Dedicated to dramatically improving the health and well-being of all people and communities of Western North Carolina
Janice Brumit
Board Chair
Dogwood Health Trust
Jacquelyn S. Simms
Director
Dogwood Health Trust
Sarah Thompson
Director
Dogwood Health Trust
OUR VALUES: Values define the core identity of Dogwood Health Trust.

- **Compassion with Courage.** We will be bold in pursuing our commitment to the people and communities of Western North Carolina by taking smart risks and investing in opportunities for profound impact.
- **Sustainability with Integrity.** We will bring transparency and humility in stewarding resources to support and strengthen Western North Carolina for generations to come.
- **Partnering with Purpose.** We will foster collective impact by promoting collaboration and advancing shared learning.

OUR GUIDING PRINCIPLES: Guiding principles define the behaviors that flow from Dogwood Health Trust’s values.

- **Keep People and Communities First.** We honor the diversity of lived experiences across Western North Carolina by listening to understand before seeking to be understood.
- **Pursue Strategic and Systemic Change.** We seek to catalyze transformative, multigenerational impact through data-informed and culturally competent decisions.
- **Be Accountable Stewards of Dogwood’s Resources.** We assume responsibility for making decisions that marshal the Trust’s resources for maximum positive impact.
Antony Chiang, JD
Chief Executive Officer
Dogwood Health Trust
WE WANT TO HEAR FROM YOU!
Panelists

Rocco Perla, EdD
Founding Partner
The Health Initiative

Rebecca Onie, JD
Founding Partner
The Health Initiative

Elizabeth Cuervo Tilson, MD
State Health Director
Chief Medical Officer
Department of Health and Human Services
Rebecca Onie, JD
Rocco Perla, EdD

Founding Partners
The Health Initiative
## The US Spends More on Healthcare for Less Value

<table>
<thead>
<tr>
<th>Country</th>
<th>Life Expectancy at Birth, 2013 (age)</th>
<th>Infant Mortality, 2013 (per 1000 live births)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Japan</td>
<td>83.4</td>
<td>2.1</td>
</tr>
<tr>
<td>Switzerland</td>
<td>82.9</td>
<td>3.9</td>
</tr>
<tr>
<td>Germany</td>
<td>80.9</td>
<td>3.3</td>
</tr>
<tr>
<td>Australia</td>
<td>82.2</td>
<td>3.6</td>
</tr>
<tr>
<td>Sweden</td>
<td>82.0</td>
<td>2.7</td>
</tr>
<tr>
<td>Norway</td>
<td>81.8</td>
<td>2.4</td>
</tr>
<tr>
<td>Canada</td>
<td>81.5</td>
<td>4.8</td>
</tr>
<tr>
<td>Netherlands</td>
<td>81.4</td>
<td>3.8</td>
</tr>
<tr>
<td>New Zealand</td>
<td>81.4</td>
<td>5.2</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>81.1</td>
<td>3.8</td>
</tr>
<tr>
<td>Germany</td>
<td>80.9</td>
<td>3.3</td>
</tr>
<tr>
<td>Denmark</td>
<td>80.4</td>
<td>3.5</td>
</tr>
<tr>
<td><strong>United States</strong></td>
<td><strong>78.8</strong></td>
<td><strong>6.1</strong></td>
</tr>
<tr>
<td>OECD median</td>
<td>81.2</td>
<td>3.5</td>
</tr>
</tbody>
</table>

Where Would You Invest for Health? Charlotte, NC

African American Democrat Women

White Republican Women

Source: Polling by Health Leads/The Health Initiative, with Public Opinion Strategies on August 23, 2017
Where Would You Invest for Health? NC Voters Agree

African American Democrat Women
Charlotte, NC

White Republican Women
Charlotte, NC

African American Mixed Gender Democrats
Raleigh, NC

Mixed Gender Middle Income White Republicans –
Raleigh, NC

Lower Income White Democrat Women
Hendersonville, NC

Mixed Gender White Republican Seniors
Hendersonville, NC

Source: Polling by Health Leads/The Health Initiative, with Public Opinion Strategies on August 23, 2017
Where Would You Invest for Health? NC Physicians Agree

Physicians – Raleigh

Physicians – Asheville

Physicians – Specialists

Source: Focus groups conducted by The Health Initiative with the North Carolina Medical Society in Feb 2019

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Healthcare vs. Health

% families w/ very low food security

Very low food security = Reports of multiple indications of disrupted eating patterns and reduced food intake.
Opioid Epidemic: Asking Different Questions

**# Opioid Hospitalizations Per 100K**

- **93.2**: 3 NC counties with highest opioid hospitalization rates
- **19.2**: 3 NC counties with lowest opioid hospitalization rates

**Source:** NC DHHS; Bureau of Labor Statistics

**Average Weekly Wages**

- **$696**: 3 NC counties with highest opioid hospitalization rates
- **$1,077**: 3 NC counties with lowest opioid hospitalization rates

**Source:** NC DHHS; Bureau of Labor Statistics
Elizabeth Cuervo Tilson, MD

State Health Director and Chief Medical Officer
Department of Health and Human Services
NC Department of Health and Human Services

All North Carolinians should have the Opportunity for Health

Elizabeth Cuervo Tilson, MD, MPH
State Health Director/Chief Medical Officer
We will succeed by living our values:

- People-Focused
- Teamwork
- Proactive Communication
- Transparency
- Stewardship
- Joy
• Incorporate Health (not just healthcare) across unified agenda
• Align and partner creatively
• Develop shared strategic plans, infrastructure and tools that can be leveraged by communities
Priority Domains

- Food Security
- Housing Stability
- Transportation
- Interpersonal Violence
- Employment
- Toxic Stress/Early Brain Development
Healthy North Carolina 2030

Shift to a Population Health Framework

HNC 2020 Focus Areas (40 Objectives)
1. Tobacco Use
2. Nutrition and Physical Activity
3. Sexually Transmitted Diseases
   Unintended Pregnancy
4. Substance Abuse
5. Environmental Risks
6. Injury and Violence Prevention
7. Infectious Disease and
   Foodborne Illness
8. Mental Health
9. Oral Health
10. Maternal and Infant Health
11. Chronic Disease
12. Social Determinants of Health
13. Cross-cutting Measures

“We will use HNC 2030 to shift from a focus on individual health topics to a focus on health equity and overall drivers of health outcomes.”

Health Screening

We believe everyone should have the opportunity for health. Some things like not having enough food or reliable transportation or a safe place to live can make it hard to be healthy. Please answer the following questions to help us better understand you and your current situation. We may not be able to find resources for all of your needs, but we will try and help as much as we can.

<table>
<thead>
<tr>
<th>Food</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Within the past 12 months, did you worry that your food would run out before you got money to buy more?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Within the past 12 months, did the food you bought just not last and you didn’t have money to get more?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Housing/Utilities</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Within the past 12 months, have you ever stayed: outside, in a car, in a tent, in an overnight shelter, or temporarily in someone else’s home (i.e. couch-surfing)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Are you worried about losing your housing?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Within the past 12 months, have you been unable to get utilities (heat, electricity) when it was really needed?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transportation</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Within the past 12 months, has a lack of transportation kept you from medical appointments or from doing things needed for daily living?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interpersonal Safety</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Do you feel physically or emotionally unsafe where you currently live?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Within the past 12 months, have you been hit, slapped, kicked or otherwise physically hurt by anyone?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Within the past 12 months, have you been humiliated or emotionally abused by anyone?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Optional: Immediate Need</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Are any of your needs urgent? For example, you don’t have food for tonight, you don’t have a place to sleep tonight, you are afraid you will get hurt if you go home today.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Would you like help with any of the needs that you have identified?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Operationalizing Interconnectivity

NCCARE360 is the first statewide coordinated network that includes a robust repository of shared resources and a shared referral technology platform to:

- Knit together healthcare and human services providers
- More efficient and effectively connect people to services
- Securely share client information and follow a person’s journey together
- Gain visibility and data into social service delivery and community resource gaps

NCCARE360 Partners
Network Model: No Wrong Door Approach

Client 

Care Coordinator

Housing Need Identified along with other needs

Referral

Additional Needs Identified

Referral

Housing Provider

Employment Provider

PROPRIETARY & CONFIDENTIAL
North Carolina’s Vision for Medicaid Managed Care

“To improve the health of North Carolinians through an innovative, whole-person centered, and well-coordinated system of care that addresses both the medical and non-medical drivers of health.”
Buy Health within Medicaid Managed Care

Care Management for the whole person

Address 4 Priority Domains:
- Housing
- Food
- Transportation
- Interpersonal Violence/Toxic Stress

Quality Strategy accountable for population health

Financial Tools that promote buying health

Healthy Opportunity Pilots that will evaluate the impact of using Medicaid dollars to pay for non-medical services (e.g. food, housing support)
THE RESULTS ARE IN!
For more information and access to the material presented today please visit www.dht.org
Community