HEALTH EQUITY COMMITTEE (HEC) MEETING NOTES

Meeting on January 12, 2023.

Next HEC meeting: Thurs, Feb 9, 2023, at noon via Zoom Gov.

The session started at 12:05 pm.
Members Present: Jorge Ramirez Garcia, Stefanny Caballero, Bryon Lambert, Katie Cox, Dele Oyemaja, Fungai Kwanai, Jasmine Stewart, Julia Prezdworski, Taylor Geyton, Nancy Cornejo
OHA representatives present: Leann Johnson (OHA-OEI-Division Director); Maria Castro (OHA HEC staffer); Alex Freedman (OHA OEI staffer), Brian Lothrop (OHA OEI); Cypress Clark; Craig Mosebaek; Shelley Das; Tara Chetock
Guests: Terrence Saunders; Leah Festa; Liza Root; Joe Bergeron
OHPB Liaison: Sandy Sampson

Link to Meeting Recording

December 2022 Action Items

Approval of the November 2022 meeting minutes – Motion to approve November 2022 meeting notes moved by Dele Oyemaja and seconded by Stefanny Caballero. 5 members were in favor, 0 members opposed, 2 members abstained.

Approval of the December 2022 meeting minutes – Motion to approve December 2022 meeting notes moved by Katie Cox and seconded by Dele Oyemaja. Stefanny Caballero corrected her attendance from present to absent. All members were in favor, and none opposed/abstained.

Member Updates

- None

Public Comment

- Bryon Lambert – regarding ride service experience, Leann sending follow up details
- Leann Johnson – Yoni had to resign from HEC because he is now the OHA Chief of Staff

Equity Shortage Designation Areas (Presenters: Liza Root, Terrence Saunders)

- Liza Root (She/Her) – HPSA and NHSC specialist
- Terrence Saunders (He/Him) – Behavioral Health Workforce Equity Coordinator
- Leah Festa (She/Her) – Healthcare Provider Incentives Program Coordinator
- Joe Bergeron (He/Him) – Behavioral Health Workforce Coordinator

- Oregon Primary Care Office – identifies health professional shortage designations, determines lack of access and lack of access in an area
- Want to create Oregon specific, equity-based shortage designation

- Purpose of the designation is to inform federal funding for recruitment and retention resources
- Each of scored elements are based on a point system, can score up to 26 points depending on type of care (Mental health 25 points, Dental 26 points)
- Primary care looks at low birth rates, dental care look at fluoridation rates
- Scores don't consider culturally specific needs of the population/provider
- Working on strategizing what is best to include for creating equity focused designation
- Sandy provided in the chat: Recommendations re Health Professional Shortage Area (HPSA) Scoring
    - We appreciate the formation of the HRSA Tribal Advisory Committee (TAC) and look forward to the partnership between HRSA and the TAC.
    - We request that HRSA implement IHS and tribal recommendations on the HPSA scoring methodology and the HRSA TAC review future allocations. We have an extremely difficult time recruiting and retaining providers in our region, and this new scoring methodology is an additional barrier to the many challenges we have in filling vacancies.
    - HRSA must add to the HPSA methodology, a specific factor for I/T/U providers to truly represent the health disparities and staffing shortages. An additional scoring factor would help our tribes fully staff medical and behavioral health services in our healthcare systems.
- Federal regulation impedes on actual factors – not an uncommon experience from rural communities
- One challenge is lack of access to healthcare and health related resources especially with African communities (language difficulties), director of African Housing presented numbers focusing on healthcare related access and many Africans are being left behind, not many opportunities for them to connect with the community in the last couple years
- What is the area denominator? Census tract
- In taking feds and making in better for Oregon communities, how are we also incentivizing and supporting minority communities? Prioritizing will be a challenge but working with communities and getting it documented is very important. Trying to make sure they are all addressed as we are building the system, but may need to start with a smaller number before being able to get the rest. Looking at SDOH and others to determine equity shortage areas, provider distances, recounting who is counted in shortages, use of language – making sure providers are using the same language as patients, transportation is also an issue, currently collecting feedback and in coming months will review feedback, still need to hear from eastern and rural Oregon.
- **Questions Part 1:**
- Dr. Taylor Geyton: Emphasize expanding who is counted, need to increase inclusion of SW and counselors and therapists of any licensure and not just psychiatrists, especially cultural and linguistically specific providers
- Due to small population / lack of representation in providers, black community has limited choice in providers, as many already have personal and community relationships
- Sandy Sampson: Questions / comments in the chat because she had to sign off:
    - I would think working with the Northwest Portland Area Indian Health Board can provide in-depth information in regards to the 9 Federally recognized tribes and Native Urban facilities, Laura Platero could provide unique data.
    - Provider Shortages and Needs. The Broken Promises Report, the National Tribal Behavioral Health Agenda, the National Tribal Budget Formulation Workgroup Recommendations for 2021, and the Indian Health Service Strategic Plan for 2019 – 2023 all detail how culturally competent care is critical for the health and wellbeing of

AI/AN people. These reports also detail that AI/AN people face the highest rates of health disparities in our country. The provision of health service is a trust and treaty responsibility of our federal trustee, and we expect the agencies of our federal trustee to support the Indian/Tribal/Urban (I/T/U) system in providing holistic, culturally competent care to our people by reducing regulations, eliminating administrative barriers, and investing in the good work we are doing in Indian Country.

- **Questions Part 2:**
    - Julia brought up concerns/comments about communicating exactly what strategies and goals the project is already using, to give more specific feedback on how to ensure broad and deep representation in community engagement strategies
    - What populations do we not have enough information / data about to even make a recommendation yet?
    - Role modeling for other states – you don't have to settle for a process that is already broken, you can use a better system

Public Comments

None

HEC 2023 Update, Welcome, Next Steps (Presenters: Leann Johnson, Shelly Das)

- Leann Johnson (She/Her) – Director, Equity and Inclusion Division
    - Expansion of Equity and Inclusion division from 22 to 70 people (of ~5000 at OHA)
    - At OHA, our role is to follow the community's lead with solutions
    - Overview of four units in Equity and Inclusion division
        - Equity Policy unit
        - Civil rights, training, equity advancement plan
        - REALD / SOGI (data compliance unit)
    - OHA's equity work is considered among the best in the nation
    - Equity work is receiving continued support from new governor and OHA director administration / leadership
- Shelley Das (She/Her) – Director, Equity and Policy
    - Community partnership is the backbone of our division, directing our goals and strategy
    - Behavioral Health Equity unit is now operating
    - Accountability integrated into health equity work
    - Equity division is deeply involved in legislative session

Onboarding plan

- Planning on having drop-in meeting to provide onboarding information and charter discussion – looking at Thursday January 26th, 2023 – this meeting might focus on onboarding and more charter specific meeting at a different time
- Planning on scheduling one-on-one meetings with members to discuss goals and questions

Next Steps

- Co-chair selection process – nominations will be do a week prior to the February meeting (Feb 2nd) and voting will occur during meeting
- Charter review process

    - Document is ready for committee review. This **draft** charter will be voted on at the February meeting to move forward to OHPB.
    - Questions and comments addressed during drop-in meetings over the next month
- Strategic priorities
    - Focus on 2-3 for 2023
    - Work towards in HEC and workgroup meetings
    - Potential strategic priority – Anti-racist commitment statement
- Formation of new workgroup
    - If interested, email Alex with days and times of availability

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.