

		<b>Regional Healthy Colorado For All Committee (RHCAC) Meeting</b> Date: Wednesday, October 22, 2025 Time: 11:00 a.m. – 1:00 p.m. Location: Hybrid					
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:		January 15, 2026					
Attendees: (x = here)							
Amy Petre Hill	X	Andrea Swan	X	Arjanea Williams	X	Ashleigh Philips	X
Bobbi Garcia-Abrego	X	Christine Giesing	X	Claire Peters	X	Dominique Rosendo	X
Elizabeth Snow		Francesca Maes		Gabrielle Jablonski	X	Hana Smith	X
Ian Milby	X	Jacquelyn Stanton	X	Jesus Trevino	X	Jovan Harris	X
Joy Twesigye	X	Judith Watts	X	Judy Shlay	X	Lori Banks	X
Lucy Guereca	X	Mary Doran	X	Miriam Garcia	X	Mordy Cukier	
Nancy Viera	X	Shanice Sims	X	Shannon Godbout	X	Shawnette Gillespie	X
Simret Kahsai		Stephanie Segal	X	Teresa Dinh	X	Ty Smith	X
Tyler Woody		William Wright	X	Sophia Alires	X	Bill Fulton (Guest)	X
Carolyn Quick (Guest)	X	Sarah Thomas (Guest)	X	Dhalia Gomez (Spanish Interpreter)	X	Gabriel Motter (Spanish Interpreter)	
Agenda Items:		Discussion notes including decisions and actions:					
<b>Land &amp; People Acknowledge and Welcome</b> (Dr. Bill Wright & Joy Twesigye)		<b>Welcome to the Regional Healthy Colorado for All Committee!</b> <ul style="list-style-type: none"> <li>- Joy – Vice President of Health Strategy at COA           <ul style="list-style-type: none"> <li>o There is something each of us can do to address barriers.</li> </ul> </li> <li>- Dr. Wright – Chief Medical Officer at COA           <ul style="list-style-type: none"> <li>o HRSN/SDOH need to be addressed and there is much that can be accomplished outside of the boardroom. How can we think differently about our populations to address persisting issues.</li> </ul> </li> </ul>					

Agenda Items:	Discussion notes including decisions and actions:
	<p><b>Ground rules/reminders:</b></p> <ul style="list-style-type: none"> <li>- Spanish interpretation reminder – please speak slowly to allow for interpretation.</li> <li>- Do not share personal health information during the meeting, as the meeting is recorded.</li> </ul> <p><b>Land &amp; People Acknowledgement – Read by Dr. Wright</b></p>
<p><b>Mission Moment</b> (Nancy Viera)</p>	<p><b>Video Story – Mallory Bowers</b> (Senior Communications Specialist at COA)</p> <ul style="list-style-type: none"> <li>- Purpose: To highlight the importance of this committee’s work</li> </ul>
<p><b>Introductions</b> (All)</p>	<p>The committee is made up of about 25 external committee members who represent COA’s provider, member, and community/health neighborhood partners.</p> <p><b>Introductions:</b></p> <ul style="list-style-type: none"> <li>- What is your purpose on the planet?</li> <li>- It is important to understand where each other are coming from, lived experience, and expertise.</li> </ul>
<p><b>RHCAC: Advisory Relationship Design</b> (Joy Twesigye, Carolyn Quick, Sarah Thomas, Tyannah Reed)</p>	<p><b>Overview of Health Equity Ecosystem (Joy – Health Equity Officer for COA):</b></p> <ul style="list-style-type: none"> <li>- It is important to stay member-centered and member-focused</li> <li>- Internal and external collective input that influence health equity strategy <ul style="list-style-type: none"> <li>o Program Improvement Advisory Committee and Member Advisory Council (youth/adult)</li> <li>o COA Board of Directors</li> <li>o Integrated Network Provider Advisory Council</li> <li>o Quality Improvement and Health Executive Council</li> <li>o Committee for Equitable Health and Social Needs (CEHSN) – Internal Committee <ul style="list-style-type: none"> <li>▪ Leads the creation and implementation of the Health Colorado for All Plan prioritizing equity and social determinants of health for R4 and CHP.</li> <li>▪ RHCAC provides feedback and ideas and the CEHSN will report back to RHCAC</li> </ul> </li> </ul> </li> </ul> <p><b>Well-Care Visit Messaging Pilot (Example of committee feedback loop):</b></p> <ul style="list-style-type: none"> <li>- COA piloted a well-care intervention that focused on messaging to encourage well-care visits for children and youth</li> <li>- COA did a population assessment of the performance for this measure and found that Native Hawaiian and Pacific Islander, American Indian and Alaska Native, and Unknown race/ethnicities, and members who spoke Vietnamese, Russian, and Spanish had the lowest well-care visit rates.</li> <li>- Results: Did not see a higher rate of visits in the postcards groups</li> </ul> <p>Feedback questions for the committee:</p> <ul style="list-style-type: none"> <li>- Are there specific CBOs, Clinics or Community Leaders that could help inform best practices for communicating with members who identify as Russian, Native Hawaiian/Other Pacific Islander, Native Alaskan or Native?</li> </ul>

Agenda Items:	Discussion notes including decisions and actions:
	<ul style="list-style-type: none"> <li>○ Independent living council connections</li> <li>○ CACEN – Colorado Asian Culture and Education Network</li> <li>○ Aurora Mental Health Center</li> <li>○ Western Slope Native American Resource Center <a href="https://www.wsnarc.org/about">https://www.wsnarc.org/about</a></li> <li>○ Partner with schools at different grades/ages</li> <li>○ Native American Housing Circle – Did COA collaborate with community partners? This is an opportunity. Reach out to DIFC.</li> <li>○ COA was unable to make connection with Pacific Islander Community Organizations. Populations from Marshall Islands are in need of services.</li> <li>○ Connect with Jewish Family Services to reach the Russian population</li> <li>○ Denver Commissions – Opportunity to connect with various populations</li> <li>○ African Leadership Group in Aurora would be a great place to connect with African Immigrants and they also have a Muslim component that is very involved in with the community. <a href="https://usalg.org/">https://usalg.org/</a></li> <li>○ Recommend connecting with spiritual communities/spiritual leaders that serve these communities. Many immigrant communities trust their faith community as sources of truth and well-being.</li> <li>- What communication methods work best for different communities? <ul style="list-style-type: none"> <li>○ Different words can have different meanings for different communities. COA is interested in better understanding effective language/wording from the populations that are being engaged.</li> <li>○ Have we looked at the why among these populations?</li> <li>○ Have information be in "plain language" in every language used so it can work for individuals with all kinds of education, community norms, and cognitive abilities.</li> <li>○ Elevate community members to peer specialists – members who speak the language and know the specific community.</li> <li>○ The way the message is written is very important, the liaison in schools is an important point to share the information with the families You want to reach.</li> </ul> </li> <li>- Are there existing materials or guidance that you feel COA could share with providers, at events to help support well visits and preventive care?</li> <li>- Other suggestions? <ul style="list-style-type: none"> <li>○ Would love to see a contest where the interventions are consumer-designed</li> <li>○ Stigma (at least for behavioral healthcare) in the Asian community- people likely to engage more with a community event led by someone that looks like them and speaks the language</li> <li>○ Connect with Jewish Family Services to reach Russian population</li> </ul> </li> </ul>

Agenda Items:	Discussion notes including decisions and actions:
	<ul style="list-style-type: none"> <li>○ Disaggregation of data for members identifying as Black/African American is needed to better understand specific populations</li> <li>○ Hawaiian Native/Other Pacific Islander race/ethnicity is currently lumped together in the data provided by HCPF, making it difficult to identify specific populations for outreach.</li> </ul>
<b>Planning: RHCAC Charter &amp; Leadership</b> (Teresa Dinh)	<p>Please review the committee charter and let us know what feedback you have. <b>We are looking for three additional committee co-chairs that will support facilitation/coordination of quarterly committee meetings. We need:</b></p> <ul style="list-style-type: none"> <li>- 1 co-chair representing members/caregivers</li> <li>- 1 co-chair representing physical health, behavioral health and health neighborhood networks</li> <li>- 1 co-chair representing the community network</li> </ul> <p>Co-chair time commitment will involve attendance at quarterly committee meetings and agenda development ahead of the quarterly meeting (this will involve 1 additional hour).</p>
<b>State Deliverable &amp; Planning</b> (Claire Peters & All)	<p><b>SFY25-26 Healthy Colorado For All Plan:</b></p> <ul style="list-style-type: none"> <li>- If you had a magic wand, what would you fix to improve access to care for Medicaid and CHP members? What problems/frustrations have you seen or felt in our Medicaid network, especially within mental health, maternal health, and preventive health care?</li> <li>- Your feedback, ideas and input are valued and will be incorporated into COA's Healthy Colorado for All strategy and connected to health disparities identified within the health equity data provided by HCPF.</li> <li>- <b>Please use the link (or email Teresa and Claire directly) to provide your thoughts, ideas and feedback:</b> <a href="#">Closing Gaps in Health &amp; Social Needs - Frustrations &amp; Ideas - Healthy CO for All - Confluence</a></li> <li>- Please <b>provide your feedback by 10/31/25</b></li> <li>- COA's draft strategy, which will incorporate your feedback, will be shared at the January meeting.</li> </ul>
<b>Closing Comments</b> (Joy Twesigye)	<p><b>Thank you for providing your time and your feedback!</b></p>
<b>Parking Lot/Other Comments</b>	<ul style="list-style-type: none"> <li>- SNAP 2025 challenge (Ty) - inviting RHCAC to join <a href="https://frac.org/snap-challenge-2025">https://frac.org/snap-challenge-2025</a></li> <li>- Shanice shared a speech she shared at a healthcare conference in Portland OR last week, as a national consumer scholar for the Camden coalition - <a href="https://youtu.be/jQQmWymPBcA?si=p1HylmJHBBmDbMpx">https://youtu.be/jQQmWymPBcA?si=p1HylmJHBBmDbMpx</a></li> </ul>

Action Items		
Who is Responsible?	Action Item:	Complete By:

All Committee Members	<p>Please use the link (or email Teresa and Claire directly) to provide your thoughts, ideas and feedback: <a href="#">Closing Gaps in Health &amp; Social Needs - Frustrations &amp; Ideas - Healthy CO for All - Confluence</a></p> <p>Update: Process completed</p>	10/31/25
CO Access (Teresa)	<p>Translate RHCAC feedback into ACC III HCA Strategic Planning, and frame 7-year strategy with internal teams and CEHSN</p> <p>3.30.2026 Update from Teresa: RHCAC feedback was prioritized first in creation of Healthy CO for All 7-Year Plan. SME and CEHSN feedback obtained.</p>	12/10/2025
Committee Members	<p>Let Teresa know if you are interested in serving as a committee co-chair</p> <p>3.30.2026 Update from Teresa: Ty, Ian, Dr. Segal are co-chairs with Joy</p>	10/31/25
CO Access (Cultural Navigation – Nancy, Shawnette)	<p>Follow-up with CBOs, Clinics/Community Leaders that could help inform best practices for communicating with members who identify as Russian, Native Hawaiian/Other Pacific Islander, Native Alaskan Native:</p> <ul style="list-style-type: none"> <li>• Independent living council connections</li> <li>• Asian Cultural Development and Education Network / Aurora Mental Health Center</li> <li>• Western Slope Native American Resource Center <a href="https://www.wsnarc.org/about">https://www.wsnarc.org/about</a></li> <li>• Partner with schools at different grades/ages</li> <li>• Native American Housing Circle. DIFC.</li> <li>• Populations from Marshall Islands are in need of services.</li> <li>• Connect with Jewish Family Services to reach the Russian population</li> <li>• Denver Commissions – Opportunity to connect with various populations</li> <li>• African Leadership Group in Aurora would be a great place to connect with African Immigrants and they also have a Muslim component that is very involved in with the community. <a href="https://usalg.org/">https://usalg.org/</a></li> <li>• SECOR - Russian population</li> <li>• Recommend connecting with spiritual communities/spiritual leaders that serve these communities. Many immigrant</li> </ul>	TBD

	<p>communities trust their faith community as sources of truth and well-being.</p> <p>Update:</p>	
<p>CO Access (Cultural Navigation- Nancy, Shawnette )</p>	<p>Consider communication methods that work best for different communities</p> <ul style="list-style-type: none"> <li>• Understand effective language/wording from the populations that are being engaged.</li> <li>• Look at the why among the different populations</li> <li>• Find ways to elevate community members to peer specialists</li> <li>• Identify existing materials/guidance that COA could share with providers, at events to help support well visits and preventive care</li> <li>• Have contest where interventions are consumer-designed</li> </ul> <p>Update:</p>	TBD
<p>CO Access (Population Health, Claire)</p>	<p>RHCAC would like to see disparities data, to better understand specific populations</p> <p>Update 3.30.2026: Population Health team analyzing disparities data from HCPF, TBD on completion date.</p>	TBD