**Oregon Health Policy Board Committee Member Survey**

**Current Committee Members – December 2021**

**Alternate Formats/Languages**

**Everyone has a right to know about and participate in Oregon Health Authority (OHA) Committees. If you need this information in an alternate format (such as Braille, large print, audio or other formats) or in another language, please contact committee staff or Jeannette Taylor (**[**jeannette.t.taylor@dhsoha.state.or.us**](mailto:jeannette.t.taylor@dhsoha.state.or.us)**).**

**Due:** January 6th, 2022

**How to respond:** Complete application survey (either

* in Qualtrics through the link emailed to you, or
* on paper and which should be submitted via email to [jeannette.t.taylor@dhsoha.state.or.us](mailto:jeannette.t.taylor@dhsoha.state.or.us).

If you need assistance completing the survey, please reach out to Jeannette Taylor at [jeannette.t.taylor@dhsoha.state.or.us](mailto:jeannette.t.taylor@dhsoha.state.or.us).

The Oregon Health Authority and Oregon Health Policy Board (OHPB) are requesting that all current OHPB Committee members complete the following standard information to provide baseline data on the diversity, expertise, experience, sector and other demographic representation across members on OHPB committees. These data will be aggregated by committee as well as by all committees and presented to the OHPB at their February 2022 retreat.

**About the Oregon Health Policy Board Committee Membership Survey**

***Evaluation Opportunity***

*As part of OHA's prioritization of health equity, we are continuing to refine this survey. We intend to use the final survey for committee recruitments starting in 2022 to collect demographic, experience, and sector data about applicants and current members for Oregon Health Policy Board (OHPB) Committees. To that end, we are interested in your feedback on the format and content of the questions. We plan to email all respondents an anonymous survey to provide this feedback, but you are also welcome to reach out to the committee staff contact to provide input, or to Jeannette Taylor at* [jeannette.t.taylor@dhsoha.state.or.us](mailto:jeannette.t.taylor@dhsoha.state.or.us) *.*

**Introduction**

This survey will assist the OHA and 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:

**OHA and OHPB Definition of Health Equity**

(Updated April 2021)

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.

**PLEASE READ CAREFULLY.**

**IMPORTANT INFORMATION ABOUT THE ANSWERS YOU SUBMIT**

***Which questions do I have to answer?***

You are not required to answer all of the questions in this survey. Required questions are noted by an “\*” throughout the survey. Responding to all other questions is completely optional, though OHA hopes that you will answer them.

***Is the information I submit confidential?***

Any information submitted by you to OHA is considered a public record under Oregon law, but that does not necessarily mean that all of the information that you submit will be disclosed to the public if it is asked for. OHA will, to the greatest extent possible under the law, protect from disclosure all information you provide related to the Health Equity/Lived/Cross-cultural Experience questions. If there is information that you specifically would not want released to the public you should not include it in the survey. If you provide certain information to OHA but specifically want it to be kept confidential, please check that box in the survey sections.

***How will my information be used?***

Limited OHA staff supporting Committee recruitment will have access to applicants’ information and may share your information with Committee chairs or OHPB liaisons when nominating individuals for Committee membership.

If you have any particular concerns about the confidentiality of the answers to these questions, please contact Jeannette Taylor at [jeannette.t.taylor@dhsoha.state.or.us](mailto:jeannette.t.taylor@dhsoha.state.or.us).

For more information about the Race, Ethnicity, Language, and Disability (REALD) information that is being requested please visit:

[https://www.oregon.gov/oha/OEI/Pages/REALD-Questions.aspx](https://www.oregon.gov/oha/EI/Pages/REALD-Questions.aspx)

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

**Oregon Health Policy Board Committee Membership Survey**

1. **General** (*\*Notes a* ***required*** *field.)*
2. Name (First, Last)\*

Click or tap here to enter text.

1. Pronouns (if any)

Click or tap here to enter text.

1. Contact information – Email (*if available*\*)

Click or tap here to enter text.

*Check this box if you want this information to be confidential.*

1. Organization (if any)

Click or tap here to enter text.

1. Position at organization

Click or tap here to enter text.

1. On which OHPB Committee are you currently serving? **(Check all that apply.\*)**

### Behavioral Health Committee

### Cost Growth Target Advisory Committee (CGTAC)

Health Care Workforce Committee (HCWF)

Health Equity Committee (HEC)

Health Information Technology Oversight Council (HITOC)

Health Plan Quality Metrics Committee (HPQMC)

Medicaid Advisory Committee (MAC)

Metrics and Scoring Committee (MSC)

### Oregon Health Insurance Marketplace Advisory Group

Oregon Health Policy Board (OHPB)

Primary Care Payment Reform Collaborative (PCPRC)

Public Health Advisory Board (PHAB)

1. How do you identify your race, ethnicity, tribal affiliation, or ancestry? *(More detailed questions are included toward the end of this form.)*

Click or tap here to enter text.

1. 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

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

Remote/sparsely populated areas

Rural

Suburban

Urban

1. **Health Equity/Lived/Cross-cultural Experience**

As part of OHPB’s goal to improve representation across its Committees, OHA staff are gathering information on the health equity experience, knowledge, and/or skills, lived experience and cross-cultural experience of prospective Committee members.

*Check this box if you want this information to be confidential.*

## **Health Equity**

* 1. Please describe any experience, knowledge, awareness, and/or skills you have with health equity, specifically with racial equity, and how it might help the Committee and OHA staff better understand and advance health equity.

## Click or tap here to enter text.

* 1. In your role as an OHPB or Committee member, what opportunities do you see for that Committee to address health equity? Racial equity?

## Click or tap here to enter text.

**2. Lived Experience and Cross-Cultural Experience**  
Please describe any lived and/or cross-cultural experience you would like to share that may relate to the work of the Committee.

* **Lived experience** refers to one’s life experience based on self-reported identity,meaning someone who has personal knowledge about the world gained through direct, first-hand involvement in everyday events such as racism, houselessness, behavioral health, etc. that might help the Committee and OHA staff better understand and advance health equity.
* **Self-reported identity**, such as race, ethnicity, language, disability, age, gender, gender identity, 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.
* **Cross-cultural experience** refers to one’s volunteer, personal, or professional experience with populations and communities different than one's self-reported identity, such as living in a country other than the U.S., learning another language, working with racially and ethnically diverse populations and communities, that might help the Committee and OHA staff better understand and advance health equity.

## Click or tap here to enter text.

1. **Areas of Experience/Expertise** (*\*Notes a* ***required*** *field.)*

Please indicate what areas of experience, knowledge, and/or skills you want to highlight and bring to the work of the Committee. (**Check all that apply.\***)

* **Current =** Current and direct experience such as a member of a community or currently working in a particular field or in a job related to a particular subject.
* **Other/Past =** Other and/or past experience, knowledge and/or skills related to this area or indirect experience (examples: took a class or training, past work or volunteer experience).

|  |  |  |
| --- | --- | --- |
| **a. Experience with Communities (either as a community member or working with this community):** | **Current** | **Other/Past** |
| Communities of color and/or immigrant or refugee communities |  |  |
| Persons with disabilities |  |  |
| LGBTQ+ community |  |  |
| Tribal Nations and/or indigenous communities |  |  |
| Other, please explain below: |  |  |

|  |  |  |
| --- | --- | --- |
| **b. Experience with health care system and health insurance system:** | **Current** | **Other/Past** |
| Experience as an Oregon Health Plan (OHP) member |  |  |
| Experience as Health Insurance Marketplace member |  |  |
| Experience working with OHP or Marketplace members |  |  |
| Experience in the health care delivery system, such as clinic, hospital, or other organization providing health care services to patients |  |  |
| Experience in Public health |  |  |
| Experience in Behavioral health |  |  |
| Experience in Oral health |  |  |
| Experience in Physical health care |  |  |
| Experience in Social services |  |  |

|  |  |  |
| --- | --- | --- |
| **c. Experience with health policy topics:** | **Current** | **Other/Past** |
| Addressing the social determinants of health |  |  |
| Improving health equity and eliminating health disparities |  |  |
| Improving children’s health |  |  |
| Improving older adult health |  |  |
| Health-care costs, value-based payments, alternative payment methodologies |  |  |
| Development or measurement of health-related metrics |  |  |
| Health information technology, electronic medical records |  |  |
| Recruiting, educating and retaining the health care workforce |  |  |

|  |  |  |
| --- | --- | --- |
| **d. Experience with other systems that can impact health:** | **Current** | **Other/Past** |
| Education |  |  |
| Environment, climate |  |  |
| Housing, food, and other social determinants of health |  |  |
| Justice, corrections |  |  |

e. Other area of experience, knowledge, skills, and/or any supplemental explanation you would like to provide.

## Click or tap here to enter text.

1. **Sector** (*\*Notes a* ***required*** *field.)*

Please indicate what sector or sectors you represent as a member of the Committee. If you represent an organization, this should reflect what your organization does and/or the population(s), it serves. (**Check up to three.\***)

Consumer and/or community member

Advocate or community representative or advocacy organization

Tribal Nations or other Tribal representative

Community based organization (such as a social service provider)

Provider, hospital, or clinic

Public health agency

Payer – commercial health insurer, coordinated care organization (CCO), dental care organization (DCO), other

Health insurance broker

Health care association

Employers/business not in the health care or social services sectors (private, nonprofit, etc.)

Labor union

State or local governmental agency (county, city) – not including public health

Research/academic (including students)

Other – please describe: Click or tap here to enter text.

**Demographic questions**

The following demographic questions will be requested of all Committee members and those nominated as Committee members.

|  |
| --- |
| **As part of its commitment to identifying and eliminating health inequities, the OHA collects detailed demographic data about Oregonians enrolling in state programs including the Oregon Health Plan (OHP) program, Oregon’s Medicaid program. We are asking all applicants for OHPB Committees (and current Committee members) to answer the same demographic questions that we ask OHP members.** |

1. **Race and Ethnicity**
2. How do you identify your **race, ethnicity, tribal affiliation, or ancestry**?

Click or tap here to enter text.

1. Which of the following describes your **racial or ethnic identity**? Please check **ALL** that apply.
2. American Indian and Alaska Native

American Indian

Alaska Native

Canadian Inuit, Metis, or First Nation

Indigenous Mexican, Central American, or South American

1. Asian

Asian Indian

Cambodian

Chinese

Communities of Myanmar

Filipino/a

Hmong

Japanese

Korean

Laotian

South Asian

Vietnamese

Other Asian

1. Black and African American

African American

Afro-Caribbean

Ethiopian

Somali

Other African (Black)

Other Black

1. Hispanic and Latino/a/x

Central American

Mexican

South American

Other Hispanic or Latino/a/x

1. Middle Eastern/Northern African

Middle Eastern

Northern African

1. Native Hawaiian and Pacific Islander

Chamoru (Chamorro)

Marshallese

Communities of the Micronesian Region

Native Hawaiian

Samoan

Other Pacific Islander

1. White

Eastern European

Slavic

Western European

Other White

1. Other Categories

Other (please list): Click or tap here to enter text.

Don’t know/Unknown

Don’t want to answer/ Decline

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

Yes, it is: Click or tap here to enter text.

I do not have just one primary racial or ethnic identity

No. I identify as Biracial or Multiracial.

N/A. I only checked one category above.

Don’t know/Unknown

Don’t want to answer/Decline

1. **Language**

**We are asking all applicants for OHPB Committees (and current Committee members) the following questions about language and English proficiency to assess diversity by language.**

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

Click or tap here to enter text.

**Skip to Section G (Disability) if you indicated English only**

1. What language would you prefer to use when communicating (in person, phone, virtually) with someone outside the home about important matters such as medical, legal, or health information?

Click or tap here to enter text..

1. What language would you prefer to use to read important written information such as medical, legal, or health information?

Click or tap here to enter text.

**Skip to Section G (Disability) if you do not use a language other than English or sign language**

1. How well do you speak English?

Very Well

Well

Not Well

Not at all

Don’t know

Don’t want to answer

1. **Abilities / Functional Limitations**

**OHA also asks all OHP members questions about functional difficulties in the same way we ask about race, ethnicity and language. We are asking all applicants for OHPB Committees (and current Committee members) to answer the same questions about abilities and functional that we ask of OHP applicants.**

*Check this box if you want this information to be confidential.*

1. Are you deaf or do you have serious difficulty hearing?

Yes

If yes, at what age did this condition begin? Click or tap here to enter text.

No

Don’t know

Don’t want to answer

1. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

Yes

If yes, at what age did this condition begin? Click or tap here to enter text.

No

Don’t know

Don’t want to answer

1. Do you have serious difficulty walking or climbing stairs?

Yes

If yes, at what age did this condition begin? Click or tap here to enter text.

No

Don’t know

Don’t want to answer

1. 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? Click or tap here to enter text.

No

Don’t know

Don’t want to answer

5. Do you have difficulty dressing or bathing?

Yes

If yes, at what age did this condition begin? Click or tap here to enter text.

No

Don’t know

Don’t want to answer

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? Click or tap here to enter text.

No

Don’t know

Don’t want to answer

1. 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? Click or tap here to enter text.

No

Don’t know

Don’t want to answer

Don’t know what this question is asking

1. 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? Click or tap here to enter text.

No

Don’t know

Don’t want to answer

1. 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? Click or tap here to enter text.

No

Don’t know

Don’t want to answer

Don’t know what this question is asking

1. Do you identify as a person with a disability either privately or publicly?

Yes

No

Don’t know

Don’t want to say

8b. If you answer “Yes” to Q8, please describe your disability identity in any way you prefer.

Click or tap here to enter text.

1. **Age**
2. What is your current age? Click or tap here to enter text.

Don’t want to answer

1. **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 workgroup convened by the OHA Division of Equity & Inclusion in 2018.

*Check this box if you want this information to be confidential.*

1. Please describe your gender in any way you prefer:

Click or tap here to enter text.

1. What is your gender? (check all that apply)

Woman/ Girl

Man/ Boy

Agender/No gender

Non-binary

Questioning

Not listed. Please specify: Click or tap here to enter text.

Don’t know

I don't know what this question is asking

I don't want to answer

1. Are you transgender?

Yes

No

Not listed. Please specify: Click or tap here to enter text.

Don’t know

I don't know what this question is asking

I don't want to answer

1. **Sexual Orientation/Identity**
2. Please describe your sexual orientation or sexual identity in any way you want

Click or tap here to enter text.

1. 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: Click or tap here to enter text.

Don’t know

I don't know what this question is asking

I don't want to answer

**END OF SURVEY QUESTIONS**

Thank you for completing this survey! If you have questions about this survey, **please contact committee staff or Jeannette Taylor (**[**jeannette.t.taylor@dhsoha.state.or.us**](mailto:jeannette.t.taylor@dhsoha.state.or.us)**).**