Final Health Equity Plan (HEP) Report (2026) Template

General Information

The intended audience of the Final Health Equity Plan (HEP) Report includes OHA, CCO leadership and staff, and community-based organizations and partners. The Final HEP Report should be completed using existing materials (e.g., reports, dashboards, internal summaries) wherever possible and does not require a new analysis. When completing the report, utilize existing data, as much as possible, and include process measures, early indicators, or qualitative insights. Use bullets, tables, or short summaries when possible. Limit the response to 10-18 pages (excluding appendices).

The Final HEP Report deadline has been updated to Monday, November 30, 2026, for all CCOs, regardless of previously communicated due dates. This adjustment ensures that all CCOs have the full 90-day period OHA committed to providing following the release of the Final HEP Report template and guidance.

Please submit all reports via the CCO Deliverables Portal located at https://oha-cco.powerappsportals.us/. The submitter must have an OHA account to access the portal.

Please reference the evaluation criteria and guidance documents posted on the CCO Contract Forms page. If you have any questions about the template, please reach out to maria.castro@oha.oregon.gov

Introduction

The Final HEP Report captures each CCOs progress, learning, and challenges throughout the five-year Health Equity Plan cycle. It is designed to:

- Highlight what health equity infrastructure has been built and sustained over time;
- Document meaningful strategies, outcomes, and lessons learned;
- Support shared learning across CCOs, OHA, and partners; and
- Inform future health equity efforts and system improvements.

Framework

The Final HEP Report uses a flexible, structured framework that allows CCOs to tailor their responses while aligning a shared structure to support statewide learning and 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 CCOs' 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.

The intent is not to compare or rank CCO performance, but to support collective learning and understanding of progress made throughout the five-year HEP cycle.

CCOs will have flexibility to:

- Reflect the unique needs, priorities, and context of their communities.
- Select the strategies, partnerships, and approaches that best represent their work.
- Use existing materials and data sources that are most relevant to their organization.

At the same time, the template provides a shared structure to:

- Ensure consistency in how progress, challenges, and outcomes are documented.
- Support comparison at a thematic level across CCOs.
- Enable OHA to develop a statewide synthesis of key findings, trends, and opportunities.

CCOs are encouraged to align responses across sections to support the synthesis of information. For example, strategies described in Section 4 may connect to outcomes in Section 5, and community engagement in Section 3 may inform strategies in section 4.

How Reports Will Be Used

OHA will use HEP final reports to identify cross-cutting themes, shared successes, and common challenges across CCOs.

While specific strategies and measures may differ, the shared structure allows for meaningful synthesis by:

- Grouping similar types of strategies and outcomes
- Identifying patterns across CCO experiences
- Highlighting areas of progress and persistent gaps

How We Will Synthesize Across Different Approaches

CCOs are not expected to report identical strategies or measures. Instead, OHA will synthesize findings by:

- Looking at themes (like common strategies, shared barriers, areas of progress)
- Grouping outcomes into common categories, such as access to culturally and linguistically responsive care, quality of care, member experience, data capacity, and disparity reduction
- Connecting strategies, outcomes, and community input across sections of the report
- Identifying patterns, not ranking performance, to understand what is working and where challenges persist

Template - Cover Page

- CCO name and service area
- Reporting period (the full HEP cycle 2020-2026)
- Primary contact(s) (HEA and/or report lead) and preferred contact for follow-up questions in case they are not the same.
- Submission date

Template - Section 1: Five-Year Snapshot (1–2 pages, up to 3 max)

Provide a quick, readable summary of what happened over five years including highlights, challenges, and what continues.

This section should function as an executive summary and be understandable to both internal and external audiences.

Provide at least 2 items in each category (maximum 3 items per category).
Executive summary of 5-year work:

- **Goals/themes:** the major focus areas of the HEP across five years (e.g., improving data collection and analysis, language access, CLAS, community engagement, improving access)
- **Accomplishments:** concrete wins and/or meaningful progress (e.g., implemented improvements)

- **Challenges/barriers:** real constraints (workforce, data gaps, partner capacity, contracting, leadership turnover)
- **What continues beyond 2026:** work that is still active, embedded, or planned

Keep this section high-level and concise. Detailed information should be included in later sections.

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

Document the equity "capacity" or equity related structures the CCO built and is maintaining. (Include 3-5 key structures or examples)
Focus on structures that are actively used today and influence decision-making, rather than historical or inactive efforts.

- **Roles/structures maintained:** HEA role, equity committees, leadership accountability, community advisory councils, internal workgroups. CCOs may also describe dedicated health equity roles, cross-functional teams, staffing capacity, or other structures that support implementation and coordination of equity work.
- **How equity is embedded across operations:** examples in quality improvement, member services, provider network, contracting, workforce training, care coordination
- **Data capacity progress:** how REALD/SOGI and language data collection improved, what stratification is routinely used, how data informs decisions
- **Readiness:** evidence the infrastructure supports continued equity work (not just a one-time plan)

CCOs are encouraged to include examples across multiple categories of infrastructure rather than focusing on a single type. Examples may include governance structures, staffing capacity, operational integration, data systems and use, and organizational readiness to sustain equity work.

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

Show who was engaged, how, and how input influenced decisions, with enough specificity to demonstrate meaningful engagement without requiring a long narrative. Include at least 1 feedback loop example.
Information may come from multiple teams or governance structures. Coordination across contributors is encouraged but not required.

- **Who was engaged:** top partners and/or a checklist (culturally specific orgs, THWs, providers, etc.)
- **How engagement happened:** standing meetings, listening sessions, surveys, co-design sessions, community-led forums
- **Community Input and Resulting Change examples (up to 3):** examples showing how community input informed a decision, strategy, implementation approach, action, outcome, or impact.
- **If engagement was limited:** Briefly describe barriers and how you adapted (use existing community feedback, partner review, alternate outreach methods, changes to reduce barriers)

At least one example must demonstrate how community input directly influences a decision, strategy, or implementation change.

Template - Section 4: Strategies Implemented (Select up to 3 meaningful strategies) (2-4 pages)

Avoid an overwhelming inventory of everything done. Instead, capture the most meaningful strategies and what was learned, so those who read this final report can see what works and what didn't. Include at least 1 strategy. CCOs have flexibility to select strategies that best reflect their work and community context.

- **Issue, disparity, or goal being addressed**: what challenge, inequity, or priority the strategy intended to address?
- **What it was:** a short description of the strategy/intervention
- **Who it served:** populations impacted
- **Key implementation highlights:** key actions taken

- **Indicators of success, outcomes, or evidence of progress:** how the CCO assessed whether the strategy was successful
- **What didn't work / lessons learned:** barriers, challenges, and what the CCO would do differently
- **Status:** sustained, expanded, adapted, ended, or transitioned

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

Demonstrate whether disparities moved, how you know, and where data is still limited. This section is about outcomes and impacts, not just activity. Include at least 1-2 measures- where available. While strategies may vary across CCOs, this section supports alignment through shared focus on outcomes and disparities.

If outcome data is limited, CCOs may include:

- Process measures
- Early indicators
- Qualitative insights

Clearly describe what the data suggests and any limitations.

- **Measures/outcomes:** pick measures that reflect your strategies (clinical outcomes, access, utilization, experience, process measures)
- **Impacts (where applicable):** broader organizational, community, or system-level effects associated with the strategy
- **Baseline and most recent value:** simple before/after or trend
- **Stratification:** race/ethnicity, language, age, disability, SOGI where available
- **Interpretation (required):** 1–2 bullets explaining what the data suggests and what factors may have contributed to the observed change. Where applicable, connect to strategies described in Section 4. Distinguish between measurable outcomes and broader impacts when relevant.
- **Data gaps and plan:** if you don't have stratified data, say what's missing and your plan to strengthen it (source, timeline, owner)
    - **If limited data:** Include process measures or qualitative insights.

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

Clarify what continues, what support is needed, and what the CCO is prioritizing going forward, this is not a new plan. Include at least 2 sustained efforts and 1-2 support needs. **This section should be forward-looking and should help connect local priorities to broader statewide and future health equity expectations. Where applicable, connect ongoing efforts to outcomes, impacts, lessons learned, partnerships, and infrastructure described elsewhere in the report.**

- **What continues:** ongoing programs, roles, partnerships, processes
- **What needs support:** 2–3 items where OHA, partners, or policy changes are needed
- **Future readiness:** what the CCO is doing to sustain and strengthen equity work over time, including maintaining infrastructure, strengthening data systems, sustaining partnerships, integrating lessons learned, and preparing for future accountability, reporting, contractual, accreditation, or procurement expectations.

Appendices (Optional, limited)

Provide evidence without increasing narrative burden. **Ideas of what to include (choose what you already have):**

- **Links** to reports, dashboards, meeting notes, presentations
- **Short spotlights/stories** (optional) that illustrate impact

Recommended limits: maximum of 3 links or attachments. Use links whenever possible.

Appendices are optional and should provide supporting evidence and should not duplicate information already included in the report.