

## OPHA Health Equity Statement 2020

**Audience:** General public, OPHA members and OPHA leadership

**Purpose:** Define health equity and share vision of how OPHA will work toward achieving health equity

**Updated:** August 17, 2020

The Oregon Public Health Association (OPHA) advocates for policies that protect and promote health and health equity for all Oregonians, as articulated in the organization's mission statement and as an organizational value. OPHA acknowledges the impact of white supremacy and institutional racism on health inequities and the urgent need to act to dismantle these barriers. Because of the pervasive nature of racism and its ability to negatively impact everyone, we have intentionally decided to lead with race. While racism is pervasive, it impacts communities in unique ways because of the history that has created these dynamics; anti-Blackness is an important example of this. Leading with race will honor the lived experience of Black, Indigenous, and communities of color<sup>1</sup> and focus efforts where inequities are greatest in order to achieve health equity for all.

### Health Equity Definition

Achieving health equity means that everyone has a just and equal opportunity to attain health. This effort will be based on the fair distribution of culturally and linguistically appropriate health information, programs, and processes providing access to high quality, evidence-based health and healthcare services resulting in improved health outcomes and best possible health status (Adapted Paula Braveman definition, 2017).

Health equity is achieved when all people can reach their full potential and are not disadvantaged by social or economic class, race, ethnicity, religion, age, disability, gender identity, sexual orientation, or socially determined circumstance. Optimal health depends on mitigating or eliminating avoidable inequities in the access to and utilization of resources and opportunities. Health equity demands intentionally and systematically addressing poor health outcomes by purposefully engaging the root and intersectional causes of adverse health status such as racism, structural disadvantage and differential privilege. (Adapted World Health Organization definition)

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<sup>1</sup> For clarity, communities of color include people who identify with one or more of the following: Alaska Native, American Indian, Asian, Black or African American, Hispanic or Latino, individuals of Middle Eastern descent, Native Hawaiian or Pacific Islander, and other racial or ethnic minorities.

## **Purpose/Justification of Definition:**

This definition is to be used by OPHA as a resource toward achieving health equity in resolving inadequacies in health outcomes, healthcare access and quality of care services. In addition, this definition will be used to better measure progress as well as gather examples or information from other communities/minorities and marginalized populations working toward attaining best possible health outcomes (Paula Braveman, 2017). This approach will address removing barriers such as:

- Poverty
- Discrimination and its consequences
- Powerlessness
- Unemployment
- Lack of jobs with livable wages
- Lack of quality education
- Unaffordable housing
- Unsafe living environments
- Inadequate access to quality healthcare services
- Lack of culturally and linguistically appropriate systems and services
- Health inequities
- Poor health outcomes

Clearly defining health equity helps to identify, address, and alleviate issues of inequitable access to resources and opportunities, and remove institutional barriers that promote inequities across all systems. A few anticipated outcomes of OPHA addressing health equity include actions that clearly:

- Reflect dedication to fair and just practices across all sectors of society
- Guide policy priorities
- Operationalize metrics for accountability
- Respect and acknowledge diverse ethnicities' strengths and challenges
- Identify with diverse cultures to garner and sustain elaborative stakeholder support
- Encourage, establish, and urge political will

## **Moving Toward Action**

OPHA will fight against white supremacy and institutional racism in the field of public health and work to undo the ways it manifests in our own organization. OPHA is committed to supporting the work of other organizations and community leaders who are working toward achieving health equity. Furthermore, OPHA will center and be led

by the truths and expertise shared by Black, indigenous and people of color (BIPOC) in our efforts.

OPHA will center its efforts on racial-ethnic diversity, inclusion, health inequities, inequalities, and health disparities with an intentional focus on underrepresented, disenfranchised, and marginalized populations and their communities. Focus on Black Oregonians is especially important because of disproportionate death rates not only due to health inequities, but also because of anti-blackness and its impact across the social determinants of health such as racially motivated police brutality and use of deadly force.

OPHA will also focus on diversifying its membership and leadership. People holding membership in marginalized identities experience less privilege and opportunities than people who have membership in dominant culture identities. Diversity can be intersectional in that people hold membership in multiple marginalized identities and because of that, can experience far more inequities, especially as they relate to health outcomes. Diversity helps ensure those who experience the greatest inequities are leading and participating in OPHA's efforts to give voice to a vision that pursues organizational objectives effectively.