Health Care Workforce Committee Equity Framework

Report to the Oregon Health Policy Board

October 5, 2021

Oregon Health Authority

Contents

Acknowledgments

- **Participants of the listening engagements** held during Spring and Summer 2021, without whom this report would not have been possible
- **The Cross-Cultural Health Care Program**, for providing training to Heath Care Workforce Committee members and Oregon Health Authority staff in elevating the capacity to recognize bias and in constructivist listening
- **Brenda Johnson, Oregon Health Policy Board Liaison to the Health Care Workforce Committee**, for her constant advocacy and support of the Committee in developing this report
- **Members of the Health Care Workforce Committee** for their willingness to offer additional time to engage in training and the listening engagements
- **Oregon Health Authority staff** Maria Castro, Chris DeMars, Ellie Isenhart, Milena Malone, Craig Mosbaek, and Phillip Schmidt for reviewing and providing support

This publication was prepared by the Oregon Primary Care Office of the Oregon Health Authority for the Health Care Workforce Committee, and adopted by the Committee upon Oregon Health Policy Board approval on October 5, 2021.

For questions about the report, contact: Marc Overbeck at marc.overbeck@dhsoha.state.or.us.

Executive Summary

This Equity Framework is an effort to center equity in Health Care Workforce Committee activities by answering the question, "How do Oregon's health care workforce development efforts advance opportunities for communities experiencing health inequities?" It is grounded in the Health Equity Definition adopted by the Oregon Health Policy Board and Oregon Health Authority (OHA), and OHA's commitment to anti-racism.

Development of the Framework was informed by community input, including listening engagements with 29 groups representing communities experiencing health inequities. **Going forward, the Health Care Workforce Committee will use the Equity Framework to guide discussions and to make funding recommendations and other resource allocation decisions.**

Key Takeaways

Community input included recommendations to increase the diversity of the health care workforce, and to make the workplace more welcoming for diverse providers in the areas of:

- Pipeline and career pathways development
- Education, training, and credentialing
- Recruitment, hiring, and retention
- Compensation
- Culturally responsive services and practices environments
- Structure of health care provider incentives

Equity Framework questions are supplemented with guiding questions and prompts to help users successfully implement this framework. These are the six, high-level questions:

1. Who are the racial/ethnic communities and communities that are experiencing health inequities? What is the potential impact of the resource allocation to these communities?
2. Do the PCO programs ignore or worsen existing inequities or produce unintended consequences? What is the impact of intentionally recognizing the inequity and making investments to improve it?
3. How have we intentionally involved community stakeholders affected by the strategic resource allocation? How do we validate our assessment in questions 1 and 2? How do we align and leverage public and private resources to maximize impact?

4. How should we modify or enhance strategies to ensure recipient and community needs are met?
5. How are we collecting REALD and SOGI data (race/ethnicity, language, and disability and sexual orientation and gender identity data) in PCO awards and matching recipient demographics with communities served?
6. How are we resourcing and/or influencing system partners to ensure programs optimize equity?

Next Steps

Implementing the Equity Framework will include *using the Framework questions to:*

- Develop reports and presentations for the Health Care Workforce Committee and
- Inform resource allocation recommendations the Health Care Workforce Committee makes to the Oregon Health Policy Board, including an explanation of how the recommendations promote and support equitable workforce development.

The Equity Framework will evolve over time as the Health Care Workforce Committee continues to listen, learn, and be led by communities to create an equitable health care workforce that can provide culturally responsive care.

Introduction

In December 2019, the Oregon Health Policy Board (OHPB) asked the Health Care Workforce Committee whether an equity lens was used to recommend allocations in the Health Care Provider Incentive Program. In March 2020, the Committee began developing an Equity Framework to center equity in its deliberations and decision-making.

This Equity Framework was developed by the Health Care Workforce Committee of the Oregon Health Policy Board to further its efforts to center equity in deliberations and decision-making. The Equity Framework is grounded in the Health Equity Definition adopted by the Oregon Health Policy Board (see side bar on page 5) and the Oregon Health Authority's (OHA's) commitment to be an anti-racist organization.

The Committee provides direction and guidance to several programs designed to increase the diversity of the health care workforce and alleviate existing workforce shortages (see Figure 1 on page 9). Going forward, funding recommendations and other resource allocation decisions will be made using the Equity Framework, with principles, values, and awareness that can advance health equity in the state.

Committee conversations took on added urgency with the COVID-19 pandemic causing an unprecedented health care crisis, creating workforce challenges, and highlighting systemic racism and disproportionate impacts on certain communities. This report summarizes the Health Care Workforce Committee's activities to listen authentically to community voices and develop an Equity Framework that aims to create a culturally responsive workforce contributing to OHA's 10-year goal of eliminating health inequities.

Community voices were paramount in the development of the Equity Framework, to better understand the barriers and challenges to creating a workforce that can provide culturally responsive care across the state. First, input gathered from previous community engagement efforts was analyzed, including reports, listening sessions, and surveys (Appendix A lists the documents reviewed). Next, to address knowledge gaps, the Committee participated in listening sessions with 29 groups representing communities experiencing health inequities (Appendix C lists these groups).

OHA/OHPB HEALTH EQUITY DEFINITION

UPDATED OCTOBER 2020

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.

Recommendations from the listening sessions and the previous community input can be summarized in the following categories:

- **Address Leaky Pipeline and Develop Career Pathways**, e.g., provide middle and high school students with career exposure, internship, and mentorship opportunities; provide career advancement opportunities to current workers
- **Confront Bias in Education, Training, and Credentialing**, e.g., address bias in admissions practices that excludes individuals from diverse backgrounds with lived experiences; provide paid, on-the-job learning with wraparound supports such as childcare
- **Establish Inclusive Recruitment, Hiring, and Retention Practices**, e.g., address bias in the application, screening, and interviewing processes; create a supportive workplace environment for staff from communities of color and tribal communities
- **Tackle Compensation Issues**, e.g., address structural wage inequalities for unlicensed health and behavioral health professionals
- **Create Culturally Responsive Services and Practice Environments**, e.g., create a welcoming clinical practice with a workforce reflecting patients served; provide services in between visits to address gaps in care
- **Restructure Provider Incentives,** e.g., provide incentives through wraparound supports such as childcare, transportation, and workforce development
- **Address Other Issues Related to Health Equity,** e.g., provide professional development to lower-wage staff; hire and retain diverse staff into leadership positions

More detail on these recommendations can be found in Table 1 on page 12.

Input from the community engagement was used to develop a set of questions to help guide discussion and decisions to ensure that Oregon's health care workforce development efforts advance opportunities for communities experiencing inequities (questions are listed on page 15). These guiding questions can be used to help ensure authentic community engagement and reductions in inequities, by helping to reimagine the necessary changes to infuse equity into workforce development.

The Health Care Workforce Committee is ready to apply this Equity Framework to its goal setting, discussions, and evaluation activities, while understanding that the Equity Framework will evolve over time. The Health Care Workforce Committee will continue to listen, learn, and be led by communities to create an equitable health care workforce that can provide culturally responsive care.

Background

About the Health Care Workforce Committee

The Oregon Legislature established the Health Care Workforce Committee in 2010 by House Bill 2009, Section 7 (3)(a), which reports directly to the Oregon Health Policy Board. The Committee oversees efforts to recruit and educate health care professionals and retain a quality workforce. The Committee advises the Oregon Health Policy Board and develops recommendations and action plans to ensure a dynamic workforce necessary for a transformed health care delivery system centered on equity that assists all Oregonians to achieve optimal health. The Committee's members represent entities statewide in health care, community health centers and rural health clinics, behavioral health, oral health, and educational institutions.

About the Oregon Primary Care Office

The Oregon Primary Care Office (PCO), which staffs the Health Care Workforce Committee, gathers and analyzes data regarding capacity, quality, cost, and implementation of health care transformation. The federal Health Resources and Services Administration (HRSA), which funds PCO programs nationwide, supports a single entity in each state or territory to:

- Assess the need for primary care, behavioral health, and oral health services and providers;
- Promote provider recruitment and retention to fulfill needs; and
- Reduce shortages of health care providers.

In Oregon, the PCO administers health care workforce recruitment and retention programs that target federal and state resources to improve care delivery in communities experiencing inequities, and coordinates with other organizations to maximize collective impact statewide. The PCO sits in the Clinical Supports, Integration, and Workforce (CSIW) Unit along with the Patient-Centered Primary Care Home program.

Purpose of the Equity Framework

The purpose of the Equity Framework is to generally conversations related to the future of the health care workforce in Oregon in an equitable manner, and to specifically provide a framework for the Health Care Workforce Committee to review funding recommendations and other resource allocation decisions that ensure equity. Alongside the broader equity work within the CSIW Unit, the Equity Framework will enable the Committee to conduct discussions and decision-making through an intentional framework of principles, values, and awareness to advance health equity in the state.

Methodology

The Health Care Workforce Committee used several sources to collect community voices to develop the Equity Framework. First, recognizing that communities have been asked to offer perspectives on health inequities in the past, the PCO analyzed feedback from reports, listening sessions, and surveys results to minimize listening fatigue. Appendix A contains the list of documents reviewed. This analysis provided a starting point that revealed gaps in knowledge about certain groups and geographic areas of the state.

Second, the Committee participated in listening engagements with 29 groups representing communities experiencing health inequities to better understand the barriers and challenges to creating a workforce that can provide culturally responsive care. The engagements were scheduled in partnership with the Patient-Centered Primary Care Home program to inform the CSIW Unit's health equity work. The listening engagements occurred from April-September 2021 with statewide and local organizations, OHA commissions and committees, and primary care practices and organizations.

To prepare for this community engagement in March 2021, the Committee received trainings in constructivist listening, a framework for different types of listening and their benefits for the speakers. Appendix B includes a training description. Appendix C lists the organizations participating in listening engagements, and Appendix D includes a list of the questions asked.

Third, the PCO supplemented the document analysis and listening engagements with information from Committee discussions, other health care workforce-related conversations, and recent OHA reports, which are summarized in the next section to provide additional context.

Health Care Workforce Committee Context

In the past year, the Health Care Workforce Committee has reviewed research, considered presentations from various experts, and engaged in conversations centered on equity related to its three broad focus areas:

- **Workforce Supply and Distribution.** Reports include *Health Care Provider Incentive Program: Evaluation of Program Effectiveness* and *2021 Health Care Workforce Needs Assessment*.
- **Workforce Composition**. Reports include the *2020 Oregon's Licensed Health Care Workforce Supply* and the *2020 Diversity of Oregon's Licensed Health Care Workforce*. Presentations were made on upstream pipeline development and telehealth.

- **Workforce Skills, Training, and Development.** Presentations on clinician burnout and resiliency, given the impacts of the COVID-19 pandemic, were reviewed and discussed.

Additionally, the Committee reviews and makes recommendations to the Oregon Health Policy Board on allocating PCO-managed provider incentive funds, which are reviewed in the next section.

Health Care Workforce Investments in Oregon

Figure 1 on page 10 provides an overview of the targeted federal and state workforce resources that support the recruitment and retention of health professionals in Oregon, totaling to $65 million over a two-year period. These provider incentives combined with new investments are described below.

State tax credits comprise one-quarter of incentives, which are provided to rural providers and volunteer Emergency Medical Technicians.

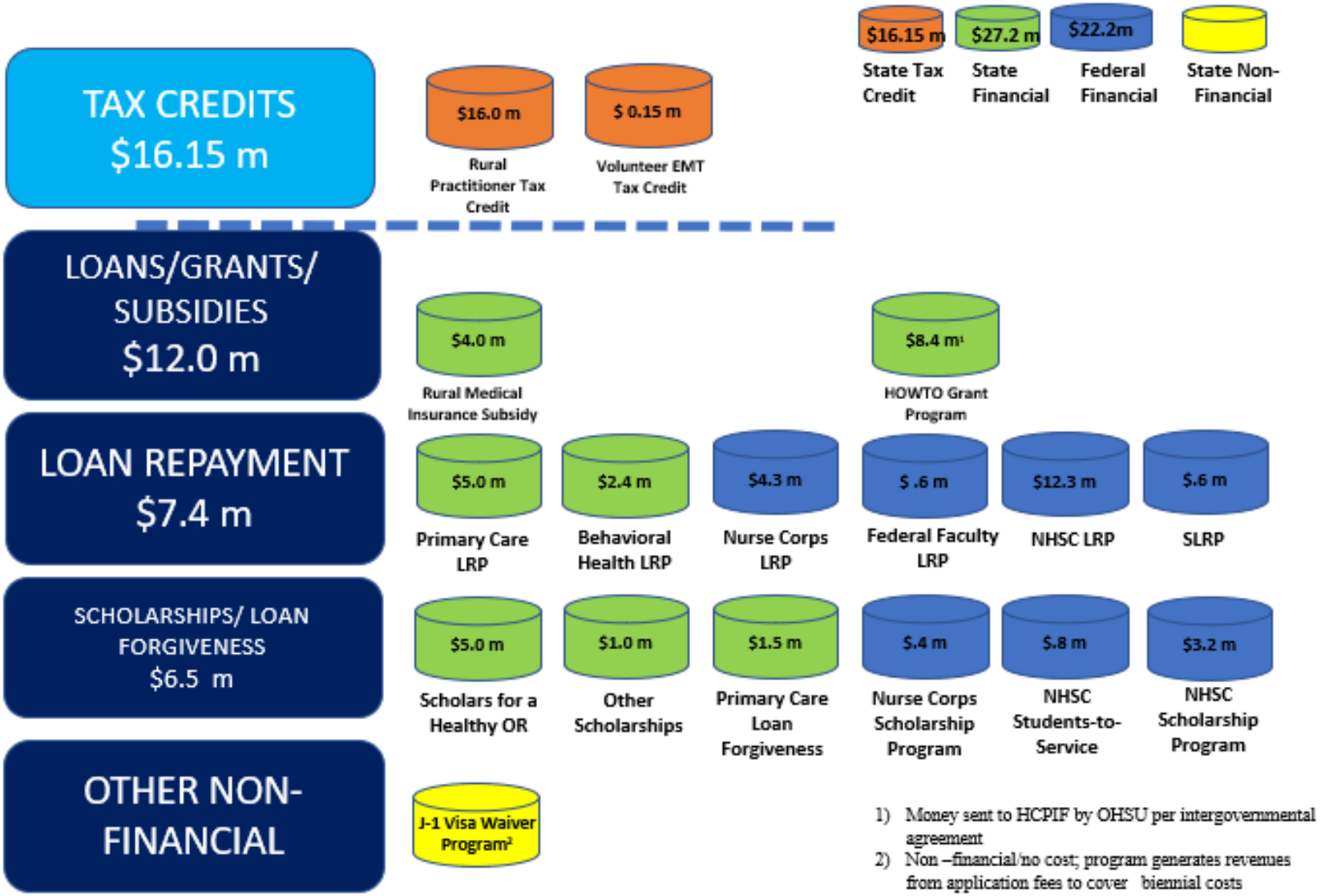
State financial resources amount to 40 percent of incentives.

- **Oregon's Health Care Provider Incentive Program (HCPIP)**, modelled after the National Health Services Corp, provided $17.4 million in the 2019-2021 biennium in scholarships, loan repayment, and insurance subsidies to clinicians working at qualified sites in rural communities and communities experiencing inequities.
- **Healthy Oregon Workforce Training Opportunity (HOWTO) Program** awards grants to innovative, community-based training initiatives that address identified health care workforce shortages and expand workforce diversity throughout the state. OHA, the Oregon Health Policy Board, and Oregon Health & Science University set aside $8.4 million for HOWTO grantmaking in the 2019-21 biennium.

Federal financial resources are one-third of incentives.

- **National Health Service Corps (NHSC) Certification.** The PCO reviews applications submitted by practice sites in rural areas and communities experiencing inequities and recommends certification to the federal government. Approved sites receive federal support for scholarships, loan forgiveness, and loan repayment to qualified health professionals, totaling to $22 million during the 2019-21 biennium.
- **Federal shortage designation.** The PCO identifies a geographic area, population, or facility experiencing health professional shortages in primary, dental or mental health care. This designation targets federal resources to improve health care services, focusing on rural areas and communities experiencing inequities in the state.

Figure 1. State and Federally Funded Health Care Provider Incentives Available to Oregon Providers, 2019-21 Biennium



Non-financial resources contribute to the PCO's provider recruitment and retention efforts.

- **J-1 Visa Physician Waiver Program** allows up to 30 international medical graduates each year to practice in Oregon if they work in a federally designated shortage area.
- **HRSA Oral Health Workforce Grant** improves oral health care in dental shortage areas in targeted rural communities experiencing inequities by bolstering the workforce pipeline, expanding innovative care delivery systems, and addressing barriers to recruitment and retention.

A new behavioral health workforce investment was made by the Oregon Legislature this past session though House Bills 2949. This legislation earmarked a historic $80 million in federal American Rescue Plan Act funds to expand and diversify the behavioral health workforce. OHA has established a cross-divisional team to launch this transformative, community-led, and community-owned effort. This investment has been allocated for two purposes in the 2021-23 biennium:

- **$60 million** to support recruitment and retention of behavioral health professionals to provide culturally responsive care and
- **$20 million** to support the expansion of clinical supervision to enable behavioral health professionals working toward licensure to move through the system in a timely manner.

The Health Care Workforce Committee activity, PCO resources, and new workforce investments provide a backdrop for considering the community feedback to continue developing the workforce.

Summary of Community Feedback: What We Heard

The PCO gathered valuable community viewpoints from conducting document review that summarized previous feedback sessions and community listening engagements on creating an equitable health care workforce providing culturally responsive care.

Table 1 on page 12 summarizes the PCO analysis of this information into seven main themes, which are reviewed and discussed in this section.

Table 1. Summary of Community Feedback and Listening Engagement Analysis

Topic	Main Points
Address Leaky Pipeline and Develop Career Pathways	• Provide middle and high school students with career exposure, shadowing, internship, and mentorship opportunities • Provide incumbent and dislocated workers with career advancement opportunities • Align and coordinate with Oregon workforce system to create a no wrong door approach
Confront Bias in Education, Training, and Credentialing	• Address bias in admissions practices that excludes individuals from diverse backgrounds with lived experiences aligned to patients served • Prepare international health profession graduates to practice in Oregon • Address student debt, especially for occupations receiving lower wages • Provide paid, on-the-job learning with wraparound supports (e.g., childcare, transportation, training, workforce development)
Establish Inclusive Recruitment, Hiring, and Retention Practices	• Implement recruitment processes and strategies to ensure a diverse candidate pool • Address bias in application, screening, and interviewing methods that excludes individuals from diverse backgrounds with lived experiences aligned to the patient population • Create a supportive workplace environment for staff from communities of color and tribal communities • Focus on retaining diverse talent (e.g., provide mentorship, leadership development, and career advancement opportunities)
Tackle Compensation Issues	• Address structural wage inequalities for unlicensed health care and behavioral health occupations • Increase reimbursement rates targeted to wage increases
Create Culturally Responsive Services and Practice Environments	• Create a welcoming practice with a workforce that reflects the patients served • Include professionals in care teams to provide integrated care • Provide services in between visits to address gaps in care
Restructure Provider Incentives	• Design incentives to address health profession shortages not covered by traditional scholarship and loan repayment programs (e.g., Medical Assistant, Dental Assistant, Nursing Assistant, QMHA and QMHP, Traditional Health Worker) • Provide incentives through wraparound supports (e.g., childcare, transportation, workforce development, signing bonuses)
Address Other Issues Related to Health Equity	• Hire and retain diverse staff into leadership positions • Provide professional development to lower-wage staff • Build trust with diverse communities

Address Leaky Pipeline and Develop Career Pathways

One theme that key informants raised was a need to address leaks in the workforce pipeline by providing opportunities for lower-wage, diverse workers to expand and diversify the health care workforce. Providing middle and high school students with opportunities to learn about health care jobs through career exposure and internships, and providing ongoing mentorship is important to attracting young adults to the field. People who are employed in

health care in lower-wage occupations may have worked in other jobs with similar skill sets, such as the retail and hospitality sectors, should have opportunities to advance along a career ladder. Education and leadership development, which are often afforded to management but not lower-wage workers, should be available throughout their professional careers. Oregon's workforce system, including local workforce boards that provide short-term training for health care careers, should be aligned and coordinated with OHA resources to ensure a "no wrong door" approach exists, so that people seeking career development are able to access it easily.

Confront Bias in Education, Training, and Credentialing

Many participants pointed to difficulties that diverse students encounter in entering health professions. Although education institutions and providers have made significant strides toward attracting students from diverse backgrounds, school officials and advocates cited bias and systemic racism in testing, admissions practices, and certification and licensure exams as barriers to entry. Academic institutions select students who think in the way the profession operates, rather than valuing individuals with lived experiences aligned to communities and populations experiencing inequities. Several groups felt barriers should be reduced to having internationally trained professionals from practice in Oregon, instead of having to restart their education to obtain licensure. Finally, diverse students and workers may have difficulties in paying for high-cost health education programs and could benefit from wraparound supports such as childcare, transportation, and housing to embark on a new career. The recommendation was that incentives be structured to provide financial support upfront through scholarships, versus loan repayment afterwards.

Establish Inclusive Recruitment, Hiring, and Retention Practices

Listening engagement participants reported that biased practices pose barriers to attracting and retaining people from diverse backgrounds into health care jobs. Using different recruitment strategies can ensure a diverse candidate pool, such as conducting outreach through non-traditional channels to having job postings with clear and inclusive language. Creating inclusive practices for applying, screening, and interviewing may yield a workforce with skills sets and life experiences like the patient populations served. Examples include considering candidates who do not meet minimum qualifications and having simple interview questions that do not privilege experienced candidates. Retention of diverse health professionals could be increased by creating a more welcoming practice environment such as art being displayed reflecting communities served, having affinity groups for diverse health professionals, and developing trauma-informed care that addresses both

patient and provider needs. Providing diverse staff with career development and advancement opportunities may also help to increase retention.

Tackle Compensation Issues

Listening engagement participants commented on compensation barriers and earning a living wage in selected health care occupations. Structural wage inequities exist for unlicensed health care occupations with a higher proportion of diverse workers who are underpaid but essential and for behavioral health occupations, which result in high turnover. In addition, when increases in reimbursement rates take place, they do not always result in workers receiving higher wages.

Create Culturally Responsive Services and Practice Environments

A universal theme was the need to cultivate culturally responsive care. Participants reported that health care systems should develop culturally responsive skills in their workforce, such as having a customer service mindset, increasing understanding of community-defined cultural practices, providing meaningful language access, and creating trauma-informed care. Diverse workers may choose to leave a practice due to systemic racism and a lack of support for their identity. Furthermore, a care team with professionals providing integrated services can provide comprehensive care to meet patient needs. Providers require workforce approaches that address patient health issues in between visits and outside of the clinic walls to avoid gaps in care.

Restructure Provider Incentives

Changing the nature of incentives could make further progress toward creating a more equitable workforce. Providing opportunities for underrepresented groups in the workforce such as persons with disabilities to receive incentives and become health professionals should be prioritized. Health professional shortages occur among high-demand occupations not covered by PCO incentives, such as medical assistants, dental assistants, and other unlicensed occupations, and could be expanded to address these critical needs. In addition, clinicians encounter barriers to serving in rural areas and communities experiencing inequities that new incentives could address, such as moving stipends, sign-on bonuses, and childcare subsidies.

Address Other Issues Related to Health Equity

Diverse workers in lower-wage positions should be offered career development opportunities that include increased responsibility and upward mobility to increase retention. Many lower-wage yet essential jobs such as direct care, health care support, and service workers are underpaid, lack full-time employment and benefits, and do not have a next step up a career leader into a living wage job. These occupations often lack professional

development opportunities afforded to those in management positions. Critical workforces such as Traditional Health Workers and Health Care Interpreters bring cultural perspectives, community-centered knowledge, and life experiences to their professions. These may not receive adequate compensation even when they attain advanced degrees and certifications, unlike other professionals with higher earning potential and a more defined career pathway. Certified Health Care Interpreters report being underutilized due to providers using uncertified staff, Additionally, clinics should be encouraged to hire and promote diverse staff into leadership positions.

Guiding Questions for the Equity Framework

Based on what was heard, the Health Care Workforce Committee developed a set of questions, provided in the text box below, to guide its focus on developing an equitable workforce. The questions from the Equity Framework draw attention to the inclusion of populations experiencing health inequities to rectify historical injustices, as referenced in the Oregon Health Policy Board's Health Equity Definition (see side bar on page 5 for the definition).

HEALTH CARE WORKFORCE COMMITTEE GUIDING QUESTIONS FOR EQUITY FRAMEWORK

How do Oregon's health care workforce development efforts advance opportunities for communities experiencing health inequities?

1. Who are the racial/ethnic communities and communities that are experiencing health inequities? What is the potential impact of the resource allocation to these communities?
2. Do the PCO programs ignore or worsen existing health inequities or produce unintended consequences? What is the impact of intentionally recognizing the health inequity and making investments to improve it?
3. How have we intentionally involved community representatives affected by the resource allocation? How do we validate our assessment in questions 1 and 2? How do we align and leverage public and private resources to maximize impact?
4. How should we modify or enhance strategies to ensure recipient and community needs are met?
5. How are we collecting REALD and SOGI data (race/ethnicity, language, and disability and sexual orientation and gender identity data) in PCO awards and matching recipient demographics with communities served?
6. How are we resourcing and/or influencing system partners to ensure programs optimize equity?

The Committee will use the questions in its work moving forward to reimagine the necessary changes to infuse equity into workforce development policies and programs that meet OHA's 10-year goal to eliminate health inequities.

Moving from Theory to Action

The Equity Framework provides a reference point that will enable the Health Care Workforce Committee to engage in intentional leadership discussions on how structures and systems contribute to creating inequities in the health care workforce. By doing so, the Health Care Workforce Committee may increase its understanding of patterns of workforce inequity, shape strategies, and align investments and resources to create real, transformational change in the health care workforce.

Applying the Equity Framework in Everyday Practice

The Health Care Workforce Committee will apply the Equity Framework to its goal setting, discussions, and evaluation activities. We propose the following initial steps to begin incorporating the Equity Framework into the fabric of the Health Care Workforce Committee:

- The meeting packet will include the OHA Health Equity Definition and the guiding questions.
- Agendas will be developed that include best practices and emerging strategies on creating an equitable health care workforce
- Presenters at Health Care Workforce Committee meeting will review and apply the guiding questions to their presentations, and Health Care Workforce Committee members will ask questions supporting the questions.
- In issuing reports for Health Care Workforce Committee and Oregon Health Policy Board approval, the guiding questions will be used to frame the content and recommendations, and the OHA/OHPB Health Equity Definition will be included.
- The Equity Framework will be applied to resource allocation recommendations that the Health Care Workforce Committee makes to the Oregon Health Policy Board. The Primary Care Office will provide a brief explanation on how the recommendation promotes and supports equitable workforce development.
- The Committee will continue to make its meetings accessible by providing interpreters and accommodations as requested.

The Health Care Workforce Committee will begin to practice using this protocol immediately, with full implementation following approval from the Oregon Health Policy Board. Appendix E includes additional ways in which

Committee may apply the guiding questions to deepen the development of its equity focus.

Continuing Listening Engagement Relationships

The Health Care Workforce Committee approached community organizations and PCPCH practices with the dual intention of listening to develop the Equity Framework and developing a relationship to advise on the PCO's ongoing equity activities. The PCO shared the draft report with participants to verify we summarized what we heard to honor the intent of the information offered. Other ideas for ongoing engagement include the PCO inviting participation in House Bill 2949's Behavioral Health Workforce Initiative community-led structures and crafting other opportunities to ensure community voices are integrated into the Committee's actions.

Conclusion

The Health Care Workforce Committee acknowledges that the process and development of the Equity Framework is an important step in achieving OHA's 10-year goal of eliminating health inequities. We expect that the Equity Framework will evolve over time as the Health Care Workforce Committee continues to listen, learn, and be led by communities to create an equitable health care workforce that can provide culturally responsive care.

Appendix A. Community Reports Bibliography

Community Reports

ALICE in Oregon: A Financial Hardship Story, 2020, https://www.unitedforalice.org/state-reports

IRCO 2017 Community Needs Assessment, https://irco.org/assets/files/financials/IRCO%202017%20CNA%20Report.pdf

Leading with Race: Research Justice in Washington County, Coalition of Communities of Color, 2021, https://www.coalitioncommunitiescolor.org/leadingwithrace

Peoples Plan 2017, Portland African American Leadership Forum, https://static1.squarespace.com/static/5a2075ac8a02c7cbf8664919/t/5cf20d9090810000012bfd02/1559367073255/PAALF+Peoples+Plan_2017_sm+%281%29.pdf

Communities of Color in Multnomah County: An Unsettling Profile, https://www.coalitioncommunitiescolor.org/research-and-publications/cccunsettlingprofile

CCO 2.0 Report, Appendix E – CCO 2.0 Public Input, 2018, https://www.oregon.gov/oha/OHPB/CCODocuments/2018-OHA-CCO-2.0-Report-Appendix-E.PDF

Coos County Community Health Improvement Plan (CHIP) 2019-2022, https://www.oregon.gov/oha/HPA/dsi-tc/CCOCHIP/AdvancedHealthCoosCHIP.pdf

Curry County Community Health Improvement Plan (CHIP) 2019, https://www.oregon.gov/oha/HPA/dsi-tc/CCOCHIP/AllCare%20Curry%20County%20CHP%202019.pdf

2019-2024 Eastern Oregon Coordinated Care Organization Community Health Plan, https://www.oregon.gov/oha/HPA/dsi-tc/CCOCHIP/EOCCO%20Regional%20CHP.pdf

Intercommunity Health Network CHIP 2019, https://www.oregon.gov/oha/HPA/dsi-tc/CCOCHIP/IHN%20CHP%202019.pdf

Jackson and Josephine Counties Community Health Improvement Plan 2019-2022, https://www.oregon.gov/oha/HPA/dsi-tc/CCOCHIP/JCC%20Jackson%20Josephine%20County%20CHIP%202019.pdf

Klamath County Community Health Improvement Plan 2019, https://www.oregon.gov/oha/HPA/dsi-tc/CCOCHIP/Cascade%20Health%20Alliance%20CHP%202019.pdf

Regional Health Assessment and Regional Health Improvement Plan 2019 (Clatsop, Columbia and Tillamook Counties, https://www.oregon.gov/oha/HPA/dsi-tc/CCOCHIP/CPCCO%20RHA%20RHIP-final.pdf

Health Share Community Health Improvement Plan 2019-2023, https://www.oregon.gov/oha/HPA/dsi-tc/CCOCHIP/Health%20Share%20CHP%202019.pdf

OHA Published Reports

CCO 2.0 Community Input Report, https://www.oregon.gov/oha/OHPB/CCODocuments/2018-OHA-CCO-2.0-Report-Appendix-E.PDF

Healthier Together - State Health Improvement Plan and Community-Based Organizations Surveys, https://healthiertogetheroregon.org/about/ and https://www.oregon.gov/oha/PH/ABOUT/Documents/ship/2020-2024-summary-community-feedback.pdf

OHA Strategic Plan Community Listening Sessions, 2019

Telehealth Listening Session – Consumers, https://dfr.oregon.gov/help/committees-workgroups/Documents/telehealth/telehealth-consumer-session-summary.pdf

OHA Youth Listening Session Report, Jackson and Umatilla Counties, 2016, https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/YOUTH/Documents/Youth_Listening_Sessions_Report.pdf

Oregon Healthy Teens Survey Report, 2019, https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/SURVEYS/OREGONHEALTHYTEENS/Documents/2019/County/Douglas%20County%20Profile%20Report.pdf

Well-Woman Care Report, https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/DATAREPORTS/MCHTITLEV/Documents/OHA8234_WW_Report_Final.pdf

Title V - Maternal, Child, and Adolescent Health Needs Assessment, https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/DATAREPORTS/MCHTITLEV/Documents/2020%20Title%20V%20Data%20Tools%20Book%20Final.pdf

Oregon State Governmental Reports and Information

Governor’s Racial Justice Council (conversations with Governor’s policy advisors)

Report on Latino Mental Health in Oregon, Oregon Commission on Hispanic Affairs, https://www.oregon.gov/oac/Documents1/Crisis_de_Nuestro_Bienestar_-_Latino_Mental_Health_in_Oregon.pdf

Appendix B. Constructivist Listening Trainings Information

The PCO contracted with the Cross-Cultural Health Care Program to provide the Health Care Workforce Committee with trainings on different techniques to listen effectively and engage with community entities. A description of the trainings is provided below.

Dynamics of Difference: A Framework for Building Culturally Competent Community Partnerships

This workshop focuses on realizing health equity through community engagement. Because the community can be our best teachers, participants will be given tools to work with stakeholders in a culturally competent way.

Deep Listening: A Practicum for Meaningful and Accountable Engagement with Community Voices

This workshop is a skill-building workshop. Participants will be introduced to different types of listening with the appropriate times to use them. In addition to the study of “Attentive Listening,” “Active Listening,” and “Affirmative Listening,” this workshop will be a forum for practicing “Constructivist Listening.” Constructivist Listening can be a powerful tool for empowerment and community building for those who are being listened to, as it provides opportunities to clarify thoughts and reevaluate or construct new meanings as they relate to others – and in this case, to the health care system.

Appendix C. Community Entities Participating in Listening Engagements

Statewide and Local Community Organizations

- Asian Pacific American Network of Oregon
- Basic Rights Oregon
- Health Share of Oregon
- Immigrant Refugee & Community Organization and Africa House
- Oregon Family Support Network
- Oregon Office on Disability and Health
- Oregon Spinal Cord Injury Connection
- PacificSource Community Solutions
- Project Access Now
- Self-Enhancement, Inc.

Workforce Organizations

- Central Oregon Latino Education Council
- Oregon Workforce Partnership
- Urban League of Portland

OHA Commissions and Committees

- Health Equity Committee of the OHPB
- Oregon Council on Health Care Interpreters, Advocacy and Legislative Committee
- OHA Tribal Monthly Meeting
- Traditional Health Worker Commission

Primary Care Practices and Organizations

- Oregon Primary Care Association Behavioral Health Advisors
- Central City Concern
- La Clinica

- Multnomah County Primary Care Services
- North by Northeast Community Health Center
- Older Adults provider focus group
- Orchid Health
- Options for Southern Oregon
- PRISM Health
- Wallace
- Winding Waters Community Health Center
- Yakima Valley Farm Workers Clinic

Appendix D. Listening Engagement Questions

- To truly advance health equity in Oregon, how does primary care and the health care workforce need to change?
- For the populations you serve, what are the biggest issues they experience in accessing primary care? Are there different issues faced for different groups?
- What has prevented populations you serve from being able to achieve optimal health?
- What advice or recommendations would you give to local primary care practices to help them better serve these populations?
- Are there strategies to improve the quality and effectiveness of care that have not been funded, that need to be? What should we stop funding or start funding?

Appendix E. Suggestions for Applying the Equity Framework Guiding Questions

How do Oregon's health care workforce development efforts advance opportunities for communities experiencing health inequities?

1. **Who are the racial/ethnic communities and communities that are experiencing health inequities? What are the potential impacts of the resource allocation to these communities?**

   Ask yourself:

   - What are the possible positive or negative impacts of the resource allocation?
     - How do you know about these impacts? Did the communities tell you about them? If no, how did you get the information? How likely are these outcomes?
     - Have you communicated to the community the expected impacts? Did they verify that you heard correctly?
   - How do we measure the impacts?
     - Consider both how OHA typically measures impacts and ask the community how they measure impacts.
     - Does the community want to be involved in measuring the impacts? If yes, how?
   - How can the PCO be transparent, accountable, and forthright about its targeted workforce programs?
     - How is the PCO explaining what it can and can't do? What is the PCO doing with the community-provided information that the program can't directly address?

2. **Do the PCO programs ignore or worsen existing inequities or produce unintended consequences? What is the impact of intentionally recognizing the inequity and making investments to improve it?**

   Ask the communities:

   - What are the possible unintended consequences?

    - How do communities want OHA to address these unintended consequences?
- What are the existing inequities that PCO programs ignore or worsen?
- How might proposed investments affect these inequities, both positively and negatively?

3. **Have we intentionally involved community representatives affected by the resource allocation? How do we validate our assessment in questions 1 and 2? How do we align and leverage public and private resources to maximize impact?**

   Ask yourself:

   - What is our community engagement process or structure? Examples include but are not limited to community councils, surveys, focus groups, community meetings, interviews, and other ways to ensure ongoing communication and transparency.
   - What has the community decided to prioritize?
   - How is the PCO led by communities to define goals, make decisions, and evaluate its workforce development efforts?
   - How are we aligning and leveraging other workforce initiatives inside and outside OHA to achieve community-defined goals?

4. **How should we modify or enhance strategies to ensure recipient and community needs are met?**

   Ask yourself:

   - What are the strategies being employed by OHA?
   - Are any other state or local programs addressing these needs? What strategies are they using?
   - Do award recipients agree that the PCO's proposed modifications or enhancements meet their needs?
   - Do communities agree that the PCO's proposed modifications or enhancements meet their needs?

5. **How are we collecting REALD and SOGI data (race/ethnicity, language, and disability and sexual orientation and gender identity data) in PCO awards and matching recipient demographics with communities served?**

Ask yourself:

- How are we gathering REALD and SOGI data on the PCO award recipients?
- Which data sources are we using to determine the REALD and SOGI composition of communities?
- How are we using the REALD and SOGI to evaluate PCO programs and propose modifications or enhancements?

6. **How is the PCO resourcing and/or influencing system partners to ensure programs optimize equity?**

Ask yourself:

- How do the PCO-managed resources coordinate, align, and influence workforce efforts with system partners?
- How can the PCO leverage its OHA subject matter expertise and influence to maximize impact and braid resources with system partners?
- What else could we be doing to ensure our system partners are optimizing equity?

HEALTH POLICY AND ANALYTICS
Oregon Health Policy Board / Health Care Workforce Committee

Phone: 503-689-5321
Email: marc.overbeck@dhs.state.or.us