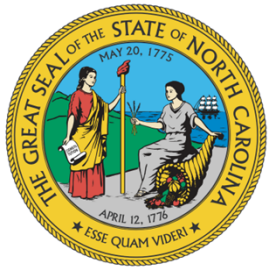


# NC Minority Health Advisory Council Quarterly Meeting

Office of Minority Health &  
Health Disparities (OMHHD)

December 16, 2025



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**



NC DHHS Health Portfolio

# Welcome and Member Roll Call

**Florida Ahado**

**Data and Evaluation Program Manager**



# Meeting Agenda

## 1. Welcome

## 2. Health Portfolio Updates

- Debra Farrington, Deputy Secretary

## 3. Medicaid Updates

- LaQuana Palmer, Deputy Director  
Communications and Engagements

## 4. Office of Minority Health Updates

- Dr. Portia Pope, Director
- Tatiana Moore, Minority Diabetes Prevention  
Program Manager

## 5. Questions / Closing Remarks

- 1. Enable MHAC members to better understand how NCDHHS and OMHHD function to eliminate health disparities and serve the people of NC.**
- 2. Leverage the expertise of MHAC members to inform and support NCDHHS priorities related to addressing health disparities and provide a call to action for member involvement, feedback, and input.**

# Meeting Objectives

# Communication Considerations



**Use the chat to ask questions.** A meeting facilitator will read your question aloud to the group if there is time after each presentation section. Or, if there is not time, there is a dedicated discussion time reserved at the end.



**Use the chat to provide insight or ideas during the presentation.** All feedback and comments are welcome as the speakers present.



There is a dedicated **floor discussion** time later in this meeting.



If you come off mute to speak, please **state your name and affiliation** for the group before sharing.

# NCDHHS and Health Portfolio Updates

**Debra Farrington, MSW, LCSW**  
**NCDHHS Deputy Secretary for Health**



# Overview: Rural Health Transformation Plan At-a-Glance

## **RHTP is part of H.R. 1**

- States apply for financial allotments to improve the access to care, enhance technology, build strategic partnerships, and support workforce.
- Application was due November 5, 2025. The CMS must approve or deny applications by December 31, 2025; states that receive approval do not need to reapply each year.
- Governors designate a “lead entity” to submit application. NCDHHS the designee for NC.

## **What this means for N.C.?**

Our rural population is the *second largest in the country*. NC's strong safety net system provides a strong foundation for impact.

## **RHTP is an opportunity**

NC can build on the innovative models that work, spur sustainable innovation, support NC’s rural workforce, and improve access to care for 3M individuals living in rural areas.

# Overview: Rural Health Transformation Plan At-a-Glance

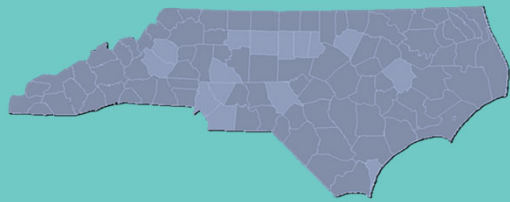
## RHTP Use of Funds Under H.R. 1

States are required to use RHT Program funds for at least three of the following approved uses:

1. **Promoting evidence-based, measurable interventions** to improve prevention and chronic disease management.
2. **Providing payments to health care providers** for the provision of health care items or services, as specified by the Administrator.
3. **Promoting consumer-facing, technology-driven solutions** for the prevention and management of chronic diseases.
4. **Providing training and technical assistance** for the development and adoption of technology-enabled solutions that improve care delivery in rural hospitals, including remote monitoring, robotics, artificial intelligence, and other advanced technologies.
5. **Recruiting and retaining clinical workforce talent** to rural areas, with commitments to serve rural communities for a minimum of 5 years.
6. **Providing technical assistance, software, and hardware** for significant information technology advances designed to improve efficiency, enhance cybersecurity capability development, and improve patient health outcomes.
7. **Assisting rural communities to right-size their health care delivery systems** by identifying needed preventative, ambulatory, pre-hospital, emergency, acute inpatient care, outpatient care, and post-acute care service lines.
8. **Supporting access to opioid use disorder treatment services**, other substance use disorder treatment services, and mental health services.
9. **Developing projects that support innovative models of care** that include value-based care arrangements and alternative payment models, as appropriate.
10. **Additional uses** designed to promote sustainable access to high quality rural health care services, as determined by the Administrator.



# NC's Rural Health Transformation Plan By the Numbers

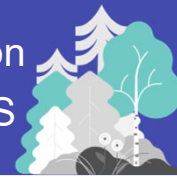


**3 million** rural North Carolinians served across **85 counties**

**420+** stakeholders engaged in application development

**2nd largest**

rural population in the US



**400+** rural health facilities to be reached

**6 integrated initiatives** addressing workforce, access, technology, behavioral health, chronic disease, and payment models



#### Top Emerging Themes

##### Access to Care and Infrastructure:

Mobile clinics, telehealth kiosks, and EMS-based triage are widely proposed to address hospital closures and transportation barriers in rural areas.

##### Behavioral Health & Substance Use Disorder (SUD) Services:

Telepsychiatry, school-based mental health, and mobile crisis units are key strategies to address North Carolina's low behavioral health access ranking.

##### Workforce Recruitment and Retention:

Stakeholders emphasize rural residencies, CNA-to-LPN pipelines, loan repayment, and housing stipends to address critical shortages in clinical staff.

##### Technology-Enabled Chronic Disease Management:

Remote patient monitoring (RPM), pharmacist-led care, and AI-based screening tools are central to managing diabetes, hypertension, and heart disease.

##### Maternal & Pediatric Health:

OB teleconsultation, pharmacy-based contraceptive access, and RPM for preeclampsia are proposed to address maternity care deserts and improve outcomes.

##### Social Determinants of Health (SDOH) Integration:

Programs like NCCARE360, Healthy Opportunities Pilots, and CHW-led outreach are being scaled to address housing, food insecurity, and transportation.

**~\$200 million annually** in federal investment over five years



## Six Interlinked Initiatives work synergistically to achieve NCRHTP Vision & Goals

1

### Build Rural Community Care Network “Hubs”

- Design and deploy community-tailored services that address physical health, behavioral health, substance use, and upstream wellbeing needs
- Build platforms to improve information sharing, joint training, program coordination, and group purchasing

**Performance Objective:** Establish 6 NC “ROOTS” Hubs by program Y2.

**(Improves access, outcomes, and partnerships)**

2

### Create Models & Capacity for Expanded Primary Care, Prevention, and Chronic Disease Management

- Expanded access to primary and specialists through digital-forward models
- Care coordination and navigation supports across local networks of care
- Upstream supports and interventions emphasizing prevention and wellness

**Performance Objective:** Decrease the % of adults in the target rural population reporting three or more chronic health conditions from 12.1% to 9.7% by Y5.

**(Improves access, outcomes, and partnership)**

3

### Expand and Integrate Behavioral Health and SUD Services

- Expanded services through the CCBHCs
- Enhanced assessment & treatment programs to address critical care gaps in first episode psychosis, rural crisis, mobile, outreach & response, mobile opioid treatment and medication units, and school-based health

• New collaboratives to connect patients to care. **Performance Objective:** Increase the number of Medicaid patients beginning MH treatment by 5% year through Y5.

**(Improves access, outcomes, and partnerships)**

## Six Interlinked Initiatives work synergistically to achieve NCRHTP Vision & Goals

4

### Build a Robust & Resilient Workforce & Innovative Care Team Models for Rural Communities

- Expanded rural residencies and fellowships and training/certification for CHWs, peers, direct care workers and other health professionals
- Expanded simulation & interprofessional training
- Increased capacity for qualified training sites and faculty/teachers
- Outreach & high-school-to-job pipelines

**Performance Objective:** Decrease rural county provider vacancy rates by 10% by program Y5. **(Strengthens workforce)**

5

### Ensure Fiscal Sustainability of Rural Health Providers Through Innovative Financial Models

- Rural Medicaid VBP models via two linked programs:
  - Primary care capitation pilot
  - Rural hospital VBP capacity building
- Reduce operating costs and inefficiencies in care delivery

**Performance Objective:** Increase participating rural hospital and primary care clinic readiness for or engagement in value-based payment models by 10-15% over baseline by program year 5 **(Financial solvency strategy and cause identification)**

6

### Modernize Rural Care Delivery Through Digital Forward Solutions

- Data exchange via rural provider connectivity to the state (HIE)
- New rural precision public health models
- Expanded rural provider adoption of AI tools, virtual care models for P2P consults and complex care management in regions where specialty care is limited
- Improved digital health literacy and digital patient tools in rural communities

**Performance Objective:** Reduce the gap in rural provider HIE connectivity by 70 practices by program Y3 **(Addresses technology use and data-driven solutions)**

# Communications & Engagement Updates

**LaQuana Palmer, MPA**  
**Division of Health Benefits (NC Medicaid)**  
**Deputy Director, Communications and Engagement**

OFFICE OF MINORITY HEALTH (HEALTH PORTFOLIO) | NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES



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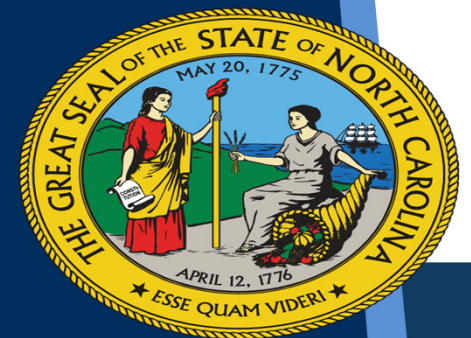
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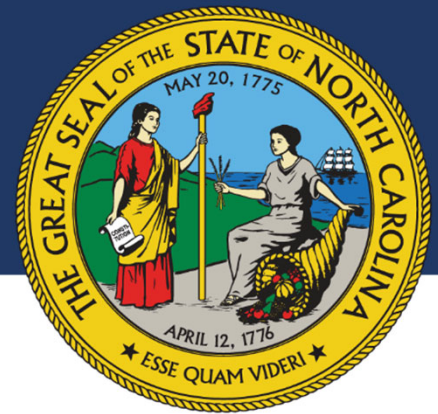
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# Office of Minority Health Updates

**Portia D. Pope, Ph.D., MPA, PMP, LSSGB, NCCM, IMH-E**  
**Director, Office of Minority Health and Health Disparities**



# Media & Communications

NC MDPP Program featured in several newspapers, such as:

- [Pitt County News](#)
- [Asheville News](#)
- [Minority Diabetes Prevention Program Press Release](#)
- [Richmond News](#)
- [WLOS](#)

Created a set of clear, conversational, and fact-based talking points tailored for Secretary Sangvai's appearance on CBS17's *Healthy Matters* with Rod Carter (October 30), grounded in the 2024 Health Disparities Analysis Report and the most recent NIH/HD Pulse data (2019–2023)

- [CBS17](#)



GREENVILLE, N.C. (WNCT) — November is National Diabetes Awareness Month, and the Pitt County Health Department marked the occasion by hosting its Living Well with Diabetes event to bring vital resources and education to the community.

The event featured multiple vendors offering information about diabetes management, healthy living, and wellness resources. Attendees also had the opportunity to receive free A1C checks to assess their blood sugar levels.

Patti Columbe, Diabetes Community Care Coordinator for the Pitt County Health Department, said the event aims to reach people at all stages of diabetes and pre-diabetes.

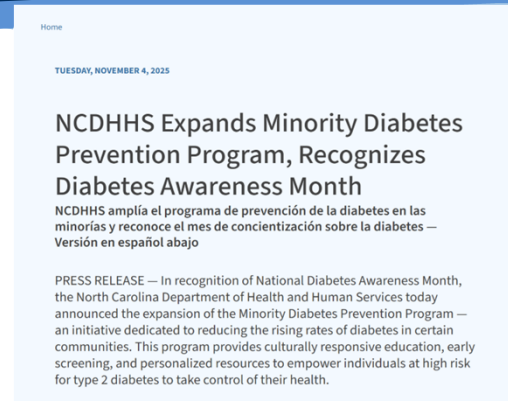
"We're helping people with pre-diabetes today to screen people with type one, like I have people



RALEIGH, N.C. (WNCN) — November is Diabetes Awareness Month and we've been covering issues related to living with diabetes all month.

In North Carolina, there are a number of resources available to assist people living with the disease, like Jasmine Canady. She never thought diabetes would be part of her life — until she was diagnosed with Type 2 diabetes at just 14 years old.

"Stunned is not the word," she said.



PRESS RELEASE — In recognition of National Diabetes Awareness Month, the North Carolina Department of Health and Human Services today announced the expansion of the Minority Diabetes Prevention Program — an initiative dedicated to reducing the rising rates of diabetes in certain communities. This program provides culturally responsive education, early screening, and personalized resources to empower individuals at high risk for type 2 diabetes to take control of their health.



In recognition of National Diabetes Awareness Month, the North Carolina Department of Health and Human Services has announced the expansion of the [Minority Diabetes Prevention Program](#) — an initiative dedicated to reducing the rising rates of diabetes in certain communities.

This program provides culturally responsive education, early screening, and personalized resources to empower individuals at high risk for type 2 diabetes to take control of their health.

"While diabetes can affect everyone, it continues to disproportionately impact certain groups," said NCDHHS Deputy Secretary for Health Debra Farrington. "Access to prevention and support must reflect the unique needs of those we serve, and the Minority Diabetes Prevention Program is designed to close that gap and promote healthier futures for all."

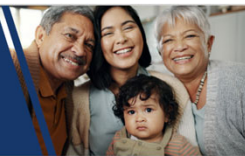


# Public Health Fact Sheets: Improving Health Outcomes Across Priority Populations

Informational Resources aimed to raise awareness and reduce disparities:

- Hispanic/Latinx Disparities Fact Sheet
- American Indian Disparities Fact Sheet

## Hispanic/Latinx Health Disparities in North Carolina



### Overview

Hispanic/Latinx communities face significant disparities in health and access to care in North Carolina. Structural barriers such as language accessibility, immigration status, and lack of health coverage contribute to high incidences of preventable diseases and cancer mortality rates. Addressing disparities and building community-centered strategies is crucial to improve health outcomes in the community.



### Chronic Disease Disparities



#### DIABETES DISPARITIES

Hispanic/Latinx communities are 1.5 times more likely to encounter disparities that lead to being diagnosed with diabetes.



#### CANCER DISPARITIES

Higher cancer incidence and mortality from certain cancers.

- 1.71 times more from cervical cancer incidence
- 1.98 times more from stomach cancer incidence
- 1.37 times more from liver cancer incidence
- 1.39 times more likely to die from cervical cancer
- 2.25 times more likely to die from stomach cancer



#### DISPARITIES IN ACCESS TO HEALTH CARE

More likely to encounter disparities that lead to being uninsured or underinsured.

- 3.89 times more likely to not have health insurance.
- 2.08 times more likely to not see a doctor due to cost.



#### DISPARITIES IN SOCIAL DETERMINANTS OF HEALTH

Socioeconomic: Hispanic/Latinx communities face significant challenges in accessing resources and opportunities that improve health.

More likely to encounter disparities that lead to experiencing poverty:

- 2.41 times more likely for all ages
- 2.97 times more likely for children under age 18
- 1.78 times more likely for adults age 65+
- 1.33 times more likely to have housing costs over 30% of their household income

Less likely to have access to education:

- 1.39 times less likely to have a high school degree or GED
- 1.73 times less likely to have a bachelor's degree
- 1.29 times more likely to have a lower household income
- 1.43 times more likely to be unemployed

## NORTH CAROLINA HEALTH DISPARITIES ANALYSIS REPORT

American Indian Communities, 2024  
Community-focused Highlights



### POPULATION OVERVIEW

North Carolina is home to eight state-recognized tribes: over 130,000 American Indian and Alaska Native (AI/AN) residents—the largest tribal population east of the Mississippi River. Statewide, 3% of residents identify as AI/AN alone or in combination, compared to 1.1% nationwide. The highest tribal populations are found in Medicaid Regions 1 and 5, with counties like Robeson (42%), Swain (34%), and Scotland (14%) showing significant AI/AN representation.

### RECOGNIZED TRIBES & URBAN INDIAN ORGANIZATIONS



### NORTH CAROLINA TRIBAL RECOGNITIONS

- 1 Federally Recognized Tribe in North Carolina
  - Eastern Band of Cherokee Indians (EBCI)
- 8 State-Recognized Tribes in North Carolina
  - Coharie Tribe
  - Haliwa-Saponi Indian Tribe
  - Lumbee Tribe of North Carolina
  - Meherrin Indian Tribe
  - Occaneechi Band of the Saponi Nation
  - Sappony Tribe
  - Waccamaw Sissau Tribe
  - Eastern Band of Cherokee Indians (EBCI)
- 4 Urban American Indian Organizations
  - Cumberland County Association for Indian People (CCAIP) — based in Fayetteville
  - Guilford Native American Association (GNAA) — in Greensboro; oldest urban Indian organization in NC (founded 1975)
  - Metrolina Native American Association (MNAA) — serves Charlotte/Metrolina region; established mid-1970s
  - Triangle Native American Society (TNAS) — serves Raleigh-Durham-Chapel Hill area; incorporated in 1984

### CULTURAL PROTECTIVE FACTORS IN AMERICAN INDIAN HEALTH

Strengths that support health, resilience, and healing include:

- **Cultural Identity:** Heritage, language, and traditions boost self-esteem and wellness.
- **Family & Community:** Strong intergenerational ties provide emotional and caregiving support.
- **Spirituality & Healing:** Ceremonies, prayer, and traditional practices foster holistic health.
- **Connection to Land:** Activities like hunting, fishing, and gathering nurture physical and spiritual well-being.
- **Storytelling & Arts:** Rich oral traditions and cultural expression preserve identity and aid healing.
- **Historical Resilience:** Surviving adversity strengthens community cohesion.
- **Community-Led Programs:** Tribal and urban Indian health initiatives improve outcomes.
- **Cultural Education:** Teaching youth heritage builds pride and belonging.

# Public Health Fact Sheets: Improving Health Outcomes Across Priority Populations

Informational Resources aimed to raise awareness and reduce disparities:

- ❖ Rural Health Disparities Fact Sheet
- ❖ Women's Heart Health Month Factsheet, co-branded with Office of Minority Health's NC Minority Diabetes Prevention Program and NC WiseWoman (bilingual)



## NC WISEWOMAN and The NC Minority Diabetes Prevention Program (NC MDPP)



### Take Charge of Your Heart

- Heart Health is Women's Health. Celebrate Heart Health Month with facts, resources, and programs designed for women in North Carolina.



### The Big Picture: Heart Disease in NC

- Heart disease is the leading cause of death in North Carolina for both men and women.<sup>1</sup>
- Heart Disease is the #1 health threat for women, yet nearly 75% of cases are preventable.<sup>2</sup>
- 40% of women ages 20 and above are living with some form of heart disease.<sup>1</sup>
- African American and American Indian women in NC are up to 20% more likely to die from heart disease than White women.<sup>4</sup>



### Protect Your Heart

Simple steps can make a big difference:

- Eat 4-5 servings of fruits and vegetables daily.
- Limit sweetened drinks and alcohol.
- Be more active! Adults should get 2 1/2 hours of moderate or 75 minutes of vigorous physical activity per more week.
- Quit tobacco or vaping.
- Get healthy sleep: Most adults need 7-9 hours each night.
- Manage stress with mindfulness, movement, and support.



### Know Your Risk

- Updated blood pressure guidelines: High blood pressure begins at 130 over 80.
- Know your numbers: Get screened to find out your blood pressure, blood sugar, cholesterol, and BMI.
- Why it matters: Early detection and healthy changes can lower your risk for heart disease, stroke, and other chronic conditions.
- The silent threat: You can have high blood pressure and not feel any symptoms.

References: 1. CDC, Stat of the States, 2023 | 2. American Heart Association/American Stroke Association Fact Sheet 3. CDC, 2024 | 4. NCDHHS Office of Health Equity, Health Disparities Analysis Report, 2023

## Rural Health Disparities in North Carolina



### Overview

Rural communities in North Carolina face ongoing health disparities linked to limited access to care, provider shortages, and higher rates of chronic disease. Geographic isolation, transportation barriers, and economic challenges make it harder for residents to receive timely and consistent health services. The North Carolina Department of Health and Human Services (NCDHHS) has published the Health Disparities Analysis Report (HDAR) to identify key health disparities where it sees the greatest opportunity to make a significant impact over the next three to five years. Strengthening the rural health workforce, supporting local partnerships, and investing in community-based solutions are key to improving access and building healthier, more resilient rural communities across the state.

### Key Disparity Findings



#### DISPARITIES IN ACCESS TO HEALTH CARE

- Of the 100 counties in North Carolina, nearly 75% have a provider-to-resident ratio greater than 1,500:1, meaning three of four counties have limited access to local primary care.
- Moreover, 91 counties in North Carolina have a shortage of health professionals in at least three key service areas: Primary care, Dental care and Mental and Behavioral health care.
- Rural vs. Urban disparity ratio: Rural residents experience up to 1.8x greater difficulty accessing health care services than urban residents.
- One in six rural adults lacks health insurance, with adults in rural areas 1.5x more likely to be uninsured than those in urban areas.
- Since 2005, 13 rural hospitals in North Carolina have closed or reduced services, disproportionately affecting counties already identified as "medically underserved."
- Rural residents use Emergency Departments for non-emergency care 1.8x more frequently than urban residents, a reflection of limited access to primary and urgent care.
- Counties with the lowest percentage of available providers are also the counties with the highest rate of preventable hospitalizations and highest death rate due to chronic conditions.



#### DISPARITIES IN SOCIAL DETERMINANTS OF HEALTH

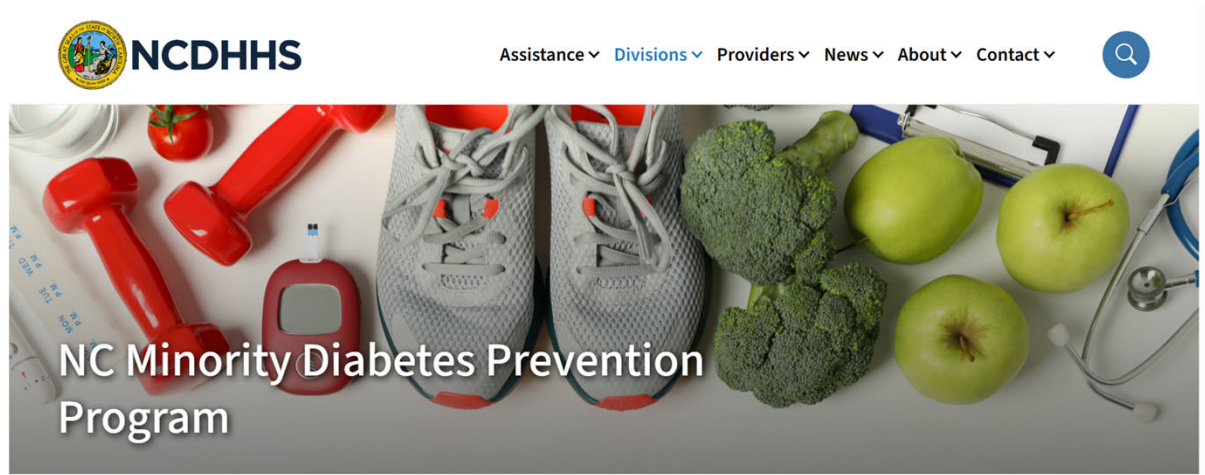
- Rural counties in North Carolina have a poverty rate of 18.7%, compared to 11.6% in urban counties – meaning rural residents are 1.6x more likely to live in poverty.
- The rural unemployment rate is 1.4x higher than the state average, with job losses concentrated in manufacturing, farming, and small business sectors.
- Only 19% of rural residents hold a bachelor's degree or higher, compared to 36% of urban residents – nearly a 2x gap that correlates strongly with lower health literacy and preventive care participation.
- Adults living in rural communities with less than a high school education are 2.3x more likely to skip preventive screenings and regular check-ups than those with post-secondary education (HDAR, Table 10 – Access to Care Indicators).



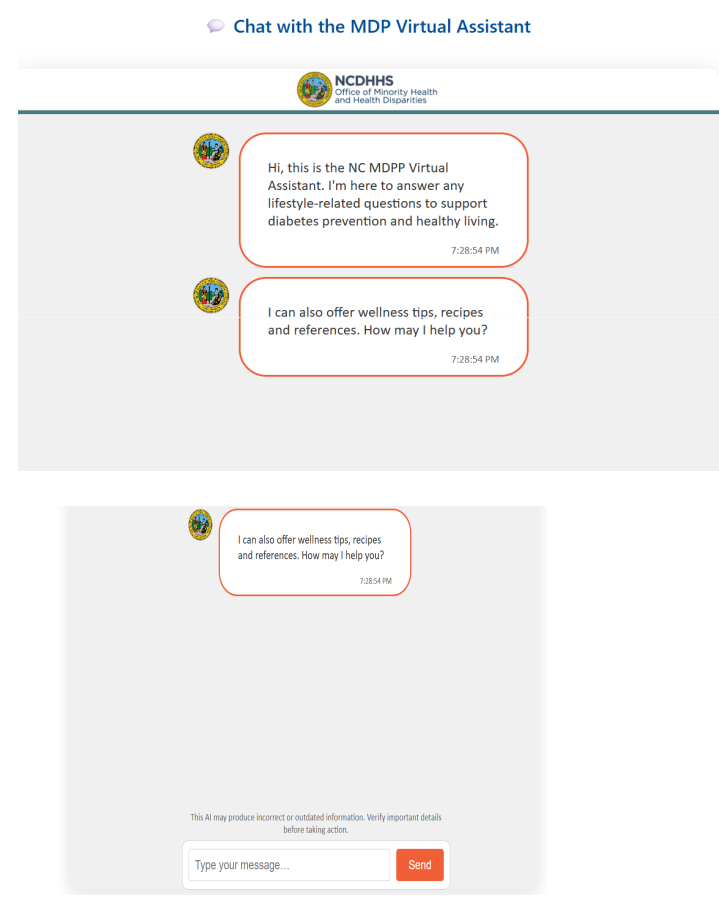
#### CHRONIC DISEASE OUTCOMES

- Chronic diseases are more prevalent among rural residents compared to their urban peers. Rural residents show higher incidence and mortality from:
  - Heart disease disparity: More than 1.4x higher than urban peers
  - Diabetes disparity: Nearly 1.5x higher prevalence and 1.6x higher mortality

# NC Minority Diabetes Prevention Program (MDPP) Website



The NC MDPP website has a “Wholistics Chatbot” Virtual Assistant for the public interface in English and Spanish



# ASTHO's Brain Health Learning Collaborative

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A national initiative led by the Association of State and Territorial Health Officials (ASTHO).



Brings together states to advance brain health, share best practices, and strengthen programs related to cognitive health, dementia, and healthy aging.



Provides technical assistance, shared learning, and cross-state collaboration to support innovative and evidence-based approaches.

# ASTHO's Brain Health Learning Collaborative.

## Explore

Explore new insights and strategies that improve brain-health programming.

## Receive

Receive technical support to enhance new and existing initiatives.

## Learn

Learn from ASTHO experts and peer states.

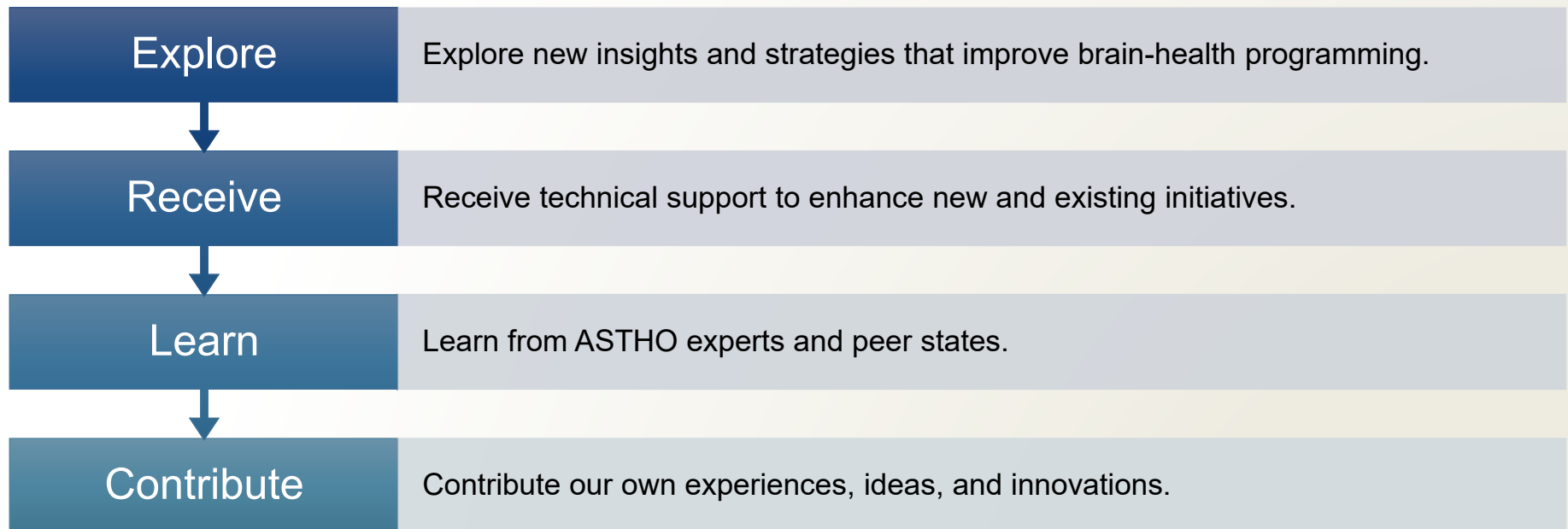
## Contribute

Contribute our own experiences, ideas, and innovations.

**Office of the Secretary:** Dr Lawrence Greenblatt, State Health Director and Chief Medical Officer; Dr. Daniel Carnegie, Chief Data Officer; Dr. Portia Pope, Director, Office of Minority Health and Health Disparities.

**Division of Public Health:** Divya Venkataganesan Cupitt, MPH, Section Chief, Planning and Systems Support, Division of Aging

# ASTHO's Brain Health Learning Collaborative Goals



**Office of the Secretary:** Dr Lawrence Greenblatt, State Health Director and Chief Medical Officer; Dr. Daniel Carnegie, Chief Data Officer; Dr. Portia Pope, Director, Office of Minority Health and Health Disparities.

**Division of Public Health:** McDonald, Kimberly, MD, MPH, Chronic Disease and Injury Section Chief.

**Division of Aging:** Divya Venkataganesan Cupitt, MPH, Section Chief, Planning and Systems Support

## Respiratory Illness Communications Toolkit

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The North Carolina Department of Health and Human Services is offering a free downloadable [respiratory health toolkit](#) to help North Carolinians defend themselves and their families during this respiratory virus season. Help your community have good information.

Toolkit includes:

- Social media graphics and posts
- Fact sheets
- Posters
- Rack cards
- Video public service announcements

The toolkit informs North Carolinians about respiratory illnesses like the flu, COVID and RSV, how to prevent them, and where to find a vaccine. For more information visit [MySpot.nc.gov](https://www.dph.ncdhhs.gov) or [Vacunate.nc.gov](https://www.dph.ncdhhs.gov).

To use the toolkit, scan the QR code or go to:

<https://www.dph.ncdhhs.gov/programs/epidemiology/communicable-disease/respiratory-diseases/seasonal/materials/vaccines>.



# Respiratory Illness Campaign

## 2025 Annual Golden Years Holiday Celebration: A Seasonal Celebration of Raleigh Seniors

- Meymandi Concert Hall
- December 11, 2025  
8 am – 12 pm

Sponsored by NCDHHS and MySpot.nc.gov to promote respiratory health, healthy habits and seasonal vaccines for seniors

Presented by WRAL, parent company Capitol Broadcasting Company and Raleigh Parks, Recreation and Cultural Resources





# Respiratory Illness Communications Toolkit

## Promotion for the NCDHHS Respiratory Illness Campaign hosted by NCDHHS and [MySpot.nc.gov](https://www.myspot.nc.gov)

- The new respiratory illness landing pages are live!
- Their original locations are on the DPH site in English and in Spanish and can be found via [myspot.nc.gov](https://www.myspot.nc.gov) and [vacunate.nc.gov](https://www.vacunate.nc.gov).

Keep children up to date on their vaccines for respiratory illnesses that spread more easily in the winter.

- Kids 6 months+ can get their COVID-19 vaccine and flu shot.
- Babies and children under two may also need protection against RSV.

Stock photos: Pexels by marcelo. Top: Shutterstock by gormicorey only.

Learn more at: [MySpot.nc.gov](https://www.myspot.nc.gov)

NCDHHS

This graphic features a blue background with three photos of children: a baby being fed, two boys playing with a ball, and a family smiling. The NCDHHS logo is at the bottom right.

Talk to a health care provider about recommended vaccines.

Flu, COVID-19 and RSV vaccines can be given at the same time, **usually without an appointment.** Call ahead to check.

Get vaccinated to enjoy seasonal activities, time with friends and family and avoid missing work.

Ask a provider about:

- Flu shots
- COVID-19 vaccines
- RSV protection

Learn more at: [MySpot.nc.gov](https://www.myspot.nc.gov)

NCDHHS

This graphic features a brown header, a light blue body, and a dark blue footer. It includes a checklist graphic with three items: Flu shots, COVID-19 vaccines, and RSV protection. The NCDHHS logo is at the bottom right.

[Flu, COVID-19 and RSV Vaccines | Division of Public Health](#)

[Vacunas contra la gripe \(influenza\), el COVID-19 y el virus respiratorio sincitial \(VRS\) \(en español\) | Division of Public Health](#)

# Public Health Education

## Division of Public Health and OMHHD partnership on the Public Health Respiratory Campaign 2025

- **Awareness & Public Health Education**  
Increasing community understanding of respiratory illnesses, prevention strategies, and protective behaviors.
- **Vaccination Efforts**  
Promoting access to and uptake of recommended respiratory vaccines across diverse communities.
- **Testing & Treatment**  
Expanding awareness of testing options and connecting high-risk populations to timely treatment and support.

[Flu, COVID-19 and RSV Vaccines | Division of Public Health](#)

[Vacunas contra la gripe \(influenza\), el COVID-19 y el virus respiratorio sincitial \(VRS\) \(en español\) | Division of Public Health](#)



[https://youtube.com/watch?v=dltPxbCQ1\\_g&si=Pc9yVvkuUsxzKXTM](https://youtube.com/watch?v=dltPxbCQ1_g&si=Pc9yVvkuUsxzKXTM)

# Community and Partner Engagements

## CPE

- Newsletter relaunch
- Emergency and disaster preparedness in Dare County and Sampson

## County Cross-Division Work

- Deaf Hard of Hearing
- Office Communication and Language Access
- Medicaid
- DSS (office of Refugee Services)
- DPH
- Office of Economic Opportunity

## MDPP- DeNita Murdock Nash

- Trained by the ADA to become a certified lifestyle coach
- Enrolled in contract management certification program, will be providing diabetes prevention CPE events statewide
- Site visits statewide with health departments start in January 2026

# Community and Partner Engagements

- Builds **trust** with community members
- Ensures **cultural relevance** of programs
- Expands **access to care**
- Strengthens **communication** between organizations and communities
- Supports **long-term health improvements**
- Helps **identify real community needs**, so programs address what truly matters

**521** Engagements  
**Statewide**

Community and  
Partner Engagement |  
NCDHHS



**40k+**

People reached  
(January –  
October 2025)

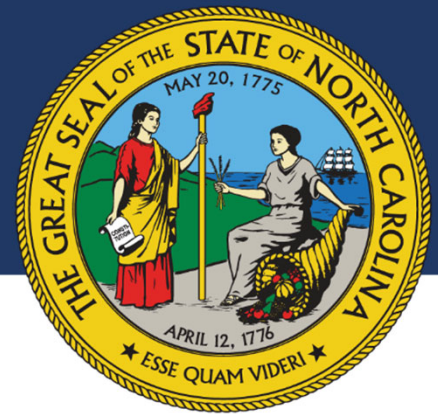
New partnerships expanded



# Minority Diabetes Prevention Program (MDPP) Updates

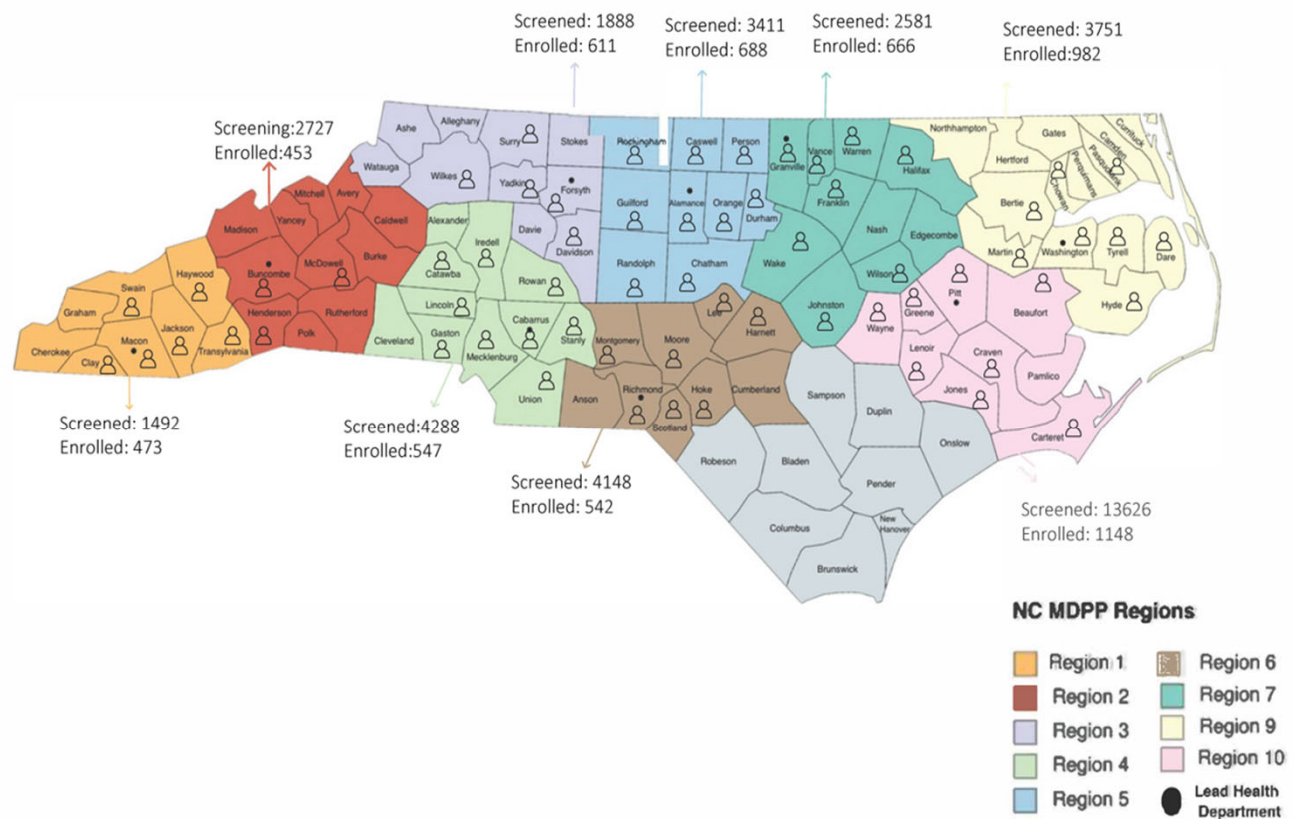
**Tatiana Moore, MPH, RDN, LDN, IBCLC**

**NC Minority Diabetes Prevention Program (MDPP) Program Manager**



# NC MDPP Reach and Region 8

- Region 8 (2017-2021).
  - 1527 people screened for prediabetes
  - 304 NC MDPP participants
  - 23 NC MDPP Lifestyle Class Series

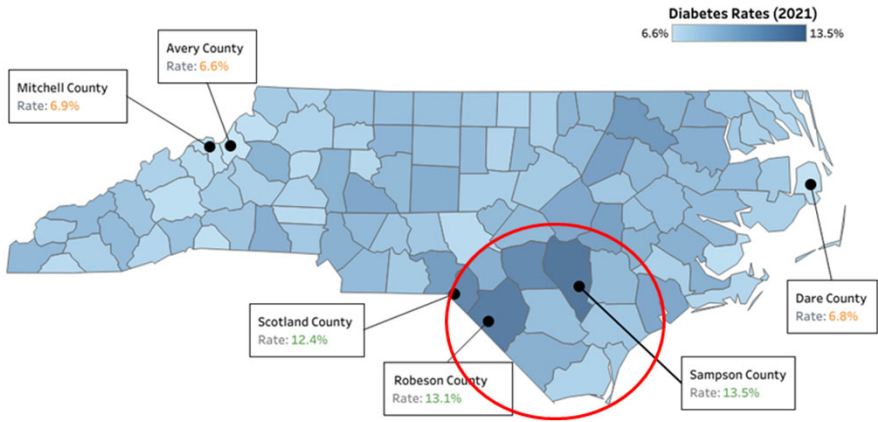


**NCDHHS**

NC Minority Diabetes Prevention Program (NC MDPP)

# DIABETES STATISTICS BY REGION 8 COUNTIES

Highest and Lowest Rates of Diabetes in North Carolina (2021)



CAROLINA DEMOGRAPHY Source: <https://gis.cdc.gov/qasmp/diabetes/diabetesatlas-sdoh.html#>

County	Diabetes Rates (2021)	Diabetes Death Rates (2019-2023)	% Minority
Brunswick	7.7%	22.8	17.1
Pender	8.4%	26.8	25
New Hanover	8.2%	17.0	26
Onslow	10.3%	35.4	35
Columbus	9.8%	46.4	40.7
Bladen	8.9%	44.2	45.1
Duplin	9.2%	34.8	49
Sampson	13.5%	53.2	50.4
Robeson	13.1%	43.5	74
NC State	12%	27.7	40

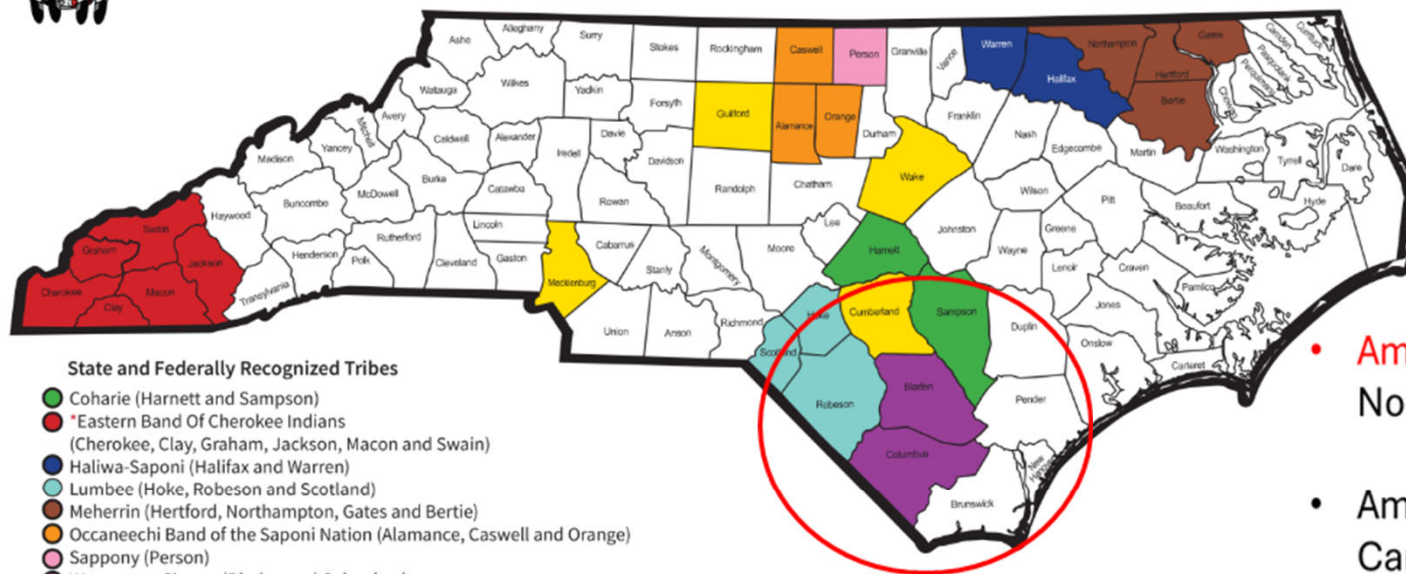


# Diabetes in the American Indian Population



N.C. Commission of Indian Affairs

## N.C. Tribal and Urban Communities



### State and Federally Recognized Tribes

- Coharie (Harnett and Sampson)
- \*Eastern Band Of Cherokee Indians (Cherokee, Clay, Graham, Jackson, Macon and Swain)
- Haliwa-Saponi (Halifax and Warren)
- Lumbee (Hoke, Robeson and Scotland)
- Meherrin (Hertford, Northampton, Gates and Bertie)
- Occaneechi Band of the Saponi Nation (Alamance, Caswell and Orange)
- Sappony (Person)
- Waccamaw Siouan (Bladen and Columbus)
- \* Federally Recognized

### Urban Indian Organizations

- (Holding membership on the NC Commission of Indian Affairs):
- Cumberland County Association for Indian People
- Guilford Native American Association
- Metrolina Native American Association
- Triangle Native American Society

Areas in color indicate counties where the eight Recognized Tribes of North Carolina reside.

Counties in yellow (Mecklenburg, Guilford, Cumberland and Wake) Location of American Indian Associations.

## Diabetes Trends

- American Indian 19.6% vs. North Carolina 14.6%
- American Indians in North Carolina have a **30% higher diabetes mortality rate** than the state average.

\*\*Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2023

Map published by the North Carolina Commission of Indian Affairs, 2021



### NCDHHS

NC Minority Diabetes Prevention Program (NC MDPP)



# DEMOGRAPHIC BREAKDOWN OF ROBESON, SAMPSON, AND ONSLOW COUNTIES

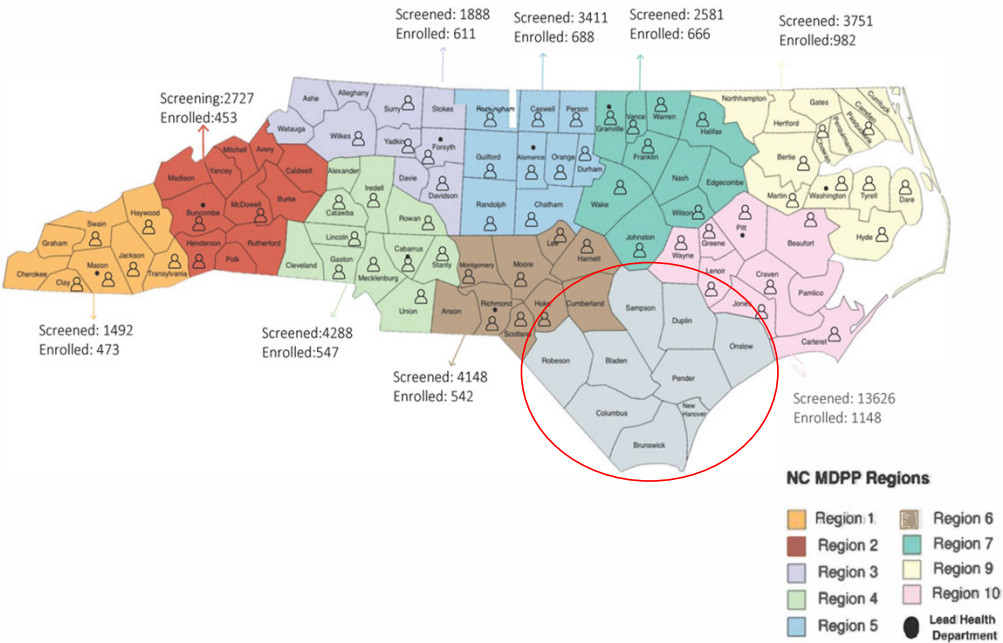
County	American Indian	Black	Hispanic	Asian	White
Onslow	0.6%	14%	13.6%	2%	65.5%
Sampson	1.8%	24.3%	21.9%	0.4%	49.6%
Robeson	39.9%	23.1%	9.8%	0.6%	23.7%



# THE ISSUE

## Expansion into Region 8 requires additional resources

- Limited resources in other regions.
- Every region wants to expand.
- Interest in the program has increased overall.



**NCDHHS**  
 NC Minority Diabetes Prevention Program (NC MDPP)

# INCREASED COMMUNITY ENGAGEMENT

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Increase engagement in counties with high health disparities and limited resources by using our Access to Care Model



Using our Access to Care Model to implement strategies and activities focused on prevention, health education, and promotion, with the goal of reducing disease, improving health, and enhancing quality of life at both the individual and community levels.

# Any Questions, Comments, or Feedback?

## Open Discussion



# Closing Remarks

## Contact Us:

- Office of Minority Health and Health Disparities:
  - [OMHHD@dhhs.nc.gov](mailto:OMHHD@dhhs.nc.gov)
- Dr. Portia Pope, Deputy Director, OMHHD:
  - [Portia.D.Pope@dhhs.nc.gov](mailto:Portia.D.Pope@dhhs.nc.gov)

## Resources:

- [Office of Minority Health & Health Disparities Website](#)
- [Health Portfolio Website](#)
- [Community & Partner Engagement \(CPE\) Website](#)
  - [CPE Resources Page](#)
- [MHAC Website](#)

NC Minority Health Advisory  
Council Post-Session Survey  
(December 2025)



[Link to survey](#)

# *Thank you!*

**NC Minority Health Advisory Council Quarterly Meeting  
December 16, 2025**

OFFICE OF MINORITY HEALTH (HEALTH PORTFOLIO) | NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

