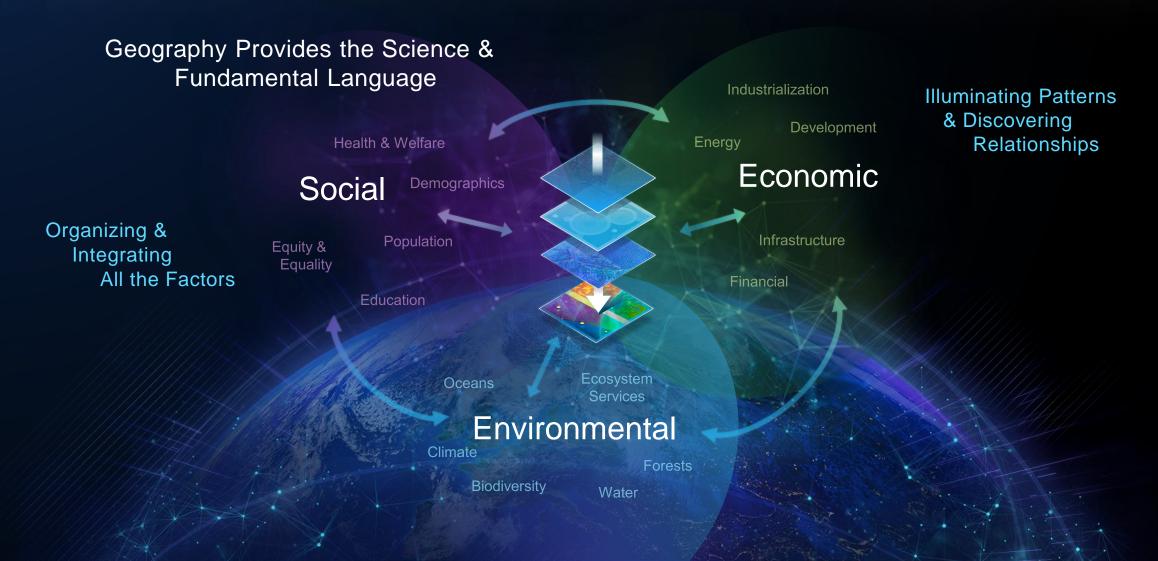


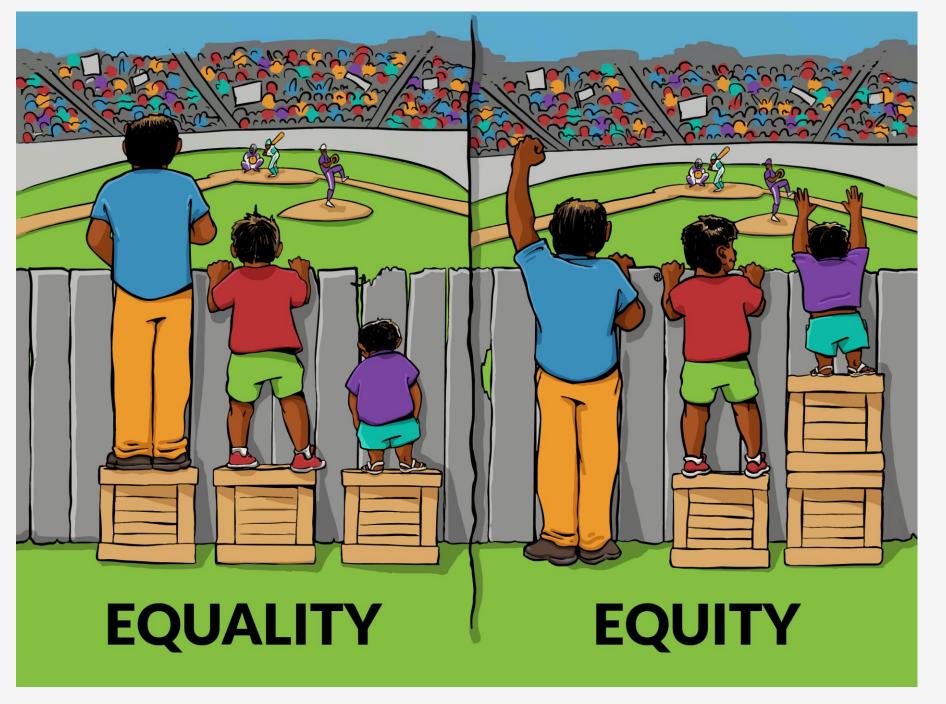




# Sustainability and Equity Starts with Geography . . .

Seeing the World as One





#### CREDIT:

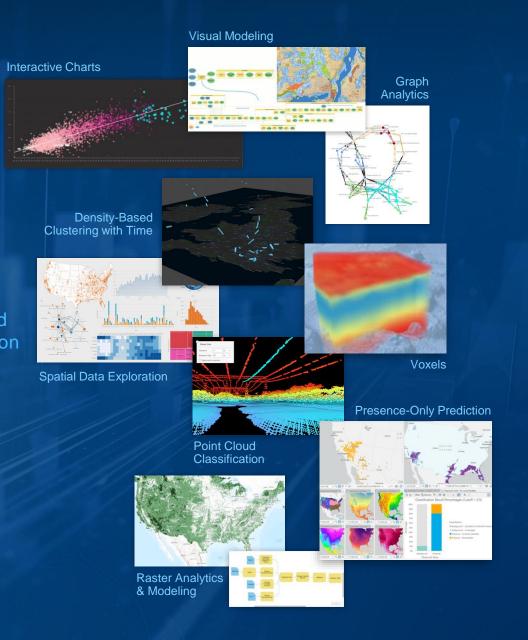
https://interactionins titute.org/illustrating -equality-vs-equity/

# ArcGIS

A Comprehensive Spatial Analytics System .... For Understanding issues of Equity

AI, ML Mapping & DL Image & Raster Data Analytics Engineering Vector Analytics Advanced Graph Visualization Spatiotemporal Analytics **Statistics** 3D Modeling GeoAl Analysis Real-Time Big Data Network Statistical Analysis Modeling Python

Scripting



# How will healthcare access change?

- What were the travel times to women's healthcare clinics across the country before the recent Supreme Court decision?
- How will those travel times change after the decision?
- Where do people have the most cumulative burdens?

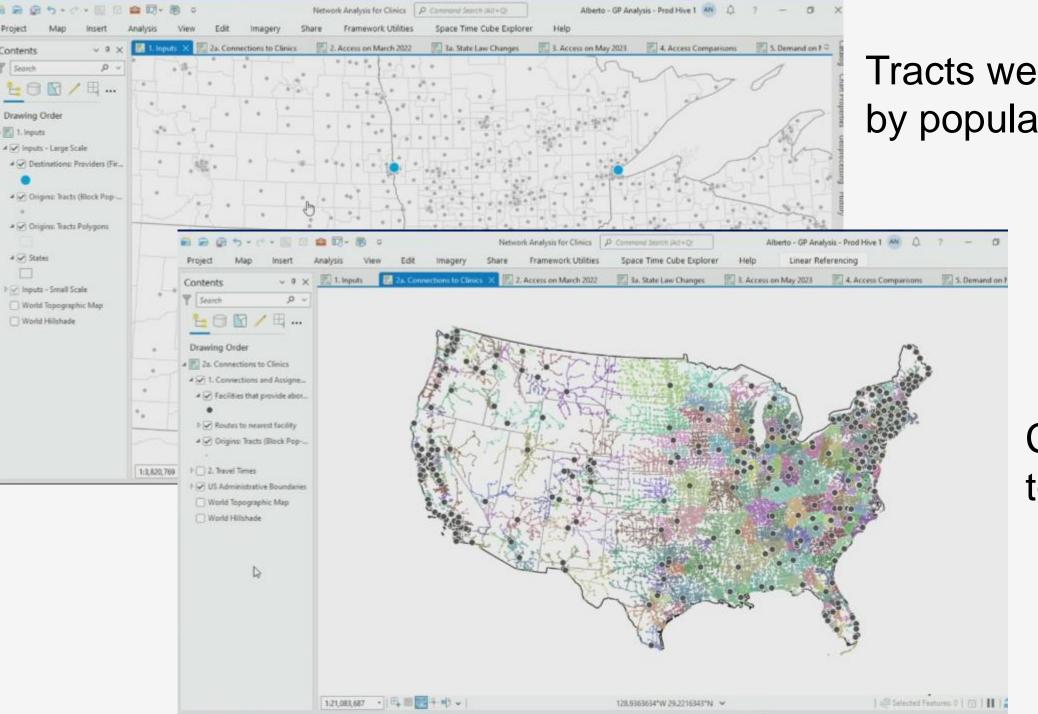


# How will demand be redistributed?

What was the demand on women's clinics across the country before the Supreme Court decision?

How will demand change for remaining clinics after state laws

go into effect?



# Tracts weighted by population

# Connections to Clinics

# Then what?

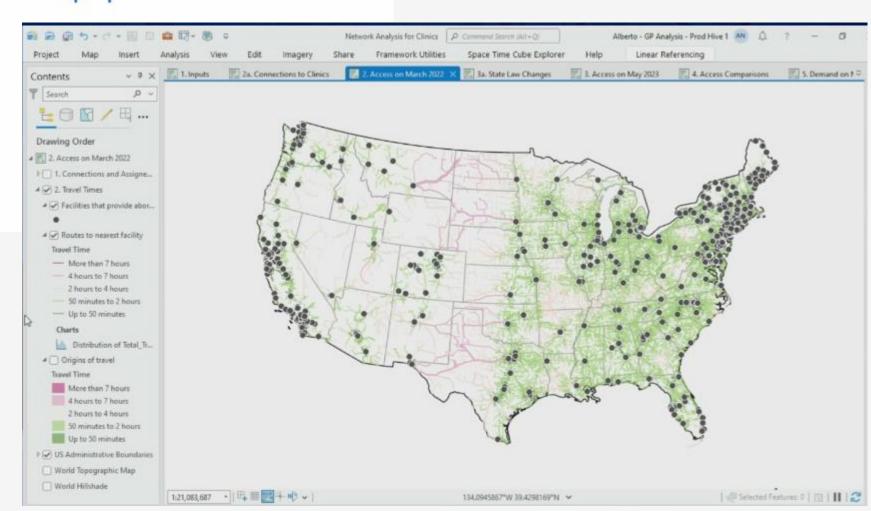
 Calculate changes in travel times resulting from state level policies (access)

Evaluate cumulative burden

Calculate changes in service area population for

remaining clinics (demand)

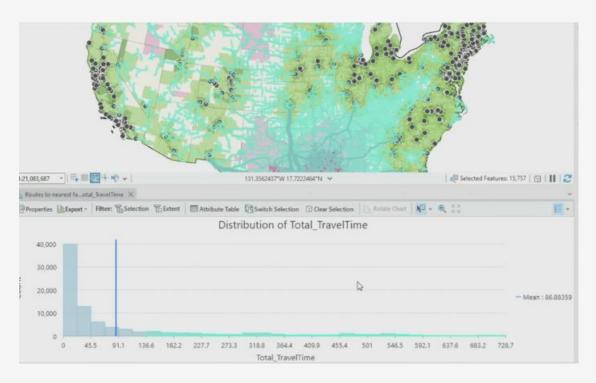
Access March 2022

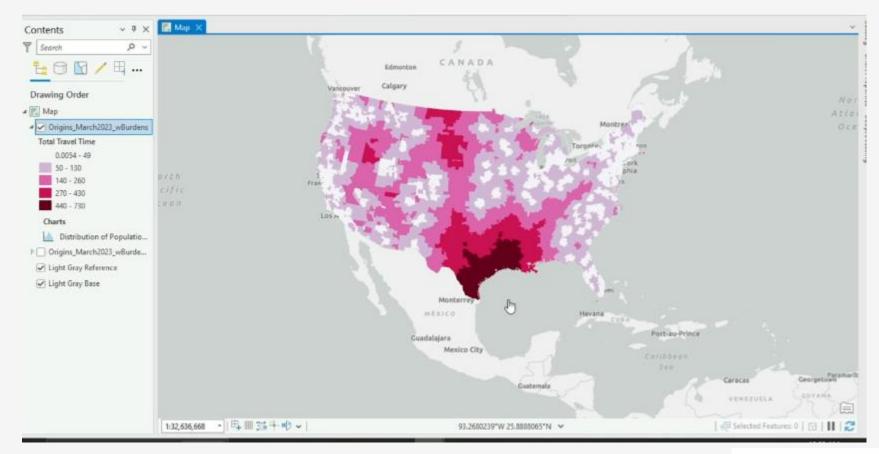


People traveling > 3 hours to reach facility
March 2022

# Post repeal People traveling > 3 hours to reach facility May 2023



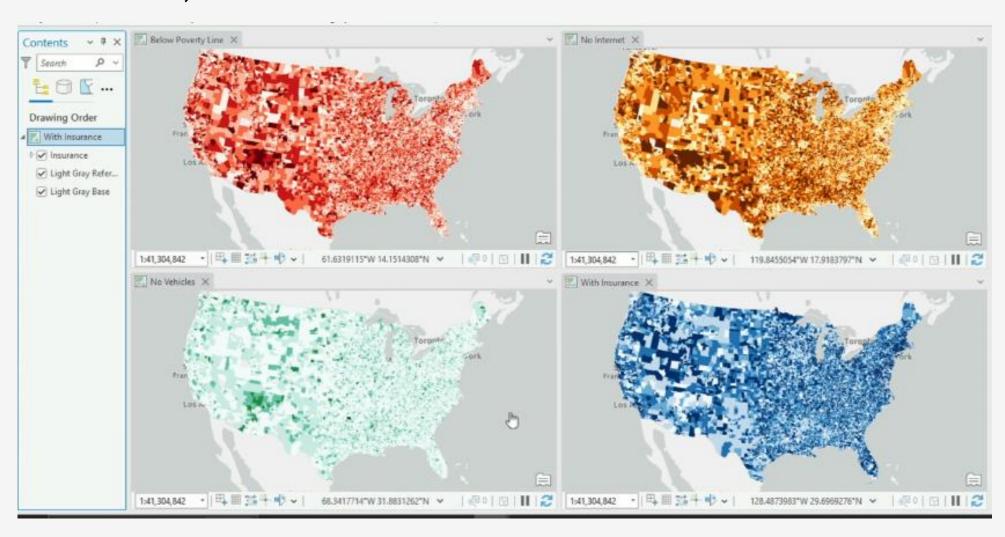




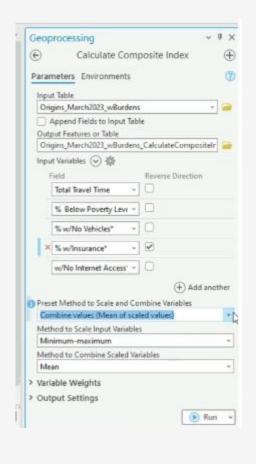
# Travel time to clinics

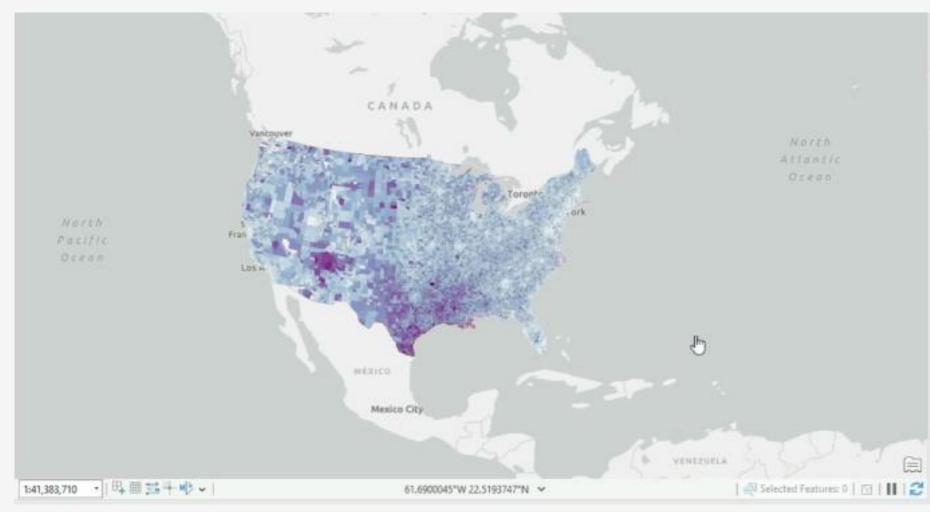
- Where do people have the most cumulative burdens?
  - % poverty
  - · % no internet access
  - · % no access to vehicles
  - % w/ insurance coverage
  - · Travel time to nearest clinic

# Four other variables impact: Below poverty line, no internet, no vehicle, With Insurance



# Calculate Composite Index based on those four indicators





Areas with highest burden in purple

#### Abortion Access Dashboard

by Caitlin Myers, Middlebury College | Lauren Bennett | Flora Vale | Alberto Nieto

May 2023

Contiguous United States **Destination Cities** Last update: May 1, 2023 Facilities | Women (age 15-44) per facility 754 open facilities 546 of 665 surveyed facilities 110.5k women per facility Appointment availability Data and Methodology 53 fewer than March 1, 2022 have availability within two weeks 32% increase since March 1, 2022 Wichita, KS Facilities 3 facilities | 1.8M women per facility | 0 facilities with appointment availability Facilities that provide abortions Females Age 15-44 per Facility Cincinnati, OH-KY-IN Fewer than 100,000 1 facility | 957.7k women per facility | 0 facilities with appointment availability 100,000 to 500,000 Tallahassee, FL 500,000 to 1,000,000 2 facilities | 759.6k women per facility | 1.000.000 to 2.000.000 1 facility with appointment availability More than 2.000.000 Carbondale-Marion, IL 2 facilities | 740k women per facility | 2 facilities with appointment availability States Las Cruces, NM 3 facilities | 544.3k women per facility | 1,000 km 3 facilities with appointment availability 500 mi MÉXICO Columbus, GA-AL Esri, Garmin, FAO, NOAA, USGS, EPA Powered by Esri 1 facility | 490.5k women per facility | 1 facility with appointment availability Average Travel Hours to Nearest Facility by State Routes Kingsport-Bristol, TN-VA Routes to nearest facility 1 facility | 487.5k women per facility | Travel Time 1 facility with appointment availability - More than 7 hours Columbus, OH - 4 hours to 7 hours 2 facilities | 369.2k women per facility | 2 hours to 4 hours 2 facilities with appointment availability - 50 minutes to 2 hours Rockford, IL — Up to 50 minutes 1 facility | 369.1k women per facility | Unknown appointment availability

March 2022 to Anticipated Bans

**Medication Abortion Ban** 

March 2022 to May 2023

#### 

# Case Example: **WKKF**

#### **Black Women and Healthcare Access**

Black women of childbearing age in New Orleans and locations of hospitals with and without NICU facilities.

#### Black Women age 15-49

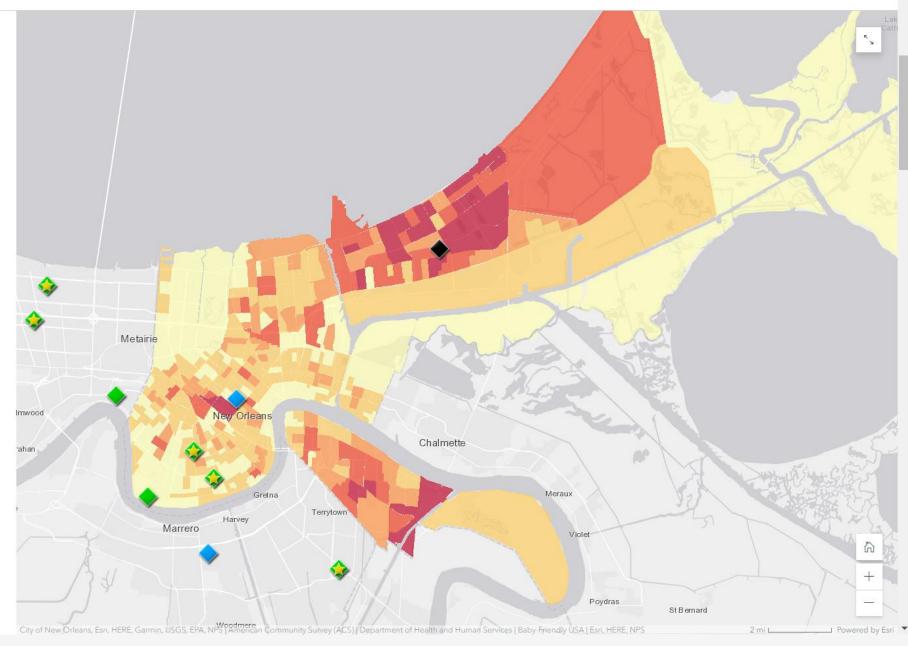


> 728 - 1,152

Hospitals with NICU plus Baby-Friendly Designation

Hospitals without NICU

Hospitals without Birthing Facilities





# **Births and Healthcare Access**

Births in the last 12 months for the total population in New Orleans, Black women of childbearing age, and access to hospitals.

#### Fertility

Number of women who have given birth in the last 12 months.



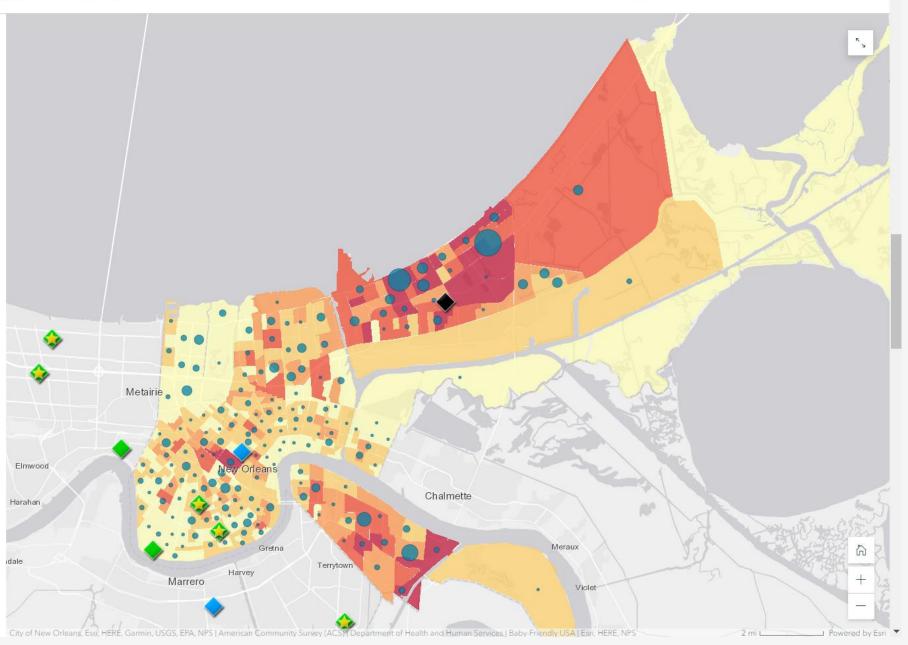
#### Black Women age 15-49











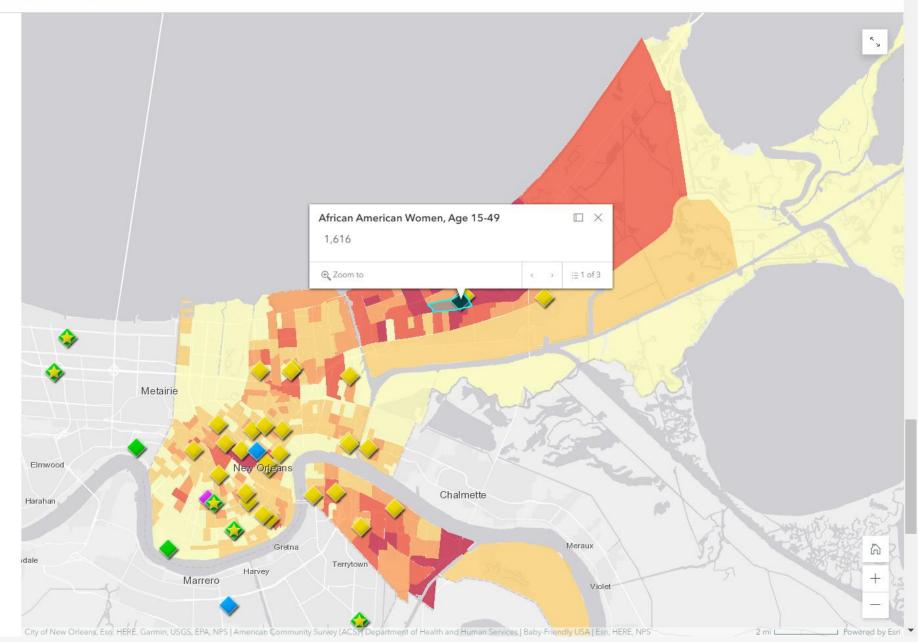
## **Black Women and Expanded Care**

Black women of childbearing age in New Orleans, hospitals, and additional healthcare support options.

#### Black Women age 15-49

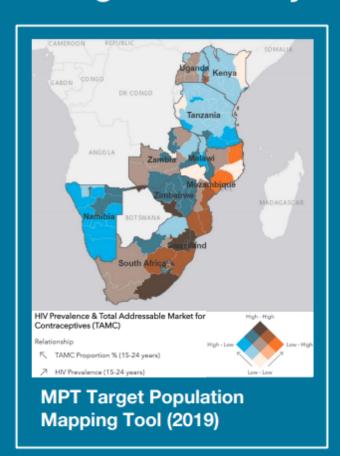


- Hospitals with NICU 🜟 plus Baby-Friendly Designation
- Hospitals without NICU
- Hospitals without Birthing Facilities
- Federally Qualified Health Centers
- **Planned Parenthood**



# Case Example: African Women Share their Reproductive Health Stories

## **Background + Objectives**



"AGYW in sub-Saharan Africa are a heterogeneous population, and a one-size-fits all approach for HIV or pregnancy prevention will not work."

#### Word on the Street was created to

- To raise awareness in this field for potential new funders and policymakers, leveraging USAID funding
- Amplify and strengthen the MPT Target Population Mapping Tool through digital storytelling - bring the data to life
- Highlight the intrinsic links between unintended pregnancy and risk of HIV and other STIs
- Enhance MPT advocacy resources
- Foster an enabling environment for female-initiated HIV prevention and family planning choices, including MPTs

#### THE DATA

- In sub-Saharan Africa, women aged 15-49 are nearly twice as likely to be living with HIV as men of the same age.
- Nearly 50% of individuals are infected with herpes in South Africa. Many STIs are correlated with an increased risk of HIV.
- In sub-Saharan Africa, only slightly more than half (55%) of the need for family planning is being met with modern methods.

# Word on the Street: African Women Share Their Reproductive Health Stories

StoryMap developed as part of a collaboration between CAMI Health, Wits RHI, and FHI360





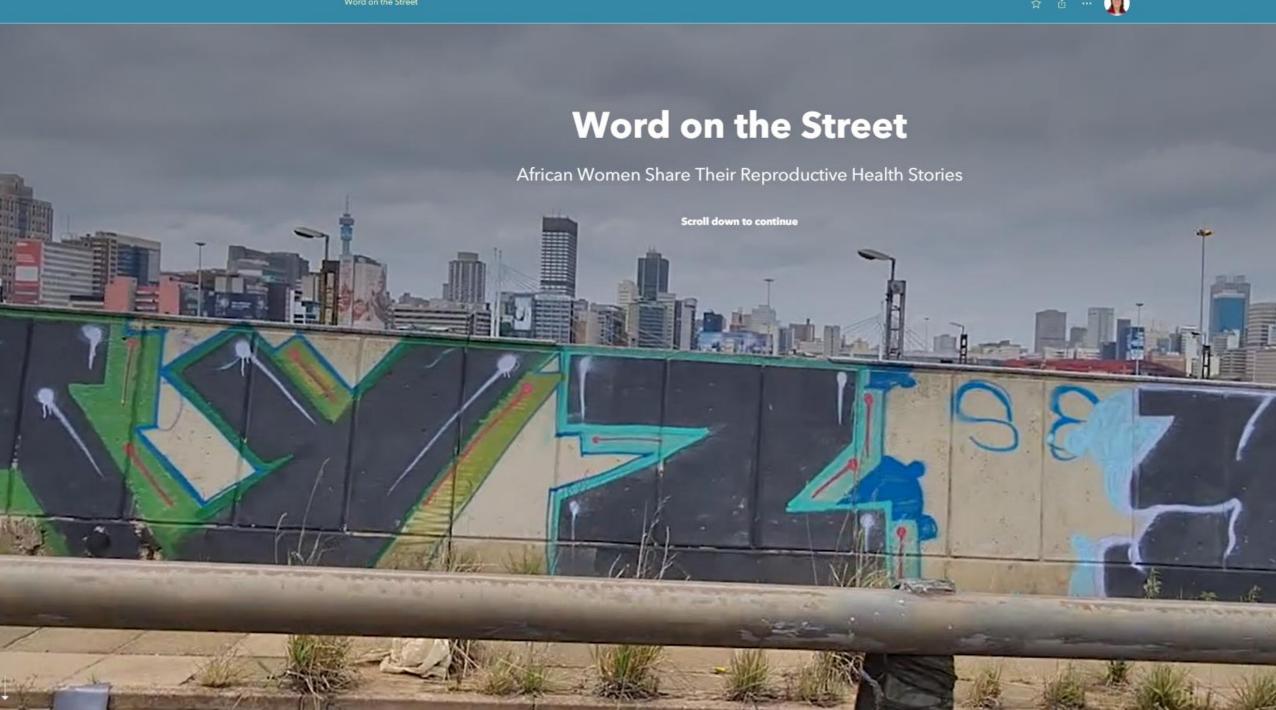




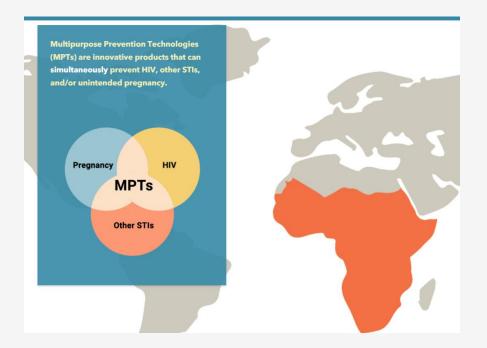






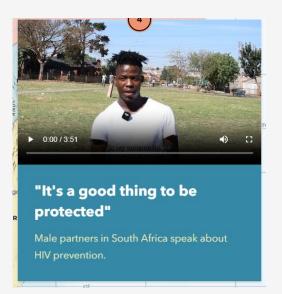


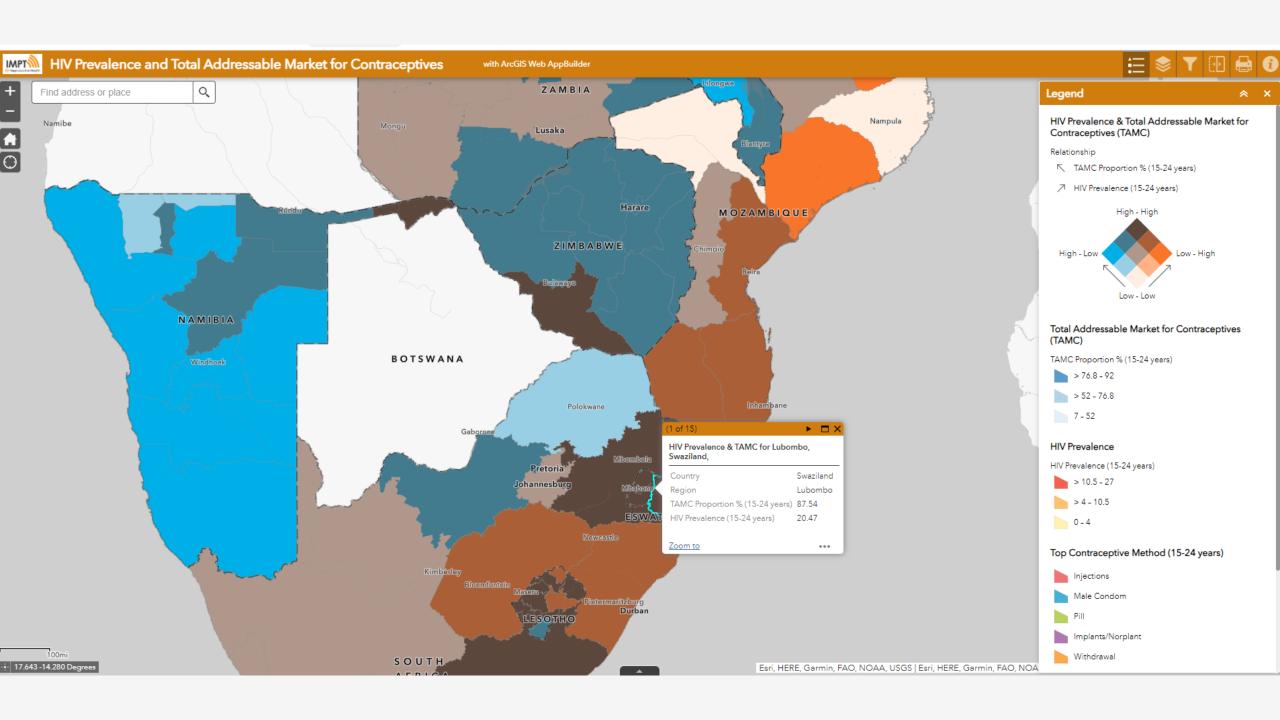












# SDG Data Alliance

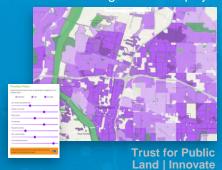




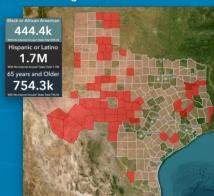


#### **Social Equity**

#### Park Planning & Social Equity

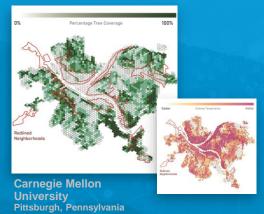


# Access to Legal Services & the Digital Divide



Self-Represented Litigation Network

#### Tree Cover & Summer Temperatures in Redlined Areas

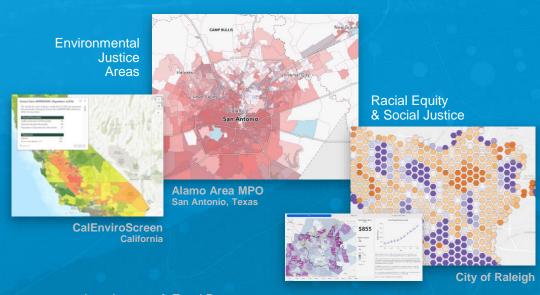


## Infrastructure Investments & Equity Index



Ministerio de Salud Pública

Quito, Ecuador



#### Low Income & Food Deserts



Food Bank of Central & Eastern North Carolina





# Resources to help you



#### ARCGIS LIVING ATLAS

#### Access gender identity and sexual orientation data

ArcGIS Living Atlas of the World now includes gender identity and sexual orientation data for the nation, states, and 15 largest metro areas.

Learn about this dataset →



#### Social Equity Analysis Solution Released

Organizations can use this solution to understand community conditions and evaluate actions for more equitable outcomes.

Explore the solution →



#### Measure and visualize digital exclusion

Learn how to analyze data about internet access and gain insights into digital exclusion in the US using a racial equity lens.

Go to the tutorial →

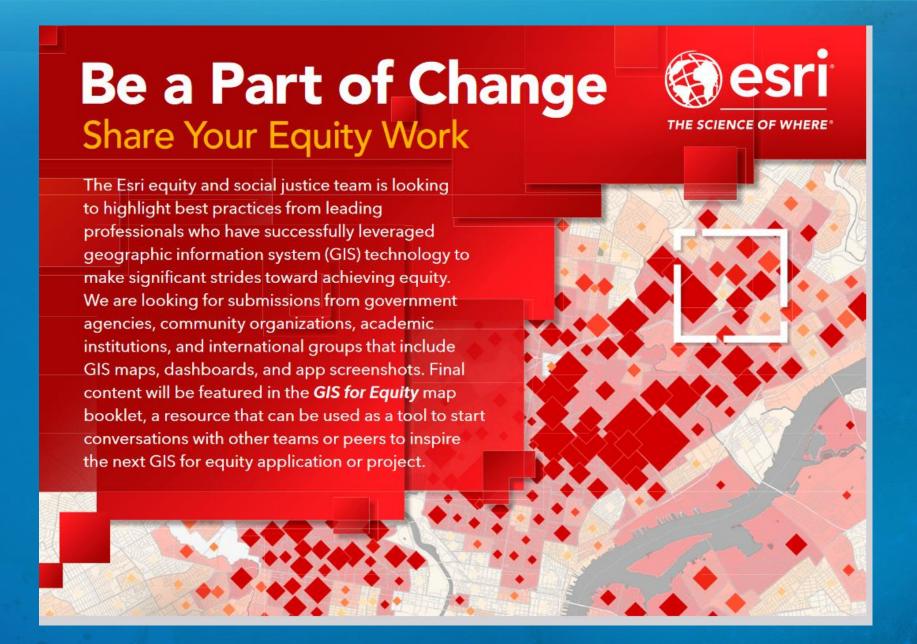


#### ESRI ACADEMY

#### Apply the racial equity workflow using ArcGIS

Discover how ArcGIS can play a significant role in helping organizations achieve racial equity by applying the racial equity workflow.

Go to the web course →



# Thank You

Linda Peters
<a href="mailto:lpeters@esri.com">lpeters@esri.com</a>

For more information



