

Equity Action Plan

CONTACT INFORMATION

Practice Name

Contact Name

Email

DATA

Current State

Future State

Action Steps

Resource: [MSHIELD Best Practices Guide](#)

INTERPROFESSIONAL EDUCATION

At least one; Feel free to include an attachment with any additional educational opportunities

Educational Opportunity

Target Audience

Planned Date of Completion

Educational Opportunity

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Equity Action Plan

PRACTICE

Check all that apply; at least one

- Provide all patient materials in patient & caregiver's language(s) of care
- Ensure all patient materials and documents are at an accessible reading level (6th grade)
- Become a YesRx cancer drug repository
- Begin screening for social needs
- Participate in the Comfort Cuisine Meal Delivery Program (only available to eligible practices)
- Other, please specify: _____
- Other, please specify: _____
- Other, please specify: _____

Please provide details regarding the plan to accomplish the choice(s) checked above. If you need MOQC to provide resources, please indicate which resources are needed.