Public Health Advisory Board
Health Equity Policy and Procedure
Approved December 14, 2023

Purpose

The purpose of the Public Health Advisory Board (PHAB) Health Equity Policy and Procedure is to ensure PHAB is making decisions that facilitate eliminating health inequities and upholding a commitment on behalf of the public health system to lead with racial equity.

The public health system leads with race because communities of color and tribal communities have been intentionally excluded from power and decision-making.

Definition of health equity[1]

Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:

- The equitable distribution or redistribution of resources and power; and
- Recognizing, reconciling and rectifying historical and contemporary injustices.

PHAB also adopts the following definitions:

Racism, as defined by Dr. Camara Jones, is *"a system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call "race"), that unfairly disadvantages some individuals and*

[1] Oregon Health Policy Board, Health Equity Committee. (2019). Available at https://www.oregon.gov/oha/EI/Pages/Health-Equity-Committee.aspx.

communities, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources."[2] Racism "*refers not only to social attitudes towards non-dominant ethnic and racial groups but also to social structures and actions that oppress, exclude, limit and discriminate against such individuals and groups. Such social attitudes originate in and rationalize discriminatory treatment*".[3]

Structural racism *"refers to the totality of ways in which societies foster racial discrimination through mutually reinforcing systems of housing, education, employment, earnings, benefits, credit, media, health care, and criminal justice. These patterns and practices in turn reinforce discriminatory beliefs, values, and distribution of resources."*[4]

Social determinants of health are *"the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks."*[5] Social determinants of health include access to quality education, employment, housing, and health care, all of which have a direct impact on health.

Leading with racial equity

Health inequities exist and persist on historical, structural, cultural and interpersonal levels. PHAB acknowledges historic and contemporary racial injustice and commits to eradicating racial injustice through systemic and structural approaches. PHAB acknowledges the pervasive racist and white supremacist history of Oregon, including in its constitution; in the theft of land from Indigenous communities; the use of stolen labor; and the laws that have perpetuated unjust outcomes among communities of color and tribal communities.

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[2]Jones, C. (n.d.) Racism and health. American Public Health Association. Available at www.apha.org/racism.
[3]Calgary Anti-Racism Education Collective. (2021). Available at https://www.aclrc.com/racism.
[4]Bailey, Z., Krieger, N., Agénor, M., Graves, J. Linos, N. & Bassett. M. (2017). Structural racism and health inequities in the USA: Evidence and interventions. *Lancet*, *389*(10077), 1453-1463. https://doi.org/10.1016/S0140-6736(17)30569-X
[5]Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved [date graphic was accessed], from https://health.gov/healthypeople/objectives-and-data/social-determinants-health

Systemic racism has devastating impacts on health outcomes in Oregon.[6]

- In 2020 and 2021, Black/African American and American Indian/Alaska Native people have the highest death rates from opioid overdose, despite similar rates of use across all races/ethnicities.
- In 2021 and 2022, Black/African American, American Indian/Alaska Native and Hispanic/Latino/a/x individuals experienced nearly double the proportion of heat-related deaths in Oregon.
- Between 2017-2021, infant mortality rates were more than double for Black/African American, American Indian/Alaska Native and Pacific Islander babies.

As a partner to the Oregon Health Policy Board Health Equity Committee, PHAB uplifts the Health Equity Committee's statement that historical and current institutional and individualized acts of racism and colonization have created disadvantages for communities that are real, unjust and unacceptable. Until populations and communities most harmed by long-standing social injustice and inequities share decision-making authority in our state, systems will favor the dominant culture, reinforcing institutional bias and contributing to health inequities and unjust, unfair and avoidable inequities in health outcomes.

Because of Oregon's history of racism, the public health system, as described in the Health Equity Guide, chooses to "lead explicitly — though not exclusively — with race because racial inequities persist in every system [across Oregon], including health, education, criminal justice and employment. Racism is embedded in the creation and ongoing policies of our government and institutions, and unless otherwise countered, racism operates at individual, institutional, and structural levels and is present in every system we examine."[7]

The public health system leads with race as described by the Government Alliance on Race and Equity: "Within other identities — income, gender, sexuality, education, ability, age, citizenship and geography — there are inequities based on race. Knowing this helps the [public health system] take an intersectional

[6] Oregon Health Authority. (2023).
[7] Human Impact Partners. (2023). Why lead with race. Available at https://healthequityguide.org/about/why-lead-with-race/.

approach, while always naming the role that race plays in people's experiences and outcomes."[8]

To have maximum impact, focus and specificity are necessary. Strategies to achieve racial equity differ from those to achieve equity in other areas. "One-size-fits-all" strategies are rarely successful.

A racial equity framework that is clear about the differences between individual, institutional and structural racism, as well as the history and current reality of inequities, has applications for other marginalized groups.

Leading with racial equity recognizes the interconnected ways in which systems of oppression operate and facilitates greater unity across communities.

PHAB acknowledges that geography also has a significant impact on individual and community health outcomes. For example, rural residents in areas with long-standing systematic lack of investment in resources (e.g., education, employment) and services (e.g., healthcare) experience health inequities. Within rural populations, there also are wide disparities in health outcomes among socioeconomic groups. Across varied geographies, profound disadvantages occur by both place and race.[9]

How health equity is attained

Achieving health equity requires meaningful, intersectional representation within the field of public health at all levels and authentic engagement leading to the co-creation of policies, programs, and decisions with the community to ensure the equitable distribution of resources and power. At the foundation, attaining health equity requires trust. This level of community engagement results in the elimination of gaps in health outcomes between and within different social groups.

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[8] Local and Regional Government Alliance on Race and Equity. (2023). Why lead with race? Available at https://www.racialequityalliance.org/about/our-approach/race/.

[9] Braveman P, Acker J, Arkin E, Badger K, Holm N. (2022). Advancing health equity in rural America. *Robert Wood Johnson Foundation*. Available at https://www.rwjf.org/en/insights/our-research/2022/06/advancing-health-equity-in-rural-america.html.

Identifying and implementing effective solutions to advance health equity demands:

- Recognition of the role of historical and contemporary oppression and structural barriers facing Oregon communities due to racism.
- Engagement of a wide range of partners representing diverse constituencies and points of view.
- Direct involvement of affected communities as partners and leaders in change efforts.

Health equity also requires that individuals who work in public health look for solutions for the social[10] and structural[11] determinants of health outside of the health system. This may include working with transportation, justice or housing sectors and through the distribution of power and resources, to improve health with communities. By redirecting resources into services and programs that uplift communities and repair past harms caused by white supremacy and oppression, equity can be achieved.

Policy

PHAB demonstrates its commitment to leading with race and advancing health equity by implementing an equity review process for all formally adopted work products, reports and deliverables. Board members will participate in an equity analysis prior to making any motions. In addition, all presenters to PHAB will be expected to specifically address how the topic being discussed is expected to affect health equity. The purpose of this policy is to ensure the PHAB guidance and decision-making will advance health equity and reduce the potential for unintended consequences that may perpetuate inequities.

[10] World Health Organization. (n.d.). Social determinants of health. Available at https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1.
[11] The Praxis Project. (n.d.). Social determinants of health. Available at https://www.thepraxisproject.org/social-determinants-of-health.

Procedure

Board practices to facilitate equity, diversity, inclusion, justice and belonging

As adapted from the Oregon Health Policy Board Health Equity Committee and the Othering and Belonging Institute, PHAB practices equity, diversity, inclusion, justice and belonging by committing to:[12, 13]

- Developing or using a tool that advances honest, direct and inclusive dialogue, such as group agreements.
- Sharing responsibility for helping each other to learn and grow together.
- Supporting one another through connectedness, mutual respect and relationship.
- Fostering agency and inclusive co-creation.
- Intentionally focusing on health for all people in Oregon, elevating the needs of those we represent and using tools to co-create equitable policies.
- Creating and maintaining a safe(r) environment for open and honest conversation.
- Recognizing, celebrating and valuing our group's diversity, wisdom, and expertise. PHAB recognizes that we may need to facilitate different kinds of support to create an equitable place of belonging.

Board work products, reports and deliverables

The questions in the tool below are designed to ensure that decisions made by PHAB advance health equity. The questions below may not be able to be answered for every policy or decision brought before PHAB but serve as a platform for further discussion throughout the development of PHAB work products and prior to the adoption of any motion.

[12] Oregon Health Policy Board, Health Equity Committee. (April 2023). Health Equity Committee charter. Available at https://www.oregon.gov/oha/EI/HECMeetingDocs/HEC%20Charter%20APPROVED%204.17.2023.pdf.
[13] Othering and Belonging Institute. (August 2023). Belonging design principles. Available at: https://belonging.berkeley.edu/belongingdesignprinciples?emci=07bfaa71-753c-ee11-a3f1-00224832eb73&emdi=dff58124-0f3d-ee11-a3f1-00224832eb73&ceid=13607753#6.

Subcommittees and board members will consistently consider the questions in the health equity assessment tool while developing work products and deliverables to bring to the full board, and upon any formal board action.

Upon review of a subcommittee deliverable, PHAB members may return the deliverable to the subcommittee if the product cannot address health equity through further discussion about the equity assessment questions.

Health Equity Assessment Tool[14, 15]

1. Which health inequit(ies) does the work product, report or deliverable aim to eliminate, and for which groups?
2. What data sources have been used to identify health inequities?
3. How was the community engaged in the work product, report or deliverable policy or decision?
4. How does the work product, report or deliverable advance health equity, lead with race and impact the community?
5. Will any groups or communities benefit from the direction or redirection of resources with this decision? Are they the people who are facing inequities?
6. What are short and long-term strategies tied to this work product, report or deliverable that will impact racial equity?
7. What data will be used to monitor the impact of this work product, report or deliverable over time?

Presentations to the Board

Oregon Health Authority staff will work with presenters prior to PHAB meetings to ensure that presenters specifically address health inequities and strategies to promote equity in their presentations to the board, following PHAB's commitment to equity.

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[14] Questions adapted from Big Cities Health Coalition (2021). Equity Lens Tool for Health Departments. Available at: https://www.bigcitieshealth.org/health-equity-tool/.

[15] Questions adapted from the Minnesota Department of Health (2018). Advancing Health Equity: Key Questions for Assessing Policy, Processes and Assumptions. Available at: https://www.health.mn.gov/communities/practice/resources/publications/docs/1811advancingHEkeyQs.pdf.

Policy and procedure review

The PHAB health equity policy and procedure will be reviewed and updated biennially by a workgroup of the Board. This workgroup will also propose changes to the PHAB charter and bylaws to center the charter and bylaws in equity. Board members will discuss whether the policy and procedure has had the intended effect of mitigating injustice, reducing inequities or improving health equity to determine whether changes are needed to the policy and procedure.