Health Equity Plan

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Advanced Health

289 LaClair Street
Coos Bay, Oregon 97420
Local phone: 541-269-7400
Toll free: 800-264-0014
TTY: 877-769-7400

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Section 1 – Health Equity Plan Development and Implementation

Purpose and scope of this Health Equity Plan

The purpose of this Health Equity Plan is to provide an organization-wide framework for Advanced Health to improve its health equity infrastructure.

From the OHA Health Equity Plan Guidance Document:

> *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 nondiscrimination policies.*

The Health Equity Plan is presented in three sections. Section 1 outlines the process for development, oversight, accountability, and communication for the Health Equity Plan. Section 2 details eight different focus areas for organizational health equity infrastructure work. Each focus area has specific goals, including measures of success, and the resources needed. Section 3 is Advanced Health's training and education plan for both the CCO workforce and the provider network. Beginning next year, a fourth section will be added. Section 4 will include an assessment of the previous year's performance according to the Health Equity Plan.

The Health Equity Plan is designed to meet CCO contract requirements, Oregon Administrative Rules, Code of Federal Regulations, as well as Oregon Health Authority guidance for CCO Health Equity Plans.

This plan applies to all Advanced Health operations and staff and their interactions with Members, the provider network, and the communities we serve.

Organizational commitment to health equity

Principles of equity, inclusion, and cultural responsiveness have long been part of Advanced Health's operating philosophy and practices. Efforts to promote health equity within the organization, the provider network, and the community have been monitored through regular reports to OHA, such as the Transformation and Quality Strategy, the Delivery System Network report, Member Grievance System reports, and Community Health Improvement Plans.

Throughout the provider network, Advanced Health sponsors, promotes, and offers technical assistance in monitoring culturally and linguistically appropriate trainings for both providers and their staff. Some of the training opportunities Advanced Health has sponsored locally include topics such as health literacy, the culture of poverty,

recognizing and honoring diversity, trauma-informed practices, and the impacts of adverse childhood experiences. Details of current provider training offerings can be found on the Advanced Health website and are communicated to the provider network through the provider newsletter, the Interagency Quality Committee, and provider services. Many of the trainings and workshops related to equity and inclusion or adverse childhood experiences are also available to non-clinical community partners.

This Health Equity Plan is the most cohesive, comprehensive, and systematic effort to date to develop and document strategies for change and to transparently communicate Advanced Health's commitment to health equity.

In August 2020, the Advanced Health board of directors adopted the following definition of Health Equity, developed by the Health Equity Committee of OHA's Office of Equity and Inclusion, and adopted by the Oregon Health Policy Board and the OHA:

> *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.*

The board of directors adopted this definition to make clear Advanced Health's commitment to health equity and its intent to take action to promote health equity for Advanced Health Members and all community members in Coos and Curry Counties. The board of directors has charged Advanced Health to use this definition as a cornerstone for developing and operationalizing this organization-wide Health Equity Plan.

The adopted definition of Health Equity was distributed to committees and staff, including the Community Advisory Council (CAC) and the Health Equity Steering Committee. Both committees had in depth conversations about their interpretations of the definition and how the adoption of this definition by Advanced Health's board of directors would empower the work throughout Advanced Health staff and committees of advancing health equity. The Health Equity definition was shared on the internal electronic bulletin board for all staff to access and it has also been shared with staff during internal staff assessments. This definition has been presented to Advanced Health's other advisory committees to the board, the Clinical Advisory Panel and Interagency Quality Committee for review, discussion, and integration into their work.

Health Equity is a priority of the Community Health Improvement Plan (CHIP) that the CAC oversees and is a standing agenda item on the CAC monthly agenda.

Demographic description of CCO Membership, Community Advisory Councils, and Advanced Health workforce

Advanced Health Membership

Advanced Health currently serves nearly 24,000 Oregon Health Plan Members in Coos and Curry Counties on the Southern Oregon Coast. 52% of Advanced Health Members are female and 48% are male. Nearly 7%, approximately 1,600 members, have one or more disabilities.

Current race and ethnicity demographic data available from OHA for Advanced Health's membership shows nearly 41% as "not provided." The percentage of race and ethnicity data that is not provided or unavailable has waxed and waned over the past several years, and unfortunately has begun increasing again in 2020. Of the members with a race or ethnicity status, less than 1% are Native Hawaiian or Pacific Islander. Members who are Black, Asian or Pacific Islander, or who identify as another race or ethnicity each make up about 1% of the Advanced Health population. Members who identify as American Indian or Alaskan Native comprise 2% of the Advanced Health population, and Hispanic members make up another 5% of the population. The remaining 90% of Advanced Health members are Caucasian.

Spanish is the prevalent non-English language spoken by Advanced Health Members, with 1.2%, or about 280 Members, indicating that their primary language is Spanish. While some language data is unavailable (marked as "undetermined," "other," or "declined to answer") it is not nearly as big a gap in the data as the race and ethnicity data noted above. At least 43 more Advanced Health Members primarily speak a language other than Spanish or English.

The data analytics team at Advanced Health has put together an interactive Tableau dashboard to display current Member demographic information. This information is used by Advanced Health staff for planning activities such as those related to Member communication materials, quality improvement activities, and monitoring the delivery system network. A sample snapshot of the dashboard is attached to this report as Attachment 01. The data source for the Tableau dashboard is the demographic data that Advanced Health receives from OHA. This is the demographic information Members provide when completing their Oregon Health Plan application.

Advanced Health Community Advisory Councils

Advanced Health has established two Community Advisory Councils (CAC), one in Curry County and another in Coos County. The Curry CAC has 57% of voting members who are consumer representatives (Advanced Health Members). The Coos CAC has 58% of voting members who are consumer representatives. The remaining CAC members are representatives from various community-based organizations, social service agencies or other agency partners.

Advanced Health's community engagement staff work with the CAC members and potential members to gather demographic data, including race, ethnicity, gender identity, language, and disability information. The information disclosure is voluntary, but most, if not all, CAC members opt to provide their data. The information is used by Advanced Health, CACs, and the CAC Selection Committee to monitor the diversity of the CACs and to ensure representation is aligned with the Advanced Health Membership and the communities we serve.

The Coos CAC membership is 71% female and 29% male. All members indicate their primary language is English. 12% of Coos CAC members are American Indian or Alaskan Native, 8% are Hispanic, 4% are Black or African American, and 75% are white. 4% of the Coos CAC members indicate they have one or more physical or mental disabilities.

The Curry CAC membership is 86% female, 7% male, and 7% non-binary. All members indicate that their primary language is English. 8% of the Curry CAC members are American Indian or Alaskan Native and the remaining 92% are white. 7% of Curry CAC members indicate they have one or more physical or mental disabilities.

More complete information about the Coos and Curry CAC membership and demographic data can be found in the Advanced Health Community Advisory Council (CAC) Demographic Report in Attachment 02.

Advanced Health workforce

Demographic data for Advanced Health's workforce and Board of Directors is not available. Advanced Health has a small workforce that falls below the threshold for demographic reporting. See Focus Area 5, beginning on page 26, for further discussion of Advanced Health's workforce and plans to overcome the barriers to collecting demographic data. Comments and feedback from staff during the organizational self-assessment process were somewhat more positive than negative. Six comments praised the organization's cultural and linguistic diversity among staff at all levels as a strength, while four commenters indicated they would like to have more cultural diversity among staff. Employing a diverse workforce and supporting a work environment that is respectful and inclusive is vital to the organization and essential to making the changes needed to improve our health equity infrastructure.

Advanced Health provider network

Advanced Health's provider network consists of virtually all local providers. As of July 2020, and as reported in the Advanced Health Delivery System Network Narrative Report, we monitor and report on providers' languages. Within Advanced Health's PCP network, there are multiple bilingual providers: Spanish (6); Hindi (2); Taiwanese (2); Mandarin (1); and Nepali (1). Within the mental health and addiction treatment system, there providers who speak the following non-English languages: Spanish (3), Russian (3), Lakota (2), Japanese (1), Hindi (1), Romanian (1), French (1), and Arabic (1). There is also a mental health provider who is fluent in American Sign Language. Within the oral health provider network, there are four providers who speak Spanish and one provider fluent in American Sign Language. One of the oral health providers who

speaks Spanish and the provider fluent in ASL are both available to attend appointments in multiple Advantage Dental clinic locations within the Advanced Health service area. This information is collected at the time of provider credentialing and recredentialing and is available to Members through the Advanced Health provider directory on our website or available in print, at no cost, upon request.

Organizational structure to support Health Equity Plan

Health Equity Administrator

Advanced Health has designated the Executive Program Director to be the CCO's Health Equity Administrator. Included in Attachment 03 is the current Advanced Health organizational chart, showing the Executive Program Director's position within the organization. The Executive Program Director job description is also included as Attachment 04 with further details of the role and responsibilities related to health equity. The Executive Program Director oversees several programs that are integral to advancing health equity in the organization, in the provider network, and in the community. Those functions include community engagement, quality improvement, grievance and appeals system, and intensive care coordination. The Executive Program Director is also responsible to manage and oversee Advanced Health's Health-Related Services budget and the SHARE Initiative spending.

The Executive Program Director has participated in a number of equity-related trainings made available through the OHA Transformation Center, such as the Advancing Health Equity conference and other learning collaborative sessions, as well as local trainings sponsored by Advanced Health and other community organizations, including a local Diversity Conference in 2019. Local trainings have covered topics like CLAS, ACEs, Health Literacy, history of local tribes, recognizing micro-aggressions, and the history of racism in the area, among others. The Executive Program Director is also part of the 2020/21 DELTA cohort. DELTA (Developing Equity Leadership through Training and Action) is a nine-month training and education program focused on building capacity for health equity work and developing a network of health equity leadership throughout the state. More information about the DELTA program can be found on OHA's website here: https://www.oregon.gov/oha/oei/pages/delta.aspx.

Health Equity Steering Committee

Advanced Health has an internal Health Equity Steering Committee whose role is to review the organization's infrastructure and OHA's requirements to develop a framework and strategic goals for this Health Equity Plan. The Health Equity Steering Committee includes staff from across the organization, including the Director of Community Engagement, Behavioral Health Director, Quality Manager, Director of Member Services, Grievance System Coordinator, Director of Care Coordination, Human Resources, Director of Financial Planning and Analytics, Chief Medical Officer, and Executive Program Director/Health Equity Administrator. This committee met at

least monthly beginning in June 2020, and more often as needed to design an organizational self-assessment tool, develop strategic goals for the focus areas in Section 2 of this Health Equity Plan, review results of the organizational assessment, and gather the information and documents necessary to ensure the plan can be implemented.

In early 2021, the Health Equity Steering Committee will focus on implementing a communication plan for the Health Equity Plan. The committee will monitor the effectiveness of the communication plan with stakeholders, including Members, community partners, CACs, CCO workforce, and the community at large. The Health Equity Steering Committee will also monitor progress on all focus areas and any feedback from stakeholders and OHA related to the 2020 Health Equity Plan. Progress and feedback will be used by this committee to develop an assessment of the 2020 Health Equity Plan and the revised 2021 Health Equity Plan in June 2021.

Community Advisory Councils (CACs)

The Advanced Health CACs are advisory councils to the Advanced Health Board of Directors. One voting CAC member from each of the two CACs is also a member of the Advanced Health Board of Directors, ensuring regular communication between the CACs and the Board. The CACs are also closely involved with setting priorities for the Community Health Improvement Plans and several CAC members also participate on workgroups focused on implementing the Community Health Improvement Plan initiatives. Both the Coos and the Curry Community Health Improvement Plans include a focus on health equity.

The Curry Community Health Assessment and Community Health Improvement Plan are available on Advanced Health's website:

http://advancedhealth.com/community-focus/curry-community-health-improvement-plan/

The Coos Community Health Assessment and Community Health Improvement Plan are available on Advanced Health's website:

http://advancedhealth.com/community-focus/coos-community-health-improvement-plan/

Advanced Health CAC members are regularly invited to trainings and webinars that are offered by Advanced Health, local community partners, and the OHA Transformation Center. Relevant training include: ACES, Implicit Bias, Pronouns, Culture of Poverty, and the Annual South Coast Diversity Conference that offers an array of equity-related trainings. Health Equity is a regular agenda item for CACs and they are involved in reviewing and discussing the adopted definition of Health Equity as well providing input on our Health Equity strategies and goals.

Interagency Quality Committee

This committee is chaired by the Advanced Health Quality Manager and attended by representatives of provider network organizations. The Interagency Committee meets monthly. The purpose of this committee is to provide a platform for collaboration and coordination between Advanced Health's leadership, contractors, network provider

organizations, and community partners purposed at achieving the Triple Aim. This committee supports data-driven decision making and development of a culture of quality through the review of data reports that support OHA contract compliance, achievement of Advanced Health's strategic plan, advances in individual and population health, enhancement of the member's experience of care, and cost efficacy. The Interagency Quality and Accountability Committee reports to the Advanced Health Board of Directors.

Clinical Advisory Panel (CAP)

The Clinical Advisory Panel is chaired by Advanced Health's Chief Medical Officer and membership includes providers representative of behavioral health, physical health, dental health, and substance use treatment. The CAP usually meets twice per month. The CAP provides input on clinical programs and policies with the goal of achieving the Triple Aim: improved outcomes in individual and population health; enhancement of the patient's experience of care; and, cost efficacy. The Clinical Advisory Committee provides perspective of practicing clinicians to Advanced Health. The Clinical Advisory Panel reports to the Advanced Health Board of Directors.

Board of Directors

Advanced Health's Board of Directors has sought to include members of diverse racial and ethnic groups as well as consumer CAC members. The board is representative of Advanced Health equity partners, community partners, community stakeholders, and the Community Advisory Councils. They oversee the performance of the organization. Among other duties, the Board of Directors reviews and authorizes the annual Health Equity Plan.

Process for developing the Health Equity Plan

In developing the 2020 Health Equity Plan, the Health Equity Steering Committee considered priorities from the Community Health Improvement Plans (see discussion of the role of the CACs above), the 2020 Language Access Self-Assessment (completed and submitted to OHA in January of 2020), input from advisory committees (Clinical Advisory Panel, Interagency Quality Committee, and CAC), and feedback from the CCO workforce gathered through an organizational health equity capacity assessment.

The Interagency Quality Committee and Clinical Advisory Panel have discussed and made recommendations that have informed strategies for Focus Area 7 – Language Access Reporting Mechanisms. Direction and feedback from the Board of Directors and the CACs have informed goals for Focus Area 1 – Grievance and Appeal system reporting and process improvements

Community Health Assessments and Community Health Improvement Plans

Advanced Health has a Community Health Improvement Plan (CHIP) for each county that it serves that are overseen by the Community Advisory Councils (CAC). The CHIPs

are community level plans that strive to improve the health of individuals, families, and the communities at large. The CHIPs are based on the Advanced Health Community Health Assessments (CHA) of each county and represent community wide priorities. The CHAs and CHIPs were created by large collaboratives made up of cross-sector organizations and community members. The collaboratives included representatives from local Coordinated Care Organizations, public health, hospitals, federally qualified health centers, tribal health services, dental health services, school districts, mental health and addiction treatment organizations, early learning and parenting groups and many other vital health and human service organizations.

The CHA and CHIP process used a modified Mobilizing for Action through Planning and Partnerships (MAPP) model which is a national best practice tool for health planning. Also, for the first time, a Social Determinant of Health and Equity framework was used for the development of the CHAs and CHIPs. Community engagement was vital for the development of the CHA and CHIP and included community meetings, focus groups, and surveys with much interaction with the Advanced Health CACs who oversaw the processes.

Large, broad focus areas were identified for each county followed by priority areas with high level strategies. The broad focus areas and priority areas for each CHIP are:

Curry CHIP Focus Areas (Priority Areas): Health Systems and Capacity (Behavioral Health and Addictions, Oral Health, Access to Healthcare); Health Equity (Housing and Homelessness, Food and Nutrition); and Communities and Families (Youth and Seniors, Workforce and Economic Development).

Coos CHIP Focus Areas (Priority Areas): Individuals & Families (Adversity, Trauma, and Toxic Stress; Prevention); Health Equity (Housing and Homelessness, Food and Nutrition, Transportation, Economic Stability); Access & Capacity (Access and integration of services, Behavioral health and addictions); and Community Outreach and Engagement (Coordination, collaboration, and communication).

The cross-sector large collaborative CHIP groups in both counties identified Health Equity as a focus area. This has led to the creation and/or support of local work groups addressing equity issues, such as the South Coast Equity Coalition, Housing and Homelessness task forces, the CHIP Food and Nutrition Group, Transportation Advisory Council, and support of the South Coast Workforce Investment Board work plan.

For more information and the full documents, see the links below.

The Curry Community Health Assessment and Community Health Improvement Plan are available on Advanced Health's website:

http://advancedhealth.com/community-focus/curry-community-health-improvement-plan/

The Coos Community Health Assessment and Community Health Improvement Plan are available on Advanced Health's website:

http://advancedhealth.com/community-focus/coos-community-health-improvement-plan/

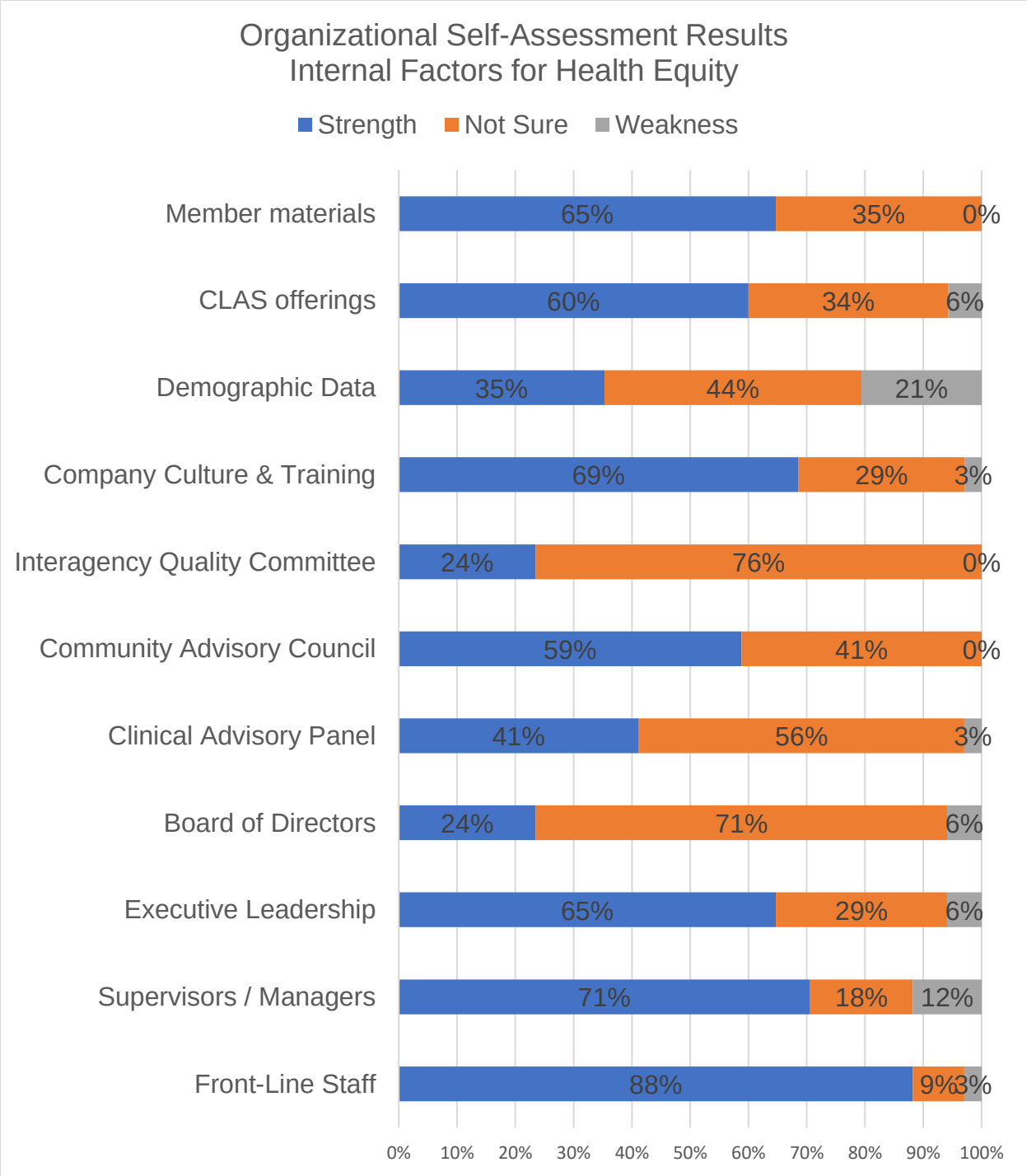
Language Access Self-Assessment

In January 2020, Advanced Health completed and submitted to OHA the Language Access Self-Assessment. Information from this assessment informed goals and strategies outlined in Focus Area 3 (see page 20), Focus Area 7 (see page 30), and Focus Area 8 (see page 32).

Organizational Self-Assessment

The Health Equity Steering Committee developed and deployed an organizational self-assessment modeled after a SWOT analysis. A SWOT analysis is a tool used to evaluate internal (under the organization's control) strengths and weaknesses as well as external (not under the organization's control) opportunities and threats. The purpose of the assessment was to collect staff feedback on the strengths and weaknesses of the organization's health equity infrastructure. The results helped the Health Equity Steering Committee to develop a Health Equity Plan that builds on our strengths and opportunities while mitigating or transforming weaknesses and threats.

The assessment was created as an online survey and was distributed to all staff in an effort to gather as much feedback and as many different viewpoints as possible throughout the organization. The survey was anonymous and offered many opportunities for staff to express their opinions and thoughts through free-text responses. There were 34 responses, representing approximately 50% of staff. Attachment 06 is the full assessment tool. The charts below offer a summary of the results.


Organizational Self-Assessment Results
Internal Factors for Health Equity
Strength
Not Sure
Weakness
Member materials
65%
35%
0%
CLAS offerings
60%
34%
6%
Demographic Data
35%
44%
21%
Company Culture & Training
69%
29%
3%
Interagency Quality Committee
24%
76%
0%
Community Advisory Council
59%
41%
0%
Clinical Advisory Panel
41%
56%
3%
Board of Directors
24%
71%
6%
Executive Leadership
65%
29%
6%
Supervisors / Managers
71%
18%
12%
Front-Line Staff
88%
9%
3%
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
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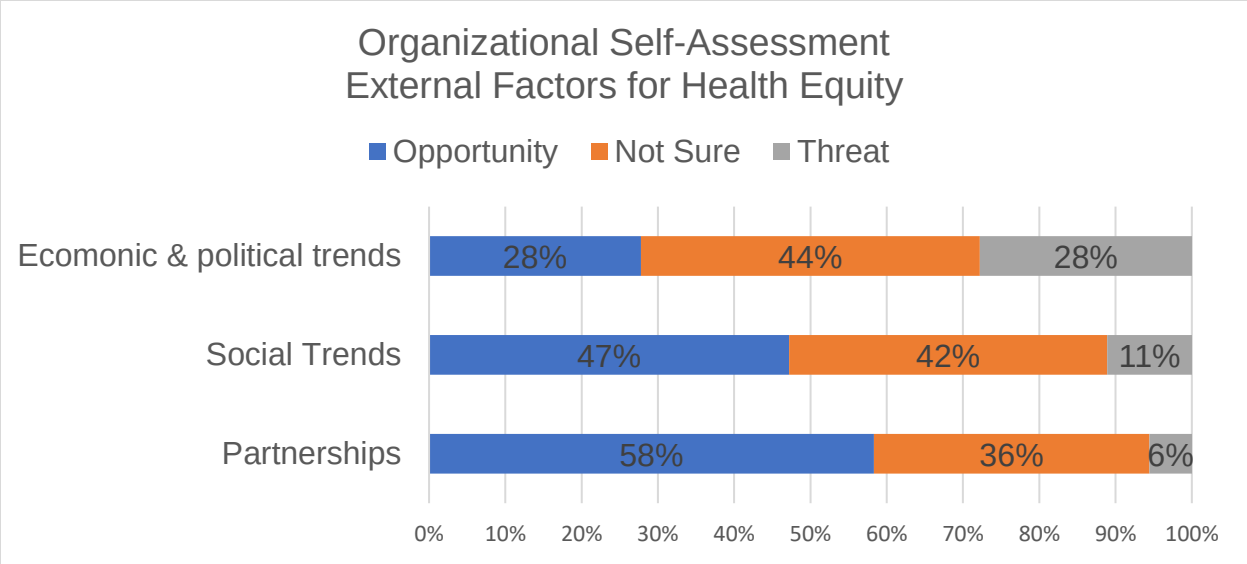


Because the assessment survey was anonymous, we are not including the full text of the comments received from staff. However, there were some definite themes to the comments that were used to inform and confirm the strategies outlined in several focus areas of the Health Equity Plan. Additional discussion of those comments and themes is embedded in the relevant focus areas in Section 2 of this document.

One common theme from the assessment was many staff feel that full and transparent communication is lacking, both horizontally in the organization between departments and vertically, especially between the Board of Directors and other advisory committees and front-line staff. The need for communication improvements can also be inferred by the relatively high proportion of respondents who chose “Not Sure” for various assessment factors. A number of the comments related to communication concerns cited challenges brought on by the pandemic restrictions and the move to working remotely for nearly all staff, and some were likely general and not specifically focused on communication related to health equity. However, the Health Equity Steering Committee is committed to improving their communication processes within the organization and ensuring action is taken to address these concerns and make meaningful improvements. The January 2021 meeting of the Health Equity Steering Committee will be dedicated to creating an effective communication plan to be implemented in the first quarter of 2021.

Some areas were rated as both a strength and a weakness. For example, fifteen comments mentioned staff or workforce training as a strength, and five suggested more training is needed. Eight comments listed community trainings as an area of strength, and two mentioned a need for more frequent community trainings.

Feedback from this organizational self-assessment has informed strategies and goals in Focus Area 2 (additional demographic data reporting and use throughout the organization), Focus Area 3 (increase access to interpreter services – strength and yet still a need), Focus Area 4 (network provider training), Focus Area 5 (recruiting, hiring,

and retention practices to improve diversity and community connections of workforce), Focus Area 6 (staff and provider network training), and Focus Area 8 (more materials/information in large-print).

Community engagement

Advanced Health also sought out input and feedback from community-based organizations while developing the 2020 Health Equity Plan. Unfortunately, due to restrictions on gatherings and community focus on COVID-19 emergency response and relief throughout most of 2020, Advanced Health was not able to engage with community representatives as originally envisioned. We relied primarily on community input from the CACs, community priorities and data from the Community Health Assessments and Community Health Improvement Plans, as well as Advanced Health staff participation and communication with community-based groups such as the South Coast Equity Coalition, and the Coos Hispanic Leadership council.

In December 2020, Advanced Health reached out by email to ask for feedback from community partners. The request presented an outline of the framework and strategies of the 2020 Health Equity Plan, included as Attachment 06. The request was sent to the ad hoc community engagement committee made up of ten racially, ethnically, and linguistically diverse representatives from a wide variety of community partner organizations and groups, including the South Coast Equity Coalition, United Way of Southwestern Oregon, Oregon Coast Community Action, South Coast Education Service District, Coos Hispanic Leadership Council, CAC members representing the Coquille Indian Tribe and consumers, Oregon Department of Human Services, and local Veteran advocate. The responses we have received have been positive and indicate that the strategies developed for the 2020 Health Equity Plan align with the work our community partners believe Advanced Health needs to do.

One community partner in particular, who experienced an equity-related crisis within their organization earlier this year, provided advice to Advanced Health leadership: 1. Speak your organizational truth. When onboarding staff, board or committee members, go into detail about your mission and what Advanced Health stands for, what our diversity equity and inclusion (DEI) work consists of and what it really means; 2. Be aware of our own individual implicit biases and do not be afraid to refer to them; 3. Be humble in our approach with staff, if Advanced Health leaders will set the example, staff will follow; 4. Provide space for dialogue about equity topics, what is currently affecting our community and the people we serve, how does this relate to our mission; 5. Plan with agility, be open to learning because once you start this process there is no stopping; 6. Create opportunity for change management. They also shared that our leaders may need to respond to an incident or crisis. In this circumstance, the leaders should understand that they are not alone, they should come together and lean on each other, develop a plan, address any hurt feelings from the incident, and reach out to others that can help.

Although the ad hoc community engagement committee of ten people was considered diverse, the use of this committee for community engagement activities was not as successful as our past activities have been that involved community focus groups,

discussions, and surveys. Advanced Health plans to work to improve our engagement with community partners on the Health Equity Plan in 2021. In early 2021, the Health Equity Steering Committee will work to better engage with the community and community-based organizations to communicate the framework and strategies in the Health Equity Plan and seek additional community input. The feedback from all stakeholders will inform the 2021 Health Equity Plan priorities and strategic goals. Advanced Health will continue to improve organizational capacity and health equity infrastructure to better align with community-identified priorities and the goals of community partner organizations wherever possible.

Approval, assessment, revision, and communication of the Health Equity Plan

The Health Equity Plan framework and strategies developed by the Health Equity Committee in the process described above, were presented to the Advanced Health Board of Directors in December 2020 for review and were approved for adoption and implementation. The 2021 Health Equity Plan framework and strategies, as well as the 2020 Health Equity Assessment will be presented to the Advanced Health Board of Directors in May of 2021 for review, discussion, and approval.

The entire Health Equity Plan will be assessed and revised at least annually. Some focus areas may be assessed and revised more frequently, depending on the specific goals and monitoring plans developed for those areas. The Health Equity Steering Committee is responsible for the overall review, assessment and revision of the Health Equity Plan. Individual sections and focus areas are assigned to appropriate personnel or committees for monitoring, assessment and revision as described in those sections. Each focus area has at least one champion or team leader who sits on the Health Equity Steering Committee.

Advanced Health is looking forward to reactions, comments, and advice on the Health Equity Plan from all stakeholders. Feedback from community partners, Members, staff, and OHA will be used to prioritize how Advanced Health engages in technical assistance available from the OHA and the Office of Equity and Inclusion to improve the Health Equity Plan and ensure compliance with contract requirements and community expectations.

The Health Equity Plan and annual assessments and revisions will be presented to stakeholder groups such as the CACs, Interagency Quality Committee, Clinical Advisory Panel, CCO workforce, and community partners. The Health Equity Plan will also be posted publicly on Advanced Health’s website and OHA’s website. The January 2021 meeting of the Health Equity Steering Committee will be a work session to further define a communication strategy to disseminate the Health Equity Plan and seek additional Member, community, and workforce input to be included in the 2021 assessment and revision process. One of the themes in comments from the organizational self-assessment described above, was a need for more frequent, transparent, and effective communication. While some of the comments gathered on the assessment may have

been more general, and not necessarily focused on the Health Equity Plan or the equity work of the CCO, it is clear that we need to have an effective communication strategy for this Health Equity Plan.

Section 2 – Health Equity Plan Focus Areas and Strategies

Focus Area 1 – Grievance and Appeals

For this focus area, Advanced Health is including the following attachments:

- Attachment 07 – Member Grievance System Policies and Procedures Manual to demonstrate compliance with contract, state, and federal requirements.
- Attachment 08 – Contracting Policies and Procedures Manual to show accountability mechanisms for contractors and the provider network.
- Attachment 09 – Grievance System Coordinator Job Description

Advanced Health has employed a dedicated staff position for the Member Grievance System since 2017. This position is responsible to assist members in accessing the Grievance System, responding to complaints and appeals, monitoring data, presenting analysis, and implementing systemic improvements based on trends in the data. Our current Grievance System Coordinator is an experienced Traditional Health Worker and coordinated care navigator. The Grievance System Coordinator ensures our Member Grievance and Appeals System is responsive to the needs of our members. This person monitors the details of all complaints, appeals, and hearing requests for issues related to cultural considerations and health equity. She participates in the annual Grievance and Appeals audit of our contracted provider organizations.

The Grievance System Coordinator assists in the preparation of our Grievance System Report and Exhibit I deliverables to OHA. This information is also presented quarterly to our Interagency Quality Committee, and bi-annually to our Clinical Advisory Panel. Any trends, and special actions taken, are discussed in the quarterly Grievance System Report submitted to OHA.

The Grievance System Coordinator works also with our Provider Relations Specialist to review trends and assist provider offices that are generating a high rate of complaints related to patient-provider interactions. Offices are offered evaluation, coaching, and support to improve their interactions with Members.

The provision of assistance to our Members also involves our Member Services team. Our Member Services team includes two qualified Spanish Language Medical Interpreters. They assist Members by phone when they call Advanced Health, including providing access to the Member Grievance and Appeals System. In-person, Spanish language interpreter services are available for our Members for any pre-planned office visits.

The Grievance System Coordinator monitors the details of all complaints twice weekly with the lead Member Services staff. Complaints and appeals are monitored closely for any issues related to obtaining a second opinion, member billing, consumer rights, health equity, and fraud, waste, and abuse.

Advanced Health tracks grievances related to cultural sensitivity by both the provider and the plan. We have had no grievances related to cultural sensitivity in the past eight quarters. We will continue to work to maintain low complaints in this category.

Goals

- Ensure policies, processes, and member information materials continue to comply with state and federal requirements.
- Gather member feedback on how to improve member letter templates for readability.
- Stratify grievance system data by demographic elements and report quarterly to the Interagency Quality Committee

Advanced Health used the opportunity presented by the 2020 contract requirements to revise and standardize all written notices provided to members, throughout the steps of the Grievance and Appeal System, to eliminate potentially confusing language and improve readability and tone. These new member letter templates were implemented in the middle of Q1 2020. Template revisions are due again in Q1 2021. Advanced Health will present only minor changes for the upcoming template reviews. These changes will be to address changing guidelines. We have not noticed any adverse trends that need to be addressed by significant template changes.

However, Advanced Health continues to receive feedback about our Notice of Adverse Benefit Determination (NOABD) letter. We had findings in both our HSAG review, and the NOABD samples submitted to OHA in Q2 2020. Recently, a Curry Community Advisory Committee (CAC), Advanced Health Member provided feedback about improving our NOABD. We collectively took these formal review findings and member feedback to make changes. Some changes are effective immediately, like edits to the Oregon Administrative Rules listed on our NOABD denial table. Other changes are in process, and pending approval. Changes to the language for different denial reasons were presented to the CAC member for review. The CAC member confirmed readabillity levels are appropriate and offered additional suggestions.

The Coos CAC has recently requested a presentation on the Grievance System Process in January 2021. This is very timely. It will be a great opportunity for us to quantify: Is the CCO grievance process simple, accessible, and understandable to the member? We can review our revised templates with the CAC before presenting them to OHA for approval. It will be interesting to see how these changes affect our rate of appeals in 2021. We have noted in the past that revisions to the NOABD letters to improve readability and clarity help members to better understand the denial reasons and improve Members' experience with the process. Our appeal rate for 2020 is down from 2018 and 2019 levels, but it is difficult to compare 2020 results due to Covid-19 restrictions. We cannot be tell if the change in the rate of appeals was also affected by the improvements made to the Member letter templates in 2020.

Advanced Health member population is 97% English language speakers. 1.2% are Spanish language speakers. The next three highest categories of “Undetermined,” “Other,” and those that “Declined to Answer” make up 1.6%.

In 2020, Advanced Health made sure the Spanish version of Grievance and Appeal forms were available to members online and not just by request. So far, our Spanish language speakers have not submitted any of these forms to us. We have verbally assisted Spanish language speakers through the dental grievance process. Our contracted Dental Care Organization also has Spanish language response forms. Advanced Health has outdated Spanish versions of Grievance and Appeals System acknowledgment, extension, and resolution letters. In January 2021, we will complete our Spanish Notice of Appeal Resolution template letter. By March 2021, we will present our Spanish versions of Grievance and Appeal System template letters to OHA for approval. Our current procedure is to call the member, with an Advanced Health qualified Spanish Language Medical Interpreter prior to mailing our written response. Upon receipt of written Spanish resolution from a contractor, the qualified Spanish Language Interpreter follows up with a phone call to the member about understanding of written materials and satisfaction with the complaint resolution.

Advanced Health currently tracks appeal requests for alternate format and non-English language materials. Advanced Health has received some large font requests for appeal documents in the past two years, and none for non-English language materials. In the next year, the Grievance System Coordinator will work with the analytics team and Interagency Quality Committee to devise a plan to stratify additional demographic information for collection and reporting. This collaboration will help to quantify real barriers and qualify unintentional or perceived barriers related to the Grievance and Appeal System. Quarterly reporting with demographic data stratification to the Interagency Quality Committee will be implemented by Q2 of 2021. Data will be reviewed throughout 2021 for trends and the Interagency Quality Committee will make recommendations for any actions they determine are necessary to improve access to the Grievance and Appeal System for all Members.

Focus Area 2 – Demographic Data

Advanced Health’s primary source of demographic data is eligibility information provide by Oregon Health Authority. The data contains solid information on member age, gender, language, and disability status. However, the eligibility files contain significant gaps in member race and ethnicity information. Over 40 percent of eligibility records for Advanced Health members have unknown or undisclosed race and ethnicity. Advanced Health will attempt to build upon this data by integrating demographic data from eligibility files with other sources of demographic data. Additional sources may include Electronic Health Record feeds, Health Information Exchange data, Health Risk Assessment results, Care Coordination and Case Management screenings, and other sources.

The results of the organizational self-assessment rated Advanced Health's collection and use of demographic data as more of a strength than a weakness. 35% of responses rated demographic data as a strength, 21% as a weakness, and 44% were unsure. Comments from the assessment noted specific strengths in Advanced Health's capabilities, including skilled analytics staff, the availability of sophisticated data analysis tools, and the standardized demographic data set available from OHA enrollment data. Feedback on weaknesses related to demographic data was around the lack of data available to demonstrate or measure health equity progress and sharing demographic data and analysis with community partners and staff.

For this focus area, Advanced Health will concentrate efforts to produce a more meaningful and credible data set with which to identify disparities and measure outcomes. This is necessary because the demographic data received in eligibility files is incomplete and the Advanced Health population is relatively homogeneous. These two factors make identifying and addressing health disparities challenging. Missing data and small sub-population sizes can result in inconclusive statistical tests. The same can be said about the credibility of measuring performance over time. Filling in gaps in data may result in more conclusive results. Advanced Health has identified key actions to take related to demographic data collection and use. Achieving these goals will assist Advanced Health in the execution of its Health Equity Plan more broadly.

a. Analytics staff to conduct thorough review of member demographic data available from OHA for completeness.
b. After baseline review is complete, determine additional sources of data that can be incorporated to fill gaps in current demographic data, such as Electronic Health Record feeds, Health Information Exchange, Health Risk Assessments, Care Coordination or Case Management intake screenings, etc…
c. Review the use of demographic data throughout the organization and make stratified reporting available in key areas beyond quality measure reporting.

Key system elements necessary to implement these changes include analytical resources, multiple sources of data, a plan for data integration and reporting, and a plan for acting on credible results. In addition, external resources necessary to achieve our goals include eligibility data and working with OHA to improve completeness of the eligibility file.

Advanced Health will measure success by tracking the completeness of member race and ethnicity information over time. The completeness of race and ethnicity information of eligibility files as of 01/01/2021 will be used as a baseline for improvement. As more sources of data are integrated, we expect completeness to increase. The Analytics Manager will be responsible for monitoring and reporting progress to the Health Equity Steering Committee quarterly.

Advanced Health will use improved demographic data completeness to bolster the statistical power of tests used to identify health disparities and to improve the use of demographic factors in Advanced Health's reporting output. Advanced Health will periodically analyze quality measures to search for health disparities. The further incorporation of demographic information in Advanced Health's dashboard suite will allow data consumers to explore data through an equity lens, identify potential disparities, and monitor effectiveness of interventions.

As these changes are implemented, the new processes will be incorporated into appropriate policies and procedures, addressing the use of data to promote health equity. This could include incorporating health equity data in internal and external reporting. Once Tableau is broadly accessible, we can share demographic data with providers as well. Any policies and procedures developed will also assign responsibilities to regularly monitor for disparities in key metrics and take action when disparities are identified.

Focus Area 3 – Culturally and Linguistically Appropriate Services (CLAS)

Throughout the provider network, Advanced Health sponsors, promotes, and offers technical assistance in monitoring culturally and linguistically appropriate trainings for both providers and their staff. Some of the training opportunities Advanced Health has sponsored locally include topics such as health literacy, the culture of poverty, recognizing and honoring diversity, trauma-informed practices, and the impacts of adverse childhood experiences. Details of current provider training offerings can be found on the Advanced Health website and are communicated to the provider network through the provider newsletter, the Interagency Quality Committee, and provider services. Many of the trainings and workshops related to equity and inclusion or adverse childhood experiences are also available to non-clinical community partners. Examples of the provider network trainings and technical assistance offered or promoted by Advanced Health in 2020 can be found in the attached documents:

- Attachment 10 – Provider Network CLAS Training
- Attachment 11 – Provider Training – Advanced Health Website 08 2020

In late 2019, Advanced Health participated in a pilot of the proposed Health Equity quality measure with OHA Analytics and the Office of Equity and Inclusion, along with a number of other CCOs. The purpose of the pilot was to test the specifications of the proposed language services access measure and assess CCOs' capability to report the data elements required for the measure and the quarterly reporting required in the 2020 contract. Advanced Health, like most other participating CCOs struggled to combine the disparate and fragmented data sources that were available and identified other gaps where data was not available at all. Ultimately, Advanced Health was unsatisfied with

the report generated during the pilot and has determined that action is needed to improve both data collection and reporting capabilities

One of the ways Advanced Health plans to operationalize the definition of health equity, adopted by the organization in August 2020, is in the review and improvement of language services offered and used by the Advanced Health Members with limited English proficiency. Advanced Health has an established Language Access and Health Care Interpreter Services Policy and Procedure, included as Attachment 12.

Data collection and reporting improvements are discussed in detail in Focus Area 7 (beginning on page 30) Focus Area 3 of the Health Equity Plan will focus on the need to improve access to and utilization of interpreter services.

After participating in the pilot project regarding Health Equity: Language Access with the Oregon Health Authority and Office of Equity and Inclusion, Advanced Health identified unsatisfactory levels of utilization of Language Access services. The pilot project allowed us the opportunity to analyze our current state of language access services using MMIS demographic data, CCO Language Line, and chart review data from our provider network. The pilot findings were enlightening. Out of 21 Members flagged in MMIS data as requiring interpreter services, 29% were identified to have Spanish as a primary language by their primary care home. 24% of the Members were identified to have English as their primary language by their primary care home. 14% of Members identified in the pilot had documentation in their medical record of no communication barriers or need for interpreter services. 14% of the Members in the pilot were young children, not yet speaking, where the parent facilitated the visit with no communication barriers. 24% of members who were identified within the MMIS files as flagged for interpreter services received interpreter services at the time of their visit.

When presenting the findings of the pilot and analysis to the Interagency Quality Committee, the committee identified gaps in how interpreter services are provided to members across the network. Every primary care organization follows Patient-Centered-Primary-Care Home standards regarding language access by providing access to language interpreter services unique to each organization. The Hospital provider and Substance Use provider also used language access lines as well as iPads with video translation. Many of the providers placed responsibility for requesting the language services on the Member. Although there were a few organizations which had bilingual providers that automatically scheduled Members identified with language needs with those providers, the majority of the providers had manual and ineffective methods of identifying Members with language access needs. It was not well-known within the community that Advanced Health had two OHA Qualified Medical Interpreters. Each organization relied on their language line or internally employed bilingual staff and providers to be available at the time of the service.

In addition to the assessment and direction from the Interagency Quality Committee, feedback from the organizational self-assessment also indicated that while having two

Qualified Health Care Interpreters on staff and available to provide in-person interpretation services for Members is a strength of the organization, access to and utilization of language interpretation services is still a concern.

Goals to improve meaningful access to health care (CLAS Standards 5, 6, 7, 8):

- Promote the availability of cost-free, in-person, qualified health care interpreter services.
- Increase access to Health Care Interpreters by increasing the number of qualified and certified interpreters available locally for in-person, telephonic, and virtual language assistance.
- Include thorough review of adequacy of communication access and assistance in the annual Delivery System Network narrative report.

To meet these goals Advanced Health will be partnering with the local provider network through the Interagency Quality Committee and the Clinical Advisory Panel. The Interagency Quality Committee consists of representatives from primary care practices, oral health offices, behavioral health providers, substance use treatment providers, hospitals, and CCO staff. The Clinical Advisory Panel includes representative, practicing clinicians from family medicine, pediatrics, specialty medicine, general surgery, oral health, and behavioral health.

The measure of success will be monitored by higher utilization of Advanced Health's staff qualified interpreters for in-person services and tracked via the Qualified Medical Interpreters utilization log.

To promote the availability of language access services, we will develop new outreach materials in Q1 2021 for both Members and the provider network. Member materials will be available on the website, distributed to community partners and the provider network, mailed to members identified as needing interpreter or translation services, and available upon request. Member Services will be responsible for the new Member materials and will ensure the documents are approved by OHA prior to distribution to Members.

Advanced Health has a provider-facing brochure that was developed in 2019 to inform the provider network about the availability of in-person, OHA-qualified Spanish language interpreter services from Advanced Health staff. The brochure is included as Attachment 13. This material will be revised and distributed to the provider network in Q1 2021. The information will be delivered to providers electronically through the Advanced Health Provider Newsletter, distributed by the Provider Services team, and made available on the Advanced Health website. The Quality department will work with the Interagency Quality Committee and the Clinical Advisory Panel to revise the provider-facing materials.

The second and long-term strategic goal is to prepare for an anticipated increase in demand for in-person, qualified health care interpreter services by assisting the

community with certified interpreter training opportunities and training funding. The Interagency Quality Committee will oversee identifying staff with appropriate skillsets for training. With the monitoring of data through year 2020, the Interagency Quality Committee will start the training process in 2021. The assumption is the community does not have enough access to language services: the teams will develop a training plan to provide opportunity for other community members to become Qualified or Certified Medical Interpreters. This will be monitored by training registration and certification numbers, along with claims or chart review data demonstrating increased certified medical interpreter usage.

Advanced Health will include additional evaluation of health care interpreter services utilization when developing the Delivery System Network (DSN) analysis and planning for changes to the Delivery System Network. OHA qualified and certified health care interpreters were included in the 2020 Provider Capacity Reports to OHA. The 2021 DSN Narrative Report will include a summary of findings about the utilization of health care interpreter services in 2020 and the changes planned for these services for the future. The Clinical Advisory Panel will review the analysis in the DSN and make recommendations for changes to the Chief Medical Officer and the Board of Directors.

Focus Area 4 – CLAS as an Organizational Framework

Implementing the Culturally and Linguistically Appropriate Services (CLAS) Standard as an organization is a priority for Advanced Health. Review of CLAS Standards and initiatives to implement CLAS Standards have always been part of the annual Transformation and Quality Strategy, Delivery System Network analysis and planning, Grievance and Appeal data monitoring, and other organizational processes. These efforts have been fairly localized, and we are taking the opportunity presented by this Health Equity Plan to broaden our application of CLAS Standards across the organization.

It was a natural progression to move to implementing the Culturally and Linguistically Appropriate Services (CLAS) Standards as Advanced Health’s organizational framework. Advanced Health has provided CLAS training, including lecture and workshops, to its provider network, board of directors, staff, committee members, and community partners, and has committed to providing CLAS training via multiple modalities for our region on a regular basis. Providing space for education to ensure that common knowledge and common language could be the foundation of our framework was and is vital to the successful implementation of CLAS.

Results from the organizational self-assessment recognized strengths of current and past efforts to raise awareness of CLAS Standards and implement them throughout the organization and the provider network, as well as the need for additional work and to apply the standards more broadly and clearly through policy and procedure.

Advanced Health's strategic goals for CLAS is to implement and maintain CLAS standards into the following focus areas: provider communications and training, operations, and employee relations and training.

Provider communications and training (CLAS 1, 2, 4, 13)

Educate and train provider network and provider network staff in culturally and linguistically appropriate services, policies, and practices upon new entry to the provider network and ongoing, monitoring attendance and completion rates

Measurements for meeting goals include:

1. Measuring attendance and completion rate of CLAS-standard training in Provider Network training plan
2. Auditing of provider manual, new provider orientations, and continued trainings for CLAS-standard information and resources
3. Monitoring Advanced Health's technical support provided to provider network

Operations (CLAS 9, 10, 12, 14)

Advanced Health's new and revised policies, procedures, and practices will be assessed for CLAS-standards

Measurements for meeting goals will include:

1. Equity screening on all new and revised policies and procedures
2. Annual assessment and tracking of CLAS-related activities
3. CLAS-standards screening utilized on all major operational functions

Employee relations and training (CLAS 3, 4)

Recruiting, hiring and retention practices will be optimized to promote and sustain CLAS-standards as an organizational framework.

Results from Health Equity Plan Workforce Focus Area will be used to measure a culturally and linguistically diverse workforce.

From the evaluation, recommendations for next calendar year with specific strategic goals and measurements will be produced to increase CLAS-standards in above listed standards. Progress for CLAS-standard implementation and sustainment will be communicated to stakeholders and public (CLAS 15)

Current Policies to support goals: Attachment 14 – Staff Training and Development Policy and Procedures

See Health Equity Plan Focus Area 5 – Workforce, beginning on page 26, as the goals within this focus area also support implementation of the CLAS standards.

Workplan: Provider communications and training (CLAS 1, 2, 4, 13)

What	When	Responsible	Resources
Create Provider Communications and Training Policy and Procedures	Final approved by Jan. 15, 2021	HR, Community Engagement	Staff
Create plan for tracking sponsored and non-sponsored provider training attendance	TBD	HR, Community Engagement, Health Equity Administrator	Staff
Create and implement auditing tool for CLAS-standard information and resources	TBD	HR, Community Engagement, Health Equity Administrator	Staff

Workplan: Operations (CLAS 9, 10, 12, 14)

Advanced Health's new and revised policies, procedures, and practices will be assessed for CLAS-standards

What	When	Responsible	Resources
Create and implement equity and CLAS screening tool	2021 Q1	HR, Health Equity Administrator with HEP Steering Committee approval	Staff
Track CLAS-related activities within organization	2021 Q1		Staff

Workplan: Employee relations and training (CLAS 3, 4)

What	When	Responsible	Resources
Create CLAS tool and conduct audit of HR practices related to recruiting, hiring, and retention	2021 Q1	HR	Staff

Evaluate and recommend strategies to increase CLAS standards in above practices	2021 Q2	HR, HEP Steering Committee	Staff
Communicate CLAS-standard progress and sustainment to stakeholders and public	2021 Q4	Health Equity Administrator	Staff

Focus Area 5 – Workforce

Advanced Health's goal for this Focus Area is to implement and maintain a recruitment and retention strategy that focuses on diversity, equity, inclusion, and belonging at every level of the organization.

Advanced Health's current recruitment and retention strategies include policies and practices that support fair and equitable recruitment and hiring practices while mitigating implicit bias and unfair hiring practices. When benefits are assessed, it is common practice to identify whether benefits can be equitably accessed.

Results from the self-assessment showed that Advanced Health's workforce is a source of strength. Front-line staff had a nearly 90% rating as a strength, supervisor and manager level staff were ranked as a strength by 71% of respondents, and executive leadership was ranked as a strength by 65% of respondents. All levels of workforce had a low percentage of respondents who ranked them as a weakness, with the highest rating at 12%. Comments from the assessment indicate specific strengths related to staff commitment to meeting Member needs, workforce commitment to health equity, and a welcoming work environment with a culturally and linguistically diverse workforce. Weaknesses noted from the assessment included several comments pushing for more cultural diversity among staff.

There are forecasted barriers to ensuring confidentiality, employee buy-in and approach, and change management when conducting assessments of the current workforce and implementing a diversity and inclusion plan. Advanced Health has a small workforce, approximately 70 employees, therefore there may be employees who have concerns about being identified or singled out during demographic data collection. It will be important to have a careful and thoughtful diversity and inclusion communication plan and approach to successfully meet goals, obtain employee buy-in, and have successful outcomes. And lastly, managing change due to the number of generations in the workforce will be important as this plan in the workplace may be new

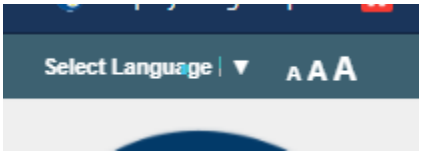
or a change for employees that have not yet participated in or observed a diversity and inclusion plan.

Current recruiting practices

The Advanced Health career page website includes an Equal Employment Opportunity and Reasonable Accommodation Statement. Applicants are encouraged to contact the company if they need assistance during the application process, an email address, phone number and TTY options are displayed on the webpage.

Advanced Health's website career page and applicant portal contain accessible elements so applicants with different abilities can access the page and portal to apply for jobs:

Option to change language, font size, and an accessibility widget. An accessibility widget allows the user to mix and match functions to meet the user's unique needs increasing access and navigation of a webpage.



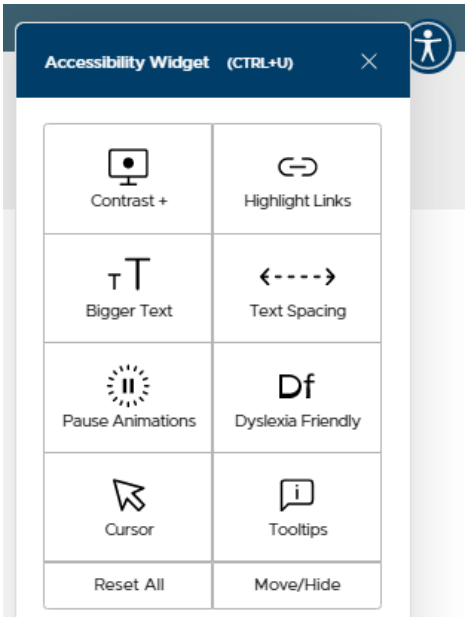
Current hiring communication practices

Applicants are notified via email or phone call for interview scheduling. If no email contact is made, two phone call contacts are attempted before no further attempts are made.

Applicants are given verbal information about the interview process and what to expect, as well as a follow up email containing the same information.

Applicants are given options and encouraged to test out technologies.

Applicants are encouraged to follow up after interview with questions or to check on the status of their application if they wish.



Current retention policies and practices

Personnel policies contained in the Advanced Health Employee Handbook, Attachment 14:

1. Equal Opportunity and Diversity (pg. 2)
2. No Discrimination and Harassment Policy (pg. 2, 13)
3. Disability Accommodation (pg. 2, 15)
4. Personal Appearance and Dress Code (pg. 5, 15)
5. Family-Friendly Practices (pg. 6)
6. Employee Benefits (pg. 43)

7. Education Assistance Policy

Other personnel policies:

1. Education Assistance Policy, Attachment 15
2. Healthcare Interpreter Pay Differential, Attachment 16
3. Flexwork Policy, Attachment 17

Supervisor Manual, Attachment 18

1. Recruiting Guidance (pg. 2)
2. ADA/Disability Accommodations (pg. 9)

Recruitment, hiring, and retention goals

The first goal will focus on recruiting practices. An initial audit of recruiting practices will commence to measure diversity, equity, and inclusion policies, procedures, and practices for the following:

1. Job descriptions and job ads
2. Job posting platforms – accessibility and diverse populations targeted
3. Accessibility in moving through the recruitment process
4. CLAS-standard communication during screening and selection process

The second goal will focus on hiring practices. An initial audit of hiring practices will commence to measure diversity, equity, and inclusion policies, procedures, and practices for the following:

1. Interviewing process
2. Skills assessments
3. Interview training for interviewers and hiring managers
4. Selection process
5. CLAS-standards, where appropriate

The third goal will focus on retention strategy. An initial audit will commence to assess diversity, equity, and inclusion policies, procedures, and practices for the following:

1. Personnel policies and practices
2. Benefits
3. Manager and staff training
4. CLAS-standards, where appropriate

The initial audit results will be evaluated to determine where diversity, equity, and inclusion practices could be increased or implemented. The goal will be to increase or implement a diversity, equity, or inclusion policy or practice for each area: recruiting, hiring, and retention.

Resource allocation will include HR time commitment, employee feedback, and Health Equity Steering Committee assessment and feedback. There may be increased cost for job posting, expanded trainings, and legal consultation for personnel policy changes.

Focus Area 5 Work Plan					
What	**When**	**Assigned**	**Resources**	**Measures / Metrics**	**Barrier**
Create and implement auditing tool for three goal areas	Q1 2021	HR	Staff	Will be developed at this time (i.e. use of inclusive language, accessibility, data collection/gathered	
Evaluate and recommend policy and practice for three goal areas	Q2 2021	HR	Staff Consultation w/legal	Will depend upon results of audit to see if there are priority areas, but tentatively could be: • Talent pool diversity • Inclusive practices during hiring • Pay equity among employee groups	Data collection Confidentiality
Implement and monitor progress of three goal areas	Q3,4 2021	HR	Staff, HEP Steering Committee, consider new internal committee?	Employee survey Data changes/ improvements Unforeseen barriers	

<u>Focus Area 6 – Organizational Training and Education</u>

See Section 3, beginning on page 36 for details of Advanced Health’s plan for organizational training and education.

Focus Area 7 – Language Access Reporting Mechanisms

One of the ways Advanced Health plans to operationalize the definition of health equity, adopted by the organization in August 2020, is in the review and improvement of language services offered and used by the Advanced Health Members with limited English proficiency. Advanced Health has an established Language Access and Health Care Interpreter Policy and Procedure, included as Attachment 12.

In late 2019, Advanced Health participated in a pilot of the proposed Health Equity quality measure with OHA Analytics and the Office of Equity and Inclusion, along with a number of other CCOs. The purpose of the pilot was to test the specifications of the proposed language services access measure and assess CCOs' capability to report the data elements required for the measure and the quarterly reporting required in the 2020 contract. Advanced Health, like most other participating CCOs struggled to combine the disparate and fragmented data sources that were available and identified other gaps where data was not available at all. Ultimately, Advanced Health was unsatisfied with the report generated during the pilot and has determined that action is needed to improve both data collection and reporting capabilities. The need to improve access and utilization of interpreter services is discussed in more detail in Focus Area 3, beginning on page 20.

After participating in the pilot project regarding Health Equity: Language Access with the Oregon Health Authority and Office of Equity and Inclusion, Advanced Health identified unsatisfactory gaps in the identification and reporting of Language Access services. The pilot project allowed us the opportunity to analyze our current state of language access services using MMIS demographic data, CCO Language Line, and chart review data from our provider network. The pilot findings were enlightening. Out of 21 Members flagged in MMIS data as requiring interpreter services, 29% were identified to have Spanish as a primary language by their primary care home. 24% of the Members were identified to have English as their primary language by their primary care home. 14% of Members identified in the pilot had documentation in their medical record of no communication barriers or need for interpreter services. 14% of the Members in the pilot were young children, not yet speaking, where the parent facilitated the visit with no communication barriers. 24% of members who were identified within the MMIS files as flagged for interpreter services received interpreter services at the time of their visit.

When presenting the findings of the pilot and analysis to the Interagency Quality Committee, the committee identified gaps in how interpreter services are provided to members across the network. Every primary care organization follows Patient-Centered-Primary-Care Home standards regarding language access by providing access to language interpreter services unique to each organization. The Hospital provider and Substance Use provider also used language access lines as well as iPads with video translation. Many of the providers placed responsibility for requesting the language services on the Member. Although there were a few organizations which had bilingual providers that automatically scheduled Members identified with language

needs with those providers, the majority of the providers had manual and ineffective methods of identifying Members with language access needs. It was not well-known within the community that Advanced Health had two OHA Qualified Medical Interpreters. Each organization relied on their language line or internally employed bilingual staff and providers to be available at the time of the service.

Obtaining the data around identification of language access needs at the time of services was administratively burdensome, time-consuming, and required manual chart review and scrubbing language line invoices. There was some barrier due to HIPAA regulations, language line services do not collect member specific information. The information provided on the invoice is specific to the language used and time spent providing the service. The placement of language needs indicators in the unique Electronic Health Record Systems of each provider organization was also manual and did not allow for automated reporting. Receiving real-time data around interpreter services was not an available option.

Data quality has also been an ongoing concern from provider organization feedback. Many of the members identified on the MMIS file were flagged as needing an English interpreter without evidence of hard-of-hearing or sign language needs. Analysis of the Language Access Quarterly Report, which is a CCO contract deliverable, identified that out of 324 service encounters, only 94 of the service encounters were identified in the MMIS file as having Spanish as a primary language, 49 of the encounters were identified as having English as a primary language. Thirteen of the encounters were identified as unknown primary language. The remaining 168 encounters had no language identified in the MMIS file at all.

Based on the findings of the pilot and discussion with the Interagency Quality Committee, the areas with the most urgent need for improvement are identification of Members who need language access services, outreach/education, and monitoring of services provided. Advanced Health will develop a monitoring dashboard to identify Members who are flagged in MMIS data as needing interpreter services. Advanced Health will also develop more robust and effective data reporting methods to monitor the utilization of language interpreters within the provider network.

To meet the strategic goals Advanced Health will be partnering with the local provider network through the Interagency Quality Committee. The Interagency Quality Committee consists of representatives from primary care practices, oral health offices, behavioral health providers, substance use treatment providers, hospitals, and CCO staff.

Advanced Health will analyze the internal data sources available to develop an identification process. Data sources include MMIS/834 Files to identify members flagged as needing interpreter services, Health Risk Assessment data to identify high-risk members outreached by Advanced Health directly, claims data to identify utilization of “Z” codes and billable services for language interpreter services, Language Line

Interpreter Services invoices to identify member utilization. Quarterly chart review data will identify members who received language interpreter services at the time of their appointment, Advanced Health qualified interpreter logs will identify the interpreter services and/or translation of material provided directly by Advanced Health, and Grievance and Appeals data will be monitored for any complaints related to disparities in language access.

The strategic goal will be accomplished in two parts. The first part is to design and develop a Tableau dashboard of interpreter services from Advanced Health Internal data sources within the first quarter of 2021. The dashboard will allow for streamlined identification of members flagged for language access needs. This data will be shared with providers quarterly. The second part of monitoring data is to use the provider chart review data to develop a provider-facing dashboard to assist in validating and outreaching Members identified with language access needs. The provider-facing dashboard will be delivered to the provider network in either the 2nd or 3rd quarter of 2021. The timeline will be dependent on the capacity of the local provider network, as the three primary care provider facilities are undergoing a community-based implementation of EPIC in June of 2021. A qualitative measure of success will be provider network feedback. The quantitative measure of success will be the utilization of provider-facing dashboards. This two-part strategic goal will also align with the CCO2.0 reporting requirements around language access and the Health Equity Metric regarding language access.

Measurable outcomes will be the rate of Members who are identified as needing interpreter services and those who are receiving services by non-certified, technological interpreter modalities and in-person certified or qualified medical interpreters. Baseline will be established from 2020 data and improvement targets will be set for 2021. Additional measurable outcomes will be aligned with CCO 2.0 Language Access reporting and the 2021 Health Equity Incentive Measure, Language Access.

The Advanced Health's quality and analytics departments will be responsible for monitoring progress and presenting the analysis to the Interagency Quality Committee. The plan will be re-visited and updated quarterly by the Interagency Quality Committee.

Resources for success will be the Advanced Health analytics department, quality department, Tableau dashboard, provider network staff capacity and time. Currently the three largest facilities in our area are undergoing an electronic health record transition to EPIC. Their anticipated go-live date is June of 2021. We are uncertain what resources may be available to the CCO and provider network regarding tracking and monitoring of language access and identification of members who have language access needs.

Focus Area 8 – Member Education and Accessibility

The development of member educational materials that are accessible to all Members is an important component of health equity. Advanced Health considers Member

educational materials to include health education materials and Member information about the plan and their benefits. This information may be in print, online, or in any other multimedia format. Accessibility of materials means that materials will be written in plain language and be available in alternate formats. Some alternate formats include different languages, large-print and braille, or recorded in audio format. Advanced Health's Member Information Policies and Procedures are included as Attachment 19. Advanced Health has developed several strategic goals which we believe will enhance the accessibility of Member education materials to all our Members.

Feedback from the organizational self-assessment ranked Advanced Health's Member materials as a strength (65%), with the remaining 35% of respondents indicating they were unsure. None rated Member materials as an overall weakness of the organization. Specific strengths noted in the comments mentioned the availability of materials on the website, accessibility features of the website, Spanish-language materials, and sound practices of using plain language and incorporating health literacy concerns. Concerns mentioned in the comments were related to a lack of health education materials in languages other than English, a need for more large-print materials, and concerns about difficulty navigating the website. The two concerns with the most comments, Spanish-language and large-print materials, will be the focus areas for improvement in the first year.

Our first goal is to ensure all Member information is translated into Spanish. Spanish is our largest group of Limited English Proficiency members, according to member enrollment data, and our only prevalent non-English language. We currently ensure all required Member information is translated into Spanish. Future goals include ensuring all member education, whether required or not, is translated into Spanish. This will include health education materials that are currently on our website, such as information about quitting smoking, the health benefits of walking, and other health promotion and education items. Spanish documents will be made available on our website, mailed to Member, or be available on request, as appropriate.

Our second goal is to increase the availability of large-print materials on our website and for mailing. Currently there are some materials available in large print. We will ensure the large-print materials are available in both English and Spanish. Large-print materials have been proven to help with reading comprehension for the general population as well as for those with dyslexia and other reading disabilities, and for people who have vision impairments, for older adults, and those for whom English is a second language.

We have identified several key elements needed to achieve our strategic goals. The first thing is reliable Spanish translation services. We do have two qualified Spanish healthcare interpreters on staff who can translate documents, and for larger documents we have relied on outside translation companies. We will also need to be able to identify our Spanish-speaking Members so that we can ensure they are mailed Spanish versions of documents. We can use some of the information from our eligibility files from

the state for this, as well as our Health Risk Assessment survey data, which asks about cultural and language needs. This survey is currently mailed in Spanish to members who are identified as Spanish speaking from the eligibility file.) Staff time will be required for completing translations and for locating reputable Health Education materials in Spanish, and for creating a process to determine which member materials will be the priority for mailing large print. We anticipate these actions will increase engagement of Spanish speaking members, and members who have vision impairment and/or other disabilities with their health plan and with health education resources.

There are some available quantitative and qualitative data sources we can use to identify issues and/or barriers. Analyzing the amount of returned mail for Spanish speaking members compared to the general population can help us determine if member information is getting to this population more or less than the general population. Information from our website can show how often Members are accessing the Spanish health education materials and our large print materials. Our website also has accessibility features, and we can look to see how often they are being used. This can indicate if we need to promote the availability of this information in other ways or formats. We can obtain qualitative data by soliciting feedback from our Community Advisory Council on prioritization of member materials which should be made in large print.

In order to ensure we are making progress towards our goals, Advanced Health will convene a Member Education Committee, chaired by the Director of Member Services. Our group will convene quarterly to plan for and execute the above goals. We will keep a log to ensure that all new member materials for that quarter have been translated into Spanish and that we have at least one new piece of health education in Spanish on our website each quarter. The group will also ensure we have at least two new pieces of Member education in large print on the website each quarter. This group will also ensure information on the website is up-to-date and determine if we need to use other methods of communication to promote education. This group will use a log for tracking and monitoring new documents in Spanish and large print each quarter and will also obtain data/feedback from the Community Advisory Council on which documents to enlarge, as well as look at website-use data and enrollment data and alternative format requests to monitor the need to provide material in additional languages and alternative formats.

There are some identified resources needed to achieve these goals. Some external resources are Spanish translation services for large documents; small documents can be completed by internal staff. We will also need dedicated staff time to participate in the Member Education Committee, create large-print materials, upload them to the website, review website data, and communicate with our Community Advisory Council. These resources all seem to be reasonably attainable.

The Director of Member Services will be responsible for monitoring the progress towards these goals, as well as having the final decision on approving documents for

large-print and Spanish health education materials. The Document Management Specialist will be responsible for maintaining the tracking logs and putting content on our website. The plan for each goal will be revisited and updated annually. We will need this amount of time to see how our new materials have impacted website use and how we can adjust our goals for the following year.

Section 3 – Organizational Training and Education Plan

Attestation

Advanced Health adopted and uses the definition of cultural competence in OAR 943-090-0010:

> *"Cultural competence" means a life-long process of examining values and beliefs and developing and applying an inclusive approach to health care practice in a manner that recognizes the context and complexities of provider-patient communication and interaction and preserves the dignity of individuals, families and communities.*
>
> *(a) Cultural competence applies to all patients.*
>
> *(b) Culturally competent providers do not make assumptions on the basis of an individual's actual or perceived abilities, disabilities or traits whether inherent, genetic or developmental including: race, color, spiritual beliefs, creed, age, tribal affiliation, national origin, immigration or refugee status, marital status, socio-economic status, veteran's status, sexual orientation, gender identity, gender expression, gender transition status, level of formal education, physical or mental disability, medical condition or any consideration recognized under federal, state and local law.*

Background discussion

Efforts for planning our organizational and provider network training program ramped up in 2019 when a more formal plan was desired by our leadership. In order to advance health equity, it was necessary to ensure that our staff, providers and their staff, and our community partners all had a common understanding and used common language when it came to health equity.

In previous years, Advanced Health hosted and sponsored several trainings in our community related to health equity. We brought nationally known trainers to our area to provide our staff and community training on the Culture of Poverty and we sponsored local Poverty Simulations. We sponsored training on Adverse Childhood Experiences (ACES) so that our region could "grow their own" ACES trainers and we could ensure the local availability of ongoing ACES trainings. We brought in internationally recognized trainers to train us on facilitating community conversations café style to promote and build Resilience. We hosted trainings on Health Literacy and Culturally Linguistically Appropriate Services (CLAS) for our providers, their staff, our staff, our community partner's staff, and our community.

In 2019, Advanced Health contributed to the planning and was a fiscal sponsor to the 1st Annual South Coast Diversity Conference. We encouraged our staff, providers, Community Advisory Council (CAC) members to attend. Training topics included: Pronouns, Tribal History, Microaggressions in the Workplace, Behavioral Health, and a

keynote from Alberto Mareno with an overview of equity programs and work done in Oregon.

In 2020, the South Coast Diversity Conference was planned for April and Advanced Health sponsored and planned to administer a livestream track that would be relayed to all of our clinics and hospitals as well as in conference rooms at Advanced Health and a couple community partners'. Topics of training included: Unpacking Privilege, Implicit Bias, Supporting People with Differences, and Cultivating Empathy. Unfortunately, due to the COVID 19 pandemic and large group restrictions, the conference was cancelled.

As Coos and Curry Counties do not have a Regional Health Equity Coalition (RHEC), Advanced Health used some technical assistance hours made available to us by the Oregon Health Authority (OHA) to bring in a consultant to facilitate community conversations to gauge the desire to form a local equity coalition. Many meetings and a couple years later the South Coast Equity Coalition was formed and continues to meet regularly to this day. Advanced Health is proud to be part of this coalition and values the fact that the coalition is an independent, community-run group.

During the development of our Community Health Assessments we conducted a survey to elicit community member feedback and held many focus groups in the community to ensure we received input from a diverse array of groups of people: working poor/service workers, homeless, Latino/a, Education, Retired/Seniors, Cancer Survivors/Chronic Disease, Children/Teens, Disabilities, Behavioral Health and Addictions, Chronic Pain/Opioid/Marijuana, Health Providers, Tribal Community, and our Community Health Assessment Workgroup members. All data gathered was used in our Community Health Assessment and considered by our Community Health Improvement Plan implementation teams.

Advanced Health has also supported the local training of Traditional Health Workers. The local community college, Southwestern Oregon Community College (SOCC) created the curriculum several years ago but had not yet provided a class for students, which was forcing Advanced Health and other to send staff out of the area to be trained which was timely and costly. Advanced Health stepped up to sponsor the first few classes at SOCC to help ensure that our community had trained Traditional Health Workers and that training was offered locally. We saw the need for Traditional Health Workers, wanted to employ them and wanted our community to have access to their services.

Advanced Health has always provided language line interpreter services to our membership and provider offices. We also provided healthcare interpreters. However, in 2018 we decided to develop a more formal Healthcare Interpreter Program. This would ensure that our membership and provider network could access in-person interpretation as well as telephonic. We also use and provide the CDC Plan Language Thesaurus to staff and providers.

Our efforts to develop a defined training program to roll out in CY2020 resulted in a program offering multi-modalities and an array of training topics for our staff, leadership, board of directors, community advisory councils, clinical advisory panel and provider network. Available trainings are: Cultural Competent Care, Implicit Bias, Civil Rights and Non-Discrimination Laws, Social/Cultural Diversity, Universal Access/Accessibility in Addition to ADA, Language Access and Use of Interpreters, Health Literacy, Use of Traditional Health Worker Model, Adverse Childhood Experiences, Cultural Barriers and Systemic Oppression, Social Determinants of Health, Trauma Informed Care, Culturally Linguistically Appropriate Services (CLAS) Standards, Use of Data to Advance Health Equity (REAL-D), ACA 1557.

It is important that Advanced Health offer trainings in multiple modalities, using appropriate accommodations and interpreter services. We know that some trainings are best received in a live setting, while others could be offered online.

The results of the training needs' assessment for each group (staff, leaders, board of directors, committees, provider network) shows us our training needs and the training program evaluation would highlight what changes we need to make to the program for the next year. Learning outcomes include increasing awareness and use of common language, increase percent of highly trained workforce members, and increase engagement with CCO health equity work.

Sustainability is an area of much focus and planning efforts. We want our staff, board and committee members, and provider network to have an ongoing commitment to health equity. Advanced Health's strategic plan focuses on health equity and we have designated staff to oversee the health equity initiatives. Our trained providers and advisory committees help implement health equity activities and our CACs work collaboratively with other equity-focused groups in the area. Advanced Health is committed to healthcare interpreter training and support and the ongoing education and employment of traditional health workers.

Advanced Health's organizational and provider network training program includes trainings on cultural competent care (aligned with the OHA cultural competency continuing education criteria at: https://www.oregon.gov/oha/OEI/Documents/OHA%20CCCE%20Criteria_May2019.pdf) and implicit bias as well as many other equity-related topics (see Annual Training Plan Matrix). The training program is for the board of directors, leaders, community advisory council, and provider network.

Advanced Health workforce training plan

Advanced Health requires all new employees to complete a cultural competence training module within the first week of hire. Annually, all employees are required to complete the cultural competence training module.

Optional training opportunities have been offered throughout the year to employees, including directors and executives. These trainings have included the required training objectives contained in the Health Equity Plan as shown in the evidence.

Advanced Health's current board and CAC member training is offered throughout the year, typically during board and CAC meetings.

Implicit bias and how to work with healthcare interpreters have not been offered either as required or optional training opportunities and Advanced Health will implement these trainings into required new employee and annual training requirements.

Workplan:

Advanced Health will continue its current efforts to require culturally competent trainings for new employees and annually, as well as offer optional trainings throughout the year. The goal will be for employees to complete a minimum number of the optionally offered training opportunities.

Advanced Health is implementing a Staff Training and Development Policy and Procedures in which a training needs analysis will be conducted by managers and responsible staff for their respective departments. The Staff Training and Development Policy and Procedure is included as Attachment 14. Once the training needs analysis data is collected, an organizational training matrix will be developed and finalized for the calendar year. Training objectives identified so far include the CCO contract training objectives to include cultural competency, implicit bias, and all other listed trainings. It is Advanced Health's goal to offer all identified training topics over the course of the CCO 2.0 contract years.

The Training Needs Analysis is included as Attachment 20 and the Annual Training Plan Matrix template is included as Attachment 21.

What	When	Responsible	Resources	Measures / Metrics	Barriers
Complete needs assessment	Q4 2020, Q1 2021	HR, Department Managers, Responsible staff	Staff	• Training objectives • Subject areas • Current training gaps	

Develop and finalize annual training plan	Q1 2021	HR, Department Managers, Responsible staff	Staff	• Position and department specific trainings • All staff trainings	
Implement training plan and schedule	Q1 – 4 2021	HR, Department Managers, Responsible staff	Staff, Financial cost of trainings, Marketing/Print materials	• Attendance • Completion rates • Value of training	
Evaluate and make recommendations for upcoming year	Q4 2021	HR, Department Managers, Responsible staff	Staff	• Attendance • Completion rates • Value of training • Training gaps	

Agreements with network providers

Advanced Health agreements include language to ensure that each provider will comply with their respective board requirements to meet cultural competency training. As part of the contracting process providers warrant that they are licensed in good standing (which is verified during credentialing and re-credentialing), agree to cooperate in all credentialing and licensing activities required by the Advanced Health Agreement and have been trained in trauma informed care.

Evidence from contract:

> *Provider shall cooperate in all screening, enrollment, credentialing and licensing activities reasonably required by IPA to comply with the Advanced Health Agreement, the CCO Contract, and any applicable Law.*
>
> *Provider has all licenses or certificates required by Law in order to provide the Health Services;*
>
> *[Provider warrants that it] is duly licensed to provide Health Services in the State of Oregon (or, as applicable, in accordance with federal Law) and is in good standing with all applicable licensing authorities;*
>
> *[Provider warrants that it] has been trained in recovery principles, motivational interviewing, and foundations of Trauma Informed care, including by participating in regular, periodic oversight and technical assistance on these topics.*

The Advanced Health workplan to meet this requirement includes training for staff to ensure understanding of the CCO contract and board requirement, and provider network training plan. Advanced Health will be implementing a CLAS screening tool in which new and addended contracts will be reviewed to ensure contracts meet the cultural competency training board requirement. Advanced Health will develop and implement a Provider Network Training and Development Policy and Procedure similar to Advanced Health's Training and Development Policy and Procedures.

What	When	Resources	Responsible	Metrics / Measure	Barrier
Internal contract committee, credentialing staff, and other staff included in the contracting process will be educated on board licensure requirements and the provider network training plan.	Q1	Staff	CMO, HR	Training attendance Training survey	
Using the CLAS as an organizational framework workplan, provider agreements will be reviewed using the organization's CLAS screening tool to ensure agreements ensure provider complies with board requirements related to cultural competency trainings.	Q2	Staff	Chief Compliance Officer, CMO, Contracts Committee	Quality of data collection to determine if data being collected is sufficient	Time

If needed, adding more specific language/statement to a contract addendum sent to all providers will be considered.	Q2	Staff	Chief Compliance Officer, CMO, Contract Committee		

Plan for tracking provider network training

Advanced Health has implemented a communication plan with the provider network to share information about Advanced Health offered or sponsored training opportunities throughout the year. Providers, their staff, including HR/Business Managers and Quality staff, are provided a tracking spreadsheet template to track trainings. This ensure key staff in the organization have up to date information to share as needed during provider network communications.

Advanced Health conducts provider network participant audits which include an ADA Attestation and Survey, Attachment 22. The goal of this survey is to ensure that the Provider Network is providing 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, in accordance with Title III of ADA, CLAS Standards, and all other applicable rules and regulations.

Advanced Health's 2020 provider network training plan is offered to all providers and their staff on an ongoing basis throughout the year. The format is an online, self-guided training module: ResCUE Model for Cross-cultural Clinical Care.

Advanced Health will continue to identify and offer training opportunities to meet the cultural competency training objectives using the following workplan.

What	When	Responsible	Resources	Measures / Metrics	Barrier
Communication Plan with Provider Network	Q1 2021	HR, Community Engagement, CMO	Staff, Print/ Marketing materials	Training attendance	Time, COVID-19 restrictions
Continue provider audit efforts	Q3, Q4 2021	HR	Staff	Attestation	

Conduct training needs analysis and develop training plan	Q1 2021	HR, Community Engagement	Staff	• Marketing goals • Attendance and completion rates • Attendee survey/value of training perceptions	
Carry out training schedule		HR, Community Engagement	Staff, financial sponsorship, Print/ Marketing materials	• Timeline • Marketing goals • Attendance and completion rates • Attendee survey/value of training	Time, COVID-19 restrictions
Evaluate and make recommendations for next year		HR, Community Engagement	Staff	• Timeline • Marketing goals • Attendance and completion rates • Attendee survey/value of training • Addressing barriers	Time, COVID-19 restrictions