

## HEALTH EQUITY AND INCLUSION PROGRAM STRATEGIES

***“Equity and Inclusion First”*** – *When we design and provide programs and services that improve health for people of color, people with limited English proficiency, LGBTQ communities, and people with disabilities, all communities benefit!*

Use this tool to identify opportunities to support/enhance equity, diversity and inclusion, and reduce disparate impact in programs and services. Recommended approach:

- Review the whole document.
- Identify strategies that can be incorporated quickly or with relative ease over the next 6 months.
- Then, highlight those that you would like to work towards in the 6 months to two years.
- Finally, mark those that you’d like to set as longer term goals.

### Community Engagement/Partnership

- Establish committees, councils, advisory groups or other bodies to focus on equity and/or inclusion
- Require committees, councils, advisory groups or other policy-making bodies to reflect state and/or local populations most affected by inequities (with mandated threshold or percentage requirements)
- Ensure “meaningful participation”<sup>1</sup> of communities experiencing health inequities
- Establish subcommittees of boards or decision making body focused on equity.
- Include a standing agenda item on equity and inclusion in meetings of the Board, task force or workgroup.
- Clearly define terminology to ensure representation of communities experiencing health inequities (including “consumers,” “underserved communities,” “racially, ethically and linguistically diverse communities,” communities historically experiencing poor health outcomes,” etc.)
- More meaningfully address inequities so that the needs of members with multiple identities are addressed (ex: low income people of color, people of color who also have disabilities)
- Create program or organization accountability to communities experiencing health inequities (example: require annual or biennial reporting on data, activities, progress on goals, service delivery, timeliness of services to reduce health inequities and promote inclusion)

### Race, Ethnicity, and Language +Disability (REAL+D) Data Collection/Analysis

- Collect and report data disaggregated by race, ethnicity, language and disability (following HB2134<sup>2</sup> standards for data collection)

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<sup>1</sup> “Meaningful participation” means engaging a diverse group of stakeholders who are representative of the communities that policies and programs will impact, not only in consultative roles to provide input, but also to co-plan or lead program development efforts, have access to data and resources to make informed decisions, have decision-making authority, and participate in the analysis of data and program impact efforts.

<sup>2</sup> [Oregon Administrative Rules 943-070-0000 to 943-070-0070](#)

- Collect and report data on sexual orientation, non-conforming gender
- Require training for staff on best practices for collecting data from diverse communities, including maintaining confidentiality and explaining purpose
- Include affected communities in planning, data collection methods, analysis, and dissemination, and utilize culturally appropriate processes<sup>3</sup> to do so
- Disseminate final data to affected communities

## **Research and Evaluation**

- Conduct health equity or other equity impact analyses on new or existing efforts
- Include diverse communities at every stage of research efforts, including planning, evaluation design, implementation, analysis, and dissemination of research results to communities affected, and utilize culturally appropriate processes to do so
- Include health equity and/or inclusion metrics or indicators in all planning, quality, intervention, and impact assessments and reports

## **Funding and Capacity Building for Equity and Inclusion**

- Make strategic investments in and allocate specific budget line items for health equity advancements
- Require proposers to identify service populations based on racial and/or health inequities data
- Require proposers and existing contractors to submit plans and/or modifications for increasing health equity
- Include weighted criteria and scoring for health equity and inclusion elements of Requests for Grant Proposals (RFGPs) and Requests for Proposals (RFPs)
- Require proposers to include equity performance measures, including metrics and indicators that address both internal and external performance (ex: patient satisfaction, increase in diversity of staff)?<sup>4</sup>
- Invest in cultural competency assessment and training
- Redirect or redistribute program strategies and funding towards opportunity zones and/or geographic tracts where greater health inequities exist
- Establish meaningful funding levels for health equity activities in grant awards (to eliminate “funding for failure” amounts)
- Include communities experiencing health inequities on grant or contract review panels
- Recognize and fund culturally and linguistically appropriate community practices that promote health and protect community (include both community-identified and evidence-based or promising practices)

## **Health Program and Service Provision Improvements for Equity and Inclusion**

- Enforce of Title VI of the Civil Rights Act<sup>5</sup> in program and grantee/contractor service delivery

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<sup>3</sup> “Culturally-appropriate processes” means tailoring processes to an individual's or community's culture and language preference, being respectful of and responsive to the beliefs, practices and needs of diverse stakeholders (adapted from ThinkCulturalHealth.org, guidance on CLAS standards)

<sup>4</sup> Adapted from “Multnomah County Equity and Empowerment Lens,” Multnomah County, 2014.

<sup>5</sup> <http://www.justice.gov/crt/about/cor/coord/titlevistat.php>

- Ensure language access provisions (ex: provide timely interpretation, translation, alternate formats) in the service delivery
- Use only qualified/certified health care interpreters and/or ASL certified interpreters in medical settings
- Ensure that bilingual/multilingual program staff and contracted interpreters to meet bilingual proficiency standards if using their language skills in program delivery
- Require that documents are developed in plain language
- Ensure timely translation of documents necessary to maintain and protect the health of all communities
- Utilize Traditional Health Workers<sup>6</sup> in health promotion activities and health care service delivery
- Utilize or recognize culturally and linguistically appropriate services (including the incorporation of non-Western approaches to health promotion and health care)
- Require cultural competency training for health and service providers
- Incentivize participation to engage under-represented groups (ex: stipends for advisory bodies)
- Incentivize the incorporation of health equity policies and practices
- Provide services in “non-traditional” settings that increase access to those services
- Require programs to tie health improvement policies and strategies to social determinants of health and collaborate with other state and local cross-sector entities to address those determinants of health

## **Diversity, Affirmative Action, Discrimination Protections**

- Increase contracting or procurement opportunities for Minority, Women and Emerging Small Businesses
- Require data collection, reporting and establishment of metrics related to employment of under-represented populations
- Require efforts to increase workforce diversity (recruitment and interviewing processes, retention strategies such as employee resource groups, professional development opportunities targeted to under-represented staff)
- Include individuals from under-represented communities on interview panels
- Incentivize or require cultural competency training for staff
- Require enhancements to ensure accessibility to meet ADA requirements (Facilities improvements, signage, materials in alternate formats, provisions for assistance animals)
- Require formal and informal complaint procedures for staff and clients to address discrimination complaints<sup>7</sup>

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<sup>6</sup> Traditional Health Workers are defined as community health workers, peer wellness specialists, peer support specialists, personal health navigators and doulas.

<sup>7</sup> Adapted from “*Tool-for-Organizational-Self-Assessment-Related-to-Racial-Equity-2014.*” Coalition of Communities of Color. <http://coalitioncommunitiescolor.org/>