



Central Oregon Diversity and Inclusion (CODI) Workgroup

**VIRTUAL ONLY**

Agenda: July 22, 2019 from 11:15am – 12:45pm

Join Zoom Meeting – <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** Asset mapping review - **All**
- 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/>
  - Development of Action Plan – Small group
- 12:35-12:45** Action Items - **All**

**August 26 meeting – In person and Zoom**

Five goals of the National Partnership for Action NPA

<https://minorityhealth.hhs.gov/npa/templates/browse.aspx?lvl=1&lvlid=11#goal>

<http://dhhs.ne.gov/publichealth/documents/National%20Stakeholder%20Strategy.pdf>

<https://minorityhealth.hhs.gov/npa/templates/browse.aspx?lvl=1&lvlid=11>

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 five goals are:



## THE AMSO FRAMEWORK: FOUR FACTORS FOR BEHAVIOR CHANGE

<https://journal.thriveglobal.com/the-art-and-science-of-health-promotion-91b301fd7af6>

### 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

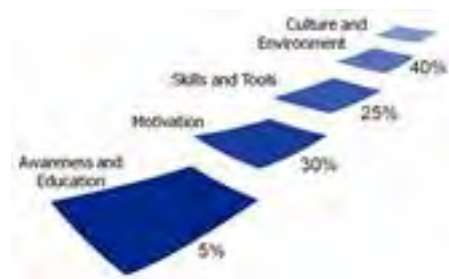
Motivation drives why people want to change; it is rarely to improve health and more often related to their underlying passions or purpose in life. Motivation may account for as much as 30% of successful change.

### 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 life style 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 build environment; and social equality.



Central Oregon EDI Assets

level of impact: I= individual O= organization. S=sector. P=Population

stage of journey: 1=launched. 2= developing. 3= well on their way. 4=exemplary

Organization	Description of EDI focus	level of impact	stage of journey
<b>EDI-Regional Impact</b>			
Transgender Health Care Coalition		S	1
Allyship in Action	trainings and consultations, trying to be more LGBTQ	O	4
Gero-Leadership Alliance?			
FAN Advocates	Doing more equity work (but do they have a plan?)		
Council on Aging?			
Family Independence Initiative	Jefferson County, helping families to get more (no idea what this word is...)		
Let's talk diversity Coalition	Jefferson County mainly: consultations, trainings, outreach, race, gender, etc. (may not have staff right now)	O/S	paused
<b>Health (and Organization) Specific Impact</b>			
Mosaic Medical	we are developing a cultural humilty training this fall to spread across the organization - need an equity plant and a regional equity group	O	2
Planned Parenthood		O/P	4
St. Charles	Equity group since January 2019	O	2
COPA		O	2
Paciificsource		O/P	1
East Cascades Works		S	2-3
Central Oregon Cares (Pacific Source, ECWORKS and CEAHEC)	NOT ACTIVE: 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	S	2
Saving Grace			
VIM			
Thrive Central Oregon	Promoting bilingual		
State level: SHIP Institutional Bias Group/Oregon Health Policy board, Health Equity Committee (HEC).	State HEC: hoping Kate Wells will represent CO, Medicaid Advisory is Miguel		

Cascades East Area Health Education Center (CEAHEC )at St. Charles	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.		
<b>Cultural Specific Services</b>			
Big Brothers Big Sisters			
Central Oregon Employment First		S	3-4
Central Oreton Self Advocates			
J BAR J			
COCC Clubs	2 Native Clubs: PIA Club & Latino Club. Department of Diversity recruited a new director - activists for inclusion, culture and minorities. Also has "Advanca" for regional education opportunities. Also has Latinx for recruitment and retention of immigrant students	S	3
COHC Access		S	4
OSU Diversity		S	1-2
Human Dignity Coalition	LGBTQ outreach, consultations, trainings, support groups	S	Paused
Latino Success Initiative	began with K-12 focus and has expanded; connected to Better Together	S/P	4
MountainStar Family Relief Nursery-board and staff			
Native Aspirations	Tribal - dropped out of "Let's Talk Diversity" to form this		
Juntos	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 ; starting "Juntitos" for younger kids		
Central Oregon Family Support Network		P	

Latino community association	outreach, education and cultural programs, health access support, trainings, consultations; New club: Amigitos (letter friends) works with moms after school resources, cultural education.	S/P	3-4
Opportunity Foundation	Diverse abilities-advocacy, employment, housing work training		
Paxalaxamisha-CTWS			
Education Specific			
High Desert ESD			
Early Learning Hub Equity Team	Under HDESD, also working w/ Warm Springs, trying to get parent advisory group	S	2
Mountain Star Family Relief Nursery		I/S	2
509J Equity Work			
Migrant Head Start/Migrant Education			
Bend La Pine School District - Diversity Equity Workgroup?			
Districts working with CFEE - Coaching for Educational Equity		S	4
(program of Oregon Center for Educational Equity) - Bend/LaPine, Redmond, HDESD are all (program of Oregon Center for Educational Equity) - Bend/LaPine, Redmond, HDESD are all participating with increasing participants in their organizations and now bringing back participating with increasing participants in their organizations and now bringing back		P	4
Restorative Justice and Equity Group	educational equity and restorative justice in Bend-LaPine Schools		
Better Together	HDESD Regional - lots of groups flesh this out	S/P	3
Business Specific			
Conexiones (COLPP)	Latino partner with OCF - focused on latin advancement - oversees a group called "Latin Leadership"	S	2
Government Specific			
Deschutes County Equity & Inclusion Committee	There is a committee (health only or all services included? Corrections, etc.)	I/O/P	3

City of Bend I3	Focus on D & E, Business focus, supported by City of Bend. Developing toolkit for anyone (online). Budget added a Diversity Statement for 2019-2020s; hiring someone to lead the work. No approved in the end but still supportive.	S	3
CASA of Central Oregon	State level, local funding tied to it		
DHS	Internal Equity Group; state level, and developed reigonally.		
Access to Justice (Legal)		S	3
Legal Aid			
Developing Equity Leadership Through Action- OHA Behavioral Health Cohort	Who are the DELTA grades in CO? A few: Kate Wells, Kat M., Miguel Herrada, Elizabeth Painter, Sareli Beltran	O/I	3
Oregon Health Board: Health Equity Committee		P	

version 4 date 6.27.19

**Contact**

Erin Rook, Kerani Mitchell, Jamie Bowman, liliana cabrera	
Jolene Estimo-Pitt (Board Treasurer), Sacheen Smith (Office Administrator), liliana cabrera (board chair)	
Jennifer Stewart	541-693-5132.
Lisa Dobey, Debbie Cole, Carlsos Salcedo	
Miguel Herrada	

Debbie Cole - Workforce diversity with an equity lens	530-713-0827 or dmcole@stcharleshealthcare.org
(couldn't read the name, begins with an "a")	
Jamie Bowman (Board Chair)	
	Christy Walker cwalker2@cocc.edu, Ruth Jones ruthjones@oregonstate.edu School
Tim Rusk, Exec Dir	<a href="mailto:timr@mtstar.org">timr@mtstar.org</a>
Katie McClure	
Ruth Jones	541-212-4884



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)	
Seth Johnson	

	Paul Andrews paul.andrews@hdesd.org
Brenda Comini	brenda.comini@hdesd.org
Dalton Miller-Jones, Beth Hoover	
Katie Condit	

Miguel Herrada	Paul Andrews paul.andrews@hdesd.org
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	Channa.Lindsay@deschutes.org
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Jeff Kitchens	
Donna Mills, Jenn App	
Andrea?	
Statewide presence, OHA office of minority health	Ignatios Bao, Anastasia Sofunac