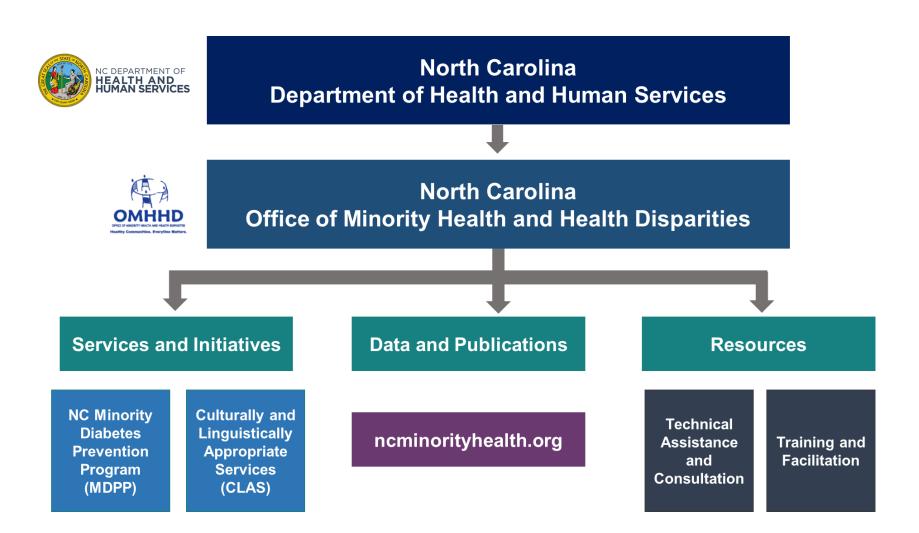
HOUSE SELECT COMMITTEE ON COVID-19



Health Equity in the Context of COVID-19

Cornell P. Wright, MPA Department of Health and Human Services April 14, 2020



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Key Terms and Definitions

<u>Health Equity</u> is the opportunity for everyone to have good health.

<u>Health Inequities</u> are the unfair differences that prevent everyone from the opportunity to have good health.

<u>Health Disparities</u> are the measureable differences or gaps seen in one group's health status in relation to another or other group(s).

<u>Drivers and Determinants of health</u> are factors that can greatly influence the health and quality of life of individuals, populations, and communities (including social, economic, environmental, ecological, and cultural factors).

Source: www.ncminorityhealth.org

Key Terms and Definitions

Food Deserts are areas with low access to supermarkets and/or large grocery stores.

Food Swamps are areas with little to no access to healthy food options.

Food Affluence is when an area has an abundance of access to quality food options.

<u>Food Disinvestment</u> is the intentional denial of access to healthy food options.

<u>Health in all Policies</u> is an approach to improving health by incorporating health considerations into decision-making across sectors and policy areas.

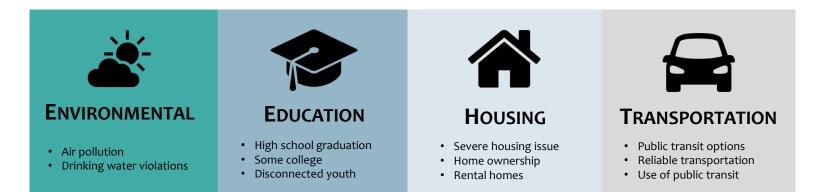
<u>Health Equity in all Policies</u> is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas.

Source: www.ncminorityhealth.org

Understanding Health Equity

Commonly recorded barriers:

- Access/Opportunity
- Transportation
- Workforce
- Financial
- Education
- Fear/Mistrust
- Myths/Misinformation



Social, Economic, Environmental, Ecological, & Cultural Factors can contribute to

DRIVERS & DETERMINANTS OF HEALTH



HEALTH CARE

- PCP ratio
- Dentist ratio
- Mental health ratio



FOOD & NUTRITION

- Food insecurity
- Food Access



- Homicide
 Firearm fat
- Firearm fatalitiesViolent crime



POVERTY

- Unemployment
- Percent below poverty line
- Median household income

Demographics for North Carolina

- Population
 - \odot Shifting demographics
- Unemployment
 - ${\rm \odot}$ Minority populations experience higher rates
- Education
 - \odot 63% of all jobs require post-secondary education
- Poverty
 - \odot 1 in 5 North Carolinians live in poverty
 - AA (21.1%) W (9.8%) LX (24.8%) AI (20.1%) A (12.8%)

• Health disparities are historic and persistent.

 People of color may be disproportionately at higher risk for more severe illness from COVID-19.

More data is needed.

- 21% of North Carolina residents are Black/African American.
- 38% of our COVID-19 positive cases are residents who are Black/African America.
- We need to interpret our numbers with a lot of caution. Don't have enough data yet in North Carolina to fully understand how COVID-19 is impacting communities of color.

- The health disparities that we see during COVID-19 didn't start with this pandemic but have historically existed in this country and our state.
- Access to health insurance is especially important for communities of color, who face persistent disparities and far greater rates of chronic conditions, such as diabetes and heart disease
- That's one of the reasons that expanding Medicaid is so important. Several studies and experiences from other states, Medicaid expansion brings meaningful changes for minority health and access to care.

- The data we currently have can come from the following sources:
 - The commercial or hospital lab: Health care providers typically only provide a birth date and when they order a test.
 - DHHS database: We may have the information if a person previously had a reportable infectious disease.
 - Local health departments. The local health departments followup each case. As part of their interview, they collect information about race and ethnicity. This follow-up takes time.
- We will not have demographic information for negative tests.
 - While most labs are providing that number, negative test reports are not required by law.
 - Reporting labs provide a total count, not patient specific information.

COVID-19 Outreach

- NC DHHS has been working with:
 - Faith Communities
 - Community Organizations
 - Civic Organizations
 - Local Health Departments
 - Academic Partners
- Disseminating information and resources via:
 - PSAs
 - Social Media
 - Virtual Information Exchange
 - NC COVID-19 Dashboard

Incorporating Health Equity

"Health Equity is not the sole responsibility of one individual or one agency, but is the collective responsibility of us all to do better, be better, and help others..."

N.C. Office of Minority Health and Health Disparities



Incorporating Health Equity

N.C. Healthy Opportunities

All North Carolinians should have the opportunity for health. To meet our mission of improving the health, safety and well-being of all North Carolinians while being good stewards of resources, DHHS is addressing the conditions in which people live that directly impact health, known as "social determinants of health," or SDOH. Our initial focus is on housing stability, food security, transportation access and interpersonal safety.



Incorporating Health Equity

- N.C. Early Childhood Action Plan
- NC Opioid Action Plan
- NC Minority Diabetes Prevention Program
- Culturally and Linguistically Appropriate Services
 Program

Contact Information

Office of Minority Health and Health Disparities, N.C. Department of Health and Human Services

Phone: 919-707-5040

Email: ncminorityhealth@dhhs.nc.gov

Website: <u>www.ncminorityhealth.org</u>