**INSTRUCTIONS**

Use the following worksheets to customize the messages for a policy specific to your community or issue. The first worksheet is designed to customize messages for policymakers who may be more ready for direct conversations about racial equity. The second worksheet is designed to customize messages for decision-makers who may be less ready for direct conversations. Choose the one that best fits your situation, using the “more ready” version if you can.

**WORKSHEET 1: DECISION-MAKERS WHO MAY BE MORE READY FOR DIRECT CONVERSATION**

|  |  |  |
| --- | --- | --- |
| **Original message, for a decision-maker more ready for the conversation** | **Tips and Considerations** | **Tailor this message to your policy, communities and decision-makers** |
| Policies—past and present—influence the physical, economic, cultural and social environments of communities. They often have different and unjust outcomes in [*communities of color and Indigenous communities, in both urban and rural areas*], including poorer health, lower income, higher medical costs, and limited opportunities for social, economic and financial advancement.*[Use shared or additional proof points]* | **Use data**. Be ready with at least one local proof point to show disproportionate impact. Census data can provide a good starting point. Choose those that will be most relevant based on what you know of this decision-maker. * You might use health outcomes, environmental conditions, like availability of parks and grocery stores, etc.
* You can also use the points shown here, or augment or replace them with related local data. Who has been most affected by COVID-19? Is there a local economic study that shows disparities in income/wealth? Are there specific disparities that stand out and that you can tie to policy or structural conditions?

**If you don’t have data available, storytell**.* Anecdotal information with a focus on personal stories directly from members of the affected community.
* Examples of something similar working in your area or another area.
* A visit, or a virtual visit via photos or video, to help decision-makers see the affected area and how it differs from other areas at different income and opportunity levels.
 |  |
| New policies cannot undo the damage of structural racism and ongoing discrimination, but they can advance health and prevent future harm. | **Give an example.** Be ready with an example policy that is advancing racial equity to demonstrate that this can be done. If you can, show how the community played an active role in shaping and supporting the policy. (Take care not to bring up a policy the person you’re talking with opposes, as this could derail the conversation.)  |  |
| When people make decisions about their health—or the health of their children—we should be sure that policies do not limit their options and opportunities. We need to recognize and address the ways in which policies impact communities differently, especially those most affected by structural racism.  | **Give an example.** Tell a story or share data related to your policy about how options are currently limited. Start by saying: “Right now, our policies (or lack of policies) limit options. For example…”  |  |
| Together with the *(insert specific)* communities, we have an opportunity to take a step toward racial equity with this policy by prioritizing action in communities where structural racism limits options and leads to worse health outcomes and by working with the communities to specify how it should be implemented. The policy language needs to specify (*customize the “ask”).*   | **Showcase your community.** Ideally you will be able to demonstrate that community members have played leading roles in deciding where and how policies should be implemented. If you’re not there yet, ask for this to be part of the process moving ahead. This sense of local action and the hard work communities put into developing solutions are motivating for decision-makers and offer some political cover and support. **Request specific language, including:** * Where policy should be focused first and why.
* How outcomes will be measured, assessed and reported.
* How enforcement should happen, by whom, guided by community.
 |  |
| We are committed to having direct conversations about racial equity—it’s as important to us as advancing the policies themselves. We have research-based messages that we're using with other decision-makers who are less ready for these conversations. How might we work together to make racial equity a prominent part of this policy conversation?  | **Keep the door open.** Depending on how the conversation has gone, extend this offer and share the messages. Discuss how you might work together to consistently make the case for targeting policies. Exploring opportunities and barriers together can give you insight into the decision-maker’s position and also shape your strategy for engaging others. |  |

**WORKSHEET 2: DECISION-MAKERS WHO MAY BE LESS READY FOR DIRECT CONVERSATION**

|  |  |  |
| --- | --- | --- |
| **Original message, for a decision-maker less ready for the conversation** | **Tips and Considerations** | **Tailor this message to your policy, communities and decision-makers** |
| We will know that we have achieved health and racial equity when race can no longer be used to predict health, well- being and longevity. |  |  |
| Policies—past and present—influence the physical, economic, cultural and social environments of communities. They often have different and unjust outcomes in [*communities of color and Indigenous communities, in both urban and rural areas*], including poorer health, lower income, higher medical costs, and limited opportunities for social, economic and financial advancement.* *For generations – and continuing today – the life expectancy for people of color has often been a decade or more shorter than for white people.[[1]](#footnote-1)*
* *In large part, that is because of generations policies have placed people of color at significant disadvantage by denying education, mortgages, loans and health benefits provided to white people.[[2]](#footnote-2)*
* *[Add shared proof points from Message Guide or additional local proof points.]*
 | **Use data.** Be ready with at least one local proof point to show disproportionate impact. Census data can provide a good starting point. Choose those that will be most relevant based on what you know of this decision-maker. * You might use health outcomes, environmental conditions, like availability of parks and grocery stores, etc.
* You can also use the points shown here, or augment or replace them with related local data. Who has been most affected by COVID-19? Is there a local economic study that shows disparities in income/wealth? Are there specific disparities that stand out and that you can tie to policy or structural conditions?

**If you don’t have data available, storytell.*** Anecdotal information with a focus on personal stories directly from members of the affected community.
* Examples of something similar working in your area or another area.
* A visit, or a virtual visit via photos or video, to help decision-makers see the affected area and how it differs from other areas at different income and opportunity levels.
 |  |
| When people make decisions about their health—or the health of their children—we should be sure that policies do not limit their options and opportunities. We need to recognize and address the ways in which policies impact communities differently.  | **Give an Example.** Tell a story or share data related to your policy about how options are currently limited. Start by saying: “Right now, our policies (or lack of policies) limit options. For example…”    |  |
| Together with the *(insert specific)* communities, we have an opportunity to make this policy most effective by prioritizing action where it will meet the greatest need, and by working with the communities to specify how it should be implemented. The policy language needs to specify (*customize the “ask”).* | **Showcase your community.** Ideally you will be able to demonstrate that community members have played leading roles in deciding where and how policies should be implemented. If you’re not there yet, ask for this to be part of the process moving ahead. This sense of local action and the hard work communities put into developing solutions are motivating for decision-makers and offer some political cover and support. **Request specific language, including**: * Where policy should be focused first and why.
* How outcomes will be measured, assessed and reported.
* How enforcement should happen, by whom, guided by community.
 |  |
| Let’s continue this conversation and learn together. We can go even farther by intentionally creating policies that do not continue giving white people advantages not offered to communities of color. We can help.   | **Keep the door open.** Depending on how the conversation has gone, extend this offer and share the messages. Discuss how you might work together to consistently make the case for targeting policies. Exploring opportunities and barriers together can give you insight into the decision-maker’s position and also shape your strategy for engaging others.   |  |

1. [Race, Racism and Health - RWJF](https://www.rwjf.org/en/library/collections/racism-and-health.html) www.rwjf.org/en.library/collections/racism-and-health.html [↑](#footnote-ref-1)
2. Keith Churchwell et al., “Call to Action: Structural Racism as a Fundamental Driver of Health Disparities: A Presidential Advisory from the American Heart Association,” Circulation 142, no.24 (November 2020), www.ahajournals.org/doi/10.1161/CIR.0000000000000936 [↑](#footnote-ref-2)