Fiscal Year 2022 End of Cycle Equity Assessments

The Equity Assessment Program was enacted on August 10, 2018 by way of Baltimore City Ordinance 18-160, taking effect on September 9, 2018. The following year, on December 6, 2019, it was codified under Baltimore City Code, Article 1 Subtitle 39.

This legislation aims to improve Baltimore City for the better by closing gaps in policy, practice, and allocation of resources in an effort to ensure that race, gender, religion, sexual orientation, physical ability, income, education, socioeconomic status, occupation, or other distinguishing factors are not determinant predictors for one's success or lack thereof.

A mission of the Office of Equity and Civil Rights (OECR) is to enforce the Equity Ordinance by:

- Promoting equity and reducing disparities within Baltimore City
- Eliminating structural and institutional racism and discrimination through research, education, and interventions
- Developing an equity action plan that incorporates and embeds equity in all agency operations, projects, programs, services, policies, regulations, and initiatives
- Providing guidance, education, and technical assistance that supports agencies in the development of equitable and sustainable outcomes and services
- Working with community partners and other stakeholders to promote equity and inclusion throughout Baltimore City that results in measurable improvements and disparity reductions
- Supporting human rights and opportunities for everyone to achieve their full potential
- Conducting equity assessments of existing and proposed policies and practices

Since the enactment of the 2018 ordinance, the OECR has worked tirelessly to effectuate the Mayor's vision; however, we know there is still much work to be done.

In order to realize an equitable city, we must look within and identify the areas where we are succeeding, making progress, and need improvement. This year's end-of-cycle equity assessment seeks to give agency equity coordinators the tools to look inward and identify these areas.

PART ONE: Equity Coordinator Assessment

1. Does your agency have an Equity Coordinator? Yes

2. Does your Coordinator possess the knowledge, skills and abilities to perform the job? Yes

3. If training is needed, have you consulted with the Office of Equity and Civil Rights for guidance and assistance in developing a training plan?

   Yes. The Health Equity Director has consulted with the Office of Equity on the development of creating a racial equity plan. The Equity Director requested access to the Baltimore City membership of the (GARE) Government Alliance on Race and Equity to fully utilize their equity action plan templates.

4. Does the Equity Coordinator report to the agency head?

   Yes. The Equity Director reports to the Chief of Staff/Chief Operating Officer and to the Commissioner of Health.

5. Is the Equity Coordinator included in operational meetings to discuss issues with equity impacts? This includes, but is not limited to, meetings regarding the budget, procurement, workplace hiring and internal disputes, and other initiatives.

   The Equity Director has attended meeting including
   - Sitting in on hiring panels
   - Consulted developing equity strategies for COVID 19 Response, Maternal Health and the aging population
   - Submitted proposals for equitable legislation
   - Reviewed Strategic Plan

6. Does the Equity Coordinator have access to agency data and information necessary to advise the agency head on key matters, internal and external to the agency?
   Agency data that is currently collected has been made available to the Health Equity Director.

7. Is the Equity Coordinator receiving the requisite cooperation and support to fulfill the requirements of Baltimore City Code, Article 1, Section 39?

   Yes. The Health Equity Director has received full cooperation from the senior leadership. Each department head has shown cooperation by offering employees to serve as members of the Health Equity Committee.

8. Does the Equity Coordinator provide assessments on current and proposed agency policies, practices, and regulations?

   Yes. The Health Equity Director currently is on call to review policies, practices and regulations. Both the Chief People Officer and Chief Health Policy Officer both serve on the Health Equity Committee. In serving on the Health Equity Committee they are able to voice their concerns and are trained on how to utilize an equity lens as well as get feedback from the Committee on internal and external equity issues.

9. Does the Equity Coordinator participate in the Monthly Equity Coordinators meeting?

   Yes. The Health Equity Director attends the mandatory Month Equity Coordinator meetings and the bi-weekly optional Equity Coordinators Meeting

10. Does the Equity Coordinator review internal workforce data, such as hiring, promotions, and separations, to identify opportunities for inclusion?

Currently the Health Equity Director is not reviewing this data. The Health Director and Equity Committee is currently creating an action plan to review the demographic data to meet the goal of BCHD employees reflecting the community they serve.

11. Is the Equity Coordinator working across agency lines, partnering with other Coordinators to advance community concerns?

    Yes. The Health Equity Director has trained other agency coordinators on two topics including: Intersectionality and Unconscious Bias. The BCHD Equity director facilitated discussions for the Office of Equity's Equity Director/Coordinator Meeting and for the Department of Public Works.

12. Is the Equity Coordinator applying the equity lens to assist in decision making?

    Yes. The Health Equity Director utilizes the co-created equity statement: *Health Equity ensures that every person has the opportunity to attain their full health potential*

13. Does the Equity Coordinator partner with officials responsible for community outreach and engagement?
    The Health Equity Director has partnered with multiple departments including but not limited to, the Covid-19 response team, Maternal Health (B'More For Health Babies), HIV/STDs,

PART TWO: Agency Equity Assessment

1. Has your agency implemented nondiscrimination policies, rules, and regulations?
   Yes. Throughout the Employee manual and other internal manuals, there are written non-discrimination policies and language.

2. Does your agency assess and analyze the creation and Implementation of policies, programs, initiatives, and other efforts through an equity lens?

   Yes. Many of the departments within BCHD utilize some sort of equity lens in decision making and implementation. Most funding sources require BCHD to utilize an Equity Lens.

3. Has your agency explicitly integrated principles that promote diversity, equity, and inclusion into the organization's mission/vision and values statements?

   Equity and inclusion are explicitly stated in the vision statement
   a. Baltimore City Health Department Vision: An equitable, just, and well Baltimore where everyone has the opportunity to be healthy and to thrive.
   b. Baltimore City Health Department Mission: To protect health, eliminate disparities, and enhance the wellbeing of everyone in our community through education, coordination, advocacy, and direct service delivery.

Core Value	Behavioral Statement
Collaboration	We value everyone. We practice selflessness and empathy. We are collaborative and respect others input. We ensure thoughtful, transparent, and intentional communication.
Integrity	We serve with integrity. We hold each other and ourselves accountable through an equitable lens. We work with integrity.
Empowerment	We protect people and empower them. We seek to change lives. We meet people where they are and do it with empathy.
Data-Driven	We trust the evidence. We are data driven. We make informed, evidence based decisions around our approach and programming.
Innovation	We embrace bold ideas. We are innovative risk takers with diversity of thought. We are willing to try new things and we aim to be creative in our approach, always keeping quality of care as a priority. We lead the field of public health with boldness and courage.

4. Are decisions made based on those stated values?

Decisions within the organization are linked backed to a Draft Strategic Plan which includes those stated values.

5. Has senior-level leadership been trained on the barriers to equal opportunity and equity in Baltimore City?

    Senior Level Leadership has been trained on multiple barriers including topics:

        i.   Embracing Diversity, Equity, and Inclusion (Jun. 2021)
        ii. Intersectionality (Nov. 2021)
        iii. Beyond Cultural Competency (Nov. 2021)
        iv. Social Determinants of Health (Jan. 2022)
        v.   Systems of Disadvantage (Jan. 2022)
        vi. Implicit Association on Race (Feb. 2022)
        vii. Equity in Action (May 2022)

6. In your own words, please share the current scope of compliance among senior leadership.
    Currently the Senior Advisory Team is in full compliance. Each training conducted was attended all Senior Advisory Staff.

7. Are mid-level managers trained on the barriers to equal opportunity and equity in Baltimore City? Mid-level, have been given opportunities to receive training on the historical health inequities in Baltimore City as well as the health departments roll in past inequities as well as re-establishing a trusting relationship with Baltimore City residents.

8. Do mid-level managers have a comprehensive knowledge of the barriers to equal opportunity and equity in Baltimore City, especially as they relate to their respective agency's area of focus?
   13 out of 22 mid-level managers sampled stated they have comprehensive knowledge of barriers
   6 out of 22 mid-level managers sampled stated they have some knowledge of barriers
   3 out of 22 mid-level managers sampled stated they have no knowledge of barriers

9. In your own words, please share the current scope of compliance among mid-level management.
   Currently the DEI training focus is on Senior Level management and those who are apart of the Equity Committee. Currently of the mid-level management who are a part of the Equity Committee, each of those members are in compliance.

10. Is all staff, including non-management employees, trained on the barriers to equal opportunity and equity in Baltimore City?

    All-staff have been given opportunities to receive training on the historical health inequities in Baltimore City as well as the health departments roll in past inequities as well as re-establishing a trusting relationship with Baltimore City residents. Each department sets their own priorities which fall in line with the goals/vision of the organization. Some departments have annual training for staffers on historic inequities.

11. Are non-management employees knowledgeable of the barriers to equal opportunity and equity in Baltimore City, especially as they relate to their respective agency's area of focus?

    Currently the DEI training focus is on Senior Level management and those who are a part of the Equity Committee. Currently of the non-management employees who are a part of the Equity Committee, each of those members is in compliance.

12. In your own words, please share the current scope of compliance among non-management employees.

    The non-management employees who are part of the Equity committee are in full compliance.

13. Does your agency have an internal team of staff members who have received comprehensive diversity, equity, and inclusion (DEI) training within the past year?

The Health Equity Committee has received comprehensive DEI training in the same topics the Senior Advisory Team. The rationale for Senior Advisory team and the Health Equity Committee to have the same trainings is to establish a shared foundation of DEI issues.

14. Does the internal team of DEI-trained staff members report directly to senior leadership and participate in all high-level, community-facing initiatives the pertain to the distribution of resources and delivery of services?

    The Health Equity Committee (DEI-trained staff) report to senior leadership. Committee members work on external community focused issues as well as internal DEI issues.

15. Is the internal team of DEI-training staff members empowered to guide the agency's ongoing work to remove barriers to opportunity, reduce disparities, and advance equity?

    The Equity Committee due to having all levels of staff is empowered to guide the conversation regarding removing barriers. Staff members are self-appointed and some have been recommended from each department which allows for diversity in work composition.

16. Does your agency regularly create the space/forums needed to foster greater organizational understanding of the importance of valuing diversity, equity, inclusion and difference?

    BCHD has multiple forums which regularly create spaces including but not limited to:
    - Aging (Equity Conversation)
    - B'More Healthy Babies People of Color Caucus (Equity in Action Conversation)
    - VALUES Communities (Vaccine Acceptance & Access Lives in Unity, Education & Engagement) Communities which included older adults, Latinx community members, individuals experiencing homelessness, Orthodox Jewish community members, young men, pregnant and lactating women, immigrants, pediatric populations, faith, and people with disabilities.

17. Does your agency prioritize the equitable distribution of funds and resources allocated through the capital and operational budgets that align with the goal of reducing barriers to opportunity, reducing disparities, advancing equity within your agency and throughout the City of Baltimore?

    Yes, currently BCHD prioritizes equitable distribution of funds and resources for capital and operation budgets. There is a focus on the Social Determinants of Health and disparities between different communities.

18. Over the past year, has your agency assessed all internal and external forms, website content, handbooks, policies, and other collateral consumed by and accessible to employees, recruits, constituents, visitors, and others?
    - BCHD assisted the Mayor's Office of Immigrant Language Access Toolkit

- BCHD is in-compliance with Web Content Accessibility Guidelines and standards, which are internationally recognized recommendations for improving web accessibility.

19. Does your agency regularly assess workforce composition by protected classes?
BCHD does an annual assessment of the protected classes.

20. Is your agency intentional in its efforts to realize a diverse and inclusive workforce by defining goals to reduce barriers to employment and promotions?

    BCHD had made an intentional effort to make sure each level of employment is diverse and inclusive. Currently the Equity Committee is looking at strategies to address the result of BCHD employees reflecting the community including, but not limited to, race, gender, orientation, ability, class, ethnicity and age.

21. Does your agency have a plan to realize and maintain a diverse leadership team?

    Our current BCHD plan includes diverse hiring panels with diversity in race and gender as well as other identities. The diverse hiring panels help to ensure candidates are fairly assessed with an absence of unconscious bias.

22. Does your agency develop and implement strategies for increasing diversity at all levels of management?
    Currently, the Equity Committee is using Results-Based Associability and is reviewing the result of BCHD Employees reflecting the community which includes diversity in all levels of leadership. The committee has prioritized this result. Currently, the committee has started action planning conversations and intends to implement strategies in the 4th quarter of this year.

23. Does your agency strive to facilitate a variety of multicultural activities through food, art, holiday celebrations, and other initiatives?

    Pre Covid-19, BCHD held multicultural parties to celebrate the holiday season. During designated culture months, BCHD sends a recognition email highlighting that heritage month (Black History Month, Pride Month, etc.)
24. Are those who intentionally work to further diversity, equity, inclusion, belonging, and accessibility recognized by agency leadership?

    BCHD has made a point to recognize (DEIB) Diversity, Equity, Inclusion, and Belonging within the organization. This past year during Hispanic Heritage Month BCHD employees recognized leaders who were of Hispanic culture. Throughout the Covid-19 response,, BCHD has recognized those who lead the VALUE (Vaccine Acceptance & Access Lives in Unity, Education & Engagement) Communities which included older adults, Latinx community members, individuals experiencing homelessness, Orthodox Jewish community members, young men, pregnant and lactating women, immigrants, pediatric populations, faith, and people with disabilities.

PART THREE: End-of-Cycle Report

1. Reflecting on Progress Made
   - Lessons learned from conducting the 2020 and/or 2021 Equity Assessments
     - Lesson 1 – BCHD scored 13-18 points on racial equity scorecard meaning *BCHD has to build staff/organizational capacity. Identify opportunities for staff to better understand embedded inequities and how they are produced, maintained how they can be eliminated. BCHD needs to identify policies and procedures that should be improved to promote equitable results.*
     - Lesson 2 – Tracking is needed for every aspect of diversity, equity, inclusion and belonging
       - Tracking can be done via employee feedback surveys, external community focus groups/surveys
   - Summary of progress made towards advancing equity in FY 2022
     - This year BCHD as a whole has progressed with
       - Trainings all staff members were made available
       - The Equity Committee has created an Equity statement as well as named four results to implement in the next fiscal year including:
         1. Health Equity In All Policies,
         2. BCHD employees have equitable pay
         3. BCHD employees are culturally competent
         4. Health department staff are a reflection of the community we serve
       - BCHD highlighted our diverse leadership internally and externally
       - BCHD helped to create culturally sensitive Covid-19 materials
       - BCHD created culturally competent social media marketing via Twitter which reached millions of community members locally and nationally

   - Enumerate your agency's challenges to achieving equity
     - List any obstacles that your agency has overcome
       - Working through Covid-19 restrictions which limited access for many community members who needed in person access to BCHD buildings
     - List any obstacles that remain that your agency plans to tackle
       - Lack of designated funding for DEI efforts
       - Increasing cultural and equity competency for all employees due to the large amount of employees

2. FY 2022 Equity Highlights
   Provide a timeline of new and revised policies, programs, initiatives, or other efforts created or continued by your agency to advance diversity, equity, inclusion, belonging, or accessibility.
   - FY 2022 Q1 (July-September)
     - The Equity Sub-Committees (Internal and External Committee) voted for the definition of Health Equity for BCHD

- o BCHD Statement: Health equity ensures every person has the opportunity to attain their full health potential
- o Defining the External Equity Result (Health Equity In All Policies)
- FY 2022 Q2 (October-December)
  - o Hosted a Hispanic Heritage Panel Discussion for the Equity Committee
  - o Trained the Senior Advisory Team and Equity committee (Topics: Intersectionality and Beyond Cultural Competency)
  - o Started the Communication, Proxy, Data and Equity Policy review for the Externa committee (RBA)
  - o Prioritizing the indicators, performance measures for BCHD employees are culturally competent and BCHD employees have a voice
  - o Pick 3 results were picked (1) BCHD employees have equitable power, (2) Cultural competent employees Power Analysis, (3) BCHD is a reflection of the community
- FY 2022 Q3 (January-March)
  - o Hosted an All-Staff training for Black History Month featuring Dr. Lawrence Brown (Topic: Historic inequities in Baltimore and the BCHDs role in restoration with the community)
  - o Trained the Senior Advisory Team and Equity Committee (Topic: Social Determinants of Health, Systems of Disadvantage, Implicit Association on Race)
  - o Prioritized External Equity Root Causes
- FY 2022 Q4 (April-June)
  - o Trained the Senior Advisory Team and Equity Committee (Topic: Equity In Action)
  - o Reviewing External Partners who have a role to play in BCHD

3. Budget
   - Were your agency's FY 2022 funds and resources distributed equitably?
   - Was your agency's FY 2023 budget assessed through an equity lens?

   BCHD programs follow the City's procurement policy and/or the conditions of awards from the grantor. Under the City's charter BCHD makes every effort to utilize and distribute funds to Minority/Women Owned Businesses (MBE/WBE) when possible. Due to the nature of different funders having restrictions, all budgets were not reviewed through a lens of Equity, but often from a disparity and inclusion lens.

4. Strategy for Meaningful Equity Advancement in FY 2023 and Beyond
   - How does your agency plan to continue to advance equity in Baltimore City in FY 2023?
     - o Internal Impact
       (Answer these questions in consideration of your agency's plans to implement and/or continue initiatives that advance the following among your agency's internal workforce in FY 2023)

- Diversity – BCHD led by the Health Equity Committee plans to address the RBA Result of *BCHD employees reflecting the community the agency serves.*
    1. This will be one by assessing current diversity stats (race, age, gender etc.) and implementing better hiring for groups that are not represented on staff
- Equity – BCHD analyze current employee data for inequities
- Inclusion – BCHD will include more non-management staff in DEI decision making processes
- Belonging – BCHD will create more opportunities for BCHD employees to be recognized as well as intentionally tracking current brave spaces within the organization for those who are marginalized by:
    1. Having departments foster a culture where every voice is welcome, heard, and respected via listening sessions (Townhalls) and
    2. Including those with lived experience and utilizing them as subject-matter-experts on committees
- Accessibility –
    1. Reviewing internal issues from employees who have stated their accessibility issues
    2. Reviewing policies and procedures that might limit physical, mental accessibility and knowledge access
- External Impact
(Answer in consideration of your agency's efforts to promote diversity, equity, inclusion, belonging, and accessibility in your delivery of service to the residents, communities, businesses, visitors, and other stakeholders)
    - Diversity
        - Establish diversity membership goals for external facing workgroups and advisory groups, evaluating current membership, and recruitment of additional members to address gaps.
    - Equity
        - Analyzing current data, implementing action plans regarding *Health Equity In All Policies* and reviewing internal policy and procedures to ensure accessibility and elimination of barriers
        -
    - Inclusion
        - Renewing policy and forces/boards/commissions etc. increase community membership
    - Belonging
        - Including community members with lived experiences in departmental work and having them lead committees
        -
    - Accessibility

     o Reviewing feedback from community partners regarding service for accessibility

5. FY 2023 Goals and Objectives

- Utilizing Participatory Action Research (PAR) as a framework the Health Equity Director and Equity committee adopted a Result-Based Accountability (RBA) Approach. PAR utilizes a collaborative approach to finding answers to equity issues. RBA begins with a shared language, focuses on results, and facilitates collective impact. The core focus is on accessibility and equity when creating strategies to address the desired results.

  a. FY 2023 Q1 (July-September)
- Goals: Complete the Turn the Curve Process, Began to Identify Strategies to Address Root Causes
- Objectives:
  i. Prioritizing Root Causes for Performance Measures
  ii. Identifying partners who have a role to play in addressing the Root Causes
  iii. Create an Action Plan
  b. FY 2023 Q2 (October-December)
- Goals: Finalize Action Plan
- Objectives: Meet to discuss the progress of action plans
  c. FY 2023 Q3 (January-March)
- Goals: Implement Action Plans
- Objectives: Review plan and start action items
  d. FY 2023 Q4 (April-June)
- Goals: Evaluate current strategies
- Objectives: Review action items and answer the questions: *How Much? How Well? Is Anyone Better Off?*

6. How can the Office of Equity and Civil Rights better support your efforts to advance equity within your agency?
- Confirm that all agencies have access to the city's membership to the Government Alliance on Race and Equity. Currently agencies do not have access to the membership tools.
- Utilize the Baltimore City Departmental Self-Assessment by Equity Matters for our annual report to track the same baseline data and progress each year or ask the same questions annually
- Advocate for larger budgets for equity which would allow each agency to create an Office of Equity instead of only having singular coordinators

HELPFUL RESOURCES
Glossary

Accessibility
The ability of one to easily approach, enter, operate, participate in, and/or use safely and with dignity a site, facility, work environment, service, or program.

Accountability
In the context of racial equity work, accountability refers to the ways in which individuals and communities hold themselves responsible for their goals and actions and acknowledge the values and groups to which they are responsible.

Ally
Someone who makes the commitment and effort to recognize their privilege (based on gender, class, race, sexual identity, etc.) and work in solidarity with oppressed groups in the struggle for justice. Allies understand that it is in their own interest to end all forms of oppression, even those from which they may benefit in concrete ways. Allies commit to reducing their own complicity or collusion in oppression of those groups and invest in strengthening their own knowledge and awareness of oppression.

Anti-Racism
Anti-Racism is defined as the work of actively opposing racism by advocating for changes in political, economic, and social life. Anti-racism tends to be an individualized approach, and set up in opposition to individual racist behaviors and impacts. An anti-racist is someone who is supporting an antiracist policy through their actions or expressing antiracist ideas.

Belonging
The feeling that a person has when they are a valued part of the group.

Civil Rights
A group of laws designed to protect various groups against discrimination based on race, sex, religion, age, national origin, and other characteristics. Often used in connection with the Civil Rights Movement, widely recognized as taking place from 1954-1968, which included issues and practices such as school desegregation, sit-ins, "Freedom rides," voter registration, and other acts of civil disobedience to protest racial discrimination.

Communities of Color
Communities of color are identity-based communities that have a primary racial identity that describes shared racial characteristics among community members.

Culture
A social system of meaning and custom that is developed by a group of people to assure its adaptation and survival. These groups are distinguished by a set of unspoken rules that shape values, beliefs, habits, patterns of thinking, behaviors and styles of communication.

Cultural Racism
Cultural racism refers to representations, messages and stories conveying the idea that behaviors and values associated with white people or "whiteness" are automatically "better" or more "normal" than those associated with other racially defined groups. It is also a powerful force in maintaining systems of

internalized supremacy and internalized racism by influencing collective beliefs about what constitutes appropriate behavior, what is seen as beautiful, and the value placed on various forms of expression.

DEI
Diversity, Equity, and Inclusion.

Discrimination
Discrimination is the unequal treatment of members of various groups based on their protected class (e.g., race, age, sex, gender, socioeconomic class, sexual orientation, ability, national origin, religion, and other categories and characteristics).

Diverse Communities
Communities comprised of individuals of protected classes that are often marginalized, disenfranchised, and underserved.

Diversity
Diversity is the presence of difference within a given setting. Diversity in DEI pertains to a difference in identities. Diversity is an outcome of equity.

Empowerment
Empowerment is both a process and an outcome that builds the power of individuals, groups, and/or communities to influence the outcomes they desire. It is typically applied to the context of marginalized communities increasing their ability to improve their well-being by reducing forms of oppression that cause and sustain their marginalization.

Engagement
Different from empowerment, engagement may simply involve getting input or limited participation.

Environmental Justice
Environmental justice is "the fair treatment and meaningful involvement of all people regardless of race, color, national origin, or income with respect to the development, implementation, and enforcement of environmental laws, regulations, and policies. Environmental justice will be achieved when everyone enjoys the same degree of protection from environmental and health hazards and equal access to the decision-making process to have a healthy environment in which to live, learn, and work."

Equality
Unlike equity, equality aims to ensure that everyone gets the same things in order to enjoy full, healthy lives. Equality aims to promote fairness and justice, but it can only work if everyone starts from the same place and needs the same thing.

Equity
Equity is when everyone has access to opportunities necessary to satisfy essential needs, advance their well-being, and achieve their full potential. Equity refers to the process an organization consistently engages in to ensure that people from diverse communities have the opportunity to grow, contribute, and develop - regardless of their identity. It is distinct from diversity, which can simply mean variety. It is also distinct from "equality" which refers to the same treatment and does not take differing needs or disparate outcomes into account.

Ethnicity
A group of people distinguished by customs, characteristics, and language.

Gender Non-conforming Persons
Those whose behavior and appearance are not aligned with society's expectations for one's gender.

Implicit Bias
Any unconsciously-held set of associations about a social group which are a product of learned associations and social conditioning. It can result in the attribution of particular qualities to all individuals from that group, also known as stereotyping.

Inclusion
Inclusion involves individuals with different identities feeling and/or being valued, leveraged, and welcomed within a given setting. You can have a diverse team, but that does not mean that everyone is given opportunities to grow or develop. Inclusion is an outcome of equity.

Indigeneity
Indigenous populations are composed of the existing descendants of the peoples who inhabited the present territory of a country wholly or partially at the time when persons of a different culture or ethnic origin arrived there from other parts of the world, overcame them and, by conquest, settlement, or other means, reduced them to a non-dominant or colonial condition; who today live more in conformity with their particular social, economic, and cultural customs and traditions than with the institutions of the country of which they now form part, under a State structure which incorporates mainly national, social, and cultural characteristics of other segments of the population which are predominant.

Institutional racism (also see Systemic Racism)
A form of racism expressed in and reinforced by the practice of social and political institutions. It is reflected in disparities regarding wealth, income, criminal justice, employment, housing, health care, political power, education, and other factors.

Intersectionality
Intersectionality is the acknowledgment that multiple power dynamics and "isms" are operating simultaneously—often in complex and compounding ways—and must be considered together in order to have a more complete understanding of oppression and ways to transform it. There are multiple forms of privilege and oppression based on race, gender, class, sexuality, age, ability, religion, citizenship, immigration status, and so on. These social hierarchies are products of our social, cultural, political, economic, and legal environment. They drive disparities and divisions that help those in power maintain and expand their power. There's a danger in falsely equating different dynamics (e.g., racism and sexism) or comparing different systems to each other (sometimes referred to as the "Oppression Olympics"). It is important to give each dynamic distinct, specific, and sufficient attention. Every person is privileged in some areas and disadvantaged in others.

LGBTQIA+
Lesbian, gay, bisexual, transgender, queer, intersex, and asexual. The plus sign is meant to cover anyone whose identity was not otherwise represented by a letter including transsexual, questioning, ally,

pansexual, and others. Please know that "queer" is a term used by those in the community to self-define; it is not acceptable for those not in the community to use the term.

Marginalized Communities
An identity-based community that is sidelined by systems, practices, behaviors and discourses of domination that preserve the current social order based on race, gender identity, sexual orientation, socioeconomic status, physical ability, religion, age, and other characteristics.

Microaggression
Everyday verbal, nonverbal, and environmental slights, snubs, or insults, whether intentional or unintentional, which communicate hostile, derogatory, or negative messages to target persons based solely upon their marginalized group membership.

Oppression
The systematic subjugation of one social group by a more powerful social group for the social, economic, and political benefit of the more powerful social group.

People of Color
People of color are often the preferred collective term used for referring to non-White racial groups. While "people of color" can be a politically useful term that describes people with their own attributes as opposed to what they are not (e.g., "non-White"), it is important, whenever possible, to identify people through their own racial/ethnic group, as each has its own distinct experience and meaning and may be more appropriate.

Prejudice
A prejudgment for or against any person or group formed without adequate prior knowledge or reason.

Privilege
A special right, immunity, or benefit granted to or enjoyed by an individual or group, solely based on such factors as one's color of skin, gender, or ethnicity.

Protected Class
Groups that are protected from discrimination by law. Federal employment law protects peoples from discrimination based on their race, color, religion, creed, national origin, ancestry, sex, age, disability, veteran status, genetic information, and citizenship. In Baltimore City, people are protected from discrimination based on race, religion, national origin, ancestry, age, sex, color, physical or mental disability, sexual orientation, and gender identity or expression. For federal housing, people are protected against discrimination based on race, color, religion, national origin, sex, disability, or familial status. In Baltimore City, as it relates to housing, people are protected against discrimination based on race, color, religion, national origin, sex, disability, familial status, sexual orientation, gender identity or expression, age, ancestry, source of income, or marital status.

Race
A social construct that artificially divides people into distinct groups based on characteristics such as physical appearance (particularly skin color), cultural affiliation, cultural history, ethnic classification, and the social, economic, and political needs of a society at a given period of time. There are no distinctive genetic characteristics that truly distinguish between groups of people. Created by Europeans (Whites),

race presumes human worth and social status for the purpose of establishing and maintaining privilege and power. Race is independent of ethnicity.

Racial Equity
The condition that would be achieved if one's racial identity no longer predicted, in a statistical sense, how one fares. This includes elimination of policies, practices, attitudes, and cultural messages that reinforce differential outcomes by race or that fail to eliminate them.

Racism
The term "racism" specifically refers to individual, cultural, institutional, and systemic ways by which differential consequences are created for different racial groups. Racism is often grounded in a presumed superiority of the white race over groups historically or currently defined as non-white (African, Asian, Hispanic, Native American, etc.). Racism can also be defined as "prejudice plus power." The combination of prejudice and power enables the mechanisms by which racism leads to different consequences for different groups.

Stereotype
An oversimplified, generalized image describing all individuals in a group as having the same characteristics. While there may be a grain of truth in a stereotype, it usually represents a gross distortion with derogatory implications.

Structural Racism
Structural racism is the normalization and legitimization of an array of dynamics –historical, cultural, institutional, and interpersonal – that routinely make being White advantageous while producing cumulative and chronic adverse outcomes for people of color. Structural racism is more difficult to locate in a particular institution because it involves the reinforcing effects of multiple institutions and cultural norms, past and present, continually reproducing old and producing new forms of racism.

Structural racism is the most profound and pervasive form of racism – all other forms of racism emerge from structural racism.

Systemic Analysis
Systemic analysis is the examination of root causes and mechanisms at play that result in patterns. The systemic analysis involves looking beyond individual speech, acts, and practices to the larger structures - organizations, institutions, traditions, and systems of knowledge.

Underserved
Refers to people and communities that have historically been overlooked and do not receive equitable resources or access to infrastructure, healthy environments, housing choice, and other resources that result in disparate services and outcomes.

Applying the Equity Lens

1. What is the identified project?

2. Is it driven by law or policy, regulation, or service requests?

3. Are there barriers to equitable outcomes?

4. Is the team implementing the initiative diverse?
   a. Has the team been trained in Equity?
   b. Is the team familiar with the City history?

5. Is the initiative benefitting a community, a district, or the entire City of Baltimore?

6. What underserved groups and neighborhoods will be affected?

7. What is the potential impact of the resource allocation and strategic investment on these groups and neighborhoods?

8. How have you intentionally involved the impacted community and other stakeholders?

9. Does the stakeholder community have the tools and information to understand the implications of the project?
   a. If not, what assistance can be provided to ensure they are well-educated on the entirety of the initiative?

10. Are there any potential unintended consequences for specific groups/populations?

11. Does the decision or allocation of resources reduce or mitigate existing disparities or produce other unintended consequences?

12. If the initiative will cause disruption to a community, can it be aligned with other capital projects to minimize burdens and disruptions?

13. Are there other interventions and investments, across City and stakeholder lines, that will yield results and improve the quality of life?

14. How does the investment or resource allocation advance the City's equity goal?

15. Does it result in better economic opportunities, improved health, and other important determinants of health?

16. What information or data are you basing your decision or action upon?

17. How will you modify or enhance your strategies to ensure that the proposal meets the needs of underserved communities?