

**Health Care Market Oversight**

Community Review Board Demographic Form

Please answer all questions in this form and email it to [hcmo.info@oha.oregon.gov](mailto:hcmo.info@oha.oregon.gov) along with your application and conflict of interest form.

The Oregon Health Authority (OHA) is convening a community review board to hear from community members about the planned acquisition of Legacy Health (Legacy) by Oregon Health and Science University (OHSU). Visit our [website](https://www.oregon.gov/oha/HPA/HP/Pages/039-OHSU-Legacy.aspx) for more information about this transaction.

You can get this document in other languages, large print, braille, or a format you prefer free of charge. Contact us by email at [hcmo.info@oha.oregon.gov](mailto:hcmo.info@oha.oregon.gov) or by phone at 503-945-6161. We accept all relay calls.

# Instructions

This form includes questions about your personal information, such as age, race, ethnicity, and gender. These questions are optional, and your answers are confidential. OHA will use this information to understand how community review board members represent the communities affected by this transaction.

OHA may publicly share summary demographic information for community review board members but will not link your name to your information. If you are concerned about sharing any personal information, you may skip any questions that you do not wish to answer.

# Demographic Information

1. Please provide your contact information.

|  |  |
| --- | --- |
| First and Last Name |  |
| Pronouns |  |
| Email address |  |
| Today’s date |  |

1. What type of health insurance coverage do you have? Please select all that apply.

Medicare (including Medicare Advantage plans)

Oregon Health Plan or Medicaid

Insurance through a current or former employer or union

An insurance plan I bought through healthcare.gov, a health insurance marketplace, or directly from an insurance company

Military, Veterans, or TriCare

Indian Health Services

I don’t have any health insurance coverage

Other (please describe):

I prefer not to answer

## Race and Ethnicity

1. How do you identify your race, ethnicity, Tribal affiliation, country of origin, or ancestry?
2. Which of the following describes your **racial or ethnic identity**? Please check **ALL** that apply.

|  |
| --- |
| **American Indian and Alaska Native**  American Indian  Alaska Native  Canadian Inuit, Metis, or First Nation  Indigenous Mexican, Central American, or South American  **Asian**  Asian Indian  Cambodian  Chinese  Communities of Myanmar  Filipino/a  Hmong  Japanese  Korean  Laotian  South Asian  Vietnamese  Other Asian  **Black or African American**  African American  Afro-Caribbean  Ethiopian  Somali  Other African (Black)  Other Black  **Hispanic and Latine/o/a/x**  Central American  Mexican  South American  Other Hispanic or Latino/a/x  **Middle Eastern/Northern African**  Middle Eastern  Northern African  **Native Hawaiian and Pacific Islander**  Chamoru (Chamorro)  Marshallese  Communities of the Micronesian Region  Native Hawaiian  Samoan  Other Pacific Islander  **White**  Eastern European  Slavic  Western European  Other White  **Other Categories Other (please list):**  Don’t know/Unknown  Don’t want to answer/ Decline |

1. If you checked **more than one** category above, is there **one** you think of as your **primary** racial or ethnic identity?

Yes, it is:

I do not have just one primary racial or ethnic identity.

No. I identify as Biracial or Multiracial.

N/A. I only checked one category above.

Don’t know/ Unknown

Don’t want to answer/ Decline

## Language

1. What language or languages do you use at home?

SKIP to question 10 if you indicated English only.

1. What language would you prefer to use when communicating (in person, phone, virtually) with someone outside the home about important matters such as medical, legal, or health information?
2. What language would you prefer to use to read important written information such as medical, legal, or health information?
3. How well do you speak English?

Very well

Well

Not well

Not at all

Don’t know

Don’t want to answer

## Abilities & Functional Limitations

1. Are you deaf or do you have serious difficulty hearing?

Yes

If yes, at what age did this condition begin?

No

Don’t know

Don’t want to answer

1. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

Yes

If yes, at what age did this condition begin?

No

Don’t know

Don’t want to answer

1. Do you have serious difficulty walking or climbing stairs?

Yes

If yes, at what age did this condition begin?

No

Don’t know

Don’t want to answer

1. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

Yes

If yes, at what age did this condition begin?

No

Don’t know

Don’t want to answer

1. Do you have difficulty dressing or bathing?

Yes

If yes, at what age did this condition begin?

No

Don’t know

Don’t want to answer

1. Do you have serious difficulty learning how to do things most people your age can learn?

Yes

If yes, at what age did this condition begin?

No

Don’t know

Don’t want to answer

1. Using your usual (customary) language, do you have serious difficulty communicating (*for example, being understood by others*)?

Yes

If yes, at what age did this condition begin?

No

Don’t know

Don’t want to answer

1. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor’s office or shopping?

Yes

If yes, at what age did this condition begin?

No

Don’t know

Don’t want to answer

1. Do you have serious difficulty with the following: mood, intense feelings, controlling your behavior, or experiencing delusions or hallucinations?

Yes

If yes, at what age did this condition begin?

No

Don’t know

Don’t want to answer

## Age

1. What is your current age?

Don’t want to answer

## Gender Identity

1. Please describe your gender in any way you prefer.
2. What is your gender?

Woman/Girl

Man/Boy

Non-binary

Agender/No gender

Questioning

Not listed. Please specify:

Don’t know

I don't know what this question is asking

I don't want to answer

1. Are you transgender?

Yes

No

Don’t know

Don’t want to answer

## Sexual Identity

1. Please describe your sexual orientation or sexual identity in any way you want.
2. How do you describe your sexual orientation or sexual identity? (Check all that apply.)

Same-gender loving

Same-sex loving

Lesbian

Gay

Bisexual

Straight (attracted mainly to or only to other genders or sexes)

Pansexual

Asexual

Queer

Questioning

Not listed. Please specify:

Don’t know

I don’t know what this question is asking

I don’t want to answer

**End of questions.** Please submit your completed form to [hcmo.info@oha.oregon.gov](mailto:hcmo.info@oha.oregon.gov).