

ORANGE COUNTY SOUTH ASIAN, MIDDLE EASTERN, NORTH AFRICAN (SAMENA) COLLECTIVE

HEALTH EQUITY PLAN

The Equity in OC (EiOC) Initiative was a limited-term project funded by the Centers for Disease Control and Prevention (CDC) under the National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities (CDC-RFA-OT21-2103). The initiative concluded in May 2024. This document and any associated EiOC branding were developed as part of that grant-funded effort.



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INTRODUCTION

The Orange County Health Care Agency (HCA) Office of Population Health and Equity (OPHE) received nearly \$23 million in grant funding from the Centers for Disease Control and Prevention (CDC) national initiative to address COVID-19 health disparities among populations at high-risk and underserved, including racial and ethnic minority populations and rural communities (CDC-RFA-OT21-2103).

The long-term strategies of this two-year **Equity in OC Initiative** will:

- Expand existing and/or develop new mitigation and prevention resources.
- Increase or improve data collection, reporting, and infrastructure.
- Build, leverage, and expand the capacity and infrastructure of local health departments.
- Mobilize partners and collaborators to advance health equity and address social determinants of health.

As a part of EiOC, seven Population Health Equity Collectives were created:

- Asian American, Native Hawaiian, and Pacific Islander community
- Black or African American community
- Individuals with disabilities
- Latino, Hispanic, Chicano, or Latin American community
- Lesbian, gay, bisexual, transgender, and queer (LGBTQ+) community
- Older adult community
- South Asian, Middle Eastern, North African (SAMENA)

The overarching goals of these Collectives are to:

- Address health inequities and improve social determinants of health through collaboration, partnership, and inclusion of lived experiences and authentic voices.
- Overcome inequitable access to opportunities, resources, and support services for targeted and prioritized populations in Orange County.
- Build and support cohesive and sustainable Collectives in Orange County, and address systemic health inequities facing prioritized impacted communities.
- Provide venues for community voice in identifying and determining solutions, and priorities in addressing health inequities of the Collective.

PURPOSE OF THIS PLAN

The purpose of the Health Equity Plan (HEP) is to support the creation of practical, meaningful, and sustainable improvements in the health and well-being of the SAMENA community in Orange County. The HEP will guide the vision, including unique strategies and calls-to-action that will help to propel the community toward health equity.

PRINCIPLES OF EQUITY

For the SAMENA community in Orange County, we, the members of this Collective, are operating under the common shared understanding of what will lead to health equity for our community. Our Mission and Vision are:

Mission

The SAMENA Collective is a network of community partners advancing equity, representation, and quality of life of the SAMENA community through advocacy, resource development, and strengthening of services.

Vision

A community in which SAMENA populations flourish.

In addition to the Mission and Vision, the Collective also coalesced around several guiding values:

- The Collective provides culturally competent and sensitive services to all members of the SAMENA community.
- The Collective operates with an abundance mindset.
- Community resident engagement and input is included in all facets of the Collective's work.
- The work of the Collective is data driven.
- The Collective will prioritize actively recruiting new and smaller organizations.

COLLECTIVE MEMBERSHIP

The Collective has a total of 17 members from the following organizations:

Access California Services, Arab American Civic Council, CAIR- LA, Community-Nexus, Global Hope 365, ICNA Relief USA, Latino Muslim Unity, Olive Community Services, OMID Multicultural Institute for Development, Qazizada Multicultural Therapy Clinic, Saahas for Cause, Sabil USA, SASA of Ektaa Center, South Asian Network, Tiyya, The Peace and Justice Law Center, and Uplift Charity.

As a result of the governance dialogues, the group set the following [Roles and Responsibilities](#) for themselves.

1. Comply with SAMENA ground rules.
2. Advance the SAMENA Collective mission.
3. Attend meetings or send an alternate; an organization cannot miss more than 2 meetings per year.
4. Read minutes/notes of prior meetings to find out what was decided if missed meeting.
5. Respond in a timely manner to all requests for response, including RSVPs.
6. Actively participate in at least one Subcommittee; volunteer for and complete assigned tasks on time.
7. Actively participate in data collection and sharing.
8. Mobilize resources to actively support community engagement when needed.
9. Participate in decision-making and voting.

10. Dedicate sufficient time to the Collective (approximately 5–7 hours per month).
11. Keep meeting discussions and information/data confidential.
12. Share any potential conflicts of interest.
13. Ensure member has organizational decision-making power to commit resources.
14. Be a positive ambassador of the Collective in the community.
15. Serve for a 2-year term.

In addition to setting expectations surrounding roles and responsibilities, the group also conducted a survey of their 17 current members and identified characteristics that help us to understand “Who is the SAMENA Collective today” and help them to identify gaps and ways forward for their Membership Committee to work to broaden the Collective and make it more inclusive, based on the data in the future.

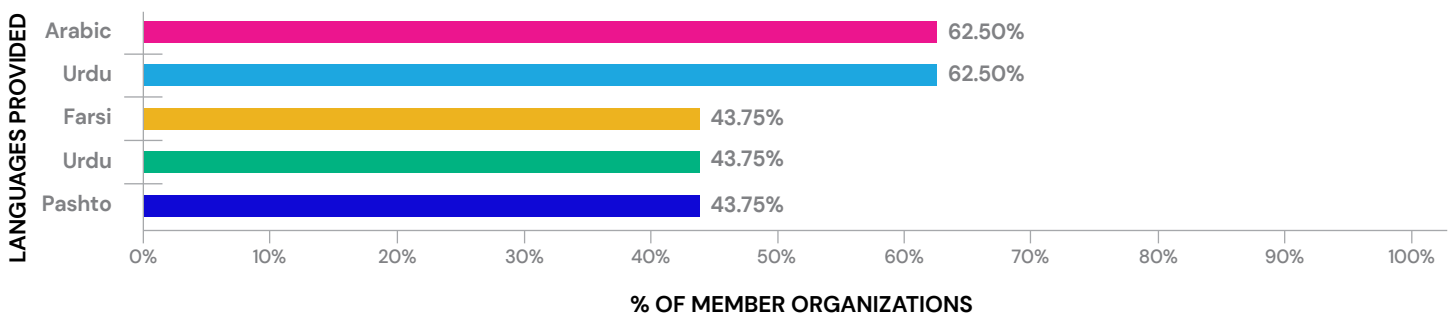
SAMENA Collective Member Survey Summary

Organization Type: 100% are 501c3 nonprofits or fiscally sponsored project of a 501c3

Organization Annual Budget

Annual Budget	Number of Organizations	Percent of Organizations
Under \$50K	2	11.76%
\$51K–K\$100K	1	5.88%
\$101K–\$250K	3	17.65%
\$251K– \$500K	3	17.65%
Over \$500K	8	47.06%
Total	17	

Language Capacity: In what languages can your organization currently serve clients?
(n=16)



Other languages include: Spanish (6), Hindi (5), Punjabi (3), Armenian (1), Bangla (1), Bengali (1), French (1), Gujarati (1), Korean (1), Kurdish (1), Mandarin (1), Marathi (1), Nigerian (1), Sinhala (1), Somali (1), Telugu (1), Tigre (1), Tigrinya (1), Ukrainian (1), Vietnamese (1).

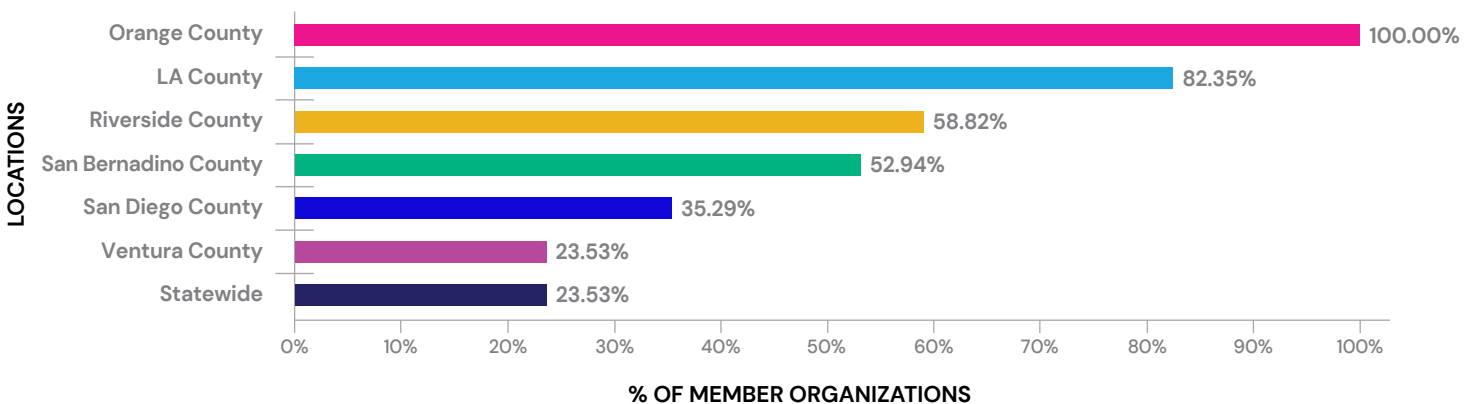
SAMENA-Led or Founded: Is your organization SAMENA-led and/or has a SAMENA founder? 88.24% SAMENA-led and/or founded.

Direct Services: Does your organization provide Direct Services to clients (e.g. counseling, health care, legal services, etc.)? 88.24% provide direct services.

Policy Advocacy: Does your organization engage in policy advocacy to change systems as its primary function? 47.06% engage in policy advocacy as primary function.

OC Location: Does your organization have an office in Orange County (either primary or satellite)? 94.12% have an OC location.

Services by Geographic Locations: Do you serve clients from the following geographic locations (either in-person or virtual)?

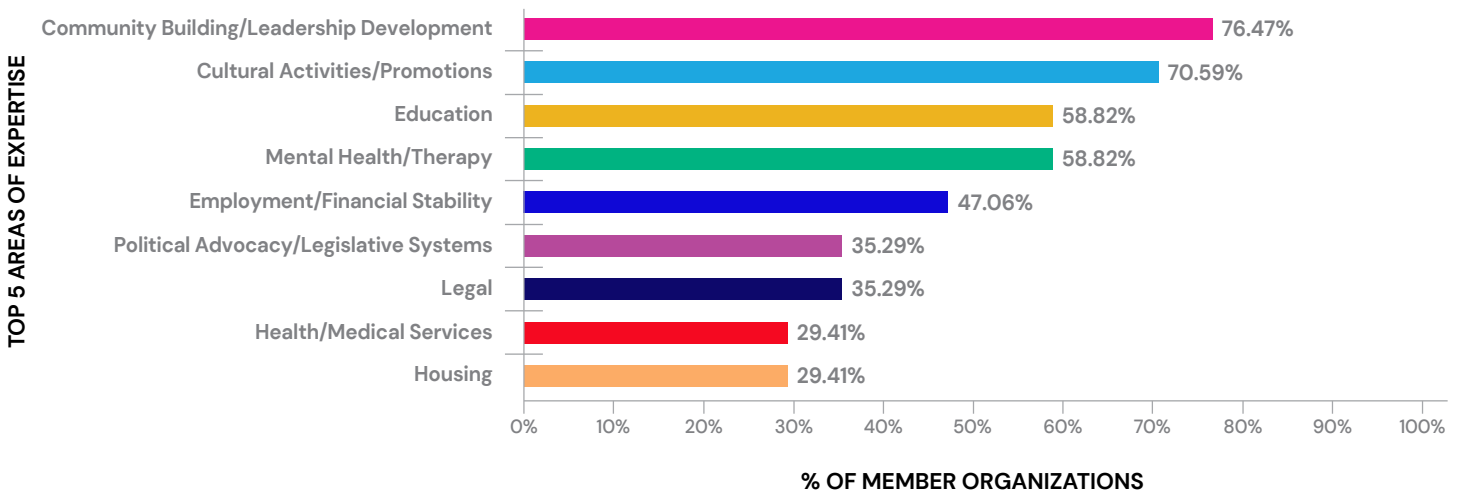


OC Impact: What percent of your organization's work directly impacts Orange County or its residents directly?

% of Work Impacting OC	# Organizations	Percent of Organizations
0-30%	1	5.88%
31-49%	1	5.88%
Over 50%	15	88.24%

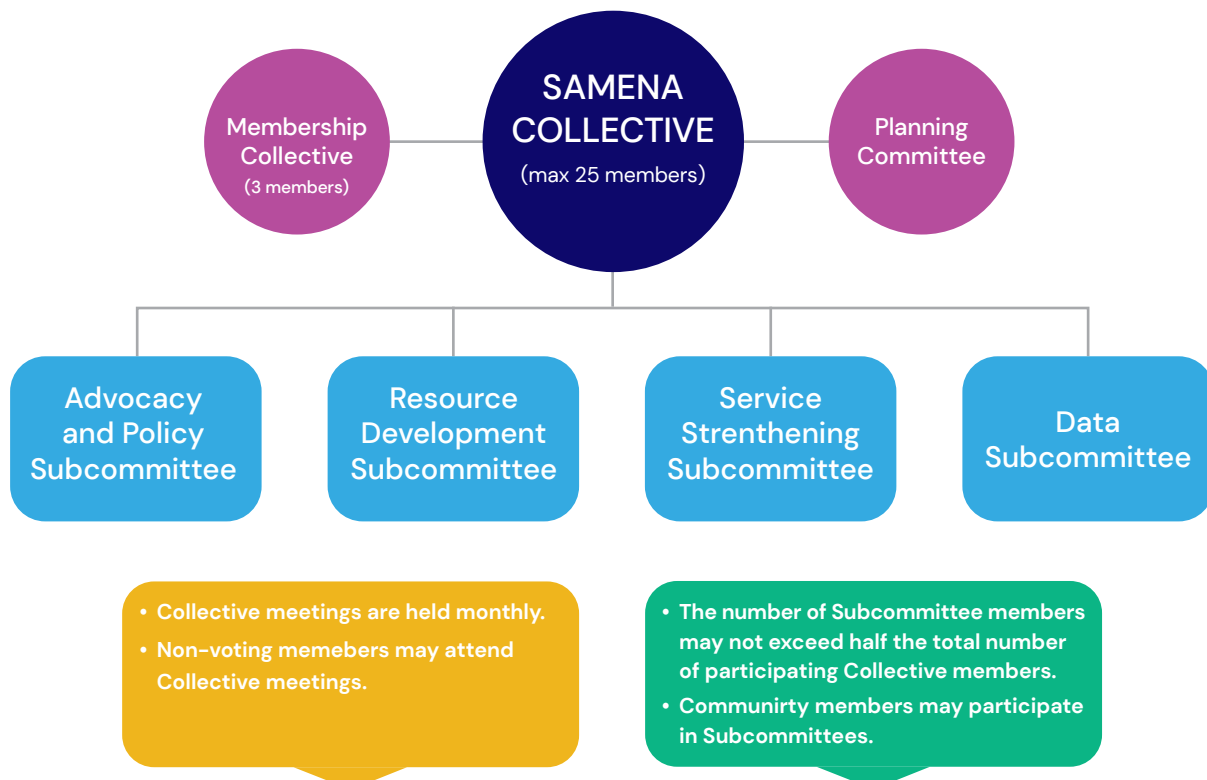
Total Responses: 17

Areas of Expertise: What topical expertise does your organization currently have? (max 5)



Other areas of expertise: Anti-hate navigation, DV Case Management and shelter placement

SAMENA Collective Governance Structure



When thinking about how to expand and grow the power of the Collective, there have been certain values prioritized in how they would like to engage members into the work. This led to the creation of a **“SAMENA Collective Composition Criteria”** (below) that will serve as their North Star for their goal of what type of representation they would like to have at the table.

1. 100% of organizations are a 501c3 or fiscally sponsored project of a 501c3.
2. 100% of organizations serve Orange County.
3. At least 50% of organizations should have budgets under \$500K.
4. 75% of organizations should serve a client population of 50% or more SAMENA individuals.
5. At least 80% of organizations are SAMENA-led or founded.
6. Collective focus: 50% Direct Services and 50% Advocacy as primary function.
7. At least 80% of organizations must have a primary office in Orange County.
8. 60% of organizations serve a client base of 50% or more Orange County residents (or focus at least 50% of their efforts on Orange County).

PROCESS AND DATA

The SAMENA Collective has worked to identify issues facing their community on a regular basis through their work and, at the commencement of the planning process, had identified mental health, housing and employment as key areas where their community needs support, as well as navigating the healthcare system.

In order to “test” whether their experiential, anecdotal data still resonates with them today, several questions were added to the survey of the Collective members in an effort to see if these needs have changed in recent months. The findings are below and demonstrate that, yes, these are challenges that remain in the community today.

Greatest challenges

When you think of the SAMENA Community in Orange County, what do you consider the 2 biggest challenges? (16 respondents)

From the survey, the greatest challenges identified were housing, employment, and mental health.

Housing: Nine (9) respondents (56%) mentioned housing as a key issue. The high cost of rent in Orange County was noted as a major barrier. Several respondents reported that gaining and affording housing is especially challenging for recently immigrated populations, many of whom must transition from living in hotels to permanent housing in the months after arriving in the County.

Employment: Seven (7) respondents (44%) noted employment as one of the biggest challenges to the SAMENA community. The difficulty of acquiring a reasonable paying job was noted, particularly for refugees and newcomers facing language barriers and immigrant stigma. Job development/readiness was mentioned as an area of need.

Mental health: Four (4) respondents (25%) reported that mental health was one of the top challenges facing the community. Several respondents specifically noted that recently immigrated/refugee populations need mental health services, as many have experienced trauma and displacement. One respondent mentioned the impact the current conflict between Palestine and Israel is having on the SAMENA community who are experiencing trauma, anger, grief, and loss. Raising awareness of mental health challenges was also cited.

The **need for representation** of the SAMENA community in data collection, funding and resources was identified as a key challenge by 3 respondents (19%), and **systems navigation** to assist with awareness and accessing benefits/services was also noted by 2 respondents (13%). Other key areas of need/challenge reported include: financial literacy, transportation, awareness of gender-based violence, legal services for asylum seekers, civil liberties and anti-hate/bias, financial insecurity, and general cost of living.

Subpopulations

Are there certain subpopulations that you have found are most in need/vulnerable in the County? (11 respondents)

Based on the survey data, refugees, asylum seekers, and newly arrived immigrants were identified as the SAMENA subpopulations most in need/vulnerable in the County. Of the 10 responses, seven (7), or 64%, noted refugees and asylum seekers as a particularly high need subpopulation. Some specifically listed refugees from Afghanistan, the Middle East and North Africa among the most vulnerable. Three (3) respondents, or 30%, answered that recent immigrants are among the highest need subpopulations. One respondent identified those from Afghanistan, Iran and Syria as facing particular challenges. Another respondent noted challenges faced by South Asian immigrants. Other subpopulations identified include seniors and second-generation community members who are at-risk of or experiencing homelessness.

STRATEGIC ACTION AREAS

1 Policy and Systems Advocacy

Policy and Systems Strategies	Objective
Create a SAMENA advocacy agenda	Have a clear set of policies and priorities the group can speak up on and a document to share publicly
Engage in Collective of Collectives movement-building	Ensure that the SAMENA population needs are factored into the larger Equity in OC conversations in the County
Conduct visits with local and state elected officials	Increase elected officials' and their staff's knowledge of SAMENA specific needs around data, housing and safety
Increase capacity of SAMENA organizations to advocate	Increase organizational capacity to understand policy and systems change opportunities

2 Engagement, Inclusion, and Power Sharing

EIPS Strategies	Objective
Assess the SAMENA Collective's membership	Identify areas for increased engagement and inclusion for the upcoming year
Create Membership Committee	Increase meaningful inclusion into the Collective based on the data gaps identified by the Membership Committee

3 Sustainability: Infrastructure, Data, and Other Capacities

Sustainability Strategies	Objective
Conduct sustainability training	Ensure Collective members have the skills and resources to further sustain the Collective
Data integration	Identify opportunities for the Collective member organizations to have common intake forms and/or joint data collection opportunities.
Create a sustainability plan	Identify opportunities to sustain the work and identify resources and partnerships to leverage in the future.
Host a website for the SAMENA Collective	Share information and resources on a) who the Collective is, b) goals and c) calendar of events and d) ways to get involved in engagement activities
Engage in the re-envisioning of 211	Ensure that the Countywide service appropriately meets the linguistic and cultural needs of the SAMENA population via the phone-based resource sharing platform, 211