

Equity Framework

Our Equity Framework explains why we center racial equity in all our work at the Trust. It offers a common understanding of what we mean when we talk about equity, how we got here, and where we're going.

Our Mission and Vision at the Intersection of Equity

The Kate B. Reynolds Charitable Trust is a 75-year-old foundation charged with improving the health and quality of life for people with low incomes in Forsyth County and around North Carolina.

Kate B. Reynolds was interested in improving health for all people, but her work and will specified a particular focus on financially vulnerable individuals and families. We are on a journey for racial equity, finding ways to put Kate B. Reynolds' vision in today's context. In partnership with communities, we are working for thriving residents, equitable access to health care, and equitable health outcomes.

We began this process by listening to and learning from the communities we serve. We looked inward and continued to expand our team and partners to include more people who shared lived experiences with these communities. We looked outward and named specific goals and outcomes—rooted in systems change—to improve the health and quality of life for people with low incomes and people of color because we know racism and lack of access to quality health care, educational opportunities, and economic mobility are inextricably linked.

The trust's work today and our focus on racial equity were not derived from popular trends but rather from joining the vision of Mrs. Reynolds with an understanding of community input, data, history, and systems in the state.

Defining Racial Equity and Racism

What do we mean by racial equity?

The organization [Race Forward](#), a group founded in 1981 to promote systemic analysis and an innovative approach to complex race issues, helpfully defines racial equity as “a process of eliminating racial disparities and improving outcomes for everyone.” Race Forward adds, “It is the intentional and continual practice of changing policies, practices, systems, and structures by prioritizing measurable change in the lives of people of color.”ⁱ [The Aspen Institute](#) adds this about racial equity: “Racial equity refers to what a genuinely non racist society would look like. In a racially equitable society, the distribution of society’s benefits and burdens would not be skewed by race. In other words, racial equity would be a reality in which a person is no more or less likely to experience society’s benefits or burdens just because of the color of their skin.”ⁱⁱ

This means that equity is, by definition, an outcome. To understand whether different races are more or less likely to experience society’s benefits or burdens we can follow the data on disparities.

It is important to understand that using what is sometimes called an equity lens flips the traditional approach to health improvement efforts. Historically, these initiatives target the entire population and in the hope that all people will benefit. Centering equity means analyzing data and disparities, seeking out information on differential outcomes by race, examining the historical and contextual drivers of these disparities, and listening to the people most impacted by poor outcomes. An equity lens means starting work by changing the policies, systems, and practices perpetuating disparities. If we start with improving the policies and systems driving disparities, we are more likely to improve outcomes for everyone, rather than starting with everyone and hoping benefits trickle down to marginalized communities.

While confronting individual racism is critical, the primary thrust of our initiatives must be rectifying systemic racism.

What is racism?

To achieve racial equity, we must confront racism in all its forms.

Racism is a belief that race is a fundamental determinant of human traits and capacities, and that racial differences produce an inherent superiority of a particular race.ⁱⁱⁱ

Because we are interested in systems change, it is important to understand systemic racism. Race Forward breaks down systemic racism into two categories: institutional racism and structural racism. Institutional racism occurs within institutions. This could include, for example, policies and practices at a hospital that produce or exacerbate racial disparities in hiring or in health outcomes for

a community. Structural racism is racial inequities across institutions, policies, and political structures. The racial wealth gap is an example of structural racism, as we will describe in the historical analysis below. It is the result of years of interconnected policies and practices that produce racial disparities.^{iv}

Working for equity means addressing racism at both the individual and systemic levels. At the individual level, that means understanding and mitigating our own biases. It also means helping coalitions and technical assistance partners understand interpersonal bias, historical inequities, and microaggressions in order to build stronger partnerships across racial and ethnic divides. While confronting individual racism is critical, the primary thrust of our initiatives must be rectifying systemic racism.

Why We Work for Racial Equity

Why data about equity matters

To understand why our work focuses on racial equity and systems, we must start with the data, specifically data that's disaggregated by race and place. The infant mortality rate is a critical health outcome of concern to the Trust, the state, and many people across North Carolina, and it provides an illustrative example.

Infant mortality rate is the number of deaths of children younger than one year of age, expressed per 1,000 live births. The United States had 5.7 children die per 1,000 live births. Internationally, this ranked us between the Slovak Republic and Chile.^v North Carolina fares worse than the United States overall. In 2018, our state had 6.8 deaths per 1,000 live births. Our state's health improvement plan aims to reduce that number to six deaths per 1,000 live births by 2030.^{vi}

These averages do not tell the whole story. When we break down these numbers by race, we get a more complex picture. White babies in North Carolina are faring better than the state average. At five deaths per 1,000 live births, white children in North Carolina are also doing better than the national average. Black babies, meanwhile, are dying at much higher rates than the state or national average. In North Carolina, 12.2 Black children died per 1,000 live births in 2018. This is worse than Chile, China, and Turkey. It is more akin to the infant mortality rate in Brazil.

The data illustrates that the only path to the vision Mrs. Reynolds established is through confronting these racial disparities.

Data alone does not explain why something happens. For that, we need history and context. But if we only look at the data, we can see that to achieve the state's goal of significantly decreasing the number of children dying in North Carolina, it does not make sense to target everyone, or to focus resources on populations that are currently performing better than the state and national average. To improve the average, we must start with the families most often impacted by poor outcomes.

These disparities are not only evident in infant mortality rates; this pattern of disparities holds across many education, economic, and health measures.

Addressing disparities does not mean setting low expectations or focusing solely on a single population. It means setting high expectations for everyone and starting where the disparities are most stark. The data illustrates that the only path to the vision Mrs. Reynolds established is through confronting these racial disparities.

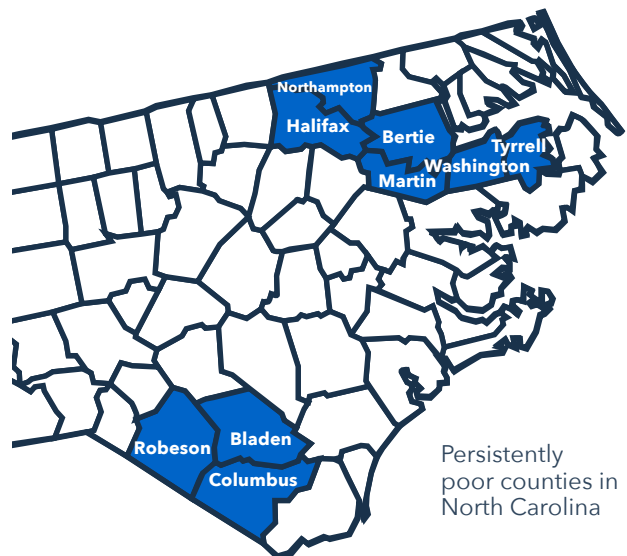
We believe that racial equity is central to accomplishing this task.

The Story Behind the Numbers

To understand the numbers, we need history and context. Many of the counties in North Carolina with the lowest life expectancy are in eastern North Carolina along the Virginia border or on the South Carolina border in the southeastern section of the state. These are also counties where nearly half or more than half of the population was enslaved in 1860.^{vii} Similarly, between six and 10 counties in North Carolina are considered persistently poor by the U.S. Department of Agriculture, meaning these counties have maintained poverty rates of 20 percent or more for more than 30 years. All of these counties are in eastern North Carolina, and nearly all of them had significant enslaved populations in 1860 or sizeable Native American populations.^{viii} This overlap is not coincidental. Nor is it the case that some people started out behind after the Thirteenth Amendment outlawed slavery in 1865 and they have not had enough time to catch up.

Instead, as many historians and scholars have documented, Black Americans faced new forms of oppression and economic exclusion as previous systems fell. This pattern of advance and retreat has held particular populations, especially Black and Native North Carolinians, in poverty.

The Trust focuses on health, education, and economic opportunity in Forsyth County and across the state, and it's critical to understand the history of how these systems developed in North Carolina. Each state and region has a different history and policy context. We want to make two overarching points in this historical overview.



The creators of these systems were often explicit and open about trying to perpetuate white political dominance and maintain sources of cheap labor.

The first is that, historically, nearly every system in North Carolina specifically targeted Black residents for exclusion and segregation. The creators of these systems were often explicit and open about trying to perpetuate white political dominance and maintain sources of cheap labor. A history of genocide and displacement meant that Native Americans did not constitute a statewide political threat by the 20th century. More recent immigrants to the state did not yet have enough critical mass to gain political power. In other words, these policies and systems were created in racially conscious ways to repress Black North Carolinians.

The second point is that inequities might have started with enslavement, but they did not end with emancipation. Many disparities were compounded over the years as one set of systems and laws was overturned and replaced with new forms of oppression.

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Disenfranchisement and patterns of inequity

In North Carolina, Black and white residents shared some measure of power after emancipation. In the period after the Civil War, the Reconstruction government rewrote the state constitution and included several important measures such as universal male suffrage, a public education system, abolition of imprisonment for debt, and reducing the number of capital offenses.^{ix} The Ku Klux Klan was also born during Reconstruction to violently thwart the political ambitions of Black Southerners and their white allies. Black schools were burned and political leaders lynched.^x In 1870, the Klan went to the home of influential Black Republican Wyatt Outlaw in Alamance County, abducted him, and hanged him in the town square of Graham.^{xi}

After Reconstruction, the opponents of Black progress held power until the Populist Party and Republican Party began collaborating in what was known as fusion politics. Fusion political candidates won offices across North Carolina in 1894 and 1896, and swept Democrats from power. During this time there were more than 1,000 elected or appointed Black officeholders in the state. Fusionists in North Carolina elected two Black congressmen, Henry Plummer Cheatham and George Henry White.^{xii} Rep. Cheatham was born into slavery in Henderson before becoming an educator and principal after the Civil War.^{xiii}

To regain power, the Democratic Party launched a white supremacist campaign in 1898 that specifically targeted and demonized Black North Carolinians. A famous racist cartoon in the *News & Observer* warned of “Negro Rule” and depicted Black people as winged demons.^{xiv} On November 10, 1898, a white mob spurred on by prominent Democratic officials burned the offices of the Black-owned newspaper in Wilmington, expelled Black aldermen in the racially mixed city government, and murdered Black residents. Once this violence reestablished white rule and ended fusionist politics in the state, a constitutional amendment to disenfranchise Black male voters was approved. On the eve of the vote, former Confederate William Guthrie told a large crowd, “The people of the east and west are coming together. The amendment will pass and the Negro curbed in every part of the state.”^{xv}

Rep. George Henry White, elected from northeastern North Carolina, was the last remaining Black congressman in 1900 as the South began restricting the vote. White decided not to seek reelection and left the state saying, "I cannot live in North Carolina and be a man and be treated as a man."^{xvi}

The political marginalization of Black residents and U.S. Supreme Court decisions that endorsed segregation and unequal treatment led to racial inequities across nearly every system in North Carolina. These inequities persist today in health, education, and economic outcomes.



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**– Rep. George Henry White
from his farewell speech**

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Inequities in education

The education system mirrored the state's political developments. Before the Civil War, it was illegal to teach an enslaved person to read; during Reconstruction, new schools were constructed and the state made at least nominal efforts at building a public education system. These advances were reversed as white Democrats reestablished control, and the Ku Klux Klan used violence to discourage Black students and teachers from attending school. Control and funding of schools was decentralized after Black voters were disenfranchised. An important report from the organization *EdNC* that recounts the history of racial disparities in education notes, "From 1904 to 1920, annual spending per white school averaged \$3,442 but only averaged \$500 for Black schools." The report quotes a letter from state superintendent James Y. Joyner as saying, "In most places it does not take more than one-fourth as much to run the Negro schools as it does to run the white schools for about the same number of children."^{xvii}

Inequities in the education system, as the historical analysis by *EdNC* shows, continued even after the watershed U.S. Supreme Court decision in *Brown v. Board of Education* struck down the doctrine of separate but equal. A commission in North Carolina led by Thomas Pearsall developed what is known as the Pearsall Plan. This plan shifted student assignment authority from the state board to local districts and granted public money for white students to attend private schools. A second version of the committee also proposed a constitutional amendment that was eventually passed, allowing communities to close local schools if forced by the federal government to integrate. The Civil Rights Act of 1964 and new

Supreme Court decisions gave teeth to school desegregation efforts. Between 1968 and 1976, many school districts integrated by closing Black schools, firing Black teachers and administrators, and sending Black students to formerly all-white schools. *EdNC* notes that at the end of this process there were no Black superintendents in the state, and a majority of districts in North Carolina employed no Black administrators. By 1972, according to *EdNC*, more than 3,000 Black teachers had lost their jobs.^{xviii}

Inequities in health care

The system of exclusion and segregation was also evident in health care. Black physicians and health care workers could not gain access to white hospitals and professional organizations, so they established Black professional associations such as the Old North State Medical Society and appealed to public officials and philanthropists to build Black hospitals and clinics. A network of Black hospitals opened across the state including Good Samaritan Hospital in Charlotte, Saint Agnes Hospital in Raleigh, and the Kate Bitting Reynolds Memorial Hospital in Winston-Salem. Many of these facilities struggled to maintain funding and modern equipment, and Black patients often had to travel long distances to seek care.^{xix}

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These hospitals trained many Black nurses, while Leonard Medical School at Shaw University in Raleigh trained Black physicians. When the school opened in 1882 it was the first four-year medical school in the nation.^{xx} The school trained 400 physicians. In 1910, the American Medical Association and the Carnegie Foundation were interested in standardizing medical education, so they contracted with former school teacher Abraham Flexner to investigate the state of medical schools. Flexner undermined most Black medical schools and seemed to have a dim view of Black physicians in general. Flexner's report asserted that most Black medical schools were in "no position to make any contribution of value" and that they were graduating "undisciplined men" without adequate training.^{xxi} After the publication of the Flexner Report, it was difficult for the Leonard Medical School to obtain additional funding and it closed in 1918. An analysis by a professor at East Carolina University estimates that if Leonard remained open, along with four other Black medical schools shuttered after the Flexner report, more than 27,000 additional Black doctors could have entered the workforce between the time the schools closed and 2019.^{xxii}

Inequities in economic opportunity

In housing, we again see the pattern of racial exclusion. During the 20th century, housing was a key driver of wealth creation for many people in North Carolina.

After disenfranchisement and the rise of Jim Crow laws, public officials in the state sought ways to implement residential segregation. As historian C. Vann Woodward recounts, Winston-Salem designated particular city blocks as Black or white according to a majority of the residents and prohibited anyone from living in a block “where the majority of residents on such streets are occupied by those with whom said person is forbidden to intermarry.” In 1913, a convention of the North Carolina Farmer’s Union unanimously endorsed a movement to segregate rural areas of the state.^{xxiii} In the 1930s the Federal Housing Administration (FHA) was created to insure mortgages, encourage lending, and boost homeownership. FHA maps created color-coded zones based on factors such as race and income to determine eligibility for insured loans. Redlined regions, or red zones, were excluded from insured loans. This meant that banks would not offer mortgages in these areas, or would charge high interest rates. These redlined areas most often bounded segregated Black neighborhoods.^{xxiv}

Zoning also played a role in this process as more desirable neighborhoods were reserved for single-family residences while Black and immigrant neighborhoods were zoned for industrial use and multifamily housing. Racial covenants in housing deeds also explicitly prohibited the sale of residences in white neighborhoods to Black home buyers. The Servicemen’s Readjustment Act of 1944, commonly known as the G.I. Bill, also provided low-cost mortgages to veterans returning from World War II. Again, Black veterans could rarely take advantage of this opportunity because of restrictions on where banks would make loans. This legacy helped fuel an enormous wealth gap in North Carolina and nationally. As one analysis notes, in Charlotte the median home value is about \$72,000 in tracts where 97 percent of the population are people of color, compared to a median home value of \$870,500 for areas that are more than 93 percent white.^{xxv}

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The impacts of political disenfranchisement and segregation

As we see, the impacts of political disenfranchisement, segregation, and exclusion had profound impacts on a wide variety of institutions and systems in the state.

The purpose of this sketch is not to recount the history of North Carolina, or even to review Black history in the state. Any such history would have to include the story of movement building, interracial cooperation, resistance to restrictive laws, and cultural production that sustained people through difficult times. After all, the sit-in movement gained national prominence after high profile actions in North Carolina. The environmental justice movement was born in the state when residents of Warren County protested the dumping of toxic soil in the community. Landmark legal struggles here helped integrate hospitals and provide compensation for Black farmers who had been unfairly denied federal assistance.

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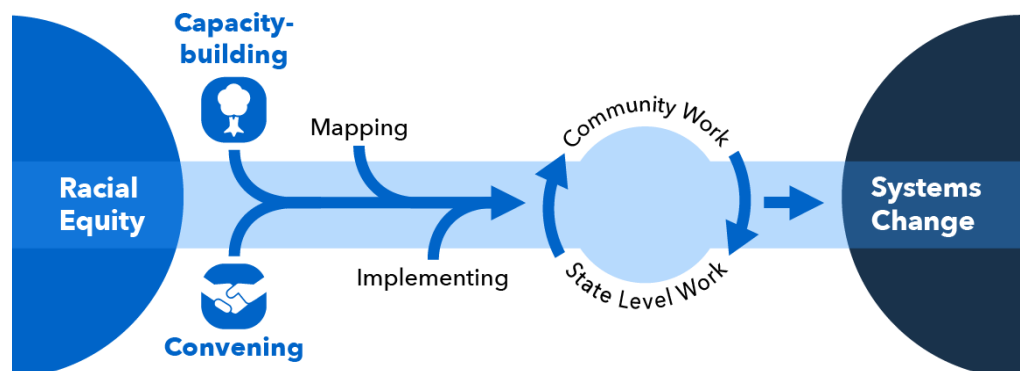
We recognize that, although many policies and systems in the state were built to exclude or control Black people, other races and ethnicities were severely impacted by this history of segregation and political disenfranchisement. Low-income white people were often caught in the convict leasing system or served on chain gangs. Over the past 30 years, the Latinx community has represented the fastest growing population in our state. Many of the stereotypes constructed to limit the political influence of Black North Carolinians and to roll back anti-poverty programs are now applied to Latinx immigrants to deny public benefits while making spurious claims, such as the assertion that immigrants do not pay taxes. Native Americans such as the Lumbee Tribe, based in Robeson County, did not have a large enough population across the state to be the primary target of the white supremacy campaign at the beginning of the 20th century. Tribal communities, however, were impacted by the literacy laws and local control used primarily to exclude Black people from the voting booth.

How We Work for Racial Equity

A more equitable North Carolina is a state where all races and ethnicities stand on approximately equal footing, and we are not able to reliably predict outcomes and life expectancy based only on a person's race or zip code.

Our approach

The trust has two primary approaches to addressing policy and systems change in the state. The first starts with place—this may be a county, neighborhood, or defined region—and hearing the concerns of the community. In this approach we start locally, understand the needs of the people most impacted by health disparities and inequities, and help them build toward solutions. The following graphic shows one way that this place-based work can evolve from capacity building and convening to mapping systems and implementing changes, and then linking the local work to regional and state-level efforts.



The second path starts with large-scale system changes and engages local communities to shape and influence these policies. Examples of these changes might include shifts in the way Medicaid is structured or responding to federal legislation like the Affordable Care Act.

With either path, strengthening community-based organizations is critical. Historically, the trust would too often start its work with agency or institutional partners, and then fund these groups or backbone organizations to engage community members to understand their perspective on a particular problem or potential solution. This approach treated community engagement as episodic and individual.

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It is critical to build an infrastructure of accountability through feedback loops. This means supporting sustainable organizations built by and for systemically marginalized groups to organize and train community members. These communities can then drive regional improvement efforts and provide ongoing input into state and regional policy changes.

Holding systems accountable is not an individual enterprise. It must be done by strong organizations and networks. The practice of confronting systemic racism must center the voices of those who were excluded and disenfranchised during the creation of these inequitable policies and systems, but we will not get to equitable systems change by excluding people from the process. We need the people most impacted by health disparities to help lead the work, but we also need experts in data, organizing, and communications. We need institutions, agencies, and policymakers. Expecting people of color to dismantle the complex web of deeply rooted racist policies and systems alone is not equitable or realistic.

Progress in addressing disparities has only been made by building interracial alliances and working across lines of race, class, gender, and identity. Equity means building inclusive organizations and networks.

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This is long-term work

In 2022, the Kate B. Reynolds Charitable Trust celebrated 75 years of working to improve the health and quality of life of people with low incomes, as Mrs. Reynolds

asked us to do in 1947. This has also provided us with time to reflect on how the money we help direct can have a greater impact moving forward.

We believe racial equity must be front and center in all we do. We also recognize that systems change is often slow. Rep. George Henry White left Congress in 1901 and departed North Carolina shortly thereafter. While much progress has been made since then, it would be more than 90 years before our state would send another Black representative to Congress with the elections of Rep. Eva Clayton and Rep. Melvin Watt in 1992. In 1981, Black people constituted 22 percent of the state's population but only held about five percent of elected offices across North Carolina.^{xxvi}

Just as systems change can be slow, we also understand that it is necessary. It is fundamental to fulfilling the vision of Mrs. Reynolds. Although our history seems daunting, we must maintain our hope because, as attorney Bryan Stevenson reminds us, "hope is the enemy of injustice."^{xxvii}

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End Notes

- i For more information on Race Forward definitions see: <https://www.raceforward.org/about/what-is-racial-equity-key-concepts>.
- ii <https://www.aspeninstitute.org/blog-posts/structural-racism-definition>.
- iii https://www.merriam-webster.com/dictionary/racism?utm_campaign=sd&utm_medium=serp&utm_source=jsonld.
- iv <https://www.raceforward.org/about/what-is-racial-equity-key-concepts>.
- v See data from the Organisation for Economic Co-operation and Development (OECD): <https://data.oecd.org/healthstat/infant-mortality-rates.htm>.
- vi See data and recommendations from the Healthy North Carolina 2030 plan: <https://nciom.org/healthy-north-carolina-2030>.
- vii Lunk, Daniel, Map of Slave Populations in North Carolina, Civil War Era NC, accessed January 24, 2022, <https://cwnc.omeka.chass.ncsu.edu/items/show/698>.
- viii See Congressional Research Service report: The 10-20-30 Provision: Defining Persistent Poverty Counties (fas.org).
- ix <https://www.ncpedia.org/government/convention-1868>.
- x <https://www.ncpedia.org/anchor/reconstruction-north>.
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- xx https://www.shawu.edu/The_First_Four-Year_Medical_School_in_the_United_States.aspx.
- xxi <https://www.medpagetoday.com/publichealthpolicy/medicaleducation/87171>.
- xxii <https://www.medpagetoday.com/publichealthpolicy/medicaleducation/88176>.
- xxiii Woodward, C. Vann. The Strange Career of Jim Crow. New York: Oxford University Press, 1974, pp. 100-101.
- xxiv <https://www.history.com/news/housing-segregation-new-deal-program>.
- xxv <http://campbelllawobserver.com/redlining-in-north-carolina-a-pervasive-legacy>.
- xxvi Powell, William S. North Carolina Through Four Centuries. Chapel Hill and London: The University of North Carolina Press. 1989, pp. 528.
- xxvii <https://artforjusticefund.org/bryan-stevenson-tells-students-hope-is-your-superpower>.