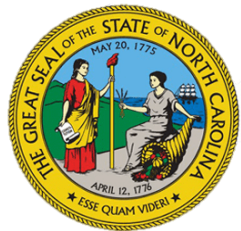


North Carolina's Historically Marginalized Populations Issues & Approach to COVID-19

A presentation to the
Mountain Area Health
Education Center
August 23, 2020



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**



Health Conditions in HMPs that increase risk for more severe illness from COVID-19

- chronic kidney disease
- obesity (body mass index [BMI] of 30 or higher)
- serious heart conditions
- heart failure
- coronary artery disease or cardiomyopathies
- sickle cell disease
- Type 2 diabetes mellitus
- asthma (moderate-to-severe)
- cerebrovascular disease
- hypertension
- HIV
- liver disease
- smoking

RACIAL AND ETHNIC HEALTH DISPARITIES IN NORTH CAROLINA

NORTH CAROLINA HEALTH EQUITY REPORT 2018



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Office of Minority Health
and Health Disparities



HEALTH EQUITY REPORT SUMMARY

Subject	Subcategory	African American	American Indian	Hispanic/Latinx	Other
Social and Economic Well-Being	Income	Red	Red	Red	Green
	Education	Red	Red	Red	Green
	Employment	Red	Red	Red	Red
Maternal/Child Health	Infant Death Rate	Red	Red	White	White
	Late or No Prenatal Care	Red	Red	Red	Red
Child and Adolescent Health	Death of Children	Red	Red	Green	Green
	Teen Pregnancy	Red	Red	Red	Green
	Children without Health Insurance	Red	White ♦	Red	Red
Risk Factors	Current Smokers	Red	Red	Green	Green
	Overweight	White	White ♦	White	Green
Mortality Rates	Cancer	Red	Green	Green	Green
	Heart Disease	Red	Red	Green	Green
Communicable Diseases	HIV Infection	Red	Red	Red	Red
	Chlamydia	Red	Red	Red	Green
Violence and Injury	Homicide	Red	Red	White	White
	Suicide	Green	Green	Green	Green
Access to Health Care	No Health Insurance	Red	Red	Red	Red
	Could Not See a Doctor	Red	White ♦	Red	Red

■ Green indicates a group is faring better than the referent group

■ Red indicates a group is faring worse than the referent group

White indicates there is no significant difference between the referent and comparison group

◆ Symbol indicates reliable rates could not be calculated

HEALTH RISK FACTORS AMONG NORTH CAROLINA ADULTS

Health Risk Factor Among NC Adults, 2016 ¹⁸	Total		White		African American		American Indian		Hispanic/Latinx		Other	
	%/Rate	Disparity Ratio	%/Rate	Disparity Ratio	%/Rate	Disparity Ratio	%/Rate	Disparity Ratio	%/Rate	Disparity Ratio	%/Rate	Disparity Ratio
Percent of Adults who are Current Smokers	17.9	16.7-19.2	17.9	16.4-19.5	20.0	17.3-23.0	26.2	17.6-37.1	13.6	10.2-17.8	14.3	10.1-19.8
Percent of Adults who are Overweight	35.0	33.6-36.5	35.0	33.2-36.8	34.7	31.4-38.1	◆	◆	35.1	29.8-40.8	33.7	25.6-42.9
Percent of Adults who are Obese	31.8	30.4-33.3	30.0	28.2-31.7	41.3	37.9-44.9	◆	◆	31.2	26.0-36.9	16.2	11.6-22.0
Percent of Adults Reporting Fair/Poor Health	18.3	17.2-19.5	16.5	15.2-17.9	20.9	18.3-23.7	◆	◆	26.6	22.1-31.5	13.8	8.7-21.2
Percent of Adults Diagnosed with 2+ Chronic Conditions	25.7	24.5-26.9	28.9	27.3-30.5	24.2	21.5-27.1	32.2	23.1-42.9	6.8	4.8-9.6	14.5	10.2-20.0

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MORTALITY RATES

Mortality Rates, 2012-2016 ²⁰		Total	White	African American		American Indian		Hispanic/Latinx		Other	
		Rate	Rate	Rate	Disparity Ratio	Rate	Disparity Ratio	Rate	Disparity Ratio	Rate	Disparity Ratio
Heart Disease		161.3	159.0	187.1	1.2	182.0	1.1	56.6	0.4	76.0	0.5
Stroke		43.1	40.6	56.0	1.4	39.5	1.0	21.7	0.5	36.4	0.9
Diabetes		23.0	18.8	44.0	2.3	45.0	2.4	11.3	0.6	14.3	0.8
Chronic Lower Respiratory Disease		45.6	50.7	27.6	0.5	43.8	0.9	8.6	0.2	12.5	0.2
Kidney Disease		16.4	13.4	31.0	2.3	19.6	1.5	8.2	0.6	10.5	0.8
HIV Disease		2.2	0.8	7.5	9.4	1.6*	◆	1.1	1.4	◆	◆
Cancer	Total	166.5	165.0	190.7	1.2	158.7	1.0	72.9	0.4	104.4	0.6
	Colorectal	14.0	13.3	18.9	1.4	13.1	1.0	5.0	0.4	8.0	0.6
	Lung	47.5	49.1	46.3	0.9	51.2	1.0	13.1	0.3	23.5	0.5
	Breast	20.9	19.4	28.3	1.5	20.2	1.0	9.9	0.5	13.2	0.7
	Prostate	20.1	17.2	39.1	2.3	28.5	1.7	6.8	0.4	6.5	0.4

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* Rates based on fewer than 20 cases may be statistically unstable and should be interpreted with caution. Rates based on fewer than five cases are suppressed in this report.

SOCIAL AND ECONOMIC WELL-BEING

Subject	Subcategory	Total	White	African American		American Indian		Hispanic/Latinx		Other	
		%/Rate	%/Rate	%/Rate	Disparity Ratio	%/Rate	Disparity Ratio	%/Rate	Disparity Ratio	%/Rate	Disparity Ratio
Education	High School Graduation Rate, 2016-2017 ⁶	86.5	89.2	83.8	1.1	84.3	1.1	80.5	1.1	93.6	1.0
	Adults 25+ with High School Diploma or GED, 2016 ⁷	87.3	89.3	84.7	1.1	75.7	1.2	59.5	1.5	87.0	1.0
	Adults 25+ with Bachelor's Degree, 2016 ⁷	30.4	33.2	20.3	1.6	13.9	2.4	14.8	2.2	57.1	0.6
Employment	Unemployed, 2016 ⁷	3.8	3.0	6.1	2.0	5.4	1.8	4.4	1.5	3.7	1.2
Income	Median Household Income, 2016 ⁷	\$50,584	\$55,656	\$36,014	1.5	\$38,002	1.5	\$39,388	1.4	\$80,381	0.7
Poverty Rate	All Ages	15.4	12.0	23.5	2.0	25.5	2.1	27.3	2.3	11.9	1.0
	Children <18 Years, 2016 ⁷	21.7	15.8	33.8	2.1	33.4	2.1	35.8	2.3	10.9	0.7
	Elderly 65+ Years, 2016 ⁷	9.4	7.7	16.6	2.2	16.9	2.2	21.4	2.8	6.6	0.9
Housing	Living in a Home They Own, 2016 ⁷	64.2	71.2	43.9	1.6	63.5	1.1	43.0	1.7	61.1	1.2
Disability Status	Disability, 2016 ⁷	13.8	14.0	15.4	1.1	16.5	1.2	6.8	0.5	5.1	0.4

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ACCESS TO HEALTH CARE

Access to Health Care	Total	White	African American		American Indian		Hispanic/Latinx		Other	
	%	%	%	Disparity Ratio	%	Disparity Ratio	%	Disparity Ratio	%	Disparity Ratio
Percent of adults ages 18-64 with no health insurance, 2016 ⁷	10.4	9.2	10.9	1.2	18.2	2.0	29.6	3.2	9.5	1.0
Percent of adults who could not see a doctor in the previous 12 months due to cost ¹⁷	15.5	12.8	18.1	1.4	◆	◆	27.4	2.1	18.0	1.4
Percent of adults who did not visit a dentist in the past year ²⁷	64.2	69.3	55.2	0.8	◆	◆	43.0	0.6	64.3	0.9

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When COVID-19 arrived...

- Public is asked to stay at home to avoid transmission of the virus.
- Blacks and Hispanic/LatinX persons are much more likely to have jobs where they do not have the ability to telework. Only 19.7% of black workers can work from home, compared to 29.9% of whites and 37% of Asians.
- Key workers are deemed “essential” to sustain the needs of society
- Blacks, Hispanic/LatinX persons are over-represented in front-line, low-wage positions within the health care and service sectors.

Historically Marginalized Populations are over-represented in “essential” workers:

- Home Health Aides
 - Personal Care Aides
 - Taxi Drivers and Chauffeurs
 - Meat Processing Workers
 - Food Processing Workers
 - Agriculture Workers
 - Food Delivery Workers
 - Grocery and Supermarket Workers
 - Housekeep and Domestic
 - Childcare workers
 - Sanitation
-

Characteristics of “essential” work

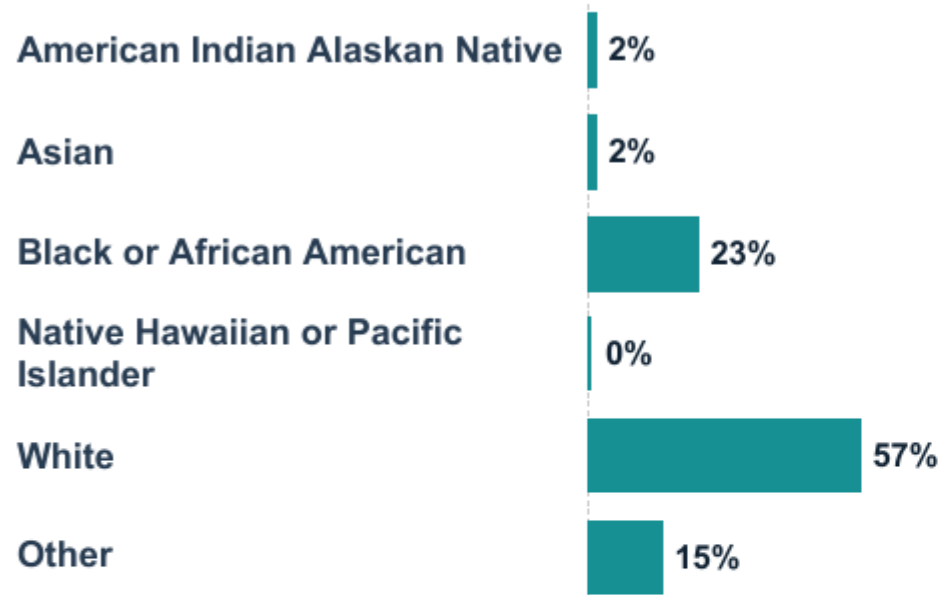
- **Full time hours pay less than a living wage – multiple jobs and wage earners needed to sustain a household**
 - **Little job security and benefits**
 - **Unstable and unpredictable working hours**
 - **Unpaid “on-call”**
 - **No paid sick leave**
 - **No available or affordable health insurance**
 - **Unenforced occupational and safety protection**
 - **Gig-economy workers assume risk**
 - **Undocumented workers often hired by third-party contractors with little benefits or protections**
 - **Income is insufficient to afford housing near work. Choice of crowded multi-family arrangements or shared transportation for lengthy commute.**
-

Implications of “essential work”

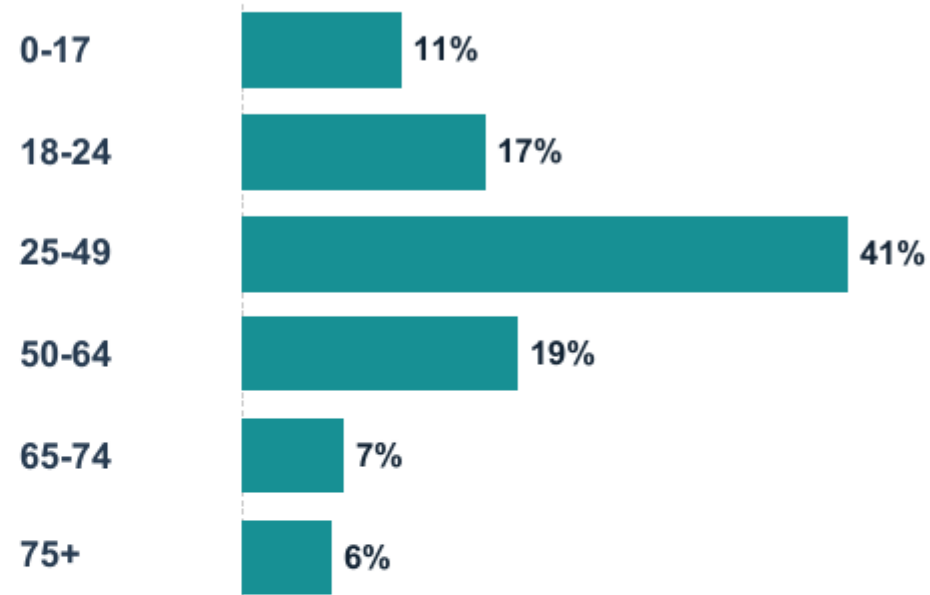
- **More direct contact with different people thereby increasing risk of exposure.**
- **Many service sector jobs also require physical labor exacerbating chronic health conditions.**
- **Low income people often rely on secondary employment that increases risk of exposure. Many of these jobs do not provide paid sick leave or job security during an extended absence such as during quarantine or isolation.**
- **Housing and childcare arrangements with older family members or neighbors increase the risk of COVID transmission from young asymptomatic carriers to older more vulnerable care givers.**
- **Social determinants (housing, food, transportation, employment, education, interpersonal violence) play a major role in health status.**
- **Black and Hispanic/LatinX persons are also less likely to have health insurance than the general public. Lack of health insurance is a key barrier to health care.**
- **The uncertainty of living paycheck to paycheck, coupled with job loss, fear of infection, fear of hospitalization without health insurance - and fear of death - increases risk for mental health, substance abuse, and interpersonal violence.**

COVID-19 Total Cases (194,381)

By Race



By Age



By Ethnicity



By Gender

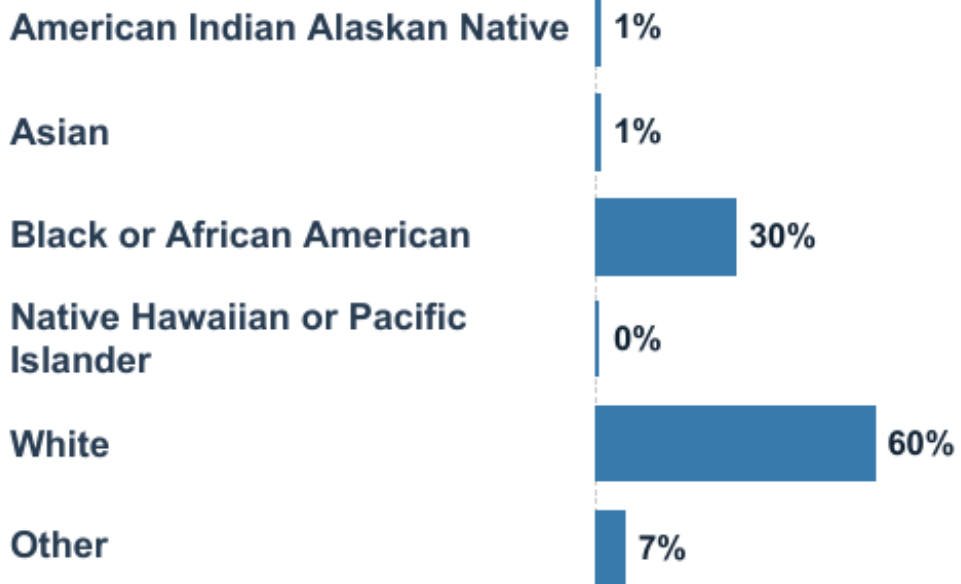


Missing Demographic Data

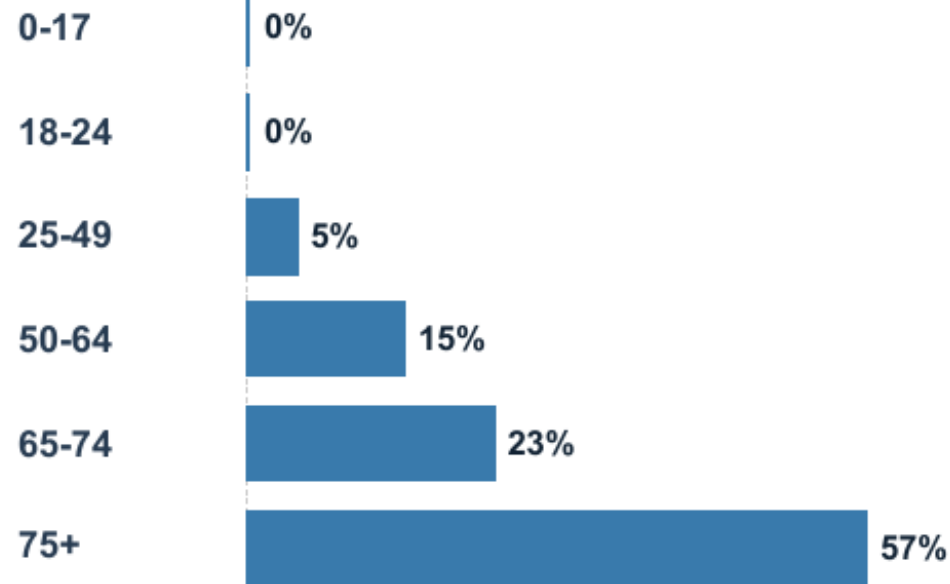
Race	41,979
Ethnicity	65,077
Age	26
Gender	1,376

COVID-19 Total Deaths (3,280)

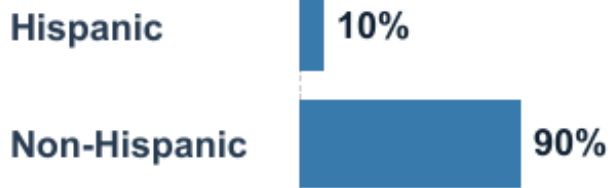
By Race



By Age



By Ethnicity



By Gender



Missing Demographic Data

Race	155
Ethnicity	362
Age	0
Gender	15

WNC COVID Cases

COVID-19 Western North Carolina Dashboard (18 Counties)

Last Update(updated weekly): 9/21/2020 7:18:02 PM

County Map by Case

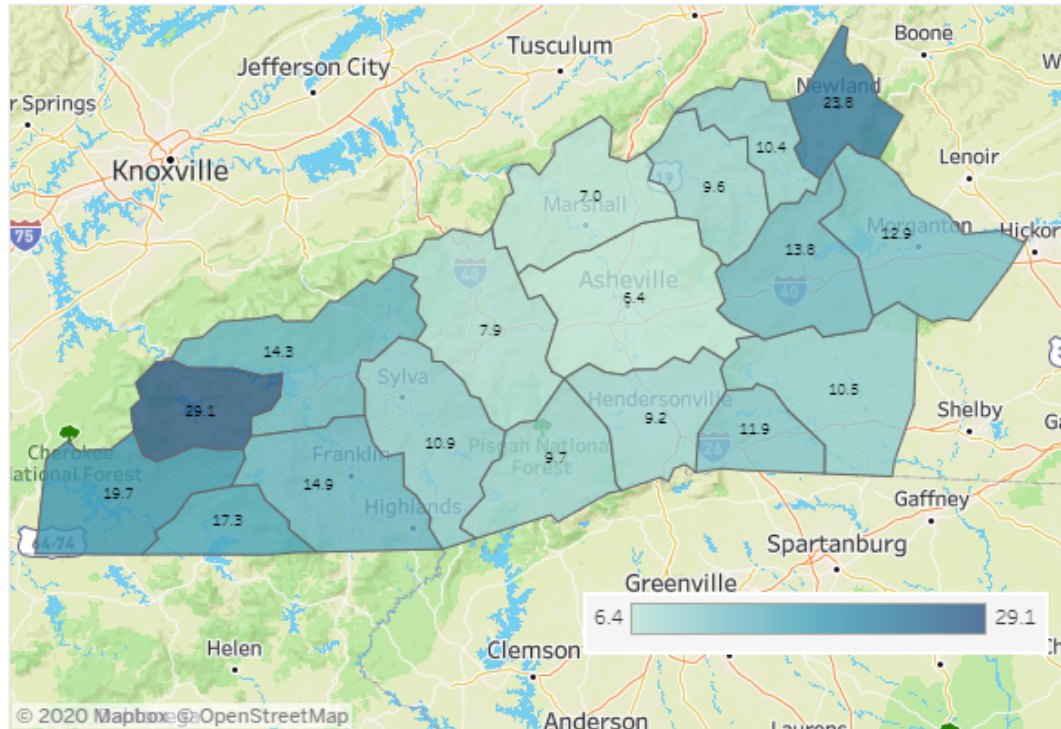
Total Cases Per 10,000

Lab-Confirmed Cases

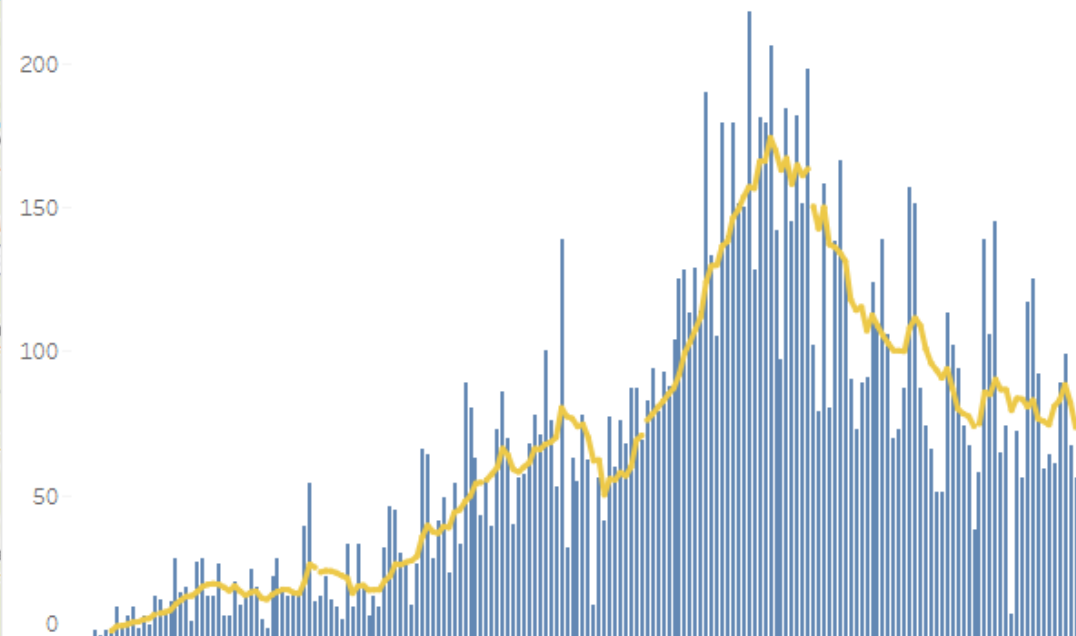
Graphs show data for counties selected in map

- Cases by date reported
- Cases by date of specimen collection

Click to highlight map, unclick to revert map



Cases by date reported in WNC

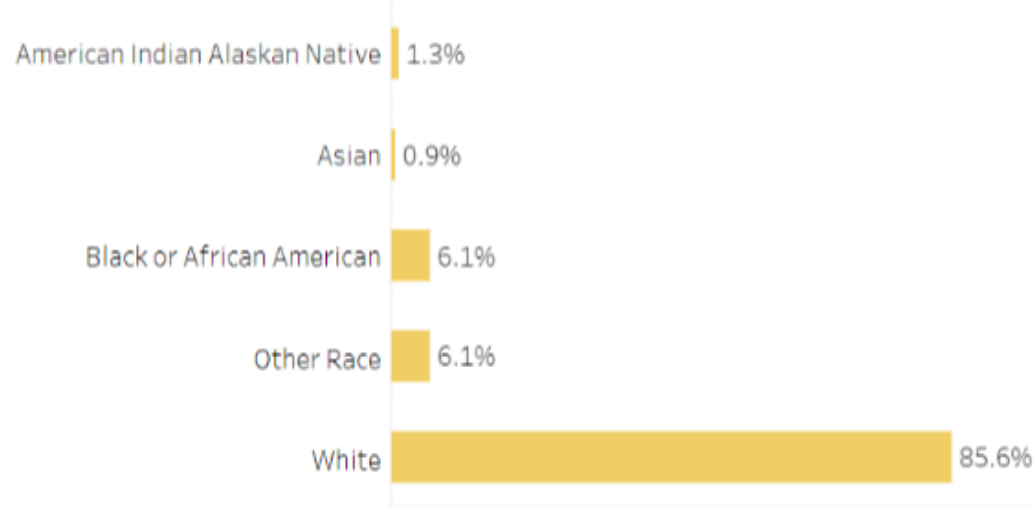


WNC COVID Case Demographics

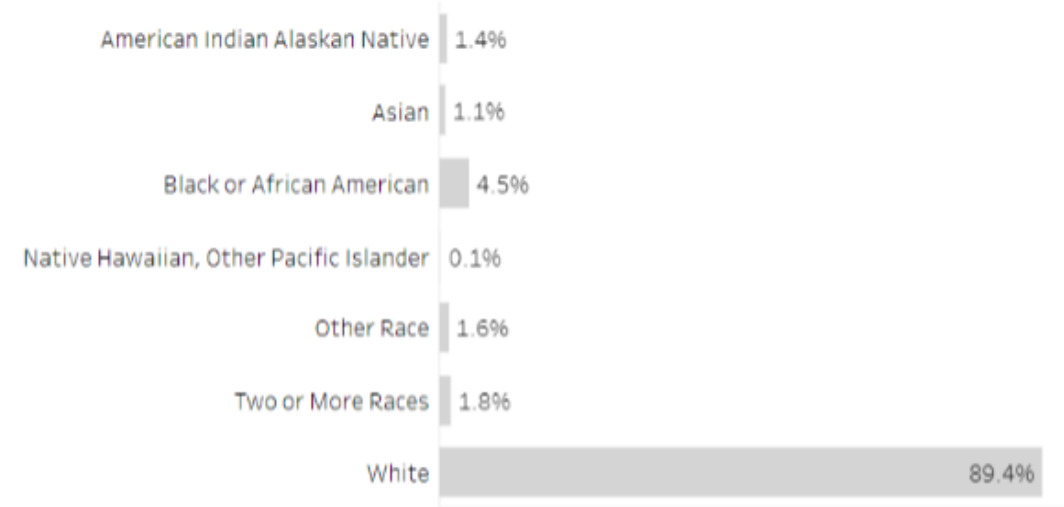
Western North Carolina Demographics

Select County: Select Metric: Select Date:

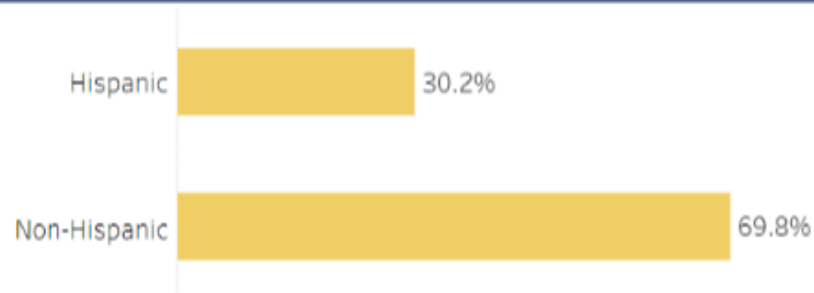
By Race



2018 Population By Race



By Ethnicity



2018 Population By Ethnicity

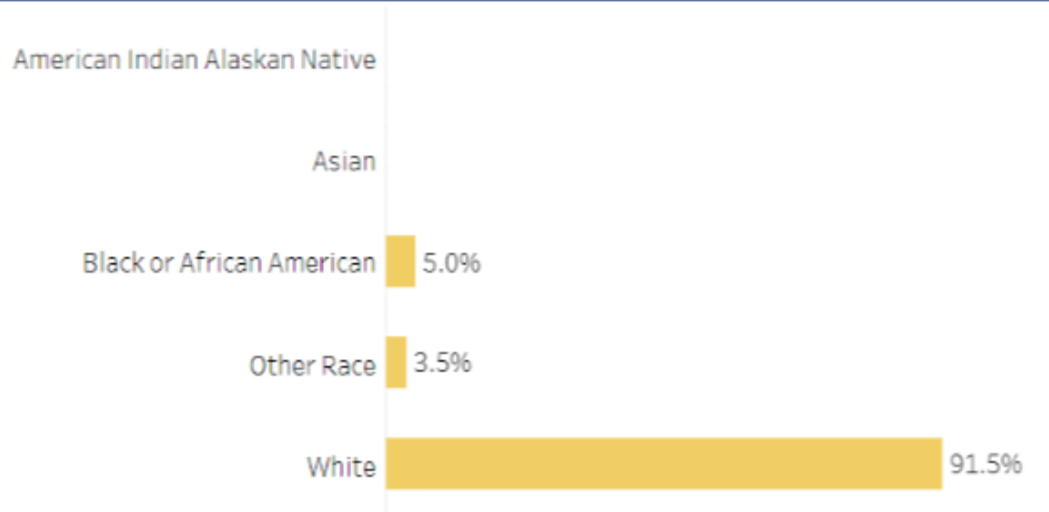


WNC COVID Death Demographics

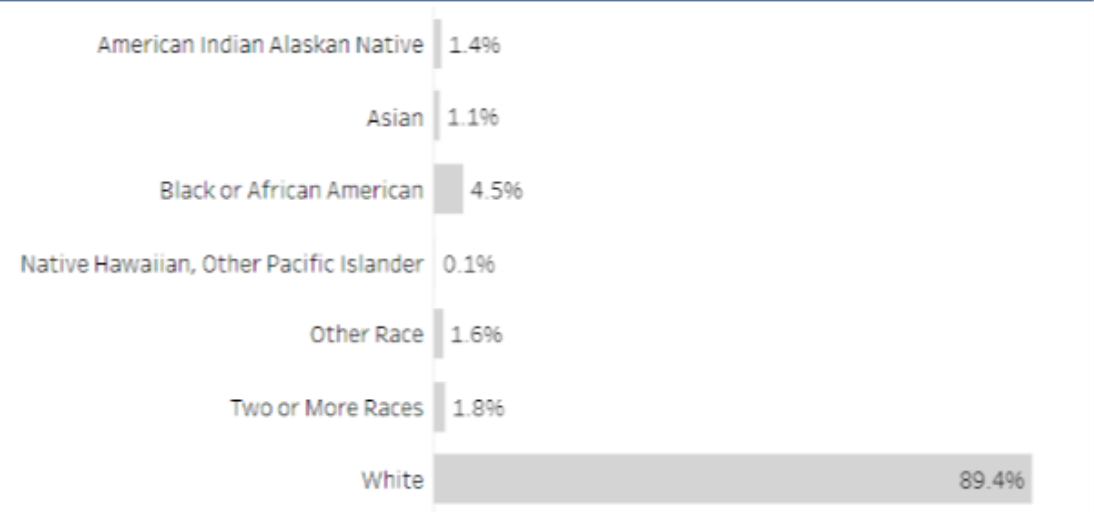
Western North Carolina Demographics

Select County: Select Metric: Select Date:

By Race



2018 Population By Race



By Ethnicity



2018 Population By Ethnicity



Historically Marginalized Populations Workgroup

Objective: Protecting Historically Marginalized Populations from COVID infection, complications when infected, and transmission in the community

Membership

- Cross-department leadership team
- NC Office of Minority Health
- Governor's Council on Hispanic/Latino Affairs
- Governor's Indian Affairs Commission
- Advocacy organizations
- Community Based Organizations
- Academic Institutions
- Health care providers
- County health departments and agencies

Prevention

• Key Issues

- Misinformation and lack relationships/trust
- Lack of culturally and linguistically appropriate prevention messaging
- Challenges with physical distancing and handwashing in essential work settings
- Vaccines – low trust = low participation in clinical trials and potential acceptance

• Strategies

- Hispanic/LatinX consultants and contractors
 - HMP focused communications strategies professionally developed
 - Contracts and Grants to HMP based and serving community-based organizations (CBO).
 - Personal Protective Equipment (PPE) distributed through CBOs.
-

COVID Testing

- **Key Issues**

- Testing availability in HMP communities
- Access to free testing
- Lack of culturally and Linguistically appropriate testing services
- Trust and Safety

- **Strategies**

- CHAMP (Community [Testing in] High-priority and Marginalize Populations) - no documentation required, minimal law-enforcement presence.
 - COVID Health Equity Principles
 - Community Partners Toolkit for Hosting Testing Events
-

Case Investigation & Contact Tracing

- **Key Issues**

- Need for contact tracers to be representative of the communities served
- Responsiveness of COVID exposed persons to contact investigation process
- Social and financial hardship of quarantine and isolation requirements

- **Strategies**

- Development of NC Contact Tracing Collaborative (CCNC and NCAHEC) and intentional recruitment and training of HMP staff.
 - Development of Quarantine and Isolation Supports wraparound services program
-

Quarantine & Isolation Supports

- **Key Issues**

- **COVID cases and contacts are required to quarantine or isolate for 10-14 days.**
- **Many essential workers do not receive sick pay and are unable to maintain household expenses without working.**
- **Workers forced to return to work for income risk exposing others and jeopardizing their recovery.**

- **Strategies**

- **Leverage community health workers (CHWs), the DHHS Healthy Opportunities framework, and the NCCARE360 referral system.**
 - **Target resources to the highest need counties**
 - **Partner with CBOs to deliver services.**
-

Behavioral Health

- **Key Issues**

- environment, socioeconomic status, access and other social determinants of health, stigma
- Utilization of emergency rooms to manage crises
- Few providers focused on needs of HMPs
- No emergency response in place to mitigate the increased mental health challenges associated with the pandemic

- **Strategies**

- PSA campaign focused on behavioral health targeted to HMP
 - Hope4NC, Hope4Healer and LME-MCO crisis lines
 - SCOOP behavioral health initiative (S: Stay connected, C: Compassion, O: Observe substance use, O: Ok to ask for help, P: Physical activity)
-

Procurement

- **Key Issues**

- **Successful HMP initiatives require the engagement of CBOs serving HMPs**
- **DHHS grant and procurement process is daunting, labor intensive and slow**

- **Strategies**

- **Assessing current procurement processes to identify barriers hindering contracting opportunities for HMPs**
 - **Targeted HMP recruitment efforts**
 - **Partnership with Dept of Admin Historically Underutilized Businesses (HUB) Office for HMP vendor training and technical assistance on application process, requirements and evaluation criteria.**
 - **Award and contract monitoring**
-

Challenges Going Forward

- **Controlling community transmission**
 - **Pandemic fatigue**
 - **Local enforcement**
 - **Pandemic politization**
 - **Impact from neighboring states**
 - **Vaccine development and acceptance**
 - **Educational declines in children – particularly those in the “digital divide” and/or without additional support**
 - **Lingering physical impact of COVID infection**
-

- **Behavioral health challenges**
 - Depression
 - Substance abuse
 - Interpersonal violence
 - **Economic impacts**
 - Job loss
 - Home, wealth, asset loss (evictions, utility cut offs)
 - Credit damage (less access to low-interest loans, apartment leases, employment opportunities, educational loans)
 - Depleted federal and state budgets
 - **Social Upheaval**
 - **Climate Change**
-

Know Your 3 Ws!



WEAR
a cloth mask
over your nose
and mouth.



WAIT
6 feet apart.
Avoid close
contact.



WASH
your hands
or use
hand sanitizer.