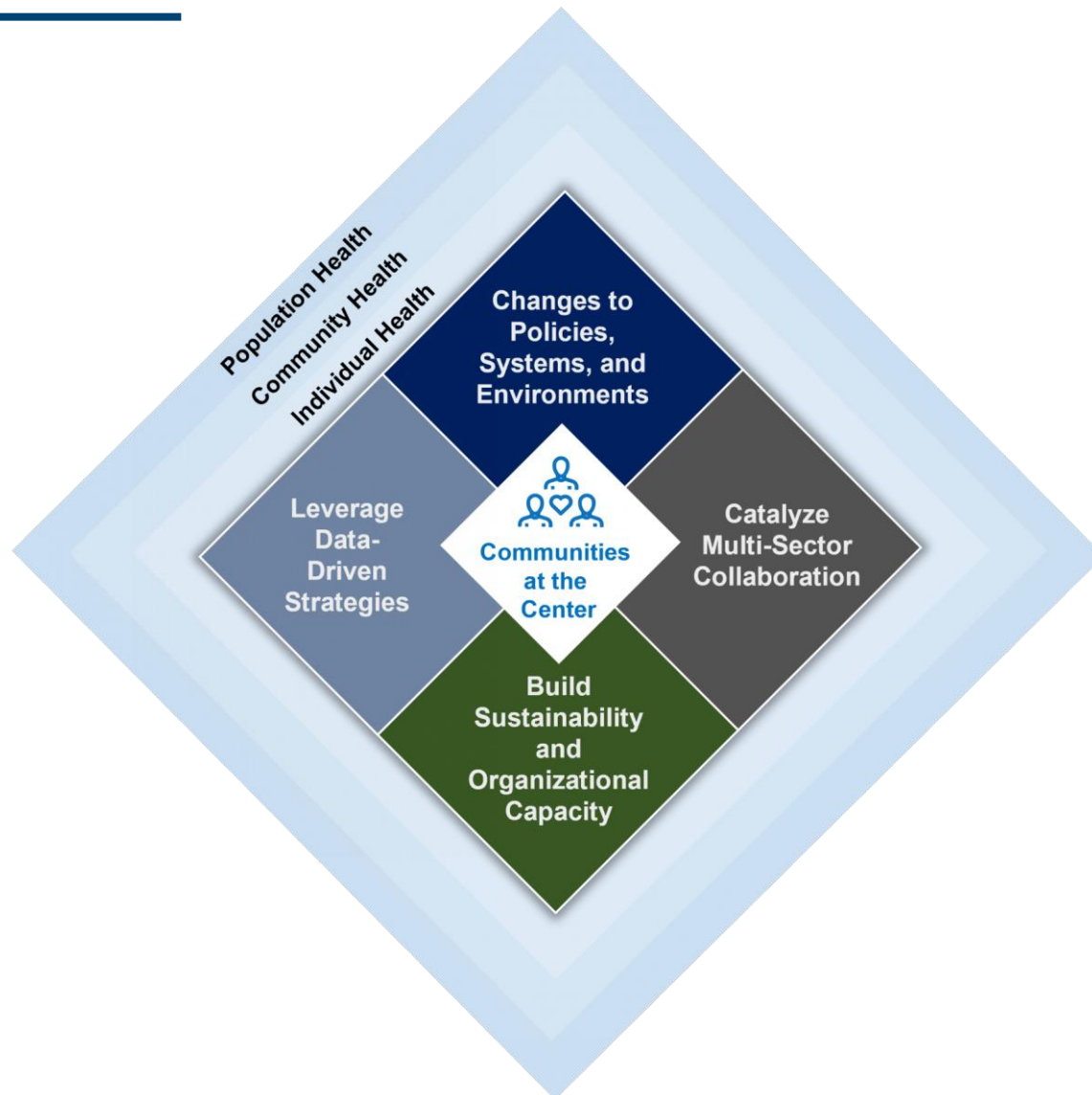


# Health Equity Framework

*Our approach assessed and integrated prevailing aspects of several different health equity frameworks to promote a whole person-centered approach in the elimination of health inequities and disparities for North Carolinians*

# OUR NC DHHS HEALTH EQUITY FRAMEWORK IS INTENDED TO CATALYZE ACTION



## Communities at the Center

- Build and sustain trust through authentic community relationships
- Give back power to communities that have been marginalized
- Embed, provide support for, and partner with communities for strategy development and execution

## Changes to Policies, Systems, and Environments

- Address and eliminate upstream structural drivers
- Focus on downstream health disparities as they manifest

## Leverage Data-Driven Strategies

- Assure decision making is informed by data and community voices
- Use data to illuminate existing disparities
- Develop compelling data-driven storytelling

## Catalyze Multi-Sector Collaboration

- Develop robust cross-sector and state agency partnerships
- Improve health eco-system alignment, collaboration, and co-creation

## Build Sustainability and Organizational Capacity

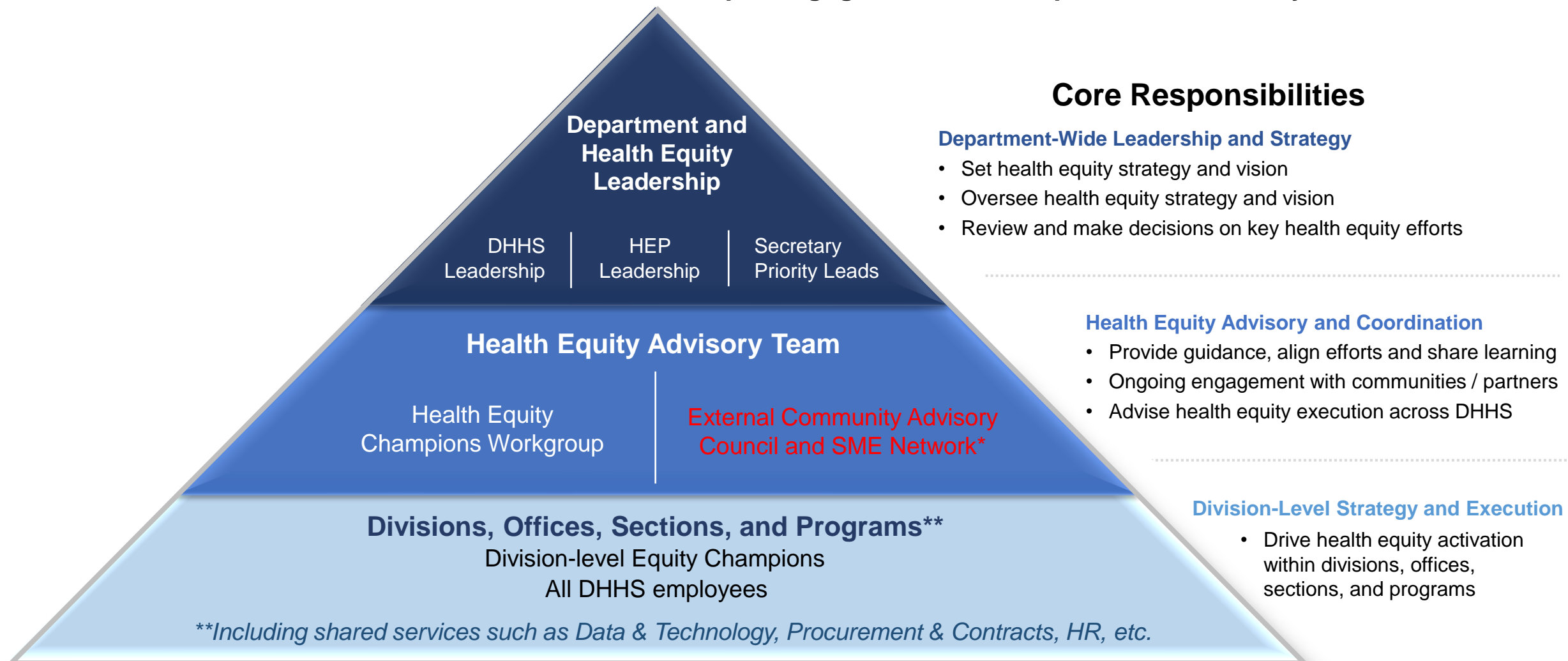
- Embed commitment with dedicated funding and equity-centered training
- Expand community capacity for health equity impact

# Health Equity Governance Model

*The proposed Health Equity Governance Model engages all partners in DHHS to promote aligned, amplified health equity action*

# HEALTH EQUITY IS EVERYONE’S WORK

An effective Health Equity Governance Model will allow for more meaningful collaboration within and across DHHS Divisions as well as deeper engagement with the public health ecosystem.





# EXAMPLE OF GOVERNANCE MODEL IN ACTION: FROM THE POINT OF VIEW OF DEPARTMENT AND HEP LEADERSHIP

## Department and Health Equity Leadership

- DHHS Leadership
- HEP Leadership
- Priority-level Equity Leads

## Health Equity Advisory Team

- Health Equity Champions Workgroup
- External Community Advisory Council and SME Network

## Divisions, Offices, Sections and Programs

- Division-level Equity Champions
- All DHHS employees

### Department-Wide Leadership and Strategy:

- ✓ Set, communicate, and monitor Department-wide priorities and progress against defined plans for health equity
- ✓ Take an active role in establishing key decision-making processes, such as:
  - Policy Review
  - Key funding-related decisions (e.g., requirements for equity inclusion in budgets and grant applications)
  - Division-Level Equity Strategic Plan (annual review)
  - Public communications
  - Issue resolution
  - Legislative Bill review (i.e., provide guidance for equity considerations in legislative bills)
- ✓ Drive organizational capacity, sustainability, and workforce development for health equity at DHHS

### Interacting with the Health Equity Advisory Team:

- Review and provide feedback on plans for Health Equity resource development (tools, leading practices, thought leadership)
- Assist with any escalated needs from Health Equity Enablement team
- Provide oversight and accountability against KPIs and progress for technical assistance efforts

### Interacting with Divisions, Offices, Sections and Programs:

- Review and provide feedback on division-level health equity plans, including monitoring of progress towards plans objectives
- Advise on key decisions impacting equity (i.e., policy, funding, capacity, issue resolution decisions)
- Sharing of department-wide communications on emerging trends

# Our Ask

*Moving towards action*

# WE NEED TO ACTIVATE THIS HEALTH EQUITY APPROACH

*The degree to which we move forward with this health equity approach is contingent upon resources and capacity.*

**Now is the time for DHHS to accelerate our health equity commitment.**

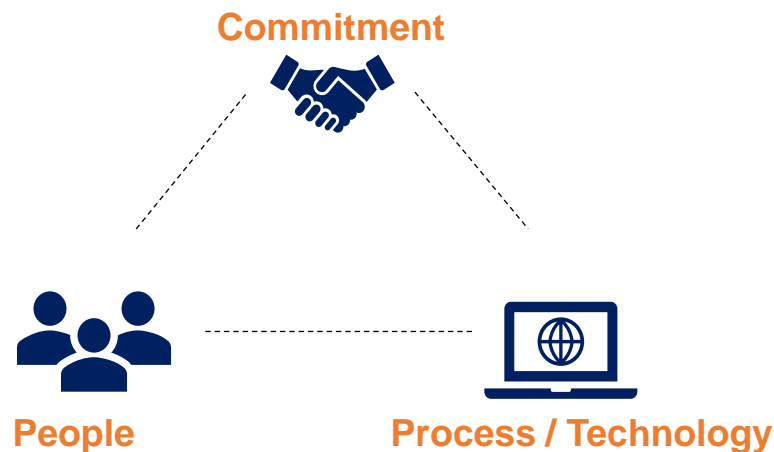
**Top-down sponsorship is key to this journey.** Through this process, we have **built expectations** and **momentum** with DHHS colleagues, community-based partners, and the communities we serve. To deliver on these expectations, we need to assure **cross-departmental buy-in** and **sufficient organizational capacity**.

**We need cross-Departmental commitment** (i.e., dedicated time, resources, funding, leadership):

- Secretary support
- Division Director advocacy and action
- Office, Section, Program Leads support

**We need additional staff to equip the Health Equity Portfolio to deliver this approach:**

- Complete recruitment of HEP staff
- Identify project management leads for Health Equity Champion Workgroup
- Identify leads for Technical Assistance (TA) management and delivery



**We need technology tools that help us to deliver health equity TA:**

- Technology enablement (e.g., portal, workflow automation, customer service management tool) for technical assistance request and delivery process

# OUR PLAN TO MOVE FORWARD

The Health Equity Framework and Governance Model shared today represent **foundational elements that set the vision, scope, and expectations** for the work to come.

## Next Steps

*to be completed by end of Q1 2023*

### Framework

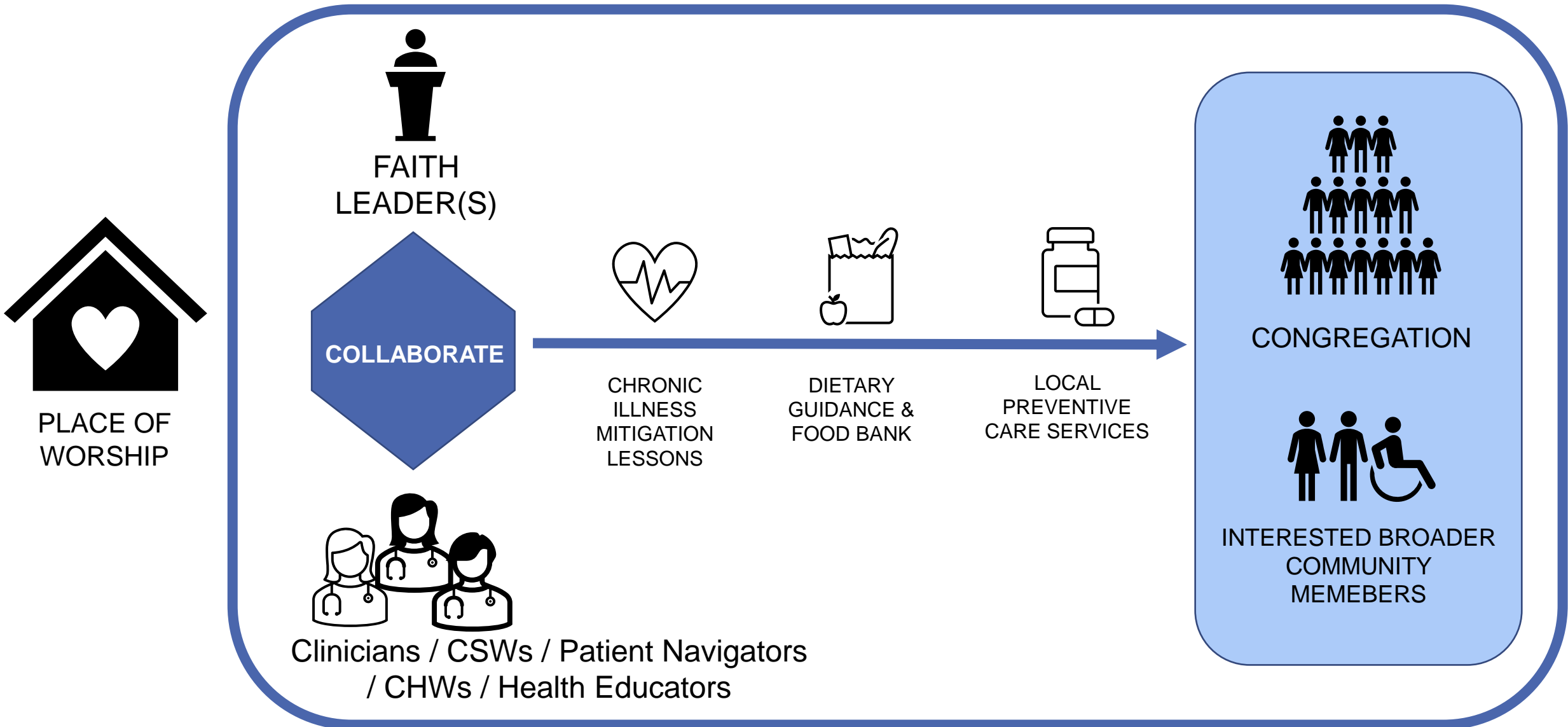
1. **Review definition and framework** with cross-divisional partners
2. **Iterate and finalize definition and framework language** based on external and internal feedback
3. Continue to **build out priority action steps, guiding questions, and supporting tools** for each pillar
4. **Socialize definition and framework** within DHHS and with external partner organizations and collaborators

### Governance Model

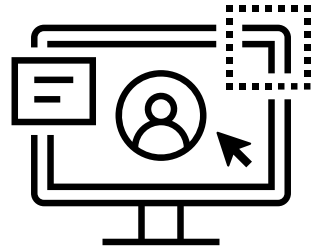
1. **Review draft governance model** with cross-divisional partners
2. **Iterate on governance model** based on internal feedback
3. **Define scope** to pilot model
4. **Pilot model implementation**
5. **Refine model based** on learning during pilot implementation
6. **Finalize, socialize, and scale governance model**
7. **Develop timeline** for implementation
8. **Select participants** for broad implementation for each level of the governance model



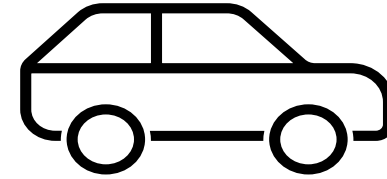
# PROPOSED SOLUTION #1: COLLABORATION WITH FAITH LEADERS AND CARE TEAMS



# PROPOSED SOLUTION #2: HEALTHCARE ACCESS ASSISTANCE THROUGH PARTNERSHIPS



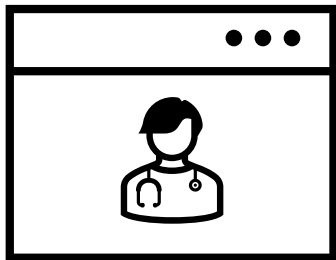
TELEHEALTH SERVICES



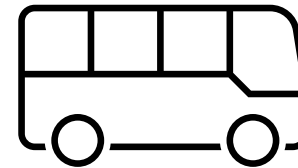
MOBILE HEALTH



COMMUNITY CENTER(S)



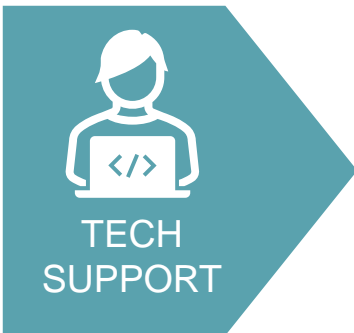
E-HEALTH APPOINTMENTS & PATIENT PORTAL ACCESS



SUBSIDIZED/POOLED TRANSPORTATION TO CLINICS



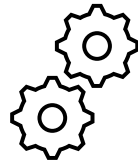
RESIDENCE(S)



TECH SUPPORT



Wi-Fi SETUP



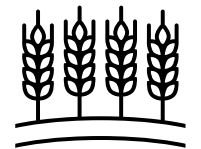
TECH REPAIR



CLINICIANS



HOME VISITS



RURAL COMMUNITIES

## PROPOSED SOLUTION #3: SOCIAL IMPACT CAMPAIGNING

### PARTICIPANTS' CAUSES OF INTEREST

- Advocate for LGBTQIA+ Rights & Acceptance Initiatives
- Combat Misogyny and Femmephobia
- Increase Awareness on Medicaid Expansion



### After identifying relevant issues for social impact campaign, faith communities should:

1. Set goals and objectives (e.g., *raising awareness, mobilizing community members to "Take Action"*)
2. Develop messaging and materials (e.g., *flyers, posters, social media posts, videos*)
3. Mobilize community members (e.g., *hosting events, workshops, community forums*)
4. Sustain movement through maintaining dialogue and celebrating successes