CCO Final Health Equity Plan (HEP) Report Guidance Document

1. Purpose of this guidance document

This guidance document is intended to support completion of the CCO Final Health Equity Plan (HEP) Report. It provides section-specific instructions, definitions, prompts, expectations, and examples to clarify the information being requested and reduce reporting burden by encouraging the use of existing materials whenever possible.

The guidance is organized to mirror the structure of the CCO Final HEP Report. Each section explains the purpose of that portion of the report, identifies the types of information that may be included, and provides additional context to support completion. The report begins with a high-level summary of the five-year HEP cycle and progresses through equity infrastructure, community engagement, strategies implemented, outcomes and equity impacts, and sustainability considerations.

Purpose of the Final Health Equity Plan Report

The CCO Final HEP Report is intended to capture progress, learning, challenges, and sustained efforts across the five-year Health Equity Plan cycle. Rather than serving as an inventory of activities, the report is designed to help CCOs reflect on:

- Progress toward health equity goals and outcomes
- Meaningful strategies and lessons learned
- Sustained infrastructure, partnerships, and practices
- Ongoing challenges and opportunities for future improvement

OHA will use information from CCO Final HEP Reports to identify cross-cutting themes, promising practices, shared challenges, and opportunities for statewide learning. The intent is to better understand the collective progress, experiences, and lessons learned across Oregon's coordinated care organizations.

Framework Approach: Flexible Structure, Shared Learning

The CCO Final Health Equity Plan (HEP) Report uses a flexible, structured framework designed to balance local adaptation with statewide learning.

CCOs have flexibility to reflect the unique needs, priorities, and experiences of their communities while reporting within a shared structure that supports statewide synthesis.

CCOs may implement different strategies, serve different populations, and use different measures to address health equity priorities. Rather than comparing identical activities or metrics, OHA will use CCO Final HEP Reports to identify common themes, promising practices, shared challenges, and opportunities for continued improvement across Oregon's coordinated care organizations.

This approach allows CCOs to describe their work in a way that reflects their local context while still supporting statewide learning. OHA will synthesize information by identifying patterns across strategies, outcomes, impacts, infrastructure, and community engagement efforts.

2. General Expectations

- CCOs should use existing reports, dashboards, and internal summaries.
- New analysis is not required; however, CCOs are expected to provide interpretation and reflection where appropriate.
- CCOs should revise existing language, when possible, to improve readability.
- For accessibility purposes, CCOs are encouraged to use the following formatting:
  - Font: Aptos
  - Size: 12 pt
  - Spacing: 1.0–1.15
  - Margins: 1 inch

3. Cross-Section Alignment

To support the overarching goals of the CCO Final Health Equity Plan (HEP) Report, CCOs are encouraged to align information across sections where appropriate. This helps create a clearer narrative of what was implemented, what changed, what was learned, and how success was assessed. For example:

- At least one strategy described in Section 4 should connect to an outcome, measure, or indicator of success described in Section 5, when available.
- Community engagement examples included in Section 3 should inform at least one strategy described in Section 4, when applicable.
- Outcomes, measures, or indicators of success described in Section 5 should help illustrate the impact of strategies and investments discussed throughout the report.

These connections help OHA better understand the relationship between community input, implementation activities, outcomes, and lessons learned across the five-year HEP cycle.

4. Minimum Expectation Standard

Across all sections, CCOs must avoid general statements without examples. In every section, CCOs are asked to provide at least one specific example (note the requirements under each section). CCO responses should focus on describing the impact of actions, rather than just listing activities to meet the minimum reporting requirements.

5. Cover Page

On the cover page, we ask CCOs to provide the following information:

- CCO Name
- Report contact- CCO staff who can answer questions about the report
- CCO Health Equity Administrator name and contact information

Section 1 Guidance: Five-Year Snapshot (1-2 pages)

The goal of this section is to provide CCOs with an opportunity to share a high-level summary of health equity work across the five-year HEP cycle and should function as an executive summary. This section has the following requirements:

- **Goals/Themes (2–3 items**)- Broad areas of focus of the CCO Health Equity Plan, what disparities or priorities the CCO was trying to address. Selection Criteria: Select goals that meet at least 2 of the following:
    - Address a priority population
    - Reflect sustained focus over time
    - Influenced strategies or system changes
- **Accomplishments (2–3 items)-** Concrete progress, outcomes, or system changes achieved. What changed because of the CCO's efforts? Where available, briefly describe how success was measured or observed (e.g., outcome measures, process measures, participation, utilization, qualitative feedback, or other indicators).
- **Expectation -** Avoid general statements; give specific examples.
- **Challenges (2–3 items)** – Identify structural, operational, or external constraints. What limited the CCO's ability to implement or maintain strategies? Which barriers remained over time?
- **What Continues Beyond 2026** – work that is sustained, embedded, or planned. What work is ongoing (by the time the report is produced); what has become part of CCO routine or regular operations?

Whenever possible, accomplishments should include a brief indicator of success to help illustrate the significance of the change. Indicators may be quantitative or qualitative and do not need to be reported in detail.

Example

Top Goals/Themes Examples	Top Accomplishments Examples	Top Challenges Examples	What Continues Examples
• **Improve data collection and use** • **Expand language access services** • **Strengthen community engagement**	• Implemented data collection across provider network, increasing completeness of race and ethnicity data from 45% to 82%. • Established an equity advisory council that met quarterly and informed three policy or program changes • Expanded interpreter services, resulting in a 30% increase in interpreter utilization.	• Workforce capacity limitations • Data gaps for certain populations • Partner engagement barriers	• Ongoing community partnerships • Continued data use • Sustained equity committee

Section 2 Guidance: Equity Infrastructure Sustained (2-3 pages)

CCOs should document 3 to 5 active systems, structures, roles, or organizational practices that currently support ongoing health equity work. The intent of this section is to describe the organizational capacity that has been built and sustained over the five-year HEP cycle and how it continues to support equity-related decision-making and operations.

CCOs are encouraged to include examples across multiple types of infrastructure rather than focusing solely on governance structures. Examples may include:

- **Governance and accountability structures** (e.g., Health Equity Administrator, committees, advisory councils, executive sponsorship, leadership accountability mechanisms)
- **Roles, teams, and staffing capacity** (e.g., dedicated health equity staff, cross-functional workgroups, staff responsibilities related to equity work)
- **Operational integration** (e.g., incorporation of equity into quality improvement, member services, workforce initiatives, provider engagement, care coordination, contracting, or strategic planning)
- **Data systems and use** (e.g., data collection, data stratification practices, dashboards, reporting processes, or use of data to inform decision-making)
- **Organizational readiness and sustainability** (e.g., policies, training, partnerships, processes, or other structures that support ongoing equity work beyond the HEP cycle)

Definition

For purposes of this final report, infrastructure refers to the organizational capacity that supports and sustains health equity work. Infrastructure includes the people, systems, processes, governance structures, and operational practices that help integrate equity into organizational decision-making and day-to-day functions.

When responding to this section, CCOs are encouraged to describe not only what structures exist, but also how those structures are used to support health equity work across different areas of the organization. This may include examples of how equity is operationalized through quality improvement activities, member services, provider network management, workforce development, community engagement, contracting, data-informed decision-making, or other organizational functions.

CCOs should prioritize examples that are currently active and demonstrate how equity work has been sustained or embedded into regular operations.

Example			
Structure (what is the structure)	**Function (what is the purpose of this structure?)**	**Current use (how is this used today? How does it influence decisions?)**	***Contributions to equity work**

Health Equity Committee	Advises leadership on equity priorities	Reviews program changes and policies	Ensure equity considerations are integrated into decision-making
Health Equity Administrator and Cross-Functional Workgroup	Coordinate health equity efforts across departments and organizational functions	Reviews data, initiatives, and priorities on a recurring basis and facilitates collaboration across teams	Aligns quality improvement, member services, provider engagement, and community engagement efforts to address identified disparities

*__Contributions to equity work__: Describe how each structure shapes decisions, directs resources, or designs programs to support equity outcomes (not just that it exists).

Example Section 2 – Equity Infrastructure Sustained

Too Little Detail	Too Much detail	What Good Looks Like
We have a Health Equity Committee.	Detailed committee charter, membership roster, meeting schedule, and annual workplan.	The Health Equity Committee reviews policies and program changes and provides recommendations to leadership. The committee continues to meet regularly and is used to identify potential equity impacts and monitor progress on organizational equity priorities.

Section 3 Guidance: Community Engagement and Collaboration (up to 3 pages)

The purpose of this section is to describe how community engagement informed decision-making, implementation, and health equity efforts throughout the five-year HEP cycle. CCOs should focus on meaningful examples where community input influenced actions, priorities, strategies, or operational decisions.

Required Section Elements

- Identify who was engaged; name the communities, partners, advisory groups, or organizations involved.
- Describe how engagement occurred, including the methods used.
- Provide 1–3 examples demonstrating how community input informed a decision, strategy, implementation approach, or other action.
- Describe any resulting changes, outcomes, or impacts, if known.

Minimum Requirement

- CCOs must provide at least one example that demonstrates a clear connection between community input, the action taken, and the resulting change, outcome, or impact.
- If engagement was limited, describe:
  - The barriers encountered
  - Actions taken to address those barriers
  - Lessons learned that informed future engagement efforts

Example

Who was engaged	How engagement happened	Community Input and Resulting Change	Example if describing limited engagement
Culturally specific organizations	Listening sessions	**Community Input:** Community members requested materials in additional languages. **Action Taken:** Translation services were expanded and materials were revised. **Result/Impact:** Increased availability of information and improved access for members with limited English proficiency.	**Barrier:** Limited in-person engagement during COVID. **Action Taken:** Virtual sessions and partner outreach were used. **Lesson Learned:** Virtual options increased participation for some communities.

Section 4 Guidance: Strategies Implemented (2-4 pages)

The purpose of this section is to highlight 1–3 meaningful strategies implemented during the Health Equity Plan (HEP) cycle and describe the relationship between the issue or disparity being addressed, the actions taken, and the resulting outcomes, impacts, or lessons learned.

CCOs should focus on depth rather than providing a comprehensive inventory of activities. Selected strategies should help illustrate how the CCO worked to address health equity priorities, what was learned through implementation, and how success was assessed.

For each strategy, describe:

- The issue, disparity, or goal being addressed
- The strategy and key implementation actions
- The population(s) impacted
- Indicators of success, outcomes, or evidence of progress
- Lessons learned
- Status and sustainability

Definition of Goal

For purposes of the CCO Final Health Equity Plan (HEP) Report, a goal is the desired change, improvement, or disparity the CCO sought to address through its health equity efforts. Goals provide the rationale for selecting and implementing strategies and help explain why a particular approach was prioritized.

Definition of Strategy

For purposes of the CCO Final Health Equity Plan (HEP) Report, a strategy is a deliberate and coordinated set of actions designed to address a specific health equity issue, disparity, or organizational goal. A strategy is more than a single activity; it is implemented over time, targets a defined population or system, and is intended to influence outcomes, access, experience, quality, or organizational practices.

What makes a strategy meaningful?

For purposes of the CCO Final Health Equity Plan (HEP) Report, select strategies that meet at least two or three of the following criteria:

- Address a priority population or documented disparity.
- Resulted in organizational or system-level changes (not just one-time activity).

- Influences access, quality, experience, or outcomes.
- Required cross-team coordination or internal/external partnerships.
- Generated clear learning (what worked or did not work).
- Continued beyond initial implementation or guided future efforts.

Indicators of Success, Outcomes, or Evidence of Progress

Describe how the CCO assessed whether the strategy was successful. Include outcomes, measures, indicators of success, process measures, utilization data, qualitative feedback, or other evidence of progress, where available.

Questions to consider:

- How did the CCO know whether the strategy was making a difference?
- What changed because of the strategy?
- Were there measurable improvements, qualitative insights, or operational changes that demonstrated progress?

Example: Interpreter utilization increased by 25% following implementation of updated language access workflows and staff training. Community feedback also indicated improved awareness of available language services.

Required Components for each strategy

- **Strategy description**

  Present a clear description of the strategy, the issue it addresses, and the expected result. What problem or disparity did this strategy target? Which change is it designed to achieve?
  Example: Expansion of language access services to reduce barriers for members with limited English proficiency, including increased availability of interpretation services and translated materials.
- **Populations impacted**

  Specify the populations or communities impacted. Which groups were prioritized, and were they identified through data, community input, or both?
  Example: Populations impacted include members with limited English proficiency, or people with disabilities identified through data and community feedback.
- **Implementation actions**

  Provide a brief, yet concrete description of the key actions taken, including the primary activities, changes made (policy, workflow, contract, etc) and involved partners. What did the CCO specifically do, what changes as a result (process, system, service), and

who participated?
Example: Implementation included updating interpreter service contracts, integrating language preferences into workflows, training staff on the use of language access services, and collaborating with community partners or community advisory council members to review translated materials.

- **Lessons learned**

Highlight barriers, challenges, and learnings, not just successes. What worked well and should be continued or replicated? What challenges did the CCO encounter, and what might the CCO do differently?
Example: While interpreter service availability increased, provider awareness and consistent use remained a challenge. Future efforts will concentrate on healthcare providers training and accountability mechanisms to ensure consistent use.

- **Status**

To support consistency among CCOs, use one of the following categories:

  - **Sustained** – Strategy is ongoing and embedded in operations
  - **Expanded** – strategy continues and has grown in scale or scope
  - **Modified/adapted**- strategy continues but has been modified based on learning
  - **Ended**- strategy is no longer active
  - **Transitioned** – strategy has been integrated into another effort or structure.

- **Connection to Outcomes**- Describe how the strategy contributed to outcomes, indicators of success, or broader organizational changes reported elsewhere in the Final Health Equity Plan (HEP) Report. Connections may include improvements in access, quality, member experience, disparity reduction, community trust, data quality, or organizational capacity.
  This information helps demonstrate the relationship between implementation activities and the resulting outcomes or impacts.

Example

Goal/Disparity Addressed	Strategy	Population	Indicator of Success / Outcome	Lesson Learned	Status
Limited access to information for members	Expand language access services	Members with limited English proficiency	Interpreter utilization increased 25%; translated	Provider awareness remained inconsistent	Sustained

with limited English proficiency	materials expanded to five additional languages

Section 5: Outcomes and Equity Impacts (2-3 pages)

The purpose of this section is to describe the outcomes and impacts associated with strategies implemented during the Health Equity Plan (HEP) cycle. CCOs should use available data, indicators, and other evidence to demonstrate what changed, what progress was made, and where disparities persist.

Definitions

Outcomes - For purposes of the Final Health Equity Plan (HEP) Report, an outcome is a measurable change in access, quality, member experience, utilization, organizational performance, or disparities that can reasonably be associated with a strategy or intervention.

Impact- For purposes of the Final Health Equity Plan (HEP) Report, an impact is the broader effect of a strategy on individuals, communities, systems, or organizational practices. Impacts may be measurable or qualitative and may occur over a longer period than outcomes.

Examples of impacts may include:

- Increased trust between communities and the CCO
- Improved organizational capacity to identify and address disparities
- Stronger community partnerships
- More equitable policies, practices, or decision-making processes
- Improved access to services for historically underserved populations

Outcomes and impacts are related but not identical.

- Outcomes generally describe measurable changes associated with a strategy or intervention.
- Impacts describe broader effects on individuals, communities, systems, partnerships, organizational practices, or capacity.

Not all strategies will have measurable impacts available at the time of reporting. When impacts are not available, CCOs should focus on outcomes, indicators of success, and lessons learned.

Required Elements

1. **Measures or Indicators:** Identify 1–2 measures, indicators, or other evidence that reflect the strategy described in Section 4.
2. **Baseline and Current Values:** Describe what changed over time, where data is available.
3. **Stratification:** Break data down by relevant population groups whenever possible.
4. **Interpretation:**
    a. Describe what may have contributed to the observed outcome or impact.
    b. Explain how the outcome or impact relates to strategies described in Section 4.
    c. If no change is observed, describe possible reasons and any adjustments made.
5. **Impacts:** Describe any broader organizational, community, or system-level impacts resulting from the strategy, where applicable.
6. **Data Gaps:** Identify missing data, limitations, and plans to improve data collection or analysis.
7. **If Data is Limited:** CCOs may include process measures, leading indicators, qualitative information, community feedback, or evidence of organizational change.

Category	Example
Outcome	Preventive screening rates increased from 60% to 72% among targeted populations.
Outcome	Interpreter utilization increased by 25% following implementation of language access workflows.
Impact	Community advisory council recommendations were incorporated into program design, resulting in stronger community partnerships and ongoing engagement.
Impact	Equity data review processes are now routinely used in quality improvement activities across the organization.

Section 6: Sustainability and Next Steps (1-2 pages)

The purpose of this section is to describe how health equity work will continue beyond the Health Equity Plan (HEP) cycle, what support may be needed to sustain progress, and how the CCO is

preparing for future health equity-related opportunities and expectations. This section is intended to be forward-looking but is not intended to serve as a new Health Equity Plan.

CCOs are encouraged to connect responses to lessons learned, outcomes, impacts, community engagement efforts, and infrastructure described elsewhere in the CCO Final Health Equity Plan (HEP) Report. Where applicable, describe how ongoing efforts help sustain outcomes, impacts, partnerships, or organizational changes discussed in previous sections.

This section serves as the conclusion of the CCO Final Health Equity Plan (HEP) Report and should reflect on how the infrastructure, partnerships, strategies, outcomes, impacts, and lessons described throughout the report will inform future efforts.

Required Elements

- **What Continues (minimum 2 items)**: Describe efforts, structures, partnerships, processes, or practices that will continue beyond the HEP cycle. Consider:
    - What has become embedded in regular operations?
    - What demonstrated value, impact, or organizational importance?
    - What infrastructure, partnerships, or practices will be maintained?
- **Support Needed (1–2 items)**: Describe areas where additional support may help sustain or advance health equity work. Support may include:
    - Technical assistance
    - Data infrastructure and analytics capacity
    - Community partnership support
    - Workforce development
    - Policy alignment
    - Reporting guidance or other resources
- **Future Readiness**: Describe how the CCO is preparing to sustain and strengthen health equity efforts over time. Future readiness may include:
    - Maintaining health equity infrastructure
    - Strengthening data collection, stratification, and analysis
    - Sustaining community partnerships and engagement practices
    - Integrating lessons learned into future planning and decision-making
    - Preparing for future reporting, contractual, accreditation, or accountability expectations

Example		
Continues	**Needs support**	**Future readiness**

Equity committee; routine use of REALD/SOGI data in quality improvement activities	Enhanced data infrastructure and analytics capacity	Strengthening data systems, sustaining community partnerships, and integrating equity review processes into organizational decision-making

Appendices

- Maximum 3 items
- Use links where possible
- Do not duplicate report content

Guidance for the level of detail

To support consistency among CCO submissions, the examples below illustrate the expected level of detail by section.

Example Section 1 – Five Year Snapshot		
Too little detail	**Too much detail**	**What good looks like**
XYZ CCO improved health equity, expanded access, and strengthened partnerships	Between 2021 and 2024, the XYZ CCO implemented 17 different initiatives across multiple departments including outreach, contracting, workforce development, and clinical transformation efforts…	Expanded language access services by increasing interpreter availability across clinical settings and integrating language preference into workflows.
Lacks specificity **Does not describe what changed** **Not useful for synthesis**	Too detailed for an executive summary Reads like a full report instead of a snapshot	Specific Describes a concrete change Easy to understand and synthesize

Example Section 3 – Community Engagement		
Too little detail	**Too much detail**	**What good looks like**

XYZ CCO engaged with community partners regularly	XYZ CCO held monthly meetings, quarterly sessions, ad hoc discussions, and multiple community forums across different regions…	**Feedback Loop:** • **Input**: Community members identified lack of translated materials • **Action:** Expanded translation services and reviewed materials with community partners • **Result:** Increased access to health information for non-English-speaking members • Shows influence, not just participation • Clear connection between input and action

- **Reminder:** Outcomes and impacts are related but not identical.
  - **Outcomes** describe measurable changes in access, quality, experience, utilization, disparities, or organizational performance.
  - **Impacts** describe broader effects on communities, systems, partnerships, organizational practices, or capacity that result from strategies and outcomes.
- Not all strategies will have measurable impacts available at the time of reporting. When impacts are not available, CCOs should focus on outcomes, indicators of success, and lessons learned.

Example Section 5 – Outcomes and Equity Impacts		
Too little	**Too much detail**	**What good looks like**

detail		
Outcomes improved over time…	XYZ CCO tracked multiple measures across several populations and analyzed trends over time using quarterly data and detailed statistical methods…	**Outcome:** Preventive screening rate increased from 60% to 72%. **Stratification:** By race/ethnicity. **Interpretation:** Improvement may be associated with targeted outreach and expanded access efforts. **Impact:** The outreach approach was subsequently incorporated into routine preventive care workflows and contributed to stronger partnerships with community-based organizations serving priority populations. • **Clear data** • **Includes interpretation** • **Connects to potential drivers of change**

- **General Guidance Across All Sections:** We ask CCOs to include information that is:
  - Specific but concise
  - Focused on impact, not activity
  - Supported by at least one example where appropriate

For questions about CCO Health Equity Plan (HEP), HEP Guidance Document and Template, please reach out to Maria Elena Castro at maria.castro@oha.oregon.gov