



IMPACT REPORT

Evaluation of the California Wellness Foundation's Women's Initiatives

August 2022

By the National Black Women's Justice Institute, Impact Justice, and ETR

ACKNOWLEDGEMENTS

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National Black Women's Justice Institute

We research, elevate, and educate the public about innovative, community-led solutions to address the criminalization of Black women and girls. Through research, policy, and capacity-building, we aim to dismantle the racist and patriarchal U.S. criminal-legal system and build, in its place, pathways to opportunity and healing.



Impact Justice

Impact Justice dares to dream of a humane and restorative system of justice in the United States. Through innovation, research, policy, and advocacy, we are forging a new path to a justice system that is fair to all of us.



ETR

ETR envisions a world where all people have the information, skills, and opportunities to lead healthy lives. We are driven by our mission to improve health and increase opportunities for youth, families, and communities.

INTRODUCTION

Gender discrimination severely disadvantages women everywhere. Women of all races earn less than men at work; their bodies and medical needs are minimized; and women are at higher risk of developing post-traumatic stress disorder compared to men.¹ The estimated prevalence of lifetime trauma among women is 10-12% compared to 5-6% for men.² Gender-discrimination has far-reaching consequences, leading to disparities that negatively affect nearly every aspect of a woman's life.

For Black and Latinx women, the gender discrimination they endure is compounded by racial and ethnic discrimination, which not only intensifies, but also uniquely shapes and conditions their experiences of gender discrimination and vice versa. Black and Latinx women and girls experience higher rates of poverty compared to white women and girls. In 2019, 22.5% of Black women and 19.4% of Latinx women lived below the poverty line, compared to 9% of white women.³ Formerly incarcerated Black women are particularly vulnerable to living in extreme poverty due to high unemployment risk, one of the strongest predictors of recidivism. Nearly half of all formerly incarcerated Black women were unemployed in 2016—more than any other group of formerly incarcerated people, including Black men.⁴

Black and Latinx women face major challenges accessing healthcare. The obstacles they face significantly jeopardize their health outcomes, especially Black women who have poorer health outcomes across several health indicators, compared to white women. For example, Black women have the highest maternal mortality rate in the United States. They also accounted for 58% of new HIV infections among women in the U.S. in 2018.⁵ The health risks Black and Latinx women face are the result of systemic failures to ensure access to quality healthcare, particularly sexual and reproductive healthcare. Black and Latinx women are least likely to seek medical and mental health care, largely due to distrust of medical professionals and concerns that their medical needs will not be taken seriously. Language barriers increase Latinx women's ability to find medical professionals they can trust, especially recent immigrants.⁶ Lack of access to trusted healthcare increases Black and Latinx women's likelihood of severe, negative health outcomes.⁷

Despite evidence of need, Black and Latinx women are not typically the target groups of health and employment initiatives, especially not large-scale initiatives. Committed to improving health, wellbeing, and quality of life for Black and Latinx women and girls, The California Wellness Foundation launched the Women of Color Health Initiatives (Women's Initiatives) in 2016. Based on the data, Cal Wellness set out to expand access to HIV/AIDS treatment and prevention among Black and Latinx women and create economic opportunities for formerly incarcerated women. The Women's Initiatives was a manifold investment in Black and Latinx women and girls in California, including investments in demonstration sites, as well as public awareness and public policy campaigns. The California Wellness Foundation invested more than \$13 million over six years to advance health and economic opportunity for Black and Latinx women across the state.

Investment Area	Amount
Developing the strategy and planning the implementation	\$940,000
Project management support	\$1,075,000
External evaluation	\$650,000
Reentry demonstration sites, public policy implementation, and technical assistance	\$4,300,000
HIV/AIDS demonstration sites and public awareness campaign	\$6,030,800
COVID Rapid Response	\$130,000
RoyalTea/Upspoken Transition to California Black Women's Health Project	\$125,000
Total investment in the Women's Initiatives	\$13,250,800

ROOTED IN DATA

Cal Wellness developed the Women's Initiatives in response to an intensive data gathering process.

Reentry for Formerly Incarcerated Women

The Thelton E. Henderson Center for Social Justice led a participatory planning process that engaged the National Black Women's Justice Institute to conduct focus groups and interviews with formerly incarcerated women statewide to collect their narratives and experiences. This process began with the development of protocol in partnership with five women who were formerly incarcerated or who work regularly with formerly incarcerated women and girls. These thought-partners included Falilah Bilal, former executive director of Motivating, Inspiring, and Supporting Sexually Exploited Youth (MISSEY); Marlene Sanchez, board member of the Bay Area Alliance for Girls and formerly the executive director of the Center for Young Women's Development; Cynthia Chandler, dean and professor at Golden Gate University School of Law and founding co-director of Justice Now!; Hamdiyah Cooks-Abdullah from Legal Services for Prisoners with Children and All of Us or None; and Susan Burton, founder and executive director of A New Way of Life. Each of these women participated in the development of the questionnaire and protocol for the focus groups and also in a series of discussions associated with interpreting data and narratives collected from focus groups.

NBWJI also partnered with a number of organizations to reach specific populations that are underrepresented in national and statewide discourses on the reentry employment needs of women and girls. These organizations included those that could engage in targeted outreach to Indigenous women, women who are recently returning to community in the San Joaquin Valley, women who were living in homelessness in the Bay Area, and young women who had a history of commercial sexual exploitation. NBWJI, in partnership with these organizations, conducted 11 semi-structured focus groups in eight California communities, including Klamath, Sacramento, San Francisco, Oakland, Stockton, Fresno, Los Angeles, and San Bernardino. NBWJI also conducted one-on-one interviews with formerly incarcerated women and girls, primarily from the Los Angeles and San Bernardino areas. All participation was voluntary. Participants received an incentive of \$50 for their participation and a meal. In total, NBWJI included 151 women and girls in this effort.

KEY QUESTION

Focus groups were designed to address the following primary inquiry: What are the key investment opportunities to improve the employment outcomes for formerly incarcerated women? Discussions were organized to collect information about women's education, training, and employment experiences prior to, during, and following their period of incarceration.

Women of Color and HIV/AIDS/STI Prevention

Cal Wellness has long recognized the importance of creating and establishing comprehensive HIV/STI prevention strategies and approaches that address women of color's vulnerability to these infections and meet the specific social, behavioral, and cultural needs of women—a gender-responsive approach. This recognition resulted in the development of a statewide planning process—a collaborative effort to address the HIV/STI needs of women of color in California through a gender and sexual health lens.

Cal Wellness selected the Black Women's Health Imperative (Imperative) to lead an information gathering process to explore and examine how best to address the ongoing issues that negatively impact the sexual health outcomes for women of color.

The statewide planning process employed for this initiative was designed to help shed light and raise awareness and understanding of some of the reasons why we are still seeing elevated rates of HIV and STI infection among women of color in California—yet has implications for the nation as a whole. Key steps in the process included convening open discussions with community members and leadership, as well as experts representing a broad range of disciplines—clinicians, academicians, researchers, policy analysts, advocates, funders, elected officials, the provider community, and women directly impacted. Each individual and resource identified for participation was recruited to bring their experiences and expertise to bear on the discussion and better inform the process of 1) identifying and discussing personal, cultural, and societal barriers to effective adoption and utilization of HIV/STI prevention strategies; and 2) to determine what new strategies, new approaches, and new messages are needed in order to break through those barriers so that women of color will be able to benefit from the current national efforts to end HIV and STIs in this country. The intent of the planning initiative was to identify strategies to energize a new response for women of color with the passion and the motivation to explore and determine how we can best answer the question, “What will it take for women of color to get to zero?” (Zero new HIV and STI infections) and to identify what role various sectors can play in ensuring that happens. In addition, The Imperative sought to identify achievable action steps that communities can adopt to support women of color in taking control of their sexual and reproductive health and encourage their peers, friends, and family to do so as well in order to help drive down the HIV and STI rates.

RESEARCH FOR THE UPSPOKEN PUBLIC AWARENESS CAMPAIGN

RALLY took a deep dive into the HIV, AIDS, and STI issue space in California, as well as nationally. Research included review of key resources, reports and benchmark studies, traditional and social media, and prominent campaigns. In addition, they conducted research among Black women in Los Angeles, ranging between the ages of 18 and 49 years old. The research included 12 in-depth interviews and focus group discussions with 19 participants. The research included both native born and immigrant women, as well as mono-racial, bi-racial, and multi-racial Black women. EVITA-RUS managed all aspects of participant recruitment, implementation, data collection and processing, analysis, and reporting for both phases of the research.

Here are excerpts of key takeaways:

Black Women in The Media

Black women and their needs lacked visibility in the media, indicating that mainstream society doesn't care about/value Black women or the issues that impact them.

- Among coverage of HIV, AIDS, and STI issues, growing HIV, AIDS, and STI rates among Black women in California lacks visibility in the media.
- Coverage failed to fully communicate the greater risk that Black women face due to their sexual circles, which are impacted both by incarceration and the fact that Black women and Black men who have sex with men are oftentimes engaging in sex with the same sexual partners.
- Media has historically perpetuated personal responsibility narratives as well as the misconception that Black women experience higher rates of HIV and AIDS than white women because they are less sexually responsible.

Social Media Key Takeaway 1: Empowerment

Black women use social media to express their self-worth and empowerment. Using platforms with little to no outside censorship, Black women lift their voices on social media to showcase their uniqueness; speak on issues important to them; and organize with each other to build community, solidarity, and strength. Common content themes and trends included strength, beauty, and empowerment with messaging that is uplifting and unashamed.

Social Media Key Takeaway 2: Social Justice

Social media has been an essential tool in bringing much needed attention to social justice movements and to the activists of color leading on those issues. Black women's voices and the value of their lives have been lifted up as social media has enabled them to drive national conversations through the use of creative hashtags and in-the moment content.

Social Media Key Takeaway 3: Art and Music

Art and music drive trends on social media just as they did in other mediums. Art and music played an influential role in Black culture, which is reflected in popular social media content and by the influencers that drive trends. Both have been used to express complex sentiments and move social issues into the mainstream.

Social Media Key Takeaway 4: Humor

Use of humor is a key component in how Black people connect with each other on social media. Psychologists have identified humor to cope with stress and this is evident in the use of social media to collectively express feelings on social issues. While older women also use humor to express themselves on social media, humorous memes were most popular amongst Millennials and Generation Z.

Upspoken was not like other HIV/AIDS campaigns

Based on their findings, RALLY created Upspoken as a unique campaign, distinct from past HIV/AIDS campaigns often using public health jargon because the campaign

- Leaned into ongoing conversations about race and social justice in the United States to shine a light on the inequities faced by the Black community and Black women.
- Highlighted systemic challenges that impact the health and wellbeing of the Black community and the need to reorient health systems, so they meet Black women where they are.
- Framed safe sex and sexual education more broadly in a sex-affirmative way.
- Connected Black women to prevention and early interventions technologies predominately known to white men.
- Moved beyond a disease-specific approach to emphasize the intrinsic value of women and their well-being.
- Connected ownership of personal sexual health to relationship, self-determination and empowerment.
- Recognized the personal needs, opinions, and aspirations of Black women rather than focusing on Black women's roles as caregivers.

Ultimately, Upspoken was designed to be a campaign that encouraged women to own their power, challenge shame-based community narratives, redefine relationships, and leverage sisterhood.

THE WOMEN OF COLOR HEALTH INITIATIVES

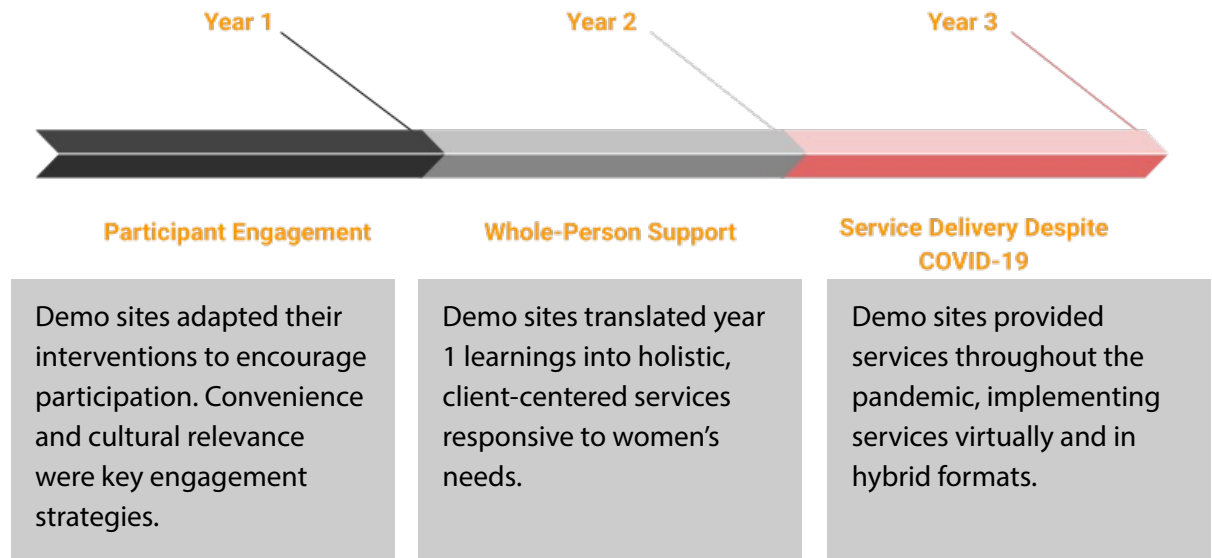
The Women's Initiatives had two distinct goals: (1) increase Black and Latinx women's access to HIV/AIDS treatment and prevention services; and (2) expand employment opportunities and support services for formerly incarcerated Black and Latinx women. To increase access to HIV/AIDS treatment and prevention services, Cal Wellness selected the UCLA Semel Institute and Women Organized to Respond to Life-Threatening Diseases (WORLD) to lead community-based interventions in Los Angeles and Oakland, both well-renowned and trusted experts in their communities. These organizations partnered with other community-based organizations in their areas to broaden the scope and impact of their work, creating even greater access than each organization could achieve on its own. In addition, Cal Wellness funded RALLY, an advocacy and communications agency with Black women in its leadership, to create an online and social media-based public awareness campaign promoting sexual health and empowerment specifically targeting Black women. RALLY also created RoyalTea, a toolkit encouraging Black women and girls to engage in open dialogue about sexual health and wellbeing.

Demonstration sites were also central to the Cal Wellness' strategy to increase career opportunities for formerly incarcerated women. The foundation selected as grantees Root & Rebound, Time for Change Foundation, and A New Way of Life because of their deep roots in the communities they serve and their expertise in providing reentry services to women, a population that is typically overlooked in the reentry field. With support from Cal Wellness, these organizations strengthened their capacity to provide employment assistance to formerly incarcerated Black and Latinx women. On top of its support for the reentry demonstration site, Cal Wellness funded efforts to increase awareness about Proposition 47 ("Prop 47"), a 2014 California state law that reclassified certain felonies as misdemeanor offenses with lesser sentences and which significantly benefited women. Nationally, and in California, women are disproportionately convicted and incarcerated for property and drug-related crimes, the same crime types reclassified as lesser offenses under Prop 47. By building awareness about the law and its implementation, Cal Wellness sought to reduce women's risk of incarceration, especially Black women who are disproportionately represented in California's women's prisons.⁸

EVALUATION FINDINGS

To assess the implementation of the Women of Color Health Initiatives, Cal Wellness partnered with the National Black Women's Justice Institute, ETR, and Impact Justice to conduct a process evaluation. Unlike outcome evaluations, which measure statistically significant changes the participants may experience, process evaluations examine how programs are implemented and evolve, focusing particularly on project activities and the forces that influence implementation decisions. This type of evaluation is especially valuable for early-stage interventions and initiatives, as it can provide insight into program improvements that can increase impact. The evaluation of the Women's Initiatives occurred over a three-year period, from 2018 to 2021. Researchers analyzed several types of data, including qualitative interviews with demonstration site staff, community partners, and clients, as well as grantee reports and other formative documents and program data. The

evaluation places particular emphasis on the implementation of the demonstration sites, which tested new strategies and approaches for delivering HIV/AIDS treatment and prevention, as well as employment services for formerly incarcerated women. The evaluation revealed that three main priorities guided implementation strategies: In year 1, participant engagement was the primary concern; year 2 the focus was on offering holistic services; and in year 3 the chief concern was navigating service delivery challenges brought on by the COVID-19 pandemic.⁹



This report summarizes key findings from the three-year process evaluation. First, we describe the experiences and perceptions of women who participated in the demonstration sites based on a small sample of participants; then we consider how the investment strengthened the capacity of grantee organizations. The report concludes with lessons learned and recommendations for future grant-making strategies centering health, wellbeing, and economic opportunity for Black and Latinx women.

IMPACT ON BLACK AND LATINX WOMEN

More than 1,300 women received services and support because of the Women's Initiatives. Between A New Way of Life, Root & Rebound, and Time for Change Foundation, 554 formerly incarcerated women received employment assistance, which included not just employment readiness programming and job placement, but also housing, education assistance, health care access and much more. Meanwhile, UCLA Semel Institute and WORLD provided HIV/AIDS education and other prevention services, including links to partner agencies to address issues related to housing and other health care needs to 784 Black and Latinx women and girls.

Demonstration Site	Area of Focus	Number of Women Served through the Women's Initiatives
A New Way of Life (Los Angeles)	Specializes in housing and offers other reentry services for formerly incarcerated women and leads legislative advocacy.	351
Root & Rebound (Fresno)	Expertise in reentry advocacy and addressing legal barriers for formerly incarcerated and system-impacted people.	110
Time for Change Foundation (San Bernardino)	Specializes in housing and wraparound services for homeless women and children; 90% of clients are formerly incarcerated Black and Latinx women.	93
UCLA Semel Institute ¹⁰ (Los Angeles)	Leads interdisciplinary research examining the prevalence and impact of traumatic experiences on PTSD, depression, and psychological and biological processes among ethnic minorities.	314
WORLD ¹¹ (Oakland)	Expertise in improving the health and wellbeing of women, girls, and families through HIV peer-based education, wellness services, advocacy, and leadership development.	470
Total Number of Women Served		1,338

Because numbers alone are not enough to understand the impact of the Women's Initiatives, NBWJI conducted interviews with a small sample of six women who participated in the demonstration sites during the grant period.¹² Through these interviews, we sought to understand 1) what motivated women to participate; 2) what they found most beneficial about the programming and services they received; and 3) the kind of services and supports they believed Black and Latinx women like them need.

Reentry Program Impact

Each woman we spoke to reported that the support and services she received were beneficial, helping her to find stability after returning home from incarceration. But all of them had a degree of trepidation in the beginning. Their concerns ranged from the program being located in an unfamiliar community to disappointing loved ones if they did not complete the intervention. They also feared that after completing the program they would struggle to maintain their housing and employment on their own, possibly losing the stability they worked so hard to achieve. However, many of their concerns dissipated once the program began and as they achieved goals they had not previously imagined were possible for them. They also reported that their participation in the reentry demonstration sites helped them heal from past trauma and pain. For some women, the services, support, and guidance they received helped them to develop self-compassion for the first time. When asked what other formerly incarcerated women like them would need to support their transitions back into their community, they said formerly incarcerated women need a support system, similar to what they received from ANWOL, R&R and TFCF, above all else.

Services that Benefited Formerly Incarcerated Women Most

- Case management
- Assistance purchasing clothing and groceries
- Transportation assistance
- Child care
- Job opportunities
- Housing
- Support enrolling in school

The majority of existing reentry programs are “gender neutral” and are not responsive to formerly incarcerated women’s unique experiences and needs. Given the gendered pathways into the criminal legal system and that many formerly incarcerated women are survivors of gender-based violence, it is important that reentry programs provide gender-responsive, trauma-sensitive support.¹³ The healing and self-compassion the women experienced from the Women’s Initiatives reentry programs was due in large part to the gender-specific focus of the initiatives and intentional decisions to staff the programs with formerly incarcerated women—participating in programs led by women with similar life experiences and alongside women who were also navigating life after release was transformative. Although many of the services the women received through the reentry programs are similar to the kinds of services offered in traditional programs, the intentionality of the design and staffing enabled the Women’s Initiatives to foster deep connections and social support that are difficult for women to find in traditional reentry programs because so few women participate and their

specific needs are not front and center. The demonstration sites learned early on that the women they served needed support beyond employment assistance: women needed holistic support, and reentry demonstration sites responded accordingly. Access to mental health services and medical care coordination were some of other holistic services the reentry demonstration sites offered.

“I definitely have created relationships here that I didn’t think I was going to form. That’s definitely been a benefit. The females here are very like-minded in that everyone wants to do better. Everyone here works or has worked or is in the process of finding work.”

—Reentry Participant

HIV/AIDS Program Impact

The women we interviewed agreed that what they learned in the HIV/AIDS interventions deepened their knowledge about sexual health and increased their self-efficacy to communicate their needs and wants with intimate partners. All of the women we spoke to were referred to the interventions by a health professional, such as their primary care doctor. Because they were referred by someone they trusted, they were eager to participate in the Women’s Initiatives HIV/AIDS programs. Only one person said that she was initially apprehensive about participating. Although she was confident that she would benefit from the intervention, she was concerned that her immigration status would prohibit her from participating, an obstacle she encountered for other interventions she was referred to in the past.

All of the women agreed that the knowledge they gained through the HIV interventions was meaningful and transformative. For some women, their participation in the program was the first time they were exposed to information about HIV transmission, female condoms, and prevention

and early intervention medications, such as pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP). All of the women wished they had received the information earlier in their lives, feeling that the sex education they received in school was insufficient. The older women we spoke to also mentioned how important it was for them to share what they learned with the younger women in their lives, such as their daughters, since access to such extensive sexual health education was limited, especially for women of color. Several of the women we spoke to wished the program was longer and provided even more information, covering additional women's health and wellness topics.

The Most Important Information HIV/AIDS Participants Learned

- How to advocate for healthy relationships and communication with intimate partners
- How HIV is transmitted
- Safe sex practices, including condom use and Prep and Pep

The HIV intervention participants also appreciated receiving HIV/AIDS education alongside other women of color. They realized they were not alone and that other women had similar experiences and questions regarding their sexual health. In particular, the Black women we spoke to expressed how valuable it was to have these conversations with other Black women who share similar backgrounds and lived experiences.

Although both WORLD and UCLA Semel Institute implemented evidence-based HIV/AIDS interventions designed for Black and Latinx women and girls, they realized early on that they needed to tailor the programs even further to reflect the norms and values of the specific communities and neighborhoods where their participants lived. To meet these demands, UCLA modified the EBAN intervention, which was originally designed for Black women with intimate partners, to be inclusive of single Black women.¹⁴ Similarly, to meet the needs of the Black

women and girls being served, WORLD modified and implemented the Sisters Informing Sisters on Topics about AIDS (SISTA) curriculum, a peer-led program to prevent HIV infection in African American women, and the Sisters, Informing, Healing, Living, Empowering (SIHLE) curriculum, a peer-led, group-level, social-skills training intervention designed to reduce sexual risk behaviors among African-American female teenagers who are at high risk of HIV.¹⁵ Additionally, WORLD worked with its partner the Latina Center to adapt Amigas, Mujeres Latinas, Informándonos, Guiándonos, Y Apoyándonos Contra El Sida (AMIGAS), an HIV/AIDS education program for Latinx women, to reflect the culture and gender norms of the women it served.¹⁶ This highlights an important lesson for the field: Creating culturally-specific interventions is critical, but these interventions may need to be adapted even further to meet the specific needs of participants at the community or neighborhood levels.

“It’s like there’s a culture of silence...I think [it’s easier] to have those conversations when someone looks like you or at least you feel like they understand where you’re coming from.”

—HIV Participant

The efficacy of the HIV/AIDS interventions deployed by the demonstration sites is well-documented in the literature. Each of them is validated and highly recommended by the Center for Disease Control and Prevention. Although the interventions work, there has been little research that

examines how their implementation impacts outcomes. Our interviews with participants shed some light on this: Alongside these tailored intervention curricula, demonstration sites provided two additional elements that were critical to success: 1) fostering a sense of community among participants and 2) connecting women to other services they may need. By offering more holistic support to the women who participated in the HIV/AIDS interventions, the demonstration site also helped pave a path toward wellness for women in other areas of their lives.

IMPACT ON GRANTEES, COMMUNITY PARTNERS, AND STAKEHOLDERS

The Women's Initiatives significantly increased the capacity of the grantees, community partners, and other stakeholders. The investment enabled the grantees and community partners to strengthen and grow their operational infrastructure and make program improvements that enhanced the efficacy and impact of their interventions.

Program Enhancements

The demonstration sites sought to provide the highest quality services to the women they served. Because of this, they continuously enhanced and improved their programs, aiming to create program models that would yield the greatest possible benefits for participants. Creating communities of support and developing new tools were essential for increasing the impact of their work.

Mutual Support and Collaboration: Throughout the evaluation, we heard from grantees how partnerships helped expand their ability to meet clients' needs, specifically allowing them to provide holistic interventions to clients. These partnerships also created a network of support for the demonstration sites, connecting them with like-minded organizations with similar goals and objectives that they could learn from. Today, many of the demonstration sites routinely work together on projects. Organizations that once operated in silos now collaborate and share information and resources.

The partnership between Root & Rebound (R & R) and Time for Change Foundation (TFCF) offers an excellent example of collaboration. Because of the peer learning facilitated by the Center for Employment Opportunities, TFCF and R & R forged a partnership that led to TFCF expanding its advocacy services to include legal assistance.¹⁷ R & R provided technical support to TFCF throughout the design and implementation of the new scope of work.

A similar partnership formed between WORLD and its community partners, the Latina Center, CAL-PEP, and Girls Inc. During the grant period, WORLD helped cultivate strong connections among its community partners, which eventually led to them collaborating on outreach, recruitment, and engagement strategies. All partners attribute the overall success of WORLD's intervention—especially its ability to meet its performance targets—to intentional efforts to build relationships between the community partners. The depth of these relationships became evident when Girls Inc. closed due to the COVID-19 pandemic. To ensure Black girls could continue to have access to SIHLE, a culturally-specific HIV intervention for Black girls, Cal-PEP and the Latina Center began offering the program at their locations. Today, SIHLE is a regular part of the programming that these organizations offer.

New Tools: Demonstration projects from both Women of Color Health Initiatives (reentry programs and HIV/AIDS programs) created new tools to better engage Black and Latinx women. The

reentry sites all introduced new assessments to determine women's employment and education readiness, as well as their social and emotional wellbeing and legal needs. As their work progressed, they recognized the importance of using tools to help them better assess clients' needs up front. The assessment tool that R & R currently uses was created by marrying two pre-existing tools: one to assess clients' social and emotional wellbeing, and the other evaluating the kind of legal assistance clients may need. Separately, these tools provided staff with valuable insights. But as implementation of its Fresno Women's Reentry Employment Initiative progressed, the R & R team recognized that by combining these tools, they could get a comprehensive view of the needs of the women they serve—including social-emotional needs and legal assistance needs—and foster greater collaboration and better coordination of client services.

Because of the assessments that A New Way of Life (ANWOL) implemented, they observed that many of the women they served had unmet medical and mental health needs. In response, ANWOL created a new medical care case management position to support clients, especially clients with chronic health conditions. Now, the program has a case manager who helps clients navigate the healthcare system to ensure they can access the treatment and medication they need to be well and thrive.

Operational Shifts

Increased use of technology was a major shift in practice among the demonstration sites that occurred during the grant period. During the COVID-19 pandemic, restrictions on in-person gatherings necessitated a move to virtual and hybrid programming and services. Despite some initial challenges with the transition, all of the demonstration sites have embraced technology as part of their service delivery, noting the ways that it has increased their capacity to serve clients. By enhancing the organization's information and technology systems (IT), certain demonstration sites have been able to streamline administrative processes. For example, with support from the Women's Initiatives, R & R upgraded its IT systems, including implementing new communications plans and firewalls to protect data security. Demonstration sites also added new services. TFCF, for example, launched a partnership with a telehealth vendor to make health and wellness services more accessible to clients during the COVID-19 public health crisis.

We also observed operational shifts among the HIV demonstration sites that were possible because of the support they received from the Women's Initiatives. For example, not being able to meet with clients in-person due to the COVID-19 pandemic raised serious concerns for UCLA Semel Institute about its ability to offer HIV testing to clients, as prescribed by the model they were implementing. Without an alternative to in-person testing, its demonstration project would have been in jeopardy. Emergency support provided through the Women's Initiatives, however, allowed UCLA to purchase and provide at-home testing for clients, ensuring that women had access to HIV tests as planned. They also found that women preferred the privacy of at-home HIV testing, and as a result, UCLA has continued to make at-home tests available to participants. Now, women have the option of in-person or at-home HIV testing, which has increased the program's capacity to respond to participants' needs and preferences. For both the HIV and reentry demonstration sites, these operational shifts allowed them to innovate, adapt, and continue to respond to clients' needs despite the seismic shifts in the social, political, and economic environments because of the pandemic.

Stakeholder Priorities

The impact of the Women's Initiatives was not limited to the demonstration sites. Technical assistance providers that were contracted to support the grantees also benefited. For example, the

Center for Employment Opportunities (CEO), one of the technical assistance providers, is widely renowned for its national work to connect formerly incarcerated people with employment and job training and development, but gender-responsive services had not been a priority for CEO. However, since partnering with Cal Wellness and the reentry demonstration sites, gender-responsive services have become an area of interest. Now, because of the work with the Women's Initiatives, CEO's capacity to support formerly incarcerated women has grown, enhancing its ability to support men and women returning home from incarceration. They have even hired former clients of TFCF.

The impact of the Women's Initiatives has not been limited to grantees, community partners, and technical assistance providers; it has also extended to new organizations. As part of the public awareness strategy, Cal Wellness funded RALLY to design and launch Upspoken, a digital sexual health and wellness public awareness campaign catering to Black women and girls. In addition, RALLY produced RoyalTea, a sexual health toolkit designed to promote agency and personal advocacy among Black women and girls. To sustain and extend the reach of Upspoken and RoyalTea, Cal Wellness spun off Upspoken and its assets, funding the California Black Women's Health Project (CABWHP) to integrate the campaign and platform into its organizational mission to promote health and wellness among Black women and girls. In addition to extending the life and impact of the website and the RoyalTea toolkit, spinning them off has enhanced CABWHP's capacity to promote Black women's sexual health and overall wellness.

LESSONS LEARNED & RECOMMENDATIONS FOR FUTURE GRANTMAKING STRATEGIES

Across the board, grantees reported that the Women of Color Health Initiatives' grants facilitated the growth and development of both specific interventions and their organizations as a whole. Based on our evaluation of the Women's Initiatives, we offer the following recommendations and considerations for future grantmaking intended to advance the health, wellness, and economic opportunities of Black and Latinx women.

Facilitate strategic collaboration among cohort members and with other organizations within Cal Wellness' network.

Improving the health, wellness, and economic opportunities for Black and Latinx women and girls requires a comprehensive approach. Partnerships enabled grantees to bridge gaps and provide resources and services that were vital to the success of their interventions. Cal Wellness must have a more substantial role in facilitating connection and collaboration among grantees and others in the field. As a philanthropic organization working to advance the wellness of Californians, Cal Wellness has a vast understanding of the landscape of services, providers, existing projects, gaps in the field, and opportunities for cooperation between organizations. ***The foundation can facilitate strategic collaboration by hosting grantee convenings and events with external stakeholders, as well as fund grantees' efforts to build relationships within the field, including the creation of advocacy networks and communities of support and learning.*** Specific recommendations drawn from the evaluation include the following:

- **Create learning communities for grantee cohorts:** The technical support calls organized by CEO for the reentry sites are an excellent example of how cohort-based learning communities can support the growth, development, and capacity of grantees. CEO held calls with the reentry demonstration sites, which blossomed into new relationships and collaborations across

grantee organizations, as well as strengthened CEO's capacity to support formerly incarcerated women.

- **Invest in community building:** Future grant-making that centers Black and Latinx women should include networking and community building with other organizations that serve these populations of women.
- **Promote and foster knowledge sharing:** Grantees reported that they and Cal Wellness would have benefited from regular grantee convenings to talk about their work and lessons learned from the implementation. In addition, they believed public convenings, targeting philanthropy in particular, would help cultivate interest in these issues and garner additional resources for initiatives and programs focused on supporting Black and Latinx women and girls.
- **Encourage collaboration between grantees:** The reentry and HIV demonstration sites saw strong connections between their work and lamented that Cal Wellness did not create opportunities for cross pollination and collaboration. There was also clear alignment between the work and objectives of the HIV/AIDS demonstration sites and the public awareness campaign, which could have been leveraged to advance the goals of each. For example, the RoyalTea toolkit that RALLY created might have been integrated into the work of the HIV/AIDS demonstration sites with Black and Latinx women in the community. By bringing the grantees together, Cal Wellness could have fostered greater cohesion within the Women's Initiatives.

Provide strategic evaluation and capacity-building resources to enhance the impact of grant-funded projects, especially interventions serving Black and Latinx women and girls.

Foundations must not only fund organizations and interventions targeting Black and Latinx women and girls; they must also fund the evaluation of these projects and the data monitoring capacity of the organizations that lead them. The "what works" literature for programs addressing HIV/AIDS among Black and Latinx women and girls, as well as reentry research on formerly incarcerated women is limited. Therefore, investing in the evaluation of these types of projects will vastly improve our understanding of how to optimize the impact of culturally-specific, gender-responsive, and trauma-informed programs for Black and Latinx women and girls in general and special populations. ***It is important for grantees to have a prominent role in the selection of evaluation teams and other capacity-buildings consultants. Cal Wellness should prioritize evaluators and other consultants with similar backgrounds as the leadership and service populations of grantee organizations. Evaluators should also approach their work through a strength-based lens, not a deficit-focus. The role and support that evaluators provide must be clearly defined up front, and data monitoring capacity building must start when initiatives begin. This will help foster a collaborative relationship between the evaluators and grantees.*** Specific recommendations drawn from the evaluation include the following:

- **Reframe technical assistance as "capacity building:"** Partners recommended reframing "technical assistance," which may suggest to some that an organization needs help because they are deficient in some way. "Capacity building," on the other hand, connotes that assistance is provided to enhance and build upon an organization's existing strengths.
- **Involve grantees in selecting evaluators and other consultants:** Another strength of the Women's Initiative's approach was to invite grantees to assist with selecting the evaluators. The

demonstration sites played a critical role in determining the suitability of the evaluation team. Evaluation has the greatest chance for success when organizations trust the evaluators.

- **Strengthen grantees' evaluation and data monitoring capacity (e.g., data collection, data storytelling):** Often, foundations require grantees to demonstrate their impact using performance data. However, organizations have varying degrees of experience and knowledge about how to do that (e.g., What indicators should they measure? What goals make sense for their organization or intervention? How should they collect the data they need?). Supporting grantee organizations in these ways will support the continuous learning and improvement of their work.

Develop sustainability plans for all grant initiatives, especially those centering the wellness and stability of Black and Latinx women and girls.

Grantees expressed concerns about the longevity of the work they launched with the Women of Color Health Initiative's support. **Therefore, Cal Wellness should make renewal funding available, when possible. Also, the foundation should develop transition plans that outline the steps it will take to support the long-term success of its initiatives and grantees. Transition plans should include capacity-building opportunities, such as workshops and other resources that are responsive to grantees' self-identified needs.** Possible capacity-building topics could include board development, fundraising, team building, and staff retention plans. Workshops should create space and opportunity for grantees to address strategic and managerial issues, not just transactional, day-to-day concerns. **Additionally, transition plans should outline tactics for cultivating philanthropic commitment from the field, especially for issues that impact the health, wellbeing, and economic opportunity for Black and Latinx women and girls.** Ideally, these efforts would create pipelines to additional funding for grantees. Together, these steps would significantly increase the sustainability of the grantees and their work, as well as lead to transformation at both the organizational and philanthropic levels. Specific recommendations drawn from the evaluation include the following:

- **Support sustainability planning:** Demonstration sites expressed concern about the longevity of their new initiatives. They wanted more active engagement from The California Wellness Foundation in securing additional funding, either by providing more grant funding themselves or by helping grantees to identify other funding opportunities from foundations and/or corporations.
- **Invest in operational support for grantees:** The demonstration sites wanted funding specifically for building their operational capacity, including in the areas of technology, marketing, and communications.
- **Support policy and advocacy efforts:** All of the demonstration sites engaged in policy and advocacy during the grant period. The approaches they employed were driven largely by their experience and internal capacity. For example, UCLA Semel Institute contracted with another university professor to conduct research, which resulted in a policy brief describing the existing policy landscape and opportunities to expand Black women's access to effective HIV/AIDS prevention and treatment. Meanwhile, the reentry demonstration sites are leading advocacy projects addressing key issues that affect the women they serve, such as occupational licensing, family reunification, and efforts to "ban the box" to support employment.¹⁸ More technical support is necessary to grow organizations' capacity to lead policy and advocacy work.

CONCLUSION

The foundation's Women of Color Health Initiatives are a promising model for future grantmaking strategies centering Black and Latinx women. This investment significantly impacted the lives of Black and Latinx women and grew the capacity of each of the grantees to lead in their respective fields. Because of this opportunity, grantees were able to develop new programs and enhance existing interventions, increase their networks and spheres of influence, and improve the operations of their organizations. These are important lessons for continuing and strengthening philanthropic advocacy and investment in issues that uniquely impact the lives, health, and wellbeing of Black and Latinx women and girls.

ENDNOTES

- 1 Amanda Barroso & Anna Brown, "Gender pay gap in U.S. held steady in 2020," Pew Research, May 25, 2021, <https://www.pewresearch.org/fact-tank/2021/05/25/gender-pay-gap-facts/>; Elinor Cleghorn, *Unwell Women: Misdiagnosis And Myth In A Man-Made World* (Penguin Random House, 2022), <https://www.penguinrandomhouse.com/books/646468/unwell-women-by-elinor-cleghorn/>; M. Olf, "Sex and Gender Differences in Post-Traumatic Stress Disorder: An Update," *European Journal of Psychotraumatology* 8, 2017 Sep 29, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5632782/>.
- 2 M. Olf, "Sex and Gender Differences in Post-Traumatic Stress Disorder: An Update," *European Journal of Psychotraumatology* 8, 2017 Sep 29, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5632782/>.
- 3 Robin Bleiweis, Diana Boesch, and Alexandra Cawthorne, "The Basic Facts About Women in Poverty," Center for American Progress, August 2020, <https://www.americanprogress.org/article/basic-facts-women-poverty/>.
- 4 Lucius Couloute and Daniel Kopf, "Out of Prison & Out of Work: Unemployment Among Formerly Incarcerated People," Prison Policy Initiative, July 2018, <https://www.prisonpolicy.org/reports/outofwork.html>.
- 5 MB Flanders-Stepans, "Alarming Racial Differences in Maternal Mortality," *Journal of Perinatal Education* 9(2), 2000, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1595019/>; Centers for Disease Control and Prevention, "Diagnoses of HIV Infection in the United States and Dependent Areas, 2018: Women," <https://www.cdc.gov/hiv/library/reports/hiv-surveillance/vol-31/content/women.html>.
- 6 Cary Funk and Mark Hugo Lopez, "Hispanic Americans' Experiences with Health Care," Pew Research Center, June 2022, <https://www.pewresearch.org/science/2022/06/14/hispanic-americans-experiences-with-health-care/>.
- 7 Erum Nadeem, et al., "Does Stigma Keep Poor Young Immigrant and U.S.-Born Black and Latina Women From Seeking Mental Health Care?," *Psychiatric Services* 58 (12), December 2007, https://ps.psychiatryonline.org/doi/full/10.1176/ps.2007.58.12.1547?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org&rfr_dat=cr_pub++0pubmed&.
- 8 Joseph Hayes, Justin Goss, Heather Harris, and Alexandria Gumbs, "California's Prison Population," Public Policy Institute of California, July 2019, <https://www.ppic.org/publication/californias-prison-population/>.
- 9 The programs implemented interventions that targeted specific issues, but they also supported women in addressing other needs, especially their basic needs, such as food and housing security. This is what is meant by providing holistic services.
- 10 UCLA Semel Institute implemented the Eban HIV/STD Risk Reduction Intervention, a validated program shown to reduce HIV risk among heterosexual African American couples. See "NIMH Multisite HIV/STD Prevention Trial for African American Couples Group. Eban HIV/STD risk reduction intervention: conceptual basis and procedures," *Journal of Acquired Immune Deficiency Syndromes* 49, 2008, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3274174/#:~:text=The%20Eban%20HIV%2FSTD%20Risk%20Reduction%20Intervention%20is%20designed%20to,couples%20who%20are%20HIV%20serodiscordant.>
- 11 WORLD used three separate HIV risk reduction intervention: Sistas Informing Sistas on Topics about AIDS (SISTA), which targeted Black women (see https://prevention.ucsf.edu/sites/prevention.ucsf.edu/files/inline-files/SISTA_Factsheet.pdf); Sisters Informing Healing, Living, and Empowering (SIHLE) for Black teenage girls (see <http://www.sihlephilly.com/>); and Amigas, Mujeres Latinas, Informádanos, Guiádonos, Y Apoyádonos Contra El Sida, a program for Latinx women (see https://www.cdc.gov/hiv/pdf/research/interventionresearch/compendium/amigas_best_rr.pdf).

- 12 Interviewing demonstration sites' participants was not a part of the original evaluation plan. The evaluation team added this component in year 3 of the evaluation, commencing with data collection as demonstration sites' grant periods came to an end. Because of the timing, we had difficulty securing a robust sample of interview participants, despite considerable outreach and assistance from the demonstration sites.
- 13 Meda Chesney-Lind and Lisa Pasko, eds., *Girls, Women, and Crime*, 2nd ed. (Sage Publications, 2013), <https://books.google.com/books?hl=en&lr=&id=nw1zAwAAQBAJ&oi=fnd&pg=PP1&dq=gendered+-pathways+meda+chesney-lind&ots=LfwysYGWxD&sig=CzrLzEOao916YFCeJrjJlovoCvw#v=onepage&q=gendered%20pathways%20meda%20chesney-lind&f=false>.
- 14 Centers for Disease Control and Prevention, "EBAN," September 2017, https://www.cdc.gov/hiv/pdf/research/interventionresearch/compendium/rr/eban_best_rr.pdf.
- 15 "The SISTA Project," https://prevention.ucsf.edu/sites/prevention.ucsf.edu/files/inline-files/SISTA_Factsheet.pdf; "Sisters Informing Healing Living & Empowering (SIHLE)," <http://www.sihlephilly.com/>.
- 16 Centers for Disease Control and Prevention, "AMIGAS," August 2015, https://www.cdc.gov/hiv/pdf/research/interventionresearch/compendium/amigas_best_rr.pdf.
- 17 CEO provided technical assistance and support to the reentry demonstration sites. Seeking to create a supportive learning community, they facilitated regular conference calls to bring the reentry sites together to discuss issues, challenges, and to celebrate successes. The partnership that formed between R&R and TCFC emerged from these calls.
- 18 Learn more about ban the box at <https://www.ncsl.org/research/civil-and-criminal-justice/ban-the-box.aspx>.