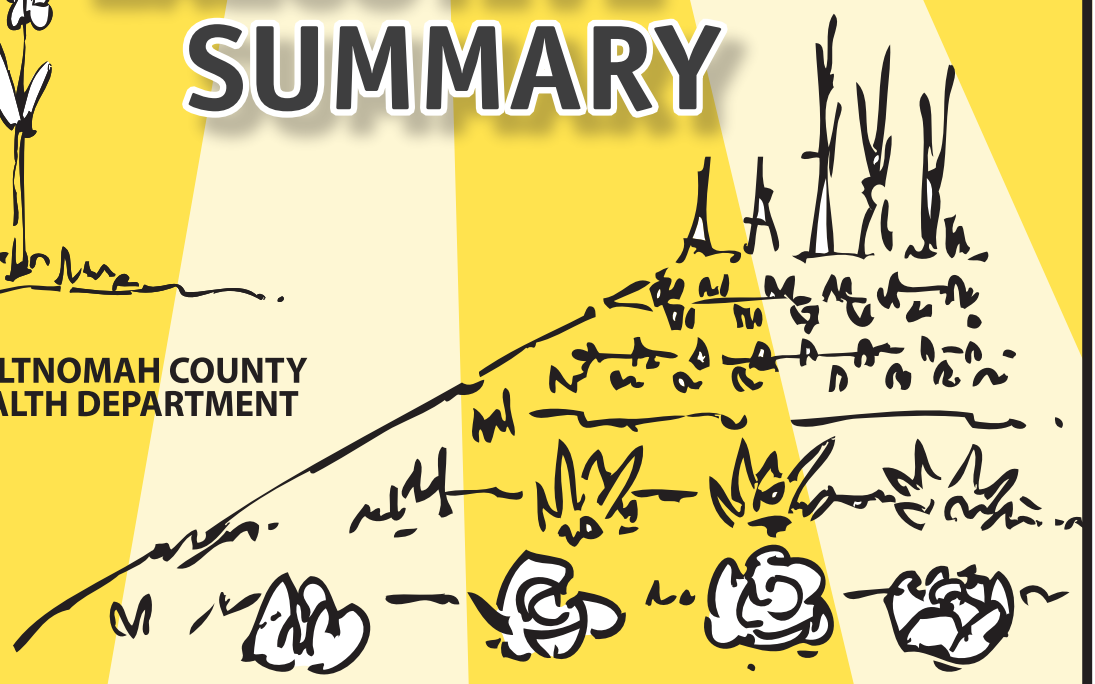
MULTNOMAH COUNTY HEALTH EQUITY INITIATIVE 2009

EXECUTIVE SUMMARY



MULTNOMAH COUNTY HEALTH DEPARTMENT

Public Health
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INTRODUCTION

This report provides an overview of the Health Equity Initiative's first phase of work since its inception in the fall of 2007; and presents policy recommendations based on (1) dialogues with communities, (2) key informant interviews with County staff, community partners, advocates and national policy experts, and (3) literature review of health policy research.

INTRODUCTION

In April 2007, Multnomah County Chair Ted Wheeler stated, "During my administration, Multnomah County will work to eliminate disparities based on race and ethnicity that exist in our community, and we will challenge other community institutions to work with us to make this happen." In June of 2007 Chair Wheeler and the Multnomah County Health Department funded the Health Equity Initiative (HEI), a countywide effort focusing on addressing the root causes of social and racial injustices that lead to health disparities.

The Initiative supports the County's commitment to improving the health of all Multnomah County residents by considering the ways that societal conditions in which we live, learn, work and play affect health.

TO DATE, HEI HAS THREE GOALS:

1. Create a common understanding of the root causes of racial and ethnic health disparities and their possible solutions, with a focus on social justice and equity.
2. Raise the visibility of current disparity elimination efforts of community-based organizations and county departments.
3. Explore and advance policy solutions to address health inequities.

The Multnomah County Health Department 2008 Report Card on Racial and Ethnic Health Disparities describes 17 health indicators examined for African American, Hispanic, Native American, and Asian Multnomah County residents. Six of the 28 health disparities that existed in the 1991-95 period had been eliminated by 2001-05. An additional 14 disparities had been reduced.

However, several disparities were identified that require intervention. For example, the rate of new cases of gonorrhea infections among African American residents was 6.5 times the rate of White non-Hispanics in the county. The Native American HIV disease mortality rate was more than three times higher than the rate for White non-Hispanics.

Another area of concern is the rate of births to teenage mothers in communities of color. In the 2001-05 period among Hispanics the percent of live births to teen mothers was more than 6 times higher than for White non-Hispanic teens. For African American residents the teen birth rate was more than 2.5 times the rate for White non-Hispanics. The 2008 data showed that the homicide death rate was more than six times higher among African Americans as compared with White non-Hispanics in Multnomah County.

HEALTH EQUITY FRAMEWORK

Though health care and services are important, solutions to racial, ethnic, and income inequities at the root of health disparities should be focused further upstream on the policies affecting the social determinants of health. In developing strategies to address health disparities, it is important to recognize that at its heart, promoting equity is not simply providing more services. It is also about how those services are developed, prioritized and delivered. What is needed to fundamentally address health disparities is a broad-based coordinated effort among many partners acting to address root causes. The root causes of health disparities are broadly based in inequities in many aspects of life, including social and economic policies.

Solutions should emphasize consideration of the social determinants of health, including economic, social, environmental, and political forces that can either promote or compromise the health of populations, especially of the historically disadvantaged, including people of color, women, the disabled, sexual minorities and the poor. A commitment to social and economic equity must lie at the heart of efforts to eliminate health disparities.

"We saw that there was health inequity, and I found two main things cause it. First, are social factors that can be controlled. The second is the power to control them...We make choices, but within limits we are given. Society determines what you eat, where you live, and what kind of education we can pursue. The problem is that policy needs to change. the people who make policy need to make changes."

– Participant at Gresham Library, 3/2/08

Policy solutions should target root causes of racial and ethnic disparities and be developed with members of the communities most impacted by inequities. A first step to address racial and economic injustices, is for government and the community to recognize and dismantle intentional and de facto policies and practices that maintain privilege among historically advantaged groups, such as Whites, males, and the wealthy.

In communities across the nation, tools are being developed to guide policy development by examining who is burdened and who benefits from policy and in this way truly assess and remediate the effect that policies have on the most burdened in our society. These tools when used with integrity and not as pro forma checklists can be considered an "equity lens" for examining social and economic policies. As an "equity lens" is applied more consistently across multiple sectors, public policy will be enriched by the consideration of its impact on the most vulnerable. This approach, when applied to social determinants of health, such as education, transportation, housing, community safety and other policy arenas, will lead to

HEALTH INEQUITIES

long-term improvements in 8 communities historically burdened by poorer health. HEI will use this framework to assess current efforts and advance policies and organizational development strategies.

DISCUSSING SOCIAL DETERMINANTS OF HEALTH WITH COMMUNITY

In order to raise awareness of the root causes of health inequities the Health Equity Initiative screened a seven-episode documentary series on social determinants of health for Multnomah County residents and county employees at ten sites throughout the county. The series, *Unnatural Causes: Is Inequality Making Us Sick?* was produced by California Newsreel and also aired on national TV. The goals of the screenings were to (1) increase awareness of the underlying or root causes of health inequities; (2) generate discussion about the problems and causes of health inequities in Multnomah County; and (3) identify potential solutions to health inequities in Multnomah County.

THE SCREENING EVENTS CONSISTED OF:

- Fifty-seven screenings throughout Multnomah County between March 2 and May 17, 2008 (29 screenings for community members and 28 screenings for county employees).
- Participation by more than 500 viewers.
- Approximately one third of the participants were people of color.

HEI POLICY RESEARCH CONSISTED OF INFORMATION GATHERING AND INTERVIEWS WITH:

- Multnomah County staff from various departments
- Local community partners and advocates
- National experts in health equity policy
- Local and national reports and research papers

RE-ENGAGING COMMUNITY AND COMMUNITY-INFORMED PRIORITIES

HEI returned to the sites where *Unnatural Causes* initially was screened to find out the policy priorities of the community. Attendees prioritized a list of policy recommendations compiled from community recommendations at the initial screenings and policy research findings. The combined list of proposals consisted of 140 recommendations, organized into seven themes consistent with the social determinants of health.

RECOMMENDATIONS

From this research many potential policies were identified. Additionally, three themes emerged: (1) there is no single "magic bullet" policy or short list of policies that will eliminate the inequities that result in health disparities, solutions need to come from the coordinated effort of policy makers, bureaucrats and community members, (2) local efforts at eliminating inequities should be driven by local data on existing health disparities, and (3) local governments should look at their own policies that perpetuate inequities.

POLICY PRIORITIES AND RECOMMENDATIONS

HEI's policy priorities integrate community input and priorities, best practice research in health equity policy, and an analysis of current momentum in health equity areas. Priorities focus on addressing mid- and upstream causes of racial and ethnic health disparities. The team is currently developing a transparent health equity policy development process and an evidence-based list of key policy improvements to tackle. The following list highlights a few of HEI's current areas of focus:

Improving living and working conditions, and strengthening community:

- Improve access to health care and social services (building capacity for health policy advocacy in partnership with communities of color, health providers, and interested community organizations)
- Connect transportation, land use and environmental practice to health equity in practice (collaborating with Coalition for a Livable Future on building a health equity policy agenda across public and private sectors)

Strengthening healthy and sound macro-policies:

- Improve racial and cultural competence of County management (Undoing Institutionalized Racism program and Equity and Justice trainings)
- Integrate equity review into County practice (developing and implementing an equity review tool)

HEALTH EQUITY INITIATIVE RECOMMENDATIONS

We recognize that while extensive local work is currently occuring -- both inside and outside County government -- to address health and social inequities, additional effort is needed and no single additional policy or program will effectively eliminate these inequities. Indeed, there is currently no set of identified "Best Practices" nationally to eliminate health and social inequities.

Through this Initiative's work, it has become evident that all levels of government need to pay close attention to the impact that their policy decisions -- whether it is the location of a new housing development or a tax -- might have on reducing or exacerbating health and social inequities. To promote equity in our community, we recommend that Multnomah County leadership weave an equity perspective into the fabric of policy and funding decisions by adopting two initial policies:

Continued on Page 6

HEALTH EQUITY INITIATIVE RECOMMENDATIONS
CONT'D

1. Adopt an equity policy package to ensure that promoting equity is part of Multnomah County government's decision making. Specific actions include:

EQUITY INVENTORY

Mandate a countywide equity inventory to identify actions across county departments to address equity issues, understanding that not all equity actions will be directly related to health.

EQUITY, SOCIAL JUSTICE, AND UNDOING INSTITUTIONAL RACISM TRAINING

Require Multnomah County managers to participate in training for undoing institutional racism. This training will build on existing diversity and interpersonal communication trainings currently being offered, and will add skills and tools for identifying and dismantling policies that maintain inequity.

EQUITY IMPACT REVIEW TOOL

Mandate development and utilization of a tool and process for Multnomah County managers and policy makers to ensure promoting equity is part of policy development and practice improvement. Develop policy to require use of the tool in specific situations, and encourage its use in general. Seattle and King County Washington have developed tools that could serve as models for Multnomah County. These tools provide simple, step-by-step processes for departments to use as an equity lens in reviewing policies, programs, or projects, revealing who benefits and, who carries the burden, and how inadvertent inequities can be ameliorated.

2. Adopt a policy that requires each County department to identify two strategic activities to promote equity between FY 2010 and 2014, and annually evaluate progress. These new Multnomah County department activities -- whether policy or practice changes -- could build on or expand current work within the departments and should ideally involve collaboration with community partners.

NEXT STEPS

The Health Equity Initiative (HEI) will continue to refine and advance both specific and organizational policy options. Strategies for the next phase of the initiative include:

- Promoting current government and community efforts to advance equity policies.
- Coordinating HEI proposed policies with respect to the policy agendas of other community and governmental entities.
- Working in cooperation with community-based advocacy and empowerment organizations to support existing policy advocacy work.
- Identifying partners (community organizations and other local jurisdictions) who can implement policies outside the purview of Multnomah County government.
- Investing in policy advocacy training for community members and county employees who wish to become more engaged in advancing health equity in our community.
- Implementing and evaluating additional policies prioritized by community members, Multnomah County Board Commissioners.

"It is my belief that part of the problem, when you say political solutions are inadequate, is that people designing the solutions don't understand the problems like the people experiencing the problem."

– Participant at Central Library, 3/31/08

CONCLUSION

Multnomah County should be a leader in promoting a common language and understanding throughout local governments and the community of the social and economic inequities that are the root causes of health disparities. In partnership with the community we serve, the County must pursue policies that prevent and redress the social inequities that underlay health disparities. Multnomah County needs to develop, use and promote an equity lens in decision making to assure that new programs, projects and policies do not create or perpetuate social or economic inequities in the community.


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