Community Engagement & Communications Committee

November 20, 2024
2nd Meeting
12pm-2:30pm

Universal Health Plan
Governance Board

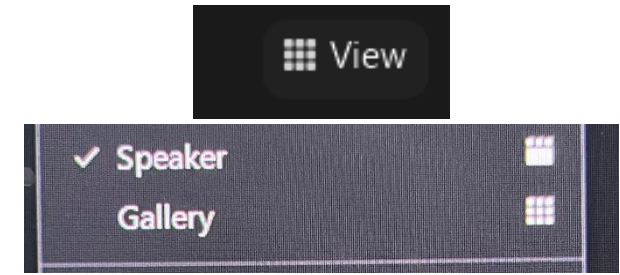# Welcome Remarks – Co-Chairs Glass and Fellows

- Tech Check
- Roll Call
- Agenda Review

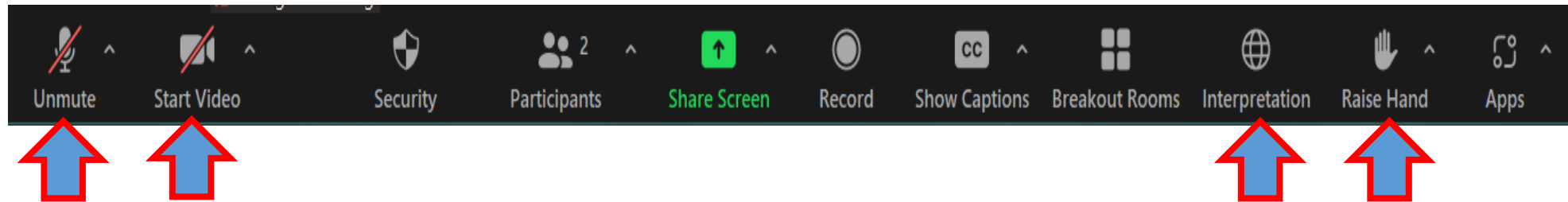# Tech Check / Zoom Navigation

View

- **In the upper right corner:**
  - Select "View"
    - Choose between Gallery or Speaker view at any time during meeting
      - Gallery – shows all participants at the same time
      - Speaker - shows active speaker

✓ Speaker
Gallery

- **At the bottom of screen:**

Unmute | Start Video | Security | Participants 2 | Share Screen | Record | Show Captions | Breakout Rooms | Interpretation | Raise Hand | Apps

- Please stay muted when not speaking
- Please start video, if you are able
  - Members of the public are invited to attend, but they are unable to connect audio or video. By having committee members on camera, it makes it easy to distinguish who committee members are
- **Interpretation is enabled!**
  - You will need to select "Interpretation" and then choose the language you prefer - Spanish or English
- There is no meeting chat. Please select "Raise Hand" when you would like to speak

Listen In:
✓ Original Audio (Interpretation off)
EN English
ES Spanish

Unmute Original Audio

s | Interpretation | Raise Hand | Apps

Agenda

- Welcome, Roll Call and Introductions, Agenda Review
- Diana Bianco Introduction
- Committee Member Public Engagement
- Board Values and Principles Review and Discussion
- Existing Structures and Meetings for Outreach Identification, Review and Discussion of Gaps
- Oregon Advocacy Commission Presentation (HB 4052 (2022)) and Discussion
- Meeting Reflection and Future Topics
- Committee Resources
- Public Comment

Introduction - Diana Bianco, Artemis Consulting
Facilitation and Engagement Consultant

Committee Member Public Engagement

Unless expressly authorized by the board, no member of the board has any authority to speak on behalf of the board. The board operates as a single entity when communicating with external parties. If any member of the board receives a media request relating to the board, board business, or the member's work and participation as a member of the board, the member should promptly notify the executive director of the request by email. If any member of the board receives a request to discuss the board's work from interest or community groups, the member should make a request to the chairperson and executive director with the date, topic, and expected audience. Detailed minutes of these engagements will be expected, and the executive director will keep a record of them. The board will also develop a community engagement plan for active outreach to interest groups and communities as part of our overall workplan.

Board Adopted Values and Principles

Five Overarching Principles
1. Health equity
2. Maximize health
3. Fair distribution of medical resources
4. Minimize financial hardship for individuals and families from medical costs
5. Community sense of ownership and governance

Values and Principles Discussion Questions

- Are there any questions about the intent or meaning of any of the overarching principles?

- What are some ways this committee can advance the values and principles adopted by the board?

- Are there any procedures the committee would like to enact to ensure you are considering these principles in your work?

Existing Structures and Meetings for Outreach

- Committee Staff

Identification and Discussion of Gaps

- Are there meetings, structures or other entities that are missing?

- What communities or regions are missing or underrepresented here?

Break
1:05-1:15

House Bill 4052 (2022) Update

Addressing Racism as a Public Health Crisis in Oregon

Mika Ingram, *Health Equity Team Lead*
Grace Hocog, *Project Facilitator*
Kaj Jensen, *Project Facilitator*

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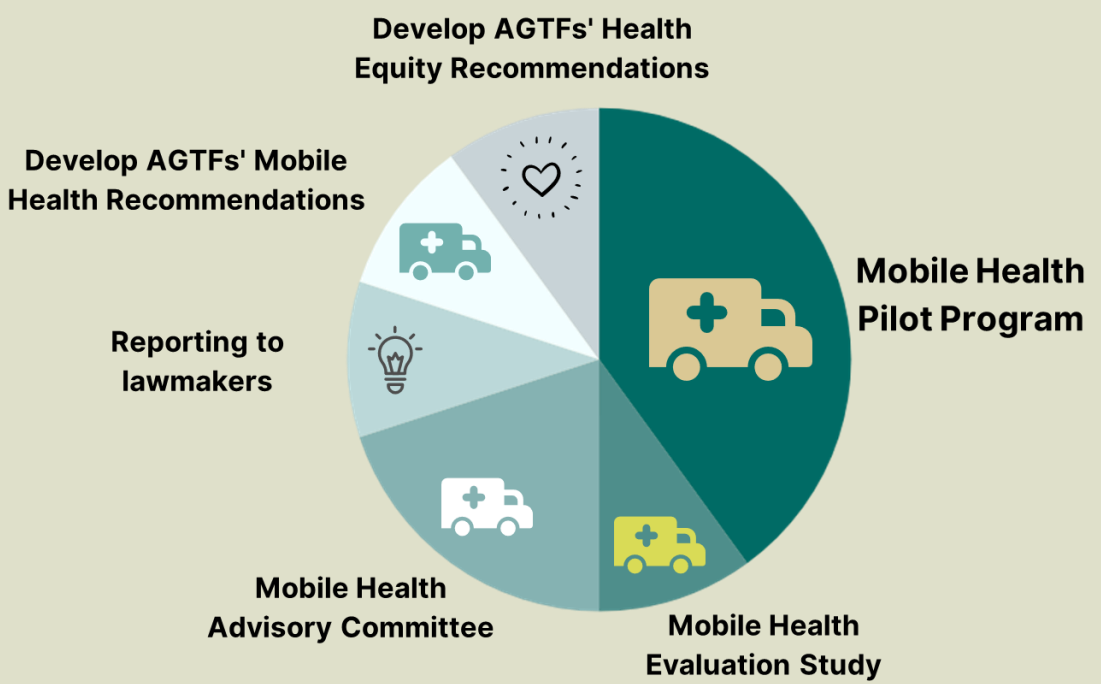
Purpose of Meeting

<u>Objectives:</u>

- Share background information on House Bill 4052 and the OACO Health Equity Team
- Identify areas of overlap & uplift current programs and initiatives that align with community-based health equity recommendations
- Build connection points between HB 4052 and the Universal Health Plan Governance Boards Community Engagement & Communications Committee

Affinity Group Task Forces

Health Equity Advisory Leaders (HEAL)

HEAL members guided conversations, shared stories and ideas, and discussed needs and recommendations related to anti-racism and social determinants of health during their monthly meetings

Indigenous Health Equity Action Council (IHEAC)

Indigenous health equity institute

NAYA ACTION FUND

FUTURE GENERATIONS COLLABORATIVE

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Community-Led, Community-Informed

Community-based organizations, service providers, coalitions, and task forces

Tribal leaders, citizens, and communities

Thought leaders who designed HB 4052

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Interim Report on the Work of the Affinity Group Task Forces Created by House Bill 4052 (2022) Addressing Racism as a Public Health Crisis

PREPARED IN PARTNERSHIP WITH

The Affinity Group Task Forces:
Health Equity Advisory Leaders (**HEAL**) &
Indigenous Health Equity Action Council (**IHEAC**);
and the Oregon Advocacy Commissions Office

PRESENTED TO
The Oregon Legislative Assembly

December 2023

View the **HB 4052 Interim Report** to learn more about the process for collaboration and delve further into specific community-led recommendations

SCAN QR CODE

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Areas of Focus

Healthcare Access and Quality

Social and Community Context

Neighborhood and Built Environment

Education Access and Quality

Economic Stability

Government Processes

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Recommendation Process

Identify collaboration opportunities and areas of overlapping work related to recommendations

Developing racial health equity-centered programs related to community recommendations

Implementing and elevating those programs with continued accountability to community

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Tribal Sovereignty

With any policy recommendation that affects Tribes, formal Tribal Consultation must be done to honor Tribal Sovereignty and their unique political autonomy. Legislative Concepts and programs shall not be developed without proper Tribal engagement, according to the state statute ORS 182.162-168

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- HOUSE BILL 4052 -

Behavioral Health Recommendations

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Screen for Racial Trauma

Linguistically and Culturally Specific Healthcare

Healthcare Education and Advocates

These recommendations were formed in community with affinity group task forces convened by House Bill 4052 at the OACO.

Screen for Racial Trauma
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Problem:

Racial trauma has lasting impacts on a person and their lifelong health outcomes. Racial discrimination can cause symptoms of trauma, yet few tools for its measurement and collection exist at the State level.
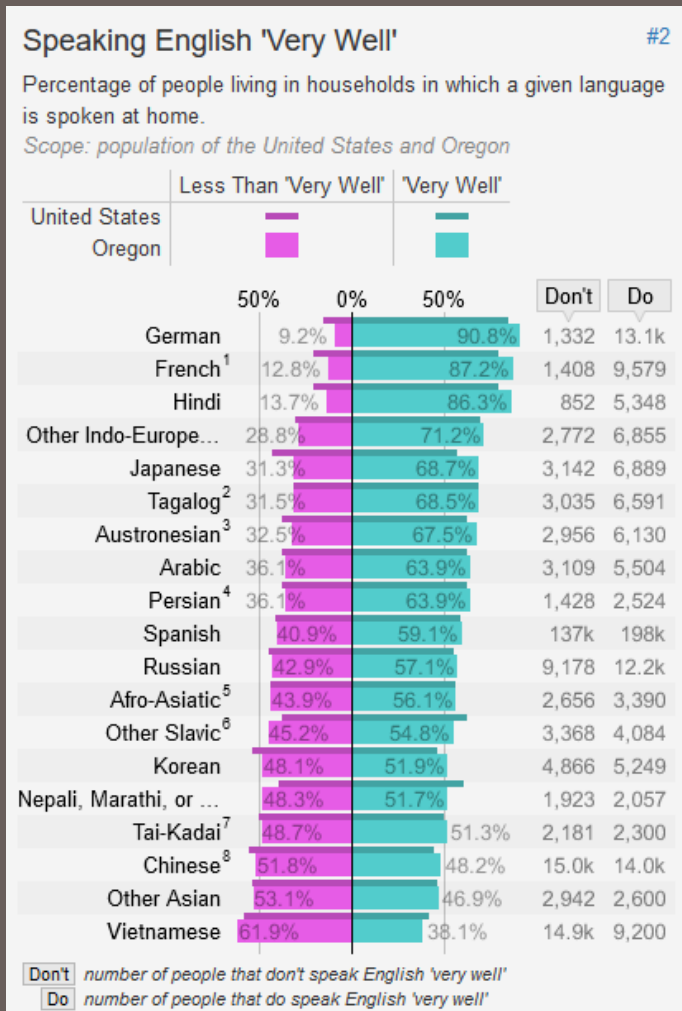
Solution:

When individuals first undergo an initial Behavioral Health assessment, it is crucial to acknowledge their experiences and <u>screen for racial trauma early in the assessment process</u>. This ensures they are connected promptly to behavioral health services to address the systemic racism they may have encountered.

- Add a requirement for ORS<u>309-019-0135</u> **(3)(d)** to include racial trauma.
    - **(3)** At the time of entry, the assessment process must begin, be updated, or completed and signed by a qualified program staff, provided individual presentation and circumstances allow
    - **(d)** Assessments conducted in less than 90 days are considered comprehensively complete when the following information has also been documented as part of an assessment within 90 days of the initial service date

Linguistically and Culturally Specific Healthcare Services

Speaking English 'Very Well' #2

Percentage of people living in households in which a given language is spoken at home.
Scope: population of the United States and Oregon

	Less Than 'Very Well'	'Very Well'	Don't	Do
United States Oregon				
German	9.2%	90.8%	1,332	13.1k
French[1]	12.8%	87.2%	1,408	9,579
Hindi	13.7%	86.3%	852	5,348
Other Indo-Europe...	28.8%	71.2%	2,772	6,855
Japanese	31.3%	68.7%	3,142	6,889
Tagalog[2]	31.5%	68.5%	3,035	6,591
Austronesian[3]	32.5%	67.5%	2,956	6,130
Arabic	36.1%	63.9%	3,109	5,504
Persian[4]	36.1%	63.9%	1,428	2,524
Spanish	40.9%	59.1%	137k	198k
Russian	42.9%	57.1%	9,178	12.2k
Afro-Asiatic[5]	43.9%	56.1%	2,656	3,390
Other Slavic[6]	45.2%	54.8%	3,368	4,084
Korean	48.1%	51.9%	4,866	5,249
Nepali, Marathi, or ...	48.3%	51.7%	1,923	2,057
Tai-Kadai[7]	48.7%	51.3%	2,181	2,300
Chinese[8]	51.8%	48.2%	15.0k	14.0k
Other Asian	53.1%	46.9%	2,942	2,600
Vietnamese	61.9%	38.1%	14.9k	9,200

Don't — number of people that don't speak English 'very well'
Do — number of people that do speak English 'very well'

https://statisticalatlas.com/state/Oregon/Languages

Problem:
Need for more healthcare workers that speak the same language as patients and medical forms in patients' languages.

Community quote:
"People struggle to find adequate interpretation. Sometimes three languages spoken (I.e., English to Spanish to Indigenous language), this is a huge problem in the health care navigation system to lose meaning. [Patients] need people who can interpret directly. I.e., patient is with the surgeon, and the husband speaks Arabic & English. Two chairs at the door – husband is at door, surgeon would ask question — interpret question to husband, husband asks question to wife, wife responds in native language, then respond in Arabic and back to husband in English. Surgery took 8 hours but was supposed to be 1 hour. Medical interpretation can't always be in the room. Especially from rural areas, interpretation over video could be a solution."

Healthcare Education and Advocates

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Problem:
Many people struggle with figuring out their needs and how to find services that are not going to treat them differently due to their ethnicity or orientation, having a healthcare advocate could help people find better options to help them live a happier and healthier life.

Community quote:
"Having a healthcare advocate, if you can't advocate for yourself, instead of a person struggling trying to figure out their needs and where to get them met. For example, someone having medical trauma, anxiety, neurodivergence – an advocate who knows to direct a person towards services they need and access to those services."

Thank you!

View the OACO's **HB 4052 Interim Report** to learn more about our process for collaboration and delve further into specific recommendations

QUESTIONS?

Questions and Discussion

- What were OAC's engagement strategies?
- What were OAC's lessons learned?
- How did the team compile and evaluate feedback?
- What can this committee learn from this work?

Committee Member Reflections and Future Topics

- Co-chairs Fellows and Glass and Committee Members

Meeting Reflection and Future Topics

- What was most useful from today's meeting?

- What other groups or individuals would you like to hear from in our meetings?

- What topics or subject areas do you feel you need to learn more about to do this work?

Committee Resources

- Co-chairs Fellows and Glass and Committee Members

Public Comment

Thank you