In 2009, when I started in my role as Administrator, I reached out to a number of diverse community leaders to ask how they thought the Office of Multicultural Health and Services should focus its work. Several referenced the Racial and Ethnic Health Task Force, which was created by executive order of Governor John Kitzhaber in 1999. In 2000, the Task Force made a number of recommendations for how to promote health among Oregon’s diverse communities and close avoidable gaps in health outcomes. Remarkably, these recommendations remain relevant today given recent data analysis and emerging health equity research.

This past year, the Office of Multicultural Health and Services has paid particularly close attention to those recommendations. With the help of an unprecedented number of partners, to whom we are most grateful, we have implemented several policies that are closely aligned with the recommendations:

- Establishing standards for how the Oregon Health Authority (OHA), the Department of Human Services (DHS), and both agencies’ contractors collect race, ethnicity, and language data;
- Implementing the Health Care Interpreter law, which establishes a standardized system for certifying and qualifying health care interpreters; and,
- Establishing a fair process for resolving discrimination and harassment complaints within OHA and DHS.

These policies support OHA to create a solid foundation for enacting its value of health equity. However, to move forward from here, not only do we need to establish policy, we must also develop stronger leadership capacity within the Oregon Health Authority and communities impacted by inequity so we can enact long-term solutions to entrenched problems that have emerged from injustice and oppression that are aspects of Oregon’s and our nation’s history.

Ronald A. Heifetz, of Harvard University’s Kennedy School of Government, is known worldwide for his seminal work on leadership. He suggests that we experience some critical problems for which we have few technical solutions. These adaptive challenges are deeply rooted in individual and institutional behavior, so leadership ownership of the problem becomes part of the solution itself.

Achieving health equity, knowing how to talk about it and advance policies using an equity lens, is a critical adaptive challenge for the Oregon Health Authority and the State of Oregon. So as the Office of Multicultural Health and Services moves forward, we will strive to better balance technical solutions that promote health equity with developing adaptive approaches for inspiring leadership to expect new behaviors, new approaches, and assure advances toward creating a just and equitable society in which all Oregonians can be truly healthy.

Latrice Killman
About OMHS

Since 1993, the Office of Multicultural Health and Services (OMHS) has conducted a variety of activities focused on addressing health disparities in Oregon. Initially, OMHS was located in the Oregon Public Health Division. In 2009, the Office of Multicultural Health and Services moved to the Director’s Office in the Department of Human Services. At that time, OMHS expanded its mission to encompass an agency-wide scope of health and human services.

In 2011, with the creation of the Oregon Health Authority, OMHS transitioned to the new agency, and a “sister office” was created in the Department of Human Services. The scope of the office expanded to encompass equity in all aspects of the Oregon Health Authority and Oregon’s focus on Health Systems Transformation to achieve OHA’s Triple Aim (improved health outcomes, increased access to health care, and decreased or controlled health care costs).

In addition to its ongoing work, the Office of Multicultural Health and Services has spent the greater part of fiscal year 2011 working on its new strategic plan. This plan was informed by hundreds of Oregonians through individual interviews, focus groups and surveys.

The vision of OMHS is:

All people, communities and cultures co-creating and enjoying a healthy Oregon.

Our mission is:

To engage and align diverse community voices and the Oregon Health Authority to assure the elimination of avoidable health gaps and promote optimal health in Oregon.

By 2016, the Office of Multicultural Health and Services will connect people, policy and programs to make substantial and measurable progress toward the achievement of our vision and mission.

We will prioritize the following strategic imperatives:

- Assure and sustain an organizational structure that relentlessly pursues health equity and organizational diversity in OHA and in Oregon’s health promoting systems.
- Foster dynamic, strength-based, and authentic relationships among Oregon’s diverse communities, OHA, and Oregon’s health promoting systems.
- Integrate and use diversity development best practices in recruitment, hiring, retention, performance management,
contracting and procurement, and leadership and employee development in OHA and in Oregon’s health promoting systems.

- Leverage community wisdom, timely data, and research to develop and effectively communicate the rationale for investing in health equity and eliminating avoidable gaps in health outcomes.

Our work is organized in three units:

- Administrative — focusing on long-term vision, strategic communications, and efficient office operations;
- Equity — focusing on engaging community and agency partners in developing and implementing long-term solutions to avoidable health inequities; and
- Diversity — focusing on creating work environments that support and leverage the strengths of a highly qualified, diverse workforce.

OMHS Accomplishments in 2010–2011

OMHS staff provided 1,001 hours of consultation and 68 hours of training on equity, policy development, cultural competency, diversity to OHA and DHS offices and programs, and for our community partners.

Diversity Development Unit

The Diversity Development Unit supports affirmative action, cultural competency and diversity initiatives that create and sustain welcoming environments for staff, customers and partners.

- Co-chaired the 2011 Diversity Conference, leading the development of workshops more closely aligned with affirmative action and equal employment opportunities, and diversity development principles.
- Developed and implemented a new procedure to investigate agency discrimination and harassment complaints within DHS and OHA.
- Hired an investigator to serve as the Director’s designee for discrimination and harassment complaints within OHA.
- Finalized the Department of Human Services and Oregon Health Authority 2011-2013 Affirmative Action Plan.
- Researched and initiated the preliminary development of affirmative action and diversity development strategies, including diversity recruitment and retention, employee affinity groups, employee development, and internship and mentoring programs.
• Advocated, agency-wide, for the integration of diversity and cultural competency into policy and program development, including “HR Essentials” for new employees, and interview panel materials.

• Administered the Intercultural Development Inventory (IDI) to various agency leadership teams and initiated action planning to facilitate stronger partnerships across cultures.

• Initiated and currently leads a network of diversity and inclusion professionals, which includes representation from the health care industry, education, government and non-profits.

**Equity, Policy and Community Engagement Unit**

The Equity, Policy and Community Engagement Unit leads and supports health equity initiatives through policy development and analysis, community engagement and capacity building, and training and technical assistance.

• Provided bill analysis, legislative testimony, research and information to legislators and stakeholders about bills that could affect the equitable provision of health and human services in Oregon.

• Collaborated with and supported community partners who are increasing their capacity to engage in policy work.

• Distributed $150,000 in small grants to 25 organizations to support health equity policy and program initiatives, and community listening sessions focused on cultural competency in health care provision through our Small Grants Program.

• Partnered with the Oregon Public Health Division and the Northwest Health Foundation to

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**OMHS Funding History 2008–2011**

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establish three Regional Equity Coalitions (REC). These coalitions promote local, regional and statewide policies to improve equitable access to optimal health for all Oregonians. Funding for these RECs totaled $390,000. Additional RECs will be developed if funds become available.

- Fully implemented Oregon’s Health Care Interpreter Law. The Oregon Council on Health Care Interpreters also established revised rules to reduce the cost of implementation and ensure that we meet national standards.

- Convened a new Oregon Health Policy Board (OHPB) subcommittee on “non-traditional” health workers. The subcommittee’s charge is to make recommendations to the Workforce Committee of the OHPB on the roles, education and training requirements of community health workers, patient navigators, and peer wellness specialists as mandated by House Bill 3650.

- Engaged members of the Health Equity Policy Review Committee and OMHS staff to support the incorporation of equity strategies and solutions into Health System Transformation, Oregon’s version of Health Care Reform.

- Established an Equity Researchers group to consider opportunities to conduct equity-based research, connect health equity research to policy and program development and increase health equity research funding in Oregon.

**OMHS Policy Priorities for 2011–2013**

**Advancing Health Equity through Health Systems Transformation**

Oregon’s approach to health care reform creates numerous key opportunities for OMHS to promote adoption of effective health equity strategies, including the following:

- Encouraging utilization and reimbursement of qualified and certified health care interpreters and assuring standards for language proficiency of bilingual OHA and DHS staff.

- Leading the effort to establish standards for community health workers, peer wellness specialists, and personal health navigators in order to increase the utilization and sustainability of this important workforce.

- Working with community organizations and OHA leaders to improve birth outcomes for women who face a disproportionally greater risk of poor birth outcomes by exploring the use of doulas in the state medical assistance programs.

- Engaging stakeholders to develop cultural competency continuing education strategies and options for health care providers.
Improve the “State of Equity” in Health and Human Services

The State of Equity Report describes outcomes in health and human services across DHS and OHA programs and highlights service and client satisfaction disparities. OMHS will provide support to OHA staff to address these gaps and incorporate equity strategies with the goal of eliminating these disparities within our programs and services.

REAL Data Collection

OMHS worked with our partners across DHS and OHA programs to establish standards for data collection of race, ethnicity and language (REAL) data. We will support the implementation of these standards in OHA by assuring appropriate information technology infrastructure changes, embedding the standards in OHA contracts, and providing training and technical assistance to divisions and programs to collect the data and track health outcomes by race, ethnicity and language.

Implement Regional Equity Coalitions

OMHS will support three Regional Equity Coalitions to assess critical regional health equity challenges and formulate strategic activities that promote equity through policy and program change and community engagement and action.

Affirmative Action Plan

Achieving equitable health outcomes is facilitated, in part, through the internal implementation of diversity development strategies. The Department of Human Services and Oregon Health Authority 2011-2013 Affirmative Action Plan provides a road map for OHA policy development that includes improving communication with managers of affirmative action data and strategies, and training managers to create discrimination and harassment-free work environments to decrease the number of equal employment opportunity complaints and violations.

OHA Committee and Council Diversity

Committees, advisory councils and policy bodies are used throughout OHA to guide the agency’s work. We are working to promote diversity on these committees and policy boards to ensure that the needs of all Oregonians are considered and addressed.
OMHS Advisory Councils and Committees

OMHS Community Advisory Council

Heidi Allen, Providence CORE
T. Allen Bethel, Maranatha Church of God
Joe Finkbonner, Northwest Portland Area Indian Health Board
Cynthia Gomez, Latino Network
Mary Anne Harmer, Regence Blue Cross Blue Shield

Kayse Jama, Center for Intercultural Organizing
Holden Leung, Asian Health and Services Center
Francisco Lopez, CAUSA
David Rebanal, Northwest Health Foundation
Carmen Rubio, Latino Network

Oregon Council on Health Care Interpreters

Gloria Anderson, DHS Children Adults and Families Division
Carmen Costan, Multnomah County Health Department
William Coulombe, OHA Public Health Division
Megan Harris-Jacquot, Law Office of Megan Jacquot
Sheila Hoover, DHS Children Adults and Families Division
Tina Kitchin, DHS Seniors and People with Disabilities Division
Rob Kodirov, International Refugee Center of Oregon (IRCO)
Christine Lau, Asian Health and Service Center
Sheila Meserschmidt, Portland Community College CLIMB for Health Professionals

Kelly Mills, Oregon Judicial Department
Maria Susana Molano, Shriners Hospital
Naghmeh Moshtael, Kartini Clinic and Legacy Emanuel Children's Hospital
Morad Noury, Center for Intercultural Organizing (CIO)
Roxana Ocaranza-Ermisch, Cascades East AHEC
Tressa Perlichek, OHA Division of Medical Assistance Programs
Paul Potter, OHA Addictions and Mental Health Division
Susana Rivera-Mills, Oregon State University
Patricia Wetzel, Portland State University
Mitchell Wilson, Freelance Interpreter

Community Health Workers Advisory Council

Jim Adriance, CareOregon
Maria Avila, Catholic Charities
Laura Brennan, PacificSource
Arika Bunyoli, Lutheran Community Services NW
Miguel Canales, Multnomah County Health Department
Tina Castañares, Columbia Gorge Hospice

Shawn Clark, OHA Addictions and Mental Health Division
Jack Dempsey, Oregon Nurses Association
Seth Doyle, Northwest Regional Primary Care Association
Ignolia Duyck, Virginia Garcia Memorial Health Center
Erin Fair, CareOregon
Alisha Fehrenbacher, Health Matters of Central Oregon
Sarah Goforth, Central City Concern
Community Health Workers Advisory Council — continued

Ann Kasper, Women with Disabilities Health Equity Coalition
Bruce Korus, Oregon Primary Care Association
Pat Kuratek, Health Matters of Central Oregon
Daniel Lopez-Cevallos, Western Oregon University
Sandy Madsen, Northwest Parish Nurse Ministries
Julio Maldonado, Multnomah County Health Department
Pepper McCollan, Northeast Oregon Network
Charlene McGee, African Women’s Coalition
Nicole Mejia, The Next Door, Inc.
Carol Merrell, Oregon Primary Care Association
Shafia Monroe, International Center for Traditional Childbearing
Robin Moody, Oregon Association of Hospitals and Health Systems
Alberto Moreno, Oregon Latino Health Coalition
Adrienne Mullock, OHA Office of Family Health
Rocio Muñoz, Benton County Health Department
Ellen Pinney, Governor’s Office
Catherine Potter, Parish Health Promoters

Jennifer Pratt, Oregon Primary Care Association
Midge Purcell, Urban League of Portland
Teresa Rios-Campos, Multnomah County Health Department
Evaristo Romero, La Clínica del Cariño
Carole Romm, Central City Concern
Maria Antonia Sanchez, La Clínica del Cariño
Fabiola Sandoval, Benton County Health Department
Mark Spofford, Kaiser Center for Health Research
Lorena Sprager, Nuestra Comunidad Sana
Janna Starr, OHA Division of Medical Assistance Programs
Antonio Torres, Oregon Latino Health Coalition
Ed Tryon, Janus Youth Programs
Jennifer Valentine, Cascade East AHEC
Kelly Volkmann, Benton County Health Department
Pei-ru Wang, IRCO Asian Family Center
Eca-Etabo Wasongolo, Janus Youth Programs
Noelle Wiggins, Multnomah County Health Department

Health Equity Policy Review Committee

Sonali Balajee, Multnomah County Health Department
Danette Burchill, OHSU Avel Gordly Center for Healing
Ebony Sloan Clarke, Multnomah County
Bob DiPrete, OHA Division of Medical Assistance Programs
Sharon Gary-Smith, Cascadia Behavioral Healthcare
Angela Gonzalez, Yakima Valley Farm Workers Clinic
Jalaundra Granville, Oregon Primary Care Association
Kim Heller, Gateway Women’s Clinic
Mardica Hicks, Children’s Community Clinic
Kayse Jama, Center for Intercultural Organizing

Yves Labissiere, PSU School of Community Health
Karen Levy Keon, OSU Department of Public Health
Maria Loredo, Virginia Garcia Memorial Health Center
Alberto Moreno, Oregon Latino Health Coalition
Lai-Lani Ovalles, NAYA
Midge Purcell, Urban League of Portland
Suk Rhee, Northwest Heath Foundation
Joseph Santos-Lyons, Asian Pacific American Network of Oregon
Jennifer Valentine, Oregon Cascades AHEC
OMHS Advisory Councils and Committees — continued

Migrant and Seasonal Farm Worker Research Council

Doris Cancel-Tivado, Oregon State University
Tina Castañares, La Clinica De Carino
Chad Cheriel, Portland State University
Phillip Cooper, Portland State University
Stewart Cowburn, OCHIN, Inc.
Ann Curry-Stevens, Portland State University
Donalda Dodson, Oregon Child Development Coalition
William “Ted” Donlan, Portland State University
Margaret Everett, Portland State University
John Heintzman, Oregon Health & Science University
Elena Herrero Hernandez, Formerly with Oregon Health & Science University
Laura Isiordia, Farmworker Housing Development Corporation
Ed Kissam
Alice Larson
Kat Latet, Oregon Primary Care Association
Mary Lewis, State of Oregon
Daniel Lopez-Cevallos, Western Oregon University
Maria Loredo, Virginia Garcia Memorial Health Clinic
Robert “Max” Maxwell, Oregon Primary Care Association
Heather McClure, Oregon Social Learning Center, University of Oregon
Janice Morgan, Legal Aid Services of Oregon
Christine Nelson, OCHIN, Inc.
Mailiki Patterson, Bright Now Dental
Julie Samples, Oregon Law Center
Nargess Shadbeh, Oregon Law Center
Anne Smith, Oregon Child Development Coalition
Lorena Sprager, Sprager Associates
Claudia Vargas, Oregon Health & Science University

Emergency Preparedness Advisory Council for Vulnerable Populations

Marin Arreola, Interface Network
Clarice Charging, Northwest Portland Area Indian Health Board
Ignolia Duyck, Virginia Garcia Memorial Health Center
Francisco Ianni, American Red Cross Oregon Trail Chapter
Christine Lau, Asian Health & Service Center
Corliss McKeever, African American Health Coalition
Esther Puentes, Interface Network
Pei-Ru Wang, IRCO Asian Family Center
OMHS Interns: An Invaluable Resource and Partnership

During the last two years, we have been fortunate to work with nine interns who are near completion of their degrees or who recently finished their formal education. Working with these interns has provided us an opportunity to open the door for racially and ethnically diverse young professionals who are typically underrepresented in public health and public administration fields. In addition, their passion for health equity, cultural competency and diversity translates to hard work and commitment to our goals and strategies. We are grateful for these amazing individuals, and have benefited greatly from their time with us.

Felicia Bautista-Nelson established and supports the Migrant and Seasonal Farmworker Research Advisory Council, a group of researchers interested in health issues of migrant and seasonal farmworkers.

Nicole Burda established the Community Health Worker Policy Advisory Council and facilitated their policy and priority-setting efforts.

Rolando Cruz conducted a literature review of existing research related to the health of migrant and seasonal farmworkers, helping the Migrant and Seasonal Farmworker Research Advisory Council identify research and policy action priorities for this population.

Rachel Gilmer helped establish and continues to support the Health Equity Policy Review Committee for OMHS. She conducts bill analysis and researches and reports on existing health equity and health care transformation legislation and concepts within and outside of Oregon.

Sabrina Kosok assessed several aspects of the 2000 Racial and Ethnic Task Force Report. The assessment included surveying OHA advisory committees and councils to quantify the diversity of these groups convened to provide input and feedback to OHA programs.

Janie McGee conducted research on best practices in utilizing affinity groups for employee retention and support. Her work provided the foundation for the development of a DHS and OHA Employee Affinity Group Policy.

Ruth Nkemontoh coordinated the OMHS website upgrade, disseminated the weekly OMHS Diversity Newsletter, and planned the launch of the National Partnership for Action to End Health Disparities.

Tina Pham supported OMHS’ strategic planning efforts.

Fabrice Saboue conducts outreach to health systems, health care providers and social service organizations to encourage the utilization of qualified and certified health care interpreters.

Staci Williamson helped establish the Oregon Council on Health Care Interpreters and supported the process to revise the Oregon Administrative Rules governing the implementation of the Health Care Interpreter law.

Hikari Yamashita-Ward provided support to the Community Health Worker Policy Advisory Council, including bringing a policy expert from Minnesota to provide guidance for Oregon’s CHW Policy Advisory Council.
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Mei Yong, Executive Assistant
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971-673-1287

Stay connected!

There are many ways to stay in touch with the Office of Multicultural Health and Services. Register for updates via the weekly newsletter by visiting www.oregon.gov/OHA/omhs/newsletter; or see our events on the diversity calendar at www.oregon.gov/OHA/omhs/calendar; or visit us on Facebook.

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This document can be provided upon request in alternative formats for individuals with disabilities. Other formats may include (but are not limited to) large print, Braille, audio recordings, Web-based communications and other electronic formats. E-mail rachel.b.gilmer@state.or.us, call 971-673-1240 (voice) or 971-673-0372 (TTY), or fax 971-673-1128 to arrange for the alternative format that will work best for you.