

# NORTHWEST HEALTH FOUNDATION

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## **A Shared Fate: How Northwest Health Foundation Talks About Equity**

**One of the Foundation’s fundamental guiding principles is:**

*“Deliberate strategies are required in order to effectively overcome health inequities.”*

**To that end, the Foundation has developed a “Case for Equity,” which states:**

*We have a shared fate—as individuals within a community and communities within society. All communities need to shape their own present and future. Equity is the means to healthy communities and an end that benefits us all. It requires the intentional examination of systemic policies and practices that, even if they have the appearance of fairness, may, in effect, serve to marginalize some and perpetuate disparities.*

**We support the World Health Organization’s definition of health inequities:**

*“The systemic, avoidable, unfair and unjust difference in health status and mortality rates and in the distribution of disease and illness across population groups.”*

### **Talking Points:**

- Equity benefits us all—rich, middle class and poor. Thirty years of global data shows that the one common factor shared by the happiest and healthiest societies is the degree of equality among its members. It’s not GNP, overall wealth, or culture.
- Just as diversity is critical to a healthy ecosystem or financial portfolio, a multicultural society is more productive than one that is unequal and segregated.
- Inequities are expensive. In the U.S., health inequities faced by African Americans, Hispanics, and Asian Americans cost the health system more than \$50 billion / year.
- Eliminating health inequalities for minorities in the U.S. would have reduced indirect health and medical costs by more than one trillion dollars between 2003 and 2006.
- Inequalities are prevalent in Oregon, where a typical Hispanic boy born today is twice as likely to develop preventable diabetes as a white boy born in Oregon.
- In Oregon, low birth weight and infant mortality are both 50 percent higher for black babies than white.
- Differences of this magnitude should not happen and are avoidable. They arise because of the environments we create and the systems in place to deal with illness.

### **Specific Programs and Policies:**

The elimination of inequities will not happen on its own – deliberate strategies are required to achieve necessary change. Here are some examples of specific programs that help us reach health equity. Northwest Health Foundation and our grantee partners have been working in each of these areas throughout Oregon and southwest Washington:

- Comprehensive Data Collection. Eliminating disparities must begin with a recognition that disparities exist in the first place, which is why disparities research and data collection is an important part of achieving health equity.
- Culturally-Competent Health and Health Care: Examples include training providers about cultural differences, using professional interpreters, and recognizing how different cultures incorporate family into their health care needs.
- Primary Care “Homes”: Ensuring that everyone has access to a patient-centered primary care home, also called a medical home, has been cited as one of the most important changes we can make to our health care system to achieve equity.
- Community Health Workers: Greater use of community health workers has been shown to reduce disparities by race, ethnicity, and income.
- Improved Workforce Diversity: Programs such as the NWHF-funded Workforce Improvement for Immigrant Nurses are critical to help achieve a workforce that matches our aging and rapidly diversifying society.
- Parks and Recreation: Many people still live in neighborhoods without access to a non-violent and exercise-friendly park, which has a detrimental effect on population health.
- Food Systems: Research shows that people who have better access to supermarkets tend to have lower levels of obesity. Lower-income communities tend to have fewer grocery stores and more convenience stores and changing this dynamic can help reduce disparities by race, ethnicity and income.
- Oral Health: Dental problems often lead to weakened immune systems, heart and lung diseases, and other serious health conditions. Oral health is also connected to academic performance in schools, and is an area where significant racial and ethnic disparities exist in the U.S. Investing in policies that expand access to oral health in underserved populations can be extremely effective measures toward achieving health equity.