



REGULAR MEETING
January 4, 2023
4:00 p.m.

Location: The public meeting will be conducted onsite with limited seating at 200 Kalmus Drive, Costa Mesa, CA 92626 and via YouTube live stream <https://youtu.be/8dx06gXD9cs>

ORANGE COUNTY BOARD OF EDUCATION
AGENDA

WELCOME

CALL TO ORDER

STATEMENT OF PRESIDING OFFICER: For the benefit of the record, this Regular Meeting of the Orange County Board of Education is called to order.

ROLL CALL

(*) AGENDA

Regular Meeting of January 4, 2023 – Adoption

(*) MINUTES

Regular Meeting of December 14, 2022 – Approval

PUBLIC COMMENTS (related to Closed Session)

TIME CERTAIN

CLOSED SESSION 1

CONFERENCE WITH LEGAL COUNSEL-EXISTING LITIGATION- Orange County Board of Education v. Newsom Case Number 30-2021-01233170 - Government Code §§ 54956.9(a) and (d)(1)

CLOSED SESSION 2

CONFERENCE WITH LEGAL COUNSEL-EXISTING LITIGATION Orange County Board of Education v. OC Superintendent of Schools, Al Mijares, and State Superintendent of Public Instruction, Tony Thurmond Case No 30-2019-01112665-CU-WM-CJC - Government Code §§ 54956.9(a) and (d)(1)

CLOSED SESSION 3

CONFERENCE WITH LEGAL COUNSEL-EXISTING LITIGATION Orange County Board of Education v. Orange County Committee on School District Organization – Case Number 30-2022-01242499-CU-WM-CJC - Government Code §§ 54956.9(a) and (d)(1)

CLOSED SESSION 4

CONFERENCE WITH LEGAL COUNSEL-EXISTING LITIGATION Michael Sean Wright v. Orange County Board of Education and Al Mijares, Orange County Superintendent of Schools – Case Number 30-2022-01243638-CU-WM-CJC - Government Code §§ 54956.9(a) and (d)(1)

INVOCATION

5:00 p.m.

Craig Hill
Taft Ave Community Church

PLEDGE OF ALLEGIANCE

INTRODUCTIONS

PUBLIC COMMENTS (30 minutes)

PRESENTATIONS

1. Special Presentation - January National Mentoring Month, Big Brothers Big Sisters of Orange County Mentorship, Jennifer O'Farrell, Chief External Affairs Officer.

CONSENT CALENDAR

- (*) 2. Approve the granting of diplomas to the students listed from Alternative, Community, and Correctional Education Schools and Services, Alternative Education Division.
- (*) 3. Approve new Board Meeting dates for July 2023 through June 2024.
- (*) 4. Approve invoice #3259256 in the amount of \$34,103.88 for Haight, Brown & Bonesteel LLP.
- (*) 5. Approve and sign the certificates of merit and accompanying letters for the outgoing board members.
- (*) 6. Accept the in-kind donation from Paige Montanio of SnacksOC of a snack cart for Special Education Division and send a letter of appreciation to donor.
- (*) 7. Approve invoice #HKSEE036766 in the amount of \$4,600.00 for Trustee Shaw's registration to attend Harvard Kennedy School's Leading Successful Programs: Using Evidence to Assess Effectiveness. (Shaw)

CHARTER SCHOOLS

8. Charter submissions
- (*) 9. Charter School Public Hearing – California Republic Leadership Academy Capistrano Appeal
Aracely Chastain, Director, Charter Schools, will facilitate the public hearing.

Discussion Format:
California Republic Leadership Academy Capistrano
Capistrano Unified School District
Public Comments (30 minutes)
Board Questions
- (*) 10. Charter School Public Hearing – Irvine International Academy Material Revision
Anna Day, Administrator, Charter Schools, will facilitate the public hearing.

Discussion Format:

Irvine International Academy
Public Comments (30 minutes)
Board Questions

INFORMATION ITEMS Sunburst Video (Wellness Center)

BOARD RECOMMENDATIONS

- (*) 11. Board action on Contract for Equity in OC Health Implementation-Grant Agreement (Williams)

STAFF RECOMMENDATIONS

INFORMATION ITEMS

COMMUNICATION/INFORMATION/DISCUSSION

- Proposed Board Policy regarding Parental Rights (Valdes)

ANNOUNCEMENTS

- Superintendent
- Deputy Superintendent

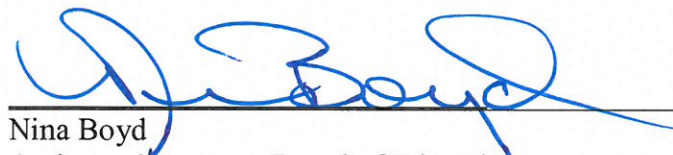
LEGISLATIVE UPDATES

COMMITTEE REPORT

BOARD MEMBER COMMENTS

PUBLIC COMMENTS

ADJOURNMENT



Nina Boyd
Assistant Secretary, Board of Education

Next Regular Board Meeting: Wednesday, February 1, 2023 at 5:00 p.m. The meeting will be held onsite at 200 Kalmus Drive, Costa Mesa, CA 92626 with limited seating and via YouTube live stream.

Individuals with disabilities in need of copies of the agenda and/or the agenda packet or in need of auxiliary aides and services may request assistance by contacting Darou Sisavath, Board Clerk at (714) 966-4012.

(*) Printed items included in materials mailed to Board Members

MINUTES
Regular Meeting
December 14, 2022



ORANGE COUNTY BOARD OF EDUCATION
MINUTES

WELCOME

CALL TO ORDER

The Regular Meeting of the Orange County Board of Education was called to order by Board President Sparks at 4:05 p.m., December 14, 2022 in the Board Room, 200 Kalmus Drive, Costa Mesa, California and via YouTube live stream.

ROLL CALL

Present:

Jorge Valdes, Esq.
Tim Shaw
Lisa Sparks, Ph.D.
Mari Barke

Absent:

Ken L. Williams, D.O.

AGENDA

Motion by Barke, seconded by Shaw, and carried by a vote of 4-0 (Williams Absent) to approve the agenda of the Regular meeting of December 14, 2022.

MINUTES

Motion by Barke, seconded by Shaw, and carried by a vote 4-0 (Williams Absent) to approve the minutes of the Regular meeting of November 2, 2022.

PUBLIC COMMENTS (related to Closed Session) - None

The Board took a recess from 4:06 p.m. to 5:03 p.m. to go into closed session.

CLOSED SESSION 1

CONFERENCE WITH LEGAL COUNSEL-EXISTING LITIGATION- Orange County Board of Education v. Newsom Case Number 30-2021-01233170 - Government Code §§ 54956.9(a) and (d)(1)

CLOSED SESSION 2

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CONFERENCE WITH LEGAL COUNSEL-EXISTING LITIGATION Orange County Board of Education v. Orange County Committee on School District Organization – Case Number 30-2022-01242499-CU-WM-CJC - Government Code §§ 54956.9(a) and (d)(1)

CLOSED SESSION 4

CONFERENCE WITH LEGAL COUNSEL-EXISTING LITIGATION Michael Sean Wright v. Orange County Board of Education and Al Mijares, Orange County Superintendent of Schools – Case Number 30-2022-01243638-CU-WM-CJC - Government Code §§ 54956.9(a) and (d)(1)

Board President Sparks announced the Board will resume closed session and provide a report out at the end of the meeting.

INVOCATION

Pastor Christina Williams
Harbor Light Church, Costa Mesa

PLEDGE OF ALLEGIANCE

Hengameh Abraham

INTRODUCTIONS

None

CONSENT CALENDAR

Motion by Barke, seconded by Valdes, and carried by a vote of 4-0 (Williams Absent) to approve Consent Calendar items #1, #2, and #3.

1. Approve the granting of diplomas to the students listed from Alternative, Community, and Correctional Education Schools and Services, Alternative Education Division.
2. Approve invoice #3257408 in the amount of \$29,249.43 for Haight, Brown & Bonesteel LLP.
3. Approve invoice #3258552 in the amount of \$31,060.91 for Haight, Brown & Bonesteel LLP.

PUBLIC COMMENTS

- Lynne
- Sherine
- Nancy
- Dorie
- Nomi
- Katie
- Michael
- Peter
- Joyce
- Sean
- Beck
- Chelsea
- David
- Rylee
- Stephanie
- Hengameh
- Joshua

CHARTER SCHOOLS

4. Charter submissions
 - Oxford Preparatory Academy-Saddleback Valley material revision
 - California Republic Leadership Academy Capistrano appeal
 - Irvine International Academy material revision
5. Charter School Public Hearing – Oxford Preparatory Academy-Saddleback Valley – Material Revision
Teresa Johnson, Administrator, Charter Schools, facilitated the public hearing.
 - Dr. Amy Kernan, Oxford Preparatory Academy - Saddleback

BOARD RECOMMENDATIONS

6. Motion by Barke, seconded by Valdes, and carried by a vote of 4-0 (Williams Absent) to approve board date change from April 5, 2023 to April 12, 2023.
7. Motion by Barke, seconded by Shaw, and carried by a vote of 4-0 (Williams Absent) to adopt Board Policy regarding Orange County Board of Education Professional Development.

STAFF RECOMMENDATIONS

8. Motion by Barke, seconded by Shaw to discuss item #8

Motion by Barke, seconded by Valdes, and carried by a vote of 4-0 (Williams Absent) to approve revision to the annual budget in excess of \$25,000 as per Education Code Section 1280. This revision has been included in the First Interim Report that is certified Positive by the County Superintendent of Schools.

INFORMATION ITEMS

ANNOUNCEMENTS

Superintendent

- Equity OC staff presentation in January 2023
- Native American Heritage Month
- Mendez Monument
- Sunburst Graduation – Trustee Shaw
- Crisis Response Team
- 9th Annual OC Pathway Showcase- Virtual
- Christine Olmstead – Vista Unified

Deputy Superintendent

- Next regular board meeting is on January 4, 2023; submission deadline is December 16th; Delivery on December 22nd
- Office closed on Dec. 23, 26, 30 and Jan. 2

BOARD MEMBER COMMENTS

- Trustee Sparks – Moment of Silence, Prayer for family of board member

- Trustee Valdes- Charter School leaders, College Prep visit, OC Schools Academic Excellence, Proposed Board Policy 400-4, and Orange County School of the Arts
- Trustee Shaw- Sunburst Graduation

The Board took a recess to go into closed session from 6:32 p.m. to 6:59 p.m.

CLOSED SESSION 1

CONFERENCE WITH LEGAL COUNSEL-EXISTING LITIGATION- Orange County Board of Education v. Newsom Case Number 30-2021-01233170 - Government Code §§ 54956.9(a) and (d)(1)

CLOSED SESSION 2

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CLOSED SESSION 4

CONFERENCE WITH LEGAL COUNSEL-EXISTING LITIGATION Michael Sean Wright v. Orange County Board of Education and Al Mijares, Orange County Superintendent of Schools – Case Number 30-2022-01243638-CU-WM-CJC - Government Code §§ 54956.9(a) and (d)(1)
Trustee Williams departed the meeting at 8:47 p.m.

Report Out

Mr. Brenner reported for Closed Sessions 1 through 4, the Board had discussions with legal counsel. No action was taken other than approval of Epstein, Becker, and Green invoices #1103527, #1103528, and #1103529 in Closed Sessions 2-4, by a vote of 4-0 (Williams Absent).

ADJOURNMENT

On a motion duly made, and seconded, the board meeting of December 14, 2022 adjourned at 7:00 p.m.



Nina Boyd
Assistant Secretary, Board of Education

Lisa Sparks, Ph.D.
President, Board of Education

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ORANGE COUNTY BOARD OF EDUCATION

BOARD AGENDA ITEM

DATE: January 4, 2023
TO: Nina Boyd, Deputy Superintendent
FROM: Vern Burton, Assistant Superintendent, Alternative Education
SUBJECT: Granting of Diplomas

The students listed on the attached pages have been certified for graduation by the Custodian of Records or their designee for the Division of Alternative Education of the Orange County Department of Education. These students have met the standards of proficiency in the basic skills prescribed by the governing board in accordance with Education Code 51412. It is requested that the Board approve the granting of diplomas to these students.

RECOMMENDATION:

Approve granting of diplomas to the students listed from Alternative, Community, and Correctional Education Schools and Services, Alternative Education Division.

VB:sl

Pages 9-10 removed (CONFIDENTIAL STUDENT INFORMATION)

January 4, 2023

[X] Mailed [] Distributed at meeting



ORANGE COUNTY BOARD OF EDUCATION

BOARD AGENDA ITEM

DATE: January 4, 2023
TO: Nina Boyd, Deputy Superintendent
FROM: Darou Sisavath, Recording Clerk
SUBJECT: 2023-2024 Board Meeting Dates

The Orange County Board of Education regular board meetings are held on the first Wednesday of each month. All board meetings listed will begin at 5:00 p.m. unless otherwise noted.

2023-2024 Board Meeting Dates

Wednesday, July 5, 2023
Wednesday, August 2, 2023
Wednesday, September 6, 2023
Wednesday, October 4, 2023
Wednesday, November 1, 2023
Wednesday, December 6, 2023
Wednesday, January 10, 2024 (second Wednesday)
Wednesday, February 7, 2024
Wednesday, March 6, 2024
Wednesday, April 3, 2024
Wednesday, May 1, 2024
Wednesday, June 5, 2024
Wednesday, June 19, 2024

RECOMMENDATION:

Approve new board meeting dates for July 2023 through June 2024.

Date, time, and location of Board meetings subject to change by Board order



ORANGE COUNTY BOARD OF EDUCATION

BOARD AGENDA ITEM

DATE: January 4, 2023

TO: Nina Boyd, Deputy Superintendent

FROM: Lisa Sparks Ph.D., Board President
Tim Shaw, Board Vice President

SUBJECT: Haight, Brown & Bonesteel LLP – Invoice

RECOMMENDATION:

Approve invoice #3259256 in the amount of \$34,103.88 for Haight, Brown & Bonesteel LLP.

Haight Brown & Bonesteel LLP

LAWYERS

555 South Flower Street
Forty-Fifth Floor
Los Angeles, CA 90071

P.O. Box 17939
Los Angeles, CA 90017-0939

www.hbblaw.com

Haight

Telephone: 213.542.8000

Facsimile: 213.542.8100

Bill Inquiries: 213.542.8074
accountsreceivable@hbblaw.com

Tax ID: 95-1605271

Dr. Lisa Sparks, PhD & Tim Shaw Jr.
ORANGE COUNTY BOARD OF EDUCATION
200 Kalmus Avenue
Costa Mesa, CA 92626-5922

Invoice No.: 3259256
Client/Matter: OC18-0000003
Billing Atty: GREGORY J. ROLEN
December 14, 2022

Representing: Orange County Board of Education
Re: ORANGE COUNTY BOARD OF EDUCATION
Advice on Board Governance and Budgetary Issues

Total Fees This Invoice	\$32,973.50
Total Costs Advances This Invoice	\$1,130.38
Total Fees and Costs This Invoice	\$ 34,103.88
Total Due Upon Receipt	\$ 34,103.88

BILLS ARE DUE AND PAYABLE UPON RECEIPT
THIS STATEMENT DOES NOT INCLUDE EXPENSES NOT YET RECEIVED BY THIS OFFICE
WHICH MIGHT HAVE BEEN INCURRED DURING THE PERIOD COVERED BY THIS BILLING

LOS ANGELES " ORANGE COUNTY " RIVERSIDE " SACRAMENTO " SAN DIEGO " SAN FRANCISCO

Haight Brown & Bonesteel LLP
213.542.8000

Invoice No: 3259256

Re: ORANGE COUNTY BOARD OF EDUCATION
OC18-0000003
Advice on Board Governance and Budgetary Issues

Page 2

PROFESSIONAL SERVICES RENDERED through 11/30/2022

Date	Description	Attorney	Hours
11/01/2022		GJR	0.60
11/01/2022		GJR	0.30
11/01/2022		GJR	4.90
11/02/2022		GJR	0.80
11/02/2022		GJR	2.20
11/02/2022		GJR	1.50
11/02/2022		GJR	4.90
11/02/2022		EAE	2.20
11/03/2022		WEI	3.30
11/03/2022		GJR	4.40
11/03/2022		GJR	0.30
11/03/2022		GJR	0.50
11/03/2022		EAE	2.40
11/04/2022		GJR	0.90
11/04/2022		GJR	0.30
11/04/2022		GJR	1.30
11/07/2022		WEI	0.70
11/07/2022		GJR	0.30
11/07/2022		GJR	0.40

Haight Brown & Bonesteel LLP
213.542.8000

Invoice No: 3259256

Re: ORANGE COUNTY BOARD OF EDUCATION
OC18-0000003

Advice on Board Governance and Budgetary Issues

Page 3

11/07/2022	GJR	0.50
11/07/2022	EAE	2.90
11/08/2022	GJR	0.90
11/08/2022	GJR	0.50
11/08/2022	GJR	0.40
11/08/2022	EAE	5.80
11/09/2022	GJR	0.90
11/09/2022	GJR	0.70
11/09/2022	EAE	6.10
11/10/2022	WEI	1.40
11/10/2022	GJR	0.40
11/10/2022	GJR	0.30
11/10/2022	GJR	1.20
11/10/2022	GJR	0.80
11/10/2022	GJR	0.30
11/11/2022	GJR	0.80
11/14/2022	WEI	2.80
11/14/2022	GJR	0.90
11/14/2022	GJR	0.30
11/14/2022	GJR	0.90

Haight Brown & Bonesteel LLP
213.542.8000

Invoice No: 3259256

Re: ORANGE COUNTY BOARD OF EDUCATION
OC18-0000003

Advice on Board Governance and Budgetary Issues

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11/14/2022	GJR	0.40
11/15/2022	GJR	0.60
11/15/2022	EAE	4.10
11/16/2022		0.40
11/16/2022		0.90
11/16/2022	GJR	0.30
11/16/2022	GJR	0.90
11/16/2022	EAE	2.40
11/17/2022	GJR	0.80
11/17/2022	GJR	0.90
11/17/2022	GJR	0.30
11/17/2022	GJR	3.90
11/17/2022	EAE	5.10
11/18/2022	GJR	0.60
11/18/2022	GJR	0.30
11/18/2022	GJR	0.90
11/18/2022	GJR	0.90
11/18/2022	EAE	5.90

Haight Brown & Bonesteel LLP
213.542.8000

Invoice No: 3259256

Re: ORANGE COUNTY BOARD OF EDUCATION
OC18-0000003

Advice on Board Governance and Budgetary Issues

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11/22/2022	GJR	3.80
11/23/2022	GJR	0.30
11/28/2022	WEI	0.40
11/29/2022	GJR	0.90
11/29/2022	GJR	0.90
11/29/2022	GJR	1.70

Total Hours	98.60
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Total Fees This Invoice	\$32,973.50
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Haight Brown & Bonesteel LLP
213.542.8000

Invoice No: 3259256

Re: ORANGE COUNTY BOARD OF EDUCATION
OC18-0000003

Advice on Board Governance and Budgetary Issues

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Timekeeper	Hours	Rate	Amount
WILLIAM E. IRELAND	8.60	\$355.00	3,053.00
GREGORY J. ROLEN	53.10	\$355.00	18,850.50
ELIZABETH A. EVANS	36.90	\$300.00	11,070.00
	<u>98.60</u>		<u>32,973.50</u>

Haight Brown & Bonesteel LLP
213.542.8000

Invoice No: 3259256

Re: ORANGE COUNTY BOARD OF EDUCATION
OC18-0000003
Advice on Board Governance and Budgetary Issues

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Mileage

11/03/2022	35.00
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Total for Mileage	35.00
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Out-of-Town Travel

11/11/2022	596.96
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11/11/2022	440.42
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Total for Out-of-Town Travel	
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<u>Parking Expense</u>	1,037.38
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11/03/2022	58.00
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Total for Parking Expense	58.00
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Total Costs Advanced This Invoice	
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Total Fees and Costs This Invoice	\$1,130.38
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	<u>\$34,103.88</u>
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Haight Brown & Bonesteel LLP

LAWYERS

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Forty-Fifth Floor
Los Angeles, CA 90071

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Haight

Telephone: 213.542.8000

Facsimile: 213.542.8100

Bill Inquiries: 213.542.8074
accountsreceivable@hbblaw.com

Tax ID: 95-1605271

Dr. Lisa Sparks, PhD & Tim Shaw Jr.
ORANGE COUNTY BOARD OF EDUCATION
200 Kalmus Avenue
Costa Mesa, CA 92626-5922

Remit To:

Haight Brown & Bonesteel LLP
P.O. Box 17939
Los Angeles, CA 90017-0939
Attn, Accounts Receivable

Invoice No.: 3259256

Client/Matter: OC18-0000003

Billing Atty: GREGORY J. ROLEN

December 14, 2022

PROFESSIONAL SERVICES RENDERED through November 30, 2022

Total Fees This Invoice	\$ 32,973.50
Total Costs Advanced This Invoice	\$ 1,130.38
Total Fees and Costs This Invoice	<u>\$ 34,103.88</u>
Balance Forward	\$ 0.00
Total Due Upon Receipt	<u><u>\$ 34,103.88</u></u>

PLEASE RETURN THIS PAGE WITH YOUR REMITTANCE

LOS ANGELES " ORANGE COUNTY " RIVERSIDE " SACRAMENTO " SAN DIEGO " SAN FRANCISCO

January 4, 2023

ORANGE COUNTY DEPARTMENT

[X] Mailed [] Distributed at meeting

BOARD AGENDA

DATE: January 4, 2023

TO: Nina Boyd, Deputy Superintendent

FROM: Dean West, CPA, Associate Superintendent, Business Services
Laurie Weiss, Manager, Business Services

SUBJECT: Certificates of Merit

Attached are letters and certificates of merit prepared for outgoing school district and community college district board members. The board members are:

<u>DISTRICT</u>	<u>NAME</u>	<u>YEARS</u>	<u>TERM</u>
Cypress	Bonnie Peat	4 years	2018 - 2022
Fountain Valley	Jim Cunneen	8 years	2014 - 2022
Fountain Valley	Lisa Schultz	8 years	2014 - 2022
Fullerton	Janny Meyer	12 years	2010 - 2022
Huntington Beach City	Shari Kowalke	10 years 7 months	2011 - 2022
Magnolia	Barbara Quintana	20 years	2002 - 2022
Magnolia	Gary Shields	8 years	2014 - 2022
Ocean View	John Briscoe	16 years	2006 - 2022
Savanna	Edward Erdtsieck	37 years	1985 - 2022
Anaheim Union High	Al Jabbar	8 years 10 months	2013 - 2022
Brea-Olinda Unified	Nicole Colon	8 years 4 months	2013 - 2022
Capistrano Unified	Martha McNicholas	8 years	2014 - 2022
Irvine Unified	Ira Glasky	8 years 6 months	2014 - 2022
Irvine Unified	Sharon Wallin	20 years 5 months	2002 - 2022
Laguna Beach Unified	Carol Normandin	8 years	2014 - 2022
Newport-Mesa Unified	Charlene Metoyer	8 years	2014 - 2022
Newport-Mesa Unified	Karen Yelsey	16 years	2006 - 2022
Orange Unified	Kathy Moffat	21 years 5 months	2001 - 2022
Placentia-Yorba Linda Unified	Karin Freeman	36 years	1986 - 2022
Saddleback Valley Unified	Greg Kunath	4 years	2018 - 2022
Santa Ana Unified	Valerie Amezcua	8 years	2014 - 2022
Santa Ana Unified	John Palacio	24 years	1998 - 2022
Rancho Santiago Comm. Col.	Lawrence R. Labrado	28 years 10 months	1994 - 2022
*Savanna	Linda Weinstock	31 years 6 months	1990 - 2022
*South Orange Co. Comm. Col.	James R. Wright	10 years	2012 - 2022
**Buena Park	Irene Castaneda	5 years 6 months	2016 - 2022
**Lowell Joint	William Hinz	12 years	2010 - 2022
**Coast Comm. Col.	David Grant	11 years 7 months	2010 - 2022

*Retired

**Resigned

RECOMMENDATION:

Approve and sign the certificates of merit and accompanying letters for the outgoing board members.



**ORANGE COUNTY DEPARTMENT OF EDUCATION
BOARD AGENDA ITEM**

DATE: January 4, 2023
TO: Nina Boyd, Deputy Superintendent
FROM: Analee Kredel, Chief, Special Education Services
SUBJECT: Acceptance of Donation

Hillview Special Classes of the Special Education Services Division has the privilege of being the recipient of a SnacksOC cart valued at \$3,000 to support our students Career, Technology, Education (CTE) and work-based learning.

RECOMMENDATION:

Accept the in-kind donation from Paige Montanio of SnacksOC of a snack cart for Special Education Division and send a letter of appreciation to donor.



ORANGE COUNTY BOARD OF EDUCATION

BOARD AGENDA ITEM

DATE: January 4, 2023
TO: Nina Boyd, Deputy Superintendent
FROM: Tim Shaw, Board Vice President
SUBJECT: Registration Invoice

RECOMMENDATION:

Approve invoice #HKSEE036766 in the amount of \$4,600.00 for Trustee Shaw's registration to attend Harvard Kennedy School's Leading Successful Programs: Using Evidence to Assess Effectiveness.



HARVARD Kennedy School
Executive Education

INVOICE

Bill To:

Orange County Board of Education
Tim Shaw

Invoice: HKSEE036766
Billing Date: 12/1/2022
Billing Due Date: Due Upon Receipt
PO#:
Amount Due (USD) \$ 4600.00

Participant:
Tim Shaw

Description	Dates	Total (USD)
Leading Successful Programs: Using Evidence to Assess Effectiveness	Jan 16 - Jan 20, 2023	\$ 4,600.00
Payments Received		\$ 0.00
Remaining Balance		\$ 4600.00

Additional Invoice Information:

PAYMENT METHODS: Payment must include invoice number and must be made in U.S. dollars (USD).

BANK WIRE & ACH TRANSFER		Processing time: up to 3 business days
Account Name:	President and Fellows of Harvard College	
Bank Name & Branch Address:	Bank of America, 100 Federal Street, Boston, MA, 02110, USA	
Bank Account Number / IBAN:	89893825	
Routing/ABA/USAWIRE Transfer Number:	026 009 593	
ACH Transfer/Routing Number:	011 000 138	
SWIFT Code Number / BIC Code:	BOFAUS3N	
CREDIT CARD		
We currently accept credit card payments by Visa, MasterCard, and American Express.		
To make a payment by credit card, please click here .		
CHECK		Processing time: up to 4 weeks
Payable to:	President and Fellows of Harvard College	
Mail to:	Finance Office, Harvard Kennedy School Executive Education 79 JFK Street – Mailbox 73, Cambridge, MA 02138, USA	

HARVARD INFORMATION

Tax ID Number/EIN: 04-2103580 UEI: MJJXCN1DELJ5 CAGE Code #3FRJ3 [Harvard W-9 Form](#)

If you have any questions, please visit/contact us at:

Email: exed@hks.harvard.edu | Phone: 1-617-496-9000, option 2 | Fax: 1-617-495-2267 | [Cancellation Policy](#)

**ORANGE COUNTY BOARD OF
EDUCATION
BOARD AGENDA ITEM**

Item: Charter Schools #9
January 4, 2023
☒ Mailed ☐ Distributed at meeting



DATE: January 4, 2023
TO: Nina Boyd, Deputy Superintendent
FROM: Aracely Chastain, Director, Charter Schools Unit
SUBJECT: Public Hearing – California Republic Leadership Academy Capistrano Appeal
Charter Petition

DESCRIPTION:

On November 16, 2022, CRLA Southern California, a California nonprofit public benefit corporation, submitted an appeal to operate California Republic Leadership Academy Capistrano. The charter school proposes to operate a classroom-based program serving students in TK through grade eight for an initial charter term from 2023 through 2028 within the boundaries of Capistrano Unified School District.

RECOMMENDATION:

Pursuant to California Education Code 47605, the Orange County Board of Education will hold a public hearing on the provisions of the California Republic Leadership Academy Capistrano petition and consider the level of support for the charter school at the January 4, 2023 board meeting.

ORANGE COUNTY BOARD OF

BOARD AGENDA ITEM

Item: Charter Schools #10

January 4, 2023

☒ Mailed ☐ Distributed at meeting



DATE: January 4, 2023

TO: Nina Boyd, Deputy Superintendent

FROM: Aracely Chastain, Director, Charter Schools Unit

SUBJECT: Public Hearing – Irvine International Academy Material Revision

DESCRIPTION:

On December 13, 2022, Irvine International Academy submitted a material revision to add grades seven and eight to the charter petition and remove the required minutes for physical education.

RECOMMENDATION:

Pursuant to California Education Code 47605, the Orange County Board of Education will hold a public hearing to consider the level of support for the material revision at the January 4, 2023 board meeting.



ORANGE COUNTY BOARD OF EDUCATION

BOARD AGENDA ITEM

DATE: January 4, 2022
TO: Nina Boyd, Deputy Superintendent
FROM: Ken L. Williams, D.O., Trustee Area 3
SUBJECT: Equity in Orange County Grant

BACKGROUND:

This grant was originally funded by the Centers for Disease Control and Prevention (CDC) Health Equity grant during the Covid 19 pandemic.

The Orange County Health Care Agency (OCHCA) Office of Population Health and Equity (OPHE) originally received nearly \$23 million in grant funding from the Centers for Disease Control and Prevention to address COVID-19-related health inequities, and health disparities among Orange County's high-risk populations and communities.

The Orange County United Way is the grant administration partner for the Orange County Health Care Agency's Office of Population Health and Equity. This document is a grant agreement between Orange County Department of Education (Grantee) and Orange County United Way (Grantor).

RECOMMENDATION:

Board action on Contract for Equity in OC Health Implementation-Grant Agreement



Social Determinants of Health Implementation Grant Grant Agreement

GRANTEE ORGANIZATION NAME: Orange County Department of Education

GRANTEE ADDRESS: 200 Kalmus Drive Costa Mesa, CA 92626

MAIN POINT OF CONTACT: Stacy Deeble-Reynolds, Director Student

CONTACT INFORMATION: P - (714) 966-4305 | E - sdeeble-reynolds@ocde.us

START DATE: November 1, 2022

END DATE: April 30, 2024

GRANT TITLE: WellSpaces: A Catalyst for Equitable Access for Students

GRANT PURPOSE: Equity in OC is an Orange County Health Care Agency initiative that aims to improve lives of underserved and multicultural communities in Orange County by advancing health equity, access, and wellness through a collective, responsive, and unified approach. Funded by the Centers for Disease Control and Prevention (CDC) Health Equity grant, Orange County United Way is the grant administration partner for the Orange County Health Care Agency's Office of Population Health and Equity.

This document serves as a grant agreement between Orange County Department of Education (Grantee) and Orange County United Way (Grantor). Unless otherwise stated in this Agreement, the Grant Funds will be used specifically as described in Grantee's application/scope of work/program outline and proposed budget (together, the "Application"), which can be located in the Grants e-Management System ("e-CImpact") and in this grant agreement (Attachment A). To the extent that the terms of this Agreement conflict with the terms of the Application, the terms of this Agreement will prevail.

GRANT AMOUNT ("Grant Funds"): \$507,000

PAYMENT TERMS: Grant Funds will be payable in three (3) installments. The first payment for \$207,000 will be made to Grantee within 30 days after the execution of this Agreement. Subsequent and final payments of \$150,000 will be made to Grantee within 30 days after Grantor's receipt and approval of timely report submission as required below.

Payments will be mailed to 200 Kalmus Drive Costa Mesa, CA 92626.

Grantor may require Grantee to deplete the current installment of Grant Funds prior to receiving payment of the next installment of Grant Funds. In addition, Grantor may withhold the next installment of Grant Funds if the report does not contain all the required information or Grantee has not demonstrated sufficient progress on Program objectives, as determined by Grantor in its sole discretion. Within 45 days after the expiration or early termination of this Agreement, Grantee will remit to Grantor all unspent funds.

Notwithstanding any provisions in the Application, Grant Funds may not be used for indirect costs in excess of 20% of the direct costs for the Program.

Restrictions on Use of Grant Funds: (A) Except as specifically provided in the Agreement, Grantee will use the Grant Funds exclusively as provided in the budget in e-CImpact. (B) The Grant Funds awarded hereunder may not be obligated or expended prior to the Effective Date or subsequent to the Termination Date of this Agreement. (C) Any travel costs covered by Grant Funds must be reasonable and customary, covering only the following as applicable: coach air and train travel, ground travel to the Program, moderate hotel (room and taxes only), and meals (alcoholic beverages excluded).

Collaborating Organizations: Grantee is responsible for ensuring that all Collaborating Organizations comply with the terms of this Agreement, including but not limited to the restrictions on the use of Grant Funds.

REPORTING REQUIREMENTS:

Progress Reports, to include progress updates, demographic (if applicable), and financial reporting, are required every six (6) months: **due May 15, 2023 (November to April), due November 15, 2023 (May to October), and Year-End/Final report due May 31, 2024 (November to April 2024).** Report submission instructions to be provided by Grantor. If reports are to be submitted in e-CImpact, Grantor shall provide technical assistance and training to access and navigate e-CImpact.

The above reports will not be treated as confidential and may be reviewed and evaluated by third parties. Grantor will not be responsible for any damages resulting from the disclosure of the reports to third parties. Further, Grantor may share grant information, including the reports, with the Orange County Healthcare Agency or with members of the general public, as appropriate.

In addition, Grantee agrees to **convene quarterly check-in meetings** via Zoom or by teleconference between all partners to collect key performance measures and data, review program performance and discuss any issues related to program delivery as outlined in ATTACHMENT A. Key performance measures and data requirements to be provided prior to the scheduled quarterly check-in meetings and will be in accordance to CDC grant requirements. **Quarterly Check-In Meeting** dates will be scheduled at a mutually agreeable time and date, on or around the following: **Quarter 1:** on or before **February 15, 2023; Quarter 2:** on or before **May 15, 2023; Quarter 3:** on or before **August 15, 2023; Quarter 4:** on or before **November 15, 2023.**

Grantor continues to refine its evaluative processes to assist grantee and the community to successfully measure impact of the Equity in OC Initiative. Where appropriate, grantee agrees to participate in the ongoing development of these evaluative processes. Upon Grantor's reasonable request, Grantee shall provide applicable program or raw data and documentation maintained under the control of the Grantee. Specific areas may include, but are not limited to, the development of shared and individual outcomes for programmatic performance, standards for service delivery and assessment tools. Data that includes personal identifiable information will never be requested by the Grantor.

MONITORING AND PROGRAM SUPPORT & ACCESS TO DATA: Grantor will provide monitoring and program support (MPS) services to grantee to ensure all expectations are being

met, as outlined in this grant agreement. If or when an issue is identified, Grantor will work closely with grantee through Grantor's MPS to establish an action plan, addressing the issue identified.

MPS services may include, but are not limited to:

1. Address concerns about program quality and/or effectiveness as identified by Grantor.
2. Address any significant changes to a program that effect the scope of work, program design, and/or quality of services to be provided.
3. Recommend strategies and solutions for program improvement.
4. Address any failure to adhere to established reporting deadlines and quarterly check-ins.
5. Provide technical guidance of incomplete and/or inadequate progress reports.

BENEFITS: Grantee will provide, upon reasonable request, the following to Grantor copies of all Materials, at no charge, including without limitation all surveys and tools, methodologies, studies, evaluations, presentations, training and educational materials, photographs, reports, press releases, articles and other publications created in connection with the Project; access to any raw digital data collected during the Project/Program ("Data"); a summary report of any evaluations received in connection with the Project/Program; any and all surveys or other items submitted by Grantor to Grantee for completion regarding this Project/Program; the opportunity for a Grantor representative to make site visits.

Program Site Visits: Grantee agrees to schedule and provide program site visits/tours for Grantor staff, leadership and/or community stakeholders throughout the grant term, during mutually agreed upon times.

Engagement Opportunities: Grantee agrees to work collaboratively with Grantor around engagement opportunities that will highlight its partnership under the Equity In OC Initiative, which may include but are not limited to the Equity In OC Taskforce meetings, trainings, workshops, and other related activities. Grantee will receive advance notice and guidance from Grantor regarding participation and promotion of these activities.

Marketing and Promotions: Grantee agrees to promote the partnership through media, print and social media outlets, which may include but are not limited to, the placement of the Equity in OC logo on grantee's website, education and marketing materials. Grantee may not alter Equity in OC materials without prior consent from Grantor and the Orange County Health Care Agency.

Media: Grantee agrees any and all media request(s) that is outside the purview of this agreement (i.e., the mission, vision, objectives of the Equity In OC Initiative) must be submitted directly to the Orange County Health Care Agency's Communications Department (see Notices for contact information).

CHANGES, AMENDMENTS AND NOTIFICATIONS: Grantee will notify Grantor through appropriate methods of communication (i.e., email or mailed letter), at least 30 days in advance and must receive prior written approval for any proposed changes to the personnel, design, budget, collaborating organizations, content or specific aims of the Project, if any. Requests for said changes or amendments must be submitted in writing and must be accompanied by a narrative description of the proposed change and the reasons for the change. Additional funds may not be encumbered under the agreement due to an act of Force Majeure, although the performance period of the Agreement may be amended due to an act of Force Majeure. After a review of the request, a written decision shall be provided to Grantee. Amendments to the agreement shall be authorized via the execution of an amended agreement.

Notwithstanding the above, Grantee may modify the budget without prior approval of Grantor so long as the modification does not (i) change any budget expense subcategory by more than 5%; (ii) increase the amount of any cost above the maximum allowable for a subcategory item (such as indirect or equipment costs); or (iii) result in an expenditure outside of the Grant purpose.

In addition, all parties shall notify each other as soon as reasonably possible of (a) any potential or threatened litigation, claim, assessment or audit related to the Project; (b) any challenge that may prevent Grantee from fulfilling the objectives described in the Application, including any issues with Collaborating Organizations; (c) any actual inability to fulfill the terms of this Agreement due to an act of Force Majeure; or (d) the occurrence of any event listed in the Termination of Funding section.

Force Majeure is defined as a delay which impedes the timely performance of Work which neither party are liable because of such delay or failure to perform was unforeseeable and beyond the control of the party. Acts of Force Majeure include but are not limited to:

- i. Acts of God or public enemy;
- ii. Acts or omissions of any government entity,
- iii. Fire or other casualty for which a party is not responsible;
- iv. Quarantine or epidemic;
- v. Strike or defensive lockout; and,
- vi. Unusually severe weather conditions.

FINANCIAL REVIEW AND AUDIT: Grantee's Financial Statements will be reviewed by Grantor's Financial Review Committee (FRC).

Grantee agrees to submit required financial statements/documents (listed below) to Grantor **no later than SIX (6) months after** grantee's fiscal year end, unless grantee has requested and been approved for a one-time 30 day extension. All financial statements must be prepared on an accrual basis according to the Generally Accepted Accounting Principles (GAAP) of the American Institute of Certified Public Accountants (AICPA) for non-profit agencies. Financial statement requirements are based on grantee total revenue as follows:

AGENCY Revenue of \$300,000 and above must submit:

- Board approved independent Financial Audit
- Corresponding management letter – AU-C 265 (regardless of whether or not any material weaknesses are found)

AGENCY Revenue of \$100,000 up to \$299,000 must submit:

- Board approved independent Financial Review may be submitted in lieu of an independent Financial Audit
- Corresponding management letter – AU-C 265 (regardless of whether or not any material weaknesses are found)

AGENCY Revenue Less than \$100,000 must submit:

- A Financial Compilation with full disclosures may be submitted in lieu of an independent Financial Audit or a Financial Review

Grantee's failure to provide required statements can lead to termination of the funded partnership.

GRANT COMPLIANCE – GRANT FUNDING POLICIES: Failure to maintain grant compliance may result in the withholding of grant allocations and/or cancellation of Grantee's agreement at the discretion of Grantor's Community Impact Cabinet (CIC) and/or Board of Directors (BOD). It is the responsibility of the Grantee to become familiar with and maintain grant compliance throughout the grant term as set forth in this active grant agreement. Grantee agrees to notify Grantor in writing, within 30 days, of any failure to meet or maintain compliance with grant requirements.

Grantor maintains the right to revise and update policies at will. Grantor will advise grantee of any significant policy changes in writing.

MERGERS AND ACQUISITIONS: Grantor will support grantee in mergers and/or acquisitions that demonstrate relevance to Grantor's funding priorities at the time of merger and/or acquisition. We ask that grantee notify Grantor in writing, of the *intended* merger and/or acquisition three-months (90 days) *prior to* the completion of the merger and/or acquisition, notification to include the following:

- Impact on grantee program(s) funded by Grantor
- Key program elements to be eliminated as a result of the merger and/or acquisition.
- Status of grantee governance, management, administrative costs and financial stability.

After the merger and/or acquisition are complete, the entity assuming legal and fiscal responsibility of Grantor funding shall provide Grantor with the following information in writing:

- Official date of merger and/or acquisition.
- Date change is to be effective (if different from the date of the merger and/or acquisition).
- Proof of State approval of the new legal entity.
- Letter from the Attorney General that recognizes the dissolution of the acquired grantee.
- Updated roster of the Board of Directors.
- Other information, as requested.

NOTICES: Any notice will be in writing and personally delivered, sent by email or reputable overnight courier (such as Federal Express) or certified mail, postage prepaid and return receipt requested, addressed to the other party at the address specified below (unless otherwise notified in writing by a party):

If to Grantor:

Orange County United Way
18012 Mitchell South, Irvine, CA 92614

Attention: Carol Kim, Senior Director, Community Investments & Evaluation

Email: CarolK@UnitedWayOC.org

Phone: (949) 263-6121

If to the Orange County Health Care Agency for Media Requests:

Orange County Health Care Agency
Attention: HCA Communications Team

Email: HCAComm@OCHA.com

Phone: (714) 831-2178

If to Grantee: At the address on Page 1 of this Agreement

TERMINATION OF FUNDING: Grantor, or Grantee receiving grant funds in support of the Equity in OC Initiative, may terminate the funding relationship upon prior 30-day written notice to the other party.

A letter of intent to terminate the funding relationship shall be submitted to Grantor by grantee Board President (or appropriate leadership) 30-days prior to the requested termination date. Upon receipt of request for termination of funding, Grantor will hold any and all pending grant allocations until final approval is given by Grantor's CIC/BOD. When the request for termination of funding is approved by Grantor's CIC/BOD, grantee will be notified in writing of this decision.

Grantor reserves the right to terminate the funding partnership for just cause(s), including but not limited to, when grantee:

- Fails to meet the funding requirements and expectations as outlined in the grant agreement and other fund distribution policies and procedures
- Ceases operations or the program funded is no longer in operation
- Has not been able to successfully resolve identified concerns resulting in an agency being placed in the Monitoring and Support Program
- Breaches local/City, State, or Federal law(s)
- Experiences significant changes to a program that affects the scope of work, program design, quality of services provided or outcome measurement plan
- Uses funding for a program or other matters, not approved by Grantor

This Agreement will be null and void if not executed by both parties within 30 days after the Agreement becomes available for execution through AdobeSign.

By executing this Agreement, all parties agree to be bound by the terms and conditions outlined in this Agreement and incorporated herein. The signers below warrant that they have full power and authority to sign for and bind their respective organizations.

BY ORANGE COUNTY DEPARTMENT OF EDUCATION:

(Signer must have legal authority to sign on behalf of the entity stated above)

Sign: _____ Date: _____

Name & Title: _____

BY ORANGE COUNTY UNITED WAY on Behalf of the Equity In OC Initiative:

Susan B. Parks | Chief Executive Officer Date

Emilee Tello | Chief Financial Officer Date

ATTACHMENT A: Additional Grantee Expectations/Requirements, Approved Budget, Scope of Work & Inclusion Plan

Grantee Expectations – SDOH Implementation Partnerships agree to:

- Design and implement a comprehensive systems change strategy that impacts at least one primary SDOH (*Note: Additional determinants may be included in the plan, but all partnerships must identify their primary SDOH action area*).
- Conduct community partnership assessment tool at baseline and ongoing (e.g., Community Transformation Map, Assessment for Advancing Community Transformation)
- Attend three Community Health Improvement and Leadership Academies (CHILAs) conducted by HCA and Institute for Health Improvement (IHI) through the EiOC Initiative. (*Note: The first CHILA will be held June 28-30 in Fountain Valley, CA*).
- Participate and engage in additional Action & Learning Community activities such as Action Periods, Equity Action Labs, coaching and technical assistance calls, webinars and other related activities as suggested.
- Report on progress of improvement projects to your peers within the EiOC Initiative and the community at large throughout the Action & Learning Community Phase.
- Collect health and quality improvement data to measure outcomes and demonstrate the progress and impact of your equity improvement project.
- Send at least one representative to participate in the Equity in OC Initiative activities.
- Provide responsive and timely submission of invoices, status updates, reports, and other requirements outlined in contracts or scopes of work.
- Participate in evaluation and learning activities as requested (for example semi-annual reports, surveys, interviews, focus groups, feedback, and other activities).
- Adopt and adhere to the Equity in OC Initiative Charter.
- Grantees commit to understanding and engaging in systems change, as it is at the sole purpose of this grant.

Grantee (Anchor/backbone organization) for the Implementation Partnerships agrees to:

- Maintain a 501(c)(3) tax-exempt status;
- Receive no more than 20% of the budget for grant and fiscal administration and implementation and to oversee evaluation, reporting, and other requirements as requested by Grantor;
- Demonstrate fiscal strength (must have current audited financial statements with no material weaknesses or deficiencies identified)
- Serve as the point of contact for all grant-related matters
- Serve as the lead liaison for continuous communications among partners and grantor
- Being responsible for coordinating with the EiOC evaluation team and ensure key program measures are progressing
- Supporting the development of leaders who will generate and contribute to solutions that impact all levels of the community
- Investing in a change process that is dynamic and enhances multi-sector engagement, relationships, capacity, and intention for change.

Attachment A
Orange County Department of Education - WellSpaces: A Catalyst for Equitable Access for Students
Scope of Work (SOW) / Work Plan

Goal: Build Community Power

Objective: Engaging student and family voices to collaborate in the design and delivery of WellSpace services will increase equitable access to WellSpace services and lead to more tailored service offerings.

Activities	Timeline	Outcome
Establish a WellSpace Student Advisory Council that will collaborate with OCDE, PK, and STC to design, implement, and evaluate the service model	11/1/2022 to 12/31/2022	Targeted outreach will be conducted to ensure diverse cross-representation from students with varied lived experiences. Council will be established that includes students from across the county.
Facilitate WellSpace Student Advisory Council meetings and input	1/1/2023 to 4/30/2024	Diverse student groups will feel empowered to affect change on school campuses. More equitable student use of WellSpaces (e.g., utilization reflects the profile of student population).
Utilize student focus group results and student, staff and parent input, to design and enhance WellSpaces	1/1/2023 to 4/30/2024	Data-driven WellSpace roadmap created for the establishing and operating each WellSpace

Goal: Build, Leverage or Expand Infrastructure and/or Data Systems

Objective: Identify and implement cross-partner infrastructure and data system improvements

Activities	Timeline	Outcome
Build capacity of educational-community partnerships to provide mental health services in locations accessible to students	11/14/2022 to 4/30/2024	Community partners will offer mental health and wellness services through the participating WellSpaces
Establish an integrated, multi-agency mental health delivery model provided through WellSpaces	1/16/2023 to 4/30/2024	Co-created menu of offerings shared across service providers
Review existing data systems for each participating partner organization and school, to identify existing data and cross-system data needs	11/14/2022 to 4/30/2024	Comprehensive cross-system data analysis will improve ability to identify gaps in service needed

Goal: Cultivate & Strengthen Collaborations that Improve Health Equity

Objective: Design and implement opportunities for collaboration focused on improving equitable access to mental health and wellness services for students.

Activities	Timeline	Outcome
Host WellSpace Network meetings	12/7/2022 to 4/30/2024	Establish a system of WellSpace Network meetings to showcase efforts and lessons learned, to benefit all WellSpace and Student Wellness Center model programs throughout the county.
Meet regularly with the project partners to review, assess, and improve program services	11/1/2022 to 4/30/2024	Partners will attend and participate in meetings to discuss improvement needs for the program, supporting a unified approach.
Include additional service partners as additional needs are identified	1/2/2023 to 4/30/2024	Number of additional providers brought into partnership.

Goal: Impact Policy and Systems

Objective: Collaborate with school administrators to establish infrastructure and processes for integrating community-based services into WellSpaces, and to utilize WellSpace services as alternatives to discipline.

Activities	Timeline	Outcome
Advocate for increase in number of schools with WellSpaces offering mental health services	11/14/2022 to 4/30/2024	Greater number of schools with community-based mental health services offered through WellSpaces
Meet with school and district administrators to get buy-in for all phases of the WellSpace model	11/14/2022 to 4/30/2024	Develop information presentation and resource materials for districts to adapt and advocate for WellSpaces as places of care and as an avenue for enhancing services to support alternatives to suspension programming
Collaborate with school administration and staff to develop protocols and procedures for community-based services and alternative suspension programming provided through WellSpaces. Collaborate with student advisory council, school administration and staff to develop WellSpace messaging and student referral/accessibility protocol.	1/16/2023 to 4/30/2024	Each participating school will have written protocols and procedures for WellSpaces, which outlines involvement of community-based providers. Students will have greater awareness of available services and when/how to access WellSpace services. Students will have positive perception of WellSpaces. Staff will have access to a clear protocol on how to connect students to WellSpace mental health services and/or alternative to suspension programming.

Approved Project Budget

	Amount
Salaries and Fringe	\$158,017.00
Itemized Program Specialist, STE	\$158,017.00
	Amount
Consultant Costs	
	Amount
Materials or Supplies for Project Implementation ONLY	\$2,000.00
Itemized Materials and Supplies	\$2,000.00
	Amount
Travel or Transportation for organizations ONLY	\$9,733.00
	Amount
Subcontracts	\$300,000.00
	Amount
Direct Community Member/Resident Costs	\$7,000.00
Itemized Student Advisory Committee (10 students at \$700 each)	\$7,000.00
	Amount
Other Implementation Costs	\$30,250.00
Itemized Evaluation (250 hours) Evaluation and Data Center (EADC)	\$30,250.00
Total	Total Approved Budget \$507,000.00



Equity in OC Initiative Charter

In 2021, the Orange County Health Care Agency (HCA) Office of Population Health and Equity (OPHE) received nearly \$23 million in grant funding from the Centers for Disease Control and Prevention (CDC) to address COVID-19-related health inequities and health disparities among Orange County's high-risk populations and communities impacted by health inequities. This grant opportunity supports the creation of the Equity in OC (EiOC) Initiative. The EiOC Initiative is a community-informed and data-driven initiative to address health inequities and disparities in Orange County by laying the foundation for creating a healthier, more resilient, and equitable Orange County. The EiOC Initiative is composed of the EiOC Taskforce, Social Determinants of Health Action and Learning Communities, Population Health Equity Collectives, and Underserved/Underrepresented Populations of Focus.

The EiOC aligns with HCA's vision, mission, and goals in serving all of Orange County residents.



HCA's Vision
Quality health for
all.



HCA's Mission
In partnership with the
community, deliver
sustainable and responsible
services that promote
population health and
equity.



HCA's Goals
Promote quality, equity,
and value. Ensure the
HCA's sustainability. Offer
relevant services to the
community.

EiOC Initiative's Core Values

- **Accountability** – The EiOC Initiative is committed to putting community at the center. This is done by incorporating racial justice, social justice, and trauma-informed approaches. Accountability is achieved through transparent and open communication and by consistently engaging in conversation with community. The EiOC Initiative will ensure accountability to the community through regular community partner outreach and engagement as an opportunity to discuss issues, share progress, and collect input, which will inform the work of the EiOC Initiative.
- **Anti-Racism** – The EiOC Initiative is an anti-racist initiative. The EiOC Initiative works to develop strategies and approaches to address racism as a public health crisis and



identify policies and practices needed to advance racial equity. Participants of the EiOC Initiative will have the opportunity to challenge institutional and systemic racism. The EiOC Initiative works to identify and address the impact of racism in all its forms (individual, institutional, and systemic racism) on Black, Indigenous, and People of Color (BIPOC) individuals and their communities.

- **Equity** – The EiOC Initiative is committed to social justice and achieving equity. The EiOC Initiative defines equity as providing all people and all communities with optimal opportunities and resources to reach their full potential.
- **Inclusivity** – The EiOC Initiative is committed to the inclusion of people of every race, class, ethnicity, religion, sexual orientation, gender identity, age, ability, and other identities. We are aware that we live in a culture that intensifies the suffering of those without power and privilege. This is often done through the constant application of covert, overt, and subtle biases, prejudices, stereotypes, and discrimination. We ask EiOC Initiative participants to be mindful of their biases and prejudices (including judgments, perceived stereotypes, or casual assumptions) when speaking with others and to respect all voices and participants as unique individuals with unique experiences.
- **Community-Centered** – The EiOC Initiative recognizes that many of the individuals and organizations involved in the EiOC Initiative have their own missions and mandates and may work to serve similar patients, clients, grants, or other resources. When working as participants of the EiOC Initiative, we will prioritize the community as the ultimate beneficiary of our work. We are committed to ensuring that the EiOC Initiative is community-centered and independent and does not unfairly advantage any individual, organization, group, sector, or system over another.

Shared Definitions



The Equity in OC (EiOC) Initiative Shared Definitions (**See APPENDIX A**) is an evolving document and supports our community members with a common language and a shared understanding of health equity. As with equity itself, developing equitable language is a process that undergoes change and requires adaptability and flexibility. These shared definitions were developed by the members of the [Public Health Alliance of Southern California](#) with the perspectives of individuals who live and work in the Southern California area and by the Institute for Healthcare Improvement. These shared

definitions can support the community's work in developing a shared understanding of words



often used when discussing health equity. These shared definitions are the beginning discussions and not an end point for creating community understanding of health equity words and their definitions. These shared definitions will be developed in partnership with local communities most affected by health and racial inequities.

Participation Guidelines

The EiOC Initiative is grounded in the premise that no single organization or sector can solve the pervasive challenge of health and racial inequities alone. Through research, we also know that healthcare alone cannot address the root causes of health inequity or improve the community conditions that most impact one's health outcomes (for example, socioeconomic status, built environment, and others). In Orange County, exceptional programs, services, organizations, and individuals are working throughout our County to advance health equity. Through an intentionally coordinated public-private partnership, we will use data-driven, quality improvement methods to support the community in determining (1) what the EiOC Initiative intends to accomplish, (2) how we'll know we're making improvements in health equity, and (3) what changes we can make across our County. This will lead us to a collective vision and coordinated actions for a healthier, more resilient, and equitable Orange County.

The EiOC Initiative employs collective capacity with the goal of collective impact. Collective capacity refers to the ways people work together to improve the lives of community members. Five core elements result in cross-sector collaboration that will achieve the EiOC Initiative's collective impact. Collective capacity for collective impact is rooted in the following elements:

- **Common agenda** – All participants share a vision for change that includes a common understanding of the problem and a coordinated approach to solving the problem through agreed-upon actions.
- **Shared measurement** – All participants agree on how to measure and report on progress with a list of common indicators to drive learning and improvement.
- **Mutually reinforcing activities** – A diverse set of community partners from across sectors and communities establish mutually reinforcing set of activities.
- **Continuous communication** – All players engage in frequent and structured communication to build trust, assure mutual objectives, and create common motivation.
- **Backbone support** – Dedicated staff and community partners to provide support and key functions for the sustained operations towards collective impact.

Given the collective capacity for collective impact approach, participants of the EiOC Initiative play important roles in achieving the EiOC Initiative's goals. Participants embody collective capacity for collective impact through the following:



- **Convene and activate participation** of the community, including peers, family members, advocates, traditional and non-traditional providers, and grassroots, community-based, non-governmental, public, private, academic, and faith-based organizations, as well as others as appropriate.
- **Identify and prioritize** action areas addressing key social determinants of health conditions that contribute to health disparities and inequities in Orange County, including COVID-19-related health disparities.
- **Align activities, efforts, and resources** to create conditions for collective capacity for collective impact around health equity in Orange County.
- **Create, support, and promote** Social Determinants of Health Action and Learning Communities, Population Health Equity Collectives, and Underserved/Underrepresented Populations of Focus as opportunities to address conditions that impact health and lays the foundation for health equity.

Commitment

True change can only be effective if those most impacted by the systems are included as part of the planning, designing, decision-making, delivery, and transformation. It is essential to integrate and center the voices of those most impacted by inequities. To ensure continuity and meaningful progress, participants of the EiOC Initiative agree to the following:

- Regularly attend meetings to ensure meaningful progress is made. Please notify the EiOC Initiative facilitators prior to the meeting if you can't attend. If possible, send an alternate but please limit this to ensure continuity of the EiOC Initiative activities.
- The EiOC Initiative will convene at least six meetings annually with ad hoc meetings as needed.
- Follow up with and be accountable for any relevant agenda items.
- Share knowledge and resources to progress the strategies and interventions of the workgroups.

Failure to adhere to the agreements set forth in this document, including, but not limited to, behavior(s) inconsistent with and counterproductive to the EiOC Initiative's goals and/or any other EiOC Initiative-related efforts may result in request for resignation or termination from the EiOC Taskforce, Social Determinants of Health Action and Learning Communities, Population Health Equity Collectives, and Underserved/Underrepresented Populations of Focus.

Group Agreements

Participation is valuable to the EiOC Initiative as a community. To function optimally and to progress as a collective, participants will honor the following:



Everyone is responsible for:

- Examining their own power, privilege, and capabilities and how they may worsen or lessen imbalances in power dynamics and structures, including challenging themselves to reduce these imbalances
- Understanding and exemplifying equitable planning, decision-making, and advocacy that place communities most impacted by inequities at the forefront
- Representing the voices, stories, narratives, and experiences of the people not in the room and consider how our actions impact the community, especially those who are historically marginalized or under-resourced
- Sharing, as appropriate, one's lived and/or community experience to support the vision of collective action
- Facilitating decisions within the EiOC Initiative based on data-driven processes that incorporate quantitative and qualitative (for example, stories, narratives, and others) data
- As relevant, participating in implementing Social Determinants of Health Action Areas, Population Health Equity Collectives, and Underserved/Underrepresented Populations of Focus
- Collaborating and coordinating with other participants of the EiOC Initiative
- Participating in collective activities associated with ongoing planning and implementation
- Sharing the vision of collective action—it's not just "my organization" doing the work
- Agreeing to embrace and promote a common purpose and vision
- Taking ownership of the process by speaking up while also practicing humility by giving space for folks who are greatly impacted
- Using modified consensus for making decisions, listening deeply, and allowing for differences of opinion. Modified consensus means all participants of the EiOC Initiative are provided the opportunity to share their perspective and are willing to support the group's decision even if it was not their original choice
- Ensuring transparency and using plain language so that everyone understands
- Bringing a positive and collaborative mindset. Comments and feedback should convey an "in this together" mentality, inspiring cooperation and mutual problem solving rather than unconstructive criticism
- Taking the long view while maintaining a sense of urgency and focus
- Sharing responsibility for getting this right

Anchor/Backbone Organizations of Population Health Equity Collectives and Social Determinants of Health Action Areas are responsible for:

- Honoring principles of collective capacity for collective impact
- Providing updates to participants of the EiOC Taskforce, Social Determinants of Health Action and Learning Communities, Population Health Equity Collectives, and



Underserved/Underrepresented Populations of Focus, and other EiOC Initiative-related activities, as needed

- Promoting communication and coordination within and across the EiOC Initiative and other related health equity initiatives
- Facilitating a process for identifying, selecting, and prioritizing short- and long-term social determinants of health action areas
- Working with participants of the EiOC Initiative to develop and embrace clearly defined processes to achieve community-set goals
- Accepting accountability to the County of Orange community to demonstrate and report progress on achieving results
- Having the vision of advancing interdependent coordination and collective action to build collective capacity for health equity
- Acting as an ambassador for the EiOC Initiative by championing its activities with partner organizations and community members

Conflict of Interest

Participants of the EiOC Initiative are responsible for:

- Avoiding conflict of interest situations and refraining from actions that may be perceived as such
- Refraining from continuous and unnecessary solicitation and/or promoting any one product or service for oneself, material gain, financial gain, or the appearance of such
- Revealing any potential or actual conflicts of interest as they arise
- Adhering to conflict resolution process set forth by the EiOC Initiative to ensure EiOC partners avoid conflict of interest situations and refrain from actions that may be perceived as such

Conflict Resolution

Conflict management methods may include, but are not limited to:

- Clearly identifying the conflict
- Setting ground rules and clear expectations and communicating these regularly, particularly at the EiOC Initiative meetings
- Defining roles and responsibilities
- Encouraging communication between parties in conflict
- Providing a mediator to assist parties to reach a resolution

Decision-Making Criteria



The EiOC Initiative strives to incorporate equity, diversity, and inclusiveness in all its decisions. As such, participants agree to the following:

- A variety of viewpoints and expertise are considered when making decisions impacting the EiOC Initiative
- Participants strive to represent the voices, stories, narratives, and experiences of the people not in the room and absent from the decision-making table and consider how actions of the EiOC Initiative will impact the community
- The EiOC Initiative supports the use of a modified consensus approach to decision-making. This means all participants of the EiOC Initiative are provided the opportunity to share their perspective and are willing to support the group's decision even if it was not their original choice
- All participants should support the group's decision moving forward.

Engagement

Participants of the EiOC Initiative include diverse leaders, individuals with a variety of lived experiences, family members, advocates, traditional and non-traditional providers, content experts from multiple sectors, and grassroots, community-based, non-governmental, public, private, academic, and faith-based organizations. Criteria for participation includes committing to the goals of the EiOC Initiative and a strong desire to work as a collective to advance health equity for all Orange County residents. Every attempt will be made to have an inclusive, representative, and equitable group.

Term Limits

The EiOC Initiative is successful when all participants are aligned with the work of the EiOC Taskforce, Social Determinants of Health Action and Learning Communities, Population Health Equity Collectives, and Underserved/Underrepresented Populations of Focus, and other related activities. The term limit for participants of the EiOC Initiative depends on an individual's and/or an organization's ability to meet the needs of the EiOC Initiative activities or one's capacity to function as a participant.



APPENDIX A: Shared Definitions

The Equity in OC (EiOC) Initiative Shared Definitions is an evolving document and supports our community members with a common language and a shared understanding of health equity. As with equity itself, developing equitable language is a process that undergoes change and requires adaptability and flexibility. These shared definitions were developed by the members of the [Public Health Alliance of Southern California](#) with the perspectives of individuals who live and work in the Southern California area and by the Institute for Healthcare Improvement. These shared definitions can support the community's work in developing a shared understanding of words often used when discussing health equity. These shared definitions are the beginning discussions and not an end point for creating community understanding of health equity words and their definitions. These shared definitions will be developed in partnership with local communities most affected by health and racial inequities.

Anti-Racist	An anti-racist is someone who supports an antiracist policy through their actions or expressing antiracist ideas. This includes the expression of ideas that racial groups are equals and do not need developing and supporting policies that reduce racial inequity.
BIPOC	Acronym for Black, Indigenous and People of Color. We use the term BIPOC to highlight the unique relationship to Whiteness that Indigenous and Black (African Americans) people have, which shapes the experiences of and relationship to White supremacy for all people of color within a U.S. context. (See also "People of Color (POC)".)
Breakouts	Breakouts are sessions that run at the same time as one another. They provide an opportunity for participants to choose among different sessions.
Change Idea	A change idea is an actionable, specific idea for changing a process. It can come from a review of the evidence from research; from best practice; or from talking to those with lived experience of the issues, or with other teams, organizations, or communities that have tested changes and demonstrated improvement on a specific issue.
Co-design and Co-production	Co-design is the process of engaging community members directly in identifying and planning changes that are needed in their community to achieve health, well-being, and equity. Co-production is the process by which community members directly carry out the changes created during the co-design.
Community Champion	A community champion is a community member most affected by inequities, and who is most affected by the issue at the heart of the SCALE community's work (e.g., a woman who was formerly or is currently experiencing homelessness who can offer insight into that experience).



Community champions are members of the leadership group, or core transformation team in their SCALE community, so they must be a person who is ready to be actively involved in efforts to improve the health of their community. They may be an informal or emerging leader in their community, or they may simply be ready to step into a leadership role. To be effective, they must be connected to a group of peers with shared lived experience.

Community Leader	A community leader (also sometimes known as an Institutional Leader or Systems Leader) guides and organizes people, resources, and processes within a community to improve health, well-being, and equity. A community leader may be an elected or appointed governmental or agency official or someone who has been elected to a leadership position within a partnership or coalition or within their organization or community group.
Community Members Most Affected by Inequities (Also known as Community Members with Lived Experience)	Someone who has lived (or is currently living) with the issues the community is focusing on and who may have insight to offer about the system as it is experienced by consumers (e.g., a woman who was formerly or is currently experiencing homelessness who can offer insight into that experience).
Equality	Equality is defined as treating everyone the same, regardless of their needs or assets. Equality only works if everyone starts from the same place and needs the same things.
Equity	Conditions that allow all to reach their full potential through just and fair inclusion. An equitable society is one in which all can participate and prosper. To achieve equity, people most impacted by inequities must be meaningfully involved in the creation and implementation of the institutional policies and practices that impact their lives.
Health Disparities	Health disparities means differences in health status among distinct segments of the population, including differences that occur by gender, age, race or ethnicity, sexual orientation, gender identity, education or income, disability or functional impairment, or geographic location, or the combination of any of these factors.
Health Equity	Health equity means that everyone has a fair and just opportunity to be as healthy as possible. To achieve this, we must remove obstacles to health—such as poverty, discrimination, and deep power imbalances—and their consequences, including lack of access to good jobs with fair pay, quality education, housing, safe environments, and health care.



Health Inequity	Health inequity refers to differences in population health status and mortality rates that are systemic, patterned, unfair, unjust, and actionable. These differences follow the larger patterns of inequality that exist in society. This is different from the term health disparities, which emphasizes that differences exist, but does not consider their relationship to the patterns of social inequalities.
Improvement Science	An applied, multidisciplinary science that emphasizes innovation, rapid-cycle testing in the field, and spread in order to generate learning about which changes, in which contexts, produce improvements. It is characterized by the combination of expert subject knowledge with improvement methods and tools.
Inclusion/ Inclusive	Inclusion is the act of creating environments in which any individual or group can be and feel welcomed, respected, supported, and valued to fully participate. This also means authentically bringing traditionally excluded individuals and/or groups into processes, activities, and decision/policy making in a way that shares power. It's important to note that while an inclusive group is by definition diverse, a diverse group isn't always inclusive.
Inequality	Inequality refers to the disproportionate allocation of resources, decision-making, and outcomes to the advantage or disadvantage of one person, group, or community over another.
Inequity	Inequity refers to differences between and within communities that are systematic, patterned, unfair, and can be changed. They are not random, as they are caused by our past and current decisions, systems of power and privilege, policies, and the implementation of those policies.
Model for Improvement	Developed by Associates in Process Improvement, the Model for Improvement is a simple tool for accelerating improvement. It contains three questions that help to create an aim, measures, and a set of changes together with a structured way to test changes in practice (Plan-Do-Study-Act, or PDSA cycles).
PDSA Cycle	A Plan-Do-Study-Act (PDSA) cycle is a structured way of testing a change in the real world – by planning it, trying it, observing the results, and acting on what is learned.
People of Color/ Communities of Color	A term used to refer to non-White racial groups, rather than “minorities.” Racial justice advocates have been using the term “people of color” (not to be confused with the pejorative “colored people”) since the late 1970s as an inclusive and unifying frame across different racial groups that are not White. (See also “BIPOC”.)



Population Health	Population health is an interdisciplinary, customizable approach that allows health departments to connect practice to policy for change to happen locally. This approach utilizes non-traditional partnerships among different sectors of the community—public health, industry, academia, health care, local government entities, and others—to achieve positive health outcomes. Population health brings significant health concerns into focus and addresses ways that resources can be allocated to overcome the problems that drive poor health conditions in the population.
Public Health	Public health is the science of protecting and improving the health of people and their communities. This work is achieved by promoting healthy lifestyles, researching disease and injury prevention, and detecting, preventing, and responding to infectious and chronic diseases. Overall, public health is concerned with protecting the health of entire populations. These populations can be as small as a local neighborhood or as big as an entire country or region of the world.
Racial Equity	Racial equity is the condition that would be achieved if one's racial identity no longer predicted, in a statistical sense, on how one fares. This includes elimination of policies, practices, attitudes, and cultural messages that reinforce differential outcomes by race or fail to eliminate them.
Racial Inequity	When racial identity is a predictor of individual or group opportunities, the distribution of resources and/or life outcomes (for example, wealth, income, employment, criminal justice, housing, health care, education). Racial inequities are maintained and perpetuated by racist structures, policies, and practices that operate at different levels (individual, institutional, and structural).
Social Determinants of Health	The World Health Organization (WHO) defines the social determinants of health as the conditions in which people are born, grow, live, work, and age that impact a person's health outcomes. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels.
Stories	Stories describe the journey of a person, organization, or community. They can be stories of personal transformation; stories that offer insight into the journey to health, well-being, and equity; or stories about a "fail forward" moment—one where a mistake or failure led to significant growth.
Theory of Change	A tool that helps to describe a group's belief (theory) about how a concrete goal (aim) will be achieved, including its primary contributors (primary drivers), possible secondary contributors (secondary drivers), and often, possible changes that could be tried (change ideas).



Tools/Resources These can be toolkits, guidelines/recommendations, websites, applications (apps), articles, reports, books—or any other resource—that help support the implementation of community health improvement.

Public Health Alliance: Regional Health Equity Glossary Part I

The Public Health Alliance Regional Equity Glossary of Terms is an evolving resource to support our health department members in their work to develop a common and shared language and understanding of health and race equity. As with equity itself, developing equitable language is a *process* that is constantly undergoing change and requires adaptability and flexibility. This glossary, developed from the perspective of individuals who live and work in the Southern California area, can be used to support a department's work to develop a shared understanding of terms and language often used in the context of discussing health and race equity. However, these glossary definitions should be seen as a starting point, **not an end point**, to the development of a local understanding of “health equity terms” and their definitions in partnership with local communities most impacted by health and race inequities.

Public Health Alliance: Regional Equity Glossary		
Term	Definition	Source
Ableism	Ableism is a set of beliefs or practices, that can also be reflected in language, that devalues and discriminates against people with physical, intellectual, or psychiatric disabilities and often rests on the assumption that disabled people need to be ‘fixed’ in one form or the other. Ableism is intertwined in our culture, due to many limiting beliefs about what disability does or does not mean, how able-bodied people learn to treat people with disabilities, and how people with disabilities are often not included at the table for key decisions.	Adapted from: The Center for Disability Rights
Access and Functional Needs (AFN)	The term “access and functional needs” refers to a set of broad, cross-cutting access and function-based needs. Access-based needs require ensuring that resources are accessible to all individuals. Function-based needs refer to restrictions or limitations an individual may have that require additional assistance before, during, and/or after an emergency. Individuals with access and functional needs may include, but are not limited to, children, older adults, persons with limited English proficiency, and persons with limited access to transportation.	Adapted from: The Office of Preparedness and Emergency Management
Ally	Someone who makes the commitment and effort to recognize their privilege (based on gender, class, race, sexual identity, etc.) and work in solidarity with oppressed groups in the struggle for justice. Allies understand that it is in their own interest to end all forms of oppression, even those from which they may benefit in concrete ways. *See also Co-Conspirator	OpenSource Leadership Strategies, “ The Dynamic System of Power, Privilege, and Oppression ” (2008).

Anti-Blackness	<p>The Council for Democratizing Education defines anti-Blackness as being a two-part formation that both voids Blackness of value, while systematically marginalizing Black people and their issues. The first form of anti-Blackness is overt racism. Society also associates unpolitically correct comments with the overt nature of anti-Black racism. Beneath this anti-black racism is the covert structural and systemic racism which categorically predetermines the socioeconomic status of Blacks in this country. The structure is held in place by anti-Black policies, institutions, and ideologies.</p> <p>The second form of anti-Blackness is the unethical disregard for anti-Black institutions and policies. This disregard is the product of class, race, and/or gender privilege certain individuals experience due to anti-Black institutions and policies. This form of anti-Blackness is protected by the first form of overt racism.</p>	The Movement for Black Lives (M4BL), “Glossary.”
Anti-Racist	An anti-racist is someone who is supporting an antiracist policy through their actions or expressing antiracist ideas. This includes the expression of ideas that racial groups are equals and do not need developing, and supporting policies that reduce racial inequity.	Ibram X. Kendi, How To Be An Antiracist , Random House, 2019.
BIPOC	<p>Acronym for Black, Indigenous and People of Color. We use the term BIPOC to highlight the unique relationship to Whiteness that Indigenous and Black (African Americans) people have, which shapes the experiences of and relationship to White supremacy for all people of color within a U.S. context.</p> <p>*See also “People of Color (POC)”</p>	Adapted from The BIPOC Project (https://www.thebipocproject.org/)
Chicanx	<p>Chicanx is the gender-neutral alternative to Chicano, Chicana and even Chican@. Part of a linguistic revolution that aims to move beyond gender binaries and is inclusive of the intersecting identities of Mexican American descendants. In addition to men and women from all racial backgrounds, Chicanx also makes room for people who are trans, queer, agender, non-binary, gender non-conforming or gender fluid.</p> <p>*The use of the term Chicanx may vary throughout the region</p> <p>*See also “Latinx”</p>	Adapted from TherapyforLatinx
Cisgender	A term used to refer to an individual whose gender identity aligns with the one associated with the sex assigned to them at birth. The prefix cis- comes from the Latin word for “on the same side as.” People who are both cisgender and	Adapted from PFLAG Glossary

	heterosexual are sometimes referred to as cishet (pronounced “cis-het”) individuals.	
Colorism	Skin color stratification is a process that privileges White- and light-skinned people of color over dark-skinned people of color in areas such as income, education, housing, and the marriage market.	Hunter, M. (2007). The persistent problem of colorism: Skin tone, status, and inequality. <i>Sociology Compass</i> , 1(1), 237-254.
Co-Conspirator	<p>To be a White co-conspirator means to deliberately acknowledge that people of color are criminalized for dismantling White supremacy. It means White people choose to take on the consequences of participating in a criminalized act, and choose to support and center people of color in the justice movement.</p> <p>The term “co-conspirator” is often used in contrast to the term “ally”; an ally may be seen as an individual who is expressing support but not risking any personal privilege to engage in actions intended to dismantle structural racism and oppression.</p>	Adapted from: Violet Rush-Owning the Role of White Co-Conspirator (National Marine Educators Association)
Co-Governance	Describes a situation in which an institution of government shares with one or more entities, typically community-based organizations, the decision in a matter over which the institution has the formal decision-making power. A process of participatory management in which government agencies and communities operate in partnership when decisions are made (i.e., subsidiarity and decentralization), thereby recognizing the decision autonomy of each member equitably.	Adapted from <u>Take Action Minnesota, Subnational Governance and Development: A New Perspective</u>
Culture	A social system of meaning and custom that is developed by a group of people to assure its adaptation and survival. These groups are distinguished by a set of unspoken rules that shape values, beliefs, habits, patterns of thinking, behaviors and styles of communication.	The University of Toledo, Office of Diversity and Inclusion, <u>Racial Lexicon</u>
Cultural Competency	Cultural Competence implies having the capacity to function effectively as an individual and an organization within the context of the cultural attitudes, beliefs, behaviors, and needs presented by consumers and their communities. Culture refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups.	US Department of Health and Human Services, What is Cultural Competency, Office of Minority Health (HHS)

Critical Race Theory	A collection of activists and scholars interested in studying and transforming the relationship among race, racism, and power. The movement considers many of the same issues that conventional civil rights and ethnic studies discourses take up, but places them in a broader perspective that includes economics, history, context, group- and self-interest, and even feelings and the unconscious.	Adapted from: Richard Delgado and Jean Stefancic, <i>Critical Race Theory: An Introduction</i>
Cultural Humility	Cultural humility is a lifelong process of self-reflection, self-critique and continuous learning, whereby the individual not only learns about another's culture, but one starts with an examination of her/his own beliefs and cultural identities. This critical consciousness is more than just self-awareness, but requires one to step back to understand one's own assumptions, biases and values.	Tervalon & Murray-Garcia, 1998, Kumagai & Lyson, 2009
Data Disaggregation	Data that has been broken down by detailed sub-categories, for example by gender, race and/or ethnicity, region or level of education. Disaggregated data can reveal resource limitations and inequalities that may not be fully reflected in aggregated data	Right to Education Glossary
Determinants of Equity	Determinants of equity means social, economic, geographic, political, and physical environmental conditions that lead to the creation of a fair and just society.	CDPH-Office of Health Equity (131019.5)
Disproportionality	Over or underrepresentation of a particular group or race in a public system compared to their representation in the general population. Disproportionality is often used in the education and criminal justice sectors and is similar in meaning to the use of "disparity" in the health sector.	CommonHealth ACTION
Diversity	There are many kinds of diversity, based on personal characteristics and life experience, including race [and ethnicity], gender, sexual orientation, class, age, veteran status, country of origin, education, religion, physical, or cognitive abilities. Valuing diversity means recognizing differences between people, acknowledging that these differences are a valued asset, and striving for diverse representation as a critical step towards equity [and inclusion].	Race Forward
Dominant/Mainstream	The power of one group to make the rules not only for itself, but also for the people and groups that it influences and/or dominates.	Okun, Tema (2010). <i>The Emperor Has No Clothes: Teaching About Race and Racism to People Who Don't Want to Know</i>

Environmental Justice/Climate Justice	The fair treatment and meaningful involvement of people of all races, ethnicities, cultures and incomes with respect to the development, implementation, and enforcement of environmental laws, regulations, and policies. Environmental justice focuses on the root causes of climate change, and calls for a transformation to a sustainable, community-led economy.	Proposed Definition
Equality	Equality is defined as treating everyone the same, regardless of their needs or assets. Equality only works if everyone starts from the same place and needs the same things.	Adapted from YWCA Calgary
Equity	Conditions that allow all to reach their full potential through just and fair inclusion. An equitable society is one in which all can participate and prosper. In order for equity to be achieved, people most impacted by inequities must be meaningfully involved in the creation and implementation of the institutional policies and practices that impact their lives.	Adapted from: Angela Glover-Blackwell, PolicyLink
Health	Health is a state of complete physical, social, and mental well-being, not merely the absence of disease or infirmity.	World Health Organization
Health Disparity	Health Disparities means differences in health status among distinct segments of the population, including differences that occur by gender, age, race or ethnicity, sexual orientation, gender identity, education or income, disability or functional impairment, or geographic location, or the combination of any of these factors.	CDPH-Office of Health Equity (131019.5)
Health Equity	Health equity means that everyone has a fair and just opportunity to be as healthy as possible. To achieve this, we must remove obstacles to health — such as poverty, discrimination, and deep power imbalances — and their consequences, including lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.	HIP adaptation of Braveman et al commissioned paper, “What Is Health Equity? And What Difference Does a Definition Make?”.
Health Inequity	Health inequity refers to differences in population health status and mortality rates that are systemic, patterned, unfair, unjust, and actionable. These differences follow the larger patterns of inequality that exist in society. This is different from the term health disparities, which emphasizes that differences exist, but does not consider their relationship to the patterns of social inequalities.	Adapted from World Health Organization
Heteronormativity	The assumption that everyone is heterosexual and that heterosexuality is superior to all other sexualities. This includes the often implicitly held idea that heterosexuality is the norm and that other sexualities are “different” or “abnormal.”	Adapted from PFLAG Glossary

Implicit Bias	Unconscious attitudes and stereotypes towards individuals and social groups that affect our understanding, actions, and decisions. These biases, which encompass both favorable and unfavorable assessment, are activated involuntarily and without an individual's awareness or intentional control.	Adapted from the Kirwan Institute
Inclusion/Inclusive	Inclusion is the act of creating environments in which any individual or group can be and feel welcomed, respected, supported, and valued to fully participate. This also means authentically bringing traditionally excluded individuals and/or groups into processes, activities, and decision/policy making in a way that shares power. It's important to note that while an inclusive group is by definition diverse, a diverse group isn't always inclusive.	Adapted from the Kirwan Institute
Inequality	Inequality refers to the disproportionate allocation of resources, decision-making and outcomes to the advantage or disadvantage of one person, group or community over another.	Human Impact Partners
Inequity	Inequity refers to differences between and within communities that are systematic, patterned, unfair, and can be changed. They are not random, as they are caused by our past and current decisions, systems of power and privilege, policies and the implementation of those policies.	Human Impact Partners
Individual Racism	Individual racism refers to the beliefs, attitudes, and actions of individuals that support or perpetuate racism. Individual racism can be deliberate, or the individual may act to perpetuate or support racism without knowing that is what he or she is doing.	Cited in: Racial Equity Tools Glossary <i>Flipping the Script: White Privilege and Community Building</i> by Maggie Potapchuk, Sally Leiderman, Donna Bivens, and Barbara Major (2005).
Institutional Racism	Organizational programs, policies or procedures that work to the benefit of White people and to the detriment of people of color, usually unintentionally or inadvertently. This often results in different outcomes for different racial groups.	Seattle Racial Equity Toolkit
Internalized Racism	Internalized racism is the situation that occurs in a racist system when a racial group oppressed by racism supports the supremacy and dominance of the dominating group by maintaining or participating in the set of attitudes, behaviors, social structures, and ideologies that undergird the dominating group's power.	Cited in: Racial Equity Tools Glossary Donna Bivens, <i>Internalized Racism: A Definition</i> (Women's Theological Center, 1995).

Interpersonal Racism	Interpersonal racism occurs between individuals. Once we bring our private beliefs into our interaction with others, racism is now in the interpersonal realm.	Cited in: Racial Equity Tools Glossary <i>Chronic Disparity: Strong and Pervasive Evidence of Racial Inequalities</i> by Keith Lawrence and Terry Keleher (2004).
Intersectionality	The theory — conceptualized by Black feminist legal scholar Kimberlé Crenshaw — that markers of identity, such as class, race, gender, etc., do not act independently of one another, but exist simultaneously, creating a complex web of privilege and oppression.	Brandeis University, “Diversity, Equity & Inclusion”
Latinx	Latinx is the gender-neutral alternative to Latino, Latina and even Latin@. Part of a linguistic revolution that aims to move beyond gender binaries and is inclusive of the intersecting identities of Latin American descendants. In addition to men and women from all racial backgrounds, Latinx also makes room for people who are trans, queer, agender, non-binary, gender non-conforming or gender fluid.	Adapted from TherapyforLatinx
Lived Experience	Lived experience is defined as personal knowledge about the world gained through direct, first-hand involvement in everyday events rather than through representations constructed by other people.	Suicide Prevention Resource Center
Feminism	<p>Feminism is an interdisciplinary approach to issues of equality and equity based on gender, gender expression, gender identity, sex, and sexuality as understood through social theories and political activism. Historically, feminism has evolved from the critical examination of inequality between the sexes to a more nuanced focus on the social and performative constructions of gender and sexuality.</p> <p>Feminist theory now aims to interrogate inequalities and inequities along the intersectional lines of ability, class, gender, race, sex, and sexuality, and feminists seek to effect change in areas where these intersectionalities create power inequity.</p>	Eastern Kentucky University, Women and Gender Studies
Gender Identity	One’s innermost concept of self as male, female, a blend of both or neither – how individuals perceive themselves and what they call themselves. One’s gender identity can be the same or different from their sex assigned at birth	Human Rights Campaign
Gender Non-Binary	Gender non-binary is a spectrum of identities that is not exclusively masculine or feminine. It may be an active resistance to binary gender expectations and/or an intentional creation of one’s own gender identity.	UCSF LGBTQ Resource Center

Gender Non-Conforming	Denoting or relating to a person whose behavior or appearance does not conform to prevailing cultural and social expectations about what is appropriate to their gender.	Adapted from Dictionary.com
Genderqueer	Genderqueer and nonbinary are somewhat overlapping categories. Some people use the terms to mean the same thing. For others, a genderqueer identity is more equivalent to the sexual orientation of queer. Queer is an umbrella term that encompasses all sexual orientations other than heterosexual ; queer is also a slur that is still weaponized against the LGBT community, so some members of the community are not comfortable being referred to as queer or genderqueer. Similarly, genderqueer encompasses all genders that are not cisgender.	Adapted from Very Well Mind
Othering	The process of perceiving or portraying an individual or community as fundamentally different than one's own social group, specifically as it relates to the development of policies, programs and strategies.	Adapted from Health Equity Workgroup
People of Color/Communities of Color	A term used to refer to non-White racial groups, rather than "minorities." Racial justice advocates have been using the term "people of color" (not to be confused with the pejorative "colored people") since the late 1970s as an inclusive and unifying frame across different racial groups that are not White. *See also "BIPOC"	National Resources Defense Council-Adapted from Race Forward
Population Health	Population health is an interdisciplinary, customizable approach that allows health departments to connect practice to policy for change to happen locally. This approach utilizes non-traditional partnerships among different sectors of the community – public health, industry, academia, health care, local government entities, etc. – to achieve positive health outcomes. Population health brings significant health concerns into focus and addresses ways that resources can be allocated to overcome the problems that drive poor health conditions in the population.	Adapted from Center for Disease Control and Prevention, What is Population Health?
Power	The capacity or ability to direct or influence the behavior of others, the course of events, or the allocation of resources. Power comes from positional, moral, or relational authority.	Adapted from "Tomas Aragon, Embodying Cultural Humility."
Power Building/Sharing	Community power building/power sharing works to build the power and influence of those with the least access to opportunity through collaborative, community-based efforts. *See also "Co-Governance"	Aspen Institute for Community Solutions

Privilege	When one group has something of value that is denied to others simply because of the groups they belong to, rather than because of anything they have done or failed to do. Dominant group members may be unaware of their privilege or take it for granted.	Human Impact Partners
Queer	The term queer has different meanings to different people. Queer can include, but is not limited to, gay, lesbian, bisexual, transgender, intersex and asexual people. Some still find it offensive, while others reclaim it to encompass the broader sense of history of the gay rights movement. Queer can also be used as an umbrella term like LGBT, as in “the queer community.”	UCSF LGBTQ Resource Center
Race	Race is a socially constructed way of grouping people, based on skin color and other apparent physical differences, which has no genetic or scientific basis. This social construct was created and used to justify social and economic oppression of people of color by Whites. An important thing to note is that while race is a social construct with no genetic or scientific basis, it has real social meaning.	Boston Public Health Commission
Racial Equity	Racial equity is the condition that would be achieved if one’s racial identity no longer predicted, in a statistical sense, how one fares. This includes elimination of policies, practices, attitudes and cultural messages that reinforce differential outcomes by race or fail to eliminate them.	Racial Equity Resource Guide/National Resource Defense Council
Racial Inequity	When racial identity is a predictor of individual or group opportunities, the distribution of resources and/or life outcomes (e.g., wealth, income, employment, criminal justice, housing, health care, education). Racial inequities are maintained and perpetuated by racist structures, policies and practices that operate at different levels (individual, institutional and structural) *See also “Structural Racism” and “Institutional Racism”	Adapted from: Seattle King-County, Race & Social Justice Initiative ; City of Durham, Racial Equity Terms & Definitions
Racial Justice	Racial justice is the systematic fair treatment of people of all races, resulting in equitable opportunities and outcomes for all. Racial justice — or racial equity — goes beyond “anti-racism.” It is not just the absence of discrimination and inequities, but also the presence of deliberate systems and supports to achieve and sustain racial equity through proactive and preventative measures.	HCR National Education Association/Race Forward/National Resource Defense Council
Racial Reconciliation	Reconciliation involves three ideas. First, it recognizes that racism in America is both systemic and institutionalized, with far-reaching effects on both political engagement and economic opportunities for minorities. Second, reconciliation is engendered by empowering local communities through	Cited in: Racial Equity Tools Glossary The William Winter Institute for Racial

	relationship-building and truth-telling. Lastly, justice is the essential component of the conciliatory process—justice that is best termed as restorative rather than retributive, while still maintaining its vital punitive character.	Reconciliation, Position Statement on Reconciliation (2014).
Racism	Historically rooted system of power hierarchies based on race-infused in our institutions, policies and culture-that benefit White people and hurt people of color. Racism isn't limited to individual acts of prejudice, either deliberate or accidental. Rather, the most damaging racism is built into systems and institutions that shape our lives. A simpler definition is racial prejudice + power = racism.	Race Forward-Race reporting guide
Racist Policies	A racist policy is any measure that produces or sustains racial inequity between or among racial groups. Policies are written and unwritten laws, rules, procedures, processes, regulations, and guidelines that govern people. There is no such thing as a nonracist or race-neutral policy. Every policy in every institution in every community in every nation is producing or sustaining either racial inequity or equity between racial groups. Racist policies are also expressed through other terms such as “structural racism” or “systemic racism”. Racism itself is institutional, structural, and systemic.	Cited in: Racial Equity Tools Glossary Ibram X. Kendi, How To Be An Antiracist , Random House, 2019.
Reproductive Justice	All people having the social, political, and economic power and resources to make healthy decisions about their gender, bodies, sexuality, and families for themselves and their communities.	Forward Together
Root Cause	The root cause is the core issue that sets in motion the entire cause-and-effect reaction that ultimately leads to the problem(s)	Adapted from “ASQ, What are Root Causes?”
Sexual Orientation	Sexual Orientation is an enduring emotional, romantic, sexual or affectional attraction or non-attraction to other people. Sexual orientation can be fluid and people use a variety of labels to describe their sexual orientation	LGBTQIA Resource Center
Social Determinants of Health	The World Health Organization (WHO) defines the social determinants of health as the conditions in which people are born, grow, live, work and age that impact a person's health outcomes. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels	CDPH-Office of Health Equity (131019.5)
Social Justice	Social Justice refers to social, economic, and democratic fairness and equality. All people are able to participate fully in society; have equitable access to resources, public goods and life opportunities; and are free from discrimination on the basis of race, gender, class, sexual orientation, and other factors.	BARHII Toolkit

Structural Racism	Institutional/Structural racism is a root cause of health inequities. It is a system of power that has created widespread historical and persistent barriers that keep people of color from having equal access to opportunity, resources, and power. This system is maintained and preserved by formal and informal practices and policies that benefit some groups of people while disadvantaging others.	BARHII Toolkit
Opportunity Structures	Socially constructed and socially patterned features of the physical and social environment which may promote advantages either directly or indirectly through the possibilities they provide for people.	MacIntyre and Ellaway, 2000.
Systemic Racism	Systemic racism describes a dynamic system that produces and replicates racial ideologies, identities and inequities, as opposed to individual attitudes and beliefs. Systemic racism is the well-institutionalized pattern of discrimination that cuts across major political, economic and social organizations in a society.	Annie E. Casey Foundation-Race Equity & Inclusion Guide
Target Population	The target population is the entire population, or group, that a researcher is interested in researching and analyzing. A sampling frame is then drawn from this target population. *See Health Equity Glossary Part II for preferred language	https://www.djsresearch.co.uk/glossary/item/Target-Population
Transgender	Transgender is an umbrella term for people whose gender identity is different from the gender they were thought to be at birth. People under the transgender umbrella may describe themselves using one or more of a wide variety of terms - including <i>transgender</i> . Use the descriptive term preferred by the person. Many transgender people are prescribed hormones by their doctors to bring their bodies into alignment with their gender identity. Some undergo surgery as well. But not all transgender people can or will take those steps, and a transgender identity is not dependent upon physical appearance or medical procedures. *See also gender non-conforming and gender non-binary and/or genderqueer	GLAAD
Underserved Population	Communities that are disadvantaged in relation to other groups because of structural/societal obstacles and disparities	UC Berkeley Strategic Plan for Equity, Inclusion, and Diversity, 2009
Vulnerable Community	Vulnerable communities are communities at higher risk for poor health outcomes as a result of the barriers they experience to social, economic, political and environmental resources. Vulnerability is exacerbated by stigma, racism, prejudice and discrimination.	CDPH-Office of Health Equity (131019.5)
White Fragility	A state in which even a minimum amount of racial stress becomes intolerable [for White people], triggering a range of defensive moves. These moves include the outward display	Robin DiAngelo, " White Fragility " (<i>International Journal</i>

	of emotions such as anger, fear, and guilt, and behaviors such as argumentation, silence, and leaving the stress-inducing situation. These behaviors, in turn, function to reinstate White racial equilibrium.	<i>of Critical Pedagogy</i> , 2011).
White Privilege	Refers to the unquestioned and unearned set of advantages, entitlements, benefits and choices bestowed on people solely because they are White. Generally white people who experience such privilege do so without being conscious of it.	Racial Equity Resource Guide
White Savior Complex	The White-savior complex is defined as an idea in which a White person, or more broadly a White culture, “rescues” people of color from their own situation. We see the White savior complex in film tropes like <i>The Help</i> and <i>The Blind Side</i> , but also in volunteerism and activism work. Similarly, the White-savior complex also imposes the notion that the White person knows what communities of color need, rather than listening to how they can truly be of help.	Adapted from Black Equality Resources
White Supremacy	A form of racism centered upon the belief that White people are superior to people of other racial backgrounds and that Whites should politically, economically, and socially dominate non-Whites. While often associated with violence perpetrated by the KKK and other White supremacist groups, it also describes a political ideology and systemic oppression that perpetuates and maintains the social, political, historical and/or industrial White domination.	Race Forward
White Supremacy Culture	<p>1) White Supremacy Culture refers to the dominant, unquestioned standards of behavior and ways of functioning embodied by the vast majority of institutions in the United States. These standards may be seen as mainstream, dominant cultural practices; they have evolved from the United States’ history of White supremacy. Because it is so normalized it can be hard to see, which only adds to its powerful hold. In many ways, it is indistinguishable from what we might call U.S. culture or norms – a focus on individuals over groups, for example, or an emphasis on the written word as a form of professional communication. But it operates in even more subtle ways, by actually defining what “normal” is – and likewise, what “professional,” “effective,” or even “good” is. In turn, White culture also defines what is not good, “at risk,” or “unsustainable.” White culture values some ways of thinking, behaving, deciding, and knowing – ways that are more familiar and come more naturally to those from a White, western tradition – while devaluing or rendering invisible other ways. And it does this without ever having to explicitly say so.</p> <p>2) An artificial, historically constructed culture which expresses, justifies, and binds together the United States White</p>	<p>Pulled from: Racial Equity Tools Glossary</p> <p>1) Gita Gulati-Partee and Maggie Potapchuk, “Paying Attention to White Culture and Privilege: A Missing Link to Advancing Racial Equity” (<i>The Foundation Review</i> vol. 6: issue 1, 2014).</p> <p>2) Sharon Martinas and the Challenging White Supremacy Workshop, 4th revision (1995).</p>

	supremacy system. It is the glue that binds together White-controlled institutions into systems and White-controlled systems into the global White supremacy system.	
White Urgency	A cyclical reaction, in which a White person learns of the disproportionate impacts of overt and systemic racism, views the issue with urgency, centers their perspective while engaging in performative allyship, and then abandons the work because the problems are not immediately resolved. This process is damaging to health equity because it lacks the sustained commitment to addressing both individual and collective structural inequities required to effect systemic change.	Adapted from <u>(Divorcing) White Supremacy Culture</u> , via <u>SURJ, Resilience</u>
Whiteness	The construction of the White race, White culture, and the system of privileges and advantages afforded to White people—and people with White skin complexion—in the U.S. (and across the globe) through government policies, media portrayal, decision-making power within our corporations, schools, judicial systems, etc.	<u>Portland Community College: Diversity Councils (2020-2021)</u>

Public Health Alliance: Regional Health Equity Glossary Part II

Part II of the Regional Equity Glossary is adapted from [the Center for Disease Control and Prevention’s “Health Equity Style Guide”](#). This section of the glossary is aimed at supporting departments in identifying inclusive, respectful, non-stigmatizing language for both internal and external communications.

Table 1 describes overarching principles to consider throughout public health communications efforts, including written and oral dissemination of information.

Table 2 provides preferred terms for select population groups; the terms to avoid represent an ongoing shift toward non-stigmatizing language.

Table 1: Overarching Principles and Preferred Terms

Key Principles	Instead of This...	Try This...
Avoid use of the terms such as vulnerable, marginalized, and high-risk as adjectives. These terms can be stigmatizing. These terms are vague and imply that the condition is inherent to the group rather than the actual causal factors.	<ul style="list-style-type: none"> • Vulnerable groups • Marginalized groups • High-risk groups • At-risk groups • High-burden groups • Hard to reach groups • Targeted population 	<ul style="list-style-type: none"> • Disproportionately affected • Groups that have been economically/socially marginalized • Groups that have been marginalized • Groups placed at higher risk/put at higher risk of [outcome] • Groups under threat of [outcome] • Groups at higher risk of [outcome] • Groups experiencing disadvantage • Groups experiencing disproportionate impact • Population of focus • Under-resourced communities • Disproportionately impacted by [outcome]
Avoid dehumanizing language. Use person-first language instead. Describe people as having a condition or circumstance, not being a condition. A case is an instance of disease, not a person. Use patient to refer to someone receiving treatment.	<i>Examples:</i> <ul style="list-style-type: none"> • Diabetics • Diabetes patients • The diabetes population • COVID-19 cases • Homeless people/person • The homeless • Inmates • Victims 	<ul style="list-style-type: none"> • People with [disease] • Patients with [disease] (if being treated) • People experiencing [health outcome or life circumstance (e.g. people experiencing homelessness)]/Persons experiencing unstable housing/housing insecurity; • People who are experiencing [condition] • Survivors
Avoid saying target, tackle, combat, or other terms with violent connotation when	<ul style="list-style-type: none"> • Tackle a community’s health issue 	<ul style="list-style-type: none"> • Engage • Prioritize • Consider the needs of/Tailor to the needs of

<p>referring to people, groups, or communities.</p> <p>Stakeholder (Note: this term has a particularly violent connotation for tribes and urban Indian organizations)</p>	<ul style="list-style-type: none"> • Target communities for interventions • Stakeholder • Stakeholder engagement 	<ul style="list-style-type: none"> • Population of focus <p>Note: Stakeholders are persons who may be affected by a course of action. Preferred terms include community members and persons affected by [policy/program/practice]. Also avoid using stakeholder to mean partner; related terms to use include partners, collaborators, allies, community engagement, tribal engagement, urban Indian conferment (contact OTASA for technical assistance).</p>
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Table 2: Preferred Terms for Select Population Groups and Communities

Topic Area/Population	Instead of This...	Try This...
Corrections	Inmate; prisoner; convict; ex-convict; offender; criminal; parolee	People/persons who are incarcerated or detained; individuals/people/persons incarcerated or detained (often used for shorter jail stays; youth in detention facilities); incarcerated or detained persons; persons in pre-trial or with charge; justice-involved persons; formerly incarcerated persons; persons on parole or probation; non-US citizens (or immigrants) in immigration detention facilities.
Disability	Disabled; differently-abled; handicapped (also avoid using “vulnerable” when describing people with disabilities)	<p>People with disabilities/a disability; people/persons who are deaf or hard of hearing or who are blind or have low vision; people/persons with an intellectual or developmental disability; people/persons who use a wheelchair. See Communicating With and About People with Disabilities.</p> <p>Note: The Public Health Alliance is aware that some individuals with disabilities prefer to use identity- first terminology, which means a disability or disability status is referred to first; for the purposes of this guide, the Public Health Alliance is promoting person-first language but also</p>

		acknowledges that personal preferences vary and encourages LHDs to engage in conversations with the communities they serve with disabilities regarding preference.
Drug/substance use	Drug-users; addicts; drug abusers; persons taking/prescribed medication assisted treatment (MAT); persons who relapsed	Persons who use drugs; people who inject drugs; persons with substance use disorder; persons with alcohol use disorder; persons in recovery from substance use/alcohol disorder; persons taking/prescribed medications for opioid use disorder (MOUD); persons who returned to use
Healthcare access	Underserved people; the underserved; hard to reach; the uninsured	<p>People who are underserved; people who are medically underserved; people without health insurance; Note: “Underserved” relates to lack of access to services, including healthcare.</p> <p>Do not use “underserved” when you really mean “disproportionately impacted.” Use person-first language.</p>
Homelessness	Homeless people; the homeless; transient population	People experiencing homelessness; persons experiencing unstable housing/housing insecurity; persons who are not securely housed
Lower socioeconomic status	Poverty-stricken; the poor; poor people	<p>People with lower incomes; people/households with incomes below the federal poverty level; people with self-reported income in the lowest income bracket (if income brackets are defined); people experiencing poverty (do not use “underserved” when meaning low SES)</p> <p>Note: “People with lower levels of socioeconomic status” should only</p>

		be used when SES is defined (e.g., when income, education, and occupation are used as a measure of SES).
Non-U.S.-born persons; immigration status	<p>Aliens; illegals; illegal immigrant Immigrant (not to be used to refer to undocumented immigrants specifically)</p>	<p>People who are undocumented; undocumented immigrants; non-status immigrants; mixed-status households; unauthorized immigrants (for technical documents – otherwise, undocumented immigrants is preferred); asylee or refugee populations</p> <p>Non-US-born persons; foreign-born persons; naturalized citizens; permanent residents; non-immigrants (persons with a temporary visa)</p> <p>Note: It is appropriate to use the term “immigrant” to refer only to those who are Lawful Permanent Residents (i.e., those with a “Green Card”), however, it should be clarified that the term is only referring to that population.</p>
Sexual and gender minorities	<p>Avoid referring to persons or communities as:</p> <ul style="list-style-type: none"> • Homosexual • Transgenders; transgendered; transsexual; biologically male/female; genetically male/female • Hermaphrodite <p>Note: Avoid using the term sexual preference.</p>	<p>Refer to persons or communities (e.g., transgender persons) as:</p> <ul style="list-style-type: none"> • LGBTQ (or LGBTQIA or LGBTQ+); lesbian; gay; bisexual; queer; pansexual; asexual <p>Note: Use LGBTQ community (and not, e.g., gay community) to reflect the diversity of the community unless a specific subgroup is meant to be referenced.</p> <ul style="list-style-type: none"> • Transgender; assigned male/female at birth; designated male/female at birth; gender non-conforming; non-binary; genderqueer • Intersex <p>Note: MSM (men who have sex with men) may be used in a public</p>

		<p>health setting to refer to an individual's sexual behaviors, however, it is not reflective of an individual's sexual orientation</p> <p>Note: Preferred terminology includes sexual orientation, gender identity, and gender expression.</p>
Older adults	Elderly; senior; frail; fragile	<p>Older adults (aged ≥ 65 years); numeric age groups (e.g., persons aged 55-64 years)</p> <p>Note: Some older adults may self-identify as seniors and individual preference should be respected</p>
People who are at increased/higher risk	High-risk people; high-risk population; vulnerable population; priority populations	<p>People who are at increased/higher risk for [condition]; people who live/work in settings that put them at increased/higher risk of becoming infected or exposed to hazards; populations/groups disproportionately affected by [condition]; populations/groups highly affected by [condition]</p>
Pregnancy	Pregnant women; mothers-to-be; expectant mothers	<p>Use terms that are inclusive of all gender identities: Pregnant people; parents-to-be; expectant parents</p>
Race and ethnicity	<p>Referring to people as their race/ethnicity (e.g., Blacks, Hispanics, Latinos, Whites, etc.)</p> <p>Indian (to refer to American Indian); Eskimo; Oriental; Afro-American; Negro; Caucasian</p> <p>The [racial/ethnic] community (e.g., the Black community)</p> <p>Non-White (used with or without specifying non-Hispanic)</p>	<p>Preferred terms for specific racial/ethnic groups: • American Indian or Alaska Native persons</p> <p>Asian persons</p> <p>Black or African American persons</p> <p>Hispanic or Latino persons</p> <p>Native Hawaiian or other Pacific Islander persons</p> <p>White persons</p> <p>People who identify with more than one race/ethnicity; people of more than one race/ethnicity</p> <p>Note: Black and White should be capitalized.</p>

		<p>Note: “American Indian or Alaska Native” should only be used to describe persons with different tribal affiliations. Otherwise, identify persons or groups by their specific tribal affiliation.</p> <p>Preferred terms for groups including 2 or more racial/ethnic groups:</p> <ul style="list-style-type: none"> • People from some racial and ethnic minority groups • People/communities of color • BIPOC communities • People of the global majority <p>Note: Only used to collectively refer to racial and ethnic groups other than non-Hispanic White; be mindful to refer to a specific racial/ethnic group(s) instead of this collective term when the burden and experience of disease is different across groups.</p> <p>Note: The term “Indian Country” describes reservations, lands held within tribal jurisdictions, and areas with American Indian populations.</p> <ul style="list-style-type: none"> • All other races; all other races/ethnicities; racial and ethnic minority groups (instead of non-White) <p>See OMB standards. See AMA Manual of Style guidance on use of the words Tribe and Tribal.</p> <p>Note: It is critical to recognize the sovereignty of Alaska Native and American Indian tribes and tribal organizations. All related materials require tribal permission. All AIAN specific publications including abstracts, papers, ppts, require CSTLTS cross-clearance.</p>
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		See CDC/ATSDR Tribal Consultation Policy .
Rural	Rural people; frontier people	People who live in rural/frontier areas; residents/populations of rural areas; rural communities

COMMUNICATION/INFORMATION/DISCUSSION

Proposed Board Policy regarding Parental Rights (Valdes)

ORANGE COUNTY DEPARTMENT OF EDUCATION

Costa Mesa, California

BOARD POLICY

PARENTS RIGHTS

The Orange County Board of Education recognizes that parents/guardians are their children's first and most influential teachers and that active parent involvement in the education of their children contributes greatly to student achievement and a positive school environment.

20 USC 6318 mandates that each district receiving federal Title I, Part A, funds to have a written parent involvement policy developed jointly with and agreed upon by parents/guardians of participating students.

California Education Code 51101 mandates districts to adopt a policy on parent involvement applicable to each school that does not receive Title I funds.

The Board supports the important public policy interests underlying these laws, and it affirms the following as its official policy and position with respect to parent/guardian rights in public education:

PARENTS BILL OF RIGHTS

Parents/guardians should have the right to access, participate in, and be notified regarding all aspects of their children's educational program. These rights include, but are not limited to:

1. Curriculum/Classwork/Displays

- to receive all information on a school's comprehensive program offerings, including support and alternative programs;
- to inspect and have access to all tests and instructional materials given to their children;
- to inspect and have access to all classroom displays and extra credit assignments that may or may not be considered part of their children's formal course curricula;
- to observe and have access to all instructional activity in a class or course in which their children are enrolled and present;
- to provide recommendations to the Local School District superintendent and the Local Board of Education on all school curricula including core and ancillary supporting materials, and to have those recommendations heard and considered;
- to be able to opt out of classroom assignments, core curricula, and ancillary supporting materials that the parent deems inappropriate for their children BEFORE it is presented to children;

2. Student Health and Psychological well being

- to be notified if an injury, threat, or condition exists that may affect their children's health and/or safety such as or including privacy and safety in restrooms or similar spaces on campus, bullying, and threats of violence;
- to be notified of their children's preferred use of gender pronouns;
- to be notified that their children are seeking psychological counseling by school personnel and informed of the content of the counseling such as and including

gender affirming therapies, and any mandated health, cognitive, and/or language screening examinations;

3. School Access

- to feel welcomed, respected, and supported in their school communities;
- to be treated with courtesy and respect by all school personnel, and to be accorded all rights without regard to race, color, creed, religion, national origin, sex, gender, age ethnicity alienage/citizenship status, marital status, partnership status, sexual orientation, gender identity or disability;
- to participate in regular written or verbal communications with teachers and other school staff to share and discuss issues or concerns regarding their child's academic, social and behavioral progress, and the school's activities, programs, operations, resource allocation, and policies;
- to meet with their children's teachers and principal in accordance with established procedures;
to participate in meaningful and productive parent-teacher conferences to discuss their children's progress in school and have access to other school staff, as appropriate, throughout the school year to discuss successes as well as concerns and challenges;
- to be informed on a regular basis, both informally and through formal progress reports, of their children's academic, developmental, and behavioral progress in school.

Adopted: _____