



Racial Justice Impact Assessment (RJIA) Tool

Washtenaw County, Michigan

**Co-Created Spring-Summer 2023 by Washtenaw County
community members and Washtenaw County Health
Department Staff and Leadership**

**Facilitated by the University of Michigan School of Public
Health Anti-Racist Cities & Counties (ARCC) Towards
Justice Research Team**



BACKGROUND

How was this tool created?



The Anti-Racist Cities & Counties (ARCC) Towards Justice project is an ongoing project that began in September 2021 as a partnership between the Washtenaw County Health Department (WCHD), the University of Michigan School of Public Health, and members of the WCHD Community Voices (CV) group (members who live in and identify with communities affected by health inequities). Phase 1 had two goals: (1) collect baseline data, and (2) co-create a Racial Justice Impact Assessment (RJIA) tool. For the baseline data, we conducted staff focus groups and a staff survey and identified baseline levels of capacity for anti-racism among health department staff. Our data collection revealed that staff believed that anti-racist leadership and values as stated by WCHD leadership did not fully align with the actual practices around community partnership. Relatedly, we confirmed with Community Voices members that there was a lack of trust in the health department's commitments to health equity given historical failings around community engagement.

After data collection, we used that information to inform the work of creating the RJIA tool. The RJIA is intended to assess how a policy or program will impact racial justice, flagging aspects that contribute to injustice and prompting collective reflection to help make a policy or program more able to contribute to racial justice. It will help the WCHD improve programs and policies for better alignment with anti-racist principles.

What prompted the creation of this tool?

The intertwined pandemics of racism and COVID-19 have been deadly for Black Americans and other communities of color. They have put a spotlight on public health and the important ways that the field must become explicitly anti-racist to advocate for institutional and system changes that will facilitate good health. In June 2020 the Washtenaw County Board of Health responded with a resolution naming racism a public health crisis. The full text of the resolution can be found on the Washtenaw County Health Department website. It includes the vision that “BE IT RESOLVED that the Washtenaw County Board of Health fully supports the explicit confirmation of racism as a public health crisis and the dedication of Department resources to deepen this work in solidarity with social movements for racial justice and in accordance with the Health Department’s vision and guiding principles for health equity.” There have long been community members and staff that have called for the health department to be explicitly anti-racist and disrupt structural racism. This project builds on prior work on health equity within the WCHD. This project is focused on creating a tool to help WCHD identify how racism is at work in its programs and policies and act to disrupt those patterns.

Key Concepts and Definitions

Racism

"Racism is a system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call "race"), that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources."¹

Anti-Racism

"A commitment to dismantling racism, which has dimension that are institutional and social as well as attitudinal and behavioral."²

Anti-Racism Organization

"An organization that "acknowledges the destructive power of racism in society, which it attempts to ameliorate, and maintains a critical stance toward its own organizational racism."²

INTRODUCING THE Four Ps

How can the Four P's be used to guide anti-racist practice?

The process of using the Four Ps will help members of the county to examine WCHD processes, policies, and practices for their ability to disrupt harmful racial hierarchies in the county and move closer to racial justice.

Practitioners, like the Community Health Division of the Minnesota Department of Health, have argued that asking questions can lead to action. By answering a set of guided questions, a clear understanding of how systems and structures maintain inequities can be discovered. This understanding can inform intentional action to disrupt and change how they function.³

Consider these Four overlapping P's:



01. Preconceptions

This dimension includes the naming of histories, assumptions, underlying values, and beliefs that are driving the work. It asks us to explore the histories and relationships to discover how the work is being shaped. Critically assessing preconceptions-- especially those operating in institutions and systems--can help reveal hidden assumptions, which then can lead to development of a different set of explicit, shared assumptions and open up opportunities for new ways of thinking and acting.



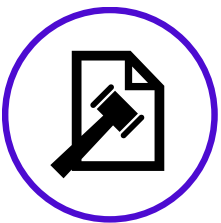
02. People

This dimension includes overall workforce, leaders, and community members involved in the work. It questions issues such as whether staff and leadership reflect the communities they serve, and who is invited to participate in different aspects of the work. It asks who is held accountable and to whom.



03. Power-Sharing

This dimension includes formal and informal decision-making at all levels of the work. It seeks to understand the who, what and how of decision-making in the organization. Power over decisions occurs in what knowledge and expertise is valued, how a decision is set up and structured, and who gets to play a role in making the decisions.



04. Policies

This dimension includes the rules, regulations, and laws that govern the work. These can be both governmental (e.g. Medicaid eligibility) or institutional policies (e.g. ID requirements, HR policies) that shape how work is done. It also can include policies that are written and formalized and also rules that are unwritten, but followed by people doing the work.

HOW TO USE THIS TOOL

The RJIA tool (below) should be utilized once a racial justice-based program or policy has been identified as needing additional attention in making it more anti-racist. The process as catalyzed by the tool is intended to bring invested stakeholders together to assess or design a program or policy collaboratively chosen that will affect Washtenaw County constituents. This tool is intended to be adaptable, flexible, and is expected to change and grow over time and use.

In this section we help describe how the tool can best be used. The tool offers a set of analytic questions to be answered to help critically assess/design the program or policy. These questions should always be answered with community involvement. The ways that communities are involved may vary (i.e. solicitation of specific community members, utilization of Community Voices), but members of Washtenaw County must be involved in the process at all steps.

For Health Department and Local Community Leadership/Representatives
Before your RJIA working group is convened and charged with engaging the RJIA tool, there are a number of process and administrative questions that must be answered by health department leadership in conversation with larger community representation. Community and health department leadership should plan to set aside time together to address the following pre-implementation questions and order to establish a clear process:

- What previous work has been done in the county to prepare us for using this tool?
- How might this tool impact/benefit our county community?
- What resistance or roadblocks might we encounter in using this tool? How will we address them?
- Whose voice(s) are missing from this current conversation and how do we bring them in?
- To whom and how will we practice accountability for using this tool and its impacts?
- How will we measure the success of the tool?

As you work through the pre-implementation questions above, your group may find the need to edit these questions as you initiate this process. Please do so as needed as these questions are designed to set your RJIA working groups up for success so asking the most relevant questions for your context is critical. Once the above questions have been discussed and answered, community and health department leadership can begin to convene an RJIA working group to begin using the tool to evaluate a specific program, policy, or initiative.

Convening an RJIA working group should be a collaborative process between community and health department leadership. Leadership should begin by identifying a process by which communities, other agencies, and staff members within the institution can recommend or request that a policy or program be co-assessed. Once a policy or program is identified or greenlit for examination, health department staff and community members with relevant work and/or life experience to the policy or program being assessed should be invited to join the working group.

While the final size of the working group will depend on the plan set by the community and health department leadership, availability of individuals invited, and other factors, a working group size of about 6-8 people with an even split between health department staff and community members.

For the RJIA Working Group (once convened)

Below are steps that, once convened, the working group should follow as it begins working with the RJIA tool:

Start with group dynamics and trust building.

Begin by developing a plan for group facilitation. Shared leadership can work or a facilitation team can be identified that represents both community and staff. Next, have the group agree on a set of ground rules or norms to help structure your interaction with one another. The facilitation plan and group norms are important building blocks to establishing and maintaining trust within the group, which is an important foundation before launching into the subsequent steps.

● Define (w/ leaders from Step 1) an accountability plan.

This plan should include an agreed upon timeline, a communication plan with a commitment to transparency, a plan for follow up with relevant parties, and a goal of concrete deliverables. Creating a written plan will help ensure that issues raised through the questioning process are used to make concrete changes to the policy or program for the future. This accountability plan will serve as a guide for potential next steps once the working group has worked through the tool and is ready to apply findings. You may consider amending details of the accountability plan (e.g. due dates) as you go through the process.

● Use the 4 P's question guides to facilitate robust and critical discussion.

The questions that follow in the next section are intended to guide discussion by all participants to help unearth and raise critical factors that relate to whether or not the policy or program is in line with anti-racist principles. Work through each section by asking and answering all questions listed for each of the four Ps. In terms of pacing, groups should plan to dedicate one session for each of the four Ps with flexibility to dedicate more time as needed as you work through the tool. Your group may not have immediate answers and may need to do some research and report back at a future meeting. The existing questions could spur new questions that prompt your working group to gather data or better understand details of the program or policy under review.

After using the RJIA Tool. Return to the accountability plan with your team. Look at what involved parties you need to communicate with and the best avenues to do so. Sharing about the process and the results is an important step in creating a plan to implement changes and recommendations that resulted from the tool with all those that are impacted.

RJIA QUESTIONS

Policies Questions

This dimension includes the rules, regulations, and laws that govern the specific program/policy. These can be both governmental (e.g. Medicaid eligibility) or institutional policies (e.g. ID requirements, HR policies) that shape how work is done. It also can include policies that are written and formalized and also rules that are unwritten, but followed by people doing the work.

1. What are the relevant policies related to this program/policy (i.e. existing state, union, etc.) ?
2. What are the ramifications of changing one policy (financial, personnel, etc.)?
3. How does the source and/or terms of the funding for this initiative impact its operation?
4. How does the current funding for this program/policy constrain its operation?
5. How is compliance with the relevant policy(ies) enforced?
6. How does this policy landscape create, exacerbate, or reduce racial inequities on this issue?

Preconceptions Questions

This dimension includes the naming of histories, assumptions, underlying values, and beliefs that are driving the specific program/policy. It asks us to explore the histories and relationships to discover how the work is being shaped. Critically assessing preconceptions--especially those operating in institutions and systems--can help reveal hidden assumptions, which then can lead to development of a different set of explicit, shared assumptions and open up opportunities for new ways of thinking and acting.

1. What is the history of this program/policy?
2. What are the assumptions that drive this program/policy?
3. What types of information and narratives drive the decisions?
4. What are the underlying values and beliefs of the information and narratives that inform decision-making around this program/policy?
5. What constitutes expertise in discussions or decisions for this program/policy?
6. What is the assumed value of community engagement around this program/policy?
7. How does the preconceptions landscape create, exacerbate, or reduce racial inequities on this issue?

People Questions

This dimension includes overall workforce, leaders, and community members involved in the specific program/policy. It questions issues such as whether staff and leadership reflect the communities they serve, and who is invited to participate in different aspects of the work. It asks who is held accountable and to whom.

1. Who are all the people or groups connected to this policy/program?
2. How are/were the people connected to the program/policy under review involved in its planning and decision-making?
3. Based on the policy/program, who is missing from the planning, development, and implementation process?
4. What avenues do stakeholders have to influence/impact decision making around this program/policy?
5. Are the people most trusted/connected to the community given sufficient information to engage with their community? Who chooses these trusted leaders and how is this tracked?
6. What facilitates broad community involvement in the planning and decision making for this program/policy?
7. What barriers constrain broad community involvement in the planning and decision making for this program/policy?
8. How does the people landscape involved in this program/policy create, exacerbate, or reduce racial inequities on this issue?

Power-sharing Questions

This dimension includes formal and informal decision-making at all levels of the work. It seeks to understand the who, what and how of decision-making in the organization. Power over decisions occurs in what knowledge and expertise is valued, how a decision is set up and structured, and who gets to play a role in making the decisions.

1. Who has historically made decisions about this program/policy?
2. Who should be involved in making decisions about this program/policy now?
3. What process is used for making/How are decisions about this program/policy made?
4. What written and unwritten rules guide decisions making around this program/policy?
5. How does this power-sharing landscape create, exacerbate, or reduce racial inequities on this issue?

Acknowledgements

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Please feel free to contact our team with any questions at the: ARCCproject@umich.edu

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