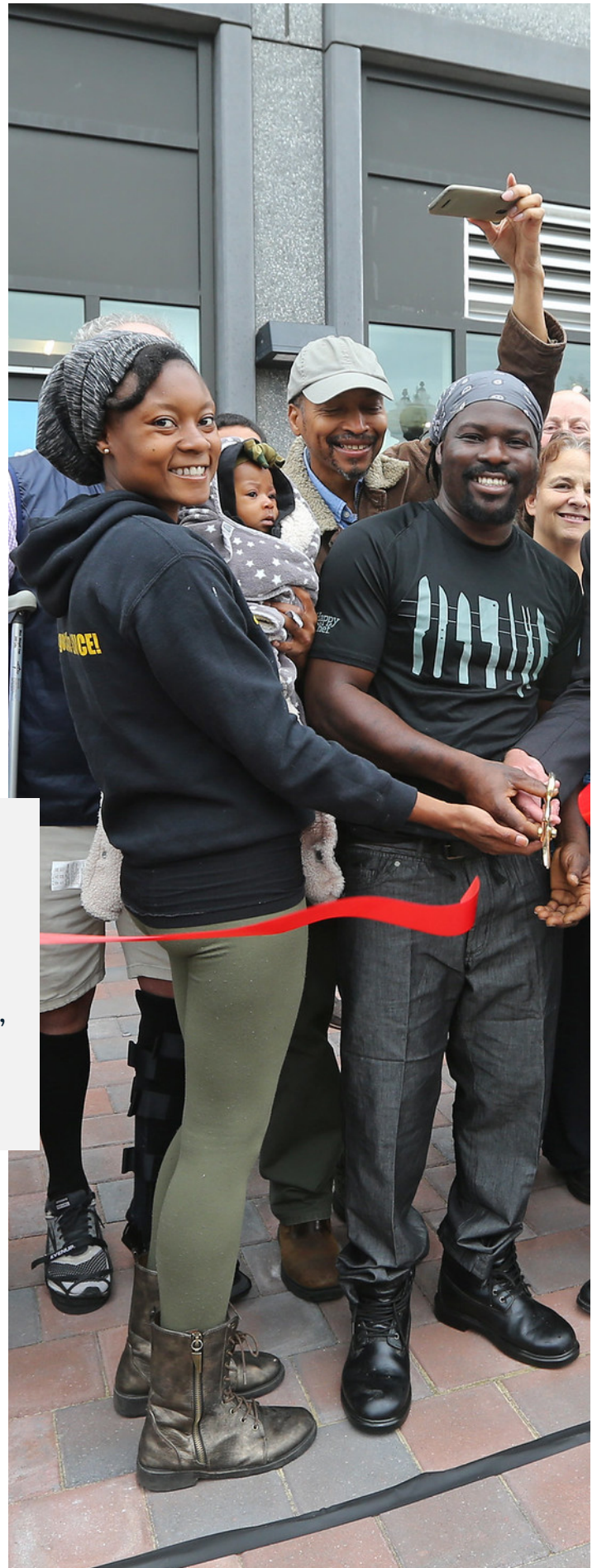


GOAL 3:

Increase Participation in the Economy

WHY IS THIS IMPORTANT TO HEALTH AND WELLNESS?

Economic participation improves health through two major pathways. First, participation improves access to healthcare due to the popularity of employer-based health insurance plans. The cost of healthcare and underinsurance are lower obstacles to those participating in the economy. Second, employment increases income, thereby increasing the resources of the household. Healthy food, stable housing, and safe neighborhoods are correlated with higher incomes.



**“Hire diverse people.
Like make it a rule in every organization.”**
(respondent to youth survey)

“Educate people on the importance of diversity.”
(respondent to youth survey)

There is evidence that during the pandemic Black and Latin@ workers filed more unemployment claims. Looking at the industries most affected by the pandemic, like restaurant and hospitality, adds further evidence that communities of color will have larger employment concerns due to the pandemic

https://www.bostonindicators.org/reports/report-website-pages/COVID-19_indicators-x2/2020/october/unemployment-deep-dive

EXISTING DISPARITIES

In 2018, the City launched a comprehensive Disparity Study (completed in 2020)^[1] to compile and analyze contracting data and to gather community input to understand the structural barriers to equitable procurement. The study provides some insight into minority group participation in the economy. Overall, the participation of minority- and woman-owned businesses in contracts and procurements that the City awarded during the study period was substantially lower than what one might expect based on the availability of those businesses for that work. The disparity index of 65 indicates that minority- and woman-owned businesses received approximately \$0.65 for every dollar that they might be expected to receive based on their availability for the relevant prime contracts and subcontracts that the City awarded during the study period. Disparity analysis results by individual racial/ethnic and gender groups indicated that:

- Three groups exhibited disparity indices substantially below parity: non-Hispanic white woman-owned businesses (disparity index of 76), Black American-owned businesses (disparity index of 12), and Hispanic American-owned businesses (disparity index of 70).

- Asian American-owned businesses (disparity index of 141) and Native American-owned businesses (disparity index of 100) did not exhibit disparities.

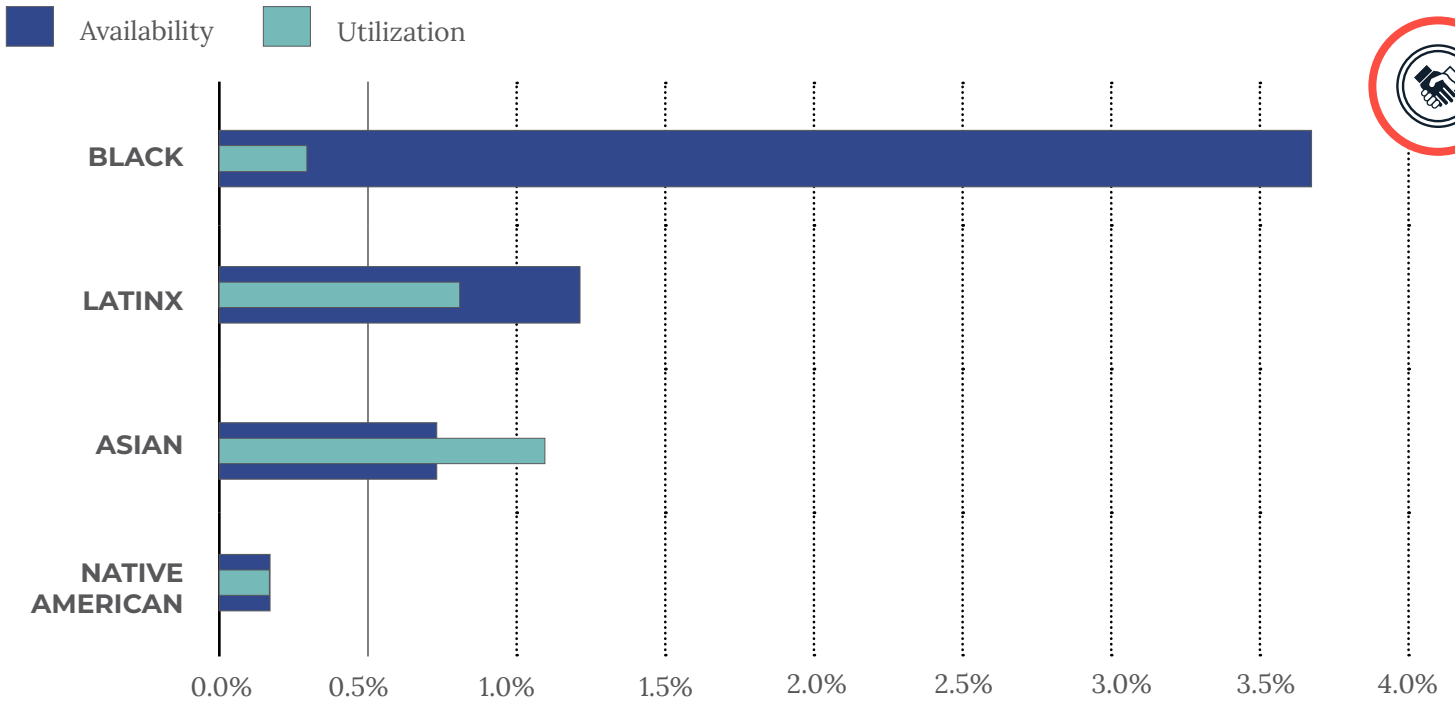
In addition, the disparity study provides information about factors that the City should review in considering whether an adjustment to its base figure is warranted, particularly information about the volume of City work in which minority- and woman-owned businesses have participated in the past; barriers in the Boston area related to employment, self-employment, education, training, and unions; barriers in Boston related to financing, bonding, and insurance; and other relevant information. In contrast to race- and gender-neutral measures, race- and gender-conscious measures are measures that are specifically designed to encourage the participation of minority- and woman-owned businesses in government contracting. The City does not currently use any race- or gender-conscious measures as part of the Small Local Business Enterprise (SLBE) Program



^[1] https://www.boston.gov/sites/default/files/file/2021/02/2020%20City%20of%20Boston%20Disparity%20Study%20Final%20Report_1.pdf

BLACK AND LATIN@ BUSINESSES RECEIVE EXCEEDINGLY LOW SHARES OF BOSTON CITY CONTRACTS RELATIVE TO THEIR AVAILABILITY.

Share of all companies in the local market determined to be ready, willing, and able (available) to fulfill city contracts, compared to the utilization of companies, by race/ethnicity of business owner, for 47,801 contracts worth \$2.1 billion, Boston, 2014 - 2019



Survey and analysis commissioned by City of Boston and completed by BBC Research & Consulting
 Chart: Boston Indicators • Source: [BBC Research & Consulting](#) • [Get the data](#) • Created with [Datawrapper](#)





OBJECTIVES:

Develop pathways to employment for POC

IDEAS REGARDING STRATEGIES:

- Develop a pipeline of POC candidates for leadership positions across industries and job positions. Identify and provide job training, mentoring, and hiring.
- Design workforce training to account for the future of work and shifts in skills required to be a competitive worker, especially in light of the impacts of COVID-19
- Set hiring goals for the City and actively implement increasing the number of contracts awarded to MBEs/WBEs owned firms. Enforce MBE requirements. Identify obstacles to enforcing these requirements. Consider fining those who do not comply (payment could go to a fund to support businesses owned by POC, coops, etc.)
- Reframe union discussions and negotiations to include provisions for diversity in hiring
- Use alternative recruitment software and practices to identify diverse candidates. Negotiate a local preference for BPS graduates or trainees from vetted City of Boston (or affiliated) workforce training programs.
- Make public information and accolades regarding companies that promote and support diverse hiring at all levels (see TOP TEN companies in terms of diversity and inclusion identified by Boston healthcare nonprofit Commonwealth Care Alliance).²⁰
- Work with youth participating in Mayor’s Youth Employment Program and provide them with coaching on accessing financial products such as a savings account that allows for direct payroll deposit.

Provide needed services to support resident participation in the workforce

IDEAS REGARDING STRATEGIES:

- Articulate living wage standards using tools like the MIT Living Wage Calculator that accounts for household size and zip-code related standards of expenditure.
- Consider providing fare-free public transit ²¹
- Allow more flexibility in credentialing and licensing for those credentialed outside of the US. ²²
- Provide quality low-cost daycare for residents below a specific income threshold
- Increase support to Adult Education, ESOL programs and multilingual workforce training. Increase the funding for New Bostonians programs. Offer these services and trainings in satellite locations across the city, (e.g. faith-based organizations, third spaces, and public facilities such as libraries, community centers and school buildings)
- Support expansion of the City’s pilot internship program for foreign trained professionals
- Invest in English skills and explore additional funding mechanisms for English language classes. Consider offering tax credits to companies who provide free English Language Learning for their employees (Salt Lake City is exploring this possibility)

²⁰ [The 10 best places to work in Massachusetts based on diversity and inclusion](#)

²¹ <https://freepublictransport.info>

²² Learn from the way City has been more flexible due to COVID-19



Continue to provide support to small business owners

IDEAS REGARDING STRATEGIES:

- Continue to provide support and seminars for business/financial planning, with moving on-line, access to capital, bookkeeping, marketing, etc. (Small Business mobile workshops, etc.)
- Create a Venture Capital Fund available to POC and women owners. Also establish an MBE/WBE Credit Line
- Provide “incubator space” such as a retail pop up for small businesses owned by people of color ²³
- Consider providing a Public Benefits Requirements (commitments to efforts to support wealth creation in communities of color such as job fairs and support of local business incubators) in exchange for property abatements ²⁴
- Collaborate with non-profits to create a program with a comprehensive full array of support from concept to business planning, to site/space selection, etc. ²⁵ Provide specific support to restaurant owners as they have suffered significantly due to COVID-19. Perhaps help to set up a commercial kitchen space or where overhead costs can be shared
- Help to promote businesses owned by POC (e.g. provide marketing and assets branding support)
- Regularly engage circular economy, land trusts, and cooperatives and identify shared goals and ways to collaborate ²⁶
- Work with financial institutions to provide financial gap financing through loan programs geared towards providing support to small businesses, especially those that are minority- and woman-owned



²³ EXAMPLE: My People’s Market, Portland, OR.: <https://www.mypeoplesmarket.com>

²⁴ EXAMPLE: Prosper Portland: <https://prosperportland.us/portfolio-items/portland-enterprise-zone/>

²⁵ EXAMPLE: The Detroit Economic Growth Corporation (DEGC) Motor City Match Program provides support a business owner from an idea to execution, including connecting business owners with available space through providing grants to the businesses and the property owners. The program provides business planning support, site selection services, architectural design services and cash matches and connections to loan options at Community Development Finance Institutions.

²⁶ EXAMPLE: Workers Collaborative in East Boston led by Columbian woman .Have Zumix radio program called Cooperativas (Luz Zambrano is leading this work).



GOAL 4:

Expand Access and Opportunity for Students of Color

WHY IS THIS IMPORTANT TO HEALTH AND WELLNESS?

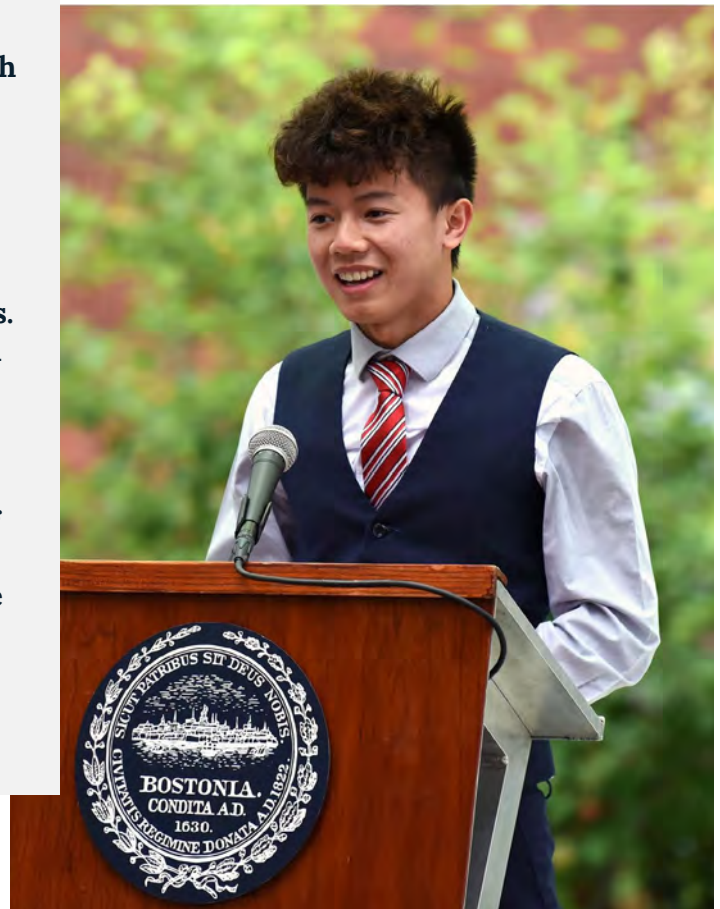
Educational attainment is correlated with nearly all social determinants, from employment and income, to housing and the community in which people live. Hundreds of studies have documented a positive health gradient in terms of education. Improving opportunities for education will increase lifelong potential for health and wellbeing.



“End the School to Prison Pipeline. Remove BPD from public schools and invest in the mental health of students of color. Hire educated counselors. I believe to effectively fight racism Boston must take an active Anti-Racist stance. Being neutral isn’t enough anymore”(respondent to youth survey)

“Invest in our schools and after-school programs. Better Black history and making it mandatory in school curriculums.”(respondent to youth survey)

“Education is key. To raise a new generation that is respectful of all cultures, we need to be inclusive of those cultures from the beginning. Implementing classes that specifically teach the history of diverse cultures is very important.”
(respondent to youth survey)



EXISTING DISPARITIES

The 2019 Community Health Needs Assessment highlights the educational disparities; While statistics point to a well-educated community (48% of Boston adults have a college degree or more), there are substantial differences across racial and ethnic groups, whereas a higher proportion of White and Asian adults have college degrees or more (70% and 57%, respectively), while one in five Black and Latin@ adults do.



OBJECTIVES:

Increase access to K-12 education and training programs

IDEAS REGARDING STRATEGIES:

- Develop more mentoring programs and connect high school students to internship programs
- Develop more after school homework help/tutoring programs, early education intervention, enrichment programs
- Consider expanding the METCO program to more suburbs so as to increase the opportunities for enrollment available to students from Boston²⁷
- Identify the different needs experienced by the different sub-groups of students of color²⁸
- Provide wrap around and support services to families in need of additional support (these include childcare, social services, ESL classes, etc.)
- Conduct culturally competent outreach to parents of school-age children so that they feel welcomed into the schools, understand the schools expectations of them and are able to be involved in their children's education in meaningful ways
 Increase the number of teachers of color in the Boston Public Schools²⁹
 - Forgive loans for teacher training programs for teachers of color
 - Increase teacher of color retention rates.
 - Increase the number of native multilingual teachers
 - Help to connect teachers that have cultural competency to licensing programs
 - Ensure that all students graduating from Boston public schools are able to read and write at a level that allows them to secure a "good" job, one that pays a living wage and provides basic benefits.
- Ensure that all students graduating from Boston public schools are able to read and write at a level that allows them to secure a "good" job, one that pays a living wage and provides basic benefits.

²⁷ <https://metcoinc.org>

²⁸ The Boston Schools Education Equity Task Force has studied these issues

²⁹ research indicates that having more representation of the student body has positive impacts on the educational experience and outcomes



Connect education to the workforce and increase access to 21st century careers

IDEAS REGARDING STRATEGIES:

- Conduct culturally competent outreach and training programs (including multilingual programs) to increase access to workforce training for new immigrants
- Celebrate individual achievements of POC to provide role models and inspiration
- Provide Adult Education, English Language Learning, and vocational training for adults, including multi-lingual training. Include providing appropriate classes and resources for persons who cannot read in their native language.
- Bridge the digital and physical technology divide among families by providing wi-fi hot spots and accessible loaner devices in satellite locations around the city.
- Make a greater commitment to public higher education and connect universities to communities of color and encourage them to do more mentoring programs for Boston high school students including providing free or low-cost summer programs to students of color
- Offer free college tuition to students enrolled in UMass for families earning less than \$100K
- Support historically marginalized and first generation BPS students to start and complete higher education.
 - Increase and disseminate college access information
 - Increase access to financial aid and scholarships (e.g. Expand the Abigail Adams scholarships, provide more scholarships to UMASS Boston)
 - Ensure continued support, and post-secondary coaching and mentoring
 - Obtain a commitment from Boston colleges and universities to set aside a percentage of seats and scholarships for BPS students
 - Connect college students of color to internship programs
- Increase support and capacity of Madison Park Vocational and Technical High School
- Develop job readiness programs for all students in the BPS system, including entry level skills, e.g. interview skills, time management, dress for success, etc
- Host job fairs for people of color
- Advocate at the state level for changing the school funding equation that currently relies on real estate taxes which in turn results in disparities in education and racial segregation
- Offer scholarships and in-state tuition to undocumented youth.
- Support efforts at the State level to pass a bill that would allow undocumented students that graduate from high school to pay in-state tuition at state colleges (they currently have to pay the same as an international student). Twenty-one (21) states, including CT, RI and NY have adopted such legislation.
- Support the City's Work readiness program for immigrant youth (regardless of their immigration status)



GOAL 5:

Increase Representation in Positions of Leadership, Influence, and Power

WHY IS THIS IMPORTANT TO HEALTH AND WELLNESS?

Political representation is one of our three dimensions for achieving health justice. Eliminating health inequities is a long-term process where many future decisions, both small and large, will be necessary to finally resolve it. This extends beyond representation -- rather, it will foster reimagining and rebuilding Boston. City of Boston leaders must look like and understand the needs of its population to engage in informed and compassionate decision-making. Despite good intentions and the introduction of new policies, practice, and programs, health inequities have remained for decades. It is time for intentional change of power to reach the equity goals we want to see.



If I had to pick one thing, it would be to have diverse people at all levels of employment across Boston, especially people who have decision-making power.” *(respondent to youth survey)*

“Put more people of color in positions of power by going into neighborhoods of color to make them aware of local politics, events, job opportunities, etc.”*(respondent to youth survey)*

“POC in higher places in government.”
(respondent to youth survey)

EXISTING DISPARITIES

The 2015 City of Boston Workforce Report prepared by the Mayor's Office of Diversity highlights racial and gender annual pay rate disparities for full-time and part-time municipal staff. While the city workforce was more equitable in gender when Boston Public School (BPS) employees are included in the data set (52% women and 47% men), women makeup only 28% of the full-time employees without including BPS staff. The study also cited differences across racial groups (58% White, 26%, Black, 11%, Latin@, and 4%

Asian). Compared to racial composition of Boston residents, both Asian (9% of residents vs 4% CoB employee) and Latin@ (17.5% of residents vs 11% CoB employee) were underrepresented, and conversely Whites overrepresented in City employment.

Since this [report](#), strides have been made to reduce the racial and gender disparities and can be tracked on [City of Boston's Interactive Employee Demographics Dashboard](#). Employment data is transparent and frequently updated on the dashboard.



OBJECTIVES:

Recruit and promote qualified people of color to positions of leadership within City government

IDEAS REGARDING STRATEGIES:

- Expand current and traditional hiring channels and pipelines. Work with embedded neighborhood organizations to disseminate job descriptions.
- Partner with workforce development organizations to offer interviewing/job training soft skill and hard skill training.
- Provide mentoring and long-term education and career counseling to create a pipeline of qualified candidates
- Nurture youth leaders who serve on local student councils and the Boston Student Advisory Council (BSAC). Guarantee several slots for BSAC candidates for City internship and youth leadership programs.

Continue to maintain and work to expand a database of talents and skills of POC and make it available at large

IDEAS REGARDING STRATEGIES:

- Conduct outreach to area large employers including healthcare and educational institutions to set and track performance against POC hiring targets
- Consider ways that the City could provide benefits/incentives to employers for recruiting talented workers of color.
- Promote professionals of color to be speakers at conferences and other venues
- Create a standard like "affirmative action" for government jobs, schools, private businesses, etc.
 - Challenge (e.g. make 50% of your cabinet people of color), ask for commitments and hold accountable
 - Develop requirements, provide incentives (set equity requirements for doing business with the City, provide tax advantage to those who hire POC)



Celebrate POC that are in leadership positions so that they may become role models

IDEAS REGARDING STRATEGIES:

- Revive the annual Black Awards Event to recognize Black leadership³⁰
- Develop a website to recognize the contributions and publish news of regarding people of color to increase pride in the community and provide role models for youth³¹
- Celebrate students who serve on the Boston Student Advisory Council for their leadership once they have graduated

Expand networks and relationships

IDEAS REGARDING STRATEGIES:

- Develop and nurture mentorship and apprenticeship programs to enhance accessibility to positions that have excluded people of color³²
- Conduct outreach to large companies who have Employee Resource Groups (ERG) that have affinity groups for staff of color



³⁰ EXAMPLE: Afro Caribbean Black History Gala, Ebony Gala Boston, Boston Black Excellence Awards

³¹ EXAMPLE: years ago there was a publication called “Black pages”

³² EXAMPLE: Conexion has built a pipeline for Latinx communities (Phyllis Barajas): http://conexion-all.org/?fbclid=IwAR0J2VIOaFrygC1mYFURY_WRKe4-fxecjRa1Z4hQDqMPY6w0bV_IIV8xv-Q

GOAL 6:

Increase Cultural Pride

WHY IS THIS IMPORTANT TO HEALTH AND WELLNESS?

Racism is the core cause of many of the health inequities we see across demographic groups. The effects of racism do not simply vanish by expanding opportunity and removing barriers in a cherry-picked fashion. Racism imprints itself and has lasting impacts that can only be overcome with comprehensive policies, practices, and programs that consider its historical legacy. Overcoming racism thus also involves celebrating community pride in every part of Boston's many neighborhoods.

Racism is not born, it's taught...Racism was built up on the idea that colored people don't have a place in this world and never will."

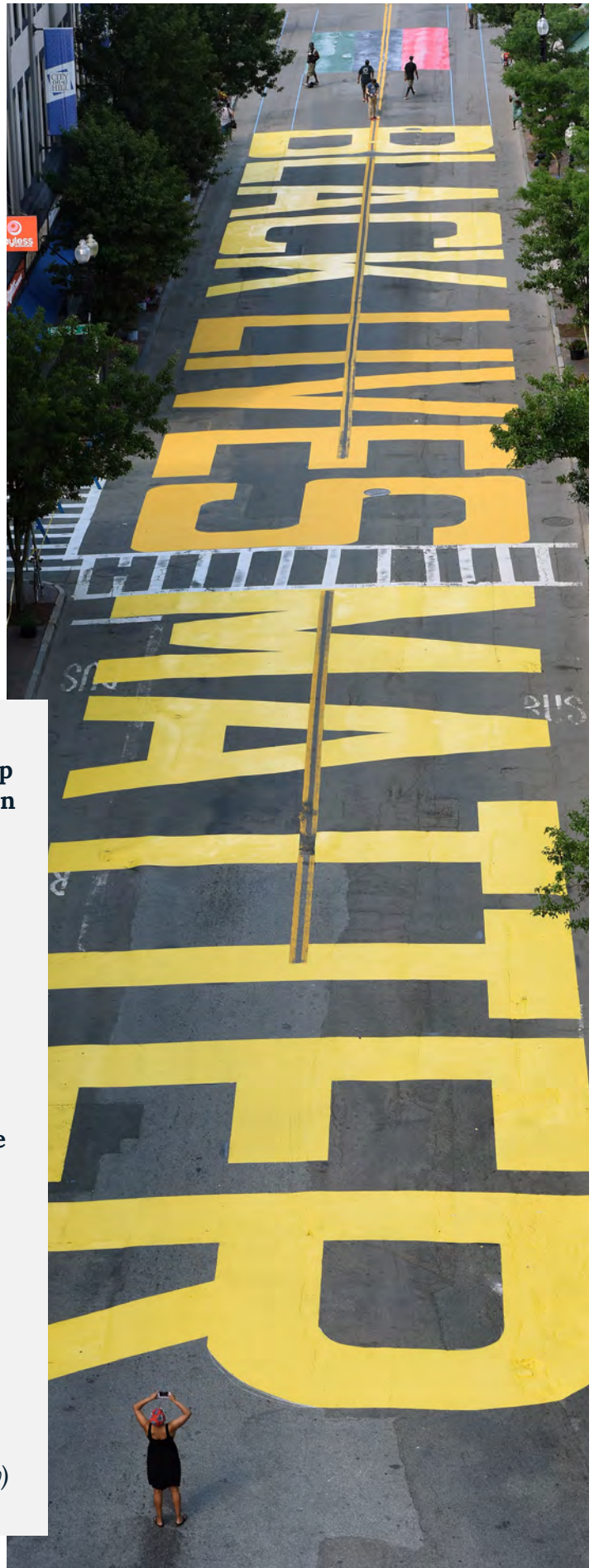
(respondent to youth survey)

"Police need to be re-evaluated. People need to start being considerate, accepting, open-minded and kind. There should be community groups for people who have experienced racism where they can go and talk to others that they can relate to. There should be community groups for people of color, LGBTQ+, Hispanic/Latinx, etc. More artwork on the streets representing people of color and their heritage and the LGBTQ+ community. I want to live in a city that brings people together, not pull them apart."

(respondent to youth survey)

"Why was the Nelson Mandela mural broken down for housing?"*(respondent to youth survey)*

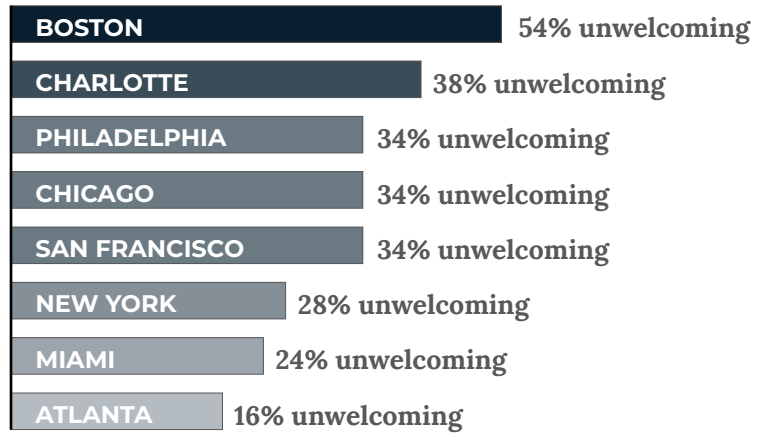
"Let's stop the destruction of murals representing people of color. We can put up more statues to represent them as well." *(respondent to youth survey)*



EXISTING DISPARITIES

A national survey commissioned by the Boston Globe in 2017 found that among eight major cities, Black people ranked Boston as least welcoming to people of color. More than half – 54 percent – rated Boston as unwelcoming. For a specific example, a recently completed survey that asked 953 Boston residents their attitudes about the Seaport (the new waterfront neighborhood that was developed with tax dollars from all of the City’s residents) found that, overwhelmingly, Black residents feel less comfortable in the Seaport than white people do. Specifically, 24 percent of Black respondents said they find the place unwelcoming, compared with a mere 6 percent of whites.³³

Among African-Americans: How welcoming are these cities to people of color?



Source 2017 survey by Chadwick Martin Bailey, a market research and strategy firm in Boston



OBJECTIVES:

Support various racial and ethnic groups to express their heritage

IDEAS REGARDING STRATEGIES:

- Install easily accessible, attractive and navigable signage in the City’s top 10 most commonly spoken languages. Such signs should be installed in City Hall as well as throughout the City to help with wayfinding as well as being welcoming.
- Support communities of color to publicly celebrate and share their heritage with festivals, events, banners, holidays, etc. both to preserve cultural legacies and to invite visitors to learn about the rich and varied cultures living in Boston
- Promote place names that reflect residents’ backgrounds³⁴
- Support the creation of a mural festival with local artists and community participation³⁵
- Encourage and support community groups to hold events where the purpose is cultural exchange (food, music, visual and performing arts, etc.)
- Support communities to be actively involved in revitalizing key commercial corridors by leveraging cultural assets (e.g. conduct cultural asset mapping through Main Streets programs and then actively promote and market)
- Consider creating a Museum of Boston’s immigrants to house the history, stories and cultures of the multiple peoples that have called Boston their home.
- Provide more support and visibility to the Museum of African American Art.
- Implement a municipal ID program. Municipal ID cards provide everyone living in the city—immigrant or native-born, documented or undocumented—with access to important benefits like library cards, pre-paid debit cards, and public transportation.
- Develop a Strategic Welcome Plan for newly arrived immigrants and refugees
- Work with immigrant serving organizations to expand their welcome reach.
- Continue to support the Driver’s License Bill Advocacy at the State Legislature
- Support and encourage the celebration of intersectional identities and POC who also identify as LGBTQ+, disabled, etc.

³³ <https://www.bostonglobe.com/metro/2019/07/23/will-people-color-ever-feel-that-they-belong-seaport/elrjuQvuVS9qDrEPvDYfCP/story.html>

³⁴ EXAMPLE: Names of streets, intersections, plazas, schools, parks, etc. such as: Avenue of the America’s, Boston’s Latin Quarter, etc. Another example from elsewhere; Medfield has a list of approved street names that developers must choose from, that is required in the Subdivision Rules and Regs. The list <<http://ma-medfield.civicplus.com/DocumentCenter/View/1185/Committee-to-Study-Memorials-Street-Listing-PDF?bidId=>

³⁵ EXAMPLE: Fresh Paint Springfield: <https://www.freshpaintspringfield.com>



Use a variety of methods to teach and promote the history of residents of diverse backgrounds in the neighborhood

IDEAS REGARDING STRATEGIES:

- Incorporate neighborhood history and locally-connected/customized ethnic studies in school curriculum³⁷
- Overlay telling history onto the urban landscape through signage, plaques, QR codes and listening cones or other technologies for story telling. Install plaques, statues, murals, etc. commemorating important individuals and historical moments³⁸
- Continue and expand tours of neighborhoods of communities of color for school children, residents and to invite tourists³⁹
- Encourage/incentivize City employees to attend tours in order to promote an appreciation and understanding of neighborhood assets and needs
- Design diverse, multimedia curriculum featuring authors of color. of schools across the State⁴⁰
- Create safe and healthy space for dialogue and community input on reimagining public spaces and monuments especially with regard to public monuments commemorating the history of slavery and the emotional trauma this causes

Recognize and promote community assets whether individual talents, collective efforts, history, accomplishments, natural and historic features in the environment, etc.

IDEAS REGARDING STRATEGIES:

- Lift up and celebrate individual and community achievements of people and communities of color by telling stories at events, highlighting features in the environment and honoring individuals; celebrate contributions
- Create a connected network of spaces and stories to promote continuity and connectivity; a stronger sense of rootedness (e.g. this could be done in a variety of ways including through a system of signage, in temporary exhibits, promotional materials, etc.)
- Include artists in the conversation and in helping to promote assets, stories, etc.⁴¹
- Acknowledge elders by lifting their voices. Youth could collect stories and present them. Should be multilingual. Could be an exhibit in public spaces

³⁷ EXAMPLE: Boston Teachers Union Ethnic Studies Now! <https://sites.google.com/view/bpsethnicstudiesnow/home?authuser=0>

³⁸ Grove Hall has the Roxbury Historical Trail. There is also a smart phone app for it called Distrix

³⁹ EXAMPLE: Discover Roxbury Tours: <https://www.wheretraveler.com/boston/discover-roxbury-tours>

EXAMPLE: Harlem Walking Tour: https://www.viator.com/tours/New-York-City/Harlem-Walking-Tour/d687-8189P3?m=28353&sup-ag=76382119171&supsc=dsa-649086883411&supai=398470212436&supap=&supdv=c&supnt=nt:g&suplp=9002057&supli=&supti=dsa-64908688-3411&tsem=true&supci=dsa-649086883411&supap1=&supap2=&gclid=CjwKCAjw-5v7BRAmEiwAJ3DpuALrhBkVB7c2Tt0AaVY0reAv2YhOmVEpxR-SQiE821_4mA_f_t-ADYhoCS4sQAvD_BwE

⁴⁰ EXAMPLE: Teaching for Change provides teachers and parents with the tools to create schools where students learn to read, write and change the world. <https://www.teachingforchange.org>. Also see: https://www.bostonglobe.com/2020/09/18/metro/how-teachers-are-bringing-lessons-racial-justice-uprisings-into-classroom/?et rid=1767609057&s_campaign=metroheadlines:newsletter

⁴¹ Artists for Humanity Hyde Square Task Force, IBA



Provide opportunities for community gathering to support community building and help build social capital⁴²

IDEAS REGARDING STRATEGIES:

- Provide spaces such as plazas, squares, public performance space, and street furniture including benches in new developments and/or set up a fund for developers to contribute to this purpose (landscaping, street furniture, façade improvements, signage, etc.)⁴³
- Support the Department of Neighborhood Development in their efforts to make improvements to neighborhood public spaces
- Ensure that parks and other public spaces feel safe and that their quality and maintenance efforts are equitable across all neighborhoods
- Ensure equitable disability access to public spaces for adults and children with disabilities.



⁴² Planners seeking to support thriving communities are focusing on the critical role that **“third places”** can play in strengthening our sense of community. “Third places” is a term coined by sociologist Ray Oldenburg and refers to places where people spend time between home (“first” place) and work (“second” place). They are locations where we exchange ideas, have a good time, and build relationships.

⁴³ Consider setting up a PILOT (Payment in Lieu of Taxes) Community Benefits fund where developers can contribute to such efforts



GOAL 7:

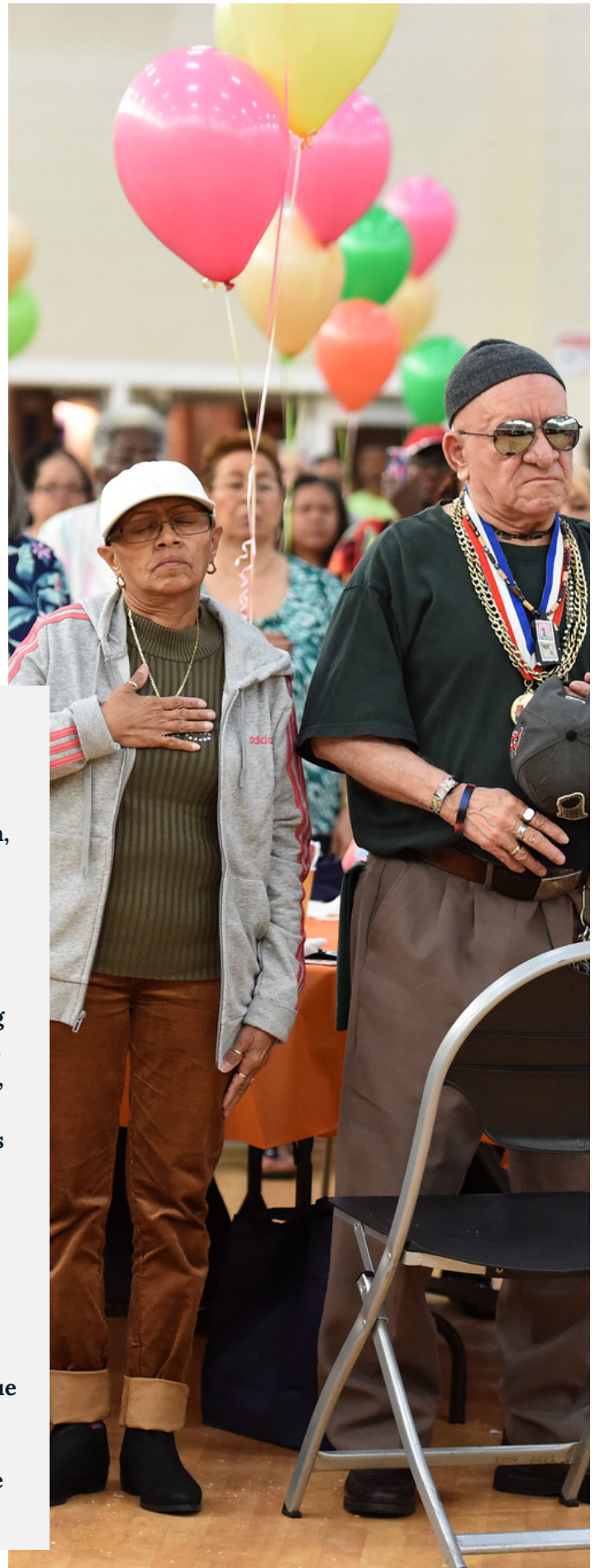
Foster Well Being and Enhance Quality of Life

WHY IS THIS IMPORTANT TO HEALTH AND WELLNESS?

The absence of physical disease does not sufficiently meet this Plan's standard for health and wellness, whether it be mental or physical. A dignified standard of living that this Plan strives toward is one that spans across all facets of living in the City of Boston.

"I do believe that certain POC neighborhoods disproportionately get COVID-19 and its because of the historic racism of red-lining. These neighborhoods do not get much funding in public services, transportation, etc. and so they cannot effectively protect themselves from COVID-19." *(respondent to youth survey)*

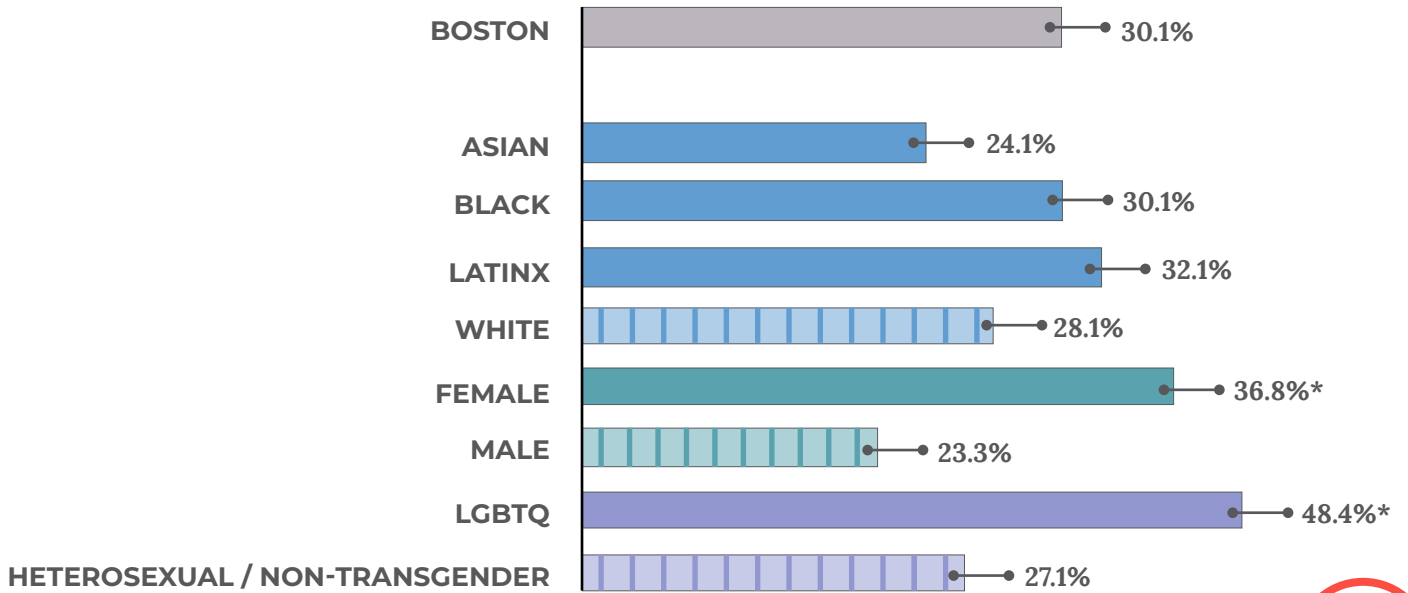
"To reduce racism in the city of Boston, we should continue to provide free or low-cost programs such as local farmer's markets or COVID-19 pop-up testing sites. We should also continue to educate everyone in our community through newsletters, advertisements, and other forms of communication. Students and families should be given access to the same resources as a family living in the suburbs and by that I mean free tutoring in the Boston Public School System or access to fresh fruits and vegetables for lunch and dinner. All public places should be inclusive and accepting of all races, ethnicities, religions, sexual orientations, identities, etc. There should be anti-racism and exclusion laws for every establishment in the city of Boston. The city of Boston can also continue to educate anti-racism by celebrating Heritage months, acknowledging racism in our history, and providing resources and opportunities to be inclusive of everyone." *(respondent to youth survey)*



EXISTING DISPARITIES

Mental health was the third highest health priority of Boston residents from the Community Health needs assessment. The graph below shows disparities within the burden of mental health of high school students. Nationally, Blacks are three times as likely to be killed by police than Whites and Latin@ individuals are twice as likely as Whites to be fatally shot by police. Seventy percent of people encountered by Boston Police officers through the department’s “Field Interrogation and Observation” program throughout most of last year were Black – even though Black residents comprise less than one quarter of the city’s population.*

Percent Boston Public High School Students Reporting Persistent Sadness, by Boston and Selected Indicators. 2013, 2015, and 2017 Combined



OBJECTIVES: Increase Sense of Safety

IDEAS REGARDING STRATEGIES:

- Improve the relationship between police and residents, support community policing, etc.)⁴⁴
- Provide adequate street lighting
- Disseminate Know Your Rights information especially to immigrants
- Increase efforts to reduce street violence⁴⁵
- Develop a citywide plan for supporting young people and helping them to feel welcome throughout the City’s outdoor and indoor spaces
- Develop a network of volunteers to walk children, elders and others to destinations in their neighborhood where they may feel or be unsafe⁴⁶
- Evaluate the need for traffic calming in neighborhoods where majority residents are POC and implement measures where needed
- Prohibit the sharing of information with ICE with regard to individuals suspected of criminal activity
- Continue support for immigrant legal needs for immigration status through the Greater Boston Immigrant Defense Fund, Citizenship Day and soon to come TPS initiative.

* <https://www.wgbh.org/news/local-news/2020/06/12/Black-people-made-up-70-percent-of-boston-police-stops-department-data-show>

⁴⁴ See recent [Police Reform Task Force](https://www.boston.gov/sites/default/files/file/2020/09/Boston%20Police%20Reform%20Task%20Force%20Initial%20Report%20-%20English.pdf) recommendations that include creating an independent Office of Police Accountability and Transparency, expanding the use of body cameras, and formalizing BPD commitment to diversity and inclusion, including hiring policies and practices. <https://www.boston.gov/sites/default/files/file/2020/09/Boston%20Police%20Reform%20Task%20Force%20Initial%20Report%20-%20English.pdf>

⁴⁵ Work with non-profits on implementing violence reduction programs by working with youth in gangs, etc.

⁴⁶ Safe Passage Program, Tenderloin neighborhood in San Francisco: <https://tlcbd.org/safe-passage/>



Provide opportunities to incorporate fitness into everyday life and promote healthy lifestyle choices

IDEAS REGARDING STRATEGIES:

- Improve and increase infrastructure for walking and biking (sidewalks, bike paths, trail systems, bike share programs)
- Ensure equitable access to quality and culturally relevant open space and recreation for all ages; make inviting/welcoming to families, communicate multi-lingually
- Provide and invite community members public fitness equipment in parks and on trails. Partner with fitness and wellness organizations to offer programming
- Increase programming, including fitness programming (e.g. yoga, aerobics, Tai Chi, etc.), involve non-City partners and university students
- Increase access to fitness centers. See TrillFit (ie. ask for a commitment from area businesses to donate 3% of annual profits to organizations supporting positive health outcomes in communities of color)⁴⁷
- Institute a peer navigator program to support residents to feel safe and welcome to use streets, parks and open spaces⁴⁸
- Remove barriers to using existing fitness facilities; encourage residents of diverse backgrounds to use them (some are reportedly currently underutilized)
- Launch a health and wellness campaign focused on increasing awareness and changing behaviors to improve health outcomes and involve youth in leading it⁴⁹
- Promote a healthy culture and reward good behavior. Police could give out healthy and safe behavior “tickets” that acknowledge positive contributions⁵⁰
- Connect existing open spaces with safe and pleasant walking paths and develop a network of volunteers to help children, elders, and others access these.⁵¹



⁴⁷ TrillFit: <https://www.trill.fit/trillfits-pledge>

⁴⁸ See EXAMPLE of San Francisco

⁴⁹ EXAMPLE: Shape Up Somerville: <https://www.somervillema.gov/departments/health-and-human-services/shape-somerville>

⁵⁰ EXAMPLE: Police in Sturbridge gave out rewards for safe behaviors such as wearing bicycle helmets. Police in Plattsburgh, NY give out rewards for safe and civil behavior: <https://www.mynbc5.com/article/police-reward-safe-behavior-with-coffee-doughnuts/3323504#>

⁵¹ EXAMPLE: Wellness Trail, Tenderloin Health Improvement Partnership, San Francisco: <https://web.tplgis.org/Storymaps/Templates/MapSeries/?appid=48d1d9123cf2448c868082edd025ad02>



Require universal design⁵² in all buildings and public spaces

IDEAS REGARDING STRATEGIES:

- Ensure that the Disabilities Commission’s accessibility checklist is adhered to in all new developments; emphasize “visitability” in all spaces
- Ensure that all City communication is accessible to those with a disability (including visually and hearing impaired)⁵³

Mitigate Impacts of Environmental Harm

IDEAS REGARDING STRATEGIES:

- Mitigate effects of air pollution on housing and schools through design interventions
- Ensure that toxic waste from former or current industrial sites are not contaminating communities where people of color are living, working or playing
- Conduct climate change vulnerability assessment of neighborhoods with majority residents that are people of color and mitigate⁵⁴
- Target emission reduction in areas with high rates of asthma⁵⁵
- Develop noise reduction standards and apply them to priority neighborhoods
- Preserve existing and increase **tree cover** along streets and in open spaces
- Engage and educate residents in priority neighborhoods and involve them in decision-making regarding mitigating **climate change and environmental justice**⁵⁶
- Develop noise reduction standards and apply them to priority neighborhoods



⁵² The term “universal design” was coined by the architect Ronald Mace to describe the concept of designing all products and the built environment to be aesthetic and usable to the greatest extent possible by everyone, regardless of their age, ability, or status in life.

⁵³ See MassDOT requirements; also: <https://www.mass.gov/web-accessibility-statement>

⁵⁴ Also see [Climate Ready Boston](https://www.boston.gov/departments/environment/preparing-climate-change): <https://www.boston.gov/departments/environment/preparing-climate-change>

⁵⁵ Residents living in inner city Boston neighborhoods with a majority of residents being people of color suffer from higher rates of asthma

⁵⁶ See: <https://www.boston.gov/departments/environment/preparing-climate-change>

⁵⁷ See: <https://www.boston.gov/departments/environment/preparing-climate-change>

GOAL 8:

Increase Disease Prevention and Reduce Chronic Disease

WHY IS THIS IMPORTANT TO HEALTH AND WELLNESS?

Chronic illness affects an individual's ability to seek, obtain, and retain employment. It hinders successfully completing education, sustaining relationships, and actualizing one's full potential. People of color disproportionately live with chronic diseases, both physical and mental. Many of these illnesses are the result of poverty (which results in lack of access to healthcare, increased stress and anxiety, food insecurity, and poor living conditions) and/or environmental conditions of the housing and neighborhoods in which a large number of people of color are currently living.

Chronic disease is often the downstream outcome of upstream social determinants of health. While we plan to address the upstream factors, chronic disease and disease prevention needs to improve. Current rates of chronic disease differ between groups as noted below in the City's 2019 Community Health Needs Assessment. [see below quotes]

Foreign born residents, especially immigrants or refugees and even more specifically those who are not permanent residents or who are undocumented, face enormous barriers to accessing healthcare services. These segments struggle to access services sometimes due to a lack of health insurance, a limited understanding of the local culture, a lack of trust, and/or a lack of understanding of the health care system itself. Additionally, those who speak or read a language other than English or who do not speak or read English well struggle to access services. These individuals struggle because they cannot easily navigate the healthcare system or communicate with staff or clinicians at their service sites.



“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”

- Martin Luther King, Jr

“COVID-19 has affected people of color so much. “Essential workers” who are also minimum wage workers without protections are often people of color. Rich people with good paying jobs can just work from home. The people out and most at risk are often the same people who do not make enough money and who do not have sufficient health insurance.”*(respondent to youth survey)*

“The term generational trauma comes to mind. My awareness of this term has helped me see that racism affects my health and the health of my family.” *(respondent to youth survey)*

“I have anxiety and I have depression and it [racism] makes both of them way worse.”
(respondent to youth survey)


“I do believe racism has contributed to getting COVID-19 because of institutional racism and a higher vulnerability because of history ... and those in poverty are more likely to get COVID-19 because of a lack of resources for preventative measures.” *(respondent to youth survey)*

EXISTING DISPARITIES

Boston's Black and Hispanic children have significantly higher rates of asthma-related hospitalization and ED visits than its white children (2012). Moreover, Black and Hispanic children in Boston had higher rates of asthma-related hospitalizations and ED visits than their peers of the same race and ethnicity statewide.[1] There is also evidence that asthma rates are substantial among inner-city Asian immigrant children[2].

There is an implicit disparity between those with high-quality employed positions and those who don't, as evidenced by the 2019 Community Health Assessment. Results from their survey on barriers to seeking healthcare is below. Of note, 33% of respondents listed cost of care as an impediment to healthcare, 15% had difficulty finding a provider that took their insurance, and 12% don't have insurance that covers.

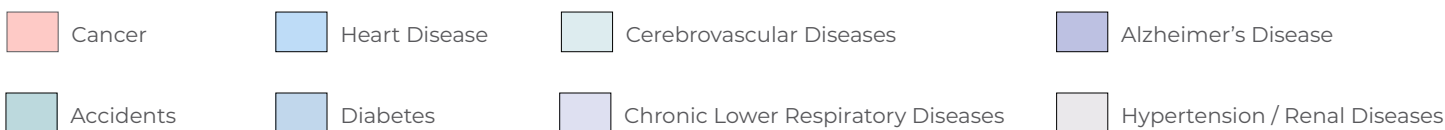
Leading Causes of Mortality in ton, by Race / Ethnicity -
Adjusted Rate per 100,000 Residents, 2014 - 2016 Combined



Rank as Cause of Mortality	Asian	Black	Latin@	White
1	Cancer (127.0)	Cancer (175.3)	Cancer (109.4)	Cancer (173.1)
2	Heart Disease (64.6)	Heart Disease (133.9)	Heart Disease (87.8)	Heart Disease (149.3)
3	Cerebrovascular Diseases (21.5)	Accidents (38.3)	Accidents (41.6)	Accidents (56.5)
4	Alzheimer's Disease (18.1)	Cerebrovascular Diseases (39.9)	Diabetes (25.1)	Chronic Lower Respiratory Diseases (32.7)
5	Hypertension / Renal Disease (16.1)	Diabetes (38.6)	Cerebrovascular Diseases (20.2)	Cerebrovascular Diseases (26.6)

DATA SOURCE: Massachusetts Department of Public Health, Massachusetts Death Files, 2014 - 2016 Combined

DATA ANALYSIS: Boston Public Health Commission, Research and Evaluation Office



[1] <https://www.mass.gov/files/documents/2017/05/zs/factsheet-boston.pdf>

[2] <https://pubmed.ncbi.nlm.nih.gov/12766216/> / <https://pubmed.ncbi.nlm.nih.gov/12766216/>



OBJECTIVES

Increase access to healthcare

IDEAS REGARDING STRATEGIES:

- Increase availability and accessibility to culturally competent healthcare
- Increase number of insured and underinsured individuals and families
- Expand health insurance options not linked to employment
- Increase outreach and support through community-based groups to address limitations to access in undocumented, refugee, immigrant and non-English speaking populations
- Provide culturally and linguistically relevant support and information regarding how to navigate the healthcare system, benefits and available resources, including the value of preventive care
- Improve communication and connections between health care providers and community advocacy groups
- Decrease digital divide in order to increase access to telemedicine
- Increase access to specialized medical services
- Provide support services including transportation, childcare, interpretation, etc
- Increase availability and access to healthcare “navigation” services

Promote and support emotional wellness

IDEAS REGARDING STRATEGIES:

- Address and decriminalize issues of substance abuse
- Address addiction to gambling
- Ensure adequate access to supportive systems for mental health
- Ensure adequate access to healthcare, childcare and social services
- Partner with local art organizations to foster healing, teach empathy and compassion
- Incorporate emotional intelligence teaching to build resilience and conflict resolution skills; consider including in after school programs, sports programs, etc.
- Work with community organizations already working with families to create a space to talk about “staying well”
- Recognize and address cultural barriers to treatment of mental illness; inform the description and delivery of mental health resources to account for social and cultural stigma around it Create a pipeline from BPS to train students to be social workers for their communities (with cultural and linguistic competence); provide free higher education to these students
- Partner with community groups to develop programming to reduce isolation amongst older adults, linguistically and/or culturally isolated individuals and families
- Support organizations that focus on psychological first aid as a wellness strategy, not an illness-diagnosis based
- Support organizations such as the Cory Johnson Post-Traumatic Healing Program, which provides a safe space for communities to address issues and traumas as a result of increased violence, racist incidences, and other stressors. (MORRE office has built a Speaker Series program that invites guests to share their experiences and gives COB staff the opportunity to engage in dialogue).



Reduce the high incidence of specific illnesses/health issues prevalent in POC

IDEAS REGARDING STRATEGIES:

- Address preventable diseases; those with a high prevalence in communities of color include: hypertension, obesity, diabetes, STI's (gonorrhea, chlamydia and HIV), infant mortality rate, low infant birthweight, premature delivery, prenatal care, substance misuse and addiction (includes smoking, vaping and gambling), asthma, homicide, non-fatal related gunshot wounds, rate of death by drugs, alcohol, and suicide, persistent sadness, health screenings and immunizations.

Eliminate food insecurity

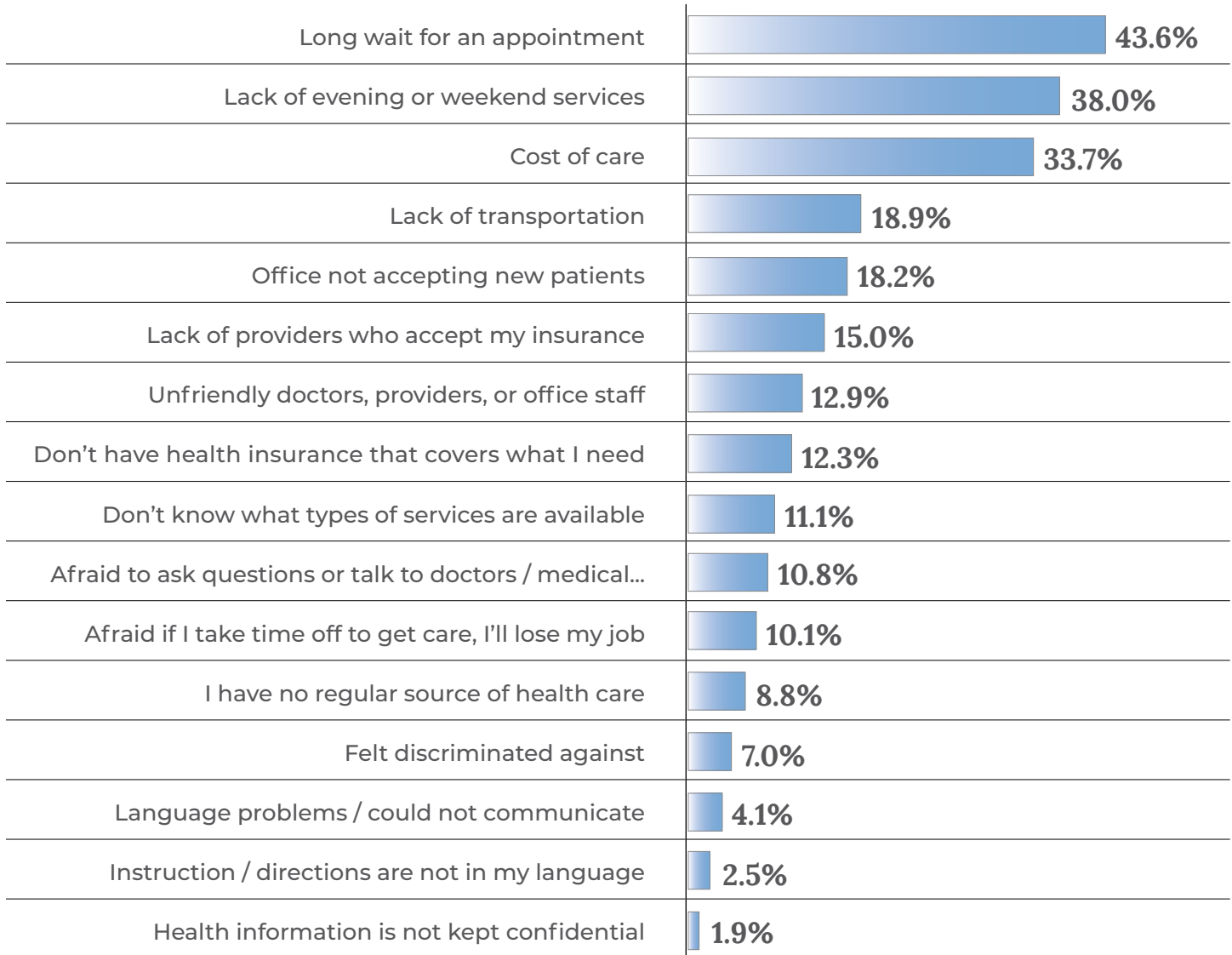
IDEAS REGARDING STRATEGIES:

- Increase access to healthy food (food pantry, farmer's market, community gardens, urban gardens, grocery stores, etc.)⁵⁸
- Consider planting crop-bearing trees on neighborhoods streets and/or parks
- Develop a pilot program that connects residents to local stores and support their access to affordable, healthy food and respects their sense of dignity and pride
- Provide a supplement in EBT cards for families to walk into supermarkets to buy their food. City can work with local grocery stores to create a cooperative or reduced rate plan for those families
- Work on developing a phased approach to connecting affordable and healthy food to economic stability so that food access becomes more sustainable for all communities



⁵⁸ Also see City's Food Insecurity Plan

Percent Boston CHNA Survey Respondents Reporting Factors That Made It Harder for Them to Get Health Care Services They Needed in Past Two Years (N=1,014). 2019



DATA SOURCE: Boston CHNA Community Survey, 2019

NOTE: Data arranged in descending order: Percentage calculations do not include respondents who selected "prefer not to answer"



“I am no longer accepting the things I cannot change.
I am changing the things I cannot accept.”

- Angela Y. Davis



IMPLEMENTATION AND NEXT STEPS

The time is **NOW**. The convergence of the pandemic and our collective racial reckoning is an overdue and unprecedented opportunity for rebuilding. We are heartened by the ways that civic leaders and community groups have come together to provide mutual aid during the dual crisis of COVID-19 and structural racism.

This plan builds on the momentum of the reckoning we have undergone and newly established relationships. A just recovery requires courageous and bold leadership that repairs root causes to truly rid the harms of Boston’s racist policies and their disparate impacts. Leaders throughout Boston must be held accountable to reducing and ultimately eliminating economic, social, and health inequities as we pursue an equitable future where all Bostonians, regardless of their identities or circumstances, reach their full potential, unencumbered by inequity and discrimination.

In 2014, the Center for Social Inclusion and the Government Alliance on Race and Equity conducted an assessment of national best practices in

government that advance racial equity. These best practices suggest the government is most successful in addressing inequity when all employees and the institution **internalize** racial equity as a core value and **operationalize** equity via new policies and partnerships.

The City must find innovative ways to operationalize meaningful change. The time has come to turn this moment into a movement. We need to work at all levels to **institutionalize equity**. As a first step, federal recovery funding must repair harms from historic inequities by investing in communities that have been historically neglected.

Progress will need to be measured and together with the City’s partners, a “report card” should be shared on an annual basis. This should be public and transparent. In this way all can be held accountable.

The Health Equity Now Plan offers an equity lens to guide the restructuring of City policies, practices, and programs for a just COVID-19 recovery. Redesigning

an equitable city takes both internal and external coordination City Hall coordination and partnerships. This is a call to action: we must all work together towards the shared vision of health, social and economic justice. Initial guiding principles and strategies for implementation are offered below; they are ideas for how each of us can contribute:

INDIVIDUALS AND FAMILIES

- Talk to your friends, family and neighbors about the ideas in this Plan. Get people involved in the conversation.
- Tell your story at public forums, to City Council, to the School Committee and support initiatives aimed at creating a more equitable city; know that sharing your lived experience is important to shaping policy and programs that best meet the community's needs.
- Understand how to amplify the impact of community organizers and ask how you can actualize social and health justice.
- Contact City Hall and find out about volunteer opportunities to work on efforts related to implementing the Health Equity Now Plan.

COMMUNITY ORGANIZERS

- Use this Plan to mobilize community voices around demanding that the conditions for health, wellness and property are attended to in communities that have historically experienced disinvestment.
- Hold elected officials accountable to the recommendations in the Plan. Document leaders' track record against their equity goals and initiatives. Hold ballot parties for community members to compare their on-the-ground experiences with the goals of given policies and programs.
- Promote the inclusion of lived experience and community wisdom as part of data-driven decision making on the part of the City.
- Partner with the City, acting as the bridge between the community and government and ensuring that the community's voice is centered.
- Provide training to community members so that they feel knowledgeable and empowered to advocate for their needs.

GOVERNMENT ORGANIZATIONS

- Increase awareness and develop consensus around the need for equity
- Develop a shared definition of Equity:
 - What is an equitable process and an equitable outcome?
 - Identify department-specific action steps and implementation plans that embody an equitable process and lead to equitable outcomes.
- Provide regular Staff trainings (unconscious bias, racial justice, cultural competence and support and information regarding how to use equity assessment tools).
- Tie performance assessments, resource allocation and headcount to health equity and hiring outcomes.
- Create an Equity Atlas, a map to identify and continually update locations of greatest need and geographic patterns of inequity.
- Apply Equity Assessment Tools to all new ideas regarding policies, programs, practices and projects. Tie to performance reviews and budget allocation.
- Create a venue to hold continuous community conversations for periodic check ins and needs evaluation.
- Find partnership opportunities between the City of Boston and the private sector.
- Create an Equity Advisory Committee that includes members of the HITF and residents at large to review and hold the City's actions accountable.
- Consider the sustainability of implementation to ensure health equity initiatives survive political transition.
- Consider community wisdom and consider the lived experience of community members to inform decision-making.
- Partner with community groups to build the community's capacity to advocate for their needs, set goals, and measure and report progress to the City.
- Encourage cross-departmental initiatives to break down silos, build relationships and spur innovation. Incorporate diverse perspectives to come up with more creative solutions.



HEALTHCARE INSTITUTIONS

- Subsidize healthcare for communities of color. Identify and lower barriers to receiving care or opting into care.
- Invest more in preventative care and wellness initiatives that prevent the occurrence of drastic health.
- Understand community areas of need before designing and assigning community benefits.
- Include the community's voice in allocating Payment In Lieu of Taxes funding.

ACADEMIC INSTITUTIONS

- Understand your current and historic footprint on the built environment and the surrounding long-standing communities.
- Include community voices in deciding how to allocate PILOT (Payment in Lieu of Taxes) funds so that resources are directed to meeting community needs.

PEOPLE DOING BUSINESS IN BOSTON

- Provide free or subsidized childcare to your employees.
- Proactively hire from underrepresented and non-traditional groups (e.g. returning citizens) by eliminating background checks for positions where they are unnecessary.

- Management and business leaders must model healthy work-life balance practices, especially during the return to work from COVID. Managers and executives must lead by example of striking a healthy work-life balance. Offer scheduling flexibility and more paid options for employees with caretaking responsibilities.
- Mental health and wellness benefits.
- Understand the benefit and pay gap for employees from underrepresented and non-traditional backgrounds.
- Use job posting sites like Jopwell that reach diverse candidate pipelines.
- Provide free or highly subsidized English language courses.

FAITH-BASED INSTITUTIONS

- Support violence prevention programs that focus on supporting wellness and mental health.
- Help to coordinate and host food banks, etc.
- Provide Immigrant Rights information.
- Host community conversations around race equity and social justice.
- Provide space for volunteers to teach English.
- Provide free or subsidized childcare.

POTENTIAL FUNDERS

- There are many initiatives mentioned in this Plan that require significant funding. Consider partnering with the City to seed funds for specific initiatives.
- Invest in closing data gaps by funding more granular data collection.
- Consider funding community-based organizations with hyper-local touchpoints and trusting collaborative relationships with the community.
- Consider funding a pilot of one or more of the initiatives recommended in the Plan.
- Many of the efforts outlined will need long-term funding. Choose one and commit to multi-year funding.

UNIVERSITIES

- Fund a pilot project.
- Conduct/fund research into best practices for creating an equitable city.
- Choose an initiative and make a class project out of it.
- Help the city with data collection, program monitoring.
- Provide opportunities for youth from poorer neighborhoods of color, e.g. peer-to-peer counseling, summer programs, tutoring, early college experiences.
- Conduct relevant studies, for example, on structural societal issues, program effectiveness and on community needs assessment.

ALL BOSTONIANS

Dismantling and rooting out structural racism requires radical reimagination and collaboration toward a shared sense of justice. Visit boston.gov/equity to find out more about the City's efforts to embed equity and racial justice into all City planning, operations, and work moving forward.



HEALTH EQUITY INDEX

BACKGROUND

The disproportionate impact on immigrants and people of color of the COVID-19 pandemic highlight the urgent need to address the pernicious, intergenerational, and intersectional effects of structural racism, xenophobia, economic exclusion and inadequate healthcare necessitate an approach to public health that contextualizes both the epidemiological and macro causes of disease.

The Healthy Equity Now Plan will outline practical steps to eliminate social health disparities in the city of Boston. The Health Equity Index will anchor these efforts by providing a single metric of aggregated data on social determinants of health which will be used to diagnose causes of health inequity, strategize solutions, engage the community, and offer data-driven evaluations of progress on health outcomes.

Index Components

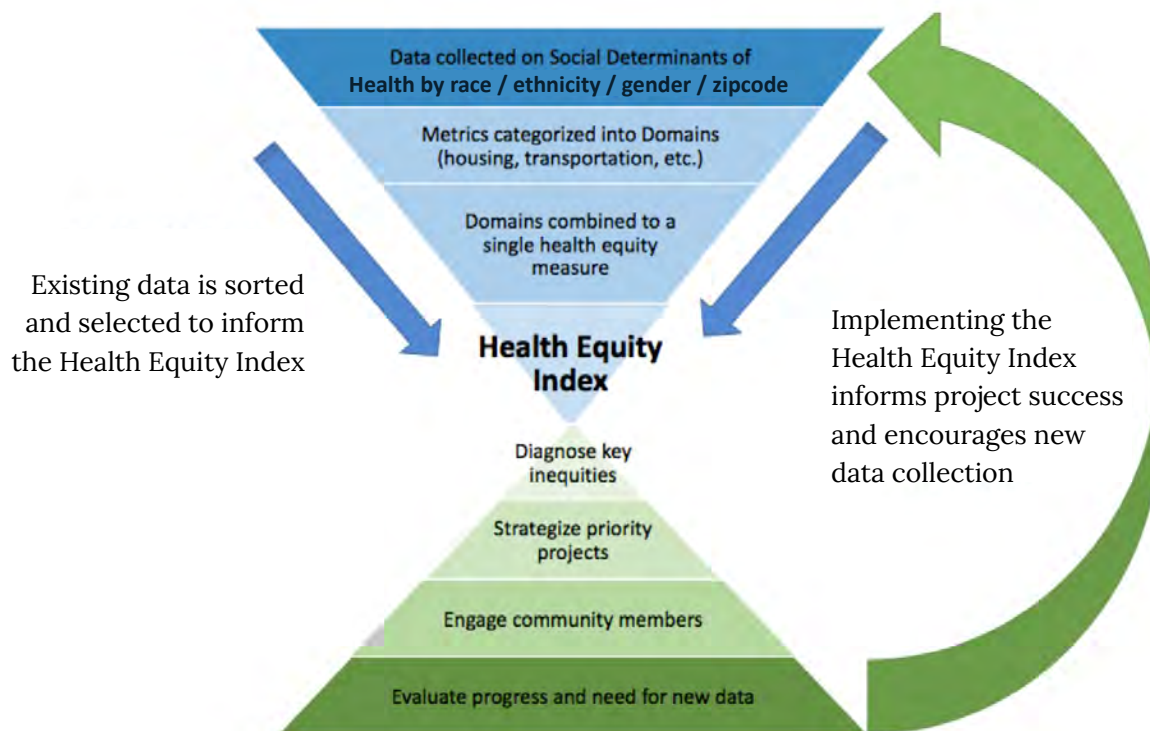
Our health is determined by a myriad of social factors, such as housing, education, and wealth. However, policymakers must know where these factors are lacking and which factor is the most important to identify solutions. The index will create a single metric that encompasses all domains of the social determinants of health, by demographic groups and neighborhoods. For example, policymakers would be able to compare the social health factors of African American men in Roxbury to White females in Back Bay.

This metric can also be disaggregated by domain, such as housing, employment, or education. Thus, if the holistic score of African American men in Roxbury was low, the Index would allow further examination to determine what domains are driving that low score, such as employment being more influential than housing, as compared to other areas.



Use of the Index

The Health Equity Index can be utilized throughout the policy-making process. We have identified the following key areas where the Index can be integral:



- 1. Diagnosing:** The Health Equity Index is a data driven approach to prioritize the assessment of root causes of health inequities. It helps to identify where inequities are most pronounced and what policy domains drive inequities by neighborhoods.
- 2. Strategizing:** The Health Equity Index estimates health impact based on predictions of intermediate project outcomes. It helps to identify what policies and what departments can guide health equity.
- 3. Engaging:** A subsequent version of the Index can be shared publicly to spark community engagement. An online platform similar to California's⁵⁹ example would allow community members to monitor what areas, such as employment, housing, wealth building, are identified by the data as driving inequity. They will be able to re-prioritize and rank indicators and have access to aggregated data to advocate for their priorities.
- 4. Evaluating:** The Health Equity Index can be used to track progress over time, providing accountability and evaluation of new policies and ongoing efforts.

CURRENT STATUS OF INDEX

During the Fall of 2020, The CERT team carried out a landscape analysis of existing data sources and examples of similar indices in cities across the US. The Health Inequities Task Force and City departments were consulted to identify key measures in their areas of expertise. With input from national experts, the CERT Team has identified a set of key measures across 9 major health domains which will be used as the basis of the index.

Data has been aggregated towards each domain. A prototype interactive, online tool is currently being developed which would allow anyone to quickly and easily see the drivers of health inequity by area and demographic group. We are building a tool similar to what the state of California created [here](#). Our Boston Health Equity Index will also include measures by demographic group in addition to location.

⁵⁹ <https://healthyplacesindex.org>

APPENDIX

GLOSSARY

Equity:

When one's race, ethnicity, language, religion, and/or gender, nativity, first language, or any other circumstances of one's birth and zip code does not influence one's opportunities or societal outcomes

Equity must be integral to both process and outcomes

Process:

- Involve those impacted by decisions from the onset
- Use data disaggregated by income, race, ethnicity, gender, zip code, nativity, preferred language, etc.
- Accountability
- When all are invited, feel welcome and are included by communication in languages they are most comfortable with
- Ensuring that those affected can engage and partner fully

Outcomes:

- Ensure that decisions result in providing communities the resources and support specific to their needs
- Ensure long-term sustainability of efforts
- Acknowledge and address the impacts of the social determinants of health and structural racism
- Policy measurement and design centered on the community most impacted by injustice

Structural Racism:

A system in which bias in public policies, institutional practices, cultural representations, and other norms reinforce the perpetuation of racial and ethnic group inequity.

Our history and culture have allowed privileges associated with “whiteness” and disadvantages associated with “color” to endure and adapt over time. Structural racism is not something that a few people or institutions choose to practice. Instead, it is a learned behavior and intentionally employed in the social, economic, and political systems in which we all exist to grant power to some while take away power from others.

“I would define racism like a prejudice against people that have a different color, religion or culture different than you.”
(Youth Survey Respondent)

“Racism is discrimination against certain people because of their skin based off fear and paranoia passed down generations.” (Youth Survey Respondent)

“Racism is when people don’t like you by the color of your skin, sex, age, cultural belief, gender, etc.”
(Youth Survey Respondent)

“Racism is systemic oppression throughout generations into the present.”
(Youth Survey Respondent)

Racial Justice:

Dismantle racist structures from within the halls of power and influence of creating and upholding deliberate systems and structures that achieve and sustain the advancement of racial/ethnic minorities through proactive and preventative measures. Actively reinforce policies, practices, programs, and actions that produce equitable power, access, opportunities, treatment, and outcomes for all people, regardless of race.

Latin@:

This term is an alternative to “Latina/o,” “Latine,” or “Latinx” and is a gender neutral English neologism used to refer to people of Latin American culture or ethnic identity in the United States. The @ replaces the o/a ending of Latino and Latina that are typical of grammatical gender in Spanish. The term is intended to be a non-binary, more inclusive term than the more traditional “Latino/Latina” while visually retaining both the “o” and the “a.”

Health Equity:

The absence of socially unjust or unfair health disparities. For general purposes, it means that every person is to be given a fair prospect to achieve a healthy life. It necessitates eradicating barriers to health, including poverty and systemic discrimination. Moreover, it requires access to quality housing, food, employment, and health care services. For measurement purposes, health equity means reducing and ultimately eradicating health inequality between social classes and groups of peoples.

Cultural Competence:

Cultural competence is about our will and actions to **build understanding between people, to be respectful and open to different cultural perspectives, strengthen cultural security and work towards equality in opportunity.** Relationship building is fundamental to cultural competence and is based on the foundations of understanding each other’s expectations and attitudes, and subsequently building on the strength of each other’s knowledge, using a wide range of community members and resources to build on their understandings.” - Centre for Research and Education, Western University, London ON Canada⁶⁰

Intersectionality

Individuals have many different social identities— gender, race, class, age, ability, religious status, sexual identity, education level, language, geography, migration status, nationality, etc. All of these various social identities overlap and interact with each other. When an individual has multiple social identities that are more often discriminated against, the effects of inequity are greater

Healthy Community

A healthy community is one that continuously creates and improves both its physical and social environments so community members can develop to their fullest potential.

Healthy places are those designed and built to improve access (insurance coverage, language support, location, institutional barriers) to general and specialized care that is culturally empathetic. Healthy places should uphold the quality of life for all people who live, work, worship, learn and play within their borders. Every person is free to make choices amid a variety of healthy, available, accessible, and affordable options.

- *Health equity* is the state in which everyone has the opportunity to attain full health potential and no one is disadvantaged from achieving this potential because of social position or any other socially defined circumstance.
- Health inequities are systematic differences in the opportunities groups have to achieve optimal health, leading to unfair and avoidable differences in health outcomes

⁶⁰ www.rapworkers.com

- The *social, environmental, economic, and cultural determinants of health* are the terrain on which structural inequities produce health inequities.
- *Health disparities* are differences that exist among specific population groups in the attainment of full health potential and incidence, prevalence, mortality, and burden of disease and other adverse health conditions ([NIH, 2010](#)), and they stem from systematic differences—that are preventable and unjust—among groups and communities occupying unequal positions in society ([Graham, 2004](#)).

RELEVANT PLANNING DOCUMENTS

The following relevant documents were reviewed in order to understand the City of Boston’s existing organizational structure and context for working on issues of health and economic equity.

- The 2020 Community Health Improvement Plan (Boston CHNA-CHIP Collaborative)
 - CHNA (2019) - <http://www.bostonchna.org/wp-content/uploads/2020/12/BostonCHNA-FINAL-091319.pdf>
 - CHIP (2020) - <http://www.bostonchna.org/wp-content/uploads/2020/12/Boston-CHIP-FINAL-3.5.20.pdf>

List reports from Resilient Boston:

- <https://resilientcitiesnetwork.org>
- https://www.boston.gov/sites/default/files/file/document_files/2019/07/racial-equity-resilient-cities-at-the-forefront.pdf
- https://www.boston.gov/sites/default/files/file/document_files/2016/11/kskd_100rc_boston_theblueprint_v4.pdf
- https://www.boston.gov/sites/default/files/file/document_files/2017/07/resilient_boston.pdf

DEPARTMENT	LINK	PUBLISHED
Citywide	Imagine Boston 2030 https://www.boston.gov/civic-engagement/imagine-boston-2030	2018
	Resilient Boston: An Equitable and Connected City https://www.boston.gov/sites/default/files/file/document_files/2017/07/resilient_boston_digital.pdf	2017
	Mass/Cass2.0 https://www.boston.gov/departments/recovery-services/melnea-cass-mass-ave-20	2020
Environment	Climate Action Plan: https://www.boston.gov/departments/environment/boston-climate-action	2019
	Zero Waste Plan: https://www.boston.gov/environment-and-energy/zero-waste-boston	2019

DEPARTMENT	LINK	PUBLISHED
	Climate Ready Boston https://www.boston.gov/departments/environment/preparing-climate-change	2016
Economic Development	Small Business Plan https://www.cityofboston.gov/images_documents/160330%20Boston%20Small%20Business%20Full%20Report%20-%20Web%20(144dpi)_tcm3-53060.pdf	2016
	Re-Open Economy (not public but previously shared) https://drive.google.com/file/d/1SDms8wnwF16Z1-5ptYwxvcbX_5_yCT0f/view?usp=sharing	2020
	Recent Re-Imagine Boston Main Streets RFP https://drive.google.com/file/d/1VwHl5BfQz4dthRVcNuIRmF7wharcv0XX/view?usp=sharing	2020
Workforce Development	Neighborhood Jobs Trust Report https://s20289.pcdn.co/wp-content/uploads/2019/11/2017-2018-NJT-report.pdf	2019
	Annual Report https://s20289.pcdn.co/wp-content/uploads/2020/05/OWD-AR-2019.pdf	2020
	Untapped Report https://s20289.pcdn.co/wp-content/uploads/2019/03/Untapped-Redefining-Hiring-in-the-New-Economy-March-2019.pdf	2019
	Summer Youth Employment https://s20289.pcdn.co/wp-content/uploads/2018/04/Reducing-Inequality-Summer-by-Summer_FINAL.pdf	2018
	Boston's Workforce https://s20289.pcdn.co/wp-content/uploads/2016/03/2015-Office-of-Workforce-Development-Workforce-Report-Booklet_v1_r8_spreads.pdf	2017
	Youth Participatory Budgeting Process https://www.boston.gov/departments/youth-engagement-and-employment/youth-lead-change#:~:text=Youth%20Lead%20the%20Change%20gives,the%20exception%20of%20email%20communication	

DEPARTMENT	LINK	PUBLISHED
	Evaluation of the Boston Credit Building initiative https://s20289.pcdn.co/wp-content/uploads/2019/05/BYCBI-NEU-REPORT-V13.pdf	2019
	Boston Saves Pilot Report https://www.boston.gov/departments/schools/boston-saves	
Transportation	GoBoston 2030 https://www.boston.gov/departments/transportation/go-boston-2030	
	COVID-19-and Commuting Choices https://www.boston.gov/departments/transportation/survey-impact-COVID-19-commuting-choices	
	Climate Action Plan: https://www.boston.gov/departments/environment/boston-climate-action	
	Zero Vehicle Emission Roadmap https://www.boston.gov/news/bostons-zero-emission-vehicle-roadmap-released	
	Neighborhood Mobility Microhubs https://www.boston.gov/sites/default/files/document-file-06-2019/neighborhood_mobility_microhubs.pdf	
Housing	Housing a Changing City: Boston 2030 https://www.boston.gov/sites/default/files/embed/h/housing_a_changing_city-boston_2030_full_plan_1.pdf	2014 (and ongoing)
	Quarterly Updates https://www.boston.gov/finance/housing-changing-city-boston-2030	
	Bridging the Gap: Creating Income Restricted Housing through Inclusionary Development http://www.bostonplans.org/getattachment/fb05806a-d218-4a3b-bdef-e1221d7159d3	

DEPARTMENT	LINK	PUBLISHED
Arts & Culture	Boston Creates https://www.boston.gov/departments/arts-and-culture/boston-creates-five-goals-10-years	2015
Seniors	Age Friendly Action Plan https://www.boston.gov/sites/default/files/embed/f/full_report_0.pdf	2017
Boston Planning and Development Agency Research Team	Boston's Economy 2019 http://www.bostonplans.org/getattachment/33993523-dce0-4cfd-903c-5eb8744733e8	2019
Education	Build BPS https://www.bostonpublicschools.org/buildbps	
	High School Redesign https://www.bostonpublicschools.org/cms/lib/MA01906464/Centricity/Domain/162/HS%20Redesign%20Presentation%20to%20School%20Committee%20510%2020%20with%20data%20slides.pdf	
	Strategic Vision 2020-2025 https://www.bostonpublicschools.org/Page/6199	
Food Access	Mayor's Food Access Agenda https://www.boston.gov/sites/default/files/imce/uploads/2019-09/mayors_food_access_agenda_external_final_9_11_19.pdf	
Health and Wellness	The 2020 Community Health Improvement Plan (Boston CHNA-CHIP Collaborative) CHNA (2019) - http://www.bostonchna.org/wp-content/uploads/2020/12/BostonCHNA-FINAL-091319.pdf	2019
	CHIP (2020) - http://www.bostonchna.org/wp-content/uploads/2020/12/Boston-CHIP-FINAL-3.5.20.pdf	

Education	<p>Also reference the BPS Racial Equity Planning Tool:</p> <p>https://bpsog.drutopia.org/sites/default/files/2020-06/BPS%20Racial%20Equity%20Planning%20Tool%20-%20FULL_0.pdf</p>	
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KEY TAKEAWAYS FROM CITY LEADERSHIP INTERVIEWS

The CERT Team met with City Leadership to understand existing initiatives, the potential for coordination across departments and collaboration with outside partners, and to identify ways in which each City function could improve and build on its efforts to address racism and health and economic equity. The following are some key takeaways from these meetings.

Boston Police Department

- As a pioneer of many historic firsts, the Boston Police Department has come a long way in police reform to make the department more inclusive. We discussed a variety of community policing initiatives.
- Police are a part of the community, and often communities of color -- their health is important.
- BPD relies on many private sector and community based organization partnerships to bolster its community-facing initiatives.
- BPD wears many hats, and partners with hospitals and community health centers for different types of crisis response and intervention.

Office of Policy and Planning

- The Office of Policy and Planning supports piloting innovative policy ideas, building internal consensus, and reflecting and engaging diverse perspectives and advocacy within and outside of City Hall.
- Pilots like Boston Saves, tuition-free community college, and the Childcare Entrepreneur Fund, are designed to support and interface with those who are most vulnerable economically and socially in Boston
- There is a need to communicate and for all Boston residents to understand the intentional, systemic nature of inequities. Intentional policy design and communication are tantamount to making Boston a more inclusive place.

Housing and Neighborhood Development

- Leveraging partnerships within and outside of City Hall, understanding challenges to inclusionary development, and exploring innovative local policy measures.
- Understanding the racial wealth gap systemic, root causes around current housing outcomes
- Exploring opportunities and trade offs involved with IDP (Inclusionary Development Policy) and comparability assessment
- Innovative ways to garner resources through ballot and bond measures
- A need for targeted goals and strategies to advance social and racial equity
- The need to coordinate local, state, and national resources, policy, and funding
- Intergenerational and family housing/fair housing considerations and supportive services for renters and homeowners

Department of Violence Prevention

- Between SOAR, OPS, BPHC and external organizations there are numerous violence intervention, prevention and response efforts occurring across the City.
- Providing support and access to opportunities for gang-involved youth, and young Black and brown men in general, is the core strategy for reducing violence.
- If this whole plan were to be implemented, there would be no need to work on reducing street violence (because we would be addressing the root causes).
- The strength of the Boston Trauma Response and Recovery Network is in its partnerships. Healthcare providers and community-based organizations are essential partners in addressing trauma and supporting recovery.
- Workforce training programs offer access to entry level jobs, but these jobs do not provide adequate wages to live in the city of Boston. There need to be opportunities for career advancement as well.
- Far more needs to be invested in young Black and brown men and their neighborhoods. This includes access to housing, to jobs, to general upkeep and maintenance of their neighborhoods, to funds to support entrepreneurship.

Mayor's Office of Workforce Development

- Equitable workforce development and quality jobs include four core aspects: flexible + predictable schedules, worker protections, minimum livable wage and wage progression
- Meaningful partnerships with private employers throughout Boston involve a racial equity compact, and the City of Boston can lead the way with citywide hiring practices. .
- Members of Boston's talent pool need placement within each incremental part of the supply chain, ranging from entry level to middle management to senior management
- Scale apprenticeship programs that result in guaranteed placements and livable wage salaries.
- Create benchmarks, better data collection, and accountability structures for equitable hiring practices and design of career advancement opportunities.

Boston Public Schools

- Cultural sensitivity and cultural competency are core parts of BPS' work. BPS is working to improve its communication with ESL families through translation of written materials, public meetings and text communications in the top ten languages. High schools offer 1-2 ethnic studies courses.
- There is a desire to improve racial and ethnic diversity amongst teaching staff, but BPS is somewhat constrained by the rate of retirements. BPS is taking proactive steps to increase diversity of new recruits.
- High schools are being reimagined as spaces for students to take ownership of their own pathways, by providing an array of academic and vocational training options for students to choose from.
- BPS is piloting the use of an Opportunity Index to allocate some discretionary funds according to school need.
- BPS' Racial Equity Planning Tool offers an example of how City functions could systematically assess their programs, policies and practices for equity.
- COVID-19 has strained students' mental health and wellbeing.

IDEAS FROM OTHER CITIES

The CERT team compiled precedents of equity in action in the form of policies, practices, and programs throughout other US Cities to generate fodder for HITF meetings and the Health Equity Now Plan.

The following precedents from cities around the country are references for how proposed goals and objectives could be designed and implemented. No policy or program is perfect; Boston can learn from both successes and potential shortcomings.

01 | ACKNOWLEDGE AND INCREASE AWARENESS OF RACISM AND INEQUITY

- The **Seattle** Planning Commission devised a COVID-19 recovery plan that seeks to repair current injustices and ensure that communities have the resources to withstand future crises.
- Desegregate **Connecticut**⁴ is proposing to scan local zoning codes for the use of the often undefined term “character” which has historically been used to discriminate against groups of people. Instead they propose to define “character” to mean physical site characteristics and architectural context to ensure that the concept is “not used against people, but used for the better delineation of the physical nature of our places.”
- The City of **Baltimore’s** Department of Planning created and convenes an Equity in Planning Committee (EIPC). It was launched in 2015 with the goal of “actively working towards dismantling and remedying the legacy of racial inequity that persists in Baltimore.”
- State of Utah Race Equity Compact: <https://slchamber.com/public-policy/utah-compact/>

02 | PROVIDE MEANINGFUL EMPLOYMENT AND A LIVING WAGE FOR ALL

- **Living Wage Increase Phased Implementation Precedent: Seattle, WA**
In 2014, Seattle Mayor Ed Murray formed the Income Inequality Advisory Committee, consisting of delegates from Seattle’s employer, labor, and non-profit communities. There was a phased wage increase implementation plan that created different timelines and standards for small businesses and large businesses.
- Businesses with fewer than 500 employees will reach a \$15 per hour minimum wage in seven years. A temporary compensation responsibility of \$15 per hour to be met within the first five years, which can be achieved by combining employer-paid health care contributions, consumer-paid tips, and employer-paid wages.
- Businesses with 500 or more employees, either in Seattle or nationally will reach \$15 per hour in three years. The wages of employees who receive health care benefits will reach \$15 per hour in four years.
- **Proposed Legislation, California**
Assemblywoman Lorena Gonzalez of California introduced Assembly Bill 123 in the 2021 legislative cycle to guarantee 90% of a worker’s income when they take paid family leave. Gonzalez’s legislation would expand paid family leave benefits for the 18.7 million working Californians covered under this program. Because paid family leave benefits are not subject to state income taxes, the increase under AB 123 to 90% income replacement would allow most low- and middle-income families to receive their regular take-home pay while on leave.

Companies that have raised the minimum wage since 2021 include:

- | | |
|-------------------|-------------|
| ■ Bank of America | ■ Starbucks |
| ■ Chipotle | ■ Target |
| ■ Costco | ■ Wayfair |
| ■ Hobby Lobby | ■ Walmart |

03 | PROVIDE QUALITY HOUSING FOR ALL

- **California's** AB 1188 is currently awaiting passage in the California state assembly. This bill would enhance the state's ability to use taxpayer and COVID-19 relief money to design housing solutions in a data-driven manner.
- **San Jose, California**, pilot community composed of 40 ultra-tiny houses that will provide temporary shelter to Californians transitioning out of homelessness. Dubbed the Mabury Bridge Housing Project, the village is located on a vacant parcel of land owned by the Valley Transit Authority and is one of two tiny house clusters planned for California's third most populous city.
- Via Verde in **Bronx, NY**, an innovative, attractive and environmentally friendly housing development that is the result of a design competition. It provides housing for hundreds of families in innovative apartment layouts. The development also includes creative playscapes as well as an amphitheater, gardening plots, a fitness roof, and a ground floor health clinic among other amenities. The project emphasizes resident health and environmental sustainability. These were outlined as goals of the design competition that attracted international attention and talent and is proof that affordable housing can be beautiful.
- Beacon Hill Village is a member-driven organization in downtown **Boston** created to support aging in place by providing support, information and stimulation to age well and safely. It provides essential services such as transportation and grocery delivery, referrals to service providers, and educational, cultural and social activities. The concept has been adapted by more than 300 other communities across the U.S. and seven overseas.

04 | REIMAGINING PUBLIC HEALTH AND SAFETY

- CeaseFire uses prevention, intervention and community-mobilization strategies to reduce shootings and killings in the City of **Chicago**. The program was launched in : Rooting out inequity must happen as early as possible. The City has a touch point with youth and families through BPS. In light of COVID-19, BPS has borne the brunt of providing daily necessities and social services to immigrants and families of color. Chicago in 1999 by the Chicago Project for Violence Prevention at the University of Illinois at Chicago School of Public Health.
- The Crisis Assistance Helping Out on the Streets (CAHOOTS) program in **Oregon** is a mobile crisis intervention, community-based public safety system designed to improve the City's response to mental illness, substance abuse and homelessness. Funding has been shifted from the police to this program. It is estimated that the program saves the City of Eugene an estimated \$8.5 million in public safety spending annually. Calls to CAHOOTS are received by Eugene's 911 system or the non-emergency number.
- The **Somerville** School Committee is in the process of reviewing the role and function of the police in the schools considering whether or not there is a need for police presence and more social workers are being added to the schools' staff. Framingham, Worcester and Northampton have indefinitely banned school resource officers.

05 | ELIMINATE FOOD INSECURITY

- Community Fridges in Massachusetts have placed fridges in the Greater Boston area as mutual aid efforts run by volunteers to help those who need food. They are run by volunteers, residents who opened them in sheds outside restaurants, businesses, and community centers. Inside the sheds are refrigerators for perishables and shelves for dried goods. [Here](#) are all the current locations.

06 | PROVIDE FREE OR SUBSIDIZED CHILD CARE

- Cities like **San Francisco, Sacramento** and **Chico** offered free child care for the children of essential workers through their parks and recreation programs. Long Beach paired unemployed child care workers, including Long Beach Unified volunteers, with parents who are essential workers.

- The **Canada** Revenue Agency administers the Canada Child Benefit (CCB), a tax-free monthly payment made to eligible families to help with the cost of raising children under 18 years of age.
- The Administration for Children’s Services (ACS) provides free or low cost childcare to eligible families living in **New York City**. Childcare is available for children ages 6 weeks through 12 years, while children with special needs can receive care through age 18.

07 | PROVIDE GUARANTEED MINIMUM INCOME

- **Alaska:** The Alaska Permanent Fund, provides each Alaskan resident with \$1000 - 2000 annually, funded by an oil revenue financed state-owned investment fund.
- **Stockton, California:** 125 people receive \$500 per month, for 18 months (financed by philanthropy and the Economic Security Project). The first batch of data shows the recipients are mostly spending the money on food, clothes, and utility bills.
- Tribal Land: Many indigenous tribes give casino proceeds to tribal members. Eastern Band of Cherokee Indians Casino Dividend in **North Carolina**. Since 1997, casino revenue on tribal land has been given to every tribal member, no strings attached (\$4,000- \$6,000/year.) Economists found that it doesn’t result in fewer hours worked, but rather it does lead to improved education and mental health, and decreased addiction and crime.
- **Cambridge, MA** recently launched a pilot program named Cambridge RISE (Recurring Income for Success and Empowerment) to provide guaranteed income for single-parent households. The city raised \$1.5 million through a public-private partnership and gives out \$500 a month to households headed by a lone caretaker (e.g. single mothers) for about 2,000 low-income families. Major donors include the Cambridge Foundation, Harvard University and M.I.T.
- **Chelsea, MA** used federal COVID-19-relief funds as well as donations from the Shah Family Foundation, the United Way of Massachusetts Bay and Merrimack Valley and Mass General Hospital and launched a guaranteed income pilot giving families \$200 - \$400 a month, depending on the size of their household. The Manager reports that the program has helped with food insecurity and the money “has improved health and welfare outcomes for the families.”
- **Oakland’s** UBI program: Low-income families – with at least one child under 18 – who are Black, indigenous, or people of color will be randomly selected through an application process to receive \$500 for at least eighteen months with no strings attached.

08 | PROMOTE ACTIVE LIVING

- “*Shape Up Somerville: Eat Smart. Play Hard*” was a community-based participatory research study that focused on environmental change intervention to prevent obesity in culturally diverse, high risk, early elementary school children in **Somerville, Massachusetts**. Interventions altered children’s household, school, and community environments to prevent and reduce childhood obesity. The improved conditions ended up reducing obesity of the parents as well. The study evolved into a full- fledged program expanded to focus on all the City’s residents, with specific outreach to immigrant communities, and developed a multi-pronged approach to improving residents’ health. It “builds healthy, equitable communities through interdisciplinary partnerships, programming, and policies related to food systems and active living. Shape Up Somerville is internationally recognized for this work.”¹⁴

The program has evolved into a comprehensive approach to build and support community-wide health, health equity and social justice. It focuses on addressing the Social Determinants of Health and has as its vision to create a healthier and more equitable community for all those who live, work , play and age in Somerville by engaging at-risk populations such as senior citizens, immigrants, low-income families and non-native English speakers.

¹⁴ <https://www.somervillema.gov/departments/health-and-human-services/shape-somerville>

¹⁵ <https://communityfoundations.ca/initiatives/chci/>

¹¹ <https://www.newamerica.org/education-policy/edcentral/pre-k-american-cities/>

- **Canada** Healthy Communities Initiative¹⁵ is a newly established program that funds a broad range of organizations, including local governments, charities, Indigenous communities and nonprofits, for projects, programming and services that help communities who have been disproportionately impacted by COVID-19 create safe and vibrant public spaces, improve mobility options and provide innovative digital solutions to connect people and improve health.

09 | INVEST IN YOUTH

- **Early college programs** increase the chances of a potential first generation college student to actually attend college. The purpose of the Early College Initiative is :to create and maintain partnerships connecting the state’s districts and high schools with the state’s colleges in order to give **Massachusetts** students, especially first-generation college-goers, access to college completion and career success.” High schools in several cities in Massachusetts have such programs including **Charlestown, Chelsea, Framingham, Haverhill, Holyoke, Lawrence, Lynn, and Worcester.**
- **Universal Pre-Kindergarten programs** have been found to have significant long-term benefits.

“The benefits of high-quality, well-implemented early childhood education are countless and [long-lasting](#). Short-term positive [outcomes](#) of pre-K include improved school readiness skills, higher academic achievement in math and reading, and lower rates of retention and special education placement compared to students who have not received early education. These benefits extend into adulthood, as participants of early education programs have higher lifetime earnings and lower rates of crime and teen pregnancy. In the context of children’s well-being, pre-K programs often provide health benefits in the short term such as developmental screenings, free immunizations, and dental and physical care, which can lead to improved health in the long term.” ¹¹

Several U.S. cities offer universal pre-Kindergarten programs; these include: **Washington D.C.** (nearly universal serves nearly 90 percent of eligible 4-year-olds and nearly 70 percent of eligible 3-year-olds) and **New York City** (with enough free, high-quality seats for every 4-year-old in the city and is currently [extending the program](#) to its 3-year-old population)

10 | CLOSE THE DIGITAL DIVIDE

- **San Francisco’s** Digital Equity Strategic Plan has the goal of ensuring that all San Franciscans have affordable, reliable, and high-quality internet. Their strategy includes working with ISPs to expand free and low-cost internet options, partnering with public agencies to advertise low-cost options, and creating a pipeline for city departments and companies to donate surplus digital devices to high-need communities.
- **New Orleans** is working to better connect the city by promoting federal Lifeline options and helping residents identify providers. The city is also facilitating a device donation program, which helps low-income residents acquire computers.
- **San Jose, CA** partnered with Stanford University to map the city’s digital divide down to the neighborhood level. Together, they were also able to include data overlays that indicate not just where people lack internet access, but which populations of people lack internet access. San Jose then used these results to launch targeted neighborhood canvassing efforts, conducted in multiple languages, to determine primary barriers to access.

[i] <https://www.masstransitmag.com/alt-mobility/shared-mobility/article/21135013/via-transportation-10-cities-that-have-redefined-public-transportation-during-COVID-19>

[ii] <https://www.masstransitmag.com/alt-mobility/shared-mobility/article/21135013/via-transportation-10-cities-that-have-redefined-public-transportation-during-COVID-19>

[i] <https://www.urban.org/urban-wire/how-cities-are-making-equity-priority-new-mobility-space>

[ii] <https://milwaukeekeerecord.com/city-life/scooter-pilot-study-from-2019-deemed-a-success-new-pilot-study-recommended-for-2021/>

- Connected Futures Program in **Detroit, MI** is an example of a public-private partnership focused on students who need devices to engage in online schooling. They provided 50,000 students with connected devices, household internet, and tech support.
- **Tulsa, OK** is working to provide new hotspots, free or subsidized in-home access, and to amplify existing signals from community institutions such as public libraries.

11 | PROVIDE AFFORDABLE, RELIABLE TRANSPORTATION

- **Olympia, WA**, embraced free bus service this year, which previously cost \$1.25 for a typical adult ride and \$3 for an express bus from Lakewood to Tacoma, titled the “Zero-Fare Demonstration Project.”
- In December of 2019, **Kansas City, Mo.**, became the first large U.S. city to implement a universal, systemwide fare-free scheme after a unanimous City Council vote. The bus system previously cost travelers \$1.50 per ride or \$50 for a monthly pass.
- **Central Ohio** Transit Authority (COTA) re-evaluated the existing fixed route service it provided following COVID-19. COTA utilized surplus vehicles and drivers to serve “critical locations like hospitals, grocery stores, food banks and other critical transportation using the city’s newly launched COTA Plus app[i].”
- In **Berlin, Germany** the Berliner Verkehrsbetriebe (BVG) switched it’s existing on-demand public transportation network to provide more efficient service to essential employees. The zone was expanded to include access to 75% of all hospital beds in Berlin and provided free transportation to frontline health workers. Additional changes include updates to “the hours of operation to better align with medical shifts and capped all vehicles at 50% capacity.[ii]”
- The LA County Metropolitan Transportation Authority in **Los Angeles, CA** responded to changing rider needs by expanding the three service zones to include medical centers, grocery stores, and pharmacies. Additional COVID-19 changes include reducing first / last mile issues by providing trips beyond the train station or formal pick up / drop off locations to anywhere within the zone.

12 | HIRE DIVERSITY AT ALL LEVELS

- The City of **Worcester** has a Diversity and Inclusion Advisory Committee that advises on diversity and equal opportunity in the areas of recruitment, hiring, promoting and retaining a diverse pool of city employees. The Committee is reviewing and updating the City’s Affirmative Action Policy and Plan.
- **California** Fair Chance Act: It is illegal for most employers in California to ask about (and search for) the criminal record of job applicants before making a job offer. This means ads, job applications, and interview questions cannot include inquiries into an applicant’s criminal record. The purpose of the law is to allow applicants to be judged based on their qualifications.

13 | EXPAND EQUITABLE PROCUREMENT

- See Massport (**Massachusetts** Port Authority) Model
- Large hospital systems are focusing on equitable contracting policies through anchor mission projects. The anchor mission network by the Democracy Collaborative has more info.

14 | TAKE A PLACEKEEPING APPROACH

- **San Francisco's** Calle 24 was established to “preserve, enhance and advocate for Latin@ cultural continuity, vitality, and community in San Francisco’s touchstone Latin@ Cultural District and the greater Mission neighborhood.”⁹ In May 2014, the San Francisco Board of Supervisors approved a resolution (SF Heritage, 2014) to designate 24 Street a Latin@ Cultural District (LCD). Calle 24 is in the center of San Francisco’s Historic Mission District. It runs along a tree-lined street known as “El Corazón de la Misión”, or “The Heart of the Mission.” The stretch of 24th Street running from Mission Street to Potrero Avenue boasts a vast number of colorful and unique specialty stores, restaurants, taquerias, Mexican bakeries, fresh produce grocers, butchers, cafes, and art galleries, as well as the greatest concentration of murals and Latin@ Businesses in the city.
- **Medfield, MA** has a list of approved street names that developers must choose from, which is required in the Subdivision Rules and Regs. The list was prepared by The Committee to Study Memorials in 2008 to honor important historical residents, veterans, and significant topography or natural features special to the Town.

15 | PROACTIVELY ENGAGE COMMUNITY MEMBERS

- The **Denver** Housing Authority (DHA) engages in a robust community engagement process as a core part of proceeding with redevelopment projects, as detailed by the [Health and Housing Starter Guide](#). DHA employs several methods, such as hiring resident ambassadors to engage their neighbors. Information from such engagement informs redevelopment projects and creates project assessment indicators. An implementation example includes bringing Catholic Charities into a ground floor commercial space to address childcare needs in the Mariposa neighborhood.
- **See the Massachusetts Department of Public Health PHIT Community Reports**¹ for information about inequities and how history has led us to existing disparities and also for community engagement resources

16 | AMEND CAPITAL BUDGETING PROCESS

- The **Minneapolis** Park and Recreation Board (MPRB) and the City of Minneapolis approved ordinances to reverse years of underfunding in neighborhood parks.
 - Dedicate an additional \$11 million annually, through 2036, in NPP20 funds for increased maintenance, rehabilitation, and capital investments in neighborhood parks.
 - Allocate NPP20 funds using a data-driven, criteria-based system to help address racial and economic equity.
- Participatory Budgeting in **New York City** (PBNYC) plays an important role in giving communities the ability to directly impact the capital budgeting process. It motivates New Yorkers to engage in the civic process and make decisions by sharing ideas, developing proposals, and voting on community projects.
- **Seattle** first used a Racial Equity Tool⁵ in the annual City budgeting process and then broadened its use to evaluate all programs and policies.
- **Cambridge, MA** has been holding participatory budgeting processes with residents for several years. Residents are asked for their ideas regarding how to spend \$1,000, 000 on one-time capital projects to improve Cambridge. “The City hopes that PB will help directly involve residents in the budgeting and City-building process, foster civic engagement and community spirit, and help ensure that the City’s Capital Plan reflects the priorities of Cambridge residents⁶.”

¹ <https://www.mass.gov/guides/how-to-use-the-phit-community-reports#-inequity-and-history-matters-call-outs-found-in-the-phit-community-reports->

⁵ http://www.seattle.gov/Documents/Departments/RSJI/RacialEquityToolkit_FINAL_August2012.pdf

⁶ <https://pb.cambridgema.gov>

17 | COLLECT GRANULAR DATA

- **Boston** Health Equity Measure Set (BHEMS) will be available in June 2021. Another dataset includes the Behavioral Risk Factor Surveillance System (BRFSS), which can be extended at the state level.

18 | DEVELOP HEALTH EQUITY IMPACT ASSESSMENT TOOLS

- In **San Francisco**, the Health Impact Assessment brings to light information on how diverse public policy decisions might affect health as well as the social and environmental resources required for good health. It presents a potential way to gain consideration more proactively of both root causes of poor health and community needs in the land use development process. It was used for projects like carpet policy in public housing; Housing displacement at Trinity Plaza; and luxury tower construction in the Rincon Hill neighborhood
- **Baltimore** applies an “equity lens” when reviewing all policies and projects and considers the following four overarching areas of equity:
 - Structural Equity: What historic advantages or disadvantages have affected residents in the given community?
 - Procedural Equity: How are residents who have been historically excluded from planning processes being authentically included in the planning, implementation, and evaluation of the proposed policy or project?
 - Distributional Equity: Does the distribution of civic resources and investment explicitly account for potential racial disparate outcomes?
 - Transgenerational Equity: Does the policy or project result in unfair burdens on future generations?



ART CREDITS

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- **Back to the Essence**, 2020
Victor “Marka27” Quiñonez,
95 Magazine St, Boston, MA 02119
Funded by the Mayor’s Office of Arts and Culture’s Transformative Public Art Program

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- **Black Lives Matter**, 2020 (refreshed 2021)
Lee Beard and Paul “Mars” Chapman with Chris Grant
Nubian Square, Washington Street between Eustis Street and Palmer Street, Boston, MA 02119
Funded by Black Market Nubian’s Nubian Square Public Art Initiative

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- **Tale of an Ancient Vase**, 2019
Bryan Beyung
Gaga Seafood, 25 Tyler St, Boston, MA 02111
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- **Buy Fresh Buy Local**, 2008
Kristine Cortese
City Feed, 672 Centre St, Jamaica Plain, MA 02130

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- **Chinatown Unity Community Mural****, 1986

Wen-ti Tsen and David Fichter

38 Oak St, Boston, MA 02111

***destroyed in 2002 for development, a smaller-scale replica is in the lobby of the Boston Chinatown Neighborhood Center (BCNC) at 38 Ash St, Boston, MA 02111*

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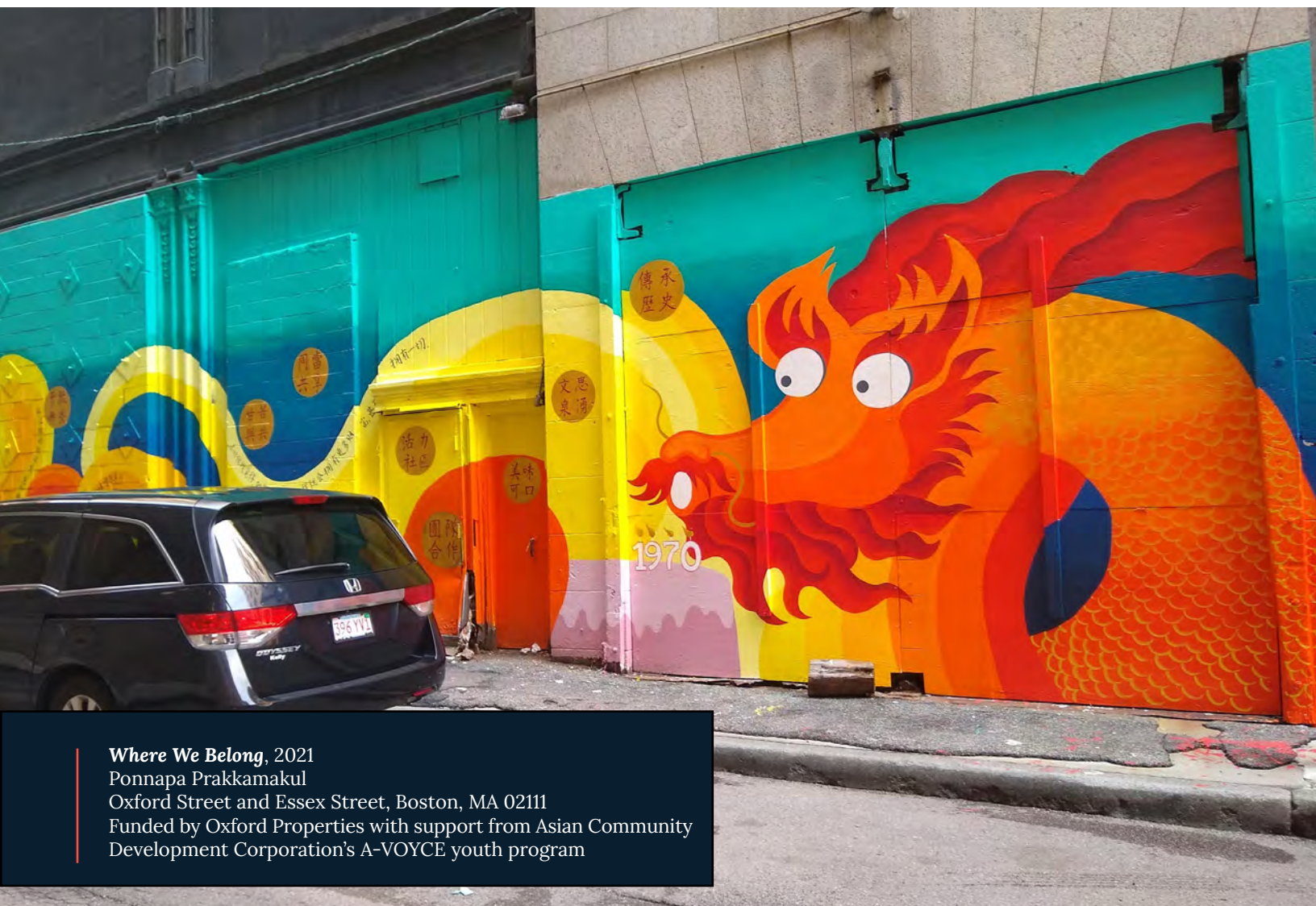
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Where We Belong, 2021

Ponnapa Prakkamakul

Oxford Street and Essex Street, Boston, MA 02111

Funded by Oxford Properties with support from Asian Community Development Corporation’s A-VOYCE youth program

B

