

To: Joint Task Force on Universal Health Care

Date: October 28, 2021

I appreciate the opportunity to participate in the subgroup on public engagement. The presentation and subsequent discussion on Monday, October 25, to establish a framework for a direction forward on public engagement was organized and productive. I think the conversation out of necessity was time limited.

The time after the meeting has created some time to ponder framework and the discussion. Here is some follow up.

- One of the themes has been tight resources that create limits on this public engagement. Robust public engagement is critical. We need to think beyond the tight resources. HCAO has identified and provided the Task Force a list of interested organizations that could expand the resources for public engagement. These opportunities should be followed up with and not squandered. HCAO can help.
- When I mentioned engaging with community nonprofits that have expressed interest, there was a statement that C-POP has some method of reaching out to marginalized individuals outside these nonprofits that serve marginalized communities across the state. We would be very interested in knowing how that is done.
- Are the focus groups to be in person? This would be preferred. If so, it means a facility has to be found which is an expense. To be clear, the point is that these nonprofits and also tribal groups can help engage those whose voices are not heard (not the staff of the nonprofits). In addition, if needed, some could also supply a space for focus groups which is a resource if needed.
- It is essential to separate the mental health/ behavioral health as a separate entity. I think a conversation with those at OHA doing behavioral challenges (they have money) to assist in this should take place.
- Is there any reason that portions of the Task Force meetings cannot be used for public engagement (not just public comment)? This would be particularly applicable to hospitals and provider associations. Individual providers (many who are not association members) may be working and cannot take time away from patients so would need a separate opportunity.
- Commercial insurers (are not providers) could also be given a time but must not be allotted a time that limits other engagement or included with other groups.
- Small and large businesses must be approached differently. Again people running small businesses must be accommodated in this engagement as they cannot simply close the store.
- We must also remember that nonprofits are businesses too with huge expense burdens related to healthcare.
- Local governments including local school districts as employers and sometimes providers of addressing health issues need a format for input. This could be a survey or time during a Task Force meeting.

Thanks to all the Task Force members for your dedication to this essential work to bring a universal healthcare system to Oregon. The opportunity is at hand.

Respectfully Submitted,

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