



## FAQs for Health Equity Plan Section 3: *Organizational and Provider Network Cultural Competency and Implicit Bias Training and Education Plan*

CCOs are required to submit a Health Equity Plan (HEP) that includes the following sections as stated in Exhibit K, Section 10 a. (5) the 2020 contract:

*Contractor's Health Equity Plan shall be comprised of three main sections as follows:*

- (a) Narrative of the Health Equity Plan development process, including meaningful Community engagement;*
- (b) Focus areas, strategies, goals, objectives, activities, and metrics; and*
- (c) Organizational and Provider Network Cultural Responsiveness and Implicit Bias Training and Education Plan.*

**For Health Equity Infrastructure questions, please contact:** Maria Elena Castro, OHA Health Equity Program Analyst at [maria.castro@dhsoha.state.or.us](mailto:maria.castro@dhsoha.state.or.us)

---

1. **Question:** There is a training and education overlap between Focus Area 6 – Organizational training and education and Section 3 of the HEP. What is the difference?

**Answer:** There is no difference. We just explained at length in the Section 3 since the organizational training and education focus area has some very specific requirements.

2. **Q:** What are those specific requirements?

**A:** CCOs are asked to:

- Align the criteria and core competencies identified by OHA to the CCO cultural competency trainings to ensure quality.
- Adopt the definition of cultural competence that appears on the Oregon Administrative Rules for Cultural Competence Continuing Education for Health Care Professionals (OAR 943-090-0010).
- Incorporate Cultural responsiveness and Implicit bias training fundamentals into the CCO new employee orientation.
- Have training programs around elements of cultural responsiveness and implicit bias that include information relevant to Oregon's laws and administrative rule when pertinent. For example, State programs and regulations that relate to Qualified or Certified Healthcare Interpreters and Traditional Health Workers.
- Have trainings that are provided or made available to CCO staff and Provider Network in a variety of formats that are tailored to participants, and that training opportunities are inclusive and accessible.
- Have a process to develop CCO reporting to OHA on training subjects and content outlines; training objectives and target audiences; training delivery system; training and presenter evaluations; training hours and attendance logs; and trainer qualifications (starting in 2021- using a template provided by OHA).

There may be additional training requirements to the Provider Network in their sections of the 2020 Contract that the CCO must also comply with, even though they may not be part of the HEP.

3. **Q:** What does OHA mean with “Organizational and Provider Network Cultural Responsiveness and Implicit Bias Training and Education Plan”?

**A:** In the 2020 contract OHA asks CCOs to “**provide and incorporate** Cultural Responsiveness and implicit bias continuing education and trainings into its **existing organization-wide training plans and programs**” as a section of their HEPs.

4. **Q:** What are the training requirements for the CCO staff?

**A:** In the 2020 contract, OHA asks CCO to ensure that their CCO employee training offerings (and any Cultural Competence and Implicit Bias Training Contractor may offer to its Provider Network) include, at a minimum, the following fundamental areas or a combination of all:

- Implicit bias/addressing structural barriers and systemic structures of oppression,
  - Language access (including the use of plain language) and use of Health Care Interpreters, including without limitation, the use of Certified or Qualified Healthcare and American Sign Language interpreters.
  - The use of CLAS Standards in the provision of services. About which additional information may be found at the following URL:  
<https://www.thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf>;
  - Adverse childhood experiences/trauma informed care practices that are culturally responsive and address historical trauma,
  - Uses of REAL+D data to advance Health Equity,
  - Universal access and accessibility in addition to compliance with the ADA, and
  - Health literacy.
- CCOs are asked to provide and require all of its employees, including directors and executives, to participate in all such trainings.
  - CCOs are asked to incorporate fundamental areas of Cultural Responsiveness and Implicit Bias Training and trainings relating to the use of healthcare interpreters in all new employee orientations.
  - CCOs are asked to provide and require all new employees to receive training and educational activities that address the fundamental areas of cultural responsiveness, implicit bias, and the use of health care interpreters. These trainings are critical therefore OHA asks CCOs to provide training in these areas to all new employees upon commencement of employment or at new employee orientation.

5. **Q:** What are the CCO training requirements for the Provider Network?

**A:** In the 2020 Contract, CCOs are asked to do the following:

- **In Exhibit K, Section 10 - Health Equity Plan**, CCOs are asked to include the provider network and their staff in the development of their training and education plans as an audience for potential training offerings.
- CCOs are also asked to “*require all of Contractor’s Provider Network and Provider Network staff to attend Cultural Responsiveness and implicit bias training. Such trainings must comply with the requirements set forth in this Para. d, Ex. K of this Contract. Contractor shall also require its Provider Network to comply with all of the reporting requirements set forth in this Para. d, Ex. K; however, such reporting shall be made to Contractor and Contractor will, in turn, incorporate its Provider Network reporting, as required under Sub. Paras. (7) – (9) of this Para. d, Sec. 10, Ex. K,*

*into Contractor's reports in such a manner that will enable OHA to identify Contractor's and its Provider Network's compliance with this Para. d, Sec. 10, Ex. K".* In other words, CCOs are asked to require the Provider Network to attend cultural competency and implicit bias trainings, but CCOs are NOT required to provide such trainings to them. CCOs are required to keep track of such trainings and include that information in future training reporting. See requirements for the Provider Workforce below.

- **In Exhibit B - Statement of Work, Part 4 - Providers and Delivery System, Section 4 - Provider Workforce Development**, CCOs are asked to promote the delivery of services in a Culturally Responsive manner to Members, including those with limited English proficiency and diverse cultural and ethnic backgrounds. In the same section, CCOs are asked to identify training needs of its Provider Network and address such needs to improve the ability of the Provider Network to deliver Covered Services to Members; and provide and require employee and Provider Network attendance at trainings on implicit bias as set forth in Para. d, Sec.10, Ex. K. **Note:** Only the annual report described in the Provider Workforce Development (PWD) section was waived for 2020. All of the other requirements in this section remain in effect. Also, in the 2021 contract, most of PWD content has been moved to the annual DSN Narrative Report described in Exhibit G, Section 2.

6. **Q:** Are the CCOs required to track and report out on all training for each clinical provider? This could be a big job for a CCO that has a large network of providers.

**A:** No, CCOs as part of the HEP are not required to track ALL the Provider Network (and PN Staff) trainings. CCOs are asked to track their Provider Network training in other sections of the contract for different purposes such as credentialing.

In the HEP, CCOs are asked to track that provider comply with their cultural competency continuing education training requirements for licensing.

In addition, the CCO need to be able to monitor and measure “both the qualitative and quantitative progress, impact, and effectiveness of all training and education” provided by the CCO to their staff and the provider network and their staff if the CCO made those trainings available to them. OHA asks the CCO to develop the systems, policies and procedures necessary to track the provider network’s training as they relate to cultural competency. Beginning January 1, 2021, CCOs will be required to note in the provider directory whether providers have completed cultural competency training.

7. **Q:** What does OHA mean by “Cultural Competence Continuing Education Criteria”?

**A:** In 2011 a bill requiring cultural competence continuing education of health care professionals was introduced to the Oregon Legislature. Instead, health care professional groups proposed to create a voluntary framework, with a requirement that health care professional boards track and report the boards’ CCCE requirements and their respective licensees’/members’ CCCE participation levels to OHA. The framework also established an OHA advisory committee focused on developing criteria for approving high quality cultural competence continuing education trainings, approving trainings, and establishing an online registry of OHA-approved trainings. In 2013, an amended version of the bill (HB 2611) focused on helping to improve the cultural competence of regulated health care professionals in Oregon. HB 2611 successfully passed into law, with an operative date of January 1, 2015. Since 2015, the CCCE Advisory and Review Committee members have worked closely together

with OHA-OEI to inform the development of criteria and process for OHA to approve a growing registry of cultural competence continuing education trainings for health care professional boards.

During the 2019 legislative session, HB 2011 was introduced, an updated version of Oregon's CCCE law, HB 2611 (2013). HB 2011 (2019), which has now become law, directs (instead of voluntarily allows) specified health care professional boards to require people authorized to practice the profession regulated by the board to complete cultural competency continuing education. OHA-OEI's role specific to approving high quality CCCE training that meets agency criteria for approval will continue. These criteria are reflective of four domains of culturally competent practice and training: self-awareness & self-assessment of provider's beliefs, attitudes, emotions, & values acquisition of provider knowledge; acquisition of provider skills; specific educational approaches for acquisition of provider knowledge and skills.

**8. Q:** What is the CCO role with the Cultural Competency Criteria?

**A:** In the CY2020 CCOs are asked to use the criteria in the following ways:

- If CCOs add cultural competency training of providers to their training plans so they can use that training for licensing with their respective boards, CCOs need to make sure these cultural competency trainings have been approved by the Cultural Competency Continuing Education Committee.
- If CCOs add cultural competency trainings for their CCO staff (with no participation of providers, or if providers won't need this training to fulfill their licensing requirements) OHA asks CCOs to develop or use trainings that **are aligned with the criteria** developed by the Cultural Competency Continuing Education Committee, but those trainings **do not need** to be in the approved list developed by the Cultural Competency Continuing Education Committee.
- CCOs are asked to adopt the definition of cultural competency developed by the Cultural Competency Continuing Education Committee.