

HEALTH EQUITY AND INCLUSION LENS FOR BILL ANALYSIS

“Equity and Inclusion First” – *When we design policies and provide programs and services that improve health for people of color, people with limited English proficiency, LGBTQ communities, and people with disabilities, all communities benefit!*

Use this tool to identify opportunities to support/enhance equity, diversity and inclusion, and reduce disparate impact in legislative bills.

Community Engagement/Partnership

Is there an opportunity in the bill to:

- Mandate committees, councils, advisory groups or other bodies to focus on equity and/or inclusion?
- Require committees, councils, advisory groups or other policy-making bodies to reflect state and/or local populations most affected by inequities (with mandated threshold or percentage requirements)?
- Require “meaningful participation”¹ of communities experiencing health inequities?
- Clearly define terminology to ensure representation of communities experiencing health inequities (including “consumers,” “underserved communities,” “racially, ethically and linguistically diverse communities,” communities historically experiencing poor health outcomes,” etc.)?
- More meaningfully address inequities so that the needs of members with multiple identities are addressed (ex: low income people of color, people of color who also have disabilities)?
- Create institutional accountability to communities experiencing health inequities (example: require annual or biennial reporting on data, activities, progress on goals, service delivery, timeliness of services to reduce health inequities)?

Race, Ethnicity, and Language +Disability (REAL+D) Data Collection/Analysis

Is there an opportunity in the bill to:

- Require collection of data disaggregated by race, ethnicity, language and disability (following HB2134² standards for data collection)?
- Require collection of data on sexual orientation, non-conforming gender?
- Require training for staff on best practices on collecting data from diverse communities, including maintaining confidentiality and explaining purpose?

¹ “Meaningful participation” means engaging a diverse group of stakeholders who are representative of the communities that policies will impact, not only in consultative roles to provide input, but also to co-plan or lead policy development efforts, have access to data and resources to make informed decisions, have decision-making authority, and to participate in the analysis of data and policy impact efforts.

² [Oregon Administrative Rules 943-070-0000 to 943-070-0070](#)

- Require the inclusion of affected communities in planning, data collection methods, analysis, and dissemination, and utilizing culturally appropriate processes³ to do so?
- Require dissemination of final data to affected communities?

Research and Evaluation

Is there an opportunity in the bill to:

- Mandate health equity or other equity impact analyses on new or existing efforts?
- Mandate inclusion of diverse communities at every stage of research efforts, including planning, evaluation design, implementation, analysis, and dissemination of research results to communities affected, and to utilize culturally appropriate processes to do so?
- Require the inclusion of health equity and/or inclusion metrics or indicators in all planning, quality, intervention, and impact assessments and reports?

Funding and Capacity Building for Equity and Inclusion

Is there an opportunity in the bill to:

- Mandate strategic investments and resource allocation for health equity advancements?
- Require proposers to identify service populations based on racial and/or health inequities data?
- Require proposers and existing contractors to submit plans and/or modifications for increasing health equity?
- Require Requests for Grant Proposals (RFGPs) and Requests for Proposals (RFPs) to include weighted criteria and scoring for health equity efforts?
- Require proposers to include equity performance measures, including metrics and indicators that address both internal and external performance (ex: patient satisfaction, increase in diversity of staff)?⁴
- Require investments in cultural competency training?
- Require funding and resource allocation and planning to redirect or redistribute funding towards opportunity zones and/or geographic tracts where greater health inequities exist?
- Require meaningful funding levels for health equity activities in grant awards (to eliminate “funding for failure” amounts)?
- Require inclusion of communities experiencing health inequities on grant or contract review panels?
- Recognize and fund culturally and linguistically appropriate community practices that promote health and protect community (include both community-identified and evidence-based practices)?

³ “Culturally-appropriate processes” means tailoring processes to an individual's or community's culture and language preference, being respectful of and responsive to the beliefs, practices and needs of diverse stakeholders (adapted from ThinkCulturalHealth.org, guidance on CLAS standards)

⁴ Adapted from “Multnomah County Equity and Empowerment Lens,” Multnomah County, 2014.

Health Program and Service Provision Improvements for Equity and Inclusion

Is there an opportunity in the bill to:

- Require enforcement of Title VI of the Civil Rights Act⁵?
- Require language access provisions (ex: provide timely interpretation, translation, alternate formats)?
- Require the use of only qualified/certified health care interpreters and/or ASL certified interpreters in medical settings?
- Require bilingual/multilingual program staff and contracted interpreters to meet bilingual proficiency standards if using their language skills in program delivery?
- Require that documents are developed in plain language?
- Require timely translation of documents necessary to maintain and protect the health of all communities?
- Require the use of Traditional Health Workers⁶ in health care service delivery?
- Require programs and services to utilize or recognize culturally and linguistically appropriate services (including the incorporation of non-Western approaches to health and health care)?
- Require cultural competency training for health and service providers?
- Incentivize participation to engage under-represented groups (ex: stipends for advisory bodies)?
- Incentivize the incorporation of health equity policies and practices?
- Require the provision of services in “non-traditional” settings that increase access to those services?
- Require programs to tie health improvement policies and strategies to social determinants of health and collaborate with other state and local cross-sector entities to address those determinants of health?

Diversity, Affirmative Action, Discrimination Protections

Is there an opportunity in the bill to:

- Increase contracting or procurement opportunities for Minority, Women and Emerging Small Businesses?
- Require data collection, reporting and establishment of metrics related to employment of under-represented populations?
- Require efforts to increase workforce diversity (recruitment and interviewing processes, retention strategies such as employee resource groups, professional development opportunities targeted to under-represented staff)?
- Incentivize or require cultural competency training for staff?
- Require enhancements to ensure accessibility to meet ADA requirements? (Facilities improvements, signage, materials in alternate formats, provisions for assistance animals)?
- Require formal and informal complaint procedures for staff and clients to address discrimination complaints⁷

⁵ <http://www.justice.gov/crt/about/cor/coord/titlevistat.php>

⁶ Traditional Health Workers are defined as community health workers, peer wellness specialists, peer support specialists, personal health navigators and doulas.

⁷ Adapted from “Tool-for-Organizational-Self-Assessment-Related-to-Racial-Equity-2014.” Coalition of Communities of Color. <http://coalitioncommunitiescolor.org/>