Definitions

- **Health Disparities** are measureable differences in the incidence and prevalence of health conditions, health status and outcomes between groups.

- **Health disparities** are referred to as **health inequities** when they are the result of the systematic and unjust distribution of the essential elements of health (social determinants).

- **Health Equity** occurs when everyone in a community has the ability to achieve the highest level of health possible, regardless of who you are, how much money you have, where you live.

- **Social determinants of Health** are life-enhancing resources, such as food supply, housing, economic and social relationships, transportation, education, and health care, whose distribution across populations effectively determines length and quality of life.”

  Source: Promoting Health Equity : A Resource to Help Communities Address Social Determinants of Health

- **Social determinants of Equity** are the structures, policies, practices, norms, and values that create societal structures and systems of power that fairly distribute life-enhancing resources. The social determinants of equity include racial and social justice and shared power.

  Source: Dr. Carmara Jones, CDC; "Social Determinants of Equity and Social Determinants of Health"
How OEI Does Its Work

The Oregon Health Policy Board (OHPB) is an oversight body for the Oregon Health Authority.

Committees:
- HCWF: Health Care Workforce
- PHAB: Public Health Advisory Board
- HITOC: Health Information Technology Oversight Council

The Health Equity Committee of the Oregon Health Policy Board is staffed by OEI.
Equality Doesn’t Mean Equity

Adapted from Equality Doesn’t Mean Justice, http://indianfunnypicture.com
Causes of Health Inequities

Barriers to health care
- Health insurance
- Transportation
- Language, culture
- Workforce Diversity

Differences in quality of health care
- Different treatments
- Discrimination
- Provider-patient communication

Social, economic, and environmental factors
- Income, wealth, education, occupation
- Neighborhood conditions: proximity to grocery stores, liquor stores
- Environment: lead paint, air quality
Oregon: Increasingly Ethnically Diverse

Oregon Diversity: U.S. Census 2010

Office of Forecasting, Research, and Analysis

Diversity categories are based on the calculated Diversity Index for each census block group. The Diversity Index is on a scale from 0 to 1 based on the number of categories (race/ethnicity) and the proportion of people in each category.

<table>
<thead>
<tr>
<th>Diversity Categories</th>
<th>Population Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>0.03 - 0.23</td>
</tr>
<tr>
<td>Medium</td>
<td>0.24 - 0.46</td>
</tr>
<tr>
<td>High</td>
<td>0.47 - 0.75</td>
</tr>
</tbody>
</table>

>25% of Census Tract Population at or Below 100% FPL

County Seats

County Boundaries

Data from 2010 U.S. Census: Demographic Information for census block groups and tracts. (FPL = Federal Poverty Level)

Created April 2012
## Oregon’s Population Change 2000 - 2010

<table>
<thead>
<tr>
<th>Percent of Population</th>
<th>Change: 2000 – 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>White alone 83.6% (n=3,899,353)</td>
<td>8.2% increase</td>
</tr>
<tr>
<td>Black or African American alone 1.8% (n=70,188)</td>
<td>24.3%</td>
</tr>
<tr>
<td>American Indian and Alaska Native alone 1.4% (n=54,591)</td>
<td>17.7%</td>
</tr>
<tr>
<td>Asian alone 3.7% (n=144,276)</td>
<td>39.4%</td>
</tr>
<tr>
<td>Native Hawaiian or other Pacific Islander alone 0.3% (n=11,698)</td>
<td>68.1%</td>
</tr>
<tr>
<td>Some other race alone 5.3% (n=206,666)</td>
<td>41.3%</td>
</tr>
<tr>
<td>Two or more races 3.8% (n=148,175)</td>
<td>38.2%</td>
</tr>
<tr>
<td>Hispanic or Latino ethnicity 11.7% (n=456,224)</td>
<td>63.5%</td>
</tr>
<tr>
<td></td>
<td>Hispanic or Latino (of any race)</td>
</tr>
<tr>
<td>--------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td><strong>Total Population</strong></td>
<td>437,802</td>
</tr>
<tr>
<td><strong>Population 5 years and older</strong></td>
<td>383,111</td>
</tr>
<tr>
<td><strong>English Only</strong></td>
<td>29.3%</td>
</tr>
<tr>
<td><strong>Language Other than English</strong></td>
<td><strong>70.7%</strong></td>
</tr>
<tr>
<td><strong>Speak English “less than very well”</strong></td>
<td><strong>36.6%</strong></td>
</tr>
</tbody>
</table>

**Source:** U.S. Census Bureau, 2008-2010 American Community Survey 3-Year Summary File: Selected Populations.
Wealth Inequality

Median Net Worth by Race, 2007

- **White**: $143,600
- **African American**: $9,300
- **Hispanic**: $9,100
Building blocks for health equity

- Proactive media and communications
- Health equity policy development and analysis
- Standardized, actionable, granular metrics
- Diverse, dynamic community partnerships
- Community capacity to promote equity
- Culturally competent staff and providers
- Diverse leadership and staff
- Community wisdom and equity research
- Equitable contracting and procurement

Policy foundation includes:
- Equal Employment Opportunity, Affirmative Action, Civil Rights Law,
- Americans with Disabilities Act, Culturally and Linguistically
- Appropriate Service (CLAS)
How to integrate diversity, equity and inclusion into agency sustainability plans

- The establishment of **culturally and linguistically responsive** policies, programs, and strategies

- **Community engagement**—learn about the culture, values, needs, major concerns, and resources of the community. *Respect* local community knowledge and seek to **understand** and formally evaluate it.

- Community stakeholder **participation at every phase**—promote the community’s analysis of and advocacy for policies and activities that will lead to sustainability
Equity, Diversity and Inclusion Lens

Purpose

- To identify potential opportunities to ensure equity, diversity and inclusion in OHA’s work, services and activities including policy development and implementation
Equity, Diversity and Inclusion Lens

Elements

Community engagement and partnership
REALD data collection
Research and evaluation
Funding and capacity-building
Health program and service provision
Diversity, Affirmative Action, discrimination protections/Civil Rights
Training

Looking for unintended consequences
Equity Lens in Practice: Before Integration of Lens

(Public Health Modernization Review
Environmental Public Health Program Capability)

- Monitor. Environmental and Health Status to Identify and Solve Community Environmental Health Problems by ???
Equity Lens in Practice: After Integration of Lens

Monitor

- Implement system-wide comprehensive assessment to address & measure the disparate impact of environmental factors
- Map community demographic info
- Implement REALD
- Make targeted financial investments

See “Draft” Modernization of Public Health Review handout for more information
**Priority Policy Work**

**Our Partners**
- Community members
- CCOs
- Local Public Health
- Providers
- OHA Staff
- Policy makers

**REAL+D Data Collection**
- Community Health Assessment
- Health metrics and outcomes
- Qualitative data collection
- Community engaged analysis

**Language Access**
- Plain language review
- Qualified and certified interpreters
- Accessible materials and signage
- Emergency preparedness
- Access to language proficient staff

**Workforce Diversity and Inclusion**
- Traditional health workers
- OHA recruitment and parity
- Civil Rights Investigations
- Culturally competent workforce

**Social Determinants of Health**
- Cross sector partnerships
- Regional Health Equity Coalitions
- Public Health Modernization
- Public Civil Rights

**Training, Technical Assistance and Funding**
- Equity, Diversity and Inclusion Lens
- DELTA Program
- Grants and Sponsorships
- Learning Collaboratives
- Equity, Diversity and Inclusion training

**Improving health outcomes for all Oregonians**
Policy Opportunities
Questions?

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