



Central Oregon Diversity Equity and Inclusion (CODEI) Committee

May 4, 2022; 8:30am – 10:00am

Join by computer: <https://us02web.zoom.us/j/87938002036?pwd=eHNkbllnTFREa0JweW5qdJiSTVkuUT09>

Join by phone: 1-253-215-8782 or 1-669-900-6833

Meeting ID: 879 3800 2036

Passcode: 061565

- 8:30 am - 8:50 am Welcome, Guiding Principles, Introductions
- Current Events and Relationship Building
 - Environmental Justice and Health Equity
 - What is Environmental Justice:
https://www.youtube.com/watch?v=dREtXUij6_c
 - Fourth National Climate Conference: Human Health: <https://nca2018.globalchange.gov/chapter/14/>
- 8:50 am - 9:00 am Participation Outreach Follow Up
- 9:00 am - 10:00 am CODEI Action Plan
- CODEI outreach to RHIP Workgroups: Workgroup self-assessment of progress advancing health equity
 - CODEI Policies and Practices Equity Review
 - [CODEI Guiding Principles](#)
 - [Review Guide](#)
 - [Participation Practices](#)
 - [Review Guide](#)
 - [CODEI Charter](#)
 - [Review Guide](#)

Links to Shared Documents

COHC Webpage:

<https://cohealthcouncil.org/>

Shared Google Drive:

<https://drive.google.com/drive/folders/1Y3-hzNmUV9aZ5rxh9iORVtA4jPp87U2N?usp=sharing>

Regional Health Improvement Currently Funded Projects:

<https://www.centraloregonhealthdata.org/tiles/index/display?id=254047713344660685>

Next Meeting – June 1, 2022; 8:30a

Land Acknowledgment

We recognize and acknowledge the indigenous land on which we live, work, learn, play, and grow. This is the land of the Warm Springs, Wasco, Northern Paiute, Tenino, Klamath, Molalla, and Yahooskin. We acknowledge them as the past, present, and future caretakers of this land. It is on their traditional land that 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."

Central Oregon Diversity, Equity and Inclusion Committee

Central Oregon Health Council Committee



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.

Survey for RHIP Workgroups

month 1:

1. How is health equity addressed in your analysis of the (problem narrative from the RHIP chapters)? for your Workgroup?
2. How is health equity included in the (aim/goal statement) for your Workgroup?
3. How is health equity addressed in your analysis of what keeps us from getting to where we want to be (Root Cause) in 2024?

month 2:

4. How is health equity included in your strategic directions (what we are going to try)?
5. How has health equity been included in your focused implementation (your specific implementation actions)?

month 3:

6. From a health equity perspective, what's working? What have we learned about advancing health equity through your Workgroup?
7. What support (training, technical assistance, evaluation support) do you need as a RHIP Workgroup to be more effective in advancing health equity?

Promote Enhanced Physical Health Across Communities



Background: Why are we talking about this?	
1990s Rise in obesity rates Increased sugar consumption 2000s Decrease in recess time at school Increasing Aging Population Tech Advancement & Screen Time Vaping / E-cigarettes	Physical health is influenced by genes and biology, health behaviors, social environment, physical environment, and health services. Enhancing physical health throughout our communities improves quality of life and reduces the burden of healthcare and other costs to personal and public health. Access to healthcare is a challenge for residents in rural areas.

Current Condition: What's happening right now?
<ul style="list-style-type: none"> • Current rates of cardiovascular disease: Crook 9.7%, Deschutes 4.8%, Jefferson 5.7% • Current rates of diabetes: Crook 10.6%, Deschutes 5.9%, Jefferson 20.4% • Current adult obesity rates: Crook 31.5%, Deschutes 21.4%, Jefferson 42.2% • Fewer than 30% of 11th graders report 60 minutes or more of physical activity in 7 days • Fewer than 25% of 11th graders report getting 5 or more servings of fruits and vegetables per day • Adults who currently smoke: Crook 29.3%, Deschutes 17.3%, Jefferson 12.7% • Adults reporting high blood pressure: Crook 48.8%, Deschutes 24.8%, Jefferson 16.9% • New cases of syphilis have been steadily increasing in the entire region since 2012 • Percentage of Medicaid members who receive both annual wellness visit and preventive dental visit: Crook 17.8%, Deschutes 20.75%, Jefferson 19.3% <p>See RHIP for Full Current State Metrics</p>

Goal Statement: Where do we want to be in 4 years?
<p>Aim/Goal Equitably and measurably support all Central Oregonians to prevent disease by improving health behaviors and reducing risk factors that contribute to premature death and diminish quality of life.</p> <p>Future State Metrics - By December 2023:</p> <ol style="list-style-type: none"> 1. Decrease asthma, cancer, cardiovascular disease, and diabetes rates 2. Decrease obesity rates in adults 3. Increase fruit/vegetable consumption and physical activity in youth 4. Decrease risk factors for cardio-pulmonary and/or preventable disease 5. Decrease sexually transmitted infections 6. Increase individuals receiving both an annual wellness visit and preventative dental visit

Analysis: What's keeping us from getting there?
<ul style="list-style-type: none"> • Inequitable measurement and approaches to weight and health management • Rigidity of time, funding/payment, availability of service and receiving service • Disparate funding and deceptive marketing • Siloed systems prevent coordination of care • Power dynamics adversely affect and create an underrepresentation in policy creation • Trauma without resilience skills negatively impacts health • Resource inequality exacerbates health disparity • Individual and collective health beliefs impact health literacy efforts • Restrictive and inequitable built environment impacts health

Date updated: 11.15.21	Workgroup:	Version:
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Strategic Direction: What are we going to try?
<ul style="list-style-type: none"> • Reducing financial barriers to health • Ensuring access and coordination of health services • Improving health & wellness communication, education & delivery • Partnering with underserved communities for equitable decision making • Ensuring policies that promote health and an equitable built environment

Focused Implementation: What are our specific actions? (who, what, when, where?)
<ul style="list-style-type: none"> • Investing in programs that reduce barriers to youth fruit and vegetable consumption and physical activity. • Increasing coordination between oral health and primary care

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



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CODEI Guiding Principles.Equity Review

<https://docs.google.com/document/d/1aamROYbQR5mq0BIsBHrxRIItaRguwBAH/edit?usp=sharing&oid=113495420022257340442&rtpof=true&sd=true>

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WHEN?

❖ When designing the work, how do we maintain an intersectional approach and awareness?

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HOW?

❖ How do we measure data, success, and failure of process and outcome?

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Sources:

<https://www.health.state.mn.us/communities/practice/resources/publications/docs/1811advancingHEkeyQs.pdf>

https://racialequityalliance.org/wp-content/uploads/2015/10/GARE-Racial_Equity_Toolkit.pdf <https://www.policylink.org/resources-tools/tools>

<https://hriainstitute.org/blog/78-health-equity-and-systems-change-are-you-asking-these-4-key-questions-2> 1

Additional Questions (Questions in **bold** indicate key questions.)

ASSUMPTIONS

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- What structures/mechanisms could ensure that experts and agency staff are “on tap” as resources versus “on top” as deciders?
- What is the implementation process? Is it reflective of stakeholder needs and values?
- How are outcomes tracked and reported? Are there ways to improve data collection and transparency? 2



Regional Health Improvement Plan (RHIP) Workgroup

Participation Practices

The Central Oregon Health Council's (COHC) Regional Health Improvement Plan (RHIP) workgroups are made up of many people/partners from different parts of our communities. Every individual brings a unique and valued perspective. All of our perspectives, together, increase our ability to positively change our health and well-being. We make every effort to make sure people from every part of our many communities are present and included in our discussions, processes and decisions.

We want to help you fully understand our RHIP workgroups before participating. This will make it easier for you and for the other workgroup partners.

- If you are interested in participating in a workgroup, or are new to a workgroup, we will meet with you to educate you about the COHC, the RHIP, and the workgroup.
- Please email kelsey.seymour@cohealthcouncil.org or call 541.306.3523 to schedule a time.

All RHIP workgroups are open to the public and anyone interested in the workgroup topic. Please share your knowledge, insights and experiences in the discussions. Participating regularly gives you better understanding of the many perspectives, goals, and direction of the RHIP workgroup.

- When you participate in three monthly RHIP workgroup meetings within a 6-month period, you can vote on funding decisions. At this point, you will be called a "Voting Partner" and can vote starting at your fourth workgroup meeting.
- When you become a Voting Partner, they will need to complete the Conflict of Interest form and give it to a COHC staff person. You can find the form at [_____](#).

Once you become a Voting Partner, your presence and absence are important to us and the community-led work the RHIP workgroup is involved in.

- If you are absent for three RHIP workgroup meetings in a row or come to four or less RHIP workgroup meetings in 12 months, you will no longer be a Voting Partner.
- If you choose to stop attending a workgroup, please tell a COHC Staff person as soon as possible. You can email your workgroup facilitator or call 541.306.3523.

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Central Oregon Diversity and Inclusion (CODI) Workgroup Charter

Rev 4.27.19

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 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, and will be provided orientation on the scope, authority and activities of the Workgroup prior to approval. Members are expected to attend regularly 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 their 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 Sub-workgroup 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.

CODEI Charter.Equity Review

<https://drive.google.com/file/d/1oIPN0wxFw4w6jqJsh35Gjn82w6DVxot1/view?usp=sharing>

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