

Community Advisory Council Conference

March 19-20, 2019 / Embassy Suites Portland Airport

Conference Objectives: By the end of this event, participants will have:

- Gained a deeper understanding of how health equity impacts the work of CACs
- Developed new strategies for recruiting and engaging CAC members
- Learned new tools for leading effective CAC meetings

March 19

11 a.m.-12 p.m.	Registration (outside Spruce/Oak)
11:30 a.m.-12:15 p.m.	Lunch Buffet (outside Spruce/Oak)
12:15-12:45 p.m.	Welcome & Opening Remarks (Spruce/Oak) Chris DeMars, MPH, Director, OHA Transformation Center David Bangsberg, MSc, MD, MPH, Vice-Chair, Oregon Health Policy Board
12:45-1:30 p.m.	Opening Networking Activity (Spruce/Oak) Adrienne Mullock, MPH, Transformation Analyst, OHA Transformation Center; Tom Cogswell, Project Coordinator, OHA Transformation Center
1:30-3 p.m. (Spruce/Oak) (Fir 1/2/3)	Workshops Understanding and Addressing Implicit Bias (Erik Girvan, Ph.D., J.D., Associate Professor, University of Oregon Law School) CAC's Role in Advancing Health System Transformation (Joell Archibald, MBA; Dustin Zimmerman, MPH, OHA Innovator Agents)
3-3:30 p.m.	Break (snacks served)
3:30-5 p.m. (Spruce/Oak) (Fir 1/2/3) (Cedar 1/2/3)	Workshops Facilitation Tools to Aid Group Discussions (Donna Silverberg, J.D., DS Consulting) Designing Engaging CAC Meetings (Suzanne Cross, MPH, CHW, CAC coordinator, Columbia Gorge Health Council & PacificSource Columbia Gorge CCO; Leah Edelman, CAC coordinator, Trillium Community Health Plan; Joel Pelayo, CHW, CAC member, PacificSource Columbia Gorge CAC) Advancing Equity Initiatives by Centering Those Most Impacted (Andrea Archuleta, BA, Probation/Parole Officer; Raymond De Silva, MS, Program Specialist; Aimeera Flint, MS.Ed., Executive Coordinator; & Natasha Smith, MPH, Program Specialist, Multnomah County)
5-6 p.m.	Dinner (outside Spruce/Oak) <i>State Health Improvement Plan Presentation</i> (Paul Virtue, Chair, InterCommunity Health Network CCO Lincoln County Coordinated Health Care Advisory Committee)
6-7 p.m.	(Optional) CAC Member Networking Session (Cedar 1/2/3) Hosted by the Trillium Community Health Plan CAC & RAC

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March 20

7-7:45 a.m.

(Optional) Yoga (The Pines)
Adrienne Mullock, OHA Transformation Center

7:30-8:30 a.m.

Breakfast (outside Spruce/Oak)

8:30-8:45 a.m.

Welcome Back Remarks (Spruce/Oak)
Chris DeMars, OHA Transformation Center

8:45-10 a.m.

Panel: Lift Every Voice: Recruiting and Supporting Your CAC's OHP Consumer Members (Spruce/Oak)

Facilitator: Renée Markus Hodin, J.D., Deputy Director, Center for Consumer Engagement in Health Innovation, Community Catalyst

Panelists: Rebekah Fowler, Ph.D., CAC coordinator, Intercommunity Health Network CCO; Paul Virtue, Chair, InterCommunity Health Network CCO Lincoln County Coordinated Health Care Advisory Committee; Aubrey Henshaw, CAC coordinator, Eastern Oregon CCO Baker County CAC; Albert Rowley, CAC member, Eastern Oregon CCO Baker County CAC; MaCayla Arsenault, BS, Project Coordinator, PacificSource Central Oregon CAC; Linda McCoy, Chair, PacificSource Central Oregon CAC

10-10:20 a.m.

Break (snacks served)

10:20-11:50 a.m.

(Spruce/Oak)

(Fir 1/2/3)

Workshops

Facilitation Tools to Aid Group Discussions (Donna Silverberg, DS Consulting)

Engaging the Latino Community in CAC Participation (Rebeca Márquez, CHW, AMY Project Manager; Adán Merecias, BS, CHW, CHW Project Manager, Familias en Acción)

(Cedar 1/2/3)

Voices from the Great Frontier: Strategic Solutions for Overcoming Barriers to Rural Engagement (Char Reavis, Chair, Trillium Community Health Plan RAC; Anne Mitchell, Chair, Eastern Oregon CCO Wheeler CAC)

11:50-12:30 p.m.

Lunch (outside Spruce/Oak)

12:30-1:30 p.m.

(Fir 1/2/3)

(Cedar 1/2/3)

(Spruce/Oak)

CAC Peer-to-Peer Meetings:

CAC coordinators/CCO staff (Facilitator: Adrienne Mullock)

CAC chairs/co-chairs (Facilitator: Tom Cogswell)

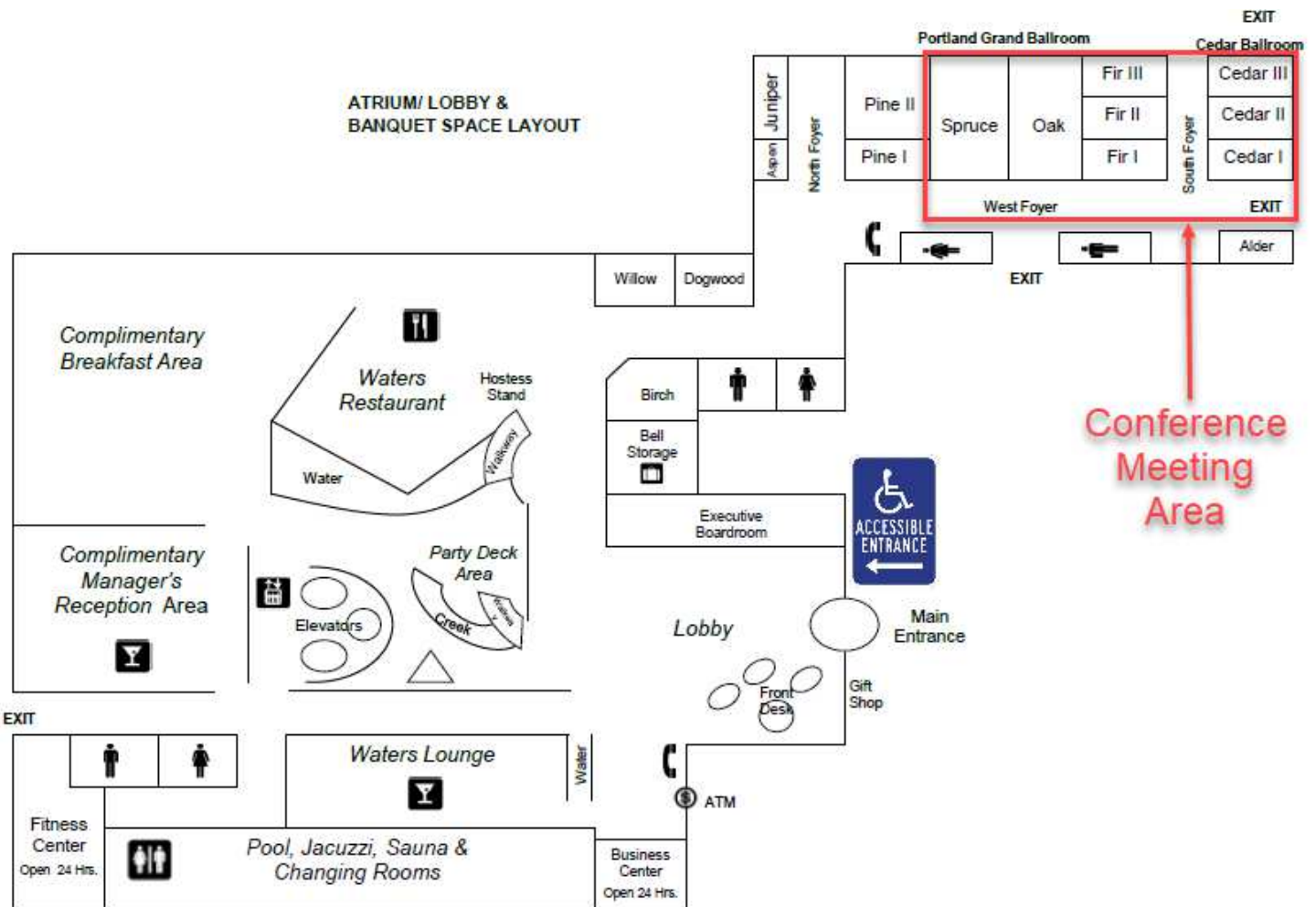
Non-chair CAC members (Facilitator: Renee Markus Hodin)

1:30-2 p.m.

Closing Session & Evaluations (Spruce/Oak)

Event Logistics

- The Wi-Fi network and password for the event will be available at the registration table
- Restrooms are located just outside the Spruce/Oak ballrooms
- Information about payment for onsite parking at the Embassy Suites will be available at the registration table
- The Embassy Suites can take participants to and from the Cascade Station shopping area before or after conference hours. To request this shuttle, please inquire at the front desk of the hotel.
- The hotel has set aside the Alder room as a lactation space for mothers
- If you have a question about the event or need assistance, please contact Tom (971-304-9642) or Adrienne (971-207-1383)
- Conference meeting rooms are noted on the map below:



CAC Recruitment & Engagement Committee

The CAC Recruitment & Engagement Committee advises the Transformation Center on how best to support CCO CACs and serves as a forum for peer-to-peer sharing for CAC members and CAC coordinators. The committee meets on the second Tuesday of each month from 11:30 a.m.-12:30 p.m. via conference call. Please contact Tom (thomas.cogswell@dhsosha.state.or.us, 971-673-3366) to be added to the distribution list and meeting appointment series.

The OHA Transformation Center would like to thank everyone who has participated in the CAC Recruitment & Engagement Committee during the past six months for their help in planning the 2019 CAC Conference. These individuals include:

- George Adams, CAC member, Jackson Care Connect
- Michael Anderson-Nathe, Chief Equity & Engagement Officer, Health Share of Oregon
- Lourdes Reyna Alcala, CAC coordinator, Eastern Oregon CCO Umatilla LCAC
- MaCayla Arsenault, CAC coordinator, PacificSource Central Oregon
- Romy Carver, CAC coordinator, Columbia Pacific CCO Tillamook County CAC
- Kat Cooper, CAC coordinator, Umpqua Health Alliance
- Suzanne Cross, CAC coordinator, Sr. Project Manager, PacificSource Columbia Gorge
- Sharon Damon, CAC member, Advanced Health Curry County CAC
- Leah Edelman, CAC coordinator, Trillium Community Health Plan
- Bonnie Ell, CAC coordinator, Advanced Health Curry County CAC
- Rebekah Fowler, CAC coordinator, InterCommunity Health Network CCO
- Amanda Grove, Community Behavioral Health Coordinator, Eastern Oregon CCO
- Aubreyanna Henshaw, CAC coordinator, Eastern Oregon CCO Baker County LCAC
- Margot Huffman, CAC co-chair, Columbia Pacific CCO Tillamook County CAC
- Emily Johnson, CAC coordinator, Yamhill Community Care Organization
- Karen Knudson, CAC coordinator, Columbia Pacific CCO Columbia County CAC
- Nancy McKinnis, CAC coordinator, Jackson Care Connect
- Maggie Polson, CAC coordinator, Vice President of Service Operations, Cascade Health Alliance
- Char Reavis, CAC chair, Trillium Community Health Plan Rural Advisory Council
- Maria Tafolla, CAC coordinator, Health Share of Oregon
- Trudy Townsend, Community Health Development Coordinator, PacificSource Central Oregon
- Laura Williams, Director of Community Engagement, CAC coordinator, Advanced Health
- OHA Innovator Agents

Session Descriptions

Advancing Equity Initiatives by Centering Those Most Impacted (March 19, 3:30-5 p.m.)

Using a guiding framework of safety, trust and belonging, social justice principles and community organizing models, Multnomah County was able to address institutional inequities around racial and other marginalized employee identities by centering the voices and experiences of those most impacted. This session will explore how Multnomah County focused on building shared power with front line staff to guide the organization towards developing a Workforce Equity Strategic Plan built from the bottom up. Participants will walk away with tools that will empower them to elevate initiatives, strategies and policies to their CCO's.

CAC Peer-to-Peer Meetings (March 20, 12:30-1:30 p.m.)

In these sessions, participants will get the opportunity to network with peers and discuss key issues impacting their roles on or supporting CACs. Sessions will be held for CAC coordinators/CCO staff, CAC chairs/co-chairs, and non-chair CAC members.

CAC's Role in Advancing Health System Transformation (March 19, 1:30-3 p.m.)

In this active engagement session, we will discuss the role of community advisory councils, the process of onboarding, and opportunities for improvement. This session will gather current experiences of CAC membership and discuss useful tools on how to engage more wholly with CACs and CCOs.

Designing Engaging CAC Meetings (March 19, 3:30-5 p.m.)

This interactive session will: 1) Explore ways to maximize consumer involvement in meeting planning and participation 2) Provide examples of specific techniques (with a focus on Popular Education) for ways to elevate the consumer voice, support engagement, and facilitate different learning and communication styles.

Engaging the Latino Community in CAC Participation (March 20, 10:20-11:50 a.m.)

Familias en Acción works alongside community members to create and develop curricula that are beneficial to our community. We also collaborate with multiple agencies in our community in addressing health disparities affecting the local Latinx population. Join us and learn more about how our cultural values affect how we access care and what strategies Familias en Acción is using to build patient, family, and community engagement.

Facilitation Tools to Aid Group Discussions

(March 19, 3:30-5 p.m. & March 20, 10:20-11:50 a.m.)

This session will teach participants about the roles and responsibilities of an effective facilitator and introduce them to the seven stages of facilitation. In addition, participants will learn techniques and tools that can help groups move beyond disagreement and towards building consensus that lasts.

Optional CAC Member Networking Session (March 19, 6-7 p.m.)

What's *Your* Story? We are learning so much about CCO's and CAC's – how about we take some time to learn about each other? Join us for an informal discussion and share your story. We can get to know each other a little better, enjoy some snacks and talk about our experiences. Some things we may want to talk about:

- How did you get involved in the CAC?
- What keeps you involved?
- What has made you feel proud?
- What are you looking forward to?
- Funniest thing that has happened at a CAC meeting?
- Most inspiring things that has happened with your CAC?
- What would you change about your CAC or CCO if you had a magic wand?

Panel: Lift Every Voice: Recruiting and Supporting Your CAC's OHP Consumer Members

(March 20, 8:45-10 a.m.)

CACs are required that a majority of their members must be Oregon Health Plan consumers. This important provision is aimed at ensuring that the voices of OHP members are front and center when CCOs are doing their work: whether developing their Community Health Assessments and Community Health Improvement Plans or shaping CCO policies and procedures to better address the needs, preferences, and values of OHP members.

But how can CCOs recruit OHP members who represent the full diversity of the population they serve and help those members overcome barriers to their regular and meaningful participation? This panel will feature CAC coordinators and OHP consumer members from three CCOs. The speakers will share strategies and insights on effectively identifying, training and supporting OHP consumers to serve on CACs.

Understanding and Addressing Implicit Bias (March 19, 1:30-3 p.m.)

How can someone's race, sex, age, or other characteristics influence the way we treat them even when we are trying to be unbiased? We will explore some harmful side effects of how our brains categorize people and make assumptions about them, when this is most likely to occur, and practical steps to try to eliminate those effects.

Voices from the Great Frontier: Strategic Solutions for Overcoming Barriers to Rural Engagement (March 20, 10:20-11:50 a.m.)

What are rural CAC's doing to address barriers to recruitment and retention of community members? Are your members struggling with CCO CAC as a second language? How can we ensure each member's voice is heard and input is valued? In this solution - focused session, we'll hear from two rural CACs (Trillium Community Health Plan Lane County Oregon and Eastern Oregon) about their distinct strategies and participants will work together to break down barriers and share innovative solutions for rural engagement.

Presenter Bios

Joell Archibald, MBA, Innovator Agent, OHA External Relations

Joell Archibald has lived in the Pacific Northwest for 35 years, including two decades in Clatsop County. She's a registered nurse who began her career in the Army. She later started her own business and served as a speaker and consultant on nurse-entrepreneurial efforts.

Joell has worked with Oregon's first Healthy Start projects as a state assessment worker and trainer and served for the past 13 years as the administrator of three public health or health and human services departments in Washington and Oregon. Most recently, she was the Public Health Division director for three years in Lincoln County, where she helped lead the first broad community health assessment. Joell brings a wide perspective to her work, based on her experience with population health, evidence-based practices and personal knowledge of the communities she serves.

As the innovator agent for Columbia Pacific CCO, InterCommunity Health Network and Yamhill CCO, Joell feels fortunate to be serving people in the region of Oregon that she calls home. She participates in as many as six community advisory councils each month. She is a strong supporter of the local voices that are contributing to health transformation efforts. Joell is working closely with a group of Yamhill CCO partners to establish a community hub that utilizes community health workers to help residents who would benefit from individual support. She is inspired by the leadership she has observed in her CCOs, from the executive level, the boards and councils, and the local community partners and consumers.

Joell and her husband of 39 years, Lynn Archibald, are the parents of six children and nine grandchildren. She has a graduate degree in business and marketing.

Andrea Archuleta, BA, Probation/Parole Officer, Multnomah County

Andrea is a dedicated, action oriented leader, and equity and inclusion mentor with 20 year's navigating county government agencies. She is employed with Multnomah County Department of Community Justice as a Probation Officer. She is a multicultural team builder and skilled collaborator. She provides culturally specific services to both justice involved youth and adults and is actively involved in her Latinx community. Andrea is a co-chair of Multnomah County's Employees of Color (EOC) Employee Resource Group. She is actively involved at her department in racial equity, inclusion and fairness in the workplace and is a leader around the Multnomah County's Workforce Equity Strategic Plan.

MaCayla Arsenault, BS, Project Coordinator, Central Oregon Health Council

MaCayla has served as the Project Coordinator at the Central Oregon Health Council since 2015. There she facilitates several regional committees aimed at improving the health and wellbeing of Central Oregonians, including the Community Advisory Council, Pain Standards Task Force, Operations Council, and health improvement plan workgroups. MaCayla is a board

member of the Shared Future Coalition in Deschutes County and has a bachelor's degree in Public Health with an emphasis in Health Management and Policy from Oregon State University. In her spare time, she enjoys running and family outings with her husband and two daughters.

David Bangsberg, MSc, MD, MPH, Vice-Chair, Oregon Health Policy Board

David is the Founding Dean of the joint Oregon Health & Science University – Portland State University School of Public Health. He is a native Oregonian and formerly a Professor at Harvard School of Medicine, Professor at Harvard School of Public Health, Visiting Professor at Mbarara University of Science and Technology in Uganda, and Visiting Professor at Vellore Institute of Technology in India.

After completing a Master's Degree in Philosophy of Science from King's College London and medical school at Johns Hopkins, his research and advocacy focused on mitigating the harms caused by poverty, mental illness, substance use and HIV. He completed his medical residency at Columbia Presbyterian Hospital in north Harlem to care for patients afflicted by urban poverty, violence and HIV. Upon moving to the University of California, San Francisco and completing fellowships in infectious disease and AIDS prevention as well as Master's Degrees in Public Health from the University of California, Berkeley, he became the leading expert in HIV and homelessness. Dr. Bangsberg's research discovered successful strategies for treating HIV infected homeless people which neutralized concerns that they should not be treated with antiretroviral therapy out of fear that incomplete medication adherence would create new strains of drug resistant HIV.

Based on the inspiration of a student, he then turned to sub-Saharan Africa to find that the poorest HIV-infected people in the world had some of the highest levels of HIV treatment adherence. His work was described by President Bill Clinton as the "nail in the coffin" on the debate as to whether HIV-infected people in sub-Saharan Africa would adhere to antiretroviral medications and neutralized the major criticism to providing multinational funding for global HIV treatment. As Director of Massachusetts General Hospital Global Health, he brought together the expertise of Harvard and MIT to improve physical, mental, social and economic health to the poorest regions of the world in several signature areas, including: HIV care, disaster response, cancer care, and medical technology innovation. He received the Clifford Barger Mentoring Award, given annually to 5 of the 12,000 Harvard Medical School Faculty. He has raised over \$70 million dollars to advance public health, was the second highest NIH HIV/AIDS RO-1 funded investigator worldwide in 2008, and has helped over 25 junior investigators secure NIH funding. He is a member of the Association of American Physicians and has published over 390 manuscripts generating over 29,000 citations and an h-index of 86.

Tom Cogswell, Project Coordinator, OHA Transformation Center

Tom has worked as a project coordinator and event planner at the Transformation Center since July 2013. He is responsible for organizing events and trainings, as well as coordinating other technical assistance projects for the center. He has worked in the nonprofit/public sector for the past 15 years in Oregon, and previously in New York and Michigan. He earned a bachelor's degree in sociology from Central Michigan University in 2003, and a graduate certificate in nonprofit and public management from Portland State University in 2014.

Tom and his wife Alison have a four-year old daughter named Josie. In his time outside of work, Tom enjoys playing guitar, traveling, watching the Portland TrailBlazers and playing in a year-round kickball league.

Suzanne Cross, MPH, CHW, CAC Coordinator, Columbia Gorge Health Council & PacificSource Columbia Gorge

In her role as the Senior Program Manager for the Columbia Gorge Health Council, Suzanne helps facilitate the Community Advisory Council for the CCO, helps lead the Regional Health Improvement Process for a five County region and is the Program Manager for the Bridges to Health Pathways Community HUB Program. She sits on the steering committee for the Gorge Food Coalition and The Community Health Advocacy and Research Alliance and has a passion for work in health equity. She feels grateful to work in a community with strong roots in collaboration and trust building and has learned that we are truly better when we work together.

Chris DeMars, MPH, Director, OHA Transformation Center

Chris DeMars is the Director of the Oregon Health Authority Transformation Center, which is the hub of innovation and quality improvement for Oregon's health system reform efforts. In addition to managing the Transformation Center's supports and programs delivered at the health system, provider, and community levels, Chris plays a lead role in the agency's value-based payment and social determinants of health reform work. Before joining the Transformation Center in 2013, Chris spent eight years as a Senior Program Officer at the Northwest Health Foundation, where she managed the foundation's health care reform grantmaking, including providing support for Oregon's delivery system reform initiatives and health reform advocacy organizations.

Prior to working for the foundation, Chris spent six years as a Senior Health Policy Analyst for the U.S. Government Accountability Office, where she authored numerous reports for Congress on Medicaid, Medicare and private health insurance payment policy. Chris has also held positions at Kaiser Permanente Northwest and health-policy consulting firms, including Health Management Associates, where she focused on public health, health system design, and payment. Chris began her career as a policy analyst intern at Indiana's Office of Medicaid

Policy and Planning. She currently sits on the National Academy for State Health Policy's Health System Performance & Public Health Steering Committee. Chris holds a Master of Public Health degree from the University of Michigan School of Public Health and a bachelor's degree in English literature from the University of Michigan.

Raymond De Silva, MS, Program Specialist, Multnomah County

Vice President of AFSCME Local 88, Raymond De Silva began his humanities after earning a bachelor's degree in Organizational Communication and a master's degree in Spiritual Formation from George Fox University. With a lifelong faith in the connective power of music and an unwavering servant-leadership mentality, Raymond dedicated himself to public service in his hometown of Portland, Oregon at Multnomah County while advocating for employees of color to spread a message of racial equity. He believes that the power of one act of equity can generate waves of change that cause wide spread transformation. Raymond offers hope when it is lost.

Leah Edelman, CAC Coordinator, Trillium Community Health Plan

Leah works for the Prevention division of Lane County Public Health and is contracted to Trillium Community Health Plan as the advisory council staff. Leah works directly with Trillium's Community Advisory Council and Rural Advisory Council. Much of her work focuses on empowering consumer members, promoting health equity and ensuring strong community engagement. Leah also staffs Lane County's Public Health Advisory Committee, the Lane Equity Coalition and the Community Health Improvement Plan (CHP) Operations Team.

Aimeera Flint, MS.Ed., Executive Coordinator, Multnomah County Employees of Color Employee Resource Group

Aimeera is a dedicated servant leader with many years of experience in local state and city government, non-profit and educational sectors. With her lived experience as a woman of color in Oregon combined with her background in community organizing, policy, education, and strategic initiatives; she brings a perspective and experience that has proven to be an asset to the many working groups of which she has been a part of.

She has been with Multnomah County for two years and is currently Executive Coordinator for Multnomah County's Employees of Color (EOC) Employee Resource Group and is also a Policy & Engagement Coordinator/Project Manager in Chair Deborah Kafoury's office of Multnomah County and in this role she is piloting diversity and equity initiatives and leading special projects that focus on: policy, engagement, racial equity, inclusion, restorative justice, healing, team building, and cultural competency.

Aimeera is a Systems' thinker, strategic and practical with the ability to open hearts and the skills to mobilize and inspire people to reflect, be vulnerable, and take action for positive

change. She received her Master's Degree in Educational Leadership and Policy from Portland State University. Aimeera's philosophy and approach to her work is: To be among those you work with and serve.

Rebekah Fowler, Ph.D., CAC coordinator (consultant), InterCommunity Health Network CCO

Since 2013, Rebekah Fowler has held a full-time contract to support the work of the InterCommunity Health Network CCO CAC and its three local advisory committees (Benton, Lincoln, & Linn Counties). Her primary duties are to assist the council and its committees with developing their CHP and reporting annually on that plan. To do this, those groups must be well informed and have access to providing input and feed back to IHN-CCO. For five years prior to being the CAC Coordinator, she coordinated Oregon Health Plan (OHP) member advisory councils for the Accountable Behavioral Health Alliance. She also worked to develop Traditional Health Worker programs within that agency's five county region.

Rebekah was formerly an OHP Member, once in 2001 and again in 2005. She holds a Doctorate in Social Psychology and a Master's of Science in Experimental Psychology.

Erik Girvan, Ph.D., J.D., University of Oregon School of Law

Erik is an Associate Professor at the University of Oregon School of Law, where he teaches courses in civil litigation, the psychology and law of discrimination, and the psychology of conflict. Erik earned his J.D. at Harvard Law School and Ph.D. (Social and Political Psychology) at the University of Minnesota. Erik's research, published in peer-reviewed journals and law reviews, investigates how stereotypes, attitudes, and other biases might impact decisions in the legal system and related contexts (e.g., arbitration and mediation, school discipline). He also explores, develops, and empirically tests practical ways to reduce or eliminate those effects.

Aubrey Henshaw, CAC coordinator, Eastern Oregon CCO Baker County CAC

Aubrey has been involved with the Baker CAC for 2.5 years and recently took over as coordinator in 2018. She has been employed with the Community Mental Health Partner since 2014 and has worked as a Treatment Facilitator, Exceptional Needs Care Coordinator, and currently is working as the Strategic Prevention Framework Coordinator in the Prevention Department. Aubrey is passionate about building communities that are healthy, accessible, and equitable. She loves the nature surrounding Baker County and spending time at local businesses as well as, spending time with her family, dogs, and books.

Renée Markus Hodin, J.D., Deputy Director, Center for Consumer Engagement in Health Innovation, Community Catalyst

As Deputy Director of the Center for Consumer Engagement in Health Innovation, Renée works to establish a powerful and effective consumer voice at all levels of the health care system in order to make it more responsive to consumers, particularly those who are most vulnerable. Prior to joining the Center, Renée served as the Director of the *Voices for Better Health* project, which brought a consumer voice to the design and implementation of new programs aimed at providing better coordinated, comprehensive, high-quality care to Medicare-Medicaid beneficiaries (“dual eligibles”). Renée’s expertise extends to other areas of health care including hospital free care and community benefits and health care conversions. Before joining Community Catalyst in 1998, Renée served as a Special Assistant Attorney General in the Civil Litigation Department of the Vermont Attorney General's Office. She holds a bachelor’s degree from the State University of New York at Binghamton and a Juris Doctor degree from the University of Maryland School of Law.

Rebeca Márquez, CHW, AMY Project Manager, Familias en Acción

Rebeca is the Abuela, Mamá y Yo Project Manager. She is an experienced educator in both Mexico and the United States and has a background on nutrition. She was recently working at the Immigrant and Refugee Community Organization as a Community Health Worker and was recruited to Familias en Acción for the specific purpose of managing this project. She is a bilingual and bicultural Latina.

Linda McCoy, CAC Chair, PacificSource Central Oregon CAC

Linda is committed to “Speak up for those who cannot speak for themselves, defend the rights of the poor and needy, uphold the rights of the oppressed and the destitute and rescue the poor and helpless.” She is a dedicated Christian and single mom to several adopted teen and adult children with disabilities. Linda also delights in her adult children and has 16 grandkids. Linda is an Individual Peer Support Specialist and Qualified Mental Health Associate working with the Severe and Persistent Mental Illness and Substance Abuse Disorder population. She is passionate about healthcare transformation and serving her community.

Adán Merencias, BS, CHW, CHW Project Manager, Familias en Acción

Adán works as a Community Health Worker (CHW) for Familias en Acción. He provides services to both insured and uninsured Latinx members who suffer from a chronic health condition. He graduated in 2009 from Portland State University with a BS in Community Health Education. Adán is a certified leader for a number of health education classes.

Anne Mitchell, Chair, Eastern Oregon CCO Wheeler County CAC

Anne is Chair of the Wheeler County CAC, located in north central Oregon. Anne is an original member of the CAC and has served in her role as a Wheeler County Commissioner, and a community member. She also sits on the Board of Eastern Oregon Healthy Living Alliance. A resident of Fossil, OR for the past ten years, Anne brings both urban and rural experience and perspective to her work in community affairs and public engagement, economic development, non-profit administration and development, and volunteer work in community health issues.

Adrienne Mullock, MPH, Transformation Analyst, OHA Transformation Center

Adrienne is a transformation analyst with the Oregon Health Authority Transformation Center. At the Transformation Center, Adrienne provides targeted technical assistance to coordinated care organizations, including the community advisory councils. Prior to working at the Transformation Center, Adrienne was a public health educator for the State of Oregon Women, Infants & Children Program. Adrienne served as a Peace Corps Volunteer in the Republic of Moldova, where she collaborated with science teachers to implement a health education curriculum into a middle school. Born and raised in Philadelphia, Pennsylvania, Adrienne now considers Oregon home and enjoys spending time with her family in the beauty of the Northwest. Adrienne is passionate about yoga and human potential.

Joel Pelayo, CHW, CAC Member, PacificSource Columbia Gorge CAC

Joel has worked for over 25 years as a Community Health Worker and is certified as such. For almost 25 years he worked at Head Start as a Family Services Coordinator. Joel has been a CAC member of PacificSource Columbia Gorge CCO since the beginning. He is an expert in Popular Education, a fabulous guitar player and brings both of those skills to our CAC.

Char Reavis, Chair, Trillium Community Health Plan Rural Advisory Council

Char is a natural advocate and believes in justice and equality for all. Presently Char is a Homes for Good Housing Agency Commissioner serving her second 4-year term as a non-elected appointed Commissioner for the Homes for Good Board of Commissioners and has been the Chair of that board for 6 years. Char has been a CAC/RAC member since the CAC creation and Chairs the Rural Advisory Council for Trillium OHP representing all rural Lane County to ensure there are adequate health care resources available for low income citizens, she also advocates and supports Health and Housing. She is the Chair of Laurelwood Homes Resident Group which assembles all Laurelwood Homes residents. Char is also a member of the Healthy Directions Coalition, which supports and educates community members, Parents and advocates, to address and prevent underage drinking, in the rural Lane County, City of Florence Oregon.

Albert Rowley, CAC member, Eastern Oregon CCO Baker County CAC

Albert has been a consumer of OHP and other physical and mental health services for a few years. He recently joined the Baker CAC through the Engage to Empower Subcommittee. Albert has also joined the maintenance team of the county Community Mental Health Partner in 2018. Albert enjoys being active and has a strong interest in helping others be the same. He's developed activity ideas for Engage to Empower committee and also works with the Community Mental Health Program to develop group activities for other local consumers.

Donna Silverberg, J.D., Principal, DS Consulting

Donna has been a mediator and facilitator since 1988 and a visiting professor at Pepperdine University's Straus Institute for Dispute Resolution since the mid-90s and Lipscomb University's Institute for Conflict management since 2007 teaching Facilitating Dynamic and Difficult Groups. Her Portland, OR firm specializes in helping agencies and organizations that interface with the public to have improved discussions about health, education, natural resources, and organizational governance.

Natasha Smith, MPH, Program Specialist Senior, Multnomah County Health Department

Natasha is a Project Specialist Senior with Multnomah County's Health Department who serves as the lead staff for Multnomah County's Community Health Improvement Plan's (CHIP) in partnership with Community Powered Change. The CHIP describes the priorities, goals, solutions, and resources for health improvement. Natasha is a part of Multnomah County's Employees of Color (EOC) Employee Resource Group whose mission is to advocate for racial equity, inclusion and fairness in the workplace. The EOC has been the driving force around Multnomah County's Workforce Equity Strategic Plan. Natasha has a Master's degree in Public Health (MPH) from the University of South Florida, and has worked for the Health Department for over 3 years.

Paul Virtue, Chair, InterCommunity Health Network CCO Lincoln County Coordinated Health Care Advisory Committee

I am the chair of the Lincoln County CAC for InterCommunity Health Network. I work to represent my family who are on OHP. I am a disabled veteran and because I receive VA care I don't qualify for OHP myself. I have several children with disabilities who experience co-morbid Intellectual Disability and Mental Health issues. I identify as gender non-binary and use they/them pronouns. I also have served on the Oregon State Health Assessment Steering Committee. I am the co-chair of the Oregon PartnerSHIP. In January I began serving on the Medicaid Advisory Committee and I was elected to the Waldport City Council. In the past I have served on Linn County Mental Health Advisory Board and Linn County Developmental

Disability Advisory Board. I would love to be involved in improving the quality of care for all Oregonians.

Dustin Zimmerman, MPH, Innovator Agent, OHA External Relations

Dustin is a public health professional with experience in both the private and public sectors. His experience includes project management, operations, collaboration and policy development. Dustin's expertise has allowed him to focus on implementing local, regional and national policy for health insurers and primary care clinics. His experience as a health care business consultant and program manager at OCHIN, a health center-controlled network, allowed him to work with nearly 70 safety net clinics in 14 states. Dustin worked on projects ranging from Meaningful Use standards around emergency health records, National Committee for Quality Assurance's (NCQA) patient-centered medical home programs and Oregon's Patient-Centered Primary Care Home programs. His focus areas have included quality metrics, process improvement and electronic health records. Dustin brings a broad understanding of Oregon's health care system from experience he gained at hospitals, safety net communities and elsewhere. He is a member of the American College of Healthcare Executives. He has participated in trainings with the NCQA and the National Association of Community Health Centers.

Dustin is the innovator agent for PacificSource Community Solutions - Columbia Gorge and Willamette Valley Community Health. He enjoys being out in the community and talking to people who are key to bringing better health to the Portland area.

Understanding and Addressing Implicit Bias

**March 19, 1:30-3 p.m.
Spruce/Oak**

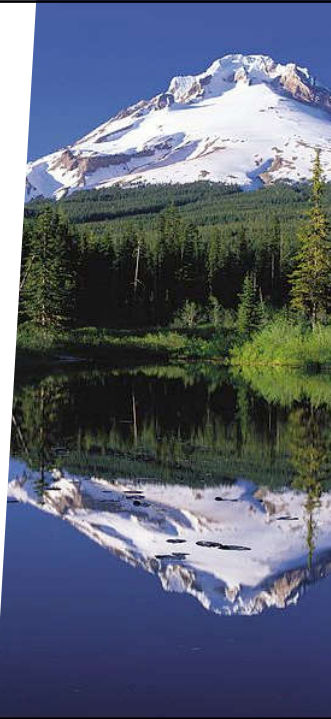


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Understanding and Addressing Implicit Bias

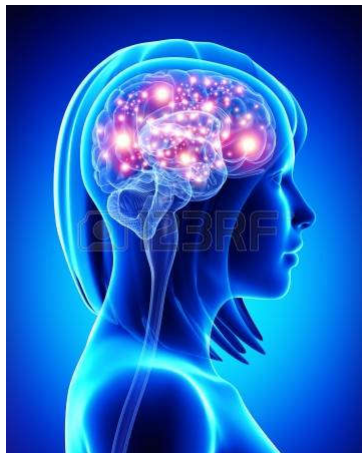
Erik J. Girvan, J.D., Ph.D.
University of Oregon School of Law

Community Advisory Council Conference
March 19, 2019



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Implicit Bias: A Cognitive Explanation





Implicit Bias is...

- ...The tendency to *automatically* categorize people...
- ... and evaluate them positively or negatively...
- ... or assume that they have certain characteristics...
- ... based upon the stereotypical characteristics of the groups into which they are *automatically* placed.
- Examples:
 - Construction Workers → masculine
 - African American (Men) → athletic or criminal
 - Poor → lazy, dishonest
 - Women → nurturing



Implicit Bias is not Explicit Bias

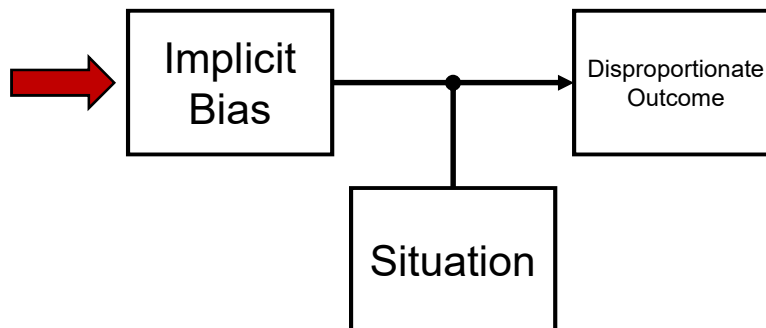


Think-Pair-Share

- Define implicit bias in your own words.
- Describe how it may impact our judgment and decision-making.



Solutions to Implicit Bias?



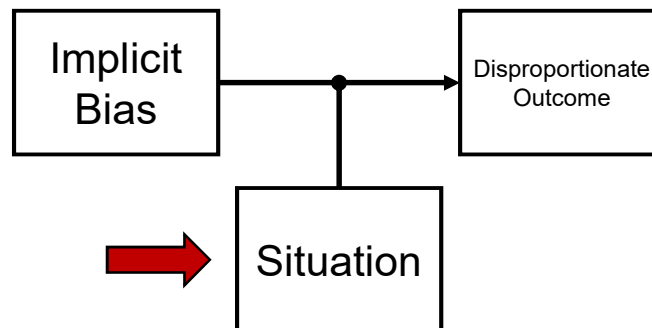
(McIntosh, Girvan, Horner, & Smolkowski, 2015)



Develop a Habit of Noticing and Countering Stereotypical Portrayals and Motivated Reasoning



Solutions to Implicit Bias?



(McIntosh, Girvan, Horner, & Smolkowski, 2015)



Step 1:

What parts of a job/decision process is vulnerable to the influence of implicit bias (i.e., “Vulnerable Decision Points”)?

Step 2:

Reduce effects of implicit bias in VDPs through specific changes to policies and practices.



Step 1:

What are our Vulnerable Decision Points?

- Judgments, decisions, or aspect of decision processes that are:
 1. Ambiguous or discretionary with multiple justifiable outcomes,
 2. Made under time pressure, stress, fatigue, high emotion, or without much specific information, or
 3. Involve unconscious behaviors



Step 2:

Reduce effects of implicit bias in VDPs through specific changes to policies and practices.

1. *Remove irrelevant information*
2. *Reduce ambiguity in criteria*
3. *Guard against motivated reasoning*
4. *Build in evaluation and feedback mechanisms*



Recommendation:

- When practical, remove irrelevant information from application materials or other records being evaluated



Recommendations:

- Before conducting any evaluation, define criteria specifically and identify what information you will use to determine if it is met.
- Use the criteria at each stage of the process.
- Avoid selecting, defining, or reinterpreting criteria based upon stereotypical selections or to justify particular decisions.



Recommendation:

- Examine processes to make sure that they are designed to:
 - Provide evidence both for and against expected/typical conclusions
 - Encourage critical review to prevent motivated selection and consideration of evidence



Build in Evaluation and Feedback Systems

- See how you are doing
- Celebrate success
- Identify weaknesses
- Monitor progress



Step 1: What are Your Vulnerable Decision Points?

- Identify a particular judgment, decision, or aspect of your decision process that is:
 1. Ambiguous/discretionary with multiple justifiable outcomes,
 2. Made under time pressure, stress, fatigue, high emotion, or without much specific information, or
 3. Involves unconscious behaviors



Step 2:

Reduce effects of implicit bias in VDPs through specific changes to policies and practices.

1. *Remove irrelevant information* (e.g., Blinded evaluation procedures)
2. *Reduce ambiguity in criterion* (e.g., define criteria and specific measures in advance and apply them at each stage of the process)
3. *Guard against motivated reasoning* (e.g., consider the opposite may be true)
4. *Build in evaluation and feedback mechanisms* (e.g., measure progress, celebrate and replicate successes, implement specific changes to correct failures)



Thank you!

Erik J. Girvan
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Eugene, OR 97403-1221
(541) 346-8934 ~ girvan@uoregon.edu

CAC's Role in Advancing Health System Transformation

**March 19, 1:30-3 p.m.
Fir 1/2/3**

**Handouts will be provided
during this session.**

Facilitation Tools to Aid Group Discussions

**March 19, 3:30-5 p.m. &
March 20, 10:20-11:50 a.m.
Spruce/Oak**

Community Advisory Council Conference

March 19-20, 2019 / Embassy Suites by Hilton Portland Airport

Facilitation Tools to Aid Group Discussions

90-minute session

Donna Silverberg, DS Consulting, presenter

This session will teach participants about the roles and responsibilities of an effective facilitator and introduce them to the seven stages of facilitation. In addition, participants will learn techniques and tools that can help groups move beyond disagreement and towards building consensus that lasts.

Workshop Agenda

- What Makes for a Good Collaborative Process?
 - Characteristics that lead to success
 - How can facilitators help the process?
 - “Yes, and...”! (Exercise)
- Facilitation 101
 - Roles and Responsibilities of a Skilled Facilitator
 - What do we expect? What do we need to do/know?
 - Stages of Facilitation
 - Tools You Can Use to help the common phases of
 - Forming, Storming, norming and performing
 - Consensus building: a tool to help you build momentum (and avoid surprises!)
 - Facilitation skills self-assessment: gaining insight into what ELSE you can learn to be an effective facilitator!

SUGGESTED DISCUSSION PROTOCOLS

To Support Effective Group Work

- ◆ Approach the discussion with a willingness to hear others' views so you may solve problems together
- ◆ When you do speak:
 - Speak as though you are right
 - Listen as though you may be wrong
 - Maintain a professional tone and approach to the discussion
- ◆ Separate the people from the problem: be hard on the problem and easy on the people
 - Use "I" statements: speak for yourself and not others
- ◆ Treat each other with respect by listening to each other's thoughts without interjecting words—or body language
- ◆ Let the facilitator or chair know when you would like to speak or ask a question
- ◆ Focus on what is important to you and what you need, rather than on an argument for the sake of arguing
- ◆ Speak again only after others who want to have done so
- ◆ If your question or comment has already been said, don't say it again unless you need further clarification or unless you want the group to know that more than one person shares a point of view
- ◆ Give others a chance to finish their statements before asking or interjecting something new
- ◆ Hold side conversations at the break...or in the hall
- ◆ Put your cell phones and other tools into silent or vibrate mode and look at them only if you are expecting an emergency
- ◆ Other?

FACILITATING A GROUP

Roles and Responsibilities of a Skilled Facilitator

After many years of facilitating consensus based groups and contentious meetings, we offer that the following roles and responsibilities be considered by the skilled facilitator. Every group you work with will have different expectations and tolerances for process. We suggest you clarify with the group your role and their role prior to the start of any meeting. The following suggestions are a baseline for your work. Creativity and experience will help you add new ideas to this baseline level to enhance the work you do.

Responsibilities of a facilitator:

1. Help the group create an agenda, before or during the meeting.
 2. Structure the participation of the group (help everyone in the group feel included and able to participate).
 3. Facilitate the group's procedures and decision making process.
 4. Provide the group memory system.
 5. Facilitate the group's maintenance.
 6. Facilitate accountability.
 7. Debrief at the end of the meeting.
-
1. Develop the Agenda: help the group create an agenda, before or during the meeting that includes:
 - ◆ Starting time
 - ◆ Ending time
 - ◆ Issues to be discussed, sequence of items and person responsible for presenting each item
 - ◆ Time allotted for each issue
 - ◆ Actions which need to be taken on each issue (e.g. discussion, input, decision, approval)
 - ◆ Meeting procedure and decision-making method
 - ◆ Time for debriefing at the end of meeting
 2. Structure the Participation: help everyone in the group participate and feel included:
 - ◆ Help the group find a norm of equal influence
 - ◆ Call on and encourage those who have not spoken
 - ◆ Reduce the speaking time of those who dominate
 - ◆ Where helpful, suggest that group members raise their hands and then speak one by one, in order of raising their hands

3. Facilitate the Group's Procedures and Decision Making Process

The group must discuss and decide:

- its procedures for group discussion and problem solving
- its decision making process

The facilitator must help the participants:

- ◆ Present issues, needs and ideas
- ◆ Clarify and present background information and opinion
- ◆ Ask for additional information and opinions that need to be considered
- ◆ Look at and discuss the implications of the information and opinions
- ◆ Look at and discuss creative options
- ◆ Develop realistic options from the list of potential options
- ◆ Define criteria for a good decision (if one is needed)
- ◆ Find common ground, or draw out a compromise, by reviewing the issues, needs, options and criteria that the group has discussed

The facilitator should assist the group's communication by:

- Summarizing opinions, differences and decisions
- Clarifying agreements the group may have reached, or directions the group may need to go in
- Moving the process of the meeting forward while not cutting off useful discussion too soon
- Restating opinions and options in a neutral manner to help the group move toward resolution

4. Providing the group memory system

In order for the group to have a common memory, it must be possible for each member to see what ideas the group has already considered. Most commonly, groups use a board or chart and felt tip markers. The requirements for a good memory system are that it:

- ◆ Be visible to all members of the group
- ◆ Be maintained simultaneously with the group's thought process
- ◆ Accurately reflect the language of the group members
- ◆ Be typed up and copied for members by the next meeting as the flipcharts appeared

5. Facilitating group maintenance

The facilitator must assist the group in:

- ◆ Gatekeeping: inviting people to speak, or moving on to the next person

- ◆ Harmonizing: calming the group, reducing tension and over-emotionalizing, acknowledging the feelings of the group or a participant
- ◆ Pointing out the way a group is working: to help the group overcome a process which is not working, the facilitator needs to tell the group what patterns he or she is seeing. This must be done delicately, usually with suggestions for a different process, or opening a discussion for suggestions for a different process.
- ◆ Encouraging the group: to help the group over frustrating times, the facilitator needs to serve as a cheer leader. This can be done by complimenting the group, putting expressed frustration into perspective, helping a group recall past processes which got stalled but were ultimately successful, or talking about the benefits of staying with the process.

6. Facilitate Accountability

The facilitator must help the group be their individual and collective “best”, both at and between meetings. One way to do this is to make certain participants remain accountable to the process and their commitments. There are a number of ways a facilitator can do this:

- Ask people “What can you add to the group?”
- Ask people to make commitments that are specific, including when they will be completed
- Follow-up with individuals after the meeting and near when they said they would have completed their task to see if additional assistance or time is needed. It is better to let the group know that a task will be delayed than to have nothing get done at all. So, facilitate that communication back to the group between sessions, if necessary.
- Remind the group that its success depends on the actions and follow through of each individual. They will help each other be accountable.

7. Debriefing Group Efforts

At the end of each group meeting, there should be a 5 to 10-minute debriefing. The purpose of the debriefing is to allow each group member to reflect on and state how they are feeling about the group, the process, or the result of the meeting. No judgments should be made about points raised, just capture the learning.

These materials are adapted from work of many of our colleagues, especially the material of Zena Zumeta.

Designing Engaging CAC Meetings

**March 19, 3:30-5 p.m.
Fir 1/2/3**

Popular Education

Definition:

A highly effective strategy for sharing information, building skills and leadership where all participants engage each other as co-learners to critically reflect on issues in their community and create healthier more equitable communities.

Main Ideas of Popular Education:

- 1) We are all teachers and we are all learners
- 2) Everyone knows a lot as a result of their life experience
- 3) The goal of education should be to create healthier communities

Principles of Popular Education: (Taken from: Wiggins, N. & Rios, T. (2007). An Introduction to Popular Education. Community Capacitation Center, Multnomah County Health Dept. All rights reserved)

- The current distribution of the world's resources is unjust and change is possible.
- We learn with our heads, our hearts, and our bodies.
- It is important to create an atmosphere of trust so that people can share their ideas and experiences.
- We all know a lot. As educators and organizers, we should always start with what people already know and/or do.
- The knowledge we gain through life experience is as important as the knowledge we gain through formal education.
- People should be active participants in their own learning process. They should not be passive recipients.
- Knowledge is constructed in the interaction between people.

Some examples of Popular Education Tools:

- Dinámicas
- Think. Pair. Share
- Sociodramas (skits)
- Cooperative Learning (group discussions)
- Dyads
- Brainstorming

Cooperative Learning

Basic Principles:

- Participants work in small groups to complete tasks
 - Everyone has a role
- Group members need each other in order to complete the task
 - Everyone has a responsibility to make sure all participate
- Before asking the facilitator a question, group members ask each other
- After completing the task, group members reflect on how they worked together

Cooperative Learning Roles:

Facilitator

- Motivates
- Keeps groups on task
- Makes sure everyone is heard
- Asks for consensus

Recorder

- Takes notes
- Asks for clarification

Reporter

- Shares groups work with larger group

Timekeeper

- Makes sure task is completed in time provided

Observer

- Pays attention to how members are working together
- Provides input after task is complete
- Provides input after task is complete

Agenda Checklist

Evaluating Your Agenda

Instructions:

Use this checklist to evaluate your agenda. If you answer "no" to any of the questions, revise your agenda.

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Is a meeting (rather than a memo, phone call, or one-on-one discussion) the best way to achieve the desired outcome(s)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Will participants come to the meeting with a clear understanding of the purpose and desired outcome(s)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Will participants know what they are supposed to bring to the meeting? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the topics described clearly, with enough detail to avoid misunderstanding and misinterpretation? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do participants have the background information and data they need to participate fully? |
| <input type="checkbox"/> | <input type="checkbox"/> | Will the time and place allow for maximum participation? |
| <input type="checkbox"/> | <input type="checkbox"/> | Will all or most participants have a useful contribution to make on each agenda item? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do the time frames allow for an appropriate amount of discussion? |
| <input type="checkbox"/> | <input type="checkbox"/> | Will there be enough time to bring the meeting topics to closure? |
| <input type="checkbox"/> | <input type="checkbox"/> | Will participants feel their time was well spent in attending this meeting? |
| <input type="checkbox"/> | <input type="checkbox"/> | Will it be evident when the desired outcome(s) have been achieved? |

Estimated Time Frames

These time frames will guide you in estimating the duration of a meeting.

<i>Review of desired outcome(s), agenda, and ground rules</i>	<i>5–10 minutes</i>
<i>Development of new ground rules</i>	<i>5–15 minutes</i>
<i>Status reports</i>	<i>5–10 minutes for report 5–10 minutes for questions</i>
<i>Problems that surface from status reports</i>	<i>5–10 minutes (if discussion is deferred to another meeting)</i>
<i>Problem-solving sessions</i>	<i>15–30 minutes to describe and agree on the problem 20–30 minutes to list possible causes 30–60 minutes to list possible solutions 15–45 minutes to develop an action plan</i>
<i>Planning sessions</i>	<i>10–30 minutes to define the scope of the task 30–90 minutes to list activities and develop a plan 30–60 minutes to review the plan for omissions and potential obstacles</i>
<i>Decision-making sessions</i>	<i>5–10 minutes to describe the decision to be made 15–60 minutes to determine guidelines for the decision 10–60 minutes to evaluate options 10–30 minutes to plan action steps and follow-up activities</i>

Designing Engaging CAC Meetings

Leah Edelman- Trillium CCO

Joel Pelayo- PacificSource Columbia Gorge CCO

Suzanne Cross- PacificSource Columbia Gorge CCO



Planning for Participation

OHA CAC Conference

3-20-2019

Leah Edelman, CAC Coordinator



What we hope you learn today:

- **Why plan?**
- **Effective meeting tools:**
 - **Ground rules**
 - **Roles**
 - **Agendas**



"Not another meeting!"



PUBLIC HEALTH
PREVENT. PROMOTE. PROTECT.

3

How Planning Can Increase Participation

Productive meetings don't just happen, they are created.

Can choose tactics that encourage participation or that prevent it.

Planning can help balance power differences among participants.



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Why Ground Rules

- Create a safe space
- Help keep things on track
- Maximize participation
- Minimize disruption
- Create common expectations



PUBLIC HEALTH
PREVENT. PROMOTE. PROTECT.

CAC & RAC Meeting Agreements

- ❖ Be kind and respectful to all those who attend the meeting.
- ❖ Be positive, open to learning and ready to work.
- ❖ Please silence your cell phone.
- ❖ One voice at a time. Please don't interrupt and limit side conversations.
- ❖ Respect the Chairperson and stay on agenda. Please call before the meeting to put an item on the agenda.
- ❖ Respect others time, opinions, and style of communication.
- ❖ Please feel free to tend to your needs, if you need to step out for a moment it is fine.
- ❖ Respect accommodations to ensure all members can participate fully.
- ❖ The CAC and RAC meetings are an opportunity to look at system problems rather than individual problems.

Advisory Council meetings are open to the public.



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Roles

People who have a job to do are more invested.

Many roles for members:

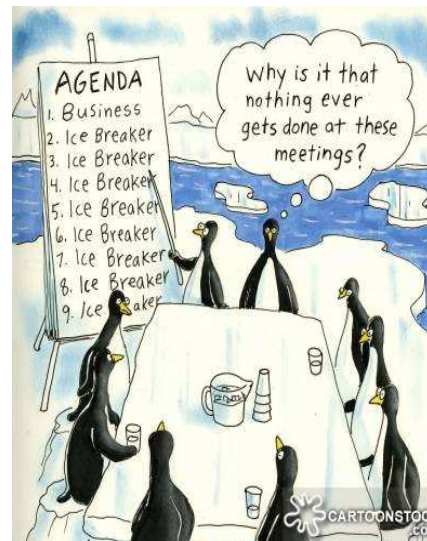
Chair and Co-Chair	Recorder
Reporter	Small group facilitator
Greeter	Mentor
Timer	Others?



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Agendas

- Road map for the meeting
- Participatory agenda setting creates ownership
- Think about different learning styles, diverse tactics for sharing information.



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Agenda Planning Tool

Meeting Title: _____ Date: _____

Place: _____ Time: _____

Purpose: _____

Participants: _____

Materials needed: _____



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Agenda Planning

Agenda Items:

Time Allotted:

Person Responsible:

Type of presentation (PowerPoint, Small Group Discussion, etc.)

Purpose (Decision, Generate ideas, Information, etc.)



PUBLIC HEALTH
PREVENT. PROMOTE. PROTECT.

Agenda Setting Practice

Work together to develop an agenda for the CAC meeting.

Complete the planning form.



Designing Engaging CAC Meetings

PacificSource Columbia Gorge CAC



In loving memory of our dear friend Karen and Steve the dog. All those who came in contact with Karen knew what a brilliant, brave, passionate, and dedicated woman she was. As one of the original Columbia Gorge CAC members and in other roles she played, she worked so hard to make our community a better place for people suffering from mental illness.

Whenever Karen learned of someone else suffering she would always pause, offer her assistance and then advocate with the best of her ability no matter what she was going through in her own personal life. She will be forever missed and her positive impact will forever remain in the hearts of those who knew her and throughout our community.



Joel Pelayo, CAC Member
Suzanne Cross, CAC Staff



Some of Our Key Ingredients:

-  = Collaboration
-  = Commitment to Equity
-  = Popular Education
-  = Elevate the voice of the consumer/ community
-  = Foster Leadership and Trust

Our PS Columbia Gorge CAC

WHO:

- 8 voting members (currently 6 consumers, 2 agency partners)
- 3 liaisons (public health and clinical advisory panel member, PacificSource staff, Innovator agent extraordinaire)
- 35 + other partners

WHAT:

- Lead the Community Health Assessment (CHA) Consumer Survey component
- Oversee the Community Health Improvement Plan (CHIP) process
- Delegate funding towards CHIP related projects
- Discuss service system improvements, gaps, challenges and barriers (in and out of Medicaid)



Challenges (besides finding a room big enough)

- Elevate the consumer voice
- Support engagement from all in the room
- Facilitate different learning and communication styles



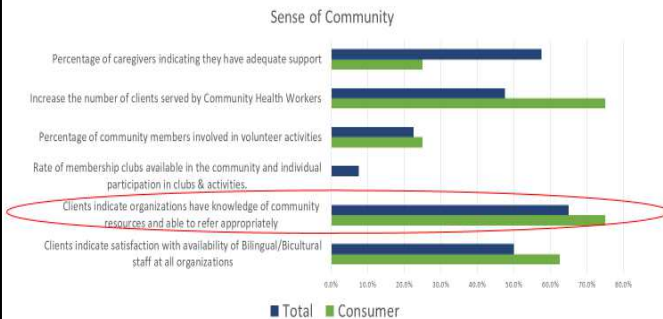
Elevating the voice of the consumer

1. Voting:

Results of Measure of Collaboration Voting:
Driver 1.2 Sense of Community

2. Direct Written

Communication with Board:



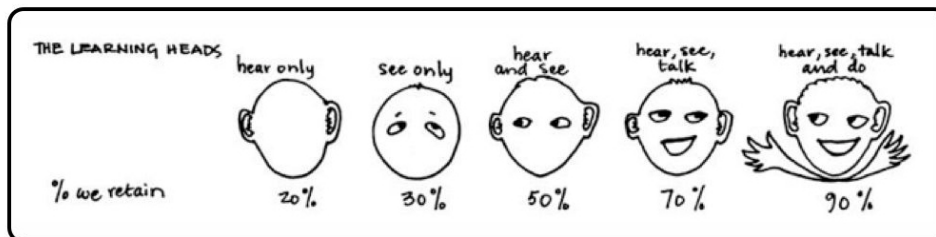
3. Joint Board/ CAC Meeting

4. Popular Education Techniques



Main Ideas of Popular Education:

- 1) We are all teachers and we are all learners
- 2) Everyone knows a lot as a result of their life experience
- 3) The goal of education should be to create healthier communities



Principles of Popular Education

- The current distribution of the world's resources is unjust and change is possible.
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- Knowledge is constructed in the interaction between people.

Wiggins, N. & Rios, T. (2007). An Introduction to Popular Education. Community Capacitation Center, Multnomah County Health Dept. All rights reserved.

Let's try a Repollo Caliente
to learn about some
examples:

- Brainstorming
- *Sociodramas* (social skits)
- Cooperative learning
- Dyads
- Role plays
- *Dinámicas* (educational games)



Cooperative Learning

Basic Principles:

- Participants work in small groups to complete tasks
- Everyone has a role
- Group members need each other in order to complete the task
- Everyone has a responsibility to make sure all participate
- Before asking the facilitator a question, group members ask each other
- After completing the task, group members reflect on how they worked together

Cooperative Learning Roles

Facilitator

- Motivates
- Keeps groups on task
- Makes sure everyone is heard
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- Takes notes
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Reporter

- Shares groups work with

larger group

Timekeeper

- Makes sure task is completed in time provided

Observer

- Pays attention to how members are working together
- Provides input after task is complete

Dyads with Constructivist Listening:

Assumptions when practicing constructivist listening:

- Emotions are a natural part of life and deserve a seat at our professional tables
- Emotional distress limits intelligent thinking and caring behavior
- When given time to reflect, people have the ability to solve their own problems
- As social beings, we construct meaning through language by talking and being listened to.

Process:

- Equal time of uninterrupted speaking in pairs to reflect on a question or topic
- Listener does not interrupt, give advice or break in with a personal story or at all
- Double confidentiality (no sharing what you heard with others or go back to the speaker to solicit more information)
- Thank each other for sharing/ listening

Time for Questions and Discussion



Advancing Equity Initiatives by Centering Those Most Impacted

**March 19, 3:30-5 p.m.
Cedar 1/2/3**



MULTNOMAH COUNTY
**WORKFORCE
EQUITY
STRATEGIC
PLAN**

ACKNOWLEDGMENTS

On behalf of the Office of Diversity and Equity, I want to thank the following, whom without their participation this work would not have been possible:

- Co chairs and membership of ERG's who hosted sessions, analyzed data and shared stories and ideas for the strategies in this plan;
- Employees across the organization who gave their time, energy and thinking to inform the work;
- Members of the PARA (Practitioners of Anti-Racist Practice) community of practice who volunteered time to assist with note-taking and support listening sessions;
- Community partners, including Urban League, Verde, APANO, Center for Intercultural Organizing/Unite Oregon, and Voz who helped initiate early discussions and academic partners who provided insight into our recruitment and pipeline programs;
- AFSCME Council 75 and Local 88;
- Multnomah County Communications for editing;
- The Evaluation Research Unit for their work compiling supportive data and for assisting with data analysis and metrics;
- Department directors, managers and supervisors for both supporting employee participation and providing feedback to inform strategies and measures;
- Curtis Waterbury for graphic design;
- And finally, the staff of the Office of Diversity and Equity who provided the administrative support, data analysis, worked to turn ideas into concepts and metrics, and kept me on track throughout the entire project timeline.

Ben Duncan-Chief Diversity and Equity Officer

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- 5/ FRAMEWORKS AND APPROACHES
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- 8/ HOW TO READ THE DOCUMENT

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- 11/ FOCUS AREA 2: PROMOTION AND PROFESSIONAL DEVELOPMENT**

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- 14/ FOCUS AREA 3: RETENTION**
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- 16/ CONSISTENTLY DIVERSE CANDIDATE POOLS FOR POSITIONS AT EVERY LEVEL OF THE ORGANIZATION

- 18/ ACCOUNTABILITY, UPDATES AND REPORTING**



LETTERS

Dear Employees,

We pride ourselves on providing excellent service and support to people in our community each and every day. This work is strengthened when Multnomah County employees receive that same level of care and concern from our leadership and from one another.

As I reflect on this document, and on the energy, passion and wisdom of the many people who helped create this plan, I am even more committed to putting this work into practice. Disparate employee experiences and disparate treatment cannot continue. I recognize how far we have to go in order to realize a vision where every employee feels valued and can thrive.

We are not immune to impacts of racism and other systems of oppression simply because of the important work we do or the values we espouse. But I know that these challenges our employees face are not inevitable. With investments and focused strategies, accountability and care, we can move these metrics. As a leader, I am committed to modeling the behaviors and practices that reflect an organizational culture that creates a sense of safety, trust and belonging for every employee and client we serve.

This Workforce Equity Strategic Plan represents a baseline and starting point for our organization. Collectively, we will address long standing issues and concerns while lifting up those practices that are working. There is so much we do well, and yet so much opportunity to be better.

It is my great pleasure and privilege to serve in this role in this critical time, and I am thankful for all of the employees who have provided their stories and ideas to generate strategies that can move us forward. I want to especially thank the Employee Resource Group members for their tireless collaboration, optimism and leadership, and the Office of Diversity and Equity staff for their steadfast handling of this process.

In solidarity and support,



Chair Deborah Kafoury



LETTERS

To our fellow employees,

As Leadership in Multnomah County's eight Employee Resource Groups (ERG), representing employees and managers of color, immigrant and refugees, employees with disabilities, LGBTQ employees, families, veterans, and older adults, this message is directed to the thousands of employees who are reflected in this plan.

We entered collectively into this process with hope and trepidation. This wasn't the first time that Multnomah County asked us to share our stories, or surveyed us for our experiences. We have seen previous efforts start and stop. And we hope and expect that this time is different.

On September 14, 2017, the board adopted the Workforce Equity Resolution which outlined a vision and laid out the urgency for why this effort is so critical. Employees were there to share their experiences, and through our stories, the impacts and needs were clear. We have to address issues of race, gender identity, disability and other workforce inequities through targeted investment, education and training, and shift the organizational culture that negatively impacts much of our workforce.

Through this process, we have been able to lead this work with the Office of Diversity and Equity. It was our groups that created spaces for the most impacted employees to bring not just their stories, but their ideas. By hosting listening sessions, analyzing data, and developing strategies that both informed high level, county-wide standards and created room for departments to innovate and be courageous with new ideas and approaches, we feel that our efforts will result in positive change.

It is our deeply held belief that those who are most impacted should be the drivers of change in our organization, and we commit ourselves to working across job classifications, from front line to our most senior level staff, to create the organization so many of us can envision, and yet has not been realized.

The late Harvey Milk once said, "Hope will never be silent." We carry this message, knowing that we will continue to push, to lead, to support and to challenge. Hope is one of our most powerful attributes and it carries us across our intersecting identities.

We thank Chair Kafoury, the Board of County Commissioners, Department heads, and managers and supervisors for walking alongside us in this work, and look forward to continuing to build capacity across our Employee Resource Groups for lasting and continued advancement of equity.

In solidarity,
Multnomah County ERG Leaders



Family Advocates of Multco



INTRODUCTION

Multnomah County occupies a unique role in Oregon. The County provides crucial safety net, public safety and infrastructure services for the state's most densely populated county. But it is also a powerful economic engine driving \$2 billion a year through the region. The County partners with hundreds of agencies and nonprofits to prioritize those most in need and promote a healthy, safe and prosperous community for all.

Interdependence runs through this work. The County depends on community members and the community, on the County. The County strives to have a workforce that reflects and deeply relates to people living here. The nurturing of this connection, enriched by diversity and cared for with intention, creates a fruitful place where all can flourish and lead productive lives.

The components of a place though, are almost never the result of individual will or natural forces. They're the result of a system of structures, practices and investments that either support well being or do not. Just as unfair lending practices, stringent immigration policies and inequitable education funding created barriers historically, equitable policies and practices can help remove them.



If the County is to seed, grow and embody that thriving place, managers, employees and elected leaders must more carefully plan and forge policies that cultivate our connection to the community. Producing a workforce that provides excellent understanding and service starts with nurturing one another and advancing opportunity for all.

It has been our uncomfortable truth that those who are qualified have not always been able to equally access and compete for jobs at the County. And, those hired as county employees have not always been able to take root, grow and advance. Workforce equity demands that we identify and address structural and policy barriers to equal employment opportunity faced by our employees and communities because of their race, ethnicity, national origin, disability, gender and gender identity, sexual orientation and other protected classes. Rules alone, though, will never be enough to change organizational culture. As a workforce, we must be reflective, compassionate and actively evaluate and adjust our efforts to achieve a more just workplace.

Multnomah County employees, at every level of the organization, have already begun that cultural change, stepping forward to help develop this plan. The challenges that impact equity in any institution are myriad, but are not inevitable. This work demands that everyone at every level of the organization is committed to and part of realizing a workplace where everyone can reach their full potential.

INTRODUCTION

Achieving the objectives in this plan benefit our current and future employees and directly relate to the quality of service we can provide our clients. To provide excellent support to the community, we also need to provide excellent support to each other internally.

President Barack Obama saw this interdependence as key to lasting change.



That's when America soars, when we look out for one another, and we take care of each other, when we root for one another's success, when we strive to do better and to be better than the generation that came before us and to build something better for the generations to come. That's the whole point of public service.

Getting here

In September of 2017, Multnomah County embarked on a journey towards a strategic plan focused on workforce equity. For a number of years prior, the Multnomah Workforce Equity Coalition advocated for and partnered with leadership to move towards a resolution¹ outlining an organizational commitment and rationale for investing in workforce equity strategies. This resolution acknowledged that institutional and structural barriers to equal employment opportunity exist and must be eliminated, and that employees of color and employees from other historically and currently underrepresented groups should be retained, supported and provided opportunities for advancement.

Going forward

This plan is both a starting point and building block for a larger body of work for Multnomah County. Additional recommendations and supports for these strategies will be included as part of the organizational response to the HR Consultant's Recommendations.² Departments will work with the Office of Diversity and Equity and the Chief Operating Officer to develop implementation plans, and report to the Board of County Commissioners in Fall 2018 on progress, and plans for moving forward.

Why we lead with race

Multnomah County recognizes and is committed to addressing all areas of marginalization. Joining partners from across the country as part of the National Governing Alliance for Racial Equity, we have jointly acknowledged and began with a "recognition that the creation and perpetuation of racial inequities has been baked into government, and that racial inequities across all indicators for success are deep and pervasive."³ We also acknowledge our obligation to respond to the historical and political context of policies and practices that created systems of inequality that have contemporaneous impacts. This focus allows us to apply frameworks and approaches for the benefit of many communities, while understanding that we begin by addressing the areas where the disparities have the most depth. For Multnomah County, both internally and externally, racialized outcomes show up in virtually every indicator. From the perspective of

1. Adopted.

2. Jemcott Rollins RFP, Multnomah County hired consultants to examine HR processes and practice in spring 2018.

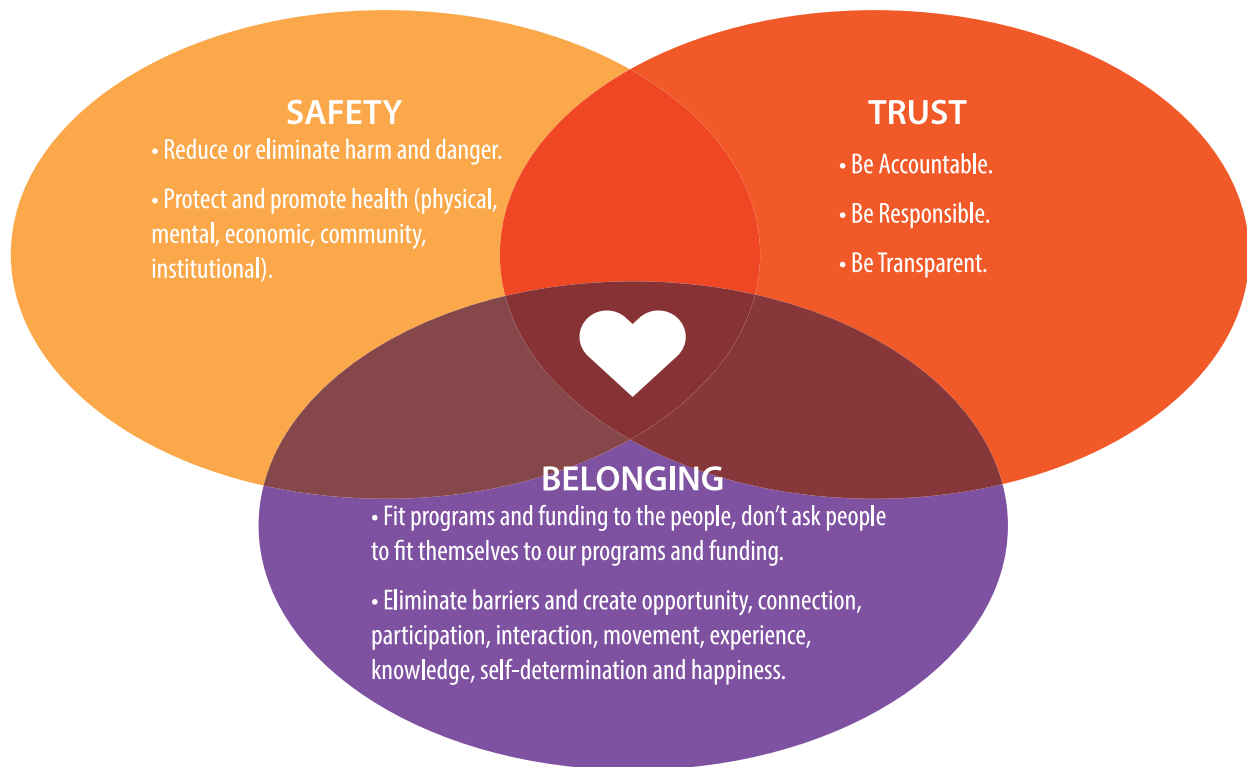
3. <https://www.racialequityalliance.org/about/our-approach/race/>

INTRODUCTION

this strategic plan, this is reflected in differential experience based on racial identity, disparities in retention particularly during the probationary period, and in promotion of people of color into management. By focusing on race as a predictor of outcomes, and utilizing an intersectional approach when addressing other marginalized communities, we can commit to institutional and systemic approaches that will have broad reaching impacts on all of our populations.

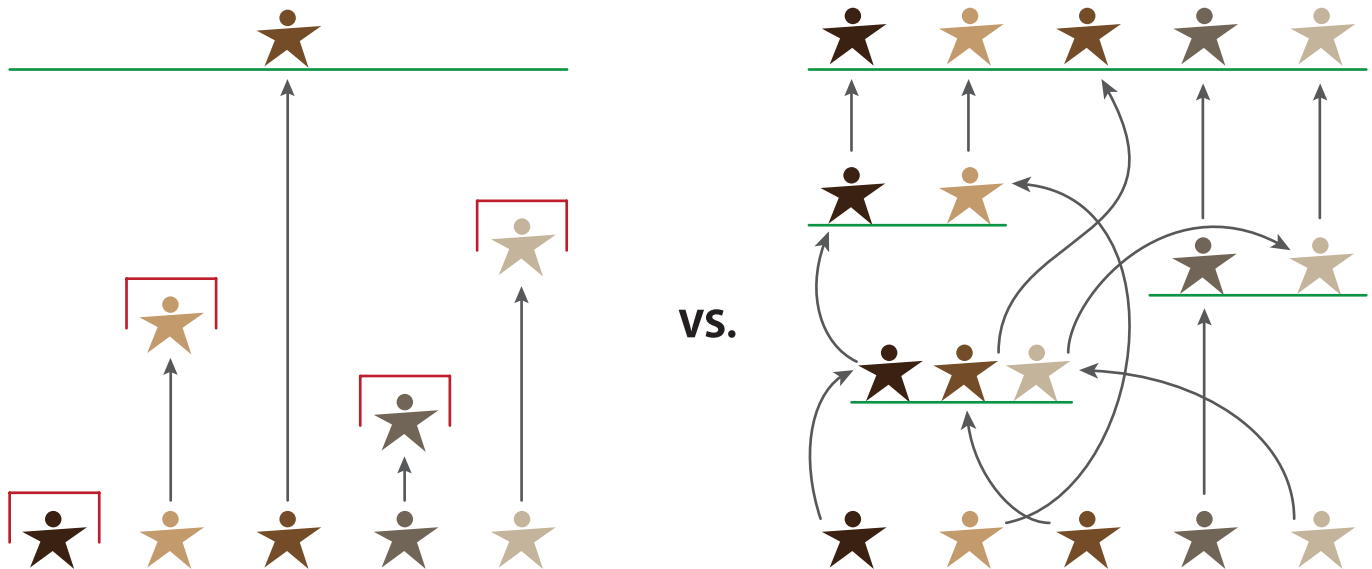
Frameworks and approaches

The overarching vision for Multnomah County, one that ties all of the work we do as an organization both internally and externally, is the concept of *safety, trust and belonging*. Developed through a process led by Multnomah County's Chief Operating Officer, it represents a durable and enduring frame to ground and guide our work-one we can operate within despite the complexity and interconnectedness of our work, and apply and utilize each and every day. Safety and belonging are fundamental to the ability to thrive and foundational to what employees need.



INTRODUCTION

Building off this overall vision, and grounded in the concepts of safety, trust and belonging, this plan also seeks to be a reflection of principles and approaches key to advancing equity. One of the core elements of the work is the concept of **targeted universalism**. As John Powell describes, "This is an approach that supports the needs of the particular while reminding us that we are all part of the same social fabric. Targeted universalism rejects a blanket universal which is likely to be indifferent to the reality that different groups are situated differently relative to the institutions and resources of society. It also rejects the claim of formal equality that would treat all people the same as a way of denying difference."¹



Applying this approach for workforce equity requires us to examine the ways that our employees are differently situated in their relationship not simply to our external social environment, but to our internal environment. It means that throughout our strategy development and as we implement practices, we continually have to identify the specific ways that different employees experience the organizational culture, navigate our institutional practices and policies and utilize specific strategies to address the differences in outcomes that we use as baseline measures.

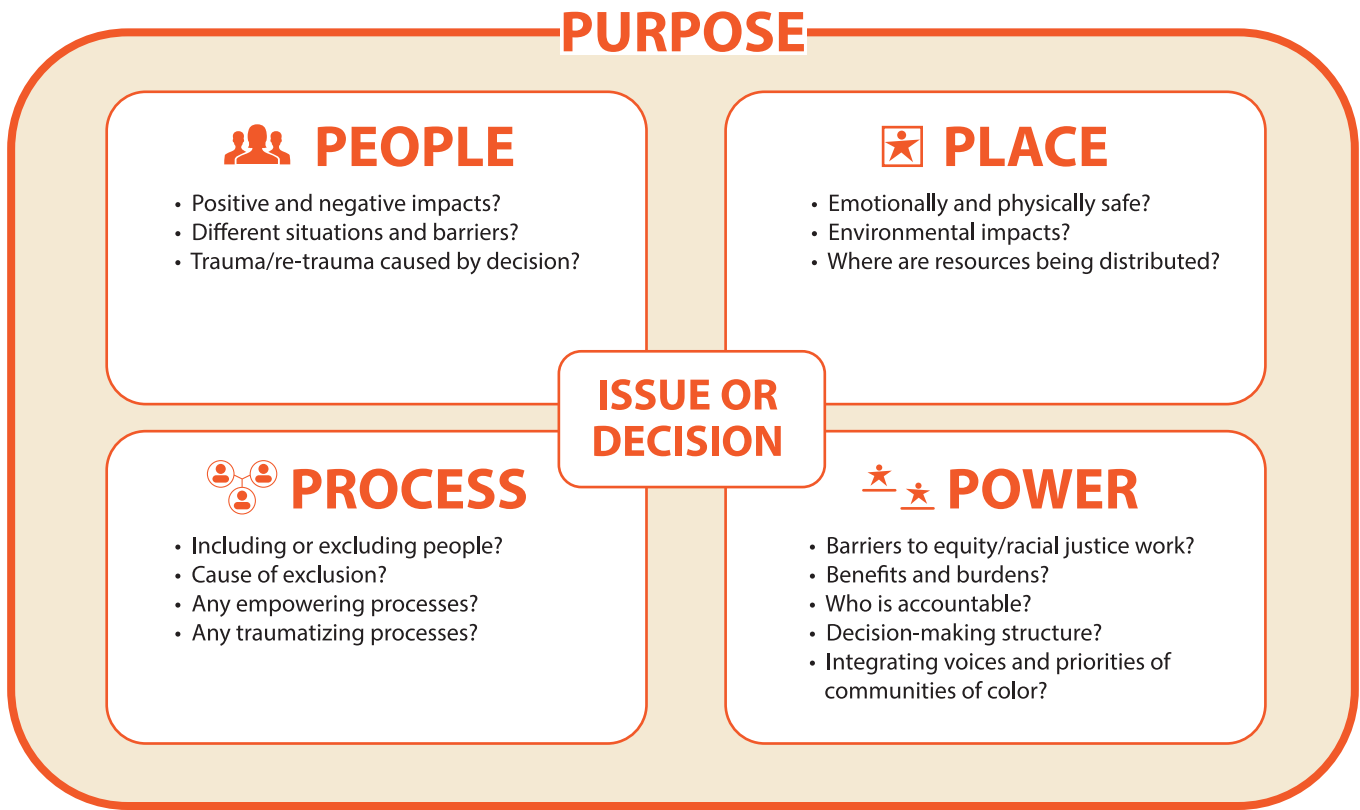
In 2012, Multnomah County published its seminal **Equity and Empowerment Lens** (racial justice focus)² which laid out both a rationale and provided tools for practitioners. As written in the original version of the tool, "A Lens leads us to think about issues in a new way; it can bring an idea into focus, or alternately, expand it outward and upward. In this particular case, this Lens does both, by asking us to focus in on how equity and racial justice relate to a particular issue at hand, and then how that issue also exists in relation to a much larger system of factors. The concepts of equity and empowerment are not new per se; many cultures have been focusing on balance, sustainability, relationship, and honest analyses of cause and effect for thousands of years."³

1. John A. Powell, Stephen Menendian & Jason Reece March/April 2009 issue of *Poverty & Race*.

http://www.pprac.org/full_text.php?text_id=1223&item_id=11577&newsletter_id=104&header=Miscellaneous&kc=1

2. <https://multco.us/diversity-equity/equity-and-empowerment-lens>

3. Balajee, Sonali S., et al., (2012). *Equity and Empowerment Lens (Racial Justice Focus)*. Portland, OR: <https://multco.us/file/31833/download> (page 8)



The Lens is a quality improvement tool beginning with “purpose” (captured in our strategies as overarching goals) and utilizes questions in four distinct areas: people (who is impacted and how); Process (how are those most impacted meaningfully involved in decisions that impact them); Place: (how is an issue or decision accounting for people’s emotional and physical safety and their need to feel productive and valued); and Power: (how is the current approach shifting power dynamics to better integrate voices and priorities of communities of color). These sets of questions are the guiding frames upon which the process of developing this strategic plan was built and the focus for how strategies can address disparities within our organization.

Methodology

With a goal of maintaining integrity to the aforementioned principles and frameworks, the development of this plan was built upon a value of centering the voices of those most negatively impacted by our organizational culture and practice.

INTRODUCTION

The process was initiated by Employees of Color (EOC) - an Employee Resource Group, in a partnership with labor and community based groups organizing to bring attention to institutional racism, and inequities within the organization. The Office of Diversity and Equity (ODE), working with these groups, then developed a process that focused on lifting up the voices and experiences of those who our workforce data showed were most impacted by unequal employment opportunity.

Utilizing the existing structure of Employee Resource Groups (ERG), these groups hosted a series of facilitated discussions to uncover common themes and ideas for action around retention and support, professional development and promotion, and organizational culture. These same groups then coded and analyzed data, and drove a process of strategy development that reflected the needs and experiences particularly of frontline employees.

Reflecting a guiding framework of safety, trust and belonging, and designing strategies that reflected principles of equity and tactics of community organizing, Multnomah County, impacted and influenced by the organizing and power of front line staff, developed a Workforce Equity Strategic Plan that will guide the organization in addressing institutional inequities.

How to read the document

Focus areas provide an overview of how that issue impacts employees, reflective of what we heard during listening sessions with ERGs. These areas (organizational culture, promotion and professional development, and retention) include high level data measures that will be tracked and measured over time to provide a line of sight on progress, and direction for future targeted strategies.

The minimum standards set a countywide expectation, and the performance measure will be tracked by HR, ODE and COO with yearly reports. Departments shall build from these to establish departmental specific actions and activities that can take the minimum even further and lift up what is currently working or will work best for departments.



FOCUS AREA 1: ORGANIZATIONAL CULTURE

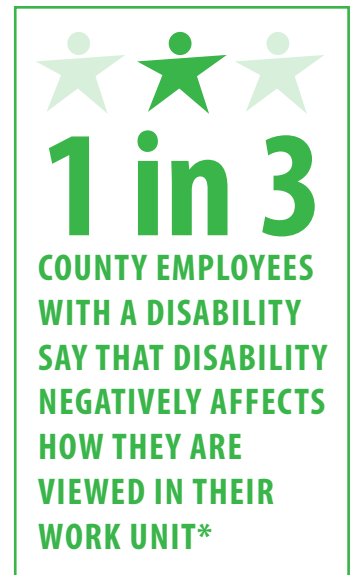
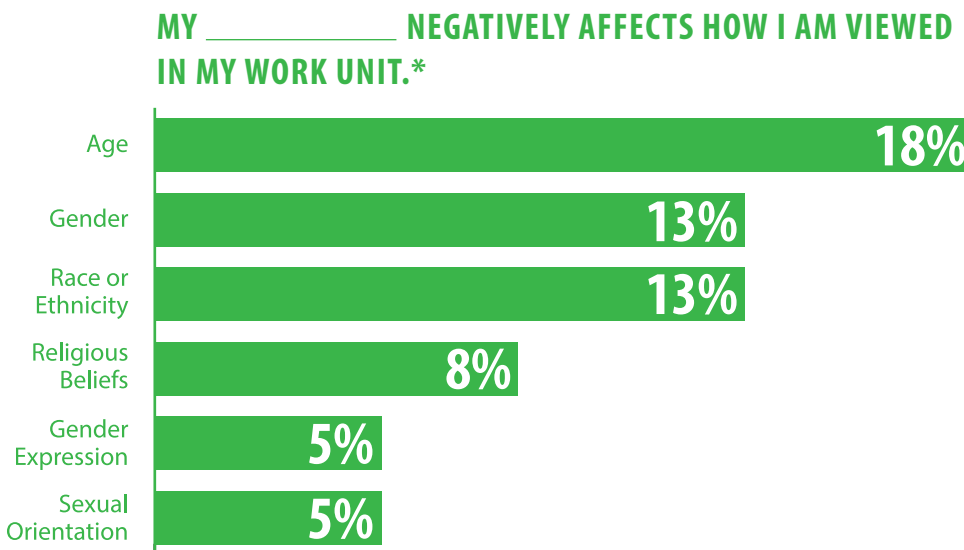
The culture at Multnomah County is a reflection of our culture at large. While we largely hold progressive values and aspire towards greater equity and inclusion, dominant culture norms often dictate our daily interactions and can have negative unintended impacts for our workforce, particularly for employees of color and employees who do not reflect dominant culture.

Examples of dominant cultural norms include:

- Hierarchy and top-down decision-making without sufficient transparency or inclusion
- Expectation of communication style that defers to and reinforces management authority
- Lack of mutual accountability and expectations between managers and staff

When these cultural norms are not acknowledged and mitigated, they can erode employee trust and morale, where employees feel condescension and devalued for what they bring to the table. On top of this, impacts of all the “-isms” - racism, sexism, ableism, homophobia, transphobia, xenophobia, and ageism - prevent all employees from experiencing safety, trust and belonging.

These norms can have incredible impacts on the day to day experience of employees, and on our overall efforts to recruit, retain and promote diverse individuals. Too many employees experience isolation, disrespect, and a stifling environment where they cannot be their full selves. Microaggressions are an all too frequent occurrence, and too many employees worry about exclusion and retaliation if they do not “go along to get along.”



* 2017 Countywide Employee Survey. Overall results presented here are different than results for particular groups.

FOCUS AREA 1: ORGANIZATIONAL CULTURE

Increased awareness of power and privilege

Awareness and attentiveness to the range of ways power and privilege impact organizational relationships requires dominant culture to embrace a degree of humility, meaning a deeper understanding of the way power and privilege show up in the workplace to the detriment of full inclusion and belonging. We must all commit and be held accountable to the learning and growth required to promote equity here at work, while recognizing the critical role that managers play in supporting and promoting change.

OBJECTIVE	MINIMUM STANDARD	PERFORMANCE MEASURES
<p>1. Multnomah County dedicates resources towards, and utilizes culturally responsive and trauma-informed approaches to support the goal of a workforce that demonstrates increased awareness of power and privilege.</p>	<ul style="list-style-type: none"> • All managers will have a minimum of four required hours per year of trainings that relate to Management Competencies focused on intercultural communication and racially just practice.¹ • Focused training for managers and Human Resources staff on working with employees with disabilities, and on accommodation requests. 	<ul style="list-style-type: none"> • By 2022, all managers and senior leadership have documented training that focuses specifically on increasing awareness of, and shifting practice towards, equitable and racially just leadership behaviors. • By 2022, all supervisory staff and Human Resource classifications have documented training on disabilities.
<p>2. Multnomah County utilizes multiple tools to consistently assess morale, inclusion, supportive environments and culturally responsiveness.</p>	<ul style="list-style-type: none"> • Departments conduct stay interviews (or other methods) with a percentage of staff, focusing on front line positions. 	<ul style="list-style-type: none"> • By July 1, 2020, HR quarterly “stay interviews” (or other method) result in yearly assessment of at least 1% of the department.
<p>3. Multnomah County is committed to building the infrastructure to support equity and empowerment practices, policies and programs at the departmental level.</p>	<ul style="list-style-type: none"> • Equity and Diversity teams are created to examine policies and lead transformative change efforts. 	<ul style="list-style-type: none"> • By July 1, 2019, all departments will have an equity team consisting of stakeholders from front line, managers and supervisors, and senior leadership.

1. “Racially just” reflects new performance competency in Workday.

FOCUS AREA 2: PROMOTION AND PROFESSIONAL DEVELOPMENT

Providing opportunities for growth and leadership supports healthy organizations by ensuring diverse representation across all classifications and providing the building blocks for successful succession planning.

Understanding and eliminating barriers to promotion and professional development aligns with and supports key elements of retaining a talented and diverse workforce, and reflects whether our organizational culture and practices support thriving employees throughout their careers.

Examples of barriers to promotion and professional development include:

- Implicit bias in interviewing and hiring processes
- A perception of favoritism that often reflects dominant culture norms and differential access to organizational leaders who make hiring and promotion decisions
- Lack of mentoring and coaching, and differential access to training and other professional development opportunities based on the identity of the employee

Eliminating barriers to promotion and professional development requires consistent and concerted efforts to invest in employee development and create pathways to leadership (both positional and hierarchical).



* 2017 Countywide Employee Survey.

FOCUS AREA 2: PROMOTION AND PROFESSIONAL DEVELOPMENT

Equitable opportunity and elimination of barriers to promotion and professional development

Thriving employees who feel valued require consistent and constructive feedback, investments in training that furthers personal and professional growth, and opportunities to gain the types of leadership experiences that can demonstrate and build knowledge for future positions in their careers.

OBJECTIVE	MINIMUM STANDARD	PERFORMANCE MEASURES
<p>1. Multnomah County demonstrates commitment to investing in employees professional development by utilizing performance review processes to collaboratively identify opportunities, resources, and pathways towards goals.</p>	<ul style="list-style-type: none"> • Performance reviews are tracked at departmental, division, and program levels. • All managers are receiving professional feedback by both those they supervise and report to. • All departments have orientation for new managers that includes a clear understanding of both organizational resources and supports available to them and their team, and management responsibility to be supportive and properly take either preventative or disciplinary action when needed. 	<ul style="list-style-type: none"> • By July 1, 2020, 100% of eligible employees have completed their performance reviews on time, including probationary performance reviews. • By July 1, 2020, all Departments have and are utilizing performance review tools for managers that include feedback from supervised staff. • By July 1, 2020, each department's orientation process for managers includes a section on internal support resources (departmental and county-wide) for managing performance, coaching and being a supportive manager and an overview of preventative/disciplinary expectations and processes.
<p>2. Multnomah County career pathways are easy to understand, and employees are able to gain the skills necessary to navigate the classification/reclass, promotions, work out of class, and stretch assignment opportunities.</p>	<ul style="list-style-type: none"> • Employees have profiles on Workday and active employee development plans (as desired) that include assessment of existing skills, training and other opportunities to gain skills that will support promotional and leadership development in collaboration with their manager. 	<ul style="list-style-type: none"> • By 2022, all employees in non-exempt classifications will have active employee development plans jointly developed with their manager and evaluated yearly.

FOCUS AREA 2: PROMOTION AND PROFESSIONAL DEVELOPMENT

OBJECTIVE	MINIMUM STANDARD	PERFORMANCE MEASURES
<p>3. Multnomah County interview practices seek to eliminate barriers, including addressing implicit bias, and support the hiring and promotion of a diverse workforce.</p>	<ul style="list-style-type: none"> • Interview panels are intentionally representative of the diversity of the workforce and of the community, and employees are continually identified and trained to participate in interview panels. 	<ul style="list-style-type: none"> • By July 1, 2020 all departments, working with Employee Resource Groups and other stakeholders, have an updated list of employees who have professional skill sets, and/or are trained to serve on interview panels for positions at every level of the organization.
<p>4. All internal and external management level recruitments and promotions include demonstrated success or aptitude for working with diverse employees and communities.</p>	<ul style="list-style-type: none"> • Every department has a set of questions that can be utilized during hiring processes that reflect an assessment of competency working with diverse employees and communities. 	<ul style="list-style-type: none"> • By January 1, 2020, all management level hiring processes include questions around cultural responsiveness aligning with specific performance competencies (Promoting Equity and Racially Just) required for managers.¹

1. Proposed for Workday update, 2018.

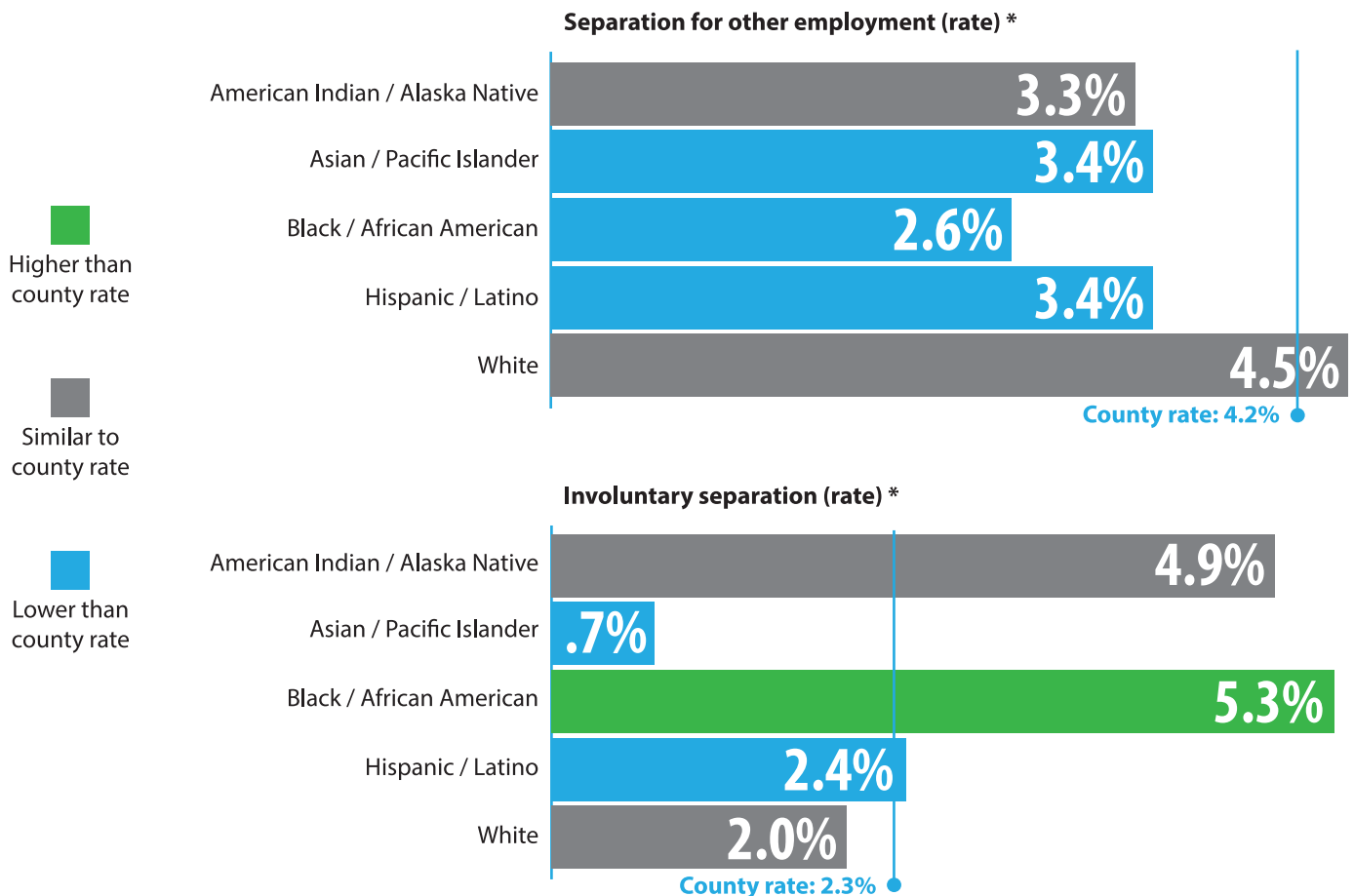
FOCUS AREA 3: RETENTION

The retention of employees has multiple benefits for organizations. Building a pool of talent, with experience and knowledge of the many areas of our work is critical to providing exemplary service, but also has fiscal benefits based on the cost of replacing employees who separate from the organization. Once hired, many employees go on to successful careers in public service, with an expectation of continued employment. Yet too many employees, particularly those from non-dominant culture, do not have the privilege of such job security, and are not supported in the ways that lead to retention and success.

Our internal data shows that employees of color and other marginalized employees separate from the organization at disproportionately higher rates, specifically involuntary separation during the probationary period. Organizational practices contributes to this outcome.

Examples of organizational practices that negatively impact retention include:

- Inconsistent, inadequate and ineffective onboarding for new employees
- Lack of constructive, appropriate and timely feedback during the probationary period, including coaching, training and peer-to-peer opportunities
- Negative views of employee performance based on dominant culture norms and values



* This is the two-year (FY 2015 - FY 2016) separation rate by race and ethnicity. Regular employees only.

FOCUS AREA 3: RETENTION

Multnomah County can better retain all employees and ensure they have every opportunity to succeed and thrive through targeted policies and investments as well as shifts in practice that reflect greater intercultural awareness.

Address disparities in retention based on race and non-dominant culture identities

Factors most important to retention include: employee relationship with their manager, access to peer support, appropriate and timely coaching, feedback and mentoring, accommodations (particularly for employees with disabilities), and feeling of belonging. Employees who feel that they belong and are valued are more likely to be successful here at work, contributing to the richness of our workforce and the important work we do every day.

OBJECTIVE	MINIMUM STANDARD	PERFORMANCE MEASURES
<p>1. Multnomah County utilizes a targeted universalism approach to coaching and mentoring employees.</p>	<ul style="list-style-type: none"> By 2020, all new employees are assigned a peer support or mentor to contribute to professional growth, and assist with orientation and onboarding. 	<ul style="list-style-type: none"> In 2022 HR Trends report¹, Multnomah County sees no discernible disparity in probationary termination rate .
<p>2. Multnomah County invests in Employee Resource Groups (ERG) as critical spaces for safety, trust and belonging.</p>	<ul style="list-style-type: none"> ERG participation, established in policy, is expanded to support individual employee affinity, key stakeholder engagement for county-wide projects, and professional and leadership development opportunities. 	<ul style="list-style-type: none"> By July 1, 2019, Multnomah County Personnel Rule is amended to support greater participation by updating language, approach and approved time allotment. By January 1, 2019, all departmental orientation and onboarding processes include information about ERGs.
<p>3. Onboarding process and expectations are clear and consistent across the organization with necessary and appropriate variation at departmental levels .</p>	<ul style="list-style-type: none"> Every employee has a training plan that includes a specific and intentional inclusion of cultural responsiveness training. 	<ul style="list-style-type: none"> By July 1, 2019 every department has a documented and communicated onboarding training curriculum for all new employees that includes cultural responsiveness training.

¹. Include 2018 numbers.

FOCUS AREA 4: RECRUITMENT AND WORKFORCE PIPELINES

Multnomah County is an employer of choice, and our jobs support pathways to economic security. Multnomah County recognizes that employment patterns can be a reflection of opportunities across the entire life course. These include quality of primary and secondary education, access to college, exposure to professional environments and networks that support personal and professional growth, and relationships to mentors and coaches who assist along the pathway.

Consistently diverse candidate pools for positions at every level of the organization

Investing and applying best practices will enhance recruitment and support pipelines to employment and ensure practices that lead to success in this area, including:

- Relationships with community organizations and professional associations focused on diverse representation in various fields
- Ensuring that qualifications for positions do not unnecessarily screen out applicants
- Investing in intentional and targeted pipeline models that focus on communities historically underrepresented in post-secondary institutions

Applicant flow analysis *



* Minimum Qualification Project.

FOCUS AREA 4: RECRUITMENT AND WORKFORCE PIPELINES

OBJECTIVE	MINIMUM STANDARD	PERFORMANCE MEASURES
<p>1. Create school-to-work, and community-to-work pipelines from racially and economically disadvantaged communities.</p>	<ul style="list-style-type: none"> • Departments are participating in the College to County Mentorship Program as a way to provide exposure, build job skills and enhance opportunities for program participants. 	<ul style="list-style-type: none"> • By 2022, Multnomah County will host 50 College to County Mentees or associated programmatic model that supports economically disadvantaged communities, employed across county departments and offices.
<p>2. Multnomah County applies best practices that consistently result in diverse applicant pools for all external recruitments.</p>	<ul style="list-style-type: none"> • Assess minimum qualifications, including broadening skills and experiences, updating position descriptions, and ensuring job announcements convey qualifications clearly and are set at the right level, worded clearly, and include information about equivalencies, if applicable. • Every Department is actively building relationships with community-based organizations, professional associations, educational institutions, and other stakeholders to enhance diversity in applications. 	<ul style="list-style-type: none"> • In analysis of candidates in bi-annual HR Trends reporting, Multnomah County sees an increase in diverse candidates meeting minimum qualifications in initial screening. • By 2022 every department has designated and specialized staff who focus on recruiting. Specific attention will focus on federally required obligations, including race, gender, disability and veterans.

Accountability

This strategic plan is a framework and guidance document. It will help Multnomah County practices, policies and actions better align with our values.

To be effective, meaningful and transformational, this plan must be thoughtfully implemented and tracked in order to lift up progress and navigate challenges.

This requires accountability, which will happen in three major ways:

- Departments will be expected to develop department-level implementation plans and provide regular updates to the Chair and COO as part of ongoing work.
- The Board of County Commissioners will receive at least an annual workforce equity briefing that includes updates on implementation and outcomes.
- To support the success, implementation and transparency of this plan — which impacts Multnomah County employees, clients, partners and wider community — an advisory committee will be established to review and track progress and provide feedback. This committee will be convened by the Office of Diversity and Equity and sponsored by the Multnomah County Chair.

Updates

The Workforce Equity Strategic Plan is structured as a four year cycle, with points throughout the timeframe for minimum standard completion across the organization. The Office of Diversity and Equity will be the lead in organizing Employee Resource Groups and other organizational stakeholders beginning in year three (2021) to develop updated strategies.

Reporting

The performance measures included as part of the strategies will be regularly collected through existing and new mechanisms. Utilizing our internal records systems, the Countywide Employee Survey, and HR Trends Report, there will be robust information that is readily accessible and consistently collected and analyzed every two years.

In addition, Multnomah County is committed to additional data collection:

- ODE will publish on its website quarterly demographic information for the organization, broken down by department, and including race, gender and age
- The COO (or other part of the organization) will collect information that will be reported yearly that outlines the number of complaints for the year and their resolution

Model for Implementation

Infrastructure
and
Partnerships

+

Data:
Qualitative and
Quantitative

+

Leadership:
Identifying
Champions and
moving the work

A Strategic Plan that
Respond to Needs of those
most negatively impacted

**Panel: Life Every
Voice: Recruiting
and Supporting
Your CAC's OHP
Consumer
Members**

March 20, 8:45-10 a.m.

**There are no handouts for
this session.**

Engaging the Latino Community in CAC Participation

**March 20, 10:20-11:50 a.m.
Fir 1/2/3**



Engaging the Latino Community



Rebeca Marquez, AMY Project Manager
Adan Merecias, CHW Project Manager



Familias en Acción

- **Familias was founded in 1998** in response to the need for a culturally specific organization to promote health for Latinos.
- **Our programs include:**
 - Community Health Workers
 - Community health education and support group
 - Culturally specific training for health professionals serving Latinos



Cultural values

- *Familismo*—Family connection, care taking, decision making, communication
- *Personalismo*—Relationship Based
- *Confianza*—Trust
- *Respeto*—Mutual or Hierarchical Respect
- *Dignidad*—Dignity



Familismo

- Identity and strength
- Decision-making
- Extended and deceased
- Roots to home land



Personalismo and Confianza

- Relationship based
- Trust in relationships—know that your interests are genuine
- When the community member is older than you



- “Formal friendliness”
- Senor, Senora, Dona NOT first name alone
- Good morning, good afternoon, how do you do
- Handshake
- Work to establish trust



Respeto and Dignidad

- Nod to show listening
 - may not mean agreeing or understanding
- Disrespectful to ask questions or concerns
- Assume they have no choice
 - may not actually agree



- Meet respect with respect
- Open the door for asking questions
- Look behind words and nods



Dinamica



Abuela, Mama y Yo Community Council

- **Council goal:** Develop strategies and building parent advocacy skills to impact equitable health policies in Oregon
- Members are volunteers who share knowledge on parenting, pregnancy, early childhood development, prenatal care, food equity, health disparities, and Latino community social services.



Engaging the Latino Community

- CHW/Promotoras model
- Build trust and strong relationships
- Stipends, childcare and support
- Location



Lluvia de Ideas

- What are you currently doing to engage the Latino Community in your CAC?
- After this presentation, what are some ideas/different strategies you can use to engage the Latino community?



Oregon Latino Health Equity Conference 2019

The power of Seeding Latino Food Equity

June 1st, 2019



<https://www.youtube.com/watch?v=p3auvbHy9oc>



Questions?

Thank you for your participation!



**Voices from the Great
Frontier: Strategic
Solutions to
Overcoming Barriers
to Rural Engagement**

**March 20, 10:20-11:50 a.m.
Cedar 1/2/3**

Voices from the Great Frontier

Strategic Solutions for overcoming Barriers to Rural Engagement

Description:

What are rural CAC's doing to address barriers to recruitment and retention of community members? Are your members struggling with CCO CAC as a second language? How can we ensure each member's voice is heard and input is valued? In this solution - focused session, we'll hear from two rural CACs (Trillium Community Health Plan Lane County Oregon and Eastern Oregon) about their distinct strategies and participants will work together to break down barriers and share innovative solutions for rural engagement.

Main Subjects for Table Discussion

(two tables per subject)

1. Rural Recruitment and Retention

Questions:

- a. What are the 2 biggest barriers for your CAC members, such as travel, participation, daycare and other?
- b. What solutions has your CAC found to overcome these barriers?
- c. Comments and suggestions.

2. The Value of my Voice

Questions:

- a. Does your CAC face challenges in regard to making sure that all members are heard and feel the value of their participation?
- b. What actions has your CAC taken to ensure all voices are heard and valued?
- c. Comments and suggestions.

3. CAC as a Second Language

Questions:

- a. What are some of the challenges your CAC faces concerning understanding complicated, technical and industry information?
- b. Is the information revised and translated in a way that helps members understand it, to allow full participation from all members?
- c. Comments and suggestions.

CAC Peer-to-Peer Meetings

**CAC coordinators/CCO staff (Fir 1/2/3)
CAC chairs/co-chairs (Cedar 1/2/3)
Non-chair CAC members (Spruce/Oak)**

March 20, 12:30-1:30 p.m.

**Handouts will be provided
during these sessions.**

March 19-20 Community Advisory Council Conference

My Action Plan

Topic or strategy I learned about today	My questions or next steps for follow-up