

Health Equity in Oregon

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Office of
Equity & Inclusion

OHA's Strategic Goal

To eliminate health inequities in Oregon
by 2030

OHA Equity & Inclusion Division

- Scope
 - 16 functions for Oregon Health Authority/State of Oregon
 - 8 functions are state or federally mandated
- Policy and Program
 - Examples include Traditional Health Workers; Language Access and Health Care Interpreters; Americans with Disabilities Act; Civil Rights; Race, Ethnicity Language and Disability Data Collection Standards; Regional Health Equity Coalitions; Community Engagement, etc.

Assumptions and Values



Health is broadly defined as a positive state of physical, mental, and social well-being and not merely the absence of disease.



Everyone has the right to a standard of living adequate for health, including nutrition, education, housing, medical care, and necessary social services.



Rural racial/ethnic minority populations have substantial health, access to care, and social determinants of health challenges that can be overlooked when considering aggregated population data .



Inequities in population health outcomes are primarily the result of social and political injustice, not lifestyles, behaviors, or genes



Addressing health inequities means addressing differences that are not only unnecessary and avoidable but also, unjust and unfair.



Equity must be intentionally pursued as a strategy; it will not necessarily happen as a byproduct of other development efforts.

Health Inequities and Racism

- Health inequities are differences in health that are not only unnecessary and avoidable but, in addition, are considered unfair and unjust. Health inequities are rooted in social injustices that make some population groups more vulnerable to poor health than other groups.
- Babies born to Black women are more likely to die in their first year of life than babies born to White women.
- This remains true even when controlling for income and education
- Research has shown links between the stress from **racism** experienced by Black women and negative health outcomes. **This is a health inequity** because the difference between the populations is unfair, avoidable and rooted in social injustice.

Health Equity Definition

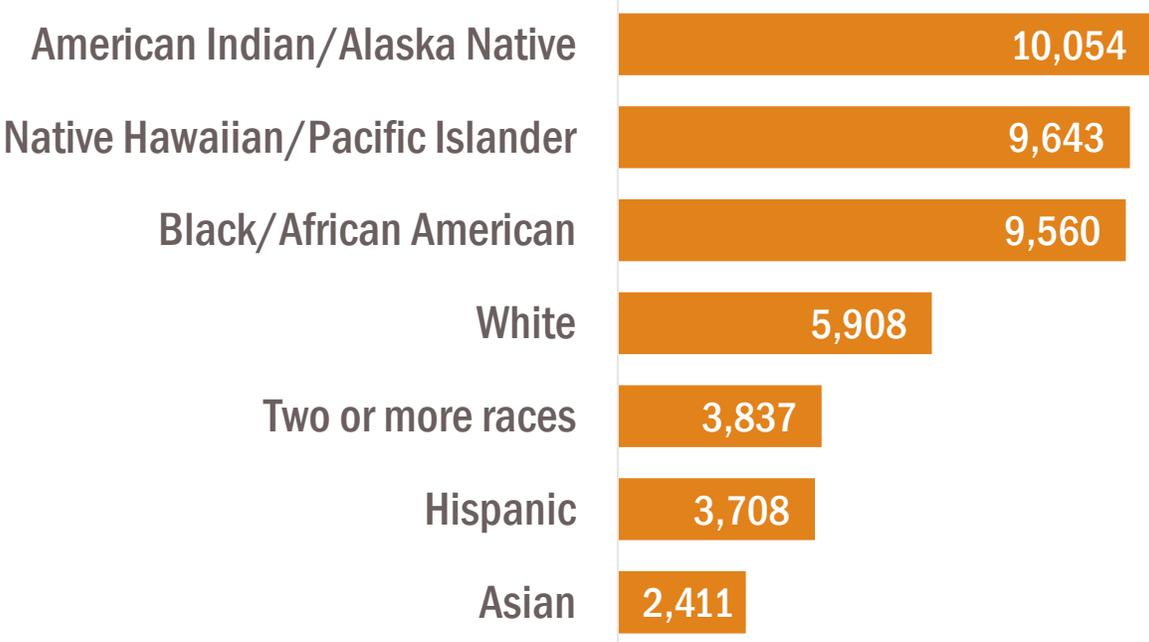
Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class, intersections among these communities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

Years of potential life lost before age 75 (per 100,000)

Many communities of color experience greater societal impact of early death.



Leading causes of premature death

- Injury
- Cancer
- Heart Disease
- Perinatal Conditions
- Diabetes
- Chronic Lower Respiratory Disease
- Liver Disease and Cirrhosis

Key drivers include

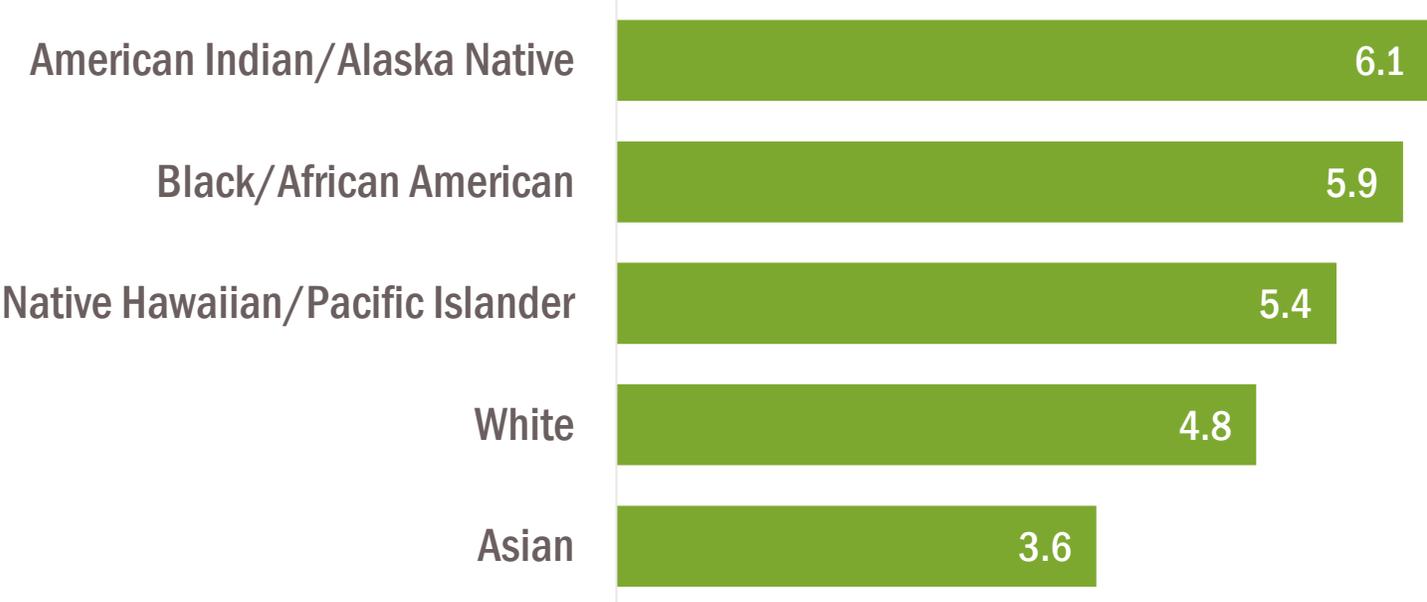
Structural racism

Socioeconomic status

Unequal access to healthcare services

Average number of days of poor mental health in the past month

Many communities of color report higher average days of poor mental health.



Key drivers include

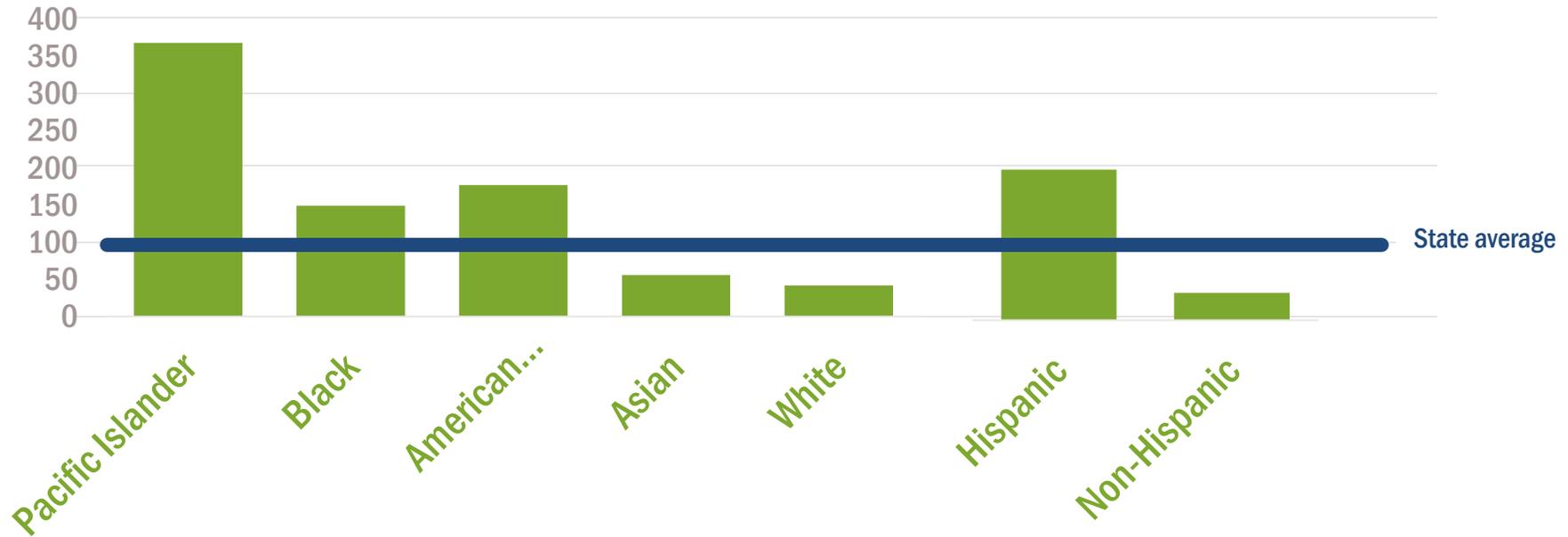
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Unequal access to healthcare services

Disproportionate Impact of COVID-19

Oregon COVID-19 cases per 10,000, as of October 7



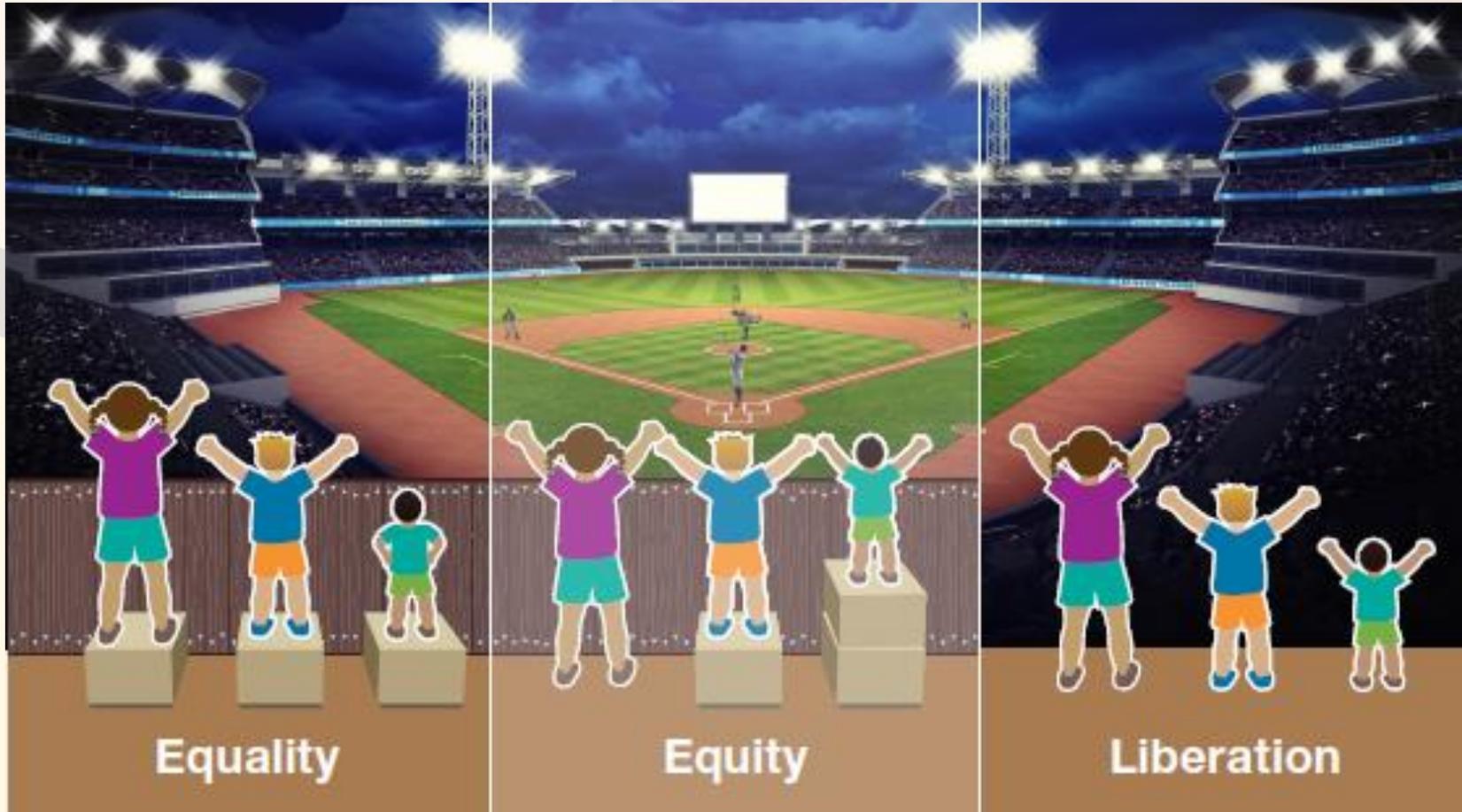
“It is in our bones”

- Dehumanization
- Intergenerational Trauma, Historical Trauma, Toxic Stress
- A sense of being expendable (essential workers)
- Not that far removed from: genocide, enslavement, Jim Crow, Exclusion Laws, Internment
- The national debate over our humanity

Health Equity & Anti-Racism Frameworks

- Historical and structural racism and oppression dating back to colonization and systematic genocide set in motion 529 years ago, to enslavement 400 years ago, to today's continued dehumanization of Black and Brown people are a driving source of today's health inequities.
- Racism is addressed through anti-racist strategies, tactics and initiatives
- It is not enough to be non-racist
- Anti-racism is a term of art in the Equity and Inclusion discipline
- Anti-racism is not pursued at the exclusion of other equity strategies or communities impacted by health inequities
- Anti-racism is designed to dismantle a root cause problem

From Equality to Equity to Liberation



Q & A

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Thank you!