AGENDA

PUBLIC HEALTH ADVISORY BOARD

October 27, 2020, 4:00-5:00 pm

Join ZoomGov Meeting
https://www.zoomgov.com/j/1614277278?pwd=UE9oRW50aktpV1ZGQnJOZERoT2pjZz09

Meeting ID: 161 427 7278
Passcode: 231890

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Meeting objectives:

- Discuss Health Equity Committee letter to the Oregon Health Policy Board
- Make recommendations for the full Public Health Advisory Board on public health systems changes

4:00-4:05 pm	**Welcome and agenda review**	Cara Biddlecom, OHA staff
4:05-4:50 pm	**Discuss Health Equity Committee letter to the Oregon Health Policy Board** • Discuss feedback from Health Equity Committee • Recommend next steps • Discuss presentation at November Oregon Health Policy Board meeting	Rebecca Tiel, PHAB Chair David Bangsberg, OHPB Representative Trlby de Jung and Tara Chetock, OHA staff
4:50-5:00 pm	**Public comment**	Cara Biddlecom, OHA staff
5:00 pm	**Adjourn**	Cara Biddlecom, OHA staff

HEALTH EQUITY COMMITTEE
Kate Brown, Governor

Equity and Inclusion Division
421 SW Oak St., Suite 750
Portland, OR 97204
https://www.oregon.gov/oha/OEI/Pages/Health-Equity-Committee

Memorandum

To: Oregon Health Policy Board

From: Health Equity Committee

Date: September 28th, 2020

Subject: Recommendations from the Health Equity Committee (HEC) to the Oregon Health Policy Board(OHPB) : Putting health equity front and center in the COVID-19 response.

There is no doubt that everyone—no matter their race, economic, or immigration status, gender, age, or ability—are feeling the impact of COVID-19 in some way. But communities with the least social support and those impacted most by structural racism and other inequities are being burdened at a far greater rate. People who are already targeted, marginalized, and underserved will feel the pain more than others. For these communities, COVID-19 comes on top of existing economic, health, education, gender, and information inequities and violence that has shaped their everyday lives.

As the coronavirus pandemic spreads across Oregon, data from the Oregon Health Authority indicate that it has disproportionately struck communities of color, particularly Latinx, Black and African Americans, Pacific Islander and Tribal communities.

As members of the Health Equity Committee, we are concerned that inadequate attention to health equity has and will exacerbate the epidemic in the long run. Our committee was tasked with advising the Oregon Health Policy Board on recommendations to promote an equity centered approach to this pandemic from policy to implementation.

The Oregon Health Policy Board and the Oregon Health Authority adopted in October 2019 the definition of Health Equity developed by the Health Equity Committee that states:

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.*

Based on our experience and knowledge of how social injustices produce health inequities, we urge OHPB's consideration of the following recommendations. Health Equity must drive our policy responses to the COVID-19 pandemic starting with the **following recommendations**.

OHPB should fully support efforts to declare racism a public health crisis.
Many of the ailments of communities most impacted by COVID-19 are the product of policies and practices that create an unfair distribution of resources and the systems and structures that perpetuate these policies and practices.

The 2020-24 State Health Improvement Plan, **Healthier Together Oregon**, includes declaring racism as a public health crisis as a strategy[1] . The plan states that racial equity *"needs to be built into everything state agencies do. Policies and initiatives need to rectify past injustices while honoring the resilience of communities of color".*

Oregonians with limited access to these resources and opportunities are placed at a disadvantage; they often experience worse health outcomes and reduced lifespans. The legacy of racism is that people of color, including the tribes, due to historical and current unequal distribution of resources, experience overall worse health outcomes. This is true in times of relative calm, and it is further compounded during times of crisis.

Declaring racism, a public health crisis is an essential first step in advancing racial equity and justice and must be followed by the allocation of resources and strategic action.

OHPB should request OHA to use the Health Equity definition as a guide to ensure the response is truly centered on equity.

Equity must be reflected in the Agency's response. All public policies enacted to combat the Coronavirus pandemic and the alignment between the response and the health equity definition **must be evident**.

Approaches to bring health equity to the forefront of this response must be informed by Oregon's diverse communities' health concerns and perspectives. Often, these individuals' concerns and needs are overlooked or dismissed in creating public health policies in times of need and crises. These events often amplify racial biases that are deeply rooted in our history. Historically rooted structures, processes, and practices often get in the way of equitable security and opportunity for all. We ask OHPB to recommend some immediate actions to OHA to ensure the COVID-19 response is genuinely centered in equity such as:

- Protect and expand community voice and power. In times of crisis, taking the time to provide information and listen to the affected communities may seem like a luxury. However, community engagement should never be an option. Instead, it should be an integral part of every response from the onset of an emergency.

  The HEC understands that in an emergency, time is always of the essence. Life-saving assistance needs to be provided quickly and taking the time to consult with people may seem counterproductive. However, the more information communities have, that is culturally and

[1] 2020-24 State Health Improvement Plan, Healthier Together Oregon www.healthiertogetheroregon.org

linguistically appropriate, the less chance there is of confusion and misunderstandings. If communities are involved from the very beginning (ideally before a crisis or emergency occurs), resources and services will be allocated in a way that is appropriate for the context and tailored to the community's needs.

- Develop an equity action plan to every aspect of the response, including prevention, mitigation, and recovery, and to set equity goals and indicators for each part of the response. We ask for OHPB to guide OHA to dedicate time and resources to explore the impact of COVID-19 on special populations by examining the number of positive cases, deaths, age, gender, race, geographic location, and occupation; and to draft comprehensive equity action plans to address their safety and prevention of COVID-19. This recommendation includes the need to develop a State-wide Testing Plan for COVID-19 that reflects the need to focus on the communities most impacted, and that aims for the development of clear strategies and protocols to facilitate COVID-19 testing for vulnerable and at-risk communities (symptomatic and asymptomatic). Communities of color have experienced significant barriers to accessing testing.

- Racial and ethnic health disparities and inequities can only be eliminated if we have the appropriate information needed to track immediate problems and underlying social determinants and guide the design and application of culturally specific health, social services, and public health approaches. We must also track where resources and spending are going to ensure investments (or underinvestments) don't reinforce existing disparities.

- Develop measurable objectives to monitor progress toward achieving an equity centered response and creating an equity dashboard for the response. The HEC advocates for establishing a way to measure the progress of the equity action plan response and using that information to close opportunity gaps overall and, in particular, gaps according to race and ethnicity. As the saying goes, *"what gets measured, gets changed."* We must hold ourselves accountable. **Accountability is a keystone of equity work**. We must create the instances to report back to our communities with our progress. We are also responsible for assuring our communities with actions, not words.

- Work to ensure that the COVID-19 crisis does not exacerbate existing inequities. This includes the need for recognizing that risks and burdens are often borne disproportionately by communities of color, the elderly, people with disabilities, low income, and those who live in rural areas of the State. The response to COVID-19 must be grounded on a set of values that can inform a race-centered approach to crisis response that builds upon the work of community organizers who have for many years been demanding the public services that we so desperately need at this moment.

Ensuring that populations most impacted by the pandemic have a seat at the table in planning and carrying out the responses should not be an option; it should be a requirement. Communities can and should share directly the insights needed to develop effective, sustainable strategies for their communities. OHPB and OHA should be aware that engagement with communities is an ongoing process. Our communities have excellent reasons to distrust the government and the medical/public health system - all efforts should seek to address barriers, fast-track problem solving, and include plans for open and transparent communications to ease these concerns.

The Health Equity Committee has followed OHPB's lead, and since March it has established opportunities for the communities most impacted by Covid-19 to share their concerns. During the last few months, our committee has had the opportunity to hear public comments from members of the older Oregonians, Latinx, and Disabilities communities, specifically. The following examples highlight some of the downstream impacts of COVID-19 for minority and vulnerable groups.

Disabilities communities are experiencing a disruption in services and resources due to COVID-19 that must be addressed. People with disabilities (including but not limited to physical, intellectual, cognitive, mental health, and chronic illness disabilities) are particularly vulnerable in a wide range of areas. For example:

- Services have been disrupted due to staff cuts at community-based organizations due to funding shortages,
- Personal care attendants cannot commit to entering a medical bubble with a single vulnerable client because they don't receive a livable wage,
- Limited access to PPE supplies that they need to perform daily procedures that help keep their health stable. Additionally, low-income people with disabilities living in some congregant independent living settings must supply gloves for staff who enter their apartments. They are using their limited financial resources to purchase PPE that they wouldn't need to outside COVID.
- People with disabilities also experience stigma and discrimination as they access healthcare in hospitals and clinical settings, including assumptions about a person with disabilities' quality of life, mental capacity, or ability to represent themselves independently by a provider, among other things.

Latinx communities in our State are not receiving, consistently or in their primary language, the information and resources necessary to protect themselves and their families or survive economically. The Latinx communities, including undocumented Oregonians, make up an essential part of Oregon's year-round workforce and run thousands of small businesses across agriculture, health care, food services, manufacturing, retail, lodging services, etc. Yet they are an underserved population made vulnerable due to racial and economic inequities. A whole class of people long-neglected are now deemed essential during this crisis yet are being disproportionately impacted. Due to existing inequities, Latinx people account for at least 26% of all COVID-19 cases while making up more than 13% (560,960) of the State's population[2] .

The Latinx community and other communities, such as immigrants and refugees, have experienced different challenges. There is an alarming lack of access to mental health services that are culturally and linguistically appropriate; undocumented workers do not qualify for most relief resources such as unemployment insurance; the Latinx community has experienced overall lack of access to health services because of the lack of culturally and linguistically responsive services, or lack of health care interpreters and an over-reliance on telehealth that requires access to technology and data that is often expensive, or not available because they live in rural and frontier areas of our State.

Older Oregonians are struggling. They are at higher risk of comorbidities and mortality, and housing (e.g., nursing homes, congregate settings) have been identified as hot spots for infection. Adults who were receiving home and community-based services have seen those services disrupted. They are suffering

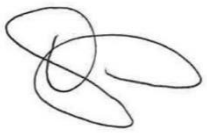
[2] OREGON LATINX LEADERSHIP NETWORK CALL TO ACTION: PROPOSED RESPONSES TO COVID-19 http://community.statesmanjournal.com/news/OR_Latinx_Leadership_Network_Call_to_Action.pdf

from social isolation; they feel forgotten. Tools such as telehealth have proven problematic because of barriers to access to technology.
We ask OHPB and OHA to invite members of these communities as well as LGBTQ, Black, and Indigenous communities to the table and engage in creating informed community solutions that can be implemented promptly.

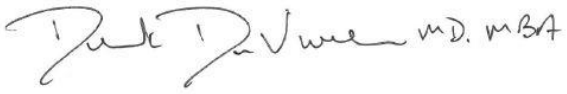
The evidence from history is clear. The movement toward equity has always required health equity champions to fight from inside. Unless our responses to the COVID-19 pandemic challenge its racial framing and prioritize the needs of racial/ethnic minorities, immigrants, and other vulnerable groups, COVID-19 is likely to persist in these pockets of our society.

Equity must be our priority today. If equity is only a priority in times of ease and surplus, it was never really a priority. This is the time to show the community that we hold true to these commitments.

Signed by Health Equity Committee Co-Chairs on behalf of members of the Health Equity Committee.



Kate Wells
Co-Chair



Derick Du Vivier, MD, MBA
Co-Chair

Cc: Rebecca Tiel, Chair. Public Health Advisory Board, October 15, 2020.