

# Health Equity and Bridging the Gap in Rural Communities for Health Outcomes

Stick Crosby  
Network & Health Equity Manager  
[Stick.Crosby@AllCareHealth.com](mailto:Stick.Crosby@AllCareHealth.com)  
(541)-471-4106

## **Our mission**

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

## **Our promise**

Changing healthcare  
to work for you.

We just aren't that diverse here.....



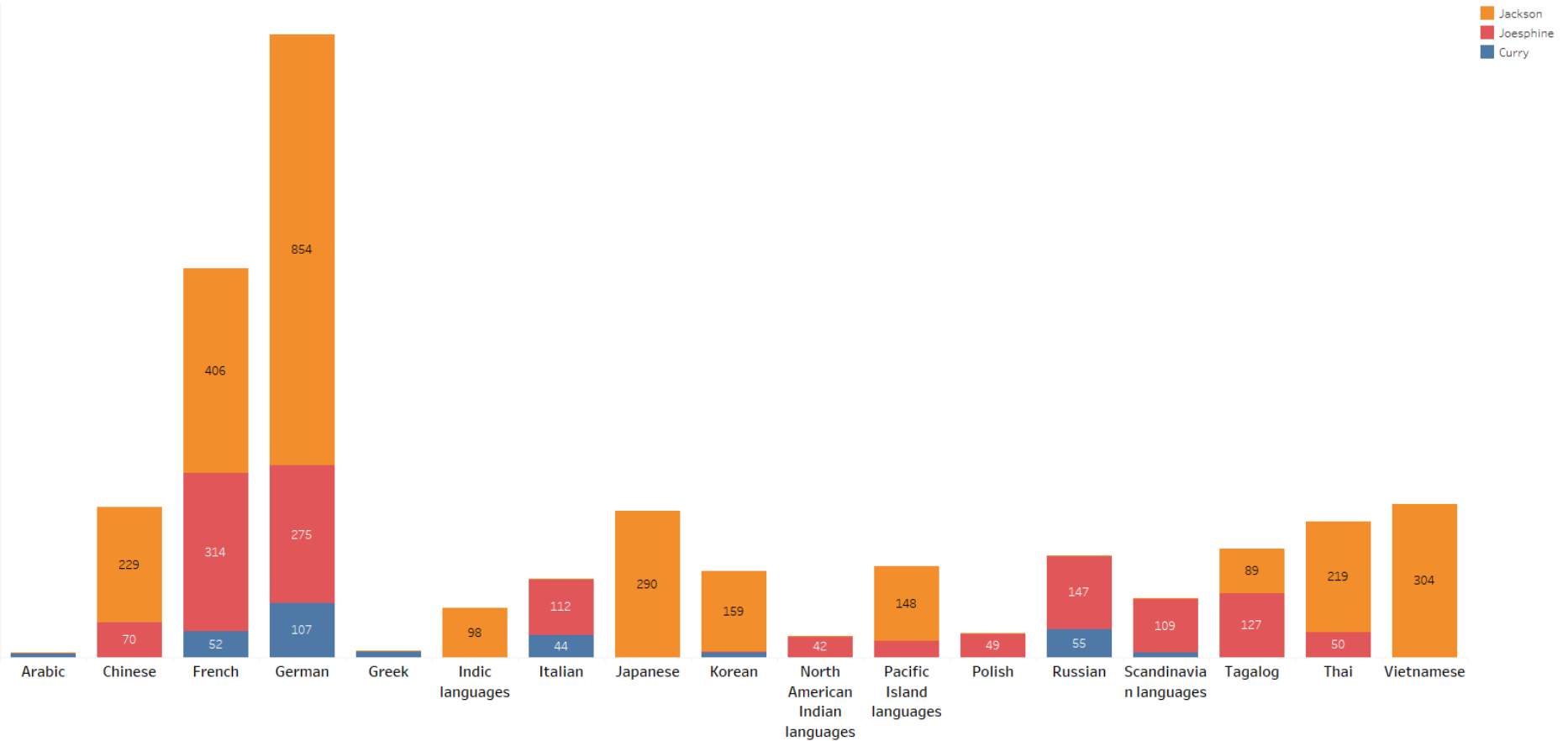
# THE KLAMATH TRIBES

KLAMATH-MODOC-YAHOOSKIN

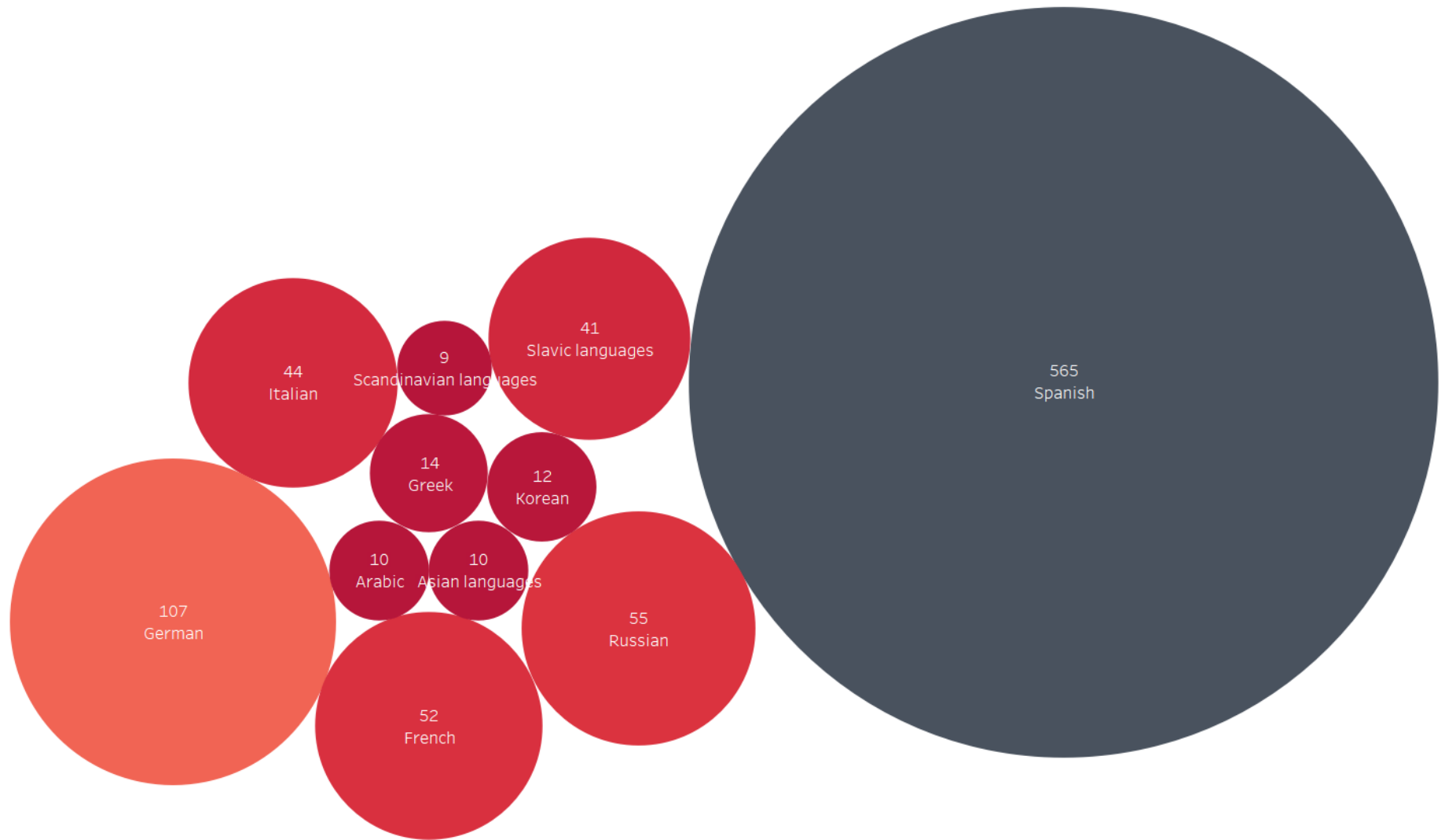




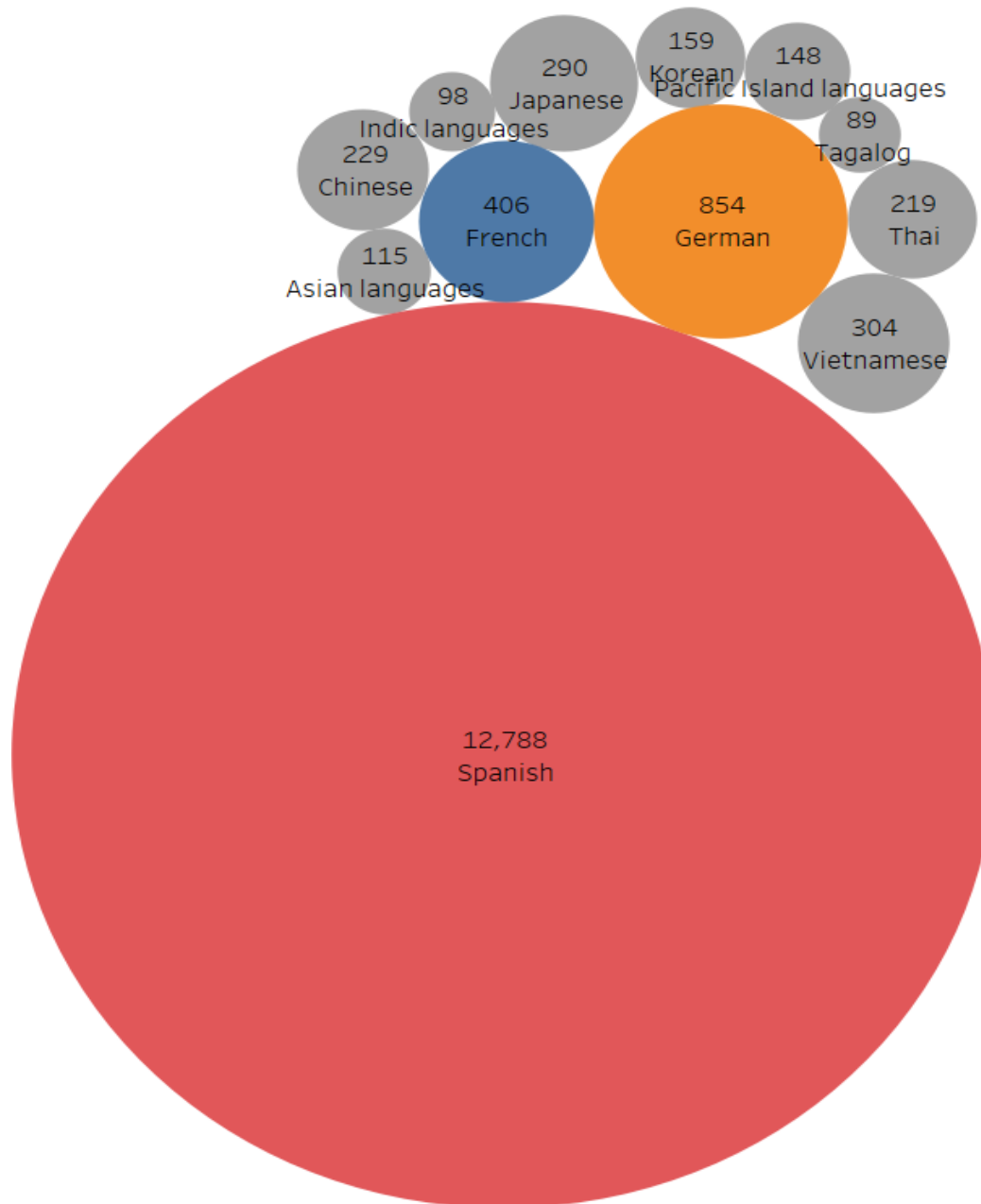
# Languages Spoken by county excluding Spanish and English



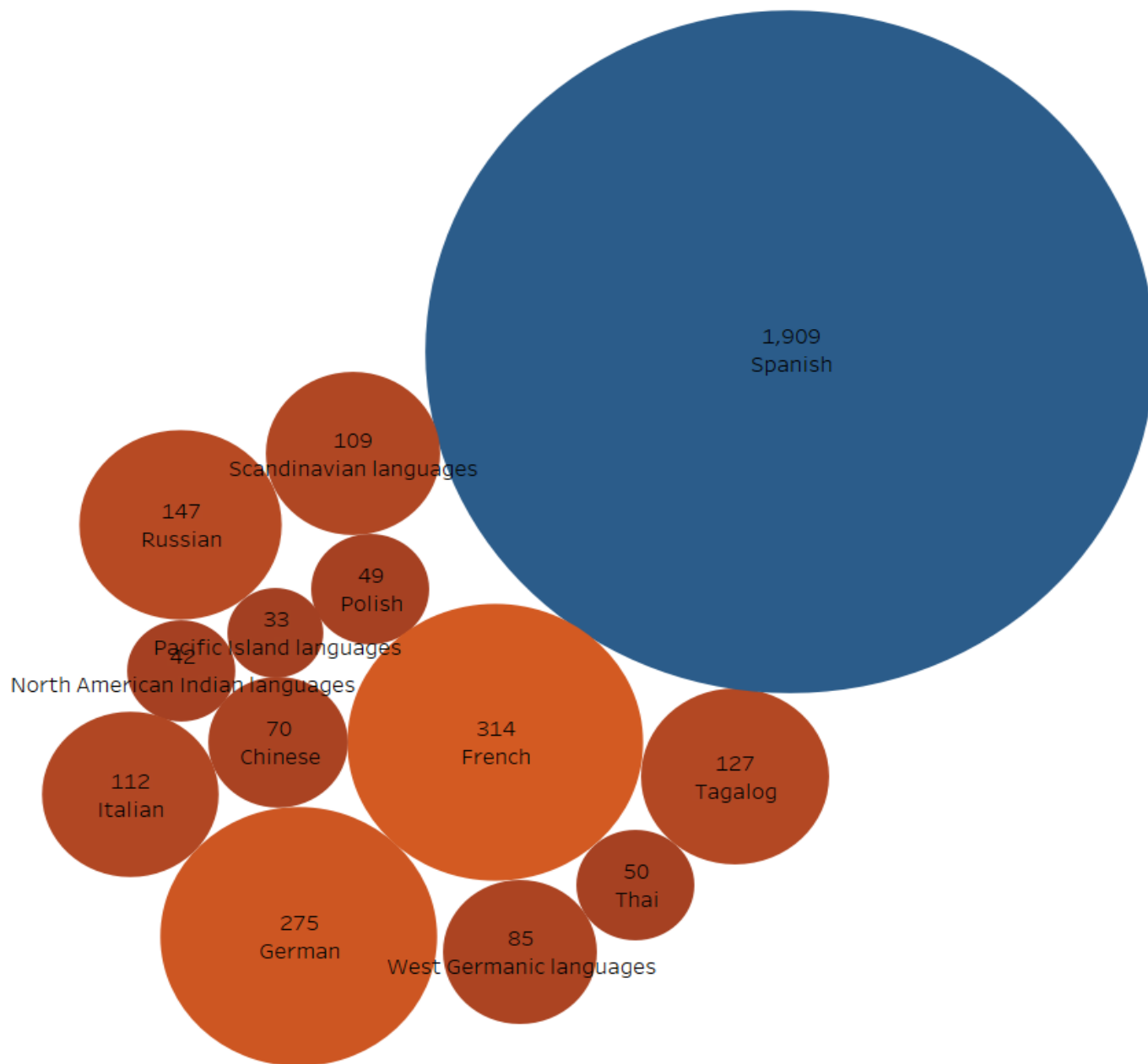
## Languages Curry County



## Languages Jackson County



## Languages Josephine County





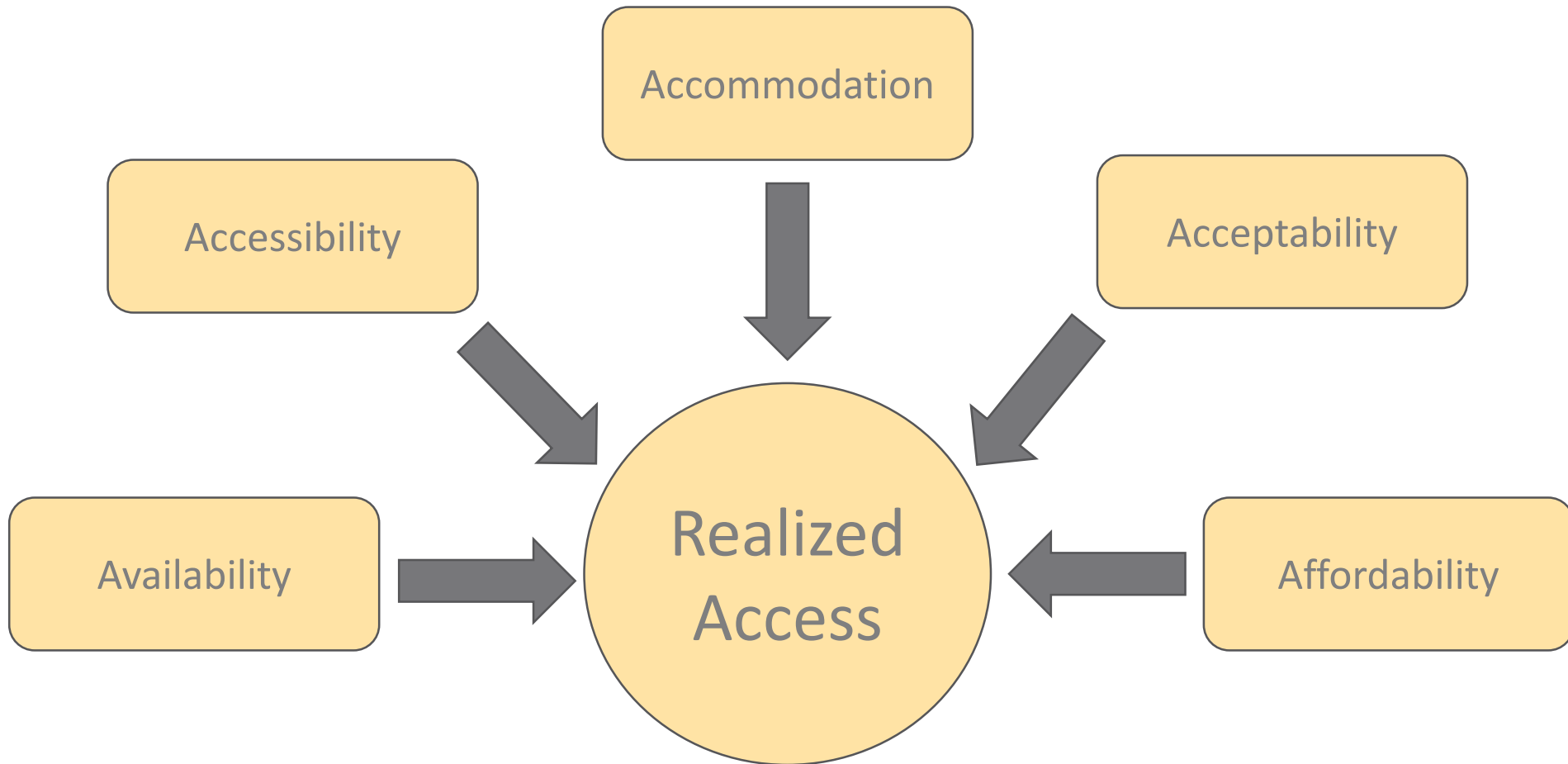
# What is our goal when providing services?



# Other factors of health



# Access Framework



Adopted from: CMS.(2017) Promoting Access in Medicaid and CHIP Managed Care: A Toolkit for Ensuring Provider Network Adequacy and Service Availability

# Health Equity & Inclusivity Action Team

As part of the contract process, each CCO was required to develop a transformation plan geared specifically to the needs of the community it serves.

To meet the goals of the 2015-2017 Transformation Plan the Health Equity & Inclusivity Action Team was developed to look internally at AllCare's Policies and Procedures. The key domains that the team focused on were:

Domain 6: Cultural and Health Equity

Domain 7: Workforce Diversity

Domain 8: Quality Improvement for Underserved Populations

# Health Equity & Inclusivity Action Team

- Stick Crosby (Contracts Manager)
- Natalie Case (Quality Analytics Specialist)
- Kelley Burnett, DO (Associate Medical Director)
- Alan Burgess (Alternative Payment Model Manager)
- Amy Burns, PharmD, BCPS (Director of Population Health Management)
- Andrea Franchi (Provider Network Manager)
- BreeAnn Standley (Provider Network Advocate)
- Cynthia Ackerman (Chief Quality & Compliance Officer)
- Debbie Ameen (Director of Strategic Planning)
- Josh Balloch (Vice President of Government Relations and Health Policy)
- Kathy Charles (Human Resources Manager)
- Lana McGregor (Behavioral Health Integration Manager)
- Laura McKeane (Oral Health Integration Manager)
- Laura Matola (Quality Manager)
- Sam Engel (Coordinator Social Determinants of Health)
- Mark Bradshaw, MD (Chief Medical Officer)
- Sheila Anders (Director of Member Services)
- Iram Nunes (Utilization Management Nurse)
- Quinn Arrington (Intensive Case Manager)
- Roxanne Robinson (Health & Wellness Outreach Coordinator)
- Will Brake (Chief Operating Officer)
- Cheri Ferguson (Member Services Supervisor)
- Athena Goldberg, LCSW (Behavioral Health Director)
- Gita Yitta, DMD (Associate Medical Director of Oral Health)
- Cassie King (Director of Brand Strategy)

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# Strategic Planning?

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.

Strategic planning is an organizational management activity that is used to:

- Set priorities
- Focus energy and resources
- Strengthen operations
- Develop common goals

# Why a Strategic Plan for equity?

Health equity is defined as, all people and communities having the opportunity to attain their full potential and highest level of health.

To achieve health equity in our communities we must:

- Set priorities
- Focus energy and resources
- Strengthen operations
- Develop common goals





# Culturally Linguistic Appropriate Services (CLAS) and Strategic Plans

For us, CLAS is a way to improve the quality of services provided to all individuals, which will ultimately help reduce health disparities and achieve health equity. CLAS is about respect and responsiveness: Respect the whole individual and Respond to the individual's health needs and preferences.

<https://www.thinkculturalhealth.hhs.gov/clas/standards>

# Culturally Linguistic Appropriate Services (CLAS) and Strategic Plans



“I don’t believe in magic. I believe in hard work.”

-Richie McCaw

“Worlds greatest rugby player that ever lived.”

-Stick Crosby



# Collaboration



# Background 2016-2017

The Health Equity & Inclusivity Action Team developed a training from the CLAS standards in partnership with So Health-E. It was intended for those that participate to have the ability to:

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

# Survey

After each five hour training all participants were given an evaluation form developed by So Health-E. The evaluation was designed to find deficits in the training that the facilitator could then use to improve the training. The survey was broken into three sections:

- Increase of Understanding
- Quality of the Presentation
- Comments



## SO Health-E Training Evaluation

Topic: Navigating Diversity Through Inclusion Trainer(s): Sick  
Location: AllCare Downstairs Conference Room Date: 12/27/2016

Please rate your learning today:

On the **left** of the chart below, please rate your knowledge BEFORE participating in staff training.

On the **right** of the chart below, please rate your knowledge AFTER participating in staff training.

BEFORE Staff Training				Topic(s)	AFTER Staff Training			
None	Some	A lot	Very Much		None	Some	A lot	Very Much
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Diversity and Equity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	CLAS Standards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Cultural Humility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Privilege and Unconscious Bias	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please rate the quality of the presentation:

Definitely

Needs Work

The information was relevant and useful in my life or work.	5	4	3	2	1
The pacing was appropriate and helped my learning.	5	4	3	2	1
The presenter(s) showed respect for & interest in participant questions.	5	4	3	2	1
The presenter(s) were knowledgeable.	5	4	3	2	1
The presenter(s) maintained a productive learning environment.	5	4	3	2	1
We had time for reflection, interaction, and to think about application.	5	4	3	2	1
The content was well organized.	5	4	3	2	1
The content and materials were accessible.	5	4	3	2	1

What was your most important learning from this workshop?

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How could the workshop be improved?

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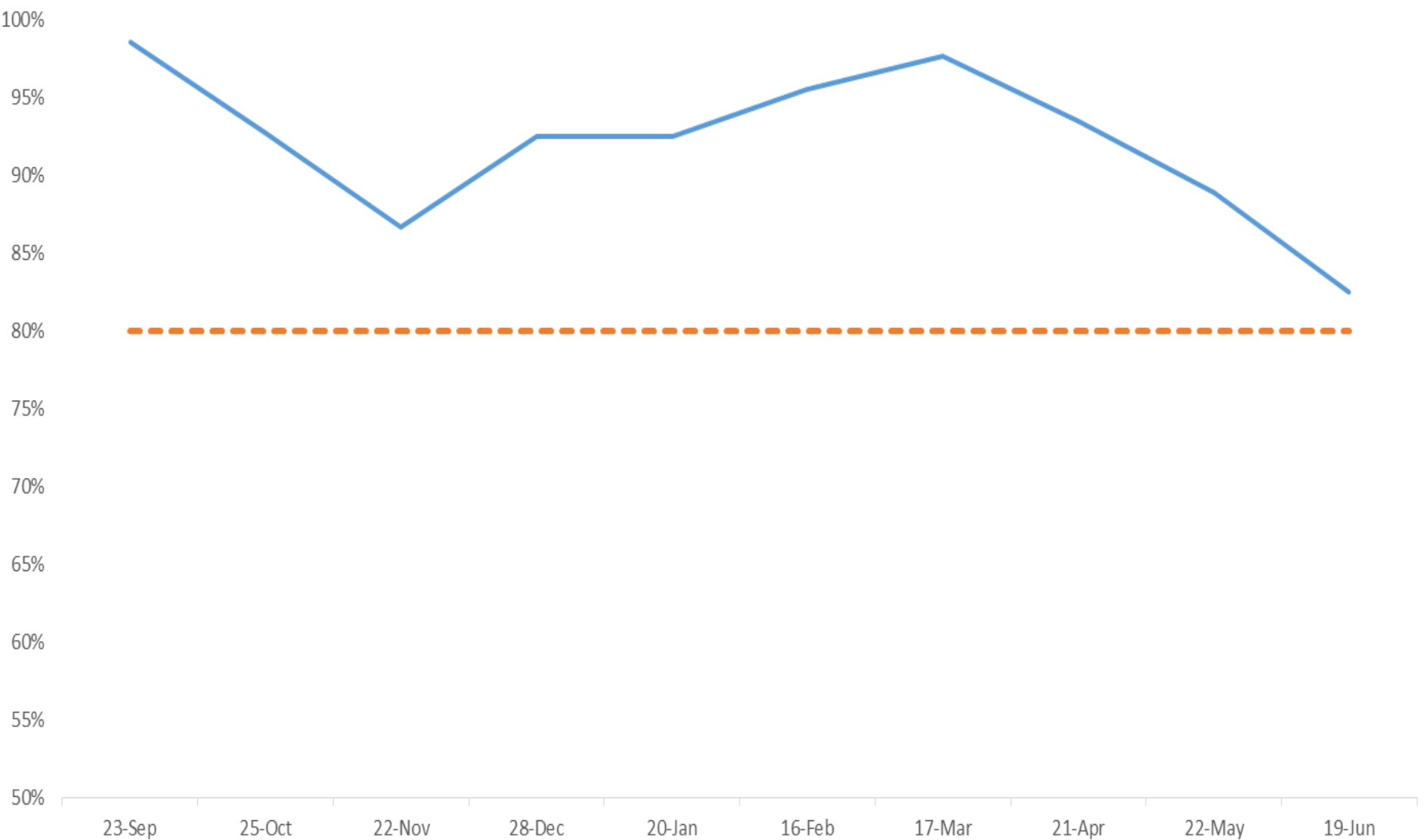
Other comments (feel free to expand on the back):

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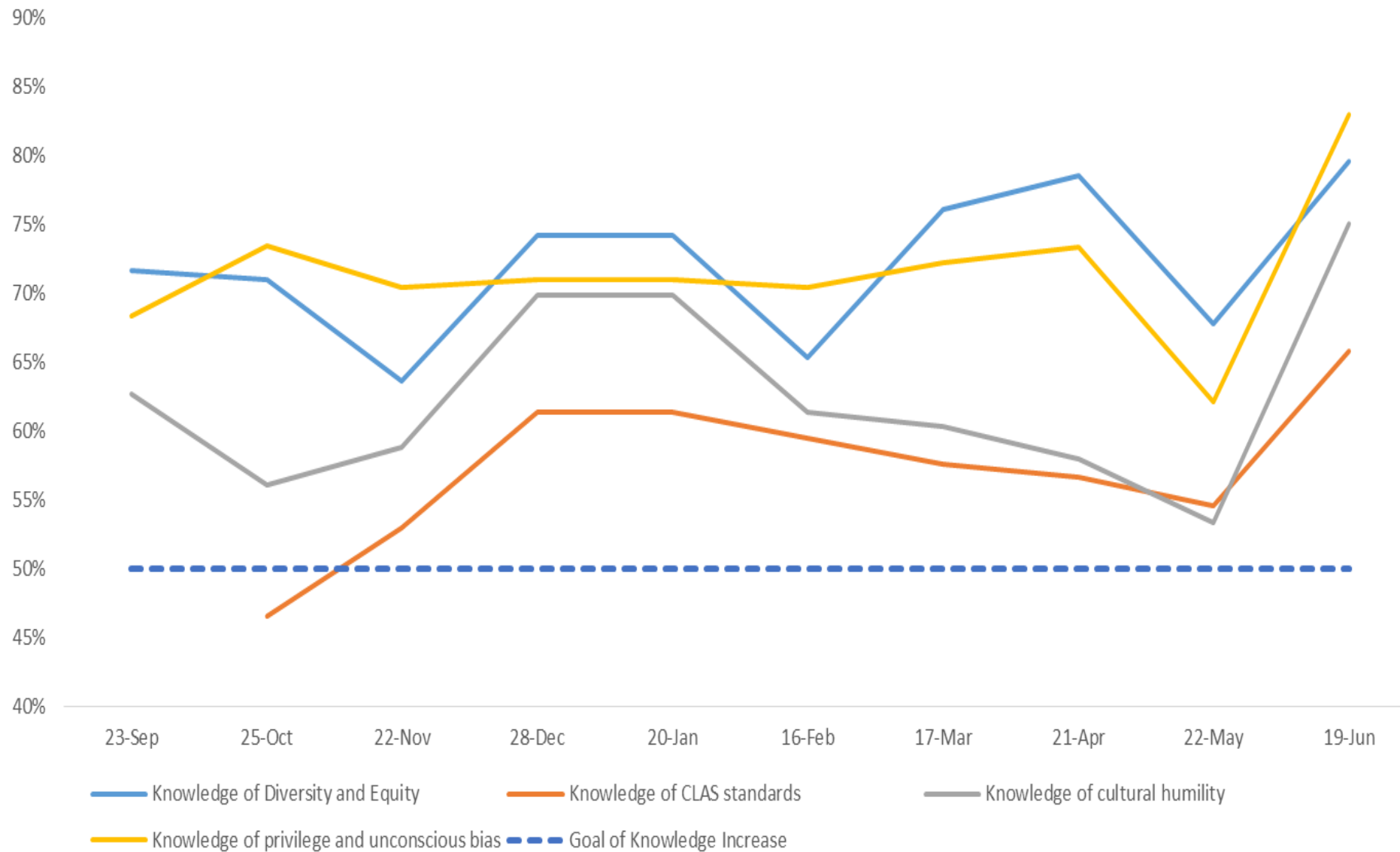


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# Overall Perception Of Training



## Increase Of Understanding







# External Staff Trained

## 800 Participants from these Organizations and Programs :

- ReadyRide (NEMT Provider)
- Southern Oregon Education Service District
- Grants Pass School District
- Southern Oregon Health Equity Coalition
- Coates and Kokes
- U-Can
- Options for Southern Oregon
- Hearts With A Mission
- Future's Without Violence
- Southern Oregon Success
- Josephine County Public Health
- On Track Recovery
- La Clinica Community Health
- Mountain View Family Practice
- Rogue Valley Council of Governments

# Moving forward 2017-2018

**Cultural Agility**-This will give participants the skills for adapting to cultural differences while being agile during interactions with co-workers and members.

**Health Literacy**- This will define what health literacy is and why marginal health literacy can be a barrier to health care and health outcomes for patients.

**Implicit Bias**- This training will help participants understand what implicit bias is, its effect on health care, and overcoming implicit bias in health care.

**Creating an affirming setting for Non-Binary (those who don't identify as man or woman) People**- This training includes important terms, data, and expert-informed practices, which will offer suggestions for how any individual can implement simple changes to improve the experiences of patients with non-binary gender identities.

# Moving forward 2018-2019

**Health Literacy 1.0** - This will define what health literacy is and why low health literacy is a barrier to health.

**Health Literacy 2.0**-This workshop will teaches participants skills to create Plain Language forms. They are required to complete Health Literacy 1.0 to register.

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

# Moving forward 2018-2019

**Social Determinants of Health (SDoH) Game-** This training helps participants understand the impacts of SDoH. The game has three goals:

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

**Barriers to care-** This training explores these barriers to care:

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

# Impact in the community

As part of AllCare's Alternative Payment Models members are surveyed on the satisfaction of their providers.

From 2016 to 2018 there was a two (2) percentage point increase of members reporting that their providers were discussing their care with them at a level that they could understand.

# Listening to the community



# Certified Medical Interpreters

So Health-E listening sessions with the Latino community(2015)

Sponsor two interpreter trainings with So Health-E, OHA, and JCC

Train 3 internal interpreters

Create a pay differential policy for Bilingual AllCare staff

Internally add a Health Equity measure to the Alternative Payment Models

- To pass this measure was a provider office must have at least one Certified or Qualified Medical Interpreter on staff
- Or have 70% of the location participate in a Cultural Competency training.

Develop a Return On Investment for developing an Internal Interpreter training

Three organizations added written policies on training bilingual staff to become interpreters:

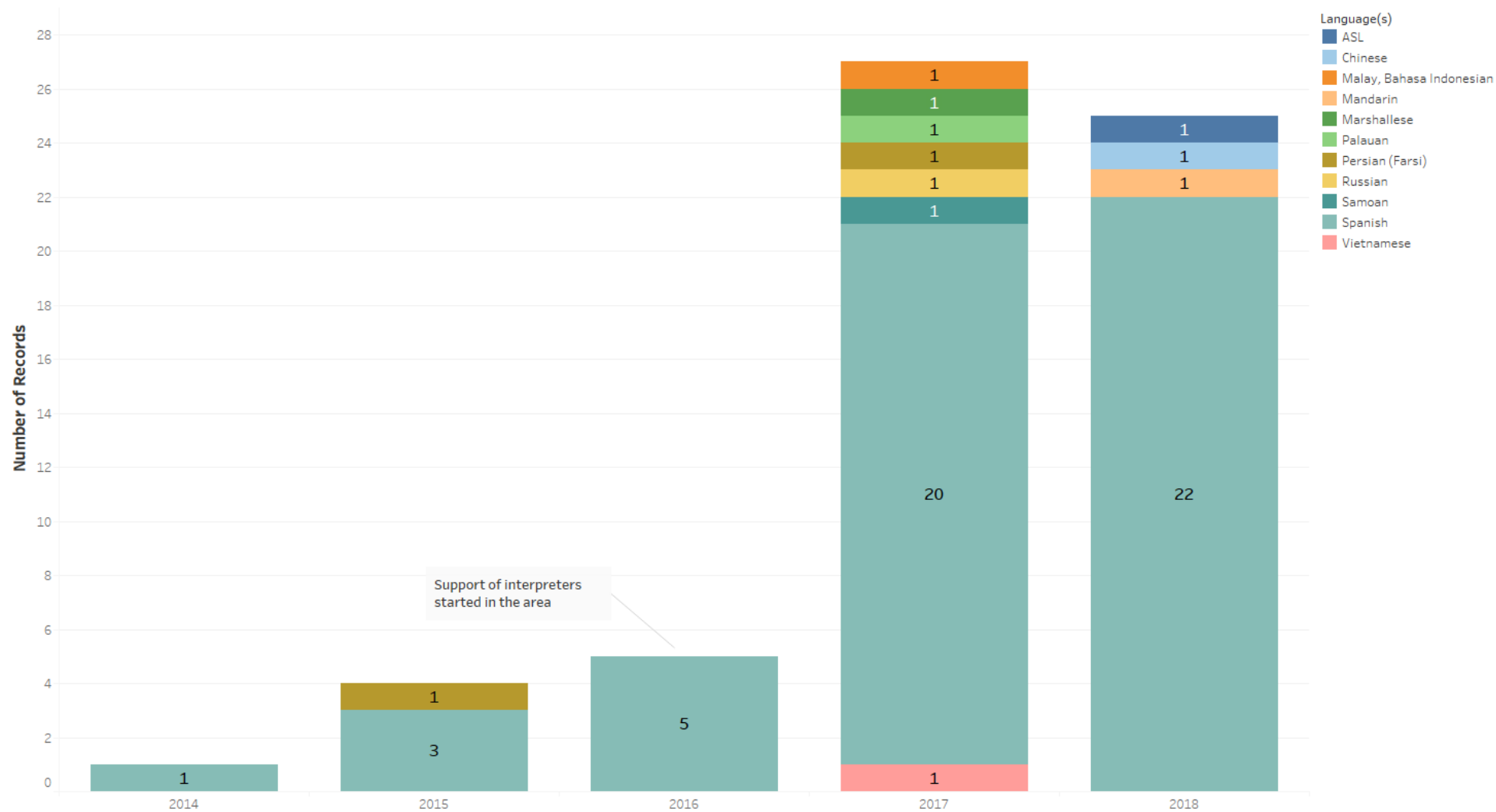
- Asante Physician Partners
- Rogue Community Health (FQHC)
- La Clinica (FQHC)

Become a testing site for Certification Commission for Healthcare Interpreters

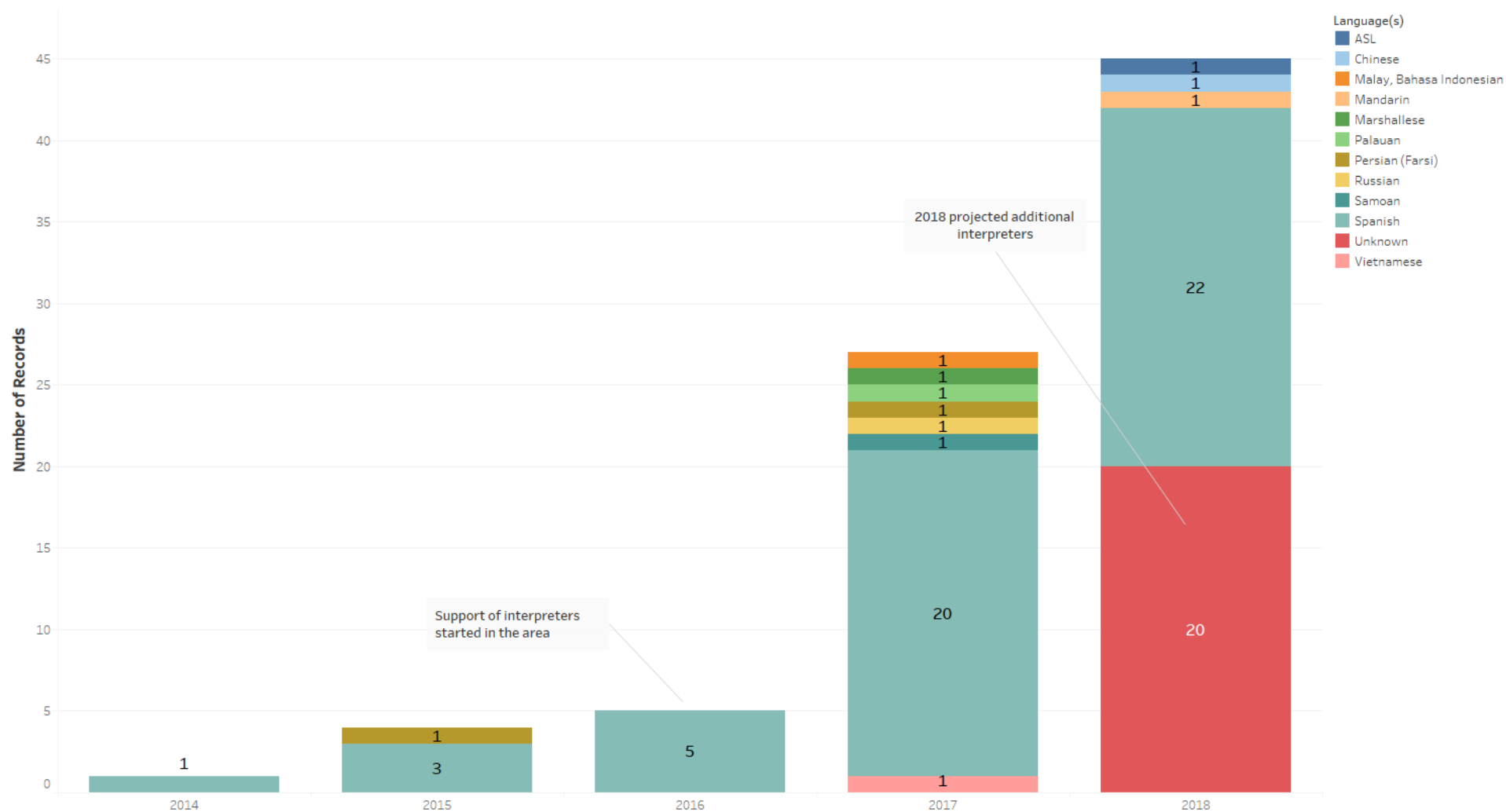
Train and test 30 certified medical interpreters for Southern Oregon



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



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





# Multicultural Listening Sessions

Multicultural communities often convey health information and knowledge qualitatively – through sharing stories – while professionals tend to rely more upon quantitative methods – such as data collection – to gather information.

Storytelling and other qualitative methods:

- Help professionals understand the meaning behind the numbers
- Empower the storyteller
- Sometimes help with his/her healing process. Especially when the story is heard by those in leadership positions who can influence positive change

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

# Background

Through demographic and claims data, AllCare CCO identified that a disparity exists for two populations in regard to Emergency Room utilization for physical health reasons.

The data showed that in Jackson and Josephine counties, members who identify as Native American and members diagnosed with a Severe and Persistent Mental Illness (SPMI) had a statistically higher rate of ER utilization in comparison to the rest of the AllCare CCO population.

Our goal was to determine the reasons these members access the Emergency Room and to assist them in engaging or re-engaging with their primary care provider.



# Sessions

There were four (4) sessions held in the Spring of 2018. One for each demographic in each county where the disparities were found.

Spanish speakers were part of the demographic in the data for each group so all invitations also went out in Spanish and interpreters were made available for each session.

AllCare partnered with Primary Health of Josephine County for the sessions in Josephine County to include a broader population for feedback. Both CCO's saw the same disparity in their data.

So Health-E, the local regional Health Equity coalition also partnered with AllCare and assisted with facilitators in each session.

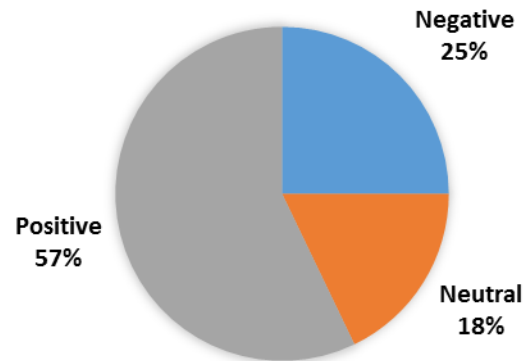
# Survey questions

As participants entered, they were asked to answer the following questions:

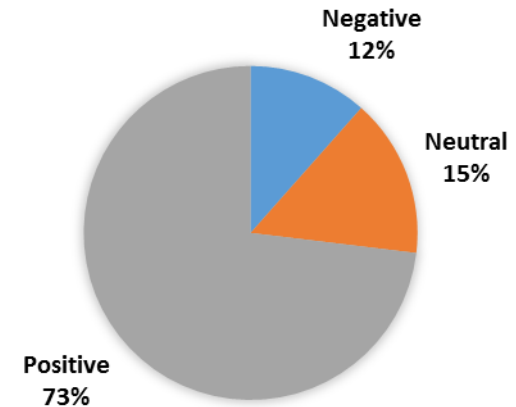
QUESTION	STRONGLY DISAGREE	DISAGREE	N/A	AGREE	STRONGLY AGREE
I can get an appointment with my doctor as soon as I need it.					
My doctor's office is easy for me to get to.					
My doctor gives me information about my health that is easy to understand.					
My doctor is open at hours that work with my schedule.					
My Health Plan gives me information about my healthcare that is easy to understand.					
I can get an appointment with my dentist as soon as I need it.					

# Sample of Responses Received

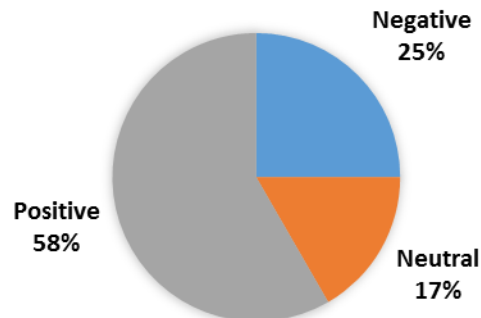
**I CAN GET AN APPOINTMENT WITH MY DOCTOR AS SOON AS I NEED IT.**



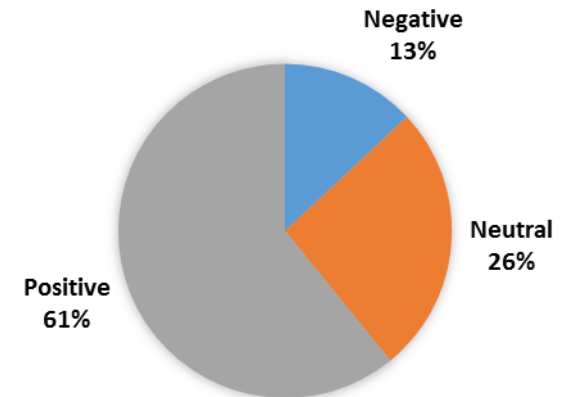
**MY DOCTOR'S OFFICE IS EASY FOR ME TO GET TO.**



**MY DOCTOR GIVES ME INFORMATION ABOUT MY HEALTH THAT IS EASY TO UNDERSTAND.**



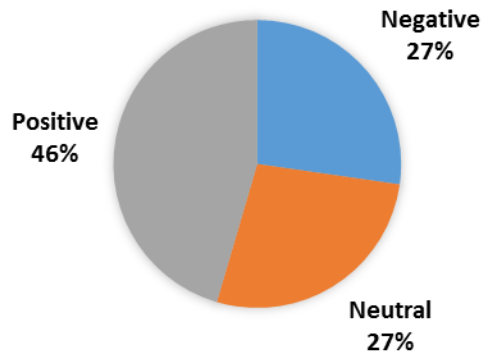
**MY DOCTOR IS OPEN AT HOURS THAT WORK WITH MY SCHEDULE.**



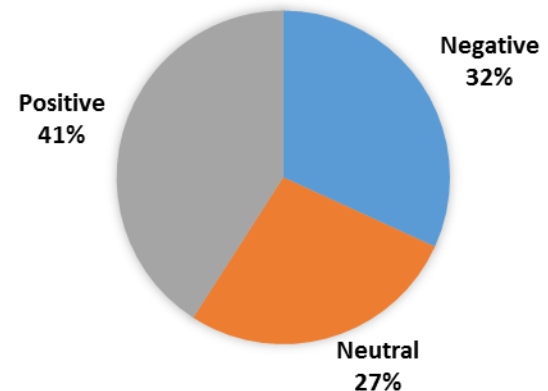


# Sample of Responses Received

**MY HEALTH PLAN GIVES ME  
INFORMATION ABOUT MY HEALTHCARE  
THAT IS EASY TO UNDERSTAND.**



**I CAN GET AN APPOINTMENT WITH MY  
DENTIST AS SOON AS I NEED IT.**



When you or your family is sick where do you seek care?

Cuando usted o su familia está enfermo, ¿dónde busca atención?

How can we help you to build a relationship with a doctor?

¿Cómo podemos ayudarlo a construir una relación con un médico?

# In summary

# Access

Having provider offices that are accessible outside the hours of 9 am to 5 pm is something that is needed in the region

Referrals and Authorizations cause barriers to members

- Members will go to the ER to be seen if the Referral or Authorization is denied
- Members also go to the ER if the provider refuses to submit an Authorization or Referral for something they feel they need

More interpreters are needed for Limited English Proficiency Speakers

There are barriers to Alternative care in certain areas

- Providers also not referring for these services

Appointments are too far out

- Membership wants to go to Primary Care if they can get in

Dental access is a huge priority to members

More “On-Demand” ride availability from Non-Emergent Medical Transportation would be nice

# Communication

Providers being more aware of how they are talking to members

More Health Literacy awareness

Want providers to partner with them regarding their healthcare

- Lots of talking down
- Fear of being dismissed as patients
- Members are aware of the opioid crisis and don't want lectures at every visit
- They want solutions to their problems

AllCare can do better when communicating with members on benefits

Everyone in the system needs to LISTEN to the members about THEIR healthcare.

# Lessons Learned

## Be flexible when setting up the Listening Sessions

- The sessions have to be at times that are convenient to your participants' schedule.
- If Limited English Speakers are part of your demographic, have an individual proficient in that language call.
- Follow up calls after invitations can boost participation. Calls during the lunch hour or after 5:00 pm have the best response rate.
- Do not send invitations out too early. Two weeks prior to the event was the "Sweet Spot" for us.

## Consider barriers to attendance

- Make rides available to bring participants to the event.
- If you cannot provide childcare at the session, make a stipend available.
- Offer food and an incentive for attendees
  - Consider dietary restrictions

# Do not reinvent the wheel

There are many resources and tools available to guide you through this process.

Minnesota Public Health:

<http://www.minneapolismn.gov/health/toolkit/multicultural>

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

<http://www.minneapolismn.gov/www/groups/public/@health/documents/webcontent/wcms1p-115951.pdf>

Oregon Health Authority:

<http://www.oregon.gov/oha/OEI/Pages/index.aspx>

DELTA Program:

<http://www.oregon.gov/oha/OEI/Pages/DELTA.aspx>

AllCare Health:

Stick Crosby

Network & Health Equity Manager

Phone +1 (541) 471-4106

Email

[Stick.Crosby@allcarehealth.com](mailto:Stick.Crosby@allcarehealth.com)

Natalie Case

Quality Analytics Specialist

Phone +1 (541) 471-4106

Email [Natalie.Case@allcarehealth.com](mailto:Natalie.Case@allcarehealth.com)

Will Brake

Chief Operating Officer

Phone +1 (541) 471-4106

Email [Will.Brake@allcarehealth.com](mailto:Will.Brake@allcarehealth.com)





# Special thanks to our members!

DAWNMARIE	KIMBERLY	DEBBIE	PAMELA	ELIZABETH	SUSAN	JASON	AD
JAMIE	BILLY	JESSE	KRISTIN	TOBEY	CHRISTOPHER	JONDAYA	JUNE
SANDRA	WILLIAM	MONICA	GEOFFREY	CHURIE	SHAWN	ARTHUR	DWAYNE
KEITH	TIMOTHY	SHERLYN	MARIE	DANIEL	ANNMARIE	DAMON	JASI
KATERINA	ERIC	DAISY	JULIA	BRANDY	CARRIE	KYLE	AUGUSTA
SHERRY	TAMMY	NICKIE	DAVE	DOUGLAS	DINENE	ELVIRA	PAOLA
CAROLYN	JEANNE	ANGELA	RAMONA	JOYCE	LONA	SUE ELLEN	PABLO
RAYNA	JULIE	JAINIE	CARLO	SHARON	CASEY	RICHARD	BRISA
DENISE	KENNETH	PAUL	MICAH	CHERI	NORMAN	KAREN	CATALINA
NEAL	LINDA	DEBORAH	AMY	BRANDON	AMBER	HECTOR	MELISSA
JOHN	NANCY	VICTORIA	CHARLENE	MICHAEL	JAYNIE	DORIAN	MIGUEL
JENEFER	KELLY	KURT	HEATHER	ALLISON	MICHELLE	KATIE	
RONNIE	ALVIN	MAGGIE	HARRY	ELAINA	BRYANT	KEREN	
BRYAN	TRINA	JANICE	MELANIE	JAMES	CATHERINE	ROXANNA	
SHAWNA	BEVERLY	MINNIE	DARRELL	TRACY	DAREN	REGINA	
FRANCISCO	SHIRLEY	ADELINA	IDA	JENNIFER	JONATHAN	JIMMY	
PHILIP	MARTHA	MARY	CHAWNTAE	FOREST	SHAUN	VALENTINA	
LAURIE	DEBRA	ELISA	QUARNISHA	GRIFFIN	AMANDA	LEANN	

A stylized white flower with five petals is centered on a solid orange background. The petals are simple, rounded shapes. One petal at the top is partially cut off by the edge of the frame. Another petal on the right is also partially cut off. The text "Next Steps and Q&A" is written in a dark gray, sans-serif font inside the white oval shape of the flower's center.

Next Steps and Q&A