HEALTH EQUITY LEARNING SERIES

Creating Health Equity

ACHIEVING ACCESS TO HEALTH FOR ALL COLORADANS
National Stakeholder Strategy for Achieving Health Equity

HIGHLIGHTS of the report on Health Equity and Leadership

The Importance of Leadership in Achieving Organizational Cultural Competency

Health-care organizations with patients from diverse populations need staff who understand and interact effectively with people from other cultures. Studies show that biases and prejudices can result in differences in care and in health disparities among patients. Yet, these organizations often find it challenging to provide culturally and linguistically appropriate care. Experience from a seven-year Colorado Trust initiative shows that organizational leaders can make or break an organization's ability to provide high-quality, culturally sensitive care to all its patients.

When leaders are committed to and involved in developing cultural competency across their organization, the quality of care can rise for all and the organization can reap added benefits such as improved operations. Leadership, however, has been written about specific strategies that allow leaders to bring about comprehensive cultural competency change throughout an organization—change that often requires modifications to services as well as established policies and practices, and staff attitudes and behaviors.

The Colorado Trust paper, Health Equity and Leadership: The Importance of Leadership in Achieving Organizational Cultural Competency, summarizes lessons learned from the Equity in Health initiative (EIH). The initiative involved 35 Colorado organizations in efforts to reduce health disparities by improving cultural competency. The paper examines the important role leaders play in promoting, guiding, and supporting cultural competency development throughout a health care service organization. Commitment from the top helps gain staff buy-in and the resources needed for the successful implementation of changes. When leadership, in particular the executive director (ED) or chief executive officer (CEO), makes it clear that cultural competency is a guiding organizational value, supports the changes taking place, and plays an active role in making those changes happen, others are likely to follow his or her lead.

Although more research is needed to better understand the return on investment of ED or CEO time and participation, the EIH initiative demonstrates that leadership engagement and cultural competency work promotes progress and sustainability. Leaders of health care organizations can use this information in the full paper to guide future efforts and assure all Coloradans receive quality, equitable health care.

Comprehensive organizational cultural competency development is a concerted, systematic effort by an organization to understand, appreciate, and interact with people from other cultures and/or belief systems.
Viewing Parties

- Alamosa
- Colorado Springs
- Durango
- Eagle
- Fort Collins
- Frisco
- Grand Junction
- Gunnison

- Lamar
- Leadville
- Montrose
- Monte Vista
- Pueblo
- Rifle
- Steamboat
- Telluride
- Yuma
Today’s Presenters

- Elizabeth Myung Sook Krause, ScM
  Vice President of Policy and Communications
  Connecticut Health Foundation

- Nichole June Maher, MPH
  President and CEO
  Northwest Health Foundation

- Yanique Redwood, PhD
  President and CEO
  Consumer Health Foundation
Expanding Health Equity by Helping More People Access Better Care

Elizabeth Krause, ScM

Health Equity Learning Series
The Colorado Trust
September 12, 2013
Colorado Turning Point's diverse staff: Elizabeth Krawczyk, Judy McCrea-Carrington, Donald Lim.
Connecticut

- 3.5 million residents
- 70 miles x 110 miles
- 169 Towns
- “Land of steady habits”
- “Two Connecticuts”
Why Health Equity Now?

It's the Right Thing for Us to Be Focusing On.

Health equity is the work we do well. Our 12-year legacy of reducing racial and ethnic health disparities helps us lead by example as we work to bridge the gaps in our health care system.

Evolving to Meet the Need >

Our Mission

Everyone deserves the opportunity for optimal health—regardless of
Health Disparities >>> Health Equity

1999 CT Health founded

2000 RE HD priority adopted

2002-2005 Multicultural health grants
- workforce diversity
- cultural competence
- health promotion

2003-2009 Community-Driven Health Promotion grants

2004-2005 REHD Policy Panel

2005-2007 Hospital Grand Rounds

2006-2008 FQHC Diabetes Disparities Grants

2007-2008 Health Literacy in Adult Education Grants

2009-2011 Partnering with Practicing MDs

2007-2017 strategic plan
- public will building
- patient-provider encounter

2010-2011 Leadership Council

2011 - present
Equity through medical home

2009 - present
www.healthjusticect.org

2005-present Health Leadership Fellows Program

2013 Shift to Health Equity as Central Focus
A NEW FOCUS ON EXPANDING HEALTH EQUITY

HOW WE DEFINE IT

When some think of Health Equity, they see an end—in other words, that we should all enjoy the same level of health. When we think of health equity, we see the beginning—that first we must all have a fair shot to take ownership of our health. So while we continue to believe in the importance of eliminating disparities, our immediate focus will be to expand health equity by helping more people gain access to better care—especially those who disproportionately lack it now, people of color.

HOW WE ACHIEVE IT

We will leverage our resources and relationships so more people can:

1. Get Enrolled
   - It starts by helping people get enrolled and stay enrolled in an affordable health insurance plan.

2. Navigate The System
   - Once enrolled, show them how to navigate the health care system to get the kind of care they need, when they need it. This includes bringing care to where they are—including community health centers, hospital clinics and school-based health centers.

3. Access Better Care
   - Finally, make sure that their providers are offering the kind of care we all want to receive—care that is affordable, comprehensive (including mental, oral and physical health), and accountable to the goal of improving our health.
Achieving Better Quality of Care for Low-Income Populations: The Roles of Health Insurance and the Medical Home in Reducing Health Inequities

JULIA BERENSON, MICHELLE M. DOTY, MELINDA K. ABRAMS, AND ANTHONY SHIH

ABSTRACT: In the United States, uninsured and low-income adults experience substantial health and health care inequities when compared with insured and higher-income individuals. A new analysis of the Commonwealth Fund 2010 Biennial Health Insurance Survey demonstrates that when low-income adults have both health insurance and a medical home, they are less likely to report cost-related access problems, more likely to be up-to-date with preventive screenings, and report greater satisfaction with the quality of their care. Moreover, the gaps in health care between them and higher-income populations are significantly reduced. The Affordable Care Act includes numerous provisions that will significantly expand health insurance coverage, especially to low-income patients, as well as provisions to promote medical homes. Along with supporting the full implementation of coverage expansions, it will be important for public and private stakeholders to create opportunities that enhance access to medical homes for vulnerable populations.

OVERVIEW

In the United States, low-income individuals and families experience substantial disparities in health care and health outcomes when compared with their more well-off counterparts. The recession, poor employment levels, and income trends of the past decade have undermined the ability of low-income individuals and families to maintain health insurance coverage, gain access to high-quality health care, and achieve health and well-being. It is imperative to find strategies and models of care that will eliminate health care inequities and close the health care divide.

Extending health insurance coverage is a necessary step in improving access to quality health care. Insurance coverage reduces financial barriers and facilitates access to a regular provider or usual source of care. Research by The Commonwealth Fund demonstrates that compared with people who are insured all year, people who lack health insurance are less likely to have a regular source
“Changing Systems, Improving Lives”

Health Equity Solutions

- Grantmaking
- Public Policy
- Leadership Development
- Strategic Communication
ACA: Strengthening CT Navigators and Assisters

- First local grant to Navigator program
- Convener of philanthropic community
- Supplemental funds for Assisters
- Dental benefits training module
- Navigator and Assister Program steering team
- Access Health CT Brokers and Navigators Advisory Committee

- What’s next? Exploring how CT Health can add value to leveraging the ACA to scale and sustain community health workers
Equipping Policy Advocates with Strong Analysis

Consequences of Proposed Eligibility Reduction of HUSKY A Parents

FINDINGS

- Under current law, approximately 3,500 low income working parents currently insured under Medicaid will lose eligibility by 2015. Many of these current enrollees will be eligible for modified health insurance for up to one year.

- Tighter eligibility requirements enacted in 2012 will weaken link between eligibility for low-income parents and children.

- Higher incomes, parental eligibility to purchase commercial insurance through the Connecticut Health Insurance Exchange may reduce uptake of Medicaid.

- Of the 12,300 parents affected, an estimated 7,700 to 10,000 may purchase health insurance through the exchange—more with federal subsidies—because of increased out-of-pocket costs.

- Higher insurance premiums in the exchange may be one reason which health coverage is higher than in other programs.

- Fewer parents are likely to have health insurance coverage if they or their parents are uninsured.

OVERVIEW

Connecticut Governor Dannel P. Malloy’s 2014-2015 biennial budget proposal to reduce HUSKY A parent eligibility may not only affect an estimated 3,500 low-income working parents with children and could lead to thousands of families uninsured. In October 2013, Malloy proposed reducing the income eligibility limit for HUSKY A from 133 percent of the federal poverty level (FPL) to 100 percent of FPL. Additionally, the proposal eliminates parental eligibility for children 19 and under.

Under this proposal, an estimated 12,300 parents would lose health insurance coverage if enacted. Connecticut residents are likely to experience hardships under the new proposal.

No Wrong Door

Improving Health Equity & the Health Coverage Consumer’s Experience in Connecticut

Under the current system, individuals and families may benefit from different “doors” for health insurance coverage, many of which may overlap, providing more than one way to get covered. This means that the ACA enrollment process, while relatively straightforward for most, may be challenging for some. However, Connecticut residents have contributed to full implementation of the ACA by the end of 2015.

The Affordable Care Act affects a large number of participants. ACA enrollment efforts will be more effective with NWD in place, especially for people of color.

NWD Would Prevent 36,000 Additional Connecticut Residents from Going Without Health Insurance Coverage for at Least Part of the Year

People of color tend to benefit the most from NWD because they are less likely to get sick, have less access to health care, and experience fewer barriers to care. Under the current system, people of color are more likely to be caught in the “wrong door” and experience worse outcomes for their health and insurance coverage.

Critical feedback from many operational teams will be critical to ensure that NWD is implemented effectively. NWD implementation will be successful if policymakers and practitioners work together to streamline the enrollment process.

Connecticut Health Foundation

Changing Systems, Improving Lives
Seeding CT Health Equity Advocacy Infrastructure

CPEHN
California Pan-Ethnic Health Network

CriticalMASS
for eliminating health disparities

A Path Toward Health Equity:
Strategies to Strengthen Community Advocacy

July 2010
Elevating a Cadre of Health Equity Champions

Health Leadership Fellows Program
Health Equity Focus
9 Classes
180 Fellows
Over 75% Leaders of Color
Increasing Health Equity Media Coverage: Program for Journalists

Larry Tye
NYT Best Selling Author; Manager of Blue Cross Blue Shield Foundation of MA Health Coverage Fellowship for Journalists

Suzanne Bohan

Jocelyn Elders, MD
Former Surgeon General, Professor Emerita of Pediatrics
**Evaluation Dashboard**

### Background: State-of-the-State Indicators

**Where are we in relation to Worst and Best Realistic Estimates?**

<table>
<thead>
<tr>
<th>CT Health Priority Area and Indicators</th>
<th>Worst</th>
<th>Best</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incidence Disparities, e.g., seizure, diabetes</td>
<td>Data available from BRFSS (LINA)</td>
<td></td>
</tr>
<tr>
<td>Access to Care Disparities, e.g., insurance, medical home</td>
<td>Data available from BRFSS (LINA)</td>
<td></td>
</tr>
<tr>
<td>Health Care Quality Disparities, e.g., avoidable hospitalisation</td>
<td>Data available from CDPH (LINA)</td>
<td></td>
</tr>
<tr>
<td>Outcome Disparities, e.g., mortality</td>
<td>Data available from CDPH (LINA)</td>
<td></td>
</tr>
<tr>
<td>Policy and Regulation with focus on Systems Integration (ELIZABETH)</td>
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### CT Health Effort and Results Indicators

**Where are we Relative to Worst and Best Realistic Estimates?**

**CT Health Areas of Quantity and Quality of Effort and Results Indicators:** Hypothetical Program (Lisa)

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**Policy and Communications (Elizabeth)**

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**Color and Symbol Key for Current State and Trends:**

- **Red:** 0-3.9 towards realistic expectation
- **Yellow:** 4.0-5.9 towards realistic expectation
- **Green:** 6.0-10 towards realistic expectation

**Trend (blank if no trend available):**

- **↓**: Worsening
- **↔**: No change
- **↑**: Improvement

*Note: dashboard still in development, dummy data used for illustration*
Elizabeth M. S. Krause
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elizabeth@cthealth.org
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Nichole June Maher, MPH
President and CEO
Northwest Health Foundation
Colorado Trust Health Equity Series:

Foundation Solutions to Advance Health Equity

September 12, 2013

Yanique Redwood, PhD, MPH
President & CEO
Consumer Health Foundation
Values and Beliefs

- There is enough for all of us
- We can create better systems
- Opportunity is the starting place for individual effort
- We share a common humanity
Vision

We envision a region and nation in which everyone has an equal opportunity to live a healthy and dignified life. By everyone, we mean all people regardless of race, ethnicity, immigration status, gender identity, sexual orientation, disability, age or income.
About Us

- Small private foundation
- Washington D.C. region
  - D.C.
  - Northern Virginia
  - Suburban Maryland
- Access to health care
- Social determinants of health
Washington D.C.: Short Distances to Large Disparities in Health

81.3 YEARS
30 miles = 9-year life span disparity

17 miles = 3-year life span disparity

75 YEARS

80.1 YEARS
10 miles = 8-year life span disparity

80.9 YEARS
12 miles = 9-year life span disparity

Class-Divided Cities: Washington, D.C. Edition
Solutions to Advance Health Equity

- Going Beyond Healthcare
- Advocacy for Systems Change
- Racial Equity
Going Beyond Healthcare

- Education
- Living Wages
- Safe and Affordable Housing
- Workforce Development
- Food Equity
Advocacy for Systems Change

• Research
• Community Education
• Public Will Campaigns
• Policy Analysis
• Community Mobilization
• Coalition Building
Collective Field of Advocacy

AUDIENCES

PUBLIC

INFLUENCERS

DECISION MAKERS

LEVELS OF ENGAGEMENT

AWARENESS

Voter Outreach
Public Awareness Campaigns
Public Polling
Public Education

PUBLIC

Community Mobilization
Coalition Building

WILL

Community Organizing
Public Will Campaigns
Advocacy Capacity Building
Leadership Development

INFLUENCERS

Demonstration Programs
Policy Analysis/Research
Influencer Education
Policymaker Education

ACTION

Litigation
Model Legislation
Regulatory Feedback
Champion Development
Political Will Campaigns
Public Forums

DEcision MAKERS

Policy Analysis/Research
Demonstration Programs
Leadership Development
Lobbying
Community Mobilization
Coalition Building
Racial Equity

A goal and a process whereby people of color have an equal opportunity to live a healthy and dignified life.
Racial Equity

- Racial Equity Training
- Capacity Building
- Demographic Data Collection
- Communications
- Media Training
Wealth Building Initiative

• There is enough for all of us
• Worker-owner cooperative businesses
• Anchor institutions
  – Hospitals
  – Universities
  – Local governments
• Ownership stake
• Living wage
What If?

What If?
Health Equity

• Going beyond healthcare
• Advocacy for systems change
• Racial equity
• Seeding innovation
• Knowing our values
Join the discussion...

- Q & A from the audience
- Submit questions via Twitter: #healthequityTCT
Health Equity Learning Series

An educational program of The Colorado Trust, the Health Equity Learning Series aims to increase knowledge and awareness of health equity through presentations from experts discussing factors that increase disparities and solutions that advance health equity.

SIGN UP FOR MORE INFORMATION

UPCOMING EVENTS

Through our Health Equity Learning Series, we are pleased to host four events in 2013 featuring national experts:

- **SEPT. 12**: Elizabeth Myung Sook Krause, Vice President of Policy and Communications, Connecticut Health Foundation, and Nichole June Maher, MPH, President, Northwest Health Foundation, Yanique Redwood, PhD, President and CEO, Consumer Health Foundation, will speak about foundation solutions to advance health equity
- **NOV. 15**: Anthonyilon, MD, Senior Vice President, The California Endowment and Winston Wong, MD, Medical Director, Kaiser Permanente, will speak about solutions for tackling social determinants of health

In addition to The Trust hosting these distinguished speakers over lunchtime events at our office in Denver, we will be partnering with others across the state to host simultaneous events in their communities with live-stream viewing of the events, also over lunch, followed by discussion and networking.

INFORMATION FROM PREVIOUS EVENTS

- **June 6, 2013**: Brian Smedley, PhD, Vice President and Director of the Health Policy Institute of the Joint Center for Political and Economic Studies
- **January 31, 2013**: Paula Braverman, MD, Director of the Center on Social Disparities in Health within the School of Medicine at the University of California, San Francisco

NEWS

- 02/21/13 Making Sense of Health Differences, Disparities and Equity

PUBLICATIONS

- Equality in Health – An Annotated Bibliography with Resources on Health Disparities and Cultural and Linguistic Competency (2007)
- Health Equity and the Affordable Care Act - Summary (2013)
- How the Affordable Care Act Can Help to Advance Racial and Ethnic Equity in Colorado (2013)

RELATED LINKS

- A Profile of Health Insurance Exchange Enrollees
- A Roadmap for Health Equity
Feedback Survey  
September 12, 2013 Learning Lunch

Please take a moment to give us your feedback on the event today. Your responses will help us to plan future events like this one. You may leave your completed survey on the table before you leave.

1) What type of organization are you from?
   □ Community organization
   □ Policy/Advocacy organization
   □ Direct service provider - Health
   □ Research/Evaluation
   □ Academic Institution/University
   □ Government
   □ Media
   □ Business
   □ Community member
   □ Foundation
   □ Other __________________

2) What is the primary reason you chose to attend this event today?
   □ The topic was of interest to me
   □ The speaker was of interest to me
   □ Networking with community members
   □ My relationship with The Colorado Trust
   □ I’m here for the free lunch
   □ Other __________________

3) How relevant did you find the topic discussed today to your work?
   □ Highly relevant
   □ Somewhat relevant
   □ Neither relevant or irrelevant
   □ Not very relevant
   □ Not at all relevant

4) How was the pace of the event?
   □ Slow
   □ Moderate
   □ Fast

5) How was the level of interaction?
   □ High
   □ Moderate
   □ Low

6) Are you interested in attending future events like this?
   □ Yes    □ No    Why not? ____________________
   If yes, I would prefer to attend:
   □ in person □ Stream online □ I would like to have both options

7) After attending this event today, do you feel more inclined to take action to promote health equity?
   □ Yes    □ No
   If not, why not?
   □ I already take action to promote health equity in my work; this has not changed
   □ It is not a high priority for me/my work, but I hope that others address it
   □ I do not feel that it is an important issue to address
   □ Other: __________________

8) Will you take any action based on this event?
   □ I will take the discussion materials provided by The Trust back to my organization
   □ I will share the recording of this event with others in my organization (available shortly on The Trust’s website)
   □ I will encourage others to attend future events like this one
   □ Other: __________________
   □ It is unlikely that I will take any action

9) Prior to this event, were you aware of the option to stream this event online?
   □ Yes    □ No

10) Please rate your level of satisfaction with the following:

   □ Excellent
   □ Very Satisfied
   □ Satisfied
   □ Average
   □ Unsatisfied
   □ Very Unsatisfied
   □ Poor
Thank you for joining us!