HEALTH EQUITY PLAN

Guidance Document for 2023 submission

April 14, 2023

Oregon Health Authority

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Purpose of a Health Equity Plan

A Health Equity Plan (HEP) 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, community 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, inclusion 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).

Definitions

Health Equity

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, age, 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

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.

Cultural Competence

"Cultural Competence" has the meaning provided for in OAR 943-090-0010. Operationally defined, Cultural Competence is the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services, thereby producing better outcomes.

Health Equity Plan Process

Health Equity Plan Reporting Framework

OHA has updated this year's Health Equity Plan reporting requirements to reduce CCO reporting burden and to support a transition to the revised Exhibit K, Section 10 Health Equity Plan deliverables.

Whereas last year's report included 2 sections with eight (8) discrete focus areas, this year the Health Equity Plan report has been reorganized to reflect shifts in Focus Area requirements that went into effect on January 1, 2023. See the 2022-2023 Section Contents and Focus Area Crosswalk section and figures below for a detailed visual representation of the changes to section and focus area contents.

Please review the following instructions to ensure all reporting requirements are met.

Section 1: Focus Area Updates (formerly Health Equity Plan Update)

- This section has been updated from the previous year and streamlined to comply with Exhibit K, Sections 10 a. and 10 b. and includes:
    - Update on Health Equity Administrator, CCO service area and workforce demographics, and CCO Board and CAC composition.
    - Strategies, Goals, Objectives, Activities, Metrics Updates, and Progress Updates for each Focus Area.

Section 2: Annual Training and Education Report

- Reporting for this section has not changed significantly from Year 3 (CY 2022). Completion of this section complies with Exhibit K, Section 10 c. and includes reporting on CY 2022 training activities as well as current year planned training activities. While Year 3 Focus Area (FA) 6 is no longer reported on in Section 1, strategies and goals from this FA can be integrated into the narrative update field of Section 2.
- CCOs should complete the separate Excel reporting template called "2022 and 2023

Organizational and Provider Network DEI Training and Plan Template" and include it with the CCO's FA Updates submission described in Section 1 above.

- While not required, if CCOs provided any trainings to their provider network, CCOs are encouraged to report on it. Additionally, if CCOs have any additional updates or changes to CCO Organizational and Provider Network Cultural Responsiveness, Implicit Bias, and Education Plan, they are encouraged to complete the narrative. This section has a 3-page maximum, not counting referenced supporting documentation or required Excel templates.

2022 – 2023 Section Contents and Focus Area Crosswalk

Year 4 (CY 2023) FAs differ from Year 3 FAs. New FAs were added related to community engagement and to people with disabilities and LGBTQIA2S+ people. CCOs were also made aware of an additional shift in FAs for the June 30, 2023, HEP as a way to consolidate FAs that were repetitive and remove FAs that have been handed over to other areas of OHA (i.e., Grievance and Appeals). For reference, a visual aid (Fig. 1) is provided below showing a side-by-side comparison of Year 3 and Year 4 HEP update report sections and FAs.

For some FAs, CCOs may carry over previous strategies from Year 3 FAs (e.g., Year 3 FA 2, Demographic Data as Year 4 FA 1: REALD / SOGI). In these cases, reporting sections will include spaces for progress updates on previous strategies and goals as well as space to modify or introduce new strategies and subsequent goals. Other FAs were not included in the scope of Year 3 FAs (e.g., Year 4 FA 3: People with Disabilities and LGBTQIA2S+ People). For these FAs, sections

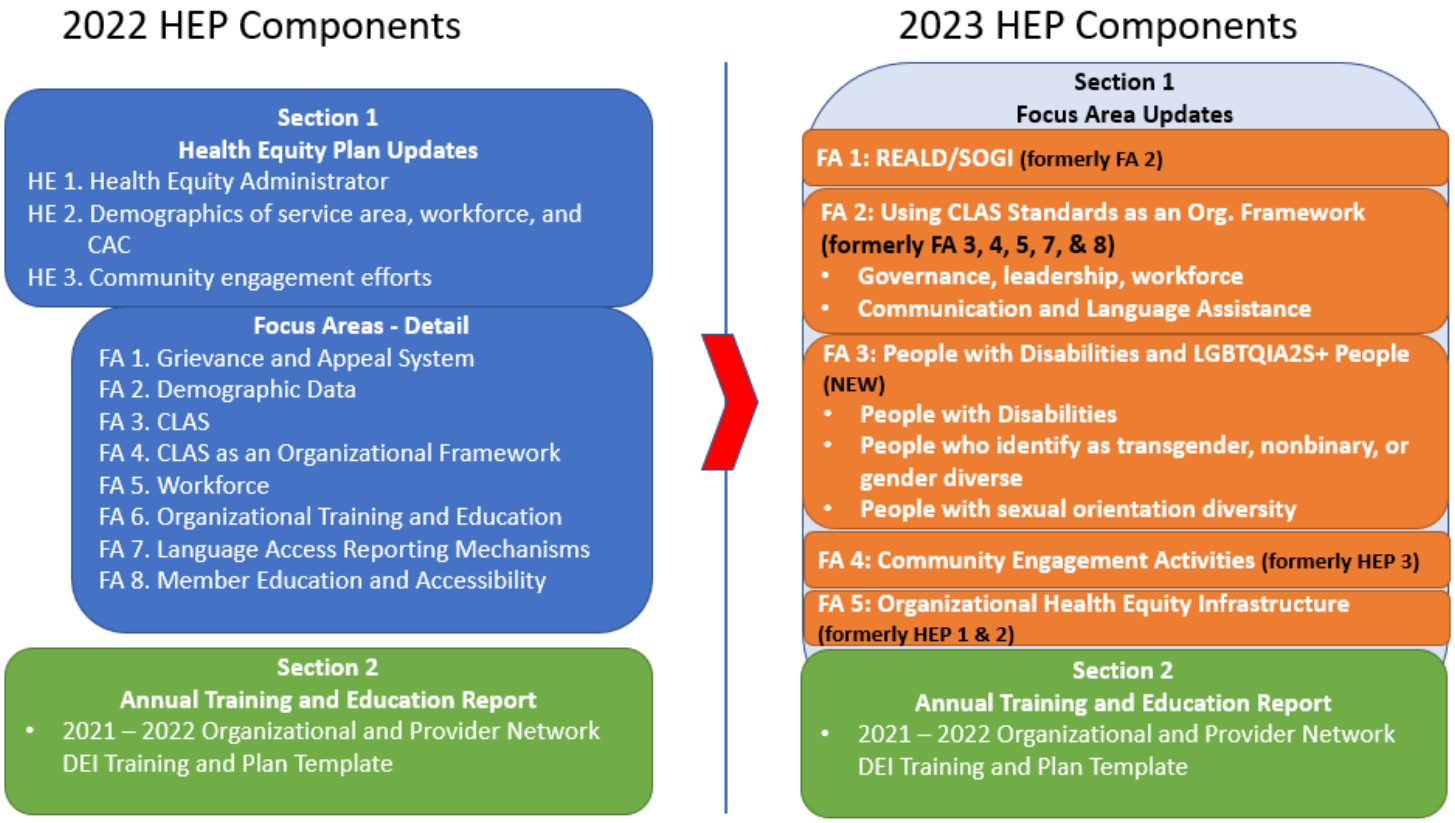

Figure 1: Side-by-side comparison of Year 3 and Year 4 HEP update sections and focus areas.

are provided in the report template for the CCO's background, context, and current efforts for the FA and the introduction of new strategies and goals. Information may be drawn from other areas of the Year 3 Health Equity Plan submission, including Year 3 Section 1's Health Equity Plan Update.

Reporting Requirements and Format Specifications:

- The CY 2023 HEP submission consists of the following:
    - Completed HEP submission template
        - This document and all supporting documentation must be submitted as a single PDF file to meet accessibility requirements; no other format will be accepted.
    - Completed Excel reporting template called "2022 and 2023 Organizational and Provider Network DEI Training and Plan"
- **The HEP submission must be submitted to OHA by email to the CCO contract deliverables mailbox at CCO.MCODeliverableReports@dhsoha.state.or.us by July 14, 2023.** (This due date was extended from June 30.)
- Must be written in 12-point Arial font with single spacing to meet readability and accessibility standards.
- All pages should be clearly numbered.
- Template sections are fully completed. CCO should put special attention to their goals and measures of success. CCO provides defined strategic goal(s) that include background narrative explaining the selection of goals under each priority area. CCO uses SMARTIE goals. Smartie stands for Strategic, Measurable, Ambitious, Realistic, Time-bound, Inclusive, and Equitable.
- Please note that some sections have specified page limits. Any page limits noted exclude supporting documentation. While OHA has provided generous page limit guidelines to accommodate each CCO's unique needs and experience, OHA encourages CCOs to provide comprehensive responses while being as brief as possible. Visual materials, including charts, graphs, maps, photographs, and other pictorial presentations are included in the page limitation.
- Supporting documentation is required and must be relevant to the item being addressed. All supporting documentation attached and referenced in the narrative portion must be clearly labeled to reflect the content (e.g., CCOxyz_LEP_Policy). The inclusion of hyperlinks to another location within the same document is requested to facilitate quick access to the document referenced by OHA reviewers. Documents that are not referenced in the narrative but are submitted will not be reviewed.

Health Equity Plan Sections

Section 1

The HEP FAs, as defined in contract, provide a roadmap of required areas a CCO needs to address to comply with state, federal and contractual requirements and reduce health inequities and disparities, provide healthcare access and improve member health outcomes.

The HEP 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 Assessment/Community Health Improvement Plan, CCO work on Social Determinants of Health, Healthier Oregon Program, and 1115 Medicaid Waiver implementation and other initiatives. The HEP will provide evidence to OHA that health equity is integrated into all functions of the CCO as an organization.

Note: FAs below include references to the contract. The references are not comprehensive and only point to sections or exhibits in the contract where the CCO can find some FA elements required and only aim to illustrate the HEP should be embedded in the CCO structure and operations.

a) REALD & SOGI[1].

Under this focus area, Contractor is able to document organizational efforts on organizational methods and processes for:

- The utilization of REALD and SOGI data to advance Health Equity.
- Assessing gaps in the current demographic data systems and processes (both Contractor's and Contractor's Provider Network).
- Identifying the challenges encountered in collecting demographic data (both Contractor's and Contractor's Provider Network); and
- Developing actionable plans for the collection, analysis, and reporting of demographic data to meet both federal and state reporting requirements and facilitate the analysis of the demographic data within the Communities of Contractor's Service Area in order to identify and address SDOHE disparities.

(Exhibit K – Social Determinants of Health and Equity; Exhibit B – Statement of Work – Part 2 – Covered and Non-Covered Services; Exhibit B – Statement of Work – Part 3 – Patient Rights and Responsibilities, Engagement and Choice; Exhibit B – Statement of Work – Part 4 – Providers and Delivery System)[2]

OHA Expectations:

- The CCO utilizes demographic data collection and analysis to advance health equity as a strategic priority as evidenced by:

[1] "Race, ethnicity, preferred spoken and written languages and disability status standards" and "REALD" each means the standards under ORS 413.161. As of July 1, 2022, pursuant to Enrolled Oregon House Bill 3159 (2021) Section 5, sexual orientation and gender identity are added to the standards under ORS 413.161.

[2] 2023 CCO Contract references are in *blue and italicized.*

- The CCO has the capability to identify gaps and challenges in its current data collection, analysis systems and process, and develops organization-wide actionable goals to address them.
- The CCO provides evidence and examples of how it uses REALD and SOGI data to eliminate health inequities by identifying population-specific health inequities and developing targeted programs and interventions informed by REALD / SOGI data.

Resources:

- Using REALD and SOGI to Identify and Address Health Inequities https://www.oregon.gov/oha/EI/Pages/Demographics.aspx

b) Using CLAS Standards[3] as an organizational framework to advance health equity.

Under this focus area, Contractor is able to document its efforts developing organizational systems and processes to provide effective, equitable, understandable, and respectful quality health care and services by focusing on CLAS Standards related, but not limited, to "Governance, Leadership, and Workforce" and "Communication and Language Assistance" which in large have been areas where CCOs have focused efforts on the implementation of CLAS.

OHA Expectations:

- The CCO has at least one strategy and related goal for each of the National CLAS standards categories:
  - ***Workforce, Governance, and Leadership***: Strategies/goals related to organizational governance, training, and policy incorporating CLAS standards and workforce diversity recruitment and retention.
    - Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
    - Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
    - Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

    (CCO Contract Exhibit B Part 4 Providers and Delivery Systems (4); Exhibit K Part 10; Exhibit K Part 11 Traditional Health Workers):
  - ***Communication and Language Assistance****:* Strategies/goals related to CLAS-compliant language assistance and member accessibility of materials.
    - Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
    - Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

[3] "Culturally and Linguistically Appropriate Services" and "CLAS" each means the provision of 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. "Culturally and Linguistically Appropriate Services" includes meaningful language access as required by Title VI Guidance issued by the United States Department of Justice and the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care as issued by the United States Department of Health and Human Services.

- Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
- Provide easy-to-understand print and multimedia materials and signage in the CCO service area most prevalent languages.

(CCO Contract Exhibit B Part 3 Patients' Rights and Responsibilities-Engagement and Choice; Exhibit B Part 4 Provider and Delivery System; Exhibit K Part 10 Health Equity Plan; Exhibit M-Behavioral Health):

- ***Engagement, Continuous Improvement, and Accountability:***
  - Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
  - Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
  - Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
  - Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
  - Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
  - Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
  - Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

(CCO Contract Exhibit B Part 4 Providers and Delivery Systems (4); Exhibit K Part 10)

- The CCO has a review mechanism in place to track compliance and progress with CLAS standards, including collecting feedback from community members, CACs, and/or community-based organization partners.
- The CCO shares their annual progress on these goals with the broader community through a public facing report or presentation.

Resources:

- National CLAS Standards - National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care https://thinkculturalhealth.hhs.gov/clas

c) People with Disabilities and People who identify as LGBTQIA2S+[4]

Under this focus area, Contractor is able to document work on the following three (3) priority populations:

[4] "LGBTQIA2S+" is an acronym for Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning, Intersex, Asexual, Two-Spirit, and the countless affirmative ways in which people choose to self-identify on the gender expansive and sexual identity spectrums

i) People with disabilities and health services.

Under this focus area, Contractor is able to document efforts developing organizational systems and processes to provide effective, equitable, understandable, and respectful quality care and services to individuals with disabilities by ensuring compliance with the Rehabilitation Act, Affordable Care Act, Americans with Disabilities Act, and the Web Content Accessibility Guideline (WCAG) requirements.

(Exhibit B – Statement of Work – Part 9 – Program Integrity ; Exhibit B – Statement of Work – Part 2 – Covered and Non-Covered Services; Exhibit B – Statement of Work – Part 3 – Patient Rights and Responsibilities, Engagement and Choice; Exhibit B – Statement of Work – Part 4 – Providers and Delivery System; Exhibit D – Standard Terms and Conditions; Exhibit E – Required Federal Terms and Conditions; Exhibit I – Grievance and Appeal System; Exhibit K – Social Determinants of Health and Equity; Exhibit M – Behavioral Health)

OHA Expectations:

- The CCO provides an analysis of barriers to accessing care for people with disabilities and uses relevant research to inform continuous quality improvement efforts.
- CCO uses multiple quantitative and qualitative data sources to gain insight into health care utilization and needs of people with disabilities.
- CCO collects disability information consistently with REALD guidelines.
- CCO uses quantitative and qualitative data to shed light on the challenges individuals with disabilities in the CCO community and service area may face.
- CCO has policies and processes in place to ensure materials are developed in plain language and provided to members in alternate formats including different language, braille, large print and audio materials in accordance with contractual, state and federal guidelines.

Resources:

- Oregon Office on Disability and Health https://www.ohsu.edu/oregon-office-on-disability-and-health
- OHSU University Center for Excellence in Developmental Disabilities https://www.ohsu.edu/university-center-excellence-development-disability
- Oregon Council on Developmental Disabilities https://www.ocdd.org/

ii) People who identify as transgender, nonbinary, or gender diverse and health services[5].

Under this focus area, Contractor is able to document its efforts developing organizational systems and processes to provide effective, equitable, understandable, and respectful quality care and services to individuals who identify as transgender, nonbinary, or gender diverse by ensuring compliance with the Oregon Equality Act of 2008, the Affordable Care Act, and Title VII of the Civil Rights Act.

[5] People with diverse sexual orientations refers to people who identify as lesbian, gay, bisexual, two-spirited, queer, questioning, asexual, or any other sexual orientation identity on the expansive identity spectrum

(Exhibit B – Statement of Work – Part 3 – Patient Rights and Responsibilities, Engagement and Choice; *Exhibit B – Statement of Work – Part 9 – Program Integrity*; Exhibit *E – Required Federal Terms and Conditions; Exhibit I – Grievance and Appeal System; Exhibit K – Social Determinants of Health and Equity; Exhibit M – Behavioral Health)*

OHA Expectations

- The CCO provides an analysis of barriers to accessing care for people who are transgender, nonbinary, or gender diverse and uses relevant research to inform continuous quality improvement efforts.
- CCO uses multiple quantitative and qualitative data to shed light on the barriers and challenges transgender, nonbinary, or gender diverse people in the CCO community and service area may face.
- CCO has established channels and actively engages people who are transgender, nonbinary, or gender diverse to provide feedback and oversight directly to CCO quality assurance.
- CCO has policies and processes in place to assess and ensure that provider network is using state- and nationwide best practices for providing healthcare services for people who are transgender, nonbinary, or gender diverse.
- CCO training plan includes staff education to understand and support transgender, nonbinary, and gender diverse individuals.

Resources:

- OHSU Transgender Health Program https://www.ohsu.edu/transgender-health
- Basic Rights Oregon https://www.basicrights.org/

iii) People with diverse sexual orientations and health services. Under this focus area, Contractor is able to document its efforts developing organizational systems and processes to provide effective, equitable, understandable, and respectful quality care and services to individuals who do not identify as straight or heterosexual by ensuring compliance with the Oregon Equality Act of 2008, the Affordable Care Act, and Title VII of the Civil Rights Act.

(Exhibit B – Statement of Work – Part 3 – Patient Rights and Responsibilities, Engagement and Choice; Exhibit B – Statement of Work – Part 9 – Program Integrity; Exhibit E – Required Federal Terms and Conditions; Exhibit I – Grievance and Appeal System; Exhibit K – Social Determinants of Health and Equity; Exhibit M – Behavioral Health)

OHA Expectations

- The CCO provides an analysis of barriers to accessing care for people who have diverse sexual orientations and uses relevant research to inform continuous quality improvement efforts.
- CCO collects sexual orientation information consistently with SOGI guidelines.
- CCO uses multiple quantitative and qualitative data sources to shed light on the health care utilization, needs, barriers, and challenges people with diverse sexual orientations in the CCO community and service area may face.

- CCO has established channels and actively engages people with diverse sexual orientations to provide feedback and oversight directly to CCO quality assurance.
- CCO has policies and processes in place to assess and ensure that provider network is using state- and nationwide best practices for providing healthcare services for people with diverse sexual orientations.
- CCO training plan includes staff education to understand and support people with diverse sexual orientations.

Resources:

- Basic Rights Oregon https://www.basicrights.org/
- City of Portland LGBTQ+ Resources https://www.portlandoregon.gov/71350

d) CCO community engagement activities[6].

Under this focus area, Contractor is able to document its efforts developing systems and processes to increase organizational capacity to advance health equity by engaging CCO Members and communities in the CCO Service Area for:

- Development of systems and processes to involve community in the development of the Health Equity Plan and Health Equity Plan updates.
- Development of systems and processes that use transformational community engagement[7] methods to engage communities in CCO and CCO partner activities related to advancing health equity in the CCO Service Area; and
- Outreach[8] and engagement of Members using culturally and linguistically appropriate methods that may be identified by the above efforts or by the collaboration with culture specific community-based organizations for the purpose of raising the awareness of the CCO and Subcontractors and CCO partners, available programs and services such as Healthier Oregon Program.

(*Exhibit B – Statement of Work – Part 3 – Patient Rights and Responsibilities, Engagement and Choice; Exhibit K – Social Determinants of Health and Equity; Exhibit M – Behavioral Health)*

OHA Expectations

- CCO includes member and community voice in the development of the Health Equity Plan yearly updates through CAC or other advisory councils and community partners.
- CCO demonstrates regular, consistent, authentic and transformational engagement of communities, including participation in review and feedback on any appropriate or applicable CCO policy and/or process, Health Equity Plan, and community engagement strategies
- CCO integrates culturally and linguistically appropriate methods into their outreach strategies to members and community-based CBOs, based on feedback and guidance from existing partners / CACs.
- CCO uses a partnership and relationship-building approach to community engagement,

[6] "Community" has the meaning provided for in ORS 414.018(5)(a).
[7] Transformational Community Engagement to Advance Health Equity https://www.shvs.org/wp-content/uploads/2023/03/SHVS_Transformational-Community-Engagement-to-Advance-Health-Equity.pdf
[8] "Outreach" has the meaning provided for in OAR 410-141-3575.

developing systems and processes that allow for consistent, long-term, and mutually beneficial (non-extractive) relationships with members and CBOs[9].

- CCO utilizes available resources such as OHA Community Partner Outreach Partner Program, Regional Health Equity Coalitions (when available in the CCO service area) and other culture specific community-based organizations to support the development and implementation of strategies and goals that support transformational community engagement for the purpose of raising awareness of available programs and services.

Resources:

- Community Partner Outreach Program (CPOP) https://oregoncpop.org/
- Community Engagement Strategies Checklist: Oregon Health Authority https://www.oregon.gov/oha/HPA/dsi-tc/CHACHPTechnicalAssistance/5-HANDOUT%205%20Community%20Engagement%20Strategies%20Checklist.pdf
- Transformational Community Engagement to Advance Health Equity – State Health and Value Strategies https://www.shvs.org/resource/transformational-community-engagement-to-advance-health-equity/
- CPOP Resources for Healthier Oregon Program (HOP) https://oregoncpop.org/healthier-oregon/

e) Continued development of an organizational Health Equity infrastructure.

Under this focus area, Contractor is able to document the continuation of its efforts developing systems and processes to ensure its organizational capacity to advance health equity, such as organizational commitment and allocation of resources to advance health equity and how CCO is developing organizational structures to support true community collaborations and partnerships.

OHA Expectations

- CCO provides updates on strategies / goals related to organization-wide health equity infrastructure, such as:
  - Institutional commitment to advance health equity
  - Allocation of resources, training, and FTE positions dedicated to advancing health equity
  - Integration of health equity practices and values throughout the organization
  - Organizational structures to support true community collaborations
  - Findings and actions taken from any organizational equity audits or organizational culture/employee satisfaction surveys

Resources:

- Center for Disease Control (CDC) Building Organizational Capacity to Advance Health Equity https://www.cdc.gov/nccdphp/dnpao/health-equity/health-equity-guide/pdf/health-equity-guide/Health-Equity-Guide-sect-1-1.pdf
- National Association of County and City Health Officials (NACCHO) Health Equity and Social Justice https://www.naccho.org/programs/public-health-infrastructure/health-equity#our-work

[9] Transformational Community Engagement to Advance Health Equity https://www.shvs.org/wp-content/uploads/2023/03/SHVS_Transformational-Community-Engagement-to-Advance-Health-Equity.pdf

- PolicyLink Health Equity Resources https://www.policylink.org/our-work/community/health-equity/health-equity-resources

Section 2

Annual Training and Education Report

For this section, CCOs are required to report on their 2022 staff, leadership and governance and provider network (if applicable) training as outlined in their Organizational and Provider Network Cultural Responsiveness, Implicit Bias, and Education Plan. While not required, if CCOs provided any trainings to their provider network, CCOs are encouraged to report on it. Please complete the separate Excel reporting template called "2022 and 2023 Organizational and Provider Network DEI Training and Plan Template" and attach it with CCO's report submission.

OHA Expectations

- CCOs incorporate cultural responsiveness and implicit bias trainings into its existing organization-wide training plans and programs.
- 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 have been asked since 2020 to provide and require all its employees (including directors, board members, and senior executives) to participate in trainings relating to health equity fundamentals in regular cadence. CCOs are not asked to provide all trainings on the same year, but a plan must be in place to include health equity training fundamentals in yearly offerings.
- CCOs may elect, but are not required, to offer Cultural Competence and implicit bias trainings to its Provider Network. CCO should be aware that for providers there are special requirements that must be follow for cultural competence training only. If "Cultural Competence" trainings (as defined in Oregon Administrative Rules for Cultural Competence Continuing Education for Health Care Professionals (OAR 943-090-0010) are offered by the CCO to its Provider Network must align with the components of a Cultural Competence curriculum set forth by OHA's Cultural Competency Continuing Education criteria listed on OHA's website.
- CCO may utilize OHA pre-approved cultural competence trainings to meet contractual obligations on cultural competence training for their CCO staff but are not required. However, if the CCO wants to provide a cultural competence training (OAR 943-090-0010) to their provider network they must ensure the trainings are those OHA pre-approved cultural competence trainings.
- CCOs should include in their organization training and education plan offerings that address training fundamentals areas identified by OHA. (CCO Contract Exhibit K Part 10).
- 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.
- OHA expects the CCOs to report on section 2 using the provided template. The OHA expects that the CCOs are providing to their workforce **quality trainings** and as such, OHA expects that CCO develop and implement review processes that if required, will allow CCOs and OHA to monitor and measure both the qualitative and quantitative progress, impact, and effectiveness of all training and education provided by the CCO. With that need to document details to be used to monitor and measure the quality of the training provided OHA asks the CCOs 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.
- For the purpose of the Health Equity Plan, OHA does not require a specific number of training hours or training offerings.
- CCOs are expected to 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.

Resources:

- American Academy of Family Physicians -Implicit Bias Resources https://www.aafp.org/family-physician/patient-care/the-everyone-project/toolkit/implicit-bias.html
- OHSU Unconscious Bias Training https://www.ohsu.edu/center-for-diversity-inclusion/unconscious-bias-training
- OHSU Center for Diversity and Inclusion – Anti-Racism Resources https://www.ohsu.edu/center-for-diversity-inclusion/anti-racist-resources
- OHA Cultural Competency Continuing Education (Equity and Inclusion Division) https://www.oregon.gov/oha/EI/Pages/CCCE.aspx

Health Equity Plan: REVIEW PROCESS AND FEEDBACK

When submitting materials, CCOs should ensure they are following template instructions and formatting guidelines. Supporting documentation is required and must be relevant to the item being addressed. Documents that are not referenced in the narrative but are submitted will not be reviewed. All supporting documentation attached and referenced in the narrative portion must be clearly labeled to reflect the content (e.g., CCOxyz_LEP_Policy). The inclusion of hyperlinks to another location within the same document is requested to facilitate quick access to the document referenced by OHA reviewers.

OHA Review

Each year, the HEP submission are reviewed by a team of OHA subject matter experts. CCO have asked OHA to ensure there is coordination between OHA teams that review CCO contract deliverables to avoid duplication efforts and reduce CCO administrative burden.

OHA's CCO Contracts Administrator will review the initial submission for completeness. If the submission is complete, then the CCO Contracts Administrator shares the submission with OHA Equity and Inclusion Division's HEP leads.

OHA's HEP leads utilize CCOs' HEPs to inform contract restatement changes and the development of a mid-way progress report that will be developed in partnership with CCOs.

In addition, if there are significant changes to the HEP requirements such as the addition of new FAs, OHA will update the criteria used to evaluate the submissions and feedback will be provided using these criteria

After OHA subject matter experts review the HEP submissions, they will develop written feedback to CCOs that may include:

- Review of potential weaknesses (if found). If any considerable weakness is found that requires immediate attention from the CCO, feedback by OHA will be shared with the CCO Health Equity Administrator upon initial subject matter cursory review that takes place within 30 days from the due date.
- A high-level analysis of the HEP's strengths and opportunities.
- Identification of potential technical assistance opportunities associated with any review findings, if needed.
- Suggestion of appropriate interventions to address incomplete or insufficient items with a description of the specific information or clarification required.

OHA will schedule a one-hour feedback check in with each CCO where OHA HEP leads will be able to answer any questions resulting from the evaluation and go over template, guidance document and guidance for the next submission cycle. One-on-one feedback meetings will be held each year during the last week of April and the first week of May every year.

Note: The CCO's contract administrator will be copied on all of the above OHA communications.

For any questions, please contact the Health Equity Innovation and Implementation Team at CCO.HealthEquityPlans@dhsoha.state.or.us.