Agenda: August 23, 2021; 11:15 – 12:45pm

Join by computer: https://us02web.zoom.us/j/87938002036?pwd=eHNkblInTFREA0IweW5qdUIiSTVkUT09
Join by phone: +1 669 900 6833; Meeting ID: 307 489 003
Passcode: 061565

11:15am – 11:40 am Welcome, Guiding Principles, Introductions, Current Events, Reading
   • Olympic Firsts (see meeting packet)
     o https://time.com/6087917/olympics-firsts-history-tokyo/
   • Release of 2020 Census Results (see meeting packet)

11:40am - 12:40 pm CODEI Action Plan
   • Key Concepts Update
   • Policy – Organizational Commitment to DEIJ Statement
   • Training – Organizational Training Survey Questions

12:40 - 12:45 Closing

Draft DEI Statement
https://docs.google.com/document/d/1zGjkPB43aeQkpXt_PFxt-ttD1MEpYtldvbtktl4Wsk0/edit?usp=sharing

Shared working documents:
https://drive.google.com/drive/folders/1Y3-hzNmUV9aZ5rxh9iORVtA4jPp87U2N?usp=sharing

Next Meeting – September 27
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.
Land Acknowledgement

We recognize and acknowledge the indigenous land of which we live, work, learn, play, and grow. This land of the Mololla, Paiute, Klamath, Modok, Yahooskin Band of Snake Indians, Confederated Tribes of Middle Oregon, and Confederated Tribes of Warm Springs. We acknowledge them as the past, present, and future caretakers of this land. It is on their traditional land where we partner to improve the health and well-being of Central Oregonians. We aspire to be good guests honoring the concept in the Warm Springs culture: “This land is for you to know and live upon and pass on to the children.”
Firsts in the Olympics Being Recognized

(https://time.com/6087917/olympics-firsts-history-tokyo/)

Sunisa Lee made history

Sunisa Lee became the first Hmong American Olympic gold medalist after she bested the competition in the individual all-around competition. The 18-year old also helped Team USA win silver in the team all-around final and won bronze in the uneven bars final during her Olympic debut.
First openly non-binary U.S. athlete competed

Alana Smith, an American skateboarder, was the first openly non-binary Team USA athlete to compete at the Games. They said in an Instagram post that their goal for the Games was “to be happy and be a visual representation for humans like me.”

First openly trans athletes represented their countries

While transgender athletes have been welcome to compete in the Olympics since 2004, no one has done so openly until now. This year, Canadian soccer player Quinn became the first openly trans athlete to win an Olympic medal; Canada’s women’s soccer team won gold. New Zealand weightlifter Laurel Hubbard was the first trans athlete to ever compete in the Olympics. And Chelsea Wolfe, a BMX freestyle alternate, became the first openly transgender athlete on Team USA.
The first U.S. Black woman won wrestling gold

Tamyra Mensah-Stock became the first U.S. Black woman to win Olympic gold in wrestling after winning the 68-kg freestyle final. “I’m like, ‘Oh my gosh, look at us representing,’ ” Mensah-Stock said, according to The Associated Press. “It’s so freaking awesome. You’re making history, I’m making history. We’re making history. So it meant a lot.”

First gender-balanced Olympics

The Tokyo Games are the “first gender-balanced Games in history,” the IOC reported. Almost 49% of the athletes competing are women. The Paralympics also have a record number of female competitors, the committee reports.
What The New Census Data Can — And Can't — Tell Us About People Living In The U.S.

By: HANSI LO WANG
(https://www.npr.org/people/177498291/hansi-lo-wang)

Whitney Turner, an employee of the U.S. Census Bureau, holds an "I count" sign at a 2020 census advertising campaign event in Washington, D.C., in January 2020.
Sarah L. Voisin/The Washington Post via Getty Images

A new portrait of the racial and ethnic makeup of the U.S. is set to be unveiled Thursday when the Census Bureau releases the largest trove of results from the 2020 count so far. The basic demographic information about how the country's residents self-identify will be used to redraw voting districts, enforce antidiscrimination laws and inform research and policymaking for the next decade.

Despite the challenges the 2020 census faced, including the coronavirus pandemic and interference from former President Donald Trump's administration, Census Bureau acting Director Ron Jarmin says the data is "high quality" and "fit to use for redistricting."
Still, there are complications baked into the new race and ethnicity numbers. Since the first national head count in 1790 — which used the categories of "Free white," "All other free persons" and "Slaves" — every picture of the country's demographics the census has captured has been flawed.

Here's what you need to know:

**People of color were likely undercounted in the 2020 census**

In 2010, the Census Bureau estimates it overcounted people who checked off the "White" box for the race question and did not identify as Hispanic or Latino, while it undercounted Black and Latinx populations as well as Native Americans who live on reservations. For the 2020 census, there are concerns that high government distrust among immigrants and other historically undercounted groups — fueled in large part by Trump's failed push for a citizenship question — will produce another undercount of people of color. Those worries came before COVID-19 upended census outreach plans and the Trump administration decided to end door-knocking efforts early. (The bureau is not expected to release 2020 census over- and undercounting rates until early 2022.)
Crowds move through Times Square in New York City in June.

Alexi Rosenfeld/Getty Images

Many households left the race and Hispanic origin questions unanswered

In November, Jarmin, the bureau's acting director, sent an early signal flare about the quality of the demographic data from the 2020 census. In a blog post, Jarmin noted that the agency's preliminary analysis showed there was a higher rate of households not answering the race and Hispanic origin questions in 2020 compared with the previous count. Jarmin then revealed in July that the bureau has been dealing with higher "nonresponse rates for characteristics than we've experienced in past censuses." To fill in those blanks, the agency relies instead on government records, interviews with neighbors and, as a last resort, educated guesses through imputation — a statistical technique that, a former Census Bureau director has warned, tends to overrepresent white people who do not identify as Latino while underrepresenting people of color.

Article continues after sponsor message

Data about Latinos may be skewed

In preparing for the 2020 count, the Census Bureau was planning to reframe race and ethnicity questions on the form in a way that, according to years of the bureau’s own research, would have collected more accurate data about people's Hispanic or Latino origins. The proposed changes would have required policy changes by the White House’s Office of Management and Budget, which, under the Trump administration, stalled on making a public decision on the proposal.

As a result, the 2020 census forms asked people whether they are "of Hispanic, Latino, or Spanish origin" and then asked for their race. That two-question format may have captured race and ethnicity data that is not fully representative of the Latinx population, results from an online survey the Pew Research Center conducted suggest.

"Many people of Hispanic origin say that they don't see themselves in the race question or even the Hispanic question," says Mark Hugo Lopez, director of race and ethnicity research at Pew. "As a researcher, that
suggests to me we need to think about other ways to ask about people's identity, because people's identity can be very, very rich and have a lot of nuances to it."

Middle Eastern and North African origins will be hidden in the data
According to federal standards, a person with "origins in any of the original peoples of Europe, the Middle East, or North Africa" is officially categorized as "White." Those data specifications are set by the OMB and must be followed by the bureau. There has long been a push to include a separate check box for Middle Eastern and North African, or MENA, groups. It was looking like one would appear on 2020 forms, but that possibility passed. That was a result of the Trump administration's stalling on the proposed policy changes that would have allowed the bureau to change how it asks about race and ethnicity. "That is the quintessential lesson of a nonaction is an action," says Maya Berry, executive director of the Arab American Institute and a longtime advocate for a separate MENA category on census forms. "It was an extraordinary disappointment."

Berry says she is hopeful that the additional write-in spaces the bureau added to the 2020 census race question encouraged more people to report their MENA origins, such as Lebanese and Egyptian. But that level of detailed race and ethnicity data would be part of a later batch of 2020 census results, and that release may be complicated by the bureau's new privacy protections.

New privacy protections may obscure the demographics of rural and small geographic areas
To try to keep up with advances in computing, the Census Bureau is using a new way of keeping people anonymous in 2020 census redistricting data. Those protections, the bureau has warned, will make some neighborhoods look "fuzzy" because they're intentionally designed to obscure their characteristics. While the bureau says the "fuzziness disappears" at higher levels of geography, many data users are concerned about the reliability of race and ethnicity data about rural communities and small geographic areas.
A person's racial and ethnic identity can change from census to census

How a person self-reports racial and ethnic identity can change from one census to another. This kind of churning is especially common among people who have identified as Hispanic or Latino, American Indian, Alaska Native, Pacific Islander or who have checked off boxes for more than one racial group, according to a study by Carolyn Liebler, a sociologist at the University of Minnesota, and Census Bureau researchers who compared responses from the 2000 census with those from the 2010 count. "All of these populations that have a lot of churn are potentially much bigger than you would actually see in one census," Liebler says, noting that how people decide to answer the census race and Hispanic origin questions can be influenced by their family trees, how they are perceived and treated by others and other complicated factors.

Measuring white population changes depends on how you define "white"

Some demographers are expecting the 2020 census results to mark a potentially historic moment. "The 2010s could be the first decade when the nation's white population registered an absolute loss," William Frey, a demographer at the Brookings Institution, wrote in June about an analysis of the Census Bureau's population estimates.

Frey's analysis uses a specific definition of "white" — people who only checked off the "White" box for the census race question and did not identify as Hispanic or Latino. For data used to enforce civil rights laws, the federal government has adopted a similar definition and specified in 2000 that anyone who identifies with the "White" category and with "one minority race" should be "allocated to the minority race."

But Richard Alba, a sociologist at the Graduate Center of the City University of New York and author of The Great Demographic Illusion, contends those definitions are too limiting and disregard the growing numbers of people of multiple backgrounds, including white. "The categories that we use — like white, Hispanic, Black — are becoming more heterogeneous within themselves because they include parts of this mixed group," Alba says. "And that could affect over time our understanding of the degree of racial inequality in the United States."

Write-in responses about race and ethnicity were categorized differently than in 2010

Changes to how the bureau sorted through the write-in responses to the race and Hispanic origin questions are likely to increase the number of people recorded in the 2020 results as identifying with more than one racial group compared with 2010 data, says Liebler, the University of Minnesota sociologist who has advised the bureau on data about race and ethnicity.

"It would be a mistake to make detailed comparisons of 2020 race/ethnic populations to other data not processed with this new, inclusive coding strategy unless the researcher knows the impact of the coding change," Liebler says.

Data crunchers may uncover "unexpected differences" when comparing these new census results with other data sets, Rachel Marks and Merarys Ríos-Vargas of the bureau's population division warned this month in a blog post, which also detailed some minor changes to the census questions.

In a statement, the bureau tells NPR it's not able to reproduce 2010 census data using its new coding procedures because of "limitations in the number of characters" processed for write-in responses in 2010.
Central Oregon Health Council
Commitment to Diversity, Equity, Inclusion & Justice

Our Commitment to Health Equity

Racism is a public health crisis. Every human being has a basic right to health.

As an organization built to improve the well-being of all residents across Central Oregon, the Central Oregon Health Council (COHC) has a responsibility to protect that right to health. We know that health equity will never be achieved unless we address the racism and inequality resulting from biased policies, practices and ideologies that shaped Oregon. Persisting today, these threaten the very principles and priorities that the COHC was formed to address.

The Central Oregon Health Council is committed to diversity, equity, inclusion and justice in our work culture, grant making, and community partnerships. Health equity is essential to achieving our purpose to build an equitable and integrated health ecosystem that improves the health of Central Oregonians. As a community-led organization, we pledge to work with our partners to address racial inequities within our communities and organizations.

The COHC commits to:

- continuing to engage and learn with our diverse Central Oregon communities to advance health equity, especially populations and communities who have been excluded, under-represented, and under-served.
- adopting more inclusive assumptions, policies and practices around current community engagement by listening and elevating the voices of those most impacted by COHC practices and policies.
- continuing to apply a health equity lens and analysis to all of our programs, policies, practices and grants.
- evaluating the progress of this DEI commitment, publicly sharing both our successes and failures and asking our partners to hold us accountable.
- striving to provide regional leadership on health equity through shared governance with our Coordinated Care Organization and implementation of the Regional Health Assessment and Regional Health Improvement Plan.
- publicizing and referencing this commitment in all appropriate communications.
- co-creating and building values, structures, policies and practices to partner in a broad variety of ways to meet the characteristic and diverse needs of our communities to advance an equitable and integrated health ecosystem.
Call to Action

We know this is not enough. We recognize we have a lot to learn, and work to do. We are committed to being an anti-racist organization. We call on our partners, members and staff to support and hold us accountable to this commitment. Together, we must identify meaningful solutions to address the challenges facing tribal nations and people of color. We must enable every person to be healthy, to be safe, and to thrive. We ask that you join us in these efforts.

COHC calls on all its members, partners and leaders to develop, adopt, and implement similar health equity commitments.
Background

**Health equity** means that everyone has a fair and just opportunity to be as healthy as possible. **Social determinants of health** contribute to health disparities and inequities. These conditions affect a wide range of health, functioning, and quality-of-life outcomes and risks. Racism, discrimination, violence, and wealth inequities are examples.

**Structural racism** is a fundamental social determinant that has been woven tightly into the fabric of American society. Structural racism establishes and reinforces a legacy of racial oppression and differential distribution of goods, services, opportunities, and protections by race. These include safe and affordable housing, quality education, adequate income and wealth building capacity, accessible quality health care, access to healthy food, safe and healthy neighborhoods, social connectedness and belonging.

Since 2020, the Centers for Disease Control, American Medical Association, and American Public Health Association have declared racism a serious public health emergency and threat. More agencies and states continue to join this declaration.

The Oregon Health Authority and the Governor have prioritized health equity. The purpose of Healthier Together Oregon: 2020-2024 State Health Improvement Plan is to advance health equity. Coordinated Care Organizations and Public Health Departments are implementing comprehensive health equity plans. Health equity is not just a strategic priority, but essential to the organizational mission and values of the Central Oregon Health Council.

Health equity is a cornerstone of the 2020-2024 Central Oregon Regional Health Improvement Plan (RHIP). Central Oregon strives toward an equitable health system where all people can reach their full health potential and well-being. Achieving health equity requires ongoing collaboration of all Central Oregon communities to address the inequitable distribution of resources, wealth and power; and to recognize, reconcile and rectify historical and contemporary injustices (2020-2024 RHIP).

**Our Journey To Date Towards Health Equity**

The COHC was founded in 2009 by medical and government leaders within our Central Oregon communities with the vision of improving health for every individual living in our region. Since then, the COHC has grown and the regional understanding of health, social determinants of health and health equity has evolved and developed. Out of our desire to better engage our communities, our partnerships have expanded outside the medical community to non-profit social services and education. Partnership remains an integral part of who the COHC is.

The Central Oregon Diversity, Equity, and Inclusion (CODEI) Committee was formed in 2019 to provide 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). Since the inception of CODEI, the COHC has accomplished the following:
- Creation and implementation of CODEI Action Plan, and development of resources to support progress in advancing health equity
- Supported the COHC Board of Directors prioritization of health equity in the current strategic plan
- Highlighting opportunities to advance health equity in RHIP workgroups
- Inclusion of health equity priority in community grant programs
- Beginning to identify and share data to support health equity

Link to CODEI Action Plan
Link to BOD Equity Strategies
Community DEIJ Training and Learning Survey

Why:
- You have identified training as a priority in your CODIE Action Plan.
  - “Conduct a COHC community training needs and interest assessment (include baseline engagement percentage)”
- We want to know what kinds of training organizations may be providing to their staff and if they are willing to make any of their training material available to other folks in Central Oregon.
- After we know this, we can help promote organizational anti-racism learning priorities, build a resource of regional resources for organizations to share, and identify additional learning opportunities for our communities and organizations.

Audience:
- Healthcare and social service organizations
- Existing COHC partners
- Individuals of organizations that have the knowledge to answer these questions. Examples: education or human resources departments, office managers, executive directors and their support staff

Process:
1. CODEI to revise and finalize survey questions, process and messaging
2. Staff to email survey to and make phone calls to collect survey answers
3. CODEI and staff assess the raw data (is there sufficient data to move forward to analyze?)
4. CODEI and staff analyze data
5. CODEI identify findings (strengths, gaps, opportunities) and determine next steps
Possible Survey Questions

Your name  
Your organization  
Your role

Does your organization provide learning opportunities (training, education, experience learning) about Diversity, Equity and Inclusion?  
Yes/no

Is the training: (select all that apply)  
  Mandatory  
  Voluntary  
  Certificated (Is a certificate available?)  
  Approved by OHA  
  Offered outside of your organization

In what context? (select all that apply)  
  Onboarding or new employee orientation  
  Yearly or intermittent learning

What methods are used? (select all that apply)  
  Fixed Curriculum (repeating same content, ‘canned’, created and reused)  
  Readings  
  Recordings/videos  
  Podcast  
  In person  
  Breakouts groups with discussion  
  Participatory  
    if yes, please describe activities  
  Personal sharing  
  Experiential (for example, site visits)

Note: curriculum could include items below… and items below could be free standing.

What are the topics covered in the training? (text box)  
  Examples -Overview of health equity, Implicit Bias, Trauma Informed Care, Structural Racism, Racism as Public Health Issue

What are the learning objectives covered? (text box)
Examples – understand and explain the differences between equality and equity; identify how implicit bias impacts decision making and ways to reduce its impact; identify significant events and practices that illustrate how race impacts health outcomes.

Are you willing to have additional conversation about sharing your learning resources with other organizations in Central Oregon?

Yes/No