

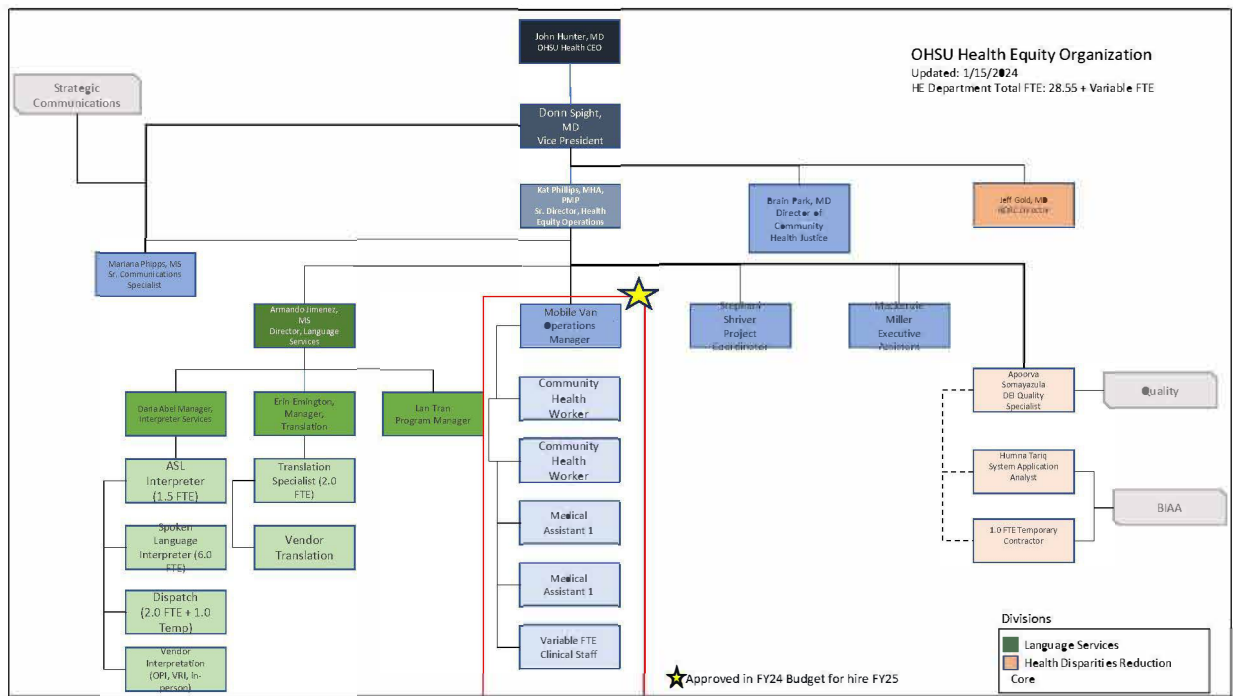


# Health Equity at OHSU Health

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PRESENTED BY: Donn Spight, MD., FACS., Vice President of Health Equity, OHSU Health

Good afternoon. Thank you for allowing me time on your busy agenda to present a request that Dr. Jacoby, Hunter and I feel will allow us to take an impactful step forward in meeting OHSU Health's timeless aspiration of enhancing health and healthcare in every community.





## Vision

*OHSU Health will work to advance health equity through achieving the highest level of health and healthcare for all people. Centering equity, OHSU Health will partner across all communities, sectors, and regions of the state to recognize, reconcile and rectify historical and ongoing injustices stemming from bias, racism and other social and structural factors that influence access to healthcare and health outcomes. OHSU Health seeks to advance health justice by addressing inequities—historic and current – that advantage some and disadvantage others, in order to achieve optimal health and wellbeing for all.*

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This is now our true north...



Evaluate data to identify gaps in health care quality, access and effectiveness based on demographics



# What are our values?

- 1 Anti-racist institution**  
 We are committed to becoming an anti-racist institution. This is all our responsibility and is integral to the health system's ability to deliver the most effective and highest quality care.
- 2 Amplify and accelerate**  
 We seek to amplify and accelerate existing OHSU programs in the health equity space – particularly those that already have strong ties to communities of color and other historically marginalized groups.
- 3 Shared vision**  
 We seek to develop a shared vision for health equity with input from community groups and work to create new programs as needed to address community-described gaps in health and health care.
- 4 Community first**  
 We will listen to the community first, then build solutions as our community partners gain trust in our enduring commitment; this is a new approach for OHSU and an important departure from our actions historically.

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Standing on the shoulders of the amazing vaccine work and the valuable lessons learned about cultural humility, building trust, bidirectional partnership, co-designed initiatives and the use of data to drive activities we are now on a journey to create a sustainable Health equity organization.

As articulated by Dr. Hunter in a message to the health system in Jan

-We are committed to becoming an anti-racist institution. This is all of our responsibility and is integral to the health system's ability to deliver the most effective and highest quality care



## Our goals are:



### **Equitable health care delivery**

Enable the delivery of effective and equitable health care for all people through OHSU Health's policies, processes and operations.



### **Inclusive clinical experience**

Provide an optimal and inclusive clinical experience for all who are cared for by OHSU Health.



### **Community partnerships**

Establish sustainable health system-community partnerships that serve as an exemplar of health justice locally, regionally and nationally.



We know that the work ahead will require resources from the healthcare budget, grants, insurance payors, philanthropy and other innovative solutions yet to be identified.

We are excited to be defining tactics under these goals.

- 1) Enable the delivery of effective and equitable healthcare
- 2) Provide an optimal and inclusive clinical experience
- 3) Establish sustainable health system community partnerships that serve as an exemplar.

# HEALTH EQUITY ROADMAP

## Phase 1

### Why Health Equity?

Articulate the importance of HE and develop the roadmap for the Health Equity Org.

#### Leadership Support

OHSU Board and executive leadership provided support

#### Advocacy and Direction

OHSU Health leader, Dr. John Hunter, provided advocacy and direction

#### Informed Process

Patient Experience and Health Disparities Reduction Core (HIDRC) data informed our process

## Phase 2

### Internal Alignment

Gather input and perspectives from OHSU members and partners. Provide venues for internal alignment.

#### Interviews

Did one-on-one interviews with key institutional leaders

#### Survey

Surveyed all OHSU Health members

#### Internal Advisors

Established the Health Equity Internal Advisory provide guidance as the HE roadmap is being developed



## Phase 3

### Strategic Planning

Currently gathering input and perspectives from external advisors and patients.

#### Visual Identity

OHSU Brand Strategy is creating a visible identity for the Health Equity Org.

#### Community Advisors

The Health Equity Org. and a 10-member Community Team is co-designing a community engagement roadmap

#### Patient Advisors

OHSU patients were surveyed through a questionnaire and focus groups



## Phase 4

### Implementation

Implementation of the strategic plan

#### HE Data Analysis

Align operations with value-based programs and strategies

#### Language Services

Reimagining language access to improve delivery of care

#### Homegrown Initiatives

Identify measurable and actionable community-facing health equity priorities

#### Philanthropy

Engage OHSU Foundation and the philanthropic community on impactful funding opportunities

#### Place Based Health

Delivering health and healthcare within communities



OHSUHealth





## WHY Health Equity?

By Virgil Dickinson, Pam Curtis, Brian Park, Kat Phillips, Mariana Phipps, Stephani Shriver, Donn Spight as the ***OHSU Health Equity Collaborative.***



We could spend the rest of the day discussing the “Why” ... and that would include not just the moral case but also the evidence for cost effectiveness.

The data is clear: health equity saves dollars. Hundreds of billions of unnecessary expenditures occur annually due to delays in treatment, lack of access to proper preventive care, and missed diagnoses.

I show this QR code here for anyone wanting to take a deeper dive.



## HEALTH EQUITY STRATEGIC PLAN: GOALS AND TACTICS

### GOAL 1

#### Effective and Equitable Policies, Processes and Operations

Enable the delivery of effective and equitable health care for all people through OHSU Health's policies, processes and operations.

- 1.1 Central data resource on health equity ★
- 1.2 Health equity impact assessment tool
- 1.3 Health equity performance reporting
- 1.4 "Place Based Health" Program ★
- 1.5 Align operations with value-based programs and strategies
- 1.6 Institutional learning plan for Health Equity
- 1.7 Health equity clinical consultation ★
- 1.8 Library of "Homegrown Initiatives" ★
- 1.9 Inform health equity legislative advocacy
- 1.10 Maintenance of system-wide Health Equity inventory

### GOAL 2

#### Inclusive Clinical Experience

Provide an optimal and inclusive clinical experience for all who are cared for by OHSU Health.

- 2.1 Develop a branding strategy for Health Equity Organization
- 2.2 Reimagining Language Services
- 2.3 Amplify examples of inclusive care
- 2.4 Racial, ethnic, cultural identity and accessibility informed care practices
- 2.5 Navigation toolkits for patients
- 2.6 Health Equity sponsored engagement activities
- 2.7 Health equity communication plan
- 2.8 Advance Native American/Indigenous health via Office of Tribal Affairs

### GOAL 3

#### Exemplar of Health Justice

Establish sustainable health system-community partnerships that serve as an exemplar of health justice locally, regionally and nationally.

- 3.1 Roadmap for community engagement
- 3.2 Expansion of traditional health worker Institutional Identity
- 3.3 Innovation grant program
- 3.4 Health equity internship/fellowship program
- 3.5 Philanthropy strategy
- 3.6 Learning collaborative for OHSU Health members
- 3.7 Community benefit strategy
- 3.8 Standard community advisory board policies
- 3.9 Health Equity Recognition program
- 3.10 Amplify Medico-Legal Partnerships

Expansion

Advancing **Health Equity** → **Justice** requires us  
to continuously examine the data.

[DateTime]



Advancing equity/justice requires us to continuously examine the data. Not with a spot light searching under rocks but by switching the light switch on and examining everything that we do in a disaggregated manner.

## Health Equity Org institutional alignment strategy

ROI is realized when mitigation of disparities in access and quality improves health outcomes AND reduces cost

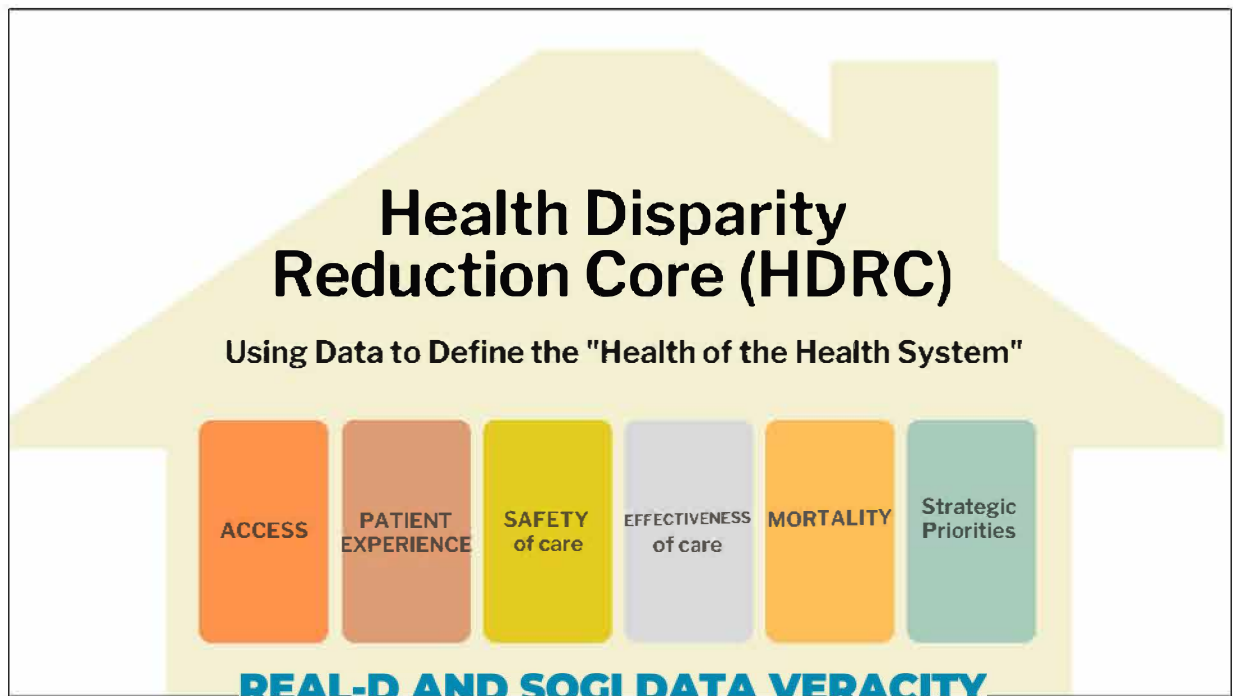
### Internal Alignment

Tier 1 Health System quality priorities  
Quintuple Aim Committee (Sweet 16)  
IDS Transformation and Quality Strategy  
Patient Relations  
Patient Experience (HCAHPS)  
CMS Value Based Programs  
    IDS/MSSP/MA quality metrics  
    Hospital readmission reduction  
Ambulatory Care Strategic Plan  
Population Health Roadmap  
Vizient health equity reporting  
DNV health equity reporting  
Homegrown Initiatives  
SODH Committee  
Behavioral Health Collaborative Care Model

### External Alignment

- OHA 2020-2024
  - State Health Improvement Plan (SHIP)
- 2022 Healthy Columbia Willamette Collaborative (HCWC)
  - Community Health Needs Assessment (CHNA)
- 2022 Columbia Memorial North Coast Partners (CHNA)
- 2023 HealthShare Community Health Improvement Plan (CHIP)
- Adventist (CHIP)
- HMC CHIP
- ?Legacy CHIP
- State Health Disparities Scorecard
- **COMMUNITY voiced NEEDS and GOALS**

The work of health equity is the work of quality, safety and access and therefore it's metrics of success live within the very same spaces that we value for the whole health system. They are inseparable



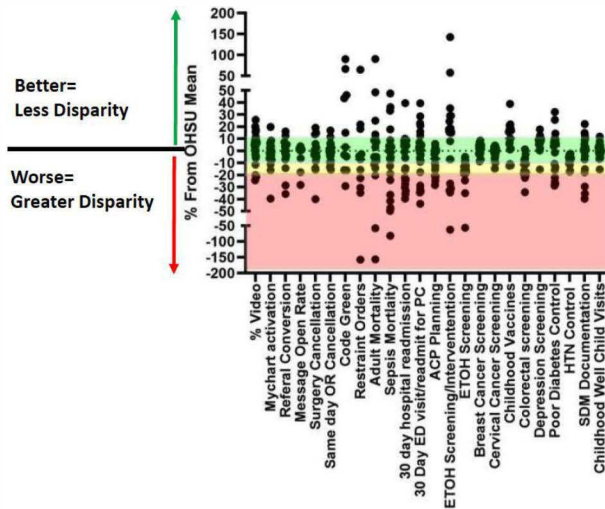
Data will be the engine to power our decisions and actions along the themes of access, patient experience, safety of care , effectiveness of care, and mortality, with special attention to new strategic initiatives...

and we will continuously evaluate the veracity of the data we are attaining to clearly delineate signal from noise.

The HDRC, led by it's Director Dr. Jeff Gold, in partnership with our clinical quality teams will utilize numerous data hubs to track health equity metrics longitudinally and report it out as a reflection of "the health of the health system". A key performance indicator for the Health system....

When indexed to regional and National scorecards of peer institutions and Federal dashboards the HDRC will provide a roadmap to tell us where we have been and where we are going...

## Distribution of Outcomes By Demographic For Key Measures



This is a list of a number of Clinical and Process metrics for which the Health Equity Org is measuring the degree of disparity for different demographic subpopulations.

To Interpret these graphs, when the metric is on the X-Axis each dot is a demographic group. When the demographic group is on the X-Axis, each dot is a metric.

Data have been normalized so across ALL graphs, above the mean/target means better performance, and below means worse performance.

To see a breakdown of:

Different Demographic groups for each metric- [Click Here](#)

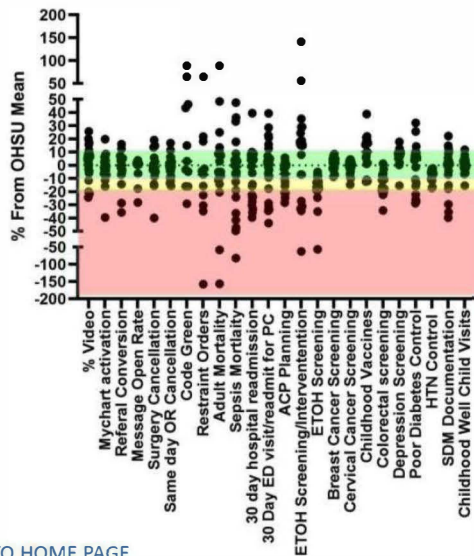
How Each Demographic Group performs across multiple metrics- [Click Here](#)

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## Distribution of Outcomes Bv Demographic For Key Measures

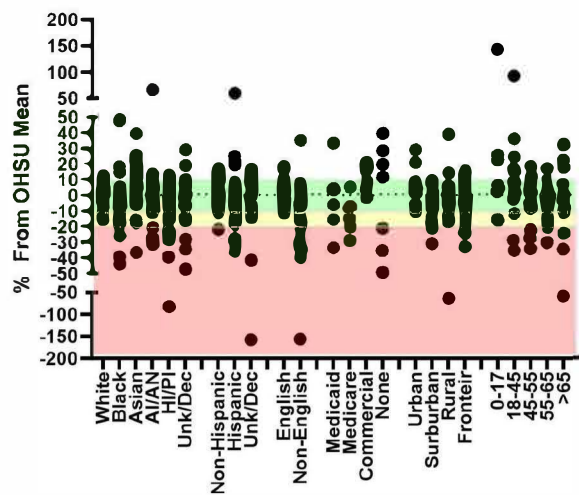


[RETURN TO HOME PAGE](#)

ACCESS	Effective Care
Telemedicine (Video use)	30 Day Hosp. Readmission
MyChart Activation	30 Day PC Readmit
Referral Conversion	ACP Documentation
<b>Patient Experience</b>	
MyChart Msg Open	Alcohol Use Screening
Same Day OR Cancellation	Breast Cancer Screening
OR Cancellation	Cervical Cancer Screen
<b>Safety</b>	
Code Green	Childhood Vaccines
Inpt. Restraint	Colon Cancer Screening
<b>Mortality</b>	
Adult Inpt. Mortality	Depression Screening
Sepsis Mortality	Diabetes Control
	Hypertension Control
	Surr. Decision Maker Documentation
	Well Child Visit

# State of the Health System-2023

(Distribution of key measure outcomes by demographic)





## Advancing **Health Equity** → **Justice** requires us to continuously examine the data.

- Improving health takes more than healthcare
- Contextual equity requires the recognition of the influence of **social determinants of health**.
  - The conditions in the environment where people are born, live, learn , work, play, worship, and age that affect a wide range of health, functioning, and quality of life . \*

\*"Leading Health indicators for Healthy people 2030". Consensus Study Report of the National Academies of Sciences, Engineering, Medicine. 2020

[DateTime]



Improving Health takes more than healthcare.

Therefore we must keep in mind that the complexity of our patients medical issues exists within a broader context. Advancing Health equity requires us to go beyond the boundaries of our traditional scope to talk about SDOH. In many cases health and healthcare disparities reflect ongoing social and economic inequity patterns that stem from long-standing social policy in the form of laws, rules and practices.

Before we pivot to Jeff's discussion of the tools that we have to measure health equity, I want to highlight the work going on to mitigate or eliminate the influences of social determinants of health.

These are...

\*

“Leading Health Indicators for Healthy people 2030”  
National Academy of Science Engineering and Medicine

life expectancy  
child health  
self rated health  
physical disability  
mental disability  
substance use  
unintentional injury death  
all cancer death,  
suicide  
firearm related mortality  
maternal mortality rate  
oral health access  
reproductive health care services  
HIV incidence

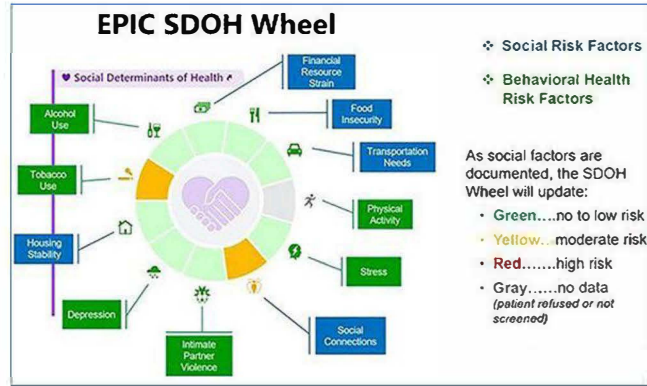
tobacco use  
obesity  
alcohol use  
immunization status  
hypertension rate  
ambulatory care availability  
medical insurance coverage  
affordable housing  
environmental factors  
education level  
poverty  
food insecurity  
civic engagement  
social environment

“Leading Health Indicators for Healthy people 2030”. Consensus Study Report of the National Academies of  
Sciences, Engineering, Medicine. 2020



# Epic Social Determinants of Health Wheel

- Alcohol Use
- Depression (or Postpartum Depression)
- Financial Resource Strain
- Food Insecurity
- Housing Stability
- Intimate Partner Violence
- Physical Activity
- Social Connections
- Stress
- Tobacco Use
- Transportation Needs



Epic has given us tools to identify SDOH and HRSN of our patients in something called the epic wheel.



# OHSU Health Equity Organization's Place-Based Health Program: Centering People, Place, & Power

Brian Park  
(he/him) OHSU Health Equity – Internal Advisory  
Committee Meeting  
April 18, 2024

# THE PROBLEM

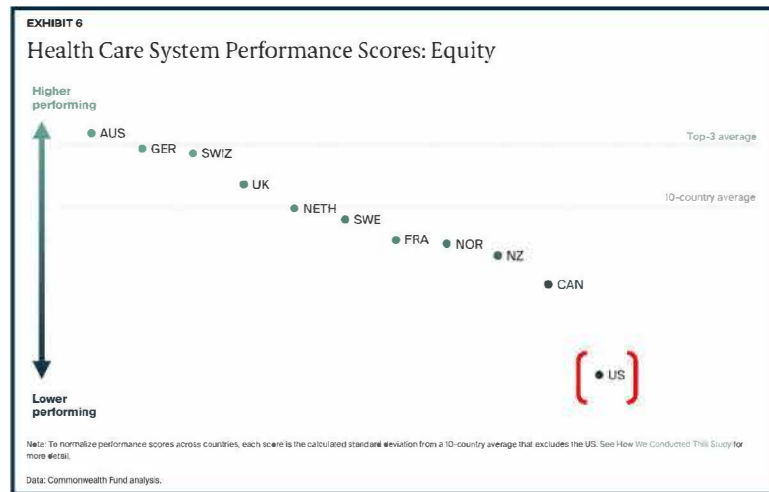
(OR: THE WORLD AS IT IS)



Over \$8 billion is spent annually on  
**diversity-equity-inclusion-belonging**  
trainings

Kirkland, R., & Bohnet, I. (2017). Focusing  
on what works for workplace diversity.  
McKinsey & Company.

## Our healthcare system creates injustice





# OUR VISION

(OR: THE WORLD AS WE IMAGINE)

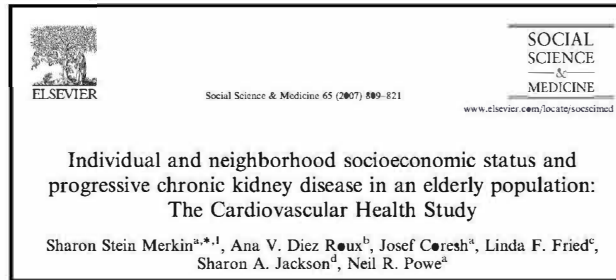
Paradigm Shift towards **PEOPLE**: Amplify  
leaders of not only *professional expertise*,  
but also of *lived expertise*



**“Our core belief is that those **most affected by health inequity** should take the lead in crafting and prioritizing the solutions.**

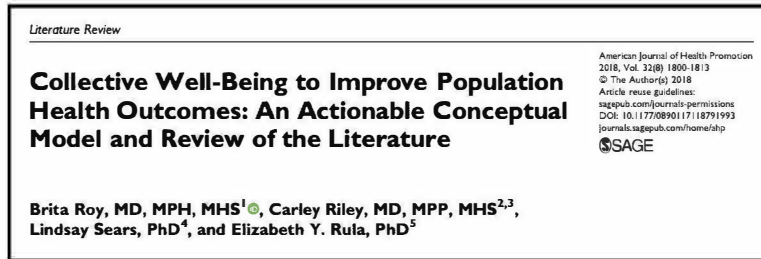
**... the work of health equity requires enhancing the quality of democracy to **change the status quo power balance in communities** throughout the US.”**

Paradigm Shift towards **PLACE**:  
Understand and enhance not only *individuals*,  
but also *neighborhoods*



**“Community-level socioeconomic status  
predicts individual health beyond individual-  
level socioeconomic status.”**

Paradigm Shift towards **POWER**:  
Embrace not only **deficit**-based but  
also **asset**-based approaches



**“Our primary aim should be to promote  
**positive health and well-being**, not reacting  
to negative health outcomes.”**

## Paradigm Shift towards PEOPLE-PLACE-POWER

HEALTH AFFAIRS > VOL. 43, NO. 2 HOUSING & HEALTH  
OVERVIEW

### Neighborhoods And Health: Interventions At The Neighborhood Level Could Help Advance Health Equity

Mariana C. Arcaya, Ingrid Gould Ellen, and Justin Stell

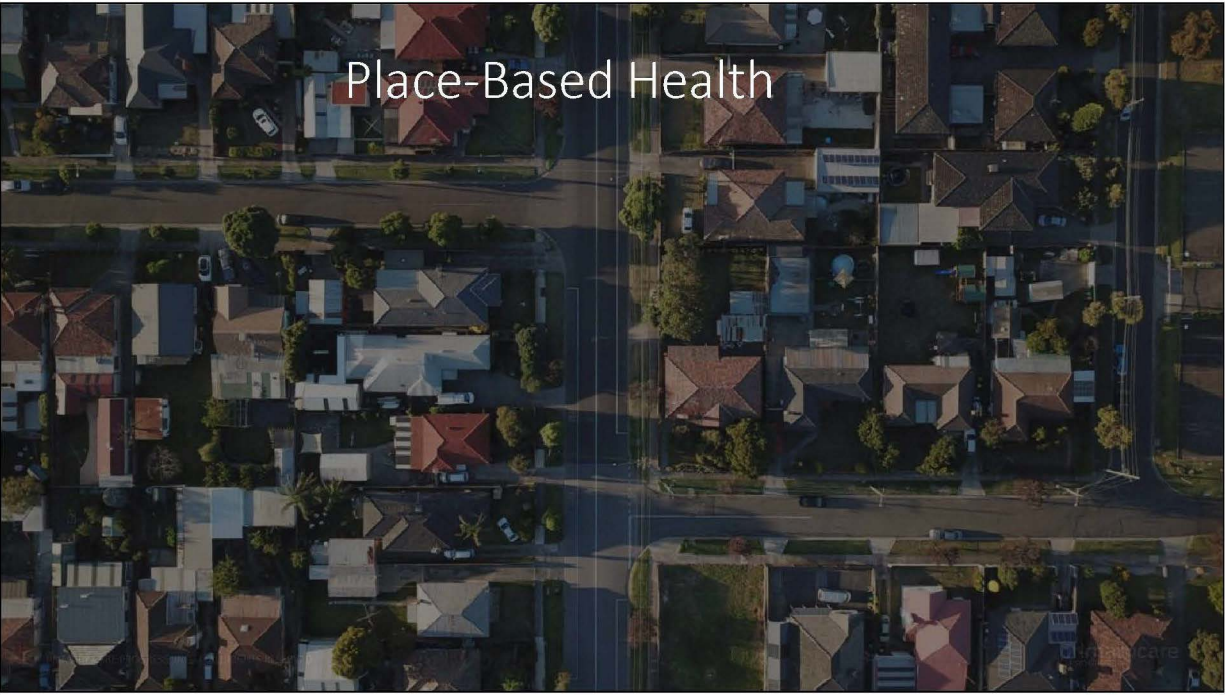
AFFILIATIONS ✓

PUBLISHED: FEBRUARY 2024 @ Open Access

<https://doi.org/10.1377/hlthaff.2023.01037>

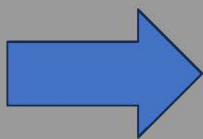
**“Community-led actions are important complements to public programs and policies designed to make neighborhoods healthier and eliminate health disparities...**

**... Community-driven efforts to shift power to historically marginalized neighborhoods, dismantle structural racism, or otherwise challenge oppressive social structures address fundamental causes of poor health and health inequities.”**



## Place-Based Health

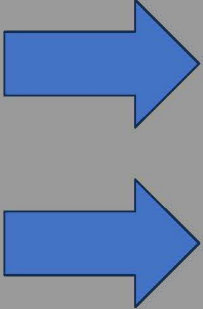
- Health is larger than healthcare



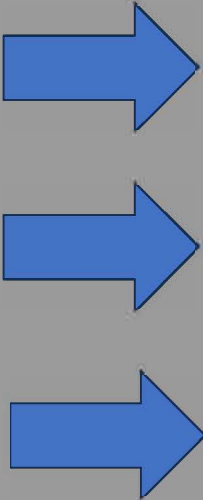
- Deliver health and social services where people are already convening and feel they belong



## Place-Based Health

- Health is larger than healthcare
  - Community members are experts of their own neighborhoods
- 
- Deliver health and social services where people are already convening and feel they belong
  - Co-create health solutions with and in communities

## Place-Based Health

- Health is larger than healthcare
  - Community members are experts of their own neighborhoods
  - Where one lives predicts health far better than individual behaviors
- 
- Deliver health and social services where people are already convening and feel they belong
  - Co-create health solutions with and in communities
  - Create solutions that address neighborhood drivers of inequity and poor health

# Place-Based Health

Health is larger than  
Deliver health and social



# PLACE-BASED HEALTH: OPPORTUNITIES!

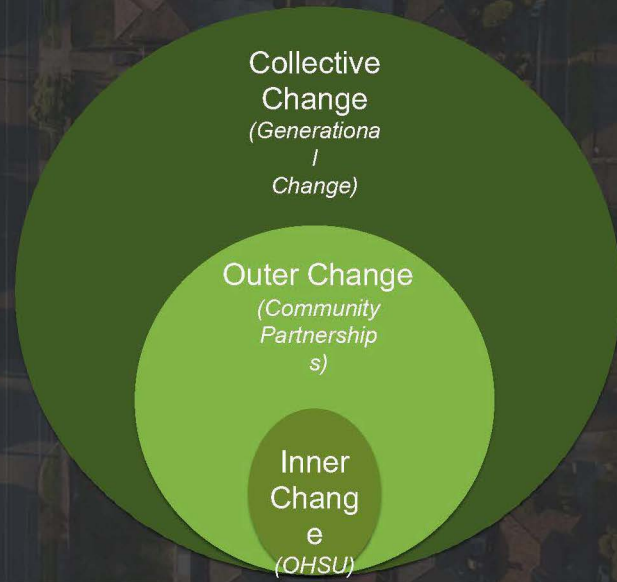
# Clusters of Opportunities...



“Love and justice are not two.  
Without *inner change*,  
there can be no *outer*  
*change*.  
Without *collective*  
*change*, no change  
matters.”

- angel kyodo  
williams

# Clusters of Opportunities...



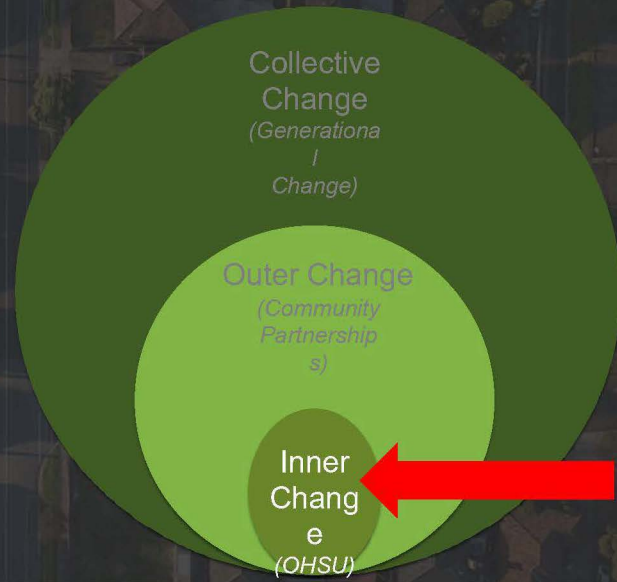
## Cluster 1a: Inner Change

- **Description**

- Support existing OHSU initiatives to apply an equity and place-based lens for systematically-harmed community members

- **Potential Partnerships**

- "Homegrown Initiatives"
- "Sweet 16" Metrics
  - Diabetes, colorectal cancer screening, 30-day readmissions
- Community Health & Racial Justice (CHARJ) initiative





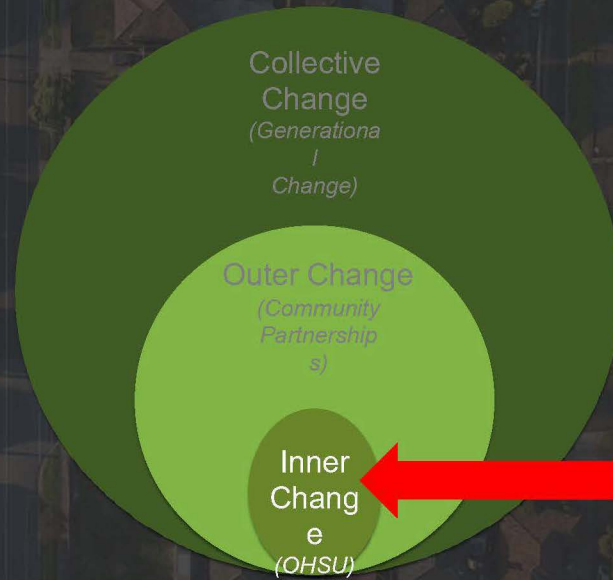
## Cluster 1b: Inner Change

- **Description**

- Support existing OHSU initiatives that address significant gap for systematically-harmed communities

- **Potential Partnerships**

- OHSU Human Rights Clinic
- OHSU Health Equity Fair
- See-Test-Treat with Multnomah County



## Cluster 2a: Outer Change

- **Description**

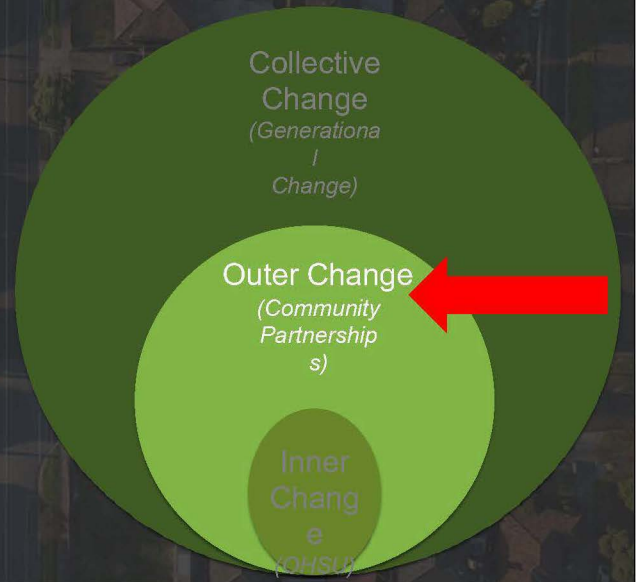
- Partner with community-based organizations for specific on-site healthcare services

- **Potential Partnerships**

- Adelante Mujeres?
- Bayanihan Center?
- Equitable Giving Circle?

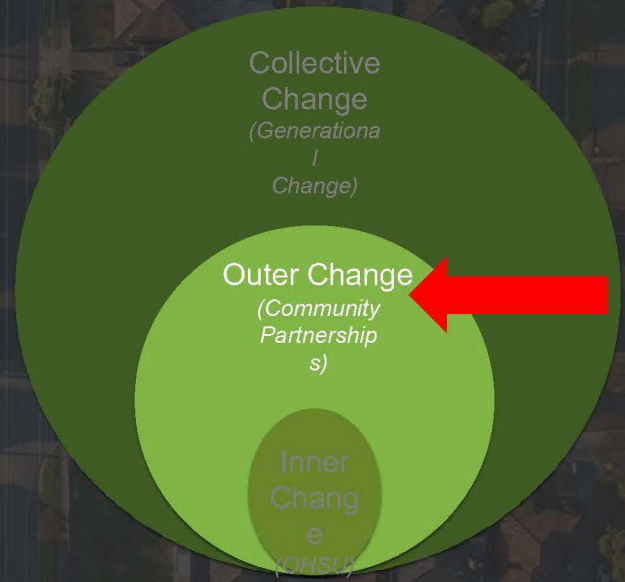
- **National Exemplar**

- Mount Sinai HOPE Center



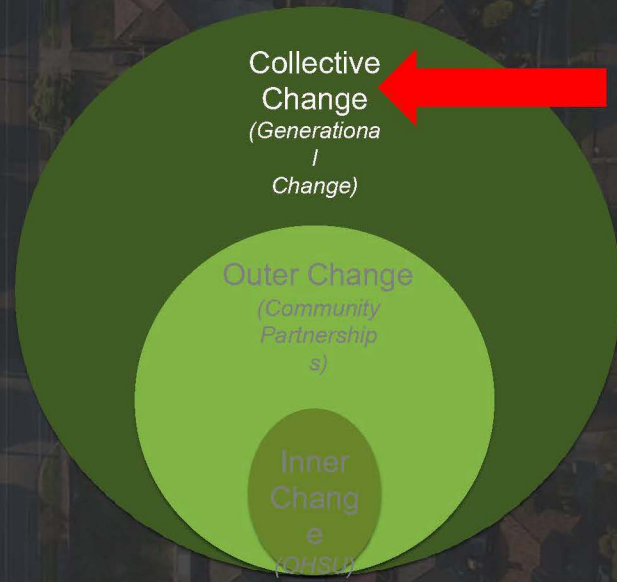
## Cluster 2b: Outer Change

- **Description**
  - Partner with community-based organizations to co-create new primary care services
- **Potential Partnerships**
  - Transitions Clinic for/with/by Justice-Involved Individuals
- **National Exemplar**
  - Transitions Clinic Network
  - University of Miami IDEA Exchange (Dr. Hansel Tookes)



## Cluster 3: Collective Change

- **Description**
  - Partner with community-based organizations to radically re-imagine what health looks like for systematically-harmed communities
- **National Exemplar**
  - Freedom Community Clinic (Dr. Bernadette Lim)



# Example: Freedom Community Clinic



A new paradigm that honors and uplifts the wisdom of Ancestral Medicine with the strengths of Western medicines and technologies...

... imagining beyond the limitations of the dominant disease-focused and profit- centered Western medical system.

Love has never been a popular movement.

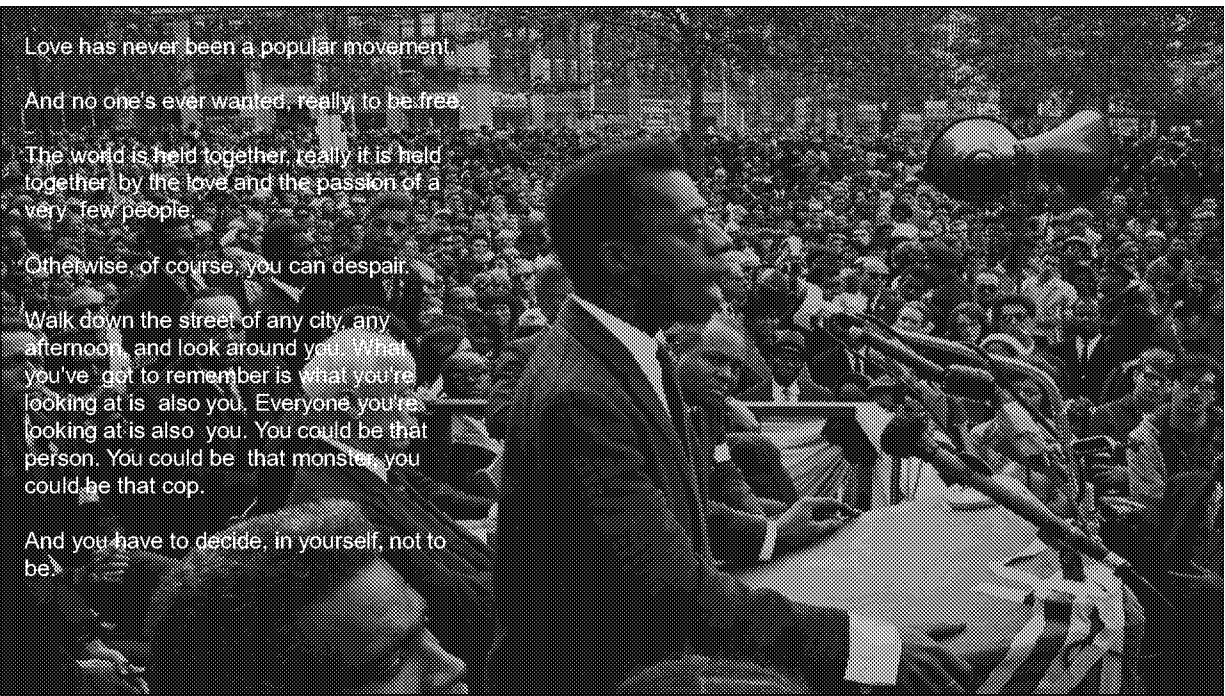
And no one's ever wanted, really, to be free.

The world is held together, really it is held together, by the love and the passion of a very few people.

Otherwise, of course, you can despair.

Walk down the street of any city, any afternoon, and look around you. What you've got to remember is what you're looking at is also you. Everyone you're looking at is also you. You could be that person. You could be that monster, you could be that cop.

And you have to decide, in yourself, not to be.





Thank you!

[parbr@ohsu.edu](mailto:parbr@ohsu.edu)

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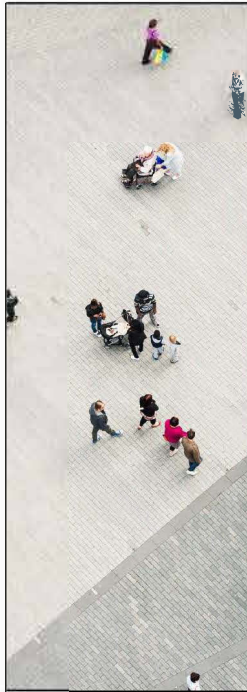
# SBAR: Building a Library for Health Equity Projects within OHSU Health

**DONN SPIGHT, MD, FACS, VP OF HEALTH EQUITY, OHSU HEALTH**

11/17/2024

Good afternoon. Thank you for allowing me time on your busy agenda to present a request that Dr. Jacoby, Hunter and I feel will allow us to take an impactful step forward in meeting OHSU Health's timeless aspiration of enhancing health and healthcare in every community.





## Health Equity “Home Grown Initiatives “

To effectively engage of ALL of OHSU Health in health equity work, we requested **two measurable and actionable** community-facing health equity priorities from

- School of Medicine’s clinical departments
- School of Dentistry
- School of Nursing
- Hospital Nursing
- Inpatient/Outpatient Pharmacy



Read the SBAR

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SO why am I here today...

To effectively guide the strategic planning and subsequent articulation of the “Health of the Health system”, the HE org is requesting the identification of two (measurable and actionable) community facing health disparity priorities from each Department in the SOM and each focus area in Dentistry, Pharmacy and Hospital nursing. Requesting submission by January 8, 2024. Hopefully this is not the first you are hearing of this. ..

Ideally this would include one inpatient and one outpatient (where applicable ) clinical target. The QR code links to the full SBAR

We hope to codify these priorities within departmental diversity action plans and Opex plans to ensure system wide transparency and accountability.

## Home Grown Health Equity Initiatives

<b>Ensure</b> Health equity is engrained into the fabric of the health system as “the work of all.”	<b>Advance</b> Meaningful community partnerships through co-designed & -implemented activities.	<b>Identify</b> Local health disparities and inequities unrecognized by traditional quality tracking processes.	<b>Sponsor</b> A collective learning environment about health disparities and inequities.
<b>Foster</b> Opportunities to connect health equity/DEI expertise across OHSU through intentional facilitated collaboration.	<b>Facilitate</b> The cataloging of meaningful health equity activities, best practices and resources across the institution.	<b>Broaden</b> Leadership awareness of structural barriers preventing the delivery of optimal health for patients cared for by OHSU Health.	<b>Engage</b> OHSU Foundation and the philanthropic community on impactful funding opportunities to advance health equity.
<b>Create</b> Opportunities for recognition of work aligned with other institutional DEI initiatives.	<b>Articulate</b> How meaningful health equity activities at OHSU are vital to attracting a diverse learner and workforce community.	<b>Reinvigorate</b> The passion for system wide, mission-aligned collective volunteerism that is accessible to all.	<b>Propel</b> OHSU toward becoming an exemplar of health equity and justice locally, regionally and nationally.

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### What this work is **NOT** intended to do...

- Replace DNV, Vizient, Integrated Delivery System (IDS) or other required compliance metrics.
  - although alignment with quality metrics was encouraged!
- Be another addition to the unsupported mandate list
- Be “owned” by the Health Equity Org.

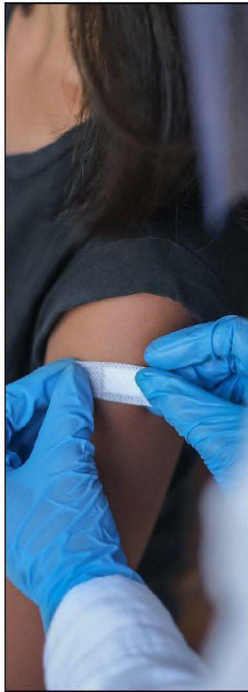
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## **We received 70 initiatives!**

- School of Medicine Clinical Departments  
19 out of 20
- School of Nursing  
Advanced Practice
- Hospital Nursing  
Inpatient, Ambulatory, Peds
- School of Dentistry  
Inpatient, Adult, Peds
- Knight Cancer Institute  
(Oncologic treatment)

**THANK YOU** to all who responded.



## Lessons Learned So Far

1. Everyone is willing to lean in to advance health equity.
2. Following directions is not a universal behavior.
3. Engaging Department Administrators is critical to implementation of action-oriented timelines.
4. Communicating early and often will ensure deadlines are met.
5. Large opportunity to incorporate department Quality Managers.
6. Some are doing a lot while others have a great opportunity.

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## Thematic Clusters

### Workforce Diversity

Create upstream and downstream pathways.

### Workforce Training

To improve knowledge and action

### Participation

Develop volunteer pathways for greater participation of OHSU's workforce.

### Connection

Utilize central institutional resources to catalyze existing work.

### Sources of Data

Learn sources and collection processes related to disparities and inequities.

### Patient Data

Analyze existing data to quantify health disparities or inequities.

### Increase Access

For clinical care needs unmet by OHP or Medicaid. Expansion of mobile outreach and screenings.

### Investigate Bias and Inequities

Of specific clinical conditions and scenarios.

### Track, Monitor, Measure

Influence of SDOH on patient populations and clinical outcomes.

### Legislative Advocacy

### Patient Safety

Understanding and improvement of patient reporting measures.

### Programmatic Support

For existing health equity focused efforts .

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### **Opportunities for Health Disparities Reduction Core (HDRC)**

- Dentistry
- Emergency Medicine
- Hospital Nursing
- Internal Medicine
- Interventional Radiology
- Medical Informatics and Genetics (with SDOH committee)
- Neurosurgery (Linked OPEX plan/SDOH)
- Pediatrics (Safety measure)

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## **Opportunities for Language Services**

- Internal Medicine
- Knight Cancer Oncologic Treatment Services
- Neurosurgery
- Surgery
- Urology
- School of Nursing I-CAN





## **Opportunities for Place Based Health\***

- Casey Eye Institute
- Dentistry
- Dermatology
- Diagnostic Radiology
- Family Medicine
- Interventional Radiology
- Otolaryngology
- Pathology
- Pediatrics
- Pharmacy
- Surgery
- School of Nursing I-CAN

\*Place Based Health are the clinical operations of Health Equity Org.

## Opportunities to connect to spaces where health equity is already

- Adventist Slavic Navigation Program
- Bridges Collaborative
- Casey Eye Mobile Outreach
- Center for Reproductive Health Equity
- Center for Women's Health
- Doernbecher Children's Hospital (DCH)
- DCH NICH Program
- DCH Noutish Program
- DCH Patient Partnerships
- Department of Family Medicine
- Department of Dermatology: Frontline Community Screening Initiative
- Healing Hurt People
- Health Literacy/Center for Ethics In Healthcare
- Hospital at Home
- Hillsboro Medical Center (HMC)
- HMC DEI Committee
- ISalud
- KCVI: Integrated Cardiology
- Knight Cancer: Community Partnerships, outreach and engagement
- OHSU Language Services
- MEDPEX
- OHEP Structural Design
- Nursing I-CAN
- OHSU Age Friendly Health System Initiatives
- OHSU Center for Evidence-Based Policy
- OHSU Office of Strategic Outreach
- OHSU Office of Population Health
- OHSU Community diabetes related vascular foot clinic
- OHSU Ethics Committee
- OHSU Foundation/Ignite News Publication
- OHSU Health System Management Team
- OHSU Improving Financial Performance Committee
- OHSU Long Covid Clinic
- OHSU Northwest Native American Center of Excellence
- OHSU Office of Digital Health
- OHSU Patient Experience
- OHSU Patient Relations
- OHSU Payor Strategy Council
- OHSU Poison Control Center
- Oregon Behavioral Health Coordination Center
- Oregon Clinical and Translational Research Institute
- Oregon Rural Practice Based Research Network
- Pathology Department "See, test, treat"
- PRIMER Lab
- Quadruple Aim Committee
- RELATE Lab
- Social Determinants of Health Committee
- Trauma Informed Care Program
- Tuality Health Plan Services

## Roadmap for Home Grown Health Equity Initiatives



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Here is a roadmap showing where we are at in the status of this project. All equity initiatives were due on January 8th. We have received most department SBARs and have reached out to areas that we have not heard from. We will continue connecting with Departments that require more assistance on developing their initiatives through February 5th. On February 6th, we will present the first reveal of the curated list of initiatives from all departments at the HSMT Operations meeting, then present more broadly at the OHSU Health summit on March 5.

From then until the end of the FY, we will work with Departments on their initiatives, partnering with them on the development of the action plans, and getting an understanding of potential partnerships or resource gaps.

The beginning of FY 25 will be the kickoff date for implementation of the initiatives and their associated action plans. We will communicate the progress of these initiatives broadly, and incorporate some of the strategies into our philanthropic strategy for HE.

We are then hoping to highlight all of the great work through an annual Health Equity report after the close of FY25.

## Resources to facilitate the work ahead



### Curated Toolkits

Affirming Language  
 Age friendly Health System  
 Co-led community engagement  
 Contextual Allyship  
 Creating an inclusive inpatient care experience  
 Decolonizing Data  
 "Genderbread Person"  
 Health Equity 101 including the "Why" \*  
 Health Equity Impact Assessment\*  
 Health Literacy Best Practices  
 Inclusive Language Guide  
 Inclusive Research  
 Language Access  
 Navigating Digital Health  
 Medico-legal partnerships  
 Patient Navigation\*  
 Quality Interactions Learning Management Program \*

### Suggested Trainings available at OHSU

Transgender and Gender Diverse Communities: Respect for all at OHSU  
 LGBTQIA2S+ Cultural Humility and Allyship Training  
 Active Bystander  
 Anti-racism  
 Cultural Humility  
 Implicit Bias  
 Trauma Informed Care

### Health Equity Initiatives\*

Creation of HR pathway for compensated OHSU member Health Equity  
 "Service work"  
 Expansion of Traditional Health Worker identity and services  
 Place Based Health clinical operations  
 Health Disparities Reduction Core (HDRC)  
 Health Equity project consultation  
 Health Equity communication support  
 Health Equity Learning Collaborative  
 Health Equity Innovation Pilot grants  
 Rebuilding community trust

I recognize that the process of identifying two measurable and actionable priorities from a sea of possibilities will require work. The HE org will certainly lean in to help us all be successful.

As part of our strategic planning work we will be creating robust pathways and infrastructure to operationalize HE work.

We will attempt to provide a single location for collaboration, contextualization of health equity, tool kits, operational and other support resources to ensure success of actions directed to mitigate the identified disparities.

The hope is to have the first list of activities in January. We will be working with Departments to clarify the ideas through the end of February and present the complete list in March at the Health System summit. We will continue to work on action plans through the remainder of this academic year and hope to see all projects launched in AY 24-25.

## HEALTH EQUITY STRATEGIC PLAN: GOALS AND TACTICS

### GOAL 1

#### Effective and Equitable Policies, Processes, and Operations

Enable the delivery of effective and equitable health care for all people through OHSU Health's policies, processes and operations.

##### 1.1 Central data resource for health equity

##### 1.2 Health equity impact assessment tool

##### 1.3 Health Equity impact assessment tool

##### 1.4 "Place Based Health" program

##### 1.5 Align operations with value-based programs and strategies

##### 1.6 Institutional learning plan for Health Equity

##### 1.7 Health equity clinical consultation

##### 1.8 Library of "Homegrown Initiatives"

##### 1.9 Inform health equity legislative advocacy

##### 1.10 Maintenance of system-wide Health Equity inventory

### VISION

OHSU Health will work to advance health equity through achieving the highest level of health and healthcare for all people. Centering equity, OHSU Health will partner across all communities, sectors, and regions of the state to recognize, reconcile and rectify historical and ongoing injustices stemming from bias, racism and other social and structural factors that influence access to healthcare and health outcomes. OHSU Health seeks to advance health justice by addressing inequities—historic and current—that advantage some and disadvantage others, in order to achieve optimal health and wellbeing for all.

### GOAL 2

#### Inclusive Clinical Experience

Provide an optimal and inclusive clinical experience for all who are cared for by OHSU Health.

##### 2.1 Develop a branding strategy for Health Equity Organization

##### 2.2 Reimagining Language Access

##### 2.3 Amplify models of inclusive care

##### 2.4 Racial, ethnic, cultural identity and accessibility informed care practices

##### 2.5 Navigation toolkits for patients

##### 2.6 Health Equity sponsored engagement activities

##### 2.7 Health Equity communication plan

##### 2.8 Advance Native American/Indigenous health via Office of Tribal Affairs

### MISSION

To fulfill the vision for health equity in OHSU Health, the Health Equity Org will:

- Evaluate data to define new strategic initiatives to advance health equity.
- Lead the integration of health equity efforts across OHSU Health; and
- Build and support transformational partnerships between OHSU members and community members to advance health equity and access to inclusive, culturally responsive health services.

### GOAL 3

#### Exemplar of Health Justice

Establish sustainable health system-community partnerships that serve as an exemplar of health justice locally, regionally and nationally.

##### 3.1 Roadmap for community engagement

##### 3.2 Expansion of traditional worker institutional identity

##### 3.3 Innovation grant program

##### 3.4 Health equity internship/fellowship

##### 3.5 Philanthropy strategy

##### 3.6 Learning collaborative for OHSU Health members

##### 3.7 Community benefit strategy

##### 3.8 Creation of standard community advisory board policies and practices

##### 3.9 Recognition program

##### 3.10 Amplify Medico-Legal partnerships

### VALUES

- We are committed to becoming an anti-racist institution. This is all our responsibility and is integral to the health system's ability to deliver the most effective and highest quality care.
- We seek to amplify and accelerate existing OHSU programs in the health equity space—particularly those that already have strong ties to communities of color and other historically marginalized groups.
- We seek to develop a shared vision for health equity with input from community groups and work to create new programs as needed to address community-described gaps in health and health care.
- We will listen to the community first, then build solutions as our community partners gain trust in our enduring commitment; this is a new approach for OHSU and an important departure from our actions historically.



Thank you