2021

HEALTH EQUITY PLAN

Yamhill COMMUNITY CARE

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Introduction

On behalf of Yamhill Community Care, this plan represents a description of the organizational systems, processes, structures, and resources to advance health equity. Contact:

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Note: *Documents attached to this plan are marked in orange for ease of reference.*

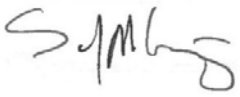
Executive Summary

Yamhill Community Care is, and has always been, a grassroots agency dependent on local leadership and feedback. YCCO recognizes that diversity of staff, community, and members is a strength, and strives to elevate marginalized voices to better inform the work. We are committed to not only upholding anti-discrimination laws, but truly understanding need and meeting individuals where they are. This includes being actively anti-racist because racism is a public health issue and proactively addressing the health disparities present in our community. It is not enough to express our values; we must make plans and act on them.

No matter what role someone has at YCCO, their work has an impact on YCCO members. Our job is to reduce health disparities and improve quality of care for everyone. This involves listening first, and considering how parts of someone's identity may impact their health, including where they live, what abilities they have, and what race, ethnicity, class, gender identity, sexual identity, age, health status, beliefs, marital status, pregnancy status, what language they speak, historical or childhood trauma, or anything else about them.

YCCO will integrate this Equity Plan into its business practices across the organization. As an agency that values transparency, YCCO will make the Equity Plan publicly available, inviting feedback and continuous improvement. This work is never complete. We can always do better, for our staff, for YCCO members, and our whole community.

Regards,



Seamus McCarthy, PhD
President & CEO, Yamhill Community Care

Section 1: Narrative

ORGANIZATIONAL COMMITMENT

YCCO has committed to the following:

- fostering staff and committee understanding of equity's value, meaning, and impact in their everyday work and offering regular training, education, and support to elevate diverse voices
- gathering and analyzing available information about the people it serves, using demographics and disparities to inform decision-making and resource allocation
- regular review of policies, procedures, and practices using an Equity and Trauma-Informed Policy Audit Tool (Equity and TIC Audit Tool) resulting in continuous, intentional improvement
- enhancing outreach and engagement efforts through the Community Advisory Council, member feedback, and community listening sessions to ensure all perspectives are valued

YCCO has adopted OHA's Health Equity Committee 2019 definition of Health Equity:

"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."

Community Health Vision: Our healthy community is accessible and inclusive, has diverse resources, and focuses on social determinants of health and trauma-informed care. Our healthy community provides and promotes regular preventative care, in partnership with medical providers, to support healthy families and individuals.

YCCO Vision: A unified healthy community that celebrates physical, mental, emotional, spiritual, and social well-being.

YCCO Mission: Working together to improve the quality of life and health of Yamhill Community Care Organization members by coordination effective care.

YCCO Guiding Principles:

1. Health Educations
2. Accountability
3. Innovation
4. Evidence-Based Clinical Care
5. Transparency
6. Shared Responsibility
7. Member Empowerment
8. Wellness Promotion
9. Equity
10. Stewardship

Equity appears across the organization, not only in operational policy and service delivery procedures, but in strategic plans touching all departments. In YCCO's original Strategic Plan, Cultural Competency, Health Literacy, and Health Equity is a key objective. Equity appears in the 2019 Transformation and Quality Strategy, in strategies related to housing, training, data, transportation, and member communications. The CHIP and Early Learning Strategic plan frequently reference equity, disparity, and social determinants of health objectives; the Early Learning Hub includes an equity-focused strategy for each of its focus areas.

This visual illustrates the equity-specific strategies within relevant YCCO plans. Many individual strategies throughout each plan include equity related elements. As new or revised plans are developed, YCCO will continue to grow and expand its equity-related strategies. (YCCO Plans)

SERVICE AREA AND DEMOGRAPHICS

YCCO coordinates care for enrollees on the Oregon Health Plan (OHP), or Medicaid, in Yamhill County and parts of surrounding Washington and Polk counties. YCCO is the only community care organization in the state to be awarded an Early Learning Hub by the Oregon Department of Education's Early Learning Division.

Collectively with the staff, governing Board of Directors, and community leaders, and with input from the community, YCCO delivers care to the 29,663 members covered by YCCO (as of June 2020).

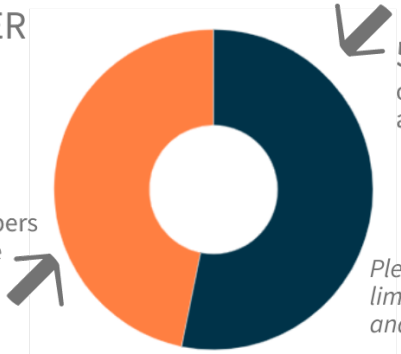
YCCO MEMBERSHIP 2020*

29,663 members

12,760 (43%) are 18 or under

1,545 (9%) are 65 or older

GENDER



52.7% of members are female

47.3% of members are male

Please note that data is limited to binary sex, and not gender identity.

RACE/ETHNICITY

- **43.7%** Unknown**
- **41.6%** Caucasian
- **11.7%** Hispanic/Latino
- **1.1%** American Indian/Alaskan Native
- **0.7%** African American/Black
- **0.2%** Hawaiian/Pacific Islander

LANGUAGE

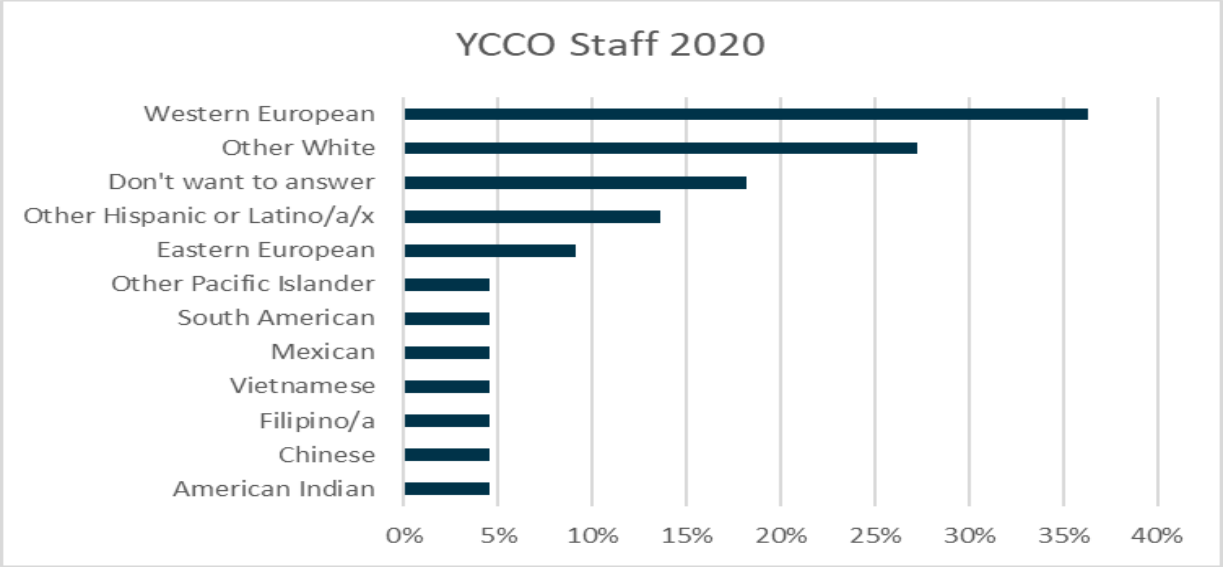
11.8% of members speak Spanish.

YCCO members speak over **22** languages.

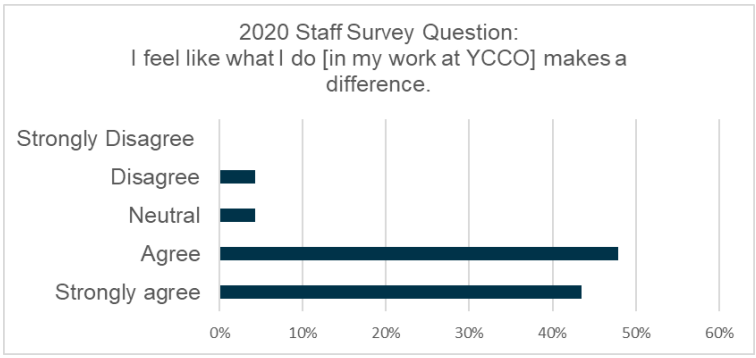
2.4% of members speak a language other than English or Spanish.

*Data current as of June 2020
**Includes "Other" category
Source: YCCO Patient Demographics with details_monthly report from 834

YCCO is made up of staff who are largely local, committed to their community, and who believe in the work YCCO does to meet its mission, vision, and principles. Workforce demographic composition is collected on an annual basis. Since the initial collection in 2015, the staff demographic composition has shifted as the organization grew but has consistently been a diverse and reflective representation of its membership and community. Nine percent of staff report having a disability, and 100% of staff identify English as their primary language.



Note: Total adds to more than 100% because staff could select more than one race.



Results from a 2020 staff survey showed most staff report feeling they make a difference in their role.

To support the workforce, strategic partnership with local agencies ensure the provider delivery networks and system leadership are aligned with the needs of the community. To date, demographic composition of its partners' workforce has not been evaluated.

Key partners include:

PH TECH · PROVIDENCE Health Plan · Yamhill County Health and Human Services · Capitol Dental · First

Provider delivery system data is collected and reported quarterly with a narrative assessment submitted annually using the Delivery System Network (DSN) reporting structures. Analysis of the most recent DSN reported 1,956 providers speak 42 different languages other than

English. After English, the most common language spoken is Spanish (64.4%) followed by French (6.5%), German (5.5%), Cantonese (4.1%), and Hindi (3.4%).

Demographic composition of the Community Advisory Council (CAC) is collected annually and is optional information collected as part of the membership application process. Similar to the goals of staff and workforce composition, YCCO seeks to establish a diverse and reflective representation to its membership and community. See more detail in Focus Area 2: Demographic Data and Focus Area 5: Workforce below.

OVERSIGHT AND ACCOUNTABILITY

YCCO has a Health Equity Administrator role held by Jenna Harms, the Health Plan Operations Director. This role holds responsibility for the development, implementation, and on-going communication for this plan and other health equity initiatives. It serves as the single point of accountability for health equity and diversity work within the organization, staff, provider network and contracted community partners serving YCCO members. Further detail regarding the responsibilities of this role can be found in the *Health Plan Operations Director position description*.

Aligning with system transformation and quality work in the organization, the oversight and accountability of the implementation of the health equity plan falls within the department organization structures, resources, and committee governance defined within the CCO.

Designated staff resource in multiple areas of business including human resources, finance and data analytics, information systems, quality assurance and compliance, operations, communications, community health, health services, care coordination, provider relations, behavioral health, and early learning. Collectively, these roles work to implement the Health Equity Plan in alignment with other strategic goals within the CCO. (See *Advancing Health Equity –Department Organization & Resources*; *Advancing Health Equity – Administrative Support Vendor Service*)

Constructs of the Health Equity Plan are also co-developed and implemented through key governance committees within YCCO to include the Board of Directors, Quality and Clinical Advisory Panel (QCAP), Community Advisory Council (CAC), Early Learning Council (ELC) and Community Prevention and Wellness Committee (CPW). Internal workgroups focus on specific subject matter and engage with key stakeholders and partners to coordinate and advance the strategic initiatives. (See *Advancing Health Equity – Governance Committee Organization; YCCO CAC Charter; YCCO Quality and Clinical Advisory Panel Charter*)

PLAN DEVELOPMENT

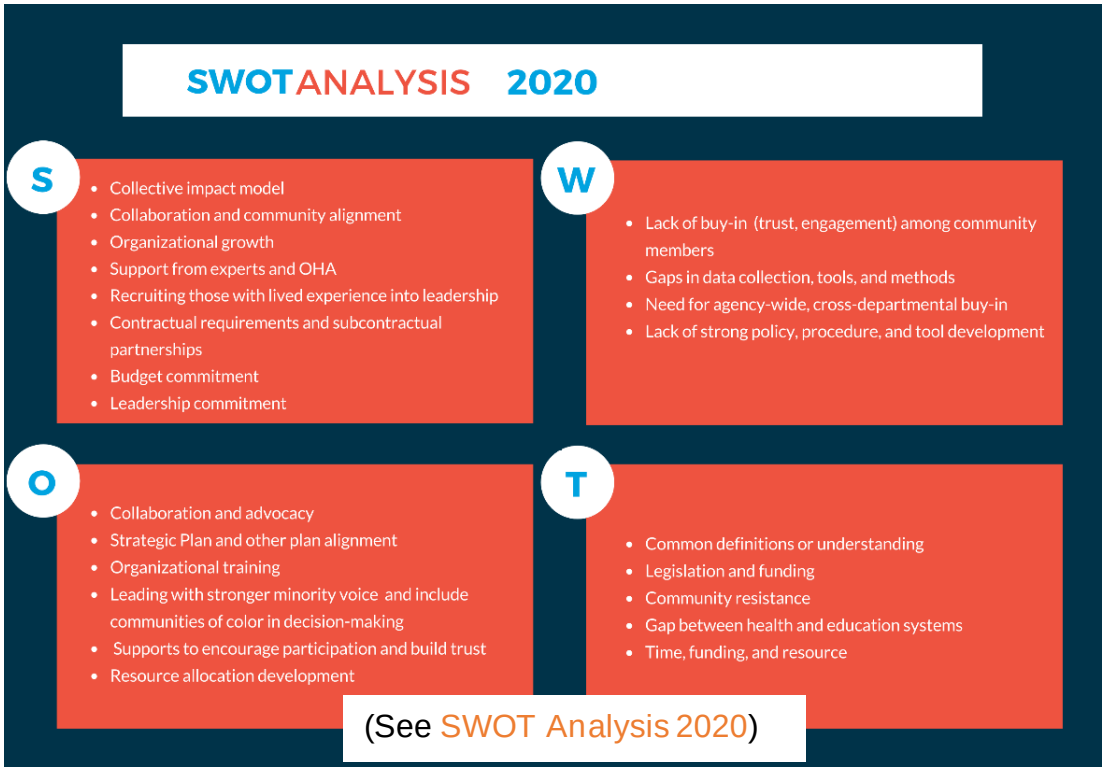
In 2016, YCCO completed an organizational Racial Equity Self-Assessment, using a tool developed by the Coalition of Communities of Color (*Tool-for-Organizational-Self-Assessment-Related-to-Racial-Equity-2014*). Part of this assessment involved completing a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis with internal and external stakeholders (see SWOT Analysis 2016*)*. From the self-assessment and SWOT analysis, a Health Equity Strategic Plan *(Health Equity Strategic Plan 2016)* was developed and adopted. The plan reflected upon other organizational plans and strategies with an equity lens and identified three specific goals:

1) Expand Knowledge Base – Using data, metrics (by ethnicity and language)
2) Strengthen Community Engagement – Resource allocation
3) Racial Equity Policies – Commitment to racial equality

Over the course of the past three years, staff have implemented many of the strategies and objectives laid out in this first plan. Structures now in place based on 2016 SWOT analysis and Health Equity Plan:

- Broader use of REALD in data collection and analytic studies ranging from staff and committee demographics; health equity review of quality metric performance; and program evaluations. (See *2019 Incentive Metrics – Equity; Community Health Intervention Analysis – 2019)*
- Workflows and decision-making tools were established to allocate resources aligned with community need which prioritizes key populations that have historically been underserved and experience health disparity at a higher rate. A focus was made on direct engagement with agencies serving marginalized populations, including Black, indigenous, and people of color. (See *CBI RFP Template; CBI RFP Template Spanish; CBI Rubric Form; CBI LOA Template*)
- An initial health equity plan and Culturally and Linguistically Appropriate Service (CLAS) framework was developed. As well as a commitment to advancing health equity statement was adopted and shared with the community. (See *Health Equity Strategic Plan 2016; CLAS Framework Equity Plan; YCCO Equity Statements*)

While there are many successes, there is still much to do. This work is foundational to the next iteration of goals and strategies developed for the organization to continue advancing health equity. For alignment and consistency, a similar SWOT analysis process was repeated as part of the 2021 Equity Plan development. YCCO has refined and better defined its areas of focus over time. Key highlights of the most recent SWOT are budgetary resource and leadership commitments, and continued opportunity for collaboration and advocacy.



(See SWOT Analysis 2020)

This health equity plan was developed in conjunction with continued learnings and information-gathering from OHA's Office of Equity and Inclusion. YCCO has gathered direct feedback from regular webinars and Health Equity Administrators' meetings, which the YCCO Health Equity Administrator and other supporting staff attended. Additionally, YCCO staff engage in the webinars and other opportunities provided, including the invaluable REALD webinar series, Community Partner sessions, CAC Learning Collaboratives, and Transformation & Quality Strategy (TQS) technical assistance sessions regarding CLAS Standards, Social Determinants of Health, and Health Equity focus areas.

Finally, YCCO utilized the Multnomah County Equity and Empowerment lens (Balajee, 2014), the 5Ps, to review each strategy individually and consider how members are directly impacted and have or should provide input. This tool will also provide guidance in plan implementation.

STAKEHOLDER PARTICIPATION

As a community-led organization, YCCO has always prioritized stakeholder engagement and feedback. For this plan's development, YCCO used a series of networks, committees, and

partner communications to gather input, vet data, provide on-the-ground context, and collect critical feedback.

Leadership from the Board of Directors, the Community Advisory Council (CAC), CCO staff leadership team, and the Health Equity Committee provided direction, resource allocation, and feedback throughout the process of the plan development. All stakeholders were able to provide input through a variety of venues and methods. The following engagement methods were deployed with a wide range of stakeholders and partners, to gather data, develop, and provide feedback on the plan:

- Email sharing and feedback opportunities
- SurveyMonkey surveys
- Phone outreach
- Meetings with individual representatives
- Committee and stakeholder review sessions

COVID did impact our partners' ability to engage in-person. Much of the engagement, planning, and vetting was done in the virtual and remote environment. Partners also expressed time and resource limitations for participation, specifically those agencies that are front-line in COVID response such as Local Public Health Authorities, provider delivery systems, tribal health centers, and culturally specific non-profit Unidos Bridging Community. While there were limitations, YCCO acknowledges the contributions that these partners gave during this time of limited resource and competing priorities. With broad community representation present on YCCO's existing committees, and workflows already in place, sufficient stakeholder engagement was present throughout each step of the planning, development, and vetting, and use of an alternative process for community engagement was not necessary (see full *Stakeholder List*). Key partners not represented on existing committees were engaged in the development process to ensure representation from the community. Representatives from Yamhill County Public Health, Unidos Bridging Community, the Willamette Education Service District, the Ford Family Foundation/Newberg City Council, and Mindlink language access provider were all engaged in the development process to fill gaps in representation on YCCO's existing committees and workgroups, and YCCO will continue to prioritize an ongoing community feedback process.

YCCO engaged its committees to gather data in the beginning stages of the process. It utilized a questionnaire tool to gather mostly qualitative information from partners, and vet, confirm, or get context on existing data (*Equity Plan Stakeholder Feedback Tool*).

YCCO's staff and plan partners gave excellent input:

- ideas for the best time to engage parents with educational events
- suggestions for improving the quality of local medical interpretation

- thoughts about building a more trauma-informed community
- highlighting the importance of engagement and meeting people where they are

Community partners gave frank and candid feedback:

- “It would be really creepy to receive a letter [from my insurance plan] saying ‘You have high blood pressure, here’s what you can do.’”
- "Providers can't spend time being the secretary, they have to have time to treat patients."
- “That’s a lot of work for the provider, we don’t have the systems to do that [report language access by clinic staff].”

YCCO takes feedback very seriously and incorporated both stakeholder ideas and critiques into this Equity Plan.

REVIEW AND APPROVAL

For approval of the plan, YCCO staff brought an overview of the document to each of its main committees, sending the full document out after the meetings were held. (See *Health Equity Plan 2021 presentation; Health Equity Plan 2021 presentation Spanish; Health Equity Plan 2021_BOD presentation* for full overview). Committee members had time to offer feedback and ask questions. During the final vetting process, feedback included commentary that the strategies were not sufficiently concrete. CAC members asserted that they struggled to see where they and their work fit directly into the plan. As a result, more concrete strategies were incorporated and regular CAC feedback will be included not only in the appropriate focus areas (see especially Focus Areas: Grievance and Appeals, CLAS, Organizational Training, and Demographic Data) but also in the continued revision and updating of the detailed workplan and the overall Health Equity Plan.

YCCO works closely with Yamhill County Public Health representatives who were involved in the development and review process of the plan. The Public Health department has created a new role that includes equity plan development as part of its position description and has agreed to align development with YCCO’s plan and coordinate efforts. Additionally, continued information-gathering and collaboration as part of the CHA and CHIP processes will be integrated with the Health Equity Plan strategies in future years.

After review and recommendation from the Health Equity Committee and Quality and Clinical Advisory Panel, the December 2020 meetings for both the Board of Directors and CAC provided the final review and a formal commitment of support to advance health equity through the goals and strategies laid out in this plan.

COMMUNICATION PLAN

YCCO will include Equity Plan sharing as part of its overall Communications Strategy. This strategy calls upon a range of methods and modes of communication to be most accessible to stakeholders and members. YCCO will share the Equity Plan through the following methods:

- Email newsletters to YCCO mailing lists
- Direct email outreach to partners
- Inclusion on YCCO website
- Printed copies of plan available to partner organizations free of charge
- Regular review during key YCCO committee and governance meetings

YCCO will utilize the following strategies to ensure readability and accessibility:

- Translation of plan to Spanish (and other languages as requested)
- Overview presentation with clear visuals and conversion to 6th grade reading level (*Health Equity Plan 2021 presentation, Health Equity Plan 2021 presentation Spanish, Health Equity Plan 2021_BOD presentation*)
- Plan availability in multiple modes: print, web, and clear contact information to hear parts of plan over the phone as requested
- Utilization of data visualization best practices as it relates to readability and equity (*Data Visualization Best Practices Guide*)

As described in the individual focus areas and in Section 3, this plan will be monitored based on the target date timelines and frequency of review. Overall evaluation of this plan and alterations will be made annually based on stakeholder feedback and on-going needs assessment.

Section 2: Strategies

FOCUS AREA 1: GRIEVANCES AND APPEALS

Applicable Policies and Procedures

- GA-001 Grievance System
- GA-002 Member Complaints and Grievances Policy
- GA-003 Denials, Appeals, and Contested Case Hearings
- ENR-001 Enrollee Rights Policy and Procedure, pg 3
- ENR-002 Member Non-Discrimination- ADA, pg 4
- ENR-007 Equity Policy and Procedure, pg 4
- COM-002 Communication Services, pg 3
- COM-003 Communication Materials, pg 3-5

<u>Partner Policies</u>

- PHT - Customer Service Handling of Member Complaints
- PPP - Medicaid Member Expedited Appeal Policy AGD OHP 102
- PPP - Medicaid Member Fair Hearing Policy- AGD OHP 103
- PPP - Medicaid Member Grievance Policy- AGD OHP 100
- PPP - Medicaid Member Standard Appeal Policy- AGD OHP 101
- HHS - Complaints, Grievances and Appeals_016-102-08-02

- QPI-001 Quality Program and Performance Monitoring, pg 4, 6

Tools, References, Resources, Samples

- NOABD – English & Spanish
- NOAR – English & Spanish
- Grievance Resolution – English & Spanish
- YCCO Member Handbook 2020, pg 54-57
- YCCO Provider Handbook 2020, pg 17-21
- YCCO Quality and Clinical Advisory Panel Charter

- CDC - Policy - Grievance, Appeal, and Hearing

Tools, References, Resources, Samples

- YCCO Customer Service – User Manual
  - Appeal Information, pg 55
  - Grievance Information, pg 62
  - Mailings, pg 65
  - Language Services, pg 24

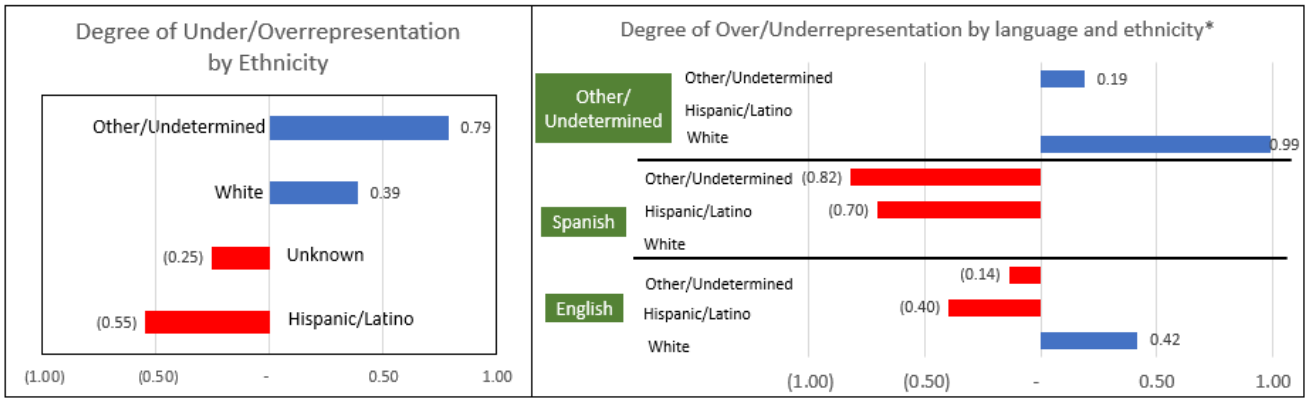
Grievance and Appeals
Goal: *Policies and processes comply with state and federal requirements regarding the appeals and grievance systems.*

Goal: *Ensure ease in access to the grievance and appeals system regardless of a person's race, ethnicity, age, language, or disability.*

YCCO's strategic goal is to comply with all requirements as it relates to a system of care and maintain a variety of policies, procedures, documents, and processes related to the appeals and grievance system that is available to members. The above polices and process documents are in place to ensure compliance requirements and serve as a guide for how the YCCO systems can receive, process, and respond to a complaint or grievance and/or request an appeal to a service that was denied, terminated, or reduced.

Given the deep and complex requirements that these policies must comply with, YCCO deploys resources to communicate through a variety of different media to members, providers and plan partners who deliver services on the requirements and how to request support when needed. Partner policies and sample communications are reviewed on a quarterly basis to ensure compliance with language access requirements. Various communication tools and resources such as the Member Handbook, Provider Manual, and Customer Service user manual procedures also describe the availability and how to access language services when requested.

Through the review and ongoing system analysis, YCCO recognizes that there are opportunities to improve the accessibility of the grievance and appeals systems and processes to ensure all members have are able to access and interact with the systems. Ongoing analysis of grievances data by ethnicity and reported language found that when compared with YCCO total membership, grievances are filed disproportionately by white, English speaking members. Grievances are also disproportionately under-filed by Spanish speaking members of all ethnicities.



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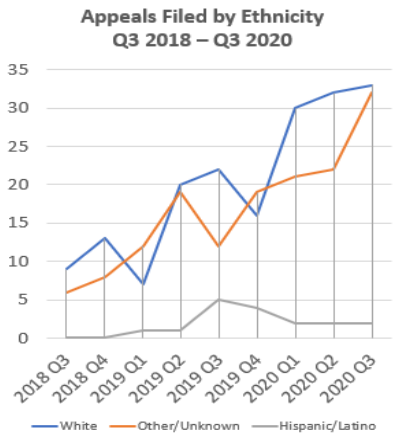
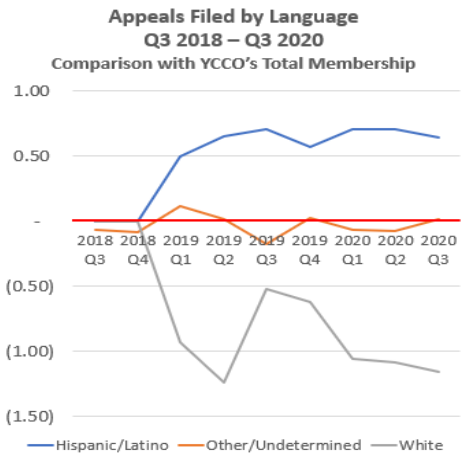
For appeals, there was a similar finding that when accounting for the full YCCO population, appeals are also disproportionately under filed by Hispanic/Latino members.



	White	Other/ Undetermined	Hispanic/ Latino
2018 Q3	9	6	0
2018 Q4	13	8	0
2019 Q1	7	12	1
2019 Q2	20	19	1
2019 Q3	22	12	5
2019 Q4	16	19	4
2020 Q1	30	21	2
2020 Q2	32	22	2
2020 Q3	33	32	2



In alignment with CLAS standard 14, by implementing the following strategies, YCCO seeks to continue to enhance and improve these systems to ensure a culturally and linguistically appropriate experience and identify and eliminate barriers for our members.

Member Input and Impact	
Purpose – *Members know they can complain/grieve safely* ***People –*** *Members may have fear/trauma around retaliation; supportive provider interaction*	***Place –*** *Transportation and access are barriers* ***Power –*** *YCCO is accountable for access* ***Process –*** *Disparities are present; how can YCCO reach those who are not engaged?*
Strategy 1:	***Review and update language in policies and procedures to ensure compliance with state and federal requirements.***
Responsible owner: *Benefit Administration Supervisor*	

Baseline: *Policies exist and need review*	***Data Source:*** *Policy and procedures Templates Workflows documents*	***Success Measure:*** *% of policies reviewed and updated*	***Resource:*** *Uprise Health Benefit Administration Supervisor CAC Grievance subcommittee*	***Target Date/Frequency of Review:*** *June 2021 Annual thereafter*
Strategy 2:	***Develop and maintain oversight of system compliance with policies and procedures related to accessing the grievance and appeals systems i.e., letters, accessibility information, education, and support materials.***			
Responsible owner: *Benefit Administration Supervisor*				
Baseline: *Policy review Quarterly Audit practices*	***Data Source:*** *Letter template samples Service level reporting Grievance & Appeal data Claims*	***Success Measure:*** *Completed system audits with findings and improvement areas identified*	***Resource:*** *Benefit Administration Supervisor Sr. Quality Assurance and Compliance Manager Audit & Compliance Specialist*	***Target Date/Frequency of Review:*** *Ongoing system monitoring Quarterly Review*
Strategy 3:	***Collection and analyze grievance and appeal data to evaluate members' reported ease in accessing and understanding processes to file a grievance or an appeal.***			
Responsible owner: *Benefit Administration Supervisor*				
Baseline: *Data collection*	***Data Source:*** *Grievance & Appeal date CAHPS Satisfaction surveys CAC workgroup*	***Success Measure:*** *Members report an increase in the ease/comfort of accessing and understanding system processes*	***Resource:*** *Quality Improvement Analyst Benefit Administration Supervisor Community Health Specialist Health Equity Committee CAC Grievance subcommittee QCAP*	***Target Date/Frequency of Review:*** *Ongoing system monitoring Annual Review* *Equity Committee – quarterly review, Feb., May, Aug., Nov.*
Strategy 4:	***Conduct root cause analysis and develop plan to address disparities identified, specifically outreaching to communities who speak Spanish and who are of Hispanic/Latinx ethnicity.***			
Responsible owner: *Benefit Administration Supervisor*				

Baseline: *Documented disparity – see graph*	***Data Source:*** *Grievance & Appeal data* *CAHPS Satisfaction surveys* *CAC workgroup* *CHA/CHIP* *Community feedback*	***Success Measure:*** *Root cause is defined and documented.* *Data represents less disparity when reviewed one year later*	***Resource:*** *Quality Improvement Analyst* *Benefit Administration Supervisor* *Community Health Specialist* *Health Equity Committee* *CAC Grievance subcommittee QCAP*	***Target Date/Frequency of Review:*** *Root cause – April 2021* *Disparity analysis – April 2022* *Equity Committee – quarterly, Feb., May, Aug., Nov.*

FOCUS AREA 2: DEMOGRAPHIC DATA

Applicable Policies and Procedures

- ENR-002 Member Non-Discrimination-ADA, pg 2
- CM-003 Health-Related Services Policy, pg 3
- COM-002 Communication Services, pg 4
- QPI-001 Quality Program and Performance Monitoring, pg 6
- SVC-004 Network Capacity, Service Adequacy and Availability, pg 2
- YCCO Provider Handbook 2020, pg 13-14
- YCCO Strategic Plan Community Engagement, pg 3-6, 10
- ENR-007 Equity Policy and Procedure, pg 4

Tools, References, Resources, Samples

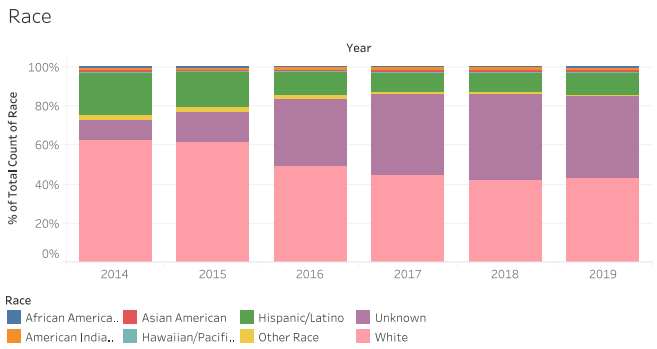
- YCCO Patient Demographics with Details_monthly
- Member Engagement and Capacity_monthly
- Accessibility Survey 2020
- 2019 Incentive Metrics – Equity
- Community Health Intervention Analysis – 2019
- 2020 Peer Services Satisfaction Survey
- Grievance Data
- Appeals Data
- YCCO HIT Strategic Plan - Overview

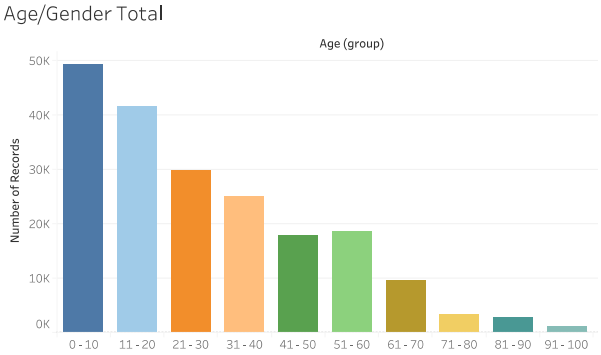
Demographic Data
Goal: *Maintain and use data systems and resources to collect and analyze demographic data to be used to improve systems of care and the advancement of health equity.*

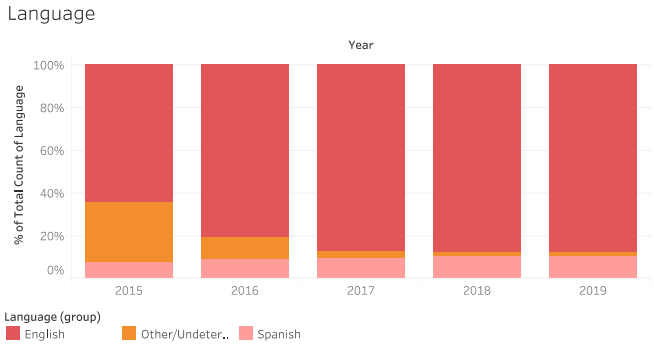
The use of demographic data gives insight into YCCO members' various identities and an understanding of the provider delivered services and governance structure that are offered to ensure the delivery of care is both equitable and of high quality in a way that meets members' needs. The current foundation of demographic data that are collected and analyzed can be

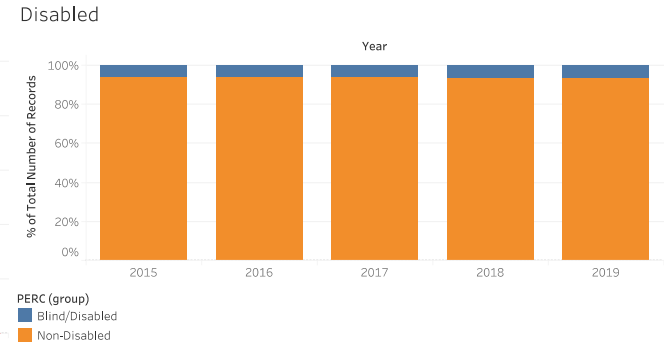
described in four buckets and consist of a variety of different data sources and frequencies that feed these activities.

1. Medicaid enrollment data –
   Member demographics that are collected through the Medicaid enrollment process are a foundational source of information used by the organization. These data include race, ethnicity, age, language, and disability status (the REALD foundational elements) as well as gender and geographic place of residence. This information is made available on a weekly cycle and is automated into demographic reports that make this information accessible and consumable for various analytic studies on a regular basis. Paired with other data sources such as claims, assignment/attribution, population data, program utilization data, and this data help to identify and interrupt health inequities and disparities. Two sample reports used as part of daily work by business and quality improvement staff are (*YCCO Patient Demographics with Details_monthly; Member Engagement and Capacity_monthly*)







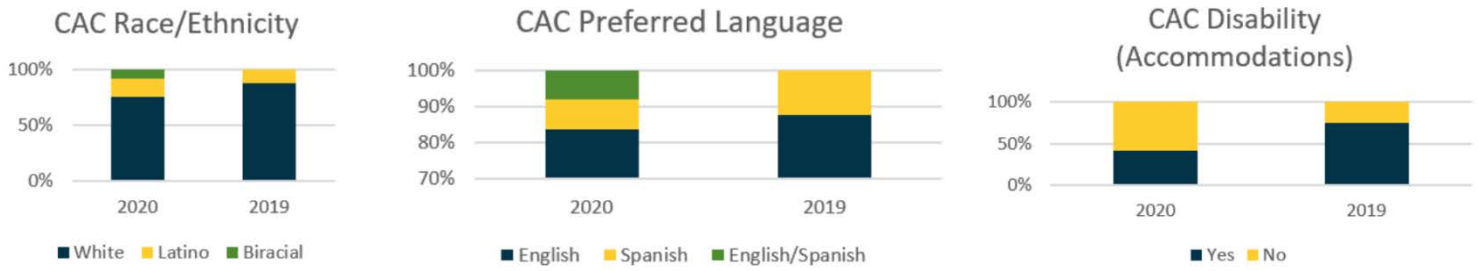


The largest gap identified in this data is a broad “unknown” category. Upon performing a needs assessment, YCCO additionally determined that the regular reports received with member demographics group “unknown” and “other” into a single category, which resulted in a short-term goal to fix this data element to allow for a more precise understanding of demographics. To better understand membership within the unknown category, YCCO staff performed an analysis of historic

membership, determining members whose current race demographics are unknown but who have identified a race in past OHP applications. Using this historic review, YCCO can reduce the estimated "unknown" category to 6% from 45%. While this data is an estimate, it allows YCCO to better understand and serve its membership. (See *YCCO – Estimate of Membership by Race_Ethnicity 9.27.20*).

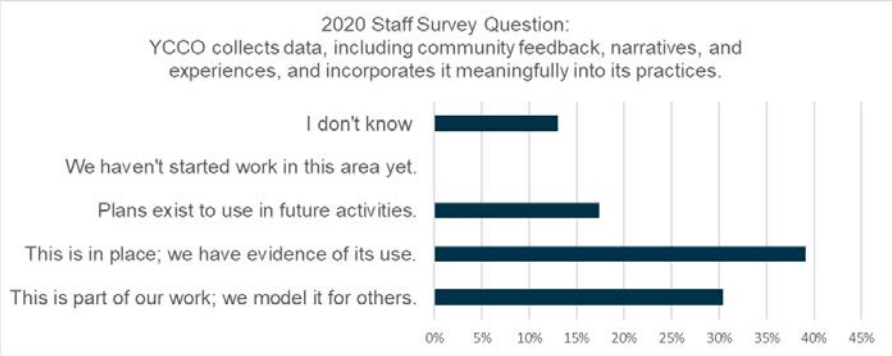
2. System date –
   These data consist of the ongoing collection of information produced by the health plan and are integrated with demographic data components to understand and make decisions based on the information available. The most common sources of data used in this way are claims, utilization by provider (provider data) or service type (service coding) for preventive and acute care settings, grievance and appeals, and care management.

3. Population data –
   Understanding not only membership information but demographic information of providers, staff, the community, and the governance structure is also critical. Historically, YCCO has collected REALD information from staff and the committee members who serve on the Board of Directors and Community Advisory Council and evaluate annually and assesses community demographics in its Community Health Assessment (CHA). See more detail in Focus Area 5: Workforce.



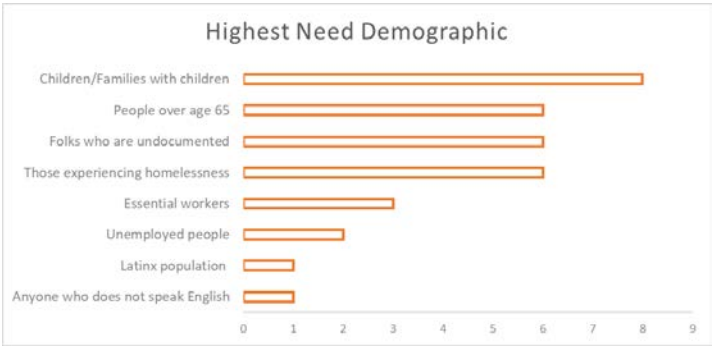
Population data also includes understanding needs at the community level, not just the Medicaid CCO level. Collecting data from reliable sources allows for an enhanced comparison and is used to measure health outcomes and successes. While regular assessment of demographic data informs member-specific needs, YCCO identified a gap in information when situations change rapidly or when a specific need arises. To be flexible and responsive, YCCO utilizes its communication networks to gather information on an ad hoc basis. Making funding decisions solely on local CHA data and existing plans, which may be a few years old, may no longer reflect the true community need, population, or priority. This strategy allows YCCO to utilize a foundation of ongoing demographic data while maintaining responsiveness.

The graph to the right shows highest needs listed for community members during COVID, according to a YCCO COVID Community Needs May 2020 survey. Service Integration Team data, collected based on requests for short-term needs, has long indicated that the biggest need is urgent rent/utilities funding, but food is rarely requested as a need. Rapid surveying of the community, however, revealed that directing YCCO resources towards food assistance would meet an emergent gap.



The 2020 YCCO staff survey showed that staff consistently agree data informs decision-making, which indicates that across the workforce, YCCO staff members are utilizing demographic data to make decisions and conduct business.

4. Program data -
   These data are collected on a cyclical basis either quarterly, bi-annually, or annually based on need and specifications. YCCO values understanding and collecting the demographic information of members who interact with funded programs and services and understanding the experience and impact of that service on their health and wellbeing. Built into agreements that provide services or supports to members are the requirements to collect and report demographic elements (*CBI LOA Template, CBI RFP Template, CBI RFP Template Spanish*). This helps to identify and understand the service reach and if program elements are accomplishing the intended goals. Examples of program analysis include:



   - Quality Incentive Metric program - *2019 Incentive Metrics - Equity*
   - Community Health Hub - *Community Health Intervention Analysis - 2019*
   - Community Health grant reports - *SNACK Report June 2020*
   - Service satisfaction and experience surveys - *2020 Peer Services Satisfaction Survey*

- CAHPS - Yamhill CCO 2019 (Adult); Yamhill CCO 2019 (CCC); Yamhill CCO 2019 (Child)

Many gaps still exist within the foundation of demographic data collection and analysis. A recent Health Information Technology ecosystem assessment and Health Information Technology (HIT) Strategic Plan identified multiple goals and strategies to adopt the technologies required to collect data, execute a data collection plan for both partner and member data, use data to enhance population health and risk-based health management and value-based payment arrangements, collect member engagement data, support care coordination activities, and ensure appropriate data analysis and reporting.

<table>
<tr><th colspan="5">Member Input and Impact</th></tr>
<tr><td colspan="2">Purpose – To accurately represent members
People – People with different identities perceive, receive, and need care differently</td><td colspan="3">Place – Place matters in demographics
Power – Data cannot capture the whole story; community input must be integrated
Process – How have groups and identities been able to self-define?</td></tr>
<tr><td>Strategy 1:</td><td colspan="4">Develop data collection and HIT infrastructure for identified gaps – based on needs assessment</td></tr>
<tr><td colspan="5">Responsible owner: Information Systems Director</td></tr>
<tr><td>Baseline:
Needs assessment developed</td><td>Data Source:
Staffing FTE
Enrollment data
Claims
SDoH-E data</td><td>Success Measure:
HIT plan is in place for the necessary systems, processes, and IS infrastructure needed

Third-party administrator member demographic reports include “other” and “unknown” categories</td><td>Resource:
Information Systems Director
Health Plan Operations Director
Quality Improvement Analyst
Business Intelligence Analyst
Community Health Specialist
HRS/SDoH Workgroup
Utilization Management
IS Department</td><td>Target Date/Frequency of Review:
July 2021
Bi-Annual</td></tr>
<tr><td>Strategy 2:</td><td colspan="4">Implement HIT infrastructure and data collection plan</td></tr>
<tr><td colspan="5">Responsible owner: Information Systems Director</td></tr>
<tr><td>Baseline:
Plan is developed</td><td>Data Source:
Enrollment data
Claims
SDoH-E data
Program data
Staff and governance</td><td>Success Measure:
The five-year plan is implemented with key milestones tracked</td><td>Resource:
Information Systems Director
Health Plan Operations Director
Quality Improvement Analyst</td><td>Target Date/Frequency of Review:
December 2024
Equity Committee – quarterly review;</td></tr>
</table>

	demographic data *Provider data*		*Business Intelligence Analyst* *Community Health Specialist* *Performance Health Technology* *Vendor solutions* *Committee Lead* *Workgroup*	*March, June, Sept., Dec.*
Strategy 3:	***Develop data collection policy and procedures***			
Responsible owner: *Information Systems Director*				
Baseline: *Limited data collection and policy and procedure references*	***Data Source:*** *Policy and procedures* *Data collection templates* *Workflows documents*	***Success Measure:*** *Established set of policies and procedure documents used consistently across organization*	***Resource:*** *Quality Improvement Analyst* *Business Intelligence Analyst* *Community Health Specialist* *Benefit Administration Supervisor*	***Target Date/Frequency of Review:*** *July 2021*

FOCUS AREA 3: CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES

Applicable policies and procedures

- ENR-001 Member Rights, Protections and Responsibilities, pg 2-3
- ENR-002 Member Non-Discrimination-ADA, pg 2
- CM-001 Intensive Care Coordination Services, pg 7
- CM-002 Care Coordination, pg 5
- CM-003 Health-Related Services Policy, pg 3
- COM-001 Social Media, pg 2
- COM-002 Communication Services
- COM-003 Communication Materials, pg 3
- SVC-004 Network Capacity, Service Adequacy and Availability, pg 3
- SVC-005 Behavioral Health Services, pg 5, 7, 10

<u>Tools, References, Resources, Samples</u>

- YCCO NDN on Letterhead 2020
- YCCO NDN Spanish on Letterhead 2020
- YCCO Member Education_Marketing Work Flow
- ELH Education_Marketing Materials Work Flow
- Material Creation Checklist
- Plain_Language_Thesaurus_for_Health_Communications
- YCCO Strategic Plan Community Engagement, pg 5-10
- YCCO Customer Service - User Manual, pg 6, 27, 68
- Passport to Languages_(YCCO)_LOA_2019

- QPI-001 Quality Program and Performance Monitoring, pg 3-5
- MM-002 Emergency Urgent and Post-Stabilization Services, pg 7
- YCCO Provider Handbook 2020, pg 14-15
- YCCO Member Handbook 2020, pg 5-7, 11-12, 20-21, 42
- YCCO 2020 Transformation and Quality Strategy, pg 7-10
- ENR-007 Equity Policy & Procedure, pg 4
- MindLink_YCCO_Fully Executed_032320
- Welcome letter – English & Spanish
- YCCO ID Samples
- NOABD – English & Spanish
- NOAR – English & Spanish

Culturally and linguistically appropriate services
Goal: YCCO and the provider delivery systems offers services that are culturally and linguistically appropriate and accessible, including oral and sign language interpretation for each individual member.

The above referenced policies, procedures and other documents represent the foundation for making culturally and linguistically appropriate service available to members regardless of their language, limited English proficiency, cultural identities, or accessibility needs. In alignment with CLAS standards 5, 6, 7, and 8, YCCO seeks to ensure the following activities:

- Make language assistance available – Multiple service agreements are in place with widely used language service providers in its region for in-person, telephonic, and sign language interpretation and translation. These service providers can be accessed through a variety of mechanisms including customer service, health service providers (physical, mental, dental, pharmacy, transportation), care management or traditional health worker staff, YCCO plan staff, or a members' verbal or written request via any of these points of contact. Services are validated by monthly reporting with further detail described in Focus Area 7 – Language Access Reporting Mechanism.

- Inform members that assistance is available – Members are notified of the availability and how to access language assistance through core communication tools including the member handbook, welcome and annual renewal letters, grievance and appeal system notices, CCO website https://yamhillcco.org/about-us/anti-discrimination-notice/ and https://yamhillcco.org/for-members/, other plan materials shared with members and through interactions with YCCO customer service and member support staff (care managers and traditional health workers.)

- Quality and competence of language assistance providers – The policies, procedures and service agreements described above, serves as guide for how these services and supports are to be offered. A challenge is how to ensure consistent application of these policies at all

points of member contact. A major barrier that exists in the current delivery system is ensuring that all language services are delivered by a certified or qualified interpreter or translator. Oversight and review from multiple perspectives (policy and procedure adherence, provider delivered services, member experience, system barrier identification and change) is necessary to ensure the appropriate and effective delivery of culturally and linguistically appropriate services. Oversight and improvement projects are included in the 2020 Transformation and Quality Strategy and are planned to carry over into the 2021 strategy plan.

- Print and multimedia materials – To ensure member facing materials are easy to read and accessible, the listed communications policies (*COM-001, COM-002, COM-003*) and procedure documents (*YCCO Member Education_Marketing Work Flow; ELH Education_Marketing Materials Work Flow; Material Creation Checklist; Plain_Language_Thesaurus_for_Health_Communications*) are used when developing and updating all member-facing materials and communications. Further details of these materials can be found in Focus Area 8: Member education and accessibility. Additional tools such as Flesch-Kincaid readability and translation service vendors are also utilized along with review structures within the Community Advisory Council and Communications Committee and workgroups. Samples minutes from these committees and workgroups are provided as evidence of this process. (CAC Meeting Minutes 7.21.20, Communications Committee Minutes 5.4.20)

- Information gathering processes -- YCCO completes a monthly Language Access Self-Assessment to determine progress in network language access. To support this effort, YCCO is disbursing an Accessibility Survey to gather additional detail and identify areas of technical assistance need for the provider network related to language services and training. (*Yamhill CCO Language Self-Assessment, Accessibility Survey 2020*).

<table>
<tr><th colspan="5">Member Input and Impact</th></tr>
<tr><td colspan="2">Purpose – To meet members where they are
People – Medical systems are designed for white, able-bodied, cisgender English-speakers</td><td colspan="3">Place – Access in rural areas should not be limited
Power – YCCO is accountable for ensuring members know what services are their right
Process – Are inadequate services being captured, documented, and rectified?</td></tr>
<tr><td>Strategy 1:</td><td colspan="4">Develop and implement a language access plan including data collection plan and policies, provider incentives for reporting, quality language access provider services, member materials review</td></tr>
<tr><td colspan="5">Responsible owner: Health Plan Operations Director</td></tr>
<tr><td>Baseline:
Data collection process in place; provider needs</td><td>Data Source:
Policy and procedures
Data collection templates
Workflows</td><td>Success Measure:
Comprehensive language access plan activities are</td><td>Resource:
Primary Care Innovation Specialist
Benefit Administration Supervisor</td><td>Target Date/Frequency of Review:
December 2023
Quarterly review</td></tr>
</table>

assessment in process. Comprehensive language access plan in development	*Vendor data Claims Demographic data*	*implemented and monitored to ensure meaningful access*	*Communications Specialist Language Service vendors*	
Strategy 2:	***Adapt current policies and procedures to include mechanisms for ensuring accessibility to culturally and linguistically appropriate services.***			
Responsible owner: *Benefit Administration Supervisor*				
Baseline: *Policies in place*	***Data Source:*** *Policy and procedures Data collection templates Workflows documents Claims Demographic data*	***Success Measure:*** *Polices are updated with standard definition and procedure steps defined*	***Resource:*** *QA Compliance Benefit Administration Supervisor Communication Specialist Language Access Workgroup Member Engagement workgroup IT and IS systems for language services Language Service vendors*	***Target Date/Frequency of Review:*** *July 2021*
Strategy 3:	***Adopt organizational monitoring policies and procedures to ensure culturally appropriate and linguistically appropriate services are available.***			
Responsible owner: *Health Plan Operations Director*				
Baseline: *General audit and oversight policies in place*	***Data Source:*** *Policy and procedures Data collection templates Workflows documents Claims Demographic data*	***Success Measure:*** *CLAS specific policies and procedures created and adopted*	***Resource:*** *Community Advisory Council Language Service vendors Senior QA and Compliance Manager Benefit Administration Supervisor*	***Target Date/Frequency of Review:*** *July 2021*
Strategy 4:	***Develop plan for evaluating the quality and accessibility of language services and standard workflows on a regular basis to assure adherence internally and across the provider network.***			
Responsible owner: *Sr. Quality Assurance & Compliance Manager*				
Baseline: *Evaluate monthly data submitted*	***Data Source:*** *Vendor service data*	***Success Measure:*** *Services found to be high*	***Resource:*** *Sr. QA and Compliance Manager*	***Target Date/Frequency of Review:***

	Vendor service contracts *Service audit tools* *Member experience data* *Partner language data*	*quality and accessible based on audit standards*	*Benefit Administration Supervisor* *Quality Improvement Analyst* *Language Service vendors*	*Quarterly data review* *Annual system audit* *Equity Committee – quarterly review; Jan, April, July, Oct.*
Strategy 5:	***Increase awareness and participation in system improvement to ensure accessibility to culturally and linguistically appropriate services in the provider networks.***			
Responsible owner: *Provider Engagement Supervisor*				
Baseline: *Survey developed and fielded with Primary Care*	***Data Source:*** *Provider Accessibility survey* *Provider data* *Partner language data* *Vendor service data* *Claims*	***Success Measure:*** *Data collected from at least 60% of the provider network.* *Increase in improved systems & accessibility when reported year over year.*	***Resource:*** *Primary Care Innovations Specialist* *Provider Engagement Supervisor* *Community Health Specialist* *Quality Improvement Analyst* *Language Service vendors* *Provider Engagement Committee*	***Target Date/Frequency of Review:*** *Quarterly data review* *Annual system audit* *Equity Committee – quarterly review; Jan, April, July, Oct.*

FOCUS AREA 4: CLAS AS AN ORGANIZATIONAL FRAMEWORK

Applicable Policies and Procedures

- CM-001 Intensive Care Coordination Services, pg 7
- CM-002 Care Coordination, pg 5
- CM-003 Health-Related Services Policy, pg 3
- COM-003 Communication Materials, pg 3
- ENR-002 Member Non-Discrimination-ADA, pg 2
- ENR-007 Equity Policy and Procedure, pg 4
- SVC-004 Network Capacity, Service Adequacy and Availability, pg 3
- QPI-001 Quality Program and Performance Monitoring, pg 3-5
- YCCO NDN on Letterhead 2020
- YCCO NDN Spanish on Letterhead 2020

<u>Tools, References, Resources, Samples</u>

- CLAS Framework Equity Plan
- CLAS as an Organizational Framework

CLAS as an Organizational Framework
Goal: *Implement all CLAS standards in a way that improves the system of care to meet the individual needs of YCCO members by reducing barriers that lead to health disparity.*

The CCO maintains policies and procedures that seek to achieve the CLAS principal standard (1) of providing effective, equitable, understandable, and respectful quality care and service that are responsive to diverse cultural health beliefs and practices, preferred language, health literacy, and other communication needs. This aligns with the overarching strategic goal. The applicable policy and procedure documents listed above demonstrate a foundational commitment to implementing and achieving all 15 CLAS standards as an organization to attain the highest level of health for YCCO members and the community.

Over the past six years, multiple iterations of plans have been developed and adapted to achieve the structures of CLAS at an organizational level (CLAS Standard, 9).

- Starting with the Action Plan for Better Health in 2013, YCCO established a commitment to meet community need and improve community health through cultural competency and equity and community engagement strategies (*Action Plan - November 2014, pg 7-8*). The status updates represent the baseline work and achievements in the early years of the organization.
- In 2015, the Action Plan *(YCCO Strategic Plan 2016-2019*) was refined with an expansion of the Health Home Model to include Community Health Worker care coordination support, Cultural Competency, Health Literacy & Health Equity, and a Future Innovations strategy to build out the future workforce. Activities to accomplish this work included the continuation of member and provider education programs, implementing a Member 101 program, implementing member surveys, implementing communications strategy, employing bi-lingual/bi-cultural staff, member education for appropriate utilization of care, and implementing Service Integration Teams (to address social determining factors and needs).
- The first focused Health Equity Plan was developed in 2016 with the support of a Health Equity AmeriCorps VISTA. This role was a one-year limited duration resource intended to support the organizational infrastructure and capacity for advancing health equity. The plan *(Health Equity Strategic Plan 2016)* centered around evaluating and aligning all the various strategic plans with a health equity lens and established three main goals:
    1) Expand our Knowledge Base – Using data, metrics (by ethnicity and language): Through modifying contract terms and expectations with community partners collection of comprehensive racial and linguistic data will inform areas of disparity (CLAS Standard, 11, 13).
    2) Strengthen Community Engagement – Resource allocation paired with partnerships and program funding that prioritizes work that positively impacts communities of color and addresses other identified gaps (CLAS Standard, 12)

3) Racial Equity Policies – Commitment to racial equality through the development of a formal statement, policies, and decision-making tools. With support from the Leadership and governance bodies, a commitment to examine and build upon human resource hiring practices, and workforce training and development needs (CLAS Standard, 2, 3).

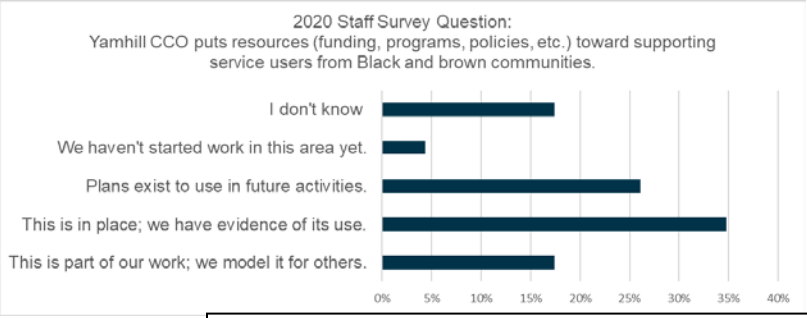
- As part of the CCO 2.0 contracting process, YCCO developed a Community Engagement Plan to address deficiencies in the application put forward. This plan describes activities to conduct a formal baseline assessment and an environmental scan to identify strategies that address gaps in community health and health equity (CLAS Standard 10). Goals in the plan include:
    - collection and analysis of REALD data
    - enhancing culturally and linguistically appropriate services to members
    - developing a culturally responsive workforce representative of the demographic characteristics of the service area
    - provide meaningful access to traditional health workers
    - effective collaboration with tribal partners
    - robust community engagement approach for the identification of SDOH-E priorities and partners with feedback loops
    - comprehensive health related services spending approach
    - evaluate and publish the effectiveness of the community engagement approach
    - Clarify the CAC and members' role in governance and decision making

- The final foundational health equity plan was an alignment document *(YCCO Equity Strategic Plan 2019)* that maps across the National CLAS standard components and the OHA Office of Equity and inclusion Program Strategies *(Health-Equity-and-Inclusion-strategies)*

As these plans and strategies have been implemented by the staff and committee governance structures described in Section 1, issues and barriers have been identified. These can be seen in the SWOT analysis both from 2016 and 2020 and through staff surveys disbursed in 2016 and 2020. Through the implementation of CLAS and health equity strategies they can be consistently grouped by the following:

- Data collection challenges, including information systems and gaps in available data
- Lack of understanding and common definitions regarding health equity
- Competing priorities for allocation of time and funding

The 2020 staff survey showed that the staff generally understand that there is policy- and practice-based support for marginalized communities, but there is a gap in understanding, demonstrated by nearly 20% of staff noting they did not know whether YCCO directs resources in this way.



Data Source: YCCO Staff Survey 2020

To address these barriers, YCCO has identified existing structures in the form of policies, procedures, workflows, and templates that guide the work and correspond to each CLAS Standard (*CLAS as an Organizational Framework*).

Input and Impact				
Purpose – *To ensure a member-centered delivery system culture* ***People –*** *Systems must be equitable internally first*		***Place –*** *Community connected* ***Power –*** *YCCO is a local leader and accountable for leading social justice work in its systems and community* ***Process –*** *Does every level of the organization hold inclusivity as a value?*		
Strategy 1:	***Evaluate organizational policies, practices, and resources in each area of the CLAS standards to build internal knowledge and capacity within YCCO leadership and governance structures.***			
Responsible owner: *Health Plan Operations Director*				
Baseline: *YCCO CLAS Standards strategic framework has been developed*	***Data Source:*** *Policy and procedures* *Templates* *Workflows documents* *Claims* *Demographic* *Program*	***Success Measure:*** *YCCO polices and systems support the strategic goals of the organization*	***Resource:*** *Community Partners* *Governance committees* *YCCO Leadership* *Senior QA and Compliance Manager*	***Target Date/Frequency of Review:*** *Ongoing* *Bi-annual review* *Annual Leadership review - August*
Strategy 2:	***Refine and update CLAS standards strategic framework***			
Responsible owner: *Health Plan Operations Director*				
Baseline: *CLAS Standards 1, 5, 6, 8, 9, 10, 11, 12,13, 14 have strategic goals and objective developed and in*	***Data Source:*** *CLAS Standards* *OEI Domains* *Strategic Plans*	***Success Measure:*** *CLAS Standards 2, 3, 4, 7, 15 have strong strategic goals and objectives and activities are implemented*	***Resource:*** *Governance Committees* *YCCO Leadership*	***Target Date/Frequency of Review:*** *Annual Framework update – July 2021*

process of implementation	*CHA/CHIP*	*Staff demonstrates increased awareness of CLAS fundamentals*		***Equity Committee –*** *biannual review; January, July*

FOCUS AREA 5: WORKFORCE

Applicable Policies and Procedures

- SVC-004 Network Capacity, Service Adequacy and Availability, pg 3
- ENR-002 Member Non-Discrimination- ADA, pg 3
- ENR-007 Equity Policy and Procedure, pg 3

Tools, References, Resources, Samples

- YCCO Provider Handbook 2020, pg 14
- YCCO Employee Handbook_10-19 FINAL, pg 22-23
- CBI RFA Template, pg 2-3

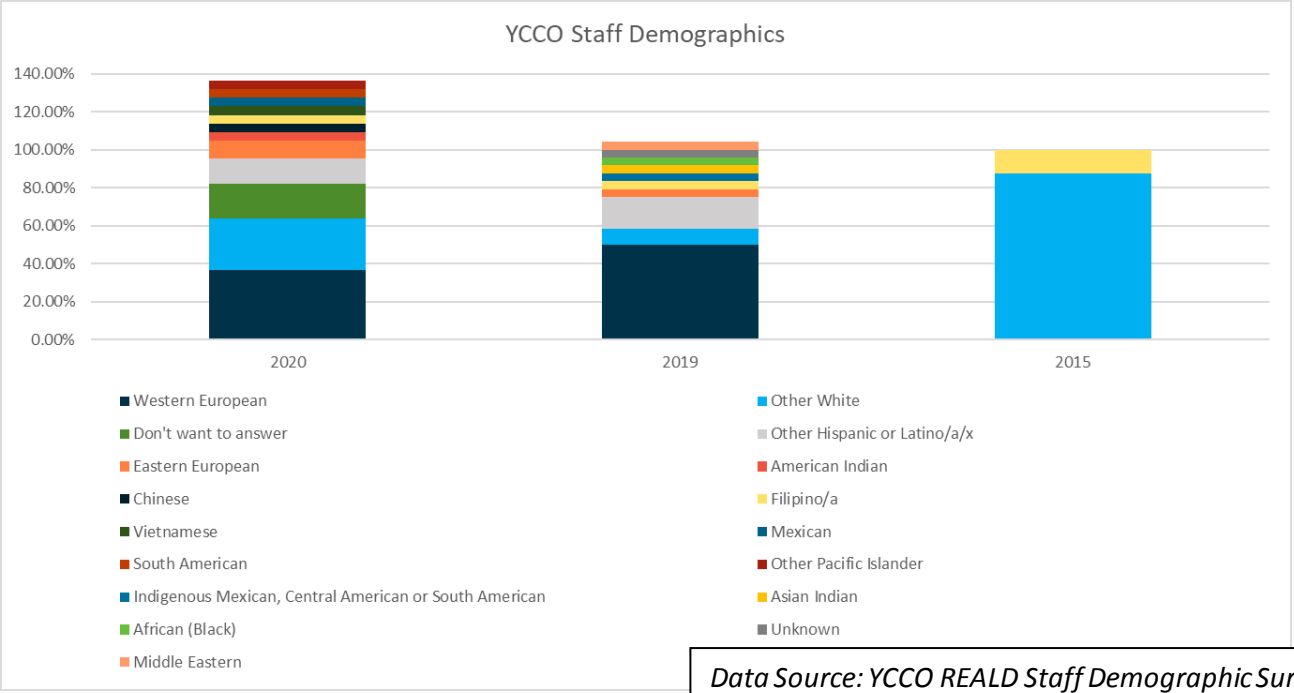
Workforce
Goal: *YCCO recruits, supports, and collects ongoing feedback from a diverse staff and provider network workforce.*

Recruitment and professional support of a diverse workforce from all levels within the organizations is a priority (CLAS Standard 3). In 2019, YCCO began the process of engaging with a new Human Resources agency, Xenium HR, with which YCCO will closely engage to support staff workforce development. Because of its location outside of Yamhill County, Xenium's partnerships is an asset allowing YCCO to recruit from a broader network of potential applicants. Xenium's recruitment network includes the following, but not all these agencies are currently engaged or notified of new YCCO career openings:

- STORI Jobs
- Hispanic Chamber of Commerce
- NAACP
- Partners in Diversity
- Mosaic Metier
- El Hispanic News
- Asian Pacific American Network of Oregon (APANO)
- African American Leadership Forum NW (AALFNW)
- The Immigrant and Refugee Community Organization (IRCO)

YCCO also works closely with partner organizations and contacts to share recruitment information as widely as possible, sharing postings through a variety of media, including LinkedIn, the YCCO website, Facebook, Indeed, Career, Builder, and other broad-reaching sites, and through communications networks like the 400+ partner Service Integration Team contact list, committee mailing lists, and local news media.

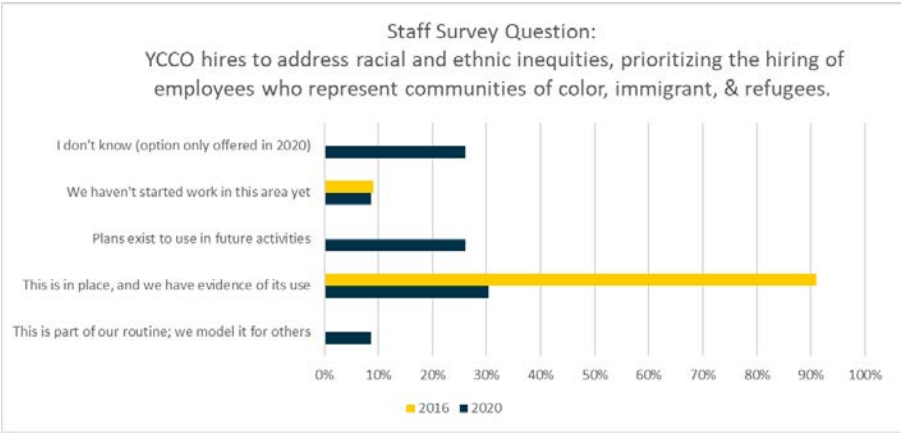
Additionally, to support, not just recruit, diverse staff, YCCO is completing a 2020 Pay Equity Review process to ensure that across positions and identities, YCCO compensates fairly. Currently YCCO offers a pay differential for those who are bilingual and utilize these skills for their job. The staff grows increasingly diverse over time, and YCCO will continue to prioritize and commit to a wide-reaching, inclusive hiring process:



Data Source: YCCO REALD Staff Demographic Survey data 2020
YCCO REALD Staff Demographic Survey data 2019
YCCO Staff demographics 2015

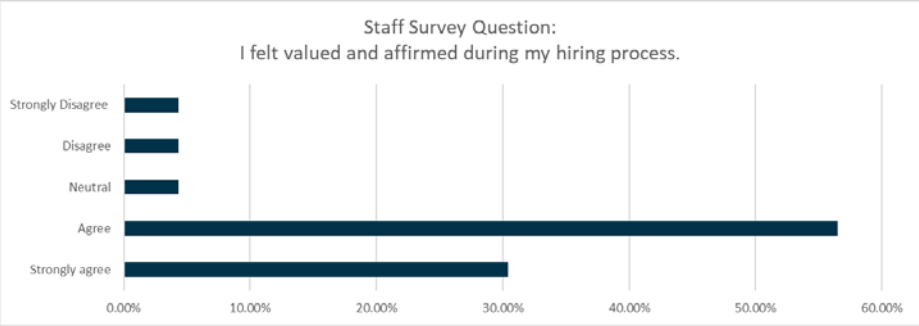
Note: In 2020, survey respondents were permitted to select more than one response, resulting in a total greater than 100%. 18% of staff identify as biracial or multiracial.

YCCO collects, and will continue to collect, staff feedback on an ongoing basis to ensure after recruitment staff are supported. The current training plan (see Section 3: Organizational and Provider Network Training) includes consultant-led "Healing Space for BIPOC Staff," honoring the experience of targeted communities within a majority-white staff, but a culture of inclusivity must be a foundational and continuous commitment from leadership and staff. The staff equity survey offered in 2016 and 2020 shows some disparity in staff perception of hiring practices:



An analysis worth note, performed by consultants The Uprise Collective, is that in 2020, 70% of BIPOC staff people

that answered this question stated "plans exist," "we haven't started" or they don't know"; compared to 50% of white people. YCCO uses information like this to inform its strategy and ensure hiring practices continue to address racial and ethnic inequities and hire those who represent targeted communities into all positions at all levels of the company more successfully.

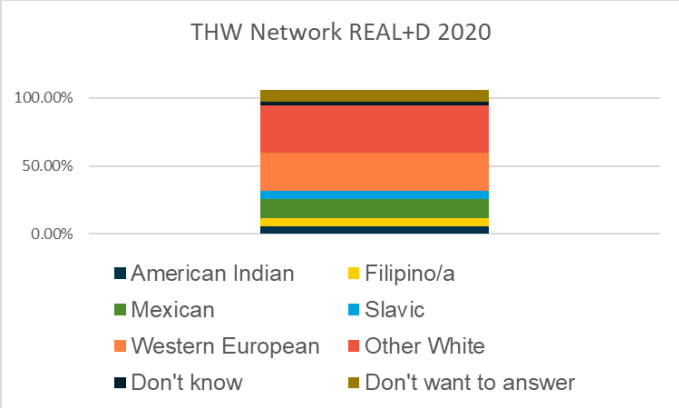


Staff did report feeling positively during their hiring process, which YCCO will continue to support and refine through a robust training and support plan focused on empowering and validating staff members from marginalized communities or identities, and educating all staff and leadership in equity principles and practices. An identified gap is that YCCO does not currently have a policy and procedure for recruitment, hiring, and retaining a culturally and linguistically competent workforce. With the recent shift to a new HR company, these processes have not yet been established, but will be part of 2021 work.

Provider Network

YCCO contracts with and supports a diverse provider network. This network delivers services in a designated Health Professional Shortage Area, and an identified gap is recruiting providers in general, including providers who accurately reflect the community they serve. The provider delivery system demographics are reviewed quarterly, with a narrative assessment submitted annually using the Delivery System Network (DSN) reporting structures. Analysis of the most recent DSN reported 1,956 providers speak 42 different languages other than English.

A recent preliminary REALD survey of the THW network revealed complications in collecting data and ensuring providers felt comfortable sharing this information. YCCO will continue to refine this process to increase precision and data gathering systems.



Member Input and Impact	
Purpose – *To reflect and support a diverse workforce* ***People –*** *People experience fewer barriers with service providers who look like them*	***Place –*** *Effective recruitment creates a workforce that better supports members* ***Power –*** *The workforce is designed for systemically privileged individuals* ***Process –*** *How can we reject exclusivity in the healthcare workforce in favor of inclusivity?*

Strategy #1	***Implement ongoing data collection strategy utilizing recruitment and retention data and staff and community feedback***			
Responsible owner: *Health Plan Operations Director, Sr. HR and Office Operations Manager*				
Baseline: *Current staff and provider network demographics identified and baselines established*	***Data Source:*** *Policies and procedures HR manual REALD DSN Staff and governance surveys CHA/CHIP*	***Success Measure:*** *Ongoing data collection process refined.*	***Resource:*** *Xenium/Human Resources Administrative Team Uprise Collective Benefit Administration Supervisor Associate Quality Improvement Analyst*	***Target Date/Frequency of Review:*** ***Equity Committee –*** *review biannually, June, December*
Strategy #2	***Utilize local feedback and HR tools to expand reach of recruitment materials and efforts, across internal positions and provider workforce***			
Responsible owner: *Health Plan Operations Director; Provider Engagement Supervisor*				
Baseline: *Baseline community engagement strategy established, member and community engagement measures developed*	***Data Source:*** *Community and stakeholder surveys and interviews*	***Success Measure:*** *5 new organizations identified to partner or outreach for recruitment.* *25% of clinics surveyed provide recruitment strategy data.* *5 trainings completed to prepare staff and leadership for a diverse workforce.*	***Resource:*** *Communications Committee Recruitment tools and vendors*	***Target Date/Frequency of Review:*** ***Equity Committee –*** *review biannually, June, December*

FOCUS AREA 6: ORGANIZATIONAL TRAINING AND EDUCATION

Applicable Policy and Procedures

- 1_Yamhill Community Care_Xenium_Employee Handbook_10-19 FINAL
- YCCO Provider Handbook 2020, pg 14, 34
- ENR-007 Equity Policy and Procedure pg 3

Tools, References, Resources, Samples

- Accessibility Survey 2020
- Staff and Committee Education Review Tool
- Presenter contract template

Organizational training and education
Goal: *Demonstrate staff and committee knowledge and confidence from contractually required and recommended trainings.*

As a young organization, YCCO has the advantage of intentionally shaping its values as it grows. From its roots, YCCO has been heavily community- and staff-informed. An early draft of the organization's first strategic plan included "Assure that the culturally diverse needs of Members are met (includes cultural competence training, provider composition reflecting Member diversity, non-traditional health care workers composition reflecting Member diversity)." The formal plan addressed Equity, Cultural Competency, and Health Literacy topics, but training and education have been at the core of these goals.

Staff

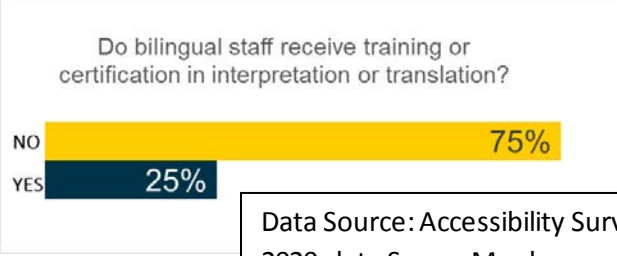
In 2016, YCCO began utilizing the Oregon Business magazine's 100 Best Nonprofits survey tool to gather feedback from staff. The survey includes a section on Career Development and Learning, data from which has been used to inform staff professional development, onboarding, and training plans. This area was identified in 2019 focus groups as a key priority for staff, and resulted in the formation of the Employee Management Workgroup, which has discussed and made staff-advised improvements on topics including onboarding materials and hands-on training.

In 2018, Oregon Early Learning Hubs were required to complete an equity self-assessment of their staff and key partners. As the backbone organization for the Yamhill Early Learning Hub, YCCO chose to take part in the process as an organization, not just as EL Hub staff. Results of this indicated that staff felt YCCO had intentional staff trainings and plans for trainings, although some commenters made remarks like "[Equity] is in our vision statement; we don't focus on color or race, we focus on celebrating the health of our community," showing a gap in recognition of structural racial inequities and revealing internal colorblindness.

Comments in 2020 included discussion of education and training as key YCCO priorities. Other comments, however, indicated there were no priorities or they did not know. This reveals a gap in understanding current priorities, as well as a potential gap between what is seen in employee's day-to-day work. Most YCCO staff (~74%) reported an understanding of the social, environmental, and structural determinants of racial and ethnic inequities. When this survey question was repeated in 2020, staff continued to generally agree with this statement, although it is worth note that 100% of leadership marked "strongly agree" or "agree" but only 57.5% of staff marked the same.

Provider Network

To understand training within its provider network, YCCO has utilized regular surveys, a CME Committee with seats held for provider representation, and stakeholder feedback during YCCO-held committees: the Quality and Advisory Committee, Metrics Subcommittee, Opioid Workgroup, PC3, and others ad hoc. Additionally, through a monthly in-person CME series, YCCO has been able to gather data regarding provider-requested training topics, offer locally-based and tailored culturally competency trainings, and gather input about community need, training requirements, and topic areas of question or concern for the local provider network. In 2020, YCCO began disseminating an Accessibility Survey tool to providers, which includes questions regarding clinic-level training topics and availability of training support (*Accessibility Survey*). Initial results of the survey, as seen in this image, indicate that training specifically for bilingual staff is very limited, despite the fact that 87% of responding clinics (n=8) reported utilizing bilingual staff for language assistance. Information like this informs baselines for understanding current training practices within the YCCO provider network, and these kinds of gaps inform the strategies for this 2021 Equity Plan ensuring service delivery complies with all applicable training-related contract requirements, CLAS Standards, and OARs.



Data Source: Accessibility Survey 2020 data SurveyMonkey

YCCO also performed an assessment of Oregon Board continuing education requirements for a range of provider types to establish baseline requirements for ensuring compliance. YCCO will also continue to promote cultural competency and other equity-related trainings that have been approved by OHA's OEI Cultural Competency Continuing Education Criteria. With this information, YCCO will further assess its provider network contracts to determine training-specific language and develop a plan to incorporate these requirements into contractual relationships with the service delivery network. Finally, YCCO will continue its in-person CME series

Continuing Education Requirements

	TOTAL HOURS REQ.	PAIN MGMT	ETHICS	CULTURAL COMPETENCY	MEDICAL EMERGENCIES INFECTION CONTROL
Physical Health Professionals	30-60	7		ANY	
Dental Health Professionals	24-40	1		2	5
Counselors and Therapists	20-40		6	4	

Data Source: OARs 818-021-0060, 847-008-0070, 851-050-0142, 833-080-0011, 877-025-0011

virtually in partnership with George Fox University. Events will target different areas of healthcare practice, including physical, behavioral, oral, and social determinants of health, and offer an opportunity to evaluate learnings and survey providers about future training needs.

Each training will align with CLAS standard 4 – Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis and utilize a tool to ensure alignment with applicable requirements: *Staff and Committee Education Review Tool*.

Member Input and Impact	
Purpose – *To prepare a workforce for more diverse colleagues and members* ***People –*** *People cannot be sensitive to member needs that they are not aware of; members know their bodies and needs best*	***Place –*** *Background should not dictate education opportunities* ***Power –*** *Members should not hold the sole burden of advocacy and education* ***Process –*** *How is member experience being incorporated into local understanding of cultural responsiveness?*

Strategy 1:	***Meet contract requirements for offering training and education opportunities for staff, governing board and committees, leadership, and community partners.***			
Responsible owner: *Health Plan Operations Director*				
Baseline: *Current training plan established; requirements review completed; has not historically had 2.0 contract training requirements included*	***Data Source:*** *Trauma Informed Oregon* *OEI and OHA – esp. REALD resources* *YWCA Portland* *Think Cultural Health* *Title VI* *Civil Rights Act 1964* *American Recovery and Restoration Act* *Know Your Land* *Confederated Tribes of Grand Ronde – newsletter and reports* *Confederated Tribes of the Siletz Indians – newsletter and history* *NARA resource page*	***Success Measure:*** *Training activities meet contract requirements* *Minimum 5 in-person or virtual training events delivered to staff and committees in 2020*	***Resource:*** *Uprise Collective* *Cathy Merge-Martin* *Xenium* *Committee leads workgroup* *Equity Committee* *Provider Relations Workgroup* *Early Learning Hub* *Community Advisory Council* *Compliance Dept.*	***Target Date/Frequency of Review:*** *Equity Committee – ongoing; standing agenda item monthly for staff and committee training* *Equity Committee – annual review, September* *Provider Relations – annual review, September*

Strategy 2:	***Develop a mechanism for incorporating participant feedback into the training plan.***			
Responsible owner: *Community Health Specialist*				
Baseline: *Provider and staff surveys delivered regularly; no regular report or analysis system*	***Data Source:*** *Staff and committee survey tool feedback Early Learning Hub annual equity assessment*	***Success Measure:*** *QI process, including annual report and analysis, implemented annually* *100% of training events include surveys to gauge self-assessment, skills acquisition, and knowledge, per OEI criteria*	***Resource:*** *HR / Xenium Equity Committee Committee leads workgroup Provider Relations Workgroup*	***Target Date/Frequency of Review:*** *Before and after each formal training – survey review* *Equity Committee – June annual plan review and preparation for next year*
Strategy 3:	***Complete system review to ensure network providers receive contract- and state-required training and certification related to cultural competency and language access measures.***			
Responsible owner: *Provider Engagement Supervisor; Senior Financial and Contract Analyst*				
Baseline: *Assessment of Board-required CE completed; initial survey data indicates gaps in language access training*	***Data source:*** *Accessibility survey Oregon Boards of Health Professionals*	***Success Measure:*** *Needs assessment completed to determine noncompliance with training requirements.* *100% of provider network contracts include requirements related to Board-required culturally competency CME*	***Resource:*** *Provider Relations Workgroup*	***Target Date/Frequency of Review:*** *December 2021*

FOCUS AREA 7: LANGUAGE ACCESS REPORTING MECHANISMS

Applicable Policies and Procedures

- COM-003 Communication Materials, pg 5
- SVC-004 Network Capacity, Service Adequacy and Availability, pg 2-4, 8
- QPI-001 Quality Program and Performance Monitoring, pg 4
- YCCO Provider Handbook 2020, pg 13-14

Tools, References, Resources, Samples

- 2021 APM application, pg 4, 6
- YCCO HRA Questionnaire - English & Spanish
- Accessibility Survey 2020
- YCCO HIT Strategic Plan - Overview

Language access reporting mechanisms
Goal: *Ensure access to language services through reporting complete and accurate data that is representative of members' language assistance needs.*

Based on available data, YCCO members are reported to speak over 22 different languages.

- 14.2% of members speak a language other than English
- 11.8% of members speak Spanish
- 2.4% of members speak other languages, most common Chinese, Russian and Vietnamese. (A large portion of those 2.4% of other languages (85%) report an undetermined language)
- Approximately 5 Deaf and hard of hearing YCCO members utilize services each year, but YCCO only has this information for members who have accessed services. This is an identified barrier.
  Data source: YCCO Demographic Report with detail_monthly June 2020, Yamhill CCO Language Self-Assessment

Member assessment to identify needs - While enrollment data is the primary source of information used, other mechanisms are in place to help understand language assistance needs. These tools include the health risk assessment (HRA) sent to all members within 90 days of coverage with YCCO, or sooner based on intensive care coordination needs. Questions within intake and needs assessments at the provider offices as well as health plan customer service are inquired regarding a member's primary spoken language and if an interpreter or accessibility service is needed. Based on these points of interaction, a member can request assistance (*YCCO HRA Questionnaire English & Spanish*).

Provider oversight and compliance - To ensure language assistance needs of members are identified and offered, providers hold responsibility with the health plan. Requirements to offer culturally and linguistically appropriate services are recorded within provider service

agreements. Ongoing provider education and technical assistance is provided to understand these requirements and support workflow and documentation improvements within their systems.

YCCO has been fielding a Provider Accessibility Survey the past five months and will continue to encourage providers from all networks (physical primary care and specialty, pharmacy, behavioral, dental, and transportation) to baseline the systems and workflows currently in place for how providers identify and offer language assistance. Provider support and technical assistance is provided by the plan and will continue to be offered in 2021 and beyond to support practice transformation and data collection and reporting needs. While offering language assistance is not a new requirement, discretely reporting various points of service and accessibility accommodations is not something that has previously been required. Implementing the systems and data structures to report is the largest gap that exists today.

Reporting mechanisms – Current state, the primary reporting of language assistance is through vendor invoicing for services (interpretation and translation) that is offered through contracted vendors and plan partners. While informational codes are built into system configuration, these codes are rarely used and are not tied to reimbursement. A large gap exists in understanding the volume of language assistance that is provided by bi-lingual/multi-lingual staff and their status as a certified or qualified medical interpreter within the provider network that is not billed through a third-party language service vendor.

An additional gap is an integrated data system to capture and support demographic information, self-reported language assistance needs, and the provider and vendor language service encounters. The HIT Strategic Plan represents activities that seek to address data collection gaps and reporting gaps:

Goal 4: Execute an effective and efficient partner Data Collection Plan
Goal 5: Enhance the completeness, integrity, and use of REALD member attributes

Embedded within value-based payment agreements is the need to report language access and to participate in the CCO's quality initiatives. Meaningful Access to Health Care Services for persons with limited English proficiency is a health equity measure and will be supported through the structures and systems that help manage other quality program initiatives.

The current provider baseline and data collection system gaps have been partially identified through the initial language access self-assessment and the provider accessibility survey. Ongoing information collections and learning will be informed by performing the annual self-assessment and continued outreach and technical assistance to providers around language access.

Member Input and Impact	
Purpose – *To continuously improve data collection and service quality* ***People –*** *Those who are not documented as having a need are missing access*	***Place –*** *Services must be allocated and resourced appropriately* ***Power –*** *YCCO is accountable for determining need for services and available resources*

		Process — *How are those missing from the data being adequately served?*		
Strategy 1:	***Develop and implement a language access plan including data collection plan and policies, provider incentives for reporting, quality language access provider services, member materials review, individual member assessments***			
Responsible owner: *Health Plan Operations Director*				
Baseline: *Data collection process in place; provider needs assessment in process. Comprehensive language access plan in development*	***Data Source:*** *Policy and procedures Data collection templates Vendor data Claims Demographic data Language access reports Language access self- assessment Provider accessibility survey Member enrollment Language access measure specifications*	***Success Measure:*** *Comprehensive language access plan activities are implemented and monitored to ensure meaningful access*	***Resource:*** *Primary Care Innovation Specialist Benefit Administration Supervisor Communications Specialist Language Service vendors*	***Target Date/Frequency of Review:*** *December 2023 Quarterly review*
Strategy 2:	***Increase awareness and participation in system improvement to ensure accessibility to culturally and linguistically appropriate services in the provider networks.***			
Responsible owner: *Provider Engagement Supervisor*				
Baseline: *Survey developed and fielded with Primary Care*	***Data Source:*** *Provider Accessibility survey Provider data Partner language data Vendor service data Claims*	***Success Measure:*** *Data collected from at least 60% of the provider network.* *Increase in improved systems & accessibility systems when reported year over year.*	***Resource:*** *Primary Care Innovations Specialist Provider Engagement Supervisor Community Health Specialist Quality Improvement Analyst Language Service vendors Provider Engagement Committee*	***Target Date/Frequency of Review:*** *Quarterly data review Annual system audit* *Equity Committee – quarterly review; Jan, April, July, Oct.*

FOCUS AREA 8: MEMBER EDUCATION AND ACCESSIBILITY

Applicable Policy and Procedures

- ENR-001 Member Rights, Protections and Responsibilities, pg 2-3
- ENR-002 Member Non-Discrimination-ADA, pg 2-4
- ENR-006 Member Materials, pg 2
- COM-002 Communication Services
- COM-003 Communication Materials
- ENR-007 Equity Policy and Procedure, pg 4
- YCCO Equity Statements
- Welcome letter – English & Spanish
- YCCO ID Samples

Tools, References, Resources, Samples

- Material Creation Checklist
- NOABD – English & Spanish
- NOAR – English & Spanish
- Caregiving for your loved one with cancer English & Spanish
- Chemotherapy and You English & Spanish
- Community Health Workers Flyer – Large print
- YCCO HRA Questionnaire English & Spanish

Member education and accessibility
Goal: *Improve member health outcomes and eliminate health disparity by ensuring member materials and communications are available and meet quality standards that comply with federal and state accessibility and alternative formatting requirements.*

YCCO maintains communication structures to develop, disseminate and evaluate the effectiveness and quality of communications including health plan benefit information, member education, health promotion, and community engagement activities. Both internal committees and staff as well as community-based committees and structures help to identify and prioritize key messaging and uncover community barriers and needs related to the consumption of information.

Policies, procedures, workflows, and standards templates exist to help direct and ensure compliance with federal, state, and contractual requirements for member accessibility to these materials. These policies delineate the rights that members hold, and the plan and providers responsibility for providing access to information in the language and format of the members' choice. Efforts to communicate through a variety of media including print, oral and sign language interpretation, web-based, and through social media allow for a broad dissemination of information.

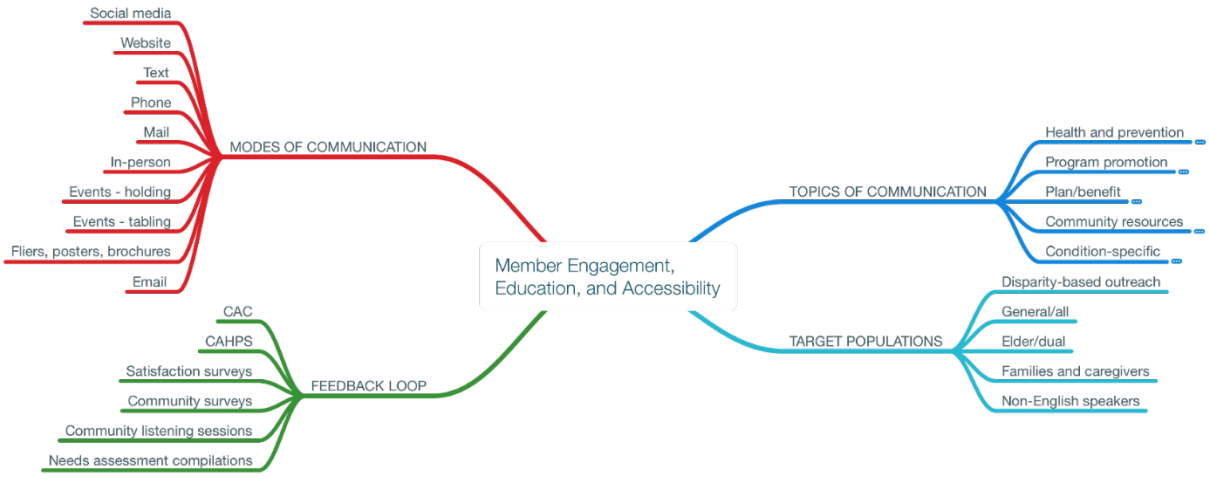
While these structures exist, ensuring adherence to policies, procedures, workflows, and templates is ongoing. Utilizing existing oversight processes that exist within the Community Advisory Council review subcommittee, Communications Committee, and the Member

Engagement and Social Media workgroups are resources to hold accountable these work processes and update as needed.

A variety of tools and resources are used to ensure materials meet requirements and are accessible. These include vendor services and administrative supports (See *Advancing Health Equity – Administrative Support Vendor Services diagram*), translation service providers, Microsoft Word accessibility and readability tool Flesch-Kincaid, web-based visualization solutions such as Canva, and internal workflow process tools and checklists.

Upon evaluation of these systems, YCCO determined that the process for reviewing, approving, and ensuring accessibility and readability of member materials was inconsistent. In early 2020, YCCO staff formalized a materials workflow, utilizing a review checklist to verify compliance with all member material requirements according to contract and OAR. The current process is as follows:

YCCO formed a Member Engagement Committee to coordinate all member communications through a variety of modes. This committee contributes to the oversight of member communications (See *Advancing Health Equity - Department Organization & Resource*).



This involves contract required member communications like welcome letters and denials and appeals, supported by Compliance Department staff members, as well as member engagement and outreach activities like Community Health Worker Hub in-person outreach at events, program promotion on social media, and mailings related to specific populations or health conditions. For non-required communications, decisions are made based on data and

need. The committee identifies populations that are experiencing disparities, i.e., lower rates of dental care, and develops outreach strategies to engage these populations through communications.

Additionally, as part of its communications review, YCCO performed an analysis of community engagement, identifying the following data points available: meeting rosters, meeting attendance, mailing lists, open rates, and interviews with staff who engage with community partners. A total of 34 agencies are considered "highly engaged", attending multiple YCCO meetings or having high communication engagement with staff. An additional 75 engage regularly with some aspect of YCCO business. Through this analysis, YCCO determined that engaging with the Confederated Tribes of Grand Ronde, Confederated Tribes of Siletz Indians, and NARA is a top priority for 2021, especially as it relates to members, Native-appropriate member materials, and outreach strategies. Stakeholder interviews in 2020 revealed some Tribal members are unaware of the CCO system and supports it offers.

Member Input and Impact				
Purpose – *To ensure quality information reaches members in a way that works for them* ***People –*** *Each individual may want different kinds of information shared in a different way*			***Place –*** *Various modes of communication impact members differently* ***Power –*** *YCCO is accountable for information sharing; informed members have more power* ***Process –*** *How is member and CAC input being incorporated?*	
Strategy #1	***Refine the standard processes for how member communications/materials are developed and delivered***			
Responsible owner: Benefit Administration Supervisor				
Baseline: *Workflow in place*	***Data Source:*** *Procedure documents* *Sample communication*	***Success Measure:*** *100% of member communications and materials are developed following applicable, contract-adherent workflows*	***Resource:*** *Equity Committee* *Communications Committee* *Community Advisory Council* *CAC Handbook Review subcommittee*	***Target Date/Frequency of Review:*** *Communications Committee – annual review, October*
Strategy #2	***Enhance the evaluation plan for reviewing the quality and accessibility of member materials and standard workflows on a regular basis to ensure adherence.***			
Responsible owner: Benefit Administration Supervisor				
Baseline: *Current evaluation plan established*	***Data Source:*** *CAC review feedback* *Flesch-Kincaid readability data*	***Success Measure:*** *Material review process is inclusive of community and member voice, demonstrated by CAC feedback*	***Resource:*** *Equity Committee* *Communications Committee* *CAC* *Mindlink review*	***Target Date/Frequency of Review:*** *Equity Committee – annual review. October*

		workflow and community feedback sessions *100% of member materials with a potential reach of 50%+ members will be reviewed by the CAC*		*CAC review – all new promotional materials before submission to OHA*
Strategy #3	***Continuous outreach with the community to ensure the spaces where and how information is shared are leveraged to improve engagement.***			
Responsible Owner: Health Plan Operations Director				
Baseline: *Current outreach strategy in development; member engagement committee established*	***Data Source:*** *Experience/survey data* *CHA/CHIP* *Other organizational CHAs and needs assessments*	***Success Measure:*** *Baseline response and engagement rates determined for in-person/virtual and online engagement* *5 new organizations identified for strategic population-based outreach* *5 organizational relationships strengthened, as demonstrated by participation on committee or regular communication, including outreach to the 3 Tribes represented within YCCO's service area*	***Resource:*** *Communications Committee* *Community Advisory Council Member Engagement Workgroup*	***Target Date/Frequency of Review:*** *Communications Committee – ongoing, monthly*

Section 3: Organizational and Provider Network Training

CULTURAL RESPONSIVENESS, IMPLICIT BIAS TRAINING, AND EDUCATION PLAN

All training curricula will align with OEI's criteria below.

OEI Criteria for Cultural Responsiveness Training:

1) Self-Awareness and Self-Assessment
2) Acquisition of Knowledge
3) Acquisition of Skills
4) Utilizes Specific Educational Approaches

YCCO will offer training on culturally competent services to staff and its provider network in accordance with OAR 943-090-0010. YCCO has adopted the following definition of cultural competency for the purposes of training and education:

"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. Cultural competence applies to all patients. 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, veterans 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."

YCCO will adhere to the following:

- All trainers will be qualified to offer OEI-approved cultural competency curricula.
- Perform a regular assessment of training needs, existing offerings, and gaps in educational areas for staff.
- Support and track provider network efforts to comply with the provider professional board requirements for licensing as they relate to cultural competency training.

STAFF AND GOVERNANCE TRAINING OBJECTIVES

Developed in collaboration with Uprise Collective

Quarter 1: Assessment – establishing where we are

- Build on work done last year with the staff survey and develop open and honest communication channels to explore strengths, challenges, opportunities, and threats in moving toward more equitable and liberatory practices as an organization.
- Support the Board and Governance of Yamhill CCO in critically reflecting on ways structures, policies, and systems could support a long-term vision of anti-oppressive practice as an organization.

Quarter 2: Learning Together

- Complete the assessment phase with focus groups to better understand the qualitative information needed to move YCCO forward and guide training.
- Develop a foundation of equity and liberation language and theory that can support anti-oppressive practice all areas of Yamhill CCO.

Quarter 3: Digging Deeper into Anti-Oppressive Work & Healing

- Provide opportunities for grief and healing to BIPOC community members.
- Take a deeper dive into trauma, historical trauma, trauma informed care, and content specific areas that YCCO as a community sees as important in relationship to the anti-oppressive work.

Quarter 4: Wrapping it up

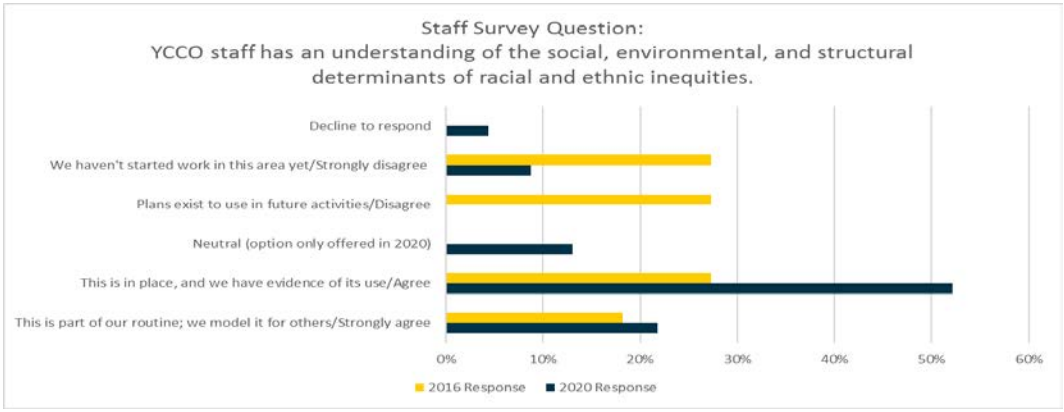
- Finishing content specific deeper dives into equity and liberation work.
- Compiling final data reports to submit about the work we have done together and recommended next moves for YCCO as a community.

SHORT TERM OBJECTIVES

See Focus Area 6 for additional strategies.

Increase percentage of staff reporting that YCCO staff understand the social, environmental, and structural determinants of racial and ethnic inequities.

Baseline: 9% of staff strongly disagree; 13% neutral.



100% of staff have received minimum cultural competency training and implicit bias training by the end of 2021. While staff have received various cultural responsiveness-associated trainings and resources (CLAS, pronoun use, implicit bias) informally, the last all-staff formal training on cultural responsiveness was in 2018.

Baseline: 9 current staff members have received general cultural responsiveness training.

Quarter	Month	Staff Training	Resource	Time Allocated
Training Delivery System		(In person or virtual sessions)		
Q1 2021	January	Submit curricula and materials to OHA for training approval	Uprise Collective	
		Finalize contract with consultants	Uprise Collective	
		Consultants begin policy review	Uprise Collective	
		Microsoft 365	YCCO/Xenium/Consultant	1HR
		Final deliverables and workplan developed	Uprise Collective	
	February	Compliance Training 1: Fraud, Waste, Abuse / Conflict of Interest	YCCO	30MIN
		Staff SWOT Assessment	Uprise Collective	3HR
		Compliance Training 2: REAL+D Data Collection	YCCO	
	March	Strengths Deployment Inventory (SDI) Listening, Ladder of Inference	Cathy Merge-Martin	3HR
Q2 2021	April	Focus Group – General All Staff (no leadership)	Uprise Collective	2HR
		Focus Group – BIPOC Staff (no leadership)	Uprise Collective	2HR
		Inside Out Coaching Refresher - supervisors	Cathy Merge-Martin	1HR
		Inside Out Coaching Refresher - staff	Cathy Merge-Martin	1HR
		Leadership Decision: Content Identification for Staff Equity Training	Uprise Collective	4HR
		SDI Workshop - new hires	Cathy Merge-Martin	3HR
	May	SWOT, Focus Group, Leadership feedback Data Analysis	Uprise Collective	4HR
		Compliance Training 3: CLAS Standards	YCCO	30MIN
	June	Meaning Making Session: Data review and midyear planning revision	Uprise Collective	1.5HR
		Listening, Ladder of Inference - new hires	Cathy Merge-Martin	2HR
Q3 2021		Compliance Training 4: Oregon law and OAR, Qualified and Certified Healthcare Interpreters and Traditional Health Workers	YCCO	
	July	Healing Space for BIPOC Staff Members	Uprise Collective	2HR
	August	Staff Training 1: Cultural Competency/Responsiveness	Uprise Collective	2HR
		Supervisor/Staff Check Ins and 90-Day Action Plans	Cathy Merge-Martin	1HR
		Effective Meetings Check-In	Cathy Merge-Martin	1HR
	September	Staff Training 2: Implicit Bias	Uprise Collective	2HR
Q4 2021	October	Staff Training 3: Structural barriers and systemic oppression	Uprise Collective	2HR
		Advanced Facilitation	Cathy Merge-Martin	3HR
		Compliance Training 5: Americans with Disabilities Act and Civil Rights	YCCO	30MIN
	November	Compile final reports and submit policy review	Uprise Collective	
		Compliance Training 6: Native American/American Indian Medicaid Rights	YCCO	30MIN
	December	SDI Workshop - new hires	Cathy Merge-Martin	3HR

Quarter	Month	Governance Training	Resource	Time Allocated
Training Delivery System		(in person or virtual sessions)		
Q1 2021	January			
	February	Compliance Training 1: Fraud, Waste, and Abuse / Conflict of Interest	YCCO	30MIN
			Uprise Collective	
	March	Board and Governance Assessment	Uprise Collective	
		Committee SWOT Assessment	Uprise Collective	
Q2 2021	April	Compliance Training 2: REAL+D Data Collection	YCCO	30MIN
	May	Compliance Training 3: CLAS Standards	YCCO	30MIN
		Equity Training 1: Board of Directors	Uprise Collective	1 HR
		Equity Training 2: Early Learning Council	Uprise Collective	1HR
	June	Equity Training 2: Community Advisory Council	Uprise Collective	1HR
		Equity Training 3: Quality and Clinical Advisory Council	Uprise Collective	1HR
Q3 2021	July	Compliance Training 4: Oregon law and OAR, Qualified and Certified Healthcare Interpreters and Traditional Health Workers	YCCO	30MIN
		Board and Governance Assessment	Uprise Collective	3HR
	August	Follow-Up: Board and Governance	Uprise Collective	
	September	Board and Governance Plan Completed	Uprise Collective	
Q4 2021	October	Compliance Training 5: Americans with Disabilities Act and Civil Rights	YCCO	30MIN
	November	Equity Committee Attendence Log and Evaluation Review	YCCO	30MIN
	December	Compliance Training 6: Native American/American Indian Medicaid Rights	YCCO	30MIN

FUTURE TRAINING TOPICS

Social/cultural diversity, Universal Access and Accessibility, Health literacy, Traditional Health Workers, Trauma Informed Care and Resilience, Cultural barriers and Systemic Oppression, Social determinants of health, Meaningful community engagement strategies, using data to advance health equity, and other topics as YCCO staff, committees, providers, and community feedback determine.

Ongoing Staff Education and Oversight	
ONBOARDING	STAFF AND COMMITTEE RESOURCES
Electronic/print materials available in accessible formats	
Cultural responsiveness overview	Cultural responsiveness overview
Implicit bias training	HR Manual
Strengths Deployment Questionnaire training	HR Policies
HIPAA	Equity Policy
Use of healthcare interpreters	CLAS Standards resource
Key policy review session with supervisor	Staff Equity Resource Library
Once and For All Workplace Harassment Prevention	Xenium Diversity, Equity, and Inclusion Resource Center
CLAS	Implicit bias testing
Office ergonomics	Demographic data and REAL+D
	Technology and virtual conferencing
	Facilitation

REPORTING

- YCCO will collect attestation of attendance and surveys from 100% of virtual/in-person trainings held for staff, committees, and any CME trainings held for providers. Current agreements with trainers for the CME series require presenters to submit presentations, outline, and materials in advance (*Presenter contract template*). YCCO will follow this process for training to ensure that, for provider CME, trainings have been approved by OHA in advance and, for staff, trainings align with the OEI Core Competencies Criteria (*Staff and Committee Education Review Tool*). With presentation content in advance and attendee data afterward, YCCO will be equipped to gather the appropriate information to report annually to OHA on training activities.
- Surveys will include the following information gathering:
    - Change in self-awareness and self-assessment, knowledge, and skills
    - Accessibility of materials and ability to ask questions and have them answered
    - Conflict of interest or commercial bias in training
    - How skills will be applied in daily work
    - Value and expertise of presenter

ACCESSIBILITY

Currently no staff report needing materials in an alternate format; being hard of hearing or Deaf; having difficulty concentrating, remembering, or making decisions; or doing errands alone. Nine percent report that a physical, mental, or emotional condition limits activities. However, forty percent of CAC members report either having a disability or needing an accommodation. While this information is currently unknown for other committees, this highlights the need for accessible trainings right now, for staff, committees, providers, and the community.

As appropriate, YCCO will provide training materials that meet readability and accessibility requirements and are translated to the preferred language and format for all participants. This includes offering Braille, large print, audio versions, interpretive services, or electronic/print formats as needed.

Acknowledgements

YCCO would like to gratefully acknowledge the many staff members, YCCO members, community members, and partners who offered their time, energy, resource, expertise, and feedback in the development of this plan and for their continued partnership in bringing this plan to life. For full list of those involved, see *Stakeholder List*.

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