Overview

- Defining health equity
- NFPRHA commitment to health equity
- Background
- Framework
- Interventions to address barriers to care
- Assessment tool
- Next steps

Health Equity

Health Equity: The opportunity for everyone to attain optimal health regardless of race, ethnicity, gender, income level or any social factors that create barriers. Health equity can only be achieved by responding to systemic racism and all forms of oppression that have created persistent health disparities.

NFPRHA's commitment to health equity

NFPRHA believes that health equity can only be achieved by recognizing and responding to systemic racism and all forms of oppression, including the unequal distribution of resources, that have created persistent health disparities. Social and economic factors that affect the health of people and communities, also known as social determinants of health, include income, employment and job security, food security, housing conditions, access to health services and insurance status, early childhood development, education, employment, stigma, exclusion and historical trauma, and are themselves rooted in racism and other forms of oppression.

Background

- Biden administration's commitment on health equity led to prioritizing health equity and was incorporated into the Title X competitive awards in 2021 making health equity a requirement in Title X.

- Title X-funded entities are required to provide quality family planning services which is defined as being safe, effective, patient-centered, timely, efficient, and equitable.

- NFRPHA wants to support family planning providers in evaluating both service delivery and public policy work to see what will advance health equity based on best practices or evidence-based interventions.

- NFPRHA believes that health equity can only be achieved by recognizing and responding to systemic racism and all forms of oppression, including the unequal distribution of resources, which have created persistent health disparities.
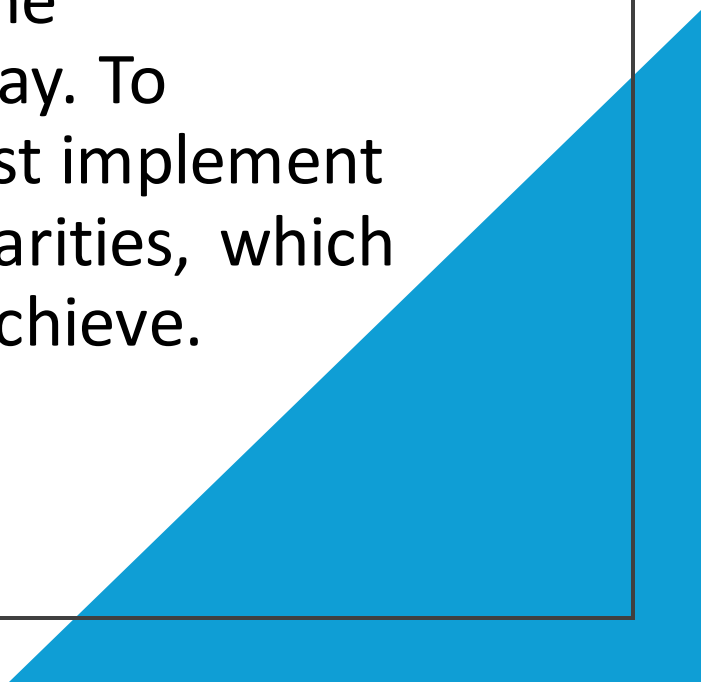
Background

- NFPRHA was given funding to create a resource that supports the advancement of health equity.
  - Identify barriers and find opportunities to close gaps.
  - Support service delivery and policy-level work surrounding health equity.
- Support the health equity work within the family planning network.
  - Maine Family Planning presented on their work at National Conference 2023
  - Affirm is **presenting tomorrow, Monday, May 20th at 9:30am.**

Framework

Social determinants of health (SDOH)

The SDOH provides a better understanding on how the health and wellbeing of people is based on the environments where we all live, work, and play. To address SDOH, family planning providers must implement multi-level approaches to reduce health disparities, which is what the social-ecological model aims to achieve.
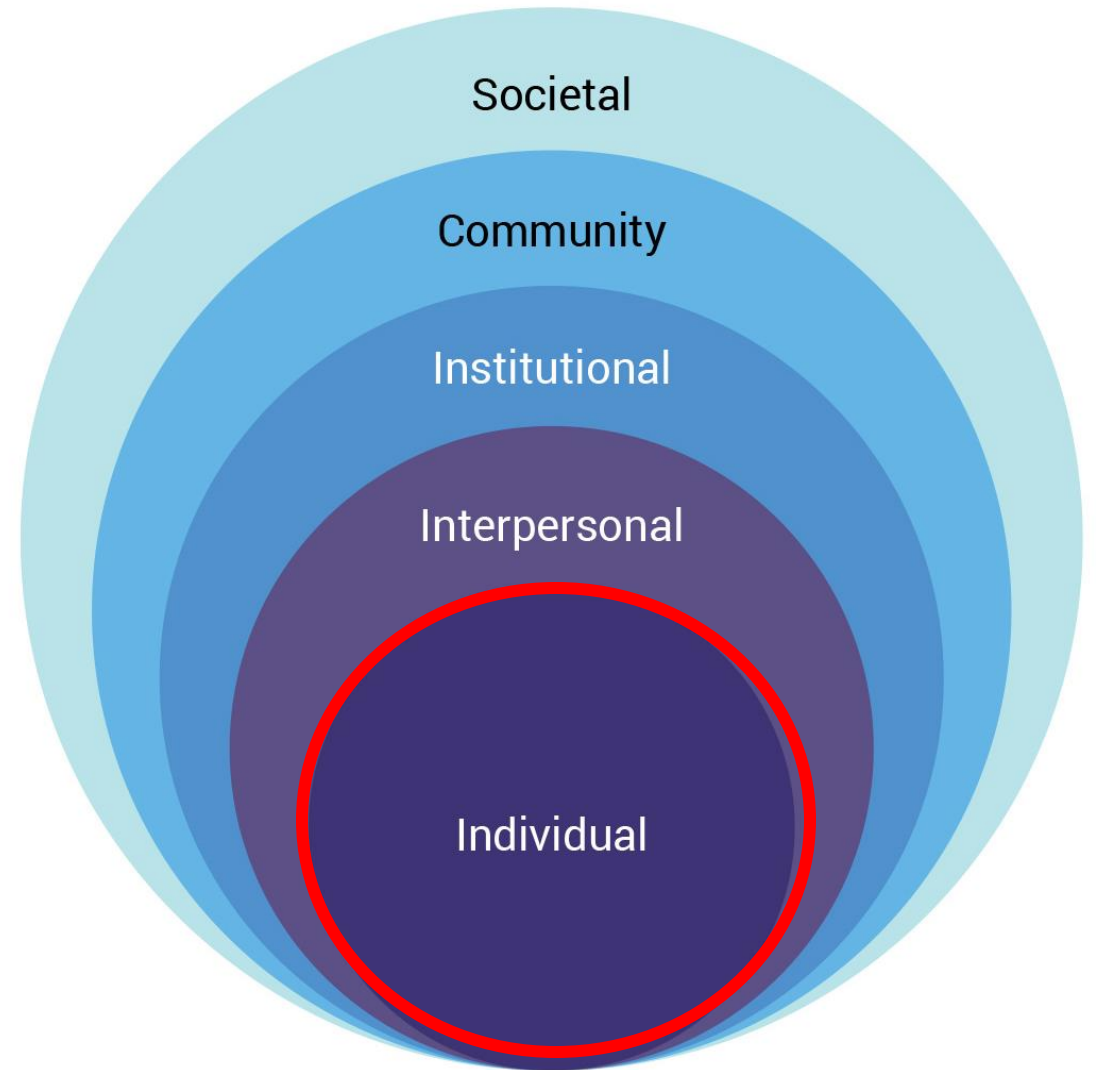
Social Ecological Implications of Health Equity

- Societal (laws, public policies, and social norms)

- Community (physical and social environment, schools, neighborhood conditions/amenities and income level)

- Institutional (health care settings, organizational policies)

- Interpersonal (relationships, family, social networks)

- Individual (gender identity and expression, sexual identity, age, race/ethnicity, income)

Social Ecological Implications of Health Equity

Individual barriers: A person's race, ethnicity, age, gender, sexuality, and socioeconomic status will determine a person's attitudes, beliefs, knowledge, and skills pertaining to navigating the health care system. Due to various systems of power, many people lack access to care and education that prioritizes bodily autonomy, collaboration and offers patients the tools and skills needed to make informed decisions about their health care.


Societal

Community

Institutional

Interpersonal

Individual

Social Ecological Implications of Health Equity

Interpersonal barriers: Social networks, which include family, friends, partners, and trusted members of the community can have a dual impact on health outcomes.

The support and influence of social networks can not only promote health and reduce health stigma, but also exacerbate poor health outcomes and can be fueled by intimate partner violence, community/cultural stigma, and religious beliefs, for example.
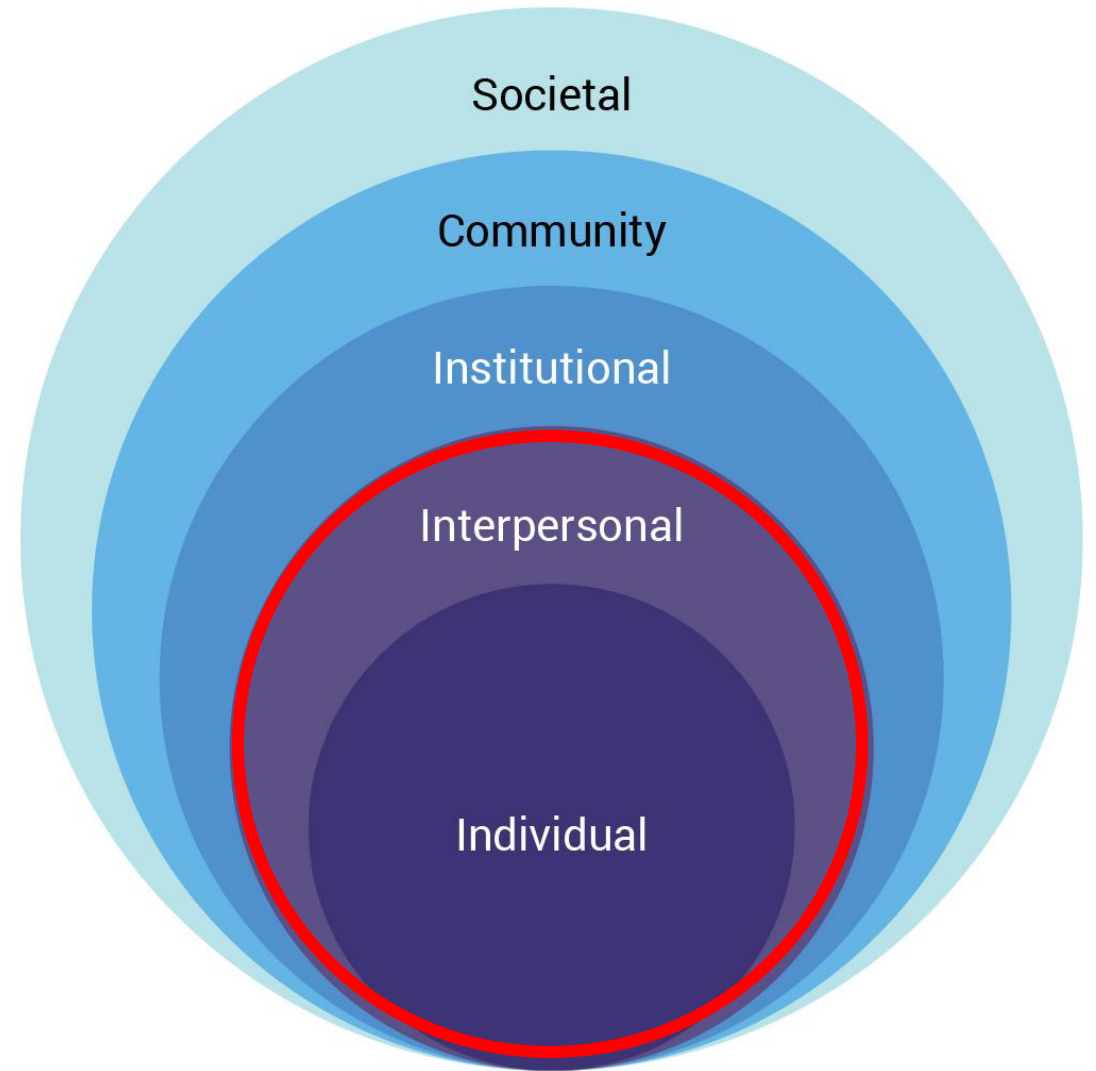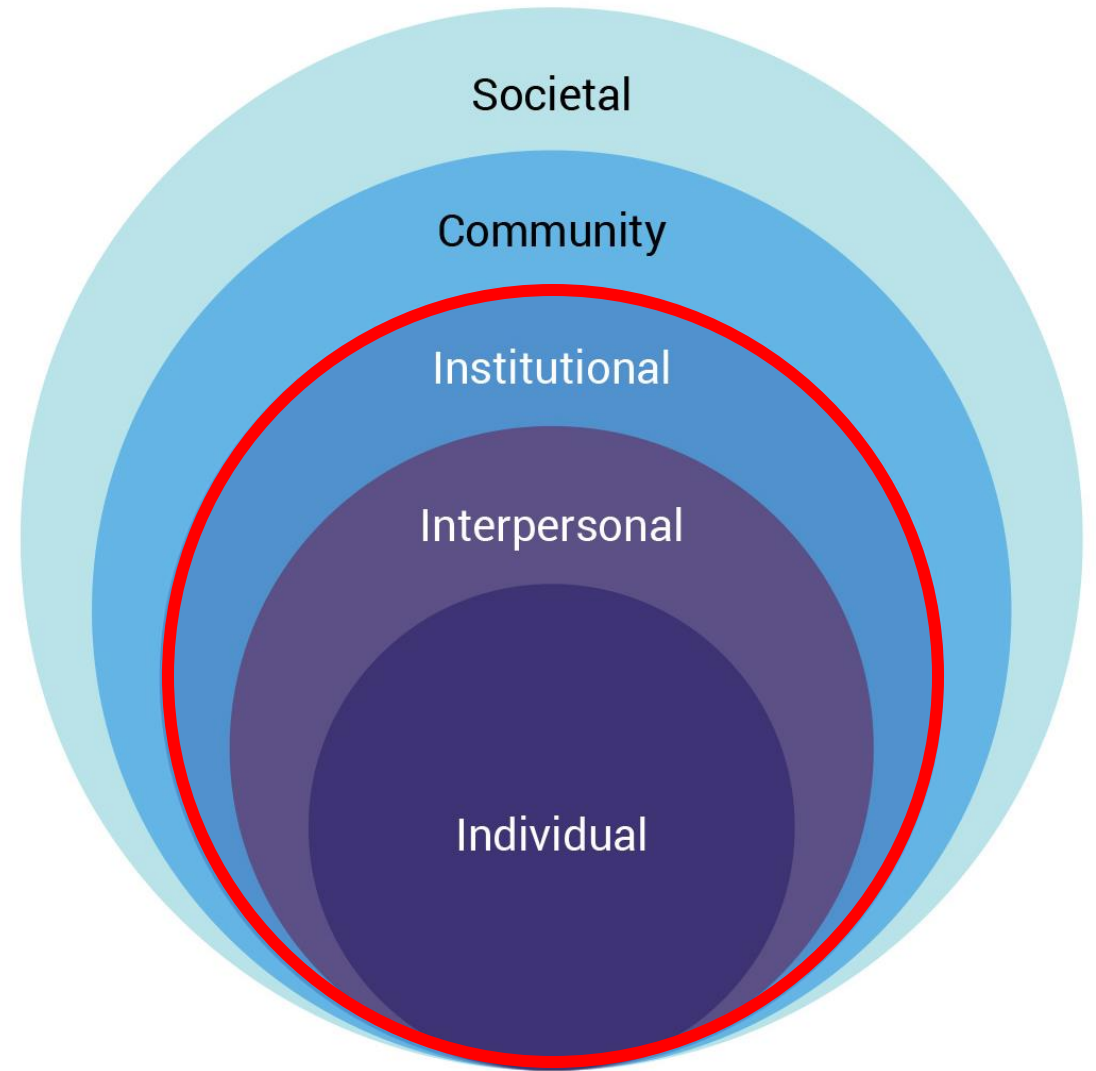
Social Ecological Implications of Health Equity

Institutional barriers: Organizational attitudes, beliefs, and activities, which include institutional racism, gender and sexual discrimination, cost, provider availability, culturally and linguistically appropriate care, and equitable access to care and treatment can impact health outcomes of patients.

For example, a lack of provider availability can create long wait times or delay access to care. Providers must identify and address medical stigma, discrimination, and other inequitable practices.
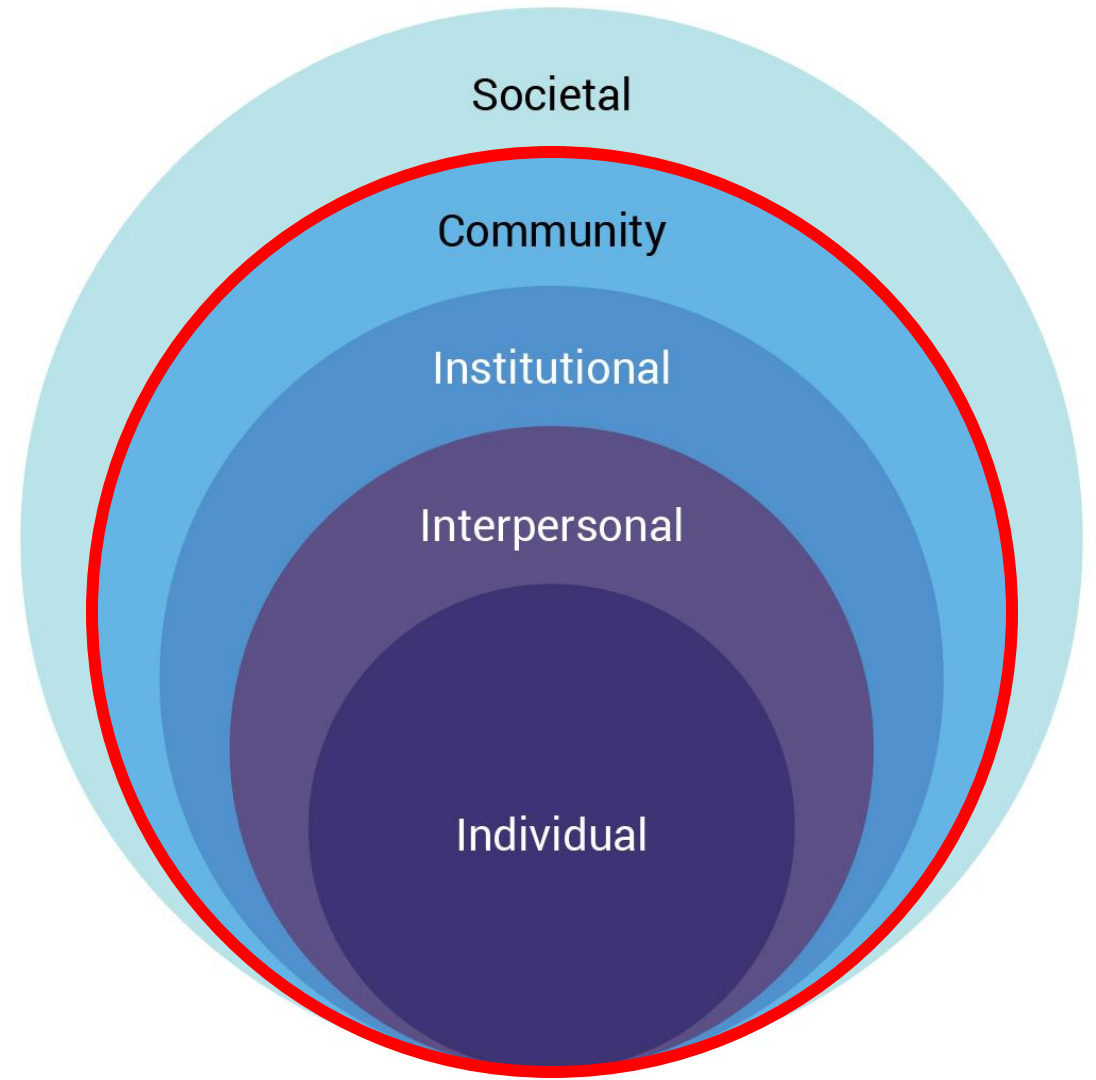
Social Ecological Implications of Health Equity

Community barriers: Equitable access to care includes addressing the lack of transportation, housing, economic instability, food insecurity, and systemic racism that under-resourced communities face.

Interventions to support community care can include collaborating with local nonprofits that are composed of or seek to serve people who rely on safety-net family planning care removing cost barriers to support those who are uninsured or low income, and supporting initiatives such as pop-up clinics, mobile units, telehealth, etc.

Social Ecological Implications of Health Equity

Societal barriers: Restrictive state and federal laws and policies that limit sexual and reproductive health services negatively affect the health and well-being of all people seeking health care services.

Adverse effects include increased rates of infant mortality among Black birthing people, negative economic outcomes, and poor mental health outcomes.

Laws and policies must prioritize a person's autonomy and their right to comprehensive and equitable health care.
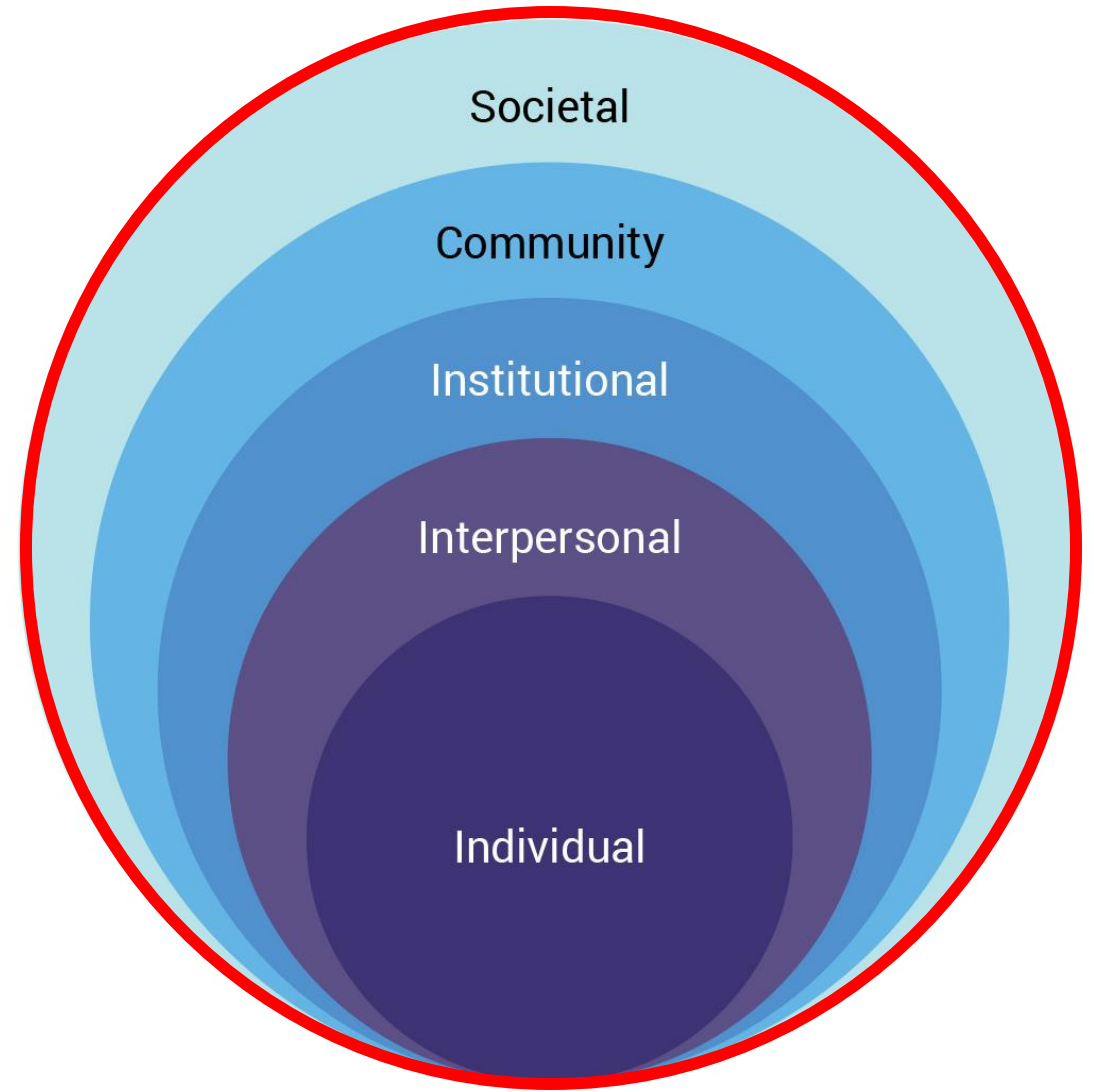
Societal

Community

Institutional

Interpersonal

Individual

Interventions

Interventions by population

Prioritizing the needs of underserved communities, including populations that are socioeconomically disadvantaged, is key to advancing health equity.

Many interventions will overlap due to the intersectional work being done in various communities. The interventions listed include organizational policies, programs, toolkits, and resources that are designed to advance health equity

- **Community and culturally specific interventions:** Community-led health campaigns, culturally and linguistically appropriate materials, technology-based interventions such as text messaging or mobile applications, and various toolkits.

- **Policy and structural change interventions:** Efforts by advocates and policymakers who aim to advance health equity on the policy and structural levels. Interventions include antiracist policymaking guidelines, reproductive justice toolkits, trainings and workshops for staff, and additional resources.

HEALTH EQUITY INTERVENTIONS
Interventions by Population

Get access to examples of interventions, examples of policy and structural change, recommended readings and highlighted organizations that provide a range of tools and resources specific to each population type.

Race and Ethnicty
— Asian American, Native Hawaiian, and Pacific Islander (AANHPI)
— Black Americans
— Indigenous Peoples
— Latinx/Latine
tinyurl.com/35z5jzf6

Adolescents and Young Adults
tinyurl.com/bde9m2ev

Immigrants/Refugees
tinyurl.com/4r7kcyvh

People Experiencing Intimate Partner Violence (IPV)
tinyurl.com/ykhwukjc

People with Intellectual, Developmental, or Physical Disabilities
tinyurl.com/yemrp6ra

People with Limited English Proficiency (LEP)
tinyurl.com/ynnhh4ff

People with Substance Use Disorders
tinyurl.com/4cwvtx2f

LGBTQ+ People
tinyurl.com/3kw72hwf

Low Income or Uninsured
tinyurl.com/6up4us3f

Men and Young Men
tinyurl.com/ymref8jb

People Living with HIV and HIV Prevention
tinyurl.com/5n6cxe3e

Religious Communities
tinyurl.com/mryp8eps

Rural/Frontier Areas
tinyurl.com/3vsp27ht

Sex Workers
tinyurl.com/4cypa42d

Unhoused Communities
tinyurl.com/y47n8fbf

South Asian SOAR

The Abortion Care Guide was created by South Asian SOAR (Survivors, Organizations, and Allies — Rising) which is a collective of survivors, organizations, and allies advancing the national movement to end gender-based violence in the South Asian diaspora.

This guide provides medically accurate information on abortion logistics, methods, and aftercare, and it's been translated into 20 South Asian languages.

Structural racism interventions

Services should be delivered in a manner that acknowledges a collective history and people's own lived experiences with structural and interpersonal racism.

Interventions must address systemic oppression and racism, and health disparities with Black, Indigenous, and other people of color (BIPOC) communities as well as aim to build community trust and improve the quality of care.

Reproductive justice civic engagement

Addressing systemic oppression and racism

Incorporating anti-racist values within healthcare

Addressing health disparities with BIPOC communities

Building community trust

Civic engagement resources

Cultural humility interventions

A personal lifelong commitment of self-reflection and self-critique whereby the individual not only learns about another's culture but examines their own bias, beliefs, and cultural identities. Cultural humility also includes "structural competency," which is based on the "understandings of the social determinants of health and related concepts such as structural violence and structural vulnerability."

Advancing health equity requires increasing access to culturally and linguistically appropriate materials and services, creating workforce retention and recruitment strategies, and ensuring that all people have access to an inclusive health care setting.

Improving structural competency within health care settings

Workforce retention, recruitment, and environment

Inclusive health care settings

Health Equity and Anti-Racism Action Plan

- Seattle Children's Hospital's Health Equity and Anti-Racism Action Plan (HEAR).

- 5-year action plan to address racism and health disparities.

Health Equity and Anti-Racism Action Plan

SEPTEMBER 2021

Organizational health literacy

The degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others. This includes implementing inclusive organizational processes, accessible educational modalities, and community centered interventions.

Increase patient access to culturally and linguistically appropriate materials and services.

Accessible organizational processes and educational modalities

Language Justice

Community Language Cooperative

Community Language Cooperative, ==Language Justice== is "a key practice used in social justice movements in order to create shared power, practice inclusion and dismantle traditional systems of oppression that have traditionally disenfranchised non-English speakers."

Alternative modes of delivery

Modes, such as telehealth, mobile units, and pop-up clinics, can serve to address economic inequities and improve health outcomes. These methods have been proven effective throughout the COVID-19 pandemic, increasing access to medication abortion, and increasing access to care for marginalized communities.

Telehealth

Mobile Health Units & Pop-Up Clinics

Non-Emergency Medical Transportation

How to Check Pharmacy Laws on Dispensing and Mailing Medications in Your State

1 Go to your state's Board of Pharmacy website.

2 Navigate the website to the section on laws and regulations.

3 Search for laws and regulations regarding health center dispensing and mailing medications and supplies.
Search terms may include: clinic, physician, dispensing, prescription, medication.

4 Determine what specifically is permitted vs. prohibited in laws and regulations.

5 If needed, seek additional clarification from your State Medical Board or Board of Pharmacy.
Health centers may consider retaining a pharmacist consultant to assist with dispensing procedures (e.g., review clinic policies and procedures, conduct review/inspection on a quarterly or biannual basis) and answer questions that may arise.

Online Learning Module

Telehealth Coding & Billing

Telehealth Workflows

Eight Customizable Sample Processes

MOBILE HEALTH CARE
Preventive Care & Services
Cancer Screening
Family Planning & Reproductive Health Care
adagio health
1-800-215-7494
adagiohealth.org

MOBILE HEALTH UNITS
A Strategy to Increase Access to Family Planning and Sexual Health Services

LESSONS FROM THE FIELD

National Family Planning & Reproductive Health Association

Data and evaluation

Equitable data collection requires updating health records and intake forms, etc. and using regional and local information to capture inclusive demographic data. Data and evaluation can be used to create interventions for priority populations, address systemic inequities, and provide approaches to increase access to care.

A Toolkit to Advance Racial Health Equity in Primary Care Improvement
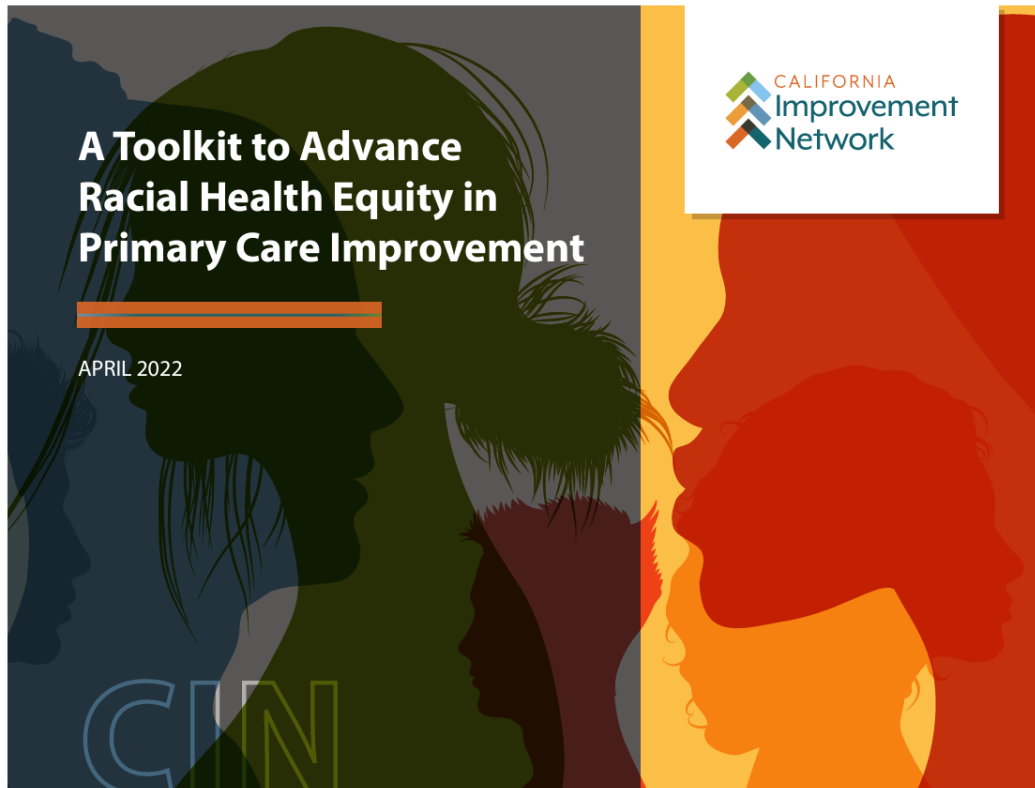
Created by California Improvement Network to assist providers with translating their health equity efforts with improving data collection, determining key drivers of advancing health equity, and how to assess current projects.
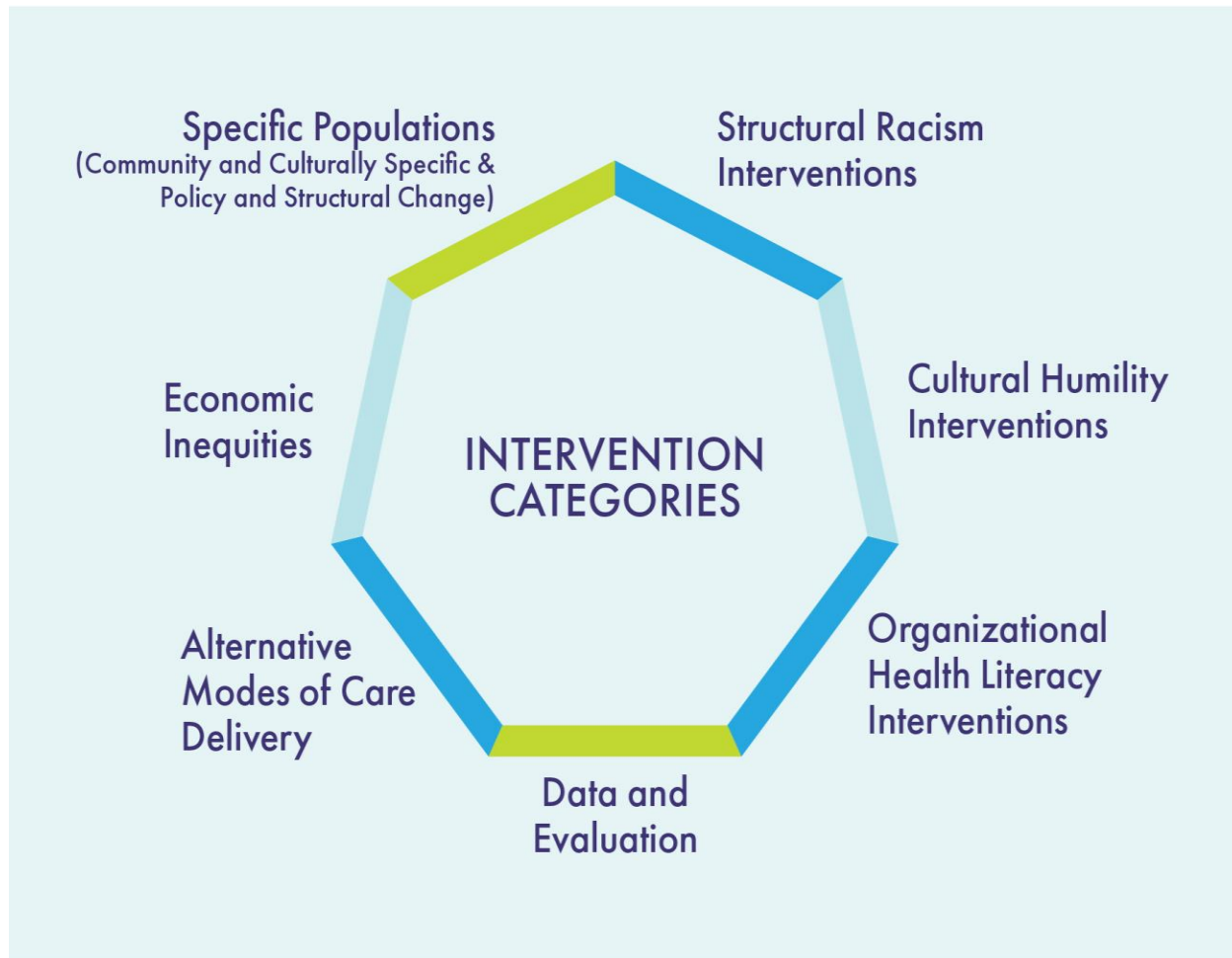
Addressing economic inequities

Efforts to addressing economic inequities in health care, predominantly among communities that have been historically under-resourced, range from implementing a sliding fee scale, community education on insurance options, and improving access to affordable prescriptions and supplies.

Addressing economic inequities

More Resources!

Many interventions that are listed include:

- a small summary or excerpts directly from the abstract, findings, or project summary to help users better navigate relevant resources.

- Many of the resources provided are intended to be used as a guide and can be adjusted based on the needs of the project, program, or policy.

INTERVENTION CATEGORIES

- Specific Populations (Community and Culturally Specific & Policy and Structural Change)
- Structural Racism Interventions
- Cultural Humility Interventions
- Organizational Health Literacy Interventions
- Data and Evaluation
- Alternative Modes of Care Delivery
- Economic Inequities

Assessment tool

Assessment tool

The tool aims to assess the extent to which entities have implemented evidence-based and promising practices, programs, and policies to mitigate the negative impact of social determinants of health and advance sexual and reproductive health equity.

Interpersonal Level: This level of the assessment seeks to ask staff, at all levels, about areas that may need improvement within the organization. This level aims to build knowledge and skills and shape the attitudes of people who interact with priority populations.

All staff and clinical assessments

Interpersonal (Clinical Staff)

Audience: Any institution that delivers or funds the delivery of sexual and reproductive health services.

The following statements relate to the practices of clinical service providers who serve patients at your institution or the institution(s) you fund.

	LEVEL OF PROGRESS							REFERENCE
1. All clinical staff have the necessary knowledge and skills to provide high-quality, evidence-based sexual and reproductive health services to all patients, including the most vulnerable populations in the community.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ N/A	☐ UNK	• Structural racism • Cultural humility • Organiza-tional health literacy • Search by population
2. All clinical staff are comfortable providing care to all patients, including the most vulnerable populations in the community.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ N/A	☐ UNK	• Structural racism • Cultural humility • Organiza-tional health literacy • Review by population
3. All clinical staff have received training aimed at raising self-awareness of their biases and their impact on patient experience and monitor progress.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ N/A	☐ UNK	• Structural racism • Cultural humility

Institutional Level: This level of the assessment targets the institutional environments in which individuals access health care, health information, and related social services.

This section of the assessment will relate to your institution and the progress it has made to advance internal-facing health equity work.

Includes institutional and health center assessments

STAKEHOLDER INVOLVEMENT

☐ Yes. Recommendations and input from those who are most impacted were involved throughout the entire process.

☐ Somewhat. Recommendations and input from those who are most impacted were involved in parts of the process.

☐ No. Stakeholders were not involved.

Please list those who were involved or need to be involved:

Who is missing?

COMMENTS
Note examples, achievements, challenges, questions, next steps, key supporting documents, etc.

Community: This level of the assessment addresses the unique environments in which the individuals live, spend much of their time, and access services.

Community

Audience: Any institution that delivers or funds sexual and reproductive health services; any institution that delivers or funds school- or community-based programming with a sexual and reproductive health component. For example, a governmental agency/public institution or an advocacy organization.
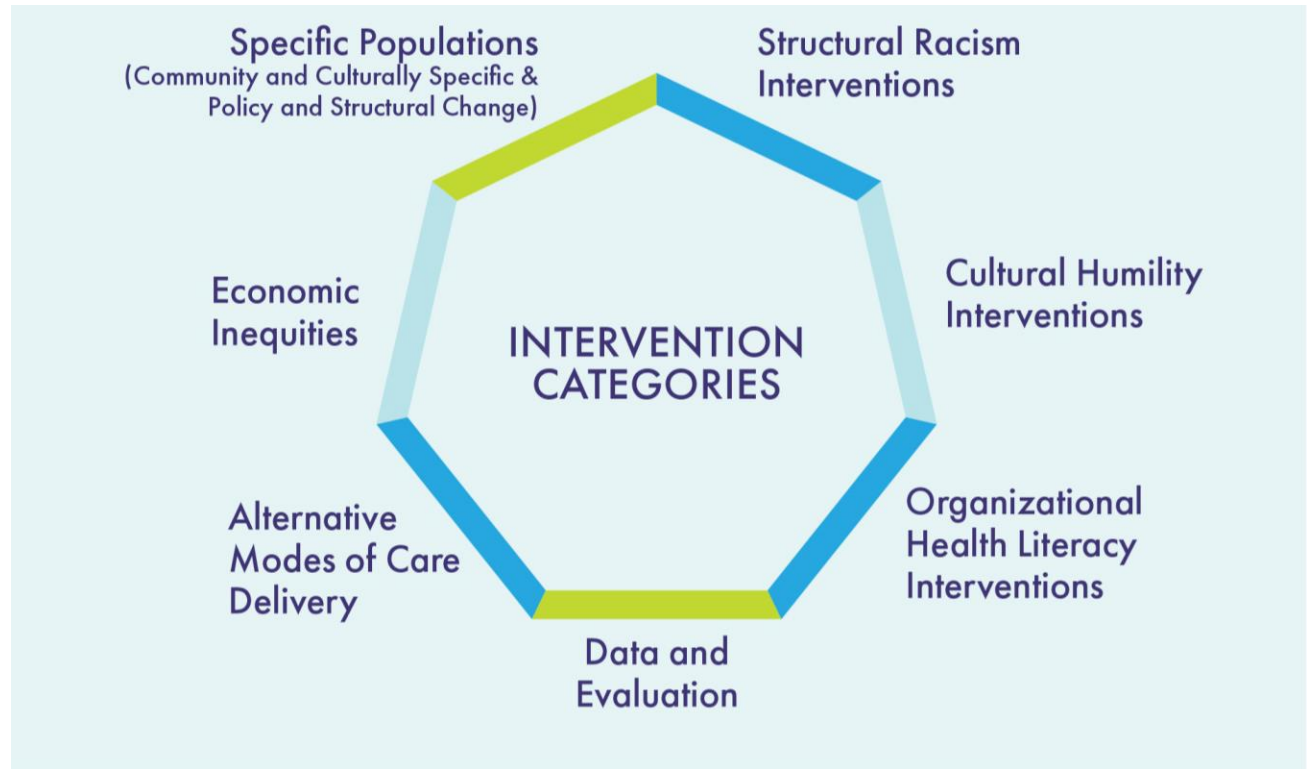
WHICH COMMUNITY ARE YOU PLANNING TO ASSIST, COLLABORATE WITH, OR CREATE POLICIES FOR (select all that apply):

- [ ] Asian American, Native Hawaiian, and other Pacific Islander
  Please specify:

- [ ] Black Americans
  Please specify:

- [ ] Indigenous Populations
  Please specify:

- [ ] Latinx/Latine
  Please specify:

- [ ] Adolescents and young adults
  Please specify:

- [ ] Immigrants/refugees
  Please specify:

- [ ] People experiencing Intimate Partner Violence (IPV)
  Please specify:

- [ ] People with intellectual, developmental, or physical disabilities
  Please specify:

- [ ] People with Limited English Proficiency (LEP)
  Please specify:

- [ ] People with substance use disorders
  Please specify:

- [ ] LGBTQ+ Populations
  Please specify:

- [ ] Low income or uninsured
  Please specify:

- [ ] Men and young men
  Please specify:

- [ ] People living with HIV and HIV prevention
  Please specify:

- [ ] Religious communities
  Please specify:

- [ ] Rural/Frontier Areas
  Please specify:

- [ ] Sex Workers
  Please specify:

- [ ] Unhoused communities
  Please specify:

Societal Level: This level of the assessment addresses larger, macro-level factors that influence the behaviors of the individuals such as laws and policies.

City/County and State assessments

Societal: City, County, and State Public Policy

Audience: Any institution that delivers or funds sexual and reproductive health services; any institution that delivers or funds school- or community-based programming with a sexual and reproductive health component. For example, a governmental agency/public institution or an advocacy organization.

The following statements relate to both policies and the policymaking processes in your city, county, and state.

SOCIETAL (CITY OR COUNTY LEVEL)	LEVEL OF PROGRESS							REFERENCE
	1	2	3	4	5	N/A	UNK	
1. Elected officials and policymakers at the city and county levels reflect the diversity of the people they represent.	☐	☐	☐	☐	☐	☐	☐	• Structural racism: Reproductive justice civic engagement
2. Communities of color and other historically and currently marginalized communities play a key role in shaping policy discourse and ideas for elected officials and policymakers at the city and county levels.	☐	☐	☐	☐	☐	☐	☐	• Structural racism: Reproductive justice civic engagement
3. Policymakers at the city and county levels have taken steps to increase recruitment and retention of diverse local public health professionals that reflect the communities they serve.	☐	☐	☐	☐	☐	☐	☐	• Structural racism: Reproductive justice civic engagement
4. Policymakers at the city and county levels meaningfully engage and incorporate communities of color and other historically and currently marginalized communities in the policymaking and policy evaluation processes.	☐	☐	☐	☐	☐	☐	☐	• Structural racism: Reproductive justice civic engagement
5. Policymakers at the city and county levels target funding to communities and areas where it is needed most.	☐	☐	☐	☐	☐	☐	☐	

1- Strongly Disagree   2- Disagree   3- Neutral   4- Agree   5- Strongly Agree
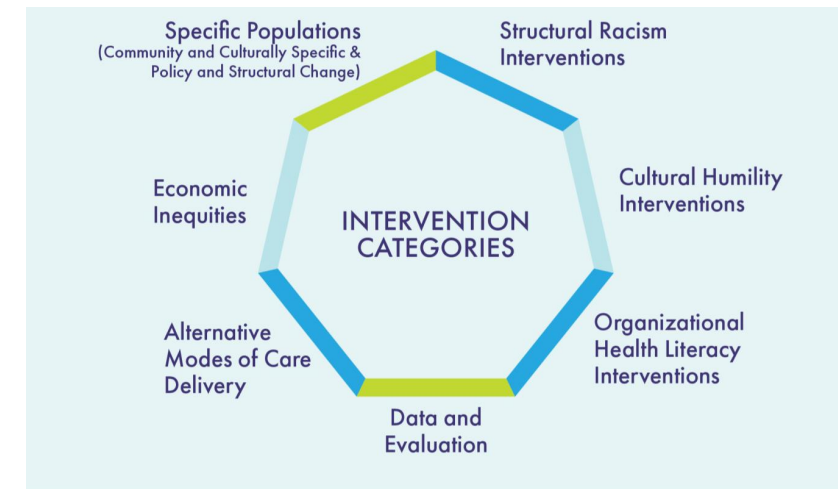
Next Steps

Next Steps

- Trainings and Presentations
  - Future resources
- Feedback
  - Please review the guide and assessments
  - Provide additional resources
- Toolkit improvement
  - Based on feedback on usability and function
  - Updating resources

Reminder: Part 2

Affirm is presenting tomorrow, Monday, May 20th at 9:30am in Jefferson West

- Overview of the community assessment.
- Affirm will discuss the details of their health equity project and how they are aiming to build lasting relationships with partners, implementing community mini grants, and the importance of doing internal work within an organization to advance health equity for all.

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