

TITLE: From Policy to Practice: Increasing Health Care Access for Immigrant Communities in Oregon

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STUDENT SUBMISSION: No

TOPIC/TARGET AUDIENCE: A broad range of public health professionals and stakeholders including those working within city, county and state government; health education; health equity; health policy; health policy advocacy; immigrant/migrant health; safety net provider networks; school-based health centers; social justice; youth programming

ABSTRACT: House Bill (HB) 3391, the Reproductive Health Equity Act, and Senate Bill (SB) 558, Cover All Kids, both passed the Oregon legislature in 2017 with important health equity impacts for immigrant communities in Oregon.

Recognized as one of the most progressive pieces of reproductive health legislation in the nation, HB 3391 ensures that Oregonians--regardless of income, citizenship status, gender identity or type of insurance--have access to the full range of preventive reproductive health services, including family planning, abortion, and postpartum care.

With passage of SB 558, Oregon became the seventh state in the nation to make public health coverage available to all children under 19, regardless of immigration status. It also requires the Oregon Health Authority (OHA), and by proxy the Oregon Department of Human Services (DHS) to convene an external stakeholder workgroup to advise on culturally and linguistically responsive outreach strategies to maximize enrollment.

A panel of community partners, and DHS and OHA staff will talk about the history and impact of these new laws, as well as challenges, lessons learned and best practices for engaging immigrant communities in 1) policy making to advance health equity and 2) partnership to inform outreach program design and implementation.

OBJECTIVE(S): Demonstrate understanding of the history and impact of SB 558 and HB 3391 on immigrant health care access in Oregon.

Identify challenges, lessons learned and best practices for engaging immigrant communities in: a) policy making to advance health equity and b) subsequent program design and implementation.