



Diversity, Equity, Inclusion & Belonging

Leslie D. Garcia, MPA, Ed.D., Associate Dean for DEIB, SOM Dean's Office
Oregon Health & Sciences University

Agenda:

- About Me
- Diversity, Equity, Inclusion and Belonging at SOM
- Provide Historical National Context of DEI-B
- Current National Landscape of Anti-DEI Movement
- Tools, Resources, and Information
- Q&A
- Panel on Opportunities in Community Service

Leslie D. Garcia:

- Mexican-American
- Grew up rural agricultural town - State of Washington
- Non-insured and no health care access
- First-year college student
- Education: History, Public Administration, Higher Education, Health Care, Policy, and Social Sciences
- 30 years in academic medicine
- Dedicated to Research, Health Care, Education and Community Service

Diversity at OHSU



1950s: *Bonnie Gibson, M.D.*



1950s: *Oliver Pugh, M.D.*
Dr. Pugh was the first African American to graduate from the University of Oregon School of Medicine. He was the first African American to hold a full-time position in the Department of Pathology at OHSU. He subsequently went on to establish a cardiovascular medicine fellowship program at OHSU.



1960s: *James H. H. Lee, M.D.*
Dr. Lee was the first African American to be appointed as a faculty member at OHSU. He was the first African American to be appointed as a full-time faculty member in the Department of Pathology at OHSU. He subsequently went on to establish a cardiovascular medicine fellowship program at OHSU.



1970s: *James H. H. Lee, M.D.*
Dr. Lee was the first African American to be appointed as a faculty member at OHSU. He was the first African American to be appointed as a full-time faculty member in the Department of Pathology at OHSU. He subsequently went on to establish a cardiovascular medicine fellowship program at OHSU.



1980s: *James H. H. Lee, M.D.*
Dr. Lee was the first African American to be appointed as a faculty member at OHSU. He was the first African American to be appointed as a full-time faculty member in the Department of Pathology at OHSU. He subsequently went on to establish a cardiovascular medicine fellowship program at OHSU.



1990s: *James H. H. Lee, M.D.*
Dr. Lee was the first African American to be appointed as a faculty member at OHSU. He was the first African American to be appointed as a full-time faculty member in the Department of Pathology at OHSU. He subsequently went on to establish a cardiovascular medicine fellowship program at OHSU.



2000s: *James H. H. Lee, M.D.*
Dr. Lee was the first African American to be appointed as a faculty member at OHSU. He was the first African American to be appointed as a full-time faculty member in the Department of Pathology at OHSU. He subsequently went on to establish a cardiovascular medicine fellowship program at OHSU.



2010s: *James H. H. Lee, M.D.*
Dr. Lee was the first African American to be appointed as a faculty member at OHSU. He was the first African American to be appointed as a full-time faculty member in the Department of Pathology at OHSU. He subsequently went on to establish a cardiovascular medicine fellowship program at OHSU.



2020s: *James H. H. Lee, M.D.*
Dr. Lee was the first African American to be appointed as a faculty member at OHSU. He was the first African American to be appointed as a full-time faculty member in the Department of Pathology at OHSU. He subsequently went on to establish a cardiovascular medicine fellowship program at OHSU.

OHSU Tram Cabins:

Who are they named after?

Tram

Cabins: In 2007, Walt Reynolds and Jean Richardson, the namesake of the south and north cabins, rode their cabins for a naming ceremony.



History: Reynolds was the first African American to graduate (1949) from OHSU. **Richardson** graduated from OSU in 1949 with a degree in civil engineering. She paved the way for women.



SoM Diversity, Equity, Inclusion and Belonging Office

- Located in Mack Hall 4rth Floor, Dean's
- <https://www.ohsu.edu/school-of-medicine/diversity-equity>
- DEIB monthly newsletter and website
- [Resources](#)
- garcial@ohsu.edu
- 503-806-0447 cell number



Mission and Diversity Statement

Mission

Cultivate a diverse and equitable community that fosters DEIB while striving for excellence in education, research, clinical practice, and community service.

Diversity Statement

We recognize that a diverse community of faculty, students, and staff significantly enriches our learning environment and strengthens our collective impact. We are committed to

- Fostering an inclusive culture.
- Achieving the highest-quality outcomes, serving as positive role models, and holding ourselves accountable to the values of fairness, transparency, and consistency.
- Striving to empower and develop one another and thrive in an equitable and supportive environment.



Definitions for Diversity, Equity, Inclusion & Belonging:

- **Diversity** is about recognizing and valuing the different characteristics that make people unique. It's not just about visible differences like race or gender, but also includes aspects like cognitive diversity, personality, life experiences, and perspectives.
- **Equity** is treating everyone fairly and providing equal opportunities. This might mean providing more support or accommodations.
- **Inclusion** is the active practice of making people feel valued and heard. Creating environments where all can fully participate.
- **Belonging** is the emotional outcome of DEIB efforts. Individuals can be their true selves and are accepted.

SoM Diversity Goals

Goal 1: BELONG

The School of Medicine will create and foster a learning and working environment that welcomes, celebrates, and supports all learners, staff, faculty, leaders, and community members, including individuals from marginalized groups historically underrepresented in medicine and the biomedical sciences.

Goal 2: INCLUDE

The School of Medicine will recruit, admit, hire, mentor, support, retain, graduate, advance, and promote all learners, staff, faculty, leaders, and community members, including individuals from marginalized groups historically underrepresented in medicine and the biomedical sciences who are eligible according to established criteria per policy.

Goal 3: EMPOWER

The School of Medicine will commit to achieving a more just and equitable world by embracing a social mission that leverages its resources and expertise to aid under-served populations and reduce health disparities.



Selected Events from 1940 to 2000

- 1940s: 1960s: Early Foundations Civil Rights
- 1970s: 1980s: Expansion of Policies and Research on Health Disparities
- 1972: Desegregation of Hospitals
- 1970s: Rise of Women in Medicine
- 1985 : Heckler Report
- 1986: Office of Minority Health (OMH)
- 1990s: Formalization of DEI Efforts
- 1990: Healthy People 2000
- 1993: The Family and Medical Leave Act (FMLA)
- 1997: National Standards on Culturally and Linguistically Appropriate Services (CLAS)
- 1999: "Unequal Treatment" Report by the Institute of Medicine



Years: 2000's

- 2000s: Integration of DEI into Healthcare Institutions
- 2000: Minority Health and Health Disparities Research and Education Act
 - This act establishes the National Institute on Minority Health and Health Disparities (NIMHD) within the NIH to focus specifically on the health of racial and ethnic minorities.
- 2002: The Joint Commission Standards
 - The Joint Commission on Accreditation of Healthcare Organizations (now The Joint Commission) issues standards that include diversity and cultural competence as part of accreditation criteria for hospitals and healthcare facilities.

Medical School Accreditation Standards - LCME

The Liaison Committee on Medical Education accredits medical education programs leading to the M.D. degree in the United States and Canada. Several LCME accreditation standards are relevant to cultural competence, disparities and diversity in a medical school setting.

- **Standard 3: Academic and Learning Environments**

A medical school ensures that its medical education program occurs in professional, respectful, and intellectually stimulating academic and clinical environments, recognizes the benefits of diversity, and promotes students' attainment of competencies required of future physicians.

- **3.3: Diversity/Pipeline Programs and Partnerships**

A medical school has effective policies and practices in place, and engages in ongoing, systematic, and focused recruitment and retention activities, to achieve mission-appropriate diversity outcomes among its students, faculty, senior administrative staff,

- **3.4: Anti-Discrimination Policy**

A medical school does not discriminate based on age, creed, gender identity, national origin, race, sex, or sexual orientation and the methods fundamental to applying them to the health of individuals and populations.



Accreditation Council for Graduate Education Medical Education (ACGME)

- The ACGME's commitment to DEI is based in accreditation and in setting the standards for the learning environments that provide graduate medical education.
- The ACGME has several [Common Program Requirements](#) **addressing issues of diversity, equity, and inclusion** in clinical learning environments.
- The ACGME recognizes how increasing diversity in the physician workforce positively impacts **healthcare access and patient outcomes**, a key part of the organization's mission.

Timeline: Years 1850 –2000

- The landscape of diversity in healthcare was marked by entrenched racism and segregation, followed by gradual advocacy and legal changes that laid the groundwork for more inclusive, equitable healthcare policies. Influenced by Civil Rights.
- The shift toward formal diversity initiatives accelerated in the latter half of the 20th century, with efforts focused on improving access, reducing discrimination, and addressing the growing recognition of health disparities.
- This period also saw the beginning of cultural competency training, efforts to diversify the healthcare workforce, and the recognition of the importance of research on minority health. However, significant challenges remained, and the real momentum for equity in healthcare would accelerate in the 21st century.

Years 2000 to 2024

- 2010s: Systemic Changes and Increasing Focus on Intersectionality
 - 2011: National CLAS Standards Update
 - 2015: Health Equity and the Role of DEI in Healthcare
 - 2016: Gender Equality and Pay Equity in Healthcare
 - 2018: Diversity in Medical Schools Continues to Increase
- 2020s: Expanding DEI Efforts Across Healthcare
 - 2020: Black Lives Matter and Healthcare
 - 2021: Diversity, Equity, and Inclusion in Public Health

Years 2021 to 2024

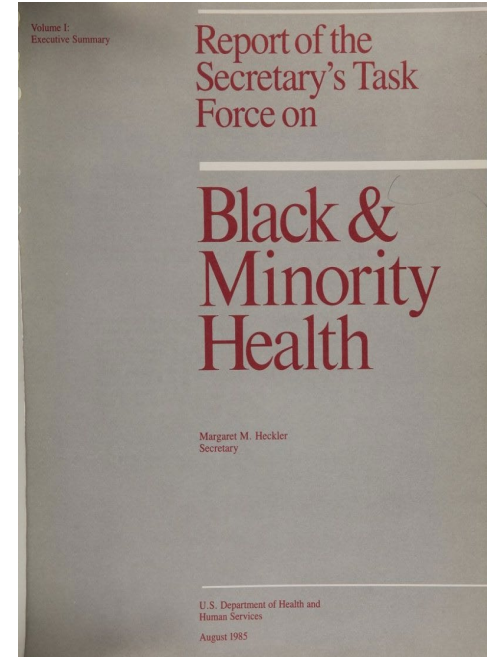
- 2021: The Centers for Disease Control and Prevention (CDC) and other public health organizations make DEI a core focus, with a particular emphasis on addressing how COVID-19 disproportionately affects minority communities. The pandemic highlighted racial and ethnic disparities in health outcomes, leading to increased investment in health equity initiatives.
- 2021- OHSU Vaccine Equity Committee formed to address health disparities and impact.
- **2022: Cultural Competence Becomes a Requirement.**
- 2023-2024: Continued Focus on Social Determinants of Health (SDOH).

Cultural Competence In State of Oregon

- Effective July 1, 2021, the Oregon Medical Board (OMB) requires cultural competency continuing education as a condition of licensure.
- 2-hour Requirement
- Different types of courses and experiences meet the cultural competency continuing education requirement, including experiential or service learning, and cultural or linguistic immersion, For more information about the mandatory requirements for Oregon [Medical Board Cultural Competency webpage](#) [External Link](#).

Health & Medicine 1985

- The Report of the Secretary's Task Force on Black and Minority Health, also known as the Heckler Report, was the first government-led national comprehensive study on the health status of people of color.
- The report quantified excess deaths due to health disparities and identified the predominant causes of mortality for people of color.
- “The report also outlined recommendations to reduce health disparities and identified a need to improve national data collection for Hispanic, Asian American, American Indian and Alaskan Native populations. “



Office of Minority Health: Formation

- The establishment of the Office of Minority Health within the U.S. Department of Health and Human Services (HHS) was one of the Heckler Report's most significant outcomes.
- It was established to improve health outcomes and eliminate health disparities among racial and ethnic groups through the development of government-level health policies and programs.
- In 2010, the Affordable Care Act established Offices of Minority Health within each of the six agencies within HHS and redesignated the National Center on Minority Health and Health Disparities within the National Institutes of Health as the National Institute on Minority Health and Health Disparities.

Office of Minority Health (OMH)



2000 - The National [Culturally and Linguistically Appropriate Standards](#) (CLAS) to advance health equity, improve quality, and help eliminate health care disparities.



Principal Standard - Services that are respectful of and responsive to individual cultural health beliefs and practices, preferred languages, health literacy levels, and communication needs and employed by all members of an organization at every point of contact.



15 Standards a blueprint for health care by implementing cultural and linguistic appropriate services.

CLAS Standards Snap Shot

Culturally Competent Care
Governance, Leadership &
Workforce (1-3;)

Language Access &
Communication (5-8;)

Organization to Support
Cultural Competence
through Engagement,
Continuous Improvement
Accountability (9-15;)

Two Models:

Cultural Competency

The assumption “we can become competent” is often tackled by learning about the patterns of behavior, beliefs, language, values, and customs of particular groups.”

❑ Six Constructs

- ✓ Cultural awareness
- ✓ Cultural knowledge
- ✓ Cultural skill
- ✓ Cultural encounter
- ✓ Cultural desire
- ✓ Continuous cultural encounters

Campinha-Bacote, J. (2002). The process of cultural competence in the delivery of healthcare services: A model of care. *Journal of transcultural nursing*, 13(3), 181-184.

Cultural Humility

Three principles

- ❑ Requires lifelong learning, engaging in self-reflection combined with a willingness to learn from others.
- ❑ Entering a relationship with another person to honor their beliefs, customs, and values by mitigating power imbalances.
- ❑ Partner to change institutional accountability

Melanie Tervalon; Jann Murray-Garcia *Journal of Health Care for the Poor and Underserved*; Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. May 1998; 9, 2

Practicing Cultural Humility: The 5 Rs

Reflection – Approach every encounter with humility and always try to learn.

Respect – Treat every person with the utmost respect.

Regard – Hold every person in their highest regard and don't allow unconscious bias to interfere in an interaction.

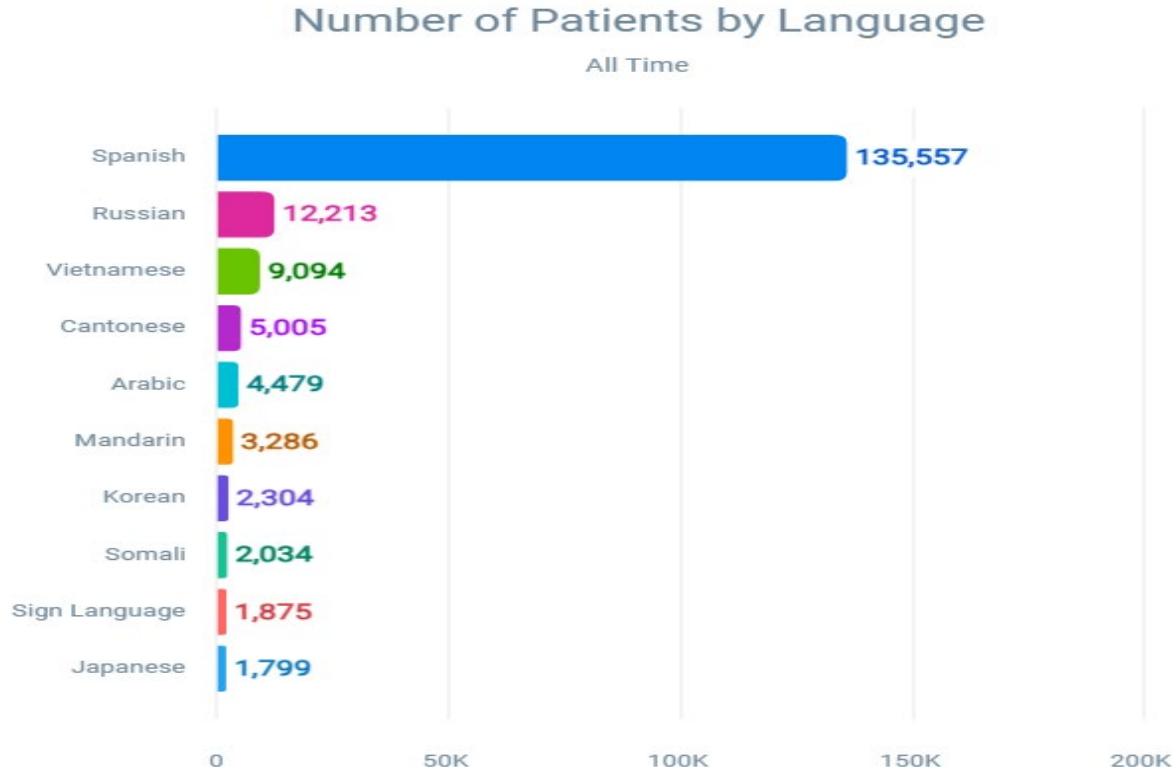
Relevance – Seek to understand every encounter. Open mind.

Resilience – Increase your personal/community resilience Exercise empathy and compassion at every encounter.

Years in Summary: 2000 to 2024

- Diversity initiatives in healthcare have evolved from an awareness of disparities to a more comprehensive approach focused on equity, inclusion, and addressing social determinants of health.
- While progress was made in improving access and outcomes for diverse populations, there is still much work to be done, particularly in addressing systemic issues like racism, inequitable access to care, and the integration of culturally competent practices in both education and healthcare delivery.
- The next decade will likely see continued emphasis on data-driven approaches, technology solutions, and collaborative efforts to promote health equity while combatting misinformation, politics, and anti-DEI agenda.

Top 10 Languages of Patients





Bilingual Screening Program - Certification

- The OHSU Bilingual Screening Program is available to all employees and students of OHSU. The screening is coordinated and paid for by the Language Services department.
- All healthcare employees, clinicians, and students providing direct patient care are required to pass the bilingual screening to ensure fluency when choosing to provide care in a language other than English.
- Some OHSU members are eligible for a pay differential or bonus if they utilize their bilingual skills in the course of their work.



Anti-DEI Legislation

What We Say and What Others Say:

- DEI is vital for patient care as it ensures fair access, culturally specific services, and an inclusive environment for every individual seeking healthcare.
- Contributes to improved healthcare outcomes and patient satisfaction.
- Addresses and mitigates disparities in the delivery of healthcare.
- In A **2023** Survey by the Pew Research Center, 61% of U.S. adults say their workplace has policies that focus on fairness in hiring, promotions, or pay. And 56% of U.S. adults say, “Focusing on increasing DEI at work is mainly a good thing.”
- U.S. Legislators and political/corporate leaders believe DEI is discriminatory and have crafted, presented, and passed anti-DEI legislation after the Supreme Court ruled to remove race from admissions.





Racism was called a health threat. Then came the DEI backlash

- A growing number of institutes exploring the nexus between racism and health — and their researchers — are under attack.
- David R. Williams and Rachel Hardeman are population health researchers at different universities with one thing in common: Both have been added to a right-wing “watch list” for teaching about and researching the ways racism affects health.
- October 11, 2024

Reference: Washington Post

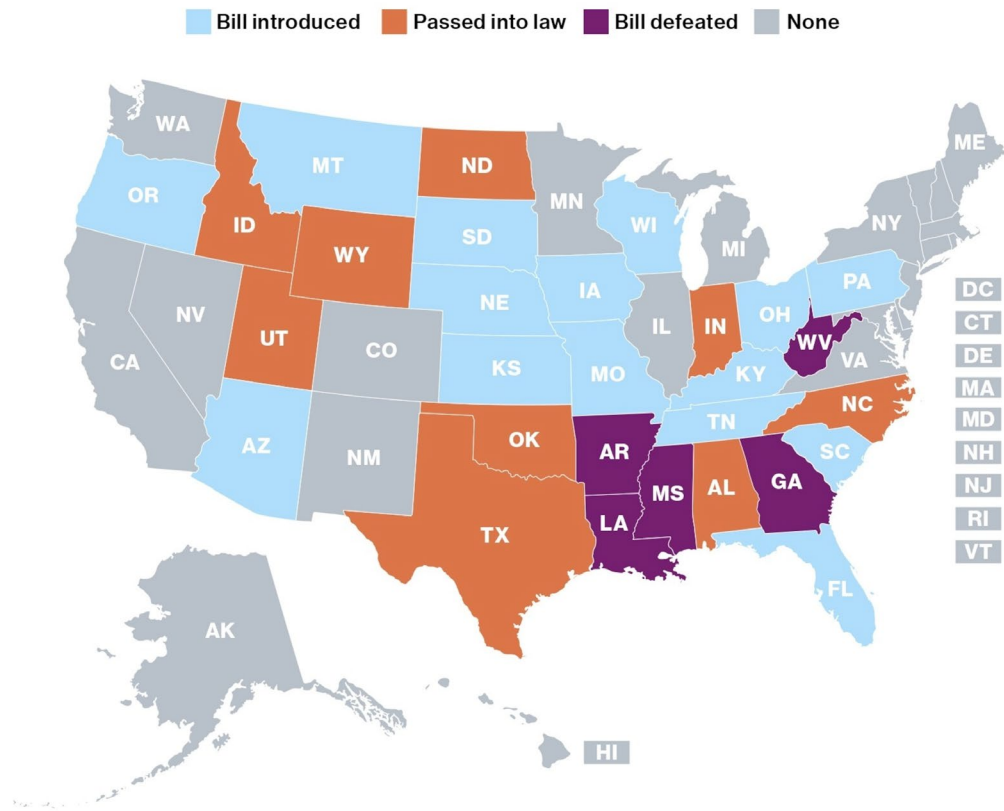
<https://www.washingtonpost.com/health/2024/10/11/dei-researchers-universities-attacked/>

Anti-DEI Movement

- At the start of 2024, 76 bills were introduced in 26 state legislatures to eliminate or disempower DEI.
- Defunding DEI offices, and firing DEI officers, staff, and faculty.
- Elimination of diversity statements from the hiring/admission process.
- Prohibited consideration for employment, admission, and/or promotion.
- **Impact:** Transgender health services, reproductive health, race/ethnicity, and national origin/Immigration).

Anti-DEI laws across the country

STATES ACROSS THE COUNTRY ARE RESTRICTING DIVERSITY EFFORTS.



Anti-DEI in Medical Schools

- HR 7725, A new bill in the U.S. House of Representatives to ban DEI in medicine and prevent medical schools from receiving federal financial assistance if they adopt certain diversity, equity and inclusion policies.
- "The Embracing Anti-Discrimination, Unbiased Curricula, and Advancing Truth in Education Act," introduced by North Carolina Rep. Greg Murphy, MD.
- Meanwhile, students ask for more DEI curriculum and training

Leading health care and medical associations support diversity, equity, and inclusion (DEI) policies to assist improve the health of our nation.



Accreditation Council for Continuing Medical Education (ACCME), Accreditation Council for Graduate Medical Education (ACGME), American Board of Medical Specialties (ABMS), American Medical Association (AMA), American Osteopathic Association (AOA), Association of American Medical Colleges (AAMC), Council of Medical Specialty Societies (CMSS), National Board of Medical Examiners (NBME), National Board of Osteopathic Medical Examiners (NBOME), and the National Resident Matching Program (NRMP).

“Our efforts to promote DEI seek to address the long-standing and well-documented inequities in our health care system and its impact on the health of our patients and communities.”

Need to go to the hospital? Texas and Florida want to know your immigration status.

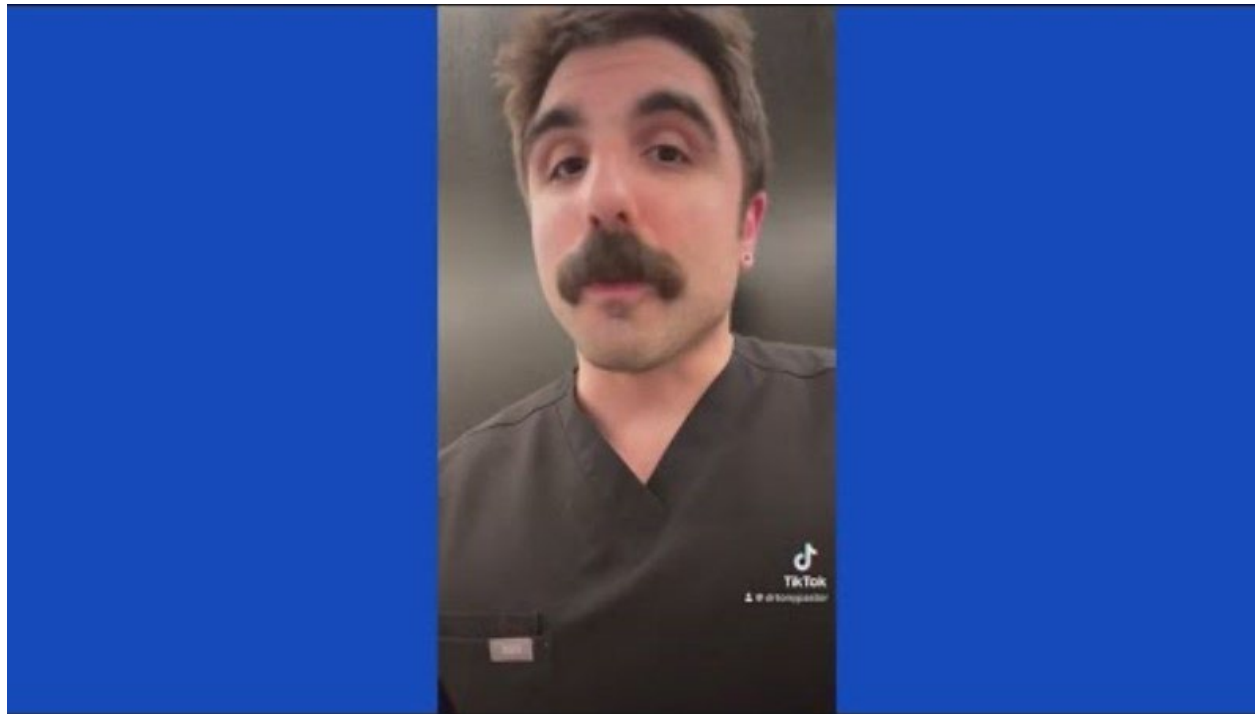
Critics say the new policies are designed to dissuade immigrants from seeking care.

BY: SHALINA CHATLANI - OCTOBER 3, 2024 5:00 AM



📹 Farmworkers work in a spinach field in Homestead, Fla. Florida and Texas now require hospitals to ask patients about their immigration status when they seek medical care. (Lynne Sladky/The Associated Press)

<https://www.youtube.com/watch?v=73s72H-prMc>



Oregon a Sanctuary State

- **History** Oregon was the first state to become a sanctuary state in 1987. The law prohibits state and local law enforcement from using their resources to detect or apprehend people whose only violation is being in the country without documentation.
- **Sanctuary Promise Act**
- In 2021, the Oregon legislature passed the Sanctuary Promise Act, which strengthened existing sanctuary laws.
- Restricts the collection and sharing of information related to a person's immigration status
- **Reporting violations**
- Calling the Sanctuary Promise Hotline at 1-844-924-STAY (1-844-924-7829)

Immigration Frequently Asked Questions

Am I required to talk with an ICE agent?

- No, you are not required or expected to speak to an Immigration and Customs Enforcement agent, no matter what the agent may say. When you are working or studying at OHSU you are expected to focus exclusively on your job duties or studies. To repeat: You are not required to talk to an ICE agent, nor are you authorized to do so on the job. Refer the agent to the Department of Public Safety.

If an ICE agent comes to my office or health care station, and requests records or information, am I required to provide it?

- No, and in fact you do not have the authority to provide OHSU records, including computer data, to any law enforcement officer, including ICE agents. You are not required to talk to any ICE agent, and you are not authorized to do so on the job.

Refer the agent to the Department of Public Safety.

In Summary

- Contributes to the elimination of health disparities and promotes health equity.
- Services more responsive to the needs of patients, clients, and community (language services i.e.,)
- Alignment with health professional organizations (AAMC, AMA, ACGME, etc., language, verbiage, business case, etc.)
- Overall: build capacity aligned to CLAS standards into action and partnership/alignment with partners, sponsors, funders, and community.
- Know your rights and responsibilities

Q & A

Leslie Garcia

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503-806-0447



Community Opportunities

- Diversity Mentorship Program <https://www.ohsu.edu/school-of-medicine/diversity-equity/md-diversity-mentorship-program>
- 40 SoM Outreach Programs <https://www.ohsu.edu/outreach/k-12-programs>
- **Panel Discussion:**
 - On Track
 - Knight Cancer Institute
 - Casey Eye



On Track OHSU!

December 9, 2024



Mission

To increase the racial diversity within OHSU's schools and programs and in Oregon's biomedical workforce





By the Numbers

3500+ middle school students

1745 high school students

107 On Track undergrads
currently receiving advising

59% % of On Track undergrads
known to be pursuing or
in a health/science field

Volunteer and share your passion for health & science with Oregon middle and high school students



Flexible and low commitment volunteer options for OHSU Students, Graduate Students and Postdocs



Want to learn more?
Sign up for our newsletter!



For more information, contact ontrack@ohsu.edu

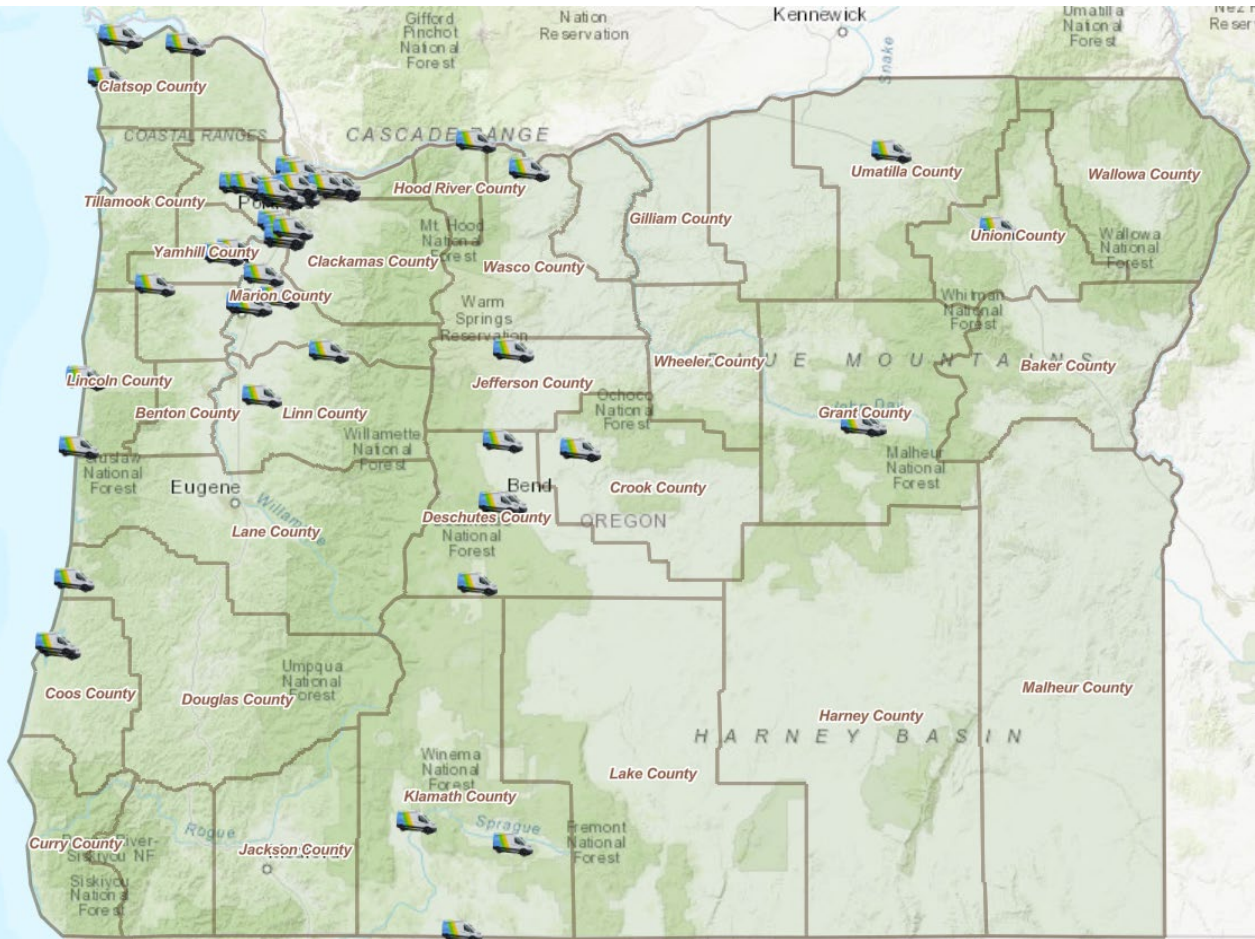


KNIGHT MOBILE OUTREACH

Knight Cancer Community Outreach, Research, and Engagement

Jackie Shannon Ph.D., Derrik Zebroski BSc, Paul [REDACTED]

SHOWING UP ACROSS OREGON



- 104 events attended since launch in October 2022
- 45 events in 2024
- 14,000+ miles traveled
- 43 Cities/Towns
- 19 Counties

Thadd's Place, John Day 6/28



Korean Society of Oregon, Portland 3/16



La Pine Community Health Center, La Pine 8/7



TAILORED CANCER COMMUNITY OUTREACH

- Inflatable Colon Events
- Tabling at community events and health fairs
- Partnering with local healthcare systems and agencies
- Community presentations
- CHW Trainings



Steps Against Melanoma, Wilsonville 5/4



Reach the Beach, Astoria 5/18



Impact Report



Discover the faces behind the successes in our recent health fair, hosted at the Salem First Free Methodist Church in Salem, Oregon

Created by: Teresa Roland
Photo Credits: Kevin Acosta Lopez
OHSU Knight Cancer Institute | CEDAR



Together, we impacted...



12 Children screened by Vision to Learn, with 7 prescriptions issued

31 Working families assisted by Salud's services

270+ Participants registered at informational tables

ESTIMATED VALUE OF SERVICES

\$23,725

OHSU KNIGHT CANCER RESEARCH INSTITUTE CEDAR CLINICAL TRIALS TEAM (25 BLOOD DRAWS FOR EARLY CANCER DETECTION SCREENING)

\$5,716.56

MEDICAL TEAMS INTERNATIONAL (11 DENTAL A/C, AND 18 APPOINTMENTS CONDUCTED)

\$17,504

CASEY EYE (28 ADULT VISION SCREENINGS, 18 NEW PRESCRIPTION GLASSES ISSUED)

VISIT COUNT

50 AVERAGE VISITS PER TABLE

45 TOURS OF THE INFLATABLE COLON

41 HOUSEHOLDS CONTACTED ABOUT ENERGY ASSISTANCE



"It was really beautiful to see, and people would ask when the next event will happen... to have this event in the area and neighborhood we serve was really great."

- MARIA JARAMILLO



SCAN QR CODE OR CLICK HERE TO COLLABORATE

NOTES FROM OUR ORGANIZERS

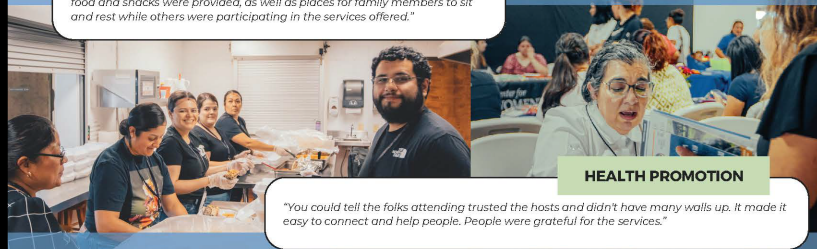
Our goal for this health fair was to bring OHSU's resources to community members facing barriers to adequate medical care. We aimed to uplift and support the many nonprofit organizations that have been dedicated to serving the Salem community for years, like Mano a Mano. The power of collaboration cannot be overstated; by uniting our strengths and resources, we achieved a greater impact than any of us could have accomplished alone. Together, we demonstrated our unwavering commitment and showed our community that we genuinely care and stand by their side.

measurable Outcomes



FAMILY ENGAGEMENT

"Participants were eager to engage with our content. It helped greatly that food and snacks were provided, as well as places for family members to sit and rest while others were participating in the services offered."

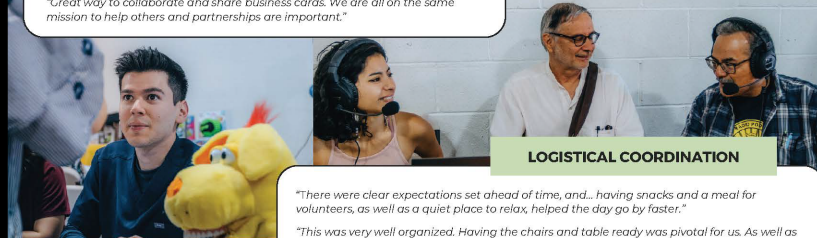


HEALTH PROMOTION

"You could tell the folks attending trusted the hosts and didn't have many walls up. It made it easy to connect and help people. People were grateful for the services."

COMMUNITY NETWORKING

"Great way to collaborate and share business cards. We are all on the same mission to help others and partnerships are important."



LOGISTICAL COORDINATION

"There were clear expectations set ahead of time, and... having snacks and a meal for volunteers, as well as a quiet place to relax, helped the day go by faster."

"This was very well organized. Having the chairs and table ready was pivotal for us. As well as having indoor venue also helped. Some teams do not have tents."

Collaborators

ANDARES
CASEY EYE INSTITUTE
CENTER FOR HOPE AND SAFETY
CENTRO DE SERVICIOS PAREA CAMPESINOS (PCUN)
COMMUNITY LENDING WORKS
COUNTRY FINANCIAL
ENERGY TRUST OF OREGON
LA JAROCHITA
LA ZETA
MANO A MANO
MARION COUNTY EISO PROGRAM
MARION COUNTY HEALTH & HUMAN SERVICES
MARION COUNTY IMMUNIZATION SERVICES
MEDICAL TEAMS INTERNATIONAL

MWVCAA FUREZA CAMPEZINA
MWVCAA ENERGY ASSISTANCE
ODHS - MI CENTE
OHSU - OREGON RURAL PRACTICE-BASED RESEARCH NETWORK (ORPRN)
OHSU KNIGHT CANCER INSTITUTE
OHSU KNIGHT CANCER INSTITUTE CLINICAL TRIALS
OHSU WOMEN'S HEALTH RESEARCH UNIT
OREGON HEALTH INSURANCE MARKETPLACE
OHSU SCHOOL OF MEDICINE
OREGON INSTITUTE OF TECHNOLOGY DENTAL HYGIENE
PACIFIC SOURCE COMMUNITY SOLUTIONS
RADIO PODER

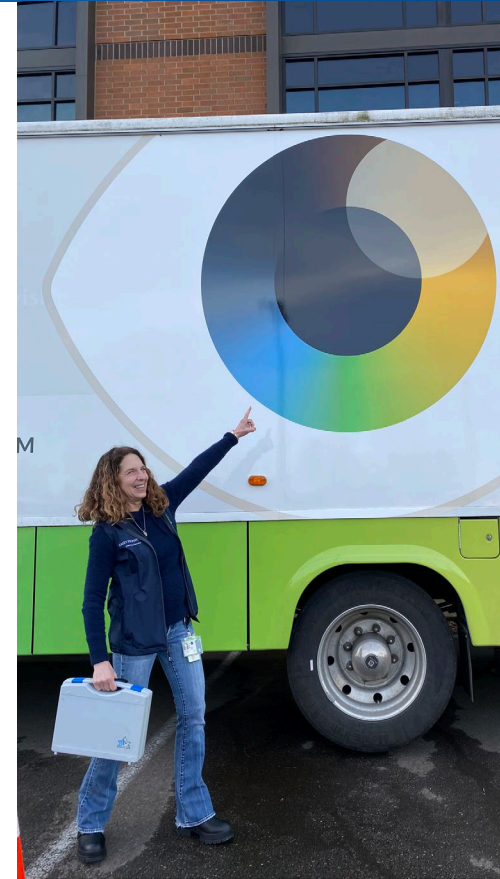
REGIONAL HEALTH EQUITY COALITION FOR MARION, POLK, AND YAMHILL
SALEM-KEIZER SCHOOL DISTRICT
SALEM-KEIZER MIGRANT EDUCATION PROGRAM
SALUD
SERVICIOS LEGALES DE OREGON / PROGRAMA PARA CAMPESINOS
SALEM KEIZER COALITION FOR EQUALITY
VISION TO LEARN
WILLAMETTE HEALTH COUNCIL



we sincerely thank you and your volunteers for all your support!



OHSU CASEY EYE INSTITUTE COMMUNITY OUTREACH – A VISION FOR THE STATE



A VISION FOR THE STATE



379 COMMUNITY VISION CLINICS

held in partnership with 75 community partner agencies, at over 100 unique locations across Oregon

12,676 EXAMS PROVIDED

to adults who experience barriers to vision care, and at highest risk for eye diseases



3,556 (28%) RECEIVED A REFERRAL

for a condition that threatens their sight including diabetic retinopathy, glaucoma, and macular degeneration

7,727 (61%) RECEIVED A PRESCRIPTION

and assistance obtaining prescription glasses

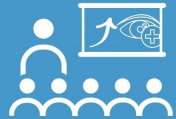


29,858 VOLUNTEER HOURS

were given providing eye care, an equivalent of \$957,7491,575 based on the value of volunteer time in Oregon

277 VISION HEALTH NAVIGATORS

trained from over 70 agencies to connect those in their community with vision care who need it most, as part of a training approved by the Oregon Health Authority Office of Equity and Inclusion.





TELEHEALTH SCREENING



Vision Health Navigator Training

Oregon's first ever vision health specific training for Community Health Workers, approved by the **Oregon Health Authority Office of Equity and Inclusion**, to connect those in their community with vision care who need it most

For more information contact:
wedeking@ohsu.edu



DEIB: What Does This Mean For You?

- ✓ Contribute to the elimination of health disparities and promote health equity
- ✓ Support the creation of culturally competent organizations and systems
- ✓ Make services more responsive to the needs of patients, clients, community (language services i.e.,)
- ✓ Set meaningful personal and professional goals
- ✓ Alignment with OHSU Vision for DEI



Thank You
garcial@ohsu.edu