



CCOs Advancing Health Equity Workshop

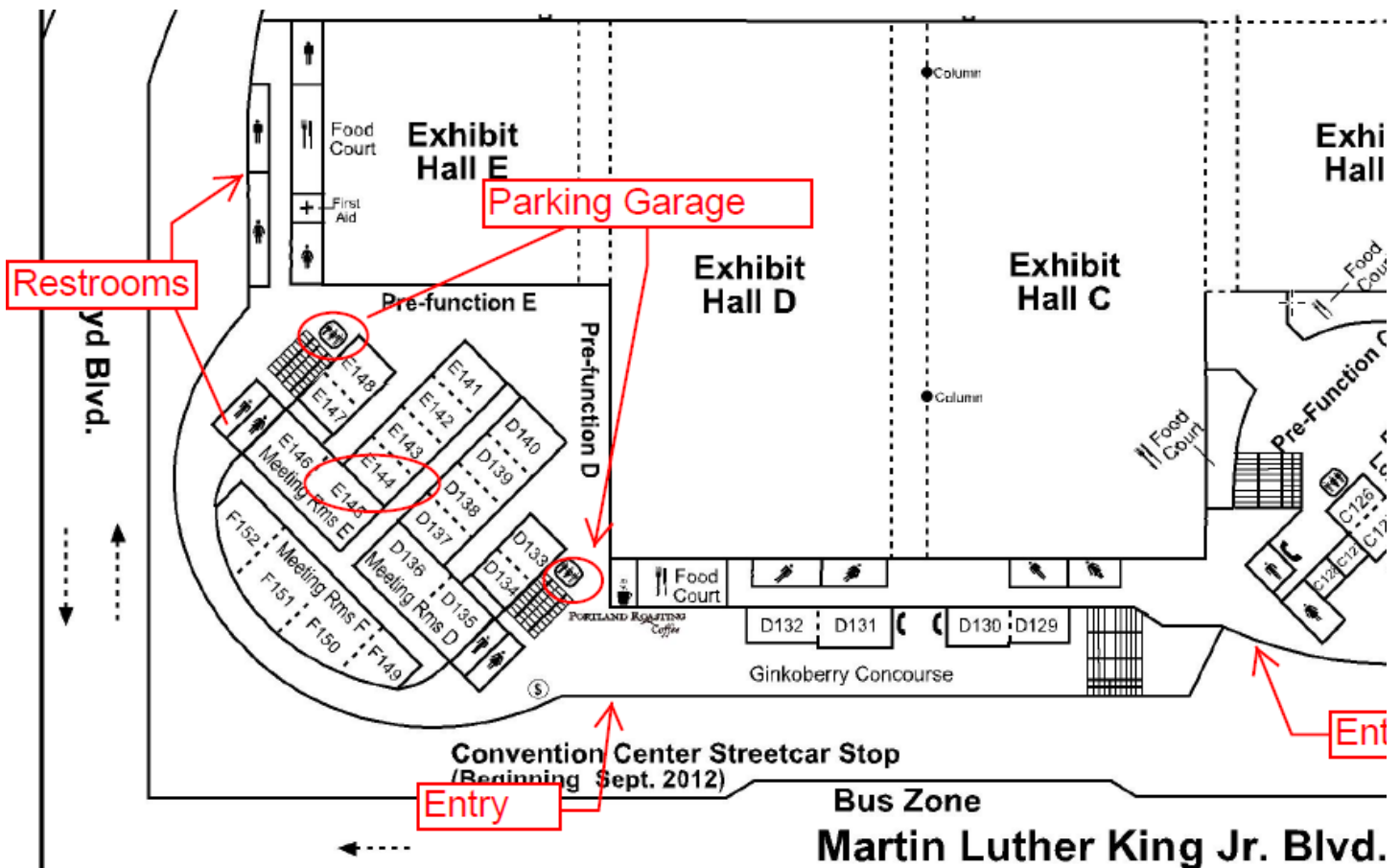
October 24, 2018, Oregon Convention Center

Agenda

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| 8:00 – 8:30 a.m. | Registration and Breakfast |
| 8:30 – 9:30 a.m. | Opening General Session (E145)
Chris DeMars, MPH, Director, OHA Transformation Center;
Leann Johnson, MS, Director, OHA Office of Equity and Inclusion;
Ignatius Bau, J.D., Health Equity Consultant;
Alicia Ramirez, Program Coordinator, The Next Door Inc.;
Todd Dierker, Consulting Services Project Manager, The Next Door Inc. |
| 9:30 – 9:45 a.m. | Networking Break |
| 9:45 – 11:15 a.m. | Breakout Sessions A, B & C
Session A: Health Equity Strategic Planning (E143)
Session B: Using a National Framework to Engage CCO Staff and Board on Health Equity (E144)
Session C: Using Data to Advance Health Equity (E145) |
| 11:15 – 12:15 p.m. | Networking Lunch |
| 12:15 – 1:45 p.m. | Workshop Sessions D, E & F
Session D: Ensuring Language Access for all CCO Members (E143)
Session E: Making Community Health Workers Part of Your Community Health Strategy (E144)
Session F: Providing Cultural Competency Training for CCO Staff, Providers and Other Stakeholders (E145) |
| 1:45 – 2:00 p.m. | Networking Break |
| 2:00 – 3:00 p.m. | Participant Feedback and Closing General Session
Ignatius Bau, J.D., Health Equity Consultant |

Event Logistics

- To access Wi-Fi, select the "OCC Wifi" network. Login: oha. Password: healthequity.
- Event meeting rooms are E143, E144 and E145, as noted on the map below
- Parking passes are available at the registration table for those participants who parked in the Oregon Convention Center parking garage
- Workshop materials are posted on the Transformation Center's website under "Events" on the lower left-hand navigation pane: <http://www.transformationcenter.org>
- Join the conversation on Twitter! Use the hashtag #ohahealthequityworkshop when tweeting



Presenter Bios

Opening session presenters

Ignatius Bau, J.D., Health Equity Consultant

Ignatius Bau is an independent health care policy consultant, who has worked with the OHA Transformation Center on providing tailored technical assistance to CCOs on health equity, and has been a trainer for the OHA Office of Equity & Inclusion's DELTA Program. He also has worked on health equity issues nationally, and in Connecticut and California. Mr. Bau has served on expert advisory groups focused on health equity for the U.S. Department of Health and Human Services Office of Minority Health, Centers for Disease Control and Prevention, and Office of National Coordinator for Health Information Technology; and for the Institute of Medicine, National Academy of Sciences, Engineering, and Medicine, National Quality Forum, Joint Commission, and California Department of Health Services. He currently serves on the Equity Advisory Group for the Institute for Healthcare Improvement, the Health Equity Task Force for Delivery & Payment Transformation for Families USA, and the Advisory Panel for Healthcare Delivery and Disparities Research for the Patient-Centered Outcomes Research Institute.

Chris DeMars, M.P.H., Director, Oregon Health Authority Transformation Center

Chris is the Director of the Oregon Health Authority Transformation Center. Before joining the Transformation Center in 2013, she spent eight years as a senior program officer at the Northwest Health Foundation. Prior to joining the foundation, Chris spent six year as a senior health policy analyst for the U.S. Government Accountability Office. She holds a Master of Public Health from the University of Michigan School of Public Health and a bachelor's degree in English Literature from the University of Michigan.

Todd Dierker, Consulting Services Project Manager, The Next Door, Inc.

Todd manages the Consulting Services program which offers interpretation/translation services, Diversity and Equity Trainings, Plain Language adaptations and a growing list of speakers bureau topics that we offer across the community. Todd brings both local and international experience in community development and education outreach. He served in the US Peace Corps in both Thailand and Lesotho in southern Africa. Todd is a natural leader and excels at launching new community initiatives including the Mobile Farmers Market and Veggie Rx Program during his years with Gorge Grown Food Network. Todd is passionate about helping community partners find the support they need to include a lens of equity in all that they do.

Leann Johnson, MS, Director, Oregon Health Authority Office of Equity and Inclusion

Leann is the Director of the Oregon Health Authority (OHA) Equity and Inclusion Division. Prior to her appointment Leann served as interim director for the division and as the Executive Manager for Diversity, Inclusion and Civil Rights for OHA. She has been with the OHA since 2010. Leann holds a master's degree in Industrial/Organizational Psychology with program focus in Multicultural Organizational Development and Indigenous Psychology. She also has a B.S. in Communications Management from the University of Portland.

Leann has 25+ years of leadership experience developing equity, diversity and intercultural programs in the public and non-profit sectors. Past employers include Clark College, the City of Vancouver and the YWCA of Clark County. She has also served as a consultant to multiple agencies and organizations including the

Vancouver Police Department, PGE, Bonneville Power Administration, Hewlett Packard and the Southern Poverty Law Center. Leann is also Qualified Administrator for the Intercultural Development Inventory and the Intercultural Conflict Style assessment. Leann was recently elected to the board of the National Association of State Offices of Minority Health as the representative for Region X. In her spare time Leann is a professional story teller and comedic improviser.

Alicia Ramirez, Mid-Columbia Health Equity Advocates, Program Coordinator, CHW/Promotora de Salud Comunitaria, Health Promotion Services, The Next Door Inc.

Alicia has worked to help support community members navigate the social service system for years. She is a passionate advocate for the Social Determinants of Health and had helped organizations throughout the region to appreciate the value of these concepts. Alicia is currently the Regional Health Equity Coordinator for Mid-Columbia Health Equity Advocates, a program of Nuestra Comunidad Sana of The Next Door, Inc. Alicia recently graduated as a 2018 cohort member of Developing Equity Leadership through Training and Action, a health equity and leadership training program. Alicia is a Certified Community Health Worker and feels it is her duty as a human being to work for justice and equity for all, especially women and children.

Workshop presenters

Jovita Castillo, B.S., Health Equity Specialist, Jackson Care Connect

Jovita is the Health Equity Specialist for Jackson Care Connect. Jovita was born in Dallas, Texas. She attended Texas Woman's University where she received a B.S. in Criminal Justice and a minor in Spanish. A year ago, she completed her service as an AmeriCorps VISTA through the Oregon Health Authority VISTA Partnership Program. After completing her service as an AmeriCorps VISTA member, she was given the opportunity to continue her work at Jackson Care Connect as their Health Equity Specialist. She feels very fortunate to be part of her community and have the opportunity to focus on addressing health disparities and inequities. She is passionate about racial equity and social justice; she enjoys working with diverse minorities and underserved communities.

Stick Crosby, Network & Health Equity Manager, AllCare Health

As the Network & Health Equity Manager 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 AllCare Health's Health Equity and Inclusivity Action Team and a Steering Committee Member of So-Health-E. 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 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.

Suzanne Cross, MPH, CHW, Senior Project Manager, Columbia Gorge Health Council

Suzanne is the Senior Program Manager for the Columbia Gorge Health Council, whom together with PacificSource are the Columbia Gorge CCO. She brings her 25 years of experience in community health organizing, management in primary health care, training in public health, community health work and health equity to serve the program manager of the Bridges to Health Pathways Community HUB Program (B2H), for which Columbia Gorge Health Council serves as the HUB. The program provides cross sector community care coordination for households needing assistance, works to eliminating disparities that leads to better wellbeing

for all community members and helps elevate our learnings through data driven decisions towards system improvement.

Mimi Haley, MBA, MPH, Executive Director, Columbia Pacific CCO

Mimi is the Executive Director of the Columbia Pacific Coordinated Care Organization, a wholly owned LLC of CareOregon. She comes to this position with extensive experience in health plan and health delivery system management, including background in health plan operations, public affairs, policy and regulatory affairs, communications and public relations, medical group and hospital operations, benefit and contract administration and Medicare and Medicaid program operations and compliance.

Her prior positions include: Executive Director, Government Programs at Group Health Cooperative; Vice President, Public Affairs of PacifiCare Northwest (including Oregon and Washington); and Director of Health Plan and Regulatory Affairs at Kaiser Permanente, Northern California. She was also responsible for helping get a new 20-year plan passed by the Seattle City Council for one of the nation's most awarded zoos, Seattle's Woodland Park Zoo. Mimi has a BA in History from Yale University, and a MBA and MPH from University of California, Berkeley.

Jenna Harms, MPH, Quality Manager

Jenna is masters level trained in Public Health: Health Management and Policy and a bachelor's degree in Health Promotion and Health Behavior. With over fifteen years of work in health and human services and eleven years in healthcare services, she has a passion for working with the underserved and improving the systems of care that impact the health and wellbeing of people served in the community. Other than work, Jenna enjoys spending time with her family including two rambunctious boys, gardening, food preservation, the outdoors, and hanging out with her family pets and flock of chickens.

Lisa Hendricks, DHA, Chief Transformation Officer, Advanced Health

Lisa is the Chief Transformation Officer at Advanced Health where she develops, coordinates, and leads community collaborative projects and initiatives. Lisa has worked in practice management at community health centers for over 25 years bringing a broad definition of integration and collaboration to her role as Chief Transformation Officer. Approaching work through an equity lens allows Lisa to analyze the impact of internal and external processes, as well interpersonal engagement on Advanced Health's membership and the community.

Miguel Angel Herrada, Health Equity and Diversity Strategist, PacificSource Community Solutions

Miguel is the Health Equity and Diversity Strategist at PacificSource. He studied art history and ethnomusicology, and graduated from the Université de Montréal in Canada. For some years he combined his career as a music teacher with social work. Miguel Angel is a DELTA (OEI) graduate, currently serves as a member of the Medicaid Advisory Committee and is part of the Board of Directors of Mosaic Medical Group in Central Oregon.

Celia Higuera, Health Systems Director, Oregon Community Health Workers Association

Celia is from Chile and received her BA in sociology from Lewis and Clark College and is currently completing her MPH at Portland State University. She has worked as, and with community health workers since 2008 in Portland, New York City and Santiago on issues ranging from gender violence, to nutrition, to chronic disease management. Celia is dedicated to improving health and decreasing disparities using community involvement, popular education and collaboration.

Emily Johnson, Community Health Improvement and Advisory Specialist

Emily supports various aspects of community health within the organization, including developing and implementing the CCO Community Health Assessment and the Community Health Improvement Plan, as well as coordinating the Community Advisory Council. She has four years of experience in the CCO realm. Emily graduated with a Bachelor of Arts from Grinnell College in Iowa, and her professional focus is improving the experience of care for people in the community and ensuring their voices are heard. In her free time she enjoys hiking as often as possible and eating excellent food.

Jennifer Johnstun, RN, Health Strategy Officer, PrimaryHealth

Jen is the health strategy officer for PrimaryHealth CCO, and has been with the CCO since before its inception. Jen is a registered nurse who has worked in various clinical settings prior to joining her current organization.

Mavel Morales, ADA Coordinator and Civil Rights Investigator, OHA Office of Equity and Inclusion

Mavel is the ADA Coordinator and Civil Rights Investigator for OHA service recipients. Mavel is a native Spanish speaker. She provides technical assistance to OHA staff and OHA contractors in the areas of nondiscrimination, Section 1557 of the Affordable Care Act and ADA compliance.

Carla Munns, IMBA, Director of Quality and Transformation, Willamette Valley Community Health

Carla is passionate about improving health and healthcare through quality, equity and transformational efforts in clinics and throughout the community. Carla has over 10 years of experience working within healthcare systems, ranging from providing direct patient care as an exercise physiologist, to working for a local public health department in one of the most diverse counties in Oregon, to administering programs across 70+ clinics in the largest tribal healthcare system in Alaska. Originally born and raised in Alaska, Carla has a Bachelor of Science degree in Human Physiology and Exercise Sciences and an International Masters of Business Administration graduate degree. Additionally, Carla has a certification in public health from Indiana University School of Public Health and a variety of other educational experience in public health from the University of Alaska Anchorage and University of Massachusetts Medical School. Carla is an exercise enthusiast and has a passion for international diversity and cultural competency.

Daesha Ramachandran, PhD, Health Equity Strategist, Health Share of Oregon

Daesha is an author, teacher, speaker and seasoned practitioner dedicated to dismantling structural inequality. A social scientist by training, Daesha has spent over 15 years examining and upturning how racism, power and oppression impact the health of individuals and communities. She has worked as an organizational leader, consultant and coach across the globe to improve maternal and child health, advance gender equity, prevent dating violence, scale and tailor youth sexual health programming and expand access to basic healthcare services. Daesha is a graduate of the Bloomberg School of Public Health at Johns Hopkins University as well as the Edmund A. Walsh School of Foreign Service at Georgetown University

Bettina Schempf, BS, MBA, InterCommunity Health Network CCO

Bettina is the Executive Director of the Old Mill Center for Children & Families Inc., a provider of early education, child abuse prevention, parenting education and behavioral and mental health services to children and families in Benton and Linn Counties. Bettina has also been a member of the IHN CCO Delivery System Transformation Committee since 2014, and a Co-Chair of the Health Equity Workgroup since 2015.

Cord VanRiper, Quality and Compliance Coordinator, Cascade Health Alliance

Cord was raised in rural Southern Colorado and relocated to Oregon's Klamath Basin to attend Oregon Tech, from which he holds degrees in Population Health Management and Biology-Health Sciences. Following graduation, he spent time studying health care policy and indigenous equity in Australia. One of six founding members of the Population Health Research Center located in Klamath Falls, Cord has partnered with local organizations in Klamath and Deschutes Counties conducting population and community health outreach and research. Cord joined Cascade Health Alliance in 2016, where he works on a variety of projects related to Quality Management. Cord completed Oregon's Developing Equity Leadership through Training and Action (DELTA) program in May 2017 and currently leads CHA's health equity work, including cultural competency education and training.

Emily Li-wen Wang, MPH, Health Equity Policy Analyst, Oregon Health Authority Office of Equity and Inclusion

Emily grew up in Illinois as a second generation Taiwanese American. She received her Master's in Public Health (MPH) degree from the University of Minnesota in Minneapolis-St. Paul and has spent nearly 20 years providing leadership in eliminating racial and ethnic health disparities and advancing health equity for culturally-based communities in Illinois, Minnesota, Idaho and Oregon. Since 2011, she has worked as a health equity policy analyst at the Office of Equity and Inclusion (OEI), a division of Oregon Health Authority, where she is lead staff for the cultural competence continuing education program and coordinates OEI's legislative team. She thrives working collaboratively with diverse communities, across disciplines, to develop meaningful policies, programs, and systemic changes within public institutions which promote family and community health and well-being. Ms. Wang is also a doctoral student in Portland State University's School of Social Work and Social Research program studying mental health for culturally-based families.

Charissa White, MHA, Transformation Analyst, Intercommunity Health Network CCO

Charissa is a Transformation Analyst with InterCommunity Health Network Coordinated Care Organization (IHN-CCO). In this role, she supports and leads health equity efforts in the CCO's region, focuses on integration of healthcare through pilots, and has oversight of transformation contracts. She has a background in Health Management and Policy and a master's degree in Health Care Administration from Simmons

Kweku Wilson, Ph.D., Health Care Interpreter Program Coordinator and Research Analyst, OHA Office of Equity and Inclusion

Kweku is the Healthcare Interpreter (HCI) program coordinator and Research Analyst at the Office of Equity and Inclusion(OEI) but will fully transition to the Research Analyst role after a new HCI coordinator is on board. Kweku completed his doctorate in Health Systems and Policy from the OHSU-PSU School of Public Health in 2018 and has served as the HCI program coordinator since 2015. The HCI program was established to develop a quality health care interpreter workforce through training, recognition, and registry enrollment of interpreters. His role as the HCI program coordinator includes coordinating the recognition process for interpreters as qualified and certified HCIs, convening stakeholder meetings to review and revise HCI training standards, recommending changes to HCI statutes and administrative rules, as well as advising OEI management on HCI policies. His research interests include access to primary healthcare services and new models for delivering such services. Equity and Inclusion has a deeper meaning to me, especially in the context of access to health care services for limited English proficiency (LEP) patients and families.

Lucy Zammarelli, M.A., CADC III; NCAC II, Health Equity Officer, Trillium Community Health Plan

Lucy is a Supervisor at Trillium Behavioral Health and also serves as Trillium's Health Equity Officer. She has a B.S. from Cornell University and an M.A. from Temple University. She has worked in the behavioral health field for over 20 years (with both state and national certification as an Addiction Counselor) providing direct services and supervision in substance abuse and mental health treatment in the clinical setting, and she has extensive research experience through the NIDA Clinical Trials Network. She has served on SAMHSA's National Child Traumatic Stress Network Steering Committee and she is active in community training and workforce development focused on evidence based practice implementation; health disparities/cultural competence, and integrated treatment for mental health, substance use, and primary care.

Miao Zhao, Clinic Manager, Albany InReach Services

Miao is the clinic manager for Albany InReach Services. Miao serves on the City of Albany Homeless Enrichment and Rehabilitation Team, Linn Public Health Advisory Council and Traditional Health Workers work group, and co-chairs the InterCommunity Health Network CCO Health Equity Work Group.

Workshop Session Descriptions

Morning Workshop Sessions: A, B & C

Session A: Health Equity Strategic Planning (E143)

Stick Crosby, Network & Health Equity Manager, AllCare Health; Jenna Harms, MPH, Quality Manager, Yamhill Community Care Organization; Emily Johnson, Community Health Improvement and Advisory Specialist, Yamhill Community Care Organization; Charissa White, MHA, Transformation Analyst, Intercommunity Health Network CCO; Miao Zhao, Clinic Manager, Albany InReach Services; Bettina Schempf, Intercommunity Health Network CCO

AllCare CCO, InterCommunity Health Network CCO, and Yamhill CCO present their strategies on integrating health equity to improve the health of the populations they serve. Each CCO will discuss the creation and implementation of their Health Equity Plan or Equity Assessment. Discussion will follow the presentations where participants will brainstorm and learn from each other best practices for implementation of Health Equity Plans, overcoming barriers, and preparing for the future.

Session B: Using a National Framework to Engage CCO Staff and Board on Health Equity (E144)

Jovita Castillo, B.S., Health Equity Specialist, Jackson Care Connect; Mimi Haley, MBA, MPH, Executive Director, Columbia Pacific CCO; Miguel Angel Herrada, Health Equity and Diversity Strategist, Pacific Source Community Solutions

Please join us as we discuss how utilization of a National Framework can help advance health equity with the goal of eliminating health disparities. The National Partnership for Action to End Health Disparities (NPA) is a national movement designed to increase the effectiveness of programs and partners, leaders and stakeholders. The NPA and the National Stakeholder Strategy defined Five Goals, and noted that community engagement, partnerships, cultural and linguistic competency, and requirement of non-discrimination to be fundamental principles. Attendees will learn how featured CCOs have used the framework to informed engagement or how the essence of the framework aligns with activities, projects or trainings that support/promote engagement of Staff and/or Board of Directors. Attendees will also engage in small group conversations to identify challenges and opportunities within their CCO according to the framework components, and share successes.

Session C: Using Data to Advance Health Equity (E145)

Carla Munns, IMBA, Director of Quality and Transformation, Willamette Valley Community Health; Daesha Ramachandran, PhD, Health Equity Strategist, Health Share of Oregon

Health equity starts with you. In this workshop-style session, participants will learn the difference between health disparities and health equity and analyze data with an anti-bias lens. We will learn how to use and share information to build momentum, leverage partnerships and support, and how to share strategic progress to reduce disparities. Participants will hear some examples of case studies where data was used to share and build power and aligned partners for shared outcomes. A person-first approach to analysis will be used in conjunction with storytelling to humanize data and how to improve health equity in our communities.

Afternoon Workshop Sessions: D, E & F

Session D: Ensuring Language Access for all CCO Members (E143)

Stick Crosby, Network & Health Equity Manager, AllCare CCO; Mavel Morales, ADA Coordinator and Civil Rights Investigator, OHA Office of Equity and Inclusion; Kweku Wilson, Health Care Interpreters Learning Collaboratives Coordinator, OHA Office of Equity and Inclusion; Lucy Zammarelli, M.A., CADC III; NCAC II, Health Equity Officer, Trillium Community Health Plan

Does the challenge of multiple languages result in miscommunication and frustration at your CCO? Does your system resist the need for use of medical interpreters? Do you know what your providers really think of Section 1557 of the ACA? You are not alone! This session will describe the journeys that three CCOs have taken to bring language access to all their members. We will identify and discuss both opportunities and mishaps in our journeys. We will also hear important perspectives and learn about resources available from the OHA Office of Equity & Inclusion and the Oregon Health Care Interpreters Association. Evaluate, discuss and share your own CCO's journey towards ensuring language access, and be ready to steal policies and practices used by others to advance your work!

Session E: Making Community Health Workers Part of your Community Health Strategy (E144)

Suzanne Cross; MPH, CHW, Senior Program Manager, Columbia Gorge Health Council; Lisa Hendricks, DHA, Chief Transformation Officer, Advanced Health; Celia Higuera, Health Systems Director, Oregon Community Health Worker Association

This interactive session will 1) Provide a historical background to the Community Health Worker workforce in Oregon, current state, and the vision for the future 2) Highlight CHW programs that focus on education and care coordination to achieve equitable care, elimination of disparities, and healthcare transformation. Themes that will be discussed are CHW workforce development, scope of work, supervision, integration of CHW's, funding mechanisms for CHW programs and evaluation and outcomes of CHW programs. Participants will learn not only from the facilitators but have an opportunity to learn from each other about challenges and successes in developing programs that support Community Health Workers.

Session F: Providing Cultural Competency Training for CCO Staff, Providers and Other Stakeholders (E145)

Jennifer Johnstun, RN, Health Strategy Officer, PrimaryHealth; Cord Van Riper, Quality and Compliance Coordinator, Cascade Health Alliance; Emily Li-wen Wang, MPH, Health Equity Policy Analyst, Oregon Health Authority Office of Equity and Inclusion

This workshop will focus on strategies to help CCOs build effective cultural competency training programs. The presentation will include an overview of the Oregon statutes, definitions, and criteria the OHA uses to approve cultural competence trainings, and examples of previously approved programs. Case examples will be presented from two CCOs explaining different mechanisms for providing cultural competency training within the CCO network. Finally, participants will have the opportunity to apply information from the workshop to analyze their own organization's training program, share best practices, and highlight areas of opportunity to improve cultural competency training throughout Oregon.

Workshop Session A: Health Equity Strategic Planning

**Materials for this session are posted on the
Transformation Center's website under
"Events":**

<http://www.transformationcenter.org>

**Workshop Session B:
Utilizing a National
Framework to Engage
CCO Staff and Board on
Health Equity**

Utilizing a National Framework to engage CCO Staff and Board on Health Equity

The National Partnership for Action to End Health Disparities¹ (NPA) is a national movement designed to increase the effectiveness of programs and partners, leaders and stakeholders with the goal of eliminating health disparities. The NPA set forth the following five essential goals necessary for the elimination of health and health care disparities:

Goal	Definition	Notes/highlights/successes	Potential Challenges
Awareness	Increase awareness of the significance of health disparities, their impact on the nation, and the actions necessary to improve health outcomes for racial, ethnic, and underserved populations		
Leadership	Strengthen and broaden leadership for addressing health disparities at all levels		
Health System and Life Experience (Communication)	Improve health and healthcare outcomes for racial, ethnic and underserved populations by examining barriers to care from a variety of perspectives		
Data, research and evaluation	Improve the availability of data and the coordination, utilization and diffusion of research and evaluation outcomes		
Cultural and Linguistic Competency	Improve cultural and linguistic competency and the diversity of the health-related workforce		

¹ For more information visit the National Partnership for Action to End Health Disparities <https://minorityhealth.hhs.gov/npa/templates/browse.aspx?lvl=1&lvlid=11>

Workshop Session C: Using Data to Advance Health Equity

**Materials for this session are posted on the
Transformation Center's website under
"Events":**

<http://www.transformationcenter.org>

**Workshop Session D:
Ensuring Language
Access for all CCO
Members**



CCO Provider Cultural Competence and Equity Survey 2018

As part of the Trillium CCO Transformation and Quality Strategy, Trillium is dedicated to supporting culturally competent care for members. The CCO contract with the Oregon Health Authority states that we will provide oversight, care coordination, and transition and planning management of members to ensure culturally and linguistically appropriate community-based care is provided in a way such that members are served in the most natural and integrated environment possible. Trillium is also required to periodically assess the provider system to ascertain if culturally competent care is delivered to members. This 2018 survey is very important to us and we appreciate your help. Health disparities affect the Triple Aim of better health, better care and lower cost. Data from this survey will help us understand our provider system and how we can improve patient experiences and successful outcomes.

Thank you for taking the time to complete this survey,

Chris Ellertson, CEO and President
Lucy Zammarelli, Health Equity Officer

1. What is the name of your health care organization?

2. Has your organization adopted a goal or mission statement that explicitly incorporates a commitment to cultural diversity?

No

Yes

3. Approximately how many staff, both full time and part time, work at your organization in Lane County and in surrounding areas served by Trillium?

4. Does your organization document the ethnic/cultural characteristics of your staff?

No

Yes

5. If your organization documents the ethnic and cultural characteristics of your staff, please enter the approximate number of staff in each of the race/ethnicity categories listed below. If none in a category, enter "0".

Mixed race

European/American (white non-Hispanic)

Hispanic, Latino or Spanish

Black or African-American

American Indian or Alaskan native

Asian

Pacific Islander

6. Approximately how many active patients (current caseload) does your organization have?

7. Does your organization record the ethnic/cultural characteristics of your patients?

No

Yes

8. If your organization records the ethnic and cultural characteristics of your patients, please enter the approximate number of active patients (current caseload) in each of the race/ethnicity categories listed below. If none in a category enter "0".

Mixed race

European/American (white non-Hispanic)

Hispanic, Latino or Spanish

Black or African-American

American Indian or Alaskan native

Asian

Pacific Islander

9. Please provide the approximate number of staff in each category. If none in a category, enter "0".

Clerical support staff

Medical support staff (MA, LPN, RN, etc.)

Providers (MD, NP,PA, PhD, LCSW, CADC, etc.)

Management/administration

Other

10. Please provide the approximate number of staff who are bilingual in Spanish in each category. If none in a category, enter "0".

Clerical support staff

Medical support staff (MA, LPN, RN, etc.)

Providers (MD, NP,PA, PhD, LCSW, CADC, etc.)

Management/administration

Other

11. Do you have staff who use languages other than English or Spanish with clients? If so, for each of the categories listed below, please provide the approximate number of staff who are bilingual in a client language other than Spanish.

Clerical support staff

Medical support staff (MA, LPN, RN, etc.)

Providers (MD, NP,PA, PhD, LCSW, CADC, etc.)

Management/administration

Other

12. The following link will route you to a document on National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. Copy and paste the link into a separate browser window: <https://lanecounty.org/cms/One.aspx?portalId=3585881&pageId=4214438> (or see link in provider survey email)

Were you previously familiar with this document?

Yes

No

13. Does your organization train staff on the CLAS (Culturally and Linguistically Appropriate Services) standards?

Yes

No

14. Do staff receive training in cultural competence?

No

Yes

15. If yes, how frequently is training provided? Choose all that apply.

- Upon hire
- Annually
- Quarterly
- Other (please specify)

16. If staff receive training in cultural competence, is this training mandatory?

- No
- Yes

17. Does your organization have a special office or function to address ethnic/cultural diversity; for instance an Office of Diversity?

- No
- Yes

If so, what is the name of this office/function?

18. Does your organization have human resource policies and procedures in place to address concerns or complaints concerning unfair treatment specifically in the area of ethnic/cultural issues?

- No
- Yes

19. If your organization engages in community outreach to specific ethnic/cultural populations, please describe what you do.

- Patient Handouts
- Waiting Room Posters
- Facebook or other social media
- Community Health Workers
- Community Presentation
- Other

Other (please specify)

20. Does your organization have written protocols that relate to the provision of interpreter/translator services?

Yes

No

21. In your organization, are interpreter/translator services readily available on site?

Never Infrequently Frequently Always

22. If interpreter/translator services are provided on site, are they: (Choose all that apply.)

Not available on site

By telephone

Face to face with professional interpreter

Bilingual staff

Family interprets for patient/client

Other (please specify)

23. If you survey patients to determine their perception of your services, approximately how many survey responses do you collect each year?

24. If you survey patients to determine their perception of your services, please list the languages, other than English, in which surveys are available.

25. In your organization, what materials are translated into Spanish or other languages used by clients?

	No	Yes
Patient education materials	<input type="radio"/>	<input type="radio"/>
Patient satisfaction survey	<input type="radio"/>	<input type="radio"/>
Marketing/Advertisements	<input type="radio"/>	<input type="radio"/>
Billing information	<input type="radio"/>	<input type="radio"/>
Directions to sites/services	<input type="radio"/>	<input type="radio"/>
Patient directives (e.g. DNRs)	<input type="radio"/>	<input type="radio"/>
Medication instructions	<input type="radio"/>	<input type="radio"/>
Employee handbook	<input type="radio"/>	<input type="radio"/>
Employee newsletters	<input type="radio"/>	<input type="radio"/>
Employment application	<input type="radio"/>	<input type="radio"/>

Other (please specify)

26. Does your organization utilize Qualified Medical Interpreters? For more information on qualified interpreters copy and paste the link into your browser or click on the link in your provider survey email:
<http://www.oregon.gov/oha/oei/Pages/hci-certification.aspx>

- Never
- Infrequently
- Frequently
- Always

27. If your organization employs THWs, enter the number of workers employed at your organization in each category, enter "0" if none in that category:

CHW	<input type="text"/>
PHN	<input type="text"/>
PSS	<input type="text"/>
PWS	<input type="text"/>
Doulas	<input type="text"/>

28. Does your organization have mental health services readily available on site? Choose all that apply.

- Co-location of services
- Referrals
- Therapist on-site in person
- Behavioral health services available via telecommunication
- Other (please specify)

29. Does your organization have substance abuse services available on site? Choose all that apply.

- Co-location of services
- Referrals
- Certified Alcohol and Drug Counselor on site
- Other (please specify)

30. Traditional Health Workers (THWs), as defined by the Oregon Health Authority, are frontline public health workers who work in a community or clinic under the direction of a licensed health provider. There are five specialty types of THWs:

- (1) Community Health Worker (CHW) - Assist individuals to achieve positive health outcomes.
- (2) Personal Health Navigator (PHN) - Assist individuals to achieve positive health outcomes.
- (3) Peer Support Specialist (PSS) - Focus on recovery from addiction/mental health conditions.
- (4) Peer Wellness Specialist (PWS) - Focus on recovery from addiction/mental health and physical conditions.
- (5) Birth Doula - Assist women with pre-natal care.

For more information visit: <http://www.oregon.gov/DHS/SENIORS-DISABILITIES/HCC/PSW-HCW/Pages/Traditional-Health-Worker.aspx> (OHA web address).

Does your organization employ any of these workers?

- Yes
- No

31. Does your organization have oral health services on site? Choose all that apply.

- Co-location
- Referral
- Dental screenings on site
- Other (please specify)

32. Would you be interested in sending staff to local cultural competency training if offered at low or no cost?

- No
- Yes

If yes, what types of trainings would be most useful?

33. Would you be interested in having providers from your organization participate in a learning collaborative (where clinical staff work together to improve systems) focused on cultural competency?

- No
- Yes

34. What needs does your organization have for patient health materials in languages other than English?

35. If your organization would be interested in on-site trainings by our Older Adult Specialists or Diversity Specialists, please let us know who to contact.

36. Thank you for taking the time to complete this survey!
Please feel free to make any suggestions or comments below.

CCO Language Access Assessment	Suggestions/Ideas:	Your CCO's Current Baseline and Progress:
1. What are the primary languages of your Member population?	Develop an internal dashboard of the preferred languages of your members; collect data on languages spoken by your members; communicate information to staff	
2. Does your CCO have a strategic plan to meet the cultural and linguistic needs of members?	<p>a. Strategic planning is an organizational management activity that is used to:</p> <ul style="list-style-type: none"> • Set priorities • Focus energy and resources • Strengthen operations • Develop common goals <p>Effective strategic planning articulates not only where an organization is going and the actions needed to make progress, but also how it will know if it is successful.</p>	
3. Are written translated materials available to members and their families? Which materials and in what languages?	Catalog all translated material, and make them accessible to all staff.	
4. Does the CCO have mechanisms to ensure that information about cultural and linguistic needs accompany the member throughout the continuum of care?	<p>Providers may be using:</p> <ul style="list-style-type: none"> • trained staff interpreter • trained contracted interpreter • trained volunteer • untrained volunteer • trained bi-lingual staff • untrained bi-lingual staff • telephone interpreter service 	
5. Does the CCO have a plan to recruit and retain a diverse administrative and clinical workforce that meets the cultural and linguistic needs of the member population being served?	<p>Considerations:</p> <ul style="list-style-type: none"> • Pay differential for bilingual staff. • Advertising positions in local alternative language publications. • Advertising positions in alternative language. 	

<p>6. Are multilingual staff available to help people at the CCO?</p>	<p>Considerations:</p> <ul style="list-style-type: none"> • Employ diverse staff • Are telephone interpreters easy to access 	
<p>7. Are staff trained to adjust the pace and vocabulary of their speech when they communicate with people for whom English is a second language, who are hearing impaired, or who otherwise appear unable to understand?</p>	<p>Considerations:</p> <ul style="list-style-type: none"> • Train staff on how to work with an interpreter • Train staff on how to identify a language that a speaker uses • Train staff on how to access a phone interpreter 	
<p>8. Are signs written in English and in the primary languages of the populations being served</p>	<p>Considerations:</p> <ul style="list-style-type: none"> • If the majority of members speak English and Spanish, are signs written in English and Spanish? • What are the top 5 five languages spoken by members? • Are signs posted in the top 5 languages to identify available assistance? 	
<p>9. Does the CCO analyze the complaints it receives from non-English speakers as a unique cohort?</p>	<p>Considerations:</p> <ul style="list-style-type: none"> • How many Appeals and Grievances are you receiving in Spanish, English? • Are there cultural barriers to outreach for complaints? 	
<p>10. Is the member population’s cultural and linguistic diversity part of the criteria for choosing Community Advisory Council and Governing Board members?</p>	<p>The Council and Board should reflect the diversity of the membership.</p>	

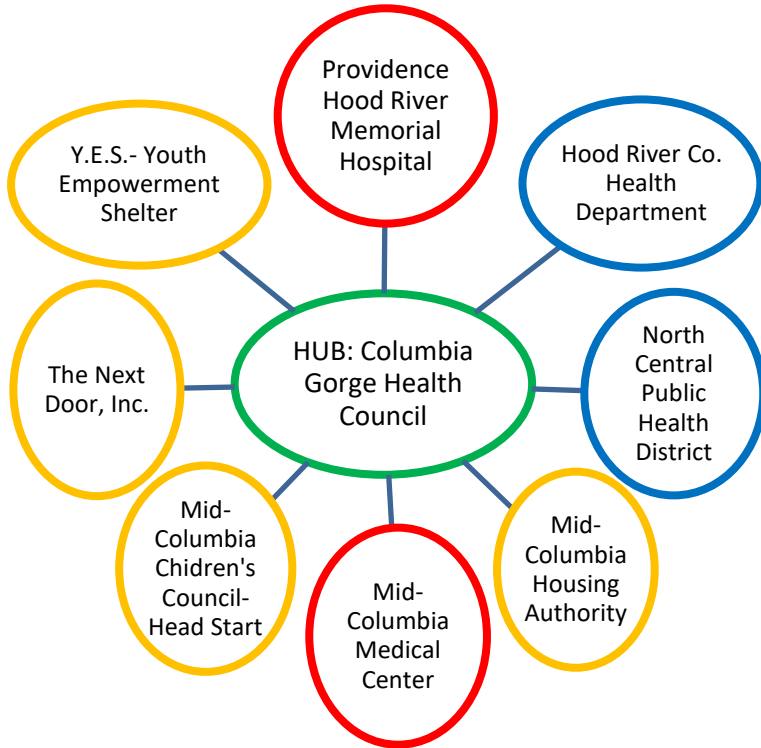
**Workshop Session E:
Making Community
Health Workers Part of
your Community Health
Strategy**



Bridges to Health Pathways



A cross-sector collaborative approach to providing community care coordination



Community Care Coordinators (CCC's) are Community Health Workers or equivalent and are employed by the Community Care Agencies (clinics, hospitals, health departments, social service agencies) and help coordinate needed services for clients & their households.

Agencies contract with the HUB to get paid when evidence- based outcomes are met.

Current Target Population: HOUSING CHALLENGED

CORE PATHWAYS (Needs)

- Behavioral Health
- Developmental Screening
- Developmental Referral
- Medical Home
- Medical Referral
- Health Insurance
- Medication
- Pregnancy
- Postpartum
- Family Planning
- Tobacco Cessation
- Education
- Food
- Immunization
- Employment
- Housing
- Social Service Referral (transportation, debt management, utility assistance, legal, documentation, etc.)





Bridges to Health Pathways

Program Goals:



Ability to address the needs of the **HOUSEHOLD**

Build on community strengths and collaboration

Engage clients where they are, “no wrong door” approach

Maintain a standard process regardless of agency

Limit duplication of services

Support data-driven decision making




- ✓ Original grant funding: Meyer Memorial Trust, Oregon Community Foundation, Providence CTC, PacificSource grants and CCO funding
- ✓ Scope includes pathways designed to meet cross sector metrics (healthcare, early learning, education, public health)
- ✓ “Housing Challenged” is the criteria to get enrolled (doubling up, transportation concerns, inadequate square footage, struggling to cover rent, at risk of losing home, unsafe housing situation, homeless, etc.)





Bridges to Health Pathways:



CHALLENGES	OUR SOLUTIONS
<p>HIPAA regulation and interpretation- cross sector collaboration involves HIPAA covered entities and non-covered entities</p>	<p>Data sharing agreements, providing HIPAA training and certification for those outside healthcare</p>
<p>True COMMUNITY care coordination takes time – building relationships, trust</p>	<p>Reminder: we are DOING WORK DIFFERENTLY, INNOVATION is exciting and scary, share data on outcomes to encourage collaboration</p>
<p>Software Challenges- Double data entry, discomfort with technology, time consuming</p>	<p>Incorporate time for data entry into the work and pay for it</p>
<p>Healthcare is typically provided in an office- Care Coordinators are in the “office” <math>\frac{1}{2}</math> the time, out in the community</p>	<p>Provide lots of opportunity for good communication- team meetings, status reports, trainings</p>
<p>Proving program success takes time- Value qualitative data, start with process outcomes, measure success amongst all partners, plan for a three year runway</p>	<p>Leap of faith by PacificSource Community Solutions using health plan spending to commit to well being</p> 

SUCCESSSES
<p>Clients are met where they are most physically comfortable and empowered to prioritize needs most important to them</p>
<p>Community Health Work aids in recognizing and eliminating disparities in care</p>
<p>Shared data systems and process allow for a data driven decision making approach to recognizing and addressing systemic inequities and barriers to care</p>
<p>Cross sector partnerships break down silos, build relationships, avoid duplication of services- better client experience</p>
<p>Provides healthcare with a lens outside the walls of the system</p>
<p>Health plan funding is possible</p>

For more information contact Suzanne Cross at suzanne@gorgehealthcouncil.org 541-705-2705 phone
To make a referral contact Katy Williams at katy@gorgehealthcouncil.org 541-705-2705 Phone 541-397-0004 Fax



**Workshop Session F:
Providing Cultural
Competency Training for
CCO Staff, Providers and
other Stakeholders**

**Criteria for Approval
Cultural Competence Continuing Education Training (December 2017)**

Domain I	Culturally competent practice requires self-awareness and self-assessment of beliefs, attitudes, emotions and values. (CE Provider applicants must meet all 4 criteria).
	✓ 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.)
Domain II	Culturally competent practice requires the acquisition of knowledge by providers. (CE Provider applicants must meet all 5 criteria).
	✓ 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
	✓ 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	
Domain III	Culturally competent practice requires the acquisition of skills by providers. (CE Provider applicants must meet all 4 criteria).
	✓ 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	
Domain IV	Culturally competent training requires specific educational approaches for acquisition of knowledge and skills (CE Provider applicants must meet all 4 criteria).
	✓ 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
	✓ Training opportunity incorporates the principles of privilege, power, oppression, bias, and the guiding principles of cultural competency

Oregon Health Authority

Chapter 943

Division 90

CULTURAL COMPETENCY CONTINUING EDUCATION^[1] FOR HEALTH CARE PROFESSIONALS

943-090-0000

Purpose

These rules create requirements for the Oregon Health Authority to provide resources and support for improving the cultural competence of regulated health care professionals in Oregon and to report to the Oregon State Legislature as required by 2013 Oregon Law, Chapter 240 about the level of participation in cultural competence education among regulated health-care professionals.

Statutory/Other Authority: ORS 413.042 & 2013 OL Ch. 240

History:

OHA 4-2014, f. 12-18-14, cert. ef. 1-1-15

943-090-0010

Definitions

The following definitions apply to OAR 943-090-0000 through 943-090-0020:

- (1) “Authority” means the Oregon Health Authority.
- (2) “Continuing Education” means a unit or units of education as defined by each board to which this statute is applicable.
- (3) “Cultural competence” means a life-long process of examining values and beliefs and developing and applying an inclusive approach to health care practice in a manner that recognizes the context and complexities of provider-patient communication and interaction and preserves the dignity of individuals, families and communities.
 - (a) Cultural competence applies to all patients.
 - (b) Culturally competent providers do not make assumptions on the basis of an individual’s actual or perceived abilities, disabilities or traits whether inherent, genetic or developmental including: race, color, spiritual beliefs, creed, age, tribal affiliation, national origin, immigration or refugee status, marital status, socio-economic status, veteran’s status, sexual orientation, gender identity, gender expression, gender transition status, level of formal education, physical or mental disability, medical condition or any consideration recognized under federal, state and local law.
- (4) “Patient” represents individuals in the broadest spectrum of the roles in health and home care services, including but not limited to: patient, consumer, client, patient representative, resident, and patient family or community.

(5) “Provider” represents individuals in the broadest spectrum of roles in health and home care services, including but not limited to: physicians, nurses, social workers, medical technicians, traditional health workers, and home care and personal support workers.

Statutory/Other Authority: ORS 413.042 & 2013 OL Ch. 240

History:

OHA 4-2014, f. 12-18-14, cert. ef. 1-1-15

943-090-0020

Cultural Competence Resources, Support and Reporting

(1) The Authority, through its Office of Equity and Inclusion, shall create, maintain and make available a list of approved continuing education opportunities for developing cultural competence for regulated health care professionals.

(2) The Authority shall collaborate with legislatively designated boards to:

- (a) Create model rule language for affected boards to document cultural competence continuing education.
- (b) Create a reporting structure for affected boards to report on the cultural competence continuing education completed by regulated health care professionals.

(3) The Authority shall establish an advisory committee to:

- (a) Develop or update criteria for approving cultural competence continuing education opportunities.
- (b) Discuss and recommend cultural competence continuing education opportunities to the Authority for approval.

(4) The advisory committee shall include members of communities that experience health disparities because of race, ethnicity or culture.

(5) The Authority shall base the list of approved opportunities for cultural competence continuing education on the criteria established by the advisory committee.

(6) Authority approved continuing education opportunities shall teach attitudes, knowledge and skills enabling health care professionals to effectively communicate with and care for patients from diverse cultures, groups, and communities.

(a) These skills may include:

- (A) Applying linguistic skills to communicate effectively with patients.
- (B) Using cultural information to establish therapeutic relationships.
- (C) Eliciting, understanding and applying cultural and ethnic data in the process of clinical care.

(b) Authority approved continuing education opportunities may include:

- (A) Courses delivered in-person or electronically.

(B) Experiential learning such as cultural or linguistic immersion.

(C) Service learning.

(D) Specially designed cultural experiences.

(7) The affected boards shall report to the Authority no later than 30 days after the close of each biennium regarding:

(a) Regulated health care professionals who completed cultural competence continuing education.

(b) Audited health care professionals who completed cultural competence continuing education from the Authority approved list.

(c) Whether the board requires members participate in cultural competence continuing education.

(d) The level of reporting each board requires of members related to participation in cultural competence continuing education.

(8) The Authority shall compile a biennial report on the participation of health care professionals in cultural competence continuing education, including the number of:

(a) Regulated health care professionals who completed cultural competence continuing education.

(b) Audited health care professionals who completed cultural competence continuing education from the Authority approved list.

(c) The number of boards requiring that members participate in cultural competence continuing education.

(d) The level of reporting each board requires of members related to participation in cultural competence continuing education.

(9) On or before August 1 of each even-numbered year, the Authority shall report to the interim committees of the Legislative Assembly, including those related to health care, audits, information management, and information technology about the participation of health-care professionals in cultural competence continuing education as submitted to the Authority by the boards.

Statutory/Other Authority: ORS 413.042 & 2013 OL Ch. 240

History:

OHA 4-2014, f. 12-18-14, cert. ef. 1-1-15

Oregon Health Authority

Cultural Competence Continuing Education Brief

Background

Oregon's racial and ethnic populations are growing at a faster rate than the nation's, with one in five (21.5%) or 800,000 Oregonians identified as a person of color (US Census 2010). According to the Oregon Health Authority (OHA), up to 40% of Oregon Health Plan enrollees may be people of color (Aug 2014). In 2010, at least 137 languages were spoken in the state, making Oregon one of the 15 most language-diverse states in the nation. With Oregon's growing diversity and strong evidence of racial and ethnic health disparities, it is important that health care professionals are educated to work effectively with diverse groups. A key strategy within Oregon's Action Plan for Health (2010) is to ensure that health care providers receive ongoing training in cultural competence.

Benefits of cultural competence continuing education

Studies¹ show that cultural competence training can help improve health outcomes for diverse populations who are disproportionately affected by health disparities and inequities, reduce costs and provide business benefits for health systems. Key benefits include:

- Improved patient-provider communication, satisfaction, engagement, and patient adherence to treatment
- Improved provider self-reported perception and understanding of cultural competence
- Increased ability to provide patient-centered care
- Increased enrollment, patient services, and utilization among limited English proficient patients
- Cost savings through increased access to preventative services, appropriate care and improved service delivery
- Cost savings through reduced patient-provider communication delays, inpatient and urgent care costs, and shorter hospital stays
- Cost savings through the reduction of liability issues

Development of recommendations

Cultural Competence Continuing Education Committee

In 2012, informed by community efforts through Senate Bill (SB) 97 (2011) to advance cultural competence continuing education (CE) for health care professionals, Oregon Health Authority Office of Equity and Inclusion (OEI) established its first Cultural Competence CE Committee of community stakeholders to explore opportunities. The Committee developed a definition of cultural competence and identified "essential" and "advanced" standards for cultural competence CE. The Committee also produced a list of available CE options, and provided recommendations to advance cultural competent CE in Oregon. The final report and recommendations are available at:

www.oregon.gov/oha/oei/Pages/reports.aspx

House Bill 2611 Rules Advisory Committee

During the 2013 legislative session, [House Bill \(HB\) 2611](#) passed into law (ORS 413.450), creating requirements for OHA, through OEI, to provide resources and support for improving the cultural competence of regulated health care professionals in Oregon and to report to the Oregon Legislative Assembly about their level of participation in cultural competence education. *Stat. Auth.:ORS 413.450, 2013 Oregon Law.*

In 2014, OHA worked with community stakeholders through the Rules Advisory Committee to develop permanent rules for HB 2611 requiring OHA to:

- Establish an advisory committee to:
 - Develop and update criteria for approving cultural competence continuing education opportunities;
 - Recommend cultural competence continuing education opportunities to OHA for approval;
- Establish and maintain a list of OHA approved CE opportunities; and
- Beginning August 1, 2018, report to the Legislative Assembly biennially on

¹ Alliance of Community Health Plans Foundations, 2007; AHRQ 2014; Beach, 2005; DeCola, 2010; The

Joint Commission, 2010; Khanna, 2009; Quan et. al. 2010; USDHHS OMH, 2013.

participation levels of health care professionals in cultural competence continuing education.

The rules also require health professional licensing **boards** to report biennially to OEI on cultural competence continuing education participation levels. **The first report is due July 30, 2017**, to include January 1 to June 30, 2017 data at a minimum. The second report is due July 30, 2019. The report must include at a minimum:

- The number of regulated health care professionals who completed cultural competence continuing education;

The number of audited health care professionals who completed cultural competence continuing education from the OHA approved list, available at:

<https://www.oregon.gov/oha/OEI/Pages/CCCE-HB2611-2013.aspx>

- Licensee requirements for participation in cultural competence continuing education, as determined by each board; and
- The level of reporting each board requires of licensees related to participation in cultural competence continuing education.

Stat. Auth.:ORS 676.850, 2013 Oregon Law.

Impacted boards/authority by this law include:

[Oregon Board of Chiropractic Examiners](#)

[Oregon Board of Dentistry](#)

[Oregon Board of Denture Technology](#)

[Oregon Board of Direct Entry Midwifery](#)

[Oregon Board of Examiners for Speech-Language Pathology and Audiology](#)

[Oregon Board of Licensed Dietitians](#)

[Oregon Board of Licensed Social Workers](#)

[Oregon Board of Licensed Professional Counselors and Therapists](#)

[Oregon Board of Massage Therapists](#)

[Oregon Board of Medical Imaging](#)

[Oregon Board of Naturopathic Medicine](#)

[Oregon Board of Optometry](#)

[Oregon Board of Pharmacy](#)

[Oregon Board of Psychologist Examiners](#)

[Oregon Health Authority, to the extent that the authority licenses emergency medical service providers](#)

[Oregon Home Care Commission](#)

[Oregon Lactation Consultants Program](#)

[Oregon Medical Board](#)

[Oregon Nursing Home Administrators Board](#)

[Oregon Occupational Therapy Licensing Board](#)

[Oregon Physical Therapist Licensing Board](#)

[Oregon Respiratory Therapist and](#)

[Polysomnographic Technologist Licensing Board](#)

[Oregon State Board of Nursing](#)

Cultural Competence Continuing Education Advisory Committee (formerly Approval Committee)

OHA convened the advisory committee in February 2015 to advise OHA on the development of criteria and process to approve a list of cultural competence continuing education opportunities, and help implement the process.

Cultural Competence Continuing Education Review Committee

OHA convened the review committee in November 2016 to evaluate, discuss, and recommend cultural competence continuing education opportunities to OHA for approval.

Both the advisory and review committees will work with OHA to update approval criteria.

What are licensed health care professionals required to do through ORS 676.850 and ORS 413.450?

- Check with your licensing board to determine if cultural competence continuing education is now a requirement of your license. (Not all boards require this CE);
- Track your cultural competence continuing education completion. Note if the CE course is on the OHA approved list, which is available at:

<https://www.oregon.gov/oha/OEI/Pages/CCCE-HB2611-2013.aspx>

If the cultural competence training I take is not on the OHA approved list, will I be in violation of the new law?

No, it is not legally required that the cultural competence training health care professionals take come from the OHA-approved list.

What are the benefits of taking cultural competence training from the OHA approved list?

The purpose of creating the list is to provide cultural competence CE opportunities that have met specific criteria for high quality and standards of excellence in cultural competency education.

A growing list of trainings is now available at:

<https://www.oregon.gov/oha/OEI/Pages/CCCE-HB2611-2013.aspx>

You can get this document in other languages, large print, braille or a format you prefer. Contact **Office of Equity and Inclusion** at **971-673-2000**. We accept all relay calls or you can dial 711.

10/24/18 CCOs Advancing Health Equity Workshop: Participant List

First Name	Last Name	Job Title	CCO or Other Org. Affiliation	Phone	Email
Hannah	Ancel	Health Equity	Jackson Care Connect	503-416-5845	ancelh@careoregon.org
Sheila	Anders	Director of Member Services	AllCare CCO	541-787-5028	Sheila.Anders@allcarehealth.com
Michael	Anderson Nathe	Chief Equity and Engagement Offer	Health Share of Oregon	503-416-4980	michael@healthshareoregon.org
Joell	Archibald	Innovator Agent	OHA External Relations	503-983-0843	joell.e.archibald@state.or.us
Ignatius	Bau	Consultant		415-902-6378	ignatius.bau@gmail.com
Tanveer	Bokhari	Director of Quality Improvement	Umpqua Health Alliance	503-805-4609	TBokhari@umpquahealth.com
Shellie	Campbell	Clinical Program Supervisor	PacificSource Columbia Gorge CCO	541-771-4410	campbellshellie5@gmail.com
Natalie	Case	Quality Analytics Specialist	AllCare CCO	541-471-4106	Natalie.Case@allcarehealth.com
Jovita	Castillo	Health Equity Operations Specialist	Jackson Care Connect	503-488-2799	castilloj@careoregon.org
Thomas	Cogswell	Project Coordinator	OHA Transformation Center	971-673-3366	thomas.cogswell@state.or.us
Cheryl	Cohen	Behavioral Health Program Manager	Health Share of Oregon	503-459-6556	cheryl@healthshareoregon.org
Alex	Covington	Quality Assurance Specialist	Health Share of Oregon	503-680-0308	alex@healthshareoregon.org
Shannon	Cronin	Director of Administrative Services	PrimaryHealth	541-476-3911	shannon.cronin@primaryhealthfamily.com
Stick	Crosby	Network and Health Equity Manager	AllCare CCO	541-944-5962	stick.crosby@allcarehealth.com
Suzanne	Cross	Senior Project Manager	PacificSource Columbia Gorge CCO	541-400-9621	suzanne@gorgehealthcouncil.org
Chris	DeMars	Transformation Center Director	OHA Transformation Center	971-673-1279	chris.demars@state.or.us
Leah	Edelman	CAC Coordinator	Trillium Community Health Plan	541-510-3378	leah.edelman@co.lane.or.us
Bonnie	Ell	Community Engagement Coordinator - Curry Co.	Advanced Health	541-808-5582	bonnie.ell@advancedhealth.com
Trish	Elliott	Director, Hood River County Health Department	PacificSource Columbia Gorge CCO	541-387-6881	trish.elliott@co.hood-river.or.us
Donna	Erbs	Quality Improvement Coordinator	Trillium Community Health Plan	503-267-9048	Donna.R.Erbs@TrilliumCHP.com
Mariotta	Gary-Smith	Health Equity Strategist	Health Share of Oregon	503-516-0629	Mariotta@healthshareoregon.org
Estela	Gomez	Innovator Agent	OHA External Relations	541-969-3230	estela.gomez@state.or.us

10/24/18 CCOs Advancing Health Equity Workshop: Participant List

Mimi	Haley	Executive Director	Columbia Pacific CCO	503-319-8218	haleym@careoregon.org
Bevin	Hansell	Innovator Agent	OHA External Relations	503-480-4975	bevin.l.hansell@state.or.us
Jenna	Harms	Quality Manager	Yamhill Community Care Organization	503-888-5277	jharms@yamhillcco.org
Tyler	Hartman	Quality Improvement Analyst	Yamhill Community Care Organization	503-409-2044	thartman@yamhillcco.org
Caitlynn	Hatteras	CAC Co-Chair	Trillium Community Health Plan	541-232-3222	chatteras@ymail.com
Lisa	Hendricks	Chief Transformation Officer	Advanced Health	541-269-0497	lisa.hendricks@advancedhealth.com
Miguel	Herrada	Health Equity and Diversity Strategist	PacificSource Central Oregon CCO	541-330-4972	miguel.herrada@gmail.com
Celia	Higuera	Health Systems Director	Oregon Community Health Workers Association	503-309-2694	celia@orchwa.org
Shena	Holliday	HR Generalist	Advanced Health	541-269-3215	shena.holliday@advancedhealth.com
Marci	Howard	Manager of Community Care Coordination	InterCommunity Health Network CCO	541-760-9225	Mhoward@samhealth.org
Juliana	Huff	BI Director	Willamette Valley Community Health	503-915-7262	julianahuff@gmail.com
Stephanie	Jensen	Regional Project Coordinator	InterCommunity Health Network CCO	541-768-7942	sjensen@samhealth.org
Emily	Johnson	Grant and Project Coordinator	Yamhill Community Care Organization	503-376-7428	ejohnson@yamhillcco.org
Denise	Johnson	Health Equity Advisor	Columbia Pacific CCO	503-416-3689	johnsond@careoregon.org
Leann	Johnson	OEI Director	OHA Office of Equity & Inclusion	971-673-1285	leann.r.johnson@state.or.us
Jennifer	Johnstun	Health Strategy Officer	PrimaryHealth	541-218-8385	jennifer.johnstun@primarhealthfamily.com
Cyndi	Kallstrom	Innovator Agent	OHA External Relations	503-312-4725	cyndi.kallstrom@state.or.us
Cassie	King	Director of Brand and Creative Services	AllCare CCO	541-471-4106	Cassie.King@allcarehealth.com
Nancy	McKinnis	Community Engagement Coordinator	Jackson Care Connect	503-416-1475	mckinnis@careoregon.org
Mavel	Morales	ADA Coordinator + Civil Rights Investigator	OHA Office of Equity & Inclusion	503-984-3173	mavel.morales@state.or.us
Adrienne	Mullock	Transformation Analyst	OHA Transformation Center	971-673-3384	adrienne.p.mullock@state.or.us

10/24/18 CCOs Advancing Health Equity Workshop: Participant List

Carla	Munns	Director of Quality and Transformation	Willamette Valley Community Health	503-539-3377	cmunns@wvhealth.org
Craig	Newton	Jackson Care Connect CAC Co-chair	Jackson Care Connect	541-779-3237	blackpolo14@gmail.com
Angel	Parmeter	Sr. Transformation Analyst	InterCommunity Health Network CCO	541-981-0467	AngelP@samhealth.org
Sarah	Patterson	Health Promotion & QI Specialist	Eastern Oregon CCO	425-358-1262	sarah.patterson@modahealth.com
Yuberca	Pena	Contracts Administrator & Compliance Specialist	Willamette Dental	503-952-2566	ypena@willamettedental.com
Mae	Pfeil	Clinical Integration Manager	Columbia Pacific CCO	503-307-3720	pfeilm@careoregon.org
Summer	Prantl Nudelman	Manager, Medicaid Programs	Eastern Oregon CCO	503-750-6728	summer.prantl@modahealth.com
Daesha	Ramachandran	Health Equity Strategist	Health Share of Oregon	503-505-3270	daesha@healthshareoregon.org
Alicia	Ramirez	Community Health Worker	PacificSource Columbia Gorge CCO	509-637-4966	aliciar@nextdoorinc.org
Amanda	Rigsby	UHA Behavioral Health Care Coordinator	Umpqua Health Alliance	775-426-9307	mrigsby@umpquahealth.com
Alissa	Robbins	Systems Innovation Manager	OHA Transformation Center	503-490-6590	Alissa.Robbins@state.or.us
Roxanne	Robinson	Health and Wellness Outreach Coordinator	AllCare CCO	541-471-4106	Roxanne.robinson@allcarehealth.com
Armenia	Sarabia		Greater Oregon Behavioral Health Inc./Eastern Oregon CCO	541-298-2101	armenia.sarabia@gobhi.net
Jeanne	Savage	Chief Medical Officer	Willamette Valley Community Health	503-807-1264	jsavage@wvhealth.org
Bettina	Schempf	Executive Director	InterCommunity Health Network CCO	541-207-2439	bettina_schempf@oldmillcenter.org
Belle	Shepherd	Innovator Agent	OHA External Relations	503-983-1929	belle.shepherd@state.or.us
Jennine	Smart	Health Equity Strategist	Health Share of Oregon	971-322-9900	jennine@healthshareoregon.org
Troy	Soenen	Director of Community Development	Eastern Oregon CCO	503-894-1751	troy.soenen@gobhi.net
Anastasia	Sofranac	DELTA Coordinator	OHA Office of Equity & Inclusion	971-673-1333	anastasia.sofranac@state.or.us
Maria	Tafolla	Community Engagement Program Manager	Health Share of Oregon	503-416-3668	maria@healthshareoregon.org
Molly	Taroli	Project Coordinator	PacificSource Central Oregon CCO	541-706-5180	molly.taroli@pacificsource.com

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Trudy	Townsend	Community Health Development Coord	PacificSource Columbia Gorge CCO	541-993-2753	trudy.townsend@pacificsource.com
Loralee	Trocio	Practice Enhancement Specialist	OHA Transformation Center	503-502-7112	loralee.j.trocio@state.or.us
Cord	VanRiper	Quality and Compliance Coordinator	Cascade Health Alliance	719-671-2824	cordv@cascadecomp.com
Maranda	Varsik	Transformation Specialist	Columbia Pacific CCO	503-416-5836	varsikm@careoregon.org
Emily	Wang	Health Equity Policy Analyst	OHA Office of Equity & Inclusion	503-884-4456	Emily.L.Wang@state.or.us
Anna	Warner	Director of Quality	Advanced Health	541-290-3063	anna.warner@advancedhealth.com
Charissa	White	Transformation Analyst	InterCommunity Health Network CCO	541-768-7967	charissa82@gmail.com
Kweku	Wilson	Research Analyst	OHA Office of Equity & Inclusion	503-901-6194	kweku.wilson@state.or.us
Earlean	Wilson Huey	Health Promotion Equity Specialist	InterCommunity Health Network CCO	541-981-1582	ewilsonhuey@samhealth.org
Lucy	Zammarelli	Health Equity Officer	Trillium Community Health Plan	541-799-3375	Lucy.zammarelli@co.lane.or.us
Miao	Zhao	Clinic Manager	InterCommunity Health Network CCO	541-812-4059	mzhao@samhealth.org
Dustin	Zimmerman	Innovator Agent	OHA External Relations	503-983-0859	dustin.c.zimmerman@state.or.us