

**HCMO Notice Question 15 - Exhibit 4:  
Information about OHSU Health Equity Organization**



# Health Equity at OHSU Health

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PUBLIC PRESENTED BY: Donn Spight, MD., FACS., Vice President of Health Equity, OHSU Health OHSU\_Notice\_00416



## Vision

*OHSU Health will work to advance health equity through achieving the highest level of health and healthcare for all people. Centering equity, OHSU Health will partner across all communities, sectors, and regions of the state to recognize, reconcile and rectify historical and ongoing injustices stemming from bias, racism and other social and structural factors that influence access to healthcare and health outcomes. OHSU Health seeks to advance health justice by addressing inequities—historic and current—that advantage some and disadvantage others, in order to achieve optimal health and wellbeing for all.*

# Health Equity Organization



OHSUHealth

## Our Mission:




Evaluate data to define new strategic initiatives to advance health equity efforts across OHSU Health.



Lead the integration of health equity efforts across OHSU Health.



Build and support transformational partnerships between OHSU members and community members to advance health equity.



# What are our values?

1

## Anti-racist institution

We are committed to becoming an anti-racist institution. This is all our responsibility and is integral to the health system's ability to deliver the most effective and highest quality care.

2

## Amplify and accelerate

We seek to amplify and accelerate existing OHSU programs in the health equity space – particularly those that already have strong ties to communities of color and other historically marginalized groups.

3

## Shared vision

We seek to develop a shared vision for health equity with input from community groups and work to create new programs as needed to address community-described gaps in health and health care.

4

## Community first

We will listen to the community first, then build solutions as our community partners gain trust in our enduring commitment; this is a new approach for OHSU and an important departure from our actions historically.



# Our goals are:

-  **Equitable health care delivery**  
Enable the delivery of effective and equitable health care for all people through OHSU Health's policies, processes and operations.
-  **Inclusive clinical experience**  
Provide an optimal and inclusive clinical experience for all who are cared for by OHSU Health.
-  **Community partnerships**  
Establish sustainable health system-community partnerships that serve as an exemplar of health justice locally, regionally and nationally.



# HEALTH EQUITY ROADMAP

## Phase 1

### Why Health Equity?

Articulate the importance of HE and develop the roadmap for the Health Equity Org.

#### Leadership Support

OHSU Board and executive leadership provided support

#### Advocacy and Direction

OHSU Health leader, Dr. John Hunter, provided advocacy and direction

#### Informed Process

Patient Experience and Health Disparities Reduction Core (HDRC) data informed our process

## Phase 2

### Internal Alignment

Gather input and perspectives from OHSU members and partners. Provide venues for internal alignment.

#### Interviews

Did one-on-one interviews with key institutional leaders

#### Survey

Surveyed all OHSU Health members

#### Internal Advisors

Established the Health Equity Internal Advisory provide guidance as the HE roadmap is being developed



## Phase 3

### Strategic Planning

Currently gathering input and perspectives from external advisors and patients.

#### Visual Identity

OHSU Brand Strategy is creating a visible identity for the Health Equity Org.

#### Community Advisors

The Health Equity Org. and a 10-member Community Team is co-designing a community engagement roadmap

#### Patient Advisors

OHSU patients were surveyed through a questionnaire and focus groups



## Phase 4

### Implementation

Implementation of the strategic plan

#### HE Data Analysis

Align operations with value-based programs and strategies

#### Language Services

Reimagining language access to improve delivery of care

#### Homegrown Initiatives

Identify measurable and actionable community-facing health equity priorities

#### Philanthropy

Engage OHSU Foundation and the philanthropic community on impactful funding opportunities

#### Place Based Health

Delivering health and healthcare within communities



## WHY Health Equity?

By Virgil Dickinson, Pam Curtis, Brian Park, Kat Phillips, Mariana Phipps, Stephani Shriver, Donn Spight as the *OHSU Health Equity Collaborative*.





# HEALTH EQUITY STRATEGIC PLAN: GOALS AND TACTICS

## GOAL 1

### Effective and Equitable Policies, Processes and Operations

Enable the delivery of effective and equitable health care for all people through OHSU Health's policies, processes and operations.

- 1.1 Central data resource on health equity 
- 1.2 Health equity impact assessment tool
- 1.3 Health equity performance reporting
- 1.4 "Place Based Health" Program 
- 1.5 Align operations with value-based programs and strategies
- 1.6 Institutional learning plan for Health Equity
- 1.7 Health equity clinical consultation
- 1.8 Library of "Homegrown Initiatives" 
- 1.9 Inform health equity legislative advocacy
- 1.10 Maintenance of system-wide Health Equity inventory

## GOAL 2

### Inclusive Clinical Experience

Provide an optimal and inclusive clinical experience for all who are cared for by OHSU Health.

- 2.1 Develop a branding strategy for *Health Equity Organization*
- 2.2 Reimagining Language Services 
- 2.3 Amplify examples of inclusive care
- 2.4 Racial, ethnic, cultural identity and accessibility informed care practices
- 2.5 Navigation toolkits for patients
- 2.6 Health Equity sponsored engagement activities
- 2.7 Health equity communication plan
- 2.8 Advance Native American/Indigenous health via Office of Tribal Affairs

## GOAL 3

### Exemplar of Health Justice

Establish sustainable health system-community partnerships that serve as an exemplar of health justice locally, regionally and nationally.

- 3.1 Roadmap for community engagement
- 3.2 Expansion of traditional health worker Institutional Identity
- 3.3 Innovation grant program
- 3.4 Health equity internship/fellowship program
- 3.5 Philanthropy strategy
- 3.6 Learning collaborative for OHSU Health members
- 3.7 Community benefit strategy
- 3.8 Standard community advisory board policies
- 3.9 Health Equity Recognition program
- 3.10 Amplify Medico-Legal Partnerships

Advancing **Health Equity**  **Justice** requires us to continuously examine the data.

# Health Disparity Reduction Core (HDRC)

Using Data to Define the "Health of the Health System"



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**REAL-D AND SOGI DATA VERACITY**

# Advancing Health Equity → Justice requires us to continuously examine the data.

- Improving health takes more than healthcare
- Contextual equity requires the recognition of the influence of **social determinants of health**.
  - The conditions in the environment where people are born, live, learn , work, play, worship, and age that affect a wide range of health, functioning, and quality of life .\*

\*"Leading Health indicators for Healthy people 2030". Consensus Study Report of the National Academies of Sciences, Engineering, Medicine. 2020

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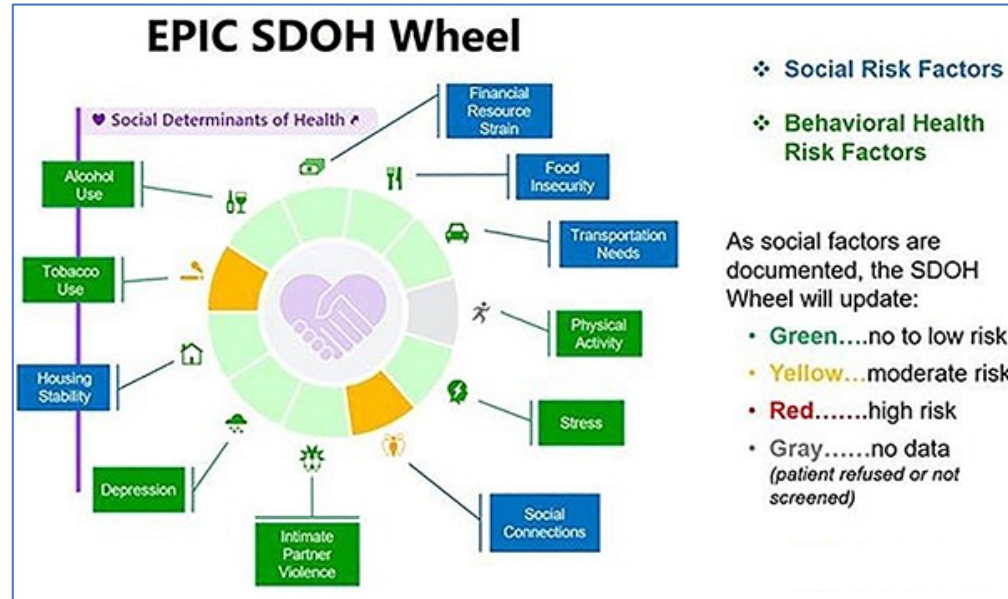
# “Leading Health Indicators for Healthy people 2030” National Academy of Science Engineering and Medicine

life expectancy  
child health  
self rated health  
physical disability  
mental disability  
substance use  
unintentional injury death  
all cancer death,  
suicide  
firearm related mortality  
maternal mortality rate  
oral health access  
reproductive health care services  
HIV incidence

tobacco use  
obesity  
alcohol use  
immunization status  
hypertension rate  
ambulatory care availability  
medical insurance coverage  
affordable housing  
environmental factors  
education level  
poverty  
food insecurity  
civic engagement  
social environment

# Epic Social Determinants of Health Wheel

- Alcohol Use
- Depression (or Postpartum Depression)
- Financial Resource Strain
- Food Insecurity
- Food Insecurity
- Housing Stability
- Intimate Partner Violence
- Physical Activity
- Social Connections
- Stress
- Tobacco Use
- Transportation Needs





# Language Services

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**ARMANDO JIMENEZ, DIRECTOR, LANGUAGE SERVICES**

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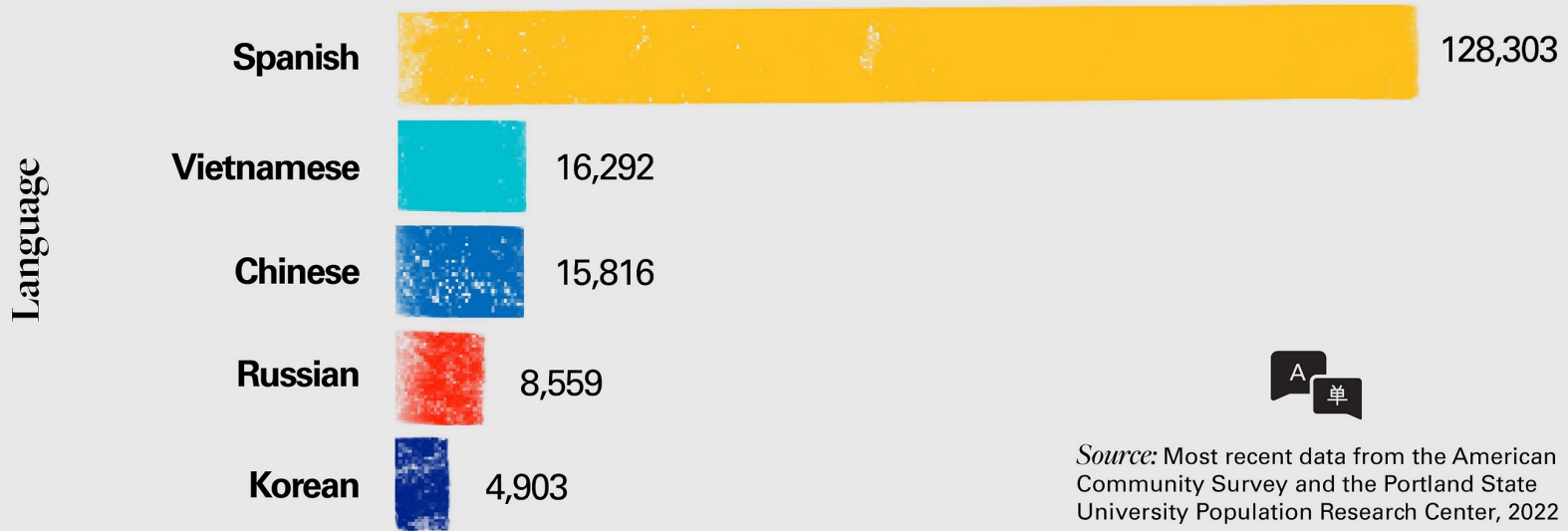


## Language Access at OHSU

- OHSU has approximately 15,000 encounters per month with patients who prefer to communicate in a language other than English.
- Top languages other than English are Spanish (4.1%), Russian (0.4%), Vietnamese (0.3%), Chinese (0.3%), and Arabic (0.1%).
- OHSU Language Services uses a combination of in-house staff and contracted language services providers to support language access needs at OHSU.



# Five Most Common Languages in the State of Oregon



Source: Most recent data from the American Community Survey and the Portland State University Population Research Center, 2022

Estimated Number of Limited English Proficient Individuals Who Speak the Language



# OHSU Language Services

OHSU Language Services department provides interpretation, written translation, captioning, bilingual proficiency screening for staff, staff education, and consultation for OHSU patients, their families, caregivers, and employees with limited English proficiency or who are deaf or hard of hearing.

**Mission:** To provide comprehensive programs and services to facilitate accurate, effective, and culturally appropriate communication among those who do not share a common language.

**Vision:** An OHSU where everyone has an equal opportunity to communicate in any language.



# OHSU Language Services

- Interpretation Services for all OHSU members, patients, families and their caregivers
  - Onsite interpreters available pre-scheduled or on-demand
  - Video Remote Interpretation (VRI) available in all clinics and units
  - Phone and video interpretation available in all areas
- Captioning Services for deaf and hard of hearing patients who need to read transcribed text
- Bilingual Screening for employees & students
- Education and coaching for OHSU Members
- Written Translation Services



## What makes us special?

- It starts with data: identifying and anticipating language access needs through REALD data is key.
- Dispatchers: act as air-traffic controllers for language access needs.
- Multi-source model: this allows us to maximize our probability of securing a certified/qualified interpreter.
- Inpatient rounding: our staff interpreters round daily at inpatient units, rotations make it possible for the same interpreter to support patients for high complexity cases.



## Accomplishments

- Launch of MyChart Spanish Phase 1
- Translation services program – integration staff linguists in translation workflows
- Dispatch capacity building
- Expansion of Services – Russian/Vietnamese interpreters and after-hours support
- Re-structure under Health Equity Organization
- House Bill 2359 compliance: New interpreter documentation workflow

Jan. 1 – Dec. 31, 2023

**Translation**

**5.4**

million words translated

**Interpretation**

**5.3**

million minutes of  
interpretation



## Looking Ahead

- Centralizing Language Services across health system partners, Hillsboro Medical Center, Adventist Health Portland, and Adventist Health Columbia Gorge.
- OHSU website redesign: Designing a public website that facilitates efficient translation and availability of content in other languages. Language Services is a key stakeholder in the website redesign initiative.
- Institutional Language Access Plan: Formal document outlining community needs, training/orientation, policies and procedures related to language access.
- Meaningful language access in digital health: Non-English-speaking patients are less likely to utilize our digital health services. As a tool for self-scheduling digital health services, we anticipate MyChart Spanish will improve access to health services for Spanish-speakers and pave the way for additional languages.
- Software interfaced with Epic and vendors to streamline workflows for interpreter coordination, documentation, and reporting.



# Building a Library for Health Equity Projects within OHSU Health

**DONN SPIGHT, MD, FACS, VP OF HEALTH EQUITY, OHSU  
HEALTH**

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# Home Grown Health Equity Initiatives

## Ensure

Health equity is engrained into the fabric of the health system as “the work of all.”

## Advance

Meaningful community partnerships through co-designed & -implemented activities.

## Identify

Local health disparities and inequities unrecognized by traditional quality tracking processes.

## Sponsor

A collective learning environment about health disparities and inequities.

## Foster

Opportunities to connect health equity/DEI expertise across OHSU through intentional facilitated collaboration.

## Facilitate

The cataloging of meaningful health equity activities, best practices and resources across the institution.

## Broaden

Leadership awareness of structural barriers preventing the delivery of optimal health for patients cared for by OHSU Health.

## Engage

OHSU Foundation and the philanthropic community on impactful funding opportunities to advance health equity.

## Create

Opportunities for recognition of work aligned with other institutional DEI initiatives.

## Articulate

How meaningful health equity activities at OHSU are vital to attracting a diverse learner and workforce community.

## Reinvigorate

The passion for system wide, mission-aligned collective volunteerism that is accessible to all.

## Propel

OHSU toward becoming an exemplar of health equity and justice locally, regionally and nationally.

# Thematic Clusters

## Workforce Diversity

Create upstream and downstream pathways.

## Workforce Training

To improve knowledge and action

## Participation

Develop volunteer pathways for greater participation of OHSU's workforce.

## Connection

Utilize central institutional resources to catalyze existing work.

## Sources of Data

Learn sources and collection processes related to disparities and inequities.

## Patient Data

Analyze existing data to quantify health disparities or inequities.

## Increase Access

For clinical care needs unmet by OHP or Medicaid. Expansion of mobile outreach and screenings.

## Investigate Bias and Inequities

Of specific clinical conditions and scenarios.

## Track, Monitor, Measure

Influence of SDOH on patient populations and clinical outcomes.

## Legislative Advocacy

## Patient Safety

Understanding and improvement of patient reporting measures.

## Programmatic Support

For existing health equity focused efforts .



## Opportunities for Language Services

- Internal Medicine
- Knight Cancer Oncologic Treatment Services
- Neurosurgery
- Surgery
- Urology
- School of Nursing I-CAN



## Opportunities for Place Based Health\*

- Casey Eye Institute
- Dentistry
- Dermatology
- Diagnostic Radiology
- Family Medicine
- Interventional Radiology
- Otolaryngology
- Pathology
- Pediatrics
- Pharmacy
- Surgery
- School of Nursing I-CAN

\*Place Based Health are the clinical operations of Health Equity Org.

# Opportunities to connect to spaces where health equity is already underway

- Adventist Slavic Navigation Program
- Bridges Collaborative
- Casey Eye Mobile Outreach
- Center for Reproductive Health Equity
- Center for Women's Health
- Doernbecher Children's Hospital (DCH)
- DCH NICH Program
- DCH Noutish Program
- DCH Patient Partnerships
- Department of Family Medicine
- Department of Dermatology: Frontline Community Screening Initiative
- Healing Hurt People
- Health Literacy/Center for Ethics In Healthcare
- Hospital at Home
- Hillsboro Medical Center (HMC)
- HMC DEI Committee
- iSubud
- KCVI: Integrated Cardiology
- Knight Cancer: Community Partnerships, outreach and engagement
- OHSU Language Services
- MEDPEX
- OHEP Structural Design
- Nursing I-CAN
- OHSU Age Friendly Health System Initiatives
- OHSU Center for Evidence-Based Policy
- OHSU Office of Strategic Outreach
- OHSU Office of Population Health
- OHSU Community diabetes related vascular foot clinic
- OHSU Ethics Committee
- OHSU Foundation/Ignite News Publication
- OHSU Health System Management Team
- OHSU Improving Financial Performance Committee
- OHSU Long Covid Clinic
- OHSU Northwest Native American Center of Excellence
- OHSU Office of Digital Health
- OHSU Patient Experience
- OHSU Patient Relations
- OHSU Payor Strategy Council
- OHSU Poison Control Center
- Oregon Behavioral Health Coordination Center
- Oregon Clinical and Translational Research Institute
- Oregon Rural Practice Based Research Network
- Pathology Department "See, test, treat"
- PRIMER Lab
- Quadruple Aim Committee
- RELATE Lab
- Social Determinants of Health Committee
- Trauma Informed Care Program
- Tuality Health Plan Senior



# OHSU Health Equity Organization's Place-Based Health Program: Centering People, Place, & Power

Brian Park (he/him)  
OHSU Health Equity  
April 2024

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# THE PROBLEM

(OR: THE WORLD AS IT IS)



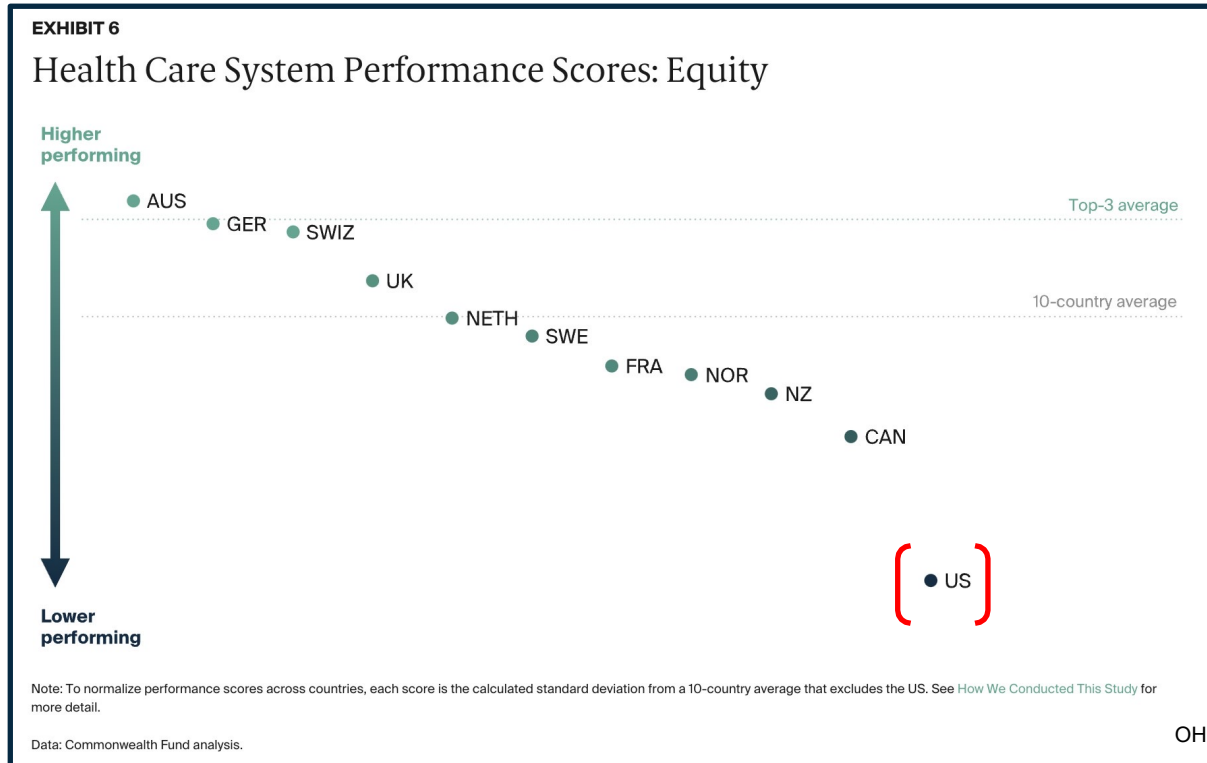
Over \$8 billion is spent annually on  
**diversity-equity-inclusion-belonging trainings**

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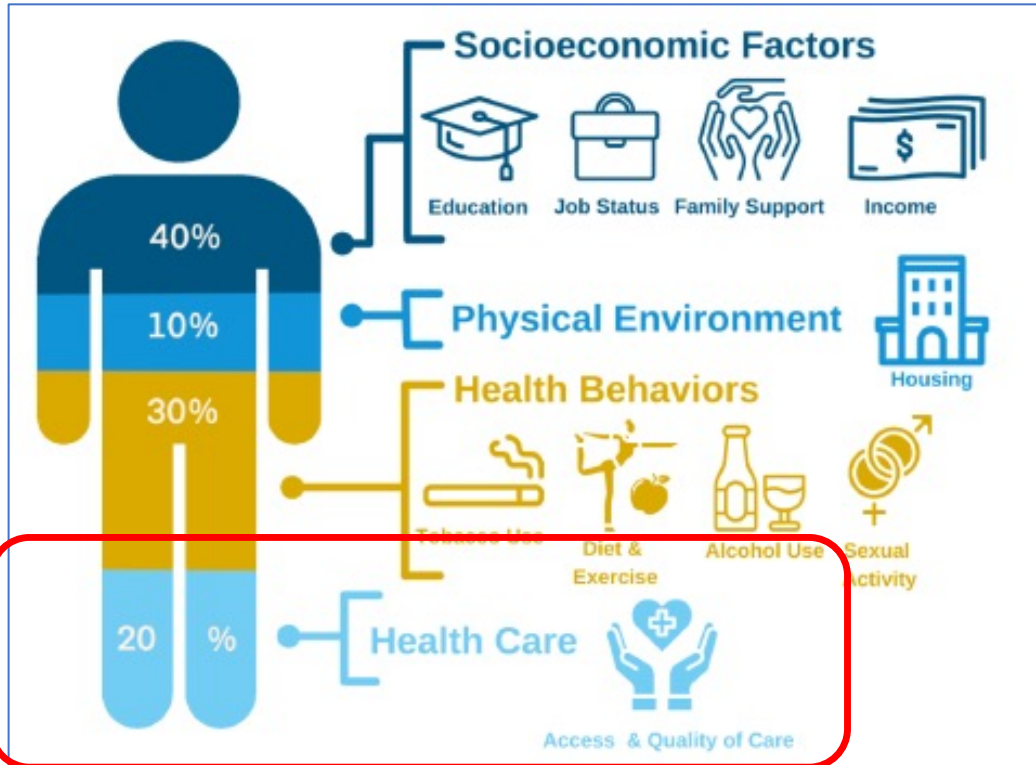
QHSU Notice 00446  
Kirkland, R. & Bone, I. (2017). Focusing  
on what works for workplace diversity.  
McKinsey & Company.



# Our healthcare system creates injustice



# Health and health equity? It's far more than healthcare.



# OUR VISION

(OR: THE WORLD AS WE IMAGINE)

Paradigm Shift towards **PEOPLE**: Amplify  
leaders of not only ***professional expertise***,  
but also of ***lived expertise***

POLICY INSIGHT | COMMUNITY HEALTH  
[HEALTH AFFAIRS](#) > [VOL. 41, NO. 12](#): EQUITABLE SOCIAL SUPPORTS & MORE  
POLICY INSIGHT

## Building Community Power To Dismantle Policy-Based Structural Inequity In Population Health

[Anthony Iton](#), [Robert K. Ross](#), and [Pritpal S. Tamber](#)

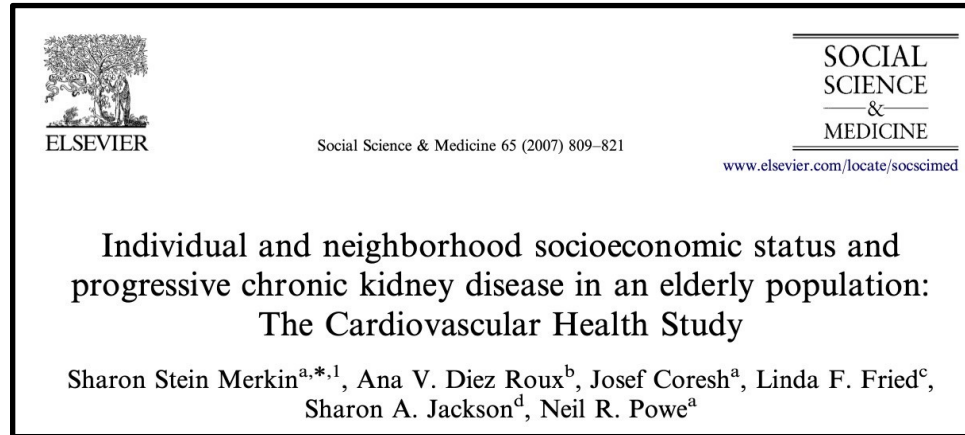
[AFFILIATIONS](#) ▾

PUBLISHED: DECEMBER 2022  **Open Access** <https://doi.org/10.1377/hlthaff.2022.00540>

“Our core belief is that those **most affected by health inequity should take the lead in crafting and prioritizing the solutions.**

... the work of health equity requires enhancing the quality of democracy to **change the status quo power balance in communities throughout the US.”**

Paradigm Shift towards PLACE:  
Understand and enhance not only *individuals*,  
but also *neighborhoods*



“Community-level socioeconomic status predicts  
individual health beyond individual-level  
socioeconomic status.”


Paradigm Shift towards **POWER**:  
Embrace not only **deficit**-based but  
also **asset**-based approaches

*Literature Review*

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**Collective Well-Being to Improve Population Health Outcomes: An Actionable Conceptual Model and Review of the Literature**

Brita Roy, MD, MPH, MHS<sup>1</sup> , Carley Riley, MD, MPP, MHS<sup>2,3</sup>,  
Lindsay Sears, PhD<sup>4</sup>, and Elizabeth Y. Rula, PhD<sup>5</sup>

American Journal of Health Promotion  
2018, Vol. 32(8) 1800-1813  
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sagepub.com/journals-permissions  
DOI: 10.1177/0890117118791993  
journals.sagepub.com/home/ahp  


“Our primary aim should be to promote **positive health and well-being**, not reacting to negative health outcomes.”

# Paradigm Shift towards PEOPLE-PLACE-POWER

[HEALTH AFFAIRS](#) > [VOL. 43, NO. 2](#): HOUSING & HEALTH  
OVERVIEW

## Neighborhoods And Health: Interventions At The Neighborhood Level Could Help Advance Health Equity

[Mariana C. Arcaya](#), [Ingrid Gould Ellen](#), and [Justin Steil](#)

[AFFILIATIONS](#) ▾

PUBLISHED: FEBRUARY 2024  Open Access

<https://doi.org/10.1377/hlthaff.2023.01037>

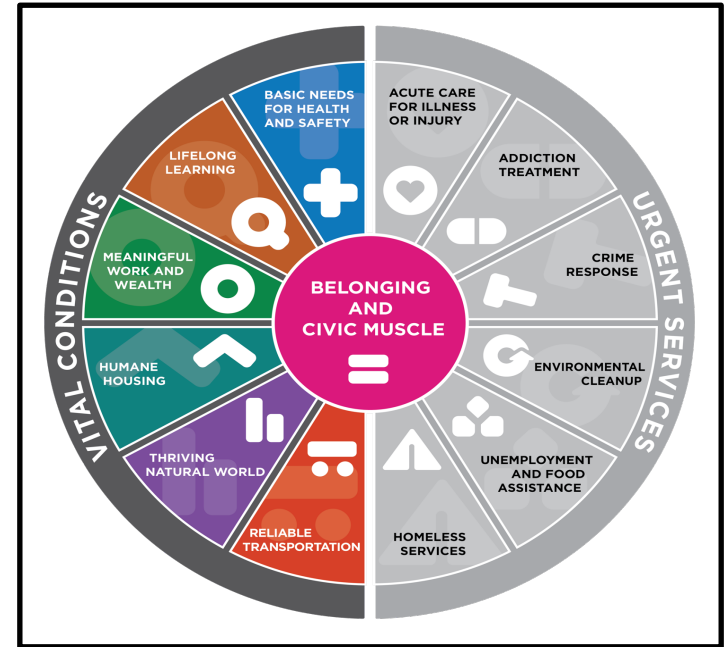
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**“Community-led actions are important complements to public programs and policies designed to make neighborhoods healthier and eliminate health disparities...**

**... Community-driven efforts to shift power to historically marginalized neighborhoods, dismantle structural racism, or otherwise challenge oppressive social structures address fundamental causes of poor health and health inequities.”** OHSU\_Notice\_00453

# Paradigm Shift towards PEOPLE-PLACE-POWER

“... the most inspiring champions of the vital conditions are showing us how to counter racism and other forms of inhumanity with love—coupled with the civic muscle necessary to establish systems that are fair by design.”



Milstein, B., Payne, B., Kelleher, C., Homer, J., Norris, T., Roulier, M., & Saha, S. (2023). Organizing Around Vital Conditions Moves The Social Determinants Agenda Into Wider Action. *Health Affairs Forefront*. OHSU\_Notice\_00454



# OUR WORK

## AT OHSU'S HEALTH EQUITY ORGANIZATION

# Place-Based Health

- Health is more than healthcare



- Deliver health and social services where people are already convening and feel they belong

# Place-Based Health

- Health is more than healthcare
- Community members are experts of their own neighborhoods



- Deliver health and social services where people are already convening and feel they belong
- Co-create health solutions with and in communities

# Place-Based Health

- Health is more than healthcare
- Community members are experts of their own neighborhoods
- Where one lives predicts health far better than individual behaviors



- Deliver health and social services where people are already convening and feel they belong
- Co-create health solutions with and in communities
- Create solutions that address neighborhood drivers of inequity and poor health

# Place-Based Health

- Health is larger than Deliver health and social
- 



# PLACE-BASED HEALTH: OPPORTUNITIES!

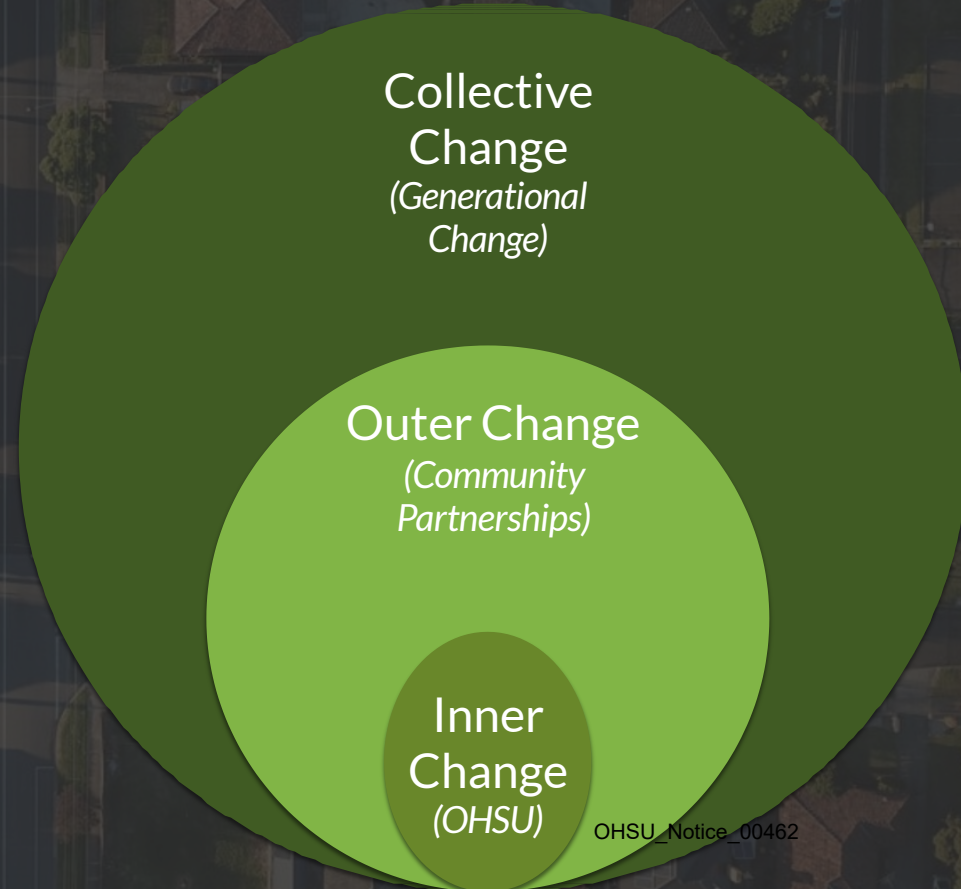
# Clusters of Opportunities...



“Love and justice are not two.  
Without *inner change*,  
there can be no *outer change*.  
Without *collective change*,  
no change matters.”

- angel kyodo williams

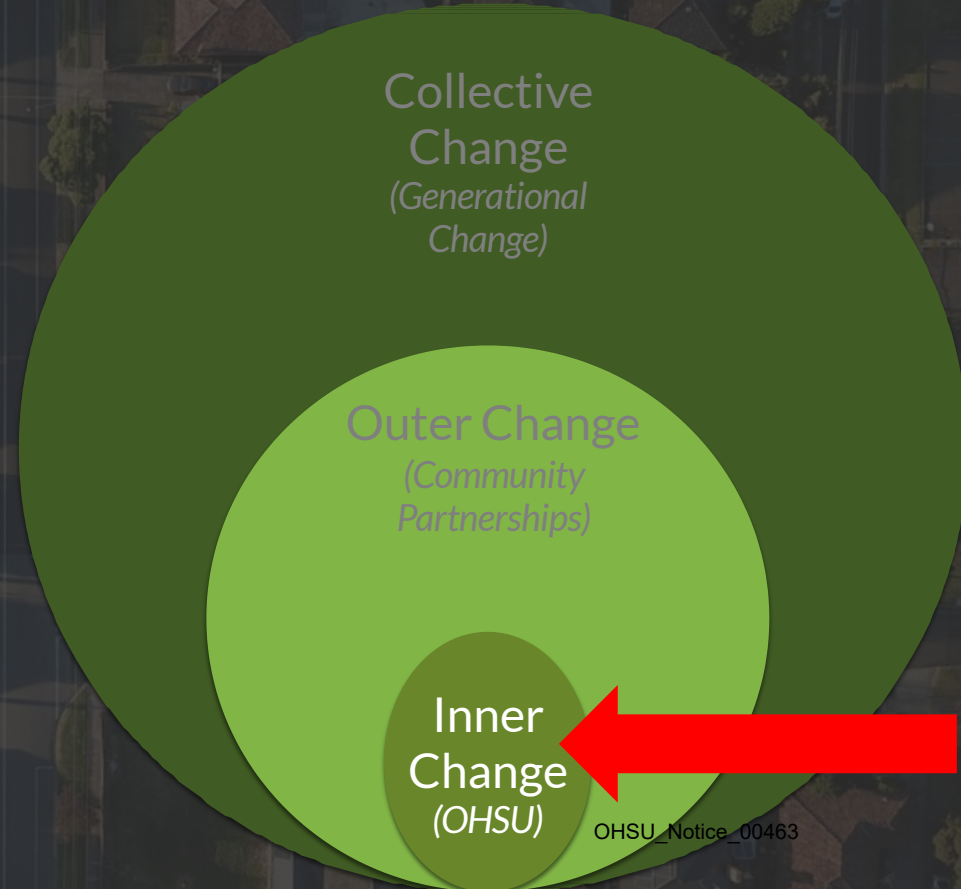
# Clusters of Opportunities...





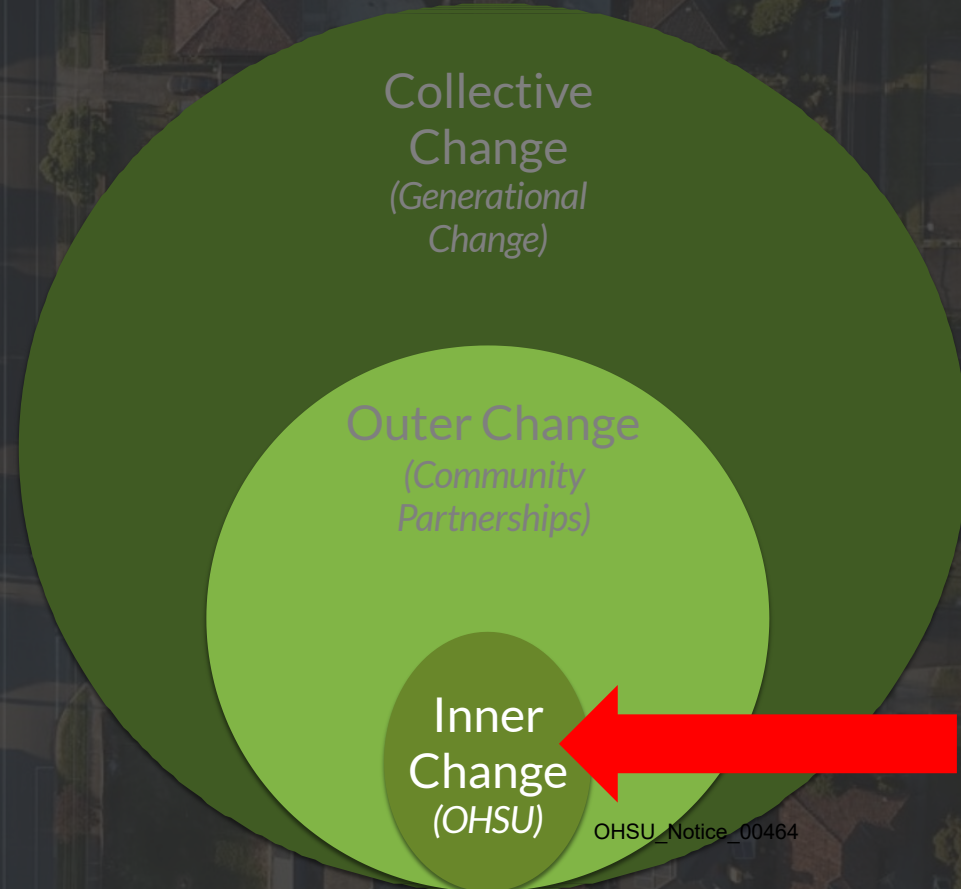
# Cluster 1a: Inner Change

- **Description**
  - Support existing OHSU initiatives to apply an equity and place-based lens for systematically-harmed community members
- **Potential Partnerships**
  - “Homegrown Initiatives”
  - ”Sweet 16” Metrics
    - Diabetes, colorectal cancer screening, 30-day readmissions
  - Community Health & Racial Justice (CHARJ) initiative



# Cluster 1b: Inner Change

- **Description**
  - Support existing OHSU initiatives that address significant gap for oppressed/marginalized communities
- **Potential Partnerships**
  - OHSU Human Rights Clinic
  - OHSU Intercultural Psychiatry Clinic
  - OHSU Health Equity Fair
  - OHSU Pride Festival



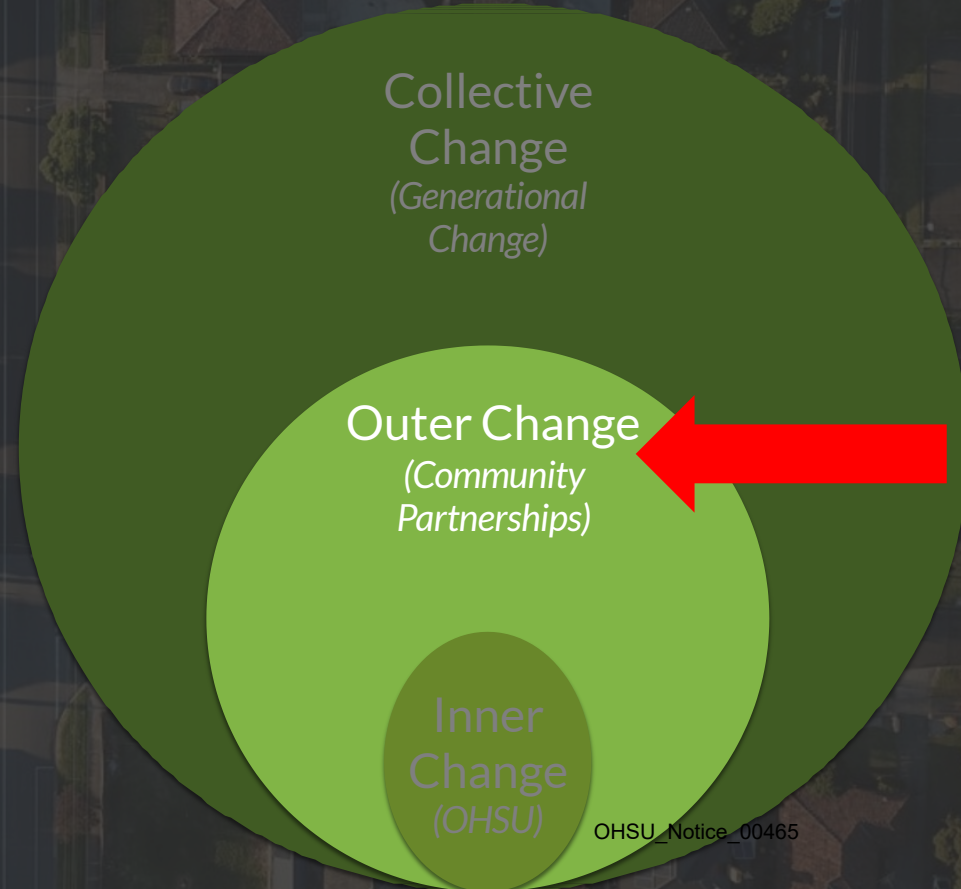
# Cluster 2a: Outer Change

- **Description**

- Partner with community-based organizations for specific on-site healthcare services

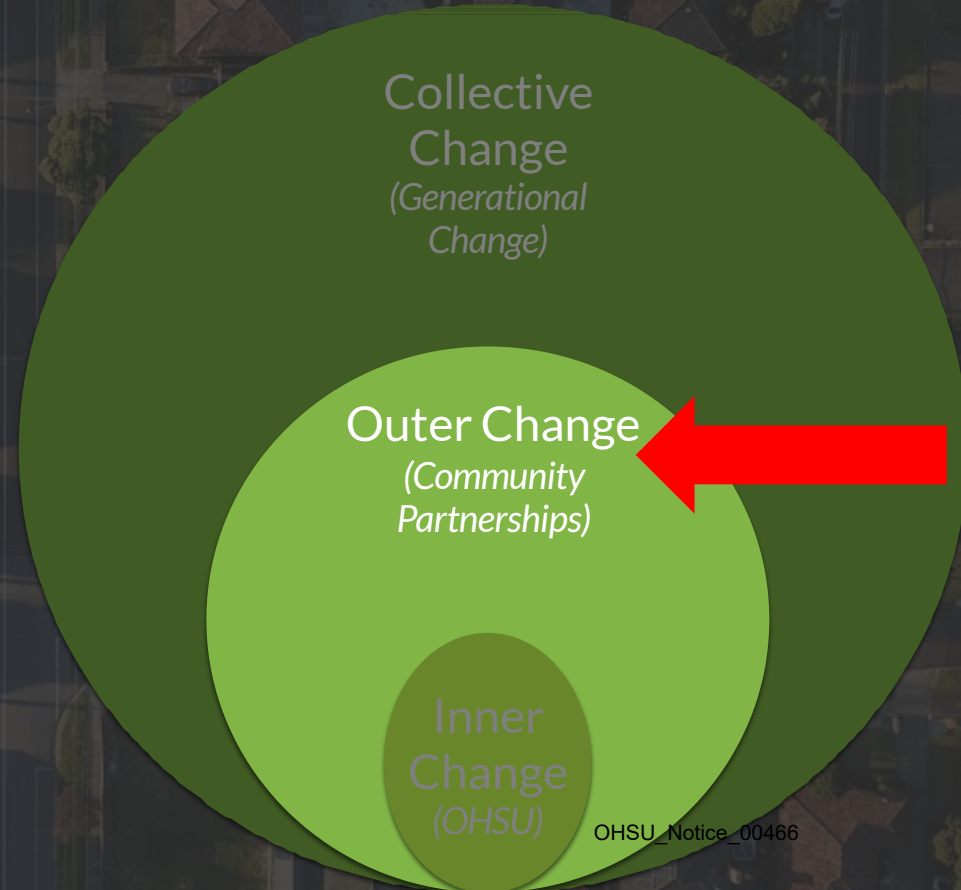
- **Potential Partnerships**

- Equitable Giving Circle
- Adelante Mujeres
- Miracles Club
- 



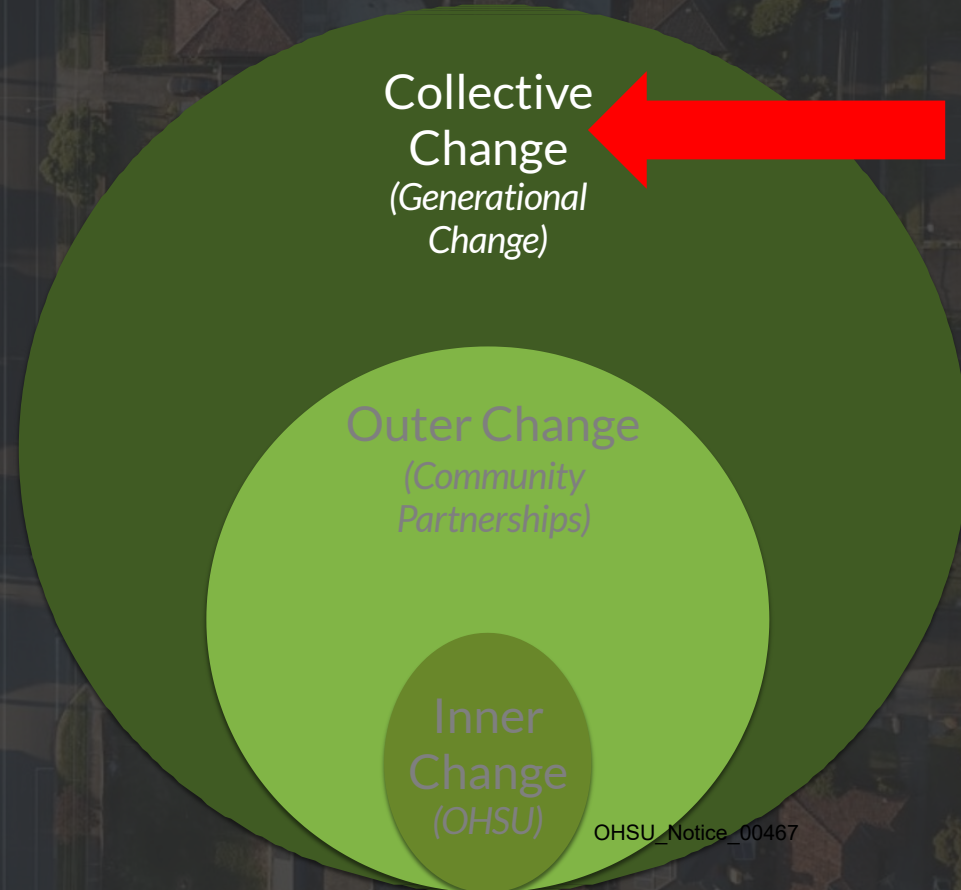
# Cluster 2b: Outer Change

- **Description**
  - Partner with community-based organizations to co-create new primary care services
- **Potential Partnerships**
  - "Healing Justice Center"
    - Care for justice- involved individuals re-entering the community
  - Lines For Life
  - REAP
  - POIC @ RAHS



# Cluster 3: Collective Change

- **Description**
  - Partner with community-based organizations to radically re-imagine what health looks like for systematically-harmed communities
- **Potential Partnerships**
  - **1803 Fund**
  - **Metro Social Innovation Council**



# Example: Freedom Community Clinic



A new paradigm that honors and uplifts the wisdom of Ancestral Medicine with the strengths of Western medicines and technologies...

... imagining beyond the limitations of the dominant disease-focused and profit-centered Western medical system.

# Potential Partnership?

## Structural Care

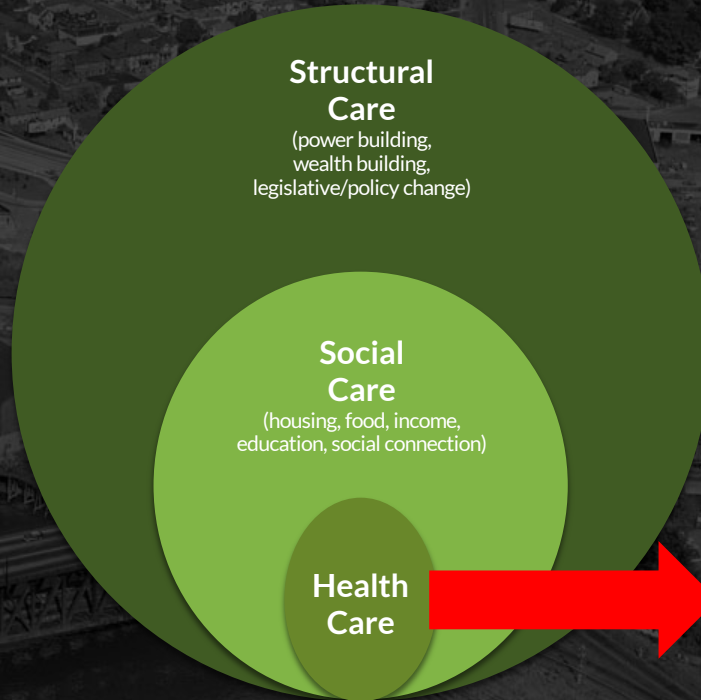
(power building,  
wealth building,  
legislative/policy change)

## Social Care

(housing, food, income,  
education, social connection)

## Health Care

# Potential Partnership?



## Structural Care

(power building,  
wealth building,  
legislative/policy change)

## Social Care

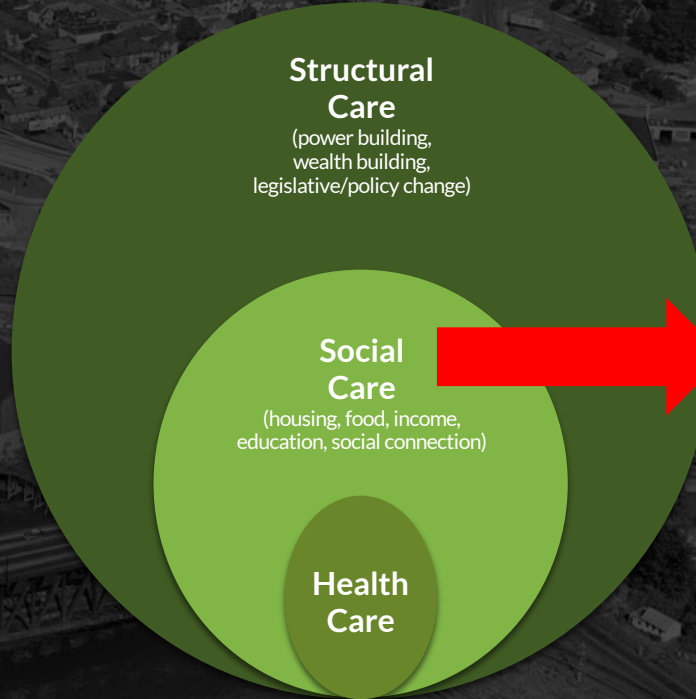
(housing, food, income,  
education, social connection)

## Health Care

- Integrated behavioral-dental-medical care
- Herbal medicine
- Somatic trauma therapy
- Doula care



# Potential Partnership?



- Social work
- Nutrition
- Writing groups
- Group healing circles
- Community dinners
  
- Integrated behavioral-dental-medical care
- Herbal medicine
- Somatic trauma therapy
- Doula care

# Potential Partnership?

Enhances neighborhoods, culture, and belonging **GENERATIONALLY**



**Structural Care**  
(power building, wealth building, legislative/policy change)

**Social Care**  
(housing, food, income, education, social connection)

**Health Care**

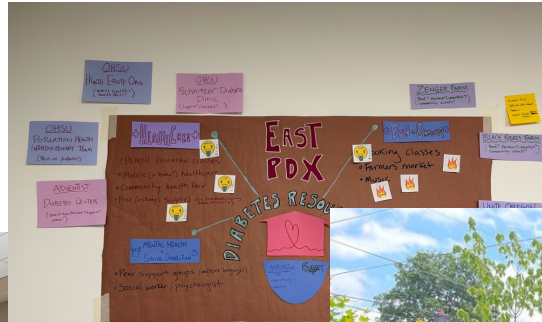
- Leadership trainings
- Community organizing
- Employment opportunities
- Career development

- Social work
- Nutrition
- Writing groups
- Group healing circles
- Community dinners

- Integrated behavioral-dental-medical care
- Herbal medicine
- Somatic trauma therapy
- Doula care

Created **FOR, BY, and WITH** community members

# Our commitment to community-led health...



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OHSU\_Notice\_00473

An aerial photograph of a residential neighborhood, showing a grid of streets, houses with various roof colors (red, brown, grey), and green trees. The lighting suggests it's either early morning or late afternoon, with long shadows cast across the streets.

**Thank you!**  
**HealthEquity@ohsu.edu**

# HEALTH EQUITY STRATEGIC PLAN: GOALS AND TACTICS

## GOAL 1

### Effective and Equitable Policies, Processes, and Operations

Enable the delivery of effective and equitable health care for all people through OHSU Health's policies, processes and operations.

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1.2 Health equity impact assessment tool

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1.4 "Place Based Health" program

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1.6 Institutional learning plan for Health Equity

1.7 Health equity clinical consultation

1.8 Library of "Homegrown Initiatives"

1.9 Inform health equity legislative advocacy

1.10 Maintenance of system-wide Health Equity inventory

## VISION

OHSU Health will work to advance health equity through achieving the highest level of health and healthcare for all people. Centering equity, OHSU Health will partner across all communities, sectors, and regions of the state to recognize, reconcile and rectify historical and ongoing injustices stemming from bias, racism and other social and structural factors that influence access to healthcare and health outcomes. OHSU Health seeks to advance health justice by addressing inequities—historic and current—that advantage some and disadvantage others, in order to achieve optimal health and wellbeing for all.

## GOAL 2

### Inclusive Clinical Experience

Provide an optimal and inclusive clinical experience for all who are cared for by OHSU Health.

2.1 Develop a branding strategy for *Health Equity Organization*

2.2 Reimagining Language Access

2.3 Amplify models of inclusive care

2.4 Racial, ethnic, cultural identity and accessibility informed care practices

2.5 Navigation toolkits for patients

2.6 Health Equity sponsored engagement activities

2.7 Health Equity communication plan

2.8 Advance Native American/Indigenous health via Office of Tribal Affairs

## MISSION

To fulfill the vision for health equity in OHSU Health, the Health Equity Org will:

- Evaluate data to define new strategic initiatives to advance health equity;
- Lead the integration of health equity efforts across OHSU Health; and
- Build and support transformational partnerships between OHSU members and community members to advance health equity and access to inclusive, culturally-responsive health services.

## VALUES

- We are committed to **becoming an anti-racist institution**. This is all our responsibility and is integral to the health system's ability to deliver the most effective and highest quality care.
- We seek to **amplify and accelerate existing OHSU programs** in the health equity space – particularly those that already have strong ties to communities of color and other historically marginalized groups.
- We seek to develop a **shared vision for health equity** with input from community groups and work to create new programs as needed to address community-described gaps in health and health care.
- We will **listen to the community first**, then build solutions as our community partners gain trust in our enduring commitment; this is a new approach for OHSU and an important departure from our actions historically.

## GOAL 3

### Exemplar of Health Justice

Establish sustainable health system-community partnerships that serve as an exemplar of health justice locally, regionally and nationally.

3.1 Roadmap for community engagement

3.2 Expansion of traditional worker institutional identity

3.3 Innovation grant program

3.4 Health equity internship/fellowship

3.5 Philanthropy strategy

3.6 Learning collaborative for OHSU Health members

3.7 Community benefit strategy

3.8 Creation of standard community advisory board policies and practices

3.9 Recognition program

3.10 Amplify Medico-Legal partnerships