



ACUTE AND COMMUNICABLE DISEASE PREVENTION (ACDP) HEALTH EQUITY ASSESSMENT

February 2019

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ACDP Health Equity Work Group

ACDP: Who we are and what we do

We work with local health departments, other states and the Centers for Disease Control and Prevention (CDC) to prevent and control communicable diseases and outbreaks of acute diseases in Oregon.

- We assist local health departments with disease investigation and control and investigate outbreaks with local health departments, neighboring states or the CDC.
- We conduct surveillance on diseases of new and increasing concern and collect, analyze and publish reportable disease surveillance data to guide public health policy.
- We also provide guidelines about preparedness and response to a bioterrorism event or natural pandemic, educate patients and clinicians about the spread of antibiotic-resistant bacteria, develop electronic disease reporting networks and approve alternative methods of infectious waste treatment.

We believe that all people in Oregon should have an equal opportunity to be free from communicable diseases and their health effects. The mission of the Oregon Public Health Division's Acute and Communicable Disease Prevention Program is to protect, preserve, and promote the health and well-being of Oregonians. We focus on collaborating with and empowering communities who experience systematic racism, historical injustice, trauma, and socio-economic disadvantage.

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.

Introduction

Since October 2016, The Acute and Communicable Disease Prevention (ACDP) section has actively worked to identify how we can promote health equity in our work and center it as a foundational capability. We convened a health equity working group (HEWG) which meets monthly. These meetings provide an opportunity to discuss projects and priorities related to health equity in infectious disease and preparedness as well as engage with topics like the social determinants of health, systematic racism, cultural humility, and implicit bias. In 2018, as our health equity work group grew to be more structured and focused, we developed a strategic vision for health equity work over the next five years. We identified the need for a health equity assessment to guide our developing workplan.

Leading with race and selecting our tools

Our HEWG set a priority to lead with race in our pursuit of health equity. This aligns with the approach of targeted universalism; reducing disparities for the most marginalized populations will improve overall well-being for a community. We recognize the pervasive disparities faced by people of color and that continued marginalization is upheld by systems of oppression and institutional racism. We believe government has a

primary role in disrupting and dismantling these systems. We also believe it is crucial to address systematic inequities faced by our communities, and that opening with racial equity as a foundation will promote equity in all underserved communities. Race is primary indicator in health outcomes. This in mind, we evaluated several organizational assessments and tools in summer of 2018 related to health and racial equity using a scoring rubric. The consensus was to take a multipronged approach using both the Tool for Organizational Self-Assessment Related to Racial Equity created by Coalition of Communities of Color (CCC tool) and the all staff survey component of the Bay Area Regional Health Inequities Initiative (BARHII tool).

Assessment and report

In the Fall of 2018, twenty-seven ACDP staff completed the BARHII staff survey and fourteen engaged with the CCC tool. The CCC tool included an online survey in addition to a two-day externally facilitated organizational assessment for racial equity.

CCC Assessment Team included: Shannon Alain, Hillary Booth, Leslie Byster, Renee Harger, Heather Jamieson, Rob Laing, Jude Leahy, Alyssa McClean, Valerie Ocampo, Angela Phan, Bele Shiferaw, Roza Tammer, Ann Thomas, Dat Tran, and Americorps VISTA officer, Thomas Healy. Savanna Santarpio, Americorps VISTA officer, took notes for both sessions.

This report focuses primarily on the CCC tool as its results are actionable and succinct. The BARHII tool validates many of the findings of the CCC tool and provides a nuanced perspective of how some of these larger health equity concepts play out in ACDP. As we work through implementing changes, BARHII results will help to guide specific steps.

This assessment is a snapshot in time and takes an honest look at where ACDP was in November 2018 in terms of racial equity. The ACDP Racial Equity Assessment Team looked at the following domains:

- Organizational Commitment, Leadership & Governance
- Racial Equity Policies & Implementation Practices
- Organizational Climate, Culture & Communications
- Service User Voice and Influence
- Workforce Composition & Quality
- Community Collaboration
- Resource Allocation & Contracting Practices
- Data, Metrics & Continuous Quality Improvement

The report is broken down into these 8 areas, with each action item or theme color coded:

- **Red:** This is not happening within ACDP.
- **Yellow:** There is some evidence of this happening, although not institutionalized or consistent.
- **Green:** This is consistently happening in ACDP.

Each section has an impact/resource matrix where action items and themes are sorted accordingly.

Next Steps

The findings of this assessment will be presented to ACDP so that all staff understand where our section is in terms of racial and health equity. This report will be used by the ACDP HEWG and identify priority areas for our five-year ACDP Strategic Plan. All ACDP staff members are encouraged and invited to join the work group. The committee will prioritize domain areas and create action plans for each area. It is not expected that all eight domains will be included in the first phase of action plans.

However, it is expected that every staff member in ACDP will take part in the strategies that are identified to improve racial equity internally among our staff, in our work, and in our collaborations with external partners.

I. Organizational Commitment, Leadership and Governance

ACDP's mission and affirmation statement address health equity and we are committed to this work. We have not yet made a public commitment to racial equity. While the details of what such a commitment would include are still unclear, most agree that advocacy on behalf of racial equity is part of our work. Next steps are to strategically incorporate health equity into each program and identify ways that all staff can be engaged in the work.

Success	
<ul style="list-style-type: none"> Health equity is incorporated into our mission statement. We have a health equity work group that leads with race. 	
High impact, low resource	High impact, high resource
<ul style="list-style-type: none"> Develop a public commitment to racial equity for ACDP. Identify ways that all staff can advocate on behalf of racial equity and begin work 	<ul style="list-style-type: none"> Develop a systematic review of racial equity
Low impact, low resource	Low impact, high resource

II. Racial Equity Policies & Implementation Practices

ACDP does not currently have a racial equity policy. Such a policy would allow ACDP to plan to facilitate various section-wide functions with a racial equity lens such as recruitment and retention practices and external contracts.

High impact, low resource	High impact, high resource
<ul style="list-style-type: none"> Hire to address racial and ethnic inequalities, prioritizing the hiring of employees who represent communities of color, immigrant and refugees. 	<ul style="list-style-type: none"> Write a racial equity plan with clear actions, timelines, people responsible for each action, indicators of progress and process for monitoring and evaluation. Engage communities of color in the development of plan.
Low impact, low resource	Low impact, high resource

III. Organizational Climate, Culture and Communications

ACDP visibly posts and provides selected materials in languages other than English and we continue to expand this work. However, materials may not be assessed for racial bias and reflection of our community's diversity. In ACDP's office space there is no visible signage that supports our commitment to racial equity, but most staff feel that they support conversations about race and are encouraged to learn about ways to address health inequities from each other. This trend could be supported and built on by encouraging staff to learn about ways to address health inequities from external sources.

Success	
<ul style="list-style-type: none"> We visibly post materials in languages other than English (online) Most staff agree that they personally support difficult conversations about race in a safe, confidential, private space 	
High impact, low resource	High impact, high resource
<ul style="list-style-type: none"> Post official signage that states our commitment to racial equity in our office 	<ul style="list-style-type: none"> Assess internal and external materials for racial bias and review to ensure reflection of our community's diversity. Continue to expand translated materials that are provided.
Low impact, low resource	Low impact, high resource

IV. Service-User Voice and Influence

ACDP does not collect information regarding the satisfaction of our constituents with our services. With a racial equity policy and plan in place, ACDP can work towards incorporating a way to capture the community's opinions, questions, and comments regarding the services we provide.

High impact, low resource	High impact, high resource
<ul style="list-style-type: none"> Begin collecting data on service-user or constituent satisfaction with ACDP regarding racial equity. 	<ul style="list-style-type: none"> Analyze and share findings with communities of color.
Low impact, low resource	Low impact, high resource

V. Workforce Composition and Quality

OHA collects racial, ethnic and linguistic make up of all employees at the time of hire. If applicants do not provide that information, hiring managers are required to make a visual determination of the applicant's race or ethnicity. OHA requires staff to take several classes including racial equity, cultural competency and countering workplace violence. Learning opportunities that address this subject matter are also available at the division level. Some managers and staff have begun incorporating racial equity/health equity into their workplans and EDPs.

ACDP staff report a lack of diversity in the workforce. Efforts should be made to improve recruitment and retention of a diverse workforce.

Success	
<ul style="list-style-type: none"> OHA collects racial, ethnic and linguistic makeup of ACDP although it is not guaranteed to be self-reported. Racial equity and cultural competency training and capacity building are made available to staff, these could be promoted more. OHA has required racial equity and/or cultural competency training ACDP staff, program managers, center administrator and section manager are comfortable talking about race, racism, class and classism. 	
High impact, low resource	High impact, high resource
<ul style="list-style-type: none"> Incorporate racial justice knowledge skills and practices into performance objectives, job descriptions and work plans; track progress using EDPs during appraisals and evaluations and include progress on goals for staff. Promote staff engagement with racial equity and cultural competency trainings. Provide a list of resources that we would want OHA to include in its recruitment for our positions (i.e. specific journals) and forward job announcements to those organizations. Make policy on collecting racial, ethnic and linguistic make up of staff more transparent Develop and promote equitable plans for recruitment of diverse interns. 	<ul style="list-style-type: none"> Develop written procedures to increase the recruitment, retention and promotion of people of color. Develop an internal structure dedicated to promoting workforce diversity (may be outside of scope of ACDP).
Low impact, low resource	Low impact, high resource
<ul style="list-style-type: none"> Highlight formal and informal complaint procedures for staff regarding race-related complaints. 	

VI. Community Collaboration

Staff feel unaware of formal partnerships with communities of color. While the need to engage has been identified, resources for engagement and outreach in communities of color have not been allocated. The lack of engagement with communities of color makes the opportunities to assess their satisfaction with ACDP extremely limited.

High impact, low resource	High impact, high resource
<ul style="list-style-type: none"> Identify the formally recognized existing partnerships ACDP or PHD has with communities of color. 	<ul style="list-style-type: none"> Develop formal partnerships with communities of color. Allocate resources for engagement and outreach in communities of color. Create a plan to assess the overall satisfaction of communities of color with our organization.
Low impact, low resource	Low impact, high resource

VII. Resource Allocation and Contracting Practices

OHA has a supplier diversity policy prioritizing the contracting of women-owned and minority (sic) owned businesses. OHA has a list of contractors with whom we can do business and they are required to meet certain practices. Click the following link to learn more about our supplier diversity policy. <https://go.usa.gov/xEpgv>

Success	
<ul style="list-style-type: none"> OHA has an Oregon Minority, Women and Emerging Small Business Policy. ACDP needs to be sure to use this policy when contracting (even when we don't need a formal contract). 	
High impact, low resource	High impact, high resource
	<ul style="list-style-type: none"> Develop a plan for allocating resources for engagement and outreach in communities of color.
Low impact, low resource	Low impact, high resource

VIII. Data Metrics & Continuous Quality Improvement

OHA has a policy regarding the collection of race/ethnicity data called REAL D which ACDP is in the process of implementing. ACDP doesn't have regular meetings with leaders from communities of color to discuss racial equity within our organization.

Success	
<ul style="list-style-type: none"> • Individuals self-identify their race and ethnicity and they can select multiple races and/or ethnicities – With REAL D we will require verification of self-identification. • We have a written policy/formal practice regarding the collection of race and ethnicity data • ACDP has been implementing the REAL-D lens in its work, including Case Report Forms and trainings. • ACDP currently is able to administer interviews in Spanish and promotes use of interpreter services. 	
High impact, low resource	High impact, high resource
<ul style="list-style-type: none"> • Formally Implement REAL D • Meet regularly with leaders from communities of color to discuss racial equity within ACDP. 	<ul style="list-style-type: none"> • After implementing REALD data collection standards, disaggregate our data into the following communities: African, African American, Pacific Islander, Latino, Native American and Slavic. • Learn new methods for analyzing small data sets • Build capacity of ACDP staff to engage with linguistically diverse community members
Low impact, low resource	Low impact, high resource