

Interim Report for House Bill 4052 (2022): Development of Recommendations to Fund Robust Culturally and Linguistically Specific Intervention Programs



HEALTH SYSTEMS DIVISION
Medicaid Policy



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EXECUTIVE SUMMARY

In addition to other legislative reporting deliverables related to health equity and the Mobile Health Unit Pilot Program, [House Bill \(HB\) 4052 \(2022\)](#) legislatively directs Oregon Health Authority (OHA) to deliver an interim legislative report on the development of health equity recommendations to fund robust culturally and linguistically specific intervention programs across relevant state agencies. [HB 2925 \(2023\)](#) amends HB 4052 (2022) with the inclusion of consultation with the Nine Federally Recognized Tribes of Oregon in the development of health equity recommendations and extends the timeline to submit legislative reporting deliverables to the legislative assembly.

Per the requirements of these two bills, this interim report is based on research provided by the Oregon Advocacy Commissions Office's (OACO) efforts to convene affinity group task forces consisting of Black, American Indian and Alaska Native communities, and priority populations to gather health equity recommendations related to social determinants of health.

On December 21, 2023, OACO presented [the Interim Report on the Work of the Affinity Group Task Forces Created by House Bill 4052 \(2022\)](#) to the Oregon Legislative Assembly. This report includes over 100 community-identified recommendations spanning multiple domains.

As outlined in statute, this interim report by OHA presents two key recommendations on how to operationalize robust culturally and linguistically specific intervention programs, working from the 2023 OACO interim report and looking towards the final reports:

- Explore the feasibility of establishing a collaborative decision-making body consisting of state and community partners to analyze, prioritize, and develop community-gathered health equity recommendations to fund robust culturally and linguistically specific intervention strategies and programs.
- Extend pathways for community engagement and participation to continually gather input and consultation on health equity recommendation development as long as health inequities persist.

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INTRODUCTION

[House Bill \(HB\) 4052 \(2022\)](#) identifies specific strategies for OHA to advance health equity for people in Oregon who disproportionately experience avoidable illness, death, or poor health or social outcomes through community-created recommendations that can guide work across state agencies. This interim report from OHA outlines the development of recommendations on how to fund culturally and linguistically specific intervention programs across all relevant state agencies, per Section 2 of HB 4052 (2022). The development of these recommendations into funded intervention programs is a way to operationalize eliminating health inequities in Oregon, which is a central goal of the Oregon Health Authority (OHA).

OHA Mission and Strategic Plan

The [mission of the Oregon Health Authority \(OHA\)](#) is “ensuring all people and communities can achieve optimum physical, mental, and social well-being through partnerships, prevention, and access to quality affordable health care.” Reflecting this mission, in 2019, OHA became the first health agency in the country to declare an ambitious statewide goal to eliminate health inequities by 2030. [Health equity in Oregon](#) is defined as a health system that enables all people to reach their full health potential and well-being, without being disadvantaged by race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

[OHA Health Equity Definition](#)

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:

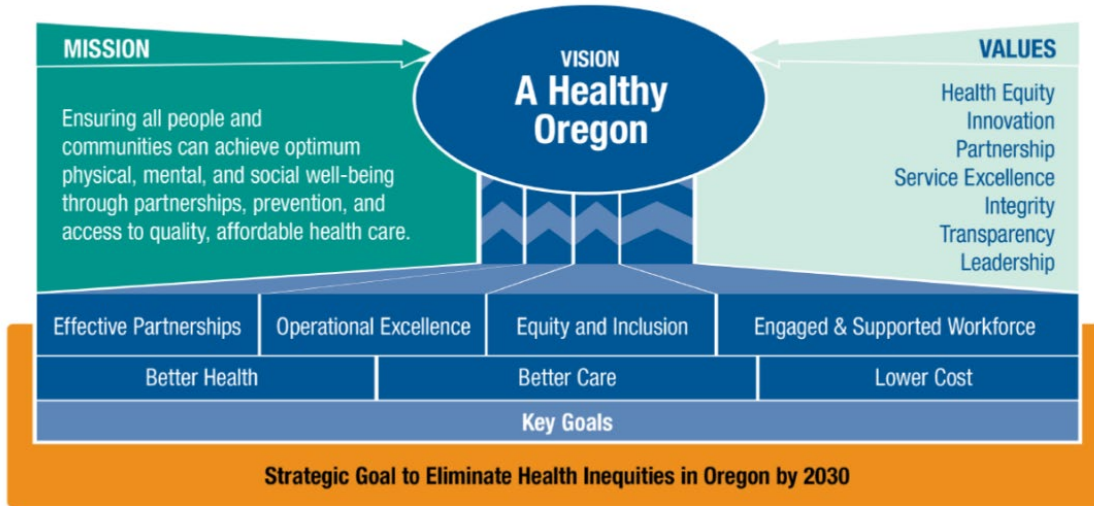
- The equitable distribution or redistribution of resources and power; and
- Recognizing, reconciling and rectifying historical and contemporary injustices.

OHA’s 2024-2027 Strategic Plan will launch publicly in August 2024. This plan outlines achievable goals and strategies that aim to meet its mission and vision, furthermore, it serves as the road map for making the program and policy changes needed to achieve the goal of eliminating health inequities. The ambitious goals listed in the strategic plan include:

1. Transforming behavioral health;
2. Strengthening access to affordable care for all;
3. Fostering health families and environments;
4. Achieving healthy Tribal communities; and
5. Building OHA’s internal capacity and commitment to eliminate health inequities.

OHA acknowledges that these goals cannot be achieved alone. Community support and partnership from various sectors is required to take concrete actions to achieve health equity by 2030.

OHA's Foundation for the Strategic Plan



House Bill 4052 (2022) and House Bill 2925 (2023)

[House Bill \(HB\) 4052 \(2022\)](#) declares an emergency relating to equity and defines priority populations as “groups that disproportionately experience avoidable illness, death or other poor health or social outcomes attributable directly or indirectly to racism.” It further specifies which groups meet this definition (see table).

| HB 4052 (2022) priority populations | |
|---|---|
| <ul style="list-style-type: none"> American Indian; Alaska Native; Hispanic or Latino; Asian; Native Hawaiian; Pacific Islander; Black or African American; Middle Eastern; North African; Mixed race, and other racial or ethnic minorities; The Nine Federally Recognized Tribes of Oregon and the descendants of the members of the Tribes; | <ul style="list-style-type: none"> Immigrants; Refugees; Migrant and seasonal farmworkers; Low-income individuals and families; Persons with disabilities; and Individuals who identify as lesbian, gay, bisexual, transgender or queer or who question their sexual or gender identity |

[HB 4052 \(2022\)](#) legislatively directs OHA to complete certain actions and deliverables.

Section 1 of HB 4052 (2022) tasks OHA with convening a Mobile Health Advisory Committee, creating a mobile health unit pilot program and reporting on the feasibility of expanding mobile health units

across Oregon. Relating to the Mobile Health Unit Pilot Program, an interim report is due to the legislative assembly no later than December 31, 2025, and a final report due no later than June 30, 2026. Details of the Mobile Health Unit Pilot Program created by Section 1 of HB 4052 (2022) are not included in this report but can be found at [OHA's Mobile Health Unit Pilot Program Website](#).

Section 2 of the bill includes direction for both the Oregon Advocacy Commissions Office (OACO) and OHA. OACO is tasked with convening affinity group task forces consisting of Black, American Indian/Alaska Native communities and people of color to develop recommendations addressing the needs and health inequities faced by priority population communities.

OHA is directed to develop recommendations on how to fund robust culturally and linguistically specific intervention programs across all relevant state agencies based on the research and recommendations of the affinity group task forces.

Both OACO and OHA have interim and final legislative reports due to the legislature to capture the progress of the requirements of Section 2 of HB 4052 (2022).

[HB 2925 \(2023\)](#) amends HB 4052 (2022) with the inclusion of offering consultation with the Nine Federally Recognized Tribes of Oregon and extends the timeline to submit legislative reporting deliverables to the legislative assembly.

As required by HB 4052 (2022), OACO gathered health equity recommendations relating to social determinants of health from affinity group task forces. These are community-gathered recommendations to prevent or intervene in the health conditions resulting in inequitable and adverse health outcomes for individuals who are Black, American Indian or Alaska Native, and/or persons who identify with a priority population.

The OACO [Interim Report on the Work of the Affinity Group Task Forces Created by House Bill 4052 \(2022\)](#) was delivered to the Oregon Legislative Assembly in December of 2023.

This interim report from OHA gives two recommendations to pursue to align the OHA Mission and strategic plan with the recommendations included within the OACO interim report that was submitted in December of 2023. It will be followed by a final report due September 15, 2026, which will include recommendations for the legislation to consider ongoing and future efforts to address health inequities.

LEGISLATIVE BACKGROUND

In the summer of 2020, the Oregon Public Health Association (OPHA) began convening the [Oregon Health Equity Task Force \(HETF\)](#). The HETF is composed of leaders and community-based organizations representing Black, indigenous, people of color, Tribal, mixed Race, urban American Indian and Alaska Native communities, immigrant and refugee communities, and white communities.

The HETF advocated for Oregon to declare racism a public health crisis. To address the crisis, the HETF requested state funds for the development and implementation of short and long-term strategies.

In 2022, [House Bill \(HB\) 4052](#): Racism is a Public Health Crisis passed in both chambers. The HETF developed and led advocacy for HB 4052 (2022).

HB 4052 (2022) identifies specific strategies to address racism as a public health crisis:

1. Remove barriers to increase access and quality of care for priority populations. A pilot mobile health program aims to establish a sustainable, culturally responsive model. This model will enhance access to care and provide insights to inform a statewide feasibility study developed through collaboration.
2. Commit meaningful resources towards community engagement for the identification of future health equity strategies. Ensure community and priority population's voice informs and directs health equity strategies addressing institutional racism. Membership within the Oregon Advocacy Commissions Affinity Group Task Forces will consist of leaders of Black and Indigenous communities, priority populations and the Nine Federally Recognized Tribes of Oregon.
3. Develop recommendations to fund culturally and linguistically specific intervention programs. Create a funding strategy to sustain intervention programs aiming to prevent health conditions resulting in inequitable outcomes for priority populations.

[HB 2925](#) passed in 2023 to amend HB 4052 (2022). This bill includes offering consultation with the Nine Federally Recognized Tribes of Oregon on the development of health equity recommendations and extends the timeline to submit legislative reporting deliverables to the legislative assembly.

On December 21, 2023, the OACO submitted their report, [Interim Report on the Work of the Affinity Group Task Forces Created by House Bill 4052 \(2022\)](#), to the Oregon Legislative Assembly.

ENGAGEMENT PROCESS TO DEVELOP RECOMMENDATIONS

Ensuring the recommendations within this report are reflective of the needs of our communities, OHA is pursuing ongoing community engagement efforts. Engagement with health equity professionals, community members, advocates and policy experts are essential to the development of impactful health equity policies and programs.

Specific to the work of HB 4052, OHA has convened a Mobile Health Advisory Committee (MHAC) to guide the work of the Mobile Health Unit Pilot Program and collaborates with the OACO in supporting an Equity Action Group (EAG), made of community members and partners, dedicated to developing the recommendations gathered by the OACO.

The health equity recommendations gathered from community provide essential firsthand accounts on how the actions would affect specific communities in Oregon. Engagement with community members and partners in the work of HB 4052, such as the MHAC and EAG, has demonstrated the importance of identifying and exploring resourcing and capacity to ensure the ongoing development and prioritization of community gathered recommendations. Such collaboration requires significant time to facilitate meetings, draft documentation, synthesize data, oversee implementation, and more. Exploring a transition into a long-term, resourced program can more adequately address and fund health equity recommendations gathered within the report, [Interim Report on the Work of the Affinity Group Task Forces Created by House Bill 4052 \(2022\) Addressing Racism as a Public Health Crisis](#). The next stage is to develop these recommendations alongside community in the final report.

Fostering and advancing equitable policy and recommendation development requires intention and commitment to the development of authentic, trusting relationships between government and community partners representing communities most harmed by health inequities. Alongside OHA's efforts to sustain existing community partners in the work of HB 4052, it is imperative to continue bringing in community wisdom in the operationalizing of policies and programs that come from the gathered recommendations. This means aligning continued engagement and recommendation development with OHA's strategic plan and the forthcoming community engagement framework to ensure accountability and responsiveness to community concerns and solutions. The new OHA community engagement framework under development aims to consistently deploy best practices for efficient public engagement, consistent culturally and linguistically appropriate communications and an accountable multi-directional communication loop for partners invested in health equity and policy improvement across Oregon.

RECOMMENDATIONS TO FUND CULTURALLY AND LINGUISTICALLY SPECIFIC INTERVENTION PROGRAMS

RECOMMENDATION 1: Explore the feasibility of establishing a collaborative decision-making body consisting of state and community partners to analyze, prioritize, and develop community-gathered health equity recommendations to fund robust culturally and linguistically specific intervention strategies and programs.

The Oregon Advocacy Commissions Office (OACO) has gathered and synthesized extensive health equity recommendations related to social determinants of health, spanning five major categories: Economic Stability, Education Access & Quality, Healthcare Access & Quality, Neighborhood and Built Environment, and Social and Community Context. In alignment with the OHA mission, OHA strategic plan, and the intent of HB 4052 (2022), prioritizing, analyzing, and developing recommendations should continue to be a collaborative process that shares power with affected partners directly and continuously. Since this process spans multiple relevant agencies and is based on community expertise, it may not be best situated solely within OHA.

It is important and relevant to acknowledge that appropriate resources must be allocated towards shared collaborative action and authority to develop and implement health equity recommendations. Currently, administrative gaps in long-term, decision-making authority prevents the thorough analysis and operationalization of the recommendations gathered within the report, [*Interim Report on the Work of the Affinity Group Task Forces Created by House Bill 4052 \(2022\) Addressing Racism as a Public Health Crisis*](#). Community building efforts can encounter challenges when there are administrative gaps in program development and implementation. To create actionable funding opportunities for culturally and linguistically specific intervention strategies and programs, it is crucial to resource and authorize a decision-making mechanism that is inclusive of the priority populations and the relevant state agencies.

Between the publishing of this interim report and the final report, OHA will explore the feasibility of proposing and resourcing a decision-making body that aligns with existing equity goals and the requirements of HB 4052. The final report will explore in detail what investments will be necessary to support this work in future biennia.

RECOMMENDATION 2: Extend pathways for community engagement and participation to continually gather input and consultation on health equity recommendation development as long as health inequities persist.

Oregon's health system as experienced by different groups tend to be better in some measures than most states, yet health inequities persist. This is outlined in a report entitled, [*Advancing Racial Equity in U.S. Healthcare*](#) (The Commonwealth Fund, 2024). As long as populations in Oregon disproportionately experience avoidable illness, death or other poor health or social outcomes attributable directly or indirectly to racism in Oregon, priority population communities should be welcomed, compensated, and consulted in ongoing solution development. As progress is made in prioritizing and funding interventions, transparency and responsiveness to feedback is necessary to ensure that engagement is not extractive. To effectively address and eliminate health disparities, it's essential that community engagement is deeply integrated into the process of developing recommendations. "True, meaningful

community engagement requires working collaboratively with and through those who share similar situations, concerns, or challenges. Their engagement serves as “a powerful vehicle for bringing about environmental and behavioral changes that will improve the health of the community and its members” (Aguilar-Gaxiola et al., 2022).

The requirements of HB 4052 include interim and final legislative reports from OHA and OACO. These reports can act as a backbone to launch ongoing action but should not be considered the ultimate goal. Priority populations should be represented and actively included, compensated, and consulted throughout all stages of solution development to address health inequities. This involvement spans from gathering recommendations to researching, analyzing, prioritizing, and implementing them. By creating opportunities for participation and extending the process of developing health equity recommendations, we aim to make engagement meaningful for all involved. Continuous engagement allows people to build on the work previously done by various participants to ensure that past efforts inform future actions, and that impact and unintended consequences are evaluated as the work continues.

It takes significant time for government to build and maintain authentic community relationships and to complete collaborative processes that equitably distribute or redistribute resources and power in ways that recognize, reconcile and rectify historical and contemporary injustices. Additionally, to truly begin and continue the work of addressing health inequities, efforts must be ongoing, transparent, and constantly reviewed. Prioritizing recommendations will require recognizing that society is always changing, and so will the needs of various community groups, which can impact the process of prioritization of recommendations.

This continuous engagement model will align with OHA health equity goals and strategic planning and will support efforts to meet those goals. Based on extensive community engagement, OHA has developed a strategic plan with five key goals to support its mission of eliminating health inequity by 2030. The plan was shaped by community input and intensive staff involvement with a design to be adaptive, incorporating plans for ongoing community engagement. OHA is committed to developing a community engagement framework that will guide its continuous work led by a community engagement development group that is composed of individuals from all divisions who are working closely with community members. The framework that will be constructed will make great efforts to ensure that community voices remain central to the agency’s mission to eliminate health inequities, providing a structured approach for ongoing engagement and collaboration.

OACO has identified next steps or phase two of the recommendation process that is inclusive of: continued relationship building within state agencies, community-based organizations and community members; a commitment from the collective to develop the recommendations by finding legislative champions and state enterprise partners, as well as a commitment to create and foster the necessary relationships, connections and collaboration to move values forward. OHA will seek to work collaboratively with OACO where there is alignment in the next steps they have identified as work is ongoing as outlined in section 2 of HB 4052. Alignment with the agency’s mission, implementation of its strategic plan, and the development of the community engagement framework will provide navigational tools in the exploratory process of recommendations for health equity.

CONCLUSION

HB 4052 (2022) offers OHA specific opportunities to advance health equity for people in Oregon who disproportionately experience avoidable illness, death, or poor health or social outcomes by generating community-created recommendations that can guide work across state agencies. The development of these recommendations into funded interventions is a way to concretely operationalize the OHA strategic plan goal of eliminating health inequities in Oregon by 2030. To develop recommendations into culturally and linguistically intervention programs, there must be continued collaboration across government and community partners most impacted by them. A collaborative approach ensures the perspectives of priority populations into the prioritization and implementation of health equity recommendations into culturally and linguistically specific intervention programs that meet the unique needs of communities. Since the bill directs this work to span multiple relevant state agencies, those agencies must also participate, be resourced, and be held accountable in this process.

Extending pathways to engagement should also account for tailored methods of seeking input, responding to feedback, and making improvements. Health equity initiatives are dynamic and require consistent and responsive engagement from communities and populations most impacted by the development and implementation of health services and programs.

OHA has cultivated relationships with a variety of thought partners and community members during the implementation phase of HB 4052 (2022)'s Mobile Health Unit Pilot Program and in collaborating with OACO. OHA plans to continue pursuing community engagement to develop the final report on how to fund robust culturally and linguistically specific intervention programs as directed by HB 4052 (2022) and HB 2925 (2023). Plans include hosting periodic webinar-format meetings with interested community partners and health professionals to provide opportunities for feedback. Additionally, OHA will continue to offer formal consultation with the Nine Federally Recognized Tribes of Oregon and the Urban Indian Health Program using the Tribal Consultation and Urban Indian Health Program Confer Policy.

ACCESSIBILITY

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