



Central Oregon Diversity Equity and Inclusion (CODEI) Committee

June 1, 2022; 8:30am – 10:00am

Join by computer: <https://us02web.zoom.us/j/87938002036?pwd=eHNkblInTFREa0JweW5qdJiSTVkUT09>

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
 - [Juneteenth](#) and [The Black National Anthem](#)
 - [Kim Weston singing Lift Every Voice and Sing \(1968\)](#)
 - [Beyonce singing Lift Every Voice and Sing \(2019\)](#)
- 8:50 am - 9:00 am Participation Outreach Follow Up
- 9:00 am - 10:00 am CODEI Action Plan
- CODEI Policies and Practices Equity Review
 - [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 – August 3, 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.

**Lift Every Voice and Sing
(The Black National Anthem)**

Lift ev'ry voice and sing,
'Til earth and heaven ring,
Ring with the harmonies of Liberty;
Let our rejoicing rise
High as the list'ning skies,
Let it resound loud as the rolling sea.
Sing a song full of the faith that the dark past has taught us,
Sing a song full of the hope that the present has brought us;
Facing the rising sun of our new day begun,
Let us march on 'til victory is won.

Stony the road we trod,
Bitter the chastening rod,
Felt in the days when hope unborn had died;
Yet with a steady beat,
Have not our weary feet
Come to the place for which our fathers sighed?
We have come over a way that with tears has been watered,
We have come, treading our path through the blood of the slaughtered,
Out from the gloomy past,
'Til now we stand at last
Where the white gleam of our bright star is cast.

God of our weary years,
God of our silent tears,
Thou who has brought us thus far on the way;
Thou who has by Thy might
Led us into the light,
Keep us forever in the path, we pray.
Lest our feet stray from the places, our God, where we met Thee,
Lest, our hearts drunk with the wine of the world, we forget Thee;
Shadowed beneath Thy hand,
May we forever stand,
True to our God,
True to our native land.

Why the Black National Anthem Is Lifting Every Voice to Sing

Scholars agree the song, endowed with its deep history of black pride, speaks to the universal human condition

Janelle Harris Dixon

Museums Correspondent

<https://www.smithsonianmag.com/smithsonian-institution/why-black-national-anthem-lifting-every-voice-sing-180975519/>

The air inside the Los Angeles Memorial Coliseum is electric with collective black joy. It is Sunday, August 20, 1972, the afternoon of the storied Wattstax concert, a seven-year community commemoration following the 1965 Watts neighborhood uprising against police brutality and systemic discrimination.

Attendees laugh, joke and jostle through the stadium's classically domed entryways, some with \$1 tickets in hand, others admitted for free depending on what they can afford. By the time everyone is seated, more than 112,000 spectators, most of them African American Los Angeleans—dancing teenagers, multi-generational families, gang members, blue-collar workers anticipating a day of fun before the start of a new work week—people the rows with a range of brown complexions. It is reportedly the largest gathering of African Americans since the 1963 March on Washington and even before the music performances begin, it is living art.

On the stage, erected in the center of the field just hours after a home game between the Los Angeles Rams and the Oakland Raiders the night before, Rev. Jesse Jackson ignites the crowd with his signature call-and-response recitation of "I Am Somebody." By its final lines, thousands of fists are raised in the air in a solidarity salute to black power. Jackson capitalizes on the euphoria of the moment to take the people even higher: "Sister Kim Weston," he announces, "The Black National Anthem."

Weston clutches the microphone, her cappuccino-colored skin glazed by the midday sunlight. If anyone in the house has never heard “Lift Every Voice and Sing”—affectionately referred to as “the Black National Anthem”—hers is the perfect introduction to it.

The notes purr from her throat, vibrating with pride and sincerity, and she holds them unrushed to compel her audience to soak in the hymn’s distinguished place of honor in the black musical canon, the African American story set to song.

***Lift every voice and sing
Till earth and heaven ring,
Ring with the harmonies of Liberty;
Let our rejoicing rise
High as the listening skies,
Let it resound loud as the rolling sea.***

In an inherent Africanism, Weston extends an invitation for the community to join her as she soars to the chorus. “Won’t you sing it with me everybody?” she asks. Having memorized the entire hymn from its repeated incorporation into church services or school assemblies or performances led by youth choir directors, the crowd responds as an ensemble of tens of thousands of voices, stumbling and mumbling over some parts, their fists still raised emphatically in the sky.

***Sing a song full of the faith that the dark past has taught us,
Sing a song full of the hope that the present has brought us,
Facing the rising sun of our new day begun
Let us march on till victory is won.***

“Lift Every Voice and Sing” sets an atmosphere of reverence and gratitude—for the American journey of black people, for the selfless sacrifices of the ancestors, for an inheritance of indomitability and resilience—and on the Wattstax stage, the hymn elevates the celebration of black pride.

“It’s one of the highlights of my life,” says Weston, reached recently at her home in Detroit. Reflecting on the song’s powerful resonance, she says: “I’ve been singing ‘Lift Every Voice and Sing’ since I was five years old. I learned it

in kindergarten—we sang it every day. So that performance was a beautiful moment of solidarity.”

This year, the NFL announced that “Lift Every Voice and Sing” will be played or performed in the first week of the season, an acknowledgement of the explosive social unrest and racial injustices that have recently reawakened the American conscience. Just two years ago, team owners banned Colin Kaepernick and other players from silently protesting the same crimes against black humanity by taking a knee during the “Star-Spangled Banner.” Weston believes the gesture indicates progress.

“You know what? I sang ‘Lift Every Voice and Sing’ at the first inauguration of President G. W. Bush,” Weston says. “I think that that’s the same thing he was doing, showing the black community that there is some concern. What do they call that, an olive branch?”

In 1900, James Weldon Johnson composed the poem that would become the hymn that, in the 1920s, would be adopted by the NAACP as the official Negro National Anthem. A prototypical renaissance man, Johnson was among the first black attorneys to be admitted to the Florida bar, at the same time he was serving as principal of the segregated Stanton School in Jacksonville, Florida, his alma mater and the institution where his mother became the city’s first black public-school teacher.

Tasked with saying a few words to kick off a celebration of Abraham Lincoln’s birthday, Johnson opted to display another one of his many gifts by writing a poem instead of a standard, more easily forgettable speech. He wrestled with perfecting the verses, and his equally talented brother J. Rosamond Johnson, a classically trained composer, suggested setting them to music. A chorus of 500 students sang their new hymn at the event.

When the two brothers relocated to New York to write Broadway tunes—yet another professional pivot in Johnson’s illustrious career—“Lift Every Voice and Sing” continued to catch on and resonate in black communities nationwide, particularly following an endorsement by the influential Booker T. Washington. Millions more have sung it since.

"The school children of Jacksonville kept singing it, they went off to other schools and sang it, they became teachers and taught it to other children. Within twenty years, it was being sung over the South and in some other parts of the country," Johnson wrote in 1935. "Today the song, popularly known as the Negro National Hymn, is quite generally used. The lines of this song repay me in elation, almost of exquisite anguish, whenever I hear them sung by Negro children."

Sometime in the 1920s, Johnson sat for German artist Winold Reiss, who famously memorialized W.E.B. DuBois, Zora Neale Hurston and other luminaries from the Harlem Renaissance. The drawing is held in the collections of the Smithsonian's National Portrait Gallery as a tribute to Johnson's diversely distinguished life and career. After writing the Black National Anthem, he was appointed United States consul first to Venezuela, then Nicaragua by the Roosevelt administration. He went on to serve as field secretary for the NAACP, opening branches and enlisting members, until he was promoted to chief operating officer, a position that allowed him to outline and implement foundational strategies that incrementally combatted racism, lynching and segregation and contributed to the eventual death of Jim Crow laws.

The prestige of "Lift Every Voice and Sing" has become part of its legacy, not just for its distinguished lyrics but for the way it makes people feel. It inspired legendary artist Augusta Savage to create her 16-foot sculpture *Lift Every Voice and Sing (The Harp)* for the 1939 New York World's Fair. Black servicemen on the frontlines of World War II sang it together, as have civil rights demonstrators in every decade, most recently on the steps of the Lincoln Memorial following the murder of George Floyd. President Obama joined the chorus of celebrity guests performing it at a White House civil rights concert. Beyoncé included it in her stunning Coachella performance in 2018, introducing it to a global audience who may not have known it before. It's been recorded by Weston, Ray Charles, Aretha Franklin, Stevie Wonder, and across all genres—jazz, classical, gospel, opera and R&B.

Though Johnson's lyricism references key symbols from black history and culture—the "bright star" alludes to the North Star that guided men and

women fleeing from enslavement to freedom, for example—he never draws an explicit connection to race. That means the anthem isn't proprietary or exclusive to black people, says Tim Askew, professor of English and humanities at Clark Atlanta University and author of *Cultural Hegemony and African American Patriotism: An Analysis of the Song 'Lift Every Voice and Sing.'*

"A Black National Anthem is amazing. It is. But the song is an anthem of universal uplift. It's a song that speaks to every group that struggles. When you think of the words "lift every voice," of course as a black person, I see the struggles of black people. But I also see the struggles of Native Americans. I see the struggles of Chinese Americans. I see the struggles of women. I see the struggles of gays and lesbians. I see the struggles of Jews. I see the struggles of the human condition. And I have to talk about that," says Askew, who has had an academic love affair with the hymn for nearly 40 years.

"Lift Every Voice and Sing" has been sung by Mormons, Southern white folks and congregations around the world, appearing in more than 30 church hymnals. Rabbi Stephen Wise of the Free Synagogue in New York wrote to the Johnson brothers in 1928, calling the hymn the "noblest anthem I have ever heard." That, says Askew, is a testament to the song's universal magnetism beyond the defining lines of race and religion.

"The greatest compliment to James Weldon Johnson and his brother, these two black men, and to black people in general, is that something that comes from our experience became global. People around the world are hearing it and relating to it and responding to it," says Askew.

Scholars, particularly Wendell Whalum at Morehouse College, have dissected the emotional progression through the three stanzas of "Lift Every Voice and Sing," from praise (see words like "rejoicing," "faith" and "victory") to lament (see "chastening rod," "blood of the slaughtered," "gloomy past") to prayer (see "keep us forever in the path, we pray").

Equal parts honoring the painful past and articulating optimism for the future, the hymn may be Johnson's most well-known contribution because its lyrics remain relevant to where we are as a country in any era,

says Dwandalyn Reece, curator of music and performing arts at the Smithsonian's National Museum of African American History and Culture. "Johnson speaks to a larger trajectory that really shapes us all. The struggle we're seeing today is not just between black and white, it's for all people. We need everyone to stand up and speak out and get engaged in really changing society."

As essential as Johnson's genius poeticism, she adds, is brother Rosamond's genius composition. "We always talk about the lyrics but I think the music is just as important—the majestic sound, the steadfastness, the sturdy beat. You get to these highs where you just want to sing at your loudest and assert who you are. There's a tremendous amount of power when the lyrics and music are married together," says Reece. "For me, it's always kind of uplifting, particularly in a moment of despair or a moment of remembering why you're here, what got you here and the possibility that you want to imagine for yourself."

That aspiration and hopefulness was in the faces of the thousands of people saluting their people—and themselves—at Wattstax as Kim Weston delivered what may have been the most notable performance of "Lift Every Voice and Sing" until that time and arguably of all time, certainly the first to resuscitate its widespread popularity. Jesse Jackson was so passionate about reinvigorating interest in the Black National Anthem, he reportedly elevated Weston's arrangement as the gold standard and encouraged local radio stations to play it.

Should a song that threads the black experience be communal domain? Is it separatist in a country that has never been invested in unity? A champion for the history and culture of African Americans, Johnson himself identified "Lift Every Voice and Sing" as the Negro National Hymn, honored that it resonated so deeply among the people he committed his life to loving and lifting. But it's possible he recognized its ability to rally and unify others too.

"Johnson was the epitome of class and excellence, a global person, but as a well-informed citizen even back in his day, he knew that this song was larger than us. He knew it had international appeal because people around the

globe were asking him if they could sing the song," says Askew, himself passionate about the hymn's mass appeal. "I mean, this song went everywhere because he went everywhere. It doesn't diminish black folks because we deserve to sing a song that speaks to our experiences, but it just joins other people in a human struggle. We have to think of ourselves in a global sense."

Janelle Harris Dixon | READ MORE

Janelle Harris Dixon is a Washington, DC-based writer and editor covering race, gender, culture and class.



Central Oregon Diversity, Equity & Inclusion (CODEI) Action Plan 2020-2024

The [Meyer Memorial Trust Diversity, Equity and Inclusion \(DEI\) Spectrum Tool](#) was used to assess where the Central Oregon Health Council (COHC) is on its DEI journey and to identify areas for future work. The COHC Board of Directors chose the following areas to focus on for the 2020-2024 Action Plan: **GREEN**=Done **ORANGE**=In Progress

POLICIES: By December 2024, the COHC will have DEI policies and an organizational DEI plan with clear goals, objectives and indicators of progress and success.	
Year	Activities (What We Do)
2021:	<ul style="list-style-type: none"> ● DEI statement is developed by CODEI, adopted by the Board of Directors ● Draft COHC Land Acknowledgement
2022:	<ul style="list-style-type: none"> ● Finalize & Publish Land Acknowledgement ● Conduct COHC policy assessment
2023-2024	<ul style="list-style-type: none"> ● Develop and adopt COHC policy changes

TRAINING: By December 2024, the COHC will develop and implement a learning plan and foster ongoing DEI learning and growth for board, staff, committees and workgroups.	
Year	Activities (What We Do)
2021:	<ul style="list-style-type: none"> ● Conduct DEI Learning needs assessment ● Develop DEI resources
2022:	<ul style="list-style-type: none"> ● Develop & implement comprehensive learning plan ● Disseminate community DEI resources
2023-2024	<ul style="list-style-type: none"> ● Develop DEI learning accountability guidelines and measures ● Monitor, review and update community DEI resources

DATA: By December 2024, the COHC and partners will routinely collect and analyze data for all work and use the information in planning and decision-making.	
Year	Activities (What We Do)
2021:	<ul style="list-style-type: none"> ● Conduct assessment of data sources for disaggregation ● Collect REALD data for COHC staff, board and CAC
2022:	<ul style="list-style-type: none"> ● Identify new data to be disaggregated ● Develop recommendations for organizations to collect disaggregated data
2023-2024	<ul style="list-style-type: none"> ● Develop a plan for using disaggregated data in decision making

[Check out the full Action Plan here.](#)

Upstream Prevention: Promotion of Individual Well-Being



Background: Why are we talking about this?

<p>1973 Roe v. Wade</p> <p>1990s ACEs Study Evolving birth control options</p> <p>2000s Tech Advancement and Screen Time No Child Left Behind National Traumas (9/11, school shootings) Anti-Vax (Vaccine) Movement</p>	<p>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.</p>
--	--

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, measure yearly 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: 2.2022

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?)

Future State Measures	What	When	Where
Improving Kinder Readiness and 3 rd Grade Reading	Community Grant Opportunity	Awarded 7.2021	Full region. Focus on priority populations
Increase proportion of pregnancies that are intended	Media Campaign Promoting Intended Pregnancies	Awarded 1.2022	Full region. Focus on 18-24yo, under resourced, specific identities and their partners
Increase two-year-old immunization rates	Central Oregon Immunization Quality Improvement Coordinator	Awarded 2.2022	Full region. Clinics and public health
Create a regional measure for Resilience and Belonging	Create a regional measure for Resilience and Belonging	Awarded 12.2021	Full region. Representative sampling.

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

{insert}



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.

Reviewed by:

What is the agreed upon intent of this document?

Equity tools are designed to help us fashion intentional considerations of health and racial equity into decisions. They provide a way to standardize and normalize considerations of equity in all parts of an organization’s work. Regularly using an equity tool can reduce inequities and improve the success of policies, practices, programs, and budgets. When equity tools are not integrated into planning at all levels, health and racial disparities are more likely to continue.

Basic Questions(*Allyship in Action*)

Ask these questions when considering an existing policy or practice AND as you build a new policy or practice.

WHO?
<ul style="list-style-type: none">❖ Who is most affected (burdened or benefited) by these decisions?❖ Who is involved in the decision-making process?❖ Who is responsible and accountable to the outcome?❖ Who has or doesn’t have power and why? <p><u>Reflection-</u></p>

WHAT?
<ul style="list-style-type: none">❖ What assumptions do I hold regarding this policy and who it affects?❖ What are the barriers to full participation in decisions and access to services? <p><u>Reflection-</u></p>

WHERE?
<ul style="list-style-type: none">❖ Where are voices missing from the work and process? <p><u>Reflection-</u></p>

WHEN?

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

Reflection-

WHY?

❖ Why do the barriers exist and how can we eliminate them?

Reflection-

HOW?

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

❖ How do we leave room in the process to be responsive to the dignity and unique needs of the communities we work with and serve?

Reflection-

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

- **What are our values that are underlying this discussion or decision?**
- **What is assumed to be true about the world and the role of the institution in the world?**
- **What is a successful outcome? For whom? Who decides what “success” is?**
- What should be measured to indicate success? When should it be measured?
- Is equity a central concern? If not, why not?
- What would it look like if equity was the starting point for decision-making?
- How is opportunity defined, for whom, and who is defining it? How might opportunity be defined to include everyone?
- How is a healthy community being defined, for whom, and who is defining it?
- What is an effective, participatory, and equitable public process?
- What are the roles/responsibilities of the institution/organization/office? What are not? What should the roles/responsibilities include?

POLICIES

- **What are the outcomes?** Were these the intended outcomes? **What outcomes do we want?**
- **Who is left out?**
- **Who should benefit?**
- How are the benefits of the policy or policies distributed among groups, such as across racial/ethnic populations?
- How has racism (historical or otherwise) contributed to the distribution of benefits across populations?
- How are the benefits of the policy or policies distributed among places?
- How has racism contributed to the distribution of benefits across places?
- How might the benefits of the policy to populations or to places be more equitably distributed?
- What groups are burdened by this policy? Which places?
- How might the burdens on populations or on places be more equitably distributed?
- What have been the outcomes of this policy? Were these the intended outcomes?
- Does this initiative/policy maintain things the way they are now? Should it?
- Are there unintended consequences from the policy? Is there a way to correct for unintended outcomes?
- Are policies in other areas affecting the effectiveness of this policy? Where could policies be coordinated?

PROCESSES

- **Who is at the decision-making table and who is not?**
- **Who has the power at the table?**
- **Who is being held accountable and to whom or what are they accountable? How will you ensure accountability, communicate, and evaluate results?**
- **How should the decision-making table be set, and who should set it?**
- How connected are the decision makers to the communities affected? How is responsibility for making decisions shared?
- What are the criteria used to make decisions? Are these the right criteria?
- How inclusive and empowering is the decision-making process, especially for those historically excluded?
- What mechanisms are in place to ensure the decision-making process considers the long-term interests of diverse populations?

- 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

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>

Reviewed by:

Equity tools are designed to help us fashion intentional considerations of health and racial equity into decisions. They provide a way to standardize and normalize considerations of equity in all parts of an organization's work. Regularly using an equity tool can reduce inequities and improve the success of policies, practices, programs, and budgets. When equity tools are not integrated into planning at all levels, health and racial disparities are more likely to continue.

Basic Questions(Allyship in Action)

Ask these questions when considering an existing policy or practice AND as you build a new policy or practice.

WHO?

- ❖ Who is most affected (burdened or benefited) by these decisions?
- ❖ Who is involved in the decision-making process?
- ❖ Who is responsible and accountable to the outcome?
- ❖ Who has or doesn't have power and why?

Reflection-

WHAT?

- ❖ What assumptions do I hold regarding this policy and who it affects?
- ❖ What are the barriers to full participation in decisions and access to services?

Reflection-

WHERE?

- ❖ Where are voices missing from the work and process?

Reflection-

WHEN?

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

Reflection-

--

WHY?

❖ Why do the barriers exist and how can we eliminate them? <i>Reflection-</i>
--

HOW?

❖ How do we measure data, success, and failure of process and outcome? ❖ How do we leave room in the process to be responsive to the dignity and unique needs of the communities we work with and serve? <i>Reflection-</i>

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>

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

ASSUMPTIONS

- | |
|---|
| <ul style="list-style-type: none">● What are our values that are underlying this discussion or decision?● What is assumed to be true about the world and the role of the institution in the world?● What is a successful outcome? For whom? Who decides what “success” is?● What should be measured to indicate success? When should it be measured?● Is equity a central concern? If not, why not?● What would it look like if equity was the starting point for decision-making?● How is opportunity defined, for whom, and who is defining it? How might opportunity be defined to include everyone? ● How is a healthy community being defined, for whom, and who is defining it?● What is an effective, participatory, and equitable public process?● What are the roles/responsibilities of the institution/organization/office? What are not? What should the roles/responsibilities include? |
|---|

POLICIES

- **What are the outcomes?** Were these the intended outcomes? **What outcomes do we want?**
- **Who is left out?**
- **Who should benefit?**
- How are the benefits of the policy or policies distributed among groups, such as across racial/ethnic populations? ● How has racism (historical or otherwise) contributed to the distribution of benefits across populations? ● How are the benefits of the policy or policies distributed among places?
- How has racism contributed to the distribution of benefits across places?
- How might the benefits of the policy to populations or to places be more equitably distributed? ● What groups are burdened by this policy? Which places?
- How might the burdens on populations or on places be more equitably distributed?
- What have been the outcomes of this policy? Were these the intended outcomes?
- Does this initiative/policy maintain things the way they are now? Should it?
- Are there unintended consequences from the policy? Is there a way to correct for unintended outcomes? ● Are policies in other areas affecting the effectiveness of this policy? Where could policies be coordinated?

PROCESSES

- **Who is at the decision-making table and who is not?**
- **Who has the power at the table?**
- **Who is being held accountable and to whom or what are they accountable? How will you ensure accountability, communicate, and evaluate results?**
- **How should the decision-making table be set, and who should set it?**
- How connected are the decision makers to the communities affected? How is responsibility for making decisions shared?
- What are the criteria used to make decisions? Are these the right criteria?
- How inclusive and empowering is the decision-making process, especially for those historically excluded? ● What mechanisms are in place to ensure the decision-making process considers the long-term interests of diverse populations?
- 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