



SCHOOL OF
PUBLIC HEALTH

Oregon ECHO Network

Health Equity for Public Health Agencies
ECHO Program

Oregon Rural Health Conference
October 3rd, 2024

Presentation Acknowledgement: Slides created by Briana Arnold, MPH



Today's Presenter



Maggie McLain McDonnel, MPH,
she/her/hers
Director of Education, including Oregon
ECHO Network
Oregon ECHO Network
Oregon Rural Practice-based Research
Network
Oregon Health and Science University

HEPH ECHO Faculty

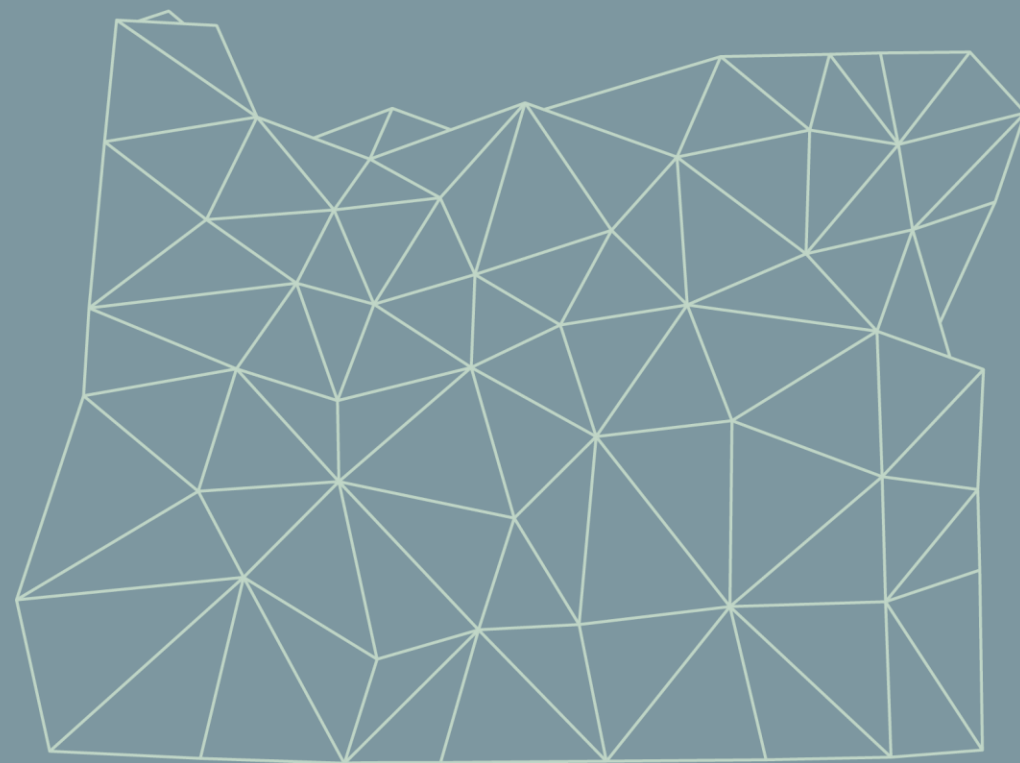


Jocelyn Warren, MPH, PhD,
she/her/hers
Public Health Manager
Lane County



Chantell Reed, MS-HCM, she/her/hers
Director of Public Health
Tacoma-Pierce County Health
Department
(prev. Deputy Director at Multnomah
County)

Overview of ECHO

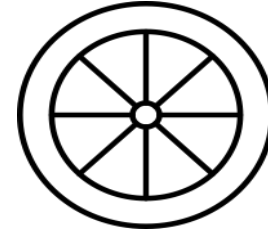


What is Project ECHO?

(Extension of Community Healthcare Outcomes)



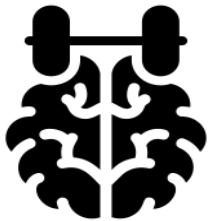
Founded: University of New Mexico
2003



Specialist team “**Hubs**”
&
Practice team “**Spokes**”



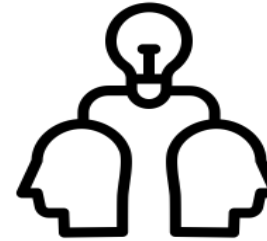
Tele-mentoring
program



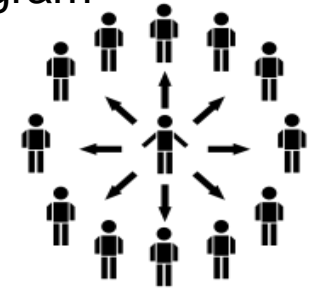
Confidence and skill
building to **manage**
common conditions
frequently referred to
specialists



15-20 minute
didactic
presentations with
case-based
learning

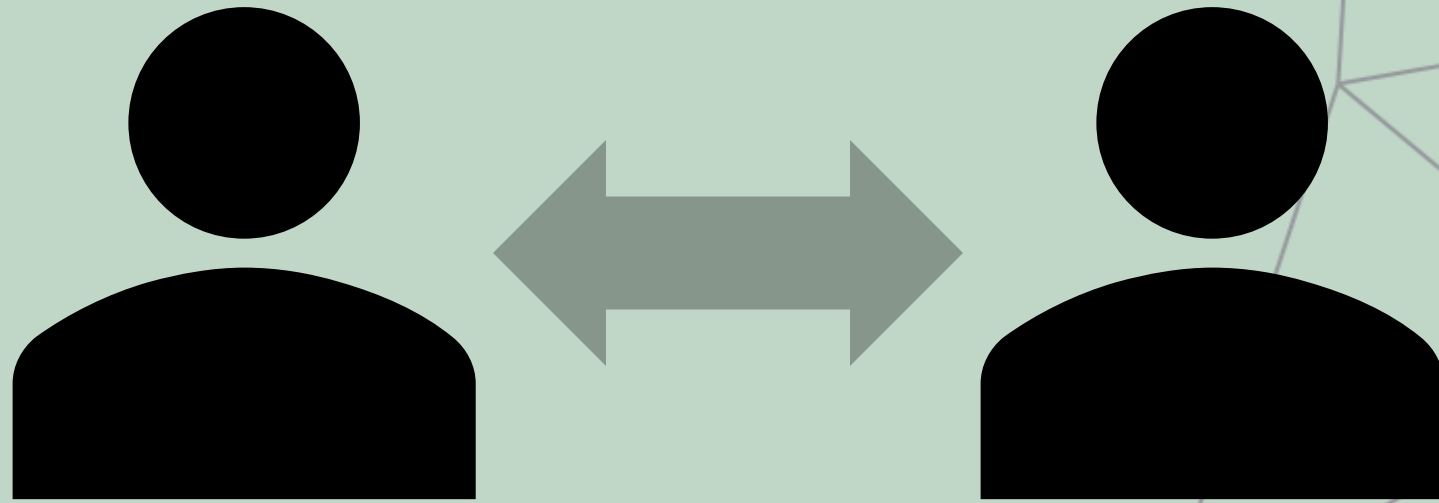


“**Move knowledge**
rather than patients”



Builds on
“**Force**
Multiplier” effect

All Teach, All Learn

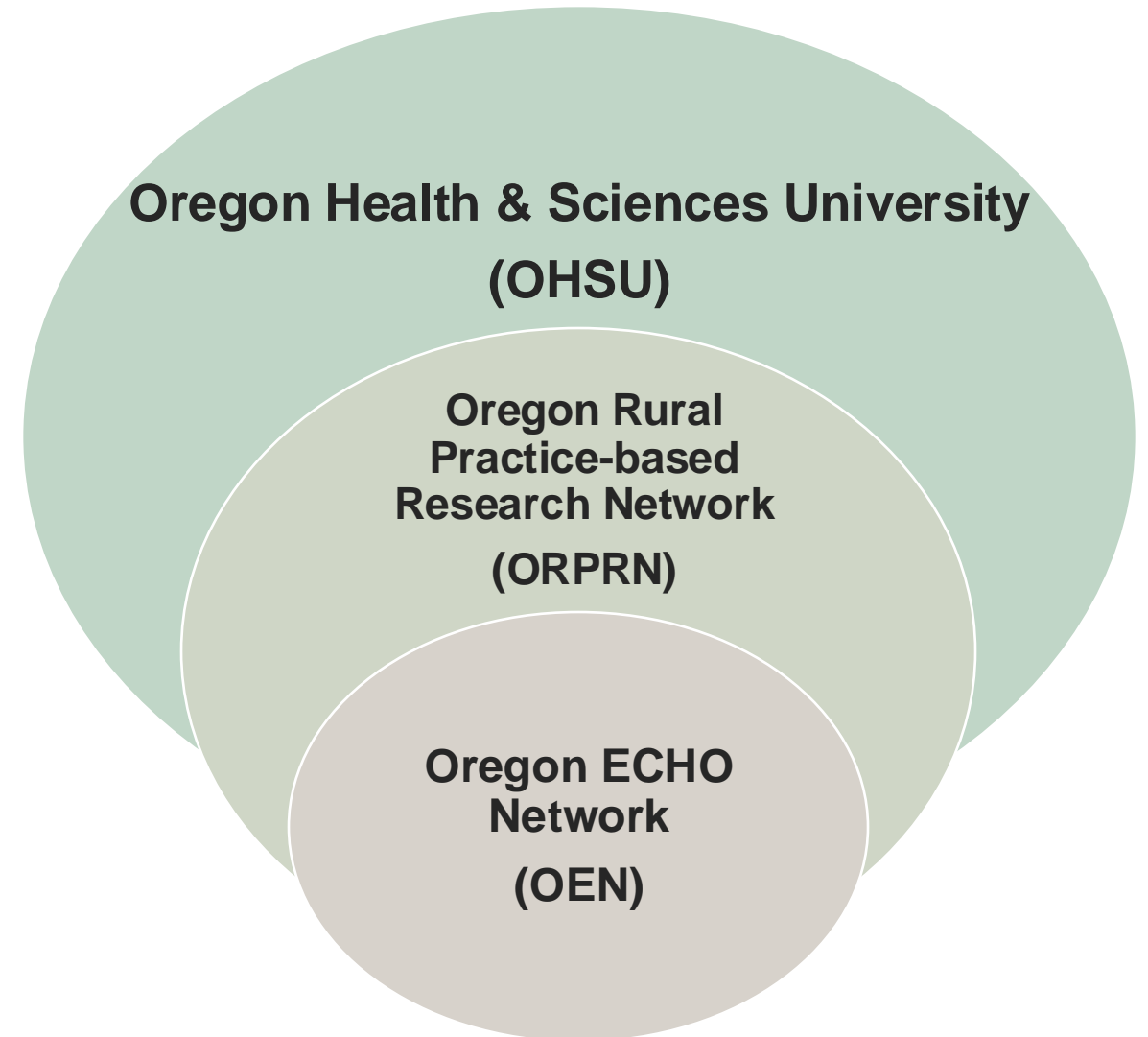


Anatomy of an ECHO

- Didactic (20-25 minutes total for didactic presentation and questions)
 - Participants Clarifying Questions
- Participant Sharing (20-25 minutes total for questions and recommendations)
 - Participants Clarifying Questions
 - Faculty Clarifying Questions
 - Participant Recommendations
 - Faculty Recommendations
 - Lead Faculty Verbally Summarizes Recommendations

Oregon ECHO Network

- Developed in October 2017
- Statewide resource for ECHO programs and services
- Hosted at Oregon Rural Practice-based Research Network (ORPRN)
- “One-stop shop” website (www.oregonechonetwork.org)
- Hybrid business model (grants, contracts, OEN Advisory Board)

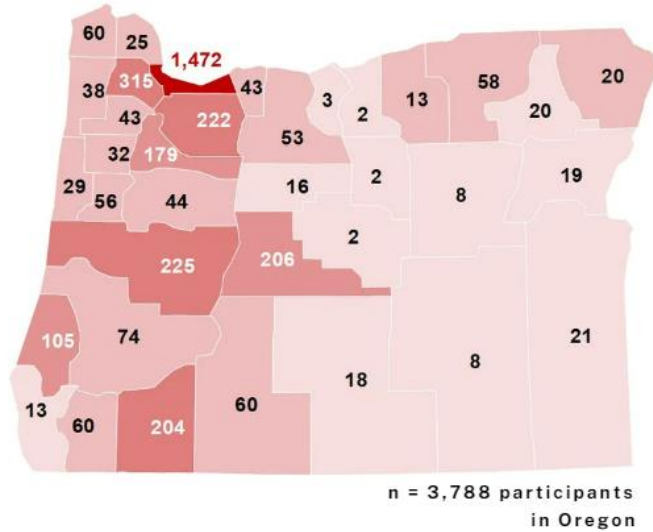


OEN BY THE NUMBERS

4,202

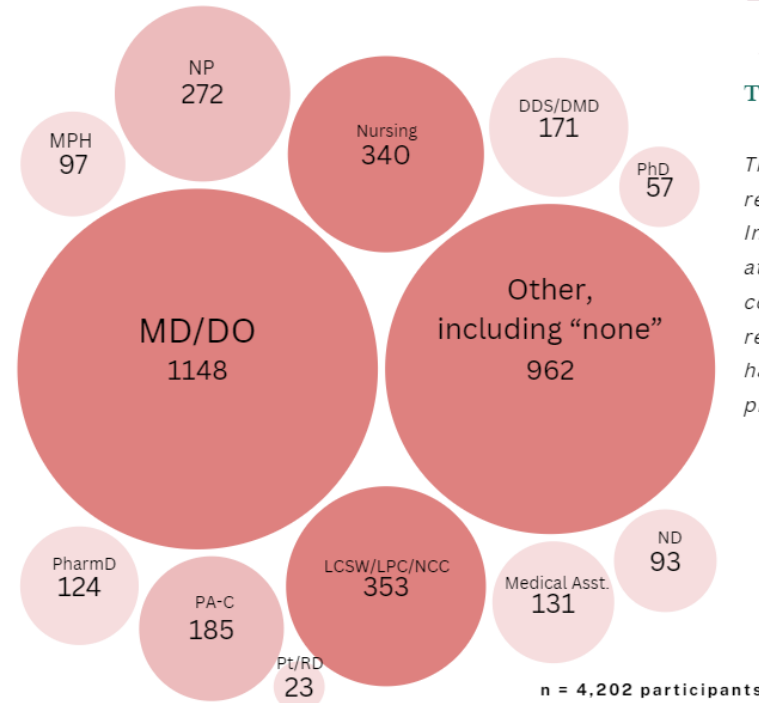
UNIQUE PARTICIPANTS SINCE 2018

Our program drew participants from all counties in Oregon as well as 39 other states and Canada. 21% of Oregon participants reported rural zip codes.



2018-2023

Participant Credentials



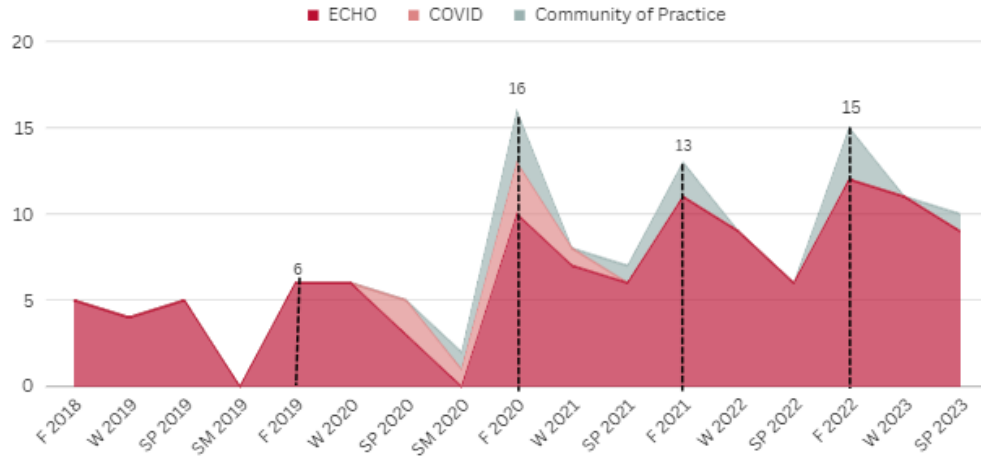
7,518

TOTAL PARTICIPANTS

This number is the total count of all registrants to our programs. Individual participants who have attended multiple ECHOs are counted for each of their registrations. 55% of participants have attended two or more ECHO programs.

OEN PROGRAMS

Number of programs offered

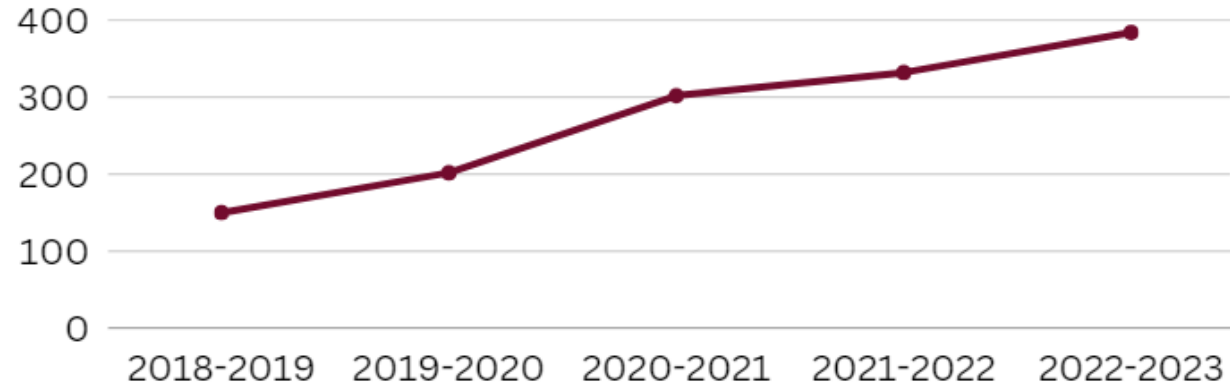


119

TOTAL NUMBER OF ECHO COHORTS OFFERED 2018-2023

The number of ECHO Programs more than doubled in 2020.

Number of sessions by academic year

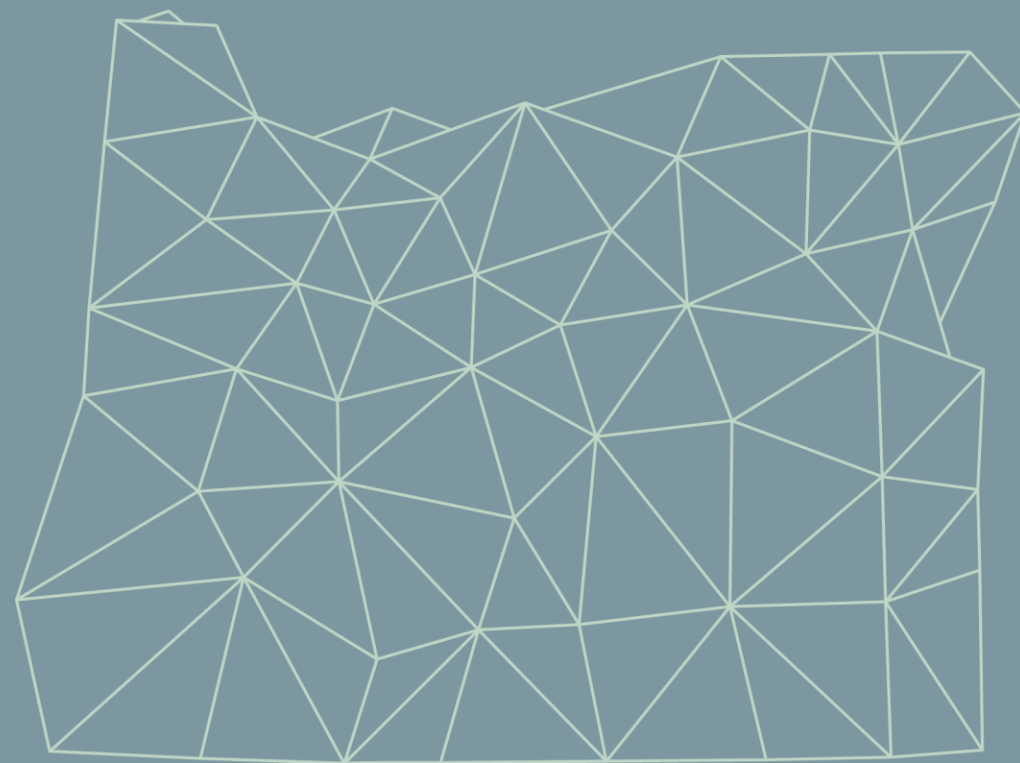


1,370

TOTAL NUMBER OF COMPLETED SESSIONS

Health Equity for Public Health Agencies ECHO

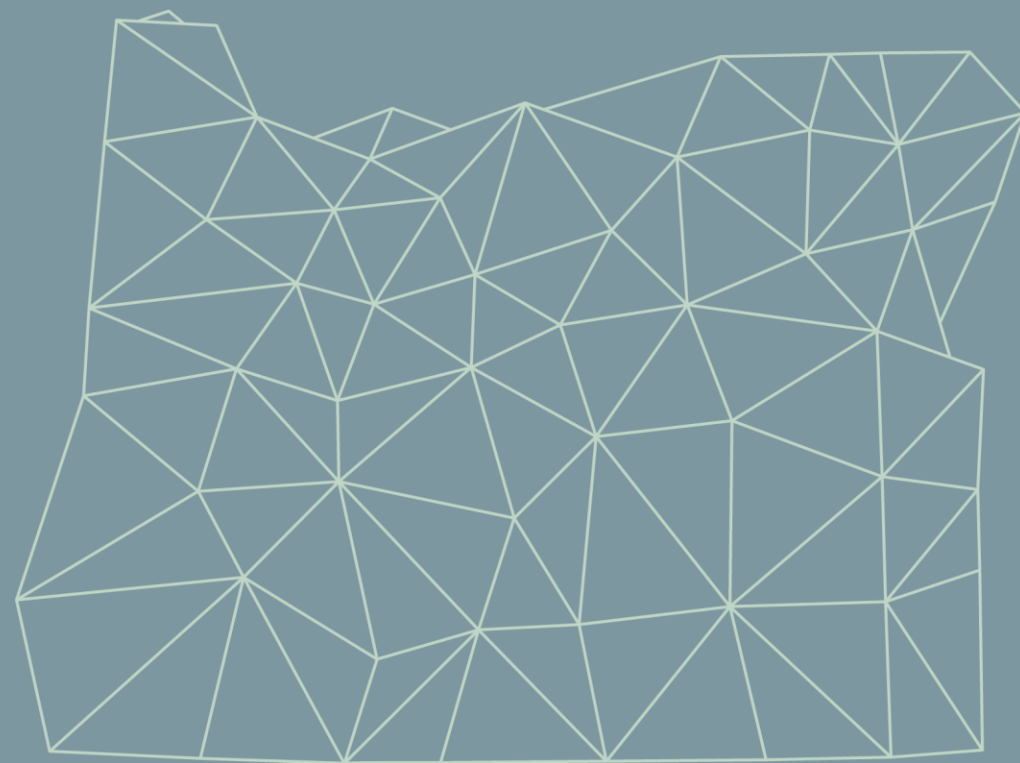
Fall 2023, Cohort 1



Program Curriculum

Session	Date	Didactic Topic	Didactic Presenter	Guest Storytellers
1	09/15/2023	Framing health equity and health disparities in each community	Chantell Reed, MS-HCM	Dr. Carlos Richards, PhD
2	10/06/2023	Health Equity in Practice	Chantell Reed, MS-HCM	Tamara Falls
3	10/20/2023	Developing Effective Partnerships	Jocelyn Warren, MPH, PhD	Susan Stearns Jeanne Savage
4	11/03/2023	Principles of Data Justice in Public Health	Sarina Saturn, PhD	Juliete Palenshus
5	11/17/2023	Weaving Health Equity into Planning	Jocelyn Warren, MPH, PhD	Kennedi Fields
6	12/01/2023	Coalitions and Community Power Building	Mara Gross	Antonio Huerta

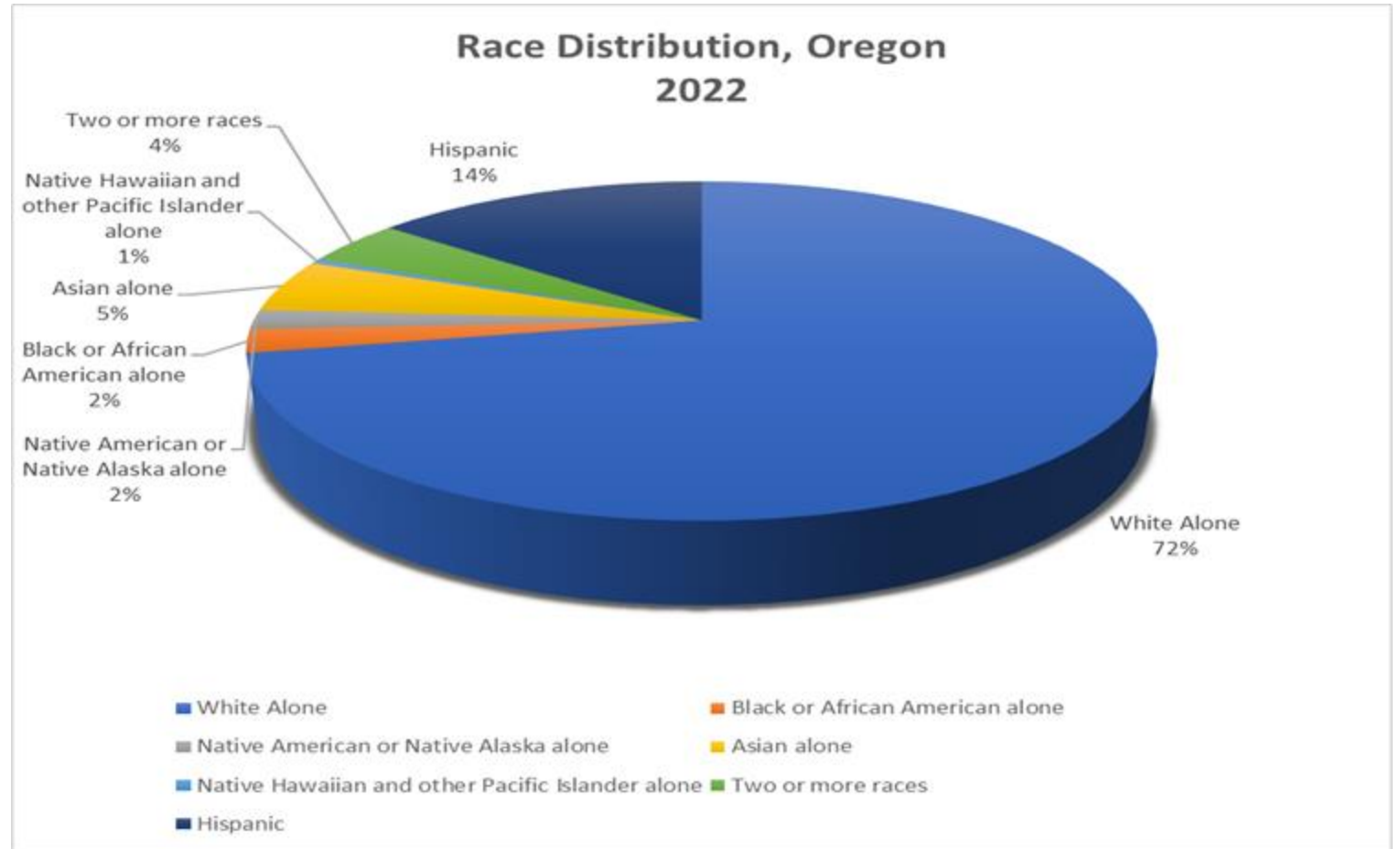
Didactic Presentations



Session 1

Title: Framing health equity and health disparities in each community

Objective: Understand the history of oppression in Oregon and how power and privilege are observed in communities today.

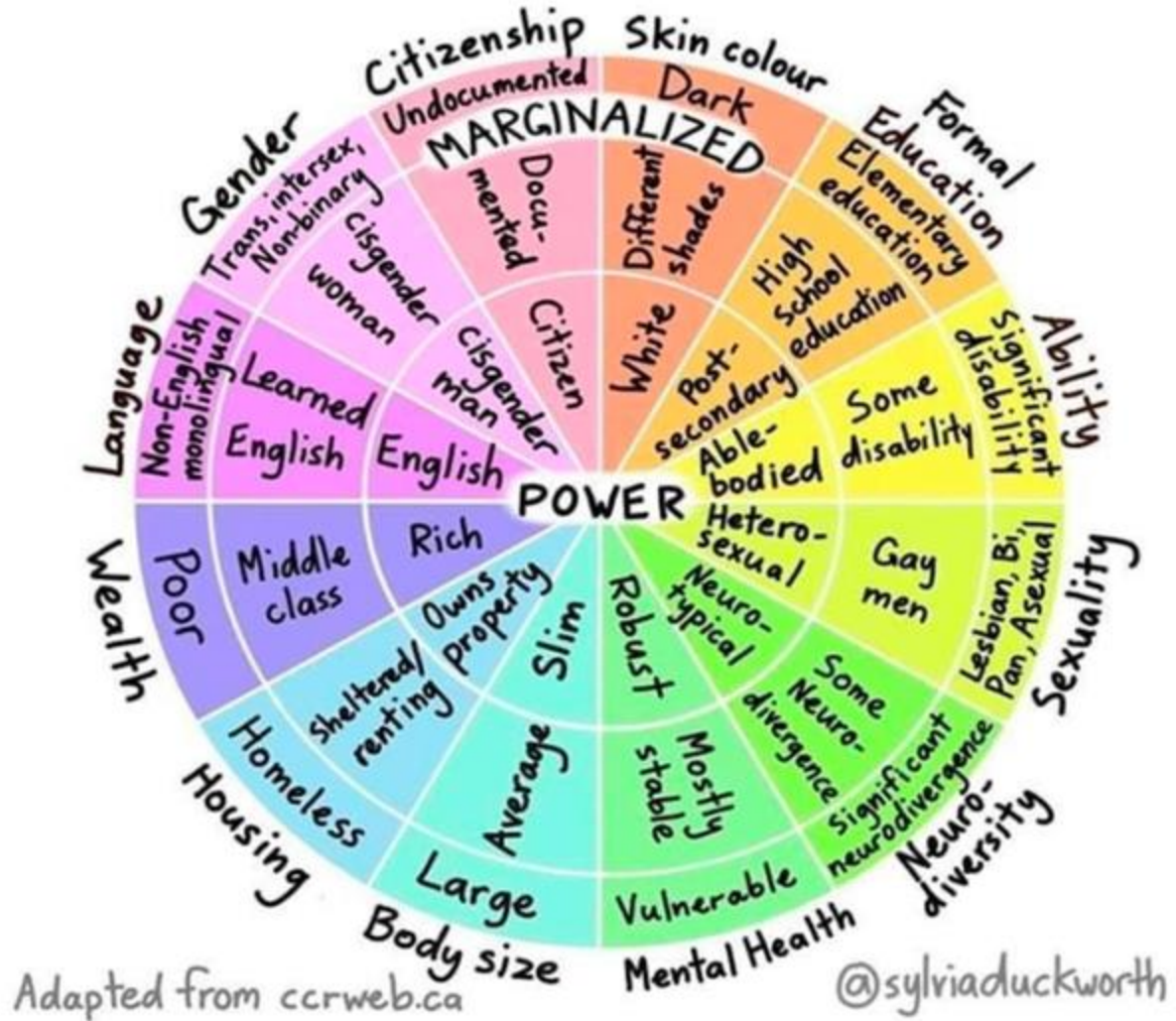


Session 2

Title: Health Equity in Practice

Objective: Understand and identify health disparities by group and geography in Oregon.

WHEEL OF POWER/PRIVILEGE



Session 3

Title: Developing Effective Partnerships

Objective: Understand what partners want from local public health and identify strategies to collaborate effectively.

MAPP Components to Achieve Equity



MAPP uses the following Practices and Foundational Principles to advance health equity:

Session 4

Title: Principles of Data Justice in Public Health

Objective: Understand the limitations of population health data and identify new approaches for describing the context and health needs of local communities.

Data Sovereignty:

A community-based initiative that shifts power to the communities being studied by producing community-owned data and developing more authentic, culturally-based, and community-centered narratives.



Session 5

Title: Weaving Health Equity into Planning

Objective: Identify strategies and approaches for developing plans that center health equity, including local health equity plans for modernization and community health improvement plans.

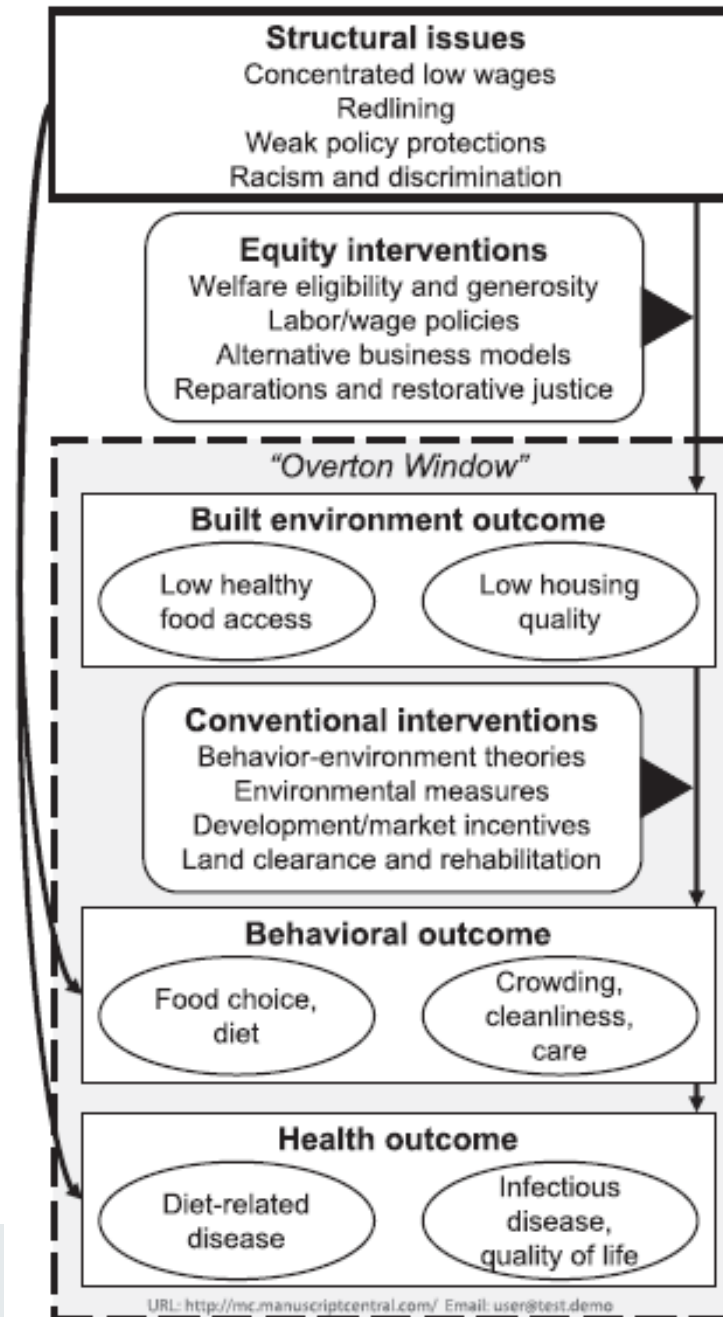


Figure 1. Conventional and equity-focused interventions to improve the built environment and health.

Session 6

Title: Coalitions and Community Power Building

Objective: Understand the challenges and opportunities in coalition forming and development and the value of widening the range of people and communities involved in policy and systems change.

Most impacted communities

Agencies & organizations working on the problem

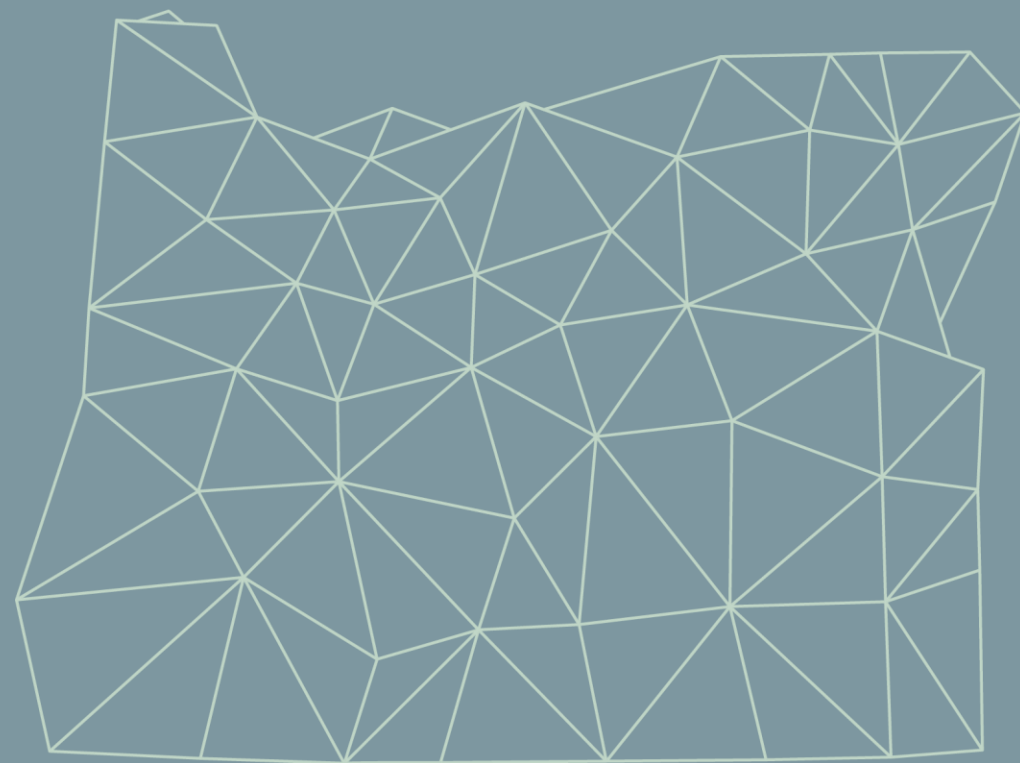
Thought leaders and community experts

Policy makers



Transportation Health Equity Working Group members presented at CLF's Annual Regional Livability Summit

Stories and Storytellers



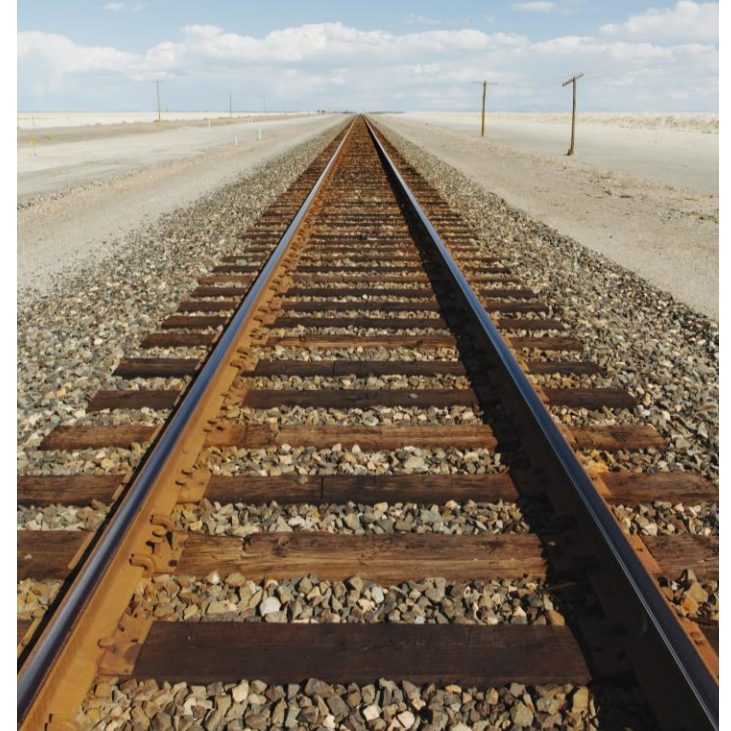
Session 1

Storyteller:

Dr. Carlos
Richard

Title: A Brief
History of
Racism in
Oregon

- The state of Oregon was established as a territory and utopia for White settlers starting in the 1840's
- In 1844, Black exclusionary laws were erected to criminalize the presence of Blacks in Oregon. Blacks received 39 lashes in public every six months until they left the territory. A second Black exclusion law was erected five years later, in 1849 that barred Blacks from entering or residing in the Oregon territory
- In 1859, laws were embedded into to the state constitution that prohibited Blacks from owning property or entering into business contracts. At the time that Oregon officially became a state, it was the only state in the Union with exclusionary laws systemically embedded and baked into law and policy



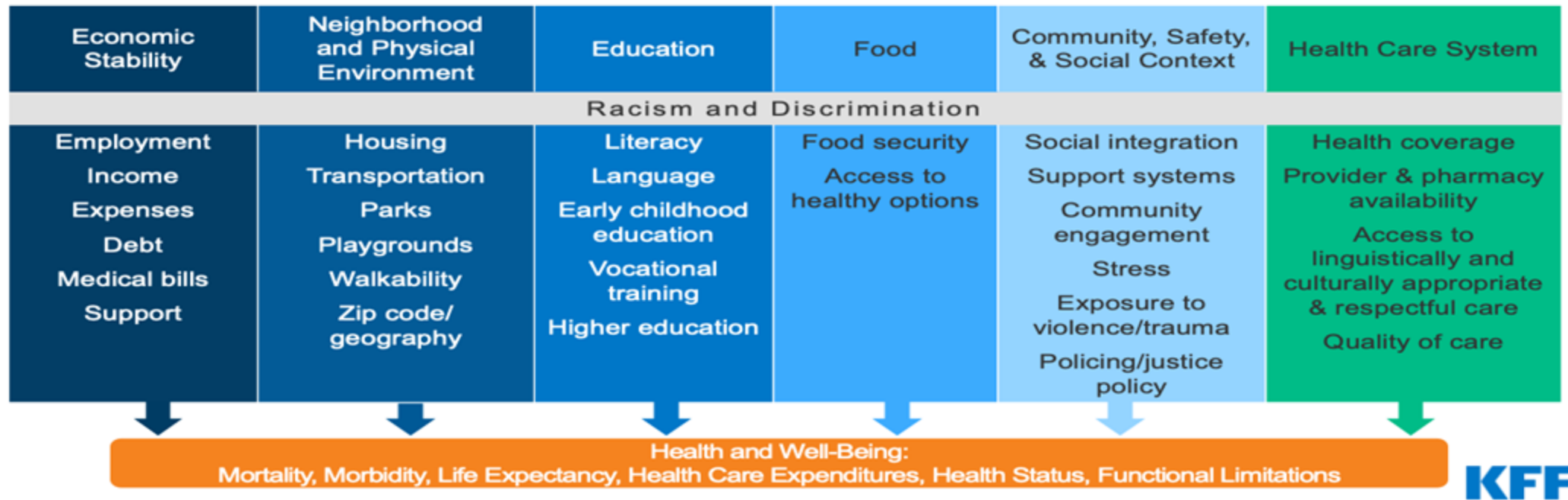
Session 2

Storyteller:
Tamara Falls

Title: Health Equity in Oregon

Figure 1

Health Disparities are Driven by Social and Economic Inequities

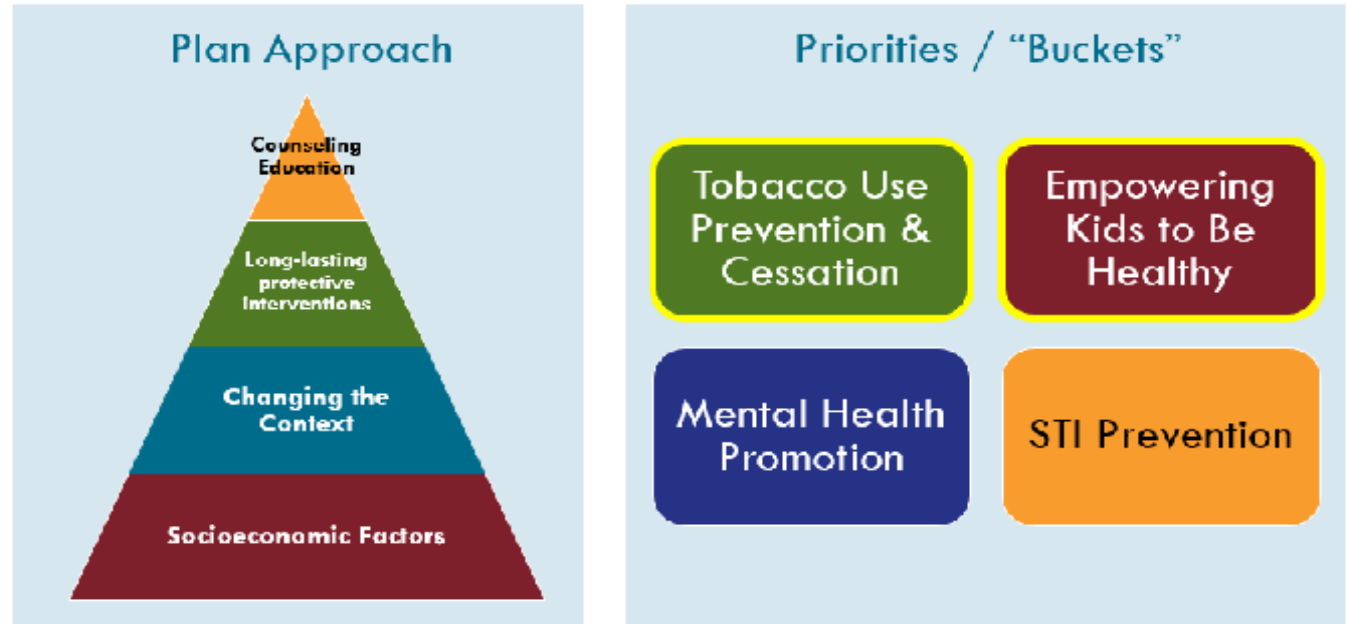


Session 3

Storyteller: Dr. Jeanne Savage

Title: Building Relationships Between CCOs and Public Health

Prevention Plan Overview



PUBLIC HEALTH
PREVENT. PROMOTE. PROTECT.

Session 3

Storyteller: Susan Stearns

Title: Power of Partnerships with Public Health



Session 4

Storyteller: Juliete Palenshus; shared on creating a coalition in the Umpqua Valley.



Session 5

Storyteller: Kennedy Fields

Title: Weaving Health Equity into Planning

FEATURED TOP STORY

City ends equity task force

By Joe Siess H&N Staff Reporter Sep 15, 2021



Klamath Falls Mayor Carol Westfall listens to citizens during the public comment portion of an August council meeting, during which the equity committee made its recommendations.

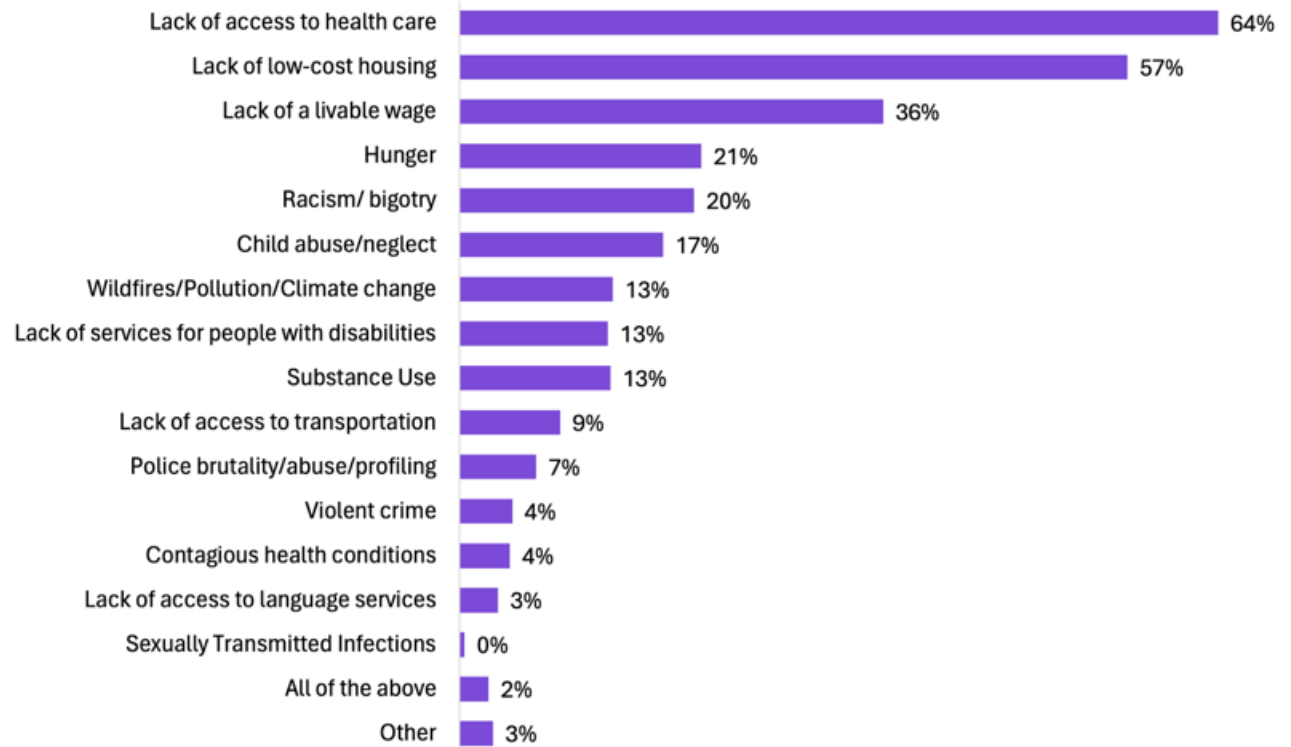
Staff photo by Arden Barnes / Report for America

Session 6

Storyteller:
Antonio
Huerta

Title: RISE
of the
Umpqua
and
Willamette
Valleys

ISSUES TO BE ADDRESSED IN MY COMMUNITY (N=492)

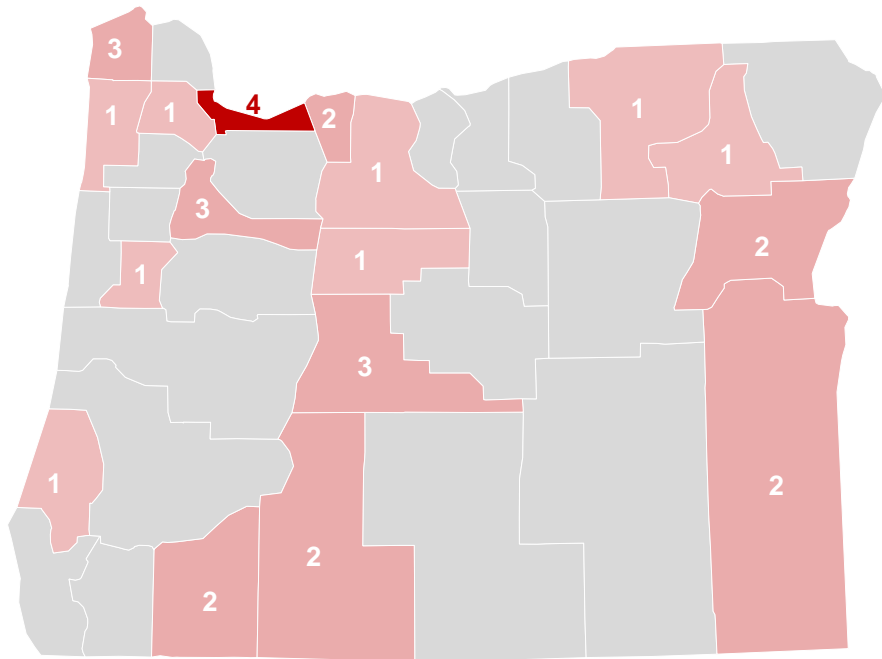


Program Findings

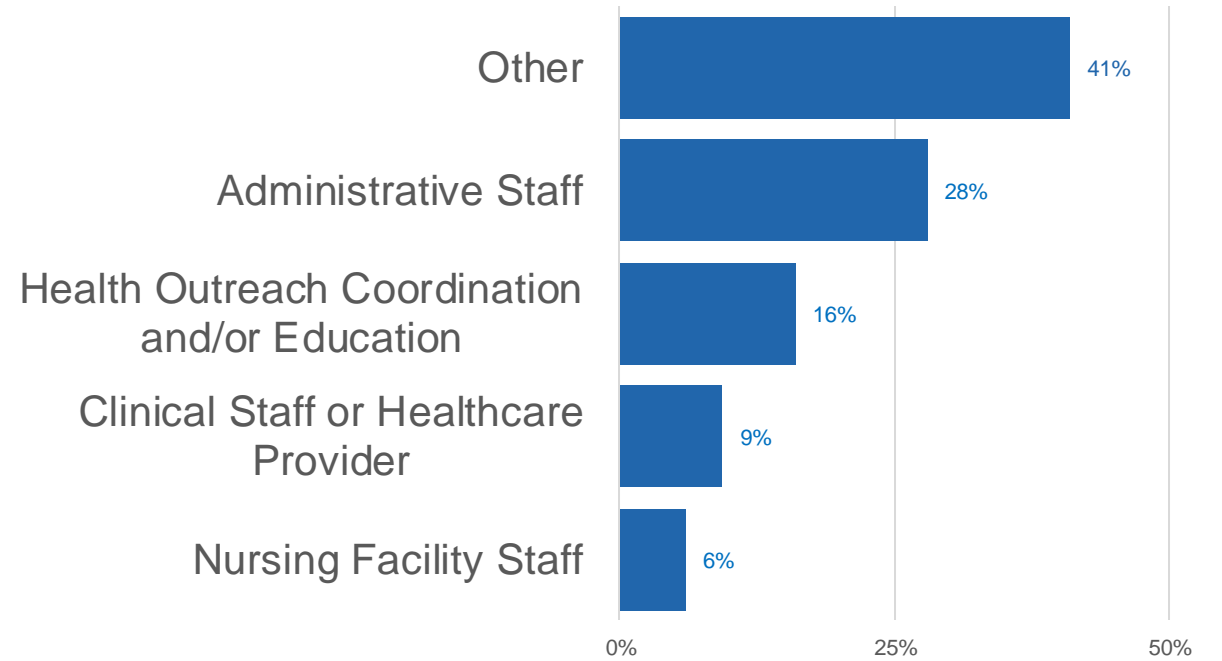


Participant information

Map of Participants



Participants' Professional Roles (n = 32)



Per-session evaluations

“Dr. Richard's presentation was so impactful; I wish he could have talked for much longer.”

- Session 1 respondent

The ECHO session delivered balanced and objective

The ECHO session delivered evidence-based content

The ECHO session was well organized

There were ample opportunities during the ECHO session to ask questions

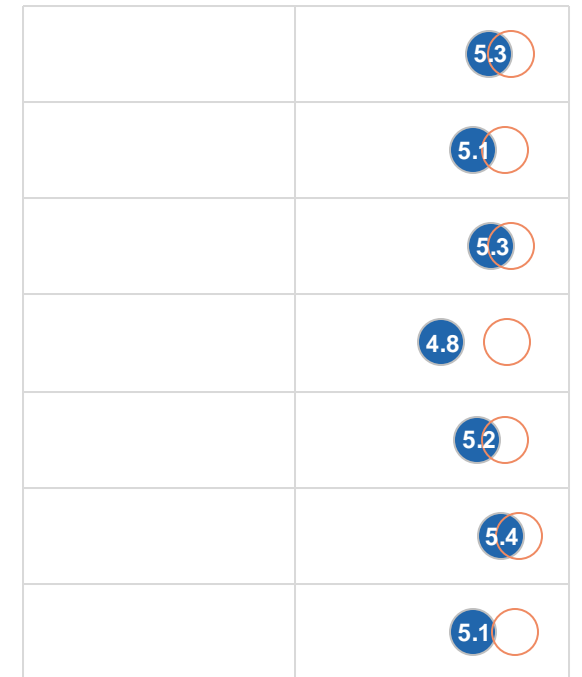
The storytelling was relevant to the context of my work setting

The ECHO session's atmosphere felt welcoming

Overall, the stated objectives of today's ECHO session were met

How would you rate your overall satisfaction with today's ECHO session?

How would you rate the pace of today's ECHO session?



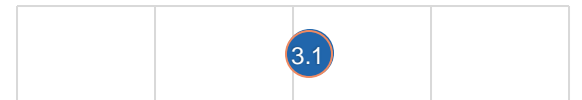
Strongly Disagree (1)

Strongly Agree (6)



Poor (1)

Excellent (5)



Way Too Slow (1)

Way Too Fast (5)

Pre/post survey: Organizational changes

Train new staff on the history of racism and oppression in Oregon

Train new staff on the role of social determinants of health in observed health disparities in local community

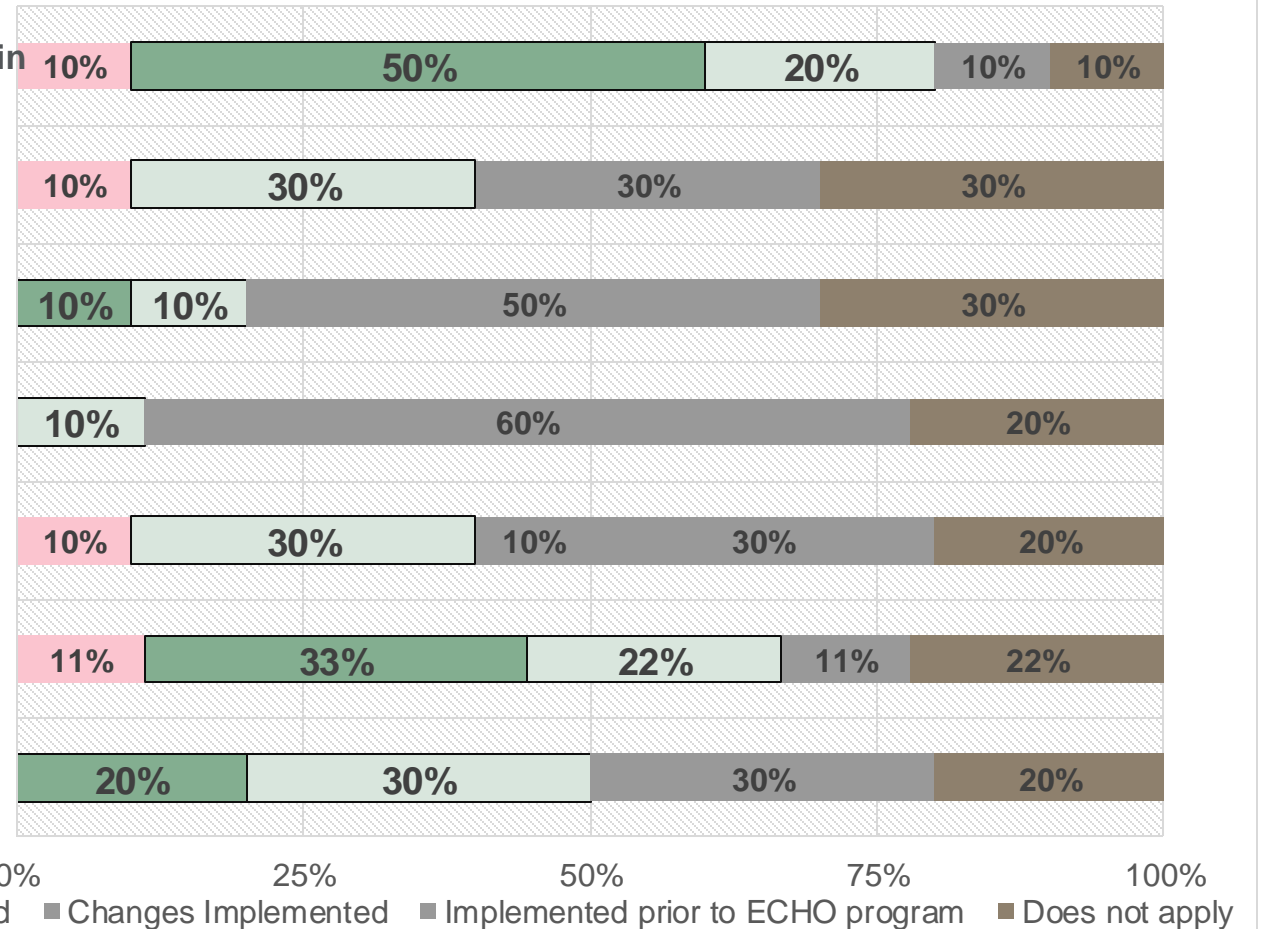
Collect demographic data in order to stratify health data and identify disparities in our community

Identify community partners to collaborate with

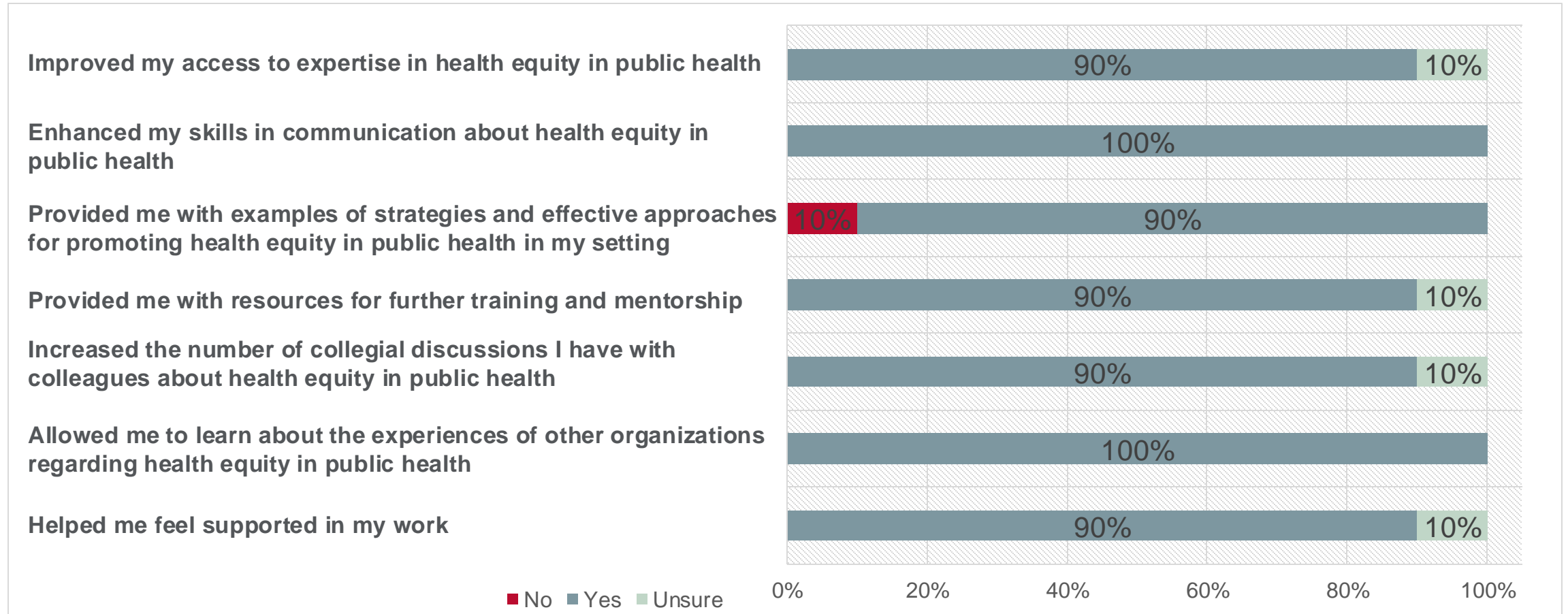
Collaborate effectively with community partners

Publicly acknowledge limitations in local population health data

Work plans center health equity



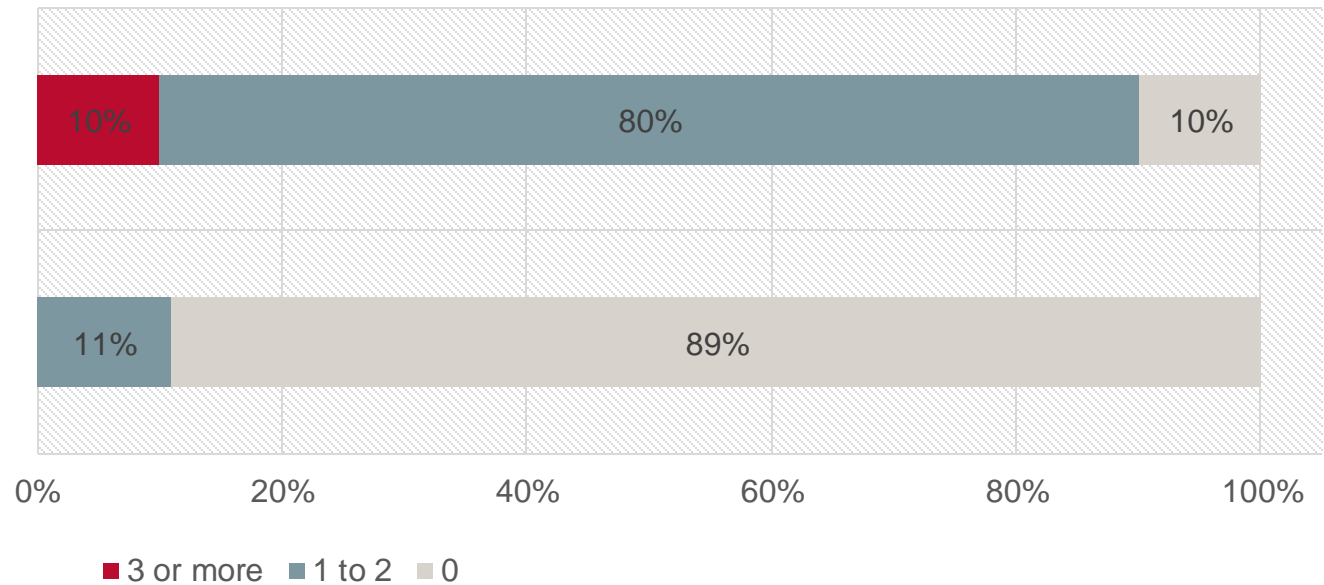
Pre/post survey: Access, skills, and learning



Pre/post survey: Taught, shared, or applied information from the ECHO

I facilitated a discussion with my colleagues related to health equity in public health ___ times.

My site changed a policy or procedure related to health equity in public health ___ times.



Knowledge level **PRIOR TO** beginning and **AFTER HAVING COMPLETED** this ECHO program

- Recognizing the value of widening the range of people and communities involved in policy and systems change
- Understanding the challenges and opportunities in coalition forming and development
- Identifying new approaches for describing the context and health needs of local communities
- Recognizing limitations of population health data
- Identifying health disparities by group and geography in Oregon
- Identifying strategies and approaches for developing plans that center health equity, including local health equity plans for modernization and community health improvement plans
- How power and privilege are observed in communities today
- Understanding the challenges and opportunities in coalition forming and development

	3.1	3.7
	2.5	3.6
	2.4	3.6
	2.9	3.6
	2.9	3.5
	2.5	3.5
	2.8	3.4
	2.8	3.4

Not at all knowledgeable (1)

Extremely knowledgeable (5)



LIKED BEST: “The story telling component was the best part. I really enjoyed the variety of speakers and topics.”

– Post-program survey respondent

LIKED BEST: “I have been blown away by how outstanding the last two sessions have been. May be the best equity training I have taken ever? Kudos to all involved.”

–Session 2 respondent

Lessons Learned

- Attendance
- Group discussion format

Methods for peer-to-peer support to promote health equity

- 1. Understand historical context for health equity and disparities**
- 2. Support learning about health disparities in Oregon to understand how they show up in work**
- 3. Develop partnerships to promote data sovereignty**
- 4. Utilize frameworks, like MAPP 2.0, to develop partnerships**
- 5. Plan for health equity in projects – before project begins**
- 6. Promote partnerships with various different groups, including coalitions, county public health, community groups, and CBOs**

Questions?

Maggie McLain McDonnell, MPH

Director of Education, including Oregon ECHO Network

Oregon Rural Practice-Based Research Network

Oregon Health & Science University

971-219-5499 (direct)

mclainma@ohsu.edu

Reach out to our presenters and storytellers:

Session 1

- **Chantell Reed**, previous Deputy Director at Multnomah County, chantellreed@gmail.com
- **Dr. Carlos Richard**, Multnomah County, crichard@warnerpacific.edu

Session 2

- **Chantell Reed**, previous Deputy Director at Multnomah County, chantellreed@gmail.com
- **Tamara Falls**, President of Oregon Public Health Association, tamaraf@mfs.email

Session 3

- **Jocelyn Warren**, Public Health Manager, Lane County, Jocelyn.Warren@lanecountyor.gov
- **Susan Stearns**, CEO, Pink Lemonade Project, susan@pinklemonadeproject.org
- **Jeanne Savage**, CMO, Trillium, Jeanne.Savage@trilliumchp.com

Session 4

- **Sarina Saturn**, sarina.saturn@gmail.com
- **Juliete Palenshus**, find on [LinkedIn](#)

Session 5

- **Jocelyn Warren**, Public Health Manager, Lane County, Jocelyn.Warren@lanecountyor.gov
- **Kennedi Fields**, Program Coordinator II, Klamath County Public Health, kfields@klamathcounty.org, 541-882-8846, ext. 4211

Session 6

- **Mara Gross**, Consultant, Levav Consulting, maragross@gmail.com
 - With collaboration from **Jill Fuglister**, jfuglister@gmail.com
- **Antonio Huerta**, Director, RISE of the Umpqua and Willamette Valleys, antonioh@transponder.community, 760-580-2895