

New Hanover County Partnership Advisory Group

Meeting #14

June 4, 2020



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APPROVAL OF MINUTES



EXPLORING HEALTH EQUITY

SOMETHING WE DO OR WHO WE ARE?

NHRMC IDENTIFIED STRATEGIC NEED

FULL-SCALE HEALTH EQUITY PROGRAM

Full-Scale Health Equity Program



Current Challenge	Strategic Need	Targeted Goal
<p>NHRMC existing health equity program is limited in scale and funding. Minimal use of data to identify opportunities and measure effectiveness of programs. NHRMC seeks to address regional challenges (i.e., New Hanover County among bottom performers in state on Affordable Housing and Access to Healthy Food)</p>	<ul style="list-style-type: none"> • Expertise in health equity to design full-scale, community-based programs, develop a funding strategy, and demonstrate expected impact • Data analytics to identify disparities in health outcomes by patient origin, ethnicity, socio-economic status to launch targeted initiatives • Dedicated resources to engage community partners to co-develop full-scale programs • Additional diversity training to equip staff and providers with knowledge to support health equity 	<p>Launch full-scale health equity program to develop community partnerships, address social determinants of health and reduce health disparities. As NHRMC takes on clinical and financial risk among populations, the program must broaden its offerings in order to minimize disparities in health outcomes</p>

HEALTH EQUITY

ATTAINMENT OF THE HIGHEST LEVEL OF HEALTH FOR ALL PEOPLE

Health Equity

We intend to improve the overall health of the region by working with partners to eliminate the factors that lead to poor health, making healthcare more accessible and equitable, and creating a diverse and extraordinary workforce committed to meeting the unique needs of every individual

Health Equity Goals:

- **Cultural competence:** develop a team that has a deeper understanding of every segment of our community and how we can best care for them
- **Hiring and recruitment:** diverse, inclusive, transparent hiring and recruitment practices to support our mission
- **Managing risk, starting with employees:** to have highly engaged medical plan participants who have no barriers to receiving quality care in a timely manner at an affordable cost for themselves and their family members
- **Community partnerships:** a unified community effort to advance health and wellness through collaborations with health providers, non profits, local governments, educators, private businesses, faith communities, etc.
- **Target disparities that have wide-ranging impacts and develop initiatives to eliminate them:** create a healthcare system where access to healthcare is equitable, health disparities created by SDOH are eliminated, care integration is evident across the community systems, NHRMC staff provides culturally competent care and the staff represent a similar composition of the community

HEALTH EQUITY

SOCIAL DETERMINANTS OF HEALTH

CONDITIONS IN WHICH PEOPLE ARE BORN, GROW, LIVE, LEARN, PLAY, WORK, WORSHIP, AND AGE

Examples of Social Determinants of Health

Community and Social Context	Economic Stability	Education	Food	Healthcare System	Neighborhood and Physical Environment
Social Integration	Employment	Literacy		Health Coverage	Housing
Support Systems	Income	Language	Hunger	Provider Availability	Transportation
Community Engagement	Expenses	Early Childhood Education	Access to Healthy Options	Provider Linguistic and Cultural Competency	Safety
Discrimination	Debt	Vocational Training		Quality of Care	Parks
Stress	Medical bills	Higher Education			Playgrounds
	Support				Walkability
					Zip Code/Geography

Sources: Office of Disease Prevention and Health Promotion. (n.d.). Healthy People: Determinants of Health [Webpage]. (2018) Kaiser Family Foundation. Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity

HEALTH EQUITY

CURRENT STATUS: UNITED STATES AND NORTH CAROLINA

- USA is the most expensive nation for healthcare (approaching 20% GDP)
- USA has consistently poor outcomes among developed nations

North Carolina ranked #36 in USA for Overall Health

- County Health Rankings within North Carolina (out of 100 Counties)

#19 *New Hanover County (96.8)*

#65 *Duplin County (1512.7)*

#27 *Onslow County (57.6)*

#93 *Bladen County (319.3)*

#34 *Brunswick County (80.4)*

#94 *Columbus County (627.08)*

#57 *Pender County (149.6)*

#100 *Robeson County (671.3)*

HEALTH EQUITY

SNAPSHOT OF NORTH CAROLINA DISPARITIES WE KNOW

Examples of Health Disparities in North Carolina

Sources: NC DHHS, Health Equity Report, 2018; NC DHHS, Life Expectancy, 2016-2018

INFANT MORTALITY

African American babies 2.4 times more likely to die than white babies

American Indian babies 1.7 times more likely to die than white babies

DIABETES MORTALITY

African Americans 2.3 times more likely to die than whites from diabetes

American Indians 2.4 times more likely to die than whites from diabetes

KIDNEY DISEASE MORTALITY

African Americans 2.3 times more likely to die than whites from kidney disease

American Indians 1.5 times more likely to die than whites from kidney disease

GEOGRAPHY, LIFE EXPECTANCY, AND RACE

Swain County

Overall 73.1 years – lowest in NC (67.5 for American Indians; 75.6 for whites)

Orange County

Overall 82.1 years – highest in NC (75.2 for African Americans; 83.1 for whites)

**HEALTH EQUITY IS NOT THE SAME AS
CHARITY CARE**

FINANCIAL VIABILITY IN VALUE BASED CARE REQUIRES A CONSCIOUS DECISION.

OPTION ONE IS TO CHERRY-PICK THE POPULATION SERVED

OPTION TWO IS CONTINGENT UPON SUCCESSFUL POPULATION HEALTH MANAGEMENT OF ALL PEOPLE. IN ORDER TO ACCOMPLISH THIS, EACH DISPARITY (GAP IN SERVICE) MUST FIRST BE IDENTIFIED, THEN MINIMIZED AND ULTIMATELY ELIMINATED IN ORDER TO ENABLE EACH MEMBER TO REACH THEIR HIGHEST LEVEL OF HEALTH (HENCE OPTIMIZING MARGIN ON PMPM REIMBURSEMENT)

HEALTH EQUITY

BUILDING UPON NHRMC HEALTH EQUITY TRACK RECORD

NHRMC HEALTH EQUITY TRACK RECORD

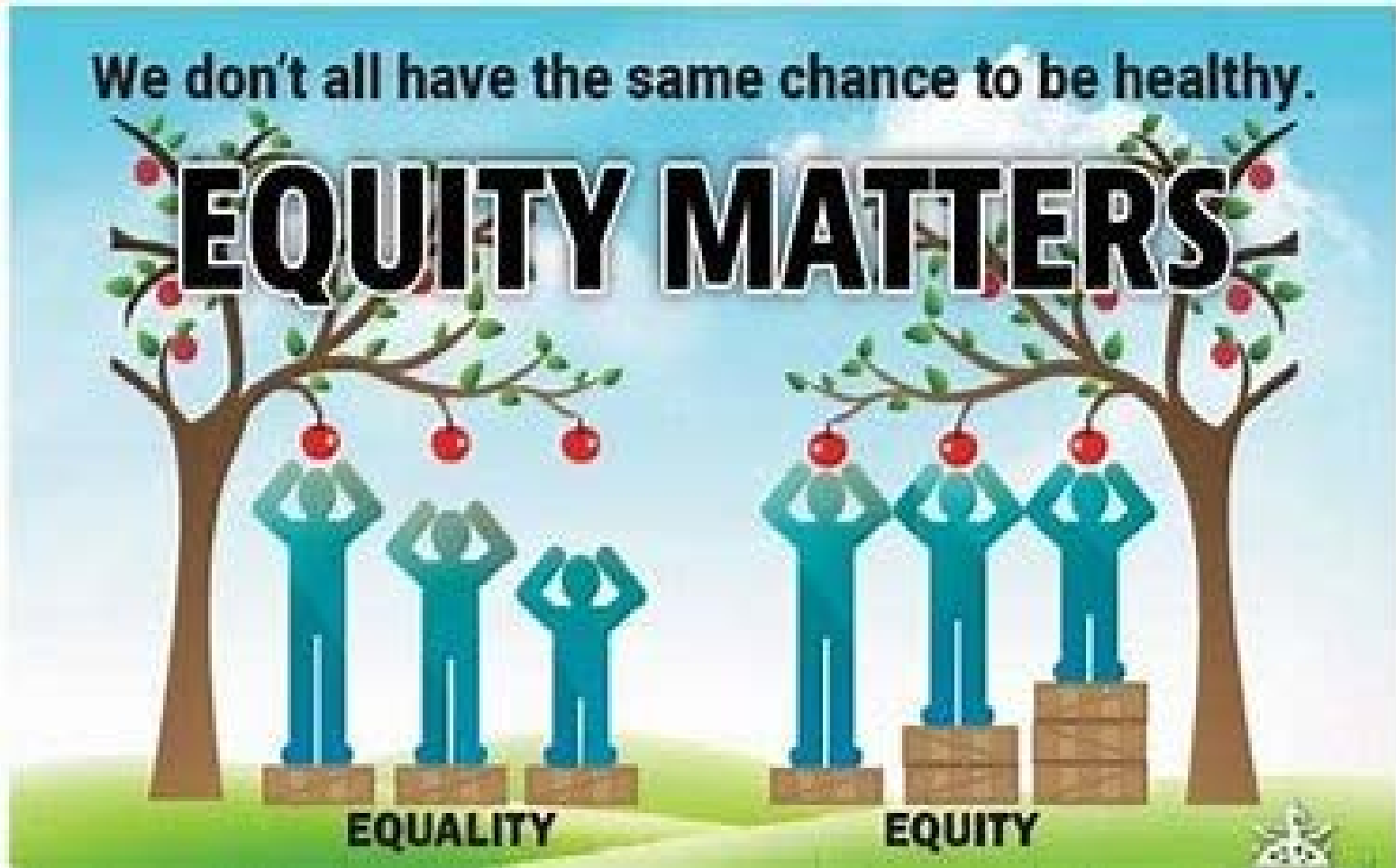
- Cultural Competency Training
- Refine Data Entry into Epic EMR (*Real, SOGI*)
- Lead, Star, Onyx, Tu
- Social Determinant Screening (*Community Link, NC Care 360*)
- NHRMC Malnutrition Pilot
- Food Pharmacy
- 9 Habitat For Humanity Houses
- New Hanover County Resiliency Task Force
- Employee Programs
- Northside Community Health Assessment

FULL SCALE HEALTH EQUITY IS RESULTS-BASED, AND CMS GIVES AWARDS TO THOSE WHO ENABLE COMMUNITIES TO ACHIEVE HIGHEST LEVELS OF HEALTH

- Demonstrate commitment to elimination of disparities among beneficiaries served, particularly with respect to race, ethnicity, gender, LGBTQ, and those living in rural areas
- Performance results for across all populations for:
 - Making care safer by reducing harm
 - Strengthening personal and family engagement
 - Promoting effective communication & coordination of care
 - Promoting effective prevention & treatment of chronic disease
 - Working with communities to promote best practices of healthy living
 - Supporting medical research and education
 - Making care affordable

HEALTH EQUITY

“WE DON’T ALL HAVE THE SAME CHANCE TO BE HEALTHY”



QUESTIONS?



PREPARATION FOR RESPONDENT PRESENTATIONS DURING THE WEEK OF JUNE 8

FINALIST PRESENTATION APPROACH

Respondents will have the opportunity to address the PAG in Open and Closed Session. The suggested length is two hours and the suggested agenda below was provided:




Organizational Overview and Vision for the Proposed Partnership (60 minutes)

The PAG looks forward to hosting this meeting in open session, allowing the public to view this portion of the presentation. Community members and general public can stream presentations live on NHCTV.com and NHCTV cable stations (Spectrum channel 13 and Charter channel 5)

- Respondent Overview: commitment to the communities it serves, culture and values, key differentiators
- Vision for the Proposed Partnership: vision for the combined organization, how the proposed partnership can support NHRMC in improving care in the region

Questions and Answers (60 minutes)

- The questions and answers session will be held in closed session to provide PAG members a forum to ask any additional clarifying questions to aid their continued assessment of Respondent proposals

Monday	Tuesday	Wednesday	Thursday	Friday
8	 DukeHealth PAG Presentation 5:30-6:30pm PAG Q&A 6:30-7:30pm	 NOVANT HEALTH PAG Presentation 5:30-6:30pm PAG Q&A 6:30-7:30pm	 AtriumHealth PAG Presentation 5:30-6:30pm PAG Q&A 6:30-7:30pm	12



CLOSING REMARKS

Thank You