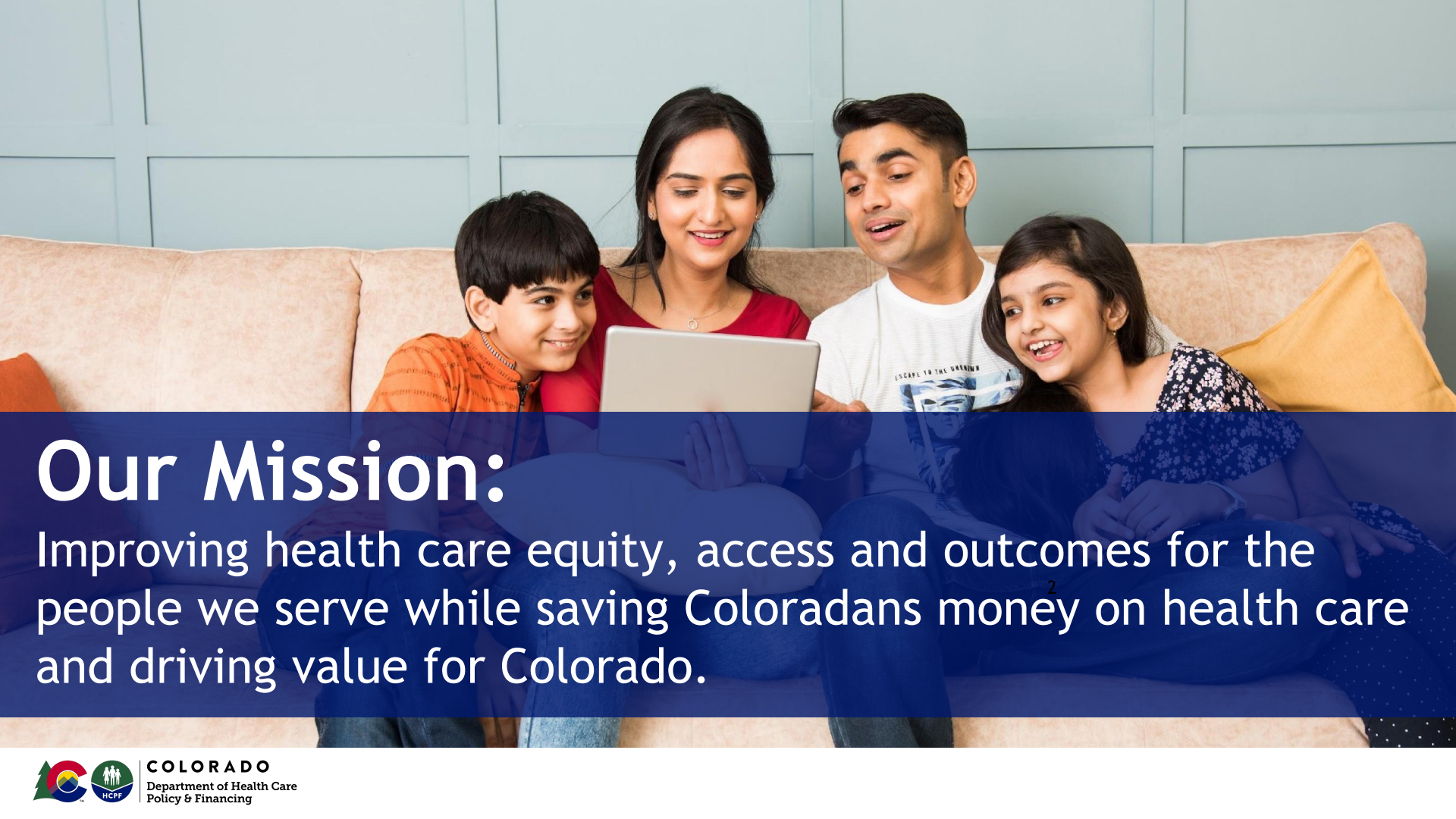


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# **Priority:** Health Equity Plan Update

**Aaron Green, MSM, MSW**

**Health Disparities and Equity, Diversity & Inclusion Officer**  
Executive Director's Office (EDO) & Office of Cost Control and Quality Improvement (CCQI)



# Our Mission:

Improving health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.



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# Land Acknowledgement

“We would like to acknowledge that the land we live, work, learn, and commune on is the original homelands of many tribal nations. We acknowledge the painful history of genocide and forced removal from this territory, and we honor and respect the many diverse Indigenous peoples still connected to this land on which we gather.”

3

# PRIORITY: HEALTH EQUITY PLAN

*Sickness is not just an isolated event, nor an unfortunate brush with nature. It is a form of communication– the language of the organs– through which nature, society, and culture speak simultaneously. The individual body should be seen as the most immediate, the proximate terrain where social truths and social contradictions are played out.*

*Nancy Scheper-Hughes and Margaret M. Lock, The Mindful Body*

# Health Equity



**Health equity** means the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes.

HCPF is dedicated, with CMS, and our partners, to advance health equity by designing, implementing, and operationalizing policies and programs that support health for all the people served by our programs, eliminating avoidable differences in health outcomes experienced by people who are disadvantaged or underserved, and providing the care and support that our enrollees need to thrive.

Centers for Medicare and Medicaid Services (CMS) definition of Health Equity

# HCPF Health Equity Plan Status Update

01	Focus Areas	<ul style="list-style-type: none"> <li>• COVID-19 Vaccination Rates</li> <li>• Maternity and Perinatal Health</li> <li>• Behavioral Health</li> <li>• Prevention</li> </ul>
02	Alignment with Office of Health Equity & CDPHE	<ul style="list-style-type: none"> <li>• Senate Bill 21-181</li> <li>• Health Equity Commission (HEC)</li> <li>• Alignment with CDPHE</li> </ul>
03	Internal lever: Health Inequities Subcommittee	<ul style="list-style-type: none"> <li>• Advisory board that provides health equity expertise and guidance for decision making</li> <li>• Support and inform health equity plan</li> </ul>
04	Quality Dashboards focused on disparity metrics and performance measures	<ul style="list-style-type: none"> <li>• Develop robust dashboards that stratifies data</li> <li>• Provide current or most updated disparity data</li> <li>• Embed health equity lens in metric deliverables with DAS Analytics section</li> </ul>
05	External lever: Stakeholder Engagement (MEAC/RAES/PIAC)	<ul style="list-style-type: none"> <li>• Engage stakeholders in meaningful dialogue, feedback, input and grassroots strategy</li> <li>• Town halls, community listening sessions</li> <li>• SWOT Analysis</li> </ul>
06	Health Equity Plan & Reports added to vendor contracts	<ul style="list-style-type: none"> <li>• Add health equity plan and reports to RAE contracts effective 7/1/22</li> <li>• Vendor plans due 8/31/22; mid-year status update due 11/1; final report 6/30/23</li> </ul>

## Social Determinants of Health



Social Determinants of Health  
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Healthy People 2030

**On track for June 30, 2022  
implementation**



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# Alignment

## Stakeholder Engagement

Meaningful engagement with vendors and members; focusing on ideas to implementation that address equity-focused solutions

## HCPF

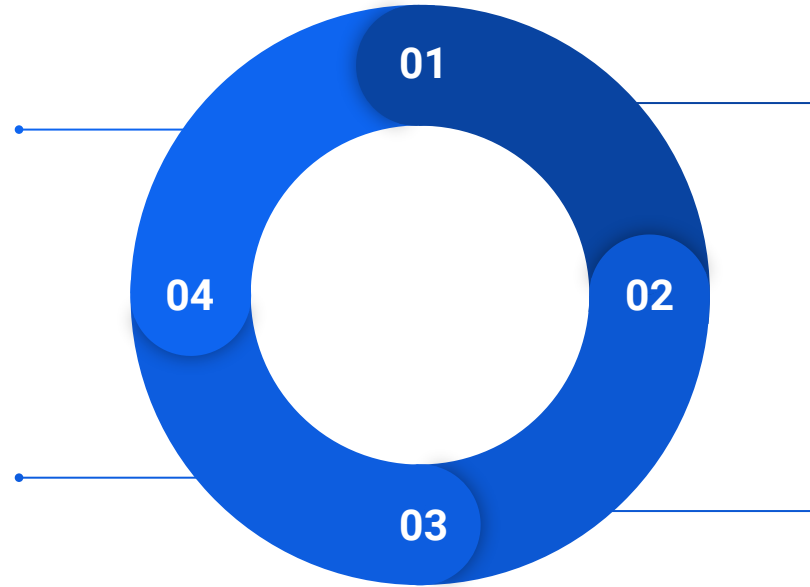
Lead and partner with key internal and external stakeholders to design, develop and implement Dept. Health Equity Plan by June 30, 2022

## Senate Bill 21-181

Actively participating in the Health Equity Commission (HEC); strides to partner and leverage social determinants of health

## CDPHE & Office of Health Equity

Leading SB-21 181 Meta-Structure on statewide health disparities; supporting health equity plans from state departments



# Three-Part Strategy

## DISRUPT

Disrupt **health inequities**

Identify health disparities

Improve health outcomes

Disrupt the status quo of poor health outcomes

## DEFER

Defer to the **community**

Stakeholder engagement

Community members are experts of their own lives

Defer to the models of practice that show progress and best practice

## DEMAND

Demand **better**

Better solutions

Better data

Better innovations

Better healthcare system

# "AORTA"

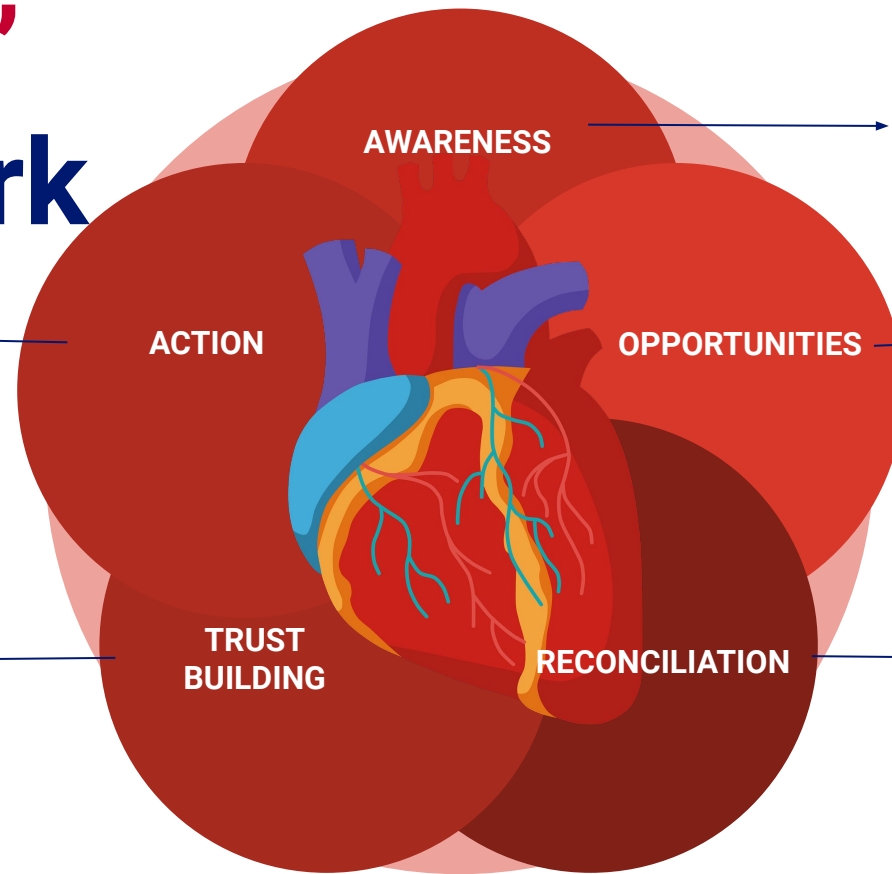
## Health Equity Framework

### ACTION

- Quality Data driven
- Performance measures
  - Forward focused
  - Targeted impact
- Affordability and cost savings

### TRUST BUILDING

- Fostering truth
- Alliance Building
- Humility, vulnerability
- Naming past and present harms/trauma
  - Time



### AWARENESS

- Historical context and current systemic racism and discrimination
- Systemic analysis
- Education and training
- Upstream: Social Determinants of Health

### OPPORTUNITIES

- Knowledge
- Best Practices & Models
- Partnerships
- Innovation
- Policy and practice changes to address disparities

### RECONCILIATION

- Storytelling
- Racial healing
- Assets framing of resistance and triumph
- Member experience driven

The **AORTA health equity framework** is centered on the key components of visualizing, normalizing, organizing and operationalizing racial equity approach (from the Government Alliance on Race & Equity) A Cycle of Practice and Learning



# HEALTH EQUITY LENS

The Five I's of Equity, Diversity, Inclusion & Accessibility (EDIA)

**Innovation**

**Intent**

**Interaction**

**Impact**

**Implementation**

## AORTA Framework Pillars and Principles

### AWARENESS

- Organizational readiness
- Education
- Training
- Upstream SDOH
- Address disparities

### OPPORTUNITY

- Knowledge
- Best practices
- Areas of improvement
- Partnerships
- Growth mindset

### RECONCILIATION

- Storytelling
- Racial healing
- Member experience (tribal, urban, frontier, rural)

### TRUST BUILDING

- Relational
- Fostering truth
- Alliance building
- Sustained
- Safety net
- Shared power

### ACTION

- Quality data driven
- Performance metrics
- Targeted investments
- Affordability and cost saving

## PERSON-CENTEREDNESS

**ACCOUNTABILITY**

**TRANSPARENCY**

**ENGAGEMENT**

**INTEGRITY**

**CONTINUOUS  
IMPROVEMENT**

**THE AORTA HEALTH EQUITY FRAMEWORK IS THE FOUNDATION OF OUR PRACTICE**



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# Health Equity SWOT Analysis

**Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis will be conducted to identify the current state of health equity, and strategically look at innovative ways to improve health outcomes and decrease health disparities for our members in Colorado**

- **Strengths:** What are you currently working on that is delivering strong health outcomes for members? (Health Equity Inventory)
  - What is our competitive advantage in achieving health equity?
  - What resources do we have?
  - What services/products/activities are performing well?
- **Weaknesses:** What are you struggling with, or what is getting in the way of being successful? (Harmful to achieving health equity)
  - Where can we improve?
  - What services, deliverables, activities are underperforming?
  - Where are we lacking resources?





# SWOT Analysis (Cont.)

- **Opportunities:** What are the opportunities and resources available to you that we can leverage to achieve positive health outcomes for our members? (Helpful in achieving health equity)
  - What innovations can we use to improve our health equity operations? What can expand our service delivery operations?
  - What new health equity markets, ideas, innovations can we explore? What are other regions, entities, organizations doing?
  - Can we share lessons learned and apply to our members?
- **Threats:** Potential negative factors that have potential to derail our objective to achieve health equity.
  - What policy, regulation or practice threaten health equity?
  - What health care trends threaten health equity?

# Stakeholder Engagement & Listening Sessions



- Health Equity Plan Presentations:

- Member Experience Advisory Council (MEAC)
  - 4/12; 5/10; 6/14
- ACC Program Improvement Advisory Committee (PIAC)
  - 3/16

- Listening sessions

- Interviews
- Surveys (online format, TBD)
- Virtual Town Halls

## Stakeholder feedback at the following Virtual Town Hall sessions:

- March 31st (6-7pm MDT) - [Registration](#)
- April 14th (6-7PM MDT) - [Registration](#)
- May 3rd (3-4pm MDT) - [Registration](#)
- May 17th (1-2pm MDT) - [Registration](#) (Spanish)
- June 2nd (12-1pm MDT) - [Registration](#)
  - Focus on Disability with OCL

Feedback from sessions will inform the Dept. health equity strategy & implementation; future sessions July - Dec TBD

# Deliverable: Annual Health Equity Plan & Report

**Annual Health Equity Report** is to provide transparency and accountability of our partners, and to strengthen health equity among Colorado's historically underserved and marginalized communities. Centering health equity and improve the intersection of bridging gaps, and building necessary change towards closing the health divide.

**Feedback/Input Timeline:** Share word document template with RAEs for feedback/input/buy-in  
DRAFT Plan template includes:

- Identify **health disparities** and **priority populations**
- Define RAE short term and long terms goals that are aligned with **social determinants of health**
- **Storytelling:** Member narratives and storytelling opportunities that demonstrate impact
- Health Equity **Inventory:** Highlight examples of health equity activities, projects and initiatives for the current fiscal year
- **Data** outcomes and deliverables
- Cost savings, **affordability** and fiscal investments in health equity
  - Plan due by August 31, 2022; Mid-year due by November 14, 2022;  
Final Report 6/30/23



# Equity-Based Outcomes

Specific outcomes to eliminate health disparities in Colorado:

- Increase access to healthcare for all members.
- Improve statewide health equity and social determinants of health metrics.
- Use current and continuing disparity data to decrease healthcare access gaps and eliminate health inequity.
- Increase RAE knowledge of health equity practices and ensure implementation.
- Improve equity workflows in clinical practices.
- Embed equity, diversity, inclusion and accessibility into the fabric of Colorado's medicaid system and operations



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# Performance Measures

**Stratified by race/ethnicity, gender, disability, language, etc. if applicable:**

- Number of community partners and outreach initiatives that occur within these populations.
- Medicaid enrollment (compare across payor groups per RAE)
- Patient satisfaction rates
- Number of Medicaid patients being seen by each clinic within the RAE.
- Number of referrals to specialty care.
- Number of follow up appointments
- Social Metrics - compare within and across groups
  - Number of social resources utilized
  - Transportation
  - Food Security
  - Housing
- Clinical Metrics TBD
- Affordability TBD

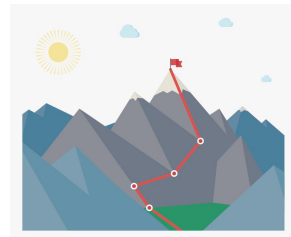


# Performance Measures (cont.)

- Cost Containment
  - Total Cost Reduction
  - Budgetary changes
- Utilization
  - Emergency Department (ED) visits
  - Primary Care Visits
  - Specialty Care Visits
- Specific Measures
  - Additional Health Metrics based on needs of RAE.
  - Additional Social Metrics based on needs of RAE
- How did the RAE use data to determine appropriate next steps to address health disparities?
- Are there any specific gaps in the data that is needed to move forward?



# Roadmap to health equity



## Embedding EDIA

- Strategically **embed** equity, diversity, inclusion and accessibility into the fabric of our daily operations
- AORTA Health Equity Framework
- Run decisions through health equity lens

## Health Equity Strategic Plan

- Coordinated care for client-centered outcomes
- Disparity data
- Adding Health equity reports to vendor contracts
- Upstream
- Community partnerships
- **Success:** health outcomes, affordability and cost savings

## Internal Direction

- Leverage SME's for equity focused solutions
- Health Inequities Subcommittee Advisory group
- Quality dashboards
- SDOH-related tracker
- OHE/CDPHE alignment

## External Drivers

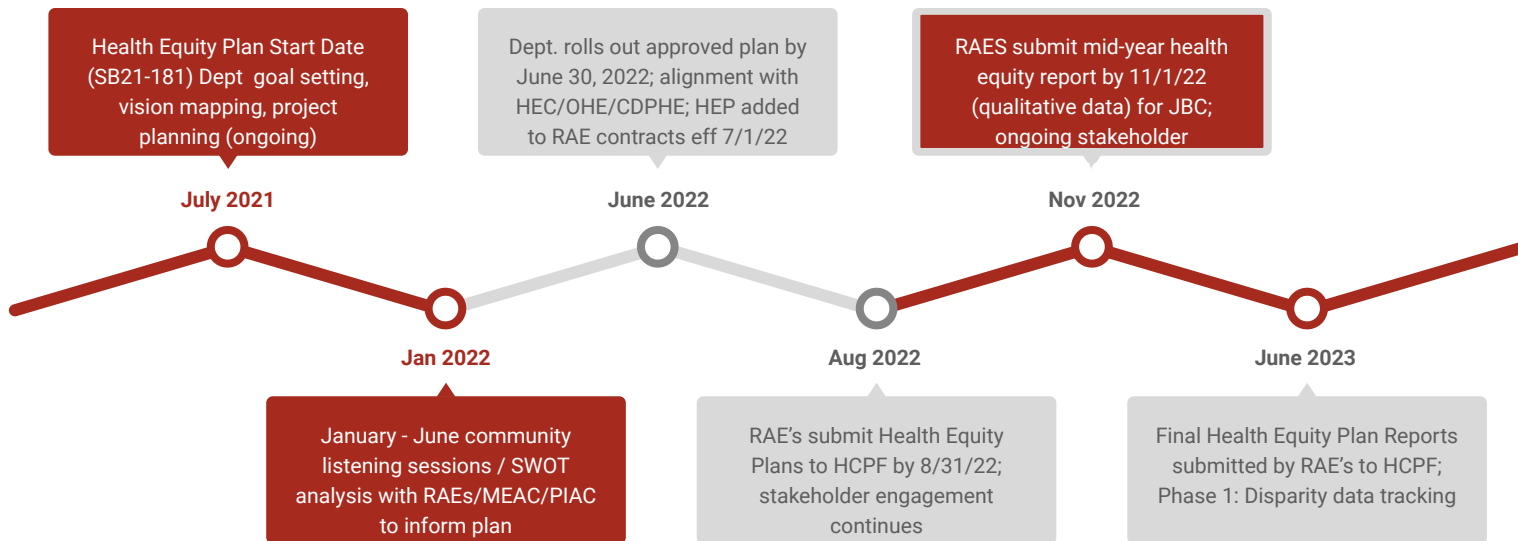
- SWOT Analysis
- Member Experience
- Regional Accountable Entities (RAE's)
- External stakeholder engagement (MEAC/PIAC)
- Asset driven
- Storytelling

## Eliminate Health Disparities in CO

- Going beyond the data
- Quality driven data
- Collaborate with Health Equity Commission (HEC) and Office of Health Equity/CDPHE
- Targeted investments



# Health Equity Plan Timeline



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# Questions?

# Thank you!

# Contact Info

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**Health Disparities and Equity, Diversity & Inclusion Officer**

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