

Prioritizing Racial Equity in Accountable Communities of Health

July 2016

By establishing collaborative decision-making on a regional basis, **Accountable Communities of Health (ACHs)** are striving to improve health and health systems and develop shared priorities and strategies. All of this work requires a focus on racial equity in order to ensure that everyone in the region will share in the gains that the ACH creates. Therefore, each ACH should prioritize racial equity, initially as part of the Regional Health Improvement Plans and designated interventions.

When an ACH makes decisions that affect its region, it should involve a diverse group of individuals from the affected communities. Before involving those community members, though, ACH board members should engage with racial equity resources to understand various types of racism (individual, institutional, structural, internalized). Then, utilizing population data, they can identify the communities that should be part of a particular discussion. **Each ACH should seek out county-level or program level data that sorts its communities by race, ethnicity, income, education, and family size.**

Engaging with community members creates numerous benefits, including the opportunity to build relationships and trust, create additional capacities for advocacy, and empower communities and individuals. Together with community members, **each ACH should ask specific questions about policies, programs, and budgets:** Who benefits? Who is burdened? Does the status quo make things worse? How can we mitigate the burdens and maximize the benefits for racially-diverse communities?

Finally, it will important to develop champions on each ACH board who are focused on racial equity work. They will need to engage in finding appropriate data and making connections with local communities.

SAMPLE RACIAL EQUITY TOOLKIT

This toolkit, which has been adapted from the City of Seattle’s Racial Equity Toolkit¹ can help Accountable Communities of Health (ACHs) eliminate disparities and inequities in the health care system by reducing negative impacts on both low-income and communities of color. The Sample Racial Equity Toolkit lays out a process and a set of questions to guide an ACH seeking to address racial equity.

The Toolkit should be used when policies, programs, and budgets are developed so racial equity goals and desired outcomes are built into the framework of the project. To be inclusive, the analysis must be developed with and by people with different racial perspectives.

STEP 1. SET OUTCOMES FOR THE SPECIFIC PROJECT.

Leadership communicates key community outcomes for racial equity to guide analysis. Outcomes includes the universal goal of the project and specific racial equity outcomes.

STEP 2. INVOLVE STAKEHOLDERS + ANALYZE DATA.

Gather information from community and staff on how the issue benefits or burdens the community in terms of racial equity. It is critical that diverse stakeholders participate.

STEP 3. DETERMINE BENEFIT AND/OR BURDEN.

Analyze issue for impacts and alignment with racial equity outcomes for various groups.

STEP 4. ADVANCE OPPORTUNITY OR MINIMIZE HARM.

Develop strategies to create greater racial equity or minimize unintended consequences.

STEP 5. EVALUATE. RAISE RACIAL AWARENESS. BE ACCOUNTABLE.

Track impacts on communities of color over time. Continue to communicate with and involve stakeholders. Document unresolved issues.

STEP 6. REPORT BACK.

Share information learned from analysis and unresolved issue with allies and partner organizations.

¹ See http://www.seattle.gov/Documents/Departments/RSJI/RacialEquityToolkit_FINAL_August2012.pdf.

RACIAL EQUITY TOOLKIT ASSESSMENT WORKSHEET

Title of the Project:

PROJECT DESCRIPTION:

Step 1. Set Outcomes for the project.

1a. What do you define as the most important racially equitable community outcomes related to the issue? Leadership communicates key community outcomes for racial equity to guide analysis

UNIVERSAL GOAL (CONDITION OF WELLBEING FOR ALL OF THE ACH'S POPULATION):

RACIAL EQUITY OUTCOMES:

1b. Are there impacts on:

- | | |
|--|---|
| <input type="checkbox"/> ACH GOVERNANCE | <input type="checkbox"/> IMMIGRANT AND REFUGEE ACCESS TO SERVICES |
| <input type="checkbox"/> WORKFORCE DEVELOPMENT | <input type="checkbox"/> INCLUSIVE OUTREACH AND PUBLIC ENGAGEMENT |
| <input type="checkbox"/> PROJECT SELECTION | <input type="checkbox"/> PROJECT MONITORING |
| <input type="checkbox"/> OTHER | |

PLEASE DESCRIBE:

Step 2. Involve stakeholders. Analyze data.

Gather information with community and staff on how the issue benefits or burdens the community in terms of racial equity. What does data tell you about potential impacts?

2a. Are there impacts on geographic areas? Yes No

IDENTIFY ALL AFFECTED AREAS IN THE ACCOUNTABLE COMMUNITY OF HEALTH:

2b. What are the racial demographics of those living in the area or impacted by the issue?

2c. What intersections are there between this issue's impact on communities of color and its impact on other demographic groups that experience health/access disparities (e.g., older adults, immigrants, low-income communities, persons with disabilities, LGBTQ individuals?)

2d. How have you involved community members and stakeholders?

2e. What do your conversations with stakeholders and data tell you about existing racial inequities that influence people's lives and should be taken into consideration?

2f. What are the root causes or factors creating these racial inequities?

Examples: Bias in process; Lack of access or barriers; Lack of racially inclusive engagement

Step 3. Determine Benefit and/or Burden.

Given what you have learned from data and from stakeholder involvement:

3. How will the policy, initiative, program, or budget issue increase or decrease racial equity?

What are potential unintended consequences? What benefits may result? Are the impacts aligned with your community outcomes that were defined in Step 1.?

Step 4. Advance Opportunity or Minimize Harm.

4. How will you address the impacts (including unintended consequences) on racial equity?

What strategies address immediate impacts? What strategies address root causes of inequity listed? How will you partner with stakeholders for long-term positive change? If impacts are not aligned with desired community outcomes, how will you re-align your work?

PROGRAM STRATEGIES:

POLICY STRATEGIES:

PARTNERSHIP STRATEGIES:

Step 5. Evaluate. Raise Racial Awareness. Be Accountable.

5a. How will you evaluate and be accountable? How will you evaluate and report impacts on racial equity over time? What is your goal and timeline for eliminating racial inequity? How will you retain stakeholder participation and ensure internal and public accountability? How will you raise awareness about racial inequity related to this issue?

5b. What is unresolved? What resources/partnerships do you still need to make changes?

Step 6. Report Back.

Share analysis and report responses with coalition partners and members involved in Step 1.

CREATING EFFECTIVE COMMUNITY OUTCOMES

OUTCOME: the result that you seek to achieve through your actions.

RACIALLY EQUITABLE COMMUNITY OUTCOMES: the specific result you are seeking to achieve that advances racial equity in the community.

When creating outcomes think about:

- What are the greatest opportunities for creating change in the next year? What strengths does the coalition have that it can build on?
- What challenges, if met, will help move the coalition closer to racial equity goals?

IDENTIFYING STAKEHOLDERS

IDENTIFY STAKEHOLDERS: Find out who are the stakeholders most affected by, concerned with, or having experience relating to the policy, program or initiative. Identify racial demographics of the region or those impacted by issue.

ONCE YOU HAVE IDENTIFIED YOUR STAKEHOLDERS: Involve them in the issue. Describe how historically underrepresented community stakeholders can take a leadership role in this policy, program, initiative or budget issue.

Listen to the Community – Ask:

- What do we need to know about this issue? How will the policy, program, initiative or budget issue burden or benefit the community? (*concerns, facts, potential impacts*)
- What factors produce or perpetuate racial inequity related to this issue?
- What are ways to minimize any negative impacts (harm to communities of color, increased racial disparities, etc.) that may result? What opportunities exist for increasing racial equity?

EXAMPLES OF WHAT THIS STEP LOOKS LIKE IN PRACTICE:

- Addressing disparities in health care includes conversations with those who utilize the services as well as staff who work there.
- Before implementing a new policy and program, people from the demographic most impacted are surveyed to learn the best ways to minimize negative impacts.

GLOSSARY

ACCOUNTABLE: Responsive to the needs and concerns of those most impacted by the issues you are working on, particularly to communities of color and those historically underrepresented in the civic process.

COMMUNITY OUTCOMES: The specific result you are seeking to achieve that advances racial equity.

DETERMINANTS OF EQUITY: The social, economic, geographic, political, and physical environmental conditions in which people are born, grow, live, work, and age that lead to the creation of a fair and just society. Access is necessary regardless of race, class, gender, or language spoken. Inequities are created when barriers exist that prevent individuals and communities from accessing these conditions and reaching their full potential.

EQUITY: When every person has full and equal access to opportunities that enable them to attain their full potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances.

HEALTH DISPARITIES: Preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations. Populations can be defined by factors such as race or ethnicity, gender, education or income, disability, geographic location (e.g., rural or urban), or sexual orientation. Health disparities are inequitable and are directly related to the historical and current unequal distribution of social, political, economic, and environmental resources.

HEALTH EQUITY: When every person has the opportunity to attain his or her full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances.

IMMIGRANT AND REFUGEE ACCESS TO SERVICES: Government services and resources are easily available and understandable to all residents, including non-native English speakers. Full and active participation of immigrant and refugee communities exists in civic, economic and cultural life.

IMPLICIT BIAS: The attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner.

INCLUSIVE OUTREACH AND PUBLIC ENGAGEMENT: Processes inclusive of people of diverse races, cultures, gender identities, sexual orientations and socio-economic status. Access

to information, resources and civic processes so community members can effectively engage in the design and delivery of public services.

INDIVIDUAL RACISM: Pre-judgment, bias, stereotypes about an individual or group based on race. The impacts of racism on individuals including white people internalizing privilege and people of color internalizing oppression.

INSTITUTIONAL RACISM: Organizational programs, policies or procedures that work to the benefit of white people and to the detriment of people of color, usually unintentionally or inadvertently.

INTERNALIZED RACISM: When a racial group oppressed by racism supports the supremacy and dominance of the dominating group by maintaining or participating in the set of attitudes, behaviors, social structures, and ideologies that support the dominating group's power.

RACIAL EQUITY: When social, economic and political opportunities are not predicted based upon a person's race.

RACIAL INEQUITY: When a person's race can predict their social, economic and political opportunities and outcomes.

RACISM: A complex system of beliefs and behaviors, grounded in a presumed superiority of the white race. These beliefs and behaviors are conscious and unconscious; personal and institutional; and result in the oppression of people of color and benefit the dominant group, whites. A simpler definition is racial prejudice + power = racism.

SOCIAL DETERMINANTS OF HEALTH: The conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.

STAKEHOLDERS: Those impacted by proposed policy, program or budget issue who have potential concerns or issue expertise. Examples might include: specific racial/ethnic groups, other institutions like housing, schools, community-based organizations, unions, etc.

STRUCTURAL RACISM: The interplay of policies, practices and programs of multiple institutions which leads to adverse outcomes and conditions for communities of color compared to white communities that occurs within the context of racialized historical and cultural conditions.