

State of Equity: Oregon Health Authority Progress

Since the publication of the Phase 1 State of Equity Report in June 2011, significant actions to promote equity have been taken with the guidance and support of the executive leadership of the Oregon Health Authority (OHA):

- Executive leadership of OHA and the Department of Human Services (DHS) responded to identified demographic data collection inconsistencies identified in the Phase 1 State of Equity Report by passing a joint [policy for the standardized collection of race, ethnicity and language data](#). OHA and DHS are currently working to implement this policy. Implementation includes dissemination of the policy to appropriate staff people within the agencies and among their contractors to whom the policy applies. Further, it includes supporting state Information Systems staff to incorporate community-informed standards for race, ethnicity and language data collection into data systems as they are upgraded or updated.
 - The DHS and OHA Race, Ethnicity, and Language (REAL) Data Leadership Workgroup, which developed both phases of the State of Equity Report, also developed the OHA and DHS race, ethnicity and language data collection policy described above. The REAL Workgroup is comprised of a steadily growing number of agency staff and community partners. This community partnership will play a vital role in the process to refine current State of Equity indicators and/or select new indicators for the Phase 3 State of Equity Report.
 - OHA and DHS leadership have committed to engage, convene and converse with communities shouldering a disproportionate burden of poor health and human services outcomes. These community conversations began with the African American community ([full details available here](#)). The highest number of disparities identified in both State of Equity Reports were borne by the African American community in Oregon.

Oregon's American Indian tribes and urban Indian community also experience significantly poorer health and human service outcomes. The Phase 1 results were presented at the August 2011 meeting of the Tribal Health and Human Services coordinators and will continue in this venue.
- Access to state services and programs was not examined for most indicators in the State of Equity Reports. However, low client counts for Latinos, Asian Americans and Pacific Islanders on certain indicators (as shown in the Data Appendix) point to potential disparities. As such, additional conversations on strategies to improve access, quality, and outcomes are being planned with culturally diverse communities and Oregon tribes.
- OHA has established a Quarterly Performance Management system with executive leadership and key staff across the agency. This system includes tracking mechanisms for process and outcome measures. Health equity and diversity are focus areas of the system and are woven throughout the tracking system.
 - OHA is investing in diversity and inclusion practices to assure the agency workforce, and that of the health care system in Oregon, is reflective of and responsive to the state's increasing diversity.
 - OHA is building best practice systems to assure the full implementation of civil rights laws as they relate to employees and clients served by OHA and its contractors.
 - OHA executive leadership engages in a monthly Equity and Inclusion Learning Series in partnership with the Office of Equity and Inclusion to build knowledge, skills, and awareness among agency leaders on the topics of health equity, cultural competence, diversity and inclusion, and power and Privilege.
 - Coordinated Care Organizations (CCOs) are building health equity, cultural competence, high quality language access, and workforce diversity strategies into their Health Systems Transformation Plans.
 - Recognizing the unfair and unjust toll health disparities take on communities across the state, the Public Health Division's strategic plan incorporates a focus on health equity to assure optimal community health statewide. Local

public health departments are also building health equity and workforce diversity strategies into their efforts to secure public health accreditation.

- The OHA Office of Equity and Inclusion is investing in community coalition building, supporting health equity research, facilitating

learning collaboratives, and creating capacity and infrastructure building opportunities to support agency contractors, partners and stakeholders who are committed to OHA's value of health equity.

These are some of the fundamental steps required to address the gaps documented in the State of Equity Reports and in numerous prior reports. After centuries of institutional development and concomitant public policies that have advantaged some communities and disadvantaged others, resulting disparities will not go away overnight. However, as OHA deepens and broadens its commitment to equity, we commit to continuing to develop, hone and share our investments and strategies for assuring health equity in Oregon - and to tracking our progress both via the data we analyze and the relationships we develop.