Lane County and Oregon's history of exclusion created unfair advantages for some while creating barriers for others. These barriers contribute to the continued discrimination and inequities we see today and lead to poor health outcomes in our community.

From the time of its founding as a state, Oregon explicitly excluded people based on their identity. These historical exclusions continue to have devastating impacts on the health of Black, Indigenous, and other people of color in Lane County.

Lane County's history of racism and exclusion created systems and structures that systematically disadvantaged Black, Indigenous, Latine/a/o/x, Asian, Native Hawaiian/Pacific Islander, and other people of color, and those disadvantages persist today.

Prior to negotiating any treaties with the Indigenous inhabitants of Oregon, Congress passed the Oregon Donation Act, granting land that had been stewarded by Indigenous peoples since time immemorial to white settlers over the age of 18 who were US citizens. Starting in the 1850s, many of the Indigenous inhabitants of Lane County were forcibly removed from their lands and re-settled on reservations across Oregon through the negotiation of several treaties.

Oregon was the only state admitted to the United States with the exclusion of Black people written into its constitution. Oregon's constitution prohibited Black people from residing in the state, owning property, or making contracts. Other means of exclusion were also built into Oregon's institutions. In Lane County, starting in the mid-1800s, many property owners included racist property deeds or covenants that restricted sale of the property to white people. It was not until 1968, with the passage of the Fair Housing Act, that such covenants became illegal. So many exist, that the state had to establish rules to create a procedure for homeowners to remove this language from property titles and deeds. In 1923, Oregon passed the "Alien Land Law" which prohibited Japanese and Chinese nationals from buying or leasing land. Today, white people in Lane County own their homes at almost twice the rate of people of any other race or ethnicity as a direct result of these policies and laws.

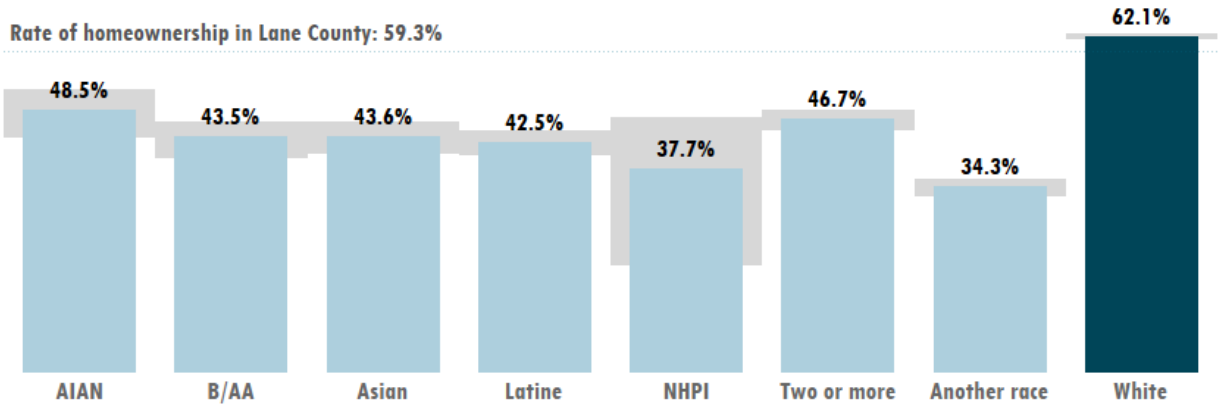
[one barrier to health is] "how Oregon was set up constitutionally and even though it was many generations back there is still so much bias against BIPOC people."

-Community Context Assessment, focus group participant

1968, it was legal in Lane County to place restrictions on titles and deeds prohibiting the sale of property to anyone who was not white. Today, rates of homeownership in Lane County still reflect this legacy.

The legacy of racist policies of exclusion in Lane County can be seen today in rates of homeownership. Rates of homeownership are **higher** for white people and lower for people of every other race compared to the rate overall.

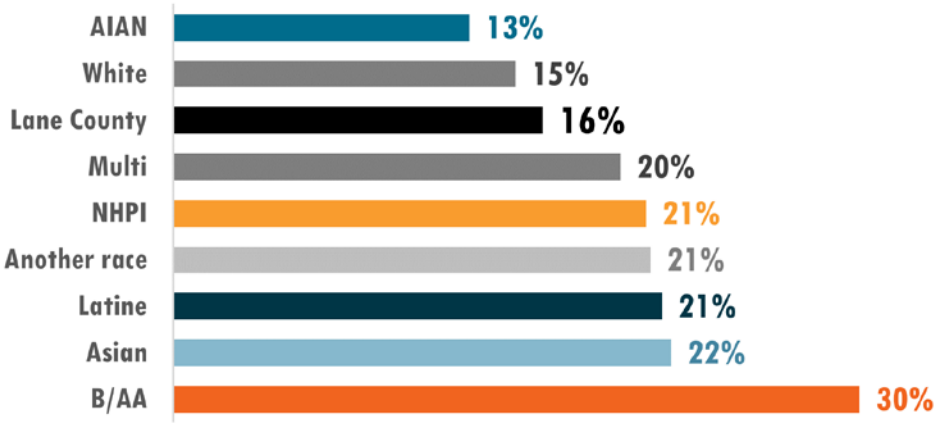
Source: ACS 5-year estimates 2022
Grey bars indicate the margin of error; if margins of error do not overlap differences are likely to be statistically significant



In the United States, homeownership is the most common form of creating generational wealth – wealth that can be passed down to children or grandchildren. With such significantly lower rates of homeownership among BIPOC households, it is not surprising that there are also significant differences in income levels and rates of poverty.

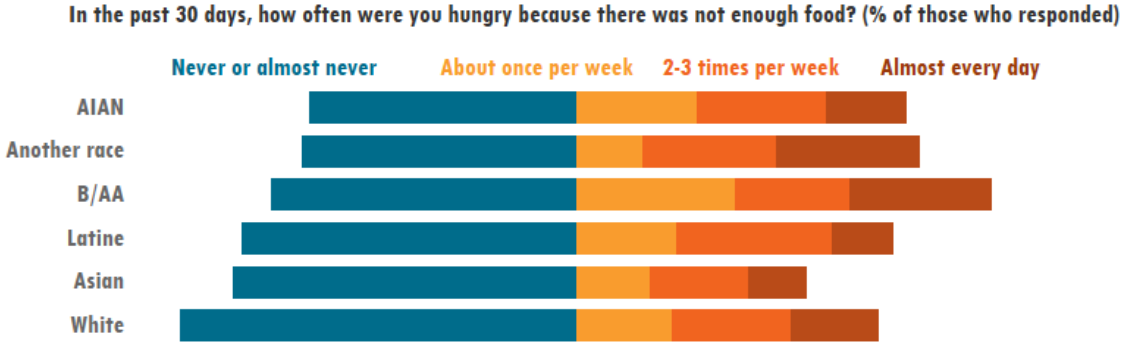
Except for American Indian/Alaska Native households, most BIPOC households reported higher rates of experiencing poverty in the last 12 months compared to Lane County overall.

Percent of households that experienced poverty in the last 12 months
ACS 5-year e



With significant inequities in income and poverty rates, it is not surprising that students who identify as BIPOC are also the least likely to report never experiencing going hungry because there was not enough food.

Overall, about 20% of students reported not having enough food at least once per week. Students who identified as Black/African American, Another race, or American Indian/Alaska Native were the least likely to report **never or almost never** not having enough to eat.
Oregon Student Health Survey 2022



Educational attainment is one of the strongest predictors of lifelong health. In Lane County in 2023, students who identified as Latine/a/o/x (76%), American Indian/Alaska Native (69%), Multiracial (71%), and/or Black/African American (76%) have lower high school graduation rates compared to students overall (78%).

Black, Indigenous, Latine/a/o/x, Asian, Native Hawaiian/Pacific Islander, and other people of color continue to face racist bias and discrimination in Lane County

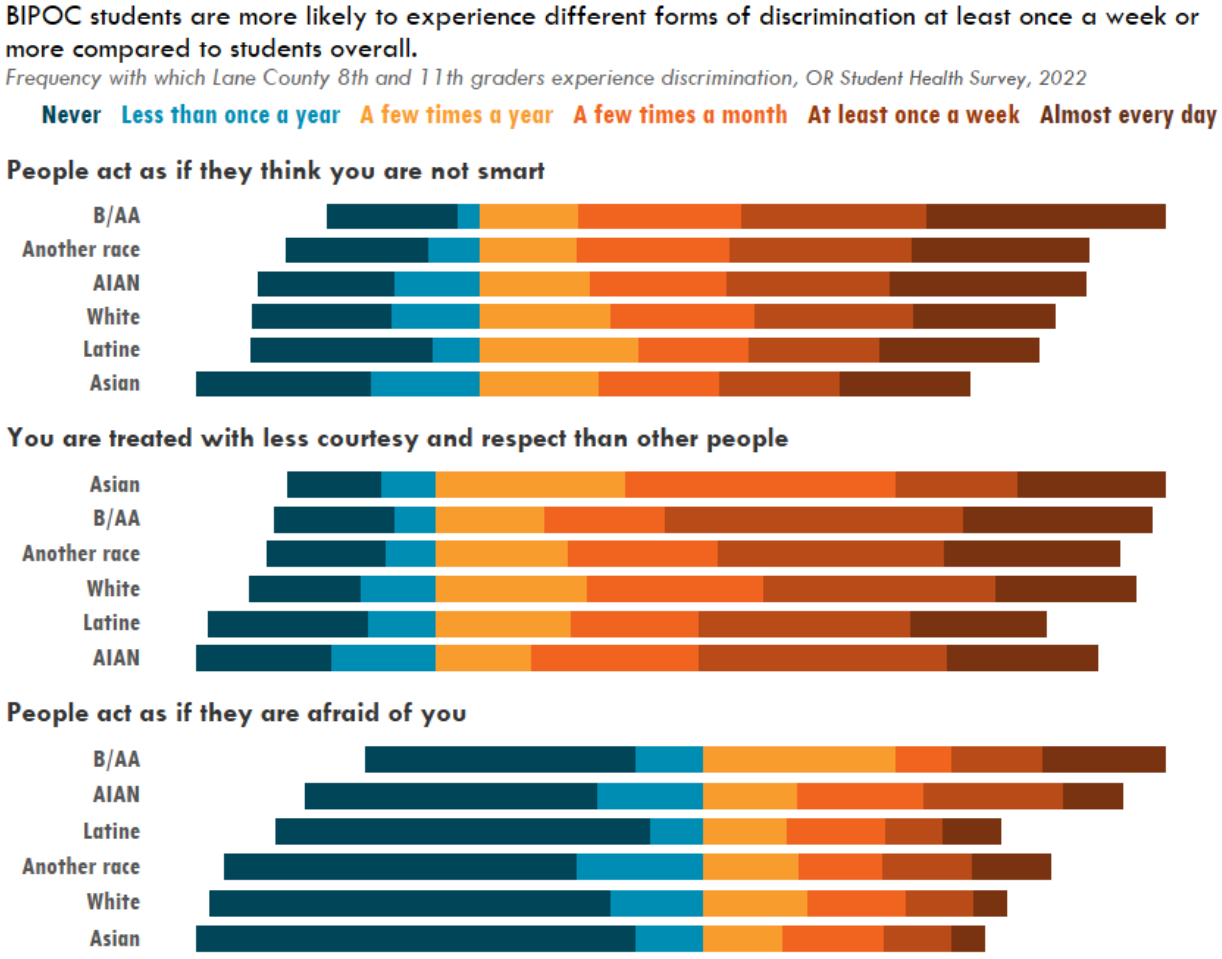
- 8th and 11th graders who identify as Black, American Indian/Alaska Native, Another race, or Latine/a/o/x reported the highest rates of experiencing discrimination at least once per week in 2022.
- Survey participants who identified as BIPOC[1] (12%) were more likely to strongly disagree
  that Lane County is a safe place to live compared to survey respondents overall (7%).
- Hate and bias crimes in Lane County are more often committed against people who identify as BIPOC compared to any other identity.

"I've grown up here. The racism in schools… the experiences and problems communities of color are still experiencing are denied by white people who don't want to face that our county is NOT a mentally and emotionally safe and happy place for our children of color to grow up in."

-Community Context Assessment, survey participant

[1] For the 2024 Community Health Survey, due to small numbers among of some BIPOC identities, Black, Indigenous, and people of color were aggregated into one category (BIPOC) for analysis. While this masks the differences in experiences between people of different races and ethnicities, it was a way to demonstrate, with confidence, that people who identify as BIPOC do experience living in Lane County differently.

- People who identify as Middle Eastern/North African (9.0), Black/African American (7.2), Multiracial (6.3), American Indian/Alaska Native (6.2), or Latine/a/o/x (4.9) had higher scores on the index of everyday vigilance[2] due to discrimination compared to the overall average (4.8).



The structures and institutions that created disadvantages for Black, Indigenous, Latine/a/o/x, Asian, Native Hawaiian/Pacific Islander, and other people of color along with continued experiences of racism and discrimination impact health across the lifespan.

- Rates of preterm birth, births that occur before 37 weeks gestation, are a common indicator of community health. Preterm birth rates have been rising nationally for several years and have more recently begun to rise in Lane County. Rates are rising higher for

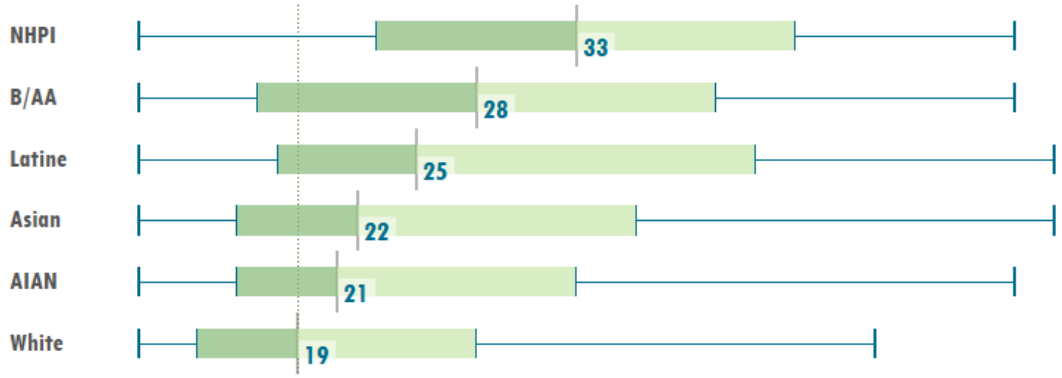
[2] Everyday vigilance is a continued state of stress or anxiety

people who identify as Asian, American Indian/Alaska Native, or Native Hawaiian/Pacific Islander compared to the county overall.

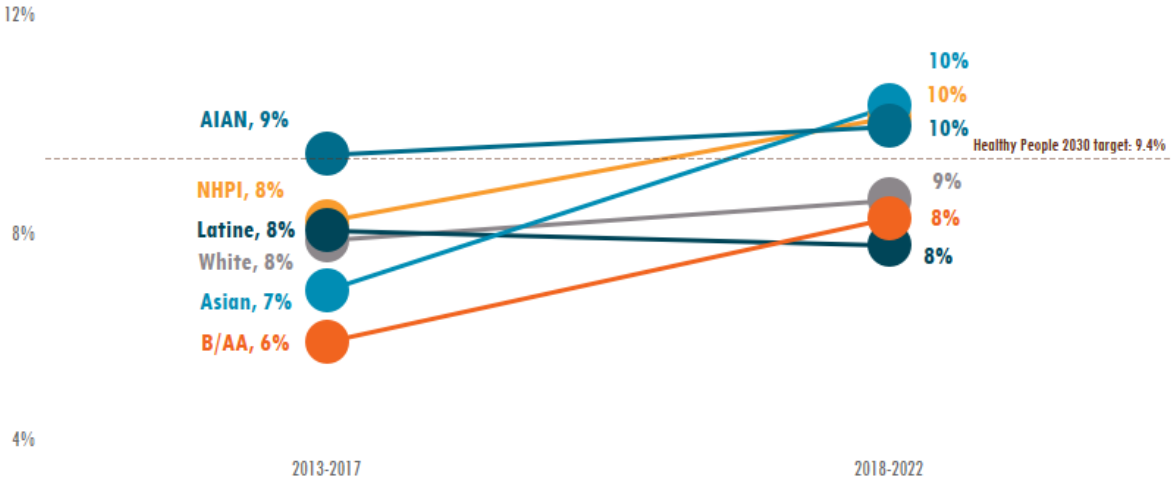
- In 2022, about 35% of 6th, 8th, and 11th graders reported fair to poor mental health; students who identify as Asian (46%) and students who identify as Black/African American (44%) reported the highest rates of fair to poor mental health compared to students of other racial or ethnic identities.
- In the 2024 Community Health Survey, 66% of respondents reported ever having a COVID-19 infection, compared to 73% of respondents who identified as BIPOC.

In Lane County, half of the deaths among working age adults occur before age 56. For Native Hawaiians/Pacific Islanders, half of deaths among working age adults occur before age 42 and for Black/African Americans, half of deaths occur before age 47.

Median years of potential life lost before age 75 (YPLL75) among working age adults (18-64) in Lane County
Source: Lane County Vital Records, 2013-2022..



In 2022, 9.4% of births in Lane County were preterm, up from 8.2% in 2017. **Asian**, **American Indian/Alaska Native**, and **Native Hawaiian/Pacific Islander** families had higher rates of preterm births from 2018-2022 compared to the county overall. **Asian** and **Black/African American** famiies had the biggest increase in preterm birth rates compared to all other racial or ethnic groups.
Source: Lane County birth certificate data, 2013-2022



- Respondents who identified as BIPOC in the 2024 Community Health Survey reported their mental health being impacted by smoke and wildfires at higher rates that respondents overall.
- Respondents who identified as BIPOC (26%) in the 2024 Community Health Survey were more likely to report being unable to access clean air during smoke events compared to the survey respondents overall (15%).
- Premature deaths are more likely for people with BIPOC identities
- Life expectancy in Oregon is lower for people who are Native Hawaiian/Pacific Islander (77), American Indian/Alaska Native (73) or Black/African American (72) compared to the state overall (78).

The current and historical discrimination and stigma experienced by people who identify as LGBTQA+, transgender, and/or non-binary gender are devastating to the health and well-being of the community.

The history of discrimination and exclusion of lesbian, gay, bi-sexual, transgender, queer, and asexual people in Oregon mirrors that of the United States. Early colonial laws criminalized same-sex relationships and gender nonconformity, while sodomy laws and anti-cross-dressing measures persisted into the 21st century. Legal milestones, including the repeal of sodomy laws, (Oregon in 1971, nationally in 2003), the legalization of same-sex marriage, and passage of local anti-discrimination laws have marked progress but the long-standing exclusion has left its mark. And, unfortunately, discrimination, violence, and contested rights persist today, continuing to create inequities.

One of the legacies of exclusion of the LGBTQA+ communities is that we lack sufficient data for many health indicators typically used to assess the health of a community. However, thanks to state and national efforts to improve data collection over the last few years, we are starting to get some data. The data we do have paints a stark picture, in almost every indicator where we can compare people who identify as LGBTQA+ to those who don't, the LGBTQA+ population is faring worse than their non-LGBTQA+ neighbors and friends.

People who identify as LGBTQA+, transgender, and/or non-binary gender have less access to the social determinants that support good health.

The social determinants of health are the things that can either support good health or pose barriers to good health. Things like education, income, access to health care are referred to as the social determinants of health. People with marginalized identities[3], such as those who identify as LGBTQA+ or transgender or non-binary gender face structural barriers to the social determinants of health and therefore have less access and opportunity than those who are not systemically marginalized.

[3] People with marginalized identities are those who face additional barriers to accessing resources due to one or more parts of their identity. People who identify as Black, Indigenous, Asian, Latine/a/o/x, Native Hawaiian/Pacific Islander, people who identify as LGBTQA+, and people living with a disability were all identified in this assessment as experiencing discrimination and/or disparities.

People who identify as LGBTQA+ and people who identify as transgender or non-binary gender scored higher on the financial difficulty index compared to survey respondents overall. (**2.9**)

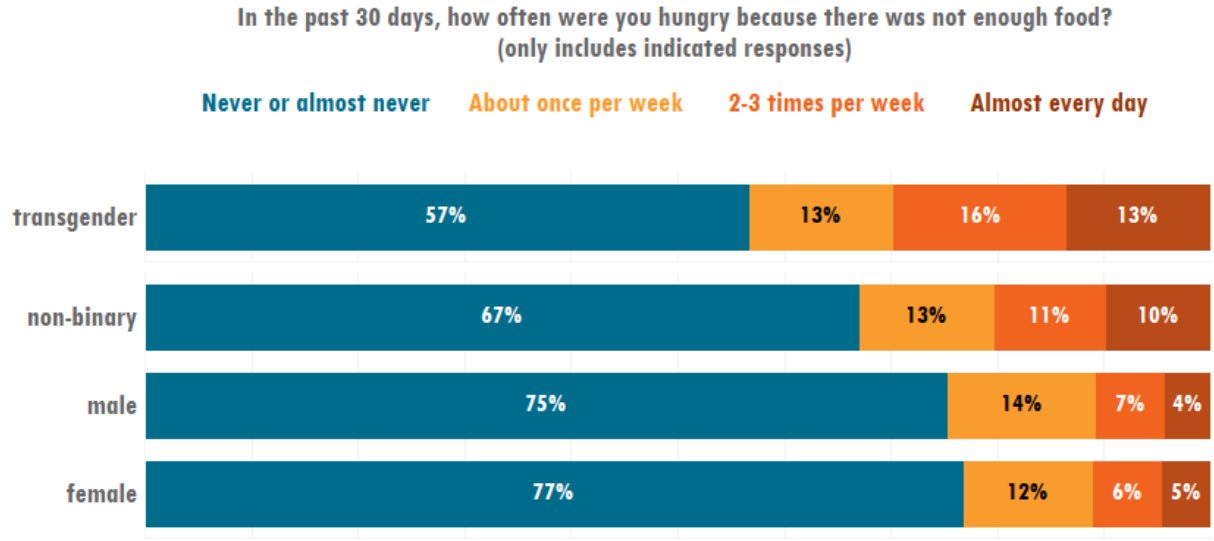
Index of 3 questions on a scale of 1-5 with higher scores = greater difficulty

Community Health Survey, 2024

- People who identify as LGBTQA+ or transgender or non-binary gender are more likely to report they are dissatisfied with their family's current financial situation and score higher on the financial difficulty index compared to Lane County overall.
- 6th, 8th and 11th graders who identify as LGBQA+ or transgender or non-binary gender are more likely to report experiencing food insecurity compared to students overall.

Overall, about 20% of students reported not having enough food at least once per week. Students who identified as transgender, LGBQA+, and/or Black/African American reported the highest rates of not having enough to eat at least once per week.

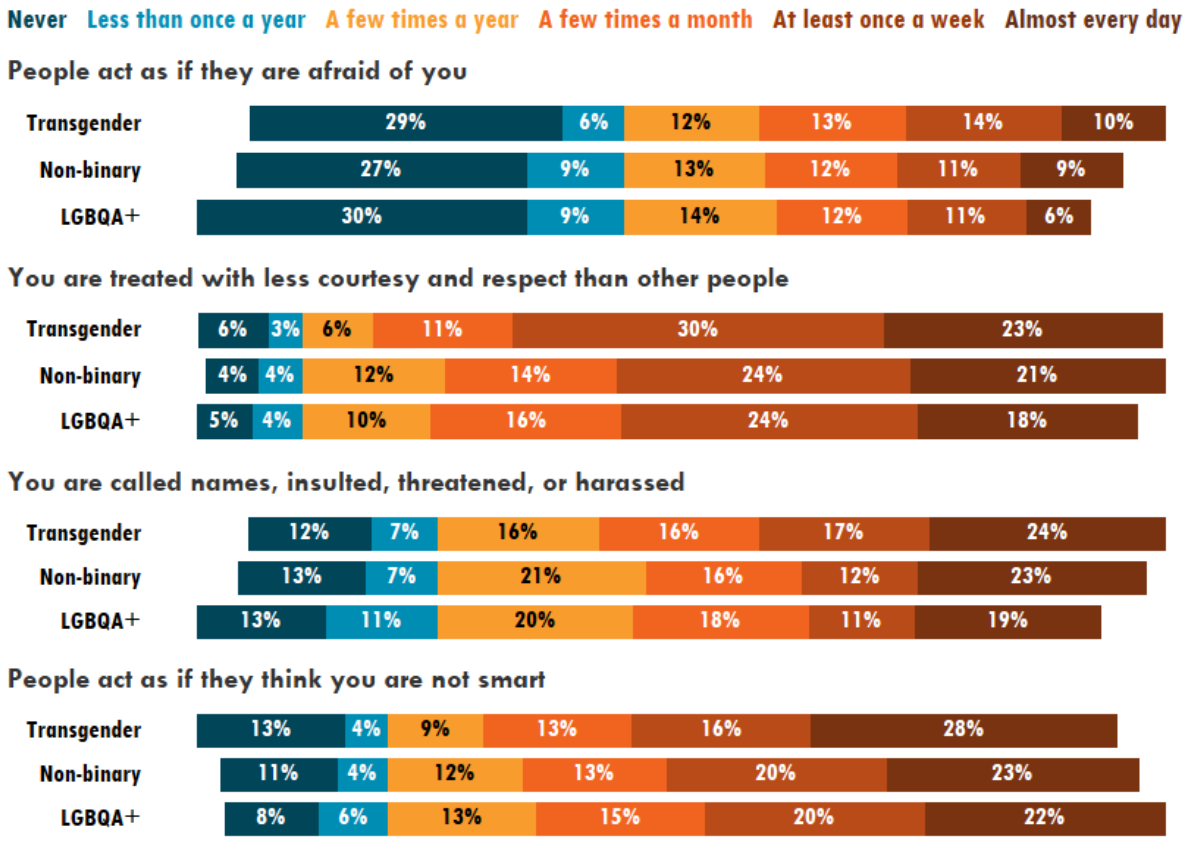
Source: Oregon Student Health Survey, 2022 - percents do not include non-responses



During the past year, did you have any… that were not met?	Emotional or mental health care needs	Physical health care needs
All 8th and 11th graders	**26%**	**11%**
Transgender or non-binary gender students	**44%**	**21%**
LGBQA+ students	**42%**	**16%**

- Between 2020-2024, people who identify as LGBTQA+ were the second most likely marginalized group to have hate or bias crimes committed against them.
- 8th and 11th graders who identify as LGBQA+ or transgender or non-binary gender are more likely to report more frequent experiences of most types of discrimination compared to 8th and 11th graders overall.

Frequency with which Lane County 8th and 11th graders experience discrimination
OR Student Health Survey, 2022



- 8th and 11th graders who identify as LGBQA+ or transgender or non-binary gender are more likely to report having unmet mental and physical health care needs compared to 8th and 11th graders overall.
- There is a general lack of access to gender affirming care and mental and physical health care providers with a shared identity for people who identify as LGBTQA+ or transgender or non-binary gender.

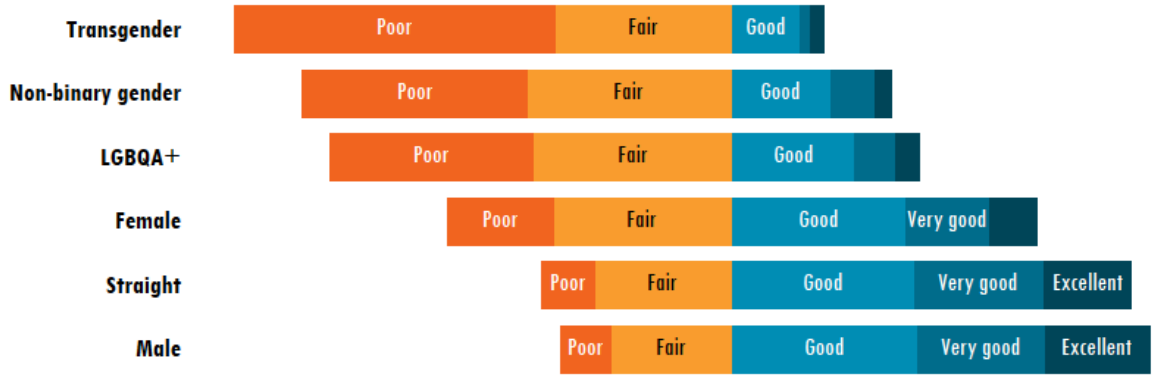
People who identify as LGBTQA+, transgender, and/or non-binary gender experience poor health outcomes at higher rates than other people in Lane County.

Due to barriers in accessing the social determinants of health, it is unsurprising that people who identify as LGBTQA+ or transgender or non-binary gender experiences poorer health outcomes compared to Lane County overall. There is ample research that also demonstrates that people who are subjected to toxic levels of stress – such as that caused by experiences of stigma and discrimination – also suffer a "weathering" of the body. "Weathering" reduces the body's resilience which can make a person more susceptible to illness and chronic health conditions.

In 2022, about **35% of Lane County students** surveyed reported fair or poor mental and emotional health. Students who identified as straight and students who identified as male reported the lowest rates of **poor** or **fair** mental and emotional health.

Would you say that, in general, your mental emotional health is **poor**, **fair**, **good**, **very good**, or **excellent**?

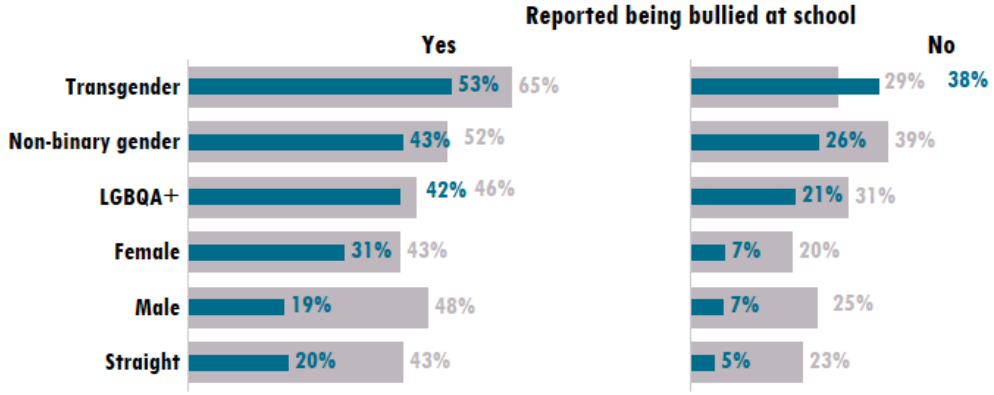
Source: Oregon Student Health Survey, 2022



- Students who identify as transgender, non-binary gender, or LGBQA+ report having fair to poor mental health at significantly higher rates compared to other students.
- 8th and 11th graders who identify as transgender, non-binary gender, or LGBQA+ are more likely to have contemplated suicide in the past year compared to other students.
    - Among students who did not report being bullied, transgender, non-binary gender, or LGBQA+ students were three to five times more likely to have contemplated suicide in the past year.
- About one third of survey respondents reported never having had a COVID-19 infection; people who identify as transgender or non-binary (20%) and people who identified as LGBTQA+ (20%) had one of the lowest rates of reporting never having had a COVID-19 infection.
- People who identify as transgender or non-binary gender tended to report higher rates of mental health impacts from extreme weather events (e.g., smoke, ice, extreme heat).

Students who reported being bullied were more likely to **report contemplating suicide** and more likely **to make a suicide attempt**. Transgender, non-binary gender, and LGBQA+ students were more likely to have contemplated suicide and more likely to have made an attempt than other students, regardless of whether they had been bullied.

Percent of students who, **seriously contemplated suicide in the past year** and percent of **those who contemplated suicide who made at least one attempt**
Source: Oregon Student Health Survey, 2022



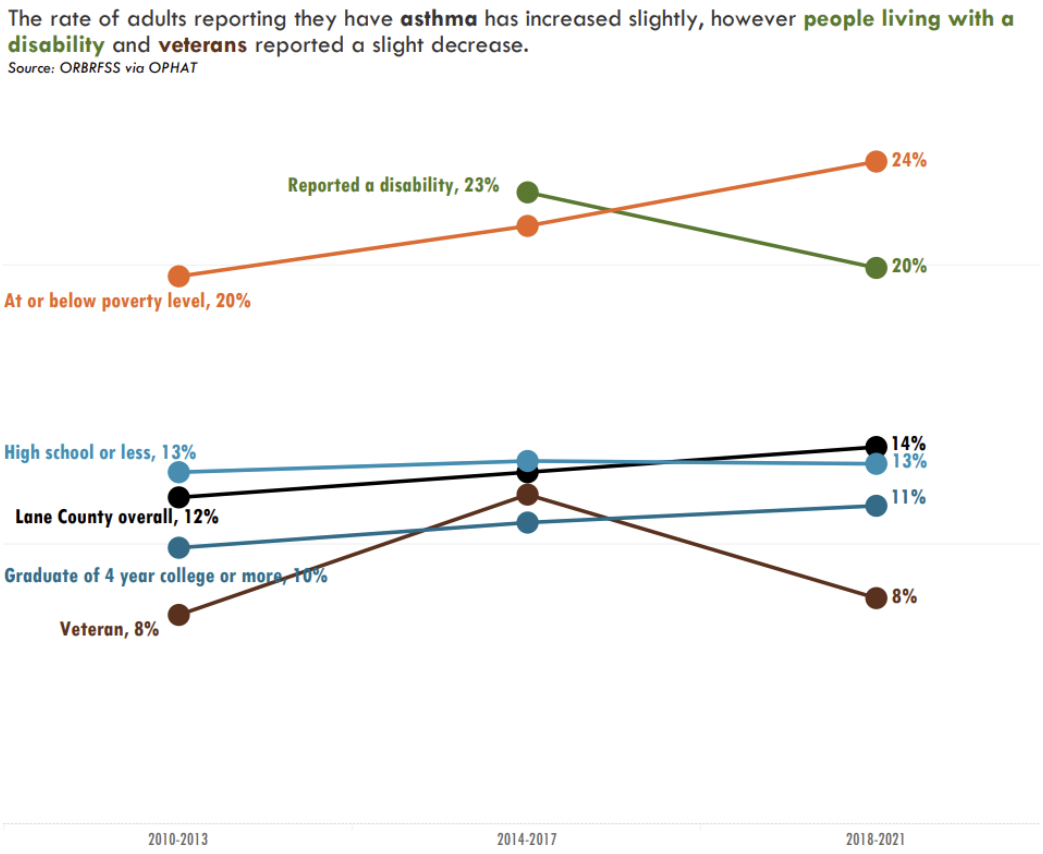
Current and historical discrimination and stigma are devastating to the health and well-being of people with a disability.

There is a clear history of discrimination against those with a disability.

- The history of exclusion and discrimination against people with disabilities in the U.S. reflects long-standing societal and legal barriers. In the 19th and early 20th centuries, people with disabilities were often institutionalized, sterilized, and denied education, employment, and public services. The eugenics movement led to forced sterilization laws in multiple states, including Oregon. Discriminatory practices persisted in schools, workplaces, and public spaces, reinforcing segregation and limited opportunities. The disability rights movement gained momentum in the 1970s and 1980s, leading to key legal victories such as the Rehabilitation Act of 1973, which prohibited discrimination in federally funded programs, and the Americans with Disabilities Act (ADA) of 1990, which established broad civil rights protections. Despite legal progress, people with disabilities continue to face barriers in healthcare, employment, and public access.
- In 2022, 16.6% of People with disabilities in Lane County reported having a disability.

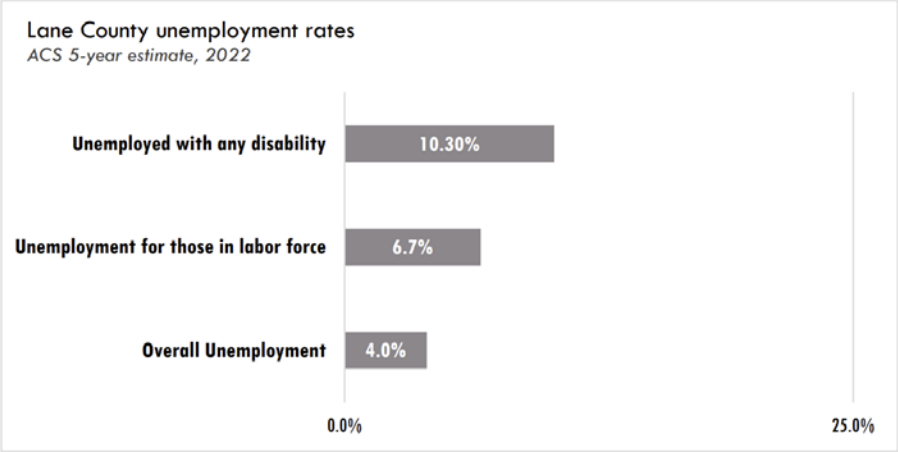
Access and level of care differ for people with disabilities.

- In 2021, people with a disability reported having more chronic illness compared to the whole of Lane County, such as asthma (20% vs. 14%), diabetes (14% vs. 8%), high blood pressure (34% vs. 27%).
- In 2021, people with a disability were more likely to be diagnosed with cancer (12%) than Lane County as a whole (8%).
- In 2021, people with a disability were less likely to report having good to excellent health (62%) compared to Lane County as a whole (84%). And more likely to report having poor mental health (70%) compared to Lane County as a whole (48%).
- In 2021, people with disabilities in Lane County were more likely to have had a routine check-up in the past year (78%) compared to Lane County as a whole (69%). Those with a disability were also more likely to receive preventative screenings, for cervical and colorectal cancer. And just as likely to have received a flu shot in the past year.
- In 2021, people with a disability were more likely to delay care due to cost (21%) compared to Lane County overall (13%).
- In 2021, people with disabilities in Lane County were more likely report activity limitations due to health (57%) than people without a disability (24%).
- Respondents with a disability were reported some of the highest rates of poor physical and mental health in the 2024 Community Health Survey.
- Focus group participants talked about how people with marginalized identities, such as a disability, face many barriers in accessing health care, such as physical barriers.



People with disabilities face more economic hardships.

- In 2022, people with a disability are more likely to be unemployed 10.3%.
- In 2022-2023, students with disabilities were less likely to graduate high school (60%) compared to the whole student population (78%). In Lane County, students with disabilities are also less likely to graduate high school (60%) compared to students with disabilities in all of Oregon (69%).
- In 2021, 8% of the population reported a disability leading to difficulty with independent living.
- According to Homes for Good, only 5-7% of rental units available annually at fair market value are considered accessible for people with disabilities.
- According to our 2024 Built Environment Assessment, those with disabilities may not be able to use a personal vehicle and have more difficulty accessing public transportation.
- In 2022, 31% of households with a person with a disability received SNAP benefits, compared to the 19% for Lane County overall.



People with disabilities deal with more mental health struggles, likely due to lack of access and systemic marginalization.

- According to respondents from our 2024 Community Survey, respondents with a disability were among those who reported lowest rates of thriving.
- 42% of respondents with a disability reported not having their social and emotional needs met, this was among some of the highest rates for respondents.
- Those with a marginalized identity, such as a disability, due to structural oppression, are struggling more than those who do not face structural barriers based on their identity.
- In 2021, people with disabilities in Lane County who are disabled are more likely to report tobacco use (39%) and marijuana use (40%) then Lane County overall (26% and 31%).

Data on immigrants in Lane County is lacking but based on the inequities experienced by other people who are systemically marginalized, it's likely that immigrant communities face some similar challenges.

Oregon has an extensive history of exploiting the labor of immigrants while denying them full rights. From the Exclusion Period (1885-1940) to the Bracero Program, immigrants have long made major contributions to Oregon economically and culturally, and this continues today.

Unfortunately, the discrimination and denial of rights to immigrants also continue. One result of the on-going discrimination and exclusion of immigrant communities in Lane County is that we have very little data about these communities. Justifiable fear and lack of trust of government and government programs mean that people in these communities cannot participate in surveys or other data-gathering activities. Even when immigrant community members do participate, it is unsafe for them to disclose their immigration status. Therefore, we cannot know how the health of immigrant communities in Lane County compares with the health of non-immigrant communities.

Given the inequities experienced by other communities that have been systemically marginalized (e.g., Black, Indigenous, Asian, Latine/a/o/x, LGBTQA+, and people with disabilities), it is likely that immigrant communities also face similar but not necessarily the same inequities.

Root causes and opportunities

The history of our country and our community, which advantaged some people while disadvantaging others, created and perpetuate the inequities & discrimination we see today. Fortunately, there is widespread agreement in Lane County that we need to work to achieve health equity to ensure the health and safety of everyone. There is a strong commitment among individuals and organizations in Lane County to work together to solve the complex problems we face.

- 90% of organizations surveyed reported they work on issues of equity and justice.
- 60% organizations surveyed reported that they use an equity lens for all programmatic and policy decisions.
- 51% of organizations surveyed reported that they have written policies and procedures to engage the communities they serve in decision-making.
- People who identified as transgender or non-binary gender or LGBTQA+ volunteer or lead efforts to help solve problems in the community at higher rates than other people.
- Access to housing and transportation continue to be unequally available to people in Lane County with disabilities. Increased accessible housing and more accessible and affordable transportation options are needed.
- Additional support for students with disabilities could support higher graduate rates for those students.
- People living with discrimination are more likely to have certain chronic illness. Working to eliminate discriminatory practices would make systems more accessible for everyone, reduce health inequities, and improve community health overall.

8. Lane County and Oregon's history of exclusion created unfair advantages for some while creating barriers for others. These barriers contribute to the continued discrimination and inequities we see today and lead to poor health outcomes in our community.

From the time of its founding as a state, Oregon explicitly excluded people based on their identity. These historical exclusions continue to have devastating impacts on the health of Black, Indigenous, and other people of color in Lane County.

Lane County's history of racism and exclusion created systems and structures that systematically disadvantaged Black, Indigenous, Latine/a/o/x, Asian, Native Hawaiian/Pacific Islander, and other people of color and those disadvantages persist today.

- Lane County's history of exclusion (CCA-forces, p. 2-4)
- Rates of homeownership (CSA, p. 3 & 57, CCA-forces, p. 2-4)
- Poverty rates (CSA, p. 4 & 67-68) & financial difficulty (CCA-assets, p. 6)
- HS graduation rates (CSA, p. 6 & 69, 106)
- Youth food insecurity (CSA, p. 7 & 85)
- Unmet mental health needs (CSA, p. 8 & 78)

Black, Indigenous, Latine/a/o/x, Asian, Native Hawaiian/Pacific Islander, and other people of color continue to face racist bias and discrimination in Lane County

- Experiences of discrimination (CCA-assets, p. 18-19 & CSA, p. 15 & 55, CCA-forces, p. 13-14)
- Experiences of bullying (CSA, p. 3, p. 54-55)
- Community participation (CSA, p. 6 & 83-84, CCA-assets, p. 13 & 20)

The structures and institutions that create disadvantages for Black, Indigenous, Latine/a/o/x, Asian, Native Hawaiian/Pacific Islander, and other people of color along with continued experiences of racism and discrimination impact health across the lifespan.

- Premature death (CSA, p. 2, 22-23)
- Youth mental health (CSA, p. 2 & 40) & suicidal ideation (CSA, p. 3 & 53-54)
- Youth physical health (CSA, p. 2 & 39)
- Preterm birth (CSA, p. 25)
- Rates of syphilis and congenital syphilis (CSA, p. 2 & 29-32)
- COVID-19 infections (CCA-assets, p. 10-11, CCA-forces, p. 5-6)

The current and historical discrimination and stigma experienced by people who identify as LGBTQA+, transgender, and/or non-binary gender are devastating to the health and well-being of the community.

- Lane County's history of exclusion (CCA-forces, p. 2-4)

- Experiences of discrimination (CCA-assets, p. 18-19 & CSA, p. 15 & 56, CCA-forces, p. 13-14)
- Experiences of bullying (CSA, p. 3, p. 53-54)
- Community participation (CCA-assets, p. 13 & 20)

People who identify as LGBTQA+, transgender, and/or non-binary gender have less access to the social determinants that support good health.

- Financial difficulty (CCA-assets, p. 6)
- Youth food insecurity (CSA, p. 7 & 85)
- Unmet mental health needs (CSA, p. 8 & 78)
- Experiences of safety (CCA-assets, p. 16)
- Lack of access to gender affirming care and providers with a shared identity (CCA-forces, p. 10)

People who identify as LGBTQA+, transgender, and/or non-binary gender experience poor health outcomes at higher rates than other people in Lane County.

- Rates of substance use (CSA, p. 3 & 45-52)
- COVID-19 infections (CCA-assets, p. 10-11, CCA-forces, p. 5-6)
- Youth mental health (CSA, p. 2 & 40) & suicidal ideation (CSA, p. 3 & 53-54)
- Youth physical health (CSA, p. 2 & 39)
- Impacts of extreme weather on physical and mental health (CCA-assets, p. 8-10)

Current and historical discrimination and stigma are devastating to the health and well-being of people with a disability.

There is a clear history of discrimination against those with a disability.

- Lane County's history of exclusion (CCA-forces, p. 2-4)

Access and level of care differ for those with disabilities.

- Access to health care (CSA, p. 79-81, CCA-forces, p. 9-10)

People with disabilities report differing levels of substance use, which may be associated with the amount of oppression and systemic marginalization they face.

- Alcohol (CSA, p. 49)
- Tobacco (CSA, p. 45-46)
- Cannabis (CSA, p. 51)

People with disabilities face more economic hardships.

- Employment (CSA, p. 4, 68)
- High school graduation (CSA, p. 4, 69)
- Independent living (CSA, p. 1, 12)

- Transportation access (CCA-forces, p. 9-10, CCA-built, p. 3-4)

People with disabilities deal with more mental health struggles, likely due to lack of access and systemic oppression.

- General health & poor mental health days (CSA, p. 36-37, CCA-assets, p. 4)
- Depression diagnosis (CSA, p. 38)
- Social emotional needs (CCA-assets, p. 3)
- Thriving (CCA-assets, p. 3)
- High blood pressure, high cholesterol (CSA, p. 43-44)
- Chronic illness (CSA, p. 26-28)