Oregon Health Authority Equity Advancement Plan

Oregon Health Authority

Contents

Executive summary

Introduction

The Oregon Health Authority (OHA) is a state government agency with a single overarching strategic goal: **eliminate health inequities in Oregon by 2030**. Hundreds of people throughout the state have helped develop the strategic plan. The plan primarily focuses on communities experiencing health inequities and the health care system that has failed to serve them.

OHA health equity definition*:

> *Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances. Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including Tribal governments to address:*
>
> - *The equitable distribution or redistribution of resources and power; and*
> - *Recognizing, reconciling and rectifying historical and contemporary injustices.*

The Equity Advancement Plan — also referred to as the Affirmative Action Plan — is a required compliance document fulfilling part of OHA's responsibility as a federal government contractor. Executive Order 17-11† also requires OHA to complete an Affirmative Action Plan and engage in a variety of proactive efforts to advance workforce equity and inclusion. OHA develops an Equity Advancement Plan every biennium that communicates the agency's efforts toward related goals, monitors progress and recommends corrective action.

Purpose and contents

The purpose of this report is to:
- Summarize the status of OHA efforts to achieve 2019–2021 Affirmative Action Plan‡ goals and strategies

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* Oregon Health Policy Board Health Equity Committee: https://www.oregon.gov/oha/OEI/Pages/Health-Equity-Committee.aspx

† Executive Order 17-11 Related to Affirmative Action, Equal Employment Opportunity, Diversity, Equity and Inclusion: https://www.oregon.gov/gov/Documents/executive_orders/eo_17-11.pdf

‡ OHA 2019-2021 Affirmative Action Plan: https://www.oregon.gov/oha/OEI/Reports/Oregon%20

- Measure trends in OHA workforce representation by race/ethnicity, disability status and binary gender in proportion to the same populations in the potential labor market, and
- Outline agency plans in 2021–2023 to advance workforce equity and inclusion.

This report consists of qualitative and quantitative information mandated by the Governor's Office, with additional information voluntarily reported by OHA. The report includes the following contents:

- Agency overview
- Equity advancement policies
- Roles for implementation of the Equity Advancement Plan
- Progress report on goals and strategies presented in the 2019–2021 Affirmative Action Plan
- Workforce demographic analysis
- 2021–2023 equity advancement goals and strategies
- Status of management performance appraisals and succession planning efforts
- Status of OHA contracts and grants

Workforce demographic summary

To achieve the strategic plan goal, OHA must become an anti-racist organization. It must also develop and implement workforce-focused initiatives to recruit, retain and advance a culturally responsive workforce that reflects, at minimum, Oregon's population demographics. The information presented in this report shows that OHA continues to experience ongoing challenges with meeting and exceeding parity, the major goal in affirmative action.

For purposes of this report, OHA defines parity as achieving comparable representation of Tribal communities, communities of color, people with disabilities and females in every job category in the agency's workforce in the same proportion as they are represented in the potential labor market.

At the time of this report's publication, OHA has chosen to estimate parity by comparing its workforce to population demographics in and near counties where OHA employees work. For this report, these counties included: Multnomah, Clackamas, Washington, Marion, Lane, Linn, Benton, Yamhill and Polk counties (Oregon) and Clark County (Washington). In future reporting, In future reporting, OHA will make adjustments in how it compares its workforce to the Oregon population, with the goal of centering people most harmed by health inequities.

Health%20Authority%202019-2021%20Affirmative%20Action%20Plan_FINAL.pdf

As of June 30, 2020[*]:

There were **4,472 state government employees** in OHA[†]:

- **23.7 percent** were people of color.
- **73.4 percent** of all OHA employees were White.
- People with disabilities[‡] represented **2.6 percent** of all employees; among all employees with disabilities, 69 percent were White.
- Females (binary gender)[§] represented **61 percent** of all employees; among all female employees, **72.9 percent** were White.

In contrast, among **OHA's 393 supervisory managers and executive leaders**:

- **12.6 percent** were people of color
- **85 percent** were White
- **2.8 percent** were people with disabilities, and
- **55.5 percent** were female.

Among **OHA's 870 hires** (since Jan. 1, 2019):

- **26.8 percent** (228) were people of color
- **59.9 percent** (509) were White
- **1.1 percent** (10) were people with disabilities, and
- **62.7 percent** (545) were female.

Since June 30, 2018, the agency experienced:

- A **1.6 percent increase** in workforce representation of people of color
- A **0.4 percent decrease** in the proportion of people with disabilities in the workforce, and
- A **1 percent decrease** in the proportion of females (binary gender) in the workforce.

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* Data source for OHA workforce: Workday Oregon.

† 2.9 percent of OHA employees declined race/ethnicity, or this information was not available.

‡ This information represents only those employees who voluntarily disclosed disability status.

§ This information is limited to binary gender categories. While Workday offers a voluntary option for state employees to self-select gender identity as female, male or non-binary/other, the majority of OHA employees have not completed this information in their Workday profile. At the time of this report's publication, five OHA employees voluntarily self-reported gender identity as "non-binary/other."

OHA workforce parity estimates: June 30, 2020

Parity estimates presented below represent the ratio of the OHA workforce by race/ethnicity[*], disability status and binary gender compared to the same populations in the potential labor market.[†]

For this report, OHA defines the potential labor market as people ages 18–64 who reside in Multnomah, Clackamas, Washington, Marion, Lane, Linn, Benton, Yamhill and Polk counties (Oregon) and Clark County (Washington).[‡]

In tables 1 and 2, blue shows where OHA is currently meeting or exceeding parity representation (ratio score is greater than 0.90). Grey shows where OHA is near parity representation (ratio score is greater than 0.75 but less than or equal to 0.90). Orange shows where OHA is below parity representation (ratio score is less than or equal to 0.75).

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[*] At the time of this report's publication, Workday did not have standardized Race, Ethnicity, Language and Disability (REALD) granular demographic options for state employees. For more information on REALD, see https://www.oregon.gov/oha/OEI/Pages/REALD.aspx.

[†] In calculating parity estimates, OHA used the "rarest group first" methodology to impute primary race for employees who self-identified as two or more races. For example, for purposes of the analysis, employees who identified as White and Black/African American were assigned as Black/African American. The parity analysis in this section excludes two populations in OHA's workforce: 1) those who self-identified as two or more races where primary race could not be imputed; and 2) those who declined to self-identify a race/ethnicity (and a small number of cases where race/ethnicity information was missing).

[‡] Data source for potential labor market: American Community Survey (ACS) Figures, 2015–2019, 5-year estimates from Public Use Microdata Sample (PUMS) data with Latino, Latina and Latinx adjusted as a race.

Table 1. OHA workforce representation, by individual group, compared to the potential labor market*

	People of color	American Indian and Alaska Native	Asian	Black, African, African American	Latino, Latina, Latinx	Native Hawaiian and Pacific Islander	White	Disabled	Non-disabled	Female	Male
All OHA employees	0.8	0.5	1.0	1.1	0.7	0.4	1.1	0.2	1.1	1.2	0.8
Non-supervisory managers†	0.7	1.2	0.7	1.1	0.5	-S-	1.1	0.3	1.1	1.3	0.7
Supervisory managers‡	0.4	-S-	0.3	0.8	0.4	-S-	1.2	0.3	1.1	1.1	0.9
Hires§	1.1	0.4	1.0	1.3	1.1	1.5	1.0	0.1	1.1	1.3	0.8

Legend

For all measures except separations:

Blue	Meeting or exceeding parity representation (ratio score greater than 0.90)
Grey	Near parity representation (ratio score greater than 0.75 but less than or equal to 0.90)
Orange	Below parity representation (ratio score less than or equal to 0.75)

For all measures:

**	Interpret with caution — estimate may be statistically unreliable due to small numbers (n>=5 and n <12)
-S-	Estimate suppressed — statistically unreliable due to small numbers (n <5)

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* For this report, OHA defines the potential labor market as people ages 18–64 who reside in Multnomah, Clackamas, Washington, Marion, Lane, Linn, Benton, Yamhill and Polk counties (Oregon) and Clark County (Washington).

† For this report, non-supervisory managers are defined as management service employees (not presented by a union) who are not supervisors.

‡ Supervisory managers are supervisors who are management service employees (not represented by a union).

§ Hires are permanent, limited duration, temporary, full- and part-time paid employees hired by OHA who have not had two or more years of previous and continuous state employment and those whose previous employment was for another state agency (with no break in state service).

Table 2. All OHA employee promotions compared to the potential labor market*

	People of color	American Indian and Alaska Native	Asian	Black, African, African American	Latino, Latina, Latinx	Native Hawaiian and Pacific Islander	White	Disabled	Non-disabled	Female	Male
All promotions*	0.9	0.7	0.7	1.4	0.8	0.6**	1.1	0.2	1.1	1.3	0.7

Legend

For all measures except separations:

Blue	Meeting or exceeding parity representation (ratio score greater than 0.90)
Grey	Near parity representation (ratio score greater than 0.75 but less than or equal to 0.90)
Orange	Below parity representation (ratio score less than or equal to 0.75)

For all measures:

**	Interpret with caution — estimate may be statistically unreliable due to small numbers (n>=5 and n <12)
-S-	Estimate suppressed — statistically unreliable due to small numbers (n <5)

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* Promotions are a permanent change to a higher job classification where the incoming position is within OHA, with no break in state service. Excludes job rotations, work out of class or any other pay differentials.

In **Table 3** for employee separations, blue shows where there is relatively low representation (ratio score is less than 0.75). Grey shows where there is relatively average representation in separations (ratio score is greater than or equal to 0.75 but less than 0.90). Orange shows where there is relatively high representation in separations (ratio score is greater than or equal to 0.90).

Table 3. OHA employee separations, by individual group, compared to all agency separations

	People of color	American Indian and Alaska Native	Asian	Black, African, African American	Latino, Latina, Latinx	Native Hawaiian and Pacific Islander	White	Disabled	Non-disabled	Female	Male
Voluntary separations	1.0	0.93**	1.0	0.82	1.0	.95**	1.0	1.0	1.0	1.0	1.0
Involuntary separations*	1.2	-S-		2.6**	-S-		0.9	-S-	1.0	1.0	1.0

Legend

For separations only:

Blue	Relatively low representation in separations (ratio score less than 0.75)
Grey	Relatively average representation in separations (ratio score greater than 0.75 but less than or equal to 0.90)
Orange	Relatively high representation in separations (ratio score greater than or equal to 0.90)

For all measures:

**	Interpret with caution — estimate may be statistically unreliable due to small numbers (n>=5 and n <12)
-S-	Estimate suppressed — statistically unreliable due to small numbers (n <5)

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* Voluntary employee separations are resignations, voluntary transfers to another state agency, voluntary end of limited duration positions and retirements. Involuntary employee separations are dismissals, dismissals during trial service or layoffs. Involuntary separations exclude deaths and unknown separations.

Summary of OHA workforce parity trends as of June 30, 2020

OHA workforce (all employees)

Compared to the potential labor market:

- OHA is **meeting or exceeding parity representation** among all employees who identify as Asian, Black, African and African American, and female.

- OHA is **below parity representation** among all employees who identify as American Indian and Alaska Native, Latino, Latina and Latinx, Native Hawaiian and Pacific Islander, and people with disabilities.

Non-supervisory managers[*]

Compared to the potential labor market:

- OHA is **meeting or exceeding parity representation** among non-supervisory managers who identify as American Indian and Alaska Native, Black, African and African American, and female.

- OHA is **below parity representation** among non-supervisory managers who identify as Asian, Latino, Latina and Latinx, and people with disabilities.[†]

Supervisory managers[‡]

Compared to the potential labor market:

- OHA is **meeting or exceeding parity representation** among supervisory managers who identify as female.

- OHA is **near parity representation** among supervisory managers who identify as Black, African and African American .

- OHA is **below parity representation** among supervisory managers who identify as Asian, Latino, Latina and Latinx, and people with disabilities[§].

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[*] Non-supervisory managers are management service employees (not represented by a union) who are not supervisors.

[†] The parity estimate was suppressed for Native Hawaiian and Pacific Islander non-supervisory managers, due to small numbers.

[‡] Supervisory managers are supervisors who are management service employees (not represented by a union).

[§] Parity estimates were suppressed for American Indian and Alaska Native and for Native Hawaiian and Pacific Islander supervisory managers, due to small numbers.

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Hires[*]

Compared to the potential labor market:

- OHA is **meeting or exceeding parity representation** among hires who identify as Asian, Black, African and African American, Latino, Latina and Latinx, Native Hawaiian and Pacific Islander, and female.
- OHA is **below parity representation** among hires who identify as American Indian and Alaska Native and for people with disabilities.

Promotions[†]

Compared to the potential labor market:

- OHA is **meeting or exceeding parity representation** in all agency promotions among employees who identify as Black, African and African American and as female. However, when examining promotion trends among management service employees, there are striking inequities for people of color.
- OHA is **near parity representation** in all agency promotions among employees who identify as Latino, Latina and Latinx.
- OHA is **below parity representation** in all agency promotions among employees who identify as American Indian and Alaska Native, Asian, Native Hawaiian and Pacific Islander, and people with disabilities.[‡]

Voluntary employee separations[§]

Compared to all OHA employee separations:

- OHA has a **relatively average representation** among employees who identify as Black, African and African American in voluntary separations.
- OHA has a **relatively high representation** of employees who identify as American Indian and Alaska Native, Asian, Latino, Latina and Latinx, Native Hawaiian and Pacific Islander, people with disabilities, and female in voluntary separations.[¶]

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[*] Hires are permanent, limited duration, temporary, full- and part-time paid employees hired by OHA who have at least two years of no previous continuous employment with the state and those whose previous employment was for another state agency (with no break in state service).

[†] Promotions are a permanent change to a higher job classification where the incoming position is within OHA, with no break in state service. Excludes job rotations, work out of class, or any other pay differentials.

[‡] Parity estimates for Native Hawaiian and Pacific Islander employees in all promotions may be statistically unreliable due to small numbers — interpret with caution.

[§] Voluntary employee separations are resignations, voluntary transfers to other state agencies, voluntary end of a limited duration positions and retirements. Voluntary separations exclude deaths and unknown separations.

[¶] Parity estimates for voluntary employee separations among American Indian and Alaska Native as well as Native Hawaiian and Pacific Islander employees may be statistically unreliable due to small numbers — interpret with caution.

Involuntary employee separations[*]

Compared to all employee separations in OHA, OHA has a relatively high representation of employees who identify as Black, African and African American and as female in involuntary seperations. Involuntary separations exclude deaths and unknown separations.[†]

2021–2023 equity advancement goals and strategies

The OHA 2021–2023 Equity Advancement Plan reaffirms the agency's strategic plan goal: **eliminate health inequities in Oregon by 2030**.

To achieve this goal, OHA recognizes the need to do things differently. The COVID-19 pandemic has underscored systemic racism and health inequities faced by people of color, Tribal members and other communities in Oregon and across the country. This reality shows it is vital to OHA's mission to develop and support a workforce that is culturally responsive and reflects the racially, ethnically, linguistically, ability- and gender-diverse populations across the state.

During the 2021–2023 biennium, OHA will focus on the following equity advancement strategies:

- **Continue strategic planning efforts**. Anti-racism is a core component of the strategic plan. OHA is facilitating ongoing anti-racism education and practice with its Executive Leadership Team and the "Group of 70" who are informing and developing the strategic plan. A key focus during the 2021–2023 biennium will be to expand anti-racist education and practices more broadly across the agency. It will also be important for OHA to identify and take action on workforce-focused initiatives tied to advancing the strategic plan goal.

- **Develop an Equity Action Plan**. Informed by the Equity Advancement Leadership Team, other key stakeholders and an agencywide equity-readiness assessment, the agency will develop and implement an Equity Action Plan. The plan will serve as a roadmap for OHA-specific priorities and initiatives to improve workforce equity and inclusion. The Equity Action Plan will align with and operationalize the OHA Strategic Plan. As part of OHA's Equity Advancement Plan submitted every biennium to the Governor's Office, the agency will report on priorities and progress from the Equity Action Plan.

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[*] Involuntary employee separations are dismissals, dismissals during trial service or layoffs. Involuntary separations exclude deaths and unknown separations.

[†] Parity estimates for involuntary employee separations among Black and African American employees may be statistically unreliable due to small numbers — interpret with caution. Additionally, due to small numbers, parity estimates were suppressed for American Indian and Alaska Native, Asian, Latino, Latina and Latinx, Native Hawaiian and Pacific Islander employees, and people with disabilities.

- **Integrate equity, inclusion, anti-racism and accessibility into existing systems and processes**. One critical example of an action the agency can take immediately is to assess external and internal agency policies for equity-related consequences and impacts.

Agency overview

Overview of the Oregon Health Authority

The Oregon Health Authority (OHA) includes most of the state's health care programs. OHA has nine divisions: Agency Operations, COVID-19 Recovery and Response Unit, Equity and Inclusion, External Relations, Fiscal Operations, Health Policy and Analytics, Health Systems, Oregon State Hospital and Public Health.

The Oregon Health Policy Board* (OHPB) serves as OHA's policymaking and oversight body. OHPB works toward comprehensive health reform in our state. The nine-member board includes community members from across the state with an interest in health and health care. Board members have strong relationships with the communities they represent.

Oregonians — along with people throughout the nation — are confronted by the COVID-19 pandemic, which threatens the lives and livelihoods of people across the state. Oregon is also grappling with a national reckoning over systemic racism and inequity. We cannot ignore the many Black and Brown lives tragically lost and diminished due to racism's legacy in our health care and public health systems.

OHA appreciates our many partners who share a commitment to eliminating health inequity in Oregon. Partners range from Tribal nations and coordinated care organizations (CCOs) to local health officials and community-based non-profit organizations. The agency depends on their input, collaboration, innovation and inspiration to improve the health and well-being of every Oregonian. Together, we are working to dismantle our state's systemic barriers to equitable, affordable and accessible health care.

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* Oregon Health Policy Board: https://www.oregon.gov/oha/OHPB/Pages/index.aspx

OHA mission and objectives

Vision

A healthy Oregon.

Mission

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

Goals

To fulfill this mission, OHA is developing a strategic plan with a single overarching goal: **to eliminate health inequities in Oregon by 2030** (see Appendix A-1, OHA Strategic Plan overview). Hundreds of people throughout the state have contributed to this plan. It primarily focuses on communities experiencing health inequities our health care system has failed to serve.

OHA demonstrated commitment to this goal in August 2020 by opening $45 million in grant applications to nonprofit organizations, Oregon's nine federally recognized Tribes and the Urban Indian Health Program to address the COVID-19 pandemic's disproportionate impacts on Oregon's Tribal communities and communities of color (see Appendix A-2, OHA COVID-19 health equity grants). The Oregon Legislature approved OHA's request to direct federal Coronavirus Aid, Relief, and Economic Security (CARES) Act relief funds to address social determinants of health, systemic racism and other health and economic disparities that Tribal members and people of color face and that COVID-19 has compounded. This investment aligns with community partners' priorities. Community-based organizations, Tribal governments and the Urban Indian Health Program will use the grants to help people throughout Oregon address health and economic disruptions, food insecurity, housing, safety and violence prevention.[*]

OHA will use various measures to gauge statewide progress toward this goal. "Meaningful language access to culturally responsive health care services" is a health equity measure for CCOs. It is included in the OHA Health Plan Quality Metrics Committee's 2021 menu of measures and in the 2021 CCO Incentive Metrics Program (see Appendix A-3, CCO Health Equity Measure: Meaningful language access to culturally responsive health care services)[†]. The measure

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[*] COVID-19 Health Equity Grants: https://www.oregon.gov/oha/covid19/Pages/equity-grants-covid-19.aspx

[†] CCO Metrics: https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx

incentivizes CCOs and the provider network to improve access to quality health care services for members who need spoken or sign language interpretation.

Goals

OHA's primary objectives for the 2021–2023 biennium include the following:

- Reduce barriers to health and advance health equity in our communities.
- Improve access and quality of behavioral health services and decrease behavioral health inequities.
- Reduce health inequities in the health care system and realize better care, better health and lower costs.

Health equity definition

In 2019, the Oregon Health Policy Board and OHA adopted the following definition of health equity[*] (see Appendix A-4, OHA health equity definition: 2019 Health Equity Committee presentation to Oregon Health Policy Board):

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

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

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

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[*] Developed by the Oregon Health Policy Board Health Equity Committee: https://www.oregon.gov/oha/OEI/Pages/Health-Equity-Committee.aspx

Equity Advancement Plan – key contact information

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Equity leaders: persons with "diversity," "inclusion," "access," "equal opportunity," "multicultural" or "equity" in their job title

In August 2020, the Office of Human Resources operations manager completed a manual search in Workday, the statewide HR information system, to locate OHA positions with working titles that include the following keywords: "diversity," "inclusion," "access," "equal opportunity," "multicultural" and "equity."* As a result of this search, 13 positions were identified and are compiled in a matrix (Appendix D-1).

In order to meaningfully address the goals of this report, OHA has included additional information in the matrix:

- Eight positions in the matrix have working titles that do not include any of the keywords; however, these positions are designed to advance health equity within OHA and across the state. Their equity focus is comparable to the 13 positions located in the search that have working titles with these keywords.

- Five positions in this matrix have a working title of "ID & Access Technician." They represent technology and information services and do not generally focus on diversity, inclusion, equity, equal opportunity or multicultural disciplines.

The search did not locate several key positions that advance diversity, equity and inclusion. Examples include but are not limited to: Equity and Inclusion Division director; Tribal Affairs director; health equity coordinator and health equity planner in the Public Health Division; several positions in the Community Partner and Outreach and Ombud's programs in the External Relations Division; and various equity, community engagement and training positions in the COVID-19 Response and Recovery Unit.

Finally, while not listed, there are numerous skilled and passionate individuals throughout the agency who do not have these keywords listed in their working titles. However, they are key champions in advancing health equity. Some of these roles include but are no means limited to the Agency Director, division directors, Equity Advancement Leadership Team members, employee resource group members and other staff throughout OHA.

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* Workday Oregon: https://www.oregon.gov/das/hr/pages/workday.aspx

Contracting and procurement with COBID*-certified firms

ODHS-OHA Office of Contracts and Procurement

635 Capitol Street, N.E., Suite 350
Salem, OR 97301

ocp.request@dhsoha.state.or.us

Phone: 503-945-5818
TTY: 711

https://www.oregon.gov/dhs/BUSINESS-SERVICES/CP/Pages/index.aspx

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* State of Oregon Certification Office for Business Inclusion and Diversity (COBID): https://www.oregon4biz.com/How-We-Can-Help/COBID/

OHA organizational chart

Oregon Health Authority
Agency Director
Patrick Allen

Tribal Affairs
Director
Julie Johnson

Agency Operations
Deputy Director
Kristine Kautz
- Office of Information Systems
- Office of Human Resources
- Central Operations

Fiscal Operations Division
Chief Financial Officer
David Baden
- Budget
- Health Care Finance
- Actuarial Services Unit
- Program Integrity

Office of Equity and Inclusion
Director
Leann Johnson
- Compliance and Civil Rights
- Health Equity

External Relations Division
Chief of Staff
Dawn Jagger
- Communications
- Government Relations
- Member & Stakeholder Support

Health Systems Division
Director
Margie Stanton
- Medicaid
- Behavioral Health
- Quality and Compliance
- Business Operations
- Business Information Systems

Health Policy and Analytics
Director
Jeremy Vandehey
- Health Policy
- PEBB/OEBB
- Health Information Technology
- Health Analytics
- Office of Delivery Systems Innovation
- Business Operations

Public Health Division
Director
Rachael Banks
- Prevention and Health Promotion
- Public Health Practice
- Health Protection
- Public Health Officer
- Policy and Partnerships
- Program Operations
- Fiscal and Business Operations

Oregon State Hospital
Director
Dolly Matteucci
- Salem Campus
- Junction City Campus
- Pendleton Cottages

COVID Recovery Response Unit
Director
Jana Mclelan

Organization chart was current as of December 2020.

Equity advancement policies

Policy statement

The Equity and Inclusion Division, the Office of Human Resources and OHA managers are responsible for ensuring the following policy is appropriately posted in each OHA office's employee area. The policy statement (see Appendix D-2, OHA Director's Affirmative Action/EEO memo) is also posted on the Equity and Inclusion Division's website. The Equity and Inclusion Division monitors, reports and investigates charges of discrimination and reports trends to the OHA Executive Leadership Team on a semiannual basis or as necessary.

This memo, as well as state and federal employment law documents (Appendices B and C) are readily available on OHA's internal website (OWL) and external website. Additionally, OHA provides and makes available posters and other printed matter featuring this information throughout its workspaces, including locations where the public can easily access them. OHA creates the electronic and printed matter with access in mind to ensure people with disabilities and people with limited English proficiency can request the information in a format or language of their choice at no cost to them.

Complaint options

OHA is unique among Oregon state agencies in how it responds to complaints or reports of potential discrimination, harassment including sexual harassment, intimidation and retaliation based on or because of protected class status. That responsibility rests with experienced civil rights investigators in the Equity and Inclusion Division who investigate and respond to concerns as they arise. The investigators regularly collaborate with managers, staff and human resources to ensure the agency responds in a prompt and appropriate manner. The OHA Executive Leadership Team is apprised of systemic issues, trends and opportunities for proactive measures to ensure OHA employees are valued, respected and treated equitably.

The Office of Human Resources oversees issues unrelated to protected class status. HR and Equity and Inclusion Division staff work collaboratively to address workplace issues and identify training gaps. These teams also meet with and present to managers and staff to enhance their understanding of workplace expectations, cultural responsiveness, unconscious bias and other relevant topics.

The Equity and Inclusion Division's Diversity, Inclusion, Training and Civil Rights Unit coordinates the OHA Discrimination and Harassment Complaint Procedure (see Appendix D-3).

Contact information

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OWL (internal website): https://dhsoha.sharepoint.com/teams/Hub-OHA-OEI/SitePages/Discrimination-Harassment-Free-Workplace.aspx

Complaint process

The complaint process includes:

- Anyone who suspects they have experienced or witnessed discrimination, harassment including sexual harassment, intimidation or retaliation based on or because of protected class status may contact the Equity and Inclusion Division. The Equity and Inclusion Division accepts all verbal and written reports on the OHA Equal Employment Opportunity Discrimination/Harassment Complaint Form (Appendix D-4) or the State of Oregon Complaint Form*.

- When receiving a complaint or concern, the diversity, inclusion and civil rights manager will review the information and assign a civil rights investigator to the matter. The investigator will assess the information and develop a response plan in consultation with the diversity, inclusion and civil rights manager. The response plan may include a screening meeting to gather additional information to determine jurisdiction, the development and implementation of a formal or informal investigative plan, or an informal consult with the reporter or other involved parties to identify alternate resolution paths, including collaborative responses between staff, managers, Office of Human Resources and the Equity and Inclusion Division.

- The agency's CASPER database system captures all reports, complaints and respective responses. Additionally, OHA retains all paper and electronic information in compliance with state government retention requirements. The CASPER system allows for data reporting to assist OHA in identifying trends,

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* State of Oregon Compliant Form: https://www.oregon.gov/das/HR/Documents/Complaint%20FORM_11%2030%2015.doc

hotspots and other emerging issues. The agency and the Equity and Inclusion Division continue to work with OIS systems professionals to identify and implement system enhancements to assist with more nimble data systems use.

- The agency strives to respond to and resolve matters within 60 days of report. OHA continues to work toward achieving that timeline goal. Resource limitations including staffing shortages and workload issues present ongoing challenges to meeting this goal.

Roles for implementation of the Equity Advancement Plan

This section outlines roles, responsibilities and expectations in OHA for implementing the Equity Advancement Plan and ensuring the agency complies with affirmative action/EEO and related laws, rules and policies.

Accountability mechanisms include the OHA Performance System, employee development plans and performance management of all agency executives, managers and staff. Additionally, the Oregon Management Project outlines performance expectations for executives who supervise managers and management service employees, to ensure that manager performance evaluations address duties and responsibilities for advancing Equity Advancement Plan goals and strategies.[*]

Agency director

- Sets strategic direction and expectations for the agency concerning development and implementation of goals in the Strategic Plan, Equity Advancement Plan, and other equity and inclusion initiatives and programs.
- Ensures Executive Leadership Team members understand their work performance is evaluated based on their efforts and results around implementing Strategic Plan and Equity Advancement Plan goals and strategies, in conjunction with other leadership responsibilities.
- Ensures the appropriate review and follow-up on findings including:
  » The agency director or deputy director reviews all investigation reports completed under the OHA Discrimination and Harassment Complaint procedure.
  » Appropriate staff coordinate with investigators about the findings, and
  » The agency deputy director responds to requests for reconsideration.
- Receives ongoing professional development related to health equity, equity and inclusion, anti-racism and other topics relevant to advancing the Strategic Plan and Equity Advancement Plan.
- Ensures executive leadership team members:
  » Receive ongoing professional development related to health equity, equity and inclusion, anti-racism and other topics relevant to advancing the Strategic Plan and Equity Advancement Plan.

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[*] The Oregon Management Project (TOMP): https://www.oregon.gov/das/HR/pages/TOMP.aspx

» Review management implementation of equity advancement strategies in performance appraisals.

» Provide reports to the Legislature and public regarding the agency's status and progress on Equity Advancement Plan goals and strategies, and

» Evaluate members of their divisional management team for effectiveness in creating the workplace conditions and results outlined in the Strategic Plan and Equity Advancement Plan.

• Meets as needed with the OHA Equity and Inclusion Division, Office of Human Resources and division and program directors to review progress and challenges with Equity Advancement Plan goals and strategies.

Executive Leadership Team

• Leads the agency in setting the direction and expectations around strategic planning efforts, as well as leadership in implementing the Strategic Plan and Equity Advancement Plan.

• Receives ongoing professional development related to health equity, equity and inclusion, anti-racism and other topics relevant to advancing the Strategic Plan and Equity Advancement Plan.

• Ensures divisional leadership and management teams:

» Receive ongoing professional development related to health equity, equity and inclusion, anti-racism and other topics relevant to advancing the Strategic Plan and Equity Advancement Plan

» Review management implementation of equity advancement strategies in performance appraisals, and

» Evaluate management team members for their effectiveness in creating the workplace conditions and results expected by the agency's affirmative action policy.

Strategic Plan "Group of 70"

• Assists the OHA Executive Leadership Team to inform and develop the OHA Strategic Plan.

• Receives ongoing professional development related to health equity, equity and inclusion, anti-racism and other topics relevant to advancing the Strategic Plan and Equity Advancement Plan.

Equity Advancement Leadership Team

• Makes recommendations to the Agency Director and Equity and Inclusion Division director to inform and implement the OHA Strategic Plan, Performance System and the Equity Advancement Plan (Appendix D-7).

- Provides oversight to monitor the agency's progress on Equity Advancement Plan goals and strategies. Advises the agency on the development of the OHA Equity Action Plan.
- Receives ongoing professional development related to health equity, equity and inclusion, anti-racism, and other topics relevant to advancing the Strategic Plan and Equity Advancement Plan.

Equity and Inclusion Division

- Develops and communicates agency policies and procedures related to AA/EEO and prepares and disseminates equity advancement information.
- Coordinates activities in concert with the Strategic Plan, Performance System and Equity Advancement Plan; monitors progress toward agency identified goals and strategies.
- Documents and communicates to the Executive Leadership Team barriers preventing the agency's achievement of OHA Equity Advancement Plan goals; recommends to Executive Leadership potential solutions on removing barriers.
- Provides guidance and technical assistance to agency executive leaders and management on strategies to incorporate health equity, anti-racism and equity, inclusion and accessibility into the hiring process.
- Ensures the agency is complying with affirmative action/EEO and other relevant laws and policies; documents and communicates to Executive Leadership barriers that are preventing agency compliance with affirmative action/EEO and related laws and policies.
- Receives and investigates discrimination, harassment and retaliation complaints.
- Receives ongoing professional development related to health equity, equity and inclusion, anti-racism, ADA and other topics relevant to advancing the Strategic Plan and Equity Advancement Plan. Develops and maintains knowledge and skills for advancing health equity external and internal to the agency.

Management

- Promotes and fosters a nondiscriminatory, safe and welcoming climate and work environment — both in physical worksites and in the remote work environment — in which all employees are valued and respected in accordance with state policy and agency values.
- Ensures all new and current employees:
  » Are aware of the agency's strategic plan goal, health equity definition and core values, and

» Understand OHA's priority initiatives and resources for advancing health equity.

- Periodically reviews training programs, hiring and promotion patterns to remove barriers to achieving the agency's Strategic Plan and Equity Advancement Plan goals.

- Implements recommended strategies to incorporate health equity, anti-racism and equity, inclusion and accessibility into the hiring process.

- Conducts periodic reviews by staff authorized to act to ensure the following:

  » 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.

  » People of color, people with disabilities and other protected class identities have full opportunity and encouragement to participate in agency-sponsored education, training, recreational and social activities.

  » Employees learn about the need for ADA compliance, alternate format and language access, and that requests are appropriately processed and accommodated (Appendix A-5), and

  » Problem areas in equity, inclusion and accessibility practices and procedures are identified and solutions sought.

- Receives ongoing professional development related to health equity, equity and inclusion, anti-racism and other topics relevant to advancing the Strategic Plan and Equity Advancement Plan.

2019–2021 progress report

The following is a summary of OHA's progress made on goals and strategies presented in the 2019–2021 Affirmative Action Plan*. Please note that the progress report is a snapshot in time — many activities are rapidly evolving, particularly with COVID-19 response and recovery efforts.

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

Strategic plan

In order to fulfil the agency's vision of a healthy Oregon, OHA began efforts in 2019 to develop a strategic plan, starting with holding engagement sessions with communities across the state that have not been reached in the past. The OHA Equity and Inclusion Division and Community Partner and Outreach Program[†] organized engagement sessions where facilitators asked a set of key questions regarding supports and barriers to achieving better health. Responses to the questions were compiled into a report to inform the plan's goals, strategies and initiatives. In late 2019 and early 2020, OHA leaders prioritized top themes from the report, which resulted in identifying the plan's overarching goal: Eliminate health inequities in Oregon by 2030. In August 2020, the OHA Executive Leadership Team began reengaging with the strategic plan after efforts were paused due to the agency's involvement in the COVID-19 response. In 2021, strategic planning efforts resumed, focused on expanding anti-racist education and practices across the agency.

Performance system

OHA has established a performance system process (Appendix A-6) to bring more business rigor to OHA operations and drive agency focus toward OHA's goals of transforming health and health care for Oregonians. The OHA performance system is a framework that ensures the agency and each division provides value to people in Oregon by increasing clarity, transparency and accountability in our work.

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* OHA 2019-2021 Affirmative Action Plan: https://www.oregon.gov/oha/OEI/Reports/Oregon%20 Health%20Authority%202019-2021%20Affirmative%20Action%20Plan_FINAL.pdf

† OHA Community Partner and Outreach Program: https://www.oregon.gov/oha/HSD/OHP/Pages/ Community-partners.aspx

Oregon Health Authority Equity Advancement Plan

Since July 2018, OHA finalized core processes and subprocesses, identified performance measures for each process, began to measure data collection, and introduced the practice of regular measure and process improvement review at quarterly performance review (QPR) meetings. Starting in fall 2018, QPRs were held on a regular basis. Through QPRs, OHA is carrying out a rigorous and transparent self-assessment of its progress, barriers and challenges including the availability of meaningful data to inform equity advancement efforts. In February 2020, the OHA Executive Leadership Team began to hold monthly reviews of 10 key performance measures, many of which are related to equity and inclusion: Tribal consultation, REALD data collection[*], timeliness of translations, diversity recruitment and new hire turnover.

Three measures in the performance system pertain directly to the OHA workforce:

- Increase OHA workforce engagement (Outcome 1AOM1)
- Improve OHA workforce equity and inclusion (Outcome 1AOM5), and
- Develop and support the OHA workforce (Process 1ASP3).

Workday is the main data source for 1AOM5 and 1ASP3. QPR reporting for some measures for 1ASP3 were available to OHA managers beginning in late 2019. 1AOM5 was activated in January 2021. Refer to Appendix D-5 for an overview of specifications for these measures.

In addition to work at the agency level, each OHA division has undertaken a process to identify core processes, sub-processes and performance measures. They are also establishing regular measure review or aligning their existing performance system and practices with the agencywide system.

Steward relationships with diverse communities and Tribes throughout the state

OHA is committed to equitable, inclusive and culturally responsive community engagement. The External Relations Division, Tribal Affairs director and Equity and Inclusion Division work with OHA divisions to ensure diverse communities and Tribes across the state are involved in developing strategic plan goals, health policies, rules and other decisions that affect the health of all people in Oregon. OHA works closely with Tribes, local governments, community-based organizations and other partners to encourage public input and reduce barriers that prevent people from participating in agency decision-making.

One foundational aspect of OHA's commitment to stewarding relationships is honoring the government-to-government relationship with Oregon's nine federally

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* Race, Ethnicity, Language and Disability (REALD) data collection standards: https://www.oregon.gov/oha/OEI/Pages/REALD.aspx

recognized Tribes and regularly conferring with the Urban Indian Health Program (Appendix A-7).

COVID-19 response

Both preceding and during the COVID-19 pandemic, OHA meaningfully engaged communities by working with trusted partners across the state to address health and equity gaps. Early on in the COVID-19 response, $3 million was allocated from the Governor's Office to OHA and the Oregon Department of Human Services to award grants to community-based organizations that serve migrant and seasonal farmworkers.

In July 2020, the Public Health Division awarded $25 million in grants to approximately 170 community-based organizations across the state to provide culturally and linguistically appropriate and accessible information and services to communities at higher risk for COVID-19. The funds were used to increase COVID-19 monitoring and contact tracing; develop outreach strategies specific to the needs of grantee priority populations; ensure access to accurate and timely information in multiple languages; and provide feedback on ways to better serve community members.[*] These efforts have supported the Oregon COVID-19 Contact Collaborative[†], to ensure contact tracers reflect Oregon's population demographics, and hold skills and experience to meet the needs of all people in Oregon.

In August 2020, the Oregon Legislature approved OHA's request to direct $45 million in federal Coronavirus Aid, Relief and Economic Security (CARES) Act funds to address social determinants of health, systemic racism and other health and economic disparities Tribal members and people of color face, which have been compounded by COVID-19. The grant awardees represent numerous nonprofit organizations and Tribal governments across the state.[‡] This investment represents an extension of OHA's commitment to eliminating health inequities, especially those driven by the COVID-19 pandemic.

Throughout the pandemic response, OHA has been involved in many culturally and linguistically responsive media and communications efforts. Materials are automatically translated into 11 languages and alternate formats. The Safe + Strong (Unidos + Fuertes)[§] campaign features a website, social media, radio ads, digital display ads and radio PSAs in English and Spanish. As part of the funding allocated

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[*] OHA Public Health Division, COVID-19 Funding for Community-Based Organizations: https://www.oregon.gov/oha/PH/ABOUT/Pages/Community-Engagement.aspx

[†] Oregon COVID-19 Contact Collaborative: https://govstatus.egov.com/OR-OHA-Contact-Collaborative

[‡] COVID-19 Health Equity Grants: https://www.oregon.gov/oha/covid19/Pages/equity-grants-covid-19.aspx

[§] Safe and Strong Campaign: https://www.safestrongoregon.org/

from the Governor's Office for farmworker safety, OHA engaged Lara Media to develop a communications campaign to specifically reach migrant and seasonal farmworker families. Governor Brown's press conferences are simulcast in Spanish on the OHA en Español Facebook page[*], and OHA consistently provides American Sign Language (ASL) interpretation and captioning at all agency-managed live media events. OHA has also developed relationships with Spanish radio stations across the state where representatives from the Community Partner and Outreach Program share the latest health information and COVID-related resources, and answer questions that are surfacing from the community. Lastly, a special mailing went out to all Oregon Health Plan households with health information, COVID-19 coverage information and behavioral health resources.

OHA has hosted dozens of community partner webinars and regional listening sessions in multiple languages. The Community Partner and Outreach Program and the Equity and Inclusion Division hold weekly calls in Spanish and English with the community to inform and learn from community-based organizations. Additionally, there are ongoing calls every other week with partners and advocates serving the migrant and seasonal farmworker community.

There are continued efforts to improve engagement and outreach efforts with the disability community in Oregon. As a part of the COVID-19 response, OHA has been in consistent communication with the 25-member Disability Emergency Management Advisory Council Disability Emergency Management Advisory Council (DEMAC)[†] of Oregon, a collaborative effort with the Oregon Department of Human Services and the Oregon Office of Emergency Management. DEMAC also highlighted the need for a partnership between OHA and the Oregon Bureau of Labor & Industries (BOLI) to provide information about reasonable modifications in public settings when face coverings are required. Through DEMAC, OHA has received input on strategy affecting pandemic response. At the time of this report's publication, DEMAC and OHA are developing a video series to increase awareness of disability issues related to COVID-19.

The agency also engaged in several Q&A townhall events for Deaf and hard of hearing people in collaboration with Oregon Deaf and Hard of Hearing Services (ODHHS), where community members asked and received answers to questions about the facts and myths surrounding COVID-19. Participants also learned about community resources.

In January 2021, OHA launched a Vaccine Advisory Committee. Its purpose is to co-create a vaccine sequencing plan focused on health equity to ensure the needs of systemically affected populations, including communities of color, Tribal

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* OHA en Español Facebook: https://www.facebook.com/OHAespanol

† Disability Emergency Management Advisory Council of Oregon: https://www.oregon.gov/DHS/BUSINESS-SERVICES/BCMP/Pages/DEMAC.aspx

communities, and people with intellectual and developmental disabilities, are met. After completing a broad recruitment effort, a diverse range of members were selected to serve on the committee[*].

OHA Strategic Plan

As part of the strategic planning process, in 2019, OHA asked for initial input from communities historically not engaged by the agency. The goal was to build trust and relationships. The Equity and Inclusion Division and the Community Partner Outreach Program started by creating a plan to engage and learn from communities across the state. The Equity and Inclusion Division and the Community Partner Outreach Program then partnered with stakeholders to plan community engagement events. The process began by asking communities if they wanted to provide feedback on the OHA Strategic Plan and, if so, how they wanted to give input. A culturally specific community-based organization or a grassroots community member led each event, which was individually customized to be culturally and linguistically appropriate. Community leaders facilitated most events by asking a short list of key questions, written in plain language and translated into multiple languages. The Equity and Inclusion Division and the Community Partner Outreach Program analyzed all input and grouped it into themes.

As a result, OHA received input for the strategic plan, which led to identifying its overarching goal: to eliminate health inequities in Oregon by 2030. The input also improved OHA's community engagement efforts in a meaningful, respectful and culturally appropriate manner and informed the agency's COVID-19 response efforts.

Oregon Health Policy Board

During the biennium, Oregon Health Policy Board (OHBP)[†] championed numerous community engagement activities. In October 2019, the OBHP Health Equity Committee developed a definition of health equity that OHPB and OHA adopted. Around the same time, the committee provided extensive feedback to OHA on policy development for the CCO 2.0 initiative[‡] and developed guidance documents for CCO health equity plans.[§] Additionally, the committee participated in a workgroup tasked with creating a CCO health equity measure, "meaningful language access to culturally responsive health care services." The

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[*] Oregon COVID-19 Vaccine Advisory Committee: https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/VACCINESIMMUNIZATION/IMMUNIZATIONPARTNERSHIPS/Pages/COVID-19-Vaccine-Advisory-Committee.aspx.

[†] Oregon Health Policy Board: https://www.oregon.gov/OHA/OHPB/Pages/index.aspx

[‡] CCO 2.0: https://www.oregon.gov/oha/OHPB/Pages/CCO-2-0.aspx

[§] CCO Health Equity Plan Guidance: https://www.oregon.gov/oha/HSD/OHP/Pages/CCO-Contract-Forms.aspx

OHA Health Plan Quality Metrics Committee adopted and included this measure in the 2021 menu of measures and in the 2021 CCO Incentive Metrics Program. The committee successfully used a gap analysis tool to focus recruitment for the committee in specific regions throughout the state that were previously not represented on the committee. Lastly, the committee worked with the Public Health Advisory Board to elevate the need to declare racism a public health crisis.

The Medicaid Advisory Committee completed a set of recommendations for CCOs and OHA to address the social determinants of health and health equity in the second phase of health transformation[*], as well as a guide for CCOs to use health-related services to address housing needs. Additionally, the committee submitted comments to the U.S. Department of Homeland Security opposing the proposed federal rule on inadmissibility and deportability on public charge grounds, in an effort to reduce health inequities affecting Oregon's immigrant families.

The Public Health Advisory Board designed and implemented a public health modernization[†] funding formula that allocates funding to counties based on health status, burden of disease and demographic factors such as racial and ethnic diversity and language. The board also provided oversight and guidance for the development of the 2018 State Health Assessment and 2020–2024 State Health Improvement Plan[‡].

State Health Improvement Plan

The OHA Public Health Division led the development of the 2020–2024 State Health Improvement Plan (SHIP), which identifies Oregon's health priorities with strategies to improve and measures to monitor progress (Appendix A-8). The SHIP's overall goal is to advance health equity for the following priority groups: Black, indigenous and people of color; the American Indian and Alaska Native population; people with low incomes; people with disabilities; people who identify as LGBTQIAS2+; and people who live in rural areas.

Five priorities for the 2020–2024 SHIP include institutional bias; adversity, trauma and toxic stress; behavioral health; access to equitable preventive health care; and economic drivers of health. PartnerSHIP, a community-based steering committee, formed in 2018 to provide guidance, direction and decision-making; it consists of agencies serving priority populations and potential plan implementers. In fall 2019, subcommittees for each priority formed with people from more than 68 organizations representing public health, health care, social services, education,

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[*] Medicaid Advisory Committee social determinants of health recommendations: https://www.oregon.gov/oha/HPA/HP-MAC/Documents/MAC_State_Actions_SDOH_CCOs_FINAL.pdf

[†] Oregon Public Health Modernization: https://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Pages/index.aspx

[‡] Heathier Together Oregon, 2020-2024 State Health Improvement Plan: https://www.oregon.gov/oha/ph/about/pages/healthimprovement.aspx

academia, transportation, housing and the business community. Subcommittees identified goals, key indicators, strategies and short-term measures.

Equity and Inclusion Division

The Equity and Inclusion Division maintains extensive connections with community-based groups and other partners most harmed by inequities. These relationships are critical for the greater agency to achieve its mission, vision and goals. During the biennium, the division collaborated with other OHA divisions to identify and implement equitable and culturally appropriate community engagement practices for a variety of OHA initiatives and programs, most notably the development of the agency's strategic plan, CCO 2.0, and for COVID-19 response and recovery efforts.

The following is a sample of community engagement accomplishments led by the division and its various committees[*]:

- The Community Advisory Council centers community voices in the division's work to improve health equity and to establish a more equitable relationship between the division, OHA and Oregon's diverse communities.

- Regional Health Equity Coalitions (RHECs) are autonomous, community-driven, cross-sector groups whose backbone organizations are non-governmental in nature. The RHEC model works by building on the inherent strengths of local communities to meaningfully involve them in identifying sustainable, long-term, policy, system and environmental solutions to increase health equity for communities of color, and those living at the intersection of race/ethnicity and other identities most harmed by inequities. At the time of this report's publication, there were six RHECs representing 11 Oregon counties and the Confederated Tribes of Warm Springs. OHA and other sources fund the RHEC Program.

- Developing Equity Leadership through Training and Action (DELTA) is a nine-month statewide leadership program that advances multi-sectoral leadership toward health equity with community leaders, policymakers, administrators and clinicians recruited from communities of color, health departments, hospitals, clinics, CCOs and a variety of other types of organizations. From October 2018 through May 2019, 38 individuals from 34 organizations participated in the program. In 2019, DELTA also conducted a pilot program and cohort with a focus on behavioral health. In fall 2020, DELTA began its first virtual cohort.

- The Health Care Interpreter Program works directly with a council and the community to develop training standards, approve training programs, and

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* For more information on the OHA Office of Equity and Inclusion, visit: https://www.oregon.gov/oha/oei/Pages/index.aspx

provide support for training programs to increase the number of qualified and certified health care interpreters throughout the state. As of July 2020, 740 health care interpreters were enrolled in OHA's registry. Notable community engagement activities in 2019 included disseminating a Health Care Interpreter and Providers Survey and providing a free training to 51 certified and qualified health care interpreters in Albany, where the state's first and only Mam qualified interpreter successfully graduated. In fall 2020, an additional free training was delivered in Eastern Oregon.

- The Traditional Health Worker Program promotes the roles, engagement and use of the traditional health worker workforce, which includes community health workers, peer wellness specialists, personal health navigators, peer support specialists and birth doulas. The program — in partnership with health systems, stakeholders and community-based organizations — strives to ensure traditional health workers work with communities to identify and address the underlying causes of health problems. The Traditional Health Worker Commission has 23 members, many of whom are frontline traditional health workers from throughout the state. As of September 2020, OHA has certified a total of 3,300 traditional health workers and approved a total of 53 trainings and continuing education programs.

- In 2019, HB 2011 directed 23 Oregon health-related boards to require their professional licensees to complete cultural competency continuing education. The Cultural Competence Continuing Education Committee recommends approval to OHA of cultural competence continuing education (CCCE) trainings for 25 types of health care professionals. As of this report's publication date, OHA has reviewed a total of 57 trainings. The committee's formation reflects the high priority need for culturally responsive health care providers and health care organizations and systems that Oregonians experiencing health inequities have consistently identified.

- The division's sponsorship program supports activities that strengthen relationships between community-based organizations, state programs and policy leaders. The program also establishes an agency presence at educational forums, fundraisers, conferences and other outreach events. Between July 1, 2018, and June 30, 2020, OEI awarded $40,050 in sponsorship funding to community-based organizations throughout the state. In March 2020, the program was paused due to COVID-19 safety guidelines for group gatherings.

Oregon State Hospital

In 2018, the Oregon State Hospital (OSH)*, a division of OHA, partnered with the Equity and Inclusion Division to hire its first diversity liaison. The position's primary role is to integrate OHA's diversity, equity and inclusion initiatives into the culture of the hospital to meet patients' and employees' unique and diverse needs. The OSH diversity liaison coordinates the OSH Diversity Committee, which oversees four subcommittees that provide services and support to diverse patient populations within the hospital. The subcommittees include LGBTQ, Peer Advisory Council, Native Advisory Council, and Veterans for Progress.

During the biennium, through work groups, champions and subject-matter experts, the Diversity Committee built allies with communities of people served by the hospital. The committee informed the development of a cultural screening assessment that evaluates patients' cultural needs when they are admitted. This practice connects them with appropriate OSH services and consultants. The screening tool is integrated with a REALD demographic survey; as a result, the information will be clinically relevant and helpful to larger organizations as more information is available to meet individual patient needs.

Equitable Hiring Strategies

To achieve the agency's goal of eliminating health inequities in Oregon by 2030, a strategic approach is needed to recruit, retain and advance a qualified workforce that is culturally responsive and reflects Oregon's population demographics. This effort requires change in organizational culture, policies and procedures. The agency must also promote professional development opportunities for agency managers and champions to mitigate bias and model inclusive practices in hiring, onboarding, employee development and succession planning.

During the biennium, statewide transition to Workday was a priority in many of the agency's human resources activities. Additionally, in July 2019, OHA launched a Talent Management Breakthrough Initiative. This quality improvement effort was designed to support employees in four key areas: recruitment, onboarding, employee development and succession planning. The OHA Executive Leadership Team decided to start with onboarding as the first phase, with the plan to address recruitment later in the process. However, the initiative's onboarding phase was paused in February 2020 to align with the OHA Strategic Plan, which is currently in development.

In spring 2019, the Equity and Inclusion Division conducted a series of town hall presentations outlining OHA's workforce equity and inclusion priorities for the

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* For more information on the Oregon State Hospital, visit: https://www.oregon.gov/oha/OSH/Pages/index.aspx

biennium. Equity and Inclusion Division staff then met with division directors and the Tribal Affairs director to identify division-specific priorities. Equity in hiring was consistently mentioned, which led to collaboration among the Equity and Inclusion Division and hiring managers to incorporate anti-racism, equity, inclusion and accessibility practices into various recruitments. As a result of these ongoing consultations, the Equity and Inclusion Division created a toolkit and e-training on equity in hiring strategies for OHA hiring managers and interview panelists; at the time of this report's publication, both the toolkit and e-training proposal are in the final stages of development.

Notable accomplishments around equity in hiring also occurred on the division level. For example, in 2018, the Public Health Division held a series of engagement sessions with division staff, including members of OHA's employee resource groups. These events resulted in a number of recommendations for improving workforce equity and inclusion. As part of the implementation strategy, the division joined a learning collaborative in 2019 related to innovating and supporting the public health workforce; the Association of State and Territorial Health Officials and the de Beaumont Foundation convened the learning collaborative.

Goal 2. Increase recruitment, retention and promotion of a workforce that represents the changing demographics of Oregon.

Mentorship opportunities

In June 2019, the Office of Human Resources completed a workforce training resource and needs assessment. The assessment identified mentoring as one of several tops needs, in addition to management training, a succession program and onboarding improvement. Staff and managers frequently noted mentoring as key to a wholistic succession planning approach. Recommendations for a formalized mentoring program included:

- Different program paths throughout the employment life cycle for frontline staff and subject matter experts, supervisors of staff, supervisors of supervisors and executives
- Career trajectory options and paths for staff
- Ensuring mentors are available for staff of color, and
- Leveraging information shared in exit interviews to inform program strategies.

In July 2020, the agency launched a Talent Management Breakthrough Initiative.

Staff across the agency cited mentoring as a key aspect to both an onboarding and succession planning program. In February 2020, the OHA Executive Leadership Team paused the initiative to better align with the OHA Strategic Plan being created.

While OHA does not currently have a formal mentorship program, mentorship often informally occurs throughout the agency among executive leadership, managers, staff, volunteers, interns, prospective employees, and board and commission members. These relationships take place because of informal connections and established OHA programs; examples include the Employee Resource Group Program, in which staff at all levels engage in building community around a unifying purpose, and the DELTA Program, where participants develop and complete a project with OHA's or other health system leaders' support.

Assess agency suite of mandatory trainings, address gaps related to equity

In April 2019, the Office of Human Resources began an assessment of current trainings available to agency staff, reviewing curriculum and making recommendations for changes to the OHA Executive Leadership Team. Additionally, a training resource and needs assessment was completed, which identified management training, succession program/mentoring and onboarding improvement as the top three needs. Management training was the most prevalent theme, with all divisions requesting training for management staff.

To address agency-specific training needs, OHA transitioned several staff from a joint-agency training unit previously shared with the Oregon Department of Human Services. In August 2020, OHA announced the formation of the new Office of Human Resources Training and Development Unit, structured to provide the level of service that meets goals established in the strategic plan. Since the transition, the Equity and Inclusion Division and Human Resources Training Team partnered to identify opportunities for incorporating anti-racism, equity, inclusion and accessibility into agencywide training efforts. With OHA's strategic plan goal to eliminate health inequities in Oregon by 2030, more work is planned over the 2021–2023 biennium to expand agencywide education and practices related to health equity and anti-racism.

Internship program and opportunities

During the biennium, OHA did not make significant progress in developing or implementing an agencywide, centralized approach for supporting career entry opportunities (e.g., internships and work experiences) that center on communities most harmed by inequities. However, several internship and volunteer

opportunities are being coordinated on the division, department and program levels. A few notable examples include the OHA AmeriCorps VISTA Partnership Project and internship programs led by the Oregon State Hospital psychology and nursing departments.

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

Use the training system to support and develop cultural responsiveness among all employees

As part of the strategic plan development process, OHA held a series of anti-racism trainings in 2019 with more than 100 executive leaders and managers. OHA also held related trainings with a steering committee responsible for coordinating community engagement during the design of the strategic plan. In late 2020 and early 2021, contractors who provided the trainings partnered with the OHA Executive Leadership Team to plan expanded trainings that reach more staff throughout the agency.

Concurrently, the OHA Equity and Inclusion Division drafted a training plan intended to develop and increase equity, diversity and inclusion competencies for all OHA staff. The training plan proposes five essential subject areas for agencywide professional development: anti-racism, social determinants of equity, unconscious bias, bystander intervention and compliance with policies (such as the Americans with Disabilities Act and Discrimination and Harassment-Free Workplace policies). The training plan is now in the final stages of development and will be a resource for implementing the OHA Strategic Plan.

In late 2020, the Equity and Inclusion Division and the Human Resources Training Team formed a partnership to collaborate on assessing equity gaps in agencywide training, with a focus on developing a training approach and system to support the OHA Strategic Plan.

Incremental progress was made to expand organizational learning about equity, diversity and inclusion. First, the Equity and Inclusion Division facilitated unconscious bias trainings with several internal teams and developed ilearn modules that feature a documentary film series "Unnatural Causes: is Inequality Making us Sick?" Second, the Equity and Inclusion Division acquired a "Structural Racism in Oregon" timeline exhibit and made it available for events held by various OHA teams and committees. Third, In November 2019, the OHA Equity and Inclusion Division sponsored a team of 10 staff from across

the agency to become Intercultural Development Inventory (IDI) qualified administrators. The IDI is an assessment tool that helps individuals, teams and organizations understand their capacity for working with others, maintaining open lines of communication and working effectively with people who have different backgrounds from our own.* Lastly, the Equity and Inclusion Division coordinated and, in some cases, sponsored OHA staff attendance at events such as the Northwest Public Employees Diversity Conference, the National Conference on Race and Ethnicity and the Oregon Diversity, Equity and Inclusion Conference for State Employees.

Coordinated/centralized systems to increase equity

OHA continues to work toward providing systems that make access and ADA accommodation easier and increasing agencywide access to professional development opportunities related to equity, inclusion and cultural responsiveness. In 2019, more than 100 OHA executive leaders and managers participated in anti-racism trainings. OHA plans to expand these trainings more broadly across the organization. This represents a key coordinated cultural change strategy to build internal capacity and support for the OHA Strategic Plan goal to eliminate health inequities in Oregon by 2030.

In July 2019, OHA established a centralized accommodation budget procedure (Appendix D-6) for individual managers and units to ask for funding to accommodate prospective and current employees. This procedure also ensures that managers work with human resources staff to document ADA accommodations. As a result, employees do not have to continually educate new managers on their accommodation needs. As of August 2020, agencywide expenditures were approximately $200,000 for the first year of implementation, with the appropriate budget allocated for the second year of the 2019–2021 biennium to support ongoing expenditures at this level.

In summer 2020, OHA convened two new teams that demonstrate commitment to an agencywide approach to advancing equity and inclusion in the workforce. The Equity Advancement Leadership Team advises the agency on equity advancement policies and initiatives (Appendix D-7). The OHA Gender Identity Policy Work Group advises the agency on implementation of the ODHS-OHA Gender Identity and Expression Policy for Employees (Appendices D-8, D-9).

Lastly, at the time of this report's publication, OHA was developing two policies to support the workforce: a Flexible Work Solutions Policy (Appendix D-10), and an Organizational Resilience and Healing Policy (in development).

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* Intercultural Development Inventory: https://idiinventory.com/

Oregon Health Authority Equity Advancement Plan

Maintain and the expand the OHA Employee Resource Group Program

OHA is committed to eliminating health inequities by supporting the development and growth of employee resource groups (ERGs). ERGs are voluntary, employee-driven groups that engage in community building, mentorship and learning opportunities for agency staff and serve as an open communication channel among staff and executive leadership. During the biennium, the number of OHA-recognized ERGs expanded from four to seven. At the time of this report's publication, OHA's current ERGs included:

- Autism Workforce, Acceptance, Resources & Education (AWARE)
- Black, African, and African American (BAAA)
- Healthy Families
- LGBTQIA2S+
- People of color (POC)
- Positive Employment Opportunities 4 Persons of Lived Experience (PEOPLE), and
- Workplace Individuals with Strong Experience (WISE).

The OHA ERG Program continued to expand in part because of ongoing outreach and communications activities throughout the agency. In late 2019, the Equity and Inclusion Division partnered with ERGs to host open house events at the Oregon State Hospital. Additionally, the program continued to disseminate ERG information in internal newsletters, town hall events, management meetings, new employee orientation and the agency's internal website (OWL). However, starting in March 2020, the COVID-19 pandemic posed challenges to ERG recruitment and engagement efforts when many employees throughout the agency shifted to working remotely.

In July 2020, advocacy by OHA ERG members led to the OHA Executive Leadership Team approving a revision to the agency's ERG Policy (Appendix D-11). This revision increased the amount of work time (non-overtime) available for ERG leaders to conduct ERG activities to a maximum of 16 hours per month.

Goal 4. Increase ability to measure, evaluate and set benchmarks of data, documenting barriers to achieving progress on equity advancement goals.

Refer to goals 1 and 5 for the agency's status on developing and refining the OHA performance system and conducting quality improvement of workforce equity and inclusion data.

Explore Workday functionality to support workforce equity and inclusion initiatives

OHA is in the initial stages of using Workday to provide information and data about the workforce. Demographic data and reports have been slower to emerge from Workday on a regular and ongoing basis. This information will help the OHA Executive Leadership Team and managers understand trends with recruitment, promotions, separations, retention and other measures that support the agency's equity advancement goals.

OHA experienced significant barriers with tracking demographic diversity of prospective employees throughout the hiring process. Workday has allowed the agency to create reports on the overall applicant pool. However, it remains unclear whether Workday has functionality to track demographics of candidates as they move through various rounds of screening, interviewing and reference checks.

Workday has an exit interview tool. Nevertheless, OHA has not formalized a review of the information or used it to determine what changes could address concerns raised by staff who are leaving the agency, particularly employees with identities most harmed by inequities.

As the agency's performance system measures are refined to track changes to outcomes, processes and systems, OHA will have better information to address barriers to hiring, advancement and retention of people of color and people with disabilities. OHA may be able to use the data and information available to change recruitment, promotion and retention practices, internal systems and structures that provide for a safe and supportive workplace, as well as to provide feedback to the agency's management about its goals and expectations.

REALD demographic data collection for the prospective and current workforce

REALD is an effort to increase and standardize race, ethnicity, language and disability data collection across the Oregon Department of Human Services and OHA. House Bill 2134's passage during the 2013 legislative session and in Oregon Administrative Rules advanced data collection[*]. Informed by communities most harmed by inequities, REALD includes a set of standardized data categories and questions that OHA and ODHS datasets must collect.

OHA efforts during the biennium to advance this work include adopting a REALD policy (Appendix A-9) and incorporating REALD data collection and policy implementation as a process measure in the OHA performance system.

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* ORS 943-070-0000 through 943-070-0070

In an effort to achieve REALD compliance with the agency's workforce datasets, the OHA Equity and Inclusion Division conducted initial groundwork to plan dissemination of a voluntary REALD survey with OHA employees. This work is currently paused as a result of priorities related to the COVID-19 response.

Employee engagement survey

Since 2017, OHA has conducted an annual survey that solicits feedback on an employee's organizational experiences. This longitudinal survey opened for one month at the beginning of each calendar year, and captured employee responses to survey questions covering three dimensions: employee satisfaction, management quality and team dynamics. OHA executive leadership reviewed engagement levels and response rate data to inform strategic planning efforts and foster improvements in communication efforts during all-staff meetings and town hall discussions. Additionally, engagement and survey response rates have been tracked as part of the OHA performance system.

Goal 5. Maintain and improve communication and collaboration to achieve equity advancement goals.

Equity Advancement Leadership Team

In July 2020, following an agencywide recruitment process, the OHA Director and Equity and Inclusion Division director convened the Equity Advancement Leadership Team (Appendix D-7). The team is comprised of staff from across OHA with lived and professional experience in advancing health equity. The team makes recommendations to the agency on informing and operationalizing the OHA Strategic Plan, performance system and Equity Advancement Plan. The team is integral in leveraging diverse perspectives to advance policies and strategic initiatives related to health equity, anti-racism and workforce equity and inclusion. Lastly, the team developed valuable recommendations that informed the framework for OHA's 2021–2023 Equity Advancement Plan goals and strategies section of this report.

Collaborate with External Relations to share information with managers and staff on workforce equity and inclusion topics

In February 2019, as part of a series of agencywide town hall events, the Equity and Inclusion Division presented the agency's workforce equity and inclusion trends, goals and priorities for the 2019–2021 biennium.

Additionally, the Equity and Inclusion Division partnered with employee resource

groups and the External Relations Division to develop a communications plan for agencywide promotion of the OHA ERG Program, with a focus on new and Oregon State Hospital employees. As a result, ERG information was routinely shared through New Employee Orientation, OHA town hall events, open houses at the Oregon State Hospital, internal newsletter articles and the agency's internal web site (OWL).

Lastly, agencywide newsletters invited all staff to apply to serve on the OHA Equity Advancement Leadership Team and Gender Identity Work Group, both of which received a high volume of interest and applications.

Collaborate with Human Resources on quality improvement of workforce equity and inclusion data

During the biennium, the OHA Equity and Inclusion Division and the ODHS-OHA Human Resources Workforce Information Unit maintained a partnership to conduct quality improvement of data systems that support OHA's workforce equity and inclusion initiatives. The majority of activities led by this team focused on learning Workday functionality and analyzing workforce data housed in Workday. In August 2020, to address agency-specific data needs, OHA transitioned a workforce information consultant from the ODHS-OHA Shared Services Workforce Information Unit to the OHA Office of Human Resources.

Since this transition, the Equity and Inclusion Division and Office of Human Resources have continued partnering and collaborating to improve the quality of workforce data available for various strategic initiatives, most notably the Improve OHA Workforce Equity and Inclusion Outcome (1AOM5) in the OHA performance system (Appendix D-5). One major deliverable of this partnership, currently in the final stages of development, is creating an interactive data dashboard using Tableau software that highlights OHA workforce demographics and trends. This project serves as a model for the state and other governmental agencies and federal contractors, particularly large organizations.

Workforce demographic analysis

OHA is committed to eliminating health inequities in Oregon by 2030. To achieve this goal, OHA must become an anti-racist organization. It must also implement workforce-focused initiatives to recruit, retain and advance a culturally responsive workforce that reflects, at minimum, Oregon's population demographics. The information presented in this workforce demographic analysis shows that OHA continues to experience ongoing challenges meeting and exceeding parity, the major goal in affirmative action.

For this report, OHA defines parity as achieving comparable representation of Tribal communities, communities of color, people with disabilities and females in every job category in the agency's workforce in the same proportion as they are represented in the potential labor market.

In the OHA Performance System, OHA is using the following calculation to estimate parity: the ratio of the percent of current OHA employees (numerator) divided by the percent of the civilian population ages 18–64 residing in Multnomah, Clackamas, Washington, Marion, Lane, Linn, Benton, Yamhill and Polk counties of Oregon and Clark County, Washington (denominator).[‡]

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[*] 2.9 percent of OHA employees declined self-identifying a race/ethnicity, or this information was not available.

[†] These numbers represent only employees who voluntarily disclosed disability status.

[‡] For the 2023–2025 Affirmative Action Plan, the Governor's Affirmative Action Office will update parity goals and analysis methods that can be used across state government. OHA will also continue to

OHA workforce profile*
(as of June 30, 2020):

Among OHA's 4,472 employees:
- **23.7 percent** (1060) were people of color.
- **73.4 percent** (3284) were White.
- **2.6 percent** (118) were people with disabilities[†]. Among all employees with disabilities, 69 percent were White.
- **61 percent** (2725) were female (binary gender). Among all female employees, 72.9 percent were White.

In contrast, among **OHA's 393 supervisory managers and executive leaders**:
- **12.7 percent** (50) were people of color.
- **85 percent** (334) were White.
- **2.8 percent** (11) were people with disabilities.
- **55.5 percent** (218) were female (binary gender).

Among **OHA's 870 hires** (since Jan. 1, 2019):
- **26.8 percent** (228) were people of color.
- **59.9 percent** (509) were White.
- **1.1 percent** (10) were people with disabilities.
- **62.7 percent** (545) were female.

Since June 30, 2018, OHA experienced:
- A **1.6 percent increase** in workforce representation of people of color
- A **0.4 percent decrease** in the proportion of people with disabilities in the workforce
- A **1 percent decrease** in the proportion of females (binary gender) in the workforce.

In future reporting, OHA will make adjustments in how it compares its workforce to the Oregon population, with goal of centering people most harmed by health inequities.

report on agency-specific metrics that are reflected in the OHA Performance System.

Figure 1
OHA workforce by race/ethnicity (June 30, 2020)

Percentage/proportion of OHA employees by race/ethnicity.

Supervisory managers

All employees

Race/ethnicity	Supervisory managers	All employees
White (N=3,284)	85.0%	73.4%
Latino, Latina and Latinx (N=339)	4.8%	7.6%
Asian (N=301)	2.3%	6.7%
Two or more races (N=183)	2.0%	4.1%
Black, African and African American (N=155)	2.5%	3.5%
American Indian and Alaska Native (N=58)	1.0%	1.3%
Native Hawaiian and Pacific Islander (N=24)	0%	0.5%

For additional OHA workforce data, refer to Appendix D-12.

Data interpretation considerations

- Statistical data for people with disabilities in the OHA workforce are dependent on voluntary self-identification. As a result, the actual number of OHA employees with disabilities remains unknown.

- Workday has a self-service feature for employees to voluntarily update personal demographic information per federal reporting standards for race, ethnicity, disability status and binary gender. At the time of this report's publication, Workday did not have REALD standard granular demographic categories. Data available for OHA's workforce profile is limited to the following options: American Indian and Alaska Native, Asian, Black, African and African American, Latino, Latina and Latinx, Native Hawaiian and Pacific Islander, White, two or more races, disability status and binary gender. Latino, Latina and Latinx is adjusted as a race.

- Statistical data in this report is limited to binary gender categories. While Workday offers a voluntary option for state employees to self-select gender identity as female, male or non-binary/other, 93 percent of OHA employees had not completed this information in their Workday profile. At the time of this report's publication, five OHA employees voluntarily self-reported as "Non-binary/other."

- In calculating parity estimates, OHA used the "rarest group first" methodology to impute primary race for employees who self-identified as two or more races. For example, for purposes of the analysis, employees who identified as White and Black/African American were assigned as Black/African American. The parity analysis in the below section excludes two populations in OHA's workforce: 1) those who self-identified as two or more races where primary race could not be imputed; and 2) those who declined to self-identify a race/ethnicity (and a small number of cases where race/ethnicity information was missing).

- A lack of accounting information for industry, occupation and/or educational attainment makes it difficult to compare population-level data to OHA's workforce.

Summary of OHA workforce parity trends: June 30, 2020[*]

OHA workforce (all employees)

Compared to the potential labor market:

- OHA is **meeting or exceeding parity representation** among all employees who identify as Asian, Black, African and African American, and female.
- OHA is **below parity representation** among all employees who identify as American Indian and Alaska Native, Latino, Latina and Latinx, Native Hawaiian and Pacific Islander, and people with disabilities.

Non-supervisory managers[†]

Compared to the potential labor market:

- OHA is **meeting or exceeding parity representation** among non-supervisory managers who identify as American Indian and Alaska Native, Black, African and African American, and female.
- OHA is **below parity representation** among non-supervisory managers who identify as Asian, Latino, Latina and Latinx, and people with disabilities.[‡]

Supervisory managers[§]

Compared to the potential labor market:

- OHA is **meeting or exceeding parity representation** among supervisory managers who identify as female.
- OHA is **near parity representation** among supervisory managers who identify as Black, African and African American.
- OHA is **below parity representation** among supervisory managers who identify as Asian, Latino, Latina and Latinx, and people with disabilities.[¶]

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[*] Data sources: Workday as of June 30, 2020 (for OHA workforce); American Community Survey (ACS) Figures, 2015–2019, 5-year estimates from Public Use Microdata Sample (PUMS) data (for potential labor market).

[†] For this report, non-supervisory managers are defined as management service employees (not represented by a union) who are not supervisors.

[‡] The parity estimate was suppressed for Native Hawaiian and Pacific Islander non-supervisory managers, due to small numbers.

[§] For this report, supervisory managers are defined as supervisors who are management service employees (not represented by a union).

[¶] Parity estimates were suppressed for American Indian and Alaska Native and Native Hawaiian and Pacific Islander supervisory managers, due to small numbers.

Oregon Health Authority Equity Advancement Plan

Hires[*]

Compared to the potential labor market:

- OHA is **meeting or exceeding parity representation** among hires who identify as Asian, Black, African and African American, Latino, Latina and Latinx, Native Hawaiian and Pacific Islander, and female.
- OHA is **below parity representation** among hires who identify as American Indian and Alaska Native, and people with disabilities.

Promotions (all employees)[†]

Compared to the potential labor market:

- OHA is **meeting or exceeding parity representation** in all agency promotions among employees who identify as Black, African and African American, and female. However, when examining promotion trends among management service employees, there are striking inequities for people of color.
- OHA is **near parity representation** in all agency promotions among employees who identify as Latino, Latina and Latinx.
- OHA is **below parity representation** in all agency promotions among employees who identify as American Indian and Alaska Native, Asian, Native Hawaiian and Pacific Islander, and people with disabilities.[‡]

Promotions (non-supervisory managers)

Compared to all OHA promotions:

- OHA is **meeting or exceeding parity representation** in promotions among non-supervisory managers who identify as female.

Promotions (supervisory managers)

Compared to all OHA promotions:

- OHA is **meeting or exceeding parity representation** in promotions among supervisory managers who identify as female.

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* For this report, hires are defined as permanent, limited duration, temporary, full- and part-time paid employees hired by OHA who have at least two years of no previous continuous employment with the state, and those whose previous employment was for another state agency (with no break in state service). Includes retiree temporary hires and other types of temporary paid hires (e.g., interns).

† For this report, promotions are defined as a permanent change to a higher job classification where the incoming position is within OHA, with no break in state service. Excludes job rotations, work out of class or any other pay differentials.

‡ Parity estimates for Native Hawaiian and Pacific Islander employees in all promotions may be statistically unreliable due to small numbers — interpret with caution.

- OHA is **below parity representation** in promotions among supervisory managers who identify as Latino, Latina and Latinx.[*]

Voluntary employee separations[†]

Compared to all OHA separations:

- OHA has a **relatively average representation** of employees who identify as Black, African and African American in voluntary separations.
- OHA has **a relatively high representation** of employees who identify as American Indian and Alaska Native, Asian, Latino, Latina and Latinx, Native Hawaiian and Pacific Islander, people with disabilities, and female in voluntary separations.[‡]

Involuntary employee separations[§]

Compared to all separations in OHA, OHA has a relatively high representation of employees who identify as Black, African and African American, and female in involuntary separations.[¶**]

OHA workforce parity estimates: June 30, 2020

Parity estimates below represent the ratio of the percentage of OHA employees by race/ethnicity, disability status and binary gender compared to same populations in the potential labor market, defined by OHA as the civilian population ages 18–64 residing in Benton, Clackamas, Marion, Lane, Linn, Multnomah, Polk, Washington and Yamhill counties (Oregon) and Clark County (Washington).

Table 4 shows representation in the OHA workforce — all employees, non-supervisory managers and supervisory managers — compared to the potential labor market.

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[*] Parity estimates for promotions among Latino, Latina and Latinx supervisory managers may be statistically unreliable due to small numbers — interpret with caution.

[†] For this report, voluntary employee separations are defined as resignation, voluntary transfer to another state agency, voluntary end of a limited duration position and retirement. They exclude deaths and unknown separations.

[‡] Parity estimates for voluntary employee separations among American Indian and Alaska Native, and Native Hawaiian and Pacific Islander employees may be statistically unreliable due to small numbers — interpret with caution.

[§] For this report, involuntary employee separations are defined as dismissal, dismissal during trial service or layoff. They exclude deaths and unknown separations.

[¶] Parity estimates for involuntary employee separations among Black, African and African American employees may be statistically unreliable due to small numbers — interpret with caution.

[**] Parity estimates were suppressed for involuntary separations among American Indian and Alaska Native, Asian, Latino, Latina and Latinx, Native Hawaiian and Pacific Islander employees, and people with disabilities, due to small numbers.

Table 4. OHA workforce representation, by individual group, compared to the potential labor market

	People of color	American Indian and Alaska Native	Asian	Black, African, African American	Latino, Latina, Latinx	Native Hawaiian and Pacific Islander	White	Disabled	Non-disabled	Female	Male
All OHA employees	0.8	0.5	1.0	1.1	0.7	0.4	1.1	0.2	1.1	1.2	0.8
Non-supervisory managers	0.7	1.2	0.7	1.1	0.5	-S-	1.1	0.3	1.1	1.3	0.7
Supervisory managers	0.4	-S-	0.3	0.8	0.4	-S-	1.2	0.3	1.1	1.1	0.9
Hires	1.1	0.4	1.0	1.3	1.1	1.5	1.0	0.1	1.1	1.3	0.8

Legend

For all measures except separations:

Blue	Meeting or exceeding parity representation (ratio score greater than 0.90)
Grey	Near parity representation (ratio score greater than 0.75 but less than or equal to 0.90)
Orange	Below parity representation (ratio score less than or equal to 0.75)

For all measures:

**	Interpret with caution — estimate may be statistically unreliable due to small numbers (n>=5 and n <12)
-S-	Estimate suppressed — statistically unreliable due to small numbers (n <5)

Table 5 shows all promotions in the OHA workforce compared to the potential labor market. Table 6 shows OHA promotions among non-supervisory managers and supervisory managers compared to all agency promotions. Table 7 shows OHA voluntary and involuntary employee separations compared to all agency separations.

For all measures except employee separations (tables 4, 5 and 6), blue shows where OHA is currently meeting or exceeding parity representation (ratio score is greater than 0.90). Grey shows where OHA is near parity representation (ratio score is greater than 0.75 but less than or equal to 0.90). Orange shows where OHA is below parity representation (ratio score is less than or equal to 0.75).

Table 5. All OHA employee promotions compared to the potential labor market

	People of color	American Indian and Alaska Native	Asian	Black, African, African American	Latino, Latina, Latinx	Native Hawaiian and Pacific Islander	White	Disabled	Non-disabled	Female	Male
All promotions	0.9	0.7	0.7	1.4	0.8	0.6**	1.1	0.2	1.1	1.3	0.7

Table 6. OHA employee promotions among non-supervisory managers and supervisory managers compared to all agency promotions

	People of color	American Indian and Alaska Native	Asian	Black, African, African American	Latino, Latina, Latinx	Native Hawaiian and Pacific Islander	White	Disabled	Non-disabled	Female	Male
Promotions among non-supervisory managers			-S-				1.3	-S-	1	1.2	-S-
Promotions among supervisory managers	0.6**	-S-			0.7**	-S-	1.1	-S-	1.0	1.1	0.9

Legend

For all measures except separations:

Blue	Meeting or exceeding parity representation (ratio score greater than 0.90)
Grey	Near parity representation (ratio score greater than 0.75 but less than or equal to 0.90)
Orange	Below parity representation (ratio score less than or equal to 0.75)

For all measures:

**	Interpret with caution — estimate may be statistically unreliable due to small numbers (n>=5 and n <12)
-S-	Estimate suppressed — statistically unreliable due to small numbers (n <5)

For employee separations (Table 7), blue shows where there is relatively low representation in separations (ratio score is less than 0.75). Grey shows where there is relatively average representation group in separations (ratio score is greater than or equal to 0.75 but less than 0.90). Orange shows where there is relatively high representation in separations (ratio score is greater than or equal to 0.90).

Table 7. OHA employee separations, by individual group, compared to all agency separations

	People of color	American Indian and Alaska Native	Asian	Black, African, African American	Latino, Latina, Latinx	Native Hawaiian and Pacific Islander	White	Disabled	Non-disabled	Female	Male
Voluntary separations	1.0	0.93**	1.0	0.82	1.0	.95**	1.0	1.0	1.0	1.0	1.0
Involuntary separations	1.2	-S-		2.6**	-S-		0.9	-S-	1.0	1.0	1.0

Legend

For separations only:

Blue	Relatively low representation in separations (ratio score less than 0.75)
Grey	Relatively average representation in separations (ratio score greater than 0.75 but less than or equal to 0.90)
Orange	Relatively high representation in separations (ratio score greater than or equal to 0.90)

For all measures:

**	Interpret with caution — estimate may be statistically unreliable due to small numbers (n>=5 and n <12)
-S-	Estimate suppressed — statistically unreliable due to small numbers (n <5)

Workforce parity estimates by OHA Division: June 30, 2020

Table 8 shows workforce representation by OHA division compared to the potential labor market*. Blue shows where OHA divisions are currently meeting or exceeding parity representation (ratio score is greater than 0.90). Grey shows where OHA divisions are near parity representation (ratio score is greater than 0.75 but less than or equal to 0.90). Orange shows where OHA divisions are below parity representation (ratio score is less than or equal to 0.75).

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* In Table 8, the OHA Director's Office/Other includes workforce data for the COVID-19 Response and Recovery Unit and division directors. Divisional parity estimates were suppressed for several groups, as shown in Table 8, due to small numbers.

Table 8. OHA division-level workforce representation, by individual group, compared to the potential labor market

	People of color	American Indian and Alaska Native	Asian	Black, African, African American	Latino, Latina, Latinx	Native Hawaiian and Pacific Islander	White	Disabled	Non-disabled	Female	Male
OHA Director's Office/ Other	1.3**			-S-			0.9	-S-	1.1	1.2	0.8**
Agency Operations	0.6	0.4**	1.0	0.7	0.4	-S-	1.1	0.5	1.1	0.7	1.3
Equity and Inclusion	2.5	-S-		8.9**	-S-		0.5	-S-	1.1	1.6	-S-
External Relations	1.5		-S-		2.4	-S-	0.8	-S-	1.1	1.4	0.7
Fiscal Operations	0.9**			-S-			1.1	-S-	1.1	1.5	0.5**
Health Policy and Analytics	0.6	1.2**	0.8**	-S-	0.4**	-S-	1.2	-S-	1.1	1.5	0.5
Health Systems Division	0.8	0.7**	0.8	0.8	0.9	-S-	1.1	0.5	1.1	1.6	0.5
Oregon State Hospital	0.9	0.6	0.9	1.3	0.8	0.6	1.1	0.2	1.1	1.2	0.8
Public Health Division	0.7	0.3**	1.4	0.8	0.4	-S-	1.1	0.3	1.1	1.4	0.6

Legend

For separations only:

Blue	Relatively low representation in separations (ratio score less than 0.75)
Grey	Relatively average representation in separations (ratio score greater than 0.75 but less than or equal to 0.90)
Orange	Relatively high representation in separations (ratio score greater than or equal to 0.90)

For all measures:

**	Interpret with caution — estimate may be statistically unreliable due to small numbers (n>=5 and n <12)
-S-	Estimate suppressed — statistically unreliable due to small numbers (n <5)

2021–2023 equity advancement goals and strategies

Goal

The OHA 2021–2023 Equity Advancement Plan reaffirms the agency's overarching strategic plan goal: eliminate health inequities in Oregon by 2030 (Appendix A-1).

Strategies to achieve the goal

1. Continue strategic planning efforts.

At the time of this report's publication, OHA was re-engaging in a strategic planning process following a pause due to COVID-19 response and recovery efforts. Anti-racism is a core component of the strategic plan. OHA is facilitating ongoing anti-racism education and practice with its Executive Leadership Team and the "Group of 70" who are informing and developing the strategic plan. A key focus during the 2021—2023 biennium will be to expand anti-racist education and practices more broadly across the agency.

It is also important for OHA to identify and take action on workforce-focused initiatives that are tied to advancing the strategic plan goal. This report's workforce demographic summary shows the agency experiences pervasive and ongoing challenges with underrepresentation and inequitable outcomes for people of color and people with disabilities in the overall workforce, within management, and in hires, promotions and separations. The COVID-19 pandemic has underscored systemic racism and health inequities faced by people of color, Tribal members and other communities in Oregon and across the country. This reality has shown it is vital to OHA's mission to develop and support a workforce that is culturally responsive and reflects the racially, ethnically, linguistically, ability- and gender-diverse populations across the state.

2. Develop and implement an Equity Action Plan.

To achieve the strategic plan goal, the agency recognizes the need to do things differently in its workforce-focused priorities, initiatives and resources. During the 2021–2023 biennium, OHA will undergo an agency-wide engagement process to develop an Equity Action Plan. This plan will be informed by the Equity Advancement Leadership Team (Appendix D-7), other key stakeholders and an agency-wide equity readiness assessment. The Equity Action Plan will serve as a roadmap for the agency's strategic priorities and initiatives to improve workforce

equity and inclusion. The Equity Action Plan will align with and operationalize the OHA Strategic Plan. Examples of priority initiatives in the Equity Action Plan may include incorporating equity, inclusion, anti-racism and accessibility into hiring practices and creating opportunities to support equitable staff development and retention.

Accountability measures for the Equity Action Plan include:

- Equity Advancement Leadership Team. The OHA Equity and Inclusion Division will engage and solicit recommendations from this team in developing the Equity Action Plan as well as share ongoing updates on progress and challenges.
- Performance System. There are ongoing opportunities to refine outcome and process measures in the OHA Performance System (Appendix A-6). One potential new measure could be monitoring progress around the agency's efforts to develop and implement the Equity Action Plan. There are also existing outcome and process measures in the Performance System that may align with priorities in the Equity Action Plan. These most notably include the "Improve OHA workforce equity and inclusion" outcome measure and the "Developing and supporting the OHA workforce" process measure (Appendix D-5).

As part of the Equity Advancement Plan that is submitted every biennium to the Governor's Office, OHA will report on priorities and progress from the Equity Action Plan.

3. Integrate equity, inclusion, anti-racism and accessibility and into existing systems and processes.

There are immediate actions the agency can take to integrate and operationalize health equity and anti-racism into existing agency systems and processes. One critical example is assessing external and internal agency policies for equity-related consequences and impacts.

Management

Leadership evaluation

As of August 2019, performance management system functionality in Workday was operational at OHA, designed to complete and track all employee performance reviews. Workday has business processes established to provide a framework for performance accountability and feedback for employees and managers. There are tools and training aids to help move OHA toward a consistent evaluation process for all employees. Workday sends annual notification to each employee via the Workday inbox within 60 days of their work anniversary date, to help ensure employees receive timely reviews. Workday also provides managers with reports on where employees are in the performance evaluation process.

Managers who supervise managers have been required at the enterprise level to complete mandatory training on performance feedback. OHA's performance management system includes a performance evaluation component where all employees, including those in management service, will have employee development conversations and a development plan.

Succession Plan

Succession planning was identified as one of four key components in the OHA Talent Management Breakthrough Initiative. It was also the third most frequently cited theme by managers in an agencywide training assessment completed in June 2019. OHAs recognizes the need for succession planning; however, most managers are unsure how to begin, what is allowed, and what level of commitment is needed for successful implementation.

The training needs assessment highlighted the following recommendations for a succession planning program:

- Complete an assessment to determine the priority of positions to begin succession planning.
- Create a plan for a succession planning program and implementation.
- Create rotational opportunities for staff to grow their skill set.
- Use the Department of Administrative Services Succession Planning Guide[*].

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* DAS Succession Planning Guide: https://www.oregon.gov/das/HR/Documents/sp-SP%20Guide.pdf

- Obtain leadership support by naming a champion/sponsor of the endeavor, having ongoing communications and projects.
- Create a formalized mentorship program within OHA, utilizing a business case developed by a past Leadership Academy project team as the blueprint for the program.

Status of OHA contracts and grants

While state agencies are not required to publish contracting and grant agreement data in this report, OHA has chosen to voluntarily include this information because it aligns closely with the agency's strategic plan and health equity definition.

OHA's economic footprint is significant and disbursed throughout communities across the state because of current regulatory measures in place that direct OHA to provide funding to Tribes, counties, cities, public health entities, coordinated care organizations, educational and medical facilities, as well as community-based organizations and for-profit businesses. Within this large range of entities, only for-profit businesses meet Business Oregon's Certification Office for Business Inclusion and Diversity (COBID) eligibility criteria[*], and not all firms choose to apply. Additionally, OHA is only able to track use of COBID-certified firms that are prime contractors; there is no way to capture subcontractors who may be COBID-certified. This means the agency does not currently capture the significant contributions toward supplier diversity that Tribes, counties, coordinated care organizations and others achieve. Given this context, OHA is working on multiple levels to expand the number of vendors and potential business partners, regardless of COBID eligibility, which do business with the agency; this includes vendors who originate from communities most harmed by inequities.

From Jan. 1, 2019 to Dec. 31, 2020, **OHA awarded $6,146, 698 in contacts, price agreements, purchase orders, and grants to 20 COBID-certified firms** (Appendix D-13). Of these firms, two were Minority Business Enterprises (with a total of $122,175 in awards). This total dollar amount is significantly less than the $31,848,325 in agreements the agency awarded to 27 COBID-certified firms during the time period between July 2016 and June 2018 (as reported in OHA's 2019-2021 Affirmative Action Plan).

During the 2019–2021 biennium, OHA made significant investments in nonprofit organizations, Tribal governments, and other entities that represent and serve communities of color, Tribal communities and communities at the intersection of identities most harmed by health inequities. **From Jan. 1, 2019 to Dec. 31, 2020, OHA awarded 958 contracts, agreements and grants to a variety of nonprofit organizations, for a total award value of $269,910,393.31**. The most notable investment was **$45 million in grants** awarded to numerous culturally specific organizations and Tribal governments in September 2020, in an

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[*] COBID: http://www.oregon4biz.com/How-We-Can-Help/COBID/

effort to address disproportionate impacts of the COVID-19 pandemic on Oregon's Tribal communities and communities of color (Appendix A-2).*

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* COVID-19 Health Equity Grants: https://www.oregon.gov/oha/covid19/Pages/equity-grants-covid-19.aspx

Appendix A: Agency plans and policies related to diversity, equity and inclusion

	Title	Where to find it
A-1	OHA Strategic Plan overview	See Appendix A-1
A-2	COVID-19 Health Equity Grants	https://www.oregon.gov/oha/covid19/Pages/equity-grants-covid-19.aspx
A-3	CCO health equity measure: Meaningful language access to culturally responsive health care services	https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx
A-4	OHA health equity definition: 2019 Health Equity Committee presentation to Oregon Health Policy Board	https://www.oregon.gov/oha/OEI/Pages/Health-Equity-Committee.aspx
A-5	ODHS-OHA Alternate Formats and Language Access (AFLAS) Policy	https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/dhsoha010-013.pdf
A-6	OHA Performance System — fundamentals map	See Appendix A-6
A-7	Tribal consultation and Urban Indian Health Program Confer Policy	https://www.oregon.gov/oha/documents/Tribal_Consultation_and_UIHP_Confer_Policy.pdf
A-8	2020–2024 Healthier Together Oregon: State Health Improvement Plan	https://www.oregon.gov/oha/PH/ABOUT/Documents/ship/2020-2024/Healthier-Together-Oregon-full-plan.pdf
A-9	OHA Implementation of Race, Ethnicity, Language, Disability (REALD) and ACA 1557 Data Collection Standards Policy	https://www.oregon.gov/oha/OEI/REALD%20Documents/18_0725_REALD_DATA_Collection_Policy.pdf

Eliminate Health Inequities by 2030

Update of OHA's Strategic Plan as of 11/18/2020

Informing OHA's Strategic Plan

Engaged more than 20 communities impacted by social and health inequities for input.

Input helps OHA understand health needs of the people of Oregon

Determines 5-10yr priorities

Learning about the community needs and barriers to healthcare will assist OHA's priorities.

Priorities align with the State Health Improvement Plan, CCO 2.0 and the Roadmap for Health.

2

5 Questions Asked at All Community Engagement Events

What can OHA do to support factors that positively impact your family and community's health?

Are there things you are expecting to happen in the next 5 to 10 years that may affect your family and community's health? If so, what are they?

What factors support your family and community's health?

Who would you like to see OHA partner with to improve the health of Oregonians?

Are there things OHA can do to address negative factors that impact your family and community's health?

Oregon Health Authority

3

Community Engagement Events Video
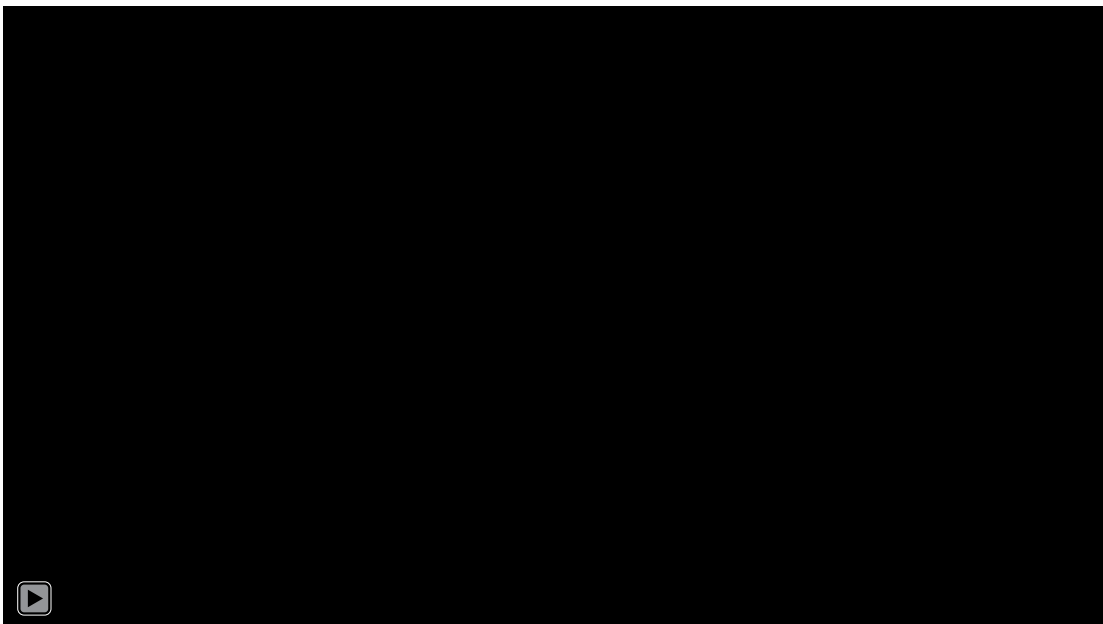
Oregon Health Authority

4

Oregon Health Authority Strategic Plan

Why?	• To enable OHA to set and achieve specific goals
What is included?	• A 10-year plan • A 5-year plan • A set of specific projects to support our goals
Where are we in the process?	• Expanding anti-racism education and practice • Leadership refining equity core principles

Oregon Health Authority

5

Oregon Health Authority Strategic Plan

2020 Key Events	OHA Response	Next Steps
• 10-yr goal announced • Began to draft 5-yr goals • Pandemic • Racial justice movement • Wildfires	• Ground OHA Leadership in equity • Begin expanding anti-racism education and practice • Need for equity magnified	• Revise OHA processes to incorporate equity • Continue working on Strategic Plan with equity focus

Oregon Health Authority

6

What we Learned at the Community Events

- Access & availability of services for diverse communities
- Need for childcare adds barriers and stressors for low-income, diverse populations to access care
- Access to healthy food due to lack of access and ownership and poverty
- Healthcare access and navigation are critical for communities who have greater health inequities due to historic and current racism and discrimination
- Communities of color face greater challenges accessing housing due to racism and discrimination, which impact ability to obtain quality healthcare
- Providing access to information and training is a key health equity strategy
- Diverse families need support for recreation in clean, safe spaces
- Inclusive, culturally and linguistically appropriate care is needed for all
- School-based programs are central, trusted places for many diverse communities
- Transportation is vital for diverse communities to access services
- Concerns for the future: inequities are becoming wider for diverse communities
- OHA has a responsibility to collaborate with communities and agencies to address health equity issues

Oregon Health Authority

7

OHA Fundamentals Map

Tier 1: Agency-Wide

MISSION: Ensuring all people and communities can achieve optimum physical, mental, and social well-being through partnerships, prevention, and access to quality, affordable health care.

VISION: A healthy Oregon

VALUES: Health Equity · Service Excellence · Integrity · Leadership · Partnership · Innovation · Transparency

FOUNDATIONS

KEY GOALS: Engaged & Supported Workforce · Effective Partnerships · Operational Excellence · Equity & Inclusion · Better Health · Better Care · Lower Cost
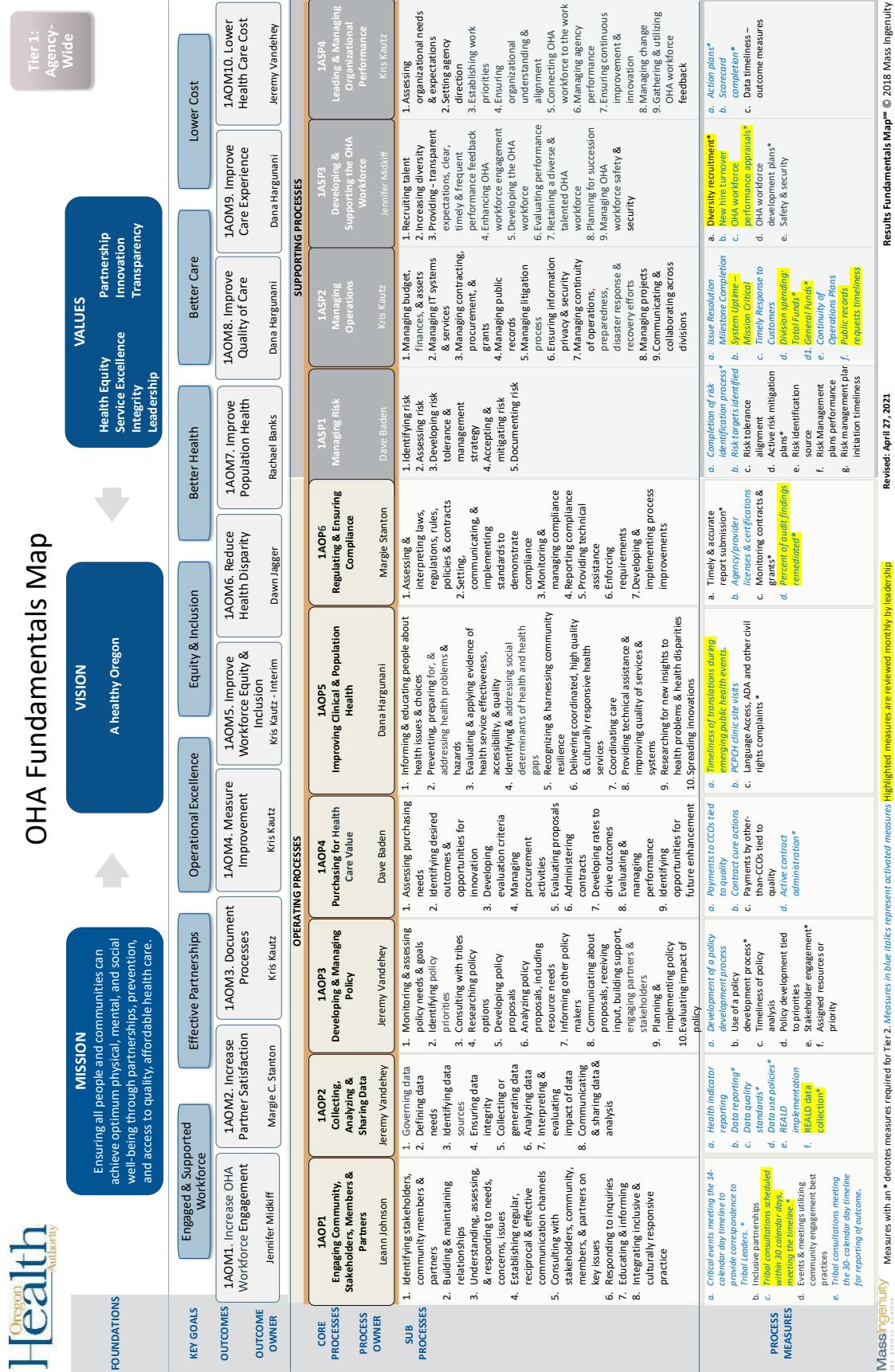
OUTCOMES	OUTCOME OWNER
1AOM1. Increase OHA Workforce Engagement	Jennifer Midkiff
1AOM2. Increase Partner Satisfaction	Margie C. Stanton
1AOM3. Document Processes	Kris Kautz
1AOM4. Measure Improvement	Kris Kautz
1AOM5. Improve Workforce Equity & Inclusion	Kris Kautz - Interim
1AOM6. Reduce Health Disparity	Dawn Jagger
1AOM7. Improve Population Health	Rachael Banks
1AOM8. Improve Quality of Care	Dana Hargunani
1AOM9. Improve Care Experience	Dana Hargunani
1AOM10. Lower Health Care Cost	Jeremy Vandehey

OPERATING PROCESSES

1AOP1 — Engaging Community, Stakeholders, Members & Partners — Process Owner: Leann Johnson
1. Identifying stakeholders, community members & partners
2. Building & maintaining relationships
3. Understanding, assessing, & responding to needs, concerns, issues
4. Establishing regular, reciprocal & effective communication channels
5. Consulting with stakeholders, community, members, & partners on key issues
6. Responding to inquiries
7. Educating & informing
8. Integrating inclusive & culturally responsive practice

Process Measures:
a. Critical events meeting the 14-calendar day timeline to provide correspondence to Tribal Leaders. *
b. Inclusive partnerships
c. Tribal consultations scheduled within 30 calendar days, meeting the timeline.*
d. Events & meetings utilizing community engagement best practices
e. Tribal consultations meeting the 30- calendar day timeline for reporting of outcome.

1AOP2 — Collecting, Analyzing & Sharing Data — Process Owner: Jeremy Vandehey
1. Governing data
2. Defining data needs
3. Identifying data sources
4. Ensuring data integrity
5. Collecting or generating data
6. Analyzing data
7. Interpreting & evaluating impact of data
8. Communicating & sharing data & analysis

Process Measures:
a. Health indicator reporting
b. Data reporting*
c. Data quality standards*
d. Data use policies*
e. REALD implementation
f. REALD data collection*

1AOP3 — Developing & Managing Policy — Process Owner: Jeremy Vandehey
1. Monitoring & assessing policy needs & goals
2. Identifying policy priorities
3. Consulting with tribes
4. Researching policy options
5. Developing policy proposals
6. Analyzing policy proposals, including resource needs
7. Informing other policy makers
8. Communicating about proposals, receiving input, building support, engaging partners & stakeholders
9. Planning & implementing policy
10. Evaluating impact of policy

Process Measures:
a. Development of a policy development process
b. Use of a policy development process*
c. Timeliness of policy analysis
d. Policy development tied to priorities
e. Stakeholder engagement*
f. Assigned resources or priority

1AOP4 — Purchasing for Health Care Value — Process Owner: Dave Baden
1. Assessing purchasing needs
2. Identifying desired outcomes & opportunities for innovation
3. Developing evaluation criteria
4. Managing procurement activities
5. Evaluating proposals
6. Administering contracts
7. Developing rates to drive outcomes
8. Evaluating & managing performance
9. Identifying opportunities for future enhancement

Process Measures:
a. Payments to CCOs tied to quality
b. Contract cure actions
c. Payments by other-than-CCOs tied to quality
d. Active Contract administration*

1AOP5 — Improving Clinical & Population Health — Process Owner: Dana Hargunani
1. Informing & educating people about health issues & choices
2. Preventing, preparing for, & addressing health problems & hazards
3. Evaluating & applying evidence of health service effectiveness, accessibility, & quality
4. Identifying & addressing social determinants of health and health gaps
5. Recognizing & harnessing community resilience
6. Delivering coordinated, high quality & culturally responsive health services
7. Coordinating care
8. Providing technical assistance & improving quality of services & systems
9. Researching for new insights to health problems & health disparities
10. Spreading innovations

Process Measures:
a. Timeliness of translations during emerging public health events.
b. PCPCH clinic site visits
c. Language Access, ADA and other civil rights complaints *

1AOP6 — Regulating & Ensuring Compliance — Process Owner: Margie Stanton
1. Assessing & interpreting laws, regulations, rules, policies & contracts
2. Setting, communicating, & implementing standards to demonstrate compliance
3. Monitoring & managing compliance
4. Reporting compliance
5. Providing technical assistance
6. Enforcing requirements
7. Developing & implementing process improvements

Process Measures:
a. Timely & accurate report submission*
b. Agency/provider licenses & certifications
c. Monitoring contracts & grants*
d. Percent of audit findings remediated*

SUPPORTING PROCESSES

1ASP1 — Managing Risk — Process Owner: Dave Baden
1. Identifying risk
2. Assessing risk
3. Developing risk tolerance & management strategy
4. Accepting & mitigating risk
5. Documenting risk

Process Measures:
a. Completion of risk identification process*
b. Risk targets identified
c. Risk tolerance alignment
d. Active risk mitigation plans*
e. Risk identification source
f. Risk Management plans performance
g. Risk management plan initiation timeliness

1ASP2 — Managing Operations — Process Owner: Kris Kautz
1. Managing budget, finances, & assets
2. Managing IT systems & services
3. Managing contracting, procurement, & grants
4. Managing public records
5. Managing litigation process
6. Ensuring information privacy & security
7. Managing continuity of operations, preparedness, disaster response & recovery efforts
8. Managing projects
9. Communicating & collaborating across divisions

Process Measures:
a. Issue Resolution Milestone Completion
b. System Uptime – Mission Critical
c. Timely Response to Customers
d. Division spending: Total Funds*
d1. General Funds*
e. Continuity of Operations Plans
f. Public records requests timeliness

1ASP3 — Developing & Supporting the OHA Workforce — Process Owner: Jennifer Midkiff
1. Recruiting talent
2. Increasing diversity
3. Providing - transparent expectations, clear, timely & frequent performance feedback
4. Enhancing OHA workforce engagement
5. Developing the OHA workforce
6. Evaluating performance
7. Retaining a diverse & talented OHA workforce
8. Planning for succession
9. Managing OHA workforce safety & security

Process Measures:
a. Diversity recruitment*
b. New hire turnover
c. OHA workforce performance appraisals*
d. OHA workforce development plans*
e. Safety & security

1ASP4 — Leading & Managing Organizational Performance — Process Owner: Kris Kautz
1. Assessing organizational needs & expectations
2. Setting agency direction
3. Establishing work priorities
4. Ensuring organizational understanding & alignment
5. Connecting OHA workforce to the work
6. Managing agency performance
7. Ensuring continuous improvement & innovation
8. Managing change
9. Gathering & utilizing OHA workforce feedback

Process Measures:
a. Action plans*
b. Scorecard completion*
c. Data timeliness – outcome measures

Measures with an * denotes measures required for Tier 2. Measures in blue italics represent activated measures. Highlighted measures are reviewed monthly by leadership.

Revised: April 27, 2021

Results Fundamentals Map℠ © 2018 Mass Ingenuity

Appendix A-6. OHA Performance System — fundamentals map (continued)

	1AOM1. Increase OHA Workforce Engagement	1AOM2. Increase Partner Satisfaction	1AOM3. Document Processes	1AOM4. Measure Improvement	1AOM5. Improve OHA Workforce Equity & Inclusion	1AOM6. Reduce Health Disparity	1AOM7. Improve Population Health	1AOM8. Improve Quality of Care	1AOM9. Improve Care Experience	1AOM10. Lower Health Care Cost
OUTCOMES										
OUTCOME OWNER	Jennifer Midkiff	Margie C. Stanton	Kris Kautz	Kris Kautz	Kris Kautz - Interim	Dawn Jagger	Rachael Banks	Dana Hargunani	Dana Hargunani	Jeremy Vandehey
OUTCOME MEASURES	a. *OHA workforce engagement survey participation* b. *Very strong OHA workforce satisfaction* c. *Very strong OHA management quality* d. *Very strong OHA teamwork*	a. *Partnership vision* b. Leadership c. Communication & collaboration d. Joint ownership e. System alignment, integration, & sustainability f. Response to local context	a. *Processes documented*	a. *Process measures showing improvement* b. *Active process measures*	a. *Comparison of OHA Workforce to Potential Labor Market* b. *Comparison of OHA Non-Supervisory Managers to Potential Labor Market* c. *Comparison of OHA Supervisory Managers to Potential Labor Market* d. Comparison of OHA Voluntary Separations to All Agency Separations e. Comparison of OHA Involuntary Separations to All Agency Separations	a. Health disparity improvement b. Disparity measures meeting expectations	a. *Quality of life-poor physical health* b. *Quality of life-poor mental health* c. *Premature death* d. *Mortality from drug overdose* e. **Tobacco use - adults (over 18 yrs)** f. *Tobacco use - Oregon teens* g. **Obesity - adults** h. *Obesity - teens*	a. *Avoidable ED usage* b. *ED usage for adults experiencing mental illness* c. **Health assessments for kids in child welfare custody**	a. Adults Getting Needed care b. Children Getting Needed Care c. **Adults Getting Care Quickly** d. **Children Getting Care Quickly** e. **Adults: How Well Doctor Communicated** f. **Children: How Well Doctor Communicated**	a. *Statewide sustainable cost of care* b. *OHA sustainable cost of care (including PEBB, OEBB, OHP)*

Measures in bold represent existing KPM's. *Measures in blue italics represent activated measures*

Revised: April 27, 2021

Results Fundamentals Map℠ © 2018 Mass Ingenuity

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Appendix B: State employment law documents

Title		Where to find it
B-1	ADA and Reasonable Accommodation in Employment Policy (Statewide Policy 50.020.10)	https://www.oregon.gov/das/Policies/50-020-10.pdf
B-2	Discrimination and Harassment Free Workplace (Statewide Policy 50.010.01)	https://www.oregon.gov/das/Policies/50-010-01.pdf
B-3	Employee Development and Implementation of Oregon Benchmarks for Workforce Development (Statewide Policy 50.045.01)	https://www.oregon.gov/das/Policies/50-045-01.pdf
B-4	Veterans Preference in Employment (105-040-0015)	OAR 105-040-0015
B-5	Equal Opportunity and Affirmative Action Rule (105-040-0001)	OAR 105-040-0001
B-6	Equal Pay (839-008-000)	OAR 839-008-000
B-7	Executive Order 17-11: Affirmative Action, Equal Opportunity, Diversity, Equity and Inclusion	https://www.oregon.gov/gov/Documents/executive_orders/eo_17-11.pdf
B-8	Executive Order 19:08: Ensuring Equal Treatment Under Law to Oregon's LGBT+ Community	https://www.oregon.gov/gov/Documents/executive_orders/eo_19-08.pdf

Appendix C: Federal employment law documents

Title		Where to find it
C-1	Age Discrimination in Employment Act of 1967 (ADEA)	https://www.eeoc.gov/laws/statutes/adea.cfm
C-2	Disability Discrimination Title I of the Americans with Disability Act of 1990	www.ada.gov/pubs/adastatute08.htm
C-3	Equal Pay and Compensation Discrimination Equal Pay Act of 1963, and Title VII of the Civil Rights Act of 1964	www.eeoc.gov/laws/statutes/epa.cfm
C-4	Genetic Information Discrimination Title II of the Genetic Information Nondiscrimination Act of 2008 (GINA)	www.eeoc.gov/laws/statutes/gina.cfm
C-5	Title VII of the Civil Rights Act of 1964: • Equal pay discrimination • Sexual harassment discrimination • National origin discrimination • Pregnancy discrimination • Race/color discrimination • Religious discrimination • Retaliation discrimination • Sex-based discrimination • Sexual harassment	www.eeoc.gov/laws/statutes/titlevii.cfm

Appendix D: Agency documentation in support of its Equity Advancement Plan

Title		Where to find it
D-1	Agency equity leaders: persons with "diversity," "inclusion," "access," "equal opportunity," "multicultural" or "equity" in their job title	See Appendix D-1
D-2	OHA Director's affirmative action/EEO memo	See Appendix D-2
D-3	OHA Discrimination and Harassment Complaint Procedure	See Appendix D-3
D-4	OHA Discrimination and Harassment Complaint Form	See Appendix D-4
D-5	OHA Performance System: measures related to workforce equity and inclusion	See Appendix D-5
D-6	OHA ADA Centralized Accommodation Budget Process	See Appendix D-6
D-7	OHA Equity Advancement Leadership Team charter	See Appendix D-7
D-8	ODHS-OHA Gender Identity and Expression Policy for Employees	https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/me010-021.pdf
D-9	OHA Gender Identity and Expression Policy Work Group charter	See Appendix D-9
D-10	OHA Flexible Work Solutions Policy	https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le010-023.pdf
D-11	OHA Employee Resource Group Policy	https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le010-011.pdf
D-12	OHA Workforce demographic analysis: supplemental data	See Appendix D-12
D-13	OHA awards to COBID-certified firms (2019–2020)	See Appendix D-13

Appendix D-1. Agency equity leaders: persons with "diversity," "inclusion," "access," "equal opportunity," "multicultural" or "equity" in their job title

Name	Title	Classification	Division	Email	Phone Number	FTE
Abdiasis Mohamed	Traditional Health Worker Program Coordinator	Program Analyst 3	Equity and Inclusion	abdiasis.mohamed@dhsoha.state.or.us	(971) 673-3389	1
Allison Varga	Community Engagement Coordinator	Operations & Policy Analyst 1	Equity and Inclusion	allison.varga@dhsoha.state.or.us	(971) 673-1283	1
Beth Sanders	Workforce Equity & Inclusion Strategist	Operations & Policy Analyst 3	Equity and Inclusion	elizabeth.c.sanders@dhsoha.state.or.us	(971) 673-1288	1
Betsy Clifford	Civil Rights Investigator	Operations & Policy Analyst 3	Equity and Inclusion	elizabeth.c.clifford@dhsoha.state.or.us	(503) 890-4946	1
Brad Fortier	Equity and Inclusion Training Coordinator	Training & Development Specialist 2	Equity and Inclusion	brad.fortier@dhsoha.state.or.us	(971) 673-1341	1
Crystal Marion	Executive Assistant to the Equity and Inclusion Division Director	Executive Support Specialist 2	Equity and Inclusion	crystal.r.marion@dhsoha.state.or.us	(971) 673-1287	1
Danielle Droppers	Regional Health Equity Coalition Program Coordinator	Program Analyst 2	Equity and Inclusion	danielle.a.droppers@dhsoha.state.or.us	(971) 673-3391	1
Edna Nyamu	Health Care Interpreter and Language Access Program Coordinator	Operations & Policy Analyst 2	Equity and Inclusion	Edna.Nyamu@dhsoha.state.or.us	(971) 673-3328	1
Emily Wang	Health Equity Policy Analyst	Operations & Policy Analyst 3	Equity and Inclusion	emily.l.wang@dhsoha.state.or.us	(971) 673-2307	1
Janice Kim	Civil Rights and Compliance Unit Manager	Principal Executive/Manager E	Equity and Inclusion	janice.h.kim@dhsoha.state.or.us	(971) 673-1284	1
Janice O'Neal	Administrative Specialist	Administrative Specialist 2	Equity and Inclusion	janice.oneal@dhsoha.state.or.us	(971) 673-1342	1
Kerry Johnson	Civil Rights Investigator	Operations & Policy Analyst 3	Equity and Inclusion	kerry.o.johnson@dhsoha.state.or.us	(971) 673-2268	1
Kweku Wilson	Research Analyst	Research Analyst 3	Equity and Inclusion	kweku.wilson@dhsoha.state.or.us	(971) 673-3328	1
Lacey Decker	Health Equity Workforce Assistant	Administrative Specialist 2	Equity and Inclusion	lacey.decker@dhsoha.state.or.us	(971) 673-3360	0.5
Maria Castro	Health Equity Program Analyst	Program Analyst 3	Equity and Inclusion	maria.castro@dhsoha.state.or.us	(503) 884-4448	1
Marjorie Mcgee	Equity and Inclusion Data Policy Analyst	Operations & Policy Analyst 4	Equity and Inclusion	marjorie.g.mcgee@dhsoha.state.or.us	(971) 673-3390	1
Mavel Morales	ADA Coordinator/Civil Rights Investigator	Operations & Policy Analyst 4	Equity and Inclusion	mavel.morales@dhsoha.state.or.us	(971) 673-2000	1
Moises Ceja	Civil Rights Investigator	Operations & Policy Analyst 3	Equity and Inclusion	moises.ceja@dhsoha.state.or.us	(971) 673-3394	1
Nina Perard	Oregon State Hospital Diversity Liaison	Operations & Policy Analyst 3	Equity and Inclusion	nina.perard@dhsoha.state.or.us	(503) 421-8238	1

Name	Title	Classification	Division	Email	Phone Number	FTE
Ritu Dhungana	Developing Equity Leadership Through Training and Action Program Coordinator	Program Analyst 3	Equity and Inclusion	ritu.dhungana@dhsoha.state.or.us	(971) 673-1333	1
Shaun Cook	Health Equity Workforce Assistant	Administrative Specialist 2	Equity and Inclusion	shaun.f.cook@dhsoha.state.or.us	(971) 673-1695	1
Shelley Das	Equity and Policy Manager	Principal Executive/ Manager E	Equity and Inclusion	shelley.das@dhsoha.state.or.us	(971) 673-2960	1
Debbie Quitoriano	ID & Access Technician	Information Systems Specialist 4	Agency Operations	debbie.quitoriano@dhsoha.state.or.us	(503) 9473831	1
Doug Hearn	ID & Access Technician	Information Systems Specialist 4	Agency Operations	douglas.d.hearn@dhsoha.state.or.us	(503) 947-3835	1
Mary Young	ID & Access Technician	Information Systems Specialist 4	Agency Operations	mary.g.young@dhsoha.state.or.us	(503) 947-3830	1
Mike Yost	ID & Access Technician	Information Systems Specialist 4	Agency Operations	michael.n.yost@dhsoha.state.or.us	(503) 931-5374	1
Troy Klaus	ID & Access Technician	Information Systems Specialist 4	Agency Operations	troy.klaus@dhsoha.state.or.us	(503) 947-3841	1

Appendix D-2. OHA Director's affirmative action/EEO memo

OFFICE OF THE DIRECTOR

Kate Brown, Governor

DATE: March 9, 2021

TO: All OHA Employees, Volunteers, Interns, Board
             and Commission Members

SUBJECT: Equal Employment Opportunity/Civil Rights

At the Oregon Health Authority (OHA), we are committed to providing equal opportunity in employment regardless of race, religion, color, national origin, marital status, sex, sexual orientation, gender identity, age, veteran's status, mental or physical disability or other protected class under state or federal law.

Additionally, OHA is committed to ensuring that employees who require reasonable accommodation are able to receive those supports.

Finally, OHA recognizes that in order to achieve the agency's strategic goal of eliminating health inequities in Oregon by 2030, OHA must become an anti-racist organization.

The OHA Strategic Plan and Equity Advancement Plan* are the guiding documents to get us there.

Every one of us is responsible for creating and maintaining a respectful, inclusive, and discrimination-free workplace—in physical worksites and the remote work environment—that is safe and welcoming for everyone.

The OHA Equity and Inclusion Division oversees the internal process and procedures related to complaints, issues or questions regarding discrimination, intimidation harassment or retaliation in support of this core responsibility.

For questions about the Equity Advancement Plan, you may contact me or the Equity and Inclusion Division.[†]

Anyone who believes they have experienced or observed discrimination, harassment or retaliation 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[‡].

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* Also referred to as the Affirmative Action Plan: https://www.oregon.gov/oha/Pages/index.aspx
[†] OHA Equity and Inclusion Division: https://dhsoha.sharepoint.com/teams/Hub-OHA-OEI/SitePages/Contact-OEI.aspx
[‡] DAS Discrimination and Harassment Free Workplace Policy: https://www.oregon.gov/das/Policies/50-010-01.pdf

Appendix D-2. OHA Director's affirmative action/EEO memo (Continued)

For more information on filing a complaint and the complaint process, visit the OWL[§].

Anyone who has questions about the Americans with Disabilities Act and reasonable accommodation may visit the OWL** or contact OHA Human Resources.

Sincerely,

Patrick M. Allen
Director

If you would like to request this document in an accessible alternative format or language please contact OHA.InternalCivilRights@dhsoha.state.or.us or 971-683.1284, 711 TTY.

[§] OHA Discrimination and Harassment Free Workplace: https://dhsoha.sharepoint.com/teams/Hub-OHA-OEI/SitePages/Discrimination-Harassment-Free-Workplace.aspx
** OHA Human Resources: https://dhsoha.sharepoint.com/teams/Hub-OHA-HR/SitePages/ADA.aspx

Appendix D-3. OHA Discrimination and Harassment Complaint Procedure

![Oregon Health Authority logo]

OREGON HEALTH AUTHORITY
DISCRIMINATION AND HARASSMENT COMPLAINT PROCEDURE

Policy Statement

Pursuant to the Statewide Discrimination and Harassment Free Workplace policy, DAS 50.010.01 (the "Policy") the State of Oregon, as an employer, is committed to a discrimination, harassment and intimidation free work environment.[*]

The Policy applies to all employees including full time, part time, limited duration, temporary service employees, represented service, management service, executive service, and unrepresented service; board and commission members; elected officials, volunteers and interns; others working in an agency; and prospective employees.

Failure to comply with the Policy may result in disciplinary action up to and including dismissal from state service for employees or removal from state activity for volunteers, interns and board and commission members.

Complaint Procedure

The Oregon Health Authority (OHA) designated the Office of Equity and Inclusion (OEI) with primary responsibility to investigate complaints of harassment, discrimination, intimidation and retaliation that may violate the Policy. The following procedures are applicable to OHA.

Nothing in this procedure prevents any person from filing a formal grievance or complaint 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.

Reporting

Complaints of discrimination, workplace harassment, workplace intimidation, sexual harassment, sexual assault and retaliation should be brought to the attention of OEI, the OHA Office of Human Resources (HR), a supervisor or another manager. A supervisor or manager who receives a complaint should promptly notify OEI or HR.

A complaint can be made orally or in writing. The complaint should contain: the name of the person making the complaint (Complainant), the name of the person who experienced discrimination, workplace harassment, workplace intimidation, sexual harassment, sexual assault and/or retaliation; the name of the person who is alleged to have violated the Policy (Respondent); the names of other people involved, including

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[*] DAS Discrimination and Harassment Free Workplace Policy:
https://www.oregon.gov/das/Policies/50-010-01.pdf

witnesses; and a specific and detailed description of the conduct or action the employee believes is a Policy violation.

Managers and supervisors are held to a higher standard and must report all allegations of discrimination, workplace harassment, workplace intimidation, sexual harassment, sexual assault or retaliation that they know about or should know about.

The Complainant can complete the *Equal Employment Opportunity Discrimination/Harassment Complaint Form* (Complaint Form) https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le1799.pdf The complaint form is not required to initiate the complaint process.

Complaint Forms can be submitted via email, fax or mail to:

> Oregon Health Authority
> Office of Equity and Inclusion
> 421 SW Oak Street, suite 750
> Portland, OR 97204
> (971) 673-1284 (phone)
> (971) 673-1330 (confidential fax)

OHA.InternalCivilRights@dhsoha.state.or.us

Investigation Process

After receipt of a complaint, OEI Investigators will follow the following process:

1. Investigators will contact Complainant and acknowledge receipt of the complaint.
2. Investigators will review the complaint to determine if the allegations fall under the Policy, or if more information is needed. If more information is needed, the Investigator will schedule a meeting with Complainant. Either based on the complaint, or the additional information provided by Complainant, if the allegations do not fall under the Policy, the matter will be referred to HR for potential violations of other state policies, including the Maintaining a Professional Workplace, DAS policy 50.010.03.
3. The investigator will schedule a meeting with Complainant to gather more information about the allegations.
4. Notice letters will be sent to Complainant and Respondent detailing the allegations.
5. The investigator will schedule interviews with the Respondent and any witnesses.
6. The investigator will collect and review relevant documents and other relevant information including video.
7. The investigator will draft a report containing the allegations, the facts determined in the investigation and findings (whether or not the allegations were substantiated by a preponderance of evidence).

Appendix D-3. OHA Discrimination and Harassment Complaint Procedure (Continued)

8. Closure letters will be sent to Complainant and Respondent. A Complainant or Respondent may request a copy of the report by sending a written request to the investigator with their mailing address. Only hard copies of the report are mailed.
9. OHA Office of Human Resources is responsible for final action on the matter.
10. Unless the Complainant has signed a waiver, OEI will follow up with the Complainant every three months for a calendar year to determine whether the alleged harassment has stopped or if the Complainant has experienced retaliation (a waiver will be provided and discussed during the investigation meeting).

Confidentiality

Confidentiality will be maintained to the extent that the investigation allows.

The supervisor or manager will be involved to the extent necessary. The OHA Director's Office will also be notified that an investigation is underway and when closure letters are issued. Information shared will be for the purpose of conducting a thorough fact finding.

Reconsideration Process

A Complainant or Respondent may request that a finding be reconsidered if there is a new information unknown during the time of the investigation. A *Reconsideration Form* must be filed with OEI within **20 working days** of the date that the investigative report or letter of finding was issued. The OHA Deputy Director's Office will then determine whether to reopen the investigation or not based upon the information provided in the Reconsideration Form:
https://dhsoha.sharepoint.com/teams/Hub-OHA-OEI/Shared%20Documents/Reconsideration-Form8907.pdf

Reconsiderations are to be submitted to:

> Compliance & Civil Rights Manager
> Office of Equity and Inclusion
> Oregon Health Authority
> 421 SW Oak Street, Suite 750
> Portland, OR 97204
>
> OHA.InternalCivilRights@dhsoha.state.or.us
>
> Confidential Fax: 971.673.1330

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

Appendix D-3. OHA Discrimination and Harassment Complaint Procedure (Continued)

Oregon Health Authority

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.

For more information, visit the OWL: https://dhsoha.sharepoint.com/teams/Hub-OHA-OEI/SitePages/Discrimination-Harassment-Free-Workplace.aspx.

If you would like to request this document in an accessible alternative format or language please contact OHA.InternalCivilRights@dhsoha.state.or.us or 971-683.1284, 711 TTY.

Appendix D-4. OHA Discrimination and Harassment Complaint form

OFFICE OF EQUITY AND INCLUSION

**Equal Employment Opportunity
Discrimination/Harassment Complaint Form**

Complete this form to file a complaint based on protected class discrimination and/or harassment per the Discrimination and Harassment Policy (DAS 50.010.01).

Please print or type — attach extra pages, if necessary.   Date: _____

1. Name: _____

Home street address	*City*	*State*	*ZIP code*
Home phone	*Work phone*		*Cell phone*

Can we contact you by email? ☐ Yes ☐ No   Email: _____

Alternate email: _____

Position or job title	*Department*	*Unit or district*
Union	*Date of hire*	*Work schedule (days, start and end times)*
Employee identification number	*Supervisor*	

2. **Please identify the person** or people accused and/or the division you believe discriminated against you or harassed you.

Name(s) of accused	*Phone number (if known)*

Department, unit or district

Supervisor

Most recent date(s) of alleged discriminatory and/or harassing acts

3. **Nature of the complaint:** Briefly explain the actions taken against you that you believe to be discriminating and/or harassing.

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Appendix D-4. OHA Discrimination and Harassment Complaint form (Continued)

4. **Witnesses:** Identify all people who witnessed the conduct or incident.

5. **Have you attempted to resolve your concern or complaint?** If so, with whom? What happened?

6. **What would you like to see happen with regard to this concern or complaint?**

7. **Do you believe that the alleged discrimination and/or harassment were based on any of the listed protected classes?**

☐ Age
☐ Disability
☐ Family Medical Leave Act (FMLA) and/or Oregon Family Leave Act (OFLA)
☐ Gender
☐ Marital status
☐ Military/reserve statue/leave
☐ National origin
☐ Injured worker
☐ Family relationship
☐ Domestic violence status/leave

☐ Pregnancy
☐ Race/color
☐ Religion
☐ Retaliation
☐ Sexual harassment
☐ Sexual orientation
☐ Gender identity
☐ Veteran's status
☐ Whistleblower
☐ Association with person in a protected class
☐ Other:

Note: If your complaint is not an allegation of prohibited discrimination and/or harassment based on protected class status *(as listed above in question 7)* please bring your concern or complaint to your assigned HR analyst to address possible agency policy issues *(Maintaining a Professional Workplace per 01-09)*.

Please include any documentation you believe is relevant to your complaint.

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Appendix D-4. OHA Discrimination and Harassment Complaint form (Continued)

This form was filled out by:

☐ Complainant *(individual making the complaint)*

☐ HR manager *(name)*: _____

☐ EEO/AA coordinator *(name)*: _____

☐ Other *(please specify)*: _____

The information on this form was gathered:

☐ By phone   ☐ In person   ☐ Submitted by the complainant

☐ Other *(please specify)*: _____

If you are an OHA employee filling out this form, return to:

OHA Office of Equity and Inclusion
EEO/Affirmative Action Manager
421 S.W. Oak Street, Suite 750
Portland, OR 97204

Secure fax: 971-673-1330

Email: OHA.InternalCivilRights@dhsoha.state.or.us

You can get this document in other languages, large print, braille or a format you prefer. Contact us at 971-673-1240 or email OHA.InternalCivilRights@dhsoha.state.or.us. We accept all relay calls or you can dial 711 for TTY.

Appendix D-5. OHA Performance System: Measures Related to Workforce Equity and Inclusion

Outcome 1AOM1: Increase OHA Workforce Engagement
(Owner: Human Resources Director)

#	Outcome measures
1AOM1a.	OHA Workforce engagement survey participation
1AOM1b.	Very strong OHA workforce satisfaction
1AOM1c.	Very strong OHA management quality
1AOM1d.	Very strong OHA teamwork

Outcome 1AOM5: Improve OHA Workforce Equity and Inclusion
(Interim Owner: Deputy Director)

#	Outcome measures
1AOM5a.	Comparison of OHA workforce to potential labor market
1AOM5b.	Comparison of non-supervisory managers to potential labor market
1AOM5c.	Comparison of supervisory managers to potential labor market
1AOM5d.	Comparison of voluntary employee separations to all agency separations
1AOM5e.	Comparison of involuntary employee separations to all agency separations

Process 1ASP3: Developing and Supporting the OHA Workforce
(Owner: Human Resources Director)

#	Process measures
1ASP3.a	Diversity recruitment
1ASP3.b	New hire turnover
1ASP3.c	OHA workforce performance appraisals
1ASP3.d	OHA workforce development plans
1ASP3.e	Safety and security

Appendix D-6. OHA ADA Centralized Accommodation Budget Process

Oregon Health Authority ADA Accommodation Centralized Budget Process

Manager Responsibilities

Managers must notify the Office of Human Resources if they:

- Know, or have reason to know, that their employee is experiencing workplace problems because of a known disability, and/or
- Knows, or has reason to know, that the disability prevents the employee from requesting a reasonable accommodation
- Employee has requested an accommodation
- Employee has indicated that they are experiencing difficulty performing work due to a medical condition
- If an employee already has an approved accommodation in place and needs additional accommodations

Accommodation requests do not require any particular words used like, "reasonable accommodation" or "disability

Budget

OHA has a central budget to manage and track expenses related to providing reasonable accommodations for OHA employees and applicants under the Americans with Disabilities Act (ADA).

What the budget covers

The costs to provide one-time or reoccurring expenses associated with providing a reasonable accommodation to employees or job applicants.

These may include: adaptive software, sign language interpretation, captioning services, modification to office equipment for a wheelchair user or other adjustments that may not be resolved through ergonomic assessment.

What the budget does not cover

- Costs for providing accommodation or modification for a member of the public, e.g. captioning at a public listening session

- Personal durable equipment that an employee would use away from work, e.g., a wheelchair or an electric scooter
- A sit-stand desk that is recommended from an ergonomic assessment that can be approved regardless of the employee's medical situation, ergonomic keyboards, mice or standard issue chairs

Invoice submission and payment processing

- An approved accommodation letter from Human Resources must be provided and attached to the invoice(s) before the funds can be utilized.
- Submit invoice(s) to Sr. HR Manager for approval.

Last Updated: 10/20/20

Equity Advancement Leadership Team Charter

Background
In 2019, the Oregon Health Authority (OHA) embarked on a strategic planning process, identifying a 10-year goal around eliminating health inequities, in order to achieve the agency's vision of a healthy Oregon. Additionally, the Oregon Health Policy Board developed the following definition of health equity, adopted by OHA: "Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances. Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address: The equitable distribution or redistribution of resources and power; and recognizing, reconciling and rectifying historical and contemporary injustices." The OHA Equity Advancement Plan[*] outlines strategic actions the agency will take each biennium to recruit, retain and advance a qualified workforce that reflects Oregon's diverse populations. The Plan aligns with the agency's strategic goal of health equity, in addressing historical and contemporary injustices that undermine health, specifically in the realm of employment. One approach for operationalizing the agency's strategic goal of health equity is through developing strategies focused on improving workforce equity and inclusion. Black, indigenous and people of color and people with disabilities are **underrepresented** in OHA's overall workforce, within management and leadership, new hires and promotions. Additionally, OHA continues to experience challenges with retention—black, indigenous and people of color and people with disabilities are **overrepresented** in separations from the agency. The OHA performance system recognizes improving workforce equity and inclusion and developing/supporting the workforce as part of its outcome measures and core support processes. Through the agency's quarterly

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[*] Formerly known as Affirmative Action Plan

1

Appendix D-7. OHA Equity Advancement Leadership Team Charter (Continued)

performance reviews (QPRs), OHA is undertaking a rigorous self-assessment of its progress, barriers and challenges—including the availability of meaningful data—to inform our equity, diversity and inclusion efforts.

In recognition that it takes leadership and participation from across the enterprise to make meaningful progress towards building an organization that operationalizes health equity, OHA has convened an Equity Advancement Leadership Team. Led by the OHA Director, in partnership with the OHA Equity and Inclusion Division Director, the Team serves as a venue to engage key internal stakeholders from across the agency to develop recommendations and implement strategies, findings and data grounded in the Strategic Plan, Equity Advancement Plan and Performance System.

Purpose

The purpose of the Equity Advancement Leadership Team is to:

- Catalyze an organizational culture change at OHA that operationalizes health equity.

- Leverage the lived and learned experience of OHA employees to recruit, retain and promote a qualified, culturally responsive, culturally humble and inclusive workforce at OHA that reflects at minimum the demographics of Oregon's population.

- Support OHA executive leadership and division leadership teams to operationalize the OHA Strategic Plan and the Equity Advancement Plan.

Scope

The Team will:

1. Broaden the reach of the Equity and Inclusion Division across the agency by engaging staff from communities most impacted by inequities and supporting the development of an internal structure for robust external stakeholder engagement.

2. Provide context and perspective based on lived and learned experience for an agency-wide equity and cultural competency readiness assessment.

3. Provide policy recommendations to the OHA executive team regarding hiring, retention, mentorship, succession planning and professional development to increase OHA's staff's diversity and cultural responsiveness. The team may also form subgroups that oversee equity-related policy and training activities happening within the agency.

2

Appendix D-7. OHA Equity Advancement Leadership Team Charter (Continued)

4. Review metrics and progress related to the OHA Strategic Plan, Equity Advancement Plan and Performance System. Create strategies and make policy recommendations to build on successes and address ongoing challenges.

5. Provide context and perspective based on lived experience around <u>REALD compliance</u> with OHA workforce datasets.

6. Work with the Office of Human Resources to improve agency practices and policies around increasing inclusive, equitable, and diverse hiring, recruitment, advancement, retention, mentorship, succession planning and development and advancement of black, indigenous and people of color and people with disabilities.

Membership, Roles & Responsibilities

Membership
1. Number of members: 14[†]

2. Liaisons will be appointed from the Office of Human Resources and Tribal Affairs.

3. Terms of appointment: Members serve for a two-year term, and may be reappointed by the OHA Director.

4. **Team representation:** OHA staff will express interest in serving on the team through an agency-wide application process.[‡] Representatives from Equity and Inclusion, External Relations and Tribal Affairs will serve on an application review committee. Criteria for selection of prospective members will include lived and learned experience related to advancing equity, diversity and inclusion as well as representation from across the agency. Example criteria include:
- Understanding of health equity
- Demographic diversity (e.g. self-identified race, ethnicity, language, disability, and gender identity)
- Representation from across OHA's eight divisions
- Representation from members and allies of OHA Employee Resource Groups
- Representation from members of the Oregon State Hospital (OSH) Diversity Committee

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[†] Number of EALT members may change as appropriate.
[‡] The EALT application will not require a manager's signature. A final list of recommended EALT members will presented to the OHA leadership team for approval. Staff will seek manager approval to serve on the EALT after receiving a letter of acceptance from the review committee.

3

Appendix D-7. OHA Equity Advancement Leadership Team Charter (Continued)

Last Updated: 10/20/20

- • Representation from OHA Tribal Affairs

5. **Subcommittees:** There may be subcommittees of the team for purposes of completing the workplan.

6. **Selection Process**: The Equity and Inclusion, Tribal Affairs and External Relations Directors will review applications from OHA staff and will select final candidates to serve on the team.

7. **Resignations and Replacement Appointment**: If a member finds it necessary to resign from the team, they are encouraged to remain until a replacement can be selected and to provide as much notice as possible. Replacement members will be appointed to the remainder of the outgoing member's term, and are eligible for reappointment by the OHA Director.

8. **Regular attendance** is vital to the work of the team. Members accept the duty and obligation to attend meetings and will provide as much notice as possible in advance of a meeting if they are unable to attend. Two consecutive absences may result in replacement of a member to effectively carry out the charge of the team.

9. The OHA Director may appoint a **replacement** for any member who misses more than two consecutive meetings. The newly appointed member shall represent the same division/group as the member replaced.

10. A majority of the team members shall constitute a quorum.

Timeline/Deliverables

July 2020: kick off.

August – December 2020:
- • Solidify the group's structure and operations;

- • Provide recommendations on goals and strategies for the OHA 2021-2023 Equity Advancement Plan; and

- • Assess agency gaps around advancing OHA workforce equity, diversity and inclusion goals and strategies.

January – June 2021:
- • Develop initial recommendations for how the agency can begin to address identified gaps. Determine how the team will move the work forward; and

- • Assess gaps in agency representation on the team.

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Appendix D-7. OHA Equity Advancement Leadership Team Charter (Continued)

Ongoing: Review metrics, goals and strategies of the OHA Strategic Plan, Equity Advancement Plan, Performance System and the OHA REALD Policy. Make recommendations for supporting successes and addressing ongoing challenges.

Outputs – Reports/Metrics

- Strategic Plan – 10 year goal: Eliminate health inequities

- Performance System – diversity, equity and inclusion goals/metrics

- Equity Advancement Plan – goals, strategies and workforce demographic data

Relationship to Other Governance Groups

- OHA Executive Leadership Team – the team makes recommendations to the Agency Director. The Agency, Tribal Affairs and Equity and Inclusion directors share information between the team and the OHA Executive Leadership Team.

- Oregon Health Policy Board – Health Equity Committee

- Oregon State Hospital (OSH) Diversity Committee – The OSH Diversity Liaison will share information between the team and the OSH Diversity Committee.

Meeting Schedule, Meeting Support

- Meetings will take place monthly for a duration of two hours.

- Meetings will be held remotely via Zoom.

- A temporary acting chair will debrief each meeting with the team's sponsors and staff, plan the agenda, as well as co-facilitate the upcoming meeting. In November 2020, the team will evaluate adopting this approach for a longer term basis.

- The Diversity and Inclusion Coordinator will prepare/distribute agendas with input from the Acting Chair, Executive Sponsors and team members; distribute notes on action items; and maintain a shared network folder for the team.

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Appendix D-7. OHA Equity Advancement Leadership Team Charter (Continued)

Decision Making
A consensus-based decision-making process is preferred. When consensus is unreachable with the meeting time, the group may use the voting process, with the executive sponsor serving as the tie breaker, when needed.
Charter Review & Modification
The charter will be reviewed annually.
Executive Sponsor: Agency Director **Associate Executive Sponsor:** Equity and Inclusion Director **Staffing:** Diversity and Inclusion Coordinator Diversity, Inclusion, Training and Civil Rights Manager Oregon State Hospital Diversity Liaison **Liaisons:** Human Resources Tribal Affairs
Approved: 10/20/2020 **Revised:** --/--/---

This document can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request this publication in another format or language, contact Beth Sanders, elizabeth.c.sanders@state.or.us, 971-673-1288, 711 (TTY), or fax 971-673-1128.

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Appendix D-9. OHA Gender Identity and Expression Policy Work Group charter

Last updated 2/16/2021

OHA Gender Identity Expression Policy for Employees Workgroup Charter

Background
Oregon Health Authority Health Equity Definition: "Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances. Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address: The equitable distribution or redistribution of resources and power; and recognizing, reconciling and rectifying historical and contemporary injustices." Transgender, transsexual, nonbinary and two spirit people are part of the fabric of our communities, including our workplaces. They are our neighbors, family members, co-workers, friends and partners. Unfortunately, due to discrimination and among other things, transgender people experience barriers in our society that their non transgender peers do not. Data show that transgender people experience disproportionate amounts of harassment, unemployment, poverty and lack of stable housing. In recognition that inequities need to be addressed in state government to ensure a safe, healthy, and respectful work environment for individuals who identify as transgender, transsexual, gender expansive, non-binary and Two Spirit, the Oregon Department of Human Services (ODHS) and the Oregon Health Authority (OHA) created the Gender Identify and Expression Policy for Employees.[*] Signed in 2019, the policy applies to all OODHS and OHA employees, volunteers, trainees and interns. The policy requires the agency to convene a workgroup led by the Office of Equity and Inclusion (OEI), a division of OHA. The workgroup shall include at minimum liaisons from External Relations, Human Resources, Office of Facilities Management and Office of Information Systems.

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[*] The full DHS-OHA Policy can be accessed at: https://apps.state.or.us/Forms/Served/me010-021.pdf

1

Appendix D-9. OHA Gender Identity and Expression Policy Work Group charter (Continued)

Additionally, Governor's Executive Order 19-08[†] outlines responsibilities of state agencies to ensure equal treatment under law to Oregon's LGBT+ community, which includes state employees.

Purpose

The purpose of the workgroup is to advise the agency in creating a five-year implementation plan for making inclusive structural and organizational culture changes that support the policy.

Scope

The workgroup will:

1. Inform the development of the 5-year policy implementation workplan.

2. Form subcommittees as appropriate to explore what changes are needed (statewide and agency-specific) for OHA to comply with the policy. Examples of potential subcommittees: workplace culture, training, communications, information systems, facilities, human resources.

3. Engage key informants as appropriate to identify best practices and develop solutions to overcome barriers around implementing the policy.

Membership, Roles & Responsibilities

Membership
1. Number of members: 11[‡]

2. Liaisons will be appointed from:
   - ODHS-OHA Office of Facilities Management
   - ODHS-OHA Office of Information Systems
   - Human Resources
   - External Relations
   - Oregon State Hospital (up to two members who represent each campus)

Five additional positions in the workgroup will be reserved for members. OHA staff will indicate interest in serving as members through an agency-wide application process.[§]

[†] State of Oregon Executive Order 19-08: https://www.oregon.gov/gov/Documents/executive_orders/eo_19-08.pdf
[‡] Number of workgroup members may change as appropriate.
[§] The workgroup application will not require a manager's signature. Manager approval to serve on the workgroup will be confirmed after staff receive a letter of invitation from the Office of Equity and Inclusion.

2

Appendix D-9. OHA Gender Identity and Expression Policy Work Group charter (Continued)

Last updated 2/16/2021

3. Terms of appointment: Members serve for a one-year term, and may be reappointed by OEI.

4. **Workgroup representation:** OHA staff will express interest in serving on the work group through an agency-wide application process. OEI will develop application materials, a process/matrix for evaluating applications and select staff to join the workgroup. Criteria for selection of prospective members will include lived and learned experience related to advancing health equity as well as representation from across the agency. Example criteria include:
   - Understanding of health equity
   - Lived experience as a self-identified transgender, transsexual, gender expansive, non-binary and Two Spirit person
   - Lived and/or professional experience advancing equity and inclusion for transgender, transsexual, gender expansive, non-binary and Two Spirit people
   - Demographic diversity (e.g. self-identified race, ethnicity, language, disability status)
   - Representation from across OHA's eight divisions

5. **Subcommittees:** There may be subcommittees of the workgroup for purposes of developing the workplan.

6. **Key informants:** The following list includes examples of key informants[**] that may be engaged by the workgroup to explore issues and identify solutions to inform the development of the workplan. Key informants may be invited to workgroup meetings, subcommittee meetings and/or consulted on an ad-hoc basis, as appropriate.

External key informants
   - American Federation of State, County and Municipal Employees
   - Basic Rights Oregon
   - Human Rights Campaign
   - Multnomah County
   - National Center for Transgender Equality
   - OHA/OEI REALD SOGI Data Collection Standards Workgroup
   - Oregon Nurses Association
   - Portland Two Spirit Society
   - Portland Q Center
   - Services Employees International Union

[**] This list is not exhaustive. Additional key informants may be identified throughout the process.

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Last updated 2/16/2021

- Transgender Law Center
- United Territories of Pacific Islanders Alliance Portland (UTOPIA PDX)

State government key informants
- Building contacts where OHA employees are based
- Employee Resource Groups
- Equity and Inclusion Division (REALD Policy Data Analyst, Health Equity Research Analyst, Training and Development Specialist)
- Division-specific communications staff
- Office of Contracts and Procurement
- Oregon Department of Administrative Services (DAS)
- Oregon Public Employees Benefits Board (PEBB) / Oregon Educators Benefits Board (OEBB)
- Oregon Public Employees Retirement System (PERS)
- Payroll
- Publications
- Tribal Affairs

7. **Resignations and Replacement Appointment**: If a member or liaison finds it necessary to resign from the workgroup, they are encouraged to remain until a replacement can be selected and to provide as much notice as possible. Replacement members will be appointed to the remainder of the resigning member's term, and are eligible for reappointment by OEI.

8. **Regular attendance** is vital to the work of this group. Members accept the duty and obligation to attend meetings and will provide as much notice as possible (and/or send a delegate) in advance of a meeting if they are unable to attend. Two consecutive absences may result in replacement of a member to effectively carry out the charge of the workgroup.

9. OEI may appoint a **replacement** for any liaison or member that misses more than two consecutive meetings.

10. **Roles:**

The **Executive Sponsor** is not expected to attend regular meetings, but will make an attempt to do so. They will also be engaged by OEI as needed to assist in navigating barriers to policy implementation and will share updates on progress with the OHA Executive Leadership team.

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Appendix D-9. OHA Gender Identity and Expression Policy Work Group charter (Continued)

Last updated 2/16/2021

Staffing: OEI will staff the workgroup and will provide the following support:
- Prepare/distribute meeting agendas with input from the Executive Sponsor and workgroup members
- Facilitate meetings (as needed)
- Distribute information and resources
- Draft materials with input from workgroup members and key informants

Deliverables	Timeline
Convene workgroup	September 2020
Finalize 5-year implementation workplan / sunset the workgroup	September 2021

Relationship to Other Governance Groups

- Executive Leadership Team – via the Executive Sponsor, the workgroup provides updates and recommendations, as appropriate
- Joint ODHS-OHA Facilities Committee
- Shared and Central Services Policy Committee
- OHA/OEI REALD Sexual Orientation and Gender Identity (SOGI) data collection standards workgroup
- OHA Employee Resource Groups
- ODHS Gender Expression Policy for Employees Workgroup

Meeting Schedule

- Meetings will take place on a monthly basis for a duration of least 1.5 hours from September 2020 to June 2021. Then it will shift to a quarterly schedule from June to September 2021. Initial startup meetings may be scheduled more frequently and have a longer duration.
- Meetings will be held remotely via Zoom.

Decision Making

The workgroup will make recommendations to OEI on developing the workplan.

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Appendix D-9. OHA Gender Identity and Expression Policy Work Group charter (Continued)

Last updated 2/16/2021

Charter Review & Modification
The charter will be reviewed annually, if it is deemed necessary to continue convening the workgroup beyond September 2021.
Executive Sponsor: Kristine Kautz, OHA Deputy Director **Liaisons:** • External Relations: TBD • ODHS-OHA Facilities: Glen Baston • Office of Information Services: Tammy Krone (Backup: Jon Debban) • OHA Human Resources: Trina Lee • Oregon State Hospital: Michelle McGraw Hunter
Members: 5 representatives
Staffing: Beth Sanders, OHA Workforce Equity and Inclusion Strategist Janice Kim, OHA Diversity, Inclusion, Training and Civil Rights Manager Nina Perard, OSH Diversity Liaison
Approved: 10/1/2020 **Revised:** 2/16/2021

This document can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request this publication in another format or language, contact Beth Sanders, elizabeth.c.sanders@state.or.us, 971-673-1288, 711 (TTY), or fax 971-673-1128.

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Appendix D-12. OHA workforce demographic analysis: supplemental data

The following tables provide additional data on the OHA workforce that supplements this report's workforce demographic analysis. In cases where the number was less than 5, the information was suppressed (shown as -S-) to maintain confidentiality. Some tables that outline data on race/ethnicity display aggregated data only for all people of color because of small numbers. In some cases, it was not possible to report on intersectional demographics (e.g., race/ethnicity and disability status of supervisors) because of small numbers.

OHA workforce: June 30, 2020

OHA workforce by race/ethnicity and disability status

Race/ethnicity	Disabled		Non-disabled		Total
	#	%	#	%	
American Indian and Alaska Native	7	12	51	88	58
Asian	5	1.7	296	98	301
Black, African, African American	7	4.5	148	96	155
Latino, Latina, Latinx	10	2.9	329	97	339
Native Hawaiian and Pacific Islander	0	0	24	100	24
Two Or more races	8	4.4	175	96	183
White	81	2.5	3,204	98	3,285
Declined or missing race/ethnicity	0	0	128	100	128
Total	**118**		**4,355**		**4,473**

OHA workforce by race/ethnicity and binary gender

Race/ethnicity	Female		Male		Missing gender information		Total
	#	%	#	%	#	%	
American Indian and Alaska Native	34	1.2	24	1.4	0	0	58
Asian	191	7	110	6.3	0	0	301
Black, African, African American	82	3	73	4.2	0	0	155
Latino, Latina, Latinx	224	8.2	115	6.6	0	0	339
Native Hawaiian and Pacific Islander	18	0.7	6	0.3	0	0	24
Two Or more races	118	4.3	65	3.7	0	0	183
White	1,989	73	1,295	74	1	0.03	3,285
Declined or missing race/ethnicity	72	2.6	56	3.2	0	0	128
Total	**2,728**	**61**	**1,744**	**39**	**1**	**0.02**	**4,473**

OHA workforce by race/ethnicity and veteran's status

Race/ethnicity	Veteran		Non-veteran		Total
	#	%	#	%	
American Indian and Alaska Native	-S-		-S-		58
Asian	-S-		-S-		301
Black, African, African American	6	3.9	149	96.1	155
Latino, Latina, Latinx	12	3.5	327	96.5	339
Native Hawaiian and Pacific Islander	0	0	24	100	24
Two Or more races	9	4.9	174	95.1	183
White	193	5.9	3,092	94.1	3,285
Declined or missing race/ethnicity	5	4	123	96	128
Total	**232**		**4,241**		**4,473**

OHA workforce by division and disability status

Division	Disabled		Non-disabled		Total
	#	%	#	%	#
OHA Director's Office/other	-S-		-S-		22
Agency Operations	29	5.2	527	94.8	556
Equity & Inclusion	-S-		-S-		23
External Relations	0	0	48	100	48
Fiscal Operations	0	0	41	100	41
Health Policy & Analytics	-S-		-S-		183
Health Systems	17	5.9	270	94.1	287
Oregon State Hospital	39	1.6	2,473	98.4	2,512
Public Health	27	3.4	778	96.6	805
Total	**232**		**4,241**		**4,473**

OHA workforce by division and race/ethnicity*

Division	People of color		White		Total
	#	%	#	%	#
OHA Director's Office/other	7	31.8	12	54.6	22
Agency Operations	97	17.5	439	79	556
Equity & Inclusion	15	64.7	7	30.4	23
External Relations	20	41.6	28	58.3	48
Fiscal Operations	10	24.4	27	65.9	41
Health Policy & Analytics	31	17.3	143	79.9	179
Health Systems	68	23.6	206	71.8	287
Oregon State Hospital	647	25.8	1,800	71.7	2,512
Public Health	165	20.4	623	77.4	805
Total	**1,060**	**23.7**	**3,285**	**73.4**	**4,473**

Hires: Jan. 1, 2019–June 30, 2020

All OHA hires by race/ethnicity†

People of color		American Indian and Alaska Native		Asian		Black, African, African American		Latino, Latina, Latinx		Native Hawaiian and Pacific Islander		Two or more races		White		Declined or missing race and ethnicity		Total
#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	
228	26.2	13	1.5	54	6.2	30	3.4	92	10.6	11	1.3	28	3.2	509	58.5	133	15.3	870

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* 128 OHA employees (2.9%) declined race/ethnicity, or in some cases this information was missing. Declined and missing race information was omitted from the above table.

† Hires are permanent, limited duration, temporary, full- and part-time paid employees hired by OHA who have at least two years of no previous continuous employment with the state) and those whose previous employment was for another state agency (with no break in state service).

OHA hires by division and race/ethnicity*

Division	People of color		White		Declined or missing race and ethnicity		Total
	#	%	#	%	#	%	#
OHA Director's Office/other†	12	19	25	39.7	26	41.3	63
Agency Operations	15	14.7	73	71.6	14	13.8	102
Equity & Inclusion	-S-						5
External Relations	-S-						8
Fiscal Operations	-S-						8
Health Policy & Analytics	10	32.3	18	58.1	3	9.7	31
Health Systems	12	22.2	31	57.4	11	20.4	54
Oregon State Hospital	133	27.8	280	58.6	65	13.6	478
Public Health	36	29.8	74	61.2	11	9.1	121
Total							**870**

Supervisors: June 30, 2020

OHA supervisors by race/ethnicity and binary gender

Race/ethnicity	Female		Male		Total	
	#	%	#	%	#	%
People of color	30	13.8	20	11.4	50	12.7
White	185	84.9	149	85.1	334	85.0
Declined race/ethnicity	3	1.4	6	3.4	9	2.3
Total	**218**		**175**		**393**	

OHA supervisors by disability status

Disability status	Total	
	#	%
Disabled	11	2.8
Non-disabled	382	92.7
Total	**393**	

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* Hires are permanent, limited duration, temporary, full- and part-time paid employees hired by OHA who have at least two years of no previous continuous employment with the state) and those whose previous employment was for another state agency (with no break in state service).

† The OHA Director's Office/Other includes data on hires for the COVID-19 Response and Recovery Unit and division directors.

Employee promotions: June 30, 2020

Promotions among supervisors* by race/ethnicity

Race/ethnicity	Total	
	#	%
People of color	12	12.2
White	80	81.6
Declined race/ethnicity	6	6.1
Total	**98**	

Promotions among non-supervisors† by race/ethnicity

Race/ethnicity	Total	
	#	%
People of color	288	25.9
White	769	69.1
Declined or missing race/ethnicity	56	5
Total	**1,113**	

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* For this report, supervisor promotions are defined as a permanent change to a higher job classification in OHA where the incoming position is a supervisory manager role (with no break in state service). Excludes job rotations, work out of class or any other pay differentials.

† For this report, non-supervisor promotions are defined as a permanent change to a higher job classification in OHA where the incoming position is a non-supervisory role (with no break in state service). Includes promotions for staff who are management service non-supervisors and represented employees. Excludes job rotations, work out of class or any other pay differentials.

Oregon Health Authority Equity Advancement Plan

Employee separations: Jan. 1, 2019–June 30, 2020

Employee separations (voluntary and involuntary combined) by race/ethnicity*

Race/ethnicity	Total	
	#	%
American Indian and Alaska Native	8	1.1
Asian	31	4.4
Black, African, African American	23	3.3
Latino, Latina, Latinx	39	5.6
Native Hawaiian and Pacific Islander	6	0.9
Two or more races	26	3.7
White	475	67.9
Declined or missing race/ethnicity	92	13.1
Total	**700**	

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* Voluntary employee separations are resignations, voluntary transfers to other state agencies, voluntary end of a limited duration positions and retirements. Involuntary employee separations are dismissals, dismissals during trial service or layoffs. Involuntary separations exclude deaths and unknown separations. Deaths and unknown separations were excluded.

Appendix D-13. OHA awards to COBID-certified firms: Jan. 1, 2019–Dec. 31, 2020

Contractor	COBID Certification Type	Total Award Amount	OHA Division(s)
Alisa Blum & Associates	Emerging Small Business (ESB)	$150,000	Health Policy & Analytics
Artemis Consulting	ESB	$224,000	Health Policy & Analytics, Public Health
Beth Gebstadt Consulting	Women Business Enterprise (WBE)	$109,500	Public Health
Bianco, Diana M.	ESB	$189,000	Health Policy & Analytics & Health Systems
Brink Communications, LLC	Disadvantaged Business Enterprise (DBE)	$650,000	External Relations, Health Policy & Analytics, Public Health
Cedarbridge Group, LLC	DBE	$200,500	Health Policy & Analytics, Public Health
Chloeta Fire, LLC	DBE	$150,000	Public Health
Coates Kokes, Inc.	WBE	$8,900	Public Health
Commercial Business Furniture LLC	WBE	$827	Oregon State Hospital
Davis, Hibbits & Midghall, Inc.	Minority Business Enterprise (MBE)	$0	Public Health
DHM Research	MBE	$122,175	External Relations
Donna Silverberg Consulting	WBE	$180,000	Health Policy & Analytics, Public Health
National Interpreting Service, Inc.	DBE	$0	Oregon State Hospital
Oregon Certified Interpreter's Network, Inc.	ESB	$1,500,000	Oregon State Hospital
Pacific Office Solutions, LLC	WBE	$72,983	Oregon State Hospital
PRR Inc.	DBE	$0	Public Health
Reimbursement Management Consultants, Inc.	WBE	$2,544,650	Oregon State Hospital
Schmaltz, Heidi A.	ESB	$7,280	Equity & Inclusion
Taurus Power and Controls, Inc.	DBE	$1,548	Oregon State Hospital
W. W. Grainger, Inc.	WBE	$35,335	Oregon State Hospital
TOTAL		**6,146,698**	

Appendix E: Additional federal documentation and/or agency-specific federal reporting requirements

Title		Where to find it
E-1	Section 503 of the Rehabilitation Act of 1973	https://www.dol.gov/agencies/ofccp/section-503
E-2	Vietnam Era Veterans' Readjustment Assistance Act	https://www.dol.gov/agencies/ofccp/vevraa

Appendix F: Executive Order 11246 (OFCCP regulations)

Title		Where to find it
F-1	Executive Order 11246—Equal Employment Opportunity	https://www.dol.gov/agencies/ofccp/executive-order-11246/ca-11246

You can get this document in other languages, large print, braille or a format you prefer. Contact the OHA Office of Equity and Inclusion at 971-673-1288 or email elizabeth.c.sanders@dhsoha.state.or.us. We accept all relay calls or you can dial 711.