All Kids Covered Initiative
Meeting Notes
September 2, 2016

Discussion on racial and ethnic equity and children's health coverage in Colorado – *Conversation led by Erin Miller, Tara Manthey, and Angelique Smith, Colorado Children's Campaign*

- Meeting recording available here.
- Please reference the presentation slides available here: Racial and ethnic equity and children's health coverage in Colorado.

Why are we having this conversation today?

Colorado has made great strides toward getting all kids covered, but when thinking about how to get the remaining approximately five percent covered, we need to think broadly about policies and about targeted approaches. Today's meeting will help *begin* to bring considerations of racial and ethnic equity to the conversation.

- It is OK that we're starting from different places.
- Thinking about how policy can address equity can be tricky, but it is a crucial tool.
- This is a journey together. Be open to the process.

Some discussion and presentation highlights:

- Slide 2 - **Equality** is when everyone gets the same assistance, but that's not always enough because people don't start from the same place. **Equity** is a way to create a way for all people to have an equal experience.
    - Key term in equity is "targeted universalism" which means that a solution to a problem is targeted to the most marginalized people in the group, but the solution benefits everyone.
- Slide 4 – Meeting attendees spent several minutes discussing questions about early experiences with race in small groups. (Most people in the room shared that they had mostly white teachers.)
    - Why is it important to think about these questions? There are societal structures in place that set up certain messaging about the people in power, who is smart, etc. All these messages and structures can play into how equity and disparities happen.
    - It is not accidental that many people said they had white teachers. Explicit policy decisions have been made that influenced this. (E.g., prior to desegregation, black teachers taught black kids, and white teachers taught white kids, but when schools were desegregated, the black teachers were laid off. Also a family's economic security may determine whether someone will pursue teaching (which requires a 4-year degree, but typically may not pay as well as some other professions that require equal education).
    - Discussion topics:

        - This conversation doesn't have to be just about race, it can also be about other minority communities (disabilities, etc.)
        - It is important to respect a person's experience even if you don't understand it.
        - One person shared the difference in experience growing up between herself, an immigrant with legal status, and her peers who did not have proper documentation. Her peers were tracked differently in school, and not able to pursue college loans or afford college degrees.
        - The complexities that hinder children are things that they're not really aware of. Our goal can be to help kids not get bogged down by the things they are not making the choices about.
- Slide 5 – explains different levels of racism (individual, institutional, and structural).
    - Racism can be explicit or implicit.
    - We are typically working on policies that address the institutional level, but there are often structures outside of the policy options that still impact the success of the policy.
    - Not going to talk about today, but the Colorado Trust Health Equity Cohort is working on a health equity policy analysis tool to help remove the unintentional screens when thinking about policy solutions.
- Handout: Drivers of Inequity Scenario: First Food
    - Read through the scenario and discussed examples of individual, institutional, and structural racism.
- Slide 6 - Structural racism points to multiple institutions and the *intent* to discriminate is irrelevant.
- Slides 7 – 11 include some data that will help ground this conversation-
    - Slide 7: Colorado's Child Population by Race/Ethnicity.
    - Slide 8: 2014 Infant Mortality Rates by Race and Income
        - Infant mortality rates are much higher for black women, Colorado has widest racial disparities (4X the rate of whites). Not explained by income, which suggests that it could be due to the stress of institutional racism.
    - Slide 10: Black families, even those that are higher income, are still more likely to live in less well-resourced neighborhoods.
    - Slide 11: Kids' health insurance rates by race and ethnicity. Dramatic rates of getting covered. However, in 2014, Hispanic/Latino kids have the highest rate of uninsurance.
- Concept of targeted universalism (discussed by john a. powell) contrasted with universalism
    - Example: Social Security was intended as a universal program – everyone enters as 65. However, when the program was first set up, it wasn't universal because there were many unintentional barriers included, i.e. need to be working in order to enroll, set up for the primary wage earner over the course of his lifetime (and based on a system where men worked, women stayed home). The program also excluded agricultural and domestic workers (i.e. many blacks, Hispanics). Many of those barriers have been addressed over the years, but the ideal of the universal system was not universal because of the unintentional consequences.

    - Targeted universalism: When the most marginalized people have access to the policies/benefits/supports the benefits will extend and benefit everyone else.
- Taking the concept of targeted universalism and applying it to health care quality, access, and coverage ….
    - Focus on the people who don't have coverage, and doing something to help them get coverage means that they'll be more likely to get health care, succeed in school, contribute to the work environment.
    - Impacts of going to the emergency room have an impact on health system as a whole.
    - Thinking about the welcome mat effect – a side product of opening up access to parents. What if the intention was the welcome mat from the beginning? Goal is to remove the various barriers and impact different groups.
        - Need to be strategic in talking about this in legislative work, but also run the risk of contributing to the narrative by only focusing on the short term goals. Changing a system to think about something differently is hard but important.
- Helpful to think about the history of health insurance that led to the disparities. Some background:
    - In 1940, less than 10% of U.S. had private health insurance – usually contracts with hospitals, as the U.S. came out of the depression
    - By 1950, 50% of people in the U.S. were covered through private health insurance. Why? Around WWII, other counties began seeing problems with affording health care. Around the 1920s healthcare became more important/scientific/useful (and more expensive) via antibiotics, other inventions, etc. In the 1950s there was an understanding in other countries for the need to begin national health systems, but in the U.S. the sense was that if you want it, you can buy it. Government shouldn't take it over.
    - Another influence was the 1942 Stabilization Act during WWII. The government was concerned with inflation as many men were in the Army, but factories needed workers, so they raised wages quickly. Stabilization Act said you can't raise wages, but didn't interfere with offering benefits so more employers offered health insurance. In 1942, the workplace was also very segregated – mostly white men, some white women, fewer people of color.

Thoughts on how this conversation impacts AKC priorities for 2017

- Idea of looking at AKC priorities (see slide 12) and policies in session, ballot measures, proposed policies, through the health equity tool analysis from the cohort.
- Need to think about who we should be having the conversations with – making sure we are talking to the people who are impacted by potential policies, and bringing them to the table.
- Solutions can different based on each person.
- What does culturally and linguistically appropriate care look like at the provider level?
- Need to recognize that impacting structural racism is hard, but need to work toward the goals and push on the systems, using the successes of the coalition, the power accumulated, and the high standing of the coalition. It will send a message.

General Partner Updates

- The tobacco tax will be on the ballot. (As a reminder, AKC supports this measure.)
    - The Healthy Colorado/Yes on 72 campaign has resources that organizations can share on Facebook, Twitter, etc. about the initiative.
- The AKC leadership team is finalizing a memo to the Colorado Department of Health Care Policy and Financing on policy options for the Future of the Child Health Plan *Plus* and the letter will be circulated for sign-ons from AKC coalition members soon. The leadership team is also working with a national technical assistance partner on a Medicaid quality report which should also be published soon.
- Colorado Covering Kids and Families will be digitally publishing a report on the current eligibility and enrollment process, and options to improve it, by the end of September.
- The Colorado Health Foundation's next funding deadline is October 15.

Next meeting: Friday, October 7, 2016