

**PETITION FOR AN ADJUSTED NEED DETERMINATION FOR
ONE ADDITIONAL HOSPICE HOME CARE AGENCY IN MECKLENBURG COUNTY**

PETITIONER

Heart and Soul Hospice of the Carolinas, LLC
10106 Saffir Court
Mint Hill, North Carolina 28227

CONTACT

Kevin Allison
Chief Operating Officer
704-777-1407
kallison@heartnsoulhospice.com

STATEMENT OF REQUESTED ADJUSTMENT

Heart and Soul Hospice of The Carolinas, LLC (Heart’N Soul) respectfully petitions the State Health Coordinating Council (SHCC) to create an adjusted need determination in the *2024 State Medical Facilities Plan (SMFP)* for one hospice home care agency in Mecklenburg County focused on serving historically underserved racial and ethnic minority populations.

BACKGROUND

Heart’N Soul is a minority-owned and nationally recognized hospice provider that seeks to provide the utmost in culturally competent end-of-life-care for historically medically underserved racial and ethnic minority populations.¹ Specifically, Heart’N Soul is owned and operated by David Turner, Dr. Andre Lee, and Kevin Allison, DHA. Each of Heart’N Soul’s partners has extensive experience in the hospice industry. David Turner, the CEO and founder of Heart’N Soul’s existing agencies in Nashville, Tennessee and Renton, Washington, has been involved in the hospice industry since 2008. Prior to establishing the first Heart’N Soul agency in Nashville in 2021, David was the owner and operator of CNS Hospice in Troy, Michigan. Dr. Lee has been involved in hospital and hospice operations for over 35 years. Over the years he has been involved in helping establish hospice services devoted to increasing engagement with minority communities and providing culturally competent end-of-life care to minority and underserved populations. Dr. Allison, a native of Mecklenburg County and COO of Heart’N Soul, has more than a decade of experience as a health care administrator developing and implementing culturally impactful solutions for hospice and palliative care facilities across several states, including North Carolina.

Collectively, the leadership of Heart’N Soul has a proven track record of developing and operating hospice agencies focused on serving minority communities. Heart’N Soul has previously established similar agencies focused on serving minorities in other states, including a Community Health Accreditation Partner (CHAP) accredited hospice home care agency in Nashville, Tennessee and a recently opened agency in Seattle, Washington that is currently in the process of becoming CHAP accredited as well. CHAP accreditation demonstrates that home health, palliative care, and/or hospice programs meet or exceed the industry’s highest standards of care. Heart’N Soul understands and recognizes the important role that

¹ Source: <https://kffhealthnews.org/news/article/black-owned-hospice-end-of-life-care-disparities/>

culturally competent providers, particularly those with potentially similar life experiences, can serve in reducing health disparities and improving quality of life for terminally ill patients and their loved ones.

Reducing racial and ethnic disparities is a critical priority and is essential to delivering effective and equitable healthcare in Mecklenburg County. According to the National Hospice and Palliative Care Organization (NHPCO), increasing access in a community involves a commitment to inclusion that is fostered through the establishment of relationships within the community while recognizing, respecting, and valuing differences. Cultural diversity among healthcare providers is known to improve quality of care, build trust, enhance communication, and correct misunderstandings in an effort to reduce health disparities.²³

Heart’N Soul strives to ensure that each patient receives empathetic home-based hospice care in a manner befitting their culture, customs, and/or personal preference. Its hospice patients benefit from the culturally competent palliative care provided in the comfort of their own homes, and the quality of care and compassion that can be delivered for patients and their loved ones is unparalleled. Given the unique ethnic and racial make-up of the Mecklenburg County service area, Heart’N Soul strongly believes that the county is in need of, and would benefit from, the same culturally competent type of care they are delivering elsewhere.

The existing hospice home care agencies in Mecklenburg County are limited given the population of Mecklenburg County and are not driven by a focused mission to provide culturally competent care. Based on the *2024 Proposed SMFP*, the four existing hospice home care agencies in Mecklenburg County are collectively operated by only two providers – Novant operates one agency and Hospice and Palliative Care operates the other three agencies, two of which are located in Charlotte and one in Lake Norman.⁴ These four hospice home care agencies along with two inpatient hospice facilities provided a total 309,217 days of care in 2022. Notably, one provider, Hospice & Palliative Care single-handedly provided 251,763 days of care which is **81 percent** of the total hospice days of care in Mecklenburg County. While on the surface it may appear that there is an adequate number of hospice home care agencies, it is important to consider whether diversity in the delivery of care can be reliably achieved when there is a lack of diversity in providers. Mecklenburg County’s population diversity deserves to be adequately reflected in the availability of hospice home care agencies in the county. Additionally, it is remarkable to note that it has been at least 10 years since a hospice need determination existed in Mecklenburg County and this was for inpatient beds. It has been significantly longer, potentially 20 years or more since there has been a need determination in Mecklenburg County for a hospice home care agency. With a population well over one million and one of the fastest growing counties in the state, Mecklenburg County has experienced no change in the number of hospice home care providers that could help address the growing need for culturally competent end-of-life care relative to the increasing number of elderly minorities in the region.

² Source: https://wpln.org/wp-content/uploads/sites/7/2021/12/Inclusion_Access_Toolkit.pdf

³ Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7387183/>

⁴ Column L of Table 13B identifies 9 licensed hospice offices in Mecklenburg County. However, Step 12 of the standard methodology for hospice home care agencies utilizes the number of **licensed hospice home care offices** in the county. Using 4 as the number of hospice home care agencies results in a calculation of 0.3 ($4/1,205,568=0.3$) licensed home care offices in Mecklenburg County per 100,000 (Column M).

REASONS FOR REQUESTED ADJUSTMENT

Heart’N Soul supports the standard methodology as a general approach to determining need across the state. However, Heart’N Soul believes that the standard methodology does not account for the unique circumstances in the Mecklenburg County service area that warrant the need for an additional hospice home care agency. These circumstances include but are certainly not limited to the growth and aging of Mecklenburg County’s racially/ethnically diverse population, socioeconomic health disparities, and the importance of and need for culturally competent hospice home care services.

On June 20, 2020, the Mecklenburg Board of County Commissioners published a *Proclamation Declaring Racism a Public Health Crisis* (Exhibit 1), acknowledging the existence of racial/ethnic health disparities and the critical need to address these disparities to have “an effective systemic response to delivering health and human services in Mecklenburg County.” Unfortunately, these health disparities were only exacerbated by the COVID-19 pandemic, as minorities were disproportionately harmed, experiencing substantially higher rates of infection and death than their white counterparts.⁵ Additionally, policies introduced during the COVID-19 pandemic may have adversely impacted those from ethnic minority groups making these at-risk populations even more vulnerable. While the palliative care response to the pandemic may have been equal, observations from a recent study show they were not equitable as hospice services supporting minorities during the pandemic were more likely to be hospitals versus hospice or home care teams creating even greater vulnerability amongst minority populations.⁶

Within Mecklenburg County, one of the most diverse counties in North Carolina, there continues to be a large number of minority residents age 65 and older who are more likely to require end-of-life care. This generation has endured decades of inequality, resulting in a lack of trust in all medical institutions but even more so a reluctance to accept end of life care providers into their homes. The unique hesitancy of this population, coupled with limited education regarding hospice services and a lack of cultural representation amongst hospice providers, has resulted in an unmet need for hospice care among the large number of minority residents in Mecklenburg County. Heart’N Soul’s petition seeks to ameliorate this issue by creating an adjusted need determination to address the provision of hospice home care for historically marginalized individuals. By providing an opportunity to establish a team of dedicated caregivers that share lived experiences through racial, ethnic, and/or religious cultural identities, terminally ill patients and their loved ones can be assured of having access to and receiving a more comfortable, convenient, and affirming approach to end-of-life care.

Population Growth and Demographics in Mecklenburg County

As shown in the table below, from 2019 to 2023, Mecklenburg County’s population growth outpaced North Carolina’s population growth overall as well as in each of the racial/ethnic groups analyzed. Over the four-year period, Mecklenburg County’s minority population has grown at a compound annual growth rate (CAGR) of 1.8 percent, an increase of more than 40,000 minority residents. Notably, when compared to the growth of Mecklenburg County’s total population over the same period, the minority population has grown faster and accounts for a significant majority of the population growth, over 85 percent in fact, in the last four years. Further, the Black population in Mecklenburg County alone grew by 11,072 residents, representing more than 20 percent of total population growth.

⁵ Source: <https://jamanetwork.com/journals/jama/fullarticle/2775687>

⁶ Source: <https://pubmed.ncbi.nlm.nih.gov/34511409/>

2019-2023 Mecklenburg County and NC Population Growth by Race/Ethnicity

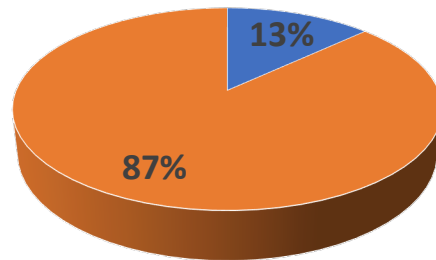
Race	2019 Data		2023 Data		2019-2023 CAGR	
	Mecklenburg County	North Carolina	Mecklenburg County	North Carolina	Mecklenburg County	North Carolina
Black^	341,263	2,205,388	352,335	2,252,174	0.8%	0.5%
All Minorities*	598,916	3,992,411	644,338	4,271,266	1.8%	1.7%
Non-Hispanic White	508,598	6,389,259	515,453	6,523,197	0.3%	0.5%
Total Population	1,107,514	10,381,670	1,159,791	10,794,463	1.2%	1.0%

Source: NC OSBM Exhibit 2

*From 2019 to 2023, Mecklenburg County’s minority population grew 50 percent faster than its total population $((1.8/ 1.2) - 1) \times 100 = 50.0$ and accounted for 86.9 percent of the total population growth in the county $((45,422 / 52,277) \times 100 = 86.9)$.

^Black population data is included in data for All Minorities. In 2023, the Black population represents 54.7 percent of All Minorities $((352,335 / 644,388) \times 100 = 54.7)$ and 30.4 percent of Mecklenburg County’s Total Population $((352,335 / 1,159,791) \times 100 = 30.4)$.

**Racial Composition of Mecklenburg County's
Population Growth 2019 - 2023**



■ White ■ All Minorities

Often hospice services are sought by elderly, terminally ill patients who prefer to spend their final moments comfortably, surrounded by their loved ones at home under the compassionate care and supervision of hospice staff versus an unfamiliar and sterile inpatient facility that can be intimidating to both the patient and their family members. As such, the need for specialized hospice home care services will continue to grow as residents of Mecklenburg County and the surrounding area continue to age. As shown in the table below, between 2019 and 2023, across each of the racial/ethnic groups analyzed, the growth of elderly residents has occurred more rapidly in Mecklenburg County than the state overall. The population of Mecklenburg County residents age 65 and older increased by 24,195 or a CAGR of 4.4 percent. When compared to the overall Mecklenburg County 4-year CAGR of 1.2 percent, the elderly population has grown nearly four times faster over the same period $(4.4 / 1.2 = 3.8)$.

2019-2023 Mecklenburg County and NC Age 65+ Population Growth by Race/Ethnicity

<i>Race</i>	<i>2019 Data</i>		<i>2023 Data</i>		<i>2019-2023 CAGR</i>	
	<i>Mecklenburg County</i>	<i>North Carolina</i>	<i>Mecklenburg County</i>	<i>North Carolina</i>	<i>Mecklenburg County</i>	<i>North Carolina</i>
Black 65+ ^	32,038	278,589	39,024	319,546	5.1%	3.5%
All Minorities 65+ *	46,599	405,267	61,820	499,532	7.3%	5.4%
Non-Hispanic White 65+	80,966	1,303,605	89,940	1,431,143	2.7%	2.4%
Total Population 65+	127,565	1,706,391	151,760	1,928,242	4.4%	3.1%

Source: NC OSBM Exhibit 3

*From 2019 to 2023, the population of All Minorities 65+ in Mecklenburg County grew 65 percent faster than its total population $((7.3/4.4) - 1) \times 100 = 65.0$ and accounted for 62.9 percent of the total population growth in the county $((15,221 / 24,195) \times 100 = 62.9)$

^Black 65+ population data is included in data for All Minorities 65+. In 2023, the Black 65+ population represents 63.1 percent of All Minorities 65+ $((39,024 / 61,820) \times 100 = 63.1)$ and 25.7 percent of Mecklenburg County's Total Population 65+ $((39,024 / 151,760) \times 100 = 25.7)$.

Importantly, the population of elderly Black Mecklenburg County residents grew more than six times faster than the total population of Black Mecklenburg County residents over the same four-year period. In fact, the 6,986 additional Black Mecklenburg County residents age 65 and older represent more than 45 percent of the growth in minority residents 65 and older $((6,986 / 15,221) \times 100 = 45.9)$ and over 25 percent of the growth in elderly Mecklenburg County residents overall $((6,986 / 24,195) \times 100 = 28.9)$.

Racial/Ethnic Health Disparities in Hospice Utilization

As demonstrated in the ratios calculated in the table below, Mecklenburg County has a higher percentage of Black population than North Carolina as a whole, both in total and for those ages 65 and older. Thus, one would expect that hospice admissions for Black persons would be higher in Mecklenburg County than in the state, which is the case, 22.5 percent of admissions in Mecklenburg County compared with 15.5 percent of admissions in the state. However, when comparing the percentage of Black population age 65 and over (those most likely to need hospice care) with the percentage of Black hospice admissions, Black residents of Mecklenburg County actually have less access to hospice services than expected. The ratio of Black hospice patients to the total population age 65 and over is almost six percentage points less for Mecklenburg County than the statewide ratio. In other words, this demonstrates that while the raw percentage of Black residents served may be higher, it is not proportional to the percentage of elderly Black residents in Mecklenburg County compared to the state, thus, the population is underserved.

Mecklenburg County and NC Black Hospice Utilization

	Mecklenburg County	North Carolina
2023 Black Population	352,335	2,252,174
2023 Total Population	1,159,791	10,794,463
2023 Black % of Total Pop	30.4%	20.9%
2023 Black Population 65+	39,024	319,546
2023 Total Population 65+	151,760	1,928,242
2023 % of Total 65+ Population that are Black	25.7%	16.6%
Hospice Admissions[^]		
2022 Black Hospice Admissions	1,028	8,487
2022 Total Hospice Admissions	4,561	54,752
2022 % of Total Hospice Admissions that were Black	22.5%	15.5%
Ratio of Black Hospice Admissions to Total 65+ Population that are Black**	87.7%	93.5%

Source: NC OSBM and the 2023 LRA Database

[^]Hospice Admissions data for Mecklenburg County is based on volume reported by HOS3132, HOS1445, HOS1702, and HOS4436, which represent the four existing hospice home providers located in Mecklenburg County. Two hospital-based agencies, H0010 and H0270, are also based in Mecklenburg County but did not have publicly available data regarding the racial composition of their admissions.

*2022 % of Total Hospice Admissions that were Black / 2023 % of Total 65+ Population that are Black. Heart’N Soul chose to conservatively compare the percentage of total hospice admissions that were Black regardless of age with the percentage of the total 65 and over population that are Black because the older population is more likely to need hospice care than those under age 65.

+Numbers may not foot due to rounding.

The ratio results are even more dramatic when considering the entire elderly minority population. As shown in the table below, the ratio of minority hospice patients to the total elderly minority population is over 28 percentage points less than the statewide ratio. Notably, when the statewide ratio of Minority Hospice Admissions to Total 65+ Population that are Minorities (96.9 percent) is applied to the Mecklenburg County percent of Total 65+ Population that are Minorities (40.7 percent) the resulting 39.4 percent ($0.969 \times 0.407 = 0.394$) effectively demonstrates that based on statewide hospice service to minorities over age 65, the Mecklenburg County 65+ minority population is potentially underserved by 526 patients ($39.4\% \times 4,561 = 1,797 - 1,271 = 526$).

Mecklenburg County and NC Minority Hospice Utilization

	Mecklenburg County	North Carolina
2023 Minority Population	644,338	4,271,266
2023 Total Population	1,159,791	10,794,463
2023 Minority %	55.6%	39.6%
2023 Minority Population 65+	61,820	499,532
2023 Total Population 65+	151,760	1,928,242
2023 % of Total 65+ Population that are Minorities	40.7%	25.9%
Hospice Admissions[^]		
2022 Minority Admissions	1,271	13,717
2022 Total Admissions	4,561	54,752
2022 % of Total Hospice Admissions that were Minorities	27.9%	25.1%
Ratio of Minority Hospice Admissions to Total 65+ Population that are Minorities ^{*+}	68.5%	96.9%

Source: NC OSBM and the 2023 LRA Database

[^]Hospice Admissions data for Mecklenburg County is based on volume reported by HOS3132, HOS1445, HOS1702, and HOS4436, which represent four of the six existing hospice providers located in Mecklenburg County that collectively served 77.6 percent of hospice admissions in Mecklenburg County in 2022. Two agencies, H0010 and H0270 are also based in Mecklenburg County but did not have publicly available data regarding the racial composition of their admissions.

^{*}2022 % of Total Hospice Admissions that were Minorities / 2023 % of Total 65+ Population that are Minorities. Heart’N Soul chose to conservatively compare the percentage of total hospice admissions that were minorities regardless of age with the percentage of the total 65 and over population that are minorities because the older population is more likely to need hospice care than those under age 65.

⁺Numbers may not foot due to rounding.

Although in 2022 a higher percentage of minorities in Mecklenburg County utilized hospice services than minority residents across all of North Carolina, this result is attributable to Mecklenburg County being home to a higher percentage of minorities relative to the county’s total population compared to the percentage of minorities relative to the state’s total population. As shown in the tables above, the percentage of Black and minority patients served by hospice in Mecklenburg County is not proportional to Mecklenburg County’s older population. The minority population in Mecklenburg County is underserved with regard to hospice home care services. Minorities represent over 55 percent of the total Mecklenburg County population and 40.7 percent of its elderly population, yet in 2022 only 27.9 percent of total admissions for hospice were minorities. Regarding Black residents, they represent 30.4 percent of the total Mecklenburg County population and 25.7 percent of its elderly population. However, in 2022 only 22.5 percent of total hospice admissions were Black.

Even with the longstanding work of existing hospice agencies that has resulted in an overall increase in the utilization of hospice care in recent decades, racial disparities in the use of hospice remain. Research has documented racial differences in hospice use and end-of-life treatment intensity, consistent with a

broad range of racial disparities in healthcare use and health outcomes.⁷ Notably, minorities – particularly Hispanic and Black individuals – have historically been more likely to experience end-of-life hospitalization and worse pain and symptom management compared to their White counterparts.⁸ In general, Black decedents receive more aggressive care, have higher end-of-life healthcare spending, and are less likely to use hospice services than White decedents.⁹ A variety of reasons for these disparities have been documented, including mistrust of the healthcare system, lack of medical and/or fiscal resources at home, and miscommunication and misunderstanding of treatment options.¹⁰

Another important factor behind the underutilization of hospice services by Black patients are untimely referrals, often made during the final weeks or days of a patient’s life, as studies show that the odds of a delayed hospice referral near the end of life are greater in Black patients than White patients.¹¹ The approval of Heart’N Soul’s petition would create an opportunity to establish an organization in Mecklenburg County tailored to meeting the needs of terminally ill minorities and their families and to educating and working with referral sources in the area to ensure that these patients are cared for in a timely manner.

Despite being more likely to develop diagnoses that oftentimes result in a need for end-of-life care, such as Alzheimer’s and other dementias, cancer, and cardiovascular diseases, overwhelming evidence shows that Black patients are less likely to utilize hospice as demonstrated previously. In fact, from 2015 to 2019, the number of deaths caused by Alzheimer’s Disease and other dementias grew nearly **six times** faster amongst minorities in Mecklenburg County than for the county’s total population over the same time period. Similarly, cancer-related deaths grew more than twice as fast amongst minorities in Mecklenburg County compared to its total population.

<i>Cause of Death</i>	<i>Mecklenburg Minority Deaths</i>			<i>Mecklenburg Total Deaths</i>		
	<i>2015</i>	<i>2019</i>	<i>4-Year CAGR</i>	<i>2015</i>	<i>2019</i>	<i>4-Year CAGR</i>
Alzheimer’s Disease/Dementia	70	112	12.5%	313	342	2.2%
Cancer	267	388	9.8%	812	980	4.8%
Cardiovascular Disease	251	282	3.0%	875	950	2.1%

Source: North Carolina State Center for Health Statistics – Leading Causes of Death 2015 and 2019.

One would expect that given the recent increase in the number of deaths from these conditions amongst minorities, minority patients would be utilizing hospice more frequently than their White counterparts, but that is not the case. In fact, this is true not only in Mecklenburg County, but also across the country as a whole. National data suggests that Black Medicare patients and their families are not making the move to comfort care as often as White patients are. According to data compiled annually by the National

⁷ Source: Byhoff E, Harris JA, Langa KM, Iwashyna TJ. Racial and ethnic differences in end-of-life Medicare expenditures. J Am Geriatr Soc. 2016;64(9):1789-1797. doi:10.1111/jgs.14263

⁸ Source: <https://www.sciencedirect.com/science/article/pii/S1525861020310549>

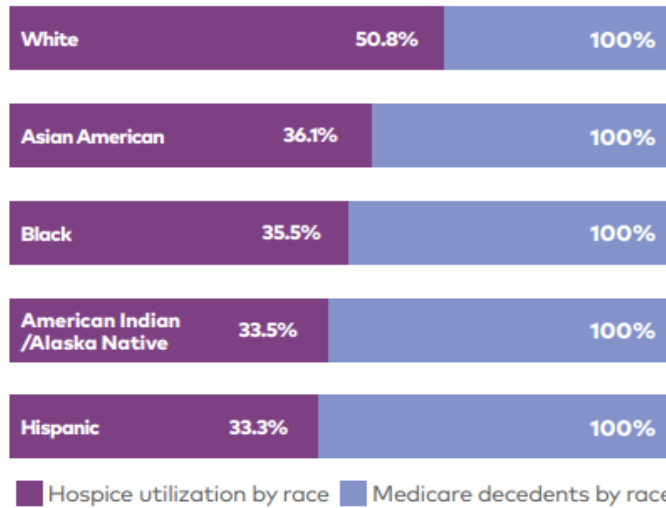
⁹ Source: <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2769692>

¹⁰ Source: LoPresti MA, Dement F, Gold HT. End-of-life care for people with cancer from ethnic minority groups: a systematic review. Am J Hosp Palliat Care. 2016;33(3):291-305. doi:10.1177/1049909114565658

¹¹ Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8083078/>

Hospice and Palliative Care Organization, shown below, roughly 35.5 percent of Black Medicare decedents in 2020 were enrolled in hospice, compared with 50.8 percent of White Medicare decedents.¹²

Figure 9: Share of Medicare decedents who used hospice, by race



Need for Additional Culturally Competent Hospice Home Care Services

Relative to hospice care, cultural competence depends on the ability to understand, respect, and respond to the unique beliefs, values, and practices of different cultural groups regarding death, be it their own or the passing of a loved one. Ultimately, culturally competent hospice care improves the overall quality of end-of-life experiences, reduces disparities, and promotes equitable and inclusive healthcare for historically underserved populations.

As previously discussed, there continues to be a large number of minority residents age 65 and older that have endured decades of inequality, resulting in a general hesitancy to seek care from medical institutions, let alone to accept providers into their homes. In fact, according to the most recent National Healthcare Quality and Disparities Report (NHQDR), 7.1 percent of Black adult hospital patients in North Carolina disagreed or strongly disagreed that medical staff took their preferences and those of their family and caregiver into account when deciding what the patient’s discharge care would be. That is more than twice the 3.2 percent benchmark published in the NHQDR (Exhibit 4).

Heart’N Soul has the experience necessary to help address the historical mistrust and systemic barriers that have resulted in an unmet and unidentified need for hospice care by minorities in Mecklenburg County. As a minority-owned-and-operated organization staffed primarily by and for members of historically underserved communities, Heart’N Soul believes that to best provide hospice services to a historically reticent patient population, building trust in and around majority-minority communities is essential. Targeted outreach and collaboration efforts with historically marginalized communities helps to foster stronger relationships between patients and providers, reduce stigmatization regarding end of

¹² Source: <https://www.nhpco.org/wp-content/uploads/NHPCO-Facts-Figures-2022.pdf>

life care, and enhance utilization of hospice services by minority residents. Notably, according to a peer-reviewed study recently published in *Gerontology and Geriatric Medicine*, the prevalence of for-profit hospice organizations, like Heart’N Soul, was associated with significantly increased hospice utilization among racial/ethnic minorities due in large part to more consistent targeted community outreach efforts.¹³

In the communities it presently serves, Heart’N Soul employs various trust-building strategies including establishing partnerships with community organizations, taking part in events at local schools and making connections with referring physicians and sources to gain trust and get to know community members before they or a loved one are gravely ill and/or in need of end-of-life care.¹⁴ Heart’N Soul has already begun to develop relationships in Mecklenburg County that would help bridge the gap between traditional healthcare organizations and historically underserved communities. These relationships are being established by engaging with community members and leaders, churches, historically Black colleges and universities such as Livingstone College, and businesses throughout the region, as well as other organizations such as the Queen City National Black Nurses Association and the Urban League of the Central Carolinas. To ensure access to the next generation of diverse palliative care providers, Heart’N Soul also brings its existing relationship with Meharry Medical College, an HBCU in Nashville, TN. These efforts to expand hospice career opportunities amongst minority communities have helped to enhance trust and increase awareness of hospice services, while simultaneously helping young minority residents find a purposeful career path serving others. This, in turn, develops and empowers a new generation of clinical leaders that come from the very communities they serve. Please refer to Exhibit 5 for letters signed in support of Heart’N Soul’s petition, including those from Meharry Medical College, various community leaders.

Additionally, the availability of culturally competent hospice home care can play a significant role in addressing racial and socioeconomic disparities in hospice utilization. Home-based hospice care enables patients to receive end-of-life services in familiar settings, surrounded by their loved ones. According to the Alzheimer’s Association, older Black Americans are roughly twice as likely and older Hispanics are about one and a half times as likely to be diagnosed with Alzheimer’s Disease or other dementias, respectively, compared to their White counterparts. The familiar sights, scents, and sounds of home can be comforting for terminally ill patients, particularly for individuals suffering from Alzheimer’s or other dementias. This is especially true considering the fact that some of the life experiences of Black North Carolinians aged 65 and over predate the Civil Rights Movement in the 1960s – let alone the decades of systemic inequality that followed. For patients who struggle to recognize where they are and who is around them, being cared for in their home by someone who looks like, sounds like, and feels like a member of their community can help them feel at ease, as opposed to being surrounded by unfamiliar providers speaking in terms that are difficult to understand.

Furthermore, providing hospice services at home addresses socioeconomic disparities by eliminating the financial burden associated with institutional care. Many underserved populations face economic challenges, including limited access to health insurance or financial resources. According to a 2021 AARP report, more than 80 percent of adults have expressed a preference to remain in their homes and

¹³ Source: <https://journals.sagepub.com/doi/pdf/10.1177/2333721419855667>

¹⁴ Source: <https://hospicenews.com/2022/01/07/heart-and-soul-hospice-works-to-improve-utilization-among-underserved-populations/>

communities as they age and favor a home setting over a nursing home or institutional setting.¹⁵ The AARP's report also showed that Black and Hispanic family caregivers spent 34 percent and 47 percent of their household income on out-of-pocket caregiving costs, respectively, whereas white family caregivers experienced considerably less financial strain spending roughly 18 percent of their household income.¹⁶ Home-based hospice care reduces the financial strain on patients and their families, as it eliminates the need for expensive hospital stays, nursing home placements, or private home-based care. This approach ensures that individuals from lower socioeconomic backgrounds can access and benefit from hospice services, regardless of their financial circumstances.

Moreover, culturally competent hospice home care promotes the dignity, autonomy, and comfort of patients from historically underserved populations. It considers their cultural and linguistic backgrounds, understanding that different cultures have various important traditions, rituals, and expectations around death and dying. By honoring and respecting these distinct cultural values, home-based hospice care creates an inclusive environment that fosters trust through effective communication and supports each patient's autonomy and dignity. This enables patients and their families to actively participate in decision-making processes, ensuring that care plans are tailored to their specific needs and preferences.

Overall, the proposed special need adjustment to the *Proposed 2024 SMFP* for an additional hospice home care agency focused on serving primarily racial/ethnic minorities in Mecklenburg County will help to address racial and socioeconomic disparities in hospice utilization by generating an opportunity for a trusted minority-led organization to develop and provide hospice home care services to historically underserved Mecklenburg County residents. As demonstrated by historical experience with its Tennessee agency, Heart'N Soul knows that when a need for providing hospice services focused on minorities is identified and appropriately delivered the resulting effect on utilization can be exceptional. In fact, during the first two years of operation, while still waiting on Medicaid certification, Heart'N Soul's Nashville agency served a percentage of minority hospice patients nearly four times greater than any other provider in the Nashville service area. Should the opportunity to pursue a CON and develop a new hospice home care agency focused on serving historically underserved racial and ethnic minorities in Mecklenburg County via a special need adjustment, Heart'N soul anticipates a similar impact in NC.

ADVERSE EFFECTS ON THE POPULATION THAT ARE LIKELY TO ENSUE IF THE ADJUSTMENT IS NOT MADE

If an adjusted need determination for one additional hospice home care agency in Mecklenburg County is not made in the *Proposed 2024 SMFP*, there could be several adverse effects on the population. First, the ongoing health disparities impacting racial/ethnic minorities in Mecklenburg County are likely to continue, including underutilization of hospice care. Members of these communities often face existing barriers to accessing healthcare, including limited resources, lack of insurance coverage, and reduced access to information. Without an opportunity to pursue the development of an additional hospice home care agency focused on caring for historically underserved populations in Mecklenburg County, the existing disparities in hospice utilization could persist or worsen, further marginalizing these populations and hindering their awareness of and access to critical culturally competent end-of-life services. This can

¹⁵ Source: Institute, B. F. P. P., & Institute, E. H. P. P. (2023, March 8). *Home and community-based services for older adults*. AARP. <https://www.aarp.org/pri/topics/ltss/home-community-services/home-and-community-based-services-for-older-adults.html>

¹⁶ <https://press.aarp.org/2021-6-29-AARP-Research-Shows-Family-Caregivers-Face-Significant-Financial-Strain,-Spend-on-Average-7,242-Each-Year>

result in unequal access to pain and symptom management, emotional support, and spiritual care, leading to inequitable end-of-life experiences.

Second, as Mecklenburg County's elderly population continues to grow, so too will the demand for culturally competent hospice care and the existing agencies may struggle to meet the growing need, particularly in minority communities that existing providers have historically struggled to serve adequately. Without an opportunity to develop an additional hospice home care agency, individuals requiring hospice care may face limited choices in selecting a provider. This would mean the status quo will continue with the choice of one of the largest hospice providers in the state serving many different patient populations not focused on minorities, or one of the two large health systems in the region for which hospice is just a sliver of its service offerings.

Lastly, the approval of this petition can stimulate innovation and improvement in the delivery of hospice care in Mecklenburg County. If the proposed special need adjustment is not approved, the potential for innovation and improvement may be limited, and the overall progress in hospice care may stagnate, depriving the Mecklenburg County population of potential advancements and enhanced care experiences.

Accordingly, Heart'N Soul believes that the absence of an adjusted need determination for one additional home hospice agency in Mecklenburg County focused on serving minorities will lead to continued underutilization of services, increased disparities in care for underserved populations, and missed opportunities for innovation and improvement. It is crucial to ensure that the growing needs of Mecklenburg County's diverse population are met by expanding the availability of culturally competent hospice agencies, promoting equitable access to essential end-of-life care and support particularly for minority patients and their families.

ALTERNATIVES CONSIDERED

As noted previously, Heart'N Soul does not propose a change to the hospice methodology in the *Proposed 2024 SMFP*. Rather, this petition seeks to establish an adjusted need determination for one additional hospice home care agency focused on serving racial/ethnic minorities in Mecklenburg County. Given the fact that Heart'N Soul is an existing hospice provider serving minority communities via its existing agencies in other states, the impetus for the petition – a desire to provide culturally competent end-of-life care to minorities – has never been in question. Therefore, the only alternative would have been an adjusted need determination for a county other than Mecklenburg County. However, as detailed above, Mecklenburg County is among the most diverse and populous counties in North Carolina, and the county's minority population has grown and aged more quickly relative to the state's minority population since 2019. According to the NC OSBM, Mecklenburg County has the highest number of elderly minority residents and minority residents overall of all 100 counties in North Carolina, with over 14,000 more minority residents than the next closest county, as shown in Exhibits 2 & 3. Moreover, Mecklenburg County's minority population underutilizes hospice care. While minority populations in other counties also experience disparities that must collectively be addressed, Mecklenburg County—with the largest minority population in the state—has a sufficiently-sized population to support a minority-focused hospice home care agency at this time.

EVIDENCE THAT THE PROPOSED CHANGE WOULD NOT RESULT IN UNNECESSARY DUPLICATION

Heart’N Soul does not believe that the proposed change will result in unnecessary duplication of health resources. As mentioned previously, although a higher percentage of minorities in Mecklenburg County utilized hospice services than minority residents across all of North Carolina in 2022, that is because the county is home to a higher percentage of minorities relative to the county’s total population. When analyzing the proportion of minority hospice admissions to minority populations, Mecklenburg County’s minority population uses hospice less often than the state as a whole. Given the apprehension towards medical institutions and providers held by many elderly minority residents, the existing agencies and services have not yet been able to embed themselves into these communities. The proposed change would not result in unnecessary duplication, but rather provide an opportunity to reduce disparities in quality and cost of end-of-life care for terminally ill minorities and their families. Different agencies may have unique strengths, specialized services, or approaches to care. By having additional options to the two existing hospice home care providers in the state’s largest county, patients and providers can make informed decisions about their care and select the agency that best suits a patient’s culture, individual preferences, and clinical requirements. The availability of such an agency will promote patient-centered care and empower individuals and their loved ones to actively participate in the end-of-life journey, leading to improved satisfaction and outcomes.

Additionally, approval of Heart’N Soul’s petition would result in the chance to introduce another hospice agency to further foster healthy competition among providers and drive improvements in the quality of care. Providers strive to differentiate themselves by delivering high-quality, patient-centered services. The competition incentivizes agencies to invest in staff training, quality assurance programs, and innovative care delivery models to attract and retain a representatively diverse patient population. Consequently, the overall quality of hospice care in Mecklenburg County improves, benefiting all residents and ensuring that resources and services are utilized efficiently and effectively.

As such, Heart’N Soul believes that the approval of an adjusted need determination for one additional hospice home care agency focused on serving minorities in Mecklenburg County would not result in an unnecessary duplication of health resources and services. Instead, it addresses the unmet demand for hospice care, offers patients and their families more choices for end-of-life care, fosters healthy competition, promotes quality improvement, and encourages innovation in the pursuit of a more equitable healthcare landscape.

EVIDENCE OF CONSISTENCY WITH THE THREE BASIC PRINCIPLES: ACCESS, QUALITY, AND VALUE

Heart’N Soul believes that this petition is consistent with the three basic principles of quality, access, and value. As discussed above, racial/ethnic minorities are more likely to face disparities in access to and quality of end-of-life care that oftentimes result in disproportionately higher out-of-pocket costs for minority patients compared to their White counterparts. Notably, historically medically underserved populations may have limited awareness or understanding of hospice care and its benefits. Approval of the proposed special need determination would grant mission-driven, minority-led organizations such as Heart’N Soul the opportunity to enter a large, diverse service area and actively engage with community organizations, healthcare providers, and local leaders to promote hospice services and address misconceptions or cultural barriers. This outreach can help build trust, encourage early conversations about end-of-life planning, and increase access to hospice care among historically medically underserved

populations. Given the fact that Heart’N Soul’s petition seeks to establish an adjusted need determination for a hospice home care agency focused on serving primarily minority patients, it will enhance access to culturally competent end-of-life care for historically underserved populations and ensure that these patients receive high-quality, compassionate care that aligns with their cultural, linguistic, and individual preferences. Heart’N Soul is committed to ensuring the utmost in quality end-of-life care. As noted previously, Heart’N Soul has previously established similar agencies focused on serving minorities in other states, including a CHAP accredited hospice home care agency in Nashville, Tennessee and a recently opened agency in Seattle, Washington that is currently in the process of becoming CHAP accredited as well. Pending approval of this petition and a subsequent CON application, Heart’N Soul fully intends to pursue CHAP accreditation in North Carolina.

Moreover, the approval of another hospice home care agency not only promotes diversity and cultural competence in the provision of care but also allows a new provider to enter a market that has not changed in terms of providers in well over 20 years. Historically underserved populations often have unique cultural, religious, and social beliefs and practices related to end-of-life care. By permitting the entry of a new hospice care provider dedicated to serving underserved populations in the Mecklenburg County service area, the likelihood of finding providers who have experience and expertise in serving specific cultural communities increases significantly. Organizations such as Heart’N Soul, that actively recruit a diverse team of culturally and linguistically competent individuals, many of whom are from the very communities they serve helps to ensure effective communication and respect for the traditions and values of underserved populations and leads to improved patient satisfaction, trust, and engagement in care, ultimately enhancing the overall safety and quality of hospice services while promoting equitable and inclusive end-of-life experiences for historically medically underserved patients and their families in Mecklenburg County.

With respect to value, the approval of an adjusted need determination for one additional hospice home care agency in Mecklenburg County promotes value for hospice services, particularly for historically medically underserved populations. Studies show that with lower hospice utilization rates, racial/ethnic minorities are more likely to experience worse pain and symptom management, higher costs associated with hospitalizations and aggressive treatments, and lower quality of life within six months of death.¹⁷ Costs associated with hospice reflect the ability of the provider to dedicate its resources to support the needs of hospice patients, whereas costs for a hospital stay are reflective of expensive technological equipment and services required for an acute care setting. Instead of using life-saving or elongating measures that are less appropriate for the terminally ill, hospice agencies provide only the care necessary to ensure the utmost peace and comfort for patients and their loved ones. Focusing on palliative care rather than aggressive curative treatments reduces the cost of providing care for hospice agencies compared to acute care facilities, thus reducing the costs passed to patients and maximizing the value of the services being provided. An increase in hospice utilization among minority populations will improve value for particularly vulnerable patients that oftentimes end up in acute care settings that may be more costly for both the patient and the provider.

SUMMARY

Heart’N Soul supports the standard hospice need methodology in the *SMFP*. However, as detailed above, Heart’N Soul believes that the unique circumstances in Mecklenburg County as home to the largest

¹⁷ Source: <https://journals.sagepub.com/doi/pdf/10.1177/2333721419855667>

Petition: Mecklenburg County Hospice Home Care

Heart and Soul Hospice of the Carolinas, LLC

Page 15 of 15

minority population in North Carolina warrant the need for the requested adjustment of one hospice home care agency in Mecklenburg County focused on serving historically underserved racial and ethnic minority populations.

Heart’N Soul appreciates your careful consideration of this Petition. Please let us know if we can assist the Council, its committees, and the staff during the process.

Mecklenburg County

North Carolina

PROCLAMATION DECLARING RACISM A PUBLIC HEALTH CRISIS

WHEREAS, the Mecklenburg County Board of Commissioners has identified Reducing Racial Disparity as a critical priority and essential to an effective systemic response to delivering health and human services in Mecklenburg County; and

WHEREAS, racism unfairly disadvantages Black and Brown individuals and communities, while unfairly giving advantages to other individuals and communities, and Mecklenburg County's collective prosperity depends upon the equitable access to opportunity for every resident; and

WHEREAS, racism has produced and perpetuates poverty through intentional and unintentional policies that create barriers to economic mobility; and is a social system with multiple dimensions: individual racism that is internalized or interpersonal and systemic racism that is institutional or structural, and

WHEREAS, criminal justice practices have caused deep disparities, harm, and mistrust; African American residents of Mecklenburg County are eight times more likely to die of homicide; and 73% of homicide victims were African American in Mecklenburg County; and

WHEREAS, a growing body of literature shows that social determinants — otherwise known as the conditions in which an individual is born and in which he or she lives, works, or recreates — are key drivers of health inequities. For generations, communities of color have faced vast disparities in job opportunities, income, and inherited family wealth. They are less likely to have housing security, access to quality schools, healthy food, and green spaces. This involves systemic racism all of which can undermine mental and physical well-being; and

WHEREAS, in addition it is well-documented that racism itself has an adverse impact on health. Chronic stress caused by discrimination can trigger a cascade of adverse health outcomes, from high blood pressure, heart disease, diabetes, immunodeficiency, and accelerated aging, all of which are high in the African American community. There is also evidence suggesting that the racism endured by black mothers contributes to the high maternal and infant mortality rate; and

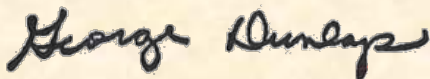
WHEREAS, in Mecklenburg County, the COVID-19 pandemic has made visible and intensified racial health disparities with Black and Brown communities comprising 57% of all COVID-19 cases and 41.2% of coronavirus deaths; and

WHEREAS, Blacks are twice as likely to not have health insurance, 3 times more likely to experience chronic diseases and 70% of new HIV infections; and

WHEREAS, in 2006, the Board of County Commissioners received a report and recommendations on a call to action to eliminate health disparities in Mecklenburg County, yet the rates of disparity have widened.

NOW THEREFORE. BE IT RESOLVED, that the Mecklenburg County Board of Commissioners believes that racism can form the basis for a public health crisis affecting our entire County and should be treated with the urgency and funding of a public health crisis. Looking at racism in this way offers legislators, health officials, and others an opportunity to analyze data and discuss how to dismantle or change problematic institutions. Mecklenburg County will seek to promote racial equity through policies approved by the Board of Commissioners and will encourage other local, state and national entities to recognize racism as a public health crisis as well.

This 16th day of June 2020.



George Dunlap, Chair
Mecklenburg Board of County Commissioners



Exhibit 2: NC OSBM County Total Population Projections by Race/Ethnicity

Sorted by

County	2019 Black Population	2019 Minority Population^	2019 Non-Hispanic White Population	2019 Total Population*	2023 Black Population	2023 Minority Population^	2023 Non-Hispanic White Population	2023 Total Population*	2023 Number of Black Residents Ranking	2023 Number of Minority Residents Ranking
Mecklenburg	341,263	598,916	508,598	1,107,514	352,335	644,338	515,453	1,159,791	1	1
Wake	216,309	464,507	650,308	1,114,815	219,306	508,553	681,152	1,189,705	2	2
Guilford	184,281	277,757	260,779	538,536	188,212	292,627	254,307	546,934	3	3
Cumberland	130,262	196,469	138,172	334,641	137,421	210,646	134,604	345,250	4	4
Durham	114,177	187,292	135,077	322,369	114,751	194,150	143,045	337,195	5	5
Forsyth	98,835	170,074	210,589	380,663	98,534	176,912	211,453	388,365	6	6
Cabarrus	42,954	86,194	135,620	221,814	49,359	101,824	138,688	240,512	8	7
Johnston	34,541	74,822	136,288	211,110	40,846	90,258	152,701	242,959	10	8
Robeson	27,575	87,859	29,985	117,844	26,980	87,945	29,427	117,372	19	9
Pitt	61,120	81,549	88,637	170,186	62,767	85,892	86,113	172,005	7	10
Union	28,274	72,736	162,509	235,245	30,178	81,775	170,457	252,232	15	11
Gaston	40,626	70,476	155,625	226,101	46,130	81,721	159,454	241,175	9	12
Onslow	29,542	71,760	131,958	203,718	29,906	78,154	133,882	212,036	17	13
Alamance	34,883	66,124	103,661	169,785	37,907	73,739	105,204	178,943	12	14
New Hanover	28,749	55,963	169,198	225,161	28,571	60,803	177,437	238,240	18	15
Harnett	28,265	53,673	78,942	132,615	30,757	60,266	82,815	143,081	14	16
Wayne	36,968	56,398	61,549	117,947	36,662	57,510	59,937	117,447	13	17
Buncombe	16,291	50,492	216,880	267,372	16,553	55,592	221,674	277,266	34	18
Iredell	22,103	47,330	136,521	183,851	24,233	53,852	146,738	200,590	21	19
Orange	16,659	49,573	98,229	147,802	16,680	52,854	98,272	151,126	33	20
Nash	37,205	47,643	47,083	94,726	37,975	49,629	45,799	95,428	11	21
Rowan	23,846	44,795	101,052	145,847	24,067	48,212	101,957	150,169	22	22
Catawba	13,681	42,367	117,306	159,673	13,922	46,235	117,610	163,845	38	23
Wilson	30,801	42,212	36,779	78,991	29,914	42,034	35,279	77,313	16	24
Davidson	16,605	37,460	130,639	168,099	17,872	41,365	132,511	173,876	30	25
Randolph	9,540	34,106	109,444	143,550	10,188	37,415	109,055	146,470	46	26
Craven	20,953	35,024	66,143	101,167	20,303	35,669	66,473	102,142	27	27
Hoke	17,341	31,963	20,230	52,193	18,855	34,974	21,430	56,404	29	28
Cleveland	20,252	28,197	70,463	98,660	20,966	30,543	72,137	102,680	26	29
Edgecombe	27,881	31,502	17,745	49,247	26,448	30,541	16,581	47,122	20	30
Sampson	15,059	29,155	30,233	59,388	14,416	29,311	29,650	58,961	36	31
Halifax	25,371	29,714	19,459	49,173	23,981	28,596	18,763	47,359	23	32
Franklin	16,294	25,276	42,124	67,400	17,604	28,591	47,107	75,698	31	33
Lenoir	22,529	28,295	26,952	55,247	22,091	28,314	25,985	54,299	24	34
Granville	18,899	26,873	34,006	60,879	19,018	28,116	34,660	62,776	28	35
Lee	11,511	26,502	35,986	62,488	11,633	27,942	37,809	65,751	43	36
Brunswick	11,984	24,297	109,313	133,610	12,694	27,432	130,105	157,537	41	37
Rockingham	17,088	26,193	64,654	90,847	17,222	27,167	64,824	91,991	32	38
Vance	21,651	26,249	16,613	42,862	21,078	26,143	15,672	41,815	25	39
Moore	11,088	23,083	75,263	98,346	11,272	25,373	81,749	107,122	44	40
Henderson	3,950	22,941	92,598	115,539	4,196	25,254	92,789	118,043	67	41
Duplin	12,415	23,930	25,575	49,505	12,131	23,695	25,059	48,754	42	42
Chatham	8,477	22,093	53,232	75,325	8,403	23,582	56,126	79,708	55	43
Columbus	15,122	20,768	30,768	51,536	14,239	20,105	29,746	49,851	37	44
Scotland	13,380	19,859	14,658	34,517	12,797	19,506	13,499	33,005	39	45
Burke	5,276	18,043	69,993	88,036	5,023	19,426	68,497	87,923	63	46
Richmond	13,276	19,230	24,244	43,474	12,788	19,078	23,059	42,137	40	47
Pasquotank	14,667	18,612	21,834	40,446	14,440	18,873	22,014	40,887	35	48
Pender	7,998	15,111	44,530	59,641	8,176	16,815	50,914	67,729	56	49
Lincoln	4,766	14,090	71,580	85,670	5,119	15,928	77,216	93,144	61	50
Beaufort	10,655	15,075	29,803	44,878	10,135	14,789	29,455	44,244	47	51
Stanly	7,224	13,232	49,119	62,351	7,429	14,352	48,656	63,008	57	52
Person	10,100	13,659	25,407	39,066	10,050	14,137	25,544	39,681	48	53
Surry	2,868	12,960	58,318	71,278	2,864	13,772	57,511	71,283	69	54
Bladen	9,931	13,824	16,153	29,977	9,420	13,480	15,597	29,077	51	55
Caldwell	4,169	12,042	68,822	80,864	4,226	13,199	67,876	81,075	66	56
Hertford	12,814	14,974	7,071	22,045	11,030	12,878	6,487	19,365	45	57
Rutherford	6,130	11,858	52,836	64,694	5,925	12,482	51,868	64,350	60	58

Exhibit 2: NC OSBM County Total Population Projections by Race/Ethnicity

Sorted by

County	2019 Black Population	2019 Minority Population^	2019 Non-Hispanic White Population	2019 Total Population*	2023 Black Population	2023 Minority Population^	2023 Non-Hispanic White Population	2023 Total Population*	2023 Number of Black Residents Ranking	2023 Number of Minority Residents Ranking
Warren	9,297	11,449	7,290	18,739	9,137	11,431	7,461	18,892	53	59
Anson	9,987	11,436	10,563	21,999	9,440	10,916	10,517	21,433	50	60
Bertie	10,879	11,645	6,419	18,064	9,880	10,722	5,933	16,655	49	61
Jackson	962	9,810	33,250	43,060	1,046	10,603	32,728	43,331	85	62
Greene	7,454	10,776	9,726	20,502	7,276	10,533	9,587	20,120	58	63
Watauga	2,143	8,160	46,306	54,466	2,714	10,171	43,390	53,561	73	64
Northampton	10,104	10,897	7,134	18,031	9,244	10,156	6,698	16,854	52	65
Carteret	3,500	9,541	58,315	67,856	3,309	10,088	59,208	69,296	68	66
Martin	9,155	10,545	11,740	22,285	8,516	10,055	11,236	21,291	54	67
Wilkes	2,845	9,218	56,971	66,189	2,846	9,853	55,747	65,600	71	68
Montgomery	4,482	9,158	16,530	25,688	4,331	9,115	16,630	25,745	65	69
Caswell	7,005	8,672	14,197	22,869	6,515	8,353	13,892	22,245	59	70
Davie	2,593	7,440	34,893	42,333	2,676	8,238	35,985	44,223	74	71
Yadkin	1,319	6,479	30,768	37,247	1,375	6,921	30,161	37,082	81	72
McDowell	1,861	6,364	38,318	44,682	1,908	6,909	37,864	44,773	78	73
Haywood	755	5,753	56,187	61,940	807	6,595	56,687	63,282	87	74
Swain	122	5,486	8,723	14,209	153	5,803	8,567	14,370	96	75
Washington	5,501	6,089	5,071	11,160	5,097	5,670	4,755	10,425	62	76
Macon	429	5,030	31,736	36,766	414	5,627	32,330	37,957	92	77
Alexander	2,035	5,241	31,324	36,565	2,031	5,540	31,020	36,560	76	78
Chowan	4,477	5,352	8,392	13,744	4,376	5,352	8,370	13,722	64	79
Stokes	1,714	4,580	39,991	44,571	1,684	4,978	40,227	45,205	79	80
Currituck	1,411	4,040	23,284	27,324	1,584	4,961	27,247	32,208	80	81
Dare	801	4,617	31,974	36,591	775	4,854	33,538	38,392	88	82
Transylvania	1,126	4,095	29,017	33,112	1,072	4,663	28,946	33,609	83	83
Perquimans	2,790	3,585	9,494	13,079	2,735	3,663	9,935	13,598	72	84
Gates	3,144	3,790	6,896	10,686	2,848	3,565	6,682	10,247	70	85
Cherokee	417	3,127	25,804	28,931	442	3,525	25,862	29,387	91	86
Jones	2,682	3,399	5,912	9,311	2,521	3,260	5,935	9,195	75	87
Pamlico	2,123	3,091	9,213	12,304	1,988	3,101	9,164	12,265	77	88
Polk	759	2,474	17,064	19,538	715	2,524	17,061	19,585	89	89
Ashe	188	2,335	24,310	26,645	184	2,481	24,204	26,685	94	90
Avery	706	2,118	15,666	17,784	707	2,275	15,676	17,951	90	91
Camden	1,081	2,009	8,248	10,257	1,072	2,201	8,943	11,144	83	92
Madison	247	1,688	19,499	21,187	247	1,988	19,610	21,598	93	93
Yancey	149	1,661	16,729	18,390	141	1,870	16,569	18,439	97	94
Alleghany	154	1,640	9,279	10,919	158	1,794	9,348	11,142	95	95
Hyde	1,232	1,682	2,954	4,636	1,089	1,535	2,960	4,495	82	96
Mitchell	83	1,276	13,615	14,891	92	1,430	13,424	14,854	98	97
Tyrrell	1,081	1,493	2,075	3,568	895	1,301	1,860	3,161	86	98
Graham	43	1,090	6,953	8,043	57	1,197	6,870	8,067	100	99
Clay	78	909	10,276	11,185	79	1,085	10,488	11,573	99	100
North Carolina	2,205,388	3,992,411	6,389,259	10,381,670	2,252,174	4,271,266	6,523,197	10,794,463		

Source: NC OSBM County Population Projections by Race and Age; NC OSBM County Population Projections by Hispanic Origin by Age and Sex

^The Minority population in each county includes the Black population. It specifically represents all individuals except non-Hispanic White residents.

*Total Population = Minority Population + Non-Hispanic White Population

Exhibit 3: NC OSBM County 65+ Population Projections by Race/Ethnicity

Sorted By

County	2019 Black 65+ Population	2019 Minority 65+ Population^	2019 Non-Hispanic White 65+ Population	2019 Total 65+ Population*	2023 Black 65+ Population	2023 Minority 65+ Population^	2023 Non-Hispanic White 65+ Population	2023 Total 65+ Population*	2023 Number of Black Residents 65+ Ranking	2023 Number of Minority Residents 65+ Ranking
Mecklenburg	32,038	46,599	80,966	127,565	39,024	61,820	89,940	151,760	1	1
Wake	20,338	35,467	95,796	131,263	24,824	47,682	113,833	161,515	2	2
Guilford	19,743	26,495	57,325	83,820	22,646	32,071	61,315	93,386	3	3
Cumberland	15,747	21,963	21,662	43,625	19,133	27,320	22,744	50,064	4	4
Durham	13,768	16,377	23,689	40,066	16,215	20,123	26,180	46,303	5	5
Forsyth	11,898	16,380	44,659	61,039	13,361	19,842	47,900	67,742	6	6
Robeson	4,428	11,960	7,260	19,220	4,877	13,412	7,142	20,554	16	7
Pitt	6,980	8,460	14,395	22,855	8,049	10,542	15,118	25,660	7	8
Alamance	5,261	6,885	22,730	29,615	6,283	8,564	25,039	33,603	8	9
Wayne	5,546	7,175	12,196	19,371	5,998	8,213	12,407	20,620	10	10
Gaston	4,575	6,613	30,284	36,897	5,712	8,169	33,408	41,577	12	11
Cabarrus	3,913	6,465	23,198	29,663	4,933	8,162	26,847	35,009	15	12
Johnston	4,236	6,181	22,386	28,567	5,328	8,022	27,100	35,122	13	13
New Hanover	3,831	6,398	33,676	40,074	4,082	7,931	37,043	44,974	19	14
Union	3,186	5,975	24,788	30,763	3,806	7,930	29,193	37,123	21	15
Nash	5,174	6,294	11,656	17,950	5,997	7,656	12,205	19,861	11	16
Buncombe	2,474	5,303	49,494	54,797	2,832	6,703	55,086	61,789	32	17
Onslow	2,937	5,078	14,547	19,625	3,532	6,671	15,428	22,099	24	18
Edgecombe	5,471	5,687	4,836	10,523	6,054	6,460	4,811	11,271	9	19
Halifax	4,952	5,449	5,229	10,678	5,326	6,058	5,154	11,212	14	20
Wilson	4,177	5,327	8,641	13,968	4,276	5,976	8,495	14,471	18	21
Harnett	3,327	4,749	12,803	17,552	4,046	5,890	14,313	20,203	20	22
Rowan	3,142	4,612	21,506	26,118	3,485	5,863	23,303	29,166	25	23
Iredell	2,920	4,552	25,180	29,732	3,593	5,852	29,372	35,224	23	24
Orange	2,406	4,415	17,123	21,538	2,789	5,772	20,051	25,823	34	25
Lenoir	4,108	4,535	6,726	11,261	4,618	5,445	6,515	11,960	17	26
Cleveland	2,971	3,799	14,647	18,446	3,339	4,679	15,738	20,417	29	27
Rockingham	3,055	3,944	14,722	18,666	3,376	4,655	15,618	20,273	28	28
Craven	3,353	3,892	14,287	18,179	3,772	4,546	14,852	19,398	22	29
Davidson	2,360	3,792	26,601	30,393	2,786	4,522	29,233	33,755	35	30
Catawba	1,771	3,515	25,436	28,951	1,993	4,517	28,105	32,622	44	31
Brunswick	2,158	3,500	37,487	40,987	2,409	4,464	46,346	50,810	37	32
Sampson	3,105	3,821	6,980	10,801	3,382	4,381	7,147	11,528	27	33
Granville	3,084	3,759	6,650	10,409	3,405	4,292	7,721	12,013	26	34
Franklin	2,638	3,505	8,128	11,633	3,121	4,278	10,130	14,408	31	35
Moore	1,633	3,308	22,901	26,209	1,758	4,249	25,497	29,746	48	36
Chatham	1,981	3,310	16,424	19,734	2,152	4,116	18,998	23,114	41	37
Vance	3,090	3,407	4,433	7,840	3,308	3,856	4,298	8,154	30	38
Hoke	2,091	3,043	2,294	5,337	2,573	3,774	2,579	6,353	36	39
Columbus	2,667	3,202	6,965	10,167	2,799	3,393	7,010	10,403	33	40
Scotland	2,168	2,912	3,670	6,582	2,383	3,324	3,563	6,887	38	41
Randolph	1,451	2,696	22,960	25,656	1,685	3,320	24,964	28,284	50	42
Lee	1,577	2,517	8,159	10,676	1,756	3,108	8,971	12,079	49	43
Beaufort	2,145	2,386	8,770	11,156	2,337	2,890	8,847	11,737	40	44
Henderson	660	2,068	29,279	31,347	835	2,879	31,092	33,971	64	45
Richmond	1,905	2,433	5,530	7,963	2,023	2,774	5,437	8,211	43	46
Pender	1,392	2,271	9,039	11,310	1,400	2,730	10,511	13,241	56	47
Person	1,732	2,206	5,457	7,663	1,894	2,721	5,847	8,568	47	48
Martin	2,171	2,300	3,033	5,333	2,341	2,635	3,016	5,651	39	49
Duplin	2,060	2,471	5,233	7,704	1,991	2,539	4,952	7,491	45	50
Hertford	2,146	2,464	1,832	4,296	2,063	2,515	1,712	4,227	42	51
Pasquotank	1,745	2,257	4,165	6,422	1,919	2,508	4,540	7,048	46	52
Warren	1,722	2,267	2,281	4,548	1,680	2,404	2,315	4,719	51	53
Bladen	1,646	2,161	3,755	5,916	1,531	2,217	3,547	5,764	54	54
Bertie	1,702	1,981	1,604	3,585	1,621	2,054	1,450	3,504	53	55
Burke	827	1,654	16,432	18,086	879	1,983	17,410	19,393	62	56
Caswell	1,591	1,862	3,050	4,912	1,670	1,963	3,345	5,308	52	57
Northampton	1,596	1,962	1,910	3,872	1,353	1,938	1,619	3,557	57	58
Lincoln	739	1,519	13,848	15,367	870	1,875	16,336	18,211	63	59
Stanly	992	1,428	10,638	12,066	1,155	1,840	11,176	13,016	59	60
Anson	1,445	1,596	2,555	4,151	1,445	1,778	2,455	4,233	55	61
Rutherford	799	1,537	12,044	13,581	791	1,766	12,406	14,172	66	62
Carteret	601	1,303	16,117	17,420	630	1,605	17,388	18,993	70	63
Caldwell	648	1,346	14,703	16,049	709	1,523	15,566	17,089	68	64
Greene	1,161	1,291	2,201	3,492	1,344	1,517	2,326	3,843	58	65
Washington	1,059	1,163	1,707	2,870	1,123	1,320	1,618	2,938	60	66
Surry	462	1,039	12,975	14,014	507	1,290	13,378	14,668	73	67
Wilkes	485	983	13,084	14,067	524	1,205	13,572	14,777	71	68

Exhibit 3: NC OSBM County 65+ Population Projections by Race/Ethnicity

Sorted By

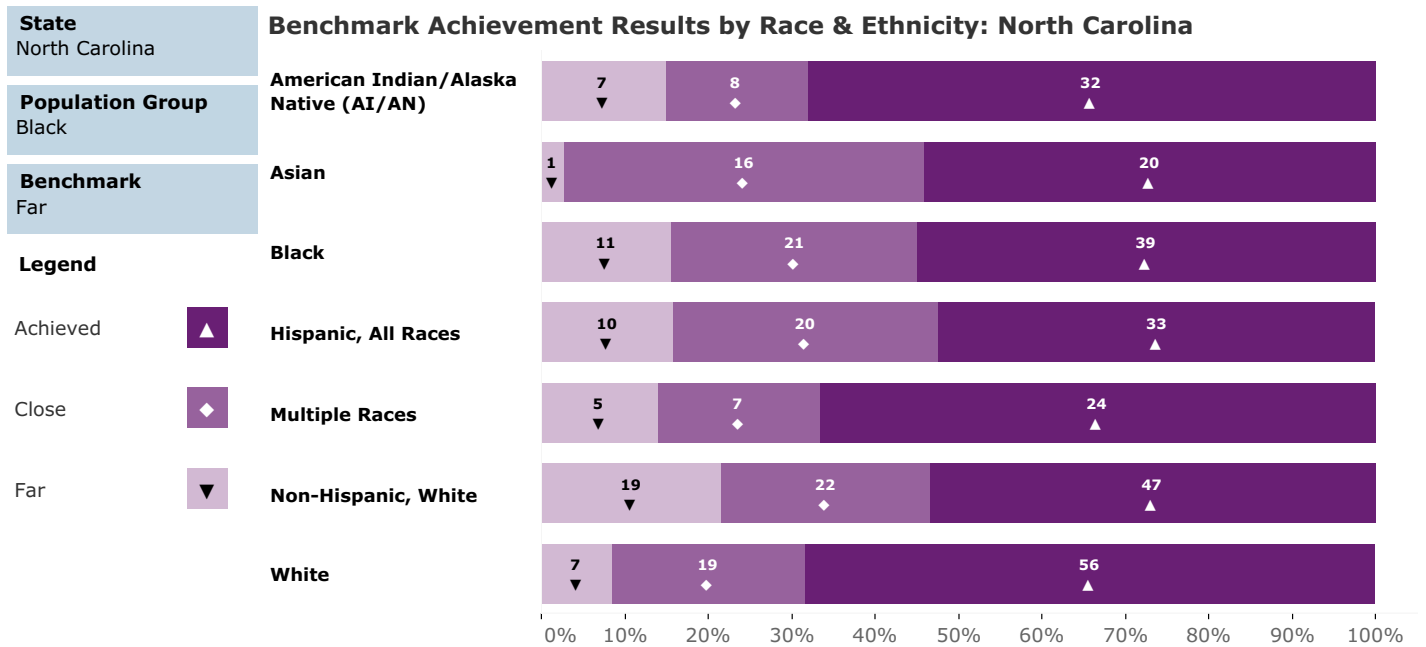
County	2019 Black 65+ Population	2019 Minority 65+ Population [^]	2019 Non-Hispanic White 65+ Population	2019 Total 65+ Population*	2023 Black 65+ Population	2023 Minority 65+ Population [^]	2023 Non-Hispanic White 65+ Population	2023 Total 65+ Population*	2023 Number of Black Residents 65+ Ranking	2023 Number of Minority Residents 65+ Ranking
Jackson	85	921	7,696	8,617	171	1,159	8,148	9,307	87	69
Davie	352	917	7,881	8,798	395	1,127	8,909	10,036	76	70
Chowan	910	991	2,406	3,397	944	1,075	2,384	3,459	61	71
Montgomery	760	976	4,494	5,470	800	1,036	4,773	5,809	65	72
Haywood	175	761	15,242	16,003	201	942	16,168	17,110	85	73
Gates	759	867	1,332	2,199	742	911	1,434	2,345	67	74
Perquimans	507	734	2,846	3,580	518	888	3,008	3,896	72	75
Cherokee	35	611	8,174	8,785	87	854	8,621	9,475	90	76
Jones	640	771	1,298	2,069	665	841	1,395	2,236	69	77
Stokes	376	688	8,263	8,951	420	836	9,304	10,140	75	78
McDowell	301	598	8,742	9,340	373	806	9,209	10,015	77	79
Transylvania	106	569	9,887	10,456	100	792	10,349	11,141	89	80
Watauga	139	468	8,766	9,234	202	780	9,290	10,070	84	81
Currituck	224	516	4,048	4,564	296	728	4,988	5,716	80	82
Alexander	319	622	6,695	7,317	354	708	7,141	7,849	78	83
Pamlico	449	661	2,928	3,589	443	706	3,066	3,772	74	84
Yadkin	230	480	6,888	7,368	268	680	7,132	7,812	81	85
Swain	-	624	2,200	2,824	-	642	2,241	2,883	92	86
Macon	-	412	10,339	10,751	-	513	11,038	11,551	92	87
Camden	264	350	1,388	1,738	308	476	1,589	2,065	79	88
Polk	179	361	5,417	5,778	172	442	5,618	6,060	86	89
Dare	106	407	7,633	8,040	120	438	8,954	9,392	88	90
Hyde	265	293	709	1,002	254	324	749	1,073	82	91
Tyrrell	218	259	514	773	206	319	443	762	83	92
Ashe	-	220	6,624	6,844	-	283	6,945	7,228	92	93
Madison	-	153	4,788	4,941	-	220	5,192	5,412	92	94
Yancey	-	169	4,472	4,641	-	177	4,589	4,766	92	95
Alleghany	-	132	2,729	2,861	-	175	2,837	3,012	92	96
Mitchell	-	145	3,421	3,566	-	174	3,493	3,667	92	97
Clay	-	137	3,314	3,451	-	156	3,600	3,756	92	98
Graham	-	102	1,914	2,016	-	120	1,924	2,044	92	99
Avery	30	88	3,820	3,908	56	112	4,039	4,151	91	100
North Carolina	278,589	405,267	1,303,605	1,708,872	319,546	499,532	1,431,143	1,930,675		

Source: NC OSBM County Population Projections by Race and Age; NC OSBM County Population Projections by Hispanic Origin by Age and Sex

[^]The Minority 65+ population in each county includes the Black 65+ population. It specifically represents all individuals except non-Hispanic White residents 65+.

*Total 65+ Population = Minority 65+ Population + Non-Hispanic White 65+ Population

State Benchmark Dashboard: Race & Ethnicity



View Underlying Data: North Carolina, Black, Far

Measure	Estimate	Benchmark	Distance to Benchmark
Adult hospital patients who strongly disagree or disagree that staff took their preferences and those of their family and caregiver into account when deciding what the patients discharge health care would be	7.1	3.2	120.0%
Adults who had a doctor's office or clinic visit in the last 12 months and needed care, tests, or treatment who sometimes or never found it easy to get the care, tests, or treatment, Medicare fee-for-service	11.5	4.4	164.0%
Adults who had a doctor's office or clinic visit in the last 12 months and needed care, tests, or treatment who sometimes or never found it easy to get the care, tests, or treatment, Medicare managed care	11.7	4.9	139.0%

Achieved - Value for a measure is no worse than 90% of the benchmark value, the measure has achieved the benchmark. Also includes the case where a measure's value is equal to or better than the benchmark.

Close - Value for a measure is between 50% and 90% of a benchmark (i.e., worse than the benchmark but has achieved at least half of the benchmark but not as much as 90% of a benchmark).

Far - Value for a measure has not achieved 50% of the benchmark.

[Download PDF](#)



June 3, 2023

Karen Love
Heart & Soul Hospice
402 BNA Dr. STE 305
Nashville, TN 37217-2507

Dear Ms. Love:

As a collaborative partner in the community of Nashville, we wish to write this letter of support for your grant application. Heart & Soul Hospice offers needed end of life services to individuals who might not otherwise receive such care in Davidson County and are planning to submit a grant that will allow expansion of their services to Wilson, Williamson, and Sumner Counties. Your collaboration with Meharry Medical College has allowed our medical students to fulfill the mission of the College to serve the underserved and to provide community services where needed. Our students have provided volunteer community service in your organization for more than two years and they speak enthusiastically about the difference they are making in the patient's lives and in their own. They state it has improved their empathy, compassion as well as their communication skills. The relationship has given our future doctors a firsthand look at what quality care at the end of life looks like, which can only serve them well in their future endeavors.

Thank you for sharing your organization's expansion plans. As a community organization that includes our students to assist and advance community resources emulating Meharry's mission in the community is laudable. I am pleased to provide this letter of support and trust that your application will be approved.

As you continue with the application process, please know that the College is behind your endeavor and will assist you as we are able.

Best Regards,

A handwritten signature in cursive script that reads "Digna Forbes, MD".

Digna Forbes, MD
Interim Dean of the SOM



Belmont Abbey
COLLEGE

June 19, 2023

RE: Letter of Support for Heart’N Soul Hospice of the Carolinas

To: North Carolina State Health Coordinating Council

It is my distinct honor and privilege to write this letter of support for the granting of a Certificate of Need for Heart’N Soul Hospice of the Carolinas. Heart & Soul Hospice offers the needed end-of-life services to individuals who might not otherwise receive such care in the Great Charlotte area and are planning to submit a CON that will allow expansion into this area which will include, but will not be limited to the counties of Alexander, Cabarrus, Catawba, Chester, Chesterfield, City of Charlotte, Cleveland, Gaston, Iredell, Lancaster, Lincoln, Mecklenburg, Rowan, Stanly, and York. I am certain your services will provide families, and their providers as well, with a firsthand look at what quality care at end of life looks like.

Thank you for sharing your organization’s expansion plans. I am pleased to provide this letter of support and trust that your application for a Certificate of Need will be approved. As you continue the application process, please know that you have my complete support and trust that your application will be approved.

Please do not hesitate to contact me if I can provide any additional assistance. I can be reached at gwydolanswain@bac.edu or via my cell, 980-254-7099.

Respectfully,

Dr. Gwyndolan L. Swain

Gwyndolan LaVergne Swain, DHA, MHA, MBA BSN
Founding Director and Professor
Master of Health Administration
Belmont Abbey College



March 20th, 2023

NC State Health Coordinating Council

2704 Mail Service Center, Raleigh, NC 27699-2704

Dear Dr. Sandra Greene,

In speaking with Dr. Kevin Allison, I would like to thank him for sharing his plan for starting a local hospice program with me. I was excited to hear about the valuable industry experience that Kevin's partners bring to the table and of course I have the utmost confidence in his abilities to continue to be a beacon of hope in our community.

As we work our way through this current global pandemic, one thing that has become, once again, abundantly clear is that we have a serious disparity in the delivery and acceptance of healthcare within the African American population. While the reasons are too numerous to delve into in this correspondence, suffice it to say that the messenger is at least as important as the message. I agree with Heart'N Soul Hospice of the Carolinas' belief that they can do a better job of sharing the true hospice story with folks that might otherwise be overlooked, misinformed or not trusting of the core hospice principles.

As Kevin and Heart'N Soul Hospice of the Carolinas, continue with the application process please know that I am behind their endeavor 100% and am ready, willing and able to assist them in any way possible.

Best Regards,

Christine Edwards

A handwritten signature in black ink that reads "Christine Edwards".

Founder and Principal Consultant

Civility Localized

436 East 36th Street

Charlotte NC 28205

NC State Health Coordinating Council
2704 Mail Service Center
Raleigh, NC 27699-2704

Dear Dr. Sandra Greene,

Re: Heart’N Soul Hospice of the Carolinas – Letter of Support

Livingstone College submits this letter to strongly support Heart’N Soul Hospice of the Carolinas, providing equitable hospice care services within our community. In meeting Dr. Kevin Allison, he shared his vision of establishing a black-owned and operated hospice agency in our geographic area. I was very impressed with his plans and his many years of experience providing end-of-life care.

Heart’N Soul, unlike other hospice care centers in this region, serves a very diverse patient base, with an acute patient focus on African American and the elderly; it seems an obvious decision to grant certification to Heart and Soul, especially given the recent pandemic and clear indications that we still have dramatic disparities in health care delivery based on race.

We believe Heart’N Soul Hospice of the Carolinas is the organization that will improve the disparities within our county for alternative healthcare. We are pleased to support this application and pledge to do all we can to guarantee its success.

Best Regards,



Dr. State W. Alexander, III



April 5, 2023

NC State Health Coordinating Council
2704 Mail Service Center
Raleigh, NC 27699-2704

Dr. Sandra Greene,

In meeting Dr. Kevin Allison, he shared with me his vision of establishing a black-owned and operated hospice agency in our geographic area and I was very impressed with his plans and many years of experience providing end of life care.

Our practice serves a very diverse patient base, several of our patients are African-American and elderly. We believe that it is an obvious decision to grant certification to Heart and Soul, especially given the recent pandemic and clear indications that we still have dramatic disparities in health care delivery based on ethnicity.

We are pleased to offer support to this application and pledge to do all we can to guarantee it is successful.

Best Regards,

Shanika N. Johnson, M.S, LCMHC, LPC
Innovative Lifestyle Network, LLC
301 McCullough Drive, Suite 400
Charlotte, NC 28262
Office:(704)-504-7274

301 MCCULLOUGH DRIVE | SUITE 400 | CHARLOTTE, NORTH CAROLINA 28262
OFFICE: 704.504.7274 | FAX: 704.919.5564
www.innovativelifestylenetwork.com



*Empowering Communities.
Changing Lives.*

740 West 5th Street
Charlotte, North Carolina 28202
704.373.2256
www.urbanleaguecc.org

April 22, 2023

Dr. Sandra Greene
North Carolinas State Health
Coordinating Council
2704 Mail Service Center
Raleigh, NC 27699-2704

Dear Dr. Greene,

We are writing this letter in support of Heart N Soul Hospice and the services they are interested in bringing to the Charlotte region. I recently met with Dr. Kevin Allison, who shared with me his vision of establishing a black-owned and operated hospice agency in our geographic area and I gained insight to the need in our region, as well as his ability to bring years of experience providing end of life care.

While their practice serves a diverse patient base, many of their patients are African American and elderly with limited resources to obtain culturally competent end of life care. We believe Heart N Soul presents an opportunity to address some of the health inequities and with access to quality hospice care. As you are aware, the recent pandemic revealed even more dramatic disparities in health care delivery based on race.

We are pleased to support the application and encourage granting the certification to Heart N Soul.

Best Regards,

A handwritten signature in black ink, appearing to read 'Robyn Lake Hamilton', with a long horizontal flourish extending to the right.

Robyn Lake Hamilton
Interim President & CEO

CARE

July 26, 2023

Valerie Jarvis, Chair, Long-Term and Behavioral Health Committee
J. Cooper Linton, Vice Chair, Long-Term and Behavioral Health Committee
State Health Coordinating Council
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
2704 Mail Service Center Raleigh, NC 27699-2704

Dear Ms. Jarvis and Mr. Linton:

I am writing to voice my strong support for the petition filed by Heart'N Soul Hospice to include an adjusted need determination in the 2024 State Medical Facilities Plan for one additional hospice home care agency in Mecklenburg County focused on serving historically underserved racial and ethnic minority populations.

When David Turner with Heart'N Soul Hospice called my office asking for my support for an upcoming Certificate of Need (CON) request for a new hospice agency, my immediate response was to dismiss him entirely. I told him that I believed the area was already adequately served by our existing hospice agencies and that I was not convinced an additional hospice is truly needed. Mr. Turner explained that Heart'N Soul is an African-American owned company, and that they have expertise and a legacy of success in taking the message of hospice into African-American communities which are statistically very underserved by hospice. Something about that message resonated with me, and I agreed to meet with Mr. Turner.

Before that phone call, I had never really thought about the numerical acceptance rate of hospice in the African-American community compared to other demographic groups, but I knew intuitively there was some validity to the claim, and it prompted me to go online and educate myself on the issue. The statistics I found were shocking. Only 8% of African-Americans have any end of life planning compared to 41% of whites.

In a news release from Johns Hopkins that can be found at <https://www.hopkinsmedicine.org/news/newsroom/news-releases/study-documents->

racial-differences-in-us-hospice-use-and-end-of-life-care-preferences, a study demonstrated clear disparities between black and white Americans at end of life.

“What’s unique about our study is that we show this disparity is persistent — not decreasing over time — and appears to be fairly general because it is not specific to a few diseases such as cancer,” says David L. Roth, Ph.D., director of the Johns Hopkins Center on Aging and Health (COAH) and a co-author of the study. These persistent disparities may impact the quality of end-of-life experiences differently for Black and white Americans and underline the importance of advance care planning and advance directives — things that other studies have shown are less likely to be in place for Black Americans.”

The study also supported the notion that black Americans “voluntarily seek substantially more intensive treatment, such as mechanical ventilation, gastronomy tube insertion, hemodialysis, CPR and multiple emergency room visits in the last six months of life, while white patients more often choose hospice services.

My review of news stories, peer-reviewed studies and articles validated Mr. Turner’s assertion that the African-American community is dramatically under-served in the United States when it comes to end of life planning and hospice. With the persistence of the issue being related to a very deep-seated and legitimate skepticism of government and of health care institutions due to fairly recent racial abuses including the 40-year Tuskegee Syphilis Study that concluded in 1972, it will take a very nuanced message from a very focused provider like Heart’N Soul Hospice to begin a legitimate dialogue.

I enthusiastically support approval of a CON in hopes Heart’N Soul will help reduce the unmet need for hospice services in the African American community in Mecklenburg County, and I look forward to welcoming the company and its providers to the medical community once it’s approved.

Sincerely,

A handwritten signature in black ink, appearing to read "David Plemons". The signature is stylized with overlapping loops and a long horizontal stroke at the end.

David Plemons, Administrator
Eastover Nursing Center
Charlotte, NC



PROGRESSIVE BAPTIST CHURCH

1600 Clanton Rd • Charlotte, NC 28208 Office: (704) 376-3819

Email: secretary@pbcnetwork.org Website: www.pbcnetwork.org

June 21, 2023

Sandra B. Greene, DrPH

North Carolina State Health Coordinating Council

Dear Mrs. Greene,

I am writing in support of Dr. Kevin Allison and his application for a certificate of need for Heart and Soul Hospice. Dr. Allison and I met several months ago, and he shared with me his vision of establishing a black owned and operated hospice agency in our geographic area and I was very impressed with his plans and his many years of experience providing end of life care. Our practice serves a very diverse patient base, but several of our patients are African American and elderly, it seems to me an obvious decision to grant certification to Heart and Soul, especially given the recent pandemic and clear indications that we still have dramatic disparities in health care delivery based on race.

We are pleased to offer support to this application and pledge to do all we can to guarantee its success.

Warmly,

Rev. Terrance C. Grooms

July 26, 2023

Valerie Jarvis, Chair, Long-Term and Behavioral Health Committee
J. Cooper Linton, Vice Chair, Long-Term and Behavioral Health Committee
State Health Coordinating Council
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

Dear Ms. Jarvis and Mr. Linton:

I am writing to voice my strong support for the petition filed by Heart’N Soul Hospice to include an adjusted need determination in the *2024 State Medical Facilities Plan* for one additional hospice home care agency in Mecklenburg County focused on serving historically underserved racial and ethnic minority populations.

Those of us who live and work in Mecklenburg County can attest to the clear need for culturally competent hospice home care services in our community. As a community leader and entrepreneur committed to serving the racially and ethnically diverse population of Mecklenburg County, I recognize the important role that culturally competent healthcare providers play in reducing health disparities and improving quality of life for patients and their loved ones, particularly for terminally ill individuals. Reducing racial and ethnic disparities is a critical priority and essential to delivering effective health and human services in Mecklenburg County. With a focus on serving minority populations, the Heart’N Soul petition seeks to provide improved access to hospice services for underserved members of Mecklenburg County.

While the existing Mecklenburg County hospice agencies serve a considerable number of patients in and around Mecklenburg County, there continues to be a large number of minority residents, particularly those over age 65 who are more likely to require end-of-life care and that have endured decades of inequality, resulting in a lack of trust in medical institutions that makes it particularly challenging to gain acceptance to deliver care in their home. The unique reluctance of this population, coupled with limited education regarding hospice services and a lack of representation amongst healthcare providers, have unfortunately resulted in an unmet need for hospice care among the large number of minority residents in Mecklenburg County. Heart’N Soul’s petition seeks to ameliorate this issue by creating an adjusted need determination to address the provision of hospice care for historically marginalized individuals in the comfort of their own homes. By providing a team of dedicated caregivers that share lived experiences through racial, ethnic, and/or religious cultural identities, terminally ill patients and their loved ones can be assured of having access to and receiving a more comfortable, convenient, and affirming approach to end-of-life care.

Mecklenburg County residents would greatly benefit from access to a hospice home care agency focused on and equipped to provide culturally competent hospice home care services. Currently, such an agency does not exist. At the end of life, culturally competent hospice home care providers, like Heart’N Soul, can help reduce disparities in access to and utilization of hospice services amongst minorities and create safe spaces for terminally ill patients and their loved ones to love and grieve while being supported by a diverse and compassionate care team that understands the nuanced differences between racial, ethnic, and religious minorities with respect to dying with dignity and comfort. As such, I fully support Heart’N Soul Hospice’s petition.

Sincerely,

Signature: 

Christopher B. Moxley

Name: _____

July 26, 2023

Valerie Jarvis, Chair, Long-Term and Behavioral Health Committee
J. Cooper Linton, Vice Chair, Long-Term and Behavioral Health Committee
State Health Coordinating Council
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

Dear Ms. Jarvis and Mr. Linton:

I am writing to voice my strong support for the petition filed by Heart’N Soul Hospice to include an adjusted need determination in the *2024 State Medical Facilities Plan* for one additional hospice home care agency in Mecklenburg County focused on serving historically underserved racial and ethnic minority populations.

As an active provider serving the racially and ethnically diverse population of Mecklenburg County, I recognize the important role that culturally competent healthcare providers play in reducing health disparities and improving quality of life for patients and their loved ones, particularly for terminally ill individuals, and can attest to the clear need for culturally competent hospice home care services in our community. Reducing racial and ethnic disparities is a critical priority and is essential to delivering effective health and human services in Mecklenburg County. With a focus on serving minority populations, I believe the Heart’N Soul petition seeks to provide improved access to hospice services for underserved members of Mecklenburg County.

While the existing Mecklenburg County hospice agencies serve a considerable number of patients in and around Mecklenburg County, there continues to be a large number of minority residents, particularly those over age 65 who are more likely to require end-of-life care and that have endured decades of inequality, resulting in a lack of trust in medical institutions that makes it particularly challenging to gain acceptance to deliver care in their home. The unique reluctance of this population, coupled with limited education regarding hospice services and a lack of representation amongst healthcare providers, have unfortunately resulted in an unmet need for hospice care among the large number of minority residents in Mecklenburg County. Heart’N Soul’s petition seeks to ameliorate this issue by creating an adjusted need determination to address the provision of hospice care for historically marginalized individuals in the comfort of their own homes. By providing a team of dedicated caregivers that share lived experiences through racial, ethnic, and/or religious cultural identities, terminally ill patients and their loved ones can be assured of having access to and receiving a more comfortable, convenient, and affirming approach to end-of-life care.

Mecklenburg County residents would greatly benefit from access to a hospice home care agency focused on and equipped to provide culturally competent hospice home care services. Currently, such an agency does not exist. At the end of life, culturally competent hospice home care providers, like Heart’N Soul, can help reduce disparities in access to and utilization of hospice services amongst minorities and create safe spaces for terminally ill patients and their loved ones to love and grieve while being supported by a diverse and compassionate care team that understands the nuanced differences between racial, ethnic, and religious minorities with respect to dying with dignity and comfort. As such, I fully support Heart’N Soul Hospice’s petition.

Sincerely,

Signature: Tammy Woods BSN, RN

Name: Tammy Woods BSN, RN –President, Piedmont Black Nurses Association



ST. PAUL BAPTIST CHURCH, 1401 ALLEN STREET, CHARLOTTE, NC 28205
REVEREND DR. ROBERT C. SCOTT, SENIOR PASTOR

July 26, 2023

Valerie Jarvis, Chair, Long-Term and Behavioral Health Committee
J. Cooper Linton, Vice Chair, Long-Term and Behavioral Health Committee
State Health Coordinating Council
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

Dear Ms. Jarvis and Mr. Linton:

I am writing to express my strong support for the petition filed by Heart’N Soul Hospice. This organization is petitioning to include an adjusted need determination in the *2024 State Medical Facilities Plan* for one additional hospice home care agency in Mecklenburg County focused on serving historically, underserved racial and ethnic minority populations.

Those of us who live and work in Mecklenburg County can attest to the clear need for culturally competent hospice home care services in our community. As the Senior Pastor of St. Paul Baptist Church, I am committed to serving the racially and ethnically diverse population of Mecklenburg County. I recognize the important role that culturally competent healthcare providers play in reducing health disparities and improving quality of life for patients and their loved ones, particularly for terminally ill individuals. Reducing racial and ethnic disparities is a critical priority and essential to delivering effective health and human services in Mecklenburg County. With a focus on serving minority populations, the Heart’N Soul petition seeks to provide improved access to hospice services for underserved members of Mecklenburg County.

While the existing Mecklenburg County hospice agencies serve a considerable number of patients in and around Mecklenburg County, there continues to be a large number of minority residents, particularly those over age 65 who are more likely to require end-of-life care and that have endured decades of inequality, resulting in a lack of trust in medical institutions that makes it particularly challenging to gain acceptance to deliver care in their home. The unique reluctance of this population, coupled with limited education regarding hospice services and a lack of representation amongst healthcare providers, have unfortunately resulted in an unmet need for hospice care among the large number of minority residents in Mecklenburg County. Heart’N Soul’s petition seeks to ameliorate this issue by creating an adjusted need determination to address the provision of hospice care for historically marginalized individuals in the comfort of their own homes. By providing a team of dedicated caregivers that share lived experiences through racial, ethnic, and/or religious cultural identities, terminally ill patients and their loved ones can be assured of having access to and receiving a more comfortable, convenient, and affirming approach to end-of-life care.

Mecklenburg County residents would greatly benefit from access to a hospice home care agency focused on and equipped to provide culturally competent hospice home care services. Currently, such an agency does not exist. At the end of life, culturally competent hospice home care providers, like Heart’N Soul, can help reduce disparities in access to and utilization of hospice services amongst minorities and create safe spaces for terminally ill patients and their loved ones to love and grieve while being supported by a diverse and compassionate care team that understands the nuanced differences between racial, ethnic, and religious minorities with respect to dying with dignity and comfort. As such, I fully support Heart’N Soul Hospice’s petition.

Sincerely,

Reverend Dr. Robert Charles Scott
Senior Pastor

/rcs