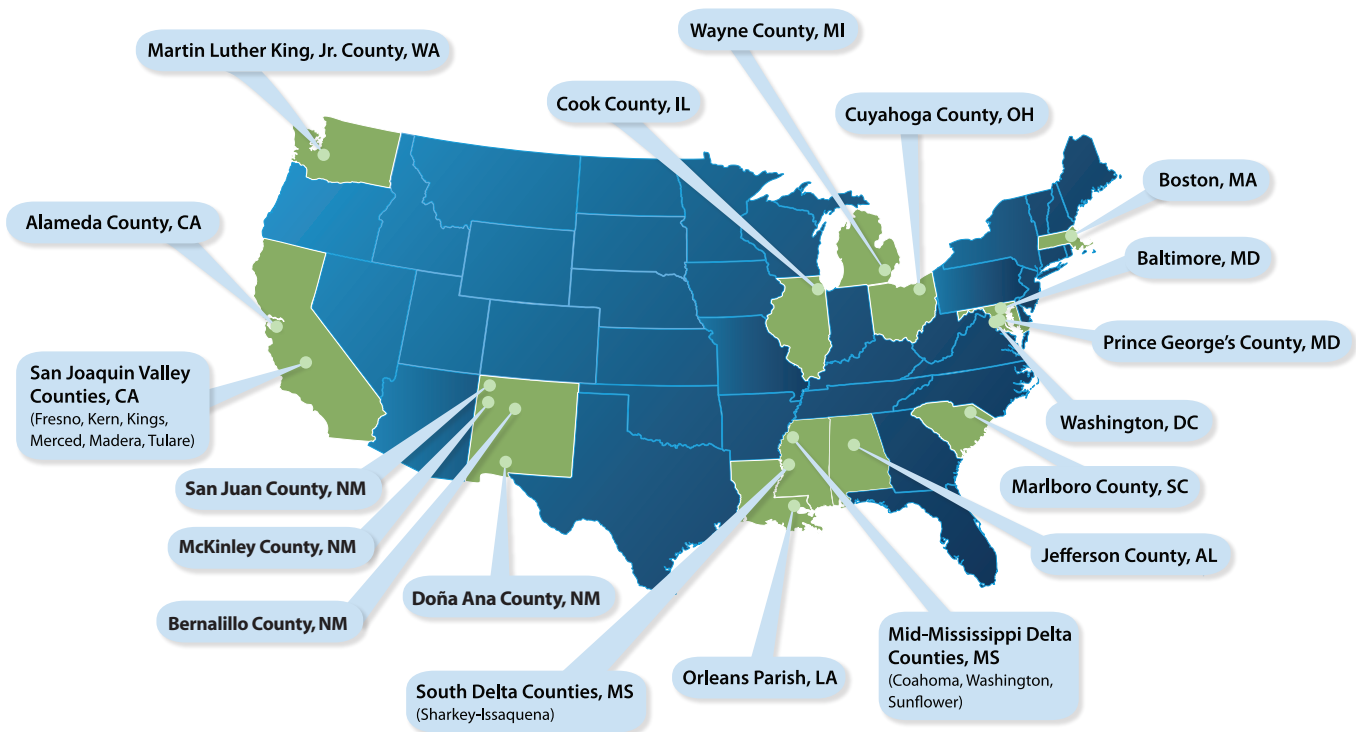# Community Strategies to End Racism and Support Racial Healing: The PLACE MATTERS Approach to Promoting Racial Equity

Martin Luther King, Jr. County, WA

Wayne County, MI

Cook County, IL

Cuyahoga County, OH

Boston, MA

Alameda County, CA

Baltimore, MD

Prince George's County, MD

San Joaquin Valley Counties, CA
(Fresno, Kern, Kings, Merced, Madera, Tulare)

Washington, DC

San Juan County, NM

Marlboro County, SC

McKinley County, NM

Jefferson County, AL

Bernalillo County, NM

Doña Ana County, NM

Mid-Mississippi Delta Counties, MS
(Coahoma, Washington, Sunflower)

South Delta Counties, MS
(Sharkey-Issaquena)

Orleans Parish, LA

This document outlines some of the experiences of leaders working through the PLACE MATTERS initiative to create racially just and equitable communities as part of their broader work to eliminate racial and ethnic health inequities. While many other community-based initiatives have been developed over the years to address these inequities, PLACE MATTERS is distinguished by its central focus on undoing both racism and its consequences for the health and well-being of people of color.

Established in 2006, PLACE MATTERS seeks to help build the capacity of leaders and communities around the country to identify and address the social, economic, and environmental factors that shape health. As a result of residential and workplace segregation and other forms of racism, many people of color find themselves relegated to spaces and places that host a heavy concentration of health risks, while lacking geographic and/or financial access to health-enhancing resources, relative to wealthier and whiter communities. For example, communities of color disproportionately fall among federally designated "food deserts," communities where it is difficult to access nutritious, high-quality, affordable foods. These same communities are much more likely to be overrun with environmental health threats, such as air, water, and soil pollution. They are more likely than wealthier and whiter communities to lack safe, reliable public transportation, housing, and other amenities. And they are less likely to benefit from the basic structures necessary for economic security and mobility, such as well-paying jobs, fair mortgage products, and opportunities to access capital to start a business or purchase a home.

These inequities are not an accident. They are the result of policies and practices that disadvantage and margin-alize communities of color – and not necessarily with conscious, malevolent intent. Some of these inequities are the result of our nation's failure to correct historical injustices, such as Jim Crow segregation and discrimina-tion, which left many communities of color disadvantaged relative to white communities and whose ripple effects are still felt today across many generations. Others are the result of institutional practices and structures that continue to disadvantage communities of color, despite being facially "race neutral." These include school and residential segregation, much of which is maintained by discrimination and implicit biases, which lie below the level of conscious awareness and are automatically activated when we encounter difference. Studies show that the vast majority of Americans – including a sizeable percentage of people of color – harbor these implicit biases, which affect our daily thoughts, behaviors, and actions in ways that result in poorer treatment of people of color.

This "blueprint" – one of a series that PLACE MATTERS teams will release – documents the learning of PLACE MATTERS teams who seek to directly confront racism and build public will for its elimination. While many PLACE MATTERS leaders contributed to this document, three deserve special recognition for their dedicated work to construct this blueprint: Paula Harris-White, Diversity Manager for King County (WA); John Capitman, Executive Director, Central Valley Health Policy Institute and Professor of Public Health at the California State University at Fresno; and Gregory Townsend, Chair of the Birmingham (AL) Metro Diversity Coalition and Health Service Administrator with the Jefferson County Department of Health.

We hope you find this blueprint useful as you work to create more equitable, more just communities.

The Racism and Racial Healing Blueprinting Workgroup is pleased to share the following Blueprint with individuals and groups in active pursuit of eliminating racial and ethnic inequities in our communities. Its contents reflect a collaborative effort on the part of individuals participating in the national PLACE MATTERS initiative. We base the frameworks and suggested approaches on our collective experience working in a wide variety of communities in different regions of the United States. We recognize the challenges of this work and offer our encouragement to those embarking on a similar journey.

> *"A vigorous enforcement of civil rights will bring an end to segregated public facilities, but it cannot bring an end to fears, prejudice, pride, and irrationality, which are the barriers to a truly integrated society."*
>
> Martin Luther King, Jr. (1967)

Our experience as PLACE MATTERS communities has been that individual racism and internalized racism are among the key barriers to community-level problem-solving and the engagement of all needed participants in community change initiatives. Ending racism and promoting racial healing is just one of the key strategic frames that PLACE MATTERS communities are adopting, along with the approaches being addressed in other blueprints, including:

- Moving a community from cohesion to mobilization;
- Mobilizing communities for healthy and successful youth; and
- Making a successful case that "PLACE MATTERS" to policymakers, and influencing equitable policy.

Too often we allow fear to paralyze action specifically focused on healing the divisions that fuel racism, and we default to implementing well-meaning but limited programs; such efforts are simply powerless in creating effective and sustained improvements, because racism remains a root cause of many of the racial inequities in U.S. communities.

PROBLEM STATEMENT

The U.S. population is living longer than ever before, with life expectancy on average approaching 79 years. However, many people of color experience poorer health relative to whites across the life cycle, beginning at birth with higher rates of infant mortality, and proceeding through childhood, adolescence, and adulthood with higher rates of chronic and infectious diseases, and concluding at the end of the life cycle with higher rates of premature mortality. These inequities cannot be attributed to genetics or behavior. Racism operates at several levels – cultural, institutional, interpersonal, and personal. These factors, described in more detail below, significantly shape health inequities throughout the United States.

Racism harms all people by devaluing and separating them from each other. It denies people of color equal access to benefits, privileges, and power, while providing whites with greater access to opportunities in many aspects of life. This results in people of color living in a world where opportunity is limited and curtailed because of the color of their skin. They have higher and disproportionate rates of incarceration, but lower rates of educational attainment, access to wealth, and home ownership. They are more likely to be born as low-weight babies, they are born burdened by the racism that will permeate their lives, and they are more likely to die early. During their lives, they will experience disproportionate health burdens, such as higher rates of diabetes, high-blood pressure, and sexually transmitted diseases.

Racism forms a major factor in success and well-being in the United States, and throughout our history some groups (e.g., whites) have been defined as worthy of full inclusion while others, such as African Americans, Latinos, American Indians /Alaska Natives, Southeast Asians, Pacific Islanders, and others in communities of

color have been devalued and disadvantaged by policy and culture. *Racism* is expressed in multiple ways that reinforce each other: at the **personal and interpersonal** levels individual feelings, beliefs, and interactions express negative evaluations of historically excluded groups; at the **cultural level**, the beliefs of historically included groups about what is right and beautiful are imposed on others; and at the **structural/institutional** level, explicit and implicit laws, rules, and expectations of public and private institutions and systems advantage historically included groups while disadvantaging excluded groups. At the personal and interpersonal levels, members of historically included groups may express explicit and/or unconscious bias and prejudice toward communities of color, while persons in historically excluded groups may internalize negative views of their own group. Emerging research in cognition and brain science has shown how intergenerational exposure to racism and ongoing discomfort in multiracial encounters are expressed both as implicit bias and dynamic physiological responses. The expressions of racism have expanded over time and include both **old-fashioned racism** that justifies policies of racial/ethnic advantage by claiming the superiority of historically included groups; and modern racism that offers nonracial justifications for policies that nonetheless disadvantage historically excluded groups.

As participants in PLACE MATTERS, we are seeking to improve life outcomes for people of color and other low-income residents of communities disproportionately impacted by racism and other systemic inequities. We have found that successful adoption of the social-determinants-of-health frame and place-based approach to the elimination of health inequities requires communities to directly address the legacy and enduring consequences of racism operating at multiple levels. Experiences and scholarly work throughout the U.S. have indicated that, without directly addressing racism and other systemic inequities, communities remain unable to move from dialogue to a place of innovative policymaking and constructive change toward racial equity. We urge **all** communities to address the roles of racism and privilege in their communities.

> *Health inequality is the generic term used to designate differences, variations, and disparities in the health outcome of individuals and groups.*
>
> *Health inequality refers to those inequalities in health that are the result of injustice and are avoidable or unnecessary.*

Additionally, racism is the "canary in the coal mine." Because racial/ethnic inequities and the systemic factors that create and sustain these inequities are perhaps the most observable forms of oppression, assisting individuals and communities in addressing racism is a key strategy in addressing other forms of oppression, sexism, classism, homophobia, and ethnocentrism. Racism cuts across, and is imbedded in or layered into, all other forms of oppression. When it is addressed, society is improved for all oppressed groups.

As PLACE MATTERS communities, our work is based on the accumulating scientific literature that shows how racial/ethnic and social class inequities in health and other life outcomes are determined directly by macro- and individual-level neighborhood characteristics and indirectly by the historic and current policies and practices that shape living conditions. Further, our national and local work reflects the belief that these social determinants of health are the concrete expressions of historical and current racism and other systemic oppression in our communities. There has been much less consensus among our communities about the role of educational efforts focused on changing individual race-relevant attitudes, beliefs, and behaviors in addressing inequities in the social determinants of health. For example, some PLACE MATTERS communities have emphasized broadening public awareness of local histories of systematic exclusion. As a result, the similarities and differences in the strategies adopted and accomplishments attained across PLACE MATTERS communities offer a national laboratory in which to understand how communities can lead the way in supporting and promoting racial equity.
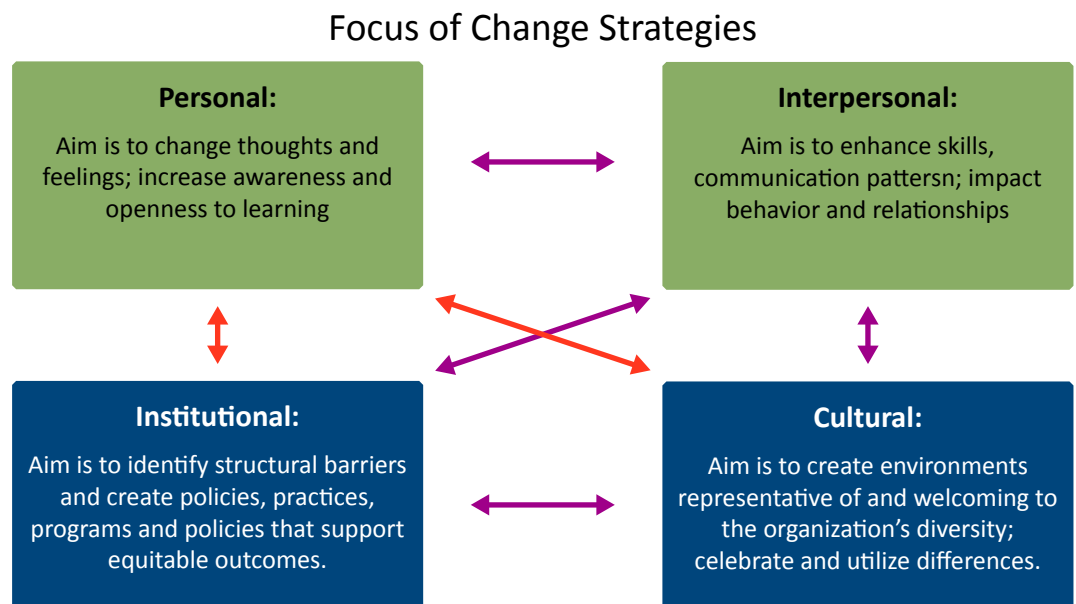
Despite these differences in emphasis, PLACE MATTERS teams believe that:

- Communities should be equipped and prepared to catalyze, facilitate, and sustain efforts toward achieving racial equity and healing;
- Communities can develop the will and successful approaches that effectively address and mitigate the effects of racism on institutions, neighborhoods, and individuals;
- Communities should identify and build diverse coalitions to abolish institutional policies and practices that create and sustain racial inequity; and,
- Communities should mobilize resources to reduce racial bias and promote racial healing using innovative and effective approaches toward reducing the effects of racism at a place-based level.

THEORY OF CHANGE

Educational initiatives around racism as the root cause of health inequalities have as their goals ending racism and promoting racial healing. To meet these goals, individuals and communities need to understand and have tools to address the multiple forms of racism, their differential impacts, and how they connect to each other. These initiatives also seek to help individuals acquire knowledge about how institutional and structural racism has evolved over time and become an almost accepted part of societal life. This understanding needs to extend to internalized racism and how it results from the deeply ingrained history of oppression in our society. Internalized racism reinforces structural and institutional racism, and ultimately supports systems of inequity. Anti-racism education helps individuals become aware of personal/interpersonal expressions of racism, offers an understanding of the historical and political context of racism, and helps people understand how the current climate of racism came to be. In the context of anti-racism education, individuals also have the opportunity to explore alternative solutions to the social determinants of inequity.

As this illustration from Visions, Inc. indicates, racism and other forms of oppression are expressed at four levels. The different expressions of oppression are mutually reinforcing and, consequently, each of these levels needs to be addressed in order to influence and implement change (source: http://visions-inc.org/).

Focus of Change Strategies

Personal:
Aim is to change thoughts and feelings; increase awareness and openness to learning

Interpersonal:
Aim is to enhance skills, communication pattersn; impact behavior and relationships

Institutional:
Aim is to identify structural barriers and create policies, practices, programs and policies that support equitable outcomes.

Cultural:
Aim is to create environments representative of and welcoming to the organization's diversity; celebrate and utilize differences.

We have learned in our PLACE MATTERS work that there are a variety of anti-racism efforts going on in each community. We encourage a collaborative and cohesive effort to end racism at all the four levels shown in the diagram. The focus cannot only be on the interpersonal level, but must also be applied, by those who have the tools and access, within the structures and institutions that keep racism and privilege in place. As part of the efforts to dismantle these structures, individuals and communities must first understand the system, how and why it was set up, how it evolved, and how it can be dismantled. While there are numerous approaches to addressing racism on all levels, this blueprint's theory of change encapsulates the PLACE MATTERS approach that builds on individual perspective transformation to ultimately achieve community and societal transformation.

Based on our experiences as PLACE MATTERS communities and on reviews of other efforts, we believe that community strategies to end structural/institutional racism and support racial healing and place-based initiatives to address racial/ethnic inequities are mutually supportive. Because inequities are one consequence of structured racial inequalities, place-based efforts to change policies, programs, and environments that create and sustain inequities can be facilitated by community strategies to end structural/institutional racism and promote racial healing. Community members serve as the foundation for this theory of change. Community members must first experience a perspective transformation – a change of heart and new ways of understanding – and then work with the rest of the community to break down/dismantle structurally and institutionally racist systems, with the goal of ultimately promoting and supporting racial healing. Our experiences suggest at least nine specific features of initiatives to end structural/institutional racism and promote racial healing in support of addressing racial/ethnic health and other inequities. These features of place-based initiatives to transform perspectives are reflected in the figure and described below.

Initiative to End Racism and Support Racial Healing

- Acknowledge the centrality of racial hierarchies
- Acknowledge the centrality of black-white dynamics
- Address the roles of whites in a racialized society
- Explore/address racism within the local context
- Discuss racism and privilege using diverse leadership
- Commit to long-term organizing and advocacy
- Promote inclusive community dialogue
- Use effective community tools and strategies
- Hold institutions accountable

1. **Use effective community tools and strategies**. Effective strategies identify structural racism as the root cause of race and place-based inequities. Effective strategies focus on race as a social rather than biological construct and promote the understanding of intersections among race, ethnicity, class, sexual orientation, and gender. Effective strategies that end racism and promote racial healing provide participants with a cognitive and affective understanding of the cultural, structural, institutional, and political aspects of racism and the development of skills in working effectively.

For example, the Cook County (IL) PLACE MATTERS team has offered presentations on health equity in a diverse range of community settings. These presentations have proven to be a powerful tool for building the base of community organizations and residents interested in creating a health equity movement. They feature an explicit discussion of structural racism and power imbalances as determining an unfair distribution of resources. Similarly, as a result of the King County (WA) Equity and Social Justice Ordinance (described in more detail below), the King County Department of Public Health has implemented "Countering Bias" training for persons involved in all hiring decisions. The training provides statistical data on agency applicants and hires, information on implicit bias and the impact it can have on hiring, and measures to counter it.

2. **Feature community dialogue that includes all groups – not just people of color – and draw on an explicit framing of how structural and personal-level racism creates and sustains inequities**. We cannot assume that all people of color have the same views or experiences regarding racism. Time must be set aside for intragroup dialogues as well as cross-racial/ethnic group dialogues on racism and privilege.

For example, the Birmingham (AL) Metro Diversity Coalition, which started in 2006, is a coalition of diverse partners from a number of organizations that have come together "to serve as a catalyst for one community living in harmony." The group focuses on constructive dialogue and consensus building as tools to promote human dignity and equality. The partners recognize and target the social determinants of health as key to the realization of a community without racism. Inequalities in education, employment, housing, income, and health care access are recognized as key hurdles to achieving sustained racial healing. Further, they acknowledge and appreciate the deep fissures of wounds left from this city's civil rights struggles and the slow and painful process of healing; they also know how easily these wounds can be re-opened.

3. **Include learning processes that explore how whites learn their roles in a racialized society and the costs of adhering to these roles**. Opportunities need to be available for white communities to explore their own experiences of privilege and racial superiority through facilitated dialogue, and how whites view their responsibility to address race and place-based inequities.

For example, the Boston Public Health Commission has featured "undoing racism" workshops across the city as part of its multipronged approach to address racial/ethnic health inequities. The workshops offer opportunities for white participants to explore how "personally mediated" racism has evolved and how their own experiences may reflect this. The workshops emphasize the key role of personally mediated racism in sustaining white privileges and institutional structures that allow for less opportunity for communities of color. Similarly, both the San Joaquin Valley (CA) counties and Cook County Public Health have noted the difficulty engaging white communities in dialogue about privilege and racial superiority and the potential contributions of these discussions to addressing health and other disparities. These PLACE MATTERS teams both report that they have created opportunities for people to learn about racism together and develop meaningful, enduring personal

relationships across lines of difference. Participants report an increased understanding of how racism still impedes individual opportunity and community well-being.

4. **Include a full discussion of all groups that experience structural barriers to health and well-being by acknowledging the centrality of racial hierarchy as the basic framework for structured inequality in the United States by both acknowledging how black-white dynamics have provided the basic framework for structured inequality in the US and exploring the unique experiences of oppression for other racial/ethnic groups**. It is important that this dialogue begin intragroup, before moving out to include other racial and ethnic groups. Issues of internalized racism and privilege must be discussed internally before a meaningful external dialogue between diverse communities can take place.

In 2011, King County began offering training for employees on racial micro-aggressions in the workplace. By 2012 it had launched a series of "Lunch & Learn" events for employees on topics such as "What Does It Mean to Be White: Developing White Racial Literacy"; "Asian Americans and the Movement for Racial Justice"; and "Beyond Diversity: Native American Leadership and Marginalization." In 2014, training on the history of racism and how it has impacted people of color and whites was developed for and delivered to employees; the presentation included the documentary film, "Race: The Power of an Illusion."

5. **Explore ways to hold institutions accountable for measuring racism and unearned privilege**. This often requires engaging institutional leaders and staff in dialogue about racism, white privilege, and the roles of the institution in creating and sustaining racial/ethnic inequities. Additional work must be done by these institutions to assess and evaluate "race-neutral" policies and practices that result in negative outcomes for communities of color. Communities must hold institutions accountable for identifying these practices and policies, evaluating and assessing the impact, and determining what steps they will take to end the practice or policy and/or mitigate the negative impact.

For example, in 2008, the King County Executive decided to take a bold move to address the inequities in King County. The Equity and Social Justice (ESJ) Initiative, launched in early 2008, required all executive departments to make equity and social justice central to their work. This resulted in three levels of action: policy development and decision-making, internal organizational practices, and community engagement. Every department was required to make a series of annual ESJ commitments indicating the actions it would take to address inequities. By 2010, King County had enacted an ordinance requiring equity and social justice impacts to be considered in all county projects. Departments and agencies are required to make annual commitments to addressing and eliminating inequities in areas such as employment, contracting, and budgetary decision-making.

In Ohio, the Health Improvement Partnership-Cuyahoga (HIP-C) (http://www.hipcuyahoga.org) is developing a community health improvement plan (CHIP) grounded in equity. It is based on local data and being developed with meaningful input from community residents for strategic direction, action plans, and measureable outcomes. The Cuyahoga County PLACE MATTERS team (http://cuyahogaplacematters.com) was instrumental in the selection of "Eliminating Racism as a Social Determinant of Health" as one of the four key priorities. Partners working to address this priority hope to achieve perspective transformation that will change the way people in Cuyahoga County think and feel about structural and institutional racism. In turn, this changed perspective will impact the policy environment at the county level and through organizations that provide leadership and services across the county. This will lead to improved health opportunities for all residents of Cuyahoga County.

6. **Include a focus on political and economic power, with the goal of shifting power toward proponents of racial and ethnic equity**. Understanding the processes by which some groups are privileged and others are denied opportunity is key to shifting power from the dominant group. Specifically documenting how policies and programs create unexamined and unearned privilege for whites and helping individuals to understand how these privileges have played out in their own lives are key steps in promoting such a shift in power. It may be helpful to explore how unexamined privileges are sustained by feelings of racial supremacy.

For example, the Boston initiative has highlighted the importance of understanding structural racism in terms of political and economic power, and a key component of the initiative's training activities has been to focus on how privilege is created, maintained, and interrupted. In Birmingham's struggle to keep open the public hospital serving low-income communities of color, a key element of the debate has been to focus on the unexamined and unearned health care access advantage enjoyed by white residents. In the San Joaquin Valley workshops there is an explicit focus on the role of white supremacy feelings in the historic violence in and current adamant opposition to farm labor organizing.

7. **Uncover and share local information on specific policies, practices, and environments**. Promoting a detailed understanding of how communities become healthy and unhealthy places and the role of racism and privilege in this process is a necessary component of effective strategies to reduce bias and promote healing. In each community, there is a specific local history of how the policies, practices, and environments were formed. This history can show how local conditions – the local expression of societal racism – create and sustain health and other inequities. Community members need to be engaged in developing an inventory of the current local policies and practices that continue rather than interrupt the legacy of place-based inequalities. Developing consensus on which of these is most actionable can be a starting place for community mobilization. Program facilitators need to commit to teaching the long-term history of racism and privilege in the community, tying that history to current circumstances, and directly addressing the tendency to attribute negative health and other outcomes exclusively to individual choices. Government officials must, in turn, be committed to listening to the community, being accountable, and instituting actual changes. In many communities, there is a history of lack of accountability to equity advocates and traditionally excluded communities. Institutional representatives may need to spend time rebuilding trust and relationships in the process of increasing community engagement.

For example, the Jefferson County PLACE MATTERS team is building support for eliminating racism by working with city leaders to identify key levers for policy change and/or development strategies to promote health and health equity in city planning. It is currently engaging grassroots community members to bring to their understanding a focus on promoting health policies. A central theme has been the unwillingness of the city's leadership to re-examine policies, prioritize improving services and increasing funding in historically African American communities. Also, in the context of the 50th anniversary of the 1963 civil rights events in Birmingham, important work to improve differences in poverty, food access, life expectancy, and infant mortality in certain census tracts is under way. The team's report (www.jeffcoplacematters.com) is being used to advance knowledge for promoting equity in planning and zoning policies, and it offers recommendations for improving health and reducing the health inequity that is embedded throughout the city's past comprehensive plans (see www.birminghamcomprehensiveplan.com/).

In Seattle, the Racial and Social Justice Initiative has used an internal community organizing strategy since 2004 that features ongoing educational efforts. One such effort, the Racial Equity Toolkit, guides employees to incorporate racial equity and inclusive engagement as integral parts of program analyses and planning processes. In the San Joaquin Valley, racial/ethnic justice advocates have developed and disseminated historical data showing how homeowner covenants and bank redlining contributed to development of the segregated neighborhoods and concentrated poverty associated with current health disparities. The San Joaquin Valley, King County, and Cook County initiatives have all experienced some level of pushback from elected and

agency leadership who cite competing priorities or lack of interest in equity efforts. In each case, equity advocates and others have focused attention on the specific current and historic policies that create unfair racial/ethnic outcomes.

8. **Prepare for a long-term commitment to organizing and advocacy**. Communities seeking to undo place-based inequality and reduce racial/ethnic health inequities need to recognize the power of institutional inertia, status quo political ideologies, and individual barriers to perspective transformation and commit to long-term change strategies. These efforts need to be built on a detailed understanding of how communities perceive and understand racism and privilege. As such, they should include the creation of multiple opportunities for learning within the community that allow participants to realize the power to demand change and to persevere in their efforts through analysis of the root causes of health and the structures/processes by which power is used to create and sustain inequities. A key component of this long-term commitment to supportive and inspired collaboration to address racism and privilege is identifying and engaging allies to mobilize resources and support for place-based equity initiatives. The diversity of the leadership team should also be reflected in teams of facilitators for specific learning programs and sessions. Engaging community members and unexpected allies in facilitating and leading community educational efforts supports long-term commitment to organizing and advocacy for social change.

For example, in the San Joaquin Valley, initial success in gaining approval for an equity and smart growth county general plan has been followed by several years of fierce debate as developer and other interests have sought to dismantle key elements of the plan. In this context, community organizations have had to repeatedly reach out to their supporters to help finalize and implement the approach, which is oriented toward increasing health opportunities for all

PLACE MATTERS teams around the country have been engaged in anti-racism work designed to dismantle the vestiges of racial hegemony and its effects on the health and well-being of people of color. Our experience demonstrates that this work is necessary to promote healing from the wounds of racism, as well as to transform institutions and structures that perpetuate racial inequality. At the local level, teams are working across a range of sectors, including government, community-based organizations, faith groups, and many others to create conditions in which racism is no longer tolerated. Similarly, at the national level, PLACE MATTERS works to build the kinds of multisector coalitions necessary to support equity and racial justice movements. The work is neither easy nor quickly accomplished; as the examples above illustrate, racial equity campaigns require a long-term vision, disciplined and intentional action, and faith in the power of transformative change emerging from the power of communities working together for justice. Racial hegemony has been the defining characteristic of U.S. society for over 350 years, but in the same fashion progress toward equity and social justice has been inexorable and inevitable. It is clear, however, that our nation must move much more rapidly toward a climate of anti-racism and justice. PLACE MATTERS offers an important model for social change that we hope other communities will consider replicating.

> *"Racism is a much more clandestine, much more hidden kind of phenomenon, but at the same time it's perhaps far more terrible than it's even been."*
>
> Angela Davis

As part of the Blueprinting process, the architects developed a set of questions aimed at understanding how some PLACE MATTERS teams viewed the current state of race relations in their communities. The architects also queried the teams about what efforts, actions, and tools have moved their communities to this place. The following is a compilation of resources from participating teams:

Background Documents

• World Health Organization, "Health Impact Assessment: The Determinants of Health (2013)." http://www.who.int/hia/evidence/doh/en/ Accessed Feb. 10, 2013. The California Endowment, "Why Place & Race Matter: Impacting Health Through a Focus on Race and Place." http://www.policylink.org/atf/cf/%7B97c6d565-bb43-406d-a6d5-eca3bbf35af0%7D/WPRM%20FULL%20REPORT%20(LORES).PDF Accessed Feb. 10, 2013.

• Batts, V."Is Reconciliation Possible? Lessons From Combating 'Modern Racism,'" in Ian T. Douglas, ed., *Waging Reconciliation: God's Mission in a Time of Globalization and Crisis* (New York: Church Publishing, 2002). www.churchpublishing.org.

• St. John, M., Thomas, K., and Norona, C., "Infant Mental Health Professional Development: Together in the Struggle for Social Justice," Zero to Three, November 2012.

Websites

• www.birminghampledge.org/

• www.birminghammetrodiversitycoalition.org/www.youtube.com/user/CCPlaceMatters http://www.kingcounty.gov/exec/equity.aspx – this is the county's ESJ website. It includes links to ESJ tools, reports, resources, the IBT, ESJ work, the ESJ vision, and videos of speeches and training.

• http://grenetwork.org/wp/ – the Governing for Racial Equity (GRE) Network is a regional partnership of government jurisdictions working to achieve racial equity.

• www.cvhpi.org – information on the Place Matters initiative in the San Joaquin Valley and links to partner organizations and their work.

Term	Definition	Source
Ally	A person from a different racial, gender, religious, sexual orientation, etc. group that acknowledges the oppression and who will commit to working on his/her own part that may contribute to that oppression, who will continue to increase knowledge and awareness, and who will commit to supporting people who are oppressed through actions and taking stands.	National Conference for Community and Justice, St. Louis Region, unpublished handout used in the Dismantling Racism Institute Program.
Bigotry	Intolerant prejudice that glorifies one's own group, but denigrates members of other groups.	National Conference for Community and Justice, St. Louis Region, unpublished handout used in the Dismantling Racism Institute Program.
Collusion	People acting to perpetuate oppression or prevent others from working to eliminate oppression. Example: able-bodied people who object to strategies for making buildings accessible because of the expense.	Maurianne Adams, Lee Anne Bell, and Pat Griffin, eds., *Teaching for Diversity and Social Justice: A Sourcebook* (New York: Routledge, 2007).
Cultural competence	The integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services, thereby producing better outcomes.	K. Davis, "Exploring the Intersection Between Cultural Competency and Managed Behavioral Health Care Policy: Implications for State and County Mental Health Agencies" (Alexandria, VA: National Technical Assistance Center for State Mental Health Planning, 1997).
Cultural pluralism	Recognition of the contribution of each group to the common civilization. It encourages the maintenance and development of different life styles, languages, and convictions. It is a commitment to deal cooperatively with common concerns. It strives to create the conditions of harmony and respect within a culturally diverse society.	Institute for Democratic Renewal and Project Change Anti-Racism Initiative, "A Community Builder's Tool Kit."

Term	Definition	Source
Cultural racism	Those aspects of society that overtly and covertly attribute value and normality to white people and whiteness, and devalue, stereotype, and label people of color as "other," different, or less than, or render them invisible. Examples of these norms include defining white skin tones as nude or flesh colored, having future time orientation, emphasizing individualism as opposed to a more collective ideology, defining one form of English as standard, and identifying only whites as the great writers or composers.	Maurianne Adams, Lee Anne Bell, and Pat Griffin, eds., *Teaching for Diversity and Social Justice: A Sourcebook* (New York: Routledge, 2007).
Culture	A social system of meaning and custom that is developed by a group of people to assure its adaptation and survival. These groups are distinguished by a set of unspoken rules that shape values, beliefs, habits, patterns of thinking, behaviors, and styles of communication.	Institute for Democratic Renewal and Project Change Anti-Racism Initiative, "A Community Builder's Tool Kit."
Denial	Refusal to acknowledge the societal privileges (see privilege) that are granted or denied based on an individual's ethnicity or other grouping. Those who are in a stage of denial tend to believe, "People are people. We are all alike regardless of the color of our skin." In this way, the existence of a hierarchical system or privileges based on ethnicity or race can be ignored.	Institute for Democratic Renewal and Project Change Anti-Racism Initiative, "A Community Builder's Tool Kit."
Discrimination	The unequal treatment of members of various groups based on race, gender, social class, sexual orientation, physical ability, religion, and other categories.	Institute for Democratic Renewal and Project Change Anti-Racism Initiative, "A Community Builder's Tool Kit."
Empowerment	When target group members refuse to accept the dominant ideology and their subordinate status and take actions to redistribute social power more equitably.	Maurianne Adams, Lee Anne Bell, and Pat Griffin, eds., *Teaching for Diversity and Social Justice: A Sourcebook* (New York: Routledge, 2007).

Term	Definition	Source
Ethnicity	A social construct that divides people into smaller social groups based on characteristics such as shared sense of group membership, values, behavioral patterns, language, political and economic interests, history, and ancestral geographical base. Examples of different ethnic groups are: Cape Verdean, Haitian, African American (black), Chinese, Korean, Vietnamese (Asian), Cherokee, Mohawk, Navaho (Native American), Cuban, Mexican, Puerto Rican (Latino), Polish, Irish, and Swedish (white).	Maurianne Adams, Lee Anne Bell, and Pat Griffin, eds., *Teaching for Diversity and Social Justice: A Sourcebook* (New York: Routledge, 2007).
Individual racism	The beliefs, attitudes, and actions of individuals that support or perpetuate racism. Individual racism can occur at both an unconscious level, and can be both active and passive. Examples include telling a racist joke, using a racial epithet, or believing in the inherent superiority of whites.	Maurianne Adams, Lee Anne Bell, and Pat Griffin, eds., *Teaching for Diversity and Social Justice: A Sourcebook* (New York: Routledge, 2007).
Institutional racism	The network of institutional structures, policies, and practices that create advantages and benefits for whites, and discrimination, oppression, and disadvantages for people from targeted racial groups. The advantages created for whites are often invisible to them, or are considered "rights" available to everyone as opposed to "privileges" awarded to only some individuals and groups. Examples of institutional racism include policies and practices that arbitrarily govern a person's creditworthiness; determine what information, positive or negative, is presented in the media about individuals involved in newsworthy events; or place undue value on selective educational experiences or qualifications in establishing promotion criteria in jobs and schools.	Maurianne Adams, Lee Anne Bell, and Pat Griffin, eds., *Teaching for Diversity and Social Justice: A Sourcebook* (New York: Routledge, 2007); Institute for Democratic Renewal and Project Change Anti-Racism Initiative, "A Community Builder's Tool Kit."

Term	Definition	Source
Internalized racism	The situation that occurs in a racist system when a racial group oppressed by racism supports the supremacy and dominance of the dominating group by maintaining or participating in the set of attitudes, behaviors, social structures, and ideologies that undergird the dominating group's power. It involves four essential and interconnected elements: *Decision-making* – due to racism, people of color do not have the ultimate decision-making power over the decisions that control their lives and resources. As a result, on a personal level, we may think white people know more about what needs to be done for us than we do. On an interpersonal level, we may not support each other's authority and power – especially if it is in opposition to the dominating racial group. Structurally, there is a system in place that rewards people of color who support white supremacy and power and coerces or punishes those who do not. *Resources* – resources, broadly defined (e.g. money, time, etc.), are unequally in the hands and under the control of white people. Internalized racism is the system in place that makes it difficult for people of color to get access to resources for their own communities and to control the resources of their community. We learn to believe that serving and using resources for ourselves and our particular community is not serving "everybody." *Standards* ¬ with internalized racism – the standards for what is appropriate or "normal" that people of color accept are white people's or Eurocentric standards. We have difficulty naming, communicating, and living up to our deepest standards and values, and holding ourselves and each other accountable to them. *Naming the problem* – There is a system in place that misnames the problem of racism as a problem of or caused by people of color and blames the disease – emotional, economic, political, etc. – on people of color. With internalized racism, people of color might, for example, believe they are more violent than white people and not consider state-sanctioned political violence or the hidden or privatized violence of white people and the systems they put in place and support.	Donna Bivens, "Internalized Racism: A Definition" (Boston: Women's Theological Center, 1995).

Term	Definition	Source
Internalized racial superiority	The acceptance of and acting out of a superior definition is rooted in the historical designation of one's race. Over many generations, this process of empowerment and access expresses itself as unearned privileges, access to institutional power, and invisible advantages based on race.	People's Institute for Survival and Beyond (PISAB).
"Isms"	A way of describing any attitude, action, or institutional structure that subordinates (oppresses) a person or group because of its target group, color (racism), gender (sexism), economic status (classism), older age (ageism), religion (e.g. anti-Semitism), sexual orientation (heterosexism), language/immigrant status (xenophobism), etc.	Institute for Democratic Renewal and Project Change Anti-Racism Initiative, "A Community Builder's Tool Kit."
Oppression	The systemic and pervasive nature of social inequality woven throughout social institutions as well as embedded within individual consciousness. Oppression fuses institutional and systemic discrimination, personal bias, bigotry, and social prejudice in a complex web of relationships and structures that saturate most aspects of life in our society._ Oppression denotes structural and material constraints that significantly shape a person's life chances and sense of possibility. Oppression also signifies a hierarchical relationship in which dominant or privileged groups benefit, often in unconscious ways, from the disempowerment of subordinated or targeted groups. Oppression resides not only in external social institutions and norms but also within the human psyche as well. Eradicating oppression ultimately requires struggle against all its forms, and building coalitions among diverse people offers the most promising strategies for challenging oppression systematically.	Maurianne Adams, Lee Anne Bell, and Pat Griffin, eds., *Teaching for Diversity and Social Justice: A Sourcebook* (New York: Routledge, 2007);

Term	Definition	Source
Prejudice	A prejudgment or unjustifiable, and usually negative, attitude of one type of individual or group toward another group and its members. Such negative attitudes are typically based on unsupported generalizations (or stereotypes) that deny the right of individual members of certain groups to be recognized and treated as individuals with individual characteristics.	Institute for Democratic Renewal and Project Change Anti-Racism Initiative, "A Community Builder's Tool Kit."
Privilege	A right that only some people have access or availability to because of their social group memberships (dominants). Because hierarchies of privilege exist, even within the same group, people who are part of the group in power (white/Caucasian people with respect to people of color, men with respect to women, heterosexuals with respect to homosexuals, adults with respect to children, and rich people with respect to poor people) often deny they have privilege even when evidence of differential benefit is obvious. See *right*.	National Conference for Community and Justice, St. Louis Region, unpublished handout used in the Dismantling Racism Institute Program; Institute for Democratic Renewal and Project Change Anti-Racism Initiative, "A Community Builder's Tool Kit."
Race	A social construct that artificially divides people into distinct groups based on characteristics such as physical appearance (particularly color), ancestral heritage, cultural affiliation, cultural history, ethnic classification, and the social, economic, and political needs of a society at a given period of time. Racial categories subsume ethnic groups.	Maurianne Adams, Lee Anne Bell, and Pat Griffin, eds., *Teaching for Diversity and Social Justice: A Sourcebook* (New York: Routledge, 2007).
Racial and ethnic identity	An individual's awareness and experience of being a member of a racial and ethnic group; the racial and ethnic categories that an individual chooses to describe him or herself based on such factors as biological heritage, physical appearance, cultural affiliation, early socialization, and personal experience.	Maurianne Adams, Lee Anne Bell, and Pat Griffin, eds., *Teaching for Diversity and Social Justice: A Sourcebook* (New York: Routledge, 2007).
Right	A resource or position that everyone has equal access or availability to regardless of social group membership.	National Conference for Community and Justice, St. Louis Region, unpublished handout used in the Dismantling Racism Institute Program.

Term	Definition	Source
Social power	Access to resources that enhance one's chances of getting what one needs or influencing others in order to lead a safe, productive, fulfilling life.	Maurianne Adams, Lee Anne Bell, and Pat Griffin, eds., *Teaching for Diversity and Social Justice: A Sourcebook* (New York: Routledge, 2007);
Structural racism	A structural racism analytical framework identifies aspects of our history and culture that have allowed the privilege associated with "whiteness" and the disadvantage of "color" to endure and adapt over time. It points out the ways in which public policies and institutional practices contribute to inequitable racial outcomes. It lays out assumptions and stereotypes that are embedded in our culture that, in effect, legitimize racial disparities, and it illuminates the ways in which progress toward racial equity is undermined.	Karen Fulbright-Anderson, Keith Lawrence, Stacey Sutton, Gretchen Susi, and Anne Kubisch, Structural Racism and Youth Development Issues: Challenges, and Implications (New York: Aspen Institute, 2005).
White privilege	The unquestioned and unearned set of advantages, entitlements, benefits, and choices bestowed on people solely because they are white. Generally, white people who experience such privilege do so without being conscious of it. Examples of privilege might be: "I can walk around a department store without being followed"; "I can come to a meeting late and not have my lateness attributed to my race"; "I can drive a car in any neighborhood without being perceived as being in the wrong place or looking for trouble"; "I can turn on the television or look at the front page and see people of my ethnic and racial background represented"; "I can take a job without having co-workers suspect that I got it because of my racial background"; "I can send my 16-year-old out with his new driver's license and not have to give him a lesson on how to respond if police stop him."	Peggy McIntosh, "White Privilege and Male Privilege: A Personal Account of Coming to See Correspondences Through Work in Women Studies," Center for Research on Women, Wellesley College, Wellesley, MA, 1986.

www.racialequityresourceguide.org/about/glossary

Mobilizing Communities for Healthy and Successful Youth: A Blueprint for Action

This blueprint provides a launching pad for communities to begin the process of improving conditions of children and youth through meaningful engagement and authentic partnership. Case studies shared in the blueprint provide examples of systems that support healthy and successful youth, as well as best practices for youth engagement throughout development, implementation, and outcomes phases of place-based strategies aimed at positive community change. Several questions related to the health and well-being of youth – such as, "What system changes should communities pursue to support successful transition into adulthood?" – are explored in this blueprint.

Moving a Community From Cohesion to Mobilization

Effective approaches to mobilize communities around place-based systems-change efforts are outlined in this blueprint. It defines five phases of successful community based advocacy – community cohesion, community readiness, awareness, engagement, and mobilization – and explores issues related to strategies, tools, and actions that help foster community cohesion.

Making the Case to Policymakers that PLACE MATTERS: Influencing Equitable Policy

Intended to help organizations build a compelling case that brings authentic voice to overburdened communities, this blueprint provides solutions toward equitable local policies. Included is a menu of strategies that community members may use in three distinct stages: (1) Build the Case – gather preliminary data about community assets; (2) Implement Place-Based Strategies – apply findings to address an injustice on a specific site, on a certain street, or in a particular neighborhood; and (3) Share Successes – track progress, measure change, and share victories. The blueprint also examines questions that ask if communities have historical policies that have contributed to the currently identified inequities.

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