



2022 HEALTH EQUITY PLAN

Purpose of a Health Equity Plan

A Health Equity Plan (HEP) aims to provide the coordinated care organization (CCO) and its stakeholders with a clear framework to becoming an organization that values and prioritizes health equity. The framework includes an action plan detailing where the CCO is headed, what it plans to achieve, the methods it will use, and milestones to monitor progress. A successful Health Equity Plan is built on a thorough analysis of the existing CCO structure, governance, staff, program or service mix, community collaborations, and resources, including financial, human, technical, and material. This analysis is vital because it allows an organization to understand which components it must change to achieve its goals related to health equity.

OHA requires all CCOs to develop a Health Equity Plan that:

- Acts as a catalyst to initiate the deep organizational changes needed to build equity, inclusion and diversity into service planning and delivery in the organization, community and provider network.
- Creates the foundation to build equity into ongoing accountability, resource allocation and performance management relationships between the Oregon Health Authority (OHA), CCO and the provider network.
- Provides a visible and concrete context for widespread discussion of health equity within individual organizations, within sectors, across sectors, and in the wider community; and
- Incorporates and operationalizes the health equity definition

Health Equity as defined by Oregon Health Authority and Oregon Health Policy Board

“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 inequities (inequity) are differences in health between population groups related to unfair, unjust, and avoidable socioeconomic or environmental conditions, public policy or other socially determined circumstances.

Equity framework is identifying and implementing effective solutions to Advanced Health equity which demands:

- Recognition of the role of historical contemporary oppression and structural barriers facing Oregon communities due to racism.
- Engagement of a wide range of partners representing diverse constituencies and points of view.
- Direct involvement of affected communities as partners and leaders in change efforts.



2022 Health Equity Plan Report

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2022 Health Equity Plan Report Advanced Health

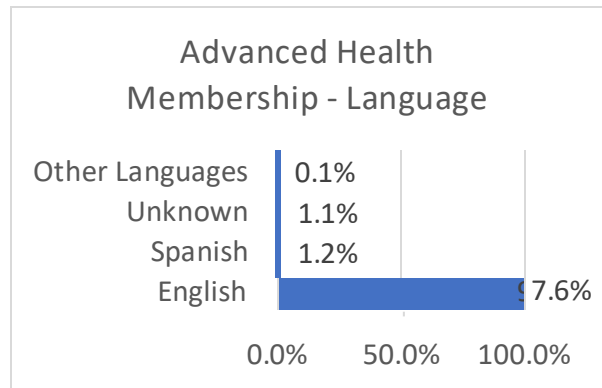
Section 1: CCO Workforce, CAC, and Service Area Demographic Information

- 1) **Demographic information** about contractor’s Service Area, contractor’s workforce, and CAC composition.
 - a) CCO Service Area demographics

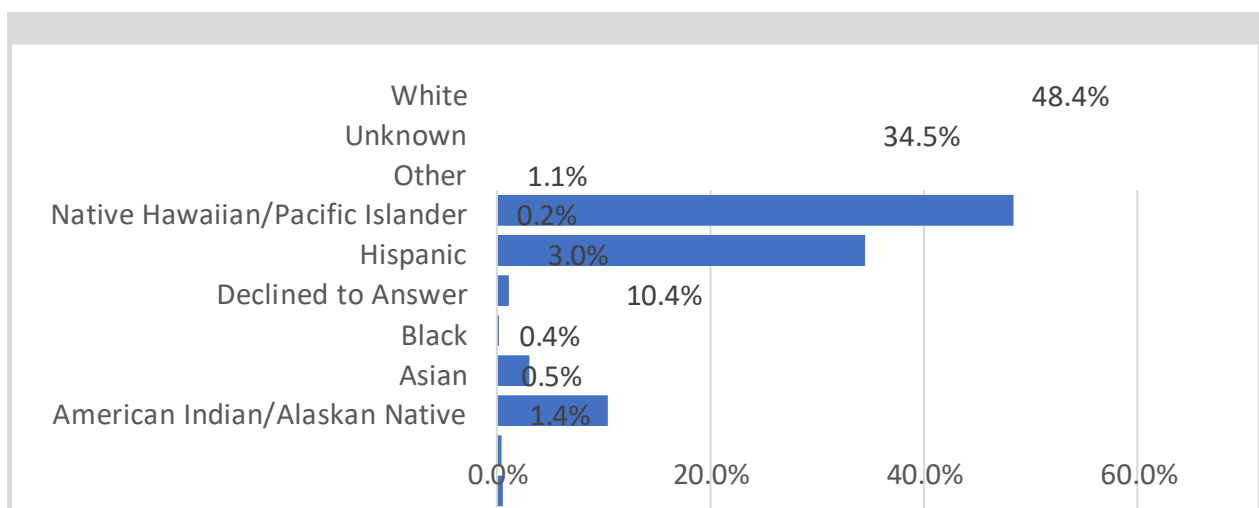
Advanced Health serves Oregon Health Plan Members in Coos and Curry Counties on the Southern Oregon Coast. According to the most recent US Census Bureau information available, Curry County is home to a population of about 23,700, 4.4% of whom speak a language other than English at home. And Coos County is home to about 65,000, 5.3% of whom speak a language other than English at home.

Race and Ethnicity	Coos County	Curry County
White alone	90.1%	91.4%
Black or African American alone (a)	0.7%	0.6%
American Indian and Alaskan Native alone (a)	3.0%	2.7%
Asian alone (a)	1.3%	1.0%
Native Hawaiian and Other Pacific Islander alone (a)	0.3%	0.2%
Two or More Races	4.6%	4.1%
Hispanic or Latino (b)	7.2%	8.0%
White alone, not Hispanic or Latino	84.4%	84.9%
(a) Includes persons reporting only one race		
(b) Hispanics may be of any race, so also are included in applicable race categories		

Advanced Health currently serves nearly 27,000 Oregon Health Plan Members in Coos and Curry Counties. That is 30% of the population of Coos and Curry Counties. OHA provides a rich set of demographic data in the 834 enrollment files. This is the most comprehensive source of REALD and other demographic data available to Advanced Health.



Advanced Health Membership - Race and Ethnicity



Primary Disability Reported - Advanced Health Membership	Percent of Total Members
Blind	2.1%
Deaf	1.4%
Difficulty Walking or Climbing Stairs	0.4%
Difficulty with Dressing or Bathing	1.7%
Difficulty with Performing Errands	2.2%
Issues with Memory	1.1%
Limited Activity in Any Way	3.1%
No Disability Reported	88.1%

b) CCO Workforce demographics (please report staff, senior leadership, and board demographics separately):

Advanced Health Staff

Advanced Health had a 22% response rate for the 2022 REALD data collection cycle, which is a slight increase from 2021 response rate (20%).

Demographic data collection for Advanced Health’s workforce, committees and board members opened April 1, 2022 through June 17, 2022. Advanced Health continues to implement the organization’s REALD Data Collection Policy and Procedure to collect demographic data on their workforce, committees, and board of directors. The Oregon Health Authority’s REALD data collection form continues to be used in an electronic survey format. This ensures a secure, organized, consistent data collection process. The data collection results were only viewable by the HR department to ensure confidentiality. This year concerns were less than previously mentioned, as the confidential process proved to be sufficient for the HR department and employee comfort level.

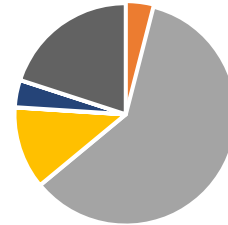
From the responses, Advanced Health was able to gather comparison data of workforce diversity based on REALD data collection. The data showed employees identifying as racially, ethnically, and ability diverse as documented in the following pie charts. There also seems to be increased in employee diversity based on this information. Specific categories have been de-identified to protect data confidentiality. Advanced Health has expanded recruitment location efforts significantly in the past two years. This supports an adequate applicant pool and supports applicant diversity initiatives. Advanced will continue this practice.

Advanced Health Board of Directors and Committee Members

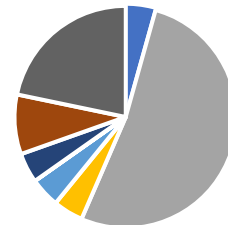
Advanced Health collected REALD data on board and committee members during the scheduled summer committee and board meetings.

The survey was completed by approximately 15% of Advanced Health’s board and committee members, which is about the same as 2021. From the responses, Advanced Health was able to gather comparison data of board- and committee- member diversity based on REALD data collection. The data showed board and committee members identifying as racially, ethnically, and ability diverse as documented in the following pie

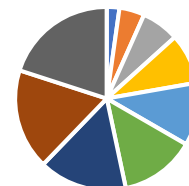
Advanced Health 2021 REALD Data Collection Responses - Employees



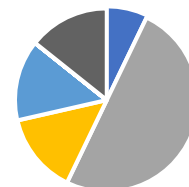
Advanced Health 2022 REALD Data Collection Responses - Employees



Advanced Health 2021 REALD Data Collection - Board and Committee Members



Advanced Health 2022 REALD Data Collection - Board and Committee Members



chart, however, there was a significant shift towards a less diverse make up. Advanced Health will consider what efforts can be put in place to have more diverse committee members and board members as well as encouraging completion of the REALD Data Collection Survey. Specific categories have been de-identified to protect data confidentiality.

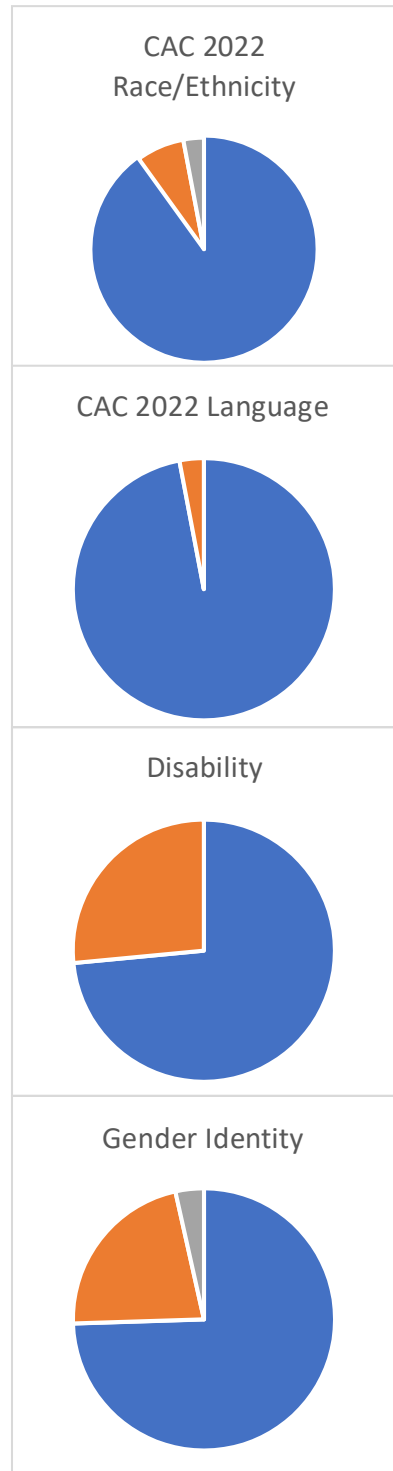
a) CAC composition:

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

Advanced Health’s community engagement staff work with the CAC members and potential members to gather demographic data, including race, ethnicity, gender identity, language, and disability information. The data collection form is a self-reporting form and is given out with the CAC member application to everyone applying to join the CAC. This information is collected separately from the new REALD Data Collection process described above for the Advanced Health Board of Directors, Interagency Quality Committee, and Clinical Advisory Panel. The information disclosure is voluntary, and most CAC members opt to provide their data.

Advanced Health reports on CAC member demographics on an annual basis using the reporting template provided by OHA. The CAC Selection Committee uses the demographic data to determine recruiting priorities. The CAC Selection Committee encourages and supports diverse membership on the CACs. This is important as CAC consumer members are one of Advanced Health’s primary avenues to receive feedback from members on our plan regarding program development, reports, etc., and the feedback is much more relevant and useful when the CAC consumer members truly represent the overall Advanced Health Membership and the communities we serve.

Results from the 2022 data for both CACs is below. The data has been combined and specific categories have been de-identified to protect confidentiality.



2) **Community engagement activities**

While developing the Health Equity Plan in 2020, Advanced Health sought out input and feedback from community-based organizations in the region. However, due to restrictions on gatherings and the community's focus on COVID 19 emergency response and relief throughout most of 2020 and 2021, Advanced Health was unable to engage with community stakeholders as originally envisioned. We relied primarily on input from the Community Advisory Councils (CAC), community data from the Community Health Assessment and Community Health Improvement Plans, as well as input from an ad hoc community engagement committee.

Advanced Health's community engagement program works with 100 different stakeholders in our rural service area allowing for a wide reach. Stakeholders include Advanced Health members, as well as representatives of public health, social and human services, early learning systems, education, community action, veterans, youth, mental health programs, substance use treatment programs, homeless advocates, and more.

As the pandemic response continued throughout 2021, the community continued largely to do business virtually. Advanced Health Community Engagement staff shared health equity plan strategies and goals with the South Coast Equity Coalition, South Coast Diversity Conference planning committee members, at trauma-informed community forums, statewide funders forums, and local discussions about racial inequities hosted by the Coos History Museum.

Engagement methods included oral discussion and input via virtual platforms, as well as written feedback. Post-COVID 19 pandemic distancing requirements, Advanced Health plans to conduct in-person community forums and training opportunities, as well as continue with our virtual platforms to provide trainings, conduct surveys, assessments, and facilitate conversation and change. Social media and webpages are additional tools we plan to use.

Timeline for Engagement with Stakeholders

1st Quarter 2021:

1. Community Engagement staff to attend meetings and engage with participants of the South Coast Equity Coalition and South Coast Diversity Conference Planning Committee;
2. Included increased focus on health equity in the New Employee Orientation
3. Solicit staff feedback on the definition of health equity
4. Participate in local and statewide forums and share health equity plan strategies and goals

5. Advanced Health executive team worked to incorporate health equity and community engagement throughout the company's mission, vision, and strategic plan

2nd Quarter 2021:

1. Community Health Improvement Plan (CHIP) Progress Report with Health Equity Focus – collaborative work product with CAC and CHIP stakeholders;
2. SHARE Initiative Program to align with health equity work
3. Advanced Health Lunch-n-Learn session with focus on Health Equity Plan
4. Sponsored local Juneteenth events put on by the Coos History Museum
5. Conducted internal Culturally and Linguistically Appropriate Services (CLAS) Assessment and share results with stakeholders via 2021 updated Health Equity Plan

3rd Quarter 2021:

1. Participate in local funders' forum regarding community education on diversity, equity, and inclusion
2. Community Health Improvement Plan Fund Awards given out to stakeholder initiatives that support health equity-focused local initiatives
3. Provide training for staff and stakeholders regarding Adverse Childhood Experiences (ACEs), Cultural Sensitivity, Cultural and Linguistically Appropriate Services (CLAS); Healthcare Interpreter Program; Health Literacy
4. Develop description and begin recruiting for new position of Health Equity Policy Analyst to engage with community stakeholders and Advanced Health staff in moving the Health Equity Plan goals forward
5. Present REALD-stratified grievance and appeal data to the Interagency Quality Committee
6. Communicate about health care interpreter certification scholarship to Interagency Quality Committee, CACs, provider network, community partner agencies, public health

4th Quarter 2021:

1. Hold virtual retreat for CAC and CHIP stakeholders that provides in-person platform for health equity-related training and discussion
2. SHARE Initiative Spending Plan and funding awards released with discussion of health equity focus areas and goals
3. Advanced Health Executive Program Director and Community Engagement staff participate in regional community funders coordination/collaboration meetings to learn about community needs and priorities and align funding opportunities to address priority populations
4. Health Equity Steering Committee advise on new company policy for Equity-Related Paid Time Off and Volunteer Paid Time Off to become part of company benefit package in 2022

- 5. Support for South Coast Equity Coalition to begin the work of aligning with Regional Health Equity Coalition structure in preparation to apply for grant funding
- 6. Engage CACs in concept development of “Easy Guide” member benefit and health education materials

3) **Focus Area (FA)**

Focus Area 1: Grievance and Appeal System
Year 2 Progress Update (Progress Report)
<i>Ensure policies, processes, and member information materials continue to comply with state and federal requirements. Gather member feedback on how to improve member letter templates for readability. Stratify grievance system data by demographic elements and report quarterly to the Interagency Quality Committee.</i>
Provide a status update on CCO year 2 strategy for FA 1 below:
<p><i>The Advanced Health Grievance System Policy and Procedure was updated twice in 2021, and most recently in May 2022, to meet OHA and federal requirements. The latest updates are still pending final approval from OHA.</i></p> <p><i>New grievance system member facing materials are being implemented in Q2 2022 and will be fully implemented in Q3 2022. We are using a combined narrative and table template per member feedback for our NOABD and NOAR member letter templates.</i></p> <p><i>We used a baseline for CY 2020 and separated quarters in 2021 for stratification of REALD data related to Grievances and Appeals. Our first analysis included race, ethnicity, and language data. Our current stratification also includes disability data.</i></p>
Year 3 Strategy

Please select one option for year 3 strategy and complete the appropriate portion of the table below.

- Strategy is the same as year 2
- Strategy has been modified for year 3
- A new strategy has been developed

If strategy is same as year 2 (insert rationale below)

Ensuring policies, procedures, and member facing materials continue to comply with state and federal requirements will always be part of the Grievance System Health Equity Plan. Advanced Health previously met the access needs of members during the grievance and appeal process. We previously tracked accommodation requests from the appeal form data. Now, we analyze stratification of REALD data to further improve our member grievance system. This includes complaints, appeals and denial letters.

Advanced Health has submitted its Member Grievance System Policies and Procedures Manual that shows compliance with state and federal laws. Advanced Health Contracting Policies and Procedures Manual (submitted and reviewed last year) ensures preferred provider accountability. Advanced Health has also included the job description for the Grievance System Coordinator. Our current Grievance System Coordinator is an experienced Traditional Health Worker and Coordinated Care Navigator. The Grievance System Coordinator ensures our Member Grievance and Appeals System is responsive to the needs of our members. This person monitors the details of all complaints, appeals, and hearing requests for issues related to cultural considerations and health equity. She participates in the annual Grievance and Appeals audit of our preferred providers.

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

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

The provision of assistance to our members also involves our member services team. Our member services team includes two qualified Spanish Language Medical Interpreters. They assist members by phone when they call Advanced Health, including providing access to the Member Grievance and Appeals System. In-person, Spanish language interpreter services are available for our members for any pre-planned office visits. Spanish language versions of all grievance system member materials are available online and other language documents are available upon

request. All member service staff are familiar with TTY and other language translation services.

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

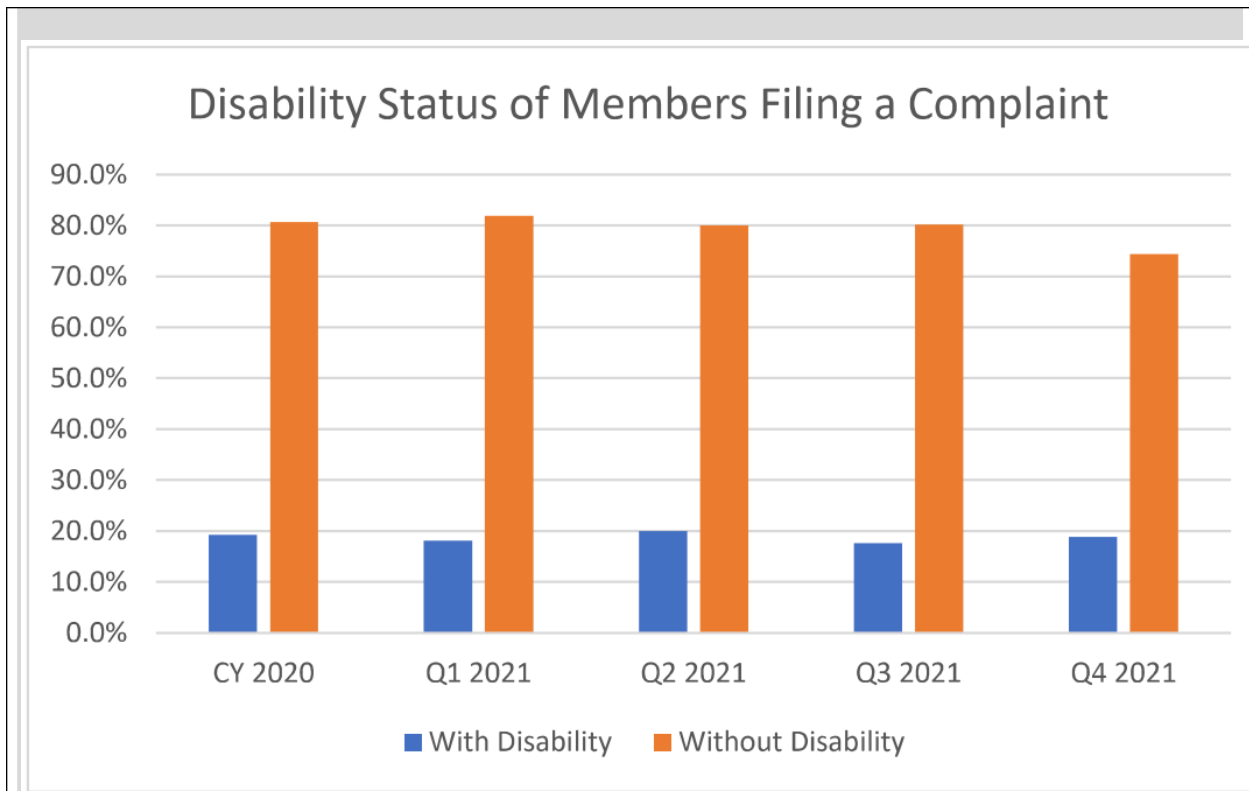
Advanced Health has contracted with the local tribal clinics to expand access and ensure members have access to culturally and linguistically appropriate services.

Advanced Health tracks grievances related to cultural sensitivity by both the provider and the plan. We have had no grievances related to cultural sensitivity in the past eight quarters. These complaints are categorized as IP.h in our grievance tracking system. "IP.h: Provider's office or/and provider exhibits language or cultural barriers or lack of cultural sensitivity, interpreter services not available." Cultural sensitivity would include complaints related to race, ethnicity, language, and disability. It may also include prejudice toward Medicaid recipients. No complaints have fit in this category in the past two years. We continue to work to maintain low complaints in this category.

Advanced Health used the opportunity presented by the 2020 contract requirements to revise and standardize all written notices provided to members, throughout the steps of the Grievance and Appeal System, to eliminate potentially confusing language and improve readability and tone. These new member templates were implemented in the middle of Q1 2020. Due to Covid extensions, and OHA extensions related to workgroups, Advanced Health will implement their 2021 and 2022 grievance system templates around the same time. Q3 2022, will show the most significant template changes to denial notices NOABD (Notice of Adverse Benefit Determination) and NOAR (Notice of Appeal Resolution). This will include plain language changes to ICD 10 code and CPT code descriptions from newly purchased software. We will use a blended format of both narrative and table in our NOABD and NOAR based on preferences from consumer member feedback.

Advanced Health continues to receive feedback about our NOABD document from members and OHA Administrative Hearings Unit. Some changes are effective immediately, like edits to the OARs on our NOABD denial table. Other template changes are in process pending OHA approval and our analytics department availability in implementing these changes.

Advanced Health currently serves nearly 27,000 Oregon Health Plan Members in Coos and Curry Counties on the Southern Oregon Coast. Nearly 12%, approximately 3,200 members, have one or more disabilities.



Advanced Health member population is 97% English Language speakers. 1.2% are Spanish language speakers. The next three highest categories of “Undetermined,” “Other,” and those that “Declined to Answer” make up approximately 1.3%.

In 2020, Advanced Health made sure the Spanish version of Grievance and Appeal forms were available to members online and not just by request. In March 2022, OHA acknowledged our Grievance System Spanish version forms.

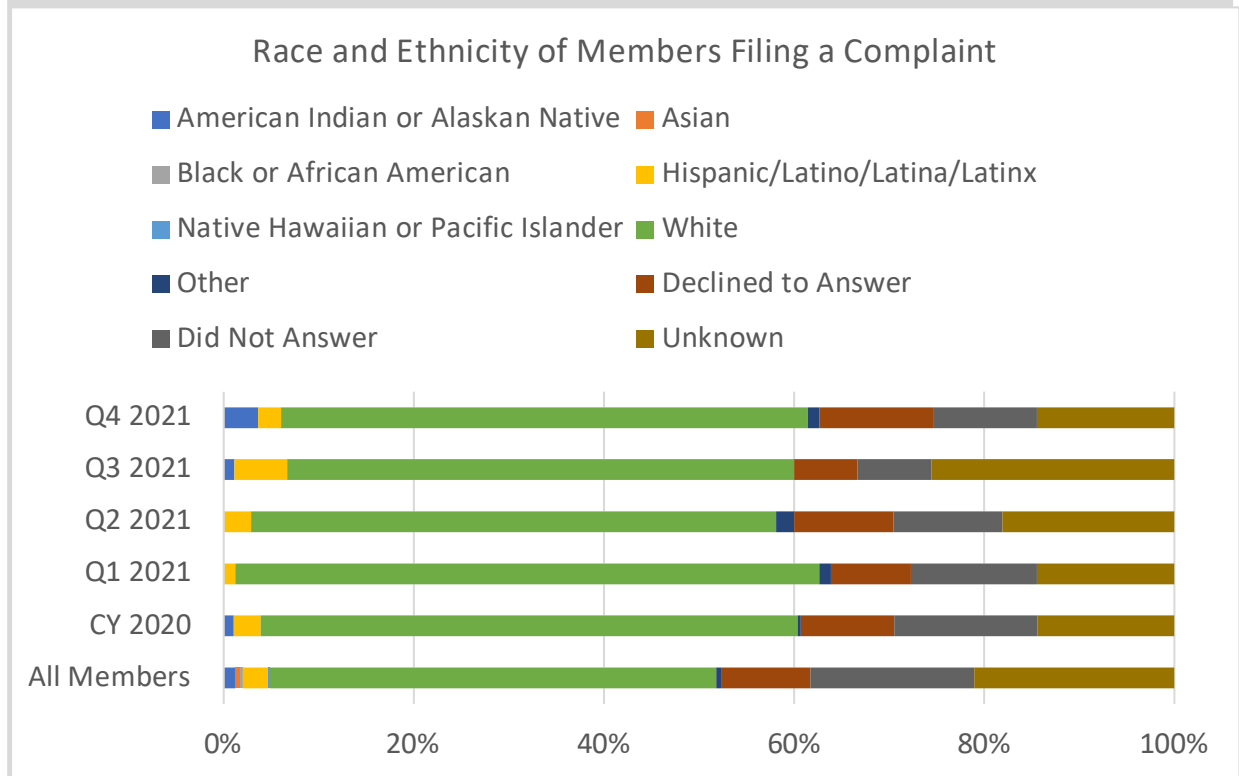
Previously, Advanced Health’s appeal tracker collected alternate format and language requests only. Most requests have been for “Large Font” and “Verbal Resolution” for appeals in the past few years. The verbal resolution requests are for members that are unable to read. The appeal resolutions are relayed verbally, per member and representative request, before being mailed to meet legal requirements. We occasionally see dental appeal requests come through in Spanish and have recently received a dental hearing request that requires Mandarin interpretation services.

Advanced Health’s primary and most complete source of data related to linguistic and cultural needs of members is the OHA 834 enrollment data. Advanced Health finds the REALD demographic data from OHA to be the most comprehensive data set available at this time. Using this REALD data, Analytics Department staff have developed a REALD demographic dashboard in Tableau to summarize the race, ethnicity, language, disabilities, and interpreter needs of Advanced Health members. The dashboard also includes a query feature to allow staff to find REALD data for a specific member. This function is used by the Grievance System Coordinator when

reviewing grievance and appeal data to ensure we are offering materials in the member's language and to monitor for any trends related to equitable access to health care or the grievance system.

These Tableau dashboards are updated daily as enrollment and encounter data is updated.

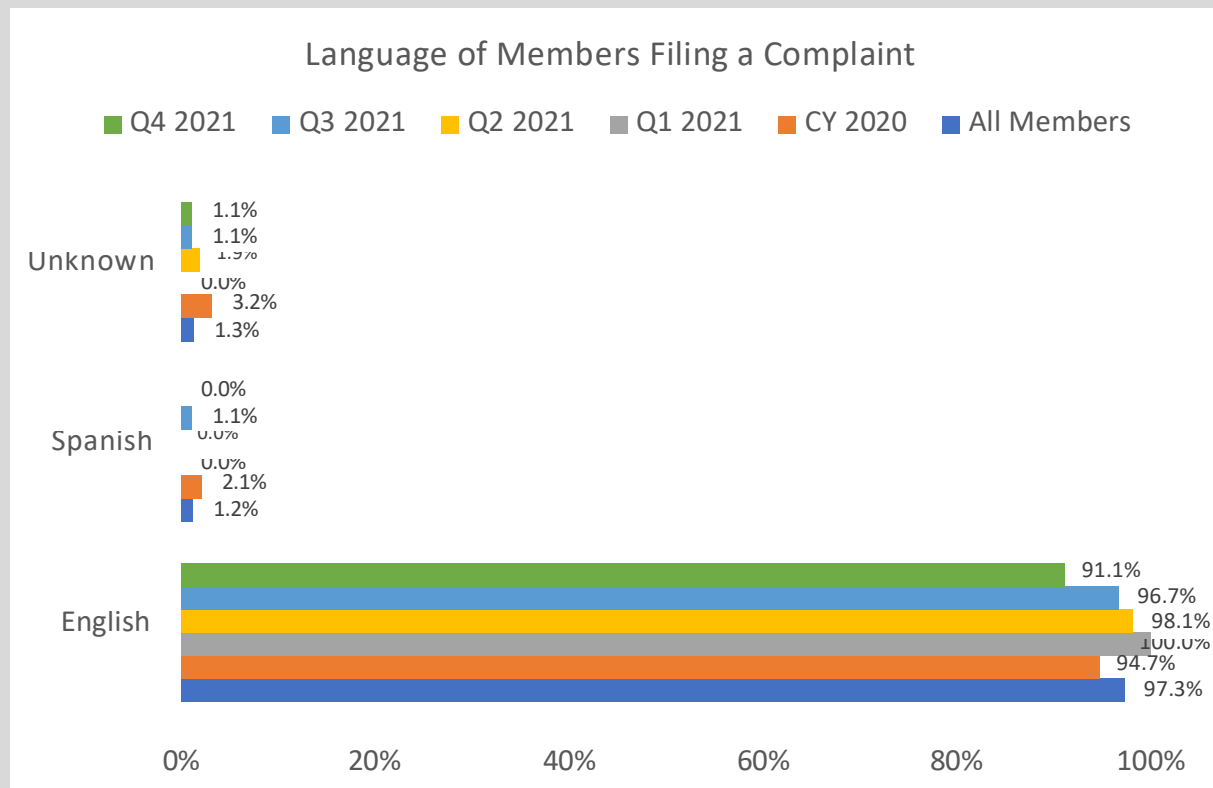
Race and ethnicity data from the 834 enrollment files is matched by member ID to data from the grievance tracking system, allowing for an analysis to better understand whether our grievance system is being accessed equitably by members of all races and ethnicities. In the chart below, we compare the data for all members to calendar year 2020, and to 2021 by quarter. We aggregate the data quarterly in order to have a large sample of information to give some confidence in the proportions and to be able to watch for trends throughout the year. In 2021, this data analysis became part of the grievance data reviewed by the Interagency Quality Committee. There were no notable trends observed in 2021.



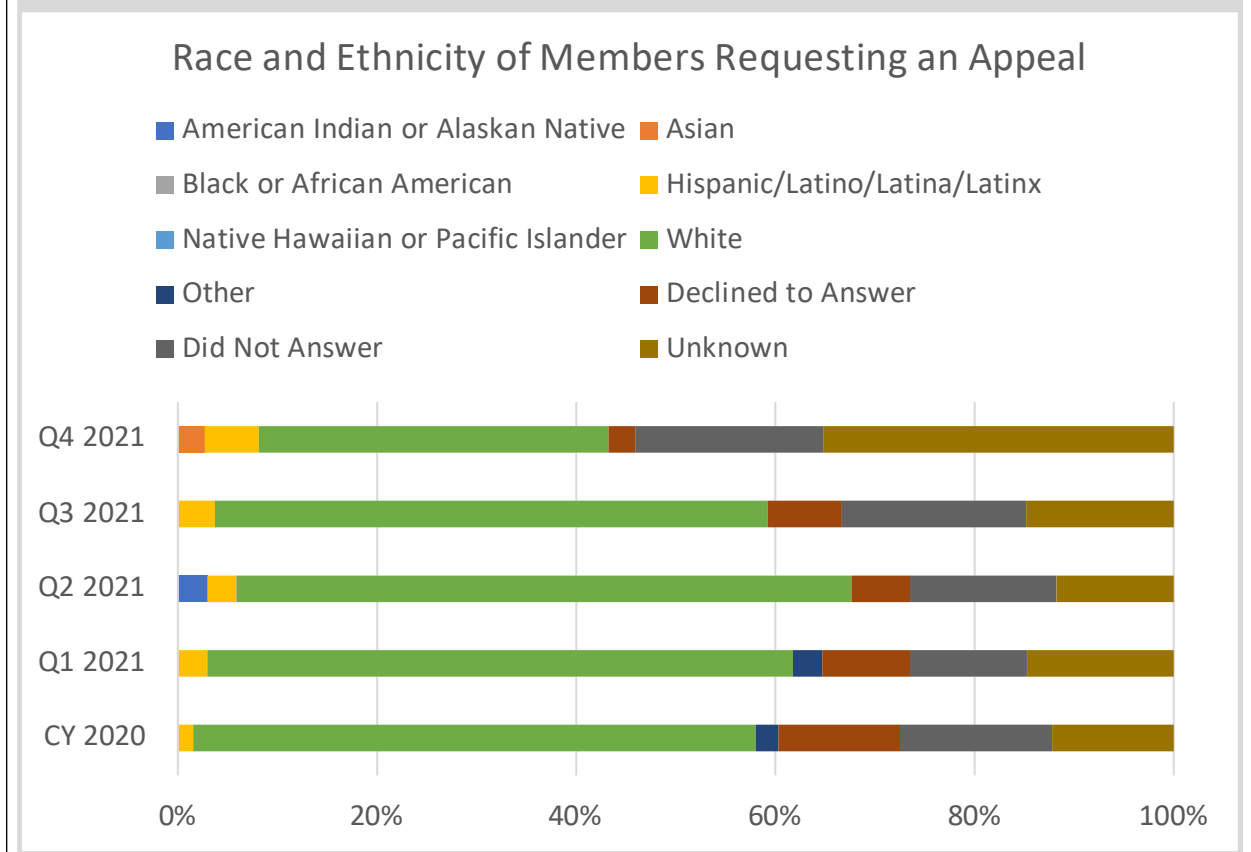
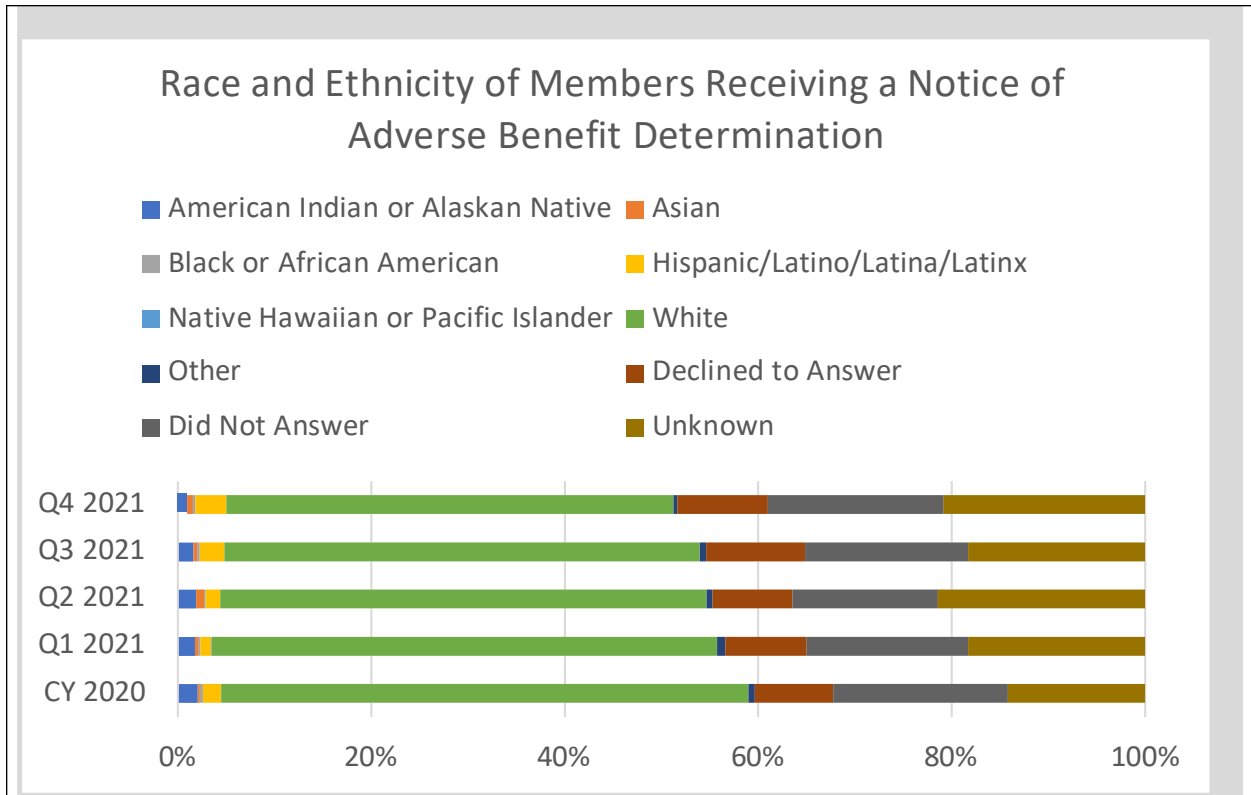
Spanish is the most common non-English language spoken by Advanced Health Members, with 1.2%, or about 300 Members, indicating that their primary language is Spanish.

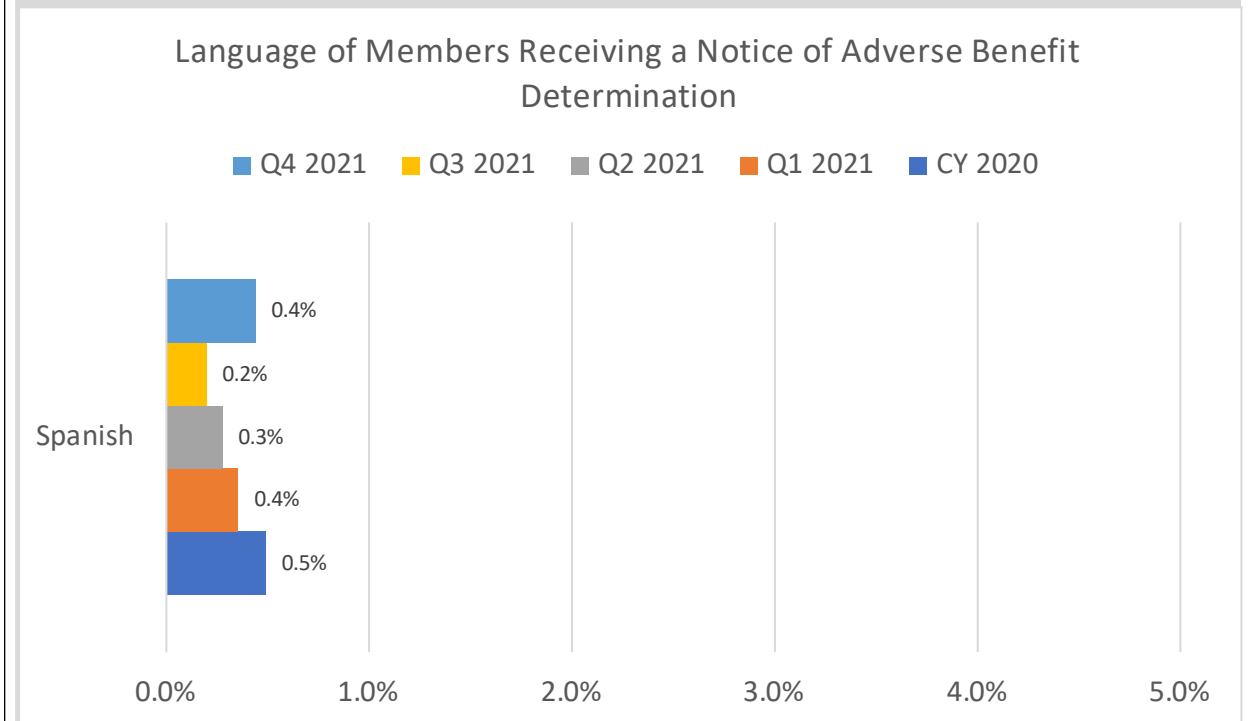
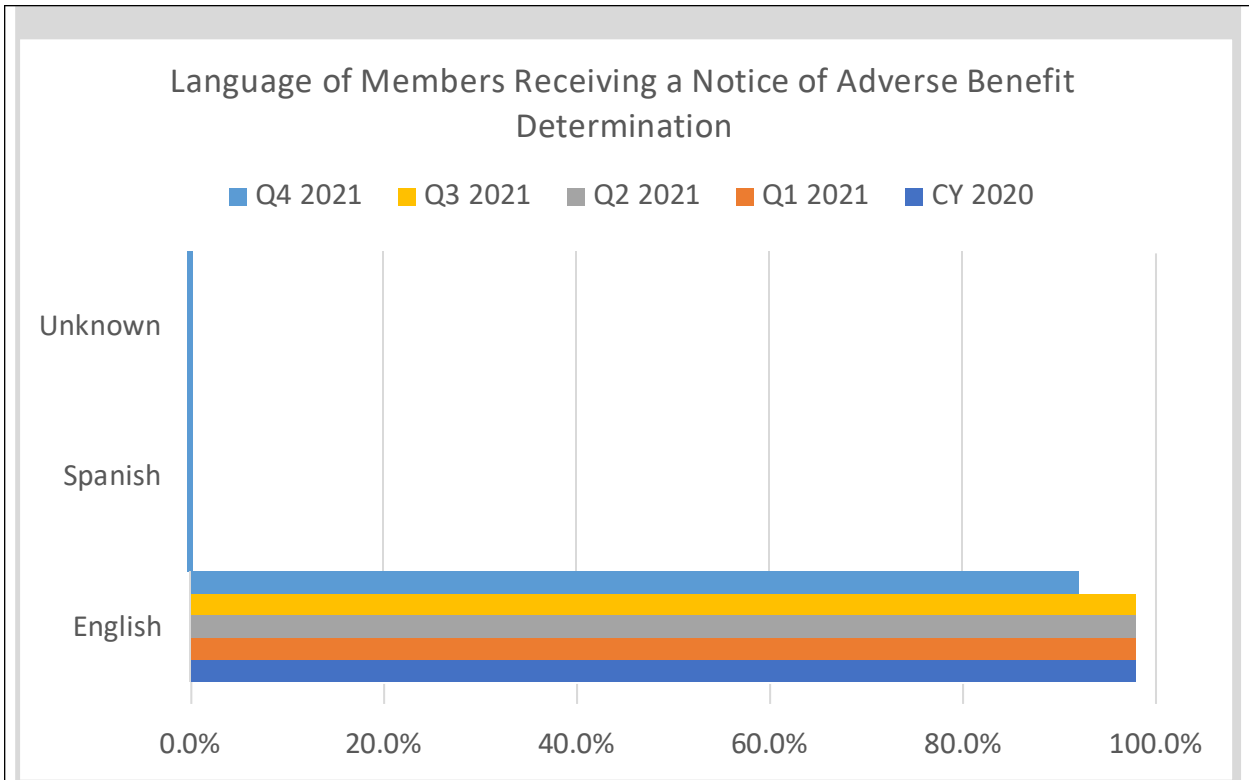
Similarly, as described above, the spoken language of members who filed complaints was also analyzed in 2021 and reviewed by the Interagency Quality Committee. Improving language access and interpreter services has been an initiative at Advanced Health for several years and it is important to use the data we have

available to monitor for equitable access to health care services, but also for access to systems that support member rights, such as the grievance system. In 2021 we see only a small number of complaints from Spanish-speaking members. It is possible that we are missing an opportunity to hear from these members, or it is possible that due to small sample sizes (approximately 30 to 35 complaints per month) and the relatively small population, we can expect to see some months with 0 complaints for Spanish-speaking members. However, this is an area that will require more investigation in 2022 to ensure we identify any unknown barriers. As part of our project to improve access to language interpretation services we plan to hold listening sessions with the Coos Hispanic Allies and other groups to better understand barriers to access.



Below is an analysis of member race, ethnicity, and language for NOABDs and for Appeals. Similar to the analysis discussed above for grievance data, this information is monitored and reviewed by the Interagency Quality Committee.





Advanced Health staff will continue to stratify data in the quarterly report to the Interagency Quality Committee by demographic factors to monitor for potential disparities in access or utilization of the Member Grievance System. Due to the higher rate of complaints by members with one or more disabilities, staff will conduct a

focused review of those complaints. And the complaint process will be reviewed for potential underutilization by Spanish-speaking members and other LEP members.

Focus Area 2: Demographic Data

Year 2 Progress Update (Progress Report)

Produce a more meaningful and credible data set with which to identify disparities and measure outcomes.

Provide a status update on CCO year 2 strategy for FA 2 below:

Implementation of Reliance Health Information Exchange (HIE) continues in 2022. This implementation aims to provide a rich source of REALD information via a broad provider network connected to the HIE. Advanced Health continues to work with Reliance to integrate fully with community Electronic Health Records to provide a single sign on and better adoption rates. Currently seven community and clinic partners are Reliance portal users and 5 of those are data contributors, including the main community-based clinics who provide primary care for approximately 75% of the Advanced Health membership.

Advanced Health’s primary and most complete source of data related to linguistic and cultural needs of members is the OHA 834 enrollment data. Advanced Health finds the REALD demographic data from OHA to be the most comprehensive data set available at this time. Using this REALD data, Analytics Department staff have developed a REALD demographic dashboard in Tableau to summarize the race, ethnicity, language, disabilities, interpreter needs, and geographic location of Advanced Health members. The dashboard also includes a query feature to allow staff to find REALD data for a specific member. Advanced Health continues to utilize internal demographics dashboards in Tableau for quality metric reporting and Grievance System reporting and monitoring as well as during drafting of any member information to better understand the language needs of our membership.

Efforts to incorporate the use of REALD demographic data throughout the organization will continue in 2022.

Year 3 Strategy

Please select one option for year 3 strategy and complete the appropriate portion of the table below.

- Strategy is the same as year 2
- Strategy has been modified for year 3
- A new strategy has been developed

If strategy is same as year 2 (insert rationale below)

Advanced Health continues to improve the completeness of member REALD information over time through the promotion of HIE adoption with clinic partners. The continuation of year 2 strategies allows Advanced Health to collect data and further adjust interventions as needed to meet this aim. Supporting additional providers to engage with Reliance and become data contributors will improve REALD data quality for the entire community.

REALD data quality in the OHA 834 files has improved as well. This data set gives nearly complete language data, with only 1.1% of the membership’s language listed

as unknown. And while there is still a sizable proportion of the population listed with race unknown, that percentage has shrunk to 34% currently from over 40% in late 2020.

<p>Focus Area 3: Culturally and Linguistically Appropriate Services</p>
<p>Year 2 Progress Update (Progress Report)</p>
<p><i>Increase access to Advanced Health healthcare interpreter services. Complete review of interpreter services available in our provider network. Updated provider and member education materials about Advanced Health healthcare interpreter services. Provide training opportunities for staff members at our local clinics to become certified healthcare interpreters. Include evaluation of health care interpreter services utilization when developing and planning changes to the Delivery System Network (DSN).</i></p>
<p>Provide a status update on CCO year 2 strategy for FA 3 below:</p>
<p><i>Currently, there have not been any documented questions from the provider network concerning “I speak cards” distributed in early 2021. Additionally, there has not been an increase in the “language line” utilization or an increase in the utilization of Advanced Health’s in-person Health Care Interpreter program. Provider education activities continue with the aim of increasing utilization of certified and qualified healthcare interpreters.</i></p> <p><i>Advanced Health website information was aimed to inform both members and providers. The website can be translated into many languages thus, this information is available in other non-English languages. This activity is intended to raise awareness of the services available to members in the healthcare setting, including free language interpretation.</i></p> <p><i>Advanced Health continues to sponsor, promote, and offer technical assistance in monitoring culturally and linguistically appropriate trainings for both providers and their staff. Advanced Health communicates training opportunity details to providers and their staff via the Advanced Health website, the quarterly provider newsletter, the Interagency Quality Committee, provider services, the local hospital CME program, and clinic HR/business communications. As part of the 2022 Network Provider Training Plan, the following CME/CEU training opportunities are offered: Working with Specific Populations: Hispanic/Latino and Cross-Cultural Care in Mental Health & Depression.</i></p> <p><i>Advanced Health’s provider-facing brochure about the Health Care Interpretation Program includes the customer service phone number and email. It also contains reasoning as to why a provider practice should use a healthcare interpreter (HCI), the benefits of Healthcare Interpreter services, and best practices to identify patients with limited English proficiency. Lastly, it details the necessary steps to schedule a HCI for a patient appointment, and that HCI services are required under Title III of the</i></p>

Americans with Disabilities Act.

In June 2021 Advanced Health developed a scholarship program for Healthcare Interpreter Certification to assist in tuition costs for local clinic partner bilingual staff to become certified. Due to health care workforce capacity issues and staffing shortages, the scholarship went unused until quarter two of 2022 when two applicants were awarded. This scholarship remains open and is promoted within the Interagency Quality and Accountability Committee (IQAC) as well as various other community meetings around health equity and access to services.

Year 3 Strategy

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- Strategy has been modified for year 3
- A new strategy has been developed

If strategy is same as year 2 (insert rationale below)

Advanced Health continues to engage with provider clinic partners and build strategies to increase the proportion of members who receive interpreter services out of the members who have indicated they need interpreter services. The continuation of year 2 strategies allows Advanced Health to collect data and further adjust interventions as needed.

Advanced Health will continue to offer various training objectives pertinent to healthcare interpretive services, interpreter accessibility, and translation and interpretation best practices to its staff, network providers and network provider staff. Due to the ongoing pandemic response and health care staffing shortages, training modalities continue to be virtual and online. Announcement of training opportunities will continue to be announced via Advanced Health website, the quarterly provider newsletter, the Interagency Quality Committee, provider services orientations and trainings, the local hospital CME program, and clinic HR/business communications.

Focus Area 4: CLAS as an Organizational Framework
Year 2 Progress Update (Progress Report)
<p><i>Advanced Health’s strategy was to focus on provider communications and training, operations, and employee relations and training to embed CLAS in the CCO Organizational Framework.</i></p>
<p>Provide a status update on CCO year 2 strategy for FA 4 below:</p>
<p><i>With the approval of the Organizational Health Equity Policy and Procedure in December 2021, the next step was to initiate and implement this part of the organization’s health equity strategy to further expand on its health equity infrastructure. It is important to note that every executive leader from Advanced Health approved and signed this policy, which further strengthens the common goal and mission of creating a sustainable health equity infrastructure. The new policy has begun the consistent application of implementing CLAS Standards into the organization’s policies, procedures, and practices.</i></p> <p><i>From the initial department CLAS screening done in Summer 2021, the next step was to take a deeper dive into the CLAS Standards. An Implementation Checklist for</i></p>

CLAS Standards questionnaire (source: Office of Minority Health at the US Department of Health and Human Services study) was provided to managers to complete for their departments. Support and technical assistance included a re-watch of a CLAS training video, review of the CLAS Standards, and introductory meeting and continued support from a subgroup of Health Equity Steering Committee members led by the Health Equity Policy Analyst. Managers had approximately 4-6 weeks to complete the questionnaire for their respective department(s). The questionnaire had a 100% return rate for the assigned sixteen departments. (It is noted that Grievance and Appeals and Provider Relations departments were not included in the first round and are planned to be completed in Quarter 3 2022.) There was strong interest from different departments to find a CLAS champion, and some departments went as far as identifying current employees as departmental CLAS champions. A few departments are currently implementing CLAS standards in their everyday work. Whereas the remaining departments, have not yet implemented CLAS standards but plan to do so and would like assistance on where and how they could implement CLAS standards. Implementing CLAS Standards at the department, desk-top, and employee levels are the major priorities to finish out year 2 and continue on with in year 3.

Health Equity Steering Committee Update (charter update, attendance and performance): The Health Equity Steering Committee continues to meet monthly with the majority of invited attendees from all levels of the organization. The Health Equity Steering Committee is currently in process of finalizing a committee charter that is being voted on in July 2022. Transportation, food and nutrition, housing and organizational transparency are the priority areas of the committee charter. Attendees share their working projects with community partners and internal focused projects within Advanced Health.

Advanced Health expanded annual all staff required trainings to include translation in healthcare, unconscious bias, diversity, effective communication and ethics in 2021. This year, all-staff training requirements will include an introduction to CLAS Standards and the implementation of such in healthcare settings. This is an expansion from last year's manager only requirement for the CLAS Standards training. Advanced Health required new employees that had not yet attended Adverse Childhood Experiences training, to attend this training during their Winter 2022 New Hire Group. Year 3 goals will be to continue to expand staff training objectives to meet all training objectives by Year 5.

Advanced Health sponsored the local 2022 Diversity Conference. The following is a breakdown of community and network provider attendance.

Training Evaluation

2022 Annual South Coast Diversity Conference
 April 13, 2022, 8:00-12:00pm, held via zoom



Attendee Demographics:

- Total registrants** = 317
- Total attendees** = 258 (81% of registrants)
- Total evaluations completed** = 130 (50.4% of attendees)

Primary Service Area as reported at registration:

- OR - South Coast (Coastal Douglas | Coos | Curry) = Total: 236 | 74.4%
- OR - South Central (Douglas | Klamath | Lake) = Total: 41 | 12.9%
- OR - Southern (Jackson | Josephine) = Total: 10 | 3.2%
- CA - North Coast (Curry, OR | Del Norte | Humboldt) = Total: 3 | 1%
- Greater Oregon = Total: 25 | 7.9%
- Outside Oregon = Total: 2 | 0.6%

Sector Represented as reported at registration:

- Health Care = Total: 29 | 9.1%
- Early Care & Education = Total: 48 | 15.1%
- K-12 Education = Total: 22 | 6.9%
- Special Education = Total: 2 | 0.6%
- Family Support Services and/or Parenting Education = Total: 51 | 16.1%
- Law Enforcement and/or First Responder = Total: 5 | 1.6%
- Business = Total: 6 | 1.9%
- Government = Total: 52 | 16.4%
- Philanthropy = Total: 5 | 1.6%
- Community Member = Total: 19 | 6.1%
- Other = Total: 78 | 24.6%
 - Reported in "Other" category: College Students | Librarians | CASAs | Higher Ed | Food Pantries | Youth Services | Visitor Centers | State employees | Self-employed | etc.

Age group served as reported via evaluation:

- Prenatal: Total= 40 | 30.8%
- Birth-3 years: Total= 77 | 59.2%
- 3-5 years: Total= 78 | 60%
- 5-12 years: Total= 65 | 50%
- 12-21 years: Total= 71 | 54.6%
- Adults: Total= 88 | 67.7%
- Do not provide services to any groups: Total= 2 | 1.5%

Advanced Health had a 14% attendance rate and included attendance from various departments including Executive leadership/administration, Community Engagement, Intensive Care Coordination, Utilization Review, Behavioral Health, Member Services, and Human Resources. A lookback of 2021 and 2022 attendance comparisons will be reviewed to determine if a plan can be made to increase attendance among network providers and their staff and Advance Health's staff.

The 2022 Employee Handbook was revised to include a pay equity statement, which states Advanced Health's pay practices pay employees equitably and not paid differently based on their race, color, religion, sex, sexual orientation, national origin, marital status, veteran status, disability, or age. Advanced Health reviews each position's

wage bands annually, however, it is planned in 2022-2023 to have a further in-depth review and documentation of such.

Advanced Health has finalized the Language Proficiency Pay Differential. While this has been a practice for a while, the formalization and adoption of such is a great step in documenting and mandating pay equity for employees that directly impact health equity and healthcare access for CCO members.

Advanced Health's new HRIS/payroll system has data insights that will monitor different employment data points – Gender Diversity Overview, Women In Leadership, Minority Diversity Overview, and New Hire Diversity. HR plans to provide an overview to executive leadership to evaluate areas where DEIB efforts can expand into these areas.

An equity-related question has been added to the 2022 Performance Review, asking whether employees understand how their role in the organization contributes to achieving equity within the organization, provider- and member- populations. This talking point will be evaluated at the end of the year to determine whether it sparked quality conversation between employee and manager, or if further training is needed in job responsibilities being tied to equity work throughout all positions in the organization in 2023.

Stakeholders include all employees, board- and committee- members. External stakeholders include network providers and their staff.

The CCO is measuring the noticeable increase in employees engaged in health equity work by gathering attendance lists from health equity-related meetings such as the Health Equity Steering and Member Education and Engagement Committees.

The Health Equity Steering Committee includes staff from across the organization, including the Chief Operating Officer, Executive Program Director/ Health Equity Administrator, Chief Medical Officer, Chief Information & Technology Officer, Human Resources Manager, Clinical Executive Assistant, Community Engagement Officer, Director of Care Coordination, Director of Behavioral Health, Health Equity Policy Analyst, Compliance Manager, Quality Manager, Behavioral Health Manager/ SOC Coordinator, Grievance Systems Coordinator, Community and Tribal Relations Coordinator. This committee meets monthly.

The Member Education and Engagement Committee also includes staff across Advanced Health including the Chief Operating Officer, Director of Behavioral Health, Director of Pharmacy, Human Resources Generalist, Community Engagement Manager, Quality Improvement Specialist, Customer Service Manager, Clinical Executive Assistant, Customer Service Team Lead and two ICC Traditional Healthcare Workers. This committee meets monthly, and its subcommittee meets as needed.

Year 3 Strategy
<p>Please select one option for year 3 strategy and complete the appropriate portion of the table below.</p> <p><input checked="" type="checkbox"/> Strategy is the same as year 2</p> <p><input type="checkbox"/> Strategy has been modified for year 3</p> <p><input type="checkbox"/> A new strategy has been developed</p>
<p>If strategy is same as year 2 (insert rationale below)</p> <p><i>Advanced Health has made noteworthy progress in Q1 and Q2 of 2022 in departmental and manager participation in embedding CLAS Standards. It makes sense to continue this work to further develop manager and employee-level engagement this year and into year 3.</i></p> <p><i>By adding a CLAS and equity screening/checklist within the company policy and procedure template and adding equity commitment language to the Policy and Procedure Review Committee charter, this further ensures adherence to CLAS Standards throughout the organization, which will further embed health equity into Advanced Health’s infrastructure.</i></p> <p><i>Advanced Health will continue to provide opportunities to educate and train network providers and their staff in CLAS policies and practices upon entry into the provider network and ongoing.</i></p> <p><i>Advanced Health fielded a survey in 2021 to gather employee input on Advanced Health’s commitment to health equity. A re-survey will commence by the end of 2022.</i></p> <p><i>Recruiting, hiring, and retention practices will continue to be evaluated and optimized to promote and sustain CLAS standards as an organizational framework. No other HR evaluations have been completed in Q1 and Q2 2022, however, per OHA Health Equity Plan submission feedback, HR is considering how Advanced Health could integrate community feedback in HR evaluations. This will be determined in Q3 and Q4 2022.</i></p>

Focus Area 5: Workforce
Year 2 Progress Update (Progress Report)
<p><i>Advanced Health’s goal for this Focus Area is to implement and maintain a recruitment and retention strategy that focuses on diversity, equity, inclusion, and belonging (DEIB) at every level of the organization. This includes providing employee training, education, resources, and support to further equity-related knowledge and commitment for and from all employees.</i></p>
<p>Provide a status update on CCO year 2 strategy for FA 5 below:</p>
<p><i>A significant amount of work related to auditing recruiting and hiring practices was done in 2021. Recruiting, hiring, and retention practices will continue to be evaluated and optimized to promote and sustain CLAS standards as an organizational framework. HR evaluations in Q1 and Q2 included Employee Handbook revisions, the finalization of a Language Proficiency Pay Differential, equity-related employee training, and addition of a health equity question/talking point in employee Performance Evaluations.</i></p> <p><i>No other employee workgroups evaluating HR practices were conducted in Q1 and Q2, however, per OHA Health Equity Plan submission feedback,</i></p>

HR is considering how Advanced Health could integrate community feedback in HR practice evaluations. This will be determined in Q3 and Q4 for year 3 rollout.

Advanced Health expanded annual all staff required trainings to include translation in healthcare, unconscious bias, diversity, effective communication, and ethics in 2021. This year, all-staff training requirements will include an introduction to CLAS Standards and the implementation of such in healthcare settings. This is an expansion from last year's manager only requirement for the CLAS Standards training. During the Winter February 2022 New Hire Group Orientation, Advanced Health required new employees that had not yet attended Adverse Childhood Experiences training to attend a live ACEs training. Health equity presented by Advanced Health's Health Equity Administrator and Executive Program Director continues to be an onboarding training topic. Year 3 will continue to expand all staff training objectives to meet all training objectives by Year 5.

The 2022 Employee Handbook was revised to include a pay equity statement, which states Advanced Health's pay practices pay employees equitably and not paid differently based on their race, color, religion, sex, sexual orientation, national origin, marital status, veteran status, disability, or age. Advanced Health reviews each position's wage bands annually, however, it is planned in 2022-2023 to have a further in-depth review and documentation of such.

Advanced Health has finalized the Language Proficiency Pay Differential. While this has been a practice for a while, the formalization and adoption of such is a great step in documentation, organizational commitment and mandating pay equity for employees that directly impact health equity and healthcare access for CCO members.

Advanced Health's new HRIS/payroll system has data insights that will monitor different employment data points – Gender Diversity Overview, Women In Leadership, Minority Diversity Overview, and New Hire Diversity. HR plans to provide an overview to executive leadership to evaluate areas where DEIB efforts can expand into these areas.

An equity-related question has been added to the 2022 Performance Review, asking whether employees understand how their role in the organization contributes to achieving equity within the organization, provider- and member- populations. This talking point will be evaluated at the end of the year to determine whether it sparked quality conversation between employee and manager, or if further training is needed in job responsibilities being tied to equity work throughout all positions in the organization in 2023.

Year 3 Strategy
<p>Please select one option for year 3 strategy and complete the appropriate portion of the table below.</p> <p><input checked="" type="checkbox"/> Strategy is the same as year 2</p> <p><input type="checkbox"/> Strategy has been modified for year 3</p> <p><input type="checkbox"/> A new strategy has been developed</p>
<p><i>With a focus on the following retention strategies: personnel policies and practices, benefits, manager and staff training, and CLAS standards, to finish out year 2, Advanced Health will have the recruiting, hiring, and retention audit results to further evaluate and prioritize improvements for each area.</i></p> <p><i>Advanced Health will continue to expand all-staff training requirements in CLAS-related training objective areas to meet all training objectives by Year 5.</i></p> <p><i>Annual or semi-annual review of the Employee Handbook and prior to implementation of the next annual Performance Review, each will have a more detailed audit for CLAS Standards implementation progression.</i></p> <p><i>The diversity data insights from the new HRIS/payroll system will be presented to executive leadership and DEIB efforts will be planned for 2023 rollout.</i></p>

Focus Area 6: Organizational Training and Education

Year 2 Progress Update (Progress Report)

Advanced Health's year 2 strategy for Organizational Training & Education included expanding training objective requirements for all staff, including executive, managers, and directors.

Provide a status update on CCO year 2 strategy for FA 6 below:

Advanced Health requires annually and upon new hire, all employees to complete the following training course list:

- *2022 Advanced Health Fraud, Waste, and Abuse Training - For Employees, Subcontractors, Providers, and Members*
- *Translation and Communication in Healthcare*
- *Culturally Competent Care*
- *Communicating Effectively*
- *Advance Directives and End-of-Life Decision-Making*
- *What is Diversity and Inclusion*
- *Communication and Ethics*
- *A Class About CLAS*
- *Overview of HIPAA Standards*
- *Healthcare Fraud, Waste, and Abuse*
- *Unconscious Bias*

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

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

Advanced Health continues to implement a Staff Training and Development Policy and Procedures in which training needs analysis are conducted by managers and responsible staff for their respective departments. Once the training needs analysis data is collected, an organizational training matrix is developed and finalized for the calendar year. Training objectives for 2022 are identified in the 2022 Annual Mandatory Training Plan Matrix.

Year 3 Strategy

Please select one option for year 3 strategy and complete the appropriate portion of the table below.

- Strategy is the same as year 2
- Strategy has been modified for year 3
- A new strategy has been developed

If strategy is same as year 2 (insert rationale below)

The formal training program for staff has a 100% adherence rate and anecdotal feedback from employees and new hires is that it is valuable and informative training. For this reason, Advanced Health will continue year 2 strategy and will include a formalized process to gather employee feedback on how valuable and useful the training objectives are to the employee’s work and equity knowledge.

Focus Area 7: Language Access Reporting Mechanisms
Year 2 Progress Update (Progress Report)
<i>Identification of Members who need language access services, outreach/education, and monitoring of services provided.</i>
Provide a status update on CCO year 2 strategy for FA 7 below:
<p><i>Advanced Health developed a monitoring dashboard using Tableau to identify Members who are flagged in MMIS data as needing interpreter services. This dashboard is used to conduct quarterly chart review for interpreter services provided by health care providers and allows Advanced Health to monitor the language needs of its Members on demand, as well as periodically during review and development of written Member materials.</i></p> <p><i>The Member-facing Language Access page of the Advanced Health website can be translated via the “select language” option at the top left of the page. This is true for any page of the Advanced Health website.</i></p> <p><i>In quarter one of 2022 Advanced Health implemented Enhanced Interpreter Services which builds on the existing Health Care Interpreter services and includes the use of Language Line Video interpretation services when requested. Understanding that even though Spanish is the most common, but not sole non-English language spoken by Advanced Health members, the over 240 languages including American Sign Language offered via the Enhanced interpreter Services aims to meet the interpreter services needs of Advanced Health’s population. Advanced Health staff will take a</i></p>

designated laptop to appointments and facilitate interpretation of any language requested. Data from services provided is captured and monitored to understand utilization trends and identify areas for further promotion of the service.

In the second half of 2021 Advanced Health developed a scholarship program for Healthcare Interpreter Certification to cover tuition and exam costs for local clinic partner bilingual staff to become certified. Due to health care provider capacity issues and staffing shortages the scholarship went unused until quarter two of 2022 when two applicants were awarded. This scholarship remains open and is promoted within the Interagency Quality and Accountability Committee (IQAC), Community Advisory Council, as well as various other community meetings around health equity and access to care.

Advanced Health continues to be sensitive to the bandwidth of our provider network. The development of a provider-facing dashboard to assist in validating and outreaching Members identified with language access needs is still in consideration however, both internal and external staffing resource factors continue to be barriers for further development. Advanced Health will continue to navigate these barriers in the coming year.

Advanced Health continues to strive for independent data collection for interpreter service needs. Leveraging standardized workflow in community wide Electronic Health Record (EHR) Epic as well as Member self-identified needs via the Health Risk Assessment (HRA) will allow Advanced Health to better understand the interpreter service needs of its population and build strategies to ensure that all members who need interpreter services in the healthcare setting receive them. Understanding the data capture in Epic as well as the reporting mechanisms continues to be a priority of Advanced Health with a goal to have clinic partners report EHR data quarterly during the chart review process by the end of 2022.

Year 3 Strategy

Please select one option for year 3 strategy and complete the appropriate portion of the table below.

- Strategy is the same as year 2
- Strategy has been modified for year 3
- A new strategy has been developed

If strategy is same as year 2 (insert rationale below)

Advanced Health continues to engage with provider clinic partners and build strategies to increase the proportion of members receiving interpreter services as well as the proportion of members receiving interpreter services in-person from a certified or qualified health care interpreter. The continuation of year 2 strategies allows Advanced Health to collect data and further adjust interventions as needed.

Focus Area 8: Member Education and Accessibility
Year 2 Progress Update (Progress Report)
<i>The Member Engagement and Education Committee was formed to focus on member education and engagement projects such as translation of member-facing documents and ensuring large-print materials are readily available.</i>
Provide a status update on CCO year 2 strategy for FA 8 below:

The Member Education and Accessibility strategy included updating Member-facing materials into Spanish and Large Print. In 2021, Advanced Health completed the translation of eight documents into Spanish, and seven into Large Print. There were two documents that were identified that have been unable to be formatted or translated due to technical issues. All member-facing materials were eligible for translation, and all were translated except for the two where technical issues prevented the translation. Members may call Customer Service to request that a document be translated into any necessary language or alternate format. Advanced Health contracts with the Language Line to provide this and verbal interpretation. Advanced Health has two qualified Spanish language health care interpreters who also are Customer Service Representatives. If other languages are needed, the Language Line will be used. Advanced Health directs members who are hard of hearing or need TTY services to the Oregon Relay Line and the CCO can communicate via the Oregon Relay line to obtain their requests for translation of documents.

The Member Engagement and Education Committee (MEEC) continues to meet on a regular basis, with sub-committees formed related to Healthcare Interpreting, and Member Communications. There is a consumer member who participates on this committee. Based on goals identified by the MEEC, in Q1 2022, members were surveyed over the phone to assess their preferences for topics of Easy Guides, informational pamphlets designed to offer members easy and quick access to information. The top four categories were medical benefits, pharmacy benefits, transportation benefits, and dental benefits. These topics have each been developed into an “Easy Guide” member-directed pamphlet. The documents are currently under review by OHA for approval (see attachments: 20-Dental proof, 21-Medical proof, 22-Pharmacy proof, 23-Transportation proof). Once approved, they will be translated into Spanish and Large Print.

The MEEC has implemented practices to ensure that as new member materials are developed and approved by OHA, they are also translated into Spanish, and Large Print versions are made available. This practice will continue for all new member materials.

Year 3 Strategy

Please select one option for year 3 strategy and complete the appropriate portion of the table below.

- Strategy is the same as year 2
- Strategy has been modified for year 3
- A new strategy has been developed

For New Strategies ONLY

This section only applies if you selected “a new strategy has been developed” for year 3.

New Strategy:

The new strategy is to expand access to video interpretation. A program is in development that will offer this service in over 240 languages in any healthcare facility location.

Background/Context:

Advanced Health’s new strategy is to expand the CCO’s Healthcare Interpreter program to include video interpretation at clinics. The expanded program will be facilitated by an Advanced Health Qualified Healthcare Interpreter (Spanish) who will coordinate video interpretation (of other languages) on a laptop at the healthcare facility with the member and their provider. We recognize that while they may not speak the particular language of the member, qualified health care interpreters are trained in best practices for offering services and will be able to offer superior facilitation of the video interpretation platform.

Letters will be mailed to LEP members in the members’ primary language to inform them of the new program and process to access the service and encourage them to contact the CCO to update their language needs. These letters will also include “I Speak” cards for their convenience of use. Advanced Health will be monitoring data and utilization throughout the year.

Issues and barriers:

There are limited certified and qualified healthcare interpreters within the two counties Advanced Health offers services, and all are Spanish speaking. This strategy will provide access to interpreters in over 240 languages including American Sign Language.

Staff time and scheduling, including transportation time, may become an issue if utilization of the program grows quickly. Advanced Health has two qualified health care interpreters on staff and serve a rural and geographically isolated area of Oregon. Traveling from the North end of the service area to the South and back again takes most of the day. Advanced Health is committed to making the resources available to ensure the program is successful.

Goal 1:

<i>Track utilization of video interpretation, facilitation by qualified Health Care Interpreters, and languages requested with the expanded program.</i>	
Baseline: No data	Metric/Measure of success: Data will be tracked starting with Q3 2022
Monitoring: Data will be reviewed monthly	Person responsible: Customer Service Manager
Resources Needed: <ul style="list-style-type: none"> - Member Letter to be approved by OHA (- Staff time to attend scheduled member-provider encounters - Transportation budget for health care interpreter staff 	

Section 2: Annual Training and Education Report

For this section CCOs are required to report on their 2021 **staff training** as outlined in their Organizational and Provider Network Cultural Responsiveness, Implicit Bias, and Education Plan.

Attestation:

Has the CCO adopted the definition of Cultural Competence set forth in OAR 943-090-0010 and is utilizing it to guide its development of cultural responsiveness materials and topics in its Cultural Competence Continuing Education training activities into its training plans for Health Care Professionals?

Yes No

Advanced Health's year 2 strategy for Organizational Training & Education included expanding training objective requirements for all staff, including executive, managers, and directors.

Advanced Health requires annually and upon new hire, all employees to complete the following training course list:

- *2022 Advanced Health Fraud, Waste, and Abuse Training - For Employees, Subcontractors, Providers, and Members*
- *Translation and Communication in Healthcare*
- *Culturally Competent Care*
- *Communicating Effectively*
- *Advance Directives and End-of-Life Decision-Making*
- *What is Diversity and Inclusion*
- *Communication and Ethics*
- *A Class About CLAS*
- *Overview of HIPAA Standards*
- *Healthcare Fraud, Waste, and Abuse*
- *Unconscious Bias*

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

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

Advanced Health continues to implement a Staff Training and Development Policy and Procedures in which training needs analysis are conducted by managers and responsible staff for their respective departments. Once the training needs analysis data is collected, an organizational training matrix is developed and finalized for the calendar year. Training objectives for 2022 are identified in the 2022 Annual Mandatory Training Plan Matrix.

Advanced Health continues to sponsor, promote, and offer technical assistance in monitoring culturally and linguistically appropriate trainings for both providers and their staff. Advanced Health communicates training opportunity details to providers and their staff via the Advanced Health website, the quarterly provider newsletter, the Interagency Quality Committee, provider services, the local hospital CME program, and clinic HR/business communications. As part of the 2022 Network Provider Training Plan, the following CME/CEU training opportunities are offered: Working with Specific Populations: Hispanic/Latino and Cross-Cultural Care in Mental Health & De

For more information of the 2022 Health Equity Plan or other Health Equity related questions, please contact health.equity@advancedhealth.com