

RECOMMENDATION OVERVIEW

It is clear that Oregon is well positioned to begin the process of closing the health disparities gaps that continue to impact racial and ethnic communities in Oregon. This report represents a major step along the path. Success will depend on state government, communities and policy makers acting as a catalyst for change. The recommendations address the need for change on three different fronts; making better use of existing resources, changing policy directions and finding new resources to address important issues.

In the process of developing recommendations in the six priority areas, it was clear that several "cross-cutting" issues were seen as overarching issues. As a result, the report has two sections. The first section is a set of recommendations relating to the "cross-cutting" issues. The second section represents recommendations in each of the six priority areas assigned to the Task Force in the Executive Order.

The matrix used to present the Task Force Recommendations is intended to provide complete information and serve as a summary of several months of work and interactions with community, providers and policy makers. Additional information on the meetings and presentations that led to this report are included in the Appendix. The following is an explanation of the information contained on the matrix:

First Column: "Action Items"

These initiatives or action items are being recommended by the Task Force for the Governor's consideration. The format has been designed to present a menu of choices for follow-up action by Governor Kitzhaber. It is envisioned that the Governor will select his priorities from the Action Items offered as recommendations. Once selected for implementation, the State agency, department or division designated as the "lead" (see "Responsible" description below) will develop an implementation plan.

Second Set of Columns: "Policy - Budget - Legislation"

Each "Action Item" has been marked to designate whether the full implementation of the concept will require state government to: make policy changes; introduce new legislation or finance with new budget resources.

Third Column: "Responsible"

The first agency, department or division listed in this column and designated as "lead" is identified as the one responsible for facilitating development of the recommended action if approved by the Governor. This box also lists any other state departments, divisions, or offices needing to be involved in the planning and implementation process. The listing does not include other government agencies, private sector or community partners at this point. However, they will be added if the initiative is selected for further concept development.

Recommendations on Overarching Issues

This section consolidates recommendations that cut across several priority areas. These solutions address two or more of the priority areas in this report but do not replace the recommendations detailed in the sections that follow.

I. Data

- A. The availability of sufficient data on racial and ethnic communities is key to positioning the state to compete for new sources of funding and determine a level of priority in decision-making processes. The Governor’s Office is requested to charge the Department of Human Services with the responsibility to form a Racial & Ethnic Health Data Group that includes state and local government and community partners. The Data Group shall reflect the racial and ethnic diversity of the state. Additional funding will enable the Oregon Health Division to conduct enhanced data collection utilizing culturally appropriate methods. The focus shall be on collecting data that will support the State’s efforts to eliminate health disparities in Oregon.

II. Establishing Deliverables for Eliminating Racial and Ethnic Health Disparities

- A. The State of Oregon must adopt a common set of expectations and deliverables for State departments, local government agencies and private and public sector contractors to meet when state funds are being utilized. These expectations can best be developed by a work group led by the Department of Human Services in cooperation with the Racial and Ethnic Health Task Force. At a minimum, the standards shall address: access to services, language interpretation, diversity in planning and decision-making, training, workforce diversity (hiring, retention, cultural support systems for people of color and strategies for developing future workers).

POLICY	BUDGET	LEGISLATIVE	RESPONSIBLE
X	X	X	Oregon Health Plan Policy & Research (lead agency), Dept of Human Services, Oregon Health Division, Oregon Medical Assistance Program, Oregon Progress Board
X	X	X	Dept of Human Services (lead department), Dept of Administrative Services, Oregon Health Plan Policy & Research, Oregon Progress Board

III. The Changing Face of State Government

- A. Diversity will be fully embraced by organizations when the make-up of the workforce at all levels and decision-making groups reflect the communities and individuals being served by state and local government. In order to achieve this goal, State government must make sure there is a pipeline for future talent that includes people of color and bi-lingual workers. In addition, state government must implement retention practices reflect this priority and provide support systems to ensure the success of people of color in the workplace. All decision-making and advisory bodies must reflect the many aspects of diversity that are representative of Oregon. The Governor must hold state departments and divisions accountable for progress in this area.

IV. Meeting the Needs of Under-served Communities in Oregon

- A. People of color are over-represented in the populations faced with the greatest barriers to good health. The needs of migrant seasonal farm workers (documented and undocumented), new immigrants, individuals and families who are homeless, individuals served by the adult and juvenile criminal justice system, the dependent elderly, and people with physical and mental disabilities are often discriminated against as well as under-served by state systems. It is recommended that the Department of Human Services develop an inventory of programs on an annual basis with activity reports that describe activities specifically relating to the involvement and outcomes for people of color and other under-served populations.

POLICY	BUDGET	LEGISLATIVE	RESPONSIBLE
X			Governor's Affirmative Action Office (lead office) Dept of Administrative Services, Dept of Human Services, Oregon Health Division, Oregon University System, Dept of Community Colleges & Workforce Development, Oregon Health Sciences University
X			Dept of Human Services (lead department), Dept of Administrative Services, Dept of Employment, Oregon Health Division, Mental Health & Developmental Disability Services Division, Senior & Disabled Services Division, Vocational Rehabilitation Division, Office of Alcohol & Drug Abuse Programs, Dept of Corrections, Oregon Youth Authority, Adult & Family Services Division, Services to Children & Families Division

V. Office of Multicultural Health

The Office of Multicultural Health must be adequately funded, staffed and organizationally positioned to lead the State of Oregon’s agenda to eliminate racial and ethnic health disparities. The Office must report to the Governor and have responsibility for overseeing the implementation of the adopted recommendations of the Racial and Ethnic Health Task Force and serving as a resource for programs serving racial and ethnic communities at the state, local and community levels.

- A. Create a quasi-governmental Office of Multicultural Health that reports to the Governor. The office must have; a full staff; access to state resources and office space funded through the state; and provide on-going private, state and federal grant funding through a not-for-profit foundation staffed by an experienced grant writer.
- B. The office will be accountable to a newly appointed Board of Directors, comprised of the directors of the State’s cultural affairs offices, bipartisan representation from both houses of the legislature, the administrator of the Oregon Health division and representatives from the private sector. The Office of Multicultural Health will be granted authority to implement the work of the Racial and Ethnic Health Task Force.

POLICY	BUDGET	LEGISLATIVE	RESPONSIBLE
	X	X	Governor’s Office (lead agency), Racial and Ethnic Health Task Force, Dept of Human Services
X	X	X	Governor’s Office (lead agency), Racial and Ethnic Health Task Force, Dept of Human Services

Issue Area (1):

Access to treatment for Oregonians with physical and mental health coverage, with adequate access being defined as medically appropriate care provided when necessary by culturally competent sensitive in a suitable setting.

I. Goal Statement: Improve the availability of culturally relevant health and mental health services to persons from diverse racial and ethnic backgrounds. Provide persons with Limited English Proficiency with access to health care by ensuring certification and standards of interpreting and translation services. (Include all languages).

Action Items:

- A.** Establish an Interpreter and Translator Task Force. Establish policies and procedures that will effectively enable limited English speaking persons access to interpreter services. Establish a forum that will include representation from a broad spectrum of groups who are affected by interpreter services. Ensure that consumers of interpreter services are included in developing policies and practices that will assist the community at large.
- B.** Develop a set of common standards for interpreter services and assist in the implementation of standards for state departments. Establish policies and procedures that will ensure that the August 2000 “Guidance Memorandum” from the Office of Civil Rights and the 1978 Patients Bill of Rights of the American Hospital Association is upheld at a statewide level (including public and private sectors) for limited English speaking patients.
- C.** Establish funding sources for appropriate oversight of interpreter services statewide. The state oversight would include development and oversight of examinations, qualifications, curriculum, competency policies and consumer reports. Funding sources should be established to assist public and private sectors in qualified interpreting and translating services.

POLICY	BUDGET	LEGISLATIVE	RESPONSIBLE
X			Dept of Human Services (lead department), Mental Health & Developmental Disability Services Division, Oregon Health Division, Senior & Disabled Services Division, Oregon Medical Assistance Program, Insurance Pool Governing Board, Office of Alcohol & Drug Abuse Programs
X	X	X	Dept of Human Services (lead department), Mental Health & Developmental Disability Services Division, Oregon Health Division, Senior & Disabled Services Division, Oregon Medical Assistance Program, Insurance Pool Governing Board, Office of Alcohol & Drug Abuse Programs, Dept of Administrative Services, Dept of Consumer & Business Services, Dept of Corrections, Oregon Youth Authority, Dept of Justice
X	X	X	Department of Human Services (lead department), OHD-Office of Multicultural Health

II. Goal Statement: Develop and implement a common plan and expectations related to culturally competent services that apply to all DHS divisions and programs and their contractors at the local level. Improve access to culturally relevant health and mental health services to persons from diverse racial and ethnic backgrounds.

POLICY	BUDGET	LEGISLATIVE	RESPONSIBLE
X	X		Dept of Human Services (lead department), Mental Health & Developmental Disability Services Division, Oregon Health Division, Senior & Disabled Services Division, Oregon Medical Assistance Program, Adult & Family Services, Services to Children & Families, Office of Alcohol & Drug Abuse Programs
X	X		Dept of Human Services (lead department)
X	X		Dept of Human Services (lead department), OHD-Office of Multicultural Health
X	X		Dept of Human Services (lead department)
X	X		Dept of Human Services (lead department)

Action Items:

- A.** Develop a Community Cultural Competency Plan. Ensure this is a community-driven process that involves DHS clients, divisions, community partners, local experts on diversity dynamics and contractors in the planning process. Adopt a common set of definitions, expectations, deliverables and standards for performance measurement for state and local programs and services funded by the state. The Plan should also address how performance will be monitored for effectiveness.
- B.** Conduct a shared learning between DHS divisions and local partners on the delivery and accessibility of culturally competent services.
- C.** Create an oversight group made up of racial and ethnic community groups and consumers to assess if local health departments are providing culturally appropriate services. Move accountability for culturally appropriate service delivery to departments or divisions working closest to the actual customer of state funded services.
- D.** Expand access to traditional medical practices. Develop specialized programs for persons who require identifiable cultural approaches in appropriate settings.
- E.** Achieve a productive government-to-government relationship between the State of Oregon and Oregon Tribes to improve the delivery of health services on reservations. This should be reflected in the relationship and funding between Oregon Tribes and DHS and each of its divisions.

III. Goal Statement: Increase the representation of people of color and bi-lingual/bi-cultural staff trained in health care, medicine and health policy. Consistently include individuals who represent diverse perspectives and backgrounds in the policy and decision-making bodies created by state government.

Action Items:

- A.** Submit quarterly DHS reports on efforts to meet affirmative action goals to the Governor's Task Force on Racial and Ethnic Health.
- B.** Develop partnerships with higher education to recruit and train bilingual/bicultural and people of color in health fields. Encourage state departments and divisions to participate in school-to-work programs that expose students of color to health-related careers. Provide resources to ensure the retention and skill development of existing employees.
- C.** Utilize lay workers to provide health services and provide appropriate training and oversight.
- D.** Develop partnerships with professional licensing boards and organizations to increase diversity in professions where people of color and bi-lingual/bi-cultural individuals are under-represented. Introduce legislation to require health licensing boards to increase the representation of people of color and bilingual licensees and report bi-annually to the Legislature.
- E.** Direct state department directors and division administrators to ensure, when appointing a policy-making and/or advisory body, that the appointments reflect the population that is being served.

POLICY	BUDGET	LEGISLATIVE	RESPONSIBLE
X			Dept of Human Services (lead department)
X			Oregon University System (lead department), Dept of Community Colleges & Workforce Development, Dept of Administrative Services, Oregon Health Sciences University, Oregon Student Assistance Program, Scholarship Commission
X			OHD-Office of Multicultural Health (lead division), Oregon Health-related Licensing Boards,
X	X		Governor's Affirmative Action Office (lead office), Oregon Health-related Licensing Boards
X			Dept of Administrative Services (lead agency), Oregon Health Plan Policy & Research

IV. Goal Statement: Improve the availability of relevant health data regarding people of color in the state.

Action Items:

- A.** Develop a plan and secure funding to increase collection of health-related data for people of color and other under-represented populations. Funding is needed to implement new techniques for collecting data that are culturally sensitive and more effective. (Refer to page 7, item I.A.)
- B.** Develop and adopt a common set of definitions and agreement on how data will be collected and made available to other departments, divisions, community organizations and the public.
- C.** Involve communities of color in planning and administering quantitative and qualitative methods of data collection. The Task Force and community partners shall be involved in prioritizing data needs to support the work of the Governor's Task Force.

POLICY	BUDGET	LEGISLATIVE	RESPONSIBLE
X	X	X	Dept of Human Services (lead department), Oregon Health Division, Oregon Health Plan Policy & Research, Oregon Progress Board
X			Oregon Progress Board (lead agency) Oregon Health Division, Dept of Human Services, Oregon Health Plan Policy & Research
X			Dept of Human Services (lead department), Oregon Health Division, Oregon Health Plan Policy & Research, Oregon Progress Board

V. Goal Statement: Address resource, access and financial barriers that prevent quality health care. Reduce the high rate of uninsured and under-insured among racial and ethnic populations.

Action Items:

- A.** Explore new sources of revenue (e.g., beer and wine tax) to address health care needs in communities of color. Areas of focus include newly arrived immigrant groups and migrant seasonal farm workers.
- B.** Increase community funding and/or redirect funds for outreach to target populations in order to increase access to state supported programs and services. Outreach is needed in order to increase enrollment for racial and ethnic communities in the Children’s Health Insurance Program (CHIP) and the Family Health Insurance Assistance Program (FHIAP).
- C.** Develop a plan to address the need for more culturally competent health care providers in rural areas to serve Oregon Health Plan clients; especially primary care, language interpreters, and technology resources. Identify incentives for providers in areas where services are not available or difficult to access because of language barriers, transportation problems or shortage of qualified service providers.
- D.** Remove barriers that currently prevent health care providers such as physicians assistants within the state from providing culturally sensitive health care to racial and ethnic communities.

POLICY	BUDGET	LEGISLATIVE	RESPONSIBLE
	X		Dept of Human Services (lead department), Oregon Health Division, Oregon Health Plan Policy & Research
X	X		Dept of Human Services (lead department), Oregon Health Division, Insurance Pool Governing Board
X	X		Oregon Health Division (lead division), Oregon Health Plan Policy & Research, Dept of Human Services, Oregon Medical Assistance Program, Office of Rural Health
X	X	X	<i>Pacific University (lead agency)</i> ¹

¹ Non-State Partner

VI. Goal Statement: Support and provide technical assistance for community advocacy groups in order to assist with health education activities and advocacy.

Action Items:

- A.** Provide education on emerging health-related issues like long-term care needs and involve community voices in the planning of new programs and services.
- B.** Develop new outreach strategies to reach communities of color and involve community members in community health promotion for the individual, family members, work place and community. Develop partnerships between private and public sector partners to implement a community specific wellness movement. (Refer to page 7, item II.A.)

POLICY	BUDGET	LEGISLATIVE	RESPONSIBLE
X	X		Dept of Human Services (lead department), Oregon Health Division, Oregon Medical Assistance Program, Senior & Disabled Services Division
X			Oregon Health Division (lead division), Senior and Disabled Services Division

Issue Area (2):

Alcohol, Tobacco and Other Drug Abuse Prevention and Treatment

I. Goal Statement: The needs and voices of communities of color should be represented at every stage of the fight against alcohol, tobacco and other drug abuse.

Action Items:

- A.** Change norms in communities of color toward the importance of prevention and treatment of substance abuse and mental health treatment through community education and outreach.
- B.** Close information gaps by collecting quantitative and qualitative data on alcohol and drug use and abuse in communities of color. (Refer to page 7, item I.A.)
- C.** Require state divisions to involve more people of color in the provision and administration of prevention services and treatment to communities of color through contractual provisions between DHS and counties.
- D.** Develop model processes and shared standards among DHS divisions that are based on community needs in order to implement culturally appropriate services. Areas to include: male role models of color, language interpretation services, sign language, treatment modalities for addressing alcohol and substance abuse issues.
- E.** Work directly with Tribes and urban Indian programs to develop culturally appropriate models for prevention and treatment.

POLICY	BUDGET	LEGISLATIVE	RESPONSIBLE
X	X		Office of Alcohol & Drug Abuse Programs (lead division), Senior & Disabled Service Division
X	X		Office of Alcohol & Drug Abuse Programs (lead division), Oregon Health Plan Policy & Research, Oregon Medical Assistance Program, Oregon Progress Board
X			Office of Alcohol & Drug Abuse Programs (lead division)
X	X	X	Dept of Human Services (lead department), Office of Alcohol & Drug Abuse Programs, Senior & Disabled Services Division, Mental Health & Developmental Disability Services Division
X			Dept of Human Services (lead department), Office of Alcohol & Drug Abuse Programs

- II. **Goal Statement:** Take steps to prevent alcohol, tobacco and other drug abuse from beginning and intervene early and effectively in cases of substance abuse.

Action Items:

- A. Advocate for changes in business and advertising practices that target people of color. For example, explore methods to get the liquor industry to fund advertising to discourage underage drinking in communities of color.
- B. Through contractual provisions between DHS and counties, add prevention dollars to alcohol, tobacco and other drug services in communities of color. Conduct community outreach to inform community members about the availability of treatment and prevention resources. Implement “drug free” housing programs and utilize mentors as a prevention strategy.
- C. Educate medical providers to identify alcohol, tobacco and other drug abuse as a health issue of importance to racial and ethnic communities and make culturally appropriate referrals. DHS shall require any contract between the department and health plan organizations and managed care organizations to educate their medical providers to be culturally sensitive and make sure they subcontract with providers that represent communities of color.
- D. Target community programs to address youth perceptions of alcohol, tobacco and other drugs, and integrate substance abuse education with youth violence initiatives.

POLICY	BUDGET	LEGISLATIVE	RESPONSIBLE
X	X	X	Office of Alcohol & Drug Abuse Programs (lead division), Oregon Housing and Community Services, Oregon Liquor Control Commission, <i>Grocers Association</i> ¹
X	X	X	Office of Alcohol & Drug Abuse Programs (lead division), Oregon Liquor Control Commission
X		X	Office of Alcohol & Drug Abuse Programs (lead division), Oregon University System, Dept of Community Colleges & Workforce Development, <i>Oregon Medical Association</i> ²
X	X		Office of Alcohol & Drug Abuse Programs (lead division), Oregon Youth Authority

¹ Non-State Partner

² Non-State Partner

III. **Goal Statement:** Ensure that substance abuse treatment services adequately serve the needs of racial and ethnic communities.

Action Items:

- A. Expand the availability of quality residential services for communities of color in community-based, minority-operated settings. Address the gaps in residential treatment facilities that compromise the care of adults with older children, seniors and youth.
- B. Require treatment facilities to address the needs of families of individuals with alcohol and/or drug problems as a part of the treatment plan. Provide family counseling, drug-free housing and other support services.
- C. Require that treatment dollars are used in the most effective manner and evaluated to meet community needs based on appropriate, identified outcomes. Identify best practices and fund treatment programs that provide the most effective and culturally specific services.
- D. Provide treatment for alcohol and drug abusers before they enter the adult and/or juvenile justice systems to avoid using the correctional facilities as treatment programs.
- E. Address the discontinuity in insurance coverage and health care that follows incarceration for many released prisoners.

POLICY	BUDGET	LEGISLATIVE	RESPONSIBLE
X	X		Office of Alcohol & Drug Abuse Programs (lead division)
X			Office of Alcohol & Drug Abuse Programs (lead division), Mental Health & Developmental Disability Services Division
X			Office of Alcohol & Drug Abuse Programs (lead division)
X			Office of Alcohol & Drug Abuse Programs (lead division), Dept of Corrections, Oregon Youth Authority, Oregon Medical Assistance Program, Insurance Pool Governing Board
X			Dept of Corrections (lead department), Oregon Youth Authority, Office of Alcohol & Drug Abuse Programs, DCBS-Insurance Pool, Oregon Medical Assistance Program

Issue Area (3):

Reduce the disproportionate impact of asthma on communities of color

I. Goal Statement: Improve coordination of asthma control efforts to improve outcomes for communities of color in Oregon.

Action Items:

- A.** Require that the Statewide Asthma Network is well represented by diverse community representatives and interests. Create a linkage between the Network and the Governor's Task Force on Racial and Ethnic Health and the Office of Multicultural Health.
- B.** Establish agreements with the Oregon Medical Association, Oregon Academy of Pediatrics, and other professional associations to cooperate with the activities of the Governor's Task Force on Racial and Ethnic Health on asthma outreach, education and treatment.
- C.** Require that the Oregon Asthma Program involve communities of color to reduce the burden of asthma in racial and ethnic communities. Utilize culturally specific strategies to obtain input from racial and ethnic communities, include making meetings accessible through their location, language interpretation, and facilitation.
- D.** Increase resources for asthma prevention and care. Explore new and sustainable resources to increase services in communities of color, including asthma education, asthma clinics, and asthma management resources.

POLICY	BUDGET	LEGISLATIVE	RESPONSIBLE
X			OHD-Asthma Program (lead division), Office of Multicultural Health
X			Oregon Health Division (lead division), Office of Multicultural Health
X			OHD-Asthma Program (lead division)
X	X	X	Dept of Human Services (lead department), Dept of Motor Vehicles, OHD-Tobacco Program, Oregon Medical Assistance Program

Action Items:

- E.** Acquire funding to support statewide and local public health surveillance for use in the development of appropriate interventions, evaluation, and new data resources. Refer to page 7, item I.A.)

- F.** Research and implement national and local programs/initiatives that mobilize individual and community support for lifestyle changes that can prevent asthma attacks. Identify best practices and involve and support racial and ethnic communities in creating programs to meet their needs in a culturally relevant manner.

- G.** Work directly with Tribes and urban Indian programs to develop culturally appropriate models for prevention and treatment.

POLICY	BUDGET	LEGISLATIVE	RESPONSIBLE
X	X	X	OHD-Asthma Program (lead division), OHD-Vital Statistics (BRFSS)
	X		Oregon Health Division (lead division)
X			Dept. of Human Service (lead department), Oregon Health Division

II. Goal Statement: Conduct asthma education and outreach in communities of color.

Action Items:

- A.** Develop and implement a targeted outreach and education effort to reach communities of color. Partner with the public and private sectors to increase outreach and leverage new resources. Develop strong and effective community partnerships with childcare providers, employers, schools, medical providers, faith organizations and business community members to support asthma education, treatment, and prevention.
- B.** Provide culturally relevant early detection and “living with asthma” classes. Involve racial and ethnic communities, health care providers, partner associations and private sector resources to provide information and possible subsidies for the purchase of peak flow meters, other treatments, and tools for self-management and education.
- C.** Utilize national and local education efforts targeted at every age group and designed to teach the community about the triggers of asthma. Address topics such as indoor and outdoor air quality, second-hand smoke, dust mites, roaches, and pesticides as triggers. Educate communities of color concerning the behavioral and psychological aspects of asthma to enable individuals to live well with the disease.

POLICY	BUDGET	LEGISLATIVE	RESPONSIBLE
X	X		OHD-Asthma Program (lead division), Oregon Youth Authority, Dept of Education
X	X		OHD-Asthma Program (lead division)
X	X		OHD-Asthma Program (lead division), Dept of Environmental Quality, OHD-Tobacco Program, OHD-Occupational Health

Issue Area (4):

Reduce the disproportionate impact of diabetes on racial and ethnic communities.

- I. **Goal Statement:** Initiate and support targeted health awareness and prevention campaigns and increase screening to identify undiagnosed cases of diabetes with the support and involvement of impacted communities.

Action Items:

- A. Utilize national and local education efforts targeted at every age group and designed to teach the community about the warning signs. Educate communities about diabetes risk factors, symptoms, positive and negative outcomes and encourage early screening and treatment.
- B. Research and implement national and local programs / initiatives that mobilize individual and community support for lifestyle changes that can delay or prevent the onset of diabetes. Focus efforts on diet, exercise and elimination of smoking at a community level. Identify best practices, and involve and support racial and ethnic communities in creating programs to meet their needs in a culturally relevant manner.

POLICY	BUDGET	LEGISLATIVE	RESPONSIBLE
X	X		OHD-Diabetes Program (lead division), Dept of Education, Oregon Youth Authority, Dept of Corrections, Senior & Disabled Services Division, Oregon Medical Assistance Program
X			OHD-Diabetes Program (lead division),

II. Goal Statement: Coordinate health care providers and organizations to deliver effective, holistic and culturally relevant treatment to diabetes patients and their families/support network.

Action Items:

- A.** Require that the health care system make timely and appropriate referrals to specialists for diabetes management especially in the early stages of the disease. Provide information to communities on treatment options and how to access the best care available.
- B.** Increase the number of diabetes educators of color and bilingual educators available to serve communities by providing educational grants, scholarships, and low interest loans. Recruit Certified Diabetes Educators (CDE’s) from other states and provide incentives to relocate.
- C.** Fund new and existing programs to teach culturally relevant self-management skills to people with diabetes.
- D.** Provide psychological and psychiatric support for individuals diagnosed with diabetes. Educate medical providers to listen to diabetes patients’ questions and needs, make referrals to service providers and teach patients to articulate their needs to providers.
- E.** Develop strong and effective community partnerships among divisions, organizations, people living with diabetes, service organizations, community media, public departments and schools, grassroots organizations, insurers, pharmaceutical companies, faith organizations, business community and funding organizations to support diabetes education and outreach efforts.
- F.** Utilize physicians and insurers to provide information to patients about accessing resources available in the community.
- G.** Track diagnosed patients and provide continuing care by providing information and access. Inform them of “best practices”, education and tools in the community.

POLICY	BUDGET	LEGISLATIVE	RESPONSIBLE
X	X	X	Oregon Health Plan Policy & Research (lead agency), Oregon Medical Assistance Program
X	X	X	Oregon Health Division (lead division), Oregon Medical Assistance Program, Oregon University System, Dept of Community Colleges & Workforce Development
X	X		OHD-Diabetes Program (lead division)
X	X		Mental Health & Developmental Disability Services Division (lead division)
X	X		OHD-Diabetes Program (lead division), Senior and Disabled Services Division, Dept of Corrections, OR Youth Authority, Oregon Medical Assistance Program, Insurance Pool Governing Board
X			Oregon Medical Assistance Program (lead division), Insurance Pool Governing Board, <i>Oregon Medical Association</i> ¹
X	X	X	Oregon Medical Assistance Program (lead division), Insurance Pool Governing Board

¹ Non-State Partner

III. Goal Statement: Improve data collection measures on racial and ethnic communities on the prevalence of diagnosed and undiagnosed people with diabetes as well as barriers to screening and care.

Action Items:

- A.** Collect improved data on all ethnic/racial populations using model methods for data collection. Current data is especially lacking in Asian/Pacific Islander and Russian populations. Refer to page 7, item I.A.)

- B.** Identify and reduce barriers to self-management and treatment faced by racial and ethnic populations living with diabetes including the problems caused by the increased financial burdens of people living with diabetes. Quantify results of improved self-management and better access to care.

POLICY	BUDGET	LEGISLATIVE	RESPONSIBLE
X	X		OHD-Diabetes Program (lead division), OHD-Vital Statistics, Oregon Progress Board
X	X		OHD-Diabetes Program (lead division), Oregon Medical Assistance Program, Senior & Disabled Services Division, Oregon Progress Board

IV. Goal Statement: Introduce, improve and or strengthen existing legislation and budgets that will improve diabetes prevention and treatment for racial and ethnic communities.

Action Items:

- A.** Research and adopt "best practices" developed nationwide to use in developing new programs, legislation, and budgets for communities of color. Conduct reviews, and share information with community based programs on "state of the art" programs that have been successful in other parts of the country.
- B.** Introduce and/or support legislation to provide funding and insurance reimbursement for diabetes education taught by certified diabetes educators or qualified health professionals with training on diabetes education. Increase the use of lay health educators to provide services. Negotiate the addition of an associate-level CDE lay-educator class.
- C.** Generate state and local government funding to match federal funds for addressing diabetes and related complications. Seek potential funding, in-kind support, marketing resources and partnership opportunities with foundations and other public and private sector organizations.
- D.** Work directly with Tribes and urban Indian programs to develop culturally appropriate models for prevention and treatment.

POLICY	BUDGET	LEGISLATIVE	RESPONSIBLE
X	X	X	OHD-Office of Multicultural Health (lead division), OHD-Diabetes Program
	X	X	Dept of Human Services (lead department), Dept of Consumer & Business Services, Dept of Community Colleges & Workforce Development
	X		OHD-Office of Multicultural Health (lead division), OHD-Diabetes Program
X			Dept of Human Services (lead department), Oregon Health Division

Issue Area (5):

HIV/AIDS

I. Goal Statement: Ensure that the needs of racial and ethnic communities are accounted for in the allocation of resources for HIV/AIDS prevention and treatment.

Action Items:

- A.** Fund capacity-building infrastructure needs of community-based organizations, as identified by those institutions, in order to empower those organizations to diversify funding streams to serve communities of color. Implement a system that allows for more opportunities for directly funding community-based organizations. Develop a solid infrastructure for board development, successful grant applications and stabilized financial systems and staffing.
- B.** Require representation for people of color on HIV prevention and services planning committees and advisory groups at the state and local levels. Require that the involvement of new members is meaningful and inclusive of individuals from many backgrounds, interests and perspectives. Require that the needs of people of color from rural areas and non-English speaking communities are not overlooked in statewide planning efforts.
- C.** Fund improved qualitative and quantitative HIV data collection for communities of color. Include people of color from racial and ethnic communities in the outreach efforts, and the analysis of the findings of both qualitative and quantitative data collection. Require data sharing between the Oregon Health Division and Oregon Medical Assistance Program.

POLICY	BUDGET	LEGISLATIVE	RESPONSIBLE
X	X		OHD-HIV/STD/TB Program (lead division), OHD-Office of Multicultural Health
X			OHD-HIV/STD/TB Program (lead division), OHD-Office of Multicultural Health, OHD-Community Partnerships
X	X	X	OHD-HIV/STD/TB Program (lead division), OHD-Vital Statistics, OHD-Office of Multicultural Health, Oregon Medical Assistance Program, Oregon Progress Board

- D. Review and report to the Task Force on the new guidelines for HIV case managers issued in July 2000 for consistency and impact on communities of color. The new guidelines must help to assure that communities of color receive adequate resource levels, staffing, and services that meet the needs of individual racial and ethnic communities.
- E. HIV prevention and treatment activities must reflect community needs.
- F. Work directly with Tribes and urban Indian programs to develop culturally appropriate models for prevention and treatment.

POLICY	BUDGET	LEGISLATIVE	RESPONSIBLE
X			OHD-HIV/STD/TB Program (lead division), OHD-Office of Multicultural Health, Dept of Human Services
X	X		OHD-HIV/STD/TB Program (lead division)
X			Dept of Human Service (lead department), Oregon Health Division

II. Goal Statement: Ensure that people of color living with HIV/AIDS are able to access culturally competent and affordable care.

Action Items:

- A. Provide incentives to physicians who treat HIV patients in rural and under-served areas. There is a barrier in finding culturally competent clinicians willing to accept patients and administer treatments. Clinicians serving HIV patients are difficult to find in rural areas.
- B. Establish cultural and linguistic competency as a requirement for HIV/AIDS educators and service providers.
- C. Fund the Needle Exchange Program as a prevention strategy for high-risk HIV populations.

X	X		Oregon Medical Assistance Program (lead division), Insurance Pool Governing Board, Office of Rural Health
X	X	X	OHD-HIV/STD/TB Program (lead division), OHD-Office of Multicultural Health, Oregon Medical Assistance Program
X	X	X	Oregon Health Division (lead division)

III. Goal Statement: Expand efforts to educate and involve the community outside of the current HIV/AIDS system to the need for prevention, education and improvement of treatment services.

Action Items:

- A.** Maximize the benefit from mandated HIV education programs by holding state and local education departments accountable for increasing the quality and quantity of educational programs in schools.
- B.** Involve the public and private sector departments and employers in creating programs to return HIV positive individuals to the workforce. Model programs exist (e.g. Welfare-to-Work, Better People Program) to serve as examples. Explore the need for legislative changes to ensure employee rights to adequate insurance coverage and employment rights.
- C.** Establish cooperative agreements between the Oregon Health Division, Oregon Medical Assistance Program, managed care plans and community partners on prevention efforts at the individual and community level.
- D.** Assure access to education and screening in communities of color.

POLICY	BUDGET	LEGISLATIVE	RESPONSIBLE
X	X		Dept of Education (lead department), OHD-HIV/STD/TB Program, Oregon University System, Dept of Community Colleges & Workforce Development, Oregon Youth Authority, Dept of Corrections
X	X		Dept of Human Services (lead department), Vocational Rehabilitation Division, Oregon Health Division, Oregon Medical Assistance Program, Adult and Family Services, Dept of Corrections
X			OHD-HIV/STD/TB Program (lead division), Oregon Medical Assistance Program, Insurance Pool Governing Board
X	X		OHD-HIV/STD/TB Program (lead division)

Issue Area (6):

Lead Poisoning

- I. Goal Statement:** To prevent lead exposure to children from racial and ethnic communities, and to assure access to screening for those children who are potentially at risk for exposure.

Action Items:

- A.** Develop new funding streams to support lead poisoning prevention efforts. Create new partnerships with State divisions and organizations in the public and private sector. Explore legislative changes that would generate new revenue through collecting fees on certain types of real estate transactions to fund prevention efforts such as repainting older, high-risk houses.
- B.** Assure that funding for Local Health Departments (LHD's) is sufficient for funded collaborations/contracts with community-based organizations that are organized to serve racial and ethnic communities. Fund health promoters through LHD's. Fund community-based organizations to build infrastructure and capacity to provide culturally appropriate lead poisoning prevention and education services. Assure that community-based organizations can pay a living wage in order to recruit and retain qualified employees.
- C.** Work with Oregon Health Division's Lead Program and the Office of Multicultural Health to develop assurances with the Conference of Local Health Officials (CHLO) to assure that testing and investigation services are culturally and linguistically competent.
- D.** Convene a subcommittee of the Task Force to review the findings of the OHP Pilot Lead Screening Project among children living in high-risk communities. The subcommittee shall make recommendations based on the report regarding future screening protocols for OHP Children. The recommendations shall also take into consideration the HCFA and CDC guidelines for lead testing of children.

POLICY	BUDGET	LEGISLATIVE	RESPONSIBLE
X	X	X	OHD-Lead Program (lead division)
X	X	X	Oregon Health Division (lead division)
X			OHD-Lead Program (lead division), OHD-Office of Multicultural Health
X		X	OHD-Lead Program (lead division), Oregon Medical Assistance Program

II. Goal Statement: Improve the information available on the scope and impact of lead poisoning on communities of color in Oregon.

Action Items:

- A.** Fund studies of the prevalence of lead paint in pre-1978 housing throughout the state. The Multnomah County studies provide a framework for conducting other studies.

- B.** Monitor lead screening data and utilize information in reviewing current policies and making changes as necessary in the policies of DHS and other state departments and divisions (i.e. Oregon Housing and Community Services Department).

- C.** Fund testing for uninsured/underinsured children, follow-up investigation and mitigation education for any child with elevated blood lead levels, and referral to care when indicated.

- D.** Utilize strategies that assure efficient service delivery to populations at risk for lead poisoning by integrating blood-lead screening services into community immunization clinics, health fairs, and community-based testing clinics. Use health promoters who come from the community in order for them to outreach to communities of color that naturally congregate in places such as churches, Migrant Head Start clinics, etc.

POLICY	BUDGET	LEGISLATIVE	RESPONSIBLE
	X		Oregon Health Division (lead division), Oregon Housing & Community Services
X			OHD-Lead Program (lead division), Oregon Housing & Community Services
X	X		Oregon Health Division (lead division)
	X		Oregon Health Division (lead division)

III. Goal Statement: Increase targeted outreach and education strategies through the use of traditional and non-traditional activities to prevent lead poisoning.

Action Items:

- A.** Initiate a cooperative educational program with state and local education departments and local health departments to increase the knowledge level of special education programs and teachers on the prevention of lead poisoning.
- B.** Provide culturally appropriate information to racial and ethnic communities on the risks created by exposure to pottery with lead-containing glazes. Work with community groups and retailers to reduce lead poisoning caused by exposure to pottery.
- C.** Develop a program to test rental houses and apartments for lead and require that those with unhealthy levels of lead be repainted.

POLICY	BUDGET	LEGISLATIVE	RESPONSIBLE
X			OHD-Lead Program (lead division), Dept of Education, Dept of Human Services
X			OHD-Lead Program (lead division)
X	X		OHD-Lead Program (lead division), Dept of Consumer & Business Development

IV. Goals Statement: Fund development of rural and urban models for comprehensive pilot intervention programs in targeted geographic areas (e.g. large neighborhoods or small communities) where the prevalence of older housing and poverty indicate potential risk to children from racial and ethnic communities.

Action Items:

- A.** Provide funding to develop the capacity for community involvement in the development of the prevention efforts and include resources for full process and outcome evaluation. For example: structure components to include an intensive community awareness/mobilization strategy; household risk assessment; on-site testing; referral to care as needed; education and tools necessary for household lead exposure reduction (e.g. CLEARCorp Resident Intervention Model); referral to low-income lead remediation programs; follow-up with parents/guardians. Move or expand the pilot interventions into additional areas at risk if the program is successful.

- B.** Work directly with Tribes and urban Indian programs to develop culturally appropriate models for prevention and treatment.

POLICY	BUDGET	LEGISLATIVE	RESPONSIBLE
X	X		OHD-Lead Program (lead division)
X			Dept of Human Services (lead department), Oregon Health Division