



2024 DELTA Application

Please note: this document is for reference. To complete the application, visit the DELTA website at: <https://www.oregon.gov/oha/EI/Pages/DELTA.aspx>

DEADLINE EXTENDED – deadline to apply: November 13, 2023

2024 Developing Equity Leadership Through Training and Action (DELTA) Program Application

Thank you for your interest! We’re excited to begin a new DELTA cohort.

DELTA is designed for individuals leading or engaged in healthy equity work throughout Oregon’s public health, hospital and health systems, Coordinated Care Organizations (CCOs), community health partners, and the Oregon Health Authority. Participants will be selected based on their ability to influence systemic change within their organizations.

Please complete the following and submit by close of business November 13, 2023. You will need to complete this application in one sitting. The application will not save your progress if you exit before submitting.

You can request this this application in other languages, large print, braille, or a format you prefer, free of charge. Please contact Mehera Christian at mehera.n.christian@oha.oregon.gov, or 971-346-6602 (voice and text). All relay calls accepted.

- Last Name***
- First Name***
- City***
- ZIP Code***
- Email Address***
- Phone Number***
- Oregon Counties Served***

What Oregon county(ies) do you work in &/or does your organization serve?

To ensure representation in the work we do, and to reduce inequities in access to our programs (such as DELTA), we ask about race, language, disability / functional limitations, gender identity and sexual orientation.

You are not required to answer these questions.

The only people who will see your responses to the demographic questions are the DELTA selection committee and Equity & Inclusion Division staff who are responsible for reporting demographic data. When reporting data, we aggregate the information in ways that do not identify individual cohort members.

Racial or Ethnic Identity

Which of the following describes your racial or ethnic identity (select all that apply; depending on your answer, you may be prompted to select additional identities)?

- American Indian and Alaska Native
- Asian
- Black and African American
- Hispanic and Latino/a/x
- Middle Eastern/Northern African
- Native Hawaiian and Pacific Islander
- White
- Other
- Decline to answer

Native Hawaiian and Pacific Islander (Select all that apply)

- CHamoru (Chamorro)
- Communities of the Micronesia Region
- Marshallese
- Native Hawaiian
- Samoan
- Other Pacific Island

Black and African American (Select all that apply)

- African American
- Afro-Caribbean
- Caribbean
- Ethiopian
- Somali
- Other African (Black)
- Other Black

Hispanic and Latino/a/x (Select all that apply)

- Central American
- Mexican
- South American
- Other Hispanic or Latino/a/x

Asian (Select all that apply)

- Asian Indian
- Cambodian
- Chinese
- Communities of Myanmar
- Filipino/a
- Hmong
- Japanese
- Korean
- Laotian
- South Asian
- Vietnamese
- Other Asian

White (Select all that apply)

- Eastern European
- Slavic
- Western European
- Other White

American Indian and Alaska Native (Select all that apply)

- American Indian
- Alaska Native
- Canadian Inuit, Metis, or First Nation
- Indigenous Mexican, Central American, or South American

Middle Eastern and Northern African (Select all that apply)

- Middle Eastern
- North African

Other Categories (Select all that apply)

- Other
- Don't know
- Don't want to answer

Accommodations

For people who speak or use a language other than English, people with disabilities or people who need additional support, we can provide free help.

Will you need any accommodations to support your full participation in the cohort? Examples include sign language and spoken language interpreters; written materials in other languages or transcript; Braille; Large print; wheelchair access.

- Yes
- No

Deaf or Difficulty Hearing

Are you deaf or do you have serious difficulty hearing?

- Yes
- No

Blind or Difficulty Seeing

Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- Yes
- No

Walking or Climbing Stairs

Do you have serious difficulty walking or climbing stairs?

- Yes
- No

Gender Identity

- Male
- Female
- Transfeminine (male-to-female)
- Transmasculine (female-to-male)
- Gender Fluid

Sexual Orientation

- Heterosexual/Straight
- Gay/Lesbian
- Bisexual
- Pansexual
- Asexual
- Unsure/Questioning
- Two-Spirit
- Queer
- Other

Organization/Employer***Type of Organization***

In what type of organization &/or practice setting(s) are you currently employed? (select all that apply)

- Coordinated care organization (CCO)
- Health system, hospital or medical clinic
- Community-based organization
- State, county or local health department
- Other governmental organization

- Other

Job Title**Supervisor Name**

Supervisor/manager's name who has agreed to your participation in DELTA.

Supervisor Contact Information

Supervisor/manager e-mail address (or other contact information).

Interest in DELTA Program

Please tell us why you are interested in participating in the DELTA Program. Describe any past experience participating in equity-related trainings, workshops, etc. (Max word count: 250)

Barrier to Health Equity

Please describe one barrier to health equity that you believe can be addressed at a systemic level in your organization (i.e., collecting race/ethnicity data, strategic planning to address disparities, hiring/retention, etc.). (Max word count: 250)

Capacity to Influence Change

What is your role within your organization, and in what capacity can you provide leadership (formally or informally) or influence to implement changes that will address the health barrier you identified? How do you plan to use the information and resources from DELTA to make changes? (Max word count: 250)

Navigating Equity Conversations

In this cohort, we examine areas such as able-ism, privilege, sexism, racism, etc. which may be both challenging and triggering. Tell us about a time when you have been unsuccessful and a time when you have been successful in navigating these types of conversations. What did you learn from these experiences? (Max word count: 250)

Tentative Schedule

Sessions will be in-person and are tentatively scheduled for following dates in 2024. We will try to hold in-person sessions in different locations around Oregon based on cohort membership. Dates are subject to presenter availability:

- Thursday & Friday, January 18 & 19
- Friday, February 9
- Friday, March 1
- Friday, March 22
- Friday, April 12
- Friday, May 3
- Friday, May 24
- Friday, June 14
- Friday, July 11
- September 20 (final presentations & graduation)

Participants are expected to prioritize attendance. Are you able to commit to the general schedule as outlined?

- Yes
- No

Program Costs

I have reviewed the program costs with my leadership and:

- a. my organization agrees to cover the sponsorship fees associated with my participation.
- b. my organization will need to request a needs-based scholarship.

Requests for scholarship do not have an impact on whether a person is accepted into the program. We will review and follow up regarding scholarship requests after acceptance.

My organization’s annual operating budget is:

Less than \$1M.....	\$2,500
\$1M – \$10M.....	\$4,500
Greater than \$10M.....	\$7,000

Resume

Please attach a current resume, no longer than two pages.

Health Equity Project Work

In addition to attending training, DELTA cohort members are expected to enhance their experience through project work. Briefly describe a health equity project or initiative within your organization that you would work on while participating in DELTA. Examples can be broad or succinct, potential or definite. (Max word count: 250)

Thank you for applying!

You will be notified of your application status by November 30, 2023.

If you have addition questions, please contact:

Mehera Christian

mehera.n.christian@oha.oregon.gov

971-346-6602 (voice and text) – all relay calls accepted.