

# Towards Racial Equity through Policy & Assessment

## Executive Summary



Healing Possible Quorum 100: Recommendations



**CENTER FOR  
HEALTH EQUITY**  
A Division of Public Health and Wellness

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# Acknowledgement

The Healing Possible Quorum (HPQ100) is a project of The Center for Health Equity, led in partnership with the Muhammad Ali Center, and Human Relations Commission. Our goal was to develop actionable sustainable policies to reduce structural racism across all of our community. The Center for Health Equity has been proud to lead this Louisville Metro effort, as part of a national “America Healing” initiative funded by the W.K. Kellogg Foundation. This work has been strengthened by the insight not only of the 100 members of the Quorum, but also that of our 25-strong Advisory Committee. Our thanks too, go to our team of national and local advisors and contributors, who informed process design, program content and delivery.

Planning and management of this year-long program was overseen by an executive team, in collaboration with the Center for Health Equity (CHE) staff team.

## **HPQ100 Executive Team:**

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Greetings!

In January 2014, a diverse quorum of 100 Louisvillian's assembled at the Muhammad Ali Center, having committed to participate in an engaged process dedicated to the development of unique solutions to racial inequity in Louisville. The Healing Possible Quorum --HPQ100-- was born. Together, the Quorum has spent countless hours learning and sharing local and national knowledge, ideas and experiences, both about historical roots, as well as present day structural and institutional racism, and its impact on individuals, communities and institutions in Louisville Metro.

The goal was to develop sustainable actionable policies for change and healing, to help create a city where all of us have the chance for a long, healthy life regardless of income, education and ethnic background. As we gather for the January 2015 Milestone Celebration, you can be proud of our accomplishments. Our Community has much to be thankful for, in this New Year, when we can reflect on the work of so many in dedicating time, effort, thoughtful reflection and insight, resulting in the HPQ100 Recommendations contained in this report.

The Center for Health Equity, in partnership with the Muhammad Ali Center and Human Relations Commission, is proud of the work of each and every member of the Healing Possible Quorum, Participants and Advisory Committee. Together, let's celebrate our achievements, with the knowledge that there is still work ahead, and that together we will attain our vision.

I invite all sectors of the Louisville community -- public, private and nonprofit -- together with individual citizens, to join Quorum members in support of these recommendations. Your active engagement in their implementation is key to our success in increasing equity for all.



Sincerely,

**C. Annetta Arno, PhD, MPH**  
Director, Center for Health Equity

# Healing Possible Quorum 100: Recommendations Executive Summary

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The ability to achieve greater equity within Louisville Metro depends on our collective efforts to promote fairness in the policies, programs, initiatives and budget decisions across our community. **The Healing Possible Quorum (HPQ100) recommends a multi-sector *Racial Equity Policy and Assessment Implementation Resource (R.E.P.A.I.R.) Initiative*, engaging a public, private and non-profit partnership (P3) to advance racial equity in Louisville Metro.** The Healing Possible Quorum suggests Louisville Metro Government (LMG) take a leadership role in this initiative.

This Healing Possible Quorum proposal envisions LMG convening a P3 partnership to build consensus and community wide support for the important work of the *R.E.P.A.I.R. Initiative*, including pilot testing implementation tools and strategies. Successful implementation across all sectors requires multi-sector commitment to the following critical components – adapted to meet context specific needs:

- 1) Formal adoption of a Racial Equity Policy to guide institutional intent and promote action.
- 2) Development and application of an implementation instrument to:
  - a. Conduct racial equity impact assessments of policies, programs, initiatives and budget decisions, and
  - b. Assess for opportunities to create greater racial equity, and
  - c. Guide policy and decision-makers and program administrators in planning, development and implementation of programs and policies to analyze their impact on communities.
- 3) Ensure accountability and quality improvement measures.

Working together, these *R.E.P.A.I.R.* components should provide a pathway to more equitable decision-making and outcomes for all communities regardless of their racial makeup or neighborhood.

**“We imagine a Louisville Metro where race does not predict one’s quality of life, and where equity is reflected across all institutions and communities.”**

--Vision Statement, Healing Possible Quorum

After many months of discussion and research, the HPQ100 uncovered several useful models from cities across the United States. Seattle was the first city in the U.S. 2005 to have embraced such an initiative, and since that time a growing number of cities have moved in a similar direction. Seattle’s experience has much that we can learn from, including a well-tested racial equity implementation instrument. The Quorum recommends a “Seattle-like” model with thoughtful adaptation for the Louisville context.

## HPQ100 R.E.P.A.I.R. Recommendations

Key Components	Priority Ideas
<p><b>1. R.E.P.A.I.R. Roundtable Public Private (P3) Partnership</b></p>	<ul style="list-style-type: none"> <li>• Convened by The Mayor</li> <li>• Operationalize in Public-Private Partnership</li> <li>• Promote Business Case for Racial Equity</li> </ul>
<p><b>2. Racial Equity Commission</b></p>	<ul style="list-style-type: none"> <li>• Staff to P3 Partnership</li> <li>• Coordinate cross-sector Implementation of Initiative</li> <li>• Track community-wide Progress</li> </ul>
<p><b>3. Racial Equity Policy</b></p>	<ul style="list-style-type: none"> <li>• Formal Adoption by individual Institutions /Organizations</li> <li>• Adapted to meet Context Specific &amp; Strategic Needs</li> <li>• Guide to Institutional Commitment &amp; Intentional Action</li> </ul>
<p><b>4. Racial Equity Impact Assessment Instrument</b></p>	<ul style="list-style-type: none"> <li>• Implementation Tool to Inform &amp; Guide Decision Making</li> <li>• Help evaluate depth of equity in programs &amp; organization</li> </ul>
<p><b>5. Education &amp; Training</b></p>	<ul style="list-style-type: none"> <li>• To Support Implementation of Assessment Instrument</li> <li>• Include strategic purpose, as well as context in history and contemporary issues of race in the USA</li> </ul>
<p><b>6. Communications Plan</b></p>	<ul style="list-style-type: none"> <li>• Critical role in “changing hearts &amp; minds”</li> <li>• Explains Importance of Initiative to General Public &amp; Strategic Partners</li> </ul>
<p><b>7. General Public Engagement &amp; Community Dialogue</b></p>	<ul style="list-style-type: none"> <li>• HPQ100-Like Curriculum</li> <li>• Opportunity for community dialogue</li> </ul>

# Key Definitions

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The following definitions are offered as a way of better understanding some important components of discussions about contemporary issues of race, diversity and racism<sup>1</sup>. Organizations, institutions and individuals may offer differing definitions; these have informed the work of the Healing Possible Quorum and the Center for Health Equity's work.

- **Racial Equity:** Racial equity refers to what a genuinely non-racist society would look like. In a racially equitable society, the distribution of society's benefits and burdens would not be skewed by race. In other words, racial equity would be a reality in which a person is no more or less likely to experience society's benefits or burdens just because of the color of their skin. This is in contrast to the current state of affairs in which a person of color is more likely to live in poverty, be imprisoned, drop out of high school, be unemployed and experience poor health outcomes like diabetes, heart disease, depression and other potentially fatal diseases. Racial equity holds society to a higher standard. It demands that we pay attention to not just interpersonal discrimination, but to overall social outcomes.
- **Diversity:** Diversity has come to refer to the various backgrounds and races that comprise a community, nation or other grouping. In many cases the term diversity does not just acknowledge the existence of diversity of background, race, gender, religion, sexual orientation and so on, but implies an appreciation of these differences. The structural racism perspective can be distinguished from a diversity perspective in that structural racism takes direct account of the striking disparities in well-being and opportunity areas that come along with being a member of a particular group and works to identify ways in which these disparities can be eliminated.
- **Structural Racism:** A system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity. It identifies dimensions of our history and culture that 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 has been a feature of the social, economic and political systems in which we all exist.
- **Institutional Racism:** Institutional racism refers to the policies and practices within and across institutions that, intentionally or not, produce outcomes that chronically favor, or put a racial group at a disadvantage. Poignant examples of institutional racism can be found in school disciplinary policies in which students of color are punished at much higher rates than their white counterparts, in the criminal justice system, and within many employment sectors in which day-to-day operations, as well as hiring and firing practices can significantly disadvantage workers of color.
- **Individual Racism:** Individual racism can include face-to-face or covert actions toward a person that intentionally express prejudice, hate or bias based on race.

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<sup>1</sup> Source: <http://www.aspeninstitute.org/sites/default/files/content/docs/rcc/RCC-Structural-Racism-Glossary.pdf>



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Dr. DiTomaso is Professor of Management and Global Business at Rutgers Business School—Newark and New Brunswick. Her research addresses issues of diversity, culture, and inequality, as well as the management of knowledge-based organizations, and the management of scientists and engineers. She obtained her Ph.D. at the University of Wisconsin Madison.

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Dr. Nesbitt served as the Director, Louisville Metro Public Health & Wellness (LMPHW) from 2011 to 2015, and was a key advisor to the HPQ100 Program and Process. She was also a member of the faculty, University of Louisville, School of Public Health & Information Science. She earned her MD from Wayne State University, and her MPH from the Harvard School of Public Health.

## **Cate Fosl, Ph.D.**

Dr. Fosl is Associate Professor, Women's and Gender Studies, at the University of Louisville. She also is Director of the Anne Braden Institute for Social Justice Research, and is the author of *Subversive Southerner: Anne Braden and the Struggle for Racial Justice in the Cold War South* (Palgrave Macmillan, 2002). She has a Ph.D. from the Emory University Department of History.

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Dr. Mujica is a coach, trainer, and educator with expertise in cultural competency, mindfulness, and leadership. Dr. Mujica has worked as an internal and external consultant and public speaker in several industries and with diverse populations. She obtained a Ph.D. in Cultural Anthropology from the University of Iowa.



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