

North Carolina Department of Health and Human Services

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

October 1, 2013

The Honorable Ralph Hise, Co-Chair
Joint Legislative Oversight Committee on
Health and Human Services
NC Senate
Room 1026, Legislative Building
Raleigh, NC 27601-2808

The Honorable Mark Hollo, Co-Chair
Joint Legislative Oversight Committee on
Health and Human Services
NC House of Representatives
Room 639, Legislative Office Building
Raleigh, NC 27603-5925

The Honorable Justin Burr, Co-Chair
Joint Legislative Oversight Committee on
Health and Human Services
NC House of Representatives
Room 307A, Legislative Office Building
Raleigh, NC 27603-5925

Dear Senator Hise and Representatives Burr and Hollo:

Pursuant to the provisions of S.L. 2013-360, Section 12E.6.(d), the Department of Health and Human Services is pleased to submit the attached annual report of the Community Focused Eliminating Health Disparities Initiative (CFEHDI). This report details the organizations that received funding, the amount of funding, and the populations served, along with other important information.

Questions concerning this report may be directed to Joanne Pierce within the Division of Public Health at (919) 707-5034, or at joanne.pierce@dhhs.nc.gov.

Sincerely,

A handwritten signature in dark ink, appearing to read "Aldona Wos".

Aldona Wos, M.D.
Secretary

Attachment

Cc: Susan Jacobs
Denise Thomas
Patricia Porter
Sarah Riser
Kristi Huff
Brandon Greife
Pam Kilpatrick

Dr. Robin Cummings
Mark Payne
Adam Sholar
Danny Staley
Joanne Pierce

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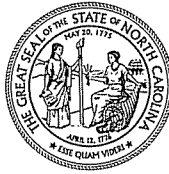
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Telephone 919-855-4800 • Fax 919-715-4645

Location: 101 Blair Drive • Adams Building • Raleigh, NC 27603

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October 1, 2013

Mark Trogdon, Director
Fiscal Research Division
North Carolina General Assembly
Room 619, Legislative Office Building
Raleigh, NC 27603

Dear Mr. Trogdon:

Pursuant to the provisions of S.L. 2013-360, Section 12E.6.(d), the Department of Health and Human Services is pleased to submit the attached annual report of the Community Focused Eliminating Health Disparities Initiative (CFEHDI). This report details the organizations that received funding, the amount of funding, and the populations served, along with other important information.

Questions concerning this report may be directed to Joanne Pierce within the Division of Public Health at (919) 707-5034, or at joanne.pierce@dhhs.nc.gov.

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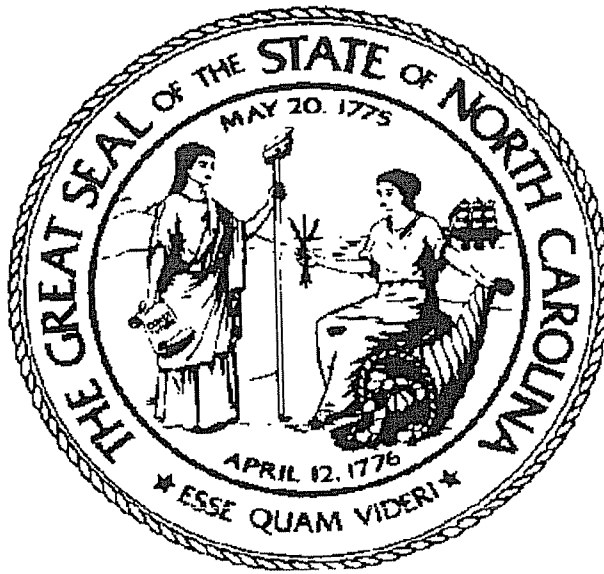
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**N C DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH**

OFFICE OF MINORITY HEALTH AND HEALTH DISPARITIES

**COMMUNITY FOCUSED ELIMINATING HEALTH DISPARITIES
INITIATIVE (CFEHDI)**

October 1, 2013

Background

SL 2013-360, Section 12E.6 appropriated funds for the Community Focused Eliminating Health Disparities Initiative (CFEHDI) to be used “to provide a maximum of 12 grants-in-aid to close the gap in the health status of African-Americans, Hispanics/Latinos, and American Indians as compared to the health status of white persons.” These grants must focus on the “use of measures to eliminate or reduce health disparities among minority populations in this State with respect to heart disease, stroke, diabetes, obesity, asthma, HIV/AIDS, and cancer.”

The Department of Health and Human Services (DHHS) must report on these funds appropriated to the CFEHDI. The report must “include specific activities undertaken . . . to address large gaps in health status among North Carolinians who are African-American and other minority populations in this State, and shall also address all of the following:

- (1) Which community-based organizations, faith-based organizations, local health departments, hospitals, and CCNC networks received CFEHDI grants-in-aid.
- (2) The amount of funding awarded to each grantee.
- (3) Which of the minority populations were served by each grantee.
- (4) Which community-based organizations, faith-based organizations, local health departments, hospitals, and CCNC networks were involved in fulfilling the goals and activities of each grant-in-aid awarded under this section and what activities were planned and implemented by the grantee to fulfill the community focus of the CFEHDI program.
- (5) How the activities implemented by the grantee fulfilled the goal of reducing health disparities among minority populations, and the specific success in reducing particular incidences.”

CFEHDI is administered by the DHHS, Division of Public Health (DPH), in the Office of Minority Health and Health Disparities (OMHHD).

CFEHDI in SFY 2012-2013

Key accomplishments and activities of CFEHDI in 2013 include the following:

- Partnership development with area Community Care North Carolina (CCNC) networks by the establishment of a medical home for all clients within each of the grantees as applicable. Implementation of the Chronic Disease Self-Management Program for all 12 grantees.
- Compliance training provided to all grantees and partners to ensure adherence to policies, procedures and guidelines.
Grantees received Positive Self-Management Training (PSMP) and Diabetes Self-Management Training (DSMP) to enhance their capacity and skill set to better serve their population(s).

The following are details outlining the actual activities of the 12 CFEHDI grantees for SFY 2012-2013 that were implemented to fulfill the goals of reducing health disparities among minority populations, specific success in reducing particular incidences, and their respective partners. Appendix A provides a snapshot of the grantees highlighting focus areas, award amounts, populations and regions served.

ACCESSCARE, INC.

Funding – \$208,270

Service Area – Alamance, Caswell, Chatham, and Orange counties

Population Served – African Americans and Hispanic/Latinos

Focus Area(s) – Diabetes, Heart Disease

Partnering Agencies –

UNC Family Medicine/UNCHCS
Orange County Health Department
Piedmont Health Services
Chatham County Health Department

Key Activities Implemented –

Provided the evidence-based Stanford University self-management program called Living Healthy in both Orange and Chatham Counties to focus on the six week series in developing coping skills for patients living with chronic disease

- Provided access to medical care for the uninsured as well as Medicaid assistance for those individuals.
- Provided the NC Diabetes Education Recognition Program (DERP) and Medical Nutrition Therapy (MNT) for diabetics in Orange and Chatham counties.
- Developed a curriculum for medical assistants in primary care medical homes that will enable them to support patients with self-management goals.
- Identified that disparities exist due to health-system, care-process, and patient related factors.
- AccessCare, Inc. implemented:
 - Patient centered medical homes and quality improvement initiatives at the local hospital system dedicated to address process issues. Engagement of local health department to provide American Diabetes Association (ADA) and Medical Nutrition Therapy (MNT) services.
 - Support from Division of Aging and Adult Services in building on their foundation of lay leaders for the Stanford curriculum.
 - Care management for follow-up in the community, including assistance to the uninsured with access to care, assistance with Medicaid referrals/enrollment, and use of care managers to address patient barriers.

APPALACHIAN REGIONAL HEALTHCARE SYSTEMS, INC.

Funding – \$172,237

Service Area – Avery, Watauga, and surrounding counties

Population Served – Hispanic/Latinos

Focus Area(s) – Diabetes, obesity, heart disease and stroke

Partnering Agencies –

WAMY Community Action
Appalachian State University
High Country Community Health

Key Activities Implemented –

- Established the Latino Health Program (LHP) to improve the health and wellbeing of Latinos in Watauga and Avery counties through: health education, increased access to care, and other enabling services. Addressed language and transportation as major barriers for minorities in accessing health care and navigating an often-complicated healthcare system by:
 - Providing quality interpretation as well as bilingual case management services.
 - Coordinating and/or providing transportation to appointments for clients who do not have access to transportation.

BUNCOMBE COUNTY HEALTH DEPARTMENT

Funding – \$207,600

Service Area – Buncombe County

Population Served – African Americans and Hispanic/Latinos

Focus Area(s) – Cancer, diabetes, asthma, HIV/AIDS/STDs (sexually transmitted diseases), heart disease, stroke and obesity

Partnering Agencies –

NC Alliance of Public Health Agencies

YWCA

ABIPA

Mount Zion Community Development, Inc.

Land of Sky Regional Council

Key Activities Implemented –

- Provided services to people with health risks to increase their understanding about normalized glucose, healthy blood pressures, healthy dietary choices, and smoking cessation to people in the *Diabetes Living Healthy Program*.
- Collaborated with health care providers and faith-based organizations offering programs that provided screening, referral, and encouraged early detection of breast cancer.
- Offered a teen pregnancy prevention initiative using the Making Proud Choices curriculum that teaches healthy decision making pertaining to sexual health to prevent HIV/AIDS, Teen Pregnancy, and STDs.
- Conducted Chronic Disease Self-Management Program (CDSMP) classes
- Trained lay health advisors and agency staff through the *Living a Healthy Life with Chronic Conditions* training curriculum provided through the Stanford University Chronic Disease Self-Management Study.

COLUMBUS COUNTY HEALTH DEPARTMENT

Funding – \$226,793

Service Area – Columbus and Robeson counties

Population Served – African Americans

Focus Area(s) – Diabetes, obesity, heart disease, and stroke

Partnering Agencies –

Mt. Olive Missionary Baptist Church
Waccamaw Baptist Association
Victory in Jesus Church
Sacred Heart Catholic Church
Town of Bolton
New Townsend Temple
Burning Hope Ministries
Shiloh Outreach Inc.
Smith Chapel
Walters Chapel

Friendships AME
Dr. Patricia Lynch, Nutrition Professor, NCA&T
Columbus County Health Department
Robeson County Health Department
Columbus Regional Healthcare System
Columbus County Cooperative Extension
Town of Sandyfield
Community Prayer House
Bolton C.D.G.I.C.

Key Activities Implemented –

- Delivered the Chronic Disease Self-Management Program through the Living Healthy workshops that help individuals with chronic conditions learn how to manage and improve their own health.
- Provided healthy eating and cooking demonstrations through the *Eat Smart Move More Weigh Less* series to support the management of normalized blood pressures and blood sugars.
- Provided screenings, one-on-one education, and counseling for diabetes, heart disease, stroke, and obesity.
- Addressed transportation barriers by bringing screening services to churches and community organizations in rural areas.
- Addressed language barriers by providing Spanish interpreters for Hispanic/Latino activities.

**COMMUNITY HEALTH INTERVENTIONS & SICKLE CELL AGENCY, INC.
(CHISCA)**

Funding – \$226,793

Service Area – Cumberland and Hoke counties

Population Served – African Americans

Focus Area(s) – Diabetes and HIV/AIDS/STDs

Partnering Agencies –

Community Outreach Advocates
Cumberland County HIV Task Force
Cumberland County Department of
Public Health
Jesus Outreach Ministries
Family Harvest Church
Cape Fear Valley Medical Systems
Stedman Wade Family Health Clinic
Blessed Family of God Church
Kingdom Impact Global Ministries
Fayetteville State University
City of Fayetteville Police Department

McGregor's Traveling Angels Outreach
Charity Church
Southern Regional AHEC
Faith Tabernacle Church
Carolina Collaborative Community Care
Fayetteville Metropolitan Housing Authority
Dream Café C & C Company
Operation In As Much
Campbell University
University of NC at Pembroke
AIDS Healthcare Foundation
Cumberland County Schools

Key Activities Implemented –

- Provided HIV/STD education, counseling, testing, and referral services for high risk, hard to reach populations.
- Provided free and confidential HIV screenings for young African American men who have sex with men (MSM), in hopes of identifying HIV+ clients (for clients with unknown status) followed by referral to care as indicated.
- Offered self-management classes to assist individuals with diabetes to better manage their condition and decrease their emergency department visits due to complications of their condition.

LUMBEE NATION TRIBE PROGRAMS, INC.

Funding – \$226,793

Service Area – Robeson and Scotland counties

Population Served – American Indians

Focus Area(s) – Cancer and obesity

Partnering Agency – Robeson Health Care Corporation

Key Activities Implemented –

- Provided community education forums in tribal districts on the topic of cancer prevention, screening and eating healthy foods.
- Trained Lumbee Lay Health Leaders on the Stanford School of Medicine's curriculum on Chronic Disease Self-Management to go out into the community to teach members how to manage pain and eat healthy.
- Trained the Lumbee Tribe of NC's Project Directors and Tribe employees on the Health Information Portability and Accountability Act (HIPAA) and explained the importance of tribal members having a medical home.
- Partnered with Robeson Health Care Corporation (Federally Qualified Health Center, or FQHC) to accept referrals of uninsured and underinsured tribal members into a medical home.
- Provided the Chronic Disease Self-Management Training to the Lumbee Tribe Heritage Groups in Robeson and Scotland Counties

OPPORTUNITIES INDUSTRIALIZATION CENTER, INC. (OIC)

Funding – \$226,793

Service Area – Rocky Mount and Nash and Edgecombe counties

Population Served - African Americans, Hispanic/Latinos, and American Indians

Focus Area(s) – Cancer, diabetes, HIV/AIDS/STDs, obesity, heart disease, stroke, and asthma

Partnering Agencies –

EBC-ATOM, Inc. (sub-recipient)
Nash Health Care Systems
Nash County Health Department
St. John AME Zion Church
Area L AHEC
Rocky Mount Housing Authority

Key Activities Implemented –

- Delivered multidisciplinary education seminars and symposia to reach a greater population in the community related to health disparities and health equity.
- Provided the Chronic Disease Self-Management program that focuses on problems that are common to individuals suffering from any chronic condition, such as pain management, nutrition, exercise, medication use, emotions, and communicating with doctors.
- Offered programs that focus on diabetes, obesity, heart disease, stroke, asthma, cancer and HIV/STDs.

RAIN, INC.

Funding – \$162,908

Service Area – Mecklenburg County

Population Served – African Americans and Hispanic/Latinos

Focus Area(s) – HIV/AIDS/STDs

Partnering Agencies –

Carolina CARES Partnership
HOLA (Hombres Ofreciendo Liderazgo y Apollo)
Ranson Middle School
Crisis Assistance Ministry

Key Activities Implemented –

- Assisted in reducing disparities in HIV transmission among youth of color by facilitating a series of education workshops to middle-school and high-school youth in some of the highest-risk areas.
- Administered pre- and post-assessment surveys taken by youth that demonstrated a dramatic increase in their knowledge regarding the prevention of HIV transmission through the education workshops.

SCOTLAND COMMUNITY HEALTH CLINIC

Funding – \$163,886

Service Area – Laurinburg and surrounding counties

Population Served – African Americans and Hispanic/Latinos

Focus Area(s) – Diabetes

Partnering Agencies –

Scotland Health Care System
Scotland County Department of Public Health
Scotland County Cooperative Extension
Scotland County Ministerial Alliance

Key Activities Implemented –

- Offered individuals Chronic Disease Self-Management classes on diabetes care, chronic disease self-management, and nutrition classes.
- Provided additional health classes centering on stroke and heart disease prevention as these two diseases can be associated with diabetes.
- Referred uninsured clinic patients to a provider for diabetes care.

WAKE COUNTY MEDICAL SOCIETY COMMUNITY HEALTH FOUNDATION, INC.

Funding – \$226,793

Service Area – Wake and Johnson counties

Population Served – African Americans

Focus Area(s) – Cancer, diabetes, obesity, heart disease, stroke, and asthma

Partnering Agency – Strengthening The Black Family, Inc.

Key Activities Implemented –

- Conducted Stanford University's evidence-based Chronic Disease Self-Management Programs (CDSMP) and Diabetes Self-Management Programs (DSMP) Living Healthy and Living Healthy with Diabetes trainings to address the gaps in health disparities.
- Referred individuals determined to be ineligible for insurance coverage to a patient navigator to connect them with the services and care that they need for optimal health.

WAYNE COUNTY HEALTH DEPARTMENT

Funding – \$167,603

Service Area – Wayne and surrounding counties

Population Served – African Americans and Hispanic/Latinos

Focus Area(s) – HIV/AIDS/STDs and obesity

Partnering Agencies –

Cooperative Extension

Wayne Action Team for Community Health (WATCH)

Abundant Grace Church

Best Grove Missionary Baptist Church

Mt. Calvary Missionary Baptist Church

New Stoney Hill United Holy Church

St. Stephens Missionary Baptist Church

Tehilla Church Ministries

Family YMCA

United Wayne

Key Activities Implemented –

- Increased knowledge and awareness of modifiable risk factors that contribute to obesity and chronic conditions associated with unhealthy lifestyles and implemented strategies to reduce these health risks.
- Built infrastructures by establishing health ministries charged with conducting and promoting health and wellness sessions.
- Established medical homes for uninsured congregants.
- Modified risk factors for chronic disease to initiate chronic disease self-management strategies.

WESTERN NORTH CAROLINA AIDS PROJECT, INC. (WNCAP)

Funding – \$165,640

Service Area – Avery, Buncombe, Cherokee, Clay, Cleveland, and surrounding areas

Population Served – African Americans, Hispanic/Latinos, and American Indians

Focus Area(s) – HIV/AIDS/STDs

Partnering Agencies –

Blue Ridge Community Health Services
Western NC Community Health Services
Cleveland County Health Department
Buncombe County Health Department
Eastern Band of Cherokee Indians Health and Medical Division
Henderson County Health Department
Gaston Family Health Services
Gaston County Health Department

Key Activities Implemented –

- Provided Case management services focused on minority clients is resulting in outcomes related to retention in care such as maintenance of health care provider appointments, reductions in viral load and increased CD4 counts.
- Conducted Positive Self-Management Program (PSMP) which instructs on: 1) how to best integrate medication regimens into daily life so they can be taken consistently; 2) techniques to deal with problems such as frustration, fear, fatigue, pain and isolation, 3) appropriate exercise for maintaining and improving strength, flexibility, and endurance; 4) communicating effectively with family, friends, and health professionals; 5) nutrition; 6) evaluating symptoms; 7) advanced directives; and 8) how to evaluate new or alternative treatments.
- Provided outreach to migrant workers to receive healthcare and prevention education on HIV/STDs.
- Referred individuals to HIV/STD testing.

Appendix A
CFEHDI Grantees
SFY 2012-2013

ORGANIZATIONS	FOCUS AREA	POPULATION SERVED	COUNTIES	REGION	AWARD AMOUNT
Access Care	diabetes and heart disease	African American Hispanic/Latinos	Alamance, Caswell, Chatham and Orange counties	Piedmont	\$208,270
Appalachian Regional Healthcare System, Inc.	diabetes, obesity, heart disease and stroke	Hispanic/Latinos	Avery, Watauga and surrounding counties	Western	\$172,237
Buncombe County Department of Health	cancer, diabetes asthma, HIV/AIDS/STDs, heart disease, stroke and obesity	African American Hispanic/Latinos	Buncombe County	Western	\$207,600
Columbus County Health Department	diabetes, obesity, heart disease and stroke	African American	Columbus and Robeson counties	Eastern	\$226,793
Community Health Interventions & Sickle Cell Agency, Incorporated	diabetes and HIV/AIDS and STDs	African American	Cumberland and Hoke counties	Eastern	\$226,793
Lumbee Nation Tribal Programs, Inc.	cancer and obesity	American Indian	Robeson and Scotland counties	Eastern	\$226,793
Opportunities Industrialization Center, Incorporated	cancer, diabetes, HIV/AIDS/STDs, obesity, heart disease, stroke and asthma	African American Hispanic/Latinos, American Indian	Rocky Mount and Nash and Edgecombe counties	Piedmont	\$226,793
RAIN, Inc.	HIV/AIDS and STDs	African American Hispanic/Latinos	Mecklenburg County	Western	\$162,908
Scotland Community Health Clinic	Diabetes	African American and Hispanic/Latinos	Laurinburg, and surrounding counties	Piedmont	\$163,886
Wake County Medical Society Community Health Foundation, Inc.	Cancer, diabetes, obesity, heart disease, stroke and asthma	African American	Wake and Johnston counties	Piedmont	\$226,793
Wayne County Health Department	HIV/AIDS and STDs and obesity	African American Hispanic/Latinos	Wayne and surrounding counties	Eastern	\$167,603
Western North Carolina AIDS Project, Inc.	HIV/AIDS and STDs	African American, Hispanic/Latinos, American Indian	Avery, Buncombe, Cherokee, Clay, Cleveland and surrounding counties	Western	\$165,640