

Racial Equity Grants Program Rationale and Description

Grants Program

The aim of the Reeve Foundation's new grants program is to fund projects that explicitly benefit people and communities that are racially diverse and/or historically underserved living with paralysis and/or promote racial equity for people living with paralysis. The projects may focus on a number of issues (see below for examples) that enhance the quality of life of those individuals living at the crossroads of racial inequity and paralysis, especially those from Black, Latino, Indigenous and Native American, Asian American and Pacific Islander communities, and other marginalized racial groups.

We urge you to examine the needs of your communities. These projects should identify how your organization aims to address the injustices and inequalities affecting targeted population(s) within your community that are racially diverse and/or historically underserved.

Examples of projects include (but not limited to):

- Advocacy and Education
 - Addressing civil rights
 - Educating policymakers
 - o Educating employers or employees on accessible workplace/workforce issues
 - o Conducting surveys that lead to better understanding of data
 - o Providing consultation services to navigate the college enrollment process
 - o Providing financial literacy education
 - o Providing assistance in navigating Medicare and insurance
- Health
 - Addressing inequality in access to basic health care Examining discrimination in health care such as:
 - Physical locations
 - Available services
 - Attitudinal barriers
 - Financial barriers
 - o Providing opportunities to engage in health & wellness activities
 - Purchasing accessible examination tables to provide access to complete health assessments and to training for medical professionals on the importance of providing complete accessible examinations
 - o Providing access to healthy foods in areas where food deserts exist
 - o Providing nutrition classes on health eating
- Justice/Civic
 - Understanding police involvement and exacerbated tensions and relations with racially diverse people who are also living with a disability
- Career
 - Eliminating barriers and creating career opportunities that lead individuals out of poverty and into gainful employment

Organizations must specifically:

- Define their projects targeted population(s).
 - Do NOT state that the project supports a majority of people of color. You must explicitly define which racially diverse and/or historically underrepresented group(s) will be served by this project/program.
- Describe their relationship to those communities and racially diverse and/or historically underrepresented people being served.
- Describe their outreach methods for serving the targeted population(s).
- Provide the number of people to be served from the targeted population(s).
 - O You must indicate how you arrived at this figure and the data sources used.

Grant applications in the amounts of up to \$40,000 will be accepted from 501(c)(3) nonprofit organizations, municipal and state governments, school districts, Universities, recognized tribal entities, and other institutions such as Rehabilitation Hospitals, Community Health Centers or veterans hospitals. All projects must be completed within 18 months. As this is a pilot program, the Foundation envisions awarding approximately five (5) grants per year.

Background

The Christopher & Dana Reeve Foundation's new Racial Equity grants program incorporates the definition of equity set forth in President Joseph R. Biden Jr.'s January 20, 2021 Executive Order on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government: "The term 'equity' means the consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color."

Defining Racial Equity

As authors Angela Glover Blackwell, Mark Kramer, Lalitha Vaidyanathan, Lakshmi Iyer, and Josh Kirschenbaum state in The Competitive Advantage of Racial Equity (Policy Link. October 2017), <u>racial inequity</u> is the result of structural racism that is embedded in our historical, political, cultural, social, and economic systems and institutions. It works cumulatively and produces vastly adverse outcomes for people that are racially diverse and/or historically underserved in areas such as health, wealth, career, education, infrastructure, and civic participation.

The two tables below highlight many of these adverse outcomes:

Wealth

White households have 13 times the wealth of Black households and 10 times that of Latino households.^{4,5}

Latino and Black families lost 66 percent and 53 percent of their wealth, respectively, during the recent recessions; Whites lost 16 percent.⁶

Thirty-one percent of Blacks and 29 percent of Latinos are unbanked or underbanked, compared to only 19 percent of Whites.⁷

Health

The infant mortality rate for infants of Black mothers is 11 per 1,000 live births, double that of Whites.⁸

Black men and women face 40 percent and 57 percent **higher hypertension** rates than White men and women.⁹

Twenty-five percent of Latino children aged 6–11 are considered obese compared to 11 percent of White children.¹⁰

Career

2017 unemployment rates for Blacks and Latinos was 8 percent and 6 percent respectively, compared to 4 percent for Whites. 11,12

Among full-time workers aged 25–64, 32 percent of Latino workers and 22 percent of Black workers are "working poor" and earn below 200 percent of poverty, compared to about 10 percent of White workers. 12

Blacks are 21 percent less likely to receive a call back for an interview than Whites, even with the same credentials. 14,15

Fewer than 15 percent of board seats in Fortune 500 companies were held by people of color in 2016.¹⁶

K-12 Education

Black children are suspended from preschool at twice the rate of White children.²⁶

The racial gap in middle-school performance remains significant in impoverished urban areas—in Washington, D.C., 8 percent of Black eighth-graders are proficient in math, compared to 80 percent of White eighth-graders. 27.28

The 87 percent high-school graduation rate for Whites in 2014 was 14 percent higher than the rate for Blacks.²⁹

Whites today are more than twice as likely as Latinos to have a college degree.³⁰

Infrastructure

People of color predominantly live in poorer neighborhoods—even Black families earning \$100,000 or more are more likely to live in poorer neighborhoods than White households making less than \$75,000.31

Since 2000, the number of jobs near the typical neighborhood worker has declined by 17 percent for Latinos, 14 percent for Blacks, and 6 percent for Whites.²²

Blacks and Latinos suffer a pedestrian death rate that is 60 percent and 43 percent higher than that of Whites.³³

Only 7 percent of White households don't own a car, compared to 24 percent Black and 17 percent Latino households.³⁴

Justice/Civic

At current rates, one in every three Black males born today can expect to go to prison at some point in his life, compared to one in every six Latino males and one in every seventeen White males. 25

Blacks who are convicted of murder are about **50 percent more likely to be innocent** than other convicted murderers.³⁶

Approximately 60 percent of those imprisoned are people of color.²⁷ In New Jersey, for every one White person incarcerated there are 12 Black people incarcerated.²⁸

Seventeen states have implemented voting restrictions since the 2012 presidential election, 39 which has suppressed voter turnout among Latinos, Blacks, and mixed-race Americans.40

The Competitive Edge of Racial Equity (Policy Link. October 2017)

The Union of Concerned Scientists (USC), a national nonprofit organization founded more than 50 years ago by scientists and students at the Massachusetts Institute of Technology, whose mission is to use rigorous, independent science to solve our planet's most pressing problems, has produced equally powerful research finding that Black, Native American, Latino communities, and members of other racially marginalized groups, face unjust burdens that include violence, disenfranchisement, economic oppression and exploitation, unequal access to resources such as health care and education, and disproportionate exposure to environmental risks.

USC findings include:

- Our food system's failures hit people of color hardest, whether it's lack of access to
 healthy food, exploitation of food and farm workers, or the erasure of Native American
 foodways.
- Communities of color are often on the front lines, hit "first and worst" by climate impacts such as hurricanes, sea level rise, and extreme heat.
- Whether it's life-or-death issues like gun violence research, more subtle but far-reaching topics like search algorithms, or career opportunities in STEM fields, people of color lack access or face barriers to technical information, resources, and participation.
- Fenceline communities located near chemical plants, refineries, and other hazardous sites
 face elevated risks of serious illness and death. And they are likely to be communities of
 color.

• In a healthy democracy, marginalized communities could use the political system to overcome inequities—but in the United States, gerrymandering, voter suppression, and other forms of disenfranchisement too often block that path

There are many definitions one can apply to Racial Equity, such as:

- When race no longer determines one's socioeconomic outcomes; when everyone has what they need to thrive, no matter where they live. (Race Forward)
- What a genuinely non-racist society would look like. In a racially equitable society, the distribution of society's benefits and burdens would not be skewed by race...racial equity would be a reality in which a person is no more or less likely to experience society's benefits or burdens just because of the color of their skin. (Racial Equity Institute)
- The condition that would be achieved if one's race identity no longer influenced how one fares. (Awake to Woke to Work: Building a Race Equity Culture; Equity in the Center).
- Just and fair inclusion into a society in which all people can participate, prosper, and reach their full potential. (The Competitive Edge of Racial Equity; Policy Link.)

The Intersection of Racial Inequity and Disability/Paralysis

The Christopher & Dana Reeve Foundation believes that disability and race intersect in a number of key ways, and due to the immense amount of diversity in racial groups and the disability community, the experiences of racial minorities with disabilities cannot be simply described and solved.

- In a 2011 report, the U.S. Department of Health and Human Services Advisory Committee on Minority Health described being a member of a racial or ethnic minority and having a disability as a "double burden" (Pamies et al., 2011).
- Research has shown poorer physical and mental health outcomes for individuals with physical disabilities impacting their mobility and who are people of color than for people of color without mobility impairments or white individuals with mobility impairments (Blick et al., 2015).
- The unique experience of individuals that are racially diverse and/or historically underserved who live with paralysis requires special attention and resources in order to assist these individuals in achieving a greater quality of life, and in particular, the Black community, due to the historic oppression of Black individuals in the United States.

Black individuals account for almost one quarter of spinal cord injuries in the United States, although they make up just 13% of the US population (Spinal Cord Injury: Facts and Figures at a Glance, 2020). Black individuals with spinal cord injuries also have poorer physical, mental, and emotional health outcomes than their white counterparts. This is not only the case for individuals with paralysis, as significant health disparities exist in the general population for individuals that are racially diverse and/or historically underserved.

In the United States, Black and Hispanic populations have fewer primary care visits than white Americans and are less likely to access other preventative health resources including flu shots and cancer screenings (Minority Health: Recent Findings, 2013). There are direct consequences to this inequality in access to basic health care, as the average life expectancy of Black individuals is lower than that of white individuals, and Black Americans have a higher death rate for a variety of conditions that could be addressed by these health services, including heart disease, stroke, cancer, asthma, influenza, and diabetes (U.S. Department of Health and Human Services Office of Minority Health, 2021). Some of these conditions, including stroke and cancer, could contribute to the higher paralysis rates in the African American population.

The significant disparities in access to health care and health outcomes must be considered when serving Black Americans with paralysis, as the knowledge of these disparities is essential to providing appropriate care and ensuring excellent quality of life.

Health is not the only facet of life related to the quality of life for minorities with paralysis. Financial status, education levels, and employment rates all contribute to quality of life and have been shown to be related to both race and disability. Disability and poverty have a close relationship, as living in poverty can lead to disabilities like asthma and other chronic illnesses due to poorer living conditions and less access to health care (Goodman et al., 2017).

Disability can also contribute to a worse financial situation due to the immense healthcare costs and the potential impact on attaining or keeping employment. Individuals with disabilities who live in poverty may also be unable to afford medications, doctor's visits, or other treatments that could prevent their disability from having a greater negative impact on their lives. **Almost 40% of Black Americans with a disability live in poverty**, compared to 29% of non-white Hispanics and 24% of white Americans (Goodman et al., 2017). This statistic shows the immense discrepancy between racial groups with a disability and directly relates to the poorer health outcomes of Black individuals with disabilities, as well as their quality of life. Paralysis as a disability poses its own unique set of challenges due to the need to accommodate for mobility changes and the specific physical and mental health issues that individuals with paralysis face.

Black Individuals with Spinal Cord Injury:

- Are more likely than their white counterparts to have longer stays in the intensive care unit (ICU) and have health complications while in the hospital and are less likely to be discharged to an acute rehabilitation hospital and receive physical or occupational therapy that could allow them to become more independent (Lad et al., 2012).
- Have an **increased risk of secondary complications** with their injuries, psychological distress, and higher levels of depression (Jackson et al., 2004).
- Have a greater risk of more frequent and severe pressure wounds and urinary tract infections (Saunders et al., 2010).
- Reported more experiences of discrimination in health care, greater perceived racism, more distrust in the health care system, and lower health literacy (Myaskovsky et al., 2011).

In addition, spinal cord injury doctors have been shown to have racial biases against Black patients and having a provider with these biases was associated with lower levels of social integration and life satisfaction and higher levels of depression (Hausmann et al., 2015).

Due to the combined experience of racial discrimination in the United States and the physical, mental, and environmental challenges that can accompany paralysis, Black Americans with paralysis need targeted individualized support in order to ensure positive health outcomes and quality of life.

Through this grant program and embedded in all aspects of the work of the Christopher & Dana Reeve Foundation, we are committed to combating institutional and structural racism. We aim to eliminate racial inequities and improve outcomes for people living with paralysis in all marginalized racial groups, and communities that are racially diverse and/or historically underserved. We are especially committed to partnering with and supporting Black, Latino, Indigenous and Native American, Asian American and Pacific Islander communities.