

# Health Equity Portfolio

North Carolina Department of Health and Human Services



**Fiscal Year 2023-2024 Year in Review:**  
***Our Commitment to Equity,  
Belonging and Community***

November 2024

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# LETTER FROM NCDHHS' CHIEF HEALTH EQUITY OFFICER



As the North Carolina Department of Health and Human Services (NCDHHS, the Department) continues to address health disparities and inequities that exist in North Carolina, the Health Equity Portfolio (HEP, the Portfolio) has had a significant impact on that goal in fiscal year 2023-2024 through our focus on internal and external collaboration, community engagement, workforce, belonging, and supporting equitable service delivery and access to care for those most in need.

Health coverage is one of the best ways to address health disparities and decrease barriers to access to care. The expansion of Medicaid in North Carolina was a historic investment that provides health coverage to over 600,000 people, bringing billions in federal dollars to our state while moving us closer to reducing the many health disparities we see. The Portfolio was honored to partner with the Division of Health Benefits (DHB, NC Medicaid) in the Medicaid Expansion engagement approach, which was so impactful, other states sought our advice – making North Carolina a national model!

Other key accomplishments of the Portfolio include:

- Developed disparity-focused goals for the NCDHHS 2024-2026 Strategic Plan
- Secured a Customer Relationship Management (CRM) tool to track engagement and consultation, technical assistance and training
- Socialized and promoted **Employee Resource Groups (ERGs)** across the Department to promote belonging throughout the workforce
- Expanded **telehealth and loan repayment programs** to improve access to care for all North Carolinians
- Released new Olmstead **Transition to Community Living (TCL)** Plans to address the needs of people with disabilities
- Developed the NC **Health Disparities Analysis Report** to use data to address health outcomes across the state
- Launched a new **Community and Partner Engagement Initiative** to strengthen community connections and elevate voices of those with lived experience

We are appreciative of the support of Secretary Kinsley and the entire Department as we continue to develop our core services and build our team to achieve our mission and vision. We are excited as we embark on a new year focused on building a strong and diverse workforce focused on addressing health disparities and promoting belonging. We look forward to your continued partnership as we grow and sustain these efforts in the coming years.



**Debra Farrington**  
*Chief Health  
Equity Officer*



# Health Equity Portfolio Expanded Leadership Team FY 23-24



**Angela Bryant\***  
*Assistant  
Secretary for  
Equity & Inclusion*



**Ava Hardiman\***  
*Director, Office of  
Health Equity*



**Dr. Bryle  
Henderson Hatch**  
*Director, Office of  
OPCB*



**Maggie Sauer**  
*Director, Office of  
Rural Health*



**Deb Goda**  
*Director,  
Olmstead*



**Dr. Portia Pope**  
*Deputy Director,  
Office of Health  
Equity*



**Allison Owen**  
*Deputy Director,  
Office of Rural  
Health*



**Stephanie Nantz**  
*Assistant Director,  
Office of Rural  
Health*



**Michael Leach**  
*Senior Advisor*



**Yazmin Rico\***  
*Director, Latinx  
Policy and  
Strategy*

\*At the time of publishing, these staff are no longer at NCDHHS.





# EXECUTIVE SUMMARY

The North Carolina Department of Health and Human Services (NCDHHS, the Department) Health Equity Portfolio (HEP, the Portfolio) is dedicated to championing equitable health outcomes for all North Carolinians and supporting NCDHHS employee culture and belonging efforts. This Year-in-Review highlights the Portfolio's priorities between July 1, 2023 and June 30, 2024 (SFY 23-24) and showcases the Portfolio's key accomplishments to build sustainable equity efforts as well as progress made growing its outreach, infrastructure, operations and partnerships to achieve workforce belonging and health equity outcomes in North Carolina.

This year, the NCDHHS Health Equity Portfolio Leadership Team (HELT) continued to guide the strategic direction for the Portfolio's four offices: Office of Rural Health (ORH), Office of Health Equity (OHE), Office of People, Culture and Belonging (OPCB), and Olmstead/Transition to Community Living (TCL) Office. HEP offices established strategic priorities and initiatives to improve access to care, especially for populations who are vulnerable or have disabilities, championed workforce belonging as the foundation for advancing equitable health outcomes and prioritized the voices of those with lived experience. Led by its Chief Health Equity Officer, the Portfolio's overarching goal is to ensure that strategies and practices that support our diverse workforce and advance health equity are embedded into the Department's strategic and daily operations.

To prepare its strategic vision, HELT conducted a strategic planning session to develop the HEP SFY 23-24 Strategic Alignment Plan and Key Performance Indicators (KPIs). The HEP SFY 23-24 Strategic Plan KPIs allowed the monitoring and evaluation of the Portfolio progress and impact across five priority areas. See **Figure 1. HEP Mission, Vision and Priority Areas**.

**Figure 1. HEP Mission, Vision and Priority Areas**



Working toward these shared goals, the HEP's strategic initiatives were a catalyst to promote action. At the state level, the Portfolio played a critical role in the engagement approach for Medicaid Expansion to ensure more North Carolinians receive health care coverage. Additionally, Olmstead's TCL and Money Follows the Person (MFP) efforts were the foundation for the North Carolina Strategic Housing Plan, a critical guide to focus policy efforts and resource decision-making in creating and maximizing community-based housing opportunities for identified populations over the next five years. At the Department level, the Portfolio's Office of Health Equity led the rollout of a new comprehensive Community and Partner Engagement Initiative to enhance and strengthen engagement with communities and external partners. Notably, Portfolio leadership supported NCDHHS' \$80 million child and behavioral health investment efforts.

This Year in Review report, organized by the five pillars of the Health Equity Framework (see below), showcases the progress the HEP has made over the past year, discusses lessons learned and provides insight into what's coming next in SFY 24-25 to promote innovative ideas, accelerate the advancement of equity, culture and belonging, and achieve cross-cutting priorities with its partners. Key accomplishments of the four HEP offices are listed as appropriate in each section of this report.



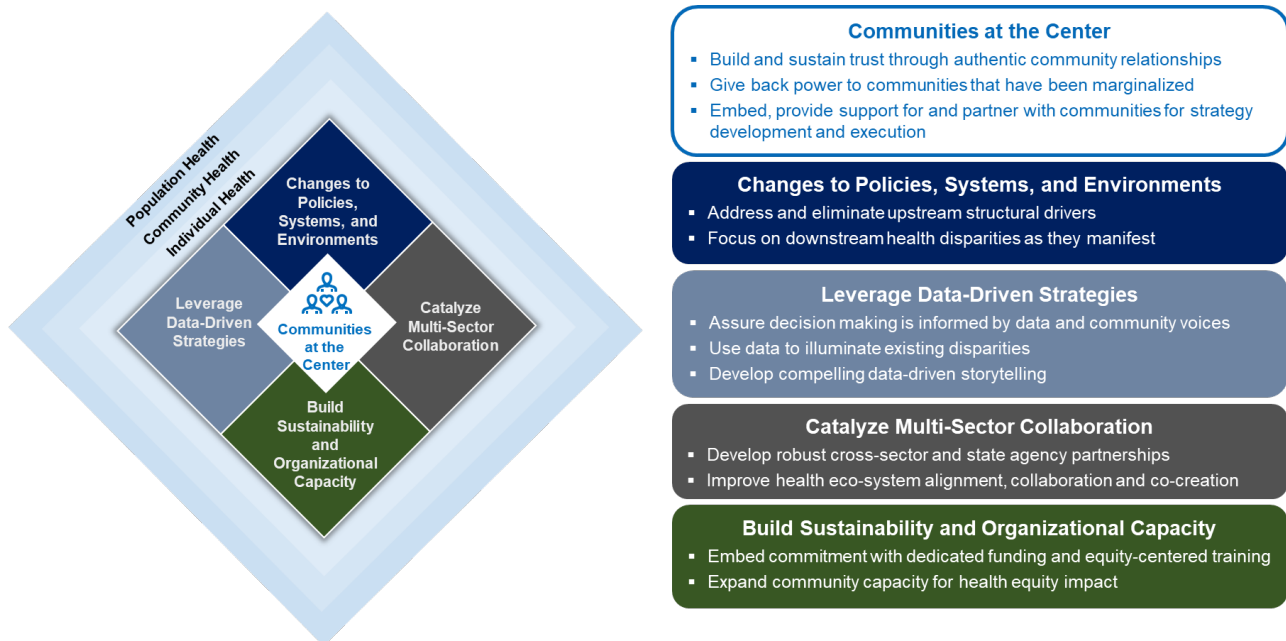
# OUR STRATEGIC VISION

In SFY 23-24, HEP focused on five strategic priority areas to advance its mission to embed equity through trust, collaboration, innovation and quality service delivery: **(1) Olmstead/TCL, (2) Operational Excellence, (3) Engagement Approach, (4) Sustainability and (5) Health Equity Framework.** The HEP strategy includes several goals for SFY 23-24 (See Appendix A: HEP Strategic Priorities for SFY 23-24 for more detail).

## NCDHHS Health Equity Framework

The NCDHHS [Health Equity Framework](#) includes five pillars (**Figure 2**) that serve as a foundation for the HEP to catalyze action in SFY 23-24 by putting communities at the center and promoting a whole-person-centered approach to eliminating health inequities and disparities for North Carolinians. The Framework ensures that health equity remains at the core of the department's programs, processes and practices.

Figure 2. NCDHHS Health Equity Framework: Guiding our Values, Equity and Commitment to Whole-Person Care



# OUR EQUITY STORY: KEEPING COMMUNITIES AT THE CENTER



The Portfolio’s vision is to foster fair and just opportunities for all North Carolinians to achieve their healthiest outcomes. The Portfolio’s collective effort to realize this vision includes keeping “Communities at the Center” by prioritizing their unique needs and building authentic relationships with community partners. The Portfolio has been striving to listen to communities and partners, and to amplify their voices and lived experiences in all of the work it does.

In SFY 23-24, the HEP has strengthened its efforts to serve communities across North Carolina by incorporating best practices in reaching populations who are underserved or who have been historically marginalized or affected by disability, financial insecurity or other health disparities/inequities. These accomplishments are the outcome of the Portfolio and its partners working together to resolve complex obstacles that impede positive health outcomes and quality of life.

*“Proactively partnering with the numerous diverse communities across our state is crucial to our mission to protect the health, safety and well-being of all North Carolinians. When we think about tackling a challenge like disparities in maternal mortality, for example, the voices we need to be listening to are Black mothers who have directly experienced the impact of inequities in care. This collaboration not only informs our work and drives policy decisions, but also helps us learn from and build trust with those we serve.”*

- Secretary Kody H. Kinsley

## NCDHHS Community and Partner Engagement Initiative

The Portfolio understands key constituents — including families, community-based organizations, providers, advocates and non-profit organizations who support equitable health outcomes — are crucial partners in accomplishing HEP’s and NCDHHS’ equity goals. The Portfolio is committed to leading NCDHHS’ efforts to intentionally engage with community partners to create lasting change for stronger communities.

On **Feb. 22, 2024**, the Department, led by the HEP’s Office of Health Equity, launched a new NCDHHS Community and Partner Engagement (CPE) Initiative to strengthen engagement with communities and external partners to improve collaboration and health outcomes. The Initiative included the following four components:

1. [NCDHHS Secretarial Directive](#): The directive by the NC Health and Human Services Secretary, Kody H. Kinsley, charges all NCDHHS divisions and offices to expand the way the Department intentionally involves communities in its work.
2. [NCDHHS CPE Initiative Website](#): The website serves as a “one-stop shop” for all CPE resources and groups NCDHHS engages with. It aims to ensure transparency in interactions with partners and communities statewide.
3. [NCDHHS CPE Guide](#): This is a foundational resource for planning and engaging with partners and improving health and well-being by partnering with communities who have been historically marginalized and individuals/groups with lived experience. The NCDHHS Health Equity Framework served as a foundation for developing the Guide.
4. [External Partner Roster](#): A roster that features NCDHHS’ external partners and engagement methods. The roster includes various commissions, councils, and advisory groups that the public and stakeholders can engage with and potentially join via the CPE Website.

*“Nothing about us without us”*

[Click here to watch Secretary Kody H. Kinsley’s Call to Action.](#)



This website provides information, tools and resources for how NCDHHS works with external groups to include them in decision-making about policies, services and operations. NCDHHS partners with communities and community leaders; health care professionals; advocacy groups; local, state and federal entities; and other partners to improve health and well-being for all North Carolinians.

The Partner Roster on the NCDHHS CPE website is continuously updated with new partners and innovative resources for communities to utilize. Since its launch, the website, managed by the HEP Office of Health Equity<sup>1</sup>, continues to serve as a platform to drive engagement and outreach to communities across North Carolina. **Figure 3** provides for CPE Website Traffic Metrics from Feb. 27 –

**Figure 3. CPE Website Traffic Metrics from Feb. 27 – June 17, 2024**

**Overall Totals for 15 Weeks  
Feb 27 – June 17, 2024**

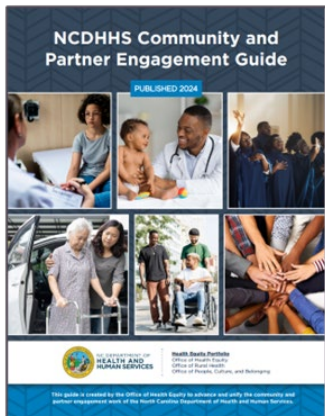
Users: 3,822  
Views: 5,578  
Views by User: 131.62  
Event Count: 15,069



June 17, 2024.

### **NCDHHS Community and Partner Engagement Guide**

The NCDHHS Community and Partner Engagement Guide was created through a partnership between Guidehouse and the HEP Office of Health Equity to serve as a foundational resource to unify NCDHHS’ approach to community engagement. The Guide provides evidence-based principles that honor the strength, resilience, history and lived experiences of communities. It includes an Equitable Outreach and Engagement Continuum (**Figure 4**), which is an interactive approach to partnerships that ensures community and partner engagement remains responsive, adaptable and truly reflective of the community’s evolving dynamics and aspirations.



**Figure 4. Equitable Outreach and Engagement Continuum**



To operationalize the Guide, the Portfolio has released several CPE tools and resources on the CPE webpage, available for communities and partners to ensure that engagements are purposeful, equitable, transparent and strategic. The series of tools and resources are critical to strengthening internal and external partner toolkits for engagement planning, capacity building and educational opportunities. Resources currently available in English and Spanish include [Cultural Humility Practices](#), [Cultural Competency Awareness Self-Assessment](#), [Cultural Competency Checklist for Community Engagements](#), [Checklist for Meaningful Community Engagements](#) and [NCDHHS CPE Frequently Asked Questions \(FAQs\)](#).

### **NCDHHS Services and Partnership Roster**

<sup>1</sup> To learn more about the Community Partner Engagement Guide and the Office of Health Equity, visit [www.ncdhhs.gov/community-and-partner-engagement](http://www.ncdhhs.gov/community-and-partner-engagement). If you are interested in partnering with NCDHHS, please email [HealthEquityOffice@dhhs.nc.gov](mailto:HealthEquityOffice@dhhs.nc.gov) to explore next steps.





Sharing information about key partnerships within and across NCDHHS creates greater visibility, tracking and coordination across the Department. To accomplish this, the HEP in collaboration with NCDHHS divisions and offices developed a publicly available external partner roster to track key engagements occurring across the Department. The goal of the roster is to sustain health equity initiatives and foster an ongoing commitment to addressing differences in health outcomes through key partnerships. You can view the NCDHHS Services and Partnership Roster [here](#). The roster provides information on the following:

- Key areas of focus (**Figure 5**) of each partner/group,
- Purpose of partnership,
- Frequency of meeting, and
- Contact information.

**NOTE:** The Partner Roster is not an exhaustive list of all groups NCDHHS may partner with.

**Figure 5. Areas of Focus for NCDHHS Services and Partnership Roster**

Areas of Focus for NCDHHS' Services and Partnership Roster		
✓ Access to Care	✓ Digital Equity	✓ Other
✓ Accounting and Financial System Support	✓ Early Childhood	✓ Policy
✓ Advanced Medical Homes/ Care Management	✓ Health Disparities	✓ Population Health
✓ Behavioral Health	✓ Health Equity	✓ Professional Development
✓ Child and Family Well-Being	✓ Infant & Community Wellness	✓ Public Health
✓ Childcare Rulemaking	✓ Intellectual / Developmental Disabilities	✓ Rural Health
✓ Chronic Diseases	✓ Language Access	✓ Social Drivers of Health
✓ Competitive Integrated Employment	✓ Latinx Health	✓ Stakeholder Input
✓ County Operations	✓ Medicaid Beneficiary Support	✓ Strong & Inclusive Workforce
✓ COVID-19	✓ Medicaid Expansion	✓ Tailored Care Management
✓ Crisis Services	✓ Mental Health, Substance Use	✓ Traumatic Brain Injury
		✓ Youth Engagement

## Bilingual CPE Webinar


Following the launch of NCDHHS' CPE Initiative, the Health Equity Portfolio hosted one English and one Spanish community-wide webinar to discuss the initiative with North Carolina community members, partners and leaders.

**English Community-Wide Webinar:** The NCDHHS CPE Initiative English Webinar was held on **May 8, 2024**, with approximately **140 attendees**. The event was led by then-OHE Director, Ava Hardiman, and NC Health and Human Services Secretary Kody H. Kinsley was in attendance to welcome community members. As panelists, Stacey Carless (Founding Executive Director of NC Counts Coalition) and Brandon Wilson (Chairperson, NC State Consumer and Family Advisory Committee) brought a community partner perspective to the discussion. The discussion focused on how NCDHHS works with people with lived experiences, where communities and partners can find information, resources and support, and ways they can get involved. The interactive webinar included a community discussion where attendees engaged with panelists, shared their expertise and asked questions.

*Watch a recording of the English-language webinar [here](#).*

**Spanish Community-Wide Webinar:** The NCDHHS CPE Initiative Spanish Webinar was held on **June 6, 2024**, with approximately **66 attendees**, as part of the Department's commitment to continue building inclusive and intentional spaces for all to engage. The webinar was structured similarly to the English Webinar with several panelists discussing the CPE Initiative, including Debra Farrington (CHEO), Carolina Siliceo Perez (NCDHHS Latinx/Hispanic Program Policy and Strategy Project Manager), Francisco Guzman (Minority Outreach Coordinator, NCDHHS Division of Child and Family Well-Being), Jessica Aguilar (Program Director, Mental Health Transformation Alliance; Co-Founder, Grupo Poder Y Esperanza), and Juvencio Rocha Peralta (Founder and Executive Director, Associations of Mexicans in North Carolina).

*Watch a recording of the Spanish-language webinar [here](#).*



Following the English Community-Wide Webinar, a local NC Insider press release shared details of NCDHHS' Engagement efforts. The press release quoted CHEO Debra Farrington, stating "When we all know how to connect the dots between various support services, programs and policies in our state, we can better support our communities. We hope these resources can both help us and all of you build your networks, make essential connections and lift diverse voices in your community."



*“By being inclusive and intentional in our outreach and partnerships, we’re renewing our commitment to promote equity and address health disparities among all of our state’s residents. This comprehensive engagement plan serves as valuable resources to support our ongoing work and provide everyone the opportunity to share their feedback and lived experiences.*

- NCDHHS Chief Health Equity Officer and Deputy Secretary for Health Equity, Debra Farrington

## Office of Health Equity: Expanding Community Partnerships for Change

The Office of Health Equity’s community and partner engagement approach aims to elevate community voices in decision-making, encourage cross-divisional and community collaborations, and amplify health information and messaging across all of North Carolina. Throughout SFY 23-24, OHE conducted over 85 events and engagements with internal and external partners including academic, faith-based and community-based organizations and local health departments among others.

In addition to individual engagements, the Office led two community-centered meeting spaces in SFY23-24: the **Historically Marginalized Population (HMP) Connections Network** and the **Interfaith Leaders Network**. These groups host recurring meetings and represent a partnership network where internal and external partners share resources, spread health information, learn about opportunities for collaboration, and elevate and practice embedding community voices in the strategic direction of policies, programs, systems and environments.

## OHE Latinx/Hispanic Policy and Strategy Program

The Office of Health Equity’s Latinx/Hispanic Policy and Strategy Program (the Latinx/Hispanic Program, the Program) aims to build trusted advisor relationships with NCDHHS leaders and external community partners to elevate and embed strategies that meet the unique needs of Latinx/Hispanic communities in North Carolina. The Program’s work includes 1) collaborating with Latinx/Hispanic communities on health equity strategies, 2) advocating for issues expressed by partners, 3) increasing Spanish language access across NCDHHS, 4) aiding NCDHHS divisions to implement programs and services that consider the unique needs of Latinx/Hispanic communities, and 5) aiding NCDHHS divisions and teams to implement engagement strategies and events for the Latinx/Hispanic community. In SFY 23-24, the Program’s community and partner engagement efforts reached over **64,000** Spanish-speaking and Latinx/Hispanic individuals across North Carolina.

### Spanish Language Access and Translation

The OHE’s Latinx/Hispanic Program works with the NCDHHS Office of Communications team and NCDHHS other divisions to increase the Department’s language access by developing high-quality and culturally relevant communications and materials in Spanish. The Program provides a final review for some translated documents, advises messaging strategy, supports the development of materials and campaigns needed to address the needs/questions of the state’s Hispanic population, and identifies and recruits trusted messengers to participate in communications.

The Latinx/Hispanic Program continues to support the NCDHHS communications team and leadership to sustain and grow the number of materials and information available in Spanish. In SFY 23-24, the Program submitted over 600 items for English/Spanish translations to the NCDHHS Office of Communications.

### Communication Outreach Activities

In addition to ensuring bilingual materials are developed, the Latinx/Hispanic Program also oversees the deployment of materials and messaging in a variety of formats including newsletters, public service announcements, web content, radio interviews, social media posts and robocalls. See **Figure 6** below for an overview of Latinx Program Communications Outreach Activities in SFY 23-24.

### Figure 6. OHE Latinx Program Communication Outreach Activities



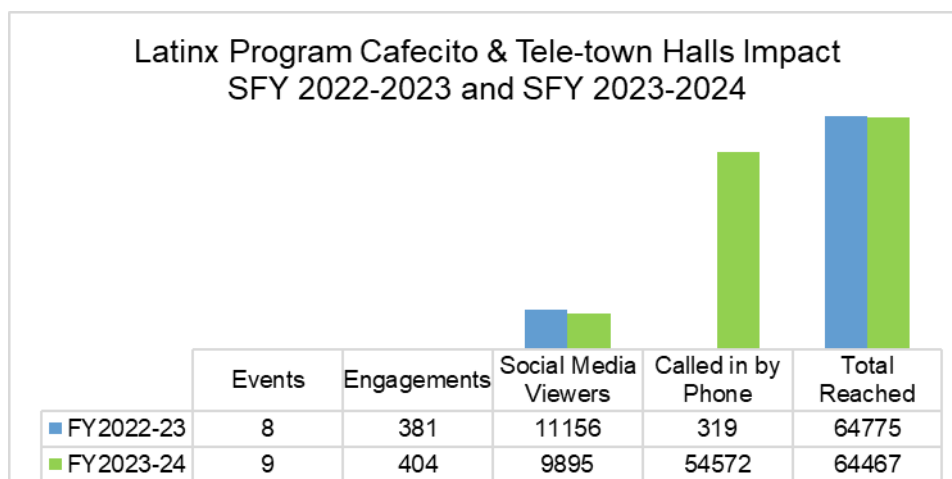


Explore the newsletter campaign archive [here](#).

### Cafecitos & Tele-town Halls

The Latinx Program conducted Spanish-language Cafecitos & Tele-town Halls live-streamed from the NCDHHS Facebook, X (Twitter) and YouTube accounts as part of the state’s ongoing efforts to ensure equitable access to timely health information, resources and vaccines to eliminate health disparities in the Latinx/Hispanic population. These events reached **64,467** people **from July 2023 to June 2024** across seven health disparity Cafecitos, one Medicaid Cafecito and one Vaping Cafecito. The Program secured 19 unique panelists who joined across all events.

Figure 7. Latinx Program Cafecito & Tele-town Halls Impact



### Other Notable OHE Latinx/Hispanic Engagements in SFY 23 - 24

- In December 2023, Carolina Siliceo Perez (Latinx Policy and Strategy Project Manager) was invited to a Holiday Toy Drive with Radio Station La Ley to discuss mental health and resources available through the 988 Crisis Hotline.
- In February 2024, Yazmin Rico (then-Latinx/Hispanic Policy and Strategy Director) was a keynote speaker at the Harvesting Solutions Summit hosted by AMEXCAN in Pitt County, presenting on the work of the NC Farmworker Health Program and highlighting their digital equity work.



Figure 8. Carolina Siliceo Perez (far left) at the Holiday Toy Drive





- In April 2024, Yazmin Rico (then-Latinx/Hispanic Policy and Strategy Director) attended AMEXCAN's Community Health Worker Summit and shared information on Medicaid Expansion enrollment in Latinx/Hispanic communities.
- In June 2024, Carolina Siliceo Perez (Latinx/Hispanic Policy and Strategy Project Manager) attended the Let's Talk Different Abilities Statewide Conference for Intellectual/Developmental Disabilities (I/DD) communities in the Latinx community. The Spanish-language conference provided an opportunity for Spanish-speaking parents and caregivers of people with disabilities to learn about the systems and resources available to support them and their families in North Carolina.



Figure 9. Carolina Siliceo Perez (far right) at the Let's Talk Different Abilities Conference

## Olmstead/TCL Planning for Vulnerable Populations

### Developing an Updated Olmstead Plan

As part of NCDHHS' commitment to investing in behavioral health and resilience, and building community capacity to serve people with disabilities, the Olmstead/TCL Office published and implemented [North Carolina's CY 22-23 Olmstead Plan](#). The plan is a roadmap to address the health and well-being of children and families, youth, adults and elders with disabilities. The plan set forth priorities and strategies to continue strengthening the community-based system including:

- Strengthening alternatives for community inclusion for individuals and families through increased access to home and community-based services and supports
- Implementing strategies to recruit, train and retain the frontline staff who provide daily services that allow people to live, work and thrive in their communities
- Transitioning people to more independent living situations from institutional and segregated settings, and provide needed supports in the community for individuals who are at risk of entering these settings
- Increasing opportunities for supported education and pre-employment transition services for youth as well as competitive integrated employment opportunities for adults with disabilities
- Addressing disparities in access to services
- Increasing input to public policymaking from families and individuals with lived experience
- Using data for making quality improvements in the provision of services.

### Progress in Implementation of CY 2022-2023 Olmstead Plan

- 27 people took the Division of Services for the Blind Technology classes, 93 individuals in the Independent Living Older Blind Program received instruction to utilize assistive technology and adaptive devices.
- 16 people have been released from incarceration with an Individual Reentry Plan (IRP) since October 2023; 44 people have been referred from IRP development.
- The Division of Social Services reports that 43 families are using the Families First Prevention Services Act Prevention Plan; more than 40 families are using the HomeBuilders program.

On April 1, 2024, a new revised [CY 2024-2025 North Carolina Olmstead Plan](#) was published to continue the work with new strategies and sustain progress made toward the implementation of the CY 2022-2023 Olmstead Plan. The new plan, focused on enabling and supporting individual choice, reflects the contributions of many partners and incorporates much of the work NC has done as a state to advance independence, integration, inclusion and self-determination for those with disabilities. As of March 31, 2024, **84% of 137** Olmstead plan strategies/action steps



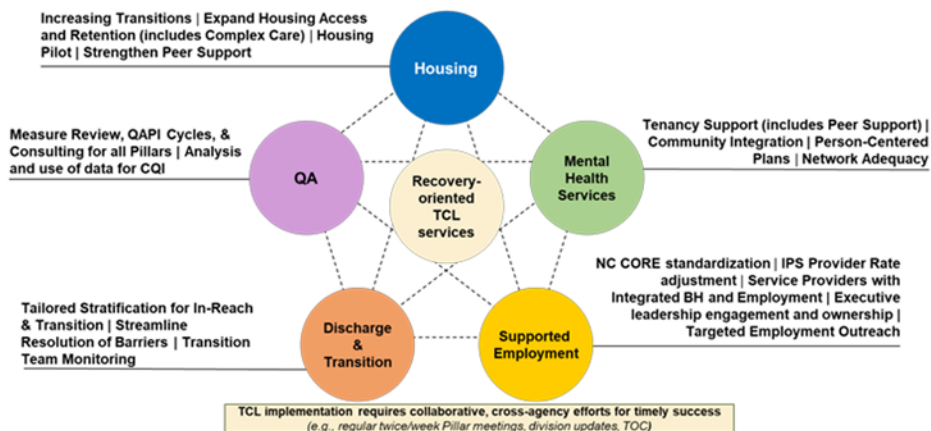


developed from the inception of the plan on Jan. 1, 2022, were either completed or in progress (51 were complete and 64 were in progress).

## Achieving Better Mental Health Outcomes for People Living with Serious Mental Illness

In 2012, NCDHHS entered into a settlement agreement with the United States Department of Justice. The agreement required the state to develop a framework for the delivery of community-based housing, services and supports for people living with “serious mental illness (SMI) and serious persistent mental illness (SPMI).”<sup>2</sup> The [Transition to Community Living \(TCL\) Implementation Plan](#) was developed in response to the agreement to help ensure that eligible adults living with SMI or SPMI who are in or at risk of placement in an adult care home are able, if they so choose, to live in communities alongside other North Carolinians. The program promotes recovery by providing long-term housing, community-based services, employment support and community integration. The plan outlines how NCDHHS will achieve substantial compliance by **June 30, 2025**. Led by the NCDHHS cross-divisional Olmstead/TCL team in collaboration with key partners, North Carolina has assisted over **6,300** people with serious mental illness or severe and persistent mental illness to move out of institutional settings into their communities or remain in the community instead of entering an adult care home over the life of the program.

**Figure 10. The six pillars of the TCL Framework help ensure a holistic, strategic approach to eligible TCL individuals living in institutional settings for more sustainable, quality-centered care.**



**Figure 11. TCL Implementation Progress**

Over 3,600 individuals were living in supported housing at the end of June 2024 under the TCL program.

Over 1,000 of these individuals previously living in adult care homes (target to reach 1,130 by December 2024).

NCDHHS and NCHFA continued efforts to make Targeted Units more accessible to individuals in TCL<sup>3</sup>. By the end of SFY23-24, there were 890 rental developments with executed Targeted Unit Agreements in 86 counties.

See the [2022-2023 TCL Annual Report](#) for a comprehensive overview of accomplishments achieved during state fiscal year 2022-2023. The annual report for SFY 23-24 will be completed and published in the upcoming quarter.

## Office of Rural Health: Access to Care

The Office of Rural Health assists communities that are underserved by improving access, quality and cost-effectiveness of health care. ORH administers over **400** contracts annually to safety net sites and health care providers that are designed to expand access to high-quality health care for rural communities and populations which are underserved. Through these awards, over 367,000 patients were served in SFY 23-24. In addition, ORH provides in-depth technical assistance to North Carolina’s health care safety net system logging over **2,671** TA activities with **710** organizations and individuals. Technical assistance activities include establishing new and sustaining existing state-designated [rural health center sites](#), providing access to care by paying for and enabling medical services to migrant and seasonal farmworkers, supporting care for the uninsured, developing telehealth capabilities, and supporting community health workers, practice staff, capital improvements and loan repayment for

<sup>2</sup> The TCL settlement agreement uses the term “serious mental illness” for both those with serious or severe and persistent mental illness.

<sup>3</sup> The North Carolina Housing Finance Agency (NCHFA) provides affordable housing opportunities through various programs and services. Targeted units are specific housing units designated for vulnerable groups, such as low-income families or individuals with disabilities.



providers. While ORH does not provide direct care, their programs support numerous health care safety net organizations throughout all 100 counties in North Carolina.

## North Carolina Office of Rural Health SFY 23-24 Safety Net Site

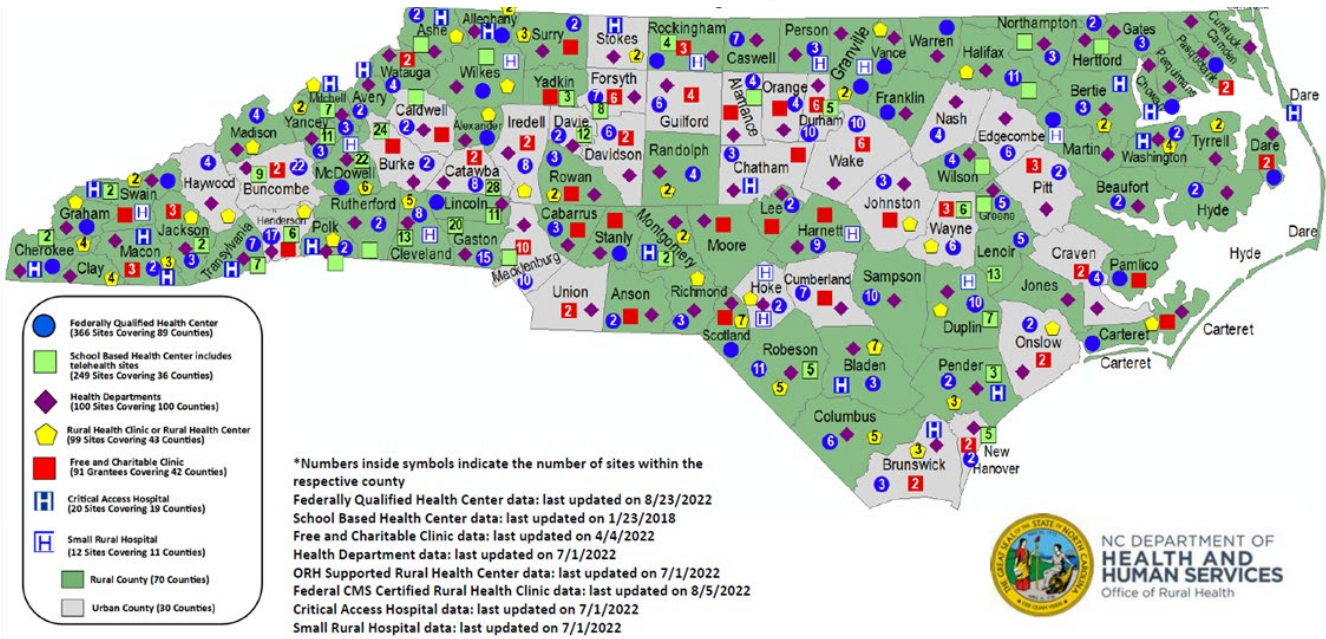


Figure 12. ORH Team Across the State in SFY 23-24



# CHANGING POLICIES, SYSTEMS AND ENVIRONMENTS



In the past year, the HEP reaffirmed its commitment to addressing health disparities and structural drivers of health by implementing impactful and sustainable programs and interventions for populations statewide. The HEP played a significant role in the state’s Medicaid Expansion efforts and created other structures, policies and systems aimed at advancing culture, belonging and health equity across NCDHHS and North Carolina.

## Medicaid Expansion

North Carolina began implementation of the Affordable Care Act (ACA) Medicaid Expansion on Dec. 1, 2023, becoming the 40<sup>th</sup> state to adopt ACA Medicaid Expansion when Governor Roy Cooper signed [House Bill 76](#). Medicaid Expansion increased access to full Medicaid coverage for an estimated **600,000** newly eligible adults in North Carolina. The Health Equity Portfolio collaborated with the NCDHHS Division of Health Benefits (NC Medicaid) in SFY 23-24 to reach partners and community messengers with Medicaid Essentials Training and [Medicaid Expansion Toolkits](#). Additionally, the Portfolio engaged with partners to provide input into the design and implementation plan, evaluate engagement methods and hear concerns and frequently asked questions surrounding expansion.

HEP leaders co-chaired expansion workgroups around communication, access and enrollment along with other division leaders. Engaged as members of the Medicaid Expansion Workgroups, HEP staff provided many hours of training and outreach across NC on the elements of Medicaid Expansion and enrollment, which contributed to record enrollment of over **500,000 individuals**, a year ahead of schedule. Monthly updates on the progress of Medicaid Expansion enrollment can be tracked on the following [public dashboard](#) created by NC Medicaid.

## OHE Medicaid Expansion Efforts

The OHE supported Medicaid Expansion through community and partner engagement and resource sharing. In November 2023, OHE began engaging with various partners about Medicaid Expansion, including faith-based organizations, provider networks and Latinx/immigrant partners. OHE presented “Medicaid Essentials” training information at several partner meetings and held three Medicaid Expansion Special Call Office Hour events in November and December 2023 where vital information and materials were shared with over 130 black faith leaders from around the state and OHE’s diverse network of over 600 partners in the HMP Connections Network. At these sessions, partners were invited to register and complete the Medicaid Expansion Essentials Training, order both printed and digital resources such as pamphlets, posters and one-pagers, ask questions, and engage in a guided discussion on how to share information about expansion and enrollment with potentially eligible community members.

In addition, OHE’s Latinx/Hispanic Policy and Strategy Program supported Medicaid Expansion promotional efforts by coordinating Spanish language access and translation for two communications campaigns (January 2024 and April 2024), including translating the following materials: bilingual flyers, wallet cards, stickers, immigration flyers, coloring books and crayons, public service announcement scripts and social media posts. The Latinx Program also presented with various partners to over 1,000 participants including the Latin American Coalition in Charlotte, NC Latino Health Alliance, Bull City Strong, NC Community Engagement Alliance, Valores and other local organizations including federally qualified health centers, local health departments, local social services departments and community-based organizations.





## ORH Medicaid Expansion Efforts

The Office of Rural Health allowed safety net providers to use Community Health and Rural Health Center funds to hire staff to enroll newly qualified Medicaid members and support them as a medical home. ORH also made focused efforts to connect with rural grantees, planning and implementing six regional meetings in each Medicaid region. Topics covered in these meetings included Medicaid Expansion, community engagement and empowerment, electronic health record support, behavioral health integration and grant writing.

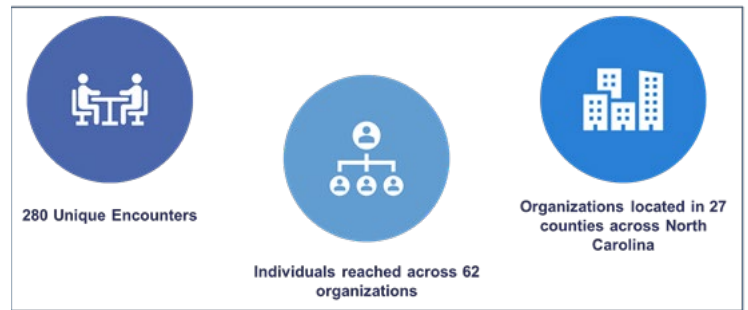


Figure 13: ORH Medicaid Expansion Impact by Numbers

## Office of People, Culture and Belonging Policy Impacts

### Employee Resource Groups

The OPCB engaged with and served as a part of the NCDHHS Strong and Inclusive Workforce Workgroup to use data-driven opportunities and strategies to solve workforce challenges (e.g., attrition, retention, vacancy rates, and effective recruitment and hiring strategies). The Office has engaged in multiple initiatives, both new and pre-existing, to support these efforts.

As part of this work, the OPCB launched an initiative to create Employee Resource Groups (ERGs) at NCDHHS. ERGs are voluntary, employee-led groups whose aim is to foster an inclusive workplace aligned with the organizations they serve; ERGs provide safe spaces and create a greater sense of community in work environments. They are led by and consist of employees who share a common characteristic, whether it's gender, ethnicity, religious affiliation, lifestyle or other interests. The groups exist to provide an additional support mechanism for employees, assist with career development and create a safe space where employees can bring their whole selves to work. ERGs often unite employees of all job categories and classifications, creating a safe space for connectivity through volunteer opportunities, learning activities and social engagement. ERGs at NCDHHS will be cross-divisional and provide both virtual and face-to-face opportunities for engagement.

In April of 2024, Division Directors gave a vote of confidence for moving forward with ERGs at NCDHHS. The OPCB has successfully presented information about ERGs and their anticipated launch to numerous internal audiences, including the NC Department of Justice. The Office presented an ERG interest survey that polled NCDHHS employees on the top three ERGs they would be most interested in participating in and what they believe the outcome of ERGs will be at NCDHHS. Preliminary survey results have shown an overwhelmingly positive response to the launch of ERGs in the Department.

### HR Data Disaggregation

Building on the progress made in the previous fiscal year, OPCB has continued to focus on activities to disaggregate HR data by office and division to enable effective and measurable workforce development strategies. Over the past year, OPCB has convened cross-division experts, including the Deputy Secretary of Operation Excellence, Human Resources (HR), Data Office, Division of Public Health (DPH) and Information Technology Division (ITD), to collaborate on project activities. The NCDHHS Assistant Secretary for Equity & Inclusion and the Program Manager for the Office of People, Culture and Belonging have continued to meet with DPH, the pilot division, as the project continues to focus on its initial analysis of data focused on the salary, education and experience of high-volume classifications and hiring disparities to address high vacancy rates. Additional data and hiring reports from HR are forthcoming.

#### Milestone Met:

In April of 2024, the office reached one of its tactical goals of having disaggregated HR data (by office and division) that could be analyzed for the purpose of identifying measurable workforce goals.

### DEI Councils – Census and Start-Ups





OPCB has been leading the Department in transforming and cultivating workplace belonging since the office's inception through the network of NCDHHS Diversity, Equity and Inclusion (DEI) Councils. These councils champion collaboration and a shared sense of responsibility in addressing diversity challenges and promoting belonging and inclusion across the organization. Through its activities, DEI Councils have positively and productively influenced NCDHHS' climate and policy. To support DEI Councils and their work in the context of new legislation, OPCB provided training for the DEI Council Network and DEI Advisory Group on S.B. 364 on Prohibited Compelled Speech in Certain Concepts and Inclusive Language, as well as multiple trainings and technical assistance for individual DEI Councils.

In SFY 23-24, the 29 active DEI Councils reported a variety of accomplishments and successes across several different topic areas. There are **13 DEI Councils** in the facilities of the Division of State Operated Health Facilities (DSOHF) and **16 DEI Councils** in other DHHS divisions/offices.

DEI Councils touted a variety of events and engagements throughout the year that focused on promoting belonging and inclusion in the workplace, mirroring the mission, goals and purpose of DEI Councils as a whole. DEI Councils from multiple divisions reported their successes for the past year and a few are highlighted below:

- **Division of Property and Construction:** Enabled better accessibility to individuals in the Division of Property and Construction by installing shared computers in facility maintenance shop areas to provide staff with a mechanism for engaging in departmental and divisional communications. Also, developed individual email addresses and a Division of Property and Construction listserv dedicated to DEI to enable access to DEI portfolio-specific communications for all divisional employees. For the first time, the division provided language access with safety training in Spanish for the English as a second language (ESL) employees using their input and involvement. They are in the process of translating safety manuals and information.
- **Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMH/DD/SUS):** Held a lunch and learn for Pride Month hosted by James Miller, Executive Director of the LGBT Center of Raleigh. Key topics in the presentation included understanding LGBTQ+ identities, creating safe spaces, challenging bias and discrimination, supporting LGBTQ+ youth, becoming an ally, and intersectionality and inclusion.
- **Julian F. Keith Alcohol and Drug Abuse Treatment Center (JFK ADATC):** Increased the Latinx patient population because of community outreach efforts.

## **North Carolina Valuing Individual Performance (NCVIP) Guidance Support**

In the past year, NCDHHS employees requested support from OPCB in providing employees with a common language for goals and tasks on trainings and behaviors to assist individuals in accounting for workplace belonging efforts within their personal performance plans. Driven by the North Carolina statewide performance management policy and automated process, Valuing Individual Performance (VIP), performance management:



- Helps employees have a clear understanding of the performance expected of them and how their individual work contributes to the achievement of the organizational mission, goals and business objectives as well as demonstrate agency values.
- Assists employees in providing, as well as receiving, input into the development of individual goals and ongoing information about how effectively they are performing relative to those established goals.
- Effectively tracks and measures performance based on business-related outcomes.
- Fosters a culture of ongoing communication between employees and their manager.
- Identifies opportunities for employee growth and development.

The OPCB developed sample goals and tasks that served as a starting point for employees to tailor and adapt based on their roles and responsibilities and their current understanding of people, culture and belonging. This also included sample behaviors that demonstrate alignment with the NCDHHS NCVIP value of Diversity & Inclusion,



which is included in the 2023-2024 performance cycle. These recommended sample goals, tasks and behaviors support the accountability of employees in various roles.

### *Benefits of OPCB Expanded Scope*

- Representation of OPCB's enhanced efforts surrounding employee belonging, and how a heightened sense of belonging impacts the department's initiative in creating and sustaining a strong and inclusive workforce.
- The words and concepts surrounding people, culture and belonging allow for a greater understanding and flexibility in viewing the work of the office. As OPCB continues to support NCDHHS's diverse workforce, the Office wants to ensure that the office and working titles are reflective of the needs of DHHS employees and allow the Department to produce quality outcomes for their experience.
- OPCB's new title creates additional space to highlight more facets of equity, including accessibility, employee engagement and experience beyond diversity, equity and inclusion.

### **OPCB Name Change**

In February 2024, the Office of Diversity, Equity and Inclusion changed its name to the Office of People, Culture and Belonging to communicate its focus on employee engagement, workforce development and building a culture of belonging. The new name reflects the office's broadened scope of work surrounding culture and individual identity. The OPCB will continue to support the recruitment, development and retention of a diverse workforce with the skill sets, competencies and expertise to value

belonging, provide culturally appropriate services and programs to communities that are underserved and excluded, and intervene to eliminate disparities.

In addition to its name change, OPCB has also enhanced the way it works with other NCDHHS divisions statewide. This has included the shifting of language to emphasize culture and belonging in its scope of work and service offerings training.

## **Office of Health Equity Changes to Systems and Environments**

### **Health Equity Language and Communication Guide**

The Office of Health Equity, along with the entire Department, has made strides to update the definition and use of the common term "historically marginalized populations (HMP)," and broaden the scope of inclusive language principles. The Portfolio developed and finalized the Health Equity Language and Communication Principles Guide in May 2024 after incorporating feedback from internal NCDHHS partners, including the OPCB team. The Guide summarizes person-first language, the five key communication principles and examples of those principles. OPCB joined OHE in socializing the Guide with NCDHHS leaders, providing a common foundation for technical assistance, consultation and the Department's work in changing health and program outcomes. The HEP is working to use the Guide and apply its principles to internal NCDHHS publications, such as the Health Disparities Report and other program materials. Following internal adherence, NCDHHS will share the Guide with Department staff across the state with the hopes of inspiring other agencies and community partners to adopt similar principles.

### **HEP Language Access and Translation Policy Guide**

The Health Equity Portfolio collaborated with the Office of the Governor and Language Equity and Access Partners (LEAP) to conduct a demographic analysis and needs assessment of language equity and access needs in North Carolina. LEAP conducted a Department Engagement Survey in March 2024 with 14 participating Departments and conducted interviews with three government executive leaders to gauge the current state of knowledge of and commitment to language equity across NC State Government Agencies. LEAP used the findings from these activities to develop a Language Access Plan template that can be adapted by Departments across the state of NC as well as an Implementation and Training Toolkit. The Health Equity Portfolio will assist the NC Department of Health and Human Services in creating a formal Language Access Plan in SFY 24-25.

### **Operationalizing the Health Equity Governance Model**

From October 2023 to June 2024, the Office of Health Equity conducted research and design activities aimed at mobilizing the middle layer of the NCDHHS Health Equity Governance Model: The Health Equity Advisory Team



(HEAT), an advisory group made up of representatives from NCDHHS division and offices and Department community partners. Once launched, it will serve as a resource for systems change, Departmental decision-making and resource sharing.

## **UNC Public Health Capstone Intern HEAT Support**

The OHE recruited a team of five, second-year graduate fellows from the UNC Gillings School of Global Public Health to serve as research and planning support for the operationalization of HEAT. The capstone students completed several key activities and deliverables, which were integral to operational design of the HEAT (detailed below).

1. Literature Review: The capstone team conducted a literature review to assess evidence-based best practices for designing and implementing an advisory group and governance structure. The literature review identified approaches to program planning with formative process evaluation, identified components of good governance, and identified risks, barriers and challenges to implementation.
2. Member Survey: The capstone team developed a HEAT member survey to capture pertinent data related to HEAT evaluation metrics, including member demographics and health equity priorities.
3. Focus Groups: The capstone team conducted two internal focus groups aimed at gathering insights from internal community and partner engagement (CPE) managers across NCDHHS to assess strengths and opportunities for CPE improvement. Nine mid-level program managers representing seven different divisions and offices were in attendance. The participants engaged various diverse community and partner groups across multiple topics.
4. Listening Session: The UNC capstone students conducted a listening session aimed at gathering insights from external community members and partners across NCDHHS to assess strengths and opportunities for CPE improvement.
5. Health Equity Action Plan Template: The UNC capstone team developed a template that can be used by NCDHHS divisions/offices as a part of HEAT to create division/office-level health equity action plans. The template uses evidence-based frameworks and processes and is built to be flexible to meet the needs of any division or office in the Department.
6. Final Report: The UNC capstone team developed a final evaluation report summarizing the collective work done by UNC Gillings' School of Global Public Health graduate students in collaboration with the NCDHHS Office of Health Equity as part of a year-long, formative capstone project.

## **HEAT Operational Materials**

The Office of Health Equity used findings from the UNC capstone students' activities and several buy-in conversations across the Department to inform the development of HEAT operational materials:

1. HEAT Guidebook: The HEAT Guidebook offers complete and streamlined information that will outline the details of HEAT operationalization including the development of HEAT program plans, HEAT recruitment operations and HEAT implementation procedures.
2. HEAT Bylaws: The bylaws legitimize the governance structure of HEAT, offer ownership to members, formalize structures, processes and rules of engagement, and set expectations for formal voting procedures and streamlined business fulfillment. They include sections on group purpose, recruitment rules, member qualifications, member roles and responsibilities, member privileges, voting thresholds and HEP/OHE leadership responsibilities as the lead coordinators.
3. HEAT Recruitment Materials: HEAT recruitment materials include member nomination instructions, overview slide decks for internal and external members, member application, and socialization and communications plan. HEAT will begin with a pilot with a smaller membership, but eventually make use of these materials in convening the Department-wide body.

In SFY 24-25, HEP will pilot the governance structures and action plans defined in these materials with select NCDHHS divisions and offices. The HEP will introduce and continue to enhance tools and operations based on pilot and partner feedback and buy-in activities across the Department.



# LEVERAGING DATA-DRIVEN STRATEGIES



The NCDHHS Health Equity Framework recognizes the importance of using data and community voices to tackle existing health disparities. This past year, HEP leveraged data-driven strategies to identify patterns, gain insights and make informed decisions to provide better services for North Carolinians.

## TCL Data Strategies

### **TCL: Quality Assurance and Performance Improvement (QA/PI)**

This past year, key QA/PI achievements to promote accountability and facilitate effective use of TCL data included incorporation of TCL system data analysis and presentations into quarterly TCL Quality Assurance Committee (QAC) meetings; implementation of new Prepaid Inpatient Health Plan (PIHP) contract requirements related to use of data for TCL QA/PI activities; and rollout of Local management Entities/Managed Care Organizations (LME/MCO) access and training in the NCDHHS TCL Dashboard and in the use of process, performance and member outcome measures for QA/PI.

Introduction of QAC presentations on TCL data and analysis results helped meet a settlement agreement requirement related to use of system data to evaluate progress and successes in meeting program objectives and intended outcomes. New Medicaid contract requirements are designed to help ensure the development and use of data-informed approaches to continuous quality improvement at the plan level, while providing access to and technical assistance in the use of the TCL Dashboard supports development and maturation of more robust TP/PIHP TCL QA/PI systems.

Additionally, in SFY 23-24, NCDHHS TCL Dashboard measures and functions were added and refined in each quarterly dashboard release and data refresh. TCL subject matter experts also conducted ongoing quarterly performance measure review and QA/PI cycles that were implemented, the outcomes of which are summarized in quarterly TCL Quality Measure Review Reports, which were also implemented in SFY 23-24.

### **TCL: Individual Placement and Support (IPS) Services**

The Individual Placement and Support (IPS) service is an evidence-based model of supported employment for individuals with serious mental illness and severe and persistent mental illness. Fidelity evaluations helped guide technical assistance and training provided by the University of North Carolina Institute for Best Practices (UNC IBP), with behavioral health integration and educating a new workforce on IPS practice principles being a few of the main focuses. By the end of SFY 23-24, all IPS teams participated in their first fidelity evaluation post-pandemic. UNC IBP developed a biannual IPS fidelity trends report, which was presented to LME/MCOs in April 2024 to help inform technical assistance and training. In October 2023, the TCL employment incentive plan was adjusted to progressive, individualized targets based on LME/MCO feedback.

As part of the supported employment implementation plan, LME/MCOs completed strategic plans that were submitted to NCDHHS by May 2024. Targeted engagement for TCL members residing in supported housing for less than six months led to 46 IPS referrals across the LME/MCOs. The supported employment specialists at each LME/MCO, hired during SFY 23-24, were instrumental in these efforts by providing TCL staff and Tailored Care managers with supported employment education and implementing processes to track referrals and enrollments to IPS as well as any barriers to referrals that can be addressed.

**Figure 14. Accomplishments with IPS**



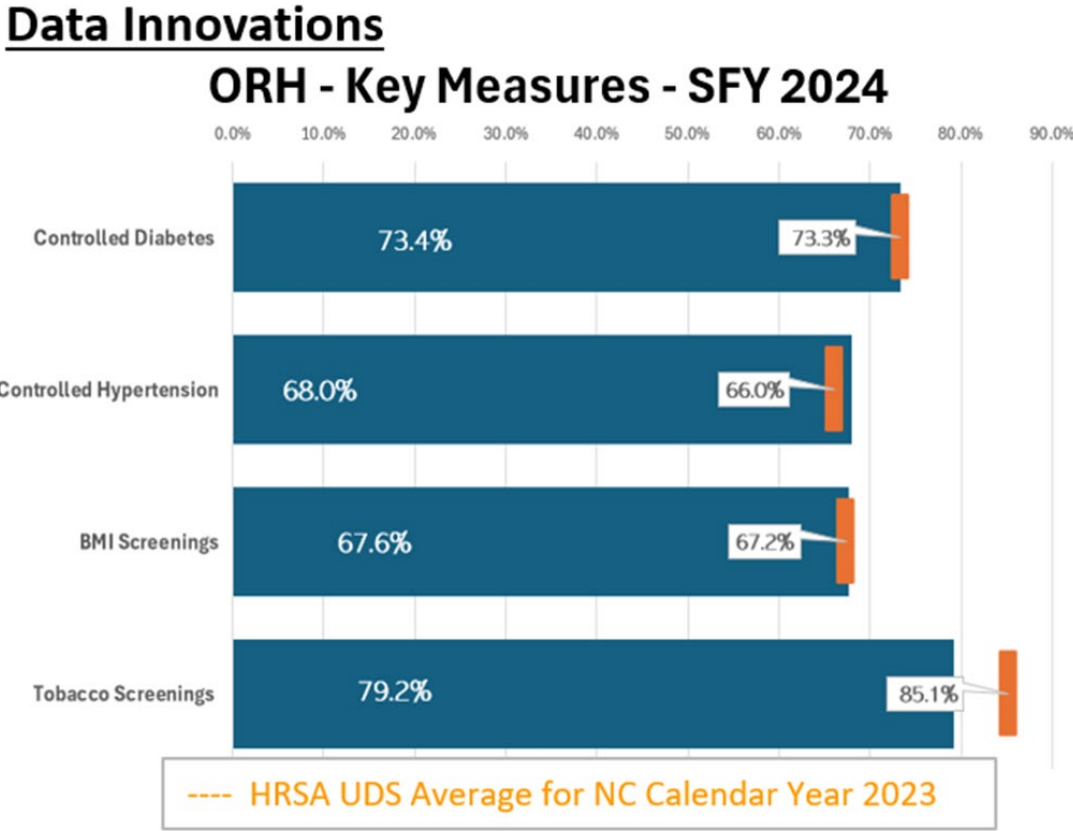


- 1 Met TCL Settlement requirement for In-At-Risk IPS enrollment with a current count of *2,676 unique individuals* throughout life of the program as of December 2023.
- 2 According to self-reported IPS provider data, the average CIE rate for TCL members and those *In or At Risk of ACH placement was 43%*.
- 3 Self-reported IPS provider data showed an *increase in shared EIPD cases to 41%* (up 17%) and the *CIE rate to 50%* (up 6%).

## Office of Rural Health Analytics and Innovation

Within the Office of Rural Health, the Analytics and Innovations team supports ORH programs and grantees by using data and leveraging technologies to improve monitoring, evaluation efforts and innovative strategies. The AI team coordinates the collection and reporting of grant data across ORH programs that reflect how funded sites compare nationally to key Uniform Data Systems clinical metrics. Results from these UDS measures among ORH funded grantees indicate that North Carolina’s health care safety net sites provide high-quality health care, often serving populations that are fragile.

Figure 15. ORH Data Innovations Key Measures SFY 23-24



Additionally, ORH is the Primary Care Office for North Carolina. In this role, the AI team provides Health Professional Shortage Area (HPSA) analysis and submissions to its federal partners for final HPSA designations.



## Rural Health Information Technology and Telehealth Program

The ORH Health Information Technology & Telehealth (HITT) team assists ORH grantees and safety net partners to improve patient care. In the past year, the HITT team conducted ongoing, virtual statewide telehealth workshops that reached **159 individuals at 131 organizations**. See below for the HITT team's impact through the statewide telehealth workshops.

1. A total of 170 hotspots were delivered to three North Carolina counties
2. 98 hotspots were given directly to participants
3. At least 42 hotspots were used between November 2021 and October 2023

The HITT team continues to develop innovative solutions and build a culture of data accessibility while working with partners statewide to create [digital equity](#), ensuring every person and community has the necessary information technology resources to participate in society and thrive. Through a grant with the NC Department of Information Technology's Office of Digital Equity and Inclusion, both the HITT and Farmworker Health programs are supporting health literacy and digital equity through training community leaders and providing technology to support internet access to farmworkers in key areas of the state.

**NCCare360:** The HITT team is actively promoting and instructing Rural Health Centers on the benefits and functionality of using the [NCCARE360](#) platform to help streamline access to community resources and improve patient outcomes. In partnering with the ORH operations team, the HITT team has promoted NCCARE360 enrollment with combined onsite visits at Rural Health Centers. The HITT team has also collaborated with the Foundation for Health Leadership & Innovation to promote enhanced training with Unite Us around optimizing NCCARE360 functionality.

## Office of Health Equity: Advancing Equity through Data

In SFY 23-24, OHE participated in several groups and cross-divisional collaborations to advance equity in the collection, use and dissemination of health disparities data.

### Health Disparities Data Report (HDR) and Guide

In the past year, the OHE developed the 2024 Health Disparities Analysis Report, the fifth version of its kind and the latest report since 2018. The earliest report was published in 2003. This new report embodies the Health Equity Portfolio's commitment to the NCDHHS Health Equity Framework. It identifies six key categories of health disparities across North Carolina and strategies to address and improve these disparities over time.

Data in the report can be used and shared to amplify efforts across the state to decrease disparities in service delivery, engagement efforts and health outcomes related to physical, behavioral and social health.

The HDR report aims to:

- Provide a baseline to monitor the state's progress toward eliminating disparity and health status gaps experienced by populations that are historically marginalized.
- Spotlight the top health disparities with the greatest opportunities to reduce disparities in the next three to five years
- Amplify action and solution-seeking strategies for the reduction of health disparities.



## Additional OHE Data Strategies

**CDC Site Visit:** In April 2024, the HEP team presented on Enhancing Health Equity within NCDHHS during the CDC's North Carolina site visit. The presentation focused on the impact of the CDC Health Disparities Grant on HEP's work at NCDHHS – strengthening staff, policies, procedures and sustainability.

**NASHP Data Learning Lab:** The National Academy for State Health Policy (NASHP) Data Learning Lab, in partnership with the NCDHHS Data Office and NC Medicaid, is a space where learning opportunities and presentations are shared. In SFY 23-24, OHE collaborated with the NASHP Learning Lab to address health disparities in North Carolina by developing an implementation plan for adopting demographic data standards, developing a strategy for expanding NCDHHS data architecture and infrastructure, developing an implementation plan for the Health Disparities Report, developing a strategy for promoting health equity in NCDHHS through data on Medicaid performance and quality, and building an implementation plan to drive use of the NCDHHS Equity Data Toolkit including a guide for best practices for centering community voices.

**NCDHHS Data Office's Equity Data Standards Workgroup:** The Equity Data Standards Work Group forms recommendations based on best practices, staff expertise, comparable states/programs and community voices. In SFY 23-24, OHE leveraged this group when developing the Health Disparities Report and invited participants of this group to participate in Health Disparities Report listening sessions, which were an important part of embedding community voices in the data.

**Chronic Disease and Injury Collaborations:** The OHE has a strong collaborative relationship with the NCDHHS Division of Public Health's Chronic Disease and Injury Section. As part of that partnership, OHE assisted with two data projects in SFY 23-24: an LGBTQ+ Health Survey in partnership with the DPH Sexual and Gender Minority Tobacco Treatment Coordinator, and tobacco-related surveys, consultation and advisory in NC American Indian communities.

**Actionable Intelligence for Social Policy (AISP) Race, Ethnicity, Language, Disability (RELD) Workgroup:** The NCDHHS Data Office invited OHE to participate in this workgroup, which is made up of representatives from multiple states including Rhode Island, Oregon, Connecticut and Illinois, as well as representatives from Blue Cross Blue Shield, to share information learned about demographic data collection standards and collaborate on projects.



**Figure 16: HEP members at the CDC site visit**

# CATALYZING MULTI-SECTOR COLLABORATION

Catalyze Multi-Sector Collaboration

Developing robust cross-sector partnerships with organizations is essential to the HEP goal of addressing complex issues that impact North Carolinians with collective expertise and resources. In SFY 23-24, HEP offices partnered with key partners within NCDHHS and across North Carolina to improve health outcomes for communities and foster collaboration.

## Olmstead/TCL Collaborations to Support Community Needs

### TCL/LME/MCOs: In-Reach, Informed Decision-Making, and Adult Care Homes

In SFY 23-24, the Office on Olmstead/Transitions to Community Living continued to monitor and provide technical assistance to LME/MCO TCL in-reach teams to improve their frequent education of individuals and/or guardians in TCL on permanent supportive housing, supported employment and community integration. These efforts improve the quality of community transition out of adult care homes and state psychiatric hospitals.

### Olmstead Plan Stakeholder Advisory Group

NCDHHS works closely with the NC Council on Developmental Disabilities and the Olmstead Plan Stakeholder Advisory Group to improve choice, inclusion and community support services for people with disabilities across the state. To help ensure the family perspective is included in decisions to improve child welfare services for North Carolina children and families, the Department collaborates with the Center for Family and Community Engagement and the Child Welfare Family Advisory Council. This council comprises of family partners with lived experience who provide advice to the state regarding child welfare practices, policies and plans.

### Transition to Community Living (TCL) Strategic Housing Plan

NCDHHS, led by the Office on Olmstead/TCL in collaboration with NC Medicaid, engaged the services of the Technical Assistance Collaborative, Inc. (TAC) to work with the Department and its stakeholders to develop a **2024-2029 Strategic Housing Plan**. The plan will address the housing needs of individuals with disabilities currently receiving or eligible for NCDHHS-funded services at the state and local levels who are either homeless, currently residing in congregate settings or at risk of entry into these settings.

This Housing Plan serves as a strategic guide to focus policy efforts and resource decision-making on creating and maximizing community-based housing opportunities for identified populations over a five-year period. TAC and NCDHHS engaged in over **100 interviews** with advocates, service providers and people with lived experience across the state. NCDHHS also developed and disseminated a survey to capture housing needs more fully. The TCL diversion program has been highly effective, currently housing 1, 800 diverted individuals (only six new ACH admission in SFY 23-24 Q1).

### TCL Targeted Units

The TCL Targeting Program is the second most utilized resource for TCL participants seeking safe and affordable supportive housing. Developed in 2002 through a partnership between NCDHHS and the NC Housing Finance Agency, the Targeting Program increases access to affordable housing units for individuals with disabilities. The program connects eligible participants to Low-Income Housing Tax Credit (LIHTC) properties to provide access to housing that is affordable, permanent, integrated and accessible.

Throughout SFY 23-24, NCDHHS and NCHFA continued efforts to review and revise policies, procedures and documentation requirements to make targeted units more accessible to individuals in TCL. By the end of SFY 23-24, there were 890 rental developments with executed Targeted Unit Agreements in 86 counties.





## OPCB Collaborations to Drive Systems Change

### Office of People, Cultural and Belonging: Network with Executive Branch Leads

Furthering its reach and impact at the state level, the Office of People, Culture and Belonging regularly convenes with a network of DEI leaders at the Executive Branch and state agency level. The network, organized by the Governor's staff including the Director of the Office of Public Engagement and Inclusion, includes senior DEI staff for all Executive Branch agencies reporting to the Governor as well as Council of State agencies and several elected agency leaders that support diversity, equity and inclusion efforts (State Human Resources, General Council and Government Relations). Although the network meets quarterly, the DEI Leads Working Group meets frequently to dive deeper into key DEI topics across state government. Through this network and its DEI Leads Working Group, OPCB has been able to keep a pulse on DEI efforts at the state government level and engage with these leaders to strategically influence policy and programming in the Executive Branch.



Figure 17: OPCB Director with Executive Branch DEI Leads

### Partnership with the Office of State Human Resources (OSHR)

In SFY 23-24, OPCB's partnership with the Office of State Human Resources continued to pave the way for the Department's commitment to fostering a more inclusive and equitable work environment. The shared goals and objectives of both offices actively fed into the collaborative work coming out of this partnership. Some of the initiatives OPCB and OSHR coordinated include:

- Senate Bill 364 Presentation: OPCB collaborated with a OSHR and their General Counsel, Blake Thomas, to present to NCDHHS DEI Council Members and HR staff on the new legislation, S.B. 364 and prohibiting compelled speech in hiring and training.
- Workforce Data Disaggregation for NCDHHS' Strong and Inclusive Workforce Priority: The Workforce HR Data Disaggregation Project was launched to increase the diversity and inclusivity of NCDHHS' workforce through data-driven opportunities and strategies to hire, recruit and retain employees.
- Inclusive Recruitment Guide: The Inclusive Recruitment Guide is made up of multiple inclusive recruitment materials for both recruiters and hiring managers to attract diverse talent, reduce bias in the hiring process, improve candidates' experience, and foster a diverse and inclusive workforce.

### "Being Michelle"

NCDHHS and leaders from the OPCB collaborated with the Communication Access in North Carolina Prisons Workgroup, co-chaired by the NCDHHS Division of Services for the Deaf and Hard of Hearing (DSDHH) and the Department of Adult Correction (DAC), to launch the premiere and evening community screenings of "Being Michele," the award-winning feature-length documentary film. "Being Michele" features a deaf woman with autism who survived incarceration and abuse and chooses to heal from the past using her artwork to depict the trauma. Over 200 people attended the in-person and livestreamed



Figure 18: Angela R. Bryant, then-Assistant Secretary for Equity and Inclusion and Kody H. Kinsley, NCDHHS Secretary at "Being Michelle" Screenings



statewide event aimed at advancing awareness of the impact of the justice system on individuals who are deaf or have intellectual and developmental disabilities.

## Justice Impact Initiatives

Justice-involved individuals are at a higher risk for poor health outcomes, injuries and death compared to other community members. North Carolina shows a clear need for improved access to physical and behavioral health services and health-related social needs for justice-involved persons in the state. To lend a hand in addressing these gaps, Angela Bryant (then-Assistant Secretary for Equity and Inclusion) has taken a lead in the Department’s collaboration among justice impact initiatives across the state’s Executive Branch.



Figure 19: Justice Impact Initiative meeting

The Department has been represented at convenings of multiple project teams, such as the Executive Branch Reentry Council Team, the Task Force for Racial Equity and Criminal Justice and the Statewide Reentry Council Collaboration among others. The Department has also engaged in internal justice impact initiatives, including its work with the 1115 Medicaid Waiver for Reentry. Angela Bryant, along with others from the Department, led a project kickoff meeting in April 2024 on NC’s Section 1115 Waiver to plan the state’s re-entry implementation initiative.

## Medicaid Section 1115 Waiver Demonstration Opportunity to Support Reentry

The state of North Carolina has been actively seeking Section 1115 authority to provide a set of pre-release services for eligible justice-involved individuals and aims to obtain approval for the pending request by fall 2024. NC’s proposed reentry demonstration waiver would cover services for 90 days pre-release, provide reentry services to all eligible incarcerated individuals with no eligibility criteria, cover all required services with additional services to be phased in based on implementation readiness, and request \$315 million to support service delivery and implementation for entities partnering with NCDHHS on the initiative (including correctional facilities).

The Office of People, Culture and Belonging also supported this effort by co-hosting learning opportunities for communication access around the state’s work on reentry for justice-involved individuals alongside the NCDHHS Division of Services for the Deaf and Hard of Hearing and the Department of Adult Corrections. OPCB leads, including Scottie Jackson (OPCB Program Coordinator), discussed the state’s monumental Executive Order 303 issued by Governor Roy Cooper in early 2024 during a meeting with the Governor’s Justice Reentry Committee on May 16, 2024. This order was the most significant effort focused on strengthening reentry in the state’s history.

## Office of Health Equity: Collaborating for Change

The OHE aims to encourage cross-divisional and community collaborations and amplify health information and messaging across North Carolina. Throughout SFY 23-24, OHE conducted collaborative engagements with a total of 38 partners from different sectors, see Figure 20.

In addition to individual partner engagements, the Office of Health Equity leads three primary collaborative spaces where NCDHHS health equity partners convene to collaborate and learn: Equity Brain Trust, Equity Planning and Community Support Huddle, and the NC Minority Health Advisory Council.



Figure 20: OHE Partners in SFY 23-24 by Sector



## **Equity Brain Trust**

OHE's Equity Brain Trust is a monthly meeting space that brings together internal partners for cross-sector communication and coordination. Internal division/office leaders and staff attend to hear from guest speakers on various NCDHHS strategies and initiatives, identify health disparities and share resources to help increase access to care and supportive services that advance health equity, diversity and inclusion. In SFY 23-24, Equity Brain Trust hosted 40-50 participants per meeting on average. The Equity Brain Trust aligns with the NCDHHS Health Equity Framework by advancing key topics and associated initiatives: strategic partnerships (e.g., NC Partnerships for Children), culturally tailored interventions (e.g., Indigenous Health), data-driven reporting (e.g., Health Disparities Data Report) and systematic assessments (e.g., Health Equity Impact Assessment). Each initiative reflects the Framework's focus on collaboration, cultural competence and evidence-based strategies, driving tangible progress in embedding health equity into statewide health care practices.

## **Equity Planning & Community Support Huddle**

OHE's newly consolidated Equity Planning Huddle is a bi-monthly meeting with internal and external partners that addresses the challenges and disparities impacting NC communities today. In this space, partners explore disparity issues affecting communities statewide, determine response and resource needs, identify solution-seeking strategies, and foster coordination, resource sharing, communication and collaboration. In SFY 23-24, OHE hosted approximately 13 Equity Support Huddle meetings from September 2023 to April 2024 focused on topics such as health promotion, health information awareness months, Medicaid Expansion and the Minority Diabetes Prevention Program.

## **NC Minority Health Advisory Council (MHAC)**

The 15-member Minority Health Advisory Council (MHAC) is a quarterly convening consisting of legislators, community leaders, and health and human services professionals from across the state appointed by the Governor, NC House of Representatives and NC Senate. Over the past fiscal year, MHAC regularly engaged in topics around OHE's Health Equity Framework and Governance Model, the Health Disparities Data Analysis Report, the North Carolina Minority Diabetes Prevention Program, Medicaid Expansion, the NCDHHS Community and Partner Engagement Initiative, and other OHE and HEP updates. The leadership within this group is integral to the advisement of the Office as well as to the Governor and Secretary. Meeting minutes for SFY 23-24 meetings are published on the OHE website and can be accessed [here](#).

## **Minority Diabetes Prevention Program**

The NC Minority Diabetes Prevention Program (NC MDPP) is an evidence-based diabetes prevention program established in 2016 to reduce diabetes prevalence in the state of North Carolina, focused on African Americans, Hispanics/Latinos and American Indians. The program is administered by the Office of Health Equity in consultation with the Division of Public Health Chronic Disease and Injury Section and works to provide community prediabetes screenings, lifestyle classes and promote diabetes prevention information through engagement with community members, groups and partners. There are nine NC MDPP Regional Collaboratives operated by local health departments in 91 counties that engage, screen and deliver the program, which includes presenting the Centers for Disease Control and Prevention curricula "Prevent T2." Several regions received recognition from the CDC and 100% of NC MDPP health department regional coordinators have earned program acknowledgment from the CDC for their lifestyle/diabetes prevention program in SFY 23-24.





Figure 21. NC MDPP Regions Recognition Received from the CDC



### NC MDPP Outreach

In SFY 23-24, the nine NC MDPP regional collaboratives developed region-specific marketing awareness campaigns, reaching over **6.4 million people**. The regional collaboratives used various platforms to disseminate messages, including billboards, radio, print, online advertisements, digital media, TV public service announcements, websites and social media. Additionally, regional collaboratives continue to expand their reach and work with faith-based organizations and lay leaders to support diabetes awareness through testimonials.

### NC MDPP Annual Program Goals

The NC MDPP program exceeded all annual program goals in SFY 23-24 through quality service delivery and efficient use of funds as shown in **Figure 22**. Additionally, goals outcomes for the previous three fiscal years, as seen in **Figure 23**, reflect a consistent and, in some cases, increasing year-over-year impact.

Figure 22. NC MDPP Annual Program Goals and Outcomes SFY 23-24

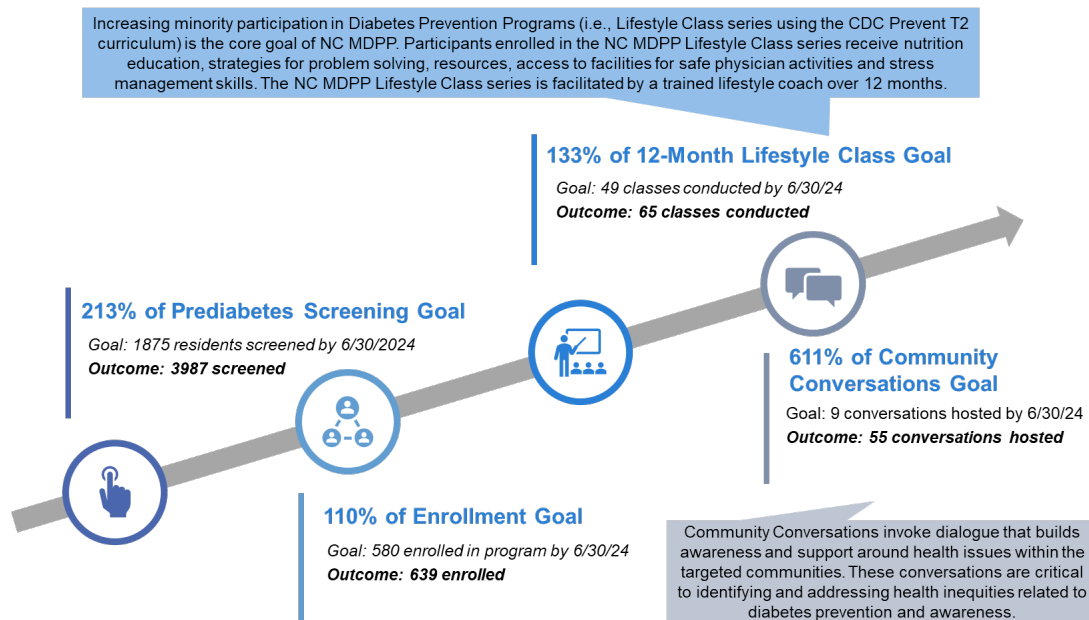




Figure 23. MDPP Impact by Numbers for SFY 21-24

	FY 2021-22	FY 2022-23	FY 2023-24
<b>Marketing Campaigns</b> (# people reached)	N/A	3,902,717	6,489,238
<b>Prediabetes Screenings</b> (# people screened)	3,769	4,776	3,987
<b>MDPP Enrollment</b> (# people enrolled)	525	749	639
<b>12-Month Lifestyle Classes</b> (# classes held)	66	54	65
<b>Community Conversations</b> (# conversations held)	6	28	55

### Leveraging Partners for the NC Minority Diabetes Prevention Program

The NC MDPP governance structure is representative of a network of collaborations with local health departments in the nine regional collaboratives through service level agreements and memoranda of agreements between LHDs and local organizations. Led by OHE, NC MDPP continues to engage other organizations to spread awareness of the program and help reduce diabetes prevalence.

- ✓ American Diabetes Association
- ✓ Historical Marginalized Population Connections Network
- ✓ Minority Health Advisory Council
- ✓ American Public Health Association 2024 Annual Meeting & Expo

### OHE Latinx/Hispanic Program External Partnerships and Collaborations

The OHE Latinx/Hispanic Policy and Strategy Program fosters collaborative relationships to build and sustain trust with Latinx/Hispanic coalitions, advocacy groups, community-based organizations (CBOs) and the community at large, spanning over 50 partnerships with diverse organizations across the state. **Table 1** below shows the distribution of some of the Program’s recurrent collaborations and partnerships. Through these partnerships and engagements, the Program hopes to represent NCDHHS in various meetings to provide updates on NCDHHS policies and programs, listen to community voices and feedback, serve as the liaison for questions on NCDHHS initiatives to build trust, and open communication with partners to share information and resources with trusted messengers.

Table 1. Latinx Program Collaborations and Partnerships

Multi-sector Collaboration	Community-Based	Policy / Legislative
<ul style="list-style-type: none"> <li>• Governor Cooper’s Interagency Working Group for New Americans (DEI for Immigrants and Refugees)</li> <li>• Alianza Latina Pro-Educación en Salud Quarterly Meeting</li> <li>• Forsyth Hispanic Task Force</li> </ul>	<ul style="list-style-type: none"> <li>• UNCW Latino Alliance</li> <li>• NC Community Health Worker Association</li> <li>• Faith Action International House</li> <li>• Latinx Faith Leaders Network</li> <li>• Grupo Poder y Esperanza</li> </ul>	<ul style="list-style-type: none"> <li>• Andrea Harris Task Force</li> <li>• NC Community Latino Task Force (formerly Amexcan)</li> <li>• Latin-19</li> </ul>

### Governor’s Advisory Council on Latino and Hispanic Affairs:

Yazmin Rico (then-Policy and Strategy Director) and Carolina Siliceo Perez (Strategy and Policy Project Manager) supported the Governor’s Advisory Council on Latino and Hispanic Affairs quarterly meetings throughout SFY 23-24,



acting as a bridge between NCDHHS and the Council. They also participated in the Council’s monthly Health and Wellness subcommittee meetings, which aim to reduce disparities in access and outcomes for Latinx/Hispanic communities by drafting recommendations that will improve the health and wellness of the Latinx population.

### **Language, Communication and Physical Access Workgroup (LCPA)**

The LCPA is a small workgroup comprised of cross-divisional staff with representation from the Division of Child and Family Well-being, Division of Deaf and Hard of Hearing, Disability Employment and Inclusion, and the Health Equity Portfolio. The group comes together weekly to promote language, communication and physical access in NCDHHS. In SFY 23-24, the Latinx Policy and Strategy Director and Latinx Policy and Strategy Project Manager participated in weekly LCPA discussions on language access as part of CDC funding efforts and grants, which expired on May 31, 2024. They also facilitated information sharing and provided technical assistance to the workgroup.

### **NC Latino Agenda “Addressing Health Equity Across Carolina” Conference**

The Association of Mexicans in North Carolina, Inc. (AMEXCAN), alongside The North Carolina Latino Resource Network and the Mecklenburg County Public Health Department, hosted The North Carolina Latino Agenda “Addressing Health Equity Across Carolina” Conference on Friday, June 14, 2024 in Charlotte with over 25 organizations in attendance. This conference shared and elaborated on the results found from previous regional health equity



**Figure 24: (left to right) Carolina Siliceo Perez, Debra Farrington, Francisco Guzman**

conferences convened in 2023 across the state. The conference brought together a diverse group of people who are working to advance health equity for Latinos in North Carolina, with the aims of educating, advocating and empowering the community to take charge of their health and work with the systems and state to reduce health disparities.

The event featured keynote speaker Debra C. Farrington, MSW, LCSW, Deputy Secretary/Chief Health Equity Officer of NCDHHS, and panel moderation and support from Carolina Siliceo Perez (Latinx Policy and Strategy Project Manager) and Francisco Guzman (Minority Outreach Coordinator for the Division of Child and Family Well-being). Additionally, the conference featured a special message from NC Health and Human Services Secretary Kody H. Kinsley.

### **Office of Rural Health Programs Partnerships and Collaborations**

In 1973, the North Carolina Office of Rural Health became the first state Office of Rural Health in the nation, focused on the needs of rural communities and populations, which are underserved. While ORH does not provide direct care,

#### *NC Farmworker Health Program by the Numbers:*

1. NCFHP provided health services to over **11,000** migrant and seasonal agricultural workers and their families in 2023.
2. As of October 2023, **340** farmworkers had access to the Internet through state-wide Hotspot lending through ODEL award.
3. NCFHP provided continuous training of over **30** bilingual and bicultural outreach staff on farmworker health and safety.

its programs support numerous health care safety net organizations throughout the state. The Office of Rural Health supports access to care across North Carolina through many of its services including telehealth, primary care access, provider placements, broadband access and loan repayment services. See a list of ORH programs [here](#).

#### **North Carolina Farmworker Health Program**

The Office of Rural Health’s NC Farmworker Health Program (NCFHP) works to advance the health and well-being of agricultural workers and their families by consulting, leveraging resources and facilitating shared learning with a statewide network of partners. The Program depends on partnerships and



collaborations with various state and non-profit organizations to provide comprehensive services and access to health care across the state. NCFHP responds to gaps in health care that would otherwise prevent farmworkers from accessing needed care.

#### **Other Notable NCFHP Activities**

- ORH Local Support and Training Coordinator, Dulce Arroyo worked with the Occupational and Environmental Epidemiology Branch on a **hurricane preparedness project**, developing a hurricane needs assessment.
- ORH continues to hold effective collaborative relationships with **NC Agromedicine Institute, NC Department of Labor** and **NC Cooperative Extension on Agricultural Safety and Health**.
- NCFHP held three **trainings with over 35 farmworker health outreach staff** on topics such as occupational health, chronic illnesses, behavioral health, leveraging community resources and protocols for health emergencies.

### **Partnership with UNC Comprehensive Advanced Medical Program of Spanish (CAMPOS)**

Since 2009, ORH has collaborated with UNC Comprehensive Advanced Medical Program of Spanish. NCFHP continues to serve as the primary site for the community service component. NCFHP provides educational sessions at UNC on farmworker health, including information about North Carolina's farmworker population, occupational health concerns, and strategies for providing culturally appropriate and effective outreach and enabling services.

### **North Carolina Health Care Provider Placement Services**

The Office of Rural Health recruits primary care physicians, nurse practitioners, physician assistants, dentists, dental hygienists, psychiatrists and other behavioral health providers to practices that serve rural and underserved populations across the state. In the last state fiscal year, ORH received \$50 million in appropriations to expand recruitment and retention efforts for rural communities and populations which are medically underserved. In the past year, over 200 providers received incentives to provide health care to North Carolina's rural and underserved areas.

ORH also assisted the Department in transitioning to a new Provider Recruitment System, [3RNET](#), working diligently to ensure all providers were registered.

The ORH placement services team provided technical assistance and thoroughly reviewed applications for the National Health Service Corps (NHSC) new site certification and site recertifications while making recommendations to federal partners regarding approval. ORH participated and surveyed sites for NHSC site certification site visits while working with the state and federal government, as well as local communities, to identify shortage areas of primary medical care, dental and behavioral health providers.

### **Rural Hospital Program**

The rural hospital team at ORH strives to keep rural hospitals open and sustainable. If the hospital is not using an optimal/sustainable model of care, then helping the community to transition to health care services that are appropriate is paramount. If a community needs to open a new rural hospital, the ORH team supports and facilitates any new critical access hospitals. See below for the rural hospital team's impact at the Department, state, national and Health Equity Portfolio levels.

See photos from visits to Rural Health Centers in **Figure 25**. The regional teams visited centers in the west and east where members of the rural operations, HITT and community health grant teams provided joint site visits and discussed challenges with each site. The teams also shared Medicaid Expansion information and collected feedback regarding any issues with enrollment.





Figure 25. Rural Hospital Team Around the State of North Carolina.



Black River breaking ground for a new building to support a rural residency program.



In April 2024, members of the ORH community health worker team attended a CDC Community Health Worker Summit in Spokane, Washington, where they showcased a poster and plenary presentation. This group includes ORH team members, the North Carolina Community Health Workers Association and the NC Community Health Center who partnered with ORH on the poster and plenary. See below for photos from this event.



Figure 26. ORH Team at CDC Community Health Worker Summit in Spokane, Washington





Throughout the past year, ORH staff have engaged in numerous meetings and presented on topics related to ORH's nine program areas. See below for ORH presentation highlights from the past fiscal year.

### **Health Equity Portfolio-Level Impact**

- Health Equity Collaborative coordinated with several small rural hospitals for training to be completed in 2024-2025 grant year
- Established NC Rural Health Association Health Equity Workgroup
- Training on Joint Commission Health Equity certification at the August 2023 Rural Hospital meeting in Charlotte, NC

### **Department-Level Impact**

- Hospital team members served on the ORH DEI Council
- Conducted quarterly advisory board for the NC STEP program
- Supported rural communities with Perinatal Health Equity Collective
- Supported DMH/DD/SUS professional advisory committee
- Two program employees completed NC Contract Management Certification
- Program Manager serves on the DHHS Insurance Committee as O member (ends March 1, 2026)
- Program Manager served on the DHHS Wellness Council

### **State-Level Impact**

- Rural Hospital Team held partner meetings with small rural hospitals in August 2023 and February 2024
- Participated in the Duke Pediatric Access Line planning committee
- Served as council member on the Justus Warren Stroke advisory council
- Completed 10 Hospital site visits in SFY 23-24
- Completed NC State Telepsychiatry site visits to ECU and hospitals
- Participated in the ECU and UNC-Chapel Hill Gillings School of Global Health Practice Advisory Committees
- Partnered with the VA and USDA to address access issues for veterans in eastern NC by partnering with rural hospitals

### **National-Level Impact**

- Served as Board Member and Region B Representative for the National Organization of State Offices of Rural Office<sup>4</sup>
- Maggie Sauer served as Task Force Member for the Rural Healthcare Provider Transition Project, attending monthly meetings with the Rural Health Resource Center – Small Rural Hospital Advisory Committee
- Participated in the National Academy for State Health Policy 2023–2024 Hospital and Health System Financial Data Learning Collaborative
- Attended ASTHO presentations and engagement regarding community health workers
- Presented Medicaid payment strategies for community health workers with the NCDHHS Division of Health Benefits for the National Governor's Association

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<sup>4</sup> ORH provides guidance on strengths, innovations, and needs that can be addressed at the national level. As the Region B representative, ORH provides leadership across the seven Southeastern states. Additionally, ORH participates in the National Organization of State Offices of Rural Health to strengthen services and supports provided by State Offices of Rural Health across the nation



- Presented at the HRSA rural hospital meeting on NC Office of Rural Health program
- Partnered with the CDC Office of Rural Health



# BUILDING SUSTAINABILITY AND ORGANIZATIONAL CAPACITY



To build and sustain efforts and organizational capacity, the portfolio focused on their commitment to embedding equity through dedicated funding, investing on a strong and inclusive workforce and prioritizing equity-centered consultation, technical assistance and training in SFY 23-24.

## Grants and Funding

### Office of Rural Health Grants Administered

The Office of Rural Health continues to administer grant funds to ensure access to primary and preventive care to meet the needs of vulnerable, underserved and medically indigent patients. A key component of this work is to strengthen the safety net through increased levels of collaboration and integration of services to sustain and meet needs more effectively.

**CHG and MAP Grants:** ORH conducted a SFY 23-24 CHG New Grant Award Workshop in July 2023 and an SFY 23-24 MAP New Grant Award Workshop in August 2023. In October 2023, ORH released the SFY 24-25 CHG Request for Applications (RFA), which provides funding to support Medicaid Expansion enrollment, Community Health Workers, telehealth, behavioral health and other primary care services to assist safety net providers. ORH also conducted the SFY 24-25 CHG RFA Webinar in November 2023 for interested applicants. Through this dedicated grant funding, ORH has strengthened the safety net for North Carolinians, assisted low-income populations with access to life-saving medications, and provided access to primary and preventive care for uninsured and underinsured populations.

**Special Projects Grant:** The Rural Health operations team released their first **Special Projects grant** in the fall of 2023. The grants awarded were intended to help health care facilities increase access to care in rural communities with a focus on primary and behavioral health care services, improved clinical quality measures and use of social determinants of health screening tools to support non-clinical improvements to health. One awardee, Mountain Area Health Education Centers (MAHEC) has had remarkable success in addressing an emerging issue: Xylazine use in western North Carolina. MAHEC partnered with Buncombe County Community Paramedicine Team to provide wound care services to uninsured individuals or, in some cases, connect them to higher levels of care as needed. MAHEC then treated the identified individuals at no cost and helped to connect them to additional resources as needed. ***The success of this project helped MAHEC secure funding from the NCDHHS Injury and Violence Prevention Branch to create a statewide curriculum.***

**State Loan Repayment Program awards:** ORH granted 44 State Loan Repayment Program awards to qualifying behavioral health providers working in health professional shortage areas. This program helps mental health providers deliver primary and psychiatric care to people in rural and underserved areas.

**Interagency Office of Digital Equity & Literacy (ODEL) Grant:** ORH was awarded a \$1.6 million Interagency Office of Digital Equity & Literacy (ODEL) grant to implement a train-the-trainer digital skills and health language program for rural communities across the state, provide technical and capacity-building support for organizations, and increase access to affordable internet in migrant housing.

In collaboration with the Health Information & Technology team, the North Carolina Farmworker Health Program's digital equity and inclusion staff launched a transformative two-year project under the ODEL award. The two-year project focuses on advancing digital equity in rural communities and populations which are underserved - developing digital literacy education and improving reliable and affordable broadband for agricultural workers. The project consists of four main activities:

1. Implementation of a train-the-trainer digital skills + health language program
2. Provision of technical support and capacity building for safety net sites and community-based organizations



3. Assurance that rural communities are part of the state and county digital inclusion plans
4. Collaboration to increase broadband access with affordable, robust, highspeed internet

As of October 2023, **340** farmworkers had access to the internet through state-wide Hotspot lending through the ODEL award.

**Climate and Health Program:** The NCFHP worked with the Climate and Health Program to procure more than \$5,000 of heat illness prevention supplies for farmworkers. Supplies included hats (200), cooling towels (450), cooling gel packs (300), water bottles (150) and electrolyte packs (270).

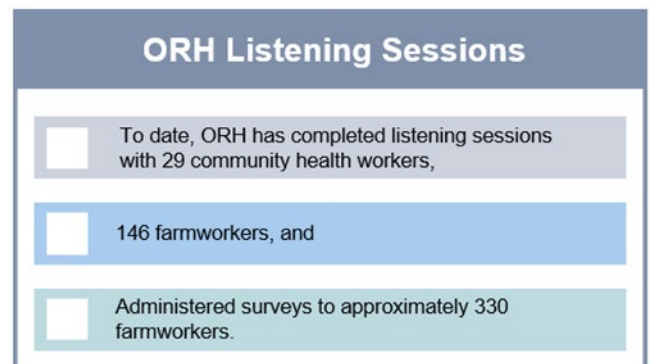
**IT Grant:** The ORH team submitted an Information Technology Governance Body (ITGB) application for an office-wide grant application and grant management system. ITGB approved ORH’s grants management software proposal and signed a contract with Wizehive in February 2024 to onboard three programs within the first year of the contract. As of August 2024, they completed the onboarding of the Operations Program, and they are now utilizing the system to manage their grants. The next program being onboarded is the Community Health Grant program with a go-live date of October 2024. ORH is also building out databases to replace the access database currently utilized for contracts and payments.

**Virtual Behavioral Health Services Grant Program:** The Health Information Technology & Telehealth (HITT) team plays a role in the Virtual Behavioral Health Services Grant Program where, through their partnership with the rural health center team, they continue to contribute to expanding telepsychiatry capacities post-COVID-19 pandemic.

### Office of Rural Health Funding Received

**ComPASS Award:** The Office of Rural Health received a Notice of Award from the National Institute of Health for groundbreaking *Community Partnerships to Advance Science for Society (ComPASS) Community-Led Health Equity Structural Intervention (CHESI)*.

This 10-year project is backed by an approximate \$12 million budget. Funding supporting the Agricultural Workers Digital Equity Initiative with East Carolina University and North Carolina State University was given as research sub-awards. As part of the NIH ComPASS Community-Led Initiatives, ORH began a state-wide community assessment to learn more about the challenges and perspectives of broadband and digital health access for farmworkers. These sessions convened community health workers, medical care teams and farmworkers (See **Figure 27**). ORH created a Health Equity Research Assembly (HERA) to support the NIH ComPASS Community-Led Initiatives, comprising community and state partners with valuable insights and perspectives on farmworker health and digital inclusion in North Carolina. The HERA provides feedback and guidance throughout the life of the project and has met five times to date. An Agricultural Workers Advisory Board was also established to ensure ORH receives feedback from the communities they intend to serve.



**Figure 27: ORH State-Wide Listening Sessions Conducted through ComPASS Grant**

### Office of Health Equity Funding Issued

**NC Minority Diabetes Prevention Program Grants:** In SFY 23-24 the Office of Health Equity, through the NC Minority Diabetes Prevention Program issued a total of **\$2,199,295** in funding to its nine NC MDPP regional collaboratives with local health departments that engage, screen, and deliver the program, which includes presenting the Centers for Disease Control and Prevention curricula “Prevent T2.” The nine NC MDPP regional collaboratives serve 91 counties across the state.

### TCL Housing Incentive Plan Incentives

The Transition Incentive Plan rewards LME/MCOs for accomplishing performance goals in accordance with defined outcomes that align with the TCL settlement agreement. NCDHHS offers financial incentives of approximately \$10 million plus liaison support to LME/MCOs to encourage investment in housing activities. NCDHHS monitors each





LME/MCO's quarterly performance for the following measures over the next year to determine focus areas and the need for quality improvement plans:

- Housing separation rate (4% or lower)
- 50% of individuals who transition to supportive housing are from adult care homes
- 33% of individuals who transition utilize non-TCLV voucher, including but not limited to Key and Section 8
- LME/MCO meets 100% of the expected number of transitions

At the end of SFY 23-24, the following results were calculated:

- Two out of the four LME/MCOs met and exceeded their annual expectations
- Two met and exceeded their target goals regarding ACH transitions
- Two met and exceeded their utilization of Non-TCLV vouchers, and another LME/MCO just barely missed the target.
- Three had a separation rate of 4% or lower and the final LME/MCO was within 0.25% of the target goal

## Making Historic Investments in Health and Well-Being

The Department is celebrating a historic \$835 million investment for behavioral health, including \$208.9 million for child and family well-being and a \$1.56 billion investment for a strong and inclusive workforce to be implemented in 2024. This funding includes long overdue investments in the crisis system, justice-involved populations, direct care workforce, access to care and child behavioral health. Investments in child and family well-being will prevent children from languishing in inappropriate settings while providing additional supports for them and their families, and fund maternal care including Medicaid maternal provider reimbursements and payments for prenatal group care.

Of the \$835 million investment for behavioral health, \$80 million is being utilized for child behavioral health initiatives to improve the environment of care, reduce children boarding in emergency departments and DSS offices, provide children with care in a more home-like setting, and connect children and youth with high needs and low access to the services they need. OPCB and OHE provide consultation to the five divisions (DCFV, DMHDDSUS, DSS, DHSR and DHB) carrying out this work by developing the following: equity principles and strategies across all initiatives, equity in procurement and vendor engagement checklists, data mapping and evaluation support, and landscape of where funding is being spent.

## Fostering Equity-Centered Consultation, Technical Assistance and Training (CTAT)

The Portfolio's four offices deliver consultation, technical assistance and training (CTAT) services according to their mission, values and staff expertise to serve diverse organizations and communities across NC, including NCDHHS divisions and offices, county and local government organizations, community-based organizations and health care providers.

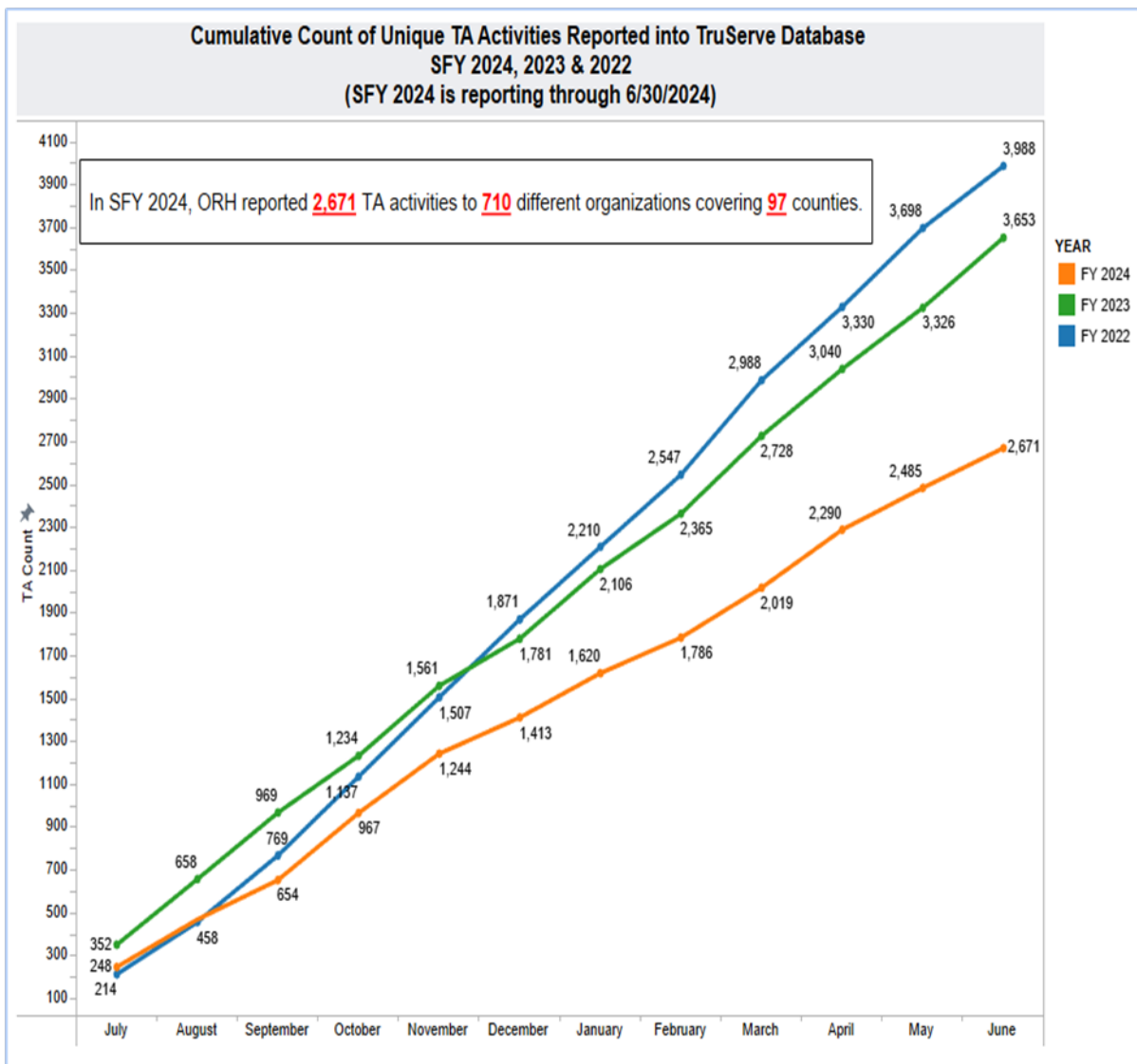
In SFY 23-24, the Office of Rural Health, Office of Health Equity, Office of People, Culture and Belonging, and Office on Olmstead/TCL took unique approaches to expanding access to CTAT services to provide quality improvement and empower partners to activate HEP office staff expertise and resources when developing health equity strategies or carrying out activities that contribute to improving health equity across the state. To track engagements and CTAT services, the Portfolio secured a new Customer Relationship Management (CRM) tool for improve customer service and workflow, automate processes and make data-driven decisions.

### Office of Rural Health CTAT

In SFY 23-24, ORH reported 2,671 technical assistance activities to 710 different organizations covering 97 counties.



Figure 28. ORH Cumulative Count of Unique TA Activities SFY 2024, 2023 & 2022



ORH worked collaboratively in SFY 23-24 to provide technical assistance in the following areas.

**Community Health Grant (CHG):** ORH provides monthly technical assistance sessions for its community health grantees. These sessions have positively impacted CHG and Medical Access Plan (MAP) grantees with an increase in contract compliance and documentation accuracy. Additionally, ORH supported the SFY 23-24 CHG New Grant Award Workshop in July 2024 and will support the SFY 24-25 MAP New Grant Award Workshop in August 2024.

**Provider Recruiter and Placement:** ORH provided **1,900+ hours** of technical assistance for practice incentives including federal and state loan repayment programs to support provider retention efforts. ORH also provided technical assistance and thoroughly reviewed applications for the National Health Service Corps new site certification and site recertifications while making recommendations to federal partners regarding approval.

**Operations:** ORH provides in-depth technical assistance to North Carolina's health care safety net system. In SFY 23-24, ORH provided **2,075** TA encounters to rural safety net providers (State Designated Rural Health Centers, Rural Health Clinics, ORH Grantees) and organizations to increase knowledge and skills to utilize resources, care coordination and adopt sustainable business models. The ORH operations team provided operational technical assistance and funding to 13 rural health center organizations in 39 covered counties.

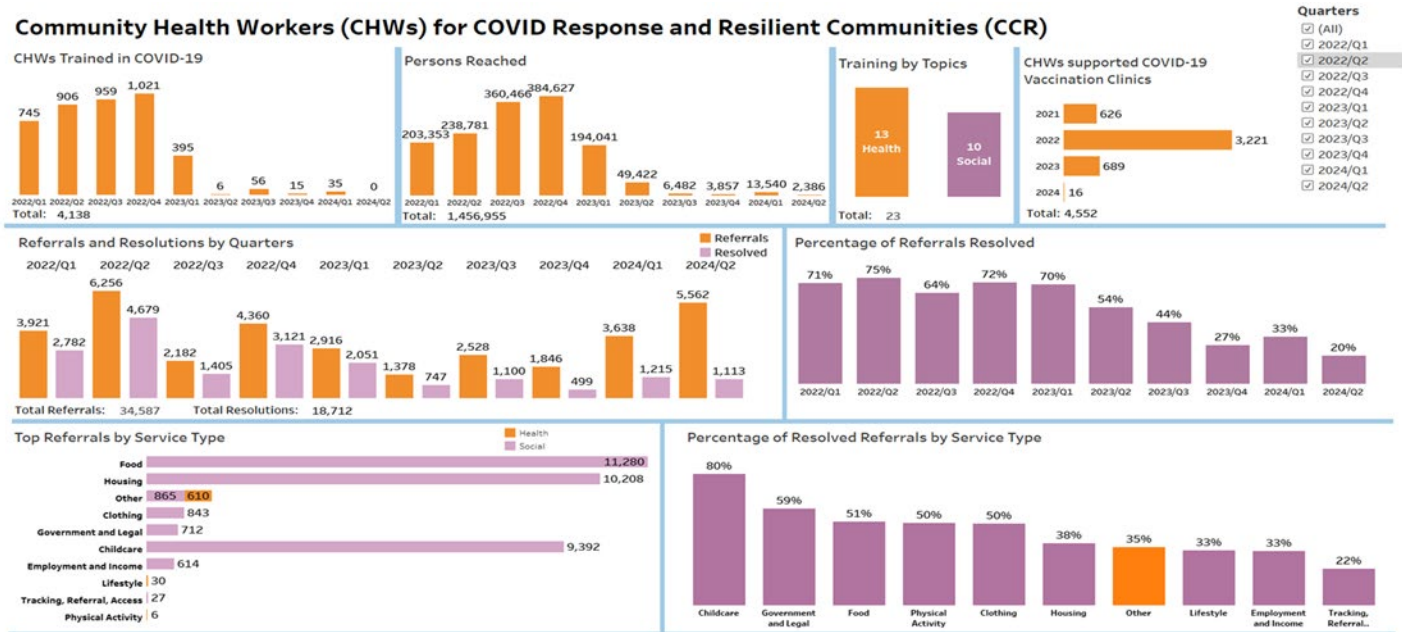
**Community Health Worker (CHW) Program:** ORH provided regional technical assistance to CHW employers and other interested community-based organizations through its three regional CHW coordinators. NCDHHS selected eight vendors to recruit, train and manage CHWs.



- ORH supported CHW program by training students and supporting program staff with behavioral health research recommendations.
- Supported training and certification of CHWs with **1,185 CHWs** currently certified in the state as of May 31, 2024.

**CHW Covid Response and Resilient Communities (CRR) Initiative:** The Office also continued to support the CDC’s National Center for Chronic Disease Prevention and Health Promotion’s Community Health Workers for COVID Response and Resilient Communities (CCR) initiative. This program continues to strengthen North Carolina’s statewide community health worker infrastructure by connecting citizens to social supports, providing vaccine education and scheduling COVID-19 appointments. See **Figure 29** for ORH’s direct impact on CHWs through this initiative.

**Figure 29. ORH CHWs for COVID Response and Resilience Communities SFY 23-24**



**Safety Net Training:** Program partners completed ongoing statewide safety net training workshops and served 184 organizations.

**Health Information & Technology Team:** The HITT team has been an integral part of supporting the National Affordability Connectivity Program’s efforts in NC. Through partnerships with the Department of Information Technology (DIT) and the Farmworker Health Program, the HITT team has assisted with technical assistance, digital skills and health literacy training for NC providers and residents to optimize user knowledge and awareness of both state and national digital inclusion efforts.

**Staff Development and Retention:** ORH continues to train over 30 bilingual and bicultural outreach staff on farmworker health and safety.

**Office of People, Culture and Belonging CTAT**

OPCB offers a variety of consultation, technical assistance and training services to both internal and external audiences. Through an equity lens, OPCB helps divisions, organizations and other groups, as well as organizational leadership and/or persons with key community and partner engagement roles, to build and sustain workplace and organizational belonging and inclusivity. OPCB helps groups to explore, assess and evaluate policies, procedures and practices that impact the recruitment, selection and retention of a strong and inclusive workforce. The Office also provides consultation, technical assistance and guidance for program management and project development to support the growth of Department-wide knowledge of workplace belonging, recruitment and retention, community engagement, leadership development and capacity-building support.



In SFY 23-24, OPCB's approach to quality service delivery consultation and technical assistance prides itself on trainings and consultation that promote inclusivity and belonging in the workforce, organizations and the community. OPCB's subject matter expertise informs its CTAT services content and helps better tailor it to the intended audience. These critical OPCB service offerings impact many by enabling the recruitment and retention of a more diverse, accepting and equitable current and future workforce.

Many key OPCB events and engagements during SFY 23-24 revolved around the office's consultation, technical, assistance and training services.

## **Office of Health Equity CTAT**

OHE provides a broad range of consultation, technical assistance and training internally to NCDHHS, state and local government organizations and externally to community groups and partners to spread awareness and adoption of critical resources and frameworks, build capacity for organizations to identify health disparities, and create and execute strategies to address health inequities through program, policy and practice innovation. In SFY 23-24, OHE's approach to quality service delivery centered on developing tools and resources that enable improvements in cross-sector service delivery and office-level operational efficiency. In addition to developing resources, the Office collaborated with several internal and external partners to offer training and technical assistance:

1. **Community and Partner Engagement Initiative:** Working with partners such as Community Care North Carolina, the NCDHHS Division of Employment and Independence for People with Disabilities, the NCDHHS Division of Public Health Cancer Prevention and Control Branch and North Carolina Partnerships to Increase Colorectal Cancer Screening among others.
2. **Spanish Language Translation/Transcreation Technical Assistance:** In SFY 23-24 OHE's Latinx Program worked with multiple NCDHHS divisions including the Division of Public Health, Division of Health Benefits, Division of Services for the Deaf and Hard of Hearing, Office of People, Culture and Belonging, Office of Communications and the Division of Mental Health, Developmental Disabilities and Substance Use Services.
3. **Communications/Health Promotions Technical Assistance:** In SFY 23-24, OHE provided technical assistance in the development of the fall/winter respiratory and Live Healthier to Be There campaigns, Mpox materials, Medicaid Expansion materials and Comprehensive Cancer Branch campaigns.
4. **Health Disparities Data Technical Assistance:** In SFY 23-24, OHE provided disparities data from the Health Disparities Report to an NC policymaker's office and various partners and prepared data for the American Indian Unity conference.
5. **Faith Action International Technical Assistance:** In SFY 23-24, OHE conducted several technical assistance activities with Faith Action International, a community-based organization focused primarily on services for refugees and asylees locating to the Triangle Area.
6. **Child Behavioral Health Investments Technical Assistance:** OHE began providing technical assistance to the child behavioral health investments workgroup dedicated to achieving the goals surrounding the \$80 million historic investment in child behavioral health in SFY 23-24.
7. **New Hanover Health Department Lead Prevention and Health Disparities Health Information Presentation:** OHE developed a health information presentation on lead prevention and health disparities for the New Hanover Health Department, which significantly improved participants' awareness, understanding and perception regarding lead poisoning, prevention strategies, regulatory measures and the intersection with health equity.
8. **Cultural Competency Consultation and Trainings:** OHE consulted with five partners in SFY 23-24 to deliver cultural competency trainings, which incorporated elements of national CLAS (Culturally and Linguistically Appropriate Services) standards. Training and consultation were delivered to four local health departments including Duplin County, New Hanover County, Pitt County and Onslow County as well as one community partner, Faith Action International.
9. **Spanish Interpreter Trainings:** The Latinx Program coordinated interpretation (English/Spanish) trainings in partnership with community-based organizations to support efforts to diversify the workforce and encourage





bilingual and bicultural people to seek jobs in public health. The Program hosted two, 2-day training for community interpreters, one in Clay County and one in Alamance County, to focus on the east and west sides of the state.

## **Office On Olmstead/TCL CTAT**

**Community Support Team (CST) Coaching:** The provision of tenancy support services/interventions is still relatively new to Community Support Teams (CST), and it was recognized that some of these teams would benefit from targeted strategic outreach and coaching on permanent supportive housing interventions.

Since SFY 22-23, the NCDHHS Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMH/DD/SUS) and the NCDHHS cross-divisional TCL team partnered with Technical Assistance Collaborative (TAC) and the UNC Institute for Best Practices to offer coaching, training and technical assistance to 16 CST teams. Local Managed Entity/Managed Care Organizations identified potential CST teams that would derive the most benefit from this coaching, based on specified criteria. In SFY 23-24, 17 CST teams participated in coaching with TAC/UNC. Highlights of this work include an increased number of individuals referred to IPS; increased number of individuals involved in a community activity; increased engagement with peer support specialists; publication of the leadership toolkit; and publication of the CST toolkit.

Through their work in the first year, TAC identified a need to focus on agency leadership as some policies and procedures were inhibiting CST practices. Therefore, in addition to coaching and technical assistance, TAC also began working with leadership directly at CST provider agencies to better streamline the flow of work and improve the quality of services. TAC also developed and presented a series of 12 tenancy support trainings, which are now available on the [UNC Behavioral Health Springboard](#). Trainings cover topics such as permanent supportive housing, housing rights, landlord engagement, eight dimensions of wellness and community inclusion/thriving in the community.

**Community Inclusion Trainings:** NCDHHS collaborated with the UNC Institute for Best Practice to provide housing technical assistance sessions focused on community integration. The drop-in discussion sessions were offered twice a month (60 minutes each) and involved 20 minutes of topic-specific instruction and 40 minutes of consultation, which were open to the assertive community treatment team, community support team, tenancy management support and individual placement and support/supported employment staff. Occupational therapy supports (Dr. Bailliard and OT students) assisted with coaching efforts. In total, UNC conducted 18 meetings across the year with 101 total attendees.

Further, the Temple University Collaboration on Community Inclusion of Individuals with Psychiatric Disabilities has been providing community inclusion training and technical assistance to the state for several years. During SFY 23-24, Temple provided 17 training events and two intensive technical assistance visits, which covered ten different topics in more than 33 hours of training to more than 1,500 people. Additionally, Temple completed a study on the use of the Temple University Community Participation measure entitled “TUCP Results.”

The National Alliance on Mental Illness North Carolina (NAMI NC) continued to partner with NCDHHS in SFY 23-24 to implement community inclusion trainings and events. NAMI NC maintained two staff members trained in community inclusion, provided three community inclusion trainings and presented at the NAMI Annual Conference.

**NC Core Implementation Technical Assistance and Training:** The North Carolina Collaborative for Ongoing Recovery through Employment (NC CORE) is an outcome-based, sequential funded model. In response to provider and Local Managed Entity/Managed Care Organization (LME/MCO) feedback, NCDHHS developed a workgroup in July 2023 to standardize the model across all LME/MCOs to increase efficiency and sustainability of the model. The workgroup, made up of representatives from NCDHHS, Division of Employment and Independence for People with Disabilities counselors, IPS providers and LME/MCOs, collaborated during 14 meetings and successfully completed the standardized model, which has received positive feedback from providers’ leadership. All LME/MCOs implemented the standardized model by April 2024. Concurrently, NCDHHS successfully raised the reimbursement rate for IPS, furthering efforts to stabilize IPS providers and stimulate expansion of the service.

**In-Reach Training:** During SFY 23-24, the NCDHHS Community Transitions and Integration (CTI) team conducted in-person role-play sessions with in-reach staff at each LME/MCO (Alliance, Eastpointe, Partners, Sandhills, Trillium



and Vaya). These role-play sessions were part of the Informed Decision-Making (IDM) Project Plan, which included completing the IDM tool, role playing to gain more experience and learn ways to engage with individuals and guardians and included discussions about how to overcome barriers. Overall feedback was positive as attendees reported the sessions were helpful and beneficial with addressing and discussing various barriers and challenges encountered during engagement and completion of IDM tools.

Additionally, during SFY 23-24, the CTI team conducted four trainings for new In-Reach staff with all four LME/MCOs post-consolidation. The trainings included *In-Reach and Outreach Functions and TCLD Documentation, Exploring Engagement: It Starts with In-Reach, Informed Decision-Making* and *TCL Transition Planning Best Practices for ACHs*. Feedback for these trainings was positive and staff voiced the sessions were informative and provided helpful discussions and guidance.

## Investing in a Strong and Inclusive Workforce

### HBCU/MSI Internship Program

In coordination with the NCDHHS priority to build a strong and inclusive workforce, the Division of Public Health and the HEP continued its internship program in partnership with Historically Black Colleges and Universities (HBCUs) and Minority Serving Institutions (MSIs). The program launched in the summer of 2022 with a small pilot, has hosted spring, summer and fall cohorts since that time, and returned to a summer-only cohort in 2024. The program encourages college students to seek careers in public health and government.

The HBCUs/MSIs and Change Champion Internship program provides an opportunity for undergraduate, graduate and professional-level students to gain experience that enhances skill development including, but not limited to, data collection and analysis, research, program administration and community engagement. Six cohorts have been held since the program began in 2022, hosting a total of 180 students.

In 2024, a new component of the internship program entitled On-Campus Change Champions was added. These are primarily interns who have completed the NCDHHS HBCUs/MSIs Internship program. On-Campus Change Champions apply skills and information gained from their intern experience to provide on-campus outreach opportunities that reflect best practices in public health. Additionally, central administration supported the expansion across NCDHHS with 27 interns across 16 additional divisions for the summer of 2024.

The Office of Rural Health also actively engaged with HBCUs to build future public health leaders through workforce partnerships with Winston-Salem State University, Fayetteville State University and others.

Figure 30. HBCU/MSI Student Internship Interns

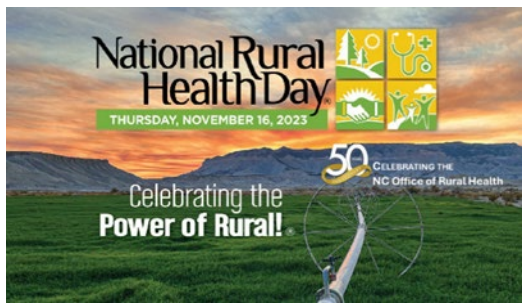


Figure 31. NCDHHS Staff attending HBCU/MSI Student Internship Event



## 50th Anniversary of ORH and National Rural Health Day

The ORH team celebrated their 50th anniversary as the first Office of Rural Health in the nation. The HRSA Federal Office of Rural Health Policy, CDC, USDA and the National Organization of State Offices of Rural Health attended the community celebration in Windsor, NC, as well as the event at the Governor’s mansion with NC Health and Human Services Secretary Kody H. Kinsley. The NCRHA Co-Chair and President & CEO of the [NC Rural Center](#), Patrick Woodie, delivered a keynote address highlighting how education, equity, diversity, infrastructure and pandemic recovery will drive rural health outcomes in the future. Remarks were made by Governor Cooper



and Secretary Kinsley,

highlighting their commitment to rural health. The Governor’s Proclamation was read by community leaders from across the state, and 2023 Community Star winner Dr. Karen Smith shared her insights as a rural practitioner. Over 200 participants joined ORH for this event, with 60 in-person attendees and eight virtual watch parties with more than 100 individuals online. Click here to watch the recorded livestream: [NCDHHS Office of Rural Health 50th Anniversary Celebration \(youtube.com\)](#)

### *Federal and state officials in attendance:*

- ✓ CDC Office of Rural Health Director, Diane Hall
- ✓ Federal Office of Rural Health Policy Associate Administrator, Tom Morris
- ✓ USDA NC Rural Development State Director, Reginald Speight
- ✓ ORH Director, Maggie Sauer

## Office of Rural Health Contracts Team

This past year, the ORH contracts team processed all contracts in the North Carolina financial system and eProcurement system, training all team members to be moderate-level users of both systems. The contracts team scored a 97 on the DHHS-ORH Monitoring Plan. Additionally, ORH and the contracts team held monthly team meetings where they developed standard operating procedures using Admin Mapping (CQI) of all administrative duties to increase efficiency and productivity. See below for more accomplishments:

### *ORH Contracts Team Accomplishments*

1. All full-time and part-time staff became North Carolina Contract Manager certified
2. Team developed ORH Contracts Dashboard and is nearing the completion of the ORH Loan Repayment Program Dashboard
3. Team conducted quarterly monitoring meetings
4. Contracts team processed over 600 contracts with limited staff support
5. ORH contract monitors completed the Contract Management Module (CMM) for contract management. Of all CMM certified staff at NCDHHS, at least 30% of the individuals are from ORH.



## Spotlights and Staff Awards

### Office of Rural Health

#### Staff Development:

- Bianca Revis (Community Development Specialist with the Community Health Team) became a member of Delta Sigma Theta Sorority, Inc.
- Trenesse Michael (Community Development Specialist with the Community Health Team) graduated from the Leadership DHHS Management Development Program.
- Sebastian Gimenez (Telehealth Specialist with the Rural Health Information Technology and Telehealth Program) is a member of several associations and organizations, including the Project ECHO Network in North Carolina, North Carolina Digital Equity and Inclusion Collaborative, National Organization of State Offices of Rural Health, the North Carolina Healthcare Information & Communications Alliance and the North Carolina Public Health Association. Sebastian also serves as a Commissioner on the North Carolina Crime Victims Compensation Commission. He values these memberships as opportunities to learn from others and contribute to collective efforts in improving health care accessibility and equity.
- Travis Lawton (Contracts Specialist with the Business and Contracts Team) obtained his Federal Contracts Management Certification and Sheneka Brightwell (ORH Business Services Team) will finish hers soon.
- Eric Bell (Manager of the Rural Health Information Technology and Telehealth Program) completed the DHHS Lean Six Sigma Program. He is also a member of the Dementia Capable NC Coalition.
- Eric Bell and Sebastian Gimenez served as ORH representatives for the School-Based Telehealth Learning Collaborative.
- Justin Kearley (Community Development Specialist with the Rural Health Operations Program) was accepted to the ARC Leadership Institute training program Class of 2023-2024.
- Sharema Williams (Community Development Specialist with the Community Health Team) was awarded the SEANC District 42 and SEANC State Scholarship, the Congressional Black Caucus Scholarship and the Community Service Award from SEANC.

#### Community Engagement:

- Karen Gliarmis (Recruiter with the Placement Services Program) serves on the Board of Carolinas Association of Provider Services.
- Lisa McKeithan (Manager of the Placement Services Program) and Maya Sanders (Recruiter with the Placement Services Program) attended the 3RNET conference
- Courtney Moore (Telehealth Specialist with the Rural Health Information Technology and Telehealth Program) is an active participant in the Mid-Atlantic Telehealth Resource Center Advisory Board. She also participates monthly in the Bertie County Behavioral Health Network meetings hosted by the Foundation for Health Leadership and Innovation. This initiative is a grant-funded effort to establish a network in Bertie County focused on increasing access to behavioral health services through telehealth and other measures.
- Courtney Moore and Mira Samath (Telehealth Specialists with the Rural Health Information Technology and Telehealth Program) participated as panelists at the NC Cooperative Extension, Institute for Emerging Issues, BAND-NC conference in Henderson County, NC on June 4, 2024. Courtney was a panelist on the Telehealth: Lessons Learned and Looking Forward panel.







Figure 32. ORH Staff at the North Carolina Academy of Family Physicians (NCAFP) (left) and the Taiwanese Delegation (center and right)

## Office of Health Equity

### Staff Development:

- Ava Hardiman (Outgoing OHE Director) and Sandie Leathers (Communications Specialist) collaborated to launch the Office's first ever Winter "Live Healthier To Be There" Initiative. The campaign was shared with Equity Brain Trust, HMP Connections Network and is currently posted to the OHE website.
- Carolina Siliceo Perez (Latinx/Hispanic Policy and Strategy Project Manager) serves as board member of the Western Carolina Medical Society and the Colaborativa La Milpa, a Latinx led and serving organization comprised of many organizations focused on well-being, economic development, cultural preservation and immigrant rights in western NC.
- Breanna McGinnis (then-OHE Data Program Manager and Evaluator) and Lauren Benson (OHE Community and Partner Engagement Program Manager) attended the NC Public Health Data Summit 2.0: Building Clarity, Connection and Capacity to Strengthen the Public Health Data Ecosystem in North Carolina in May 2024.



Figure 33: OHE "Live Healthier To Be There Campaign"

### Staff Development:

- The Office of Health Equity received a Proclamation from the Governor recognizing Health Equity Month and the Office's dedication to advancing health equity.
- Yazmin Rico (then-Director of Latinx and Hispanic Policy and Strategy) received the Thomas P. McCormick Advocacy Scholarship in response to her efforts to expand Medicaid services in North Carolina. This scholarship is offered by the Community Access National Network annually to an advocate dedicated to improving access to care and treatment under Medicaid. This scholarship will cover the expenses for Yazmin to attend the HealthHIV's SYNChronocity - The National Conference on HIV, HCV, STI and LGBTQ+ Health.
- Yazmin Rico (then-Director of Latinx and Hispanic Policy and Strategy) was recognized with a Certificate of Appreciation by Governor Cooper on May 2, 2024, in Charlotte during the meeting of the Governor's Advisory Council on Hispanic/Latino Affairs. This recognition serves as a reminder of the important impact Yazmin's work has had not only within the organization but also within the community at-large. It also highlights the importance of her ongoing contributions to shaping a better future and fostering positive change for North



Figure 34: Yazmin Rico (middle right) receiving Certificate of Appreciation by Governor Cooper



Carolínians and is a recognition of her dedication and excellent service after more than three years of service in this role.



Figure 35. (left to right) NC Health and Human Services Secretary Kody H. Kinsley, Yazmin Garcia Rico (John R. Larkins Award Recipient), Debra Farrington

## Office of People, Culture and Belonging

### Staff Development:

- Michael Leach (Senior Advisor) received the Young Alumni Award from Shaw University for epitomizing excellence as a Shaw University alumnus. His successful efforts are documented per his journey at Shaw and as a productive citizen in September 2023.
- Yasmine Shepard (OPCB Program Manager) participated in a study on immigrant families in advancing program inclusivity and program equity, and her name was listed in the acknowledgment of the final copy of the study in October 2023.
- Angela Bryant (then-Assistant Secretary for Equity and Inclusion) received recognition from the University of North Carolina and the Golden Ram Society as an Illustrious Alumnus member in November 2023.
- Jamise Clifford-York (OPCB Executive Assistant) completed two Medicaid Essential Presenter Trainings, one for English speakers and one for Spanish speakers, in December 2023.
- Yasmine Shepard (OPCB Program Manager) co-led the Poverty and Unemployment Work Group within NC Seniors' Health Insurance Information Program in February 2024.

### Community Engagement:

- Bryle Henderson Hatch (OPCB Director) attended and facilitated for the Healing-Centered Mentoring Retreat for the Youth Collaborative of NC in October 2023.
- Angela Bryant (Assistant Secretary for Equity and Inclusion) and Bryle Henderson Hatch (OPCB Director) led the division directors' reflection and leadership activity at NC Freedom Park in November 2023.
- Bryle Henderson Hatch (OPCB Director) attended the CHASm Summit: Closing Gaps on Disparities, Opening Paths for Equity in April 2024.
- Bryle Henderson Hatch (OPCB Director) and Scottie Jackson (OPCB Program Coordinator) presented a Belonging Workshop for the Durham County Aging Division/Department of Social Services for 75 individuals and received praise for expertise, unwavering commitment and tireless efforts in May 2024.
- LaDonna Huffaker (OPCB Program Manager) attended and spoke before the Social Services Commission regarding experiences as a foster parent in June 2024.



# LESSONS LEARNED

The Portfolio's work in SFY 23-24 required the right infrastructure in place, strategic community and partner engagement, and continuous improvement based on lessons learned. Looking ahead to SFY 24-25, the Portfolio's dedicated teams reflected on the following lessons learned from SFY 23-24 to guide the Portfolio's planning for an optimized future state:

## Partnerships and Engagement

1. The Power of Collaboration and Partnerships: Collaborating across specialized teams, like the ORH HITT, enabled the launch of transformative projects focused on digital equity in underserved communities across North Carolina. Additionally, meaningful engagement with community and state partners enabled by the establishment of platforms like the Health Equity Research Assembly, provided opportunities to leverage insights and perspectives to inform and support initiatives effectively.
2. Value of Intra-Departmental Partnerships: A successful consultative approach involves planning collaborations with many entities including internal workgroups, consultants and partners, external SMEs and the client workgroup. These intra-Departmental partnerships are paramount to successfully address Departmental needs.
3. Community Engagement is Key in Health Equity: Engaging directly with communities through initiatives like statewide community assessments and listening sessions provide a better understanding of the unique challenges and perspectives related to broadband and digital health access. Engagements aimed at advancing health equity require a multi-faceted approach, such as developing both digital health literacy education programs and improving access to reliable, affordable broadband.

## Workforce Optimization

4. Prioritizing Organizational Capacity: Diverse and qualified personnel is critical to maintain productivity, meet deadlines and ensure quality. There must be a targeted approach and efficiency with time and resources. While OHE employed a mix of permanent, temporary and contract staff to provide the agility needed to meet fluctuating demands, OPCB staff discussed implementing a small director's workgroup for the ongoing management of administrative and operational issues.
5. Resources for HBCU/MSI Internship Program: Having Department-wide engagement and resources is an essential enhancement to support continued quality improvement and workforce development goals through the HBCU/MSI Internship Program that maintains strong basic components.

## Operational Excellence

6. The Value of Standardized Service Offerings: Requests from OHE's diverse mix of internal and external partners and increasing demands on staff elevated the need for a standardized and consistent approach to consultation, technical assistance and training services. Looking ahead, OHE's CTAT approach will focus on ensuring consistency, improve collaboration and enhancing the effectiveness of equity initiatives across the Department.
7. The Importance of Data, Evaluation and Tracking: OHE's work in SFY 23-24 was complex and multi-faceted, involving a large variety of projects and partners; thus, consistently capturing data/feedback for how its Offices' actions directly impact health disparities and enable others to impact health disparities proved difficult. As a next step, OHE will improve the way data is collected, monitor progress through KPIs and develop feedback loops for its outputs, which will be vital to improving operations, impacting communities and advocating for new funding opportunities.
8. The Need for Unique and Actionable Resources for Populations: OHE's annual evaluation report revealed the need to build out health equity strategies for specific priority population groups and communities including American Indians, LGBTQ+ individuals, persons with disabilities and Asian/Pacific Islanders. In SFY 24-25, the Portfolio will focus on improving the connection between resources and information that is available to





partners and tangible actions that partners can take to improve programs, policies, procedures and environments.

9. **Centering the Health Equity Framework:** OPCB learned this year that every initiative and project is a chance to implement an equity framework. Staff could benefit from a resource template that can be tailored for the specific needs of a revolving door of projects and initiatives along with training staff in a common process and approach.

## WHAT'S NEXT FOR HEP

The HEP remains fully committed to its mission of embedding equity through trust, collaboration, innovation, leadership and quality service delivery. The Portfolio is deeply grateful for the continuous support of NCDHHS leadership, its partners, the unwavering dedication of the HEP staff and the active engagement of the communities it serves. In SFY 24-25, the Portfolio is thrilled to continue to advance its ongoing equity and belonging efforts and embark on new initiatives and strategic collaborations including the following:

1. **NCDHHS CPE Initiative:** NCDHHS' Portfolio teams will continue to uplift community voices by sustaining the NCDHHS CPE Initiative launched in February 2024. The Portfolio plans to continue creating additional resources for internal NCDHHS staff and external community-based organizations, expand the NCDHHS Services and Partnership Roster with more entities NCDHHS engages with and create a more interactive CPE webpage.
2. **NCDHHS Language Access Plan:** The Latinx/Hispanic Program will continue to collaborate with the Language Equity and Access Partners group and the Office of Governor to develop a NCDHHS Language Access Policy and Implementation Plan to guide the Department's ongoing efforts to meet the needs of constituents who use languages other than English in alignment with federal and state language access implementation requirements. OHE's Latinx/Hispanic Strategy and Policy Program staff will lead the effort using the Language Access Plan Template and Toolkit developed in SFY 23-24 by the LEAP group.
3. **Employee Resource Groups:** OPCB will launch more Employee Resource Groups: voluntary, employee-led groups that unite individuals with common backgrounds, interests or experiences to build opportunities for belonging across the various offices and divisions within NCDHHS.
4. **DEI Councils:** Three new DEI Councils will launch in the NCDHHS Information Technology Division, Division of Social Services and Office of the Comptroller in SFY 24-25. This will bring the number of total active DEI Councils in the Department to 32.
5. **Inclusive Recruitment Guide:** OPCB is working with NCDHHS' human resources to develop inclusive recruitment materials that both recruiters and hiring managers can use as a foundation to begin building an inclusive recruitment strategy. Program components being developed include a diverse sourcing strategy, an inclusive recruit-to-hire process flow and an inclusive recruitment guide for hiring managers.
6. **NC Health Disparities Data Report and Guide:** The Health Disparities Analysis Report was published in September 2024 on OHE's webpage. OHE will disseminate the report to a variety of partners including, but not limited to, community-based organizations, faith-based organizations, tribal governments, local health departments, state agencies including NCDHHS, legislators, local businesses, subject matter experts and community members.
7. **Consultation, Technical Assistance, and Training:** The Health Equity Portfolio will create a system to receive and respond to requests for consultation, technical assistance and training support from both internal and external divisions, groups and organizations. In tandem with ServiceNow, HEP will build out resources and tools tailored to some offices to help streamline requests for support and delineate responsibilities and processes within the Portfolio.
8. **Division of Health Benefits/Medicaid MOA:** HEP secured grant funding from the NCDHHS Division of Health Benefits and is in the process of finalizing a scope of work/memorandum of understanding for SFY 24-25.





HEP's offices will provide the Division of Health Benefits with ongoing consultation and technical assistance for Medicaid Expansion, community and partner engagement, and health equity topics.



# APPENDIX A: HEP STRATEGIC PRIORITIES FOR SFY 23-24

## HEP Priority Area 1: Olmstead/TCL Plan

Goal: Enable people with disabilities to interact with people without disabilities to the fullest extent possible by continuing to provide community-based services in the most integrated setting appropriate to the person's needs.

- Objective 1: Develop and Implement Olmstead Plan for Calendar Years 2023 and 2024.
- Objective 2: Provide access to permanent, integrated and affordable housing for people who are TCL-eligible and choose to receive services in the community.
- Objective 3: Provide access to the array and intensity of services and supports necessary to enable TCL-eligible individuals to successfully transition and live in the community.
- Objective 4: Provide supported employment services that assist the person to identify and maintain integrated, paid and competitive employment.
- Objective 5: Provided informed decision making and assistance in transition from State Psychiatric Hospital or from an Adult Care Home (ACH) to permanent supported housing and drive effective diversity from entry to an ACH and movement into permanent, supported housing.
- Objective 6: Ensure that community-based placement and services are developed in accordance with the Settlement Agreement and that individuals receive services and supports they need to ensure health, safety and welfare.

## HEP Priority Area 2: Operational Excellence

Goal: Establish a culture of accuracy and accountability in service delivery, ensuring the Portfolio's services and programs are efficient.

- Objective 1: Launch Employee Resource Groups (ERGs) across the department by June 2024.
- Objective 2: Implement 12 Department-wide training opportunities by HEP.
- Objective 3: Optimize individual focus and workflow process for the OPCB.
- Objective 4: Actualize roles and responsibilities within the OPCB.
- Objective 5: Formalize OPCB presentations and topic offerings.
- Objective 6: Strengthen the support and services available to vulnerable populations by providing technical assistance, funding, contract monitoring and program evaluation.

## HEP Priority Area 3: Engagement Approach

Goal: Increase connections and engagement with internal and external partners to improve health outcomes for people receiving services from NCDHHS and community well-being.

- Objective 1: Solidify external groups of partners and colleagues aligned with work in equity.
- Objective 2: Coordinate and build systems of support and resources to increase access to care for vulnerable populations.
- Objective 3: Provide DEI and Health Equity consultation, technical assistance and development support.
- Objective 4: Identify and recruit community and partner connections to increase the number of diverse community and partner engagements.
- Objective 5: Facilitate at least two community and partner engagement approaches to advance health access by increasing opportunities and outcomes for people who face greater health and situational challenges within NCDHHS and across the state by June 30, 2024.

## HEP Priority Area 4: Sustainability

Goal: Improve the sustainability of HEP Programs and Services.

- Objective 1: Promote and highlight wins and create branding.
- Objective 2: Solidify and enhance OPCB governance infrastructure, especially Council Network.
- Objective 3: Acquire funding for maintaining staff and programs.
- Objective 4: Implement Cross-Divisional/Agency projects to embed equity and workforce belonging strategy, practice and outcomes.

## HEP Priority Area 5: Health Equity (HE) Framework Adoption and Governance

Goal: Promote a Department-wide operationalization of the Health Equity framework with an established governance structure to ensure accountability in the adoption of the framework.

- Objective 1: Improve workforce and community belonging skill-building and awareness.

# APPENDIX B: EXTERNAL COMMUNITIES AND PARTNERS SERVED BY HEP SFY 23-24

Partner	Frequency of Meeting
Andrea Harris Task Force	Quarterly
Eastern NC Civic Group (ENCCG)	Meetings every 2 <sup>nd</sup> Saturday at 11 a.m. ET
Health Equity Index	Monthly
Hometown Strong	Monthly
Legislative Black Caucus	Quarterly
NC Commission on Indian Affairs	Quarterly
NC Minority Health	Monthly
NC Minority Health Providers	Monthly
Old North State	TBD
Tribal Leaders	Biannual
<b>Office of Rural Health</b>	
AHEC	Monthly
Appalachian Mountain Community Health Centers	Monthly
Association for LDHs	As Needed
Beaufort County Health Department	Monthly
Community Health Association (with vendors)	Monthly
Community Health Center Association	Monthly
Community Health Worker Partner Group	Quarterly
Cone Health Center for Health Equity	Monthly
Department of Information Technology – Digital Equity and Learning	Monthly
Farmworker Advocacy network	Monthly (during growing season); otherwise quarterly
Farmworker Health Program/Co-Governance Board	As Needed
Free and Charitable Clinic Association	Regular Meetings
Haywood County Health Services	Monthly
Health & Human Services Board of Forsyth County	Monthly
Land of Sky and Southwestern Councils of Government	Quarterly
Madison County Health Department	Monthly
National Organization of State Office of Rural Health	Monthly or as needed
NC Association for School Based Clinics	As Needed
NC Psychiatric Association with support from Addition Professionals of NC	Monthly
NC Rural Health Association	Quarterly
NC Rural Health Association – Behavioral Health Workgroup	Monthly
NCHA, UNC Sheps Center, Evergreen Associates	Monthly
North Carolina Community Health Clinical Association	Monthly
North Carolina Health Care Association	As Needed
Partners Aligned Towards Health, 501©3	Monthly
Practice Advisory Council – UNC Chapel Hill, Gillings School of Global Public Health	Quarterly
Primary Care Advisory Committee, NCCHCA, LDH, Free and Charitable Clinics, Rural Health Clinics, NCHA Rural Hospitals, NC School Based Health Centers	Monthly
Randolph County Public Health	Every other month
Rural Center	Monthly
Rural Health Provider Transition Project	Quarterly
Safety Net Provider Group	As Needed
Swain County Health Department	Quarterly

Partner	Frequency of Meeting
Wake County Health & Human Services	Monthly
Wilkes Recovery Revolution, Inc.	Monthly
Office of People, Culture and Belonging	
Faith Leaders Network	Quarterly
Black Community Leaders	Quarterly
Governor's Office DEI Leads	Quarterly
Task Force for Racial Equity in Criminal Justice (TREC)	Monthly
TREC Executive Committee	Quarterly
State Reentry Council Collaborative	Quarterly
Legislative Black Caucus	Biannual
Office of Violence Prevention	Ad Hoc
Office of Health Equity	
Alamance Health Network	Monthly
American Diabetes Association	Annually
AMEXCAN's NC Community Latino Task Force	Monthly
BCBS/Kate B. Reynolds	Monthly
Behavioral Health Network, consisting of Future Endeavors Life Program, Diversion Hope and Training Center LLC, and Hope and Vision Outreach Consulting	Annually
Bi-Weekly Equity Planning Network	Bi-Weekly
Community Care of NC	Quarterly
Food Banks of Albemarle	Annually
Governor's Advisory Council on Hispanic and Latino Affairs	Quarterly council meetings and monthly subcommittee meetings
Health Equity Interfaith Network	Quarterly
Health Opportunities	Monthly
Healthy Communities Program with LHDs	Quarterly
Hispanic Federation	As Needed
Hispanic Taskforce (Forsyth County)	Monthly
HMP Connections	Monthly
Latin-19	Weekly
Minority Health Advisory Council	Quarterly
NC Counts Coalition and Healthier Together/Community-Based Organization Network	Monthly
NC Diabetes Planning Network	Quarterly
NCCARE360	Monthly
Sickle Cell Council	Quarterly
UNCW Latino Alliance	Quarterly
Western NC Latino Network	Quarterly

