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

**Agenda: June 24, 2019 from 11:15am – 12:45pm**

*Join Zoom Meeting – [https://zoom.us/j.307489003](https://zoom.us/j.307489003)  
1-669-900-6833 Meeting ID 307489003*

11:15-11:35   Welcome & Introductions/Self-Reflection Activity – Miguel Herrada

11:35-11:55   Updates and continued work - All  
• Charter acceptance  
• Asset mapping and stakeholder assessment

11:55-12:35   Structured Thinking - All  
• CODI and the new RHIP-review of pathway and timeline  
• Introduction of National Partnership for Action model [https://minorityhealth.hhs.gov/npa/](https://minorityhealth.hhs.gov/npa/)  
• Activity

12:35-12:45   Action Items - All  
• Virtual meeting locations for next month

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**July 22 meeting – Virtual 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.
1. PURPOSE

The CODI Workgroup will serve to provide expertise, focus and actionable strategies to advance diversity, equity and inclusion in support to 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, inclusion and engagement of underserved populations in decision-making
- Understand and communicate disparities in health outcomes and recommend/advocate for 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 to advance diversity, equity and inclusion in health practice (funding, aligned strategies, policy, etc.), encouraging partnerships, and community outreach. The Workgroup is not required to create or apply these initiatives itself, but strives to ensure that the gaps are filled, provide mitigation for duplication of efforts, 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 diversity, equity 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
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 will comprise the CODI Workgroup. CODI values strong partnerships with families and clients and will prioritize efforts to recruit and maintain support for members with lived experience.

New members of the CODI Workgroup must be approved by the Workgroup members will be provided orientation on the scope, authority and activities of the Workgroup at appointment. Regular attendance at meetings is expected to maximize the impact 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 diversity, equity 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 strategies and/or 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 areas of focus. This process will serve to identify the gaps
and brainstorm implementation pilots to improve diversity, equity 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 with the RFP Review Subworkgroup of the Operations Council (convenes once every 6 months).

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 will be maintained during CODI Workgroup discussion and deliberations with the goal of providing a safe and inclusive venue for honest dialog.
<table>
<thead>
<tr>
<th>Organization</th>
<th>Description of EDI focus</th>
<th>Contact</th>
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<tbody>
<tr>
<td><strong>EDI-Regional Impact</strong></td>
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<tr>
<td>Human Dignity Coalition</td>
<td>LGBTQ outreach, consultations, trainings, support groups</td>
<td>Jamie Bowman (Board Chair)</td>
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<tr>
<td>Allyship in Action</td>
<td>trainings and consultations</td>
<td>Erin Rook, Kerani Mitchell, Jamie Bowman, Liliana Cabrera</td>
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<tr>
<td>Let's talk diversity Coalition</td>
<td>consultations, trainings, outreach</td>
<td>Jolene Estimo-Pitt (Board Treasurer), Sacheen Smith (Office Administrator), Liliana Cabrera (board chair)</td>
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<td><strong>Health (and Organization) Specific Impact</strong></td>
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<td>Mosaic Medical</td>
<td>we are developing a cultural humility training this fall to spread across the organization</td>
<td>Jennifer Stewart 541-693-5132.</td>
</tr>
<tr>
<td>Deschutes County Equity &amp; Inclusion Committee</td>
<td></td>
<td><a href="mailto:Channa.Lindsay@deschutes.org">Channa.Lindsay@deschutes.org</a></td>
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<td>Developing Equity Leadership Through Action-OHA Behavioral Health Cohort</td>
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<td>Central Oregon Cares (Pacific Source, ECWORKS and CEAHEC)</td>
<td>Collaboration begun in late 2017 with the recognition of shared mission/values among these three entities- mainly around health care access for diverse/underserved populations as well as developing a pipeline of health care providers.</td>
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<td>State level: SHIP Institutional Bias Group/Oregon Health Policy board, Health Equity Committee (HEC).</td>
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<td>Cascades East Area Health Education Center (CEAHEC) at St. Charles</td>
<td>Focused on increasing the diversity and distribution of health care providers in rural, frontier and underserved areas. Has programs for grades 9-12 in central Oregon high schools.</td>
<td>Debbie Cole</td>
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<td><strong>Cultural Specific Services</strong></td>
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<td>Better Together</td>
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<td>Latino Success Initiative</td>
<td>began with K-12 focus and has expanded -</td>
<td>Christy Walker <a href="mailto:cwalker2@cocc.edu">cwalker2@cocc.edu</a>, Ruth Jones <a href="mailto:ruthjones@oregonstate.edu">ruthjones@oregonstate.edu</a> School</td>
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<tr>
<td>MountainStar Family Relief Nursery-board and staff</td>
<td>Tim Rusk, Exec Dir</td>
<td><a href="mailto:timr@mtstar.org">timr@mtstar.org</a></td>
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<td>Native Aspirations</td>
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<td>Juntos</td>
<td>Support latino families striving for higher education, educating the families and students of the education system, key components of school, and information about college/university</td>
<td>Ruth Jones</td>
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### Central Oregon Family Support Network

**Latino community association**
outreach, education and cultural programs, health access support, trainings, consultations; Brad Porterfield (ED), Renee Sanchez (Youth Programs), Oscar Gonzalez (Programs Manager), Milagros Aparicio (Community Resource Coordinator - Bend), Ana Bueno (Programs Manager), Milagros Aparicio (Community Resource Coordinator - Bend), Ana Bueno (board president)

### Opportunity Foundation
Diverse abilities-advocacy, employment, housing work training
Seth Johnson

### Paxalaxamisha-CTWS

### High Desert ESD
Paul Andrews paul.andrews@hdesd.org

### Education Specific
**Early Learning Hub Equity Team**
Brenda Comini brenda.comini@hdesd.org

**Districts working with CFEE - Coaching for Educational Equity**
| Restorative Justice and Equity Group | educational equity and restorative justice in Bend-LaPine Schools | Dalton Miller-Jones, Beth Hoover |
CODI Proposed Time Line (draft 4.22.19)

Charter Development and Adoption

Workgroup Level A3
(gaining understanding and high level analysis of current state)

The WHO:
Who are we? What are we about?

The WHAT:
Reach shared understanding and through data and analysis. (Left side of A3 problem solving)

The HOW:
Respond to data and analysis with shared focus and direction of work

April

May

June
Regional Health Assessment (RHAA)

July
Personal Reflection and Growth

August

September
Regional Health Improvement Plan (WHIP)

Recommendations to Board

Experiment Focus

Activity
V.1.5 What Success Looks Like

**Key Principles:**
- Engaging key populations in strategic ways
- All projects that are taken on are FULLY completed. Lessons learned from other communities, what worked and understand why

**Background:**

**Current state:**
- Understand health and social determinant disparities in the region and address change
- 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)

**Future State:**
- Focus on successful models that address disparities
- Case studies to show what the ideal state looks like (examples)
- Improve health outcomes
- Be the regional thought leaders in diversity and inclusion

**Tactics:**

*Regional Awareness:* (solving for... ppl don't know..“there is no diversity here”)
- Increase community awareness of diversity
- Share Oregon’s history (break the myth/educate about our past)
- Increase awareness (increase critical lens on equity & inclusion, and increase thoughtfulness toward decision making)

*Assessments:* (solving for...how are we doing? Are we getting any better?)
- BARHI (Bar Hi Assessments of staff equity assessment and follow-up)
- Utilize tool(s) to understand individual group cultural competence and use to guide work
o Intercultural development inventory for broader set of individuals/entities in Central Oregon

**Regional Training:** (solving for...we don’t know how to see this, interact, understand...)

- Sharing/Leveraging Resources for professional development for the region
- Increase learning & training opportunities/conversations w/ reduces barriers
- Taking time to learn/understand how to create safety and inclusiveness
- Diverse approach/empathy to people “not like us”

**Very specific focuses:**

- Fund interpreter training for language speakers to increase access (healthcare, schools, court, etc.)
- How to encourage/promote workforce diversity (represent populations served)
- Educate impacted populations on better ways to access needed services (“learn the rules” to gain confidence)
- Communicating & creating a safe space for medical care

- Policy development and implementation around cultural responsiveness & reducing disparities
- Broaden diversity of CODI group
Goal 1: **Awareness**- Increase awareness of the significance of health disparities, their impact on the nation, and the actions necessary to improve health outcomes for racial, ethnic, and underserved populations.

Goal 2: **Leadership**- Strengthen and broaden leadership for addressing health disparities at all levels.

Goal 3: **Health system and life experience**- Improve health and healthcare outcomes for racial, ethnic and underserved populations.

Goal 4: **Cultural and linguistic competency**- Improve cultural and linguistic competency and the diversity of the health-related workforce.

Goal 5: **Data, research and evaluation**- Improve data availability and coordination, utilization and diffusion of research and evaluation outcomes.

**THE AMSO FRAMEWORK: FOUR FACTORS FOR BEHAVIOR CHANGE**

1. **Awareness**
   
   Awareness is understanding the relationship between lifestyle and health outcomes. It used to be the primary focus of programs, but stimulates very little health behavior change, maybe only 5%.

2. **Motivation**
   
   Motivation drives why people want to change; it is rarely to improve health and more often related to their underlying passions or purpose in life. Motivation may account for as much as 30% of successful change.

3. **Skills**
   
   Success behavior change requires learning new skills and having the right skills can increase success rates by as much as seven-fold. Having the right skills accounts for about 25% of successful change.

4. **Opportunity**
   
   Having opportunities to practice healthy lifestyle is probably the most important factor, accounting for up to 40% of successful change. Our behaviors are influenced by our peers; the policies of the organizations we encounter; local, state and federal laws; societal norms, the natural and built environment; and social equality.