



# Racial Equity Impact Data Measures

*Frameworks for eliminating  
racial disparities in Milwaukee*

## Executive Summary

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**hispanicollaborative**



## I. Executive Summary

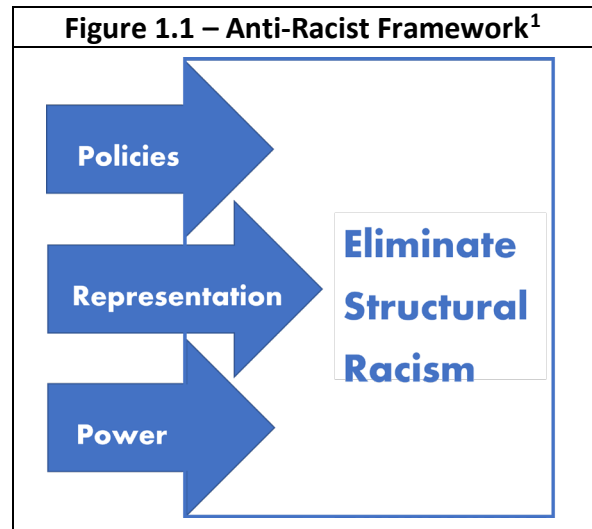
In nearly every quality-of-life category – including homeownership, education, incarceration, and employment – Black people fare worse in Milwaukee than nearly every other city in the nation.<sup>4</sup> Unfortunately, the circumstances are not much better for Latino people or other communities of color in Milwaukee.<sup>5</sup>

At the same time, there is a local cultural shift going on that acknowledges that these terrible circumstances are the result of systematic racism. The city of Milwaukee, Milwaukee County, and others have declared racism as a public health crisis and are creating strategic plans around those declarations.<sup>6</sup> There is an emerging coalition with a united focus: dismantle systematic racism.

This report does not attempt to answer the question of *how* to build an effective coalition, as there are many great examples of collective impact locally,<sup>7</sup> and national research on how to effectively implement collective impact.<sup>8</sup> Instead, this report attempts to advance the conversation on *what* the coalition could begin to tackle, and *how* to measure it.

Across the country there are three related frameworks that coalitions are using to advance racial equity. Although similar, the choice of framework can have a significant impact on the activities pursued and the results achieved.

The first framework is the Anti-Racist Framework that focuses on the root causes of structural racism. The Anti-Racist Framework prioritizes transformative activities in the areas of



**Figure 1.2 – Economic Mobility Framework<sup>2</sup>**



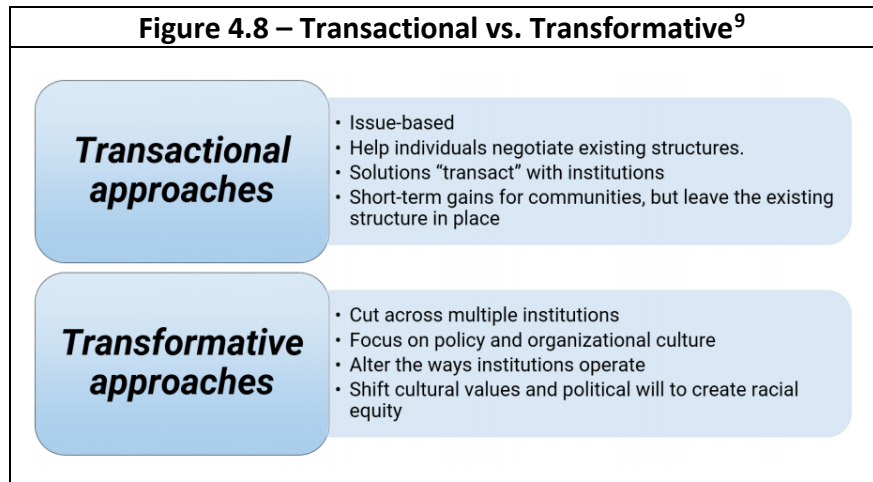
**Figure 1.3 – Social Determinants of Health Framework<sup>3</sup>**



Policies, Representation and Power (See Figure 1.1).

Examples of the Anti-Racist framework in action include the Fair Fight Action work to increase voter turnout in Atlanta, the Domestic Worker’s Bill of Rights effort to include migrant workers in the state minimum wage in Illinois, and the Citizens for Community Improvement

effort to raise the minimum wage in Iowa.<sup>10</sup> Measures used in this framework include (a) the quality of policies impacting communities of color, (b) the number of people of color on governing boards of private and public institutions, and (c) survey tools to measure self-efficacy.



The second framework is the Economic Mobility Framework that splits its focus between the root causes and visible impacts of structural racism. The Economic Mobility framework includes both transactional and transformative activities in the areas of Economic Success (e.g. income), Power and Autonomy (e.g. voting), and Being Valued in the Community (e.g. access to education) (See Figure 1.2). An example of the Economic Mobility Framework in action is the Racial Equity Dividend in Buffalo that resulted in racial equity training of 850 individuals, establishing a youth council, and various workforce training efforts.<sup>11</sup> An example of the measures used in this framework are the Urban Institute’s Upward Mobility Project, which has 26 measures in each of the subcategories listed above and include (a) the share of families in debt collection, (b) number of students that are homeless, and (c) segregation indices.<sup>12</sup>

The third framework is the Social Determinants of Health Framework (“Social Determinants Framework”) that also splits its focus between the root causes and visible impacts of structural racism. The Social Determinants Framework includes both transactional and transformative activities in the areas of Education, Health Care Access, Neighborhood, Social Context and Economic stability. An example of the Social Determinants Framework in action is the Centering Race in Health Equity Advocacy in Colorado that resulted in 18 grantee organizations incorporating racial equity into their programming and advocacy.<sup>13</sup> An example of the measures used in this framework are the Robert Wood Johnson Foundation’s County Health Rankings, which has 79 measures in each of the subcategories listed above, that include (a) premature mortality, (b) education rates, and (c) severe housing cost burden.

The detailed measures in the Anti-Racist Framework are covered in Section V. The detailed measures in the Economic Mobility Framework are covered in Section VI. The detailed measures in the Social Determinants Framework are covered in Section VII. A comprehensive list of all of the measures included in each framework is included in Appendix B. At the end of each section, there is an evaluation of

**Figure 1.4 – Matrix to Evaluate Frameworks (See Appendix C)**

	Transformative	Administrative Cost	Time to Maturity	Comparability	Depth	Political Risk	Available Local Partners	Results Based Accountability
Anti-Racist	Focuses on transformative impacts of root causes, power and representation.	Data is not based on census data or other readily available data. Data methods are available, but systems are not robust.	Impacts can be measured on a frequent basis. (e.g. # of policies, # of POC reps, & engagement indices can be updated annually.	This is an emerging trend, only a hand full of communities are planning in this way, and even fewer have developed benchmarks.	Some of the data could go to census level (i.e. POC representation), but others do not lend themselves to this analysis (i.e. # of policies)	Both the County and City have declared racism a public health crisis. There may be issues on a larger regional basis.	There are several local partners on this path, including YWCA, SDC, County and GMC. Many other partners working on representation.	Program indicators like # of POC representatives supported nest nicely inside population indicators like community POC representatives.
Economic Mobility	Breadth lends itself for competition between transformative impacts (i.e. policy) vs. transactional impacts (e.g. subsidy)	Data is readily available and collected by multiple sources including Urban Institute, Milwaukee Indicators, and many more	Many indicators like education take several years to move the needle, others may change more quickly (e.g. income)	Multiple jurisdictions are using this data and comparisons are easily made between peer jurisdictions.	Data is typically based off of publicly available data that is easily broken up by race, and often census tract.	This may be seen as a variation on what has already been done and too safe.	Several local partners on this path, including Milwaukee Succeeds, and many housing and workforce agencies. Also appear in neighborhood plans.	Program indicators like participant income, are not always related to population indicators like median income because too many other factors.
Social Determinants of Health	Breadth lends itself for competition between transformative impacts (i.e. policy) vs. transactional impacts (e.g. subsidy)	Data is readily available and collected by multiple sources including Urban Institute, Milwaukee Indicators, and many more	Many indicators like life expectancy or infant mortality could take decades to have a meaningful impact.	Multiple jurisdictions are using this data and comparisons are easily made between peer jurisdictions.	Data is typically based off of publicly available data that is easily broken up by race, and often census tract.	This may be seen as a variation on what has already been done and too safe.	Several local partners on this path, including Milwaukee Health Department, OVP and to some extent Milwaukee County.	Program indicators like participant income, are not always related to population indicators like median income because too many other factors.

each framework using the following criteria: Transformative, Administrative Cost, Time to Maturity, Comparability, Depth, Political Risk, Available Local Partners, and Results Based Accountability<sup>TM</sup>. Appendix C includes a compilation of all matrix evaluations.

Based on a national review of existing efforts, local interviews of subject matter experts and potential partners, and a review of local resident-based neighborhood plans; there is substantial evidence to support all three frameworks: Anti-Racist Framework, Economic Mobility Framework, and Social Determinants Framework. The decision of which framework, or combination of frameworks, to use rests largely on whether root causes are going to be the explicit focus. If root causes are going to be the explicit focus then the Anti-Racist Framework is the best fit, and immediate needs can be addressed separately. If the decision is to blend the focus between root causes and immediate needs, then either the Economic Mobility or Social Determinants framework is a better fit. If there is a blended approach, then extra attention and effort will need to be made that the root cause of racism is not lost, and that the transactional activities of immediate needs do not dominate transformative activities that address root causes.

The recommendations of this report are as follows:

1. Engage a Narrow Group of Strategic Stakeholders as an Executive Steering Committee to Determine a Framework and Plan Next Steps. Efforts in other communities have ranged in focus from a tightly managed effort,<sup>14</sup> to a 300-member advisory committee.<sup>15</sup> Based on interviews, there seems to be some fatigue of large efforts that only touch the surface, and a preference for a tightly managed effort that goes deeper on one to three well defined priorities. It is recommended that an initial advisory committee of 10-15 strategic

stakeholders be established to establish a framework, priorities, and an engagement plan for a broader set of strategic partners.


An example focus group or survey question to prioritize a framework could be:

*There is a coalition emerging to work together on racial equity. Which of the following mission statements best reflects a coalition you would be interested in joining?*


- a. Milwaukee will eliminate structural racism, as measured by (a) policies that improve conditions for communities of color, (b) representation of communities of color on private and public governing boards, and (c) the ability of people of color to control their own destiny.*
- b. Milwaukee will be the most equitable region in the Country, as measured by closing the racial gap in (a) high school graduation rates, (b) income, and (c) homeownership.*
- c. Milwaukee will be the healthiest region in the Country, as measured by (a) life expectancy, (b) levels of stress in young adults, and (c) infant mortality.*

2. Determine a Convenor for Transformative Collective Impact. Each framework requires a varying degree of focus on transformative activities that address root causes. To be effective, this means work on Policy that benefits communities of color, increasing both descriptive and cultural Representation in the decision-making bodies of institutions, and changing the rules of engagement so that Power is built, shared, and wielded differently (see Figure 8.4).<sup>16</sup> This transformative work will also require all the elements of collective impact.<sup>17</sup> This transformative work will be different and difficult as it may be contrary to the financial interests of existing or potential donors. For example, if power is shifted to communities of color, those communities may prioritize increasing the minimum wage as a policy focus, and evidence shows this policy would have a meaningful impact on communities of color.<sup>18</sup> To avoid future conflict, if the Greater Milwaukee Foundation (GMF) is going to play this transformative collective impact convenor role, it should ask for explicit authority to play this role from its governing body. If GMF determines it is not best positioned to play this role it should determine if it is willing to fundraise for a third party transformative collective impact convenor and help identify who that convenor is.

**Figure 8.4 – Building, Sharing, Wielding Power<sup>19</sup>**

 **BUILDING POWER**  
Supporting systemic change by funding civic engagement, advocacy and community organizing among marginalized communities

 **SHARING POWER**  
Nurturing transparent, trusting relationships and co-creating strategies with stakeholders

 **WIELDING POWER**  
Exercising public leadership beyond grantmaking to create equitable, catalytic change

## Appendix C – Matrix to Evaluate Frameworks

	<b>Transformative</b>	<b>Administrative Cost</b>	<b>Time to Maturity</b>	<b>Comparability</b>	<b>Depth</b>	<b>Political Risk</b>	<b>Available Local Partners</b>	<b>Results Based Accountability</b>
<b>Anti-Racist</b>	Focuses on transformative impacts of root causes, power and representation.	Data is not based on census data or other readily available data. Data methods are available, but systems are not robust.	Impacts can be measured on a frequent basis. (e.g. # of policies, # of POC reps., & engagement indices can be updated annually.	This is an emerging trend, only a hand full of communities are planning in this way, and even fewer have developed benchmarks.	Some of the data could go to census level (i.e. POC representation), but others do not lend themselves to this analysis (i.e. # of policies)	Both the County and City have declared racism a public health crisis. There may be issues on a larger regional basis.	There are several local partners on this path, including YWCA, SDC, County and GMC. Many other partners working on representation.	Program indicators like # of POC representatives supported nest nicely inside population indicators like community POC representatives.
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<b>Social Determinants of Health</b>	Broadness lends itself for competition between transformative impacts (i.e. policy) vs. transactional impacts (e.g. subsidy)	Data is readily available and collected by multiple sources including Urban Institute, Milwaukee Indicators, and many more	Many indicators like life expectancy or infant mortality could take decades to have a meaningful impact.	Multiple jurisdictions are using this data and comparisons are easily made between peer jurisdictions.	Data is typically based off of publicly available data that is easily broken up by race, and often census tract.	This may be seen as a variation on what has already been done and too safe.	Several local partners on this path, including Milwaukee Health Department, OVP and to some extent Milwaukee County.	Program indicators like participant income, are not always related to population indicators like median income because too many other factors.

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## Notes

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<sup>1</sup> Adapted From:

- a. Aspen Institute, Roundtable on Community Change. *Dismantling Structural Racism: A Racial Equity Theory of Change*, at p.2, available at [https://assets.aspeninstitute.org/content/uploads/files/content/docs/rcc/RACIAL\\_EQUITY\\_THEORY\\_OF\\_CHANGE\\_08.PDF](https://assets.aspeninstitute.org/content/uploads/files/content/docs/rcc/RACIAL_EQUITY_THEORY_OF_CHANGE_08.PDF) (“[T]hree critical elements for special attention by social change planners: policies and institutions, cultural representations, and self-sustaining power dynamics.”)
  - b. Health & Medicine Policy Research Group, *Recommendations for Measuring Structural Racism in Chicago* December 2016, at p.1, available at <http://hmprg.org/wp-content/uploads/2018/11/Final.-Recommendations-for-Measuring-Structural-Racism-in-Chicago.-12.21.16.pdf> (“[W]ays to measure structural racism ... includes measuring governance processes, economic policy, and public and social policies”).
  - c. Kendi, Ibram, 2019. *How to Be an Antiracist*.
  - d. Government Alliance on Race & Equity, 2015. *Advancing Racial Equity and Transforming Government*, available at [https://www.racialequityalliance.org/wp-content/uploads/2015/02/GARE-Resource\\_Guide.pdf](https://www.racialequityalliance.org/wp-content/uploads/2015/02/GARE-Resource_Guide.pdf) (“Tools must be used to change the policies, programs, and practices that are perpetuating inequities, as well as used in the development of new policies and programs.”)
  - e. Milwaukee County Health & Equity Framework, available at <https://county.milwaukee.gov/EN/Vision/Racial-Equity-Framework> (“Power to make change: Who is making Decisions? ... Institutional Practices: Are policies and processes fair and just for all people?”) as adapted from Mobilizing Action Toward Community Health (MATCH), UW-Madison Population Health Institute available at <https://uwphi.pophealth.wisc.edu/match/>
  - f. Wisconsin Center for Public Health Education Training, Health Equity Module 2: Health & Power, available at <https://uwphi.pophealth.wisc.edu/match/health-equity-training-modules/>
- <sup>2</sup> Urban Institute, October 2020. *Upward Mobility Cohort RFI*, available at <https://www.urban.org/policy-centers/research-action-lab/projects/boosting-upward-mobility-poverty/upward-mobility-cohort-rfi>
- <sup>3</sup> U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, Healthy People 2030, 2020. *Social Determinants of Health*, available at <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>
- <sup>4</sup> Levine, Marc, Center for Economic Inclusion, 2019. Indicators of an Inclusive Regional Economy, available at <https://www.centerforeconomicinclusion.org/msp-economic-inclusion-indicators>. (“State of Black Milwaukee”)
- <sup>5</sup> See Levine, Marc, Center for Economic Inclusion, 2020. *Index of Hispanic Well-Being 9n the Nation’s Largest Metro Areas* (illustrating that living conditions for Latinos in Milwaukee rank 44<sup>th</sup> out of 50 top US metro areas); and Health Compass Milwaukee, 2020, *2020 Demographics*, available at <http://www.healthcompassmilwaukee.org/demographicdata?id=3140&sectionId=940> (illustrating median income is lower for every racial group in Milwaukee compared to White Milwaukeeans).
- <sup>6</sup> See Milwaukee County, April 25, 2019. File No. 19-397, available at <https://milwaukeecounty.legistar.com/View.ashx?M=F&ID=7173997&GUID=982F256A-E351-4146-B386-446635CB1351>; City of Milwaukee, July, 30, 2019. File No. 190098, available at <https://milwaukee.legistar.com/LegislationDetail.aspx?ID=3926601&GUID=5309EB39-5CC1-4E82-AB5E-C47BD94B6B69&Options=ID|Text|&Search=racism> (codified at [https://library.municode.com/wi/milwaukee\\_county/codes/code\\_of\\_ordinances?nodeId=MICOCOGORVOII\\_CH108ACR\\_AEQHE](https://library.municode.com/wi/milwaukee_county/codes/code_of_ordinances?nodeId=MICOCOGORVOII_CH108ACR_AEQHE)); Milwaukee Public Schools, July 25, 2019, Resolution No 1920R-005, available at <https://mps.milwaukee.k12.wi.us/MPS-English/OBG/Clerk-Services/Proceedings/2019-20/Compliance.pdf>. See also Population of Health Institute, Mobilizing Action Toward Community Health, 2020, *Sign-on: Racism is a public health crisis in Wisconsin*, available at <https://mps.milwaukee.k12.wi.us/MPS-English/OBG/Clerk-Services/Proceedings/2019-20/Compliance.pdf> (listing over 100 organizations that have signed on to racism as a public health crisis).

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<sup>7</sup> There are dozens of successful sustained collective impact efforts in Milwaukee including the Milwaukee Health Care Partnership (<https://mkehcp.org/>), Milwaukee Continuum of Care (<https://www.facebook.com/milwaukeeecoc>), Metropolitan Milwaukee Association of Commerce (<https://www.mmac.org/>), Milwaukee Succeeds (<http://milwaukeesucceeds.org/>), and the Teen Pregnancy Prevention Initiative (<https://www.unitedwaygmwc.org/Teen-Pregnancy-Prevention>).

<sup>8</sup> The elements of Collective Impact include Shared Strategy, Shared Measurement, Mutually Reinforcing Activities, Continuous Communication and an Exceptional Backbone Organization. Kania, John, et. al, Stanford Social Review, 2011, *Collective Impact*, available at [https://ssir.org/articles/entry/collective\\_impact](https://ssir.org/articles/entry/collective_impact). Also, the Collective Impact Forum (<https://www.collectiveimpactforum.org/>) has leadership based in Milwaukee and has a wealth of resources related to collective impact.

<sup>9</sup> Curren, et. al., Government Alliance on Race & Equity, 2016. *Racial Equity Action Plans: A How to Manual*, available at <https://www.racialequityalliance.org/wp-content/uploads/2016/11/GARE-Racial-Equity-Action-Plans.pdf>

<sup>10</sup> Pastor, et. al., Equity Research Institute, 2020. *Leading Locally: A Community Power-Building Approach to Structural Change*, available at <https://dornsife.usc.edu/eri/lead-local/>

<sup>11</sup> Community Foundation for Greater Buffalo, 2018. *The Racial Equity Dividend: Buffalo's Great Opportunity*, available at <https://cfgb.org/wp-content/uploads/2018/08/racial-equity-dividend-report-2018.pdf>

<sup>12</sup> Supra note 2.

<sup>13</sup> The Colorado Trust, *Centering Race in Health Equity Advocacy*, Sept. 2020, available at [https://www.coloradotrust.org/sites/default/files/centering\\_race\\_in\\_health\\_equity\\_advocacy\\_2020\\_addendum-english\\_vf\\_0.pdf](https://www.coloradotrust.org/sites/default/files/centering_race_in_health_equity_advocacy_2020_addendum-english_vf_0.pdf).

<sup>14</sup> Id.

<sup>15</sup> Central Valley Community Foundation, 2019. *Annual Report* at p 6, available at <https://www.centralvalleycf.org/wp-content/uploads/2020/10/2019-CVCF-ANNUAL-REPORT-Digital.pdf>

<sup>16</sup> National Committee for Responsive Philanthropy, 2017. *Strategic Framework 2017 – 2026*, available at <http://bjn9t2lhlni2dhd5hvym7lj-wpengine.netdna-ssl.com/wp-content/uploads/2018/02/NCRP-strategic-framework-for-2017-2026.pdf>.

<sup>17</sup> See Supra Note 8.

<sup>18</sup> Wilson, Valerie, Economic Policy Institute, February 13, 2019. *The Raise the Wage Act of 2019 would give black workers a much-needed boost in pay*, available at <https://www.epi.org/publication/the-raise-the-wage-act-of-2019-would-give-black-workers-a-much-needed-boost-in-pay/> (illustrating that raising the federal minimum wage in six steps to \$15 per hour would increase pay for 38.1 percent of black workers and 23.2 percent of all white workers).

<sup>19</sup> Supra note 16.