



Central Oregon Diversity and Inclusion (CODI) Workgroup
NeighborImpact
2303 SW 1st St., Redmond, OR 97756

Agenda: April 22, 2019 from 11:30am – 12:30pm
Join Zoom Meeting – <https://zoom.us/j.307489003>
1-669-900-6833 Meeting ID 307489003

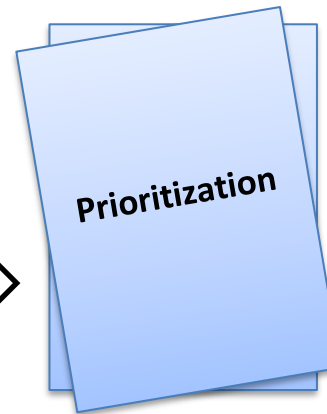
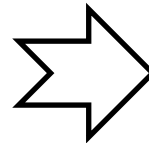
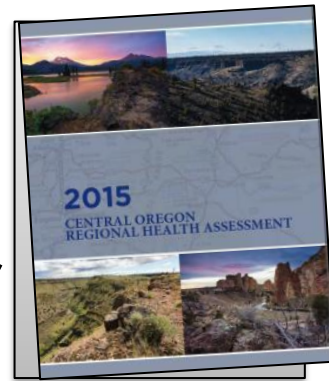
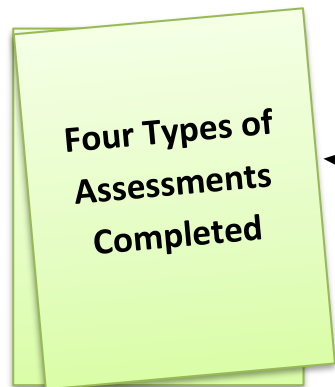
- 11:30-11:35** Welcome & Introductions/Self-Reflection Activity – **Miguel Herrada**
- 11:35-11:50** RHA, RHIP and CODI, oh my!– **Rebeckah Berry, Donna Mills**
- 11:50-12:00** Proposed Timeline – **Gwen Jones, Miguel Herrada**
- 12:00-12:10** Reflection on “success” defined – **Miguel Herrada**
- 12:10-12:25** Introduction of Draft Charter – **Brenda Comini, Miguel Herrada**
- 12:25-12:30** Action Items/Next Steps

May 27 meeting – Vitural Only

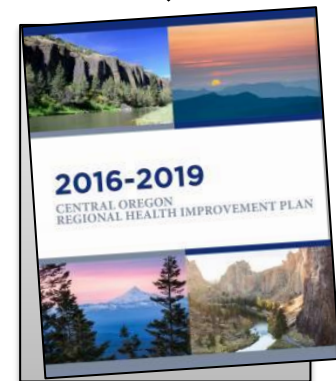
Please consider gathering in your individual communities
COHC is happy to host up to 9 folks at our office in NWX.
Please consider hosting at your local site. Contact Gwen Jones at gwen.jones@cohealthcouncil.org, if you're interested.

From the Regional Health Assessment to the Regional Health Improvement Plan

- The draft RHA is reviewed by partners, community members, and stakeholders. It is modified and ultimately adopted.



- Goals and strategies are developed for each priority



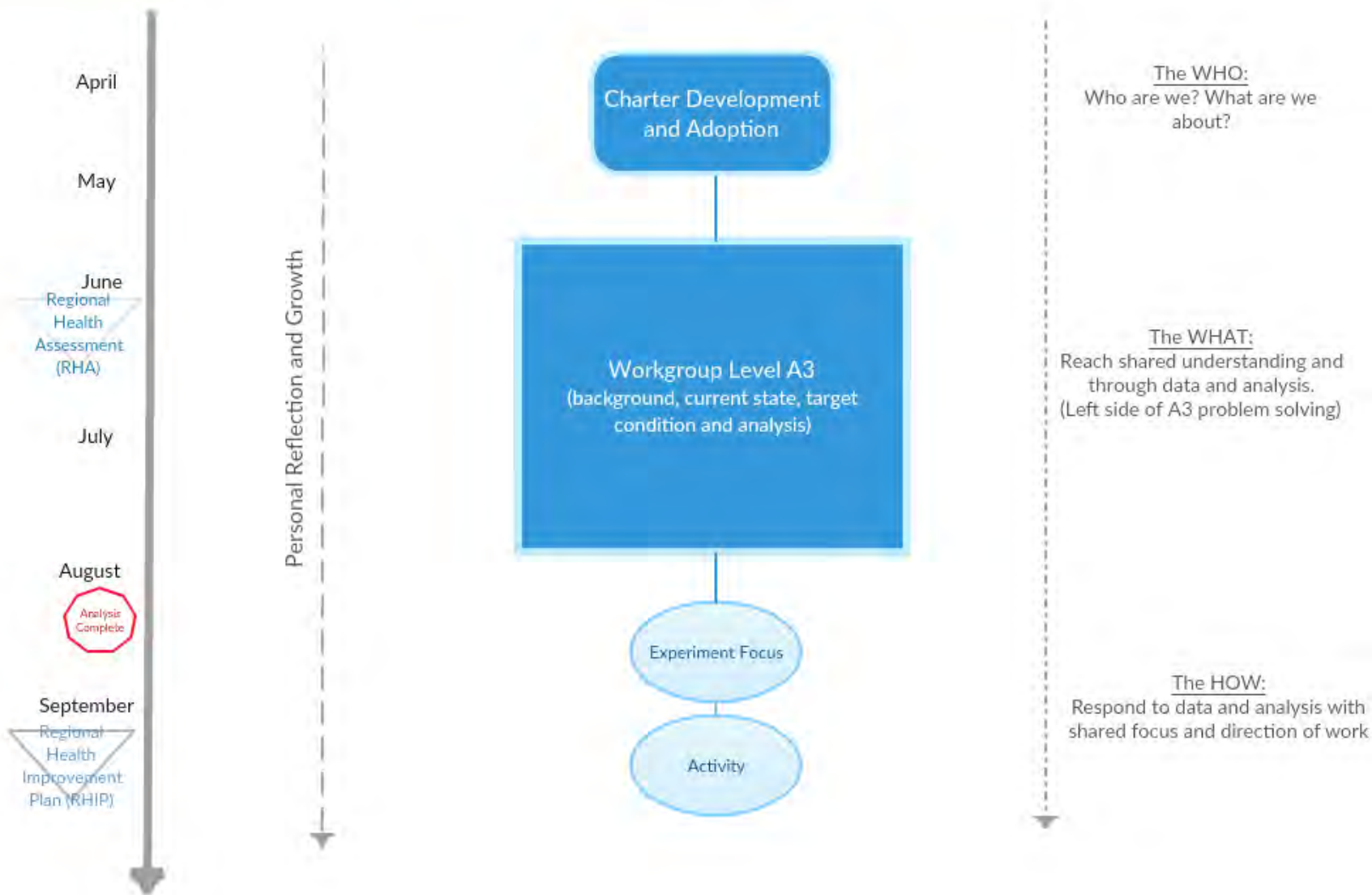
- Themes from the RHA are prioritized by impact, preventability/controllability, and feasibility.



- The Regional Health Assessment (RHA) is created using a collaborative Community Process called MAPP (Mobilizing for Action through Planning & Partnerships).
- Region-wide Focus Groups and interviews are conducted to gain community insight and collect qualitative data.
- Epidemiologists analyze quantitative data to identify regional health trends.

- Draft Regional Health Improvement Plan (RHIP) is reviewed by partners and stakeholders.
- RHIP modified accordingly and ultimately adopted.

CODI Proposed Time Line (draft 4.22.19)



- “What success looks like” for this group will be compiled and shared with group. These need to be organized and shared:

Create capacity.	<ul style="list-style-type: none"> ○ -Policy development and implementation around cultural responsiveness & reducing disparities ○ BARHI (Bar Hi Assessments of staff equity assessment and follow-up) ○ Sharing/Leveraging Resources for professional development for the region ○ Utilize tool(s) to understand individual group cultural competence and use to guide work ○ Intercultural development inventory for broader set of individuals/entities in Central Oregon ○ Diverse approach/empathy to people “not like us” ○ How to encourage/promote workforce diversity (represent populations served) ○ Engaging key populations in strategic ways ○ Fund interpreter training for language speakers to increase access (healthcare, schools, court, etc.)
Cultural Competence Continuum Education and/or research	<ul style="list-style-type: none"> ○ Taking time to learn/understand how to create safety and inclusiveness ○ Understand health and social determinant disparities in the region and address change ○ Increase learning & training opportunities/conversations w/ reduces barriers ○ Data out (share) ○ Have meaningful data on existing health inequities ○ Determine/explore what we don’t know about “others” (i.e., zip code, culture, poverty (socioeconomic), etc.) ○ Current state of affairs in our communities (i.e., demographics, health status, current policy/procedure/practices) ○ Focus on successful models that address disparities ○ Case studies to show what the ideal state looks like (examples)
Leadership	<ul style="list-style-type: none"> ○ Be the regional thought leaders in diversity and inclusion ○ Increase community awareness of diversity ○ Share Oregon’s history (break the myth/educate about our past) ○ Educate impacted populations on better ways to access needed services (“learn the rules” to gain confidence) ○ Inter-sectoral collaboration around health & Equity in decision-making community-wide (Health & Equity considered when decisions are made) ○ Increase awareness (increase critical lens on equity & inclusion, and increase thoughtfulness toward decision making) ○ Improve health outcomes
CODI immediate tasks	<ul style="list-style-type: none"> ○ Communicating & creating a safe space for medical care ○ What is our goal? Where’s our gap? ○ Broaden diversity of CODI group ○ All projects that are taken on are FULLY completed. Lessons learned from other communities, what worked and understand why



Central Oregon Diversity and Inclusion (CODI) Workgroup Charter

Rev 4.12.19

Central Oregon Health Council- Central Oregon Diversity and Inclusion (CODI)
Workgroup Charter

1. PURPOSE

The CODI Workgroup will serve to provide expertise, focus and actionable strategies to advance diversity, equity and inclusion in support the goals of the Central Oregon Health Council (COHC) as articulated in the Regional Health Improvement Plan (RHIP). The workgroup is charged to:

- Create capacity to establish policy and practice that ensures cultural responsiveness and focus on reducing disparities
- Identify strategies to create safety and inclusiveness in health practice across the region
- Provide and grow leadership focus on equity and inclusion and engagement of underserved populations in decision-making
- Understand and communicate disparities in health outcomes and recommend best/effective practice to impact change

The Triple Aim of improving health outcomes, increasing satisfaction with the health system and reducing cost will serve as guiding principles. Evaluation of effectiveness will include, but not be limited to, COHC adopted Health Impact Metrics (HIM) progress.

2. PURVIEW

The purview of the CODI Workgroup includes accountability for the positive movement of the HIMs, generating ideas and identifying areas that require the use of key tactics (funding, aligned strategies, policy, etc.), encouraging partnerships, and community outreach. The Workgroup is not required to create or apply these initiatives itself, but merely works to ensure that the gaps are filled and that barriers to HIMs improvement are removed.

3. AUTHORITY

Authority is vested to the CODI Workgroup by the COHC Board of Directors. In partnership with the Operations Council, the Workgroup has the decision-making authority to fiscally support any funded initiatives that affect equity, diversity and inclusion in health policy and practice. The Workgroup has the individual authority to make a declaration of support for any initiative.

4. COMPOSITION /GOVERNANCE

Community partner, health representatives and local experts will comprise the CODI Workgroup. Every effort will be made to have member representatives from all impacted parties, including health and community program practitioners, representatives with lived experience and advocates for underserved populations including but not limited to race/ethnicity, limited English proficiency, populations experiencing complex health and social needs, and geographic representation.

New members of the CODI Workgroup must be approved by the COHC staff member who acts as the organizer of that Workgroup. Workgroup members will be educated and be expected to fully understand the scope and authority of the Workgroup. Regular attendance at meetings is expected to direct the responsibilities of the workgroup.

The workgroup may form ad hoc sub-workgroups or request ad hoc member representation as required to achieve specific tasks. The Workgroup will include a member(s) on any sub-workgroups in order to maintain strategic alignment and communication of improvement ideas.

The Workgroup may choose to appoint a leader but is not required to do so. The COHC staff will organize all meetings and serve as the spokesperson and liaison for the group. A COHC staff member will fulfill the duties of the leader in his/her absence. Support for meetings will occur through the COHC staff team.

5. RESPONSIBILITIES/DUTIES

a. Scope

Workgroup members are expected to actively engage in discussions centered on health improvement as it is impacted by issues of equity, diversity and inclusion. The Workgroup is responsible for coordination of efforts with COHC standing committees and RHIP committees and other regional efforts, identifying and declaring their support for the initiatives they believe will have the greatest possible impact on reducing disparities in health outcomes and championing actionable strategies to improve policy and practice in Central Oregon.

b. Objectives

The Workgroup shall develop an A3 to guide priority work and improvement

progress for key strategies of focus. This process will serve to identify the gaps and brainstorm implementation pilots to improve equity, diversity and inclusion within health policy and practice in the region. The A3 will be presented to the Operations (OPS) Council on an annual basis with an update on Workgroup activities and progress.

Identified needs and proposed strategies will be coordinated with applicable RHIP Committees. If the Workgroup determines that funding is required to fill an identified gap, they will present their justification to the OPS Council. Given approval, the Workgroup will either 1) identify training or technical assistance need, organizational lead and submit through the COHC Funding request process; or 2) if broad application, draft and disseminate a Request for Proposal (RFP), receive and review applications once every 6 months with the RFP Review Sub-workgroup of the Operations Council.

c. Communication

Meetings will be scheduled on a monthly basis. To increase access across the region, on alternate months meetings will be facilitated through electronic meeting format. Special meetings may be called if an issue arises that requires immediate attention. Meeting agendas and supporting materials will be updated and sent to Workgroup members prior to meetings. A recording of Workgroup actions and approvals will be kept for each meeting.

d. Charter Approval and Revision

This charter must be approved by the CODI Workgroup to become active. Revisions to the charter will be approved by the Workgroup.

6. CONFIDENTIALITY

Confidentiality must always be maintained during CODI Workgroup review and deliberations.