Embedding Equity into Practices of a Chronic Disease Unit

Interview with Lea Susan Ojamaa, Deputy Director, Bureau of Community Health and Prevention and Claire Santarelli, Director, Division of Health Protection & Promotion, Bureau of Community Health and Prevention at the Massachusetts Department of Public Health.

(Note: The Bureau of Community Health and Prevention at the Massachusetts Department of Public Health includes the Division of Prevention and Wellness under which the Chronic Disease Prevention and Control Unit is a part.)

Strong and effective leadership in public health is essential to improve health equity, both operationally and ideologically. A leader's commitment to social justice values is necessary to address the socio-environmental factors that determine differences in health within and across populations. This commitment is demonstrated in a leader's everyday actions, behaviors, and decisions.

Embedding equity within formal and informal leadership structures is a foundation for organizational capacity and readiness to take action on health inequities. To explore ways a chronic disease unit within a state health department can embed equity into its daily practice, NACDD met with Lea Susan Ojamaa, Deputy Director, Bureau of Community Health and Prevention and Claire Santarelli, Director, Division of Health Protection & Promotion, Bureau of Community Health and Prevention at the Massachusetts Department of Public Health.

"… Our work in equity started as a real grassroots effort, following the uprising in Ferguson (Missouri). There were several staff from various programs and various positions who came together to explore how we can bring our whole selves to work and really advance the quality of the work that we do by addressing race and racism explicitly," Santarelli said.

After obtaining approval from leadership to formalize the work, the Bureau created an operating structure – Racial Equity Leadership Team – made up of individuals representing various roles and responsibilities all across the Bureau, including entry-level staff and management. The team intentionally operates on a power-neutral structure so that all decisions are made by consensus.

With guidance from the Leadership Team, the Racial Equity Initiative's charge is to develop and implement strategies that address the impact of racism and other systems of oppression on Bureau of Community Health and Prevention staff, programs, policies, and clients. The initiative's purpose is to equip staff to understand racial and health inequities and to develop strategies to address them in their work.

The Racial Equity Leadership Team has six Working Groups – Communications, Operations, Procurement, Evaluation, Professional Development and Policy -- that are affiliated with the Racial Equity Initiative. This Working Groups structure provides many opportunities for staff to be involved and engaged in meaningful ways. (See box at right for Working Group descriptions.)

Since its initation in 2015, the Race Equity Initiative has had tangible results and outcomes, including the following:

- *Procurement* Work Group developed guidelines to ensure that funds are administered in ways that advance equitable program delivery and evaluation of vendors applying for funds. "These guidelines are also sort of baked into the evaluation that we do internally around who gets the funds. Now we can weigh the questions that demonstrate understanding of structural racism differently," Santarelli said.

- *Evaluation* developed tools, such as a style guide for epidemiologist and data analysts to help standardize ways to talk about race and ethnicity across the Bureau.

- *Professional development* has coordinated a set of relevant trainings and learning opportunities. There is a two-day training designed to increase staff's understanding on the historical impact of race and racism on health and life outcomes for people of color. This offering occurs multiple times throughout the year, and about 70% of staff in the Bureau as of early 2020 has participated in the training. In addition, a modified version of this training has been made available to the Bureau's partners, grantees, and vendors. The Bureau also hosts half-day labs that are action-oriented where participants learn how to use a reframing tool or use *Affirm-Counter-Transform* technique to help navigate a challenging dialogue. In addition, the Bureau developed a set of racial equity competencies that staff are encouraged to incorporate into their annual performance review.

- *Policy* implemented changes with the hiring process. "Now, when it comes to hiring staff, we ensure that our interview team includes a staff person who has gone through equity and racial justice trainings – someone who really understands how systems and structures can interact to perpetuate oppression," Ojamaa said. The Bureau also

standardized interview questions to ensure that a prospective hire has an understanding of racial equity and a commitment to addressing the social determinants of health.

Both Ojamaa and Santarelli agree that the greatest challenge of incorporating equity lens in the work of the Bureau is an absence of a blueprint. “If we kept waiting for the roadmap and everything to be detailed out perfect, we would’ve never done anything. Essentially, it is an evolving process. We certainly have learned a lot,” Ojamaa said.

Ojamaa and Santarelli are proud that their work has been recognized by others within the health department. “Five Bureaus participated in some capacity training and some adopted our procurement policies. They are piloting our interview questions and learning from our successes and our challenges. It has a momentum, and it is growing,” Santarelli said.

In conclusion, Ojamaa stressed the importance of the role of leadership in advancing racial equity work. “We, as leaders, need to take upon ourselves to support our staff in this work, so they can see that there is buy-in from those above them. As a leader, I have an ability to change and inform processes. I think all of us as Chronic Disease Directors should figure out leverage points that we have – like hiring processes mentioned earlier. We have a sphere of influence that we can use to advance this work.”