

July 1, 2017 to June 30, 2019

# >> Affirmative Action Plan



Oregon  
**Health**  
Authority  
EQUITY AND INCLUSION DIVISION



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# Executive summary

The Oregon Health Authority is a state government leader in implementing both internally and externally facing programs that apply equity, diversity and inclusion principles. The OHA Office of Equity and Inclusion Division leads, advises and oversees strategic initiatives that equip the OHA workforce to meet the needs of Oregon's increasingly culturally and linguistically diverse population.

Most notable in this reporting period, the Oregon Health Authority revised its parity calculation to use demographic data from the 2014 American Community Survey. Parity, the major affirmative action goal, is defined as achieving comparable representation for women, federally categorized ethnic and racial minorities, and people with disabilities in every job category in the same proportion as they are available in the U.S. workforce. In Oregon, the comparison is to the state's population ages 18 to 64. While there are limitations to using population data, it is preferable to using outdated parity goals due to the dramatic shift in Oregon demographics since that time.

The Oregon Health Authority has achieved or exceeded comparable representation using this new calculation for the following groups as of June 30, 2016:

- Latino population new hires
- Non-Latino Black population new hires, the overall OHA workforce and salary range 24 and above
- Non-Latino American Indian population new hires and the overall OHA workforce
- Non-Latino Asian/Pacific Islander population new hires, the overall OHA workforce and salary range 24 and above
- Women new hires, the overall OHA workforce and those salary range 24 and above

Additional work is necessary to recruit and retain people from the Latino population in the overall OHA workforce and at salary range 24 and above. The greatest gaps in representation are people with disabilities in new hires, the overall OHA workforce, and salary range 24 and above. All affirmative action demographic categories are underrepresented in promotion.

The Oregon Health Authority will continue to focus on the following goals:

- Meet and exceed parity in all EEO job categories and subcategories.
- Increase recruitment and retention of workforce representing the changing demographics of Oregon. This includes all underrepresented categories.
- Increase OHA implementation and practice of equity, diversity and cultural competency in services and the workplace.
- Increase ability to measure, evaluate, communicate and set data benchmarks documenting barriers to achieving progress on affirmative action goals.
- Maintain and improve communication and collaborate to achieve affirmative action goals.





# Agency description

## Overview of the Oregon Health Authority (OHA)

The Oregon Health Authority is at the forefront of lowering and containing costs, improving quality and increasing access to health care in order to improve the lifelong health of people in Oregon. The agency includes most of the state's health care programs and includes the following divisions: Office of Equity and Inclusion, External Relations, Health Policy and Analytics, Health Systems, Internal Operations, Oregon State Hospital and Public Health. These divisions include programs such as behavioral health, medical assistance and the Oregon Health Plan, and employee benefits.

With the passage of Health System Transformation legislation in 2011 and 2012, Oregon has committed to meet key quality measurements for improved health for Oregon Health Plan (Medicaid) clients while reducing the growth in health spending by two percentage points per member over the next two years. This would achieve some \$10.5 billion in total state and federal savings over the next 10 years. To meet this goal, the Oregon Health Authority in 2012 implemented coordinated care organizations – locally governed health plans that include a variety of health care providers who have agreed to work together in their communities to provide better care at lower costs for children and adults served by the Oregon Health Plan

## OHA vision, mission, goals, values

The agency's mission statement sets out the purpose and guides the activities of the large, complex organization of Oregon's health and health care programs. The OHA vision, mission, goals and values are supported by the recently established organizational 18-month priorities (Appendix A). The 18-month priorities were established through the collaborative process of executive and managerial leadership within the agency. The priorities provide focus and direction to the agency's work and communicate the results we strive to deliver to our clients, employees, partners and providers.

## **The agency's vision, mission, goals and values are:**

### **Vision**

A healthy Oregon.

### **Mission**

Helping people and communities achieve optimum physical, mental and social well-being through partnerships, prevention and access to quality, affordable health care.

### **Goals**

- 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 to everyone.

### **Values**

- Health equity
- Innovation
- Integrity
- Leadership
- Partnership
- Service excellence

# Affirmative Action Plan – key contact information

**OHA Director**

**Lynne Saxton**

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**OHA Chief Financial Officer**

**Mark Fairbanks**

500 Summer St., N.E.

Salem, OR 97301

503-881-6897

**Governor's Office**

**Health Policy Advisor**

**Jeremy Vandehey**

900 Court St., N.E.

Salem, OR 97301

503-378-5726

**OHA Equity and Inclusion  
Director**

**Leann R. Johnson, MS**

Office of Equity and

Inclusion Division

421 S.W. Oak St., Suite 750

Portland, OR 97204

971-673-1285

**OHA Diversity, Inclusion and  
Civil Rights Executive Manager  
(AA/EEO Officer)**

**Janice Kim**

Office of Equity and

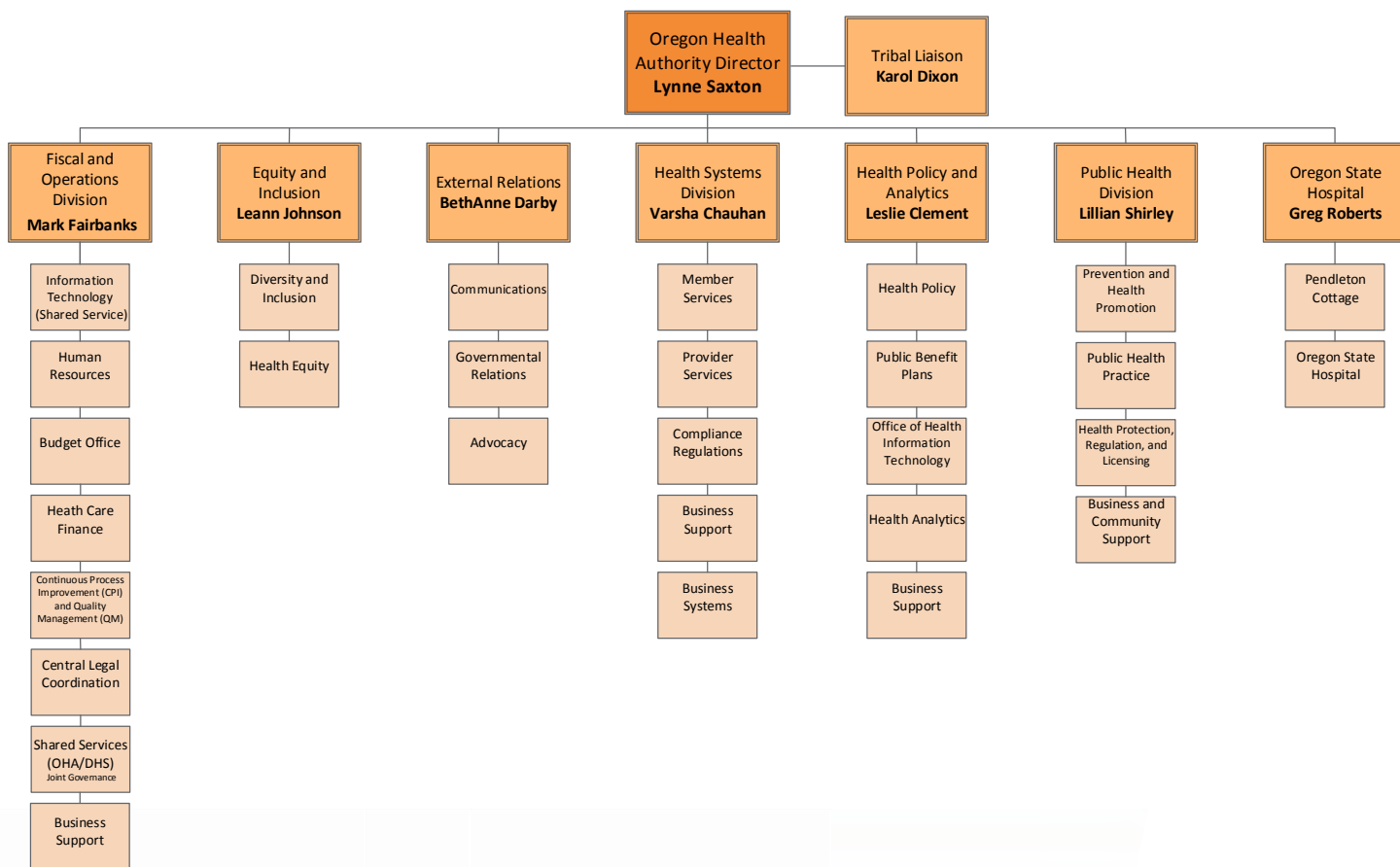
Inclusion Division

421 S.W. Oak St., Suite 750

Portland, OR 97204

971-673-1284

# OHA organizational chart



# Affirmative Action Plan

## OHA affirmative action policy statement

The OHA Office of Equity and Inclusion Division, OHA management and the OHA Office of Human Resources are responsible for ensuring the following affirmative action policy is appropriately posted in employee areas in each OHA office. The policy statement [see Director's letter] is also posted on the OHA Office of Equity and Inclusion (OEI) webpage. The Office of Equity and Inclusion Division monitors, reports and investigates charges of discrimination and reports trends to OHA directors on a semiannual basis or as necessary.

# Director's letter

To: All Employees  
From: Lynne Saxton, Director  
Date: August 23, 2016  
Subject: Equal Employment Opportunity/Civil Rights

## Policy Statement

At the Oregon Health Authority we believe in providing equal opportunity in employment regardless of race, religion, color, national origin, marital status, sex, sexual orientation, gender identity, age, veteran's status or mental or physical disability.

### Our Commitment

We are committed to ensuring that any employee who requires reasonable accommodations to fulfill job responsibilities will receive that accommodation.

We believe that every one of us is responsible for creating and contributing to an inclusive and professional work environment that is safe for everyone.

### Role of Management

Management staff has a special responsibility or higher standard to ensure that the work environment is free from any form of discrimination, harassment or from retaliation for filing a complaint related to workplace concerns.

All management staff should be active in the support of recruitment and career development programs that ensure equitable representation of minorities, women and people with disabilities in all job classifications.

Management will be responsible for ensuring meaningful progress toward achieving affirmative action goals, including but not limited to incorporating diversity development and cultural competency into staff and management performance evaluations.

## Support

OHA directors and leadership team members will make necessary decisions, allocate resources, monitor the accomplishments of affirmative action goals in an ongoing basis, and make adjustments to the goals as necessary.

In addition, the OHA Office of Equity and Inclusion (OEI) oversees the internal processes and procedures related to complaints, issues or questions regarding discrimination, harassment or retaliation. Anyone who believes that discrimination, harassment or retaliation has occurred on the basis of protected class status may file a complaint in accordance with the Department of Administrative Services (DAS) statewide Discrimination and Harassment Free Workplace policy 50.010.01 by contacting:

### **The Oregon Health Authority**

Diversity, Inclusion and Civil Rights, Executive Manager

Office of Equity and Inclusion

421 SW Oak, Suite 750

Portland, OR. 97204

971-673-1284

[Oha.internalcivilrights@dhsoha.state.or.us](mailto:Oha.internalcivilrights@dhsoha.state.or.us)

### **Oregon Bureau of Labor and Industries**

800 Oregon St. Suite 1045

Portland, OR 97232

971-673-0761

### **More Information**

Our Affirmative Action Plan is the blueprint we will use to help us get there. To see the plan, go to [www.oregon.gov/oha/oei/Pages/reports.aspx](http://www.oregon.gov/oha/oei/Pages/reports.aspx) or make a request to the OHA Diversity, Inclusion and Civil Rights Executive Manager.



## Diversity and inclusion statement

OHA is committed to developing and promoting culturally and linguistically appropriate programs and a diverse and inclusive workforce representing the diversity, cultures, strengths and values of the people of Oregon. Cultural proficiency is defined in OHA as one's ability to successfully navigate cultural differences. The Culturally Linguistically Appropriate Services (CLAS) standards have informed policy development in OHA and the health equity and inclusion lens screening tools (Appendix A) are applied to assess the integration of equity, diversity and inclusion into OHA policy and programs.

## Training, Education and Developmental Plan

### Employees

An ongoing OHA core process is to integrate cultural competency, diversity and inclusion principles and practice into our programs and employee development opportunities.

### **OHA course participation, July 1, 2014–June 30, 2016**

The following is a list of agency diversity or cultural competency-related training opportunities OHA employees participated in between July 1, 2014, and June 30, 2016.

Course ID	Course name	Completed users
C00333	Cultural Competency & Cultural Humility at DHS and OHA: Valuing, Embracing and Implementing [required training]	1,090
C03119	Ask Diversity: An Introduction to P.A.U.S.E. [This course is required for all DHS central office staff at the Salem HSB Summer St NE location and upon request from any others.]	17
C04043	OSH 2014 New Employee Orientation - Foundational Knowledge - OSH STAFF ONLY	162
C04171	OSH Safety Orientation	2
C04310	2014 Diversity Conference	24
C04319	2014 Diversity Conference	83
C04697	OSH 2015 New Employee Orientation - Foundational Knowledge - OSH staff only	192



C04934	2015 Diversity & Inclusion Conference	8
C04936	2015 Diversity & Inclusion Conference	106
OR3224	Cultivating a Diverse Workforce (a required course for DHS and OHA managers)	70
C00320	Online: Effective Communication for Environmental Public Health	11
C01152	Understanding/Review of the National Code of Ethics for Interpreters in Health Care	1
C04481	The Intersections of Cultural Diversity, Health Policy Development and Policy Analysis	11
C04483	Cultural Competency for Community Management of Special Needs Patients in Disaster	12
C04484	Diversity and Cultural Competency in Public Health Settings – Basic Level	43
C04485	Exploring Cross Cultural Communication	33
C04486	Introduction to Cultural Competency and Title VI	6
C04487	Cultural Diversity, Health Disparities and Public Health	35
C04488	Infusing Cultural and Linguistic Competence into Health Promotion Training	12

### **Employee education and coaching**

In 2012, OHA’s Office of Equity and Inclusion rolled out Developing Equity Leadership through Training and Action (DELTA). The program cohort consisted of OHA leadership, community members, health providers and administrators working together to develop their capacity to lead in the areas of equity, diversity and inclusion. DELTA is currently completing training for its fourth cohort. A second DELTA program was established in 2015/16 in Eastern Oregon to broaden OHA’s statewide reach in health equity.

### **Employee performance evaluation process**

Recent transitions in the agency have caused review and revision of the employee evaluation process. Managers currently administer employee performance evaluations on both an annual and six-month basis, depending on representation and/or classification. The OHA Office of Human Resources manages this process. Performance feedback is vital to individual and organizational development and excellence. It is a key tool for aligning managers’ and employees’ day-to-day work with the larger missions and goals of our programs and agency. At OHA,

we are committed to an employee development and feedback model. Effective performance feedback is a cycle that continues throughout the year. The cycle consists of three essential elements:

- Development of individualized employee development plans (EDPs);
- Regular ongoing feedback sessions to check-in on progress of the EDPs;
- Annual performance feedback sessions.

The employee development plan (EDP) model is a key element to performance feedback. Employees and managers work together to define goals that align both with the employee's professional goals and with the agency's mission, values and goals. This drives performance excellence, better communication between employees and managers, and employee recognition. EDPs contribute to greater employee satisfaction, engagement and retention, as well as agency succession planning efforts.

Once performance objectives are set and the employee development plan is developed, managers should check in regularly with employees. At that time they should discuss the status of objectives and provide feedback based on observations of an employee's performance and the manager's support of that performance. Regular feedback sessions may occur as often as necessary to acknowledge the employee for accomplishments and to plan together for best performance. It is equally important to provide feedback on areas of success as on those requiring improvement.

The annual performance feedback discussion is simply a continuation of the momentum established throughout the year. The key is to set an open and productive tone. It is also important to ensure that, by the end of the discussion, both manager and employee have reviewed points and reached an understanding on any issues that require further discussion, timelines for completion and objectives that need to be met for the next year.

Performance feedback is also a time to discuss career goals with employees, from becoming expert in their current position to considering longer-term career interests and activities that support career development. Some OHA workplaces may have different performance feedback processes and documentation requirements in place.

Once completed, annual and trial service performance feedback is sent to HR for review signatures and inclusion in the employee's official personnel record. The employee receives a copy of the employee development plan, and the manager retains a copy.

## Staff meetings

The size and geographic locations of OHA staff do not allow for all-staff agency meetings. Divisions, programs, sections and units meet on a regular basis. Regular employee meetings are a core principle of agency management. Managers are expected to ensure that each employee is informed of agency communications. The OHA Director communicates by email to all staff via a “Director’s Message.” OHA Communications is responsible for keeping employees informed of new tools and resources to aid in career advancement and opportunities for education and coaching.

## Volunteers

The Volunteer Program coordinates volunteers and student interns. Volunteers and student interns are invited to participate in various staff development training opportunities, including all trainings on cultural competency and diversity as appropriate to their assignment. Currently, participation in existing cultural competency and diversity training is optional. The volunteer program plans to increase the use of video conferencing to help ensure volunteers have increased access to cultural competency information.

## Contractors and vendors

The Office of Contracts and Procurement is a shared administrative service. DHS and OHA average approximately 6,600 contracts with vendors or providers during a biennium. Current practice is to require each contract to include provisions related to compliance with civil rights laws. OHA contracts contain the following requirements:

*In compliance with the Americans with Disabilities Act, any written material that is generated and provided by contractor under this contract to DHS/OHA clients, including Medicaid-eligible individuals, shall, at the request of such clients, be reproduced in alternate formats of communication, to include Braille, large print, audiotape, oral presentation and electronic format. DHS/OHA shall not reimburse contractor for costs incurred in complying with this provision. Contractor shall cause all subcontractors under this contract to comply with the requirements of this provision. Contractor shall comply and cause all subcontractors to comply with all federal laws, regulations and executive orders applicable to the contract or to the delivery of work. Without limiting the generality of the foregoing, contractor expressly agrees to comply and cause all subcontractors to comply with the following laws, regulations and executive orders to the extent they are applicable to the contract: Title VI and Title VII of the Civil Rights Act of 1964; Sections 503 and 504 of the Rehabilitation Act of 1973; Americans with Disabilities Act of 1990; Executive Order 11246; the Health Insurance Portability and Accountability Act of 1996; the Age Discrimination in Employment Act of*

*1967, as amended, and the Age Discrimination Act of 1975; the Vietnam Era Veterans' Readjustment Assistance Act of 1974; all regulations and administrative rules established pursuant to the foregoing laws; all other applicable requirements of federal civil rights and rehabilitation statutes, rules and regulations; and all federal law governing operation of community mental health programs including, without limitation, all federal laws requiring reporting of client abuse. These laws, regulations and executive orders are incorporated by reference herein to the extent that they are applicable to the contract and required by law to be so incorporated. No federal funds may be used to provide work in violation of 42 USC 14402.*

## Programs

### Internship and mentorship program

OHA is currently developing a formal mentorship program. Representatives from the Public Health Division, the OHA Office of Human Resources and the Office of Equity and Inclusion are collaborating on a pilot program to develop an agency-wide formal mentorship program. Each division, program and office hires interns as wanted or needed. No central reporting structure exists to collect information about the number, classification, diversity or other characteristics of interns at the agency.

### Community outreach

The agency has created partnerships with numerous community organizations throughout the state that give OHA greater access to people who are the focus of our Affirmative Action Plan: people of color and people with disabilities. These partnerships have helped OHA obtain information from these groups about diversity/ inclusion program and health policy development as well as implementation and health system transformation.

### Career fairs

The Office of Equity and Inclusion partnered with the agency's Office of Human Resources to staff employment job fairs that specifically set out to recruit traditionally underrepresented populations, including veterans and people with disabilities. To further reach diverse job seekers, OHA is a member of Partners in Diversity. In addition, OHA is present at the Portland Metro Diversity Employers Network and the Incight Live Resume to exchange information on best practices with other diversity practitioners, as well as to hear live presentations from job seekers. OHA has also provided presentations at live resume workshops on topics such as the impact of implicit bias in the screening and hiring process for employers.

In early 2014, OHA created a formal Diversity Recruitment Policy, which requires that all OHA employment recruitments have a diversity recruitment plan. The policy focuses on recruitment efforts in communities and populations that are underrepresented based upon affirmative action and equal employment opportunity (AA/EEO) data reported semiannually by the OHA Office of Equity and Inclusion (Appendix A, OHA Diversity Recruitment Policy).

Finally, OEI distributes agency job announcements and manages a sponsorship program that, in part, facilitates interaction between diverse populations and OHA as an employer.

### **Community events**

The Office of Equity and Inclusion (OEI) has developed an extensive network of community groups serving people of color, immigrants and refugees, people with disabilities and LGBTQ communities. Activities have included developing Regional Health Equity Coalitions throughout the state and facilitating policy forums to better understand barriers to health and support policy that removes or mitigates these barriers.

OEI oversees a sponsorship program that supports activities to strengthen relationships between community-based organizations, state programs and policy leaders. It establishes an Oregon Health Authority presence at educational forums, fundraisers, conferences and other outreach events. Organizations that serve immigrants, refugees, communities of color, people with disabilities and LGBTQ communities are prioritized.

OEI sponsored events with varied goals, topics and focus populations. The events provided excellent opportunities for:

- Engaging communities, building community connections and enhancing community presence;
- Information sharing and networking;
- Recruiting and diversifying Oregon's health promoting systems' workforce and contractor base;
- Advancing OHA's core value of health equity;
- Engaging community experts to inform OHA policy and program development; and
- Increasing opportunities for OHA employees' professional and leadership development.

In the first year of the 2015–2017 biennium, the Office of Equity and Inclusion Division, on behalf of OHA, awarded \$71,192 in grants and sponsorships to community-based organizations throughout the state.

### **Trade-specific events**

OHA is an ongoing member of the Oregon Association of Minority Entrepreneurs (OAME). The association is a partnership between minority entrepreneurs, education, government, the community and established businesses. Its mission is to promote and develop entrepreneurship and economic development for Oregon’s ethnic minorities and work to reduce discrimination and racism.

## **Diversity awareness programs and achievements**

OHA is a state leader in implementing both internally and externally facing programs that apply equity, diversity and inclusion principles. The Office of Equity and Inclusion Division leads, advises and oversees strategic initiatives that equip the OHA workforce to meet the needs of Oregon’s increasingly culturally and linguistically diverse population.

OHA’s implementation of the “Equity and Inclusion Initiatives” developed in the 2013–2015 biennium are especially notable. These initiatives serve as the equity, inclusion and affirmative action policy foundation for the agency and include the following policies: discrimination and harassment-free workplace, employee resource groups, diversity recruitment, non-discrimination for the public, supplier diversity, language access, bilingual proficiency, Americans with Disabilities Act, cultural competency continuing education and Diversity Leadership Team.

Since the Employee Resource Group Plan was approved in 2013 and began implementation in 2014, OHA has established five employee resource groups: LGBTQ+ at the Oregon State Hospital as well as Analysts from Protected Classes, Black Employees of OHA, Healthy Families, DAWN (Differently Abled Workers Network).

Other highlights of the diversity awareness programs and specific progress made toward achieving 2015–2017 goals:

### **Meet and exceed parity in all EEO job categories and subcategories.**

- Increased total agency-wide representation of people of color (POC) by 3 percent since June 30, 2014.
- All people of color (POC) are represented in new hires for 2016 compared to the Oregon population.
- Increased the representation of people of color (POC) at salary range 24 and above by 1 percent since June 30, 2014.

- Consistently exceeded market standards in employing women; women are 64 percent of the current OHA workforce.
- Increased the total agency-wide representation of people with disabilities by 0.5 percent since June 30, 2014.
- Increased the representation of people with disabilities at salary range 24 and above by 0.7 percent since June 30, 2014.
- Updated the parity calculation for OHA from the Governor's Office year 1990 figure to year 2014 using demographic data from the American Community Survey (ACS).
- Recruited applicants of color by posting job announcements through culturally specific newspaper publications, civic organizations, listservs and a new electronic platform called STORI.
- The Office of Equity and Inclusion Division and the Office of Human Resources collaborated to test the procedures developed in conjunction with the Diversity Recruitment Policy that require a diversity recruitment plan for all recruitments as well as diverse interview panels and candidate pools.
- Participated as a sponsor of multiple outreach events with groups such as the Hispanic Metropolitan Chamber, Asian Pacific American Network of Oregon, Native American Youth and Family Center, and the Oregon Latino Health Coalition.
- Participated in multiple job fairs throughout the state focusing on applicants from communities of color, people with disabilities and veterans. Job fairs included OHSU Night for Networking, City Career Fair, and a variety of higher education and culturally specific events.
- Developed and implemented training on implicit bias for hiring panels to promote awareness of individual personal biases and assumptions in decision making processes.

### **Increase OHA focus on retention.**

- Assessed the agency's hiring and retention practices for people of color and people with disabilities at all salary levels, disaggregating at salary range 24 and above.
- Created five Employee Resource Groups including the Black Employees Resource Group, the Differently Abled Worker Network and LGBTQ+. ERGs engaged 125 OHA employees.



- Consulted on developing and delivering equity and inclusion-related information at the New Employee Orientation in Public Health and for the overall agency.
- In 2015 resolved or referred 48 potential civil rights-related matters. Investigated and closed 66 civil right cases.
- Addressing systemic issues identified through discrimination, harassment and retaliation investigations that create barriers to diversity and inclusion.

### **Increase OHA focus on equity, diversity and cultural competency.**

- Agency Director elevated the Office of Equity and Inclusion to an OHA agency division.
- Operationalized the agency's health equity and integrated diversity, inclusion and health equity strategies' core values, outcomes and metrics into OHA's top 10 operational priorities.
- Vetted, approved and contracted with six equity and inclusion coaches to provide technical assistance and training to OHA, CCOs and partners in the health system.
- Adopted the Alternate Format and Language Access Services (AFLAS) Policy (Appendix A) for people with disabilities and linguistically diverse populations.
- Co-sponsored the 2015 statewide Diversity Conference.
- Sponsored and planned the Northwest Public Employees Diversity Conference in Portland. This event is made possible through the partnership of 17 local jurisdictions, including school districts, to learn about best practice in the field of diversity, inclusion and equity. This, coupled with the state Diversity Conference, allows OHA employees to choose which conference best meets their professional development, travel and/or area of interest needs.
- Developed a Training Registry for the agency and the broader health system of vetted and qualified trainers and consultants who specialize in equity and inclusion.
- Further integrated diversity, equity and inclusion into existing OHA training programs including New Employee Orientation.



- Ensured legislative concepts, bills and budget proposals included consideration of equity, diversity, inclusion, cultural competency and cultural appropriateness, using health equity and inclusion lens tools (Appendix A) developed by the Office of Equity and Inclusion Division.
- OHA-sponsored Regional Health Equity Coalitions hosted 122 community trainings throughout the state.
- More than 130 community-based organizations are represented and engaged in six Regional Health Equity Coalitions that now cover 10 Oregon counties and the Confederated Tribes of Warm Springs.
- \$71,192 provided in grants and sponsorships to community-based organizations focused on equity, diversity and inclusion.
- Developing Equity Leadership through Training and Action (DELTA) program graduated three cohorts trained in health equity leadership, including one cohort in Eastern Oregon.
- 646 traditional health workers (THW) were certified, exceeding the requirement of 300 established by the Centers for Medicare and Medicaid Services (CMS).
- 189 health care interpreters (HCI) were qualified and certified, representing seven languages and exceeding the goal of 150 established by CMS.
- Two (n=70) cohorts of the DHS/OHA Leadership Academy were trained in “Intercultural Conflict Style.”

**Increase evaluation, communication and collaboration to achieve affirmative action goals.**

- Improved complaints database to track discrimination, harassment, retaliation and systemic issues in the workplace. Conducted analysis and reporting to identify areas for improvement.
- Engaged 70 equity researchers via the quarterly Health Equity Researchers of Oregon meetings/trainings.
- Maintaining a website dedicated to diversity:  
[www.oregon.gov/oha/oei/diversity/pages/index.aspx](http://www.oregon.gov/oha/oei/diversity/pages/index.aspx).

- Agency diversity and inclusion staff provided consultation and review of policies and procedures to ensure that elements of cultural competency and cultural appropriateness are embedded throughout such policies. This review included CCO transformation plans, Public Health Modernization Plan and legislative budget narratives of all OHA divisions.
- Applied health equity and inclusion lens tools to ensure legislative concepts and budget proposals included consideration of equity, diversity, inclusion, cultural competency and cultural appropriateness.

**Improve ability to measure and benchmark data to document progress and barriers to achieving affirmative action goals.**

- Continued to collaborate with other state agencies and community-based organizations around best practices to meet community needs and better ensure the delivery of culturally responsive services and development of a diverse workforce.
- Participated in ongoing consultation and review of coordinated care organizations (CCOs) to ensure ongoing integration of equity, diversity and inclusion best practices.
- Assessed and advocated for the integration of health equity into all programs and activities within OHA.
- Upgraded the database to track discrimination, harassment, retaliation and systemic issues in the workplace. Conducted analysis and reporting to identify areas for improvement.
- Continued implementing the Race, Ethnicity, Language and Disability Rule (REALD) for demographic data collection in all data sets including workforce.
- Collaborated with Office of Human Resources to implement ambitious standards for recruitment via the Diversity Recruitment Policy and procedures that require a diversity recruitment plan for all recruitments as well as diverse interview panels and candidate pools.
- Participated as a sponsor of Partners in Diversity.

- Participated in multiple job fairs throughout the state that focused on applicants from communities of color, people with disabilities and veterans. Job fairs included OHSU Night for Networking, City Career Fair, and a variety of higher education and culturally specific events.
- Conducted webinars on health equity, diversity, inclusion and cultural competency. These webinars are promoted and made available to all staff and community partners.

## Leadership development/training programs

The Leadership Academy and Aspiring Leaders programs provide staff development opportunities and expose employees to career opportunities within the agency. Employees from protected classes are recruited for and urged to make use of these programs. The Office of Equity and Inclusion monitors the race, ethnicity and gender of program participants.

Below are the affirmative action statistics for 2014–2016:

### Leadership Academy

#### 2014-2015

Gender	White	Hispanic	Black	Asian	Native American/ Indian	People of Color	Self-identified disability
Female	9	0	1	3	0	4	0
Male	4	0	3	1	0	4	0
Total	13	0	4	4	0	8	0

#### 2015-2016

Gender	White	Hispanic	Black	Asian	Native American/ Indian	People of Color	Self-identified disability
Female	9	1	1	0	0	2	0
Male	7	1	0	0	1	2	0
Total	16	2	1	0	1	4	0

<b>Grand total</b>	<b>29</b>	<b>2</b>	<b>5</b>	<b>4</b>	<b>1</b>	<b>12</b>	<b>0</b>
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## Aspiring Leaders Program

2014

Gender	White	Hispanic	Black	Asian	Native American/ Indian	People of Color	Self-identified disability
Female	6	0	0	0	2	2	0
Male	2	0	0	0	0	0	0
Total	8	0	0	0	2	2	0

2015

Gender	White	Hispanic	Black	Asian	Native American/ Indian	People of Color	Self-identified disability
Female	13	0	0	0	0	0	0
Male	7	0	1	0	0	1	0
Total	20	0	1	0	0	1	0

2016

Gender	White	Hispanic	Black	Asian	Native American/ Indian	People of Color	Self-identified disability
Female	19	2	0	0	0	2	0
Male	10	1	0	0	0	1	0
Total	29	3	0	0	0	3	0

<b>Grand total</b>	<b>57</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>6</b>	<b>0</b>
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# Update: Executive Order 16-09

## Cultural competency assessment and implementation services

In fulfillment of 2016's Executive Order 16-09 (previously 2008, 08-18), the agency has administered the Intercultural Development Inventory (IDI) to help assess individuals' and teams' ability within OHA to successfully navigate across cultural differences. The assessment has helped identify the agency's level of cultural competency and has helped create educational activities tailored to specific developmental needs. To date, the OHA Cabinet, the Office of Equity and Inclusion, Health System Transformation Internal Operations Workstream and the Transformation Center have completed the assessment.

The Office of Equity and Inclusion Division has responded to this assessment by developing a training registry (Appendix A) of approved equity, diversity and inclusion experts. This registry is available on the agency's intranet so that the agency can directly access the training resources necessary to address the needs of cultural competency within specific divisions, units and programs.

Additionally, OHA Human Resources has built upon work initiated by the Office of Equity and Inclusion Division and Program Design and Evaluation Services contractor to assume responsibility to track and report workforce data. These reports are distributed to the agency director and all division directors (Appendix A).

## Statewide exit interview survey

There is no formal exit review process in place. The OHA Office of Human Resources is hiring a vendor to gather and analyze information in order to provide an annual review of employee separations and present findings to the agency directors, executive staff and Human Resources administrator. The relevant findings at the middle-management level will drive improvements and action plans where needed.

## Performance evaluations of all management personnel

Currently, OHA is reviewing and revising its performance evaluation process to ensure that all employees, including management service, have employee development plans.

# Status of contracts to minority businesses (ORS 659A.015)

The DHS/OHA Office of Contracts and Procurement tracks total contract awards and contracts awarded to Oregon women, minority and emerging small business (OMWESB) enterprise. OHA provides notice to certified firms for all competitive solicitations through the Oregon Procurement Information Network (ORPIN). OHA's Supplier Diversity Policy (Appendix A), adopted in 2013, provides additional guidance and accountability.

## Total awards — OHA

### Total COBID\* — OHA

\*Oregon Certification Office for Business Inclusion and Diversity

Quarter	Total Award - OHA	Total COBID - OHA	% OHA
2014 Q3	\$ 59,404,192	\$ 1,030,268	1.73%
2014 Q4	\$ 27,000,003	\$ 646,542	2.39%
2015 Q1	\$ 68,578,024	\$ 753,990	1.10%
2015 Q2	\$ 42,591,262	\$ 569,049	1.34%
2015 Q3	\$ 507,218,979	\$ 1,457,974	0.29%
2015 Q4	\$ 67,638,656	\$ 1,500	0.00%
2016 Q1	\$ 33,658,590	\$ 885,000	2.63%
2016 Q2	\$ 31,352,547	\$ 170,108	0.54%

### Oregon women, minority and emerging small business

Quarter	MBE	WBE	ESB	DBE
2014 Q3	\$ 638,372	\$ 191,696	\$ 180,200	\$ 20,000
2014 Q4	\$ 287,634	\$ 209,941	\$ 148,967	\$ -
2015 Q1	\$ 709,110	\$ 44,880	\$ -	\$ -
2015 Q2	\$ 248,079	\$ 7,000	\$ 313,970	\$ -
2015 Q3	\$ 1,382,974	\$ -	\$ 75,000	\$ -
2015 Q4	\$ -	\$ -	\$ 1,500	\$ -
2016 Q1	\$ -	\$ -	\$ 885,000	\$ -
2016 Q2	\$ -	\$ 160,000	\$ 10,000	\$ 108

MBE: Minority Business Enterprise Program; WBE: Women Business Enterprise Program; ESB: Emerging Small Business Program; DBE: Disadvantaged Business Enterprise Program

OHA provides notice to certified firms for all competitive solicitations through the Oregon Procurement Information Network (ORPIN).

Representatives from OHA, including the Office of Equity and Inclusion and Contracts and Procurement, coordinated efforts to increase business opportunity in Oregon by offering “one-stop-shop” trainings for vendors interested in becoming a certified OMWESB firm. These trainings were conducted in partnership with the Governor’s Office, Business Oregon and Department of Administrative Services and the Hispanic Metropolitan Chamber.

The Oregon Health Authority has a formal Supplier Diversity Policy to ensure that OMWESBs are provided equitable opportunity to participate in the performance of contracts financed with state funds. The goal of this policy is to increase opportunities for Oregon minority, women and emerging small business programs and to promote a business climate where inclusive and transparent practices are recognized as a core value (Appendix A—Supplier Diversity policy).

# Roles for implementation of Affirmative Action Plan

## Responsibilities of the OHA Director

- Ensure and articulate a positive climate throughout the agency concerning the goals of the Affirmative Action Plan, EEO and diversity programs.
- Ensure that division directors understand their work performance is evaluated based on of their Affirmative Action Plan efforts and results, in conjunction with other managerial responsibilities.
- Meet at least annually or as needed with the OHA Office of Equity and Inclusion (OEI) Division, Office of Human Resources administrators and division and program assistant directors to review equal employment opportunity, affirmative action and diversity and inclusion progress and problems.
- Ensure the appropriate review and follow-up on findings: the chief financial officer or agency director reviews all investigation reports completed under the OHA Discrimination and Harassment Complaint procedure; appropriate staff coordinate with investigators about the findings; agency director or designee responds to appeals.
- Ensure that division and program administrators:
  - » Receive training in affirmative action concepts;
  - » Review management implementation of affirmative action strategies in performance appraisals;
  - » Provide reports to the Legislature and public regarding progress on Affirmative Action Plan strategies' progress;
  - » Evaluate members of the management team for their effectiveness in creating the workplace conditions and results expected by the agency's affirmative action policy.



## Responsibilities of OHA managers and supervisors

- Promote and foster a positive nondiscriminatory climate and a work environment in which all employees are valued and respected in accordance with state policy and agency values.
- Ensure all new and current employees are aware of the agency's equity and inclusion strategies and value of a diverse work force.
- Periodically review training programs, hiring patterns and promotion patterns to remove barriers to achieving the agency's goals.
- Conduct periodic reviews by staff authorized to act in order to ensure:
  - » EEO, ADA and Discrimination and Harassment Policy information is properly displayed.
  - » All facilities for the use and benefit of employees and clients are accessible both in policy and use.
  - » Women, people of color, persons with disabilities and older employees are afforded a full opportunity and encouraged to participate in education, training, recreational and social activities sponsored by the agency.
  - » Employees are educated about the need for ADA compliance, alternate format and language access and that requests are appropriately processed and accommodated.
  - » Problem areas in diversity and inclusion practices and procedures are identified and solutions are sought.

## Responsibilities of the affirmative action representative

- Develop and communicate agency policies and procedures related to AA/EEO and prepare and disseminate affirmative action information.
- Coordinate activities in concert with the Affirmative Action Plan and monitor progress toward affirmative action goals.
- Identify solutions to barriers preventing achievement of OHA affirmative action goals.
- Ensure that recruitments are conducted to support AA/EEO goals.
- Ensure agency is complying with AA/EEO and other relevant laws or policy.
- Receive and investigate discrimination, harassment and retaliation complaints.
- Attend equal opportunity, affirmative action and diversity training regarding current affirmative action guidelines and issues update. Develop knowledge and skills for working with a diverse workforce.

# July 1, 2014–June 30, 2016

## Accomplishments in affirmative action

OHA continues to work to create a diverse and inclusive organization. OHA will continue to build upon its successes to achieve a more culturally competent workforce, create culturally appropriate and effective programs and service delivery systems, develop quality improvement strategies with a focus on diversity, and create inclusive environments for our diverse client base and staff. The OHA Affirmative Action Plan is a key component of the agency's ongoing diversity and inclusion efforts.

In OHA as of June 30, 2016:

- There were 4,727 state government employees in OHA.
- People of color represent 22 percent of all OHA employees.
- Women represent 64 percent of all employees in OHA.
- People with disabilities represent 2 percent of all employees in OHA. The numbers represent only those employees who voluntarily disclose disability status.

Since 2014, the agency has experienced a three percent increase in the workforce representation of people of color and a slight decrease in the proportion of women in the workforce.

OHA experienced a slight increase in the proportion of people with disabilities in the workforce since 2014. Statistical data for people with disabilities are dependent on voluntary self-identification. OHA conducts regularly scheduled surveys to offer employees the chance to self-identify. Because measures of the workforce representation of people with disabilities rely on voluntary self-identification, the actual number of OHA employees with disabilities remains unknown. This dilemma remains a national issue that we will monitor closely.

Previous reports compared the OHA workforce to parity goals provided in a 1990 Governor's Report. Given the lack of updated parity goals from the Governor's Office, OHA has chosen to compare its workforce composition to the current Oregon population.\* Limitations to using population data as a comparison include

\* Source: 2014 American Community Survey (ACS), Oregonians age 18 to 64 years

the lack of accounting for industry, occupation and/or educational attainment. However, comparing to population estimates is preferable to using the outdated parity goals as Oregon's demographic profile has shifted dramatically since 1990.

Percentages presented below represent the relative percentage of OHA employees of color, of female gender, and with a disability compared to the Oregon population of working-age adults from the same demographic groups. For example, OHA employs 71 percent of the number of Latino employees expected given the number of Latino working age adults in Oregon.

Comparing to the Oregon population, the OHA workforce is representative of non-Latino Blacks, non-Latino American Indians, non-Latino Asian/Pacific Islanders, and women. However, Latinos and people with disabilities are underrepresented in the OHA workforce. For workers at salary range 24 and higher, non-Latino American Indians as well as Latinos and people with disabilities are underrepresented. When examining all FY2016 hires, all populations are representative except people with disabilities.

To examine the issue of employee development and retention, all FY2016 promotions and voluntary separations were examined. Comparing to the OHA workforce's current composition, all populations except women were underrepresented in the promotion data. For voluntary separations, non-Hispanic Black employees were overrepresented compared to their numbers in the OHA workforce.

Although the Oregon Health Authority has successfully met some overall goals, analysis of the disaggregated figures provide further opportunity for improvement. OHA continues efforts to recruit and retain people of color in these areas. OHA has developed and is currently implementing a diversity recruitment policy and procedures that focus additional efforts on attracting and retaining people of color and people with disabilities in many job categories.

## Latinos

Compared to the Oregon population:

- Underrepresented in overall OHA workforce (71 percent)
- Underrepresented in salary range 24 and higher (29 percent)
- Represented in new hires (108 percent)

Compared to OHA workforce:

- Underrepresented in promotions (82 percent)
- Underrepresented in voluntary separations (65 percent)\*

## Non-Latino Blacks

Compared to the Oregon population:

- Represented in overall OHA workforce (161 percent)
- Represented in salary range 24 and higher (110 percent)
- Represented in new hires (138 percent)

Compared to OHA workforce:

- Underrepresented in promotions (71 percent)
- Overrepresented in voluntary separations (127 percent)\*

## Non-Latino American Indians

Compared to the Oregon population:

- Represented in overall OHA workforce (101 percent)
- Underrepresented in salary range 24 and higher (81 percent)
- Represented in new hires (125 percent)

Compared to OHA workforce

- Underrepresented in promotions (0 percent)
- Underrepresented in voluntary separations (53 percent)\*

## Non-Latino Asian/Pacific Islanders

Compared to the Oregon population:

- Represented in overall OHA workforce (138 percent)
- Represented in salary range 24 and higher (144 percent)
- Represented in new hires (117 percent)

\* Underrepresentation (less than 115 percent) in this measure is desirable.

Compared to OHA workforce

- Underrepresented in promotions (62 percent)
- Underrepresented in voluntary separations (83 percent)\*

## Women

Compared to the Oregon population:

- Represented in overall OHA workforce (126 percent)
- Represented in salary range 24 and higher (119 percent)
- Represented in new hires (136 percent)

Compared to OHA workforce

- Represented in promotions (104 percent)
- Underrepresented in voluntary separations (112 percent)\*

## People with disabilities

Compared to the Oregon population:

- Underrepresented in overall OHA workforce (16 percent)
- Underrepresented in salary range 24 and higher (15 percent)
- Underrepresented in new hires (13 percent)

Compared to OHA workforce

- Underrepresented in promotions (30 percent)
- Underrepresented in voluntary separations (107 percent)\*

\* Underrepresentation (less than 115 percent) in this measure is desirable.

# July 1, 2017–June 30, 2019

## Overview

The 2017–2019 OHA Affirmative Action Plan continues to focus on remedying the under-representation of people of color and people with disabilities in the upper- and middle-management and professional categories, and people with disabilities in most categories. Many in OHA have advocated for setting hiring goals to reflect the demographics of the communities we serve in addition to basing our goals on the local labor market availability or parity. This is an exemplary goal and represents the long-term direction of the agency in advancing affirmative action. We will promote the agency goal of surpassing parity, focusing on strategies to achieve parity areas that have historically not met the goals.

OHA is confident it is integrating strategies and accountability measures into its core and foundation via the implementation of equity and inclusion policy and health systems transformation. This will help OHA continue to develop a culturally competent, diverse and inclusive organization. OHA is working thoughtfully and intentionally to integrate this work so that the agency can move steadily toward progress.

That said, OHA reaffirms the primary goals of its 2015–2017 Affirmative Action Plan.

## Goals

1. Meet and exceed parity in all EEO job categories and subcategories.
2. Increase recruitment and retention of workforce that represents Oregon's changing demographics. This includes all underrepresented categories.
3. Increase OHA implementation and practice of equity, diversity and cultural competency in services and the workplace.
4. Increase ability to measure, evaluate and set benchmarks of data, documenting barriers to achieving progress on affirmative action goals.
5. Maintain and improve communication and collaboration to achieve affirmative action goals.

# Strategies and timelines for achieving goals

**Goal 1.** Meet and exceed parity in all EEO job categories and subcategories.

Strategy	Lead	Timeline for accomplishment
Fully implement the OHA Diversity Recruitment Policy agency-wide	HR, OEI, directors, hiring managers	2017–2018 (Policy adopted 2013.)
Provide training, including on implicit bias, to increase managers' and directors' knowledge and skills in outreach to, recruiting, hiring and retaining people with disabilities and people of color.	HR, OEI	2017–2018
Plan and schedule HR and program manager presence at targeted culturally specific job fairs, community events and local professional networking throughout the biennium.	HR/OEI	Ongoing
Develop and provide recruitment tools and intranet resources to specifically address areas in the agency that reflect underrepresentation of women, people of color and people with disabilities.	HR/OEI	Ongoing
Training for executive management teams on accountability for cultural competency and AA/EEO plans.	OHA executive leadership/OEI	Ongoing (Policy adopted July 2017.)

**Goal 2.** Increase recruitment and retention of workforce representing the changing demographics of Oregon. This includes all underrepresented categories.

Strategy	Lead	Timeline for accomplishment
Develop and provide retention tools and resources to specifically address underrepresentation in EEO categories.	OEI	Ongoing (Policy adopted January 2015.)
Expand the Employee Resource Group program within the agency.	OEI	Ongoing (Policy adopted January 2015.)
Develop an agency-wide mentoring program to include new hires, underrepresented employee populations, career advancement, etc.	OEI/HR/divisions	Ongoing (Policy adopted January 2016.)
Assess and implement ways to increase self-identification among OHA employees related to disability, including training for managers.	HR/OEI	July 2017
Track reasonable accommodation requests and provide training to staff on the reasonable accommodation process.	HR	May 2017
Increase the number of staff and number of managers who have completed the diversity awareness training.	HR/OEI	Ongoing
Write cultural competency requirements into position descriptions and recruitments.	Hiring managers/ HR	March 2017



**Goal 3.** Increase OHA implementation and practice of equity, diversity and cultural competency in services and the workplace.

Strategy	Lead	Timeline for accomplishment
Provide expanded training opportunities tailored to the needs of the program to increase cultural competency among administrators, managers and line staff. Examples include implicit bias, cross-cultural communication, community engagement and intercultural conflict resolution.	HR/OEI	Ongoing (Policy adopted July 2014.)
Provide managers with the tools, training, metrics and systems of accountability that promote and sustain a culture of respect.	HR/OEI	July 2017
Develop a comprehensive long-range training plan for all staff that is specific to the needs of managers/directors and supports OHA goals for diversity and cultural competence.	HR/OEI	July 2017
Set measurable standards for the workplace culture to promote an inclusive environment. (Employee Engagement Survey)	HR/OEI/ADA Lead	January 2017
Support the creation and operation of OHA's Diversity Leadership Committee to ensure coordination of diversity strategic plans, as well as timely review of the impact of policy, program and practice changes on both diverse client-service delivery and workforce development. Diversity Strategic Plan will include timelines, measurable outcomes and staff responsibilities.	Administrators/ OEI/ERGs	Ongoing (Policy adopted January 2015.)
Fully implement REALD (race, ethnicity, language and disability) demographic data collection legislation.	OEI	Ongoing (Policy adopted April 2016.)
Fully implement the AFLAS (Alternate Format and Language Access Services) Policy.	OEI	Ongoing (Policy adopted April 2016.)

**Goal 4.** Increase ability to measure, evaluate and set benchmarks of data, documenting barriers to achieving progress on the affirmative action goals.

Strategy	Lead	Timeline for accomplishment
Improve use of affirmative action monitoring tools and ensure communication of workforce data (hiring and promotion) to the leadership team, hiring managers and supervisory staff. Develop agency and divisional benchmarks and goals.	HR/OEI	Ongoing (Policy adopted January 2016.)
Expand collaboration with other state agencies and organizations representing protected class constituencies to develop, implement and evaluate diversity initiatives.	OEI	Ongoing (Policy adopted January 2016.)
Analyze hiring trends in specific timeframes to highlight leadership practices that result in underrepresented categories' hiring gains.	HR	July 2017
Annually conduct assessment regarding employee engagement.	HR	July 2017
Develop a system and accountability for performance reviews for all OHA employees. Include clear and measurable behaviors and outcomes related to the implementation of the diversity recruitment policy, AA/EEO requirements and retention, especially related to people of color and people with disabilities.	HR/OEI	December 2017
Evaluate the effectiveness of the affirmative action and diversity and inclusion initiatives; record and share best practices to be used in the agency.	OEI	July 2017
Fully implement REALD (race, ethnicity, language and disability) demographic data collection.	OEI	Ongoing (Policy adopted April 2016.)

**Goal 5.** Maintain and improve communication and collaboration to achieve affirmative action goals.

Strategy	Lead	Timeline for accomplishment
Track percentage of managers implementing the diversity recruitment policy, including each criterion of the policy.	HR/OEI	July 2017
Track number, percent and dollar amount of OHA contracts awarded to women and minority-owned businesses.	OC&P/ OEI	Ongoing annually
Track data regarding reasonable accommodations under the ADA.	HR	January 2017
Monitor NEOGOV data to determine retention rates of diverse candidate pools across the life of a recruitment.	HR	January 2017
Collect and disseminate data on promotion and turnover rates for people of color and people with disabilities.	HR	January 2017
Improve use of affirmative action monitoring tools and ensure communication of workforce data (hiring and promotion) to the leadership team, hiring managers and supervisory staff. Develop agency and divisional benchmarks and goals.	HR/OEI	Ongoing (Policy adopted January 2016.)
Fully implement the Diversity Leadership Team charter and model.	OEI/OHA Leadership	Ongoing (Policy adopted July 2015.)

OHA believes these strategies demonstrate the agency’s commitment to its affirmative action programs. Numerous Oregon and national demographic reports prove the existence of race, gender and disability-based disparities that have continued even in recruitment and hiring practices. These strategies will help OHA ensure that all Oregonians can realize equal employment opportunity and allow OHA to better serve Oregon communities.

## Areas of consideration for progress

Over the last biennium, OHA has undergone a structural transition. New divisions have formed and communication channels have realigned so that OHA divisions can work more effectively together to achieve agency-wide goals and objectives. This restructure and focus on cross-divisional work will help OHA better communicate shared goals including affirmative action and equal employment opportunity. It will be important to focus the agency on a few specific initiatives including employee engagement and the full implementation of the Diversity Recruitment Policy. Providing clear, consistent and proactive communication about said initiatives and the responsibilities of managers and leaders continues to be a priority for staff in Human Resources, Equity and Inclusion and Communications, as well as OHA executive leadership. OHA is committed to continually integrating the principles and best practices of affirmative action, diversity, inclusion and civil rights throughout all facets of the agency.



# Appendix A

## Agency documentation in support of the Affirmative Action Plan



The mission of the Oregon Health Authority is helping people and communities achieve optimum physical, mental and social well-being through partnerships, prevention and access to high-quality, affordable health care. With this in mind, OHA is focused on accelerating the transformation of Oregon’s health care system. Our goals are to provide easier and wider access to care, deliver better health outcomes and contain health costs for Oregon Health Plan members. From the modernization of Oregon’s public health system to the renewal of the state’s Medicaid waiver, the next 18 months present both challenges and opportunities to advance these goals.

*In 2016-2017, we will:*

✓ **Make Oregon Health Plan member experience with Oregon’s Medicaid program simpler, easier, more timely and reliable.**

To accomplish this goal, we will:

- Deliver accurate, timely and reliable data through enrollment and eligibility data systems.
- Improve OHA’s ability to forecast future enrollment accurately.
- Implement highly functioning technology systems to support eligibility, enrollment and closures.
- Improve Oregon Health Plan member experience.

✓ **Create a behavioral health system that works for all Oregonians.**

To accomplish this goal, we will:

- Accelerate the development of a highly functioning behavioral health system that is patient- and family-centered, accountable and focused on outcomes (including but not limited to stable housing, transportation and employment supports).
- Finalize our agreement with the United States Department of Justice (DOJ) to implement an Oregon Performance Plan.
- Improve access to behavioral health services.

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- Launch and implement our Behavioral Health System mapping tool on June 30, 2016, to inform policy and funding discussions during the 2017 legislative session.
- Better integrate behavioral and physical health services for OHP member.

✓ **Address inequities, disparities and disproportionate impact to achieve health equity in OHA health systems.**

To accomplish this goal, we will:

- Reduce disparities in Oregon Health Plan (OHP) enrollment and eligibility determination among Oregon’s linguistically diverse populations.
- Reduce disparities in use of behavioral health services and increase treatment completion rates for racially, ethnically and linguistically diverse populations.
- Increase colorectal cancer screening rates among racially, ethnically and linguistically diverse populations.

✓ **Accelerate health system transformation and maximize the value of Oregon’s investment.** To accomplish this goal we will:

- Describe a vision and create a roadmap for Oregon’s Health System Transformation 2.0.
- Advance the coordinated care organization system with increased focus on the social determinants of health and increase the pace of reform in components of Oregon’s health system that have yet to produce intended outcomes. These areas include:
  - Addressing health system disparities in rural areas and improving workforce capacity to improve access.
  - Promoting improved oral health.
  - Enhancing cross-system collaboration among health, early learning and housing.
  - Accelerating value-based payments and aligning metrics to reward better health outcomes.



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- Enhancing health system tools to support and improve care coordination.
  - Increase transparency in outcomes and costs.
- ✓ **Advance Oregon’s health system transformation through renewal of our 1115 Medicaid Demonstration Waiver.**  
To accomplish this goal we will:
- Apply for a waiver renewal for the next five years to take our commitment to Oregon's health system transformation to the next level by:
    - Extending our Hospital Transformation Performance Program (HTTP).
    - Evolving our global budget to enhance the use of flexible services and value based purchasing.
    - Increasing behavioral health integration.
    - Improving social determinants of health through a Coordinated Health Partnership Model and health equity.
    - Expanding to new populations within a financially sustainable budget.
  - Seek a future amendment to support needed changes in Oregon's substance abuse disorder delivery system.
- ✓ **Modernize Oregon’s public health system.**  
To accomplish this goal we will:
- Ensure all Oregonians have the opportunity to achieve optimal health.
  - Ensure Oregon’s public health system is highly effective, efficient, and meets performance standards.
  - Ensure all Oregonians are served by a health department that provides foundational public health services that are critical for protecting the health of everyone in Oregon.

- Quantify secure and sustainable funding for state and local implementation of foundational public health services.

✓ **Address Rising Pharmaceutical Costs.**

New breakthrough medications coming to market are offering the chance to better treat and cure disease. However, these come at a financial cost that needs to be managed to provide sustainable delivery. To accomplish this goal we will:

- Collaborate with internal and external stakeholders, legislators, commercial payers and other states to develop strategies to address rising pharmacy costs.
- Establish and lead the OHA Pharmacy Cost Collaborative to coordinate efforts with the CCOs to explore creative concepts for helping to control rising pharmacy costs for the OHP population. The group is not tasked with making any formal decisions or recommendations, but it will harness the CCOs’ best practices and creativity to explore specific, sustainable solutions to pharmacy-related issues such as Hepatitis C.

✓ **Implement Oregon’s retail and medical marijuana laws to protect public health.** To accomplish this goal, we will:

- Prevent youth marijuana use through a robust youth-oriented prevention campaign.
- Protect children and vulnerable populations from marijuana exposure.
- Educate the public about issues related to marijuana use.
- Understand and minimize the public health impacts of retail marijuana products.
- Support research of the medical properties of marijuana.
- Support the development of clinical guidelines for the use of marijuana.
- Effectively regulate medical and retail marijuana by:



- Establishing effective registration, compliance and enforcement for dispensaries, growers and processors.
  - Providing compassionate and responsible access to medical marijuana products.
  - Developing clear and effective consumer safety labeling standards.
  - Defining robust and comprehensive laboratory accreditation and testing standards.
- ✓ **Maintain a fiscally sustainable budget.** To accomplish this goal, we will:
- Support health system transformation for all Oregonians through a financially sustainable plan.
  - Ensure that the Oregon Health Authority is operating efficiently and effectively to meet the needs of all Oregon Health Plan members by ensuring transformation occurs within the 3.4% acceptable rate of budget growth agreed upon in our waiver with the Centers for Medicare and Medicaid Services.
- ✓ **Empower and strengthen the skills and capabilities of OHA's employees.**  
To accomplish this goal, we will:
- Empower the workforce to enable more people to make more decisions in their specific context (greater delegation and empowerment).
  - Ensure human resource activities (recruiting, onboarding, developing retention) are robust and highly effective to support and sustain a strong, highly functioning and diversified workforce.
  - Ensure all managerial and supervisory staff have training, resources and tools that are designed to lead, manage and create a positive work environment.

# National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

*The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:*

## **Principal Standard:**

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

## **Governance, Leadership, and Workforce:**

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

## **Communication and Language Assistance:**

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

## **Engagement, Continuous Improvement, and Accountability:**

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.



[www.ThinkCulturalHealth.hhs.gov](http://www.ThinkCulturalHealth.hhs.gov)



## HEALTH EQUITY AND INCLUSION LENS FOR BILL ANALYSIS

***“Equity and Inclusion First”*** – *When we design policies and provide programs and services that improve health for people of color, people with limited English proficiency, LGBTQ communities, and people with disabilities, all communities benefit!*

Use this tool to identify opportunities to support/enhance equity, diversity and inclusion, and reduce disparate impact in legislative bills.

### Community Engagement/Partnership

**Is there an opportunity in the bill to:**

- Mandate committees, councils, advisory groups or other bodies to focus on equity and/or inclusion?
- Require committees, councils, advisory groups or other policy-making bodies to reflect state and/or local populations most affected by inequities (with mandated threshold or percentage requirements)?
- Require “meaningful participation”<sup>1</sup> of communities experiencing health inequities?
- Clearly define terminology to ensure representation of communities experiencing health inequities (including “consumers,” “underserved communities,” “racially, ethnically and linguistically diverse communities,” communities historically experiencing poor health outcomes,” etc.)?
- More meaningfully address inequities so that the needs of members with multiple identities are addressed (ex: low income people of color, people of color who also have disabilities)?
- Create institutional accountability to communities experiencing health inequities (example: require annual or biennial reporting on data, activities, progress on goals, service delivery, timeliness of services to reduce health inequities)?

### Race, Ethnicity, and Language +Disability (REAL+D) Data Collection/Analysis

**Is there an opportunity in the bill to:**

- Require collection of data disaggregated by race, ethnicity, language and disability (following HB2134<sup>2</sup> standards for data collection)?
- Require collection of data on sexual orientation, non-conforming gender?
- Require training for staff on best practices on collecting data from diverse communities, including maintaining confidentiality and explaining purpose?

<sup>1</sup> “Meaningful participation” means engaging a diverse group of stakeholders who are representative of the communities that policies will impact, not only in consultative roles to provide input, but also to co-plan or lead policy development efforts, have access to data and resources to make informed decisions, have decision-making authority, and to participate in the analysis of data and policy impact efforts.

<sup>2</sup> [Oregon Administrative Rules 943-070-0000 to 943-070-0070](#)

- Require the inclusion of affected communities in planning, data collection methods, analysis, and dissemination, and utilizing culturally appropriate processes<sup>3</sup> to do so?
- Require dissemination of final data to affected communities?

## Research and Evaluation

Is there an opportunity in the bill to:

- Mandate health equity or other equity impact analyses on new or existing efforts?
- Mandate inclusion of diverse communities at every stage of research efforts, including planning, evaluation design, implementation, analysis, and dissemination of research results to communities affected, and to utilize culturally appropriate processes to do so?
- Require the inclusion of health equity and/or inclusion metrics or indicators in all planning, quality, intervention, and impact assessments and reports?

## Funding and Capacity Building for Equity and Inclusion

Is there an opportunity in the bill to:

- Mandate strategic investments and resource allocation for health equity advancements?
- Require proposers to identify service populations based on racial and/or health inequities data?
- Require proposers and existing contractors to submit plans and/or modifications for increasing health equity?
- Require Requests for Grant Proposals (RFGPs) and Requests for Proposals (RFPs) to include weighted criteria and scoring for health equity efforts?
- Require proposers to include equity performance measures, including metrics and indicators that address both internal and external performance (ex: patient satisfaction, increase in diversity of staff)?<sup>4</sup>
- Require investments in cultural competency training?
- Require funding and resource allocation and planning to redirect or redistribute funding towards opportunity zones and/or geographic tracts where greater health inequities exist?
- Require meaningful funding levels for health equity activities in grant awards (to eliminate “funding for failure” amounts)?
- Require inclusion of communities experiencing health inequities on grant or contract review panels?
- Recognize and fund culturally and linguistically appropriate community practices that promote health and protect community (include both community-identified and evidence-based practices)?

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<sup>3</sup> “Culturally-appropriate processes” means tailoring processes to an individual’s or community’s culture and language preference, being respectful of and responsive to the beliefs, practices and needs of diverse stakeholders (adapted from ThinkCulturalHealth.org, guidance on CLAS standards)

<sup>4</sup> Adapted from “Multnomah County Equity and Empowerment Lens,” Multnomah County, 2014.

## Health Program and Service Provision Improvements for Equity and Inclusion

Is there an opportunity in the bill to:

- Require enforcement of Title VI of the Civil Rights Act<sup>5</sup>?
- Require language access provisions (ex: provide timely interpretation, translation, alternate formats)?
- Require the use of only qualified/certified health care interpreters and/or ASL certified interpreters in medical settings?
- Require bilingual/multilingual program staff and contracted interpreters to meet bilingual proficiency standards if using their language skills in program delivery?
- Require that documents are developed in plain language?
- Require timely translation of documents necessary to maintain and protect the health of all communities?
- Require the use of Traditional Health Workers<sup>6</sup> in health care service delivery?
- Require programs and services to utilize or recognize culturally and linguistically appropriate services (including the incorporation of non-Western approaches to health and health care)?
- Require cultural competency training for health and service providers?
- Incentivize participation to engage under-represented groups (ex: stipends for advisory bodies)?
- Incentivize the incorporation of health equity policies and practices?
- Require the provision of services in “non-traditional” settings that increase access to those services?
- Require programs to tie health improvement policies and strategies to social determinants of health and collaborate with other state and local cross-sector entities to address those determinants of health?

## Diversity, Affirmative Action, Discrimination Protections

Is there an opportunity in the bill to:

- Increase contracting or procurement opportunities for Minority, Women and Emerging Small Businesses?
- Require data collection, reporting and establishment of metrics related to employment of under-represented populations?
- Require efforts to increase workforce diversity (recruitment and interviewing processes, retention strategies such as employee resource groups, professional development opportunities targeted to under-represented staff)?
- Incentivize or require cultural competency training for staff?
- Require enhancements to ensure accessibility to meet ADA requirements? (Facilities improvements, signage, materials in alternate formats, provisions for assistance animals)?
- Require formal and informal complaint procedures for staff and clients to address discrimination complaints<sup>7</sup>

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<sup>5</sup> <http://www.justice.gov/crt/about/cor/coord/titlevistat.php>

<sup>6</sup> Traditional Health Workers are defined as community health workers, peer wellness specialists, peer support specialists, personal health navigators and doulas.

<sup>7</sup> Adapted from “*Tool-for-Organizational-Self-Assessment-Related-to-Racial-Equity-2014.*” Coalition of Communities of Color. <http://coalitioncommunitiescolor.org/>

## HEALTH EQUITY AND INCLUSION PROGRAM STRATEGIES

***“Equity and Inclusion First”*** – *When we design and provide programs and services that improve health for people of color, people with limited English proficiency, LGBTQ communities, and people with disabilities, all communities benefit!*

Use this tool to identify opportunities to support/enhance equity, diversity and inclusion, and reduce disparate impact in programs and services. Recommended approach:

- Review the whole document.
- Identify strategies that can be incorporated quickly or with relative ease over the next 6 months.
- Then, highlight those that you would like to work towards in the 6 months to two years.
- Finally, mark those that you’d like to set as longer term goals.

### Community Engagement/Partnership

- Establish committees, councils, advisory groups or other bodies to focus on equity and/or inclusion
- Require committees, councils, advisory groups or other policy-making bodies to reflect state and/or local populations most affected by inequities (with mandated threshold or percentage requirements)
- Ensure “meaningful participation”<sup>1</sup> of communities experiencing health inequities
- Establish subcommittees of boards or decision making body focused on equity.
- Include a standing agenda item on equity and inclusion in meetings of the Board, task force or workgroup.
- Clearly define terminology to ensure representation of communities experiencing health inequities (including “consumers,” “underserved communities,” “racially, ethnically and linguistically diverse communities,” communities historically experiencing poor health outcomes,” etc.)
- More meaningfully address inequities so that the needs of members with multiple identities are addressed (ex: low income people of color, people of color who also have disabilities)
- Create program or organization accountability to communities experiencing health inequities (example: require annual or biennial reporting on data, activities, progress on goals, service delivery, timeliness of services to reduce health inequities and promote inclusion)

### Race, Ethnicity, and Language +Disability (REAL+D) Data Collection/Analysis

- Collect and report data disaggregated by race, ethnicity, language and disability (following HB2134<sup>2</sup> standards for data collection)

<sup>1</sup> “Meaningful participation” means engaging a diverse group of stakeholders who are representative of the communities that policies and programs will impact, not only in consultative roles to provide input, but also to co-plan or lead program development efforts, have access to data and resources to make informed decisions, have decision-making authority, and participate in the analysis of data and program impact efforts.

<sup>2</sup> [Oregon Administrative Rules 943-070-0000 to 943-070-0070](#)

- Collect and report data on sexual orientation, non-conforming gender
- Require training for staff on best practices for collecting data from diverse communities, including maintaining confidentiality and explaining purpose
- Include affected communities in planning, data collection methods, analysis, and dissemination, and utilize culturally appropriate processes<sup>3</sup> to do so
- Disseminate final data to affected communities

## Research and Evaluation

- Conduct health equity or other equity impact analyses on new or existing efforts
- Include diverse communities at every stage of research efforts, including planning, evaluation design, implementation, analysis, and dissemination of research results to communities affected, and utilize culturally appropriate processes to do so
- Include health equity and/or inclusion metrics or indicators in all planning, quality, intervention, and impact assessments and reports

## Funding and Capacity Building for Equity and Inclusion

- Make strategic investments in and allocate specific budget line items for health equity advancements
- Require proposers to identify service populations based on racial and/or health inequities data
- Require proposers and existing contractors to submit plans and/or modifications for increasing health equity
- Include weighted criteria and scoring for health equity and inclusion elements of Requests for Grant Proposals (RFGPs) and Requests for Proposals (RFPs)
- Require proposers to include equity performance measures, including metrics and indicators that address both internal and external performance (ex: patient satisfaction, increase in diversity of staff)?<sup>4</sup>
- Invest in cultural competency assessment and training
- Redirect or redistribute program strategies and funding towards opportunity zones and/or geographic tracts where greater health inequities exist
- Establish meaningful funding levels for health equity activities in grant awards (to eliminate “funding for failure” amounts)
- Include communities experiencing health inequities on grant or contract review panels
- Recognize and fund culturally and linguistically appropriate community practices that promote health and protect community (include both community-identified and evidence-based or promising practices)

## Health Program and Service Provision Improvements for Equity and Inclusion

- Enforce of Title VI of the Civil Rights Act<sup>5</sup> in program and grantee/contractor service delivery

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<sup>3</sup> “Culturally-appropriate processes” means tailoring processes to an individual’s or community’s culture and language preference, being respectful of and responsive to the beliefs, practices and needs of diverse stakeholders (adapted from ThinkCulturalHealth.org, guidance on CLAS standards)

<sup>4</sup> Adapted from “Multnomah County Equity and Empowerment Lens,” Multnomah County, 2014.

<sup>5</sup> <http://www.justice.gov/crt/about/cor/coord/titlevistat.php>



- Ensure language access provisions (ex: provide timely interpretation, translation, alternate formats) in the service delivery
- Use only qualified/certified health care interpreters and/or ASL certified interpreters in medical settings
- Ensure that bilingual/multilingual program staff and contracted interpreters to meet bilingual proficiency standards if using their language skills in program delivery
- Require that documents are developed in plain language
- Ensure timely translation of documents necessary to maintain and protect the health of all communities
- Utilize Traditional Health Workers<sup>6</sup> in health promotion activities and health care service delivery
- Utilize or recognize culturally and linguistically appropriate services (including the incorporation of non-Western approaches to health promotion and health care)
- Require cultural competency training for health and service providers
- Incentivize participation to engage under-represented groups (ex: stipends for advisory bodies)
- Incentivize the incorporation of health equity policies and practices
- Provide services in “non-traditional” settings that increase access to those services
- Require programs to tie health improvement policies and strategies to social determinants of health and collaborate with other state and local cross-sector entities to address those determinants of health

## **Diversity, Affirmative Action, Discrimination Protections**

- Increase contracting or procurement opportunities for Minority, Women and Emerging Small Businesses
- Require data collection, reporting and establishment of metrics related to employment of under-represented populations
- Require efforts to increase workforce diversity (recruitment and interviewing processes, retention strategies such as employee resource groups, professional development opportunities targeted to under-represented staff)
- Include individuals from under-represented communities on interview panels
- Incentivize or require cultural competency training for staff
- Require enhancements to ensure accessibility to meet ADA requirements (Facilities improvements, signage, materials in alternate formats, provisions for assistance animals)
- Require formal and informal complaint procedures for staff and clients to address discrimination complaints<sup>7</sup>

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<sup>6</sup>Traditional Health Workers are defined as community health workers, peer wellness specialists, peer support specialists, personal health navigators and doulas.

<sup>7</sup>Adapted from “*Tool-for-Organizational-Self-Assessment-Related-to-Racial-Equity-2014.*” Coalition of Communities of Color. <http://coalitioncommunitiescolor.org/>



## Oregon Health Authority Diversity Recruitment Policy

The Oregon Health Authority (OHA) values health equity and workforce diversity. While diversity is a broadly defined term that often includes “the many ways that we are different,” the purpose of this diversity recruitment policy is to specifically address disparities in employment relating to people with disabilities and people of color. This approach is substantiated by data put forth in the Lenssen/Portillo Report (April 2010) and the OHA Affirmative Action Plan (2013-2015) [hyperlink], where barriers to employment are documented and strategies to address those barriers and disparities are required.

It is the policy of the Oregon Health Authority that all recruitments for employment at OHA require a diversity recruitment plan. The plan shall focus recruitment efforts in communities and populations that are underrepresented based upon Affirmative Action and Equal Employment Opportunity (AA/EEO) data reported semi-annually by the OHA Office of Equity and Inclusion [hyperlink].

Human Resources recruiters must develop, maintain, and continually improve a list of diversity recruitment resources and work with hiring managers to develop and tailor recruitment outreach for specific job categories and disciplines.

The hiring manager must consult with the Office of Human Resources and the Office of Equity and Inclusion prior to and throughout the process to expand diversity recruitment efforts or submit justification as to why expanding efforts is not feasible. If a diverse candidate pool is not established, as defined by current AA/EEO parity data, and sufficient justification not provided, the recruitment must open again or the application deadline be extended.

### Screening and Selection

Managers with screening and hiring responsibilities and individuals screening candidates or candidate materials shall receive agency-provided training on cultural awareness and cultural considerations in selection and hiring. Specific behaviorally-based interview questions shall be developed and utilized to screen for candidate competencies in the areas of diversity, inclusion and health equity, or manager must submit justification as to why such questions are not feasible.

Employment interview panels must be as representative of the diversity of the OHA workforce and client populations served as possible and are required to have some representation of underrepresented or underserved populations. If a diverse interview panel is not established, the hiring manager must submit justification as why an employment interview panel lacks the diversity of underrepresented populations. Community members may be utilized to diversify interview panels and should also be involved in panels for job positions that serve or engage the public. Interview panelists shall receive training on avoiding implicit bias and discriminatory practices prior to beginning interviews.

## Promotions<sup>1</sup>

Succession planning, mentoring programs and job rotations shall be established to address the underrepresentation of traditionally socially disadvantaged groups in OHA promotional opportunities. Promotional opportunities shall be open and competitive within OHA. Internal candidate pools must be as representative of underrepresented employee groups as possible or hiring manager shall submit justification as to why expanding efforts is not feasible.

## Authority and Accountability

Per the OHA 2013-2015 Affirmative Action Plan it is the responsibility of the Director of the Oregon Health Authority to ensure that the agency complies with diversity and Affirmative Action goals, programs and policies. This includes ensuring that directors and managers have employee development plans that incorporate these expectations and that directors and managers are evaluated annually for their effectiveness in creating workplace conditions and results consistent with this policy and the Affirmative Action Plan.

The Oregon Health Authority Director designates the OHA Office of Human Resources in consultation with the Office of Equity and Inclusion to monitor agency compliance of the OHA Diversity Recruitment Policy.

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<sup>1</sup> Data indicate that all promotions in the Oregon Health Authority in 2012 were granted to employees who identify as “white.”

Final 10/2014

# Employee Resource Groups Policy and Procedures

## Policy Statement

It is the policy of OHA to provide a work environment free from discrimination or harassment based on religion, sex, marital status, national origin, disability, age, sexual orientation, gender identity and any other factor applicable by state or federal laws. OHA recognizes a responsibility and a strategic opportunity to proactively support workforce diversity in addition to complying with legal standards. The Oregon Health Authority (OHA) commits to supporting the growth and development of diversity through fostering the development of Employee Resource Groups. Employee Resource Groups will promote diversity and inclusion within OHA that will foster and strengthen workplace effectiveness and leadership abilities, enhance professional development and promote career growth and success within OHA. The following proposal will apply to all current OHA employees, interns and volunteers. It describes the process intended to provide general guidelines and information for employees interested in establishing Employee Resource Groups.

## Background and Purpose

Employee resource groups can be traced back to the 1970s when women and African-Americans began to be hired into management positions in significant numbers<sup>1</sup>. An Employee Resource Group<sup>2</sup> is identified as a group of employees who come together around common interests, issues and background and exists to provide support, networking and professional opportunities. Some common examples of Employee Resource Groups include people of color, Black/African-American, Latino/Latina, Native-American, Asian, women, LGBTQ communities and people with disabilities. An Employee Resource Group is a collection of current OHA employees who have consented to actively engage in communicating and gathering around a central unifying purpose and background focusing on OHA related issues. Employee Resource Groups are a vital component that connects employees with each other and their respective agencies. Therefore, an inherent aspect of the mission is to promote the welfare of

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<sup>1</sup> Friedman, Ray; Melinda Kane and Daniel Cornfield. "Social Support and Career Optimism: Examining the Effectiveness of Network Groups Among Black Managers." Human Relations, Vol. 51, No. 9, 1998.)

<sup>2</sup> Other common names include: Affinity Groups (AGs), Employee Network Groups (ENGs), and Business Resource Groups (BRGs).

employees and to establish mutually beneficial relationships between the agency’s employees.

Employee Resource Groups have multiple advantages, such as: providing employment opportunities for current employees, supporting recruitment and retention strategies, enhancing workplace productivity and innovation and increasing diversity and awareness throughout the agency. Employee Resource Groups also serve as a communication channel between employees and senior managers around work related issues and possible solutions.

### **Anticipated Benefits to the Agency and Participants**

Employee Resource Groups increasingly are the best vehicles for agencies to find, support and develop talent from staff from traditionally underrepresented groups. In addition, these groups also provide a mechanism for innovative, community-based solutions and client-agency partnerships. Helping organizations stay connected to the diverse voices and perspectives of the employees will yield positive results and creative innovations for supporting a successful workplace environment – which will in turn benefit the organization.

#### **Resource Group Uses**

Ten years ago, employee networks were loosely formed socially based organizations in which people from a similar underrepresented demographic group got together. Today, these groups usually have the word “resource” in their names because they are significant resources to their organization’s mission and goals, substantially contributing to recruitment, engagement, retention, talent development and development of supplier diversity<sup>3</sup>. In a recent survey conducted by DiversityInc, 535 participants ranked the areas in which they use their Employee Resource Groups. The chart below shows the areas where Employee Resource Groups’ contributions were described as “most important”.

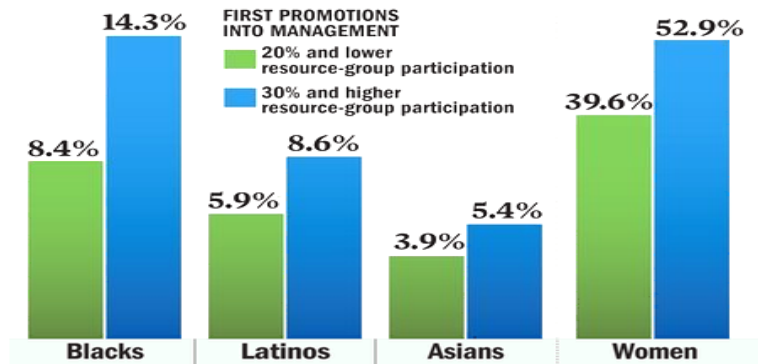
#### **Areas where Employee Resource Groups are used**



<sup>3</sup> DiversityInc Resource Groups Spring 2012

## Promotions into Management

Companies that have Employee Resource Groups recruit almost twice as many women and more than 20 percent more Blacks, Latinos and Asians as companies that do not have these Groups. In addition, DiversityInc, found that higher employee participation in Employee Resource Groups yielded more first promotions into management from underrepresented groups<sup>4</sup>.



## Employee Resource Groups Activities

Employee Resource Groups may perform the following functions:

**Mentoring/Coaching:** a growing network of unique roles to provide information, guidance and resources for job advancement, professional development, and performance improvement (including critical thinking and decision making).

- Promotes on-boarding for new employees to support recruitment and retention efforts
- Reviews current agency-wide mentoring processes, if any
- Develops a network of mentors who will provide career guidance
- Communicates effectively with hiring managers about available mentors for new hires
- Fosters and provides diversity mentoring and career development opportunities

**Career Development:** a lifelong process which includes learning and developing new skills to advance professionally.

- Promotes job-related internships, work out of class opportunities, and job rotations

<sup>4</sup> DiversityInc Resource Groups Spring 2012

- Encourages employability skills and training
- Provides and promotes literacy and language training
- Facilitates the discovery of new career opportunities
- Promotes career, technical, post secondary, vocational and degree programs
- Highlights success stories
- Enhances retention and recruitment

**Work/Life Balance:** prioritizing between work and life to help reduce stress, while improving and maintaining the productivity and creativity of individuals.

- Supports the adoption of better time management and flexible working arrangements
- Maximizes positive approaches
- Helps individuals maintain appropriate boundaries to prevent burn out
- Fosters flexible scheduling to accommodate cultural considerations

**Leadership Preparation:** a process by which an individual collaborates with, and supports others, to accomplish the agency mission, leadership development and succession planning.

- Educates leaders regarding diversity/cultural norms and values
- Educates leaders to strengthen diversity and cultural communication skills
- Supports diversity and cultural awareness training for agency leaders and employees

**Conflict Resolution:** a range of methods that foster collaboration, negotiation, mediation and resolution between Employee Resource Group members.

- Develops diversity/cultural training, addressing dynamics of conflict and the application of negotiation skills
- Enhances collaboration and discussion centering on the analysis of conflict
- Provides guest speakers, who can discuss experiences, perspectives and outcomes

**Diversity Development:** works with individuals to advance knowledge of best practices concerning diverse cultures and ensures implementation in the workplace.

- Supports and promotes completion of internal employee surveys that assess employee satisfaction regarding the work culture, climate and diversity-related issues
- Fosters the appreciation for diverse communication style, multiple perspectives and culturally competent performance management
- Promotes an environment of inclusion through planning and celebration of diversity awareness events

**Community Engagement and Diversity Recruitment:** encourages collaboration with diverse communities and maximizes every effort to attract, hire and retain qualified diverse individuals.

- Becomes an integral part of the referral system for diverse candidates
- Develops ambassadors from the agency to diverse communities
- Provides people-power at career fairs and other networking and recruitment events
- Organizes OHA presence at community events (i.e. Pride Parade, MLK Day of Service)

### **Structure and Operation**

Employee Resource Groups are recognized by OHA as a vital component in diversity development and inclusion. OHA recognizes that Employee Resource Groups are committees within their respective agencies; however, if an Employee Resource Group shows that it can represent both departments' interests and choose to operate as such, it may be considered as a "shared" resource.

Each Employee Resource Groups is responsible for:

Managing how it will be organized, which may include how formal or informal the group may be;

Selecting leadership and recruiting membership that is inclusive;

Determining meetings and activities including frequency, location, purpose and content of meetings;

Developing and maintaining group contacts, email and mailing lists;

Facilitating communication among members.

Employee Resource Groups may not enroll individuals to its membership who are not current employees, interns or volunteers of OHA. Employee Resource Groups must be governed by current employees. Employee Resource Groups must welcome any employees who support the mission of the group. Employee Resource Groups events may be open to individuals who are not affiliated with OHA .

Employee Resource Groups must be:

Organized for nonprofit;

Operated exclusively for professional and other work related purposes;

Created for the purpose of organizing and uniting employees, and addressing organizational issues identified by the group.

## **Forming Employee Resource Groups<sup>5</sup>**

When an individual or group of employees is interested in forming an Employee Resource Group, notice shall be given to OHA's Office of Equity and Inclusion (OEI). A proposal must be submitted to the office using the Employee Resource Group Application.

Best Practices that have proven results:

- ❖ Each group has an executive sponsor, preferably cross-cultural
- ❖ Each group has a formal charter, which establishes its relevance to the business
- ❖ The company funds the group and allows it to meet during the workday
- ❖ The group's leaders meet regularly with the CEO and senior leadership, and, increasingly, are members of the executive diversity council
- ❖ The groups are used as sources of mentors and mentees
- ❖ The groups are used as focus groups for community research and to meet with key clients/prospects

### Starting at the top

While Employee Resource Groups are initiated by employees, it is advantageous to gain senior management support to ensure credibility and sustainability. To that end, Employee Resource Groups must gain and maintain support from at least one senior manager at a senior leadership level. At launch, interested employees shall reach out to top senior managers such as policy makers, executive leadership, administrators, managers, supervisors and other decision makers to gain support. Many companies utilize direct or indirect strategies for gaining senior management support. For example, a Multnomah County employee sought sponsorship from the Multnomah County Office of Diversity and Equity to start an employee resource group to support and provide opportunities for all immigrant and refugee employees at Multnomah County. The Office of Diversity and Equity then gained senior management support to start an Immigrant and Refugee Employee Resource Group.

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<sup>5</sup> Other entities with existing ERGs include: AT&T, Microsoft, Allstate, McDonald's, Boeing, Visa, Pacific Gas & Electric Company, Nike, Intel, Macy's, Ford Motor Company, General Electric, Johnson and Johnson, Nationwide, Wells Fargo, City of Portland.



Critical elements necessary for gaining support from senior management include:

- Identifying and articulating the need for the Employee Resource Group;
- Developing a mission statement that aligns with the agency mission;
- Drafting a plan to accomplish goals;
- Establishing Employee Resource Group leadership; and
- Communicating the Employee Resource Group's purpose, goals and objectives with employees and senior management.

#### Facilitating involvement and collaboration

Employee Resource Groups founders must create a charter (see Best Practices and Examples on page 14) and work with employees to develop outreach strategies to generate interest for joining Employee Resource Groups. Examples of getting employees involved may include developing materials to introduce Employee Resource Groups and advertising Employee Resource Groups through newsletters, emails, OHA Intranet site, flyer, weekly/monthly huddles/meetings and advertising on interoffice note boards. Establishing Employee Resource Groups shall entail networking and collaborating with internal and external Employee Resource Groups already in place.

The structure, locations of, and meeting schedules may vary; however, establishing a routine schedule can be helpful to maintaining group membership. The frequency of these meetings must be decided by members, as well as day, time and location. Employee Resource Groups must ensure locations are accessible for people with disabilities. OHA may provide Employee Resource Groups with general meeting spaces at various locations. **The agency shall allow employees up to three hours per month of work time to attend Employee Resource Group activities.** If an Employee Resource Group member requires additional time, this shall be discussed with the manager, following standard procedure and criteria for requesting leave time. Members shall serve on the Employee Resource Group for two years.

The Employee Resource Group shall create rules, policies and processes to define its leadership. For example, rules may include that leaders make the final decisions. Governing principles must be decided by Employee Resource Group members to create a solid structure. The Employee Resource Groups shall also create specific roles for members. Members' roles must list titles and specific duties. For example, a member's title may be "secretary". The role of the secretary may include updating contact

information, keeping members informed and taking meeting notes. These roles and duties must be decided by Employee Resource Group members.

It is the policy of the State of Oregon to create and maintain a work environment that is respectful, professional and free from inappropriate workplace behavior<sup>6</sup>.

State law prohibits public employees from engaging in political activity while on the job during working hours<sup>7</sup>. As a result, an Employee Resource Group designed around political activity, including, but not limited to, the topic of political candidacy or political measures (whether for or against) will not be approved. In addition, no Employee Resource Group may engage in political activity, including but not limited to seeking to advance a political position or candidate, or to convince other employees to adopt or adhere to a particular political position or viewpoint. Lastly, State and federal law prohibits government from the establishment of religion<sup>8</sup>. Governments must pursue a course of neutrality, favoring neither one religion over another nor religion generally to non-religion. As a result, no Employee Resource Group may be organized for the purpose of advancing or opposing any religion or religious viewpoint nor may Employee Resource Groups engage in religious or worship activity.

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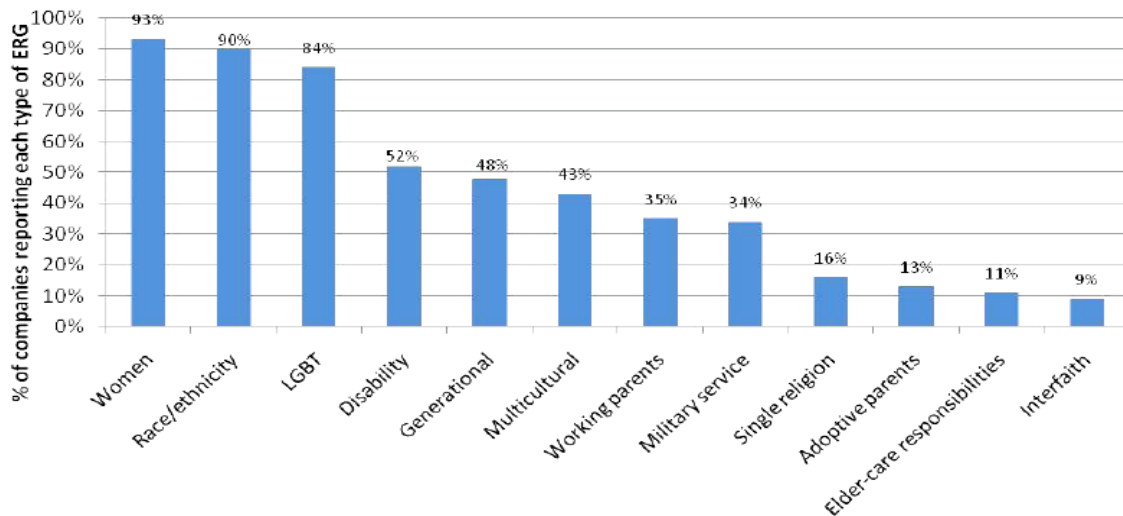
<sup>6</sup> Oregon Department of Administrative Services, Maintaining a Professional Workplace policy, 50.010.03.

<sup>7</sup> Oregon Revised Statutes 260.432(2): Solicitation of public employees: activities of public employees during work hours.

<sup>8</sup> US Constitution, First Amendment—Establishment Clause.

## The array of Employee Resource Groups

Many organizations are experiencing a resurgence of enthusiasm for Employee Resource Groups—both for those organized around traditional affinities such as race and gender and for newer groups that are intentionally inclusive, such as multicultural and multigenerational groups. The table below lists the focus areas of groups in surveyed organizations<sup>9</sup>.



### Naming the group

The name of the Employee Resource Group shall reflect the group's mission and values. The decision for naming the Employee Resource Group must include name recommendations from prospective Employee Resource Group members and shall clearly communicate the identity of the Employee Resource Group. Examples include: 1) the disABILITY Network Alliance at Bristol-Myers Squibb works to enhance a culture of inclusion for the disability community by leveraging each employee's unique abilities, raising awareness, valuing differences, removing barriers and encouraging a workplace built on dignity, trust and respect; 2) Lucent's EQUAL! (lesbian, gay, bisexual and transgendered) Group gives LGBT employees a network of people for career advancement by creating a more equitable and safe work environment for LGBT employees and supporting the professional development of LGBT employees; 3) Advocates For Achievement (AFA) at St. Paul Public Schools is a resource group that focuses on the needs and development of staff and communities of African-descent; 4) Connected Women (CW) at Cisco Systems empowers the professional growth of female employees by offering networking, mentoring, and career development resources; and 5) Multnomah County's Veterans Employee Resource Group (VERG) brings the concerns of veteran employees to county leadership and first-line supervisors.

<sup>9</sup> ERGs Come of Age: The Evolution of Employee Resource Groups—Mercer LLC January 2011.

## Setting mission and goals

The mission and goals of the Employee Resource Group must align with the mission and goals of the agency. The mission must define the purpose for which the group will be established and the goals must clearly state specific objectives and timelines. The following questions shall be addressed when setting the mission and goals:

What are the core values of the group and how do they align with OHA's values?

For what purpose does this group exist?

How is this group different from other groups in the agency?

What steps need to be taken to achieve the group's mission?

What are the short and long term goals?

Who will take the lead in the implementation of each goal?

What are reasonable and achievable timelines?

## Creating credibility, momentum and longevity

Employee Resource Groups processes are intended to develop ideas and interests to foster participation and enhance attendance. For example, setting a goal to establish mentorship for the purpose of career development and networking may significantly improve productivity and job retention in the agency and hence ongoing interest in the mission and goals of the Employee Resource Group. Brainstorming ideas is a technique that can help build employee investment in resource group goals, activities and outcomes. Having and ultimately adhering to the mission and goals of the group helps to build and maintain credibility and ongoing support from employee members and senior management.

## Overcoming challenges

If any Employee Resource Group is faced with challenges, the Group shall identify the root causes and then take steps to reduce or mitigate the challenges. Ways to address challenges include:

Identifying the challenge;

Analyzing the cause;

Exploring solutions;  
Determining whether it is necessary to address the challenge;  
Taking actions/steps to overcome the challenge; and  
Considering the necessary steps to avoid similar challenges.

### Measuring success

Employee Resource Groups like any other group must be able to measure success. To measure success, Employee Resource Groups shall establish goals and benchmarks. These goals and benchmarks may be recorded in the form of a strategic (or annual) plan which will ultimately demonstrate how the group has done and what it has delivered. The group's goals and benchmarking criteria shall be easily understood, support the mission and be measurable. Additionally, success can be monitored in part by success stories and positive written feedback. This report shall be submitted to the EEO/AA and Diversity Development Manager for review on an annual basis.

### OEI Support for Employee Resource Groups:

1. OEI may provide consultation and recommendations to any agency-sanctioned Employee Resource Group seeking such assistance.
2. OEI may provide consultation and recommendations to individuals seeking to start an Employee Resource Group.
3. OEI may provide or recommend consultation and mediation to Employee Resource Groups experiencing operational challenges.
4. As available, OEI may provide limited seed funding to support Employee Resource Group activities.
5. As available, OEI may facilitate connections with similar Employee Resource Groups in other entities to support Employee Resource Group success.
6. As available, OEI may connect interested Employee Resource Group founders with interested senior leadership.

### **Approval Process and Agency Support**

The Office of Equity and Inclusion serves as both a resource and clearinghouse for Employee Resource Groups in OHA.

Proposals for Oregon Health Authority Employee Resource Groups shall be sent to:

**Oregon Health Authority**  
Office of Equity and Inclusion  
Diversity Development Unit  
421 SW Oak St, Suite 750  
Portland, Oregon 97204

Once the Employee Resource Group proposal is submitted to the Office of Equity and Inclusion for OHA, a representative from the office will review documents.

Approval will be based on:

Mission, purpose, and core values statements in relationship to the agency mission and values;

A statement of commitment from the Employee Resource Group to coordinate with the agency's efforts to promote diversity issues including, but not limited to, serving on the agency's Diversity Leadership Committee; and

Goals and objectives for the first year.

Once a decision is reached and if the proposal is accepted:

A letter of notification or email shall be sent to the prospective Employee Resource Group;

The letter will be accompanied with any additional feedback, comments and further instructions;

The Employee Resource Group name shall be recognized as an active Employee Resource Group of the agency.

If the proposal is not accepted a letter shall be sent with an explanation and recommendations for future action.

### Annual Review of Employee Resource Groups

Annual review of all Employee Resource Groups shall be conducted to ensure that the goals and objectives continue to contribute to the department's mission, core values, and organizational outcomes. Recertification must be obtained from OEI by submitting an Annual Report by June 15<sup>th</sup>. The EEO/AA and Diversity Development Manager for the office shall review the annual report and make recertification decisions. Each group shall be notified via email of approval for recertification or any deficiencies that preclude recertification by June 30<sup>th</sup> of each year. Deficiencies need to be addressed by

August 1st and presented to the Administrator for OEI, or designee, for final approval in the recertification process. Any Employee Resource Group that fails the recertification process will be welcome to complete a new charter application for the next fiscal year. If you have any questions or concerns please contact the Office of Equity and Inclusion.

### Discontinuing Employee Resource Groups

The Group's leadership and agency may discontinue an Employee Resource Group by providing, in writing, the reason(s) for ending the group's activities. Once the receiving party has reviewed the letter, it may accept the decision (by issuing a statement of acceptance) or request a meeting to allow for a more comprehensive discussion before accepting the letter.

Reasons for discontinuation may include, but are not limited to:

- Discrimination or exclusion of interested members
- Inability to demonstrate sufficient achievement of Employee Resource Group goals
- Inability/unwillingness to comply with Employee Resource Group policy and procedures
- Inability/unwillingness to comply with OHA policy



## Samples of Employee Resource Group Charters<sup>10</sup>

### Employee Resource Group Charter Best Practices

- ❖ Specific and clearly stated vision and/or mission statements
- ❖ Statements on how the mission will be accomplished
- ❖ Can be short-term or long-term but must be realistic and attainable
- ❖ Business-plan objectives should be detailed, revised yearly and evaluated at regular intervals
- ❖ Goals/strategies should be prioritized

<b>COMPANY A</b>	<b>COMPANY B</b>
<p><b>Key Business-Plan Objectives From Women’s Group</b></p> <ul style="list-style-type: none"> <li>➤ <b>MEMBERSHIP AND ENGAGEMENT</b> Recruit and retain members; measure and reward active participation in women’s ERG to drive engagement of members</li> <li>➤ <b>LEARNING AND DEVELOPMENT</b> Develop and execute a series of events that are individually determined based on member-survey interest</li> <li>➤ <b>STRATEGIC EVENTS</b> Develop and execute larger, repeatable events on a quarterly, biannual or annual basis that are tied to our theme</li> <li>➤ <b>COMMUNICATIONS</b> Develop and lead all communications for our ERGs—website, newsletter, strategic messaging for all events, programs, etc. Ensure the language and positioning is in alignment with executive-committee direction</li> <li>➤ <b>FIELD CHAPTERS</b> Gain efficiencies and consistency of activation in chapters to support women’s mission by extending recommended national programming and providing turnkey “event in a box” local events</li> <li>➤ <b>CORPORATE REPUTATION</b> Ensure the company’s external relationships are leveraged to further our work to recruit and develop women; increase awareness of the company as a great place for women to work</li> <li>➤ <b>STRATEGIC IT</b> Update women’s ERG shared site and ensure full access by all members. Provide global IT support to committees and board as needed to support programming</li> <li>➤ <b>FINANCE</b> Provide financial leadership, including assistance, accountability and stewardship, in support of women’s ERG and its committees</li> <li>➤ <b>WORKPLACE INSIGHTS</b> Leverage insights from members about workplace issues and pursue opportunities to grow business and improve employee engagement</li> </ul>	<p><b>Latino Resource-Group Charter</b></p> <p><b>Purpose:</b> We support the personal and career development of non-hourly Latino employees. Our key stakeholders are business units/company management</p> <p><b>STRATEGIC PRIORITY 1</b>  <b>Develop and advance Latino talent</b></p> <p>SPECIFIC GOALS/OBJECTIVES</p> <ul style="list-style-type: none"> <li>➤ Deliver relevant programs for Salary Grade # __ and below through the __ self-development model of mentoring, training, career planning, networking</li> </ul> <hr/> <p><b>STRATEGIC PRIORITY 2</b>  <b>Foster a sense of community and inclusion within company’s Latino talent</b></p> <p>SPECIFIC GOALS/OBJECTIVES</p> <ul style="list-style-type: none"> <li>➤ Develop major events (Hispanic Heritage Month, Delicious Difference Week)</li> <li>➤ Work collaboratively across teams internally and externally: Latino teams (sites, operations, sales); company business line diversity councils; external Latino groups</li> <li>➤ Increase communication across sites—leadership teams; use website and other tools to add presence</li> </ul> <hr/> <p><b>STRATEGIC PRIORITY 3</b>  <b>Support company business strategy and the company’s Latino consumer initiatives</b></p> <p>SPECIFIC GOALS/OBJECTIVES</p> <ul style="list-style-type: none"> <li>➤ Help the business units understand the Latino consumer</li> <li>➤ Proactively reach out to management teams with insights</li> </ul>

<sup>10</sup>DiversityInc Resource Groups Spring 2012



## Oregon Health Authority Supplier Diversity Policy

The Oregon Health Authority values health equity, workforce diversity and creating an environment that supports the economic development of Oregon's Minority Business Enterprise, Women Business Enterprise and Emerging Small Business firms. Governor Kitzhaber's Executive Order 12-03 promotes diversity and inclusion opportunities for Oregon Minority-Owned, Women-Owned and Emerging Small Businesses (MWESB), requiring the implementation of initiatives to improve entrepreneurial opportunities for certified business enterprises, prevent race and sex based discrimination and foster an inclusive business environment. The Oregon Health Authority has a commitment to ensure that MWESBs are provided equitable opportunity to participate in the performance of contracts financed with state funds.

The goal of this policy is to increase opportunities for Oregon minority, women and emerging small business programs and to promote a business climate where inclusive and transparent practices are recognized as a core value.

The Oregon Health Authority shall adhere to the Statewide MWESB Procurement policy #107-009-030-PO related to Notice, Inclusive Competition, Sole-Source, Evaluation Selection and other procurement processes.

### Quotes, Bids or Proposals

Each Oregon Health Authority program shall take steps to ensure the participation of MWESB certified firms. Program Managers or designee shall consult with staff from the Office of Contracts and Procurement (OC&P) to determine the most appropriate buy decision hierarchy and to adhere to existing law.

### Outreach Efforts

Unless otherwise prohibited by law or a specific procurement process, the Oregon Health Authority shall include MWESB Participation language (link to be inserted) in its solicitation documents.

To measure the progress of the Oregon Health Authority's MWESB outreach and contracting efforts, OC&P in consultation with the Office of Equity and Inclusion shall survey each program area annually to assess outreach and selection procedures in the awarding of contracts and identify any barriers to entry for minority, women, and emerging small businesses. Any identified barriers shall be addressed in a prompt and timely manner and recommendations shall be made for further training, technical assistance, or other support.

The Office of Contracts and Procurement shall collaborate with the Office of Equity and Inclusion to coordinate training for eligible business owners on the benefits of MWESB certification on an annual basis, at minimum.

### Authority

Oregon Revised Statutes (ORS) 279A.100 and 279B.070; Oregon Administrative Rules (OAR 125-246-0200); DAS Statewide Policy 107-009-030-PO. And Oregon MWESB certified firms, as defined in ORS 200.005.

### Accountability

The Oregon Health Authority Director designates the Office of Contracts and Procurement in consultation with the Office of Equity and Inclusion to monitor agency compliance of the Oregon Health Authority Supplier Diversity Policy.

### Reference

#### **279A.100 Affirmative action; limited competition permitted.**

(1) As used in this section:

(a) “Affirmative action” means a program designed to ensure equal opportunity in employment and business for persons otherwise disadvantaged by reason of race, color, religion, sex, national origin, age or physical or mental disability or a policy to give a preference in awarding public contracts to disabled veterans.

(b) “Disabled veteran” has the meaning given that term in ORS 408.225.

(2) The provisions of the Public Contracting Code may not be construed to prohibit a contracting agency from engaging in public contracting practices designed to promote affirmative action goals, policies or programs for disadvantaged or minority groups or to give a preference in awarding public contracts to disabled veterans.

(3) In carrying out an affirmative action goal, policy or program, a contracting agency by appropriate ordinance, resolution or rule may limit competition for a public contract for goods and services, or for any other public contract estimated to cost \$50,000 or less, to contracting entities owned or controlled by persons described in subsection (1) of this section. [2003 c.794 §13; 2009 c.235 §1]

#### **279B.070 Intermediate procurements.**

(1) Any procurement of goods or services exceeding \$5,000 but not exceeding \$150,000 may be awarded in accordance with intermediate procurement procedures. A contract awarded under this section may be amended to exceed \$150,000 only in accordance with rules adopted under ORS 279A.065.

(2) A procurement may not be artificially divided or fragmented so as to constitute an intermediate procurement under this section.

(3) When conducting an intermediate procurement, a contracting agency shall seek at least three informally solicited competitive price quotes or competitive proposals from prospective contractors. The contracting agency shall keep a written record of the sources of the quotes or proposals received. If three quotes or proposals are not reasonably available, fewer will suffice, but the contracting agency shall make a written record of the effort made to obtain the quotes or proposals.

(4) If a contract is awarded, the contracting agency shall award the contract to the offer or whose quote or proposal will best serve the interests of the contracting agency, taking into account price as well as considerations including, but not limited to, experience, expertise, product

functionality, suitability for a particular purpose and contractor responsibility under ORS 279B.110. [2003 c.794 §54]

### **200.005 Definitions for ORS 200.005**

- (1) “Disadvantaged business enterprise” means a small business concern:
  - (a) That is at least 51 percent owned by one or more socially and economically disadvantaged individuals; or
  - (b) For which, in the case of a corporation, at least 51 percent of the stock is owned by one or more socially and economically disadvantaged individuals, and of which the management and daily business operations are controlled by one or more of the socially and economically disadvantaged individuals who own it.
- (2) “Economically disadvantaged individual” means a socially disadvantaged individual whose ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to other individuals in the same business area who are not socially disadvantaged individuals.
- (3) “Emerging small business” means an independent business:
  - (a) With its principal place of business located in this state;
  - (b) That qualifies as a tier one firm or a tier two firm;
  - (c) That is properly licensed and legally registered in this state; and
  - (d) That is not a subsidiary or parent company belonging to a group of firms that are owned or controlled by the same individuals if, in the aggregate, the group of firms does not qualify as a tier one firm or a tier two firm.
- (4) “Minority individual” means a person who is a citizen or lawful permanent resident of the United States, who is:
  - (a) Black, having origins in any of the black racial groups of Africa;
  - (b) Hispanic, having Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race;
  - (c) Asian American, having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands;
  - (d) Portuguese, having Portuguese, Brazilian or other Portuguese culture or origin, regardless of race;
  - (e) American Indian or Alaska Native, having origins in any of the original peoples of North America; or
  - (f) A member of another group, or another individual who is socially and economically disadvantaged as determined by the Advocate for Minority, Women and Emerging Small Business.
- (5) “Minority or women business enterprise” means a small business concern:
  - (a) That is at least 51 percent owned by one or more minority individuals or women; or
  - (b) For which, in the case of a corporation, at least 51 percent of the stock is owned by one or more individuals who are minority individuals or women, and of which the management and daily business operations are controlled by one or more of the minority individuals or women who own it.
- (6) “Responsible bidder” means a bidder who, as determined by the Advocate for Minority, Women and Emerging Small Business, has undertaken both a policy and practice of actively pursuing participation by minority or women business enterprises in all bids, both public and private, submitted by the bidder.

- (7) “Small business concern” means a small business as defined by the United States Small Business Administration in 13 C.F.R. part 121 and in effect on January 1, 2006.
- (8) “Socially disadvantaged individual” means an individual who has been subjected to racial or ethnic prejudice or cultural bias, without regard to individual qualities, because of the individual’s identity as a member of a group.
- (9) “Tier one firm” means a business that employs fewer than 20 full-time equivalent employees and has average annual gross receipts for the last three years that do not exceed \$1.5 million for a business performing construction, as defined in ORS 446.310, or \$600,000 for a business not performing construction.
- (10) “Tier two firm” means a business that employs fewer than 30 full-time equivalent employees and has average annual gross receipts for the last three years that do not exceed \$3 million for a business performing construction, as defined in ORS 446.310, or \$1 million for a business not performing construction.
- (11) “Woman” means a person of the female sex who is a citizen or lawful permanent resident of the United States. [1987 c.893 §2; 1989 c.1043 §1; 1991 c.517 §9; 2001 c.104 §71; 2003 c.794 §213; 2005 c.22 §§150,151; 2005 c.683 §§4,5]

# Discrimination and Harassment Complaint Procedure

## Policy Statement

The State of Oregon is committed to a discrimination and harassment free work environment per DAS Policy 50.010.01. The following procedures apply to all employees, interns and volunteers of the Oregon Health Authority (OHA) and the Department of Human Services (DHS) and extend to contractor/vendor and employee interactions, and job candidates. Failure to comply with policy and procedure may result in disciplinary action up to and including dismissal from state service.

## Intake

Complaints must be brought to the attention of the Office of Equity and Inclusion (OEI) for OHA, the Office of Equity and Multicultural Services (OEMS) for DHS, any OHA or DHS supervisor or manager, or the Office of Human Resources. If it is determined that a complaint alleges discrimination or harassment on the basis of race, color, religion, sex, marital status, national origin, disability, age, sexual orientation, gender identity, or any other factor applicable by state or federal law, the Office of Equity and Inclusion (OEI) is in charge of processing the complaint for OHA and the Office of Equity and Multicultural Services (OEMS) is in charge of processing the complaint for DHS.

If the individual reporting the complaint (complainant) has not completed the *Equal Employment Opportunity Discrimination/Harassment Complaint Form*, the complainant must be advised of this form or avenues available to file a complaint. The submission of this form to any of the parties named above constitutes a formal complaint of discrimination and harassment to OHA or DHS and must be processed per the guidelines set forth in this procedure. **Managers and supervisors are held to a higher standard and must report all allegations of discrimination, harassment or retaliation.**

An investigation may proceed without submission of the *Equal Employment Opportunity Discrimination/Harassment Complaint Form* in some circumstances.

Complaints not initially received by OEI or OEMS must be referred to one of these offices. The Directors of OHA and DHS delegate the investigation of complaints on the basis of race, color, religion, sex, marital status, national origin, disability, age, sexual orientation, gender identity, or any other factor applicable by state or federal law to:

Oregon Health Authority  
Office of Equity and Inclusion  
421 SW Oak Street, suite 750  
Portland, OR 97204  
(971) 673-1284  
OHA.InternalCivilRights@dhsaha.state.or.us

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or:

Department of Human Services  
Office of Equity and Multicultural Services  
500 Summer Street NE, E-15  
Salem, OR 97301-1066  
(503) 945-7842

## Investigation

The jurisdiction of investigation under this procedure includes discrimination or harassment on the basis of race, color, religion, sex, marital status, national origin, disability, age, sexual orientation, gender identity, or any other factors related to protected class applicable by state or federal law. **A complaint that does not claim such bases should be referred to the appropriate supervisor or manager, or to the Office of Human Resources.**

Investigations will be conducted by the Office of Equity and Inclusion for OHA or the Office of Equity and Multicultural Services for DHS. Investigators in these offices are charged to conduct lawful, timely and neutral fact finding related to complaints brought forth under this procedure. Investigators will have full and ready access to all files and documentation to include but not be limited to personnel files, data bases and supervisor/manager files relevant to the complaint. If for any reason the investigator determines that the complaint does not meet the jurisdiction of investigation, the investigator will refer the issue to the appropriate OHA or DHS manager or supervisor, or to the Office of Human Resources.

Upon receipt of the complaint it will be reviewed and an investigation plan will be developed. The complainant and respondent will be notified regarding the intent to investigate. An investigation typically entails interviews with the complainant, respondent and witnesses, and document collection and review. Signed, written statements may also be collected. Clarification will be sought with appropriate parties on any unresolved matters.

The investigation will culminate in a report with supporting evidence or with a letter of finding.

## Informal Resolution or Mediation

In an attempt to informally resolve the concern, the complainant may request a meeting with the individual alleged to have committed the discriminatory act (the respondent).

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## Communication and Reporting

The complainant will be notified first of the intent to investigate the complaint. The respondent will then be notified and provided a summary of the allegations. The supervisor or manager will be involved to the extent necessary. The Director's Office will also be notified that an investigation is underway. Confidentiality will be maintained to the extent that the investigation allows. Information shared will be for the purpose of conducting thorough fact finding. A respondent has the right to know the scope of the complaint in order to have the opportunity to respond to the allegations.

The investigation report will include the allegations, the facts determined in the investigation and findings (whether or not the allegations were substantiated by a preponderance of evidence). A letter of finding may be used in less extensive investigations, for example in cases where only a review of documentation is warranted. The investigator may also generate for the Director or designee recommendations for resolving the issue to accompany the investigation report or letter of finding.

## Reconsideration Process

The complainant or respondent may request that a finding be reconsidered if there is a discovery of new information unknown during the time of the investigation. A *Reconsideration Form* must be filed with the OHA Director's Office or the DHS Director's Office within 20 working days of the date that the investigative report or letter of finding was issued. The Director's Office will then determine whether to reopen the investigation or not based upon the information provided in the Reconsideration Form.

For OHA Reconsiderations are to be submitted to:

Director's Office  
Oregon Health Authority  
500 Summer St. NE  
Salem, OR 97301-1097

For DHS Reconsiderations are to be submitted to:

Director's Office  
Oregon Department of Human Services  
500 Summer St. NE  
Salem, OR 97301-1097

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## **Implementation of Recommendations or Corrective Action**

The Director or designee is responsible for final action. The Director or designee may assign responsibility to an appropriate administrator, manager or supervisor.

Nothing in this procedure prevents any person from filing a formal grievance in accordance with a collective bargaining agreement, with the Bureau of Labor and Industries, with the Equal Employment Opportunity Commission, or from seeking private legal counsel.

## **Timelines**

Complaints should be filed as soon as possible and preferably within 30 days of the most recent incident; however, complainants do have up to 180 days to file a complaint. In extraordinary circumstances the 180 day limit may be waived, upon the approval of the OHA Diversity, Inclusion and Civil Rights Executive Manager or the DHS Office of Equity and Multicultural Services Director.

Notification to complainant regarding jurisdiction of investigation will be within five working days.

Notification to respondent will be within seven working days.

The investigation should be completed in 60 working days, but can be waived in extraordinary circumstances, upon approval of the OHA Diversity, Inclusion and Civil Rights Executive Manager or the DHS Office of Equity and Multicultural Services Director and with notification to the complainant and respondent.

A reconsideration request to the Director's Office must be submitted within 20 working days of the date that the investigative report or letter of finding was issued.

## **No Retaliation**

Retaliation against any individual who files a complaint, reports inappropriate behavior or participates in an investigation via this procedure is prohibited. Investigation of such complaints would follow the process put forth in this procedure. Any employee found to have engaged in retaliatory action or behavior will be subject to discipline, up to and including dismissal from state service.

## **Definition of Terms**

Complainant:

Individual or individuals filing a complaint and/or the individual or individuals allegedly subjected to workplace harassment or discrimination.

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#### Disabilities:

People with disabilities are persons with a physical, mental, or sensory impairment which substantially limits one or more major life activities. An individual is disabled if he or she meets at least one of the following tests: (i) he or she is substantially impaired with respect to a major life activity; or (ii) he or she has a record of such impairment, or (iii) he or she is regarded as having such impairment.

#### Discrimination:

The process of making a distinction in favor of, or against, a person or persons on the basis of protected class rather than on individual merit. If protected class is taken into account when making a decision regarding an employee, except when it is a bona fide occupational qualification or is otherwise authorized by law, or if a person is harassed based upon protected class, that person has been subjected to discrimination. Employment decisions related to hiring, firing, transferring, promoting, demoting, benefits, compensation, or other terms or conditions of employment that are made because of an employee's protected class are discriminatory.

#### Gender Identity:

A person's actual or perceived gender identity, regardless of whether the individual's gender identity, appearance, expression or behavior differs from that traditionally associated with the individual's sex at birth.

#### Harassment:

Unwelcome, unwanted or offensive conduct based on or because of a person's protected class. Harassing behavior has the purpose or effect of unreasonably interfering with an individual's work performance or creating a hostile work environment.

#### Protected Class:

In addition to those classes listed above, protected class includes pregnancy and pregnancy related conditions; use of federal Family Medical Leave (FMLA) and Oregon Family Leave (OFLA); injured worker status; use of Military Leave; an individual who associates with members of a protected class; an individual who opposes unlawful employment practices, files a complaint, or testifies about violations or possible violations; family relationship; whistleblower; expunged juvenile record; use of Crime Victim leave or Domestic Violence leave.

#### Respondent:

Individual or individuals accused of a violation of policy.

#### Sexual Harassment:

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A form of sex discrimination involving inappropriate introduction into the workplace of sexual activities or comments that demean or otherwise diminish one's self worth on the basis of gender. Sexual harassment includes unwelcome, unwanted, or offensive sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:

1. Submission to such conduct is made either explicitly or implicitly a term or condition of the individual's employment, or is used as a basis for any employment decision, e.g. granting leave requests, promotion, favorable performance appraisal, etc.; or
2. Such conduct is unwelcome, unwanted or offensive and has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment.

Examples of sexual harassment include but are not limited to: unwelcome, unwanted, or offensive touching or physical contact of a sexual nature, such as, closeness, impeding or blocking movement, assaulting or pinching; gestures; innuendoes; teasing, jokes, and other sexual talk; intimate inquiries; persistent unwanted courting; sexist put-downs or insults; epithets; slurs; or derogatory comments.

Sexual harassment often involves relationships of unequal power.

Sexual Orientation:

An individual's actual or perceived heterosexuality, homosexuality, bisexuality or other sexual identity.

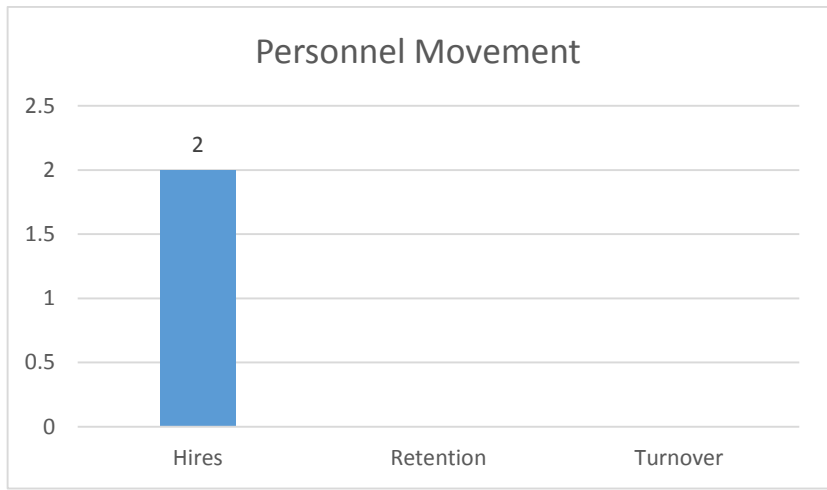
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## Monthly Personnel Dashboard – Equity and Inclusion May 2016

The Office of Human Resources provides proactive, comprehensive human resource services that supports the agency in achieving its mission and goals. This is a personnel dashboard that is a monthly snapshot of OHA’s personnel. This document can be used to develop workforce strategies, initiatives and data informed human capital decisions. We are committed to assisting the agency in moving towards building and maintaining a diverse and healthy workforce to carry out our vision of a Healthy Oregon.

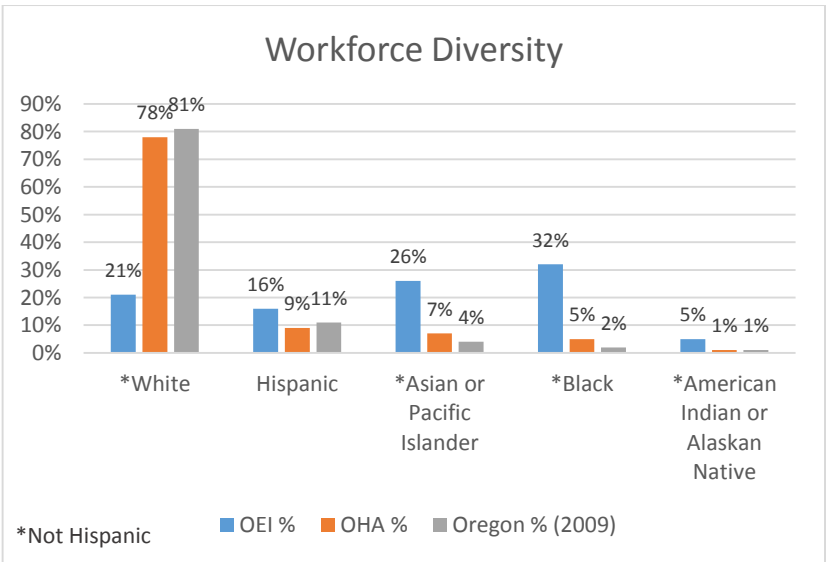
**HR Service Delivery Team:**  
 HRBP: Buffy Rider  
 LMC: Cecil Owens  
 WRC: Multiple Assigned  
 Class. Analyst: Leslie Seely  
 P&R Mgr: Angela Young

**Hires:**  
 New Hires: 1  
 Other Hires: 1  
**Retention:**  
 Transfers: 0  
 Promotions: 0  
**Turnover:**  
 Resignations: 0  
 Dismissals: 0  
 Transfer Out: 0  
 Retirements: 0  
 Other Separations: 0



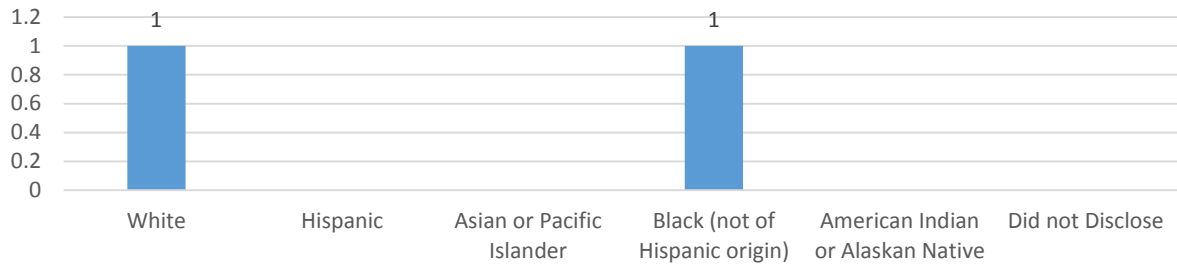
**Did you know?**  
*Current # of employees:*  
 OEI: 19 (<1%)  
 OHA: 4,707  
*Avg. Age of workforce:*  
 OEI: 45.70  
 OHA: 45.24  
*Disclosed Disabilities:* 1

**Management to Staff Ratio:**  
 OEI: 6.67:1  
 OHA: 10.53:1  
 Target: 11:1

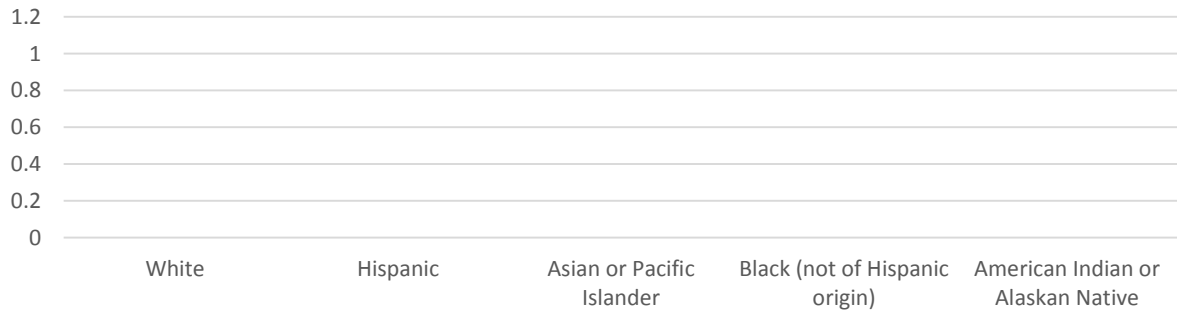


**Eligible to retire this year: 0%**      **Eligible to retire by 2020: 0%**

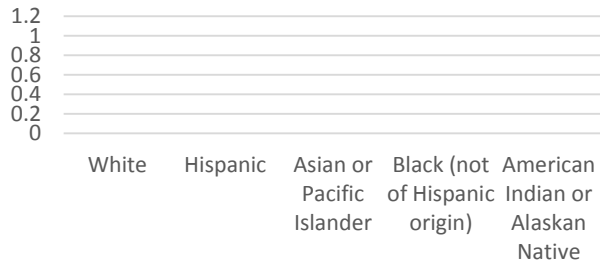
## Diversity of Hires



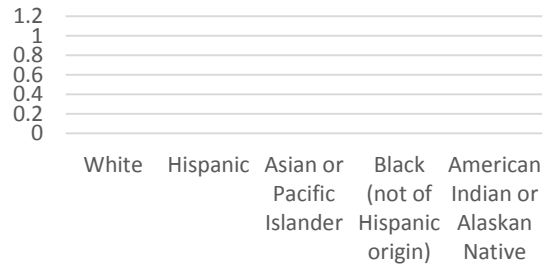
## Diversity of Retention (Promotions & Transfers)



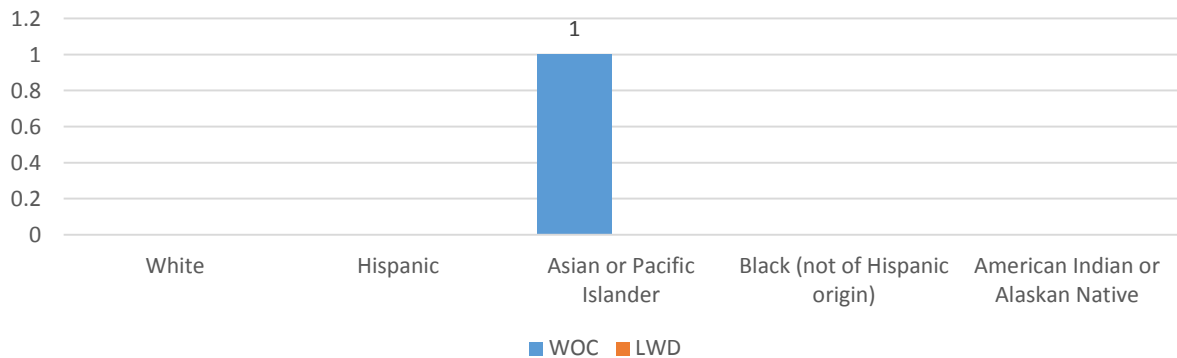
## Diversity of Voluntary Turnover



## Diversity of Involuntary Turnover



## Employee Development (Work Out of Class & Lead Work)



## Operational Policy

<b>Policy title:</b>	Alternate Formats and Language Access Services		
<b>Policy number:</b>	DHS OHA-010-013		
<b>Original date:</b>	12/24/2013	<b>Last update:</b>	06/16/2015
<b>Approved:</b>	Suzanne Hoffman, COO OHA; Jim Scherzinger, COO DHS		

### Purpose

The Department of Human Services (DHS) and Oregon Health Authority (OHA) are committed to providing interpreters, translations, and alternate formats for non-English speaking persons, limited English proficient (LEP) persons, blind, Deaf and hearing impaired persons.

### Description

This policy and its associated processes and guidelines provide specific steps and definitions for staff and agency programs to include in their respective plans that fully implement DHS and OHA language access and alternate formats initiatives.

### Applicability

This policy applies to all DHS and OHA staff including employees, volunteers, trainees and interns.

As keepers of the public trust, all agency employees have a responsibility to comply with state and agency policies, administrative rule, and state and federal law. The agency takes this responsibility seriously and failure to fulfill this responsibility is not treated lightly. Employees who fail to comply with state or agency policy, administrative rule, or state and federal law may face progressive discipline, up to and including dismissal from state service.

### Policy

1. DHS and OHA shall identify actions that remove barriers to accessing services the agencies provide.
2. Each DHS and OHA program shall include in their delivery of services, access to:
  - a. Translations.
  - b. Oral and sign language interpreters.
  - c. Other alternate methods of communication for non-English speaking persons, limited English proficiency persons, and the blind, Deaf and hearing-impaired persons in our communities.

## References

[Title VI of the Civil Rights Act](#)

[Title II of the Americans with Disabilities Act of 1990](#)

[Section 504 of the Rehabilitation Act of 1973](#)

[LEP Policy Guidance for HHS Recipients](#)

[ORS 659A.103](#) Prohibiting Discrimination Against Individuals with Disabilities

[ORS 411.970](#) When Bilingual Services Required

[DHS Administrative Rules Chapter 407, Division 005](#)

[OHA Administrative Rules Chapter 943, Division 005](#)

## Forms referenced

DHS 0170, Client Complaint or Report of Discrimination: (PDF: [English](#), [Spanish](#), [Russian](#))

DHS 0170A, Review of Client Complaint: ([Word](#)) ([PDF](#))

DHS 0171, Client Comment: (PDF: [English](#), [Spanish](#), [Russian](#))

DHS 0173, Request for ADA Reasonable Modifications ([PDF](#))

## Related policies

[DHS-010-005-01 Filing a Client Complaint or Report of Discrimination](#)

[DHS-010-005-02 Scheduling a Sign Language Interpreter and Real-Time Captioner](#)

[DHS-010-005-03 Ordering Documents in Alternate Format](#)

[DHS-010-005-04 Requesting Reasonable Modifications by Client Applicants, Clients and Members of the Public](#)

[DHS-010-005-05 Using the Oregon Telecommunications Relay Service](#)

## Contact

DHS Office of Equity and Multicultural Services

Phone: 503 947-5448

Email: [OfficeEquity.MulticulturalServices@dhsosha.state.or.us](mailto:OfficeEquity.MulticulturalServices@dhsosha.state.or.us)

OHA Office of Equity and Inclusion

Phone: 971-673-1286

Email: [Languageaccess.info@state.or.us](mailto:Languageaccess.info@state.or.us)

## Policy history

12/24/2013 Initial release

07/10/2014 Approved DHS|OHA Joint Policy Steering Committee

06/16/2015 Approved DHS|OHA joint process

## Keywords

Alternate communications, alternate format, alternative communications, blind, communication assistance, Deaf, English as a second language, hearing impaired, interpret, interpreter, interpretation, interpretation services, language access, limited English proficiency, sign language, translate, translation, translator, translation services

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**Are you looking for trainers and consultants to help you and your staff learn about diversity, inclusion and health equity?**  
**The Qualified Training Registry can help.**

The trainers and consultants in this registry have all been qualified in their specialized fields by the OHA Office of Equity and Inclusion. This registry is for use by any organization – government or private – that wants to develop or enhance its equity and inclusion practices and policies. Be sure to follow applicable rules and procedures if you issue contracts to one or more of these trainers or consultants.

**Local training organizations**

**Certification Key**

**DBE:** Disadvantaged Business Enterprise  
**ESB:** Emerging Small Business  
**MBE:** Minority Business Enterprise  
**WBE:** Women Business Enterprise

**Figure 8 Consulting, LLC**

**Contact:** Carol French or April Lewis  
 604 SE 33rd Avenue  
 Portland, OR 97214  
**Phone:** 503-231-4829 | **Fax:** 503-232-3671  
**Emails:** carol@fig8consulting.com or april@fig8consulting.com  
**Website:** <http://fig8consulting.com>  
**Certifications:** **WBE, ESB**

**Areas of expertise**

- Building cultural agility: individuals, teams and organizations;
- Recruitment, selection, retention of your multicultural work force;
- Unconscious bias in service delivery; symptoms, diagnosis and cures;
- Emotional intelligence and empathy: the antidote to unconscious bias;
- The intersection of health disparities, health literacy and health equity;
- Communicating across differences: difficult conversations at work (discrimination, harassment, cultural conflict);
- Leadership: co-mentoring, managing change; ERGs, diversity committees and building effective teams;
- Across the ages: maximizing generational differences;
- Building inclusion for all: race, ethnicity, gender, identity, age, disabilities, sexual orientation;
- Class matters: classism and poverty;
- Intercultural assessment tools, cultural audits and evaluations.

**Kristin Lensen Consulting**

**Contact:** Kristin Lensen  
 P.O. Box 18217  
 Portland, OR 97218  
**Phone:** 503-281-5544  
**Email:** [klensen@pacifier.com](mailto:klensen@pacifier.com)

**Certifications: MBE, WBE, ESB**

**Areas of expertise:**

- Diversity, equity and inclusion;
- Organizational assessment;
- Review and evaluation;
- Visioning and strategic planning;
- Action planning;
- Program development;
- Coaching (executive, team and individual);
- Facilitation;
- Conflict resolution;
- Workshop design and delivery;
- Training;
- Qualified administrator, intercultural development Inventory (IDI);
- Cultural diversity/change management;
- Intergroup dialogue and facilitator training.

**About the OHA Office of Equity and Inclusion**

The Office of Equity and Inclusion is a leader and catalyst in helping the Oregon Health Authority promote equitable health and human services for communities of color, Indian tribal governments and other multicultural groups. The office uses culturally specific and culturally competent approaches to working with state and local government and community partners. Our mutual goal is to improve health and human services programs and policies for underrepresented populations in Oregon.

For specific help and consultation about the Qualified Training Registry, contact

**Charniece Tisdale**  
 Equity and Inclusion Training Coordinator  
 Phone: 971-673-1341  
 Fax: 971-673-1128  
[Charniece.tisdale@state.or.us](mailto:Charniece.tisdale@state.or.us)



OFFICE OF EQUITY AND INCLUSION  
 421 SW Oak St., Suite 750  
 Portland, OR 97204

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OHA 2001 (11/2014)

**Qualified Training Registry of Diversity, Inclusion and Health Equity Trainers**



**Your directory for diversity, inclusion and health equity training resources**





## Local training organizations

### Lillian A. Tsai

**Contact:** Lillian A. Tsai, President  
510 SW 3rd Avenue, Suite 423  
Portland, OR 97204

**Phone:** 971-327-0628

**Email:** lillian@tsaicomm.com

**Website:** www.tsaicomm.com

**Certifications:** MBE, WBE, DBE

#### Areas of expertise:

- Asian American culture; • Coaching for leaders, managers and supervisors who supervise professionals of color; • Coaching professionals of color; • Cross-cultural competency; • Diversity and inclusion training; • Facilitation of focus groups and diversity, inclusion or equity councils; • Health and equity trainings; • Team interventions; Train the trainer.

### MVM Consulting Services LLC

**Contact:** Miguel Valenciano, President

937 NE Going Street

Portland, OR 97211

**Phone:** 503-349-1836 | Fax: 503-460-0278

**Email:** mvalenciano2@aol.com

**Certifications:** MBE, ESB

#### Areas of expertise:

- Addressing ouches in the workplace; • Building fierce and courageous dialogues; • Building teams; • Change process; • Coaching and mentoring; • Cross-cultural communication; • Cultural competency; • Diversity, inclusion and equity; • English as a second language; • Generational differences; • Global inclusion; • Second language acquisition; • Small acts of inclusion; • Strategic planning; • Surveys, focus groups, cultural audits; • Training of trainers; • Unconscious bias; • Understanding and examining the impact of micro aggressions; • Understanding privilege; • Working with diverse populations.

### Ann Curry-Stevens

**Contact:** Ann Curry-Stevens, Consultant  
3000 NE 31st Avenue

Portland, OR 97212

**Phone:** 503-477-7297 | Fax: 503-477-7297

**Email:** currya@pdx.edu

**Website:** www.curry-stevens.com

#### Areas of expertise:

- Being an ally — the intersection of privilege and disenfranchisement; • Community-specific cultural considerations in service delivery; • Culture of poverty; • Data analysis and metrics; • Diversity/inclusion return on investment; • Health equity; • Health equity grant making; • Historical roots and legacy of oppression in Oregon and the U.S.; • Implicit bias; • Inclusive human resource practice; • Micro aggressions; • Power, privilege and social justice; • Service equity; • Undoing institutional racism; • Using a health equity lens in policy, program, budget and strategic planning.

### John Lensen and Associates

**Contact:** John Lensen and Associates  
39533 Santiam Bluffs Road N.E.

Albany, OR 97322

**Phone:** 541-905-3292

**Email:** lensenj@mindspring.com

#### Areas of expertise:

- Professional development and training on issues of equity and inclusion; • Training on issues of diversity, inclusion and health equity.

### Littledeer-Evans Consulting

**Contact:** Sonya Littledeer-Evans, Director  
1479 SW Highland Lane

Culver, Oregon 97734

**Phone:** 541-610-5006

**Email:** slittle@cbmail.com

**Website:** littledeerevansconsulting.com

#### Areas of expertise:

- Cultural competency, equity and inclusion.

### Nonprofit Association of Oregon

**Contact:** María Lisa Johnson,  
Consulting Director

5100 SW Macadam Avenue, Suite 360

Portland, OR 97239

**Phone:** 503-239-4001, ext. 119 |

**Fax:** 503-236-8313

**Email:** mjohanson@nonprofitoregon.org

**Website:** www.nonprofitoregon.org

#### Areas of expertise:

- Diversity, equity and inclusion organization development:**
  - Organizational assessments; • Executive coaching; • Group facilitation
- Managing difficult conversations; • Leading for equity and inclusion; • Strategic initiative/plan development.

#### General organization development:

- Strategic planning; • Board development/developing volunteer leaders; • Effective supervision; • Executive transition support/placement of interim executives; • Training on various OD-related topics.

## National training organizations

### Global Policy Solutions, LLC

**Contact:** Dr. Maya Rockeymoore, CEO  
1300 L St., NW, Suite 975

Washington, DC 20005

**Phone:** 202-265-5111 | Fax: 202-265-5118

**Email:** maya@globalpolicysolutions.com

**Website:** http://globalpolicysolutions.com

#### Areas of expertise:

- Advocacy and outreach; • Coalition building; • Curriculum development; • Evaluation services; • Policy analysis and research; • Policy-related event planning; • Program design and implementation; • Strategic communications; • Strategic planning.

### JJA Consultants, Inc.

**Contact:** Wanda Savage-Moore, Senior Vice  
President and General Manager

3970 Chain Bridge Road

Fairfax, VA 22030

**Phone:** 703-359-5969 | Fax: 703-359-5971

**Email:** wsavagemoore@jjaconsultants.com

**Website:** www.jjaconsultants.com

#### Areas of expertise:

- Civil rights; • Equal employment; • Equity; • Leadership development; • Organizational development; • Training and consulting services in diversity and inclusion.

### Laurin Mayeno

**Contact:** Laurin Mayeno

2829 35th Avenue

San Francisco, CA 94116

**Phone:** 415-682-8427 | Fax: 415-682-8427

**Email:** Laurin@mayenoconsulting.com

**Website:** http://mayenoconsulting.com

#### Areas of expertise:

- Multicultural communication; • Leadership in a multicultural context; • Multicultural organizational development; • Developing frameworks and strategies for multicultural change; • Developing a common language to address culture, power and difference.

### Race Matters Institute

**Contact:** Joanna Shoffner Scott, Ph.D.,  
Program Director Race Matters Institute

1701 St. Paul Street

Baltimore, MD 21202

**Phone:** 410-244-0667 ext. 107 |

**Fax:** 410-244-0670

**Email:** jscott@racemattersinstitute.org

**Website:** www.racemattersinstitute.org

#### Areas of expertise:

- Racial equity with solid data, comprehensive strategies; • Knowledge of national and local settings.

## State policies

Policy/procedure Number	Name	Where to find it
DAS 50.020.10	ADA Reasonable Accommodation Policy and Procedure	<a href="http://cms.oregon.gov/DAS/CHRO/docs/advice/p5002010.pdf">http://cms.oregon.gov/DAS/CHRO/docs/advice/p5002010.pdf</a>
DAS 50.010.10	Discrimination and Harassment-Free Workplace Policy	<a href="http://cms.oregon.gov/DAS/CHRO/docs/advice/p5001001.pdf">http://cms.oregon.gov/DAS/CHRO/docs/advice/p5001001.pdf</a>
DAS 50.10.03	Maintaining a Professional Workplace	<a href="http://cms.oregon.gov/DAS/CHRO/docs/advice/p5001003.pdf">http://cms.oregon.gov/DAS/CHRO/docs/advice/p5001003.pdf</a>
OAR 105-040 0015	Veterans' Preference in Employment	<a href="http://arcweb.sos.state.or.us/pages/rules/oars_100/oar_105/105_040.html">http://arcweb.sos.state.or.us/pages/rules/oars_100/oar_105/105_040.html</a>
Executive Order 08-18	Amending Executive Order 05-01 Relating to Affirmative Action	<a href="http://cms.oregon.gov/gov/docs/executive_orders/eo0818.pdf">http://cms.oregon.gov/gov/docs/executive_orders/eo0818.pdf</a>

# Appendix B

## Summaries of federal and state laws

Source	Name	Where to find it
29 U.S.C. § 621	Age Discrimination in Employment Act of 1967	<a href="http://www.eeoc.gov/laws/statutes/adea.cfm">www.eeoc.gov/laws/statutes/adea.cfm</a>
42 USC § 12101	Disability Discrimination Act Title I of the Americans with Disabilities Act of 1990	<a href="http://www.ada.gov/pubs/adastatute08.htm">www.ada.gov/pubs/adastatute08.htm</a>
29 U.S.C. § 206	Equal Pay and Compensation Discrimination Equal Pay Act of 1963	<a href="http://www.eeoc.gov/laws/statutes/epa.cfm">www.eeoc.gov/laws/statutes/epa.cfm</a>
42 USC § 2000e	Title VII of Civil Rights Act 1964 <ul style="list-style-type: none"><li>• Equal Pay Discrimination</li><li>• Sexual Harassment Discrimination</li><li>• National Origin Discrimination</li><li>• Pregnancy Discrimination</li><li>• Race/Color Discrimination</li><li>• Religious Discrimination</li><li>• Retaliation Discrimination</li><li>• Sex-based Discrimination</li></ul>	<a href="http://www.eeoc.gov/laws/statutes/titlevii.cfm">www.eeoc.gov/laws/statutes/titlevii.cfm</a>
42 USC § 2000FF	Title II of Genetic Information Nondiscrimination Act of 2008	<a href="http://www.eeoc.gov/laws/statutes/gina.cfm">www.eeoc.gov/laws/statutes/gina.cfm</a>

# Appendix C

## Definitions of EEO-4 job categories (as issued by the Equal Employment Opportunity Commission)

### A — OFFICIALS/ADMINISTRATORS

Occupations in which employees set broad policies; exercise overall responsibility for execution of these policies; direct individual departments or special phases of the agency's operations; or provide specialized consultation on a regional, district, or area basis. Includes departmental heads, bureau chiefs, division chiefs, directors, deputy directors, controllers, examiners, wardens, superintendents, inspectors and kindred workers.

### B — PROFESSIONALS

Occupations that require specialized and theoretical knowledge usually acquired through college training or through work experience and other training that provides comparable knowledge. Includes personnel and labor relations workers, social workers, doctors, dietitians, psychologists, registered nurses, economists, lawyers, systems analysts, accountants, engineers, employment and vocational counselors, teachers and instructors, and kindred workers.

### C — TECHNICIANS

Occupations that require a combination of basic scientific or technical knowledge and manual skill that can be obtained through specialized postsecondary school education or through equivalent on-the-job training. Includes computer programmers and operators, drafters, surveyors, licensed practical nurses, photographers, radio operators, technical illustrators, highway technicians, technicians (medical, dental, electronic, physical sciences), assessors, inspectors, police and fire sergeants, and kindred workers.

### D — PROTECTIVE SERVICE WORKERS

Occupations in which workers are entrusted with public safety, security, and protection from destructive forces. Includes police patrol officers, fire fighters, guards, deputy sheriffs, bailiffs, correctional officers, detectives, marshals, harbor patrol officers, and kindred workers.

## E — PARAPROFESSIONALS

Occupations in which workers perform some of the duties of a professional or technician in a supportive role, which usually requires less formal training and/or experience normally required for professional or technical status. Such positions may fall within an identified pattern of staff development and promotion under a “new careers” concept. Includes library assistants, research assistants, medical aids, child support workers, police auxiliary, welfare service aides, recreation assistants, homemaker aides, home health aides, and kindred workers.

## F — OFFICE/CLERICAL

Occupations in which workers are responsible for internal and external communication, recording and retrieval of data and/or information, and other paperwork required in an office. Includes bookkeepers, messengers, office machine operators, clerk/typists, stenographers, court transcribers, hearings reporters, statistical clerks, dispatchers, license distributors, payroll clerks, and kindred workers.

## G — SKILLED CRAFT WORKERS

Occupations in which workers perform jobs that require special manual skill and a thorough and comprehensive knowledge of the processes involved in the work acquired through on-the-job training and experience or through apprenticeship or other formal training program. Includes mechanics and repairers, electricians, heavy equipment operators, stationary engineers, heavy equipment operators, stationary engineers, skilled machining occupations, carpenters, compositors and typesetters, and kindred workers.

## H — SERVICE/MAINTENANCE

Occupations in which workers perform duties that result in or contribute to the comfort, convenience, hygiene or safety of the general public, or that contribute to the upkeep and care of buildings, facilities or grounds of public property. Workers in this group may operate machinery. Includes chauffeurs, laundry and dry cleaning operatives, truck drivers; bus drivers, garage laborers, custodial personnel, gardeners and grounds keepers, refuse collectors, construction laborers, and kindred workers.

## EEO job group codes with DHS/OHA classification groups

A01	MIDDLE MANAGEMENT (SR 24-30)	X7000	PRINCIPAL EXECUTIVE/MANAGER A
A01	MIDDLE MANAGEMENT (SR 24-30)	X7002	PRINCIPAL EXECUTIVE/MANAGER B
A01	MIDDLE MANAGEMENT (SR 24-30)	X7004	PRINCIPAL EXECUTIVE/MANAGER C
A01	MIDDLE MANAGEMENT (SR 24-30)	Y7500	BOARD AND COMMISSION MEMBER
A02	UPPER MANAGEMENT (SR 31+)	X7006	PRINCIPAL EXECUTIVE/MANAGER D
A02	UPPER MANAGEMENT (SR 31+)	Z7006	PRINCIPAL EXECUTIVE/MANAGER D
A02	UPPER MANAGEMENT (SR 31+)	X7008	PRINCIPAL EXECUTIVE/MANAGER E
A02	UPPER MANAGEMENT (SR 31+)	Z7008	PRINCIPAL EXECUTIVE/MANAGER E
A02	UPPER MANAGEMENT (SR 31+)	X7010	PRINCIPAL EXECUTIVE/MANAGER F
A02	UPPER MANAGEMENT (SR 31+)	Z7010	PRINCIPAL EXECUTIVE/MANAGER F
A02	UPPER MANAGEMENT (SR 31+)	X7012	PRINCIPAL EXECUTIVE/MANAGER G
A02	UPPER MANAGEMENT (SR 31+)	Z7012	PRINCIPAL EXECUTIVE/MANAGER G
A02	UPPER MANAGEMENT (SR 31+)	X7014	PRINCIPAL EXECUTIVE/MANAGER H
A02	UPPER MANAGEMENT (SR 31+)	Z7014	PRINCIPAL EXECUTIVE/MANAGER H
A02	UPPER MANAGEMENT (SR 31+)	Z7016	PRINCIPAL EXECUTIVE/MANAGER I
A02	UPPER MANAGEMENT (SR 31+)	Z7018	PRINCIPAL EXECUTIVE/MANAGER J

B01	C3411	ENGINEER/ARCHITECT ENVIRONMENTAL ENGINEER 2
B01	C3412	ENGINEER/ARCHITECT ENVIRONMENTAL ENGINEER 3
B01	X3618	ENGINEER/ARCHITECT HEALTH FACILITIES CONSULTANT

B02	COMMUNICATION/EDITOR	C0865	PUBLIC AFFAIRS SPECIALIST 2
B02	COMMUNICATION/EDITOR	X0865	PUBLIC AFFAIRS SPECIALIST 2
B02	COMMUNICATION/EDITOR	C0866	PUBLIC AFFAIRS SPECIALIST 3
B02	COMMUNICATION/EDITOR	X0866	PUBLIC AFFAIRS SPECIALIST 3

B03	TEACHER/EDUCATION	C2319	INSTITUTION TEACHER-BA
B03	TEACHER/EDUCATION	C2320	INSTITUTION TEACHER-MA
B03	TEACHER/EDUCATION	C2327	PUBLIC HEALTH EDUCATOR 1
B03	TEACHER/EDUCATION	C2328	PUBLIC HEALTH EDUCATOR 2
B03	TEACHER/EDUCATION	X2380	PASTORAL EDUCATION COORDINATOR

B04	NURSE/HEALTH	C3432	PUBLIC HEALTH TOXICOLOGIST
B04	NURSE/HEALTH	X3432	PUBLIC HEALTH TOXICOLOGIST
B04	NURSE/HEALTH	C5707	INDUSTRIAL HYGIENIST 3
B04	NURSE/HEALTH	C5708	INDUSTRIAL HYGIENIST 4
B04	NURSE/HEALTH	C5902	COMM DISEASE INVESTIGATOR
B04	NURSE/HEALTH	C6208	MENTAL HEALTH REGISTERED NURSE
B04	NURSE/HEALTH	X6209	MENTAL HEALTH SUPERVISING RN
B04	NURSE/HEALTH	C6210	MEDICAL REVIEW COORDINATOR
B04	NURSE/HEALTH	X6211	QUALITY ASSURANCE COORDINATOR
B04	NURSE/HEALTH	C6216	EPIDEMIOLOGIST 1
B04	NURSE/HEALTH	C6217	EPIDEMIOLOGIST 2
B04	NURSE/HEALTH	C6218	CLINICAL EPIDEMIOLOGIST
B04	NURSE/HEALTH	C6219	RN EPIDEMIOLOGIST
B04	NURSE/HEALTH	X6219	RN EPIDEMIOLOGIST
B04	NURSE/HEALTH	C6226	STAFF DEVELOPMENT NURSE
B04	NURSE/HEALTH	C6228	PUBLIC HEALTH NURSE 1

B04 NURSE/HEALTH C6229 PUBLIC HEALTH NURSE 2  
 B04 NURSE/HEALTH X6241 NURSE MANAGER  
 B04 NURSE/HEALTH C6255 NURSE PRACTITIONER  
 B04 NURSE/HEALTH C6260 PHARMACIST  
 B04 NURSE/HEALTH X6264 PHARMACY MANAGER 1  
 B04 NURSE/HEALTH X6265 PHARMACY MANAGER 2  
 B04 NURSE/HEALTH X6268 CLINICAL DIETICIAN  
 B04 NURSE/HEALTH X6269 CHIEF CLINICAL DIETICIAN  
 B04 NURSE/HEALTH C6503 PHYSICAL THERAPIST  
 B04 NURSE/HEALTH X6505 PHYSICAL THERAPY PROGRAM MGR  
 B04 NURSE/HEALTH C6508 OCCUPATIONAL THERAPIST  
 B04 NURSE/HEALTH C6520 RECREATIONAL SPECIALIST  
 B04 NURSE/HEALTH C6521 REHABILITATION THERAPIST  
 B04 NURSE/HEALTH X6524 REHABILITATION THERAPY PRG MGR  
 B04 NURSE/HEALTH C6531 MENTAL HEALTH SPECIALIST  
 B05 PHYSICIAN/DENTIST/VERTERINARN X6445 PUBLIC HEALTH VETERINARIAN  
 B05 PHYSICIAN/DENTIST/VERTERINARN U7510 DENTIST  
 B05 PHYSICIAN/DENTIST/VERTERINARN Z7512 SUPERVISING DENTIST B  
 B05 PHYSICIAN/DENTIST/VERTERINARN U7517 PHYSICIAN SPECIALIST  
 B05 PHYSICIAN/DENTIST/VERTERINARN Z7517 PHYSICIAN SPECIALIST  
 B05 PHYSICIAN/DENTIST/VERTERINARN Z7518 SUPERVISING PHYSICIAN  
 B05 PHYSICIAN/DENTIST/VERTERINARN U7520 CONSULTING PHYSICIAN  
 B05 PHYSICIAN/DENTIST/VERTERINARN U7538 MEDICAL CONSULTANT  
 B05 PHYSICIAN/DENTIST/VERTERINARN Z7539 SR MEDICAL CONSULTANT  
 B05 PHYSICIAN/DENTIST/VERTERINARN Z7540 PUBLIC SERVICE PHYSICIAN  
 B05 PHYSICIAN/DENTIST/VERTERINARN Z7572 PUBLIC HEALTH PHYSICIAN 2  
 B06 FOOD SERVICE MANAGER C5955 NUTRITION CONSULTANT  
 B06 FOOD SERVICE MANAGER X9105 FOOD SERVICE MANAGER 1  
 B06 FOOD SERVICE MANAGER X9107 FOOD SERVICE MANAGER 2  
 B07 PURCHASING AGENT/ANALYST C0435 PROCUREMENT AND CONTRACT ASST  
 B07 PURCHASING AGENT/ANALYST C0436 PROCUREMENT & CONTRACT SPEC 1  
 B07 PURCHASING AGENT/ANALYST C0437 PROCUREMENT & CONTRACT SPEC 2  
 B07 PURCHASING AGENT/ANALYST C0438 PROCUREMENT & CONTRACT SPEC 3  
 B08 NATURAL RESOURCE C3717 CHEMIST 3  
 B08 NATURAL RESOURCE C3780 MICROBIOLOGIST 2  
 B08 NATURAL RESOURCE C3781 MICROBIOLOGIST 3  
 B08 NATURAL RESOURCE C3817 ENVIRONMENTAL HLTH SPECIALST 1  
 B08 NATURAL RESOURCE C3819 ENVIRONMENTAL HLTH SPECIALST 3  
 B08 NATURAL RESOURCE C8501 NATURAL RESOURCE SPECIALIST 1  
 B08 NATURAL RESOURCE C8503 NATURAL RESOURCE SPECIALIST 3  
 B08 NATURAL RESOURCE C8504 NATURAL RESOURCE SPECIALIST 4  
 B08 NATURAL RESOURCE C8505 NATURAL RESOURCE SPECIALIST 5  
 B08 NATURAL RESOURCE X8505 NATURAL RESOURCE SPECIALIST 5  
 B09 SOCIAL SCIENCE/PLANNER/RESRCHR C1115 RESEARCH ANALYST 1  
 B09 SOCIAL SCIENCE/PLANNER/RESRCHR C1116 RESEARCH ANALYST 2  
 B09 SOCIAL SCIENCE/PLANNER/RESRCHR C1117 RESEARCH ANALYST 3  
 B09 SOCIAL SCIENCE/PLANNER/RESRCHR C1118 RESEARCH ANALYST 4  
 B09 SOCIAL SCIENCE/PLANNER/RESRCHR X1118 RESEARCH ANALYST 4  
 B09 SOCIAL SCIENCE/PLANNER/RESRCHR X1163 ECONOMIST 3  
 B09 SOCIAL SCIENCE/PLANNER/RESRCHR X1164 ECONOMIST 4  
 B09 SOCIAL SCIENCE/PLANNER/RESRCHR C1190 ACTUARY



B09 SOCIAL SCIENCE/PLANNER/RESRCHR X1190 ACTUARY  
 B09 SOCIAL SCIENCE/PLANNER/RESRCHR Z1190 ACTUARY  
 B09 SOCIAL SCIENCE/PLANNER/RESRCHR C6294 CLINICAL PSYCHOLOGIST 1  
 B09 SOCIAL SCIENCE/PLANNER/RESRCHR C6295 CLINICAL PSYCHOLOGIST 2  
 B09 SOCIAL SCIENCE/PLANNER/RESRCHR C6296 BEHAVIOR/VOCATIONAL SPEC 1  
 B09 SOCIAL SCIENCE/PLANNER/RESRCHR C6297 BEHAVIOR/VOCATIONAL SPEC 2  
 B09 SOCIAL SCIENCE/PLANNER/RESRCHR C6614 COMMUNITY OUTREACH SPECIALIST  
 B10 PERSONNEL/EMPLOYMENT X1319 HUMAN RESOURCE ASSISTANT  
 B10 PERSONNEL/EMPLOYMENT X1320 HUMAN RESOURCE ANALYST 1  
 B10 PERSONNEL/EMPLOYMENT X1321 HUMAN RESOURCE ANALYST 2  
 B10 PERSONNEL/EMPLOYMENT X1322 HUMAN RESOURCE ANALYST 3  
 B10 PERSONNEL/EMPLOYMENT C1338 TRAINING & DEVELOPMENT SPEC 1  
 B10 PERSONNEL/EMPLOYMENT X1338 TRAINING & DEVELOPMENT SPEC 1  
 B10 PERSONNEL/EMPLOYMENT C1339 TRAINING & DEVELOPMENT SPEC 2  
 B10 PERSONNEL/EMPLOYMENT X1339 TRAINING & DEVELOPMENT SPEC 2  
 B10 PERSONNEL/EMPLOYMENT C1345 SAFETY SPECIALIST 1  
 B10 PERSONNEL/EMPLOYMENT X1345 SAFETY SPECIALIST 1  
 B10 PERSONNEL/EMPLOYMENT C1346 SAFETY SPECIALIST 2  
 B10 PERSONNEL/EMPLOYMENT X1346 SAFETY SPECIALIST 2  
 B11 INSPECTOR/COMPLIANCE/INVESTGTR C5232 INVESTIGATOR 2  
 B11 INSPECTOR/COMPLIANCE/INVESTGTR C5233 INVESTIGATOR 3  
 B11 INSPECTOR/COMPLIANCE/INVESTGTR X5233 INVESTIGATOR 3  
 B11 INSPECTOR/COMPLIANCE/INVESTGTR C5246 COMPLIANCE SPECIALIST 1  
 B11 INSPECTOR/COMPLIANCE/INVESTGTR C5247 COMPLIANCE SPECIALIST 2  
 B11 INSPECTOR/COMPLIANCE/INVESTGTR C5248 COMPLIANCE SPECIALIST 3  
 B11 INSPECTOR/COMPLIANCE/INVESTGTR X5248 COMPLIANCE SPECIALIST 3  
 B12 COMPUTER ANALYST C1483 INFO SYSTEMS SPECIALIST 3  
 B12 COMPUTER ANALYST C1484 INFO SYSTEMS SPECIALIST 4  
 B12 COMPUTER ANALYST C1485 INFO SYSTEMS SPECIALIST 5  
 B12 COMPUTER ANALYST C1486 INFO SYSTEMS SPECIALIST 6  
 B12 COMPUTER ANALYST X1486 INFO SYSTEMS SPECIALIST 6  
 B12 COMPUTER ANALYST C1487 INFO SYSTEMS SPECIALIST 7  
 B12 COMPUTER ANALYST C1488 INFO SYSTEMS SPECIALIST 8  
 B12 COMPUTER ANALYST X1488 INFO SYSTEMS SPECIALIST 8  
 B13 ATTORNEY/HEARINGS OFFICER C1511 ADMINISTRATIVE LAW JUDGE 2  
 B14 LIBRARIAN/ARCHIVAL SPECIALIST C2220 LIBRARIAN  
 B15 ACCOUNTING/FINANCE/REVENUE C1215 ACCOUNTANT 1  
 B15 ACCOUNTING/FINANCE/REVENUE C1216 ACCOUNTANT 2  
 B15 ACCOUNTING/FINANCE/REVENUE C1217 ACCOUNTANT 3  
 B15 ACCOUNTING/FINANCE/REVENUE C1218 ACCOUNTANT 4  
 B15 ACCOUNTING/FINANCE/REVENUE X1218 ACCOUNTANT 4  
 B15 ACCOUNTING/FINANCE/REVENUE C1243 FISCAL ANALYST 1  
 B15 ACCOUNTING/FINANCE/REVENUE X1243 FISCAL ANALYST 1  
 B15 ACCOUNTING/FINANCE/REVENUE C1244 FISCAL ANALYST 2  
 B15 ACCOUNTING/FINANCE/REVENUE X1244 FISCAL ANALYST 2  
 B15 ACCOUNTING/FINANCE/REVENUE C1245 FISCAL ANALYST 3  
 B15 ACCOUNTING/FINANCE/REVENUE X1245 FISCAL ANALYST 3  
 B15 ACCOUNTING/FINANCE/REVENUE X5616 INTERNAL AUDITOR 1  
 B15 ACCOUNTING/FINANCE/REVENUE X5617 INTERNAL AUDITOR 2  
 B15 ACCOUNTING/FINANCE/REVENUE X5618 INTERNAL AUDITOR 3  
 B15 ACCOUNTING/FINANCE/REVENUE C5642 FISCAL AUDITOR 2



B15 ACCOUNTING/FINANCE/REVENUE C5647 GOVERNMENTAL AUDITOR 2  
 B16 PROGRAM COORDINATOR/ANALYST C0427 REHABILITATION INDUSTRIES REP  
 B16 PROGRAM COORDINATOR/ANALYST Z0833 SUPV EXECUTIVE ASSISTANT  
 B16 PROGRAM COORDINATOR/ANALYST C0854 PROJECT MANAGER 1  
 B16 PROGRAM COORDINATOR/ANALYST X0854 PROJECT MANAGER 1  
 B16 PROGRAM COORDINATOR/ANALYST C0855 PROJECT MANAGER 2  
 B16 PROGRAM COORDINATOR/ANALYST X0855 PROJECT MANAGER 2  
 B16 PROGRAM COORDINATOR/ANALYST X0856 PROJECT MANAGER 3  
 B16 PROGRAM COORDINATOR/ANALYST C0860 PROGRAM ANALYST 1  
 B16 PROGRAM COORDINATOR/ANALYST X0860 PROGRAM ANALYST 1  
 B16 PROGRAM COORDINATOR/ANALYST C0861 PROGRAM ANALYST 2  
 B16 PROGRAM COORDINATOR/ANALYST X0861 PROGRAM ANALYST 2  
 B16 PROGRAM COORDINATOR/ANALYST C0862 PROGRAM ANALYST 3  
 B16 PROGRAM COORDINATOR/ANALYST X0862 PROGRAM ANALYST 3  
 B16 PROGRAM COORDINATOR/ANALYST C0863 PROGRAM ANALYST 4  
 B16 PROGRAM COORDINATOR/ANALYST X0863 PROGRAM ANALYST 4  
 B16 PROGRAM COORDINATOR/ANALYST C0870 OPERATIONS & POLICY ANALYST 1  
 B16 PROGRAM COORDINATOR/ANALYST X0870 OPERATIONS & POLICY ANALYST 1  
 B16 PROGRAM COORDINATOR/ANALYST C0871 OPERATIONS & POLICY ANALYST 2  
 B16 PROGRAM COORDINATOR/ANALYST X0871 OPERATIONS & POLICY ANALYST 2  
 B16 PROGRAM COORDINATOR/ANALYST C0872 OPERATIONS & POLICY ANALYST 3  
 B16 PROGRAM COORDINATOR/ANALYST X0872 OPERATIONS & POLICY ANALYST 3  
 B16 PROGRAM COORDINATOR/ANALYST C0873 OPERATIONS & POLICY ANALYST 4  
 B16 PROGRAM COORDINATOR/ANALYST X0873 OPERATIONS & POLICY ANALYST 4  
 B16 PROGRAM COORDINATOR/ANALYST Z0873 OPERATIONS & POLICY ANALYST 4  
 B17 SOCIAL SERVICES C5926 DISABILITY ANALYST 1  
 B17 SOCIAL SERVICES C5927 DISABILITY ANALYST 2  
 B17 SOCIAL SERVICES C6612 SOCIAL SERVICE SPECIALIST 1  
 B17 SOCIAL SERVICES C6613 SOCIAL SERVICES SPECIALIST 2  
 B17 SOCIAL SERVICES C6616 ADULT PROTECTIVE SERVICE SPEC  
 B17 SOCIAL SERVICES C6630 HUMAN SERVICES CASE MANAGER  
 B17 SOCIAL SERVICES C6646 VOC REHAB COUNSELOR-ENTRY  
 B17 SOCIAL SERVICES C6647 VOC REHABILITATION COUNSELOR  
 B17 SOCIAL SERVICES C6648 VOC REHABILITATION SPECIALIST  
 B17 SOCIAL SERVICES X6680 CHAPLAIN  
 B17 SOCIAL SERVICES C6684 PREADMISSIONS SCREENING SPEC  
 B17 SOCIAL SERVICES C6685 CLIENT CARE SURVEYOR  
 B17 SOCIAL SERVICES C6720 PSYCHIATRIC SOCIAL WORKER  
 C01 HEALTH C6135 LICENSED PRACTICAL NURSE  
 C01 HEALTH C6348 RADIOLOGIC TECHNOLOGIST  
 C01 HEALTH C6380 DIETETIC TECHNICIAN  
 C01 HEALTH C6386 PHARMACY TECHNICIAN 2  
 C01 HEALTH C6391 DENTAL ASSISTANT  
 C01 HEALTH C6396 DENTAL HYGIENIST  
 C01 HEALTH C6550 LICENSED RESPIRATORY CARE TECH  
 C01 HEALTH C6820 MEDICAL LABORATORY TECH 1  
 C01 HEALTH C6821 MEDICAL LABORATORY TECH 2  
 C01 HEALTH C6823 MEDICAL LAB TECHNOLOGIST  
 C04 COMPUTER C1481 INFO SYSTEMS SPECIALIST 1  
 C04 COMPUTER C1482 INFO SYSTEMS SPECIALIST 2  
 C05 AUDIO-VISUAL C2510 ELECTRONIC PUB DESIGN SPEC 1

C05 AUDIO-VISUAL C2511 ELECTRONIC PUB DESIGN SPEC 2  
 C05 AUDIO-VISUAL C2512 ELECTRONIC PUB DESIGN SPEC 3  
 C06 REVENUE AGENT/EXAMINER C5111 REVENUE AGENT 2  
 C06 REVENUE AGENT/EXAMINER C5112 REVENUE AGENT 3  
 C11 STUDENT PRO/TECH OFFICE SYSTEM C0150 STUDENT PROF/TECH WORKER  
 E01 NONSUPERVISORY C1524 PARALEGAL  
 E01 NONSUPERVISORY C5937 MEDICAL RECORDS CONSULTANT  
 E01 NONSUPERVISORY C6101 TRANSPORTING MENTAL HLTH AIDE  
 E01 NONSUPERVISORY C6502 LICENSED PHYSICAL THERAPY ASST  
 E01 NONSUPERVISORY C6506 CERT OCCUPATION THERAPIST ASST  
 E01 NONSUPERVISORY C6606 HUMAN SERVICES ASSISTANT 2  
 E01 NONSUPERVISORY C6609 SOCIAL SERVICE ASSISTANT  
 E01 NONSUPERVISORY C6657 HUMAN SERVICES SPECIALIST 1  
 E01 NONSUPERVISORY C6658 HUMAN SERVICES SPECIALIST 2  
 E01 NONSUPERVISORY C6659 HUMAN SERVICES SPECIALIST 3  
 E01 NONSUPERVISORY C6660 HUMAN SERVICES SPECIALIST 4  
 E01 NONSUPERVISORY C6710 MENTAL HEALTH THERAPY TECH  
 E01 NONSUPERVISORY C6711 MENTAL HEALTH THERAPIST 1  
 E01 NONSUPERVISORY C6712 MENTAL HEALTH THERAPIST 2  
 E01 NONSUPERVISORY C6725 HABILITATIVE TRAINING TECH 1  
 E01 NONSUPERVISORY C6726 HABILITATIVE TRAINING TECH 2  
 E01 NONSUPERVISORY C6727 HABILITATIVE TRAINING TECH 3  
 E01 NONSUPERVISORY C6811 LABORATORY TECHNICIAN 2  
 E02 SUPERVISORY/COORDINATOR C6717 MTL HLTH THERAPY SHIFT COORD  
 E02 SUPERVISORY/COORDINATOR C6718 MENTAL HEALTH THERAPY COORD  
 F01 OFFICE ASSISTANT/SPECIALIST C0100 STUDENT OFFICE WORKER  
 F01 OFFICE ASSISTANT/SPECIALIST C0102 OFFICE ASSISTANT 2  
 F01 OFFICE ASSISTANT/SPECIALIST C0103 OFFICE SPECIALIST 1  
 F01 OFFICE ASSISTANT/SPECIALIST C0104 OFFICE SPECIALIST 2  
 F01 OFFICE ASSISTANT/SPECIALIST X0104 OFFICE SPECIALIST 2  
 F01 OFFICE ASSISTANT/SPECIALIST C0322 PUBLIC SERVICE REP 2  
 F02 ACCOUNTING C0210 ACCOUNTING TECHNICIAN 1  
 F02 ACCOUNTING C0211 ACCOUNTING TECHNICIAN 2  
 F02 ACCOUNTING C0212 ACCOUNTING TECHNICIAN 3  
 F02 ACCOUNTING X0212 ACCOUNTING TECHNICIAN 3  
 F03 OFFICE MANAGER/M VEHICLE REP C0801 OFFICE COORDINATOR  
 F03 OFFICE MANAGER/M VEHICLE REP X0805 OFFICE MANAGER 1  
 F03 OFFICE MANAGER/M VEHICLE REP X0806 OFFICE MANAGER 2  
 F03 OFFICE MANAGER/M VEHICLE REP X0807 OFFICE MANAGER 3  
 F03 OFFICE MANAGER/M VEHICLE REP Z0807 OFFICE MANAGER 3  
 F04 ADM SPECIALST/SUPPRT SVC SUPV C0107 ADMINISTRATIVE SPECIALIST 1  
 F04 ADM SPECIALST/SUPPRT SVC SUPV X0107 ADMINISTRATIVE SPECIALIST 1  
 F04 ADM SPECIALST/SUPPRT SVC SUPV C0108 ADMINISTRATIVE SPECIALIST 2  
 F04 ADM SPECIALST/SUPPRT SVC SUPV X0108 ADMINISTRATIVE SPECIALIST 2  
 F04 ADM SPECIALST/SUPPRT SVC SUPV X0112 SUPPORT SERVICES SUPERVISOR 1  
 F04 ADM SPECIALST/SUPPRT SVC SUPV X0113 SUPPORT SERVICES SUPERVISOR 2  
 F04 ADM SPECIALST/SUPPRT SVC SUPV X0114 SUPPORT SERVICES SUPERVISOR 3  
 F04 ADM SPECIALST/SUPPRT SVC SUPV Z0114 SUPPORT SERVICES SUPERVISOR 3  
 F04 ADM SPECIALST/SUPPRT SVC SUPV C0118 EXECUTIVE SUPPORT SPECIALIST 1  
 F04 ADM SPECIALST/SUPPRT SVC SUPV X0118 EXECUTIVE SUPPORT SPECIALIST 1  
 F04 ADM SPECIALST/SUPPRT SVC SUPV C0119 EXECUTIVE SUPPORT SPECIALIST 2

F04 ADM SPECIALST/SUPPRT SVC SUPV X0119 EXECUTIVE SUPPORT SPECIALIST 2  
F04 ADM SPECIALST/SUPPRT SVC SUPV Z0119 EXECUTIVE SUPPORT SPECIALIST 2  
F04 ADM SPECIALST/SUPPRT SVC SUPV C0323 PUBLIC SERVICE REP 3  
F04 ADM SPECIALST/SUPPRT SVC SUPV C0324 PUBLIC SERVICE REP 4  
F05 OTHER SUPPORT SPECIALIST C0011 MEDICAL TRANSCRIPTIONIST 2  
F05 OTHER SUPPORT SPECIALIST C0015 MEDICAL RECORDS SPECIALIST  
F05 OTHER SUPPORT SPECIALIST C0405 MAIL SERVICES ASSISTANT  
F05 OTHER SUPPORT SPECIALIST C0501 DATA ENTRY OPERATOR  
F05 OTHER SUPPORT SPECIALIST C1475 DATA ENTRY CONTROL TECHNICIAN  
G03 TRADES/MAINTENANCE REPAIR C4015 FACILITY OPERATIONS SPEC 2  
G05 MECHANIC/BOILER OPERATOR C4033 FACILITY ENERGY TECHNICIAN 2  
G05 MECHANIC/BOILER OPERATOR C4034 FACILITY ENERGY TECHNICIAN 3  
G05 MECHANIC/BOILER OPERATOR C4418 AUTOMOTIVE TECHNICIAN 1  
G05 MECHANIC/BOILER OPERATOR C4419 AUTOMOTIVE TECHNICIAN 2  
G05 MECHANIC/BOILER OPERATOR X4439 AUTO/HEAVY EQUIP REPAIR SUPVR  
G06 TRADES C4001 PAINTER  
G06 TRADES C4003 CARPENTER  
G06 TRADES C4004 PLASTERER  
G06 TRADES C4005 PLUMBER  
G06 TRADES C4007 ELECTRICIAN 1  
G06 TRADES C4008 ELECTRICIAN 2  
G06 TRADES C4009 ELECTRICIAN 3  
G06 TRADES C4018 MACHINIST  
G06 TRADES C4037 PHYSCL/ELECTRNC SECRTY TECH 1  
G08 SKILLED CRAFTS (SR 18+) C2304 MANUAL ARTS INSTRUCTOR  
G08 SKILLED CRAFTS (SR 18+) C9300 HAIRDRESSER  
H01 SERVICE/MAINTENANCE T0001 SUPPORTED EMPLOYMENT WORKER  
H01 SERVICE/MAINTENANCE C0758 SUPPLY SPECIALIST 1  
H01 SERVICE/MAINTENANCE C0759 SUPPLY SPECIALIST 2  
H01 SERVICE/MAINTENANCE C4012 FACILITY MAINTENANCE SPEC  
H01 SERVICE/MAINTENANCE C4101 CUSTODIAN  
H01 SERVICE/MAINTENANCE C4103 CUSTODIAL SERVICES COORDINATOR  
H01 SERVICE/MAINTENANCE C4109 GROUNDS MAINTENANCE WORKER 1  
H01 SERVICE/MAINTENANCE C4110 GROUNDS MAINTENANCE WORKER 2  
H01 SERVICE/MAINTENANCE C4116 LABORER/STUDENT WORKER  
H01 SERVICE/MAINTENANCE C4401 TRUCK DRIVER 1  
H01 SERVICE/MAINTENANCE C4402 TRUCK DRIVER 2  
H01 SERVICE/MAINTENANCE C4422 EQUIPMENT OPERATOR  
H01 SERVICE/MAINTENANCE C6708 MENTAL HEALTH SECURITY TECH  
H01 SERVICE/MAINTENANCE C9101 FOOD SERVICE WORKER 2  
H01 SERVICE/MAINTENANCE C9102 FOOD SERVICE WORKER 3  
H01 SERVICE/MAINTENANCE C9116 COOK 1  
H01 SERVICE/MAINTENANCE C9117 COOK 2  
H01 SERVICE/MAINTENANCE C9201 SEAMSTER  
H02 SERVICE/MAINTENANCE X4046 MAINTENANCE & OPERATIONS SUPV  
H02 SERVICE/MAINTENANCE X9119 SUPERVISING COOK  
000 UNASSIGNED T0007 VOLUNTEER



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