



Care Talks Live! Join us for a Lunch and Learn on Health Equity

November 15, 2024

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Confidential and Proprietary Information

Agenda

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Health Equity Team



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What is Health Equity?

Factors Affecting Health Equity

Social Determinants of Health are the conditions in the places where people live, learn, work, play, and worship that affect a wide range of health risks and outcomes. Long-standing inequities in six key areas of social determinants of health are interrelated and influence a wide range of health and quality-of-life risks and outcomes.

- Social and Community (Discrimination/Racism)
- Healthcare Access and Use
- Neighborhood and Physical Environment
- Workplace Conditions
- Education
- Income and Wealth Gaps

Examining these layered health and social inequities can help us better understand how to promote health equity and improve health outcomes.

Health Equity

Health Equity is the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires ongoing societal efforts to:

- Address historical and contemporary injustices;
- Overcome economic, social, and other obstacles to health and health care; and
- Eliminate preventable health disparities.

To achieve health equity, we must change the systems and policies that have resulted in the generational injustices that give rise to racial and ethnic health disparities.

CCH Health Equity Framework

Cultivating the human, cultural, financial, and social assets to support the collaboration necessary for producing and maintaining shifts in policies, practices, programs, resources, and power structures that lead to equitable health outcomes.

Through activation of community partners and aligned efforts across departments, we jointly identify, design, and improve member, community, and provider interventions.

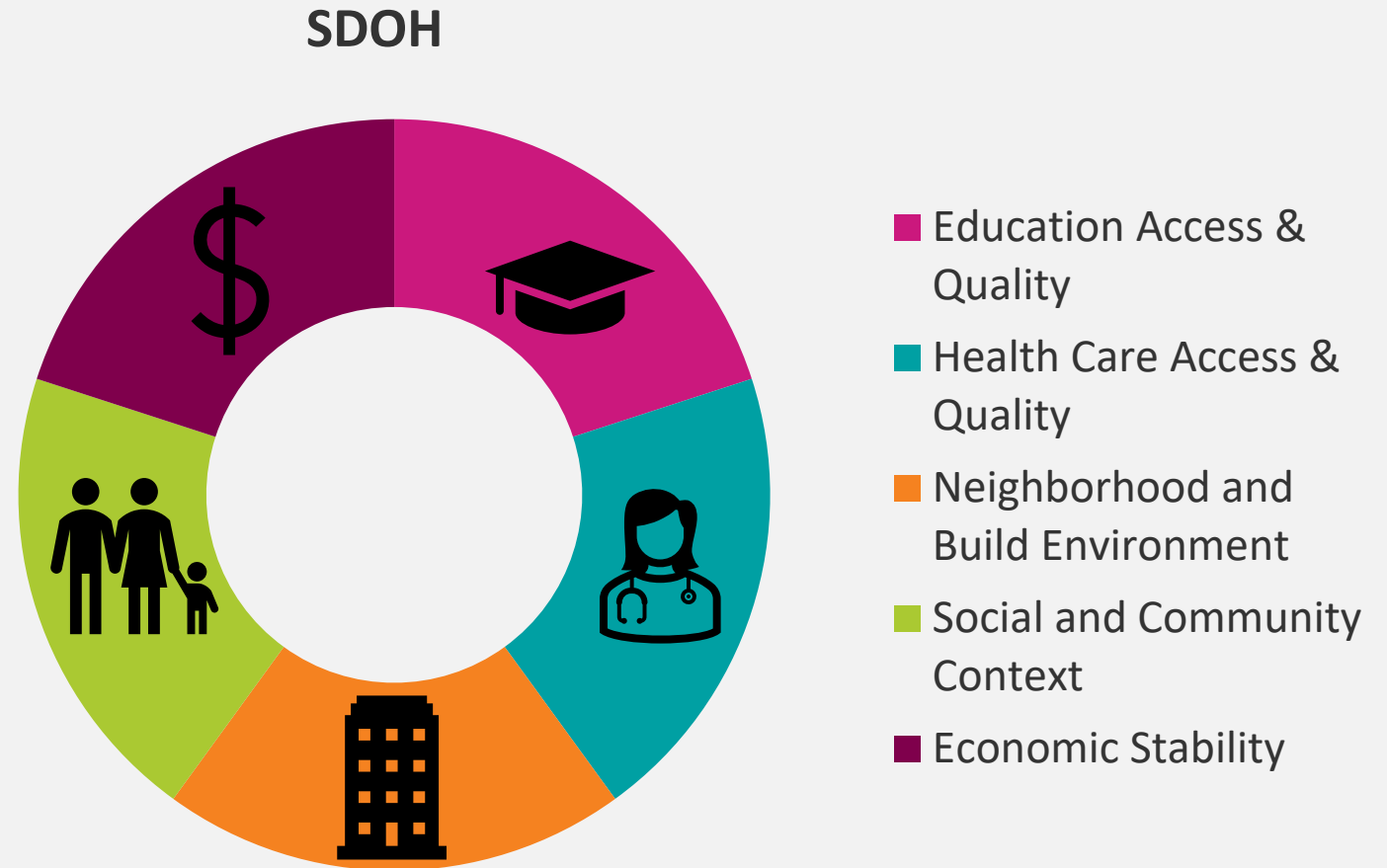


A diverse group of people within CCH and in defined communities align on what shifts policies, initiatives, practices, resources, and power structures to produce equitable health outcomes.

Rigorously collecting, analyzing, sharing, and taking action with data to make shifts in policies, practices, programs, resources, and power structures that produce equitable health outcomes.

Health Equity and Social Determinants of Health

- Social determinants of health (SDOH) are the conditions in the environments where people are born, live, work, play, worship and age that affect a wide range of health, functioning, and quality of life outcomes and risks.





- Face-to-face interpretation
- Over the phone translation services
- Written translation services

- Text to Voice (TTY)
- Large Print
- Braille
- Personal Amplification Listening Device (ALDS)
- Compact Disc

For **members** to request interpreter, translation or other additional accommodations, call **Member Services at 1-833-552-3876 (TTY 711)**. **Providers** can call **1-866-998-0338** for Telephonic/Virtual interpreter requests & **1-866-827-7028** for an in-person interpreter.

- All printed materials are available in English, Spanish, and 13 other languages upon request.

- Available in English and Spanish

- CCH Cultural and Linguistic Policy

INTERPRETERS AVAILABLE

We will provide an interpreter at no cost to you.
Contact Member Services at 1-833-552-3876 (TTY 711) for more information.

Spanish (Español)
¿Habla español? Le proporcionaremos un intérprete sin costo para usted. Para obtener más información, comuníquese con Servicios al Miembro.

Simplified Chinese (简体中文)
您会说中文吗？我们将免费为您提供口译员。请联系会员服务部门了解更多信息。

Vietnamese (Tiếng Việt)
 Quý vị có nói Tiếng Việt không? Chúng tôi sẽ cung cấp thông dịch viên miễn phí cho quý vị. Vui lòng liên hệ Ban Dịch Vụ Hội Viên để biết thêm thông tin.

Korean (한국어)
한국어를 사용하십니까? 귀하에게 무료 통역사 서비스를 제공해 드립니다. 자세한 내용은 가입자 서비스 부에 문의하십시오.

French (français)
Parlez-vous français ? Nous vous fournirons gratuitement un interprète. Pour plus d'informations, veuillez contacter le service adhérents.

هل تتحدث اللغة العربية؟ سنزودك بمترجم فوري مجاني ، اتصل بخدمات الأعضاء للحصول على المزيد من المعلومات

Hmong (Lus Hmoob)
Koj puas hais Lus Hmoob? Peb yuav muab ib tug
kws txhais lus rau koj yam tsis tau them nqi. Tiv tauj
Feem Pab Cuam tsaw Cuab hais txog rau cov ntaub
ntawv qhia paub ntau ntsh.

Russian (Русский)
Вы говорите на таком языке: русский?
Мы бесплатно предоставим вам устного переводчика. За дополнительной информацией обращайтесь в отдел обслуживания участников.

Tagalog (Tagalog)
Nagsasalita ka ba ng Tagalog? Maglalaan kami ng libreng interpreter para sa iyo. Kontakin ang Mga Serbisyo sa Miyembro para sa higit pang impormasyon.

Gujarati (ગુજરાતી)
 શું તમે ગુજરાતી બોલો છો? અમે કોઈ જાણ વળિ દુભાવણિની
 સુવધિ આપીશું. શ્રિ માવતિ માટે સભ્ય માટેની સેવિઓનો
 સંપદ્ય કરો.

Mon-Khmer (Cambodia) (ភាសាខ្មែរ)
 តើអ្នកនិយាយ ភាសាខ្មែរ ឬ?
 បើបើទីនេះជួនអ្នកបកប្រែច្បាប់ដោយមិនគិតថ្លៃដល់
 អ្នក។ សូមទាក់ទងមកសេវាបម្រើសមាជិក
 ដើម្បីទទួលបានព័ត៌មានបន្ថែម។

German (Deutsch)
Sprechen Sie Deutsch? Wir stellen Ihnen einen Dolmetscher ohne zusätzliche Kosten zur Verfügung. Wenden Sie sich für weitere Informationen an unsere Services für Mitglieder.

Hindi (हिन्दी)
क्या आप हिन्दी शोलते हैं? मि आपको एक दुभाषिया मुफ्त प्रदान करेंगे। अधिक जानकारी के धलए सदस्य सेवाओं से संपर्क करें।

Laotian (ພາສາລາວ)
ທ່ານເວົ້າພາສາລາວ ບໍ່? ພວກເຮົາຈະໃຫ້ບໍລິການສຳມະໄປພາສາແກ່
ທ່ານໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ກະລຸນາຕິດຕໍ່ເລື່ອຍບໍລິການສະມາຊິກສໍາ
ລັບຂໍ້ມູນເພີ່ມເຕີມ.

Japanese (日本語)
日本語をご希望ですか?無料通訳をご利用いただけます。詳細については、メンバーサービスにお問い合わせください。

 American Sign Language (ASL)

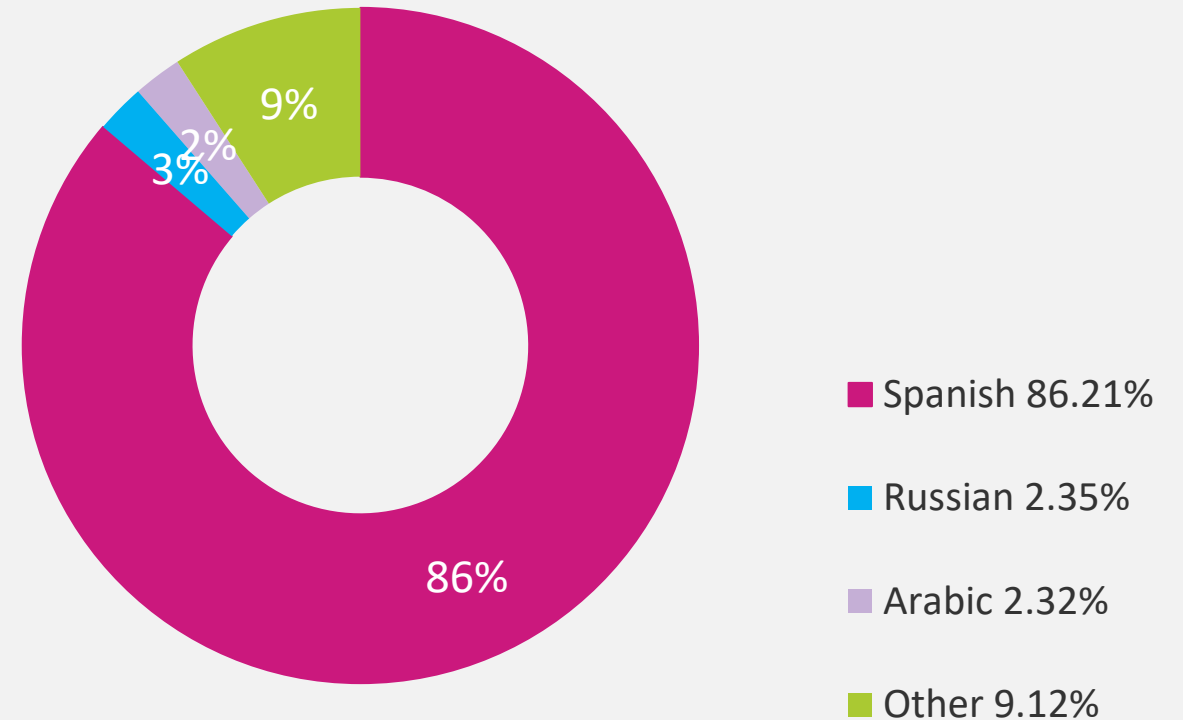
1-833-552-3876 (TTY 711)
carolinacompletehealth.com



Language Assistance Resources Cont.

Top 10 languages reported by membership	Number of Members	% of CCH Total Population
English	230,752	89.23 %
Spanish	26,541	10.26 %
Russian	343	0.13 %
Arabic	333	0.13 %
Creoles and Pidgins, French-based (Other)	156	0.06 %
Vietnamese	128	0.05 %
French	108	0.04 %
Chamorro	69	0.03 %
Hmong	40	0.02 %
Portuguese	29	0.01 %

Top 3 Languages Requested 2023

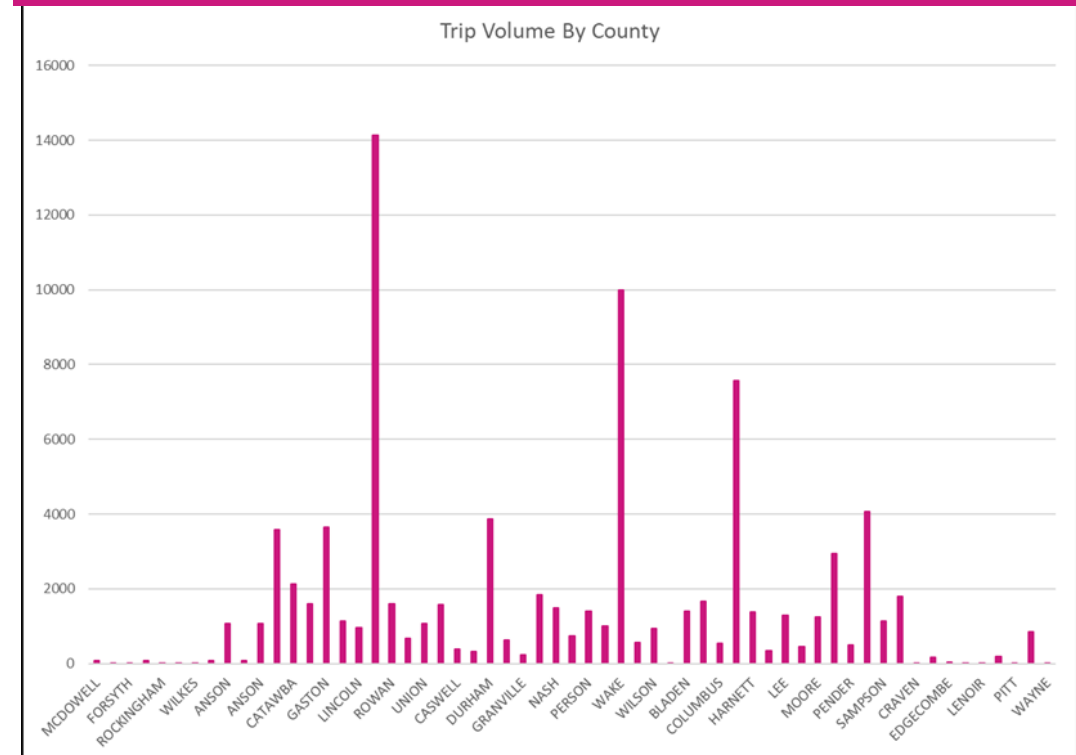


Transportation - ModivCare

GUIDELINES FOR MEMBER TRIPS

- Every member is entitled to non - emergency transportation to their medical appointments.
- Members should call ModivCare at 1-855-397-3601 at least 2 business days before their appointment but not more than 30 days. Dialysis can be scheduled 3 months at a time.
- Trips over 75 miles prior approval via CCH
- 30 min window for pickup and 60 min for the return trip.
- Reimbursement

TRIP COUNT BY COUNTY IN 2024

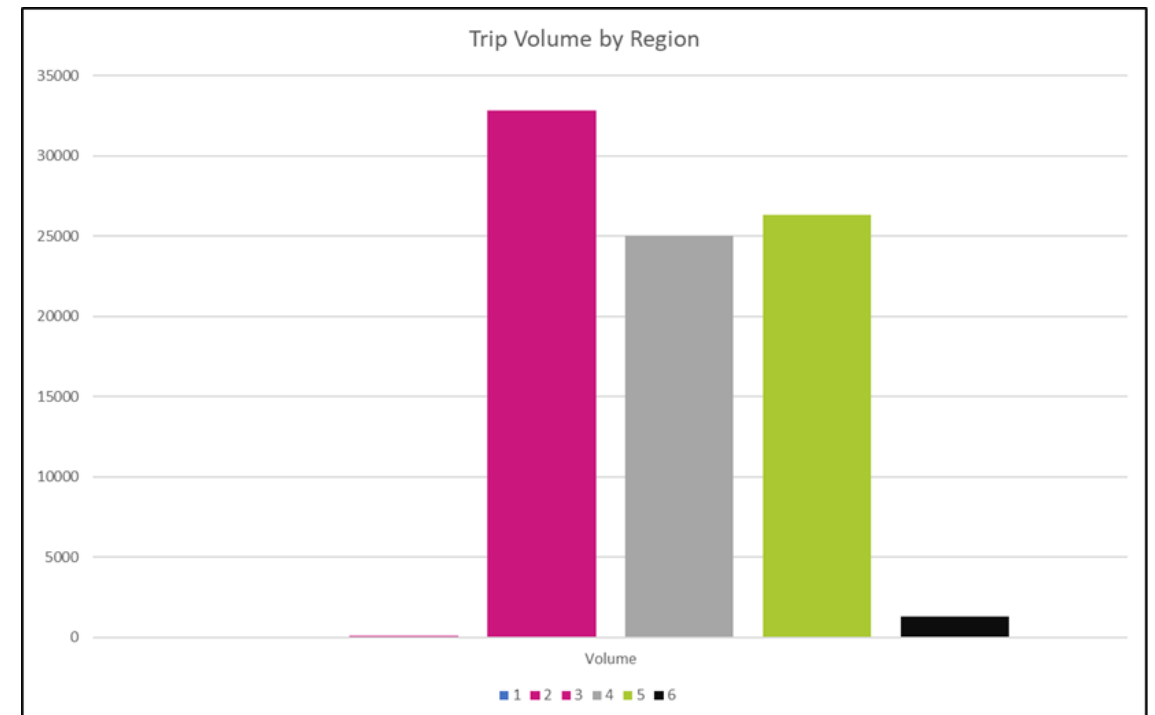


Transportation

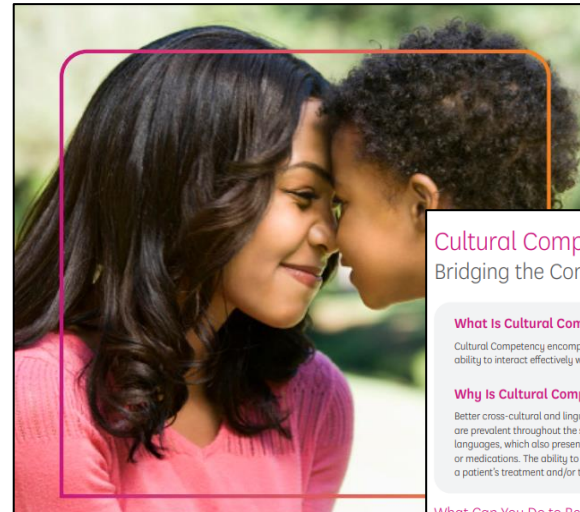
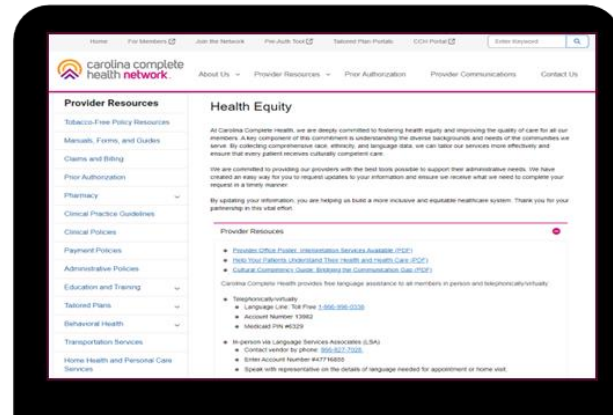
CONTRACT REQUIREMENTS AS VENDOR

- ModivCare is the delegated Non-emergency medical transportation (NEMT) services on behalf of CCH (and our Tailored Plan partners).
- ModivCare has defined service level agreements based on the CCH/NC DHHS State contract.

TRIP COUNT BY REGION IN 2024



Provider Pulse Newsletter & Resources



Help Your Patients Understand Their Health and Health Care

State Health Program

network.carolinacompletehealth.com

Cultural Competency

Bridging the Communication Gap



What Is Cultural Competency?

Cultural Competency encompasses Carolina Complete Health's beliefs, values and behaviors. It is the ability to interact effectively with people from different cultures and backgrounds.

Why Is Cultural Competency Important?

Better cross-cultural and linguistic communications can play a role in reducing health disparities, which are prevalent throughout the state of North Carolina. North Carolina has seen as many as 15 spoken languages, which also presents numerous opportunities for misunderstanding regarding health conditions or medications. The ability to communicate successfully across barriers in health care can directly affect a patient's treatment and/or the outcome of the treatment and/or the outcome of the treatment.

What Can You Do to Become More Culturally Competent?

As an organization, Carolina Complete Health uses the National Culturally and Linguistically Appropriate Services (CLAS) Standards from the Office of Minority Health to guide our efforts to become more culturally competent. Here are a few standards to guide you:

Principle Standard

Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

Governance, Leadership and Workforce

Recruit, promote and support a culturally and linguistically diverse governance, leadership and workforce that are responsive to the population in the service area.

Communication and Language Assistance

Offer communication and language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

Engagement, Continuous Improvement and Accountability

Establish culturally and linguistically appropriate goals, policies and management accountability, and infuse them throughout the organization's planning and operations.

What Is Health Literacy?

Health literacy is the capacity to understand basic health information and services needed to make appropriate decisions. A patient's level of health literacy can impact how and when they take their medications, their understanding of their health conditions, attendance at their appointments and the choices they make regarding treatment. Low health literacy has been linked to poor health outcomes, such as higher rates of hospitalization and less frequent use of preventive services.

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Culture, Awareness, Resource & Education

CARE TALKS

Culture, Awareness, Resource & Education

Health literacy is the ability to find, understand, and use health-related information and services to make informed decisions. View the [Health Equity Provider Toolkit](#) for resources to better serve members. In the toolkit includes:

- Provider Office Language Poster: Interpretation Services Available
- Help Your Patients Understand Their Health and Health Care
- Cultural Competency Guide: Bridging the Communication Gap



9 out of 10 adults struggle with health literacy at some point. The good news is you can help CCH members build their health literacy skills. This can help them make important decisions about their health and their family's health. Listed below are a few ways you can support members:

1. **Ask questions.** Before a doctor's appointment encourage members to write down the questions they have. This can help them feel prepared. As a provider you should be prepared to discuss the topics listed below.
 - Problems or issues members are worried about.
 - Questions about medicines members are taking.
 - What preventative measures members can take to maintain their health.
2. **Take notes.** Remembering everything a doctor says can be hard. Encourage members/patients to write down any important information. Doctors might also type notes for them. Be sure they know where to find those notes.
3. **Bring someone if they can.** A relative or friend can support members/patients. This can be extra helpful if they are not feeling well. They can help fill out forms and write down the doctor's instructions.
4. **Use trusted sources.** Reassure them that if something on the internet seems too good to be true (or too bad to be true!) it may be. Direct members/patients to reliable health news, to state and US government health agencies, universities and medical colleges, nonprofit organizations, and resources on our [CarolinaCompleteHealth](#) website.
5. **Be confident!** Make it a goal to help members/patients walk away from their appointments knowing exactly what they need to do next.

NCQA + Health Equity + Provider Demographic Form



Demographic Changes

Add Race/Ethnicity

Race/Ethnicity

- ☐ White/Caucasian
- ☐ Black/African American
- ☐ Asian or Pacific Islander
- ☐ American Indian or Alaskan Native
- ☐ Native Hawaiian
- ☐ Hispanic
- ☐ Other

Practitioner NPI # *

NPI must be 10 numbers

Practitioner Name

First Name *

Middle

Last Name *

Suffix

Degree *

Update Requested By

First Name *

Last Name *



Disparity Analysis – Health Disparities Overview NCDHHS

Health Disparities Overview – Key Category Findings

1. Social Drivers of Health

- African American/Black, American Indian and Hispanic/Latinx* populations face higher levels of poverty, unemployment, high housing costs and low home ownership. These economic factors contribute to poor health outcomes.
- Millions of North Carolinians have limited access to opportunities for physical activity, nutritious foods and safe housing, which can negatively impact their health.
- Groups that have been historically marginalized are more likely to face these and other social conditions that can negatively impact health. These groups include people defined by race, ethnicity, location, income, health status, disability status, incarceration and more.

2. Access to Health Care

- African American/Black, American Indian, Hispanic/Latinx and people with disabilities have less access to health care and cannot afford quality health care as easily as White people and those without disabilities.
- Immigrants, farmworkers and the LGBTQ+ population also face health care access disparities.
- People who live in rural areas also have less access to health care providers established in their communities.

3. Chronic disease

- Chronic (long-term) diseases are a major cause of early death in North Carolina. Lack of health care, unhealthy behaviors, environmental conditions and social drivers of health are some of the factors that contribute to chronic disease disparities.
- African American/Black, American Indian, Hispanic/Latinx and people with disabilities have higher rates of chronic diseases and deaths.
- Despite progress, significant disparities remain in chronic diseases like cancer (prostate, stomach, pancreatic, multiple myeloma, cervical, liver), stroke, diabetes, chronic obstructive pulmonary disease, kidney disease, liver disease and heart disease for the populations described above.

4. Communicable Disease

- African American/Black, American Indian, Multiracial and Hispanic/Latinx populations have higher rates of communicable diseases like syphilis and HIV.
- LGBTQ+ populations, young people and people who use substances also experience higher rates of communicable diseases.
- Communicable diseases are still a concern for people at higher risk of more serious diseases, like people with chronic illnesses, people with disabilities, older adults or people who are immunocompromised.

5. Mental Health, Substance Use, Suicide and Violence Prevention

The following groups are most affected by mental and behavioral health disparities. Adverse experiences, financial struggles, ongoing hardships, lack of access to care and other factors may contribute to these disparities.

- Youth
- Justice-involved populations
- People experiencing housing insecurity
- African American/Black, American Indian, Hispanic/Latinx and Asian populations
- Rural communities
- Active military and veterans
- People with disabilities
- LGBTQ+ individuals

6. Health Across the Lifespan

- Maternal mortality rates are increasing and disparities persist. Differences in health and social conditions, access to health care, and racism and bias in the health care system contribute to disparities.
- Infant mortality rates remain high and disparities persist. African American/Black, American Indian as well as Multiracial infants have higher death rates compared to other populations. Infants within these population groups also have higher rates of low birth weight and being born too early.
- These families need a lot of support because of the rising cost of child care and limited availability of child care. They need help meeting basic needs like food and housing and accessing

*The term "Latinx" is meant to include all people of Latino heritage, no matter their gender. "Latine" can be used interchangeably, too.

Disparity Analysis – Health Disparities

- This tool is meant to serve as a guide for common disparity analyses required to advance health equity and to comply with the requirements for NCQA's Health Equity Accreditation (HEA 6: Reducing Health Care Disparities)
- Health disparities analyses are a key starting point for health equity work, driving the subsequent inequities and root cause analyses, and supporting the program decision-making and design
- HEDIS measures that were chosen CIS Combo 10, PPC, TOPC, IMA Combo 2, CBP, WCV, CHL, HBD<8, HBD>9
- HEDIS measures are stratified by Race, Ethnicity & Language (Sexual Orientation Gender Identity) will be included in the future.

Disparity Analysis – Health Disparities cont



Table #. Controlling High Blood Pressure (CBP)
Data, stratified by Racial/Ethnic Subgroup

		Race/Ethnic Subgroups				
Total Rate	Total	AIAN	ASIAN	API	BLK/AA	WHT
Numerator	2,038	33	77	11	591	1,326
Denominator	8,288	220	191	25	3,583	4,269
Rate by Subgroup	25%	15.0%	40.3%	44.0%	16.5%	31.1%

Resources

- [CCH Language Poster](#)
- [Health Equity Toolkit](#)
- [Health Equity Webpage](#)
- [CCH Provider Training Attestation for Cultural Competency](#)
- [Provider Demographic Form: Race, Ethnicity, Office Languages](#)



Thank You.