



SOCIAL DETERMINANTS OF HEALTH & HEALTH EQUITY PRIORITIES AND SPENDING POLICY AND PROCEDURE

In this document, CCC is referenced in place of CCC and CHA.

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Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Terms not defined in the DEFINITIONS section of this document may be found in the Glossary.

1 PURPOSE

- 1.1 The purpose of this document is to ensure Cascade Health Alliance’s (CHA) Social Determinants of Health and Health Equity (SDOH-HE) spending endeavors to provide an equitable process for engaging a diverse population of Klamath County residents to address SDOH-HE priority spending, as well as provide a transparent and accountable process for reviewing and tracking of SDOH-HE priority spending.

2 SCOPE

- 2.1 This policy applies to all staff, team members within the Community Advisory Council (CAC) and any additional committees to ensure an equitable process for engaging the community and reviewing and tracking SDOH-HE spending.

3 POLICY STATEMENT

- 3.1 All staff, and internal committees must endeavor to engage a diverse population of Klamath County residents to assist in identification of SDOH-HE priority spending areas to strategically address SDOH-HE needs.
- 3.2 Staff and all team member within the CAC and other committees are committed to meeting the needs of all members regardless of race, ethnicity, color, National Origin, citizenship, age, physical or mental disability, gender, gender identity, sex, sexual orientation, religious affiliation, or veteran status.

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3.3 CHA's community health strategies, plans, policies, and processes will be written through the lens of health equity to ensure that members' needs are met, including the provisions of external resources if internal resources are unavailable to meet the needs of the member.

3.3.1 This includes, but is not limited to:

3.3.1.1 Ensuring all planning, assessment, and implementation documents are available in Spanish. Additional languages will be made available upon request.

3.3.1.2 Ensuring culturally and linguistically appropriate services and resources are provided to members allowing for meaningful member engagement, communication, and availability of care.

4 PROCEDURE

Phase I: Community Health Assessment

4.1 Every three years a Community Health Assessment (Assessment) is conducted to measure the health of Klamath County. The Mobilizing for Action through Planning and Partnerships (MAPP) framework is used to prioritize public health issues, identify resources to address them, and take action to improve conditions that support healthy living.

4.2 The CAC facilitates the Assessment process.

4.3 The MAPP framework is a two (2) phase six (6) step process. Phase I is development of the Assessment.

4.3.1 **Step 1:** Organize for Success/Partnership Development

4.3.1.1 To complete step 1, partnerships are identified, training is conducted, and timeline is developed.

4.3.2 **Step 2:** Visioning:

4.3.2.1 During this step, the Assessment partnerships guide the community through a collaborative process to lead to shared community vision and common values.

4.3.2.1.1 Forming community vision and common values is completed through community focus groups.

4.3.3 **Step 3:** Comprehensive Assessment

4.3.3.1 Four assessments are completed to provide a comprehensive view of health of community members and the underlying factors affecting health in the community.

4.3.3.2 The four assessments are:

4.3.3.2.1 Forces of Change Assessment

4.3.3.2.2 Community Themes and Strengths Assessment

4.3.3.2.3 Community Health Status Assessment

4.3.3.2.4 Local Public Health System Assessment

4.3.4 Once the assessments are completed, findings are interpreted and published.

4.3.4.1 The findings report on key health needs and health issues facing Klamath County.

4.3.5 The Assessment is shared with the public via community partners websites, CHA website, print publications, email listserv distributions, and community partner social media sites.

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Phase II: Community Health Improvement Plan

- 4.4 Following completion of the Assessment, staff, community stakeholders, and community members develop a Community Health Improvement Plan (CHP) to address the identified health needs and issues defined in the Assessment.
- 4.5 As part of the MAPP framework, the CHP completes the final three (3) steps of the process.
- 4.6 In execution of the final three (3) steps to develop the CHP, staff utilizes *Health Equity PP14001* as guidance to ensure the CHP is written and reflective of unique needs of all members and include steps to ensure health equity.
- 4.7 **Step 4: Identify Strategic Issue:**
 - 4.7.1 During this step, staff and community partners identify strategic issues, such as policy options or critical challenges that must be addressed for the community to achieve its vision.
 - 4.7.1.1 Using the key health needs and health issues identified in the Assessment, a CHP prioritization survey is distributed to gather input for the priority health issues that staff and partners will focus efforts towards.
 - 4.7.1.1.1 Surveys are made available electronically and in paper format.
 - 4.7.1.1.2 The survey is distributed by the CAC, staff, and community partners through various communication channels.
 - 4.7.1.1.3 In efforts to further engage input from marginalized populations, direct communication is initiated with organizations currently serving marginalized populations to encourage participation.
 - 4.7.1.2 Once feedback is returned, the staff and community partners analyze the results to determine the CHP priority areas.
 - 4.7.1.3 Priority areas are then presented to the CAC for review and approval.
- 4.8 **Step 5: Formulate Goals and Strategies:**
 - 4.8.1 During this step, CHP workgroups are organized and goals and strategies for each priority areas are defined.
 - 4.8.2 In developing goals and strategies, staff follows procedures outlined in *Health Equity PP14001* to ensure the all goals and strategies are considered through the Health Equity Lens.
 - 4.8.3 Once finalized by staff, strategies and goals are presented to the CAC for input, review, and approval.
 - 4.8.3.1 In providing input, the CAC is also charged with following procedures outlined in *Health Equity PP104001*.
- 4.9 **Step 6: Action Cycle:**
 - 4.9.1 During this phase the goals and strategies are formalized into workplans by CHP workgroups.
 - 4.9.1.1 One CAC member is asked to join each workgroup.
 - 4.9.1.2 The workplan for each priority area addresses workgroup planning, implementation, and evaluation.
 - 4.9.1.3 Workplans are presented to the CAC by CAC members in representation of the workgroup and staff.

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4.10 Once workgroup workplans are finalized, the CHP is published.

4.10.1 The CHP is shared with the public via community partners websites, CHA website, news and media publications, print publications, email listserv distributions, and community partner social media sites.

Phase III: Identification of Social Determinants of Health Priority Spending Areas

4.11 Identification of SDOH-HE priority spending, including the Supporting Health for All through Reinvestment (SHARE Initiative) will be in alignment with the CHP priority focus areas identified in step four (4) of Phase II.

4.12 The CAC is charged with review of the most updated CHP to identify SDOH-HE and SHARE Initiative priorities that they believe will best serve all populations CHA serves to meet their needs.

4.12.1 Initial priority areas are identified during a 2Q CAC meeting each year.

4.12.2 SDOH-HE priorities identified from the CHP will include any priorities that impact education, neighborhood and built environment, social and community health, and economic stability as outlined on the County Health Rankings and Roadmaps.

4.13 Once reviewed, the CAC will be charged with defining and identifying each of the initial priority areas.

4.13.1 Initial priorities will align with at least one statewide priority area, as identified in the priority list provided by the state. i.e. Housing.

Phase IV: Community Feedback

4.13.2 Once defined and identified, the CAC and staff will share the initial list of priority areas with community partners through various stakeholder communication methods for feedback.

4.13.3 Feedback will be collected on CHA Community Forum.

4.13.3.1 To ensure the all populations served by CHA have the opportunity to provide feedback, staff makes direct follow-up communication with the Klamath Tribes and organizations serving marginalized populations to further encourage promotion of participation of the populations they serve.

4.13.3.2 Additional communication distribution methods include listserv email distributions, CHA website, committees, CHP entities, and direct communication by the CAC and staff.

4.13.3.3 Specific engagement strategies geared to target all populations are detailed on CHA's annual *Community Engagement Plan* and *Community Engagement Workplan*.

4.13.4 The CAC will review community partner feedback and revise the list of priorities if needed.

Phase V: Priority Area Finalization

4.14 CAC representative will present the list of priority areas to submit to CHA Board for final approval.

4.15 The finalized priority areas are used to determine spending allocations for each following year. i.e. priority area identified in 2020 will be used to guide spending allocations for 2021.

Phase VI: Funding Programs

4.16 Once priority areas are determined, annual spending is segmented into four (4) programs.

4.17 Programs include: Community Benefit Initiatives (CBI), SHARE Initiative, Health-Related Service (HRS), and Flexible Funds (Flex Funds).

Program One (1): CBI

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- 4.17.1 CBI's are community-level interventions that focus on addressing barriers in SDOH for members and improving the health of the entire community.
- 4.17.2 Annual CBI spending is focused on addressing priority spending areas detailed above.
 - 4.17.2.1 CBI's are awarded through Program Sponsorships
 - 4.17.2.2 Program Sponsorships:
 - 4.17.2.2.1 Program Sponsorship tiers will be awarded throughout the year on a case by case basis
 - 4.17.2.2.2 Community members and partners seeking program sponsorships tiers will be required to submit a sponsorship application
 - 4.17.2.2.3 When CHA receives sponsorship application request, the Compliance Department will vet applicant on Office of Inspector General (OIG) and System and Award Management (SAM) systems
 - 4.17.2.2.4 Staff will present the application requests to the CAC
 - 4.17.2.2.5 Applications should be submitted within six weeks of sponsorship need
 - 4.17.2.2.6 Applications are accepted through email at: proposals@cascadecomp.com with the subject line as: Sponsorship Request
 - 4.17.2.2.7 Sponsorship awardees will be required to submit a final report of the program
 - 4.17.2.2.8 If the applicant might change the request of funding allocated towards their sponsorship, applicant must notify staff to discuss the terms of any potential changes
 - 4.17.2.3 Staff will determine and notify the applicant of the appropriate action needed to proceed
 - 4.17.2.3.1 Data collected in the application and final report will be tracked and reviewed by the CAC and staff.
 - 4.17.2.3.2 Staff will submit updated spending as required by the state
- 4.17.3 SHARE Initiatives will be solicited through CHA's Community Fund Program.
 - 4.17.3.1 Community Fund Program:
 - 4.17.3.1.1 Community members and partners seeking funding through the CHA Community Fund Program tier will be required to submit a Request for Application (RFA) during the requesting period. The RFA shall include: Project Abstract, Project Narrative, Budget Justification/Budget Table, Appendices
 - 4.17.3.1.2 Staff will present all application to the CAC members to review and score RFA projects and recommend funding to CHA board.
 - 4.17.3.1.3 Once CHA board approves recommendations, staff will release a Letter of Intent to Award to Community Fund awardees.
 - 4.17.3.1.4 All Community Fund Program awardees will be required to enter into a memorandum agreement, submit quarterly progress reports, and a final project report at completion of the project.

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4.17.3.1.5 Data from the quarterly progress reports and final project reports will be tracked and reviewed by the CAC and staff. Staff will submit updates on SDOH-HE spending as required by the state.

4.17.3.2 If the SHARE initiative awardee changes the request of funding allocated towards the identified project, project awardee must notify staff to discuss the terms of any potential change through a change order request form provided by CHA.

4.17.3.3 Staff will review the change order request and determine the appropriate action needed to proceed.

4.17.3.4 Staff will notify awardee and formalize agreement of appropriate action to proceed.

4.18 Community sponsorships and SHARE Initiative awards are shared with decision makers; stakeholders, including the Klamath Tribes and organizations serving marginalized populations, and community members through listserv email distributions, print publications, CHA website, committees, CHP entities, and direct communication by the CAC and staff.

Program Two (2): HRS

4.18.1 HRS are specific allocations geared to improve the health care quality as defined in *Health-Related Services PP14002*.

4.18.1.1 HRS spending allocations are administered by the Health Equity Officer.

4.18.1.1.1 HRS are defined in Section three (3) of *Health-Related Services PP14002*.

Program Three (3): Flex Funds

4.18.2 Flex Funds: Flex Funds are used to support member treatment plans to assist in improving overall member health and wellness as defined in *Flexible Funds PP06008*.

4.18.2.1 Flex Funds are cost effective services designed to supplement covered benefits.

4.18.2.1.1 Flex Funds are administered by the Case Management department in accordance CHA's *Flexible Funds PP06008*.

5 RESPONSIBILITIES

Compliance, Monitoring and Review

5.1 The Government Relations and External Affairs staff are responsible for:

5.1.1 Ensuring the Assessment and the CHP are completed in a timely and efficient matter.

5.1.2 Ensuring the CAC SDOH-HE priority areas are identified, approved, and submitted.

5.1.3 Ensuring all populations served by CHA have the opportunity to provide feedback in the CHP and annual SDOH-HE spending priority areas.

5.1.4 Facilitating and distributing communication tactics to notify stakeholders, partners, plan members, and community members of the identified priority areas and sponsorship and RFGP open submission timelines.

5.1.5 Monitoring sponsorship applications and RFGP material updates and revisions.

5.1.6 Managing sponsorship application and RFGP submissions, agreements, reports, and change order requests.

5.2 The CAC and CAC Chair is responsible for:

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- 5.2.1 Identifying and finalizing annual priority areas to best address community member needs.
- 5.2.2 Facilitating and distributing communication tactics to notify stakeholders, partners, plan members, and community members of the identified priority areas and sponsorship and RGFP open submission timelines.
- 5.2.3 Monitoring SDOH-HE determination process, project tracking, and review.
- 5.3 The Executive Approval Committee will review this policy and procedure for compliance with Oregon Health Authority (OHA) contract and guidelines at least once a year, or as applicable.
- 5.4 The Health Equity Officer, assisted by the Community Engagement Department, is responsible for administrating, tracking, and reporting HRS Plan and its supporting policies and procedures detailed in the Section five (5) of CHA *Health-Related Service PP14002*.
- 5.5 The Director of Case Management is responsible for oversight and management of Flex Funds detailed in Section five (5) of CHA's *Flexible Funds PP06008*.
- 5.6 The Chief Financial Officer (CFO) is responsible for the aggregation and submission of financial reporting as in Exhibit L of the OHA contract.
- 5.7 The Executive Approval Committee will review this policy and procedure for compliance with OHA contract and guidelines at least once a year, or as applicable.

Reporting

- 5.8 All sponsorship applications, RFA submissions, and related material are documented and saved electronically at G:\CCCDATA\CCO\CPAC.
- 5.9 Community sponsorships and annual SHARE Initiative recipients and any updates and reports are shared with decision makers, stakeholders, and community members through listserv email distributions, print publications, CHA website, committees, CHP entities, and direct communication by the CAC and CHA Staff.
- 5.10 The CFO will submit Exhibit L to OHA as required by CHA's contract with OHA.

Records Management

- 5.11 Team Members must maintain all records relevant to administering this policy and procedure in the recognized record management system.

6 DEFINITIONS

Terms and Definitions

- 6.1 **Health Equity:** Reaching the highest possible level of health for all people. Health inequities result from health, economic, and social policies that have disadvantaged communities.
- 6.2 **Social Determinants of Health (SDOH):** The social, economic, political, and environmental conditions in which people are born, grow, work, live and age.
- 6.3 **Social Determinants of Equity:** Structural factors, such as racism, sexism, able-ism, and others that determine how different groups of people experience SDOH.

7 RELATED LEGISLATION AND DOCUMENTS

- 7.1 Sponsorship Application Form
- 7.2 Request for Grant Proposals Template

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- 7.3 Proposal Scorecards
- 7.4 Grant Agreement Template
- 7.5 Community Health Assessment
- 7.6 Community Health Improvement Plan
- 7.7 Community Engagement Plan
- 7.8 Health Equity PP14001
- 7.9 Health-Related Services PP14002
- 7.10 Flexible Funds PP06008

8 FEEDBACK

8.1 Team Members may provide feedback about this document by emailing policyfeedback@cascadecomp.com

9 APPROVAL AND REVIEW DETAILS

Approval and Review	Details
Advisory Committee to Approval	Executive Approval Committee
Committee Review Dates	[10/09/2019]
Approval Dates	[10/09/2019]

10 APPENDIX

- 10.1 *Workflow Process PP11005.01*
- 10.2 *SHARE Initiative and Program Sponsorships Application PP11005.02*
- 10.3 *CAC Scoring Tool PP11005.03*

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