Central Oregon Diversity Equity and Inclusion (CODEI) Committee

Agenda: December 14; 11:15 – 12:45pm

Join by computer: https://us02web.zoom.us/j/87938002036?pwd=eHNkbllnTFREa0JweW5qdlJiSTVkUT09
Join by phone: +1 669 900 6833; Meeting ID: 307 489 003
Passcode: 061565

11:15am - 11:20am   Welcome

11:20am - 11:30am   Introductions
- Las Posadas: https://www.mamalatinatips.com/2015/12/how-to-celebrate-las-posadas.html
- Bring, enjoy and share about your favorite holiday candy or fruit

11:30am - 11:45am   Reflections on Current Events of the Year
- Share what you have learned or experienced this past year about making room/welcoming those different from you

11:40am - 12:05pm   CODEI Action Plan: COHC Workgroup and CODEI Cross Membership
- Sharing and focused conversation

12:05pm - 12:30pm   CODEI Action Plan
- Key Concepts:
  https://docs.google.com/spreadsheets/d/1-e03tTmhBWXg8lIlT_GCAQ1lMkbfUL6-TyiDDzkgmU8/edit?usp=sharing
  What is missing? How should this be formatted? What is our next action on this?

Other working documents:
- CODEI and COHC Workgroup Cross Membership and Future Partners:
  https://docs.google.com/spreadsheets/d/1Q94jH5eNhJbFR2lYBYY3oX8CikYgqDv8RfAmeWcUpjM/edit?usp=sharing

- Organizational Health Equity Assessments and Health Equity Training Resources
  https://docs.google.com/spreadsheets/d/19PcR-IthHbHFF7Gxr8bIXPYVrrXlXf4kL1QJk3-76e4/edit?usp=sharing

12:30pm - 12:45pm   Closing and Celebrating Our Year Together
- Share what gives you hope about diversity, equity, and inclusion as we close out 2020 and look ahead to 2021

Next Meeting – January 25th; 1:00pm - 3:30pm; Review of CODEI Progress and Future Planning

As the *Central Oregon Diversity, Inclusion and Equity Committee* we collectively and individually practice and believe in:

- Solidarity
    - We move toward action in solidarity with our neighbors to actively and positively impact our agencies and communities.

- Humility
    - We carry the burden of history and a better future together, responsible to each other and ourselves for the space and energy we give and take.

- Curiosity
    - The direction we seek is bigger than any one of ourselves or agencies. We actively work to see a broader perspective, gain deeper insight, self-reflect and work towards equitable representation of diverse identities.

- Courage
    - This is courageous work. We choose to lean into the discomfort we experience knowing we grow in understanding and relationships.

- Transformation
    - Our lived experiences and need for safety are as true and diverse as we are. It is through invitation, curiosity, and listening that we reach our greatest shared understanding and commitment to transformative action.

Address Poverty and Enhance Self-Sufficiency

Central Oregon Health Council

Background: Why are we talking about this?

1990s Mill Closures / Timber Industry Decline
2000s Population Growth in Central Oregon
    The Great Recession
    Decreasing safety net – "War on Poor"
    Local workforce displacement
    Widening Opportunity Gap
	Central Oregon has grown rapidly over the past two decades. Individual communities face different economic and social challenges associated with this development, including increased unemployment, lack of affordable housing, and income inequality. There is significant evidence linking poverty to health disparities and poor outcomes.

Current Condition: What's happening right now?

- 9-17% of residents in Central Oregon lived in poverty between 2013 and 2017
- Almost 50% of the region's renters are considered to be cost burdened
- Almost 25% of the civilian labor force in Warm Springs is experiencing unemployment

Current State Metrics:
1. 2018 Central Oregon graduation rates were significantly lower among economically disadvantaged students
2. Food Insecurity by County: Crook 15%, Deschutes 13%, Jefferson 13.3%
3. Income constrained households: Crook 29%, Deschutes 26%, Jefferson 34%
4. Housing and transportation costs combined as a percent of income: Crook 67%, Deschutes 58%, Jefferson 58%

Goal Statement: Where do we want to be in 4 years?

Aim/Goal

Individuals and families in Central Oregon experiencing poverty are provided equitable access and connected to appropriate resources that help them overcome obstacles to self-sufficiency and address health-related challenges.

Future State Metrics - By December 2023:
1. Increase high school graduation rates among economically disadvantaged students
2. Decrease food insecurity
3. Decrease percent of income constrained households
4. Decrease housing and transportation costs as a percent of income

Analysis: What's keeping us from getting there?

- Demand exceeds supply for range of housing needs required
- Disjointed Systems
- Funding/Educational system is designed not to meet the needs of historically marginalized students
- Inactive response to Awareness, Barriers and Cultural Sensitivity
- Transportation can be inaccessible due to distance/economic
- Inequity of resources for income constrained families
- Scarcity culture promotes exclusionary programming
- Historical classism and racist structures undervalue and constrain people
- Complex & excessive restrictions to access safety nets

Date updated: *Version:*

Strategic Direction: What are we going to try?

- Strengthening Foundation of Individual and Community Health
- Empowering All People and Communities Through Inclusive and Collaborative Partnership
- Connecting People and Establishing Pathways to Enhance Community Resources
- Boosting Advocacy to Address Systemic Factors Contributing to Poverty

Focused Implementation: What are our specific actions? (who, what, when, where?)

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Follow-Up: What's working? What have we learned?

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Upstream Prevention: Promotion of Individual Well-Being

Central Oregon Health Council

Background: Why are we talking about this?

1973	Roe v. Wade	Upstream strategies improve fundamental social and economic structures that allow people to achieve their full health potential. Discrimination and racism impact all aspects of a person's well-being and intersect with all major systems of society. Educational status provides a significant predictor of health outcomes. Third-grade disparities exist for marginalized populations by race and economic status.
1990s	ACEs Study	
	Evolving birth control options	
2000s	Tech Advancement and Screen Time	
	No Child Left Behind	
	National Traumas (9/11, school shootings)	
	Anti-Vax (Vaccine) Movement	

Current Condition: What's happening right now?

- In Central Oregon, early literacy had a decreasing trend from 2016 to 2018

Current State Metrics:
1. Letter recognition at kindergarten for economically disadvantaged: Crook 11.9, Deschutes 12.1, Jefferson 9.4
2. Third grade reading for underserved races: Crook 29%, Deschutes 41%, Jefferson 35.4%
3. 44.8% of pregnancies were intended in Central Oregon
4. Two-year-old up-to-date immunization rates: Crook 70%, Deschutes 69%, Jefferson 71%
5. No established baseline for a metric such as the Child/Youth/Adult Resilience Measure

Goal Statement: Where do we want to be in 4 years?

Aim/Goal

All communities in Central Oregon have equitable access and opportunities to health, education, healthy relationships, community support, and experiences necessary to thrive at every stage of life.

Future State Metrics - By December 2023:
1. Increase letter name recognition at kindergarten for economically disadvantaged and/or underserved races
2. Increase third grade reading proficiency for economically disadvantaged and/or underserved races
3. Increase proportion of pregnancies that are intended
4. Increase two-year-old immunization rates
5. Establish a resiliency measure and increase the number of people who feel they belong in their community

Analysis: What's keeping us from getting there?

- Unbalanced distribution of resources across the region
- Decision-making based on misinformation and personal belief
- Systemic inequity prevents access to usable information
- Unbalanced bias creating isolation (connection vs alienation)
- Generational impact of foundational instability

Date updated: *Version:*

Strategic Direction: What are we going to try?

- Transforming care coordination across health systems
- Cultivating equity and inclusion in our communities
- Operationalizing DEI practices
- Broadening education to improve health outcomes
- Advocating for policies that improve health outcomes

Focused Implementation: What are our specific actions? (who, what, when, where?)

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Follow-Up: What's working? What have we learned?

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Stable Housing and Supports

Background: Why are we talking about this?

1990s Mill Closures / Timber Industry Decline Federal Housing Policy **2000s** Population Growth in Central Oregon Housing shortage The Great Recession Wage Vs. Housing Costs Single Income Households	Stable, healthy housing is a basic need. Insecure housing and an unhealthy living environment impact both physical and behavioral health conditions. By spending much of their income on housing, individuals and families must cut corners on other living expenses such as food, transportation, and medications, which can also significantly influence their health outcomes and overall well-being.

Current Condition: What's happening right now?

- In 2017, 18% of Central Oregonians paid more than half of their income for rent and mortgage
- In Central Oregon, minority households experience more housing challenges than their white counterparts
- Central Oregon has a critical shortage of supportive housing units to meet the needs of people with disabilities, with co-occurring mental health or substance use disorders, and/or extended history of homelessness

Current State Metrics:
1. In 2017, 18% of Central Oregon households were severely rent or mortgage burdened
2. In 2018, only 30% of Housing Choice Voucher holders were able to find and lease a housing unit
3. No system to determine an accurate number of those experiencing homelessness exists in Central Oregon

Goal Statement: Where do we want to be in 4 years?

Aim/Goal

Central Oregonians experiencing homelessness and those most at-risk of homelessness will have increased and equitable access to housing and supports that offer opportunities for stability and increased individual well-being.

Future State Metrics - By December 2023:
1. Decrease severely rent and mortgage-burdened households
2. Increase Housing Choice Voucher holders able to find and lease a unit
3. Accurately capture Central Oregonians experiencing homelessness

Analysis: What's keeping us from getting there?

- Inaccurate and accurate assumptions reduce acceptance of diverse housing
- Housing cost & supply outweigh wealth & income
- Uncoordinated common advocacy goals, problems & efforts
- Inconsistent disjointed & inaccurate systems of data collection
- Housing is considered a commodity not a human necessity
- Prohibitive income & background requirements

Date updated:	Workgroup:	Version:

Strategic Direction: What are we going to try?

Creating and increasing housing resources and opportunities

Developing and implementing advocacy strategies for housing policies and zoning

Aligning efforts across systems to address the housing crisis and homelessness

Educating the public to increase understanding and de-stigmatize housing needs

Focused Implementation: What are our specific actions? (who, what, when, where?)

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Follow-Up: What's working? What have we learned?

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Substance and Alcohol Misuse: Prevention & Treatment

Central Oregon **Health** Council

Background: Why are we talking about this?

1980s social norming of alcohol increases / legalization of brew pubs on Oregon **1990s** opioids are introduced for pain treatment **2007** E-cigarettes are introduced in the US **2016** marijuana is legalization in Oregon **2019** Surgeon General Report on Marijuana	1 in 10 Oregonians struggle with drugs or alcohol costing the state $6 billion /year. These illnesses are common, recurrent and treatable. Research indicates that preventing substance misuse can have far reaching implications for individuals, families and our community, including impact on education, community safety, health care, employment and quality of life.

Current Condition: What's happening right now?

- As of 2019, 19 cases of vaping related illnesses have been reported in OR, leading to 2 deaths
- Oregon has one of the highest rates of misuse of prescription opioids in the nation
- Deaths from methamphetamine overdoses in Oregon are up 400% between 2012 and 2017

Current State Metrics:
1. 37.4% of adults age 18-34 in Central Oregon reported binge drinking at least once in the past 30 days
2. 11th graders vaping or using e-cigarettes: Crook 22.6%, Deschutes 29.4%, Jefferson 16.6%
3. 7.8% of Medicaid members diagnosed with alcohol or drug dependence and who began treatment within 14 days of diagnosis, had 2 or more additional services within 30 days of initial treatment
4. Mental health / substance abuse ED visits per 1,000: Warm Springs 47, Prineville 20.1, Madras 17.2

Goal Statement: Where do we want to be in 4 years?

Aim/Goal

Create and enhance cross-sector collaborations and programming so that all Central Oregonians have equitable access to skilled, evidence-based substance and alcohol misuse prevention, intervention, treatment, and recovery services that are culturally responsive and trauma-informed.

Future State Metrics - By December 2023:
1. Decrease binge drinking among adults.
2. Decrease vaping or e-cigarette use among youth.
3. Increase additional services for alcohol or drug dependence for individuals newly diagnosed.
4. Reduce mental health/substance abuse emergency department visits in Madras, Prineville and Warm Springs.

Analysis: What's keeping us from getting there?

- Targeted seductive marketing encourages use
- Minimization of risk & harm impact prevention & care
- Data is not easily accessible or known
- Historical investment patterns impact SUD services
- Alcohol culture dominates the local lifestyle
- Inadequate screening & guidance at all contact points
- Trauma significantly impacts well-being
- Inaccessible & inequitable housing options
- Inconsistent & ineffective health messaging
- Pervasive stigma impedes prevention & access to care

Date updated: 10.13.20

Strategic Direction: What are we going to try?

- Expanding Prevention and Community Education
- Broadening Partnerships to Align Efforts
- Diversifying and Expanding Intervention and Treatment
- Accelerating Systems, Policy and Environmental Change
- Formalizing Diverse, Welcoming Approaches

Focused Implementation: What are our specific actions? (who, what, when, where?)

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Follow-Up: What's working? What have we learned?

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