



Framework for Assessing the Racial Equity Impact of the American Rescue Plan Act

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Who We Are: Framework for Assessing the Racial Equity Impact of the American Rescue Plan Act

GWU Funders Forum on Accountable Health

• A common table for the growing number of public and philanthropic funders support accountable communities for health-type initiatives (multisector partnerships to advance health and equity in communities).

Aligning in Crisis

 A collaboration between GWU and the Georgia Health Policy Center, funded by the Robert Wood Johnson Foundation, which works to identify, synthesize, and disseminate cross-sector policy and implementation opportunities that facilitate recovery from the triple crisis of the COVID-19 pandemic, the resulting economic struggles, and the ongoing impact of structural racism.

The Context: An Administration Committed to Addressing Equity in the Pandemic Response

- American Rescue Plan Act is an unprecedented level of investment in pandemic response and recovery
 - \$350 billion in fiscal relief funding to states and localities gives governments tremendous flexibility in how the money can be spent
- Biden Administration through several executive orders has prioritized equity in the response to COVID
- Treasury Department Interim Rule (and FAQs) regarding fiscal relief funding emphasize equity
 - [T]hese resources lay the foundation for a strong, equitable economic recovery, not only by providing immediate economic stabilization for households and businesses, but also by addressing the systemic public health and economic challenges that may have contributed to more severe impacts of the pandemic among low-income communities and people of color.
- How can government recipients of funding be held accountable for focusing on equity in their decision making and programmatic choices?
 - Potential applicability to Bipartisan Infrastructure law and Build Back Better bill

Equity requires attention to structural racism

- •Premise: Individual equity metrics used in health programs, usually articulated around disparities, are no longer sufficient or appropriate for assessing equity.
 - "Researchers and policymakers increasingly understand that health solutions must target manifestations of structural racism — such as barriers to economic mobility, access to high-quality education and health care, and access to high-paying jobs — and the policies that allow racial inequities to persist." -Lavizzo-Mourey, Besser, and Williams, NEJM

A focus on spending decisions

- •Structural racism is, at least in part, about power who has it, who exercises it, who benefits from its exercise. Allocation of funds is a central element of distributing power (or not).
- •We identify some key principles (and accountability reporting requirements) that address this central question:
 - Who is at the table when decisions are being made? Are the communities most affected by the pandemic being empowered in this process?
- •This can be used by the federal government to hold recipients accountable but it is also a framework that can be used to design a local response, or for advocates to use to hold their local officials accountable.

1. Inclusive decision-making process

•How is the decision-making table set?

• The decision-making process should be inclusive of those who have been most affected by the pandemic and those who have the responsibility and capability to address the root causes of the inequities the pandemic demonstrated. Thus, the decision-making process must be multi-sectoral and multi-racial if the focus is to be on the social determinants of inequity.

2. Meaningful community engagement and participation

Investing in making community inclusion real

• Community members and local community-based organizations must be supported in becoming meaningful participants in this new work. Government officials, representatives of larger organizations, and private sector leaders have this as part of their official paid duties. Community organizations often have limited staff and bandwidth. For community representatives, participation must be accessible (in terms of time and place, language and disability access, literacy, assistance with digital divide if virtual, child care, etc.) and must be financially compensated in a manner consistent with how other participants are compensated. At a minimum, there should be reimbursement for transportation and a stipend for participation.

3. Implementation of funding decisions

Making sure that traditional power structures are not reinforced in the allocation of funds

• It is not enough to assure inclusiveness in planning; co-creation and co-implementation of spending decisions is also critical. The real equity impact of these funds will be determined both by the design of the plan and how that plan is implemented. This can start with an equity impact assessment of all funding decisions but also must engage diverse community interests (e.g., community residents most affected by the pandemic, community-based organizations focused on removing institutional barriers, etc.) in actual allocation choices as well.

4. Broadening the pool of eligible recipient organizations

- Expanding the range of potential recipients in the interest of advancing equity and changing the power dynamics in a community
 - Who is funded to do this work can be as important as what is funded. To advance equity, to assure that who is funded is reflective of the communities most in need, it may be necessary to fund different organizations than those traditionally supported with government grants. Some organizations may lack the experience and infrastructure to compete for these funds. Building the capacity of these organizations as they are asked to take on new roles and responsibilities will be essential to making an equity focus meaningful.

5. Government collaboration across agencies and with community

- Government writ large and individual agencies in the government must do business differently
 - Responding to and rebuilding from the pandemic is implicitly and explicitly about multi-directional collaboration across and between communities, sectors, and government. This means, for example, a change in how government does business across agencies, as well as how government agencies individually and together work with under-resourced communities and communities that have been marginalized. Government agencies must consult with and respond to the communities affected by the pandemic.