Subject: Minority Health Advisory Council 2017 Annual Report
Minority Health Advisory Council Members
NC Office of Minority Health and Health Disparities

August 3, 2017

Dear Governor Cooper,

This report contains a summary of health statistics and recommendations to improve population health outcomes among underserved populations for fiscal year 2017-18. The report is divided into two sections. Section I is an Executive Summary of findings and general recommendations resulting from the review of health outcomes and quality of life among racial and ethnic minority populations throughout North Carolina. Section II is a detailed report of specific recommendations for each of the suggested targeted areas of improvement.

Section I: Executive Summary

Diversity is one of North Carolina's (NC) greatest assets. The spirit and creativity of North Carolinians continue to power culture, innovation, and leadership in local, national, and global stages. Regrettably, health outcomes and quality of life among North Carolinians remains inequitable. Racial and ethnic minority populations throughout North Carolina are disproportionately burdened by diabetes, cancer, and inadequate access to reproductive health services and education. The NC Minority Health Advisory Council (MHAC) and the NC Office of Minority Health and Health Disparities (OMHHD) present a summary of health statistics and recommendations to improve population health outcomes among underserved populations for fiscal year 2017-18.

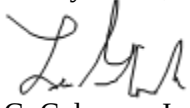
MHAC recommends prioritizing health conditions that: (1) have a significant social and economic burden on all North Carolinians by reducing the quality of life and increasing healthcare expenditures; (2) disproportionally affect racial and ethnic minority populations (i.e., Black/African Americans, American Indians, and Hispanic/ Latinx); and (3) can be improved with appropriate resource allocation, screening, and/or education. We therefore recommend that the following conditions be targeted for improvement:

- Prediabetes and Diabetes
- Colon and Prostate Cancers
- Infant Mortality

Reducing health disparities among racial and ethnic minority populations in the state will increase quality of life for all North Carolinians and reduce the economic burden of poor health on families and healthcare systems. MHAC is committed to providing continuous guidance to ensure that all North Carolinians have the opportunity to live healthy lives. We look forward to working with your office to continue improving the health of communities throughout the state and stand ready to assist you in your efforts to address our general recommendations to:

(1) Increase access to healthcare screenings and services;
(2) Increase health education programs across the state; and
(3) Increase awareness of racial and ethnic health disparities and the social and financial burden they place on the entire NC population.

Respectfully Yours,



Leon G. Coleman, Jr, MD, PhD
Chair, Minority Health Advisory Council

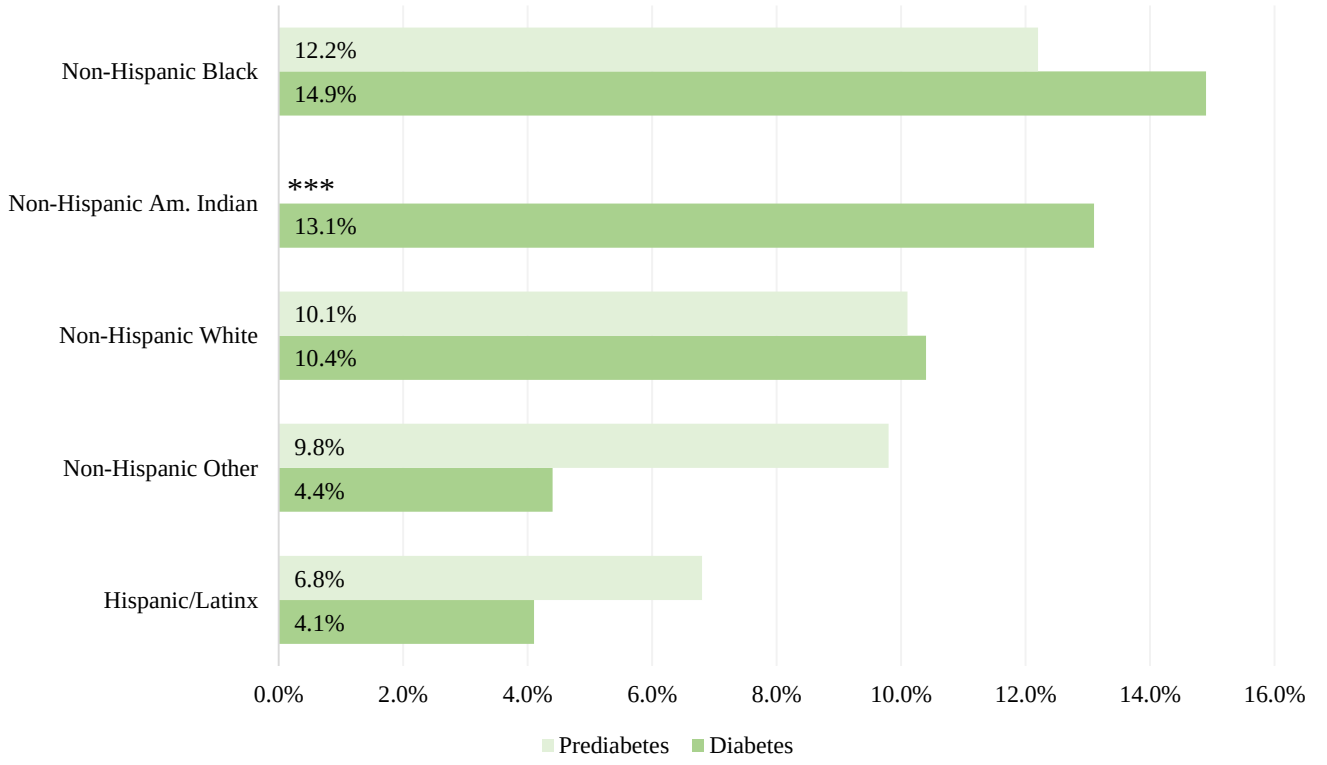
Background Information

Prediabetes & Diabetes

Approximately 2.5 million North Carolinians have prediabetes. Without health-improving lifestyle changes, 15% to 30% of those with prediabetes will develop type 2 diabetes within five years. One in three adults in NC has been diagnosed with diabetes, while an estimated 280,000 adults unknowingly live with the condition.[1]

According to the most recent data from the NC Behavioral Risk Factor Surveillance System (BRFSS), the Hispanic/Latinx population has the lowest prevalence of prediabetes and diabetes in NC (**Figure 1)**; non-Hispanic Blacks experience the highest prevalence of each (43.3% greater prevalence of diabetes and 20.8% greater prevalence of prediabetes compared to non-Hispanic Whites). American Indians also experience a relatively high prevalence of diabetes compared to non-Hispanic Whites (26.0% greater prevalence).

Figure 1: Prediabetes & Diabetes Prevalence by Race/Ethnicity



Source: NC Department of Health & Human Services, State Center for Health Statistics; Behavioral Risk Factor Surveillance System (BRFSS), 2015
***Estimate was suppressed because it did not meet statistical reliability standards

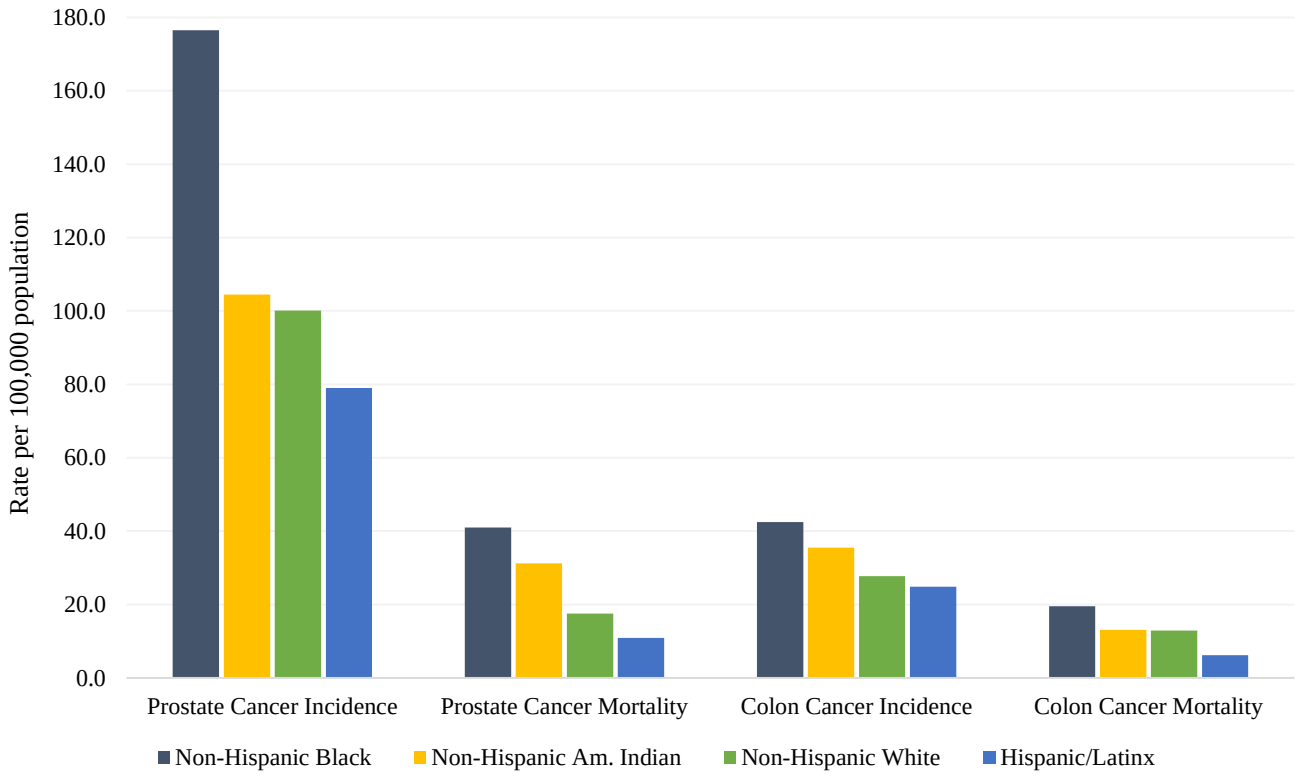
Colon & Prostate Cancer

Colorectal and prostate cancers are among the leading causes of cancer deaths in NC. Though prostate cancer death rates have been decreasing since the early 1990s, disparities persist by race and ethnicity.

According to the most recent data from the NC Cancer Registry, the Hispanic/Latinx population experiences the lowest rates of cancer incidence and mortality for prostate and colon cancer (**Figure 2**). For non-Hispanic Blacks, the incidence and mortality rates of prostate and colon cancer exceed those of other races in the state; rates of incidence and mortality for this population are nearly twice that of non-Hispanic Whites for both cancer types.

[1] Diabetes North Carolina, http://www.diabetesnc.com/facts.php

Figure 2: Rates of Prostate & Colon Cancer Incidence & Mortality by Race/Ethnicity



Source: NC Cancer Registry, 2011-2015

Infant Mortality

Infant mortality, or the death of a live-born infant before its first birth day, is a sensitive measure of the health and well-being of any given community, as the factors affecting the health of entire populations can also impact the mortality rate of infants. Significant differences in infant mortality persist by race and ethnicity.

Figure 3 highlights the disparity in infant mortality between non-Hispanic Black and non-Hispanic White infants. While infant mortality rates have decreased over time for both populations, non-Hispanic Black infants are still twice as likely to die within their first year of life as their non-Hispanic White counterparts.

Similar disparities are seen between American Indians and non-Hispanic Whites (**Figure 4**). Though the infant mortality rate for the former is more varied than the latter, the overall trend indicates that American Indian infants are nearly twice as likely as their non-Hispanic White counterparts to die before their first birthday.

The disparity between the Hispanic/Latinx and non-Hispanic White infant mortality rates is no longer evident (not shown)—the result of an increase in Hispanic/Latinx infant mortality over time.

Figure 3: NC Non-Hispanic White vs. Non-Hispanic Black Infant Mortality, 2000-2015

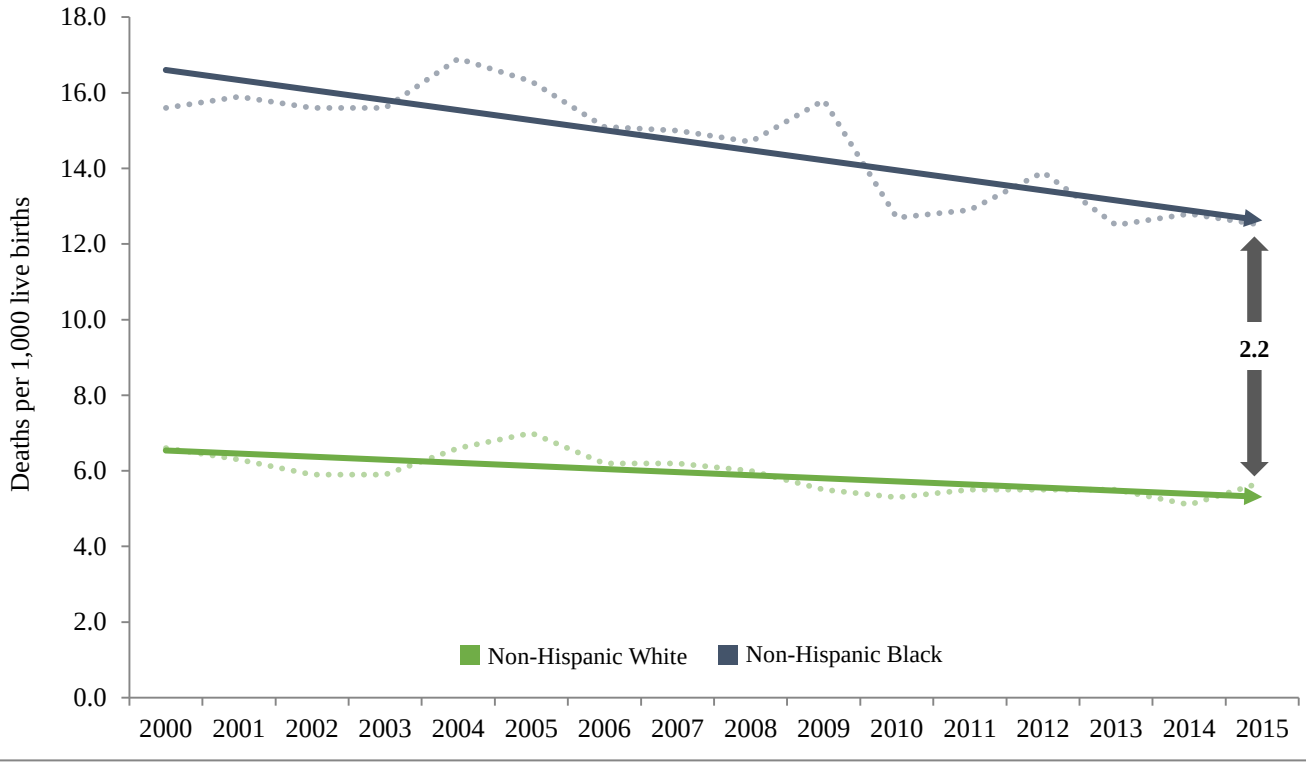
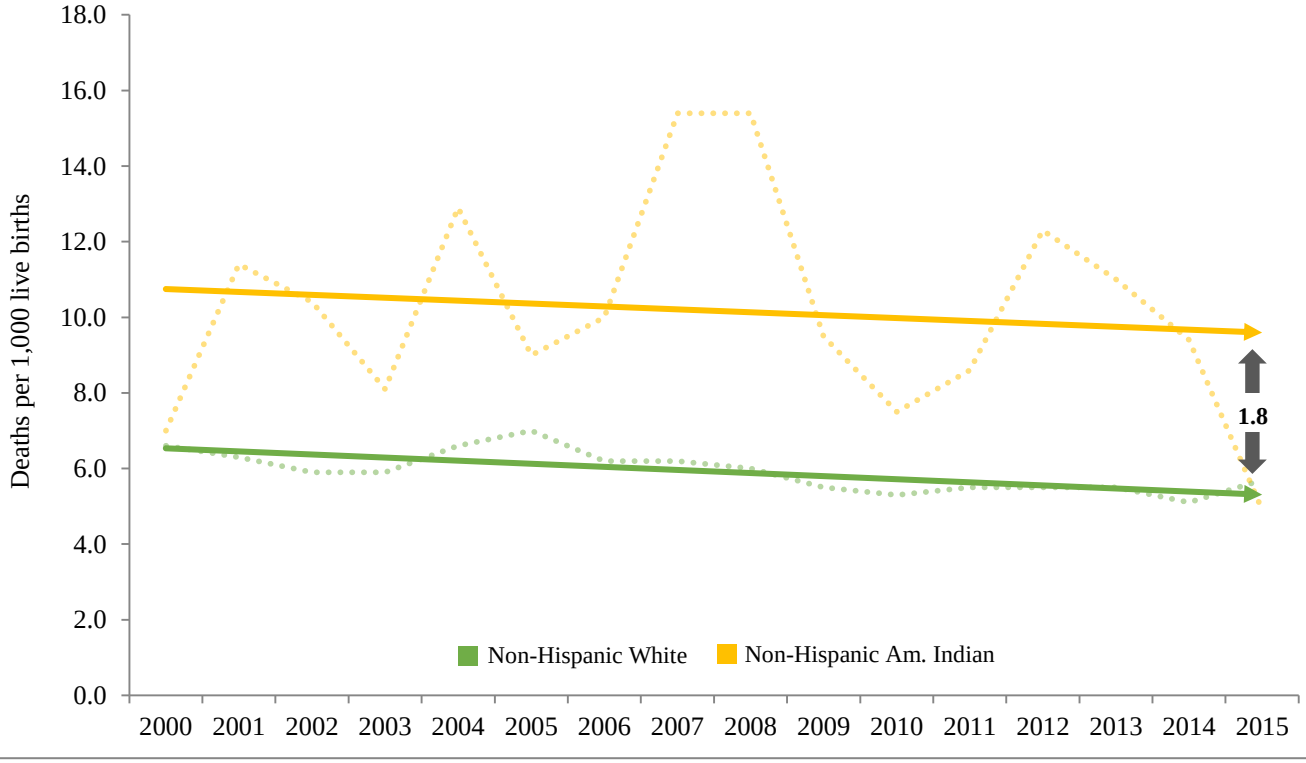


Figure 4: NC Non-Hispanic White vs. Non-Hispanic Am. Indian Infant Mortality, 2000-2015



Source: NC Department of Health & Human Services, State Center for Health Statistics, 2015

Section II: Next Steps and Goals for 2017-2018

Specific Recommendations

Prediabetes & Diabetes

- Fund and promote evidence-based diabetes prevention and care programs.
- Improve access to care by addressing transportation needs, developing and utilizing mobile care units, extending primary and urgent care hours, and utilizing non-traditional care providers (e.g., pharmacists), and promoting providers to live and serve in underserved areas.
- Promote screening of non-medical needs that may hinder patient compliance to care (e.g., lack of means or access to healthy foods, lack of refrigerator to store insulin, etc.) and layer supports.
- Promote physical activity within neighborhoods by installing and maintaining sidewalks, street lights, and recreation centers in urban areas.
- Increase the number of certified diabetes educators in health departments.

Colon & Prostate Cancer

- Educate community to identify signs and symptoms of cancer; screening options (including benefits and risks), costs, and health insurance coverage issues; as well as treatment options, including the importance of seeking a second opinion.
- Promote regular screening, particularly for colorectal cancer, to increase opportunities for early detection and treatment.
- Increase access to care by working with insurance carriers to extend coverage during the treatment process (e.g., for therapies, procedures, medications, etc.), and promoting providers to live and serve in underserved geographies.
- Educate providers about the racial and ethnic disparities in cancer incidence and mortality to promote culturally-appropriate counseling and treatment.

Infant Mortality

- Develop a collective impact collaborative to address and improve the systems residents interact with on a regular basis, including, but not limited to, health care, transportation, housing, insurance, food, development, criminal justice, private businesses, etc.
- Improve access to prenatal care by addressing childcare and transportation needs, promoting after-hours care, implementing group-based prenatal care models, and promoting providers to live and serve in underserved geographies.
- Work with hospitals, prenatal clinics, and insurance carriers to ensure the availability of progesterone for women at risk of preterm delivery.
- Educate women and families about the importance of spacing pregnancies at least 18 months apart and ensure the availability of effective contraceptive methods.
- Educate all caregivers (including mothers, fathers, grandparents, childcare providers, etc.) about safe sleep and provide cribs to families without a safe sleep environment.
- Promote breastfeeding in hospitals, birthing centers, and community by increasing the availability of current lactation consultants and doulas, and training/certifying community health workers as lactation consultants.