

Health Equity In Context

Cornell P. Wright, MPA
Executive Director,
Office of Minority Health and Health Disparities
N.C. Department of Health and Human Services



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

North Carolina Department of Health and Human Services



North Carolina Office of Minority Health and Health Disparities

Services and Initiatives

NC Minority
Diabetes
Prevention
Program
(MDPP)

Culturally and
Linguistically
Appropriate
Services
(CLAS)

Data and Publications

ncminorityhealth.org

Resources

Technical
Assistance
and
Consultation

Training and
Facilitation



Health Equity Leadership

Understanding Health Equity



Equality is a good thing, but...

Equality ≠ Equity

Equality refers to equal inputs, though the outcomes can still be unequal.

EQUALITY VERSUS EQUITY



In the first image, it is assumed that everyone will benefit from the same supports. They are being treated equally.



In the second image, individuals are given different supports to make it possible for them to have equal access to the game. They are being treated equitably.

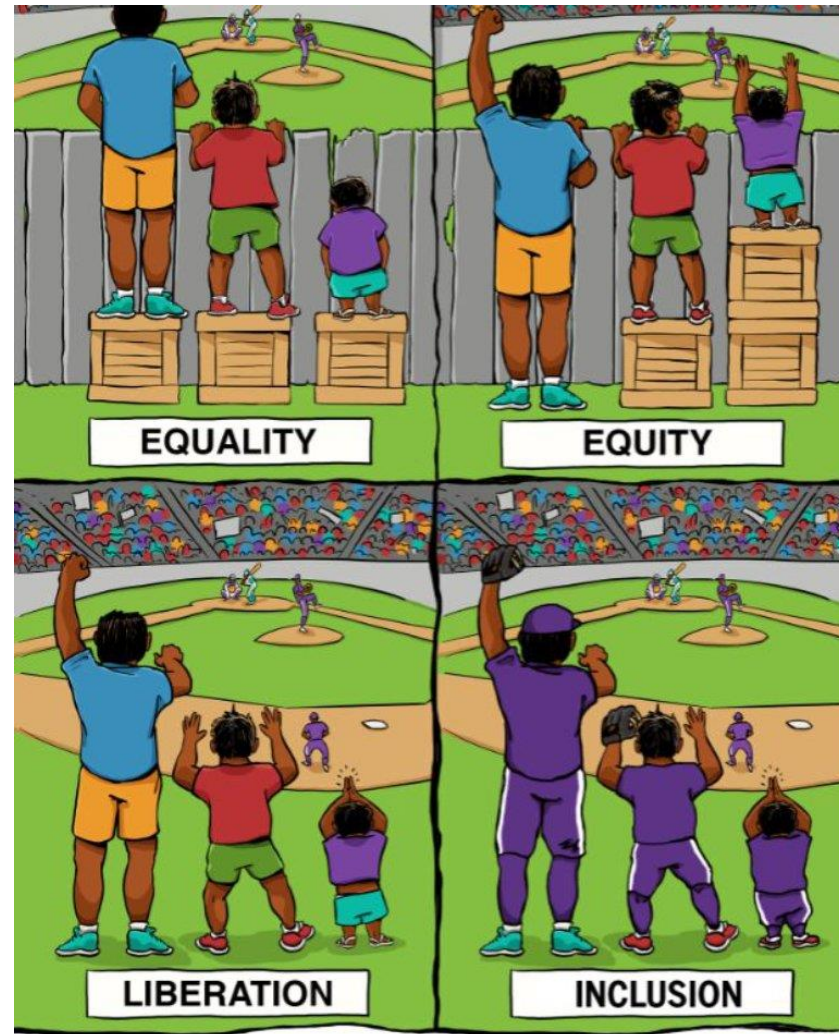


In the third image, all three can see the game without any supports or accommodations because the cause of the inequity was addressed. The systemic barrier has been removed.

With equity, inputs may need to be different to achieve equal outcomes.

Equality refers to **inputs**, equity to **outcomes**.

The Hidden Fences of Health Equity



**Inclusion means
involvement in the
process**

[The 4th Box](#)

Understanding Health Equity: Barriers

Commonly recorded barriers:

- **Access/Opportunity**
- **Transportation**
- **Workforce**
- **Financial**
- **Education**
- **Fear/Mistrust**
- **Myths/Misinformation**

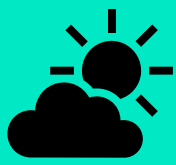


Understanding Health Equity: Barriers

Understanding Community Complexities:

- “Non-Compliance”
- “Frequent Flyers”
- “Color-Blind Care”
- Geographic Make-up
- Food Access
- Lack of Plain Language





ENVIRONMENTAL

- Air pollution
- Drinking water violations



EDUCATION

- High school graduation
- Some college
- Disconnected youth



HOUSING

- Severe housing issue
- Home ownership
- Rental homes



TRANSPORTATION

- Public transit options
- Reliable transportation
- Use of public transit

Social, Economic, Environmental, Ecological, & Cultural Factors can contribute to

DRIVERS & DETERMINANTS OF HEALTH



HEALTH CARE

- PCP ratio
- Dentist ratio
- Mental health ratio



FOOD & NUTRITION

- Food insecurity



VIOLENCE

- Homicide
- Firearm fatalities
- Violent crime



POVERTY

- Unemployment
- Percent below poverty line
- Median household income

What Influences Health Equity?

- **Policy**
National, State, Local Laws, Policies, Regulations
- **Community**
Relationships among Organizations
- **Organizational**
Organizations, Social Institutions
- **Interpersonal**
Family, Friends, Social Networks
- **Individual**
Genetics, Knowledge, Behavior





DHHS Response: Historically Marginalized Populations (HMP) Workgroup

Defining Historically Marginalized Populations (HMP):



- Individuals, groups, and communities that have historically and systematically been denied access to services, resources and power relationships across economic, political, and cultural dimensions as a result of systemic, durable, and persistent racism, discrimination and other forms of oppression
- Long standing and well documented structural marginalization has resulted in poor health outcomes, economic disadvantage, and increased vulnerability to harm and adverse social, political and economic outcomes
- Historically Marginalized Populations are often identified based on their **race, ethnicity, social economic status, geography, religion, language, sexual identity and disability status**

Leading with equity: We must earn trust

- Racism runs throughout our social, economic, and health care systems, causing unequal access to care, maltreatment, and neglect for historically marginalized communities. These longstanding and continuing racial and ethnic injustices in our health care system contribute to lack of trust in vaccines.
- North Carolina is drawing upon the experience and expertise of leaders from historically marginalized communities to develop and implement its vaccine plan.

Earn Trust from historically marginalized populations

- 1 **Engage leaders** from historically marginalized populations to inform how to earn trust
- 2 Identify and work with **trusted messengers** to share information about vaccines with people in historically marginalized communities.
 - Host **Fireside Chats** and **Cafecitos** to address concerns
 - Produce **PSAs** featuring trusted messengers
- 3 Invest in **media** trusted by historically marginalized communities
- 4 Leverage **Community Health Workers** to educate communities about the vaccines and address hesitancy through Town Halls, Q&A sessions, and Facebook live events and support for vaccine events and clinics, including calling registered patients & providing interpretation
- 5 Leverage the **Healthier Together initiative** to deploy regional health equity teams to work with individuals, community-based organizations, and vaccine providers to identify and eliminate barriers to vaccination among historically marginalized populations

Vision and Mission for HMP in NC DHHS COVID-19 Program Response

Vision

To *decrease disparities* in rates of COVID infections and *improve outcomes* for Historically Marginalized Populations from COVID-19 and beyond

Mission


To *protect Historically Marginalized Populations* from:

- COVID infection
- complications when infected
- transmission to others by investing in and directing resources towards
 - (1) *Prevention*
 - (2) *Testing*
 - (3) *Contact tracing/Case Investigation*
 - (4) *Wraparound services*
 - (5) *Behavioral health*
 - (6) *Community-based organizations serving HMP have access to state resources to support their communities*





DHHS Historically Marginalized Populations Workgroup

- Cross-department leadership team
 - NC Office of Minority Health
 - Governor's Council on Hispanic/Latino Affairs
 - Governor's Indian Affairs Commission
 - Advocacy organizations
 - Community Based Organizations
 - Academic Institutions
 - Health care providers
 - County health departments and agencies
- 

Workstreams for Historically Marginalized Populations Workgroup

- 1 Prevention**
- 2 Testing and Screening**
- 3 Community Engagement**
- 4 Health Equity Education and Empowerment**
- 5 Economic Opportunity and Employment Equity**

Toolkit for Partner Organizations

- Describes how partner organizations can help engaging with HMP organizations and groups by earning/sustaining trust and meeting people where they are
- Providers and leaders can get ideas on how to build meaningful partnerships at state and local levels
- The toolkit is free and shareable to all

[HMP Engagement Toolkit \(ncminorityhealth.org\)](https://ncminorityhealth.org)

Historically Marginalized Populations Engagement Toolkit

FOR HEALTHCARE SYSTEMS & PROVIDERS





Looking Ahead

Don't wait to vaccinate.

- Nearly all new COVID-19 cases are in people who are not fully vaccinated.
- Unvaccinated people are vulnerable to the more contagious and dangerous Delta variant of COVID-19 that is spreading across North Carolina.
- Places with low vaccination rates are seeing increased COVID-19 cases, hospitalizations and deaths. Younger people are making up most of the cases.
- Even if you have a mild case of COVID-19, you may struggle with long-term effects like shortness of breath, chest pain, and brain fog.
- All of these are preventable with vaccination.
- Serious side effects from COVID-19 vaccines are extremely rare, temporary and treatable.

VACCINE APPROVAL OUTLOOK



BOOSTERS

BOOSTERS

BOOSTERS

5-11

Which vaccine manufacturers have submitted their packets for review?



When will FDA meet to discuss the packets submitted?



9/17/21



10/14/21



10/15/21



10/26/21

FDA Emergency Use Authorization



9/22/21



10/21/21



10/21/21



TBD

ACIP/CDC Recommendation



9/24/21



10/20-10/21/21



10/20-10/21/21



11/2-11/3/21

Approval Details

Full approval 6 months after primary series:

- 65+
- Long-term care residents
- 18+ with underlying medical conditions
- 18-64 years and work in high-risk settings like healthcare workers, teachers and childcare providers, or food workers

Full approval 6 months after primary series:

- 65+
- Long-term care residents
- 18+ with underlying medical conditions
- 18-64 and work in high-risk settings like healthcare workers, teachers and childcare providers, or food workers

Full approval 2 months after first dose for:

- Adults 18+

No recommendation at this time

BOOSTERS – MIX AND MATCH

J&J Booster:

- Booster approved for **18+** years of age
- **At least 2 months** after completion of single dose

Moderna Booster:

- Booster approved for **65+ and high-risk individuals 18-64** years of age
- **At least 6 months** after primary series completion
- Booster shot is a **smaller dose than what was given for the primary series**

Pfizer Booster:

- Booster approved for **65+ and high-risk individuals 18-64** years of age
- **At least 6 months** after primary series completion

Individuals are now able to receive any brand of COVID-19 vaccine for their booster shot.

- Some people may have a preference for the vaccine type that they originally received and others may prefer to get a different booster
- Limited preliminary evidence suggests that booster doses of one of the two mRNA vaccines—Moderna or Pfizer-BioNTech—more effectively raise antibody levels than a booster dose of the Johnson and Johnson vaccine.
- **NCDHHS encourages individuals to speak with a medical professional if they have questions about what booster is right for them.**

Finding Your Spot

To find a vaccine location near you:

**CALL THE COVID-19
VACCINE HELP CENTER**

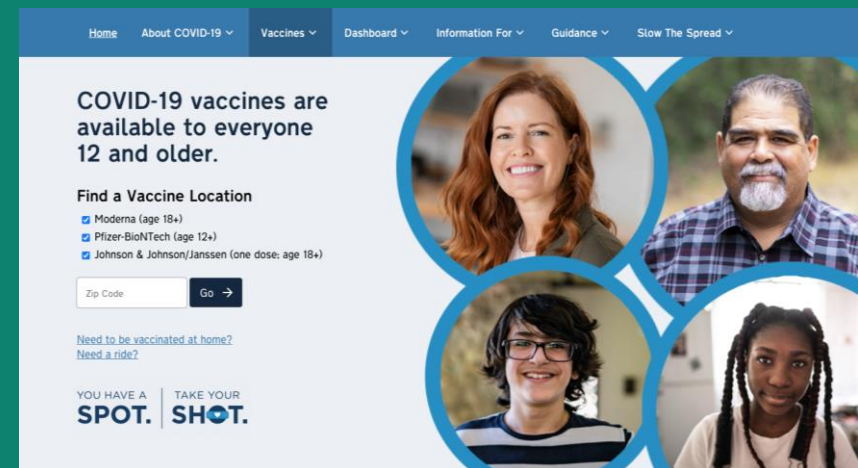
1-888-675-4567

Monday-Friday (7am-7pm)
Saturday-Sunday (9am-4pm)

English and Spanish speaking agents are always available and additional languages are supported through the language line.

**USE THE FIND A VACCINE
LOCATION TOOL**

MySpot.nc.gov



Testing

Be Sure. Get Tested for COVID-19.

With the more dangerous Delta variant spreading fast, anyone who has symptoms of COVID-19 or has been exposed to COVID-19 should get tested.

It has never been easier or faster to get tested. If you need a test, you can:

Visit a no-cost
community
testing event

Visit a nearby
test site

Pick up an at-
home test at a
local pharmacy,
where available

Request a
no-cost
COVID-19 test
home collection kit

Call a health
care provider

For more information about testing options, visit ncdhhs.gov/GetTested.

Treatment: Monoclonal Antibodies (mAbs)

- Monoclonal antibodies (mAbs) are made in a laboratory to fight a particular infection—in this case, the virus that causes COVID-19—and are given to patients directly with an infusion or a shot.
- Monoclonal antibodies (mAbs) treatment can reduce the amount of the COVID-19 virus in a person's body, which may lead to less severe symptoms or the odds of having to go to the hospital.
- **All high-risk adults and high-risk youth ages 12+ who weigh at least 88 pounds may be eligible for treatment. You must get the treatment within 10 days of your first symptoms (like cough or fever).**
- Ask your doctor about Monoclonal Antibodies or call the *Combat COVID Monoclonal Antibodies Call Center* at [1-877-332-6585](tel:1-877-332-6585) (English) or [1-877-366-0310](tel:1-877-366-0310) (Spanish).

What are monoclonal antibodies?

While vaccines offer the best protection from COVID-19, treatment options are available. Monoclonal antibodies fight the virus that causes COVID-19. If taken early, they can help you have milder symptoms by reducing the amount of virus in your body.

For more information:
covid19.ncdhhs.gov/treatment



Resources

Vaccine Location Finder: www.MySpot.nc.gov

At-Home Vaccine Providers:
<https://covid19.ncdhhs.gov/vaccines/home-vaccine-providers>

NCDHHS Video Library:
<https://covid19.ncdhhs.gov/video-library>

Teen Vaccine Information: www.TeenVaxFacts.com

mAbs Treatment: <https://covid19.ncdhhs.gov/treatment>

General Information, Guidance and Updates on COVID-19: <https://covid19.ncdhhs.gov/>

Know your 3 Ws!



WEAR
a cloth mask over
your nose and mouth.



WAIT
6 feet apart. Avoid
close contact.



WASH
your hands or
use hand sanitizer.

Incorporating Health Equity

“Health Equity is not the sole responsibility of one individual or one agency, but is the collective responsibility of us all to do better, be better, and help others...”

N.C. Office of Minority Health and Health Disparities



Contact Information

North Carolina Office of Minority Health and Health Disparities

- **Email:** hmp@dhhs.nc.gov
- **Phone:** (919) 707-5040
- **Website:** www.ncminorityhealth.org

Appendix

Key Terms and Definitions

Health Equity is the opportunity for everyone to have good health.

Health Inequities are the unfair differences that prevent everyone from the opportunity to have good health.

Health Disparities are the measureable differences or gaps seen in one group's health status in relation to another or other group(s).

Drivers and Determinants of health are factors that can greatly influence the health and quality of life of individuals, populations, and communities (including social, economic, environmental, ecological, and cultural factors).

Key Terms and Definitions

Food Deserts are areas with low access to supermarkets and/or large grocery stores.

Food Swamps are areas with little to no access to healthy food options.

Food Affluence is when an area has an abundance of access to quality food options.

Food Disinvestment is the intentional denial of access to healthy food options.

Health in all Policies is an approach to improving health by incorporating health considerations into decision-making across sectors and policy areas.

Health Equity in all Policies is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas.

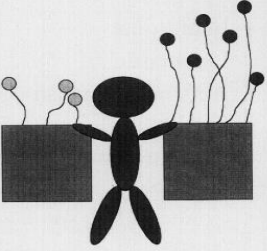
Levels of Racism: A Theoretic Framework and a Gardener's Tale

Dr. Jones shares a simple yet remarkably profound allegory that she grew and nurtured to help people come to a place of understanding about the many layers and nuances of **institutionalized**, **personally-mediated**, and **internalized racism**.



Camara Phyllis Jones,
MD, MPH, PhD
Past-President
American Public Health
Association (APHA)

Who is the gardener?

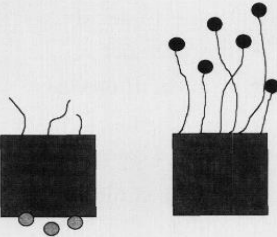


- Government
- Power to decide
- Power to act
- Control of resources

Dangerous when

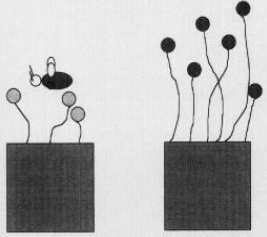
- Allied with one group
- Not concerned with equity

Personally mediated racism



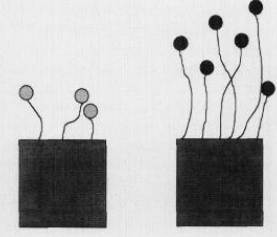
- Intentional
- Unintentional
- Acts of commission
- Acts of omission
- Maintains structural barriers
- Condoned by societal norms

Internalized racism



- Reflects systems of privilege
- Reflects societal values
- Erodes individual sense of value
- Undermines collective action

Institutionalized racism



- Initial historical insult
- Structural barriers
- Inaction in face of need
- Societal norms
- Biological determinism
- Unearned privilege

Addressing Racism: Trauma and Health

Trauma and Health (Media):

- [When black death goes viral, it can trigger PTSD-like trauma](#)
- [Higher Stress Among Minority and Low-Income Populations Can Lead to Health Disparities, Says Report](#)
- [Race/ethnic differences in exposure to traumatic events, development of post-traumatic stress disorder, and treatment-seeking for post-traumatic stress disorder in the United States](#)
- [Adverse Childhood Experiences \(ACES\)](#)



Addressing Racism: Bias

Why Talented Black and Hispanic Students Can Go Undiscovered

“Public schools are increasingly filled with black and Hispanic students, but the children identified as “gifted” in those schools are overwhelmingly white and Asian...”



RACIAL AND ETHNIC HEALTH DISPARITIES IN NORTH CAROLINA

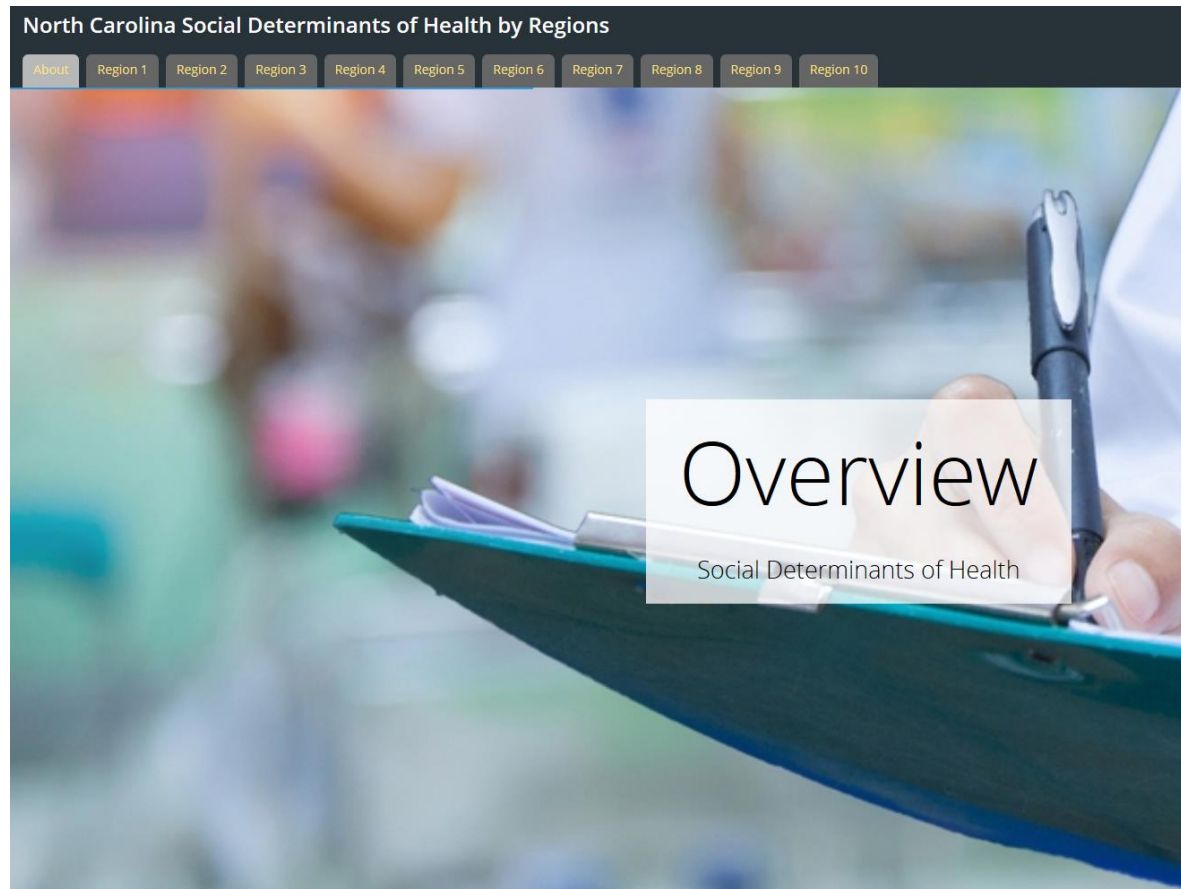
NORTH CAROLINA HEALTH EQUITY REPORT 2018



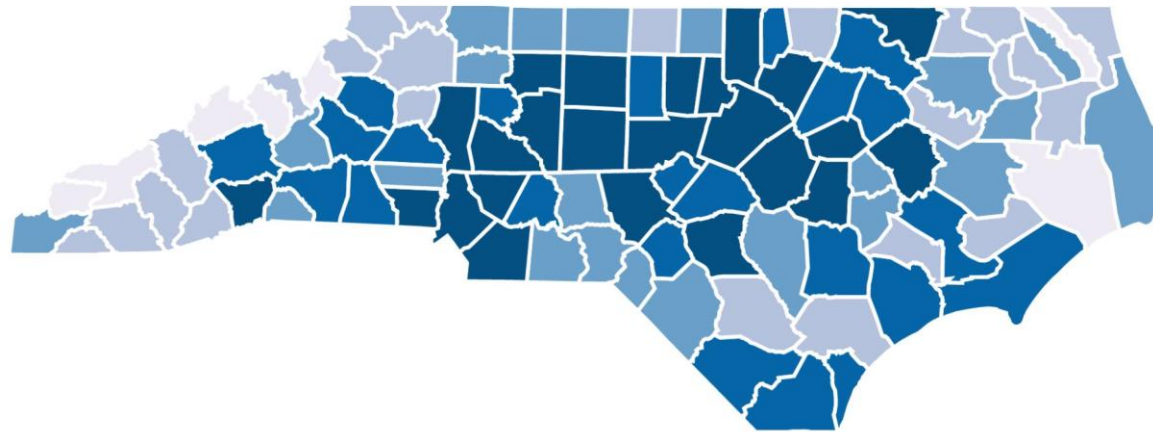
NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Office of Minority Health
and Health Disparities



Incorporating Health Equity: NC SDOH Interactive Map



Incorporating Health Equity: NC COVID19 Dashboard



Incorporating Health Equity:



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Research Article | INVITED COMMENTARIES AND SIDEBARS

In Search of Equity

Cornell P. Wright

North Carolina Medical Journal May 2021, 82 (3) 203-207; DOI: <https://doi.org/10.18043/ncm.82.3.203>

[Article](#)

[References](#)

[Info & Metrics](#)

[PDF](#)

North Carolina initiatives, including the establishment of the Office of Minority Health and Health Disparities in the North Carolina Department of Health and Human Services, have the common goal of eliminating disproportionate mortality and other adverse impacts of social and economic drivers of health among the state's historically marginalized populations.

Incorporating Health Equity

#WhatIfMCH #ColorPurpleRain

A TEDxTalk Presentation about Maternal Child Health that explores the historical context of sexual violence, sexual expression, and formally introduces the notion of sexual health equity – presented by Cornell P. Wright, MPA at TEDxUNC on January 17, 2017 and based off the original presentation “From Color Purple to Purple Rain...” that was presented in September 2016.

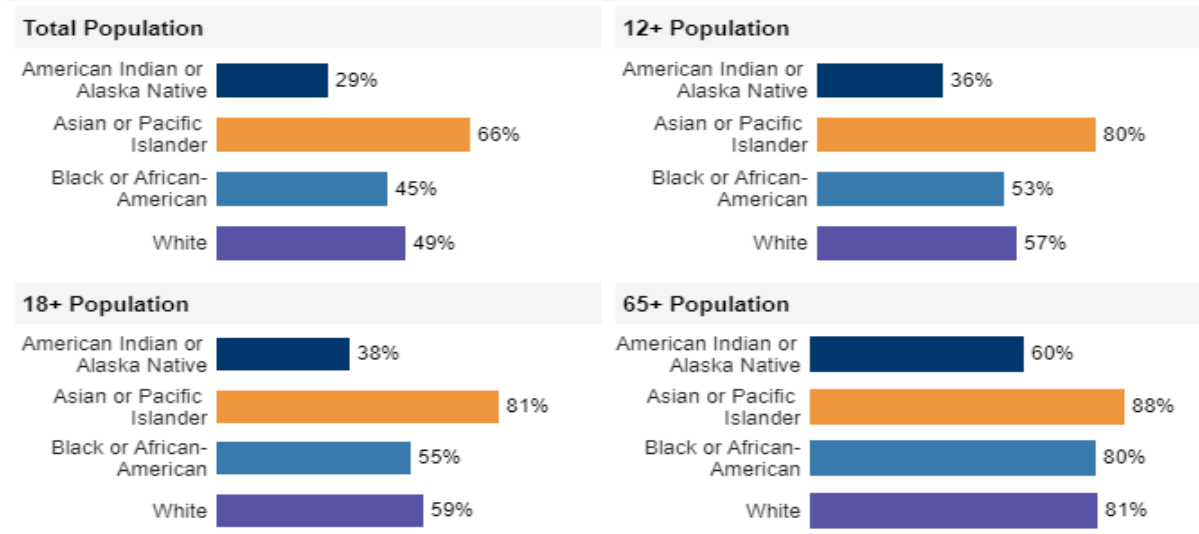


Cumulative Vaccination Rates by Race, Ethnicity

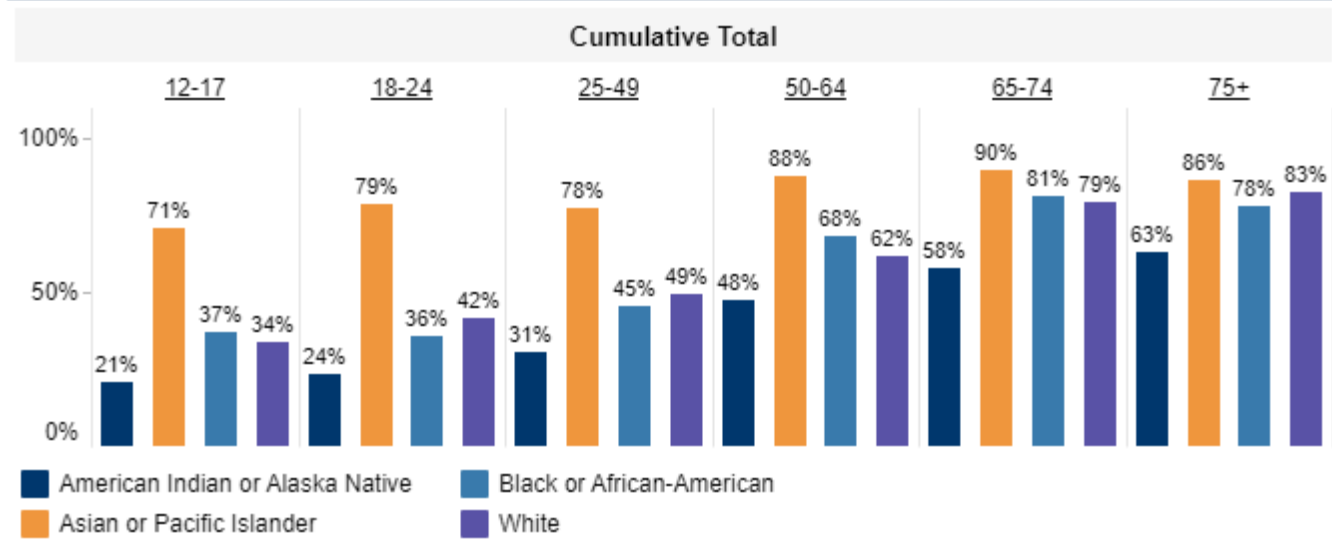
People Vaccinated with at Least One Dose – Race

This is a cumulative view of the percent of the population with at least one dose broken out by race and age. Data as of 10/24/2021.

By Race – Percent of Population Vaccinated with at Least One Dose



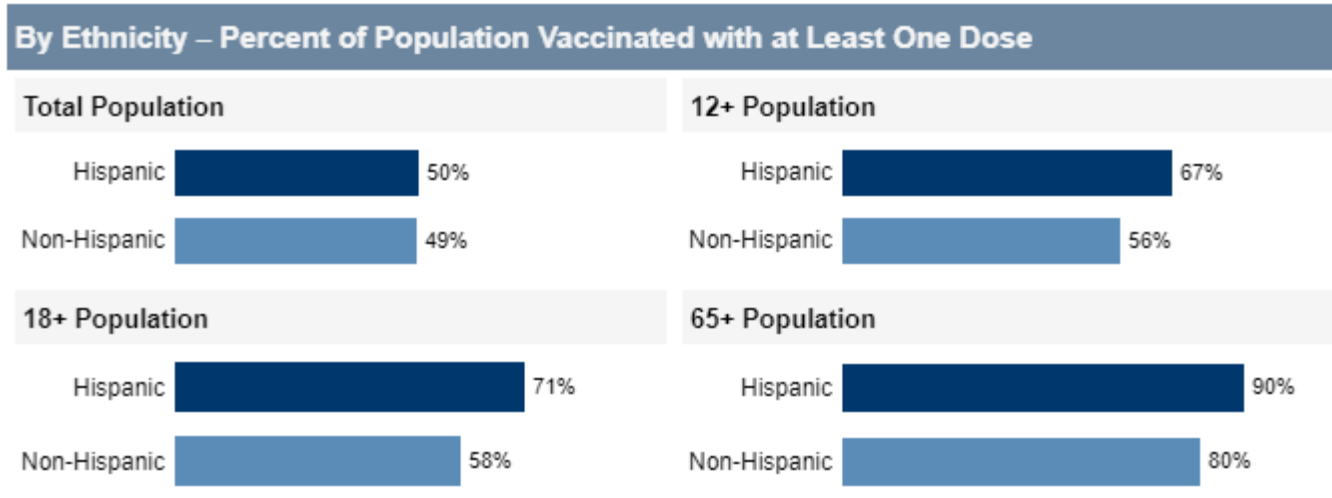
By Race and Age Group- Percent of Population Vaccinated with at Least One Dose



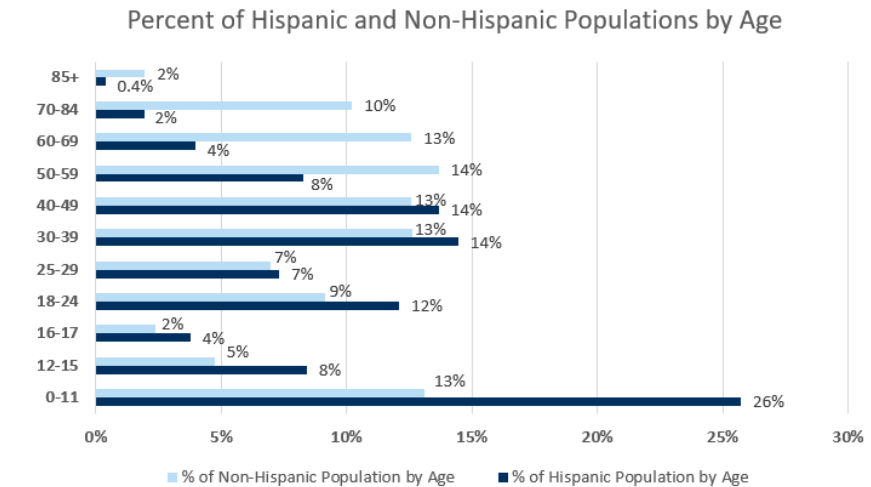
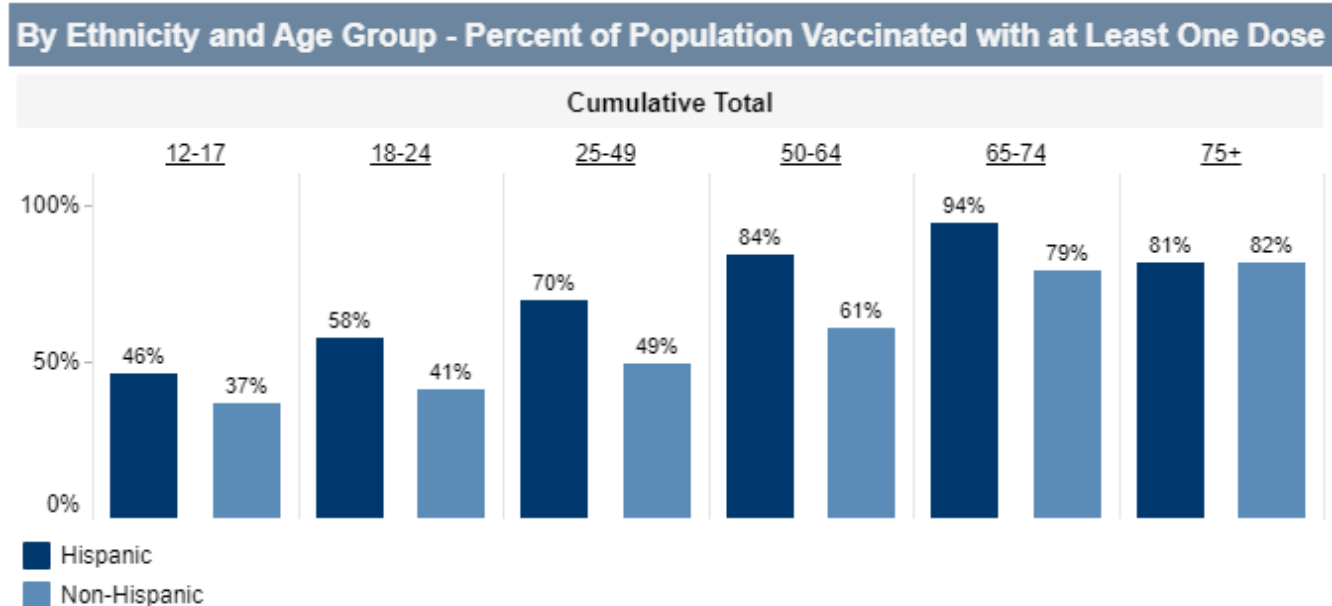
Note: Data does *not* include federal entity administrations.

People Vaccinated with at Least One Dose – Ethnicity

This is a cumulative view of the percent of the population with at least one dose broken out by ethnicity and age. Data as of 10/24/2021.



Note: The percent of 12+ Hispanic individuals vaccinated with at least one dose is substantially higher than vaccination rates for the total population. This is because the rate displayed is adjusted to exclude younger age groups not yet eligible to be vaccinated. Since a large proportion of the NC Hispanic population is younger, this age adjustment provides a more accurate picture of vaccination rates as a larger proportion of the total Hispanic population is younger and not yet eligible for vaccination.



Note: Data does *not* include federal entity administrations.

County Performance – First Dose %

County Performance – American Indian or Alaskan Native

Ranking is based on % of 12+ population with at least one dose as of 10/24/2021

Do not share

TOP 10

County	American Indian or Alaskan Native at Least One Dose % Over 12	American Indian or Alaskan Native County Population Over 12
CLEVELAND COUNTY	65.2%	328
TRANSYLVANIA COUNTY	60.9%	133
WILKES COUNTY	60.1%	238
MECKLENBURG COUNTY	59.3%	7,633
DARE COUNTY	59.3%	167
DAVIE COUNTY	59.3%	248
NEW HANOVER COUNTY	58.6%	1,201
ORANGE COUNTY	58.1%	833
HALIFAX COUNTY	55.9%	1,780
PITT COUNTY	52.6%	862

BOTTOM 10

County	American Indian or Alaskan Native at Least One Dose % Over 12	American Indian or Alaskan Native County Population Over 12
SWAIN COUNTY	4.0%	3,610
JACKSON COUNTY	4.1%	3,341
GRAHAM COUNTY	5.9%	561
TYRRELL COUNTY	8.8%	34
DUPLIN COUNTY	10.9%	671
CHEROKEE COUNTY	12.0%	458
GREENE COUNTY	13.0%	386
CALDWELL COUNTY	13.6%	448
MCDOWELL COUNTY	15.9%	321
PERQUIMANS COUNTY	16.1%	62

TOP 10 OVER 1K

County	American Indian or Alaskan Native at Least One Dose % Over 12	American Indian or Alaskan Native County Population Over 12
MECKLENBURG COUNTY	59.3%	7,633
NEW HANOVER COUNTY	58.6%	1,201
HALIFAX COUNTY	55.9%	1,780
WAKE COUNTY	48.5%	7,567
CABARRUS COUNTY	47.4%	1,298
WARREN COUNTY	47.0%	1,018
UNION COUNTY	46.9%	1,339
DURHAM COUNTY	46.5%	2,486
GASTON COUNTY	44.9%	1,175
GUILFORD COUNTY	44.4%	3,550

BOTTOM 10 OVER 1K

County	American Indian or Alaskan Native at Least One Dose % Over 12	American Indian or Alaskan Native County Population Over 12
SWAIN COUNTY	4.0%	3,610
JACKSON COUNTY	4.1%	3,341
SAMPSON COUNTY	18.3%	1,996
ALAMANCE COUNTY	19.7%	2,086
HARNETT COUNTY	21.1%	2,127
RICHMOND COUNTY	21.6%	1,232
RANDOLPH COUNTY	21.6%	1,467
HOKE COUNTY	21.8%	4,465
ONSLOW COUNTY*	26.6%	1,697
CUMBERLAND COUNTY*	29.4%	5,651

Note: Data does *not* include federal entity administrations.

* Counties with significant federal entity data

County Performance – Asian or Pacific Islander

Ranking is based on % of 12+ population with at least one dose as of 10/24/2021

Do not share

TOP 10

County	Asian or PI at Least One Dose % Over 12	Asian or PI County Population Over 12
WASHINGTON COUNTY	105.3%	38
DARE COUNTY	97.5%	315
DAVIE COUNTY	94.7%	319
WAKE COUNTY	93.3%	74,601
WARREN COUNTY	91.5%	82
CABARRUS COUNTY	88.6%	8,457
UNION COUNTY	85.0%	7,534
ORANGE COUNTY	83.3%	10,775
NASH COUNTY	82.4%	925
NORTHAMPTON COUNTY	82.1%	56

BOTTOM 10

County	Asian or PI at Least One Dose % Over 12	Asian or PI County Population Over 12
GREENE COUNTY	21.4%	131
ALLEGHANY COUNTY	28.8%	73
GATES COUNTY	29.2%	48
HYDE COUNTY	30.0%	30
DUPLIN COUNTY	30.5%	534
POLK COUNTY	33.1%	166
CLAY COUNTY	34.0%	50
CHEROKEE COUNTY	36.1%	205
CHOWAN COUNTY	37.7%	138
COLUMBUS COUNTY	37.9%	290

TOP 10 OVER 1K

County	Asian or PI at Least One Dose % Over 12	Asian or PI County Population Over 12
WAKE COUNTY	93.3%	74,601
CABARRUS COUNTY	88.6%	8,457
UNION COUNTY	85.0%	7,534
ORANGE COUNTY	83.3%	10,775
DURHAM COUNTY	82.0%	16,671
FORSYTH COUNTY	78.1%	9,116
MECKLENBURG COUNTY	78.1%	61,017
GUILFORD COUNTY	74.4%	24,445
JOHNSTON COUNTY	74.1%	2,003
ALAMANCE COUNTY	72.1%	2,807

BOTTOM 10 OVER 1K

County	Asian or PI at Least One Dose % Over 12	Asian or PI County Population Over 12
HARNETT COUNTY	39.4%	1,873
ONslow COUNTY*	40.8%	5,120
BURKE COUNTY	47.1%	3,287
CUMBERLAND COUNTY*	50.6%	10,286
MOORE COUNTY	51.5%	1,595
STANLY COUNTY	54.0%	1,197
WAYNE COUNTY*	55.8%	1,744
CRAVEN COUNTY*	56.6%	2,786
HENDERSON COUNTY	56.8%	1,577
ROWAN COUNTY	57.0%	1,625

Note: Data does not include federal entity administrations.

* Counties with significant federal entity data

County Performance – Black or African American

Ranking is based on % of 12+ population with at least one dose as of 10/24/2021

Do not share

TOP 10

TOP 10 OVER 10K

County	Black or AA at Least One Dose % Over 12	Black or AA County Population Over 12
MITCHELL COUNTY	80.9%	131
HYDE COUNTY	65.8%	1,214
ORANGE COUNTY	63.1%	15,991
JONES COUNTY	59.6%	2,526
ALAMANCE COUNTY	59.5%	30,507
WARREN COUNTY	59.5%	9,011
WAKE COUNTY	59.2%	202,435
CASWELL COUNTY	58.9%	6,693
GRAHAM COUNTY	58.6%	70
PERSON COUNTY	58.3%	9,361

County	Black or AA at Least One Dose % Over 12	Black or AA County Population Over 12
ORANGE COUNTY	63.1%	15,991
ALAMANCE COUNTY	59.5%	30,507
WAKE COUNTY	59.2%	202,435
VANCE COUNTY	57.9%	19,373
NASH COUNTY	57.5%	33,685
BEAUFORT COUNTY	57.4%	10,098
BERTIE COUNTY	57.3%	10,349
DURHAM COUNTY	56.5%	104,319
ROCKINGHAM COUNTY	55.8%	15,457
CLEVELAND COUNTY	55.5%	17,427

BOTTOM 10

BOTTOM 10 OVER 10K

County	Black or AA at Least One Dose % Over 12	Black or AA County Population Over 12
SWAIN COUNTY	11.8%	204
CLAY COUNTY	19.5%	159
MADISON COUNTY	22.0%	355
ASHE COUNTY	27.0%	300
YANCEY COUNTY	28.3%	205
POLK COUNTY	29.4%	857
JACKSON COUNTY	30.1%	1,060
AVERY COUNTY	31.6%	824
ALLEGHANY COUNTY	32.0%	200
ONslow COUNTY*	36.1%	27,646

County	Black or AA at Least One Dose % Over 12	Black or AA County Population Over 12
ONslow COUNTY*	36.1%	27,646
HOKE COUNTY	38.6%	16,986
HARNETT COUNTY	39.1%	25,942
CUMBERLAND COUNTY*	40.7%	113,324
ROWAN COUNTY	41.2%	20,507
DUPLIN COUNTY	44.1%	12,934
ANSON COUNTY	45.7%	10,349
RICHMOND COUNTY	46.1%	12,214
WAYNE COUNTY*	46.2%	34,139
IREDELL COUNTY	46.6%	19,465

Note: Data does *not* include federal entity administrations.

* Counties with significant federal entity data

County Performance – Hispanic or Latino

Ranking is based on % of 12+ population with at least one dose as of 10/24/2021

Do not share

TOP 10

County	Hispanic at Least One Dose % Over 12	Hispanic County Population Over 12
AVERY COUNTY	121.7%	710
TYRRELL COUNTY	107.4%	258
HYDE COUNTY	104.2%	382
ALLEGHANY COUNTY	99.3%	809
MACON COUNTY	95.7%	1,890
ORANGE COUNTY	90.9%	9,861
TRANSYLVANIA COUNTY	88.6%	874
NASH COUNTY	84.9%	5,050
DURHAM COUNTY	82.5%	32,111
ASHE COUNTY	81.5%	1,049

BOTTOM 10

County	Hispanic at Least One Dose % Over 12	Hispanic County Population Over 12
SWAIN COUNTY	24.6%	533
ONslow COUNTY*	24.6%	19,760
CAMDEN COUNTY	29.8%	262
CUMBERLAND COUNTY*	31.6%	31,085
PERQUIMANS COUNTY	33.9%	283
GATES COUNTY	34.2%	202
ANSON COUNTY	37.0%	798
HOKE COUNTY	37.4%	5,544
CRAVEN COUNTY*	38.3%	5,865
WASHINGTON COUNTY	38.4%	440

TOP 10 OVER 5K

County	Hispanic at Least One Dose % Over 12	Hispanic County Population Over 12
ORANGE COUNTY	90.9%	9,861
NASH COUNTY	84.9%	5,050
DURHAM COUNTY	82.5%	32,111
NEW HANOVER COUNTY	77.9%	10,043
SAMPSON COUNTY	75.5%	9,364
BUNCOMBE COUNTY	74.4%	13,565
GUILFORD COUNTY	74.2%	33,227
MECKLENBURG COUNTY	72.8%	114,835
WAKE COUNTY	72.5%	87,305
ALAMANCE COUNTY	69.4%	16,310

BOTTOM 10 OVER 5K

County	Hispanic at Least One Dose % Over 12	Hispanic County Population Over 12
ONslow COUNTY*	24.6%	19,760
CUMBERLAND COUNTY*	31.6%	31,085
HOKE COUNTY	37.4%	5,544
CRAVEN COUNTY*	38.3%	5,865
HARNETT COUNTY	48.0%	13,328
ROBESON COUNTY	51.4%	7,705
WAYNE COUNTY*	55.0%	10,862
DUPLIN COUNTY	55.3%	9,946
IREDELL COUNTY	56.1%	11,249
ROWAN COUNTY	56.3%	9,843

Note: Data does *not* include federal entity administrations.

* Counties with significant federal entity data

County Performance – White

Ranking is based on % of 12+ population with at least one dose as of 10/24/2021

Do not share

TOP 10

County	White at Least One Dose % Over 12	White County Population Over 12
DARE COUNTY	72.4%	31,286
ORANGE COUNTY	71.4%	103,243
WAKE COUNTY	69.7%	657,331
DURHAM COUNTY	67.0%	152,474
CHOWAN COUNTY	64.6%	7,836
HYDE COUNTY	64.3%	3,132
NEW HANOVER COUNTY	63.2%	173,996
BRUNSWICK COUNTY	62.9%	113,832
BUNCOMBE COUNTY	62.2%	210,100
MECKLENBURG COUNTY	61.6%	556,614

BOTTOM 10

County	White at Least One Dose % Over 12	White County Population Over 12
HOKE COUNTY	28.8%	22,247
ONslow COUNTY*	33.0%	127,592
CUMBERLAND COUNTY*	35.3%	148,617
GATES COUNTY	37.9%	6,667
DUPLIN COUNTY	38.7%	35,505
RUTHERFORD COUNTY	38.7%	51,765
HARNETT COUNTY	40.3%	82,137
WAYNE COUNTY*	40.4%	66,991
ROWAN COUNTY	41.0%	99,100
CAMDEN COUNTY	41.4%	7,869

TOP 10 OVER 40K

County	White at Least One Dose % Over 12	White County Population Over 12
ORANGE COUNTY	71.4%	103,243
WAKE COUNTY	69.7%	657,331
DURHAM COUNTY	67.0%	152,474
NEW HANOVER COUNTY	63.2%	173,996
BRUNSWICK COUNTY	62.9%	113,832
BUNCOMBE COUNTY	62.2%	210,100
MECKLENBURG COUNTY	61.6%	556,614
GUILFORD COUNTY	60.9%	267,857
FORSYTH COUNTY	59.8%	223,469
CARTERET COUNTY	58.0%	56,994

BOTTOM 10 OVER 40K

County	White at Least One Dose % Over 12	White County Population Over 12
ONslow COUNTY*	33.0%	127,592
CUMBERLAND COUNTY*	35.3%	148,617
RUTHERFORD COUNTY	38.7%	51,765
HARNETT COUNTY	40.3%	82,137
WAYNE COUNTY	40.4%	66,991
ROWAN COUNTY	41.0%	99,100
RANDOLPH COUNTY	43.0%	111,575
BURKE COUNTY	44.3%	70,036
STANLY COUNTY	45.2%	46,446
CALDWELL COUNTY	46.3%	66,951

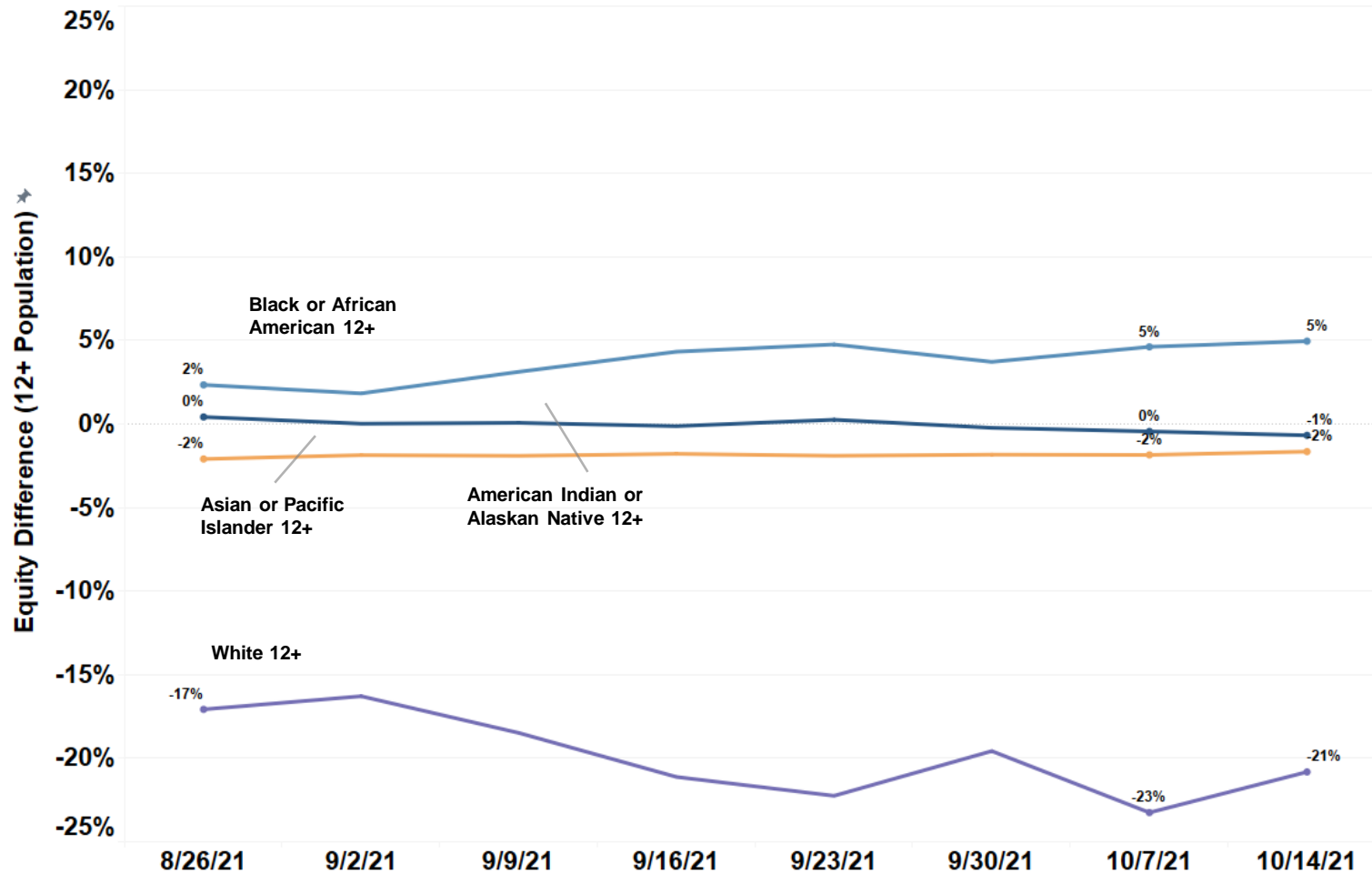
Note: Data does *not* include federal entity administrations.

* Counties with significant federal entity data

Additional Equity Views

Weekly Equity Difference - Race

Weekly equity differences are calculated by subtracting the percent makeup of the week's vaccination for each race from the percent of the general population. Data shown from August 26th – October 20th.

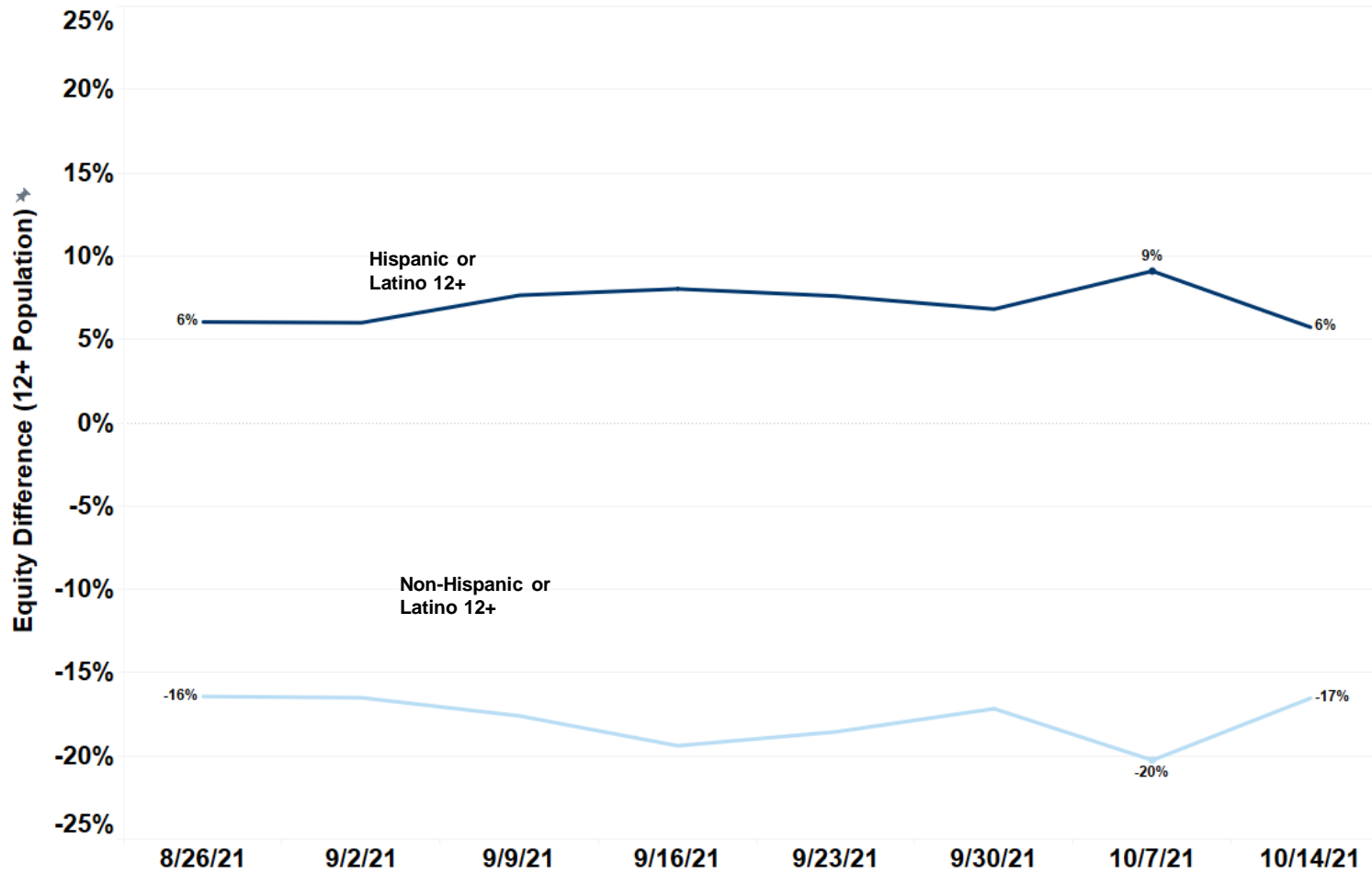


Data Note: Due to ongoing data quality investigations, doses administered from the Harris Teeter Pharmacy have been filtered from this chart. Harris Teeter Pharmacy makes up for 1.1% of all doses administered.

Note: Data does *not* include federal entity administrations.

Weekly Equity Difference - Ethnicity

Weekly equity differences are calculated by subtracting the percent makeup of the week's vaccination for each ethnicity from the percent of the general population. Data shown from August 26th – October 20th.



Data Note: Due to ongoing data quality investigations, doses administered from the Harris Teeter Pharmacy have been filtered from this chart. Harris Teeter Pharmacy makes up for 1.1% of all doses administered.

Note: Data does *not* include federal entity administrations.

Third Dose Race, Ethnicity Breakdowns

Third Dose Analysis – Administrations by Race

The tables below show third doses administered from 8/13/21-10/22/21

Race	Third Doses	% of Total Third Doses*	Population %
American Indian or Alaska Native	3,030	0.6%	1.7%
Asian or Pacific Islander	14,782	2.8%	3.5%
Black or African-American	66,316	12.6%	23.1%
White	388,679	74.1%	71.7%
Other	17,648	3.4%	-
Missing or Undisclosed	34,426	6.5%	-
Grand Total	524,881	100%	100%

Third Dose Analysis – Administrations by Ethnicity

The tables below show third doses administered from 8/13/21-10/22/21

Ethnicity	Third Doses	% of Third Doses*	Population %
Hispanic or Latino	13,182	2.5%	9.8%
Not Hispanic or Latino	424,079	80.8%	90.2%
Missing or Undisclosed	87,620	16.7%	-
Grand Total	524,881	100%	100%