Statewide Health Equity Task Force

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

July 19, 2023

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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

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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

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Agenda At-A Glance

July 19,2023 2pm-4pm

Welcome & Land Acknowledgement 5 minutes
Health Disparities Dashboard 15 minutes
Increase All Forms of Accessibility to Healthcare Services 20 minutes
Workgroups-Breakout rooms 30 minutes
Report out-Workgroups 25 minutes
Public Comment/Open Discussion 10 minutes
Community Pulse/Round Robin 10 minutes
Next Steps & Closing 5 minutes

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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/

Disparities Dashboard

Presented by:
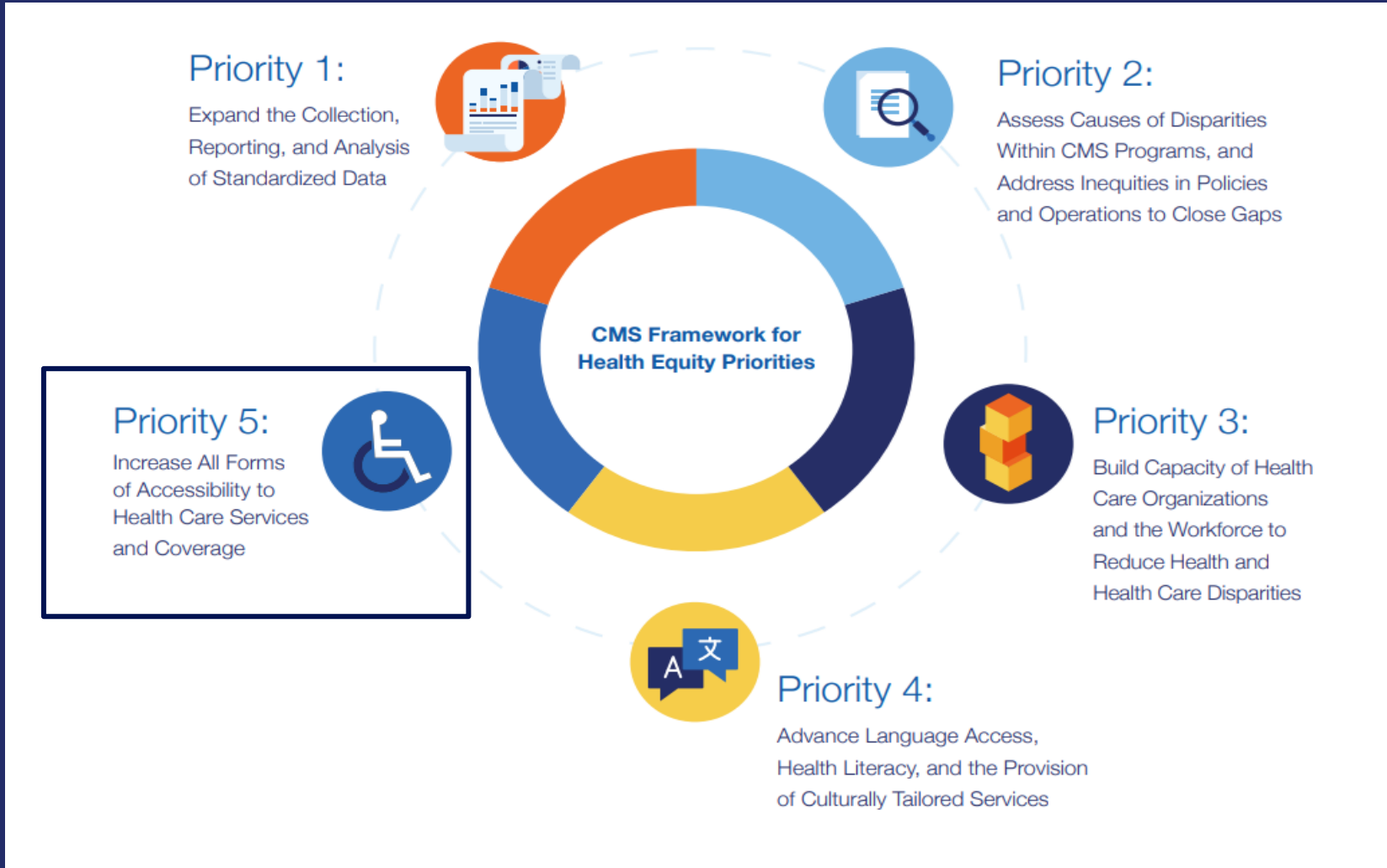## Allison Betley
HCPF

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Increasing All Forms of Accessibility to Healthcare Services and Coverage

Presented by:

Jose Torres-Vega
CCDC

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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

CMS Framework for Health Equity Priorities

Priority 5:
Increase All Forms of Accessibility to Health Care Services and Coverage

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 5: Increase All Forms of Accessibility to Health Care Services and Coverage

CMS has a responsibility to ensure that individuals and families can access health care services when and where they need them, in a way that is responsive to their needs and preferences. CMS must seek direct feedback from individuals with disabilities, including physical, sensory and communication, intellectual disabilities, and other forms of disability, to understand their experiences navigating CMS-supported benefits, services, and coverage and tailor our programs and policies to ensure equitable access and quality.

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Healthcare Accessibility Defined

Accessibility in the healthcare space refers to the ability of individuals with differing abilities to have coverage, access and use healthcare services and facilities- including physical spaces, information and communication technologies, and social and cultural activities.

The different components of healthcare accessibility may be:

- **Physical accessibility** - ability to access physical spaces (i.e. clinics, hospitals, etc.)
- **Financial accessibility** - ability to afford healthcare services (i.e. home care, durable medical equipment)
- **Information and communication accessibility** - ability to access information (i.e. health, costs, insurance) and communicate with others.
- **Cognitive and sensory accessibility** - ability to understand and use health information and technology, as well as ability to see, hear and interact with the system.
- **Government accessibility** - ability to access and advocate for health related public policy

Physical Accessibility

Current state

- Accessible public transportation
- Accessible sidewalks
- General accessible healthcare facilities (ramps, restrooms, elevators)

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Continuous Improvement Opportunities

- Specialty facilities - i.e. Dental
- Rural transportation
- Rural city accessibility
- Rural clinics semi-accessible
- Accessibility training

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Vision/Outcome

Good accessibility regardless of geography

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Financial Accessibility

Current state

- Medicaid & Medicaid Buy-In covers medical & home and community based services (i.e. attendants), durable medical equipment
- Exchange (Obamacare) for low-income families and individuals and OmniSalud - for undocumented immigrants

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Continuous Improvement

- Medicare and private insurers do not cover home and community based services, only purely medical. On DMEs - only covers if at facilities or home-bound. Expand coverage.
- Medicaid Buy-in ends at 450% above poverty level. Lift the limit.

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Vision/Outcome

- Universal Healthcare
- Not having a poverty level limit for individuals living with temporary or permanent disabilities

Information & Communication

Current state

- Websites, documents - large print
- Software - text-to-speech, closed captioning, audibles, virtual meeting platforms
- Language: Interpreters/ASL, Communication Access Realtime Translation and other assistive technologies

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Continuous Improvement

- Follows standard Individualized Education Program (IEP) rules
- Using plain language in healthcare materials - less jargon

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Vision/Outcome

- Clarity and simplicity in healthcare information and communication
- In language and modality of person's preference

Cognitive & Sensory Accessibility

Current state

- State agencies are in the process of implementing use of plain-language in public benefits rules, policies & public meetings
- Current guidelines support increasing cognitive accessibility in healthcare

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Continuous Improvement

- Practice what the guidelines preach
- Clear/concise language, formatting, & instructions
- Large print, symbols, color-coding
- Reduce jargon/technical terms
- Alternative ways to access info
- Better teaching tools
- Personalized support - 1:1
- Assistive technology

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Vision/Outcome

Everyone will be able to understand how to access benefits like, special education, mental health, employment support, etc

Government Accessibility

Current state

- The state Capitol was made accessible over 15 years ago, so that people with disabilities can participate in the democratic system.
- State agencies are required accommodate people living with disabilities in every public meeting.

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Continuous Improvement

- Finalizing the implementation of plain language use
- Authentically gaining the voice of community members living with disabilities

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Vision/Outcome

All policies/rules are focused on serving everyone, including people living with disabilities

Action Items-Workgroups

❖ Please discuss your top tactics/ideas to sustainably increase all forms of accessibility to health care services and coverage. Select 1 or more accessibility category in your discussion:
  - Physical accessibility
  - Financial accessibility
  - Information and communication accessibility
  - Cognitive and sensory accessibility
  - Government accessibility

❖ Start formalizing recommendations

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Breakout-Workgroups

Covid-19

Maternity

Behavioral Health

Prevention

Access to Care

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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

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Next Steps

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