



CCCWN News

February 2022

SHS Equity & Inclusion Council

“Health equity” is a term so bandied about that it can sometimes feel like it’s at risk of losing meaning. But its importance in the provision of high-quality health care that centers dignity and accessibility for all in the communities we serve cannot be overstated.

Without strong health equity and inclusion measures in place, health care systems—hospitals, CCOs, health plans, community-based organizations, and individuals—can exacerbate existing disparities and decrease overall health outcomes at the individual, community, and population levels.

This brings us to the central question: why is diversity important? Simply stated, medicine is not—and never has been—a one-size-fits-all magic bullet for treatment (let alone prevention and recovery); every person has unique health needs that are informed by a complicated constellation of cultural, social, and economic factors, including but not limited to race, ethnicity, language, gender, gender identity, sexual orientation, religion, and disability. Health care systems need to ensure that people have what they need to achieve optimal health, regardless of the myriad factors that contribute to or prevent good health outcomes, and those needs may not be clinical. Additionally, paramount to being able to address many of these underlying issues is understanding them—no small challenge.

Samaritan Health Services (SHS) recognizes the critical importance of equity and inclusion in healthcare has taken steps to codify it into institutional and operational standards. In 2016, answering a call from the American Hospital Association, SHS signed the #123forEquity pledge, kickstarting its formal equity and inclusion efforts. In 2019, the Equity and Inclusion Council (EIC), a multidisciplinary working group comprising leaders from regional hospitals, coordinated care organizations, health plans, community-

Table of Contents

November: DEI	1-2
Member Spotlight	2
Monthly Updates	2-3
Parenting Success Network	3
CCCWN Contacts	3

based organizations, ad hoc clinicians and staff, and community members, was formed with the intent to develop a regional equity and inclusion plan to better serve the diverse health needs of its communities.

The EIC, helmed by Dr. Kevin Ewanchyna, initially surveyed existing diversity, equity, and inclusion plans from a wide variety of organizations, health departments, hospital systems, and community-based organizations to identify best practices, challenges, and strategies.

Equality vs. equity: A framework for planning



In the first image, it is assumed that everyone will benefit from the same supports. They are being treated equally.



In the second image, individuals are given different supports to make it possible for them to have equal access to the game. They are being treated equitably.



In the third image, all three can see the game without any supports or accommodations because the cause of the inequity was address. The systemic barrier has been removed.

Equity & Inclusion Council continued...

A key takeaway of this initial research was the critical importance of leadership buy-in. Early on, CEO Doug Boysen and much of the SHS leadership team championed these efforts, paving the way for the creation of the first Equity and Inclusion plan, providing a framework for achieving equity within the Samaritan Health System.

The Equity and Inclusion Plan includes goals and actions, implemented over four years, that align with SHS's four strategic priorities: Quality and Service Excellence; Community Partnership; Employee Engagement; and Sustainability. More importantly, what this plan also does is recognize that Diversity, Equity and Inclusion work is *hard*—it's emotional, it's uncomfortable, and, for the most part, there's no road map for it. The EIC understood that the enormity of their task required them to 'eat the elephant one bite at a time,' and create actionable strategies that would get them some traction and provide a foundation for achieving the longer-term goals and objectives.

While the concepts of equity and inclusion are far from original, grappling with and addressing these critical factors of health outcomes on larger-scale system-wide levels is novel, and the implementation of innovative policies and employee training will help ensure that we continue to provide the highest level of health care with compassion and dignity to everyone in our communities. Bottom line: know and respect your patients; know and honor their diversity; know and address what matters to their health.

You can read the full Equity and Inclusion Plan here: <https://www.samhealth.org/-/media/SHS/Documents/English/001-General-Brand/001-SHS-Equity-and-Inclusion-Plan-0420.pdf>

Member Spotlight: Kevin Ewanchyna

Dr. Kevin Ewanchyna, Vice President and Chief Medical Officer at Samaritan Health Plans, doesn't *mean* to make the rest of us feel like slackers—a kinder, more approachable man you would struggle to find—but his accomplishments over the past 24 years of providing compassionate health care for Oregonians, fostering regional partnerships that support and improve population health across the tri-counties, and championing equity and inclusion in SHS's work has made him into an unparalleled asset to our communities.

A native of our northern neighbor—he earned his Medical Degree from the University of Saskatchewan College of Medicine in Canada—Dr. Ewanchyna's background, passion, and commitment early on made him a CCCWN powerhouse. Beyond the exam room, Dr. Ewanchyna has long recognized that people are healthy (or not) for profound reasons that lay far outside the presentation of symptoms; and as an early participant in the Oregon Health Authority's Developing Equity Leadership Through Training and Action (DELTA) program, he is a vanguard of SHS's health equity efforts.



His dedication has earned him the presidency of the Oregon Medical Association in 2019, and, in a career—and personal—highlight, he delivered his keynote speech, talking about the importance of behavioral and mental health, trauma-informed care, and suicide prevention, to the assembly with his parents, in from Canada, and his immediate family in the room with him. These are issues that transcend his professional life; his mother is a survivor of trauma, with strong mental health needs, and he is both transparent about this and his fierce dedication to advocating for the health care needs of these populations.

Not content to rest his laurels on his prodigious accomplishments in health care, Dr. Ewanchyna “unwinds” by trail running, and has completed several trail ultramarathons, including—his favorite!—the Mary's Peak 50 km “ultra” to celebrate turning 50 years-old. True to form, though, he didn't take it up as a whim; in a rare moment of couch-potato indulgence, he wondered how to show his three young kids the importance of exercise and activity, and how to be a good role model for them. Suffice to say, he did alright—he's extremely proud of his kids, now in college, and after a long day of improving health outcomes at every level (and maybe a light 20-mile run), he enjoys time at home with his wife, a professional chef.

Monthly Updates

Bridges to Recovery

The new project coordinator, Michelle Means, was hired and started working on the grant on February 21. The biannual progress report is due to HRSA by March 31, and the PIMS report is due by May 31. The grant team conducted virtual site visits to partner organizations in Lincoln County. Grant funds will support a substance use disorder stigma reduction virtual summit to be held on March 11.

Regional Assessment and Implementation Disaster (RAID) plan

The no-cost extension was approved by HRSA; the grant will now end in August 2022. The grant team is working on finalizing the Annex disaster drill exercise, which will be held in April. The project director will be sending out official MOUs to organizations they plan to leverage in the event of an emergency within the next month.. The PIMS report is due to HRSA by March 31, and the evaluation report will be due by the end of May.

Oral Health Co-Location

The Non-Competing Continuation progress report was accepted by HRSA. The EPDH at SNLH continues to see patients, and an EPDH will start working at SPCH later this spring. The Strategic Plan is due to HRSA by March 15; the CCCWN Steering Committee will receive a draft for review in early March. The PIMS report is due by May 31.

Rural Communities Supporting Women and Youth

The biannual progress report is due to HRSA by March 31. Partners will be providing updated workplans in early March. The PIMS report is due May 31, and the project director and partners have developed a data collection form to support that effort. Most peer support specialists for the grant have been hired. Grant funds will support a substance use disorder stigma reduction virtual summit to be held on March 11.

Measure 110

The Measure 110 Access to Care grant funding period has been extended to June 30, 2022. Partners have until the end of June to spend their Access to Care funds. Site Visits are currently being conducted among partner organizations. The second progress report is due on March 5 and contains updates from partners on the work they have conducted between December 2021 - February 2022.

Samaritan Treatment and Recovery Services (STARS) Rural Outreach

Peer support specialists continue to conduct outreach efforts, and the team is working on obtaining and distributing Narcan. The project is working with partners in east Linn county to sustain the efforts.

Parenting Success Network

February 2022:

- Nurturing Parenting: Special Needs & Health Challenges- *In partnership with Family Promise of Lincoln Co for families with 0-12 yrs*

February 5th

- Tempering Tantrums! Empowering Preschoolers to Manage Meltdowns- *In partnership with Coach4Parents held virtually*

February 15th

- El Amor y la Aceptación Incondicional del Padre- *In partnership with Acosta Services*

February 16th

Ongoing supports include:

- Spanish Parenting Coaching
Llame a Luis (541) 220-9686
- Triple P Primary Care
Email Sommer smcleish@samhealth.org
- Triple P Online
Email Sommer smcleish@samhealth.org
or llame a Luis (541) 220-9686

Questions and Comments?

For questions and comments related to the monthly CCCWN Newsletter, please email Shelagh Baird at sbaird@samhealth.org

CCCWN Contacts

JoAnn Miller, Director Samaritan
Community Health Promotion
CCCWN Network Staff
jomiller@samhealth.org

Marty Cahill, CEO Samaritan
Lebanon Community Hospital
CCCWN Chair
mcahill@samhealth.org



Samaritan
Health Services