Undoing Racism in Public Health:

A Blueprint for Action in Urban MCH

A Special Report to the
W.K. Kellogg Foundation

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City**M**at**CH** is a freestanding national membership organization of city and county health departments' maternal and child health (MCH) programs and leaders representing urban communities in the United States. The mission of City**M**at**CH** is *to improve the health and well-being of urban women, children and families by strengthening the public health organizations and leaders in their communities.* City**M**at**CH**, through its network of urban health department maternal and child health leaders, provides a forum for the exchange of ideas and strategies for addressing the health concerns of urban women, children and families. For more information about City**M**at**CH**, contact Patrick Simpson, Acting Executive Director, City**M**at**CH** at the University of Nebraska Medical Center, 982170 Nebraska Medical Center, Omaha, NE 68198-2170. Telephone: (402) 561-7500, FAX (402) 561-7525. City**M**at**CH** can be found on the web at http://www.citymatch.org

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Acknowledgements

Once again, the collective efforts of many talented and committed individuals have coalesced into the newest City**M**at**CH** publication, "Undoing Racism in Public Health: A Blueprint for Action in Urban MCH."

First, kudos rightfully belong to the maternal and child health program directors in the 56 city and county health departments who took the time to assure their health departments' views and information were represented. Participating urban health departments generously give of their time and resources; we hope in return they get collective wisdom which can shed light on the complex reasons why racial and ethnic disparities in health persist and what can be done by local public health departments to undo these disparities.

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Eliminating health disparities remains an identified strategic priority of City**M**at**CH**. This examination of the scientific basis for racism and its role in health status and health disparities and how institutional racism manifests in health care and health departments, the overview of current efforts to ameliorate or undo racism and the series of proposed activities for a local public health initiative to undo racism are offered to you as both invitation and challenge to action. While this report only scratches the surface of the problem, we hope this begins discussion that will ultimately lead to action. Heartfelt thanks to all who participated in this essential and necessary step toward positive change.

Patrick Simpson, MPH
Acting Executive Director

Executive Summary

Racial and ethnic disparities in health status persist and are even increasing in some areas. Eliminating health disparities is a sustained, strategic priority of City**M**at**CH**, a national public health organization dedicated to improving the health and wellbeing of urban women, children and families. Although public health is a relative newcomer to the field of "undoing racism," City**M**at**CH**'s local health department members have requested the organization become involved in examining the role of, and "undoing," institutional racism in the very structure of how public health is administered.

Racism and discrimination are social constructs of attitudes, beliefs, behaviors and practices that contribute to these long standing disparities. Racism affects health through a complicated set of direct physiologic effects, most notably physiologic stress, and through indirect pathways such as access to goods, services and opportunities. Analysis of such effects has proven difficult, in part because race and racism are difficult to quantify, in part because of the intricate interconnections between the various pathways. Further, there is growing consensus among researchers that the health effects of racism and race-related exposures and experiences accumulate over a lifetime, and can not be pinpointed to single points in time.

Consideration of institutional racism moves beyond beliefs and behaviors to the deeply engrained structural and systemic factors and policies that affect individuals' health. Institutional policies affect health care and thus health status through three main areas - logistical as well as cultural access to care, the quality of care that is provided, and the scope and relevance of that care. Organizational policies and attitudes that result in different levels of access and quality of service to different populations, or that assume that all clients have the same scope of needs, are major contributors to persistent health disparities. For instance, housing location and quality are acknowledged to impact health status yet are rarely addressed in public health programs. Activities such as cultural competence training that improve linguistic and cultural access to care may improve that care for individuals, but are unlikely to create needed long term, fundamental changes in population health status.

City**M**at**CH** member health departments are already engaged in a variety of activities designed to improve their cultural competence and reduce health disparities, but are on the whole uncomfortable with directly addressing individual or institutional racism. However, there is a wealth of existing programs and organizations that can assist members with anti-racism education, awareness and change at the individual or organizational level. Their products vary from having a broad community focus with coalition building around specific areas of need, to those with a primarily institutional focus. There is thus considerable opportunity for health departments to choose intervention strategies and programs that best fit their institution's and community's perspectives and needs. Underpinning the more rigorous programs are the tenets that the work may be painful, that without fundamental organizational commitment change will only be cosmetic or superficial, and that to be meaningful the work must be seen as an on-going, long term commitment.

A query of City**M**at**CH** members and evaluation comments from state health department teams participating in a workshop on health disparities reveal four potential areas of focus for a large-scale, national initiative on undoing racism in public health. "Making the Case" would develop and disseminate health department-focused introductory materials on institutional racism, promote new research results and programmatic activities, and integrate undoing racism information into City**M**at**CH**'s existing activities and models. "Cross-Community Networking" would convene teams of health departments willing to engage at one or more levels in developing undoing racism tools and frameworks, including a compendium of best practices. A "Practice Collaborative" would again involve teams working together to overcome specific barriers and supporting members' undoing racism activities. Finally, "Changing the External Landscape" would involve collaboration with other national public health organizations to bring the issues of institutional racism and health to the forefront of the national public health community.

Introduction

Despite considerable work to the contrary, racial and ethnic disparities in health persist and are even increasing in some areas. The literature documenting these disparities is considerable; the literature on "why" they exist is much less so. Many public health reforms concentrate on improving access to services, particularly the traditional barriers of transportation, language, affordability, hours of service, and even staff attitudes. And indeed, studies show that health status does improve as access improves (Shin et al., 2003). Yet, the overwhelming evidence suggests that despite considerable effort, multiple forms of discrimination in health care and prominent racial and ethnic disparities in health remain. There is also growing evidence for a role of institutions in creating and perpetuating racial and ethnic health disparities. Although public health is a relative newcomer to the field of "undoing racism," its attention is beginning to shift towards a more fundamental approach – examining the role of, and "undoing," institutional racism in the very structure of how public health is administered.

CityMatCH and Undoing Racism

Eliminating racial and ethnic disparities is a sustained, strategic priority in City**M**at**CH**'s work with nearly 150 member local health departments whose jurisdictions include the largest 200 cities and major metropolitan areas in the nation. The City**M**at**CH** Board of Directors has committed the organization to assist those members in undoing racism efforts. Members have specifically requested guidance and tools for initiatives in their own departments. A 2000 National Association of City and County Health Officials (NACCHO) and City**M**at**CH** "Survey of MCH in Local Health Departments" showed that among 123 responding urban health departments (83% of City**M**at**CH** members), reducing racial and ethnic disparities was a high priority. However, only 39% reported being adequately prepared to address institutional racism and less than 10% had chosen to directly take on larger systemic and social issues such as poverty and housing. Members asked City**M**at**CH** to help them start, and stay the course, to undo racism - beginning with their own institutions. This report is an initial answer to those requests. Its three main sections:

- Examine the scientific basis for racism as a determinant of health status and health disparities, and institutional racism manifests in health care and health departments;
- Provide an overview of existing directions, options and resources for "Undoing Racism;" and,
- Outline a series of activities for a local public health-based Undoing Racism initiative, ranging from awareness to action.

Part 1 – The Knowledge Base

What is Racism?

The concepts of race and racism are now generally accepted to have more of a social base than a biological one. Differential and/or unfair treatment of individuals on the basis of race is the most commonly understood and accepted manifestation of racism, although it is often necessary to distinguish attitudes and beliefs ("racism") from behaviors and practices ("discrimination"). Jones has expanded these basic concepts into a three-level framework of

- *internalized racism:* acceptance by members of the stigmatized races of negative messages about their own abilities and intrinsic worth;
- *personally-mediated racism:* prejudice (differential assumptions) and discrimination (differential actions) by individuals towards others; and,
- *institutional racism:* differential access to the goods, services, and opportunities of society by race. (2000; p1212).

A fourth component can also be added:

- *cultural racism:* that which determines what personal/group qualities and characteristics are valued and devalued (Project Change, 1999).

How Does Racism Affect Health Status?

Racial/ethnic minorities in the U.S. are acutely aware of differential treatment (e.g., assumptions about substance abuse or economic status), but conducting research on the effects of racism and interpreting the evidence is guided by the old axiom – "if it were easy it would have been done by now!" Much of the difficulty is constructing measurable definitions of racism, but there are also considerable issues involved in separating out effects of behavior and attitudes from other social variables. The Institute of Medicine (2004) has provided a thorough discussion of the strengths and weaknesses of current methods to measure discrimination and its effects, concluding that such research was challenging, necessary and far from resolved.

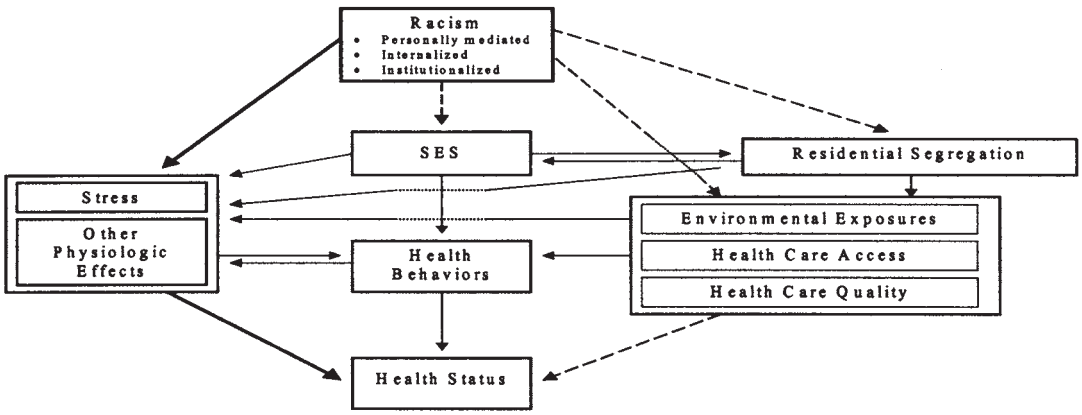
Hogue (2003) notes that factors accounting for or resulting in health disparities must fit three criteria:

- they must be risk factors for the specific outcome,
- they must occur more frequently in (non White) populations, and
- their effects must not occur uniformly within the affected population.

The third criterion is ignored more often than not, but the reality is that "the majority of African American pregnant women are healthy and deliver healthy, full term infants;" the same can be said for most if not all ethnic groups and health conditions. And, there are many more women that report experiencing racism than who go on to have bad outcomes.

The literature examining racism and health proposes complex interactions and pathways (Figure 1), with both direct, physiologic effects (left side, solid lines) and indirect pathways (right side, dashed lines).

Figure 1.



Effects of Racism on Health Status – Direct Effects

Multiple studies have shown negative health outcomes associated with perceptions of racial discrimination and experiences of racist events, but could only conjecture about the actual pathways (see for example Collins et al., 2000; Karlson and Nazroo, 2002, Rosenberg et al., 2002; Kwate et al., 2003). The primary pathway for racism is thought to be through inducing physiologic stress. More than just a temporary, "physiological response of the body to enviromental challenge;" in this context stress also represents the "adaptation and maladaptation of the individual to the circumstances of life" (McEwen & Seeman, 1999, p31).

McEwen and Seeman refined and expanded this concept of physiologic stress to one of "allostatic load," a cumulative physiologic "wear and tear" that reflects life experiences, genetics, individual habits, and developmental experiences (which plausibly include racism). These factors "influence the temporal patterning and efficiency of turning on and turning off the hormonal mediators of stress, primarily the catecholamines and glucocorticoids. These hormones protect the body in the short run and promote adaptation, but in the long run…cause(s) changes in the body that lead to disease" (1999, p43). Several researchers have proposed similar roles for interactions between the nervous, endocrine and immune system in the relationship between social processes and health. (Wadhwa et al., 2001; Lu, 2004)

Allostatic load presents a plausible, coherent mechanism for the growing understanding that effects of racism are not static and instantaneous, but rather a dynamic set of forces operating over a lifetime and possibly generations. James' seminal work on "John Henryism" related blood pressure in African-American men to their attempts to "control behavioral stressors through hard work and determination"; educational attainment was an important mediator (James et al., 1983). Geronimus' "weathering hypothesis" envisions African-American women's health status as a cumulative reflection of their life experiences, including environmental, residential and work environments, familial support and pressures, and behavior choices (2000). Kawachi et al. discuss these dynamics in terms of:

- *latent effects* by which the early life environment affects adult health independent of intervening experience; secondly,
- *pathway effects*, through which the early life environment sets individuals onto life trajectories that in turn affect health status over time; and thirdly,
- *cumulative effects* whereby the intensity and duration of exposure to unfavourable environments adversely affects health status, according to a dose-response relation" (2002, p650).

Following these lines, Lu and Halfon (2003) reviewed studies of racial and ethnic disparities in birth outcomes and found support for a "life-course perspective" on effects of maternal psychological stress through hormonal pathways and immune function. Lu (2004) has gone on to champion the importance of understanding cumulative disadvantages and inequities when trying to affect outcomes at a single point in time, e.g., pregnancy. Still lacking, however, is the understanding of how any of these effects "scale-up" to large, persistent racial/ethnic disparities in multiple health outcomes, including within and across SES levels (see for example Lillie-Blanton and LaVeist, 1996).

Effects of Racism on Health Status – Indirect Effects

In addition to having a not-well understood mechanism of action, "racism" is difficult to quantify and measure. Thus, whether for political or analytic expediency, researchers have tend to avoid studying *direct* influences of racism on health as discussed above in favor of *indirect* pathways. These indirect pathways are perhaps best summarized through Jones' (2000) definition of institutionalized racism, as the "differential access to the goods, services, and opportunities of society by race." Thus, for example, Kawachi et al. discuss the *material interpretation* of health inequalities, or "the graded relation between socioeconomic position and access to tangible material conditions, from basics such as food, shelter, and access to services and amenities, as well as car and home ownership, access to telephones and the internet, and the like," separately from a *psychosocial interpretation*, the "direct or indirect effects of stress stemming from either being lower on the socioeconomic hierarchy, or living under conditions of relative socioeconomic disadvantage" (2002, p649).

Because in the U.S. socioeconomic factors are so consistently linked to race, many concentrate on socioeconomic status (SES) as an important pathway for indirect effects of racism. Winkleby et al. (1999) suggest that "persons of high SES are more able to avoid (cardiovascular disease) risk factors…because

(they) command greater access to resources, such as health information, high-quality health care, social capital and healthy social environments; and are more able to take advantage of those resources" (p191). SES is traditionally measured by attainment – education, income, occupation, residential census tract, etc., and researchers have diligently searched for the specific components or combinations that explain racial differences in health outcomes. Baum et al. (1999, p136) speak of the search for the "protective elements of privileged life (i.e., higher SES) and the toxic effects of privation (i.e., low SES)." It has also been argued that a singular focus on SES is misguided, and that the single most important race-linked determinant and outcome of lower SES and thus health is residential segregation, with its strong effect on opportunities, attainment, behaviors and environmental exposures (Pickett and Pearl, 2001; Williams and Collins, 2001).

Yet, even after controlling for these and possibly every other measurable socioeconomic variable, researchers are rarely able to statistically eliminate black:white disparities in outcomes such as prematurity and low birthweight – perhaps understandable given the complexities implied in Figure 1. Lahelma et al (2004) point out that traditional SES indicators should be considered as both "partially independent and partially inter-dependent determinants of health," while Baum et al. (1999) recognize that "…SES is correlated with exposure to stressful environments and conditions that contribute to chronic stress, which in turn affects health." (p137). Kawachi et al. also make the key caveat that "In reality, these explanations (material and psychosocial interpretations) are not mutually exclusive, nor is it usually possible to disentangle their effects from one another" (2002, p649). The reality that SES varies within racial groups as well as across them further complicates such explanations.

The bottom line is that race itself is a difficult concept, pathways of effect are intricately interwoven and interconnected, and it is hardly surprising that mathematical models have not been able to adequately operationalize these relationships (Kaufman et al., 1997; Braveman et al., 2001; also see for example Starfield and Shi, 1999). For public health practitioners, the key questions are ultimately multi-faceted and multi-disciplinary. What are the specific exposures and circumstances that make health vulnerable to racism and what are the pathways through which this occurs (medical research), how do these vulnerabilities translate to population-level health disparities (public health research), and, more to the point - what aspects of the health care system trigger them (public health practice)?

What is Institutional Racism?

Jones (2003) is largely credited with making the concept of institutional racism accessible to the public health field. She sums up institutional racism as the cause of the association of SES and race/ethnicity, via three main factors – initial historical insult, contemporary structural factors, and acts of omission by not addressing these structural differences. It is these latter practices that ensure that although individual attitudes may change little else does, in part through denying an institutional role in determining personal health. Winkelby et al. agree, stating that "An individually oriented approach to the prevention of (cardiovascular disease) that focuses on modification of lifestyle behaviors or risk factors to the exclusion of the individual's socioeconomic context implies that individuals can and should bear primary responsibility for their health, including changing their behavioral risk factors. This can deflect attention from the issue that individual choices are constrained by the context in which people live and work" (emphasis added) (1999, p206). Recent controversies about the censoring/editing of a national report on health care status are prime examples of the tension between institutional and personal contributions to racial disparities:

> Erasing Racial Data Erased Report's Truth
> M. Gregg Bloche. LATimes online, 2/20/04
> …These wholesale changes shrink the responsibility of healthcare institutions for racial disparities in the delivery of medical care. And therein lies the key to how the rewrite came about. Among conservative health-policy thinkers, belief in personal responsibility for health runs deep. Claims of racial inequity in health and medical care are anathema because they tend to point blame away from patients and toward doctors, hospitals, health plans and the government. To these conservatives, talk of racial disparity in the health sphere – and talk of public- or private-sector initiatives to reduce it – distracts from the work of inspiring citizens to take care of themselves. As President Bush has said, "Better health is an individual responsibility."
> http://www.latimes.com/news/printedition/opinion/la-op-bloche15feb15,1,6959770.story?coll=la-news-comment

Institutions affect care and thus health disparities through three main areas – logistical and cultural access to care, the quality of care provided, and the scope and relevance of care offered.

1. Access to care

Public health efforts to improve access to services typically concentrate on patient-level factors, particularly the traditional barriers of transportation, language, affordability, hours of service, and even staff attitude(s). However, many recent studies of access state that such patient-level factors may no longer be the major constraints on health status they were once thought. Randall (undated) and Fiscella (2000) have looked further for institutional-level practices in the U.S. health care system that affect access. They propose several such practices that ultimately have disparate effects by race, including:

- the closure, relocation or privatization of hospitals that primarily serve the minority community;
- the transfer of unwanted patients ("patient dumping") by hospitals and institutions;
- providers that serve mainly poor minority communities may not be included in a managed care network because the provider's patients might be labeled "too costly."
- limiting the access of Medicaid patients to the full array of providers by sending these patients provider lists that contain only providers that accept Medicaid, resulting in "segregated" provider lists; and,
- targeting specific areas for managed care enrollment while ignoring inner-city areas or other less desirable districts.

Although plausible explanations, financial or otherwise, can be provided for each of the above practices the net result remains a health care system that provides different levels of service to different populations. The net effect in a community will differ by the type and scope of such practices. However, such organizational policies (or lack thereof) and attitudes that result in a biased provision of services can be called "disparate impact discrimination" (National Resource Council, 2004; IOM, 2004) or "institutional racism."

2. Quality of care

In 2003, the Institute of Medicine (IOM) released its controversial report "Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care," making the case that efforts to improve health care access do not necessarily guarantee health care quality (or equality). The IOM looked in depth at two main areas:

- the extent of racial and ethnic differences in healthcare that are not otherwise attributable to known factors such as access to care; and,
- potential sources of racial and ethnic disparities in healthcare, including the role of bias, discrimination, and stereotyping at the individual (provider and patient), institutional, and health system levels.

Together with the recent report by the Agency for Healthcare Research and Quality (AHCRQ) on quality of care, these documents moved a long festering issue to the forefront – that "racial and ethnic minorities tend to receive a lower quality of healthcare than non-minorities". Although direct discussions of racism were buried deep in the IOM report, it nonetheless provided an important analysis of institutional and systems-level contributions to disparities in the quality of care received. The reports also helped publicize the substantial amount of research that continues document quality-related manifestations of institutional racism, including less aggressive treatment of minority patients, and that minorities are more likely to be treated by providers with worse performance records or who are less well trained (Bach, 2004; Rothenberg et al., 2004).

3. Scope and relevance of care - "Inaction in the face of need"

When asked to describe a "typical health department client," a group of public health workers from different states and backgrounds came up with the following composite picture: young, female, black, low education, several children with different fathers, unmarried, living in poor housing, pregnant again…Participants readily acknowledged the stereotypicity of this composite, although all claimed familiarity with similar or identical clients. Most of the traits they described are credible, potentially-modifiable risk factors for poor health status. Yet, participants were surprised to realize that their health department programs addressed few if any of them. Dr. Robert Ross' address to the DC Primary Care Association related a similar revelation: "…Can you do anything about that, Dr. Ross? And I'm thinking, Well, you know, I'm from the health department. I don't do abandoned cars, I don't do housing, I don't do grocery stores. Eat five fruits and vegetables a day and exercise, and thank you very much."

Randal (undated) also note areas where the public health and medical systems practice selective responsibility, including:

- ignoring of minority women's health issues, such as violence against women, seen primarily as a social issue, not necessarily a health issue; and,
- devoting relatively little research to the racial and ethnic differences that affect the manifestations of certain illnesses and their treatment.

This is perhaps the fundamental concept of institutional racism as it pertains to public health – working sincerely around the edges of the "indirect effects" mentioned above, but avoiding the longer term, deeper rooted, social justice issues that perpetuate and entrench poor health at a population or community level.

Part 2 - Undoing Institutional Racism

"Undoing" institutional racism is not one specific action, nor does it take place all at once. Organizational change has been defined as having four basic levels:

- awareness - institutional definition and official acceptance of a problem;
- adoption - institutional willingness to address the problem;
- implementation - provision of resources and engagement; and,
- institutionalization – including evaluation & re-planning – an ongoing process.

Although all four levels are critical components of successful change, the scope of change is determined in the awareness and adoption phases – "For how much is the institution willing to take responsibility?" "How deep is it willing to go when making change?"

Cultural Competence

The cultural competence movement of the late 1990s is a prime example of a single institutional step. Cultural competence, or what can also be called cultural solidarity, has been characterized as "comprehension of the unique experiences of members from a different culture through awareness of one's own culture, empathic understanding of oppression and critical assessment of one's own privilege, resulting in the ability to effectively operate in different cultural contexts." In practice, this is typically interpreted as equipping a provider staff with the language and cultural tools to provide appropriate health care to diverse clients. The cultural competence movement was furthered by the government's Culturally and Linguistically Appropriate Services (CLAS) standards that dictated the need for health providers to have the capacity to provide appropriate services, particularly around translation and interpreting, for all clients.

As the demographic composition of the United States shifts, championing cultural competence provided an advantage to health care institutions in the competition for clients. Few argue with the need for or value of for cultural competence, although the ability and/or willingness to prioritize the resources to do so remains a challenge for many institutions. Nonetheless, cultural competency training, diversity awareness and adoption of the CLAS standards can also all be seen as ways to improve patient satisfaction and possibly even outcomes, with the convenience of minimal structural overhaul. And as Areán (2000) points out, rarely if ever do these programs address a central fact - there is no level playing field.

Cultural competence does not address the scope or quality of programs available to racial/ethnic minorities, nor does it address the structural issues that impact their health. "Such training (diversity awareness) fails to provide the racial justice approach necessary for progressive social change" (A Territorial Resource, 2002). True commitment to addressing Jones' "structural differences" is much more difficult and takes a more comprehensive assessment of the multitude of areas within an institution that determine the ability of clients to access and receive high quality health care services.

These areas can be reflected in the *external* face of an organization – how it works with clients, partner organizations and the broader community, including how it defines just what and who that broader community should be, and where resources are committed. But they are also reflected in the *internal* face of an institution – how it goes about its business and in particular, how and by whom decisions are made.

Figure 2.

External Face	Internal Face
• scope of services • commitment of resources • definition of partners • policies determining & affecting access • racial/ethnic composition of staff • linguistic and cultural access & service delivery	• perceived realm of responsibilities • policies and attitudes • staff structure • racial/ethnic composition of hierarchy; decision making • cultural humility • resource allocation

How an institution relates to its community can be assessed through self-examination – "are the services we provide designed to equally address the needs of all of our target clients in the areas of:

	Examples
...exposure to health-protecting factors?"	• do our nutritional recommendations match dietary practices and cultural beliefs? • do we address reasons why all of our pediatric clients are not fully immunized?

...exposure to health-reducing (harmful) factors?"	• do we acknowledge the influence on health and on the effectiveness of our services of factors such as:
	  • location and quality of housing?
	  • community and domestic violence?

...access to care?"	• what are the intended and unintended effects of our policies on cost, payment, hours, locations, attitudes, language, availability and use of technical services...?
...quality of care?"	• what are our policies on the use of new, expensive technology? • do we search out unrecognized, untreated health problems? • are our referral practices appropriate to the needs and resources of our clients and communities?

As communities grow larger and more diverse, the amount of influence a health department has on community health also grows larger and more complex, necessitating that a sincere effort to improve community health status must involve more comprehensive approaches. "Acts of omission" occur when the health care and public health systems treat all clients as though they were the same across the areas of need listed above. Long-term commitment to the process of undoing racism requires a willingness to prioritize, measure and continue until inequity is eliminated – this takes guts, honesty, perseverance and an understanding of the depths of personal and institutional racism.

Local Health Departments and Institutional Racism – Perceptions and Activities

In January, 2004, City**M**at**CH** sent a "rapid query" to member departments about undoing racism (Appendix A). This web-based query was designed to assess members' perceptions of institutional racism, and assess how many and what kind of related activities were already taking place. Initial "Readiness Assessment" questions looked at organizational commitment to developing a proactive, long-term anti-institutional racism initiative, specifically around perceptions of institutional racism and whether it was a public health responsibility to address. These five questions were measured on a Likert scale, from 0 ("Not at all") to 5 ("Certainly"). Comment boxes allowed additional remarks for each question. Respondents were then asked about specific activities addressing institutional racism taking place or planned in their department, city and/or state; space was available to describe the site and scope of each activity. Finally, the query asked what City**M**at**CH** could do to help members address institutional racism. Respondents were asked for

demographic and identifying information, but also had the option of responding anonymously. Sixty-six local health departments responded to the query.

Readiness Assessment responses showed hesitancy in accepting institutional racism as a major factor in local public health, although the highest scores were given to whether the health department saw itself as responsible for addressing it.

Table 1.

Readiness Assessment	Your Belief mean (sd)	Health Department Belief mean (sd)
Does institutional racism exist in local public health?	3.17 (1.3)	2.73 (1.3)
Is it at play in your department?	2.73 (1.4)	2.23 (1.3)
Does your department see itself as responsible for addressing it?	3.73 (1.3)	3.72 (1.4)
Is it a priority for your department?	3.23 (1.3)	3.13 (1.4)
Can racism in public health be "undone"?	3.58 (1.8)	3.85 (1.1)

Interestingly, the only question that did not receive at least one "5" was whether the respondent thought that racism could be undone. Comments accompanying these responses were also instructive, including:

- "Some leadership members felt that the term 'racism' was, in itself, inflammatory."
- "I don't think health departments view themselves as being racist."
- "I think that it does not exist in the individuals who provide services through public health but limits us in our ability to help clients because racism does exist in the community."
- "I believe one of the main reasons it may not be at play in our health department is because the majority of the direct caregivers (mainly a nursing model) are minority (African Americans)."
- "Ethnic 'spread' of employees at all levels testifies to lack of institutional racism."

Together these comments show that the concept and depth of institutional racism as distinct from individual racism is not universally understood or accepted, and that racism itself is still an uncomfortable subject.

Three-quarters of respondents reported that there was some level of activity within their department related to institutional racism, either at the departmental or city/state level (Table 2 & Appendix). Slightly more of the activities were taking place within the departments than at the city or state level. Two-thirds of respondents reported activities at both the health department and the city/state levels.

Table 2.

The most commonly reported activities were around raising awareness, including showing a video of a

	No activity	Raising awareness	Self-assesment	Interventions	Other	Any activity	Activity at both levels
In local health department	24.2%	63.6%	31.8%	33.8%	12.1%	75.8%	68.2%
In city or state	24.2%	65.2%	24.2%	21.2%	9.1%	75.8%	

Camara Jones presentation on the three levels of racism, cultural diversity activities such as food events and multicultural days, and various types of staff training. Three respondents (4.5%) mentioned that they are specifically discussing or working on institutional racism.

Finally, 50 of the 66 respondents (75.8%) suggested useful ways that City**M**at**CH** could support the local department in addressing institutional racism; these included continuing to raise awareness of the issue among members, providing examples of existing interventions and best practices, and providing training materials and toolkits. Eleven respondents did not answer the question; three could not think of a way that City**M**at**CH** could assist them.

Table 3.

Suggested CityMatCH activities to assist local health departments	Numberof respondents
Raise awareness, both of members & externally	14
Develop & provide trainings & intervention resources	14
Publicize models and best practices	8
Develop & provide resources to assess racism	4
Team strategies	3
Direct work on institutional policies & barriers	2
Formal study of institutional racism in health	1
Other	7
Not sure	2
Nothing	2
No response	11

So, What to Do? Where to Start?

Part three of this paper outlines a series of City**M**at**CH** activities designed to assist member health departments wishing to "undo racism" in their own institutions. However, in the absence of such a larger partnership, individual departments may wish to begin their own activities. Where to start?

Perhaps the first questions that need to be asked are "how far am I prepared to go to push my institution?" and "realistically, how far is my institution going to go?" Even with strong organizational commitment, individual advocates will likely be faced with considerable individual resistance. And in the absence of organizational support, the journey will be even more perilous for the undoing racism champion.

However, starting at a basic level of individual awareness may be the key starting point for some organizations. The concept of "institutional readiness" holds that institutions (or communities) are at various stages of their ability to take on a project or initiative; without a firm foundation the larger process is much more likely to fail or even to abort before takeoff. If improved individual awareness of institutional racism is the only long term result of an initiative, then that institution or community is still that much further ahead. Likewise, projects that continue existing efforts to improve health care access and quality should not be summarily rejected as "insufficient" or "doomed." If such projects are all that are locally feasible, then they

may indeed help improve health status and reduce disparities. It should be understood, however, that they are unlikely to create the long term, fundamental changes in health status and social injustice that are the goals of undoing racism. An orientation towards using such programs as a vehicle to improve institutional or community readiness can be part of the longer term plan.

A single staff person then might be well-advised to contact a formal "Undoing Racism" assistance program or organization with philosophies and processes compatible with the host institution's. A larger group of employees with more clear ideas on scope may feel confident enough to begin a "self-study" course. Regardless, a thoughtful perusal of the programs and activities of Appendix A will hopefully provide ideas on the options and resources available for a local initiative.

Undoing Racism, Inc.

There is a growing industry that helps organizations to "undo institutional racism." Indeed, a June 2004 entry of the term "undoing racism" in the Google internet search engine yielded over 11,000 hits. These resources range from homegrown committees using basic principles (e.g., church groups), to self-help manuals, to not-for-profit organizations that conduct formal training sessions and provide individual follow-up on progress. The Project Change anti-racism guide (undated) provides five categories of resources:

- Programs and organizations
- Funders
- Technical assistance providers
- Training programs
- Resource guides

Some of these have a direct focus on eliminating racism and bigotry at the societal level; others facilitate specific types of institutions (e.g., schools & universities, churches, businesses) in providing equal access and opportunities. Their content generally targets one or more levels of the process of change as previously discussed (awareness, adoption, implementation, institutionalization), recognizing that this is not necessarily a linear process.

Appendix B contains a list of over 40 programs and organizations that promote anti-racism education, awareness and change. Some consider their mission to be a narrowly defined geographical region – specific cities, states or regions; others offer their services on a national or even international basis. Their products vary from a broad community focus with coalition building around specific areas of need, to a primarily institutional focus. There are also those who provide support to individuals victimized by racism (e.g., legal assistance) and those working to build communities (e.g., promoting investment in the community). Even among those with an institutional focus, there is still considerable variability in the extent to which the focus is on institution-level versus individual-level awareness and change. However, the bottom line is that there is clearly a wealth of experience and resources from which City**M**at**CH** and its members can grow – there is no need to "reinvent the wheel."

Underpinning the more rigorous programs, however, are the tenets that the work may be painful, both individually and organizationally; that without fundamental organizational commitment change will only be cosmetic or superficial; and that to be meaningful the work must be seen as an on-going, long term commitment. Also that individual racism plays a complicated role in institutional racism. Personal racism and bias take many different forms and manifestations. It isn't necessary for policies to have intentionally fostered discrimination or disparities, but it is important that those in charge recognize that for whatever reason they have done so. Institutional racism can be "undone" while some percentage of staff still hold strong racist views, but it can not be undone without acknowledging that that racism exists.

Similarities & Differences across Programs -
(An Excerpt from "Training for Racial Equity and Inclusion," Shapiro, 2003)

Anti-racism programs are not a "one size fits all." They have clear differences, including logistical factors – targeted clients, training design and format, etc. More important, however, are aspects dealing with the philosophical foundation of what the program believes and what it is trying to accomplish.

Table 4.

	Program Type				
	Prejudice reduction (eliminating racism)	Healing & reconciliation	Anti-racism	Diversity & multiculturalism	Democracy building
World View	"The world is filled with wounded people who are doing the best they can with the resources they have available to them. Once people understand their own oppression & are tied into a healthy network, they can act as agents of change."	"The world is filled with groups that have been traumatized & victimized by historic events. When the oppressing group acknowledges & apologizes for these injustices, individual & social healing, reconciliation & transformation can occur."	"The world is controlled by powerful systems with historically traceable roots. Once people are shown how they benefit from or are battered by those systems, they can work together to change the systems."	"The world is filled with a multitude of complex cultures, constantly intersecting & shaping each other. As people grow to understand & appreciate their own culture & cultures around them, they will be better able to cooperate and overcome mutual problems."	"The world is filled with diverse perspectives on complex issues such as race. When people have appropriate public forums, processes & skills for dialoguing about these issues, they will recognize their interdependence & find cooperative ways to address common concerns."
Levels of Analysis	Individual: attitudes, assumptions, identities, feelings & behaviors	Intergroup: racial, ethnic and cultural group relations	Structural: systemic oppression in institutions, policies, & practices	Individual/ Intergroup	Intergroup
Intended Outcomes	Personal awareness & healing	Individual transformation	Social change	Tolerance, awareness of cultural differences	Engaged citizenry

- Some suggest that transformed individuals will lead structural change, and build more equitable and inclusive institutions. Others suggest that inclusive, equitable structures will lead to the transformation of individuals who live and work in them.
- Some programs create an environment that makes participants feel safe for taking risks; others challenge participants to step outside their comfort zone.
- Some train participants to end the criticism and oppression of people who try to organize, promote and lead community change. Others train new kinds of leaders who are more accountable to the communities they serve.

There is thus considerable opportunity for health departments to choose intervention strategies and programs that best fit their local communities' perspectives and needs.

Part 3 – A Strategic Model of CityMatCH Activities

The following section outlines a model or "Blueprint" of City**M**at**CH** activities to address institutional racism in public health. The activities are largely designed to take place at the local health department level, but also begin to address institutional racism as a national issue. Key pieces of the member-targeted activities are based on:

1) Responses to the City**M**at**CH** members' "rapid query" on undoing racism (January, 2004) (Appendix). Sixty-six member departments responded to the query;
2) Evaluation comments from the five state teams participating in AMCHP's "Action Learning Lab" on health disparities (January, 2004).

The majority of query respondents appeared to welcome City**M**at**CH** leadership in addressing institutional racism, frequently citing City**M**at**CH**'s success with team-based approaches to learning. City**M**at**CH** members are already involved in a variety of activities around reducing health disparities, particularly in the areas of:

- cultural awareness / diversity training / cultural sensitivity;
- linguistic access; and,
- recruitment practices.

These efforts need to be acknowledged, but also understood as being initial steps in a larger process and placed in the context of a larger vision. A sample response: "We can make great efforts toward undoing racism – we aren't certain about outcome." However, responses to the rapid query also clearly show two distinct groups of members - a small group of departments who recognize institutional racism as an important issue and are currently devoting time and resources to it, and a larger group uncertain about what it is and what it means in terms of their work. The following section sketches out four areas of activities that address the needs of both groups of members, but also begin to acknowledge that to truly undo racism action must be taken at a national level.

Area 1: "Making the Case" - Options to Promote Learning on Institutional Racism

Activity 1.1. *Develop introductory packet of materials on institutional racism for members who wish to begin the dialogue within their departments.* Materials are needed that summarize the evolving science of how racism can affect individual health; that differentiate individual from institutional racism and eliminating health disparities from eliminating racism; and demonstrate how institutional racism manifests in health care. Much of the difficulty will be in making the information accessible to those who may be quick to think they are being blamed, or who are not ready to accept individual racism (possibly their own), without losing the deeper, structural concepts of institutional racism.

Activity 1.2. *Ongoing communication on anti-racism programs, results, science.* These materials would be oriented towards "moving people along," exposing them to evolving thinking and actions as well as concrete activities.

Activity 1.3. *Integrate undoing racism information into existing City**M**at**CH** activities and models.*

Example 1. The Data Use Academy / Data Use Institute (city team-based learning on effective use of data at the health department level) could:

- use institutional racism information into lectures and examples;
- develop classroom exercises on assessing and challenging institutional racism; and,
- promote undoing racism team projects.

Example 2. The Perinatal Periods of Risk Practice Collaborative (city team-based infant mortality analyses and interventions) could:

- develop analyses that assess institutional patterns in infant mortality in a specific locality;
- promote examination of the role of institutions and systems in infant survival.

Similar activities and foci could be developed for the Perinatal HIV Urban Learning Network, for example, related to race-related institutional barriers to testing and treatment for HIV/AIDS.

Area 2: "Cross-Community Networking" - Options to Promote Team-Based Joint Learning

Activity 2.1. *Convene a team of three or more member health departments willing to advise a City**M**at**CH** Project Coordinator developing undoing racism materials.* Joint activites could include developing basic framework and key concepts of undoing racism initiatives, such as:

- a formal Readiness Assessment;
- starting points; and,
- basic principles of community engagement.

Activity 2.2. *Convene a team of three or more member health departments willing to commit to active engagement in developing undoing racism materials.* Joint activities could be as in Activity 2.1, above, but with materials developed largely by the teams rather than by the Project Coordinator and moving beyond basic frameworks. Higher level products could include:

- detailed tools for public health-specific visioning process, around goal setting and what a non-racist institution would look like;
- a logic model and evaluation framework for undoing institutional racism in local public health, following the Framework for Program Evaluation in Public Health (CDC, 1999), including organizational indicators of impact, and performance and outcome measures to assess progress and change.

Activity 2.3. *Develop compendium of Best Practices from members' existing activities and from non-member initiatives on undoing racism, including planning and resource development (costs, fundraising, etc.).*

Area 3: Practice Collaboration – Enabling Intensive Team-Based Actions on Specific Institutional Issues

Activity 3.1. *Team-based collaborations to help overcome barriers and support members' undoing racism activities.* The Perinatal Periods of Risk Practice Collaborative and the Perinatal HIV Learning Cluster have both evolved into sophisticated networks of cities learning from each other and national experts as they work on entrenched public health issues – infant mortality and perinatal transmission of HIV. Experience with these teams has shown the importance and feasibility of taking team work to the next level – working together to shape new models for new initiatives, public health practice, and develop systems-level solutions to team-specific barriers.

Area 4: Changing the External Landscape – Organizational Collaborations

Activity 4.1. Working with other national public health organizations to bring the issues of institutional racism and health to the forefront. Specifically, City**M**at**CH** would seek out, develop and strengthen partnerships with those national organizations whose missions are to advance public health policy, several of whom are already engaged in similar intiatives. Activities that could benefit from such a larger partnership include:

- promotion of the scientific study of racism / institutional racism and health;
- cultivation and development of funding sources for local and national initiatives; and,
- development and promotion of local, state and federal legislation that addresses institutional causes of health disparities.

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Undoing Racism in Public Health:

A Blueprint for Action in Urban MCH

Appendix A

Assessing Institutional Readiness and Priorities for "Undoing Racism" in Local Public Health Agencies

CityMatCH is developing a Blueprint for Action in response to members' requests to address racial disparities and underlying institutional racism in local health departments. This rapid query asks the CityMatCH member representative to respond individually and on behalf of her or his agency. This query is designed to assess your perceptions and interest in, and readiness for, addressing racism in your health department. We strongly encourage you to consult with your colleagues, including senior officials.
In answering the questions below, please use the following definitions:

"Racism" - *Any type of action or attitude, individual or institutional, which prescribes and legitimizes a minority group's subordination by claiming that the minority group is biogenetically or culturally inferior.*[1]

"Institutional Racism" - *Differential access to the goods, services, and opportunities of society by race.*[2]
For local public health agencies, this means moving beyond concepts of cultural competence, to areas where official policies, resource allocation and attitudes affect the ability of clients to access and receive high quality health care services, based on their race and/or ethnicity.

"Undoing Racism" – *People working together for systems change to "undo" the social construct of racism through assessment, education, training, and programmatic/policy change.*[3]

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CityMatCH RAPID MEMBERS QUERY, JANUARY 2004
Assessing Institutional Readiness and Priorities for "Undoing Racism" in Local Public Health Agencies

Readiness Assessment	What do you believe?				What does your health department leadership believe?			
	Not at all	Somewhat	Certainly	Avg	Not at all	Somewhat	Certainly	Avg
Does *institutional racism* (as defined on the previous page) exist in local public health departments?	11 13 19 13 15			3.11	12 21 17 12 6			2.69
Comments	• Based on conversations with the Health Officer • The scale is not clear as there are 5 choices but only 3 choices statement and no instruction how to fill • While there is discussion of the need for diversity within the leadership, our processes of recruitment do not explicitly Attempt to recruit among minorities. The result is that while the leadership is comprised of exceptionally qualified and talented individuals • I'm more concerned about the public and politicians who label public health patrons into categories such as minorities and indigent. • County is under court order to hire Latinos all things being equal. • Many of our health department's managers are individuals who have been employed with us for years (15+ yrs). Very few have MPH degrees and their way of thinking can be thought of as "old school" and somewhat backward. • Some leadership members felt that the term "racism" was, in itself, inflammatory. • I think that it does not exist in the individuals who provide services through public health but limits us in our ability to help clients because racism does exist in the community. • We have not had this discussion with the health Department leadership so I don't really know • Responses from Dept. leadership ranged from Not at All to Somewhat • Will send another report after staff input and leadership input • I don't think health departments view themselves as being racist • I haven't been able to have discussions to the point of being able to assess beliefs of Department leadership • Cultural/language--not by choice, by financial pressures							
Is it at play in your department?	19 17 12 14 9			2.68	26 21 10 7 5			2.19
Comments	• Ignorance, and fear of talking about it . Taboo • I would assume this to be true but we have not looked closely at this issue. • I believe one of the main reasons it may not be at play in our health department is because the majority of the direct caregivers (mainly a nursing model) are minority (African Americans). • In spite of the court order, there are no mechanisms to train and promote Latinos. • One definitely sees this at our public health clinics in the manner that our employees deal with the clients. • Again responses ranged from Not at all to Somewhat • I believe that institutional racism as defined is extremely difficult to quantify; it is not overt, but subtle in both its manifestation and impact on the health of the community.							

Readiness Assessment	What do you believe?				What does your health department leadership believe?			
	Not at all	Somewhat	Certainly	Avg	Not at all	Somewhat	Certainly	Avg
Does your health department see itself as responsible for addressing institutional racism?	1 17 10 13 30			3.76	4 10 8 22 25			3.78
Comments	• Somewhat. There are 2 camps very set on blaming each other . the eternal white- black issues. • Competing priorities and the differing perspective between leadership and program staff • Because of our health dept's small staff, providing basic public health services tends to overwhelm us at times. • Many of our managers choose to see things through "rose colored glasses". It is particularly disturbing to see this among our younger managers. • We do not have the control needed to address all of the issues-Health Dept is under County Gov. • When identified • All respondents indicated Certainly • We have had several sessions of health disparities and have addressed them in planning; we have not addressed institutional racism • Access may be more a systems problem. • Lack of funds for personnel							
Is "undoing" racism seen as a priority for your department?	8 14 19 12 18			3.25	8 13 20 14 14			3.19
Comments	• Bioterrorism has subverted a conscious motion towards declaring Health Disparities as the entire focus for our department. But, this is not the same as dealing with racism • Undoing racial disparities is, but undoing racism may not be part of it as people do not even acknowledge that it does exist part of it • Again competing priorities and differing perspectives • While Executive Team believes this I'm not 100% sure that we are acting fully on this priority. I question if we, as a Dept., are mixing up cultural competence with undoing racism. • We talk/ do more with the term eliminating disparities associated with race.... • See above. • When identified • Most responses were Certainly • It is not currently a stated priority • No big effort yet-idea takes time to sink in and act on							

Readiness Assessment	What do you believe?				What does your health department leadership believe?			
	Not at all	Somewhat	Certainly	Avg	Not at all	Somewhat	Certainly	Avg
Can racism in public health be "undone?"	1 2 12 31 invalid			Void	0 7 15 27 invalid			Void
Comments	• Comment boxes do not work very well. • Perhaps slowly overtime • Providing better public health infrastructure will help to address these problems. • I believe at the very least it needs to be addressed. We need to begin this work if we believe in social justice. • It will take working on and developing policy of course proceeded by an in depth assessment. • I think there will always be racist people but for them we can set parameters of acceptable behavior • Responses ranged from Somewhat to Certainly • Public health is just one area that need to address racism. I think society, governments both federal and local and communities must work together to address racism. • We can make great efforts toward undoing racism-we aren't certain about outcome. • As long as racism exists in society, it cannot be completely undone in public health. However, I believe that we have a responsibility to understand our participation and work toward bias-free services and a racism-free community. • Somewhat w/ sufficient funds							

Please help us identify activities to address institutional racism in public health, locally or elsewhere, which are being planned or are taking place

Check all that apply:	No Activity	Raising Awareness	Self-Assessment	Interventions	Other
In our Department	17	46	24	25	8
In our City/State	11	47	18	16	6

Please briefly describe the site and scope of each activity checked:

- Maternal Child Health has regular cultural sensitivity/humility meetings. As a part of our evaluation of the last five years we noted that training and ongoing communication in the area of cultural diversity was spotty. We decided to begin a new "brown bag" session at lunch, once a month to address different topics all relevant to cultural diversity. The brown bag is organized by staff and usually have outside speakers/performers/cooks!!!!! So far we have had foci on African Americans (including a Kwanzaa activity), Japanese culture, Pakistani/Indian culture, Jewish culture, voting rights and historical racism, etc. The food has been incredible.
- Raising awareness: We are sponsoring two day undoing racism workshop
- We used the exercise from City**MatCH** in our staff meeting
- Our Department has a multi-year process for addressing undoing racism
- City-wide Diversity training required for all staff.
- The State Deptartment of Health is offering "Cultural Competence" training

Please briefly describe the site and scope of each activity checked:

- Led by the Human Services Department, sessions of Undoing Institutional Racism (People's Institute) have been held and local leaders trained. Follow-up groups are meeting in several city departments and community locations. This has increased dialogue about racism and awareness of its impact, but hasn't led to demonstrable change yet. Most groups feel stymied about how to move forward into action steps.
- In local departmental meetings, via internet, via ... Our Regional Health Disparities Elimination work group 2004 efforts and activities, strategically positioning ourselves on ADH boards, advisory groups, work groups to begin to "talk the talk and walk the walk" in modeling undoing racism actions, also via our Regional Cultural Diversity Implementation Plan. ... Thought you might be interested in Our Regional Diversity Promotion plan which will be incorporated into our activities to reduce Health Disparities through promoting access to Dept of Health Services this next year.
- The department sponsored MCH collaborative provides
- Yeady Diversity training for all staff mandatory for all departments.
- I have been showing the Camara Jones video
- Raising Awareness: Participating in community-wide
- Addressed in discussion during planning activities
- Our department has an annual event at which all department staff is required to attend. This year our event was on racism in health settings. Professional actors portrayed people receiving care in various health care settings. They displayed in their skits how they felt they were treated or understood by the health professionals. This was a consciousness raising drama. There was discussion after the skits. We have a group that meets at the University to discuss Institutional Racism. This April, they are planning a Walk for Families in one of our communities to raise awareness of Black Infant Mortality, prematurity, early prenatal care, preterm labor symptoms and other maternal related issues. After the Walk, one of our Community Health Centers will have educational booths, prizes, and refreshments. The community is involved in planning and participation.
- We offer cultural awareness/diversity training to our staff and have made a concerted effort to hire individuals with the same racial/ethnic background of those whom we are seeing seeking more of our public health services. We actually supplement the salaries of employees who speak a second language (mainly Spanish) and have been involved in collaboratives with various entities in the Hispanic community to actively outreach to this group. We have offered free screenings and participated in various health fairs targeting minority populations in our efforts to ensure equal access to all.
- We are modifying our approaches to recruitment.
- We attend workshops that are presented by the city] Anyway, concrete activities to address Institutional Racism are that all city employees are routinely and periodically required to attend in-service or workshops which address these inequalities. My nurses in particular then also attend additional workshops/training that are offered through other venues. Working closely with our International Institute also helps. We are also very much aware of this in our daily activities and try to constantly guard against "thoughtless" actions of this kind.
- Information is distributed to health department's
- Demographic reports show objectively the inequality exists in that we have only two nurses who are Latino even though Latinos now represent 40% of our population and the majority of our births. Most of our Latino employees are at the nonprofessional level such as community service aides or nursing attendants.
- The only thing so far was cultural awareness.
- A survey of all staff was conducted and the results disseminated.
- Departmental/Countywide classes offered regarding undoing racism
- Our Department was evaluated for Limited English Proficiency
- Based on my involvement with CityMatCH and the Kellogg Foundation project
- Interventions are limited to diversity training, cultural competence
- We do have an access to care project that is helping to access individuals that have no insurance to coverage and care. Many times these individuals are minorities. Otherwise we do not have any specific programs that address racism.
- Cultural awareness training, posters of people of color
- We have a Diversity Support Committee
- There is an emphasis on Diversity training and cultural awareness.
- DPH has had a few sessions at our Section meeting
- Trainings are available to raise awareness

Please briefly describe the site and scope of each activity checked:

- Individuals are sent to training regarding cultural competence
- Human Resource /Personnel practices
- Diversity committee
- The State is beginning to look at undoing racism
- Racism was discussed with all supervisors of the health department
- Presentation on institutional racism and racial disparities
- Culturally competent staff hired and trained.
- We provide services and programs to all clients regardless
- Multiday group workshops on diversity and its effects on health.
- There seems to be an assumption that addressing disparities is equivalent to addressing racism. Although race has been identified as a health risk, it is not addressed like it is because of "racism"
- Recruitment, training classes and immediate interventions take place when problems are identified.
- Turning Point Initiative focusing on Eliminating Health Disparities. Minority Health Forum partnering with Public Health Association. County Community Health Assessment addresses issues for Hispanics, the largest minority group in the county.
- Training for staff, hiring diverse staff, purposeful community engagement including outreach, memberships and working with CBOs. Internal minority health assessment to identify efforts addressing issue. Internal assessment just looking to even see if we are addressing these issues
- Our County Human Services System provides mandatory and elective training for staff in cultural diversity and in federal civil rights legislation. MCAH contracts to train MCAH staff on cultural/ethnic issues
- In our city, one or more small groups are trying to raise awareness through periodic community forums.
- Department providing Commissioners information and statistics to illustrate problem of language, cultural and financial barriers. Discussed in planning programs such as infant mortality prevention. Raising awareness with data that indicate health effect
- Very active participants in activities that honor particular and all races. This year special events took place throughout the Department for Black History Month. Ethnic "spread" of employees at all levels testifies to lack of institutional racism

What are the *most useful things CityMatCH should do* to assist your health department in the next 2-3 years in addressing institutional racism, as part of efforts to eliminate racial and ethnic disparities in public health?

- Educate!!! Educate!!! Help to develop consistent and on-going formal trainings for staff. Develop ways to communicate to all of Public Health and eventually all departments in the city on this issue and on an on-going basis. Our city prides itself on culture diversity and attempts to address the critical issues. However, the level of racism and division (black and white) in the city is constantly downplayed. Also, can CityMatCH help us to separate race from class issues???? We are working with a research group to study this - but need clarity and scientific rigor.
- 1) assist in the development of measures of racism
- Continue to address it; new exercise and curriculum development for staff training
- 1) High-quality approaches to data & assessment
- Building cultural competency thru information, dialogue on issues - mutual problem-solving, showing models of what works, identify what clearly doesn't work, track trend data.
- Continue to raise awareness by inserting it into conference sessions
- Provide information and training materials
- If CityMatCH were to sponsor a learning opportunity for city teams to develop strategies that could be implemented at the local level that could increase awareness and lead to action against racism, it would give us an opportunity to build on previous efforts, highlight the issue with current politicos, and infuse energy into the effort.
- Designed education training programs

Appendix A

What are the *most useful things CityMatCH should do* to assist your health department in the next 2-3 years in addressing institutional racism, as part of efforts to eliminate racial and ethnic disparities in public health?

- Address institutional racism in all presentations.
- Provide resources (data, trainers/training formats) - encouragement, maintaining and promoting an 'Undoing Racism" listserv or making available some type of ongoing summary of current activities and resource persons
- I could not think of anything CityMatCH could provide our H.R. and Personal Health Services Departments to eliminate disparities. We get a lot of assistance through our state health department Title V and X MCH service resources.
- Acknowledge the fact that it does exist
- Provide information from a national level on activities
- Perhaps, CityMatCH could share other health departments efforts in this area.
- Provide training opportunities, and technical assistance
- Continue to share information and research studies that address institutional racism and racial and ethnic disparities and to offer resources that can assist health departments in addressing this issue.
- Identifying best practices in minority recruitment
- Continue to offer workshops, seminars. As far as during the next years, I believe that CityMatCH should continue to include this message as part of the big conference because that is a great way to reach very many people. I think the message needs to be that although Public Health is supposedly objective and for all people alike it is nevertheless just as vulnerable to fall into this trap. Another idea that just comes to me is perhaps some guidelines or suggestions that would be useful when interviewing potential new employees to perhaps pick up on some undesirable attitude which one would not wish to add to the work force.
- Keep it at the forefront! We are soooo bogged down
- There needs to be a study to understand why this is happening. It is more than lack of money for tuition. It also involves the needs of the whole family and the reality that Latinos customarily begin their families young, which might not be all bad considering the consequences of older women trying to have children in their 40s.
- Probably help raise awareness. Offer resources.
- We lack resources for cultural competency training
- This health department doesn't see that there is a need
- The first step might be to assist us (local health departments)
- Training materials regarding self assessment
- Make case studies available
- Provide awareness education
- Share the results of this survey with Department
- CityMatCH can provide best practices
- By collecting information around this issue, and providing ongoing training regarding ways to identify institutional racism and how to address it within one's organization and community.
- Give us some examples of interventions
- I would like to do training on understanding white privilege
- Create a toolkit and an initiative across the country like the DUI, UPC and other successful CityMatCH models.
- Resource sharing. Data sharing. Sharing information
- Clearly defining issues related to institutional racism
- If there were webcasts, staff could be encouraged
- Not sure
- Help us to develop ways to recognize the role racism plays
- Training materials, tools, facilitators, information

What are the *most useful things CityMatCH should do* to assist your health department in the next 2-3 years in addressing institutional racism, as part of efforts to eliminate racial and ethnic disparities in public health?
• CityMatCH could help by identifying or developing • Accessible data by race/ethnicity (i.e. blacks/Haitians • Unsure. • Keep working on all institutional policy and procedural barriers to access which disproportionately affect the races. • Help with training as to how to start the conversation around race and racism • Put systems and resources in place to address racial disparities in public health delivery system • Concentrate on areas identified as needing the most attention that includes areas like: Diabetes, Cancer, Cardiac Care and HIV/Aids. • Communicate policies, initiatives, etc. that address the issues. Advocate for activities taking place to resolve the problem. Awareness training and training on effective interventions. • Sharing self assessment tools; sharing promising practices including pitfalls and how they are addressed and moving from assessments to action; show models of top down approach versus grassroots (staff) approaches. Need human resources to work on the issue • I am not sure how you can address this as a single organization on a national level. • 1. They should continue to raise the issue at their conferences and workshops 2. CityMatCH should assist through the technical assistance it offers to various public health departments and other health entities, insights into racism issues • Use of assessment tools to effectively "measure"/identify institutional racism that can be a springboard for policy and fiscal impacts.

Background information

Who completed this survey?

Age:	*18-30*	*31-40*	*41-50*	*51-60*	*61+*
	1	5	20	35	6

Respondents' Positions	Number of Respondents (%)
Administrator	1 (1.4%)
Analyst	1 (1.4%)
Assistant / Associate Director	3 (4.2%)
Assistant Commissioner	1 (1.4%)
Chief	2 (2.8%)
Community Liaison	1 (1.4%)
Coordinator	2 (2.8%)
Deputy Administrator	1 (1.4%)
Deputy Director	1 (1.4%)
Director	28 (39.4%)
Division Manager / Division Director	2 (2.8%)
Health Officer / Deputy Health Officer	2 (2.8%)
Manager	13 (18.3%)
Medical Director	1 (1.4%)
Patient Care leader	1 (1.4%)
Physician	2 (2.8%)
Program Evaluator	1 (1.4%)
Program Specialist	1 (1.4%)
Regional Administrator	1 (1.4%)
Supervisor	2 (2.8%)

Gender:	8	male	60	female

What race do you consider yourself to be? (Please check all that apply)

2	Asian or Pacific Islander	1	Native American, Eskimo, Aleut
14	Black/African American	54	White

Other: French too...

Are you of of Hispanic or Latino origin?

8	Yes	63	No

Who provided you with information or input in completing this rapid query?			
No one	Colleague(s)/Staff	Direct supervisor(s)	Health Department leadership
25	12	10	32
Other: • have collected info about it for the past several • CityMatch member • will solicit more input but time limits and other			
May we contact you for further information?			
50 Yes		21 No	

Undoing Racism in Public Health:

A Blueprint for Action in Urban MCH

Appendix B

A World of Difference Institute

Year started: 1985

Type:
Training Program

Mission Statement:
To combat prejudice, promote democratic ideals and strengthen pluralism.

Organizational Focus:
Problem: Bias, bigotry, stereotypes, discrimination, hatred, racism, anti-Semitism.
Solution: Diversity awareness, anti-bias, intergroup relations, pluralism, tolerance, dialogue.

Outcome/Products - broad:
Custom-designed, anti-bias and diversity awareness trainings for communities, schools, universities and businesses. Ongoing consultation or TA when requested.

Outcome/Products - specific:
Change individuals' biased attitudes and discriminatory behavior. Develop awareness of cultural differences. Critically examine social messages and practices that create bias and discrimination. Teach non-discriminatory communication skills. Foster inclusive, tolerant and diverse communities, schools and workplaces.

Contact Information:
Lindsay Friedman
Director
309 W. Washington, Suite 750
Chicago, IL 60606
Phone: 312/782-5080
Fax: 312/782-1142
E-mail: chiadl@adl.org
Website: www.adl.org/awod/awod_institute.asp

Applied Research Center

Year started: 1981

Type:
Technical Assistance

Mission Statement:
To provide in depth research reports for social justice organizations that support and constructively analyze their efforts.

Organizational Focus:
The Center is a public policy, educational and research institute that emphasizes issues of race & social change.

Geographical Analysis:
National

Outcome/Products - broad:
Racial Justice Leadership Initiative

Outcome/Products - specific:
Provides technical and institutional support for innovative projects.

Contact Information:
Terry Keleher
Project Director
3781 Broadway
Oakland, CA 94611
Phone: 510/653-3415
Fax: 510/653-3427
E-mail: arc@arc.org
Website: www.arc.org

Association for White Anti-Racist Education (AWARE)

Type:
Program / Organization

Mission Statement:
To educate white Americans about ongoing institutional racism in society; to raise awareness among whites to the harmful effects racism has on people of color and themselves; and to provide the tools for whites to support equity and justice.

Organizational Focus:
Educating white America about racism and its social and economic impact on communities, institutions, and society.

Geographical Analysis:
National

Outcome/Products - broad:
The creation of training materials for white intraracial dialogue groups.

Outcome/Products - specific:
Provide training and dialogue facilitation material to white advocates of antiracism work.

Contact Information:
Tim Wise
Director
PO Box 1372
Brentwood, TN 37024-1372
Phone: 615/463-2689
E-mail: tjwise@mindspring.com

California Association of Human Rights Organizations

Type:
Program / Organization

Mission Statement:
To conduct activities that protect basic and civil rights for all people, reduce community tension, and build intergroup relationships through collaborations.

Organizational Focus:
Promoting regional and local collaboration between organizations; and building the capacity of organizations to address human relations and social justice issues.

Geographical Analysis:
California

Outcome/Products - broad:
Building Networks - Developing intergroup coalitions to address civil rights and human relations issues.

Outcome/Products - specific:
One-day conferences on issues of student intergroup relations; community intergroup conflict prevention and resolution strategies; school/police response to hate crimes.

Contact Information:
Fred Persily
Executive Director
1426 Filmore Street, Suite 216
San Francisco, CA 94115
Phone: 415/775-2341
Fax: 415/775-2342
E-mail: info@cahro.org
Website: www.cahro.org

Center for Assessment and Policy Development

Mission Statement:
To improve the capacities of institutions, communities and public systems to address social justice issues, including racism, education, violence prevention and civic engagement.

Organizational Focus:
Assisting organizations in designing responses to pressing social justice issues such as racism, and advancing social polity through strategic planning, policy analysis, program design, and evaluation research.

Outcome/Products - broad:
Strategic planning to explore the most efficient use of resources and efforts by social justice organizations to achieve their institutional and programmatic goals.

Contact Information:
Sally H. Leiderman
President
111 Presidential Blvd., Suite 234
Bala Cynwyd, PA 19004
Phone: 610/664-4540
Fax: 610/664-6099
E-mail: capd@capd.org
Website: www.capd.org

Center for Democratic Renewal (CDR)

Type:
Program / Organization

Mission Statement:
To promote and work towards a democratic and diverse society free of racism and bigotry.

Organizational Focus:
Partnering with regional and local organizations across the country to mobilize activists and communities to fight hate groups, and incidents of bigotry and racial violence.

Geographical Analysis:
National (predominately S & NW US); International

Outcome/Products - broad:
Southern Action Project on Racism. Addresses the problems of racially motivated violence and institutional bigotry through training to develop community leaders in impoverished rural areas and non-violent antiracism training and technical assistance support

Outcome/Products - specific:
Supports applied research and produces informational reports on hate group activities and hate crimes.

Contact Information:
C. Morgan
Clearing House Manager
PO Box 50469
Atlanta, GA 30320
Phone: 404/221-0025
Fax: 404/221-0045
E-mail: cdr@igc.apc.org
Website: www.publiceye.org/pra/cdr/cdr.html

Challenging White Supremacy Workshop

Year started: 1993

Type:
Training Program

Mission Statement:
"...to train white social justice activists to become principled and effective anti-racist organizers - both to challenge white privilege and work for racial justice in all social justice efforts."

Organizational Focus:
Problem: White supremacy in the US, structural racism, historic oppression.
Solution: Social change and racial justice movements, anti-racist white activism, grassroots organizing leadership development.

Outcome/Products - specific:
Promote new understandings of white supremacy and structural racism. Develop an anti-racist culture of resistance. Support united anti-racist organizing and activism. Support selfdetermination in Communities of Color. Create principled, grassroots anti-racist organizations and social movements. Anti-racist leadership development.

Contact Information:
Sharon Martinas
Coordinator
Chris Crass
Coordinator
2440 16th Street, PMB #275
San Francisco, CA 94103
Phone: 415/647-0921
E-mail: cws@igc.org
Website: www.cwsworkshop.org/

Charles Stewart Mott Foundation

Type:
Funder

Mission Statement:
To promote a just, equitable and sustainable society.

Organizational Focus:
Addressing issues related to racism throughout each of its four main programs, Pathways Out of Poverty, Flint Environment, and Civil Society.

Geographical Analysis:
National

Contact Information:
Lori Villarose
Program Officer for US Race Relations
503 S. Saginaw Street, 12th Floor
Flint, MI 48502-1851
Phone: 810/238-5651
Fax: 810/766-1753
E-mail: lvillarosa@mott.org
Website: www.mott.org

Crossroads Ministry

Year started: 1986

Type:
Training Program

Mission Statement:
"...to dismantle racism and build anti-racist multicultural diversity within institutions...through developing institutional transformation teams."

Organizational Focus:
Problem: Institutional, cultural and systemic racism, historic oppression, internalized inferiority and superiority.
Solution: Anti-racist institutional transformation, faith-based analysis of racism, anti-racist team leadership in institutions, racial equity and justice.

Outcome/Products - broad:
Leadership development institute (training of trainers). Ongoing consulting and coaching for institutions when requested.

Outcome/Products - specific:
New understandings of institutional and structural racism.
Anti-racism leadership within institutions. Accountable policies and practices to communities of color. Institutional and community change toward equity and justice.

Contact Information:
Robette Dias
Co-Executive Director
Chuck Ruehle
Co-Executive Director
425 South Central Park Avenue
Chicago, IL 60624
Phone: 773/638-0166

Changework

Year started: 1995

Type:
Training Program

Mission Statement:
"...to strengthen the organizational capacity of grassroots groups and institutions serving diverse communities."

Organizational Focus:
Supporting social justice organizations wanting to address issues of race and racism.

Geographical Analysis:
National

Outcome/Products - broad:
An analysis of racism embedded at the personal, institutional and cultural levels, sources and tactics of resistance to dismantling racism, stages and characteristics of anti-racist organizational development. Specific dilemmas faced by changes agents, and an inventory for assessing organizational progress in reaching anti-racist goals.

Contact Information:
Tema Okun
Co-Director
Kenneth Jones
Co-Director
1705 Wallace Street
Durham, NC 27707
Phone: 919/490-4448
E-mail: adm@changework.net
Website: www.changework.net/frameindex.html

Dismantling Racism Institute

Year started: 1992

Type:
Training Program

Mission Statement:
"Create a critical mass of change agents in the St. Louis region who are skilled and motivated to intervene in oppressive situations, initiate programs and training, and offer support to each other with the long term vision of dismantling racism in our region."

Organizational Focus:
Problem: Racial oppression, racial polarization, white privilege, internalized racism.
Solution: Dismantling racism, inclusive organizations, improved intergroup relations, personal awareness and responsibility, conflict resolution.

Geographical Analysis:
Focus on St.Louis but also national participants

Outcome/Products - specific:
Empowering individuals to be change agents in dismantling racism through education and introspection. Developing ongoing support networks to foster long-term systemic change. Changing structural policies and practices that perpetuate racism and racial polarization.

Contact Information:
Reggie Williams
Program Director
721 Olive, Suite 915
St. Louis, MO 63101
Phone: 314/241-5103
Fax: 314/241-4356
E-mail: stlouis@nccj.org
Website: www.nccjstl.org

Equity Assistance Center (EAC)

Type:
Program / Organization

Mission Statement:
To assist public education institutions and districts in providing equal access and opportunities for all students.

Organizational Focus:
Providing assistance to public schools, school boards and school districts in the implementation of plans that promote educational equity centering around racial, gender and national origin issues.

Geographical Analysis:
10 federally funded centers across the U.S.

Outcome/Products - broad:
Beyond Getting Along: Improving Race Relations in Schools.

Outcome/Products - specific:
Consultation - Provides assistance on racial conflicts in schools; increasing parental involvement and empowerment; and identifying effective educational programs. Provides telephone consultation and on-site visits.

Contact Information:
Check website for nearest location
Phone: 510/834-9504
Fax: 510/763-1490
Website: www.edgateway.net/pub/docs/205

Fisk University Race Relations Institute

Type:
Program / Organization

Mission Statement:
To create a safe place for all people to discuss and research race and racism.

Organizational Focus:
Promoting and facilitating dialogue on racism through conferences and partnerships with other social justice organizations; and facilitating training for developing strategies to overcome the challenges of racism.

Geographical Analysis:
National; International.

Outcome/Products - broad:
World Institute for Learning, Discussing and Evaluating Race Relations (WILDER-L) - Internet dialogue on race and racism through a listserve.

Outcome/Products - specific:
Forums on race relations.

Contact Information:
Raymond A. Winbush
Director
1000 17th Avenue, North
Nashville, TN 37208
Phone: 615/329-8575
Fax: 615/329-8806
E-mail: rwinbush@usit.net
Website: www.fiskrri.org

Haymarket People's Fund

Year started: 1974

Type:
Funder

Organizational Focus:
Supporting "grassroots groups that work for a world of fairness and hope."

Geographical Analysis:
New England

Contact Information:
Pat Maher
Executive Director
42 Seaverns Avenue
Boston, MA 02130
Phone: 617/522-7676
Fax: 617/522-9580
Website: www.haymarket.org/index.htm

Healing the Heart of Diversity

Year started: 1995

Type:
Training Program

Mission Statement:
Creating sustainable social change through diversity leadership education.

Organizational Focus:
Promoting a deeper understanding of diversity issues and diverse relationships; and to foster and sustain change to achieve organization, individual and community goals that contribute to the common good.

Geographical Analysis:
National

Outcome/Products - broad:
Train the trainer programs; Customized programs & retreats for communities

Outcome/Products - specific:
Increase participants' capacity to lead and sustain change, strengthen decision-making, manage relationships, communicate effectively and interact with an extensive learning community.

Contact Information:
Patricia Harbour
Director
712 Staunton Ave., NW
Roanoke, VA 24016-1036
Phone: 540/343-5192
Website: www.leadingdiversity.org/ld/

Hope in the Cities

Type:
Training Program

Mission Statement:
"...to create just and inclusive communities through reconciliation among racial, ethnic and religious groups based on personal and institutional transformation."

Organizational Focus:
Problem: Racism, historic injustices and oppression, group victimization, white fear.
Solution: Racial reconciliation, healing, honest conversation, acknowledgment, repentance, forgiveness, responsibility.

Geographical Analysis:
Nationwide

Outcome/Products - broad:
Dialogue on Race, Economics and Jurisdiction. Racial Reconciliation dialogue programs, events & conferences.

Outcome/Products - specific:
Understanding of historic and current injustices experienced by African Americans and other people of color. Acknowledge unhealed wounds of white Americans. Personal transformation. Acknowledgement, repentance and forgiveness between groups. Racial healing and reconciliation among participants. Move all parties beyond the historical legacy of victimhood and guilt to become partners for community change.

Contact Information:
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National Director
Paige Chargois
Associate National Director
1103 Sunset Avenue
Richmond, VA
Phone: 804/358-1764
Fax: 804/358-1769
E-mail: contact@hopeinthecities.org
Website: www.hopeinthecities.org/

Institute on Race and Poverty

Type:
Program / Organization

Mission Statement:
To promote a clearer understanding of the social justice issues confronting segregated and economically deprived communities.

Organizational Focus:
Create scholarship and dialogue about race and poverty.

Geographical Analysis:
Minnesota

Outcome/Products - broad:
National Urban Survey - Evaluates the effect of social justice policies and programs on communities of color and the degree of their success in challenging racism.

Outcome/Products - specific:
Works with community, non-profit and government groups to conduct research on race and economic issues confronting communities.

Contact Information:
John A. Powell
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University of Minnesota Law School
415 Law Center, 229 19th Avenue, South
Minneapolis, MN 55455
Phone: 612/625-8071
Fax: 612/624-8890
E-mail: irp@tc.umn.edu
Website: www.umn.edu/irp/

James Irvine Foundation

Type:
Funder

Mission Statement:
To enhance the social, economic and physical quality of life throughout California, and to enriching the State's intellectual and cultural environment.

Organizational Focus:
Granting funds to support projects and programs for the benefit of California residents.

Geographical Analysis:
California

Contact Information:
Heather G. Graham
Grants Manager
One Market Street
Steuart Tower, Suite 2500
San Francisco, CA 94105
Phone: 415/777-2244
Fax: 415/777-0869
Website: www.irvine.org

Lawyers' Committee for Civil Rights Under the Law

Type:
Program / Organization

Mission Statement:
To secure, through the rule of law, equal justice under the law.

Organizational Focus:
Provide legal services to victims of racial discrimination, and advocate for progressive civil rights public policy.

Geographical Analysis:
National; some international.

Outcome/Products - broad:
The Education Project - Committed to litigate cases involving educational equity and equal opportunities for low-income students and students of color. The Employment Project - Litigates on behalf of minorities and women to achieve a bias-free workplace.

Outcome/Products - specific:
Provides non-litigation transactional legal counsel in community and economic development matters.

Contact Information:
Barbara R. Arnwine
Executive Director
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Suite 400
Washington, DC, 20005-0400
Phone: 202/662-8600
Fax: 202/783-0857
Website: www.lawyerscomm.org

Leadership Conference Education Fund (LCEF) / on Civil Rights (LCCR)

Type:
Program / Organization

Mission Statement:
LCEF - To education and inform the American people about the progress made in civil rights, the continuing challenges, and the strength of our diversity, while championing the idea that people of every heritage can live together with equal rights & mutual

Organizational Focus:
Conducting research and educational activities on civil rights issues.

Geographical Analysis:
National

Outcome/Products - broad:
LCEF - Civil Rights Education Center. Provides information on civil rights issues through the Civil Rights Educational Center site (www.civilrights.org/lcef/civ.html). Site includes the Hate Crime Prevention Center which provides information on hate crimes.

Outcome/Products - specific:
LCEF conducts research and educational activities on civil rights issues; develops challenges to civil rights abuses, including racism.

Contact Information:
Karen McGill Lawson
Executive Director
1629 K Street, NW, Suite 1010
Washington, DC, 20006
Phone: 202/466-3311
Fax: 202/466-3435
E-mail: comlccr@civilrights.org
Website: www.civilrights.org

Levi Strauss Foundation

Type:
Funder

Mission Statement:
To support community-based efforts to improve economic opportunities for the disadvantaged; to combat institutional racism; to promote full participation of all people in their communities; and to empower youth to affect positive change.

Organizational Focus:
Supporting projects that identify and challenge barriers & institutions that discriminate or are not all inclusive.

Geographical Analysis:
Communities where company has a business presence.

Contact Information:
1155 Battery Street, 7th floor
San Franciso, CA 94111
Website: www.levistrauss.com

Mary Reynolds Babcock Foundation

Type:
Funder

Mission Statement:
To assist people in the Southeast to build communities that nurture people, spur enterprise, bridge differences, foster fairness and promote civility.

Organizational Focus:
Supporting grassroots leaders, community-based organizations and diverse coalitions that are working to build just and caring communities.

Geographical Analysis:
Southeastern US

Contact Information:
Gayle Williams
Executive Director
2522 Reynolds Road
Winston-Salem, NC 27106-5123
Phone: 336/748-9222
Fax: 336/777-0095
E-mail: info@mrbf.org
Website: www.mrbf.org

MultiCultural Collaborative (MCC)

Type:
Program / Organization

Mission Statement:
To identify, develop and advance models of creative intergroup relationships and collaborations that advance social and economic equity and genuine community.

Organizational Focus:
Seeking long-term solutions to intergroup conflict.

Geographical Analysis:
Los Angeles

Outcome/Products - broad:
Leadership Network - Focuses on promoting dialogue around issues intersection of race and intergroup relations and building relations among diverse community and organizational leadership, creating opportunities for joint action.

Outcome/Products - specific:
Provides training in intergroup organizing and collaboration for targeted community groups and initiatives.

Contact Information:
Bong Hwan Kim
Executive Director
1010 S. Flower Street, #304
Los Angeles, CA 90015
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Fax: 213/748-3143
E-mail: grancirco@aol.com
Website: www.mcc-la.org/

National Coalition Building Institute

Year started: 1984

Type:
Training Program

Mission Statement:
"To end the mistreatment of every group whether it stems from nationality, race, class, gender, religion, sexual orientation, age, physical ability, job, or life circumstance."

Organizational Focus:
Problem: Prejudice, stereotypes, oppression, internalized oppression, separation.
Solution: Healing, prejudice reduction, coalition building, leadership development, conflict resolution.

Geographical Analysis:
National, international

Outcome/Products - broad:
Change prejudicial attitudes. Individual healing and self-awareness. Re-humanize others. Appreciate differences. Change oppressive and conflict behaviors. Empower individuals. Develop leadership. Build coalition among individuals and groups. Social/institutional change.

Contact Information:
Cherie Brown
Director
1835 K Street, NW, Suite 715
Washington, DC, 20006
Phone: 202/785-9400
Website: www.ncbi.org

National Community Reinvestment Coalition (NCRC)

Type:
Program / Organization

Mission Statement:
To increase the flow of capital to underserved neighborhoods and reverse the disinvestment.

Organizational Focus:
Ending discriminatory banking practices and increasing the flow of private capital and credit into traditionally underserved communities.

Geographical Analysis:
National

Outcome/Products - broad:
Hosts national conference with workshops, training, and prominent reinvestment supporters as guest speakers.

Outcome/Products - specific:
Monitors legislation relative to the Credit Reinvestment Act for organizations that are contemplating partnerships with lending institutions.

Contact Information:
John Taylor
President / CEO
735 - 15th Street, Suite 540
Washington, DC, 20005-2112
Phone: 202/628-8866
Fax: 202/628-9800
E-mail: HN1748@handsnet.org
Website: www.ncrc.org

Otto Bremer Foundation

Type:
Funder

Mission Statement:
To be an accessible and responsible resource to aid in the development and cohesion of communities within the states of Minnesota, Wisconsin, North Dakota and Montana, with preference given to those communities served by affiliates of Bremer Financial Co.

Organizational Focus:
Promoting human rights and equality; dismantling barriers that prevent equal access.

Geographical Analysis:
Minnesota, N Dakota, Wisconsin, Montana

Contact Information:
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Website: www.fdncenter.org/grantmaker/bremer/index.html

People's Institute for Survival and Beyond

Year started: 1980

Type:
Training Program

Mission Statement:
..."to build a multi-cultural, anti-racist movement for social change."

Organizational Focus:
Problem: Structural racism, white privilege, internalized oppression, institutional gatekeepers.
Solution: Analysis of racism, social change, justice and equity, self-determination, accountable leadership, community organizing.

Geographical Analysis:
National

Outcome/Products - broad:
New understanding of structural racism. Accountable anti-racism leadership. Whites speaking out against structural racism. Self-determination in communities of color. Institutional and systemic change toward equity and justice.

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Poverty and Race Research Action Council (PRRAC)

Type:
Program / Organization

Mission Statement:
To support progressive solutions to problems of race and poverty.

Organizational Focus:
Combining social science research with advocacy work to address issues of racism and poverty.

Geographical Analysis:
National; Four U.S. regions

Outcome/Products - broad:
Research Grants Project - Provides grants for social service research projects on race and poverty issues designed to support a planned advocacy agenda.

Outcome/Products - specific:
Funds and commissions research projects supportive of social justice advocacy work.

Contact Information:
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Website: www.prrac.org

Project Change

Type:
Program / Organization

Mission Statement:
To dismantle institutional policies and practices that promote or encourage racial and cultural discrimination.

Organizational Focus:
Help reduce racism, improve race relations, and reduce interethnic conflicts through locally driven, community-based strategies.

Geographical Analysis:
National; Albuquerque; Valdosta; Knoxville; El Pas

Outcome/Products - broad:
The Hate Crimes Task Force - Develops strategies in collaboration with community, federal and local enforcement agencies to prevent, stop and track hate crimes.

Outcome/Products - specific:
Conducts training on dismantling racism for community organizations; law enforcement agencies; civic and religious groups; and nonprofit organizations.

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Public Welfare Foundation

Year started: 1951

Type:
Funder

Mission Statement:
To support organizations that help people overcome barriers to full participation in society.

Organizational Focus:
Supporting organizations that provide services to disadvantaged populations and work to improve services that meet human needs.

Geographical Analysis:
National

Contact Information:
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Website: www.publicwelfare.org

Racial Justice & Equity Project

Year started: 1993

Type:
Training Program

Organizational Focus:
Promoting equity and justice through services for people of color and projects that support institutional change.

Geographical Analysis:
Vermont

Outcome/Products - broad:
Increase internal diversity and improve efforts to service the needs of people of color. Identify and dismantle institutional racism by improving hiring and retention practices and implementing policies that support equal opportunity and workplace diversity.

Contact Information:
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Seeking Educational Equity and Diversity (SEED)

Type:
Program / Organization

Mission Statement:
An educational effort across disciplines and age levels to create curricula, climates and teaching methods reflecting the reality that women and men of all races, classes and ethnic groups contribute to the creation of culture & knowledge.

Outcome/Products - broad:
Exploration into the ways in which members of a culture have been socialized to ignore or focus on, oppress or celebrate, engage with or cut off, the diversity of race, gender, class, sexual orientation, religion and other differences. How internalized, externalized, institutional and systemic forms of oppression affect all aspects of schooling.

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Simon Wiesenthal Center

Type:
Funder

Mission Statement:
To educate the public on anti-Semitism and racism in order to prevent the reoccurrence of another Holocaust.

Organizational Focus:
Holocaust remembrance and the defense of human rights.

Geographical Analysis:
National / International.

Outcome/Products - broad:
The Library - a collection of more than 30,000 books and periodicals on anti-Semitism, racism and related matters.

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Southern Povery Law Center

Type:
Program / Organization

Mission Statement:
To combat hate, intolerance, and discrimination through education and litigation.

Organizational Focus:
Combating hate, intolerance, and discrimination through education and litigation.

Geographical Analysis:
National

Outcome/Products - broad:
Litigation and legal affairs - Litigates civil rights cases and sues hate groups for actions of their members.

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Study Circles Resource Center

Year started: 1989

Type:
Training Program

Mission Statement:
"...to advance deliberative democracy and improve the quality of life in the U."

Organizational Focus:
Problem: Race relations, racism, separation, lack of interaction, distrust.
Solution: Dialogue, deliberative democracy, citizen participation, inclusion, civic engagement, civil society.

Outcome/Products - broad:
Facilitator training and ongoing TA; organizing training, TA and implementation consultation when requested.

Outcome/Products - specific:
Change attitudes. Promote deeper understanding of racism and race relations. Build cooperative relationships, identify action steps. Change community decision-making processes. Community-wide meetings for action and change.

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The Center for Constitutional Rights (CCR)

Type:
Program / Organization

Mission Statement:
Committed to the creative use of law as a positive force for social change

Organizational Focus:
Using litigation proactively to advance the law in a positive direction, to empower poor communities and communities of color, and to guarantee the rights of those with the fewest protections and least access to legal resources.

Geographical Analysis:
National; International.

Outcome/Products - broad:
Collaborates with the National Council of Churches, the Center for Democratic Renewal and the National Coalition for Burned Churches to educate the public on hate crimes; compiles data; and provides legal counsel.

Outcome/Products - specific:
Builds cases and writes briefs for cases around social injustices such as hate crimes, racial injustices, and discriminatory educational practices.

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The Ford Foundation

Type:
Funder

Mission Statement:
To serve as a resource for innovative people and institutions worldwide.

Organizational Focus:
Promoting human and civil rights, seeking to enhance the role of communities, supporting diverse communities, and promoting collaboration between nonprofit organizations, business and government.

Geographical Analysis:
National; International

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The National Conference for Community and Justice (NCCJ)

Type:
Program / Organization

Mission Statement:
To fight bias, bigotry and racism in America and to promote understanding and respect among all races, religions, and cultures through advocacy, conflict resolution and education.

Organizational Focus:
Promoting racial, ethnic, religious and cultural diversity, and transforming communities to make them more inclusive and just.

Geographical Analysis:
National: 65 regions in 35 states and Washington DC

Outcome/Products - broad:
National Conversations on Race, Ethnicity and Culture - An annual nationally telecast dialogue program where national leaders discuss human relations and social justice issues.

Outcome/Products - specific:
Provides consultation and conducts workshops on diversity for law enforcement, news media, educators, civic groups, lay boards and corporations.

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The National Network of Anti-Racism & Community Building Training Institutes

Year started: 2000

Type:
Training Program

Mission Statement:
"...increase the quantity and quality of civic leadership dedicated to advancing anti-racism work at the local and regional levels."

Geographical Analysis:
National

Outcome/Products - broad:
Building the capacity of community leaders to sharpen their understanding of institutional racism and collectively organize, plan and implement specific anti-racist actions within their own communities.

Outcome/Products - specific:
Integrating a structural analysis of racism with community organizing skills & approaches. Create longterm, structural change by building the capacity of community leaders to sharpen their understanding of institutional racism, and collectively organize, plan and implement specific anti-racism actions within their own communities.

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The Prejudice Institute / Center for the Applied Study of Ethnoviolence

Type:
Program / Organization

Mission Statement:
To effectively respond to racism, discrimination and hate crimes.

Organizational Focus:
The Center studies, researches and responds to the issues of racism, hate crimes and discrimination through its publications, training and consulting services to community leaders.

Geographical Analysis:
National

Outcome/Products - broad:
Half-day to 5-day customized workshops to communities, campuses or workplaces impacted by ethnoviolence.

Outcome/Products - specific:
Produces and disseminates reports on prevention and response to hate crimes.

Contact Information:
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UNITY: Journalists of Color, Inc.

Type:
Program / Organization

Mission Statement:
To advance the presence, growth and leadership of journalists of color, and to advance diversity issues within the media.

Organizational Focus:
UNITY is the alliance of the National Association of Black Journalists, the Native American Journalists Association, the Asian American Journalists Association, and the National Association of Hispanic Journalists.

Geographical Analysis:
National

Outcome/Products - broad:
Town hall meetings - Sponsors meetings to get reporters to cover communities of color.

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VISIONS - Vigorous InterventionS into Ongoing Natural Settings

Year started: 1984

Type:
Training Program

Mission Statement:
"To pass on respect for group and individual differences and faith in the potential of equitable institutions."

Organizational Focus:
Problem: Modern racism, internalized oppression, monoculturalism, historic inequities.
Solution: Multiculturalism, appreciating diversity, inclusion, equity, power sharing development, conflict resolution.

Geographical Analysis:
National

Outcome/Products - broad:
Change in individual attitudes and behaviors. Develop emotional literacy; recognize and appreciate group differences. Understand impact of social oppression on individuals. Provide alternatives to survival behavior for modern racism and internalized oppression. Restructure power in organizations as indicated.

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W.K.Kellogg Foundation

Type:
Funder

Mission Statement:
To assist people in applying knowledge and resources to improve the quality of their life and that of future generations.

Organizational Focus:
To "help people help themselves through the practical application of knowledge and resources to improve their quality of life and that of future generations."

Geographical Analysis:
US; Latin America & Caribbean; Southern Africa

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White People Working on Racism

Year started: 1997

Type:
Training Program

Mission Statement:
"...to spread the skills of democratic, nonviolent social change and help groups stand up for justice, peace and environmental harmony."

Organizational Focus:
Problem: Historic oppression and privilege, social ranking and marginalization, idealized self image, dichotomous thinking, white fear and judgment.
Solution: Historic and cultural analysis of racism, self-awareness and self-acceptance, anti-racist white

Outcome/Products - broad:
Part 1: Building common understandings, personal awareness and skills. Part 2: Developing individualized action plans. Part 3: Evaluating progress.

Outcome/Products - specific:
Promote understanding and awareness in whites about US racism. White people as anti-racist allies and support for people of color. Empower participants as change agents. Support nonviolent, anti-racist, grassroots activism.

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Website: www.TrainingForChange.org

Women of Color Fundraising Institute

Year started: 2000

Type:
Technical Assistance

Mission Statement:
"...to support women-of-color-led organizations so that they may grow and sustain their organizations to respond to ever changing political, social and economic issues."

Organizational Focus:
Helping women of color develop the skills, knowledge, and tools necessary to build powerful social change organizations.

Geographical Analysis:
New England

Outcome/Products - broad:
The Institute is a training ground where participants learn concrete skills in areas critical to success in the non-profit sector: computer skills, writing, fundraising, and political analysis.

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Website: www.wocfi.org/index.htm

Peace Development Fund

Year started: 1981

Type:
Funder / Training

Mission Statement:
"...to strengthen a broad-based social justice movement that embodies, embraces, and honors many cultures to create the new systems and institutions essential to building a peaceful, just, and equitable world."

Organizational Focus:
Making grants to organizations and projects working to achieve peaceful, just and interdependent relationships among people and nations.

Geographical Analysis:
National

Outcome/Products - broad:
Integrated training and technical assistance programs

Contact Information:
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Undoing Racism in Public Health:

A Blueprint for Action in Urban MCH

Appendix C

Undoing Racism Workgroup Participants

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Office of Family Health
Nebraska Health and Human Services System

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Jules and Deen Terry Professor of MCH and Professor of Epidemiology
Rollins School of Public Health
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Undoing Racism Workgroup Participants *continued*

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