

A stylized graphic on the left side of the slide. It features two green mountain peaks of different heights. Below the mountains is a green wavy line representing a shoreline or a body of water. At the bottom of the graphic is a solid blue area representing water.

Report Card on Racial and Ethnic Disparities

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Health Department Mission and Vision

- **Mission:** In partnership with the communities we serve, the Health Department assures, promotes and protects the health of the people of Multnomah County
- **Vision:** Healthy people in healthy communities



Goal of the Presentation

- Present key findings from the Health Department's new report on health disparities in Multnomah County
- Provide information on the Health Department's role in efforts to reduce disparities
- Issue a call to action for County-wide efforts to reduce disparities



Agenda

- Introduction
- Overview of Report
- Community Response to Findings
- Legislative Action to Reduce Disparities
- Looking Ahead: Strategies for Future Efforts to Reduce Disparities
- Conclusion and Call to Action



Purpose of the Report

- To provide a comprehensive analysis of local racial and ethnic disparities in health and related factors
- To use results to inform a range of essential public health activities



Background

- First version of report to examine indicators of underlying causes of health outcomes
- Selection of indicators based on County Health Rankings framework



Source of graphic: Oregon Public Health Institute



Data Sources

- Existing Oregon data, such as:
 - Birth, death certificates
 - Population-based surveys
 - Reportable conditions, hospitalizations
- U.S. Census Bureau data



Limitations: Racial and Ethnic Data

- Analyses limited to four communities of color:
 - Black/African American, non-Latino
 - Asian/Pacific Islander, non-Latino
 - American Indian/Alaska Native, non-Latino
 - Latino
- Grouping together populations that are very different
- Limited in how we analyzed data for people identifying with more than one race



33 Indicators

- Physical environment
- Social and economic factors
- Health behaviors
- Clinical care
- Morbidity
- Mortality



Magnitude of Disparities

Compared to Non-Latino Whites

| | |
|----|---|
| | Requires Intervention: At least 2 times higher |
| | Needs Improvement: 1.1 to 1.9 times higher |
| | Needs Improvement: At least 1.1 times higher; did not reach statistical significance, but consistent local trend or disparity at the state-level |
| | Geographic Disparity: At least 1.1. times higher |
| | No disparity detected |
| * | The community of color did significantly better |
| -- | Not reported due to small numbers |



Social and Economic Factors

| INDICATORS | American | | | |
|---|----------|----------|-----------|--------|
| | Black/AA | Asian/PI | Indian/AN | Latino |
| Children living in poverty | | | | |
| Children in single-parent household | | | | |
| Third-grade reading standards | | | | |
| High school graduation (4 yrs./cohort) | | * | | |
| Adults with high school education or less | | | | |
| Unemployed, but seeking work | | | | |



Results Summary

| INDICATORS | American | | | |
|-----------------------------|----------|----------|-----------|--------|
| | Black/AA | Asian/PI | Indian/AN | Latino |
| Physical Environment | | | -- | |
| Social and Economic Factors | | | | |
| | | | | |
| | | * | | |
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| | | | | |
| Health Behaviors | | | | |
| | | | | |
| | | * | | |
| Clinical Care | | | | |
| | | | -- | |
| | | * | | * |
| Morbidity | | | | * |
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| Mortality | | * | | * |
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Strategies for Future Efforts to Reduce Disparities

- Prioritizing a commitment to authentic community engagement, partnership, and accountability
- Building the capacity of our local Board of Health to understand and act on health disparities
- Creating a Public Health Advisory Board to inform Health Department decisions
- Conducting a Community Health Improvement Plan focused on reducing disparities



Strategies for Future Efforts to Reduce Disparities: continued

- Applying the Equity and Empowerment Lens consistently to internal processes
- Prioritizing Health in All Policies efforts that reduce disparities
- Building up culturally-specific approaches to reduce disparities
- Increasing commitment to trauma-informed approaches
- Increasing investment in early childhood and adolescence among families of color and families living in poverty



Conclusion and Call to Action

- Disparities are **unacceptable** and **avoidable**
- Multnomah County Health Department is committed to taking action, but cannot do so alone
- The Multnomah County Chair, Board of County Commissioners and Department leadership must work together to use our collective power and influence to address disparities through sustained policy, practice and program changes

