# Overview

- NFPRHA community and institutional assessment
- Affirm health equity project
- Q&A

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)
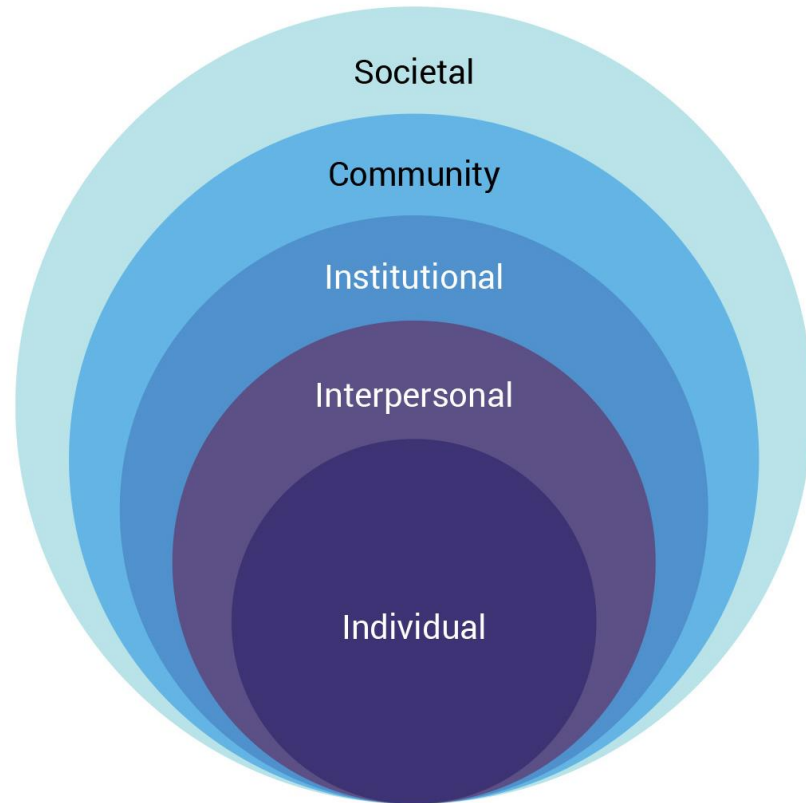
Social Ecological Implications of Health Equity

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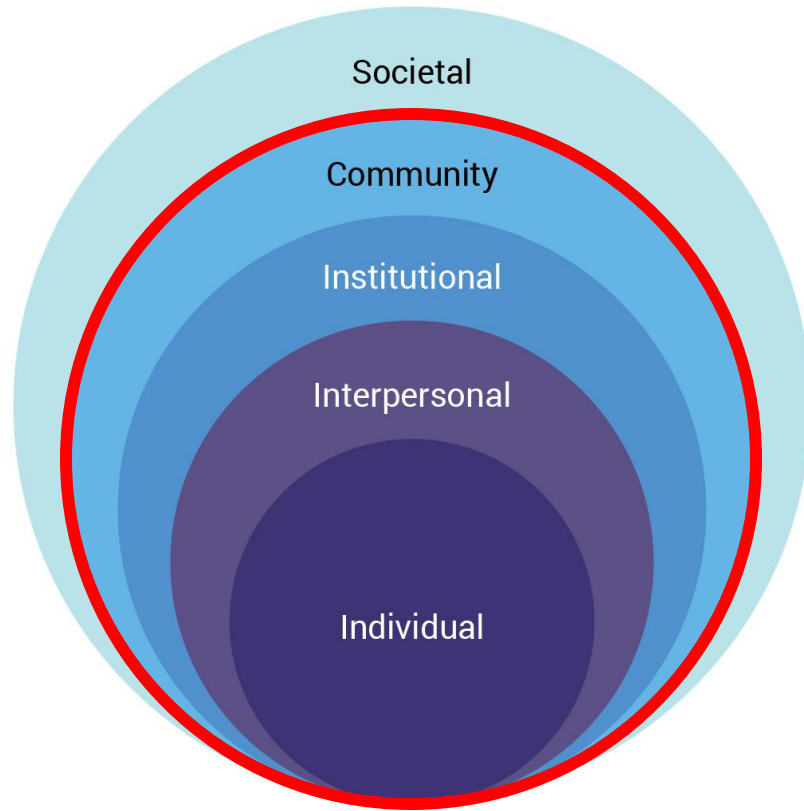
For example, a lack of provider availability can create long wait times or delay access to care. Providers must identify and address medical stigma, discrimination, and other inequitable practices.
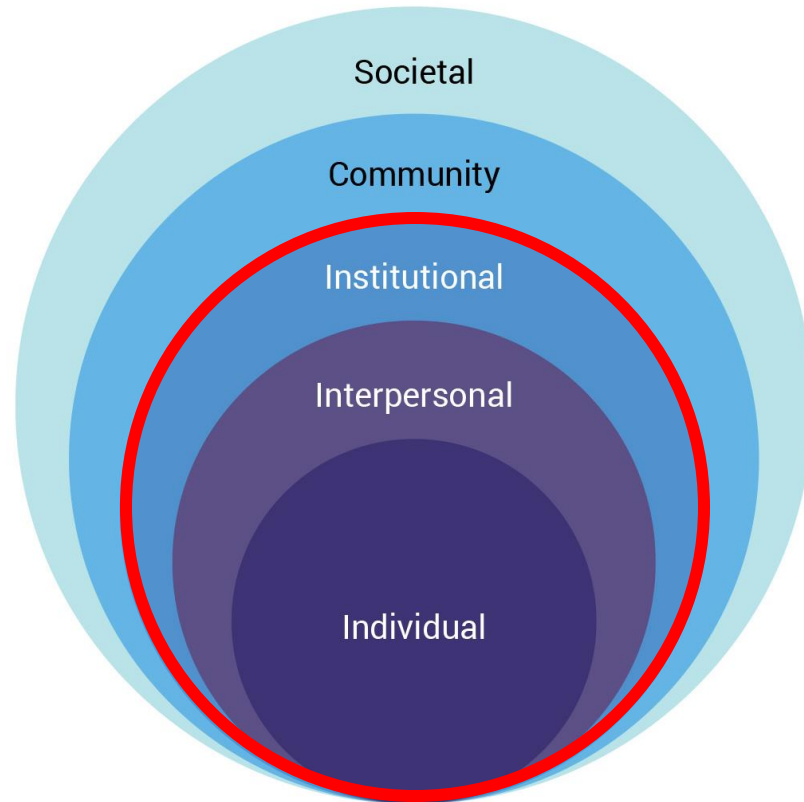
Social Ecological Implications of Health Equity

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.

Institutional

The following statements relate to your institution and the progress it has made to advance internal-facing health equity work.

	LEVEL OF PROGRESS							REFERENCE
	1	2	3	4	5	N/A	UNK	
1. My organization's leadership communicates, both verbally and in key organizational documents (e.g., strategic plan, annual report), that health equity is an organizational priority and inextricably linked to its mission and values.	☐	☐	☐	☐	☐	☐	☐	• Structural racism: Addressing systemic oppression and racism.
2. My organization's leadership model our commitment to health equity and antiracism work.	☐	☐	☐	☐	☐	☐	☐	
3. My organization includes clients and community stakeholders with the identification, planning, implementation, and evaluation of health equity priorities.	☐	☐	☐	☐	☐	☐	☐	• Community engagement
4. My organization engages in discussions about its institutional history, including history of racism, and recognizes that it has a responsibility to remove any legacies of bias, discriminatory practices, and treatment without consent.	☐	☐	☐	☐	☐	☐	☐	• Structural racism
5. My organization has dedicated meaningful financial resources and staff time to understanding the negative impact of institutional and structural racism on communities.	☐	☐	☐	☐	☐	☐	☐	• Structural racism • Cultural humility
6. My organization has dedicated meaningful financial resources and staff time to building staff skills to engage in health equity and antiracism work.	☐	☐	☐	☐	☐	☐	☐	
7. My organization's leadership ranks are familiar with the reproductive justice framework and can articulate the importance of advancing reproductive justice as part of our organization's health equity and antiracism work.	☐	☐	☐	☐	☐	☐	☐	• Structural racism • Anti-racism • Cultural humility

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

Community

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:

Institutional

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 your institution and the progress it has made to advance internal-facing health equity work.

	LEVEL OF PROGRESS							REFERENCE
1. My organization's leadership communicates, both verbally and in key organizational documents (e.g., strategic plan, annual report), that health equity is an organizational priority and inextricably linked to its mission and values.	1	2	3	4	5	N/A	UNK	• Structural racism: Addressing systemic oppression and racism.
2. My organization's leadership model our commitment to health equity and antiracism work.	1	2	3	4	5	N/A	UNK	
3. My organization includes clients and community stakeholders with the identification, planning, implementation, and evaluation of health equity priorities.	1	2	3	4	5	N/A	UNK	• Community engagement
4. My organization engages in discussions about its institutional history, including history of racism, and recognizes that it has a responsibility to remove any legacies of bias, discriminatory practices, and treatment without consent.	1	2	3	4	5	N/A	UNK	• Structural racism

	LEVEL OF PROGRESS							REFERENCE
7. My community has a coalition that works to advance health equity by addressing the sexual and reproductive health service needs of individuals from historically and currently marginalized communities. The coalition includes community members and leaders and reproductive justice advocates.	1	2	3	4	5	N/A	UNK	• Search by population • Structural racism • Cultural humility • Organiza-tional health literacy
8. My community's sexual and reproductive health coalition has a strong, positive image in the community, a good track record, and a history of involvement of the broader community.	1	2	3	4	5	N/A	UNK	• Search by population • Structural racism • Cultural humility
9. My community has at least one multi-sectoral (e.g., health, labor, transportation, education, corrections, economic development, housing, philanthropy, public safety) coalition that addresses the complex factors that influence health equity in the community.	1	2	3	4	5	N/A	UNK	• Search by population • Structural racism
10. In community coalitions, there is understanding and acknowledgment of the history of racism and other forms of oppression in both the US and the community.	1	2	3	4	5	N/A	UNK	• Structural racism

Stakeholder Involvement

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.

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

Community-Centered Needs Assessment

Building Relationships through Evaluation Efforts

Celebrating 50 years

Affirm™

Sexual and Reproductive Health for All

April McCue

Director of Grants & Evaluation

Consultant Team

Collective Equity

Sharifa Rowe

Founder of S.Rowe Consulting works as a neutral facilitator to support collective impact and systems change rooted in equity.

Stephanie Luz Cordel

Founder of All Voices Consulting and works as a collaborative consultant focused on enhancing social impact through equitable change strategies.

Sarah C. Gonzalez

Founder of Gonzalez Consulting and works alongside communities to address issues and lift the voices of those most impacted.

Overview of the Session

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Project Background

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01

Project Background

Project Background

In 2022, Affirm contracted Collective Equity Partners (CEP) to conduct a needs assessment to support the following outcomes:

1. Develop data-informed program design to better serve family planning **patients who are Black, Indigenous and other people of color**

2. Determine **which social determinants of health may have the biggest impact** on disparities in access, quality, and patient experience among the communities they serve

3. **Strengthen collaborative partnerships** between the family planning network and organizations primarily serving communities of color

Affirm Subrecipient Map

Affirm Title X Network

10 subrecipient agencies

with 51 health centers

in 11 Arizona counties.
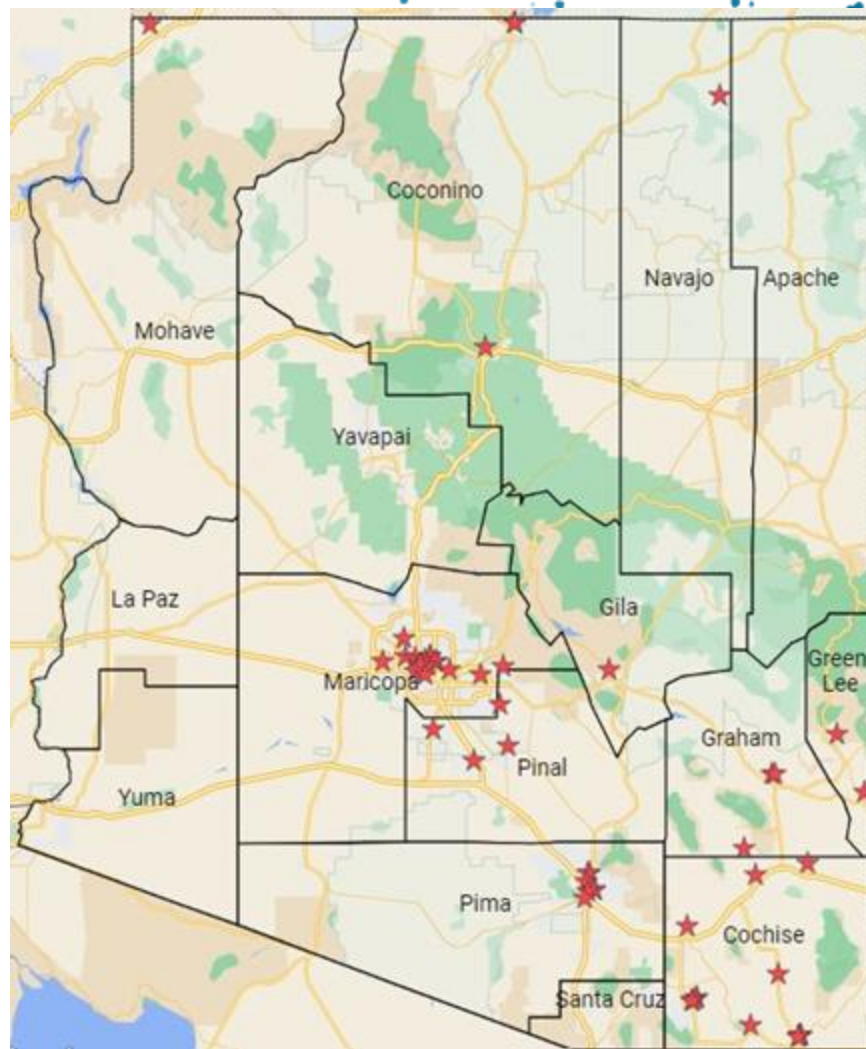
Original Project Plan

Understand and Plan

Meet with Affirm leadership to gather further context about the grant, Affirm's work in each county, as well as planning out logistics for the project

Conduct Landscape Analysis

Understand demographics, community hubs, nonprofit organizations, and trusted community groups

Co-create Engagement Plan

Conduct a series of conversations with Affirm staff, & community leaders in each county

Collect Data

Support community orgs in collecting the data across all counties through surveys, focus groups and individual interviews

Analyze & Summarize Data
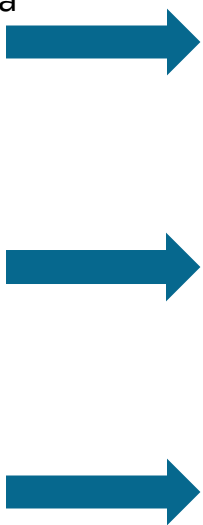
Combine all the data, analyze it, and provide a summary report of the findings

Project Insights

After completing the first two phases in the original scope of work, CEP identified several factors that prompted rethinking of the project approach:

- **Challenges to Identifying Delegate Contact:** Each of the delegates are organized differently and often difficult to have access to person closest to community

- **Redundant Data Collection:** Most delegates have already done community health needs assessments; engaging in that type of data collection would be redundant

- **Delegate Capacity Challenges:** staff who are best positioned to do community engagement are at capacity due to serving multiple roles within the organization

- **Caution with Sharing Data:** the overturning of Roe v. Wade had led delegates to be very cautious about talking with CEP or sharing data

- **Delegates Siloed**: CEP learned that delegates are very siloed in their work

- **Access to Extensive Data:** Affirm has access to an extensive amount of data related to community needs given their own data collection efforts, delegate data collection, as well as county health departments.

Project Pivot

- **Co-creating Engagement Plan.** Engage community leaders in developing data collection plan

- **Data Collection.** Coordinate the data collection infrastructure with community leaders

- **Analyzing and Summarizing Data.** Combine all the data, analyze it, and provide a summary report of the findings.

- **Mini-Grants.** Utilize funds for community-led data collection to support community-led projects/initiatives.

- **Focus on Secondary Data Collection.** Social Determinants of Health Sources from national, state and county organizations; Delegate Community Needs Assessments; Affirm's Delegate Survey; Scholarly Articles

- **Analyzing and Summarizing Data + identify programmatic recommendations.** Combine all the data, analyze it, and provide a summary report of the findings.

02

Key Findings

Historical and Cultural Factors Impacting BIPOC Engagement

The health and engagement of BIPOC patients with family planning providers are influenced by a complex interplay of historical and cultural factors. These factors have resulted in disparities in reproductive health outcomes and access to family planning services.

Some Historical Factors influencing Black Patients:

- Forced sterilization
- Tuskegee Syphilis Study
- reproductive coercion and slavery
- medical experimentation
- systemic racism
- Reproductive rights movement
- lack of access to contraception

Some Historical Factors Influencing Indigenous Patients:

- Colonization and dispossession
- forced sterilization and eugenics
- disruption of cultural practices
- lack of access to quality healthcare
- experiences of trauma
- institutional racism
- cultural disrespect
- child welfare policies
- language barriers

Historical and Cultural Factors Impacting BIPOC Engagement Continued

Historical factors influencing multiple identities:

- Immigration policies
- medical experimentation
- language and cultural barriers
- inequitable access to education
- migrant labor practices
- lack of inclusive reproductive health policies

Cultural Factors:

- Religious beliefs
- traditional gender roles
- stigma surrounding contraceptives
- importance of parenthood
- family and community expectations
- cultural preferences for large families
- heritage preservation
- cultural beliefs about fertility

Priority Community Issues

CEP analyzed community health needs assessment data from all counties to identify the top three community priorities shared across counties and specific delegate communities.

1. **Access to Care**. Ten community needs assessments identified access to care as a top priority, with barriers including a shortage of healthcare providers, long travel distances, high healthcare costs, and structural issues like discrimination.

2. **Mental Health.** Mental health is a major concern in nine community assessments across Arizona due to barriers like a shortage of providers, worsened by the pandemic. Issues include underfunding, provider burnout, and the link between mental and physical health, with increasing suicide rates and hospitalizations in various counties.

3. **Substance Use.** Harmful substance use is a major concern in nine community assessments in Arizona, noting high addiction rates and limited access to treatment. The pandemic exacerbated the issue, leading to more overdose and mental health crises. Substance use is also linked to criminalization and overprescription of opioids, with significant rates of overdose-related deaths in various counties.

03

Community Mini-Grants

STANCE TOWARDS COMMUNITY	IGNORE	INFORM	CONSULT	INVOLVE	COLLABORATE	DEFER TO
	0	1	2	3	4	5
IMPACT	Marginalization	Placation	Tokenization	Voice	Delegated Power	Community Ownership
COMMUNITY ENGAGEMENT GOALS	Deny access to decision-making processes	Provide the community with relevant information	Gather input from the community	Ensure community needs and assets are integrated into process & inform planning	Ensure community capacity to play a leadership role in implementation of decisions	Foster democratic participation and equity through community-driven decision-making; Bridge divide between community & governance
MESSAGE TO COMMUNITY	*Your voice, needs & interests do not matter*	*We will keep you informed*	*We care what you think*	*You are making us think, (and therefore act) differently about the issue*	*Your leadership and expertise are critical to how we address the issue*	*It's time to unlock collective power and capacity for transformative solutions*
ACTIVITIES	Closed door meeting Misinformation Systematic	Fact sheets Open Houses Presentations Billboards Videos	Public Comment Focus Groups Community Forums Surveys	Community organizing & advocacy House meetings Interactive workshops Polling Community forums	MOU's with Community-based organizations Community organizing Citizen advisory committees Open Planning Forums with Citizen Polling	Community-driven planning Consensus building Participatory action research Participatory budgeting Cooperatives
RESOURCE ALLOCATION RATIOS	100% Systems Admin	70-90% Systems Admin 10-30% Promotions and Publicity	60-80% Systems Admin 20-40% Consultation Activities	50-60% Systems Admin 40-50% Community Involvement	20-50% Systems Admin 50-70% Community Partners	80-100% Community partners and community-driven processes ideally generate new value and resources that can be invested in solutions

Grant Opportunity

Focus: Address BIPOC family planning, reproductive access, and attainment within the three community health priorities (Access to Care, Mental Health & Substance Use).

Main Outcomes: To learn and understand what opportunities and/or barriers there are for Black and Indigenous communities in using and engaging with health organizations providing Title X services, and to identify potential community-led strategies to address one or more of the priorities.

Applicant Criteria (at least one of more of the following):

- Primarily Black and Indigenous-led
- Primarily serve Black and Indigenous communities
- Have staff that represent the BIPOC communities that the organization primarily serves
- Hold deep connections with BIPOC communities
- Serve rural communities

Amount: $15,000 to $30,000 for almost a one-year period

Organizations Funded

1. Indivisible Tohono
2. Matriarch Ways
3. Black Girls Break Bread
4. MODABA
5. AZ Birth Workers of Color

Indivisible Tohono

Indivisible Tohono is a grassroots community based organization that focus on State and Federal legislation that impacts the Tohono O'odham Nation in southern Arizona.

Project Summary: The strategy would begin with a social media campaign, providing LOW KEY transportation to Tucson for services through planned parenthood if and when needed.Printing materials that could be left in the schools if they are willing to take the information (school nurses/social workers). Plan B is also not available through our Health and Human Services department only through Indian Health Services, purchasing a small supply to provide to community members would be beneficial resource for community.

Project Outcomes:
- access to tools and resources not available on the reservation
- also allow us to begin having an open dialogue with our community about the lack of health care afforded to us because of where we live

Amount Received: $15,000

Matriarch Ways

Matriarch Ways is a nonprofit organization dedicated to nurturing the well-being and resilience of Indigenous relatives in Arizona through a holistic approach to individual health for family empowerment.

Project Summary: Our project, spearheaded by Matriarch Ways, is designed to support Indigenous communities in accessing resources and understanding their individual care needs; while supporting them in obtaining soulful living skills needed for success in one's goals and life pursuits, including family planning.

Project Outcomes:

- understanding how healing historical trauma and rooting services in Indigeneity can move our communities out of survival mode, creating a fertile ground for more informed and empowered decisions around family planning
- seeks to illuminate the pathways through which culturally grounded healing and empowerment lead to more robust opportunities for family planning, marking a significant shift away from merely surviving to thriving

Amount Received: $26,000

Black Girls Break Bread

Black Girls Break Bread Inc. is a 501(c)(3) nonprofit organization founded in 2016 with a focus on improving the overall health and wellness of Black women and girls by reducing racial disparities, advocacy and curating social and emotional wellness programming.

Project Summary: Black Girls Break Bread, and its partners will assemble a series of convenings ensuring diverse participation of local, cross-sector, stakeholders who are directing disparate efforts related to reproductive health to identify how to coordinate efforts to increase access, enhance community-centered outcomes, and to produce a sustainable mechanism for ongoing partnership and communication with a focus on local Black reproductive health.

Project Outcomes:
- A strategic plan and roadmap for increasing access to reproductive health education and services
- an infrastructure for ongoing coordination, enhanced capacity for community-centered advocacy and multi-sector stakeholder engagement

Amount Received: $18,500

MODABA

MODABA stands for Moms, Dads & Babies. MODABA focuses on African American maternal and child health. Over the last 7 years we have expanded our focus to include our Indigenous and Hispanic relatives. We offer home birth midwifery and doula support, birth worker training and family information, education and support.

Project Summary: Strategy is to continue to support families in accessing classes, resources, referrals, family planning and reproductive health services through MODABA. During this years Black Maternal Health Week, MODABA will add a focus on accessing, understanding and/or attaining family planning and reproductive health services. MODABA will also assess same issues in indigenous communities.

Project Outcomes:
- gather information around the barriers in using and engaging with health organizations providing Title X services
- gather information on the positive impacts that our culturally reflective doulas, midwives, traditional birth attendants, breastfeeding peer counselors, etc are having on the mental and reproductive health of these groups
- learn about alternative preferences and/or resources beyond Title X reproductive health and family planning centers

Amount Received: $26,000

AZ Birth Workers of Color

Black Girls Break Bread Inc. is a 501(c)(3) nonprofit organization founded in 2016 with a focus on improving the overall health and wellness of Black women and girls by reducing racial disparities, advocacy and curating social and emotional wellness programming.

Project Summary: AZBOC will host two listening circles, engaging 20 community members eligible for Title X services, to understand their engagement with health organizations. A public health expert will facilitate sessions and compile a report by December 2024. They'll also gather data on fertility issues like PCOS and endometriosis to prioritize birth justice funding.

Project Outcomes:
- gain learnings that will further advance the birth justice agenda to increase the health and well-being of communities of color in our state
- increase self-determination, knowledge, and social and political power
- change the landscape of reproductive health care for Arizona birthing families and our birthwork community as well.
- build a birth equity map for our community to help facilitate warm referrals for families and sustain our work.

Amount Received: $18,500

04

Lessons Learned

Recommendations from Report

For Affirm

- Develop a Community Advisory Council
- Increase & Convene Partnerships with Grassroots Organizations connected to Mental Health and Substance Use service providers

For Delegates

- Understand Historical Positioning w/ Cultural Competence Training
- Collaborative Care and Trauma-informed Care Model
- Use Health Equity Metrics
- Community Health Workers (Increase BIPOC Staff)

Insights from Affirm

- Available doesn't mean accessible
- Data comparisons of who our Title X network is serving by county/region and community demographics
- Capacity of the organization - what can we release?
- Understanding historical impact of healthcare on Native and Black (African Americans) people
- Partnership building where trust is already built
- Assessing who's involved in project/coalitions/etc.
- Internal work - start with power mapping; bring to staff when you're ready to fully commit
  - Understand what progress looks like to staff

Report linked here

05

Next Steps

Affirm's Action Plan (Initial Steps)

Ultimate goal: support relationship building

- Staying connected with mini-grant recipients
  - Potentially bringing them together 1-2 a year
  - Merging a meeting with them and our subrecipients
- Continuing to find ways to supplement Title X services so we can fund more BIPOC led orgs
- Capacity Assessment - what can go to make room for this work?
- Strive toward subrecipient engagement plan - specific to BIPOC communities

Other Insights from Consultant Partners

- Recognized need for a community backbone organization for coalitions such as a coalition around reproductive justice
- Lotus liberation is a project focused on providing the container and capacity for supporting coalitions do their work
- Lotus also supports relationship building and serves as a neutral facilitator to help coalitions in being most effective

06

Q & A

Connect with Us

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