

Oregon Resource Allocation Advisory Committee

Full Committee Meeting Summary

August 25, 2022

Overview

Meeting Purpose

This meeting will be a presentation on health justice considerations for Crisis Standards of Care /Crisis Care Guidelines. These topics are being introduced to level-set the committee's understanding of structural discrimination before exploring how crisis care operates and the ways it needs to shift.

Agenda

- Welcome
- Defining Structural Discrimination
- Break
- Health Justice Considerations: Disadvantage Indices
- Topics for Future Discussion

Meeting Notes

Welcome

Lead: Alyshia Macaysa, Facilitator

Reviewed agenda and purpose for the meeting. Reviewed icebreaker: What is one skill you could teach others? Reviewed Zoom interpretation feature and asked that all meeting participants click the globe to enable interpretation options and select preferred language (English or Spanish) to enable all the functions of simultaneous interpretation.

Defining Structural Racism

Presenter: Ruqaiijah Yearby, JD, MPH

Ruqaiijah defined structural discrimination as the ways that laws, policies and practices are used to advantage dominant groups and disadvantage minority groups. Ruqaiijah provided examples of structural discrimination, such as allowing employers to require individuals with disabilities to come to work but allowing hybrid or virtual options during a pandemic when it benefited individuals without disabilities. Another example was allowing employers to use salary history to pay racial and ethnic minority individuals less than white individuals although they are doing the same job as white individuals.

Ruqaiijah explained that structural discrimination is the normal way of doing things and is built into the system. It does not require bad intent or bad individuals. As individuals we need to actively work to change the system. To address structural discrimination, we need to involve the community as equal partners, use institutional power to change the system, and ensure pay equity for communities. Many people think of government policies as neutral, but they harm particular groups who have not been previously treated equal. The use of “neutral” laws, policies and practices fail to account for the inequities experienced by minority groups and individuals.

Ruqaiijah responded to a committee member’s request for more information about the definition of a “neutral law”. She clarified that, from a legal perspective, “neutral” means that we don't mention specific groups. In the example of salary history, we just say that you can use salary history. We don't say you can use salary history to pay women or racial and ethnic minorities less. We just say you can use this policy without identifying groups that it may harm.

Ruqaiijah described the ways in which structural discrimination (e.g., racism, sexism, ableism and classism) affects people’s health and well-being through a broad said of laws, which is defined broadly and includes the political process, the budget process, and beyond.

Ruqaiijah responded to committee feedback that stated we need to talk more about “equitable share, rather than just equal share.” She clarified that she is speaking from her legal expertise, and legal language has not expanded to include equity.

The full committee then discussed the following questions:

Have you experienced structural discrimination?

How has structural discrimination affected your community?

Themes shared by committee members included but were not limited to:

- Low-wages and unpaid overtime for agricultural workers
- Age discrimination against patients in the healthcare field (example of knee replacement not being offered due to age)
- Discrimination against individuals with disability at risk for severe COVID-19
- Telemedicine allowed during pandemic which greatly improved access to individuals with disabilities, now being reversed without regards to needs of these individuals
- Unwillingness for a local public health department to address the needs of the Pacific Islander community due to small population size, highlighting the way data can be used as a tool of structural discrimination
- Other experiences of gender, socioeconomic and geographic discrimination noted

BREAK

Health Justice Considerations: Disadvantage Indices

Presenter: Ruqaiijah Yearby, JD, MPH

When we think about crisis standards, they often use “neutral” measures like the 5-year survival rate, life expectancy and the sequential organ failure assessment, or SOFA scores, to determine which patients to prioritize for care. These are technically “neutral” measures because they do not identify a specific group, but they disadvantage minority groups. We are here to begin to talk about how try to address this. How can we create crisis standards that will meet the needs of all those in the community and not just reinforce the discrimination that is out there?

Ruqaiijah described that disadvantage indices were created by the federal government to measure disadvantage at different geographical levels. They can

be used to distribute resources during natural or man-made disasters or disease outbreaks.

The Social Vulnerability Index, developed by the Centers for Disease Control and Prevention, is an important index because it captures categories that are used to discriminate against people as well as the effects of experiencing discrimination. The benefit of using disadvantage indices is that you can get to the people who need the resources the most- the index looks within a group to see who actually needs extra resources, it's not just targeting an entire group.

The Area Deprivation Index is another index often used. This index tends to focus only on the effects of discrimination like education, employment, housing and housing characteristics. It does not account for the things that lead to that disadvantage. Both indices are key, but the social vulnerability index is better at identifying many of the things that cause disadvantage.

Ruqaiijah discussed and answered various questions from committee members, followed by breakout in pairs to discuss the following:

- What do you like about the indices?
- Do the indices capture your personal experience?
- Do the indices include all the barriers your community experiences?

Ruqaiijah closed by discussing health justice which is a topic for a future meeting > Health justice goes beyond discussing the impact of discrimination on an individual. It requires looking at groups and communities and systems to change. It requires empowering groups that have been harmed and partnering with these communities to develop solutions and to achieve health equity for their communities.

Topics for Future Discussion

Lead: Alyshia Macaysa, Facilitator

Committee members were asked to send feedback to the OHA team for the future meeting proposed topics since there was not adequate time for the final agenda item.

End of meeting