



OHA/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.

Proposed Health Equity Committee Membership June 4, 2024

The Health Equity Committee (HEC) was established by the Oregon Health Policy Board (OHPB) in 2017. The purpose of the Health Equity Committee is to coordinate and develop policy that proactively promotes the elimination of health disparities and the achievement of health equity for all people in Oregon.

The Committee is appointed by OHPB and consists of 15 experienced and skilled individuals in the review, analysis, and development of health equity policy and results-proven implementation, including but not limited to the social determinants of health. Members include health equity professionals or individuals who have life experience in health equity policy advocacy and policy-making processes, community members, and health equity practitioners.

This slate was selected by an ad-hoc HEC membership workgroup and received a vote of approval by the full Committee on November 14, 2023. The recruitment process was designed to ensure the Committee is representative of communities experiencing health inequities, including, but not limited to racially and ethnically diverse populations, linguistically diverse populations, immigrant and refugee populations, LGBTQ+ populations, the aging population, people with disabilities, rural

communities, and economically disadvantaged populations as well as individuals with experience transforming health equity in operational settings. HEC membership terms are two years, with staggered membership terms to ensure continuity.

HEC membership is granted to the individuals that appear below and not to the organizations that employ them.

Proposed New Members

Name	Pronouns	Title	Organizational Affiliation	Location by Area
Juan Pablo Villalobos Garcia	They/them	Executive Director	LatinX Recovery Center	Portland Metro
With a focus on culturally specific and humble practices within the Latinx recovery community and beyond, Juan has worked with communities across cultural and racial differences. Representing indigenous populations in South America from a culturally humble level, as well as Spanish-speaking BIPOC communities in Central America, Juan hopes to provide the committee with a clear and concise vision of the equity needs of historically disadvantaged communities and to collaborate with OHA staff from a balanced space, understanding the needs of the state and those of the community.				
Berryl Omollo	She/Her	Community Health Worker	Rockwood Community Development Corporation	Portland Metro
Berryl's community-based health equity work -- fueled by her own lived experience of inequities -- is centered around promoting health equity, particularly for BIPOC, immigrant, and refugee communities in the Rockwood neighborhood of East Multnomah County. As a community health worker, she bridges the gap between these communities and essential health resources and education, ensuring that they are culturally relevant and accessible across cultural and language barriers. Her goal is "to empower marginalized individuals by helping them navigate the complexities of the healthcare system and providing them with essential education about available resources, all while addressing the underlying social determinants of health that contribute to disparities."				
Jabin Kahl	They/He	Executive Director Human Experience	Providence	Central Oregon

Bringing a wide range of lived and professional health systems experience with populations experiencing health inequities across Oregon through Diversity, Equity, and Inclusion (DEI) work, community engagement, policy advocacy, and capacity building, Jabin wants to see HEC actively participate in policy development that prioritizes health equity: “By actively including and amplifying the prioritizes of underrepresented minorities, and seeking out effective practices to scale, we can recommend policies that address the root causes of health disparities and ensure equitable access to healthcare resources.” Jabin’s coalition-building background will contribute to HEC serving as a platform for collaboration and partnership with community organizations, healthcare institutions, and community members.

Andi Walsh

She/Her

Children's Institute

Senior Health Policy Advisor

Eastern Oregon

Andi’s unique experience as both a social worker and lawyer allows her to understand systemic issues exacerbating and often causing health inequities. In her current role as Senior Health Policy Advisor for the Children’s Institute, she is incorporating health equity principles into their statewide work to improve early childhood and family health for all people in Oregon. Her professional work also includes a focus on community engagement and storytelling to uplift the experiences of populations that experience the most severe health inequities.

Current HEC Members

Name	Pronouns	Title	Organizational Affiliation	Location by Area
Rocio Munoz	She/her	Health Equity, Engagement, and Communications Manager	Benton County Health Department	Willamette Valley
<p>Growing up in substandard housing in rural Oregon, Rocio helped her monolingual Spanish speaking parents navigate medical and educational systems and provided interpretation and translation services at a very early age. She has served in an array of positions and training at Benton County Health spanning the public health continuum, taking a strong lead in improvement and innovative projects that have increased organizational health equity efforts.</p>				
Beck Fox	They/them	Health Equity Liaison	InterCommunity Health Network Coordinated Care Organization/Samaritan Health Services	Coast
<p>Beck's background is in clinical psychology and program development/directorship for LGBTQIA2S+ communities. Beck has been involved in health equity efforts throughout the state and in multiple contexts, as a DELTA graduate (2020-2021 cohort), an involved board of directors member of the Linn Benton Lincoln Health Equity Alliance (the area's Regional Health Equity Coalition), and the health equity liaison to InterCommunity Health Network CCO. Their skills center around a systems-level perspective balanced with an individual/community impact perspective, navigating uncomfortable and difficult conversations/topics, seeking and sharing knowledge with open curiosity, strategic planning, and being a rather stubborn advocate for change within systems content to maintain status quo.</p>				
Kristin Yarris	She/her	University of Oregon; Klamath County Public Health	Associate Professor; Community Partnerships Program - consultant	Willamette Valley
<p>Acting as the Health Equity Coordinator for Klamath County Public Health, Kristin regularly utilizes an equity lens in all the work she does, both at an organizational level and a community level. She focuses on bringing diverse voices to the table, and ensuring those same voices are empowered to create change. In her professional role, she has strengthened community partnerships, conducted community input assessments, and organized a free health equity summit, in addition to staff trainings on Social Determinants of Health, Health Literacy, Plain Language, Adverse Childhood</p>				

Experiences & Resiliency, Implicit Bias, Identity, and Privilege and Oppression. Living in rural and conservative Oregon, she has seen resistance to change on the policy and systemic level, and views this committee as a key opportunity to pursue policy changes to further support and action statewide.

Phyusin Myint	She/her	Chief EDI Officer of Health Share	Health Share of Oregon	Portland Metro
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Health equity work has been central to Phyusin throughout her life: Phyusin and her family were displaced from Burma when she was a child, and she served as the cultural and linguistic translator for her parents navigating health systems and governance system in this country. The first in her family to obtain an education in the US, she now holds a master's degree in public policy and a PhD in public affairs and policy. Through over 15 years of working in local government to advocate and bridge inequities for communities, she is well-versed in health and racial equity policy work, centering the experience and expertise of the people impacted by these issues. Before joining Health Share of Oregon as chief EDI officer, she supervised Washington County's Health Equity, Planning and Policy program where she designed, implemented and monitored diversity, equity, and inclusion strategies to ensure that the Public Health Division operated with health equity as a guiding principle. These various positions have provided her with a deep understanding of the value of establishing and maintaining strong trusting relationships with community partners, while focusing on the shared task at hand of eliminating health inequities.

Katie Cox	She/Her/Hers	Executive Director	Equi Institute	Portland Metro
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Katie wrote on her application that populations marginalized by gender identity and sexual orientation have, for the most part, been excluded from mainstream health promotion research, policy and practice. Katie has worked in LGBTQAI2Sspecific health for the past six years and feels strongly about bringing the lens that she has developed through this work to the HEC. While Oregon is relatively progressive in LGBTQ+ health policy, the truth is that most queer and trans Oregonians have very limited access to affirming health care. Even providers who have received training continue to harm and deny access to care based on gender identity or sexual orientation. Katie wants to be a part of conversations to address that, and this Committee feels like a great place to start. She hopes to contribute with her lived experience as a queer person, her experience working in trans and queer specific primary care, and her deep connection with the LGBTQAI2S+ community.

Bryon Lambert	He/Him/His	Equity, Inclusion & Diversity Director	La Clinica	Southern Oregon
<p>Bryon currently works within a community health care system. His primary duties are to advance health equity with planning and community building; implement and support EDI-related projects, and promote equitable staff recruitment, development, and retention. He has worked as a professional consultant and trainer to health and human services organizations seeking to build their EDI training capacity, develop and sustain equitable care practices for those they serve, and grow a diverse workforce within an inclusive work environment. Bryon feels that thru his professional and personal experiences, he is well-positioned to help HEC promote the elimination of health inequities through a holistic equity lens.</p>				
Stefanny Caballero	She/Her/Ella	Executive Director	Virginia Garcia Memorial Foundation	Portland Metro
<p>Stefanie wrote on her application that “as a person of color with direct experiences and challenges relating to limited access to resources and health care, she chose a professional path that would allow her to contribute towards making her community a more equitable place and effect systemic change that would lead to more equitable outcomes for all”. She hopes to join the HEC and contribute her lived experiences and learnings, observations, and advocacy efforts in her current and previous professional and volunteer roles. She brings a culturally responsive point of view to committee discussions, work, and health equity efforts that focus on removing barriers and challenges many in our community face. This includes a deep understanding of the social conditions affecting populations/groups in our community and how we can address and disrupt the perpetuation of such disparities, injustices, and inequitable allocation of resources to implement health equity across our region.</p>				
Julia Przedworski	They/them/theirs	Lead Scientist, LGBTQ+ Equity and Inclusion	Diversity Science	Portland Metro

Julia is a health equity researcher, educator, and activist. Their primary experience is in advancing health and social equity for queer and trans people, but strongly believes that all forms of systemic oppression need to be dismantled in order to achieve equity - "no one is free until we are all free" - and has worked to advance health and social equity for people of color, people with disabilities, people of larger body size, and people living in poverty. As a member of the HEC, Julia brings deep expertise in community-based equity research (both qualitative and quantitative), extensive experience in creating change at the systemic, institutional, and interpersonal levels, and lived experience as a person who is nonbinary, queer, neurodivergent, and an immigrant, and who has previously lived in poverty and experienced homelessness.

Taylor Geyton	She/Her/Hers	Assistant Professor	Portland State University	Portland Metro
Taylor is a health equity researcher and a mental health professional with specific emphasis on the social determinants of health and health behaviors among Black women in the US. Her significant lived and learned knowledge of the intricacies associated with disparate health outcomes and access or utilization of health services among minoritized communities shapes her approach to health equity work. Speaking to her own lived experience, Taylor writes, "I know the power that stigma and cultural value hold when it comes to mental health and wellness. I am adept at navigating health systems as a woman of color and more specifically where medical professionals turn a colorblind eye to my care, and the damage that such indifference inflicts." Through serving on HEC, she hopes to expand the meaning of health to include social, emotional, and behavioral health, which will allow the committee to analyze and propose revisions to policies that create barriers to access to adequate behavioral and emotional healthcare.				
Nancy Cornejo	She/Her/Ella	Community Health Worker	Familias En Accion	Portland Metro

Through the Health Literacy project in partnership with Washington County, Adelante Mujeres, and Familias en Accion, along with collaboration with Community Health Workers from different Community Based Organizations, Nancy works to identify how health organizations can provide equitable, understandable, and culturally responsive services that address the overall well-being of the community and advocate against racial justice issues that arise within the medical setting. Nancy's Social Work training includes workshops and conferences related to health and racial equity such as challenging implicit bias, how to be anti-racist, how policies affect social determinants of health, and how elements of power can be harnessed to operationalize health equity in public health practice. But Nancy's "most impactful and influential knowledge comes from my lived experience as a first-generation and undocumented immigrant, learning about and how to navigate different systems, translating medical forms & conversations, and advocating all while watching my parents assimilate and put their needs second as a form of survival. There is a wealth of knowledge and burden that comes with being part of a community that continues to be underrepresented in health care." She hopes to bring her knowledge and experience to uplift an anti-racist and holistic approach to policy-making and advocacy.

Jasmine Stewart

She/Her/Hers

Advisory / Board
Member

Care Oregon, Outside In,
OHSU Richmond Clinic

Portland Metro

Jasmine brings to the HEC a wealth of lived and cross-cultural experience: she has lived in China, Japan, Southeast Asia, and the Alaskan Native American Upik community, has firsthand knowledge of challenges facing the low income, LGBTQIAA2S+, and immigrant communities, and lives with both physical and mental health disabilities and abilities. Jasmine has served many different community organizations throughout Multnomah County and Oregon, including as peer-elected chair of the Client Advisory Board (CAB) of Outside In's Main Clinic in Portland, Oregon, addressing the concerns of 6,000+ clients of all backgrounds and ages; a member of the Patient Advisory Committee (PAC) for the Richmond Family Care Clinic; and on the Portland Residents Advisory Board (RAC), striving to improve the livability and accessibility of housing, education, and community resources for all 14,000 Home Forward residents throughout Multnomah Community.