

From: [Allen Patrick](#)
To: [OHA Directors Office](#)
Subject: OHA's commitment to addressing health inequities
Date: Friday, July 15, 2022 1:27:57 PM

Good afternoon,

I want to address some questions that came up last week about the Oregon Health Authority's focus on health equity in the context of an email an OHA staff person sent, which generated some media coverage. I want to remind you why eliminating health inequity is our goal and talk about the values we apply to achieving it: including our urgent focus on solving health problems in the lives of people who are experiencing inequities and our commitment to hearing the voices of people who are affected by our decisions.

I'm taking a bit of an unusual step in addressing this message not only to OHA staff, but also to our partners in Regional Health Equity Coalitions (RHEC) and coordinated care organization Community Advisory Councils (CAC). I'm including you because OHA cannot improve the health of people in Oregon without partners like RHECs and CACs.

Here is what we want to accomplish together: In early 2020, the Oregon Health Authority set for itself a strategic goal of eliminating health inequities in the state by 2030. It was, and is, an ambitious goal. The ongoing pandemic has, at once, made that goal more difficult to achieve, and helped illustrate why it's needed and what tools will work to achieve it.

Part of why the goal is so hard is the reluctance of many to see, acknowledge, and act on the fact that racism and oppression have been, and are today, major factors explaining the poor health of people of color, Tribal communities and additional communities harmed by current and long-standing social injustice. One example: Black people who give birth and their babies die at a higher rate than White people who give birth and their babies, even after adjusting for income and education levels. Why is that?

The reason we see these unacceptable inequities is because systemic racism produces unfair barriers to care that have harmful impacts on peoples' lives – more disease, more pain and shorter lives.

These disparities are not caused by individual personal lifestyle choices. Often Black parents need to travel farther to get prenatal care. On average, they are less likely to have health coverage. A history of medical experimentation and, in many places a segregated or unwelcoming health care system, has created an understandable mistrust of healthcare professionals, which can discourage people from getting the care they need.

At a community level, systemic racism fuels unfair forces such as unaffordable housing, limited transportation options and unwalkable neighborhoods, food deserts and tobacco marketing that's targeted at people in communities of color. These inequities, not to mention the stress caused by daily experiences of racism, contribute to chronic disease and other health problems that get blamed on individuals.

Now here's a counter example: Research has found that Black newborns are one-third less likely to die post-partum when cared for by a Black physician rather than a White physician.

This example shows the difference that access to care can mean for a baby's health, especially when that care is delivered by someone who looks like you and may understand you better than someone who comes from a different background or community. It also shows that we can reduce or eliminate health inequity if we put the right services in place for people.

If we recognize that racism is at the root of many health inequities, we need to approach our work in a different way. According to one expert, Rachel Hardman of the Minnesota Population Center at the University of Minnesota, "We must first ask, 'How do systems, policies, and social structures combine to create the conditions for poor health?' rather than asking 'What's wrong with people of color that makes them die younger and at higher rates and suffer more illnesses?'"

Now, why do I bring all this up? Because, at the end of the day, we're asking everyone to do really hard work to change this paradigm. It's why we've also committed to become an anti-racist organization. An anti-racist organization is an organization that not only doesn't act in a racist way, but actively works to interrupt racism in the work we do.

This commitment calls on us to do tough things, say tough things, and call into question peoples' assumptions and understanding of how things work. This is the kind of work that can raise hackles, generate sometimes vigorous pushback, and can make us pretty unpopular at times. That's OK, as long as our focus is on eliminating health inequity and improving the health and well-being of everyone in Oregon.

Recently, we had a team member who needed to reschedule a meeting to allow community partners to fully and meaningfully participate in decisions about policies and funding that affect real people's lives. The delay was requested by community partners and the team member honored that request. Equity can only work at the speed of trust and it was important to take time to ensure everyone would be ready. Unfortunately, that team member received a number of texts, emails and phone calls laden with hate for the way she characterized that decision. That's not OK. People have a right to disagree with our actions, but it is never acceptable to intentionally expose anyone to threats and intimidation.

Urgency has a vital and appropriate place in the work we do. From closing gaps in vaccination rates to eliminating inequities in infant mortality, we take urgent action to improve people's lives and tackle pressing health threats every day. Every day we urgently act to protect drinking water, shield people from air toxics and ensure that people have access to quality health care. Every day, we treat hundreds of people with severe mental illness at our state hospital.

But urgency can also be used, intentionally or not, to cut off conversation. To limit the opportunity for inclusion. To silence the voices of people who are most affected by the decisions that get made by people who traditionally exercise power. Not only is it appropriate to point out that dynamic, it's necessary. We can't break down structural and systemic racism until we can name it and interrupt it.

And it's deeply unfortunate that anyone in our agency should be assailed in the way that our team member was for doing the work that the agency has set forth to do.

As I said at the beginning, this is hard work. But it's work we all need to lean into. People's lives and health are at stake.

Thanks. Let me know if you have any thoughts or questions.

Pat.