THE UNIVERSITY OF ARIZONA
Mel & Enid Zuckerman College of Public Health

ARIZONA DEPARTMENT OF HEALTH SERVICES

AN ORGANIZATIONAL HEALTH EQUITY CAPACITY ASSESSMENT OF SVPEP AGENCIES IN ARIZONA

Sexual Violence Prevention and Education Programs (SVPEP)

April 2023 • University of Arizona

CONTENTS

LAND ACKNOWLEDGMENT

We respectfully acknowledge the University of Arizona is on the land and territories of Indigenous peoples. Today, Arizona is home to 22 federally recognized tribes, with Tucson being home to the O'odham and the Yaqui. Committed to diversity and inclusion, the University strives to build sustainable relationships with sovereign Native Nations and Indigenous communities through education offerings, partnerships, and community service.

UNIVERSITY OF ARIZONA RESEARCH TEAM

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EXECUTIVE SUMMARY

This report provides feedback on organizational capacity and practice integrating health equity into SVPEP programs.

- Interviewed 15 staff from 6 organizations to assess staff knowledge, organizational policies & leadership actions, work plan activities, data collection, use and needs, training and TA, state of partnerships, and focus within the SEM model for health equity within their SVPEP work.

Knowledge is high, and practice is average, but strategic alignment with health equity is minimal.

- Staff and organizations are aware of health equity within their SVPEP programs and agencies.
- Staff mentioned various ways organizations implement health equity strategies within activities. However, most focused on the individual and group level and did not extend socio-economic or political determinants.
- Interviews did not demonstrate intentional or strategic alignments between health equity and SVPEP within budgets, work plans, data collection, and use, and partnerships with other organizations.
- Interventions are limited to individual and group levels. Most staff reported that limited funding and oversight from ADHS prevented innovations that could allow for activities in the outer layers of the socioecological model.

Recommendations

- ADHS to lead the strategic and explicit alignment of program activities with health equity interventions.
- Value-based contracting or granting to encourage interventions in the out layers of SEM.
- Utilize coalitions and training events to integrate health equity into SVPEP interventions.

SEXUAL VIOLENCE: A PUBLIC HEALTH ISSUE

- Sexual violence is common
- Starts early in the lifespan
- Disproportionately affects some groups of people
- Imposes substantial health and economic costs
- The CDC Rape Prevention and Education program encourages a comprehensive approach to sexual violence prevention.
- It necessitates that we consider the social determinants of health impact on vulnerabilities and the outer layers of the Socio-Ecological Model in interventions

HEALTH EQUITY WITHIN THE CDC STOP SV FRAMEWORK

STOP SV

	Strategy	Approach
S	Promote **SOCIAL NORMS** that Protect Against Violence	• Bystander approaches • Mobilizing men and boys as allies
T	**TEACH** Skills to Prevent Social Violence	• Social-emotional learning • Teaching healthy, safe dating and intimate relationship skills to adolescents • Promoting healthy sexuality • Empowerment-based training
O	Provide **OPPORTUNITIES** to Empower and Support Girls and Women	• Strengthening economic supports for women and families • Strengthening leadership and opportunities for girls
P	Create **PROTECTIVE** Environments	• Improving safety and monitoring in schools • Establishing and consistently applying workplace policies • Addressing community-level risks through environmental approaches
SV	**SUPPORT VICTIMS**/Survivors to Lessen Harms	• Victim-centered services • Treatment for victims of SV • Treatment for at-risk children and families to prevent problem behavior including sec offending

Content from cdc.gov/violenceprevention/sexualviolence/fastfact.html

CONTEXT OF WORK

- SVPEP strategies represent different levels of social ecology intending to impact relationships, families, schools, communities, and social structures.
- However, more work remains to integrate social-level preventive strategies in ways that address health inequities that increase vulnerabilities to sexual violence.
- ADHS engaged the MEZCOPH team to evaluate the current practice and capacity of SVPEP grantee organizations in Arizona
- This document summarizes findings and recommendations for ADHS and SVPEP grantee organizations on integrating health equity into strategic and implementation plans to optimize sexual violence prevention and education.

EQUITY CAPACITY EVALUATION FRAMEWORK

Capacity

- Staff knowledge & skills
- Organizational policies
- Leadership and support

Training & TA

- Cultural competency
- Community capacity building
- Needed resources and training

Data use & Needs

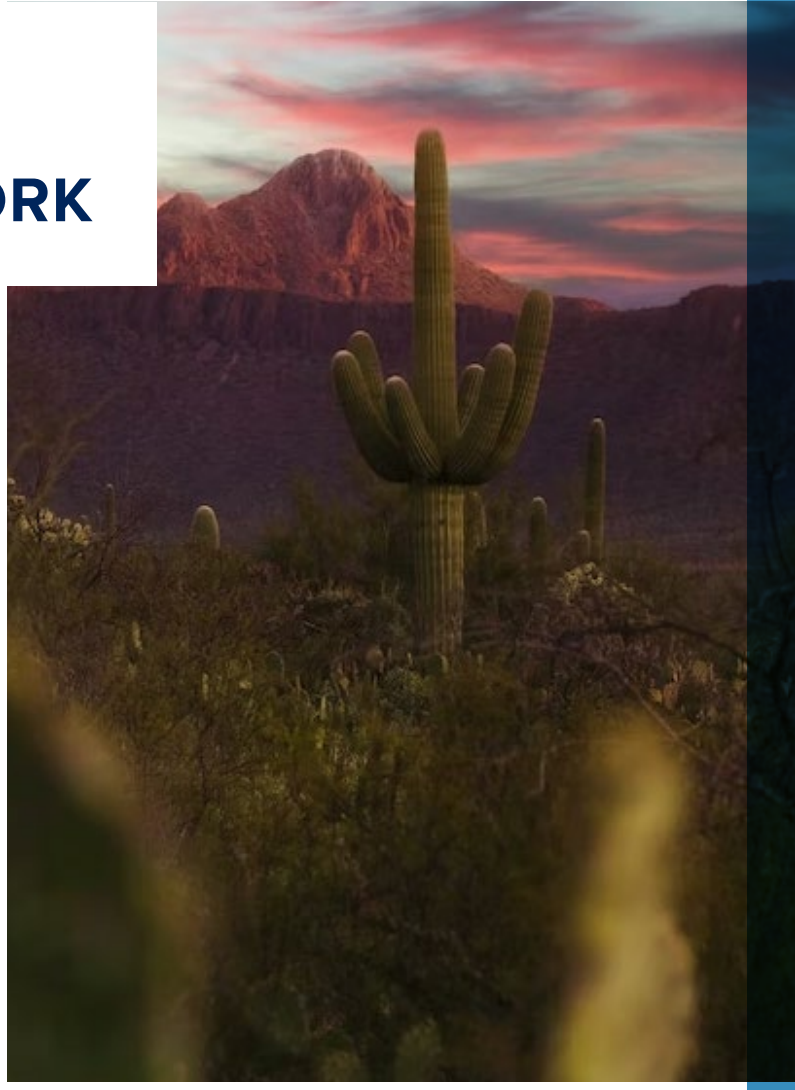
- Availability
- Use
- Needs

Partnerships

- Types of partnerships
- Alignment with other organizations
- Engagement strategies

Activities Focus

- Relationship
- Community
- Societal
- Environmental
- Policies



ASSESSMENT APPROACH

- The team developed and tested an interview guide using the CDC equity framework.
- Collected demographic information through a pre-interview survey.
- Conducted qualitative interviews of staff working in the SVPEP grantee organizations.
- Analyzed transcripts to identify gaps and successes.
- Developed key products from assessment including:
  - A presentation report
  - A framework analysis chart with summaries from individual interviews.

ASSESSMENT FINDINGS

DEMOGRAPHIC DATA OF RESPONDENTS

Parameter	Value/Range	Details
Participants	15	Target populations: school-aged children, college students, community members.
Organizations Surveyed	6	
Range of Staff Size	2–27	
Types of Organizations	1 Higher Institutions 1 County Office 1 Coalition organization 3 NGOs	Arizona State University Yavapai County Community Health Services ACESDV Peer Solutions, Northland Family Help Center, Souther Arizona AIDS Foundation
Range of Funding	$50,000 – $700,000, $14million Median: $400,000	$14million appear to be an overestimate.

FINDINGS

FINDINGS 1.0. ORGANIZATIONAL CAPACITY TO INTEGRATE HEALTH EQUITY INTO SVPEP

1.1-1.2. Staff Knowledge, Skills, and Abilities

Participants noted health equity as:

- Assuring equal access to prevention and care services irrespective of individual or group identities–sexual, gender, racial, residential, etc.
- Increasing access to food, housing, and healthcare that reduces vulnerabilities to sexual violence.
- Diversity in the staff and people who implement SVPEP programs.

1.1.2. How is health equity linked to SVPEP Program Outcomes?

Participants described linkages such as:

- Embedding health equity within the training curriculum to increase knowledge on how health inequities are linked.
- Identifying and addressing the root causes of inequities that lead to sexual violence.
- Targeted support for groups at higher risk of sexual violence.
- Diversity in program beneficiaries

1.1.3. Rate your organizational capacity to integrate health equity into SVPEP

- Scores ranged between 5 – 10 out of 10.

Participants noted reasons for lower rating:

- Absence of health equity topics in the training curriculum
- Funding and grants are not always guaranteed
- Lack of consistent communication and collaboration between vertical programs (SVPEP and other social programs)
- Structural and cultural barriers especially in school-based programs

1.2.1. Common Themes in Organizational Mission, Vision, and Goals

- The organizations listed have different missions, visions, and goals to accomplish RPE/SVPEP work.
- Some organizations aim to end sexual and domestic violence by promoting equity and dismantling oppression. They provide non-discriminatory services that are gender inclusive, target marginalized communities, and provide education to the community.
- Others focus on cultivating a culture of safety, equity, and respect by instilling these values in their everyday mission to prevent violence before it begins.
- Some organizations focus on promoting health and well-being for those living with HIV and social justice for marginalized people, including targeting specific demographics like LGBTQ+ and people of color.
- Overall, these organizations have a shared goal of preventing sexual and interpersonal violence through education, awareness, and addressing the root causes of sexual violence.

1.2.2. Current strategies to advance health equity in the SVPEP program

- Training on cultural humility, trauma-informed programming, civil rights, and equity, DE.
- Providing cash gifts to alleviate housing and transportation challenges.
- Increased outreach and collaboration with direct service providers.
- Focus on minority groups such as LGBTQI+, people living with HIV and American Indian communities.

1.3.1. Leadership actions to advance health equity

- Participation in state-level coalition
- Connecting community response task forces
- Focus on underserved areas such as rural and Native American communities.
- Developing collaborations and partnerships that aim to address inequities
- Grants writing to sponsor on-going programs.
- Strategic programing to include health equity in programs.

1.3.2. What should be done differently to increase leadership actions for health equity?

- Using the health equity language in work planning and budgets.
- Encouraging collaborative approaches in SVPEP programming.
- Use statewide assessment results to address gaps.
- Need for a more explicit discourse and training on equity in SVPEP
- Some participants think nothing can be done to make this possible.

1.3.3 ADHS Support on integrating health equity

- Majority of support is through funding and grants
- Direct support is not apparent
- High staff turnover and frequent changes at ADHS, especially the SVPEP program managers.
- Funding for community education departments.

1.3.4. Staff support and incentives to improve health equity and SVPEP work.

- Some organizations have a 32-hour work week to help staff deal with job-related trauma.
- Staff training and orientation contain awareness about trauma-informed care.
- Within-organization survivor support groups.

1.4.1. Populations that benefit from current work in SVPEP:

- Middle, high school, and college students
- Native American populations for agencies working in Northern Arizona
- LGBTQIS+ students for college-based programs
- Racial minorities (Latinx, African-American) for organizations that work in urban areas in Arizona.

1.4.2. Workplan and populations that benefit from work

- Most had work plans that specified training or preventive interventions and target populations.
- However, most work plans were not explicit about work on removing all forms of oppression etc.
- Some participants expressed that public institution may not support a work plan that explicitly comments on reducing racism or other forms of oppression.

1.4.3. Barriers to addressing racism and other forms of oppression in SVPEP

- Work plans and scope of work are often limited to training and specific SVPEP interventions and do not specify addressing all forms of oppression.
- Non-diversity among staff and trainers.
- Training is designed to serve organizations, and training organizations like ACESDV do not decide who attends and cannot influence the level of diversity of trainees.
- Too much work to do in SVPEP and with limited available time.
- Limited data or strategic intelligence on the needs.

FINDINGS 2.0. DATA AVAILABILITY, USE AND NEEDS TO INTEGRATE HEALTH EQUITY INTO SVPEP

2.1.1. Demographic data collected to identify inequities or disparities

- Majority of organizations collect demographic data on age, sexual orientation, gender identities, ethnicities and racial identities, and place of residence.
- Data are frequently collected from large-scale college surveys, pre and post-test training. However, these do not specifically measure inequities.

2.1.2. How demographic data is used to identify inequities or disparities.

- Some participants did not know how data is used to reduce health equity.
- Programs within academic institutions use survey data to identify groups most vulnerable to sexual violence.
- Other organizations use the data collected as monitoring and performance measures and for funding and grants applications.

2.1.3. Engagement with disparity populations to better understand inequities understood from data

- The responses suggest that organizations engage the community and priority populations through outreach awareness, community events, surveys, training, and evaluation.
- They collaborate with organizations and providers to assess needs throughout the state and engage the community in conversations about gaps in training and capacity.
- They analyze demographic data to evaluate health equity and reduce gaps among LGBTQ+ students.
- Organizations discuss the effectiveness of their programs, invite feedback and thoughts, and make changes when necessary. They use data to engage priority populations, show where different student groups are at regarding knowledge and understanding, and draw links between their work and their partners' work.
- They also spread the message of RPE/SVPEP through social media, coalitions, and staff support for events. Finally, some organizations provide the results of evaluations to the community to show their experiences with the training.

2.1.4. Data needs to integrate health equity into SVPEP

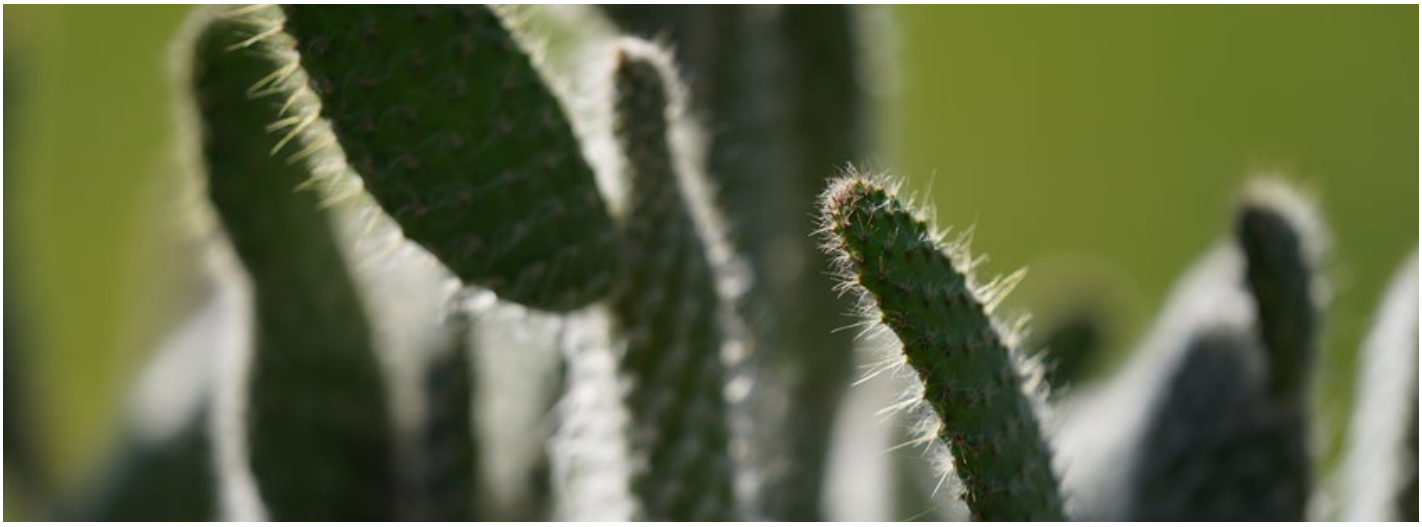
- The majority of responses indicate a need for more data to ensure that their work in RPE/SVPEP is executed with equity in mind.
- The participants feel that data collection needs to be updated to be more specific, and statistics provided during training should include data from LGBTQ relationships. Also, data nomenclature should include minority populations such as American Indians and Alaskan Natives.
- Need to provide implementers with local data on SV in state and region.
- Need more data on the location and circumstances of SV that will allow for better risk mapping.
- Some feel that there is a need for evidence-based prevention tactics rather than relying on ineffective methods.
- Participants also emphasize the importance of data on vulnerable populations who do not report incidents and those who do not seek services or resources.
- There is a lack of data on specific populations, post-COVID, and local crime involving SV. However, some participants believe that there are no gaps and no need for more data

2.1.5. Resources needed to integrate health equity into SVPEP

- The responses vary, but some organizations have resources such as program managers, partnerships with universities, and access to databases and software for data collection and analysis. However, some organizations mention a lack of resources and the need for more time and funding to expand their data collection and analysis capabilities.
- Some organizations also mention using surveys and assessments to gather relevant information.
- A few respondents indicated that they don't know what resources are available to support their work integrating health equity into RPE/SVPEP programming.
- Also, some mentioned the need to increase oversight and technical support from the ADHS Program Manager.
- Partner with organizations that have research skills to generate evidence.

2.1.6. Rate organizational capacity to collect and use data to integrate health equity into SVPEP

- Rating scores ranged from 3 -10 out of 10
- Majority of respondents rated their organizations above score were >7
- Some participants noted that their organizations had limited staff capacity to collect health equity data.
- Some participants also noted that the type of data collection was beyond the scope of their SVPEP work and staff did not have specialized skills to change data collection tools and conduct analyses.



FINDINGS 3.0. TRAINING AND TECHNICAL ASSISTANCE TO INTEGRATE HEALTH EQUITY INTO SVPEP

3.1.1 Rate organizational cultural competency training for health equity awareness

- Scores ranged from 6-10 out of 10
- Most participants noted that they underwent regular training on cultural competency.
- Many participants attested that intersectionality and cultural competency were integrated into internal and external training for most organizations.
- Some organizations believe they have a good start but still have room for improvement and want more training, particularly from indigenous (Native American) trainers.
- Others believe they are doing a great job but must improve in certain areas, such as serving international students and using adult learning principles to address biases.
- Time and resources are also essential in improving cultural competency training.

3.1.2. Community capacity training for health equity awareness offered by SVPEP organizations

- All participants noted some form of partnership or interaction with community organizations such as brothers and sisters club, college youth groups, community health centers.
- Most participants noted that their organization also belonged to a coalition group.
- Participants noted alternative forms of engagement with communities. For instance online communities through online learning programs.

3.1.3. Resource need for capacity building

- Responses suggest that resources and training needed to integrate health equity into RPE/SVPEP programs include funding, systematic methods, data collection, and analysis, acknowledging and training on Native American populations, webinars and conferences, and comprehensive health equity training.
- Time to integrate learned skills into work is also identified as a shared resource needed.
- Some respondents believe their current work is practical and do not identify specific needs for resources and training.
- Some also suggested using online classes or up-to-date statistics to update training and resources.

FINDINGS 4.0. PARTNERSHIPS

4.1.1. List of Partners

- ACES DV (Arizona Coalition Against Sexual Violence)
- Arizona Child Abuse
- Arizona coalition to end domestic and sexual violence
- ASU 101 program
- Athletics
- Bloom 365
- Boys and Girls Club
- Charter schools
- Chicanos por la Causa
- City of Tempe
- Coalition for Advocacy
- Counseling and consultation health services
- Crisis Care 7
- Disability offices
- Doves Network
- Emerge-SV for Women
- Eve's Place
- Fitness and Wellness centers
- Fraternities
- Goodwill Metro
- Housing
- HPS department
- Impact Lafrontera
- Litno Coalition
- Maricopa County Impact
- Mi Casa
- Multicultural coalitions
- NAU (Northern Arizona University)
- New Leaf
- Northern Arizona care after assault
- Northern Arizona Health Promotions
- One N Ten
- Peer Solutions
- Phoenix and Tempe Union High School District
- Provost office
- Residential colleges
- School district
- Sheriff Department
- Sherin Manner
- Southern Arizona Against Sexual Assault
- Star School in Leupp
- Title IX office
- Tucson Police Department
- Tucson Unified School District
- Verde Valley Sanctuary
- Youth and Peace
- Youth on the Rise
- YWCA

FINDINGS 4.0. THE CURRENT STATE OF PARTNERSHIPS TO INTEGRATE HEALTH EQUITY INTO SVPEP

4.1.2. Root cause analysis to understand shared goals with other implementing partners

- Most of the organizations have not completed a formal root-cause analysis to understand shared goals with their partners.
- However, many organizations have partners that share similar goals and incorporate them into their work. Some organizations have done some work within their own programs to keep their clients healthy but admit they could do much better in this area.
- One organization partners with Verdi Valley Sanctuary to avoid duplicating services, but they are not specific on health equity.

4.1.3. How are resources and expertise of other organizations leveraged to understand shared goals with other implementing par

- Many organizations leverage partnerships with other organizations towards the shared goal of health equity in RPE/SVPEP by collaborating in community awareness events, training, and community outreach.
- They also leverage their partners' expertise and resources by attending trainings, assisting/participating in coalition meetings, partnering on program delivery/content, partnering in grant application, and providing resources.
- Some organizations are developing a referral system to help victims of intimate partner violence. Others attend webinars and conferences provided by partner organizations to learn more. Some organizations are new and have not yet developed any partnerships towards health equity in RPE/SVPEP.

4.1.4. How do organizations engage with old and new partners in planning and implementation?

- Partners are engaged through coalition and work groups, community engagement, outreach services to minority populations, and collaborations with organizations that implement relevant programs.
- Feedback loops and involving underserved populations in decision making are emphasized.
- Partners are also connected with resources to support their needs and take ownership of advancing health equity. Planning is done by analyzing community needs and wants, partnering with organizations to provide culturally relevant programming, and brainstorming with partners on initial needs.
- However, some respondents acknowledge the need for improvement in engaging partners, especially in the aftermath of COVID-19. A few respondents note the lack of funding or capacity as a hindrance to engaging partners.

4.1.5. Rate organizational capacity to collaborate with stakeholders Diverse and inclusive engagement

- Scores ranged from 6-10 out of 10
- The responses suggest that the organizations generally rate their capacity to collaborate with stakeholders and organizations on health equity as high.
- However, some organizations identify barriers to collaboration, such as limited resources and high turnover rates among student leadership.
- They also indicate a desire for more collaboration and recognize the need for additional staff and funding to expand their work, which is indicative of readiness of organizations to collaborate but have no clear strategy on how to engage other organizations

FINDINGS 5.0.THE FOCUS OF PROGRAM ACTIVITIES WITHIN THE SEM

5.1.1. Current activities at social and environmental levels of SEM

- The activities involve teaching skills, training bystander intervention, creating social norms, and providing safe spaces.
- A very few organizations work on a systemic/policy level through advocacy, surveys, and capturing community voices.
- The approach includes destigmatizing and changing social and environmental factors, promoting trauma-informed approaches, and providing guidance to stakeholders.
- However, some responses suggest that individual and relational level work is the current focus due to funding limitations.

5.1.2. Policy-changing activities and actions

- The strategic focus of partners vary and some organizations did not think they have the capacity to engage in upstream issues.
- Many agreed that the coalition has the capacity to garner support and engage at policy levels.
- The responses suggest that organizations influence policies to improve RPE/SVPEP programs through various means such as providing training and technical assistance, collating input from programs and survivors, working with legislators, creating equity policies, and partnering with city governments.
- Some organizations have seen policy changes at the student group, school, and citywide levels, while others are still working towards this goal.
- However, a few respondents did not have an answer or were uncertain about their organization's impact on policies outside their agency

5.1.3. Rate organizational capacity to work on outer layers of SEM and what factors could enhance higher scores?

- Score ranged from 5 – 9 out of 10, with a mix range of perspectives.
- While some respondents feel the organization is doing good work, but there is room for improvement, others believe there is a lack of resources and capacity to work at the policy level.
- Some respondents suggest that more funding and training would be helpful to improve outreach, support, and education. A few respondents also emphasize the importance of incorporating research, data, and best practices to improve outreach and health equity.
- Health equity-specific training and nomenclature in SVPEP programs.
- Some participants noted the need for organizational changes that elevates the paygrade of the SVPEP manager at ADHS to an Associate Director or Director level.

SUMMARY FINDINGS

SUMMARY FINDINGS: POSITIVES

- All the staff we interviewed had moderate to high degrees of knowledge and understanding of health equity, and its relationship with SV prevention.
- State-level coalition for SVPEP allowed organizations to meet and leverage resources and expertise.
- The state coalition plans to conduct statewide assessments regarding SVPEP programming in 2023. This provides an opportunity for monitoring, evaluation and learning.
- Training is a critical component of the SVPEP program in Arizona and it can become a strategic entry point to increase awareness and capacity for health equity initiatives.

SUMMARY FINDINGS: GAPS

- There was no evidence of strategic planning that explicitly mentions or includes health equity interventions in SVPEP programs.
- Health equity is not explicitly communicated or planned for in program policies or implementation.
- The planned statewide assessment for SVPEP does not explicitly include health equity in its current framework or plan.
- Financial support and technical oversight from ADHS was described as parsimonious.

RECOMMENDATIONS

Strategy, Planning, and Management

1. Enhance the integration of health equity goals into SVPEP interventions by including health equity as a distinct domain in program planning, implementation, and reporting. This will allow partner organizations to explicitly strategize, execute, and monitor their efforts toward achieving health equity in their SVPEP activities.
2. It is recommended that initial strategic planning for SVPEP involve all stakeholders and incorporate a detailed root-cause analysis on health equity issues. This will enable a more comprehensive understanding of the underlying factors contributing to health disparities and inform the development of effective interventions.
3. To strengthen technical oversight, the Arizona Department of Health Services (ADHS) could appoint one or two coordinating and technical leads, including a core SVPEP technical officer and an SVPEP health equity officer. This will ensure that there is dedicated expertise and resources to support the implementation and evaluation of SVPEP interventions with a focus on health equity

Research and Evidence Generation

1. Leverage current partnerships with the University of Arizona, ASU, and NAU to fund real-world research to generate evidence on SV prevention.
   - Partners want to know what is effective and what is not.
   - In what ways can health equity be integrated into SVPEP?
2. Adapt data collection tools and performance frameworks to collect information highlighting disparities and other forms of oppression among beneficiaries and communities.
3. Leverage the planned statewide assessment in SVPEP to reorient focus on equity and diversity in the SVPEP program.

Funding

1. If health equity becomes a domain in SVPEP strategy, then direct funding should be allocated to activities integrating health equity perspectives.

Training

1. Appears to be a vital aspect of the Arizona SVPEP program. The state can leverage this strength to adopt health equity initiatives into mainstream SVPEP programs.
2. Update training curriculum to include health equity focus.

Examples of value-added activities that can be implemented as Health Equity–focused SVPEP

1. Partnership with out-of-state coalitions that utilize rigorous methodologies in characterizing risk, burden, and prevention strategies for SVPEP. E.g., Delaware Coalition for SVPEP, which a participant mentioned.
2. Research collaborations with academia to understand nuanced issues in SVPEP and health equity in Arizona.

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