

Governmental Use of Racial Equity Tools to Address Systemic Racism and the Social Determinants of Health

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Key Points

- **Racial equity tools** can be used to address systemic racism and the Social Determinants of Health.
 - Over **107 jurisdictions** around the United States have worked with national organizations, including Government Alliance for Race and Equity and PolicyLink, to use racial equity tools.
 - Jurisdictions using racial equity tools are **spread throughout all 4 major regions of the country**, with the highest counts in California, Minnesota, and North Carolina.
 - Some of these **jurisdictions** have also **prioritized and enacted laws** to address systemic racism and the Social Determinants of Health.
 - Additionally, some jurisdictions have **used** racial equity tools **for strategic planning, yearly training, and everyday operation**.
-

Executive Summary

Asian, Black, Indigenous, and Latino Americans die earlier, have higher infant mortality rates, and suffer more chronic conditions and disability than most white Americans.¹ These health inequities are due in part to **systemic racism** and **the social determinants of health (SDOH)**. Systemic racism is a complex array of social structures, government policies, institutional practices, and interpersonal interactions used by the dominant racial group to create a hierarchy that disadvantages racial and ethnic minority groups.^{2,3} The SDOH are social factors outside an individual's control that limit an individual's ability to attain their full health potential.⁴ Systemic racism disadvantages racial and ethnic minority groups in numerous ways, including creating inequities in the SDOH.⁵ For example, inequities in COVID-19 infections and deaths have been associated with racial and ethnic minority groups' lack of equitable access to health care, paid sick leave, and clean water as a result of systemic racism.^{6,7} Systemic racism is hard to dismantle because it is so deeply ingrained in the actions, processes, and policies of governmental entities.^{8,9} To address these challenges, a group of 107 pioneering jurisdictions (cities, towns, villages, governmental agencies, and counties) has been working with national groups, such as the Governmental Alliance on Race and Equity (GARE) and PolicyLink, to address systemic racism and the SDOH. These groups have provided jurisdictions with **racial equity tools** that can be used to normalize conversations about race, operationalize new behaviors and policies, and organize to achieve racial equity. Until now, no one has cataloged jurisdictions working with racial equity tools created by national organizations. In this report, we begin filling this gap by identifying jurisdictions working specifically with GARE and PolicyLink and discussing how these jurisdictions are addressing systemic racism and the SDOH in their communities.



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A System of Racial Inequity

Obesity in Asian and Black women has been linked to experiencing racism.^{10,11} There is also a positive correlation between anticipation of prejudice and increased psychological and cardiovascular stress among Latinas.¹² Additionally, “well-educated [Black] women reported having financial pressures and fewer opportunities than white women,” an inequity that serves as a significant stressor for [Black] women throughout their life, including during pregnancy.¹³ Furthermore, Black mothers who delivered preterm infants of “very low birthweight” (VLBW) were more likely to report experiencing racism during their lifetime than were Black mothers who delivered infants at term.^{14,15} This is of great significance because VLBW “accounts for more than half of the neonatal deaths and 63% of the Black-white gap in infant mortality in the United States.”¹⁵ Three decades of research has shown that systemic racism is associated with health inequities for all racial groups.^{3,16,17} However, this research also shows³ that systemic racism disproportionately harms racial and ethnic minority groups and limits their equitable access to the SDOH.

Systemic Racism

Systemic racism is a complex array of social structures, government policies, institutional practices, and interpersonal interactions used to create a hierarchy that categorizes people into “superior” and “inferior” racial and ethnic groups.^{3,4} Specifically, compared to white Americans, Asian, Black, Indigenous, and Latino Americans have been deemed as “inferior” races and ethnic groups.^{3,4} In the United States, this racial hierarchy has become embedded in governmental actions, processes, and policies; often limiting racial and ethnic minority groups’ equitable access to key resources such as education, employment, health care, and housing.^{18,19} Systemic racism operates at many levels, including structural, institutional, interpersonal, and intrapersonal.²⁰⁻²²

Structural racism is the way our systems (health care, education, employment, and housing) have been and continue to be structured to advantage the white majority and disadvantage racial and ethnic minority groups. Laws and policies adopted by the government (federal, state, and local) are tools used to create these differential conditions by structuring systems in a racially discriminatory way.²¹ Institutional racism operates through “neutral” institutional practices and policies that reinforce the racial hierarchy and impose substantial harm.^{22,23} Interpersonal racism operates through individual interactions, where an individual’s conscious (explicit) and/or unconscious (implicit) racial prejudice limits equitable access to resources despite anti-discrimination laws.¹⁸ Intrapersonal or internalized racism is when individuals believe that they and others who share the same racial identity are inferior and that members of other racial groups are superior, which can often be harmful to their physical and mental health.²⁰

In this report and study, we focus on structural and institutional racism. Specifically, we focus on how laws, policies, and “neutral” governmental practices have limited equitable access to the SDOH, leading to health inequities.

Social Determinants of Health

The SDOH are a part of the U.S. Department of Health and Human Services’ (HHS) Healthy People Initiative to improve the health and wellbeing of individuals in the United States.²⁴ The SDOH were first added to the 2010 Healthy People Initiative to identify and eliminate the causes of health inequities, which “are a specific subset of health differences of particular relevance to social justice because they may arise from intentional or unintentional discrimination or marginalization and, in any case, are likely to reinforce social disadvantage and

vulnerability.”²⁵ The SDOH are central to the attainment of health equity: “where everyone has the opportunity to attain full health potential and no one is disadvantaged from achieving this potential because of social position or any other socially defined circumstance.”²⁶ There are five key social factors in the SDOH: (1) economic stability (e.g. employment); (2) neighborhood and built environment (e.g. housing access); (3) health and health care (e.g. access to health care); (4) education (e.g. childhood education); and (5) social and community context (e.g. civic participation). In this report, we focused on whether the jurisdictions addressed factors 1-4.

In employment, Black “job seekers are expected to negotiate less than their white counterparts and are penalized in negotiations with lower salary outcomes when this expectation is violated.”²⁷ In housing access, from 2004 to 2009, some banks disproportionately steered Blacks and Latinos into subprime loans when they qualified for conventional loans, leading to racial inequities in foreclosures during the mortgage crisis.²⁸ In health care, racial and ethnic minority groups have less access than whites to affordable health care and health insurance.²⁹ In childhood education, under “neutral” zero tolerance policies, Black, Indigenous, and Latino children—especially Black girls—are more often expelled from school or receive out of school suspensions for doing the same things as white children who are not punished.^{30,31}

Over the last three decades, research has shown that systemic racism limits equitable access to employment, housing, health care, education, and civic participation.^{1,11,15,32-34} The System of Racial Inequity Model in Figure 1 illustrates the connection between systemic racism, the SDOH, and health inequities.

Figure 1. System of Racial Inequity Model, 2021



Ruqaijah Yearby © 2021

Note. This model was produced by Ruqaijah Yearby in 2021, summarizing the connection between systemic racism and the social determinants of health. Copyright 2021 by Ruqaijah Yearby.

Addressing Racial Inequity

Recently, governments have begun to work with groups that use a range of racial equity tools to identify and ameliorate systemic racism as well as inequities in the SDOH factors of employment, housing, health care, and

education. Racial equity tools go by a variety of names (e.g. racial equity impact statements/assessments, racial equity frameworks, racial equity indicators) and include training materials, toolkits, data indicators, and frameworks to guide leaders, employees, and community members in working towards racial equity.

Although there are a plethora of groups that have created racial equity tools, only two national organizations specialize in working with governments to address systemic racism and the SDOH: the [Government Alliance on Race and Equity](#) (GARE) and [PolicyLink](#).^{35,36} These two organizations have created racial equity tools designed to integrate the intentional consideration of systemic racism into government operations, including strategic planning, decision-making, policies, and practices.

As noted by [one](#) of the creators of GARE’s racial equity tools, “[t]oo often, policies and programs are developed and implemented without thoughtful consideration of racial equity.”³⁷ When racial equity is not explicitly brought into operations and decision-making, racial inequities are likely to be perpetuated. “Racial equity tools are designed to integrate explicit consideration of racial equity in governmental decision-making, including policies, practices, programs, and budgets,” and to [provide](#) a structure for institutionalizing racial equity.³⁷

Overall, these tools require policymakers to identify racial inequities, prioritize legal and policy reforms that address these inequities, and evaluate if and how policies and programs can disproportionately harm racial and ethnic minority groups. However, the use of tools can vary widely. For example, GARE uses the tool to work directly with governments to operationalize racial equity, while PolicyLink works with community organizations to create an equity profile of jurisdictions that shows the harmful impacts of racial inequity, which can then be used for policy change. There are multiple components of GARE and PolicyLink’s racial equity tools, which are accessible on their websites, however, here we provide a brief overview of the foundational components of their tools.

GARE: Racial Equity Strategies and Toolkit Steps

To help governments obtain racial equity within the organization and in governmental policymaking, GARE [proposes](#) six strategies:

1. **Use a racial equity framework:** Jurisdictions use a racial equity framework that clearly articulates racial equity, implicit and explicit bias, and individual, institutional, and structural racism.
2. **Build organizational capacity:** Jurisdictions need to be committed to the breadth and depth of institutional transformation so that impacts are sustainable. While the leadership of elected and top officials is critical, changes take place on the ground, and infrastructure that creates racial equity experts and teams throughout local and regional government is necessary.
3. **Implement racial equity tools:** Racial inequities are not random; they have been created and sustained over time. Inequities will not disappear on their own. Tools must be used to change the policies, programs, and practices that are perpetuating inequities. New policies and programs must also be developed with a racial equity tool.
4. **Be data-driven:** Measurement must take place at two levels – first, to measure the success of specific programmatic and policy changes, and second, to develop baselines, set goals,

and measure progress towards goals. Use of data in this manner is necessary for accountability.

5. **Partner with other institutions and communities:** The work of local and regional government on racial equity is necessary, but it is not sufficient. To achieve racial equity in the community, local and regional governments need to work in partnership with communities and other institutions to achieve meaningful results.
6. **Operate with urgency and accountability:** While there is often a belief that change is hard and takes time, we have seen repeatedly, that when change is a priority and urgency is felt, change is embraced and can take place quickly. Building in institutional accountability mechanisms via a clear plan of action will allow accountability. Collectively, we must create greater urgency and public will to achieve racial equity.³⁷

GARE's racial equity tool also includes a [racial equity toolkit](#) that provides communities with a template for screening proposed laws and policies to: (1) determine their impact on racial and ethnic minority groups; and (2) develop evidence-based recommendations to minimize or eliminate negative impacts and maximize positive impacts on racial and ethnic minority groups.³⁸ The toolkit includes six steps:

1. **Proposal:** What is the policy, program, practice or budget revision under consideration? What are the desired results and outcomes?
2. **Data:** What's the data? What does the data tell us?
3. **Community Engagement:** How have communities been engaged? Are there opportunities to expand engagement?
4. **Analysis and strategies:** Who will benefit from or be burdened by your proposal? What are your strategies for advancing racial equity or mitigating unintended consequences?
5. **Implementation:** What is your plan for implementation?
6. **Accountability and communication:** How will you be held accountable for the impacts on communities of color?³⁸

The GARE toolkit also includes examples of how jurisdictions have used their tool to address systemic racism and the SDOH. For example, beginning in 2004, the Racial and Social Justice Initiative in the city of Seattle, Washington integrated a racial equity tool into trainings, annual work plans, and the budget process.³⁸ Ten different governmental agencies in Madison, Wisconsin used racial equity tools in various ways, including for strategic planning, succession planning for management hires, and the revision of hiring and promotion practices. While GARE's tool focuses on operationalizing racial equity, PolicyLink's tool uses indicators to support the economic argument for achieving racial equity.

PolicyLink: Racial Equity Index Tool and Indicators

In partnership with the University of Southern California's Program for Environmental and Regional Equity (PERE), PolicyLink developed the [National Equity Atlas](#), which not only provides a report card on racial and economic equity,^{39,40} but also includes a [Racial Equity Index](#) with [indicators](#) that "provides a snapshot of how well a given place is performing on racial equity compared to its peers — comparing cities to cities, regions to regions, and states to states."⁴¹ Examples of these indicators used in the tool are listed in Table 1.

Table 1. PolicyLink Racial Equity Index Indicator Examples, 2020

Economic Vitality	Readiness	Connectedness	Economic Benefits
Median wages Unemployment Income inequality Poverty Job and wage growth	Educational attainment Disconnected youth School poverty Air pollution Life expectancy	Commute time Housing burden Car access Neighborhood poverty	Eliminate rent burden Racial equity in income

Source: PolicyLink and the USC Equity Research Institute; National Equity Atlas, www.nationalequityatlas.org, 2020.

As per, PolicyLink:

Economic vitality indicators examine whether all people regardless of race, gender, or nativity can access high-quality jobs, economic security, rising incomes, and entrepreneurship and homeownership opportunities. They also measure income inequality and job and wage growth in relation to overall economic growth.

Readiness indicators examine the extent to which young people can connect to education and employment, economic segregation in schools, air pollution, educational attainment, and life expectancy.

Connectedness indicators measure who can live in low-poverty neighborhoods, and access affordable housing, transportation, and job opportunities.

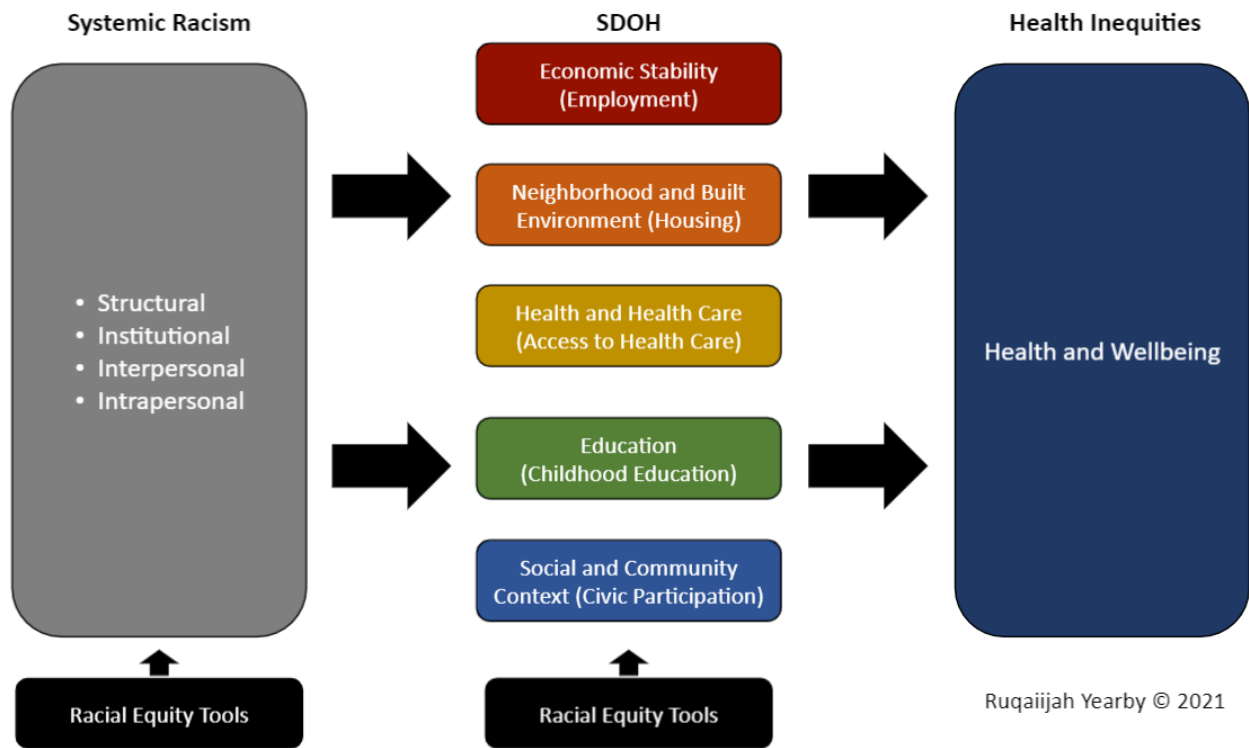
Economic benefits of equity indicators quantify the GDP and income gains of racial inclusion in the broader economy as well as the potential economic gains of eliminating rent burdens.⁴⁰

The racial equity index indicators are [built](#) to not only “support advocates, policymakers, and other leaders to quickly understand the issue areas where outcomes are most inequitable and the populations who are most impacted,” but also “help communities identify priority areas for advancing racial equity, track progress over time, and set specific goals for closing racial gaps.”⁴¹

Using these indicators, PolicyLink created equity profiles of communities that were intended as an early step to inform community conversations about policy initiatives aimed at creating more equitable communities. These equity profiles include data for policymakers and provide a blueprint for gathering and evaluating data to determine the impact existing and proposed policies have on racial and ethnic minority groups' earnings, education, health, and access to transportation. PolicyLink and PERE have helped at least 29 communities produce equity profiles, including [Buffalo, New York](#) (2017) and [Philadelphia, Pennsylvania](#) (2019) (see Appendix A, B). PolicyLink also provides communities with a suite of policy strategies to advance racial inclusion and equitable growth.

GARE and PolicyLink racial equity tools are significant not only because they illustrate the harms of racial inequity, but also because they offer a plan to begin addressing structural and institutional racism as well as the SDOH. The ways that racial equity tools fit into Figure 1 - Systems of Racial Equity Model are shown in the Addressing Racial Equity Model in Figure 2.

Figure 2. Addressing Racial Equity Model, 2021



Note. This model was produced by Ruqaijah Yearby in 2021, summarizing the use of racial equity tools to address systemic racism and the social determinants of health. Copyright 2021 by Ruqaijah Yearby.

GARE strategies and toolkit help jurisdictions understand: (1) how laws advantage whites and disadvantage racial and ethnic minority groups; and (2) how their “neutral” institutional practices and policies can reinforce racial hierarchies and impose substantial harms. For example, [King County, Washington](#) used racial equity tools to develop a shared vision of the “unhealthy stream” that creates inequities and the “healthy stream” that creates equity to guide their work (see Appendix C). Moreover, the GARE racial equity tools provide governments with tools and strategies to address systemic racism and the SDOH. For instance, after using the GARE racial equity tool in the succession planning for management hires, the first woman of color in over 20 years was promoted to a management position for the Madison, Wisconsin Metro Transit.³⁸

PolicyLink’s tool provides data concerning the SDOH, necessary to show how racial inequity harms us all. For instance, the PolicyLink equity profile for Minneapolis, Minnesota showed that although the area is one of the most prosperous in the United States with an overall poverty rate of 23%—one of the lowest in the country—there are stark racial disparities.⁴¹ Specifically, 16% of “white residents in the Minneapolis metro are economically insecure, compared to 57% of Black residents and 50% of Native American residents.”⁴¹ Thus, PolicyLink’s tool showed that to build an equitable economy in Minneapolis, the government had to develop “solutions that reduce poverty, support economic security, and build pathways to the middle class targeted to the Black, Indigenous, and Latino populations experiencing the greatest inequities.”⁴¹

Unfortunately, the accessibility of a list of jurisdictions working with GARE and/or PolicyLink is limited. Additionally, it is unclear from the GARE and/or PolicyLink websites what organizational and policy changes jurisdictions have made after working with them. Thus, we have begun to fill these gaps by compiling this information. In this report, we identify the jurisdictions working with GARE and/or PolicyLink and discuss how they are addressing systemic racism and the SDOH.

Study Findings

In this study, we sought to answer three questions:

1. What jurisdictions (i.e. cities, towns, villages, and counties) are working with national racial equity tool organizations, and in particular, working with GARE and/or PolicyLink?
2. Are these jurisdictions enacting or modifying laws to address systemic racism and the SDOH, such as declaring racism as a public health crisis and minimum wage laws?
3. How has working with either GARE, PolicyLink, or both racial equity tool organizations resulted in governmental changes that address systemic racism and the SDOH?

Overall, we found that 107 jurisdictions were working with GARE and/or PolicyLink. Our study found that working with GARE and/or PolicyLink is a significant step in eradicating racial inequity because it shows a jurisdiction's commitment to addressing the harms of systemic racism and the SDOH. Based on demographic data, this study suggests jurisdictions using racial equity tools are located throughout the country and vary widely.

By the end of 2020, many of these jurisdictions were also at the forefront of declaring racism as a public health crisis and have enacted or revised minimum wage laws to address the SDOH. Additionally, based on our interviews, working with GARE and/or PolicyLink resulted in governmental changes in strategic planning, training, workplace practices, and other laws and policies. For example, interviewed jurisdictions said that: GARE's six steps were "really helpful, very accessible, [and] dedicated to the work [in an] intelligent [way];" and GARE's "racial equity toolkit, encourages people [and leadership] to use those tools." However, these tools were just the starting point.

In particular, GARE provides a racial equity tool, but the jurisdictions we interviewed, and many other jurisdictions highlighted in this report, modified the tools for their specific needs to achieve change. In fact, [Seattle, Washington](#) and [Portland, Oregon](#) have created their own racial equity tools (see Appendix D, E). Portland, Oregon even created a racial equity toolkit factsheet to support change (see Appendix F).

Below, we provide a brief overview of how we obtained our findings and arrived at these conclusions, including a discussion regarding jurisdictions' relationship with GARE and/or PolicyLink as well as the impact of racial equity tool use on organizational, law, and policy changes within jurisdictions.

Jurisdictions Working with GARE and PolicyLink

Both GARE's and PolicyLink's websites include information about state and local jurisdictions, government departments, and community groups that they are partnering with to further racial equity. Based on our systematic review of their websites, government websites, as well as an online survey; we found that 107 jurisdictions are working with GARE and/or PolicyLink. The level of involvement of the jurisdictions varied, especially for those working with GARE. Many jurisdictions have contracted with GARE for assistance in their racial equity work, while others have joined the GARE membership network. Finally, some jurisdictions are a part of GARE's eight regional and subject matter cohorts. These relationship differences were not clear from GARE's website or government websites so we did not use this to group jurisdictions but want to note it here.

The initial search of GARE and PolicyLink's websites garnered a list of 141 unique jurisdictions that seemed to be using racial equity tools. However, based on additional web research we excluded 34 of these jurisdictions from our final sample because we could not confirm their use of racial equity tools through their government's website and/or other online sources. In particular, we excluded jurisdictions when we could not find a point of contact for the jurisdiction's work with GARE and PolicyLink.

This left us with 107 jurisdictions—80 cities and 27 counties—working with GARE and/or PolicyLink racial equity tools (Table 2). More specifically, our research found that 77 jurisdictions are working with GARE, 11 are working with PolicyLink, and 19 are working with both GARE and PolicyLink.

Table 2. List of 107 jurisdictions working with GARE and/or PolicyLink, 2019

State	GARE				PolicyLink	Both GARE & PolicyLink
Arizona					Phoenix	
California	Alameda County Berkeley Contra Costa County Elk Grove	Hayward Marin County Merced County Monterey County	Napa County Richmond Sacramento County Salinas	San Francisco Santa Clara County Santa Monica Solano County		Long Beach Oakland Sacramento San Jose
Colorado	Boulder	Boulder County	Fort Collins			Denver
*	District of Columbia					
Florida	Gainesville	Palm Beach County				
Georgia					Atlanta	
Illinois	Chicago	Cook County	Peoria			
Indiana	South Bend					
Iowa	Des Moines	Dubuque	Iowa City			
Kentucky						Louisville
Louisiana					New Orleans	
Maryland	Takoma Park				Baltimore	
Massachusetts	Brookline	Cambridge				Boston
Michigan	Ann Arbor	Grand Rapids	Macomb County	Washtenaw County		
Minnesota	Bloomington Brooklyn Center Brooklyn Park Dakota County Edina	Golden Valley Hennepin County Hopkins Minnetonka Northfield	Ramsey County Richfield Rochester Roseville Shoreview	St. Anthony St. Louis Park	Minneapolis Saint Paul	
Missouri	Kansas City					
New Mexico	Albuquerque				Santa Fe	
New York					Buffalo Nassau	New York
North Carolina	Carrboro Chapel Hill	Durham Durham County	Mecklenburg County Orange County	Raleigh	Asheville Charlotte	
Ohio					Cincinnati	
Oregon	Lane County	Multnomah County				Portland
Pennsylvania	Lancaster					Philadelphia Pittsburgh
Tennessee	Chattanooga	Knoxville				Memphis Nashville
Texas	Dallas				Houston	Austin San Antonio
Virginia	Fairfax County					Richmond
Washington	King County	Seattle	Tukwila	Vancouver	Tacoma	
Wisconsin	Dane County	Madison	Middleton	Milwaukee County		

Source: Institute for Healing Justice and Equity and Center for Health Law Studies at Saint Louis University, 2019; Government Alliance on Race and Equity and PolicyLink, accessed 2019.

Note: GARE = Government Alliance on Race and Equity.

*The District of Columbia is treated as a jurisdiction and there is no corresponding state.

As shown in Table 3, most jurisdictions working with GARE and/or PolicyLink are located in cities (79 out of 107). This was true for those working only with GARE (50 out of 77), for those working only with PolicyLink (10 out of 11), and for those working with both GARE and PolicyLink (19 out of 19). Cities working with these organizations include 26 big cities, such as Portland, Oregon; Kansas City, Missouri; Chattanooga, Tennessee; and Cambridge, Massachusetts. They also include 47 small cities and counties and 34 midsize jurisdictions. These places range in size from Hopkins, Minnesota (population approximately 18,000) to the nation's largest city, New York City (population 8 million-plus). They also span from the west and east coast.

Table 3. Jurisdictions working with GARE and/or PolicyLink (N=107), 2020

	GARE Only (N=77)	PolicyLink Only (N=11)	Both GARE and PolicyLink (N=19)	Overall (N=107)
Government Type (%)				
City*	50 (64.9)	10 (90.9)	19 (100.0)	79 (73.8)
County	26 (33.8)	1 (9.1)	0	27 (25.2)
District of Columbia	1 (1.3)	0	0	1 (0.9)
Region (%)				
Northeast	3 (3.9)	2 (18.2)	4 (21.1)	9 (8.4)
Midwest	33 (42.9)	1 (9.1)	2 (10.5)	36 (33.6)
South	15 (19.5)	6 (54.5)	6 (31.6)	27 (25.2)
West	26 (33.8)	2 (18.2)	7 (36.8)	35 (32.7)

Source: Institute for Healing Justice and Equity and Center for Health Law Studies at Saint Louis University, 2019; Government Alliance on Race and Equity and PolicyLink, accessed 2019.

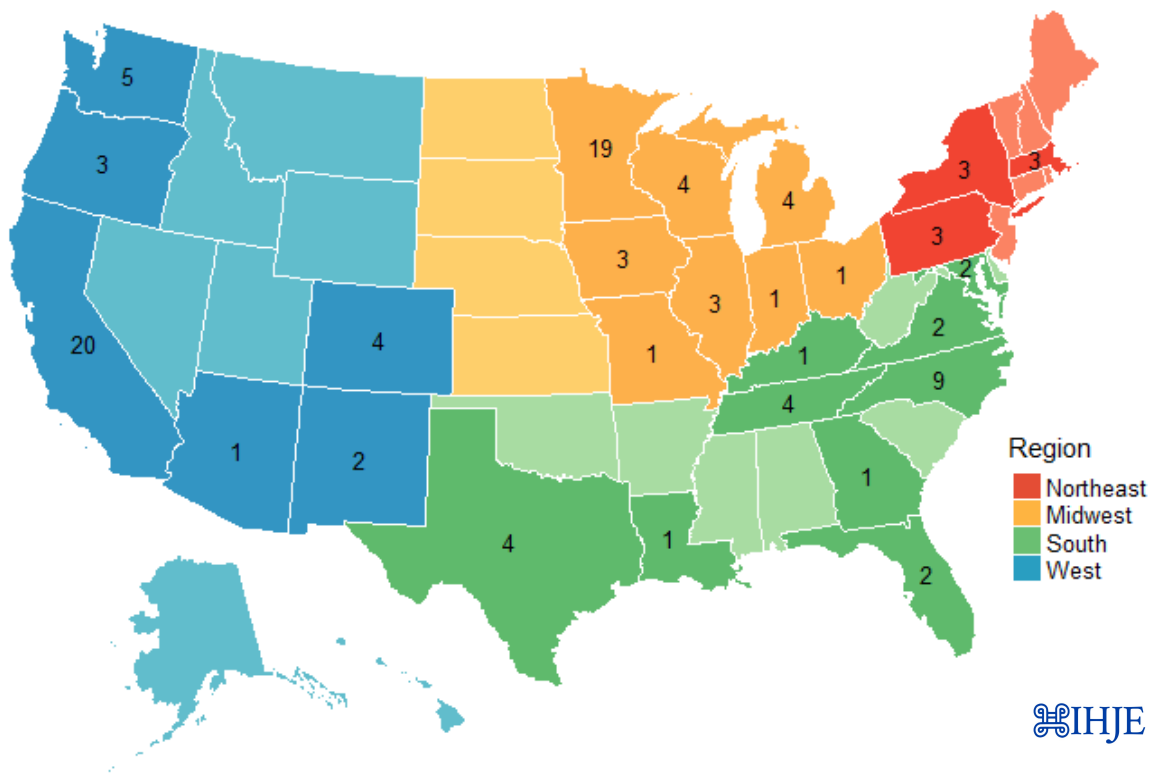
Note: GARE = Government Alliance on Race and Equity.

*Consolidated city-county jurisdictions were treated as a city for this study.

The 107 jurisdictions working with GARE and/or PolicyLink are spread across 26 states and the District of Columbia and are in all four regions of the country (Figure 3). Of these jurisdictions, 36 are in the Midwest, 35 are in Western states, 27 are in the South, and 9 are in the Northeast. The states with the most jurisdictions using racial equity tools are California (20), followed by Minnesota (19), and North Carolina (9). These numbers are not accidental as GARE has focused on building regional cohorts, that include both cities and counties, in California, Minnesota, and North Carolina. This work has resulted in clusters of jurisdictions in these states working with GARE and/or PolicyLink. For example, in Hennepin County, Minnesota, the county itself and eleven proximal cities are all working with GARE and/or PolicyLink.

There is also regional diversity in the number of jurisdictions working with either GARE, PolicyLink, or both. Most jurisdictions working only with GARE are located in the Midwest and the West, while a majority of jurisdictions working only with PolicyLink are located in the South. Jurisdictions working with GARE and PolicyLink are located primarily in the South and West (Figure 4).

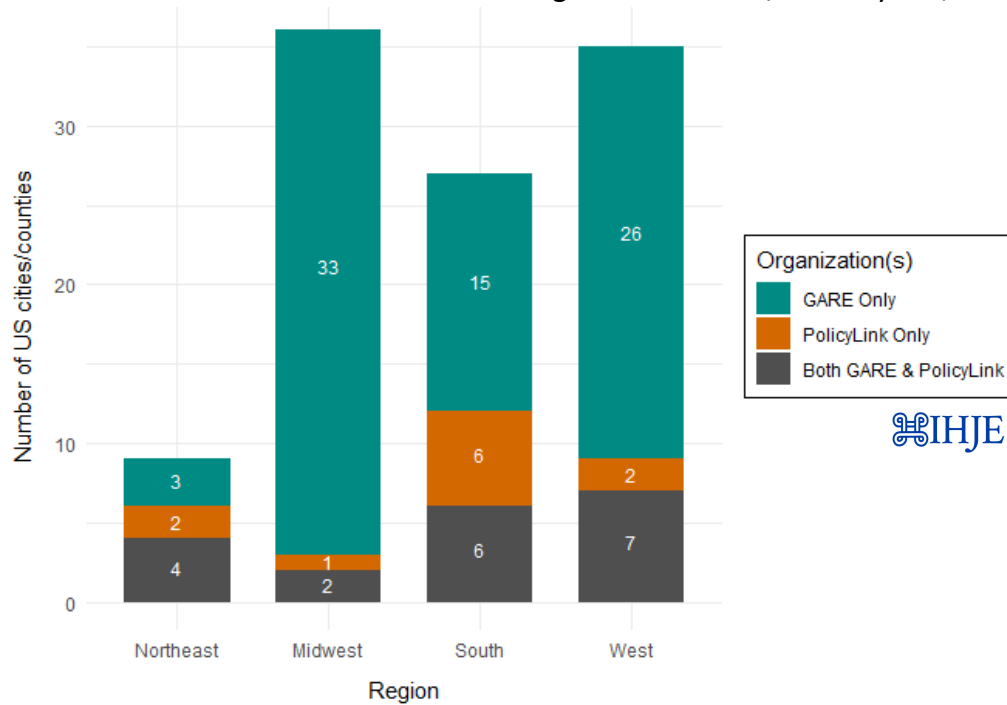
Figure 3. Jurisdictions working with GARE and/or PolicyLink, by state and region, 2020



Source: Institute for Healing Justice and Equity and Center for Health Law Studies at Saint Louis University, 2019; Government Alliance on Race and Equity and PolicyLink, accessed 2019.

Note: GARE = Government Alliance on Race and Equity. A total of 107 jurisdictions are working with GARE and/or PolicyLink.

Figure 4. Regional breakdown of cities and counties working with GARE and/or PolicyLink, 2020



Source: Institute for Healing Justice and Equity and Center for Health Law Studies at Saint Louis University, 2019; Government Alliance on Race and Equity and PolicyLink, accessed 2019.

Note: A total of 107 cities and counties were working with GARE or PolicyLink.

Jurisdictional Policy Priorities and Changes

The influence of working with GARE and PolicyLink on policy change was not clear from our initial online research, so we conducted a survey and a review of laws in those jurisdictions.

Racial Equity Tools Use Survey

For the survey, we had email information for individuals from 87 of the 107 jurisdictions who we contacted to participate in our study survey (Table 4).

Table 4. List of 87 jurisdictions contacted to participate in the survey of racial equity tools use, 2019

State	Contacted Jurisdictions
California	Alameda County, Berkeley, Contra Costa County, Elk Grove, Hayward, Long Beach, Marin County, Monterey County, Richmond, Sacramento, Salinas, Napa County, Oakland, San Francisco, Santa Clara County
Colorado	Boulder, Boulder County, Denver, Fort Collins
*	District of Columbia
Florida	Gainesville
Georgia	Atlanta
Iowa	Dubuque, Iowa City
Illinois	Peoria
Indiana	South Bend
Louisiana	New Orleans
Maryland	Takoma Park
Massachusetts	Boston, Brookline
Michigan	Ann Arbor, Grand Rapids, Macomb County, Washtenaw County
Minnesota	Bloomington, Brooklyn Center, Edina, Hennepin County, Hopkins, Minneapolis, Minnetonka, Rochester, Roseville, Saint Paul, St. Anthony, St. Louis Park
Missouri	Kansas City
North Carolina	Asheville, Carrboro, Chapel Hill, Charlotte, Durham, Durham County, Mecklenburg County, Orange County, Raleigh
New Mexico	Albuquerque, Santa Fe
New York	Buffalo, Long Island, New York
Ohio	Cincinnati
Oregon	Lane County, Multnomah County, Portland
Pennsylvania	Lancaster, Philadelphia, Pittsburgh
Tennessee	Knoxville, Memphis, Nashville
Texas	Austin, Dallas, Houston, San Antonio
Virginia	Richmond
Washington	King County, Seattle, Tacoma, Tukwila, Vancouver
Wisconsin	Dane County, Madison, Middleton, Milwaukee County

Source: Institute for Healing Justice and Equity and Center for Health Law Studies at Saint Louis University, Survey of Local Governments and Community Groups Using Racial Equity Tools, 2019.

*The District of Columbia is treated as a jurisdiction and there is no corresponding state.

We received responses from 24 jurisdictions that provided us with new information about their work with GARE and/or PolicyLink as well as their use of racial equity tools. The survey gave us a broad sense of whether the 24 jurisdictions that answered were using racial equity tools and how they were using the tools. In particular, 17 of the 24 jurisdictions said that after using racial equity tools they had identified at least one of the SDOH and/or racial equity as priorities for changing laws and policies. More specifically, 12 prioritized policy change related to employment, 11 named race in all policies as a priority, 7 prioritized housing, 3 prioritized education, and 2 prioritized health care, as shown in Table 5.

Table 5. List of 17 jurisdictions that identified the SDOH and/or racial equity as policy priorities, 2019

State	Jurisdiction	Racial Equity Tool(s) Used			Policy Priorities				
		GARE	PolicyLink	Both	Education	Employment	Health Care	Housing	Racial Equity in All Policies
California	Hayward	✓				✓			✓
Colorado	Boulder	✓				✓			
Iowa	Dubuque	✓			✓	✓	✓	✓	
Maryland	Takoma Park	✓							✓
Massachusetts	Brookline	✓				✓		✓	
Michigan	Ann Arbor	✓				✓		✓	✓
	Washtenaw County	✓							✓
Minnesota	Minneapolis			✓		✓		✓	✓
	Rochester	✓				✓		✓	✓
	Roseville	✓				✓			
New York	New York			✓		✓			✓
North Carolina	Asheville			✓	✓	✓		✓	
Pennsylvania	Philadelphia			✓		✓			
Tennessee	Nashville		✓						✓
Washington	King County	✓			✓	✓	✓	✓	✓
	Seattle	✓							✓
Wisconsin	Milwaukee County	✓							✓

Source: Institute for Healing Justice and Equity and Center for Health Law Studies at Saint Louis University, Survey of Local Governments and Community Groups Using Racial Equity Tools, 2019.

Note: GARE = Government Alliance on Race and Equity.

The 17 jurisdictions that discussed their use of racial equity tools in the survey are racially diverse. As shown in Table 6, overwhelmingly white communities like Dubuque, Iowa (90% white) and Asheville, North Carolina (84% white) are using these tools to prioritize policy. As are cities that are more racially and ethnically diverse, like Philadelphia, Pennsylvania (7% Asian, 42% Black, 41% white, and 15% Latino) and Hayward, California (27% Asian, 10% Black, 35% white, and 40% Latino).

Table 6. Demographic information for the 17 jurisdictions that identified the SDOH and/or racial equity as policy priorities, 2015-2019

		Population Estimate Race and Ethnicity Percentages*								
State	Jurisdiction	Total Population Estimate	Asian	Black or African American	Native Hawaiian and Other Pacific Islander	Native American and Alaska Native	White	Other Race	Two or More Races	Hispanic or Latino
California	Hayward	159,293	27.2%	9.6%	2.2%	0.8%	35.1%	18.0%	7.2%	40.3%
Colorado	Boulder	106,392	5.8%	1.2%	0.1%	0.2%	87.4%	1.5%	3.8%	9.7%
Iowa	Dubuque	58,196	1.3%	5.2%	0.8%	0.3%	89.8%	0.7%	1.9%	2.6%
Maryland	Takoma Park	17,672	5.3%	33.0%	0.0%	0.2%	50.5%	5.7%	5.4%	11.6%
Massachusetts	Brookline	59,180	17.3%	3.2%	0.0%	0.2%	72.0%	2.1%	5.1%	6.8%
Michigan	Ann Arbor	120,735	16.9%	6.8%	0.1%	0.4%	71.1%	0.7%	4.1%	4.8%
Michigan	Washtenaw County	367,000	9.1%	11.9%	0.0%	0.4%	73.6%	0.8%	4.2%	4.7%
Minnesota	Minneapolis	420,324	5.9%	19.2%	0.0%	1.4%	63.6%	5.0%	4.8%	9.6%
Minnesota	Rochester	115,557	7.3%	8.2%	0.1%	0.5%	79.4%	1.1%	3.4%	5.9%
Minnesota	Roseville	36,026	8.7%	8.4%	0.0%	0.6%	76.6%	0.9%	4.8%	3.8%
New York	New York	8,419,316	14.1%	24.3%	0.1%	0.4%	42.7%	14.7%	3.6%	29.1%
North Carolina	Asheville	91,560	1.7%	11.2%	0.3%	0.4%	84.0%	0.5%	1.9%	6.8%
Pennsylvania	Philadelphia	1,579,075	7.2%	42.1%	0.0%	0.4%	40.7%	6.5%	3.1%	14.7%
Tennessee	Nashville	663,750	3.7%	27.6%	0.1%	0.2%	63.5%	2.4%	2.6%	10.5%
Washington	King County	2,195,502	17.6%	6.5%	0.8%	0.6%	64.0%	4.2%	6.4%	9.7%
Washington	Seattle	724,305	15.4%	7.3%	0.3%	0.5%	67.3%	2.3%	6.9%	6.7%
Wisconsin	Milwaukee County	951,226	4.3%	26.4%	0.0%	0.6%	59.2%	5.8%	3.7%	15.0%

Source: Institute for Healing Justice and Equity and Center for Health Law Studies at Saint Louis University, 2019; Government Alliance on Race and Equity and PolicyLink, accessed 2019; 2015-2019 American Community Survey 5-Year Estimates, United States Census Bureau, accessed 2021.

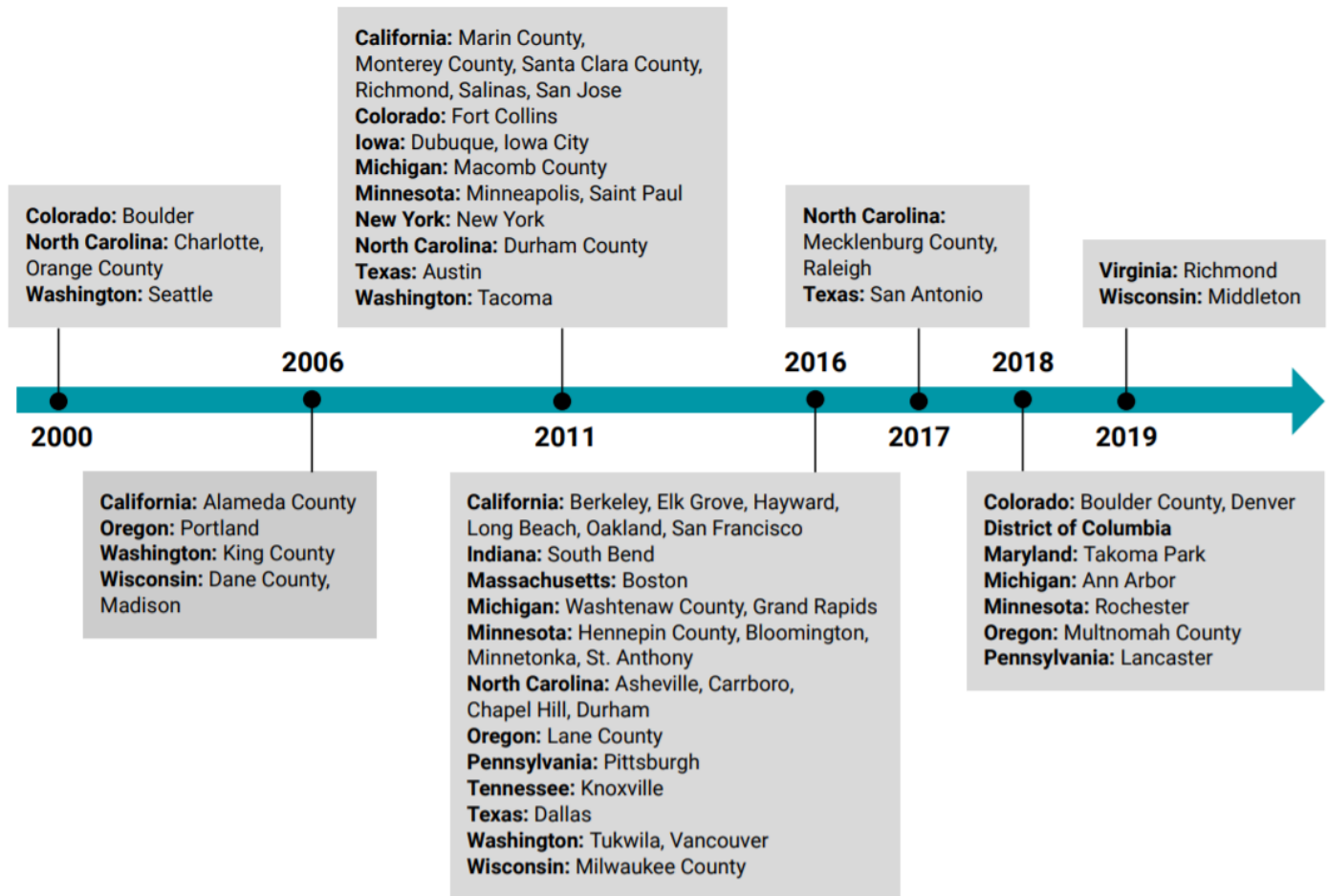
*Based on the reporting of Hispanic or Latino origin by the US Census Bureau. As noted by the US Census Bureau: Hispanic or Latino origin can be viewed as the heritage, nationality, lineage, or country of birth of the person or the person’s parents or ancestors before arriving in the United States. People who identify as Hispanic, Latino, or Spanish may be of any race.

Even though some of the surveyed jurisdictions said they had identified at least one of the SDOH and/or racial equity as priorities for changing laws and policies, we wanted to determine if this translated into change, so we tracked and mapped laws associated with eradicating systemic racism and the SDOH.

Review of Enacted Laws Related to Systemic Racism and the SDOH

In order to understand the association between racial equity tool use and law and policy change, we needed to know when jurisdiction’s started using racial equity tools. Policylink’s website did not provide years, while GARE’s website provided the year that 63 of the 107 jurisdictions started their racial equity work, which is shown in Figure 5.

Figure 5. Timeline of jurisdictions starting racial equity work as indicated by GARE, by state, 2000-2019



Source: Institute for Healing Justice and Equity and Center for Health Law Studies at Saint Louis University, 2019; Government Alliance on Race and Equity and PolicyLink, accessed 2019.

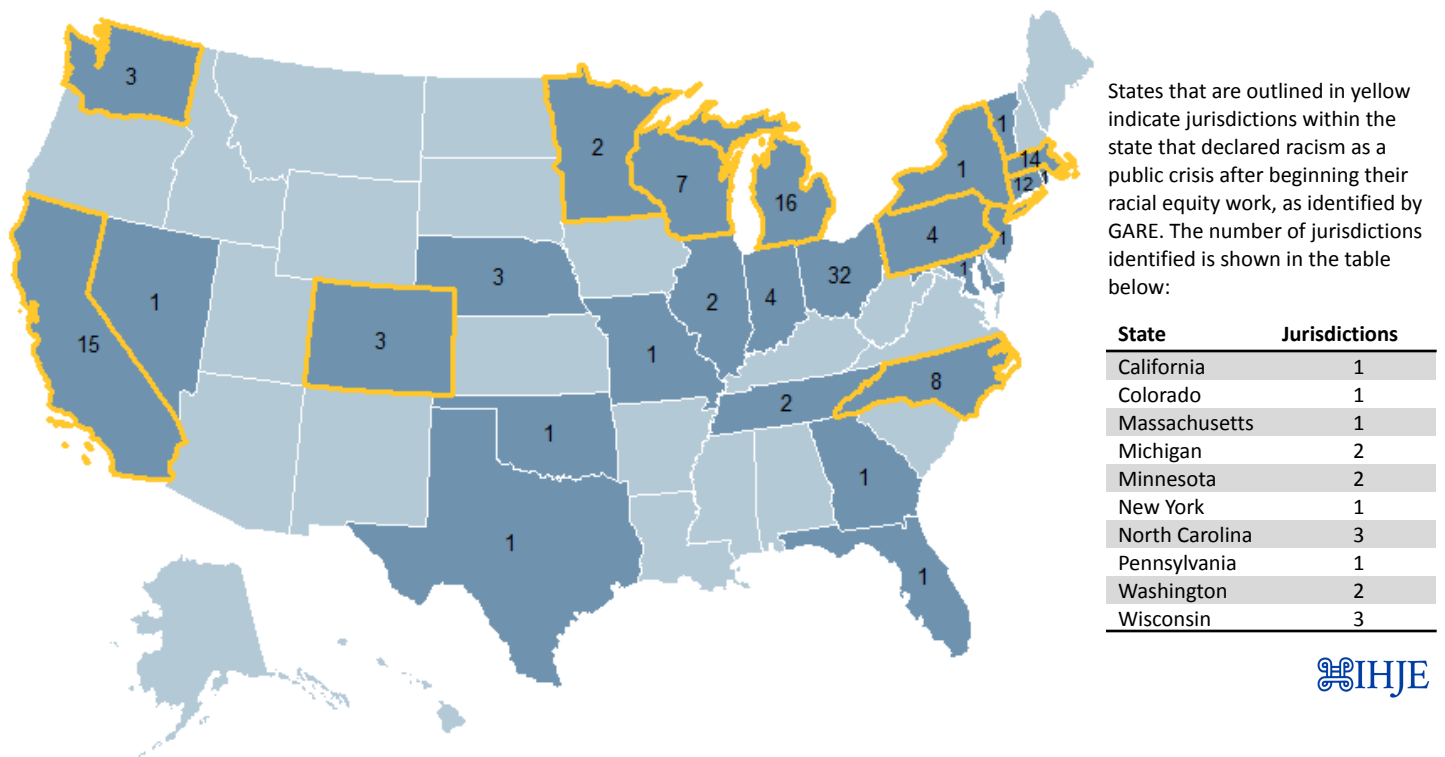
Note: GARE = Government Alliance on Race and Equity.

The dates provided by GARE’s website were not consistent, some jurisdictions had a specific date, others had a range of dates, and still, others were anticipated dates for when the racial equity work would begin. However, the dates gave us a clearer picture of the timeline of racial equity work in these jurisdictions. Building off of this work, we tracked how and when these jurisdictions were enacting or modifying laws and policies addressing systemic racism and the SDOH.

We initially tracked jurisdiction’s enactment or modification of minimum wage, paid sick leave, funding for pre-K, inclusionary zoning, and racism as a public health crisis laws and policies. However, as a result of the COVID-19 pandemic, throughout 2020 and 2021, numerous federal, state, and local laws were enacted that significantly changed paid sick leave, funding for pre-K, and protections for housing in these jurisdictions. Thus, we are only reporting our findings regarding racism as a public health crisis and minimum wage because changes to these laws and policies were minimal.

During this study, we diligently tracked all the jurisdictions that had formally declared racism as a public health crisis.⁴² As of December 2020, we found that at least 138 jurisdictions declared racism as a public health crisis through some formal legal action, such as ordinances, executive orders, resolutions, declarations, or statements (Figure 6).⁴² Ordinances and executive orders are binding laws. Resolutions, declarations, and statements are not binding law, but can acknowledge and address issues, such as systemic racism and the SDOH.

Figure 6. Cities and counties that have declared racism as a public health crisis, by state, 2020



Source: Institute for Healing Justice and Equity and Center for Health Law Studies at Saint Louis University; Government Alliance on Race and Equity and PolicyLink, accessed 2019; Institute for Healing Justice and Equity, Racism is a Public Health Crisis, 2020.

Note: GARE = Government Alliance on Race and Equity. A total of 138 jurisdictions have declared racism as a public health crisis as of December 2020. Of the 138 jurisdictions that have declared racism as a public health crisis, 17 jurisdictions started their racial equity work, as identified by GARE, prior to declaring racism as a public health crisis.

Of the jurisdictions identified as working with GARE that had start dates, 17 declared racism as a public health crisis. All of these jurisdictions started racial equity work with GARE before declaring racism as a public health crisis. Additionally, many of these jurisdictions were the first to declare racism as a public health crisis.

For example, on April 29, 2019, Milwaukee County, Wisconsin was one of the first places to enact an ordinance declaring racism as a public health crisis, and the City of Milwaukee quickly followed in July 2019. Pittsburgh, Pennsylvania, also recognized racism as a public health crisis in 2019. Although the 17 jurisdictions are spread throughout the country, a majority are located in North Carolina and Wisconsin (Table 7).



Table 7. Jurisdictions that declared racism as a public health crisis after starting racial equity work, by state and organization, 2020

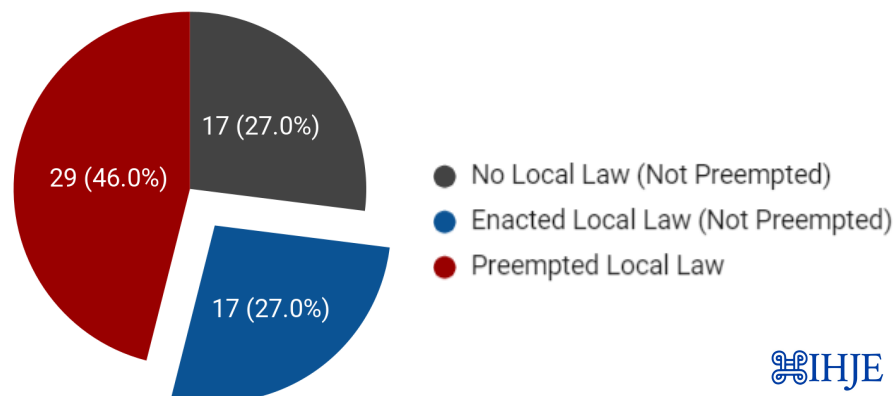
State	Overall	GARE Only	Both GARE & PolicyLink
California	San Francisco	San Francisco	
Colorado	Denver		Denver
Massachusetts	Boston		Boston
Michigan	Ann Arbor Washtenaw County	Ann Arbor Washtenaw County	
Minnesota	Hennepin County Minneapolis	Hennepin County	Minneapolis
New York	New York		New York
North Carolina	Charlotte Durham County Mecklenburg County	Durham County Mecklenburg County	Charlotte
Pennsylvania	Pittsburgh		Pittsburgh
Washington	King County Tacoma	King County	Tacoma
Wisconsin	Dane County Madison Milwaukee County	Dane County Madison Milwaukee County	

Source: Institute for Healing Justice and Equity and Center for Health Law Studies at Saint Louis University; Government Alliance on Race and Equity and PolicyLink, accessed 2019; Institute for Healing Justice and Equity, Racism is a Public Health Crisis, 2020.

Note: GARE = Government Alliance on Race and Equity. A total of 17 jurisdictions started their racial equity work, as identified by GARE, prior to declaring racism as a public health crisis.

We also tracked the enactment or modification of minimum wage laws, which there is an evidence base that the law improves overall health, for the jurisdictions identified as working with GARE that had start dates.^{43, 44} We looked at a 30 year period of time for minimum wage laws to understand the impact of racial equity work on law and policy changes, which for some places began in 2000. We reviewed laws beginning in 1990 to get a sense of the legal landscape before racial equity work began and continued through 2020, when we completed our research. Our findings are in Figure 7 and Table 8.

Figure 7. Local minimum wage laws and state preemption for jurisdictions that started racial equity work (N=63), 1990-2020



Source: Institute for Healing Justice and Equity, 1990-2020 Minimum Wage Legal Mapping, 2021.

Note: GARE = Government Alliance on Race and Equity. A total of 17 jurisdictions that started racial equity work, as identified by GARE, enacted a local minimum wage law and was not preempted. A total of 29 jurisdictions that started racial equity work were preempted by the state from enacting local minimum wage laws. A total of 17 jurisdictions that started racial equity work had no local minimum wage law and were not preempted.

Table 8. Minimum wage laws and state preemption for jurisdictions (N=63), 1990-2020

State	No Local Law (Not Preempted)	Enacted Local Law (Not Preempted)	Preempted Local Law
California	Alameda County, Elk Grove, Monterey County, Salinas, Santa Clara County	Berkeley, Hayward, Long Beach, Marin County, Oakland, Richmond, San Francisco, San Jose	
Colorado*	Boulder, Boulder County, Fort Collins	Denver	
**		District of Columbia	
Indiana			South Bend
Iowa			Dubuque, Iowa City
Maryland		Takoma Park	
Massachusetts		Boston	
Michigan			Ann Arbor, Grand Rapids, Macomb County, Washtenaw County
Minnesota	Bloomington, Minnetonka, Rochester, St. Anthony, Hennepin County	Minneapolis	Saint Paul
New York		New York	
North Carolina			Asheville, Carrboro, Chapel Hill, Charlotte, Durham, Durham County, Mecklenburg County, Orange County, Raleigh
Oregon			Lane County, Multnomah County, Portland
Pennsylvania			Lancaster, Pittsburgh
Tennessee			Knoxville
Texas			Austin, Dallas, San Antonio
Virginia	Richmond		
Washington	Tacoma***, Tukwila, Vancouver	King County, Seattle	Dane County, Milwaukee County
Wisconsin			Madison, Middleton

Source: Institute for Healing Justice and Equity, 1990-2020 Minimum Wage Legal Mapping, 2021.

*The state of Colorado preempted local minimum wage laws and then later repealed their preemption.

**The District of Columbia is treated as a jurisdiction and there is no corresponding state.

***Tacoma enacted a minimum wage law after beginning their racial equity work but repealed it after the state of Washington enacted a law with a higher minimum wage.

Of these jurisdictions, 17 enacted or modified their minimum wage laws, while 29 jurisdictions were prevented from enacting minimum wage laws because of state preemption laws. The enactment and modification of minimum wage laws in jurisdictions was not necessarily after jurisdictions began their racial equity work, unlike the formal declarations for racism as a public health crisis.

For example, Boston, Massachusetts enacted and modified their local minimum wage laws at least three times before they started racial equity work. In comparison, San Jose, California enacted and modified their local minimum wage laws at least twice after that they started racial equity work. Finally, Minneapolis, Minnesota enacted a local minimum wage law before they started racial equity work and revised their minimum wage law after they started racial equity work.

In summary, based on the survey results and legal mapping, we found that a number of jurisdictions working with GARE and/or PolicyLink prioritized and enacted laws and policies to address systemic racism and the SDOH. Yet, the connection between working with GARE and/or PolicyLink and these changes was still not explicitly clear. Thus, we interviewed three jurisdictions working with GARE and/or PolicyLink to better understand the connection as well as their challenges and successes in addressing systemic racism and the SDOH.

Jurisdictional Use of Racial Equity Tools

“Progress is [often] in the context of failure,” meaning that while failure may happen, if it is acknowledged and learned from, progress can be made. This sentiment was repeated by each of the interviewed jurisdictions. For example, one interviewee noted that:

“I think some of the failures we had, [were because] ... a lot of our first focus was really on our service delivery and our work to change the racial disparities in our service delivery, very externally-focused without paying attention to what was going on with our employees in the organization. If people in our organization aren’t feeling respected and valued, they’re not going to be able to deliver on equity for the community. So, that really required us to shift our focus on dealing with a lot of that internal work, and we are still dealing with it.”

Every jurisdiction faces challenges in using racial equity tools to address systemic racism, yet many have overcome these challenges to achieve change. Between October and December 2020, we conducted interviews to gain a better understanding of the challenges and successes in using racial equity tools to address systemic racism and the SDOH. Three jurisdictions (Seattle, Washington; King County, Washington; and Philadelphia, Pennsylvania) were chosen for these interviews primarily because of their work with GARE and/or PolicyLink, their use of racial equity tools, their geographic and governmental diversity, and their enactment of one of the laws and policies to address the SDOH. At least two interviews were conducted in each of these jurisdictions.

Interviews of Three Jurisdictions Working with GARE and PolicyLink

Our interviews made it clear that racial equity tools, by themselves, are not enough to effectuate change. One jurisdiction noted that “[s]ometimes racial equity tools are used to justify really racist decisions, [especially] in ways that [are] not transparent or accountable at all. So, [having] racial equity tools [is great but we still have to] make sure [they are] not [being] used to rubber stamp racist processes.”

Using racial equity tools to achieve racial equity takes time. According to interviewees, racial equity is, “a slow building process where part of the challenge is the issue of time because, often, expectations are that things have to get done right away.” Each organization went through a cycle of racial equity tool use, including strategic planning, training, implementation, workplace change, law and policy change, and evaluation as illustrated by Figure 8.

Figure 8. Cycle of Racial Equity Tool Use Model, 2021



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Note. This model was produced by Charysse Gibson, Crystal N. Lewis, and Ruqaiijah Yearby in 2021, illustrating the cycle of racial equity tool use in government organizations to address systemic racism and the social determinants of health, which includes stages of strategic planning, implementation, change, evaluation, workplace change, and law and policy change. Copyright 2021 by Charysse Gibson, Crystal N. Lewis, & Ruqaiijah Yearby.

When interviewed, each jurisdiction was at a different place in the cycle of racial equity tool use. King County, Washington started their work with “a very intentional focus on equity and social justice ... and really started with the data around racial disparities in the county” in 2008. Racial Equity work began in Seattle, Washington around 2004, while Philadelphia, Pennsylvania began its work in 2016.

For sustained change in these jurisdictions, racial equity tool use not only had to become an integral part of everything the government did, but it also had to be supported by leadership. As noted by an interviewee, “Leadership was more intentional around foundation, as opposed to just putting something out there and trying to get it done. There has been a lot of incremental work for [this] to be sustainable.”

Below, we provide available examples of each interviewed jurisdiction’s use of racial equity tools for strategic planning, training, implementation, change, and evaluation. We also provide relevant quotes from our interviews that match each of these examples as well as challenges experienced by these jurisdictions.

Strategic Planning

Strategic planning is a process that may involve “designing exercises and facilitating discussions to develop the content for the plan, such as outcomes, actions, and recommendations.”⁴⁵ Strategic planning generally happens broadly across various organizations and entities. Each of the locations interviewed had a strategic plan specific to racial equity (Table 9). In these jurisdictions, the strategic planning process often started with a

broad commitment to racial equity, leading to the creation of a racial equity plan with specific goals and steps to achieve racial equity (Table 9).

Table 9. Strategic Planning Examples from Interviewed Jurisdictions, 2020

Jurisdiction	Racial Equity Strategic Planning Examples
King County, WA	King County Equity and Social Justice (ESJ) Strategic Plan, 2016-2022
Seattle, WA	Race and Social Justice Initiative (RSJI) 2019-2021 Strategy
Philadelphia, PA	City of Philadelphia Racial Equity Action Plan
Jurisdiction	Strategic Planning Quotes
King County, WA	<ul style="list-style-type: none"> • “The first-ever <u>countywide</u> strategic plan was in 2010. [That was] the first time a theory of change was articulated ...[especially being] <u>explicit in leading with racial justice and equity</u> (the Fair and Just Principle). This strategic plan gave [us] the opportunity to finally <u>weave together the narratives</u> of racial equity and the social determinants of health.” • “A lot of jurisdictions [tend to] stay at the 30,000-foot level [with their strategic plans, however, King County] did not do that ... [it included] <u>involvement, engagement, and concerns [from] communities and employees.</u>” • “A <u>mid-cycle strategic plan review</u> [was done] to be really honest about where [there were] successes, and where ... [there was] not enough progress.”
Seattle, WA	<ul style="list-style-type: none"> • “[One of the] main strategies in the strategic plan ... is to <u>drive diversity, equity, and inclusion.</u>” • “[The tools have] helped make more racially equitable plans.”
Philadelphia, PA	<ul style="list-style-type: none"> • “<u>Each department ... submits a racial equity action plan</u> that [should span] over the next several years.” • “[The city has] engaged a vendor for technical assistance ... the vendor uses [a] <u>results-based accountability approach</u> to work with the departments in developing an action-oriented plan that is as impactful as that department can be within its line of [expertise].”

Source: Institute for Healing Justice and Equity, Racial Equity Tools Use by Jurisdictions Case Study Interviews, 2020.

Training

The strategic plans often resulted in the creation of a modified racial equity tool (Table 10). Additionally, each interviewed jurisdiction requires racial equity tool training for all of their employees. Before an employee attends the training “some baseline [information] from participants about what they understand” about racial equity is assessed.

As one interviewee noted, “[this is] because it is unreasonable to ask people to identify systemic inequities if they have no idea what inequities are or what systems are. Or what race means [and] that [does] not just [mean] implicit bias [but also] that policies have contributed to structural racism. If people don’t have that understanding... [and] most adults do [not] have that understanding because of [the American] education system, then how can [leadership] expect employees to do the work [without providing] a baseline?”

Training is important because: “[it is helpful for all staff] to [obtain a] shared understanding [of] both implicit and explicit bias and that racism is [not] just [about] individuals, [it is] also institutional and systemic. [Doing] that [was] deeply impactful, [especially regarding] interrupted defensiveness.”

Thus, most trainings examined institutional, structural, and systemic racism, going beyond a discussion of individual behaviors, which are a central part of traditional implicit bias and/or diversity, equity, and inclusion training. The training also focused on operationalizing racial equity through data collection and team building (Table 10).

Table 10. Localized Tool Modifications and Training Examples from Interviewed Jurisdictions, 2020

Jurisdiction	Examples of Localized Racial Equity Tool Modifications
King County, WA	Equity Impact Awareness Tool
Seattle, WA	Racial Equity Toolkit, Condensed Version
Philadelphia, PA	
Jurisdiction	Racial Equity Training Quotes and Examples
King County, WA	<ul style="list-style-type: none"> • “A <u>consultant</u> was hired to help co-lead the training.” • “Teams do racial equity tool <u>cohort training(s)</u> together through a <u>three-day intensive course</u> on racial equity; [parsing out] race, racism, and whiteness. The <u>entire team [would] debrief</u> about what was learned and the team <u>started to apply those learnings</u> to specific tasks at hand for that particular day.” • “Being in the cohort, <u>leadership</u> built relationships and partnerships with their teams, so the process was not just handing off [the] coaching and learning responsibilities.” • “A lot of times, the first thing [people] say is, ‘well, this doesn’t apply to us,’ or, ‘[I] don’t understand.’ But when you actually go through a three-day racial equity training that <u>includes a lot of application</u>, then all of a sudden they see it in everything.”
Seattle, WA	<ul style="list-style-type: none"> • Seattle’s racial equity tool training is called Race: the Power of an Illusion 8 hour video training series • “In a recent training about achieving racial equity, [the instructor reiterated that cities] should [not] only be consistent [in] <u>collecting data</u>; [but also] [in] how [the] data [is being] collected within their county and even with [their] state in order to make [appropriate] comparisons. The training was <u>provided by the City</u> of Seattle’s Information Technology Department.” • “[There has been] a lot of training, especially during COVID, around <u>trauma-informed care</u>.”
Philadelphia, PA	<ul style="list-style-type: none"> • “Each department meets with [the] <u>technical assistance provider</u> to do foundational equity training.” • “The technical assistance provider does <u>training on measuring success with data and data measurement tools</u>, [as well as] <u>short-term and long-term goals</u> in planning. The technical assistance provider uses <u>a results-based accountability approach</u> in developing an action-oriented plan that is as impactful as that department can be within its line of [expertise]. The [departments] will be working with the technical assistance provider all the way up until they [are] supposed to submit [their] racial equity action plan, which [should span] over the next several years.”

Source: Institute for Healing Justice and Equity, Racial Equity Tools Use by Jurisdictions Case Study Interviews, 2020.

Implementation

Training alone is not enough to address systemic racism, because racism is embedded in governmental actions, processes, and policies. This embedded racism often leads to inequities in the SDOH, especially in employment. Each jurisdiction has worked to implement changes in how their government functions as a way to eradicate systemic racism, as well as providing a budget to support those activities. Examples of budget documents and the implementation of racial equity in budgeting and employment are shown in Table 11.

Table 11. Implementation Examples from Interviewed Jurisdictions, 2020

Jurisdiction	Racial Equity Budget Examples
King County, WA	Budgets applying an Equity lens
Seattle, WA	Participatory Budgeting Process , Participatory Budgeting Racial Equity Toolkit Worksheet
Philadelphia, PA	
Jurisdiction	Racial Equity Implementation Quotes
King County, WA	<p><u>Budgeting Practices</u></p> <ul style="list-style-type: none"> • “In 2015, [there was a] budget allocat[ion] for <u>the establishment of an Office of Equity & Social Justice</u>.” • “When setting up the FY21-2022 County budget [consideration was given to] investing away from systems that cause harm and investing in [the] community [instead]; <u>a divest-and-invest strategy</u>. [This strategy included having the] budget office participate with [the county’s] pandemic and racism community advisory group.” • “Some departments [also] do an <u>equity review of their entire budget</u>.” <p><u>Employment Practices</u></p> <ul style="list-style-type: none"> • “The biggest change ... is really around <u>hiring practices</u>. A statement of our equity values is at the top of every job description, job announcement, and on job panels. So, we’re getting employees who already come with an interest in doing racial equity work, and we’re getting them the tools, and the training upfront to really embed this in their work. [This also means] making sure to <u>create the conditions</u> under which they can succeed in that work, otherwise, they are not going to stick around.” • “[There are] lots of different efforts underway around <u>workforce and workplace equity</u>.”
Seattle, WA	<p><u>Budgeting Practices</u></p> <ul style="list-style-type: none"> • “[Around 2006] the City Council and the Mayor started putting out resolutions and more directives to start looking at our programs, policies, procedures, and <u>budget proposals with [a] racial equity lens</u>.” • “<u>The construction team</u> started to really think about the different ways inequity could play out; [specifically] they <u>used the tool kit</u> to start looking at how they replace/fix elevators. Then they <u>proactively started building a dashboard [for] the languages of the people that live in the buildings</u> for when there [may be] an elevator repair/outage. So, instead of a last-minute after-the-fact translation [of] a flier from a property manager, [the construction team] built [that] into their program plan from the beginning. <u>Now [this is] built into [the] budget [and is] part of the norm</u>; translation [and] interpretation [are not] seen as afterthoughts [but] integral to the process.” <p><u>Employment Practices</u></p> <ul style="list-style-type: none"> • “A [great] way to show employees appreciation is through <u>professional development</u> about something that is beyond just the scope of [their expertise].”
Philadelphia, PA	<p><u>Budgeting Practices</u></p> <ul style="list-style-type: none"> • “In FY21 there was <u>a large funding investment toward racial equity</u> from the City.” • “<u>The budget office</u> has helped tremendously because when departments have to submit their materials to the budget office, they have to <u>answer questions about how their budget request will impact equity</u> on the operating side and on the capital side.” • “[Issues identified from the assessments are] used [in] <u>budget meetings</u>.” <p><u>Employment Practices</u></p> <ul style="list-style-type: none"> • “[There was] a project pilot with the department of Parks and Recreation looking at particular positions that had about 80% white employees whereas the city [as a whole has an] ~65% diverse [employee population]. When looking at that particular position, the <u>hiring pathways</u> [were] aggregated by race and ethnicity. [We] found that there were particular <u>barriers that impacted the diversity of the position</u>, the main one being the written examination. [Additionally, the City of Philadelphia does] a rule of two, [meaning that it has] to hire based on how candidates score on a test. [This] locked in who got placed as the top ten [candidates] and if that top ten was [a] majority [of] white [people] then that [was] the pool. [However,] as a result [of these findings], the [City] Commissioner changed the written exam to an oral exam instead. [After that change] people of color went from being ~10-12% of the top scores to ~60% of the top [scores for these positions].”

Source: Institute for Healing Justice and Equity, Racial Equity Tools Use by Jurisdictions Case Study Interviews, 2020.

Workplace Change

Each interviewed jurisdiction started small and then expanded when implementing and using racial equity tools. Philadelphia “approached [racial equity work] with small bites and did some pilot projects and [a few] in particular resonated well. It also established [racial equity] norms as a city so that [the work could] be long-lasting even after [the current] Mayor’s [term].” The pilots really helped to [transform the work] “from a theoretical to a concrete perspective of what equity looks like and the value that it brings. [They] helped to make the case for pushing an equity lens citywide.”

King County “started their cultural shift [by] asking each department to make commitments for advancing [racial equity] work.” Then “each department did a little data work [to] understand the racial impact of their services [by] looking at the racial composition of each department’s workforce and their clients. Each department then made commitments in areas that they felt they could pursue.”

Seattle’s work started small, but was supported by the city council, which was important. “[Having a positive racial equity statement and] tone [coming from] the top is very important ... [because it provides] some criteria, some law, some best practice, and/or some professional organization saying this is how it [is] done.”

Examples of documents that each jurisdiction uses to achieve workplace changes and quotes about their work are in Table 12.

Table 12. Workplace Change Examples from Interviewed Jurisdictions, 2020

Jurisdiction	Racial Equity Workplace Change Examples
King County, WA	Leading with Racial Justice , King County’s Journey in Institutionalizing Equity and Social Justice
Seattle, WA	RSJI: Building a Relational Culture , RSJI: Why lead with Race? , RSJI: Organization Chart
Philadelphia, PA	Office of Diversity, Equity, & Inclusion , Workforce Diversity Profile Report , Employee Resource Groups
Jurisdiction	Racial Equity Workplace Change Quotes
King County, WA	<ul style="list-style-type: none"> “We started really simply, [with] each department doing that data work of <u>understanding the racial impact of their services</u>, and then looking at the <u>racial composition of their workforce and their clients</u>.” “A lot of work for <u>leadership</u> initially was to be out with employees, in large and small settings, in teams [and] focus groups. [The goal was just to] get this knowledge and application [across].” “<u>Leadership</u> realized that if people are not feeling respected and valued, then they are not going to be able to deliver on equity for the community. That meant <u>shifting the focus on doing that internal work</u>, and that is ongoing.”
Seattle, WA	<ul style="list-style-type: none"> “It was [not] about [just] doing the toolkit process, but also <u>about creating a culture</u> [that] is always looking at [the] relevant data available [and] always talking with people most impacted.” “Sometimes [employees] were using these tools and sometimes they were not and [this came down to a] classic <u>workplace culture</u> [issue].”
Philadelphia, PA	<ul style="list-style-type: none"> “Racial equity occupied the narrative at the <u>highest level of government</u>. [There] was a shift at some point from talking about diversity and inclusion to [then] talking about equity.” “Whether it [is] <u>planning and development, commerce, the different offices, or the health department</u>, [racial equity work has] permeated the fabric of [the] government at a very high level.” “A <u>pilot project</u> that resonated looked at data from different neighborhoods and the city’s response time to complaints. The data found that communities of color waited longer on average than less diverse communities. In using a <u>data-driven approach</u>, it nailed down other variables that should be considered in responding to different communities for more fair and equitable service delivery.”

Source: Institute for Healing Justice and Equity, Racial Equity Tools Use by Jurisdictions Case Study Interviews, 2020.

Law and Policy Change

Not only has each jurisdiction tried to adopt changes to how it operates, but also each jurisdiction has tried to address systemic racism and the SDOH through law and policy changes. Examples of racial equity ordinances as well as quotes about law and policy changes addressing systemic racism and the SDOH are provided in Table 13. The law and policy changes were implemented through different types of measures (i.e. ordinances, executive orders, resolutions, declarations, and statements), yet each illustrates a step forward in acknowledging and addressing systemic racism and the SDOH.

Table 13. Law and Policy Change Examples from Interviewed Jurisdictions, 2020

Jurisdiction	Racial Equity Law and Policy Examples
King County, WA	Implementation of the Fair and Just Principle - Ordinance 16948 , ESJ: Executive Order (ACO 9-2) , Racism is a Public Health Crisis Resolution
Seattle, WA	Racial Equity Resolution: Resolution 31164 , Core Values of Race and Social Equity: Resolution 37577
Philadelphia, PA	Office of Diversity, Equity, & Inclusion: Executive Order No. 1-16 , Racial Equity Initiative: Executive Order No. 1-20 , Racism as a Public Health Crisis Statement
Jurisdiction	Racial Equity and SDOH Law & Policy Quotes
King County, WA	<ul style="list-style-type: none"> • “[The ordinance] defines [the] social, economic, [and] physical conditions that [King County] wants everybody to have access to, which was based on the social determinants of health such as housing, transportation, [the] criminal justice system, and the legal system [generally].” • “[The County has been] in close partnership with many partners, [especially around] developing the Best Starts for Kids levy [to pay for early childhood education].” • “[There is a] regional affordable housing task force. The last few years, the work has really been to have a stronger community perspective in decisions about policies and strategies, including revenue, distribution of housing, ... [and] the types of housing, including zoning practices.” • There is a lot of activism around external policy changes, [however, consistent] follow-up [is necessary] which is a lot of work. Minimum wage laws, ... can have a big impact without [as much follow-up], but even [then] the right infrastructure [has to be] in place.”
Seattle, WA	<ul style="list-style-type: none"> • “[Reviews have been done on] paid sick & save time, minimum wage, [and] housing. Ordinances have been passed on these provisions, and] when those ordinances were passed, there was language [included about] measuring how things were before the ordinances and how things were [after their] implementation. There [was also language included about enforcement of the provisions, and luckily] that one little sentence allows [for] enforcement [reviews].” • “[When Seattle] makes a movement on [identified] race and social justice issues, [it considers if] it is related to health, the environment, education, or housing.”
Philadelphia, PA	<ul style="list-style-type: none"> • “[The all-in cities initiative from PolicyLink] team included advocacy folks and a couple of administration folks in planning, housing, and economic development, as well as somebody from city council. [This] team ... engaged around the list of policy recommendations that were in PolicyLink’s various toolkits and focused on the ones that were most relevant for [Philadelphia] and tried to work together as the team to advance some of [them].” • “[There are many] deep discussions about complicated [issues], like inclusionary zoning, [before a policy is passed].” • “[The city is] on track to pass a bill that will ultimately lead to a \$400 million bond issue. [If passed], that will be invested both on neighborhood commercial corridors and on housing.”

Source: Institute for Healing Justice and Equity, Racial Equity Tools Use by Jurisdictions Case Study Interviews, 2020.

Evaluation

Evaluation is a key aspect in learning from success and overcoming challenges, because the only way to measure effectiveness is to assess, review, and revise. Each jurisdiction evaluated its progress in achieving racial equity, as shown in Table 14. Equity assessments (e.g. Equity Impact Assessments, Annual Equity Reports, Annual Follow-up Recommendation Reports, Racial Equity Assessments) were the most common ways used to measure the effectiveness of racial equity tools in the interviewed jurisdictions. Some jurisdictions also sought employee and community feedback concerning the effectiveness of their work.

Table 14. Evaluation Examples from Interviewed Jurisdictions, 2020

Jurisdiction	Racial Equity Tool Evaluation Examples
King County, WA	Equity Impact Review Process Overview , Determinants of Equity
Seattle, WA	RSJI: Surveys & Reports
Philadelphia, PA	Racial Equity Analysis
Jurisdiction	Racial Equity Evaluation Quotes
King County, WA	<ul style="list-style-type: none"> • “At a countywide level, [King County] has been doing ... annual equity reports, [which is] a way to document success(es).” • “Equity impact assessments [help in] thinking about how to do equity reviews, [and especially when thinking about equity] around procurement.” • “Employee engagement survey [in which leadership has] been increasingly intentional [about] building in questions around workplace culture, feeling valued, included, respected, [and] having equitable access to professional development.”
Seattle, WA	<ul style="list-style-type: none"> • “Annual Follow-up Recommendation Reports [are when] all departments must submit some type of evidence [on working toward racial equity].” • “{Assessment occurs through} reevaluation and revision of the [racial equity] tool, such as the Yellow Book Standards [which came out of doing that and] considers stakeholder input [and communities] that are impacted.”
Philadelphia, PA	<ul style="list-style-type: none"> • “After departments have training around racial equity, then they complete the [mayoral required] assessment.” • “All departments complete the assessment.” • “The Racial Equity Assessment focuses on four areas: (1) budget - resource allocation on the operating side with an equity lens, (2) procurement, (3) contracting - engaging diverse business owners, (4) community engagement.” • “Racial Equity Assessment results are analyzed against performance measures.”

Source: Institute for Healing Justice and Equity, Racial Equity Tools Use by Jurisdictions Case Study Interviews, 2020.

Challenges

During their interviews with us, each jurisdiction noted some of the challenges in addressing systemic racism and the SDOH. The primary challenges were buy-in, community engagement, and data collection for racial equity work (Table 15).

Table 15. Challenges and Examples from Interviewed Jurisdictions, 2020

Challenge	Example Quotes
Buy-in	<ul style="list-style-type: none"> • “Even though [we have a great] climate [to do this work, there are] <u>still institutional barriers</u>. [It is still hard] navigating a system ... where the laws and policies are benign and oftentimes neutral but work for the advantage of white people [and] at the disadvantage of people of color. So, tackling that head-on is uncomfortable [from various perspectives] ... [and] it [is] really hard to change it.” • “[Not] everybody has totally bought into the concept [of racial equity]. A lot of times [people say], ‘I don’t have time’ or ‘it [is] not part of my scope of work’. [However], almost everything ... is [because] there [is] some element [related to racial equity], there has to be because [the department] exists for the public, [the department] exists to make [this place] better. <u>Being in [here], [one] lives in this bubble thinking that everybody is for [racial equity but then not] everybody understands it [and not everyone is for it].</u>” • “Leading or sponsoring the work ... especially as a white person, [meant thinking about] how to be in a co-working relationship[s] with people of color [within the organization and community, and also dismantling] the fear or discomfort that a lot of white people have [when] talking about race.” • “[My] department is a good example, [because] [it] started talking the talk ... but not quite walking the walk. <u>Over the course of several years, and a lot of that internal focus, in a very significant way there has [been a] shift in employees’ understanding of the origins of racial [in]justice, [the collective] responsibility to take action on that, and [to] make it better.</u> The work has [now evolved to] become more action-oriented.”
Community Engagement	<ul style="list-style-type: none"> • “<u>There seems to be a lot of siloing and [that has been] challenging [in] pulling together momentum around this [racial equity] work</u>, but [that] could [also] be for various reasons, [for example], the community ... may not believe in this work as much [because] they may feel like [they have already] been there [and tried it]. There are a variety of reasons why [the community is not as] engaged [but] tapping into that will be a part of the work going forward.” • “When [the government does] community engagement, it [is] the checkbox kind. [So, we must] require some level of community process.” • “Why would [anyone] want to engage if [their] voice[s] are [not] really heard and [subsequently their ideas will not] be implemented? <u>[It is] incumbent for [the government] to do that organizing work [internally] so that [it] can actually create [a] space that [is] effective for [the] community when they [do] engage.</u>” • “[Some] folks in government are really afraid [of] interacting with the community. [And while] there [may be] some rational reasons for that, [it] doesn’t mean [it] cannot change or that [there is not a] responsibility to change that.”
Data Collection	<ul style="list-style-type: none"> • “<u>The biggest [barrier] is that folks are [not] keeping good data</u>. For example, we recently [did a review] of the [courts]. When the [courts] gave data, they [said], ‘you [are] not going to see any Latino or Hispanic [populations represented] because [the courts get] the data from the police department and [the police department is] not tracking [that].’ [This was because] Latino and Hispanic [populations were being tracked as] white. This is a problem because when data is captured like this it is as if that population does not exist.” • “<u>Data is a challenge</u>. The tools [we usually use are] PolicyLink and [the National] Equity Atlas. [It is important to have] access to the most up-to-date data to be able to make the most compelling case. [However, getting] granular data to target [specific issues is] a challenge. This is specifically a local level challenge because of a fear [or] maybe nervousness about what can and cannot be shared.” • “Some data are more easily accessible than others. [We] try to strike a balance between understanding both qualitative and quantitative data [as a] part of our racial equity work. <u>[We have] quantitative data</u> that [is] disaggregated by race, ethnicity, income, and so on and so forth. <u>[However, that is] not the only way to understand inequity; there [are] the stories and lived experiences</u>. So, we need to understand how to capture that better.”

Source: Institute for Healing Justice and Equity, Racial Equity Tools Use by Jurisdictions Case Study Interviews, 2020.

In summary, based on our interviews and a review of the available materials, all of the jurisdictions have used racial equity tools to create a strategic plan as well as documents for workplace changes and evaluation. Additionally, all of the jurisdictions have used their racial equity tools to implement organizational and policy

changes, including enacting a racial equity ordinance and/or formally declaring racism as a public health crisis. Seattle and King County have also created budgetary documents and their own racial equity tools.

These foundational steps are key to change. However, each jurisdiction has faced challenges. Each jurisdiction has struggled with incorporating community input, ensuring that the data is complete, and buy-in from all stakeholders. Notwithstanding these challenges, each jurisdiction has achieved successes, including implementing racial equity plans, policies to address racial inequities in employment, and changes in laws and policies to address systemic racism and the SDOH.

Discussion

This is the first study of its kind to catalog governmental efforts working with national groups, such as GARE and PolicyLink, to address systemic racism and the SDOH. Our findings from the study show that a diverse group of jurisdictions, in terms of the type of locality (i.e. cities and counties), size, racial demographics, and regional location are using racial equity tools created by GARE and PolicyLink. Survey and legal mapping results show that many of the jurisdictions using racial equity tools have prioritized policy change to address systemic racism and the SDOH.

Additionally, there is evidence from our interviews and surveys showing that using GARE and/or PolicyLink's racial equity tools has directly influenced changes to internal governmental policies and practices, which ultimately needs to happen before sustainable changes in law and policies can be adopted. This research begins to provide an understanding of how jurisdictions working with GARE and/or PolicyLink are using racial equity tools to address systemic racism and the SDOH. However, racial equity will not happen overnight.

Systemic racism and inequities in the SDOH are a result of centuries of inequality, which will take generations to fix. The nation was created in 1776, but the first non-white President was not elected until 2008, 232 years later; and the first non-white woman was not elected as Vice-President until 2020, 244 years later. Furthermore, research found that “if average Black family wealth continues to grow at the same pace it has over the past three decades, it would take Black families 228 years to amass the same amount of wealth white families have today. That’s just 17 years shorter than the 245-year span of slavery in this country. For the average Latino family, it would take 84 years to amass the same amount of wealth white families have in 2013—that’s the year 2097.”⁴⁶ Thus, it is going to take a long time, even generations, of intentional work to eradicate systemic racism and address the SDOH.

Every jurisdiction is at a different place in the cycle of racial equity tool use, as modeled in Figure 8. Some of the first jurisdictions began working with GARE and/or PolicyLink in early 2000, using their tools to address systemic racism and the SDOH. Since then, many jurisdictions have created their own racial tools, completed strategic plans and training, and implemented these plans as well as laws, policies, and practices to change the workplace and the entire jurisdiction. Some have even begun to evaluate these changes and have used it to revise their strategic planning and training, beginning a new cycle of racial equity tool use. Thus, based on our overall findings, we conclude that cities and counties working with GARE and/or PolicyLink have made some important changes, illustrating their commitment to addressing systemic racism and the SDOH. Yet, the work must continue in order to eradicate systemic racism and address the SDOH.

Data and Methods

This report uses data gathered by a team of Saint Louis University faculty, staff, and students in conjunction with the Institute for Healing Justice and Equity and the Center for Health Law Studies. A total of 107

jurisdictions were identified as working with GARE and/or PolicyLink between June 2019 through August 2019. GARE, PolicyLink, Google, governmental, and other search engines websites were utilized to collect the most robust, comprehensive, and current data on racial equity tool use by the aforementioned national organizations.

The survey of jurisdictions using racial equity tools was conducted through the online survey software, Qualtrics, and collected between September 2019 and November 2019. Of the 87 jurisdictions where individuals were contacted to participate in the survey, individuals from a total of 24 jurisdictions completed the survey—a response rate of 27.6% on the jurisdictional level. Demographic statistics were gathered from the United States Census Bureau. Multiyear estimates were used, specifically the 2015-2019 American Community Survey 5-Year Estimates, to increase the statistical reliability of less densely populated areas and small subgroups.

Legal mapping data concerning the SDOH featured in this study was collected using Westlaw, LexisNexis, Bloomberg, government websites, and other search engines between October 2019 and March 2020 by a team of law students at the Saint Louis University School of Law's Center for Health Law Studies. Data was entered using the Center for Public Health Law Research's software application, MonQcle. These datasets were collected and managed by staff at the Institute for Healing Justice and Equity. Data for racism as a public health crisis was collected from March 2019 to December 2020 by the Institute for Healing Justice and Equity faculty and staff, who continue to track these policies as they happen.

Interviews were conducted between October 2020 and December 2020 in 3 jurisdictions, with at least 2 interviewees for each jurisdiction. Locations were chosen to participate based on the availability of information on jurisdictional use of racial equity tools, local laws pertaining to the SDOH featured in the study, preemption of laws, consolidated city-county status, policy priorities reported in the survey after use of racial equity tools, geographic region, urban or rural settings, multi-agency focus, and stage of racial equity tools use.

Limitations

In this study, we chose to focus only on jurisdictions working with GARE and PolicyLink because of the limited availability of information and time restraints of the study. However, there are other organizations also doing this work in partnership with cities and counties, including the Kellogg Foundation and Living Cities, for which we were not able to track using organizational websites.

We used GARE and PolicyLink's organizational websites to identify governmental partners; however, it is important to note these organizational websites may not feature an exhaustive list of partnering governments or connections. Furthermore, finding local laws and policies is often elusive because traditional legal databases generally do not capture these laws and many jurisdictions do not make the laws available online. Hence, our legal mapping findings were limited by these gaps. An additional limitation of the study is the structure of government, which often puts people in silos so that not all government workers have the same knowledge about racial equity tool use and processes. Thus, it is important to note that the officials who answered our survey and participated in the interviews may have only provided part of the full picture.

Finally, the COVID-19 pandemic and the 2020 presidential election resulted in dramatic policy changes as well as increased difficulties in data collection, including restrictions on travel, job changes in government officials, limited office hours, and changes in priorities for government officials. Thus, even during the study period, governmental use of racial equity tools and the tracking of this information continued to change. The

pandemic also limited our ability to interview community members. Therefore, we cannot say how the community has been impacted by these governmental efforts.

More research is needed to assess how ongoing efforts to use racial equity tools results in law and policy changes that address systemic racism and the SDOH. The use of racial equity tools must be tracked for an extensive length of time to see if there are sustainable changes. As a way to provide a fuller understanding of the influence of using racial equity tools on law and policy and vice versa, it would be helpful to track the change of specific laws in connection with jurisdictional use of racial equity tools over a longer period of time and ask policymakers and the community what motivated the legal changes.

References

1. Williams, D. R., Lawrence, J. A., Davis, B. A., & Vu, C. (2019). Understanding how discrimination can affect health. *Health Services Research, 54* Suppl 2(Suppl 2), 1374–1388. <https://doi.org/10.1111/1475-6773.13222>
2. Williams, D. R., Lawrence, J. A., & Davis, B. A. (2019). Racism and Health: Evidence and Needed Research. *Annual Review of Public Health, 40*, 105–125. <https://doi.org/10.1146/annurev-publhealth-040218-043750>
3. Elias, S. & Feagin, J. R. (2016). *Racial Theories in Social Science: A Systemic Racism Critique* (pp. 267). Routledge.
4. Healthy People. (2020, December 3). *History of Healthy People*. Office of Disease Prevention and Health Promotion. <https://health.gov/our-work/healthy-people/about-healthy-people/history-healthy-people>
5. Institute of Medicine (US) Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care, Smedley, B. D., Stith, A. Y., & Nelson, A. R. (Eds.). (2003). *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. National Academies Press (US).
6. Yearby, R. & Mohapatra, S. (2021). Systemic Racism, The Government’s Pandemic Response, and Racial Inequities in COVID-19. *Emory Law Journal, 70*, 1419-1473. <https://scholarlycommons.law.emory.edu/cgi/viewcontent.cgi?article=1432&context=elj>
7. Benfer, E.A., Mohapatra, S., Wiley, L.F., & Yearby, R. (2020). Health Justice Strategies to Combat the Pandemic: Eliminating Discrimination, Poverty, and Health Inequity During and After COVID-19. *Yale Journal of Health Policy, Law, and Ethics, 122*, 136–41. <http://doi.org/10.2139/ssrn.3636975>
8. Dawes D. (2020). Setting the Precedent: America's Attempts to Address the Political Determinants of Health Inequities. *The Political Determinants of Health*. Johns Hopkins University Press.
9. Freeman A. D. (1978). *Legitimizing Racial Discrimination Through Antidiscrimination Law: A Critical Review of Supreme Court Doctrine, Minnesota Law Review, 62*, 1049–1053. <https://scholarship.law.umn.edu/mlr/804>
10. Gee, G. C., Ro, A., Gavin, A., & Takeuchi, D. T. (2008). Disentangling the effects of racial and weight discrimination on body mass index and obesity among Asian Americans. *American Journal of Public Health, 98*(3), 493–500. <https://doi.org/10.2105/AJPH.2007.114025>
11. Cozier, Y. C., Yu, J., Coogan, P. F., Bethea, T. N., Rosenberg, L., & Palmer, J. R. (2014). Racism, segregation, and risk of obesity in the Black Women's Health Study. *American Journal of Epidemiology, 179*(7), 875–883. <https://doi.org/10.1093/aje/kwu004>
12. Sawyer, P. J., Major, B., Casad, B. J., Townsend, S. S., & Mendes, W. B. (2012). Discrimination and the stress response: psychological and physiological consequences of anticipating prejudice in interethnic interactions. *American Journal of Public Health, 102*(5), 1020–1026. <https://doi.org/10.2105/AJPH.2011.300620>
13. Curry Owens, T., & Jackson, F. M. (2015). Examining Life-Course Socioeconomic Position, Contextualized Stress, and Depression among Well-Educated African-American Pregnant Women. *Women's Health Issues: Official Publication of the Jacobs Institute of Women's Health, 25*(4), 382–389. <https://doi.org/10.1016/j.whi.2015.05.001>
14. Matoba, N., & Collins, J. W., Jr (2017). Racial disparity in infant mortality. *Seminars in Perinatology, 41*(6), 354–359. <https://doi.org/10.1053/j.semperi.2017.07.003>

15. Collins, J. W., Jr, David, R. J., Handler, A., Wall, S., & Andes, S. (2004). Very low birthweight in African American infants: the role of maternal exposure to interpersonal racial discrimination. *American Journal of Public Health, 94*(12), 2132–2138. <https://doi.org/10.2105/ajph.94.12.2132>
16. Williams D. R., Neighbors, H. W., & Jackson, J. S. (2003). Racial/Ethnic Discrimination and Health: Findings From Community Studies. *American Journal of Public Health, 93*(2), 200-208. <https://doi.org/10.2105/AJPH.93.2.200>
17. Shariff-Marco, S., Klassen, A. C., & Bowie, J. V. (2010). Racial/ethnic differences in self-reported racism and its association with cancer-related health behaviors. *American journal of public health, 100*(2), 364–374. <https://doi.org/10.2105/AJPH.2009.163899>
18. Bonilla-Silva, E. (1997). Rethinking Racism: Toward a Structural Interpretation. *American Sociological Review, 62*(3), 465-480. doi:10.2307/2657316
19. Watson S. (2017). Lessons for Ferguson and Beyond: Bias, Health, and Justice, *Minnesota Journal of Law, Science & Technology, 18*(1), 111-121. <https://scholarship.law.umn.edu/mjlst/vol18/iss1/2>
20. Banks, K. & Stephens, J. (2018). Reframing Internalized Racial Oppression and Charting a Way Forward. *Social Issues and Policy Review, 12*(1) 91-111. <https://doi.org/10.1111/sipr.12041>
21. Yearby R. (2020). Structural Racism and Health Disparities: Reconfiguring the Social Determinants of Health Framework to Include the Root Cause. *The Journal of law, medicine & ethics: a journal of the American Society of Law, Medicine & Ethics, 48*(3), 518–526. <https://doi.org/10.1177/1073110520958876>
22. Mullings, L., & Schulz, A. J. (2006). Intersectionality and Health: An Introduction. In A. J. Schulz & L. Mullings (Eds.), *Gender, race, class, & health: Intersectional approaches* (pp. 3–17). Jossey-Bass/Wiley.
23. Haney-López, I. F. (1999). Institutional Racism: Judicial Conduct and a New Theory of Racial Discrimination, *The Yale Law Journal, 109*, 1717-1809. <https://digitalcommons.law.yale.edu/yjl/vol109/iss8/1>
24. Healthy People. (2021). *The Social Determinants of Health*. Office of Disease Prevention and Health Promotion. <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>
25. Braveman, P. A., Kumanyika, S., Fielding, J., Laveist, T., Borrell, L. N., Manderscheid, R., & Troutman, A. (2011). Health disparities and health equity: the issue is justice. *American journal of public health, 101 Suppl 1*(Suppl 1), S149–S155. <https://doi.org/10.2105/AJPH.2010.300062>
26. Centers for Disease Control and Prevention. (2020). *Health Equity*. National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). <https://www.cdc.gov/chronicdisease/healthequity/index.htm>
27. Hernandez, M., Avery, D. R., Volpone, S. D., & Kaiser, C. R. (2019). Bargaining while Black: The role of race in salary negotiations. *Journal of Applied Psychology, 104*(4), 581–592. <https://doi.org/10.1037/apl0000363>
28. Steil, J. P., Albright, L., Rugh, J. S., & Massey, D. S. (2018). The Social Structure of Mortgage Discrimination. *Housing studies, 33*(5), 759–776. <https://doi.org/10.1080/02673037.2017.1390076>
29. Yearby, R. (2011). Racial inequities in mortality and access to health care. The untold peril of rationing health care in the United States. *The Journal of legal medicine, 32*(1), 77–91. <https://doi.org/10.1080/01947648.2011.550830>
30. Bell C. (2015). The Hidden Side of Zero Tolerance Policies: The African American Perspective. *Sociology compass, 9*(1), 14–22. <https://doi.org/10.1111/soc4.12230>
31. Loveless, T. (2017, March 22). *Brown Center Report on American Education: Race and school suspensions*. Brookings Institute. <https://www.brookings.edu/research/2017-brown-center-report-part-iii-race-and-school-suspensions/>
32. Brown, D. & Keith, V. (2003). In and Out of Our Right Minds: The Mental Health of African American Women. *(Dis)respected and (Dis)regarded: Experiences of Racism and Psychological Distress* (pp. 85). Columbia University Press.
33. Krieger N. (1990). Racial and gender discrimination: risk factors for high blood pressure?. *Social science & medicine (1982), 30*(12), 1273–1281. [https://doi.org/10.1016/0277-9536\(90\)90307-e](https://doi.org/10.1016/0277-9536(90)90307-e)
34. Yearby R. (2019). Internalized Oppression: The Impact of Gender and Racial Bias in Employment on the Health Status of Women of Color. *Seton Hall Law Review, 49*, 1037-1046. <https://scholarship.shu.edu/shlr/vol49/iss5/3>
35. Government Alliance on Race and Equity. (2021). <https://www.racialequityalliance.org/>
36. PolicyLink. (2021). <https://www.policylink.org/>

37. Government Alliance on Race and Equity. (2021). *Our Approach*. <https://www.racialequityalliance.org/about/our-approach/>
38. Nelson, J. & Brooks, L. (2016, December). *GARE Racial Equity Toolkit: An Opportunity to Operationalize Equity*. https://www.racialequityalliance.org/wp-content/uploads/2015/10/GARE-Racial_Equity_Toolkit.pdf
39. National Equity Atlas. (2021). <https://nationalequityatlas.org/>
40. National Equity Atlas. (2021). *Indicators*. <https://nationalequityatlas.org/indicators>
41. Langston, A. (2020). *Introducing the Racial Equity Index*. PolicyLink. <https://nationalequityatlas.org/research/introducingindex>
42. Yearby, R., Lewis, C., Gilbert, K., & Banks, K. (2020). *Racism as a Public Health Crisis*. Institute for Healing Justice and Equity, Data for Progress, The Justice Collaborative Institute. <https://ihje.org/wp-content/uploads/2020/12/Racism-is-a-Public-Health-Crisis.pdf>
43. ChangeLab Solutions. (2019). *A Blueprint for Changemakers: Achieving Health Equity through Law and Policy*. https://www.changelabsolutions.org/sites/default/files/2019-04/Blueprint-For-Changemakers_FINAL_201904.pdf
44. Leigh, J. P. & Du, J. (2018, October 4). *Effects of Minimum Wages on Population Health*. Robert Wood Johnson Foundation. <https://www.rwjf.org/en/library/research/2018/10/effects-of-minimum-wages-on-population-health.html>
45. Curren, R., Nelson, J., Marsh, D. S., Noor, S., & Liu, N. (2016). *Racial Equity Action Plans: A How-to Manual*. Government Alliance on Race and Equity, Haas Institute for a Fair and Inclusive Society, Center for Social Inclusion. <https://www.racialequityalliance.org/wp-content/uploads/2016/11/GARE-Racial-Equity-Action-Plans.pdf>
46. Asante-Muhammad, D., Collins, C., Hoxie, J., & Emanuel Nieves, E. (2016). *The Ever-Growing Gap Without Change, African-American and Latino Families Won't Match White Wealth for Centuries*. Institute for Policy Studies and Corporation for Enterprise Development (renamed Prosperity Now in 2017). https://www.ips-dc.org/wp-content/uploads/2016/08/The-Ever-Growing-Gap-CFED_IPS-Final-2.pdf

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Appendix

Appendix A. Example of the City of Buffalo, New York's use of PolicyLink racial equity tools

Equity indicators framework

The indicators in this profile are presented in five sections. The first section describes the city's demographics. The next three sections present indicators of the city's economic vitality, readiness, and connectedness. The final section explores the economic benefits of equity. Below are the questions answered within each of the five sections.

Demographics:

Who lives in the city, and how is this changing?

- Is the population growing?
- Which groups are driving growth?
- How diverse is the population?
- How does the racial/ethnic composition vary by age?

Economic vitality:

How is the city doing on measures of economic growth and well-being?

- Is the region producing good jobs?
- Can all residents access good jobs?
- Is growth widely shared?
- Do all residents have enough income to sustain their families?
- Are race/ethnicity and nativity barriers to economic success?
- What are the strongest industries and occupations?

Economic benefits:

What are the benefits of racial economic inclusion to the broader economy?

- What are the projected economic gains of racial equity?
- Do these gains come from closing racial wage or employment gaps?

Readiness:

How prepared are the city's residents for the 21st century economy?

- Does the workforce have the skills for the jobs of the future?
- Are all youth ready to enter the workforce?
- Are residents healthy? Do they live in health-promoting environments?
- Are health disparities decreasing?
- Are racial gaps in education decreasing?

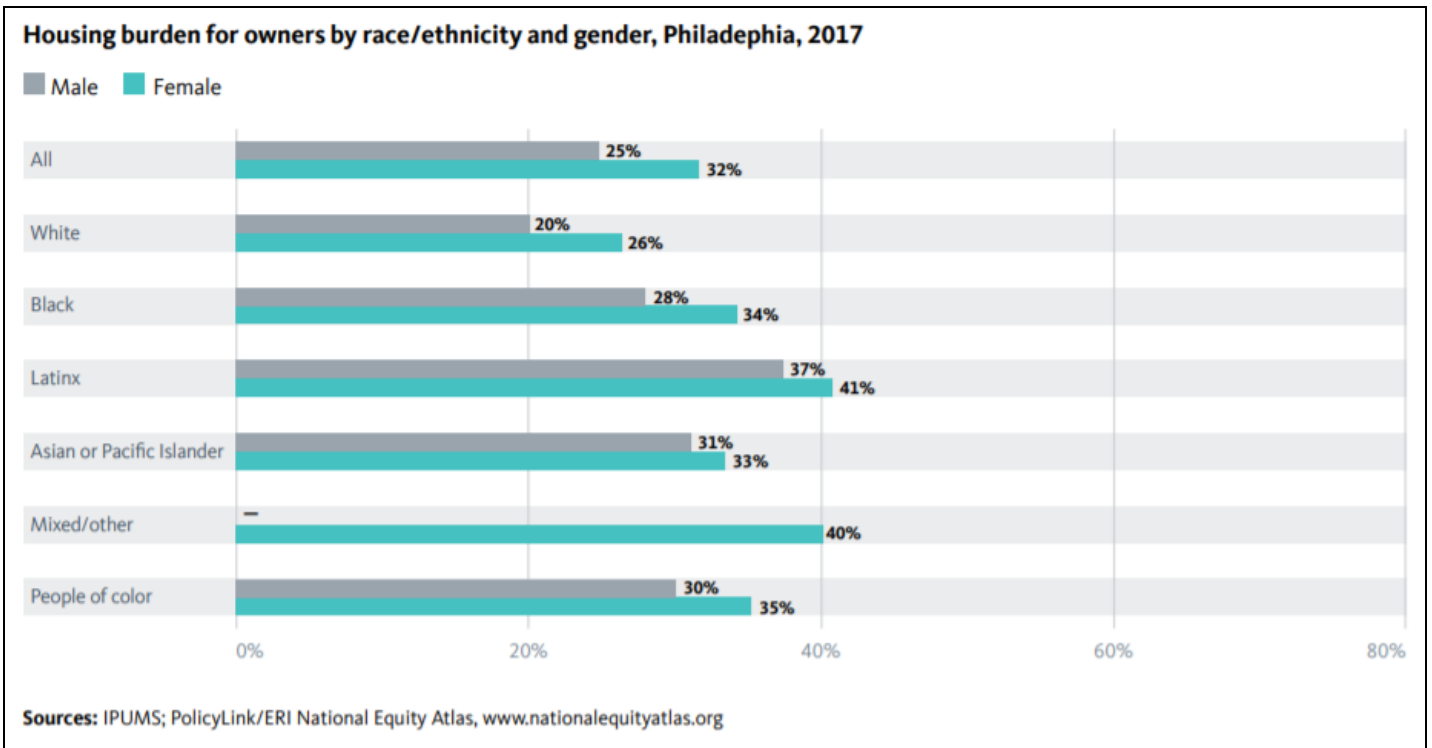
Connectedness:

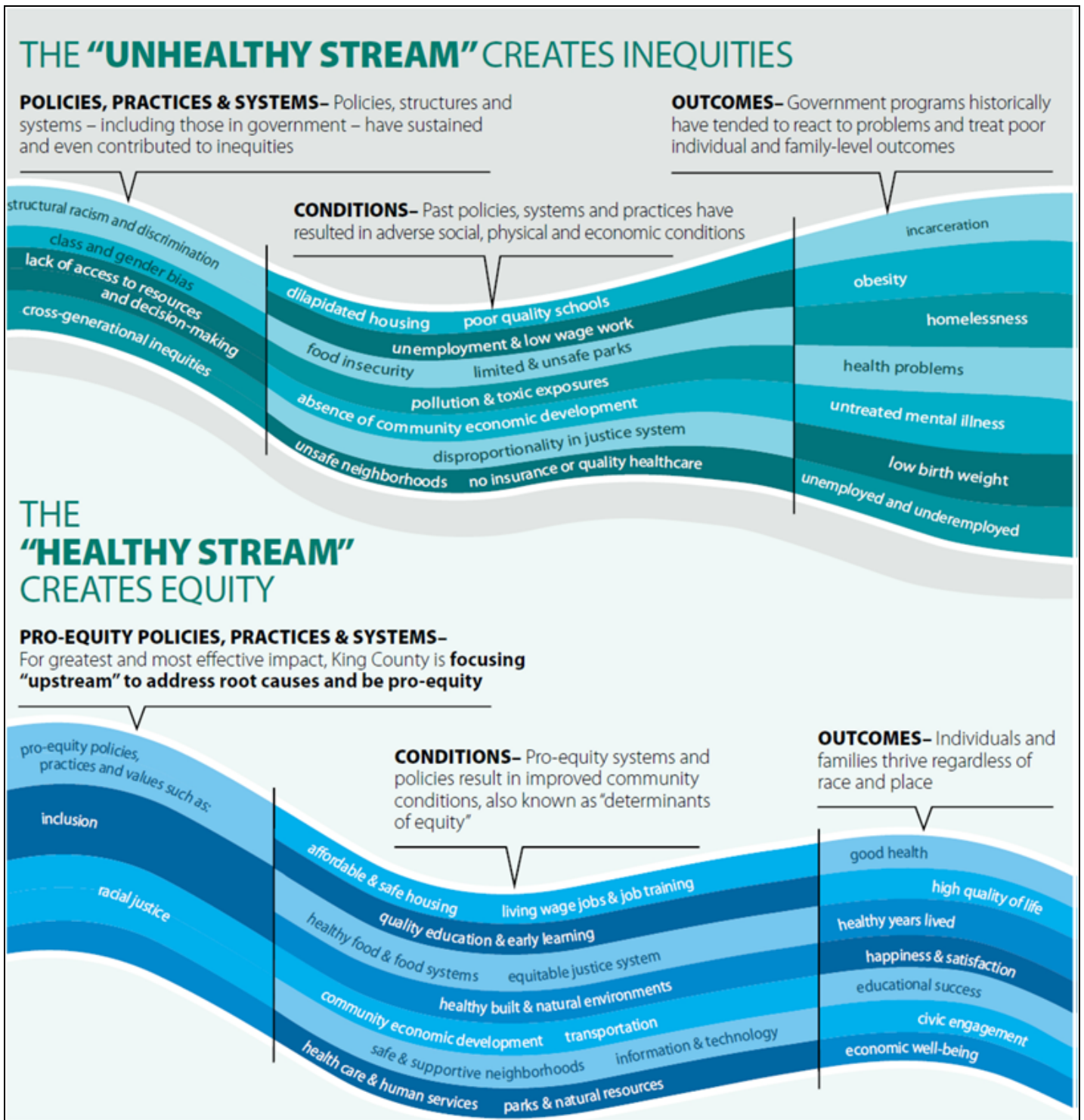
Are the city's residents and neighborhoods connected to one another and to the region's assets and opportunities?

- Do residents have transportation choices?
- Can residents access jobs and opportunities located throughout the region?
- Can all residents access affordable, quality, convenient housing?
- Do neighborhoods reflect the city's diversity? Is segregation decreasing?

Appendix B. Example of the city of Philadelphia, Pennsylvania’s use of PolicyLink racial equity tools

The Context of Growth and Change in Philadelphia	<p>This report explores the historical drivers of racialized housing inequities in Philadelphia and makes the case for a stronger housing justice lens as the city, state, and federal governments develop plans to reboot the economy following the COVID-19 pandemic. This approach entails a focus on the low-income residents of color who are disproportionately likely to live in neighborhoods of concentrated poverty and vulnerable to displacement. The report begins with some context about the current conditions contributing to housing insecurity experienced by low-income families and people of color. It then outlines five drivers of these racialized housing inequities: (1) Economic Insecurity; (2) Segregation; (3) Racism and Discrimination; (4) Government Policies; and (5) Inequitable Housing Market Dynamics. The report culminates with an overview of how an equity lens could inform a progressive housing justice recovery agenda in Philadelphia.</p>
Driver #1: Economic Insecurity	
Driver #2: Segregation	
Driver #3: Direct Racism and Discrimination	
Driver # 4: Housing Market Dynamics Caused by Government Intervention	
Driver # 5: Inequitable Housing Market Trends	
Developing a Housing Justice Policy Agenda	
Increase Economic Security for Low-Income Philadelphians of Color	
Build Assets and Expand Wealth in Communities of Color	
Curb Displacement of Low-Income Philadelphians of Color	
Expand Resources Available for Affordable Housing	
Disrupt the Speculative Housing Market	





Racial Equity Toolkit

to Assess Policies, Initiatives, Programs, and Budget Issues

The vision of the Seattle Race and Social Justice Initiative is to eliminate racial inequity in the community. To do this requires ending **individual racism**, **institutional racism** and **structural racism**. The Racial Equity Toolkit 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 impacts on racial equity.

When Do I Use This Toolkit?

Early. Apply the toolkit early for alignment with departmental racial equity goals and desired outcomes.

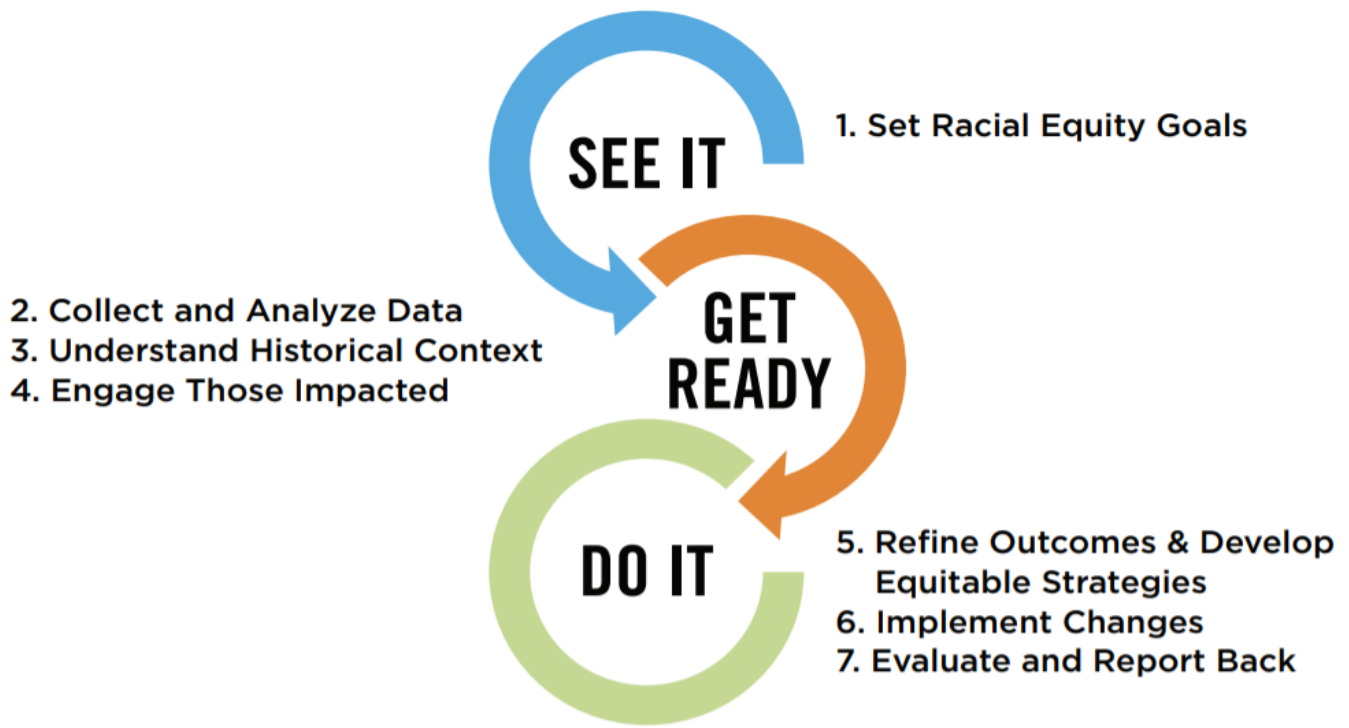
How Do I Use This Toolkit?

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

Step by step. The Racial Equity Analysis is made up of six steps from beginning to completion:



RACIAL EQUITY TOOLKIT



The toolkit is designed to:

- ▶ Ensure that government actions and decisions are crafted to achieve truly equitable outcomes,
- ▶ Engage communities of color in decision-making, understand the root causes of existing disparities and how the City's actions can make these better (or worse)
- ▶ Use data to identify current racial disparities and those most impacted by our actions
- ▶ Identify inequitable consequences or burdens on communities most impacted,
- ▶ Identify needed strategies and resources to ensure equity in our actions and decision making.
- ▶ Identify how progress on racial equity will be tracked and measured over time, and how to report back to stakeholders

RACIAL EQUITY TOOLKIT WORKSHEET



OFFICE of EQUITY
and HUMAN RIGHTS
CITY OF PORTLAND



The City of Portland is committed to eliminating institutional racism in government and achieving racial equity in the community, so our city is a great place to live for all people and all generations from all communities. To do this, we must change City policy, programs, practices, and procedures. The Racial Equity Toolkit lays out a process and set of questions to assess impacts on racial equity and make changes.

The Racial Equity Toolkit (RET) is a set of steps with questions and resources to help you answer them. For brevity we refer to the object of analysis as a “proposal.”

1. **Set Equitable Outcomes.** Leadership communicates equitable outcomes to guide the analysis.
Purpose: Orient and commit the process to equity-focused goals.
2. **Collect and Analyze Data.** Research and collect data on racial disparities and identify those most impacted.
Purposes: Identify disparities and change the information informing the proposal.
3. **Understand Historical Context.** Research the history of racial injustice relevant to this proposal to better understand the root causes of disparities and which communities were impacted.
Purpose: Inform/change the analyst's historical frame of reference.
4. **Engage Those Most Impacted.** Commit to more meaningful strategies for engagement, identify which communities of color may be impacted by the proposal, and engage impacted communities in decision-making and develop community ownership of the proposal.
Purposes: Change the user's relationship with those most impacted, shift power, and change the information informing the proposal.
5. **Develop Racially Equitable Strategies & Refine Outcomes.** Identify who benefits and who is burdened, commit to strategies that advance racial equity or lessen unintended consequences, and refine the proposal's outcomes.
Purpose: Create a proposal for change.
6. **Implement Changes.** Make a plan for implementation and identify what resources are needed to eliminate/decrease disparities and make necessary changes to the proposal.
Purpose: Establish commitment and support for changes.
7. **Evaluate / Accountability / Report Back.** Develop a system of evaluation including ongoing community partnerships and opportunities to make further changes.
Purpose: Create accountability and measure change.