



OREGON  
**HEALTH**  
AUTHORITY

**From training to practice:  
Building capacity for data equity  
through We All Count framework**

# Meet our presenters

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- Members of two teams in OHA's Health Policy & Analytics Division:
  - Data Equity Team
  - Social Health Needs and Analytics Projects (SHNAP) Team



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# Overview of Data Equity Training

# Why is Data Equity training important for us to do our work?

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- **OHA's 2030 strategic goal** : Eliminate health inequities in Oregon
- Data Equity is a central OHA strategy to attain this goal
- Through data equity, we want to ensure the data we collect, analyze, and share reflect the lived experiences of all Oregonians, particularly those historically marginalized or underrepresented in traditional data systems.



# How did we fund this training?

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- Leveraged internal partnerships
  - Our two teams leveraged one team's funding source for Medicaid administration to accomplish both team's goals
- Got creative and flexible
  - Think about how this training can support broader community engagement or program improvement efforts
- Stretched funding to cover more staff access
  - Seek recordings and access to supplemental materials to support new staff and retaking training

# Options for training on Data Equity

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We looked at several data equity training services options:

1. [WeAllCount](#)
2. UCLA [Data Equity Center](#)
3. [Data Reframed](#) (formerly, LATech4Good)
4. Other non-profit/ consulting organizations
  1. Racial Equity Institute ([link](#))
  2. Indigenous Health Equity Institute ([link](#))
  3. The Center Consultancy ([link](#))

We selected WEALLCOUNT based on quality, price, data equity specialization, and service approach considerations.





# Overview of WEALLCOUNT Data Equity training

The training procured by OHA/ HPA covered the **Data Equity Framework**, which systematically addresses equity issues in each step of a data project

The training consisted of 2 core elements:

- Data Equity Primer (1.5 hours)
- Foundations of Data Equity (6 hours total over 2 days)



A total of 164 HPA + Medicaid employees signed up and received for the training



# Training customization and negotiation

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Below are recommendations to customize and negotiate training content and tailor it to your agency or audience business needs:

1. Ask for training slides in advance and review them carefully
2. Ask for examples of past content that has been customized
3. Ask upfront which content can and cannot be customized
  - Basic theory
  - Examples
  - Visuals
  - Adding new content (e.g. demographic data/ high missingness )

# Training customization and negotiation (*cont.*)

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4. Be specific about examples and activities you want to include
  - Share relevant links, reports, dashboards, etc. for reference
  - Share specific questions your team has about incorporating data equity into their work
5. Strong negotiation of training "weights" (to increase emphasis on certain steps in the Data Equity Framework that are more applicable to your audience's work)
  - Our focus was on a) Collection b) Analysis c) Reporting of data
6. Negotiate extended access to allow for new staff and existing staff who aren't available on training dates



# **Putting tools into practice: We All Count tool pilots**

# We're working to grow our team's capacity to practice data equity throughout our work

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- Step 1: pilot a We All Count tool in your work
- Step 2: Present the tool, lessons, and recommendations back to our team
- Step 3: Decide as a team which tools we can integrate into our everyday work and how



# Our team selected 7 different We All Count tools to pilot

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- Content, Medium, and Access Checklists
- ★ Data Biographies
- ★ Data Relationship Tool\*
- Definition Chain Tool
- ★ Motivation Touchstone
- ★ Perspective Microscope
- Rings of Relevance\*

Link:

- Motivation Touchstone: <https://weallcount.com/motivation/>
- Data Biographies: <https://weallcount.com/2019/01/21/an-introduction-to-the-data-biography/>
- Other WEALLCOUNT data equity tools: <https://weallcount.com/wp-content/uploads/2022/02/Foundations-of-Data-Equity-Tool-Guide.pdf>

\*Templates not currently available online

# The **Motivation Touchstone** identifies real motivations, constraints, & rewards behind a data project

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- Surfaces motivations, constraints, and rewards behind a data project.
- Identifies who is centered in decision-making.
- Makes power and assumptions visible.
- New project to intentionally incorporate equity from the start.

## **A MOTIVATION TOUCHSTONE has 4 crucial components:**

- 1. Who you want to prioritize when making decisions.**
- 2. A detailed core motivation.**
- 3. A list of restrictions.**
- 4. A list of rewards.**

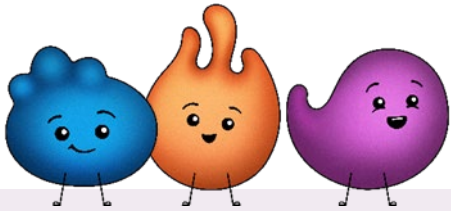


# Using the **Motivation Touchstone** to define whose perspective guides decisions in the EPSDT monitoring and evaluation plan

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## EPSDT

- ~ Early and Periodic Screening, Diagnostic and Treatment
- ~ Medicaid's comprehensive children's benefit.



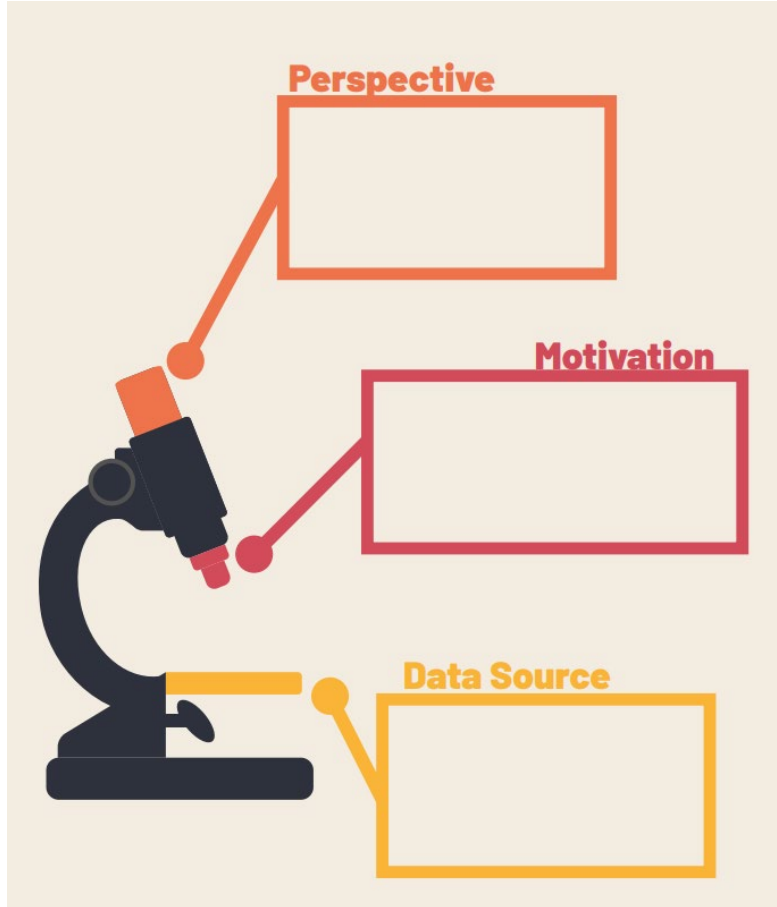
**EPSDT is designed to ensure comprehensive health care for children and adolescents, supporting their development and well-being under Medicaid coverage.**

**We aim to center perspectives of children, young adults covered by Medicaid in Oregon as well as their parents and guardians when making decisions and defining success.**



# The Perspective Microscope shows data questions through different points of view

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- The perspective microscope tool is a visual metaphor that helps us see the choices made in data projects. It reminds us to consider multiple viewpoints and think about what we measure and why.
- I saw that it could be useful in identifying the audience and users for our Health-Related Social Needs (HRSN) external dashboard.

# The Perspective Microscope helps prioritize dashboard users to display data of interest

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Perspective (Users)	Motivation	Questions that users might want to find out from the dashboard	Data Source
HRSN Providers	<ul style="list-style-type: none"><li>• Understand the provider network</li><li>• Connect with other providers and learn what services others offer</li></ul>	<ul style="list-style-type: none"><li>• Who are the HRSN providers in my area?</li><li>• What types of HRSN services do other providers offer?</li></ul>	Medicaid Management Information System (MMIS)
Counties	<ul style="list-style-type: none"><li>• Understand the provider network</li><li>• Compare with other counties</li></ul>	<ul style="list-style-type: none"><li>• Who are the HRSN providers in my area?</li><li>• How does my county compare to other counties?</li><li>• Where are the providers that serve my county located?</li></ul>	Medicaid Management Information System (MMIS)

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# Data Biographies go beyond the information provided in data dictionaries

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- Data biography go beyond a data dictionary and answer the following questions:
  - Who collected the data? Who owns the data?
  - How was the data collected?
  - What method was used to collect the data?
  - Where is the data stored?
  - Why was the data collected?
  - When was the data collected?
- I selected this tool to better understand the different Health-Related Social Needs data sources
- Applied it first to our contractor reports, plans to apply elsewhere

# Data Biographies provide more contextual information to help you better understand the data you collect

- Details tab
- Individual Variables and Social Identity & Demographic tabs

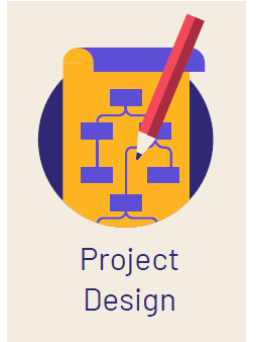
Data Biography Key Information		
Dataset Name:	Settlements	
Dataset Collection Year:	March 2024 - June/July 2024	
Select from common dropdown options or write in:		Other/Notes
Who		
1. Who collected this data	Office of Actuaries and Financial Analytics	Plans are responding but the data is on Medicaid members utilizing HRSN benefits.
1.1 If a survey, was the person asking the questions a professionally trained enumerator?	Not applicable	
1.2 If a survey, was the person asking the questions a potential friend or neighbour?	Not applicable	
1.3 If a survey, what the person collecting the questions the same gender as the respondent?	Not applicable	
2. Who provided the data (Data respondents)	Oregon's 16 Coordinated Care Organizations (CCOs) and Acentra	
2.1 Who was present during the data collection other than the respondent?	Unsure	
2.2 How were respondents selected?	All CCOs and Acentra were required to report.	
2.3 Were selected respondents followed-up with repeatedly until they	Not applicable	

- How data is the collected?
- What is the variable measuring?
- What were the response categories?
- Who decided the response categories?

# The Data Relationship Tool helps establish clear expectations of data ownership, use, storage in community-led data projects

**Tool:** Data Relationship Tool

**Purpose:** Establish social contracts and data relationships between individuals and organizations



## **Data Donor:**

- Provides data freely.
- Knows the value of their data.
- Expects no direct profit.

## **Data Seller:**

- Provides data for a price/service.
- Sells data and ownership.
- Profit comes in compensation.

**Common Government-Community Data Relationship**

## **Data Investor:**

- Provides data for later profit.
- Ownership structure varies.
- Wants to be part of leveraging the value of the data.

## **Data Partner:**

- Retains some ownership of data.
- Makes meaningful decisions around the data.
- Shares in profit.

**Goal**

# Applying the Data Relationship Tool to give more power to community organizations in their HRSN data work

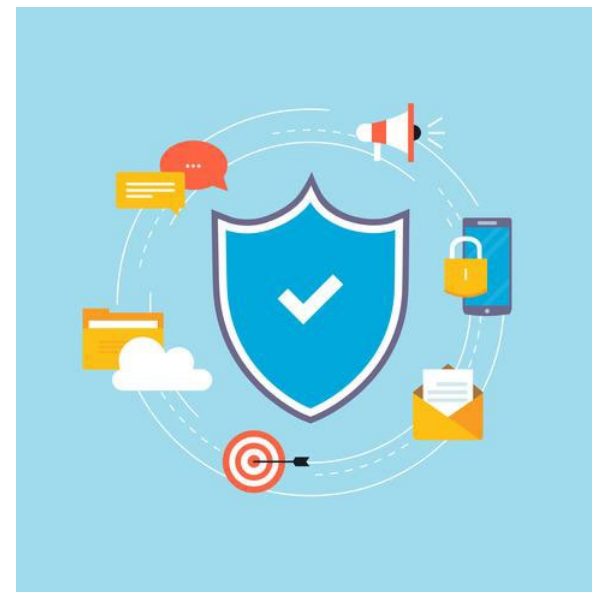
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Collaborative grant  
report template design



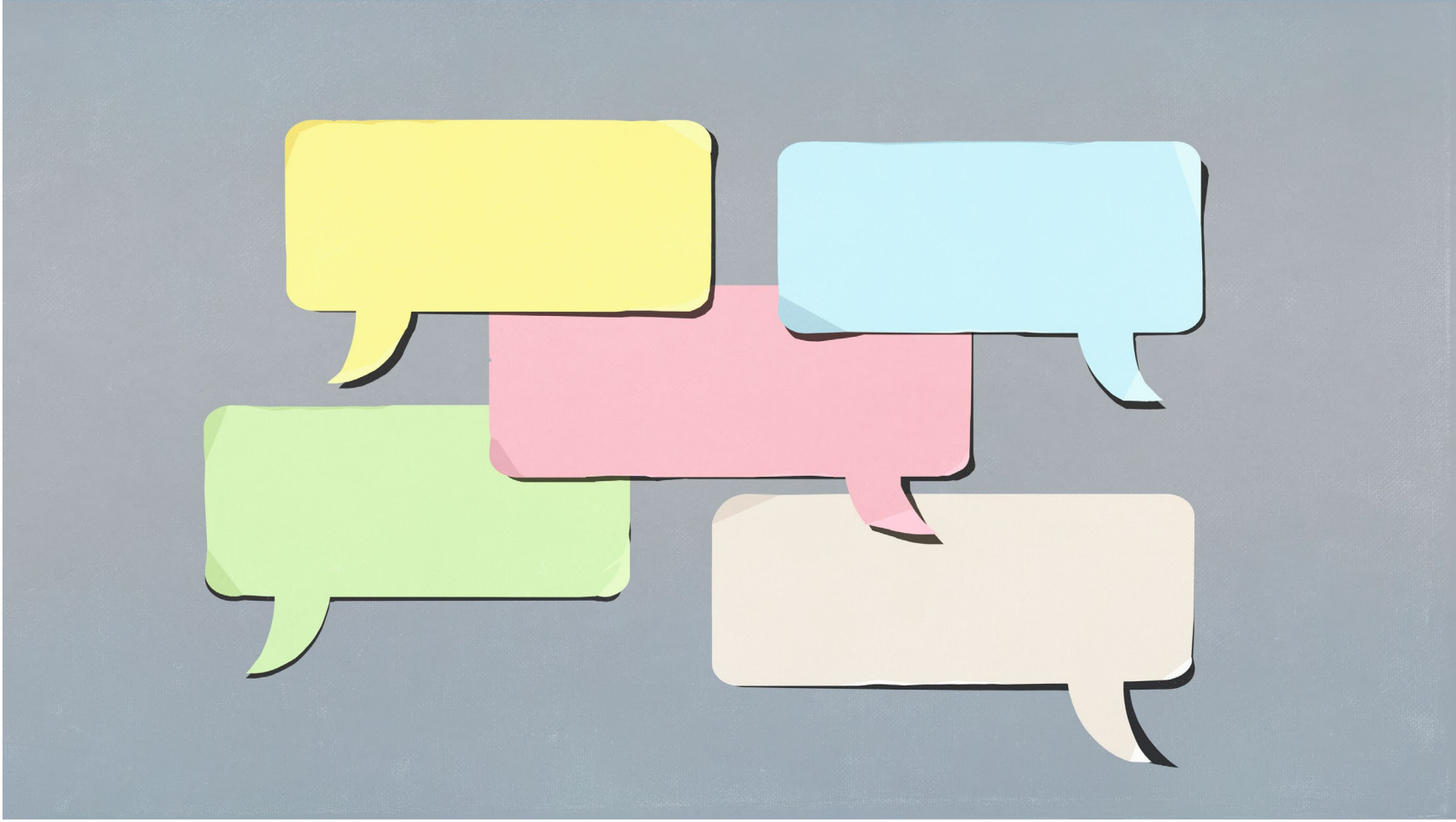
Including language in  
contracts about data  
ownership, use, storage,  
sharing for community-  
collected data

Consider implementing  
more formal  
agreements, like a  
Memorandum of  
Understanding



# Discussion

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# Audience questions

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# Data Equity links and resources

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- WEALLCOUNT webpage: <https://weallcount.com/>
- Motivation Touchstone: <https://weallcount.com/motivation/>
- Data Biographies: <https://weallcount.com/2019/01/21/an-introduction-to-the-data-biography/>
- Other WEALLCOUNT data equity tools:  
<https://weallcount.com/wp-content/uploads/2022/02/Foundations-of-Data-Equity-Tool-Guide.pdf>