



Statewide Health Equity Task Force

Joint efforts to address disparities for
Health First Colorado and Child Health
Plan *Plus* (CHP+) members

January 23, 2025

Webinar Logistics

- We are recording - Avoid sharing protected health information
- Accessibility: Spanish language interpretation and ASL interpretation are available through the toolbar at the bottom of your screen



- Attendees will be muted during the presentation
- Use Q and A function to ask questions
- Materials will be distributed after the meeting

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.

What We Do

The Department of Health Care Policy and Financing administers Health First Colorado (Colorado's Medicaid program), Child Health Plan *Plus* (CHP+) and other health care programs for Coloradans who qualify.

Ground Rules

- Reminder this meeting will be recorded
- Please do not share any PHI information verbally or through chat.
- Information included in chat may be part of the record that is open to anyone who request meeting information.
- As a reminder, you do not have to identify yourself when asking a question. You have the right to remain anonymous.

Meeting Ground Rules

- Guiding Principles in Charter
- Listen-Be open to what is said. Be non-judgmental. Value the learning. Listen to get smarter.
- Contribute to taskforce goals
- Be intentional with discussions

Agenda At A Glance

- Welcome & Land/Labor Acknowledgement
5 minutes
- Task Force background 10 minutes
- Recommendations to the Department
Update 30 minutes
- Public Comment/Open Discussion 10
minutes
- Next Steps & Closing 5 minutes

Land Acknowledgement

We would like to acknowledge that what is now Colorado includes the lands of the Ute, Arapaho, Cheyenne, Diné (di-NAY), Lakota, Apache, Puebloan nations, and many Tribes, and that the sovereign tribal governments of the Ute Mountain Ute and the Southern Ute Indian Tribes still reside in this state. These tribes are the original stewards of these natural areas. We want to take a moment to honor and respect these original stewards of the environment and their relationship with the land.

Source: <https://native-land.ca/>

Statewide Health Equity Task Force Background

Statewide Health Equity Task Force

- As a lever of the Health Equity Plan, the Task Force was formed.
- July-September 2022 Planning sessions created Charter to be a guide for the task force.
- Kick off meeting held January 2023

Statewide Health Equity Task Force

- Bi-monthly meetings held through February 2024
- 5 workgroups (Access to care, Behavioral Health, Maternity, Prevention and Vaccinations)
- Each workgroup came up with 2-3 recommendations

Recommendations

Recommendations

Workgroup	Recommendations	HCPF Support (Yes/No)
Access to Care	Provide stronger incentives for providers (and their staff) to complete culturally responsive care training, and provide differential compensation for the provision of culturally responsive services (e.g. providing care in a language other than English).	Yes to culturally responsive care training and work already in progress by the Health Policy Office (HPO) supporting Community Health Workers and Doula inclusion- but differential compensation out of scope
Access to Care	Ensure quality and accessibility of culturally responsive training, partly by incorporating contributions from different perspectives with lived experience.	Yes - Behavioral Health Administration (BHA) Crisis Professional Scope of Work
Access to Care	Increase reimbursement rates for all Medicaid services.	Yes - in progress, support if feasible
Access to Care	Ensure coverage of support in rural and frontier communities.	Yes - in progress, as outlined in (Accountable Care Collaborative) ACC Phase 3 payment model/ methodology to include rural providers and small practices (new KPI model)

Recommendations

Workgroup	Recommendations	HCPF Support (Yes/No)
Access to Care	Improve Medicaid sign-up process.	Yes - in progress, 1115 Waiver support of InReach to incarcerated individuals.
Access to Care	Member App: Create a comprehensive, single-login app where members have access to a myriad of health resources, including health appointments, referrals to resources prioritized to meet their health-related social needs, renew their Health First application/benefits, and connection to coordination services.	Yes - in support of current work being done (Health First Colorado Mobile App)
Access to Care	Member App - App is available in member's language - members have live access to interpretation in their own language, similar to "AIRA" or "Be My Eyes."	HCPF supports access through Health First Colorado Mobile App , which includes Nurse Advice Line (NAL) - allows member access to health care assessment and advice 24 hours/day. Further exploration needed.
Access to Care	Assistive/Accessible Pharmaceuticals - Create accessible formats for prescriptions, i.e., specialized mail order and electronic technology to access medications, including directions and all information needed on medication.	No - out of scope responsibility falls within Colorado Department of Regulatory Agencies/ State Board of Pharmacy.

Recommendations

Workgroup	Recommendations	HCPF Support (Yes/No)
Behavioral Health (BH)	Strengthen patient care by expanding the talent pipeline to include health care professionals and interpreters with lived experience and diverse language expertise.	In support - currently operational (Crisis Professional scope of work)
Behavioral Health	Expand pathways to culturally appropriate formats for therapeutic services/supports (i.e. beyond 1-1 therapy).	Further exploration needed
Behavioral Health	Improved compensation - Provide differential compensation for providers and staff that have lived experience and provide care in a language other than English. Similarly, provide differential compensation for interpreters with varying skill levels (see more in “vaccinations” category).	No - Out of scope
Behavioral Health	Improve Health Literacy Education to Providers - Create a broad, coordinated campaign with providers, hospitals, local public health and the state that uses consistent messaging about stigma and what is available to Coloradans in the BH sphere	Yes - support/ leverage via BHA OwnPath

Recommendations

Workgroup	Recommendations	HCPF Support (Yes/No)
Behavioral Health	Provide a lighter level of care coordination to more people, so individuals can get help navigating the system before they have acute needs.	Yes - Regional Access Accountable Entity (RAE) Care Coordination Tiers in process (see Tier 1 for lighter level of care coordination)
Behavioral Health	Provide comprehensive training/information on behavioral health so patients know what to expect and navigate the system effectively. To support continuous improvement efforts, implement robust platforms for patients to provide feedback and complaints on all aspects of their experience, including clinical interactions band (bad?) interpreter services - with the goals of making those interactions empowering and inclusive (less traumatizing/isolating).	Yes - work currently in process. Further exploration needed re: integrated service provider training
Maternity	HCPF collect (or fund) qualitative research on doula experience and develop promising practices on integrated care teams that include doulas.	Yes - current work being done to include internal evaluation of doulas (qualitative element)
Maternity	HCPF to prioritize research on rural maternal health.	HCPF currently considering

Recommendations

Workgroup	Recommendations	HCPF Support (Yes/No)
Maternity	Recommend the Colorado Department of Public Health and Environment (CDPHE) to develop separate Maternity Mortality Review Committees, to focus on improving outcomes for African American and American Indian/Alaska Native patients.	Agree with importance, but not in support of creating separate committee - share recommendation with CDPHE/ Office of Health Equity
Maternity	Investigate and recommend (fully informed) alternative birthing practices that can be completed in the hospital that lead to better outcomes.	Yes - 2024/24 Wildly Important Goal-Birthing choice
Maternity	Create Perinatal Workforce Model - Build on the BHA workforce model to develop a perinatal workforce model that includes doulas and midwives.	Current work being done. Re: https://hcpf.colorado.gov/doulas
Maternity	Create a Public Resource Hub - Create a hub where patients may easily access the list of hospitals with the Centers for Medicare & Medicaid Services (CMS) “Birthing-Friendly” designation, and potentially other resources like certified services (e.g. culturally validating trainings, interpretation), vocabulary glossary to close gaps in understanding medical jargon, and relevant birthing standards. Hospitals that do not have CMS “Birthing-Friendly” designation may continuously improve by collaborating with state partners to obtain that status.	Yes - Conceptually similar to HTP requirements; work currently being done.

Recommendations

Workgroup	Recommendations	HCPF Support (Yes/No)
Prevention	Improve the onboarding process so members understand benefits.	Yes - role of RAE / Enrollment broker (HCPF supports easy enrollment procedures) - In the process of modifying Medicaid application
Prevention	Review the Interpreter and Translator Code of Ethics for continuous improvement opportunities, such as creating flexibility for transcreation: conveying the original message intent, style, and tone, in addition to providing cultural context to resonate with the audience.	No - Out of scope
Prevention	Culturally responsive training - Establish standards for culturally responsive training that incorporates at minimum: follow-up assessments on trainee practices, process changes, and perceptions of effectiveness. This ensures providers and community organizations receive appropriate training to help patients navigate the system safely and comfortably.	Yes - HCPF supports various training methodologies
Vaccinations	Cultural validation training - Provide high quality, meaningful trainings that are accessible - e.g. offered in multiple options (online, in-person), listed in a centralized place (like a state public resource hub Include language justice and Americans with Disabilities Act accessibility, LGBTQIA+ priorities	Yes - HCPF supports various training methodologies but does not mandate specific trainings

Recommendations

Workgroup	Recommendations	HCPF Support (Yes/No)
Vaccinations	Provide differential compensation for interpreters with varying levels of skills: technical expertise (e.g. medical, court, etc.), language expertise (e.g. Spanish, Russian, Chinese), and cultural expertise (who can serve as a cultural mediator). Certifications may help identify interpreters with different levels of expertise that would justify pay differentials.	Explore future feasibility
Vaccinations	Establish standards for culturally responsive training that incorporates: follow-up assessments on trainee practices, process changes, and perceptions of effectiveness (similar to “Prevention” working group recommendations).	Current work being done
Vaccinations	Sustainable funding for community health workers - Ensure that community health workers, i.e. Ambassadors, Promotoras, Cultural Brokers, may bill Medicaid for their work.	This work is currently being supported by SB 23-002, which requires HCPF to seek federal authority from CMS to reimburse Community Health Worker services
Vaccinations	Ensure that Promotoras, Cultural Brokers/Navigators complete training on how to educate Spanish (and other language) speaking communities - on the importance of vaccinations.	No - Out of scope

Recommendations

Workgroup	Recommendations	HCPF Support (Yes/No)
Vaccinations	<p>Recommend 4 part training/presentations (first in Spanish):</p> <ul style="list-style-type: none"> • Past, present and future of vaccinations. • The nuts and bolts of vaccines. • How to debunk misinformation and bolster vaccine confidence. • Barriers to vaccination and navigating people to vaccine services. 	No - Out of scope
Vaccinations	Increase access - Explore non-traditional providers (e.g. pharmacists, dentists) to provide vaccinations, especially in rural communities	HPO is currently exploring / investigating
Additional	Improve licensing processes/policies for providers trained in countries outside the U.S. to practice within their professions in the U.S.	No - Out of scope - do not pursue

Public Comment Open Discussion

Next Steps

Próximos pasos

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<https://hcpf.colorado.gov/health-equity>

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