



DEVELOPING THRIVING COMMUNITIES

Thursday, January 6th, 2022

To: Oregon Health Policy Board
Attention: David Bangsberg MSc, MD, MPH
C/O: Tara Chetock, Oregon Health Authority
tara.a.chetock@dhsosha.state.or.us

RE: Draft Application for the 1115 Medicaid Waiver

Chair Bangsberg and Oregon Health Policy Board Members:

DevNW is an affordable housing development and counseling agency serving six counties in Oregon. Our mission is serve low and moderate income Oregonians to increase their financial security, build assets and develop thriving communities. We administer the Linn Benton Health Equity Alliance, one of five Regional Health Equity Coalitions (RHEC) in Oregon.

We know that that systemic racism has led to disproportionately higher inequities for people of color within the health system. We also know that this can be undone, most notably when communities impacted are leading. When we give power and resources to communities they can direct them to the most important health-related issues their neighbors and families face. By shifting power and granting agency, we can make significant progress toward eliminating health disparities and achieving health equity in Oregon.

We are pleased to see focused equity investments in the final policy concepts that the Oregon Health Authority (OHA) has developed for Oregon's next 1115 Medicaid Waiver. The RHECs participated in co-writing HB 3353, and in an Oregon Health Authority (OHA) waiver workgroup related to the focused equity investments concept, and supported the creation of the Community Investment Collaborative (CIC) model specifically to address health inequities because *current efforts and investments are not working for our communities.*



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We stand behind the work of the RHECs and it is our hope that all waiver concepts will be aligned with these principles as reflected in HB 3353:

- Target investments and efforts to populations and communities who have been most impacted by historic and contemporary injustices and health inequities including but not limited to Tribal Nations, Tribal communities, Latino/a/x, Black/African American, Asian, Pacific Islander, and American Indian/Alaska Native populations, communities of color, people with disabilities, people with limited English proficiency, and immigrants and refugees.
- Shift power and decision-making authority so community voice related to needs ultimately leads to development of actions to mitigate ineffective approaches and unintended consequences.
- Create opportunities to build sustainable infrastructure that works to develop and maintain systems and programs that recognize, reconcile, and rectify historical and contemporary injustices.
- Support community leadership development.
- Build and rebuild trust between health systems and community.

We believe that this shift is fundamental to centering community voice and wisdom, allowing experts in their own lives to express where investments are most necessary. Thank you for all of your work on behalf of Oregonians and in considering this input as you move forward to finalize the waiver application and enter into negotiations with the Centers for Medicaid and Medicare Services.

Sincerely,

A handwritten signature in black ink, appearing to read "KSaxe".

Karen Saxe
Chief Program Officer