

Towards Racial Equity through Policy & Assessment



Healing Possible Quorum 100: Recommendations



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

January 2015

Acknowledgement & Appreciation

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.

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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. Anneta Arno, PhD, MPH
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**Human
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Healing Possible Quorum 100: Recommendations Executive Summary

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

Key Definitions

The following definitions are offered as a way of better understanding some important components of discussions about contemporary issues of race, diversity and racism¹. 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.

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



**Part
One**

Background

In 2010, Louisville Metro Department of Public Health and Wellness, Center for Health Equity (CHE) was awarded a Racial Healing grant from the W.K. Kellogg Foundation as part of its national *America Healing* initiative. The grant sought to engage and support communities in the hard work of racial healing and address the effects of historic and contemporary structural issues, such as residential segregation and concentrated poverty. From September 2010 through September 2012, CHE worked in collaboration with several community partners who implemented a multi-faceted program of activities toward the *Louisville's Racial Healing Initiative: Reclaiming Our Dreams* grant. These activities and experiences served as an important learning opportunity, providing insights into what works, including recognition of limitations of some approaches within our community. This laid the foundation for the planning and development of a more ambitious follow-up initiative to promote health equity by addressing racial inequity and decreasing structural and institutional racism from a much broader, more strategic policy, systems and environmental change perspective² --the final deliverable of the grant.

The “Healing **Ourville**” vignette (Appendix B) aptly summarizes prototypical perspectives of contemporary race relations across the USA today. Even though it was written originally, not for Louisville KY, but for Jacksonville FL., it is strongly reminiscent of our hometown experience.

*“One resource speaker described the results in this fashion: “For blacks, it’s always about race. For whites, it’s never about race.” How people experience life in **Ourville** affects how they perceive race relations and the extent of the underlying problems. **Ourville** has experienced a pattern of periodic community incidents causing flare-ups of racial tension. These incidents are often perceived in different ways; for many whites, the incident is an aberration that should and can be resolved by directly addressing the immediate issue. For many blacks, the incident provides visible evidence of underlying systemic problems that have never been adequately addressed”.*

In planning and designing this final phase of the work, The Kellogg Foundation’s approach of promoting racial healing while addressing structural racism was taken to heart. The Healing Possible Quorum 100 – while focused on recommending actionable policies – sought to inform and change hearts, minds and the deeply-held, often unconscious bias that are frequently at the core of structural racism³.

The Healing Possible Quorum 100 (HPQ100) is a project of the Center for Health Equity, led in partnership with the Muhammad Ali Center and Metro Human Relations Commission. The goal of the HPQ100 is to develop sustainable, actionable policies to reduce structural racism and to help create a city where all Louisville residents have the chance to live a long, healthy life regardless of income, education, or racial/ethnic background. This report describes and discusses the recommendations and proposed solutions which have emerged from this project—a Louisville Metro Racial Equity Policy and Assessment Implementation Resource—to address structural racism and is detailed further throughout this report.

² See Appendix B: Background Planning Documents

³ <http://www.wkkf.org/what-we-do/racial-equity>

Louisville in Context

While great strides have been made in the past 50 years regarding race relations in the United States, the daily social realities and opportunities for people of color, including in socioeconomic status, education and housing, remain starkly different from that of their white neighbors. It is true that people of color have access and opportunity in nearly every aspect of social life today; however, significant barriers remain in achieving racial equity. Consider that wealth inequality, which has long existed between Whites, Black and Hispanics, has grown since 2007. In 2013, the median net worth of White households was \$141,900; Black households \$11,000; and Hispanic households was \$13,700.⁴ A similar landscape exists for Louisville.

Louisville Metro Department of Public Health & Wellness Center for Health Equity⁵ (CHE) works to eliminate social and economic barriers to good health, reshape the public health landscape, and serve as a catalyst for collaboration between communities, organizations and government entities through capacity building, policy change and evidenced-based initiatives. Additionally, a growing body of empirical research demonstrates that racism in its multiple forms not only remains embedded in American society, but also delivers an additional health burden to minority populations⁶. As a determinant of health, contemporary racism must therefore be intentionally addressed to improve the public's health. A key strategy for promoting equity is to assess and address the inequities which result from structural racism—the interplay of policies, practices and programs of differing institutions.

The disparate health outcomes of Louisvillians by racial group and neighborhood have been well documented in recent years. As detailed in the Center for Health Equity's *Louisville Metro Health Equity Report 2014*⁷ these disparities have the greatest negative impact on groups of people who have and continue to experience historic and contemporary racism as it persists today. As a social determinant of health, the consequences of structural racism when played out in employment, education and environmental factors, to name a few, compounds disparate outcomes in all measures of quality of life. This same reality exists in every part of the United States.

The following maps showing geographic distributions by race and ethnicity, and key socioeconomic indicators, paint a vivid picture of Louisville's current reality. Much is known about our health outcomes, but how can we improve these outcomes and create equitable opportunities for all Louisvillians to be healthy? If the social determinants of health contribute to at least 50%⁸ of a community's health and wellness, then working toward greater social and economic equity will create a climate where all residents have a greater opportunity to reach their highest potential for health. The challenge before us is how to achieve greater equity within complex and intertwined social and economic structures and institutions; there is no one answer to achieving this goal.

⁴ PEW Research Center <http://www.pewresearch.org/fact-tank/2014/12/12/racial-wealth-gaps-great-recession/>

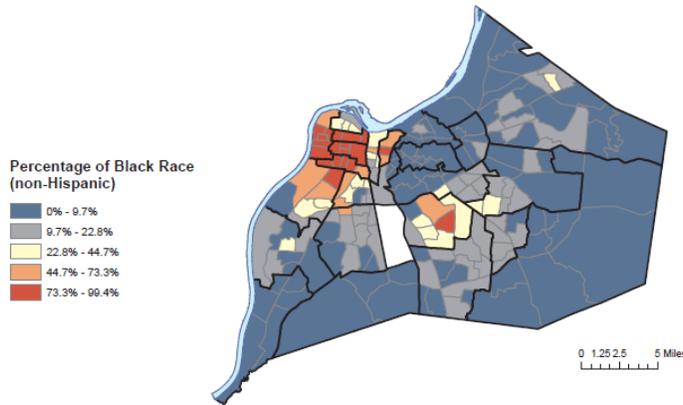
⁵See definition in Glossary of Terms

⁶ Williams, David R., & Mohammed, Selina A. (2013) "Racism and Health 1: Pathways and Scientific Evidence" *American Behavioral Scientist* 2013 57:1152

⁷Arno, C.A., & Rock, P. (2014). Louisville Metro Health Equity Report 2014. Retrieved November 14, 2014, from http://louisvilleky.gov/sites/default/files/health_and_wellness/che/health_equity_report/her2014_7_31_14.pdf

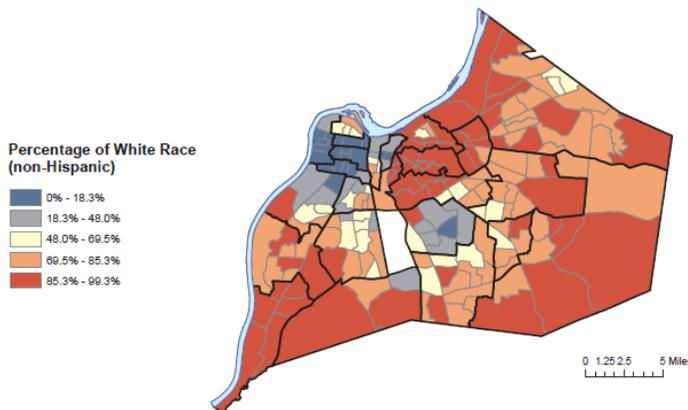
⁸Chart/information about SDOH

Geographic Distribution: Race and Ethnicity

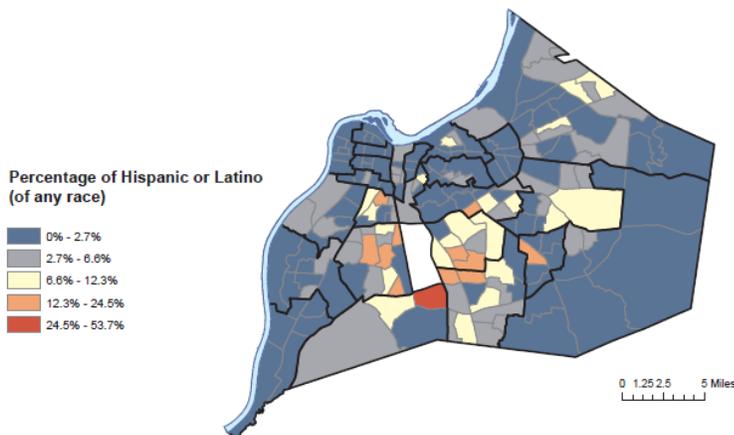


Data Source: 2007-2011 ACS Estimates

On the Simpson Index of Diversity Louisville Metro as a whole scores 0.46 showing a 46% chance that two people randomly selected will be of different racial or ethnic backgrounds. This compares to 26.9% for Kentucky and 60.6% for the USA. In some census tracts and neighborhoods the Index of Diversity reaches close to 100% of one race or ethnicity. For more information please see the Health Equity Report 2014.



Data Source: 2007-2011 ACS Estimates

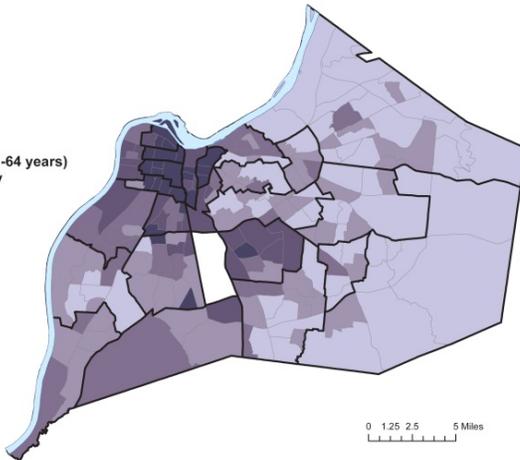


Data Source: 2007-2011 ACS Estimates

Key Socioeconomic Indicators

Percent of Adults (18-64 years) Living Below Poverty

- 0% - 7.1%
- 7.1% - 13.9%
- 13.9% - 22.1%
- 22.1% - 35.4%
- 35.4% - 73.7%

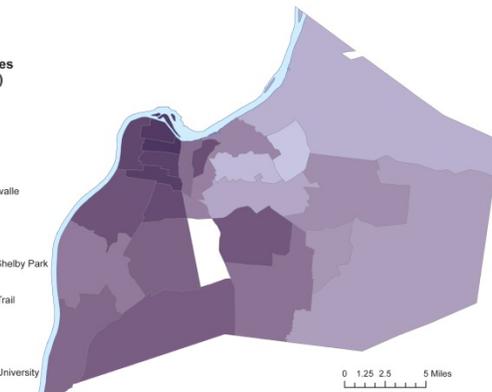


Data Source: 2007-2011 ACS Estimates

% of Adults in Poverty: The map of Louisville on the left shows the geographic areas by neighborhood in terms of the percentage of adults living in poverty.

Unemployment Rates (of total labor force)

- 30.2%, Russell
- 24.2%, Portland
- 23%, Algonquin-Park Hill-Park Duvalle
- 22.1%, California-Parkland
- 20.9%, Chickasaw-Shawnee
- 20.1%, South Central Louisville
- 17.4%, Phoenix Hill-Smoketown-Shelby Park
- 13.8%, Shively
- 13.8%, Buechel-Newburg-Indian Trail
- 13.1%, Fairdale
- 12.8%, South Louisville
- 10.5%, Valley Station
- 10.5%, Downtown-Old Louisville-University
- 9.6%, Highview-Okolona
- 8.9%, Pleasure Ridge Park
- 8.5%, Germantown
- 7.7%, Butchertown-Clifton-Crescent Hill
- 6.4%, J-town
- 6.2%, Fern Creek
- 6.1%, Floyd's Fork
- 5.9%, Southeast Louisville
- 4.7%, Northeast Jefferson
- 4.5%, Highlands
- 4.4%, St. Matthews

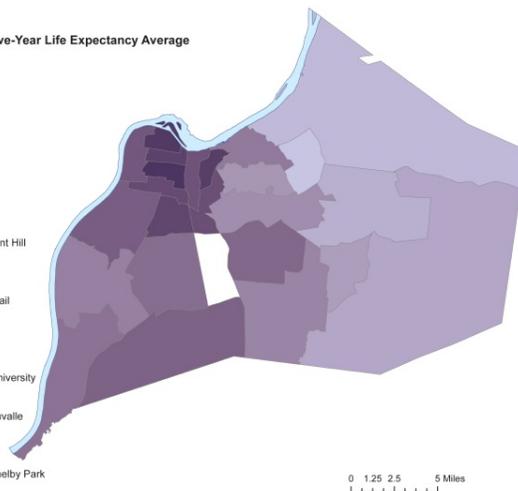


Data Source: 2007-2011 ACS Estimates

% Unemployment: The map of Louisville on the left shows the geographic areas by neighborhood, in terms of the percent of adults who are unemployed.

Five-Year Life Expectancy Average

- 83.6, St. Matthews
- 82.4, Northeast Jefferson
- 82.0, J-town
- 81.5, Floyd's Fork
- 80.7, Fern Creek
- 80.3, Highlands
- 79.0, Southeast Louisville
- 77.8, Highview-Okolona
- 77.0, Pleasure Ridge Park
- 76.4, Butchertown-Clifton-Crescent Hill
- 76.2, Valley Station
- 76.2, South Louisville
- 75.6, Buechel-Newburg-Indian Trail
- 74.8, Fairdale
- 74.5, Shively
- 73.4, Chickasaw-Shawnee
- 73.2, Downtown-Old Louisville-University
- 72.5, Germantown
- 71.5, Algonquin-Park Hill-Park Duvalle
- 71.5, South Central Louisville
- 69.5, Russell
- 69.4, Phoenix Hill-Smoketown-Shelby Park
- 68.3, Portland
- 67.8, California-Parkland



Data Source: 2006-2010 Louisville/Jefferson County Death Records
Life Expectancy formula followed ONS guidelines using Chiang II methodology for small populations

Five-Year Life Expectancy Average: The map of Louisville on the left shows the geographic areas by neighborhood, in terms of average life expectancy. The similarities in outcomes across this and the prior maps are striking. Average life expectancy differs by over 15 years between the highest (83.6 years), and lowest (67.8 years) neighborhood.

Healing Possible Quorum100

Phase I: Learning and Solution Identification

Convened in January 2014, The Healing Possible Quorum (HPQ100) brought together a diverse group of 100 residents, representative of every part of Louisville. Quorum members volunteered to participate in an extended process, dedicated to engaging in open, honest and solution focused discussions to understand the issues of inequity as they exists within Louisville Metro. The HPQ100 set out to develop sustainable actionable policies to reduce structural racism and to create a city where all of us have the chance to live a long, healthy life regardless of race or the neighborhood where we live. The Center for Health Equity and partners—the Muhammad Ali Center and the Louisville Metro Human Relations Commission—sought out participation from persons in the public, private, non-profit and civic sectors committed to developing such policies and to ensuring equity and promoting racial healing for all Louisvillians.

Between January and July 2014, Quorum members met every month to learn, examine, and reflect together on how historical and present day structural racism impacts individuals, communities and institutions in Louisville Metro. Phase One of the program included eight (8) sessions with lectures from subject matter experts, deeper learning opportunities and study circle⁹ work groups. Highlights of the program included reading and discussion of the insightful book by Mahzarin R. Baniji et al (2013)¹⁰ *“Blind Spot: The Hidden Biases of Good People”*, as a thought provoking, shared foundational starting point for all participants. Program Advisor, and guest speaker Harvard School of Public Health Professor, Dr. David R. Williams, addressed the Quorum not only on the impact of inequality and institutional racism on health, but also underscored the growing body of empirical evidence that demonstrates the business case for racial equity¹¹. Guest Speaker Dr. Nancy DiTomaso, Vice Dean of Rutgers Business School, unpacked how the persistence of bias prevails—to the detriment of people of color—even 50 years post-civil rights legislation. Research detailed in her book *“The American Non-Dilemma: Racial Inequality without Racism”*¹²(2013), showed how the prevalence of networking on the “white side of the race line” facilitates informal access to significantly more opportunities than are typically available to minority populations. Her research demonstrates that while traditional overt individual racism has mostly disappeared amongst most whites, with the majority professing strong support for civil rights and equal opportunity regardless of race, most are blissfully unaware that they continue to pursue and benefit from group based advantage via social networks, especially in the labor market.

The study circle process model used *Facing Racism in a Diverse Nation*¹³, a study circle guide from the organization Everyday Democracy: Ideas & Tools for Community Change¹⁴. Over the course of these meetings, HPQ100 members were led in the study circle process to identify equity issues of

⁹Study circles are used to examine specific issues in a group setting and to develop potential solutions to address community problems.

¹⁰ Baniji, Mahzarin R., et al (2013)¹⁰ *“Blind Spot: The Hidden Biases of Good People”*,

¹¹ Ani Turner, et al (2013) *“The Business Case for Racial Equity”*, Altarum Institute, for the W.K. Kellogg Foundation

¹² DiTomaso, Nancy (2013) *“The American Non-Dilemma: Racial Inequality without Racism”*, Russell Sage Foundation

¹³Abdullah, C., & McCormack, S. (2008). *Facing Racism in a Diverse Nation*. East Hartford, CT: Everyday Democracy.

¹⁴An organization dedicated to “helping communities talk and work together to create communities that work for everyone. ED works directly with local communities, providing advice and training and flexible how-to resources.”

<http://www.everyday-democracy.org/>

importance to Louisville Metro residents. These issue areas focused on a wide-range of social and economic structures, and Quorum members identified many ideas for change related to these topics, including: wider use of the Restorative Justice Model across the community, creating a ‘Most Diverse Employers’ report of Louisville companies and organizations, raising the minimum wage and a ‘Racial Equity Scorecard’ to evaluate all government policies, budgets and decisions.

During one HPQ100 gathering, each Quorum Circle presented proposals relative to their study topic area, engaged cross topic discussion and solicited feedback on each other’s ideas. This culminated in a process designed to determine the strength of policy proposal interests and priorities, through which the ‘Racial Equity Scorecard’ idea garnered the strongest expression of interest. It was clear however, that this emerging consensus priority solution, important as it is, would be inadequate as a stand-alone recommendation, and would require additional components, including proposals from other Quorum Circles, to be effective. In particular, HPQ100 members underscored the need for a continuing program of institutional and community education akin to the HPQ100 curriculum, to ensure greater understanding and appreciation of the need for racial equity across the community as a whole, amongst community leadership, private, non-profit, and public sector decision makers, including Metro Council, and as a prerequisite for practical implementation.

The ‘Racial Equity Scorecard’ Outline

Tool	Racial Equity Scorecard to evaluate all government policies, budgets and decisions.
People	An Oversight Committee including independent representation to monitor implementation and effectiveness.
Process	Periodic Review and Consequences that tie back into the process.
Results	To Ensure Equity in economic development and job creation.

Phase II: Policy Refinement & Recommendation Development

At the conclusion of Phase I in July 2014, it was clear that additional work time was needed to have a more full development of an actionable policy recommendation emerge from the group. Three additional sessions were held for members to continue the process. Phase II sessions focused first on understanding the policy process, including how policy is developed and implemented. Prior to detailed development of the final recommendations, a consensus vision statement was developed to guide the remainder of the work. Detailed discussion then followed, regarding more specific identification and refinement of the key elements of the emerging policy recommendation.

“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

Recommendation Development

Proposal suggestions from Phase I were reviewed and more information gathered about the “Racial Equity Scorecard” proposal. Representatives from the Quorum Circle that had surfaced the idea during Phase 1, described their ideas in greater detail, and identified the primary source as being based on a component of the City of Seattle’s Race and Social Justice Initiative (RSJI).¹⁵ Seattle’s RSJI is:

“A citywide effort to end institutionalized racism and race-based disparities in City government. RSJI builds on the work of the civil rights movement and the ongoing efforts of individuals and groups in Seattle to confront racism. The Initiative’s long term goal is to change the underlying system that creates race-based disparities in our community and to achieve racial equity¹⁶.”

Although Seattle was the first city in the United States to have such a policy, a growing number of cities have since adopted similar policies and concepts. This includes: Rochester¹⁷, New York; Madison¹⁸, Wisconsin; Portland¹⁹, Oregon; and Minneapolis²⁰, Minnesota. Quorum members closely reviewed the Seattle initiative, examined its many components and together agreed that this was the kind of work from which Louisville could benefit. Members also reached consensus, however, that the Seattle model should be thoughtfully adapted for the Louisville context. Unpacking and detailed discussion of the various components of the model helped prioritize the main elements to be included in the HPQ100 recommendation for a new approach to advance racial equity in Louisville Metro.

In particular, the “scorecard idea” referenced an important part of Seattle’s RSJI, known as their Racial Equity Toolkit—a resource referred to as a racial equity impact assessment²¹. *Race Forward*²² defines racial equity impact assessments as, “a systematic examination of how different racial and ethnic groups will likely be affected by a proposed action or decision.” The Healing Possible Quorum determined that this kind of assessment should be central to a proposal to advance racial equity in Louisville.

¹⁵A comprehensive overview of this Initiative is available at www.seattle.gov/rsji

¹⁶www.seattle.gov/rsji/about

¹⁷ More about the Rochester Racial Equity at <http://faceraceroc.org/racial-equity-community-agenda/>

¹⁸ More about the City of Madison Racial Equity and Social Justice Initiative at <http://www.cityofmadison.com/mayor/priorities/racialequity.cfm>

¹⁹More about the City of Portland Office of Equity and Human Rights at <http://www.portlandoregon.gov/oehr/64492> and Portland’s Partnership for Racial Equity at <http://ulpdx.org/wp-content/uploads/2012/02/RACIAL-EQUITY-STRATEGY-GUIDE-FINAL.pdf>

²⁰Minneapolis Public Schools Equity & Diversity Impact Assessment identifies and corrects policies, practices, programs and procedures that perpetuate the achievement gap and institutional racism. http://policy.mpls.k12.mn.us/uploads/equity_and_diversity_assessment.pdf

²¹ From *Race Forward: The Center for Racial Justice Innovation*, “REIAs are used to minimize unanticipated adverse consequences in a variety of contexts, including the analysis of proposed policies, institutional practices, programs, plans and budgetary decisions.” <https://www.raceforward.org/practice/tools/racial-equity-impact-assessment-toolkit>

²²Race Forward: the Center for Racial Justice Innovation “advances racial justice through research, media and practice.” <https://www.raceforward.org/>

Innovating the Wheel: A Recommendation

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 table below lays out the seven key components and priority ideas for successful community wide implementation.

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

The Healing Possible Quorum suggests Louisville Metro Government (LMG) take a leadership role in this initiative. This 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. While the following section of this report focuses on introduction within Metro Government, 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.



**Part
Two**

A Proposal: For Louisville Metro Government

The Healing Possible Quorum proposes that Louisville Metro Government adopts the Racial Equity Policy and Assessment Implementation Resource (R.E.P.A.I.R.) to advance racial equity. The policy's aim is to raise awareness, education and implement a plan to address structural racism and social inequities. This policy seeks to make decision-making and intentional consideration of potentially inequitable outcomes of Metro policies, programs, initiatives part of the city's work culture. Commitment to this policy will require the creation of new and modified decision-making practices to achieve racial equity.

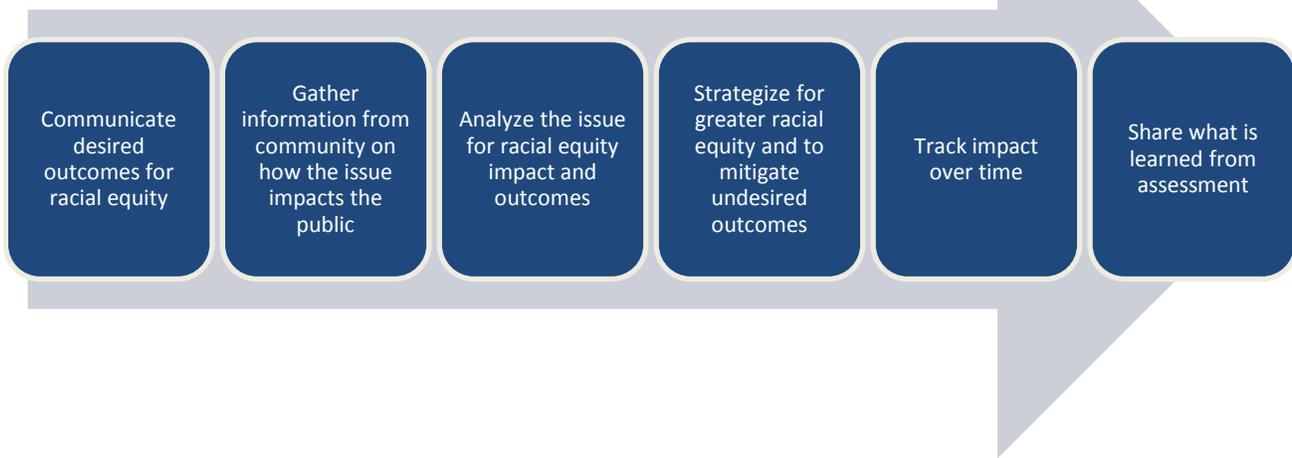
The Racial Equity Policy and Assessment Implementation Resource calls specifically for implementation into the work of Louisville Metro Government, with efforts through community partnership and collaboration to have similar resources adapted for use in the private and non-profit sectors of Louisville. It is important for Metro Government to take leadership in sharing its experiences with implementing and advancing this initiative with the larger public, and in particular with businesses and organizations in the private and non-profit sectors who may be able to adopt similar policies and practices in their own setting. The City of Seattle has had success through its Community Roundtable²³ in furthering racial equity efforts in community organizations.

The Racial Equity Policy and Assessment Implementation Resource will guide the planning, development, implementation and evaluation of policies and programs and make an assessment of the racial equity impact on residents and communities in Louisville Metro. A key component of this policy is the implementation of a resource tool to assess Louisville Metro Government policies, programs, initiatives and budget decisions for racial equity. The purpose of the resource tool is to assess the impact—the burden and benefit on communities—of new policies before adoption, to monitor their implementation, and to evaluate all current programs based on the guidelines outlined in the tool.

The Healing Possible Quorum proposes piloting the use of an assessment tool before its full implementation. During the pilot period, Louisville Metro Government should use the identified assessment tool in at least two departments in the development, planning, implementation and evaluation of their policies, programs initiatives and budget decisions. The pilot period provides the opportunity for LMG to work in partnership and collaborative learning process with at least one private and one non-profit sector organization to serve as a trial run for the initiative in these sectors. The pilot should use the resource process outlined below; the full resource is found in Appendix A.

²³The Race and Social Justice Community Roundtable is a partnership of twenty-five community organizations and public institutions working together to achieve racial equity in Seattle. <http://www.seattle.gov/rsji/rsjroundtable>

Resource Tool Process



After the pilot period, a thoughtful adaptation—maintaining the goal of achieving racial equity—of the resource tool should occur with input from LMG staff and community members. Continuous improvement of the resource tool is required to maintain an effective evaluative process. The improvement of the tool will examine the results arising out of its use and what refinements may improve its use throughout LMG, and the adapted versions across other sectors. Louisville Metro Government may utilize *LouieStat*²⁴ to help monitor collected data, and use that information to further align initiative and city goals.

The HPQ recommendation asks Louisville Metro Government to build a collaborative partnership with organizations in the private and non-profit sectors to advance the initiative in greater depth across Louisville. Seattle’s Community Roundtable, which is comprised of 25 community organizations, works to advance that city’s Race and Social Justice Initiative. Seattle organizations are weaving the principles of racial equity into their policies and work culture. Organizations like Senior Services²⁵ and the United Way of King County²⁶ have incorporated new policies and practices in their work. Senior Services has initiated a Cultural Competency Program whereby addressing institutional racism in their organizational structure and work is a central goal, and all employees undergo training to that end. The United Way of King County has incorporated these values by amending their Request for Proposals and scoring criteria in grant-making to include explicit questions about a racial equity impact. This proposal envisions similar possibilities exist within Louisville organizations.

The adoption of the Racial Equity Policy and Assessment Implementation Resource will demonstrate Louisville Metro Government’s commitment to achieving racial equity across the city. The R.E.P.A.I.R. Initiative will have the greatest opportunity for success with leadership from the Mayor and by providing direction to departments to carry out this work. The Mayor may, too, be best positioned to initiate community partnerships in the private and non-profit sectors to advance a city-wide initiative. Several requirements exist for the initiative to be implemented appropriately and successfully, including:

²⁴A Louisville Metro Government program using key performance indicators and data to continually improve the services it delivers to the residents of Louisville. Learn more at <http://louiestat.louisvilleky.gov/>

²⁵A non-profit agency serving older adults and their families in Washington State www.seniorservices.org

²⁶ Serving King County in Washington State <http://www.uwkc.org/>

Leadership	<ul style="list-style-type: none"> •Communication from the Mayor, regarding the significance of the initiative to the general public. •Identify and provide staff leadership support to build awareness and enable implementation.
Training and Education	<ul style="list-style-type: none"> •Include racial equity training at new employee orientation •Provide training and education to all employees on the advantages and use of the policy and the determined assessment implementation resource.
Cooperation	<ul style="list-style-type: none"> •Require the cooperation of all departments, including financial, legal, etc.
Feedback	<ul style="list-style-type: none"> •Provide avenues for community feedback and input into the implementation process (community education, town forums, and online comment).
Partnership	<ul style="list-style-type: none"> •Facilitate collaborative partnerships to communicate goals of the initiative and to extend the process to the broader community.

Implementing Change within Metro Government

The adoption of the Racial Equity Policy and Assessment Implementation Resource should be undertaken in a multi-phased process working toward full implementation. Further development of this initiative will require significant consultation and participation with community members, subject matter experts and LMG staff to become successful. Wide participation should be sought from across Louisville, including: the Office of the Mayor, Louisville residents & community members and leaders, youth leaders, senior citizens, the Louisville Metro Council, Department Leadership (example Planning & Design, Police, Housing, and Community Development, etc.), county boards & commissions, faith communities, university communities, Greater Louisville, Inc., the Center for Non Profit Excellence, and other community based organizations.

Culture and practice change require time, financial and human resources to build more effective systems and to achieve their envisioned results. Some resources needed for implementation of this Racial Equity initiative within Louisville Metro Government include:

Resources

- Budget reallocation for program implementation and administration
- Education and training capacity to deliver goals of the initiative, implementation strategy and skills development
- Training facilities for staff development and community outreach
- Staff and IT resources to develop and maintain web-based information about the initiative and public comment option
- Program evaluation and data management capacity

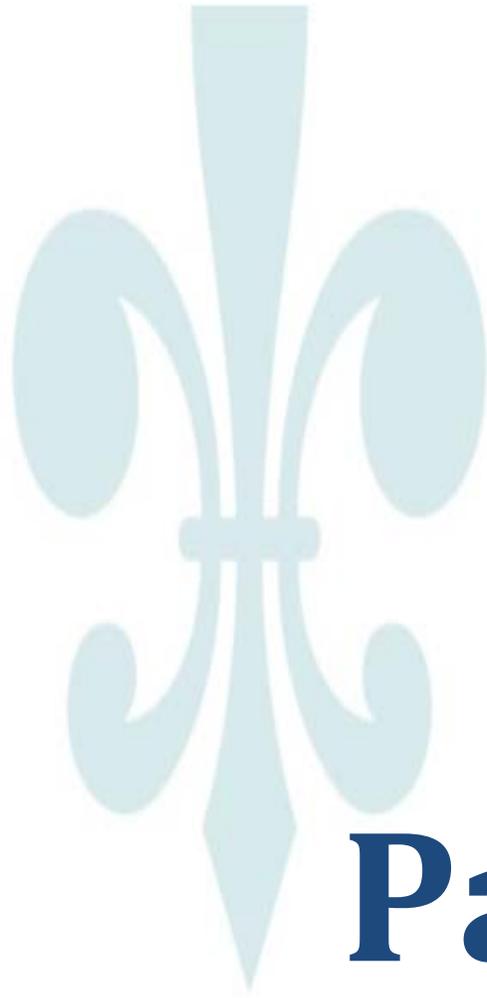
The development and implementation of this policy will take considerable time commitment. It will be important to communicate with the public, partners and Louisville Metro Government employees on the initiative's progress. The following milestones will be significant indicators of that progress:

Milestones

- ✓ Mayor's approval of the initiative is included in the FY16 strategic plan and budget
- ✓ Communication Plan: develop, approve and implement a communications plan and strategy
- ✓ Convene roundtable of private and non-profit partners
- ✓ Convene a Community Advisory Council: identify members of the public serving as advisors to initiative hold first meeting
- ✓ Assess Metro Departments for implementation readiness; initial departments identified for implementation
- ✓ Initiate training and education in support of departmental efforts
- ✓ Use of the assessment resource begins in Metro Departments
- ✓ Complete the first evaluation of the initiative

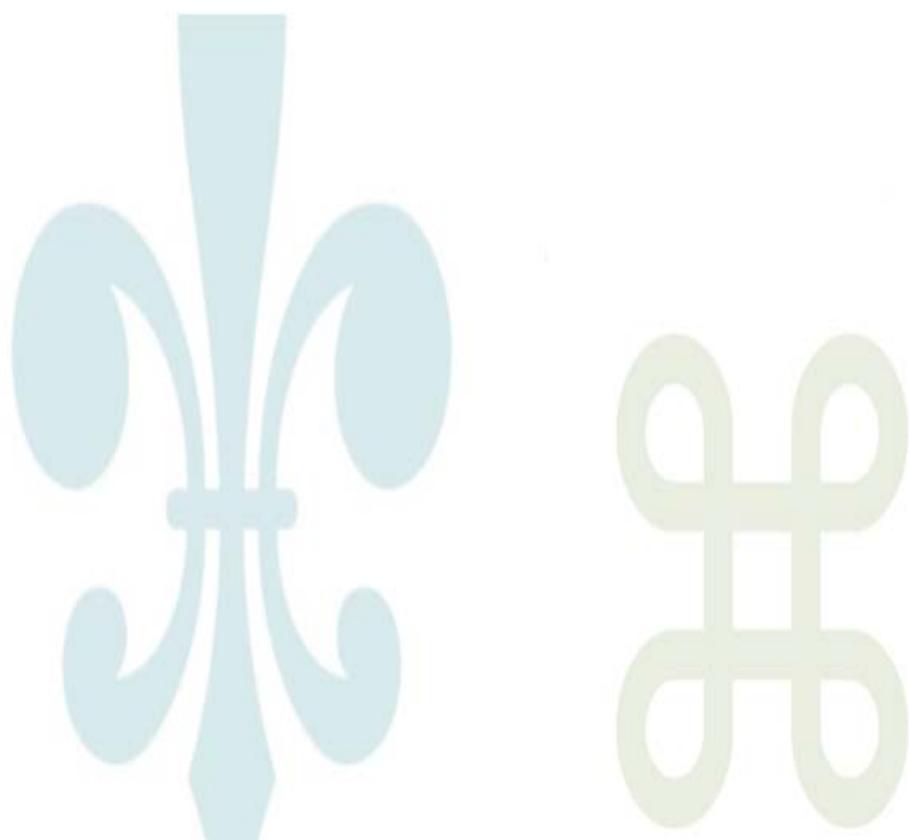
Expected Impact

First, the REPAIR Assessment Implementation resource will bring a raised level of consciousness to the development and planning processes of Louisville Metro Government's policies, programs, initiatives and budget decisions. This process will most certainly mean new connections and collaborative relationships across Metro Government departments, as well as other organizations and institutions across the city. Overtime, this policy and assessment resource can lead to greater trust, fairness and transparency between the community and local government. Trust and fairness can improve through our efforts to intentionally assess the degree to which we are equitable in our decision-making, projects, program and service delivery. A comprehensive assessment can help to identify areas where we need to place greater effort and energy to achieve equity by identifying areas where we may be falling short of reaching these goals or even places where decisions have been disproportionately negligent or beneficial to different communities.



Part Three

HPO 100



R.E.P.A.I.R. Initiative Assessment Instrument



This Instrument is based on the “Racial Equity Impact Assessment Guide” model developed Terry Keleher (2009) Applied Research Center (www.arc.roq) as reproduced by Race Forward, The Center for Racial Justice Innovation, and also borrows from the Seattle Racial Equity Toolkit.

R.E.P.A.I.R. Initiative: Racial Equity Assessment Instrument

To Assess Policies, Initiatives, Programs & Budget Issues

“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

Achieving HPQ100’s vision requires ending individual, institutional and structural racism. This *Racial Equity Impact Assessment Instrument* targets institutional racism, and lays out a process and a set of questions to guide the development, implementation and evaluation of policies, initiatives, programs, and budget issues to address the impact on racial equity.

WHEN TO USE THIS INSTRUMENT?

Early. Apply this instrument early for alignment with departmental racial equity goals and desired outcomes.

HOW TO USE THIS INSTRUMENT?

With Inclusion. The analysis should be completed by people with different racial perspectives.

Step by Step. The Racial Equity Analysis is a twelve (12) step process guided by key questions, and concludes with communicating process results.

1. KEY STRATEGIC OUTCOMES

- Strategic Plan/Leadership identifies key opportunities and outcomes for racial equity to guide analysis.

2. IDENTIFYING STAKEHOLDERS

- Which racial/ethnic groups may be most affected by and concerned with the issues related to this proposal?

3. ENGAGING STAKEHOLDERS

- Have stakeholders from different racial/ethnic groups— especially those most adversely affected—been informed, meaningfully involved and authentically represented in the development of this proposal? Who’s missing and how can they be engaged?

This Instrument is based on the “Racial Equity Impact Assessment Guide” model developed Terry Keleher (2009) Applied Research Center (www.arc.roq) as reproduced by Race Forward, The Center for Racial Justice Innovation, and also borrows from the Seattle Racial Equity Toolkit.

4. **IDENTIFYING AND DOCUMENTING RACIAL INEQUITIES**
 - Which racial/ethnic groups are currently most advantaged and most disadvantaged by the issues this proposal seeks to address? How are they affected differently? What quantitative and qualitative evidence of inequality exists? What evidence is missing or needed?
5. **EXAMINING ROOT CAUSES**
 - What factors may be producing and perpetuating racial inequities associated with this issue? How did the inequities arise? Are they expanding or narrowing? Does the proposal address root causes? If not, how could it?
6. **CLARIFYING THE PURPOSE**
 - What does the proposal seek to accomplish? Will it reduce disparities or discrimination?
7. **CONSIDERING ADVERSE IMPACTS**
 - What adverse impacts or unintended consequences could result from this policy? Which racial/ethnic groups could be negatively affected? How could adverse impacts be prevented or minimized?
8. **ADVANCING EQUITABLE IMPACTS**
 - What positive impacts on equality and inclusion, if any, could result from this proposal? Which racial/ethnic groups could benefit? Are there further ways to maximize equitable opportunities and impacts?
9. **EXAMINING ALTERNATIVES OR IMPROVEMENTS**
 - Are there better ways to reduce racial disparities and advance racial equity? What provisions could be changed or added to ensure positive impacts on racial equity and inclusion?
10. **IDENTIFYING SUCCESS INDICATORS**
 - What are the success indicators and progress benchmarks? How will impacts be documented and evaluated? How will the level, diversity and quality of ongoing stakeholder engagement be assessed?
11. **ENSURING VIABILITY AND SUSTAINABILITY**
 - Is the proposal realistic, adequately funded, with mechanisms to ensure successful implementation and enforcement? Are there provisions to ensure ongoing data collection, public reporting, stakeholder participation and public accountability?
12. **REPORT BACK**
 - Share results, data and information; communicate unresolved issue(s) with management or leadership

Racial Equity Impact Assessment Worksheet

Title of policy, initiative, program, budget issue: _____

Description: _____

Department: _____ Contact: _____

Policy Initiative Program Budget Issue

Step 1: KEY STRATEGIC OUTCOMES

1. What does your organization or department define as the most important racially equitable community outcomes related to the issue?

2. What Health Equity opportunity area(s) will the issue primarily impact?

Income & Employment Education Parks & Physical Activity
 Housing Transportation Community Safety
 Environmental Quality Health & Wellness Criminal Justice

3. Are there impacts on:

Contracting Equity Public Engagement Diversity & Inclusion _____
 Workforce Equity Immigrant & Refugee Access _____

Please Describe:

Step 2: IDENTIFY STAKEHOLDERS

4. Are there impacts on geographic areas? Yes No

- If yes, which neighborhood(s) are affected? _____

This Instrument is based on the "Racial Equity Impact Assessment Guide" model developed Terry Keleher (2009) Applied Research Center (www.arc.roq) as reproduced by Race Forward, The Center for Racial Justice Innovation, and also borrows from the Seattle Racial Equity Toolkit.

- What are the racial demographics of those living in the area?

5. Which racial/ethnic groups may be most affected by and concerned with the issues related to this proposal?

Step 3: ENGAGE STAKEHOLDERS

6. How have community members been involved in the development of the proposal?

- Have stakeholders from different racial/ethnic groups – especially those most adversely affected – been informed, meaningfully involved and authentically represented in the development of the proposal?
- Who’s missing and how can they be engaged?

Step 4: IDENTIFY AND DOCUMENT RACIAL INEQUITIES

7. Which racial/ethnic groups are currently most advantaged and most disadvantaged by the issues this proposal seeks to address?

- How are they affected differently?
- What quantitative and qualitative evidence of inequality exists?
- What evidence is missing or needed?

Step 5: EXAMIN ROOT CAUSES

8. What factors may be producing and perpetuating racial inequities associated with this issue?

This Instrument is based on the “Racial Equity Impact Assessment Guide” model developed Terry Keleher (2009) Applied Research Center (www.arc.roq) as reproduced by Race Forward, The Center for Racial Justice Innovation, and also borrows from the Seattle Racial Equity Toolkit.

- How did the inequities arise?
- Are they expanding or narrowing?

- Does the proposal address root causes?

- If not, how could it?

Step 6: CLARIFY PURPOSE

9. What does the proposal seek to accomplish?

- Will it reduce disparities or discrimination?

Step 7: CONSIDER ADVERSE IMPACTS

10. What adverse impacts or unintended consequences could result from this policy?

- Which racial/ethnic groups could be negatively affected?

- How could adverse impacts be prevented or minimized?

Step 8: ADVANCING EQUITABLE IMPACTS

11. What positive impacts on equality and inclusion, if any, could result from this proposal?

- Which racial/ethnic groups could benefit?

This Instrument is based on the "Racial Equity Impact Assessment Guide" model developed Terry Keleher (2009) Applied Research Center (www.arc.roq) as reproduced by Race Forward, The Center for Racial Justice Innovation, and also borrows from the Seattle Racial Equity Toolkit.

- Are there further ways to maximize equitable opportunities and impacts?

Step 9: EXAMINING ALTERNATIVES OR IMPROVEMENTS

12. Are there better ways to reduce racial disparities and advance racial equity?

- What provisions could be changed or added to ensure positive impacts on racial equity and inclusion?
- What strategies address immediate impacts?
- What strategies address root causes of inequity?
- What opportunities for long term positive change are available through partnership with stakeholders?

Step 10: IDENTIFYING SUCCESS INDICATORS

13. What are the success indicators and progress benchmarks?

- How will impacts be documented and evaluated?
- How will the level, diversity and quality of ongoing stakeholder engagement be assessed?

Step 11: ENSURING VIABILITY AND SUSTAINABILITY

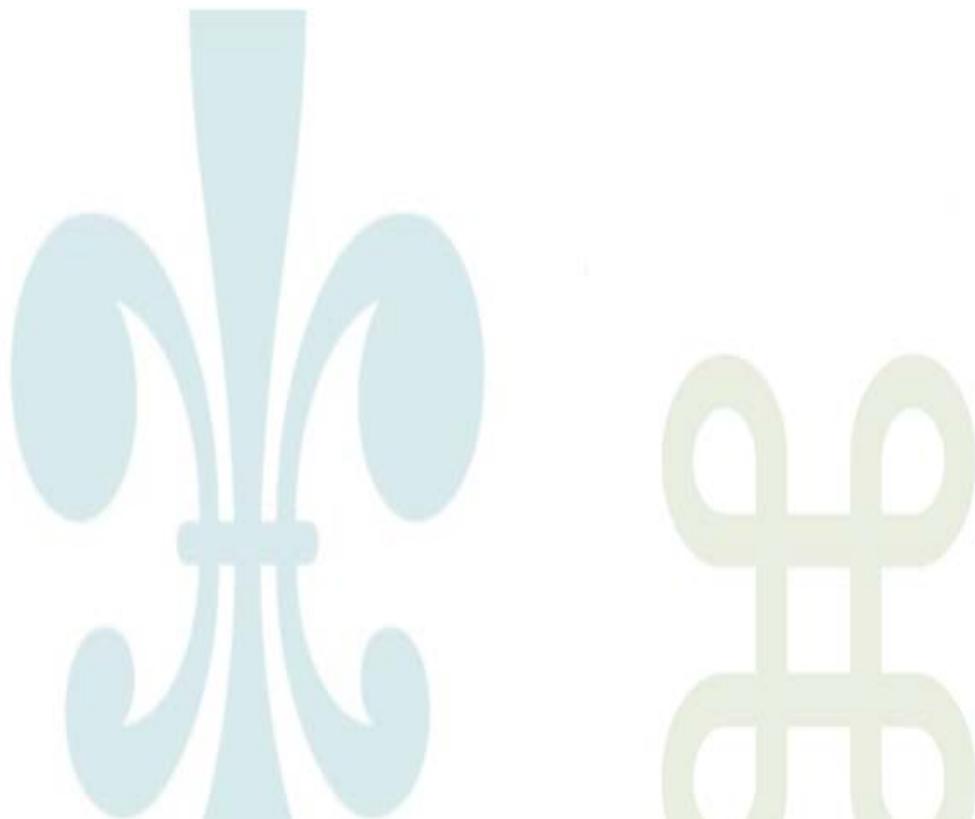
14. Is the proposal realistic, adequately funded, with mechanisms to ensure successful implementation and enforcement?

15. Are there provisions to ensure ongoing data collection, public reporting, stakeholder participation and public accountability?

Step 12: REPORT BACK

16. Share results, data and information; communicate unresolved issue(s) with management /leadership.

This Instrument is based on the "Racial Equity Impact Assessment Guide" model developed Terry Keleher (2009) Applied Research Center (www.arc.roq) as reproduced by Race Forward, The Center for Racial Justice Innovation, and also borrows from the Seattle Racial Equity Toolkit.



Conclusion

*HPD*₁₀₀

Conclusion

While the Racial Equity Policy and Assessment Implementation Resource (R.E.P.A.I.R.) would be a new undertaking for the Louisville community, promoting fairness and equity is not. This initiative will build upon the vision held by several community partnerships and Metro departments.

“Louisville’s values include: Compassion. This is the shared purpose and principle. Compassion is common ground and a unifying force in our polarized world. Compassion impels us to work tirelessly to alleviate the suffering of our fellow creatures, to dethrone ourselves from the center of our world and put another there, and to honor the inviolable sanctity of every single human being, treating everybody, without exception, with absolute justice, equity and respect. Compassion is the bridge between internal practice and external change.”

--[Compassionate Cities Mission Statement](#)

Key principle: Social Justice is the fair distribution of society’s benefits, responsibilities and their consequences. It focuses on the relative position of one social group in relationship to others in society as well as on the root causes of disparities and what can be done to eliminate them.

--From the [Center for Health Equity](#)

The mission of the Louisville Metro Human Relations Commission is to promote unity, understanding, and equal opportunity among all people of Louisville Metro and to eliminate all forms of bigotry, bias, and hatred from the community.

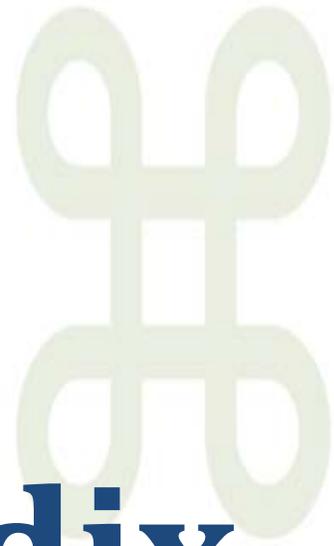
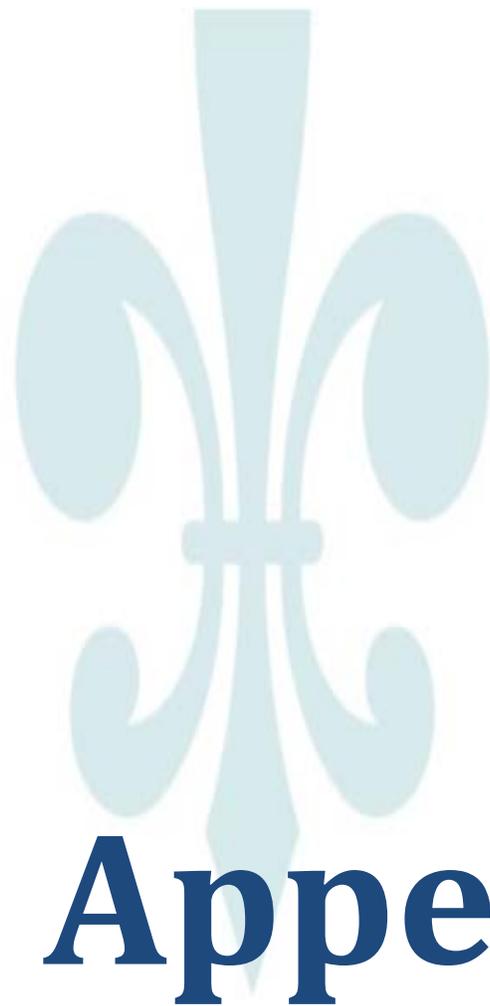
--[Louisville Metro Human Relations Commission](#)

“Healthy Louisville 2020 aims to guide Louisville Metro towards becoming a healthier city, narrowing the gap in health disparities among its residents and achieving health equity.”

--[Louisville Metro Government Strategic Plan Goal 13: Help Our Citizens Get Healthy](#)

These recommendations are the culmination of work from 100 residents from across Louisville who came together to develop sustainable, actionable policies to reduce structural racism and to create a city where all of us have the chance to live a long, healthy life regardless of race or the neighborhood where we live. Together, the Healing Possible Quorum (HPQ100) dedicated considerable time and talent to this effort. While many solutions were identified along the way—any number of them worthy of further consideration for advancement in Louisville—the preceding recommendation for 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, is the most far reaching and encompassing in scope. The goal of this recommendation is to engage all sectors of the community in advancing racial equity throughout their work so that more Louisvillians have the opportunity to live healthy lives.

The successful implementation of these recommendations will require pledged commitment from leaders across the city to adopt the values of racial equity and dedicating resources as needed to advance this work in a wide variety of institutions and organizations. A public, private and non-profit partnership to advance this effort in Louisville can help to increase community support for this work and allow for cross-sector sharing of what works and what does not to enhance racial equity efforts. The Healing Possible Quorum recognizes that no such undertaking to address structural racism as it currently manifest itself has occurred in Louisville before, and that a limited number of cities across the nation have taken on similar work. Louisville Metro is well positioned to be a national leader in this important work as we transform our city and advance racial equity by moving forward these recommendations to full implementation.



Appendix

HPD 100

Appendix AI: Background Planning Documents



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

“Healing Possible Quorum”

Background for Discussion - January 3, 2013

...A Year Long Journey -- that will last a lifetime, change lives and Louisville too...

“Our proposal is to build a metro community-wide collaboration to identify policies and strategies that result in not only deeper learning and education about diversity and inclusion, but also action for sustained change. The composite of this open team work will be 100 participants who represent neighborhoods, the faith community, businesses, educators, non-profit organizations, and policymakers.

The HPQ will be endorsed, introduced and opened by Mayor Greg Fischer who will charge the collaboration with addressing Louisville’s barriers to wholeness, by advocating for policy and practice change that will infuse inclusiveness and diversity within the heart of Louisville Metro. The collaborative will be charged to develop a plan that proactively removes barriers in public, private and voluntary sectors to inclusion and acceptance of all people who live in the same community”

Proposal to WK Kellogg Foundation, June 2012

A Successful Journey: 10 Ingredients (Michael R. Wenger, 2012)¹

1. There must be an accurate recounting of our history, both local and national.
2. Clear, ambitious and achievable goals must be established.
3. A commitment to the long-haul is essential.
4. There must be a commitment to understand the different cultures, experiences and perspectives that co-exist in a community, and to giving every participant an opportunity to tell his or her story in a respectful and mutually supportive setting.
5. The process of healing must be viewed as a win-win process.
6. There must be a commitment to some form of action to implement policies that can effectively foster systemic change.
7. Key institutions must be engaged and must have a definable role, and grassroots organizations must also be actively engaged.
8. A ‘hook’ of some sort can help to generate publicity and interest in the effort.
9. There must be an ongoing effort to keep the entire community informed, even those who are not involved or not supportive of the process.
10. There must be a broadly understood process for dealing with the tensions that inevitably will arise.

¹ WK Kellogg Foundation

Appendix All: Background Planning Documents

Goal: Addressing Structural Racism as a Key Driver of Perennial Inequities Across the Policy Spectrum

Deliverable: Develop a strategic community-wide framework for addressing the underlying structural causes that create real, perceived and unrecognized racial inequities across the spectrum of critical policy areas, as manifested within the public, private, not-for-profit and civic sectors. Recommend actionable multi-sector ‘S.M.A.R.T.’ policy solution(s) geared to assuring equity, diversity, inclusion and racial healing.

How:

- a) Convene a quorum of 100 Louisvillians, charged and committed to this challenging strategic goal.
- b) Apply a health equity/racial healing lens, with data analysis and subject matter expert input to a policy analysis process that will unpack and crystallize the breadth, depth and impact underlying structural and institutional racism across the policy spectrum.
- c) Use a study circle process model as the vehicle for participatory engagement of quorum members – both personally with each other – as well as deepen the individual, collective and reflective learning experience.

Who: “The Healing Possible Quorum 100” is a diverse group of principled, social entrepreneurs from the public, private, non-profit and civic sectors committed to the ethical study, deliberation, and development of actionable policy solution(s), dedicated to assuring equity and promoting racial healing for all Louisvillians.

When: HPQ100 will be convened, **October 1, 2013, through September 30, 2014** (12 months)

Where: Monthly Program Sessions -- Muhammad Ali Center; **Study Circle Convenings** -- TBD

Program Curriculum:

The program will include 9-10 monthly lecture sessions, deeper learning opportunities and study circle work groups; followed by 2-3 sessions for development of a report framework and writing. The study circle process model will utilize the study guide from *Everyday Democracy: Ideas & Tools for Community Change*. Relevant policy areas include the following in the policy spectrum below, as contexts within which to explore in concrete ways how historical and present day structural and institutional racism impacts individuals, communities and institutions across Louisville Metro.

Policy Spectrum: (including, but not limited to)

- Income & Employment
- Housing
- Environmental Quality
- Education
- Transportation
- Health Care & Prevention Services
- Parks & Physical Activity
- Community Safety
- Criminal Justice

Appendix AIII: Healing *OurVille* -A Vignette

Across the country, people are in pursuit of the "American Dream"—happiness, economic prosperity, good health, personal growth and fulfillment, peace, and a host of other values shared regardless of one's racial or ethnic background.

Yet in *Ourville* today, as in America, the color of one's skin still affects the pursuit of one's dreams. On average, according to the 2010 U.S. Census and other measures, blacks continue to fare worse than whites and most other racial and ethnic groups in education, employment, income, access to health care, and health outcomes. Blacks also are more likely to be incarcerated and to be discriminated against in housing.

Despite legal equality fought for and achieved in the Civil Rights Movement, these differences persist. Discovering the reasons for the disparities is difficult because the disparities are tightly intertwined. Disparities in employment status, for example, are tied closely to differences in access to health care (through private health insurance coverage) and housing (the availability and location of an affordable home). Housing location, with some exceptions, relates directly to public school district boundaries.

Disparities in educational outcomes, such as graduation rates or test scores, often correlate with family income and school placement. Disparities in educational outcomes in turn affect future employment and family income.

Race-based disparities in the quality of life in *Ourville* negatively affect race relations. They serve as constant reminders of a divided, unequal community. Among many racial and ethnic minorities, they reinforce anger, resentment, and mistrust against those who are perceived to benefit from the current situation but who appear not to be addressing the disparity issue. Residential and social segregation isolates and insulates many in the community from the issue, and what they do see may only reinforce traditional stereotypes and fears.

The issue is yet more complex. Tensions in race relations stem not only from racial disparities, but also from the cumulative effect of historical grievances, differing perceptions of ongoing discrimination, and frustration with government and other institutional attempts at remedies. Comments from study participants demonstrated this tension: anger at past injustice; anxiety that a particular minority may be left out of the process; distrust of "one more study" after past efforts failed to produce desired changes; denial that a race relations problem exists; frustration that government already gives too many benefits to minorities; and more.

One resource speaker described the results in this fashion: "For blacks, it's always about race. For whites, it's never about race." How people experience life in *Ourville* affects how they perceive race relations and the extent of the underlying problems. *Ourville* has experienced a pattern of periodic community incidents causing flare-ups of racial tension. These incidents are often perceived in different ways; for many whites, the incident is an aberration that should and can be resolved by directly addressing the immediate issue. For many blacks, the incident provides visible evidence of underlying systemic problems that have never been adequately addressed.

Source: <http://www.jcci.org/jcciwebsite/documents/02%20improving%20race%20relations.pdf>

Appendix B: Background Planning Document

Healing Possible Quorum (HPQ100): On Naming & Branding the Program

H = HEALING

“America Healing” ... communities all over the country come together to undo the effects of centuries of racism and heal hearts.” *WK Kellogg Foundation*

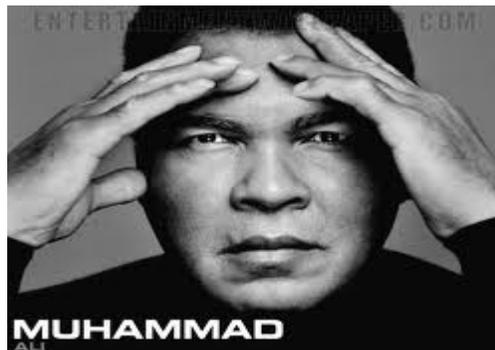


P = POSSIBLE

Because 'Impossible is Nothing'

"Impossible is just a big word thrown around by small men who find it easier to live in the world they've been given than to explore the power they have to change it. Impossible is not a fact. It's an opinion. Impossible is not a declaration. It's a dare. Impossible is potential. Impossible is temporary. Impossible is nothing."

"If my mind can conceive it, and my heart can believe it, then I can achieve it."
Muhammad Ali



Q = QUORUM

“Select Group” or “Smallest number of people who must be present ... in order for decisions to be made” *Webster's Online Dictionary*



HPQ100 LOGO = Fleur de Lis & Mpatapo



Fleur-de-lis = Needs no introduction to Louisvillians! A stylized lily composed of three petals bound together near their bases; especially known from the former royal arms of France, in which it appears in gold on a blue field.

- The City of Louisville was founded in 1778 by George Rogers Clark and is named after King Louis XVI of France.
- The Official Seal of the City of Louisville reflects its history and heritage - the fleur-de-lis represents French aid given during the Revolutionary War, and the thirteen stars signify the original colonies.

Mpatapo = “knot of reconciliation”

- Symbol of reconciliation and peacemaking. The Mpatapo represents the bond or knot that binds parties in a dispute to a peaceful, harmonious reconciliation. It is a symbol of peacemaking after strife.

Appendix C: Glossary of Terms

Health Equity—Attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.²

Inclusion—Authentically bringing traditionally excluded individuals and/or groups into processes, activities, and decision/policy making in a way that shares power.³

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.⁴

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.⁵

Racial Equity Impact Assessment—a systematic examination of how different racial and ethnic groups will likely be affected by a proposed action or decision. REIAs are used to minimize unanticipated adverse consequences in a variety of contexts, including the analysis of proposed policies, institutional practices, programs, plans and budgetary decisions. The REIA can be a vital tool for preventing institutional racism and for identifying new options to remedy long-standing inequities.⁶

Social Determinants of Health—conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.⁷

Structural Racism—An additional definition: “In the U.S. is the normalization and legitimization of an array of dynamics – historical, cultural, institutional and interpersonal – that routinely advantage whites while producing cumulative and chronic adverse outcomes for people of color. It is a system of hierarchy and inequity, primarily characterized by white supremacy – the preferential treatment, privilege and power for white people at the expense of Black, Latino, Asian, Pacific Islander, Native American, Arab and other racially oppressed people.”⁸

² Office of Disease Prevention and Health Promotion, <http://www.cdc.gov/chronicdisease/healthequity/>

³ Racial Equity Tools <http://racialequitytools.org/glossary#inclusion>

⁴ Aspen Institute <http://www.aspeninstitute.org/sites/default/files/content/docs/rcc/RCC-Structural-Racism-Glossary.pdf>

⁵ Aspen Institute <http://www.aspeninstitute.org/sites/default/files/content/docs/rcc/RCC-Structural-Racism-Glossary.pdf>

⁶ Race Forward <https://www.raceforward.org/practice/tools/racial-equity-impact-assessment-toolkit>

⁷ World Health Organization http://www.who.int/social_determinants/sdh_definition/en/

⁸ Aspen Institute <http://www.aspeninstitute.org/sites/default/files/content/docs/rcc/RCC-Structural-Racism-Glossary.pdf>

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.



January 2014 - January 2015