NCHA
North Carolina Healthcare Association

2024 NCHA Legislative Brief

Health Equity

North Carolina's hospitals and health systems support work to provide care for all North Carolinians regardless of race, ethnicity, gender, insurance status, or income.

Equity must be at the center of discussion around making our communities healthier due to the legacy of discriminatory policies that have denied opportunities to historically marginalized populations. Policies that expand access to care and improve health outcomes will benefit communities who have historically experienced poor health due to structural inequities.

Health disparities in clinical care are measurable, identifiable, and addressable through straightforward action steps to ensure that all patients receive quality health care. NCHA member hospitals and health systems have been invited to sign an Equity of Care Resolution to address racial disparities in care delivery. The Equity of Care Delivery Resolution provides members an opportunity to publicly commit and collaborate to examine and address disparities in care and outcomes. This member-driven effort is part of a multi-pronged approach to achieve equity of care in clinical settings by working together to reduce harm events and address bias in care delivery.

The Resolution launches an enduring effort of NCHA and its members, unfolding in three initial phases:

1. confirming member engagement by collecting Resolution signatures
2. analyzing measures to develop the Equity of Care Dashboard that will display a statewide view of progress hospitals and health systems are making to improve health equity and
3. improving performance to reduce disparities.

Legislative Priorities

North Carolina hospitals and health systems support legislative solutions addressing disparities in health care coverage, telehealth coverage, behavioral health care access, and healthcare workforce as to ensure that North Carolina's health care system is equitable for all.

Context & Insights

Communities of color across North Carolina have observed systemic and persistent disparities in health and well-being, even as early as birth. Black babies are nearly 2.5 times more likely to die than white babies while those that survive infancy are 2.3 times more likely to die from diabetes than their white counterparts, with similar outcomes observed between American Indians and whites in North Carolina.[1] These inequities are the legacy of centuries of local, state, and federal policy actions that have historically marginalized these communities both economically and politically, further entrenching racism as a public health crisis.

This disadvantage breeds disproportionate lack of access to the drivers of health known as social

determinants such as housing, education, and food security. Those with ample access to resources such as a safe living environment, strong public education, and access to quality health care, will have relatively positive health, while outcomes in communities with limited access to resources will be comparatively negative. Disparities observed both currently and historically among marginalized communities include but are not limited to:

- Lower rates of health care coverage
- Limited access to telehealth services
- Worse behavioral health outcomes
- Higher rates of burnout and less representation within healthcare workforce

NCHA is committed to acknowledging and addressing the role of racism in creating and perpetuating the inequities observed in communities and clinical settings across our state. Below are initiatives we are currently engaged in that aim to bring about equitable health outcomes in North Carolina:

Diverse Leaders Mentorship Program
Launched in 2019, the Diverse Leaders Mentorship Program connects leaders who are willing to share their knowledge and experience with industry leaders from underrepresented communities. The program is aimed at supporting the development of a diverse pipeline of leaders for the field, emphasizing the importance of diversity and inclusion, and addressing challenges that exist in recruitment and promotion for executive-level positions in hospitals and health systems.

AccessHealth
AccessHealth has coordinated care and improved health outcomes among the uninsured population in North Carolina. It ensures that individuals who lack access to affordable insurance coverage experience the same care that others would, creating equitable access to direct care delivery.

Telehealth
NCHA supports further protecting patients' rights for telehealth coverage and expansion of broadband access to bring healthcare to every community. In the General Assembly, NCHA has worked to increase protections for telehealth coverage and bars limits that insurance companies can place on where patients receive telehealth services. Legislation protecting telehealth coverage protects healthcare access for individuals across our state struggling to find and keep the care they need, particularly for underrepresented communities that rely on telehealth services the most.

Key Advocacy Messages

Telehealth coverage

There are several barriers preventing patients of color, economically disadvantaged patients, and patients residing in rural communities from receiving vital telehealth services.

- Although there are high levels of patient satisfaction with telehealth services, technological difficulties have been found to be the main barriers to effective telehealth consultation in historically marginalized communities, particularly in communities of color.[2]
- Affording the necessary equipment to operate telehealth services in-home and the lack of access to broadband internet both present significant challenges to lower socioeconomic individuals seeking access to telehealth care.
- Rural communities face challenges with technology as well given the lack of access to broadband internet in their areas. Pandemic-era changes in the form of expansion of interstate licensure improved access to healthcare among rural communities. Ensuring the permanence and continuance of this expansion would undeniably serve and benefit rural communities in North Carolina. Improving our broadband infrastructure and bridging the digital divide would expand telehealth services to communities that currently lack access to such modes of care.
- This disparity in access to technology has been dubbed the 'digital divide.' While eight out of ten white adults in the United States have access to broadband connection within their home, only 71 percent of Black adults and 65 percent of Latine adults can say the same. This presents a significant barrier for people of color accessing telehealth

services within their own home. Rural communities also face disproportionately lower rates of broadband access than their urban counterparts.[3]

- According to the North Carolina Department of Information Technology, over 1.1 million North Carolina households lack access to high-speed internet, cannot afford it, or do not have the necessary skills to operate high-speed internet. Addressing this gap by investing in broadband infrastructure will help close our own state's digital divide, by assisting individuals, many of whom are of color, of a lower socioeconomic status, and/or residing in a rural community with limited internet access.[4]

Behavioral health reform

There are profound disparities observed among historically marginalized communities in behavioral health outcomes and service utilization, including communities of color and the LGBTQ community.

- Black adults in the United States are far more likely to be diagnosed with conduct-related and behavior disorders than their white counterparts.[5] Black adults are 7.3 times more likely to live in high poverty neighborhoods with limited to no access to mental health services.[6]
- The LGBTQ community on average experiences comparatively poorer behavioral health outcomes. More specifically, LGBTQ individuals have a higher risk for depression, anxiety, posttraumatic stress disorder, and suicidal thoughts due to the heightened stigma and lower levels of social support associated with identifying as LGBTQ.[7]
- In addition to other efforts such as expanding telehealth coverage, culturally competent behavioral health treatment can yield positive mental health outcomes among historically marginalized communities, including Black and LGBTQ North Carolinians.
- Having behavioral health staff who are congruent with the race of their patients significantly improves mental health outcomes. It benefits patients to have a mental health professional that understands their culture and the role it plays within their health and wellbeing.[8]
- This is a challenge given that the psychology workforce is made up of predominantly white staff– only 16 percent of which is non-white. By expanding opportunities in historically marginalized communities to work in behavioral health settings, those experiencing unequal behavioral health outcomes such as Black individuals and LGBTQ individuals can receive more effective care.[9]

Healthcare workforce

Disparities both in healthcare staffing and workplace burnout disproportionately harm racial/ethnic minority patients and staff.

- Nationally, Black and Latine adults are underrepresented among hospital staff serving in 'health diagnosis and treating' roles.[10] This is especially concerning for Black adults given the evidence that shows health outcomes improve for Black patients when they receive care from a Black health professional.[11]
- The COVID-19 pandemic has brought about extraordinarily high and inequitable rates of burnout and fatigue among healthcare workers given the circumstances they are operating under. Nearly half of healthcare workers are suffering from burnout, with higher rates observed among women and people of color working in hospital settings.[12]

One of the many ways the staffing crisis in healthcare should be addressed is by ensuring that the healthcare workforce of the future is built with an equity lens.

- There are profound pay gaps along both gender and racial/ethnic lines in healthcare settings. Remedying these disparities will encourage more people of color to enter the industry and develop hospital staff that is reflective of the communities they serve.[13]
- 'Building a diverse workforce' doesn't equate to hiring a diverse entry-level force of staff. It's important that qualified leaders of color have the opportunity to rise within the ranks of hospital administration to instill best practices for a truly diverse workforce.

Sources

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Questions?

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