

The Power of a Racial Equity Impact Analysis

As one of our core Building Blocks for racially equitable work, the Race Matters Institute of JustPartners, Inc. includes the “systematic application of a racial equity impact analysis for key decisions, policies, and practices.” Here are the benefits of using the tool and examples of how some of our clients have applied it.

Results Will Be More Powerful. Too often we see results where across-the-board outcomes improve, but gaps remain or perhaps even wide when the results data are broken out by race. The **Racial Equity Impact Analysis (REIA)** helps you *both* raise the overall bar *and* close the racial gaps that exist on any given indicator by devising or revising approaches so that they speak specifically to how different groups experience an issue. Greater intentionality to understanding how groups are differently situated, and more strategic action from that intentionality, promise better results for all groups and the narrowing of gaps among them. This is what effective work toward racial equity produces.

The Context Requires It. Around any issue, different racial groups are “differently situated.” Circumstances of race, place, income, and other factors position different racial groups with different resources and different needs in relation to any social good. Racial groups share universal aspirations (e.g., college graduation, optimal health, adequate housing, personal safety), but the *means* for achieving or guaranteeing these aspirations are likely to be varied, based on how groups are situated. One size *doesn't* fit all when it comes to successful interventions. For example, if subprime loans are disproportionately given to people of color, even when their economic circumstances are comparable to whites, wealth-building for communities of color will need, among its strategies, to address racial discrimination in subprime lending – an issue that doesn't systematically affect white communities. Thus, Prof. John Powell talks about the approach of “targeted universalism” – the use of *varying* strategies to advance *universal* goal attainment. A **Racial Equity Impact Analysis** helps to identify what those strategies should be or how to alter existing policies and practices in order to achieve greater results for all groups.

The Tool is User-Friendly. The Race Matters tool to conduct a **Racial Equity Impact Analysis (REIA)** consists of five questions that can be asked regarding any policy, practice, protocol, strategy, product or decision, either existing or proposed. It can be used immediately, with tasks residing on your desk. The questions are these:

1. Are the racial/ethnic groups affected by the (focus) represented “at the table”?
2. How will the (focus) affect each group?

3. How will the (focus) be perceived by each group?
4. Does the (focus) ignore or worsen existing disparities? Have other unintended consequences?
5. Based on the above, what revisions are needed in the (focus)?

Here are some ways that Race Matters Institute clients have used the tool in their work:

- Put their Strategic Plan through the REIA to see where it needed to be strengthened in order to address different racial groups effectively
- Used the tool to improve HR policies
- Determined whether investments needed to be modified in order to close racial gaps
- Fine-tuned programmatic work so that it speaks more directly to different groups
- Framed a conference in more inclusive ways
- Raised the questions from the tool in settings where they serve in advisory and advocacy capacities so that these settings can become more intentional about seeking racially equitable results
- Expanded their information sources as an immediate way to access the insights different groups (and different media) bring to the table
- Diversified contractors and vendors
- Reviewed and improved draft communications products



www.racemattersinstitute.org

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Group 1: MWBE Solicitation Letter

In your breakout group, use the Racial Equity Impact Analysis tool to evaluate the racial equity impact of this solicitation letter template on the goal of increasing MWBE participation.

____NAME OF MWBE FIRM_____

____ADDRESS OF MWBE FIRM_____

____CITY, STATE ZIP OF MWBE FIRM____

MWBE Compliance Officer
Our Company
123 Main Street
Buffalo NY 14203

Dear Registered WMBE Business Owner:

New York State recognizes the need to promote the employment of minority group members and women, and ensure that certified minority and women-owned business enterprises have opportunities for maximum feasible participation in the performance of State funded contracts.

In compliance with our obligations under NYS contract law, Our Company is reaching out to NYS certified WMBE vendors with the attached Notification of Bid Opportunity.

Should your firm be interested in submitting a bid proposal, please complete the required forms and a full RFP response, if applicable, as outlined in the attached.

Should your firm not be interested in this opportunity, please return the attached form with the reason for not submitting a bid at this time.

In addition, should you wish to be informed of additional bid opportunities with Our Company and / or be added to our standing MWBE solicitation roster, please contact WMBEcompliance@ourcompany.com or fill out the form available on-line at www.ourcompany.com/WMBE.

Sincerely,

MWBE Compliance Officer

Our Company is an EEO employer.
No phone calls please.

Group 2

REIA Test Drive Example

Access to primary care is linked with better individual and population-level health outcomes. In an effort to ensure better outcomes for its clients, a public health insurance provider is considering implementing a new policy that automatically assigns a primary care physician to any plan subscriber upon plan activation.

Use the racial equity impact analysis tool to consider the impacts of this proposed policy.

Primary Care Physician (PCP) Selection and Assignment

We not only want to make sure that you have the insurance coverage to meet your needs but that you also have access to a doctor that meets your needs. As a convenience to you, once you make your initial payment we will automatically assign a Primary Care Physician (PCP) to you close to where you live. Your identification card, with your assigned PCP will be sent to you within 2-3 days of making your initial payment. If you have your own doctor you can change your PCP quickly and easily.

If you would like to have a specific doctor and if he/she is part of our network it is as simple as 1-2-3

1. Make sure that you make your initial payment by the payment deadline to ensure that your coverage is effective for the current year. Pay quickly and securely via the Automated Payment system. Payments can be made by check, prepaid debit card, general purpose debit card or credit card.
2. Register on XXXXXXXX.com (once we receive your payment, please allow 2 business days for your payment to process before registering).
3. Select your PCP online
 - View ProviderSearch tips and find a doctor.
 - Once you're registered, log in to view your Profile, select PCP/Medical Group.
 - Follow the step-by-step instructions.
 - Verify your information is correct and submit.

Important Notes:

- If you haven't already selected a PCP by going online, you will automatically be assigned a PCP based upon where you live and doctor availability. Once we process your payment an Identification card will be sent to you within 2-3 business days. If you decide to change your PCP, you will receive a second identification card with your selected PCP.
- Please allow 2 business days from the date we receive your payment before selecting your PCP. This will allow time for your payment to be processed and for you be activated in our system.

Group 3

Employee Problem Resolution

Our Organization is committed to providing the best possible working conditions for its employees. Part of this commitment is encouraging an open and frank atmosphere in which any problem, complaint, suggestion, or question receives a timely response from supervisors and management.

Our Organization strives to ensure fair and honest treatment of all employees. Supervisors, managers, and employees are expected to treat each other with mutual respect. Employees are encouraged to offer positive and constructive criticism.

If employees disagree with established rules of conduct, policies, or practices, they can express their concern through the problem resolution procedure. No employee will be penalized, formally or informally, for voicing a complaint in a reasonable, business-like manner, or for using the problem resolution procedure.

If a situation occurs when employees believe that a condition of employment or a decision affecting them is unjust or inequitable, they are encouraged to make use of the following steps. The employee may discontinue the procedure at any step.

1. Employee presents problem to immediate supervisor within 10 calendar days, after incident occurs. If supervisor is unavailable or employee believes it would be inappropriate to contact that person, employee may present problem to their reporting Senior Vice President or any other member of management.
2. Supervisor responds to problem during discussion or within 10 calendar days, after consulting with appropriate management, when necessary. Supervisor documents discussion.
3. Employee presents problem to their reporting Senior Vice President within 10 calendar days, if problem is unresolved.
4. Reporting Senior Vice President counsels and advises employee, assists in putting problem in writing, visits with employee's manager(s), if necessary, and directs employee to Appeals Committee for review of problem.
5. Employee presents problem to Appeals Committee in writing.
6. Appeals Committee reviews and considers problem. Appeals Committee informs employee of decision within 10 calendar days, and forwards copy of written response to their reporting Senior Vice President for employee's file. The Appeals Committee has full authority to make any adjustment deemed appropriate to resolve the problem.

Problems, disputes, or claims not resolved through the preceding problem resolution steps are subject to final and binding arbitration. The arbitration proceeding will be conducted under the Employment Dispute Resolution Rules of the American Arbitration Association. The decision or award of the Arbitrator made under these rules is exclusive, final, and binding on both parties, their beneficiaries, executors, administrators, successors, and assigns.

Employees who choose to use the arbitration process to resolve a problem will be expected to share the cost of the arbitration proceeding with our organization. A complete description of the arbitration procedure is available from the Senior Vice President of Human Resources for review.

Not every problem can be resolved to everyone's total satisfaction, but only through understanding and discussion of mutual problems can employees and management develop confidence in each other. This confidence is important to the operation of an efficient and harmonious work environment, and helps to ensure everyone's job security.

MENTAL HEALTH SERVICES

Acknowledgment of Responsibilities of Client and the Legally Responsible Person

1. I acknowledge my responsibility to provide to the extent possible, information department staff needs to provide the best treatment and/or services available, including information about the child and family history, medications, hospitalizations, diagnoses, services and needs.
2. I acknowledge my understanding that I am part of the team decision-making process and that I am a partner in the team decision making process.
3. I acknowledge my responsibility to follow the plans and instructions provided by department staff, treatment team members, or others involved in the client's treatment.
4. I acknowledge my responsibility to safeguard the confidentiality of my own personal care as well as that of other clients.
5. I acknowledge my responsibility to assume financial responsibility associated with services provided as agreed upon prior to the initiation of treatment.
6. I acknowledge my responsibility to cancel appointments as early as possible and strive to provide department staff with at least 24 hours notice whenever possible.
7. I acknowledge my responsibility to behave in a manner that is respectful to other clients and property and ensures everyone's safety.
8. I acknowledge my responsibility to learn how to interact with others without the use of physical aggression, property destruction, and running away.
9. I acknowledge my responsibility to respect the privacy and rights of others.
10. I acknowledge my responsibility to refrain from talking about the treatment of other clients, touching other clients, entering into other clients' rooms, and changing in front of other clients.
11. I acknowledge my responsibility to comply with state and federal laws. For clients who are on probation or parole, this includes following the rules established by the Court and the probation officer.
12. I acknowledge my responsibility to comply with the rules and regulations of the department program and the treatment plan. If I am unwilling or unable to follow the rules, I acknowledge my responsibility for communicating this to department staff and members of the treatment team.
13. I acknowledge my responsibility to ask questions when clarity is needed about the program, services, rules, regulations or instructions.
14. I acknowledge my responsibility to comply with the medication regimen prescribed to me, if applicable, and for learning about the purpose of the medications and the health consequences for medication non-compliance. I also acknowledge my responsibility to ask questions if I don't understand something about the medications I am prescribed.
15. I acknowledge my responsibility to exercise my rights and submit complaints or concerns about policies, services, or denial of your rights, when necessary.
16. I acknowledge my responsibility to participate in treatment team meetings, the development of my treatment plan and/or service, and individual positive support plans.

MENTAL HEALTH SERVICES
Acknowledgment of Responsibilities of Client
and the Legally Responsible Person

- 17. I acknowledge my responsibility to attend all meetings including treatment team meetings, therapy sessions, Child and Family Team meetings, parole or probation meetings, and school meetings as scheduled. If I am unable to attend any meetings, I acknowledge my responsibility to notify department staff so these may be rescheduled to a time I can attend.
- 18. I acknowledge my responsibility to attend school, be on time for school buses and school classes, and make my best effort to succeed in my academic program.
- 19. I acknowledge my responsibility to immediately tell department staff about any changes in my health, behavior or mood and my responsibility to let department staff and the treatment team know when I am not feeling well or if I am injured.
- 20. I acknowledge my responsibility to keep my doctor and dental appointments.
- 21. I acknowledge my responsibility to complete all jobs and assignments, maintain good hygiene practices, and assume responsibility for participating in department services designed to help me obtain my recovery goals.
- 22. I acknowledge my responsibility to put forth my best effort to make progress in treatment and services and that I am the one who will determine my success.

Name of Person Legally Responsible for the Child

Signature of Person Legally Responsible

Date

Name of Child

Signature of Child (if applicable)

Date

Signature of department Staff

Date