CY 2025 Simplified Health Equity Plan Submission Template and Instructions

Purpose:

This template is for use only by the specific CCOs for which the Oregon Health Authority has partially waived the CY 2025 Health Equity deliverables as a result of the CCO's National Committee for Quality Assurance (NCQA) Health Equity (HE) accreditation or "in survey" status.

Your CCO is required to complete **only** the portions of the updated Health Equity Plan (HEP) outlined in OHA's "Partial waiver of 2025 Health Equity deliverables" letter. This template includes only those portions. All other HE deliverables not included in this template are waived.

This **CY 2025 Simplified Health Equity Plan Update** is due **June 30, 2025**. This submission fulfills requirements outlined in Exhibit K, Section 10 – *Health Equity Plans*, and is necessary to ensure contract compliance.

INSTRUCTIONS

Please review the following instructions to ensure all reporting requirements are met. For additional information on section contents, focus areas, and reporting expectations, see the 2025 HEP Guidance Document.

Section 1: CCO Health Equity Administrator Contact

This section includes:

- CCO name, Health Equity Administrator name and contact information.

Section 2: CCO Health Equity Plan Focus Area Updates for the following Focus Areas:

- ***Focus Area 3:*** **People with Disabilities and LGBTQIA2S+ People**
- ***Focus Area 4:*** **Community Engagement**

This section includes:

- Strategies, Goals, Objectives, Activities, Metrics Updates, and Progress Report

Section 1 – Please complete this section with the most up-to-date information.

CCO Name:	Umpqua Health Alliance	
Health Equity Administrator (HEA) Name:	Courtney Whidden-Rivera	
HEA Contact information:	Phone:	509-637-4355.
	Email:	crivera@umpquahealth.com

Section 2: Focus Area 3 and 4 Updates

Each contract year Contractor shall provide a status update on **Focus Area (FA) 3 and 4 strategies** and develop new or update existing strategies. OHA has provided a table for each focus area below.

Please note there is a 15-page limit for this section but please strive to be brief while also being comprehensive.

Focus Area 3: People with Disabilities and LGBTQIA2S+ People
Year 5 Progress Update
• **Strategy 1 (People with Disabilities):** Ensure effective, equitable, understandable, and respectful quality care and services for individuals with disabilities through improved data collection and member engagement to understand their experience of care and barriers to accessing care.
Strategy 1 Status update: In 2024, UHA continued to support members receiving LTSS through three dedicated case managers who provide integrated care planning. Collaborative relationships with local partners, including APD (Aging and People with Disabilities), CLCM (Community Living Case Management), Connections Case Management, and ATRIO Case Management (Medicare Advantage Plan)—were strengthened, leading to improved communication and coordination across teams. While outreach to the subset of deaf and blind members visiting the emergency department was not conducted, targeted outreach was completed for ATRIO dual-eligible members receiving LTSS who had no documented primary care visit in the

past 12 months. This outreach aimed to ensure members were receiving necessary medical care and to assist those without a PCP in establishing care.

The UHA Care Coordination team operated at approximately 50% staffing capacity during the last two quarters of 2024. During this time, efforts were focused on recruiting, hiring, and training new staff while continuing to meet the essential needs of UHA members.

Previous Year Strategy 1, Goal 1:

Conduct direct outreach to the subset of deaf and blind LTSS members to ensure that they are receiving the necessary resources and to identify any barriers leading to the members' ED visits.

Goal 1.1 Status Update: ☐ Completed ☐ Progressed ☒ Ongoing ☐ Modified.

The metric will be continued for 2025 since the success metric was not met in 2024.

Baseline:	**Metric/Measure of success:**
2023: 50% of non-dual LTSS members who are deaf and 56% who are blind visited the ED in 2023. 2024: 14.2% of non-dual deaf LTSS members visited the ED and 17.4% of non-dual blind LTSS members visited the ED in 2024.	UHA met its outcome metrics in 2024 with 14.2% of non-dual deaf LTSS members visiting the ED and 17.4% of non-dual blind LTSS members visiting the ED. However, UHA did not meet its care coordination outreach metric. By the end of Q4 2025, the Care Coordination team will conduct direct outreach to the subset of deaf and blind LTSS members to ensure that they are receiving the necessary resources and to identify any barriers leading to the members' ED visits.
Monitoring:	**Person responsible:**
Monitor the percentage of non-dual deaf and blind LTSS members who have visited the ED.	Care Coordination Director

Updated Resources Attained / Needed:

Consistent method to monitor the identified population.
Care Coordination staff to conduct outreach to the cohort of members.

- **Strategy 2 (People who identify as transgender, nonbinary, or gender):**

Ensure effective, equitable, understandable, and respectful quality care and services for individuals who identify as transgender, nonbinary and/or gender diverse through improved data collection and member engagement to understand their experience of care and barriers to accessing care.

Strategy 2 Status update:

UHA has successfully collected additional gender identity data on our membership through clinical data feeds that are incentivized through UHA's HIT incentive value-based payment to providers that went into effect on January 1, 2024.

UHA's Care Management team updated UHA's Health Risk Assessment to include the new SOGI standards in Q1 2025 which has already improved gender identity data collection from members. UHA has updated its READL and SOGI Policy and Procedure and distributed it to providers.

UHA has also integrated gender identity data from the OHA repository files into our internal data warehouse and implemented a source ranking process to prioritize data sources now that we have multiple sources.

Previous Year Strategy 2, Goal 1:

Improve rates of collection of gender identity data in alignment with SOGI guidelines.

Goal 2.1 Status Update: ☐ Completed ☒ Progressed ☐ Ongoing ☐ Modified.

UHA's efforts to enhance gender identity data collection through additional data sources led to a significant improvement—from 9,766 to 28,647 members with reported gender identity information, now representing 72% of UHA's total membership.

Baseline:	**Metric/Measure of success:**
2023: Zero data sources and zero members with gender identity data collected. 2024: 9,766 members with gender identity data collected. 2025: 28,647 members with gender identity data collected.	Metrics were met for year 5, UHA's new target for year 6 is 75% of UHA's membership has gender identity data recorded.
Monitoring:	**Person responsible:**
Track incoming gender identity data and the completeness of data available on UHA's membership. This is monitored, at a minimum, annually through UHA's Cultural Needs and Preferences Analysis, as part of our NCQA Health Equity Accreditation which is reviewed by UHA's Quality Improvement Committee.	Senior Director, Quality Director, Care Coordination Manager, Data Solutions
Updated Resources Attained / Needed:	
Clinic staff time, updated workflows in alignment with OAR, and the OHA repository data.	
• **Strategy 3 (People with sexual orientation diversity):**	
Ensure effective, equitable, understandable, and respectful quality care and services for individuals who do not identify as straight or heterosexual through improved data collection and member engagement to understand their experience of care and barriers to accessing care.	
Strategy 3 Status update:	
UHA has successfully collected additional sexual orientation data on our membership through clinical data feeds, which are incentivized through UHA's HIT incentive value-based payment to providers, and went into effect on January 1, 2024 UHA's Care Management team updated UHA's Health Risk Assessment to include the new SOGI standards in Q1 2025, which has already improved gender identity data collection from members. UHA has updated its READL and SOGI Policy and Procedure and distributed it to providers.	

UHA has implemented a source-ranking process to effectively prioritize the multiple sources now in use.

Lastly, UHA hosted gender affirming care training with internal staff and external providers, which was well received by participants.

Previous Year Strategy 3, Goal 1:

Improve rates of collection of sexual orientation data in alignment with SOGI guidelines.

Goal 3.1 Status Update: ☐ Completed ☒ Progressed ☐ Ongoing ☐ Modified.

UHA's efforts to collect sexual orientation data sources have increased reporting from zero members to 20,810 members – representing 52% of UHA's membership.

Baseline:	**Metric/Measure of success:**
2024: Zero data sources and zero members with sexual orientation data collected. 2025: 20,810 members with sexual orientation data collected.	Metrics were met for year 5, UHA's new target for year 6 is 55% of UHA's membership has sexual orientation data recorded.
Monitoring:	**Person responsible:**
Track incoming gender identity data and the completeness of data available on UHA's membership. This is monitored, at a minimum, annually through UHA's Cultural Needs and Preferences Analysis, as part of our NCQA Health Equity Accreditation, which is reviewed by UHA's Quality Improvement Committee.	Senior Director, Quality Director, Care Coordination Manager, Data Solutions

Updated Resources Attained / Needed:

Clinic staff time, updated workflows in alignment with OAR, and the OHA repository data.

Previous Year Strategy 3, Goal 2:

Understand current resources available to people with sexual orientation diversity and people who identify as transgender, nonbinary and/or gender diverse.

Goal 3.2 Status Update: ☐ Completed ☐ Progressed ☐ Ongoing ☒ Modified.

UHA started asset mapping for local and statewide gender affirming care resources. Due to the emerging need for more gender affirming care training, UHA modified this strategy to focus on provider training and education instead of asset mapping. This is inclusive of THWs that can help navigate and support LGBTQIA2S+ members seeking care. UHA hosted a gender affirming care training with internal staff and external providers in October 2024 through OHSU's Transgender Health Program and offered CEUs to encourage providers to participate. Details about the training can be found on the Gender Affirming Care Event Flyer.

Baseline:	**Metric/Measure of success:**
2023: Zero gender affirming care trainings offered. 2024: One gender affirming care training offered.	UHA met the measure of success by implementing one provider training focused on gender affirming care.
Monitoring:	**Person responsible:**
Monitor the number of gender-affirming care trainings offered to Umpqua Health network providers	Behavioral Health Director

Updated Resources Attained / Needed:

External experts to provide gender affirming care training (OHSU) and financial resources to procure training and CEUs for providers.

Year 6 Strategy

Please select one option for Year 6 strategy and complete the appropriate portion of the table below.

☐ Strategy is the same as Year 5
☒ Strategy has been modified for Year 6
☐ A new strategy has been developed

If strategy is same as Year 5 (insert rationale below)

If strategy has been modified for Year 6

UHA made two key modifications to our health equity strategies for Year 6, with a continued focus on people with disabilities and LGBTQIA2S+ individuals.

Correction to Strategy Alignment:
Goal 1.2, which was previously listed under Strategy 1 (people with disabilities), has been realigned under Strategy 2, Goal 2.1 (people who identify as transgender, nonbinary, or with gender diversity). This adjustment corrects a misplacement in the Year 5 submission.

Expansion of Training under Strategy 3:
Under Strategy 3 (people with sexual orientation diversity), UHA completed an asset map of existing resources and identified a gap in provider training related to gender-affirming care. As a result, UHA has expanded Goal 3.1 to include this training, with an emphasis on equipping traditional health workers (THWs), who play a key role in patient navigation and support.

These updates reflect our commitment to continuous improvement and intentional alignment of strategies to better serve priority populations.

Focus Area 4: Community Engagement

Year 5 Progress Update

Strategy 1:

Improve the Accessibility of CAC Meetings and Materials and sustain community engagement and health equity integration.

Strategy 1 Status update:

In year 5, UHA took several steps to improve the accessibility of Community Advisory Council (CAC) meetings and materials, and to strengthen sustained community engagement and health equity integration.

As part of a strategic restructuring, UHA expanded its Community Engagement department by hiring a new Community Engagement Coordinator. This role was created to support increased outreach and to enhance the effectiveness of community engagement efforts. The coordinator developed a plan to rotate CAC meetings throughout Douglas County to increase accessibility and participation, particularly among underserved and rural communities. Implementation of this plan began once a new Community Engagement Manager was brought on board.

Additionally, the Quality Team provided a presentation on Culturally and Linguistically Appropriate Services (CLAS) standards to further integrate equity practices into UHA's work and seek feedback from the CAC in the development of UHA's annual CLAS Workplan. A 2025 events calendar was created, prioritizing opportunities where health equity could be intentionally and meaningfully embedded. These efforts reflect our commitment to meeting members where they are and ensuring that community voice remains central in decision-making

To improve accessibility to CAC meetings, in 2025 we are hosting CAC meetings at locations beyond the Roseburg area, making it easier for more community members to participate and engage. UHA successfully engaged with priority communities by actively participating in key community-based events throughout Douglas County.

Through strategic partnerships and dedicated outreach, we have strengthened our presence and increased engagement across the region.

Notably, our team was proud to attend the Douglas County Pride Festival and welcome a visit from the Mexican Consulate, underscoring our commitment to inclusivity and community connection.

Previous Year Strategy 1, Goal 1:

- Increase inclusive participation in CAC meetings by reducing language and accessibility barriers.
- Support individuals with translation and transcription needs. This includes translating all outreach materials into Spanish using Language Line and securing certified translations. CAC meetings will continue in a hybrid format and incorporate closed captioning to accommodate individuals who are deaf or hard of hearing, ensuring all community members can access and engage with the council effectively.

Goal 1.1 Status Update: ☐ Completed ☐ Progressed ☒ Ongoing ☐ Modified.

The process for having materials translated by certified translator was put in place in year 5 Process for translating documents. As UHA did not receive requests for these materials to be translated into Spanish, we prioritized translation of other documents that had been specifically requested. Now that those needs have been addressed, UHA plans to begin translating meeting agendas and related materials in 2025 to support broader accessibility and inclusion. CAC meeting agenda, and minutes upon request, will begin being translated in Q3 2025.

CAC meetings will continue to be held in a hybrid format. For virtual attendees, closed captioning is available through the Microsoft Teams application. All CAC meeting invites now include instructions for individuals needing special accommodations, as outlined in the Meeting Invite with Special Accommodations Instruction.

Baseline:	**Metric/Measure of success:**
2023: No process for translating documents and no option for closed captioning for meetings. 2024: Process established for certified document translation	The metric for closed captioning was met, and in Year 5, UHA established a process and engaged two translation service providers. However, due to a high volume of translation requests from other departments, immediate translation of CAC materials has been deferred. UHA anticipates addressing this need in Year 6. Closed captioning options are available for people attending the CAC meeting virtually. CAC members were given instructions on how to request special accommodation for other accessibility needs. The UHA CAC meeting agenda, and meeting minutes upon request, will begin being translated to Spanish in 2025. Additionally, as part of efforts to reduce language and accessibility barriers and support inclusive participation, the Community Health Plan was translated into Spanish, aligning with our strategy to ensure key outreach materials are accessible to Spanish-speaking community members.
Monitoring: Given the volume of translation needs across the organization in Year 5 and limited staffing capacity, translation of CAC materials was planned for implementation in Year 6 to ensure quality and consistency. By Q3 2025, CAC meeting minutes and agenda will be translated into Spanish.	**Person responsible:** Community Engagement Manager, CAC Administrator
Updated Resources Attained / Needed: N/A	
Previous Year Strategy 1, Goal 2: Maintain strong community partnerships and embed health equity in all CAC activities.	

UHA will continue quarterly health equity presentations and prioritize engagement with underserved communities. With the retirement of changes to the HRS-CBI grant scoring process, efforts will focus on strengthening inclusive engagement practices and keeping community voices central to CAC planning and decision-making.

Goal 1.2 Status Update: ☐ Completed ☐ Progressed ☒ Ongoing ☐ Modified.

A Health Equity Presentation was shared with the Community Advisory Council (CAC) during the January and October 2024 meetings, as documented in the 1.2024 CAC Meeting Minutes and 10.2024 CAC Meeting Minutes. Due to staff transitions, the presentation was not delivered on a quarterly basis as originally planned.

To strengthen inclusive engagement practices, a new approach is being implemented in Q2 2025: CAC meetings will begin rotating to locations outside of Roseburg. This change is designed to improve accessibility and support in-person participation for community members who live outside of central Douglas County.

Baseline:	**Metric/Measure of success:**
2023: No Health Equity updates at CAC meetings and all CAC meetings are hybrid with the in-person location being at UHA conference room. 2024: Two Health Equity updates at CAC and the CAC initiated planning for rotating meeting locations beyond Roseburg	The CAC received two health equity updates during the year, rather than the four initially planned. However, members consistently approach funding decisions through a health equity lens. In Year 5, the addition of new staff enabled planning for CAC meeting rotations throughout Douglas County—an intentional effort to engage communities beyond Roseburg and bring greater focus to the unique health equity challenges faced in outlying areas.
Monitoring: The CAC Administrator will begin scheduling the CAC meeting outside of Roseburg by Q2 2025. The CAC Administrator will schedule 4 Health Equity presentations for the CAC.	**Person responsible:** Community Engagement Manager, CAC Administrator

Updated Resources Attained / Needed:

N/A

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If strategy is same as Year 5 (insert rationale below) The strategy for Year 6 will remain consistent with Year 5 to ensure continuity in the translation of materials and delivery of health equity updates to the CAC—particularly now that the Community Engagement department includes both a coordinator and a manager to support these efforts. In 2025, proactive steps are underway to fully achieve all goals, with a focus on consistency in translation efforts and timely delivery of health equity updates to the CAC.
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Lastly, UHA hosted gender affirming care training with internal staff and external providers, which was well received by participants.

Previous Year Strategy 3, Goal 1:

Improve rates of collection of sexual orientation data in alignment with SOGI guidelines.

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All the work UHA put into collecting sexual orientation data through additional data sources resulted in an improvement from zero members reporting sexual orientation data to 20,810 members which is 52% of UHA's membership population.

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Updated Resources Attained / Needed: N/A	
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Updated Resources Attained / Needed:

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Year 6 Strategy

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If strategy has been modified for Year 6

HEALTH RISK ASSESSMENT

UMPQUA HEALTH

Umpqua Health Alliance is here to help you with your health. We ask you these questions to understand your needs. You can skip questions that do not apply to you. Please complete all questions related to your care coordination needs. What you choose to share with us will be shared with your care team, to reduce the need to ask the same questions. Information collected in this screening is protected by privacy practices.

Alternative languages and formats:

This form is available in other languages, large print, braille or formats that suit your needs. You can also request a language interpreter. Please call 888-788-9821 (TTY/TDD 711).

Puede obtener esta forma en otros idiomas, en letra grande, en braille o en el formato que prefiera. También puede solicitar un intérprete. Llame al 541-229-4842 o al TTY 711.

Personal Information:

First Name: _____ Last Name: _____

Member ID#: _____ Pronouns: _____ Date of Birth *(MM/DD/YYYY)*: _____

Email: _____ Phone: _____

Would you like us to email or text you? ☐ Yes ☐ No

Physical Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Street Address: _____

City: _____ State: _____ Zip: _____

Phone: 541-229-4842
Toll free: 866-672-1551
TTY: 541-440-6304 | 711

Email: *UHCustomerCare@umpquahealth.com*

Website: *www.umpquahealth.com*

Address: 3031 NE Stephens Street, Roseburg, OR 97470

Personal Characteristics:

What language would you prefer to use when communicating with someone outside the home about important matters such as medical, legal, or health information?

- ☐ English
- ☐ Spanish
- ☐ Other: _____

What language would you prefer to use to read important written information such as medical, legal, or health information?

- ☐ English
- ☐ Spanish
- ☐ Other: _____

Do you have any cultural, religious, or spiritual beliefs that could affect your care?

- ☐ Yes
- ☐ No

What is your gender? *(Check all that apply)*

- ☐ Boy or Man
- ☐ Girl or Woman
- ☐ Agender/ No gender
- ☐ Non-binary
- ☐ Other: _____
- ☐ Transgender
- ☐ Questioning/ Exploring
- ☐ Decline to answer

What is your sex?

- ☐ Female
- ☐ Male
- ☐ Other: _____
- ☐ Intersex
- ☐ Decline to answer

What is your sexual orientation?

- ☐ Asexual
- ☐ Bisexual
- ☐ Gay
- ☐ Heterosexual/ Straight
- ☐ Same Gender Loving
- ☐ Other: _____
- ☐ Lesbian
- ☐ Pansexual
- ☐ Queer
- ☐ Questioning/ Exploring
- ☐ Decline to answer

Social Needs:

If you decline to be screened for social needs, you may skip to physical and dental health needs.

Would you like to be screened for social needs?

- ☐ Yes
- ☐ No, I decline

What language are you most comfortable speaking?

- ☐ English
- ☐ Spanish
- ☐ Other: _____
- ☐ Decline to answer

Are you Hispanic or Latino?

- ☐ Yes
- ☐ No
- ☐ Decline to answer

Which race(s) are you? *(Check all that apply)*

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Other: _____
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Decline to answer

Phone: 541-229-4842
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Have you been discharged from the United States Armed Forces?

☐ Yes ☐ No ☐ Decline to answer

Are you a refugee?

☐ Yes ☐ No ☐ Decline to answer

In the past year, have you or your family members been unable to get any of the following when needed?

☐ Child Care
☐ Clothing
☐ Food
☐ Health Care *(Medical, Dental, Mental, Vision)*
☐ Medicine
☐ Phone
☐ Utilities
☐ Decline to answer
☐ Other: _____

What is your current housing situation?

☐ I have housing
☐ I do not have housing *(Staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park)*
☐ Decline to answer

Are you worried about losing your housing?

☐ Yes ☐ No ☐ Decline to answer

How many family members, including yourself, do you currently live with?

Number: _____ ☐ Decline to answer

Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?
(Check all that apply)

☐ Yes, it has kept me from medical appointments or from getting my medications.
☐ Yes, it has kept me from non-medical meetings, appointments, work, or from things that I need.
☐ Decline to answer
☐ No

What is the highest level of school that you have finished?

☐ Less than high school degree
☐ High school diploma/GED
☐ More than high school
☐ Decline to answer

What is your current work situation?

☐ Full-Time Work
☐ Part-Time or Temporary Work
☐ High school Diploma/GED
☐ Unemployed
☐ Decline to answer

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Website: *www.umpquahealth.com*

Address: 3031 NE Stephens Street, Roseburg, OR 97470

At any point in the past two years, has seasonal or migrant farm work been your or your family's main source of income?

☐ Yes ☐ No ☐ Decline to answer

During the past year, what was the total combined income for you and the family members you live with? *This information will help us determine if you are eligible for any benefits.*

$ _____ ☐ Decline to answer

What is your main insurance?

☐ None/uninsured
☐ CHIP Medicaid
☐ Medicaid *(UHA/OHP)*
☐ Medicare Advantage
☐ Medicare
☐ Other Public Insurance *(CHIP)*
☐ Other Public Insurance *(Not CHIP)*
☐ Private Insurance
☐ Veterans Affairs *(VA)*

In the past year, have you spent more than two nights in a row in a jail, prison, detention center, or juvenile correction facility?

☐ Yes ☐ No ☐ Decline to answer

Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled. How stressed are you?

☐ Not at all
☐ Somewhat
☐ Very much
☐ A little bit
☐ Quite a bit
☐ Decline to answer

How often do you see or talk to people that you care about and feel close to? *(Talking on the phone, visiting friends or family, going to church or club meetings)*

☐ Less than once a week
☐ 1 or 2 times a week
☐ 3 to 5 times a week
☐ 5 or more times a week
☐ Decline to answer

Do you feel physically and emotionally safe where you currently live?

☐ Yes ☐ Usure
☐ No ☐ Decline to answer

In the past year, have you been afraid of your partner or ex-partner?

☐ Yes ☐ Usure
☐ No ☐ Decline to answer
☐ I have not had a partner in the past year

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Physical and Dental Health Needs:

Would you like to be screened for physical and dental health needs?

- ☐ Yes
- ☐ No, I decline

Would you like help with your physical health?

- ☐ Yes
- ☐ No

Would you like help with your dental health?

- ☐ Yes
- ☐ No

How often do you see your primary care provider?

- ☐ I need help getting primary care
- ☐ Every 6 months
- ☐ Once a year
- ☐ I don't know
- ☐ Decline to answer
- ☐ Other: _____

How often do you see your dental provider?

- ☐ I need help getting primary care
- ☐ Every 6 months
- ☐ Once a year
- ☐ I don't know
- ☐ Decline to answer
- ☐ Other: _____

Do you have any of the following dental concerns? *(Check all that apply)*

- ☐ Pain or aching from chewing or sensitivity to hot and cold
- ☐ Ongoing dental pain
- ☐ Fear of dental care
- ☐ Broken Tooth
- ☐ Cavities
- ☐ Decline to answer

In the past seven days, did you need help with any of these daily activities? *(Check all that apply)*

- ☐ Bathing
- ☐ Eating
- ☐ Getting dressed
- ☐ Grooming
- ☐ Preparing food
- ☐ Using the toilet
- ☐ Walking
- ☐ Taking or organizing medications
- ☐ Other: _____

Do you have any of the following health conditions?

- ☐ Congestive Heart Failure *(CHF)*
- ☐ Chronic Obstructive Pulmonary Disease *(COPD)*
- ☐ Diabetes
- ☐ Heart Disease
- ☐ Hepatitis C
- ☐ High Risk Pregnancy
- ☐ Pregnancy
- ☐ Tuberculosis HIV/AIDs
- ☐ Other: _____

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Compared to 1 year ago, how would you rate your physical health in general?

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

Medication Needs:

Would you like help with your medications?

- ☐ Yes
- ☐ No, I decline

Do you have trouble taking your daily medications or would you like help with medication concerns?

- ☐ Yes
- ☐ No

Do you have any of the following medication concerns?

- ☐ Cost
- ☐ Side effects
- ☐ Too many medications
- ☐ Trouble understanding the directions
- ☐ When to take them

Behavioral Health Needs:

Compared to 1 year ago, how would you rate your emotional health?

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

Would you like to be screened for behavioral health and receive help with your mental health?

- ☐ Yes
- ☐ No
- ☐ Usure
- ☐ Decline to answer

Do you have any of the following conditions? *(Check all that apply)*

- ☐ Bipolar
- ☐ Borderline Personality Disorder
- ☐ Eating Disorder
- ☐ Intellectual and/or Developmental Disability
- ☐ Major Depressive Disorder
- ☐ Post-Traumatic Stress Disorder
- ☐ Schizophrenia
- ☐ Substance-Use Disorder
- ☐ Other: _____

Would you like help with an intellectual and/or developmental disability?

- ☐ Yes
- ☐ No
- ☐ Usure
- ☐ Decline to answer

Would you like help with your substance use?

- ☐ Yes
- ☐ No
- ☐ Usure
- ☐ Decline to answer

Do you use tobacco products? *(cigarettes, chew, snuff, pipes, cigars, vapor cigarettes)*

- ☐ Yes
- ☐ No
- ☐ Decline to answer

Email Form Reset Form

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CORPORATE POLICY & PROCEDURE

	Policy Name: QI12 - REALD and SOGI Data
Department: Quality Improvement	Policy Number: QI12
Version: 2	Creation Date: 09/18/2023
Revised Date: 9/19/2024	
Line of Business: ☐ All ☒ Umpqua Health Alliance ☐ Umpqua Health - Newton Creek	☐ Umpqua Health Management ☐ Umpqua Health Network
Approved By: Quality Improvement Committee, Nancy Rickenbach (Chief Compliance & Operations Officer)	Date: 12/12/2024

POLICY STATEMENT

To ensure Umpqua Health Alliance (UHA) informs staff and partners on appropriate data collection and utilization procedures for Race, Ethnicity, Language, or Disability (REALD) and Sexual Orientation and Gender Identity (SOGI) in alignment with Oregon HB3159, which requires the collection, reporting, and transmission of REALD and SOGI data, and National Committee for Quality Assurance (NCQA) Health Equity (HE) accreditation, which requires the collection and analysis of REALD and SOGI data to determine where health care disparities exist. The policy is also in alignment with the Social Determinants of Health: Social Needs Screening and Referral metric specifications to use REALD data to inform training, screening, and referral protocols.

PURPOSE

Collection and utilization of REALD and SOGI data allows UHA and partner organizations to ensure meaningful access to services for everyone, regardless of their identity, and provides the opportunity to identify and address health disparities.

RESPONSIBILITY

Quality Department

DEFINITIONS

Community Integration Manager (CIM): Web-based platform securely hosted in the Cloud designed to perform core health plan administration functions, including claims adjudication, provider reimbursement, utilization management, appeals and grievances, member enrollment and eligibility, and customer service.

Connect Oregon: A coordinated care network of health and social service providers. Partners in the network are connected through Unite Us' shared technology platform, which enables them to send and receive electronic referrals, address people's social needs, and improve health across communities.

Health Disparities: Preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.

Health Risk Assessment (HRA): Screening tool used by UHA to screen members for

health-related needs.

Meaningful Access: Client or member-centered access reflecting the following statute and standards: (a) Pursuant to Title VI of the Civil Rights Act of 1964, Section 1557 of the Affordable Care Act and the corresponding Federal Regulation at 45 CFR, Part 92 and The Americans with Disabilities Act (ADA), providers' telemedicine or telehealth services shall accommodate the needs of individuals who have difficulty communicating due to a medical condition, who need accommodation due to a disability, advanced age or who have Limited English Proficiency (LEP) including providing access to auxiliary aids and services as described in 45 CFR, Part 92; (b) National Culturally and Linguistically Appropriate Services (CLAS) Standards; and (c) As applicable to the client or member, Tribal based practice standards; (d) "Synchronous" means an interaction between a provider and a client or member that occurs at the same time using an interactive technology. This may include audio only, video only, or audio with video and may include remote monitoring.

NCQA: The National Committee for Quality Assurance (NCQA) is an independent 501(c)(3) nonprofit organization in the United States that works to improve health care quality through the administration of evidence-based standards, measures, programs, and accreditation.

Partner Organizations: Contractors, in network providers, and Community-based Organization (CBO) partners that care for the health and wellbeing of Oregon Health Plan (OHP) members in Douglas County.

REALD: A type of demographic data that stands for Race, Ethnicity, and Language, Disability. This information is required to be collected and reported to the Oregon Health Authority (OHA) per House Bill 3159.

SOGI: A type of demographic data that stands for Sexual Orientation and Gender Identity. This information is required to be collected and reported to the OHA per House Bill 3159.

Social Needs: The nonclinical needs individuals identify as essential to their well-being which are related to the social risks they experience and their intersectional identities or characteristics, such as race, ethnicity, preferred language, gender identity, sexual orientation, and aspects of disability.

Social Risk Factors: Specific, adverse social conditions (e.g., social isolation, housing instability, poverty) associated with poor health outcomes, which may be exacerbated by structural factors, such as policies on economics, housing, education, and transportation, if the factors are fundamentally affected by racism, classism, sexism, ableism and other biases that perpetuates inequities.

	Policy Name: QI12 - REALD and SOGI Data
Department: Quality Improvement	Policy Number: QI12
Version: 2	Creation Date: 09/18/2023
Revised Date: 9/19/2024	

Social Determinants of Health (SDoH): Conditions in the environment that affect a person's overall health and quality of life (economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context).

Unite Us: A secure, web-based community information exchange platform that facilitates simple, secure, closed-loop electronic referrals between health and social care providers.

PROCEDURES

Data Collection

1. Umpqua Health Alliance Procedures
    a. UHA collects member REALD, SOGI, and SDoH data using the following sources:
        i. OHA member eligibility file consisting of demographic information that includes race/ethnicity, language, and disability.
        ii. HRA survey, including medical screening criteria and race/ethnicity, language, disability, gender identity, sexual orientation, and social determinant of health information provided by the member to UHA Case Management staff, which is entered into Arcadia Analytics.
        iii. Claims data, including utilization.
        iv. Direct data collection from the member through telephonic or in-person documented interactions by UHA Customer Care or Case Management.
        v. Tracking the use of language assistance services done by Customer Care staff and documented in CIM.
        vi. Demographic data collected in the Unite Us platform from partner organizations.

2. External Procedures
    a. Per HB3159, providers and health plans are required to report REALD & SOGI data to the OHA.
        i. The Equity and Inclusion Division at the OHA recommends that provider and partner organizations collect comprehensive demographic data, including REALD & SOGI data, from members when they establish care and at least annually thereafter.
            1. Provider and partner organizations may integrate the collection of REALD and SOGI into their registration forms or use the collection forms provided by OHA.
                a. If adding to existing registration forms, UHA recommends using the questions found in OAR 950-030-0000.
            2. Partner organizations have access to OHA's REALD implementation webpage

(https://www.oregon.gov/oha/ei/pages/reald.aspx) for assistance with implementing REALD and SOGI data collection workflows.

ii. Members may also request to update their demographic data at any time during their relationship with the provider/partner organization as changes occur.
    1. In alignment with NCQA standards, UHA highly encourages provider and partner organizations to educate members about why this information is collected and that it does not impact the member's access to care.
    2. Provider and partner organizations should explain to members that this information helps to understand where gaps exist and how each organization and the community at large can develop programs and initiatives to address those gaps.

Data Sharing & Utilization

1. Umpqua Health Alliance Procedures
    a. UHA utilizes REALD and SOGI data to make informed decisions about addressing identified disparities including, but not limited to, training, screening, and referral protocols related to social needs screening of OHP members.
    b. UHA acknowledges the importance of evaluating populations for quality improvement regardless of sample size; however, for the purpose of reporting publicly:
        i. UHA will mask data for populations smaller than 10, unless they are in a category labeled "unknown".
        ii. UHA will also apply a minimum denominator size of 30 when determining statistical significance.
    c. UHA has a standard operating procedure (SOP) in place that details how UHA analyzes REALD and SOGI data within its own systems.
        i. UHA's Quality Department conducts a REALD and SOGI analysis of SDoH data bi-annually via Tableau Dashboard.
        ii. Upon identification of a REALD or SOGI disparity, UHA's Quality Department will identify the root cause to understand what is driving the disparity which may include further analysis, outreach to the identified population, and collaborating with partner organizations.
        iii. Once the root cause has been determined, results will be shared with the Provider Network Subcommittee and further recommendations will be sent to the Quality Improvement Committee (QIC) to decide how insights from the analysis will translate into changes in practice.
        iv. These insights may result in the establishment of new agreements with CBOs to meet members' needs.

1. CBOs have the capacity and capabilities to provide resources or interventions to the community and individuals in a nondiscriminatory and culturally and linguistically appropriate manner.
2. UHA will establish and maintain relationships with CBOs that are mutually beneficial, supportive, and appropriate for addressing the social needs of the community and individuals served.

2. External Procedures
    a. Provider and partner organizations are highly encouraged to submit REALD and SOGI data to UHA through direct clinical data feeds.
    b. Provider and partner organizations may complete REALD and SOGI assessments within the Unite Us platform.
        i. The data is then transmitted to UHA through data feeds and is also available for other organizations within the Connect Oregon network to view in the client face sheet.
    c. REALD and SOGI are vital data points to identify the root cause of health inequities and enact initiatives to diminish the rate of gaps in care.
        i. Without the collection and reporting of REALD and SOGI data for social needs, inequities cannot be tracked to appropriately connect OHP members to resources.
    d. Provider and partner organizations are encouraged to utilize Unite Us or clinical data feeds to determine if an OHP member needs to be referred to a language-specific or culturally responsive CBO.

Training

1. Umpqua Health Alliance Procedures
    a. UHA requires all internal staff that work with REALD and SOGI data to complete collaborative social needs screening and referral, implicit bias, CLAS standards, cultural responsiveness, and universal access and accessibility training annually.
    b. Additional department specific training is required for member-facing staff including but not limited to interpreter and translation services and trauma-informed care.
        i. Contact your direct supervisor for a full list of required training for your specific role.
2. External Procedures
    a. UHA requires the completion of a collaborative social needs screening and referral training annually for partner organizations in the UHA service area who conduct social needs screenings and referrals.
        i. Refer to Policy and Procedure QI11 for more information on required training(s).

ii. Training topics include patient engagement, empathic inquiry and motivational interviewing, trauma-informed practices, cultural responsiveness and equitable practices.

Department	Standard Operating Procedure Title	SOP Number	Effective Date	Version Number
Quality	REALD & SOGI Disparity Analysis	n/a	4/19/2024	1

Report Title:	Cultural Needs and Preferences Analysis				
Report Date:	12/31/2024				
Reviewed/Approved:	Quality Improvement Committee			Date: 2/24/2025	
Line of Business:	☐ Commercial	☐ Marketplace	☐ Medicare	☒ Medicaid	☐ All

I. Purpose:

Umpqua Health Alliance (UHA) is committed to providing its members with competent care and services that meet their cultural, ethnic/racial, linguistic, and gender identity needs and preferences. For this purpose, UHA collects and evaluates data at least annually for the following purposes:

- Identify population, membership, and provider race/ethnicity profile.
- Identify population, membership, and provider language profile, including threshold languages and languages spoken by at least one percent/200 individuals.
- Identify population, membership, and provider gender composition.
- Identify opportunities for improvements.
- Identify appropriate interventions to close gaps and reduce disparities.

II. Methodology:

UHA's service area covers most of Douglas County, which has an estimated population of 112,435 as of the 2023 census. As of November 7, 2024, UHA serves 40,628 members, which represents 36% of the total population.

Data Type	Description	Goal
Member race/ethnicity	**Time Period:** 10/01/23-9/30/24 **Methodology & Data Sources:** UHA uses census data to evaluate the racial/ethnic composition across the service area and compares against its member data to assess alignment. UHA collects member demographic data directly from members including Race, Ethnicity, Languages Spoken, Disabilities, Age, Sex, Gender Identity, and Other Applicable Identifying Factors using the following sources: • OHA 834-member eligibility file consisting of demographic information that includes race/ethnicity collected directly from the member at the time of enrollment with OHP. • Health Risk Assessment (HRA) survey, including medical screening criteria and race/ethnicity, language, and gender identity information provided by the member to Case Management staff is entered into Arcadia Analytics. • Claims data, including utilization. • Direct collection from the member through telephonic or in-person documented interactions by Customer Care or Case Management. • Direct collection from the members at provider offices. • OHA REALD and SOGI Repository. UHA extracts demographic data from UHA's database for the specific time period for analysis and reporting using the Office of Management and Budget (OMB) combined format.	Improve rate of members reporting this data by 3%

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Data Type	Description	Goal
Provider race/ethnicity	**Time Period:** 10/01/23-9/30/24 **Methodology & Data Sources:** UHA collects Provider demographic data including Race, Ethnicity, Languages Spoken, Disabilities, Age, Gender, and Other Applicable Identifying Factors using the following sources: • UHN Contracting Questionnaire • UHN Credentialing Application The data is extracted from the Provider Demographic Tableau Dashboard for analysis, tracking, and reporting. Per Policy PN2, providers are asked to complete a demographic questionnaire during the contracting and credentialing process. Once the provider is approved for participation in Umpqua Health Network (UHN), the information is entered into PNDA, UHA's Provider Database which simultaneously updates the Provider Directory on UHA's website, and the Provider Demographic Tableau Dashboard used for tracking and reporting provider demographic data.	Percentage of providers of each race/ethnicity to be within 15% of the membership percentage.
Member Language	**Time Period:** 10/01/23-9/30/24 **Methodology & Data Sources:** UHA uses census data to evaluate the language composition across the service area and compares against its member data to assess alignment. UHA collects member demographic data directly from members including Race, Ethnicity, Languages Spoken, Disabilities, Age, Sex, Gender Identity, and Other Applicable Identifying Factors using the following sources: • OHA 834-member eligibility file consisting of demographic information that includes language collected directly from the member at the time of enrollment with OHP. • Health Risk Assessment (HRA) survey, including medical screening criteria and race/ethnicity, language, and gender identity information provided by the member to Case Management staff, which is entered into Arcadia Analytics. • Claims data, including utilization. • Direct collection from the member through telephonic or in-person documented interactions by Customer Care or Case Management. • Tracking the use of language assistance services done by Customer Care staff and documented in CIM. • Direct collection from the members at provider offices. • OHA REALD and SOGI Repository. UHA extracts demographic data from UHA's database for the specific period for analysis and reporting. Additionally, UHA uses collected language data as well as state-level census or	98% of members report this data directly to UHA.

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Data Type	Description	Goal
	community-level data to determine the language profile of its service area and the communities that comprise it. UHA assesses the language profile to anticipate and plan for changes in the language services it provides and to plan for and improve its language services capabilities. UHA also utilizes this data to identify threshold languages which are languages other than English that are spoken by five (5) percent of the UHA membership population or 1,000 individuals, whichever is less, as well determining the languages spoken by one (1) percent of the population or 200 individuals, whichever is less. For these identified languages, UHA automatically translates all vital information.	
Provider Language	**Time Period:** 10/01/23-9/30/24 **Methodology & Data Sources:** UHA collects Provider demographic data including Race, Ethnicity, Languages Spoken, Disabilities, Age, Gender, and Other Applicable Identifying Factors using the following sources: • UHN Contracting Questionnaire • UHN Credentialing Application The data is extracted from the Provider Demographic Tableau Dashboard for analysis, tracking, and reporting.	Percentage of providers who speak each non-English language to be within 15% from the membership percentage.
Culture	**Time Period:** 10/01/23-9/30/24 **Methodology& Data Sources:** UHA verifies current licensure of providers as part of the credentialing and recredentialing process. This verification includes the verification of requirements related to cultural competency training. This information is tracked in the credentialing master tracker and reported out on an annual basis. UHA tracks all incoming grievances and codes them based on the reason for the grievance. This data is extracted from Tableau for analysis, tracking, and reporting.	85% of contracted providers complete cultural competency training. The reported number of CLAS related grievances is no more than 20% of total grievances per quarter.
Member Gender Identity	**Time Period:** 10/01/23-9/30/24 **Methodology & Data Sources:** UHA collects member demographic data directly from members including Race, Ethnicity, Languages Spoken, Disabilities, Age, Sex, Gender Identity, and Other Applicable Identifying Factors using the following sources: • OHA 834-member eligibility file consisting of demographic information that includes sex assigned at birth collected directly from the member at the time of enrollment with OHP. The application also includes the option to identify as Male, Female, Trans Male, Trans Female, Not Listed, Gender Non-Binary/Two Spirit, Decline to Answer, and Other. However, currently, the 834-eligibity file only has one field available to report	Percentage of reported provider gender identity to be within 5% of member reported gender identity.

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Data Type	Description	Goal
	member gender and the values are restricted to Female, Male, and Unknown. • Health Risk Assessment (HRA) survey, including medical screening criteria and race/ethnicity, language, and gender identity information provided by the member to Case Management staff, which is entered into Arcadia Analytics. • Claims data, including utilization. • Direct collection from the member through telephonic or in-person documented interactions by Customer Care or Case Management. • Direct collection from the members at provider offices. • OHA REALD and SOGI Repository. UHA extracts demographic data from UHA's database for the specific period for analysis and reporting.	

III. Member and Provider Data Analysis

A. Race/Ethnicity

2023 census data

Race/Ethnicity	Number	Percentage
American Indian or Alaskan Native	1,437	1.3%
African American/Black	388	0.3%
Asian	561	0.5%
Caucasian/White	93,709	83.3%
Hispanic	7,767	6.9%
Native Hawaiian/Pacific Islander	62	0.1%
Some Other Race	561	0.5%
Two or More Races	7,950	7.1%
Total	112,435	100%

Reported data as of 11/7/24.

Race/Ethnicity (OMB Categories)	Member		Provider		Goal Met?
	Number	Percentage	Number	Percentage	
American Indian or Alaska Native	1,365	3.3%	1	0.1%	Yes
Asian	687	1.7%	3	0.3%	Yes
Black or African American	597	1.5%	1	0.1%	Yes
Hispanic or Latino	2,488	6.1%	5	0.5%	Yes
Native Hawaiian or Other Pacific Islander	444	1.1%	1	0.1%	Yes
White	24,887	61.3%	55	5.6%	Yes
Other: "Other","2 or More", "Don't Know"	2,037	5.0%	13	1.3%	Yes
Unknown	4,623	11.4%	889	90.6%	N/A
(Declined)	3,500	8.6%	14	1.4%	N/A

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Race/Ethnicity (OMB Categories)	Member		Provider		Goal Met?
	Number	Percentage	Number	Percentage	
Total	40,628	100%	982	100%	

There are notable similarities between the 2023 census for Douglas County and more up-to-date information reported for members and providers. Compared to last year's data, there was a 0.12% decrease in the Douglas County population. Similarly, there was a 2.7% decrease in the number of UHA members and a 12.6% decrease in the number of UHA contracted providers since last year's report. According to the 2023 census and 2024 member data, Douglas County and the UHA member population are both predominantly white, with 83.3% of the county population and 61.3% of UHA's member population identifying as Caucasian/White. Furthermore, the Caucasian/White population for the county and UHA has decreased since last year's report by 0.46% and 7.4%, respectively. This was the only race group to see a decrease in population between 2023 and 2024. Conversely, all other race groups have increased by at least 70% compared to last year's UHA member data.

UHA data collected and reported for members and providers as of November 7, 2024, indicates interesting patterns. While most of the population accessing services remains white at 61.3%, there is a sizable proportion (11.4%) marked as "Unknown." Compared to last year's data, the percentage of members with 'Unknown' race/ethnicity data or who 'Declined' to give this data has decreased from 27.7% to 20%, which means there has been some improvement in the collection of this data. Despite this improvement, race/ethnicity is still missing for 1/5 of the member population, continuing to suggest gaps in data collection or reporting and thus warranting the need to ensure a more comprehensive understanding of the population.

Even though the percentage of unknown race/ethnicity for UHA providers has decreased since last year (98.8% to 90.6%), this is still a large portion of providers with undisclosed demographic data. This raises questions about the alignment between the demographics of service providers and the community they serve. Based on the data obtained, UHA is unable to determine whether there are sufficient providers from each category to meet the needs of the membership; however, based on the data obtained, there might be potential gaps in the Black/African American classification that need focus. The data demonstrates that there has only been 1 Black/African American provider hired since last year in comparison to a 79.8% increase (from 332 members to 597 members) of Black/African American UHA members.

Considering these findings, it is recommended to focus on improving data quality by engaging in educational campaigns, refining data collection methods, encouraging complete responses, and assessing the need to contract Black/African American providers.

B. Language

2023 census data

Language	Number	Percentage
English	102,931	91.5%
Spanish	3,255	2.9%
Indo-European	905	0.8%
Asian and Pacific Island	475	0.4%

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Language	Number	Percentage
Other	89	0.0%
Declined/Unknown	4780	4.3%
Total	112,435	100%

Reported data as of 11/7/24.

Language	Member		Provider		Goal Met?
	Number	Percentage	Number	Percentage	
English	39,669	97.6%	982	100%	Yes
Spanish	598	1.5%	51	5.2%	Yes
Other	287	0.7%	50	5.1%	Yes
Refused	41	0.1%	0	0.0%	N/A
Russian	12	<0.1%	3	0.3%	Yes
Arabic	11	<0.1%	3	0.3%	Yes
Punjabi	7	<0.1%	8	0.8%	Yes
American Sign Language	3	<0.1%	2	0.2%	Yes
Total	40,628	100%	982	100%	

Language Profile

According to the 2023 census data, primary language data is not provided for almost five percent (5%) of the Douglas County population. Of the 102,931 people that did provide primary language data, English is the predominant language, comprising 92% of the population. Spanish is the second highest at 2.9%. The amount of Spanish speaking residents in Douglas County has more than doubled since last year's report. All other languages represent less than 1% of each of the reporting population.

The data reported for members and providers as of November 7, 2024, aligns closely with the census data, with 97.6% of members and 100% of providers indicating English as their primary language. Spanish speakers in the member population are 1.5% while 5.2% (which has increased from 2.3% per last year's report) of providers indicated bilingual skills in Spanish. While there are less than 1% of members who speak Punjabi, Russian, or Arabic, the number of providers who speak these languages has increased for all 3 of these languages. There was also an increase in the number of providers who know American Sign Language, from 0 to 2, which is an improvement in the gaps that existed last year for this language.

These findings indicate there are sufficient providers to meet the needs of most members based on language and improvements have been made to address gaps. However, other potential areas for opportunity include assessment of the language proficiency of providers, continued support for language access, and language diversity training for providers.

Threshold Language and Spoken Languages:

Using census data along with its data collected directly from members, UHA determined that the threshold language as well as languages spoken by one percent (1%) of the population or at least 200 individuals. None

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of the languages other than English were determined to be threshold languages based on the definition. As for languages spoken by one (1) percent of the population or 200 individuals, whichever is less, English and Spanish were the only two languages meeting the criteria. Other categories not meeting these criteria were Indo-European, Asian and Pacific Inland, and Other, but no specific languages were listed to assist UHA in this determination. UHA provides notification of the availability of language services in Spanish, Russian, Vietnamese, Arabic, Somali, Simplified Chinese, Traditional Chinese, Korean, Hmong, Marshallese, Chuukese, Tagalog, German, Portuguese, Japanese, and Ukrainian.

C. Culture

Reported data as of 9/30/23.

Cultural Competency Training Current	Number	Percentage	Goal Met?
Yes	123	69.5%	No
No	54	30.5%	

The current percentage of healthcare facilities with OHA contracted providers who have completed cultural competency training is 69.5%. This differs from last year's report for which the number/percentage of contracted providers (not whole facilities) who completed cultural competency training was reported. This data is still in the process of being collected for 2024 and will continue to be collected through the beginning of 2025, as the status of completed training has not been received from all facilities.

Please note, in Oregon, many providers of service are certified but not licensed, including Certified Alcohol and Drug Counselors (CADC), Community Health Workers (CHW), Clinical Social Work Associates (CSWA), Qualified Mental Health Associates (QMHA), and Qualified Mental Health Professionals (QMHP). These certifications have fewer requirements related to this type of training and although they may have cultural competency training in their initial training, there are no annual requirements related to this type of training. These non-licensed providers account for the 13% of contracted providers without evidence of cultural competency training.

Additionally, UHA tracks all grievances related to CLAS. This data is reported quarterly, and the goal is for no more than 20% of total complaints/grievances to be related to CLAS. UHA has more than met this goal, with an average of less than 1% of all reported concerns being related to CLAS.

	Q4 23	Q1 24	Q2 24	Q3 24	Goal Met?
Total Grievances	106	104	109	122	Yes
CLAS-related Grievances	4	4	1	0	
Total percent of grievances	.04%	.04%	.01%	0%	

D. Gender Identity

Reported data for members eligible on 11/7/24, run 2/12/25.

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Gender Identity	Member		Provider		Goal Met?
	Number	Percentage	Number	Percentage	
Male	19,654	48.3%	439	44.7%	Yes
Female	20,938	51.5%	538	54.8%	Yes
Non-Binary	34	0.1%	0	0.0%	
Multiple Genders	27	<0.1%	0	0.0%	
Agender	1	<0.1%	0	0.0%	
Unknown	7	<0.1%	5	0.5%	Yes
Total	40,661	100%	982	100%	

UHA has an even distribution of male and female members according to sex assigned at birth. While this information provides insight into sex assigned at birth, UHA recognizes the need for a more comprehensive understanding of member identities, specifically data on gender identity and pronouns. This year, efforts were made to improve the collection of gender identity data via member questionnaires and the inclusion of SOGI (sexual orientation and gender identity) data from repository files. Furthermore, the organizational policy for collection of this data was updated to include the improvements that have been made. Gender pronoun data is not currently being collected, so emphasis should be placed on opportunities for capturing this data from members and providers.

IV. Barrier Analysis:

A. Race/Ethnicity

a. Incomplete member and provider data:
The presence of a sizable proportion of members (11.4%) and providers (90.6%) reported as unknown indicates a potential gap in data collection and/or reporting. Staffing changes led to workflow inefficiencies with recording provider reported demographic data through the provider questionnaire process with contracting and credentialing. Incomplete data hinders a comprehensive understanding of the member and provider population and can impact the identification of health disparities and the implementation of interventions to address them.

B. Language

a. Unknown language proficiency:
While there appears to be alignment amongst census, member, and provider data, there may be unexplored nuances in language proficiency.

b. Unknown linguistic diversity and/or variations in proficiency:
UHA relies solely on self-reported primary language and may not be capturing the extent of linguistic diversity and/or variations in proficiency.

C. Culture

a. Lack of cultural competency training for non-licensed providers:
The current data indicates that 69.5% of healthcare practices with UHA contracted providers have completed cultural competency training. However, a significant gap exists among non-licensed providers,

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some of whom may account for the remaining 30.5%. Unlike licensed providers, these professionals are not required to undergo annual cultural competency training, leading to potential disparities in the quality of care and cultural competency. The lack of annual requirements for cultural competency training for non-licensed providers is a major barrier. Limited awareness and emphasis on the importance of ongoing cultural competency training, as well as potential resource constraints for non-licensed providers, may also be contributing factors.

D. Sexual Orientation and Gender Identity

a. Lack of comprehensive data:
While sex assigned at birth provides insight, it does not offer a comprehensive understanding of member sexual orientation or identities, especially regarding gender identity and pronouns. This information can have a significant impact on members' experience within UHA as well as in the community.

V. Opportunities for Improvement and Planned Interventions:

UHA has identified and prioritized the following opportunities and appropriate interventions based on the data and analysis above. These were prioritized into high (H), medium (M) and low (L) based on impact and effort.

Activity	Opportunities for Improvement	Actions Taken or Planned	Date of Action	Responsible Person	Priority (H, M, L)
Education	Race/Ethnicity, Language, Sexual Orientation, and Gender Identity	Implement staff training to enhance understanding of gender diversity and the importance of using correct pronouns particularly among member-facing staff members.	6/1/25	Director, Behavioral Health	H
	Culture	Offer cultural competency training to providers through UHA's Absorb LMS tool and explain the importance of it through the provider orientation process.	6/1/25	Manager, Provider Network	M
Provider Language Proficiency	Language	Continue educating providers on the importance of submitting proof of language proficiency. Update the contracting questionnaire questions to ask about language proficiency and outline the provider requirements. Clean up the current data in UHA's provider directory and integrate the language proficiency information into the directory.	10/31/25	Senior Director, Quality Manager, Provider Network/Contracting	H
Data collection	Race/Ethnicity, Language, Sexual Orientation, and Gender Identity	Evaluate and refine data collection methods to address gaps in member demographic information including: 1. Continuing to work with clinics to collect REALD/SOGI data and report it to UHA through clinical data feeds.	12/31/25	Senior Director, Quality Director, Care Management	H

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Activity	Opportunities for Improvement	Actions Taken or Planned	Date of Action	Responsible Person	Priority (H, M, L)
		2. Working with OHA to collect sexual orientation data from OHA through the repository files. 3. Additionally, UHA's Care Management team will integrate the updated SOGI questionnaire into UHA's Health Risk Assessment.			
	Race/Ethnicity, Language, Sexual Orientation, and Gender Identity	Evaluate and refine data collection methods to address gaps in provider demographic information including: 1. Adding questions into the Secret Shopper and Access to Care Surveys 2. Add REALD and SOGI questions to the subdelegated credentialing roster. 3. Include REALD and SOGI questions in the contracting questionnaire. Ensure all demographic data is inputted into PNDA for inclusion in UHA's Provider Directory.	7/1/24	Manager, Provider Network/Contracting	H

VI. Effectiveness of Interventions:

As part of UHA's Annual Quality Assessment and Performance Improvement (QAPI) and Culturally and Linguistically Appropriate Services (CLAS) Program Evaluation, UHA evaluated the effectiveness of the prior year's planned interventions. Details can be found in the table below.

ACTIVITY DESCRIPTION	PRIMARY DEPT RESPONSIBLE	ACTIVITY COMPLETION DATE	ACTIVITY COMPLETE (Y/N)	SUCCESS METRICS	2024 ACHIEVEMENTS	BARRIERS	2025 IMPROVEMENTS
Implement educational campaigns for both providers and members to raise awareness about the importance of accurate demographic data and enhance understanding of gender diversity and the importance of using correct pronouns. This includes dissemination of REALD/SOGI P&P for	Health Equity	1/1/24	No	Educate providers and members on the importance of demographic data collection by 1/1/24.	UHA disseminated the REALD/SOGI P&P to network providers and CBOs.	UHA did not develop an educational campaign for members.	Implement staff training to enhance understanding of gender diversity and the importance of using correct pronouns particularly among member-facing staff members.

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providers in the UHA network.							
Implement educational campaigns to emphasize the importance of ongoing cultural competency training for all providers interacting with members. Target non-licensed providers.	Health Equity	10/31/24	Yes	Implement cultural competency training for network providers by 6/1/24.	Hosted a gender affirming care training with internal staff and external providers in October 2024 through OHSU's Transgender Health Program and offered CEUs. UHA's compliance team also distributed an attestation survey to providers to monitor compliance with cultural competency training.	Licensed clinicians are required to complete cultural competency training and CCOs don't have visibility into this. We also didn't have a training program tool to use for distributing trainings to providers and tracking participation.	UHA now has the Absorb LMS tool that we can leverage for provider trainings in 2025.
Implement initiative to collect language proficiency exams from bilingual providers to ensure competency. Explore how to integrate this data into the provider directory.	Quality	12/31/24	Yes	UHA aims to have 23.8% of bilingual providers submit proof of language proficiency by 12/31/2024.	As of 12/31/24, 38.9% of bilingual providers have submitted proof of language proficiency.	Providers mistakenly listed as bilingual in UHA records. Some bilingual providers do not wish to submit proof and then ask to be removed as a bilingual provider in UHA records; therefore, limiting the access to	PNDA clean up and integrate provider language proficiency. Continue educating on the importance of submitting proof of proficiency.

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						culturally responsive services for members.	
Evaluate and refine data collection methods to address gaps in member demographic information including the addition of incentive dollars for providers to collect REALD/SOGI data from members and report it to UHA.	Contracting	1/1/24	Yes	By 1/1/24, UHA will develop and implement a REALD/SOGI reporting incentive with providers.	UHA implemented a REALD/SOGI reporting incentive as part of its HIT Incentive VBP program.	Many providers are still in the process of implementing the new SOGI standards, so UHA hasn't received as much data through the clinical data feeds as expected.	Continue to work with clinics to collect REALD and SOGI data through clinical data feeds.
Establish initiatives to collect more demographic data from providers including adding a question to the contracting/credentialing process to allow providers to consent to UHA collecting data already reported via licensing boards health care workforce surveys.	Behavioral Health	7/1/24	No	Strengthen provider demographic data by working with the Healthcare Workforce Reporting Program (HWRP) to obtain data collected during licensure renewals by 7/1/24.	UHA engaged with OHA and MHACBO to explore data-sharing opportunities, with OHA's reporting analyst optimistic about assisting Umpqua Health and other CCOs.	DOJ determined that statutes and rules governing HWRP prohibit sharing demographic data beyond law enforcement or OHA for health planning purposes.	Identify alternative data collection methods to enhance provider demographic data while complying with regulatory constraints.

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VII. Appendix

The tables in this appendix are meant to show side-by-side comparisons of the race/ethnicity, language, and gender identity data for last year's report to the data for this year's report.

A. Race/Ethnicity

Table A1

Census Data				
	2022 (2023 Report)		2023 (Current Report)	
Race/Ethnicity	Number	Percentage	Number	Percentage
American Indian or Alaskan Native	593	0.5%	1,437	1.3%
African American/Black	91	0.1%	388	0.3%
Asian	1,392	1.2%	561	0.5%
Caucasian/White	94,146	83.8%	93,709	83.3%
Hispanic	7,589	6.8%	7,767	6.9%
Native Hawaiian/Pacific Islander	19	0.0%	62	0.1%
Some Other Race	1,527	1.4%	561	0.5%
Two or More Races	6,940	6.2%	7,950	7.1%
Total	112,297	100%	112,435	100%

Table A2

UHA Member Data				
Race/Ethnicity (OMB Categories)	2023 Report		Current Report	
	Number	Percentage	Number	Percentage
American Indian or Alaska Native	654	1.6%	1,365	3.3%
Asian	312	0.7%	687	1.7%
Black or African American	332	0.8%	597	1.5%
Hispanic or Latino	1,380	3.3%	2,488	6.1%
Native Hawaiian or Other Pacific Islander	108	0.3%	444	1.1%
White	26,879	64.4%	24,887	61.3%
Other: "Other","2 or More", "Don't Know"	535	1.3%	2,037	5.0%
Unknown	10,169	24.4%	4,623	11.4%
(Declined)	1,369	3.3%	3,500	8.6%
Total	41,738	100%	40,628	100%

Table A3

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UHA Provider Data				
Race/Ethnicity (OMB Categories)	2023 Report		Current Report	
	Number	Percentage	Number	Percentage
American Indian or Alaska Native	1	0.1%	1	0.1%
Asian	1	0.1%	3	0.3%
Black or African American	0	0.0%	1	0.1%
Hispanic or Latino	4	0.4%	5	0.5%
Native Hawaiian or Other Pacific Islander	1	0.1%	1	0.1%
White	1	0.1%	55	5.6%
Other: “Other”,”2 or More”, “Don’t Know”	1	0.1%	13	1.3%
Unknown	1,110	98.8%	889	90.6%
(Declined)	4	0.4%	14	1.4%
Total	1,123	100%	982	100%

B. Language

Table B1

Census Data				
	2022 (2023 Report)		2023 (Current Report)	
Race/Ethnicity	Number	Percentage	Number	Percentage
English	103,230	92.0%	102,931	91.5%
Spanish	1,866	1.7%	3,255	2.9%
Indo-European	896	0.8%	905	0.8%
Asian and Pacific Island	396	0.4%	475	0.4%
Other	314	0.3%	89	0.0%
Declined/Unknown	5,482	4.9%	4780	4.3%
Total	112,297	100%	112,435	100%

Table B2

UHA Member Data				
Race/Ethnicity (OMB Categories)	2023 Report		Current Report	
	Number	Percentage	Number	Percentage
English	40,842	97.9%	39,669	97.6%
Spanish	407	1.0%	598	1.5%
Other	442	1.0%	287	0.7%
Refused	30	<0.1%	41	0.1%
Russian	6	<0.1%	12	<0.1%
Arabic	5	<0.1%	11	<0.1%

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Punjabi	4	<0.1%	7	<0.1%
American Sign Language	2	<0.1%	3	<0.1%
Total	41,738	100%	40,628	100%

Table B3

UHA Provider Data				
Race/Ethnicity (OMB Categories)	**2023 Report**		**Current Report**	
	Number	**Percentage**	**Number**	**Percentage**
English	1,123	100%	982	100%
Spanish	26	2.3%	51	5.2%
Other	30	2.7%	50	5.1%
Refused	0	0.0%	0	0.0%
Russian	0	0.0%	3	0.3%
Arabic	2	0.2%	3	0.3%
Punjabi	1	<0.1%	8	0.8%
American Sign Language	0	0%	2	0.2%
Total	1,123	100%	982	100%

C. Gender Identity

Table C1

Sex assigned at birth	**Member**				**Provider**			
	2023 Report		**Current Report**		**2023 Report**		**Current Report**	
	#	**Percentage**	**#**	**Percentage**	**#**	**Percentage**	**#**	**Percentage**
Male	20,149	48.3%	19,666	48.4%	252	48.6%	439	44.7%
Female	21,589	51.7%	20,962	51.6%	265	51%	538	54.8%
Unknown	0	0%	0	0%	2	.4%	5	0.5%
Total	41,738	100%	40,628	100%	519	100%	982	100%

UMPQUA HEALTH ALLIANCE

UMPQUA HEALTH ALLIANCE PRESENTS:

INTRODUCTION TO GENDER AFFIRMING CARE

PRESENTED BY: AMY PENKIN, LCSW (SHE/HER)

Amy Penkin is a licensed clinical social worker and Clinical Program Manager at the OHSU Transgender Health Program. She has over 20 years of experience in LGBQIA+ and transgender healthcare , with a focus on equity, trauma-informed care, and social justice. Amy is dedicated to creating inclusive healthcare environments through collaboration, humility, and patient-centered care.

LIVE WEBINAR
Tuesday, October 22nd
9:30 am - 11:00 am
*AMA PRA CEUs available

REGISTER NOW

For more information contact behavioralhealthoperations@umpquahealth.com.

UMPQUA HEALTH

Translation Services

Translation Service Providers

- LanguageLine: Widest range of languages and alternative formats (e.g., large print, Braille, audio)
- Linguava: Use this vendor for letters and shorter documents (1–2 pages)
- To set up an account with either vendor, email IT at itsupport@umpquahealth.com with the following information:
    1. Subject line: Translation Services Account
    2. Company Name: Umpqua Health
    3. First Name
    4. Last Name
    5. Email Address
    6. Job Title/Role
    7. Department
    8. Phone Number

Requesting Translation Services

- Login to the LanguageLine Translations Portal using your username and password (https://translation.languageline.com/)
  - Click 'Create Project'
  - Upload file to be translated and provide a clear, concise name for your project
  - Enter source language, target language, delivery timeline, and any helpful comments
  - Click 'Send to Translation'
  - Translation confirmation will be sent to your email

- Login to the Linguava Translations Portal using your username and password (https://translation.linguava.com/a/linguavainterpreters/Access/Login.aspx?x=)
  - Click 'Request Translation'
  - Select 'Order Request' for 'Type of Work' dropdown
  - Provider a clear and concise name for your project
  - Enter deadline, source language, target language, literacy level, and delivery type
  - Upload file to be translated
  - Click 'Confirm Your Order'
  - Translation confirmation will be sent to your email

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1. Submit the invoice to accountspayable@umpquahealth.com and cc your supervisor for approval.
2. Save the approved invoice as DocumentName_DeptName_MMYY in the Translation Invoices SharePoint folder: Public Documents > Language and Interpreter Services > Translation Invoices.

Important Reminders

- Submit Word Doc version to translation vendors for easy editing.
- Project names must accurately describe the document being translated.
- Identify yourself as the requestor by listing your department.
- You do not need to request a quote for your project.
- Save invoices on SharePoint: Public Documents > Language and Interpreter Services > Translation Invoices.
- Indicate your requested timeframe.
- LanguageLine provides alternate formats, including Braille and audio.

UMPQUA HEALTH

Thank You.

UHQualityImprovement@umpquahealth.com

Occurs the second Thursday of every 1 month(s) effective 5/8/2025 from 3:45 PM to 5:15 PM
Accepted on 5/5/2025 8:57 AM.

UHA CAC

Meeting Insights

Organizer	Kat Cooper
Sent	Fri 5/2/2025 5:10 PM
Time	Thursday, June 12, 2025 3:45 PM-5:15 PM
Location	Microsoft Teams Meeting
Response	Accepted Change Response

Microsoft Teams Need help?

Join the meeting now

Meeting ID: 255 739 156 982 3

Passcode: HA7CT2LR

For organizers: Meeting options

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In Shared Folder Calendar

UMPQUA HEALTH

Community Advisory Council

January 11th, 2024 | 3:45 PM | Virtual/3031 NE Stephens Street, Roseburg
Minutes

Committee Members (Voting Members)	Title	Present	
		Yes	No
Jerry O'Sullivan	Chairperson	X	
Juliete Palenshus	Vice Chairperson		X
Sheila Anderson		X	
DeeJay Juarez		X	
Patrick Kollars			X
Aiyanna Metta			X
Chelsea McLaughlin		X	
Catherine Paul		X	
Melanie Prummer		X	
Tiffany Rueda			X
Christin Rutledge		X	
Trina Simmie		X	
Dr. Sharon Stanphill			X
Brenda Tibbetts		X	
Sarah Wickersham			X

Non-Voting Participants/Guests	Title
Bevin Ankrom	OHA Innovator Agent
Kat Cooper	Community Engagement Coord.
Kathryn Hart	Community Engagement Mgr.
Brandi Gardner	Sr. Mgr. CIE
Melissa Russell	Director, EDI

Non-Voting Participants/Guests	Title
Liberty Dryden	Community Member
Danita Tracy-Carter	Community Member
Sarah Swanson	Community Member
Les Rogers	Community Member

Agenda Item	Discussion	Action	Status
I. Call to Order			
A. Call to Order	Kat Cooper called the meeting to order at 3:47pm.		
B. Review of Minutes		Brenda motioned to approve, Trina seconded the motion, minutes approved.	☐ Closed ☐ F/U Required ☒ Approved
II. New Business			
A. OHA Update	Bevin Ankrom shared OHA updates. New director of the Oregon Health Authority starts on 1/16, OHA will undergo major reorganization as she starts, eliminating the Health Services Division in favor of two distinct divisions – Behavioral Health Division (Ebony Clarke) and Medicaid Division (Vivian Levy – interim). Business will continue as usual otherwise.	Kat to send out Bevin's information.	☒ Closed ☐ F/U Required ☐ Approved

Agenda Item	Discussion	Action	Status
	Intention is to elevate the Behavioral Health Division to view the program as equivalent to the medical division within the OHA. Bevin is sharing article to discuss how the decision was made and highlight leadership in both divisions. Recovery Network of Oregon – new mobile app – is now available for people to download. Helps to navigate recovery resources on the go, statewide application for people seeking support or in recovery, developed in partnership with CareOregon. Includes online toolkit, provides resources for peer services and other BH needs. Bevin shared link to download the app, and they would like feedback on how the app is working/not working. Shared link to flyer to have printed and shared in the community. OHA is responding to questions about mask mandates due to increased spread of RSV and COVID-19. There will not be any changes, **no mask mandates**. OHA does want community members to know that **health care facilities can require masks in their facilities** and is asking that people comply with health care facilities' requests for masking. Shared link to OHA's guidance and CDC guidance around masking and communicable disease. Redeterminations are about 72.4% done, meaning ~400,000 still need to go through the redetermination process. OHA urging people to be vigilant about keeping their contact information up to date while redeterminations are still going. So far, ~900,000 people have kept their benefits (roughly 5 of 6 people). About ~16,000 people have seen a reduction in benefits but stayed on the plan. Have heard feedback from assistors that the process is complicated and hard to navigate, hoping to do focus groups in the future to better manage the process the next time around. Fewer than 25% of Oregonians have received updated COVID-19 vaccine, OHA is asking that people who can get vaccinated, do. Only 8% of Oregonians have received a flu shot this year, OHA is asking people to get a flu shot if they are able. You can get both vaccines at the same time. You can talk to your PCP if you have questions or concerns about either vaccine. About		

Agenda Item	Discussion	Action	Status
	3% of people have received the RSV vaccine (for people over age 65 or infants), and you should talk to your PCP if you are interested in the vaccine. This year and next year, OHA will be monitoring beaches for bacteria. Domestic partnerships are now available to all Oregonians across the state – all non-married partners regardless of sex can register as domestic partners and receive all rights and privileges as married partners, was formerly county by county but is now statewide. OHA is sponsoring a poster competition about Radon Action Month, an odorless, colorless, tasteless gas that often builds up during the winter. Students between ages 9-14 in OR, WA, and ID are eligible to participate. Deadline for submission is 2/28. Radon is one of the leading causes of lung cancer. There are ways to easily have your home tested for radon and you can qualify for free testing. Bevin shared links to all information. OHA Ombuds program put out a recent report (office that helps OHP members who need advocacy regarding accidental billing, issues with providers, etc.) on child and youth community-based mental health programs. Goes into details about gaps in the services and issues that parents deal with. Report will be shared with the legislature, and there is also a contact person if people are interested. Bevin included flu dashboard, winter hazards dashboard, respiratory dashboard, and new Measure 110 phone access line.		
B. CLAS Program Overview	Melissa Russell shared information about UHA's CLAS program. CLAS: culturally and linguistically appropriate services. Standards developed by the Office of Minority Health at the Department of Health and Human Services. The standards provide a framework for implementing the strategy effectively. Standards are broken down into principal standard (included on slide), and sub-divided into three smaller categories (also included on slide). UHA has a CLAS workgroup that meets twice a month across departments to make sure	Melissa to share slides with the CAC.	☒ Closed ☐ F/U Required ☐ Approved

Agenda Item	Discussion	Action	Status
	that all standards are being met and UHA is staying on track. Workgroup is in the process of developing a 2024 workplan to continue doing this work. There's a large document that Melissa will share that reviews the program and planning. This year, UHA is starting an annual evaluation of all the activities they committed to working on and identifying which projects have been completed vs. which need more attention. Allows for evaluation of CLAS program over time. No questions for Melissa.		
III. Open Forum – Word on the Street			
A.	**Brenda**: Family Wellness Wonderland is a week from Sunday at the Boys and Girls Club. There will be vaccinations, booths, etc. and there's typically a main attraction (Anna and Elsa will be there!) and lots of family fun for attendees. Brenda will send a flyer to Kat to share out with the group. Event runs from 12pm-4pm on 1/21, free to everyone. **Danita**: The Umpqua Doula Collective will be at the event as well, and there will be a chance to get some baby care tips and Doula education. **Tina**: Do you know if there is medical transportation available for the event? **DeeJay**: The DESD Instructional coaches are developing a well-being professional development series, "Decompression Extravaganza." It is developed with educator feedback of what they need/want, and they hope to offer it before June 2024. **Danita**: There is a nutrition survey running for families and pregnant people in partnership with Jackson and Josephine Counties and is running through the end of February: https://www.surveymonkey.com/r/55DX9MJ. **Melanie**: This month, human trafficking task force doing a lot of education around human trafficking. Peace at Home provides services for people experiencing human trafficking. Community event happening January 25th on the topic. Empower Event is happening on March 2nd, there are 33 local performers who are either dancing or singing. There will be a paddle raise to raise money for the youth housing project.	Kat to connect with McKenzie and find out if there is medical transportation available for Wellness Wonderland.	☒ Closed ☐ F/U Required ☐ Approved

Agenda Item	Discussion	Action	Status
	Working on developing a crisis response plan for youth aged 14 to 17 who don't have spaces to stay. **Catherine**: Warming shelters are opening to keep unhoused people safe through the night. volunteer@ucancap@org.		
IV. Adjournment			
Meeting Adjourned at 4:28pm			

Respectfully Submitted:

Jerry O'Sullivan
Name, Chairperson

Approval Date

Recorded by:

Kathryn Hart, Community Engagement Manager
Name and title of recorder

Meeting Action Items:

Action		Responsible Person	Action Date	Status
1				
2				
3				
4				

UMPQUA HEALTH

Community Advisory Council

October 10, 2024 | 3:45pm | Virtual & 3031 NE Stephens Street, Roseburg

Minutes

Committee Members (Voting Members)	Title	Present	
		Yes	No
Jerry O'Sullivan	Chairperson	X	
Tina Anderson		X	
DeeJay Juarez		X	
Patrick Kollars			
Thomas Metzger		X	
Chelsea McLaughlin			
Catherine Paul		X	
Melanie Prummer		X	
Les Rogers		X	
Tiffany Rueda			
Christin Rutledge		X	
Trina Simmie		X	
Dr. Sharon Stanphill			
Brenda Tibbetts		X	
Sarah Wickersham			

Non-Voting Participants/Guests	Title
Kat Cooper	
Alexaundria Batchan	
Audrey Egan	
Courtney Whidden-Rivera	
Megan Logan	

Non-Voting Participants/Guests	Title
Sarah Swanson	
Jill Rutherford	
Rob Senger	
Bevin Ankrom	

Agenda Item	Discussion	Action	Status
I. Call to Order			
A. Call to Order	3:46		
B. Review of Minutes	Brenda motioned to approve the minutes, DeeJay seconded the motion	Motion approved unanimously.	☐ Closed ☐ F/U Required ☒ Approved
II. Old Business			
A. CHIP Funding Timeline	Kat shared the updated SOP for CHIP funding to include two separate CHIP funding timelines. Discussion surrounded whether or not the SOP addresses how many funding projects an entity may have: it does not, but Kat noted that it can be	Motion passed unanimously.	☐ Closed ☐ F/U Required ☒ Approved

Agenda Item	Discussion	Action	Status
	updated if the CAC wants it to. Brenda motioned to approve the SOP, Melanie seconded the motion.		
III. New Business			
A. OHA Update	All three covid vaccines are available! National Coming Out Day is October 11th, Bevin shared ways to celebrate. Bevin shared housing benefits that are currently available to OHP members and how they will be expanding. OHA distributed more than 10,000 air conditioners/air filter devices ahead of (and during) fire season 2024. Bevin shared several upcoming trainings from the office of Head Start. Oregon reaches historic number of people with health care coverage: 97%! Also shared a new 1115 Medicaid Waiver webinar link, and a grant opportunity for 501c3's outside of Portland. There's also a way to access free Covid tests online, and OHP members get eight free tests. Les asked Bevin if there's more information on Medicaid in Schools? Bevin can get more information for either the November or December meeting.	Kat to send the CAC Bevin's presentation.	☒ Closed ☐ F/U Required ☐ Approved
B. SDOH Incentive Measures	Audrey shared information on the SDOH Metric. Information centered around Component One (including policies and procedures, survey efforts, contracting, and the assessment process). Audrey asked for any feedback from the CAC regarding SDOH screenings and referrals. Jerry wants to connect.		☒ Closed ☐ F/U Required ☐ Approved
C. UHA CLAS	Courtney shared updates on UHA's Culturally and Linguistically Appropriate Services (CLAS) work, including an overview of CLAS, program goals, and improvement opportunities. Courtney requested feedback, and DeeJay noted: how do you know if this is working? Courtney responded that there are specific metrics associated with each area, and we constantly monitor for improvement. Sarah and Jerry: health literacy is a really important thing to note, especially in a rural area. Les added that there's a new licensing board for ASL interpreters starting January 1st, how is that playing out in the healthcare space? Courtney: we work closely with All Hands, a vendor to provide ASL interpretation. We do use virtual, but most people prefer in person interpreters, which is why we work with All Hands. DeeJay:		☐ Closed ☐ F/U Required ☐ Approved

Agenda Item	Discussion	Action	Status
	I've seen a growing need for Tagalog. Catherine: is this focus area for 2024, or 2025? Courtney: both! All! We're starting to implement projects for 2024, but we anticipate most projects extending into 2025. Les: looking at the Spanish speaking data from the census, it felt really low. I don't think it's truly reflective of what the community has. Census data isn't always super accurate. This feels like a really big blind spot. Courtney: we use our own member data, but a lot of people don't note their language of choice, so it's not always as reliable. But it is a higher percentage than census data.		
D. Outpatient Therapy Access	Rob opened the floor for a conversation regarding network access. Les: the waitlist is over 300 for outpatient therapy access, so it's being pushed to other communities (even as far as OHSU). Parents with children with significant disabilities, the capacity is not there, and the need is growing and growing. It feels like there is a lot of room for improvement if we need to solve this issue. The state is seeing an influx from other states, but we're not growing our own at this point. Our outpatient habilitative clinic has gone to rotating therapy schedules so they can help more kids. In education, it's pretty much only consult: they're not doing a lot of OT and PT. Also, many clinics in the area, if you have significant disabilities, they won't see you. Connect the Dots is a year out for speech, Songbird is a year out, some places are even 18 months out for comprehensive autism evaluations. It feels like legislators don't have any clue about this, no one seems to want to deal with this. We have some capacity opportunities, but we need a push. We have a significant need that we're not meeting, we need to fix that. There was also a question on recruiting more dental care providers, as well as integration of community paramedics for more rural areas. Catherine also mentioned Aviva's new pediatric offerings. Courtney: Taylor is working on autism care trainings for providers, let's circle back on that.		☐ Closed ☐ F/U Required ☐ Approved
III. Open Forum			
A. Word on the Street	Kat let everyone know that the CHIP application deadline is pushed back to the end of the month.		☐ Closed ☐ F/U Required

Agenda Item	Discussion	Action	Status
	Sarah shared information on HPV immunization efforts and resources. DeeJay shared information on the Douglas REN. Brenda shared information on utility assistance, an upcoming event for Umpqua Valley Doula Collective. Les: there's a new national TBI center opening in the next few months. ABLE (achieving better life experiences) will be moving age of disability from 26 to 46 which allows you to continue your SSI benefits and save them in an ABLE account. We've gone from 0 benefits counselors in Douglas County to three! Two in person, which allows people to access employment who experience disabilities. UCC received a grant for supportive employment curriculum, and the course is free and after work hours. It's a great job for the community and pays well!		☐ Approved
IV. Adjournment			
	5:15 PM		

Respectfully Submitted:

Jerry O'Sullivan
Name, Chairperson — Approval Date

Recorded by:

Kat Cooper, Community Engagement Coordinator
Name and title of recorder

UMPQUA HEALTH

Community Advisory Council

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Minutes

Meeting Action Items:

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