

# HEALTH EQUITY COMMITTEE UPDATES

DERYL DAVIS FULMER  
LAURA SCHLABACH  
CO-CHAIRS  
ERICA JANKO  
CONSULTANT



# Health Equity Committee Purpose

- ▶ Identify documentable disparities based on research, analysis, & reporting from credible sources.
- ▶ Identify documented causes and impacts.
- ▶ Identify remedial actions, successful interventions, best practices.
- ▶ Select specific areas of disparity to recommend for action by Coalition based on committee member's interests, investigations, and evidence.

# Health Equity - Defined

- ▶ “Health equity means reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalized groups.” This definition allows for measuring.  
*(Robert Wood Johnson Foundation, University of California-San Francisco)*

# Health Equity and Older Adults

---

## Work Groups Established

- ▶ LGBTQ+ (Lesbian, Gay, Bisexual, Queer/Questioning, Intersex, Asexual, and more)  
*Chair: Les Geller*
- ▶ Rural Areas  
*Chair: Erica Janko*
- ▶ BIPOC (Black, Indigenous, People of Color)  
*Chair: Mary Williams-Stover*

# Goals

Identify	Identify local research to North Carolina focused on broad health inequities.
Seek	Seek practical solutions to specific issues.
Create	Create specific recommendations based on local research, statistical data and best practices.
Present	Present recommendations to NCCOA Board. Recommendations may range from raising educational awareness to legislative priorities.

# Timeline (Past Accomplishments)

- ▶ **March 2022:** Presenters Sahar Takshi Staff Attorney from the Justice in Aging (national perspective) and Cornell Wright Executive Director from DHHS Office of Minority Health (local/community perspective).
- ▶ **May 2022:** Kathrine Sevier from the Andrea Harris Task Force gave an update on the committee's work. Mary Williams-Stover led the group discussion on best way to strategically move forward. Four work groups identified: LGBTQ+, Rural Areas, BIPOC, and older adults living with disabilities.

# Timeline (Past Accomplishments)

- ▶ **July 2022:** Committee decided that disabilities intersect with all groups. Discussion ensued regarding logistics of workgroups, research to support topics, basic definitions for health equity, and older adults, guidelines and a timeline.
- ▶ **September 2022:** Presentation from Tara Muller, Policy Attorney at Disability Rights North Carolina. Workgroup discussions on older adults living in rural areas, older BIPOC adults, and older LGBTQ+ adults. Each group presented 2 – 3 findings from their research and discussed next steps.

# Timeline (Past Accomplishments)

## **November 2022**

- ▶ Twilla Allan and Dr. Earlena Lowery from the Lumbee Tribe presented “Celebrating American Indian Heritage Month”.
- ▶ Groups presented their findings to the Health Equity committee.
- ▶ The committee discussed overarching priorities based on their findings.

## **January 2023**

- ▶ Fine-tuned attainable recommendations for the board potentially adopt.



# Timeline Moving Forward

## **March 2023**

- ▶ Present a summary of our work over the past year to the NCCOA Board and Members
- ▶ Set the agenda for March 2023 – March 2024.
- ▶ We will be successful by making one change that is significant in addressing health inequities with the potential to change lives.

## **May 2023**

- ▶ **“Go Public” with our work for Older Americans Month**

# Focus of each work group for NC Older Adults

## ▶ **Rural**

- Direct care workforce and how it impacts health equity in rural NC communities

## ▶ **BIPOC**

- Use of tobacco and tobacco cessation
- Acknowledgement of historical racial biases and its impact on current and persistent health disparities

## ▶ **LGBTQ+**

- Bridging the gap between the LGBTQ+ senior population and the healthcare system

## ▶ **Disabilities**

- Intersect across all areas of focus for each work group

# Rural Work Group Board Considerations

1. Strengthen the direct care workforce and include specific provisions to improve access to direct care in rural areas.
2. Partner with other direct care workforce advocacy initiatives, ex. the NCIOM Workforce for Health Taskforce, to target the needs of rural older adults.
3. Collaborate with the NCDHHS Division of Aging and Adult Services (DAAS) and Office of Rural Health (ORH) to coordinate efforts.
4. Align with organizations that offer culturally-specific support for family caregivers.
5. Long Term Goals: Collect data to evaluate existing programs/resources for rural older adults.

# LGBTQ+ Work Group Board Considerations

1. Survey NCCOA members regarding current policies that serve the LGBTQ+ community.
2. Create a statewide registry to identify LGBTQ+ friendly healthcare providers and social services.
3. Encourage LGBTQ+ friendly organizations to display familiar icons of equality.
4. Recommend organizations include voluntary LGBTQ+ datapoints on intake paperwork.
5. Partner with LGBTQ+ aligned advocacy organizations (ex. Equality NC, AARP)
6. Long Term Goals: Equity and inclusion training for all health care providers and more state-wide data capture

# BIPOC Work Group Board Considerations (Smoking Cessation)


1. Support providing barrier-free, widely promoted, coverage for all evidence-based cessation treatments by all types of health insurance.
2. Increase access to culturally tailored cessation services.
3. Join NC Alliance for Health, NC SHIP and other coalitions working to prohibit the sale of flavored tobacco products, especially menthol.
4. Ensure the impact of smoking on older adults is included in all policy discussions.
5. Partner with other agencies to promote long-term awareness regarding health disparities related to commercial tobacco.

# BIPOC Work Group Board Considerations (Jim Crow Legacy)

1. Adopt an official NCCOA resolution acknowledging the existence of structural racism in the healthcare system and the lasting effects of segregation, especially the 300,000 African Americans survivors over 60.
2. This Resolution would acknowledge the legacy impact of state-sponsored segregation on the current health status and emphasize the urgency of addressing this injustice through legislation and policy actions.
3. The Coalition will identify partners and advocate for research on the impact of state and local government policies and practices related to the legacy of structural racism on the negative health outcomes for elder African Americans.
4. Partner with other agencies to evaluate current administration of funding and public health program practices that contribute to persistent racial inequities throughout NC.
5. Support and Educate legislators on policy reform to advance equity in health for BIPOC seniors.

# Call to Action – Immediate Attention

- ▶ The Health Equity Committee is seeking the NCCOA Board adoption of actionable recommendations from each Workgroup to include in the Coalition’s priorities for 2023 to 2025.
- ▶ The Health Equity Committee plans to “Go Public” in May 2023 with our recommendations.
- ▶ **What we need from the NCCOA Board:**
  1. Approval for the 2022 – 2023 Health Equity Committee recommendations.
  2. Identify the platform to present recommendations in May and moving forward.
  3. Ongoing support to continue our work in 2023 – 2024.



Thank you  
Q&A