

Racial Equity Impact Data Measures

*Frameworks for eliminating
racial disparities in Milwaukee*

Full Report



FEBRUARY 8, 2020



AALAM

hispanic collaborative



Greater Milwaukee
FOUNDATION
greater together

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.⁴ Unfortunately, the circumstances are not much better for Latino people or other communities of color in Milwaukee.⁵

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.⁶ 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,⁷ and national research on how to effectively implement collective impact.⁸ 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 1.1 – Anti-Racist Framework¹

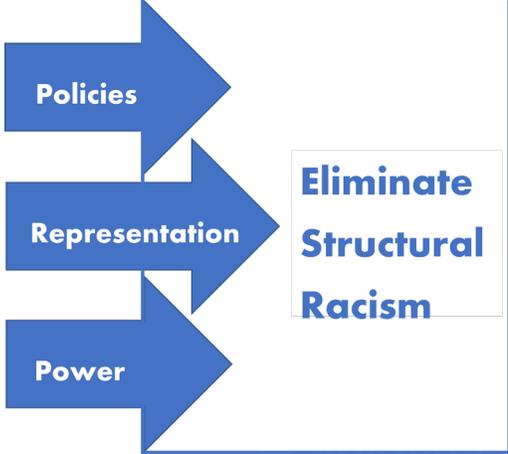


Figure 1.2 – Economic Mobility Framework²



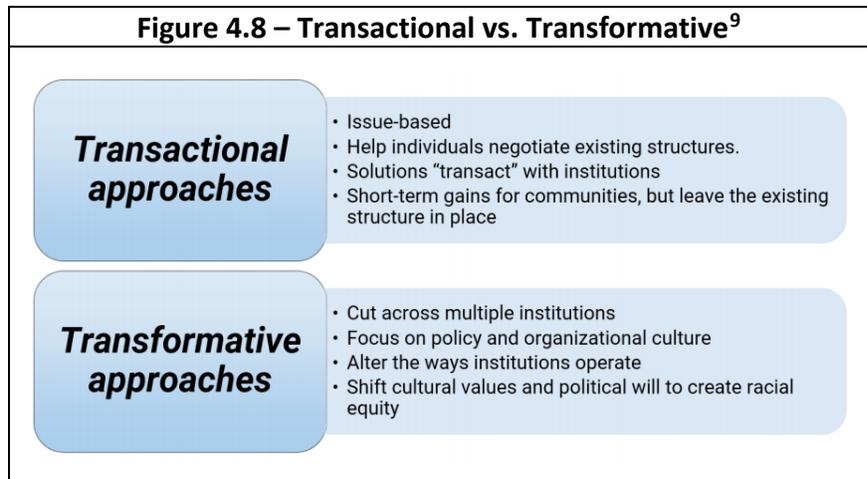
Figure 1.3 – Social Determinants of Health Framework³



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.¹⁰ 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.¹¹ 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.¹²

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.¹³ 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

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 are planning in this way, 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 Success, 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.

of each framework using the following criteria: Transformative, Administrative Cost, Time to Maturity, Comparability, Depth, Political Risk, Available Local Partners, and Results Based AccountabilityTM. 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,¹⁴ to a 300-member advisory committee.¹⁵ 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).¹⁶ This transformative work will also require all the elements of collective impact.¹⁷ 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.¹⁸ 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 Power¹⁹

 **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

Racial Equity Impact Data Measures

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II. Project Background and Methods

This project is sponsored by the Greater Milwaukee Foundation (GMF). GMF’s mission is inspiring philanthropy, serving donors, strengthening communities now and for future generations. GMF’s vision is that Greater Milwaukee becomes a vibrant, economically thriving region comprised of welcoming and inclusive communities that provide opportunity, prosperity and a high quality of life for all. GMF values integrity, service, effectiveness and inclusion. In 2019 GMF updated its strategic plan to prioritize “systems change and measurable impacts [that] are achieved on a clear set of impact priorities that increase outcomes for those populations and neighborhoods experiencing the greatest disparities.”

To reach the goal of systems change and measurable impacts, GMF believes that collective impact among strategic stakeholders is necessary. Furthermore, in order to achieve collective impact, there needs to be some agreement among strategic stakeholders on what impact the collective group is going to have, and how that impact is going to be measured. This report is the first step in a Racial Equity Impact Data Measures (“REID Measures”) Project that is designed to identify what impact strategic stakeholders would like to have, and develop 3 Impact Data Measures to begin measuring that impact.

To manage the project, a Project Management Team was assembled that includes representatives from Greater Milwaukee Foundation, African American Leadership Alliance MKE, and Hispanic Collaborative. Members of the Project Management Team are included in Appendix D. In executing the project, the project team is utilizing the well-established methods of the Government Alliance on Race & Equity (GARE), CDC Public Health Policy Framework, and methods of the Project Management Institute. Specifically, the GARE model for developing policy includes the elements listed in Figure 2.1.

Figure 2.1 – GARE Model for Policy Development²⁰

- 1. Proposal.** What are the desired outcomes?
- 2. Data.** What does related data tell us about Proposal?
- 3. Community Engagement.** Who can be engaged?
- 4. Analysis and strategies.** Who benefits?
- 5. Implementation.** How will proposal be implemented?
- 6. Accountability and communication.**

This report represents the first and second steps of the GARE process. Twenty-six different data sources were reviewed and categorized into the frameworks identified in this report. The six most recent neighborhood plans were also consulted to develop this report. Most importantly, 30 interviews were conducted with subject matter experts from the public, private, non-profit, research, and institutional sectors. A list of the interviews is included in Appendix D. The anticipated next steps of the project are to continue step three of the GARE process by engaging an additional group of stakeholders, including residents.

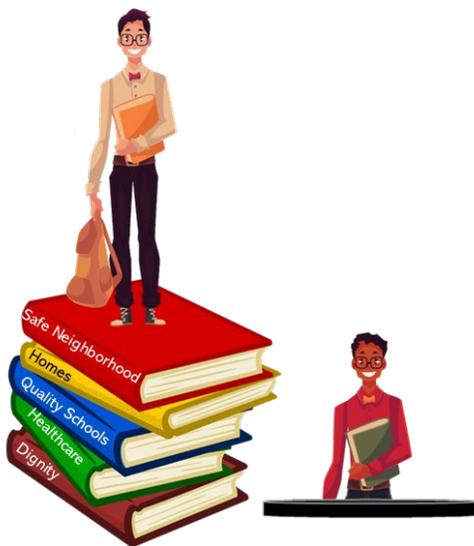
III. What is a Racial Equity Impact Data Measure?

Racial Equity is when race can no longer be used to predict life outcomes and outcomes for all groups are improved.²¹ Racial Equity is the opposite of racial inequity. An example of a racial inequity is that in 2010, Black Americans made up 13% of the country’s population, but only 2.7% of the county’s wealth.²² An example of Racial Equity would be if Black Americans represented both 13% of the population, and 13% of the wealth. Importantly, it would also mean that this increase in wealth is achieved by the raising of *actual* wealth for Black Americans not just a lowering of *actual* wealth by other racial groups.

An **Impact Data Measure** is the data that is used to measure whether an activity is having an Impact. In a standard logic model, there are five elements: (1) resources, (2) activities, (3) outputs, (4) outcomes, and (5) impact. A classic example is money (*resource*) is used to pay for job training classes (*activities*) were participants are trained (*output*), which leads to higher placement rates with employers (*outcome*), which leads to higher average income in a community (*impact*).

A **Racial Equity Impact Data Measure** is the data that is used to measure whether activities are having a meaningful impact on the life outcomes of people of color.

Our Country’s systems created this:



Racial Inequity

Our Country deserves this:



Racial Equity

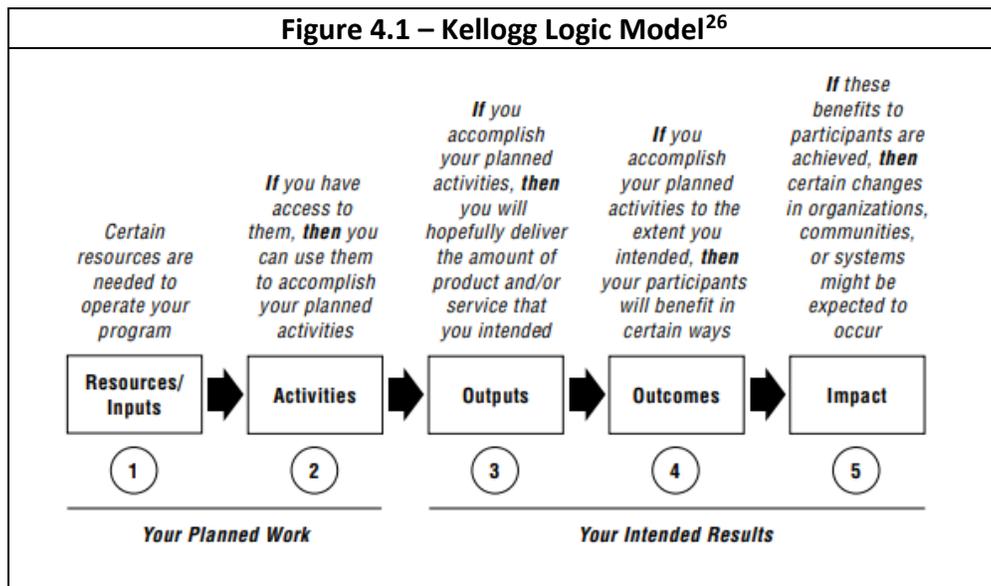
IV. Choosing a Framework

To measure an impact, it is important to use a logic model that provides the direct link between the resources that are used, and ultimately the impact that is gained. When applying a logic model to Racial Equity, it is important to look beyond the transactional nature of most logic models, and incorporate systems thinking. There are dozens of potential frameworks that can be used to develop REID Measures. Most of these frameworks can be categorized into three categories: (A) The Anti-Racist Framework, (B) The Economic Mobility Framework, and (C) The Social Determinants of Health Framework. There are at least eight criteria that can be used to determine which framework is the right fit.

a. The Standard Logic Model

Thousands of organizations have successfully deployed a logic model in order to prioritize resources and create meaningful impacts.²³ Perhaps the most well-known logic model is the Kellogg Logic Model.²⁴ An overview of the Kellogg Logic model is included in Figure 4.1. The model includes the following elements:

1. **Resources.** Certain resources are needed to operate your program.
2. **Activities.** If you have access to resources, then you can use resources to accomplish your planned activities.
3. **Outputs.** If you accomplish your planned activities, then you will hopefully deliver the amount of product and/or service that you intend.
4. **Outcomes.** If you accomplish your planned activities to the extent you intended, then your participants will benefit in certain ways.
5. **Impact.** If these benefits to participants are achieved, then certain changes in organizations communities, or systems might be expected to occur.²⁵

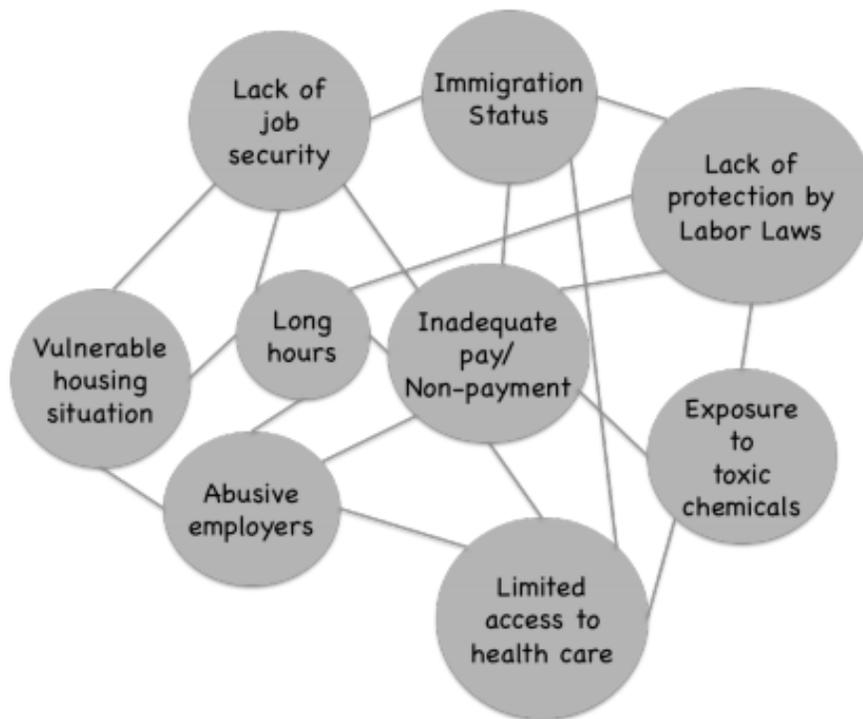


b. Systems Thinking: Racial Equity Theory of Change & Focusing Upstream

When applying a logic model to something as complex as Racial Equity, it is important to understand that (a) an effective model is not always linear and is often interactive, and (b) often there are deeper root causes that need to be built into the logic model.

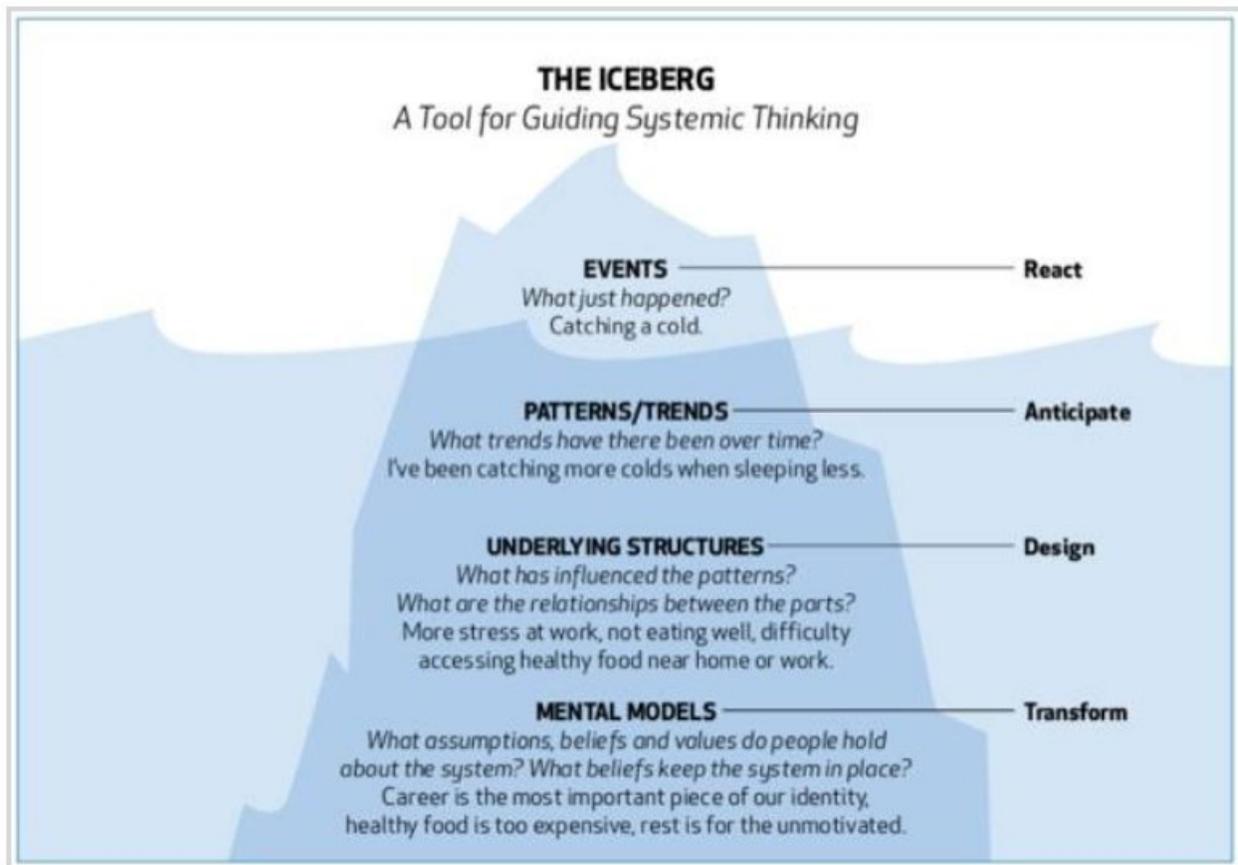
To illustrate the interactive nature of a logic model, consider the example of poor health of immigrant workers in the United States. There could be any number of *causes* for poor health including exposure to toxic chemicals, limited access to health care, long hours, etc. Furthermore, there are multiple *causes of the causes* such as environmental regulations, health care policy, and labor policy. The interconnected of this can be very complex (see Figure 4.2). Despite this complexity, it is often the case that many of the causes and root causes can be broken into a few categories. One way to categorize these root causes is the Social Determinants of Health which are: Economic Stability, Education Access and Quality, Health Care Access and Quality, Neighborhood and Built Environment, and Social and Community Context. (See Figure 1.3).

Figure 4.2 – Interactive Logic Model in Immigration²⁷



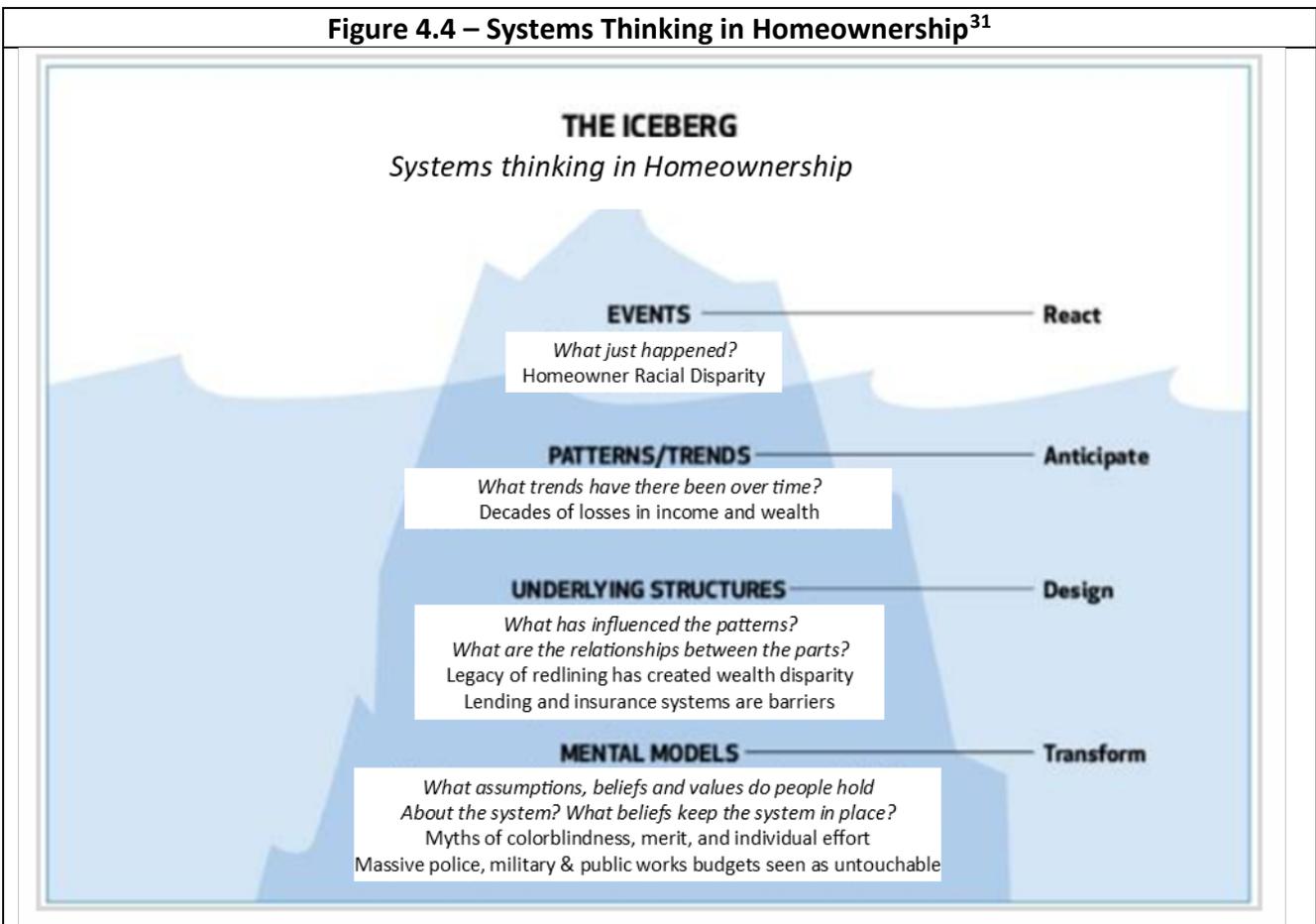
The other complexity of using traditional logic models on Racial Equity is that often the traditional logic model focuses on what is seen, rather than the underlying root causes. Similar to an iceberg, we tend to focus on what we can see and not the underlying foundational issues. For example, if we are sick we tend to focus on the event that is happening to us. I have a cold, so the problem must be that I have a cold, so the solution must be to take cold medicine to feel better. However, as shown in Figure 4.3, there are likely underlying *patterns, structures, and mental models* that need to be addressed. For example, a pattern might be, I have been catching a cold more often when I get less sleep. An *underlying structure* to this pattern is that I have been stressed at work, and not only am I not sleeping well but I'm not eating well either. Finally, there is likely an underlying *mental model* that has led to this structure such as Career is the most important piece of my identity and is worth the stress.²⁸

Figure 4.3 – A tool for guiding Systemic Thinking²⁹



A similar example can be identified in the context of racial equity issues by looking at homeownership (See Figure 4.4). For example, there is a severe racial inequality in homeownership.³⁰ The *event* that we see is the lack of homeownership and we tend to focus our efforts on that particular event. We provide the equivalent of cold medicine in the form of homeownership training, incentives, or affordable housing alternatives. But similar to the cold example there are a host of *patterns* that are related to reduced homeownership, such as lack of income and wealth. There is an underlying structure related lack of income and wealth, including racial inequities in geographic location (i.e. redlining), loan policies, insurance practices, etc. Finally, there are underlying mental models, such as public budget preference for police or military over homeownership, or the perception of black neighborhoods being more risky.

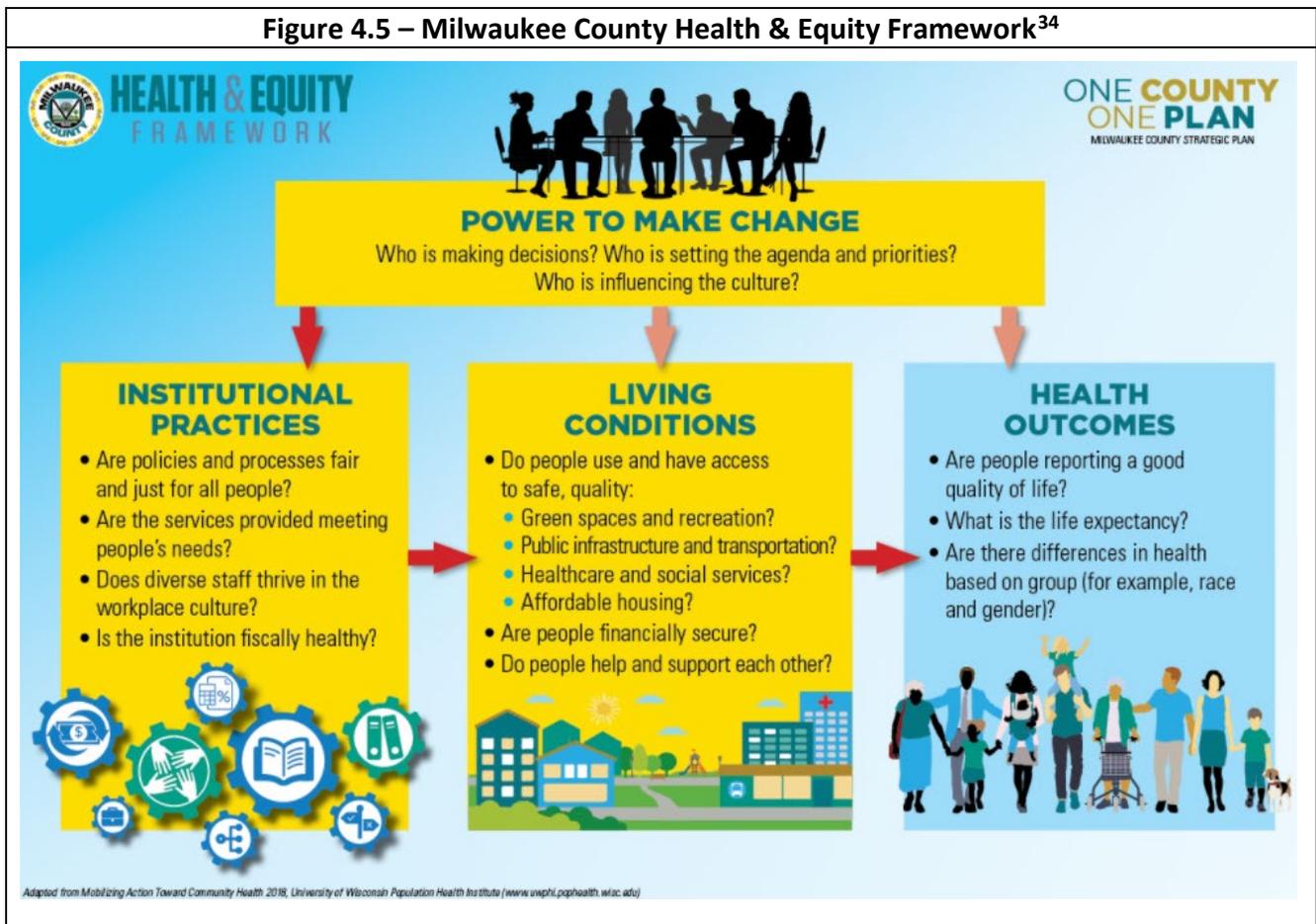
Figure 4.4 – Systems Thinking in Homeownership³¹



There have been a few attempts to address Racial Equity using a logic framework. One example is Milwaukee County, the first municipality in the nation to declare racism a public health crisis. Milwaukee County uses a Health & Equity Framework that has four elements: (1) Institutional Practices, (2) Living Conditions, (3) Health Outcomes, and (4) Power to Make Change. As illustrated in Figure 4.6, these elements are presented in a linear pattern similar to a logic model, but with two important changes. First, instead of starting with resources and ending with

impact, this model starts with Institutional Practices, and ends with Health Outcomes. This focus on *root causes* can be found in most logic models that address Racial Equity.³² The second difference is that *Power to Make Change* is seen as a contributing factor to all of the other elements. The focus on *policies, representation* and *power* are repeated in other logic models that address Racial Equity (see Figure 1.1).³³ These three themes of *policies, representation* and *power* are covered in more detail in section V.

Figure 4.5 – Milwaukee County Health & Equity Framework³⁴



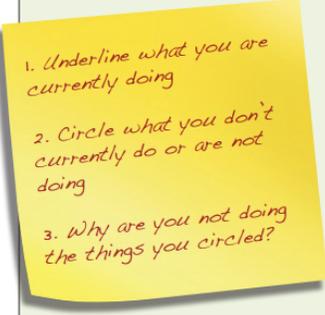
Another community that has blended the traditional logic model with Racial Equity is Multnomah County, Oregon. Multnomah kept the traditional resources-to-impact model, but then layered over this framework the elements of individual, institutional and systemic racism. For example, outcomes related to institutional racism include representation strategies, and outcomes related to systemic racism include power and root cause strategies. Ultimately all of these layers lead to their defined Racial Equity Impact Data Measure of “Elimination of root causes of suffering and inequities affecting communities of color” and “Greater individual and community empowerment” (See Figure 4.6).³⁵

Figure 4.6 – Multnomah County Equity and Empowerment Lens Logic Model³⁶

Equity and Empowerment Lens Logic Model

A Work in Progress
March 24, 2014



	INDIVIDUAL	INSTITUTIONAL ¹	SYSTEMIC	
Assumptions	Relational Worldview Empowerment - Healthy sense of self, self-awareness around power, and positive cultural identity - Clarity of purpose towards racial equity - Implicit bias awareness - Knowledge of current racial inequities and strengths in racial equity strategies in region - Understanding of the interconnectedness of climate health, ecology, and racial equity - Courage - Critical thinking - Prioritization of self-care - Equitable opportunity and expectation to participate and learn - Understanding of how to facilitate applications of the Lens and other racial equity tools - Wider sense of self - Whole-brain thinking	Mindfulness Hierarchy and Three Levels of Racism - Restorative intent - Shared values / goals / vision clearly articulated around racial equity - Clarity of purpose towards racial equity - Increased salience of racial equity in communications - Proper time allocated - Having direct conversations and capacity-building about racial equity and trauma-informed approaches - Organization sets up and maintains structures, processes, and environment where compassion and mindfulness can emerge and flourish. - Baseline employee data gauging levels of autonomy, collaboration, emotional / physical / spiritual safety, feeling valued - Efforts underway to flatten hierarchy - Disaggregated data - People of Color in leadership roles and spread throughout the organization	Trauma-Informed Restorative Intent Cultural Responsivity - Regular, purpose-driven collaborative meetings amongst key leaders - Analysis of legal barriers and courageous action to amend - Clarity of purpose towards racial equity - Improved economic systems in organizations that flatten hierarchy, and prioritize racial equity strategies - Cross-sector guiding racial equity policy and law - Strong partnerships with community of color leaders and organizations - Encourage collaboration across sectors and leaders - Value and incorporate racial equity analysis and critical thinking into collaborations and decision-making - Capacity around transformative and trauma-informed approaches - Understanding of historical foundations racial inequality in law and constitution - People of Color in key leadership roles	Transformation Quality Improvement - Regular, purpose-driven collaborative meetings amongst key leaders - Analysis of legal barriers and courageous action to amend - Clarity of purpose towards racial equity - Improved economic systems in organizations that flatten hierarchy, and prioritize racial equity strategies - Cross-sector guiding racial equity policy and law - Strong partnerships with community of color leaders and organizations - Encourage collaboration across sectors and leaders - Value and incorporate racial equity analysis and critical thinking into collaborations and decision-making - Capacity around transformative and trauma-informed approaches - Understanding of historical foundations racial inequality in law and constitution - People of Color in key leadership roles
Activities		- Develop shared vision and purpose for change, including shared language - Build meaningful community partnerships with communities of color - Institutionalize racial equity policy that is endorsed by the governing body, clearly states its benefits, outlines necessary decision-making structures, and integrates accountability measures to cultural responsiveness and racial equity - Apply and act upon the two promising culturally inclusive tools listed in Footnote 1. - Promote cross-sector, state, and national advocacy efforts around racial equity - Integrate the arts into racial equity processes and discussions - Develop Communities of Practice for staff and other opportunities to learn from each other by articulating their experiences around the use of a Lens and the model. - Activities, relationship-building, and processes integrate reflection, cultural humility, learning, innovation, and community-mindedness - Integrate Lens Concept Papers and related racial equity literature into trainings and ongoing professional development - Utilize community voice and knowledge in decision-making - Apply the SP's Lens tool and other racial equity tools, and integrate into policy - Engage in exercises that ask an institution to directly face historical laws and processes that have led to inequities - Implement activities that strengthen an organization's purpose and trajectory towards racial equity - Organization-to-organization mentoring - Develop shared vision and purpose for change, including shared language - Build meaningful community partnerships with communities of color - Organization-to-organization mentoring	- Develop shared vision and purpose for change, including shared language - Build meaningful community partnerships with communities of color - Support and fund community-capacity building strategies - Develop continuous communication strategies based on trust, and collective vocabulary - Address legal barriers to racial equity, draft and pass new laws - Integrate voice and experiences of leaders of color into systems planning - Strengthen leaders' capacity around transformative v/s transactional approaches and trauma-informed policy - Create clear purpose-driven collaborative actions in key areas driving social mobility for communities of color: educational and income development (i.e., develop career pipelines leading to hiring/retaining future leaders of color). - Organization-to-organization mentoring - Identify and act upon culturally responsive and equity-based indicators in collecting data and measuring results. - Fill leadership roles with People of Color	

	INDIVIDUAL	INSTITUTIONAL ¹	SYSTEMIC
Activities	- Self-reflection exercises around racial and implicit bias awareness - Carry out self-care strategies - Read alternative histories around race and racial inequities - Identify one's purpose in racial equity work, and revisit - Mindfulness practices (breath awareness and compassion-based training and activities) - Trainings on racial and implicit bias awareness, root causes, how to facilitate Lens applications - Activities that stress community mindedness and a wider sense of self - Peer-to-peer mentoring - Making the time and space necessary for learning and reflection - Actively seek learning about and connecting to other promising efforts in racial equity work - Engage all parts of the brain, such as reading poetry, and engaging in music and the arts	- Institutionalize racial equity policy that is endorsed by the governing body, clearly states its benefits, outlines necessary decision-making structures, and integrates accountability measures to cultural responsiveness and racial equity - Apply and act upon the two promising culturally inclusive tools listed in Footnote 1. - Promote cross-sector, state, and national advocacy efforts around racial equity - Integrate the arts into racial equity processes and discussions - Develop Communities of Practice for staff and other opportunities to learn from each other by articulating their experiences around the use of a Lens and the model. - Activities, relationship-building, and processes integrate reflection, cultural humility, learning, innovation, and community-mindedness - Integrate Lens Concept Papers and related racial equity literature into trainings and ongoing professional development - Utilize community voice and knowledge in decision-making - Apply the SP's Lens tool and other racial equity tools, and integrate into policy - Engage in exercises that ask an institution to directly face historical laws and processes that have led to inequities - Implement activities that strengthen an organization's purpose and trajectory towards racial equity - Organization-to-organization mentoring	- # of political, legal, and historical barriers identified cross-system - # of barriers analyzed, addressed (some according to organization, some collectively addressed) - # of cross-sector actions and collaborations - Creation of a backbone organization for key cross-sector, collective initiatives - Shared measurement systems - Common vision for change (includes common understanding of issue[s] and joint approaches) - # of times Lens and other tools were applied to policies, decisions, resource allocation, and processes.
Outputs (must be tied to outcomes, are steps along the way – not a landing point)	- # of trainings done in racial equity, self-awareness, implicit bias, compassion-based practice, and sustainability - # of times conducted mindfulness practice - # of reading materials on racial equity - Creation of a self-care plan - Creation of circle of support around the work - # of times Lens and other racial equity tools applied to work products and processes - Identified purpose in the work	- # of time data is disaggregated by race, language spoken, culture, etc. - # of action plans related to Lens applications - # of employees with sustained passion to do the work - Policy, procedures, procedural pathways, budget, strat plans centered on racial equity - # of cross-departmental and cross-sector activities - # of employees of color hired and retained in organization - # of collaborative partnerships with communities of color - # of departments of teams who have applied the culturally inclusive tools (see Footnote 1) - Clear evaluation framework around racial equity goals, strategies, and outcomes - Strong positive reputation on behalf of institution for its strategies, policies, and outcomes around racial equity - # of times Lens was applied to policies, decisions, resource allocation, and processes	- Efficiency across systems in key operational areas - Strong partnership-based collaboratives improving indicators of well-being for communities of color - Demonstrated commitment in partnering institutions to flatten hierarchy in their own institutions, and in systemic projects - Increased engagement in strategies that are mutually reinforcing - Systemically well-funded culturally responsive (including culturally-specific) strategies - Increased sustainability and longevity of strategies - Decreased siloism across sectors - Improved disaggregated data collection and use of such data in joint decision-making - Decreased environmental impacts for communities of color
Outcomes	- Increased emotional intelligence - Awareness of worldview and implicit bias - Increased positive cultural identity - Greater self-awareness around positionality, one's power, and one's effect on others - Increased understanding of how trauma integrates with decision-making, relationship-building, and service delivery - Increased sense of physical, emotional, and spiritual safety, autonomy, and feeling valued. - Increased sense of purpose and meaning in work - Deepened sense of hope - Increased community-mindedness - Increased critical thinking skills	- Greater clarity around communicating about racial equity goals - Increased capacity on individual's / team's / department's role in structure and decision-making, especially relating to racial equity - Healthy responsive workforce - Increased number of staff hired and retained who reflect communities most affected by inequities. - Greater visibility and salience of the Relational Worldview in staff and policy-based discussions. - Increased quality and quantity of partnerships with communities of color - Increased emphasis on integrating both qualitative and quantitative data - Increased sense of staff pride in org's goals and identity around racial equity. - Strong understanding of intersectionality of racism and other social oppressions. - Institutionalized professional development models and trainings integrating trauma-informed approaches, transformation, and racial equity. - Increased investments in Minority, Women, Emerging, Small Business (MWESB), and supporting policies	- Efficiency across systems in key operational areas - Strong partnership-based collaboratives improving indicators of well-being for communities of color - Demonstrated commitment in partnering institutions to flatten hierarchy in their own institutions, and in systemic projects - Increased engagement in strategies that are mutually reinforcing - Systemically well-funded culturally responsive (including culturally-specific) strategies - Increased sustainability and longevity of strategies - Decreased siloism across sectors - Improved disaggregated data collection and use of such data in joint decision-making - Decreased environmental impacts for communities of color
Impact	Elimination of root causes of suffering and inequities affecting communities of color Greater individual and community empowerment		

c. What are the available REID Measures?

Dozens of organizations have developed Racial Equity Impact Data Measures, and none of them are mutually exclusive. A comprehensive list of these potential measures is listed in Appendix B – List of Potential Measures. Most of these REID Measures can be broken down into the following categories.

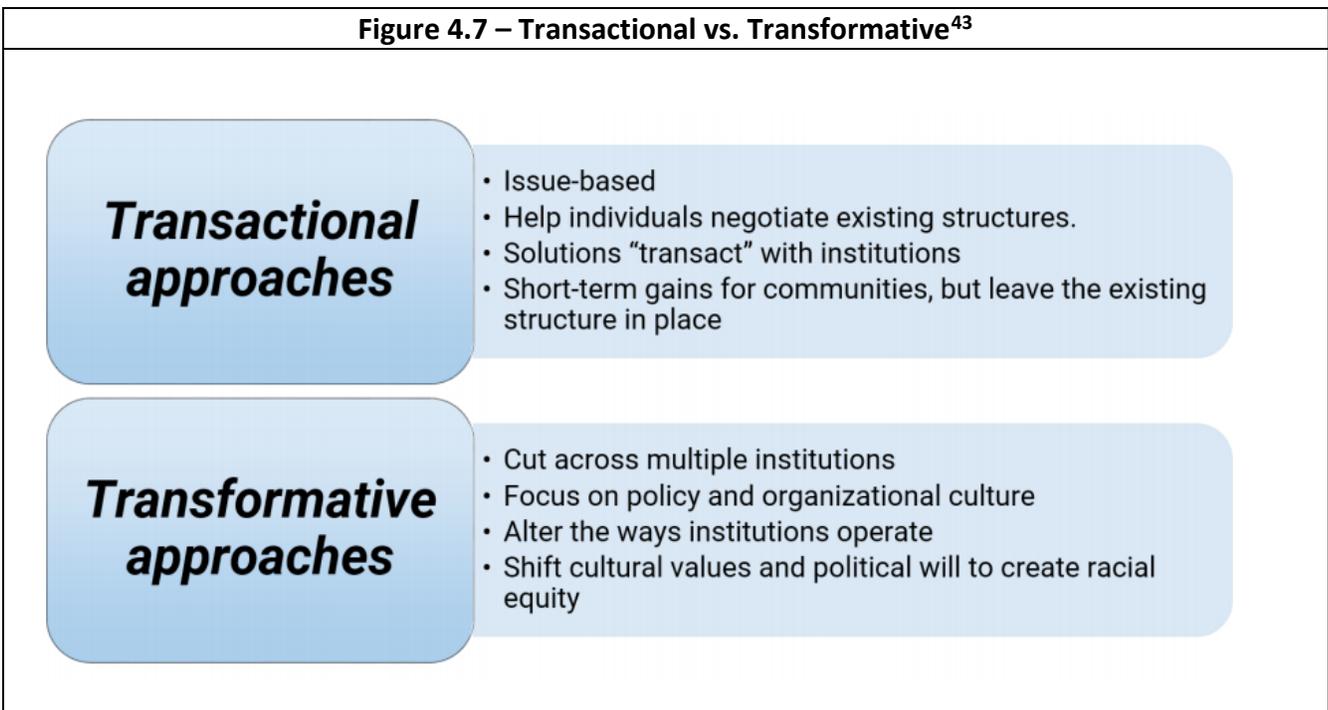
1. **Anti-Racist Framework.** The Anti-Racist Framework measures the production and sustainment of Racial Equity between racial groups.³⁷ Sometimes these frameworks are referred to as Race Equity Frameworks, Anti-Discrimination Frameworks, Systems Frameworks, Emancipatory Framework or Root Cause Frameworks. The Anti-Racist Framework prioritizes REID Measures that address systematic racism, such as the root causes of policies, representation and power. Entities that use this framework include the YWCA, Social Development Commission, and Milwaukee County.
2. **Economic Mobility Framework.** The Economic Mobility Framework measures the Economic Success, Being Valued in Community, and Power and Autonomy of a target population.³⁸ Sometimes these frameworks are referred to as Disparity Indexes, Indicators, or Vital signs. An Economic Mobility Framework prioritizes REID Measures that reflect the living conditions of populations that can then be used to compare racial groups (i.e. gap measures). Entities that use this framework include the Urban Institute, African American Leadership Alliance of Milwaukee (AALAM), and the Hispanic Collaborative.
3. **Social Determinants of Health Framework.** The Social Determinants of Health Framework measures the economic and social conditions that influence the health of people and communities.³⁹ It is very similar to the Economic Mobility Framework, however, the Economic Mobility Framework lends itself to measuring the *impacts* that effect living conditions, and the Social Determinants Framework measures living conditions that *impact* health. Therefore, Social Determinants Framework prioritizes REID measures that reflect the health of populations that can then be used to compare racial groups (i.e. health disparities). Entities that use this framework include the Center for Disease Control, Wisconsin Department of Health Services (and Governor’s Health Equity Council),⁴⁰ Milwaukee Health Department,⁴¹ Milwaukee Office of Violence Prevention,⁴² and to some extent Milwaukee County.

If these frameworks sound similar, they are. This similarity, however, can mask substantive differences that can have a significant impact on where resources are allocated. **An Anti-Racist Framework measures the impact you are having on structural racism, whereas the other two frameworks measure the impact that structural racism is having on people.**

An Anti-Racist Framework measures the impact you are having on structural racism, whereas the other two frameworks measure the impact that structural racism is having on people.

This difference could result in the types of activities being supported being narrower or broader. For example, if an Anti-Racist Framework is used, then activities being funded will likely be narrow and focused on policies, representation, and power (“Transformative Activities”). If an Economic Mobility framework is chosen, then the activities being followed could be much broader to include Transformative Activities, but also Transactional Activities that are more short term (See Figure 4.7).

Figure 4.7 – Transactional vs. Transformative⁴³



Applying the example for Affordable Housing to each framework illustrates the difference. The Anti-Racist Framework would favor activities that are focusing on housing policy, representation in who decides housing policy, and power in housing policy (i.e. engagement, trust in government, etc.). The Economic Mobility framework, could fund policy work, but it would be competing against other transactional activities like housing subsidy, homeowner education, etc. The Social Determinants of Health framework would have an impact measure like life expectancy. This would further expand the types of activities considered to include not only policy and

transactions related to affordable housing, but other factor impacting life expectancy like health behaviors, etc. The benefit of having a broad spectrum of activities is that it would be inclusive of a broad range of partners. The obvious drawback is that such an approach can dilute the focus that may be needed to have a meaningful impact.

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d. Prioritizing a Framework

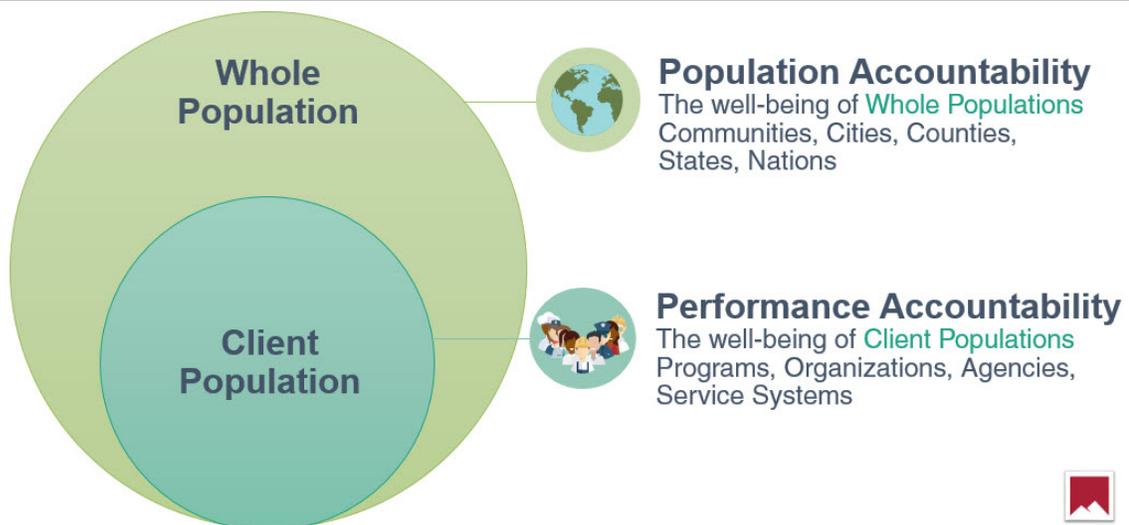
When deciding on which framework to use, there are several criteria that can be used to evaluate each framework. Each of these criteria is described below and is applied to each framework in the sections below. A consolidated list of each criteria and application to each framework is attached as Appendix C – Matrix to Evaluate Frameworks. The appendix uses a scale of green for very favorable, yellow for average, and red for problematic.

1. **Transformative.** How likely is the framework to produce transformative impacts on policy and organizational culture vs. the production of transactional impacts that produce short-term gains but leave the existing structure in place. A framework that is transformative is green, a framework that is purely transactional is red, and a hybrid is yellow.
2. **Administrative Cost.** What is the administrative cost of collecting the data? Is it data that is readily available to the public or does it require a unique data tool? A framework with readily available data collected by someone else is green, a framework that requires a new method of collecting data is red, and a combination of new and existing is yellow.
3. **Time to Maturity.** How quickly can you track progress? A year to wait for baseline data is not a big deal, but waiting a generation for the data to tell a story may be too long. A framework with results that can be meaningfully tracked annually is green, a framework that takes 1-10 years for meaningful results is yellow, and longer than 10 years is red.
4. **Comparability.** Is the framework broad and general enough so that you can have a meaningful comparison to other efforts in the nation? A framework with easily available comparative data is green, a framework with no existing comparative data is red, and yellow is somewhere in between.
5. **Depth.** Can the data be broken down into meaningful geographic territories, and racial subgroups? A framework that already is broken down by race and

geography is marked green, one that is currently not broken down but could be is marked yellow, and a framework that would be difficult to breakdown by race and geography is marked red.

6. **Political Risk.** This is perhaps the most challenging criteria. On one hand racism has always been a politically challenging topic that has been politely avoided. On the other hand, with both the county and city unanimously passing Racism as Public Health Crisis ordinances, it is also politically risky not to focus on racism. The criteria uses the latter frame work where frameworks that directly confront racism are marked green, frameworks that indirectly touch on racism as yellow, and frameworks that largely ignore racism as red.
7. **Available Local Partners.** Collective impact is important. Are there other partners that are already on this journey, or willing to go on the journey with you? Frameworks with no existing or likely partners are marked red, those with a few available partners are yellow, and those with a strong base of available partners are green.
8. **Results Based Accountability™.**⁴⁴ Measures are needed at both the program and population level (see Figure 4.8). If the population measure is too broad (i.e. life expectancy) it is difficult to know if an activity is having a population level impact, even if it is having an impact at the program level. Measuring outcomes for program participants is known as Performance Accountability. Measuring outcomes for populations is known as Population Accountability. Ideally there should be a seamless link between Performance Accountability and Population Accountability. Frameworks that provide a strong link are marked green, a moderate link yellow, and a poor link, red.

Figure 4.8 – Results Based Accountability™⁴⁵



V. The Anti-Racist Framework

The Anti-Racist Framework measures the production and sustainment of racial equity between racial groups.⁴⁶ Sometimes these frameworks are referred to as Race Equity Frameworks, Anti-Discrimination Frameworks, Systems Frameworks, Emancipatory Frameworks,⁴⁷ or Root Cause Frameworks. The Anti-Racist Framework prioritizes REID Measures that address structural racism, such as policies, representation, and power.

a. Focus on Root Causes

The Anti-Racist framework focuses on (a) public policies and institutional practices, (b) descriptive and cultural representation, and (c) power dynamics (See Figure 5.1).⁴⁸ All of these are considered root causes of racial disparities and are transformative rather than transactional. It is important to address these root causes because even if you solved interpersonal racism these root causes would continue.

There are a myriad of historical and current policies and institutional practices that contribute towards racial inequities. There are dozens of books that have been written about the structurally racist root causes that have caused racial disparities in housing,⁴⁹ voting,⁵⁰ criminal justice,⁵¹ employment,⁵² health,⁵³ wealth,⁵⁴ education,⁵⁵ and nearly every aspect of American life.

Using the current Covid-19 pandemic as an example, there are dozens of examples of policies and practices that have contributed towards racial disparities in Covid-19 deaths (see Figure 5.2).⁵⁶ For example, past practices of unethical medical experimentation have led to a distrust by communities of color of the medical industry and therefore are unlikely to follow prevention guidance and seek medical help.



Figure 5.1 – The Anti-Racist Framework⁵⁸

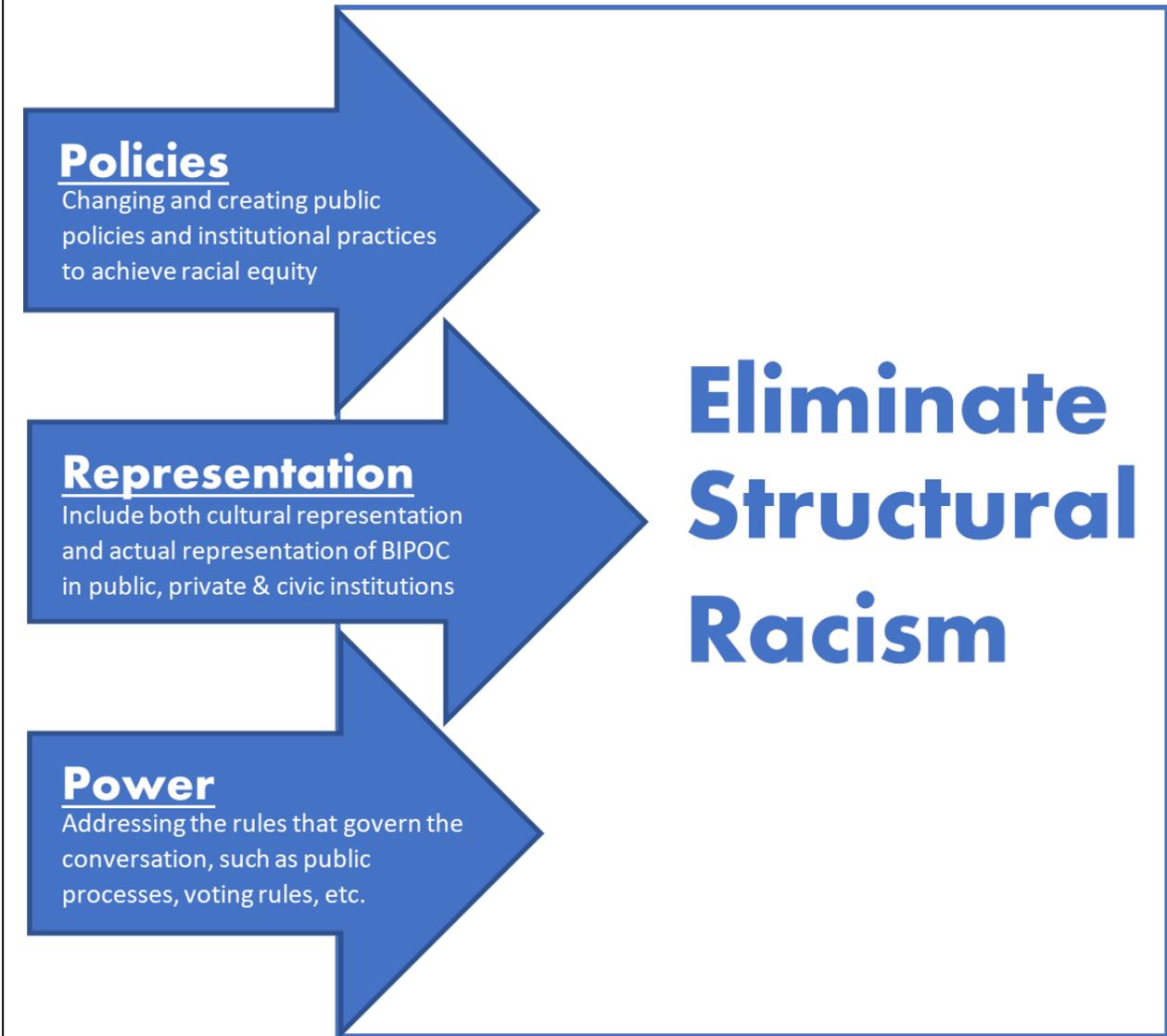
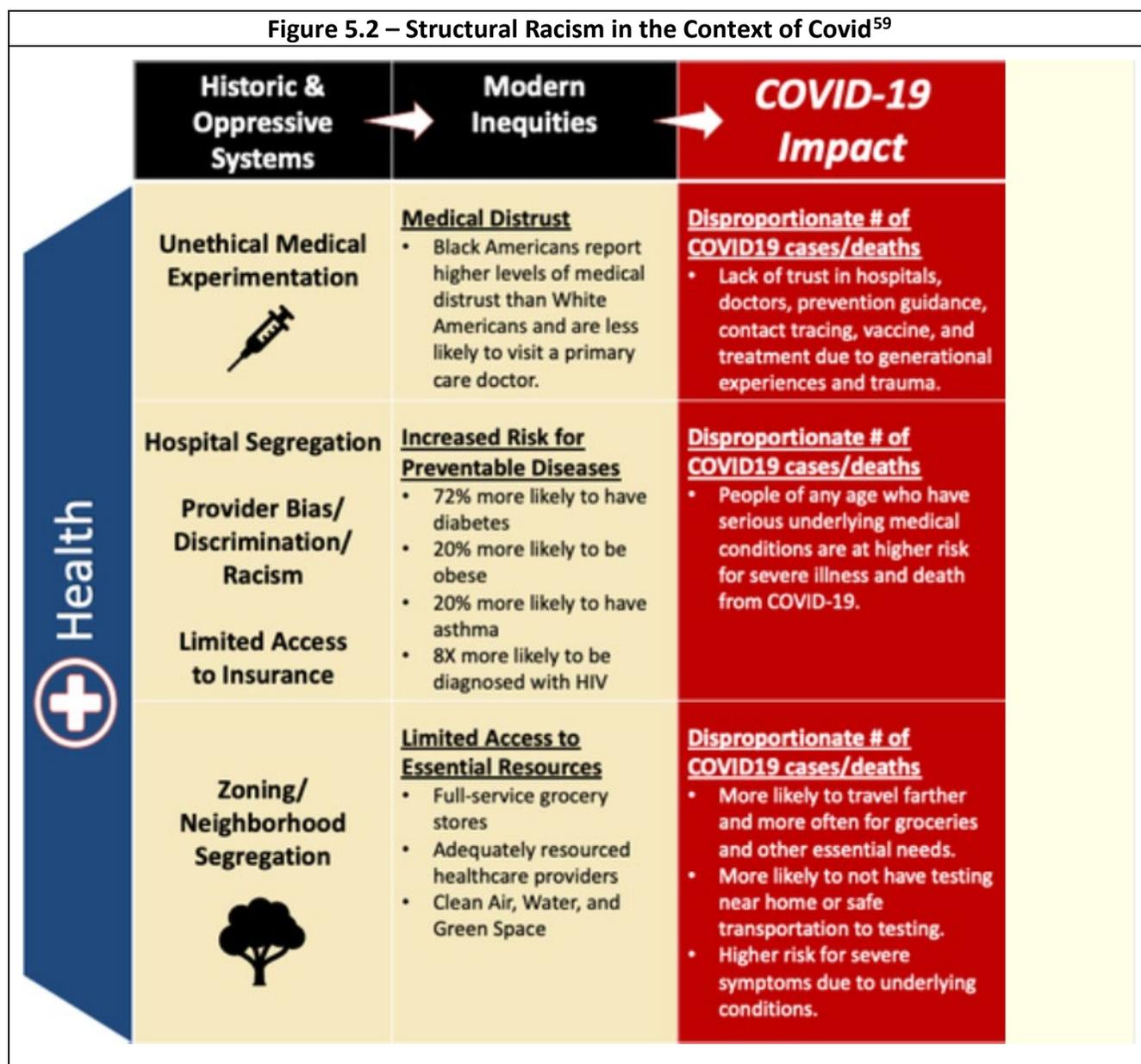


Figure 5.2 – Structural Racism in the Context of Covid⁵⁹



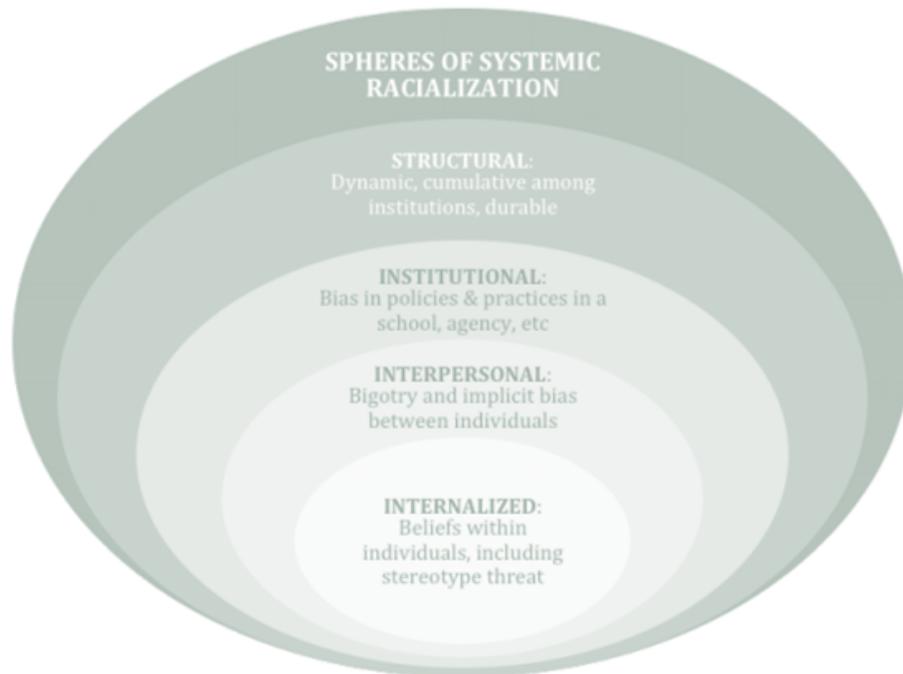
b. Definitions of Racism

The Anti-Racism Framework can be applied to all levels of racism. There are many terms used to identify racism. This report uses the following terms as established by the Government Alliance on Racial Equity (See Figure 5.3).⁶⁰

1. **Internalized Racism.** Beliefs within individuals, including stereotype threat.
Example: As a child, it seemed like many people in my ethnic group (Filipino) were not “successful.” Now, I have doubts about my own ability to succeed.

2. **Interpersonal Racism.** Bigotry and implicit bias between individuals. *Example: My high school counselor recommend I drop Advanced Placement courses because it was “too hard”. None of my white peers received this advice.*
3. **Institutional Racism.** Bias in policies & practices in a school, agency, etc. *Example: In the 1980s, I was one of a handful of non-white students enrolled in advanced track English and Math. History classes were not tracked and had a much more diverse class. The other department’s “neutral policies” had a disparate racial impact.*
4. **Structural Racism.** Institutional Racism that is Dynamic, cumulative among institutions, and durable. *Example: Due to bigotry in hiring practices my father did not have access to high quality employment, so we had to rent in a neighborhood with mediocre public schools. This impacted my access to future education, work and housing options.*
5. **Systematic Racism.** The cumulative impact of Internalized, Interpersonal, Institutional & Structural Racism.

Figure 5.3 – Types of Racism⁶¹



c. How Anti-Racism Framework is being Used

There are several examples of how The Anti-Racist Framework is being used. As mentioned in section III, both Milwaukee County and Multnomah County are using an Anti-Racist Framework (See figures 4.6 and 4.7). Locally, at least 2 other major organizations are using an Anti-Racist Framework. The Social Development Commission (SDC) is both a service agency, and an advocacy organization with a focus on systemic issues that face communities of color. The YWCA of South Eastern Wisconsin's stated mission is to eliminate racism. Regionally, the Center for Social Inclusion, a collaborative of Dane County, and the Government Alliance on Race and Equity (GARE) utilizes an Anti-Racist Framework.⁶² Furthermore, a key component of an Anti-Racist Framework is cultural representation. Several entities have focused on the Representation component included the African American Leadership Alliance of Milwaukee (AALAM), the Hispanic Collaborative, and the Metropolitan Milwaukee Association of Commerce (MMAC).⁶³ Similarly, the national organization Gender & Diversity KPI Alliance (GADKA) is focused on board representation, employment representation and pay equality.⁶⁴

It should also be noted that there are several toolkits that have been developed to address systematic racism. These tools will be particularly important in addressing the policies component of the Anti-Racist Framework.⁶⁵

d. How Anti-Racism Framework could be Applied

There are data measures available for each level of racism. Internalized racism can be measured by implicit bias tests.⁶⁶ Interpersonal racism can be measured by the discrimination index,⁶⁷ Institutional racism can be measured by climate surveys and assessments.⁶⁸ According to the Anti-Racist Framework, however, the focus should be on structural racism. There are data measures available for each of the components of eliminating structural racism: policies, representation, and power.

1. Policies

There are at least four ways that a REID Measure could be developed around policy: Quantity of Policies, Quantity of Impact, Dollar Allocation, and Policies for the Public Good.

- a) **Quantity of Policies.** The simplest measure would be to measure the quantity of anti-racist policies that partners in the collaboration are able to successfully lobby for. This obviously has major deficiencies as it does not measure the quality of the reform, or how many people are impacted by the policy.

b) **Quantity of Impact.** Measuring the Quantity of Impact would be both meaningful and costly. There are several tools that can be used to measure the potential impact of a new policy (see Figure 5.4). These tools could be used to select priority policy changes, and also be used for post-activity evaluation.

Figure 5.4 – Tools for measuring Policy Impact⁶⁹
Race Matters – Racial Equity Impact Analysis
GARE – Getting to Equity
GARE – Racial Equity Toolkit
King County – Equity Impact Awareness Tool
Alliance for Innovation, Racial Equity Budget Tool
Milwaukee County Racial Equity Budget Tool

c) **Dollar Allocation.** The most significant policy document of any private or public institution is its budget. A measure could be how much money is spent on anti-racist activities or programs of each public, private and civic institution. There are several communities that have developed tools that use a racial equity lens to look at municipal budgets.⁷⁰ These tools would be a natural starting point in developing an operating mechanism to measure budget expenditures on a system wide basis.

d) **Policies for Public Good.** In the Public Interest (ITPI) is a national nonprofit research and policy organization that studies public good and services. ITPI produces tools and guides for citizens, public officials and advocacy groups for best practices in government contracting and other types of public-private agreements.⁷¹ Similar to the evaluation tools for measuring impact of policy on racial equity (see Figure 5.4), the ITPI tools could be used to measure whether specific policies are expanding or narrowing the definition of a public good.

PolicyLink, a national organization, maintains an index of policies related to serving communities of color. Categories in this index include Good Jobs (e.g. paid sick leave), Economic Security (e.g. fair chance hiring), Homegrown Talent (e.g. summer youth employment), Healthy Neighborhoods (e.g. equitable transit-oriented development), Housing/anti-displacement (e.g. tenant opportunity to purchase), and Democracy & Justice (e.g. reform of court fines).⁷² (See Figure 5.5). This index is by no means an exhaustive list but is exemplary of the volume of evidence-based policies that have been effectively employed in other communities to advance racial equity.

Figure 5.5 – PolicyLink Index		
Good Jobs: <ul style="list-style-type: none"> • Community Benefits Agreements • Equitable Contracting & Procurement • Living Wage • Minimum Wage • Paid Family Leave • Paid Sick Leave • Worker-owned cooperatives 	Housing / anti-displacement: <ul style="list-style-type: none"> • Community land trusts • Housing trust funds • Inclusionary zoning • Just cause • Legal assistance to prevent evictions • Tenant/community opportunity to purchase. 	Healthy Neighborhoods: <ul style="list-style-type: none"> • Commercial community land trusts • Equitable transit-oriented development • Healthy food business development • Health in all policies • Joint Use
Economic Security: <ul style="list-style-type: none"> • Ban the box / fair chance hiring • Financial empowerment centers • Incentivized savings accounts • Local & targeted hiring 	Democracy & justice: <ul style="list-style-type: none"> • Limit police use of force • Racial equity impact assessments • Reform inequitable court fines & fees 	Homegrown talent: <ul style="list-style-type: none"> • Apprenticeships • Cradle-to-career systems • Summer youth employment • Quality preschool for low-income communities

2. Representation

There are at least four ways that an impact data measure could be developed around representation: Descriptive Representation, Cultural Representation, Quantity of Transformative Leaders, and the Quantity of Opportunities & Variety of Leaders.

- a) **Descriptive Representation.** One local leader in measuring the Representation Component of the Anti-Racist framework is the Metropolitan Milwaukee Association of Commerce’s Region of Choice Effort (“MMAC ROC”). The MMAC ROC has a goal of increasing diverse management by 25% and diverse employment by 15%.⁷³ Partners are asked to sign a pledge to help meet this goal by 2025. Similarly, Northwestern Mutual and other major national companies—including Pfizer, Google and UPS—are part of Gender & Diversity KPI Alliance (GDKA) which has set key performance indicators around board representation, employment representation and pay equality (see Figure 5.6).⁷⁴ A similar framework could be used to measure representation in leadership in the public, private and civic sectors.

Figure 5.6 – GDKA KPIs
Percentage of representation on organization’s board
Percentage of representation by employee category
Pay equality: the ratio of compensation by employee category

- b) **Cultural Representation.** Some industries have begun using a dignity framework.⁷⁵ The dignity framework is an extension of Maslow’s Hierarchy of Needs: Physiological Needs → Safety Needs → Belonging → Achievement → Self-Actualization.⁷⁶ Specifically the dignity framework focuses on the need for someone to feel like they belong before they can achieve. Although there does not appear to be longitudinal data on the topic of belongingness, there is an emerging set of questions that can be asked to gauge

belonging. These questions are included in Figure 5.7. It is also important to note that there is significant local expertise in this area from the Boys and Men of Color Research Project and Ubuntu Research.⁷⁷

Figure 5.7 – Measuring Belonging (i.e. Dignity Framework)⁷⁸
1. I feel like a real part of (name of school)
2. People here notice when I’m good at something.
3. It is hard for people like me to be accepted here.
4. Other students in this school take my opinions seriously
5. Most teachers at (name of School) are interested in me.
6. Sometimes I feel as if I don’t belong here.
7. There’s at least one teacher or other adult in this school I can talk to if I have a problem.
8. People at this school are friendly to me.
9. Teachers here are not interested in people like me.
10. I am included in lots of activities at (name of school).
11. I am treated with as much respect as other students here.
12. I fee very different from most other students here.
13. I can really be myself at this school.
14. The teachers here respect me.
15. People know I can do good work.
16. I wish I were in a different school.
17. I feel proud of belonging to (name of School)
18. Other students here like the way I am.

- c) **Quantity of Transformative Leaders.** One theme raised in the interviews for this project was that resident leaders felt unprepared for new leadership roles. In order to sustain representative leadership, training should be developed based on the needs reported by residents. Some of this work is already being done by the Milwaukee Neighborhood Leadership Institute, the African American Leadership Program (AALP), African American Leadership Alliance MKE, Hispanic Collaborative, Public Allies, Leaders Igniting Transformation and more. Consequently, another measure that could be used for representation is the quantity of transformative leaders and their comfort in leading. A similar measure could be measuring the investment in building and supporting transformative leadership. Here it is also important to note that an adjacent theme in the interviews was that these transformative leaders, particular resident leaders, need to be paid for participating in leadership positions, similar to the other professionals being paid to attend meetings.
- d) **Quantity of Opportunities & Variety of Leaders.** Another theme raised in the interviews is that it is often the case that the same leaders of color are tapped again an again, and

there needs to be an increase in the quantity of those opportunities, but also an expansion of the leaders of color that fill those positions. Consequently, another measure that could be used for representation is the quantity of opportunities, but also the variety of leaders of color that are filling those opportunities.

3. Power

Even if the Policy and Representation Components of the Anti-Racist Framework are met, gains will be easily lost if the underlying power structures are not addressed. An often used example to illustrate this are the significant economic gains of Black families through the 1970s that were lost with later policies like mass incarceration that were enacted because black people were not in positions of power.⁷⁹ There are several ways to measure whether communities of color have power including voting, self-efficacy, social connectedness, engagement index, trust in government, and youth engagement.

- a) **Voting.** One indicator for measuring whether people of color have power in a system is voting. Voting data is readily available and can be used as an appropriate proxy. This data is currently tracked by the Milwaukee Indicators project. There are, of course, several factors that can limit the usefulness of this data. First, there is no gradation, it is either a yes or no answer, you either vote or you don't. Second, there are ways to be civically engaged beyond voting (e.g. neighborhood organizing). Third, voting numbers vary widely based on local elections. For example, a contested state senate seat in a swing district will pull more voters than an uncontested state senate seat in a district historically represented by a single party. There are also issues with disenfranchisement, and other disillusionment with voting. Fourth, there are significant questions in the fairness of district boundaries which may have a unique and unknown impact on voting rates. Finally, voting measures is just one aspect of civic participation and doesn't measure power in work or civic settings. Nevertheless, it is a valid measure that should be considered.
- b) **Self-Efficacy Index.** The Panel Study of Income Dynamics (PSID) is the longest running longitudinal household survey in the world.⁸⁰ The survey has been going since 1968 and includes 18,000 individuals in 5,000 families living in the US. One component of the PSID is the Child Development Supplement (CDS). The CDS uses the 7-Item Pearlin Self-Efficacy Scale to assess "the extent to which people see themselves as having control over aspects of their lives."⁸¹ The Pearlin Self-Efficacy Scale uses the standard Strongly Disagree to Strongly Agree scale and asks the questions listed in Figure 5.8.⁸² These questions may get closer to measuring power than relying on voting indicators, although the administrative cost of collecting the data would obviously be higher.

Figure 5.8 – Pearlin Self-Efficacy Scale	
19.	No way I can solve some of the problems I have
20.	Sometimes I feel that I am being pushed around in life
21.	I have little control over the things that happen to me
22.	I can do just about anything I really set my mind to
23.	I often feel helpless in dealing with the problems of life
24.	What happens to me in the future mostly depends on me.
25.	There is little I can do to change many of the important things in my life.

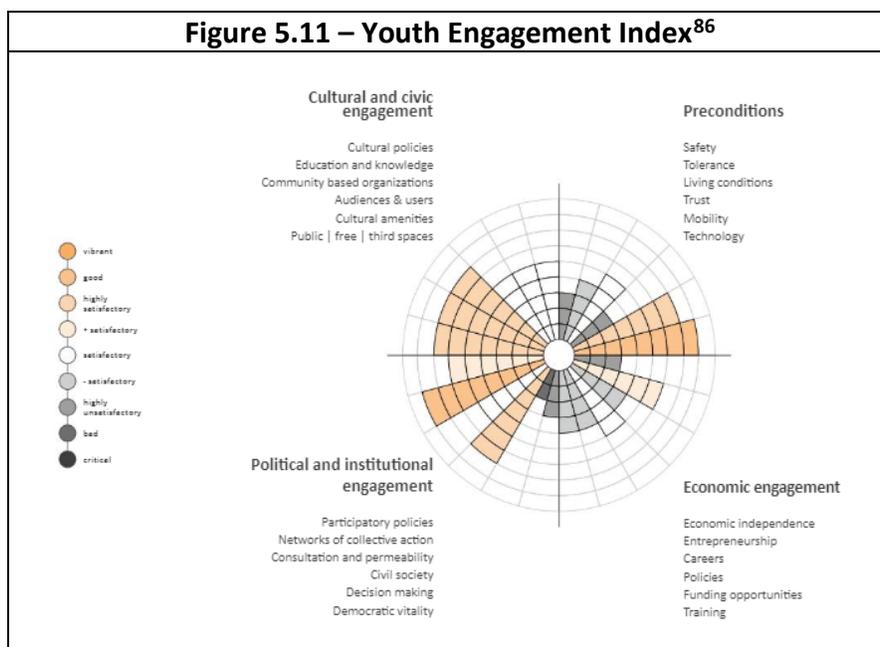
- c) **Community Engagement Outcomes Index.** Organizations like UNICEF have developed community engagement indices to measure how participants feel about their engagement in a project.⁸³ Again, a scale of Strongly Disagree to Strongly Agree is used and participants are asked about 14 categories listed in Figure 5.9. The framework has largely been used for evaluating engagement in specific projects but could be adapted to be an annual community pulse survey.

Figure 5.9 – Community Engagement Outcomes Index	
1. Participation	How much control did community members believe they had over the goals?
2. Empowerment & Ownership	Did community members agree that the issue being addressed was a top problem facing community?
3. Communication	Was there a bi-directional feedback mechanism?
4. Adaptability and Localization	Are pre-existing community concerns inhibiting project progress?
5. Building on local capacity	Did local communities view project as a stand-alone?
6. Inclusion	How many underrepresented community groups were in leadership roles?
7. Informed Design	Did community inform the budget or proposal?
8. Participatory Planning and Preparation	How many people in target population were fluent in language utilized?
9. Implementation	Did community members have a clear understanding of their roles?
10. Monitoring and Evaluation	Is there a data management plan agreed upon by stakeholders?
11. Partner coordination	Were community engagement resources mapped and shared
12. Integration of community engagement	How successful were efforts to integrate community engagement into national strategies?
13. Human resources and organizational structure	Did staff have the resources they needed to complete project
14. Resource mobilization and Budgeting	Were resources distributed in a timely manner

d) **Trust in Government.** Organizations like the World Bank have developed indicators to measure trust in government.⁸⁴ Again, a similar Strongly Disagree to Strongly Agree scale is used to measure trust in government in the categories listed in Figure 5.10. Although this scale is most easily benchmarked against national governments, it has been done for local governments and could be tailored.

Figure 5.10 – Trust in Government Measurement Categories
1. Public Trust in Politicians
2. Acceptance or Contestation of Most Recent Change At Highest Level of Government
3. Do Parents Steer Their Children More Towards the Civil Service or the Private Sector?
4. Government-citizen relations
5. Legitimacy of the Political Authorities – Economic Benefit
6. Legitimacy of the Political Authorities – National Pride
7. Legitimacy of the Political Authorities – Social Benefit
8. Legitimacy of the Political Authorities – Police
9. Respect for Law in Relations between citizens and the administration
10. Predictable Enforcement

e) **Youth Engagement.** Some organizations have created a Youth Engagement Index that attempts to modernize the scale, profile components, and methodology in collecting data.⁸⁵ In lieu, of a scale of “Strongly Disagree to Strongly Agree”, they use a point scale of Critical → Bad → Highly Satisfactory → Satisfactory → Highly Satisfactory → Good → Vibrant. The method of collection is through workshops. The profile components are those listed in Figure 5.11. Again, this methodology is more costly than using voter data, but likely more effective in measuring power.



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- f) **Social Capital Community Benchmark Survey.** Since 2000, the Social Capital Community Benchmark survey has been examining seven indicators for building and sustaining social capital.⁸⁷ The seven indicators are listed below, and a sample of questions is included in Figure 5.12. This survey has recently pivoted to a guided interview to allow for increased participation.
- (1) *Social Trust:* At the core of social capital is the question of whether a person feels he or she can trust other people. This index measures feelings of trust toward neighbors, co-workers, strangers and “most people.”
 - (2) *Social Support:* This index measures the availability of social support systems and where people turn for social, emotional, financial, instrumental, and informational support.
 - (3) *Diversity of Friendships:* Since we rely on different people for different types of support, having diverse social networks is essential for high social capital. This index examines different types of relationships and the degree to which people’s social networks (individually and as a community) are diverse.
 - (4) *Conventional Politics Participation:* One of the key measures of how engaged we are in our communities is the extent of our political involvement. This index looks at how many people are registered to vote, how many actually vote, and how much of an interest in politics is expressed.
 - (5) *Civic/Community Leadership:* This index measures involvement in organized groups such as sports teams, hobby groups, and professional associations. It also measures religious involvement and any leadership roles assumed within the services
 - (6) *Informal Socializing:* This index measures connections developed through informal relationships (often referred to as “schmoozing”). It measures the degree to which individuals participate in community activities and with whom they participate. Activities may include having friends over to one’s home, socializing with co-workers outside of work, and playing cards or board games with others. This index also includes measures of employment and volunteerism as these settings present opportunities for socializing and are often antecedents to the development of relationships.
 - (7) *Associational Involvement:* This index measures the frequency of participation in formal groups, relationships formed here and the extent of one’s participation in groups’ decision-making.⁸⁸

Figure 5.12 – Sample Questions from Social Capital Community Benchmark Survey⁸⁹	
5.	The following groups give me a sense of community or feeling of belonging? (old or new friends, people in neighborhood, living in <city>, place of worship, etc.)
7.	Generally speaking, do you think the following groups can be trusted? (people who work in the stores you shop, local news media, police, etc.)
16.	Overall, how much impact do you think people like you can have in making your community a better place to live?
26.	Which have the following have you done in the last year? (signed a petition, attended a protest, worked on a community project, etc.)

g) Sense of Community. The Survey of Health of Wisconsin utilizes a Sense of Community Questionnaire.⁹⁰ This questionnaire includes measures of sociopolitical control, sense of community and community participation. The questionnaire uses a Strongly Disagree to Strongly Agree scale and asks questions regarding Leadership, Political Participation, and Belongingness. The data has been collected since 2014 on a statewide basis. The questions included in the questionnaire are listed in Figure 5.13.

Figure 5.13 – Sense of Community Questionnaire	
1.	I am often a leader in groups
2.	I would prefer to be a leader rather than a follower
3.	I would rather have a leadership role when I’m involved in a group project
4.	I can usually organize people to get things done
5.	I enjoy political participation because I want to have as much say in running government as possible
6.	There are plenty of ways for people like me to have a say in what our government does
7.	It is important that I actively participate in my community
8.	Local elections are important to vote in
9.	I can get what I need in this neighborhood
10.	This neighborhood helps me fulfill my needs
11.	I feel I belong in this neighborhood
12.	I have a say about what goes on in this neighborhood
13.	People in this neighborhood are good at influencing one another
14.	I feel connected to this neighborhood
15.	I have a bond with others in this neighborhood
16.	I feel like a member of this neighborhood
17.	Written a letter or made a telephone call to influence a policy issue
18.	Attended an event that provided information about community services
19.	Attended a meeting to pressure for city or county policy change
20.	Attended a meeting to gather information about a neighborhood issue

e. Example Language for Focus Group Testing

The recommendation of this report is that key stakeholders should be engaged to select a priority framework. One way to do this is to present an example of measures from each framework. The example for the Anti-Racist framework could be:

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.

f. Matrix Scoring of Anti-Racism Framework

As illustrated in figure 5.14, the Anti-Racist Framework has four primary benefits. First, because it focuses on root causes it is more likely to favor activities that are transformative, rather than transactional in nature. Second, the time to maturity on data would be under the control of the local coalition and if, for example, an annual evaluation were done, then there is likely to be movement in some of the metrics (e.g. increased representation, number of policies, or increased self-efficacy). Third, given that both the City of Milwaukee and Milwaukee County have passed ordinances declaring racism a public health crisis it is likely that this framework will be treated favorably, at least by the public sector. Finally, because both the impact (i.e. population impact) and the program impact are likely to both be focused on transformative, this framework scores well in Results Based Accountability. For example, if the Representation Goal was to increase people of color on public, private, and civic boards of directors, then a program goal of increasing representation on foundation boards, for example, would nest nicely into the population level goal of increasing representation on all public, private and civic boards.

There is a sufficient comparability of data for comparison to other communities, largely in the area of power, depending on the specific data instrument used. There also could be sufficient depth if geographic and demographic data are collected as part of the data instrument. There are also a group of available local partners that are working on the Policy, Representation, or Power components of the framework.

The primary drawback of the framework is the administrative cost. There does not appear to be any current effort around collecting this data, except for some efforts in the private

sector around Representation. The tools are available to collect the data, but unlike census data or other public databases, the data would have to be collected by the coalition.

Figure 5.14 – Application of Evaluation Criteria to Anti-Racist Framework

	<i>Transformative</i>	<i>Administrative Cost</i>	<i>Time to Maturity</i>	<i>Comparability</i>
Anti-Racist Framework	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.
	<i>Depth</i>	<i>Political Risk</i>	<i>Available Local Partners</i>	<i>Results Based Accountability</i>
	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.

VI. The Economic Mobility Framework

The Economic Mobility Framework measures progress in the short to intermediate term on key local drivers of mobility from poverty.⁹¹ Sometimes this framework is also referred to as Quality of Life Indicators, Vital Signs, or Economic Indicators. The Economic Mobility Framework prioritizes REID Measures that address economic success (e.g. income), being valued in community (e.g. political participation), and power and autonomy (i.e. education). The Economic Mobility Framework benefits from being highly visible, with dramatic statistics that show racial inequities.

a. Measure Root Causes & Immediate Economic Needs

Whereas the Anti-Racist Framework measures whether activities are having an impact on root causes like structural racism, the Economic Mobility Framework instead measures the impact of root causes like structural racism on the quality of life of people. Activities in the Economic Mobility Framework can still be transformational (i.e. policy, representation, and power), but can also be transactional (i.e. homeownership assistance, workforce subsidy, etc.). This breadth of activities can be beneficial because it may attract a broader coalition and help address immediate needs like shelter and food. However, the breadth of activities can also dilute efforts because transactional activities are typically politically easier and less costly than transformational activities.

Transactional activities are typically politically easier and less costly than transformational activities.

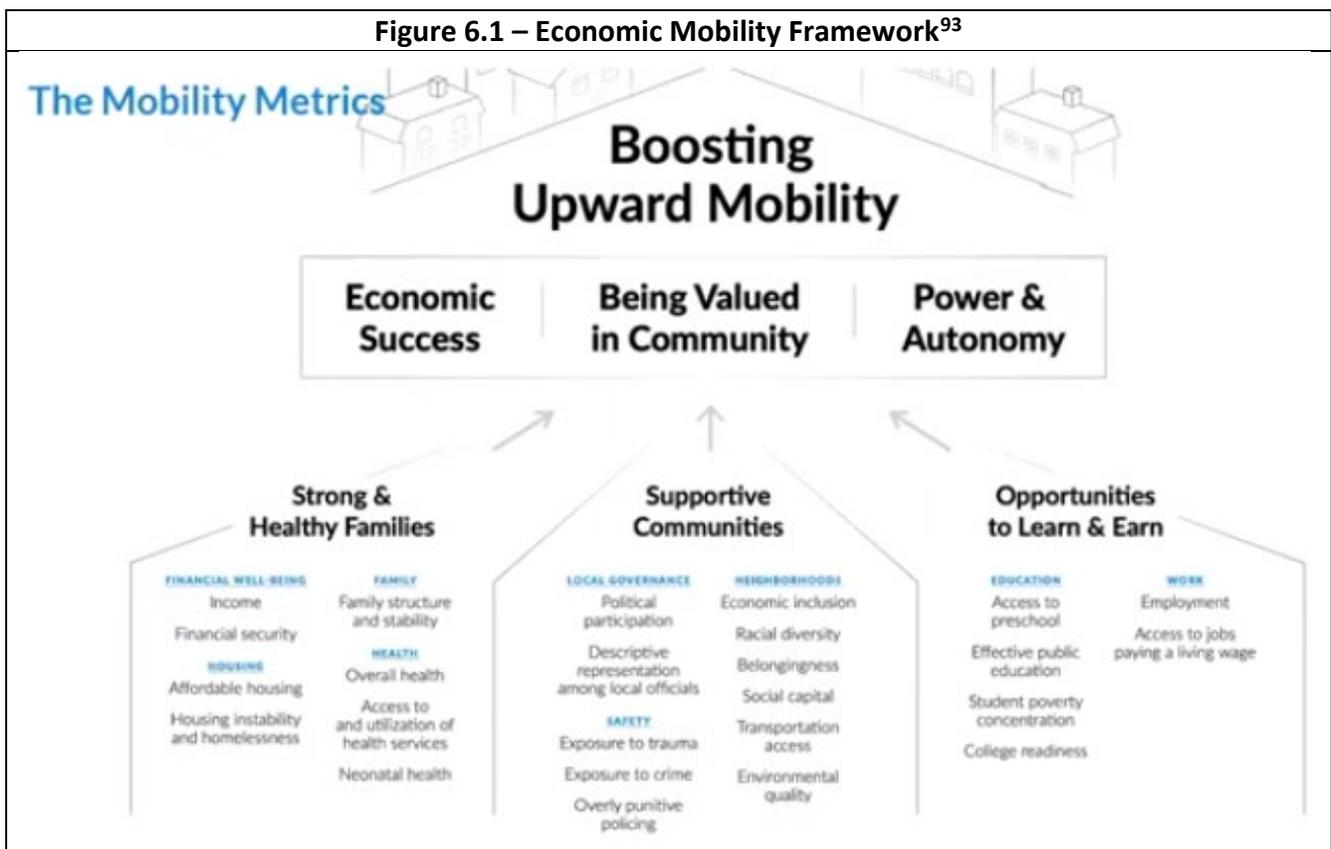
Using homeownership as an example, an Anti-Racist Framework might focus on the transformative work of housing policy, such as using more Section 8 funds for homeownership, or campaigning for an infrastructure investment and loan guarantee program similar to housing efforts in the 1960s. In the Economic Mobility Framework this transformative work may still be an eligible activity but will be competing for resources with transactional housing activities like subsidizing the construction of affordable homes. Both are meaningful, but transformative activities may have a higher likelihood of having a community-wide or population level impact. On the other hand, transformative efforts can be very risky and may leave a coalition feeling empty handed if transformative goals are not achieved.

b. Definition of Economic Mobility

Economic mobility is the change in a person’s economic status from one time period to another.⁹² Often, economic mobility is used to measure the economic status of one generation to another. Economic mobility is seen as a solution to economic inequality and also a measure of quality of life. If someone is economically mobile it means their economic condition is not determined by race and their quality of life can be improved if certain indicators are improved (i.e. education, etc.). Economic mobility is seen as a way to close the racial disparities in several different areas.

In some sense, economic mobility indicators like homeownership are used both as inputs (i.e. if you are a homeowner you are more likely to be economically mobile), and as impacts (i.e. if you are economically mobile, you are more likely to be a homeowner). Consequently, it is often difficult to determine which indicator to work on first. Results Based Accountability can also be challenging because if you work on increasing income at a participant level through transactional activities like workforce development, it is not easy to extrapolate that your efforts are having a meaningful impact on a population level.

Figure 6.1 – Economic Mobility Framework⁹³



c. How Economic Mobility Framework is being Used

The most modern work on Economic mobility is being done by the Urban Institute as part of the US Partnership on Mobility from Poverty (See Figure 6.1).⁹⁴ Locally, the Milwaukee Indicators,⁹⁵ and the Center for Economic Development at UWM,⁹⁶ have utilized the Economic Mobility Framework. Nationally, dozens of entities have used the Economic Mobility Framework, including the Brookings Institute,⁹⁷ Pew Charitable Trust,⁹⁸ Annie E Casey Foundation,⁹⁹ American Cities Practice,¹⁰⁰ Center for Economic Inclusion,¹⁰¹ Policy Link,¹⁰² Joyce Foundation,¹⁰³ Kresge Foundation,¹⁰⁴ Living Cities,¹⁰⁵ Forward Cities,¹⁰⁶ and LISC.¹⁰⁷

d. How Economic Mobility Framework could be Applied

There are dozens of data sets that could be utilized in an Economic Mobility Framework and some are already being used in Milwaukee.¹⁰⁸ This section uses the data definitions from the US Mobility Partnership and supplements with locally available data to illustrate how the Economic Mobility Framework could be applied to collective impact in Milwaukee. The US Mobility Partnership uses three primary categories: Economic Success, Power & Autonomy, and Being Valued in Community.¹⁰⁹ These categories and related metrics are included in Appendix B – List of Potential Measures. Many of these indicators are included in two local data projects, the State of Black Milwaukee and the Milwaukee Indicators Project. For each measure in the Economic Mobility Framework it is highlighted below whether the measure is part of these two local projects. Although this section utilizes the State of Black Milwaukee research, similar comparisons can be made to Latino communities in Milwaukee.¹¹⁰

1. Economic Success

- a) **Income.** The measure of household income is used to reflect financial resources available to families and the extent of income inequality. Income is a measure used in both the State of Black Milwaukee and the Milwaukee Indicators Project. The median income of Black Milwaukeeans is the lowest among Largest Metro Areas¹¹¹ and the gap between black and white continues to grow (See Figure 6.2).
- b) **Financial Security.** The share of families in debt collection is used as a proxy for low assets or negative wealth. Financial Security is not currently part of the State of Black Milwaukee or Milwaukee Indicators project.

c) **Affordable Housing.** The ratio of number of available housing units to low-income households is used to reflect the surplus or shortage of housing for families in need. Both the State of Black Milwaukee and Milwaukee indicators have housing measures (e.g. Homeownership) (see Figure 6.3), but neither of them reflect the surplus or shortage of housing for families in need.

Milwaukee is the 2nd worst metro area in the United States for homeownership by Black families.

d) **Housing Instability and Homelessness.** The number of public-school students who are homeless is used to identify families that are in shelters or doubling up with other families. Neither State of Black Milwaukee or Milwaukee Indicators measures Housing Instability, although Milwaukee Indicators does measure foreclosures.

e) **Family Structure & Stability.** The share of families living in two-parent, single parent, or alternative family structures is used a predictor of family stability which is linked to lower educational outcomes. Neither the State of Black Milwaukee, nor Milwaukee Indicators, measures family structure.

f) **Overall health.** The share of families that self-report good health provides a correlated measure with food security and other health measures. Both State of Milwaukee and Milwaukee Indicators include health outcome measures, although in slightly different ways. Milwaukee Indicators covers the health outcomes of asthma, obesity, mental health, and visits to the dentist.¹¹² State of Black Milwaukee covers infant mortality, teen pregnancy, low-birth weight babies, coronary disease, homicide, overdose, and insurance coverage.¹¹³

g) **Access to and utilization of health services.** The measure of health professional shortage is used to estimate the shortage or surplus of primary care providers. Neither the State of Black Milwaukee, nor Milwaukee Indicators, measures access to health services, although Milwaukee Indicators does measure visits to Dental Clinics.

h) **Neonatal health.** The share of low-weight births is used as a predictor of childhood health which is linked to employment opportunities. The State of Black Milwaukee does include low-weight births (see Figure 6.4). Milwaukee has the second worst rate of low birth-weight babies for Black families in the top 50 metro areas (i.e. ranked 49th out of 50).¹¹⁴

Milwaukee is the 2nd worst metro area in the United States for Black families with low birth weight babies

Figure 6.2 – Black-White Median Income (Milwaukee)¹¹⁵

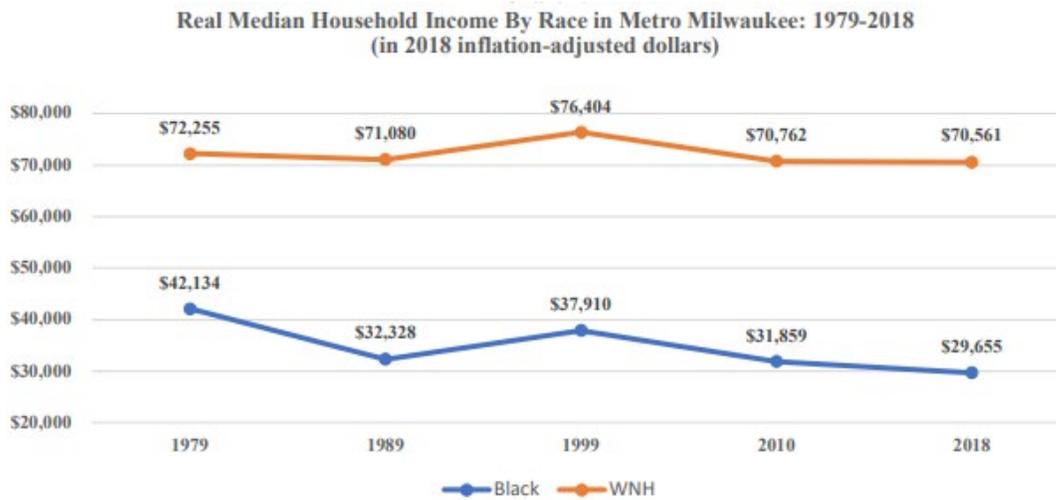
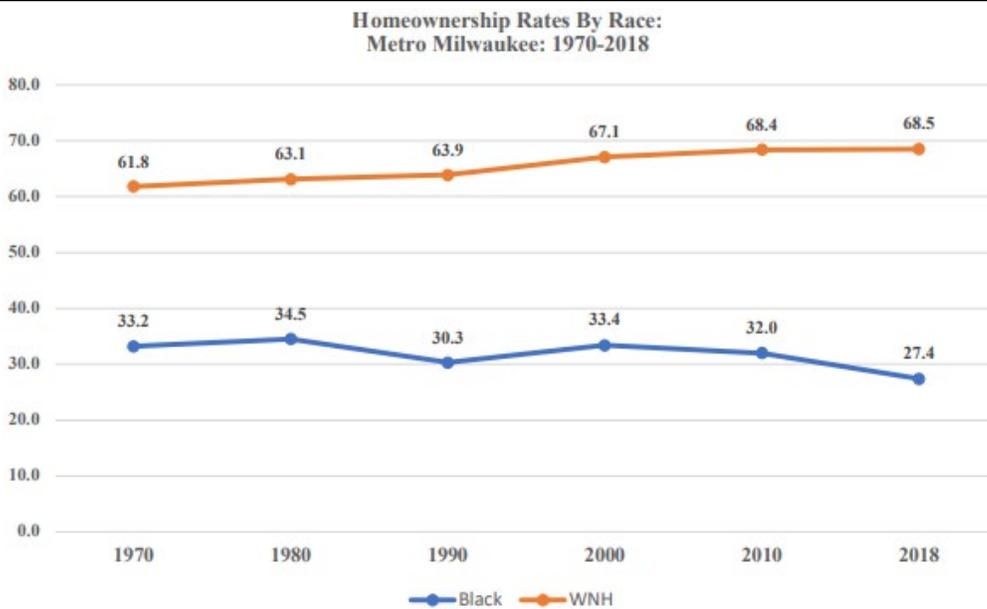


Figure 6.3 – Homeownership Rates by Race (Milwaukee)¹¹⁶



**Figure 6.4 – Milwaukee Health Rankings for Black Milwaukeeans out of top 50 U.S. Cities¹¹⁷
(Lower ranking means worse health outcomes.)**

Health Category	Milwaukee Ranking
Infant Mortality	47th
Teen Pregnancy	48th
Low Birth-Weight Babies	49th
Coronary Disease	21st
Homicide	42nd
Overdose/Suicide	40th
Uninsured Adults	26th
Uninsured Children	6th

2. Power & Autonomy¹¹⁸

- a) **Political Participation.** The measure of voting rates is used to reflect political engagement. The Milwaukee Indicators project does include voting rates as a measure, but it is currently broken down by geography, not by race.
- b) **Descriptive Representation Among Local Officials.** The ratio of people of color that are in elected positions to the overall community of color population is used to measure representation. Neither the State of Black Milwaukee, nor Milwaukee Indicators, uses this as a measure.
- c) **Economic Inclusion.** The share of residents in poverty in high-poverty neighborhoods is correlated to educational and employment outcomes for children. Both State of Black Milwaukee and Milwaukee Indicators use poverty as a measure. Milwaukee Indicators also looks at the concentration of poverty in neighborhoods, but not by race.
- d) **Racial Diversity.** The neighborhood exposure index is used to measure segregation which is correlated with building social ties that foster mutual respect, dignity and belonging. This measure is used by both the State of Black Milwaukee and the Milwaukee Indicators. As illustrated by figure 6.5, Milwaukee has moved from the 4th most segregated city in the 1970s to the most segregated city in 2018.
- e) **Belongingness.** The Self-Scale is used to measure how close the respondent feels with others in their community. Neither the State of Black Milwaukee, nor Milwaukee Indicators, uses belongingness as a measure.
- f) **Social Capital.** The Social Capital Community Benchmark Survey is used to measure a person's social networks. Neither the State of Black Milwaukee, nor Milwaukee Indicators, uses belongingness as a measure.
- g) **Transportation Access.** The transit trips index, and low transportation cost index are used to measure access to transit which is correlated to opportunities for work and education. Milwaukee Indicators has a travel time to work measure.
- h) **Environmental Quality.** The air quality index is used measure environmental hazards that may undermine school or work performance. Neither the State of Black Milwaukee, nor Milwaukee Indicators, uses environmental quality as a measure.

Milwaukee is the most segregated city in the nation.

- i) **Exposure to Trauma.** The Adverse Childhood experiences scale is used as a proxy for early exposure to trauma which undermines brain development. Neither the State of Black Milwaukee, nor Milwaukee Indicators, uses exposure to trauma as a measure.
- j) **Exposure to Crime.** Crime rates are used to predict stress in communities. The State of Black Milwaukee looks at homicide rates, but not other crimes.
- k) **Overly Punitive Policing.** The rate of juvenile arrests are used to measure over policing. Neither the State of Black Milwaukee, nor Milwaukee Indicators, uses juvenile arrests as a measure. Although State of Black Milwaukee does look at incarceration rates for adults (see Figure 6.6)

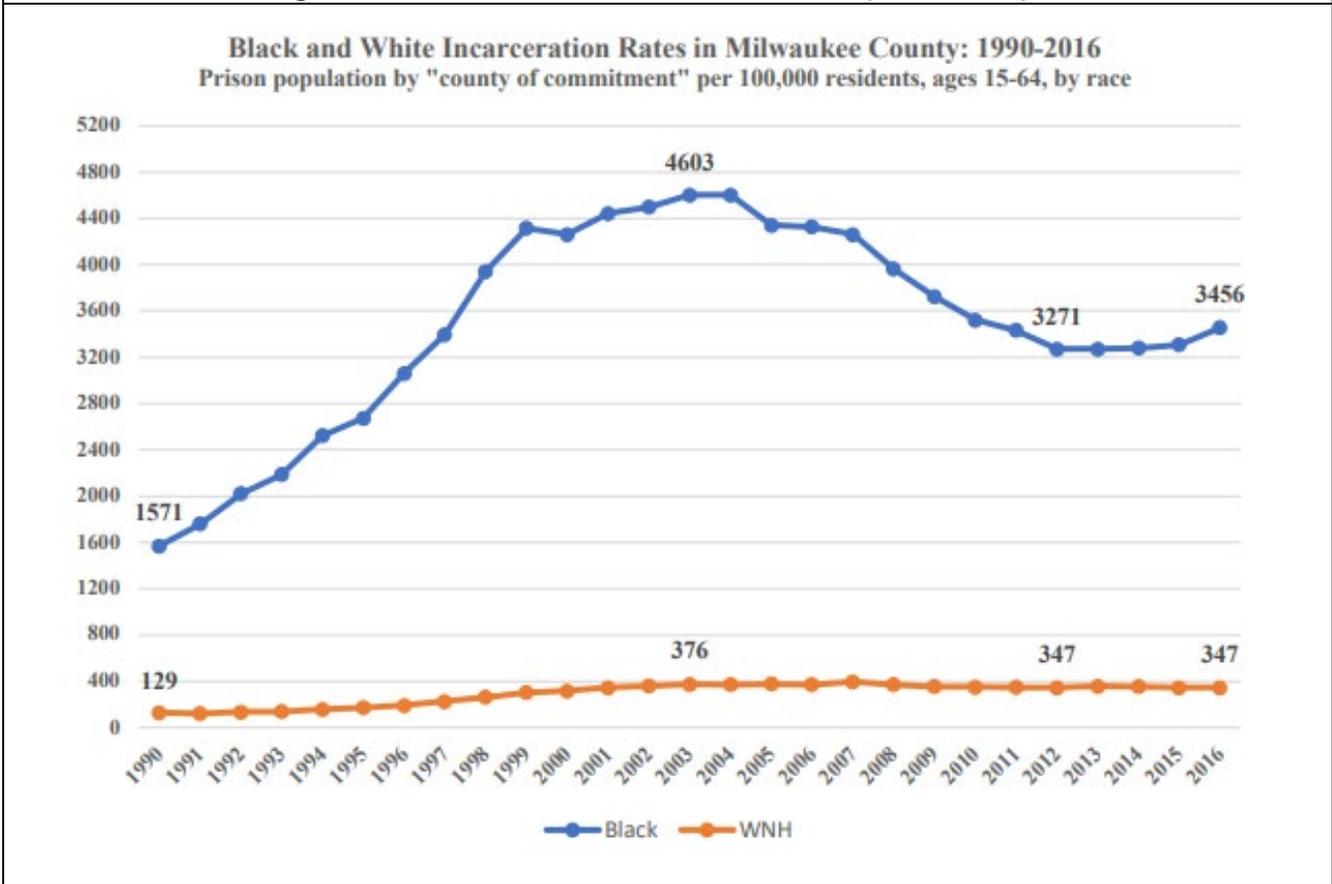
The incarceration rate is 10 times higher for Black Milwaukeeans

Figure 6.5 – Black-White Segregation Index (Milwaukee)¹¹⁹

**America’s Most Hypersegregated Metropolises in 1970 --- Fifty Years Later
Black-White Segregation Indexes Today in the Nation’s Most
Segregated Large Metropolitan Areas of 1970**

Metropolitan Area	1970 Index of Dissimilarity	2014-2018 Index of Dissimilarity	Index Change
Chicago	91.9	75.0	-16.9
Los Angeles	91.0	66.3	-24.7
Cleveland	90.8	72.8	-18.0
Milwaukee	90.5	79.4	-11.1
Detroit	88.4	73.3	-15.1
Kansas City	87.4	59.1	-28.4
Buffalo	87.0	70.7	-16.3
Dallas	86.9	56.5	-30.4
Miami	85.1	64.0	-21.1
St. Louis	84.7	71.8	-12.9
Atlanta	82.1	58.8	-23.3
Baltimore	81.9	63.2	-18.7
Columbus	81.8	62.1	-19.7
Indianapolis	81.7	64.3	-17.4
Washington, D.C.	81.1	61.0	-20.1
New York	81.0	75.8	-5.2

Figure 6.6 – Black-White Incarceration Rates (Milwaukee)¹²⁰



3. Being Valued in Community

a) **Access to Preschool.** The share of children enrolled in preschool is correlated with cognitive and social skills, which is related to educational attainment. Both the State of Black Milwaukee and the Milwaukee Indicators use access to education measures. Perhaps the most staggering statistic is the percent of black students attending hypersegregated schools, as measured by the State of Black Milwaukee. This percentage peaked in the 1960s, dropped dramatically in the 1970s-90s, and is again at the 1965 rate (see Figure 6.7).

The Milwaukee school segregation rate is now as high as it was in 1965

b) **Effective public education.** The average change in standardized tests is correlated to succeeding in postsecondary school. As mentioned above, both the State of Black Milwaukee and Milwaukee indicators use access to education as measures.

c) **Student poverty concentration.** The share of students attending high-poverty high schools is used to measure the diversity in schools, which is correlated to academic outcomes. Although

neither State of Black Milwaukee, nor Milwaukee Indicators, use this indicator, they do look at poverty rates, and in Milwaukee Indicators case, neighborhood concentration of poverty.

- d) **College Readiness.** High school graduation rates are used to measure readiness for post-secondary education. The State of Black Milwaukee uses this exact measure and highlights that Milwaukee is dead last in attainment of college or advance degrees (see Figure 6.8).
- e) **Employment.** Unemployment rates are correlated to stress, loss in self-esteem, life satisfaction, and sense of control. Both the State of Black Milwaukee and the Milwaukee Indicators use employment as a measure. The State of Black Milwaukee breaks down employment data by educational attainment (see Figure 6.9).
- f) **Access to jobs paying a living wage.** The ratio of wages on the average job compared to the cost of living is used to measure whether families can cover basic family needs. Both the State of Black Milwaukee and Milwaukee Indicators cover income measures, but neither make a comparison to a cost of living index.

Figure 6.7 – Hypersegregation in Schools (Milwaukee)¹²¹

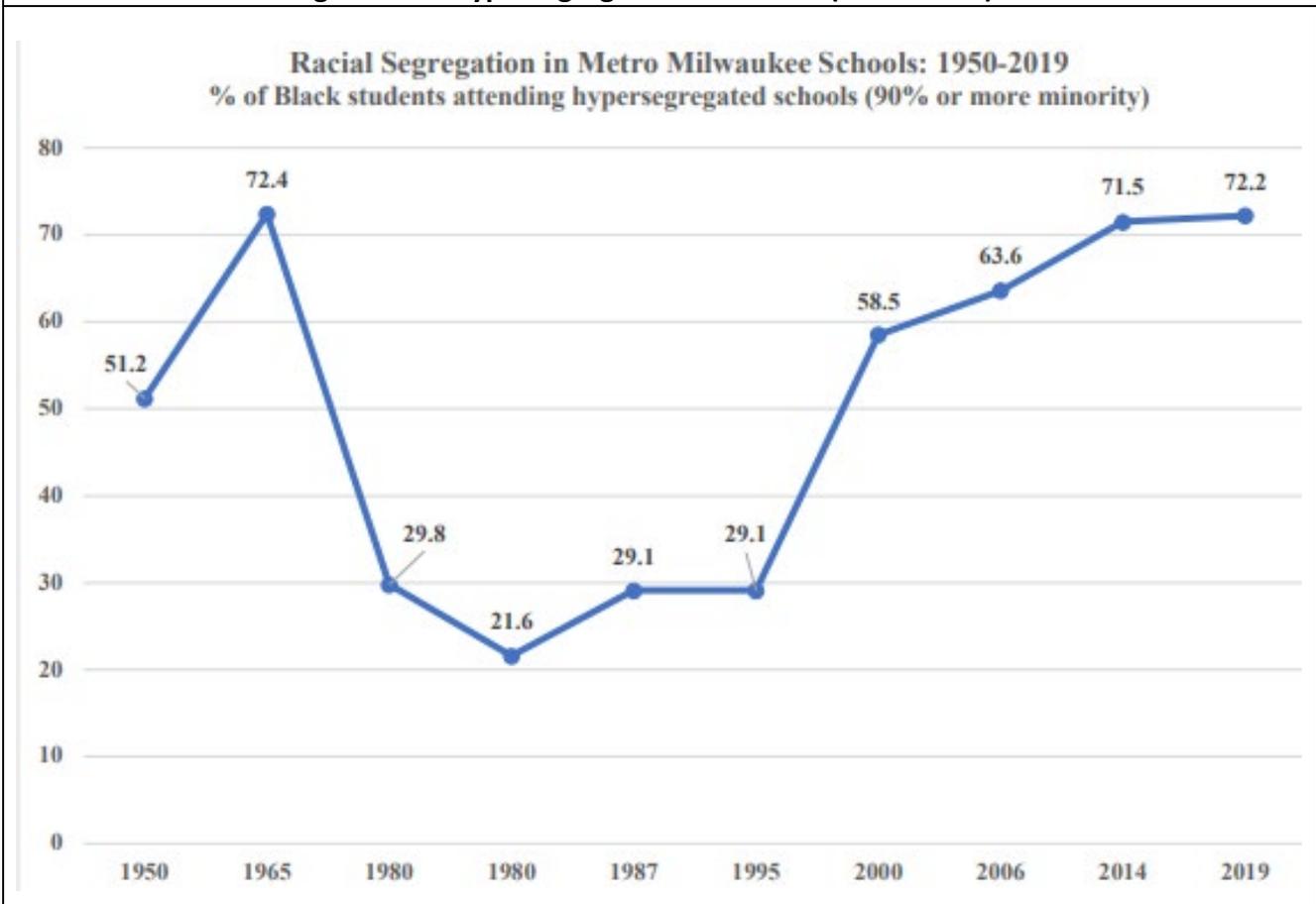
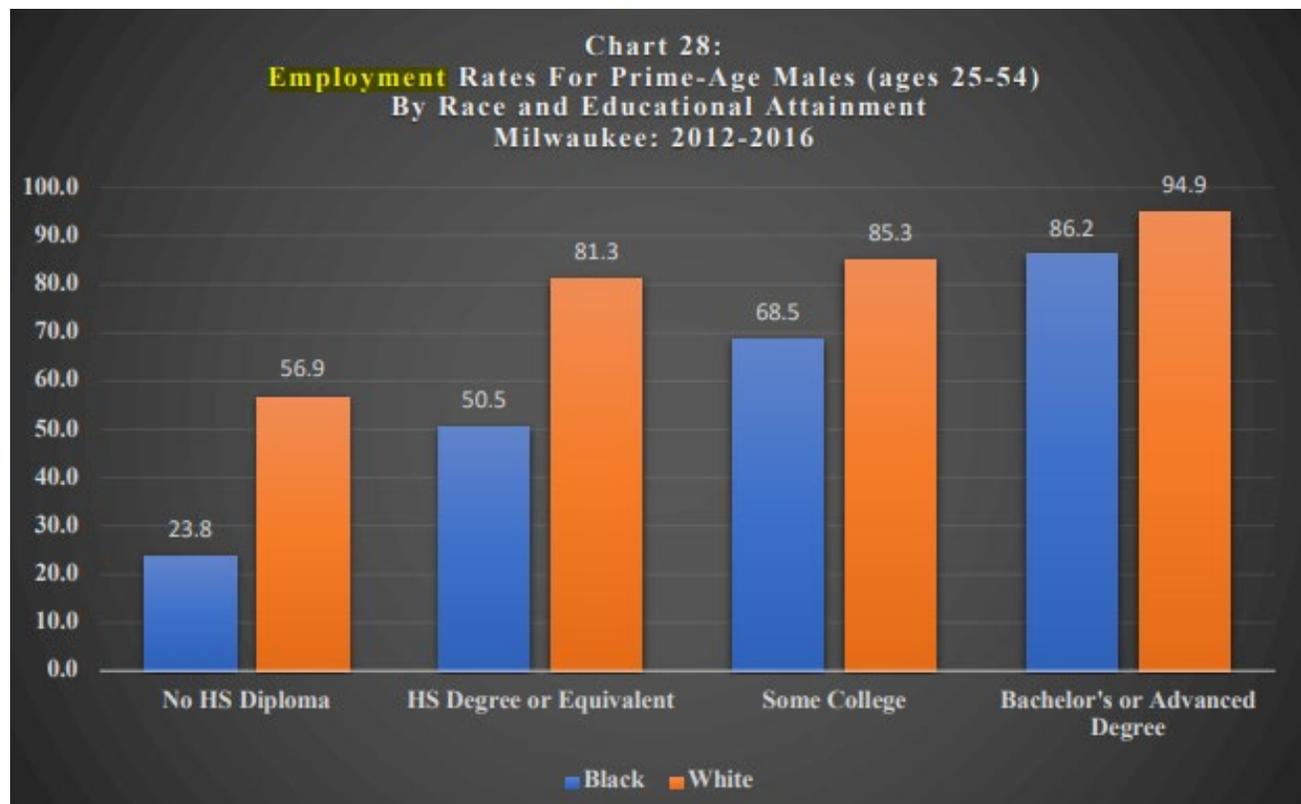


Figure 6.8 – Milwaukee Education Rankings for Black Milwaukeeans out of top 50 U.S. Cities¹²²
 (Lower ranking means worse education outcomes.)

Health Category	Milwaukee Ranking
College or Advanced Degree	50th
High School Graduation	46th

Figure 6.9 – Employment Rates by Race (Milwaukee)¹²³



e. Example Language for Focus Group Testing

The recommendation of this report is that key stakeholders should be engaged to select a priority framework. One way to do this is to present an example of measures from each framework. The example for the Economic Mobility framework could be:

Milwaukee will be the most equitable region in the Country, as measured by (a) high school graduation rates, (b) income, and (c) homeownership.

f. Matrix Scoring of Economic Mobility Framework

As illustrated in figure 6.10, the Economic Mobility Framework has three primary benefits. First, the administrative costs are extremely low. Most of the data are publicly available and there are large nationwide efforts that are available to assist in data collection and analysis, such as the Urban Institute Mobility Project.¹²⁴ Second, because of the public nature of this data, the comparability of the data set is remarkable, and can be easily used benchmark and track progress against similar communities. Finally, because the data is based largely from census and other public data, it can for the most part be easily broken down geographically and demographically.

The framework can be transformative depending on how the framework is used, however it lends itself to a competition of resources between transactional and transformational work. For example, if the indicator of segregation was chosen from the framework, then a transactional program that is subsidizing homeowners to live in integrated neighborhoods would be competing with a transformative program that is working on policy advocacy for eliminating exclusionary zoning. The framework is also not ideal when it comes to time of maturity. Issues like income and segregation can take years, if not decades to move on a population level. Also, there is a political risk that this will just be seen as a variation of what has been tried in the past, and unresponsive to the racism as a public health crisis ordinances passed by the city and county. There are, however, a sufficient number of partners that are using similar indicators that are having a meaningful impact on the community.

The primary drawback of the framework is related to Results Based Accountability. It is challenging to illustrate that program outcomes are related to population level impacts. For example, a workforce program could meaningfully increase participant wages, but barely make a dent in population level median income because there are so many other factors related to income. The same is true in homeownership, segregation, and nearly every other measure in the Economic Mobility framework.

Figure 6.10 – Application of Evaluation Criteria to Economic Mobility Framework

	<i>Transformative</i>	<i>Administrative Cost</i>	<i>Time to Maturity</i>	<i>Comparability</i>
Economic Mobility Framework	Breadness 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.
	<i>Depth</i>	<i>Political Risk</i>	<i>Available Local Partners</i>	<i>Results Based Accountability</i>
	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.

VII. The Social Determinants of Health Framework

The Social Determinants of Health Framework measures progress, largely in the long term, on 5 key drivers to public health: Education, Health Care, Neighborhood, Social Context, and Economic Stability. Although the Social Determinants Framework has well developed data in each of the 5 determinants, ultimately the Social Determinants Framework prioritizes data that is related to individual and public health, such as life expectancy, infant mortality, and chronic disease.

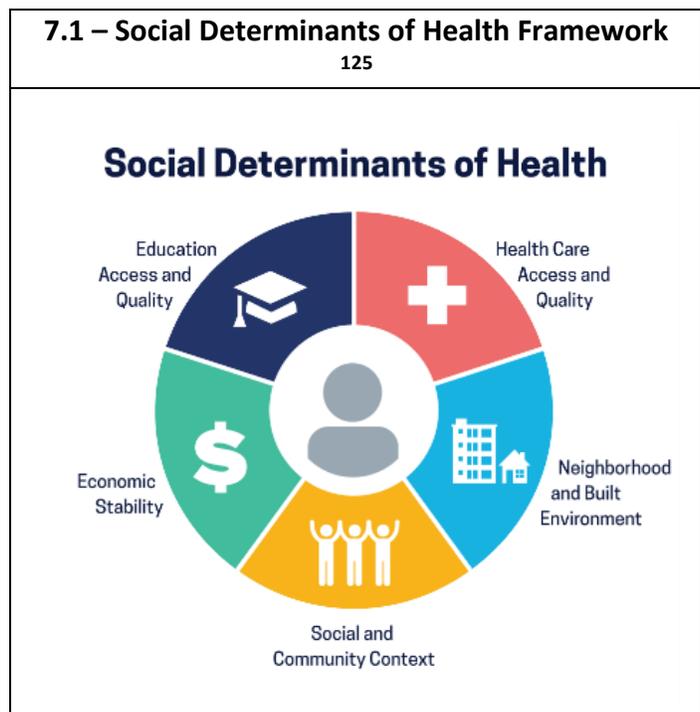
a. Health Indicators as a Measure of Root Causes

The Social Determinants Framework is based on the premise that structural racism in the 5 determinants is creating racial disparities in communities of color. Consequently, if you are successful in combating structural racism, then these health disparities should be lessened, and eventually eliminated. Social Determinants are a way for the healthcare industry to be aware of root causes and can be used as an *indicator* at the population level if success is being made. However, those already working on root causes should proceed with caution as the scholarship is largely myopic – addressing how do root causes impact health -- and are not necessarily measuring “are you having an impact on structural racism” at a program level.

b. Definition of Social Determinants

The primary drivers behind the Social Determinants is the United States Department of Health and Human Services, Office of Disease Prevention and Health Promotion (ODPHP) the Center for Disease Control, and the World Health Organization.

According to the ODPHP, social determinants of health “are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.” Examples of social determinants include



public safety, transportation options, racism, socioeconomic conditions, segregation, and many more. Generally, these social determinants are broken into five categories (see Figure 7.1):

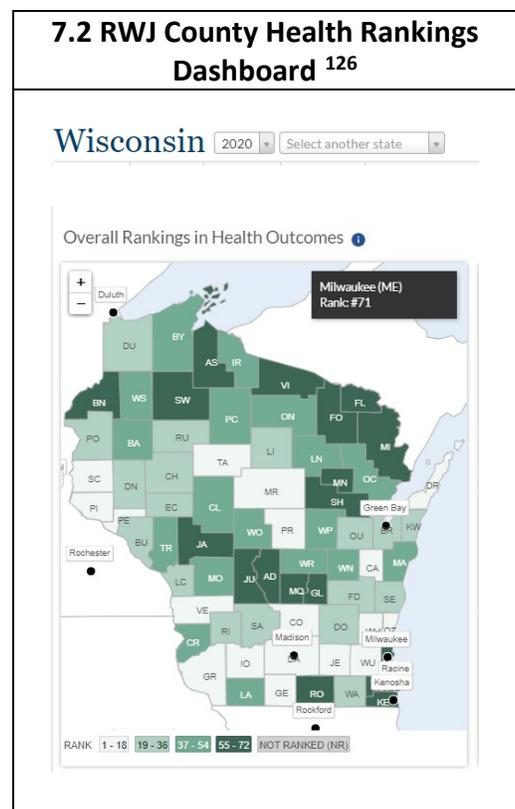
1. **Economic Stability:** Employment, Food Insecurity, Housing Instability, Poverty.
2. **Education:** Early Childhood Education & Development, Enrollment in Higher Education, Language and Literacy
3. **Social and Community Context:** Civic participation, discrimination, incarceration, social cohesion
4. **Health and Health Care:** Access to health care, access to primary care, health literacy.
5. **Neighborhood and Built Environment:** Access to foods that support healthy eating patterns, crime and violence, environmental conditions, quality of housing.

c. How Social Determinants Framework is being Used

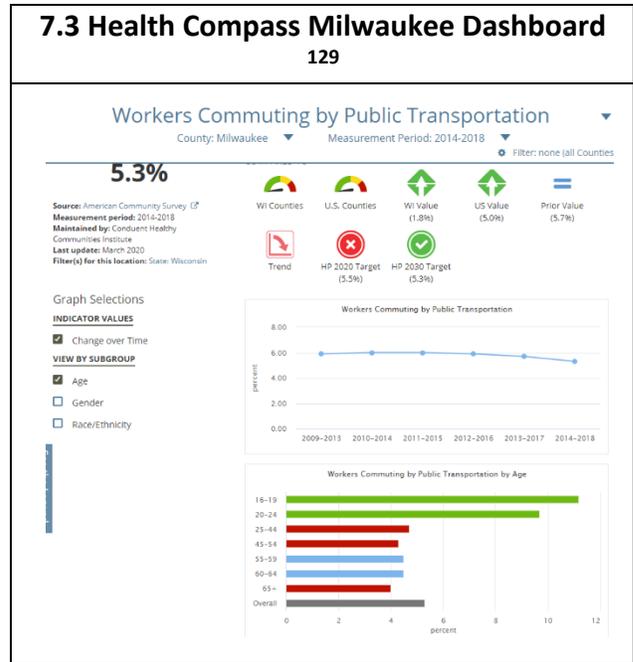
As mentioned above the Federal Government and the World Health Organization are utilizing the Social Determinants Framework. This use of the framework in public health has caught on locally as well with the City of Milwaukee Public Health Department and Milwaukee County utilizing the framework. The state has also set up the Governor’s Health Equity Council which is focused on a version of social determinants by focusing on “disparities based on race, economic status, education level, history of incarceration, and geographic location.”¹²⁷

d. How Social Determinants Framework could be Applied

As mentioned above, there are dozens of ways Social Determinants are being used to address racial equity. Many efforts in this category frame their goals as “make the state the healthiest state.” One of the most robust data sets in this category is the Robert Wood Johnson County Health Rankings (see Figure 7.2). The Health Rankings includes an impressive dashboard that tracks every county in the nation in five categories: Health Outcomes, Health Factors, Social Economic Factors and Physical Environment.¹²⁸ The data is drawn from reliable and steady sources, but occasionally lacks a direct connection between the data tool, and



the proposed indicator. For example, one indicator is Disconnected Youth, but the data tool used is whether the teen is in school or working, and does not measure other forms of social connection, or the teen’s perspective on why they may be disconnected. It should also be noted that the Milwaukee Healthcare partnership runs a parallel data set called Health Care Compass Milwaukee (see Figure 7.3).¹³⁰ The Health Care Compass includes most, if not all, of the measures from Health Rankings, and includes promising practices and funding opportunities for each area. This section uses the Health Rankings as an outline because of the data sets ability to make comparison to other counties throughout the county.



1. Health Outcomes

a) **Length of Life.** Length of life is measured by a metric called premature death, which is the years of potential life lost before the age of 75. This is different than measuring overall mortality because, premature death focuses attention on deaths that could have been prevented. Examples of premature death include tobacco and alcohol use, suicide, and chronic illness.¹³¹ This data is drawn from the National Vital Statistics System (NVSS). The data is submitted to NVSS by the jurisdictions responsible for registering vital events (i.e. births, deaths, etc.). NVSS is operated by the Center for Disease Control and Prevention (CDC) as part of the National Center for Health Statistics.¹³²

b) **Quality of Life.** Quality of life is measured by four factors. The first is poor or fair health as self-reported by adults. The second is the average number of physically unhealthy days that are self-report in past 30 days. The third is the average number of mentally unhealthy days self-reported in past 30 days. Each of these three factors are from the Behavioral Risk Factor Surveillance System (BRFSS) which is a state based telephone survey conducted annually.¹³³ The final factor is the percentage of live births with low birthweight, as reported in the NVSS.¹³⁴

Milwaukee County is ranked the worst in Wisconsin for Quality of Life

c) **Additional Health Outcomes.** Length of Life and Quality of life factors discussed above count towards the health ranking. There are, however, a dozen other additional health outcomes that are tracked by the RWJ County Health Rankings. These outcomes include: (1) life expectancy, (2) premature age-adjusted mortality, (3) child mortality, (4) infant mortality, (5) frequent physical distress, (6) frequent mental distress, (7) diabetes prevalence, (8) HIV prevalence, (9) communicable disease, (10) cancer incidence, (11) coronary heart disease hospitalizations, and (12) cerebrovascular disease hospitalizations. These outcomes are drawn from a combination of the NVSS, annual surveys of local health departments, or issue specific databases, such as the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP).¹³⁵

Figure 7.4 – County Health Rankings – Health Outcomes (Milwaukee)¹³⁶

	Milwaukee County	Trend	Error Margin	Top U.S. Performers	Wisconsin	Rank (of 72)
Health Outcomes						71
Length of Life						69
Premature death	8,900		8,700-9,100	5,500	6,400	
Quality of Life						72
Poor or fair health	18%		18-19%	12%	17%	
Poor physical health days	4.0		3.9-4.2	3.1	3.9	
Poor mental health days	4.5		4.4-4.6	3.4	4.0	
Low birthweight	10%		10-10%	6%	7%	
Additional Health Outcomes (not included in overall ranking) –						
Life expectancy	76.9		76.7-77.1	81.1	79.4	
Premature age-adjusted mortality	420		410-430	270	310	
Child mortality	80		70-80	40	50	
Infant mortality	9		8-9	4	6	
Frequent physical distress	12%		12-12%	9%	12%	
Frequent mental distress	13%		13-14%	11%	12%	
Diabetes prevalence	10%		9-12%	7%	9%	
HIV prevalence	365			41	125	
Communicable disease	1,964				923	
Cancer incidence	499		493-505		467	
Coronary heart disease hospitalizations	2.5				2.9	
Cerebrovascular disease hospitalizations	2.7				2.6	

2. Health Factors

- a) **Health Behaviors.** There are nine health behaviors that count towards the county health ranking and ten that do not. The nine that count towards the health ranking are: (1) adult smoking, (2) adult obesity, (3) food environment index, (4) physical inactivity, (5) access to exercise, (6) excessive drinking, (7) alcohol-impaired driving deaths, (8) sexually transmitted infections, and (9) teen births. This data is largely collected through the NVSS, but also through issue specific databases such as the United States Diabetes Surveillance System.¹³⁷

The additional health behaviors that are not included in the ranking are: (1) food insecurity, (2) limited access to health foods, (3) drug overdose deaths, (4) motor vehicle crash deaths, (5) insufficient sleep, (6) smoking during pregnancy, (7) opioid hospital visits, (8) alcohol-related hospitalizations, (9) motor vehicle crash occupancy rate, and (10) on-road motor vehicle crash related ER visits. This data is collected through issue specific data sources, such as the Feeding America Map the Meal Gap project,¹³⁸ and the NVSS and BRFSS.

- b) **Clinical Care.** There are seven clinical care factors that count towards the county health ranking and four that do not. The factors that count towards the health ranking are: (1) percentage under age 65 without insurance, (2) ratio of population to primary care physicians, (3) ratio of population to dentists, (4) ratio of population to mental health providers, (5) rate of preventable hospital stays, (6) percentage of women ages 65-74 with mammogram screenings, and (7) percent of Medicare enrollees with annual flu vaccine. This data is collected through the Area Health Resource File of the American Medical Association,¹³⁹ as well as the Mapping Medicare Disparities tool.¹⁴⁰

The Clinical Care factors that are not including in the ranking include: (1) percent of uninsured adults, (2) percent of uninsured children, (3) ratio of non-physician primary care providers, and (4) percentage of young children who have received major immunizations. This data is largely drawn from the US Census Bureau's Small Area Health Insurance Estimates,¹⁴¹ and the Wisconsin Immunization Registry.¹⁴²

Figure 7.5 – County Health Rankings – Health Behaviors (Milwaukee)¹⁴³

	Milwaukee County	Trend 	Error Margin	Top U.S. Performers 	Wisconsin	Rank (of 72) 
Health Factors						71
Health Behaviors						70
Adult smoking	 18%		17-18%	14%	16%	
Adult obesity	32%		30-34%	26%	31%	
Food environment index	7.6			8.6	8.8	
Physical inactivity	23%		21-24%	20%	21%	
Access to exercise opportunities	98%			91%	85%	
Excessive drinking	 25%		24-25%	13%	24%	
Alcohol-impaired driving deaths	31%		28-34%	11%	36%	
Sexually transmitted infections	1,147.8			161.4	478.6	
Teen births	<u>32</u>		31-32	13	17	
Additional Health Behaviors (not included in overall ranking) –						
Food insecurity	15%			9%	10%	
Limited access to healthy foods	3%			2%	5%	
Drug overdose deaths	<u>36</u>		34-39	10	19	
Motor vehicle crash deaths	<u>9</u>		8-10	9	10	
Insufficient sleep	36%		35-37%	27%	32%	
Smoking during pregnancy	 9%				11%	
Opioid hospital visits	 924		905-943		459	
Alcohol-related hospitalizations	 3.2				2.2	
Motor vehicle crash occupancy rate	 71				53	
On-road motor vehicle crash-related ER visits	 1,358		1,344-1,371		669	

3. Social & Economic Factors

There are 9 Social & Economic Factors that count towards the county health ranking and 19 that do not. The 9 that count towards the health care ranking are:

- a) **High School Graduation.** Percentage of ninth-grade cohort that graduates in 4 years as reported by the Wisconsin Department of Public Instruction,¹⁴⁴
- b) **Some college.** Percentage of adults ages 25-44 with some post-secondary education, as reported by the Census Bureau's American Community Survey 5 Year Estimate.¹⁴⁵
- c) **Unemployment.** Percentage of population ages 16 and older unemployed but seeking work, as reported by the Local Area Unemployment Statistics (LAUS) program of the Bureau of Labor Statistics.¹⁴⁶
- d) **Children in poverty.** Percentage of people under age 18 in poverty, as reported by the US Census Bureau's Small Area Income & Poverty Estimates (SAIPE).¹⁴⁷
- e) **Income inequality.** Ratio of household income at the 80th percentile to income at the 20th percentile, as measured by the American Community Survey.¹⁴⁸
- f) **Children in single-parent households.** Percentage of children that live in a household headed by single parent, as measured by the American Community Survey.¹⁴⁹
- g) **Social associations.** Number of membership associations per 10,000 population as measured by County Business Patterns, which provides data on the total number of establishments by industry and employment-size.¹⁵⁰ It appears that this data would include organizations such as churches, but also membership based business associations as well.¹⁵¹
- h) **Violent crime.** Number of reported violent crime offenses per 100,000 population, as reported by the Federal Bureau of Investigation (FBI) Uniform Crime Reporting Program.¹⁵²
- i) **Injury deaths.** Number of deaths due to injury per 100,000 population, as reported by the NVSS.¹⁵³

The following Social & Economic Factors are collected by the RWJ County Health Rankings, but are not included in the ranking.

- a) **Disconnected youth.** Percentage of teens who are neither working nor in school as reported by the American Community Survey.¹⁵⁴
- b) **Reading scores.** Average grade level performance for 3rd graders on English Language Arts standardized tests as reported by the Stanford Education Data Archive.¹⁵⁵
- c) **Math scores.** Average grade level performance for 3rd graders on math standardized tests as reported by the Stanford Education Data Archive.¹⁵⁶
- d) **Median household income.** The income level where half of households in a county earn more and half of households earn less as reported by the SAIPE.¹⁵⁷
- e) **Children eligible for free or reduced price lunch.** Percentage of children enrolled in public schools that are eligible for free or reduced price lunch as reported by the National Center for Education Statistics (NCES).¹⁵⁸
- f) **Residential segregation – Black/White.** Index of dissimilarity where higher values indicate greater residential segregation between Black and White county residents, as reported by American Community Survey.¹⁵⁹
- g) **Residential segregation – White/Non-White.** Index of dissimilarity where higher values indicate greater residential segregation between non-White and White county residents, as reported by American Community Survey.¹⁶⁰
- h) **Homicides.** Number of deaths due to homicide per 100,000 population, as reported by NVSS.¹⁶¹
- i) **Suicides.** Number of deaths due to suicide per 100,000 population, as reported by NVSS.¹⁶²
- j) **Firearm fatalities.** Number of deaths due to firearms per 100,000 population, as reported by NVSS.¹⁶³
- k) **Juvenile arrests.** Rate of delinquency cases per 1,000 juveniles as reported by the Easy Access to State and County juvenile Court Case Counts (EZACO).¹⁶⁴

-
- l) **Reading proficiency.** Percentage of 4th grade students proficient or advanced in reading, as reported by Wisconsin Department of Public Instruction.¹⁶⁵
 - m) **W-2 enrollment.** Count of individuals enrolled in Wisconsin works on the last working day of the month as reported by the Wisconsin Department of Children and Families.¹⁶⁶
 - n) **Poverty.** Percentage of population living below the Federal Poverty line, as reported by SAIPE.¹⁶⁷
 - o) **Older adults living alone.** Percentage of adults 65 years and older who live alone as reported by ACS.¹⁶⁸
 - p) **Child abuse.** Child abuse rate per 1,000 as reported by Wisconsin Child Protective Services.¹⁶⁹
 - q) **Injury hospitalization rate.** Hospitalizations due to injuries per 100,000 population. The data is adjusted for age. Data is collected by the Wisconsin Interactive Statistics on Health (WISH).¹⁷⁰
 - r) **Self-inflicted injury hospitalizations.** Hospitalizations due to self-inflicted injuries per 100,000 population, as reported by WISH.¹⁷¹
 - s) **Fall fatalities 65+.** Number of injury deaths due to falls among those 65 years of age and over per 100,000 population, as reported by WISH.¹⁷²

Figure 7.6 – County Health Rankings – Social & Economic Factors (Milwaukee)¹⁷³

	Milwaukee County	Trend 	Error Margin	Top U.S. Performers 	Wisconsin	Rank (of 72) 
Social & Economic Factors						71
High school graduation	77%			96%	89%	
Some college	66%		65-67%	73%	69%	
Unemployment	3.6%			2.6%	3.0%	
Children in poverty	<u>27%</u>		25-30%	11%	14%	
Income inequality	5.1		4.9-5.2	3.7	4.3	
Children in single-parent households	50%		49-52%	20%	32%	
Social associations	8.7			18.4	11.6	
Violent crime	1,020			63	298	
Injury deaths	<u>103</u>		100-106	58	80	
Additional Social & Economic Factors (not included in overall ranking) –						
Disconnected youth	8%		7-9%	4%	5%	
Reading scores	<u>2.7</u>			3.4	3.0	
Math scores	<u>2.6</u>			3.4	3.0	
Median household income	<u>\$49,800</u>		\$48,100-51,400	\$69,000	\$60,800	
Children eligible for free or reduced price lunch	61%			32%	37%	
Residential segregation - Black/White	76			23	77	
Residential segregation - non-white/white	62			14	55	
Homicides	<u>13</u>		12-14	2	3	
Suicides	<u>12</u>		11-13	11	15	
Firearm fatalities	<u>17</u>		16-18	8	10	
Juvenile arrests	15					
Reading proficiency	 33%				45%	
W-2 enrollment	 4,644				7,505	
Poverty	 19%		18-20%		11%	
Older adults living alone	 35%				29%	
Child abuse	 3				4	
Injury Hospitalization Rate	 549		534-564		421	

4. Physical Environment

There are five Physical Environment Factors that count towards the county health ranking and four that do not. The five that count towards the health care ranking are:

- a) **Air pollution.** Average daily density of fine particulate matter in micrograms per cubic meter, as reported by the CDC's National Environmental Public Health Tracking Network.¹⁷⁴
- b) **Drinking water violations.** Presence of health-related drinking water violations as reported by the Environmental Protection Agency's Safe Drinking Water Information System.¹⁷⁵
- c) **Severe housing problems.** Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities. This data is from the US Department of Housing and Urban Development (HUD) Comprehensive Housing Affordability Strategy (CHAS) database.¹⁷⁶
- d) **Driving alone to work.** Percentage of the workforce that drives alone to work, as reported by the ACS.¹⁷⁷ This data is included as a proxy for the lack of transportation options which can have an impact on active living, air quality, and traffic crashes.
- e) **Long commute-driving alone.** Among workers who commute in their car alone, the percentage that commute more than 30 minutes as reported by the ACS.¹⁷⁸

The following Physical Environment Factors are collected by the RWJ County Health Rankings but are not included in the ranking.

- a) **Traffic volume.** Average traffic volume per meter of major roadways in the county as reported by the EPA's Environmental Justice Screening and Mapping Tool (EJSCREEN).¹⁷⁹
- b) **Homeownership.** Percentage of occupied housing units that are owned, as reported by the ACS, 5 year estimate.¹⁸⁰
- c) **Severe housing cost burden.** Percentage of households that spend 50% or more of their household income on housing, as reported by the ACS, 5-year estimates.¹⁸¹
- d) **Year structure built.** Percentage of housing units built prior to 1950, as reported by ACS, 5-year estimates.¹⁸²

Figure 7.7 – County Health Rankings – Physical Environment (Milwaukee)¹⁸³

	Milwaukee County	Trend	Error Margin	Top U.S. Performers	Wisconsin	Rank (of 72)
Physical Environment						71
Air pollution - particulate matter	11.5			6.1	8.6	
Drinking water violations	Yes					
Severe housing problems	22%		21-22%	9%	14%	
Driving alone to work	<u>77%</u>		76-77%	72%	81%	
Long commute - driving alone	26%		25-27%	16%	27%	
Additional Physical Environment (not included in overall ranking) –						
Traffic volume	811				304	
Homeownership	49%		49-50%	81%	67%	
Severe housing cost burden	19%		18-19%	7%	12%	
Year structure built	41%				25%	

e. Example Language for Focus Group Testing

The recommendation of this report is that key stakeholders should be engaged to select a priority framework. One way to do this is to present an example of measures from each framework. The example for the Health framework could be:

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.

f. Matrix Scoring of Social Determinants Framework

As illustrated in Figure 7.8, the Health Framework has two primary benefits. First, the administrative costs are extremely low. Most of the data is publicly available and there are larger nationwide efforts that are available to assist in data collection and analysis, such as the Robert Wood Johnson Foundation’s Health Counties index (see Figures 7.2 – 7.6).¹⁸⁴ Second, because of the public nature of the data, the comparability of the data set is remarkable, and can be easily used benchmark and track progress against similar communities.

The framework can be transformative depending on how the framework is used, however it lends itself to a competition of resources between transactional and transformational work. For example, if the indicator of infant mortality was chosen from the framework, then a transactional program that is providing parenting classes would be competing with a transformative program that is working on increasing the minimum wage to reduce the stress of

young parents. The framework is also not ideal when it comes to time of maturity. Issues like life expectancy can take decades to move on a population level. Also, there is a political risk that this will just be seen as a variation of what has been tried in the past, and unresponsive to the racism as a public health crisis ordinances passed by the city and county. There are, however, a sufficient number of partners that are using similar indicators that are having a meaningful impact on the community.

The primary drawback of the framework is related to Results Based Accountability. It is challenging to illustrate that program outcomes are related to population level impacts. For example, a prenatal program could meaningfully reduce infant mortality, but barely make a dent in population level infant mortality because there are so many other factors in play. The same is true in life expectancy, chronic disease, and nearly every other measure in the Health framework.

Figure 7.8 – Application of Evaluation Criteria to Social Determinants Framework

	<i>Transformative</i>	<i>Administrative Cost</i>	<i>Time to Maturity</i>	<i>Comparability</i>
Social Determinants Framework	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.
	<i>Depth</i>	<i>Political Risk</i>	<i>Available Local Partners</i>	<i>Results Based Accountability</i>
	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.

VIII. Other Considerations

a. Equity in Data – Qualitative Measures

Chicago Beyond has published a guidebook for community organizations, researchers and funders to help get from insufficient understanding to more authentic truth.¹⁸⁵ This guidebook acknowledges the power that data and evaluation can have on community outcomes and suggests that evaluation carefully look at access, information, validity, ownership, value, accountability, and authorship of qualitative measures. The guide suggests using non-qualitative measures for measuring impact, including interviews, focus groups, or observational data.¹⁸⁶ These techniques may reveal deeper insights and the qualitative data can be coded for recurring themes in order to benchmark and track progress on a more quantitative basis.¹⁸⁷

The Chicago Beyond guidebook identifies seven areas where power influences data, results, community action and ultimately the truth about what the issues are, and the techniques that will work to resolve them. The seven areas are: Authorship, Access, Information, Validity, Ownership, Value, and accountability. For each area, the guidebook has recommendations for community organizations, researchers, and funders. An example of the recommendations for the Access category is listed in Figure 8.1 below.¹⁸⁸

Figure 8.1 – Recommendations around Access to Knowledge¹⁸⁹

THE OPPORTUNITY		
Community organizations can...	Researchers can...	Funders can...
<ul style="list-style-type: none">➤ Recognize that the power dynamic makes it tempting to compromise what matters for the chance to produce research evidence.➤ Where possible, speak up to participate—or not participate—in research on your own terms, and shape research to help your community.	<ul style="list-style-type: none">➤ Design research to serve community purpose.➤ Not participate in research that perpetuates the researcher as “brains” and community as “brawn” stereotype.➤ Insist that conversations about community happen with community.	<ul style="list-style-type: none">➤ Fund research that community organizations want, need, and are able to lead. Fund research that informs action on root causes.➤ Not fund research where the questions asked and the approach hold power dynamics in place.➤ Insist that conversations about community happen with community.

b. Connection with Neighborhood Plans

As part of this project there were 6 neighborhood plans reviewed. In the plans there is support for all three frameworks. Appendix E includes a list of the plans reviewed. Consistently, the neighborhood plans prioritize the following seven elements: (1) Safety, (2) Housing, (3) Economic Development/Wealth, (4) Education, (5) Health, (6) Connectedness/Engagement/Activities, (7) Beautification/Identity. The first 5 categories are directly related to either the Economic Mobility or Social Determinants Frameworks. The last two categories are closer to the Anti-Racist Framework by attempting to measure belonging—an element of power—and engagement—another measure of power.

One of the more recent plans, Metcalfe Park Community Bridges, is particularly insightful when it comes to Policies, Representation and Power elements of the Anti-Racist Framework. In regards to Representation, MPCB set a specific goal of increasing “the number of businesses that reflect the cultural diversity of the neighborhood.”¹⁹⁰ In regards to Policy and Power, MPCB set a specific goal of increasing “residents’ Capacity to effect neighborhood change at the policy level” and increasing “voter participation in the neighborhood.”¹⁹¹

Figure 8.2 – Metcalfe Park Community Bridges Policy Goal¹⁹²



GOAL

INCREASE RESIDENTS' CAPACITY TO EFFECT NEIGHBORHOOD CHANGE AT THE POLICY LEVEL.

c. Connection with Civic Response Teams

In 2020, the Civic Response Team (CRT) was created to help alleviate the impact that COVID-19 is having on Milwaukee.¹⁹³ The CRT included six subject matter teams: (1) Early Childhood Education, (2) K-12 Education, (3) Food, (4) Shelter, (5) Physical Health, (6) Mental Health, and (7) Economic Recovery. As of the publishing of this report, each of the committees had completed a draft logic model of proposed activities. These logic models were reviewed as part of the production of this report.

The Physical Health logic model is largely consistent with the Social Determinants of Health Framework and focus on impacts such as “advance wellness” and “improve health equity.” The Food, K-12 Education, Mental Health, and Economic Recovery are largely consistent with the Economic Mobility Framework, focusing on impacts related to “food insecurity,” “equity in educational access,” and living wage for community organizers in mental health field. The Early Childhood Education Framework is largely consistent with the Economic Mobility Framework, but also moves towards policies with a focus on impacts like “organiz[ing] a group to begin working on resource issue and future advocacy” and “build an advocacy voice.” The Shelter logic model is largely consistent with the Economic Mobility Framework with measures like “increase the number of individuals in permanent housing,” but also moves towards policies with a focus on “policy change in eligibility threshold ... of people who qualify for housing assistance.”

The Civic Response Team early draft logic models are largely within the Social Determinants and Economic Mobility Frameworks, however, many of them have policy changes as part of their longer term objectives.

d. Themes in Interviews

As part of this project there were 30 interviews conducted. In the interviews there was support for all three frameworks. Appendix D includes a list of the Interviewees. The first phase of interviews included eighteen subject matter experts in a variety of community sectors. The purpose of this first round of interviews was to determine what past, present and future efforts around racial equity are being implemented by potential stakeholders in a broader coalition. In these interviews the question was asked, “If you had to pick your top 3 data measures for measuring success for racial minority groups in Milwaukee, what would they be?” Largely people in the public health arena gave answers consistent with the Social Determinants of Health, those in the economic development sector gave answers consistent with Economic Mobility, and a

handful of interviewees talked about Anti-Racist measures (i.e. policies, power and representation).

The three most prevalent themes in the first round of interviews were Income, Education, and Homeownership, although many interviewees had different takes on each. In the context of employment, priorities varied and included employment rate, wage rates, transportation access to employment, equal opportunity to employment, and dignity in the workplace. In the context of education priorities varied and included early childhood education, high school graduation, and college graduation rates. In the context of homeownership priorities varied and included wealth building, security in housing, and desegregation. Other priorities mentioned by interviewees included, ending racism, infant mortality, early morbidity, health care access, criminal justice reform, and crime.

The three most prevalent themes in Phase 1 interviews were Income, Education and Homeownership

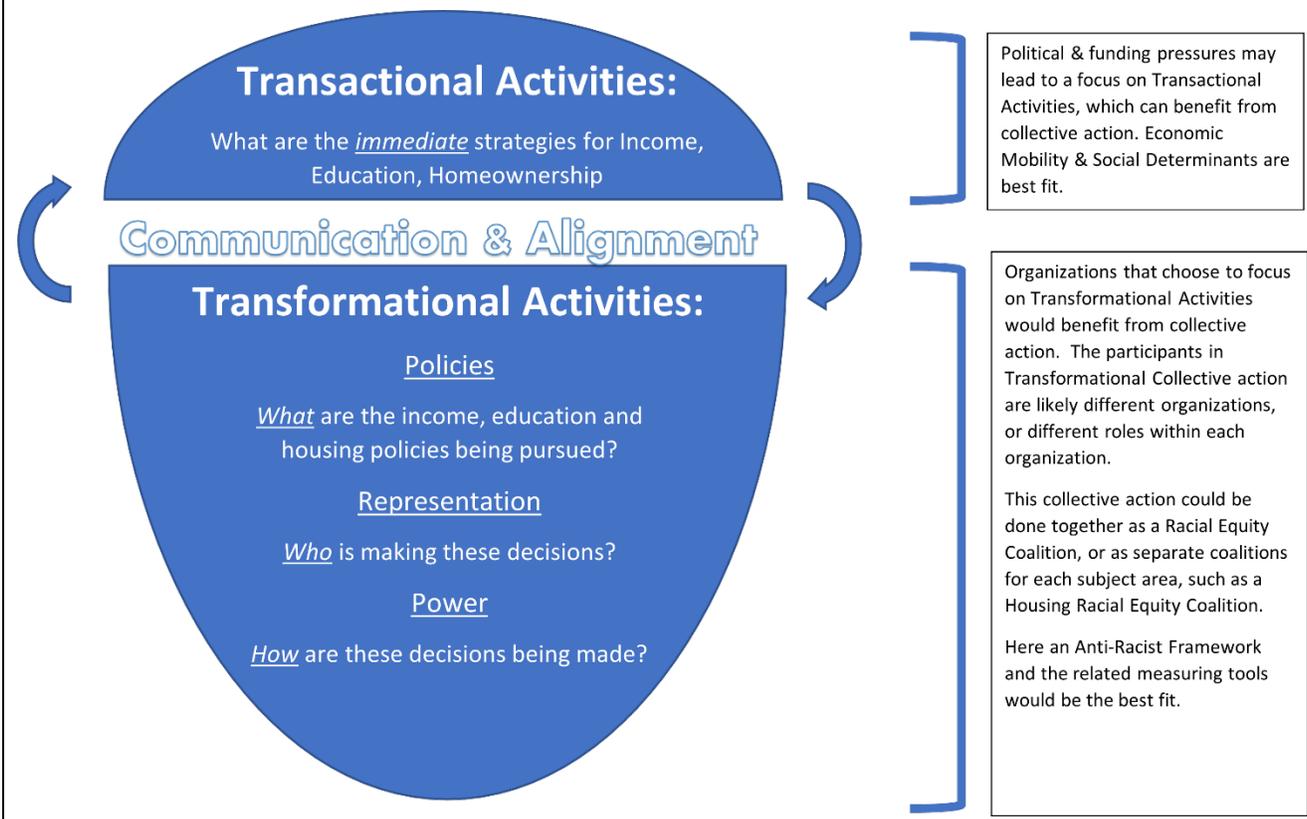
The second phase of interviews were designed to engage additional stakeholders on whether the three frameworks identified in this report are inclusive of the most likely ways to measure racial equity. Generally, interviewees confirmed that the three frameworks of Anti-Racist, Economic Mobility, and Social Determinants were an accurate reflection of the options available for measuring racial equity. Interviewees highlighted potential data sets that are reflected in this report. One primary theme that emerged from the second phase of interviews was that the frameworks are very similar and are interconnected. Generally, interviewees gravitated towards the Anti-Racist Framework with an appetite for the heavy lifting of changing systems, however, even those that favored the Anti-Racist Framework highlighted the immediate needs of transactions that benefit people.

Phase 2 interviews confirmed accuracy of the three frameworks, with many interviewees showing a slight preference for the Anti-Racist Framework, but also an understanding of addressing immediate needs.

There was a consensus that the community would benefit from collective impact around both transformative work (i.e. policies, representation, and power), and transactional work (i.e. addressing the immediate needs of people). There was an acknowledgement that generally these two collective impact efforts will need to communicate with one another, but they will likely include different organizations, or people within those organizations. A visual depiction of how this might work is included in Figure 8.3. This visual is consistent with the ice-berg analogy used in section IV above. The transactional work is only the tip of the iceberg and consequently should

represent less of the effort. However, there is work to do in the transactional realm that is necessary for transformative change. For example, the transaction of scholarships for racial minorities can lead to more representation in power structures. Furthermore, transformative work can lead to more positive transactions. For example, allocating more funds to homeownership can create more homeownership transactions.

Figure 8.3 –Transformative & Transactional Collective Impact



e. Other Philanthropic Efforts

There are several other philanthropic organizations that are addressing racial equity. Many are moving away from a traditional Economic Mobility Framework and closer to an Anti-Racist Framework.

1. **Buffalo, NY** – *The Racial Equity Dividend: Buffalo’s Great Opportunity*. The Community Foundation of Greater Buffalo produced a comprehensive report on how much monetary value would be gained by closing the racial equity gap in four core areas: (a) Education & Job Readiness, (b) Criminal Justice & Safety, (c) Quality of Life & Neighborhoods, and (d) Income & Wealth (see Figure 8.4).¹⁹⁵ The effort is largely consistent with the Economic Mobility Framework, but shows some limited elements of the Anti-Racist Framework. The report acknowledges the role of institutions and policies, but does not explore the representation and power components of the Anti-Racist Framework. The resulting activities have bridged both transactional and transformational activities. Transactional activities have included sector-based workforce development and correctional re-entry workforce training. The transformational activities have included the establishment of the Breaking Barriers Youth Leadership Council and training of 850 individuals on Racial Equity Impact Analysis.¹⁹⁶ The continuing efforts in Buffalo are governed by a 37-member Greater Buffalo Racial Equity Roundtable.

Figure 8.4 –Racial Equity Dividend¹⁹⁴

Closing the racial equity gap in...

...education and job readiness would mean **over \$1 billion** in increased regional GDP annually.



...criminal justice would mean nearly **54,000 individuals** with reduced barriers and enhanced access to workforce participation over the next decade.



...our neighborhoods would mean more than **36,000 additional families** purchasing a home.



...income and wealth would mean an **additional \$12 billion** in wealth for area families.



2. **Fresno, CA** – *Developing the Region’s Inclusive & Vibrant Economy (DRIVE) Plan*. The Central Valley Community Foundation located in Fresno, California has developed a strategic plan around three core areas: (a) Economic Development, (b) Human Capital (i.e. education), and Neighborhood Development (i.e. housing and segregation). The plan falls squarely in the Economic Mobility framework and the activities are largely transactional, such as creating affordable housing and supporting minority owned businesses. The continuing efforts in Fresno are governed by a 46-member group of civic, business, education and community leaders, together with a 300-person steering committee.¹⁹⁷
3. **Bridgespan**. The Bridgespan Group is a social impact consultant for philanthropists and investors. Their clients have included the Boys & Girls Clubs of America, the Anti-Defamation

League, and several international organizations.¹⁹⁸ Recently, Bridgespan has outlined a strong argument for focusing on the Anti-Racist Framework, specifically the Representation Measure.¹⁹⁹ Bridgespan argues that the two biggest factors holding back philanthropy’s impact on racial equity is (1) understanding the role of race in problems trying to solve, and (2) the significance of race in how philanthropy identifies leaders to find solutions. Bridgespan identifies solutions in assisting leaders of color to: (a) get connected, (b) build rapport, (c) secure support, and (d) sustain relationships (See Figure 8.3)

4. **National Committee for Responsive Philanthropy (NCRP).** The NCRP promotes philanthropy that serves the public good by engaging, educating, analyzing and advocating for policy change in philanthropy.²⁰⁰ Recently, NCRP has focused on the Anti-Racist Framework, specifically the power measure.²⁰¹ NCRP outlines techniques to (a) build power by funding civic engagement, advocacy and community organizing, (b) share power by nurturing transparent relationships, and (c) wield power by exercising public leadership beyond grantmaking. See Figure 8.6.

Figure 8.5 – Four Key Barriers to Capital Faced by Leaders of Color²⁰²

Four Key Barriers to Capital Faced by Leaders of Color



Across all stages, repeated interactions with bias can cause leaders to adopt mindsets and behaviors that further limit their fundraising

Source: The Bridgespan Group

Figure 8.6 – Building, Sharing, Wielding Power²⁰³



5. **Equity Research Institute - Community Power Building.** The Equity Research Institute (ERI) uses data and analysis to advise organizations and philanthropy on equity work.²⁰⁵ ERI, in September of 2020 completed an analysis of 16 different communities, and identified 7 factors that resulted in successful activities around equity: (a) Organizing and Base Building, (b) Leadership Development, (c) Organizational Development, Infrastructure, and Funders, (d) Advocacy and Polity, (e) Research and Legal, (f) Communications, Cultural, and Narrative Change, and (g) Alliance and Coalitions (See Figure 8.7).²⁰⁶ One of the 16 communities highlighted is Atlanta, which used these principals to pass a \$15 minimum wage, and completed judicial work focusing on voter protection. Another example is Chicago, where the

Republican Governor and the Democratic controlled legislature worked together to create the Illinois Domestic Worker’s Bill of Rights. ERI created a three-step process to duplicate this success: (i) Catalyze by setting an agenda, (ii) Create by achieving an agenda, and (iii) Sustain by governing an agenda (See Figure 8.6).²⁰⁷

Figure 8.7 – Ecosystem of Power-Building Organizations²⁰⁴



Figure 8.8 – Catalyzing Conditions for Health Communities ²⁰⁸

Catalyze | SET AN AGENDA



Bring attention to issues



Develop shared analyses and solutions



Build momentum

Create | ACHIEVE AN AGENDA



Develop and pass policies and legislation



Win—or protect—funding, programs and services



Establish alternative models

Sustain | GOVERN AN AGENDA



Develop leaders for key decision-making positions



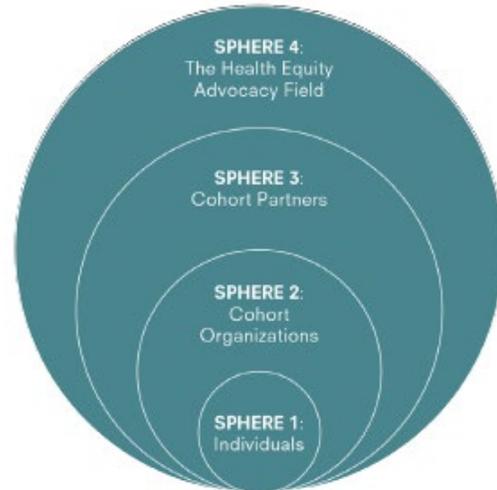
Build mutual accountability

Shift public discourse

6. **Philanthropic Initiative for Racial Equity – Grantmaking with a Racial Justice Lens.** The Philanthropic Initiative for Racial Equity provides technical support of philanthropy.²⁰⁹ ERI has produced a detailed practical guide on how set goals and follow through on Racial Equity Goals.²¹⁰
7. **The Colorado Trust – Centering Race in Health Equity Advocacy.** The Colorado Trust is a private foundation that focuses on health care access and advocacy for statewide policy.²¹¹ The trust has developed a 4 step process in building capacity to address racial equity: (a) build the racial equity capacity of individuals, (b) build the racial equity capacity of cohort organizations, (c) build capacity of cohort partners, and (d) build capacity of the health equity advocacy field. (See Figure 8.9)²¹² Under this philosophy the trust funded 18 grantee organizations that made an explicit commitment to center racial equity in their field-building efforts.

Figure 8.7 – Building Racial Equity Capacity²¹³

- **Sphere 1** is made up of individuals from Cohort organizations that consistently participate in the leadership and engagement work of the HEA Cohort.
- **Sphere 2** is made up of the individuals and the policies, practices and procedures at each Cohort organization.
- **Sphere 3** is made up of the individuals and organizations with whom Cohort organizations partner in service of their health equity work.
- **Sphere 4** is the health equity advocacy field in Colorado.



IX. Conclusion

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,²¹⁴ to a 300-member advisory committee.²¹⁵ 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.*

Appendix A - Definitions

AALAM – African American Leadership Alliance of Milwaukee

Anti-Racist Framework - The Anti-Racist Framework measures the production and sustainment of racial equity between racial groups, specifically focusing on Policies, Representation and Power. See Section V for details.

CDC – United States Center for Disease Control

CRT – Civic Response Team. A collective impact effort of philanthropic, public, and private partners to respond to the COVID-19 pandemic in Milwaukee, Wisconsin.

Economic Mobility Framework - The Economic Mobility Framework measures progress in the short to intermediate term on key local drivers of mobility from poverty. See Section VI for details.

GARE – Government Alliance on Race & Equity.

GDKA – Gender & Diversity KPI Alliance.

GMC – Greater Milwaukee Committee

GMF – Greater Milwaukee Foundation

Impact Data Measure – The data that is used to measure whether an activity is having an Impact.

MATCH – University of Wisconsin-Madison, Population Health Institute, Mobilizing Action Toward Community Health.

MMAC – Metropolitan Milwaukee Association of Commerce.

NVSS – National Vital Statistics System.

OAAA – Milwaukee County Office on African American Affairs.

OPPA – Wisconsin Department of Health Services, Division of Public Health, Office of Policy and Practice alignment.

OVP – City of Milwaukee Office of Violence Prevention.

POC – People of Color

Racial Equity – Racial Equity is achieved when race can no longer be used to predict life outcomes and outcomes for all groups are improved.

REID Measure – Racial Equity Impact Data Measure. The data that is used to measure whether activities are having a meaningful impact on the life outcomes of people of color.

Social Determinants Framework, Social Determinants of Health - The Social Determinants of Health measures progress, largely in the long term, on 5 key drivers to public health: Education, Health Care, Neighborhood, Social Context, and Economic Stability. See Section VII for details.

Appendix B - List of Potential Measures

	Framework	Sub-Category	Potential Measure
1.	Anti-Racist	Policies	Quality of Policies
2.	Anti-Racist	Policies	Quantity of Impact
3.	Anti-Racist	Policies	Dollar Allocation
4.	Anti-Racist	Policies	Policies for Public Good
5.	Anti-Racist	Representation	Descriptive Representation
6.	Anti-Racist	Representation	Cultural Representation/Dignity/Belonging
7.	Anti-Racist	Representation	Quantity of Transformative Leaders
8.	Anti-Racist	Representation	Rotation of Opportunities
9.	Anti-Racist	Power	Voting
10.	Anti-Racist	Power	Self-Efficacy Index
11.	Anti-Racist	Power	Community Engagement Outcomes Index
12.	Anti-Racist	Power	Trust in Government
13.	Anti-Racist	Power	Youth Engagement
14.	Anti-Racist	Power	Social Capital
15.	Anti-Racist	Power	Sense of Community
16.	Economic Mobility	Economic Success	Income
17.	Economic Mobility	Economic Success	Financial Security (in debt collection)
18.	Economic Mobility	Economic Success	Affordable Housing (units available)
19.	Economic Mobility	Economic Success	Housing Instability
20.	Economic Mobility	Economic Success	Family Stability
21.	Economic Mobility	Economic Success	Overall Health
22.	Economic Mobility	Economic Success	Access & Utilization of Health Services
23.	Economic Mobility	Economic Success	Neonatal Health
24.	Economic Mobility	Power & Autonomy	Political Participation
25.	Economic Mobility	Power & Autonomy	Descriptive Representation
26.	Economic Mobility	Power & Autonomy	Economic Inclusion
27.	Economic Mobility	Power & Autonomy	Racial Diversity
28.	Economic Mobility	Power & Autonomy	Belongingness
29.	Economic Mobility	Power & Autonomy	Social Capital
30.	Economic Mobility	Power & Autonomy	Transportation Access
31.	Economic Mobility	Power & Autonomy	Environmental Quality
32.	Economic Mobility	Power & Autonomy	Exposure to Trauma
33.	Economic Mobility	Power & Autonomy	Exposure to Crime
34.	Economic Mobility	Power & Autonomy	Overly Punitive Policing
35.	Economic Mobility	Being Valued	Access to Preschool
36.	Economic Mobility	Being Valued	Effective Public Education
37.	Economic Mobility	Being Valued	Student poverty concentration
38.	Economic Mobility	Being Valued	College Readiness
39.	Economic Mobility	Being Valued	Employment
40.	Economic Mobility	Being Valued	Access to jobs paying living wage
41.	Social Determinants	Health Outcomes	Length of Life
42.	Social Determinants	Health Outcomes	Quality of Life
43.	Social Determinants	Health Outcomes	Life Expectancy

44.	Social Determinants	Health Outcomes	Premature Mortality
45.	Social Determinants	Health Outcomes	Child Mortality
46.	Social Determinants	Health Outcomes	Infant Mortality
47.	Social Determinants	Health Outcomes	Frequent Physical Distress
48.	Social Determinants	Health Outcomes	Frequent Mental Distress
49.	Social Determinants	Health Outcomes	Diabetes Prevalence
50.	Social Determinants	Health Outcomes	HIV Prevalence
51.	Social Determinants	Health Outcomes	Communicable Disease
52.	Social Determinants	Health Outcomes	Cancer Incidence
53.	Social Determinants	Health Outcomes	Coronary Heart Disease
54.	Social Determinants	Health Outcomes	Cerebrovascular Disease
55.	Social Determinants	Health Behaviors	Adult Smoking
56.	Social Determinants	Health Behaviors	Adult Obesity
57.	Social Determinants	Health Behaviors	Food Environment Index
58.	Social Determinants	Health Behaviors	Physical Inactivity
59.	Social Determinants	Health Behaviors	Access to Exercise
60.	Social Determinants	Health Behaviors	Excessive Drinking
61.	Social Determinants	Health Behaviors	Alcohol-impaired Driving Deaths
62.	Social Determinants	Health Behaviors	Sexually Transmitted Infections
63.	Social Determinants	Health Behaviors	Teen Births
64.	Social Determinants	Health Behaviors	Food Insecurity
65.	Social Determinants	Health Behaviors	Limited Access to Health Foods
66.	Social Determinants	Health Behaviors	Drug Overdose Deaths
67.	Social Determinants	Health Behaviors	Motor Vehicle Crash Deaths
68.	Social Determinants	Health Behaviors	Insufficient Sleep
69.	Social Determinants	Health Behaviors	Smoking During Pregnancy
70.	Social Determinants	Health Behaviors	Opioid Hospital Visits
71.	Social Determinants	Health Behaviors	Alcohol-related Hospitalizations
72.	Social Determinants	Health Behaviors	Motor Vehicle Crash Occupancy Rate
73.	Social Determinants	Health Behaviors	On-Road Motor Vehicle Crash ER Visits
74.	Social Determinants	Clinical Care	Uninsured Adults
75.	Social Determinants	Clinical Care	Population/Primary Care Physicians
76.	Social Determinants	Clinical Care	Population/Dentists
77.	Social Determinants	Clinical Care	Population/Mental Health Providers
78.	Social Determinants	Clinical Care	Mammogram Screening Rate
79.	Social Determinants	Clinical Care	Flu Vaccine Rate
80.	Social Determinants	Clinical Care	Uninsured Children
81.	Social Determinants	Clinical Care	Population/Non-Primary Care Providers
82.	Social Determinants	Clinical Care	Immunization Rates
83.	Social Determinants	Social & Economic	High School Graduation
84.	Social Determinants	Social & Economic	Some College
85.	Social Determinants	Social & Economic	Unemployment
86.	Social Determinants	Social & Economic	Children in Poverty
87.	Social Determinants	Social & Economic	Income Inequality
88.	Social Determinants	Social & Economic	Children in Single-Parent households
89.	Social Determinants	Social & Economic	Social Associations
90.	Social Determinants	Social & Economic	Violent Crime Rate

91.	Social Determinants	Social & Economic	Injury Death Rate
92.	Social Determinants	Social & Economic	Disconnected Youth (not in school or work)
93.	Social Determinants	Social & Economic	Reading Scores
94.	Social Determinants	Social & Economic	Math Scores
95.	Social Determinants	Social & Economic	Median Household Income
96.	Social Determinants	Social & Economic	Children Eligible for Lunch Subsidy
97.	Social Determinants	Social & Economic	Residential Segregation – Black/White
98.	Social Determinants	Social & Economic	Residential Seg. – White/Non-White
99.	Social Determinants	Social & Economic	Homicides
100.	Social Determinants	Social & Economic	Suicides
101.	Social Determinants	Social & Economic	Firearm fatalities
102.	Social Determinants	Social & Economic	Juvenile Arrests
103.	Social Determinants	Social & Economic	Reading Proficiency
104.	Social Determinants	Social & Economic	W-2 Enrollment
105.	Social Determinants	Social & Economic	Poverty Rate
106.	Social Determinants	Social & Economic	Older Adults Living Alone
107.	Social Determinants	Social & Economic	Child Abuse Rate
108.	Social Determinants	Social & Economic	Injury Hospitalization Rate
109.	Social Determinants	Social & Economic	Self-inflicted Injury Hospitalizations
110.	Social Determinants	Social & Economic	Fall Fatalities 65+
111.	Social Determinants	Physical Environment	Air Pollution
112.	Social Determinants	Physical Environment	Drinking Water Violations
113.	Social Determinants	Physical Environment	Severe Housing Problems
114.	Social Determinants	Physical Environment	Driving Alone to Work
115.	Social Determinants	Physical Environment	Long Commute – Driving Alone
116.	Social Determinants	Physical Environment	Traffic Volume
117.	Social Determinants	Physical Environment	Homeownership Rate
118.	Social Determinants	Physical Environment	Severe Housing Cost Burden
119.	Social Determinants	Physical Environment	Year Structure Built

Appendix C – Matrix to Evaluate Frameworks

	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	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 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	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.

Appendix D – Interviewees & Project Team

Interviewees

The following individuals were interviewed as part of this project and contributed to this report:

Joanne Anton, Director of Giving, Herb Kohl Philanthropies

Martha Barry, Racial Justice Director, YWCA of Southeast Wisconsin

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Rob Henken, President, Wisconsin Policy Forum

George Hinton, CEO, Social Development Commission

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Reggie Jackson, Principal, Nurturing Diversity Partners

Rachel Lecher, Public Health Strategist, Milwaukee Health Commission

Dr. Marc Levine, Professor Emeritus, Center for Economic Development, UW-Milwaukee

Theo Lipscomb, Executive Director, LISC Milwaukee

Dr. Monique Liston, Principal, Ubuntu Research & Evaluation

Laura Ninneman, Data Management Specialist, Wisconsin Department of Health Services

Margarita Northop, Healthy Wisconsin Coordinator, Office of Policy and Practice Alignment (OPPA), Wisconsin Department of Health Services, State of Wisconsin

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Jamaal Smith, Violence Prevention Manager, Office of Violence Prevention, City of Milwaukee
Gina Stilp, Executive Director, Zilber Family Foundation
Julia Taylor, President, Greater Milwaukee Committee (GMC)
Dr. Paula Tran Inzeo, Director, Mobilizing Action Towards Community Health (MATCH), UW-Madison
Margery Turner, Institute Fellow, Urban Institute
Fiona Weeks, MCH Epidemiologist, Wisconsin Department of Health
Dr. Shandowlyon Hendricks Williams, Milwaukee Office Director, Wisconsin Governor's Office
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Project Team

The following individuals were part of the Project Team that oversaw the production of this report:

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Nancy Hernandez, Executive Director, Hispanic Collaborative
Milika Miller, Program & Data Manager, Greater Milwaukee Foundation
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Teig Whaley-Smith

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Notes

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- 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”).
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- 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 (“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.”)
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