

HEALTH EQUITY COMMITTEE (HEC)

MEETING NOTES

Meeting on July 11, 2024.

Next HEC meeting: Thurs, August 8, 2024, at noon via Zoom Gov.

The session started at 12:05 pm.

Members present: Julia P., Andi W., TJ F., Bryon L., Kristin Y., Rocio M., Phylus M., Beck F., Steffany C., Jabin K., Jasmine S., and Nancy C.

OHPB Liaisons: Dr. Hemmings and Carly Hood-Ronick (Present)

Staff present: Alex Freedman, Brenna Intemann-Miligan, Maria Castro, Shelley Das, Brian Lothrop, Suzanne Cross, Tara Chetock

[Link to Meeting Recording](#)

July 2024 Action Items

Approval of the June 2024 meeting minutes – Motion to approve June 2024 approved, majority of members were in favor, and no members opposed and one member abstained.

Member Updates

- None

HEC Business Updates (Presenter: Alex Freedman)

- OHA strategic plan: presentation coming in August or September
 - Hasn't been made publicly available yet
 - We will do our own analysis and see how it aligns with HEC's strategic plan
- Public Health Advisory Board (PHAB) is presenting to HEC in August
 - Building cross-committee collaboration plan
- Behavioral Health Committee representative
 - Andi Walsh is interested in joining, BHC Mireya Williams will follow up
- Health Equity Impact Assessment tool: will be brought to the committee for community perspective on tool and community of practice goals in August or September

[Open Discussion: E&I / OHA leadership changes](#)

Public comment:

Mica Contreras:

My name is Mica Contreras. Thank you for letting me speak with you today. As the Executive Director of the Linn Benton Lincoln Health Equity Alliance, I'm here today to express my serious concerns about the

sudden firing of Leann Johnson from her role as OHA's Equity and Inclusion Division Director and the misinformation released by the agency. I am seeking this committee's assistance in ensuring accountability and transparency moving forward.

Leann's unwavering commitment to promoting equity has earned her widespread recognition, trust, and respect at the state, national, and local levels and within the communities our organization serves.

The agency's press release falsely depicted her departure as voluntary, while she was actually terminated. Shortly after, her state access was revoked, and there was no clear explanation or discussion about her dismissal. This has damaged the community's already tenuous trust in OHA's commitment to advancing equity and inclusion across the state.

I urge OHA leadership, specifically Sejal Hathi, to provide transparency and accountability regarding the grounds for Leann's termination. The lack of clear information regarding the reasons for her termination, along with the misinformation in the press release, has led people to believe that it was due to a lack of support for equity work from OHA leadership or as a result of the nationwide backlash against racial justice and diversity, equity, and inclusion (DEI) efforts.

These questions need answers.

- 1. Why was the decision made suddenly without transition or input from the DEI team?*
- 2. Is there a planned restructuring of the Division that would affect current equity initiatives like RHECs?*
- 3. Why was the interim director chosen from outside of the division as opposed to someone who was already well-versed in current initiatives and programs?*
- 4. What is the concrete plan for hiring a new division director, and who will be involved in the decision-making process? Is there a commitment to include DEI staff and community in the process?*

These questions need to be addressed with transparency, honesty, and respect for the hard work of Leann, the DEI team, as well as the individuals working tirelessly across the state to address health disparities and advance equity and justice. Thank you and I appreciate any assistance that this committee can provide.

Annie Valtierra-Sanchez:

Hi everyone. Annie Valtterra Sanchez, I use she / her / ella pronouns. I'm also a director of our regional HealthEquity coalition here in Southern Oregon. For those of you who might not be as familiar, we work directly with historically excluded and currently underrepresented communities and with partners, and we work together to source Health Equity and social determinants, addressing social determinants of health.

I, like Mika and the rest of our coalitions, are concerned about this firing of Leanne and recognize too, that there is a drop in morale in the division because she has been here for a long time, with that dismissal coming without clear justification.

As Mika mentioned, it raises a suspicion and also a distrust with OHA in terms of HealthEquity. This is a concern also for several programs within the E&I division and the support that Leanne and the division have provided to other divisions within the agency to advance HealthEquity. I'm also concerned how the dismissal happened in terms of equity, how we treat or how the agency treats leaders of color, especially at that level. After Leanne having been committed so many years of service, why was she not offer us, offer a severance pay or administrative leave options instead of just being fired? Why is there not a recognition for her efforts and all the successes through the years that she served? And also, as I mentioned, there has to be a recognition for the drop in morale within the division to have someone

from outside the division serving as interim. I just can't see it. We have worked with a lot of staff from the division over the years. So we ask that the interim be someone within the E and I division and us RHECs also have concerns for the equity and inclusion division and hope that this committee will ask and provide transparency on the search processes for a new director and as decisions and actions are executed that those be made public.

I previously served on this committee for a few years and this is where the definition of HealthEquity happened. Look at how we've been able to grow the conversations and I'm saying just even the conversations. But then that turned into work within the agency. There has to be something done in really looking in more deeply to how the agency itself is treating leaders and staff within the division in terms of equity. Thank you.

Statement from HEC co-chair Katie Cox:

In these moments of unexpected change and uncertainty, I find myself reflecting on the words of Lilla Watson: "If you have come here to help me you are wasting your time, but if you have come because your liberation is bound up with mine, then let us work together." These words resonate deeply, especially now, as we face the sudden departure of Leann Johnson, our esteemed Director of the Equity and Inclusion Department.

I know many of us, both inside the OHA and adjacent to it, feel shocked and confused by this decision. Many of us are concerned about the future of the vital equity work that has been achieved and that continues to be done. Many of us, including myself, are also very disappointed with how our colleague has been treated in this situation. This is an important reminder that this work does not rest solely on any one person's shoulders and, similarly, cannot be unraveled by a single decision. Our work is not just about individual efforts or choices; it is about our ability to come together and fight for the collective liberation and well-being of our communities.

Health equity is more than a goal to be met on an arbitrary timeline; it is a fundamental principle that guides our actions and shapes our vision. Whether we like it or not, our liberation is intertwined, and so is our health. When we strive for health equity, we are working towards a world where every individual, regardless of their background or circumstances, can achieve their fullest health potential. This is a fight for justice, dignity, and respect for all.

The Oregon Health Authority has set an ambitious and necessary goal: to eliminate health inequities by 2030. This goal will not be remotely possible unless we start from the top, ensuring that OHA's internal policies and practices are also rooted in equitable principles and they are held accountable to that. OHA's commitment to equity must be reflected in every decision, every policy, and every action taken within the organization. Only by embedding equity at the core of OHA operations can we hope to create the systemic change needed to achieve true health equity.

As we navigate through this period of transition, I want to encourage folks to draw strength from our shared purpose and our collective resilience. The foundation we have built is strong, and the dedication of each one of you to this cause is nothing short of inspiring. Together, we have the power to continue this critical work, to support each other, and to ensure that our vision for health equity is realized.

Our work is far from over. Our commitment to health equity is more important now than ever. We must remain steadfast, innovative, and united in our efforts. Together, we can turn this challenge into an opportunity to reaffirm our dedication and to push forward with even greater resolve.

Thank you for your unwavering commitment to this work and for standing together in solidarity. My liberation is bound up with yours, and yours with mine, which is why we will continue to work together towards that liberation and a healthier, more equitable future for all.

Discussion:

Juan Villalobos: I am in agreement with HEC member and public commenters. It goes beyond the immediate impact; We are going backwards in social advances. In my position as a behavioral health worker, **transparency has to start from these spaces: how we connect and communicate with each other and other partners in a culturally specific way.** In my role, I receive information at all levels, from farm workers to behavioral health workers, and they're saying that **health equity gaps are opening instead of closing. I don't see a way to close these gaps by 2030.** These committees have to raise our voices and realize our problems don't start in our heads but are reflected in the population. In my work with my coworkers, many times we are not going to be in agreement on shared decisions but we continue with our communication, verbal and nonverbal, and be tolerant of our differences.

Bryon Lambert: After reading the initial press release, one of the things that I noticed was the comments at the end and the visceral angry comments about this work that we were doing. I had been under the misconception that we were in this bubble of here in Oregon, even though, as Annie can attest, Southern Oregon is a different beast. But I thought we were hidden away from that kind of hate and hostility toward our work. And the Band-Aid, if you will, was ripped off for me in recognizing that that is not the case. Our work is under assault. I'm sad to have to draw the conjecture that the firing of Leanne is connected to that assault because I had not heard anything to the contrary. So I'm worried about that. I'm worried about what it means to speak out, to speak up, to just do the work of the marginalized or people who are marginalized. I've already spent my life being careful about the words that I say and how I communicate. And this has got me even more worried about how I communicate, what people are gonna take in. And that's not healthy, it's not healthy for me personally, nor does it advance the work of Health Equity. I wish that I was brave enough to be as bold as Leanne always has been, that is a much needed thing. I am wrestling with how how I aspire to that and and still feel personally and professionally safe.

Andi Walsh:

As many of you know, I'm newer to Oregon. I'm going on a year into Oregon and something that I've commented to many people is how much hope I've had being here and seeing how more advanced and more progressive the state and the state governments has been compared to where I was coming from, Illinois, which is also very advanced but not as advanced.

And this decision turned that around for me, and was also a good wake up call and reminder not to take for granted progress that needs to be made. I also am extremely concerned about the way OHA handled the announcement of this. As a lawyer, there are of course HR decisions that might require confidentiality, but the way this was handled and the input of the state who's had much more interactions with Leanne than I had, I unfortunately was not able to get to know her in any way before this decision was made. But the way OHA handled it was extremely concerning to me and the fact that there has not my knowledge been any public accountability from the director around this decision. I know an e-mail had gone out to Equity Partners, but I don't know how widespread that e-mail even was. It did not make me feel any better about the decision. It did not feel like they actually provided any more reasons for why it was handled the way it was handled. I also find it concerning reading in some news articles that the governor's office was approached about the decision and sounds like the governor had known about it. And so I think that this is not just a demand of OHA leadership to try and repair the

damage they've done to the relationship with the public, I think the need for repair is also on the governor's office as well.

And finally, it also brought up a lot of concerns because we are facing an extremely concerning election. We have just come off the tail of an extremely devastating set of rulings from the Supreme Court, including one that overturned a precedent providing the power to federal agencies to implement the laws that we pass, including how those agencies then work with our state level agencies such as OHA, knowing that has been turned over, and that is going to completely change how our system works, and in my opinion, not for the better. To me means that it's even more important that we lean into our work in HealthEquity and because we have a really big battle about to happen at the federal level that will trickle down to our state. And it's not a time for such changes, especially for such changes to happen the way they did.

I agree and as a new member of the committee, I'm not sure of the processes or anything, but I do think we should do something, submit some kind of letter or something to try and address this.

Cause the last thing I'll say is also coming from Illinois, we always had public comments at the end of meetings, which I always hated because it didn't provide any opportunity for actual true engagement. Having attended the Health Policy Board meeting the other day, public comments were made about this, and there was no discussion made back. And so I also think it's worth considering a change in the way committees of OHA take in public comment and actually respond to comments when they're made directly.

Julia Przedworski:

In addition to kind of echoing the whole, What the hell happened? Feeling, I'd really be curious to think and talk as a group about what we can do and taking a multi prong approach. I know that we're fairly we're pretty adept at writing letters. I think that's obviously a great starting point. Can we add to that, let's ask for a meeting, let's talk to the director of OHA and say, we need explanation. You know, we need to ask it through letters, but I'm curious if folks have other specific ideas of action that we can take cause to echo everybody else's important points, this has really set things back in so many tangible ways internally within the division, externally outside of OHA. It's just shocking that this kind of decision would go down the way it went down. I'm really interested as a committee brainstorming the ways we can try to bring clarity, bring accountability, and really try to, as Annie said, undo the damage that has been clearly done.

Meeting Break

Continued:

Julia Przedworski moves for HEC to write a letter to OHA leadership and potentially also the Governor to ask for clarification, accountability and repair regarding the termination of Leanne Johnson as the director of the division. Seconded by Andi Walsh. 11 HEC members approve, 1 abstains.

Bryon supported a "yes and" approach: I worry that that a letter will have a response of a letter. And so I would love to both write a letter and invite the director to be a part of this kind of conversation and answer direct questions. Nancy Cornejo would also like to see additional requests in the letters, but supports the initial asks.

Juan Villalobos:

It's great to request this letter, but I am afraid. **I am afraid about any retaliation that this could have.** And honestly, at this point I don't think that most of us feel secure because of the politics and some other aspects. I do not want to be misinterpreted about my vote. I shouldn't be scared, but I am afraid. I don't know if others feel the same way, because I think that the retaliation will come and I think that there will be some consequences. I really don't expect that, I know that we are in a free country, but ladies and gentlemen, I am afraid.

Alex Freedman (OHA staff) suggested using Katie's statement as a foundation, with the addition of specific asks based on the conversation today. Julia P. and Kristin Yarris concur.

Andi Walsh:

For the content of the letter: I think it not only undermines OHA's goal to eliminate health inequity, but it also undermines the governor's goal to address behavioral health as one of her three top pillars. Connect the fact that systems and governments also can and do cause trauma, which impacts the behavioral health of our citizens. This is also a concern of mine and that the government is making decisions that's going directly against what they claim is a top priority. But I also hear Juan and share the same fear.

Rocio Munoz:

I agree with Juan's comment that he mentioned earlier about rather than continuing on our equity journey as a state, we're taking some steps back. As a representative of a local health authority, I always look to the state health authority for guidance, for examples, for the highest standard or for best practices, for a leader in our Health Equity work. I am the fruit of the OEI office, as a partner, as an emerging leader, I've gained so much experience, training, connections from Leanne and her predecessors and all the amazing staff in this office over the past 15 years plus. I am concerned about what this means for our state and as local health authorities and the state health authority. I understand needing to hold back information for personnel reasons, but this is causing confusion because there's lack of details, raising questions.

I'm very hopeful that that OHA will continue to make strides to listen deeper to staff and to make adjustments and to take into consideration partners that are engaged and connected to our OEI staff and overall initiatives and that it's done with mutual respect and with kindness and transparency. I also want to just mention with the letter piece, let's also take into considerations, if not already, the direct and straightforward questions posed during our public comment.

Phyusin Myint:

I'm reflecting on a lot of this as well and I'm trying to find a balance, because I also have a public facing identity in my role at HealthShare, but I'm here first and foremost as a community member in the space. I said departure but I actually want to name it what it is, which is termination. The erasure of the stories and narratives of folks of color is a problem in this country around racism to begin with. The erasure happening around the situation is certainly creating a ton of fear and uncertainty.

I left my own country because we didn't feel safe to speak our truth. And for me, that's the reason I live in this country to begin with, so that I have the option to say what's on my mind without the penalties. And so to feel what Juan is feeling, that's heavy for me to process.

And then I just want to take a moment to offer my support to the OHA staff. I think we all have a lot of feelings, but I know what it can feel like to be within an institution trying to make change. And so Alex, Maria and a lot of my colleagues on this call, I see you and sending you a lot of love. I want to acknowledge the bravery that it takes to even hold this conversation.

Alex suggested a separate follow-up meeting to discuss writing a statement outside of regular HEC meeting time. HEC members approved.

Carly Hood-Ronick:

At the meeting of the Oregon Health Policy Board, we heard testimony from several of the folks who provided testimony again today regarding this important topic. I just want to offer recommendations for ways that the policy board can be supportive of this conversation as well; we have independence from HR issues, and we want to be sure the Board is aware of this conversation.

Juan V.:

We need to ensure security of this space, that we are free to speak and there will be no retaliation against any of us. We are health professionals and we don't want our careers to be in danger. I think that we will have to pay a lot of attention to that and we will need to try to keep on going and try to close our lines through solidarity so we can go through those harsh moments because this is going to be a really hard hit to overcome.

OHPB Support Letter follow-up:

Dr. Rosemarie Hemmings:

This committee had asked the board to offer support in the form of a letter around advocating for gender firm and care, as well as some issues around the ombudsman's report. This is a draft letter that the board created for your review and feel free to, you know, add or take away anything you feel that isn't relevant or appropriate.

As I have said before, Oregon is part of the United States of America and we are not insulated from everything else that's going on at the federal level in Congress legislatively and in other states. A lot of you mentioned today around what's happening around DEI initiatives. It's come under scrutiny and we're seeing the effects of it here. I am not surprised. I have said that we needed to really think about how we are going to protect the work that we have been doing and I say that as we talk about gender affirming care. There is language within one of the budget initiatives coming out of federal level about removing gender affirming care in the defense budget. We definitely need to bolster our support around gender affirming care in the state of Oregon, as we should have been doing with DEI.

One addition to the letter: specific call out behavioral health, which came up in OHPB meeting. Does HEC feel that we should include and specifically call out the inequities that exists with behavioral health? As a behavioral health provider myself, I strongly agree with this. The ombuds report outlines a lot of issues around behavioral health. Behavioral health is closely tied to gender affirming care. But I will leave it up to this committee to decide whether or not you think that's appropriate for it to be added there or be somewhere else.

Carly Hood-Ronick:

This letter is to reiterate the points that you made in your two letters that we reviewed as a board in May and then identify these bulleted areas in italics, where we specifically as a board, we'll hold ourselves accountable to this work or ask for more information, ask for other subcommittees to dig into some of this work and report back to us.

Next steps will be to recommend that the board accept changes and then adopt it and send it along with your letters.

Julia P. asks for clarification that HEC approval is required for this letter; Dr. Hemmings says yes, then it will be sent on to OHA director. Tara C. comments that this letter is a collaborative relationship building opportunity, not necessarily requiring a vote but desiring full HEC support.

Alex F. points out that letters are preserved, but bullet points represent where OHPB will prioritize its work and support for HEC and other subcommittees. Review of bullet points.

Alex F. asks if HEC wants to add any language acknowledging Leann's termination, knowing that HEC will be sending a separate letter addressing that situation also to Dr. Hathi.

Juan V.:

The letter was created way before this situation, but I think it would be irresponsible not to make a comment and address the concerns that we have mentioned. I suggest we add a special section or brief paragraph to express our discomfort with the decision, and general fear.

Bryon L.:

I'm wondering if it's about context setting and that if in this letter, not just to rely on the date of the original letter, but say these letters were drafted prior to the firing of Leanne Johnson and that this letter was approved separately from that.

Julia P. agrees, acknowledge context so it doesn't seem like we're implicitly endorsing a decision because we're not addressing it in a letter that's immediately going to the OHA director, knowing that we will be taking more extensive action when we've had more time to strategize.

Andi W. also agrees: one connection point is if we're calling specifically for active engagement and lifting up voices, then the harm that's been caused by this decision needs to particularly be addressed.

OHA staff will follow up with OHPB liaisons to finalize the letter before the August OHPB meeting. This is an Oregon Health Policy Board letter, but HEC is asking for context setting, acknowledging harm done, and asking for a commitment to equity, transparency, and accountability.

Public Comment

- Annie Valtierra-Sanchez:
- I'm so glad that there are a couple of OHPB members here. As you all are planning a letter and a meeting, you know, really emphasizing what is the transparency and alignment in the processes and policies that outline what is considered grounds for immediate termination. Because Leanne was not offer administrative leave or a transitional plan or severance pay. And I do think it's crucial for OHPB to participate with HEC on the ask for accountability from all the leadership players and that the HEC and the OHPB recognize the systemic dynamics. So this impactful, inequitable decision is not justified as a fact of a woman of color firing another woman of color. I've been there and it's wrong. There's got to be something else. And be aware that lateral aggression is an added level of gatekeeping and oppression. And also as Juan named the fear of retaliation for staff, for other professionals. We as RHECs also have those concerns for our program: we're seeking funding, so what could this mean? As you know, we're fearing what's going to happen to the division, but also to the programs to the people we serve. So in this retaliation and concerns for programming under the division, I'm hoping that you all will also consider putting something in your letter in terms of accountability so that retaliation is not something that other staff are at the hands of and something that should be considered within this committee and OHPB to be wary of if it happens.

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.