

CAP Health Equity Plan

Created May 2015



Cascade AIDS Project



The Process



CAP's work in health equity has been evolving for many years, but became more concrete during our strategic planning process in 2014 when CAP added the elimination of HIV-related health disparities to our mission and established health equity as one of our strategic imperatives. We acknowledge the central role that health equity must play in our goal to eliminate new HIV infections and support people living with HIV.

Like many other health issues, HIV disproportionately impacts communities experiencing oppression – infection rates are highest among people of color, people living in povertyⁱⁱ, transgender individualsⁱⁱⁱ, and gay and bisexual men^{iv}. Where we see intersections of oppression, the disparities are greater still – for example, 32% of all black men who have sex with men (MSM) and 15% of Latino MSM in the US are living with HIV, compared to only 8% of white MSM^v, despite similar rates of most risk behaviors and higher rates of unprotected anal intercourse for white MSM^{vi}. Likewise, black transgender women are more likely to become infected with HIV than non-black transgender women^{vii}. These differences persist throughout the continuum of care – only 16% of black MSM are virally suppressed, compared with 34% of white MSM^{viii}.

Given these disparities, it is evident that CAP cannot attempt to address HIV without also addressing health disparities and their root causes. One of our first steps towards achieving this imperative is to create this agency Health Equity Plan to guide our work for the next few years. A team of individuals from across the organization came together to define what health equity means to CAP, and to set the foundation for the work that lies ahead. This document is meant to be the beginning of an ongoing process, and is a living plan that should be reviewed and revised regularly as we learn more about the work we must do in order to achieve health equity.



Defining Health Equity and CAP's Role

What is Health Equity?

Health equity is the equal opportunity for everyone to be mentally, physically and emotionally healthy.

CAP's Role

Achieving health equity requires acknowledging that health disparities exist and are the result of avoidable inequalities and historical and contemporary injustices. It also requires ongoing collaboration that looks for solutions both in and outside of the healthcare system.

CAP's role in health equity is to provide low-barrier, culturally-affirming services to increase access to care, build coalitions across sectors, empower communities and advocate for systemic change.

For CAP's purposes, we define "community" by our mission: people living with or affected by HIV or those impacted by HIV-related stigma and health disparities.



Imperatives:

The committee set five strategic imperatives to frame the work CAP will do for the next two years (July 2015-June 2017).

1

Foster an organizational culture that centralizes health equity in our daily work.

This imperative speaks to the need to transform our agency's systems and practices in order to better support health equity work. Objectives for this imperative include having a diverse workforce that reflects the people we serve, empowering staff to understand their own role in achieving health equity and how it relates to our mission, and creating an overarching equity framework for the agency that will guide everything from external communications to internal policies.

2

Align programs to reflect the diverse needs of the communities we serve.

Many of the communities most impacted by health disparities are also those that, for a variety of historical and contemporary reasons, are the most difficult for CAP to reach. In order to begin to change this, CAP must: offer services in different parts of our community – meeting people where they live, work and play; improve marketing and outreach efforts to reflect and engage a broader, more diverse audience; ensure programs and services are culturally responsive, and are accessible to people with varying physical and mental needs; and train staff to provide low-barrier services including trauma-informed care.

3

Ensure organizational accountability through measurable outcomes.

Measuring organizational outcomes from a health equity framework will ensure that CAP knows what works, for whom, under what conditions, and whether health inequities are decreasing, increasing, or remaining the same. We will look at differences in both engagement and outcomes for populations who are disproportionately impacted by HIV, including trans* folks, women, African Americans and Latinos. The data gathered will help us track progress towards equity and provide responsive services and programs.

4

Advocate for policies that eliminate social and economic barriers to health.

Health equity cannot be achieved in a vacuum; it requires systemic change. CAP needs to play a larger role in advocating for policies that impact broader issues of health equity including housing, transportation, poverty reduction, racial justice, immigration, criminal justice, LGBT equality and gender equality. The agency is in the process of developing an Advocacy Strategy, and this committee will ensure that health equity is a major focus of that strategy.

5

Cultivate and expand community-driven and innovative partnerships.

Health inequities are the result of overlapping issues, including many that stem from outside the healthcare system. In order to achieve health equity, CAP must seek out new partnerships and build coalitions with organizations outside of our traditional sectors, including culturally-specific organizations. These coalitions will draw on the strengths, expertise and community ties of each organization in order to increase reach, provide more comprehensive care and achieve more equitable outcomes.



Health Equity at CAP

Definition and Role

Health equity is the equal opportunity for everyone to be mentally, physically, and emotionally healthy.

Achieving health equity requires acknowledging that health disparities exist and are the result of avoidable inequalities and historical and contemporary injustices. It also requires ongoing collaboration that looks for solutions both in and outside of the health care system.

CAP's role in health equity is to provide low-barrier, culturally-affirming services to increase access to care, build coalitions across sectors, empower communities, and advocate for systemic change.

Imperatives

Foster an organizational culture that centralizes health equity in our daily work.	Align programs to reflect the diverse needs of the communities we serve.	Ensure organizational accountability through measurable outcomes.	Advocate for policies that eliminate social and economic barriers to health.	Cultivate and expand community-driven and innovative partnerships.
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Objectives

<ol style="list-style-type: none"> 1. Develop an equity framework for the agency. 2. Expand staff understanding of each individual's role in achieving health equity at CAP. 3. Ensure that hiring and promotion practices support a diverse and inclusive workforce. 	<ol style="list-style-type: none"> 1. Expand service geography to include more communities experiencing inequities. 2. Improve marketing and outreach efforts to reflect and engage a broader, more diverse audience. 3. Ensure programs and services are culturally affirming. 4. Ensure programs and services are accessible. 5. Train staff to provide low-barrier services. 	<ol style="list-style-type: none"> 1. All departments will include a benchmark related to health equity in their department goals. 2. Track progress in serving populations disproportionately impacted by HIV. 3. Create a tool to measure CAP's involvement in health equity work in the community. 4. Make data-driven decisions. 	<ol style="list-style-type: none"> 1. Incorporate health equity into agency advocacy strategy. 2. Develop communications plan for sharing CAP's role in health equity. 3. Provide training and advocacy opportunities for staff, volunteers, community members and those we serve. 	<ol style="list-style-type: none"> 1. Identify CAP's role in existing community efforts to address health inequities. 2. Identify where there are gaps. 3. Establish new and non-traditional partners to develop collaborative strategies to address health inequities.
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In order for this plan to remain relevant and effective, progress should be monitored quarterly by the Health Equity Committee. At the end of each fiscal year, the committee will review the plan and create new action steps to guide equity work during the following fiscal year. This committee will also be responsible for ensuring that health equity remains a focus of the larger strategic planning group, and that it informs our agency advocacy strategy.

**See last page for references.*



Developed By:

Cascade AIDS Project



Founded in 1983 and incorporated in 1985, Cascade AIDS Project is the oldest and largest community-based provider of HIV services, housing, education and advocacy in Oregon and Southwest Washington.

CAP has grown considerably since its beginning, from a 2 person staff to over 60, from a budget of \$100,000 to over \$6 million. CAP operates multiple programs from its main service site and receives support from over 600 volunteers. It has always been an organization that depends heavily on volunteers. This is true now more than ever, as CAP expands services to meet growing needs in the community.

Cascade AIDS Project helps people put their lives back together; to secure housing, find essential medical care and deal with the countless issues that make the difference between giving up or getting up and going on. With HIV and AIDS, the huge emotional and financial burden to all affected by it can be staggering. Some people lose their jobs, their housing, their friends and family and any means of support. Imagine what it must be like for someone who suddenly finds they are without the essentials we so often take for granted. Shelter, life skills training, and emotional support; these are what CAP provides.

OUR MISSION

To prevent HIV infections, support and empower people living with or affected by HIV, and eliminate HIV-related stigma and health disparities.



References:

- ⁱ CDC. Estimated HIV incidence among adults and adolescents in the United States, 2007–2010. HIV Surveillance Supplemental Report 2012;17(No. 4)
- ⁱⁱ <http://www.cdc.gov/nchhstp/newsroom/HIVFactSheets/Epidemic/Factors.htm>
- ⁱⁱⁱ Herbst JH, Jacobs ED, Finlayson TJ, McKleroy VS, Neumann MS, Crepaz N. Estimating HIV prevalence and risk behaviors of transgender persons in the United States: a systematic review. AIDS Behavior 2008;12(1):1-17. PubMed abstract
- ^{iv} CDC. Estimated HIV incidence among adults and adolescents in the United States, 2007–2010. HIV Surveillance Supplemental Report 2012;17(No. 4)
- ^v <http://www.amfar.org/racial-disparities/>
- ^{vi} Taylor, B. et al, Results from Two Online Surveys Comparing Sexual Risk Behaviors in Hispanic, Black and White Men Who Have Sex with Men, AIDS Behav. 2012 Apr; 16(3): 644-652
- ^{vii} <http://www.cdc.gov/hiv/risk/transgender/>
- ^{vii} <http://www.amfar.org/racial-disparities/>



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