Office of Equity and Inclusion Health Equity Policy Committee CHARTER

Authority

The Oregon Health Policy Board and The Oregon Health Authority's Action Plan for Health identifies improving health equity as a foundational strategy for achieving the triple aim, whose three objectives are:

- Improve the lifelong health of all Oregonians
- Increase the quality, reliability and availability of care for all Oregonians
- Lower or contain the cost of care so it is affordable for everyone

The Oregon Health Policy Board and the Oregon Health Authority have acknowledged that specific strategies need to be explored, recommended, and implemented to assure that all populations enjoy health equitably, in the Health Systems Transformation process, development of the Health Insurance Exchange and in other opportunities for policy and program development.

To this end, the Office of Equity and Inclusion establishes the Health Equity Policy Committee to encourage and increase stakeholder engagement, and proactively explore, develop, evaluate and recommend policies in order for the State to advance cross-cutting, cross-community policy improvements.

Purpose

The purpose of the Health Equity Policy Committee is to assure that policy making and program improvement processes proactively promote the elimination of health disparities and the achievement of health equity for all Oregonians.

Deliverables

Engagement

- Consult with the State's health leaders to develop policies and programs that promote health equity and eliminate health disparities
- Identify opportunities for aligning and/or coordinating community health equity efforts, including strategies and messaging
- Increase and facilitate leadership and participation of socially and culturally diverse organizations within the political process by:
 - Conducting trainings in the policy-making process
 - Facilitating relationship-building and information exchange between the State's health leaders and community organizations
 - Other identified opportunities

Policy Development and Implementation

- Identify strategic policy and quality improvement priorities to track over the 2011-13 biennium; review and update policy priorities for subsequent biennia.
- Identify, promote and monitor opportunities and activities to ensure there is sufficient focus to eliminate health disparities and promote health equity in the development and implementation of Health Systems Transformation, Public Health Accreditation and Mental Health Transformation.
- Identify and explore health equity opportunities that may be pursued through other policy and program efforts in OHA and the legislature.

Quality Improvement and Cost Reduction

- Ensure the collection, analysis, and dissemination of granular racial and ethnic health data
- Identify data initiatives that lead directly to health equity policy change

- Identify and promote policy opportunities to increase access to health care for undocumented Oregonians
- Promote cultural competency and trauma-informed care
- Promote implementation of Culturally and Linguistically Appropriate Standards (CLAS) and link CLAS standards to clinical quality measures
- Promote full implementation of Health Care Interpreter (HCI) Program
- Identify policy opportunities to promote and increase health literacy through program and service delivery
- Develop health equity business case demonstrating cost savings and return on investments
- Support efforts to diversify Oregon's health care and public health workforce.

Time Line

The Health Equity Policy Committee will meet monthly. The group is chartered to meet through June 2013. At that time, the HEPC will propose how it will function beyond that date.

Partners

The Health Equity Policy Committee will seek information from and collaborate with a wide range of state and national partners including:

- 1. The Oregon Health Policy Board
- 2. Divisions of The Oregon Health Authority
- 3. Health care employers and providers
- 4. The Oregon Health Insurance Exchange Board

The Health Equity Policy Committee will draw from national and local expertise such as:

- Individuals and organizations working with/in communities experiencing health disparities
- Publications and reports from, but not limited to:
 - a. Published reports from academics, foundations and national experts on health equity and health disparities
 - b. Community and faith-based organizations' publications and reports
 - c. OMHS Publications and Reports
 - d. National Partnership for Action to Eliminate Health Disparities

Staff Resources

The Office of Equity and Inclusion will provide staff support to committee leadership. OEI Staff Support: Rachel Gilmer and Emily Wang

Membership:

1. Committee Membership:

Committee membership is open to the public. The committee will welcome individuals who have varying levels of expertise and life experience in health equity policy advocacy and policy making processes. The committee will be comprised of voting and non-voting members. The eligibility process for becoming a voting member shall be determined by the steering committee. OEI staff will be non-voting members.

2. Steering Committee:

A steering committee of 5-8 individuals, including one OEI staff member, will be charged with establishing the bylaws and operational structure of the HEPC and will help to facilitate the work of the HEPC. Initial steering committee membership will be nominated by current OEI partners and appointed by OEI staff. Thereafter, the steering committee will manage its membership with OEI staff support.

3. Committee Decision Process:

Committee decisions will be made by voting members. Quorum is half of the voting members plus one.

4. Ensuring Committee Diversity:

Special attention will be paid to ensure the committee and steering committee are representative of communities experiencing health disparities, including, but not limited to racially and ethnically diverse populations, linguistically diverse populations, LGBT populations, the aging population, people with disabilities, rural communities and the economically disadvantaged.

Requests for membership can be sent to Rachel.B.Gilmer@state.or.us

History

In September of 2010, The Health Equity Policy Review Committee (HEPRC) was established by the Oregon Health Policy Board (OHPB), the policy-making and oversight body for the Oregon Health Authority (OHA), to proactively evaluate all recommended policy improvements throughout the policy making process to assure they fully promote the elimination of inequities and promote health equity. The twenty-four person committee represented much of the professional, cultural and geographic diversity found in Oregon and sought to ensure the avoidance of creating or maintaining health policies that perpetuate or increase avoidable and unjust health inequities.

Over a three-month period, the HEPRC reviewed the policy plans for several of the OHPB subcommittees before they submitted their final recommendations to the OHPB. These committees included:

- The Health Care Workforce Committee
- The Health Incentives and Outcomes Committee
- Oregon Health Improvement Plan Committee
- Public Employers Health Purchasing Committee
- The Health Improvement Plan
- Health Insurance Exchange Consumer Advisory Group
- Health Information Technology Oversight Council (HITOC)

Three of the HEPRC's policy priorities were included in the policy board's Action Plan for Health, advanced through legislation and OHA administrative changes. These policies are:

- Assuring Culturally Competent Health Care through continuing education
- Assuring Granular Race and Ethnicity Data Collection
- Diversifying the health care workforce and assuring culturally competent health care through the use of Community Health Workers

The group was chartered by the OHPB through February 2011. After this time, the OHPB chose not to reinstate the committee as they felt that health equity needed to be integrated throughout all OHPB committees and policy initiatives.

The Office of Equity and Inclusion continued to convene the committee, opening up membership to the public, to create a space for advocates to coordinate efforts to advance health equity policy, including coordinating stakeholders in support of Senate Bill 97.