



**N C DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
OFFICE OF MINORITY HEALTH AND HEALTH DISPARITIES**

**COMMUNITY FOCUSED ELIMINATING
HEALTH DISPARITIES INITIATIVE (CFEHDI)**

**Pursuant to S.L. 2011-145, Section 10.21
Report to the North Carolina General Assembly**

October 2012

Background

In 2005, the North Carolina General Assembly established the Community Focused Eliminating Health Disparities Initiative (CFEHDI). The goal of CFEHDI is to close the gap in the health status of African Americans, Hispanics/Latinos, and American Indians as compared to the health status of Whites through the use of preventive measures to support healthy lifestyles. CFEHDI is managed through the Department of Health and Human Services (DHHS), Division of Public Health's (DPH) Office of Minority Health and Health Disparities (OMHHD). Since CFEHDI was established, OMHHD has provided these grants to community-based and faith-based organizations, tribal organizations, and local health departments through a request for applications process.

CFEHDI in SFY 2011-2012

Thirty two organizations were awarded CFEHDI grants for contracts to begin in SFY 2011-2012. However, Session Law 2011-145, Section 10.21 modified the existing CFEHDI program to include an emphasis on clinical treatment services delivered by our state's health care system. The law mandated CFEHDI award up to "a maximum of twelve (12) grants-in-aid to close the gap in the health status of African-Americans, Hispanics/Latinos, and American Indians as compared to the health status of white persons". It further required that no more than four (4) grants in aid should be awarded to applicants located in each of three areas in North Carolina (Western, Piedmont, and Eastern areas); with no single grant greater than \$300,000. Eligible applicants were defined as faith-based and community-based organizations, hospitals, Community Care North Carolina (CCNC) networks, and local health departments (LHD). Eligible applicants were also required to demonstrate substantial participation and involvement with other categories of eligible applicants. Grantees were to target seven focus areas - Heart Disease, Stroke, Diabetes, Obesity, Asthma, HIV/AIDS and Cancer. Session Law 2011-145, Section 10.21 further required DHHS to submit an annual report to the General Assembly (by October 1) on the status of CFEHDI for the prior SFY.

In response to S.L. 2011-145, DHHS formulated a plan to transition out of its 32 existing CFEHDI contracts and to release a request for applications to comply with S.L. 2011-145. The 32 existing CFEHDI contracts were terminated October 31, 2011. Six CFEHDI contracts were subsequently extended to December 31, 2011. A request for CFEHDI applications was completed and released in the fall of 2011. Twelve applicants were selected in accordance with Session Law, and contracts were executed with a proposed start date of February 1, 2012 for a four-month contract for SFY 2011-2012, to be followed by a twelve-month contract for SFY 2012-2013

DHHS Internal Audit of CFEHDI Program and Subsequent Actions

An internal audit of the OMHHD and the CFEHDI grant program was initiated by the Department of Health and Human Services in February 2012. The audit determined there had been irregularities in management, oversight, monitoring and use of state resources allocated to CFEHDI. In accordance with state law, this suspected misuse of state funds was reported to the State Bureau of Investigation.

As a result of audit findings, personnel changes occurred in the OMHHD, including appointment of an interim director. DHHS then terminated the CFEHDI contracts to be executed in February 2012 and

released a new request for proposals on April 9, 2012. Twelve grantees were selected in accordance with Section 10.21 of Session Law 2011-145 and two-year contracts were executed in July 2012. The enclosed **Attachment** outlines the new awards including type of organization, focus areas, counties served, populations served, and funding amounts for SFY 2012-2013.

As a result of audit findings, OMHHD has initiated the following actions during SFY 2012-2013:

- Trainings for the 12 CFEHDI grantees, including expected outcomes and allowable and allocable costs. Formats will be webinar and face-to-face training. Financial reporting webinar was held on Friday, July 27, 2012 for 12 grantees, including contract expenditure reporting, monthly expense reporting and budget revision processes.
- Monthly webinars with the 12 grantees (beginning October 2012) to focus on programmatic and financial issues.
- Provide required training (September 25-26, 2012) for grantees and their subcontractors. Training focused on audit process and critical issues, programmatic reporting, and evidenced-based practices for addressing the health focus areas.
- Complete individual grantee site calls to all 12 grantees to review scopes of work and other programmatic questions.
- Complete staff training on allowable and allocable costs and on effective sub recipient monitoring of CFEHDI grantees.
- Complete more rigorous sub recipient monitoring of CFEHDI grantees by OMHHD staff, including both desk top and site-based audits. Pre-award site visits of two CFEHDI awardees were made prior to contract execution in July 2012.

To date, the current grantees are working with their local health partners to ensure connectivity to follow-up care. The October 2013 report will provide a more extensive report on the work of the grantees as they strive to make a difference in the health disparities of African Americans, Hispanics/Latinos, and American Indians.

ATTACHMENT
CFEHDI Awards SFY 2012-2013
(Contracts executed July 2012)

Organization	Type	Focus Areas	Counties Served	Populations Served	Award Year 1
Eastern Region					
Community Health Interventions & Sickie Cell Agency	CBO	Diabetes, HIV/AIDS and STDs	Cumberland, Hoke	African American	\$191,600
Lumbee Nation Tribal Program, Inc.	CBO	Cancer, obesity	Robeson, Scotland	American Indians	\$191,600
Columbus County Health Department	LHD	Diabetes, obesity, heart disease, stroke	Columbus, Robeson	African American	\$191,600
Wayne County Health Department	LHD	HIV/AIDS and STDs, obesity	Wayne and surrounding	African American, Hispanic/Latinos	\$126,603
Piedmont Region					
Access Care	CCNC	Diabetes, heart disease	Alamance, Caswell, Chatham, Orange	African American	\$172,602
Wake County Medical Society-Community Health Foundation	CCNC	Cancer, diabetes, HIV/AIDS and STDs, obesity, heart disease, stroke, asthma	Wake and Johnston	African American	\$191,600
Opportunities Industrialization Center, Inc. – Rocky Mount	CBO	Cancer, diabetes, HIV/AIDS and STDs, obesity, heart disease, stroke, asthma	Nash, Edgecombe	African American, Hispanic/Latinos, American Indian	\$191,600
Scotland Community Health Clinic	CBO	Diabetes	Scotland and surrounding	African American, American Indian	\$133,713
Western Region					
Appalachian Regional Healthcare System	Hospital	Diabetes, obesity, heart disease, stroke	Avery, Watauga and surrounding	Hispanic/Latinos	\$161,880

Organization	Type	Focus Areas	Counties Served	Populations Served	Award Year 1
Buncombe County Department of Health	LHD	Cancer, diabetes, HIV/AIDS and STDs, obesity, heart disease, stroke, asthma	Buncombe	African American, Hispanic/Latinos	\$166,600
Western NC AIDS Project	CBO	HIV/AIDS and STDs	Avery, Buncombe, Cherokee, Clay, Cleveland and surrounding	African American, Hispanic/Latinos, American Indian	\$128,536
RAIN, Inc.	CBO	HIV/AIDS and STDs	Mecklenburg	African American, Hispanic/Latinos	\$125,820
TOTAL					\$1,973,754

Key:

CBO – Community Based Organization

FBO – Faith Based Organization

CCNC – Community Care of North Carolina Network

LHD – Local Health Department