



fcsn.org

Massachusetts
FAMILY  VOICES

**Equity, Diversity, Inclusion
and Belonging Plan
2024-2027**

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The Federation for Children with Special Needs and Mass Family Voices

At the Federation for Children with Special Needs (FCSN), diversity, equity, inclusion, and belonging are central to meaningful learning, especially for diverse learners. This commitment is evident in our mission, staffing, and processes.

Mission

Diversity, inclusion, and equity are fundamental to FCSN's mission. We listen to and learn from families, encouraging full participation in community life by all, especially those with disabilities. We believe individual differences enrich society and that disabilities provide unique perspectives and abilities.

Staffing

We hire staff reflective of the communities we serve and encourage individuals with disabilities to apply. We offer equal employment opportunities regardless of background.

Language Diversity

We ensure information is accessible in Spanish, Portuguese, Haitian Creole, and Chinese. To support these diverse communities, we employ Outreach Specialists fluent in these languages and utilize cultural brokers along with a language line service for additional assistance.

Outreach

We employ specialists and collaborate with cultural brokers for various communities, including Arabic, Cambodian, Chinese, Haitian, Spanish, Portuguese, and Somali groups. Our outreach also extends to underserved rural families and indigenous persons.

Inclusive Environment

We continue to develop a supportive environment where all staff can thrive. Our Diversity, Equity, Inclusion, and Belonging (DEIB) committee fosters a safe workspace, and staff engage in educational initiatives like the "Nice Racism" book study, reading Frederick Douglass' July 4th speech on Juneteenth, facilitating anti-racist Town Halls, etc.

Processes and Products

Our Language Assistance Plan (LAP) ensures equitable access for underserved groups. We use a cultural broker model to engage diverse families and provide support groups and resources in multiple languages.

Educational Resources

We translate brochures into Chinese, Haitian Creole, Portuguese, Spanish, and Vietnamese. We offer parent leadership training and workshops in multiple languages and maintain multilingual resources on our website. We also support a Vietnamese family/caregiver and youth group for young adults with developmental disabilities. We continually audit our website for accessibility improvements.

FCSN's dedication to diversity, equity, and inclusion is evident across our mission, team, and efforts to ensure meaningful learning and support for all.

Mass Family Voices

The Massachusetts Family-to-Family Health Information Center (MAF2F), a key program of the Federation for Children with Special Needs (FCSN), supports families of Children and Youth with Special Health Care Needs (CYSHCN). MAF2F informs parents about healthcare practices, policies, and shared decision-making, which optimizes their children's health and well-being.

The project aims to promote optimal health for CYSHCN and ensure access to equitable health delivery systems through information, education, technical assistance, and peer support for families and professionals.

Disparity Impact Statement

The Federation for Children with Special Needs (FCSN) ensures equitable access to and participation in its activities for all Massachusetts families (defined as parents, caregivers, foster parents, and youth/young adults) and the professionals who serve them. Our foremost commitment is to those with the greatest need due to disability, poverty, discrimination based on race, culture, sex/gender, gender identification, language, immigrant or foster care status, LGBTQ+ status, geographic location, or other special circumstances.

Using national and state data on maternal mortality and morbidity rates in Black and Brown mothers, as well as historical inequities in reproductive and maternal health of Black, Indigenous Persons of Color (BIPOC) populations, FCSN will design and implement activities to increase awareness of racial and ethnic disparities in maternal health outcomes, access to perinatal care and early intervention. FCSN will place particular focus on intersectionality between race and disability when it comes to maternal health and access to early intervention.

We collaborate with community-based and other organizations in communities with high concentrations of traditionally underrepresented families. Our staff consists of diverse individuals with lived experience as caregivers raising individuals with disabilities and/or individuals who identify as disabled. Several staff members are fluent in other languages, thirteen at last count, as well as American Sign Language (ASL). While we all have work to do understanding cultural humility, learning to be allies and becoming anti-racist we are certain FCSN can effectively serve diverse families.

FCSN Staff Demographics Survey (Updated)

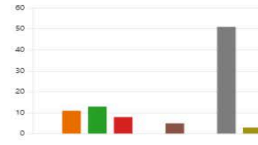
91 Responses

02:05 Average time to complete

Active Status

1. How do you identify your Race?

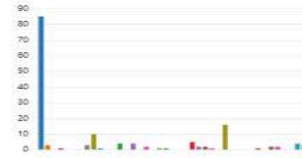
American Indian/Alaskan Native	0
Asian	11
Black	13
Hispanic/Latino/White	8
Hispanic/Latino/Black	0
Hispanic/Latino/Other	5
Native Hawaiian/Pacific Islander	0
White	51
Other	3



FCSN Staff Demographic Survey 2024

3. Languages Spoken (select all that apply)

English	89
American Sign Language	3
Amharic	0
Arabic	1
Armenian	0
Bantu (Including Swahili)	0
Bengali	0
Chinese	3
French	10
German	1
Greek	0
Gujarati	0
Haitian Creole	4
Hebrew	0
Hindi	4
Hmong	0
Italian	2
Japanese	0
Khmer/Cambodian	1
Korean	1
Navajo	0
Persian (Including Farsi and Dari)	0
Polish	0
Portuguese	5
Punjabi	2
Russian	2
Serbo-Croatian (Including Bosni...	1
Somali	0
Spanish	16
Swahili	0
Tagalog (Including Filipino)	0
Tai-Kadai (Including Thai and Lao)	0
Tamil	0



FCSN Staff Language Survey 2024

Language Access Plan

As a federal fund recipient, FCSN ensures persons with Limited English Proficiency (LEP) have meaningful access to programs and services, following Title VI of the 1964 Civil Rights Act and Executive Order 13166.

Primary languages in Massachusetts are Spanish (245,670), Portuguese (80,815), Chinese (69,734), Haitian Creole (38,097), Vietnamese (25,093).

FCSN hires culturally and linguistically fluent staff and collaborates with statewide and community-based organizations. Our staff members and consultants provide assistance and training in Cape Verdean Creole, Chinese, Haitian Creole, Khmer, Korean, Portuguese, Spanish, and Vietnamese.

Our annual Visions of Community Conferences, attended by 800-1000 families and professionals each year, provides live interpretation in ASL, Chinese, Haitian Creole, Korean, Portuguese, Spanish, Vietnamese, and Somali. Additional language interpretation is provided by the Wordly AI platform for the conference and other events as needed.

FCSN collects demographic data on participants in programs, workshops, and training for analysis and reporting.

Resources

- Bilingual Staff: Our team includes proficient bilingual staff fluent in multiple languages, ensuring effective communication with individuals from diverse linguistic backgrounds.
- Language Line Service: We offer access to a comprehensive language line service that supports a wide range of additional languages beyond our in-house capabilities.
- Interpretation Services: Complimentary interpretation services are available during webinars and training sessions, ensuring all participants can fully engage and understand the content.
- Staff Training: We provide continuous training for our staff on the effective use of language services, ensuring they are well-equipped to assist Limited English Proficiency (LEP) individuals.

Plan

- LEP Individual Matching: We pair LEP individuals with bilingual staff members who speak their preferred language, ensuring personalized and effective communication.
- Multilingual Assistance and Training: Our technical assistance, workshops, and training sessions are conducted in multiple languages to cater to the diverse needs of our audience.
- Professional Translation Services: All written materials are translated by professional services to maintain accuracy and clarity in communication.

- Language Line Service Utilization: When bilingual staff are not available, we will utilize our language line service to provide immediate and reliable language support.
- Community Partnerships: We will collaborate with community organizations to extend our language support services, reaching a broader audience and enhancing our linguistic capabilities.

Summary of Key Strategies for Inclusion and Accessibility

Accessible Materials

- Utilize materials suitable for low-literacy audiences, translated into multiple languages, and available in Braille or recorded versions with closed captioning.
- Pilot materials for clarity and usefulness, revising based on feedback.

Multilingual and Accessible Digital Resources

- Maintain a multilingual website with accessible videos/webinars for Limited English Proficiency (LEP) families/youth and those who are blind or visually impaired.

Multilingual Workshops

- Conduct workshops in multiple languages, including sign language, and advertise interpretation services.

Capacity Building

- Train staff, parent leaders, youth leaders, and professionals to work effectively with diverse families/youth.

Diverse Staffing

- Hire staff representative of diverse communities, including bilingual/trilingual staff, fluent in sign language, and individuals with disabilities.

Accessible Locations and Support

- Conduct activities in accessible locations and provide support for low-income families to access services.

Focus Groups

- Facilitate focus groups with diverse parents/youth to gather recommendations and improve services based on feedback.

Monitoring and Feedback

- Continually monitor service impact to ensure participant diversity reflects the population. Use feedback to improve service quality and effectiveness.

Outreach

- Promote services through ethnic media and faith-based organizations, focusing on underrepresented families and youth.

Targeted Services

- Provide intensive services to underrepresented families, especially in areas with significant barriers to equitable participation.

Multi-Format Information

- Distribute information in various formats, including web, hard copy, easy-to-read versions, and tailored training.

Flexible Scheduling

- Offer activities at various times (evenings, weekdays, weekends) and utilize social media/technology to reach families and youth.

Research-Based Practices

- Implement proven, effective practices for diverse populations.

Feedback-Driven Adaptation

- Adapt services based on input from diverse families/youth and professionals.

Collaborative Partnerships

- Work with state agencies, advocacy organizations, and professional groups to meet the needs of diverse families.

Implementation and Review

- Language Access Plans
 - Complete the Language Self-Assessment and develop updated Language Access Plans every three years.
- Cultural and Linguistic Competence Self-Assessment
 - Every five years, complete the Cultural and Linguistic Competence Self-Assessment for Family Organizations and use the information to update the plan.

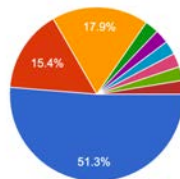
Underrepresented Population and Plan Summary



In 2021, shortly after the murder of George Floyd, the Federation for Children with Special Needs created a Diversity, Equity, Inclusion and Belonging (DEIB) committee. The committee meets monthly to work toward an anti-racist, anti-ableist, anti-sexist workplace where staff, families, self-advocates, professionals and others feel safe, welcome and included. Members of the committee have created Juneteenth celebration events, attended cultural humility training, collaborated with indigenous communities and hosted anti-racist Town Halls through the national [Family Voices initiative Family Voices United to End Racism Against CYSHCN and their Families \(FamU\)](#).

In 2024 the committee began meeting to develop this Diversity, Equity, Inclusion and Belonging Strategic Plan. Through data review the committee identified three underrepresented populations in MA that are also under-served by the Federation. The committee created a survey seeking staff input on which population to focus on for this plan. Committee members met with the FCSN Board of Directors sharing the Human Resources Services Administration (HRSA) DEI requirements, information about how to create a DEI plan (through technical assistance provided by Family Voices and SPAN) and offered the Board the opportunity to vote on a specific underrepresented population for the plan. We received a total of 39 responses (of approximately 62 individuals) with a 51.3% response to focus the work on early intervention and prenatal care and support for Black and Brown women with an additional focus on intersectionality and social determinants of health.

Which population would you like the Federation to focus on through the Diversity, Equity, Inclusion and Belonging Strategic plan submitted to the Health Resources Service Administration HRSA?
39 responses



- Early intervention and access to prenatal care and support for Black an...
- LGBTQ+ youth and families
- Indigenous Peoples / Tribal Community
- unfair to make us pick one from these...
- low income
- Why does it have to be specifically ab...
- African-American/Black community
- young adults over 22
- Immigrants/Foreign

FCSN 2024 Staff DEIB Focus Population Survey

Social determinants of health are the conditions in which people are born, grow, live, work, and age that shape their health. These determinants are influenced by social, economic, political, and environmental factors. They include:

Social and Economic Factors: These encompass income, education, employment, social support networks, and social exclusion. For example, individuals with higher income levels tend to have better access to healthcare and healthier living conditions.

Physical Environment: This includes housing quality, air and water quality, access to green spaces, and transportation options. Environmental factors can significantly impact health outcomes, such as exposure to pollutants or access to safe and affordable housing.

Healthcare Access and Quality: Access to healthcare services, including preventive care, treatment, and health insurance coverage, plays a crucial role in determining health outcomes. Disparities in healthcare access and quality can exacerbate health inequities.

Neighborhood and Built Environment: Characteristics of neighborhoods, such as safety, access to healthy foods, availability of recreational facilities, and neighborhood walkability, can influence health behaviors and outcomes.

Social and Community Context: This includes social norms, social capital, community engagement, and discrimination. Strong social support networks and community cohesion can promote health and well-being, while experiences of discrimination or social isolation can negatively impact health.

Education: Educational attainment is closely linked to health outcomes, as higher levels of education are associated with better health behaviors, access to healthcare, and socioeconomic opportunities.

Occupation: Work conditions, job stability, occupational hazards, and income from employment can affect health outcomes. Occupational factors can contribute to disparities in health outcomes, particularly for marginalized and vulnerable populations.

Addressing social determinants of health requires comprehensive approaches that go beyond the healthcare system and involve collaboration across sectors such as healthcare, education, housing, transportation, and social services. By addressing these underlying factors, policymakers and public health professionals aim to promote health equity and improve population health outcomes.

For context: 48.7% of Hyde Park residents are Black. The median income is \$81,849 and 14.4% of residents have a bachelor's degree. By comparison, in Roslindale, 25% of residents are Black. The median income is \$93,601 and 17.4% of residents have a bachelor's degree.

Mattapan had the highest percentage of low birthweight births (11.8%) for 2019, 2020, and 2021 combined. **Dorchester** (02121, 02125) had the second highest percentage at 11.3%. For context: 78.2% of Mattapan residents are Black. The median income of \$61,180 and 8.2% of residents have a bachelor's degree.

Mattapan (12.7%) and Dorchester (11.1% 02121, 02125 and 10.7% 02122, 02124) had the highest percentage of preterm births in Boston for 2019, 2020, and 2021 combined.

Although many of our Black residents live a few short miles from some of the best hospitals and providers in the world, much like the rest of the country, the city of Boston and the state are in a Black maternal health crisis.

Data from the Massachusetts Department of Public Health (MDPH) indicate that Black women in Massachusetts are 1.9 times more likely to die during pregnancy or within one-year postpartum compared to white women. These findings underscore the need for urgency and greater investment and availability of resources that address underlying social determinants of health and improve access to pregnancy and early childhood care.

Maternal health disparities in the United States have reached a crisis point, particularly for Black and Brown mothers who face significantly higher risks of adverse outcomes compared to their white counterparts. The stark differences in maternal morbidity and mortality rates are unacceptable and demand urgent attention and action.

Studies consistently show that Black and Brown mothers are more likely to experience severe health complications during pregnancy and childbirth. According to the Centers for Disease Control and Prevention (CDC), Black women are three to four times more likely to die from pregnancy-related causes than white women. Similarly, Latina and Indigenous women also face disproportionately high maternal mortality rates.

In Massachusetts, disparities in maternal health outcomes for Black and Brown mothers compared to their white counterparts are significant and concerning. Despite the state's robust healthcare system, racial and ethnic disparities persist, reflecting broader systemic inequities.

DIVERSITY



of people and perspectives

EQUITY



in policy and practice

INCLUSION



of all voices and visions

Equity, Diversity, and Inclusion Plan

Commitment

Diversity, equity, and inclusion are fundamental to the Federation for Children with Special Needs' mission. We listen to and learn from families, encouraging full participation in community life, especially for those with disabilities. We believe individual differences, including disabilities, bring unique perspectives and abilities that benefit society.

At the Federation for Children with Special Needs, we believe that every child and every family deserve equitable access to all aspects of enriching and meaningful life. We strive to identify and challenge inequities and eliminate barriers and disparities that disadvantage children, families, and communities. We also seek to equip professionals and families alike with asset-based mindsets that honor the diverse funds of knowledge, perspectives, and experiences of each individual. We understand inclusion as the practice of assuring everyone can access resources and learning in the ways that best fit their needs, and that diversity, equity and inclusion are at the heart of meaningful and relevant learning, particularly for culturally and linguistically diverse learners and families. Our commitment to diversity, equity and inclusion is woven throughout our work from our mission, our staffing, and our processes and products.

"We are committed to listening to and learning from families and encouraging full participation in community life by all people, especially those with disabilities. The Federation believes that individual differences in people are a natural part of life, and that disabilities provide children and adults with unique perspectives, insights and abilities which contribute to the overall well-being of society."

At the Federation, we value hiring and supporting staff who reflect the communities we serve. We urge individuals with disabilities and their family members to apply for positions with the Federation. We are committed to providing equal employment opportunities to all employees and candidates for employment without regard to race, religion, color, national origin, ancestry, ethnicity, sex, pregnancy, gender identity, sexual orientation, age, physical or mental disability, genetic information, veteran status, or any other legally protected status or designation. We also value linguistic diversity and employ Outreach Specialists for Spanish, Portuguese, Chinese, and Haitian Creole-speaking communities, with cultural brokers for Vietnamese and Somali communities.

FCSN Mission and Vision

Mission

Provides information, support, and assistance to parents of children with disabilities, their professional partners, and their communities. We are committed to listening to and learning from families, and encouraging full participation in community life by all people, especially those with disabilities.

Most Federation staff members are parents or family members of children with disabilities and people with disabilities.

Vision

The Federation's vision is that of an inclusive society where every family, child, and young adult has equitable access to education, health and community support.

Guiding Principles

1. The Federation believes that individual differences in people are a natural part of life, and that disabilities provide children and adults with unique perspectives, insights and abilities which contribute to the overall well-being of society.
2. The Federation values children as the hope for the evolving improvement of humankind, and places great value on the family as a caring protector of children's vulnerability, as well as a catalyst for their healthy growth and development.
3. The Federation places a tremendous value on parents because of the contributions they make as the leaders of families toward supporting the health, education, and development of their children at home and in society.
4. The Federation promotes the active and informed participation of parents of children with disabilities in shaping, implementing, and evaluating public policy that affects them.
5. The Federation believes in the power of parents helping parents and has infused a proven model of peer support throughout all its work.

Goals and Objectives

Goal #1: Educate families regarding Black and brown maternal health.	Goal #2: Educate professionals regarding Black and brown maternal health. History of lack of trust, testing, etc.	Goal #3: Educate staff regarding Black and brown maternal health, cultural competency, resources, language access, etc.
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Objective #1: To empower Black and Brown women through education, mentorship, training and active listening.	Objective #2: Increase the number of caregiver training in underserved communities by 10% compared to baseline.	Objective #1 Partner with doctors and healthcare professionals offering in-service training.	Objective #2 Build relationships between healthcare professionals & individuals with lived experience.	Objective #1: Enhance and expand partnerships with community based organization, & faith-based groups for short and long-term.	Objective #2: Develop & implement training and a communications plan of FCSN commitment to inclusiveness, measured by a 5% increase in positive feedback & engagement on
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Goal 1 Objective 1 Activities	Goal 1 Objective 2 Activities	Goal 2 Objective 1 Activities	Goal 2 Objective 2 Activities	Goal 3 Objective 1 Activities	Goal 3 Objective 2 Activities
a. Conduct Focus groups/listening sessions using	c. Work with families with lived experience to offer	a. Identify local hospitals such as Boston City	c. Partner with healthcare professionals and	a. Actively outreach to specific communities	c. Collaborate with FCSN Communications Team on social
data to identify specific needs.	resource directory, doulas, etc.	Hospital where grand rounds and other training can be offered.	women with lived experience for facilitated listening sessions.	(Hyde Park, Dorchester and Roxbury) identifying 3 cultural liaisons to partner with in communities.	media outreach, web-site updates and surveys.
b. Partner with community based organizations to offer resources and educational materials.	d. Create FAQ and Women to Women brochures in multiple languages	b. Host at least 4 grand round training per year (quarterly)	d. Collaborate on the creation of an educational brochure: What Every Doctor Should Know about Health Disparity with accompanying short video.	b. Host a minimum of 4 all-staff training on maternal health disparity for Brown and Black women.	d Host three Town Halls (using FamU model) engaging women, healthcare professionals and service providers to facilitate topic-based discussions.

Building Partnerships



Partnerships play a crucial role in advancing racial equity and reducing inequality. Here are some ways in which partnerships can contribute to positive change:

1. **Cross-Sector Partnerships:** Collaborating across sectors—public, private, and social—is essential. These partnerships leverage the strengths and assets of each sector to address racial disparities.
2. **Data-Informed Partnerships:** Use data to inform your partnerships. Understand the market failures and identify levers for systemic change.
3. **Inclusive Conversations:** Ensure that affected groups are not just the subject of conversations but active participants.

Partnerships that prioritize racial equity, data-driven decision-making, and inclusive dialogue can significantly improve the economic wellbeing of individuals, families, and communities, ultimately contributing to a more just society.

Potential Partners

- Boston Medical (ob/gyn)
- Boston Public Health Commission
- Cambridge Health Alliance
- Children's Health Watch (food insecurity)
- Codman Square Health Center

- Harvard Street Clinic (Blue Hill Ave)
- Mass Families Organizing for Change
- Mattapan Health Center
- Michael Curry, Esquire attorney former president of NAACP (Boston) president and CEO of Mass Legal Community Health Center
- Roxbury Talk
- Scope Headquarters (Resources to community)
- WIC Offices
- Whittier Street Health Center
- Vital Village at Boston Medical Center

Monitoring, Evaluation and Determining Outcomes

Plan, Do, Study, Act Logic Model

The Plan-Do-Study-Act (PDSA) Methodology is one of the most commonly used tools in quality improvement. The PDSA cycle is an iterative, four step model for improving a process. The first step is the development of a plan in which predictions of outcomes are clearly stated and tasks are assigned. It is in this phase that the who, what, when, and where of the plan is decided. In the "do" phase, the plan is implemented. Data and results obtained are then analyzed in the "study" phase. Last, the plan is either adopted, adapted, or abandoned in the "act" phase based on the evaluation of the data in the prior step. The learning from one cycle should guide the cycles that follow.

Plan

- Identify Stakeholders and Establish an Evaluation Team
- Identify needs and preferences of our stakeholders
- Create a prediction model and assign tasks
- Identify project timeline for specific goal measurements
- Develop Evaluation Questions
- Budget for an Evaluation
- Select an Evaluator or regular reporting

Do

- Implement activities (see grid)

Study

- Review and evaluate data for effectiveness
- Identify opportunities for improvement

Act

- Team decision on whether to adapt, adopt or abandon process
- Identify what can be brought to scale and systemized for ongoing impact
- Identify the next population focus

Measurable Outcome

By May 31, 2027, increase by 10 percent from baseline the number of CYSHCN and families from underrepresented and diverse communities trained to partner at all levels of shared decision-making

Sample Timeline for Continuous Improvement

Plan Year 1	Plan Year 2	Plan Year 3
Goal 1 Activity a and b	Activity c	Activity d
Goal 2 Activity a and b	Activity c	Activity d
Goal 3 Active a and b	Activity c	Activity d

Data Collection and Evaluation

The Federation for Children with Special Needs (FCSN) collects demographic data from all event participants and individuals receiving 1:1 technical assistance. This includes information on:

- Address
- Language
- Race and ethnicity
- Gender
- Income
- Family size
- Level of education
- Age, race, ethnicity, and disability status of children

Event Evaluations

Participants evaluate events based on quality, usefulness, and relevance. For maternal health and prenatal care events, evaluations may include questions on:

- Understanding the provided information
- Knowing where to find maternal health and prenatal care resources
- Advocacy for appropriate prenatal care and maternal health services
- Awareness of health inequities in maternal health care for Black and Brown women

Data Management and Reporting

Data is entered into a Quickbase database for easy searching and report creation. Monthly or quarterly reports are generated to:

- Assess participant demographics and engagement.
- Evaluate the effectiveness of training and workshops.
- Identify areas for improvement and address disparities.
- Monitor progress towards DEI goals.

Quality and Outcome Evaluation

To evaluate the impact and quality of our work, we will:

- Survey staff, individuals, communities, and professionals involved in partnerships
- Collect narratives and stories to gather qualitative data on experiences, medical options, and changes in maternal health outcomes

Monitoring, Evaluation, and Continuous Improvement

This systematic approach includes:

- Ensuring underrepresented populations have access to and utilize critical health services for better health and life outcomes
- Providing resources that lead to improved life outcomes
- Reporting improved maternal health and decreased infant mortality

This data-driven methodology allows FCSN to continuously improve services and better support diversity, equity, inclusion and belonging within our community and beyond.

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With Special Thanks to the FCSN Diversity, Equity, Inclusion and Belonging Committee Members

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