CY 2021 Health Equity Plan Submission Template and Instructions

Purpose:

This template should be completed by CCOs for the CY 2021 Health Equity Plan (HEP) Update submission due August 10, 2021. The purpose of this template is to combine and streamline all three referenced requirements in Exhibit K, 10, Health Equity Plans including the: **Health Equity Plan Update, Annual Training and Education Report, and the Annual Health Equity Assessment Report**. Completion of this template and referenced documents will comply with all HEP reporting requirements for CY 2021.

Reporting Requirements:

- Must be written in 12-point Arial font with single spacing to meet readability and accessibility standards.
- All pages should be clearly numbered.
- This report has an **overall 73-page maximum with specific page-limit guidelines per section**. Page limits exclude supporting documentation. **While OHA has provided generous page limit guidelines to accommodate each CCOs unique needs and experience, OHA encourages CCOs to provide comprehensive responses while being as brief as possible.**
- Supporting documentation is required and must be relevant to the item being addressed.
- All supporting documentation referenced in the narrative portion must be clearly labeled to reflect the content (e.g., CCOxyz_LEP_Policy). Please include document names and page numbers when referencing supporting documentation. Documents that are not referenced in the narrative but are submitted will not be reviewed.
- The HEP Progress Report and relevant supporting documentation must be submitted to CCO.MCODeliverableReports@dhsoha.state.or.us by the due date.

For question regarding the instructions or templates please contact:

Maria Elena Castro, OHA Health Equity Program Analyst

Maria.Castro@dhsoha.state.or.us

(503) 884-4448

INSTRUCTIONS

Section 1: Health Equity Plan Update

Completion of this section complies with Exhibit K, sections 10.a.3 and 10.c.2 and should be completed based on your 2020 HEP Evaluation and Feedback received from OHA based on your Year 1 Health Equity Plan submissions. All CCOs were provided a copy to that evaluation. **CCOs are required to provide an update on any area in their HEP where they received a score less than "2 – meets requirements."** This section allows CCOs to provide an update on their previously submitted Health Equity Plans and new or updated Strategies for the eight Focus Areas for CY 2021. **This section has a 40-page maximum not counting referenced supporting documentation.**

Section 2: Annual Training and Education Report

Completion of this section complies with Exhibit K, sections 10.d.8 and 10.d.9 and includes reporting on CY 2020 training activities as well as current year planned training activities. CCOs should complete the separate Excel reporting template named **2020 and 2021 Organizational and Provider Network DEI Training and Plan Template** and attach it with your submission. While not required, if CCOs provided any trainings to their **provider network**, CCOs are encouraged to report on it. Additionally, if you have any additional updates or changes to your Organizational and Provider Network Cultural Responsiveness, Implicit Bias, and Education Plan, CCOs are encouraged to complete the narrative. **This section has a 3-page maximum not counting referenced supporting documentation or required Excel templates.**

Section 3: Annual Health Equity Assessment Report

Completion of this section complies with Exhibit K, sections 10.e.1 and includes reporting on progress on CY 2020 Focus Areas and general HEP implementation and community engagement efforts. **This section has 30-page maximum not counting referenced supporting documentation.** Please see template for further details on page limits.

TEMPLATE

Section 1: Health Equity Plan Update (40-page maximum - not including attachments)

CCOs should reference the HEP evaluation and feedback received from OHA on their CY 2020 Health Equity Plan submission and complete the table below for each section where they scored less than a "2 – meets requirements," duplicating the table as needed. CCOs should provide a narrative on they addressed the feedback and/or any areas of improvement noted. Only include attachments if they are new or have been revised from original submission (only new or revised policies, procedures, dashboards, etc.) Ensure to comply with required reference and labeling instructions for all supporting documents as outlined on page 1 of this document.

CCOs are asked to enter narrative in the grey ***sections below*.**

Section Number	*1.1*
UHA could provide information on their mission, vision and values or an equity statement	
Based on OHA' feedback, Umpqua Health CCO worked with its Board's Executive Committee and the CCO's Leadership to develop a plan for framing a Health Equity Statement. Per this plan the Health Equity Administrator was made accountable to conduct a thorough review of UHA' Mission and Value statements and develop a draft HE Statement which fulfilled three key objectives: *1. The Statement should be based on the principle of distributive justice and linked to human rights* *2. The Statement should be measurable and easily operationalizable* *3. The Statement should be finalized with input from the Community members, which should at a minimum include experts in areas of equity and social justice, represent the CAC, UHA Board, Public Health, Tribal Government, non-profits working closely with BIPOC and LGBTQ populations, members of UHA' Health Equity and Member Engagement HE Committees* *Based on the key objectives UHA was successful in framing a Health Equity Statement: "UHA's mission works to achieve health equity for all population groups by allocating resources towards designing policies and programs to create greater social justice in health"* *The HE Statement has been shared with the UHA Staff and UH Board and on our web and Facebook pages. We'll continue to use this statement for organizational culture-change and going forward our policy writing guide will be updated to include the requirement of using a HE Lens for all new policies and SOPs.*	

List of Community Partners who provided feedback during the HE Statement framing process:

Stakeholder	Title	Tribal Government or Stakeholder Affiliation	UHA Committee Representation	Feedback	
				Supportive	Recommended Changes
Melanie Prummer	Executive Director	Non-Profit [Peace at home Advocacy Center]	CAC Member	Yes	Yes
Jerry O'Sullivan	Chief of Regional Business Operations	Adapt, Douglas County CMHP	CAC Chair/HE Committee/UHA Board	Yes	Yes
Amy Thuren	Executive Director	Non-Profit [Health Care Coalition of Southern Oregon]	MEHE Committee Member	Yes	Yes
Aden Bliss	Chief Financial Officer	Non-Profit [Ford Foundation]	UH Board/MEHE Committee Member	Yes	Yes
Brian Mahoney	Public Health Modernization Program Coordinator	Public Health [DPHN]	MEHE Committee Member/DELTA Alumni	Yes	Yes
Tribal Government - Cow Creek Band of Umpqua Tribe of Indians					
Sharon Stanphill	Chief Medical Officer	Tribal Healthcare / Tribal Government	HE Committee Chair/UHA Board	Yes	Yes

List of Attachments related to this response if applicable:

- UHA_Health Equity Statement_All Staff email [pdf page-39]
- UHA_Health Equity Statement_Attestation [pdf pages 40-43]
- *UHA_Health Equity Statement_development Process [pdf page 44]*

Section Number	*1.2*

UHA does not provide a data source for their staff or CAC data. UHA does not report demographics separately for board or leadership.

Data Sources for Demographics:

1. *CAC: members provided data by completing a survey provided by UHA*
2. *Staff [reported separately for Executives/Managers/other Employees]: ADP*
3. *Board Members: data from completing survey*

Board and leadership demographic data is attached.

List of Attachments related to this response if applicable:

1. UHA_ Executive Mgr and Employee demographics_Report [pdf pages 46-49]
2. UHA_2.0 Annual CAC Demographic_Report [pdf page 50-53]
3. *UHA_Demographics Data Board of Directors 95 percent_Survey [pdf pages 54-58]*

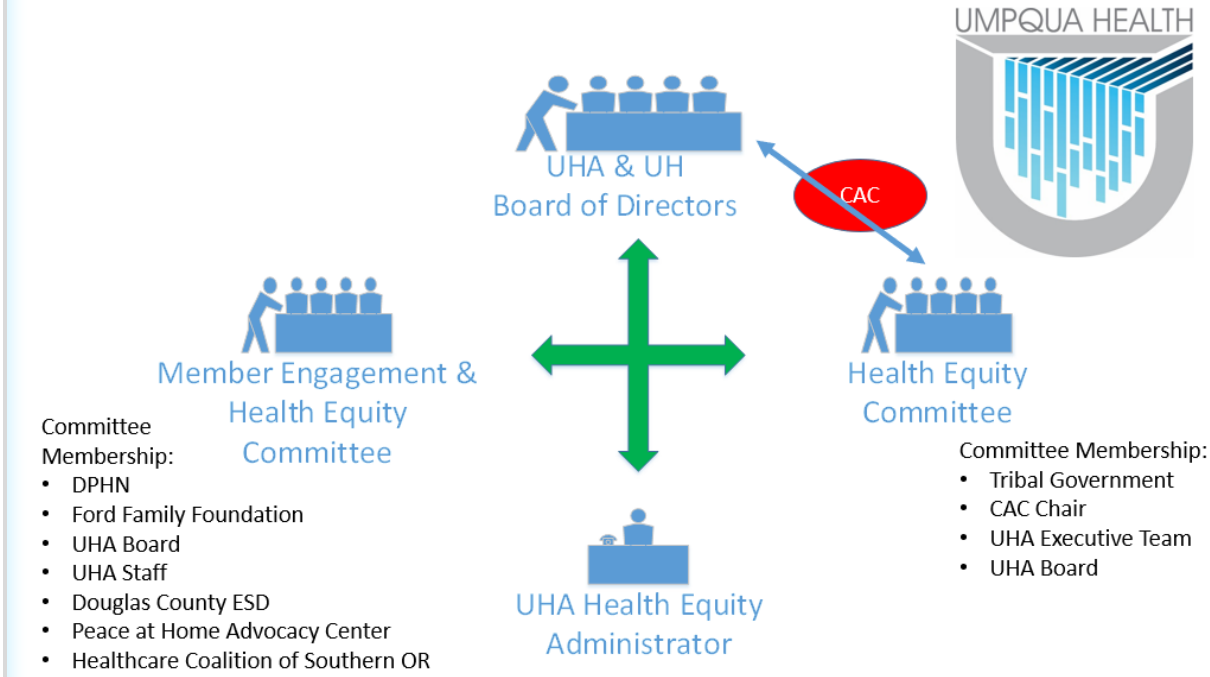
Section Number	*1.3*

UHA does not state who is the Health Equity Administrator or their role in the organization. UHA does not provide an organization chart showing the governance model nor discussed the role of the overall CAC in the health equity plan.

- *UHA has designated Dr. Tanveer Bokhari as the Health Equity Administrator, who will be the single-point-of-contact with OHA on Health Equity related subjects; Dr. Bokhari has completed HE trainings through DELTA and FamilyUSA HE Academy in Systems Transformation [Dr. Bokhari's bio is attached] – For 2021 the HEA administrator will have a separate budget to be spent on HE related programs – The HEA chairs the Member Engagement & Health Equity (MEHE) Committee and Co-Chairs the Board-Level Health Equity Committee. All Key departments within UHA report to the MEHE Committee which in turn reports to the HE Committee.*
- *The most recent Org Chart is attached which shows that the HEA is a part of the Executive Team and reports directly to the CEO; this allows the HEA to actively participate in policy framing process and keep the Executive Team abreast of HEP implementation process. The HEA regularly updates the UHA Boards. The Health Equity and Member Engagement & Health Equity (MEHE) committees oversee the HEP implementation.*

  UHA has developed a functional committee structure which ensures cross-pollination of ideas between the Community Partners/CAC/UHA.
- *The CAC plays a key role in providing guidance at all levels from development and implementation of the HEP; to ensure full visibility to all Committee and Board work the Chair of the CAC is a permanent member of the UHA Board and the Health Equity Committee. The HEA, attends all CAC meetings, and requests feedback e.g. on the HEP Evaluation recently completed by OHA. All feedback received from the CAC on the HEP implementation is shared by the HEA with the UHA Executive Team. The MEHE Committee reports to the HE Committee and the CAC Chair is invited to participate in special MEHE meetings.*

  Within this governance model information and ideas between the CAC and UHA-operations flow without hinderance, which aides in better decision making.



List of Attachments related to this response if applicable:

1. UHA_Health Equity Administrator_Org Chart [pdf Page # 59]
2. UHA_HE Administrator_Bio [pdf Page 60]
3. *UHA_HE Infrastructure_Committees [pdf Page 61]*

Section Number	*1.4*

It was unclear if UHA had conducted an assessment to inform this work or if the CCO plans on doing one. How did the CCO inform this body of work?

In 2019 and first half of 2020, UHA did not have a Health Equity Plan, and the infrastructure for HE was non-existent. UHA's leadership understood the gaps in this area and immediately designated a HEA and augmented this position by contracting with a National expert on HE/CLAS/DEI to help in developing a framework for the HEP as required under the CCO 2.0 contract. The goal was to embrace HE across the CCO's service area encompassing whole of Douglas County. To build assets, and support its community partners in fostering HE work, UHA provided funding [in 2020-2021] through its CAC to bridge the gaps in TIC and DEI trainings, and support BIPOC populations through the non-profit Peace-at-Home [see funding applications attached]. In 2021, based on OHA' evaluation report and HEP guidance documents UHA embarked on selecting an assessment tool for an assessment of its HEP; out of a list tools available the Multnomah County's HE assessment framework was selected

– The tool was operationalized after thorough analysis and completing the following steps:

1. Meet OEI to conduct an Evaluation review for 2020 HEP
2. Conduct Internal review of HEP areas marked as deficient by OEI
3. Develop a working tool to target specific areas marked out in the evaluation
4. Conduct CCO wide assessment of gaps highlighted in the OEI Eval
5. Set timelines for gathering additional information to bridge gaps
6. Hold Meeting with HE Committee Board Members
7. Apprise HE Committee on progress
8. Update UHA Board on progress

The assessment tool specifically helps UHA to apply the Equity and Empowerment Lens – The assessment outcome has been immensely helpful in highlighting gaps in organizational readiness and workforce competencies – The final scores were as follows:

- Organizational Characteristics: 72%
- Workforce Competencies: 84%

UHA' objective going forward is to sustain the gains accomplished in the last 12 months and build further in areas which received a score of 2 and 3.

List of Attachments related to this response if applicable:

1. UHA_Funding for Community HE Resources_Applications [Pages 62-86]
2. UHA_Organizational Assessment_Tool [Pages 87-88]
3. *UHA_SDOH_ WF and Community assets [Page 89]*

Section Number	*1.5*
The information provided was high level and lacked enough details. Provide a description of stakeholder process	

<Insert Narrative on updates/actions taken based on feedback received under each section number and element> In 2020 the HEP was developed with input form HE and DEI expert Ignatius Bau. UHA' service area includes 90% of Douglas County, during 2020 and 2021 our county's Covid-19 status remained at high risk, which prohibited large gatherings in an in-person setting, therefore, UHA choose the option for an alternative pathway to elicit community feedback – On completion of the HEP draft, it was shared with community partners – The primary forums used included the CAC and UHA' Member Engagement & HE Committee and the Health Equity Committee – These committees include members from Public Health/Non-Profits/TIC Entities/Southern Oregon Regional Organization/Faith Leaders/Health Equity Experts/Organizations working with Homeless populations/Tribal Government. The common theme that spurned from this review was that the HEP comprises several projects which increases the complexity of implementation, and HEP overall met the parameters outlined in the OEI guidance document.
Receiving further OHA guidance as part of the HEP evaluation process, UHA has selected Multnomah County's Equity & Empowerment (E&E) Lens framework to assess the present HEP focus areas and review implementation progress [the internal assessment process is explained in section 1.4]. For external community partner feedback UHA has taken the following steps:

1. Built a comprehensive list of Community Partners
2. Configured an evaluation matrix tool based on the Multnomah County E&E Lens
3. Requested Community Partners to complete HEP evaluation and provide recommendations using the Matrix E&E tool

The tool specifically refers to six domains when it comes to evaluating the HEP; community partners/Stakeholders are being asked to evaluate the eight (8) focus areas on using the tool:

- Shift in Social Norms [shift in values, beliefs & behaviors; then walk-the-talk]
- Strengthens Organizational Capacity [build capacity in staffing, leadership, structure, finance, planning]
- Strengthens [community] Alliances [among traditional & non-traditional partners]
- Improves Policies [at all stages, from development to implementation]
- Strengthens Base of Support [strengthen depth & influence among public interest groups & opinion leaders]

- Creates changes in Impact [improves SDOH & emotion related conditions in affected populations]

As of writing this report we have received feedback from two community partners [their review process required 2-3 hours of deliberation]:

1. Douglas County Public Health [expertise in public health and HE change management]
2. Cow Creek Tribal Government [review conducted by their Health Equity Committee]

We'll continue to engage other community partners, our immediate priority is to work on this process with Latino organizations based in Douglas County; we have reached out to several organizations and are awaiting their response. UHA has also reached out to the Blue Zone chapter based in Douglas County to formally invite them to join our Member Engagement & Health Equity Committee, the addition of BZ will be a catalyst to expand DEI trainings and create space for diverse voices within our HE Governance process.

List of Attachments related to this response if applicable:

1. UHA_Community Partners_List [Page 90]
2. UHA_Cow Creek Tribal Gov HEP review using E and E Lens_Report [Page 91]
3. UHA_HEP eval Equity and Empowerment_Lens [Pages 92-93]
4. *UHA_Public Health HEP review using E and E Lens_Report [Page 94]*

Section Number	*1.6*

Re-evaluated and unchanged: This section was not addressed. UHA discusses sharing a community engagement plan, but not the HEP specifically - it is unclear how the CCO plans on sharing progress.

As pointed out in section 1.5 UHA will continue to engage the community in a meaningful way so that all voices in the community are heard – The deployment of the Multnomah County Equity & Empowerment Lens will provide a structural framework which will ensures that all key domains required in a robust HEP are accounted for. UHA will continue to implement its workplan for Community Feedback.

- *UHA has created a Health Equity page on its website, which will be a source of information on Health Equity – The HEP has been uploaded to this page.*

While framing its Health Equity Statement UHA, has engaged the community: we received ample feedback and support, which helped to create a statement embedded with diverse community voices.

List of Attachments related to this response if applicable:

1. UHA_HE Statement Community Feedback_Process [Page 95]
2. UHA_HEP available on website_Attestation [Pages 96-99]
3. *UHA_Share HEP with Community_Workplan [Page 100]*

Section Number	*2.2*

<Are the CCO G&A policies and procedures specifically designed to be culturally and linguistically responsive? t appears that UHA has plans to ensure G&A is accessible to all their members. UHA should be clear with what is currently in place right now.

UHA G&A policies and Procedures are designed to be culturally and linguistically responsive – The Updated G&A Policies are attached for review.

Umpqua Health Alliance (UHA) has internal grievance and appeal procedures under which members, a member's representative, or providers acting on their behalf, may file a complaint or appeal an adverse benefit determination. UHA shall maintain its policies in accordance with the Coordinated Care Organization (CCO) Contract between UHA and the Oregon Health Authority (OHA, Authority, or State) and State and Federal laws, OAR 410-141-3835 through 410-141-3915, OAR 410-120-1860 and 42 CFR 438.400 through 438.424. This policy applies in conjunction with related policies for adverse benefit determinations, member services, provider network, and compliance. Policies and procedures are designed to be culturally and linguistically responsive.

List of Attachments related to this response if applicable:

1. *UHA_Grievance Appeals and Hearings_Policy [Pages 101-122]*

Section Number	*2.6*

Is the CCO data on grievance and appeals gathered by race/ethnicity, language, and disability (REALD)? Reviewers are not clear if the systems are in place.

UHA uses the REAL+D data to identify barriers for members. There were 56% of the appeals by members who identified their race as White, 38% identified as Unknown, 2% were Asian American and 1% or less identified as American Indian/Alaskan Native, Hispanic/Latino and Other Race each. For member appeals by member's language, 97% requested English as their primary language, and 1% or less each noted Spanish, Other, no answer, German and Hearing Loss. Lastly, member appeals by members with disabilities included 82% without a disability and 17% with a disability.

List of Attachments related to this response if applicable:

1. UHA_G and A REALD stratification_Report [Pages 123-127]
2. *UHA_G and A REALD_Data Tables [Page 128]*

Section Number	*2.7*

Does the CCO show evidence of using data analytics to identify and eliminate health and health care disparities?

UHA has started using REALD data to stratify CCO Incentive metrics – The following steps are in play:

- *UHA conducts initial stratification for all CCO members in the Quality Metrics denominator and numerator – First analysis completed July-2021*
- *Share the stratified reports with UHA Executive Team – Aug-2021*
- *Share the reports with UHA Board Sept-2021*
- *Share reports with attributed PCPCH clinics Oct-2021*
- *Upload Stratified filed to Umpqua Health Business Intelligence Platform Nov-2021*

Example:

Depression Screen Measure					
Row Labels	**Sum of Met**	**Sum of Gap**	**Pop Sum**	**% Met**	**% Not Met**
African American/Black	**2**	**21**	23	9%	91%
American Indian/Alaskan Native	**5**	**43**	48	10%	90%
Asian American	**2**	**16**	18	11%	89%
Hawaiian/Pacific Islander	**0**	**2**	2	0%	100%
Hispanic/Latino	**10**	**91**	101	10%	90%
White	**249**	**2440**	2689	9%	91%
Other Race	**0**	**18**	18	0%	100%
Unknown	**202**	**1982**	2184	9%	91%
Grand Total	**470**	**4613**	5083	9%	91%

List of Attachments related to this response if applicable:

1. *UHA_REALD Disparities in Quality data_Report [Page 129]*

Section Number	*2.9*

Does the CCO assess gaps in its current data collection, analysis systems and process? Does the CCO develop organization-wide actionable goals to address gaps in its current data collection, analysis systems and processes?

UHA' main source of REALD data for its members are the 834 file and the OHA-Dashboard; as all CCO members do not volunteer REALD information we see a significant data gap – To meet this challenge UHA has taken several short-term actions:

- UHA has revised its HRA that includes the Race and Ethnicity that will be entered into Arcadia CE Platform moving forward
- UHA anticipates that by Q4 of 2022 Arcadia will have connectors developed with PCPCH clinics which will enhance collection of REALD data

List of Attachments related to this response if applicable:

- *UHA_Data Aggregation_CE Platform [Page 130]*

Section Number	*2.12*

Does the CCO, as an organization, have a governance system that promotes health equity through the delivery of Culturally and Linguistically Appropriate Services (CLAS).

UHA has fully adopted OHA CLAS definition and taken action to educate it's leadership and provider network on CLAS:
Trainings Completed:

1. *For CAC*
2. *For UHA Board & Executive Team*
3. *All CCO Staff*

List of Attachments related to this response if applicable:

- *UHA_OHA CLAS definition adopted_Attestation [Page 131]*
- *UHA_Provider Orientation and Training_Policy [Pages 132-134]*

Section Number	*2.13*

CCO appears to have a plan, but there is no clarity on what is currently in place. Section seems to be missing policies that were intended to be added but weren't.

UHA has committed to promote CLAS standards within its organization and across the Network – The missing policies have been added, which describes UHA's commitment.

List of Attachments related to this response if applicable:

1. UHA_CLAS Standards_PROVIDER HANDBOOK_v2.2021 [Pages 135-209]
2. UHA_CLAS Standards_Provider-Orientation-Required-Training_9.16.20v4 [Pages 210-245]
3. UHA_CLAS Standards_Training Tracking sheet [Page 249]
4. UHA_CLAS Trainings_New Provider Welcome Letter [Pages 250-251]
5. UHA_New Provider Orientation and Training_Policy [Pages 252-254]
6. *UHA_Trainings_Employee Handbook [Pages 255-296]*

Section Number	*2.14*

Has the CCO allocated the necessary resources for that purpose?

The resources/budget allocated to CLAS trainings for the UHA Staff, Board and CAC are adequate and all training goals were met in 2020 – UHA feels that trainings for Providers is lagging because of insufficient tracking and the large numbers who need to be trained – To fill this gap for the 2022 UHA will propose adding an FTE position fully dedicated to meeting training needs outlined in the CCO contract.

List of Attachments related to this response if applicable:

- *NA*

Section Number	*2.19*

Re-evaluated. LAP does not address tracking mechanism. Please ensure all attachments are included in future submissions.

UHA' LAP does address tracking – Please see attached details documents supporting this.

List of Attachments related to this response if applicable:

- *UHA_Language Access Tracking_SOP and Logs [Page 297]*

Section Number	*2.20*

Does the CCO develop member educational and other materials (print, multimedia, etc.) that are in plain language and that are available in alternate formats; utilizes IT and other tools and resources for consumers who are blind or deaf, or otherwise disabled

We have added additional Policies and SOP which fully describe the availability of member educational materials in different [media] formats.

List of Attachments related to this response if applicable:

1. UHA_alternate material request_Flyer 2.0 [Page 298]
2. UHA_Interpreter Alternative Format Process_Version 4_SOP [Pages 299-303]
3. UHA_Requests for Interpreter or Alternative Format_Policy [Pages 304-307]
4. UHA_VRI Tablet_SOP [Pages 308-310]
5. *UHA_Written Documentation Translation Services_Version 2_SOP [Pages 311-314]*

Section Number	*3.1*

Yes, UHA has a training plan that aligns with OHA fundamentals, provides a plan for topics, delivery, dates, and modes, there plan for tracking and reporting, goals, etc. but the plan is incomplete.

To augment the training plan, UHA is offering two new courses related to Health Equity and Cultural Competency for 2021. This year one the two courses are tailored to the UH clinical staff who will be taking the following courses:

- Cross Cultural Care in Mental Health & Depression|
- Creating a Welcoming Environment for LGBTQ Individuals|

List of Attachments related to this response if applicable:

- *NA*

Section Number	*3.4*

UHA CCO did not provide information that was referenced in the narrative. Did not address all the required elements– Provide Completion report

Completion Reports are provided in the attached documents -

List of Attachments related to this response if applicable:
- *UHA_Training Completion_Reports [Page 315]*

Section Number	*3.5*

Unable to assess. Attestation Materials not submitted.

Provider Attestation materials per UHA records are submitted -

List of Attachments related to this response if applicable:
- *UHA_Provider Trainings_Attestations [Pages 316-440]*
- *UHA_Provider Trainings_Orientation Slide Deck [Pages 210-248]*

Section Number	*3.6*

<Insert OHA provided feedback> Evidence of CCO plans on tracking provider network training completion of cultural competency training as part of their credentialing process. Unable to assess. This was not referenced in the submitted materials

UHA has taken an additional step to update its Credentialing policy, which will now require compliance from all credentialed providers: Please see in attached policy Page #2 "Education and Training"

Education and Training
2. UHA will require persons authorized to practice a profession regulated by a board, as defined in ORS 676.850, provide proof of participating at least once every three years in a completing cultural competency continuing education [opportunity relating to cultural

UHA, [only] uses vendors certified by OHA to impart CLAS trainings, which ensures cultural competency training offerings for CCO staff are aligned with the Cultural Competency Training and Education criteria (HB2011 (2019).

List of Attachments related to this response if applicable:
- *UHA_CLAS trainingVerification of Credentials_Policy [Pages 441-445]*

CCOs are also required to provide an update on their CY 2021 Focus Area efforts. CCOs are asked to **complete the table below for each Focus Area**. Duplicate the table and/or rows as needed. For each Focus Area, indicate if this is a Continuation, Updated, or New Strategy and complete the table as directed.

Year 2: Focus Area Updates
Focus Area 1 Grievance and Appeals
Select one: X Continued (no further information required) ☐ Modified from year 1 (complete appropriate section below) ☐ New strategy (complete appropriate section below)
Modified from year 1
Select area that has been modified from Year 1 ☐ Strategy has been modified ☐ Goal(s) have been modified ☐ Activities have been modified ☐ Metrics have been modified
Modification *<insert narrative describing modifications from year 1 submission>*
Reason *<insert narrative describing the rationale for the modification from year 1 submission>*
For New Strategies ONLY
New Strategy: *<Insert new strategy as applicable>*
Background/Context: *< insert narrative describing the context for why this strategy was selected>*
Issues and barriers: *< insert narrative describing the barriers/issues related to focus area that will be addressed by strategy.>*
Goal 1: *<Insert new goal(s) to achieve strategy as applicable>*

Baseline:	**Metric/Measure of success:**
<insert baseline information>	*<insert metrics>*
Monitoring:	**Person responsible:**
<insert monitoring plan and timeline>	*<insert name or position of individual charged with monitoring progress>*
Resources Needed: *<list internal and external resources needed to achieve goals>*	

Year 2: Focus Area Updates

Focus Area 2 Demographic Data

Select one:

X Continued (no further information required)
☐ Modified from year 1 (complete appropriate section below)
☐ New strategy (complete appropriate section below)

Year 2: Focus Area Updates

Focus Area 3 Culturally and Linguistically Appropriate Services (CLAS)

Select one:

X Continued (no further information required)
☐ Modified from year 1 (complete appropriate section below)
☐ New strategy (complete appropriate section below)

Year 2: Focus Area Updates

Focus Area 4 CLAS as an Organizational Framework

Select one:

X Continued (no further information required)
☐ Modified from year 1 (complete appropriate section below)
☐ New strategy (complete appropriate section below)

Year 2: Focus Area Updates
Focus Area 5 Workforce
Select one: X Continued (no further information required) ☐ Modified from year 1 (complete appropriate section below) ☐ New strategy (complete appropriate section below)

Year 2: Focus Area Updates
Focus Area 6 Organizational Training and Education
Select one: X Continued (no further information required) ☐ Modified from year 1 (complete appropriate section below) ☐ New strategy (complete appropriate section below)

Year 2: Focus Area Updates
Focus Area 7 Language Access Reporting Mechanisms
Select one: X Continued (no further information required) ☐ Modified from year 1 (complete appropriate section below) ☐ New strategy (complete appropriate section below)

Year 2: Focus Area Updates
Focus Area 8 Member Education and Accessibility
Select one: X Continued (no further information required) ☐ Modified from year 1 (complete appropriate section below) ☐ New strategy (complete appropriate section below)

Section 2: Annual Training and Education Report (3-page maximum - not including required templates or attachments)

For this section CCOs are required to report on their 2020 **staff training** as outlined in their Organizational and Provider Network Cultural Responsiveness, Implicit Bias, and Education Plan. While not required, if CCOs provided any trainings to their provider network, CCOs are encouraged to report on it.

Please complete the separate **Excel reporting template named 2020 2021 Organizational and Provider Network DEI Training and Plan template** and attach it with your report submission (please note there are two tabs to this worksheet). Additionally, if you have any updates to your Organizational and Provider Network Cultural Responsiveness, Implicit Bias, and Education Plan for 2021, please describe them below.

In 2020, All staff completed Cultural Responsiveness and Implicit Bias Trainings.

The following courses will be used to fulfill UH Cultural Competency Training for 2021. They are 45 minute courses provided by Quality Interactions. The clinic staff will complete two courses by end of August, and the Admin staff to complete 2 courses this fall.

Admin Staff: ResCue Model for Cross Cultural Communication at Health Plans

Clinical Staff: Cross Cultural Care in Mental Health & Depression

All Staff: Creating a Welcoming Environment for LGBTQ Individual

Section 3: Health Equity Assessment Report (total of 30-page maximum - not including required templates or attachments)

CCOs are required to report on progress made towards CY 2020 Health Equity Plan Focus Area strategies and goals. Please complete the below table for each year 1 Focus Area, duplicating the table as needed. **This sub-section has a 15-page maximum.**

Year 1: Focus Area	
Focus Area 1 Grievance and Appeals	
Year 1 Progress Report	
Year 1 Strategy: By December 2024, Umpqua Health Alliance will implement system and process improvements to ensure that members can file and receive resolution of grievances and appeals in a culturally and linguistically appropriate manner.	
Year 1 Goal: *<Insert year 1 goal(s) to achieve strategy>*	
Baseline (if any): *NA*	**Metric/Measure of success:** 1. By June 2020, Umpqua Health Alliance will start analyzing Grievance & Appeals based on REAL+D data 2. By August 2020, Umpqua Health Alliance will start planning improvement processes based on REAL+D data 3. By December 2020, Umpqua Health Alliance will evaluate its progress on the above measures and update and revise these measures for 2021 as necessary.
Progress to date : *UHA' initial timeline to meet its strategic goals was 2024; that timeline has changed and we anticipate to meet the goal by Q1 of 2022 – Measure #1 has been fully met; work on measure #2 will requires more time; we have instituted an internal workgroup which will be functional in 2021 and it's main objective will be to build on a list of improvement actions related to G&A; these improvement projects are part of UHA's 2021 TQS program:* 1. Create a new A&G member handbook section 2. Additional resources made available on the UHA website 3. Improve the readability of adverse benefit determination notices (short term project).	

4. Rewrite the A&G Policy and update/improve/implement an A&G Handbook for processing, data collection, analysis, and workflows.
5. Work with PH Tech to improve notices and reduce claim denials

Progress on the above improvement actions will be shared with the CAC and UHA Health Equity Committee.

Supporting Documentation:
UHA_G and A REALD stratification_Report
UHA_G and A REALD_Data Tables
UHA_G and A Improvement Projects_Plan [Pages 455-456]

Year 1: Focus Area
Focus Area 2 Demographic Data
Year 1 Progress Report
Year 1 Strategy: By December 2024, Umpqua Health Alliance will integrate the collection and analyses of member race, ethnicity, language, and disability (REAL+D) data into its quality improvement and health equity goals and activities.
Year 1 Goal:

Baseline (if any): *NA*	**Metric/Measure of success:** 1. By June 2020, Umpqua Health Alliance will develop robust processes, tools and technologies to collect and analyze REAL+D data (Remediation #9, 10) 2. By December 2020, Umpqua Health Alliance will identify and implement best practices, tools, and technology for tracking health care and social needs/social determinants data (e.g. risk stratification tools, community resource and referral database, referrals to social services, tracking of social needs met) (Remediation #6) 3. By December 2020, Umpqua Health Alliance will evaluate its progress on the above measures and update and revise these measures for 2021 as necessary.

Progress to date

Work to meet measures 1 & 2 is still in progress and UHA hopes to complete this work by end of Q4 2021 – We acquired additional [human] assets in the area of analysis and programing, and feel that this add to our IT infrastructure increases our capability to meet the measures. We are also reporting the progress on these measures to OHA via TQS and have received good reviews.

For 2021, UHA has offered a VBP program to PCPCH clinics to meet SDOH component; under the VBP program clinics' will be reimbursed [on basis of PMPM] to screen patients and provide Z-codes for three key SDOH areas: 1) Housing Insecurity 2) Food Insecurity and 3) Income Insecurity. [Disparities in health care based on social determinants of health and health equity result in poorer health outcomes. In order to address these inequities, UHA will address the Social Determinants of Health and Equity as defined in OAR 141-410-3735 by developing a single database with filters for REAL+D. We will utilize population health data with a health equity lens to allow the stratification of quality data by patient race, ethnicity and language] UHA's has shared it's VBP program with the SDOH Collaborative and has received wide ranging support and acclamation form the participants and organizers alike.

Supporting Documentation:

UHA_SDoH and REAL+D DataCollection_Model [Page 458] *UHA_SDOH REALD Database_Project [Pages 459-461]*

Year 1: Focus Area	
Focus Area 3 Culturally and Linguistically Appropriate Services (CLAS)	
Year 1 Progress Report	
Year 1 Strategy: By December 2020, Umpqua Health Alliance will implement system and process improvements to ensure culturally and linguistically appropriate health care services for its members, including language assistance services.	
Year 1 Goal:	
Baseline (if any): *NA*	**Metric/Measure of success:** 1. By December 2020, Umpqua Health Alliance will develop a tracking mechanism to ensure compliance for Focus Area 3 2. By December 2020, Umpqua Health Alliance will evaluate its progress on the above measures and update and revise these measures for 2021 as necessary.
Progress to date : UHA has incorporate a contract clause for it's provider network which will allow us to trach CLAS trainings and meet the measure #1 – We are reporting multiple projects in this area within our 2021 TQS portfolio (see attached). National Standards for Culturally and Linguistically Appropriate Services (CLAS Standards). To expand the knowledge base concerning the impact of health equity, UHA will provide funding to Qualifying Providers to begin integrating health equity principles into their practices. In order to ensure Organizations are culturally and linguistically responsive, UHA will provide a PMPM to Eligible Organizations that bring awareness to CLAS by the end of 2021 and collect/report REAL+D and Social Determinants of Health (SDOH) data throughout the year. To receive the PMPM, eligible Organizations will need to demonstrate that they have met all of the following: • Trained its staff and providers on the use of CLAS Standards in the provision of services; and	

	• Implemented at least five CLAS Standards; and • Provided cultural responsiveness and implicit bias training to its staff and providers; and • Collected and supplied Race, Ethnicity, Language and Disability (REAL+D) data consistent with OHA's OARs 943-070-0000 through 943-070-007; and • Screen members for three (3) SDOH domains and use Z-codes for reporting through claims submission: Housing (Z-codes: Z59.0-1; Z59.8-9), Food Insecurity (Z59.4) and Income (Z56.0; Z59,6-9).
	Supporting Documentation: *UHA_CLAS Appropriate Services_Projects [Pages 447-454]*

Year 1: Focus Area
Focus Area 4 CLAS as an Organizational Framework
Year 1 Progress Report
Year 1 Strategy: By December 2024, Umpqua Health Alliance's Board of Directors and Executive Leadership Team will integrate the National CLAS Standards in its governance responsibilities, including oversight, fiscal and human resource allocation, and evaluation.
Year 1 Goal:

	Baseline (if any): *NA*	**Metric/Measure of success:** 1. By April 2020, Umpqua Health Alliance will review, assess, and make appropriate changes to organizational structure including the designation of a Health Equity Administrator and the stablishment of a health equity committee [Co-Chaired by a Board Member, with Tribal Government and CAC representation] to work with leadership and all functional areas of UHA to develop a health equity plan that will be applied across the organization, both internally and xternally. (Remediation #8) 2. By December 2020, Umpqua Health Alliance will identify, assess, and address barriers to community engagement; and will develop a means to share the community engagement plan and annual updates publicly. (Remediation #11 and 14) 3. By December 2020, Umpqua Health Alliance will develop a clear plan for varying levels of meaningful community engagement from UHA members and non-members that addresses a broad set of UHA decisions, activities and deliverables that are not limited to the CHA/CHP process. (Remediation #11 and 13) 4. By December 2020, Umpqua Health Alliance will strengthen outreach strategies beyond CCO staff and CAC dissemination, to ensure funding opportunities are disseminated broadly and reach new potential partners, including culturally specific organizations and community partners that serve

		marginalized populations, (Remediation #17) 5. By December 2020, Umpqua Health Alliance will establish and/or detail set criteria for project evaluation in order to ensure fairness and reduce bias; will establish criteria using a public, transparent process, such as through the CAC; and will clarify how organizations seeking funding can identify any conflicts of interest. (Remediation #17) 6. By December 2020, Umpqua Health Alliance will evaluate its progress on the above measures and update and revise these measures for 2021 as necessary.
	Progress to date : *Measures # 1, 4 & 5 have been met – UHA plans to complete measures #2 & 3 by Q2 of 2022 – UHA focus in 2021 has been to share the HEP with the community and develop a sustainable feedback process using a Equity & Engagement Lens, we have succeeded beyond on our expectations and will continue to build on that to meet measures 2 & 3.*	
	Supporting Documentation: *<Insert Name of File referenced>*	

Year 1: Focus Area
Focus Area 5 Workforce
Year 1 Progress Report
Year 1 Strategy: By December 2024, Umpqua Health Alliance will implement strategies to recruit, promote, and support a culturally and linguistically diverse workforce.
Year 1 Goal:

	Baseline (if any): *NA*	**Metric/Measure of success:** 1. By December 2020, Umpqua Health Alliance will develop and implement a workforce diversity and inclusion plan (Remediation #7) 2. By December 2020, Umpqua Health Alliance will UHA will work with existing and new partners, including community stakeholders, to design a THW Integration and Utilization Plan. The plan will drive efforts to publicize currently available services; increase its recruitment and retention of THWs in its operations, including through payment strategies; and include strategies to expand THW services beyond behavioral health. (Remediation #12) 3. By December 2020, Umpqua Health Alliance will evaluate its progress on the above measures and update and revise these measures for 2021 as necessary.
	Progress to date : *<UHA has met Measure #1, - Work on Measure #2 is ongoing: UHA has designated its Provider Network Director as the THW Liaison, who is working closely with community partners to finalize the THW Plan – At the policy level UHA' HEA represents the CCO on the THW workgroup setup under the auspices of Primary Care Payment Reform Collaborative (PCPRC) the workgroup's focus is to provide guidance on developing VBP payment model for THWs (see attached).*	
	Supporting Documentation: *UHA_PCPRC Workgroup_Agenda*	

Year 1: Focus Area
Focus Area 6 Organizational Training and Education
Year 1 Progress Report
Year 1 Strategy: By December 2024, Umpqua Health Alliance will integrate cultural responsiveness, implicit bias, and CLAS into its staff, Board of Directors, Community Advisory Council, and provider network education and training activities.

	Year 1 Goal:	
	Baseline (if any): *NA*	**Metric/Measure of success:** 1. By December 2020, Umpqua Health Alliance will deploy the CLAS and Implicit Bias trainings for all Employees 2. By December 2020, Umpqua Health Alliance will deploy the CLAS and Implicit Bias trainings for Board and CAC members. 3. By December 2020, Umpqua Health Alliance will evaluate its progress on the above measures and update and revise these measures for 2021 as necessary.
	Progress to date : *UHA, has met measures #1 & 2; we do not plan any changes.*	
	Supporting Documentation: *<Insert Name of File referenced>*	

Year 1: Focus Area
Focus Area 7 Language Access Reporting Mechanisms
Year 1 Progress Report
Year 1 Strategy: By December 2024, Umpqua Health Alliance will implement system and process improvements that ensure that the CCO and its provider network provides readily available, high-quality, language assistance services.
Year 1 Goal:

	Baseline (if any): *NA*	**Metric/Measure of success:** 1. By December 2020, Umpqua Health Alliance will create a Language Access plan 2. By December 2020, Umpqua Health Alliance will create a measurement process to monitor the quality of translational services. 3. By December 2020, Umpqua Health Alliance will evaluate its progress on the above measures and update and revise these measures for 2021 as necessary.
	Progress to date : *UHA, has met measure #1 – We are working on Measure #2 and hope to set it up by Q4 2021.*	
	Supporting Documentation: *<Insert Name of File referenced>*	

Year 1: Focus Area
Focus Area 8 Member Education and Accessibility
Year 1 Progress Report
Year 1 Strategy: By December 2024, Umpqua Health Alliance will implement system and process improvements to ensure that all member educational materials and communications are in plain language and that are available in alternative formats.
Year 1 Goal:

	Baseline (if any): *NA*	**Metric/Measure of success:** 1. By December 2020, Umpqua Health Alliance will establish a Member Engagement and Health Equity Committee (MEHE) [with external stakeholder participation]. 2. By December 2020, Umpqua Health Alliance will share the Member specific resources implementation process with the MEHE Committee 3. By December 2020, Umpqua Health Alliance will evaluate its progress on the above measures and update and revise these measures for 2021 as necessary.
	Progress to date : *UHA, has met both measures #1 & 2 – MEHE Committee meets regularly and several community partners are part of this process including Douglas County Public Health; by Q4 2021 we hope to expand the committee to include participation from Blue Zones.*	
	Supporting Documentation: *<Insert Name of File referenced>*	

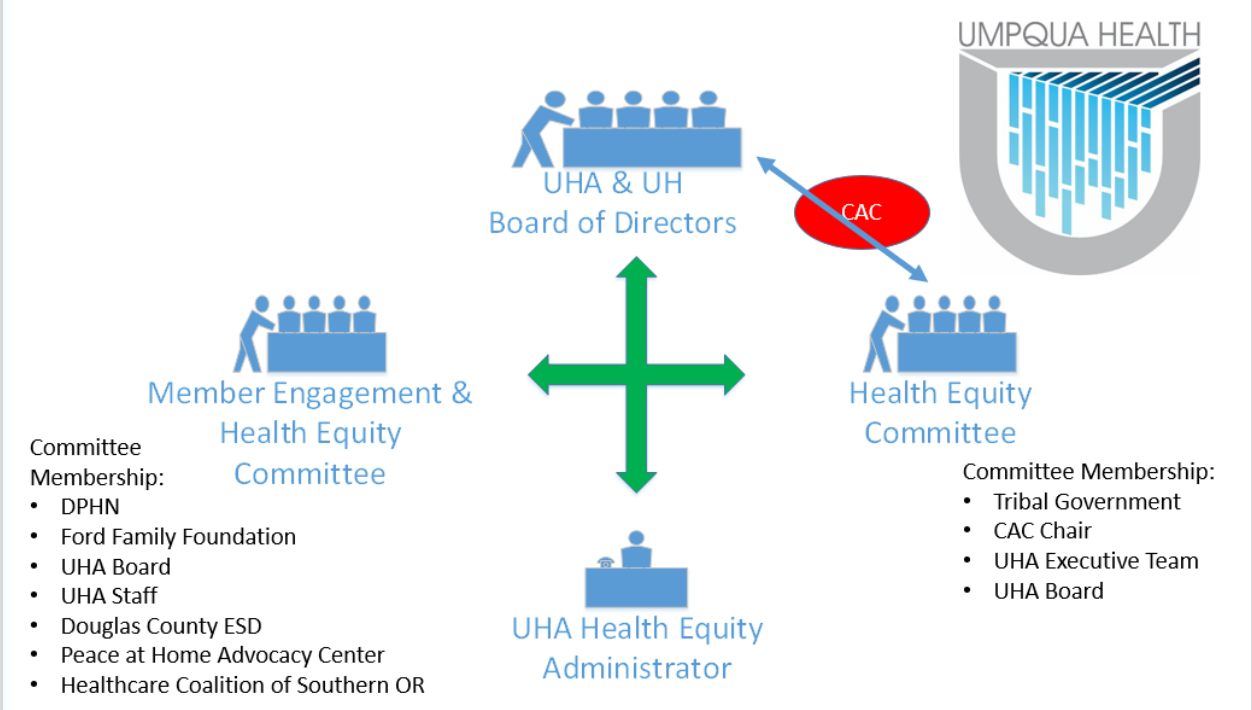
Stakeholder engagement question:

Please provide a brief narrative on your actions to date to share any HEP progress and provide HEP updates to stakeholders. Your response should identify the stakeholders, a timeline for engagement, and engagement methods. Additionally, address any impacts COVID-19 has had on your community engagement efforts and steps taken to mitigate them. **This sub-section has a 2-page maximum.**

UHA has placed its HEP online for Public view and has shared the progress with our CAC members and other stakeholders – Covid-19 has disrupted the normal all over the World, for UHA we seen more projects related to C-19 and we had to improvise – Our stakeholder list is as follows:

- DPHN
- Ford Family Foundation
- UHA Board
- UHA Staff
- Douglas County ESD
- Peace at Home Advocacy Center
- Healthcare Coalition of Southern OR

- Cow Creek Tribal Government



Advancing Health Equity and Community Accountability – Impacts of developing and implementing a Health Equity Plan Questions (This sub-section has an overall 13-page maximum as outlined below)

Please respond with a brief narrative to each of the following questions. This section is NOT OPTIONAL. Please note page limits per question.

1. Please describe any changes to your overall organization based as a result of developing and implementing your HEP in the following areas. CCOs are asked to address all four areas below in their response. ***(4 pages maximum)***
    a. Organizational commitment:
    UHA has adopted a Health Equity Statement: this statement was created in collaboration with our community partners; this collaboration process has resulted in building Trust between UHA and the community at large – These community partners represented the Cow Creek Tribal Government, Non-Profits and Public Health officials.

b. Organizational infrastructure:
UHA, has worked in the past 12 months to designate its VP of Quality Dr. Tanveer Bokhari as the HEA, and has also separately designated a Tribal and a THW Liaison. UHA has also expanded its IT infrastructure to include analysts and programmers this will help in meeting our strategic goals around REALD and SDOH data collection.
c. Organizational culture:
By framing a HE Statement UHA has taken a bold step to initiate culture change not only in its own organization but across the community.
d. Organizational partnerships, specifically any actions taken to build and foster relationships and trust with culturally specific community-based organizations and/or grassroots community members.
UHA has reached out to Latino organizations in Douglas County to review its HEP and will continue to build these relationships.

2. While it may be too soon for any objective measures, OHA is interested in hearing about any changes you have *observed* in the following areas. CCOs are asked to address all four areas below in their response ***(4 pages maximum)***
   a. Staff awareness of, and capacity to, address health equity:
   At UHA, there is a continuous dialogue around HE issues internally and with its provider network; the HEA works to with different departments to make sure HE is on the agenda.
   b. Leadership awareness of, and commitment to, including resource allocation, for addressing health equity:
   For the 2022, budget year, HEA has proposed to Finance to develop a new position for Coordinating Trainings and increase the budget for training, we receive ample support from our executive team in this process.
   c. Services to your members, specifically to those facing health inequities:
   <UHA works to improve the living conditions of its members who face inequities: A good example is CCO members who are incarcerated. UHA works with several community partners to help this population -
   Connecting Point is a collaborative initiative that stemmed from conversations within the Douglas County Local Public Safety Coordinating Council (LPSCC) Behavioral Health Subcommittee in 2018. The group saw a service gap: Inmates were being released from jail without connections to resources such as treatment, mental health and housing assistance. The group felt this gap represented a missed opportunity for engagement. The Connecting Point was initially launched by LPSCC partners to intercept these individuals upon their release from the jail. At first, Connecting Point operated out of a meeting room in the County Courthouse. Due to low turnout there, Connecting Point moved to the Dream Center, where providers were able to engage with both justice-involved individuals and many others. Connecting Point operates as a temporary “one-stop shop” where people needing services can access

multiple providers in one place, rather than needing to travel all over town to access these services. The hours are Monday mornings from 10 to 11:30 a.m. Currently, an average of 10 agencies participate in Connecting Point each week at the Dream Center's new location on Diamond Lake Boulevard, providing services ranging from mental health referrals to naloxone distribution, housing assistance, OHP enrollment, cellphone distribution, showers, provision of hygiene and first aid materials, and much more. The goal from the beginning has been for Connecting Point to eventually grow into something broader and more permanent.

d. Staff, leadership, or provider network diversity:
UHA, thrives on diversity, and prioritizes this in its hiring processes – UHA's HEA is an Asian with lived experience as an immigrant to the USA.

3. In what ways do you see the development and implementation of your health equity plan advancing your CCO efforts at: ***(3 pages maximum)***
   a. The equitable distribution or redistribution of resources (staff FTE, funding, priorities) towards achieving health equity? Please especially share what, if any, efforts were made to align resources to support culturally specific community-based organizations and/or grassroots community members within the scope of the CCO's health equity efforts.
   <UHA encourages the funding to grassroot organizations through the CAC and we can report that our CAC members have updated their funding criteria to include HE and specifically prioritizing marginalized populations. During the early phase of Covid-19 [in April-May of 2020] UHA provided swift funding to several local organizations working with the homeless population.
   b. The equitable distribution or redistribution of power (decision-making, authority, or influence) towards achieving health equity?
   UHA has nominated the a Cow Creek Tribe Representative to the UHA Board and also as the Chair of the Health Equity Committee – This has provided the Tribal Government a voice at the HE table.
   c. Recognizing, reconciling, and rectifying historical and contemporary injustices?
   UHA has started engaging with the Cow Creek Tribe in this spirit – The CEO of the Tribal Government has been invited to the HE Committee to provide a background on the functioning of the Government; this is a reflection on UHA' thinking around racial injustices and we have committed to ensure that our Policies do not inadvertently cause any extension in contemporary injustices.
4. What support, if any, do you need from Oregon Health Authority (OHA) to continue pursuing health equity? ***(1 page maximum):***
   We hope to work closely with OEI, and feel that the process set in the contract designating the HEA as the single-point-of-contact will ensure positive collaboration, which will enhance HE causes in our service area.

5. Please share one example of an innovative program, strategy, or change you have made at your CCO that has propelled your journey towards health equity that you are proud of. ***(1 page maximum):***
   The development of the Member Engagement & Health Equity committee has given us an opportunity to expand our community contacts, we feel this committee along with our CAC creates a model which will prove to be helpful in meeting our HE goals.

CY 2021 Health Equity Plan Submission
Supporting Documents Index

Section 1.1

1. UHA_Health Equity Statement_All Staff email [pdf page-39]
2. UHA_Health Equity Statement_Attestation [pdf pages 40-43]
3. UHA_Health Equity Statement_development Process [pdf page 44]

Section 1.2

4. UHA_ Executive Mgr and Employee demographics_Report [pdf pages 46-49]
5. UHA_2.0 Annual CAC Demographic_Report [pdf page 50-53]
6. UHA_Demographics Data Board of Directors 95 percent_Survey [pdf pages 54-58]

Section 1.3

7. UHA_Health Equity Administrator_Org Chart [pdf Page 59]
8. UHA_HE Administrator_Bio [Page 60]
9. UHA_HE Infrastructure_Committees [pdf Page 61]

Section 1.4

10. UHA_Funding for Community HE Resources_Applications [Pages 62-86]
11. UHA_Organizational Assessment_Tool [Pages 87-88]
12. UHA_SDOH_ WF and Community assets [Page 89]

Section 1.5

13. UHA_Community Partners_List [Page 90]
14. UHA_Cow Creek Tribal Gov HEP review using E and E Lens_Report [Page 91]
15. UHA_HEP eval Equity and Empowerment_Lens [Pages 92-93]
16. UHA_Public Health HEP review using E and E Lens_Report [Page 94]

Section 1.6

17. UHA_HE Statement Community Feedback_Process [Page 95]
18. UHA_HEP available on website_Attestation [Pages 96-99]
19. UHA_Share HEP with Community_Workplan [Page 100]

Section 2.2

20. UHA_Grievance Appeals and Hearings_Policy [Pages 101-122]

Section 2.6

21. UHA_G and A REALD stratification_Report [Pages 123-127]
22. UHA_G and A REALD_Data Tables [Page 128]

Section 2.7

23. UHA_READ Disparities in Quality data_Report [Page 129]

Section 2.9

24. UHA_Data Aggregation_CE Platform [Page 130]

Section 2.12

25. UHA_OHA CLAS definition adopted_Attestation [Page 131]
26. UHA_Provider Orientation and Training_Policy [Pages 132-134]

Section 2.13

27. UHA_CLAS Standards_PROVIDER HANDBOOK_v2.2021 [Pages 135-209]
28. UHA_CLAS Standards_Provider-Orientation-Required-Training_9.16.20v4 [Pages 210-245]
29. UHA_CLAS Standards_Training Tracking sheet [Page 249]
30. UHA_CLAS Trainings_New Provider Welcome Letter [Pages 250-251]
31. UHA_New Provider Orientation and Training_Policy [Pages 252-254]
32. UHA_Trainings_Employee Handbook [Pages 255-296]

Section 2.19

33. UHA_Language Access Tracking_SOP and Logs [Page 297]

Section 2.20

34. UHA_alternate material request_Flyer 2.0 [Page 298]
35. UHA_Interpreter Alternative Format Process_Version 4_SOP [Pages 299-303]
36. UHA_Requests for Interpreter or Alternative Format_Policy [Pages 304-307]
37. UHA_VRI Tablet_SOP [Pages 308-310]
38. UHA_Written Documentation Translation Services_Version 2_SOP [Pages 311-314]

Section 3.4

39. UHA_Training Completion_Reports [Page 315]

Section 3.5

40. UHA_Provider Trainings_Attestations [Pages 316-440]

Section 3.6

41. UHA_CLAS training Verification of Credentials_Policy [Pages 441-445]

Section 3.7

Section Three – Focus Areas

From:	Lindsey Baker on behalf of Brent Eichman
To:	UH All Staff Email Group
Subject:	Umpqua Health"s Commitment to Health Equity
Date:	Wednesday, July 28, 2021 3:57:59 PM
Attachments:	image002.png

Hello Team Members,

As part of our work with Oregon Health Authority (OHA) and our commitment to providing better care for all, we strive for inclusion of all our members. Many of you have probably heard the term "Health Equity" being tossed around recently. This term has become very important to our organization and the healthcare system in Oregon as a whole.

Healthy Equity encompasses the OHA's definition below:

Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.
Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:

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

As such, we've created a statement in collaboration with our community partners that is aligned with our Mission, meets the needs of our members and embodies the definition of Health Equity. This statement will be integrated gradually into our materials and language moving forward to satisfy not only the requirements of the state but to make sure our members know our commitment to their complete health and well-being.

UHA's Health Equity Statement:

"UHA's mission works to achieve health equity for all population groups by allocating resources towards designing policies and programs to create greater social justice in health."

As a first step, you will see this statement posted to our website, Facebook page, and other member-facing documents.

If you have any questions, please don't hesitate to reach out.

Sincerely,
Brent Eichman

UMPQUA HEALTH
BRENT A. EICHMAN, MBA, CHFP | *Chief Executive Officer*

UHA has highlighted its Health Equity Statement on its website and Facebook pages:

ABOUT UMPQUA HEALTH

Umpqua Health is vital to the health of our community. Our company was established in January 2013 by Mercy Medical Center and the Douglas County Individual Practice Association, Inc. (DCIPA). UH administers the local Oregon Health Plan Medicaid program, which serves more than 26,000 residents through Douglas County's only coordinated care organization (CCO), Umpqua Health Alliance (UHA).

Umpqua Health Newton Creek Clinic is home to more than 10 Providers including mental health.

Our Mission

Umpqua Health is a partnership designed to improve the health of Douglas County residents and serve those most in need while improving the overall delivery system and accomplishing the Triple Aim (quality care, positive outcomes, lower costs).

Health Equity Statement

UHA's mission works to achieve health equity for all population groups by allocating resources towards designing policies and programs to create greater social justice in health.

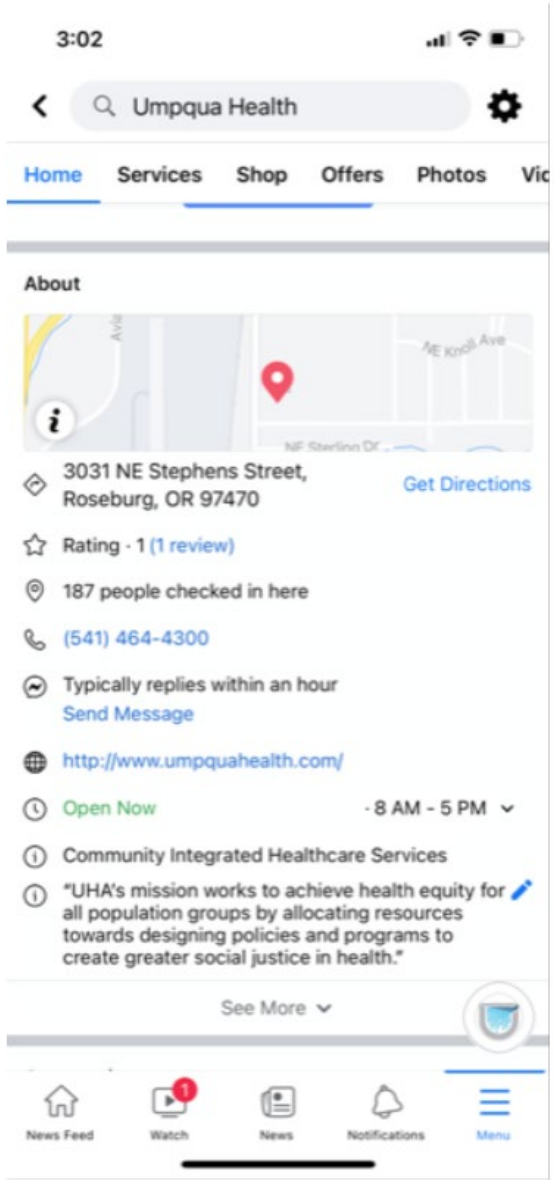
Learn More

umpquahealth.com
oregon.gov/oha/pcpch

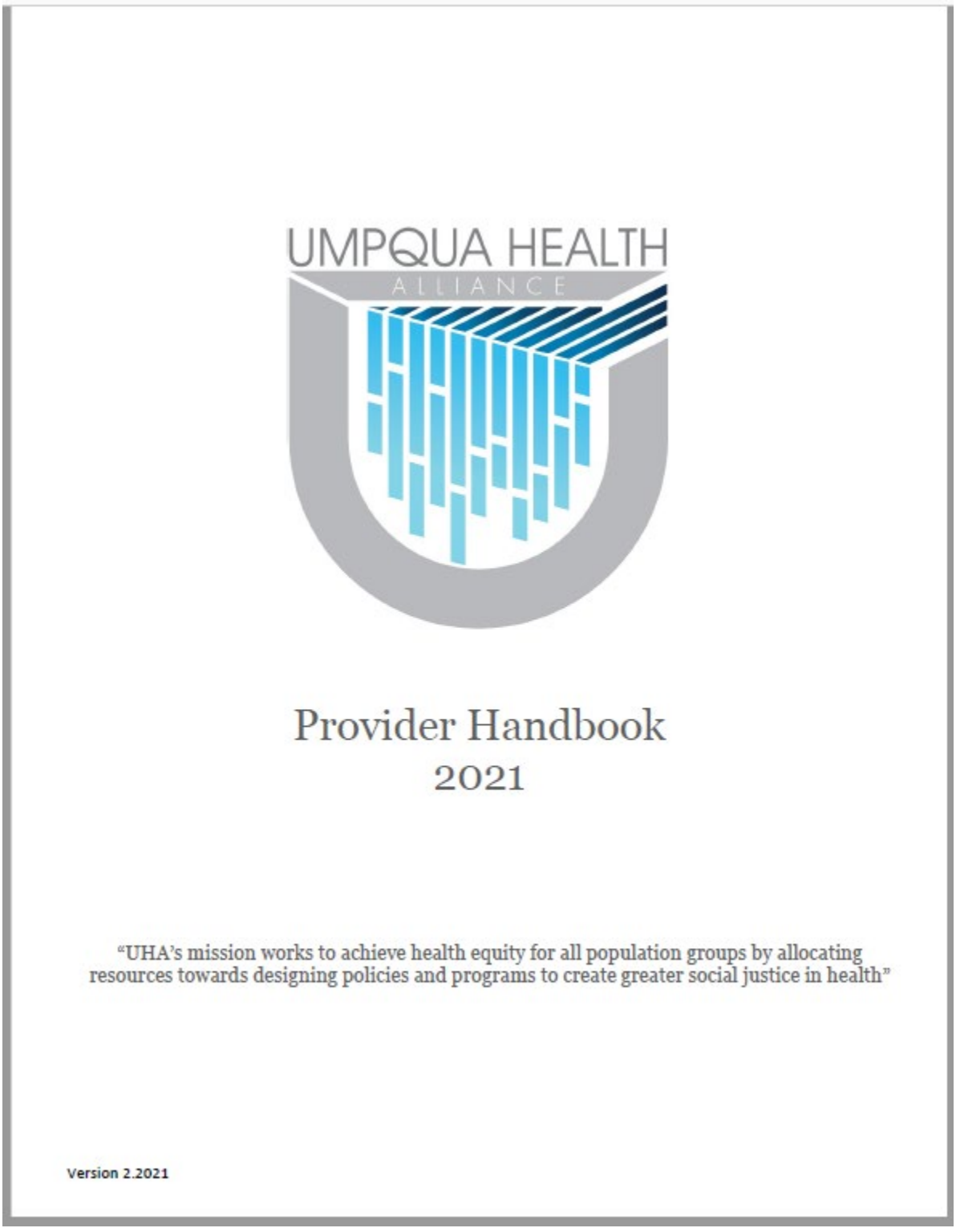
OREGON: A NATIONAL MODEL FOR HEALTH CARE TRANSFORMATION

Long before the 2010 Affordable Care Act mandated reforms to the U.S. health care

Since the inception of CCOs, Oregon's community-based model has proven to be


3:02
Umpqua Health
Home
Services
Shop
Offers
Photos
About
NE Knoll Ave
3031 NE Stephens Street,
Roseburg, OR 97470
Get Directions
Rating · 1 (1 review)
187 people checked in here
(541) 464-4300
Typically replies within an hour
Send Message
http://www.umpquahealth.com/
Open Now
· 8 AM - 5 PM
Community Integrated Healthcare Services
"UHA's mission works to achieve health equity for all population groups by allocating resources towards designing policies and programs to create greater social justice in health."
See More
News Feed
Watch
News
Notifications
Menu

UHA HE Statement on Provider Handbook:



Health Equity Statement Development Process – Community Feedback

Stakeholder	Title	Tribal Government or Stakeholder Affiliation	UHA Committee Representation	Feedback	
				Supportive	Recommended Changes
Melanie Prummer	Executive Director	Non-Profit [Peace at home Advocacy Center]	CAC Member	Yes	Yes
Jerry O'Sullivan	Chief of Regional Business Operations	Adapt, Douglas County CMHP	CAC Chair/HE Committee/UHA Board	Yes	Yes
Amy Thuren	Executive Director	Non-Profit [Health Care Coalition of Southern Oregon]	MEHE Committee Member	Yes	Yes
Aden Bliss	Chief Financial Officer	Non-Profit [Ford Foundation]	UH Board/MEHE Committee Member	Yes	Yes
Brian Mahoney	Public Health Modernization Program Coordinat	Public Health [DPHN]	MEHE Committee Member/DELTA Alumn	Yes	Yes
Tribal Government - Cow Creek Band of Umpqua Tribe of Indians					
Sharon Stanphill	Chief Medical Officer	Tribal Healthcare / Tribal Government	HE Committee Chair/UHA Board	Yes	Yes

Health Equity Statement:
"UHA's mission works to achieve health equity for all **population groups** by allocating **resources** towards designing **policies and programs** to create greater **social justice** in health"