

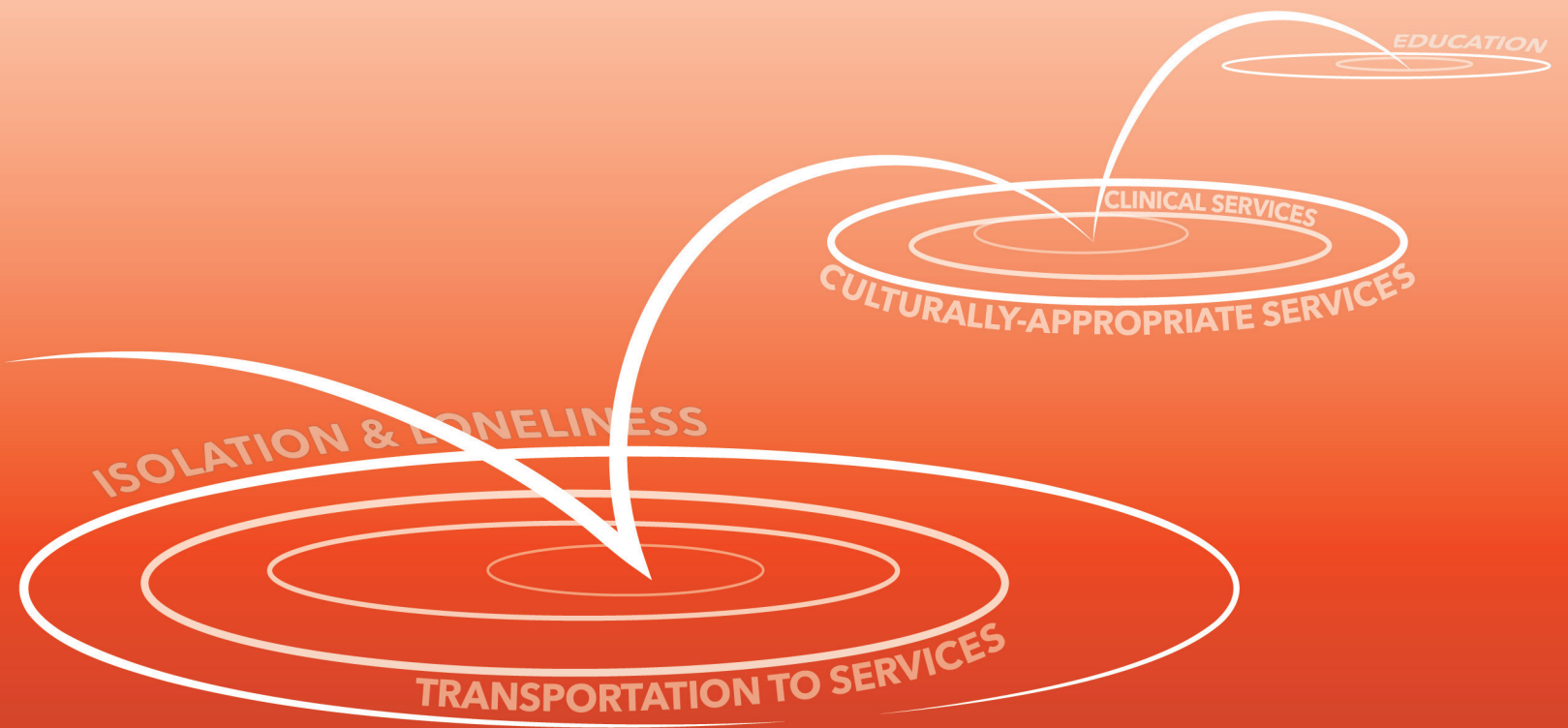
eliminating racism
empowering women

ywca

Metropolitan Phoenix

THEY TALKED, WE LISTENED...

*Amplifying the Voices of Those Impacted
by Post-COVID Mental Health*



YEAR ONE FINAL REPORT

BUILDING HEALTHY, RESILIENT COMMUNITIES

YWCA METROPOLITAN PHOENIX SYSTEMS CHANGE INITIATIVE



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INTRODUCTION

At the end of Year One of the Maricopa County Department of Public Health-funded *Building Healthy, Resilient Communities*, YWCA Metropolitan Phoenix (YWCA) has learned what mental health challenges key communities are experiencing in the aftermath of COVID-19. Our work focused on the impact of COVID and a post-COVID environment on the mental well-being of seniors and LGBTQ young people. Now in its endemic stage, COVID has wreaked havoc on access to mental health care and so many other aspects of life, that even the initial bright promises of the American Rescue Plan Act—with its expanded access to Medicaid, cash, housing, and nutrition assistance—have begun to fade.

YWCA came into the work with a stated goal of promoting race and gender equity across the lived experiences of individuals as they are impacted by social and institutional organizations, systems, environments, and public policy. What we know is that systems change work is complex, multi-layered and incremental. Although we may not yet have seen significant change in the way systems operate, we were able in Year One to identify:

- Major barriers that seniors and LGBTQ young people face with the mental health system;
- Unintended consequences of discrimination from a system that does not recognize the holistic nature, strengths, and needs of the people it is intended to serve;
- Intersection between mental health and several elements of a healthy community, pictured in Figure 1 (namely food security, access to affordable housing, social cohesion, and access to care);
- Clinical norms and practices that unintentionally harm those it is intended to serve;
- Public policies that detrimentally impact the mental health of marginalized communities.

In the following pages, detailed in Figure 2, we offer key themes on racial and gender barriers that were uncovered in a series of 17 listening sessions

with seniors and LGBTQ young people across the Northwest region. We amplify the voices of those impacted, whose words, transparent sharing and heartfelt expressions represent “ground truth.” We highlight where we were able to instigate conversation and action toward a new way of thinking, knowing, speaking and acting among systems players whose approach to marginalized populations can either help or unintentionally harm. And we make sound recommendations to mitigate and/or eliminate the racial and gender barriers uncovered.

FIGURE 1



Figure 1: The Elements of a Healthy Community, developed by Vitalyst Health Foundation

FIGURE 2

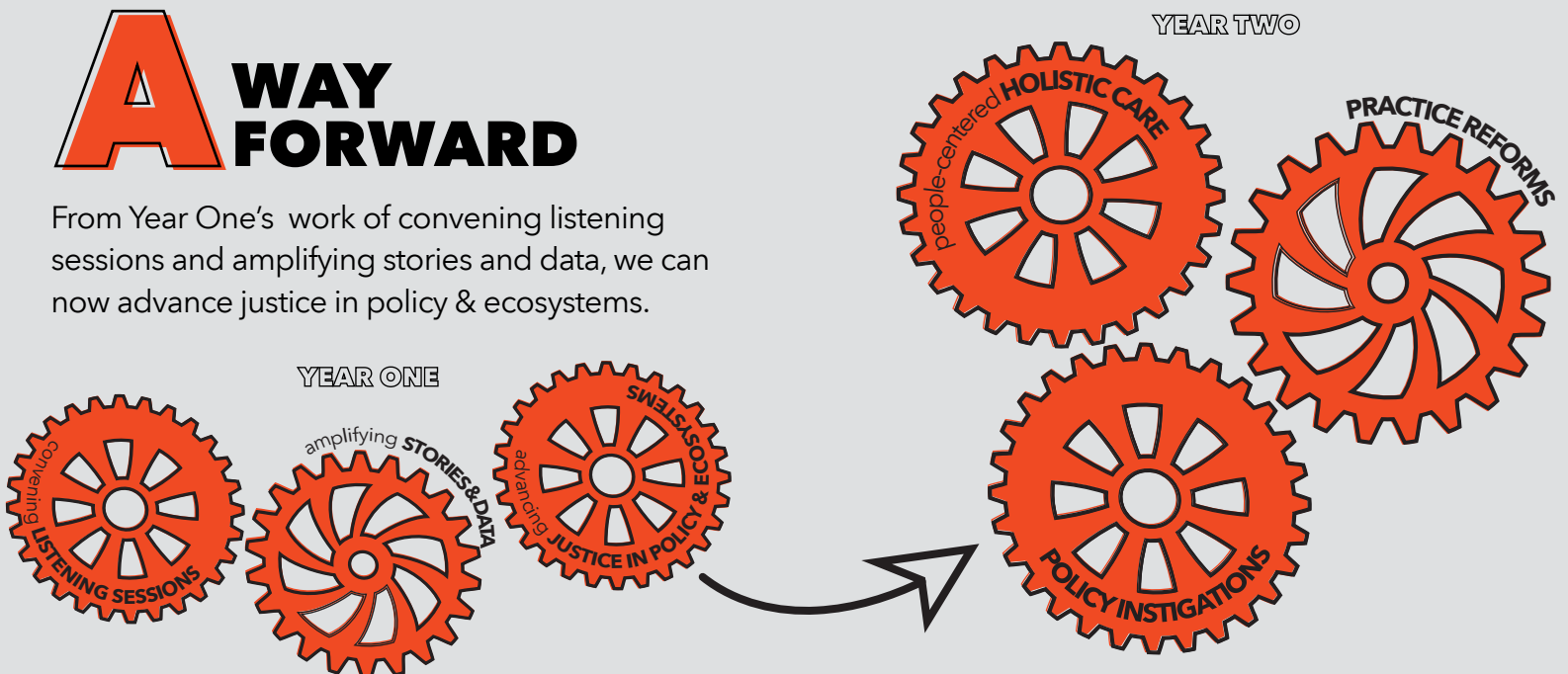
POPULATION	ORGANIZATION	CITY
Young Adults	ASU NextGen Leadership, Session 1	Tempe
Young Adults	ASU NextGen Leadership, Session 2	Tempe
Young Adults	ASU West Watts College, Session 1	Glendale
Young Adults	ASU West Watts College, Session 2	Glendale
Young Adults	Maricopa Department of Health Youth Advisory Council	Virtual
Young Adults	Aguila Public Library with Rising Youth Theatre	Aguila
Young Adults	Mercy Care Youth Council	Virtual
Young Adults	one•n•ten, Session 1	Surprise
Young Adults	one•n•ten, Session 2	Virtual
Seniors	CASS, Norton-Ramsey Empowerment Center	Glendale
Seniors	Valleywise Health Voices of Hope	Phoenix
Seniors	NAMI Valley of the Sun, Session 1	Virtual
Seniors	Gregory’s Fresh Market—Tanner Terrace	Glendale
Seniors	Gregory’s Fresh Market—Lifestyles	Glendale
Seniors	NAMI Valley of the Sun, Session 2	Virtual
Seniors	Foundation for Senior Living/Town of Wickenburg	Wickenburg
Seniors	Ocotillo Community Center/City of Glendale	Glendale

Figure 2: Chart of all of the partners, locations, and populations centered in each listening session for Year One

But the work only begins with these steps. In Year Two, YWCA is crafting a way forward, *through the instigation of policy changes, practice reforms and people-centered holistic care*. We acknowledge the impact of transportation, community safety, economic opportunity, environmental quality, community design and parks/recreational opportunities on mental well-being. And we understand that all the changes needed to make our systems more equitable and just will not happen over one or two years. But beyond this two-year grant, YWCA intends to remain at the forefront of this work—not as providers, but as conveners, thought partners—disruptors of that which harm, and amplifiers of those things that can help our communities heal.

A WAY FORWARD

From Year One’s work of convening listening sessions and amplifying stories and data, we can now advance justice in policy & ecosystems.



THE RETOC MODEL

The race equity theory of change (RETOC) model allows us to identify and examine enduring racial/ethnic and gender disparities, and to challenge publicly and privately what may seem like “normal” and “race neutral” values, policies, and practices in the system of mental health care.

THE RETOC MODEL GUIDED YWCA TO:



YWCA used the first four steps of the RETOC model in this first year as follows:

1. STATED RACE/GENDER EQUITY GOAL:

Seniors and LGBTQ young adults will have access to the tools, services and resources they need to achieve post-COVID mental well-being **without racial or gender discrimination.**

We chose this goal based on indicators from the 2021 Maricopa County COVID-19 Community Impact Health Assessment (see Figure 3) which identified concerns of racial and gender discrimination among African American elders and LGBTQ young people.

2. IDENTIFY PRECONDITIONS:

- Racism and genderism are acknowledged by policymakers, influencers and mental health providers as key drivers of a public health/mental health crisis;
- Policy makers and providers recognize the intersectionality between poor mental health and lack of other elements of a healthy community (housing, education, physical health, food, social and cultural cohesion) and commit to providing integrated health care;
- Access to care includes access to non-clinical models of mental well-being (cultural, spiritual, natural, recreational, environmental).

3. BUILDING THE PROCESS TO IMPLEMENT THE MODEL WITH COMMUNITIES

- 1. Built the Project Container:** As a subrecipient of the Building Healthy Resilient Communities grant in the Northwest Valley, YWCA began an outreach effort targeted at providers, families and advocates to bring visibility to the project, to test the concept with community and to frame the work.
- 2. Convened Thought Partners and Allies:** Once visibility was established, YWCA began to have one-on-one and group conversations

FIGURE 3

PARTICIPANTS WERE ASKED: "What services would have improved overall mental and physical health of your family in the last year?"			
	1 (Most Helpful)	2	3
RACE/ETHNICITY			
African American/Black	Assistance with Mental Health Issues		
Caucasian/White	Assistance with Mental Health Issues		
Hispanic/Latino		Assistance with Mental Health Issues	
Two or More Races	Assistance with Mental Health Issues		
AGE			
12-24		Assistance with Mental Health Issues	
25-34	Assistance with Mental Health Issues		
35-44		Assistance with Mental Health Issues	
45-54			
55+			Assistance with Mental Health Issues
SPECIAL POPULATIONS			
Adults with children under age 18 or living in the same home		Assistance with Mental Health Issues	
Single Parent	Assistance with Mental Health Issues		
LGBTQI			
Person living with a disability			
Veteran			Assistance with Mental Health Issues
Person living with HIV/AIDS	Assistance with Mental Health Issues		

Figure 3: This information is an adaptation from charts on pages 26-28 of the 2021 Maricopa County COVID-19 Community Impact Health Assessment

with key stakeholders who could 1) help us understand the landscape and systems issues from a provider, advocate or family perspective and 2) get us in front of senior and LGBTQ community residents who were impacted by post-COVID mental health issues.

3. Conducted Listening Sessions and Town Halls: Over the course of 5 months, YWCA conducted 17 listening sessions (1 as a town hall) to hear “ground truth” about how their mental health and lived experiences as seniors and LGBTQ young adults were affected in this post-COVID endemic environment. We used audio recordings, handwritten notes, theatre and poetic expressions to help capture the themes, feelings and concerns of community residents.

4. Evaluated What We Heard: As part of a holistic evaluation process, we examined what we heard both quantitatively (i.e., was what we heard aligned with demographic, economic or epidemiological data; how many people noted a similar theme?) and qualitatively (did their thoughts express something anthropological that could not be measured with data?). We examined what we heard across both populations *and* across the four domains: social/institutional, cultural, environmental, and public policy themes.

5. Identify Sources of Resistance: As we did this work, we catalogued where we encountered resistance along the way. In some cases, these sources of resistance resulted in our thinking about a new approach to engagement. In other cases, such resistance blocked our ability to engage with the target populations.

In our first report, [“Let’s Talk about Justice in Mental Health”](#), we highlighted the findings from our initial engagement, our work with thought partners. Those findings suggested, and are illustrated in Figure 4, that there were four key constructs that posed the most significant barriers to the populations we were concerned about:

- Access to Care
- Community Knowledge and Education (about available resources)
- Culture and Stigma
- Oppressive Systems Issues

While we did not seek to direct most of the listening session sharing around these four constructs, what we found is that many participants raised these concerns anyway, among others. In the next section of this report, we will discuss in more detail what we heard in those listening sessions, what themes were raised across the four domains, and what sources of resistance we encountered.

FIGURE 4

ACCESS TO SERVICES	COMMUNITY KNOWLEDGE & AWARENESS	CULTURAL/STIGMA CONCERNS	OPPRESSIVE SYSTEMIC BARRIERS
<ul style="list-style-type: none"> ➤ Lack of access to culturally proactive mental health providers ➤ Timeline for access to services is too long ➤ Absence of safe spaces to share about mental health issues ➤ Lack of transparency in what insurance covers that leads to an emergency room visit ➤ Mental health accommodations are not always available 	<ul style="list-style-type: none"> ➤ Lack of basic community education on mental health issues ➤ Lack of mental health curriculum that resonates with the Spanish speaking community ➤ Many youth and young adults are not educated on mental health ➤ Resource providers currently do not work together on behalf of the families. Individuals and families are not aware of all resources available to them and are not encouraged to take part in many resources by their providers, allies and community 	<ul style="list-style-type: none"> ➤ Intersectionality among populations impacted not recognized by the mental health system, e.g., with those experiencing homelessness ➤ People shy away from services because of stigma of the “name” ➤ Absence of cultural navigators to help seniors and LGBTQ+ 18-24 year olds overcome systems concerns 	<ul style="list-style-type: none"> ➤ Unacknowledged racial and gender biases among providers ➤ COVID worsened access and mental health disparities among certain populations ➤ Stress on essential workers—for the individual, their employee group and their families—remains generally unaddressed ➤ Lack of a holistic person-centered approach in provision of care ➤ Power dynamics are not acknowledged nor mitigated when servicing people of color

Figure 4: Chart of the four key constructs, developed in conversation with Thought Partners, that posed the most significant barriers to the populations.

WHAT THE COMMUNITY SAID

In the following section, we share how YWCA went about listening to community members and what we heard. One of the most important aspects of the process was the incorporation of artistic expression (art, poetry, theatre, mapping) into the start of the sessions. This helped participants move past perceived vulnerabilities and hesitance to promote transparent expression.

Another important element of the process was the use of PolicyMap, a data-driven mapping tool that helped us understand the quality of life, socioeconomic, health, housing, food, and transportation indicators that communities experienced.

FIGURE 5

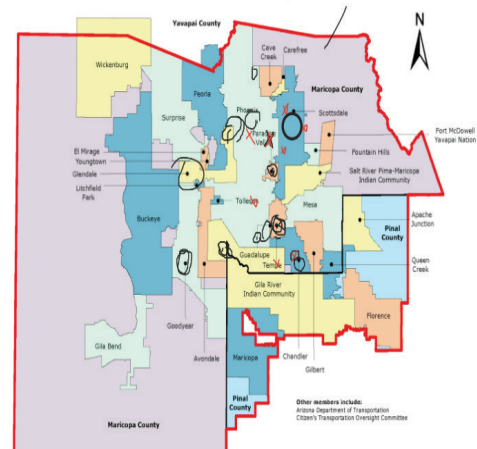


Figure 5: Mapping activity with Young Adults of the Maricopa Dept of Health Youth Advisory Council showing community member home locations and their understanding of the locations of mental health services.

FIGURE 6



Figure 6: Post-It activity with young adults speaking to activities and places that are central to maintaining mental well-being.

FIGURE 7



Figure 7: Slido activity with young adults speaking to the possibility of having any kind of healthcare needed.

YOUTH AND YOUNG ADULTS

YWCA worked with several organizations in the Northwest Valley that were already doing work in the community with the directly impacted youth population. These organizations were one•n•ten, Mercy Care Youth Council, Maricopa County Department of Public Health Youth Council, ASU West, and ASU NextGen Leadership. We amplify the voices of young people along the related RETOC structure and belief systems below:

INSTITUTIONAL SYSTEMS

➤ **Provider Care:** Access to inclusive mental healthcare, gender-affirming care, and a better learning environment for those with learning disabilities were the top issues in this realm. When it comes to inclusive mental healthcare, the common discussion was around a shortage of mental healthcare professionals that required them to spend long commute times just to get to therapists or psychiatrists. The quality of mental healthcare also was not as inclusive to LGBTQ individuals or even to low-income individuals who could not afford therapy visits. The individuals also felt like the mental healthcare professionals were forcing them to immediately take medication instead of guiding them through the underlying causes of their mental health issues through therapy.

Some young people stated that gender-affirming care for those that want to transition using hormone therapy was not accessible enough. Access to medical providers who were knowledgeable and socially conscious about the transitioning process for young individuals was also identified as a barrier. In addition, they said they want more mentors who can guide them through the process.

➤ **Use of Technology:** A common barrier faced across this population was difficulty and mental duress caused by the virtual learning environment. Although it was mainly used during the pandemic, many stated that there is more focus on virtual learning. Individuals with learning and mental disabilities did not feel supported in the virtual learning environment to perform well in school. The virtual learning environment greatly affected their work ethic because there was no accountability for their work. Without accountability, it made it much harder for them to make the effort to work hard.

For those transitioning from high school to college, some of them felt abandoned and isolated from having a real college experience with their peers and friends. The lingering mental health impacts for this population were not only stated but very evident in these sessions.

SOCIAL SYSTEMS

Major social themes here consisted of mental health stigma, employer support, a need for community navigators/mentors, and lack of social cohesion and loneliness post-pandemic.

➤ **Mental health Stigma:** This was prevalent in all youth listening sessions because they felt like they couldn't talk about their mental health journey freely without judgment—either in healthcare or social settings. Many young people felt more comfortable depending on each other rather than going to seek a mental health professional. Things that also helped them were mental health podcasts and social platforms such as TikTok. They reimagined a world where they could have therapy out in nature. Young parents have said that although they have had mental health issues even before the pandemic, it was still difficult to open up about their issues around depression and anxiety because they were afraid of their children worrying about them or how harsh the world can be.

➤ **Employer Support:** Lack of employer support during the pandemic was also an issue because young individuals more often were frontline workers who worked in the service industry, or in offices. They felt they were in unsafe work conditions that could expose them to getting sick, and in turn, getting their families sick. This created anxiety when going to work and being around and interacting with others in the workplace. Many stated they felt unsafe in their work environment due to possible exposure and inadequate guidelines in place to keep them safe. They had a sense of anxiety every day they went to work, with no way to reconcile their feelings towards it.

The anxiety and depression only increased as they saw people around them getting sick or dying. The preponderance of morbidity and mortality among people of color exacerbated the depression of this reality. These mental health issues, which among many young people of color went unaddressed, are still prevalent today.

➤ **Social Cohesion:** A sense of belonging in a community was a very common desire during and after the pandemic. Many young people spoke about their experience of being in lockdown for a very long time and forgetting what social interaction feels like. Even after the lockdown ended, it was difficult for them to interact socially without experiencing anxiety from it. Another important point was that some individuals lost out on their true high school and college experiences—and the ups and downs of sporadic school opening and closing did not help. Those that stopped going to any school during the pandemic and then chose to go back after felt that when they went back there was a lack of age relatability.

Lastly, many noted that they would like a community navigator and or mentor to help them reach their personal and professional aspirations. This was especially crucial when it came to individuals that were seeking guidance for hormone/transition therapy.

CULTURAL REPRESENTATION

One of the major cultural disconnects that occurred within the youth populations is the lack of access to youth-inclusive information and care. They felt that physical and mental healthcare providers were not conscientious of the youth's perspective and failed to foster a safe space of understanding for the social and cultural issues that directly impact young people. They felt more culturally connected to consuming educational information from social platforms like TikTok. From a social aspect, it was noted that there was a sense of a lack of authenticity and transparency from their therapists. This ultimately made them feel that the therapist cared more about the business aspect of their medical career, rather than caring about making a real difference in their lives. It was spoken about briefly by college students at ASU, that there was a lack of cultural awareness of how the Latino community views mental health. They said the medical care providers did not understand that they could not receive adequate support for their mental health from their families because it is considered taboo to accept that you may have a mental illness.

FIGURE 8

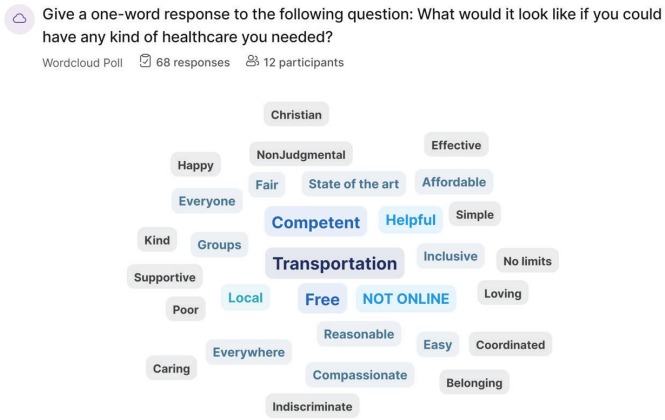


Figure 8: Slido activity with seniors at the Listening Session with the Foundation for Senior Living/Town of Wickenburg speaking to the possibility of having any kind of healthcare needed.

FIGURE 9



Figure 9: Four Construct Painted Pillars with seniors at the Listening Session with the Valleywise Health Voices of Hope speaking to the major area of concern identified in Thought Partner Convenings.

SENIORS OF COLOR

YWCA worked with many partners who serve seniors of color to host listening sessions for this population. Key partner hosts were:

- Diana Gregory Outreach Services: Gregory’s Fresh Market
- Tanner Terrace Senior Living
- Lifestyles Senior Apartments
- Valleywise Health: Voices of Hope
- NAMI Valley of the Sun
- Foundation for Senior Living
- Central Arizona Shelter Services

A recent article and toolkit from the Mental Health Association of America identifies major issues affecting the mental well-being of seniors of color. “Historically, seniors of color have been pushed out of their living spaces intentionally and forcefully. Forced removal and relocation, redlining (the denial of services to residents of certain areas based on their race or ethnicity), urban renewal practices, and gentrification have all contributed to the erasure of communities, their cultural values, languages, practices, and power”.¹ These statements ring true to what seniors of color are experiencing in this region. With the exorbitant increases in housing costs, coupled with post-COVID prices for food and basic living, seniors of color—living on a low fixed income—

are bearing the brunt of post-COVID impacts on quality of life.

INSTITUTIONAL SYSTEMS

- **Lack of Affordable Housing, Food insecurity:** Forced relocation due to rent increases has distanced many seniors of color from their loved ones, cultural practices, languages, religious faith, and sense of identity. Many have been relegated to homelessness. This economic trauma impacts the ability of individuals to access services, feel secure, and have positive mental health outcomes. In lacking access to housing and services, individuals may be denied basic human rights such as clean water and healthy food. This was heard loud and clear from seniors of color throughout the Northwest Valley.
- **Inadequate Transportation:** Across all locations, we heard about the inadequacy of public transportation. Based on data from Policy Map, many households in these areas do not have public transportation. Although many cities in the region are implementing local minivan bus routes, seniors have shared that the wait times, pick-up times, etc., make taking these local minivans unreliable. In the rural areas, seniors stated that even though their medical insurance is supposed to provide “dial-a-ride” type services, sometimes

the rides do not show up. The impact of unreliable transportation on seniors' mental health and access to care is a significant issue that is not new, but certainly one that needs to be revisited in legislation, policy and practice.

SOCIAL SYSTEMS

➤ **Lack of Social Cohesion:** COVID-19 brought on a lack of social cohesion for everyone, but seniors of color continue to experience this now more acutely than others. When coupled with housing and food insecurity, the impact of poor social cohesion has been shown to have a significant impact on seniors' mental health. In the U.S. Surgeon General's Advisory Council Report entitled "Our Epidemic of Loneliness and Isolation"²² it states:

"Depression and anxiety are often characterized by social withdrawal, which increases the risk for both social isolation and loneliness; **however, social isolation and loneliness also predict increased risk for developing depression and anxiety and can worsen these conditions over time...**

Furthermore, in older adults, both social isolation and loneliness have been shown to independently increase the likelihood of depression or anxiety."

"Our Epidemic of Loneliness and Isolation"

The seniors we heard from spoke of this *furthermore* stated—how loneliness and isolation which have continued for many post-COVID, continue to feed the increase/likelihood of depression in their lives.

➤ **Grief and loss:** Many seniors did express concerns and lingering grief from the loss of a loved one during and post-COVID. Because COVID-19 did have a disparate impact on seniors of color, many were also left with feelings of guilt that they survived and fear that they were somehow more vulnerable to any subsequent epidemics. It was clear that much more work needs to be done to unpack the significant post-COVID impact of that grief and feelings of increased vulnerability on the mental health of seniors of color.

Food insecurity, lack of social cohesion/isolation, grief, and loss, and inadequate transportation are all things we have heard before, but COVID exacerbated the disparities, and something must be done about it. While talking through these issues, seniors relied on their spiritual traditions to overcome the impact of systemic oppression on their mental well-being. These conversations seemed to truly help the seniors, as evidenced by their expressive conversations.

To safeguard themselves from the impact of displacement, seniors of color have historically carved out spaces of support through cultural hubs, community gardens, community care systems, social clubs, and more. The Ocotillo Center's "YWCA More Than a Meal" program and Tanner Terrace Gregory's Fresh Market are examples of cultural and spiritual hubs for low-income Latino seniors. Although they spoke of the disappointment they experienced over city policies and ordinances that serve to remove the history and cultural significance of the Latino community in that area, they see the More Than A Meal program as helping them to re-engage culturally and spiritually post-COVID. Such culturally and spiritually responsive spaces allow individuals to feel connected with their communities, maintain physical and psychological safety, and gather for times of joy and celebration.

CULTURAL REPRESENTATION

For elders of color, faith, spirituality, and family were major themes. As with young adults, there was some denial that mental illness exists or that it should be spoken about. Many spoke of being raised in a family where they were encouraged by family members to suppress it. As a result, some seniors spoke about living their lives without acknowledging that they may have needed help. However, others railed against the type of help they would be offered when they did seek it out: clinical and pharmaceutical without reference to spiritual, cultural, nature-related, or naturopathic methods of healing. This topic deserves further exploration, particularly given the known issues with pharmaceutical side effects.

OVERARCHING SYSTEMS ISSUES

Beyond the structural issues the RETOC model guides us to examine, participants highlighted overarching systems issues that, while they may not be “new” to any of us, represent ongoing barriers to their mental health and overall quality of life:

ACCESS TO CARE	COMMUNITY KNOWLEDGE/ EDUCATION ON RESOURCES
<ul style="list-style-type: none"> ➤ Potential lack of privacy for professionals (based on facility) ➤ Access to services that are not clinical is limited 	<ul style="list-style-type: none"> ➤ Lack of information on what resources are available and how to get the resources ➤ Many rely on social media (are we leveraging that) ➤ Potential burnout that takes place by overconsuming information
CULTURE, STIGMA, INCLUSION	OPPRESSIVE SYSTEMS ISSUES (BIAS BUILT INTO THE SYSTEM)
<ul style="list-style-type: none"> ➤ Lack of cultural- and gender-affirming care ➤ Community-based stigma and resultant suicidal ideation ➤ Lack of recognition (making fun of people) ➤ Engaging with the “language” of the people 	<ul style="list-style-type: none"> ➤ Lack of awareness, and competence of providers ➤ Better training needed re: age-specific mental health ➤ Judgment by doctors on how to fix the issues presented by clients ➤ Lack of integrated approach to care
TRANSPORTATION	

These overarching systems issues will be explored in greater detail as part of Year Two.

SOURCES OF RESISTANCE

Reaching LGBTQ communities in the Northwest Valley presented a challenge in Year One even with many reports stating the need for mental health services in this community. For instance, according to a survey conducted by The Trevor Project, nearly 50 percent of U.S. LGBTQ youth have seriously considered attempting suicide in 2023 and many went without professional support with this issue.³

The National Alliance on Mental Illness also reports that LGBTQ adults are more than twice as likely to experience a mental health condition.⁴ The Trevor Project and the National Alliance on Mental Illness state it clearly: There is a need for mental health services and outreach for the LGBTQ population. And numbers were recently estimated to be 7.2 percent of the U.S. population by Gallup in 2023. This indicates that the population is growing within the nation.

Unfortunately, this is a growing population that is riddled with mounting societal challenges like stigma, discrimination, and denial of their civil and human rights, as highlighted by Mental Health America.⁵ To put this into perspective, the LGBTQ community is one that includes millions of people who are noted for having mental health needs, yet at this moment, it is difficult to have community members be part of this work—including by participating in our Demographic Survey—in a significant way.

Unfortunately, there were no LGBTQ young adults who completed our Demographics Survey in Year One and reaching this community presented a challenge for the team. This is an outcome of the fear of “coming out” in the US. As previously mentioned, more people are identifying as LGBTQ within the US population, reaching an all-time high in 2022.

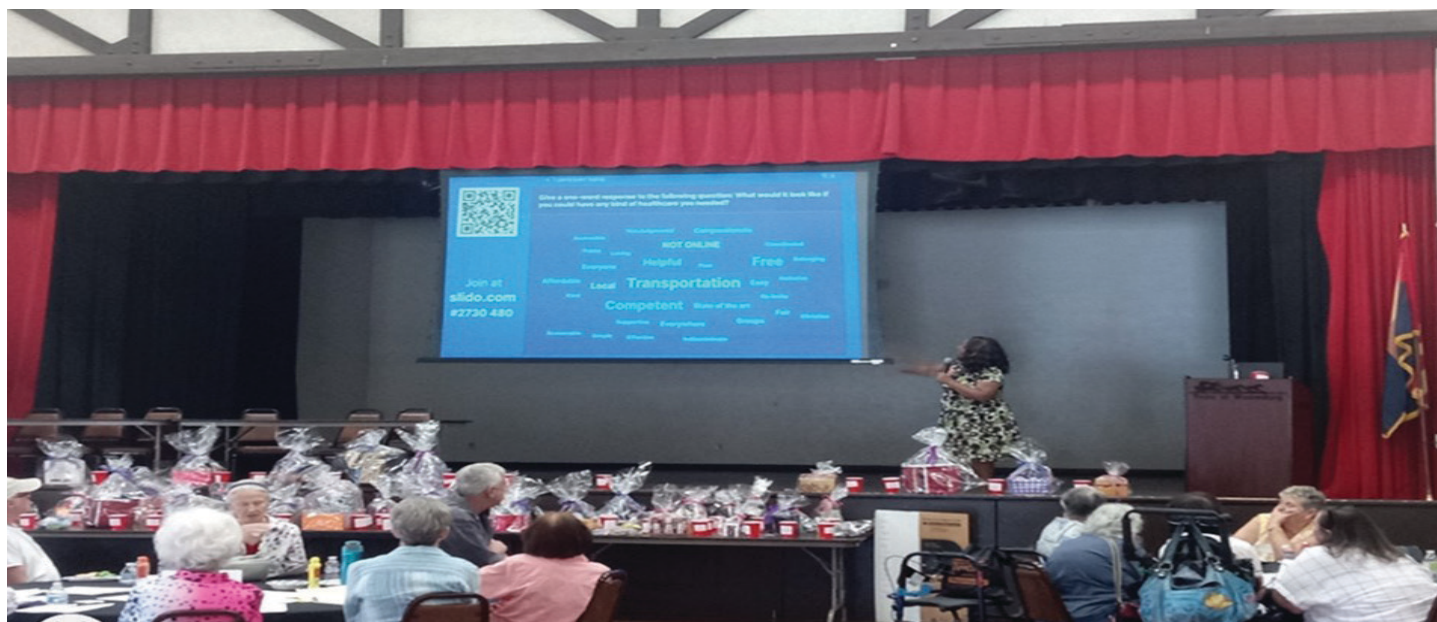
However, LGBTQ community members are feeling a greater sense of violence against their group with 75% of LGBTQ youth surveyed reporting they had witnessed threats of violence against LGBTQ spaces.⁶ Even in our partnerships with organizations that are allies or do work directly with LGBTQ-identifying community members, there were still no individuals at those listening sessions who chose to identify themselves as such through filling out our demographic survey.

Another main source of resistance revolved around feelings of emotional burnout that propelled participants to seek other sources of community support. It got to the point where they refused to seek out information or keep themselves informed because they were burned out by constantly being disappointed when receiving new information about the pandemic. They chose to not read or watch anything that would keep them informed. Some decided to join volunteer organizations to feel socially connected with others, as well as to find opportunities for themselves. At times many felt like their physical health was subsequently affecting their mental health and their families, peers, and professional workplaces did not understand their struggles with that. They found a source to fight back by depending on each other because they felt they could not find accurate information or support anywhere. Talking and meeting with one another in a safe place that would limit exposure was their own form of therapy.

Some of the other sources of resistance included:

- Lack of acknowledgment that racism and genderism are public and mental health issues;
- Organizational fear among some potential partners of being perceived as “too much of an advocate on very sensitive issues”, for example:
 - Concern for the emotional labor required to work on discrimination issues;
 - Potential retaliation to organizations who address seemingly controversial issues;
 - Potential conflict between government funding and nonprofit priorities;
- “Marginalized community members” resulted in “off-limits” conversations and restricted engagement; stigma issues associated with issues of gender diversity;
- Sparse Arizona-specific information on impacted communities made it more difficult to tell the quantitative story;
- Young people may have chosen to rely on friends and each other for mental health support rather than connecting to a provider;
- There is potential that this approach was stigmatizing in and of itself.

In Year Two, YWCA will further examine these sources of resistance and convene discussions with seniors and LGBTQ youth to overcome such resistance in the communities where they live.



Systems Change Initiative team facilitates an icebreaker at the Wickenburg listening session.

PUBLIC POLICY IMPLICATIONS: WHERE INSTIGATION OCCURRED

Throughout this process, as we listened to the “ground truth” of people in communities, at the same time, we sought to understand the potential policy, systems and environmental implications of what we were hearing. Where possible, we turned those implications into “opportunities for instigation”—where we could address these issues with influencers and begin the work toward crafting solutions. Outlined below are several areas where instigation has begun and will continue into Year Two:

- **AZ Office of the Governor/DES, SNAP Cliff**—YWCA has begun a conversation with the Governor’s office to address appropriate messaging on the SNAP cliff with seniors who received increased Supplemental Nutrition Assistance Program (SNAP) benefits during and immediately after COVID. The purpose is to mitigate the impact of potential food insecurity as SNAP benefits may decrease for some as much as 60 percent. We will work with the Governor’s Office, DES’ Early Simplified Assistance Program, and community partners to ensure seniors know how to access nutrition assistance benefits.
- **ADHS Youth Behavioral Health Report: Exposing & Explaining the Root of Disparities**—YWCA began a conversation at a Valley of the Sun Teen Behavioral Health Coalition meeting after hearing a presentation on Youth Behavioral Health from ADHS. Following the presentation, YWCA convened a meeting with ADHS staff, VSUW and *notMyKid* to discuss how we can work together not just to report what is wrong with young people of color who need behavioral health services, but to also expose and explain the root causes of the mental health disparities that exist. These disparities end up affecting the lives and life chances of young people of color—in education, employment, health and justice systems—in ways that must be addressed.

Interestingly, this conversation also instigated an invitation from the superintendent of a local school district to help them address the behavioral health disparities among students in their district.

- **AHCCCS 1115 Waiver—Targeted Investments for Community Mental Health**—While YWCA was not the only voice at the table, we participated in numerous discussions with AHCCCS officials to underscore the need to utilize this Medicaid waiver funding for community mental health workers. Given the Medicaid COVID cliff that is estimated to remove over 650,000 people off AHCCCS in the coming year, it is important that we continue to hear from people in the Northwest community about how the enhanced outreach by community health workers is helping them to access needed care.
- **Az Public Health Association—Resolution on Racism as a Public Health Issue**—YWCA has been on the subcommittee on equity to continue to push forth the recommendation that the resolution (already drafted) be shared among membership and published. This acknowledgement—as was done by the American Public Health Association—could set the stage for broader movement away from continuing to do the same public and mental health things with and to communities and expecting a different result.
- **Maricopa Association of Governments/Human Services Community Initiatives Committee: Cities and Towns Engage in Promoting Mental Well-Being**—YWCA was privileged to speak with mayors and council officials about how cities can promote mental well-being. As a result, we now have a Year 2 opening with the City of Surprise and City of Peoria.
- **Maricopa Association of Governments/NACOG/ Age Friendly Arizona Leadership Council: Giving Thoughtful Consideration to the Needs of Elders when Promoting Health Care Technology**—Although this is a fast-moving train, YWCA spoke into proceedings about the needs of elders when promoting telemedicine. This was because we heard from many seniors in rural areas that telemedicine is NOT the way to go to ensure access to care for their communities.

➤ **Valley of the Sun United Way/ Vitalyst Health Foundation: Importance of Incentivizing Engagement of Unreached Populations in Mental Health Listening Sessions**—YWCA is grateful to Valley of the Sun United Way and Vitalyst Health Foundation for their willingness to discuss and ultimately fund the incentivization of marginalized communities in our listening sessions, which was prohibited by government grant regulations. Without these incentives, we would have been in a position of adding insult to

injury. The stories the participants shared truly matter. They provided ground truth that is vital to future work to improve access to mental health without discrimination. People risked further traumatization by participating with authenticity in these sessions; the least anyone should be able to do is provide an incentive to express appreciation.

CLOSING

In year two, YWCA will continue to instigate public policy change through the areas above and other channels. Most importantly, we will work to encourage influencers, policymakers and community leaders to:

- Acknowledge that racism and genderism are key drivers to the current public health and mental health crisis in our communities;
- Increase awareness about post-COVID race and gender disparity for seniors of color and LGBTQ young people in accessing mental health services;
- Be part of the dialogue about potential policy, systems and environmental change that needs to happen to improve post-COVID mental health in our communities.

Addressing social vulnerabilities is difficult in and of itself, only exacerbated within the context of a post-pandemic mental health environment. Finding solutions will require innovative thinking and action on the process (i.e., barriers, opportunities, cultural framing, and environmental elements) and economics of access. This point is even more important when it comes to low-population cities like El Mirage and Aguila.

Additionally, championing and transforming mental well-being for Northwest Valley LGBTQ young adults and Seniors of color, as well as other communities struggling with mental health conditions, is a complex and many times city-by-city process. YWCA, along with thought partners across the Valley, have committed to this transformation.

YEAR ONE FIGURES

FIGURE 10

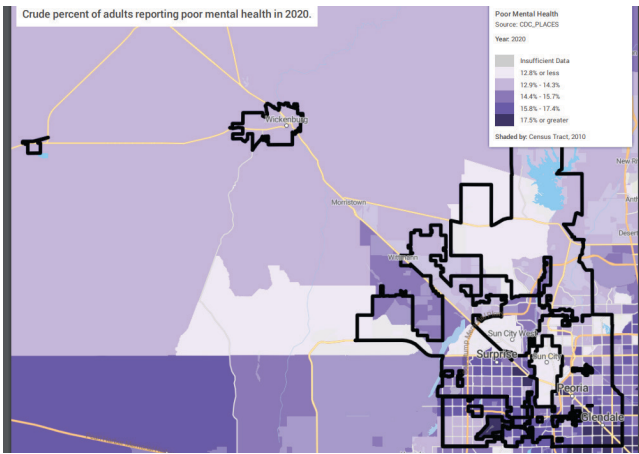


Figure 10: Taken from PolicyMap, this map shows the crude number of adults in the Northwest Valley reporting poor mental health to the Centers for Disease Control and Prevention in 2020. While many Census Tracts have insufficient data reporting for this area, many of the reported Tract rates are in the middle range reflecting 12.9 percent to 17.7 percent with the greatest population in south Glendale.

FIGURE 11

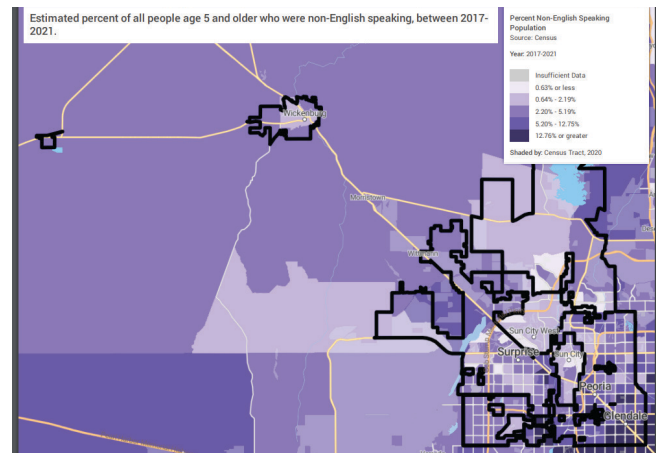


Figure 11: Taken from PolicyMap, this map shows the estimated number of people who are non-English speakers in the Northwest Valley between 2017 and 2021. While many Census Tracts have insufficient data reporting for this area, many of the reported Tract rates are in the middle range reflecting 0.64 percent to 12.75 percent with the greatest population in south Glendale.

FIGURE 12

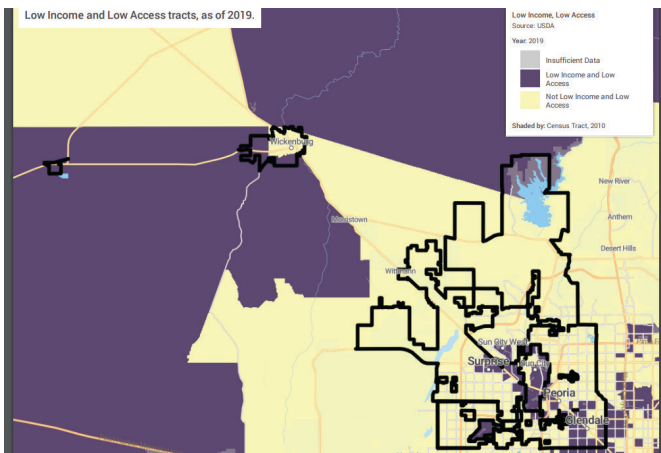


Figure 12: Taken from PolicyMap, this map shows the Census Tracts with low income and low access to food in the Northwest Valley, as reported by the United States Department of Agriculture, as of 2019. Many of the reported Tracts in the Northwest Valley are Not Low Income and Low Access. However, there are many clustered Tracts along U.S. Route 60 from Glendale to Aguila.

FIGURE 13

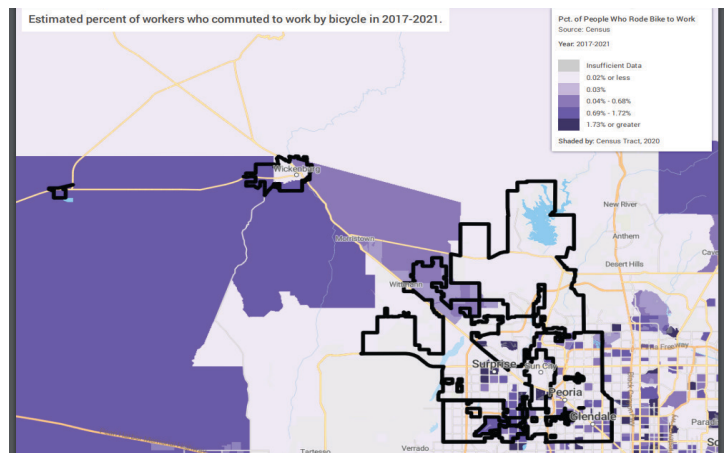


Figure 13: Taken from PolicyMap, this map shows the Census Tracts with an estimated percentage of workers that commute by bicycle in the Northwest Valley, as reported by the Census, as of 2020. Many of the reported Tracts in the Northwest Valley report insufficient data. However, there are many Tracts in the high-range reflecting 0.04 percent to over 1.73 percent with the greatest population in Wickenburg and Aguila.

FIGURE 14

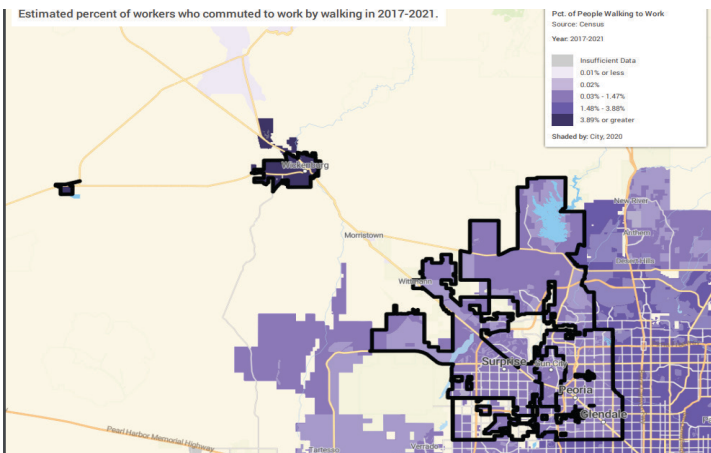


Figure 14: Taken from PolicyMap, this map shows the Census Tracts with an estimated percentage of workers that commute by walking in the Northwest Valley, as reported by the Census, as of 2020. Many of the reported Tracts in the Northwest Valley report insufficient data. However, there are many Tracts in the high-range reflecting 1.48 percent to over 3.89 percent with the greatest population in Wickenburg and Aguila.

YEAR ONE PHOTOS



Adelante helps out with their Movil de Salud Care Mobile in Aguila.



The elder community at the Wickenburg Community Center participated in the listening session and answered questions from facilitators about their mental health journey pre- and post-COVID-19.



Participants of the Ocotillo listening session speak on the stigma of mental health in their community.



Listening to Seniors with Gregory's Fresh Market.



Food trucks from Gregory's Fresh Market delivering groceries and fresh meals to older adults.



Rising Youth Theatre bilingual listening session with Aguila community.

For more information, visit:
ywcaaz.org/systems-change

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