

HEALTH EQUITY COMMITTEE (HEC)

MEETING NOTES

Meeting on April 13, 2023.

Next HEC meeting: Thurs, May 11, 2023, at noon via Zoom Gov.

The session started at 12:05 pm.

Members Present: Jorge Ramirez Garcia, Stefanny Caballero, Katie Cox, Dele Oyemaja, Jasmine Stewart, Nancy Cornejo, Debbie Morrow, Julia Przedworski, Taylor Geyton, Taw Foltz,

OHA representatives present: Leann Johnson, Maria Castro, Alex Freedman, Brian Lothrop, Shelley Das, Tara Chetock

Guests: Mina Colon, Rachel Nickel, Ryan Deibert, Michael Anderson-Nathe

[Link to Meeting Recording](#)

April 2023 Action Items

Approval of the March 2023 meeting minutes – Motion to approve March 2023 meeting notes moved by Debbie Morrow and seconded by Julia Przedworski. Majority of members were in favor, and no members opposed and one member abstained.

Member Updates

- Jorge Ramirez Garcia: Charter was approved by OHPB and included feedback focusing scope of work, priority populations, and evaluations. Positive feedback around the charter

Public Comment

- None

HEC Strategic Priorities (Presenters: Michael Anderson-Nathe)

- Creating a pathway forward
 - Our intent in revising the charter was to:
 - Embed equity further into our work
 - Make it more accessible
 - Make it actionable
- 3 domains of HEC: Policy, feedback and OHPB
 - **Policy:** steer health equity components of health care, health delivery, and legislative policy development, review, adoption, and/or implementation.
 - Advise on legislative policies and concepts
 - Advise on CCO/ health transformation (CCO 2025)
 - Assist E&I division on equity rules chapter
 - Gather community input on policies

- **Feedback:** to OHA on their progress towards eliminating health inequities by 2030, advancing health equity, and becoming a more culturally and linguistically responsive organization.
 - Identify and advise on equity tools OHA might use
 - Review equity organizational metrics and evaluation
 - Receive reports on equity efforts
 - Advise OHA on focus areas for improvement
- **OHPB:** Collaborating with OHA and other OHPB committees to support, guide, and lead their efforts to advance health equity and social justice.
 - Ensure diverse, inclusive and equitable representation on committees
 - Assist with health equity quality measures
 - Support PHD in integrating health equity
 - Support workforce committee
- What does success look like?
 - Action oriented
 - Tied to three priority areas outlined in charter
 - Direct link to improving the lives of people HEC represents
 - Community engagement is factored into each goal
 - Covers 1-2 years
 - Maybe one high level goal for each area with action item under them
 - Should be some way of assessing progress
 - What we come up with serves as our talking points with community – “this is what we are doing at the HEC”
- Sandy: 1115 Waiver would be a great policy focus, strategy is going to have a big impact over the next few years especially thinking about food security
- Discussion
 - Thinking about one-on-one conversations and people’s concerns/thoughts. How will we address clarity of roles and work with OHPB? How do we fit in? It would be better to understand the work, our path, and our role before putting a lot of work into this process.
 - OHPB looking to HEC to make recommendations on how OHPB should respond, board looks to HEC as the experts in the equity space and OHPB wants HEC to direct how work in the equity space and what the relationship should look like. – Tara agrees, HEC is the leading group of equity experts, board can ask the HEC for advice, think of it more as an equal partnership
 - Community Information Exchange - using a multidirectional technology platform to connect people to the services and support they need. How do we utilize this tech through network of collaborative partners through the 1115 waiver?
 - Where does the decision making happen within group and how are we accountable to the communities? How are they automatically applied and applied consistently. Two buckets: larger timeline of “How does HEC work?” And more specific “interim” priorities that are brought to the community. Able to work on “interim” priorities while we brainstorm and determine HEC function in the parallel.
 - Board takes direction from the Gov that it should focus on, likes the idea of short, middle, and long-term strategic goals. Can look at the Gov budget to see what the OHPB priorities will be.

- OHPB hopes that elements of HEC charter be used in all committee charters and are there additional ways the HEC could introduce health equity alignment across the board and it's committees. Good place to focus on until more information is given from the gov about priorities.
- HEC has decision making ability to bring forward what we see as recommendations, but we do not have the ultimate decision making authority – that is OHPB and gov. Decision making for process and product recommendation.
- So to make sure I understand: The Board will ask HEC for recommendations regarding specific initiatives, HEC can suggest that the board should prioritize something, but the board is also beholden the guidance of the [Governor]?
 - I always go back to the scope of work as a framework and with the inclusion of 1115 waiver and the governors priorities going forward. thanks for letting me give my input.

Public Comments

- None

1115 Waiver Update (Presenters: Ryan Deibert, Mina Colon, Rachel Nickel)

- What's a waiver?
 - Federal rules set minimum standards related to eligibility and required benefits, but **states can ask to WAIVE some federal rules** to have more flexibility and offer the OHP to more people and cover more services than usually allowed.
 - Every five years, Oregon must renew its agreement with the federal government around the OHP– proposing new changes and continuing existing programs.
 - CMS approved several initiatives in Oregon's 2022 – 2027 1115 Medicaid Demonstration Waiver renewal
- Overarching waiver goal
 - Advance health equity
 - Actionable sub-goals created from drivers of health inequities
 - Ensuring people can maintain their health coverage
 - Improving health outcomes by addressing health related social needs
 - Ensuring smart, flexible spending for health-related social needs and health equity
 - Creating a more equitable, culturally- and linguistically- responsive health care system
- 2022-2027 key waiver authorities
 - Continuous enrollment for increased access to care and improved health outcomes
 - Oregon will provide continuous enrollment for children through age 6, regardless of when they first enroll in the Oregon Health Plan, and regardless of changes in circumstances that would otherwise cause a loss of eligibility.
 - OHP can provide two-years of continuous enrollment for people age six and up even if their eligibility status changes.
 - Health-related social needs (HRSN) benefits for individuals and families experiencing critical life transitions
 - Oregon will provide health-related social needs benefits – housing and nutrition services - to people who are going through life transitions. These HRSN services will be Medicaid benefits.

- People who are experiencing homelessness or at risk of homelessness
 - Youth with Special Health Care Needs up to age 26
 - Youth who are Child Welfare involved
 - Older adults who have both Medicaid and Medicare health insurance
 - Adults and youth leaving justice involvement
 - Adults leaving State Hospital
- 2022-2027 waiver authorities – HRSN
 - Housing
 - Rental assistance or temporary housing for up to 6 months
 - Utility assistance for up to 6 months
 - Home modifications
 - Pre-tenancy and tenancy support services
 - Housing-focused navigation and/or case manager
 - Food
 - Community-based food resources
 - Nutrition and cooking education
 - Fruit and vegetable prescriptions for up to 6 months, and healthy food boxes/meals
 - Medically tailored meal delivery
 - Climate
 - Payment for devices that maintain healthy temperatures and clean air, including air conditioners, heaters, air filters and generators to operate devices when power outages occur
- Continued negotiations with CMS
 - Community Investment Collaboratives
 - Tribal related request
 - Pre-release coverage for justice-involved populations
 - Pre-release coverage for state hospital patients
- HRSN Benefit design framework
 - **Objective:** Successfully implement waiver-approved HRSN Services in 2024.
 - **Values:** Designing and implementing HRSN services is person-centered, community-based, and promotes health equity:
 - Members' access to services is easy, efficient, seamless, and culturally appropriate
 - Delivery of services is simple for providers
 - CBOs that are already doing the work are lifted
 - Services are rolled out as quickly and smoothly as possible
- Community and system partner engagement
 - Work to Date: Began monthly public webinar series to share information and collect feedback (English and Spanish)
 - Upcoming Work: Finalizing a community and partner engagement plan that centers equity and
 - Holds space for both community and system partners
 - Connects subject matter experts, decision makers, and community

- Utilizes a person-centered approach to establish feedback loop that is driven by community
- Discussion
 - Appreciating Oregon is working on SDOH
 - Outreach vs engagement is important to think about
 - What do we mean by “community engagement”? Often thought about identity and community and not always considering power and access when talking about who needs to be contacted about this work.
 - How do you reach out to communities and meet them where they are at to eliminate access barrier? Challenges reaching people in rural areas, people with technological differences, reaching people with multiple jobs and children. Thinking about ways to remove the technological, geographic, and financial barriers
 - How do we have community inputs? How do we hold ourselves accountable to using inputs and not just listening and moving on? How do we present to communities how their contributions were utilized?
 - Making sure engagement is part of the budget so there are resources behind the effort and it can actually be productive and accomplished
- Next steps
 - Finalize Community and Systems Partner Engagement Plan
 - Finalize HRSN service roll-out plan
 - CMS deliverable development and submission
 - Interagency waiver workstreams continue addressing key design questions
 - Continuing negotiations with CMS

Review of Ombuds report (Presenter: Katie Cox)

- Programmatic recommendations that are highlighted
 - Timely access to home and community based services
 - Access to SUD services – big bulk of the report
 - People ready to go into recovery services and placed on a waiting list. During this time people may change their mind about seeking services. One person put on 6 week waiting period
 - Care coordination: OHP member sought care at two ERs for back pain, at both places security turned them away and brought them to a transit stop where the patient sat in pain. Homeless advocate drove them to third hospital that admitted the patient and found a spinal infection. The patient was left permanently disabled due to delay in care. Would have likely qualified for home and community based services through OHA, did not use services until after diagnosis of disability
 - Identified gaps: connection with OHA and CCOs and how to create policies and contracting requirements around coordinated care and substance use treatments and tracking information regarding how many people are being served. If you aren’t admitted, you don’t get access to care coordination. Could be a policy piece for HEC to look at. Care coordination goes through ombudspeople and traditional health workers.
- Ombuds Report:
 - <https://www.oregon.gov/oha/ERD/OmbudsProgram/2022%20OmbudsYearEnd%20Report.pdf>

- OHA Ombuds program: <https://www.oregon.gov/oha/ERD/Pages/Ombuds-Program.aspx>
- Consumer Experience Report from Medicaid Advisory Committee:
<https://www.oregon.gov/oha/HPA/HP-MAC/Documents/Recommendations%20to%20Improve%20OHP%20Consumer%20Experience%20Nov%202021.pdf>

Public Comment

- None

The meeting was adjourned at 2:00 pm.

COMMITTEE WEB SITE: <https://www.Oregon.gov/oha/OEI/Pages/Health-Equity-Committee.aspx>

Oregon Health Authority's Health Equity Definition

Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments, to address:

- The equitable distribution or redistribution of resources and power; and
- Recognizing, reconciling, and rectifying historical and contemporary injustices.