

## Values and Principles Work Group – Recommended Considerations for Board Discussion.

### General Recommendation:

Recommend that the board should fully endorse and adopt the Health Equity Committee (HEC) statement and pledge to complete all its work in full support of the goals of that statement, the elimination of bias in decisions and in actions, and in rectifying past bias, work to identify and eliminate systemic barriers to health as an absolute principle of universal health care.

### HEC Statement

*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.

<https://www.oregon.gov/oha/EI/Pages/HEC%20Plan%20Definitions.aspx>

### Four Overarching Principles as identified by the work group:

1. Maximize Health
2. Fair Distribution of Medical Resources
3. Minimize Individual Financial Hardship from Medical Bills
4. Community Ownership and Governance

### Sub Principles and Measurement Discussion

#### 1. Maximize Health – What does it mean to maximize health?

- a. **Individual Fulfillment.** The primary measure of success should be the attainment of every individual resident to be satisfied in their opportunity to make and act on timely, well-informed health decisions for themselves, unimpeded by external forces of bias, location, or financial impediments to access.
- b. **Population Measures** - SB 1089 requires the Governance Board to establish measurable health care goals. However, oft used measures such as life expectancy, QALY or DALY and others can be subjectively discriminatory, use averages to disguise disparate effects, be in

**Commented [jd1]:** Review article: Targeted Universalism Policy and Practice.

**Commented [jd2]:** The Board agrees with these principles as the right direction.  
Consider more input to include:  
Targeted universalism and definitions

**Commented [jd3]:** Minimize the financial hardship from medical bills on individuals and families.  
Or  
Minimize financial hardship on individuals and families from medical bills/costs

Be sure this language restricts the financial hardship to medical expenses.

What is included under medical/health care?

Debbie also shared that she supports including some language around this as it's incredibly common for debt and stress to extend beyond the individual. She would also like to consider adding language regarding minimizing barriers to access outside of significant illness/injury like preventative care and screenings.

**Commented [jd4]:** What does Individual Fulfillment mean?  
-Equity in care  
-Satisfaction with care  
-Shared decision making  
-Ability of individual to reach full potential  
How satisfied people on the universal health plan are with their care

**Commented [jd5]:** Chunhuei: At some point the Board will have to address what is prioritized.  
Priority is not a technical issue, it is a political issue.

Debbie: Reinforce keeping language regarding population measures/objective measure of success beyond patient/client satisfaction. Certainly, the satisfaction of those engaging with the healthcare system is one important aspect. However, this shouldn't be the only measure of success/health maximization.

occasional conflict with individual fulfillment. The following recommendations are made:

- i. More needs to be known about how other state organizations measure health.
- ii. More needs to be know about which measures are legal.
- iii. Community engagement should be used to help identify health measures most important to the community
- iv. Health measures must be equitable and seek to produce equal outcomes

**c. Community Action against Contagion:** In the case of specifically identified community contagion, community, state and national interests to protect the population at large outweighs individual decision making for reaction to that contagion.

**e-d. Minimize harms from health care**

## 2. Fair Distribution of Medical Resources

### a. Distribution Fairness is Complex.

- i. Fair to whom?
- ii. Fair by effort expended on each **patient/individual?**
- iii. Fair by equal outcome for each **patient/individual** regardless of effort?
- iv. Fair by **patient/individual** probability of benefit?
- v. Fair by region?
- vi. Do individual decisions that adversely affect health affect fairness?

b. **Give Voice to individuals and families**~~the Patient Population~~ in setting fairness. Matters of defining fairness and how it is applied to distribution of direct should be informed by the community itself, taking care to use a process that is inclusive and equitable.

## 3. Minimize ~~Individual~~ Financial Hardship **for Individuals and Families** from Medical ~~Costs~~**Bills**

- a. **Spread out cost** of significant illness and injury
- b. **Ability to pay** should be considered in cost distribution
- c. **Reduce risk** of high-cost events
- d. **Reduce Complexity and Improve Transparency.** As harmful as individual cost can be, the stress of not knowing what you will be charged is a significant impediment to health and to seeking care.
- e. **Financial Stress impacts health and recovery.** Stress induced from financial hardship due to medical costs is detrimental to physical and mental health.

## 4. Community Ownership and Governance

**Commented [jd6]:** Helen recommended the addition of this language and looking at it in terms of Quality of health care and Appropriate utilization.

Debbie added that she supports including something about minimizing/avoiding harm as part of health maximization.

**Commented [jd7]:** Debbie shared that she supports changing "patients" to something more inclusive for those seeking mental health support as was brought up by the Board.

**a. Financial Stewardship**

- i. Economic sustainability
- ii. Balancing competing demands for community resources
- iii. Fair distribution of cost
- iv. Removal of inefficiency

**b. Principles of Good Governance**

- i. Transparency
- ii. Accountability
- iii. Representation by peers
- iv. Political sustainability
- v. Financial sustainability

**c. Community ownership**

- i. Sense of community ownership helps overcome distrust.
- ii. Working definition of community ownership: any policy or program that will directly and intimately affect a community, that community should have the final voice/final decision making power.

Defining Terms: