



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 December 7, 2021

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 18, 2021. 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
1. Stefanie Caballero	She/Her/Ella	Executive Director	Federally Qualified Health Center Foundation	Portland Metro
<p>Description/Background: 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>				
2. Kyle Rodriguez-Hudson	He/Him/His	Executive Director	Community-Based Organization	Willamette Valley
<p>Description/Background: As an individual with various intersectionalities, who has had first-hand experience with health disparities, Kyle hopes that he can contribute to the HEC, not only from his lived experiences but also within his professional career, to continue to provide knowledge, compassion, and advocacy to marginalized communities and their providers. In his application Kyle shared that in his various work experience, from being an administrator of a secure mental health facility to being an</p>				

executive director of a non-profit, all in the state of Oregon, “I’ve witness how healthcare services are not all accessible to all individuals”. Kyle hopes that as a Health Equity Committee member he can contribute to addressing health equity within the trans/gender-diverse community, in addition to those individuals who identify as people of color. In addition, he hopes that there will be opportunities to discuss how as a committee we can reduce the various healthcare disparities that are at present in the state of Oregon.

3. Sofia Venegas	She/They	School-Based Patient Navigator	Federally Qualified Health Center	Oregon Coast
-------------------------	----------	--------------------------------	-----------------------------------	--------------

Description/Background:
 Sofia hopes to be a voice within the HEC for the rural community of the Southern Oregon Coast, specifically for youth, LGBTQ+, and people of color. Sofia shared that she has first-hand experience working with people impacted by inequities and social needs and that they can benefit from navigation and support as a way to address their chronic health concerns. Upon seeing the opportunity to serve at the HEC, Sofia felt this would be an excellent opportunity to have regular conversations with people about addressing health equity throughout the state of Oregon. Sofia hopes to share ideas about what can be done better for our community for non-white, non-English speaking, non-heteronormative, low-income, and disabled populations to ensure equitable health care.

4. Katie Cox	She/Her/Hers	Executive Director	Community-based organization	Portland Metro
---------------------	--------------	--------------------	------------------------------	----------------

Description/Background:
 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 LGBTQAI2S-specific 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.

5. Bryon Lambert	He/Him/His	Equity, Inclusion & Diversity Director	Federally Qualified Health Center	Southern Oregon
-------------------------	------------	--	-----------------------------------	-----------------

Description/Background:
 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.

6. Mahad Hassan	He/Him/His	Refugee Wellness Coordinator	Community-Based Organization	Portland Metro
------------------------	------------	------------------------------	------------------------------	----------------

Description/Background:
 In his application, Mahad wrote that over the last seven years, he has worked in the behavioral health of refugee populations, provided services, and supported individuals and communities as they move on the path of healing. He has extensive experience in collaborating with communities to increase the cultural and ethnic/racial diversity of the behavioral health workforce in Oregon. Mahad has helped design and implement the first culturally specific peer support-training program for refugees and smaller immigrant communities in Oregon. Throughout his work and journey, he has witnessed the importance of emphasizing health equity, not just talking about it but coming up with solutions. He believes his experience in serving marginalized and disadvantaged communities and individuals can be helpful as Oregon moves toward a better framework for health justice. Mahad also shared that although his experience in health justice stems from his practical work in programs and services, he has learned more about health justice through numerous training and policy forums. He hopes to learn more from the members of the Committee and the policy decisions of this vital work.

7. Dele O. Oyemaja	He/Him/His	Director of Equity and Advocacy	Community-Based Organization	Portland Metro
<p>Description/Background: As a person of color with lived experience in health equity policy advocacy and policy-making space, and in a leadership role as Director of Equity and Advocacy in his organization, Dele hopes to serve on this Committee by lending his voice to the decision-making process on issues that affect his community and also continue to advocate for what is fair, just and right. Dele said in his application that he “hopes to contribute extensively to the Committee's work drawing from years of working at the policy level in several governmental institutions to draw attention and address many injustices and inequities that have plagued the underprivileged and BIPOC communities for several years”. Dele shared that 80% of his clients are immigrants, low income, and undocumented, and as such, they have borne the brunt of all sorts of inequities in our society, such as laid bare by the pandemic of the last eighteen months. Addressing social determinants of health is also one of his priority areas.</p>				
8. Elizabeth Ragan	She/Her/Hers	Community Member	Community Member	Portland Metro
<p>Description/Background: Elizabeth shared that her interest in serving on the HEC is informed by the fact that she is a member of the people with disabilities community and sees this as an opportunity to contribute her personal lived experience and advocacy for this community. Elizabeth is also a public health professional, and she has focused her career on the health and social issues of marginalized, disadvantaged communities. Being able to wear both hats, she brings a unique perspective and skill set to the Health Equity Committee. She also sees it as a fantastic opportunity to learn from others how to become a better advocate for health equity and learn about the issues faced by other communities. She is very interested in and committed to constantly growing and learning to serve communities in need better going forward.</p>				
9. Thurman Allen Merritt	He/Him/His	Physician Advisory	Hospital System	Willamette Valley
<p>Description/Background:</p>				

When asked why Thurman wanted to serve on the HEC and what he hopes to contribute, he shared that as a deaf semi-retired physician and pediatrician, he hopes to contribute with his desire to have equitable access to healthcare and health care facilities for deaf, hard of hearing, and blind Oregonians. Thurman has been a Board-Certified pediatrician for 45 years and has practiced in Oregon since 1996, working in central Oregon hospitals where he also practiced general pediatrics. Thurman has extensive experiences with children with disabilities, whether from prematurity, syndromes or acquired developmental disabilities. Governors Kitzhaber and Kulongoski appointed him to serve on the Oregon Commission for Families and Children from 2000 to 2006. He currently serves on DEMAC (Disabilities Emergency Management Advisory Council) and DHS Advisory Council for Deaf and Deaf/Blind that advises OHA to improve access to services under FEMA and various state programs.

10. Candy Picar	She/Her/Hers	Chief Nursing Officer	Hospital System	Central Oregon
------------------------	--------------	-----------------------	-----------------	----------------

Description/Background:
 Candy would like to serve on the Health Equity Council because of her real-life experiences and education. In her application, Candy wrote that she feels she will provide unique value to the health system. As a female ethnic minority member, Candy was born and raised in the Philippines. Currently, Candy is the only female Filipino Asian-American leader that holds a C-suite position in the healthcare system in Central Oregon. Candy is also an appointed member of the Equity and Inclusion Committee for the League of Oregon Cities, city officials. She has worked in projects implementing transcultural care to improve the services for various priority populations, including tribal members and Latinx communities.

Current HEC Members Renewing

Name	Pronouns	Title	Organizational Affiliation	Location by Area
11. Amela Blekic	She/Her/Hers	Director of Clinical Services - Department of Psychiatry	Hospital System	Portland Metro
<p>Description/Background: Dr. Blekic is a psychiatrist born and raised in Bosnia and came to the United States as a refugee. She has lived experience as a refugee and has worked extensively in healthcare as a physician and psychiatrist, serving underrepresented communities, immigrants, refugees, and veterans. Amela has a solid commitment to justice and equity.</p>				
12. Stick Crosby	He/Him/His	Sr. Director Provider Network Management and Health Equity	Coordinated Care Organization	Southern Oregon
<p>Description/Background: Stick brings a critical presence to the HEC as an equity champion from southern Oregon, leading CCO efforts of advancing health equity in his service area. Stick is an OHA/OEI DELTA graduate and has done extensive work on health equity and eliminating health inequities. Stick brings to the committee experience in CCO health equity work, data, and application in rural Oregon.</p>				
13. Deb Morrow	She/Her/Hers	Real State Administrator	Private Business	Coast
<p>Description/Background: Deb brings a critical perspective to the HEC as a parent of a child with disabilities, as an advocate for healthcare access and access to specialty care in rural areas and especially around poverty. Deb is on the board of her local CCO and is an active member of her Community Advisory Council. In addition, Deb is a member of her local school board.</p>				

14. Jorge Ramirez Garcia	He/Him/His	Senior Health Equity Consultant	Behavioral Health and Coordinated Care Organization	Willamette Valley
<p>Description/Background: In addition to his role at the Greater Oregon Behavioral Health/EOCCO, Dr. Garcia is a Research and Evaluation Scientist at the Oregon Research Institute. Dr. Ramirez Garcia has a commitment to health equity and has focused his research on service programming on strengthening family and community care of individuals with specific mental health diagnoses. In addition to his role at HEC, where he is also representing the Committee at the OHA Behavioral Health Committee, he serves on the OHA Cultural Competence and Continuing Education Steering Committee.</p>				
15. Kate Wells	She/Her/Hers	Consultant/MPH Candidate		Portland Metro/ Central Oregon
<p>Description/Background: Kate is currently a HEC Co-Chair and is currently working full-time on her Master's in Public Health. She has worked on internal and external organizational efforts for several years to build awareness of the social determinants of health, health equity, and health disparities concepts. She is a 2013 DELTA program graduate. She has worked on many projects to improve access and quality of care for the population, such as Latino and Native American communities. During her tenure at PacificSource, she has led organizational efforts of prioritizing Culturally and Linguistically Appropriate Services standards (CLAS) among CCO providers. She has brought up the importance of health equity and social determinants of health through CCO governance committees and provider partnerships.</p>				

Demographic Information (Current HEC and *New HEC

GENDER IDENTITY	OREGON	CURRENT HEC (n=11)	NEW HEC (n=15)
Woman (Female)	51%	15%	53%
Man (Male)	50%	23%	40%
Other Identity	Not Collected	0%	13%
Decline to answer		0%	0%
No response/not collected		38%	0%
LGBTQ+	OREGON	CURRENT HEC (n=11)	NEW HEC (n=15)
LGBTQ Yes	6%	0%	13%
No	94%	31%	67%
Decline to state		0%	13%
No response/Not collected		38%	
RACE/ETHNICITY	OREGON	CURRENT HEC (n=11)	NEW HEC (n=15)
Asian	5%	18%	20%
Black and African American	2%	18%	27%
Hispanic and Latino/a/x	13%	18%	27%
American Indian and Alaska Native	1%	0%	7%
Native Hawaiian or Pacific Islander	0%	0%	0%
White	84%	55%	40%
Two or more races	5%	9%	7%
Some other race alone	4%	0%	20%
Do not have just one primary		9%	7%
Decline to state	0%	0%	
DISABILITY	OREGON	CURRENT HEC (n=11)	NEW HEC (n=15)
Yes	15%	9%	20%
No		91%	80%
Decline to state		0%	0%
No response/Not collected		0%	0%
GEOGRAPHY	OREGON	CURRENT HEC (n=11)	NEW HEC (n=15)
Portland Metro	43%	45%	40%
Willamette Valley	27%	18%	20%
Southern OR	12%	18%	13%
Eastern OR	5%	0%	0%

Central OR	7%	9%	13%
Coast	6%	9%	13%

*Committee composition once the new slate is approved.

**People who indicate more than one response are counted more than once in percentages.