



Statewide Health Equity Task Force

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

May 31, 2023



Meeting logistics

Accessibility

American Sign Language: Interpreter

Spanish Interpretation: Can be accessed through the Zoom toolbar by clicking the Globe

Reminders

- Speak slower to allow interpreter to correctly interpret your messages
- Interpreters cannot interpret information from chat

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

May 31, 2023 10am-12pm

Welcome & Land Acknowledgement	5 minutes
Building Capacity to Address Health and Healthcare Disparities	20 minutes
Workgroups-Breakout rooms	45 minutes
Report out-Workgroups	25 minutes
Public Comment/Open Discussion	10 minutes
Community Pulse/Round Robin	10 minutes
Next Steps & Closing	5 minutes



COLORADO

Department of Health Care
Policy & Financing

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/>

Building Capacity of Healthcare Organizations to Address Health and Healthcare Disparities

Presented by:

Phuong Dinh and Kelly Shanahan, CO Access (Regions 3,5)

Alexandra LaCalamito, Northeast Health Partners (Region 2)

Saphia Elfituri and Clara Cabanis, CCHA (Regions 6,7)

ReNae Anderson, Rocky Mountain Health Plan (Region 1)

Lori Roberts, Health Colorado (Region 4)

Priority 1:

Expand the Collection, Reporting, and Analysis of Standardized Data



Priority 2:

Assess Causes of Disparities Within CMS Programs, and Address Inequities in Policies and Operations to Close Gaps



Priority 5:

Increase All Forms of Accessibility to Health Care Services and Coverage



CMS Framework for Health Equity Priorities

Priority 3:

Build Capacity of Health Care Organizations and the Workforce to Reduce Health and Health Care Disparities



Priority 4:

Advance Language Access, Health Literacy, and the Provision of Culturally Tailored Services



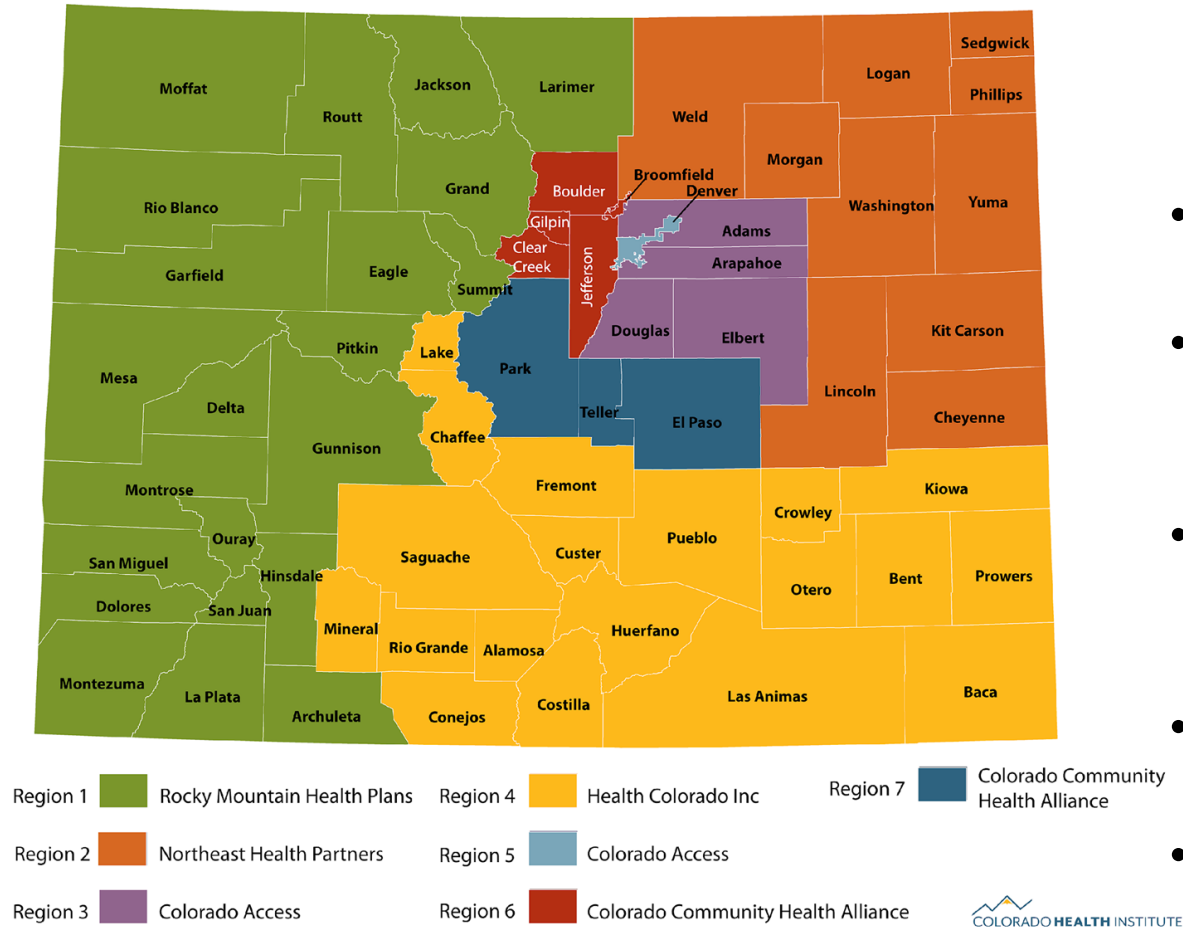


Priority 3: Build Capacity of Health Care Organizations and the Workforce to Reduce Health and Health Care Disparities

CMS has a commitment to support health care providers, plans, and other organizations who ensure individuals and families receive the highest quality care and services. Health care professionals, particularly those serving minority and underserved communities, have a direct link to individuals and families and can address disparities at the point of care. CMS policy, program, and resource allocation decisions must build capacity among providers, plans, and other organizations to enable stakeholders to meet the needs of the communities they serve.

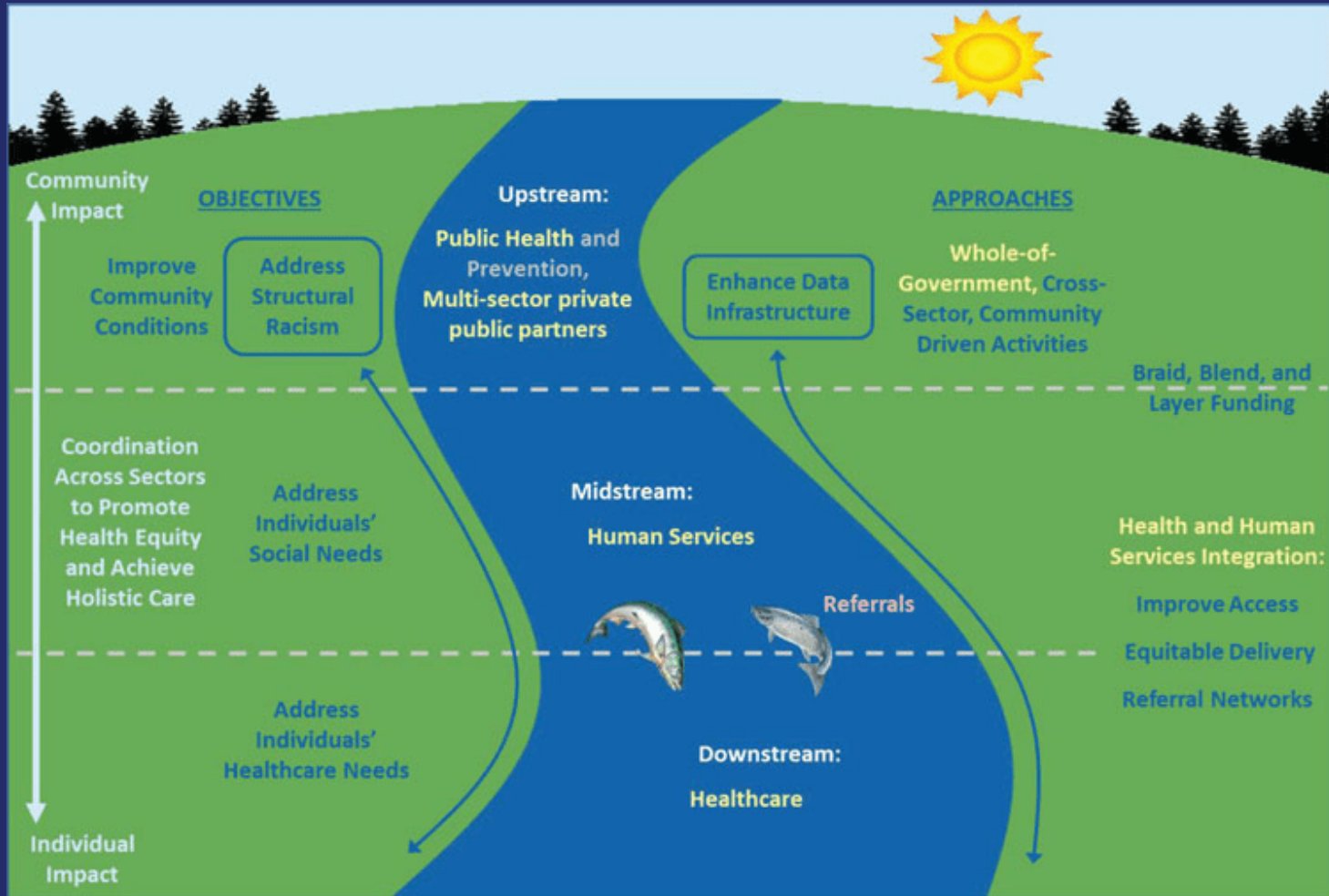
7 CO RAEs Support 1.69 million Coloradans

Regional Accountable Entity (RAE) Regions in ACC Phase Two



- Partner with doctors, hospitals, and healthcare organizations to provide healthcare support and services
- Improve health outcomes
- Provide individualized care management and wrap around support
- Utilize available data to drive population health programming
- Partner with community organizations
- Advocate for policies that promote health equity

Broad Efforts to Address Health & Healthcare Disparities



Health disparities:
Preventable differences in the burden of disease, injury, violence or opportunities to achieve optimal health, health quality, or health outcomes that are experienced by populations that are underserved (CMS, CDC)

Healthcare disparities:
Differences between groups in the health coverage, access to care, and quality of care (Kaiser Family Foundation)

Adapted from [Castrucci and Auerbach \(Health Affairs\)](#)

Downstream

- **Leadership and Vision - Quintuple Aim**
 - Diversity of leadership to reflect the diversity of member populations being served
- **Strategic Planning - ensure everyone receives the same high-quality care, regardless of their background**
 - Collect and analyze data (e.g. demographics, claims, experience) to create data-informed approaches in population health programming and care coordination to address disparities
 - Collaborate with the Department and other state agencies to address health and healthcare disparities - align organizational health equity plans with statewide/national priorities
- **Resources/talent**
 - DE&I/Culturally responsive training
 - Apply DE&I principles across operations/teams, DE&I Champions
 - Enhanced communication and collaboration
 - Cultivate innovation and creativity, morale and motivation
 - Continuously improve productivity and efficiency
 - Provide a living wage and support growth/professional development opportunities

Downstream

- **Partnerships** - providers, hospitals, healthcare systems
 - Culturally responsive care training, enhanced reimbursements for culturally responsive care
 - Interpretation and translation support
 - Value Based Programs and enhanced reimbursements for quality care
 - Recruitment of diverse providers, and building of behavioral health talent pipeline
- **Evaluation** - track quality and experience of care
 - Quality metrics, dashboards
 - Member experience and member voice - MAC, MEAC, compensation for time/contributions
 - Provider Voice - PIAC, Provider forums/advisory bodies

Midstream

- **Leadership and Vision**
 - Lead/participate in Health Equity Task Forces/Action Teams - community collaboration
- **Resources/talent**
 - Assess for and address SDOH
 - Community/cultural navigators
 - Empowering members - provide with culturally responsive education and resources to support their navigation through health and healthcare system
- **Partnerships - community organizations and social resources**
 - Community investments/partnerships that prioritize SDOH - e.g. poverty, housing, education, food
 - Partnerships with cultural brokers to support needs of diverse communities - e.g., LGBTQIA+, communities of color, members with differing abilities, immigrant and refugee communities.
 - Volunteer to support community efforts
- **Evaluation**
 - Community feedback

Upstream

- **Leadership and Vision**
 - Provide thought-partnership on boards, committees working towards large-scale changes
- **Resources/talent**
 - Support talent and resources to advocate for policies that advance equitable care
- **Partnerships**
 - Advocate for policies that advance a more equitable health care environment for all Coloradans - e.g. promote health care access for Medicaid and CHP+ members, reduce disparities (improving black maternal and infant health)
 - Advocate for systemic, statewide collaborative efforts to advance health equity, e.g. social health information exchange, enhanced data collection and interoperability
- **Evaluation**
 - Tracking of advances in policies related to health equity

Select Strategies from CO RAEs

Building Capacity to Address Health and Healthcare Disparities



Diversity, Equity & Inclusion
7-Pillars Functionally
Integrated Consulting Model



Implementing health equity
lens within our current
operations



Sharing best practices on health
equity education and expanding
our health equity workforce



Creating, improving and
collaborating to deliver supportive
services, resources and
accessibility for all of our members



Improving accessibility and
assisting providers with
culturally responsive training

Continuous Improvement Opportunities

- Accurate data around demographics - race/ethnicity, LGBTQIA+ self identification, immigrant/refugee status, education...
- Greater timeliness and interoperability of data sharing - e.g. claims, SDOH
- Understand root causes of health and healthcare disparities experienced by communities
- Continue to build member trust and understanding of our healthcare system
- Continue to build diverse talent pipeline
- Accept volunteers and have them be involved at a higher level
- Encourage hiring from the community
- Get resources to young people so they are aware of opportunities for professional advancement
- Sharing of best practices, continuous improvement strategies
- Further diversify representatives on leadership, boards, committees to represent communities that we serve

Action Items-Workgroups

- Please discuss your top tactics/ideas to sustainably build capacity to address health and healthcare disparities for your workgroup's topic area
- Select 1 or more strategic layer in your discussion: downstream, midstream and/or upstream
- Start formalizing recommendations

Breakout-Workgroups

Covid-19

Maternity

Behavioral Health

Prevention

Access to Care

Workgroup Report out

5 min per group

Public Comment Open Discussion

Community Pulse



Race and Ethnicity Listening Session

The Office of Management and Budget (OMB) collected public comment on [proposed updates to the Race and Ethnicity Statistical Standards \(SPD 15\)](#) earlier this year.

These standards set out the format and minimum required information collected when federal forms and surveys ask about **race and ethnicity**, and also encourage collecting additional detail beyond the minimum requirements.

Information for the OMB Listening Session

- Scheduled for August 24 at 1pm ET/11am MST - it is limited to 30 minutes
- The link for the meeting is:

<https://pitc.webex.com/pitc/j.php?MTID=m3f218ab61a49cbefb50f8847600dd788>

Next Steps

Contact Info

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

