



2025 DEVELOPING EQUITY LEADERSHIP THROUGH TRAINING AND ACTION (DELTA) PROGRAM APPLICATION

Please note that this document is for informational purposes only and cannot be submitted as a completed application. Please complete the application on the [website](#) or by using this link: [DELTA 2025 Application](#)

Thank you for your interest in the DELTA program.

DELTA is designed for individuals leading or engaged in healthy equity work throughout Oregon’s public health, hospital and health systems, Coordinated Care Organizations (CCOs), community health partners, Tribal health leaders, and the Oregon Health Authority.

Participants will be selected based on their ability to influence systemic change within their organizations. Please be sure you have reviewed the website and program requirements before completing the application.

Deadline extended - please complete the application and submit by close of business Friday, October 18, 2024. You will need to complete this application in one sitting. The application will not save your progress if you exit before submitting.

You can request this application in other languages, large print, braille, or a format you prefer, free of charge. You may also request that someone read the questions aloud and record your responses.

Please contact Mehera Christian at mehera.n.christian@oha.oregon.gov, or 971-346-6602 (voice and text). All relay calls accepted.

Name and Pronouns

Last Name*

First Name*

Preferred name (Only if the name is different than what you provided above)

Pronouns

Work Contact Information

All communications regarding the DELTA program will be completed through your work email and/or phone so please double check that all information is entered correctly.

City*

ZIP Code*

Email Address*

Phone Number*

Select all counties that your organization serves.* (If your organization serves the entire state, select “STATEWIDE”.)

- A drop-down list of all Oregon counties is provided.

Organization and Employer Information

Organization/Employer*

Type of organization*

- Community health organizations
- Hospital and health systems
- Federally qualified health centers (FQHCs)
- Coordinated Care Organizations (CCOs)
- Nine Federally Recognized Tribes of Oregon
- Urban Indian Health Program
- Local public health departments
- Oregon Health Authority
- Other

Job title*

Supervisor name* (Supervisor/manager's name who has agreed to your participation in DELTA. If you do not have a supervisor or manager, please write your own name.)

Supervisor/manager's email address*

Supervisor/manager's phone number*

Personal Contact Information

All communications regarding the DELTA program will be completed through your work email and/or phone so please double check that all information is entered correctly.

City*

ZIP Code*

County where you live*

- A drop-down list of all Oregon counties is provided.

Email Address*

Phone Number*

REALD and SOGI

To ensure representation in the work we do, and to reduce inequities in access to our programs (such as DELTA), we ask about race, language, disability / functional limitations, gender identity and sexual orientation.

You are not required to answer these questions.

The only people who will see your responses to the demographic questions are the DELTA selection committee and Equity & Inclusion Division staff who are responsible for reporting demographic data. When reporting data, we aggregate the information in ways that do not identify individual cohort members.

Racial and Ethnic Identity (Which of the following describes your racial or ethnic identity? (select all that apply; depending on your answer, you may be prompted to select additional identities)

- American Indian and Alaska Native
- Asian
- Black and African American
- Hispanic and Latino/a/x
- Middle Eastern/Northern African
- Native Hawaiian and Pacific Islander
- White
- Other
- Decline to answer

American Indian and Alaska Native (Select all that apply)

- American Indian
- Alaska Native
- Canadian Inuit, Metis, or First Nation
- Indigenous Mexican, Central American, or South American

Asian (Select all that apply)

- Asian Indian
- Cambodian
- Chinese
- Communities of Myanmar
- Filipino/a
- Hmong
- Japanese
- Korean
- Laotian
- South Asian
- Vietnamese
- Other Asian

Black and African American (Select all that apply)

- African American
- Afro-Caribbean
- Caribbean
- Ethiopian
- Somali
- Other African (Black)
- Other Black

Hispanic and Latino/a/x (Select all that apply)

- Central American
- Mexican
- South American
- Other Hispanic or Latino/a/x

Middle Eastern and Northern African (Select all that apply)

- Middle Eastern
- North African

Native Hawaiian and Pacific Islander (Select all that apply)

- Chamoru (Chamorro)
- Communities of the Micronesian Region
- Marshallese
- Native Hawaiian
- Samoan
- Other Pacific Island

White (Select all that apply)

- Eastern European
- Slavic
- Western European
- Other White

Other (Select all that apply)

- Other
- Don't know
- Don't want to answer

Accommodations (For people who speak or use a language other than English, people with disabilities or people who need additional support, we can provide free help. Will you need any accommodations to support your full participation in the cohort? Examples include sign language; spoken language interpreters; written materials in other languages or transcript; Braille; large print; wheelchair access.)

- Yes
- No

Deaf or Difficulty Hearing (Are you deaf or do you have serious difficulty hearing?)

- Yes
- No

Blind or Difficulty Seeing (Are you blind or do you have serious difficulty seeing, even when wearing glasses?)

- Yes
- No

Walking or Climbing Stairs (Do you have serious difficulty walking or climbing stairs?)

- Yes
- No

Gender Identity

- Male
- Female
- Transfeminine (male-to-female)
- Transmasculine (female-to-male)
- Gender Fluid

Sexual Orientation

- Heterosexual/Straight
- Gay/Lesbian
- Bisexual
- Pansexual
- Asexual
- Unsure/Questioning
- Two-Spirit
- Queer
- Other

Resume

Please attach a current resume* (No longer than two pages)

Program Schedule

Program Schedule*

The 2025 sessions are scheduled for following dates. Sessions will be in-person and will either be one or two full-day sessions, as noted below. Dates are subject to presenter availability:

- Thursday & Friday, December 12-13
- Friday, January 10
- Friday, February 7
- Thursday, March 6 (Thursday, March 6th will be held as a make-up session if one of the previous sessions is canceled; due to inclement weather, presenter availability, etc.).
- Friday, March 7
- Thursday & Friday, April 3 & 4

- Friday, May 2
- Friday, May 30
- Friday, June 27
- Friday, August 1 (final presentations & graduation)

We will try to hold in-person sessions in different locations around Oregon based on cohort members' location. Participants are expected to prioritize attendance. If you know in advance that you will two or more sessions, please wait and apply for a future cohort. Are you able to commit to the general schedule as outlined?

- Yes
- No

Program Cost

Sponsorship is on a sliding scale based on the operating budget of the organization sponsoring your participation as follows:

Less than \$1M.....	\$2,500
\$1M – \$10M.....	\$4,500
Greater than \$10M.....	\$7,000

The participating organization's operating budget is:

- Less than \$1M
- \$1M – \$10M
- Greater than \$10M

I have reviewed the program costs with my leadership and:

- my organization agrees to cover the sponsorship fees associated with my participation.
- my organization will need to request a needs-based scholarship. (Requests for scholarship do not have an impact on whether a person is accepted into the program. We will review and follow up regarding scholarship requests after acceptance.)

Short Answer Questions

Applicants are evaluated based on their completeness in answering the following questions. Please be sure to directly address the questions and provide specific examples and details. For additional details please review the [website](#).

Responses should demonstrate the following:

- Your commitment to eliminating health inequities in Oregon.
- Your desire to participate in this transformational health equity leadership program.
- Your readiness for participation based on curriculum of this program.
- Your willingness to have authentic conversations that push growth and learning with people at different places along their own equity journey.

- Your ability to implement or significantly influence meaningful changes in policies, programs and practices that reduce the barriers to health equity.

If you prefer, in place of submitting written responses, you may record your statements in brief videos. If this is your preference, please contact Mehera Christian (mehera.n.christian@oha.oregon.gov or 971-346-6602 (voice and text) – all relay calls accepted) and you will receive a link to a Zoom meeting. Someone from the DELTA team will be logged into the meeting to record the Zoom meeting, but they will not be present while you are speaking.

For each question, written responses should be between 250-350 words, and recorded responses should be approximately 3-4 minutes.

Interest in DELTA program*

- Please tell us why you are interested in participating in the DELTA Program. What do you hope to get out of it?

Foundation for leadership development*

- What from your lived or professional experience, or past training* has prepared you to engage in this program? Share some examples of what you have learned and how you have applied those lessons. (*If you include specific training courses, emphasis should be the learning and application.)

Capacity to influence change*

- What is your role within your organization or community health equity work? In what capacity do you provide leadership (formally or informally) to implement or significantly influence the implementation of changes that address barriers to health equity?

Do you have decision making authority - or report directly to someone who does - with respect to strategic planning, policy or program development, fiscal or resource allocation? How do you plan to use the information and resources from DELTA to make, influence, or advocate for changes?

Navigating equity conversations*

- In this cohort, you will engage in conversations on topics such as able-ism, privilege, sexism, and racism with individuals who may have different lived experiences or be in different places in their learning and growth. Tell us about a time when you:
 - were uncomfortable or found it difficult to respond in conversation.
 - have been successful, in navigating these types of conversations.

What did you learn from these experiences? What tools or skills would have helped you, and what do you hope to develop during DELTA?

The goal of DELTA is to deepen participants' capacity to actively lead meaningful and sustainable systems change work to eliminate health inequities. In addition to attending training, DELTA cohort members are expected to enhance their experience through the development of a project they will implement within their organization.

Barrier to health equity*



- Please describe one barrier to health equity in your organization or community health equity work, that you believe can be addressed through systems level change.

Health equity project work*

- Briefly describe a health equity project or initiative within your organization or area of community health equity work that you would work on while participating in DELTA. Please include the project goals, your roll in the program or project, and the level of leadership or community support and engagement. Are there any challenges you are facing in advancing your project or areas where you are looking for resources and support during DELTA?

Thank you for applying!

You will be notified of your application status by November 15, 2024.
If you have additional questions, please contact:

Mehera Christian

mehera.n.christian@oha.oregon.gov

971-346-6602 (voice and text) – all relay calls accepted.