Guide to FY23 Marillac Mission Fund Responsive Status Report Updates

In April 2022, the Marillac Mission Fund's Executive Council adopted a new Theory of Change that recognizes the systems and conditions in our environment that impact the quality of life for all individuals - especially those experiencing poverty- and guides our strategy for partnership with organizations and coalitions. Equity, a state in which life outcomes are no longer predictable by race, is a core value of MMF.

To reflect our new Theory of Change we have updated questions on our discretionary and responsive final status reports. This guide will offer definitions and examples to assist you in answering these questions in a way that is meaningful for you, your program, and your organization.

Achieving Race Equity

Race equity is a state in which one's racial identity has no influence on how one fares in society. Racist policies, practices, attitudes, and cultural messages, prevent us from achieving race equity within our systems. Equity in the Center

There is no singular or 'right' way to engage in race equity work. Even if you don't yet know the precise path your organization will take towards a Race Equity Culture, there are actionable steps to get started:

1. Establish a shared vocabulary. Ground your organization in shared meaning around race equity, structural racism, and other terms related to this work. Race Equity Tools- Glossary

2. Identify race equity champions at the board and senior leadership levels. Select those who can set race equity priorities, communicate them broadly, drive accountability, and influence the speed and depth at which race equity is embedded in the organization.

3. Name race equity work as a strategic imperative for your organization. Define and communicate how race equity connects to your mission, vision, organizational values, and strategies.

4. Open a continuous dialogue about race equity work. Use research and learnings from other organizations to start the conversation with your team or individuals who are invested in your organizational cause.

5. Disaggregate data. Start looking at your numbers. The only way to get a clear picture of inequities and outcomes gaps both internally and externally is to collect, disaggregate, and report relevant data. Organizations should examine staff engagement, performance, and compensation data by race, at all staff levels. **Program data should also be disaggregated and analyzed by race.**

Race Outcomes Gap

Nearly every indicator across key issue areas in the U.S. social sector shows a race outcomes gap. People of color are far worse off than their white counterparts across every age and income level in education, wealth and economic stability, health, life expectancy, and rates of incarceration. [Equity in the Center](#)

For example:

Education
- Children of color from immigrant families are nearly seven times less likely to be proficient in math by 8th grade than their U.S. born and primarily white peers, and about four times less likely to be proficient in reading by the fourth grade.

- Starting as early as kindergarten and persisting throughout primary and secondary education, there are significant disparities in school test scores between students of color and their white counterparts.

- Black students entering kindergarten for the first time scored lower than their white counterparts across every category tested, including reading, mathematics, science, cognitive flexibility, and approaches to learning. Black students had lower mean SAT scores for critical reading (428 vs. 527 for white students) and math (428 vs. 536 for white students).

Wealth and Economic Stability
- Black children under the age of six are about three times more likely to live in poverty than their peers.

- By the end of the Great Recession, the net worth of black families was $4,900, compared to $97,000 for their white family counterparts.

- If current trends hold, median wealth for African Americans will fall to $0 by 2053, and the median wealth for Latino-Americans will hit $0 nearly two decades later.

- By 2020, white American households are projected to own 86 times more wealth than African American households, and 68 times more wealth than Latino households.

Disaggregating Data
Data disaggregation is a piece of the puzzle to dismantling systemic racism. When we cannot fully see the interplay between community conditions and the health of residents—especially among people and places facing the biggest obstacles to health—it's impossible to fully respond to public health challenges such as pandemics, the opioid crisis, and community violence, or address the many social determinants of health. [Robert Wood Johnson Foundation, 2021](#)

Advancing race equity for the populations that we serve requires data. Typically, data are reported for whole populations or as aggregates. However, **data in all focus areas of organizations and systems should be broken apart by race, gender and other demographic variables whenever the data are available.** The collection, analysis and use of race and ethnicity data should be an integral part of the continuing improvement efforts, quality assurance, supervision and accountability processes of every organization and public system. If used both internally and with key partners, these data can become an analytic tool to manage and effectively allocate resources necessary to help individuals, families, and communities thrive. Annie E Casey Foundation, 2014

Case Studies

Local case study: Flourish St. Louis
>   *In St. Louis, Black babies are three times as likely to die as white babies. In the U.S., even Black women with advanced degrees – doctors, lawyers, MBAs – were more likely to lose infants than white women who hadn't graduated from high school, according to a study cited in The Nation. Research focused on studying racial disparity in health suggests that racial discrimination – and the resulting stress – is the leading cause of poorer birth outcomes for Black babies.*

Case Study #1: Educational Attainment among Asian Americans
>   *2010 U.S. Census Bureau statistics that showed more than half of Asian Americans had a bachelor's degree or higher by the age of 25, the highest proportion among racial categories. Yet when the data are disaggregated to focus specifically on Southeast Asian Americans, a different picture emerges. Just 15% of Cambodian Americans, 14% of Hmong Americans, 12% of Laotian Americans and 26% of Vietnamese Americans over the age of 25 had a bachelor's degree, the census reported. The rates for Cambodian Americans, Hmong Americans and Laotian Americans were lower than the 18% rate reported for African Americans, and the rate for Laotian Americans fell below the 13% rate reported for Latinos. As these disaggregated data show, Southeast Asian Americans experience barriers to educational attainment on par with their African-American and Latino peers, a phenomenon that could easily have been overlooked with less specific data.*

Case Study #2: Infant Mortality in North Carolina
>   *Infant mortality data reveal long-standing economic and social disparities that exist along racial and ethnic lines — disparities that are actually getting worse in many cases. Overall infant mortality has declined from 1991 to 2016, as the number of deaths prior to age 1 per 1,000 live births in North Carolina declined from 12.2 deaths to 7.2 deaths. However, when disaggregated by race and ethnicity, the data tell a more complex story. The infant mortality rate is declining more rapidly for white children compared to many communities of color. From 1997 to 2016, the rate declined 22 percent for white infants but only decreased by 14 percent for African-American and Black infants. Mortality*

among Hispanic and Latinx infants actually increased by 25 percent during the same time period.

Case Study #3: Juvenile Detention in Ventura County
> *In 2009 and 2010 around 46 percent of youth in Ventura County were Latino. However, Latino youth accounted for nearly 70 percent of the admissions to juvenile detention. The Institute worked with stakeholders to dig deeper into these violations by first examining the racial/ethnic and gender breakdown of those youth being charged. The data analysis showed that Latino youth concentrated in just a handful of county zip codes accounted for nearly two-thirds of those arrested for violation of probation or for failing to show up for a court appearance.*

Status Report Updates

AQ6: Outcome Equity (OPTIONAL)
Racial and ethnic groups are often combined in outcome reporting, which can obscure the experiences of certain communities and how they are faring and, in turn, affect how funds are distributed, how services are provided, and how groups are perceived. Disaggregating outcomes by race/ethnicity is a key action to illuminate disparities and help improve service and benefit provision across our region. Ultimately, the goal of disaggregating data by race and ethnicity is to achieve health equity for all.

Did you observe any differences in outcome attainment for the racial/ethnic demographics served through this project? What do you think is driving this disparity?

Example Response
We observed through our evaluation process that older adult clients who identify as Black/African American were twice as likely as White clients to report high levels of financial stress, even after receiving our case management services that includes budgeting assistance. After some follow-up conversations with direct line staff and clients, we hypothesize this is because there are no financial institutions in the neighborhood where these clients live and they worry about using predatory services like pay day lenders and check cashing services. In the future, we might add transportation services to help increase client access to their banks.

Index of Key Terms

Racial equity is the condition that would be achieved if one's racial identity no longer predicted, in a statistical sense, how one fares. When we use the term, we are thinking about racial equity as one part of racial justice, and thus we also include work to address root causes of inequities, not just their manifestation. This includes elimination of policies, practices, attitudes, and cultural messages that reinforce differential outcomes by race or that fail to eliminate them. Racial Equity Tools

Racial disparity refers to the imbalances and incongruities between the treatment of racial groups, including economic status, income, housing options, societal treatment, safety, and myriad other aspects of life and society. Contemporary and past discrimination in the U.S., and globally, has profoundly impacted the inequalities seen in society today. Howard University Law Library

Health equity is the "attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities." Healthy People 2020

Health disparity is "a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion." Healthy People 2020

Health and health care disparities are often viewed through the lens of race and ethnicity, but they occur across a broad range of dimensions. For example, disparities occur across socioeconomic status, age, geography, language, gender, disability status, citizenship status, and sexual identity and orientation. Research also suggests that disparities occur across the life course, from birth, through mid-life, and among older adults.Federal efforts to reduce disparities focus on designated priority populations, including people of color, low-income populations, women, children/adolescents, older adults, individuals with special health care needs, and individuals living in rural and inner-city areas. These groups are not mutually exclusive and often intersect in meaningful ways. Disparities also occur within subgroups of populations. For example, there are differences among Hispanics in health and health care based on length of time in the country, primary language, and immigration status. Moreover, data for Asian people often mask underlying disparities among subgroups within the Asian population. KFF

Disaggregated data is data that has been broken down by detailed sub-categories, for example by marginalized group, gender, region or level of education. Disaggregated data can reveal deprivations and inequalities that may not be fully reflected in aggregated data. Right to Education Initiative

Additional Resources

Capacity Building Center for States (2021). Focusing on Race Equity Throughout Change and Implementation. Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.

Annie E Casey Foundation Race for Results Report on Race Equity & Inclusion Action Guide, 2017

"Racial Equity Will Not Be Achieved Without Investing In Data Disaggregation", Health Affairs Blog, November 29, 2021. Health Affairs, 2021

7 STEPS TO ADVANCE AND EMBED RACE EQUITY AND INCLUSION WITHIN YOUR ORGANIZATION, Annie E Casey Foundation

Equity in the Center- Awake, Woke, Work