



allcare health®

# 2020-2022 Health Equity Plan



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“No matter how big a nation is, it is no stronger than its weakest people, and as long as you keep a person down, some part of you has to be down there to hold him down, so it means you cannot soar as you might otherwise.”

— Marian Anderson



Changing healthcare to work for you.

Board of Governors and Employees:

Amidst our Country's current unrest, AllCare Health remains steadfast in our commitment to providing **access to equitable healthcare for our communities and maintaining a safe and inclusive work environment for our employees**. In 2017, we publically announced this ongoing commitment by becoming a Certified B Corporation, further demonstrating our investment towards promoting equity and diversity within our business culture and practices.

AllCare Health will continue to work tirelessly towards identifying and adjusting to the needs of our communities and proving our dedication to insuring equitable access to healthcare for everyone. This equitable access includes listening to and accounting for cultural, economic, and language differences experienced by all those who live in Southern Oregon. We understand that change often takes hard work and that we, along with our communities, have more to do. For example, providing an interpreter for those who need it is the current law in Oregon. However to date, only about 30% of our AllCare CCO members who are identified as needing an interpreter actually receive an interpreter when accessing healthcare. Together we can keep working to do better.

For meaningful and positive change to occur, we each have to reexamine our own views and actions and recognize that our experience is not the same as other members of our communities. We also need to acknowledge that other's experiences may often be ignored and it is our job to take the time to listen. Our brand promise is "Changing healthcare to work for you", that includes seeing and hearing EVERY voice.

At the beginning of the AllCare Health 2020 Health Equity Plan is a quote from James Baldwin, "Not everything that is faced can be changed, but nothing can be changed until it is faced." We know that our communities can face these challenging times together and support positive change.

Thom Eagan, DO  
Board of Governors, Chair

Doug Flow, PhD  
Chief Executive Officer



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## **The Health Equity Committee established by the Oregon Health Policy Board (OHPB), definition of Health Equity.**

Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:

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

## **Health Equity and Inclusivity Action Team**

### **Steering Committee**

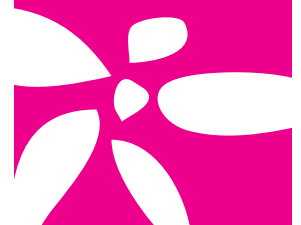
Establish a cross-departmental Health Equity Steering Committee to advance policy, systems, and environmental changes that promote equity and address Social Determinants of Health (SDoH). The Committee shall prioritize health disparities for underrepresented populations; including racially and ethnically diverse communities, people with disabilities, age, gender, protected classes, mental illness, LGBTQIA+ communities, and low-income individuals.

The Steering Committee maintains AllCare Health's health equity strategic plan and provides oversight for the implementation of initiatives to staff, First-Tier, Downstream, and Related Entities.

### **Steering Committee Membership**

The Steering Committee shall consist of 12-14 Stakeholders. The Committee shall strive to include at least 51% representation from the following priority populations: persons of color, persons of non-dominant sexual orientation or gender identity, persons with disabilities, and persons from disadvantaged socio-economic backgrounds. The Steering Committee will consist of one member from each county that represents the Community Advisory Council in that county and a decision maker from each of the following internal AllCare Health departments:

- Member Services
- Provider Services
- Medical Director
- Population Health
- Member Services
- Human Resources
- Executive
- E-Health
- Marketing
- Claims
- Finance
- Creative Services



### Committee Work Groups

- Community Engagement
- Culturally Specific Material
- Health Equity Data
- Language Access
- Policy
- Training and Education

### Committee Work Group Membership

All work groups shall strive to include at least 51% representation from the following priority populations: limited English Proficiency (LEP), persons of color, persons of non-dominant sexual orientation or gender identity, persons with disabilities, persons from disadvantaged socio-economic backgrounds. The groups will consist of at least one member from each of the following Subject Matter Expert (SME) areas.

- Provider
- Human Resources
- Quality
- Member Services
- Brand & Creative Services
- Utilization Management
- Care Coordination
- Behavioral Health
  - Downstream Behavioral Health Organizations
- Oral Health
  - Downstream Dental Health Organizations
- Regional Health Equity Coalition
- Community Group's
- Limited English Proficiency
- Interpreters
- Community Advisory Council

### Committee Work Group Commitment

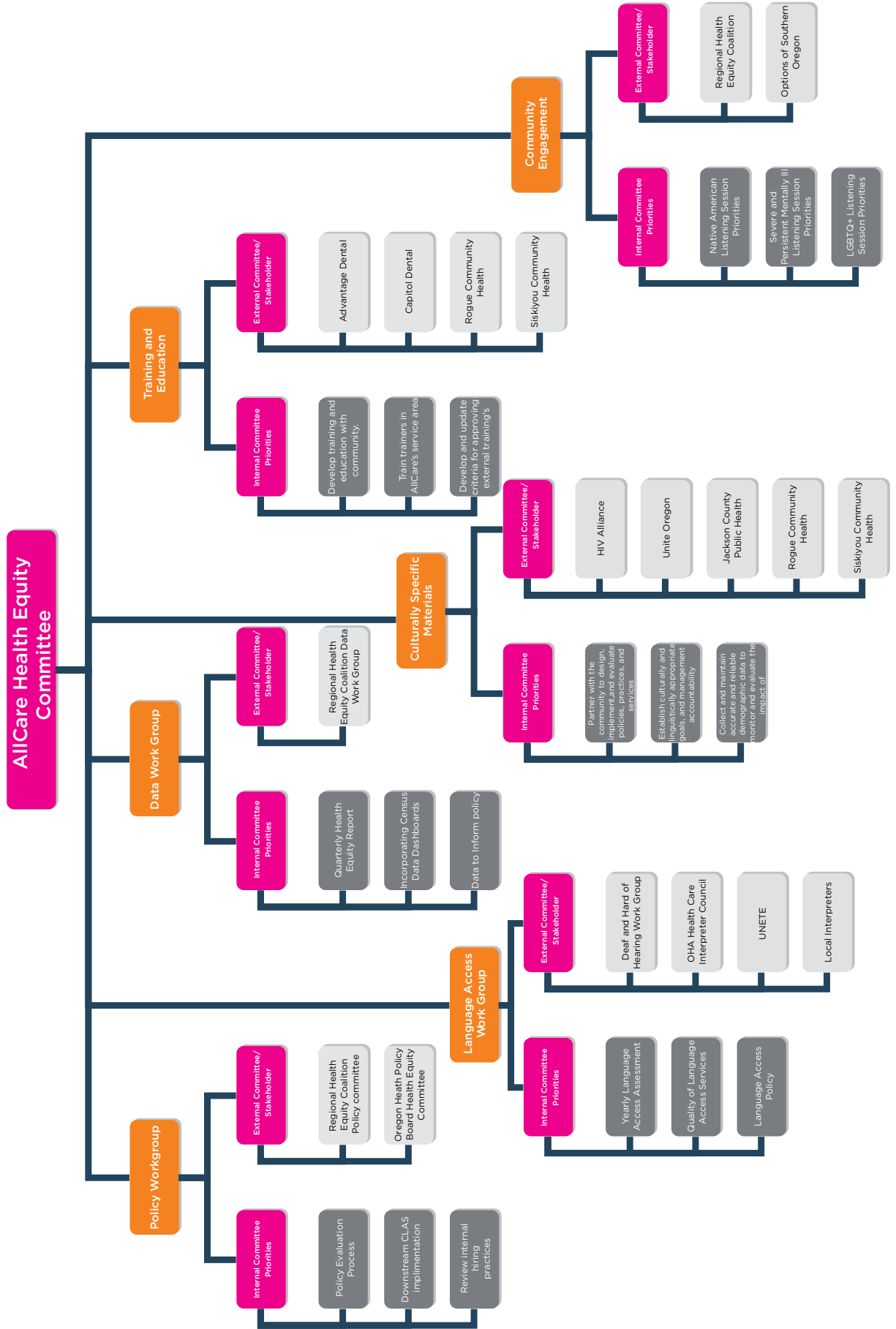
The group shall meet twelve (12) times per year. Meeting times are adjusted to accommodate community member schedules. Attendance can be in person, by phone, or by sending a representative. A minimum of 75% of scheduled meetings must be attended each year.

AllCare Health is a unique organization comprised of employees motivated by altruism. They continually apply that ideology to identify financial reasons to drive improvement in healthcare. AllCare Health is an organization made of experienced professionals within all levels of healthcare— in both clinical settings and the social determinants of health.

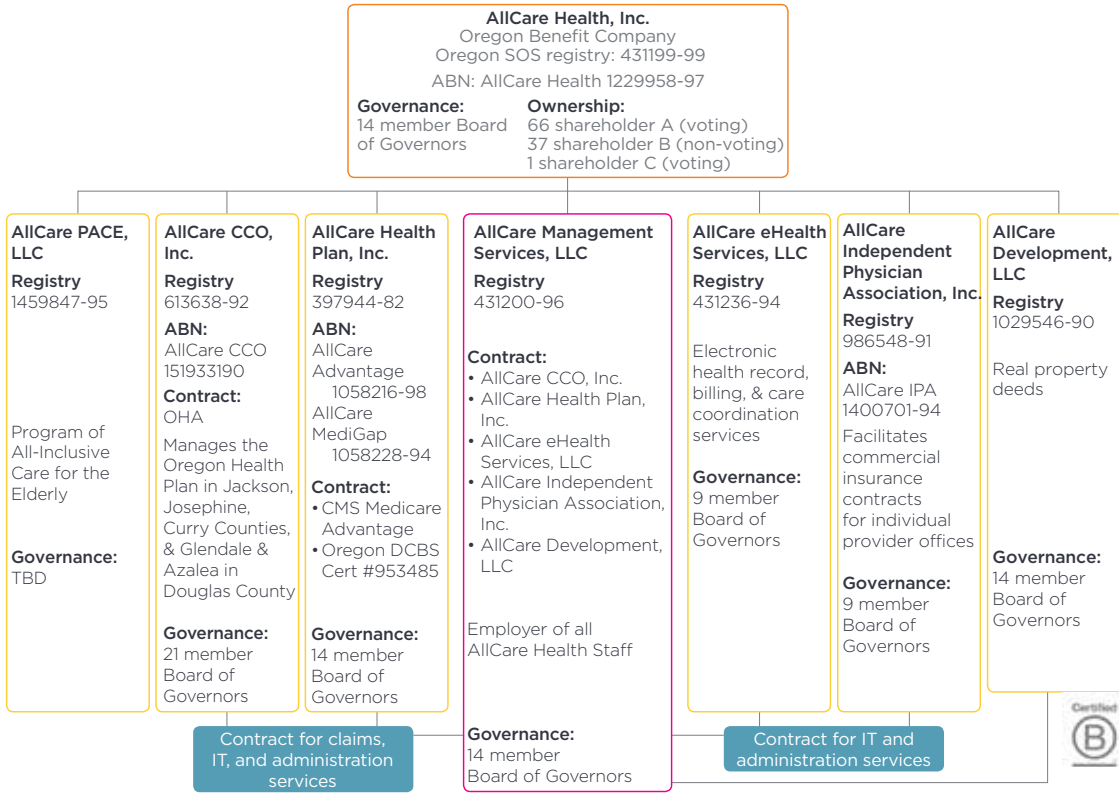




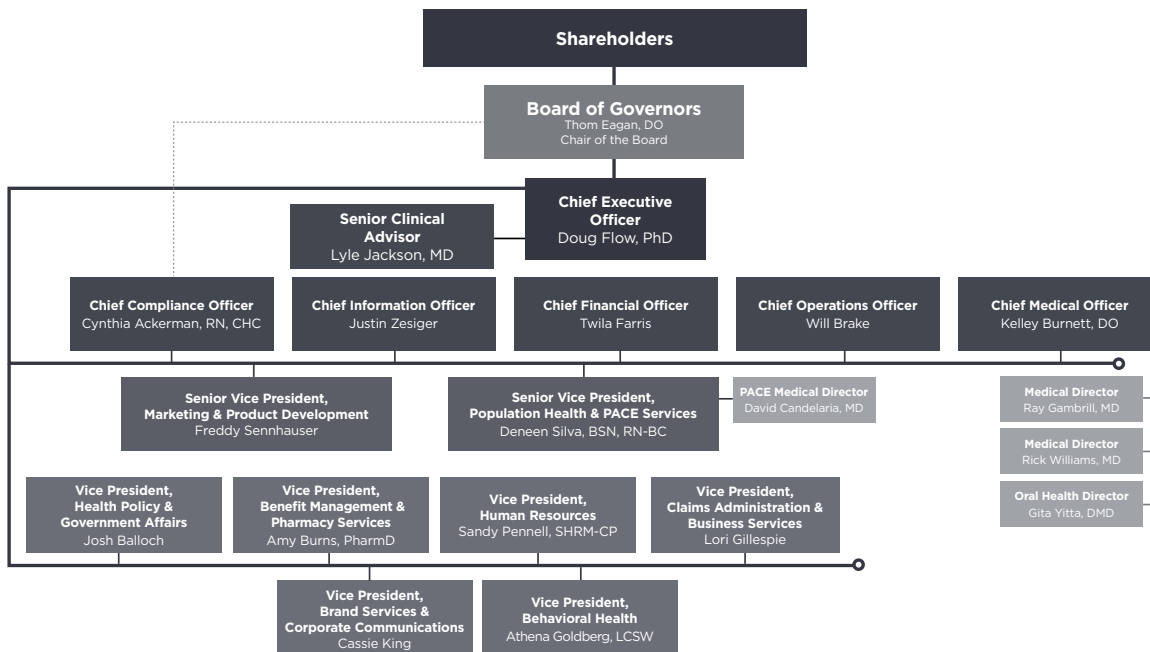
# Health Equity Committee Organizational Chart



# Corporate Structure



# AllCare Health Executive Leadership



AllCare Health Company and Executive Organizational Chart



AllCare Health, Inc. has three (3) individuals dedicated to the development and implementation of Health Equity activities within the AllCare Health service area.

## Director of Health Equity

### Stick Crosby

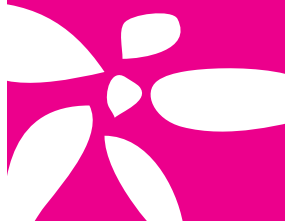


As the Director of Network & Health Equity at AllCare Health, Inc., Stick is able to look at inequities on a systems level within the provider network and find ways that we can change the system to work for everyone. Stick is the chair of the Oregon Council on Health Care Interpreters and a Steering Committee Member of SO Health-E (<https://www.sohealth.org>). SO Health-E is a cross-sector Regional Health Equity Coalition financially supported by Oregon Health Authority's

Office of Equity and Inclusion. He is also a graduate of the Oregon Health Authority's DELTA program. DELTA is a health equity and inclusion leadership program that includes training, coaching, and networking to health, community, and policy leaders in Oregon.

Stick focuses his time and effort on the development and implementation of proactive diversity, equity, and inclusion initiatives that support AllCare Health's mission, values, and strategic plans. Stick engages AllCare Health employees to build and sustain a welcoming and inclusive culture. Stick assesses potential barriers and help develop strategies focused on creating a Culturally Appropriate provider network for all lines of business. Additionally, he oversees the design of training initiatives focused on cultural competency, gender differences, race, language, disability, and other topics. These trainings are intended to increase awareness, access, and support of equity and inclusion values, as well as compliance with applicable laws.





## Language Access Coordinator

### Kristina Espinoza



I have lived in Southern Oregon for most of my life and have worked in healthcare for the past 15 years. Being bilingual, I have always assisted in interpretation and translation in the medical field.

Growing up in the Rogue Valley, I got to see firsthand the needs and issues that fellow Hispanics experience. I love being able to help and am very grateful to be able to work at AllCare Health as a Language Access Coordinator.

As a Qualified Medical Interpreter in the State of Oregon, I also work as a translator. As the Language Access Coordinator, I am able to provide language resources, educational materials and support to Limited English Proficient Speakers (LEP) in southern Oregon, in addition to local medical offices and organizations. I love being able to work for a place like AllCare where we care not only for our members but for our entire community.

### Role Summary

The Language Access Coordinator serves to address, consistent with the core objectives of the federally assisted programs or activities, the specific language needs of LEP beneficiaries which operate as artificial barriers to full and meaningful participation in federally assisted program's or activities. Additionally, the role coordinates oral and/or written communications to assist AllCare Health in communicating with beneficiaries and members of the public that are not fluent in English.

## Tribal Liaison

### Quinn Arrington



I retired September 1, 2001, ten days before 9-11 from the U.S. Navy after 20 years. Before I retired, I became a certified Drug & Alcohol counselor at Point Loma, CA.

I continued to work in the addiction field after retiring at Scripps Hospital, McDonald Treatment Center in La Jolla, CA.

I moved to Southern Oregon October 2003 and continued to assist Veterans in addiction recovery at the Veteran's Administration in White City. During my time at the VA-SORCC, I became a committee member of the Equal Employment Opportunity Committee (EEOC). It was while serving on the EEOC, that I came to understand how federal employment measures are met.

I was introduced to the SO Healthy-E committee while working at United Community Action Network (UCAN). At UCAN, I got a firsthand account of assisting Veterans and civilians on how to navigate barriers encountered in housing. I also observed how social determinants impacts health equity throughout Josephine County. I continued to increase my understanding of health equity as I was re-introduced to RHEC So-Health-E as Intensive Case Manager at AllCare Health. Now, as a Tribal Liaison at AllCare Health, I serve as AllCare's a single point of contact for Oregon Federally Recognized Tribes, the Urban Indian Health Program and Oregon Health Authority-Tribal Affairs. I am honored to learn from a proud and distinguished people, and through an understanding of Native-American culture, I hope to increase health equity to Indigenous people in Southern Oregon.

Joining SO Healthy-E committee helped me become more aware of POC struggle to get equitable healthcare. AllCare Health's Equity Manager encouraged me to enroll in DELTA program and I was thrilled to be accepted into such an important program. During my time in the DELTA program, I learned about systemic racism and how to change workplace attitudes of indifference and challenge the culture conditioning as it relates to diversity, equity, and inclusion. It's been proven that when a company embraces and celebrate DEI, not just tolerate it (DEI), the company attracts all types customers. Rapport with a company shifts to a lifelong relationship of trust that improves the company's bottom line. I also hope to learn to challenge my implicit bias and better



understand how to grow and become an effective advocate for marginalized communities' who lack health equity.

## **Role Summary**

The Tribal Liaison serves as a single point of contact at AllCare Health, Inc. for Oregon Federally Recognized Tribes, the Urban Indian Health Program, and Oregon Health Authority-Tribal Affairs. Quinn is responsible for a range of functions to improve the physical, behavioral and oral health of American Indian/Alaska Native (AI/AN) Coordinated Care Organization (CCO) members. As the Tribal Liaison, he also communicates with network providers, school districts, members, and other stakeholders in the CCO service area to coordinate this work.

## AllCare Health Mission Statement and Brand Promise

### Mission Statement

Working together to provide quality, cost-effective healthcare for our communities.

### Brand Promise

Changing healthcare to work for you.

AllCare Health is a physician-led organization, striving to be a leader within our communities in providing better healthcare and services for southern Oregon and its people.

Our integrated network of clinical professionals is delivering healthcare at the right time and the right place, while controlling costs for both patients and taxpayers. Our brand is based on the foundational ideas of Care, Coverage and Compassion.

AllCare Health and subsidiary companies are designated “Benefit Companies” by the state of Oregon. AllCare Health is also achieved the Certified B Corporation status from non-profit B Lab™. These designations are public recognition of both our history and our present culture of stewardship—and an important step to formalize our ongoing commitment to our communities.

## Lines of Business

### AllCare Advantage

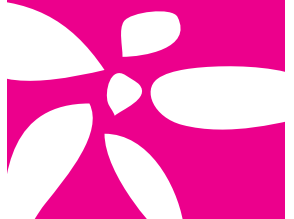
AllCare Advantage/AllCare Health Plan, Inc. is the only locally-owned Medicare Advantage (HMO) Plan for Medicare-eligible beneficiaries in southern Oregon.

### AllCare CCO

AllCare CCO provides Medicaid enrollees in southern Oregon with easy access to coordinated care. AllCare CCO’s service area covers Jackson, Josephine, Curry, and Southern Douglas counties.

### AllCare eHealth Services

AllCare eHealth Services provides clinics with low-cost access to a fully integrated electronic medical record and practice management system. It also offers Revenue Cycle Management (medical billing services), Chronic Care Management services, and consulting services for local providers. Our local presence in the Rogue Valley allows us to provide high quality, responsive service for our provider offices.



### AllCare Independent Physician Association (AllCare IPA)

Established in 1994 as Mid Rogue Independent Physician Association (IPA), AllCare IPA is a local association of independent doctors, nurse practitioners, and ophthalmologists in southern Oregon.

AllCare Health IPA represents more than 70 independent physicians in private practice in Josephine County and the city of Rogue River in Jackson County. Our mission is to advance the independent practice of medicine in southern Oregon.


### AllCare PACE

AllCare PACE (Program of All-Inclusive Care for the Elderly) is a Medicare and Medicaid program that helps people meet their healthcare needs in the community instead of going to a nursing home or other care facility. AllCare PACE offers a complete program of health and home-related services, all designed to keep participants living in the familiar surroundings of their own community. We strive to serve each participant compassionately and as a unique individual who deserves respect, dignity, and the right of choice.

### Service Area

AllCare Health currently serves Jackson, Josephine, and Curry counties and the communities of Glendale and Azalea in southern Douglas County. Not all lines of business are available in every county.



 AllCare Health's primary service area (not all services available in every county)

# Strengths, Weaknesses, Opportunities, Threats

## Strengths, Weaknesses, Opportunities, Threats (S.W.O.T.)

### Strengths

- Positive influence on healthcare within the region. This includes, but is not limited to administrative policies, provider education, and management trainings.
- Responsive implementation of programs that address member needs.
- Active presence throughout the southern Oregon region.
- Involvement with the regional health equity coalitions.
- Internal culture that drives achievement of health equity.
- Three (3) years of strong committee development and formal reporting structure.

### Weaknesses

- Development of new programs may not always have key stakeholder involvement. This can cause unintended consequences.
- Inability to implement large changes quickly across all systems within the organization.
- Inadequate communication between departments.

### Opportunities

- Leverage the Oregon Health Authority (OHA) incentive dollars to address health inequities.
- Integrate internal staff with local efforts to address the Social Determinants of Health & Equity (SDoH-E).
- Identify and utilize data that is available from many different sources.
- Develop focus groups with members, providers, and stakeholders.
- Build training opportunities with local stakeholders and provider offices.
- Strengthen health equity focus within the current corporate culture.

### Threats

- Limited regional resources that are committed to the Social Determinants of Health & Equity (SDoH-E).
- Gatekeepers, the healthcare professionals, with unconscious bias. As the first encounter with a patient, they control the patient's entry into the healthcare system. Unaddressed internal biases result in both real and perceived barriers to care.
- Collaborating organizations who are unwilling to implement programs due to strong institution bias or inability to identify issues within the healthcare delivery system.





## Community Engagement Work Group

### Work Group Purpose Statement

The Community Engagement Work Group is a sub-group of the Health Equity Steering Committee. All work groups have the expectation to work with the community directly impacted by the policies and processes being developed. For larger Community Forums, the Steering Committee will hold a Multicultural Storytelling Listening Session. These sessions follow the model developed by the Minneapolis Multicultural Health Storytelling Project.

Multicultural communities often convey health information and knowledge qualitatively through sharing stories. Professionals tend to rely more upon quantitative methods to gather information such as data collection. Storytelling and other qualitative methods can help professionals understand and determine the meaning behind the numbers. This relationship is key to effective policy and program development. In addition, sharing a personal story can empower the storyteller and aid with his/her healing process. This is especially true when heard by those in leadership positions who can influence positive changes to address elements shared within the story.

[https://www.youtube.com/watch?v=2IR\\_HVljagE&feature=youtu.be](https://www.youtube.com/watch?v=2IR_HVljagE&feature=youtu.be)

### Work Group 2020 Goals

- Hold one (1) listening session update with those who participated in the 2018 Native American and Severe and persistent Mentally Ill (SPMI) population listening sessions in Jackson and Josephine counties. This will be the final session of three (3) held over the last three (3) years.
- Hold one (1) listening session update with those who participated in the 2019 LGBTQIA+ population listening sessions in Jackson, Josephine, and Curry counties. This will be the second of three (3) in the process.
- Identify a member of the Regional Health Equity Coalition to participate on the Steering committee.
- Identify a liaison from each Community Advisory Council to participate in the Steering Committee.
- Hold one (1) listening session with providers.

## Community Engagement Work Group

### 2018-2020 Goals Met: Native American and SPMI Listening Sessions

**Background:** Through the use of demographic and claims data, AllCare Health's subsidiary, AllCare CCO, identified that a disparity in Emergency Department utilization exists for two populations. The data shows that in Jackson and Josephine counties, members who identify as Native American or are diagnosed with a Severe and Persistent Mental Illness (SPMI) have a significantly higher rate of Emergency Department utilization for physical health when compared to the rest of AllCare CCO's population. Our goal was to determine the reasons these members access the Emergency Department and assist them in engaging or re-engaging with their Primary Care Provider (PCP).

**Sessions:** Four (4) listening sessions were held in the Spring of 2018. One for each demographic within each county where the disparities were found.

- The demographic data included Spanish speakers within each group. All invitations were distributed in both English and Spanish. Interpreters were made available for each session.
- For the sessions held in Josephine County, AllCare CCO partnered with Primary Health of Josephine County. Both CCO's identified the same disparity in their population data. This collaboration allowed for feedback from a broader population.
- For the sessions held in Jackson County, Jackson Care Connect declined to participate.
- For all listening sessions, the regional Health Equity Coalition, So Health-E, collaborated with AllCare and assisted in facilitation of the sessions.

**In Summary:** Listening session feedback was combined into two (2) categories: **Access** and **Communication**.

#### **Access:**

- Need provider offices in the region who offer accessibility outside the hours of 9am to 5pm.
- Referrals and authorizations cause barriers.
  - If authorizations are denied, members will go to the Emergency Department to be seen.

- If a member feels they need a service their provider refuses to submit an authorization or referral for, they visit the Emergency Department to access the service.
- Need additional interpreters for Limited English Proficiency (LEP) individuals.
- In some areas, barriers to alternative care exist.
  - Providers are not providing referrals for these services.
- Scheduled appointments are too far out.
  - Members want to go to their Primary Care Provider (PCP), if possible.
- Dental access is a priority to members.
- Members desire “On-Demand” ride availability from ReadyRide.

#### Communication:

- Desire increased awareness from providers on how they talk with members.
- Need improved health literacy awareness.
- Members want to partner with their providers in their healthcare.
  - Experience a lot of talking-down.
  - Fearful of dismissal as patients.
  - Aware of the opioid crisis. Members do not want a lecture at every visit.
  - Desire solutions to their problems.
- CCO can improve communication around member benefits.
- Everyone in the health system needs to LISTEN to the members about THEIR healthcare.

#### Current Interventions from Feedback:

1. **Language Access Work Group is assessing all points of contact for Limited English Proficient speakers.** Refer to the Language Access Work Group Goals for more information. For an example of provider education developed, *please see Appendix A, Deaf and Hard of Hearing Forum.*
2. **Reduced referral criteria restrictions for alternative therapies.** Utilization of alternative therapies has increased.
3. **Created a “Day’s to Third next Appointment” quality measure** as part of our Alternative Payment Models (APMs). This increases understanding of access within the region.
4. **Now includes “wait time to appointments” as part of our quarterly network adequacy review.**
5. **Health literacy training has become a key focus for the organization.** Both internal and external trainings are now available.



## Community Engagement Work Group

### LGBTQIA+ Listening Sessions

Background: Providers who participate in AllCare Health's Alternative Payment Models (APMs) are surveyed annually. These surveys help determine patient satisfaction with both their provider and their access to care. In an effort to make the program more equitable, the following question is included in the survey:

Do you feel that you were treated differently from other patients because of any of the following? (Check all that apply) Insurance Type, Race, Gender, Age, LGBTQIA+, Disabled, Language, Other

In the satisfaction surveys, LGBTQIA+ continues to be selected as a common reason members feel they are treated differently. AllCare CCO's Community Advisory Councils (CACs) in each county continue to hear voiced concerns of discrimination for those that identify as transgender. These discrimination concerns include both verbal and physical abuse.

**Sessions:** Three (3) listening sessions were held in the Fall of 2018. One (1) each in Jackson, Josephine, and Curry counties.

- Participants included the public; invitation was not limited to AllCare Health plans.
- Consideration of caterer selection gave preference to those who ownership identified as LGBTQIA+ for each event.
- All participants received a \$25.00 gift card for participation.

**In Summary:** Listening session feedback was combined into two (2) categories: Access and Culturally Competent Care.

#### Access:

- Appointments are scheduled too far out.
  - Everyone prefers to go to their Primary Care Provider, if possible.
- In emergencies, alternative ways to seek advice on care help.
  - Nurse Help Lines
  - Crisis Lines
  - Suicide Hotlines
  - Mental Health Crisis Lines
- Participants appreciate patient portals, allowing for access without worry of in-person discrimination. However, provider follow-through is important. Participants had the following frustrations:
  - Lack of response to emails through portal.



- Lab results not posted to portal.
- Most providers in the region are great, especially Nurse Practitioners.
- Many barriers occur with gatekeepers to care:
  - At the specialist office
  - Receptionist
- Stigmas seem to be increase for other factors:
  - Hearing loss
  - Ageism
  - Weight
- In the rural areas, transportation is big barrier.
- Individuals travel to Eugene for more Culturally Competent Care.
  - Specialists
  - Hospitals
  - HIV Testing
- Gender identity questions are included on some forms at some hospitals.
  - There is a lack of cultural competency training on how to ask the questions.
- Sexual orientation questions are not asked.

### **Culturally Competent Care:**

- Providers who complete sexual orientation and gender identity training offer a more welcoming environment.
- Significant dismissal of sexual orientation and gender identity as a factor in one's healthcare.
  - Individuals that identify as Lesbian forced to take pregnancy tests before procedures.
  - Transgender Male forced to explain to lab staff the reason for a BRCA gene test.
  - Therapist removed gender dysphoria from diagnosis. Individual had to explain importance to provider.
- Education given to the provider community by the LGBTQIA+ population on needed care.
- STI discussions need to occur in a more Culturally Appropriate way.
  - PrEP education is unavailable in the region.
  - Use of incorrect STI tests on partners who are negative for HIV and have HIV positive partners.
  - Failure to test partners when one is facing an STI scare.
- LGBTQIA+ individuals are very vulnerable in the medical setting.
  - Advertise that you welcome LGBTQIA+ individuals.

- Rainbow flags in waiting rooms would be appreciated.
- Be humble about mistakes and apologize.
- Need cultural competency for gender identity.
  - Transgender male's wife was asked to undress for mammogram.
  - Transgender male's wife was asked, in front of partner, if "felt safe" with this individual.

## Current Interventions from Feedback:

1. AllCare Health has created a "Day's to Third next Appointment" quality measure as part of our Alternative Payment Models (APMs). This increases understanding of access within the region.
2. AllCare Health now includes "wait time to appointments" as part of our quarterly network adequacy review.
3. LGBTQIA+ Culturally Competent Care training has become a key focus for the organization. For an example of provider education, please see Appendix B, Health Equity Training Flyer for an example. Both internal and external trainings are available.

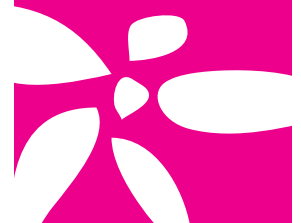
## Qualified Interpreters Listening Sessions

**Background:** In 2015, the Regional Health Equity Coalition (So Health-E) held a listening session with the Latino Community. Overwhelmingly, the identified greatest need was for trained Medical Interpreters.

## Current Interventions from Feedback:

1. AllCare Health has trained five (5) internal staff interpreters.
2. Formalized pay differential policy for Bilingual AllCare Health staff. Please see Appendix C.
3. Added a Health Equity measure to the Alternative Payment Models. To pass, a provider office must:
  - Have at least one Certified or Qualified Medical Interpreter on staff.
  - Or, have 70% of the staff participate in a Cultural Competency training.
4. Created an internal 64-hour interpreter-training program for the region. Currently this course is held two (2) times a year. Please see Appendix D.
5. Current count of Certified and Qualified Interpreters is 75. Please see Appendix E.





# Culturally Specific Materials Work Group

## Work Group Purpose Statement

The Culturally Specific Materials Work Group is a sub-group of the Health Equity Steering Committee. The work group's purpose is to provide effective, equitable, understandable, and respectful materials that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

### AllCare Health Focus Areas:

This work group will focus on the three (3) following priorities:

1. Collaborate with the community to design, implement, and evaluate policies, practices, and services that ensure cultural and linguistic appropriateness.
2. Establish culturally and linguistically appropriate goals and accountability to be infused throughout AllCare Health's planning and operations.
3. Collect and maintain accurate, reliable demographic data used to monitor and evaluate the impact of Culturally Specific Materials Work Group on health equity and outcomes. Data will also help to inform service delivery.

### AllCare CCO Focus Areas:

#### CLAS as an organizational framework

The CCO, as an organization, has a governance system that promotes health equity through the delivery of Culturally and Linguistically Appropriate Services (CLAS). AllCare CCO fully implements the National CLAS standards for the provision of culturally and linguistically appropriate services and should allocate the necessary resources for that purpose.

#### Member education and accessibility

The CCO develops member educational and other materials (print, multimedia, etc.), that are in plain language and that are available in alternate formats; utilizes IT and other tools and resources for consumers who are blind or deaf, or otherwise disabled (e.g., literacy programs).

## Culturally Specific Materials Work Group

### Work Group 2020 Goals

- Are CLAS provisions enforced in Subcontractor agreements?
  - Verify that provisions are in all Subcontracts
  - Verify that CLAS standards are within the audit tools for yearly reviews with Subcontractors.
- Verify that member educational and other materials (print, multimedia, etc.), are in plain language and available in alternate formats; utilizing IT and other tools and resources for consumers who are blind or deaf, or otherwise disabled in Subcontractor agreements.
  - Review sample materials
  - Remediation plan if not in compliance
  - Re-review each year.
- Increase awareness of Pre-Exposure Prophylaxis (PrEP)
  - Develop a provider education plan for having culturally appropriate sexual history conversations with patients.
  - Develop culturally appropriate PrEP educational member materials for the LGBTQIA+ community.



# Health Equity Data Work Group

## Work Group Purpose Statement

The Health Equity Data Work Group is a sub-group of the Health Equity Steering Committee. The work group’s purpose is to identify disparities between subgroups of Medicare and Medicaid beneficiaries (e.g., racial and ethnic groups). The group will focus primarily on the areas of health outcomes, utilization, and spending.

### AllCare Health Focus Areas:

This work group will focus on the three (3) following priorities:

1. Create and produce a quarterly Health Equity Report to identify health disparities in our region.
2. Identify methods to incorporate regional Census Data into data dashboards.
3. Utilize data to inform policy decisions and to target populations and geographies for potential interventions.

### AllCare CCO Focus Areas:

#### Grievance and appeals

The CCO “Grievance and Appeal System” policies and processes are specifically designed to be culturally and linguistically appropriate. They fully comply with state and federal laws (Section 1557 of the Affordable Care Act, Title VI of the Civil Rights Act, Title III of the Americans with Disabilities Act, and Section 504 of the Rehabilitation Act of 1973). The CCO grievance process is simple, accessible, and understandable to the member. Literacy and language (including alternate formats) are considered in the development of the process and the development of the policies. Data on grievance and appeals is reported by race/ethnicity, language, and disability (REALD).

#### Demographic data

The CCO uses demographic data to advance health equity. The CCO makes demographic data collection and analysis a strategic priority. The CCO assesses gaps in its current data collection, analysis systems and process, and develops organization-wide actionable goals to address them.

## Health Equity Data Work Group

### Work Group 2020 Goals

- Develop a quarterly Appeals and Grievance dashboard reported by race/ethnicity, language, and disability (REALD)
  - Assess how current Appeals and Grievance data is tracked and gaps in reporting to meet goal.
  - Establish a baseline data set.
- After establishment of Appeals and Grievance dashboard.
  - Analyze data by additional sources i.e. Provider, Region, Subcontractor.
- Continue to produce a quarterly Health Equity Report to identify health inequities in our region.
  - Identify methods to incorporate regional Census Data into data dashboards.
  - Add one (1) member of each Coordinated Care Organization (CCO) to work group.
  - Obtain at least one (1) signed Memorandum of Understandings with additional CCOs to allow for the sharing of Quality Metrics Data in creating a regional CCO Health Equity Dashboard.
- That data work group has identified that African American AllCare CCO members have the lowest Primary Care encounter rates.
  - Dashboard established and reported to AllCare and Stakeholders.
  - Develop three (3) clear interventions established with community.
  - Increase African American PCP visits to within 5% of the overall average.

**Background:** In 2017, a Health Equity report was created. The Health Equity and Inclusivity Steering Committee reviews it quarterly. The report breaks out OHA CCO Incentive Measure performance using various demographic data (e.g. race, language spoken, county) to help identify disparities. The initial report highlighted the increased Emergency Room utilization for physical health reasons by Severe and Persistent Mentally Ill members as well as our Native American population in Jackson and Josephine Counties. This information supported the decision to hold Listening Sessions with these members to better understand what the data was showing us. Ongoing review of this report allows the Committee to monitor performance and propose additional projects to address issues that are contributing to identified disparities.

# Language Access Work Group

## Work Group Purpose Statement

The Language Access Work Group is a sub-group of the Health Equity Steering Committee. The work group's purpose is to address the specific language needs of the Limited English Proficient (LEP) beneficiaries, in a method consistent with the core objectives of the federally assisted programs or activities. The group must identify and evaluate the specific language needs for both oral and written information. These needs may operate as artificial barriers to full and meaningful participation in AllCare Health, Inc. programs, activities, or services.

### AllCare Health Focus Areas:

This work group will focus on the three (3) following priorities:

- Create a yearly Language Access Assessment and Work plan for AllCare Health.
- Assess quality of AllCare Health's Language Access Services including:
  - Interpreters
  - Translations
  - Training on interpreter use for First Tier, Downstream, and Related entities.
  - Internal staff trainings
- Create and maintain AllCare Health's Language Access Policy

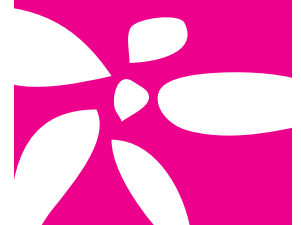
### AllCare CCO Focus Areas:

#### Culturally and linguistically appropriate services

The CCO provides culturally and linguistically appropriate services. The CCO has policies and processes that fully comply with state and federal laws regarding language access and accessibility. The CCO provides free-of-charge certified or qualified oral and sign language interpreters to all consumers, and accessible health and healthcare services for individuals with disabilities following Title III of ADA.

#### Language access reporting mechanisms

The CCO invests resources, develops processes and implements tracking mechanisms that ensure CCO and provider network provides readily available, high-quality, language assistance services.



## Language Access Work Group

### Work Group 2020 Goals

- Provide simplified instructions to provider offices regarding Language Access Services.
- Train ten (10) organizations on how to work with, and access Interpreter Services.
- Continue internal audit of Limited English Speakers and if a Certified or Qualified Interpreter was present during the encounter.
  - 29% of Limited English Proficient Individuals had an Interpreter that was OHA Certified or Qualified at the encounter.
  - Increase the individuals that had an Interpreter that was OHA Certified or Qualified at the encounter each quarter by 10%.
- Ongoing process improvement for internal policies related to Language Access.
- Renew internal interpreter training license that fulfills the 60-hour requirement for becoming a Qualified or Certified Interpreter with the State of Oregon.
- Utilize training opportunity to add thirty (30) Certified Medical Interpreters to the region.

### Current Interventions Due to COVID-19:

1. AllCare Health announced enforcement discretion related to Video Remote Interpreting (VRI) during COVID-19.

*Please see Appendix F.*





## Policy Work Group

### Work Group Purpose Statement

The Policy Work Group is a sub-group of the Health Equity Steering Committee. The work group's purpose is to provide resources and support for reviewing AllCare Health, First Tier, Downstream, and Related Entities policies with an "Equity Lens."

### AllCare Health Focus Areas:

This work group will focus on the three (3) following priorities:

1. Create a policy evaluation process that aligns with the Culturally Appropriate Standards in Health and Healthcare.
2. Engage First Tier, Downstream, and Related Entities to advocate policies that support the social determinants of health and health equity.
3. Review, refine, and implement equitable hiring practice policies in coordination with Human Resources.

### AllCare CCO Focus Areas:

#### Workforce

The CCO's recruitment processes focus on diversity, equity, and inclusion recruitment and retention strategies. CCO develops organization wide strategies to recruit, promote, and support a culturally and linguistically diverse workforce, from the front desk staff to senior leadership to external contractors and partners.

### Work Group 2020 Goals

- Create a policy evaluation process that aligns with the Culturally Appropriate Standards in Health and Healthcare.
- Engage First Tier, Downstream, and Related Entities to advocate policies that support the social determinants of health and health equity.
- The Human Resources department will refine hiring practices to ensure that hiring managers are trained and future staff are hired with health equity practices. Some of the methods will include posting position in alternative publications to increase diversity and awareness of regional language differences.
  - 25% of hiring managers trained using refined practices by June 2021.
  - 25% of all staff to be hired using refined practices by June 2021.

## Training and Education Work Group

### Work Group Purpose Statement

The Training and Education Work Group is a sub-group of the Health Equity Steering Committee. The work group's purpose is to provide resources and support for improving the cultural competence of AllCare Health staff and First Tier, Downstream, and Related Entities within AllCare Health's service area.

### AllCare Health Focus Areas

This work group will focus on the three (3) following priorities:

1. Develop training and education with community input.
2. Train-the-trainers within AllCare Health's service area to broaden the reach of available trainings.
3. Develop and update criteria for approving external cultural competence continuing education opportunities.

### AllCare CCO Focus Areas:

#### Organizational training and education

The CCO develops an "Organizational and Provider Network Cultural Responsiveness, Implicit Bias Training and Education Plan" that includes its governing board, leadership, Community Advisory Council (CAC) and the provider network. *Please see Appendix I for full training and education plan.*

### Work Group 2020 Goals

- Train three (3) trainers from First Tier, Downstream or Related Entities in AllCare Health's internal Health Equity Training Curriculum.
- Train 100% of staff yearly on AllCare Health's internal Health Equity Training series.
- Develop and update criteria for approving external cultural competence continuing education opportunities.
- Develop four (4) trainings to offer as part of the 2019-2020 training sessions. The trainings will focus on:
  - How to access and use interpreter services
  - Implicit bias
  - Priorities received from AllCare Health's community listening sessions
  - Social determinants of health

## Training and Education Work Group

**Background:** In 2016, AllCare Health trained 100% of staff and another 800 individuals in Southern Oregon, through a five (5) hour Cultural Humility Training. The training was developed from the CLAS standards in partnership with So Health-E. Intent was to provide participants with the ability to:

- Understand the fundamentals of cultural competency, diversity, and inclusion.
- Examine their own personal lenses and biases.
- Examine the concept of cultural humility and the link to life-long learning and service equity.
- Understand the impact of privilege and unconscious bias on health outcomes for marginalized populations.
- Examine the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Healthcare.
- Identify current challenges and barriers to providing health care, educational, and social services to culturally, ethnically, linguistically and socially diverse populations in Southern Oregon.
- Learn strategies for providing culturally responsive services and strategies to improve community engagement and increase inclusion of diverse communities.

**2017-2018:** To encourage a shared understanding of health equity for AllCare Health staff and the community, four (4) one (1) hour trainings were developed with input from community organizations.

- Cultural Agility: Provides participants with the skills for adapting to cultural differences while remaining agile during interactions with co-workers and members.
- Health Literacy: Gives the definition of health literacy and explains how marginal health literacy can be a barrier to a patient's healthcare and health outcomes.
- Implicit Bias: Helps participants understand implicit bias, its effect on healthcare, and how it can be overcome.
- Creating An Affirming Setting for Non-Binary (those who don't identify as man or woman) People: Includes important terms, data, and expert-informed practices. Offers suggestions for how an individual can implement simple changes to improve the experiences of patients with non-binary gender identities.



## Training and Education Work Group

**2018-2019:** AllCare Health will continue providing the five (5), one (1) hour training sessions developed from community input. AllCare is also offering a Train-the-Trainer session to help others share the information and broaden understanding further within our communities. *Please see Appendix G.*

- Health Literacy 1.0: Defines health literacy and why low health literacy is a barrier to health.
- Health Literacy 2.0: This workshop will teaches participants skills to create Plain Language forms. They are required to complete Health Literacy 1.0 to register.

### **Unnatural Causes: Episode Five-Place Matters**

Participants watch “Place Matters” from Unnatural Causes. Then discuss why your address is a predictor of your health.

### **Social Determinants of Health (SDoH) Game**

This training helps participants understand the impacts of SDoH. The game has three goals:

- Discuss the SDoH
- Build empathy
- Learning in a fun setting

### **Barriers to Care**

This training explores these barriers to care:

- Social Determinants of Health
- Unconscious Bias
- Low Health Literacy
- Language Access

### **Current Interventions Due to COVID-19:**

1. **AllCare Health provided free training opportunities for provider offices who are able to use the time during COVID-19 for staff development.**

*Please see Appendix H.*

## Appendix

# Deaf & Hard of Hearing Forum

An event to help the medical provider overcome communication barriers which present with Deaf patients. Presenters will explain Deaf and Hard-of-Hearing needs, impacts of misdiagnosis and language deprivation, Deaf culture and communication etiquette, legal duties, pitfalls, and how to avoid the latter.

Sept. 27th - 2825 E Barnett Rd, Medford

Sept. 28th - 1701 NE 7th St., Grants Pass

## Agenda (both locations)

Registration	7:45 a.m. - 8:15 a.m.
<b>Deaf Culture</b> Chad/Denise	8:15 a.m. - 9:30 a.m.
Stories Panel	9:30 a.m. - 10:00
Break	10:00 a.m. - 10:15 a.m.
<b>When to use an Interpreter</b> Stick/Mavel	10:15 a.m. - 11:15 a.m.
Expert Panel	11:15 a.m. - 12:00 p.m.
Questions/ Wrap-up	12:00 p.m. - 12:30 p.m.

Register online at:  
[surveymonkey.com/r/Deaf\\_Forum](https://surveymonkey.com/r/Deaf_Forum)



**Chad A. Ludwig, MSW, ADAC, DI**  
Chad is a Director for Regional Resource Center on Deafness (RRCDD) with Western Oregon University (WOU). Chad works as a freelance Deaf and DeafBlind Interpreter (DI) on the side in the community.



**Denise Thew Hackett, Ph.D., MSCI, CRC**  
is an Associate Professor and Program Coordinator for the Rehabilitation and Mental Health Counseling Graduate Program at Western Oregon University. Denise is the Principal Investigator of the Deaf and Hard of Hearing Oregonian Community Needs Assessment.



**Stick Crosby, AllCare Health Network & Health Equity Mgr.**  
Stick is the Network & Health Equity Manager for AllCare Health. In this position he is able to look at inequities on a systems level within the provider network and find ways that we can change the system to work for everyone.



**Mavel Morales**  
Mavel is the ADA Coordinator and Civil Rights Investigator for OHA service recipients. Mavel is fluent in Spanish. Mavel provides technical assistance to OHA staff and OHA contractors in the areas of nondiscrimination, Section 1557 and ADA compliance.



Earn  
**CME & CEU**  
Credits!



Health Equity Training Series  
**Blood-Borne and Sexually Transmitted Infections**

Talking with your patients in a culturally appropriate way

**Wednesday, February 13th, 2019**  
**5:00 p.m. to 7:00 p.m.**  
Jacksonville Inn  
**Dinner will be provided.**

Featuring:



**Chris Evans, MD, MPH, AAHIVS**  
AETC Presentation:  
Update on STD screening and treatment.  
**This presentation qualifies as 1 hour CME or CEU!**

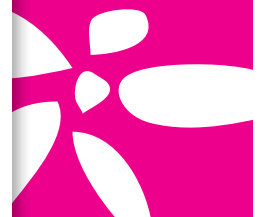


**Jennifer Mappus, PharmD:**  
Prescribing Pre Exposure Prophylaxis.



**Dawn Cogliser, FNP:**  
Culturally Appropriate ways to have discussions with underserved populations.

RSVP to Amy DeChenne at:  
<https://www.surveymonkey.com/r/HEAETC>  
or Amy.DeChenne@AllCareHealth.com







**AllCare Health**  
Human Resources  
Policies and Procedures

## Language Proficiency Pay Differential Policy

<b>Revision number:</b> 1	<b>Revision date:</b> 2/22/2019
<b>Approved by:</b> Kathy Charles	<b>Approval date:</b> 2/22/2017

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### Purpose

AllCare Health is committed to ensuring good communication between staff and individuals who depend on our services. The organization also is committed to supporting staff in the development and use of abilities that increase their ability to communicate with the communities we serve. Fulfilling this commitment through a language proficiency policy will result in improved outcomes for staff and our members.

### Description

This policy details the requirements for training, hiring and providing a pay differential for staff who are multi-lingual.

### Policy

- AllCare Health Human Resources (HR) shall coordinate with organization programs to develop and maintain a list identifying non-English languages commonly needed by AllCare Health employees, including American Sign Language.
- Qualifying employees of AllCare Health required to use their skills in more than one language in the performance of their assigned duties, including oral or written communication such as interpretation and written translation or the use of sign language, may be offered a pay differential for proficiency in a non-English language.
- Differential pay is based on operations and position need as well as current demographic data and measurable outcomes specific to each position.
- To qualify for a language pay differential, AllCare Health employees shall meet language proficiency standards.



**AllCare Health**  
Human Resources  
Policies and Procedures

**Language Proficiency Pay Differential Policy**

<b>Revision number:</b> 1	<b>Revision date:</b> 2/22/2019
<b>Approved by:</b> Kathy Charles	<b>Approval date:</b> 2/22/2017

5. AllCare Health shall employ an independent third-party assessor of language abilities to determine levels of proficiency and create standardized language performance measures.
6. Assigned duties determining eligibility for a pay differential based on non-English language proficiency vary for each position and shall be specified within each individual position description.
  - a. Managers may request that non-English language proficiency be added to a position description.
  - b. The addition of non-English proficiency to a position description shall be reviewed and approved by HR.
7. Supervising managers shall immediately notify HR when an employee is no longer eligible for a language pay differential.
8. AllCare Health employees may test for language proficiency during their employment, whether or not they are in a position requiring non-English language proficiency.
  - a. HR shall add a proficiency designation and the language in which proficiency has been established to the personnel file of each employee passing the proficiency test.
  - b. The names of employees with passing proficiency scores will be added to an HR list of staff "pre-qualified" for bilingual positions.
9. AllCare Health shall contract with a language testing service to assess the language proficiency of employees and candidates for employment when those employees will receive a pay differential based on the use of non-English language skills in the performance of their assigned duties.
10. In order to receive a pay differential for proficiency in a non-English language, or be offered a position requiring proficiency in a non-English language, staff and candidates must achieve:
  - a. A level of "High Intermediate" fluency on the oral assessment.
  - b. Written language proficiency, at the request of the supervising manager based on job responsibilities.
11. Employees or applicants may have testing waived by providing approved documentation such as:
  - a. A previously documented ASL proficiency interview test score of Level 3 or above.
  - b. A college degree or diploma from a country with a national language applicable to the desired position.
  - c. National or state certification as an interpreter in a legal, medical or other setting.





**AllCare Health**  
Human Resources  
Policies and Procedures

**Language Proficiency Pay Differential Policy**

<b>Revision number:</b> 1	<b>Revision date:</b> 2/22/2019
<b>Approved by:</b> Kathy Charles	<b>Approval date:</b> 2/22/2017

12. Prospective staff applying for positions requiring non-English language proficiency (including current staff applying for promotion or transfer) shall have one opportunity during the application process to pass the proficiency assessment.
13. All AllCare Health staff receiving a language proficiency pay differential when this policy goes into effect shall be assessed to ensure interpretive (oral) language proficiency in the target language within six months of the implementation of this policy.
  - a. Employees may test twice within a six month period in order to demonstrate proficiency.
  - b. Based on operational needs and budget constraints, AllCare Health may support skill enhancement for employees who do not pass their initial proficiency assessment.
  - c. Employees who do not demonstrate proficiency within a six month period of their initial testing may have their pay differential removed and non-English language responsibilities reassigned.

**Revision History**

- 01/30/2016: Document created





Sponsored by AllCare CCO

## Medical Interpreter Course Requirements

AllCare will facilitate the application process to Oregon Health Authority for participants completing this training to become a qualified medical interpreter with the state of Oregon.

\*Be at least 18 years of age

\*Must have a high school diploma or GED

\*Are not on the Medicaid exclusion list

\*Complete a language proficiency test in the target language. A high school diploma from a country that predominantly speaks that language will be accepted.

\*You can schedule a language proficiency test with AllCare. The cost is \$75.00

\*A letter on your employer's letterhead attesting to 15 hours of documented interpreting experience.

\*A clear copy of a driver's license, state-issued ID card or passport for your background check.

The training will be held at AllCare's main headquarters 1701 NE 7th St. Grants Pass, Or. The dates for the training will be **Tuesday, March 11th 2019** through **Friday, March 15th 2019** and **Tuesday, March 18th 2019** through **Friday, March 21st 2019**. You must attend all 8 days to meet the 60 hour requirement by Oregon Health Authority. Each session will begin at 8:00 am and end at 5:00 pm



Sponsored by AllCare CCO

## Become a Qualified Medical Interpreter

Meet the State of Oregon's requirements for Medical Interpreting



For Scholarship information and to register:

<https://www.surveymonkey.com/r/BTGREG>

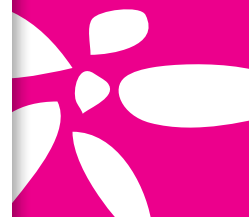
Picture yourself as one of the many Limited English Proficient (LEP) people across the United States. Those who struggle or are unable to speak English. Imagine the feelings you have as your knowledge of your health is in someone else's hands. This could feel scary or stressful.

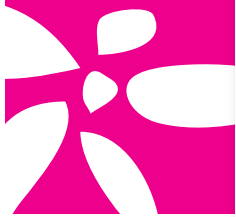
This is why health care interpreters matter. They are the only bridge between health care and the LEP patient. Not only do these interpreters speak both languages, they have also been trained to explain medical terminology. Their job exists to make sure all patients get the same quality of health care as everyone else.

AllCare CCO is a licensed training site for the Bridging the Gap 64 hour interpreter training that meets the state of Oregon's requirements to become a Qualified Medical Interpreter.

The cost is \$750.00 for the 8 day training and \$100.00 for the text book. Lunch will be provided. Course requirements are on the back of this flyer.

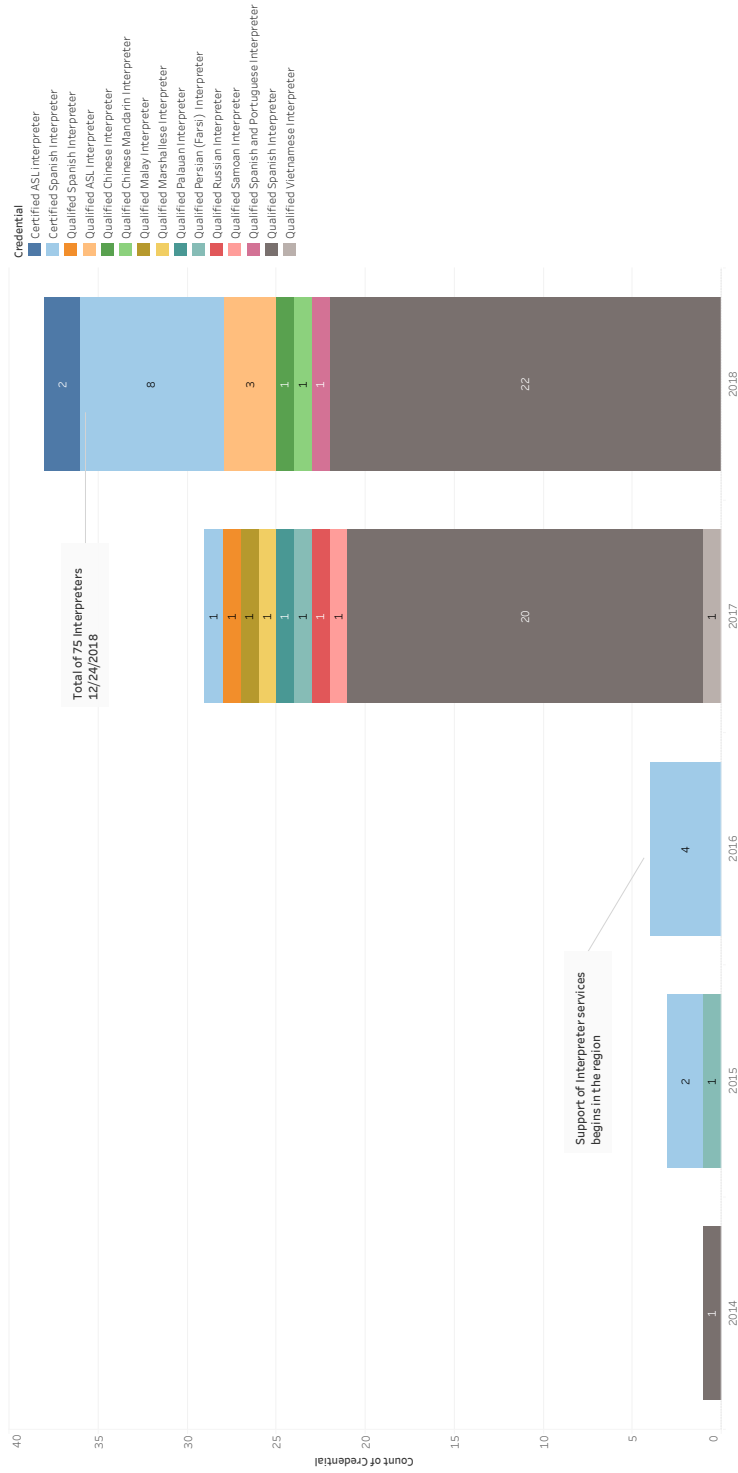
**\*Scholarships Available**





# Appendix E

Count of Certified and Qualified Interpreters by year and language (Jackson, Josephine, Curry)

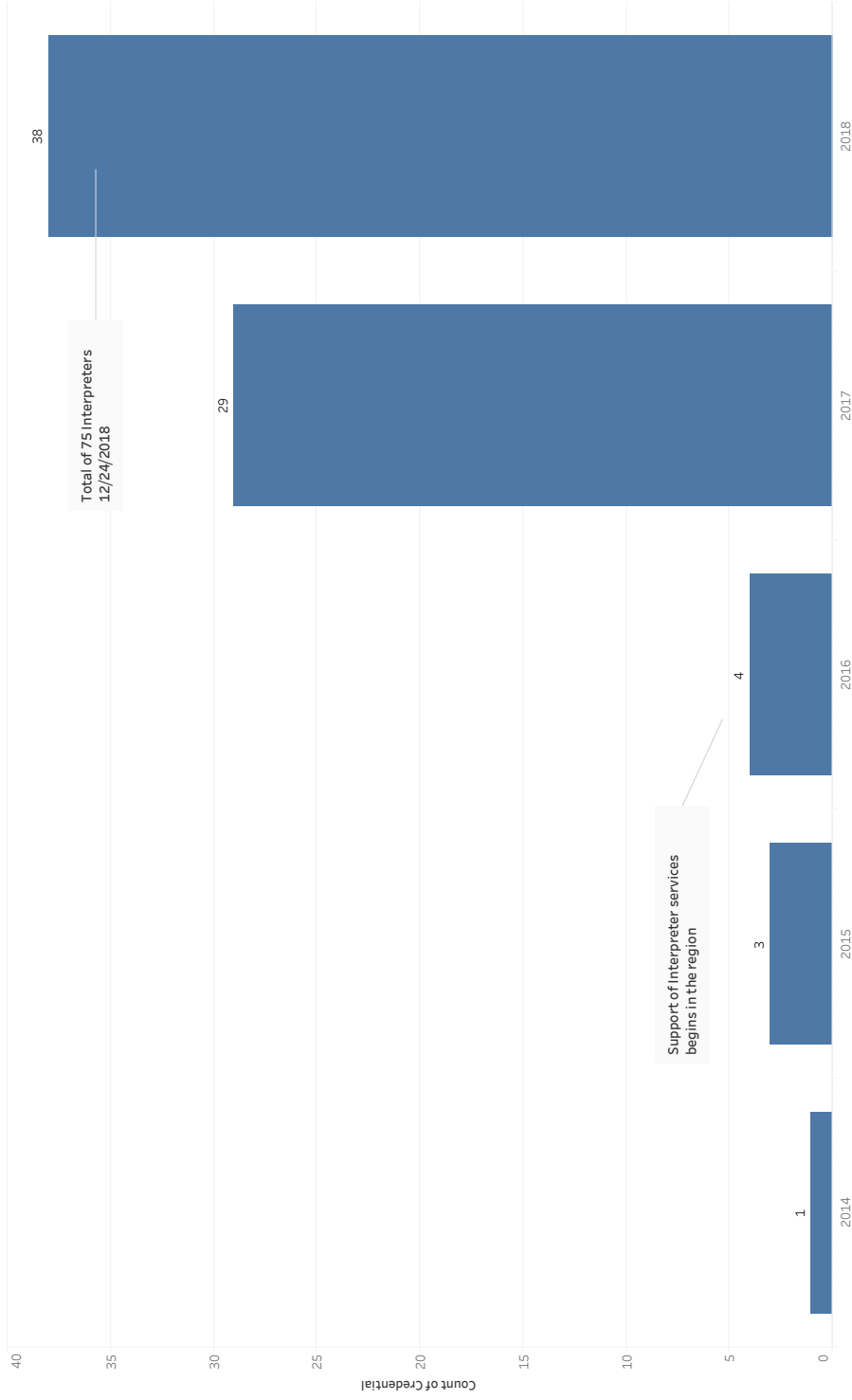




# Appendix E



Count of Certified and Qualified Interpreters by year and language (Jackson, Josephine, Curry)





Changing healthcare to work for you.

**Date:** March 23, 2020

**To:** All AllCare Health, Inc. contracted interpreters

**From:** Stick Crosby, Director, Network and Health Equity, AllCare CCO, Inc.

**Subject:** Video Remote Interpreting during the COVID-19 public health emergency

On March 17<sup>th</sup>, 2020 the Centers for Medicare & Medicaid Services (CMS) has broadened access to Medicare telehealth services so that beneficiaries can receive a wider range of services from their doctors without having to travel to a healthcare facility. These visits are considered the same as in-person visits, and are paid at the same rate as regular, in-person visits.

In order to mitigate the risk to the Certified and Qualified Interpreter workforce, and prevent further spread of the virus COVID-19, effective immediately, AllCare will exercise enforcement discretion related to Video Remote Interpreting (VRI).

AllCare classifies Interpreters, and direct service providers in the following categories:

- Contracted In-Person interpreters- Those interpreters contracted directly or subcontracted through an agency, or employed by a contracted Healthcare entity that provide in-person interpretation
- Video Remote Interpreters- A video telecommunication service that uses devices such as web cameras, or videophones, to provide sign language or spoken language interpreting services.
- Telephone interpreting- Is a service that connects interpreters via telephone to individuals who wish to speak to each other but do not share a common language.
- Direct Service- Those Providers, Medical Assistants, Receptionists, or healthcare staff that have completed a language proficiency test and are communicating directly with the LEP. Once the individual providing Direct Service begins communicating a message between the LEP and another individual, the communication becomes Interpretation.

All Contracted In-Person Certified or Qualified interpreters that serve Limited English Speaking Patients (LEP) in good faith will have the option to use everyday communications technologies, such as FaceTime or Skype, during the COVID-19 nationwide public health emergency.



An Oregon Benefit Company

1701 NE 7th St.  
Grants Pass, OR 97526  
Phone (541) 471-4106  
Fax (541) 471-3784  
Toll free (888) 460-0185  
TTY 711  
AllCareHealth.com



Changing healthcare to work for you.

- Directly Contracted or Subcontracted Interpreters AllCare will reimburse Interpreters at a **One-Hour Minimum**. Please document clearly on the invoice that the service was completed remotely.
- Those Interpreters employed by a contracted Healthcare entity please bill under **Place of Service 02**.
- There is no change at this time related to already established Video Remote Interpreters, Telephone Interpreters, and Direct Service providers.

This policy change will be in effect until Monday, June 15, 2020 AllCare will release another document at that time if this policy change will continue. Please send any clarification questions you may have to [LanguageAccess@AllCareHealth.com](mailto:LanguageAccess@AllCareHealth.com)

Thank you for your continued support of AllCare and the services that you provide our Members.

Stick Crosby  
Director, Network and Health Equity  
AllCare Health, Inc.  
Pronouns: He/Him/His  
Phone +1 (541) 471-4106  
Email [Stick.Crosby@allcarehealth.com](mailto:Stick.Crosby@allcarehealth.com)



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[AllCareHealth.com](http://AllCareHealth.com)



## Train the Trainer

Are you trying to address health disparities in a meaningful way, within your organization? AllCare Health is offering five “Train the Trainer” sessions to help improve communication and understanding with members and co-workers.

**Friday, February 22**

**8:00 a.m. to 5:00 p.m.**

AllCare Health Community Room, 1701 NE 7th Street, Grants Pass, OR

**Register early – Only 20 participants will be accepted!**

Contact [amy.dechenne@AllCareHealth.com](mailto:amy.dechenne@AllCareHealth.com) to register.

### Trainings include:

#### Health Literacy 1.0

Defines what health literacy is and why low health literacy is a barrier to health. Only offered twice in 2019.

#### Health Literacy 2.0

Teaches the skills needed to create Plain Language forms.

#### Cultural Agility

Skills for adapting to cultural differences while being agile during interactions with patients and co-workers.

#### Implicit Bias

Understand what implicit bias is, its effect, and how to overcome implicit bias in healthcare.

#### Barriers to care

Explore these barriers to care:

- Social Determinants of Health
- Unconscious Bias
- Low Health Literacy

#### Social Determinants of Health (SDoH) Game

Understand the impacts of SDoH. The game has three goals:

- Discuss the SDoH
- Build empathy
- Learn in a fun setting





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**Date:** April 8, 2020

**To:** All Directly Contracted AllCare CCO, Inc. Providers

**From:** Stick Crosby, Network Director, AllCare CCO, Inc.

**Subject:** Health Equity Training and Education Plan during COVID-19

This communication is regarding the AllCare CCO, Inc. memo dated February 26<sup>th</sup>, 2020 Subject: Health Equity Training and Education Plan.

AllCare recognizes that the current crisis has changed the Provider Practice landscape greatly and that initiatives have been put on hold. For practices that are able to use this time for staff development, they can participate in the following online training options.

**FREE TRAININGS FOR ALL STAFF:**

<https://www.lgbthealtheducation.org>

[Clinical Care for Transgender and Gender Non-conforming Patients](#)

[Behavioral Health Care for Lesbian, Gay, Bisexual, Transgender, and Queer \(LGBTQ\) People](#)

[Affirming LGBT People through Effective Communication](#)

**FREE TRAININGS FOR MEDICAL PROVIDERS:**

Target audience:

<https://thinkculturalhealth.hhs.gov/education>

[A Physician's Practical Guide to Culturally Competent Care](#)

Target Audience:

- Physicians
- Physician Assistants
- Nurse Practitioners
- Any direct service provider interested in learning about culturally and linguistically appropriate services



AllCare CCO, Inc., An Oregon Benefit Company

1701 NE 7th St.  
 Grants Pass, OR 97526  
 Phone (541) 471-4106  
 Fax (541) 471-3794  
 Toll free (888) 460-0185  
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**FREE TRAINING FOR BEHAVIORAL HEALTH PROVIDERS:**

<https://thinkculturalhealth.hhs.gov/education>

[Improving Cultural Competency for Behavioral Health Professionals](#)

Target Audience:

- NAADAC Licensed Drug and Alcohol Counselors
- NBCC Counselors
- Nurses
- Psychologists
- Psychiatrists
- Social Workers
- Other Behavioral Health Professionals

**FREE TRAINING FOR ORAL HEALTH PROVIDERS:**

<https://thinkculturalhealth.hhs.gov/education>

[Cultural Competency Program for Oral Health Providers](#)

Target Audience:

- Dentists
- Dental Assistants
- Dental Hygienists
- Dental Specialists
- Any oral health professional interested in learning about culturally and linguistically appropriate services

**FREE TRAINING FOR ADMINISTRATORS:**

<https://thinkculturalhealth.hhs.gov/education>

[The Guide to Providing Effective Communication and Language Assistance Services](#)

Target Audience:

- Health care providers (or those providing direct care and services)
- Health care administrators
- Health care executives
- Social Determinants of Health providers



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AllCareHealth.com



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The AllCare Training and Education committee will not be reviewing trainings for approval until September 2020.

If you have questions about this communication or the Direct Provider Agreement, please email [Contracts@allcarehealth.com](mailto:Contracts@allcarehealth.com)

Thank you for your continued support of AllCare CCO, Inc. and the services that you provide our Members.

Stick Crosby  
Director, Network and Health Equity  
AllCare Health, Inc.  
541-471-4106



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## HEALTH EQUITY TRAINING PLAN

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Version 3.0  
08/05/2019



AllCare CCO, Inc., An Oregon Benefit Company

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### VERSION HISTORY

Yearly the Health Equity Manager will work with the Training and Education Work Group to develop a training and education plan with community input. This plan will developed by the Training and Education Workgroup and approved by the Health Equity and Inclusivity Action Team.

Version #	Implemented By	Revision Date	Approved By	Approval Date	Reason
1.0	Stick Crosby	8/1/2017	Health Equity Team	8/1/2017	2017 Training and Education Plan
2.0	Stick Crosby	8/1/2018	Health Equity Team	8/1/2018	2018 Training and Education Plan
3.0	Stick Crosby	8/1/2019	Health Equity Team	10/29/2019	2019 Training and Education Plan



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## INTRODUCTION

### 1.1 PURPOSE

This Health Equity Training Plan establishes procedures to plan, develop, implement, and maintain the Health Equity Training Plan training program and curriculum. The following training or training opportunities have been established for this plan:

- Implicit bias/addressing structural barriers and systemic structures of oppression;
- Language access (including the use of plain language) and use of Health Care Interpreters, including without limitation, the use of Certified or Qualified Healthcare and American Sign Language interpreters;
- The use of CLAS Standards in the provision of services;
- Adverse childhood experiences/trauma informed care practices that are culturally responsive and address historical trauma;
- Uses of REAL+D data to advance health equity;
- Universal access and accessibility in addition to compliance with the ADA; and
- Health literacy.

### 1.2 SCOPE

#### 1.2.1 Planning Principles

The planning principles used in establishing the Health Equity Training Plan are as follows:

1. To promote access and delivery of services in a culturally competent manner to all AllCare Health, Inc. members, including those with limited English proficiency, diverse cultural and ethnic backgrounds, disabilities, and regardless of gender, sexual orientation or gender identity. These methods must ensure that members have access to covered services and that those services are delivered in a manner that meet their unique needs.
2. All components of the training plan are components of a cultural competence curriculum set forth by OHA's Cultural Competency Continuing Education criteria listed on OHA's website.
3. Trainers and trainings are vetted through AllCare's Health Equity Training Workgroup
4. Per OAR 943-090-0010, Cultural Competence is defined as "a life-long process of examining values and beliefs and developing and applying an inclusive approach to health care practice in a manner that recognizes the context and complexities



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of provider-patient communication and interaction and preserves the dignity of individuals, families, and communities."

**1.2.2 Constraints**

This section seeks to identify any limitation that must be taken into consideration regarding the content of this plan.

1. All components of the training plan are components of a cultural competence curriculum set forth by OHA's Cultural Competency Continuing Education criteria listed on OHA's website.
2. Meeting the needs of the diverse communities in each of AllCare's Service Areas. From time to time, this may conflict with state priorities of Health Equity Training and Education.
3. Training programs around elements of cultural responsiveness and implicit bias shall include information relevant to Oregon's laws and administrative rules when pertinent. For example, State programs and rules that relate to Qualified or Certified Healthcare Interpreters.

**ROLES & RESPONSIBILITIES**

**Health Equity and Inclusivity Action Team** – Establish a cross-departmental Health Equity Committee to advance policy, systems, environmental changes that promote equity and address social determinants of health. The Committee shall prioritize health disparities for underrepresented populations including racially and ethnically diverse communities, people with disabilities, age, gender, protected classes, mental illness, LGBT communities, and low-income individuals.

**Education and Training Work Group** – To ensure cultural agility training occurs throughout our service area.

**Health Equity Manager:** This paid staff role is supported by funds from AllCare. The Health Equity Manager will work closely with the Health Equity committee, AllCare leadership and community partners to achieve the goals and objectives set by the committee. The manager is accountable for appropriate expenditure of funds, and ensuring that deliverables are met. This role is a single point of accountability with budgetary decision-making authority, and health equity expertise, and reports to the AllCare Board of Governors.

**Trainers:** Trainers vetted by the Education and Training Workgroup to provide Health Equity trainings in a way that advances Health Equity in the geographic region.

**Regional Health Equity Coalition:** Provide local accountability and priorities for the program.



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## REQUIREMENT & PREREQUISITES

AllCare shall provide an Annual Training and Education Report that documents all of the previous year’s training activities, including, without limitation, reporting of training subjects, content outlines and materials, assessment of goals and objectives, target audiences, delivery system, evaluations, training dates and hours, training attendance, and trainer qualifications. AllCare shall also include, in its Annual Training and Education Report, its training and education plan for the then-current calendar year. AllCare shall provide its Annual Training and Education Report to OHA via Administrative Notice on March 15 of each year. With this report AllCare will also provide its Updated Health Equity Plan and Annual Health Equity Assessment Report.

## STRATEGY & APPROACH

AllCare shall provide the trainings on a yearly schedule that can be found in section 6 of this plan. Twenty individuals, not employed by AllCare, shall also be selected to attend a ‘Train the Trainer’ session and they will be recognized in each year’s trainings.

### 1.3 TRAINING SOURCES

Each training is developed internally by the Health Equity Manager with input from Subject Matter Experts and local community.

### 1.4 CULTURAL RESPONSIVENESS CORE COMPETENCIES

All trainings will be designed with the following core competencies: cognitive, practice and values/beliefs. These are a set of skills that are desirable for the broad health system and the practice of health and healthcare delivery for AllCare members and their communities:

#### 1.4.1 Knowledge (cognitive competencies):

- Examine factors that contribute to health disparities, particularly social, economic, environmental, health systems, and access
- Identify health disparities that exist at the local, state, regional, national, and global levels
- Describe strategies to communicate with limited English-proficient patients and communities
- Describe the role of community engagement in health care and wellness
- Describe both the value and limitation of evidence-based literature on



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understanding the health of individuals and communities

**1.4.2 Skills (practice competencies):**

- Integrate cultural perspectives of the patient/member, family, and community in developing service, treatment, and/or interventions
- Apply (community) constituent /patient-centered principles to earn trust and credibility
- Contribute expertise to culturally competent/responsive interventions
- Communicate in a culturally competent/responsive manner with patients, families, and communities
- Work in a transdisciplinary setting/team
- Demonstrate shared decision making
- Communicate with colleagues, patients, families, and communities about health and health care disparities
- Establish equitable partnerships with local health departments, community-based organizations, and leaders to develop culturally appropriate outreach and interventions

**1.4.3 Attitudes (values/beliefs competencies):**

- Demonstrate a willingness to apply the principles of cultural competence/responsiveness
- Appreciate that becoming culturally competent/responsive involves lifelong learning
- Demonstrate a willingness to assess the impact of one's own culture, assumptions, stereotypes, and biases on the ability to provide culturally competent care and service
- Demonstrate a willingness to explore cultural elements and aspects that influence decision making by patients, self, and colleagues
- Demonstrate a willingness to collaborate to overcome linguistic and literacy challenges in the service, clinical and community encounter
- Appreciate the influence of institutional culture on learning content, style, and opportunities for professional training programs



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## 1.5 Dependencies and limitations

All trainings will be inclusive of all participants and make accommodations for allergies, hearing or visual Impairments, preferred language, use of correct pronouns, and ensuring ADA accessibility.

## 1.6 Selection of local training opportunities

For a training opportunity to be recognized outside of AllCare's approved trainings, it must be submitted to AllCare's Training and Education Workgroup to verify that it meets the four domains listed under 4.4.1. Those proposing or inquiring about outside training programs will be informed, in writing, of their approval status. If a training is not approved, the domains not met will be indicated.

### 1.6.1 Domain 1

Culturally competent practice requires self-awareness and self-assessment of beliefs, attitudes, emotions and values

- Training opportunity teaches about cultural factors that may influence provider and patient's behaviors
- Training opportunity helps to foster a non-judgmental and respectful environment during health encounters between provider and patient
- Training opportunity teaches relationship between cultural competence and ethics
- Training opportunity explores concepts of power, privilege and oppression across personal identities and the intersections among these identities (e.g. racial, ethnic, culturally-based, LGBTQ, people with disabilities, limited English proficient, etc.)

### 1.6.2 Domain 2

Culturally competent practice requires the acquisition of knowledge by providers.

- Training opportunity demonstrates understanding of cultural competence as a developmental, life long, participatory process, not an endpoint
- Training opportunity provides a broad and inclusive definition of diversity, even if it focuses on a specific population
- Training opportunity demonstrates knowledge of legal, regulatory (i.e. patient rights & responsibilities, risks to practice-civil rights act, ADA, CLAS, Joint Commission requirements, etc.) and accreditation issues of diversity and linguistic issues and providers' professional standards regarding cultural competence



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- Training opportunity demonstrates knowledge of health disparities and social determinants of health
- Training opportunity demonstrates knowledge of culturally-based information and related resources specific to Oregon

### 1.6.3 Domain 3

Culturally competent practice requires the acquisition of skills by providers.

- Training opportunity demonstrates how to collaborate with patients and/or stakeholders in making health care decisions.
- Training opportunity demonstrates how to develop and/or utilize communication tools/multiple patient education formats (including translated, audio and visual materials) and patient assessment strategies (e.g. patient- and family-centered communication, patient's perception of his/her health, patient preferences, etc.)
- Training opportunity demonstrates how to collect and utilize data to inform clinical practice related to health equity, (including recognition of institutional cultural issues)
- Training opportunity demonstrates how to collaborate effectively with community resources, stakeholders, traditional health workers (THWs), qualified/certified health care interpreters (HCIs), providers, and other types of healers

### 1.6.4 Domain 4

Culturally competent training requires specific educational approaches for acquisition of knowledge and skills

- Training opportunity is delivered through facilitated learning processes (e.g. interactive training involving case review; homework; discussion group/blog; interactive test with trainer/facilitator; post-training to demonstrate what was learned; etc.)
- Training opportunity uses a variety of collaborative, inclusive and accessible teaching methodologies consistent with adult learning principles (self-directed, goal oriented activities based on participant experiences in order to gain new forms of knowledge, skills, attitudes, or values)
- Training opportunity is evaluated to assess impact on participants and efficacy of trainers, with clear description of criteria for participant completion



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- Training opportunity incorporates the principles of privilege, power, oppression, bias, and the guiding principles of cultural competency

## TRAINING RESOURCES

All AllCare trainers must reach out to the Provider Services Coordinator one week before each training to receive current versions of training material and a list expected participants/attendees.

### 1.7 MATERIALS

All training materials are stored on the AllCare U: drive at "U:\Health Equity & Inclusivity Team\Work Groups\Training and Education"

All external trainers must to reach out to the Provider Services Coordinator one week before each training to receive current versions of training material.

### 1.8 TRAINERS

Curriculums are taught by individual instructor(s) or teaching team(s) that have the academic and experiential qualifications and professional background needed to meet program goals and objectives. The ideal characteristics for instructors include:

1. Experience that brings relevant, real-life examples into the training;
2. Competency in adult education techniques, either through study or a proven track record;
3. Knowledge, skills, and attitudes needed to work effectively in cross-cultural settings and teach to diverse learning and communication styles; and
4. Up-to-date understanding on developments in adult pedagogy, classroom management, techniques in interpreting pedagogy, and the field of healthcare.

### 1.9 EQUIPMENT

An internet connection, computer, white board, and projector will be necessary for all trainings.

### 1.10 ENVIRONMENT

Rooms must be ADA Accessible and be able to facilitate 30 participants.

Tables will be separated into groups of three to five at each table.

Seats will be assigned to individuals from different departments.



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## TRAINING SCHEDULE

ID	Course Name	Location	Date/Time	Duration
Curriculum Two	ADA Requirements and Universal Access	AllCare Health 1701 Ne 7th St. Grants Pass, Or 97526	Wednesday March 4th 2020 8:00 AM	One hour
Curriculum Three	Health Literacy	AllCare Health 1701 Ne 7th St. Grants Pass, Or 97526	Wednesday March 11th 2020 12:00 PM	One hour
Curriculum Four	Implicit Bias and Class Standards	AllCare Health 1701 Ne 7th St. Grants Pass, Or 97526	Wednesday March 25th 2020 5:00 PM	One hour
Curriculum Five	Interpreter Services	AllCare Health 1701 Ne 7th St. Grants Pass, Or 97526	Wednesday April 1st 2020 8:00 AM	One hour
Curriculum One	Using Data to advance Health Equity	AllCare Health 1701 Ne 7th St. Grants Pass, Or 97526	Wednesday April 8th 2020 12:00 PM	One hour
Curriculum Two	ADA Requirements and Universal Access	AllCare Health 1701 Ne 7th St. Grants Pass, Or 97526	Wednesday April 22nd 2020 5:00 PM	One hour
Curriculum Three	Health Literacy	AllCare Health 1701 Ne 7th St. Grants Pass, Or 97526	Wednesday May 6th 2020 8:00 AM	One hour
Curriculum Four	Implicit Bias and Class Standards	AllCare Health 1701 Ne 7th St. Grants Pass, Or 97526	Wednesday May 13th 2020 12:00 PM	One hour



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Curriculum Five	Interpreter Services	AllCare Health 1701 Ne 7th St. Grants Pass, Or 97526	Wednesday May 27th 2020 5:00 PM	One hour
Curriculum One	Using Data to advance Health Equity	AllCare Health 1701 Ne 7th St. Grants Pass, Or 97526	Wednesday June 3rd 2020 8:00 AM	One hour
Curriculum Two	ADA Requirements and Universal Access	AllCare Health 1701 Ne 7th St. Grants Pass, Or 97526	Wednesday June 10th 2020 12:00 PM	One hour
Curriculum Three	Health Literacy	AllCare Health 1701 Ne 7th St. Grants Pass, Or 97526	Wednesday June 24th 2020 5:00 PM	One hour
Curriculum Four	Implicit Bias and Class Standards	AllCare Health 1701 Ne 7th St. Grants Pass, Or 97526	Wednesday July 1st 2020 8:00 AM	One hour
Curriculum Five	Interpreter Services	AllCare Health 1701 Ne 7th St. Grants Pass, Or 97526	Wednesday July 8th 2020 12:00 PM	One hour
Curriculum One	Using Data to advance Health Equity	AllCare Health 1701 Ne 7th St. Grants Pass, Or 97526	Wednesday July 22nd 2020 5:00 PM	One hour
Curriculum Two	ADA Requirements and Universal Access	AllCare Health 1701 Ne 7th St. Grants Pass, Or 97526	Wednesday August 5th 2020 8:00 AM	One hour
Curriculum Three	Health Literacy	AllCare Health 1701 Ne 7th St. Grants Pass, Or 97526	Wednesday August 12th 2020 12:00 PM	One hour



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Curriculum Four	Implicit Bias and Class Standards	AllCare Health 1701 Ne 7th St. Grants Pass, Or 97526	Wednesday August 26th 2020 5:00 PM	One hour
Curriculum Five	Interpreter Services	AllCare Health 1701 Ne 7th St. Grants Pass, Or 97526	Wednesday September 2nd 2020 8:00 AM	One hour
Curriculum One	Using Data to advance Health Equity	AllCare Health 1701 Ne 7th St. Grants Pass, Or 97526	Wednesday September 9th 2020 12:00 PM	One hour
Curriculum Two	ADA Requirements and Universal Access	AllCare Health 1701 Ne 7th St. Grants Pass, Or 97526	Wednesday September 23rd 2020 5:00 PM	One hour
Curriculum Three	Health Literacy	AllCare Health 1701 Ne 7th St. Grants Pass, Or 97526	Wednesday October 7th 2020 8:00 AM	One hour
Curriculum Four	Implicit Bias and Class Standards	AllCare Health 1701 Ne 7th St. Grants Pass, Or 97526	Wednesday October 14th 2020 12:00 PM	One hour
Curriculum Five	Interpreter Services	AllCare Health 1701 Ne 7th St. Grants Pass, Or 97526	Wednesday October 28th 2020 5:00 PM	One hour
Curriculum One	Using Data to advance Health Equity	AllCare Health 1701 Ne 7th St. Grants Pass, Or 97526	Wednesday November 4th 2020 8:00 AM	One hour
Curriculum Two	ADA Requirements and Universal Access	AllCare Health 1701 Ne 7th St. Grants Pass, Or 97526	Wednesday November 11th 2020 12:00 PM	One hour



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Curriculum Three	Health Literacy	AllCare Health 1701 Ne 7th St. Grants Pass, Or 97526	Wednesday November 18th 2020 5:00 PM	One hour
Curriculum Four	Implicit Bias and Class Standards	AllCare Health 1701 Ne 7th St. Grants Pass, Or 97526	Wednesday December 2nd 2020 8:00 AM	One hour
Curriculum Five	Interpreter Services	AllCare Health 1701 Ne 7th St. Grants Pass, Or 97526	Wednesday December 9th 2020 12:00 PM	One hour
Curriculum One	Using Data to advance Health Equity	AllCare Health 1701 Ne 7th St. Grants Pass, Or 97526	Wednesday December 16th 2020 5:00 PM	One hour
Curriculum Two	ADA Requirements and Universal Access	AllCare Health 1701 Ne 7th St. Grants Pass, Or 97526	Wednesday January 6th 2021 8:00 AM	One hour
Curriculum Three	Health Literacy	AllCare Health 1701 Ne 7th St. Grants Pass, Or 97526	Wednesday January 13th 2021 12:00 PM	One hour
Curriculum Four	Implicit Bias and Class Standards	AllCare Health 1701 Ne 7th St. Grants Pass, Or 97526	Wednesday January 27th 2021 5:00 PM	One hour
Curriculum Five	Interpreter Services	AllCare Health 1701 Ne 7th St. Grants Pass, Or 97526	Wednesday February 3rd 2021 8:00 AM	One hour



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## TRAINING EVALUATION

All internal training participants will be emailed by the Provider Services Coordinator to evaluate the understanding of topics before and after the training, and the quality of the presentation related to:

- The information was relevant and useful in my life or work.
- The pacing was appropriate and helped my learning.
- The presenter(s) showed respect for & interest in participant questions.
- The presenter(s) were knowledgeable.
- The presenter(s) maintained a productive learning environment.
- We had time for reflection, interaction, and to think about application.
- The content was well organized.
- The content and materials were accessible.

Participants will only be able to receive certifications of completion after completing the training evaluation.

## TRAINING SECURITY & UPDATES

### 1.11 ACCESS TO TRAINING MATERIAL

Any trainer that is an AllCare employee will be given permission to access the training material on the U: Drive. All other individuals will need to request materials from the Provider Services Coordinator.

### 1.12 ACCESS TO TRAINING ENVIRONMENT

The Health Equity Manager is the administrative staff person that can request the AllCare Helpdesk to update these permissions

### 1.13 UPDATING TRAINING RESOURCES

From time-to-time, changes may need to be made to training materials. Only the Health Equity Manager has the administrative permissions to make these changes. Changes will only be made after consulting the Training and Education Work Group. Trainers that make changes without consulting the Health Equity Manager risk losing recognition as an AllCare trainer.



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**Appendix A: Training Plan Approval**

The undersigned acknowledge they have reviewed the Health Equity **Training Plan** and agree with the approach it presents. Changes to this **Training Plan** will be coordinated with and approved by the undersigned or their designated representatives.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name: Will Brake  
 Title: Chief Operating Officer  
 Role: AllCare Executive Team

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name: Stick Crosby  
 Title: Health Equity Manager  
 Role: Author of plan

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name: Ivonne Martinez Razo  
 Title: So-Health-E Co Chair  
 Role: Regional Health Equity Coalition Representative



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## APPENDIX B: TRAINING CURRICULUM

### CURRICULUM ONE – USING DATA TO ADVANCE HEALTH EQUITY

Time required: 60-90 Minutes

Description:

Analyzing health inequities requires a process that actively engages community members (including those experiencing health inequities) and uses data to identify health differences between population groups instead of only examining the population as a whole. The process continues by identifying and examining the causes of these population differences in health. Identifying the causes of health inequities requires the use of both quantitative and qualitative data collection and analysis methods.

Topics:

- The role of data in advancing Health Equity
- Conducting a Health Equity Data Analysis
- Using Health Equity Data Analysis Findings to Advance Health Equity
- Data Challenges

Location: "U:\Health Equity & Inclusivity Team\Work Groups\Training and Education\2020 Trainings\HED"

### CURRICULUM TWO – ADA REQUIREMENTS AND UNIVERSAL ACCESS

Time required: 60-90 Minutes

Description:

Universal design ensures that products and buildings can be used by virtually everyone, regardless of their level of ability or disability. The late Ronald L. Mace, a fellow of the American Institute of Architects, coined the term universal design. It means designing all products, buildings, and exterior spaces to be usable by all people to the greatest extent possible.

Topics:

- The Americans with Disabilities Act (ADA)
- General Nondiscrimination Requirements



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- Universal Design

Location: "U:\Health Equity & Inclusivity Team\Work Groups\Training and Education\2020 Trainings\Universal Access"

### **CURRICULUM THREE – HEALTH LITERACY**

Time required: 60-90 Minutes

#### Description:

This will define what health literacy is and why marginal health literacy can be a barrier to health care and health outcomes for our members.

#### Topics:

- Evaluating Information You Find Online
- Medical Terminology
- What is health literacy?

Location: "U:\Health Equity & Inclusivity Team\Work Groups\Training and Education\2020 Trainings\Health Literacy\Health Literacy 2020.pptx"

### **CURRICULUM FOUR – IMPLICIT BIAS AND CLAS STANDARDS**

Time required: 60-90 Minutes

#### Description:

Implicit (subconscious) bias refers to the attitudes or stereotypes that affect our understanding, actions and decisions in an unconscious manner. These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without an individual's awareness or intentional control. This training helps individuals to identify these biases and strategies to combat bias in Healthcare.

#### Topics:

- What is implicit bias
- What are the CLAS standards
- Implicit bias and its effect on health care.



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- Overcome implicit bias in health care

Location: "U:\Health Equity & Inclusivity Team\Work Groups\Training and Education\2020 Trainings\Implicit Bias"

### **CURRICULUM FIVE – INTERPRETER SERVICES**

Time required: 60-90 Minutes

#### Description:

Picture yourself as one of the many Limited English Proficient (LEP) people across the United States. Those who struggle or are unable to speak English. Imagine the feelings you have as your knowledge of your health is in someone else's hands. This could feel scary or stressful. This is why health care interpreters matter. They are the only bridge between health care and the LEP patient. Not only do these interpreters speak both languages, they have also been trained to explain medical terminology. Their job exists to make sure all patients get the same quality of health care as everyone else.

#### Topics:

- What are interpreter services?
- Legal Requirements
- Working with Interpreters

### **CURRICULUM SIX – ACES**

#### Description:

**Southern Oregon Success** is the regional coordinator for work in **ACEs (the Adverse Childhood Experiences** study) and Resilience, focusing on helping Jackson, Josephine and Curry Counties develop a common understanding, vocabulary and approach to challenges across all sectors. Breakthroughs from the Adverse Childhood Experiences study on how brain development occurs and the impacts of trauma on health and social skills have led to innovative and highly effective "trauma-informed" approaches in education, human services, public safety and workforce development to help build resilience in children, families and communities.

With financial support from two of the local Coordinated Care Organizations, AllCare and Jackson Care Connect, as well as from the SOESD, our local school districts, Options and Rogue Workforce Partnership, their ACEs and Resilience effort is providing trauma-informed training sessions and events at no cost to schools, agencies,



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# Appendix I



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businesses and community groups. The Southern **Oregon ACEs Training Team** has presented training sessions to close to 12,000 people across all sectors in Jackson, Josephine, and Curry Counties since May of 2016. **For more information on the trainings, or to schedule a training session at no cost for your school or organization, please email [peter\\_buckley@southernoregonsuccess.org](mailto:peter_buckley@southernoregonsuccess.org).**



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## APPENDIX C: 2020 TRAINING PROGRAM GOALS

### GOAL ONE: INTERNAL STAFF

**Goal:** 100% of AllCare Health, Inc. employees, including directors, executives, shall participate in a minimum of one (1) approved Health Equity training.

**Measurement:** Quarterly percentage of staff trained will be reported to Regional Health Equity Coalition and the internal Health Equity Training Workgroup. This report will include satisfaction scores of trainings and increases of understanding.

**Risks:** Staff frustration of repeated training topics. Implicit Bias and Health Literacy has been an organizational focus for three (3) years.

**Opportunities:** Internal infrastructure already exists to facilitate program

### GOAL TWO: EXTERNAL STAFF

**Goal:** Have at least one (1) individual from each subcontracted organization (i.e. Mental Health, Oral Health, etc.) participate in Train the Trainer opportunity for 2020. Or, submit a plan of their own approved by the Health Equity workgroup.

**Measurement:** Quarterly percentage of staff trained in subcontracted organization will be reported to Regional Health Equity Coalition and the internal Health Equity Training Workgroup. This report will include satisfaction scores of trainings and increases of understanding.

**Risks:** Subcontractor organizational commitment to providing trainings.

**Opportunities:** Would be the second year AllCare has provided the program externally.



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## GOAL THREE: APPROVAL

**Goal:** Education and Training Workgroup will approve four (4) external trainings to be recognized for Cultural Competence.

**Measurement:** Quarterly number of approved trainings will be reported to Regional Health Equity Coalition and the internal Health Equity Training Workgroup. This report will include denied trainings de-identified and why denied

**Risks:** No programs may apply.

**Opportunities:** Internal infrastructure already developed (Never implemented)

## GOAL FOUR: LANGUAGE ACCESS

**Goal:** Have at least ten (10) provider offices in each county participate in INTERPRETER SERVICES training curriculum by Language Access Coordinator.

**Measurement:** Quarterly report of offices and number of office staff trained reported to Regional Health Equity Coalition, Deaf and Hard of Hearing Work group and the internal Health Equity Training Workgroup. This report will include satisfaction scores of trainings and increases of understanding.

**Risks:** Time commitment by provider offices

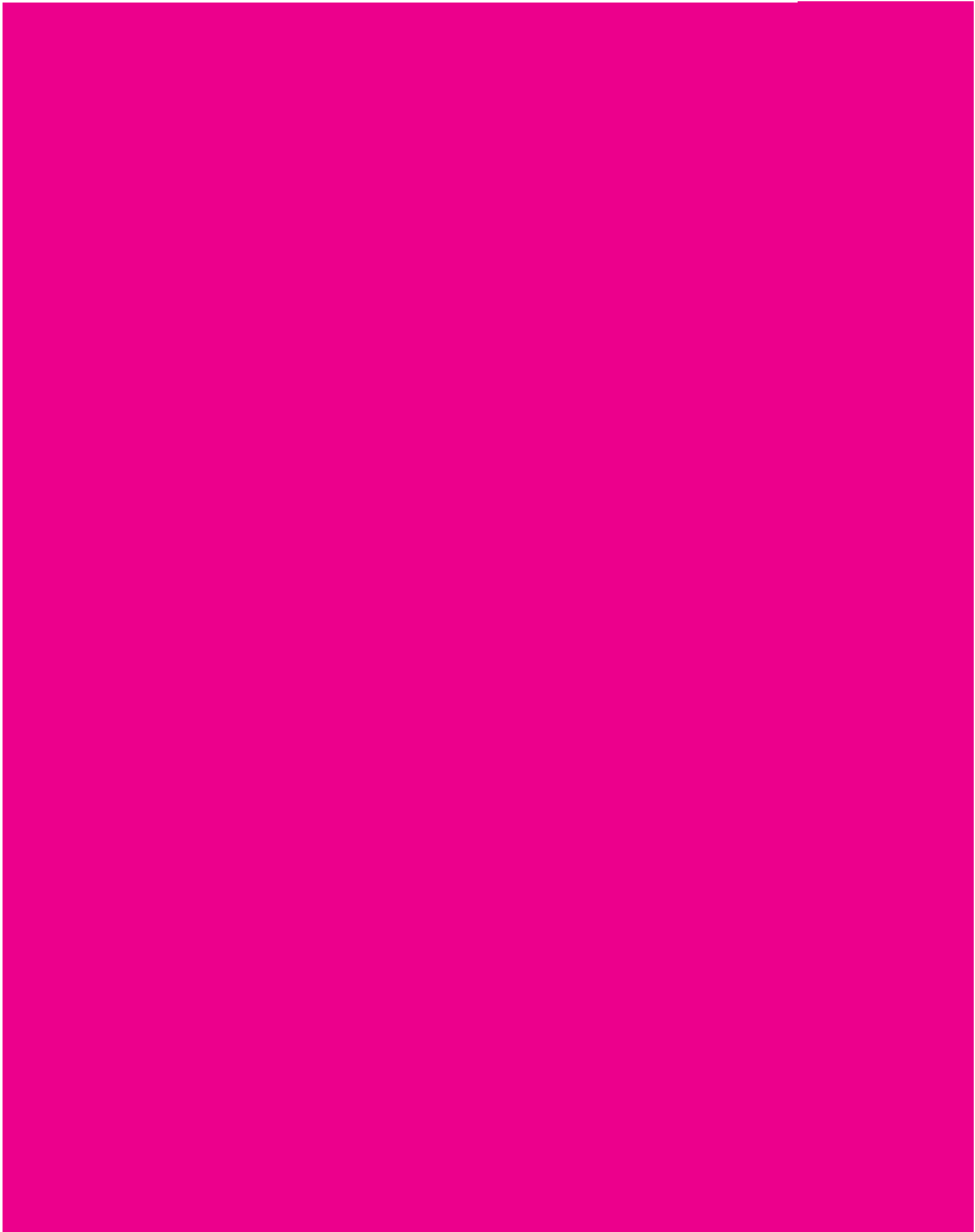
**Opportunities:** Internal infrastructure built and has occurred on a smaller scale for the last three (3) years.

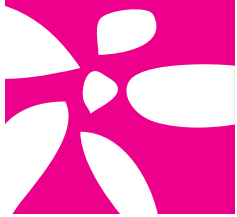


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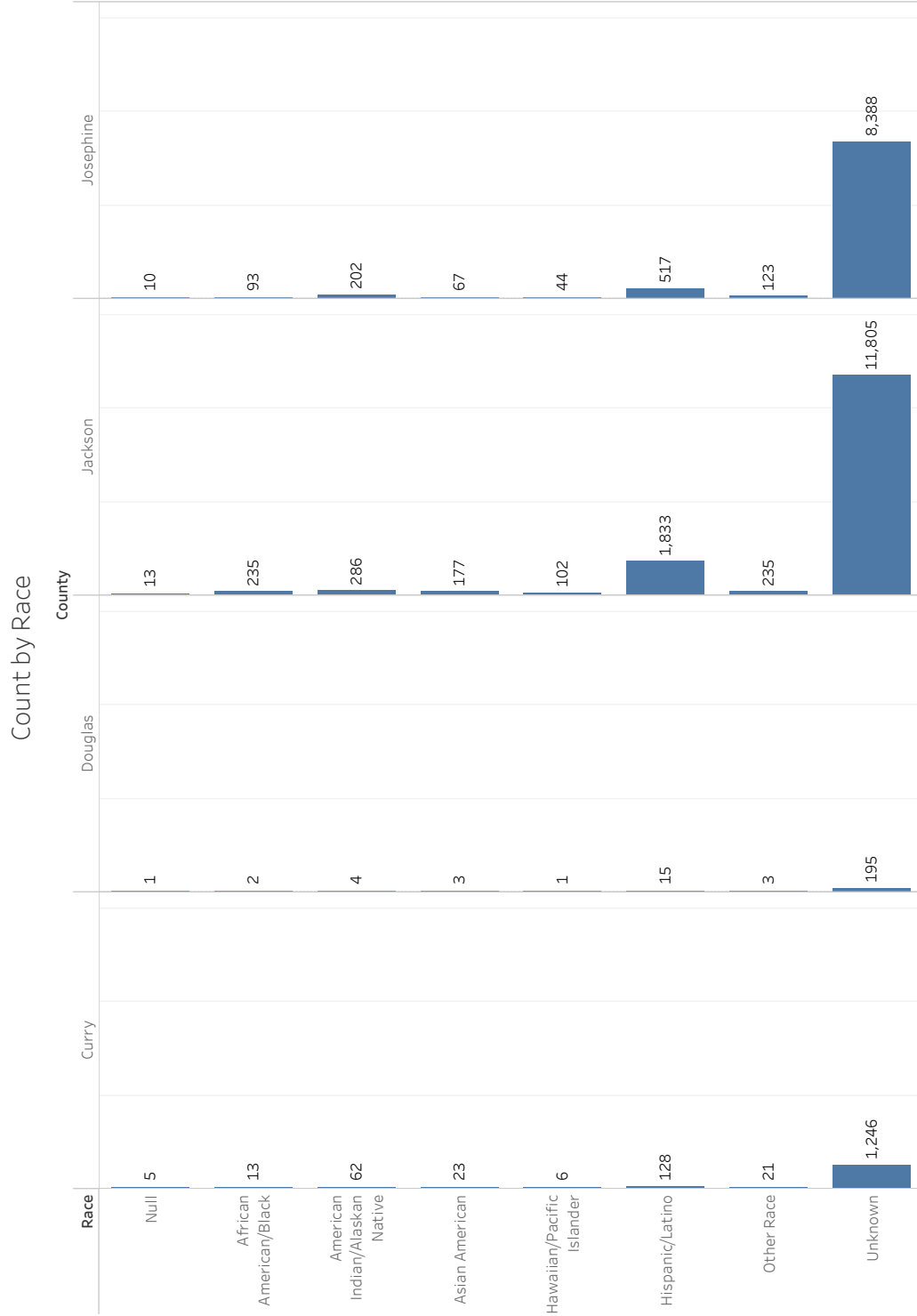
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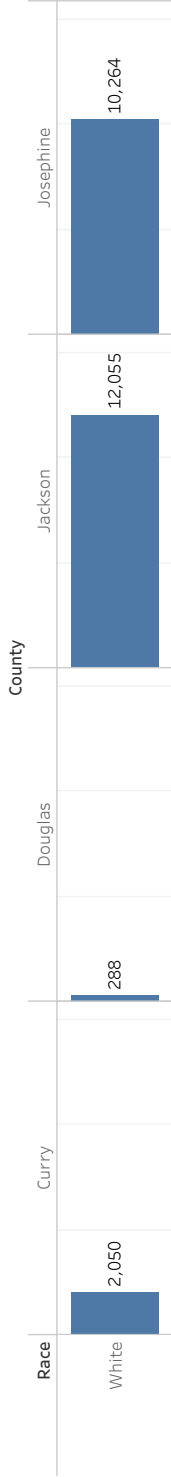


# Demographics



Count of Dmapid for each Race broken down by County. The data is filtered on Eligibility, which keeps Null, Dual Eligible - Enrolled and Medicaid Only - Enrolled. The view is filtered on County, which keeps Curry, Douglas, Jackson and Josephine.

### Count by Race

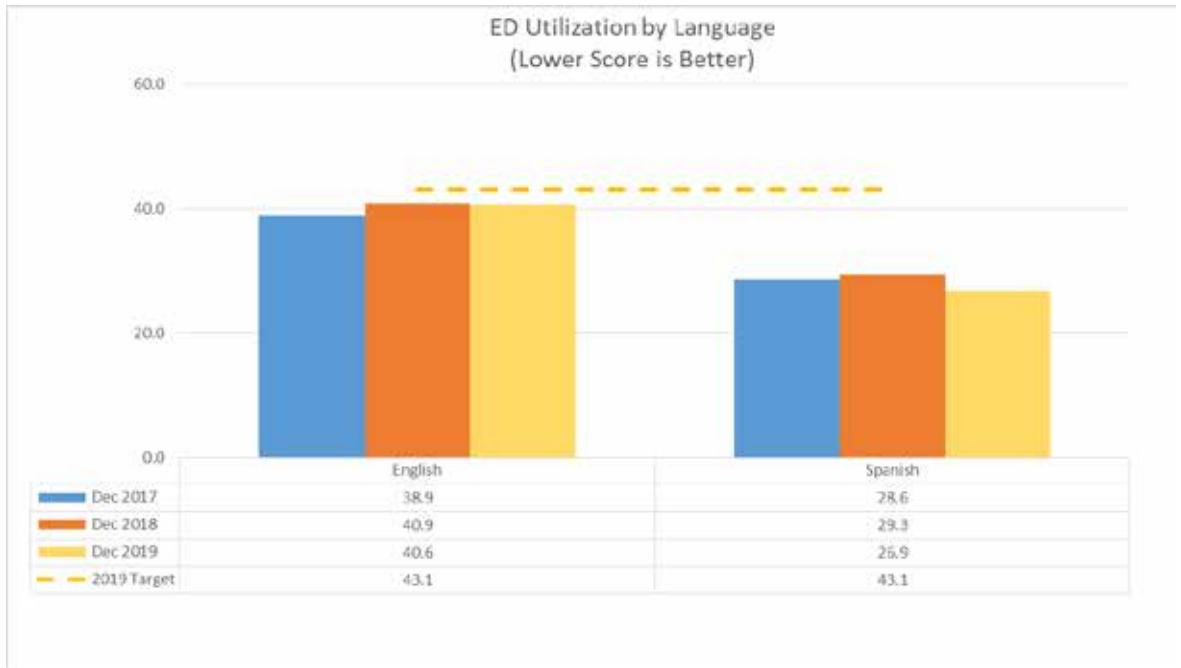
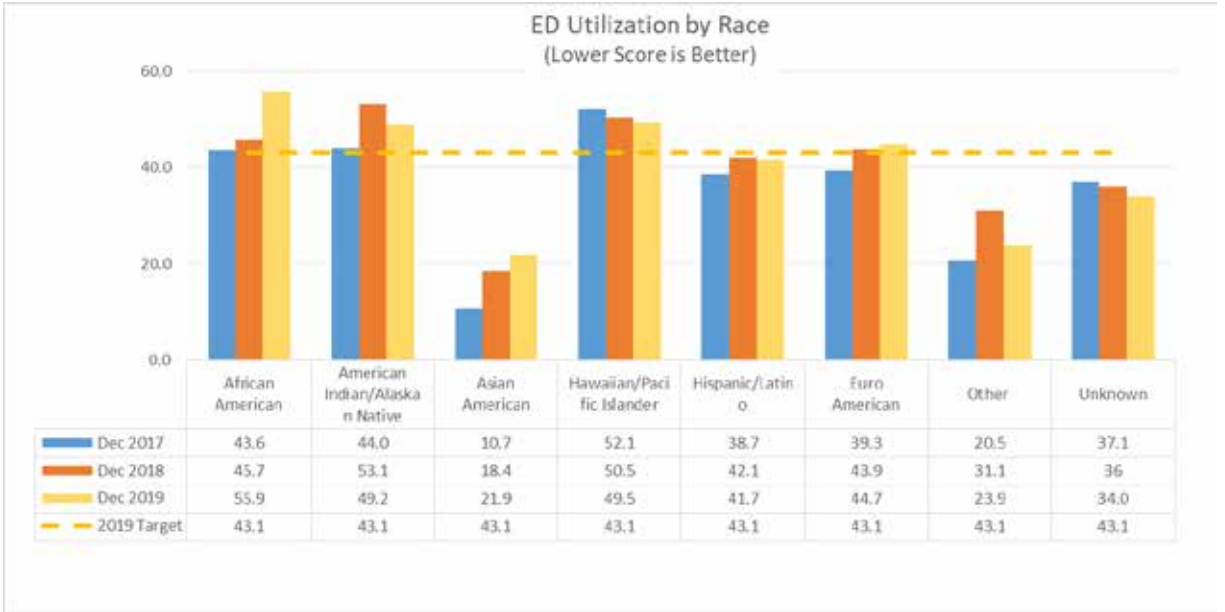


Count of Dmapid for each Race broken down by County. The data is filtered on Eligibility, which keeps Null, Dual Eligible - Enrolled and Medicaid Only - Enrolled. The view is filtered on County, which keeps Curry, Douglas, Jackson and Josephine.

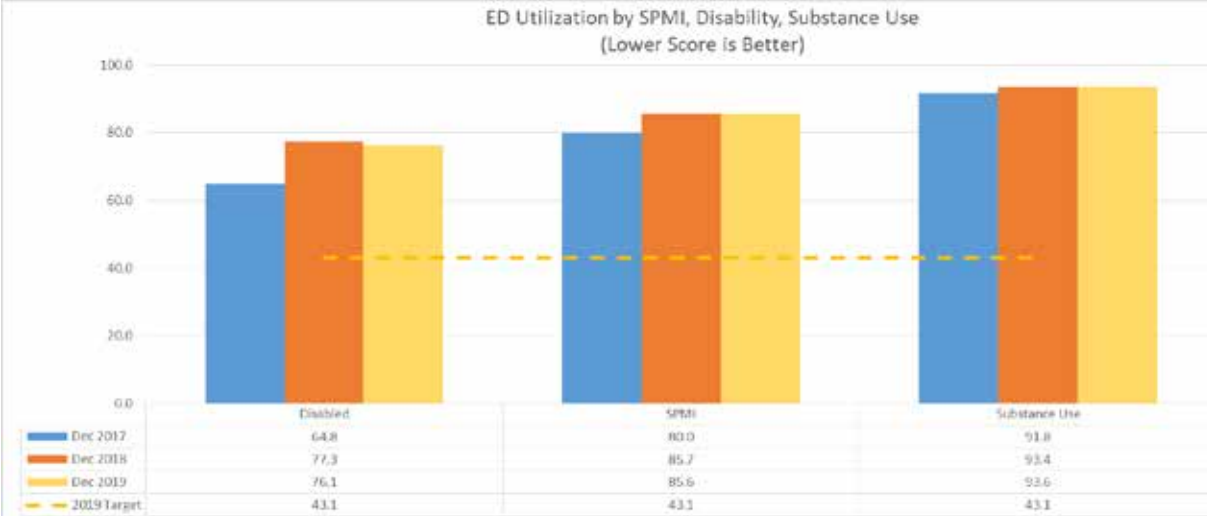
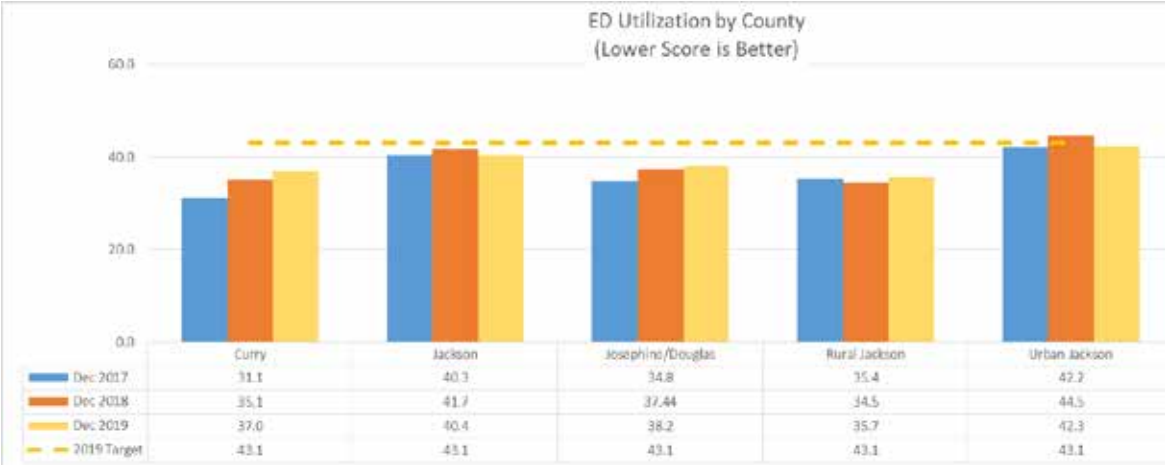
# Demographics

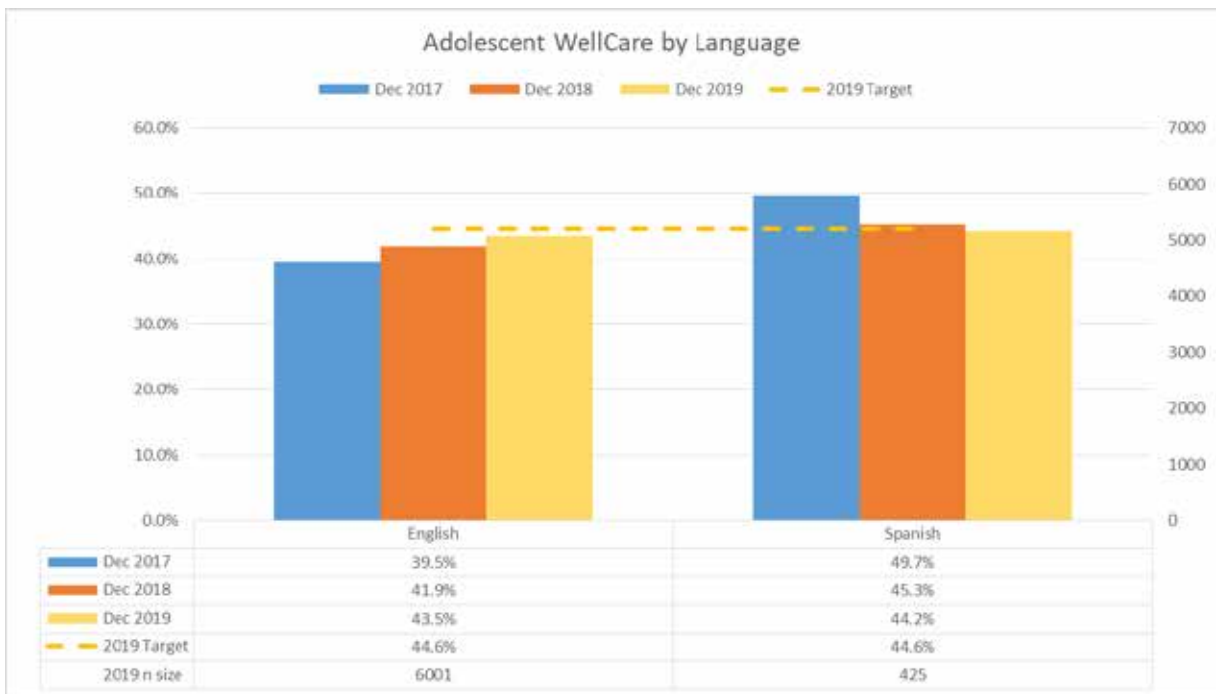
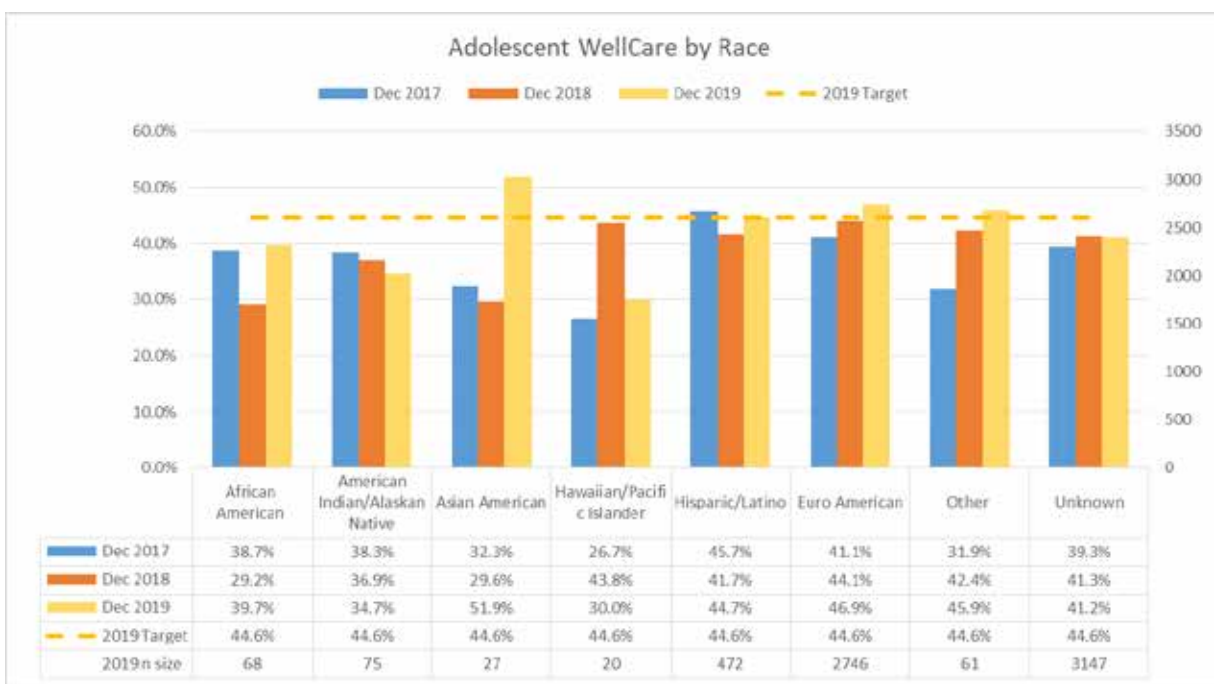


**AllCare CCO Health Equity Dashboard 2017 - 2019**



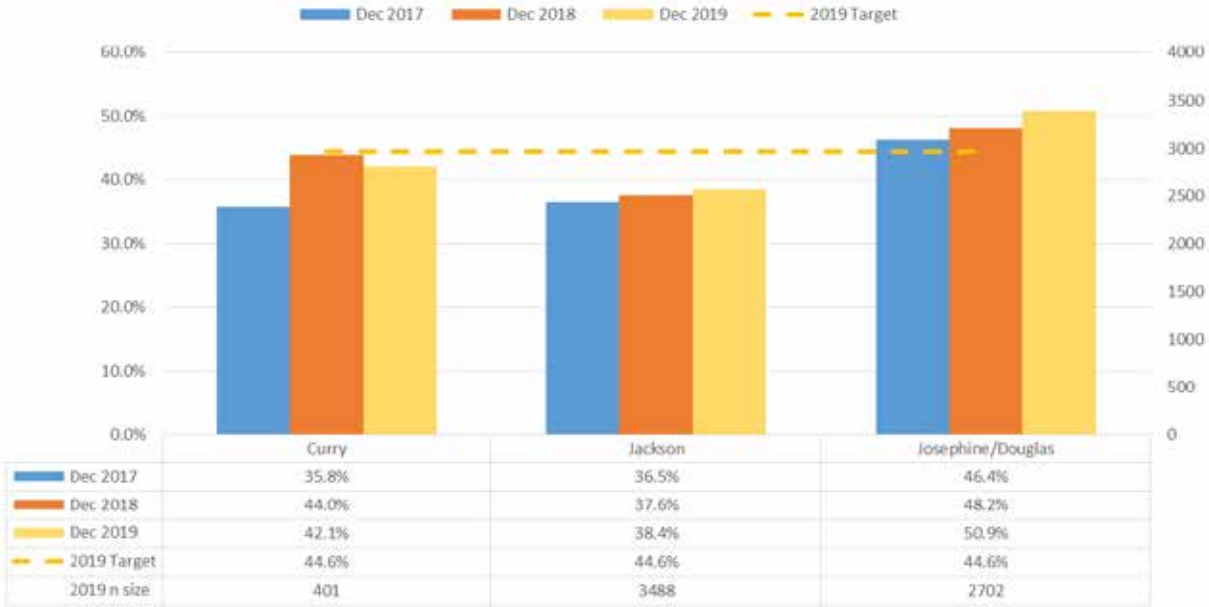
# Health Equity Dashboard 2017-2019





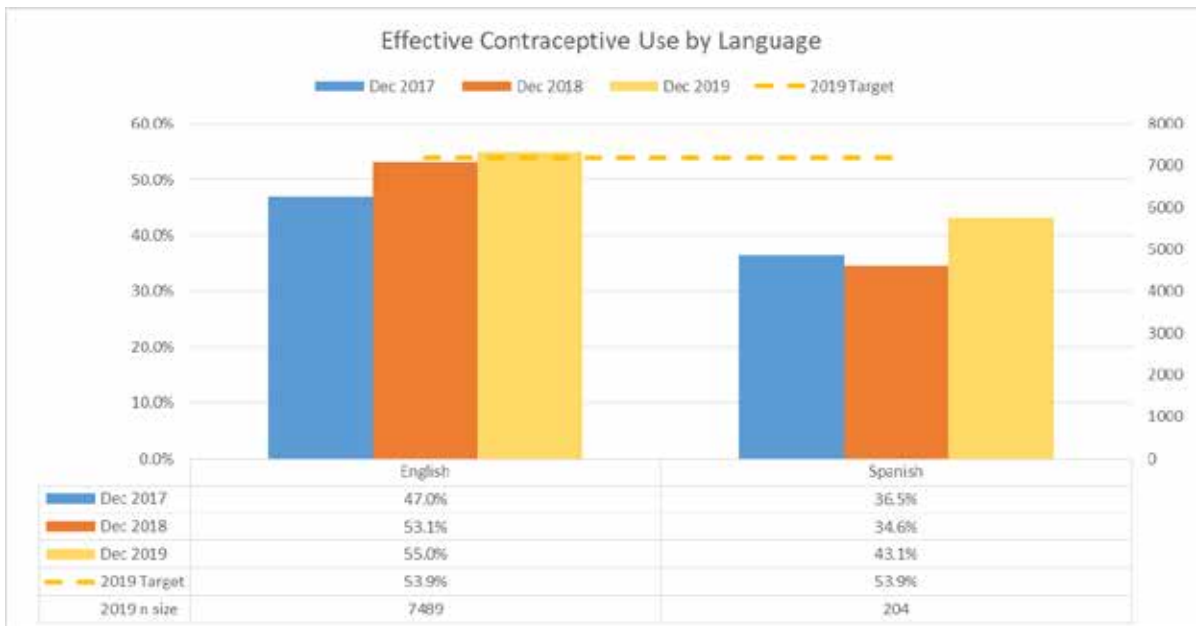
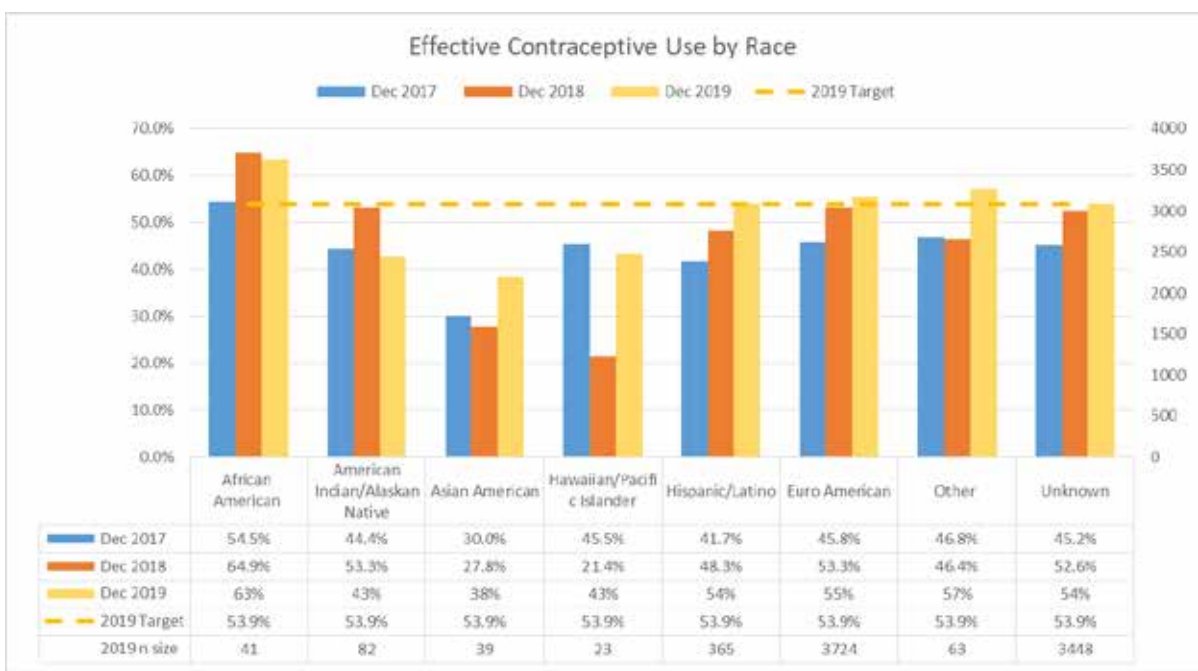
# Health Equity Dashboard 2017-2019

### Adolescent WellCare by County



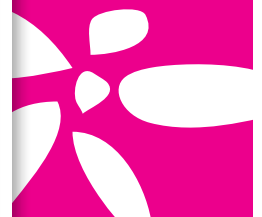
### Adolescent WellCare by Age



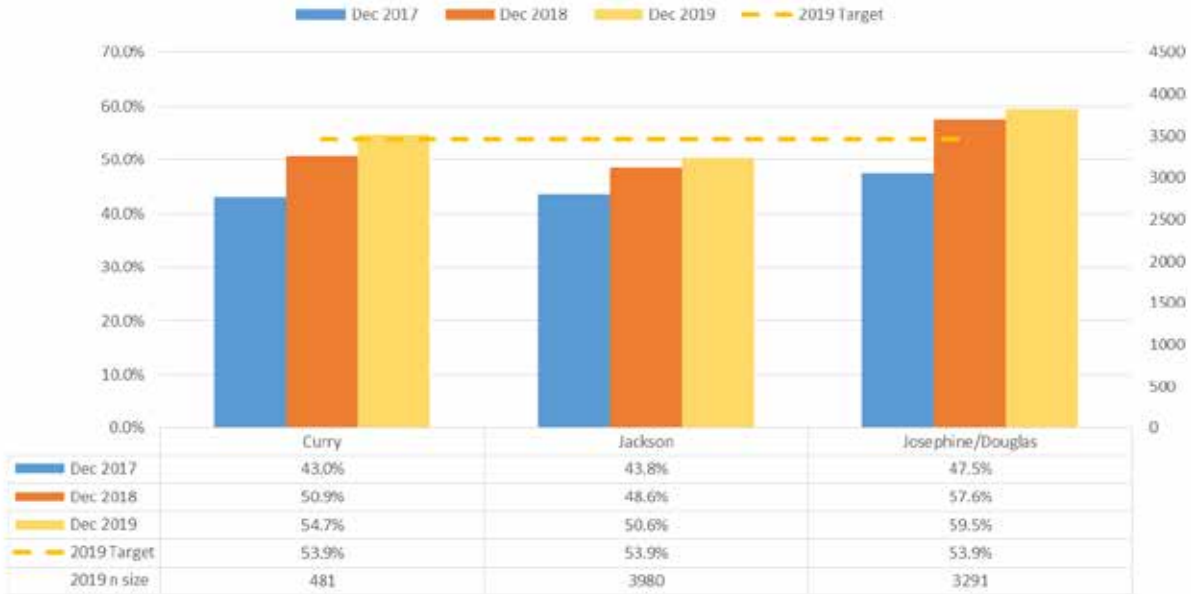




# Health Equity Dashboard 2017-2019

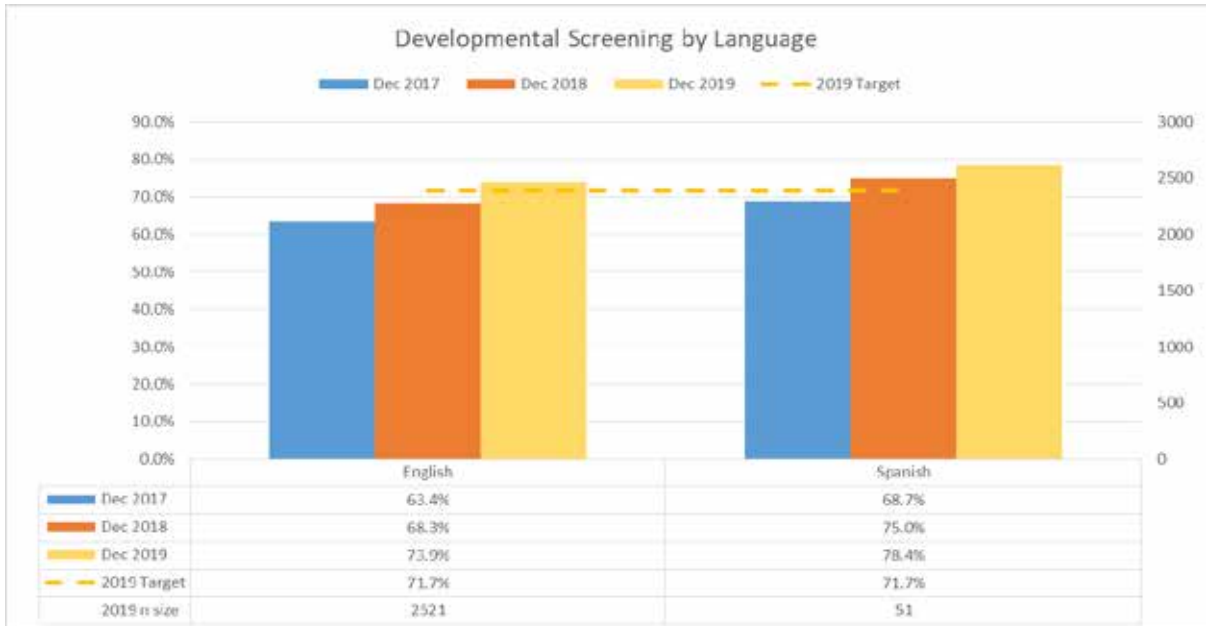


### Effective Contraceptive Use by County



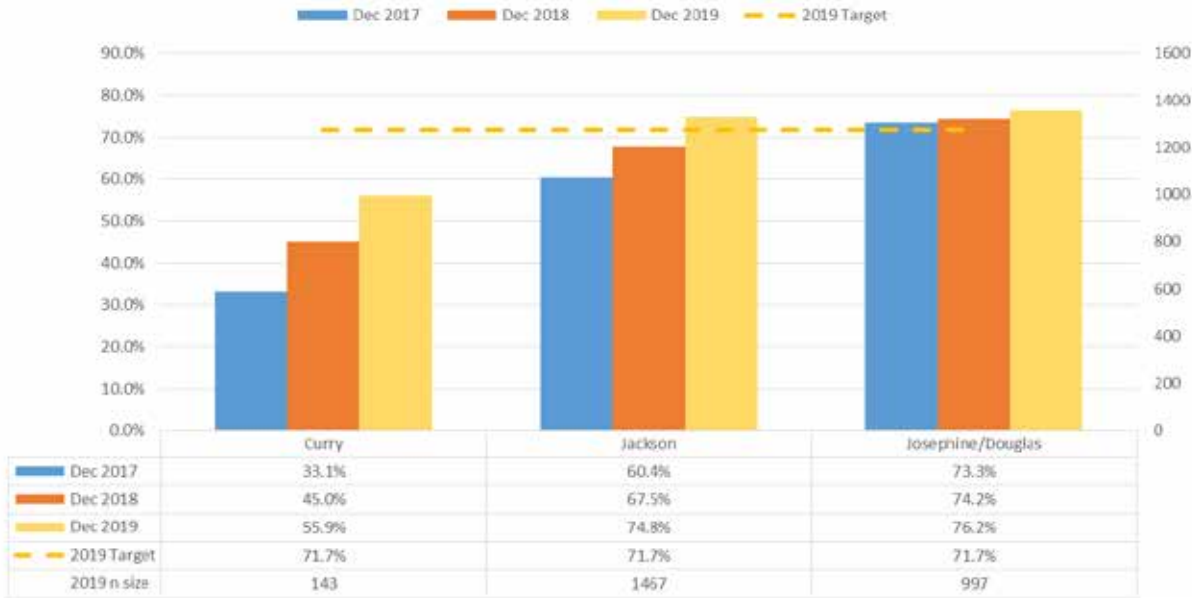
### Effective Contraceptive Use by Age



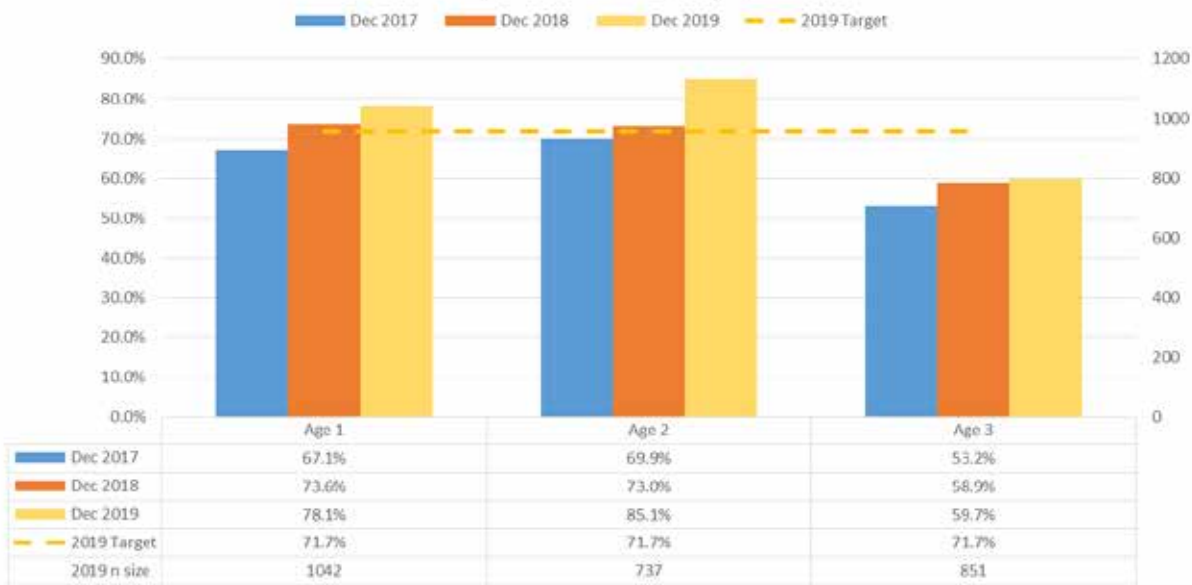


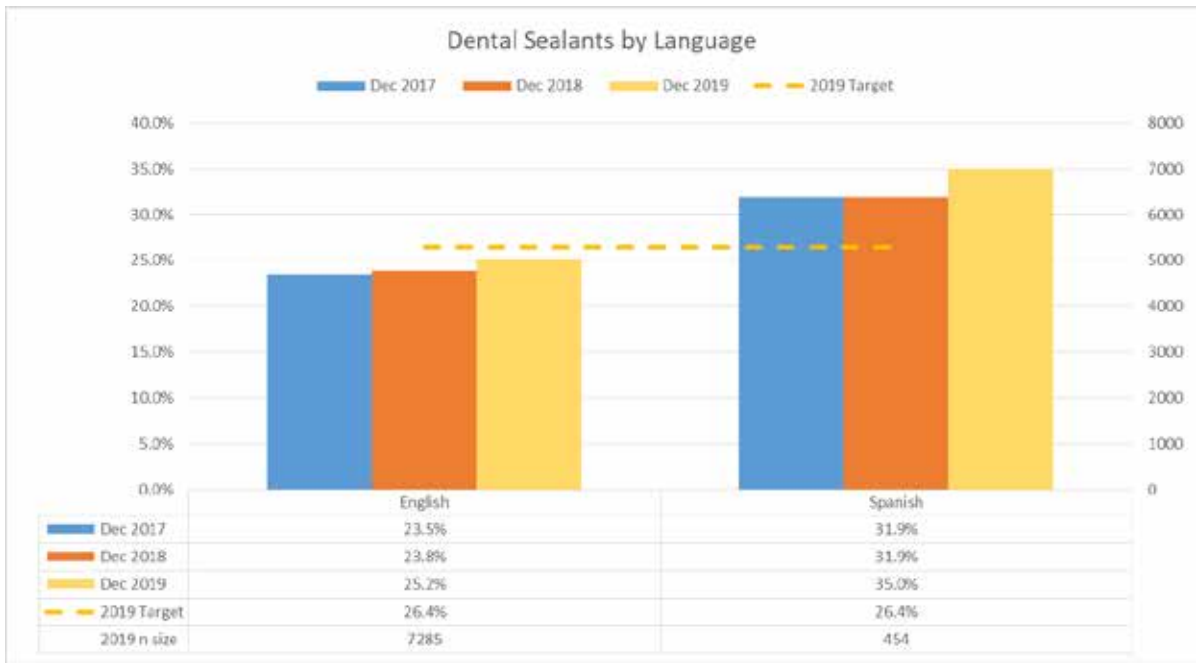
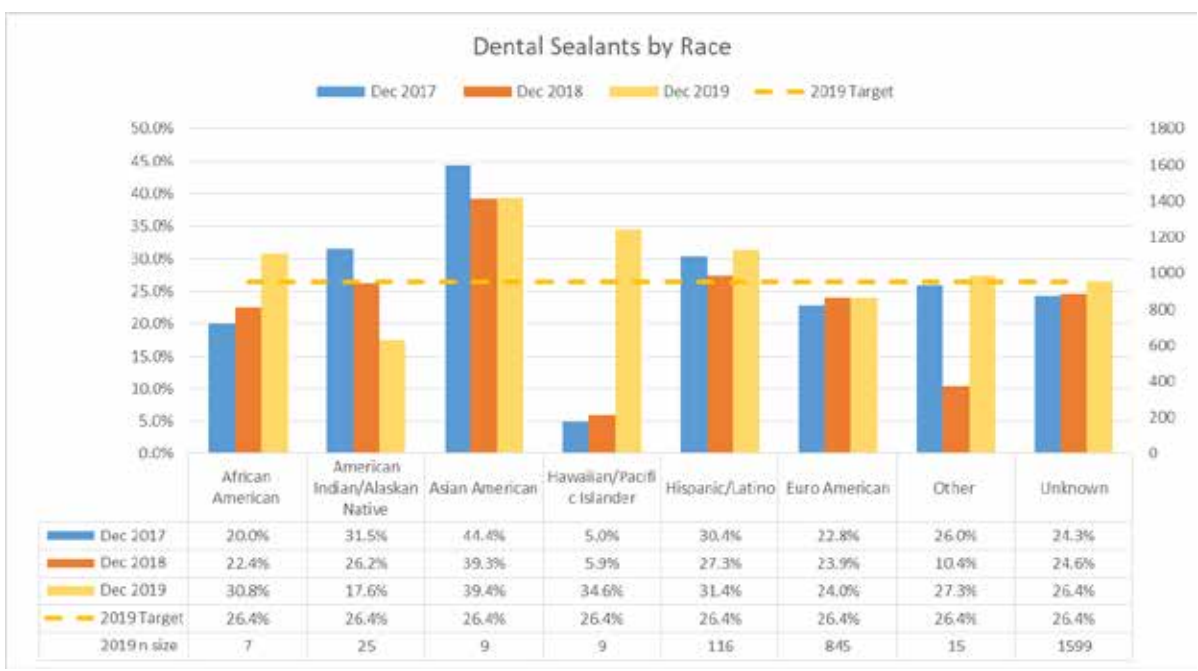
# Health Equity Dashboard 2017-2019

### Developmental Screening by County



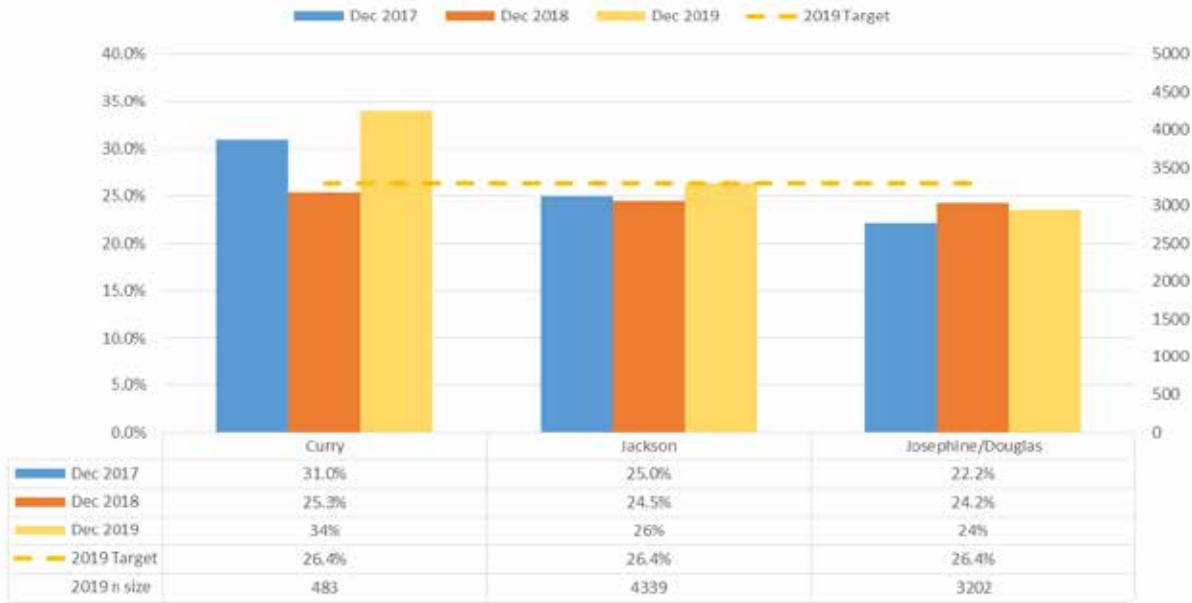
### Developmental Screening by Age



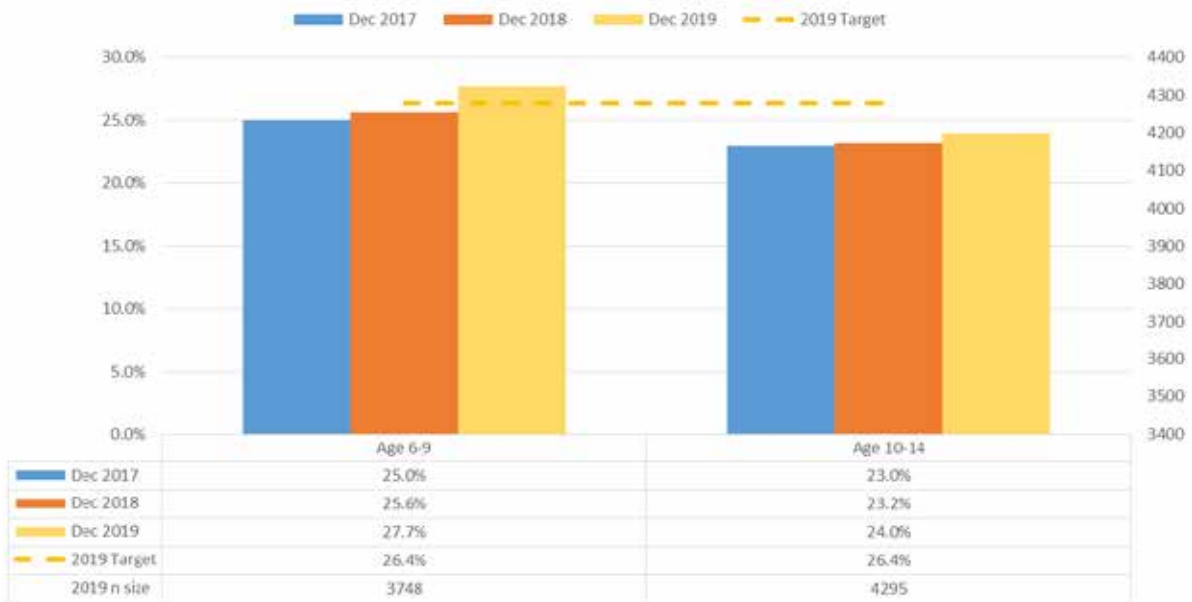


# Health Equity Dashboard 2017-2019

### Dental Sealants by County



### Dental Sealants by Age





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