

**Metrics and Scoring Committee  
Health Plan Quality Metrics Committee  
Part 2: Demographic Survey**

**Due:** November 15, 2021

**Submit to:** [metrics.questions@dhsoha.state.or.us](mailto:metrics.questions@dhsoha.state.or.us)

The Oregon Health Authority (OHA) is now accepting nominations for [Metrics and Scoring Committee](#) (MSC) and the [Health Plan Quality Metrics Committee](#) (HPQMC).

**To apply:** Submit both Part 1 and Part 2 of the application along with your resume and/or bio sketch to [metrics.questions@dhsoha.state.or.us](mailto:metrics.questions@dhsoha.state.or.us) by November 15, 2021.

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## **Oregon Health Policy Board Committee Membership Demographic Survey**

### ***Pilot Test***

*As part of OHA's prioritization of health equity, we are pilot testing this survey to collect demographic data about applicants for Oregon Health Policy Board (OHPB) Committees. In addition to answering these questions, we are interested in any feedback on the format and content of the questions.*

*We plan to email all applicants an anonymous survey to provide this feedback, but you are also welcome to reach out to the committee staff contact to provide input.*

### **Introduction**

This survey will assist the Oregon Health Authority (OHA) and the Oregon Health Policy Board (OHPB) in recruiting a more diverse pool of candidates to serve on OHPB Committees. This survey will also be used to collect and report demographic information about current OHPB Committee members.

Achieving health equity is a priority of the OHA, OHPB, and the Governor. The OHA has set a strategic goal to eliminate health inequities in Oregon by 2030. The OHPB has adopted the following definition of health equity:

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.

One vital step towards achieving health equity is improving representation across members of OHPB Committees so that these important advisory groups reflect the demographic diversity of Oregonians served by OHA programs and impacted by OHA policies and include Committee members with subject matter expertise and experience about health equity and have a diversity of lived experiences and cross-cultural experiences that are relevant to advancing health equity. We encourage Committee members to bring these experiences and expertise when participating in committee work.

Please fill out this survey to help OHA and the OHPB further these health equity goals.

OHA staff supporting Committee recruitment will have access to the data and may share your data with Committee chairs or OHPB liaisons when nominating individuals for Committee membership. The data collected by this survey will be publicly reported in aggregate at the applicant and Committee level. While your name will not be linked with the data that you provide, because some OHPB Committees are small in number, it might be possible to identify how individual Committee members have answered this survey. **Information submitted for the purpose of expressing interest in being on an OHA Advisory Committee may be subject to public disclosure under Oregon Public Records Law. If you are concerned about such information being released to the public you may wish to refrain from filling out certain fields.**

For more information about REALD please visit:

<https://www.oregon.gov/oha/OEI/Pages/REALD-Questions.aspx>

<https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le7721a.pdf>

## A. General (Required)

1. Name (First, Last):
2. Preferred pronouns (if any):
3. Contact information – Phone:
4. Contact information – Email:
5. Organization (if any):
6. Position at organization:
  7. OHPB Committee that you are interested in serving on:
  8. OHPB Committee that you are currently serving on (if any):
  9. What region of Oregon do you reside in?
    - Central (Crook, Deschutes, Hood River, Jefferson, Sherman, Wasco)
    - Coast (Clatsop, Columbia, Coos, Lincoln, Tillamook)
    - Eastern (Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Umatilla, Union, Wallowa, Wheeler)
    - Portland Metro (Clackamas, Multnomah, Washington)

- Southern (Curry, Douglas, Jackson, Josephine, Klamath)
- Willamette Valley (Benton, Lane, Linn, Marion, Polk, Yamhill)
- I do not reside in Oregon

10. Do you have experience living or working in urban, suburban, rural or frontier areas?  
(Select all that apply)

- Urban
- Suburban
- Rural
- Frontier

## B. Health Equity/Cross-cultural/Lived Experience

As part of OHPB's goal to improve representation across its Committees, OHA staff are gathering information on the health equity expertise, lived experience and cross-cultural experience of prospective Committee members. These questions refer to self-reported identity, such as race, ethnicity, language, disability, age, sex, gender identity, sexual orientation, social class, and intersections among these identities, or other socially determined circumstances that may impact health equity and an individual's ability to reach their full health potential and well-being.

### Health Equity Expertise

1. Please describe any knowledge or expertise you have with health equity? Specifically with racial equity?
2. If you are selected as a Committee member, what opportunities do you see for that Committee to address health equity? Racial equity?

### Lived Experience

**Lived experience refers to one's life experience based on self-reported identity.**

3. Do you identify as a person with "lived experience" (meaning someone who has personal knowledge about the world gained through direct, first-hand involvement in everyday events such as racism, houselessness, mental illness, etc.)?
  - Yes
  - No
4. If yes, please describe any lived experiences relevant to health equity and why health equity is important to you, including any experience you have working to advance health equity:

### Cross-cultural Experience

Cross-cultural experience refers to one's volunteer, personal, or professional experience with populations and communities **different** than their **self-reported identity**.

5. Do you identify as a person with "cross-cultural experience"?
- Yes
  - No
6. If yes, please describe any cross-cultural experiences relevant to health equity and why health equity is important to you, including any experience you have working to advance health equity:

### C. Areas of Expertise

1. Check all that apply:
- Improving health equity and eliminating health disparities
  - Addressing the social determinants of health
  - Experience with communities of color, tribal and indigenous communities, and/or immigrant or refugee communities (either as a community member or working with communities)
  - Experience with disability community (either as a community member or working with community)
  - Experience with LGBTQ+ community (either as a community member or working with community)
  - Experience as Oregon Health Plan (OHP) member
  - Experience as Health Insurance Marketplace member
  - Experience working with OHP or Marketplace members
  - Experience with tribal and indigenous communities (either as a tribal member or working with tribes and tribal communities)
  - Experience with communities of color and/or immigrant or refugee communities (either as a community member or working with communities)
  - Health care delivery system
  - Children's health
  - Public health
  - Health-care costs, value-based payments, alternative payment methodologies
  - Development or measurement of health-related metrics
  - Recruiting, educating, and retaining the health care workforce
  - Health information technology, electronic medical records
  - Don't want to answer/Decline
2. For each area of expertise that you identified above, please provide a brief description of your experience in that area:

## D. Sector

1. Check all that apply:

- Consumer/community member
- Community based organization (service provider)
- Advocate/consumer or community representative
- Tribal representatives (might include tribal clinic staff but not providers, or identify as Native America or Alaskan Native individually)
- Academic/research
- Employers/business/employer (private, nonprofit, etc.)
- Labor union
- Provider or clinic - behavioral health
- Provider or clinic - oral health
- Provider or clinic – physical health
- Provider – Federally Qualified Health Center
- Provider - tribal health clinic or center
- Provider – independent practice association
- Provider - hospital and/or health system
- Provider - other
- Payer – Coordinated Care Organization
- Payer - commercial health insurer
- Payer – Dental Care Organization
- Payer - other
- Health insurance broker
- Health care association
- Public health department
- State Agency staff
- Social services
- Other – please describe
- Don't want to answer/Decline

## Demographics

### E. Race and Ethnicity

As part of its commitment to identifying and eliminating health inequities, the Oregon Health Authority collects detailed demographic data about Oregonians enrolling in the Oregon Health Plan (OHP) program, Oregon's Medicaid program. We are asking all applicants for Oregon Health Policy Board Committees (and current Committee members) to answer the same demographic questions that we ask OHP members.

1. How do you identify your race, ethnicity, tribal affiliation, country of origin, or ancestry?
  
2. Which of the following describes your racial or ethnic identity? Please check ALL that apply.
  - A. Hispanic and Latino/a/x
    - Central American
    - Mexican
    - South American
    - Other Hispanic or Latino/a/x
  - B. Native Hawaiian and Pacific Islander
    - Chamoru (Chamorro)
    - Marshallese
    - Communities of the Micronesian Region
    - Native Hawaiian
    - Samoan
    - Other Pacific Islander
  - C. White
    - Eastern European
    - Slavic
    - Western European
    - Other White
  - D. American Indian and Alaska Native
    - American Indian
    - Alaska Native
    - Canadian Inuit, Metis, or First Nation
    - Indigenous Mexican, Central American, or South American
  - E. Black and African American
    - African American
    - Afro-Caribbean
    - Ethiopian
    - Somali
    - Other African (Black)
    - Other Black
  - F. Middle Eastern/Northern African

- Middle Eastern
- Northern African
- G. Asian
  - Asian Indian
  - Cambodian
  - Chinese
  - Communities of Myanmar
  - Filipino/a
  - Hmong
  - Japanese
  - Korean
  - Laotian
  - South Asian
  - Vietnamese
  - Other Asian
- H. Other Categories
  - Other (please list):
  - Don't know/Unknown
  - Don't want to answer/Decline

3. If you checked more than one category above, is there one you think of as your primary racial or ethnic identity?

- Yes, it is:
  - No, I do not have just one primary racial or ethnic identity
  - No. I identify as Biracial or Multiracial
  - Don't know/Unknown
  - Don't want to answer/Decline

## F. Language

OHA also asks all OHP members questions about language access needs. We are asking all applicants for OHPB Committees (and current Committee members) to answer the same language access questions that we ask OHP members.

1. What language or languages do you use at home?

If answer to #1 is English, then skip to question #6 in this section, if answer is other than English, answer #2 through #6

2. In what language do you want us to communicate in person, on the phone, or virtually with you?

3. In what language do you want us to write to you?

4. Do you need or want an interpreter for us to communicate with you?
- Yes
  - No
  - Don't know
  - Don't want to answer
5. If you need or want an interpreter, what type of interpreter is preferred?
- Spoken language interpreter
  - Deaf Interpreter for DeafBlind, additional barriers, or both
  - American Sign Language interpreter
  - Contact sign language (PSE) interpreter
  - Other:
6. How well do you speak English?
- Very Well
  - Well
  - Not Well
  - Not at all
  - Don't know
  - Don't want to answer

## **G. Disability**

OHA also asks all OHP members questions about disability status. We are asking all applicants for OHPB Committees (and current Committee members) to answer the same questions about disability that we ask OHP members.

1. Are you deaf or do you have serious difficulty hearing?
- Yes
    - If yes, at what age did this condition begin?
  - No
  - Don't know
  - Don't want to answer
  - Don't know what this question is asking
2. Are you blind or do you have serious difficulty seeing, even when wearing glasses?
- Yes
    - If yes, at what age did this condition begin?
  - No
  - Don't know
  - Don't want to answer
  - Don't know what this question is asking
3. Do you have serious difficulty walking or climbing stairs?
- Yes
    - If yes, at what age did this condition begin?
  - No



- Don't know
- Don't want to answer
- Don't know what this question is asking

4. Because of a physical, mental or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?

- Yes
  - If yes, at what age did this condition begin?
- No
- Don't know
- Don't want to answer
- Don't know what this question is asking

5. Do you have difficulty dressing or bathing?

- Yes
  - If yes, at what age did this condition begin?
- No
- Don't know
- Don't want to answer
- Don't know what this question is asking

6. Do you have serious difficulty learning how to do things most people your age can learn?

- Yes
  - If yes, at what age did this condition begin?
- No
- Don't know
- Don't want to answer
- Don't know what this question is asking

7. Using your usual (customary) language, do you have serious difficulty communicating (*for example understanding or being understood by others*)?

- Yes
  - If yes, at what age did this condition begin?
- No
- Don't know
- Don't want to answer
- Don't know what this question is asking

8. Because of a physical, mental or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- Yes
  - If yes, at what age did this condition begin?
- No
- Don't know

- Don't want to answer
- Don't know what this question is asking

9. Do you have serious difficulty with the following: mood, intense feelings, controlling your behavior, or experiencing delusions or hallucinations?

- Yes
  - If yes, at what age did this condition begin?
- No
- Don't know
- Don't want to answer
- Don't know what this question is asking

## H. Age

- Up to age 15 years of age
- 16-24 years of age
- 25-40 years of age
- 41-54 years of age
- 55-64 years of age
- 65 years of age and older
- Don't want to answer/Decline

## I. Gender Identity

Sexual orientation and gender identity are important aspects of the diversity of Oregon where bias in the health care system can lead to inequitable health outcomes. The Oregon Legislature recently added a requirement for OHA (and the Oregon Department of Human Services) to collect and report data about the sexual orientation and gender identity of Oregonians served, including Oregon Health Plan members (House Bill 3159 (2021)).

While OHA has not finalized how such data would be collected, these are the questions that were recommended by a stakeholder group convened by the OHA Division of Equity & Inclusion in 2018.

1. Please describe your gender in any way you prefer:
2. What is your gender (check all that apply)

- Woman/ Girl
- Man/ Boy
- Agender/No gender
- Non-binary
- Questioning
- Not listed. Please specify:
- Don't know
- I don't know what this question is asking

I don't want to answer

3. Are you transgender?

Yes

No

Not listed. Please specify

Don't know

I don't know what this question is asking

I don't want to answer

## **J. Sexual Orientation/Identity**

1. Please describe your sexual orientation or sexual identity in any way you want:

2. How do you describe your sexual orientation or sexual identity? (Check all that apply)

Same-gender loving

Same-sex loving

Lesbian

Gay

Bisexual

Straight (attracted mainly to or only to other gender[s])

Pansexual

Asexual

Queer

Questioning

Not listed. Please specify:

Don't know

I don't know what this question is asking

I don't want to answer