RACIAL IMPACT ASSESSMENT: USER GUIDE

A Project of the Workgroup to Eliminate Disparities and Disproportionality, California State Interagency Team

Acknowledgements

Contents

Executive Summary

Racial Impact Assessment[2] (RIA) has increasingly been used as a tool to address bias in decision-making in the criminal justice system. Several states (e.g., Iowa, Oregon, and Connecticut) have passed Racial Impact Assessment legislation as a mechanism to address the unintended consequences of policies and initiatives and to reduce disparate and disproportionate treatment and outcomes for racial and ethnic populations.

This "User Guide" serves as an introduction to the State Interagency Team Workgroup to Eliminate Disparities and Disproportionality's Racial Impact Statement (tools and describes how RIA can be used as an intervention tool to reduce disparities and disproportionality across systems. The RIA tool presented in this guide can be adapted for use by a variety of state, county, and community-based organizations representing public health, education, health care, juvenile justice, and employment services in California. California's population is diverse, with 39.7 percent of Californians identify as "White, not Hispanic or Latino" and 60.3 percent of the population identifies as a member of a different ethnic or racial group or belonging to more than one race or ethnicity. (State of California, Department of Finance, 2013) As such, working toward a climate of fairness and equity with respect to disparate and disproportionate treatment and outcomes across systems is paramount. Racial Impact Assessment provides decision-makers with a tool to explicitly address systemic racism and discrimination. It does this by raising awareness of decision-makers, and their staff, regarding the impact of potential implicit bias in both policy and practice.

---

[2] Throughout this User Guide, the terms Racial Impact Assessment, Racial Impact Statement, and Equity Impact Assessment will be used interchangeably. All of these terms refer to the process of conducting an analysis of the unique and potentially adverse consequences of policies, programs, practices, etc. on specific racial, ethnic, and cultural populations.

Background

The California State Interagency Team (SIT) for Children and Youth was created in 2003 to coordinate, across systems, state level policy, services, and strategies for children, youth, and families in California.

In response to the disparities and disproportionality documented across systems, in 2005, SIT established its Work Group to Eliminate Disparities and Disproportionality (WGEDD). The WGEDD is tasked with making recommendations to the SIT for improving outcomes and making progress toward fairness, equity, and quality of services for California's culturally, linguistically, racially, and ethnically diverse populations. One such recommendation was the development of a Racial Impact Assessment tool for California.
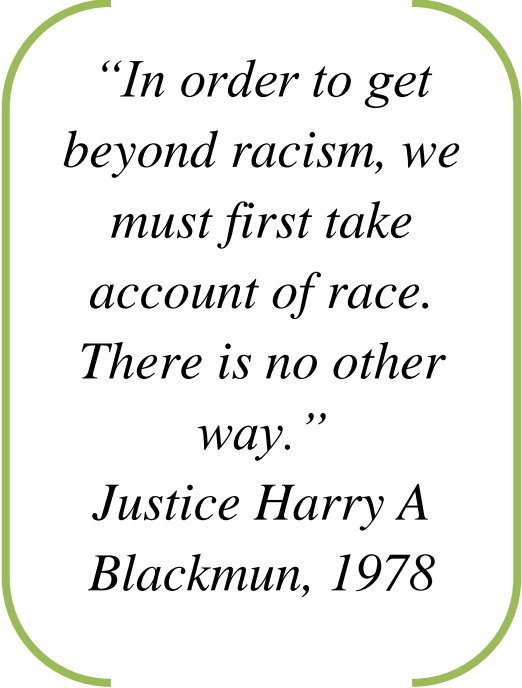
RIA is a process of systematic examination of the likely intended and unintended consequences of a proposed action or policy. This user guide provides an overview of Racial Impact Assessment tools and describes how RIA can be used as an intervention tool to

> CA State Agencies represented on the State Interagency Team include:
>
> - Social Services
> - Education
> - Public Health
> - Health Care Services,
> - Corrections and Rehabilitation
> - Developmental Services
> - Employment Development
> - Health and Human Services Agency
> - Emergency Management Agency
> - California Children and Families Commission
> - Workforce Investment Board

reduce disparities and disproportionality across systems. The RIA tool presented in this user guide can be adapted for use by a variety of state, county, and community-based organizations representing public health, education, health care, juvenile justice, and employment services in California and across the nation. The WGEDD's Racial Impact Statement tool was designed to assist the State Interagency Team, SIT workgroups, and SIT member departments to overcome implicit bias and systemic racism and discrimination in the decision-making process.

The Case for Racial Impact Assessment

Discussions of race, racism, privilege and power are too often absent from public policy discourse. While some celebrate the end of American racism, this celebration is premature and misguided. The racist utterances of now infamous individuals such as Paula Deen and Donald Sterling have received broad attention from both liberal and conservative national media outlets and sparked outrage via social media. However, racism is much more insidious and damaging than the shameful comments of [more than a] few high profile individuals. It goes

> *"In order to get beyond racism, we must first take account of race. There is no other way."*
> *Justice Harry A Blackmun, 1978*

beyond the acts and words of individual people. "Modern day racism and racial discrimination in employment and housing, racially segregated schools, racism in the health care and criminal justice systems, environmental racism, transportation racism, racial discrimination in voting procedures, racial bias in the mass media, race-based hate crimes, and plain old "everyday racism" in daily social interactions remain ubiquitous features of U.S. society." (Cameron-Wedding, 2004)

Institutional racism and discriminatory structures are covert in nature. Rather, many of these structures are perpetuated by well-meaning people who do not harbor conscious prejudices. Implicit biases, however, are much more complicated to detect precisely because they operate at the level of our unconsciousness. "Many theorists argue that implicit biases persist and are powerful determinants of behavior precisely because people lack personal awareness of them and they can occur despite conscious non-prejudiced attitudes or intentions. This process leads people to be unwittingly complicit in the perpetuation of discrimination." (Cameron-Wedding,

2004) "Because decision-makers are often unaware of their implicit biases, they may not be

cognizant of the extent to which these biases influence their decisions. This may be one of the

reasons that racial inequalities have persisted despite anti-discriminatory policies." (Stepanikova,

Triplett, & Simpson, 2011) So-called colorblind policies, which have dominated the public

> *"Many theorists argue that **implicit biases** persist and are powerful determinants of behavior **precisely because people lack personal awareness of them** and they can occur **despite conscious non-prejudiced** attitudes or intentions. This process leads people to be **unwittingly complicit** in the perpetuation of discrimination."*
> *Rita Cameron Wedding, PhD, 1994*

policy discourse since the passage of the Civil Rights Act of 1964, ignore ethnic group

differences and contribute to adverse outcomes for non-white racial and ethnic populations.

(Richeson & Nussbaum, 2004) "Institutional racism is hard to detect because it utilizes policies

and practices which on the surface appear neutral but can nonetheless result in racial disparities."

(Cameron-Wedding, 2004)

National data indicate that disparities and disproportionality in the health and human services,

educational, legal, and correctional systems result in poor outcomes for racially, ethnically, and

linguistically diverse populations. (CSDH, 2008; Gee, Ro, Shariff-Marco, & Chae, 2009;

Satcher, 2010; Scutchfield & Howard, 2011)

> **Examples of disparities and disproportionality across systems:**
>
> - Living in poor U.S. neighborhoods puts African American and white women at increased risk for intimate partner violence compared to women who reside in areas that are not impoverished. (Source: The Prevention Institute, 2011)
>
> - When compared with white women, black women have a higher mortality rate (34.7 per 100,000 compared with 25.9 per 100,000) for breast cancer despite a lower breast cancer incidence rate. (Source: American Congress of Obstetricians and Gynecologists)
>
> - In 2010, the percent of the population with feelings of sadness, hopelessness, worthlessness, or that everything is an effort all of the time, among persons 18 years of age and over, was higher in all four categories for both Hispanic women and non-Hispanic Black women than it was for non-Hispanic White women. (Source: CDC 2012, Summary of Health Statistics for U.S. Adults: 2010. Table 14. http://www.cdc.gov/nchs/data/series/sr_10/sr10_252.pdf)
>
> - More than 60% of the people in prison are now racial and ethnic minorities. For Black males in their thirties, 1 in every 10 is in prison or jail on any given day. These trends have been intensified by the disproportionate impact of the "war on drugs," in which two-thirds of all persons in prison for drug offenses are people of color. (Source: The Sentencing Project)

"Across the country, discriminatory policies and practices tied to race/ethnicity and socioeconomic status have resulted in disinvestment in low-income communities and communities of color." (Schaff et al., 2013) The social conditions and structures in low-income communities and communities of color directly impact the population health of those communities. "Racial discrimination may influence the life circumstances of racial minorities through multiple pathways, such as by determining one's residence, economic opportunities, stress, and experiences with health care. Accordingly, racial discrimination has gained attention as a potential explanation of health disparities." (Gee et al., 2009) David Satcher, former U.S. Surgeon General, notes, "we need a new way of thinking, one where, as public health professionals, we lead by taking an interdisciplinary approach and collaborating across a wide

range of disciplines, developing our own workforce to effectively address social determinants of health, and insisting health and non-health policies incorporate a social-determinants approach." (Satcher, 2010)

Cultural Competence

Efforts to achieve health equity have been focused primarily on enhancing the cultural competence of organizations providing services to the public. Cultural competence was defined in 1989 by Terry Cross et al as, "A set of congruent behaviors, attitudes and policies that come together as a system, agency or among professionals and enable that system, agency or those professionals to work effectively in cross-cultural situations." (Cross, Bazron, Dennis, & Isaacs, 1989) The concept of cultural competence has been operationalized through policies at the national, state, and local levels throughout the United States.

In 2013, the U.S. Department of Health and Human Services' Office of Minority Health released the enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS). "By providing a structure to implement culturally and linguistically appropriate services, the enhanced National CLAS Standards will improve an organization's ability to address health care disparities." (United States, 2013) Many state level agencies have passed statutes and/or regulations to institutionalize the CLAS standards and cultural competence. (United States, 2013) For example, the California Code of Regulations has identified specific goals by which to achieve cultural competence and states that cultural competence should be achieved by incorporating the goals into all aspects of policy-making, program design, administration and service delivery. (California Code of Regulations, 2006)

Many experts in the field view cultural competence as a state of awareness of one's own ethnic, racial, and cultural identity in relation to those of other backgrounds or identities; and how those

values and behaviors interface in community, organizations, and relationships. It is too often

believed, however, that cultural competence is an annual or one-time training event. There is not

an endpoint at which an individual or an organization achieves and maintains "competence".

Rather, cultural competence requires a, "commitment and active engagement in a lifelong

process that individuals enter into on an on-going basis with patients, communities, colleagues,

and themselves." (Tervalon & Murray-Garcia, 1998) Even organizations with diverse bilingual

workforces need regular training and staff development; just having staff members "from the

community" or "representative of the community" does not necessarily equate to competence

and expertise. This ongoing commitment to cultural competence is applicable to all aspects of an

organization including policymaking, community engagement, program planning,

implementation, and evaluation.

Culturally competent organizations and services may not be adequate, however, to address racial

and ethnic discrimination and institutional racism systematically entrenched in America's public

policy structures. Institutional racism "consists of established laws, customs, and practices

which systematically reflect and produce intentionally and unintentionally racial inequalities in

American society." (Carter, 1997) It is necessary to go beyond efforts to enhance cultural

competence by impacting individual actions and behaviors, as with cultural competence training.

There is a need to systematically address the social determinants of health by incorporating a

focus on the "social and structural conditions necessary for good health." (Satcher, 2010)

Social Determinants of Health
The World Health Organization's Commission on Social Determinants of Health (2008) issued a

report stating that the social conditions in which people are born, live, and work are the single

most important determinant of individual and population health. (CSDH, 2008) Health equity is

the "attainment of the highest level of health for all people." (United States, 2013) The social

determinants of health impede individuals' ability to attain the highest level of health, thus

impede health equity for marginalized populations. (CSDH, 2008) Health inequities are directly

attributable to the institutional racism, historical discrimination, and social injustices perpetuated

by unjust policies, disparate application of laws, and explicit and implicit bias of those in power.

(Cameron-Wedding, 2004; CSDH, 2008; Gee et al., 2009) "Health inequities are often revealed

through systematic patterns or gradients in access or outcomes across populations with different

levels of underlying social advantage or disadvantage—that is, wealth, power, prestige, or other

markers of social stratification." (Sadana & Blas, 2013) Furthermore, the effects of the social

determinants are cumulative in nature and can "alter health trajectories across the life course, and

be transferred across generations." (Sadana & Blas, 2013)

The WHO recognizes the necessity of assessing the impact of program and policy actions in its

recommendations for addressing the SDOH. Specifically, the WHO recommends government

organizations, "evaluate the health equity impact of policy and action. Creating the

organizational space and capacity to act effectively on health inequity requires investment in

training of policy-makers and health practitioners and public understanding of social

determinants of health." (CSDH, 2008) Racial Impact Assessment provides decision-makers

with a tool to explicitly address systemic racism, discrimination, and the social determinants of

health. It does this by raising awareness of decision-makers, and their staff, regarding the impact

of potential implicit bias in both policy and practice.

Overview of Racial Impact Assessment Tools

Racial Impact Statements (RIS) have increasingly been used as a tool to address bias in decision-making in the criminal justice system. Several states have passed Racial Impact Statement legislation (e.g., Iowa, Oregon, Connecticut, etc.) as a mechanism to address unintended consequences of policies and initiatives and to reduce disparate and disproportionate treatment and outcomes for racial and ethnic populations. The concept of Racial Impact Statements originated in the United Kingdom over a decade ago. The U.K. RIS legislation established a general duty for public authorities to eliminate unlawful racial discrimination, promote equality of opportunity between persons of different racial groups, and promote good relations between persons of different racial groups. (Mauer, 2007) The widest application of the RIS has been in the criminal justice system to examine the impact of mandatory sentencing laws for racial and ethnic populations. Racial impact statement legislation has helped to mitigate the impact of law enforcement interactions and sentencing policies which, "exacerbate unwarranted racial disparities and are generally also ineffective in contributing to public safety goals." (Mauer, 2007)

"Broadening our collective approaches to reducing health inequities by addressing the social and structural conditions needed for good health for all is urgently needed now." (Satcher, 2010) Incorporating the principles of Racial Impact Statements into public health practice and public policy decision-making is possible and necessary to effectively evaluate the impact of health policies and programs. (Mauer, 2007; Sadana & Blas, 2013) "Policy is generally understood to be a set of guidelines or a course of action that may be shaped as a law, regulation, rule, procedure, or practice. Whether public or organizational, policy aims to effect and focus change. In health promotion and health protection, policy can be an efficient strategy for advancing

health initiatives, influencing whole systems, and shifting cultural norms." (Dunet, Gase, Oliver, & Schooley, 2012)

"While some might argue that racial impact statements are "injecting race" into considerations of public policy, in fact they merely bring to light data on the already existing racial dynamic." (Mauer, 2007) Racial impact assessment gives policy and decision-makers vital information on these existing racial dynamics which creates space for policies and programs that can address issues of institutional racism by evaluating potential outcomes across systems, thus incorporating a social determinants perspective into the policy dialogue and reducing unwarranted disparities for racial and ethnic populations. "Analyses of equity effectiveness should be conducted alongside those of cost-effectiveness to ensure that the impact of various policies on health outcomes is given equal consideration." (Satcher, 2010) When decision-makers become conscious of implicit bias and institutional racism, they are better equipped to change the course of proposed policy actions to mitigate adverse consequences. "Breaking the habit" of implicit bias therefore requires learning about the contexts that activate the bias and how to replace the biased responses with responses that reflect one's non-prejudiced goals. First, people must be aware of their biases and, second, they must be concerned about the consequences of their biases before they will be motivated to exert effort to eliminate them. Furthermore, people need to know when biased responses are likely to occur and how to replace those biased responses with responses more consistent with their goals." (Devine, Forscher, Austin, & Cox, 2012)

Racial Impact Assessment tools are not intended for use at a single point in the development of a

policy or the implementation of a program; rather, the tool's utility extends to the ongoing

assessment and monitoring of the action once it has been put into practice. Health promotion and

health protection goals are seldom reached by simply adopting a policy; rather, policy

implementation is essential. However, implementation may require particular infrastructure,

expertise, staff capacity, and other resources. An evaluative mind-set might lead one to look

ahead to the practical details of what would be needed to successfully implement a proposed

policy. Questioning and reflecting in this way can provide policy makers with more

understanding about the feasibility, timeline, and resources needed. Potential barriers to policy

implementation may sometimes be addressed before a policy is adopted. In addition, facilitating

factors likely to foster swift and effective policy implementation may be established concurrently

with policy development, such as educational information and data collection systems. (Dunet et

Benefits of Using the RIS

- Identification of potential adverse impacts of policy proposals and program development.
- Greater openness and public involvement in policy-making.
- Enhanced ability to meet the needs of all racial and ethnic populations.
- Increased public confidence in the services you provide.
- More rigorous policy-making processes, by anticipating the way your proposed policy is likely to work in practice, and by avoiding any negative effects it might have on some groups.
- Improved quality of all your policies, and the public services, for which you are responsible.
- Elimination of disparities and disproportionality in California's public serving systems.
- Public interest in all its diversity is at the heart of public policy-making.

al., 2012) In fact, the tool can serve to assist decision-makers at all phases of program and/or

policy implementation, including: conception, design, development, testing, implementation,

monitoring, re-design, adaptation, evaluation, and reporting.

Designing a Tool for California

California is the third largest state in the United States, encompassing 163,696 square miles. According

to United States Census Bureau

data reported by the California

Department of Finance (2013), 39.7

percent of Californians identify as

"White, not Hispanic or Latino" and

60.3 percent of the population

identifies as a member of a

different ethnic or racial group or

California Population, Race Detail 2010, Department of Finance

- White
- Black or African American
- American Indian and Alaska Native
- Native Hawaiian/Pacific

4.87%
16.96%
13.05%
0.39%
0.97%
6.17%
57.58%

belonging to more than one race or ethnicity. (State of California, Department of Finance, 2013)
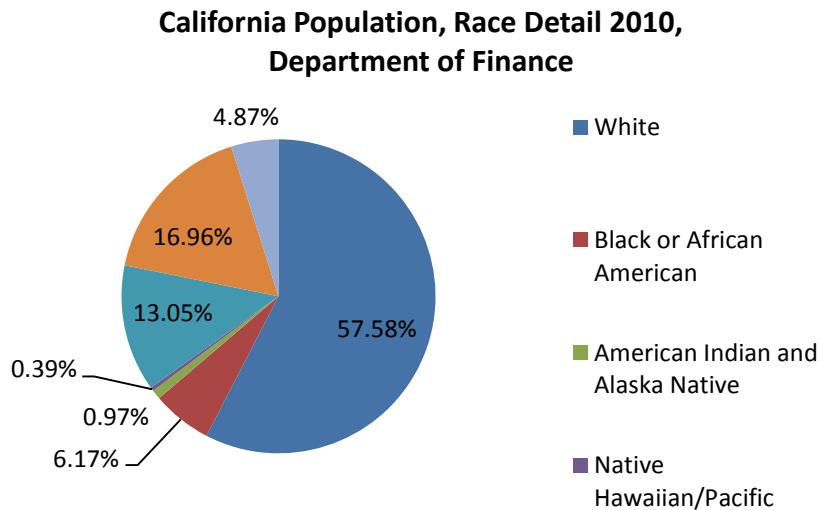
Moreover, the State of California's Department of Finance Population Projections (2013)

predicts, "…early in 2014, the Hispanic population will become the plurality in California for the

first time since California became a state. By 2060, both the Black and the White populations

will have increased in size, but decreased in proportion to the total population. Hispanics will

comprise nearly half (48 percent) of all Californians. Asians will also grow significantly in

population, but only marginally relative to the total population to just over 13 percent from their

current level of just under 13 percent. " (State of California, Department of Finance, 2013) The

rapidly changing demographics in the state require a heightened focus on reducing disparities in

California.

The WGEDD's RIS tool provides decision makers with a mechanism to evaluate and assess the impact of

state level policies and programs for racially and ethnically diverse populations. Over the course of two

years, the WGEDD worked collaboratively to develop a RIA tool for the State of California (see

Appendix A "California Racial Impact Assessment Tool"). The workgroup began by reviewing

samples of Racial Impact Statements developed in other states. For example, the Racial Impact

Statement legislation passed in Oregon, SB 463, requires, "the Oregon Criminal Justice

Commission, at the request of a legislative member, to prepare a statement on proposed

legislation or measure's impact on racial and ethnic composition of criminal offender population

or recipients of human services. [The legislation also] requires grants awarded to corporations or

other legal entities by state agencies to include racial and ethnic impact statement." (Oregon

Legislative Assembly, Staff Summary, 2013) Oregon is the third state in the United States to

pass Racial Impact Statement legislation. "Iowa and Connecticut require racial impact statements

before lawmakers can vote on any new criminal laws, and Minnesota's sentencing commission

regularly drafts racial impact statements for new legislation." (Clark, 2013)

Initially, the WGEDD drafted a simple Racial Impact Statement which was subsequently

adopted by the SIT in September 2011. However, after reviewing several equity impact

assessment tools, including environmental impact assessment and health impact assessment

tools, the WGEDD decided to develop a more robust tool that could be used by decision-makers,

at all levels, responsible for developing state level policies and programs across systems.

Components of the CA Racial Impact Assessment Tool

The Racial Impact Assessment Tool developed by the WGEDD consists of five components: 1)

Project Details; 2) Key Considerations within Organizational Domains; 3) Determining the

Impact for Racial and Ethnic Populations; 4) Certification of Racial Impact Statement; and 5)

Recommendations. Each of these components, including a description and rationale, is detailed

below.

Part I: Project Details

This section of the tool serves as an overview and introduction to the proposed action. The tool is meant to inform decision makers at all levels in the decision making chain. By including specific project information in the tool, the user provides context for the basis of the recommendation and/or decision point. In the project description, the user should provide enough details to ensure that the project/action/policy can be thoroughly understood by the decision-makers. What are the key issues? What problem is the action addressing? If the proposed action targets a specific population group and/or will have a unique impact for a specific population group, this information should also be included in this section of the tool.

Part II: Key Considerations within Organizational Domains

This section of the tool provides users with an opportunity to think through some of the key considerations and critical elements of policy and program development across all domains of an organization. The prompting questions serve as a guide to prompt the user's thinking about the full scope of the potential impacts. For instance, what are the policy's implications in terms of administration functions, such as budget issues? Does the policy and/or program include a dedicated budget for culturally responsive activities and components (i.e., translation, interpretation, outreach, etc.)? The sample domains are used to help anticipate, assess and prevent potential adverse consequences of proposed actions on different racial groups in areas that may not often be considered. The prompting questions included in the tool are examples of the types of questions that must be addressed in order to mitigate disparities and disproportionality for racial and ethnic populations. However, additional questions may be added by the user to ensure a full analysis of the key issues has been conducted.

Part III: Determining the Impact for Racial and Ethnic Populations

In this section of the RIS tool, the user begins to analyze the data collected in the first two

sections in order to identify the scope and magnitude of the potential adverse (or uniquely

positive) impacts of the proposed action for specific racial, ethnic, and/or linguistic populations.

The purpose of this section is to help the user think through the implications of the proposed

policy/program/action, as written, in terms of the impact both for the target population and the

community at-large. This section of the tools also challenges the analyst and decision-makers to

consider the larger impact of the proposed action on the systemic disparities and

disproportionality, specifically whether the proposed action will ultimately contribute to or

reduce these disparities. Finally, this section of the tool challenges decision-makers to think

through potential changes to the proposed action (i.e. modification in the policy, change in

program design or implementation strategy, revision of budget, etc.) that could mitigate any

adverse consequences for racial and ethnic populations.

Part IV: Certification of Racial Impact Statement

The certification of the Racial Impact Statement is a critical component of the tool. This section

adds accountability to the tool by requiring the decision-makers to sign-off on the analysis

completed during the tool. If a proposed action is expected to have a negative impact for a

specific population, and this impact was identified through the RIA analysis, the certification

holds the decision-maker accountable. This accountability lends itself to a more thorough and

thoughtful analysis and decision-making process. "Global evidence and experience show that

explicit political commitment to implementing policies that reduce health inequities, combined

with current knowledge, can yield improvements. Synthesizing research, observational evidence,

and evaluated innovations by researchers and other practitioners, including nongovernmental

organizations, can document what can be done to reduce health inequities. In the absence of evidence on effective action, knowledge of the pathways between SDH and health inequities and of alternative theories of change underpinning different approaches can also help entities to think through what might work, where action should be targeted, and who should be involved." (Sadana & Blas, 2013)

Part V: Recommendation

The last section of the tool provides allows the user to make specific recommendations for changing the proposed action as a result of the findings of the RIA process. The RIA process really boils down to two key questions: 1) is there a potential for adverse impacts for racial and ethnic populations as a result of the proposed action; and, 2) if yes, what will you, as a decision-maker, do about it? All too often in discussions about disparities and disproportionality, advocates discuss the problems related to disparities without providing decision-makers with concrete strategies and approaches to address the disparities. Many decision-makers want to do the "right thing", but may not know how to proceed or what to do to effectively address issues related to the social determinants and health equity. Identifying concrete recommendations and changes that can be made to proposed policies, programs, etc. is a critical step in the process to addressing disparities and disproportionality at the state policy level.

Training and Technical Assistance

In addition to developing the Racial Impact Assessment Tool for the State Interagency Team's use in its decision-making process, the WGEDD also developed a training curriculum to ensure successful implementation and use of the tool. In October 2013, the WGEDD hosted a training session for 45 management-level staff (i.e. decision-makers) of the various SIT member

agencies. The training curricula includes an overview of implicit bias and social determinants of health, an introduction to the Racial Impact Assessment tool, and a small-group practical exercise to give participants hands-on experience applying the tool.

While the initial intention for developing the RIA tool was to provide state level policymakers with a tool to address disparities and disproportionality across state systems, the tool has applicability for a wide variety of local, state level and national organizations, both governmental and non-governmental. The WGEDD In December 2013, the WGEDD conducted a workshop on the Racial Impact Assessment at the Judicial Council of California's 22nd Annual Beyond the Bench Conference in Anaheim, California. The 90 minute workshop session was attended by over 50 participants representing judges, law enforcements officials, social workers, educators, health equity and social justice advocates from across the country. Also in December, the team hosted a webinar on the use of the CA RIA as a tool to address health equity in California's statewide mental health prevention programs for stigma and discrimination reduction, suicide prevention, and student mental health initiatives. This webinar was attended by 47 participants from a wide-range of organizations in California representing academic institutions, marketing firms, suicide prevention hotlines, mental health providers, advocates, local governments and non-profit organizations. The webinar is available on YouTube.

> To inquire about training opportunities, please contact Autumn Boylan Valerio, MPH: autumnvalerio@yahoo.com.

Summary and Next Steps

Racial Impact Assessment tools provide decision-makers with a mechanism to systematically and thoroughly assess the potential unintended and/or adverse consequences of proposed actions (i.e., policies, programs, interventions, etc.) for racial and ethnic populations. This examination is a necessary step in efforts to explicitly address systemic racism and discrimination, as well as identifying strategies to address the social determinants of health. "When evaluation findings demonstrate a policy's effectiveness in advancing health goals, this information can become a powerful mechanism for encouraging the adoption of the policy in other contexts, thus broadening the reach of health promoting policies." (Dunet et al., 2012) As such, use of RIA tools can result in the following benefits:

- Identification of potential adverse impacts of policy proposals and program development.

- Greater openness and public involvement in policy-making.

- Enhanced ability to meet the needs of all racial and ethnic populations.

- Increased public confidence in the services you provide.

- More rigorous policy-making processes, by anticipating the way proposed policy is likely to work in practice, and by avoiding any negative effects it might have on some groups.

- Improved quality of policies, and the public services, for which state agencies are responsible.

- Elimination of disparities and disproportionality in California's public serving systems.

Racial Impact Assessments can be administered by both staff-level and management-level individuals within agencies. However, the process will be most effective when community members are actively engaged in the assessment process. Community-based participatory

research (CBPR) is, "a collaborative approach to research that combines methods of inquiry with

community capacity-building strategies to bridge the gap between knowledge produced through

research and what is practiced in communities to improve health." (Viswanathan, 2004) CBPR

requires a true partnership with and inclusion of the community being studied. Not only must the

community participate in the learning, but their expertise, assets, and strengths must be utilized

in order to ensure shared decision-making and mutual ownership of the research findings and

recommendations. "Working with rather than in communities, CBPR attempts to strengthen a

community's problem-solving capacity through collective engagement in the research process."

(Viswanathan, 2004) In order to ensure the effectiveness of any RIA tool, or health impact

assessment, the communities impacted by policies and programs must be invited to participate in

the documentation and evaluation of the potential impacts for the community. Without this input

and guidance from the community, any conclusions drawn from the RIA process are based only

on guesses and estimates.

Next Steps – Testing the Efficacy of the Tool

Additional research should be conducted to test the efficacy of the tool. The WGEDD plans to

pilot test the implementation of the tool and collect input from the pilot participants to determine

if the tool was successful as a means of addressing disparities and disproportionality, see

Appendix B "CA RIA Pilot Evaluation Tool." Two state departments, Social Services and

Education, have agreed to serve as the host sites for the pilot test. The pilot test will include

additional training and technical assistance to support the implementation of the pilot test tool.

The WGEDD anticipates facing challenges and resistance to using the tool during the pilot test

process. It is critical to get the buy-in of the agency leadership when implementing these types of

assessment tools into process of developing programs and policies. Racial Impact Assessments,

and other similar tools, have been successfully implemented in other states and jurisdictions. King County in Washington has implemented a county-wide policy to utilize Equity Impact Assessment in all of its decision making processes. "Policymakers adopting the use of racial impact statements would have before them a range of options by which to make use of the data analysis prepared for sentencing legislation…expanding the use of racial impact statements to other areas of social policy related to sentencing could help to alleviate the expansion of racial disparities." (Mauer, 2007) Use of Racial Impact Assessment tools to aid state level policy makers in the design, development, implementation, and evaluation of programs and policies can be an effective tool for reducing disparities and disproportionality across systems as well as for dismantling the system of institutional racism and discrimination perpetuated by existing laws, policies, and practices.

References

Alm, A. L. (1988). NEPA: Past, Present, and Future. *EPA Journal, 14*(1), 32.

Cameron-Wedding, R. (2004). Defending Whiteness: Protecting White Privilege in Post-Civil Rights Society. In R. C.-W. a. M. R. Matisons (Ed.), *Institutions, Ideologies, and Individuals: Feminist Perspectives on Gender, Race and Class* (Vol. 1, pp. 1-30). California State University, Sacramento, California: Kendall/Hunt Publishing Company.

Carter, R. T. (1997). Expressions of Racial Identity. In L. W. M Fine, L. Powell, and L. Mun Wong (Ed.), *Off White: Readings on Race, Power and Society*. Great Britian: Routledge Press.

Cross, T. L., Bazron, B., Dennis, K. W., & Isaacs, M. (1989). Towards a Culturally Competent System of Care: A Mongraph on Effective Services for Minority Children Who Are Severely Emotionally Disturbed (Vol. 1): National Technical Assistance Center for Children's Mental Health, Georgetown University Child Development Center.

CSDH. (2008). *Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on the Social Determinants of Health*. Geneva.

Devine, P. G., Forscher, P. S., Austin, A. J., & Cox, W. T. (2012). Long-term reduction in implicit race bias: A prejudice habit-breaking intervention. *J Exp Soc Psychol, 48*(6), 1267-1278. doi: 10.1016/j.jesp.2012.06.003

Dunet, D. O., Gase, L. N., Oliver, M. L., & Schooley, M. W. (2012). Evaluative Thinking: A Tool to Inform Policy Development and Policy Impact Evaluations. *American Journal of Health Promotion, 26*(4), 201-203.

Gee, G. C., Ro, A., Shariff-Marco, S., & Chae, D. (2009). Racial discrimination and health among Asian Americans: evidence, assessment, and directions for future research. [Review]. *Epidemiol Rev, 31*, 130-151. doi: 10.1093/epirev/mxp009

International Association of Impact Assessment, I. a. I. o. E. A., IEA. (1999). PRINCIPLES OF ENVIRONMENTAL IMPACT ASSESSMENT BEST PRACTICE: International Association of Impact Assessment, IAIA.

Lawrence, D. P. (2009). *Tools, Techniques and Approaches for Sustainability : Collected Writings in Environmental Assessment Policy and Management*. River Edge, NJ, USA: World Scientific Publishing Co.

Mauer, M. (2007). Racial Impact Statements. *Ohio State Journal of Criminal Law, 5*(19).

Noble, B. F. (2006). *Introduction to environmental impact assessment : a guide to principles and practice*. Ontario: Oxford University Press.

Richeson, J. A., & Nussbaum, R. J. (2004). The impact of multiculturalism versus color-blindness on racial bias. *Journal of Experimental Social Psychology, 40*, 417-423. doi: 10.1016/j.jesp.2003.09.002

Sadana, R., & Blas, E. (2013). What can public health programs do to improve health equity? *Public Health Rep, 128 Suppl 3*, 12-20.

Satcher, D. (2010). Include a social determinants of health approach to reduce health inequities. *Public Health Rep, 125 Suppl 4*, 6-7.

Schaff, K., Desautels, A., Flournoy, R., Carson, K., Drenick, T., Fujii, D., . . . Yamashita, B. (2013). Addressing the social determinants of health through the Alameda County, California, place matters policy initiative. *Public Health Rep, 128 Suppl 3*, 48-53.

Scutchfield, F. D., & Howard, A. F. (2011). Moving on Upstream: The Role of Health Departments in Addressing Socioecologic Determinants of Disease. *American journal of preventive medicine, 40*(1, Supplement 1), S80-S83. doi: http://dx.doi.org/10.1016/j.amepre.2010.10.003

Sheate, W. (2009). *Tools, Techniques and Approaches for Sustainability : Collected Writings in Environmental Assessment Policy and Management*. River Edge, NJ, USA: World Scientific Publishing Co.

Stepanikova, I., Triplett, J., & Simpson, B. (2011). Implicit racial bias and prosocial behavior. *Social Science Research, 40*(4), 1186-1195. doi: http://dx.doi.org/10.1016/j.ssresearch.2011.02.004

Tervalon, M., & Murray-Garcia, J. (1998). Cultural humility versus cultural competence: a critical distinction in defining physician training outcomes in multicultural education. [EditorialResearch Support, Non-U.S. Gov'tResearch Support, U.S. Gov't, P.H.S.Review]. *J Health Care Poor Underserved, 9*(2), 117-125.

Toro, J., Requena, I., Duarte, O., & Zamorano, M. (2013). A qualitative method proposal to improve environmental impact assessment. *Environmental Impact Assessment Review, 43*(0), 9-20. doi: http://dx.doi.org/10.1016/j.eiar.2013.04.004

United States, D. o. H. a. H. S. (2013). *National Standards for Culturally and Linguistically Appropriate Services in Health and Healthcare*. Washington D.C.: Department of Health and Human Services Retrieved from https://www.thinkculturalhealth.hhs.gov/content/clas.asp.

Valerio, A (2014). Racial Impact Assessment: A Tool to Reduce Health Disparities. Philadelphia, PA.: Drexel University

Viswanathan, M. A., A.; Eng, E.; Gartlehner, G.; Lohr, K.N.; Griffith, D.; Rhodes, S.; Samuel-Hodge, C.; Maty, S.; Lux, L.; Webb, L.; Sutton, S.F.; Swinson, T.; Jackman, A.; Whitener, L. (2004). Community-Based Participatory Research: Assessing the Evidence *Evidence Report/Technology Assessment No. 99*. Rockville, MD:: Agency for Healthcare Research and Quality.

Appendices

A. California Racial Impact Assessment Tool

Racial Impact Assessment (RIA) Tool

Contents

Part I: Project Details

Instructions: Complete this section below to describe the proposed action or decision point.

1) Briefly describe the proposed action or project, including the problem being addressed by the proposed action.

2) Description of target population(s) for the proposed action or project.
   a. Demographic information such as race, ethnicity, sexual orientation, gender identity, age, etc.
   b. How was this target population selected?
   c. What will be the likely impact, if any, on other population groups?
   d. What, if any, data was used to support the selection of this target population?

3) What are the intended outcomes of the proposed action or project?

Part II: Key Considerations within Organizational Domains

Instructions: For each domain, provide a response to the key considerations question to determine the range of factors impacted by the proposed action.

Domain	Key Considerations	Response
Measurement and Evaluation		
How are you measuring your effectiveness with underserved communities?	Will race and ethnicity data be collected?	
	What are your race/ethnicity data categories?	
	What other population demographics are measured (LGBTQ, gender, sex, etc.)?	
	Does data collected reflect county/regional demographics?	
	How are you using data to inform design, planning and implementation of services?	
	Do you have staff trained to analyze the data?	
	What will you do to address disparities found in the data?	
Linguistic Access and Diversity		
How does your organization deal with issues of linguistic diversity?	Will you be developing in-language materials for the target population? What will be your process for creating these materials?	
	Will you provide translated materials? In which languages?	
	Will you provide interpreter services for community events? In which languages?	
	Do the languages selected above reflect the linguistic diversity of the community or target population?	
	Does your process for translating materials include pilot testing in the community?	
	How will you make these materials available?	
Staff Diversity		
How diverse is your personnel at all levels? What strategies do you have for enhancing diversity?	Does the diversity of your staff reflect the diversity of target communities?	
	What kind of support and training will the organization provide regarding the cultures of the target population for the proposed action?	

Domain	Key Considerations	Response
	Do you plan to hire or consult with cultural brokers from the target population for the proposed action?	

Domain	Key Considerations	Response
Community Engagement		
What is the nature of your organization's relationship to the community relative to the proposed action?	What is the involvement of communities and consumers in the design and implementation and evaluation of your project?	
	What formal relationships (contracts/MOUs) with community based organizations?	
	What is the role of consumers and family members in project?	
	What community events does your organization participate in to promote the project?	
	What CBOs do you need to partner with to make the project successful?	
	Do you have relationships with local ethnic media providers? If so, what is the nature of these relationships?	
Community Needs and Assets		
Does the proposed project reflect the specific needs of the diverse communities served?	How is the project tailored to meet the cultural needs of communities?	
	How are the needs of the target population assessed?	
	Does the project rely upon and strengthen natural community supports and assets?	
	How do you incorporate cultural concerns and treatment needs of specific groups? (i.e. use of traditional healing practices)? Use of culturally appropriate diagnostic assessment, treatment planning tools?	
	If you are providing services, how are you ensuring accessibility? Flexible hours? Transportation? Child care? Welcoming environment? Convenient location?	
Messaging and Social Marketing		
Is the messaging and/or social	Does your project entail the development of a social marketing strategy for the target population?	

Domain	Key Considerations	Response
marketing strategy for the project culturally relevant?	If applicable, does the design of your company and/or project website reflect the target populations' values, beliefs, etc.?	
Domain	**Key Considerations**	**Response**
Organizational Infrastructure		
What infrastructure exists to support cultural competence within the organization?	Is the project consistent with the organization's vision and mission?	
	Will the proposed action/decision require a change in departmental policies and procedures?	
	Is there a person charged with assuring cultural competence within the organization? If so, has this person been involved in the development of the proposed project?	
	Is there an advisory committee charged with enhancing cultural competence of the project?	
	Is there collaboration with cultural leaders, cultural brokers, cultural organizations, and faith based organizations?	
	Is there financial support (i.e., budgetary allotment) for the proposed action/project?	

Part III: Determining the Impact for Racial and Ethnic Populations

Instructions: Complete the section below to assess the scope and magnitude of the impact (either positive or negative) for target population(s) and/or unintended consequences for racial and ethnic populations. Consider the factors identified in Part II in providing your response. If multiple populations will be uniquely impacted by the proposed action, please address the impact for <u>each</u> population group.

1) What adverse impacts or unintended consequences could arise from the proposed action?
2) Is there a disparate racial impact for a particular population? How do you know there will be a disparate racial impact? If there is an impact, which populations will be impacted?
3) Can these racial impacts contribute to systemic disparities and disproportionality?
4) What specific racial impacts can be identified (e.g., sentencing disparities, removal of children, access to services)?
5) Can the (negative) impact be mitigated by change in action (i.e., modify policy, change program/strategy, revise recommendations, etc.)?
6) What are there consequences (i.e., fiscal, regulatory, etc.) of NOT proceeding with proposed action, as indicated?
7) Can the (positive) impact be enhanced? Can the positive impact be expanded to other population groups? If so, which population groups may benefit?

Part IV: Certification of Racial Impact Statement

Instructions: Based on your findings in Parts II-III, Please choose the statement(s) that pertains to this proposed project. This section certifies the findings of the assessment.

☐ The proposed policy, service, strategy or recommendation could have a disparate, disproportionate or unique **positive** impact on culturally, linguistically, racially and ethnically diverse populations.

Please specify which population(s) is positively impacted:

_____

☐ The proposed policy, service, strategy or recommendation could have a disparate, disproportionate or unique **negative** impact on culturally, linguistically, racially and ethnically diverse populations.

Please specify which population(s) is negatively impacted:

_____

☐ The proposed policy, service, strategy or recommendation is **not expected to have** a disparate, disproportionate or unique impact on culturally, linguistically, racially and ethnically diverse populations.

I hereby certify that the information on this form is complete and accurate, to the best of my knowledge.

_____   _____
NAME   DATE

_____   _____
TITLE   SIGNATURE

Part V: Recommendation

Instructions: Based on your findings, please make a recommendation about the appropriate course of action and next steps for the proposed action. Describe your rationale for making the recommendation.

☐ **Recommend NO change as a result of the findings of this RIA**

- Describe your rationale for this recommendation.

☐ **Recommend MINOR changes as a result of the findings of this RIA**

- Describe your rationale for this recommendation.
- Detail recommendations for changes and/or next steps for the proposed action.

☐ **Recommend SIGNIFICANT changes as a result of the findings of this RIA**

- Describe your rationale for this recommendation.
- Detail recommendations for changes and/or next steps for the proposed action.

B.   CA RIA Pilot Evaluation Tool

Instructions: Please complete the Racial Impact Assessment (RIA) tool assessment below. The purpose of the assessment is to provide input on the tool and to determine the effectiveness of the tool as a mechanism to eliminate disparities and disproportionality for racial and ethnic populations. Both the RIS tool and this assessment should be completed for EACH proposed action during the RIS pilot.

Name of Staff Completing RIA: _____

Title of Staff Completing RIA: _____

Organization: _____

Briefly describe proposed action: _____

	Strongly Disagree				Strongly Agree
	1	**2**	**3**	**4**	**5**
1. The RIS tool helped me to identify factors that may contribute to disparities and disproportionality for racial and ethnic populations (Part II).					
2. The RIS tool contributed to my ability to identify potential adverse impacts and unintended consequences for racial and ethnic populations (Part III).					
3. The RIS tool helped me to think about the impact of the proposed action across systems (Part III).					
4. As a result of using the RIS tool, I was better able to make recommendations to improve the proposed action.					
5. I clearly understood how to use the RIS tool.					
6. The RIS tool was easy to use and did not take too much time.					
7. I am willing to continue to use the RIS tool to assess the racial impact of policies, procedures, programs, services, etc.					
8. If implemented, the RIS tool will likely positively impact the state's ability to overcome implicit bias and systemic discrimination in the decision-making process.					

9. What components of the tool were most useful to you? What made it useful?

```
┌─────────────────────────────────────────────────────────────┐
│                                                             │
│                                                             │
│                                                             │
│                                                             │
└─────────────────────────────────────────────────────────────┘
```

10. What components of the tool were least useful to you? Why? What revisions would you recommend to improve this component?

```
┌─────────────────────────────────────────────────────────────┐
│                                                             │
│                                                             │
│                                                             │
│                                                             │
└─────────────────────────────────────────────────────────────┘
```

11. Did the use of the tool impact decision making around the proposed actions? In what ways?

```
┌─────────────────────────────────────────────────────────────┐
│                                                             │
│                                                             │
│                                                             │
│                                                             │
└─────────────────────────────────────────────────────────────┘
```

12. Do you have any additional comments or suggestions?

```
┌─────────────────────────────────────────────────────────────┐
│                                                             │
│                                                             │
│                                                             │
│                                                             │
└─────────────────────────────────────────────────────────────┘
```

For Management Use:

The _____ (department) considered the findings of the Racial Impact Assessment tool completed by staff for the proposed action. The findings resulted in the following actions:

☐   Significant changes were made for the proposed action
☐   Minor changes were made for the proposed action
☐   No changes were made for the proposed action

_____   _____
NAME   DATE

_____   _____
TITLE   SIGNATURE