# CCO HEALTH EQUITY PLAN

Guidance Document for CCOs

March 11, 2020

Oregon Health Authority

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## Purpose of a Health Equity Plan

A Health Equity Plan aims to provide the coordinated care organization (CCO) and its stakeholders a clear framework to becoming an organization that values and prioritizes health equity. The framework includes an action plan detailing where the CCO is headed, what it plans to achieve, the methods it will use, and milestones to monitor progress.

A successful Health Equity Plan is built on a thorough analysis of the existing CCO structure, governance, staff, program or service mix, collaborations, and resources, including financial, human, technical, and material. This analysis is vital because it allows an organization to understand which components it must change to achieve its goals related to health equity.

OHA requires all CCOs to develop a Health Equity Plan that:

- Acts as a catalyst to initiate the deep organizational changes needed to build equity and diversity into service planning and delivery in the organization, community and provider network;
- Creates the foundation to build equity into ongoing accountability, resource allocation and performance management relationships between the Oregon Health Authority (OHA), CCO and the provider network;
- Provides a visible and concrete context for widespread discussion of health equity – within individual organizations, within sectors, across sectors, and in the wider community; and
- Incorporates and operationalizes the health equity definition (see below).

### Health Equity Definition

The Health Equity Committee (HEC), a subcommittee of the Oregon Health Policy Board (OHPB), believes that a common definition of health equity helps foster dialogue and bridge divides. Lack of clarity on the meaning of health equity can pose a barrier for active engagement and action.[1] In October 2019, the HEC definition of Health Equity was adopted by OHPB and OHA. The HEC defines health equity as follows:

*Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.*

*Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:*

- *The **equitable distribution** or **redistribution** of **resources** and **power**; and*
- ***Recognizing**, **reconciling**, and **rectifying** historical and contemporary injustices.*

### Health Equity Infrastructure Definition

The term ***"health equity infrastructure"*** refers to the meaningful adoption and use of culturally and linguistically responsive models, policies, and practices. These include but are not limited to: Health Equity Plan and Health Equity Administrator; community and member engagement; provision of quality language access, workforce diversity, ADA compliance and accessibility of CCO and provider network, ACA 1557 compliance, CCO and provider network organizational training and development, implementation of the CLAS Standards, and non-discrimination policies.

[1] What is Health Equity? Robert Wood Johnson Foundation. https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html

## Health Equity Plan Process

### CCO Deliverable

A Health Equity Plan is an annual CCO contract deliverable that must be submitted to OHA via Administrative Notice by June 30 of each contract year, beginning in 2020. A Health Equity Assessment, detailed below, is an additional part of a CCO's Health Equity Plan that will be required beginning in 2021.

All Health Equity Plan deliverables should be submitted to the CCO Contract Administrator mail box: CCO.MCODeliverableReports@dhsoha.state.or.us

### CCO Health Equity Plan Review

Each CCO Health Equity Plan will be reviewed by OHA and written feedback will be provided to each CCO. The schedule of review and availability of technical assistance to inform the next year's CCO Health Equity Plan is below.

| ANNUAL SCHEDULE 2020 | |
|---|---|
| TBD | Health Equity Deliverables workshop at Transformation Center CCO 2.0 Kick-off conference |
| April | OEI Health Equity Plan Webinar |
| June 30 | CCO submits Health Equity Plan |
| July | OHA Subject Matter Experts (SMEs) start the review process |
| August | OHA holds review meetings with each CCO Health Equity Administrator and provides the CCO a Health Equity Plan feedback report and identifies areas where technical assistance is needed. |
| September | Technical Assistance period starts. |
| October | Technical Assistance period ends. |

*Subject to change: updated schedule specific to each year posted on the OHA Equity and Inclusion Division website.*

### Health Equity Plan Sections

CCOs are expected to submit a Health Equity Plan every year, beginning in 2020. Once the initial Health Equity Plan is developed by the CCO, the CCO will be expected to update its Health Equity Plan on an annual basis, if there are any changes. In 2020, to be considered complete for OHA review, the CCO's Health Equity Plan must include the following sections:

- Section 1- Narrative of Health Equity Plan development and implementation;
- Section 2- Health Equity Plan Strategies, goals, objectives, and metrics;
- Section 3- Organizational and Provider Network Cultural Responsiveness, Implicit Bias Training, and Education Plan.

In addition to sections 1, 2 and 3, CCOs will be required to complete the following beginning in 2021:

Section 4 – Health Equity Assessment General description of this section on page 11 of this document.

### Health Equity Plan Length

To allow for flexibility for the CCO and community, the Health Equity Plan is comprised of a narrative portion and compilation of CCO policies and procedures. CCO Health Equity Plans should not exceed a total of 50 pages and should follow the minimum page length noted in the table below. Page limits only apply to narrative and do not apply to policy and procedures submissions.

| Section | Due-date/Method of Delivery | Section Description | Narrative Page Limit |
|---|---|---|---|
| 1 | June 30, 2020/Electronically | Narrative of Health Equity Plan development and implementation; | This section should be a minimum of 10 pages. Each item requested in the section should be clearly marked. |
| 2 | June 30, 2020/Electronically | Health Equity Plan Focus Areas Strategies, goals, objectives, and metrics; | This section should be a minimum of 10 pages. Each item requested in the section should be clearly marked. |
| 3 | June 30, 2020/Electronically | Organizational and Provider Network Cultural Responsiveness, Implicit Bias Training, and Education Plan. | This section should be a minimum of 5 pages. Reporting of education and training activities (classes) must be done using reporting template and are not due until 2021. |
| 4 | June 30, 2021/Electronically | Health Equity Assessment (Progress Report) | This section should be a minimum of 10 pages. Each item requested in the section should be clearly marked and progress reporting must be done under each focus area. |

### Format specifications:

All sections of the Health Equity plan must be developed using a 12-point Arial font, single space to meet readability and accessibility standards.

In 2021, in addition to the Health Equity Plan, and the progress report (section 4), CCOs are required to submit a separate training and education report template that documents all the training activities provided to employees in the previous contract year; in 2021, this would include 2020 contract year. OHA suggests CCOs incorporate trainings conducted with the Provider Network, if available. OHA will provide this report template to CCOs during feedback sessions in August 2020.

## CCO Health Equity Plan Resources

All guidance documents related to the "Health Equity Infrastructure" deliverable for CCO 2.0 (i.e., Health Equity Plan, Health Equity Administrator) will be posted on the OHA CCO Contract Forms website: www.oregon.gov/oha/HSD/OHP/Pages/CCO-Contract-Forms.aspx

In addition, "CCO Technical Assistance" section will be added to the **OHA Equity and Inclusion Division** website https://www.oregon.gov/oha/oei/Pages/index.aspx by April 1st, 2020 with a timeline and information about additional planned resources noted below. Available resources should be utilized by the CCO Health Equity Administrator. OHA Equity and Inclusion Division will reach out directly to the CCO Health Equity Administrator to discuss the resources below.

Individual meetings with CCOs – After the release of the health equity plan guidance documents, OHA will schedule individual meetings with CCO Health Equity Administrators to discuss the health equity plan guidance and provide an opportunity to ask questions or gain further clarification. This is a requirement for each individual CCO.

Webinars – OHA will conduct two webinars after release of the health equity guidance document to review the various components of the health equity plan and offer all CCOs an opportunity to ask questions or obtain further clarification. This is a requirement for each individual CCO.

Office hours – OHA will host office hours that will be available and open to all CCOs. This will be another opportunity to ask questions or obtain further clarification. Office hours will be shared with each CCO Health Equity Administrator and attendance is optional.

Health Equity Plan Guidance document – OHA requires CCOs to use the information provided in this document as the CCO Health Equity Plan is developed. OHA recognizes that the work highlighted in the CCO Health Equity Plan is not a comprehensive catalogue or full representation of the CCO's body of work addressing health equity but serves as the strategic direction and goals. CCOs are understood to be continuing other work that ensures the CCO is meeting all CFRs, OARs, and CCO contract requirements. Community stakeholders should reach out directly to the OHA Equity and Inclusion Division for more information on CCOs' work to advance health equity.

FAQ to support the guidance document – OHA developed a companion document to this guidance document that includes Frequently Asked Questions on Health Equity Infrastructure deliverables. The Health Equity Infrastructure FAQ document will assist CCOs in answering common questions. OHA expects CCOs to use the FAQ to inform the development of the CCO health equity infrastructure deliverables.

## Health Equity Plan: FRAMEWORK

### Eight Focus Areas

The Health Equity Plan focus areas, as defined in contract, provide a roadmap of the eight required areas a CCO needs to address to comply with state, federal and contractual requirements and reduce health disparities, provide healthcare access and improve member health outcomes.

The CCO will obtain stakeholder input (both internal and external) to develop its approach to address the eight focus areas. The CCO will also assess its organizational capacity to advance health equity and use the results to inform the approach to address each of the eight focus areas. The goal of the section is to ensure all CCOs have a health equity foundation to enact organizational changes that advance health equity.

Note: Focus areas below include references to the contract. The references are not comprehensive, and only aim to illustrate the health equity plan should be embedded in the CCO structure and operations.

- Focus Area 1 – Grievance and appeals
  OHA Expectations: The CCO "Grievance and Appeal System" policies and processes are specifically designed to be culturally and linguistically appropriate. They fully comply with state and federal laws (Section 1557 of the Affordable Care Act, Title VI of the Civil Rights Act, Title III of the Americans with Disabilities Act, and Section 504 of the Rehabilitation Act of 1973). The CCO grievance process is simple,

accessible, and understandable to the member. Literacy and language (including alternate formats) are considered in the development of the process and the development of the policies. Data on grievance and appeals is reported by race/ethnicity, language, and disability (REALD). *(CCO Contract Exhibit B Part 4 Provider and Delivery System (2)(g); (h)and (i) and (j); Exhibit I General System Requirements (1) (e) and (2) (b) and (2)(f); Exhibit K Part 10 Health Equity Plan (c) (2) (a))*

- Focus Area 2 – Demographic data
  OHA Expectations: The CCO uses demographic data to advance health equity. The CCO makes demographic data collection and analysis a strategic priority. The CCO assesses gaps in its current data collection, analysis systems and process, and develops organization-wide actionable goals to address them. *(CCO Contract Exhibit B Part 4 Provider and Delivery System (4)(a) and (b) and (c); Exhibit K Part 10 (c) (2) (b))*

- Focus Area 3 – Culturally and linguistically appropriate services
  OHA Expectations: The CCO provides culturally and linguistically appropriate services. The CCO has policies and processes that fully comply with state and federal laws regarding language access and accessibility. The CCO provides free-of-charge certified or qualified oral and sign language interpreters to all consumers, and accessible health and healthcare services for individuals with disabilities following Title III of ADA. *(CCO Contract Exhibit B Part 3 Patients' Rights and Responsibilities-Engagement and Choice (5); Exhibit B Part 4 Provider and Delivery System (2)(g), (h) (i) (j); Exhibit K Part 10 Health Equity Plan (c) (2) (c))*

- Focus Area 4 – CLAS as an organizational framework
  OHA Expectations: The CCO, as an organization, has a governance system that promotes health equity through the delivery of Culturally and Linguistically Appropriate Services (CLAS). The CCO, as an organization, fully implements the National CLAS standards for the provision of culturally and linguistically appropriate services and should allocate the necessary resources for that purpose. *(CCO Contract Exhibit K Part 10 (c) (2) (d))*

- Focus Area 5 - Workforce
  OHA Expectations: The CCO's recruitment processes focus on diversity, equity, and inclusion recruitment and retention strategies. CCO develops organization wide strategies to recruit, promote, and support a culturally and linguistically diverse workforce, from the front desk staff to senior leadership to external contractors and partners. *(CCO Contract Exhibit B Part 4 Providers and Delivery Systems (4); Exhibit K Part 10 (c) (2) (e); Exhibit K Part 11 Traditional Health Workers)*

- Focus Area 6 – Organizational training and education
  OHA Expectations: The CCO develops an "*Organizational and Provider Network Cultural Responsiveness, Implicit Bias Training and Education Plan*" that includes its governing board, leadership, Community Advisory Council (CAC) and the provider network. (This focus area has special reporting requirements outlined on a separate guidance document) *(CCO Contract Exhibit B Part 3 Patients' Rights, Responsibilities, Engagement and Choice(1) (c); Exhibit B Part 4 Providers and Delivery Systems (4) (b) (5); Exhibit K Part 10 (c) (2) (f) and CCO Contract Exhibit K Part 10 (d))*

- Focus Area 7 – Language access reporting mechanisms
  OHA Expectations: The CCO invests resources, develops processes and implements tracking mechanisms that ensure CCO and provider network provides readily available, high-quality, language assistance services. *(CCO Contract Exhibit K Part 10 (c) (2) (g) and OAR 410-141-3515)*

- Focus Area 8 – Member education and accessibility
  OHA Expectations: The CCO develops member educational and other materials (print, multimedia, etc.), that are in plain language and that are available in alternate formats; utilizes IT and other tools and resources for consumers who are blind or deaf, or otherwise disabled (e.g., literacy programs). *(CCO Contract Exhibit B Part 3 Patient's Rights and Responsibilities, Engagement and Choice; Exhibit K Part 10 (c) (2) (h))*

# Health Equity Plan: SECTION DETAIL GUIDANCE

## General Overview

The Health Equity Plan is not meant to function in isolation from the CCO's work in other areas of the organization. CCOs are not expected to develop a separate set of projects to fulfill the requirements of the Health Equity Plan. OHA expects the plan to complement other organization-wide efforts such as CCO strategic planning, Community Health Assessments/Community Health Improvement Plan, CCO work on Social Determinants of Health, and other initiatives. The Health Equity Plan will provide evidence to OHA that health equity is integrated into all functions of the CCO as an organization.

It is important to understand that the Health Equity Plan should focus on strategies. A **strategy** is focused on the destination and how the CCO is going to get there (i.e., CCO long-term health equity goals under each focus area and how it will achieve them).

## Section 1: Health Equity Plan development and implementation

CCOs are to describe the process used in the creation of the Health Equity Plan. For this section to be considered complete, **CCOs will include a narrative of the following:**

- A) Description of the CCO workforce demographic composition, and evidence of **organizational commitment** to health equity (e.g., Inclusion of health equity on the Mission, Vision, Values, Strategic Plan and business practices)

- B) Description of the CCO Service Area Consumers (CCO enrolled members); description of the **CCO workforce and CAC demographic** composition **if available** (please refer to data sources used in the description i.e., CCO demographic annual report)

- C) Description of the organizational **oversight and accountability structure** to support the implementation of the Health Equity Plan components including, **but not limited to**, the role of the "Health Equity Administrator." (See Health Equity Administrator as a Single Point of Accountability (SPA) Guidance Document for instructions)

- D) Narrative description of the **process for the development of the health equity plan**, including:
  - Results of an internal and external assessment of organizational capacity for health equity. For example, a Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis.

        - Resources: The CCOs can use resources to guide this work such as the "Organizational Self-Assessment tool for Achieving Health Equity" developed by the Bay Area Regional Health Inequities Initiative and that can be found at the following URL: http://barhii.org/download/toolkit/nacdd_he_toolkit.pdf
        - The intent behind the use of the self-assessment tool aims to help the CCO answer the following questions:
            - Which capabilities for health equity and cultural responsiveness are already in place in the organization and the provider network?
            - Which assets (i.e. workforce, CAC, etc.) do the CCO and the provider network already have, and where are the gaps?
            - What could be done to develop the CCO capacity to address health equity further?
    - Description of the process for stakeholder participation in the development of the plan; i.e., participation of community-based organizations such as Regional Health Equity Coalitions, CCO Community Advisory Council, Local Public Health Departments, and other community-based organizations serving the Medicaid population. This is to ensure the Health Equity Plan is community- and member-informed.
        - **Resources:** The CCO can use the OHA Office of Equity and Inclusion's community engagement checklist to support meaningful engagement throughout the Health Equity Plan development process, which is located in the following URL: https://www.oregon.gov/oha/OEI/Documents/Community%20Engagement%20Strategies%20Checklist_vOHA_FINAL.pdf
        - **Resources**: Organizations engage in many practices – both within and outside of their organization– that can influence their ability to impact health equity. The Centers for Disease Control (CDC) developed a guide for building organizational capacity to advance health equity and be found in the following URL:https://www.cdc.gov/nccdphp/dnpao/state-local-programs/health-equity-guide/pdf/health-equity-guide/Health-Equity-Guide-sect-1-1.pdf
    - Description of the process for review and approval of the plan
    - Description of the process to communicate plan and progress to stakeholders.
        - **Resources:** Sharing lessons and progress with the community helps establish strong collaboration with stakeholders and bring new partners into the work, building momentum. The description should answer the following question: How does the CCO plan to share health equity advancement efforts identified in the plan with members, local community and partners?
        - **Resources:** An excellent resource for stakeholder participation that primarily targets health impact assessment (HIA) practitioners is "Guidance and Best Practices for Stakeholder Participation in Health Impact Assessments" and can be found at the following URL:https://humanimpact.org/wp-content/uploads/2012/03/HIA-Best-Practices-2012.pdf

## Section 2- Focus areas, objectives, and measures of success

OHA has identified in the contract eight health equity focus areas (see pages 4 to 6 above for more information). The CCO will use the results of its assessment of organizational capacity to advance health equity, stakeholder input provided (internal and external), and the eight focus areas identified by OHA to develop the Health Equity

Plan. The plan and the identification of focus areas aim to ensure all CCOs create the methodology and the practice of institutional and structural change to advance health equity.

When developing a plan for each **Health Equity Focus Area**, CCOs will:

1. Submit current organizational policies and procedures that demonstrate organizational attention to the health equity focus area. This includes any policies that support the health system and provider network accountability for each health equity focus area (i.e., delegate policies for provider contracts, complaints, and grievance policy).
2. Define a strategic goal(s) which must include a background and context narrative that will explain the selection of goals under each priority area. Background information should include a complete description including identified issues or barriers.
3. Identify key system elements necessary to achieve the strategic goals. Anticipate impact.
4. Identify data streams. Include quantitative or qualitative data used to identify such issues or barriers.
5. Identify clear measures of success: Goals under each strategy need to be **clear** and **measurable**.
6. Define measures and metrics to be used to track progress toward the strategic goal(s). The monitoring and evaluation of each goal should be set up from the beginning (baseline) to measure changes and progress to target.
7. Define who will be responsible for monitoring progress
8. Identify how often the plan for each focus area will be revisited and updated based on progress.
9. CCOs must include a description of the resources (internal and external) needed to achieve that goal.

## Section 3 - Organizational and Provider Network Cultural Responsiveness, Implicit Bias Training, and Education Plan.

Beginning in 2020, health equity requirements around cultural responsiveness have changed in the CCO Contract. CCOs will be accountable for providing training on cultural responsiveness and implicit bias to their staff, and CCO Committees and Boards (considered a **priority** area). Organizational efforts to address the Training and Education focus area should be included as part of the Health Equity Plan. Progress for this focus area must be reported in Section 4, starting in 2021.

In the Training and Education focus area (focus area #6), OHA **has identified requirements the CCO must meet** (CCO Contract Exhibit K Part 10 (d)). These requirements include the following:

- CCOs include cultural responsiveness and implicit bias continuing education and training into existing organization-wide training plans.
- CCOs improve the quality of its existing Cultural Competency training and education curricula by aligning current and new materials with OHA's Cultural Competency Continuing Education criteria listed on OHA's website located at https://www.oregon.gov/oha/OEI/Documents/OHA%20CCCE%20Criteria_May2019.pdf
- CCOs adopt the definition of Cultural Competence set in rule (OAR 943-090-0010) to guide the development of Cultural Responsiveness/Competency training and training materials
- CCOs include in their organization training and education plan offerings that address training fundamentals areas identified by OHA. (CCO Contract Exhibit K Part 10 (d) (4)).

- CCOs create a culturally responsive organizational culture by providing and requiring all new employees to attend trainings and educational activities that address the fundamental areas of cultural responsiveness and implicit bias and the use of health care interpreters.
- CCOs develop agreements with their provider network that will ensure the provider network complies with each provider professional board requirements for licensing as they relate to cultural competency trainings.
- CCOs support and track the provider network efforts to comply with the provider professional board requirements for licensing as they relate to cultural competency training.

Progress reports on Training and Education Focus Area do not need to be submitted until 2021.

In 2020 under this focus area, the CCO is asked to show a plan 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).
- Cultural responsiveness and Implicit bias training fundamentals have been incorporated into 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). This is in addition to the reporting of this focus area in Section 4. This is a separate template.

In 2021, CCOs are required to submit a training and education report (using an OHA provided template) that documents all the training activities provided to employees in the previous contract year (in 2021, this would include 2020 contract year). OHA suggests CCOs incorporate trainings conducted with the Provider Network if available.

The training activities report must be developed and submitted using the OHA provided template. The template will ask the CCO to report on the following:

- Training subject(s);
- Content outline and materials;
- Training goals and objectives;
- Training audiences targeted;
- Training delivery mechanism or format;
- Summary of training evaluations;
- Training dates and hours;
- Training attendance, and
- Trainer qualifications.

OHA will provide the reporting template later this year. CCOs will not be expected to report on training activities until the 2021 submission of the Health Equity Plan.

OHA does not require a specific number of training hours or training offerings. However, OHA will outline requirements that comply with state and/or federal law and contractual obligations.

### Section 4: Health Equity Assessment

CCOs are expected to report on Section 4 "Health Equity Assessment" starting in 2021.

The Health Equity Assessment report is an annual progress report included in the annual resubmission of the Health Equity Plan. (CCO Contract Exhibit K Part 10 (e)). CCOs are expected to use the progress report to provide an update on the progress made toward achieving the strategic goals in each of the eight (8) focus areas, as outlined in Section 2.

Section 4 progress reports must be organized by focus area. CCOs must include a narrative outlining their progress toward achieving strategic goals and must show evidence of their progress by submitting supporting documentation. Examples of acceptable documentation include:

- Policies and procedures;
- Published reports and evidence of distribution or use;
- Meeting agendas and minutes;
- Member/Provider education materials.

## Health Equity Plan: REVIEW PROCESS AND FEEDBACK

**CCO Deliverable Submissions**: Please submit the deliverable and supporting documentation to CCO.MCODeliverableReports@dhsoha.state.or.us. When submitting materials, please ensure that only materials pertinent to the focus area are submitted. All file names must clearly reflect the content (e.g., CCOxyz_LEP_Policy). In the narrative portion, please include document names and page numbers where evidence of compliance can be found. Documents that are not mentioned in the narrative but are submitted will not be reviewed. The submitted documentation must include the name and contact information (name, title, phone number, email) of the CCO Health Equity Administrator.

**OHA Review:** OHA subject matter experts will review the initial submission for completeness and compliance with state, federal and Contract requirements. OHA will develop criteria to evaluate the submissions and feedback will be provided using these criteria.
Subject matter experts will develop written feedback that includes:

- Review of findings (if any deficiencies are found);
- An analysis of the Health Equity Plan's strengths and opportunities;
- Identification of technical assistance opportunities associated with any review findings, if needed;
- Appropriate interventions to address incomplete or insufficient items with a description of the specific information or clarification required.

Questions about all deliverables on Health Equity Infrastructure can be directed to:

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(503) 884-4448