



# 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](#) 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	

2. 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

## A. Race and Ethnicity

3. How do you identify your race, ethnicity, Tribal affiliation, country of origin, or ancestry?
  
4. 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

5. 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

## B. Language

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

SKIP to question 10 if you indicated English only.

7. 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?
8. What language would you prefer to use to read important written information such as medical, legal, or health information?
9. How well do you speak English?
- Very well
  - Well
  - Not well
  - Not at all
  - Don't know
  - Don't want to answer

## C. Abilities & Functional Limitations

10. 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

11. 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

12. 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

13. 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

14. 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

15. 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

16. 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

17. 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

18. 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

#### D. Age

19. What is your current age?

Don't want to answer

#### E. Gender Identity

20. Please describe your gender in any way you prefer.

21. 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

22. Are you transgender?

- Yes
- No
- Don't know
- Don't want to answer

## F. Sexual Identity

23. Please describe your sexual orientation or sexual identity in any way you want.

24. 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).