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

November 15, 2024

Kamina King – Health Equity Specialist
Stephanie Hughes – Health Equity Manager

carolina complete health™

Confidential and Proprietary Information

Agenda

Introduction	*Kamina King, Health Equity Specialist*
What is Health Equity? + CCH HE Framework	*Kamina + Stephanie Hughes, Health Equity Manager*
Health Equity + SDOH	*Kamina King, Health Equity Specialist*
Language Services - LAP	*Kamina King, Health Equity Specialist*
Transportation	*Kamina King, Health Equity Specialist*
Care Talks	*Kamina King, Health Equity Specialist*
NCQA + Provider Demographics	*Kamina King, Health Equity Specialist*
Disparity Analysis	*Stephanie Hughes, Health Equity Manager*
Provider Resources + Questions	*Kamina King, Health Equity Specialist*

Health Equity Team

Dr. William Lawrence
Chief Medical Officer

Kalpana Iyer
Vice President, Quality Management

Stephanie Hughes, MPH, CHES - Manager, Health Equity

Kamina King, MSW - Health Equity Specialist

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:

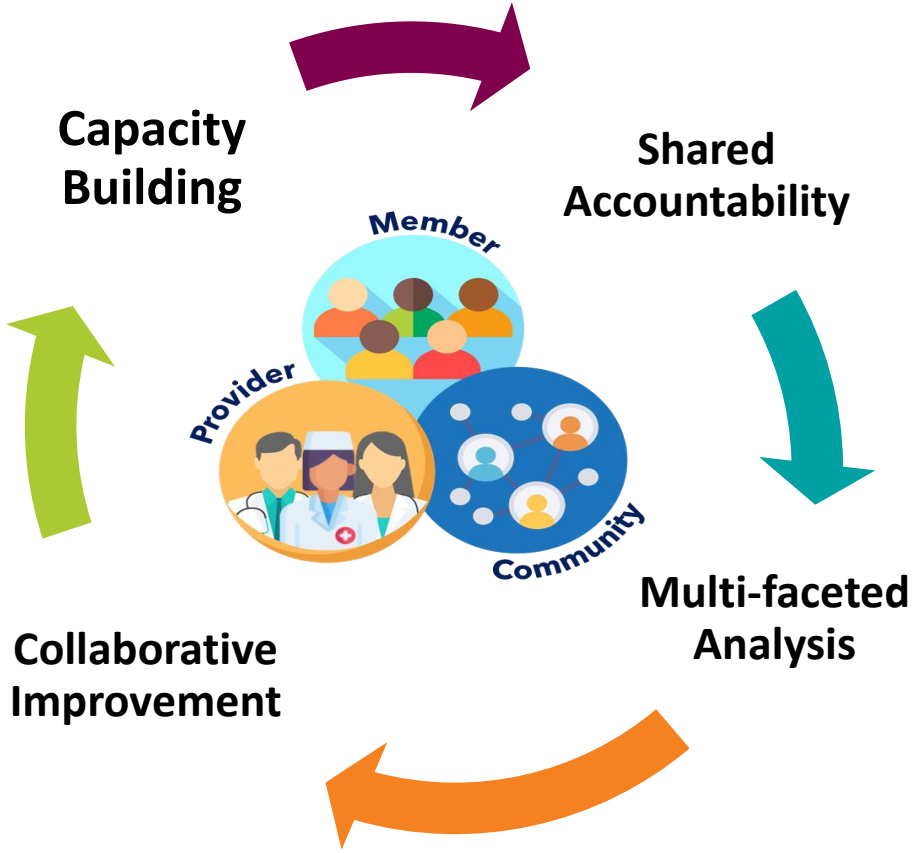
- Address historical and contemporary injustices;
- Overcome economic, social, and other obstacles to health and health care; and
- Eliminate preventable health disparities.

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.

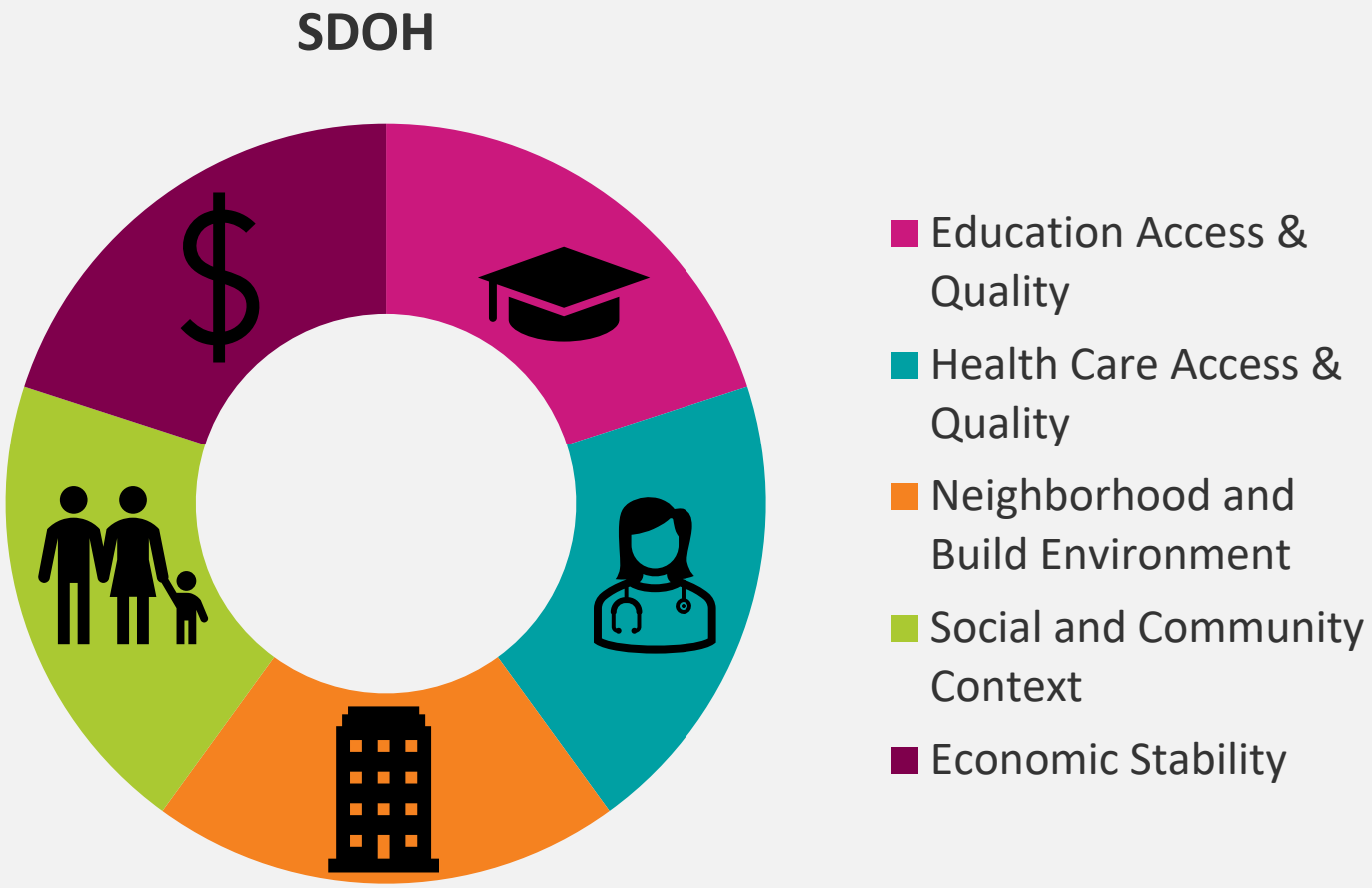


A diverse group of people within CCH and in defined communities align on what shifts policies, initiatives, practices, resources, and power structures to produce equitable health outcomes.

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.



Language Assistance Resources

Interpreter Services:

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

Alternative Formats

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

Printed Materials

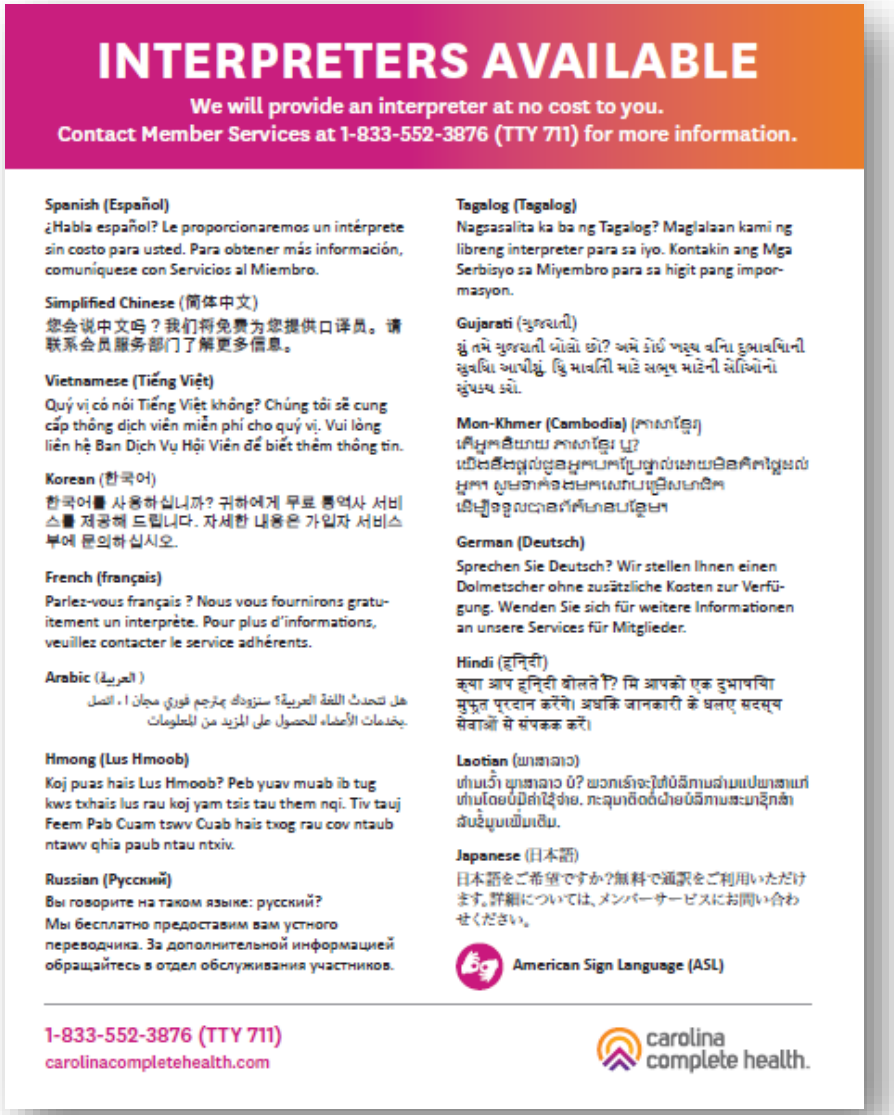
- All printed materials are available in English, Spanish, and 13 other languages upon request.

Website

- Available in English and Spanish

NC.QI.29

- 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 서비스부에 문의하십시오.

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

Arabic (العربية)
هل تتحدث اللغة العربية؟ سنزودك بمترجم فوري مجان ا ، 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 tswv Cuab hais txog rau cov ntaub ntawv qhia paub ntau ntxiv.

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 ખર્ચ વગર દુભાષિયાની સુવિધા આપીશું. વધુ માહિતી માટે સભ્ય માટેની સેવાઓનો સંપર્ક કરો.

Mon-Khmer (Cambodia) (ភាសាខ្មែរ)
តើអ្នកនិយាយ ភាសាខ្មែរ ឬ?
យើងនឹងផ្តល់ជូនអ្នកបកប្រែភាសាដោយមិនគិតថ្លៃសម្រាប់អ្នក។ សូមទាក់ទងសេវាសមាជិកសម្រាប់ព័ត៌មានបន្ថែម។

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 बोलते हैं? मैं आपको एक दुभाषिया मुफ्त प्रदान करेंगे। अधिक जानकारी के लिए सदस्य सेवाओं से संपर्क करें।

Laotian (ພາສາລາວ)
ທ່ານເວົ້າ ພາສາລາວ ບໍ? ພວກເຮົາຈະໃຫ້ບໍລິການລ່າມແປພາສາແກ່ທ່ານໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ກະລຸນາຕິດຕໍ່ຝ່າຍບໍລິການສະມາຊິກສໍາລັບຂໍ້ມູນເພີ່ມເຕີມ.

Japanese (日本語)
日本語をご希望ですか?無料で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)

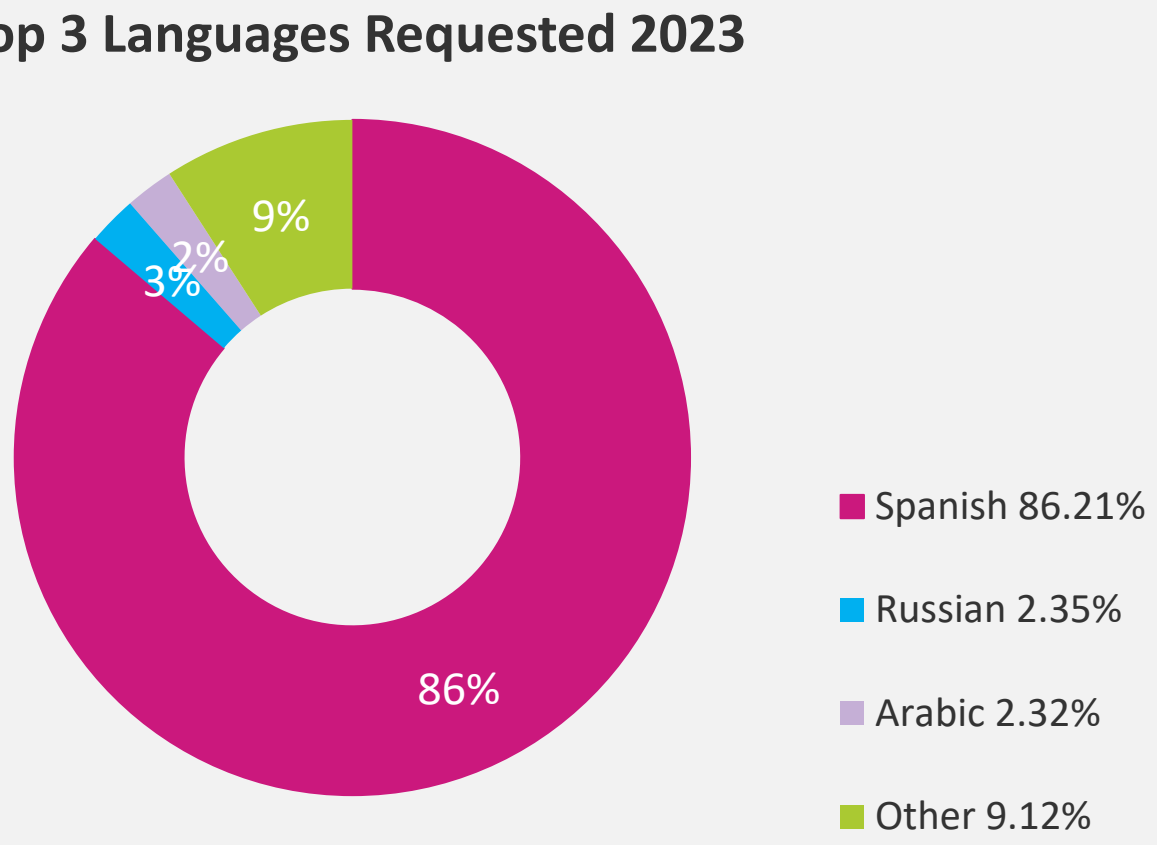
1-833-552-3876 (TTY 711)
carolinacompletehealth.com

carolina complete health.

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.

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 %

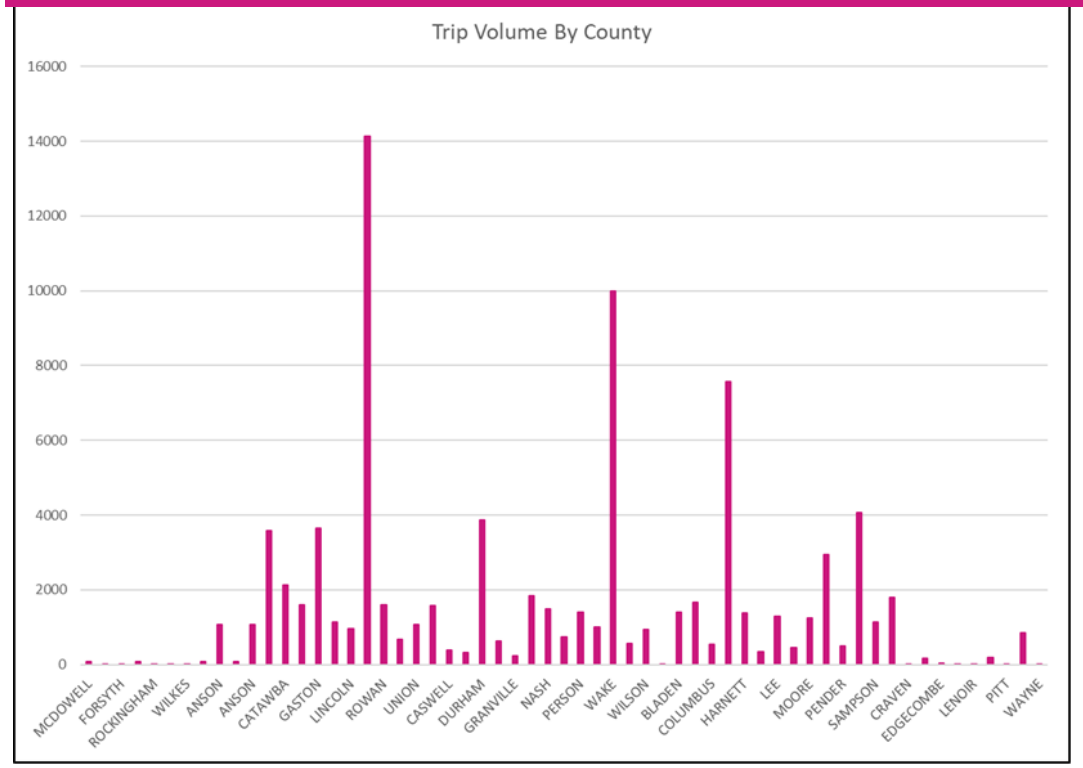


Transportation - ModivCare

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

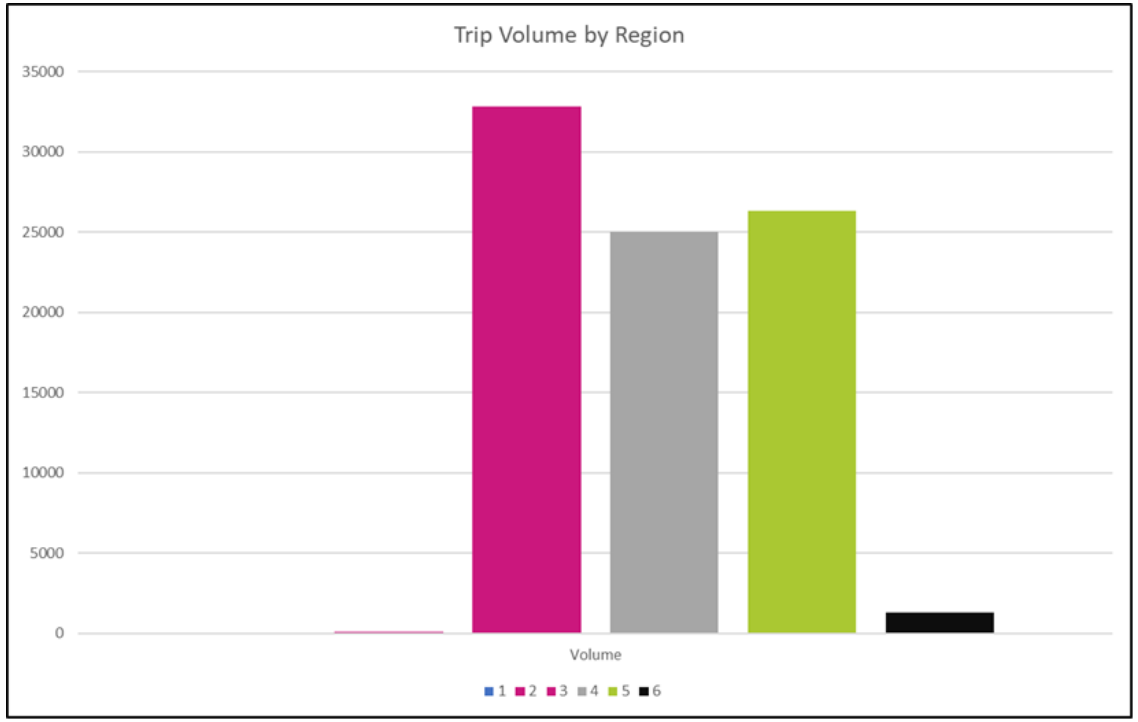


Transportation

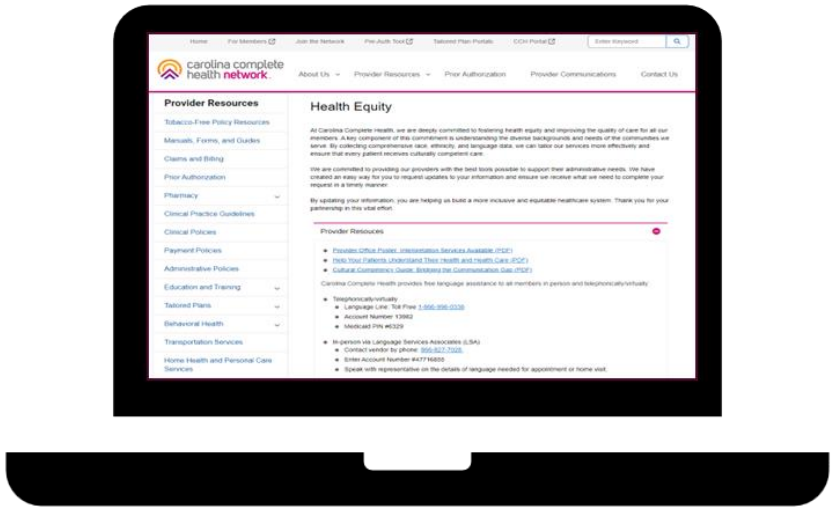
CONTRACT REQUIREMENTS AS VENDOR

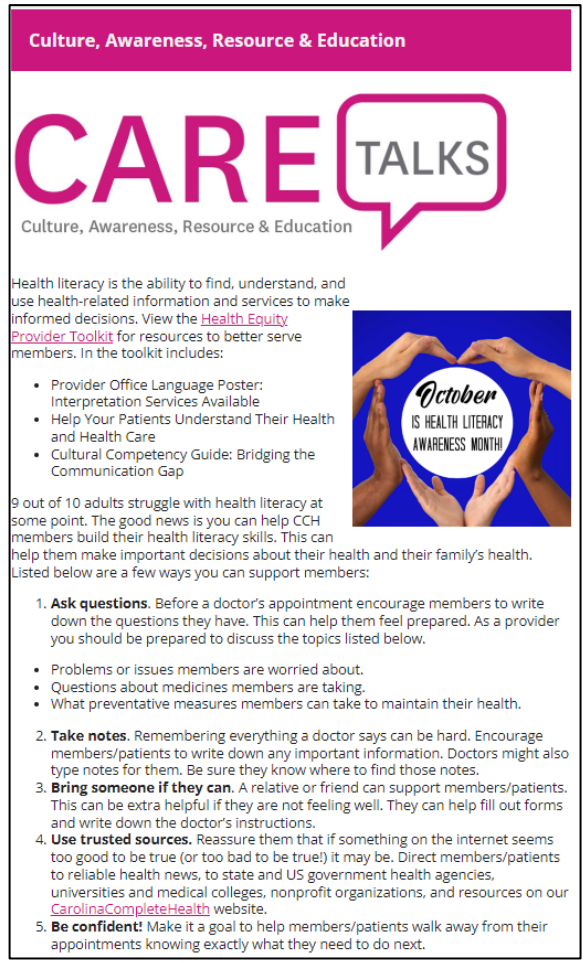
- ModivCare is the delegated Non-emergency medical transportation (NEMT) services on behalf of CCH (and our Tailored Plan partners).
- ModivCare has defined service level agreements based on the CCH/NC DHHS State contract.

TRIP COUNT BY REGION IN 2024



Provider Pulse Newsletter & Resources





NCQA + Health Equity + Provider Demographic Form

carolina complete health™

Demographic Changes

Add Race/Ethnicity

Race/Ethinicity

- ◯ 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

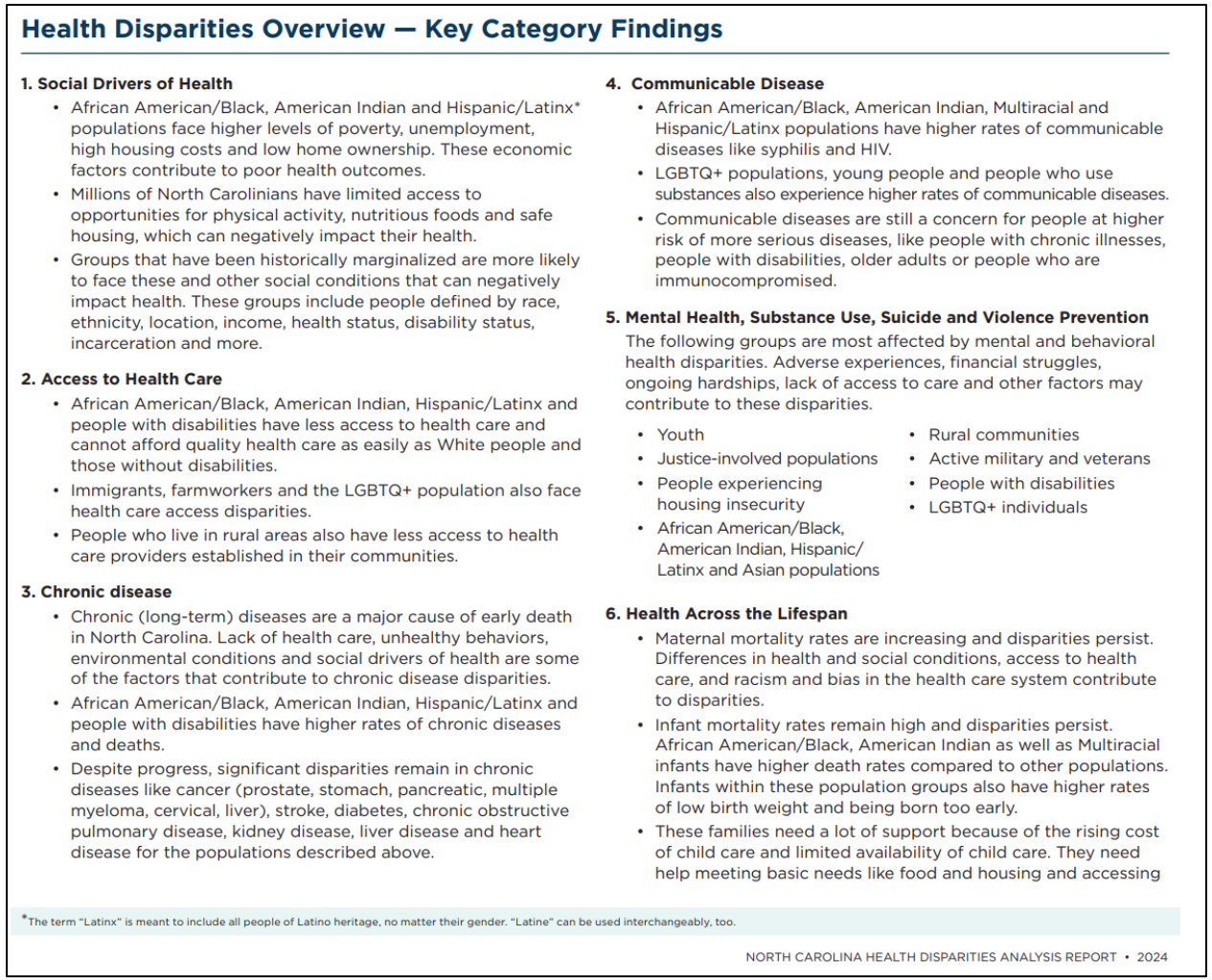
First Name * | Middle | Last Name *

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.

NORTH CAROLINA HEALTH DISPARITIES ANALYSIS REPORT • 2024

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.

Confidential and Proprietary Information