



## EQUITY

The Robert Wood Johnson Foundation defines health equity as follows: “Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”<sup>2</sup> The concept of health equity recognizes that the resources needed to be healthy should be distributed according to need, and not treated as “one size fits all.”<sup>3</sup>

Unfortunately, not everyone has access to what they need to be healthy. Policies and practices within communities have been designed – sometimes intentionally, sometimes unintentionally – to benefit only some individuals, excluding or creating barriers for others. As a result, our systems are biased against certain individuals and groups based on aspects of their identity.

**Health disparity:** Differences in health outcomes and their determinants between groups of people<sup>1</sup>

**Racism:** A system – consisting of structures, policies, practices, and norms – that assigns value and determines power and opportunity based on the way people look or the color of their skin<sup>4</sup>

**Institutional Bias:** the tendency for resources, policies and practices of institutions to operate in ways that advantage white, heterosexual, cis-gendered, able-bodied individuals and communities<sup>5</sup>

This marginalization and discrimination in turn results in avoidable and unjust health disparities. <sup>1,2</sup>

While the CHIP was developed with the understanding that all three priority areas would be viewed through an equity lens, the impacts of COVID and the wildfires on our communities have elevated the importance of direct action and accountability around equity in our work. In recognition of the immediate need to develop clear goals and strategies to address issues of equity in our region, equity was proposed as a fourth priority area and added to the Community Health Improvement Plan (CHIP) in 2022.

## WHY THIS IS A REGIONAL PRIORITY: SITUATIONAL ANALYSIS

What we saw in the Community Health Assessment (CHA) data:

- People within Jackson and Josephine County who identify as Hispanic or Latino have lower educational attainment compared to the general population
- People who identify as Hispanic or Latino are the fastest growing racial/ethnic population within the region, especially within Jackson County
- A significant proportion of survey respondents reported “availability of services for developmental disabilities” and “accessibility of public transportation for residents with disabilities” to be of high concern.

What we heard from the community during the CHA process:

- There is concern about the health care system’s ability to meet the needs of people of color, particularly in regards to culturally and linguistically appropriate care.
- Additional challenges community members experience related to health care system access and navigation included connecting all the different services needed by pregnant women, seniors, and those with multiple chronic conditions. Access issues were especially noted among rural communities.
- The region is experiencing an increase in the LGBTQ+ population, highlighting the need for more culturally appropriate care, specifically mental health.

What we have heard and seen since the CHIP was created:

- We saw disproportionate impacts of COVID-19 and the 2020 wildfires on communities that have been marginalized and immediate needs for these communities that may not fit into one of the three core focus areas.

This regional priority area aligns with the Oregon 2020-2024 State Health Improvement Plan (SHIP) priority areas of Institutional Bias and Adversity, Trauma, and Toxic Stress.

## WHAT WE WILL DO ABOUT IT: GOALS

While we engage in a community-driven needs assessment and develop formal goals and measurable outcomes for a collective community equity plan, we offer the following high-level goals to guide early investment in equity programs and development of a more fair, welcoming, and equitable Rogue Valley for everyone:

### **Goal 1: Work to eliminate systemic racism and institutional bias\* within our region.**

#### *Strategies*

- a. Collect current data from affected populations and key leaders to assess needs and opportunities.
- b. Identify organizations and groups currently addressing these issues and invite them to be part of the next CHA and CHIP planning processes, to develop goals and strategies that will be most effective in meeting these needs.
- c. Implement policies and projects that positively impact these issues for populations that have been marginalized. Projects may be related to the following or other issues:
  1. Address current bias
  2. Address historical bias
  3. Support developing policy that creates equitable opportunities for all Rogue Valley residents to thrive

*\* Bias may be related to - but is not limited to: race, color, national origin, religion, gender and sex, gender identity and gender expression, sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity.*

**Gender identity:** A person's inner sense of being a girl/woman/female, boy/man/male, something else, or having no gender. <sup>6</sup>

**Gender expression:** The way a person communicates their gender to the world through mannerisms, clothing, speech, behavior, etc. Gender expression varies depending on culture, context, and historical period.<sup>6</sup>

**Goal 2: Remove barriers to accessing services and supports in our communities – especially those services intended to help individuals within groups that have been the most marginalized.**

*Strategies*

- a. Collect current data from affected populations and key leaders to assess needs and opportunities.
- b. Identify organizations and groups currently addressing these issues and invite them to be part of the next CHA and CHIP planning processes, to develop goals and strategies that will be most effective in meeting these needs.
- c. Implement policies and projects that positively impact these issues for populations that have been marginalized. Projects may be related to the following or other issues:
  1. Neighborhood and built environment
  2. Educational outcomes and services
  3. Employment
  4. Legal needs and services
  5. Physical, oral, and behavioral health access
  6. Housing and homelessness
  7. Access to culturally and linguistically appropriate services

## HOW WE WILL MONITOR PROGRESS: POPULATION OUTCOME MEASURES

We will develop measures to monitor progress in the next CHIP.

References:

1. US Department of HHS, Office of Disease Prevention and Health Promotion. (2022). Health Equity and Health Disparities Environmental Scan. Available at: <https://health.gov/sites/default/files/2022-04/HP2030-HealthEquityEnvironmentalScan.pdf>
2. Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. (2017). What is Health Equity? Available at: <https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html>
3. Braveman P. (2014). What are Health Disparities and Health Equity? We need to be Clear. *Public Health Rep.* 2014 Jan-Feb; 129(Suppl 2): 5-8
4. CDC. *Health Equity: Racism and Health* [Online]. <https://www.cdc.gov/healthequity/racism-disparities/index.html> (Accessed on June 29, 2022)
5. Oregon Health Authority. (2020) *Healthier Together Oregon. 2020-2024 State Health Improvement Plan.* Available at: <https://healthiertogetheroregon.org/>
6. National LGBTQIA+ Health Education Center. (2020). Glossary of LGBT Terms for Health Care Teams. Available at: <https://www.lgbtqihealtheducation.org/publication/lgbtqi-glossary-of-terms-for-health-care-teams/>