Planned Parenthood of Greater New York

Putting Equity at the Heart of Our Mission: A Snapshot of PPGNY's Journey

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As a newly merged, one-year-old organization drawing on a 106-year-old history, the past year has been a difficult but critical time for Planned Parenthood of Greater New York to engage in an intentional equity transformation process. We have faced challenges wrought by a devastating pandemic with unequal, unjust racial impacts; trauma, conflict, and transition caused by years of systemic racism boiling over outside and within our institution; and questions about our culture and values as a newly merged organization.

This moment also gifts us an opportunity to chart a brave course as a new institution that aligns with our shared values that everyone deserves to live in a world where people are protected, have the freedom to make decisions about their body without judgment or persecution, and have the resources they need to be healthy and safe.

OUR VISION, MISSION, AND COMMITMENT TO EQUITY

Our Vision: PPGNY envisions a world where all communities have full access to innovative, high quality, affordable, evidence-based sexual and reproductive health services, which will always include abortion, whenever, wherever, and however they are needed.

Our Mission: Our mission is to be a leading provider of sexual and reproductive health services and information, a fierce advocate, and a committed partner to advance equity and improve health outcomes for all.

Specifically, this means providing judgment-free care with dignity and respect; honoring our patients' rights to make their own decisions about their health and wellbeing, including decisions about contraception, abortion, and transgender/nonbinary hormone care; and honoring their right to be heard. Please see our [Statement of Commitment to Equitable Care](#).

Our Commitment to Equity Transformation: Our organizational mission and vision necessarily commit us to actively working toward being a multicultural, inclusive, and anti-racist organization where all community and staff thrive. Five goals

animate this ongoing commitment as outlined in our [Equity Action Plan](#), adopted in January 2020:

1. Ensure PPGNY workforce, leadership, and Board reflect and respond to marginalized communities
2. Commit to organizational standards and practices centered on intersectional race equity
3. Provide equitable and inclusive health care to all
4. Build accountable relationships with communities of color
5. Use data to measure and drive progress on equity commitments

WHY EQUITY TRANSFORMATION IS A CONDITION FOR OUR SUCCESS

As an organization whose primary business is to provide health care, as well as education and advocacy to secure access to care, we know that racism is a public health crisis. This country's historical legacy and contemporary reality of systemic and medical racism has meant that communities of color, particularly Black women, are more likely to have poorer sexual and reproductive health outcomes; have lower access to health care services; and experience racism and discrimination by a health care provider, which not only exacerbates barriers to health, but also adds stresses that take a toll on patients' health.

PPGNY's work is not immune to these barriers and biases. As a historically white-led organization with complicity in reproductive harm within communities of color, we cannot fulfill our mission nor partner credibly with communities of color in our collective fight for sexual and reproductive health, rights, and justice, if we do not:

- Reckon with our organization's legacy;
- Name and address the ways in which racism, patriarchy, homophobia, xenophobia, and ableism impact our communities and our own operations, programs and services; and
- Transform our community relationships and care by turning our lens inward to create a deep shift in our organizational composition, skills, practices, systems and norms.

A SNAPSHOT OF OUR EQUITY TRANSFORMATION JOURNEY – KEY APPROACHES AND REFLECTIONS

Our journey into this transformation process has been non-linear, with starts and stops, building on the vision, efforts, and labor of multiple stakeholders, especially Black women and women of color, as well as pivotal events and decisions. Over a year into an intentional strategy to advance equity, our journey continues. It has been and continues to be marked by challenge, conflict, progress, and promise – expected signposts in profound change to long-standing institutional culture and systems.

We share our early, imperfect, and continuing journey here for collective learning and accountability, knowing that this work is at the same time new and old across health care, the nonprofit sector, and the Planned Parenthood network.

2020
COVID challenges, leadership transition, and uprising for Black lives

JUNE 2018
Director-level position for equity created at legacy PPMHV

APRIL 2019
SLT at legacy PPNYC participates in facilitated dialogue on equity commitments

FEB. 2018
SLT at legacy PPNYC commits to addressing racial disparities in staff satisfaction

MAY 2020
EL Dept. launches Equity School

JUNE 2019
Director-level position for equity created at legacy PPNC in June 2019

APRIL 2020
Equity Committee of the Board created

AUG. 2019
EL Dept. created with senior-level appointment for merging entity

JUNE 2018
SLT at legacy PPNYC attends Equity in the Center conference

JAN. 2020
Five affiliates merge to become PPGNY

OCT. 2019
Reviving Radical launched

DEC. 2019
Board authorizes investments to expand EL Dept in Dec.2019

JAN. 2018
SLT and Senior Leaders at legacy PPNYC review 2018 Press Ganey Data – identify race-based disparities in staff experience

NOV. 2019
Cook Ross Culture and Equity Assessment conducted

DEC. 2019
Merging SLT attend race equity training

JAN. 2020
EL Dept. launches Equity Action Plan

SLT = Senior Leadership Team
EL Dept. = Equity & Learning Department

FOUNDATIONAL APPROACHES

While it is not possible to detail all the individuals, conversations, and decisions along the way, here are some foundational approaches and lessons from our Equity Transformation Journey.

1. Assess organizational dynamics
"Not everything that is faced can be changed. But nothing can be changed until it is faced" - James Baldwin

In January 2018, a group of senior leaders at legacy PPNYC reviewed staff experience data, which revealed that white staff were having the most satisfactory experience, and Black staff, the least, of all racial groups. This moment of leveraging data to illuminate how white-dominant culture creates racial disparities and disparate realities sparked a set of conversations that advanced our journey. Since then, identifying the different ways in which inequities show up in our work has been an intentional practice.

- In early 2019, several Board and staff members joined a Racial Equity Learning Lab led by Race Forward, and started to work on an analysis of patient experience data disaggregated by race. This project was the foundation for

creating a Patient Experience Taskforce in late 2019, to assess and address patient access and experience with a race-explicit lens. This approach has been important in demonstrating why racial equity is mission-critical, and in addressing resistance in the form of "racism doesn't exist here".

- In late 2019, an external consultant was engaged to conduct a Culture and Equity Assessment to unearth staff experience of institutional bias and identify opportunities for learning and practice improvements. The findings from this assessment shaped the creation of an Equity Action Plan in January 2020.

- During regular facilitated staff dialogues, intentional spaces are also created to allow staff to share how various levels of racism and other inequities show up at PPGNY, and to uplift lived experiences beyond a survey.

2. Reckon with history and legacy
"History is not the past. It is the stories we tell about the past." - Grace Lee Boggs

In October 2019, PPGNY launched Reviving Radical, a framework to guide our reckoning with our legacy and founder Margaret Sanger's support for eugenics and the harmful impact of that decision on women of color, people with disabilities, and poor communities at the dawn of the birth control movement. This process, which continues, seeks to create a pathway to repairing relationships with communities of color, and places our patients, 64% of whom are of color, at the center of transformation.

3. "Name it and frame it" with a race-explicit analysis
"*I use the term "white supremacy" instead of "racism" because it explicitly names who in the system benefits and—implicitly—who bears the burden. One of the tactics of domination is to control the language around the perpetrator's bad behavior. To call the phenomenon "racism" makes it abstract and erases explicit mention of the one who profits from the dynamic. So when I say "white supremacy" it doesn't just mean the KKK and…other hate groups." - Edgar Villanueva*

We cannot solve a problem we cannot name or frame. As "racism" doesn't always mean the same thing to everyone, we have sought, through our *Equity School* and other learning spaces, to build a shared language with several key tenets:

- **Diversity and inclusion are necessary but insufficient conditions for equity transformation.** Our focus on equity seeks to shift systems of power that systematically produce disparate outcomes predicted by race, gender and other identities, and underscores our preference for "equity" rather than "diversity, equity and inclusion" to describe our work.

- **Equity is not the same as equality or consistency.** Our power analysis applies an intersectional understanding of how race, gender, sexual orientation, disability, language and other identities impact experiences. An equity lens focuses on addressing historical harm, leveling the playing field, and eliminating

hidden advantages and privileges. This approach is, for example, reflected in a compensation alignment exercise to not only address historical pay inequities but also prioritize resources for the lowest paid staff. Applying an equity lens rigorously also resists the use of equity language for a range of goals, and focuses on the equity impacts – rather than intentions – of various initiatives.

- **Be race-explicit but not exclusive.** Racial inequities are deep, pervasive, operate generationally upon communities of color, and are at the root of so many problems we are trying to solve, so addressing racism must be central to how we work. Furthermore, race and racism are often the elephant in the room and can be hard to discuss, so the specificity matters. Our "race and" (or race+) approach doesn't mean that other identities or systems are erased; our work is intersectional and always includes race.

- **Language matters.** In learning and dialogue spaces, we don't shy away from, and instead engage with and explain key concepts that accurately describe the problem we are trying to solve. Our *Equity School* curriculum includes the impact of medical racism on the reproductive rights movement and our organization, as well as a discussion on how white dominant culture shows up at PPGNY.

- **Framing with evidence.** Use of data disaggregated by race and other characteristics to assess how we do our work and the impact we have over time allows us to explicitly frame equity with evidence, and to monitor change.

4. Expand the focus from implicit bias to systemic racism

"Structural racialization and implicit bias work dynamically to hold inequities in place…learning about implicit bias is an important, but an insufficient strategy to advance equity." – Kathleen Osta and Hugh Vasquez, National Equity Project

We cannot train our way out of racism, nor rely simply on "winning hearts and minds". This principle underscores our focus on rebuilding systems, as a complement to organizational learning to normalize dialogue and build skills for engagement on race, racism, and equity. As a result, various structures, policies and protocols have been created across clinical care, hiring, talent management, compensation, financial decision-making, vendor management, external partnerships, communications, and development to gradually increase accountability for equity and to operationalize equity across the organizations in day-to-day functions. Appendix A outlines a comprehensive staff learning pathway through *Equity School* and other initiatives, as well as details of structural and systemic interventions implemented.

5. Structure and resource for results

Intentional decisions about structure have also made a difference. A dedicated, new *Equity & Learning* department was formalized and resourced to steer the equity transformation process in December 2019. This organizational commitment reduces the likelihood that equity efforts are de-prioritized or reliant solely on the labor and commitment of those most impacted.

A decision was also made to separate the *Equity & Learning* function from *Human Resources (HR)*, where equity initiatives are often housed, and from *Equity & Engagement*, an external-facing department focused on community engagement and education. This approach sharpens the focus on internal transformation, enables a cross-functional approach to equity that is not limited to *HR*, and creates a complementary space outside *HR* for coaching, mediation and support to staff members impacted by bias and inequity, and those seeking support on their own equity practices.

Finally, having a staff leader for equity transformation on the senior leadership team and reporting directly to the CEO has advanced the pace of implementation. This level of access enables influence and advocacy in spaces where major organizational decisions are made, and partnership with other senior leaders and Board members that would otherwise not have been possible. At the same, this structure rightly increases the responsibility of equity leaders to earn trust as accountable gatekeepers.

REFLECTIONS ON THE PATH AHEAD

It is still early in our journey. Harms and ruptures have happened and require healing, conflict may increase in the short term as we lift the lid on long-standing inequities, and we continue to learn from and iterate on the strategies deployed to advance transformation. Our framework for change, including a selective set of indicators to track our progress, and key accomplishments in 2020 are in Appendix B, illuminating where we are in our journey, and how much more work we have ahead of us.

At this moment, discussion on intersectional race equity is normalized across multiple functions and levels across the organization, and with internal and external stakeholders. There are also substantive differences in hiring and talent management that have increased the proportion of people of color in key leadership positions, and ensured that basic equity competencies are expectations for new hires and staff.

Given accountability for equity transformation must be shared and diffused, a focus of the past year has been to build an organization-wide infrastructure for this work so that there are champions across departments operationalizing equity. While building equity infrastructure is not the same as long-term transformation, the formation of structures such as a Patient Experience Taskforce and an Equity Core Team, for example, is possible only when stakeholders are sufficiently motivated to invest their time, and is necessary to create structural shifts in an organization of over 500 staff that covers more than half of the state of New York.

In July this year, we also achieved a milestone as part of PPGNY's Reviving Radical initiative when we announced the removal of Margaret Sanger's name from the Manhattan Health Center as a public commitment to reckon with our founder's harmful connections to the eugenics movement. This announcement is one of many shifts for holding overdue dialogues and uplifting a vision for repair and transformation that communities of color and reproductive justice leaders have been calling on for decades.

Yet, significant challenges remain. Equity transformation is being rolled out in a context of a national racial reckoning within institutions; financial challenges compounded by COVID-19; wide regional, cultural and political difference across New York State; an incomplete merger; and nascent systems for accountability and standardization. In this context, equity work is sometimes a focal point for broader feelings of uncertainty and displacement, or leveraged to advance interests not related to equity. Directly naming how resistance shows up, raising our tolerance for discomfort, and creating supported openings for generative conflict during regular organization-wide dialogues such as in monthly regional *DEI Collectives* and race-based caucuses have been one way to hold space for more honest exploration of concerns.

Finally, each day is an opportunity to reconnect to the purpose of this work. It takes courage to call out and dismantle systems that don't serve us, and even more vision, discipline, rigor, compassion, and fortitude to build an organization we have few models for. This means holding complexity and multiple truths in several important ways:

- Simultaneously disrupting old practices while iterating on new ones within an existing institutional infrastructure – our community cannot afford for us to tear things down without also building up;

- Engaging in generative conflict without shaming one another – in particular, we must resist simplistic narratives of heroes, villains and victims;

- Facing and transforming harm through systems of accountability that include restorative practice, while doing our own intra-personal work to create appropriate boundaries for navigating institutional and individual trauma; and

- Promoting accountable relationships with communities of color that transform traditional charity mindsets to abundance frameworks of reciprocity.

It's a monumental time at PPGNY and we are deeply grateful to the many colleagues, supporters, and community members who remind us of why we exist, and to whom we are accountable.

ACKNOWLEDGEMENTS

APPENDIX A: 2020 Learning and Systemic Interventions to Advance Equity

Equity School – Course Offerings

EQUITY FUNDAMENTALS	MANAGING FOR EQUITY AND RESULTS	EQUITY PROOFING YOUR FUNCTION	EQUITY SPOTLIGHT & RE CHATS
Foundational course on key concepts related to race+ equity, legacy and history of medical racism, and practices to promote equity	Designed for managers to build and sustain diverse, inclusive, and mission-oriented teams	Departmental-level training focused on lifting up and addressing unseen equity impacts in day-to-day work	Panel discussion to contextualize a current issue with a (race+) equity lens and apply it to our own work at PPGNY

Additional Equity Learning Initiatives & Infrastructure

Regional DEI Collectives	Race-Based Caucuses	Equity Core Team	Board & Senior Leaders Trainings	Patient Experience Taskforce	Board Equity Committee
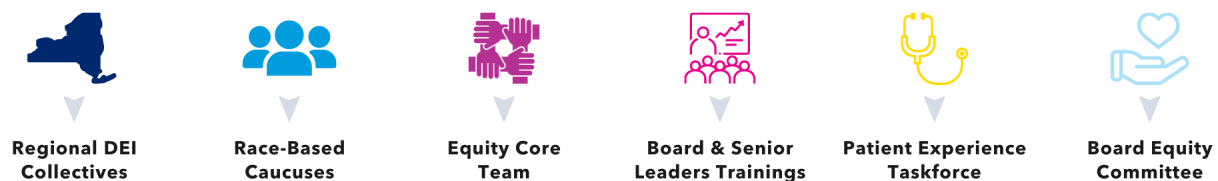
Systemic Initiatives to Advance Equity (see below for details)

- Protocols and policies related to clinical care
- Hiring
- Talent management
- Compensation
- Financial decision-making
- Vendor management
- External partnerships
- Communications
- Development

Systemic Interventions to Operationalize Race+ Equity

Functional Area	Intervention	Desired Outcome
Leadership	• Senior Leadership Team Equity Scorecard to hold senior leaders accountable to operationalizing equity within each of their functional areas • Board Equity Scorecard to hold Board committees accountable to operationalizing equity within their respective governance areas	PPGNY leaders model, drive, and hold staff accountable for, progress on equity transformation efforts
Human Resources	Comprehensive hiring protocol • Equity competencies in all job postings • Standardized rubrics to reduce bias and assess for equity competencies • Racially diverse hiring teams • Racially diverse candidate pools before advancing any candidate • Equity pauses before hiring is confirmed • Equity competencies in all job descriptions • Promotion policy includes equity review and assessment of equity competencies • Mandatory onboarding on equity for new staff • Compensation alignment to advance pay equity • Enhanced performance management process to address bias and address over-disciplining of some staff and lack of accountability for others	• Reduced bias across talent management cycle • Increased racial representation at all levels • New staff can demonstrate equity competencies and appetite to engage in equity transformation process

Clinical Services, Community Engagement, and Risk and Quality Management	• Service Recipient Complaint Policy • Commitment to Equitable Care Statement • Race Equity Primes for Telehealth and In-Person Visits • Spanish Language Appointment Guide and Resources for Telehealth • Policy on Asking and Documenting Immigration Status • Press Ganey patient data review process involving regular (monthly) monitoring of patient feedback to inform clinical strategies and interventions with the goal of improving equity as a condition of clinical quality (ongoing) • Patient Accommodation Policy to standardize practices in clinical delivery that center patient needs and do not create added barriers, especially for marginalized communities (in process)	• Increased access to linguistically and culturally responsive care • Demonstrated commitments to patient-centered care • Consistent clinical practices that reduce unnecessary discretion and mitigate implicit bias
External Affairs and Development	• *Race Equity in Communications Guide* to ensure all messaging is attentive to historical and present harms faced by marginalized communities, accompanied by an *Equity Design Guide* and an *Equity Style Guide* • *Race Equity in Communications and Fundraising* for Board members • *Government Relations and Public Policy Equity Rubric* to ensure race+ equity considerations in how we engage in policy work and what coalitions / sign-on materials we support	• Culturally appropriate messages that create foundation for authentic and responsive relationships with communities of color

Finance	• Equity in Vendor Procurement Policy • Equity in Financial Decision Making Protocol	• Values alignment in the way we partner with vendors and consultants • Consideration of unintended equity impacts in financial decisions

APPENDIX B: Framework for Change

The framework for change outlined here does not comprehensively capture the range of indicators related to advancing and sustaining equity efforts, which are often hard to measure. There are many other long-term indicators, including but not limited to:

- Increasing representation and agency among historically marginalized communities within the organization;
- Growing knowledge of root causes and systems of inequity among internal and external stakeholders; and
- Growing ability to raise money from diversified sources.

Framework for Change

INPUTS	OUTPUTS	OUTCOMES	LONGER-TERM IMPACT
Learning + Leadership Development	• # of trainings • ongoing culture-building structures • participants	• Improved equity competencies • Increased implementation of equity practices • Increased representation of people of color in leadership	• Improved staff and patient experience scores overall, with reduced racial disparities • Increased access to high quality, equitable care for marginalized communities
Systemic Interventions	• # of equity protocols • institutionalized structures		

2020 Framework for Change in Action

INPUTS	OUTPUTS*	OUTCOMES**	LONGER-TERM IMPACT
Learning + Leadership Development	• 5 cohorts of Equity Fundamentals reaching a total of 85 staff • 3 cohorts of Managing for Equity reaching a total of 46 staff • 4 RE Chats featuring 12 external experts, reaching an average of 85 people/session • 8 cycles of (monthly) clinical trainings for 350+ staff • 2 SLT & Board trainings • 2 DEI Collectives reaching average of 100 staff/month • 5 Caucuses reaching a total of 75 staff	92% reported a better understanding of the key concepts related to race+ equity 84% reported an increase in skills to communicate constructively about race and equity issues at work 76% reported feeling encouraged to take action to address racism and other bias at work	Improved staff and patient experience scores overall, with reduced racial disparities Increased access to high quality, equitable care for marginalized communities
Systemic Interventions	19 protocols adopted to establish accountability for equity 5 functional teams + 1 Patient Experience & Equity Taskforce + 1 Board Equity Committee operationalizing equity	Representation of people of color increased on: • Board from 26% > 32% • SLT from 41% >77%	

*Excludes other customized learning/leadership development initiatives to address critical incidents.
**Self reports are from Equity School participant evaluations.