

		Regional Healthy Colorado For All Committee (RHCAC) Meeting Date: Thursday, January 15, 2026 Time: 11:00 a.m. – 1:00 p.m. Location: Virtual					
Health Equity Sponsors:		Joy Twesigye and Dr. William Wright					
Facilitator:		Teresa Dinh					
Minutes recorded by:		Andrea Swan					
Meeting Purpose:		The RHCAC is part of a larger community of health equity priorities that help COA and HCPF achieve a healthy Colorado for all. The RHCAC serves as a vital platform for addressing challenges related to health equity, providing essential recommendations, helping shape COA’s Healthy Colorado for All Plan, and overseeing its implementation and performance data.					
Next Meeting:		April 23, 2026					
Attendees: (x = here)							
Amy Petre Hill	X	Andrea Swan	X	Arjanea Williams	X	Ashleigh Philips	
Alexa Diaz	X	Lexi Deinstbier	X	Marsha Aliaga Dickens	X	Shelley Cooper	X
Bobbi Garcia-Abrego	X	Christine Giesing		Claire Peters	X	Dominique Rosendo	X
Casey Thomas	X	Christina Bejarano	X	Donaven Smith	X	Brittany Goldstien	X
Marsha Aliaga-Dickens	X	Monique Bowler	X	Patty Garcia	X	Sophia Alires	X
Elizabeth Snow		Francesca Maes	X	Gabrielle Jablonski	X	Hana Smith	X
Ian Milby	X	Jacquelyn Stanton	X	Jesus Trevino	X	Lori Banks	X
Joy Twesigye		Judith Watts	X	Judy Shlay	X	Mordy Cukier	X
Lucy Guereca	X	Mary Doran	X	Miriam Garcia	X	Shawnette Gillespie	X
Nancy Viera	X	Shanice Sims	X	Shannon Godbout	X	Ty Smith	X
Simret Kahsai		Stephanie Segal	X	Teresa Dinh	X	Lucia Francis (Spanish Interpreter)	X
Tyler Woody		William Wright	X	Sophia Alires	X	Gabriel Motter (Spanish Interpreter)	X

Agenda Items:	Discussion notes including decisions and actions:
Land & People Acknowledge (Ty Smith)	Land & People Acknowledgement

Agenda Items:	Discussion notes including decisions and actions:
<p>Welcome and RHCAC Co-Chairs Announcement (Dr. William Wright)</p>	<p>Welcome to the Regional Healthy Colorado for All Committee! Thanks for your continued dedication to advancing healthcare for members and the community.</p> <p>We are proud to announce the RHCAC co-chairs for 2026-2027:</p> <ul style="list-style-type: none"> - Ian Milby (CHIA, CHDT, GCSP) <ul style="list-style-type: none"> o Volunteer at SECOR Cares - Stephanie Segal (MD) <ul style="list-style-type: none"> o Medical Director, Doctors Care - Ty Smith <ul style="list-style-type: none"> o Benefits Planner, Atlantis Community - Joy Twesigye (WHNP-BC, MPP, NP) <ul style="list-style-type: none"> o VP Health Strategy, Colorado Access
<p>Check-in: What's top on your mind? (Everyone)</p>	<ul style="list-style-type: none"> - Committee members shared success, wins and goals that they are working towards this year (2026) - Also top of mind are challenges within our healthcare space, and opportunities to support <ul style="list-style-type: none"> o Committee Volunteer Opportunity: CCDC for Disability Rights Advocacy Day (D-RAD) at the Colorado State Capitol on February 12th. Registration is now OPEN for D-RAD 2026! Please ensure that you register and receive a ticket through the D-RAD EventBrite page, linked HERE. o Increase in mental health concerns due to recent policy changes and lack of safety net services and mental health services.
<p>Invitation: Steps Towards Freedom Challenge (Teresa Dinh)</p>	<ul style="list-style-type: none"> - We invite RHCAC members to honor Black History Month through the 2026 Steps Towards Freedom Challenge, from February 15-March 14. - Download the "Challenge Runner" App. Sign in/create an account. - Enroll in the "2026 Steps Towards Equity Challenge" using the QR code or enter code 1a3964-57mb and select your organization from the list. - Make sure your steps counter (phone/fitness device) is synced with ChallengeRunner. The Leaderboard will show Feb. 15th . Kindly contact Teresa.dinh@coaccess.com with any questions.
<p>Social Determinants of Health Initiatives (Lexi Dienstbier, Marsha Aliaga-Dickens, Brittany Goldstein, Casey Thomas)</p>	<p>COA SDOH Committee Updates Vision:</p> <ul style="list-style-type: none"> - Top Social Needs Among Members <ul style="list-style-type: none"> o #1 Housing o #2 Food o #3 Transportation o #4 Utilities o #5 Personal Safety o Question – what about social support networks/quality of life screeners? - RAE Model <ul style="list-style-type: none"> o Upstream – changing policies/community and social fabric o Midstream – Population health o Downstream – Direct individualized care - Food Subcommittee <ul style="list-style-type: none"> o Food is Medicine Pyramid <ul style="list-style-type: none"> ▪ Medically tailored meals

Agenda Items:	Discussion notes including decisions and actions:
	<ul style="list-style-type: none"> ▪ Medically tailored groceries ▪ Produce Rx programs ▪ Nutrition security programs (Hunger Free CO to help with SNAP applications/education) ▪ Pop-level healthy food policies and programs <p>- Housing Subcommittee</p> <ul style="list-style-type: none"> ○ Initial review of new contract with state and identifying housing-related requirements ○ Identified upstream, midstream and downstream interventions that COA should engage in ○ Policy team tracked, supported bills with housing implications ○ Shelter and housing stability program partners funded through COA Community Giving Program. Programs included Emergency motel vouchering program HAAT Force and Housing Stability Program at Almost Home (downstream) ○ Medical-legal partnership established with Colorado Legal Services through Community Giving Program (midstream) ○ <i>Committee comment: Priority is to pay rent and it is a huge strain on families, this reduces money people have for food and other basic needs</i> ○ Committee comment: Need more policy around why people need to make 3x rent to qualify for a lease <p>- Committee comment: CCDC observation – due to funding cuts there are less people who can help people with food and housing concerns with paperwork/ benefits applications</p> <ul style="list-style-type: none"> ○ Trying to understand the level of paperwork support that our Care Coordinators do ○ Opportunity for Colorado Legal Services to support necessary paperwork ○ COA looking at upstream investments that will have a downstream impact – accessible and attainable versus affordable – an important language distinction ○ Opportunity – step-down support for members discharging from inpatient care who are housing insecure <p>- Resource Linkages Subcommittee</p> <ul style="list-style-type: none"> ○ Closed Loop Referral Pilot – focused on implementing a closed-loop referral workflow using FindHelp, which will increase referral submissions and understand outcomes of HRSN resource connections ○ Pilot is ongoing through Summer 2026 (partnering with Hunger Free CO and Village Exchange) ○ Minimum Viable Product and FindHelp enabled workflows ○ Up next: <ul style="list-style-type: none"> ▪ Expand workflow to broader CBO network, evaluate workflow and processes, support CBO directory management, design an evaluation plan, and establish a preferred CBO list

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	<ul style="list-style-type: none"> ○ Note: part of our resource linkages work includes connecting members to things like the Earned Income Tax Credit. VITA sites across Colorado can support filling out tax forms so people who are eligible can benefit from tax credits ○ Committee comment: People are aging and need probate lawyers more now than ever to age in place.
<p>Review: Healthy CO for All Plan & SME Feedback (Nancy Viera & Teresa Dinh)</p>	<p>What we heard from the committee:</p> <ul style="list-style-type: none"> - Cultural/linguistic barriers limit trusted access to care - Behavioral health stigma and access restrict use - Preventative care missed opportunities due to reactive systems - Specialty care bottlenecks delay and block timely care - Administrative complexity burden members, especially non-English speakers - Data gaps and limited equity data - Telehealth can expand access and language support <p>Three main themes that we can impact:</p> <ul style="list-style-type: none"> - Navigation is too complex - Information is hard to understand - Trust is fragile - Challenges are more pronounced for members living with disabilities, limited English proficiency and families balancing multiple responsibilities <p>Theory of Change:</p> <ul style="list-style-type: none"> - We cannot “care-deliver” our way out of inequity, but we can co-design a system to better support members with SODH/HRSN - Committee comment: how do we understand member quality of life and capturing the real experience of members <p>COA’s approach to strategy creation:</p> <ul style="list-style-type: none"> - HCAC feedback, HCPF’s requirements, internal SMEs and cultural navigators, looking at leading and lagging metrics - Balancing community voice, practical constraints, and measurable outcomes <p>Three main themes:</p> <ul style="list-style-type: none"> - Develop and implement purpose-driven children/youth/family engagement strategy <ul style="list-style-type: none"> ○ EPSDT, transitions into adult care ○ Cultural and linguistic barriers, lack of trusted messengers ○ Preventative care for children and adolescents ○ School and family centered touchpoints - Leverage data driven disparities reduction <ul style="list-style-type: none"> ○ Stratified measures, map risk and opportunities ○ Visibility into language, culture, disability and lived experience - Develop and implement purpose-driven health literacy and experience strategy <ul style="list-style-type: none"> ○ Simple and actionable communication for members <p>Timeline:</p>

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	<ul style="list-style-type: none"> - This is a seven-year plan. The first year will be about building, year two will be about piloting, and year three will be about scaling programming <p>What remains to be addressed/outside of scope:</p> <ul style="list-style-type: none"> - Structural constraints - Deep rooted trust requires time - Expectations for immediate health outcomes
<p>Healthy CO for All Proposed 7-year Strategy and SMART Goals Discussion (Teresa Dinh & Claire Peters)</p>	<p>RHCAC shared thoughts about the proposed 7-year strategy verbally and via https://www.menti.com/ Code: 7508 4689. For details on the strategy, please refer to the presentation.</p> <p>RHCAC thoughts on overall 7-year strategy:</p> <ul style="list-style-type: none"> • Overall positive and optimistic about the 7 year strategy. • Many members said they like it and see strong potential for impact • Strategy is seen as well thought out and directionally sound, and there’s interest in potential partnership opportunities. • Strong request for baseline data, to measure growth over the years • Interest in leveraging this strategy to address culturally specific health care needs and coordination with behavioral health • There’s repeated call for more specificity and detail, which led to our discussion on Year 1 SMART goal priorities. <p>Year 1 Building Strategy – Committee priorities:</p> <ul style="list-style-type: none"> - Purpose Driven Children/youth/family engagement strategy <ul style="list-style-type: none"> ○ From Ty: Informed by families to develop appropriate language/communication for various audiences ○ Peer navigation ○ Customized care navigation ○ Lori Thompson @HCPF leads a successful Assessments and Supports group of advocates, agencies, and Medicaid members who have created ISLA. ○ Focus on the importance of well-visits. This is a chance to establish relationships, get caught up on preventive care, and identify barriers to care ○ Prioritize impacts of attacks on immigrant communities and ICE violence ○ Keeping members covered and prevent members from falling off of Medicaid ○ Support the eligible but not enrolled population ○ Language and asking the right questions (quality of life questions) to better understand the true lived experience. - Data-driven disparities reduction <ul style="list-style-type: none"> ○ Opportunities to do focus groups with members and evaluate how questions are being asked ○ System navigation in native language, support groups, monthly talks to learn about the system in the most marginalized communities. ○ Stratification of data by race, ethnicity, and language.

Agenda Items:	Discussion notes including decisions and actions:
	<ul style="list-style-type: none"> ○ Identify which SDOH disparities are causing the most frequent barriers to accessing care ○ Are we able to influence policy – on availability of affordable housing, i.e. no eviction without representation, vacancy tax, etc. - Purpose Driven Health literacy & Experience Strategy <ul style="list-style-type: none"> ○ Immigration rights and COA benefits and supports for immigrant communities ○ Educational sessions on health literacy, interpreting benefits and how to use them ○ Resources for patients from credible online sources ○ Support to understand the healthcare system, when a situation is urgent – what are the options? ○ Proactively talk about vaccinations, annual exams, nutrition education/cooking classes, as preventive medicine
Closing Comments (Teresa Dinh)	<ul style="list-style-type: none"> ● COA will take committee feedback to develop and refine COA’s SMART goals to prioritize for year 1 of the 7-year strategic plan. ● Recognizing Dr. William Wright for 40+ years of impact in healthcare <ul style="list-style-type: none"> ○ The RHCAC recognized Dr. William Wright for 40+ years of impactful contributions to healthcare, and his influence on the advancement of health equity at CO Access. Dr. Wright will continue contributing as a member of the RHCAC during this transition as we welcome our new CMO, ensuring continuity and ongoing momentum in our shared work.

Action Items		
Who is Responsible?	Action Item:	Complete By:
All Committee Members	Continue adding your comments to the Menti Tool: https://www.menti.com/ Code: 7508 4689 Share your thoughts on the three strategic priorities that COA shared. OR send your thoughts and comments to Teresa Dinh at Teresa.Dinh@coaccess.com	1/20/26
CO Access (Teresa)	Review and synthesize Menti and verbal feedback on the 7-year strategy, align with proposed SMART goals by departments. Share updated SMART goals with the RHCAC.	1/25/2026
CO Access (Joy, Claire, Amanda or Jamie in CC)	Check if the organization is already connected with Lori Thompson – who leads a wildly successful Assessments and Supports group of advocates, agencies, and Medicaid members who have created the ISLA (the tool used to determine what level of care individuals with DD need) and continuing to work on the Colorado Single Assessment (to support the Children/Youth/Family engagement strategy).	2/15/2026

	<p>Name organizations that make the assessments, and make better handoffs. Possible connection to EDPST.</p> <p>Update 3.27.2026 from Teresa: Amanda Berger communicated this topic was discussed at CO-SOC. The CSA is a waiver related assessment for LTSS (long term supports and services). Members who already have a Developmental Disabilities (DD) or Supported Living Services (SLS) waiver will be receiving this new assessment, which is designed to be completed on an annual basis. The structure of the assessment focuses largely on activities of daily living (ADLs) and mobility. While the CSA includes a psychosocial component, the assessment is more medically focused. HCPF explained that they anticipate that individuals will most often receive the CSA first, and based on the results, they may then be flagged to receive an ESA. . HCPF advised that the assessment will be completed by case managers, or nurse case managers. Matt Pfiefer advised that there are no plans at this time to add this process to the RAE scope of work. CC leads are not connected with Lori at this time, and HCPF advised that they are working to learn more from OCL as this assessment is rolled out.</p>	
CO Access (Kelly)	Bring the member experience team to a future meeting to present on current and planned member experience surveys and how feedback is collected and used, especially regarding quality of life and member happiness.	4/23/2026
CO Access (CEHSN, McKayla and Marsha in CC)	<p>Provide more complete information from the care coordination team regarding the care management model, including the possibility of assigned care managers and support for paperwork assistance, and report back to the committee.</p> <p>Update 3.26.2026 from Teresa: Marsha provided a list of how members can get care coordination, and that model is intervention based. Jamie also presented at POPs meeting about COA Care Coordination, so that presentation may be brought to RHCAC.</p> <p>Regarding paperwork. We do not complete any applications for members. Common applications would be medicaid apps, medicaid renewal apps, SSI/SSDI apps, housing applications, disability apps. All of these examples require some sort of attestation to a persons disability or income, which COA is not at liberty to do. There are times we may support a member over the phone (or in person) to fill in an application. That support can vary depending on the member's need. If they will need a</p>	4/23/2026

	high level of hands on support, we may refer them to an expert in the community like Benefits in Action or SHIP, or we may do our best to walk them through an application as best we can. These scenarios are case by case	
CO Access (Disability Partnership Workgroup - Nancy)	Many people living with disabilities feel overwhelmed with paperwork for housing, Medicaid, and other benefits. Many do not have access to computers printers, or can easily respond.	
CO Access (Teresa)	Consider incorporating feedback on language (e.g., use of "attainable" and "accessible" instead of "affordable" housing) into future communications and strategy documents, as raised by Ty and committee members. Update this language in the DE&I Dictionary. Update 3.27.2026: Language has been changed to DE&I Dictionary - COA DEI Recommendations Dictionary.docx The document still needs to through marketing for the final formatting before distributing to RHCAC	4/23/2026
CO Access (SDOH – housing team)	Provide referrals and information to committee members about community partners who assist with benefits and housing paperwork.	4/23/2026
CO Access (Joy)	Ty suggestion: You should hire a Benefits Planner at Colorado Access!!	TBD
CO Access	Develop process for sharing RHCAC recommended resources. From minutes to a platform more long-term. Create workflow to integrate into FindHelp once the function becomes available <ul style="list-style-type: none"> • Events – community engagement • Resources – Health Strategy Hub Update 3.27.2026 from Teresa: New process - after advisory meetings, send list of resources from the minutes to Brittany Goldstein and Christine Mueller, to take to the Health Strategy Hub.	4/23/2026

Events & Resource Sharing from the RHCAC		
Who may reach out?	Event/Resource	Relevant Notes
RHCAC/Medicaid members, all	Amy Petre Hill: Join CCDC for Disability Rights Advocacy Day (D-RAD) at the Colorado State Capitol on February 12th, 2026 for a day filled with empowerment, celebration, and advocacy for disability rights!	February 12 th is the event. Register HERE .

	<p>This event is your chance to make your voice heard, connect with fellow advocates, and learn from engaging speakers. Together, we can work towards creating a more inclusive and accessible Colorado for all. Don't miss this opportunity to be a part of positive change! Registration is now OPEN for D-RAD 2026! Please ensure that you register and receive a ticket through the D-RAD EventBrite page, linked HERE.</p>	
RHCAC/Medicaid members, all	<p>Ian Milby: If there is ever a need for food, send individual to SECOR Cares as long as they are within one of the designated zip codes: https://www.secorcares.com/freefoodmarket</p>	<p>Contact Ian when there's a need for Secor Cares support</p>
RHCAC/Medicaid members, all	<p>Ty Smith: Atlantis helps people with non legal paperwork, scribe and help understand questions. Atlantis has a Social Security Workshop that Ty runs to help people (help – not write) be successful with their application. Disclaimer: they are not legal experts, and legal support should be sought elsewhere.</p>	
RHCAC/Medicaid members, all	<p>Mary Doran: The School of Public Health is currently conducting a study on how Universal Health Care would be implemented in Colorado. They have already conducted a study that showed that a universal healthcare system would save money for all Coloradans. We are hoping to have something on the ballot by 2028. To learn more, donate, or volunteer please visit fixhealthcarenowcolorado.org</p>	
RHCAC/Medicaid members, all	<p>Earned Income Tax Credit. VITA sites across Colorado can support filling out tax forms so people who are eligible can benefit from tax credits https://www.getaheadcolorado.org/gethelp Volunteer Income Tax Assistance (VITA)</p>	
Medicaid members living with disabilities	<p>Amy Petre Hill: Medicaid Buy-In is an underutilized program for people with disabilities--for children and supports. CCDC's Individual Advocacy Team helps folks with issues when applying to Buy-In.</p>	