

# THE HEALTH EQUITY

A Five Year Reflection:  
The Policy Crosswalk  
Executive Summary

2008 - 2013

# INITIATIVE



Health Department

Public Health

Multnomah County  
Health Equity Initiative  
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# The Health Equity Initiative

Welcome

Welcome,

The Health Equity Initiative was formed in 2008 to address the racial and ethnic disparities impacting our communities. Over the past five years we have moved the work forward by responding to what we heard from our Unnatural Causes dialogues series and the development of the *Equity and Empowerment Lens: Racial Justice Focus*. Our goal is to ensure that Multnomah County Health Department's (MCHD) practices, policies and programs address health inequities and focus on policy change in collaboration with community partners and our Office of Policy and Planning to respond to priorities we heard from the community.

Over the past five years we moved this work forward. As Multnomah County Health Department continues to build our capacity to continue this challenging work, we want to make sure that those who have participated over these years are part of our communications and part of our future.

We also want to provide example for our colleagues locally and nationally who are engaging around this work. As we've learned from other jurisdictions like Seattle and King County, Alameda County and Louisville's Center for Health Equity, we hope that others will learn from us.

Thank you for your interest in the Health Equity Initiative's work. And thank you in advance for collaborating with us on our shared in achieving MCHD's vision of "healthy people in healthy communities."

Feel free to contact us with questions or thoughts at [hei@multco.us](mailto:hei@multco.us) or 503-988-3663.

Sincerely,

Ben Duncan  
Program Manager

# The Health Equity Initiative

## Overview

In 2008 Multnomah County Health Department's Health Equity Initiative (HEI) hosted a series of conversations based on screenings of the PBS video series *Unnatural Causes*, containing seven different episodes focusing on the connection between our social and built environment, policy, and health outcomes. These screenings and subsequent conversations were conducted with both community members and Multnomah County employees.

Employees and community members made recommendations about actions that could be taken by local governments. These were compiled and presented to the community for review and prioritization. The results of the community review process are covered in HEI's 2009 annual report.

[http://web.multco.us/sites/default/files/health/documents/hei\\_report\\_2009\\_0.pdf](http://web.multco.us/sites/default/files/health/documents/hei_report_2009_0.pdf)

The Health Equity Initiative vales a responsive update to our community on the Health Department's activities related to these recommendations. We also recognize that this reflection provides us an opportunity to recognize where further actions, partnerships and policies can be developed and to guide next steps for the Health Equity Initiative and our departmental and community partners.

This Executive Summary Report reflects some key activities (policies, programs, and advocacy) for those recommendations within the sphere of the Health Department's mission of Healthy People in Healthy Places.<sup>1</sup> The full report goes into more detail and reflects the 83 recommendations summarized into 18 content areas.

The report is not an exhaustive scan of the Health Department's activities related to health equity. The Health Department does much work that is not addressed by these recommendations. Please refer to the full report for detailed description of methodology and for a more in depth look at all the policy recommendations.

1. <http://web.multco.us/health/about>

# The Health Equity Initiative

## Selected Highlights

Listed below you will find highlights and examples from 18 different content areas where Multnomah County is working to address inequities in our community. The full report goes into detail regarding specific policy recommendations and the current status of Multnomah County Health Department (MCHD) to address them.

### **Addictions and Mental Health**

The Health Department is playing a key role in facilitating a unique public private partnership which aims to improve the health of the community. The Healthy Columbia Willamette Collaborative includes 14 hospitals, four health departments and two coordinated care organizations in the Clackamas, Multnomah and Washington counties of Oregon and in Clark County, Washington. The partnership is currently forming strategies to address the need for addiction and mental health services. One of the strategies may include expansion of services.

### **Community Built Environment**

The Communities Putting Prevention to Work (CPPW) grant the Health Department received focused on community livability and land use through the City of Portland Comprehensive Planning process to develop neighborhoods that are more connected and equitable by ensuring health related policies were included in the plan update.

### **Community Safety**

Striving to Reduce Youth Violence Everywhere (STRYVE), another grant received by the Health Department, is developing a set of strategies, including those making public space more attractive and usable. These would have the affect of bringing community together and discouraging crime.

### **Community Social Capital**

MCHD is working with local Native communities to form the Future Generations Collaborative. The collaborative uses a community participatory model to “implement culturally-specific practice-based evidence (vs. evidence-based practice)” and build community capacity. Healthy Birth Initiative’s (HBI) Community Consortium, which gives input to the program on policy and programming, and is another example of MCHD partnership with the community. The Community Health Council works closely with the department’s director and the Board of County Commissioners to provide community guidance on a wide variety of public health issues, programs and policies affecting Multnomah County residents. The HBI Consortium is comprised of local agencies, community groups and program consumers. MCHD also has a number of advisory councils, which serve to inform and include community members in decision-making.

# The Health Equity Initiative

## Highlights Continued

### **Criminal Justice/Corrections Health Transition**

MCHD has applied for a grant to support the formation of teams of nurses and community health workers to provide case management around chronic disease treatment for incarcerated individuals transitioning from incarceration.

### **Early Childhood**

MCHD is doing extensive work in the area of early childhood primarily through programming and maternal child services and collaboration with All Hands Raised, Communities Supporting Youth Collaborative, Cradle to Career and Ready for Kindergarten Subcommittees, Early Childhood Council and health care transformation work.

### **Economy**

While the economy is not its usual purview, MCHD recognizes that income is one of the primary social determinants of health and is working with vulnerable communities on micro-enterprise projects. MCHD is using its influence as a contractor of services to leverage and promote equitable practices. The Healthy Retail Initiative links food access and health outcomes, and Environmental Health has a pilot program to promote licensure and success of micro-enterprise food vendors.

### **Education**

There is a great deal of work focused internally to MCHD on raising awareness and understanding social determinants of health by exploring multiple tools and models including the implementation of “Roots of Health Inequity” module, capacity building and curriculum on utilizing the *Equity and Empowerment Lens: Racial Justice Focus*<sup>2</sup> to ensure that we are addressing equity in our practices, programs and policies. MCHD also works externally with North Portland’s Health Eating Active Living Coalition (HEAL) and is working with North Portland Neighborhood – Cesar Chavez School in Portsmouth – on race, ethnicity, diversity, cultural sensitivity, translation services, and bilingual materials.

### **Emergency Planning**

MCHD’s Emergency Preparedness and Response Program has worked on several projects since the 2008 Health Equity Initiative screenings where recommendations were made to *“Consider equity and vulnerable populations in the development of regional emergency response plan.”* In 2011, we developed a vulnerable populations section to our Emergency Response Plan. This section describes the Health Department’s role in serving vulnerable populations during a public health emergency and identifies likely impacted populations, the service providers for those impacted populations, and our relationships with those service providers.

2. <http://web.multco.us/diversity-equity/equity-and-empowerment-lens>

# The Health Equity Initiative

## Highlights Continued

### **Food Security**

Through the Healthy Retail Initiative (HRI) – MCHD is working with 13 Latino, African American and African neighborhood small grocery stores to make fresh fruit and vegetables available by linking residents, retailers and local farmers. MCHD also supported a number of projects through the CPPW grant including the development of new community gardens, procurement changes that increased access to fresh and local produce, establishment of food buying clubs, and supporting the development of the Urban Food Zoning Update in the City of Portland.

### **Health Impact**

MCHD continues health impact assessments on local policy. Recently completed health impact assessments include an assessment requested by Chair Cogen to understand the impacts of proposed coal exports through Multnomah County and another on the impact of wind energy projects.

### **Health Promotion**

MCHD has a strong focus on women and early childhood issues including supporting HealthShare, the local Coordinated Care Organization. Early Childhood Services, WIC, Healthy Birth Initiative and the Community Capacitation Center are ensuring empowering health promotion is a key component in achieving equity. The Health Promotion Community of Practice is partnering with Health Equity Initiative to ensure that trainings focus on equity and empowerment.

### **Human Services Access**

The Gateway Center for Domestic Violence Services represents a “one stop shop” because it is a cooperative effort of Multnomah County, the City of Portland and various public and private partners, and is a place where victims, survivors, and their children can find the support and information they need to achieve safety in their lives.

### **Healthcare**

Providing direct services is a primary activity for MCHD in fulfilling its mission. This content area reflects a variety of policies and practices that reflect the value placed on increasing access and quality of care. Some examples of efforts include: using LEAN processes to improve program responsiveness/waiting time, supporting the Coalition of Community Clinics to strengthen community health clinics and foster collaboration across the safety net delivery system, opening of the Rockwood Clinic and Southeast Health Center reflective geographic and demographic community changes, operating school-based health centers, partnership and leadership around Healthcare Transformation, and supporting the expansion of the role of community health workers in healthcare and prevention.

# The Health Equity Initiative

## Highlights Continued

### **Housing**

MCHD has collaborated in City of Portland Comprehensive Planning and the Portland Plan, and have advocated for the “20 minute neighborhood,” a national movement to have neighborhoods designed such that all the basic needs can be met within a 20 minute walk or bike ride from where people live. MCHD worked with City of Portland and City of Gresham to establish mandatory inspection programs and is also collaborating with our housing partners to conduct a review of health effects of no cause eviction and retaliation on renters in Multnomah County. The MCHD “Healthy Homes and Families” asthma program provides free services to eligible families including home inspection and consultation, referral, help working with medical providers on Asthma Action Plans, and with medication management to make the home and the child healthier.

### **Physical Activity and Nutrition**

MCHD has done a lot of work that reflects the many specific policies highlighted in the full report. Some examples of efforts include: promoting alternative modes of transportation through participation in planning processes with City of Gresham and City of Portland, funding of partners to work with Parks Bureau to examine barriers for African American use of park spaces, working with Oregon Public Health Institute on the “Right from the Start Project” focusing on nutrition, physical activity, breast-feeding support and screen time for children, and working with schools to develop and implement policy and systems change that promote healthy eating and physical activity.

### **Racism and Equity**

MCHD addresses dialogues about race and racism through its Building Partnerships Across Difference diversity training series and forums for employees. The Health Equity Initiative is working to build capacity for use of the *Equity and Empowerment Lens: Racial Justice Focus*, both internally and with other jurisdictions to assure that equity is a consideration in programs, practices and policies.

### **Workforce Development**

MCHD has developed a cultural competency directly related to hiring, training, retaining and promoting a diverse workforce. Human Resources is applying an equity lens to their hiring and recruitment practices. The Department also adopted a Cultural Competency Policy Framework to promote growth and tracking of efforts to ensure cultural competency in our service delivery. MCHD hosts a number of trainings designed to reflect our value as a learning organization, and established a BRiTE (Building Resilience Innovative Team of Employees) committee that recommended methods to improve employee satisfaction and build resiliency in MCHD.

# The Health Equity Initiative

## Summary / Next Steps

### Summary

This report highlights HEI and MCHD accomplishments since we began five years ago. Through our partnerships we continue to identify future opportunities for development and next steps. The full report goes into greater detail of specific policies.

The health department is leading, partnering or working on projects, policies or programs related to nearly all of the recommendations from community members and employees. This is especially encouraging as some of the categories are outside of the direct purview of the health department.

Much of the work of advancing equity is the result of key initiatives that have formed strong partnerships and coalitions with communities such as Action Communities for Health and Innovation (ACHIEVE), All Hands Raised, Early Learning Council, Community Putting Prevention to Work (CPPW) Council, Healthy Retail Initiative, Healthy Eating, Active Living (HEAL) Coalition, and Striving to Reduce Youth Violence Everywhere (STRYVE). Healthcare transformation under the Affordable Care Act has also been a major initiative carrying forward equity work.

### Next Steps

Two areas that the Health Department might consider bringing more attention to are Mental Health and Addictions, and Criminal Justice, and this reports provides us with the opportunity to reflect on where we still can move work forward, and provide our community, agency, and non-governmental partners the chance to both reflect on where we have been, and engage in where we will go from here.

### Contact

For more information about the Health Equity Initiative, please visit our webpage at <http://web.multco.us/health/health-equity-initiative>

Email us at [hei@multco.us](mailto:hei@multco.us)

Always feel free to call 503-988-3663.