

ELEVATING HEALTH EQUITY THROUGH PARKS AND RECREATION

A Framework for Action



NRPA National Recreation
and Park Association

Because everyone deserves a great park

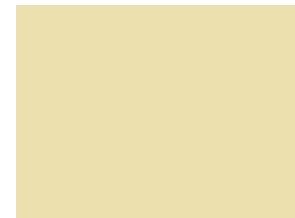
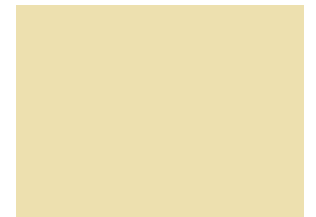


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ABOUT THIS FRAMEWORK



SECTION 1

Woman and child walking in park. Photo by Kampan Butshi, courtesy of Dreamstime.

DEFINING HEALTH EQUITY AND HEALTH INEQUITY

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty and discrimination and addressing lack of access to healthy food and safe environments, including parks and recreation, healthcare, good jobs with fair pay and quality education and housing.

Health inequities are the systemic differences in health status or the distribution of health resources between different populations arising from the social conditions in which people are born, grow, live, work and age. They are unfair and avoidable and have significant social and economic costs to both individuals and societies.



The National Recreation and Park Association (NRPA) strives for a future where all people have access to the benefits of quality parks and recreation. Now more than ever, it is critical for park and recreation professionals to create more equitable access to high-quality spaces, programs and services where all people — especially those living in Black, Latino, Indigenous and Asian American communities — can experience the physical, environmental, mental and social health benefits that park and recreation activities uniquely provide. Advancing **health equity** is an imperative that cannot be ignored because the **health inequities** that may be perpetuated by and within park and recreation spaces are unjust, unfair and avoidable.

When health inequities are eliminated, the health of individuals and their communities improves. Many park and recreation agencies have made progress toward this goal, however, there is still much work to be done to eliminate and prevent health inequities. That's the exciting opportunity and challenge ahead.

This framework is designed to help park and recreation professionals intentionally advance health equity by applying a **racial equity** lens when designing, implementing and evaluating programs and services, and when developing an infrastructure, a maintenance and an operations plans. This framework is divided into four parts: Self-Assessment, Agency Assessment, Health Equity Integration and Committing to the Call.

Question prompts are included in each part of the framework to spark conversations that engage individuals and organizations in deep reflection and a process of ongoing learning.

Additionally, a glossary of terms has been provided on page 55, as well as call-out boxes to define important terms and concepts. Terms that appear in the glossary are highlighted in **blue text** and are **italicized**.

Several case studies also are included to highlight communities that have embarked on a journey to advance health equity.

LEADING WITH RACE

There are many forms of discrimination (e.g., sexism, ageism, ableism, homophobia) and all are important. Racism has had the most detrimental impacts on land use, people's perceptions and feelings of inclusion and park spaces, and the distribution and quality of parks and recreation spaces. The history of **systemic racism** — the public policies, institutional practices and social norms that together maintain racial hierarchies — and its impact across the United States and within communities is often overlooked and unacknowledged. Yet, the marginalization and inequities that systemic racism cultivates in housing, education, employment, the built and social environments, and healthcare are felt across generations, most acutely in Black, Latino, Indigenous and Asian American communities. When health outcomes are examined across other dimensions of identity — income, gender, sexuality, age, ability, etc. — inequities are greater when the data is disaggregated by race. Committing to health equity means a commitment to improving the quality of life for all people, while intentionally working toward eliminating the marginalization and inequities that threaten the lives of Black, Latino, Indigenous and Asian American people.

PARKS, RACE AND RACISM

Public spaces are not race neutral. Decades of racist policies and discriminatory practices across land use, housing and park planning were used to separate people and have shaped access to and the quality of park spaces and recreational programming. In 2021, NRPA will publish ***Equity in Parks and Recreation: A Historical Perspective***, an interactive story map designed to help park and recreation professionals understand how historical and present-day policies impact park access. This resource provides readers with more detail into the discriminatory practices outlined below, as well as others.

Jim Crow Era

Following the end of slavery, Jim Crow laws emerged in the South to enforce separate, segregated facilities and spaces. “Whites only” and “coloreds only” signs ensured that Blacks and whites went to separate and unequal schools, libraries, swimming pools and parks. Many parks in the Southern states had separate entrances, campgrounds, bathrooms and picnic tables. Research by KangJae “Jerry” Lee, assistant professor, Department of Parks, Recreation and Tourism Management at North Carolina State University, finds that the impact of these discriminatory policies is still evident today. According to Lee, African Americans raised by parents who experienced discriminatory Jim Crow laws that prevented or discouraged [them] from visiting public parks “do not go to parks because their parents and grandparents could not take their children [and that] many African Americans’ lack of interest in parks or outdoor recreation is a cultural disposition shaped by centuries of racial oppression.”

Zoning

Zoning is a planning tool many communities use to regulate land use. Zoning laws were frequently used to separate residential, commercial and industrial land uses from one another. In many communities, local leaders zoned industrial areas with large factories and warehouses in or near Black and ethnic communities, which exposed these communities to significant environmental injustices, such as poor air and water quality. Exclusionary zoning ordinances also were used to

exclude Blacks and other ethnic minorities from white neighborhoods with amenities, such as parks and pools. Once such ordinances were outlawed by the U.S. Supreme Court, racial covenants and “redlining” — which refers to the Homeowners’ Loan Corporation (HOLC) color-coded maps used to guide mortgage lending decisions by the Federal Housing Administration — further excluded minorities from communities of opportunity. Neighborhoods that were home to high proportions of Blacks and other ethnic minorities were always shaded red, regardless of the quality of the homes or the local economy and were always considered a bad investment. By providing guidance about where to issue mortgages, the federal government not only denied these families homeownership opportunities, but also directly and indirectly shaped the built environment in communities throughout the United States.

Feelings of Safety

Concerns about how Black people will be treated directly impacts whether or not they choose to visit a park. Data shows that Black cyclists are stopped more often than white cyclists and are targeted and harassed more often in route to and from parks and open spaces. In fact, only 1 in 4 Black, Latino, Indigenous, and Asian Americans feel they can safely bike to parks and open spaces from their homes.

Urban Renewal, Highway Expansion and Displacement

In the 1960s, urban renewal policies were used to demolish Black and ethnic minority neighborhoods for local and regional redevelopment goals, resulting in a large proportion of Black people being displaced. Urban renewal combined with the 1950-1960s interstate highway expansion facilitated “white flight” to the suburbs and left many urban neighborhoods under-populated, resulting in less tax revenue and deeply underinvested public infrastructure, including parks and recreation facilities. For example, in Los Angeles, despite a mandate to avoid demolishing parks at all costs, Federal-Aid Highway Act funds were used to put highway lanes through the middle of Hollenbeck Park — a mostly Black and ethnic minority community — while spending millions of dollars to reroute a highway around a park in suburban San Dimas, a majority white community¹.

Today, as higher income residents move into lower income neighborhoods, gentrification can put tremendous financial pressure on lower income, legacy residents and increase their risk of displacement. In some instances, residents move to higher poverty neighborhoods where there is more affordable housing, but sometimes less or lower quality open space and park amenities. Even when legacy residents remain, they may not feel welcomed and/or safe in parks or other public areas created once new residents moved in.



¹<https://www.latimes.com/opinion/story/2020-06-24/bulldoze-la-freeways-racism-monument>

BEFORE GETTING STARTED

Before beginning this work, it is critical to consider and identify your personal “Why?” and your agency’s “Why?” This reason could be to support social and environmental justice. This reason could be a desire to improve health outcomes for all park visitors. Whatever the reason, your journey to advance health equity has begun, and it will require patience, perseverance and persistence. You may be starting this journey on your own or working collectively at your agency to create more equitable spaces, programs and systems. Those journeys may intersect with one another or differ at points. Either way, it will not be easy. There may be bumps and detours, but embarking on this journey is significant. When you can identify why you are taking the steps toward health equity, the path to get there will become clearer. Also, you will develop the ability to hold yourself, others, and the institutions and systems in which you find yourself accountable. Take a moment right now to reflect on why health equity is important to you and write it in the space provided. Reflect on your “Why?” often. Regardless of where your journey starts, we commend you for taking steps to elevate racial equity and promote health equity for communities experiencing the greatest social, health and economic burdens.

I AM COMMITTED TO HEALTH EQUITY BECAUSE:

[illegible]

INTRODUCTION

PARKS, RECREATION AND HEALTH EQUITY

In 2020, the United States was the epicenter of two deadly crises that demonstrated the country's inherent strengths and vulnerabilities: the coronavirus (COVID-19) and systemic racism demonstrated by police brutality and the over-policing of Black, Latino, Indigenous and Asian American communities. As COVID-19 spread across the United States, it exposed long-standing social and political inequities. Data shows that Black, Latino, Indigenous and Asian American communities in the United States are disproportionately impacted by, and more likely to die from, COVID-19 than white Americans.² Additionally, the murders of *George Floyd*³, *Breonna Taylor*⁴ and *Ahmaud Aubrey*⁵, along with the shooting of *Jacob Blake*⁶ (all of whom were unarmed Black people) sparked new conversations about police violence, the movement for Black lives, and how Black, Latino, Indigenous and Asian American people experience American life in vastly different ways than their white counterparts. These tragedies underscore the urgency for action to advance health equity.

COVID-19's effects on people highlighted the essential nature of parks, recreation and outdoor green spaces for mental and physical health and at the same time, highlighted the stark reality that many people living in the United States do not have access to high-quality, safe parks; thereby excluding them from parks' social, health, economic and environmental benefits. For many, the outdoors served as an outlet to long days of sheltering indoors. In fact, the Centers for Disease Control and Prevention (CDC) recommended visiting parks and outdoor recreational facilities as a key strategy to protect oneself and others from COVID-19.⁷ The May 2020 NRPA Park Pulse poll found that "5 in 6 adults said that exercising at their local park [was] essential to maintaining their mental and physical health."⁸

Yet, accessible and safe park space is not the reality for many people. More than 100 million people across the United States, including 28 million children, lack a park within a 10-minute walk of their home. Research from The Trust for Public Land finds that "parks that serve a majority of people of color are half as big (45 acres compared with 87 acres) and serve nearly five times as many people per acre (24,000 compared with 5,000), compared to parks that serve a majority white population," making it challenging to safely physically distance and reap park benefits during the pandemic.⁹ Systemic racism, leading to discriminatory policies and practices and limited funding for parks and recreation, is the key contributor to inequities in park access. Disparities in park access are linked to higher incidences of chronic diseases, such as obesity and diabetes, in addition to lower quality of life. The COVID-19 pandemic further exacerbated existing health disparities.

Even when a park is in close proximity to a Black person's home, they may not feel safe, and may even feel threatened using the park and recreation space due to their past lived experience and those of their community members, therefore, limiting their use of those spaces. As an example, during the summer of 2020, a white woman threatened Christian Cooper, a Black man engaged in recreational bird watching, while he was in Central Park¹⁰. This example reminds us of the history of white women falsely accusing or calling the police on Black men and further highlights the work that parks and recreation programs must do to provide a safe, inclusive, culturally relevant and welcoming space to everyone among Black, Latino, Pacific Islanders and Indigenous communities.

²<https://covid.cdc.gov/covid-data-tracker/#demographics>

³<https://www.nytimes.com/2020/05/31/us/george-floyd-investigation.html>

⁴<https://www.nytimes.com/article/breonna-taylor-police.html>

⁵<https://www.nytimes.com/article/ahmaud-arbery-shooting-georgia.html>

⁶<https://www.nytimes.com/article/jacob-blake-shooting-kenosha.html>

⁷<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/visitors.html>

⁸<https://www.nrpa.org/publications-research/park-pulse/the-essential-need-for-parks/>

⁹<https://www.washingtonpost.com/business/2020/07/31/public-parks-health-coronavirus/>

¹⁰ <https://www.nytimes.com/2020/06/14/nyregion/central-park-amy-cooper-christian-racism.html>

Because park and recreation agencies offer so many health and well-being benefits, it is unjust that many racial and ethnic minorities are not able to experience these amenities readily. Park and recreation professionals must work to create more equitable access to high-quality parks, programs and services where all people can experience the environmental, social and health (physical and mental) benefits that park and recreation agencies uniquely provide.

For example, greater proximity to parks and natural environments is associated with improved mood, reduced stress and greater overall wellness. In communities with high-quality parks and recreation spaces, people are more likely to engage in physical activity, which can lower risks of chronic diseases, such as obesity and diabetes. Additionally, research shows parks and open spaces can create opportunities for social cohesion and community engagement. Furthermore, there is the potential for greater investment in communities where park facilities are located, which, in turn, has the potential to raise the community's tax base.¹¹

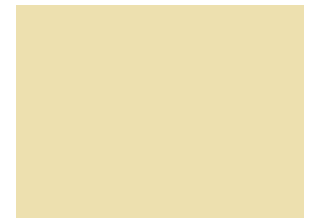
¹¹[https://www.ajpmonline.org/article/S0749-3797\(04\)00304-6/fulltext](https://www.ajpmonline.org/article/S0749-3797(04)00304-6/fulltext)



Older adults and instructor during art activity at a community center. Photo by Monkey Business Images, courtesy of Dreamstime.



GUIDING PRINCIPLES



SECTION 2

GUIDING PRINCIPLES:

Recognizing and adopting these Guiding Principles will provide a foundation on which park and recreation professionals can create healthy, more equitable spaces, programs and services.

- » **Center Health Equity.** Equity is the foundation for health. Therefore, consider the policies and practices that have created very different lived experiences for racial and ethnic communities compared to their white counterparts. These different lived experiences result in inequitable access to opportunities and resources and prevent people from health and wellness. When health equity is centered in the strategies, initiatives and policies created to promote better social, environmental, racial and economic justice outcomes, and barriers are removed that contribute to inequitable access, the full power of parks and recreation will be realized.
- » **Parks and Recreation Are a Pathway to Advance Health Equity.** Access to park spaces, programs and services is essential to community vitality and a key factor to improve individual and community health outcomes and enhance well-being. When park and recreation professionals leverage their skills, assets and expertise to create just and equitable access to programs, services and activities, they can promote better health outcomes.
- » **Reimagine Inclusion.** In park settings, the concept of *inclusion* must go beyond ability and access

INCORPORATING A CITY-WIDE RACIAL EQUITY MANDATE INTO PARKS AND OPEN SPACE PLANNING AND PROGRAMMING

At the City of Burlington (Vermont) Parks, Recreation and Waterfront, equity is woven into the department's daily operations. This ethic was further supported by the City of Burlington's Diversity & Equity Strategic Plan to Racial Equity, Diversity and Inclusion, a resolution that clearly expresses the city's recognition of its diverse culture and actions it can take to provide for inclusive and accountable processes and procedures that result in positive actions. The city releases equity reports every year that measure and evaluate past commitments and actions and how progress has taken shape. The city's diversity and equity director works with the parks, recreation and waterfronts director and staff to help develop data collection methods that are fair and just and to develop community engagement strategies that meet the needs of Burlington community members where they are. With a large refugee community, the City of Burlington realizes that many of its community members were not used to having a voice in community planning processes in their home country. Thus, the city has learned to set up visioning and planning processes that empower community members to lend their voice, and that is the key to transformational community participation. These community engagement tactics include planning processes that use graphics and visuals to ensure legible information for all literacy levels and non-hierarchical meeting formats, such as open houses that encourage free-flowing conversation and one-on-one and small group discussions.

and should include a focus on who, how and where people are included. Therefore, consider “who” by welcoming and including all people regardless of race and ethnicity, socioeconomic status, sexual orientation, gender identity, religion, ability or age when creating park spaces, programs and services. Consider “how” by intentionally and meaningfully including all people in the planning, designing and implementation of park spaces, programs and services. Consider “where” by focusing on creating safe, high-quality park and recreation opportunities within or in close proximity to underrepresented communities shouldering the greatest burden of chronic disease. Consider also, the safety and quality of the areas surrounding parks and recreation spaces and the routes to and from these spaces.

- » **Focus on Learning.** Stay committed to life-long learning and the self-work required to become anti-racist by confronting your own power, privilege and history, ensuring that all park users have just, fair and safe access to parks. Committing to this work requires a constant examination of self and systems, connection with individuals who are not like you, and a willingness to share failures and successes.
- » **Respect the Environment.** There is an important connection between healthy people and a healthy environment. Park and recreation professionals and the open green spaces they manage can be catalysts for creating, maintaining and activating spaces that are not only resilient and regenerative, but also celebrations of *diversity*.

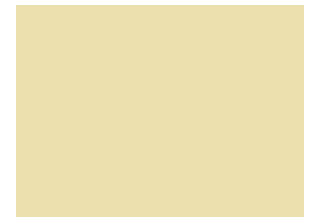
CREATING RESPONSIVE COMMUNITY ENGAGEMENT TECHNIQUES IN SAFE AND TRUSTED SPACES THAT ENABLE COMMUNITY SHARING AND CANDID FEEDBACK

The City of Seattle and Seattle Parks and Recreation have cultivated a culture that leads with race and community first as part of its community planning process — supported by the city’s Race and Social Justice Initiative. Planners and project managers build relationships with community members — meeting people where they are and taking the time to get to know them, either in a one-on-one or small group setting. Pre-COVID-19, staff created spaces where kids and families can participate; enjoying time together through fun activity and food while providing feedback on their vision for a proposed project site; and opportunities for teens to gather and provide critical feedback to the city’s guiding policies, such as its Race and Social Justice Toolkit.

In the COVID-19 era, realizing that no more than five unrelated people can be together at a time, the department’s staff have adapted their processes to accommodate idea sharing while at a distance. Whether mailing letters to provide relevant information to community members who may not have access to online communications or creating project boards that can convey information that would be shared in a larger group setting, Seattle Parks and Recreation continues to create responsive and timely opportunities to engage community members.



TAKE ACTION



SECTION 3

A group of co-workers meeting. Photo by Rawpixelimages, courtesy of Dreamstime.

TAKING ACTION:

Making these Guiding Principles part of operations to advance health equity in parks and recreation demands five things of park and recreation professionals:

- 1. Acknowledge History.** To create spaces that center health equity, begin by recognizing and acknowledging that the United States was not founded on principles of equity and justice for all and, therefore, those tenets do not inherently rest in the nation's DNA.
- 2. Challenge Self.** To leverage parks as a pathway to advance health equity, address the discomfort that the process brings. Accept that, by design, you have been impacted by and may have benefitted from *white privilege* and systemic racism.
- 3. Question Ideologies.** To create healthy, equitable spaces that reimagine inclusion, take time to understand the origin of the racist/dominant ideas, thoughts, and beliefs that are inherent and implicit within you and your agency, so that you can reverse them.
- 4. Change Systems.** To create healthy, equitable spaces that focus on people and respect the environment, be willing to publicly advocate for the total reformation of the *power*, structures and systems that uphold injustice in all of its forms.
- 5. Be Accountable.** To create healthy, equitable spaces that welcome all people, commit and hold yourself accountable to doing the work at all levels: personal, interpersonal, institutional and systemic.

CREATING A BRAVE SPACE

In *Confronting Power and Privilege for Inclusive, Equitable, and Healthy Communities*, the authors define brave spaces as “intentional environments and settings that facilitate the courageous, uncomfortable and honest exploration of social categories, such as physical ability, race, ethnicity, class, gender identity, and the *privilege* or marginalization that is extended to individuals based on these categories.” According to the authors, brave spaces are created when you:

- » Speak your truth and listen deeply to the truth that others speak
- » Learn the truth about historical trauma and accept its impact on yourself and those you serve
- » Understand and honor your own experience and the experiences of others in equal measure
- » Bring your vulnerability to the table and create the space for others to be vulnerable
- » Invite yourself to make mistakes and be generous with the mistakes of others
- » Acknowledge the limits of expertise — an expert frame can shut down learning
- » Hold yourself and others accountable to practices that affirm diversity and inclusion

As an agency, discuss what actions you might need to take to develop a brave space before convening to discuss your self-assessments.

FRAMEWORK WORKSHEETS

This framework is designed to help carry out the actions referenced on page 14 and consists of four parts, listed below. Instructions on how to work through each section are provided.

USE THE LINKS BELOW TO DOWNLOAD THE CORRESPONDING WORKSHEET

1

SELF - ASSESSMENT

QUESTIONS TO CHALLENGE
INDIVIDUAL THINKING

SAVE WORKSHEET TO DESKTOP

2

AGENCY ASSESSMENT

ASSESSING AGENCY
CULTURE

SAVE WORKSHEET TO DESKTOP

3

HEALTH EQUITY INTEGRATION

STEPS TO CENTER EQUITY
AND CHANGE SYSTEMS

SAVE WORKSHEET TO DESKTOP

4

COMMITTING TO THE CALL

ACTION PLANNING TO
ADVANCE HEALTH EQUITY

SAVE WORKSHEET TO DESKTOP

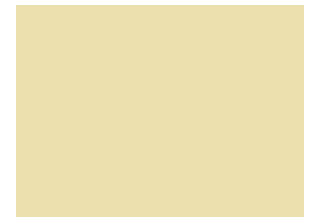
SUCCESS TIP

Use an experienced facilitator who can guide this process. The Self — Assessment and worksheets that follow may be challenging without the help of a professional facilitator who has expertise in diversity, equity and inclusion. Engaging a facilitator is strongly recommended to ensure that desired impacts are achieved.

DOWNLOAD ALL WORKSHEETS

SELF - ASSESSMENT

WORKSHEET **PART 1**



PART 1: SELF-ASSESSMENT:

QUESTIONS TO CHALLENGE INDIVIDUAL THINKING

Achieving health equity requires each of us to become more aware of and critically examine our blind spots, also known as *implicit biases*, as well as our relationships with power and privilege in society and in our organization. Daily, confront these biases and lean into a process of individual learning and discovery. This requires self-assessment. There are two ways to reflect on yourself when engaging in equity work, and it is important to consider both: 1) the individual separate from the system (or institution) and 2) the individual as a part of the system (or institution). It is critically important to take time and consider your thoughts, beliefs, actions and experiences (individual), and the ways those impact your work (individual within a system).

Instructions:

1. Before your agency engages in creating new or enhancing existing health programs, services and/or spaces, ask each member of the team to complete the self-assessment. The Self-Assessment (Step 1A and Step 1B) will take approximately 60 minutes.
2. Create a brave space; for example, a health equity working group, where employees are invited to share their experiences — both personal and professional — and where employees can listen and acknowledge with the goal of developing a shared understanding of what racism is, how it impacts health equity and what it means for park and recreation professionals to advance equity.

UNDERSTANDING IDENTITY

Social identity groups are based on the physical, social and mental characteristics of individuals. They are sometimes obvious and clear, sometimes not obvious and unclear, often self-claimed, and frequently ascribed by others. For example, racial groupings are often ascribed to someone by others and also self-claimed by an individual. Government, schools and employers often ask an individual to claim a racial identity group or simply ascribe one to an individual based on visual perception. Other social identities are personally claimed, but not often announced or easily visually ascribed such as sexual orientation, religion or ability status. Since issues of social identity often are the basis of much social conflict, even the terms used to describe them may cause disagreement.

SELF-ASSESSMENT WORKSHEET

STEP 1A

Complete the Examining the Intersection of Identities Worksheet on pages 18-19 (Note: The worksheet has been adapted from the Inclusive Teaching Initiative at the University of Michigan¹² for use by NRPA).

This exercise will help you to consider your own identity and help to illuminate how privilege operates to normalize some identities over others. For example: If you belong to the dominant group in the “First Language” category, meaning, you speak English as your first language; reflect on why you rarely need to think about your language as an aspect of your identity while others may identify language as the aspect of their identity with which they are deeply challenged and often left behind. Additionally, as you begin Part 2: The Agency Assessment, this exercise will help to sensitize you to the identities of your colleagues and the communities you serve so that you can welcome and celebrate their diversity in parks and recreation facilities, programs and services.

¹² <https://sites.lsa.umich.edu/inclusive-teaching/>

EXAMINING THE INTERSECTION OF IDENTITIES

For each characteristic, fill in the corresponding circle.

1. IDENTITIES WITH WHICH I SELF-IDENTIFY

IDENTITY CHARACTERISTIC	DOMINANT GROUP	OPPRESSED GROUP
Race	White	Asian/Pacific Islander, Indigenous, Latino, Black, Multiracial
Socioeconomic Status	Ruling Class, Upper Middle Class	Poor, Working Class, Lower-Middle Class
Gender Identity	Cisgender male	Cisgender female, Transgender, Non-gender conforming
Sexual Orientation	Heterosexual	Lesbian, Gay, Bisexual, Queer, Pansexual, Asexual
National Origin	United States	Born outside of the United States
First Language	English	Any language other than English
Disability	Non-Disabled	People with disabilities (cognitive, physical, emotional)
Age	People under 40	People age 40 and over*
Religious or Spiritual Affiliation	Christian	Hindu, Muslim, Buddhist, Jewish, Pagan, Agnostic, Atheist

* The United States government, through the Age Discrimination in Employment (ADEA), applies the term “older worker” to employees over the age of 40.

IN LOOKING AT HOW YOU SELF-IDENTIFY ...

2. Which identities make you the most uncomfortable?

5. Which identities have the strongest effect on how you perceive yourself?

3. Which identities do you think about most often?

6. Which identities have the strongest effect on how you perceive the world and others?

4. Which identities do you think about least often?

7. Which identities do you think have the strongest effect on how others perceive you?

STEP 1B

ANSWER THE QUESTIONS ON BACKGROUND AND BIAS; POWER AND PRIVILEGE; AND UNDERSTANDING OF HEALTH EQUITY ON PAGES 21-29.

- » Set aside time to deeply reflect on your thoughts, beliefs and ideas around bias, power and privilege, and how they relate to health equity.
- » For each question, write your response in the first box and use the prompt questions above the box to expound upon your answer.
- » In the second box, examine how the your identities (that you selected in Step 1A) shaped your response in question 1.
- » In the third box, begin to identify areas of further exploration around the topic that you can commit to for the next 30 days.

Review the definitions of *implicit bias*, *social power* and *privilege* before completing this section. As you complete this section, consider how these terms show up in your personal and professional life.

Implicit Bias

The attitudes or stereotypes that affect our understanding, actions and decisions in an unconscious manner. These biases are activated involuntarily and without an individual's awareness or intentional control and are not accessible through introspection. (Definition from the [*Kirwan Institute*](#))

Social Power

Access to resources that enhance one's chances of getting what one needs in order to lead a comfortable, productive and safe life. (Definition from [*The National Conference for Community and Justice*](#))

Privilege

Unearned access to resources (social power) that are only readily available to some people because of their social group membership; an advantage, or immunity granted to or enjoyed by one societal group above and beyond the common advantage of all other groups. Privilege is often invisible to those who have it, but, nevertheless, puts them at an advantage over those who don't have it. (Definition from the [*Racial Equity Tools*](#))

BACKGROUND AND BIAS

1. Growing up, what were my experiences and interactions with individuals whose social identities (race, sexual orientation, religion, etc.) were different than my own?

1a. How have my identities, experiences and values shaped my response?

1b. What aspects of this question and/or my response would I like to explore more deeply over the next 30 days?

2. In what ways have my personal beliefs about an identity, different than my own group/identity, been unfounded or disproven?

2a. How have my identities, experiences and values shaped my response?

2b. What aspects of this question and/or my response would I like to explore more deeply over the next 30 days?

POWER AND PRIVILEGE

1. What does privilege mean to me?

2. In what ways have I experienced privilege? What opportunities have been afforded to me that I benefited from?

1a. How have my identities, experiences and values shaped my response?

2a. How have my identities, experiences and values shaped my response?

1b. What aspects of this question and/or my response would I like to explore more deeply over the next 30 days?

2b. What aspects of this question and/or my response would I like to explore more deeply over the next 30 days?

POWER AND PRIVILEGE (CONTINUED)

3. What relationships to power and privilege do I hold because of my identities in my personal life and at work?

4. How might my privilege have impacted others?

3a. How have my identities, experiences and values shaped my response?

4a. How have my identities, experiences and values shaped my response?

3b. What aspects of this question and/or my response would I like to explore more deeply over the next 30 days?

4b. What aspects of this question and/or my response would I like to explore more deeply over the next 30 days?

POWER AND PRIVILEGE (CONTINUED)

5. What does yielding my power and using my privilege for the good of oppressed groups mean to me? What might it look like?

5a. How have my identities, experiences and values shaped my response?

5b. What aspects of this question and/or my response would I like to explore more deeply over the next 30 days?

6. What is my understanding of racism and anti-racism?

6a. How have my identities, experiences and values shaped my response?

6b. What aspects of this question and/or my response would I like to explore more deeply over the next 30 days?

POWER AND PRIVILEGE (CONTINUED)

7. What practices am I engaging in to learn about racism, white supremacy and dominant culture thinking? How often?

8. What would it look like (or what would need to change) for me to use a racial equity lens to guide my decision making?

7a. How have my identities, experiences and values shaped my response?

8a. How have my identities, experiences and values shaped my response?

7b. What aspects of this question and/or my response would I like to explore more deeply over the next 30 days?

8b. What aspects of this question and/or my response would I like to explore more deeply over the next 30 days?

UNDERSTANDING OF HEALTH EQUITY

1. What factors do I believe are at the root of health inequities?

1a. How have my identities, experiences and values shaped my response?

1b. What aspects of this question and/or my response would I like to explore more deeply over the next 30 days?

2. Which of my identities, or the identities of others, are most often attacked or unwelcome in public platforms, places and spaces; leading to negative health outcomes or health disparities on an individual or group level?

2a. How have my identities, experiences and values shaped my response?

2b. What aspects of this question and/or my response would I like to explore more deeply over the next 30 days?

UNDERSTANDING OF HEALTH EQUITY (CONTINUED)

3. Why do health inequities matter?

4. What actions can I take to eliminate health inequities and advance health equity?

3a. How have my identities, experiences and values shaped my response?

4a. How have my identities, experiences and values shaped my response?

3b. What aspects of this question and/or my response would I like to explore more deeply over the next 30 days?

4b. What aspects of this question and/or my response would I like to explore more deeply over the next 30 days?

UNDERSTANDING OF HEALTH EQUITY (CONTINUED)

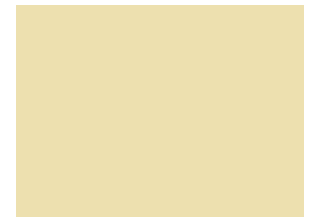
5. Do I have an accountability partner to share my self-assessment with, and who will help support my personal anti-racist/equity journey?

5a. How have my identities, experiences and values shaped my response?

5b. What aspects of this question and/or my response would I like to explore more deeply over the next 30 days?

AGENCY ASSESSMENT

WORKSHEET **PART 2**



PART 2: AGENCY ASSESSMENT:

ASSESSING AGENCY CULTURE

The agency assessment will help your park and recreation agency think about its standard operations, determine if the current ways of operating are ideal, leading to the most equitable impact for the community; and if not, imagine new ways of operating that are more equitable. The answers will need to be discussed and coordinated across many partners and systems, so responses can be intentionally woven through all plans, policies, programs and initiatives.

Instructions:

1. Complete this section as a team after all individuals (at all position levels) in the agency have had the opportunity to complete Part 1: The Self-Assessment.
2. As you respond to each question, identify your agency's current state and determine if your current state is ideal. If it is not ideal, identify what parts of your current state are not ideal and think through how an ideal state would look.
3. We encourage you to take as much time as the exercise requires, but set aside at least three hours. If you find that three hours is not enough, you can always come back to complete it at a later time. You also can decide to answer one question per staff meeting. Another option is to make a plan to answer two questions a week...remembering that this is a journey and a process.
4. Decide what actions you would need to take to achieve the ideal state and determine who would be responsible for taking those actions. If there are aspects of the question you would like your agency to explore further, indicate that in the final column.

SUCCESS TIP

Use an experienced facilitator who can guide this process. Working through the Agency Assessment may be challenging without the help of a professional facilitator with expertise in diversity, equity and inclusion. Engaging a facilitator is strongly recommended to ensure desired impacts are achieved.

PART 2: WORKSHEETS

- » Local Park and Recreation History
- » Justice, Equity, Diversity and Inclusion
- » Programs and Services
- » Power and Privilege in Programs and Services
- » Policy and System Change
- » Evaluation and Impact

AGENCY ASSESSMENT WORKSHEET LOCAL PARK AND RECREATION HISTORY

What do we know about the history of parks and recreation in our community?

Current State

How do we know? What tells us this is the case?

Ideal State

If we were to center equity, reimagine inclusion and focus on learning, what would be different? What would be ideal?

Action

What actions do we need to take to make the ideal state a reality?

Who?

Who needs to take these actions? (what departments, specific positions).

Further Exploration

What aspects of this question and/or what response would we like to explore more deeply over the next 30 days?

How does the community we serve view us?
Does everyone in the community hold this view (why or why not)?

Current State

How do we know? What tells us this is the case?

Ideal State

If we were to center equity, reimagine inclusion and focus on learning, what would be different? What would be ideal?

Action

What actions do we need to take to make the ideal state a reality?

Who?

Who needs to take these actions? (what departments, specific positions).

Further Exploration

What aspects of this question and/or what response would we like to explore more deeply over the next 30 days?

AGENCY ASSESSMENT WORKSHEET

LOCAL PARK AND RECREATION HISTORY

(CONTINUED)

What conditions (directly and indirectly) have we created within our park and recreation system that maintain certain groups as the perpetual beneficiaries of our programs and services?

Current State

How do we know? What tells us this is the case?

Ideal State

If we were to center equity, reimagine inclusion and focus on learning, what would be different? What would be ideal?

Action

What actions do we need to take to make the ideal state a reality?

Who?

Who needs to take these actions? (what departments, specific positions).

Further Exploration

What aspects of this question and/or what response would we like to explore more deeply over the next 30 days?

Are there any groups whose presence in our park and recreation programs and services subject to suspicion or threat more than others?

Current State

How do we know? What tells us this is the case?

Ideal State

If we were to center equity, reimagine inclusion and focus on learning, what would be different? What would be ideal?

Action

What actions do we need to take to make the ideal state a reality?

Who?

Who needs to take these actions? (what departments, specific positions).

Further Exploration

What aspects of this question and/or what response would we like to explore more deeply over the next 30 days?

AGENCY ASSESSMENT WORKSHEET JUSTICE, EQUITY, DIVERSITY AND INCLUSION (JEDI)

What do the terms justice, equity, diversity and inclusion mean to our agency?
Would the communities we serve define them in the same way?

Current State

How do we know? What tells us this is the case?

Ideal State

If we were to center equity, reimagine inclusion and focus on learning, what would be different? What would be ideal?

Action

What actions do we need to take to make the ideal state a reality?

Who?

Who needs to take these actions?
(what departments, specific positions).

Further Exploration

What aspects of this question and/or what response would we like to explore more deeply over the next 30 days?

In what ways does our agency demonstrate justice, equity, diversity and inclusion?

Current State

How do we know? What tells us this is the case?

Ideal State

If we were to center equity, reimagine inclusion and focus on learning, what would be different? What would be ideal?

Action

What actions do we need to take to make the ideal state a reality?

Who?

Who needs to take these actions?
(what departments, specific positions).

Further Exploration

What aspects of this question and/or what response would we like to explore more deeply over the next 30 days?

AGENCY ASSESSMENT WORKSHEET

JUSTICE, EQUITY, DIVERSITY AND INCLUSION (JEDI)

(CONTINUED)

Is our staff representative of the communities we serve?

Current State

How do we know? What tells us this is the case?

Ideal State

If we were to center equity, reimagine inclusion and focus on learning, what would be different? What would be ideal?

Action

What actions do we need to take to make the ideal state a reality?

Who?

Who needs to take these actions? (what departments, specific positions).

Further Exploration

What aspects of this question and/or what response would we like to explore more deeply over the next 30 days?

Are we collecting relevant data on indicators of equity, diversity and inclusion in hiring and retention practices?

Current State

How do we know? What tells us this is the case?

Ideal State

If we were to center equity, reimagine inclusion and focus on learning, what would be different? What would be ideal?

Action

What actions do we need to take to make the ideal state a reality?

Who?

Who needs to take these actions? (what departments, specific positions).

Further Exploration

What aspects of this question and/or what response would we like to explore more deeply over the next 30 days?

AGENCY ASSESSMENT WORKSHEET JUSTICE, EQUITY, DIVERSITY AND INCLUSION (JEDI) (CONTINUED)

What proportion of staff in **wage** positions are Black, Latino, Indigenous or Asian American? Do these positions offer upward mobility paths?

Current State

How do we know? What tells us this is the case?

Ideal State

If we were to center equity, reimagine inclusion and focus on learning, what would be different? What would be ideal?

Action

What actions do we need to take to make the ideal state a reality?

Who?

Who needs to take these actions? (what departments, specific positions).

Further Exploration

What aspects of this question and/or what response would we like to explore more deeply over the next 30 days?

What proportion of staff in **middle-management** positions are Black, Latino, Indigenous or Asian American? Do these positions offer upward mobility paths?

Current State

How do we know? What tells us this is the case?

Ideal State

If we were to center equity, reimagine inclusion and focus on learning, what would be different? What would be ideal?

Action

What actions do we need to take to make the ideal state a reality?

Who?

Who needs to take these actions? (what departments, specific positions).

Further Exploration

What aspects of this question and/or what response would we like to explore more deeply over the next 30 days?

AGENCY ASSESSMENT WORKSHEET

JUSTICE, EQUITY, DIVERSITY AND INCLUSION (JEDI)

(CONTINUED)

Do Black, Latino, Indigenous and Asian American people hold leadership positions in our agency?

Current State

How do we know? What tells us this is the case?

Ideal State

If we were to center equity, reimagine inclusion and focus on learning, what would be different? What would be ideal?

Action

What actions do we need to take to make the ideal state a reality?

Who?

Who needs to take these actions? (what departments, specific positions).

Further Exploration

What aspects of this question and/or what response would we like to explore more deeply over the next 30 days?

Are our staff, stakeholders and leaders skilled at talking about race, dominant culture thinking and their implications?

Current State

How do we know? What tells us this is the case?

Ideal State

If we were to center equity, reimagine inclusion and focus on learning, what would be different? What would be ideal?

Action

What actions do we need to take to make the ideal state a reality?

Who?

Who needs to take these actions? (what departments, specific positions).

Further Exploration

What aspects of this question and/or what response would we like to explore more deeply over the next 30 days?

AGENCY ASSESSMENT WORKSHEET

PROGRAMS AND SERVICES

How are we advancing health and race equity through our programs and services?

Current State

How do we know? What tells us this is the case?

Ideal State

If we were to center equity, reimagine inclusion and focus on learning, what would be different? What would be ideal?

Action

What actions do we need to take to make the ideal state a reality?

Who?

Who needs to take these actions? (what departments, specific positions).

Further Exploration

What aspects of this question and/or what response would we like to explore more deeply over the next 30 days?

Which group or groups are mostly benefiting from our programs and services? (which community groups, what age groups, what racial groups, gender groups, etc.)

Current State

How do we know? What tells us this is the case?

Ideal State

If we were to center equity, reimagine inclusion and focus on learning, what would be different? What would be ideal?

Action

What actions do we need to take to make the ideal state a reality?

Who?

Who needs to take these actions? (what departments, specific positions).

Further Exploration

What aspects of this question and/or what response would we like to explore more deeply over the next 30 days?

AGENCY ASSESSMENT WORKSHEET PROGRAMS AND SERVICES (CONTINUED)

Which groups are unintentionally being left out of our programs and services?
Why are these groups being left out?

Current State

How do we know? What tells us this is the case?

Ideal State

If we were to center equity, reimagine inclusion and focus on learning, what would be different? What would be ideal?

Action

What actions do we need to take to make the ideal state a reality?

Who?

Who needs to take these actions?
(what departments, specific positions).

Further Exploration

What aspects of this question and/or what response would we like to explore more deeply over the next 30 days?

Are our programs culturally responsive and explicit about anti-racism, anti-dominant culture thinking and the advancement of equity in all of its forms? (Please provide examples of how this occurs.)

Current State

How do we know? What tells us this is the case?

Ideal State

If we were to center equity, reimagine inclusion and focus on learning, what would be different? What would be ideal?

Action

What actions do we need to take to make the ideal state a reality?

Who?

Who needs to take these actions?
(what departments, specific positions).

Further Exploration

What aspects of this question and/or what response would we like to explore more deeply over the next 30 days?

AGENCY ASSESSMENT WORKSHEET PROGRAMS AND SERVICES (CONTINUED)

How have racism and dominant culture bias created policies, attitudes and cultural norms that shape our programs and services?

Current State

How do we know? What tells us this is the case?

Ideal State

If we were to center equity, reimagine inclusion and focus on learning, what would be different? What would be ideal?

Action

What actions do we need to take to make the ideal state a reality?

Who?

Who needs to take these actions? (what departments, specific positions).

Further Exploration

What aspects of this question and/or what response would we like to explore more deeply over the next 30 days?

How do our organizational policies, practices and tools help or hinder progress toward our equity goals?

Current State

How do we know? What tells us this is the case?

Ideal State

If we were to center equity, reimagine inclusion and focus on learning, what would be different? What would be ideal?

Action

What actions do we need to take to make the ideal state a reality?

Who?

Who needs to take these actions? (what departments, specific positions).

Further Exploration

What aspects of this question and/or what response would we like to explore more deeply over the next 30 days?

AGENCY ASSESSMENT WORKSHEET PROGRAMS AND SERVICES (CONTINUED)

What values, assumptions and biases are built into our indicators of success for our programs and services?

Current State

How do we know? What tells us this is the case?

Ideal State

If we were to center equity, reimagine inclusion and focus on learning, what would be different? What would be ideal?

Action

What actions do we need to take to make the ideal state a reality?

Who?

Who needs to take these actions? (what departments, specific positions).

Further Exploration

What aspects of this question and/or what response would we like to explore more deeply over the next 30 days?

AGENCY ASSESSMENT WORKSHEET

POWER AND PRIVILEGE IN PROGRAMS AND SERVICES

Who is part of the decision-making process regarding programs and services?

Current State

How do we know? What tells us this is the case?

Ideal State

If we were to center equity, reimagine inclusion and focus on learning, what would be different? What would be ideal?

Action

What actions do we need to take to make the ideal state a reality?

Who?

Who needs to take these actions? (what departments, specific positions).

Further Exploration

What aspects of this question and/or what response would we like to explore more deeply over the next 30 days?

Who is left out of the decision-making process?

Current State

How do we know? What tells us this is the case?

Ideal State

If we were to center equity, reimagine inclusion and focus on learning, what would be different? What would be ideal?

Action

What actions do we need to take to make the ideal state a reality?

Who?

Who needs to take these actions? (what departments, specific positions).

Further Exploration

What aspects of this question and/or what response would we like to explore more deeply over the next 30 days?

AGENCY ASSESSMENT WORKSHEET

POWER AND PRIVILEGE IN PROGRAMS AND SERVICES

(CONTINUED)

Who holds the power/authority in decision-making conversations regarding programs and services?

Current State

How do we know? What tells us this is the case?

Ideal State

If we were to center equity, reimagine inclusion and focus on learning, what would be different? What would be ideal?

Action

What actions do we need to take to make the ideal state a reality?

Who?

Who needs to take these actions? (what departments, specific positions).

Further Exploration

What aspects of this question and/or what response would we like to explore more deeply over the next 30 days?

How do we create space and a mechanism for community members to actively participate in conversations about programs and services from conception to implementation and evaluation?

Current State

How do we know? What tells us this is the case?

Ideal State

If we were to center equity, reimagine inclusion and focus on learning, what would be different? What would be ideal?

Action

What actions do we need to take to make the ideal state a reality?

Who?

Who needs to take these actions? (what departments, specific positions).

Further Exploration

What aspects of this question and/or what response would we like to explore more deeply over the next 30 days?

AGENCY ASSESSMENT WORKSHEET

POWER AND PRIVILEGE IN PROGRAMS AND SERVICES

(CONTINUED)

Whose ideas do we tend to elevate in conversations?

Current State

How do we know? What tells us this is the case?

Ideal State

If we were to center equity, reimagine inclusion and focus on learning, what would be different? What would be ideal?

Action

What actions do we need to take to make the ideal state a reality?

Who?

Who needs to take these actions? (what departments, specific positions).

Further Exploration

What aspects of this question and/or what response would we like to explore more deeply over the next 30 days?

Whose ideas do we devalue in conversations?

Current State

How do we know? What tells us this is the case?

Ideal State

If we were to center equity, reimagine inclusion and focus on learning, what would be different? What would be ideal?

Action

What actions do we need to take to make the ideal state a reality?

Who?

Who needs to take these actions? (what departments, specific positions).

Further Exploration

What aspects of this question and/or what response would we like to explore more deeply over the next 30 days?

AGENCY ASSESSMENT WORKSHEET POWER AND PRIVILEGE IN PROGRAMS AND SERVICES (CONTINUED)

How do we determine the viability of new ideas for programs and services?

Current State

How do we know? What tells us this is the case?

Ideal State

If we were to center equity, reimagine inclusion and focus on learning, what would be different? What would be ideal?

Action

What actions do we need to take to make the ideal state a reality?

Who?

Who needs to take these actions? (what departments, specific positions).

Further Exploration

What aspects of this question and/or what response would we like to explore more deeply over the next 30 days?

AGENCY ASSESSMENT WORKSHEET POLICY AND SYSTEM CHANGE

Does our agency mission and vision explicitly include diversity, equity and inclusion principles?

Current State

How do we know? What tells us this is the case?

Ideal State

If we were to center equity, reimagine inclusion and focus on learning, what would be different? What would be ideal?

Action

What actions do we need to take to make the ideal state a reality?

Who?

Who needs to take these actions? (what departments, specific positions).

Further Exploration

What aspects of this question and/or what response would we like to explore more deeply over the next 30 days?

Does our agency have an explicit commitment from leadership to center equity in our decision-making and program planning?

Current State

How do we know? What tells us this is the case?

Ideal State

If we were to center equity, reimagine inclusion and focus on learning, what would be different? What would be ideal?

Action

What actions do we need to take to make the ideal state a reality?

Who?

Who needs to take these actions? (what departments, specific positions).

Further Exploration

What aspects of this question and/or what response would we like to explore more deeply over the next 30 days?

AGENCY ASSESSMENT WORKSHEET

POLICY AND SYSTEM CHANGE

(CONTINUED)

Does our agency have an explicit commitment to move toward anti-racism/anti-dominant culture?

Current State

How do we know? What tells us this is the case?

Ideal State

If we were to center equity, reimagine inclusion and focus on learning, what would be different? What would be ideal?

Action

What actions do we need to take to make the ideal state a reality?

Who?

Who needs to take these actions? (what departments, specific positions).

Further Exploration

What aspects of this question and/or what response would we like to explore more deeply over the next 30 days?

In what ways does our budget reflect our health equity values?

Current State

How do we know? What tells us this is the case?

Ideal State

If we were to center equity, reimagine inclusion and focus on learning, what would be different? What would be ideal?

Action

What actions do we need to take to make the ideal state a reality?

Who?

Who needs to take these actions? (what departments, specific positions).

Further Exploration

What aspects of this question and/or what response would we like to explore more deeply over the next 30 days?

AGENCY ASSESSMENT WORKSHEET

EVALUATION AND IMPACT

How do our programs and services impact health?

Current State

How do we know? What tells us this is the case?

Ideal State

If we were to center equity, reimagine inclusion and focus on learning, what would be different? What would be ideal?

Action

What actions do we need to take to make the ideal state a reality?

Who?

Who needs to take these actions? (what departments, specific positions).

Further Exploration

What aspects of this question and/or what response would we like to explore more deeply over the next 30 days?

How do we use data proactively to inform and create new program and service initiatives?

Current State

How do we know? What tells us this is the case?

Ideal State

If we were to center equity, reimagine inclusion and focus on learning, what would be different? What would be ideal?

Action

What actions do we need to take to make the ideal state a reality?

Who?

Who needs to take these actions? (what departments, specific positions).

Further Exploration

What aspects of this question and/or what response would we like to explore more deeply over the next 30 days?

AGENCY ASSESSMENT WORKSHEET

EVALUATION AND IMPACT

(CONTINUED)

How do we evaluate how we are advancing health equity through program and service delivery?

Current State

How do we know? What tells us this is the case?

Ideal State

If we were to center equity, reimagine inclusion and focus on learning, what would be different? What would be ideal?

Action

What actions do we need to take to make the ideal state a reality?

Who?

Who needs to take these actions? (what departments, specific positions).

Further Exploration

What aspects of this question and/or what response would we like to explore more deeply over the next 30 days?

What sources do we use to measure our health equity outcomes? Are these sources available disaggregated by gender and race?

Current State

How do we know? What tells us this is the case?

Ideal State

If we were to center equity, reimagine inclusion and focus on learning, what would be different? What would be ideal?

Action

What actions do we need to take to make the ideal state a reality?

Who?

Who needs to take these actions? (what departments, specific positions).

Further Exploration

What aspects of this question and/or what response would we like to explore more deeply over the next 30 days?

AGENCY ASSESSMENT WORKSHEET

EVALUATION AND IMPACT

(CONTINUED)

Whose health is impacted by our programs and services (either for better or worse)?

Current State

How do we know? What tells us this is the case?

Ideal State

If we were to center equity, reimagine inclusion and focus on learning, what would be different? What would be ideal?

Action

What actions do we need to take to make the ideal state a reality?

Who?

Who needs to take these actions? (what departments, specific positions).

Further Exploration

What aspects of this question and/or what response would we like to explore more deeply over the next 30 days?

Are other credible sources dismissed because the power structure has either explicitly or implicitly deemed them unreliable?

Current State

How do we know? What tells us this is the case?

Ideal State

If we were to center equity, reimagine inclusion and focus on learning, what would be different? What would be ideal?

Action

What actions do we need to take to make the ideal state a reality?

Who?

Who needs to take these actions? (what departments, specific positions).

Further Exploration

What aspects of this question and/or what response would we like to explore more deeply over the next 30 days?

AGENCY ASSESSMENT WORKSHEET EVALUATION AND IMPACT (CONTINUED)

When we collect data, who is left out or underrepresented?

Current State

How do we know? What tells us this is the case?

Ideal State

If we were to center equity, reimagine inclusion and focus on learning, what would be different? What would be ideal?

Action

What actions do we need to take to make the ideal state a reality?

Who?

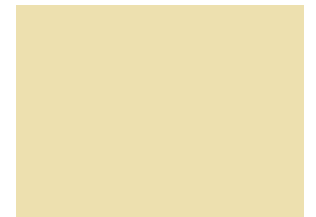
Who needs to take these actions? (what departments, specific positions).

Further Exploration

What aspects of this question and/or what response would we like to explore more deeply over the next 30 days?

HEALTH EQUITY INTEGRATION

WORKSHEET **PART 3**



PART 3: HEALTH EQUITY INTEGRATION

STEPS TO CENTER EQUITY AND CHANGE SYSTEMS

Now that your team has individually completed Part 1: The Self-Assessment and collaboratively completed Part 2: The Agency Assessment, it is time for action. The worksheet below is designed to help your team use the responses from the previous sections to create an action map that will guide your agency as it moves its current state to its ideal state.



People buying fresh tomatoes at a farmers market. Photo by Rawpixelimages, courtesy of Dreamstime.

Food and Nutrition Education Programs Instigate Greater Public Transportation Access to Farmers Markets for Kids and Families Living in San José's Alma Neighborhood

In California, the City of San José Parks, Recreation, and Neighborhood Services (PRNS) staff knows that community members living in the City's Alma neighborhood do not have great access to fresh food. As a result, PRNS created free and affordable summer healthy food programs at the Alma Community Center. Through NRPA's Increasing Access to Healthy Foods funds, PRNS provided transportation for kids and their families to and from the program at the community center, first through a shuttle system and then through distributing Valley Transportation Authority (VTA) transit passes. Not only did youth travel to the community center for classes, but also they participated in field trips across the city that showcased how to access fresh and healthy foods at farmers markets and other food outlets. Transit access not only helped youth get to the program, but the flexible VTA passes allowed youth to take their family members to these fresh food sites and to the community center where they were able to participate in intergenerational food-related activities, such as guacamole nights and cooking classes.

RETHINKING A COMMUNITY ENGAGEMENT PROCESS THAT IS CIRCULAR AND INCLUSIVE

Fluid communication channels between community members and organizations help better inform planning and implementing capital and programming projects around the trail system in Anchorage, Alaska.

The Alaska Native Heritage Center, Anchorage Park Foundation, the Municipality of Anchorage, the Native Village of Eklutna, the Athabaskans and the Dena'ina peoples came together to dream of how to recognize important historical places and move Indigenous place names into the local trail system and other important civic systems. The key to the project's success was holding community planning meetings at the Alaska Native Heritage Center — a cultural center representing 21 Alaska Native tribes and five cultural regions. The center is not only an incredible community resource, but many community members had never been there. The experience was educational and inclusive — bringing together community members from a range of generations and backgrounds.

The organizing parties learned many lessons from this planning process, including pacing (have to be slow and intentional, enabling the right organizational framework and time for participant learning and ideation); creating an inclusive environment (working with Alaska Native organizations and tribes on the front-end of the planning and design process); and acknowledging missteps when they happen (not falling backward, but falling forward in learning how to best engage and iterate). As part of this intentional effort, this trail-making project will visualize and revitalize native language to a broader community. In turn, community members and visitors to the trail will be able to readily learn and acknowledge the language, understand the trail's cultural and physical history, and bring more people together in unique open spaces.



Two kids run on a park trail. Photo by Monkey Business Images, courtesy of Dreamstime.

STEP 3A

Identify Stakeholders and Establish a Process for Community Engagement

As your agency begins to move from the current state to the ideal state, it is important to engage affected community stakeholders in the development and implementation of program and service delivery. Engaging affected community stakeholders early and meaningfully in the goal setting and planning process can help build credibility and trust. Additionally, community perspectives can help your agency better understand their unique health desires and needs. In addition to the information included in this framework, NRPA also has developed a comprehensive *Community Engagement Resource Guide*¹³ that provide tools and resources.

When developing a **community engagement** process, consider the following questions:

- » Who should have power, internally and externally, in shaping our agency's health equity results, goals and actions? How is power defined? Decided? Divided? Held accountable?
- » How can those most affected by our initiatives, programs and services be actively involved in the development of our health equity strategies?
- » How have we engaged our community in the past (i.e., surveys, focus groups, advisory boards)? What practices should we sustain? What practices should we end?
- » What steps will we take to ensure all racial and ethnic groups that are affected by our initiatives, programs and services are engaged in helping our agency develop strategies, initiatives, policies and system changes to advance health equity?
- » What new structures of engagement and targeted outreach are needed to get more diverse participation?

¹³ <https://www.nrpa.org/publications-research/best-practice-resources/community-engagement-resource-guide/>



A group of young professionals celebrating collaboration. Photo by Volodymyr Melnyk, courtesy of Dreamstime.

TO PLAN YOUR OUTREACH TO AFFECTED COMMUNITY MEMBERS, COMPLETE THE FORM BELOW FOR EACH POTENTIAL STAKEHOLDER:

Partner / Specific Individual	How Can We Support Their Work?
Organization / Affiliation	How Will We Engage Them? How Often?
What Is Their Vision for Health Equity?	Next Opportunity for Engagement
What Can They Contribute to Our Equity Work (i.e., perspective, connections, resources)?	Who From Our Team Will Reach Out? By When?
	Result of Initial Outreach

STEP 3B

Convene Internal and External Stakeholders to Establish a Health Equity Result Statement

Now that your organization has taken the agency audit, identified possible stakeholders to engage, and found itself somewhere on the good to great continuum (p. 58), it is time to develop/establish a Health Equity Result Statement.

A clear result statement can help to mobilize partners and resources. Work with internal and external stakeholders to clearly articulate your health equity result. A powerful result statement includes: the problem you are trying to address, who will benefit from your work and the specific and detailed actions you will take over a specific period of time.

Most importantly, the Health Equity Result Statement will be your agency's call to action. Once your agency has established a Health Equity Result Statement, use it in Part 4 as the basis for action planning, the standard to which you will measure agency success, and the commitment to which you will hold yourself and your agency accountable.

Dynamic youth engagement led by a new community engagement and outdoor programming division within the Memphis Parks department is changing the way public open spaces are improved and used

Mayor Jim Strickland has a priority: engaging youth in the development of parks and open spaces in the City of Memphis, Tennessee. Through the only substantial parks budget increase in a decade, the mayor supported the creation of the **Play Your Park** program within the Memphis Parks Division to facilitate its youth-centered programming. The program focuses on youth and family engagement, as the city realized it had not been listening to the youth and incorporating their ideas into the planning and design of public open spaces. This investment was critical to secure staff positions dedicated to this vision and mission and to creating and implementing a sustainable community engagement model and process. To guide the engagement process, the city created the Design a Park program. The city recruits youth at community centers and libraries, offering safe spaces to plan and gather around food after school and over holiday breaks and, at times, providing community engagement opportunities for adult caretakers as well. During Design a Park, youth of different ages come together and create park plans using 3D building prompts (e.g., blocks, paper, markers). During some initial planning sessions, youth have identified the ways within public open spaces to impact homelessness, solve food desert issues, and ensure privacy and safety for users of public pools, among other critical and current challenges.

STEP 3B CONTINUED

A SAMPLE HEALTH EQUITY RESULT STATEMENT MIGHT BE:

We are committed to creating healthy spaces that welcome all people regardless of their race, ability, economic status, immigration status, gender identification or sexual orientation. Over the next year, we will identify and dedicate 10 percent of our fiscal budget to double participation in our programs and services among people of color.

Rethinking how kids and families access healthy foods and how data collected from participation in those programs can inform enhanced service offerings

The Central Arkansas Library System (CALS) is thinking differently. Traditionally, the library system would not have measured kids' and families' healthy food access or incorporate those measures and associated goals into their annual operating plans. But as chief administrator of the Be Mighty Little Rock campaign, CALS works with public institutions and community organizations to bolster health equity opportunities through food access programs in the City of Little Rock and Perry and Pulaski (Arkansas) counties. Though some of the grants supporting this program and associated programs require data collection on intended grant outcomes from the funders, such as number of meals served and number of bus passes distributed, CALS has taken that data collection further — working with public and private partners to collect quantitative and qualitative data, analyze the data, and use the analysis to inform service offerings across its library branches, as well as create more sustainable initiatives and programs that address real-time needs.

ORGANIZATIONAL EQUITY CHECKLIST:

From Good to Great — Completing the Checklist

The concepts of justice, equity, diversity and inclusion exist on a continuum, from representation to integration. This checklist is designed to provide you with a snapshot of where your agency is on the continuum (see page 58). There is no wrong place to be and there will always be opportunity to achieve and advance equity in your work. Use this checklist to determine your agency's current position and opportunities to move to the next level.

INSTRUCTIONS:

1. Complete this activity with your agency colleagues and staff.
2. Review the list of equity elements on the left-hand side of the chart.
3. Determine where your agency currently is with regard to advancing equity (Good, Better or Great). **Check all the statements that represent your agency's current state.**

If your agency has not implemented any or all of the equity elements associated with "Good," and therefore, cannot yet be found on this continuum, start where you are and begin to work through the first five equity elements on this list. If your agency scores "Great," it does not mean the work is finished. Keep in mind that this is not a linear process. You may find that you have completed several items in the "good" category, a few items in the "better," and maybe one item in the "great" category. The ultimate goal of this exercise is to help you see areas that you can work on as an organization. Assessments should be reviewed and revisited consistently. Advancing health equity is an iterative process and requires adjustment as progress is made. Sample equity actions are provided to help your agency identify opportunities and think through possible actions that can be taken to move through the continuum.

AGENCY RATING GUIDE

GOOD

Park and recreation agencies focus on elevating equity by increasing, in number, diverse groups of people in positions of power within the agency and in park spaces.

BETTER

Park and recreation agencies evolve their culture to value all people's contribution to park spaces.

GREAT

Park and recreation agencies address systemic social conditions (the root causes of inequity), both internally and externally.

GOOD

Acknowledge the historical context of dominant and oppressive culture as it relates to parks and recreation in the community we serve.

Open dialogues about race and health equity among park and recreation staff and park visitors.

Believe that diverse representation is important and seek ways to increase representation among park and recreation staff and visitors.

Establish a shared vocabulary for equity concepts.

Identify health equity champions within park spaces at leadership, staff and community levels.

BETTER

Name health equity work as a strategic priority for the agency.

Acknowledge how racism and dominant culture bias have aided in the creation of policies and practices that may have a negative impact on the health of the communities we serve.

Offer equity diversity, and inclusion training to staff and community with an emphasis on how these concepts impact health outcomes.

Agency inclusion statements have been developed and are widely known by all levels of staff.

Engage diverse groups of community members and partners in decision-making related to planning and implementing programs and services.

External communications about programs and services reflect the communities served.

Different sources of data are invited and integrated into program and services planning and evaluation.

Collect disaggregated data to inform equitable decision-making and program planning.

GREAT

Confirm explicit agency commitment from leadership to move toward anti-racism or anti-dominant culture and advance equity in all of its forms.

Agency mission and vision explicitly include diversity, equity and inclusion language.

Hiring policies reflect the agency's commitment to racial equity and anti-racism by measuring applicants based on their understanding of and personal commitment to racial equity.

Mandate equity, diversity and inclusion training for agency staff and leadership.

Black, Latino, Indigenous and Asian American staff and community members have the power and authority to develop long-term strategic plans and measurable goals for advancing health equity.

Agency budgets and expenditures align with health equity values.

Stories from affected community members are collected and used to inform and create new program and service initiatives.

SAMPLE EQUITY ACTIONS TO MOVE TO THE NEXT LEVEL

Acknowledge the historical context of dominant and oppressive culture as it relates to parks and recreation in the community we serve.

SAMPLE ACTION:

Moving From Good to Better: Form an internal working group to explore the history of the organization through a racial justice lens. Document cases of dominant/oppressive culture and decision making and use it as a case study to educate staff and discuss ways to eradicate similar behavior(s) in the future. This working group also could engage community members in discussing past injustices, thereby establishing trust and building relationships.

Open dialogues about race and health equity among park and recreation staff and park visitors.

SAMPLE ACTION:

Moving From Better to Great: Host a series of community-driven conversations around race, health equity (facilitated by community members or trusted community partners) for park staff and community members. Provide incentives like childcare and food and agree on park principles or rules.

Believe that diverse representation is important and seek ways to increase representation among park and recreation staff and visitors.

SAMPLE ACTION:

Moving From Good to Better: Commit to elevating Black, Latino, Indigenous and Asian American people into positions of power within the organization and monitor retention rates of Black, Latino, Indigenous and Asian American staff.

Establish a shared vocabulary for equity concepts.

SAMPLE ACTION:

Moving From Good to Better: Once a shared vocabulary has been established, post this vocabulary in all public and communal spaces, as well as the organization's website.

Identify health equity champions within park spaces at leadership, staff and community levels.

SAMPLE ACTION:

Moving From Good to Better: Health equity champions are community members who have the authority to make decisions and the budget to allocate resources to advance policies, programs and services that support the organization's health equity goals.

Name health equity work as a strategic priority for the agency.

SAMPLE ACTION:

Moving From Better to Great: All staff must identify a health equity learning goal as part of their annual performance review.

Acknowledge how racism and dominant culture bias have aided in the creation of policies and practices that may have a negative impact on the health of the communities we serve.

SAMPLE ACTION:

Moving From Good to Better: Conduct a racial equity assessment of existing policies and practices. Take action based on findings and report on progress.

SAMPLE EQUITY ACTIONS TO MOVE TO THE NEXT LEVEL

Offer diversity, equity and inclusion training to staff and community with an emphasis on how these concepts impact health outcomes.

SAMPLE ACTION:

Moving From Good to Better: Facilitated dialogues, separate from equity trainings or even following equity trainings, are held to create a space for staff to discuss how to apply their trainings.

Moving From Better to Great: Following trainings, staff should commit to action and track their progress.

Ensure agency inclusion statements are developed and widely known by all levels of staff.

SAMPLE ACTION:

Moving From Better to Great: Administer a survey to all staff to measure inclusion and track progress.

Engage diverse groups of community members and partners in decision making related to planning and implementing programs and services.

SAMPLE ACTION:

Moving From Good to Better: Use NRPA's [Community Engagement Guide](#) to shape the way in which community is included in the decision-making and program-planning process.

Moving From Better to Great: Establish a community board that has decision-making power related to planning and implementation.

Develop external communications about programs and services that reflect the communities served.

SAMPLE ACTION:

Moving From Good to Better: External communications are reviewed by health equity community champions.

Integrate different data sources into program and services planning and evaluation.

SAMPLE ACTION:

Moving From Good to Better: Data sources are identified and approved by community members.

Collect disaggregated data to inform equitable decision making and program planning.

SAMPLE ACTION:

Moving From Better to Great: Disaggregated data is combined with stories from community members and used to inform decision making and program planning.

Confirm explicit agency commitment from leadership to move toward anti-racism or anti-dominant culture and advance equity in all of its forms.

SAMPLE ACTION:

Moving From Better to Best: Leadership established a health equity or undoing racism plan and tracks progress.

SAMPLE EQUITY ACTIONS TO MOVE TO THE NEXT LEVEL

Agency mission and vision explicitly include diversity, equity and inclusion language.

SAMPLE ACTION:

Moving From Better to Great: Agency mission and vision are centered around equity.

Hiring policies reflect the agency commitment to racial equity and anti-racism by measuring applicants based on their understanding of and personal commitment to racial equity.

SAMPLE ACTION:

Moving From Good to Great: Consider including racial equity and anti-racism competencies as an expectation of professional development.

Mandate diversity, equity and inclusion training for agency staff and leadership.

SAMPLE ACTION:

Moving From Good to Great: Have staff commit to diversity, equity and inclusion action and track their progress.

Black, Latino, Indigenous and Asian American staff and community members have the power and authority to develop long-term strategic plans and measurable goals for advancing health equity.

SAMPLE ACTION:

Moving From Good to Great: Black, Latino, Indigenous and Asian American community members have the power to influence decisions through a community advisory board.

Agency budgets and expenditures align with health equity values.

SAMPLE ACTION:

Moving From Good to Great: Budgets are created and analyzed through an equity lens. Supporting the community is central to the budget.

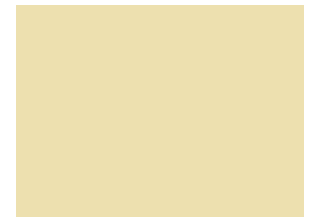
Stories from affected community members are collected and used to inform and create new program and service initiatives.

SAMPLE ACTION:

Moving From Good to Great: Community members share their experiences to inform and create new services. They monitor the effectiveness of the programs.

COMMITTING TO THE CALL

WORKSHEET **PART 4**



PART 4: COMMITTING TO THE CALL

ACTION PLANNING TO ADVANCE HEALTH EQUITY

Advancing health equity requires a commitment to the community that is rooted in fairness and justice. It requires that you and your agency engage in self-reflection and continual examination of beliefs and biases, as well as policies, practices, and procedures to ensure they are not serving as unintentional barriers to equity.

Your agency's efforts to advance health equity should produce outcomes that can be measured and celebrated. The efforts your agency takes to elevate equity and promote justice will require innovation. Reallocating resources, shifting decision making power, and lifting up voices that are often left unheard are tangible ways to demonstrate your agency's commitment to advancing equity and promoting health within the community.

Whatever your agency decides, there must be a shared vision for the work. In Parts 2 and 3 of this framework, you worked together with your colleagues to identify your agency's areas of strength. You also may have identified areas upon which your agency could improve. Part 4 of the framework will provide you the opportunity to make a plan of action to build upon current efforts and to advance equity within agency culture (policies, practices and structures) and agency programs, services, and facilities.

As a team, use the worksheets in this section to create an action plan to advance equity by:

1. Establishing a shared vision for success.
2. Identifying the steps it will take to achieve success (do not forget to identify who will be responsible for taking those steps).
3. Determining the resources needed to take those steps and how you will secure them.
4. Deciding how you will measure the impact of those steps.

USING A RACIAL EQUITY LENS TO DRIVE CAPITAL FUNDS FOR PARK AND RECREATION PROJECTS

The Minneapolis Parks and Recreation Board is the first park agency in the nation to incorporate a racial and economic equity mandate and measures into its ordinances that guides the capital improvement program. An ordinance component, the 20-Year Neighborhood Park Plan (NPP20) provides a long-term action plan to ensure that current and additional levels of annual Minneapolis Parks and Recreation Board funding are used in a data-driven, criteria-based system to help address racial and economic equity.

NPP20 equity criteria include racially concentrated areas of poverty, population density, youth population, neighborhood safety, park assets including conditions, and age, as well as a ratio of past 15-year park investments to replacement cost of major neighborhood park assets. Data to inform these criteria are collected through the following methods: researching trends and conducting community engagement for specific projects, as well as building and sustaining relationships with community members over time, and research for each major activity or group of activities in a park system.

ACTION PLAN TO ADVANCE HEALTH EQUITY

AGENCY CULTURE (STAFF, POLICY, STRUCTURES)

When answering the questions below, consider the actions that would support your agency culture, including staff, existing policies and structures.

What does success look like?

What steps will we take in the next 30 days?

What steps will we take in the next six months?

What steps will we take in the next year?

What resources are needed to implement these actions?
How will we secure resources?

What indicators will tell us if we are on a path to success?

How will we hold ourselves accountable for these actions,
internally and externally?

ACTION PLAN TO ADVANCE HEALTH EQUITY

ACTIONS THAT INDIVIDUAL STAFF MEMBERS CAN TAKE ON THEIR OWN

What does success look like?

EXAMPLE:

Greater self-awareness of personal biases.

What steps will we take in the next 30 days?

EXAMPLE:

Take the Harvard Implicit Association Test.

What steps will we take in the next 90 days?

EXAMPLE:

Read two new books on diversity, equity and inclusion.

What steps will we take in the next six months?

EXAMPLE:

Intentionally connect with someone who has had different lived experiences than my own.

What steps will we take in the next year?

EXAMPLE:

Volunteer or donate to a cause that supports the lives and lived experiences of groups to which I do not belong, but i support.

What resources are needed to implement these actions?

How will we secure resources?

EXAMPLE:

- » Harvard Implicit Association Test
- » Provide a diversity, equity and inclusion reading list
- » Develop a list of organizations that represent groups with different lived experiences than my own

What indicators will tell us if we are on a path to success?

EXAMPLE:

- » Meaningful and constructive engagement with people who are not like me
- » Ability to check my own privilege and speak out against injustices that I see

How will we hold ourselves accountable for these actions, internally and externally?

EXAMPLE:

Commit to monthly check-ins with an accountability partner who is willing to journey with me during this process.

ACTION PLAN TO ADVANCE HEALTH EQUITY

AGENCY PROGRAMS AND SERVICES

When answering the questions below, consider the actions that would support your agency's programs and services.

What does success look like?

What resources are needed to implement these actions?

How will we secure resources?

What steps will we take during the next 30 days?

What indicators will tell us if we are on a path to success?

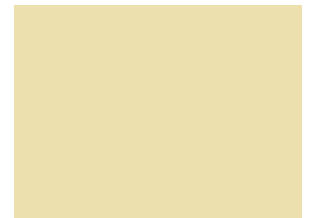
What steps will we take during the next six months?

How will we hold ourselves accountable for these actions, internally and externally?

What steps will we take during the next year?



CONCLUSION



SECTION 4

CONCLUSION

When we achieve equity, everyone benefits. Achieving equity requires action. While there is still so much to learn, we recognize that even the smallest step in the fight toward equity and justice is never wasted. We hope that within this document you will find applicable tools, resources and stories to help you promote health and elevate equity in all of its forms. NRPA will be developing professional learning opportunities to help you as you continue on this journey and find meaningful ways to elevate health equity in your agency.



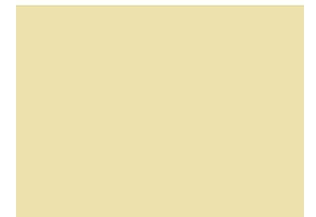
A group of smiling children stand together in nature. Photo by Rawpixelimages, courtesy of Dreamstime.



A group of friends walk outside. Photo by Roman Chazov, courtesy of Dreamstime.



GLOSSARY OF TERMS



SECTION 5

A park with public bench is covered in fallen leaves. Photo by Paul Gilfeather, courtesy of Dreamstime.

GLOSSARY OF TERMS (LISTED IN ALPHABETICAL ORDER)

ANTI-RACISM

The work of actively opposing racism by advocating for changes in political, economic and social life. Anti-racism tends to be an individualized approach, set-up in opposition to individual racist behaviors and impacts. (Definition from [Racial Equity Tools](#))

COMMUNITY ENGAGEMENT

The process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest or similar situations to address issues affecting the well-being of those people. It is a powerful vehicle for bringing about environmental and behavioral changes that will improve the health of the community and its members. It often involves partnerships and coalitions that help mobilize resources and influence systems, change relationships among partners and serve as catalysts for changing policies, programs and practices. (Definition from [The Centers for Disease Control and Prevention](#))

DIVERSITY

Differences in racial and ethnic, socioeconomic, geographic and academic/professional backgrounds; people with different opinions, backgrounds (degrees and social experience), religious beliefs, political beliefs, sexual orientations, heritage and life experience. (Definition adapted from [Racial Equity Tools](#))

DOMINANT CULTURE

Organizational culture that is heavily influenced by the leadership, management and organizational development as defined by white men and women. Dominant cultures do not embrace diversity of any kind beyond representation, and they promote assimilation over integration. (Definition adapted from [Equity in the Center](#))

EQUALITY

Ensuring that every individual has an equal opportunity to make the most of their lives and talents. Health equality refers to allocating resources equally among beneficiaries. Equality = Same. (Definition adapted from [The Equality and Human Rights Commission](#))

EQUITY

The absence of avoidable, unfair or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically or by other means of stratification. Equity = Fairness and Justice. (Definition from [The World Health Organization](#))

HEALTH EQUITY

Fair and just opportunities afforded to everyone, so that all people can attain their highest level of health; valuing everyone equally with sustained efforts and resources heavily focused on addressing unjust, unfair and avoidable historical, social and political injustices and eliminating health disparities. Allocating resources on the basis of need. (Definition adapted from [The Root Cause Coalition](#))

GLOSSARY OF TERMS (CONTINUED)

HEALTH INEQUITY

Systematic differences in health status or the distribution of health resources between different populations arising from the social conditions in which people are born, grow, live, work and age. They are unfair and avoidable and have significant social and economic costs to both individuals and societies.

(Definition from [The World Health Organization](#))

IMPLICIT BIAS

The attitudes or stereotypes that affect our understanding, actions and decisions in an unconscious manner. These biases are activated involuntarily and without an individual's awareness or intentional control and not accessible through introspection. (Definition from the [Kirwan Institute](#))

INCLUSION

- » Authentically bringing traditionally excluded individuals and/or groups into the processes, activities and decisions/policymaking in a way that shares power, recognizes and celebrates differences, and ensures that people feel welcome and everyone has the equitable access to opportunities.

(Definition adapted from [Racial Equity Tools](#))

- » Removing barriers, both physical and theoretical, so that all people have an equal opportunity to enjoy the benefits of park and recreation. (Definition from [The National Recreation and Park Association](#))

PRIVILEGE

Unearned access to resources (social power) that are only readily available to some people because of their social group membership; an advantage or immunity granted to or enjoyed by one societal group above and beyond the common advantage of all other groups. Privilege is often invisible to those who have it, but, nevertheless, puts them at an advantage over those who don't have it.

(Definition from [Racial Equity Tools](#))

OPPRESSION

When an agent group, whether knowingly or unknowingly, abuses a target group. This pervasive system is rooted historically and maintained through individual and institutional/systematic discrimination, personal bias, bigotry and social prejudice, resulting in a condition of privilege for the agent group at the expense of the target group. (Definition from [The National Conference for](#)

[Community and Justice](#))

RACIAL EQUITY

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 fail to eliminate them. (Definition from [Racial](#)

[Equity Tools](#))

GLOSSARY OF TERMS (CONTINUED)

RACISM

The individual, cultural and institutional beliefs and discrimination that systematically oppress people of color. (Definition from [The National Conference for Community and Justice](#))

SOCIAL POWER (ALSO KNOWN AS POWER)

Access to resources that enhance one's chances of getting what one needs in order to lead a comfortable, productive and safe life. (Definition from [The National Conference for Community and Justice](#))

STRUCTURAL/SYSTEMIC RACISM

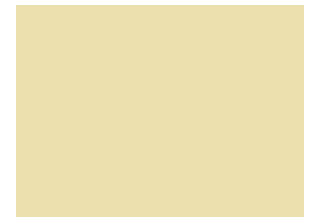
The normalization and legitimization of an array of macro-level systems and dynamics that routinely advantage whites while producing inequities among racial and ethnic groups and cumulative, chronic adverse outcomes for people of color. Structural racism encompasses the entire system of white domination, diffused and infused in all aspects of society, including its history, culture, politics, economics and entire social fabric. It involves reinforcing effects of multiple institutions and cultural norms, past and present. (Definition adapted from [Racial Equity Tools](#))

WHITE SUPREMACY

The ideology that white people and the ideas, thoughts, beliefs and actions of white people are superior to people of color and their ideas, thoughts, beliefs and actions. While most people associate white supremacy with extremist groups, like the Ku Klux Klan and the neo-Nazis, white supremacy is ever present in our institutional and cultural assumptions that assign value, morality, goodness and humanity to the white group, while casting people and communities of color as worthless (worth less), immoral, bad, inhuman and “undeserving.” Drawing from critical race theory, the term “white supremacy” also refers to a political or socioeconomic system, where white people enjoy structural advantage and rights that other racial and ethnic groups do not both at a collective and an individual level. (Definition taken from [Racial Equity Tools](#))



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SECTION 6

A group of young professionals brainstorm. Photo by Fsstock, courtesy of Dreamstime.

ABOUT NRPA

The National Recreation and Park Association (NRPA) is the leading not-for-profit organization dedicated to building strong, vibrant and resilient communities through the power of parks and recreation. With more than 60,000 members, NRPA advances this vision by investing in and championing the work of park and recreation professionals and advocates — the catalysts for positive change in service of equity, climate-readiness, and overall health and well-being.

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 - Central Arkansas Library System
- » Memphis, Tennessee
 - City of Memphis
- » Minneapolis, Minnesota
 - Minneapolis Park and Recreation Board
- » San Jose, California
 - City of San José Parks, Recreation and Neighborhood Services
- » Seattle, Washington
 - Seattle Parks and Recreation

ELEVATING HEALTH EQUITY THROUGH PARKS AND RECREATION

A Framework for Action

