Health Equity Committee

Charter & Committee Operations

Approved April 2023

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SECTION 1: Introduction

I. Authority and Committee Charge

Achieving health equity, including a healthcare workforce that reflects the demographics of the communities it serves, is a priority for the Oregon Health Policy Board (OHPB), the Oregon Health Authority (OHA), and the Governor. The purpose of the Health Equity Committee (HEC) is to coordinate and develop health policy that proactively promotes and facilitates the elimination of health inequities and the achievement of health equity for all people in Oregon and lead efforts to develop best-practice policies which improve health equity. In 2017, the OHPB established the HEC to simultaneously embed the principles of equity throughout all policies while also using the Committee to provide enhanced attention to specific needs and decisions. The OHPB is a nine-member citizen board that oversees the OHA, develops, and guides the implementation of health care policy, and is committed to providing access to quality, affordable health care for all Oregonians and improving population health. The OHPB has significant influence in establishing regulatory guidance, payment policies and incentives, performance measures and accountability, and other policies for Oregon's health system through its own actions and actions by its committees.

II. Problem Statement

Persistent and pervasive health inequities cause significant harm to many of those living in Oregon, but especially to People of Color[1], Oregon's nine federally recognized tribes, immigrant and refugee populations, people with disabilities, and members of the LGBTQIA2S+ community. In recognition of these adverse health impacts, Oregon recently declared racism a public health crisis[2]. To meet the Oregon Health Authority's goal of eliminating health inequities by 2030, policies and initiatives need to recognize, reconcile, and rectify past injustices while honoring the resilience of communities harmed by and excluded from power structures.

[1] Racial and ethnic minorities and minoritized groups, inclusive of Asian Americans and Pacific Islanders, Black / African Americans, Latinxs, and Native Americans

[2] See House Resolution 6-2021

Health inequities exist and persist on historical, structural, cultural, and interpersonal levels. HEC acknowledges historic and contemporary racial injustice and colonialism, including the white supremacist history of Oregon: in its explicitly exclusionary and violent constitution[3]; in the theft of land from Indigenous communities; the use of stolen labor, and the laws that have perpetuated unjust outcomes among communities of color and tribal communities.

Historical and current institutional and individualized acts of racism and colonization have created disadvantages for communities that are real, unjust, and unacceptable. Until populations and communities most harmed by long-standing social injustice and inequities share decision-making authority in our state, systems will favor the dominant culture, reinforcing institutional bias and contributing to health inequities and unjust, unfair, and avoidable inequities in health outcomes. HEC commits to playing its role in eradicating racial injustice.

III. Committee Organizational Location and Relationship

At the beginning of 2023, there were eleven committees of the OHPB. The OHPB and its committees are staffed and supported by a number of OHA Divisions, including the Health Policy and Analytics Division, the Public Health Division, and the Division of Equity & Inclusion. The HEC is specifically staffed and supported by OHA's Equity and Inclusion Division. See the figure below for a visual representation.

[3] State of Oregon Diversity, Equity, and Inclusion Plan: A Roadmap to Racial Equity and Belonging, August 2021, https://www.oregon.gov/das/Docs/DEI_Action_Plan_2021.pdf, p.6

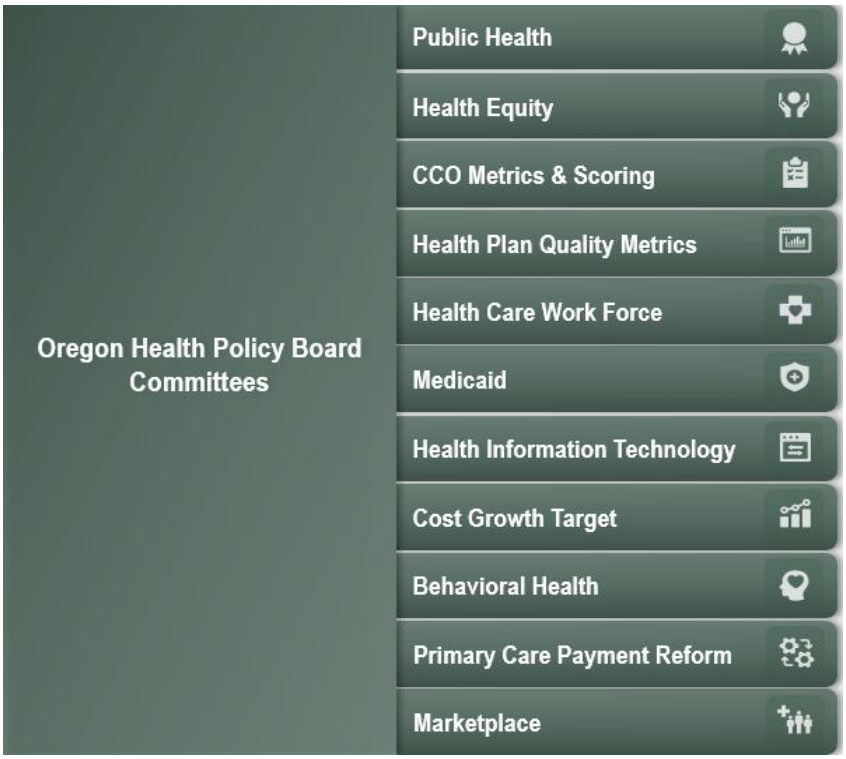

Figure 1: This illustration is a visual representation of the Oregon Health Policy Board and its 11 committees that include Public Health, Health Equity, CCO metrics and Scoring, Health Plan Quality Metrics, Health Care Workforce, Medicaid, Health Information Technology, Cost Growth Target, Behavioral Health, Primary Care Payment Reform and Marketplace. All committees report to OHPB and engage with and support each other.

The HEC is charged, in collaboration with other OHPB committees, with reporting and making recommendations regarding OHPB committee health equity policy development and goal setting. OHPB will consult with the HEC on an ongoing basis and involve the committee in regular discussions. The HEC is tasked with reporting to the board through quarterly activity reports and at OHPB's annual retreat. The HEC will convene yearly joint meetings with OHPB and its committees to review and develop health equity goals and make health equity recommendations to OHPB.

IV. Health Equity Definition

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

In 2019, OHA adopted health equity as one of its core values and committed to its strategic goal of eliminating health inequities by 2030.

V. Tribal Health Equity Statement

HEC recognizes that Oregon's nine tribes are sovereign nations. In accordance with our government-to-government relationship and the federal trust responsibility, HEC works to end health inequities for Oregon's tribes through supporting the five essential components of health equity for American Indians and Alaska Natives as defined by the National Indian Health Board[4]:

1. Resilience Through Culture
2. Tribal Sovereignty
3. Strong Tribal Institutions
4. Tribal Representation in State and Federal Governance
5. Federal Trust Responsibility

[4] *A Path to Health Equity*, 2022 Inter-Tribal World Cafe, National Indian Health Board Tribal Health Equity Summit

SECTION 2: Mission, Vision, Values, Scope of Work

VI. Mission and Vision

○ MISSION

HEC works to eliminate health inequities for all people in Oregon – especially those most harmed by racism, colonization, and all other forms of current and historical systemic oppression, injustice, and discrimination. We achieve this through:

- Supporting health equity policy development informed by communities that have been economically and socially marginalized
- Advocating for the adoption and implementation of best practices to advance health equity[5] in Oregon and monitoring its progress
- Collaborating with OHA and OHPB committees to support, guide, and lead their efforts to advance health equity and social justice

○ VISION

Health Equity[6] is a fundamental right. All people in Oregon are safe, supported by community, have the freedom of self-determination, and can reach their full health potential and well-being.

VII. Values

Racial and Social Justice

- Recognizing, reconciling, and rectifying historical and contemporary injustices.
- Honoring and elevating the voices and wisdom of communities, defined by identity and/or location, and individuals with lived experiences
- Leading with race* and using an intersectional approach

[5] See Health Equity definition

[6] See Health Equity definition

- Naming, acknowledging, and redistributing privilege and power to a more community-led approach

Partnership and Advocacy

- Valuing process *and* product and investing in relationships
- Working with local, regional, and statewide partners and communities for meaningful systems change
- Removing access barriers to institutions and organizations that promote health
- Promoting best and emerging practices across health system partners
- Building sustainable and equitable coalitions/partnerships across institutions, organizations, and communities

Diversity, Equity, and Inclusion (DEI)

- Creating a safe(r) environment for open and honest conversation
- Leveraging our group's diversity, wisdom, and expertise to make meaningful changes
- Modeling health equity policy implementation for other agencies/partners
- Creating a culture of equity and inclusion where everyone can show up fully and feel like they belong

Health Equity for All of Oregon

- Focusing on health for *all people* in Oregon
- Equitable distribution/redistribution of resources and power to promote health
- Promoting a whole-person, life-course, and intersectional approach to public health that proactively addresses disparities in health and well-being, as well as inequities in social determinants of health
- Utilizing a population health approach in health policy development and implementation

Tribal Sovereignty

- Honoring tribal sovereignty and government-to-government relationships with the Nine Federally Recognized Tribes of Oregon
- Supporting the five essential components of health equity for American Indians and Alaska Natives as defined by the National Indian Health Board:

Resilience Through Culture, Tribal Sovereignty, Strong Tribal Institutions, Tribal Representation in State and Federal Governance, and Federal Trust Responsibility

VIII. Committee Scope & Deliverables

1. Policy Focus:

Using an equity-focused approach and framework works with OHA, OHPB, Tribal Nations, and Community Partners to steer Health Equity components of health care, health delivery, and legislative policy development, review, adoption, and/or implementation.

Related activities include, but are not limited to:

- Provide input or guidance on agency and committee policies being considered by OHPB and OHA
- Assist the Equity and Inclusion Division with developing a rules chapter to inform health equity-related policy
- Advise on Coordinated Care Organization (CCO) health transformation efforts
- Provide input into OHA legislative concepts
- Assist with agency and legislative policy development, gap identification, and impact evaluation
- Gather community input and build partnerships with community organizations
- Identify best practices to reduce/eliminate inequities in agency and committee work
- Serve as access and entry point for community-driven policies and practices to advance equity

2. Feedback focus:

Provide feedback on OHA's progress towards eliminating health inequities by 2030, advancing health equity and becoming a more culturally and linguistically responsive organization committed to anti-racism and decolonization.

Related activities include, but are not limited to:

- Identify and advise on equity-related tools to support advancing equity for policymaking

- Review appropriate organizational equity progress metrics and evaluation tools as presented by relevant committees/workgroups and the community.
- Provide feedback on OHA / OHPB evaluation plan
- Receive and analyze regular reports from OHA divisions / OHPB committees
- Develop a regular recommendations report for OHPB
- Work with partner organizations to identify community-defined priorities, metrics, and recommendations.

3. OHPB Committees focus:

Collaborates with OHA and other OHPB committees to support, guide, and lead their efforts to advance health equity and social justice

Related activities include, but are not limited to:

- Ensure diverse, inclusive, and equitable representation on committees
- Assist with utilizing Health Equity quality measures
- Assist the Workforce committee in identifying strategies that support health equity and integrated delivery
- Support the Public Health Division in integrating health equity into public health
- Work with Behavioral Health and Primary Care health transformation efforts
- Attend OHPB yearly retreat to support equity focus and framework
- Identify and promote equity-based committee practices (e.g., charter template)
- Collaborate with OHPB committees to set yearly equity strategies, goals, and targets

IX. Health Equity Priority Populations

In alignment with its mission to eliminate health inequities, HEC focuses on people in Oregon most harmed by racism, colonization, and all other forms of current and historical systemic oppression, injustice, and discrimination. These "priority populations" are defined by Oregon Revised Statutes and Oregon

Administrative Rules[7] as populations and communities, including but not limited to:

- Communities of color;
- Tribal communities, including the nine federally recognized tribes of Oregon and other American Indians and Alaska Natives people;
- 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.

HEC strives to be inclusive and responsive to the health of all people in Oregon. Accordingly, in addition to the health equity priority populations above, HEC will focus on any population that experiences health systems access barriers and health inequities, inclusive but not limited to the following:

- People without legal citizenship status
- People with limited English proficiency
- People experiencing houselessness and housing insecurity
- People who are currently or have been incarcerated
- Older adults, children, and pregnant people utilizing Medicaid and Medicare

The Health Equity Committee recognizes that this list is not exhaustive and will revisit the priority populations list in regular review of this charter.

X. Review, Reporting, & Evaluation

Based on the review, the Health Equity Committee will conduct an Annual Review of its work over the past calendar year and submit an Annual Report to OHPB. The *Annual Review* will consist of a summary of HEC's strategic goals, objectives, actions, progress on these goals, and potential updates or modifications to strategic goals. The *Annual Report* will share this information in a concise and accessible format with the Oregon Health Policy Board and be made available to the public.

[7] ORS 413.042, OAR 943-021-0005

HEC will also conduct, on a consistent and periodic basis, an *Evaluation* of the committee's strategic goals, objectives, and implementation actions. The *Periodic Evaluation* will identify HEC actions and their alignment with the HEC scope of work's focus areas (Policy focus, Feedback focus, OHPB committees focus), their implementation strategy and process (*Process Evaluation*), and, in the long-term, their results (*Impact Evaluation*). Actions and goals will also be linked to the priority populations, as defined above and by the current committee members, describing how HEC's work contributed to eliminating health inequities for priority populations. The Periodic Evaluation will provide additional analysis of successes and gaps in HEC's work for specific focus areas and priority populations, identifying opportunities for improvement for HEC's strategic goals, objectives, and actions.

The *Annual Review, Annual Report*, and *Periodic Evaluation* will be conducted by a workgroup of committee members, supported by OHA staff, and contracted consultants, and reviewed by the committee. The evaluation will be based on qualitative data collected from interviews and group discussions with HEC members, and/or community partners and OHPB committees, as relevant; a survey tool may also be used to collect quantitative outcome data.

The template for the Evaluation Report should include the following sections:

- Executive summary of the evaluation and concise overview of the report
- Background information on the committee's scope of work and priority populations
- Summary of evaluation findings, identifying successes and gaps
- Recommendations for improvement

SECTION 3: Committee Personnel

XI. Committee Membership

1. Composition

The HEC shall consist of 15 individuals with substantial health care or social service expertise and/or health equity professionals, who have lived experience and/or cross-cultural experience in health equity policy advocacy and

policymaking processes. Additional efforts are made to include individuals experienced and skilled in the review, analysis, and development of health equity policy, results-proven implementation, and social determinants of health.

There will be one dedicated seat for a Tribal representative that will be selected by Tribal Health Directors. Tribal member participation on committees is managed by OHA's Tribal Affairs Office. OHA considers the Tribes as sovereign nations, and accordingly, Oregon maintains a government-to-government relationship with the Tribal governments through the OHA Tribal Consultation policy[8].

2. Recruitment

Applications shall be solicited from a diverse group of candidates with lived experience and/or cross-cultural experience. Selection shall be made to ensure the HEC is representative of communities experiencing health disparities, including but not limited to racially and ethnically diverse populations, linguistically diverse populations, immigrant and refugee populations, LGBTQIA2S+ populations, youth and aging populations, people with disabilities, rural communities, and economically disadvantaged populations as well as individuals with experience transforming health equity in operational settings as it relates to the key populations listed above. These representational priorities will be updated regularly to reflect the most current and culturally responsive language.

The HEC shall prioritize lived experience and cross-cultural experience (see definitions section) and other expertise in health equity generally, and racial equity specifically, as a requirement for committee membership. Lived and cross-cultural experience can help the Board, Committee, Workgroup, and OHA staff better understand and advance health equity.

3. Appointment

While recruitment and screening are conducted by E&I and the current HEC members, the final appointment to the HEC is the purview of the OHPB. One member seat will be reserved for a Tribal representative as appointed by the Tribal Health Directors.

[8] https://www.oregon.gov/oha/documents/Tribal_Consultation_and_UIHP_Confer_Policy.pdf

4. Term lengths

Terms will be two years, with staggered membership terms to ensure continuity. A member may serve up to 2 consecutive terms.

5. Member transitions

If members find it necessary to resign from the committee, they are encouraged to remain until a replacement can be selected and to provide as much notice as possible. Members are also encouraged to help the committee find a suitable replacement. Members who wish to resign from HEC must submit a formal resignation letter to OHPB, and E&I. HEC shall conduct "exit interviews" with Committee members who term out or resign that include questions about their experience on the Committee as inclusive and equitable and their recommendations for increasing Committee diversity, including identifying potential diverse Committee members from their networks.

6. Replacement

Replacement members will be appointed to the remainder of the resigning member's term and are eligible for reappointment at the discretion of OHPB and E&I.

OHPB may appoint a replacement for any member who misses more than two consecutive unexcused absences or a total of 20% of the meetings per year. OHPB and E&I will also consider extenuating circumstances on a case-by-case basis.

7. Onboarding & Training

Members will receive required training and materials regarding public official status, conflicts of interest, non-discrimination, and any other training mandated by OAR, ORS, and OHPB. HEC members will also be given a review of the institutional and organizational structure of OHPB, OHA, and E&I. New members will have both small group and one-on-one onboarding sessions with E&I staff to facilitate smooth transition onto the committee, to the extent possible given member and staff availability.

8. Conflicts of interest

To maintain objectivity, transparency, and integrity of HEC, members must comply with this policy. Members are required to:

- Sign a conflict-of-interest disclosure form at the time of their appointment regarding any relevant financial relationships or commercial interests which would pose an actual or potential conflict of interest before participating in any committee activities
- Update disclosures annually or whenever relevant changes (such as a new financial relationship) exist.

- Verbally disclose any actual conflicts of interest before voting on any motion. o If a member has a potential conflict related to a motion, the member should state the conflict. E&I staff and HEC will then determine whether the member shall participate in the vote or be recused.

Key Conflict of Interest Definitions:
Relevant financial relationships are financial relationships, in any amount, during the past twelve months with any organization or individual that is currently, or potentially, an applicant for OHA approval of CE opportunities, programs, or activities. Financial relationships are those relationships in which the individual, or an immediate family member, benefits by receiving a salary, consulting fee, honoraria, royalty, intellectual property rights, ownership interest (e.g., stocks, stock options, or other ownership interest, excluding diversified mutual funds), or other financial benefits.

Commercial interests exist when an individual, or immediate family member, has any ownership interest in any organization producing, offering, selling, marketing, reselling, or distributing services or products that are used in continuing education for health professionals. Immediate family members are defined as spouses, domestic partners, children, siblings, and parents, including family members related by marriage, adoption, etc.

9. Public officials

In 1974, voters approved a statewide ballot measure to create the Oregon Government Ethics Commission (Commission). The measure established laws that are contained in Chapter 244 of the Oregon Revised Statutes (ORS). When the Commission was established, it was given jurisdiction to implement and enforce the provisions in ORS Chapter 244 related to the conduct of public officials. In addition, the Commission has jurisdiction for ORS 171.725 to 171.785 and 171.992, related to lobbying regulations, and ORS 192.660 and 192.685, the executive session provisions of Oregon Public Meetings law.

The provisions in Oregon Government Ethics law restrict some choices, decisions, or actions of a public official. The restrictions placed on public officials are different than those placed on private citizens because service in a public office is a public trust, and the provisions in ORS Chapter 244 were enacted to provide one safeguard for that trust. Public officials must know that they are held personally

responsible for complying with the provisions of Oregon Government Ethics law. This means that each public official must make a personal judgment in deciding such matters as the use of an official position for financial gain, what gifts are appropriate to accept, when to disclose the nature of conflicts of interest and the employment of relatives or household members.

One provision, which is the cornerstone of Oregon Government Ethics law, prohibits public officials from using or attempting to use their official positions or offices to obtain a financial benefit for themselves, relatives, or businesses with which they are associated if that financial benefit or opportunity for financial gain would not otherwise be available but for the position or office held.

Oregon Government Ethics law limits and restricts public officials and their relatives as to gifts they may solicit or accept. Under specific circumstances, public officials may accept certain gifts.
Another provision that frequently applies to public officials when engaged in official actions is the requirement to disclose the nature of conflicts of interest.

Health Equity Committee members are considered "public officials" as they have applied and were selected to a position for which they have volunteered to serve the State of Oregon.

For further information, consult Oregon Government Ethics Law - A Guide for Public Officials.

10. Compensation

House Bill 2992[9] states that any member of a state board or commission, other than a member who is employed in full-time public service, who is authorized by law to receive compensation for time spent in the performance of official duties, shall receive a payment for each day or portion thereof during which the member is actually engaged in the performance of official duties. Except as otherwise provided by law, all members of state boards and commissions, including those employed in full-time public service, may receive actual and necessary travel or other expenses actually incurred in the performance of their official duties within limits provided by law or by the Oregon Department of Administrative Services under ORS 292.210 to 292.250.

[9] https://olis.oregonlegislature.gov/liz/2021R1/Downloads/MeasureDocument/HB2992

The compensation to be provided is equal to the per diem paid to members of the Legislative Assembly under ORS 171.072.
HB 2992 Defines "qualified member" as a member who is not in full-time public service and who had an adjusted gross income in the previous tax year:

- Of less than $50,000, as reported on an income tax return other than a joint income
  tax return; or
- Of less than $100,000, as reported on a joint income tax return.

All members of state boards and commissions, including those employed in full-time public service, may receive actual and necessary travel or other expenses actually incurred in the performance of their official duties within the limits provided by law or by the Oregon Department of Administrative Services under ORS 292.210 to 292.250.
A member of a state board or commission may decline to accept compensation or reimbursement of expenses related to the member's service on the state board or commission.

XII. Committee Duties and Roles

1. HEC Community Agreements

HEC meeting community agreements reflect our values and direct our behaviors and actions during all HEC meetings while we work together to achieve health equity for our communities and state. These agreements help us create a more inclusive meeting space. By participating in HEC meetings, all agree to demonstrate the following during each meeting:

- **Be present.** Be on time and participate as much as possible.
- **Move up, move back.** Be mindful of taking too much or too little space.
- **Create a space for multiple truths.** Speak your truth and seek understanding of truths that differ from yours. Celebrate and embrace different perspectives. Be open to non-dominant ways of working together.
- **Call each other in as we call each other out.** When challenging someone's ideas or behavior, give feedback respectfully. When your own ideas or behavior are challenged, receive feedback respectfully.
- **Notice power dynamics.** Power shows up in many ways—be aware of how you might unconsciously use your privilege and power. For example, we

commit to identifying and naming white supremacy in group dynamics and co-creating anti-racist group processes.

- **Assume best intentions.** Everyone comes in with a different set of experiences and knowledge. Seek first to understand and assume best intentions in all interactions.
- **Recognize that intent is different from impact.** The things we say or do may have a negative impact on others, despite our intent. Be accountable for the impact of your actions and words.
- **Share gratitude for feedback.** It is a gift when someone takes time and risks to give feedback. Thank them for the learning opportunity and recognize that you may have work to do.
- **Center learning and growth.** This work is sometimes uncomfortable and uncertain. We may not always know the answers nor arrive at neat, tidy resolutions, and we will make mistakes along the way. Remember, we are all here to learn and grow individually and collectively. We won't "fix" it all in one meeting, but we will get closer if we are willing to be uncomfortable.

2. HEC Group Practices

How members participate in meetings and shared spaces is critical in achieving our shared goal of equity. This section outlines the practices expected of each member in our efforts to create equity and act as good stewards of resources in and outside of meetings. Members' words and actions can create both a **safe space** that fosters comfort, compassion, and inclusivity, as well as a **brave space** to cultivate productive dialogues so that all are encouraged to speak honestly and critically from their own experiences towards the end of mutual learning and liberation.

- Prepare for and set aside time for HEC meetings and the process.
- Participate fully, honestly, and fairly, commenting constructively and specifically.
- Speak respectfully, briefly, and non-repetitively, speaking again on a subject only when all other members desiring to speak have had the opportunity to talk.
- Allow people to state their ideas or opinions without fear of reprisal from HEC members.
- Avoid side conversations during meetings and be fully present.
- Provide information before the meeting in which such information will be used and share all relevant information to the maximum extent possible.

- Generate and explore all options on their merits, keeping an open mind and listening to different points of view to understand the underlying interests of other HEC members.
- Work toward fair, practical, and durable recommendations that reflect the diverse interests of the entire HEC and the public.
- When communicating with others, accurately summarize the HEC process, discussion, and meetings, presenting a full, fair, and balanced view of the issues and arguments out of respect for the process and other members.
- Once the HEC has reached a decision, do not attempt to affect a different outcome outside of the HEC process.
- Strive vigorously for consensus and closure on issues. This means HEC members will work together to identify underlying values, interests, and concerns to develop widely accepted solutions.
- Self-regulate and help other members abide by these commitments.
- Do not disparage, undermine, or affirmatively work against the goals and mission of the HEC.
- Adhere to ground rules established for the HEC and all its committees and workgroups.
- When members are not acting in their official HEC capacity, they shall consider the impact on the HEC, the HEC members, or OHA when using social media. HEC members may express themselves as individuals about matters of public concern but must not imply that their personal opinions reflect the views of the HEC, the HEC members, or the OHA. This shall apply regardless of whether members use personal equipment or the State's information technology assets.
- When providing personal opinions on matters involving the agency, give a disclaimer like the following: “This is my personal opinion, and I am not representing the official position of the HEC.”

3. Role of committee co-chairs

HEC co-chairs are selected by the committee and serve a 2-year term. Co-chairs commit to the following roles:

- Work with OHBP and E&I staff to steer HEC’s ongoing work, including developing agendas and materials for HEC meetings
- Review draft meeting minutes before the meeting at which they will be approved
- Facilitate HEC meetings and guide HEC in achieving deliverables

- Serve as HEC spokespersons at OHPB/OHA meetings
- Sign HEC-approved documents for OHPB/OHA, letters of support, and other correspondence on behalf of HEC, as its formal leadership authority.
- Designate, in the absence of Co-Chairs, or when appropriate to conduct HEC business, other HEC members to perform duties including, but not limited to, attending OHPB, OHA, or other public meetings and approving/reviewing documents that require Co-Chair action.
- Foster collaboration and authentic exchange among the group.
- Share a meeting agenda before each meeting.
- Communicate goals and expectations for participants at the onset of meetings.
- Ensure all participants' opinions are received and/or followed through.
- Provide time for reflections and debriefs.

HEC Co-Chairs have the critical role of facilitating HEC meetings. A facilitator is a person who plans, guides, and manages a group event to meet its goals. As facilitators, Co-Chairs hold power and responsibility in moving a group process along with effectiveness and efficiency and managing differences and conflicts with fairness and equity. Because of this power dynamic, Co-Chairs as facilitators shall build awareness of how they show up in meeting spaces, including their own prejudices and biases, to exercise their power consciously and effectively.

Here are some principles to guide co-chairs in anti-racist and inclusive facilitation:

- Acknowledge that structural inequity and racism are ever-present in our institutions and systems, which affect all of us and may show up in meetings and shared spaces. Make these principles known at the onset of each HEC meeting.
- Invite group participants to self-identify themselves and how they want to be addressed.
- Use clear and intentional language when addressing racial identities and inequities to avoid further marginalizing or erasing a particular community.
- Actively create space and hold space for Tribal communities and communities of color in meetings.
- Honor and uplift the lived experience, stories, and expertise of those directly impacted by strategic and policy discussions

- Welcome differences and discomfort and not be deterred by mistakes
- Commit to continuous learning and unlearning around how to become antiracist. Continue to identify and dismantle group practices that stem from white supremacy, racial capitalism, and colonialism.
- Offer emotional regulation tools for the group. Recognize that because of systemic inequities, systems change, and equity work bring discomfort, pain, and emotional dysregulation that will affect how the participants show up and how we achieve our shared goals.

4. Ad Hoc workgroups

An "ad hoc" (Latin meaning "for this") group exists to accomplish a specific, time-limited objective. They can also be called "work groups." Typically, but not exclusively, Ad Hoc work groups are formed to perform one of two functions. One is to investigate, and the other is to carry out an action that has been adopted. Work groups do not make decisions but rather prepare recommendations that go back to the full HEC for final approval.
Organizing an "ad hoc" workgroup will require the committee to allocate time, expertise, and resources to the effort. The HEC co-chairs establish Ad Hoc Work Groups to work on a specific project. To ensure these groups are successful, when creating an ad hoc work group, the committee shall:

- define the scope or task,
- specify membership,
- provide guidance on process and product, and
- define expectations for cadence of HEC updates on the project status.

Defining the mission or task involves conceptualizing the problem or issue and strategizing how to best address it. The HEC, under the guidance of HEC Co-Chairs, will devote ample time to this part of planning, including the number of participants, the length of time the work group will function, the deliverables, and the communication channels between the workgroup and the full committee. Once the task is adequately defined, HEC Co-Chairs will solicit the participation of HEC members and/or other internal OHA and external parents if applicable. Ad Hoc work group members can be nominated and enlisted.

Information about the Work Group (purpose, task, participants, deliverables, and timeline) should be clearly outlined in the Health Equity Committee's minutes.

5. Role of OHA Equity and Inclusion Division (E&I)

The division's role is two-fold: to provide a) staff support to the committee and b) technical assistance and consultation on health equity, health inequities, health policy goals, development, and equity and inclusion.

E&I Staff Basic Functions

- Serve as informed resource persons to the co-chairs and committee members.
- Assist Co-chairs in facilitating committee discussions and activities that address the committee's charge as delineated in the committee's charter, by-laws, and strategic plan.
- Work with the Co-Chairs to ensure that all committee work is consistent with the committee's goals and objectives.

Committee Staff Responsibilities

- Provide a thorough orientation for each new committee co-chair.
- Support the development of committee work plans with timelines to keep the committee focused and accomplish its priorities.
- Work with the HEC Co-chairs and E&I leadership in developing agendas and conducting effective meetings.
- Provision of administrative and on-site support for planning, execution, and follow-up of all committee meetings.
- Provide orientation for new and continuing committee members each year.
- Work with the co-chairs, other committee members, and E&I leadership to ensure the committee's work is carried forth between meetings.
- When applicable, facilitate communication of committee activities, including requests for action and/or proposed policies, to OHPB and OHA leadership.
- Prepare agendas and distribute them before meetings.
- Keep the committee webpage up to date, including updating meeting schedules and resources.
- Foster a culture of openness, transparency, and respect for all committee members as equal discussion partners.
- Draft committee reports, letters, and memos of committees for review and approval.

SECTION 4: Committee Operations

XIII. Committee Meetings and Decision-Making

1. Meeting frequency and format

- The HEC shall meet once a month, and all regular HEC meetings shall be open to the public.
- The HEC shall ensure that meeting venues are accessible and can support optimal video conference participation.
- Committee meetings that are virtual/videoconference meetings shall include chat functions, breakout groups, polling, language interpretation, closed captioning, and other technologies for maximizing participation from both Committee members and the public.
- The HEC shall ensure public access to Committee meetings for individuals with languages other than English and for individuals with disabilities.
- Committee staff shall send written notice of the place, date, time, telephone/video conferencing access information, meeting agenda, past meeting notes, and any other meeting resources to each member.
- The agenda for each committee meeting will be drafted by the Co-Chairs with input from the HEC, E&I Director, E&I Equity and Policy Manager, and committee staff.
- The agenda may be developed through any means of communication chosen by the Co-Chairs, including electronic mail.
- Communications about agenda items (other than discussions that take place in open meetings), shall be limited to an exchange of views on whether to include the item, and clarification of a proposed item. Development of the agenda through such communications may not involve substantive discussion of the merits of proposed agenda items.
- The agenda shall be published on the HEC website, with all the information necessary for the public to access the meeting, such as location, telephone, and videoconferencing no less than five (5) calendar days before the meeting. The agenda shall provide a brief description of the items of business to be transacted or discussed and the name of the presenters.

- No item shall be added to the agenda after the agenda is posted. However, HEC may act on items of business not appearing on the posted agenda under any of the conditions stated below:
    - Upon a determination by two-thirds of all voting members that an emergent need exists.
    - Upon a determination by a two-thirds vote of voting members or, if less than two-thirds of voting members are present, by a unanimous vote of voting members present, that there is a need to take immediate action and that the need for action came to the attention of the HEC after the agenda was posted.
- Notice of the additional item to be considered shall be provided to each member of the
  HEC as soon as is practicable after a determination of the need to consider the item is made. An update to the agenda shall also be made available on HEC's website as soon as is practicable after the decision to consider additional items at a meeting has been made.

  At the end of every meeting, HEC Co-Chairs will review and confirm with the group all decisions, including timelines, responsible parties, and any next steps.

2. Public status of committee meetings and records

Public Comments

The Oregon Health Policy Board (OHPB) and its committees, including the Health Equity Committee, are public bodies that accept public comments related to discussion topics.

Written Comment Before Meeting

Written public comments may be submitted by email to HEC Committee staff 48 hours before the monthly HEC public meeting. Written comments submitted at least 48 hours before public meetings will be included in the meeting materials packet reviewed by members.

Written comments should be limited to 1,000 words (pdf/word formats). Materials provided to Committee members become public documents. Written

public comments not related to any topic on the meeting agenda will be emailed to members but may not be discussed at the HEC meeting.

Verbal Public Comments during meetings

Members of the public are provided with several ways to provide verbal comments at each Health Equity Committee meeting. HEC has allocated time under each agenda item for the public to participate. The public may comment on the subject/topic on that section of the agenda, or any other matter related to OHPB/HEC/OHA priorities. Members of the public can request the opportunity to provide verbal public testimony in two ways:

- ***In advance:*** Verbal public comments requested at least 24 hours before the HEC meeting may be noted on the agenda and distributed to members.
- ***During the meeting:*** Members of the public will be invited to provide public comment after each agenda item. The public can request time in advance or come forward when HEC Co-Chairs open it to public comment. HEC asks that the persons identify themselves to ensure their name and organization are reflected in the HEC meeting notes.
  Verbal public comments are limited to two minutes per individual to ensure adequate access for all those wishing to give oral comments.

Accessibility

Everyone has a right to know about and use Oregon Health Authority (OHA) programs and services. OHA provides free help. Some examples of the free help OHA can provide are:

- Sign language and spoken language interpreters
- Written materials in other languages
- Braille
- Large print
- Audio and other formats

HEC shall ensure that committee documents are developed with a font type and size that are universally accessible – at least 14-point font.

3. Meeting documentation

The HEC staff or designee shall record the attendance of HEC members and actions taken by the HEC during each meeting. The draft meeting notes are considered as meeting notes only and are only official minutes if later approved

by the HEC at an open meeting. Once approved by HEC, the minutes shall be posted on the web within 30 days following adoption and shall be a public record.

Language and Documentation Equity Considerations

Equity is a guiding model for language and action in all HEC's materials. These materials include public communications, presentations, meeting notes, website text, membership applications, and any other materials generated by HEC operations. HEC commits to ensuring that committee information is written such that is:

- In plain language. Oregon law requires all state agencies to prepare public communications in language that is as clear and simple as possible (ORS 183.750). HB 2702 specifies an additional standard for written documents.
- Culturally responsive
- Accessible
- Readily available in languages that represent communities in all of Oregon.
- Using gender-inclusive language
- Aware of ableism and how it enters our language when referring to people with and without disabilities.

4. Decision-making

All voting actions of the HEC shall be expressed in the form of a motion and/or resolution. When a motion has been made, the HEC shall strive to reach a consensus (i.e., unanimity). However, if the Co-Chairs determine that a consensus cannot be reached, a vote will be called, and decisions will be made by 51% of the quorum. Before deciding, HEC Co-Chairs will ensure everyone has had an opportunity to speak or pass.

Voting when there is a Recusal or Abstention

a. "Recuse" shall be defined as the act of not voting to avoid a conflict of interest.
b. "Abstain" shall be defined as the act of not voting when present and entitled to vote for any reason not indicated in subsection (a), including, but not limited to, not voting for personal reasons.
c. Abstentions and recusals by HEC members shall have the following effects on HEC proceedings:
    a. HEC members who recuse themselves may not be counted toward a quorum, and their recusal may not be interpreted as support for, acquiescence in, or opposition to any actions taken by the HEC.

b. HEC members who are present, but abstain, are counted toward a quorum.
c. HEC members who abstain are deemed to agree in the resolution reached by HEC, provided that the HEC may not act without support from at least a simple majority of HEC's quorum.

All motions and resolutions shall be recorded in the minutes.

Quorum

Committee actions and decisions must be made by a quorum of members. A quorum is defined as a simple majority of HEC members. Without a quorum, no official business may be conducted by the HEC, and the Co-Chairs reserve the right to cancel the meeting. The HEC may hear presentations, discuss issues and deal with administrative matters without a quorum, but it may only adopt a recommendation during a meeting if a quorum has been established first.

Manner of Voting

1. The voting on elections shall be by nomination and vote by silent ballot. A simple majority carries the vote, which will be documented in meeting notes by percentage, without names.
2. The voting on motions and resolutions shall be by voice vote; if necessary, the Co-Chairs or committee member may request a roll call or show of hands, and the Co-Chair will honor any such request.

XIV. Communications

1. Committee communications

The OHA E&I Director will be considered the primary point of contact for all communications. All comments and/or questions from HEC members will be directed to the committee staff, who will inform the E&I Director and HEC Co-Chairs. The OHPB committee staff will support the E&I Director, Co-Chairs, and committee staff in this function.
All comments and/or questions from the public will be directed to the E&I Director. OHA External Relations staff and OHPB committee staff will support the E&I Director, Co-Chairs, and committee staff in this function.

2. Media

All media requests should be funneled to HEC co-chairs or Equity and Inclusion Division staff. Individual HEC members do not represent the views of HEC, Oregon Health Policy Board, Equity and Inclusion Division, or Oregon Health Authority but

can speak to their individual, personal, and professional perspective, including that of the organizations they are affiliated with.

3. Lobbyists

While it is expected that HEC members will advocate for their policy positions both inside and outside of HEC spaces, HEC members are considered public officials. As such, they must comply with all public official rules and statues, including those about state government ethics, conflicts of interest, and gifts.

APPENDIX I: Definitions

XV. Key Definitions and Tools

1. Ableism

Ableism is discrimination in favor of nondisabled people. Ableism is the discrimination of and social prejudice against people with disabilities based on the belief that typical abilities are superior.

2. Colonialism

Colonialism: Some form of invasion, dispossession, and conquering of a people. To colonize is to take over or impose one's values, attitudes, and beliefs on another. The invasion does not need to be military. It can begin — or continue — as a geographical invasion in the form of agricultural, urban, or industrial trespassing. The result of physical colonizing is original inhabitants' loss of vast amounts of land. It is often legalized after the fact. The long-term result of colonialism is the institutionalized creation of privilege for certain groups, which then creates inequities. The colonizer and colonized relationship is by nature inequitable and benefits the colonizer at the expense of the colonized.[10]

3. Conflict of Interest

Oregon Revised Statutes (ORS) 244.020 defines both an **active and potential conflict of interest.**

- **An actual conflict of interest** occurs when you participate in an action that would affect the financial interest of yourself, your relatives, or a business with which you or your relative is associated.
- **Potential conflict of interest** occurs when you participate in an action that could affect the financial interest of yourself, your relatives, or a business with which you or your relative is associated.

4. Community engagement

Creating community partnerships through relationship and trust building facilitates the communication needed to understand how to meaningfully improve systems. Community engagement “often involves partnerships and coalitions that help mobilize resources and influence systems, change

[10] ODHS and OHA 2021 Writing Style Guide
https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/me9412.pdf

relationships among partners, and serve as catalysts for changing policies, programs, and practices" (CDC, 1997, p. 9). [11]

5. Cross-Cultural Experience

Cross-cultural experience refers to personal, volunteer, or professional experience with populations and communities. This experience must include an equity-centered, anti-racist, anti-oppressive, and culturally appropriate approach. Cross-cultural experience is different from your self-reported identity (see the definition for lived experience). Cross-cultural experience can include:

- experiences with family members or friends,
- working toward health equity with racially and ethnically diverse populations and communities,
- learning another language, or
- living in a country other than the U.S.

6. Diversity

Diversity is "honoring and including people of different backgrounds, identities, and experiences collectively and individually. It emphasizes the need for representation of communities that are systemically underrepresented and under-resourced. These differences are strengths that maximize the state's competitive advantage through innovation, effectiveness, and adaptability (Oregon Governor's definition)

7. Equity

Equity is the effort to provide different levels of support based on an individual's or group's needs to achieve fairness in outcomes. Equity acknowledges that not all people, or all communities, are starting from the same place due to historical and current systems of oppression. Equity empowers communities most affected by systemic oppression and requires the redistribution of resources, power, and opportunity to those communities. (Oregon Governor's definition)

8. Health Disparities

Health disparities: Differences between the health of one population and another in measures of who gets disease, who has disease, who dies from disease, and other adverse health conditions among specific population groups. There is disparity if a health outcome is seen to a greater or lesser extent between populations.

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[11] Community Engagement Strategies Checklist: Oregon Health Authority (OHA) https://www.ohsu.edu/sites/default/files/2020-12/Community%20Engagement%20Strategies%20Checklist%20Oregon%20Health%20Authority.pdf

9. Health Equity

Health equity: 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, age, disability, gender, gender identity, sexual orientation, social class or the 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.

10. Health Equity Impact Assessment (HEIA)

HEIA is a decision support tool that walks users through the steps of identifying how a program, policy, or similar initiative will impact population groups in different ways. HEIA surfaces unintended potential impacts. The end goal is to maximize positive impacts and reduce negative impacts that could potentially widen health disparities between population groups—in short, more equitable delivery of the program, service, policy, etc. (MOHLTC 2019)

11. Health Inequities

Health inequities: Systematic, avoidable, unjust, and unfair differences in health status and mortality rates across population groups. These differences are rooted in social and economic injustice attributed to the social, economic, and environmental conditions in which people live, work, and play.

12. Implicit Bias

Implicit bias: Associations that people unknowingly hold, also known as unconscious or hidden bias. They are expressed automatically, without awareness. These learned stereotypes and prejudices operate automatically and unconsciously when interacting with others.

13. Inclusion

Inclusion is a state of belonging when persons of different backgrounds, experiences, and identities are valued, integrated, and welcomed equitably as decision-makers, collaborators, and colleagues. Ultimately, inclusion is the environment that organizations create to allow these differences to thrive. (Oregon Governor's definition)

14. Institutional Racism

Institutional Racism: As the name suggests, this form of racism occurs within institutions and reinforces systems of power. It is often more difficult to name or witness because it is more deeply embedded in practices and policies, often

presenting as a norm. Institutional racism refers to the discriminatory policies and practices of institutions (government, schools, workplaces, etc.) that routinely cause racially inequitable outcomes for people of color and advantages for white people. Individuals within institutions take on the power of the institution when they reinforce racial inequities. Further, institutional racism causes severe racial trauma with mental and emotional impacts that often escape those who are not experiencing this trauma.

15. Intersectionality

Intersectionality: Methodology of studying and examining how various socially and culturally constructed categories (sex, gender, race, class, disability, etc.) interact on multiple and often simultaneous levels and contribute to systematic inequities. Intersectionality examines and attempts to clarify ways in which a person can simultaneously experience privilege and oppression. It is a way to see the interactive efforts of various forms of discrimination and disempowerment. Intersectionality looks at the way racism interacts with patriarchy, heterosexism, classism, xenophobia, and ableism. It views the overlapping vulnerabilities created by these systems to create specific challenges. It means significant numbers of people in our communities aren't being served by social justice efforts because they do not address ways, they are experiencing discrimination.

16. Lived Experience

Lived experience refers to one's life experience based on self-reported identity, meaning someone who has personal knowledge about the world gained through direct, first-hand involvement in everyday events such as racism, houselessness, behavioral health, etc., that might help the Committee and OHA staff better understand and advance health equity.

17. Priority populations

Populations and communities who have been most harmed by historical and contemporary injustices and health inequities include but are not limited to communities of color, Tribal communities, including the nine federally recognized tribes of Oregon and other American Indians and Alaska Natives people, immigrants, refugees, migrant and seasonal farmworkers, individuals and families with low income, people with disabilities, and LGBTQIA2S+ communities.[12]

18. Racial Equity

Racial Equity means closing the gaps so that race can no longer predict any person's success, which simultaneously improves outcomes for all. To achieve

[12] Regional Health Equity Coalition Statute: ttps://sharedsystems.dhsoha.state.or.us/DHSForms/Served/he3786e_2.pdf

racial equity, we must transform our institutions and structures to create systems that provide the infrastructure for communities to thrive equally. This commitment requires a paradigm shift on our path to recovery through the intentional integration of racial equity in every decision.[13]

19. Racism

Racism: Distinct from racial prejudice, hatred, or discrimination, racism involves one group having the power to carry out systematic discrimination through the institutional policies and practices of the society and by shaping the cultural beliefs and values that support those racist policies and practices.

20. Self-Reported Identity

Self-reported identities, such as race, ethnicity, language, disability, age, gender, gender identity, identity, sexual orientation, social class, and intersections among these identities, or other socially determined circumstances that may impact health equity and an individual's ability to reach their full health potential and well-being.

21. Structural Racism

Structural racism: A system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequities. It is a feature of the society in which we all exist.

22. Systemic ableism

Systemic ableism: A system of institutions, policies, and societal values that disadvantage people based on social values of intelligence, physical abilities, and mental abilities. Systemic ableism relates to barriers such as attitude, communication, physical space, policy, programs, criminal justice, social and environmental issues, and transportation. Advocates define systemic ableism as a system that places value on people's bodies and minds based on socially constructed ideas of normalcy, intelligence, excellence, and productivity.

23. Targeted Universalism

Scholars and practitioners have been employing the phrase, "targeted universalism" to successfully break through the binary of universal responses versus targeted solutions in these attempts to remedy the effects of inequity. Universal responses and statements are a way of signaling the desire for a diverse and equitable society, but can strike people, especially people who have been oppressed for generations, as being too grand and ambitious without any direct

[13] https://www.oregon.gov/das/Docs/DEI_Action_Plan_2021.pdf

way of helping those who are still being harmed. Targeted policies are more direct and localized, but they often seek to meet the needs of a particular group, so can be viewed from a zero-sum perspective, causing hostility and resentment. This plan, however, recommends applying the concept of "targeted universalism," by "setting universal goals pursued by targeted processes to achieve those goals." Specific solutions of all scales are built into a goal-oriented framework to equitably benefit all groups concerned.[14]

[14] https://belonging.berkeley.edu/targeteduniversalism