

OFFICE OF THE SECRETARY OF STATE

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NOTICE OF PROPOSED RULEMAKING
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 943
OREGON HEALTH AUTHORITY

FILED

03/31/2022 3:22 PM
ARCHIVES DIVISION
SECRETARY OF STATE

FILING CAPTION: Establishes standards and definitions of terms related to the work of Regional Health Equity Coalitions

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 04/21/2022 5:00 PM

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

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Portland, OR 97204

Filed By:
Colleen Needham
Rules Coordinator

HEARING(S)

Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.

DATE: 04/18/2022

TIME: 1:00 PM - 2:00 PM

OFFICER: Keely West

ADDRESS: All public hearings are currently held virtually. Please use call-in number.

Join ZoomGov Meeting

Salem, OR 97301

SPECIAL INSTRUCTIONS:

This virtual meeting is accessible to all persons. CART and ASL will be provided. A request for a language interpreter or for other accommodations should be made no later than 5 p.m. PDT on April 13, 2022 to Danielle Droppers at 503-269-1896 or by email at danielle.a.droppers@state.or.us.

Join ZoomGov Meeting

<https://www.zoomgov.com/j/1615179684?pwd=Vkx6MXBUU1VRUTHiOFVWUE4wR2VIUT09>

Meeting ID: 161 517 9684

Passcode: 080775

One tap mobile

+16692545252,,1615179684#,,,,*080775# US (San Jose)

+16468287666,,1615179684#,,,,*080775# US (New York)

Dial by your location

+1 669 254 5252 US (San Jose)

+1 646 828 7666 US (New York)

Meeting ID: 161 517 9684

Passcode: 080775

Find your local number: <https://www.zoomgov.com/u/apKAQJDOo>

Join by SIP

1615179684@sip.zoomgov.com

Join by H.323

161.199.138.10 (US West)

161.199.136.10 (US East)

Meeting ID: 161 517 9684

Passcode: 080775

NEED FOR THE RULE(S)

Senate Bill (SB) 70 requires establishing rules related to Regional Health Equity Coalitions (RHECs) to develop uniform standards which support fidelity to the RHEC model. The effort to develop and pass this legislation was led by the RHECs with the Oregon Health Authority (OHA) support.

OHA has been a funding partner for Regional Health Equity Coalitions since 2011. The RHECs act as a conduit between diverse communities and OHA to better ensure community needs are identified and met to address health inequities, institutional racism and discrimination. The RHECs provide recommendations and guidance to OHA on policy concepts to foster equity and mitigate harm in policy development and implementation.

Regional health equity coalitions are autonomous, community-led, cross-sector groups that are focused on addressing, at the policy, system and environmental levels, health inequities experienced by priority populations, with the leading priority being communities of color. Regional health equity coalitions are completely independent of coordinated care organizations and public bodies as defined in ORS 174.109. Regional health equity coalitions are supported by fiscal agents such as federally recognized Indian tribes in Oregon or community-based nonprofit entities which can include culturally specific organizations, social service providers, organizations that provide health care, organizations that conduct public health research, organizations that provide behavioral health treatment, private foundations, and faith-based organizations.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

Senate Bill (SB) 70 (2021)

STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE

There needs to be greater capacity to lead critical health equity efforts in regions across the state, especially because Oregon's population is diversifying. Every Oregon county has continued to become more diverse since 2013. The root causes of health inequities have persisted for centuries because systems and institutions have been created to benefit a select group of people over time; this must be undone in partnership with community, while they lead. According to Agénor, et. al, "structural racism has had a substantial role in shaping the distribution of social determinants of health and the population health profile of the USA, including persistent health inequities." While communities of color experience avoidable inequities due to structural racism (Agénor, et. al, 2017), there remains great strength, resilience, and wisdom which should inform efforts to ultimately address health equity issues.

In an effort to work toward building the capacity necessary to meaningfully address health inequities, it becomes important to have clear and shared understanding of foundational concepts related to addressing structural racism for efforts to be impactful. These rules outline key concepts related to the work of Regional Health Equity Coalitions and are relevant to other efforts working to eliminate health inequities.

FISCAL AND ECONOMIC IMPACT:

The Oregon Health Authority does not anticipate there will be a fiscal impact from these rule changes.

COST OF COMPLIANCE:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

None

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

None

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? NO IF NOT, WHY NOT?

No, a Rule Advisory Committee was not consulted. The Regional Health Equity Coalitions were instrumental in passage of the legislation and led the rulemaking process.

RULES PROPOSED:

943-021-0000, 943-021-0010

ADOPT: 943-021-0000

RULE SUMMARY: Establishes uniform standards for Regional Health Equity Coalitions model.

CHANGES TO RULE:

943-021-0000

Purpose

(1) These rules establish uniform standards for Regional Health Equity Coalitions (RHECs) and support alignment to the RHEC model. The Oregon Health Authority (OHA) is a funding partner for Regional Health Equity Coalitions. ¶

(2) The RHECs act as a link between diverse communities and OHA to better ensure community needs are identified and met so that health inequities, institutional racism, and discrimination can be addressed. The RHECs foster equity and mitigate harm in policy development and implementation by providing recommendations and guidance to OHA on policy concept.

Statutory/Other Authority: SB 70 (2021), ORS 413.042

Statutes/Other Implemented: SB 70 (2021)

RULE SUMMARY: Establishes definitions related to the work of regional health equity coalitions.

CHANGES TO RULE:

943-021-0010

Definitions

(1) Regional health equity coalitions are:

(a) Autonomous, community-led, cross-sector groups focused on addressing health inequities experienced by priority populations, at the policy, system, and environmental levels, with the leading priority being communities of color.

(b) Completely independent of coordinated care organizations and public bodies as defined in ORS 174.109.

(c) Supported by fiscal agents such as federally recognized Indian tribes in Oregon and community-based nonprofit entities, including culturally specific organizations, social service providers, organizations that provide health care, organizations that conduct public health research, organizations that provide behavioral health treatment, private foundations, and faith-based organizations.

(d) Required to have decision-making bodies:

(A) Whose membership is at least 51 percent individuals who identify as members of communities of color who have experienced health inequities.

(B) That prioritize the recruitment of members who identify as members of communities of color or who work in roles that address health inequities and institutional racism.

(2) The regional health equity coalition model means an approach that:

(a) Recognizes the impact of structural, institutional and interpersonal racism on the health and well-being of communities of color and other priority populations;

(b) Meaningfully engages priority populations to lead efforts to address health inequities;

(c) Supports and strengthens leadership development for priority populations; and

(d) Ensures that policy solutions and system changes build upon the strengths, and honors the wisdom, of the priority populations.

(3) Community-led means efforts based on a set of core principles that, at minimum:

(a) Engages the people living in a geographic community to establish goals and priorities;

(b) Uses local residents as leaders;

(c) Builds on strengths rather than focusing on problems; and

(d) Involves cross-sector collaboration that is intentional and adaptable and works to achieve systemic change.

(4) Communities of color means members of the following racial or ethnic communities:

(a) American Indian/Alaska Native;

(b) Hispanic/Latino/Latina/Latinx;

(c) Asian;

(d) Native Hawaiians/Pacific Islanders;

(e) Black/African American;

(f) Middle Eastern/North African;

(g) Multi-race or multi-ethnic individuals; or

(h) Other racial or ethnic minorities.

(5) Cross-sector means involving individuals, public and private institutions and communities working together to address the social determinants of health and equity.

(6) Culturally specific means led by individuals from the community served, using language, structures, and settings familiar to the members of the community.

(7) Priority populations means:

(a) Communities of color;

(b) Oregon's nine federally recognized Indian tribes, including descendants of the members of Oregon's nine federally recognized Indian tribes;

(c) Immigrants;

(d) Refugees;

(e) Migrant and seasonal farmworkers;

(f) Low-income individuals and families;

(g) Persons with disabilities; and

(h) Individuals who identify as lesbian, gay, bisexual, transgender, or queer, or who question their sexual or gender identity.

Statutory/Other Authority: SB 70 (2021), ORS 413.042

Statutes/Other Implemented: SB 70 (2021)

