

Oregon Health Policy Board Committee Membership Workgroup Findings and Recommendations – Summary (October 2021)

Achieving the Oregon Health Authority (OHA) goal of equity and eliminating health inequities requires transformational change. The Oregon Health Policy Board (OHPB) and its Committees have significant influence in establishing regulatory guidance, payment policies and incentives, performance measures and accountability, and other policies for Oregon’s health system through its own actions, and actions by its Committees. Ensuring OHPB and Committees are centered in health equity requires transforming committee membership and committee practices.

OHPB Committee Membership Workgroup and Report: In fall 2020, the OHPB chartered the Committee Membership Workgroup to identify and provide recommendations to overcome the structural and procedural barriers that limit the recruitment and retention of diverse committee members and those that bring health equity expertise, lived experience and cross-cultural experience. In addition, this project explored inclusive and equitable committee practices. OHA engaged Ignatius Bau, Health Equity consultant, for the work, which included about 50 interviews with external community and health care partners, OHPB and OHA executive sponsors and OHA staff, conducting root cause and gap analyses, preparing findings and recommendations, and compiling resources for inclusive and equitable committee practices. *The [full report](#) was presented in October 2021. For more information, contact Tara Chetock, Tara.A.CHETOCK@dhsosha.state.or.us.*

Root Cause Analysis and Gap Analysis

- The common perception or statement that “Oregon is not a very diverse state” is more a myth than fact; school enrollment trends show that racial and ethnic diversity will continue to increase
- Oregonians served by OHA, and impacted by OHA policies, especially through the Oregon Health Plan (Medicaid), are racially and ethnically diverse
- Structural racism, exclusion, and discrimination in educational and employment opportunities have resulted in the under-representation of individuals from Tribal communities and communities of color in health professions, including significant under-representation of Blacks, Latinos, and American Indians/Alaska Natives among physicians, nurses, social workers, and dentists licensed to practice in Oregon
- Other structural exclusions have created barriers for individuals with disabilities, individuals who speak languages in addition to English, lesbian, gay, bisexual, transgender, and queer (LGBTQ+) individuals from accessing and utilizing health care, and from opportunities as health professionals. A significant number of geographic areas throughout Oregon have persistent shortages of primary care, mental health, and dental providers, which exacerbate challenges for diverse representation
- There is a need for Committee members with subject matter expertise about diversity and health equity, including “lived experience” based on self-reported racial and ethnic identity, or other identity and “cross-cultural experience” based on living among, working with, or learning about communities and populations different from one’s racial or ethnic identity or other identity.

OHA and OHPB 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

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EXTERNAL PARTNERS INTERVIEWED

COMMUNITY:

- Oregon Health Equity Alliance
- Linn Benton Health Equity Alliance
- Eastern Oregon Health Equity Alliance
- Mid-Columbia Health Advocates
- Coastal Equity and Inclusion Committee of Lincoln County
- Confederated Tribes of Warm Springs
- Northwest Portland Area Indian Health Board
- Oregon Law Center
- Bridges Oregon
- Basic Rights Oregon
- Equi Institute
- Pride Northwest
- Olalla Center
- African Family Holistic Health Organization
- Meyer Memorial Trust
- Collins Foundation

HEALTH CARE:

- Oregon Health Leadership Council
- CCO Oregon
- Oregon Primary Care Association
- Oregon Association of Hospitals and Health Systems
- Oregon Council for Behavioral Health
- Oregon Office of Rural Health
- Oregon Academy of Family Physicians
- Oregon Dental Association
- Oregon Nurses Association
- Oregon Public Health Association
- Women in Healthcare, Oregon Chapter
- Jackson Care Connect

External Community, Health Care, and Public Health Partner Input

External community, health care, and public health partners shared their experiences of engagement with OHPB Committees and other government advisory groups.

- External community and health care partners are generally aware of, and very supportive of OHA’s prioritization of health equity, and eager to partner with OHA to recruit more diverse OHPB Committee members
- However, community partners (compared to health care partners) were generally less aware of OHPB Committees and their work
- Moreover, community partners noted other priorities and limited organizational capacity to participate on government committees and advisory groups

These external partners made the following recommendations:

- Engage in authentic, ongoing community engagement even before recruitment for OHPB Committees
- Support recruitment of diverse OHPB members with improved information and coordination
- Collect and report comprehensive, disaggregated, and granular demographic data about OHPB Committee members and applicants
- Intentionally support retention of diverse OHPB Committee members
- Consider system changes to support OHPB Committee diversity and work on health equity
- Ensure that OHPB Committee meetings are safe, welcoming, and inclusive
- Ensure that OHPB Committee meetings are accessible
- Implement more inclusive practices for OHPB Committee meetings, including improving public comment and decision-making practices
- Support OHA staff and OHPB Committees with training and other tools

OHPB and OHA Sponsor and OHA Staff Input

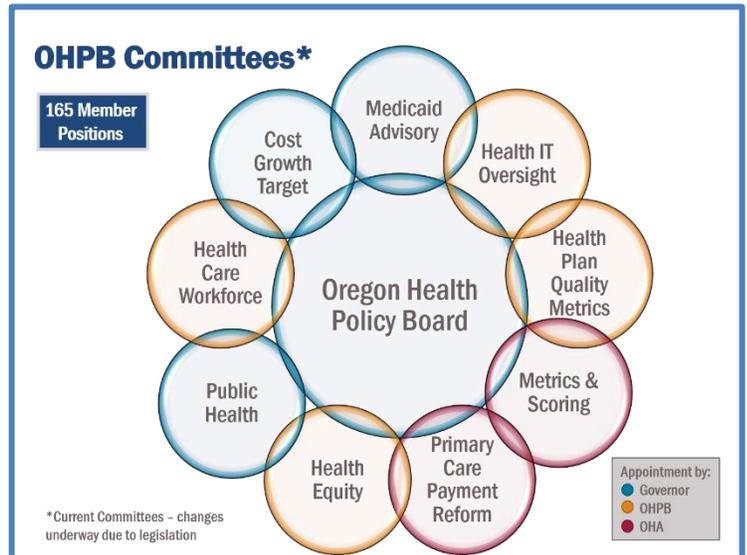
- OHA staff are committed to increasing the diversity of OHPB Committee members, and recognize the importance of this work
- Internal staff support standardized data collection about Committee applicants and members, and raised the need for diversity beyond racial and ethnic diversity
- OHA staff generally understand this goal of increasing OHPB member diversity as an individual responsibility, specific to the OHPB Committee they are supporting or working most closely with

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- OHA staff are aware that successful recruitment requires ongoing community engagement but need more support for effective community engagement
- Internal interviewees highlighted the need to engage, support, and retain diverse Committee members
- While OHA staff would like to increase accessibility of OHPB Committee meetings, there are questions about support and resources for implementation
- OHA staff had recommendations about improving the public comment process during OHPB Committee meetings
- Some internal interviewees recognize the need for work beyond OHPB Committee member diversity, and are anxious to advance inclusion and equity within Committee policies, procedures, and practices

Findings

- A. Diversity is necessary, but not sufficient, for inclusion and equity
- B. While OHA is committed to many dimensions of diversity, the recognition of structural racism calls for a prioritized focus on racial and ethnic diversity
- C. Current OHPB Committee member recruitment processes are not always coordinated and consistent, nor specifically designed to advance health equity
- D. Current demographic data about OHPB Committee members and applicants are not comprehensive, standardized, or complete
- E. There are significant barriers for partners from diverse, under-represented, and excluded communities and populations to serve on OHPB Committees
- F. There are no systematic supports for retention of OHPB Committee members



Recommendations

- A. All OHPB Committees should **engage** diverse, under-represented, and excluded **communities**
 1. Identify populations and communities most impacted by Committee decisions and policies
 2. Engage and listen to diverse, under-represented, and excluded communities and populations
- B. **Support recruitment and retention** of more diverse OHPB Committee members
 1. Coordinate recruitment across OHPB Committees
 2. Standardize collection and reporting of demographic and sector data about Committee members and applicants
 3. Support retention of diverse Committee members
 4. Recommend changes to authorizing statutes and charters to increase Committee member diversity
- C. **Implement** more **inclusive** OHPB Committee **meeting practices**
 1. Ensure access to all OHPB Committee meetings
 2. Highlight public comments and other community partner input
 3. Practice inclusive decision making

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D. Implement OHPB Committee work on equity

1. Provide training to OHA Committee staff and Committee chairs and members about diversity, inclusion, and equity
2. Identify and use equity tools
3. Use an equity analysis as part of every decision and policy

Next Steps

- OHA's Committee Membership Workgroup will develop and implement:
 - Coordinated process for Committee member recruitment
 - Guidance for Committee staff and leadership on inclusive and equitable practices
 - Training plan to support diversity, inclusion, and equity; and begin trainings
 - Recommendations for statutory/charter changes
- February OHPB Retreat: Share baseline data about Committee member diversity
- Continue to work with other parts of OHA on deeper and broader community engagement