

Paths to Equity: Can we do the change?



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Our
organizational
strategy is
designed with
equity at the
heart of our work.



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Our JEDI Journey



Our Philosophy



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What We Believe and Aim to Achieve

Belief

That health is a basic human right.

Vision

That across Colorado each of us can say: “We have all we need to live healthy lives.”

Mission

To improve the health of Coloradans.

Rally Cry

Bringing health in reach for all Coloradans.

Values

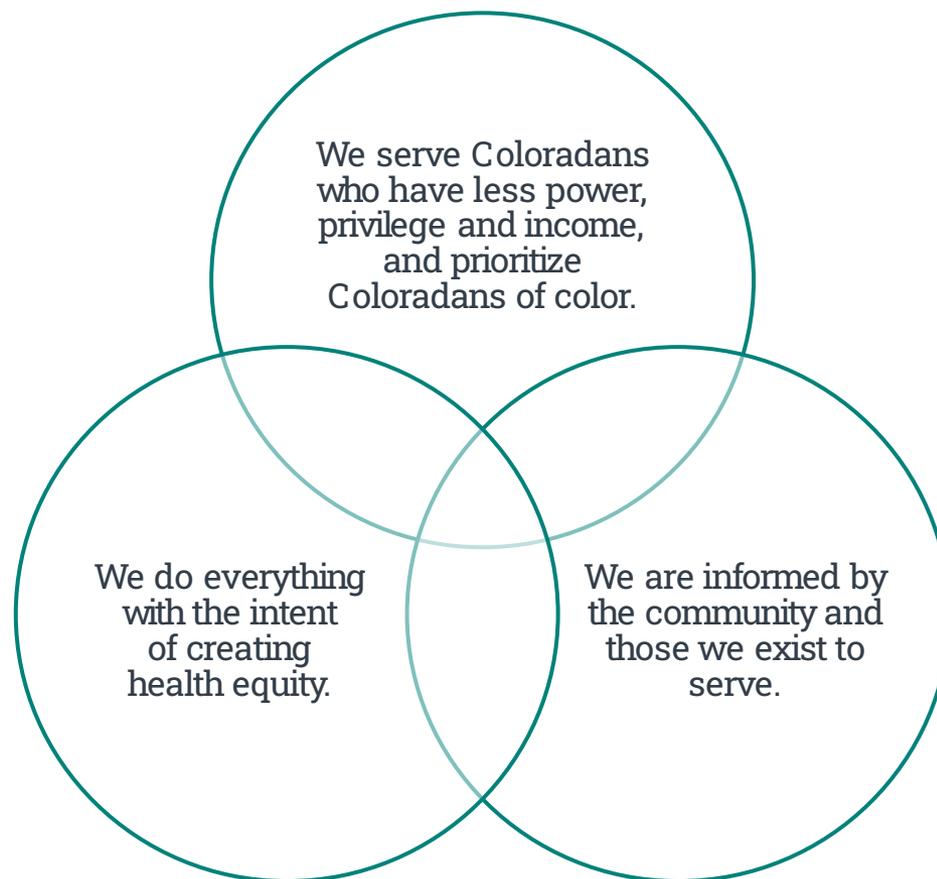
- Our stewardship commitment demands accountability and transparency.
- We treat all with whom we come into contact with respect and humility.
- Our staff and board are passionate and persistent.
- We are relentless in our efforts to achieve health equity and opportunity.
- To advance our mission, we and our work must be relevant and have lasting impact.

Cultural Attributes

Mission-Obsessed
Equity-Propelled
Fearless
Nimble

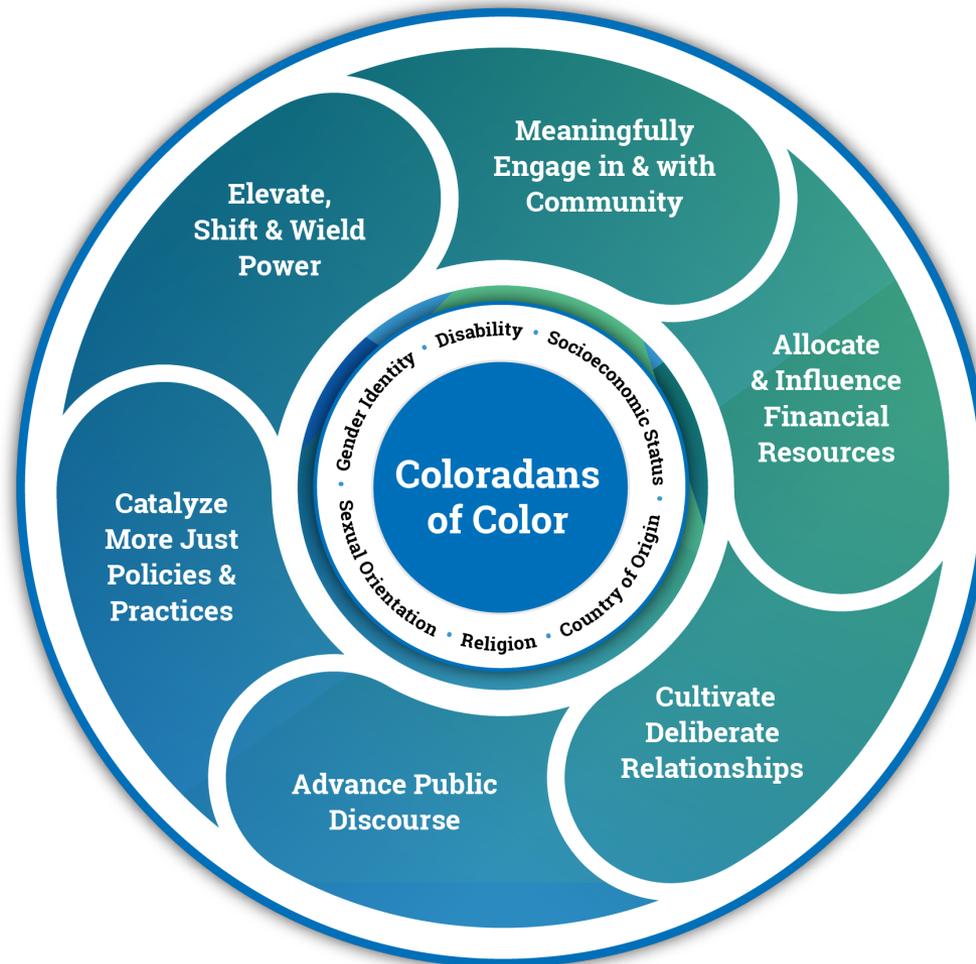


Cornerstones of Our Work



Centering Race Framework

HOW WE'RE CENTERING RACE TO ACHIEVE HEALTH EQUITY IN COLORADO



Our “Working” Definitions

Health Equity

Exists when there are no unnecessary, avoidable, unfair, unjust or systemically-caused differences in health status.

Racial Justice

Exists when there is not only the absence or alteration of systems that create and perpetuate racial disparities in areas including health, education and wealth, but the presence of a transformed and fundamentally different systems that operate on behalf and inclusive of communities of color.

Power

At its core, power is defined as the ability 1) to do something or act in a particular way and 2) to direct or influence the behavior of others or the course of events.



To Do This Work



The Essentials of Disruption

The Essentials		
Community Context Matters	Evidence is Fundamental	Discernment is Necessary
How		
Develop an Intentional Understanding	Take Meaningful Actions	Hold Ourselves and Others Accountable
<i>Exploring personal awareness, lived experience, collecting evidence, and making thinking clear that reflects the centrality of equity, with an explicitly articulated goal, espoused by leadership and held organization wide.</i>	<i>Recognizing, adopting, and resourcing practices appropriate to racial justice. Doing things differently; having the right people, time, political will.</i>	<i>Resisting silos and assessing racial justice as part of and across all areas of philanthropic investment and function.</i>



Working / Grounding Concepts

Power To

- None of us is taking full advantage of our individual and collective power. More power is available to us than we are actually using. Some would go so far as to argue that this form of power exists in infinite quantities.
- The latent and under-utilized power of people and communities needs to be unleashed. This can be done through any and all of CHF's philanthropic tools -- grantmaking, community engagement, advocacy, communications, capacity building, research, evaluation and thought leadership.

Power Over

- Corresponds to the ability to control resources and to make decisions that affect large groups of people. As such, this form of power is finite, not infinite.
- Power is a core ingredient that keeps current inequitable systems in place.
- We need to be focusing on equalizing the distribution of power - bringing historically marginalized and disconnected community members into positions of authority.
- People currently in positions of stewardship need to be pushed to use their power more responsibly.



Our Work



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Our Focus Areas

WE ARE BRINGING HEALTH IN REACH FOR ALL COLORADANS BY STRENGTHENING BODIES, MINDS AND COMMUNITIES IN THE FIGHT FOR HEALTH EQUITY.

Focus Areas



Focus Area: Maintain Healthy Bodies

What are we doing in this area? We ensure that all Coloradans have access to high-quality, comprehensive primary care when and where they need it and that children can be active in a safe and fun way every day.

What are our priorities?

We focus our work on the two following priorities:

- **Primary Care**
- Children Move More



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Priority: Primary Care

Create equity in access to and use of high-quality, comprehensive primary care.





Objective 1:

Improve the capacity of clinics to serve more Coloradans with high-quality, comprehensive and integrated primary care centered on patients' preferences, needs and values.





Objective 2:

Tackle patient-reported barriers to primary care access.





Objective 3:

Attract, recruit and retain a well-distributed primary care workforce continuum (including upstream) to meet patient's social, cultural and linguistic needs.



Why support this work?

ACCESS TO CARE IS STILL A SIGNIFICANT NEED FOR COLORADANS

Barriers to quality, comprehensive care exist across the state:

- Affordability
- Clinic accessibility
- Lack of providers accepting public insurance
- Transportation
- Culturally and linguistically responsive care



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Inequities We Intend to Address

INEQUITIES EXIST ACROSS ECONOMIC, ETHNICITY AND RACE

- **African American Coloradans** were less likely to report seeing a doctor or specialist in the previous year and more likely to visit the emergency department for non-emergency reasons than other Coloradans.
- **71.9 percent of Colorado's Latinos** were unable to get an appointment with a general doctor or clinic as soon as one was needed and 64.6 percent unable to get to a general doctor's appointment due to transportation barriers.
- **71.1 percent of Coloradans with incomes at or below 100 percent of the FPL** were not able to get to a general doctor's appointment for care when needed and 80 percent could not find transportation to see a general doctor.



How it's Evolved



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Past Focus on Primary Care

2008 – 2014

- Improve health care delivery system
- Increase access to public health insurance programs
- Accelerate adoption of Health Information Technology
- Recruit and train health care professionals to delivery quality integrated care

Post -2014

- Increase capacity of clinics to provide comprehensive, coordinated primary care
- Focus on patient-centered primary care services where the patient's values, needs and preferences are incorporated
- Enhancing the primary care workforce to reflect Colorado's diverse communities



What will we do?

Objective 2 – Patient Barriers

Support clinics to implement patient-informed solutions to barriers in accessing care



What do we mean by ... ?

Comprehensive Primary Care

The provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.



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What do we mean by ... ?

Team-based Care

The provision of health services to individuals, families, and/or their communities by at least two health providers who work collaboratively with patients and their caregivers – to the extent preferred by each patient – to accomplish shared goals within and across settings to achieve, coordinated, high-quality care.



What we are working on

- Support clinics in improving patient data collection
- Increasing capacity of clinics to engage in diversity, equity and inclusion work
- Continued support for capital infrastructure investments so safety net clinics can expand access to care
- Support grow-your-own workforce efforts



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Questions?



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