Priority: Health Equity Plan Update

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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.
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.”
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 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

<table>
<thead>
<tr>
<th>Focus Areas</th>
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<tbody>
<tr>
<td>COVID-19 Vaccination Rates</td>
<td>Senate Bill 21-181</td>
<td>Advisory board that provides health equity expertise and guidance for decision making</td>
<td>Develop robust dashboards that stratifies data</td>
<td>Engage stakeholders in meaningful dialogue, feedback, input and grassroot strategy</td>
<td>Add health equity plan and reports to RAE contracts effective 7/1/22</td>
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<td>Maternity and Perinatal Health</td>
<td>Health Equity Commission (HEC)</td>
<td>Support and inform health equity plan</td>
<td>Provide current or most updated disparity data</td>
<td>Town halls, community listening sessions</td>
<td>Vendor plans due 8/31/22; mid-year status update due 11/1; final report 6/30/23</td>
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<td>Behavioral Health</td>
<td>Alignment with CDPHE</td>
<td>Embed health equity lens in metric deliverables with DAS Analytics section</td>
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<td>SWOT Analysis</td>
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<td>Prevention</td>
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**Social Determinants of Health**

- **On track for June 30, 2022 Implementation**
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
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.

- **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**

- **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**

**“AORTA” Health Equity Framework**
The AORTA Health Equity Framework is the foundation of our practice.

### 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

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<tr>
<th>Accountability</th>
<th>Transparency</th>
<th>Engagement</th>
<th>Integrity</th>
<th>Continuous Improvement</th>
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THE AORTA HEALTH EQUITY FRAMEWORK IS THE FOUNDATION OF OUR PRACTICE
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.
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

<table>
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<tr>
<th>Embedding EDIA</th>
<th>Health Equity Strategic Plan</th>
<th>Internal Direction</th>
<th>External Drivers</th>
<th>Eliminate Health Disparities in CO</th>
</tr>
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<tbody>
<tr>
<td>Strategically <strong>embed</strong> equity, diversity, inclusion and accessibility into the fabric of our daily operations</td>
<td>Coordinated care for client-centered outcomes</td>
<td>Leverage SME’s for equity focused solutions</td>
<td>SWOT Analysis</td>
<td>Going beyond the data</td>
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<td>AORTA Health Equity Framework</td>
<td>Disparity data</td>
<td>Health Inequities Subcommittee Advisory group</td>
<td>Member Experience</td>
<td>Quality driven data</td>
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<td>Run decisions through health equity lens</td>
<td>Adding Health equity reports to vendor contracts</td>
<td>Quality dashboards</td>
<td>Regional Accountable Entities (RAE’s)</td>
<td>Collaborate with Health Equity Commission (HEC) and Office of Health Equity/CDPHE</td>
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<td>Upstream</td>
<td>SDOH-related tracker</td>
<td>External stakeholder engagement (MEAC/PIAC)</td>
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<td>Community partnerships</td>
<td>OHE/CDPHE alignment</td>
<td>Asset driven</td>
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<td></td>
<td><strong>Success</strong>: health outcomes, affordability and cost savings</td>
<td><strong>Storytelling</strong></td>
<td><strong>Targeted investments</strong></td>
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Health Equity Plan Timeline

**Health Equity Plan Start Date**
(SB21-181) Dept goal setting, vision mapping, project planning (ongoing)

**July 2021**

**Jan 2022**

January - June community listening sessions / SWOT analysis with RAEs/MEAC/PIAC to inform plan

**June 2022**

Dept. rolls out approved plan by June 30, 2022; alignment with HEC/OHE/CDPHE; HEP added to RAE contracts eff 7/1/22

**Nov 2022**

RAES submit mid-year health equity report by 11/1/22 (qualitative data) for JBC; ongoing stakeholder engagement

**June 2023**

Final Health Equity Plan Reports submitted by RAE’s to HCPF; Phase 1: Disparity data tracking

**Aug 2022**

RAE’s submit Health Equity Plans to HCPF by 8/31/22; stakeholder engagement continues
Questions?
Thank you!
Contact Info

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References


The Institute of Medicine. (2002). Disparities in Health Care: Methods for Studying the Effects of Race, Ethnicity, and SES on Access, Use, and Quality of Health Care