# Health Care Workforce Committee: Workforce Wellness and Resiliency Subcommittee Strategy Paper

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Oregon Health Authority

# Contents



# Acknowledgments

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# Executive summary

The Oregon Health Policy Board's Health Care Workforce Committee has a vision of "a robust, diverse, and resilient health care workforce that provides culturally and linguistically responsive care, eliminates health inequities, and meets the local health care needs of everyone in Oregon."

The COVID-19 pandemic shone light on a phenomenon that had gone largely unnoticed until 2020 – our health care workforce is burnt out. However, in the midst of immense trauma, collective action, and staff shortages, we saw as a nation how a well and resilient workforce is vital to patient care. Further, we saw that an unwell workforce costs our country billions of dollars – the American Medical Association reports that workforce burnout costs at least $4.6 billion each year.

Steps have been taken nationally and within Oregon to begin to address workforce burnout and identify ways to increase workforce wellness and resiliency. These steps include funding opportunities, a U.S. Surgeon General report, data collection, and legislative changes. While the Oregon Health Policy Board's Health Care Workforce Committee applauds these steps, we also believe that there is more to be done and the time for action is now.

The committee's Workforce Wellness and Resiliency subcommittee authored this paper as a next step to Oregon's Health Care Workforce Needs Assessment and the Strategic Framework adopted in May 2023 (see text box for more information). This paper is of one of three interrelated strategy papers that the committee created based on the Strategic Framework. Additional context about the committee's process, the framework, and each strategy paper's recommendations is available in this summary brief.

The framework compels the subcommittee to recommend strategies that achieve **two goals**:

1. Sustain a positive health care workplace culture and environment for a diverse workforce and reduce workplace burdens.
2. Collect data which identifies the current challenges and priorities of health care professionals, and support workforce well-being strategies that are informed by findings.

### About the Health Care Workforce Committee Strategy Papers

The health care workforce is the heart of Oregon's health care system. The Oregon Health Policy Board's Health Care Workforce Committee created these strategy papers as a next step to Oregon's Health Care Workforce Needs Assessment 2023. The committee built on the assessment's recommendations to develop a Strategic Framework that identified areas requiring attention to make progress toward creating a culturally and linguistically response health care workforce in Oregon:

- Workforce Diversity
- Workforce wellness and resiliency
- Workforce development and retention

The committee's aim with the three strategy papers was to develop specific plans on how the Oregon legislature, health care employers, education providers, workforce agencies, and state associations could implement the recommendations.

To this end, we have made **three recommendations:**

1. Collect data on workforce wellness, and create a taskforce to review the findings and make further recommendations for systems and policy change based on the findings.
2. Expand and fund the Oregon Wellness Program to become a one-stop destination for wellness resources for all health care workforce participants in Oregon.
3. Create a statewide system to recognize and reward employers that take steps to understand the needs of their employees and implement wellness programs that address these needs.

We offer preliminary cost estimates and responsible parties for implementing each recommendation. Appendix A includes more information on how the preliminary cost estimates were developed.

**We urge OHA, Oregon Wellness Program (OWP), Governor's Office, Oregon legislature, and health care employers to seriously consider our recommendations and take urgent action to improve the wellness and resiliency of our vital health care workforce.**

# Current policy approach

## Background of problem

The barrier for wellness of people who serve in the health care sector has largely been characterized as burnout; it has been long noted as a reason for the health care workforce to exit the profession and a cause of less-than-optimal patient care. (1) The term "burnout" is understood generally to mean an occupational syndrome characterized by a high degree of emotional exhaustion and depersonalization (i.e., cynicism), and a low sense of personal accomplishment at work. (2)

Several recent studies demonstrate the impact of burnout on health care professionals and the delivery system, especially given COVID-19 pandemic stress.

- In its National Plan for Health Workforce Well-Being, National Academy of Medicine reported that 54% of nurses and physicians, and 60% of medical students and residents cited burnout as responsible for a recent decision to leave the health professional workforce. (3)
- American Medical Association, Stanford University School of Medicine, and Colorado School of Medicine reported that 63% of physicians experienced burnout in 2021, compared with 38% in 2020. (4)

- American Medical Association reported that registered nurses, health technicians, and health care support workers in the U.S. were at increased risk of suicide relative to non–health care workers. (5)
- American Association of Critical-Care Nurses reported dramatic increases in “moral distress”—from 11% of respondents in 2018 to 22% in 2021. (6)
- American Medical Association noted that among physicians, pandemic-related burnout, stress, anxiety, and depression were felt most acutely by Black and Asian physicians. (7)

Burnout of the health care workforce challenges achievement of the Quadruple Aim, summarized as enhancing the patient experience, improving population health, reducing costs, and improving the health of the caregiver team. It causes missed time, lowers quality care, and impacts the mental and physical wellness of health care professionals. A report published in Journal of the American Medical Association Network in 2023 found that burnout is estimated to cost the health care system at least $4.6 billion annually. (8)

## National status

Additional federal efforts have been taken to address burnout, following the publication of 2022 U.S. Surgeon General’s Advisory Addressing Health Worker Burnout. (9) The Biden administration provided $97 million in grants to health care organizations and $6 million to George Washington University to provide technical assistance to grantees. (10) Additionally, Health Resources and Services Administration (HRSA) Bureau of Health Workforce has started requiring National Health Service Corps (NHSC) certified organizations to identify specific strategies to address burnout as part of the certification and recertification processes.

Further, HRSA began the Health Center Workforce Well-Being Initiative, including a survey of health centers between November 2022 to January 2023. At the time of writing, final survey data has not been published. (11)

## Oregon’s status

Oregon policymakers have deliberated on health care workforce wellness and resilience, and the Oregon legislature has offered some modest funding to help address the situation, beginning in 2018 with the launch of the Oregon Wellness Program (OWP). OWP offers confidential counseling to support health care professionals, beginning with physicians and physician assistants in 2018, and expanding to dentists in 2021, and nurses, nurse practitioners, dental hygienists, and dental therapists in 2023. Various groups, such as Oregon Academy of Family Physicians and Oregon Center for Nursing have

developed profession-specific toolkits to support health care professionals. (12, 13) Additionally, during the COVID-19 pandemic, OHA sponsored compassion fatigue training for health care providers. (14) This funding stopped following the end of the national public health emergency.

Since then, action by OHA to support the workforce in addressing burnout remains limited. Health care provider organizations largely are not beholden to mitigate burnout of the health care workforce, although they may use state funds to address the issue. Although OHA's Health Care Workforce Reporting Program (HWRP) license renewal surveys gather data on providers' future plans for work, no specific questions are asked around clinicians' experience of workplace burnout and the role that health care professional wellness may play in influencing future employment contracts.

Most recently, the Oregon legislature passed House Bill 2235 (2023), creating a workgroup to focus on administrative and other burdens behavioral health professionals face in the workplace, with a particular interest in ways burnout directly affects the behavioral health workforce.

# Vision

We envision a lifetime of health—free of chronic conditions—for all Oregonians. Chronic conditions are the root cause of disease—diabetes, tooth decay, and heart disease—when activated into acute disease, can lead to limb amputation, surgical treatment of teeth, and even mortality. Chronic conditions are preventable, and as our wellness is challenged with stress and compassion/emotional fatigue, it is the direction of the committee's Wellness and Resilience Subcommittee to recommend solutions such that all Oregonians who make up our health care workforce can enjoy a life free of acquiring chronic conditions.

The Triple Aim provides the foundation for health system improvement by centering on enhancing patient experience, improving population health, and reducing costs. A fourth aim was added when the health care workforce began to suffer from burnout, depression, and compassion fatigue. The Quadruple Aim combines the Triple Aim with improving the work life of the health care workforce.

While stress and compassion/emotional fatigue are generally characterized as external pressures that link to burnout, there are also internal pressures–or internal relationships–that may exacerbate faster progression of burnout. True transformation of the system can take place with support from OHA and from the communities in which we live, play, and work, toward creating and sustaining relationships that foster self-love: one world, one family, one future.

# Recommendations

Through discussion and research, the Wellness and Resiliency Subcommittee has compiled three key recommendations for the 2025-27 biennium. While we believe that there is much work to be done to improve the wellness and resilience of Oregon's health care workforce, and we could have easily listed dozens of recommendations, we chose three immediate action items that we believe will make a positive impact. These recommendations are not intended to completely solve issues of burnout and stress, but we believe they are the next right steps in caring for our health care workforce.

We offer preliminary cost estimates and responsible parties for implementing each recommendation. Appendix A includes more information on how the preliminary cost estimates were developed.

While this report is specifically focused on the health care sector, we also believe that the general themes of our recommendations may be relevant in other sectors as well. We would welcome and applaud adoption of these recommendations by organizations and employers in other workforce sectors across Oregon.

**Recommendation 1: Collect data on workforce wellness and create a taskforce to review the findings and make further recommendations for systems and policy change based on the findings.**

We believe that any successful wellness program starts by surveying the workforce that it is intended to support to ensure that interventions are relevant, specific, and ultimately achieve an improvement in wellness outcomes. As such, we recommend that an evaluation of wellness and resiliency be conducted for all of the health care workforce. We would strongly recommend that OWP conduct this, due to its record of independent, confidential, and safe data collection practices.

Additionally, HWRP is well suited to contribute to data collection efforts related to workforce wellness. As workforce members may not feel comfortable disclosing burnout to their licensing body for fear of biased treatment or disciplinary action, we recommend that any data collection this topic by HWRP be collected in a way that is clearly separated from the license renewal process.

We recommend that any data collection for the purpose of this evaluation use standardized instruments such as the MiniZ screen and ProQOL that assess burnout and related issues. (15, 16)

In addition to evaluating wellness, we also recommend that the evaluation survey workforce members about the leading factors contributing to their

stress and burnout. There are many factors from which to choose. The following is a non-exhaustive list from the work of Dr. Tait Shanafelt: work schedule, electronic health record, payer-related paperwork (referrals, pre-authorizations), productivity targets, workplace discrimination, behavior of senior leaders, vacation policies, social connection with colleagues, compensation model, opportunities for professional development, experiences of verbal or physical abuse, etc. (17)

Race, Ethnicity, Language and Disability (REALD) and Sexual Orientation and Gender Identity data (SOGI) data should be collected from all survey respondents so that trends can be identified that impact our goal of eliminating health inequities. Additionally, practice location (including the Health Professional Shortage Area score) and setting (hospital, Federally Qualified Health Center, private practice, etc.) should be collected so that trends can be identified as they relate to practice location and modality.

Once the data has been collected, we recommend that the Health Care Workforce Committee assemble a taskforce of eight to 10 members, with the following stipulations:

1. Two to three Committee members with knowledge, experience, and/or interest specific to workforce wellness and resilience.
2. One representative from HWRP.
3. At least one representative from a rural community.
4. At least three representatives who have experienced racism or racial injustice.
5. At least one representative with experience caring for populations with intellectual or developmental disabilities.
6. A member of one of the Nine Federally Recognized Tribes in Oregon.
7. At least one representative from each of the following fields: medicine, nursing, dentistry, behavioral health, and traditional health workers.
8. Ideally, at least one member would be a Chief Wellness Officer or another person with experience implementing wellness programs at a large scale.

Note that one individual may fulfill multiple stipulations. For example, a nurse and Health Care Workforce Committee member that identifies as Latina/o/x would satisfy stipulations 1, 4, and 7.

We recommend that the taskforce review the findings from the survey process. In doing so, we recommend that the Health Care Workforce

Committee Health Equity Framework (Appendix B) be applied as well as a data equity framework such as We All Count. (18) The taskforce would be asked to make further recommendations to the Health Care Workforce Committee and, subsequently, Oregon Health Policy Board. General guidelines for these recommendations would include:

- Specific programs and policies that should be implemented in Oregon based on the survey findings.
- Changes to OWP that may be indicated based on the survey findings.
- The feasibility of adding a wellness metric to Coordinated are Organization (CCO) evaluation, and if feasible, what an ideal metric would look like.
- Indications for the periodic recollection of survey data to evaluate the impact of implemented policies and programs on health care workforce wellness and resilience.

Estimated implementation cost

Approximately $500,000 for the 2025-27 biennium

Responsible groups

- Governor and Oregon legislature consider funding this effort in the 2025 legislative session.
- OHA designate an agency to conduct the survey process and deliver a report to the Health Care Workforce Committee.
- Health Care Workforce Committee and OHA staff recruit and convene taskforce to review report and provide further recommendations.

**Recommendation 2: Expand and fund the Oregon Wellness Program to become a one-stop destination for wellness resources for all health care workforce members in Oregon.**

We are excited by the impact that the Oregon Wellness Program (OWP) has already made in our state; we believe it has the potential to expand further to be a robust resource that can provide culturally responsive support for all health care workforce members in Oregon.

We believe that OWP could adopt a model similar to what many health care providers are already familiar with: prevention, acute intervention, and chronic management.

- **Prevention**. While OWP already has written resources in their Wellness Library, we recommend development of short videos (five-10 minutes in length) that are available for free to all health care students and health care workforce members in Oregon that focus on resilience-building and personal wellness.
    - Education institutions would be encouraged to integrate these courses into their curriculum or offer school credit to students that watch the videos.
    - Employers would be encouraged to provide their employees with paid time to watch the videos.
- **Acute Intervention.** For health care workforce members in need of immediate support, OWP would continue to provide a connection to vetted crisis lines. (County-specific crisis lines are already listed on OWP's website.)
- **Chronic Management.** Free, confidential, and personalized talk therapy with trained professionals should be expanded to all health care workforce members. We also recommend an evaluation of available clinicians to ensure that they reflect the diversity of the Oregon health care workforce. Whenever possible – and whenever desired - a member of the health care workforce should be able to meet with a clinician that shares their identity.

  In addition, we recommend that OWP explore offering culturally responsive mental health care and supports grounded in a community's cultural norms, unique symptoms, and risk and resilience factors to reduce barriers for workforce members seeking care.

<u>Estimated implementation cost</u>

Approximately between $8-12 million for the 2025-27 biennium.

<u>Responsible groups</u>

- Governor and Oregon legislature consider funding this effort in the 2025 legislative session.
- OWP staff undertake evaluation and expansion of current offerings as well as creation of new resources.

**Recommendation 3: Create a statewide system to recognize and reward employers that take steps to understand the needs of their employees and implement wellness programs that address these needs.**

While we believe that statewide programs outlined in our first two recommendations will have an impact and model a culture of wellness, we also believe that individual employers have a large degree of responsibility to play in improving the wellness of their employees. The 2022 report from the U.S. Surgeon General's Advisory on Building a Thriving Health Workforce echoes this when it states that, "too often, interventions to address burnout and well-being focus on single, individual-level factors instead of systemic and multi-pronged efforts, and therefore have limited long-term impact on preventing burnout and improving well-being." (19)

Our third recommendation asks OHA to create a statewide system that rewards employers doing this work. This may be done by OHA staff or delegated to another appropriate designee.

The ideal program would encourage voluntary participation in two primary action steps. First, employers would take steps to understand the needs of their employees. In larger organizations, this may be done via a survey or other evaluation. In smaller organizations, it may be accomplished through individual interviews with each employee. The point is to create a system where employees can share what is contributing most to their burnout and identify areas for improvement. Next, employers would act on this feedback by implementing programs that address these concerns and demonstrate improvement in employee wellbeing and reduction in burnout.

We recommend that the program have a transparent and standardized rubric for evaluation of employers that wish to apply for commendation. The rubric should be consistent with the committee's adopted Health Equity Framework and its guiding questions (Appendix B), leading to the prioritization of awards to recipients who can best help eliminate health inequities.

Finally, we recommend that the program reward employers that meet requirements for commendation. This reward may be in the form of public recognition (e.g., OHA website marketing, feature in print and social media, display sign for office buildings, etc.). Current models that we looked to for inspiration when creating this recommendation were the Oregon Business Journal's "100 Best Companies to Work For" list and the National Committee for Quality Assurance's Patient-Centered Medical Home accreditation. It may also be appropriate for OHA to consider offering a small cash award to employers that meet requirements for commendation.

Estimated implementation cost

Approximately $5 million, including development of the system and seed money for the grants to reward employers in the first biennium (2025-27).

Responsible groups

- Governor and Oregon legislature consider funding this effort in the 2025 legislative session.
- OHA or appropriate designee create evaluation rubric, application process, and recognition system. Staff will also publicize program and distribute awards/recognition on an ongoing basis.
- Employers participate in program by implementing wellness systems and applying for recognition.

# Conclusion

The Health Care Workforce Committee devoted this past year to developing policy solutions in three interrelated areas as a next step to Oregon's Health Care Workforce Needs Assessment 2023 report. The committee's three goals of workforce diversity, workforce wellness and resiliency, and workforce development and retention are interdependent. We must address them all to have a diverse, well, and resilient health care workforce that supports Oregonians to be healthy. We should pay attention to recruitment, education, and training that create career pathways and retain health care professionals at all levels once they have entered the workforce. This will require ongoing action by government and non-governmental entities to ensure Oregon has a culturally and linguistically responsive workforce that can deliver on the commitments of optimal health for everyone and eliminating health inequities.

# References


1. National Plan for Health Workforce Well-Being. https://nam.edu/initiatives/clinician-resilience-and-well- being/national-plan-for-health-workforce-well-being/
2. Addressing Health Worker Burnout. https://www.hhs.gov/sites/default/files/health-worker-wellbeing-advisory.pdf
3. National Plan for Health Workforce Well-Being. https://nam.edu/initiatives/clinician-resilience-and-well- being/national-plan-for-health-workforce-well-being/
4. Changes in Burnout and Satisfaction With Work-Life Integration in Physicians During the First 2 Years of the COVID-19 Pandemic https://www.mayoclinicproceedings.org/article/S0025-6196(21)00872-7/fulltext
5. Olfson M, et. al. Suicide Risks of Health Care Workers in the US. Journal of the American Medical Association. 2023:330(12): 1161-1166. doi: https://jamanetwork.com/journals/jama/article-abstract/2809812
6. Beth Ulrich, Linda Cassidy, Connie Barden, Natasha Varn-Davis, Sarah A. Delgado; National Nurse Work Environments - October 2021: A Status Report. Crit Care Nurse 1 October 2022; 42 (5): 58– 70. https://aacnjournals.org/ccnonline/article/42/5/58/31808/National-Nurse-Work-Environments-October-2021-A
7. Experiences of minoritized, marginalized physicians in U.S. during COVID-19. https://www.ama-assn.org/delivering-care/public-health/experiences-minoritized-marginalized-physicians-us-during-covid-19
8. Khullar D. Burnout, Professionalism, and the Quality of US Health Care. JAMA Health Forum. 2023;4(3):e230024. https://jamanetwork.com/journals/jama-health-forum/fullarticle/2802872
9. Addressing Health Worker Burnout. https://www.hhs.gov/sites/default/files/health-worker-wellbeing-advisory.pdf
10. Health Worker Resiliency Awards. https://bhw.hrsa.gov/funding/health-workforce-resiliency-awards

11. HRSA Health Center Workforce Well-Being Initiative. https://bphc.hrsa.gov/technical-assistance/clinical-quality-improvement/health-center-workforce-well-being-initiative

12. Physician Wellness and Burnout Toolkit. https://oafp.org/community/burnout-toolkit/

13. RN Well-Being Research and Resources. https://oregoncenterfornursing.org/rn-well-being-project/rn- well-being-research-and-resources/

14. COVID-19 Updates. COVID-19 Response and Recovery Unit (CRRU) Training, Continued Education and Workshop Curriculum. Compassion Fatigue Workshop. https://www.oregon.gov/oha/covid19/pages/workshop-resources.aspx

15. Dolan ED, Mohr D, Lempa M, Joos S, Fihn SD, Nelson KM, Helfrich CD. Using a single item to measure burnout in primary care staff: A psychometric evaluation. Journal of General Internal Medicine. 2015 May;30:582-7.

16. Stamm, B.H. (2010). The Concise ProQOL Manual, 2nd Ed. Pocatello, ID: ProQOL.org.

17. Shanafelt TD, Noseworthy JH. Executive leadership and physician well-being: Nine organizational strategies to promote engagement and reduce burnout. In Mayo Clinic Proceedings 2017 Jan 1 (Vol. 92, No. 1, pp. 129-146). Elsevier.

18. We All Count data equity framework: https://weallcount.com/the-data-process/

19. Addressing Health Worker Burnout. https://www.hhs.gov/sites/default/files/health-worker-wellbeing-advisory.pdf

# Suggested resources

U.S. Surgeon General White Paper on Health Care Worker Burnout: https://www.hhs.gov/sites/default/files/health-worker-wellbeing-advisory.pdf

U.S. Surgeon General Framework for Workplace Mental Health & Wellbeing: https://www.hhs.gov/surgeongeneral/priorities/workplace-well-being/index.html

Northeast Oregon Network (NEON) Wellness at Work: https://www.neonoregon.org/wellness-at-work

Santa Monica Wellbeing Project socioecological model: https://use.metropolis.org/case-studies/the-wellbeing-project

Gallup State of the Global Workplace 2023 Report: https://www.gallup.com/workplace/349484/state-of-the-global-workplace.aspx

The Oregon Wellness Program: Serving Healthcare Professionals in Distress from Burnout and COVID-19: https://www.jstor.org/stable/48697086

Montana University System Wellness Program: https://wellness.mus.edu/

HRSA Health Center Workforce Well-Being Initiative: https://bphc.hrsa.gov/technical-assistance/clinical-quality-improvement/health-center-workforce-well-being-initiative

IHI Joy in Work and Workforce Wellbeing: https://www.ihi.org/Topics/Joy-In-Work/Pages/default.aspx

Physician Burnout at Providence Portland Medical Center: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9918339/

# Appendix A: Preliminary cost estimates for subcommittee recommendations

The subcommittee developed preliminary cost estimates for each recommendation for the 2025-27 biennium, which could be adjusted due to various factors.

| **Recommendation 1: Data collection** | **$500,000** |
|---|---|
| 1.0 FTE Research Analyst 3 | $240,000 |
| Cost allocation | $44,000 |
| Supplies and services | $26,000 |
| Contract evaluator | $200,000 |

| **Recommendation 2: Expand Oregon Wellness Program** | **$8-12 million** |
|---|---|

Current cost per visit = $200.

$8 million would fund 40,000 visits over the two-year biennium

This would allow an additional 5,000 health care professionals to have an average of 1 visit per quarter (4 visits per year over the two-year biennium)

$12 million would fund 60,000 visits over the two-year biennium, etc.

| **Recommendation 3: Statewide wellness recognition** | **$5 million** |
|---|---|
| 1.0 FTE Operations and Policy Analyst 3 | $280,000 |
| Cost Allocation | $52,000 |
| Supplies and Services | $20,000 |
| Awards | $4.6 million |

$2.2 million per year; 45+ awards each year of $50,000 in recognition of outstanding, forward-leaning and culturally responsive wellness strategies by health care employers.

# Appendix B: Health Care Workforce Committee Health Equity Framework guiding questions

**How do Oregon's health care workforce development efforts advance opportunities for communities experiencing health inequities?**

1. Who are the racial/ethnic communities that are experiencing health inequities? What is the potential impact of the resource allocation to these communities?
2. Do OHA programs ignore or worsen existing health inequities or produce unintended consequences? What is the impact of the intentionally recognizing the health inequity and making investments to improve it?
3. How have we intentionally involved community representatives affected by the resource allocation? How do we validate our assessment in questions 1 and 2? How do we align and leverage public and private resources to maximize impact?
4. How should we modify or enhance strategies to ensure recipient and community needs are met?
5. How are we collecting REALD and SOGI data (race/ethnicity, language, and disability and sexual orientation and gender identity data) in OHA awards and matching recipient demographics with communities served?
6. How are we resourcing and/or influencing system partners to ensure programs optimize equity?


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