



North Carolina Association  
of Free & Charitable Clinics

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# 2019 Annual Outcomes Survey

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**Results-Oriented Health Care for the Uninsured and Underinsured**

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## Health Gains Outcomes by Ethnicity and Race

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Tracking and measuring health gains outcomes is an integral part of the NCAFCC Annual Outcomes Survey and greatly contributes to the free and charitable clinic story. It goes beyond reporting number of patients and patient visits to demonstrating that free and charitable clinics deliver quality health care. The survey provides members the opportunity to enhance their quality of care and strengthen their position as safety-net providers.

The health gains outcomes section of the survey was originally developed for medical clinics that provide on-site primary chronic care management for diabetic and/or hypertensive patients. A separate part of the survey allows members that do not provide direct primary care an opportunity to demonstrate their distinct values and methods in promoting health gains. The outcome results for this report relates only to those members that provide direct primary chronic care management for diabetes and/or hypertension.

In 2019, members began to assess their patients' health gains outcomes by ethnicity and race. This process promotes population health management, assists in recognizing the varied needs of the communities served by free and charitable clinics and can lead to proactive actions to reduce disparity.

All reported outcomes measurements were from January 1 – December 31, 2019 dates of service. If a member did not measure health gains outcomes by ethnicity and race for 2019, outcome results were reported as unreported ethnicity and race. Health gains outcomes for diabetic patients were reported by 43 clinics and 44 clinics reported health gains outcomes for hypertensive patients.

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## Health Gains Outcomes by Ethnicity and Race

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### Ethnicity reported as:

- Hispanic/Latino – persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin.
- Non-Hispanic/Latino – patients indicating they are not Hispanic/Latino.

### Race reported as:

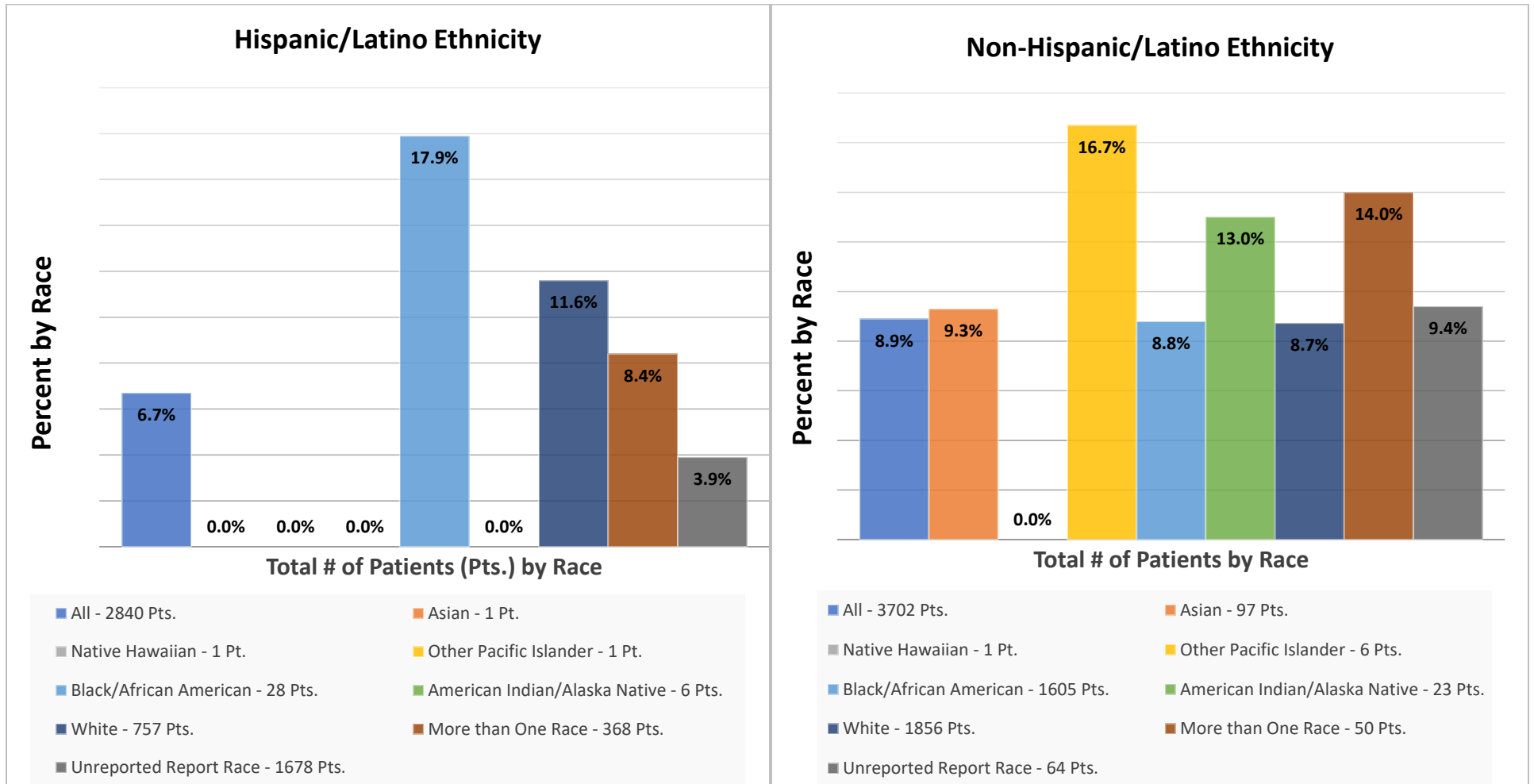
- Asian – origins in any of the original peoples of Asia, Southeast Asia, or Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Indonesia, Thailand, or Vietnam.
- Native Hawaiian – origins in any of the peoples of Hawaii.
- Other Pacific Islander – origins in any of the original peoples of Guam, Samoa, Tonga, Palau, Chuuck, Yap, Saipan, Kosrae, Ebeye, Pohnpei, or other pacific islands in Micronesia, Melanesia, or Polynesia.
- Black or African American – origins to people of Africa.
- American Indian/Alaska Native – origins to any of the original peoples of North or South America (including Central America) and who maintain tribal affiliation of community attachment.
- White – origins to people in Europe, Middle East, or North Africa.
- More than One Race – patient reports more than one race. If the patient did not report ethnicity, reported as unreported/refused to report race.

### Unreported/Refused to Report Race AND Ethnicity:

- Reported when patients did not report or refused to report race and ethnicity or when the clinic did not capture race and ethnicity.

# DIABETES OUTCOMES – A1c Control

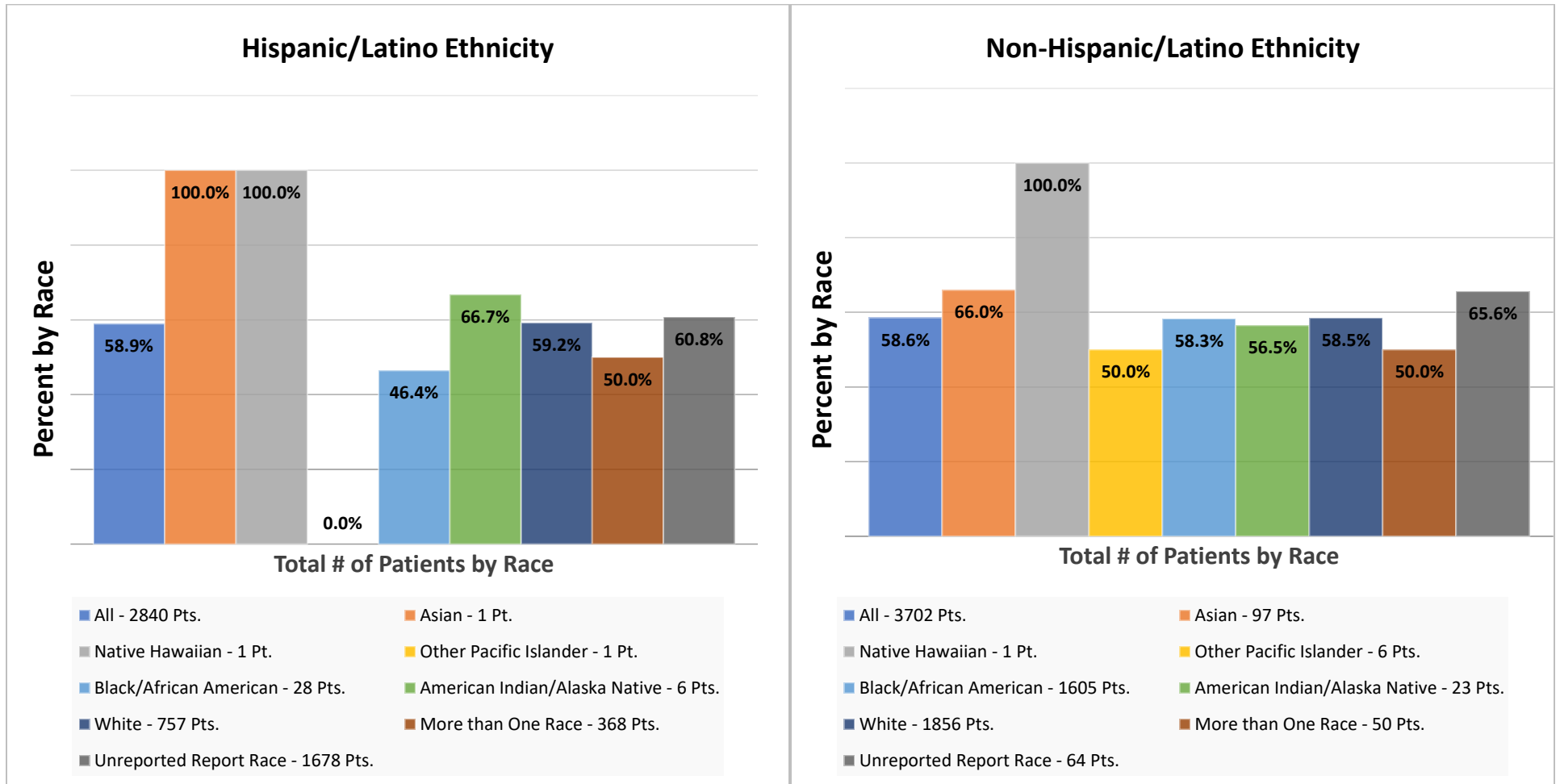
## Percent of patients with no A1c performed



If a bar is not displayed this indicates 0% of patients by race for this measurement

# DIABETES OUTCOMES – A1c Control

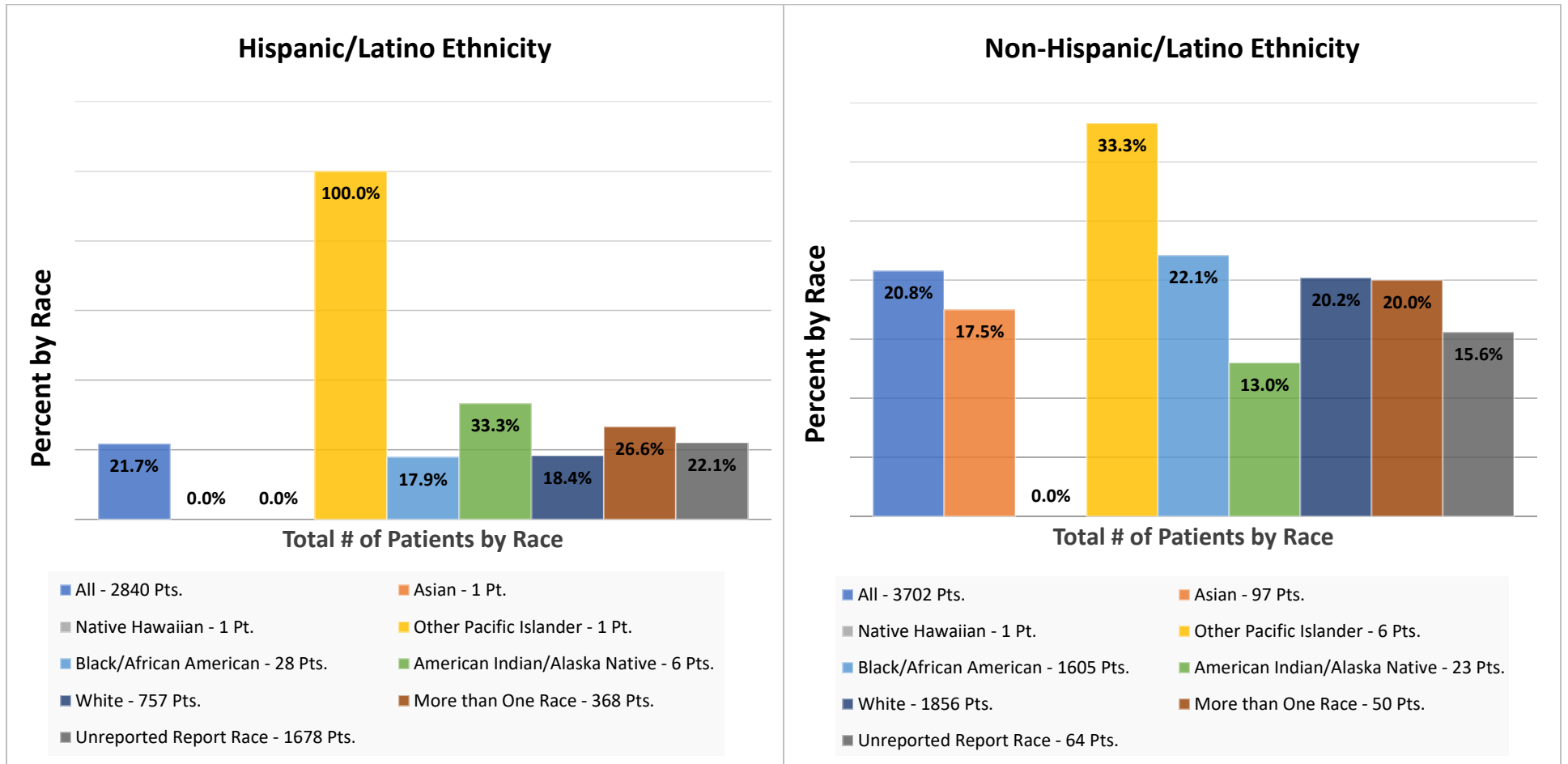
## Percent of patients most recent A1c level <8%



If a bar is not displayed this indicates 0% of patients by race for this measurement

# DIABETES OUTCOMES – A1c Control

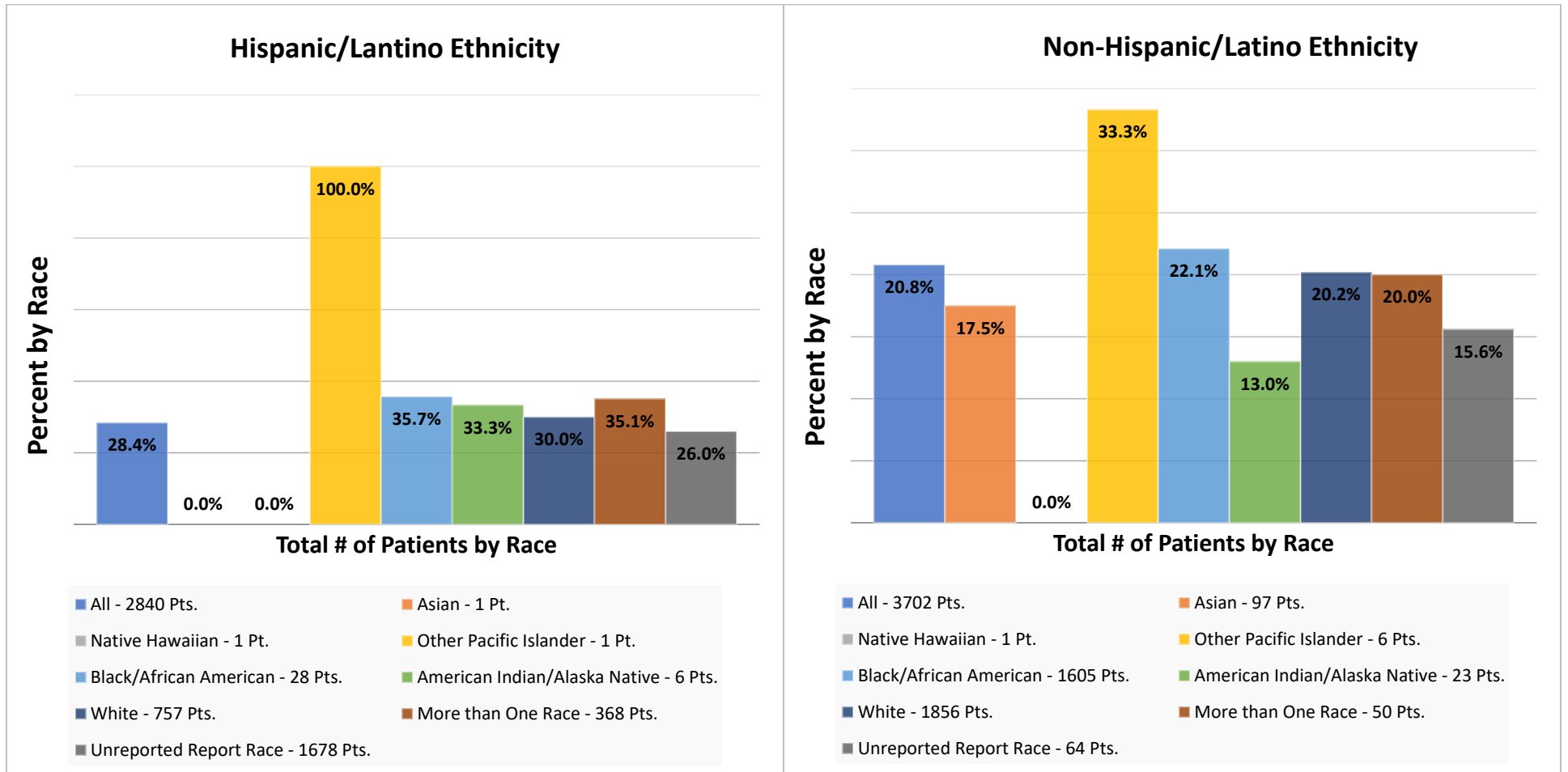
## Percent of patients most recent A1c level >9% (poor control)



If a bar is not displayed this indicates 0% of patients by race for this measurement

# DIABETES OUTCOMES – A1c Control

## Percent of patients recent A1c level >9% + No A1c performed (poor control)

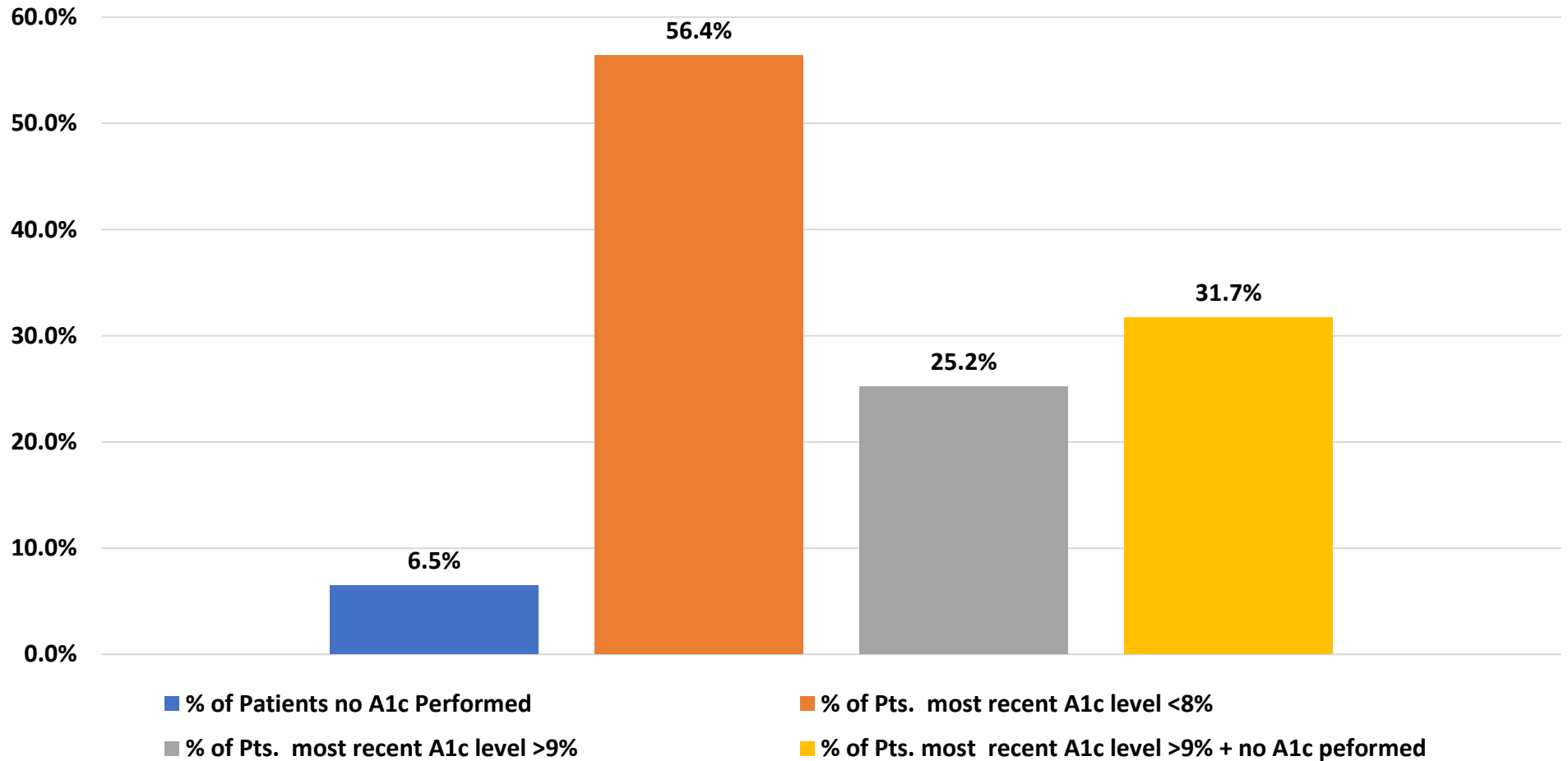


If a bar is not displayed this indicates 0% of patients by race for this measurement

# DIABETES OUTCOMES – A1c Control

## Unreported Ethnicity and Race

Total # of patients - 429

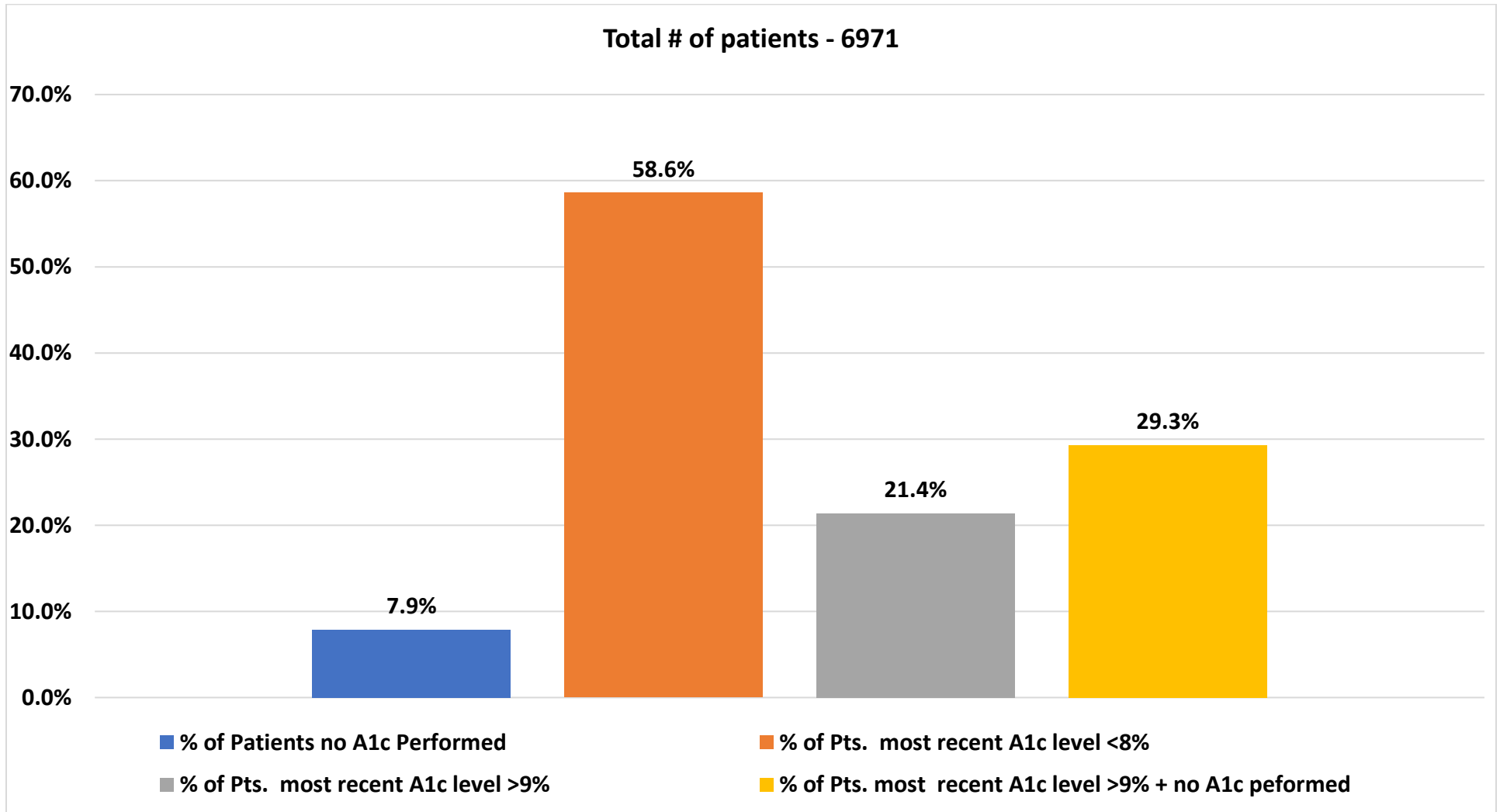




# DIABETES OUTCOMES – A1c Control

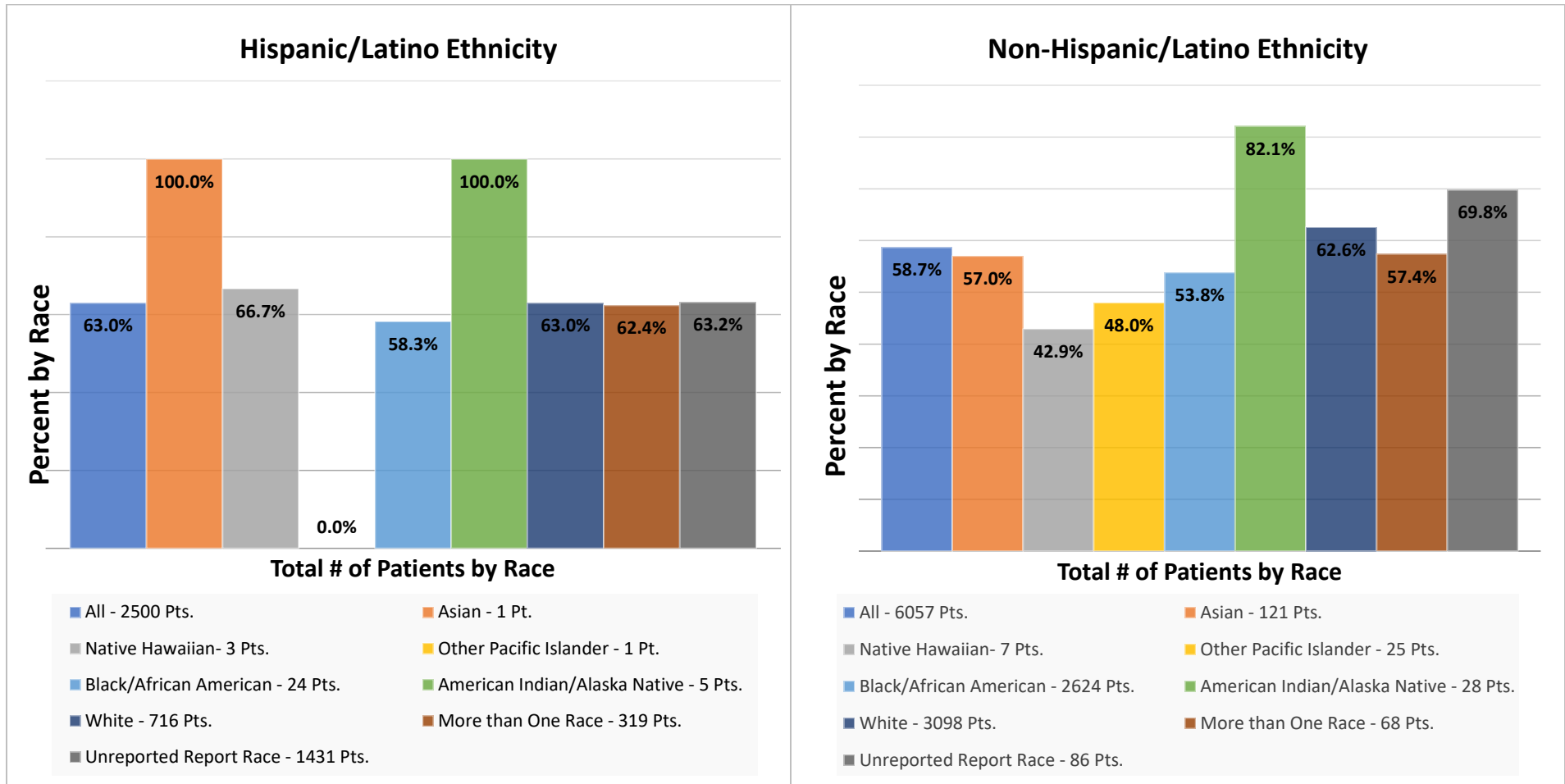
## 2019 Diabetes Control for All Diabetic Patients

Total # of patients - 6971



# HYPERTENSIVE OUTCOMES – Blood Pressure Control

## Percent of patients with BP < 140/90 during last visit

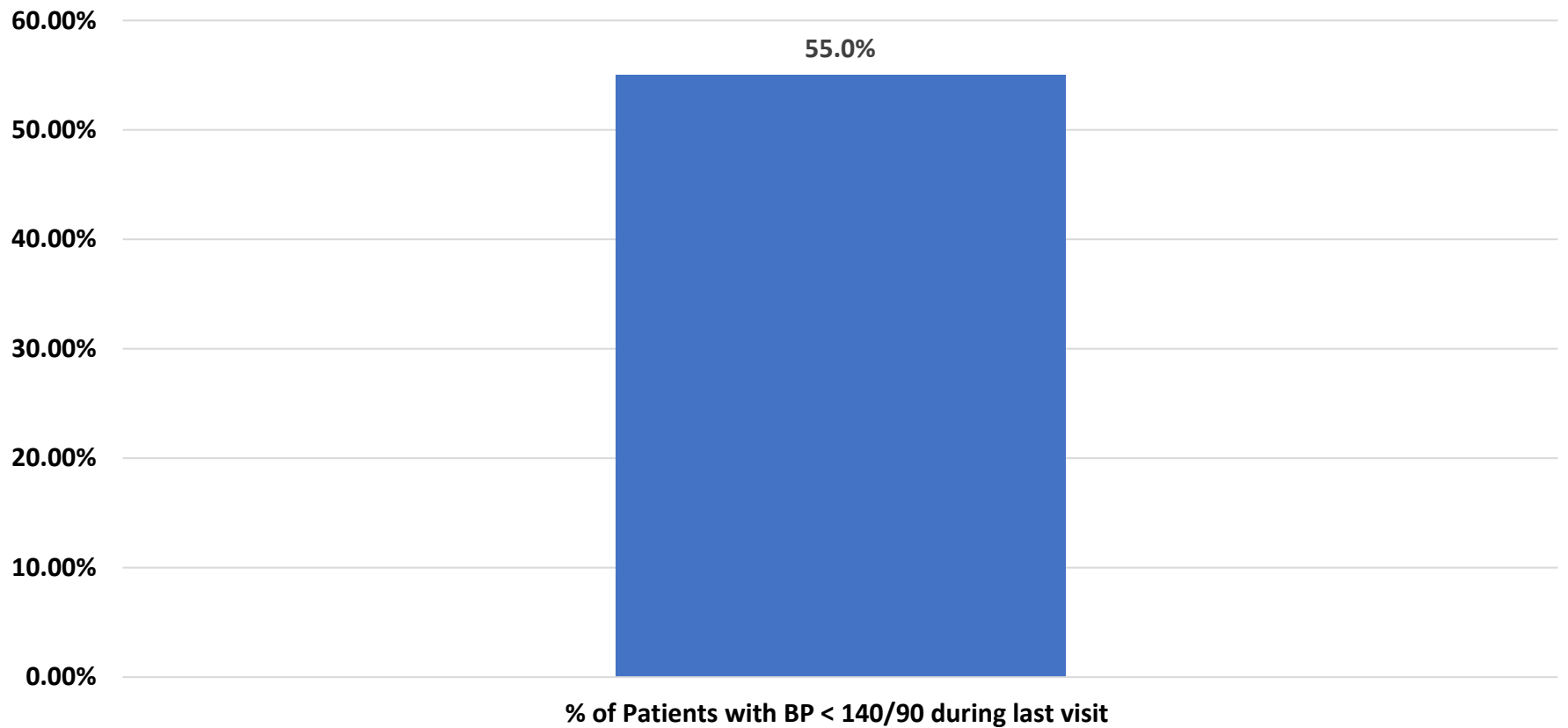


If a bar is not displayed this indicates 0% of patients by race for this measurement

# HYPERTENSIVE OUTCOMES – Blood Pressure Control

## Unreported Ethnicity and Race

Total # of patients - 469



# HYPERTENSIVE OUTCOMES – Blood Pressure Control

## 2019 Blood Pressure Control for All Hypertensive Patients

Total Patients - 9026

70.00%

60.00%

50.00%

40.00%

30.00%

20.00%

10.00%

0.00%

59.7%

% of Patients with BP < 140/90 during last visit

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## Now What?

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Ethnic and racial disparities in the quality of health care is well documented in the United States. Collecting data about patients' ethnicity and race is an essential first step for health care organizations to take in population health management and drive quality improvement strategies that potentially reduce disparity.

The Robert Wood Johnson Foundation brief **“Using Data to Reduce Disparities and Improve Quality: A Guide for Health Care Organizations”** recommends strategies that health care organizations can use to effectively organize and interpret race, ethnicity, and language data to improve equity for their patients. It is intended for organizations that have already collected and measured data by race and ethnicity and does not reference methodologies for collecting data.

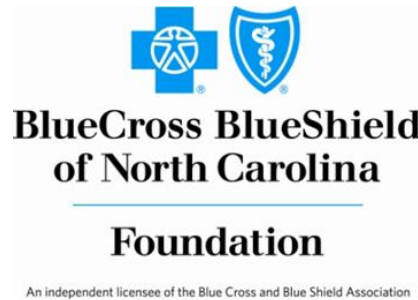
This brief is being made available as a resource to our members and may assist them in recognizing where disparities exist and why they may be occurring within their patient population. Control + Click below to follow the link and download the brief.



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## Major Funders

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Kate B. Reynolds  
Charitable Trust  
Investing in Impact





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