CCO Health Equity Plan Focus Area 7
Language Access Reporting Mechanisms

- ✓ Assessment of CCO member language access needs
- ✓ CCO documentation of use of language assistance services
- ✓ Provider reporting of use of language assistance services

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Trillium has developed a comprehensive Language Access Plan that shows a clear process for how to provide services to individuals who are non-English speaking or have limited English proficiency.

The plan incorporates:

- A needs assessment analyzing claims;

- Enrollment and interpreter data services to identify prevalent languages and ensure members with limited English proficiency are receiving services from either a provider who speaks their language or a qualified and/or certified health care interpreter;

- The provision of language services by a qualified and/or certified health care interpreter;

- Ensuring notices on member materials in prevalent languages that an interpreter will be provided at no cost to them;

- Training of staff on language access policies and procedures and the use of interpretation and translation services;

- Ongoing evaluation of interpretation services, demographics, utilization and outcomes.

CCO Health Equity Plan Focus Area 3
Culturally and Linguistically Appropriate Services

- ✓ Communications/notice to members about availability of language assistance services;
- ✓ Provider directory with provider languages spoken, CCO and provider use of certified/qualified health care interpreters;
- ✓ Implemented Policies and procedures to meet member language access needs;
- ✓ Translation of written documents

Trillium is currently performing a Provider Network Assessment for all of our contracted providers. This assessment is designed for assessing our provider network for:

- CLAS standards including interpretation services,
- Use of Traditional Health Workers,
- Technology capacity
- Trauma Informed Care
- Barriers to health and health equity

Implemented Policies and procedures:

- Member Communications Translation/Alternative Format
- Trillium Interpreter Services

CCO Health Equity Plan Focus Area 4
CLAS as an Organizational Framework

✓Governance/leadership commitment to implement CLAS standards

✓Resources (including staffing) to implement CLAS standards

✓Monitoring/evaluation of progress on implementing CLAS standards

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Using CLAS Standards as a foundation, to ensure CLAS Standards are woven into our culture, Trillium assesses compliance with the CLAS Standards annually. The assessment includes evaluation of our recruiting efforts and a survey of our Governance, leadership, and staff on cultural, linguistic, and disability representations and knowledge of HE/CLAS Standards. Survey results are compared to the demographics represented in our community to ensure our Governance, leadership and staff represent the needs of our community.

Trillium requires HE and CLAS training for all Governance, leadership and staff. Training opportunities identified in the survey results are incorporated as appropriate. Effectiveness of trainings is determined and additional opportunities for improvement are identified by monitoring complaints and appeals for issues related to HE and CLAS. CLAS trainings are updated as needed based on CLAS complaints data.

Results of Trillium's CLAS Standards evaluation guide CLAS projects for the upcoming year. Evaluation results and work plans/projects are reviewed and approved by Trillium's Quality Improvement Committee.

CCO Health Equity Plan Focus Area 6 Organizational Training and Education

✓ Training for CCO staff about language access and use of certified/qualified health care interpreters

✓ Training for providers about language access and use of certified/qualified health care interpreters

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Language Access is included in all customer facing staff training at the time of hire and throughout continuing education opportunities. Further, all member- and provider-facing staff receive an educational card that includes language interpretation assistance for use throughout their employment. This includes information on Voiance for telephonic interpretation and Linguava for in office interpretation. An online module offered through the learning platform beginning quarter one 2021 provides for ad hoc refresher training and encompasses both Voiance and Linguava.

Trillium is in the process of developing a project in which we will be offering trainings to our provider network in a micro-training format, with a course specific to the use of qualified interpreters.
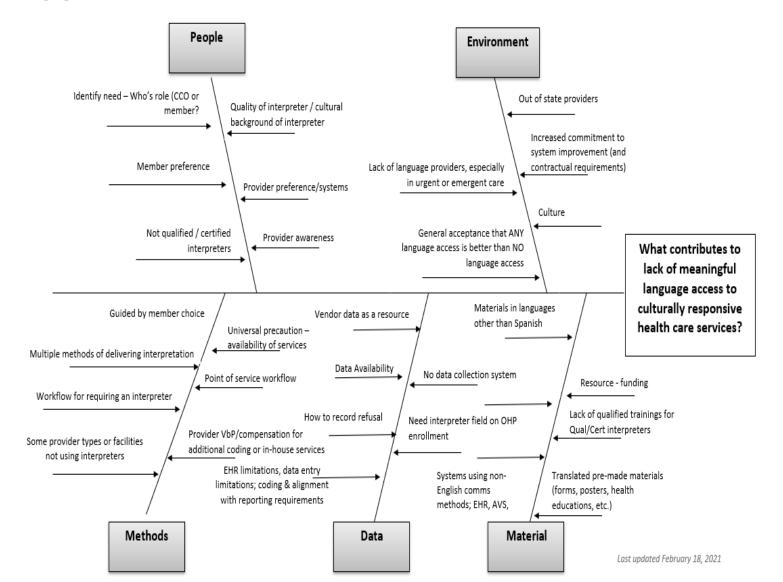
Health Equity CLAS and Language Access Strategies

Meaningful Language Access

Strategic Formative Work

Language Access Root Cause

People

Identify need – Who's role (CCO or member?)

Quality of interpreter / cultural background of interpreter

Member preference

Provider preference/systems

Not qualified / certified interpreters

Provider awareness

Environment

Out of state providers

Increased commitment to system improvement (and contractual requirements)

Lack of language providers, especially in urgent or emergent care

Culture

General acceptance that ANY language access is better than NO language access

What contributes to lack of meaningful language access to culturally responsive health care services?

Guided by member choice

Universal precaution – availability of services

Vendor data as a resource

Materials in languages other than Spanish

Multiple methods of delivering interpretation

Point of service workflow

Data Availability

No data collection system

Resource - funding

Workflow for requiring an interpreter

How to record refusal

Need interpreter field on OHP enrollment

Lack of qualified trainings for Qual/Cert interpreters

Some provider types or facilities not using interpreters

Provider VbP/compensation for additional coding or in-house services

EHR limitations, data entry limitations; coding & alignment with reporting requirements

Systems using non-English comms methods; EHR, AVS,

Translated pre-made materials (forms, posters, health educations, etc.)

Methods

Data

Material

Last updated February 18, 2021

6

General Themes Informing Interventions

- Individual/cultural barriers to reporting barriers/requesting support when needed
- System knowledge and understanding of requirements
- Improvement needed for delivery systems
- Data and reporting structures development
- Quality assurance and monitoring
- Availability of language accessibility services
- Inadequate policies, procedures, workflows
- Need for resources, funding, and technical assistance

FA 7: Language Access Reporting

Goal: Ensure access to language services through reporting complete and accurate data that is representative of members' language assistance needs.

Strategies:

- Assessment of needs

- Documentation of assistance services

- Provider reporting

Interventions:

- Provider Accessibility Survey

- Addition of provider reporting incentive to Alternative Payment Methods (APM) agreements with Primary Care

- Refinement to vendor data reporting elements, formatting, and frequency

Yamhill
COMMUNITY CARE

Which language assistance services does your clinic utilize?

Answered: 11   Skipped: 0

Language by Type

- Other Undetermi, 555, 2%
- Languages not Eng Span, 116, 0%
- SPANISH, 3572, 12%
- ENGLISH, 26164, 86%

FA 3: Culturally and Linguistically Appropriate Services

Goal: YCCO and the provider delivery systems offers services that are culturally and linguistically appropriate and accessible, including oral and sign language interpretation for each individual member.

Strategies:

- Policies and procedures to meeting LA needs
- Polices and procedures for greater monitoring LA needs
- Develop quality systems for the network

Interventions:

- Equity and TIC policy audit review
- Inclusion into annual compliance audit plan
- Amendments to vendor agreements
- Provider Accessibility survey

Goal: YCCO and the provider delivery systems offers services that are culturally and linguistically appropriate and accessible, including oral and sign language interpretation for each individual member.

Strategies:

- Increased awareness and participation in system improvement
- Communications to members about availability of LA services
- Translation of member materials (Focus Area 8)

Interventions:

- Provider Accessibility survey
- Provider directory including language informational elements – languages spoken, gender, and cultural competency training
- Updated information in member-facing materials
- Updated information found on the YCCO corporate website
- Formation of internal member engagement workgroup

FA 4: CLAS as a Framework

Goal: Implement all CLAS standards in a way that improves the system of care to meet the individual needs of YCCO members by reducing barriers that lead to health disparity.

Strategies:

- Policy and procedure review
- Governance commitment
- Resources to implement
- Organizational framework utilizes CLAS and Program Standards

Interventions:

- Statement of commitment to health equity
- Staff equity survey
- Structured progress monitoring on CLAS implementation
- TQS Projects

CLAS FRAMEWORK - EQUITY PLAN

Culturally and Linguistically Appropriate Services (CLAS)
Principle Standard:

Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs

OHA OFFICE OF EQUITY & INCLUSION PROGRAM STRATEGIES	GOVERNANCE, LEADERSHIP, WORKFORCE	CLAS STANDARDS — COMMUNICATION AND LANGUAGE ASSISTANCE	ENGAGEMENT, CONTINUOUS IMPROVEMENT, AND ACCOUNTABILITY
Community Engagement and Partnership	Health equity workgroup Staff education and training CAC development and vetting	Material distribution policies Readability compliance	Provider education and training Vet Health Equity plan with community
REAL+D (Race Ethnicity Age Language Disability) Data	REAL+D staff survey REAL+D committee survey	Member REAL+D data analysis CHA development	Quality metric analysis Demographic disparities analysis REAL+D Data Plan
Research and Evaluation	Organizational self-assessment	Health equity framework alignment Language services monitoring	Measurement of equity plan goals, metrics, and objectives Training plan and outcome evaluation
Funding and Capacity Building	Health Equity Administrator position	Transparent funding process Robust communications plan	Disparity-focused RFP process CAC decision-making and feedback loop
Health Programs and Service Provision Improvements	Community Health Worker Hub	Language service access and appropriateness	Service Integration Teams Provider contracts & monitoring Trauma and resiliency education
Diversity, Affirmative Action, Discrimination Protection	Policy development Non-discrimination	1557 alignment and communication	Internal training and consultation Training needs assessment & review

13

FA 6: Training and Education

Goal: Demonstrate staff and committee knowledge of and confidence in key concepts from contractually required and recommended trainings.

Strategies:

- Training for staff – language access and health care interpreters
- Training for providers – language access and health care interpreters

Interventions:

- Uprise Collective – assessment and internal analysis
- Provider support – CME series, reviewing CME requirements for different credentials

Language Access Reporting Mechanism

Monitor and Improve

- Enhance process to monitor and improve language assistance utilization among limited English proficient population

Culturally and Linguistically Appropriate Services

Outreach

- Deliver provider and member education on accessing language services

Pilot Projects

- Pilot video interpretation

CLAS as an Organizational Framework

Enhance Policies
- Review policies and procedures using a health equity review tool

Sponsorship
- Sponsor Health Care Interpreter qualification or certification for at least 2 Traditional Health Workers

Standardization
- Standardize processes for subcontractors communicating on behalf of EOCCO

Organizational Training and Education

Align Learning Criteria

- Assess cultural competence onboarding trainings for alignment with OHA Cultural Competence Continuing Education criteria

Tracking Systems

- Develop training target rates and tracking system to monitor training completion progress

IHN-CCO 2020
Health Equity
Plan

InterCommunity
Health Network CCO

Culturally and Linguistically Appropriate Services

▶ Ensure processes and policies are in place for all members to receive culturally and linguistically appropriate services

▶ Establish trainings and resources for staff and provider network to engage a certified/qualified interpreter

▶ Identify opportunities to enhance culturally and linguistically appropriate services through data with community partners, internal partners, and network staff

CLAS Standards as an Organizational Framework

CLAS: Culturally and Linguistically Appropriate Services

1. Develop and incorporate CLAS-related training, learning opportunities, and technical assistance

2. Create and disseminate new resources about CLAS within the organization using SharePoint and other internal webpages

3. Complete a CLAS-related organizational assessment of the cultural and linguistic needs of populations served and of organizational resources to address these needs

Organizational Training and Education

Vision: A workforce trained and performing job duties through cultural responsiveness.

1. Annual fundamental trainings including using interpreters, disability access, and racial justice

2. Various lunch and learns
   - E.g., Black History Month focus on African Americans History with the Healthcare System

3. Equity Champions Program
   - Focused on developing champions in a "Train the Trainer" type method
   - 8-month program with deep dives into bias, racial justice, disability rights, data collection and evaluation, classism, and more

InterCommunity
Health Network CCO

Language Access Reporting Mechanisms

Improve awareness of, and access to, language services for patients with limited English proficiency

1

Offer interpreting services to all patients/members who are LEP (limited English proficient)

2

Translate financial assistance information, consent forms and other vital documents to the top 15 non-English speaking languages within our tri-county region
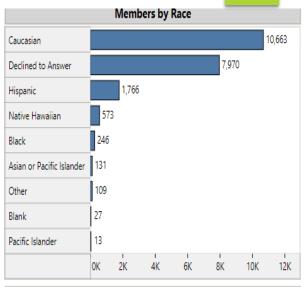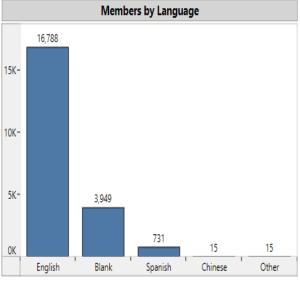
3

Develop education to include policy and process for requesting and obtaining approved interpreter services

InterCommunity
Health Network CCO

Quantitative Data Analysis: Member Demographics

▶ 10,663 Caucasian

▶ 7,970 Declined to Answer

▶ 1,766 Hispanic

▶ 573 Native Hawaiian

▶ 246 Black

▶ 131 Asian or Pacific Islander

▶ 109 Other

▶ 16,788 English

▶ 731 Spanish

Members by Race

Race	Count
Caucasian	10,663
Declined to Answer	7,970
Hispanic	1,766
Native Hawaiian	573
Black	246
Asian or Pacific Islander	131
Other	109
Blank	27
Pacific Islander	13

Members by Language

Language	Count
English	16,788
Blank	3,949
Spanish	731
Chinese	15
Other	15

External Assessment: Community Survey Overview

▶ Launched 10 question community survey for three-week period

▶ Open to all 140 members of the Community Advisory Council

▶ N = 6

▶ Survey yielded a .04% response rate

▶ 50% were OHP Members

▶ All self-reported data

External Assessment: Community Survey Highlights

Strengths

- Community outreach and integration.
- Equal access to good physicians if you live in town.
- Community Awareness goal
- Provide health care to anyone (independent of pay)
- CHA has connections with most organizations in Klamath County. Coupled with their own internal expertise they should be able to help make progress.
- Funding to invest in the community

Gaps

- Develop rural area relationships (clinics and providers) .
- Rural area reach
- Limited Spanish speaking specialist
- Translation services for Spanish speaking patients
- Little time to address equity in the manner necessary to create change
- CAC Diversity
- Targeted Outreach to communities of color

Advancing Equity

- Expand to rural areas.
- *Stop their Basin Medical Transport driver(s) from wearing confederate flag items!
- Encouraging Spanish speaking professionals to come to Klamath and work
- Recruit appropriate racial and ethnic minorities to the CAC.
- Increased outreach in non-traditional venues/ leverage local community based organizations

*Not CHA's vendor

Focus Areas 3 and 4: CLAS as an Organizational Framework

Goal

Successfully submit and acquire NCQA Multicultural Healthcare Distinction designation.

Lead

Director of Quality Management

Success

Baseline (2020): Conduct a readiness review and gap analysis based on the current NCQA MHC standards and guidelines (purchased from NCQA).

Progress (2021- 2022): Create a 12-18 month work plan to address and close the gaps found during the analysis of the standards and timeline to implement those items.

Target (2023- 2025): Making NCQA MHC Distinction submission and readiness review meeting with NCQA.

Focus Area 6: Organizational Training and Education

Goal

Institutionalize mandatory annual staff health equity and implicit bias training and optional provider network and community partner trainings.

Lead

Director of Customer Experience and Health Equity

Success Measures

Baseline (2020): Develop standardized baseline health equity and social determinant of health learning module for staff + providers (optional).

Progress (2021- 2022): 90% Completion rate among staff. 100 % completion rate among new hires.

Target: (2023- 2025): 100% completion rate among staff. 100% completion rate among new hires.

Focus Area 7: Language Access Reporting Mechanism

Goal

Standardize real time communication in members preferred spoken and written language.

Lead

Community Relations Manager

Success Measures

Baseline (2020): 80% of all member materials are translated into Spanish, Braille, Large Print, Audio , Signage (upon request)

Progress (2021- 2022): Translate 100% of all member materials, including outreach and community event materials to Spanish, Braille, Large Print, Audio , Signage so they are readily available upon request without a time delay (upon request).

Target (2023-2025): Translate 100% of all member materials are translated into top 5% threshold languages including outreach, and community event materials to top 5% threshold languages to they are readily available in Braille, Large Print, Audio, Signage (upon request).

Virtual Training Plans: April 2021

All Staff — A Primer on Health Equity & Social Determinants of Health

New Hire Orientation — A Primer on Health Equity & Social Determinants of Health

Provider (Optional) — A Primer on Health Equity & Social Determinants of Health

New Provider On-Boarding (Required) — A Primer on Health Equity & Social Determinants of Health

- All trainings are virtual starting April during National Minority Health Month
- All CHA staff are required to complete trainings within 30 days of launch
- Goal = 80% passing score @ 90% completion rate year 1
- New Providers are required to complete training during on-boarding, then optional from there
- Existing providers may submit attestation if completed training within a 12-month window
- State reporting by June 2021

CCO Health Equity Plan Focus Area 7
Language Access Reporting Mechanisms

- **Strategy 1:** Establish tracking mechanisms and new processes to improve access to interpretation services.

- **Strategy 2:** Establish tracking mechanisms and training processes to improve quality of interpretations services for LEP and deaf/hard of hearing members
    - to improve the provider-member experience

CCO Health Equity Plan Focus Area 3
Culturally and Linguistically Appropriate Services

- **Strategy 1:** Align CLAS Standards to CCO planning and identify opportunities for integration.

- **Strategy 2:** Designate internal oversight for language access and Health Literacy/Plain Language to align with the National CLAS Standards

- **Strategy 3:** Implement PacificSource's Language Access Plan to improve accessibility to oral and sign language interpretation.

CCO Health Equity Plan Focus Area 4
CLAS as an Organizational Framework

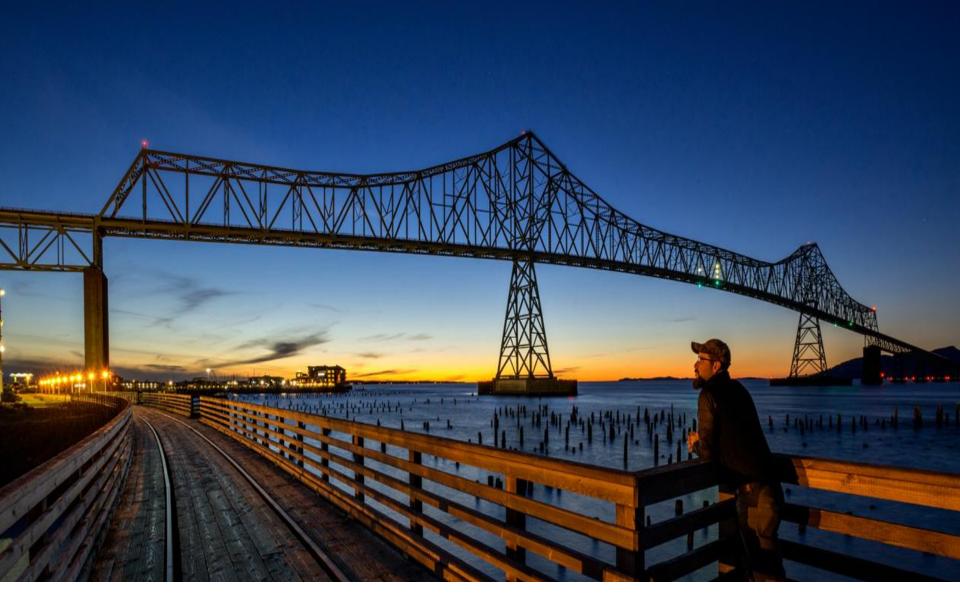- **Strategy 1:** Establish shared understanding of and accountability for advancing CLAS between PCS and Health Councils.

- **Strategy 2:** PCS leadership prioritizes CLAS and deploys resources that support advancement of CLAS and health equity.

CCO Health Equity Plan Focus Area 6 Organizational Training and Education

- **Strategy 1:** Provide fundamental training to build cultural responsiveness among CCO leadership and staff.

- **Strategy 2:** Provide fundamental training to build cultural responsiveness among CCO providers and subcontractors.

- **Strategy 3:** Develop the tools needed to deliver training and track data related to participation and learning outcomes.

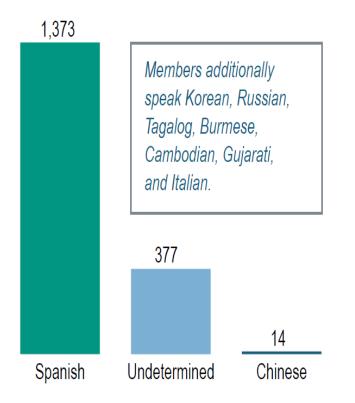# Columbia Pacific CCO – Equity Plan – Language Access Review

FOCUS AREA 7 – REPORTING

Data Review

- Assessment of language needs

  - Review member information to under # that need interpreter, language breakdown
  - Learned more about the 834 file
    - Interpreter flag vs primary language
    - % language competency

Language: 94% *of members speak English as their primary language. Within each county, the next most common languages are Spanish and Chinese dialects.*

1,373

Members additionally speak Korean, Russian, Tagalog, Burmese, Cambodian, Gujarati, and Italian.

377

14

Spanish   Undetermined   Chinese

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To better understand these discrepancies, the CCO met with a member of the OHA's Office of Equity & Inclusion to review their guides for addressing concerns with the REAL D data provided by the state. In addition to previously discovered barriers, this process uncovered substantial data validity concerns.

From this process, the workgroup recommended two action items:

1. Create a user guide for the 834 REAL D data fields to establish standards and advise analysts on how to use this data with its current limitations.

2. Develop a plan for collecting REAL D data directly from members to improve the long-term quality of the data itself.

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Documentation

CPCCO receives regular reports from language access vendors, including patient-level data on the utilization of the interpretation benefit. We review these reports with vendors on twice each month, to assess where we can make improvements in coverage.

CPCCO leadership also reviews utilization data from language access vendors during regular meetings with leadership from contracted primary care clinics, to identify barriers and strategies to support language access.

In 2020, CPCCO partnered with CareOregon to complete a retrospective chart review on interpretation documentation to better understand how interpretive services are captured in an electronic medical record (EMR). This data was reviewed with CPCCO's CAP as well as during leadership meetings with contracted providers.

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Documentation

In 2021, CPCCO began using an anonymous consumer process to establish a baseline assessment of interpretive services offered by contracted providers, and to develop customized technical assistance plans for providers.

Anonymous consumer process had a certified interpreter called clinics in Columbia Pacific network to schedule an appointment. During the assessments, the interpreters evaluate their interactions with frontline staff, the length of time it takes to have service provided in a non-English language, and any other items of note.

This report will be reviewed at some level (aggregated for most) with clinic leadership and staff via regular meetings. Each report contains improvements we would like to collaborate on together. Our hope is we can make improvements and re-do process to test the change.

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Provider Reporting

Beginning in 2021, CPCCO's primary care alternative payment model will require a narrative report on interpreter service delivery and utilization. We have received this reports in Q1 and will use in concert with anonymous consumer assessment to have meaningful discussion with the network for improvement.

Piloting EMR reporting with one clinic in region

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Focus Area 3
Culturally and Linguistically Appropriate Services

Member Awareness

Columbia Pacific CCO promotes member awareness in myriad formats:

- OHA's Preferred Language Cards are included in new member mailings for Spanish-speaking members. Cards are also provided to clinics and CBOs to disburse.

- Our new member welcome letter references language services.

- Language interpretation services are highlighted in our abbreviated member handbook, the CPCCO Easy Guide. Including the ability to request translation services for documents.

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Policies

CareOregon's Provider Manual requires that all contracted providers must make interpretation services available to members. Interpretation must be available during and after hours for consultation and provision of care. Interpretation should be provided by certified or qualified interpreters who can be staff or an approved interpretation service, either on site or over the telephone. Interpretation should not be provided by a member of the patient's family.

Provider directory has language spoken as a search field option. Provider directory is in an update process to make more accessible.

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Focus Area 4
CLAS as an Organizational Framework

CLAS

CPCCO has also adopted the Protocol for Culturally Responsive Organizations to guide, organize and assess our work towards justice, equity, diversity and inclusion (JEDI). The Protocol covers the full arena of an organization's governance and operations to provide a framework for CLAS.

Specific workgroup has been created to support CLAS – Organizational Commitment, Leadership, and Governance

This group in is process of current state assessment, and will plan and monitor progress

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Resources

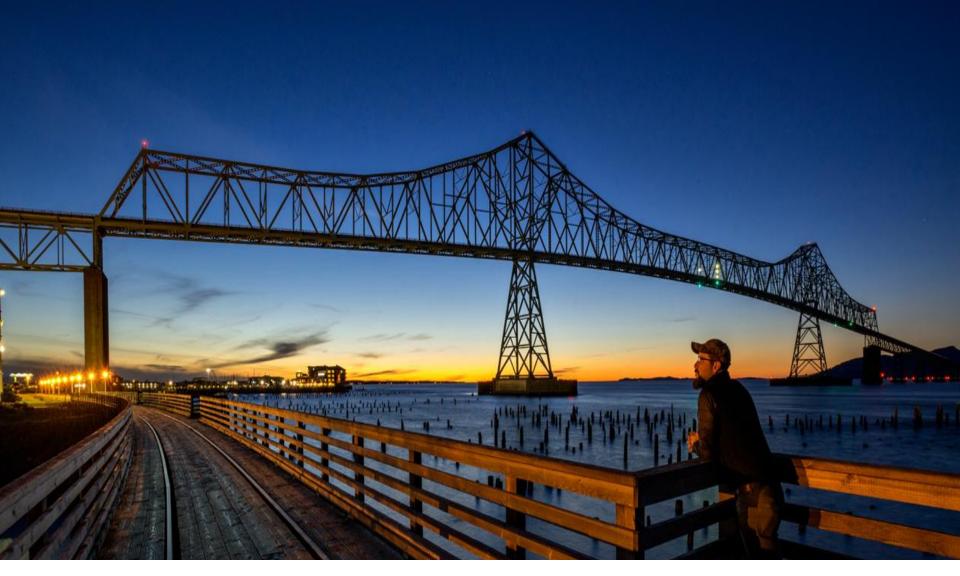CareOregon has created a weekly cross departmental Language Access Workgroup, which conducted a comprehensive organizational assessment to identify. Determined need to have fulltime staff dedicated to language access.

Hired a language access coordinator in 2021

colpachealth.org
facebook.com/columbiapacificcco

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FOCUS AREA 6 ORGANIZATIONAL TRAINING AND EDUCATION

Training and Education

Columbia Pacific CCO promotes further education for our providers and staff:

- Language access organizational self assessments were completed with provider partners to establish baselines.
- Clinical workflows and best practices were reviewed with our Quality Improvement Workgroup, which includes clinical quality leaders from provider organizations.
- Providers were offered free CIFE Training (CIFE is a tool that ensures an accurate and effective interpretation session).
- Language access resources are shared annually via CAP, the Quality Improvement Workgroup, clinic leadership meetings and email communications

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Jackson Care Connect
Health Equity Plan, 2020-2024
Meaningful Language Access

Sam Watson, MS

Community Health Manager

Jackson Care Connect

jacksoncareconnect.org
facebook.com/jacksoncareconnect

Jackson Care Connect™

We see meaningful language access to language services and the ability for members to be served with culturally responsive care as a cornerstone of equitable health service delivery.
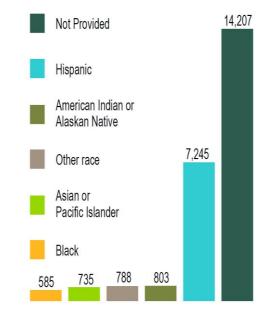

Jackson Care Connect

Health Equity Plan
2020 – 2024

jacksoncareconnect.org

Jackson Care Connect™
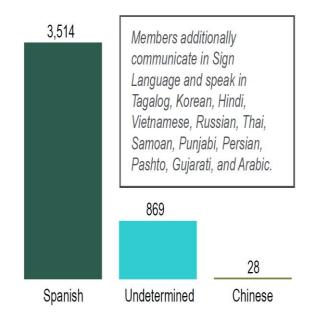Part of the CareOregon Family

JCC-20147890-1228

JCC Member Demographics

Total Membership: 54,000+

Race/Ethnicity: 55% of Jackson Care Connect members identify as white. Data below are the other ethnicities that members identify as.

Legend:
- Not Provided
- Hispanic
- American Indian or Alaskan Native
- Other race
- Asian or Pacific Islander
- Black

Bar chart values:
- Black: 585
- Asian or Pacific Islander: 735
- Other race: 788
- American Indian or Alaskan Native: 803
- Hispanic: 7,245
- Not Provided: 14,207

Racial groups are presented at the highest level of aggregation. However, this can cause racial/ethnic groups to appear homogeneous and obscure variations within the group.

Language: 92% of members speak English as their primary language. The next most common languages are Spanish and Chinese dialects.

Bar chart values:
- Spanish: 3,514
- Undetermined: 869
- Chinese: 28

Members additionally communicate in Sign Language and speak in Tagalog, Korean, Hindi, Vietnamese, Russian, Thai, Samoan, Punjabi, Persian, Pashto, Gujarati, and Arabic.

Focus Area 3: Culturally and Linguistically Appropriate Services

Activities

- Provider network assessment: Identify language service needs, and evaluate the bilingual, translation, and interpretation resources already available to help LEP individuals access organization's services. This will help inform JCC's Language Access Plan.
- Analyze internal language access assessment and prioritize areas of focus.
- Primary Care Payment Model 3.0 Alternative Payment Methodology will ask clinics to show improvement in the provision of services in a member's preferred language
- Work with clinics to identify a means to track and report visits by certified/qualified clinic staff
- Implement a pilot program with a clinic to reimburse for "employed" certified/qualified clinic staff
- Increase the number of certified/qualified interpreters available within our community through a plan to scholarship interpreter training

Focus Area 4: CLAS as an Organizational Framework

- JCC Health Equity Program Specialist
- Adoption of the Protocol for Culturally Responsive Organizations
- JCC Health Equity Action Committee (HEAC)
  - JCC Language Access subcommittee
- Clinical Advisory Panel Language Access workgroup
  - LA has been identified as a clinical priority for 2021

Focus area 7: Language Access Reporting

- Goal: All interpreter utilization data (contracted and non-contracted language access vendors) is captured, reported, and can be analyzed to advance health equity

Activities

- Work with clinics to identify a means to track and report visits by certified/qualified clinic staff
- Develop a dashboard for reporting data on interpretation services to be shared with provider network on a quarterly basis

Focus Area 6: Organizational Training and Education

- Increase cultural competency among JCC internal staff and JCC's contracted network to build capacity for providing equitable care to all of JCC's members
  - Include training in language access including the use of plain language, CLAS standards

Training Needs Assessment

Step 1: Develop training needs assessment (Q1)

Step 2: Conduct assessment (Q1)

Step 3: Report training need and recommend training plan (Q2)

Identify key stakeholders and solidify support

Set goals and objectives for assessment

Describe desired outcomes

Develop assessment (survey)

Obtain needs assessment data

Analyze data

Identify who needs training and what training is needed

Determine training and development approaches

Provider Network

BOD and CAC

January
Health Equity Action Committee to define training objectives and identify potential training opportunities for the board of directors and CAC

March
Trainings selected with goal for all members of the board and the CAC to complete by end of Q2

February
Training opportunities presented to board and CAC for review and approval