



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

NC Minority Health Advisory Council Quarterly Meeting

Office of Health Equity (OHE)

March 18, 2025

Welcome and Member Roll Call

**Luis Garcia Abundis, Data and Evaluation Program
Manager**



Meeting Objectives

- 1. Enable MHAC members to better understand how NCDHHS and OHE 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.**

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.

Meeting Agenda

- 1. Welcome**
- 2. Health Equity Portfolio Updates**
- 3. Office of Health Equity Updates**
 - Office of Minority Health / OHE Updates, Wins, and Awards
 - NCDHHS Hurricane Relief Recovery
 - NC MDPP, Region 10
- 4. Discussion / Closing Remarks**

MHAC Welcomes Dr. Catherine Evans



WELCOME

Dr. Catherine B. Evans, DDS, is a native of Fort Benning, Georgia, and earned her Doctor of Dental Surgery (DDS) degree from the University of North Carolina at Chapel Hill in 1982. Dr. Evans has served in various leadership roles, including on the Board of Directors for Harnett County Child Care Resources and the Central Carolina Community College Board. She works as a part-time Faculty Director at Central Carolina Community College in Lillington, NC.





Secretary Devdutta Sangvai

Secretary Sangvai is a family medicine physician and a professor at Duke University. He is also a member of the North Carolina Medical Board. Prior to his role with NCDHHS, he served as President of Duke Regional Hospital and President of the North Carolina Medical Society. His work has focused on improving access, developing the health care workforce, and making care more efficient. Dr. Sangvai is the first Indian American cabinet member to serve under a North Carolina governor.



NC DHHS and Health Equity Portfolio Updates

Debra Farrington, Deputy Secretary



Office of Health Equity Updates

Dr. Portia D. Pope, Acting Director



Awards and Recognition



Dr. Pope was honored to receive the Hero Award from Halifax County Community College, presented by President Dr. Patrena Elliott.



Carolina Siliceo-Perez, Acting Director for Latinx Policy and Strategy, joined the WakeMed Community Board as a member and advisor in January 2025



Awards and Recognition

Health Equity (HE) Framework

Abstract

Background: The NC Department of Health and Human Services (NCDHHS) is resolutely committed to championing equitable health outcomes for the 10 million North Carolinians it serves. In a groundbreaking move in 2021, NCDHHS established the Health Equity Portfolio and appointed its inaugural Chief Health Equity Officer to spearhead this transformative mission. The HEP comprised of the Office of Rural Health, the Office of Workforce Engagement and Equal Employment Opportunity, the Office on Olmstead/Transitions to Community Living and the Office of Health Equity, introduced a comprehensive Health Equity Framework.

Methodology: This Health Equity Framework is carefully crafted to elevate the capabilities of organizations, communities and partners, fostering a landscape of health equity across the entire state. At its essence, health equity embodies our purposeful commitment to ensuring that every individual has an equal opportunity to achieve optimal health, unburdened by obstacles to access and discrimination.

Results: Through careful implementation, the Health Equity Framework has five pivotal pillars that drive the Department's equity work, resulting in statewide health access and equity:

1. Communities at the Center
2. Changes to Policies, Systems and Environments
3. Leverage Data-Driven Strategies
4. Catalyze Multi-Sector Collaboration
5. Build Sustainability and Organizational Capacity

Conclusion: NCDHHS aims to provide equitable and inclusive opportunities across all communities in North Carolina.

NCDHHS HEP Background

To champion equitable health outcomes for North Carolinians, NCDHHS established the Health Equity Portfolio (HEP) in 2021. The portfolio is composed of four offices: the Office of Health Equity (OHE), the Office on Olmstead/Transition to Community Living (Olmstead/TCL), the Office of Rural Health (ORH) and the Office of Workforce Engagement and Equal Employment Opportunity (OWEEO). The work of the Portfolio is grounded in NCDHHS's commitment to fostering a diverse, equitable and inclusive workforce and advancing health equity within the Department and across North Carolina.

OHE: The Office of Health Equity (OHE) works to eliminate health disparities for all individuals and keeps communities healthy, safe and connected to needed resources and services. OHE serves with a partnership-driven approach as a convenor, connector and ambassador for health equity, diversity and inclusion. OHE provides inclusive leadership and guidance with an equity framework to drive innovative strategies and policy through a collective impact approach.

Olmstead/TCL: The Office on Olmstead/Transitions to Community Living (Olmstead/TCL) is focused on developing community solutions and addressing the unique needs of individuals with disabilities. NCDHHS and Olmstead/TCL continue implementing that state's Olmstead Plan and its Transitions to Community Living Settlement Agreement, supporting the state's residents with disabilities in the most integrated settings appropriate to their needs, as required under *Olmstead v. L.C.*

ORH: The Office of Rural Health (ORH) supports equitable access to health in rural and underserved communities. To achieve its mission, ORH works collaboratively to provide funding, training and technical assistance for high-quality, innovative, accessible, cost-effective services that support the maintenance and growth of the State's safety net and rural communities. ORH assists underserved communities by improving access, quality and cost-effectiveness of health care.

OWEEO: The Office of Workforce Engagement and Equal Employment Opportunity (OWEEO) supports the recruitment, development and retention of a workforce representative of the population it serves with the required skill sets, competencies and expertise to provide services and programs to underserved communities and intervene to eliminate disparities. NCDHHS and OWEEO believe that workforce belonging at all levels of the organization are essential for sustainability and the successful implementation of our mission.

HEP Mission, Vision, and Priority Areas

HEP Mission: Embedding equity through trust, collaboration, innovation and quality service delivery.

HEP Vision: Foster fair and just opportunities for all people of North Carolina to achieve their healthiest outcomes.

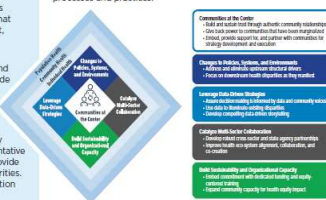


Health Equity (HE) Framework

NCDHHS's HEP focuses on five strategic priority areas to advance its mission to embed equity through trust, collaboration, innovation and quality service delivery. The following are the five strategic priority areas:

1. Olmstead/Transitions to Community Living (TCL)
2. Operational Excellence
3. Engagement Approach
4. Sustainability
5. Health Equity Framework

NCDHHS HEP implements and operationalizes the NCDHHS Health Equity Framework as a guide to pursue its strategic priorities. The framework includes five pillars that served as a foundation for the HEP to catalyze action in FY 23-24, putting communities at the center of the Portfolio and Department's work. The five pillars are fundamental principles guiding NCDHHS' pursuit of health equity (HE). The framework, shown in the graphic below, promotes a whole person-centered approach to eliminating health inequities and disparities for North Carolinians while ensuring that health equity remains at the core of the department's programs, processes and practices.



Employing the HE Framework

NCDHHS and HEP use the HE framework as a foundation for key accomplishments such as the following from FY 2023-24:

Secured a Customer Relationship Management (CRM) tool: To track engagements and consultation, technical assistance and training services, the Portfolio secured a new Customer Relationship Management (CRM) tool to improve customer service and workflow, automate processes and make data-driven decisions.

Socialized and promoted Employee Resource Groups (ERGs): OWEEEO launched and socialized ERGs at NCDHHS, which are voluntary, employee-led groups whose aim is to foster an inclusive workplace aligned with the organizations they serve. ERGs provide safe spaces and create a greater sense of community in work environments.

Expanded Telehealth and Loan Repayment Programs: ORH provides in-depth technical assistance (TA) to North Carolina's health care safety net system logging over 2,671 TA activities with 710 organizations and individuals. It's TA activities include developing telehealth capabilities and loan repayment for providers, improving access to care for all North Carolinians.

Released new Olmstead Transitions to Community Living (TCL) Plans: The Office on Olmstead/TCL published and implemented the new revised the NC Olmstead Plan for Calendar Year 2024-2025 and continued to make progress toward the TCL Settlement to address the needs of people with disabilities.

Developed the NC Health Disparities Analysis Report: OHE developed the 2024 NC Health Disparities Analysis Report, which identifies six key categories of health disparities across the state and strategies to address and improve these disparities over time, embodying HEP's commitment to the HE Framework.

Launched a new Community and Partner Engagement (CPE) Initiative: HEP launched the CPE initiative to strengthen community connections and elevate voices of those who have experienced health issues or lived experiences in making policy decisions. HEP developed and published a CPE Guide. NCDHHS' Services and Partnerships Roster and other resources to help connect communities to resources and services across the Department and state.

Resources

Learn more about how NCDHHS HEP's impact drives health equity in North Carolina:

Fiscal Year 2023-2024 NCDHHS HEP Year in Review

NC's Olmstead Plan

NCDHHS OHE 2024 Health Disparities Analysis Report

Customer Relationship Management Tool Link

Community and Partner Engagement Initiative Website and Guide

- MaryAnn Black Distinguished Health Equity Symposium, Duke Cancer Institute, Feb 2025
- MaryAnn Black Impact Award Winner



UNC-PEMBROKE 2025 Community Health & Wellness Symposium

OHE Panelist, 2025 UNCP Health and Wellness Symposium, February 2025

- Dr. Ronny Bell presented on *The Health of American Indians in North Carolina* and referenced the 2024 NCDHHS Health Disparities Report



*Pictured from left to right, **Dr. Jackie Davis**, Director, Community Health & Wellness Institute SPARC Project Director College of Health Sciences, **Dr. Ronny Bell** (Lumbee), Fred Eshelman Distinguished Professor and Chair, Division of Pharmaceutical Outcomes and Policy Senior Advisor, UNC Lineberger Comprehensive Cancer Center, **Lauren Benson and Denita Nash**, NCDHHS OHE Community and Partner Engagement Managers*

Office of Health Equity Wins (December → March)

Live Healthier to Be
There Respiratory
Campaign

Cancer 1-pagers

Health Disparities
Analysis Report
Supplemental
Materials

Medicaid MAC/BAC
Recruitment
Trainings

Language Access
Plan &
Consultations

Spanish Media
Interviews

Hurricane Helene
Relief

Noticias Community
Newsletter

Governor's
Proclamation

University of North
Carolina at Chapel
Hill (UNC) Capstone
Intern Management
& Recruitment

MDPP Medicaid
Codes Phase 2

The North Carolina Indian Unity Conference



The Office of Health Equity attended the 50th Anniversary of the North Carolina Indian Unity Conference in Greensboro, NC

UNC Capstone Program



- The **University of North Carolina Master's Capstone** is a year-long critical service-learning course that gives students in the Health Behavior (HB) and Health Equity, Social Justice, and Human Rights (EQUITY) Gillings MPH concentrations an opportunity to synthesize and apply their MPH training to community designed public health projects.
- Capstone serves as a substitute for The Graduate School's master's thesis requirement and satisfies the *Council on Education for Public Health's (CEPH) Integrative Learning Experience (ILE)* requirements.
- Over an entire academic year (August-April), each team of 4-5 MPH students works with a partner organization and its constituents to produce a set of deliverables that address one overarching goal and enhance the partner organization's mission.
- This will be the Office of Health Equity's 4th year of selection into the program, with the 4th cohort of student to begin August 2025.

UNC Gillings School of Global Public Health. (n.d.). *Health Behavior Capstone*. Retrieved March 4, 2025, from <https://sph.unc.edu/hb/hb-capstone/>

NCDHHS, Health Equity Portfolio | Minority Health Advisory Council | March 2025

HHS Office of Minority Health



US DHHS Office of Minority Health Director



The Honorable CAPT Mahyar Mofidi, DMD, PhD, Director, Office of Minority Health

CAPT Mahyar Mofidi is the Deputy Assistant Secretary for Minority Health and the Director of the U.S. Department of Health and Human Services (HHS) Office of Minority Health (OMH). As the Director of OMH, he leads the office in its mission to improve the health of racial and ethnic minority populations and American Indians and Alaska Natives. He brings more than 25 years of experience in public health across urban and rural settings to this position, as well as a deep passion for serving underserved communities.

Prior to joining HRSA, CAPT Mofidi served as a faculty member at the University of North Carolina (UNC) School of Dentistry and as a research associate with the Cecil G. Sheps Center for Health Services Research at UNC. His research and publications focused on access to oral health care for low-income populations and the relationship between spirituality and depression in people with chronic illnesses in a rural community.

Key Priorities for the HHS Office of Minority Health

Data-Driven Approaches:

Continue collecting and analyzing health outcome data to identify and address healthcare access and delivery disparities

Community Partnerships:

Establish partnerships with local organizations, healthcare providers, and community leaders remains essential to understanding and addressing specific health challenges facing minority populations

Resource Development:

Continue to develop and share evidence-based resources that help state offices of minority health effectively serve their communities

NCDHHS Hurricane Helene Recovery




Carolina Siliceo Perez



NCDHHS Hurricane Helene Recovery

The logo for 'Healthier Together' is a dark blue rounded square with the words 'Healthier' and 'Together' in white, stacked vertically.

Healthier
Together

A large, light grey arrow pointing to the right, containing text and a bulleted list.

New contract with ***Healthier Together*** is to address disparities, the goal of this ongoing program is to connect at least **5,000 community members** to vital resources

- Health care
- Transportation
- Digital Connectivity
- Food Security

Hurricane Helene Recovery

Latinx/Hispanic Meetings

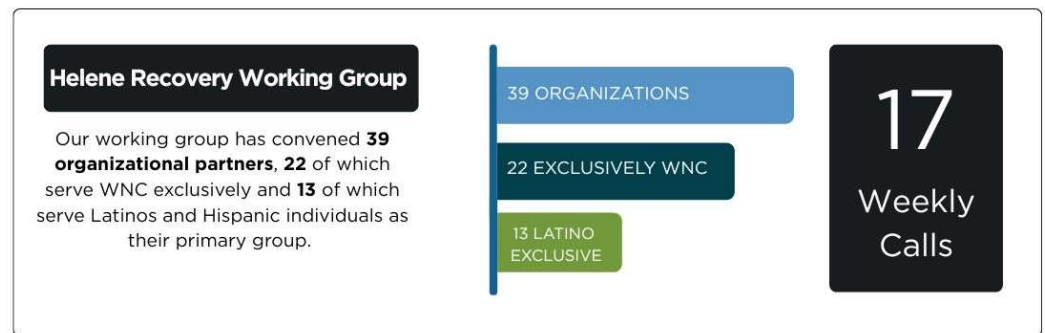
Provide timely updates, resources, and support to the Latinx/Hispanic community to ensure continuous communication, address community-specific needs, and facilitate resource distribution.

Statewide Hurricane Helene Recovery Calls

To collaborate with local CBOs for effective disaster response and recovery, to strengthen partnerships, streamline resource allocation, and enhance community resilience.

Hurricane Helene Recovery: Impact

WNC Helene Recovery Working Group Community and Partner Engagement



North Carolina Minority Diabetes Prevention Program (NC MDPP)

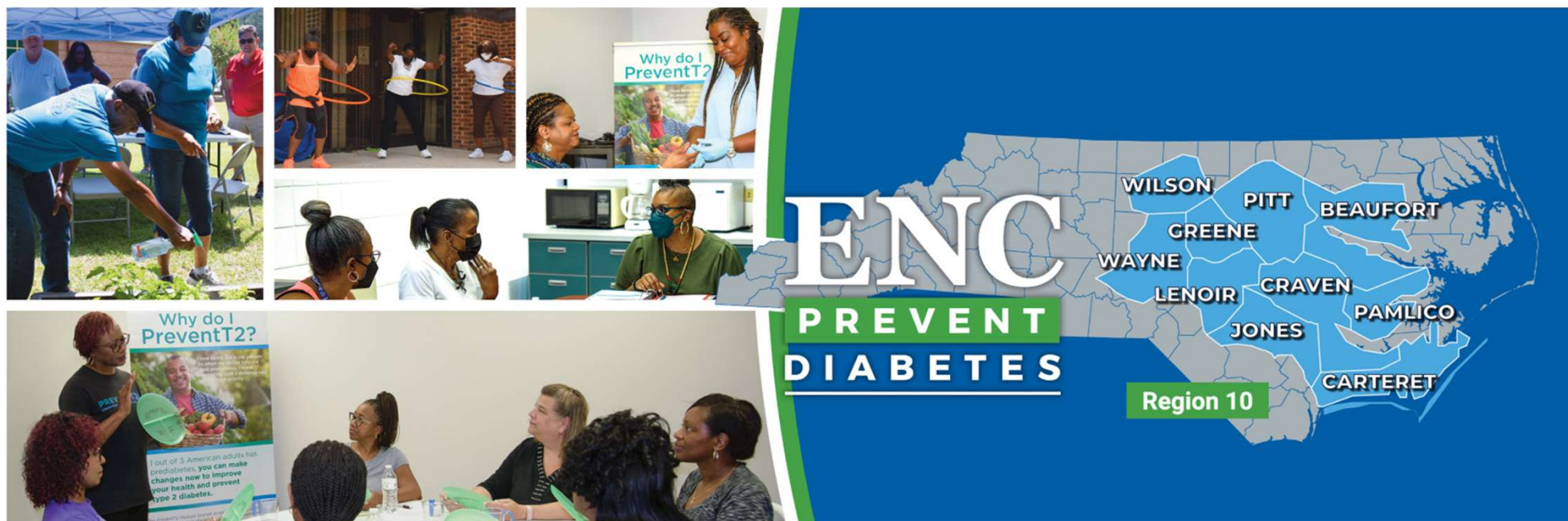
Laquelia A. Lewis, MPH, MA, CHES
NC Minority Diabetes Prevention Program,
ENC Prevent Diabetes Coordinator Pitt County Public Health Department

Emmanuelle Quenum, MPH, MCHES, NBC-HWC,
Health Education Director and NC MDPP Lifestyle Coach
Greene County Department of Public Health

Anna Parker, BSPH, Public Health Educator II, NC MDPP Lifestyle Coach
Beaufort County Health Department



Preventing Diabetes in Minority Populations: ENC Prevent Diabetes and the Minority Diabetes Prevention Program



Anna Parker, BSPH, Beaufort County Health Department; Laquelia Lewis, MPH, CHES, Pitt County Health Department; Emmanuelle Quenum, MPH, MCHES, NBC-HWC, Greene County Department of Health

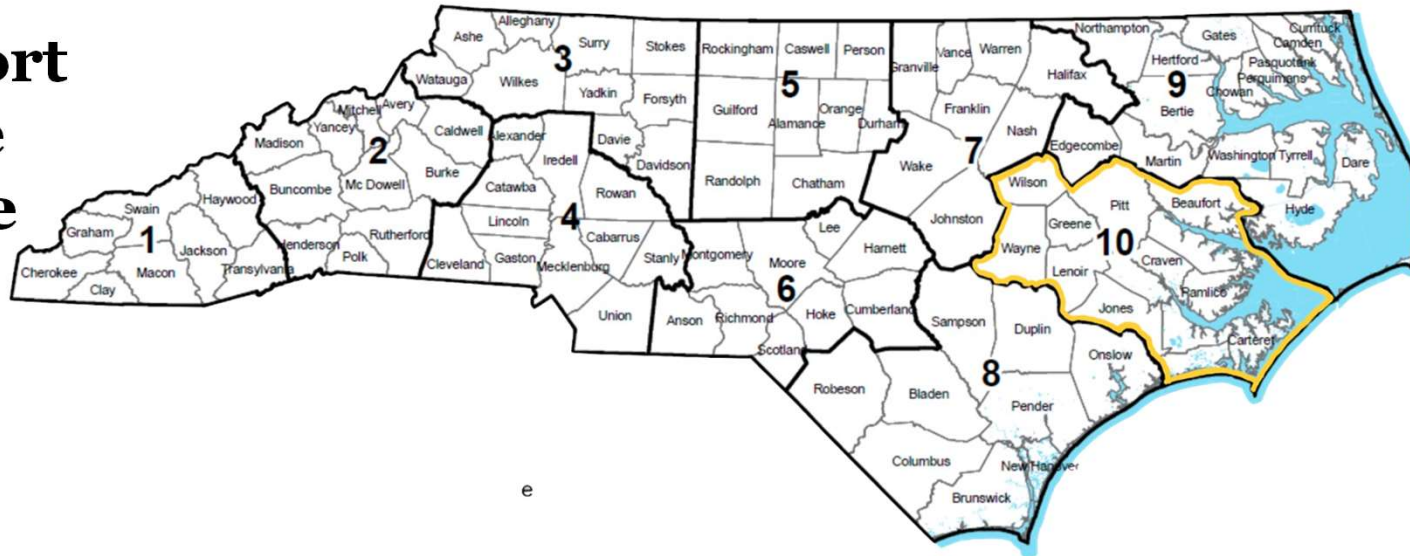
Diabetes Epidemic

- **98** million adult Americans are estimated to have prediabetes.
- Prediabetes is a condition in which people have higher than normal blood glucose levels.
- Without intervention and lifestyle changes, as many as **30%** of those with prediabetes develop type 2 diabetes within **5** years.



Program Funding

- **Pitt***
- **Lenoir**
- **Beaufort**
- **Wayne**
- **Greene**



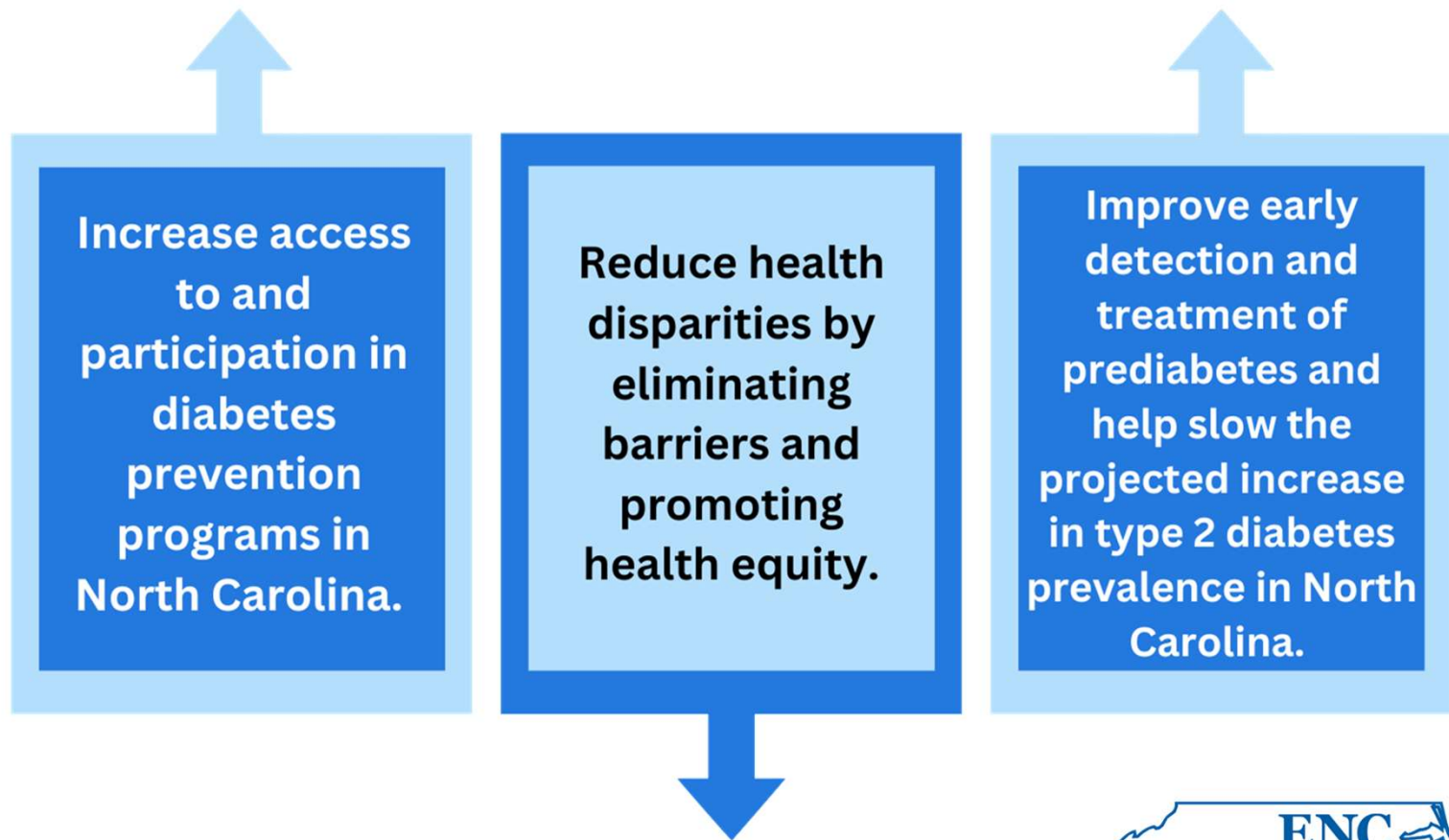
- **Craven**
- **Pamlico**
- **Wilson**
- **Jones**
- **Carteret**



*Pitt County Health Department is the fiduciary agency for Region 10.



Goals of the North Carolina Office of Health Equity



Region 10 Requirements for Sites Under the Office of Health Equity

Screen at least 345 community members for prediabetes by utilizing the CDC/ADA prediabetes screener and A1c testing.

Enroll at least 115 community members into the CDC approved 12-month lifestyle program.

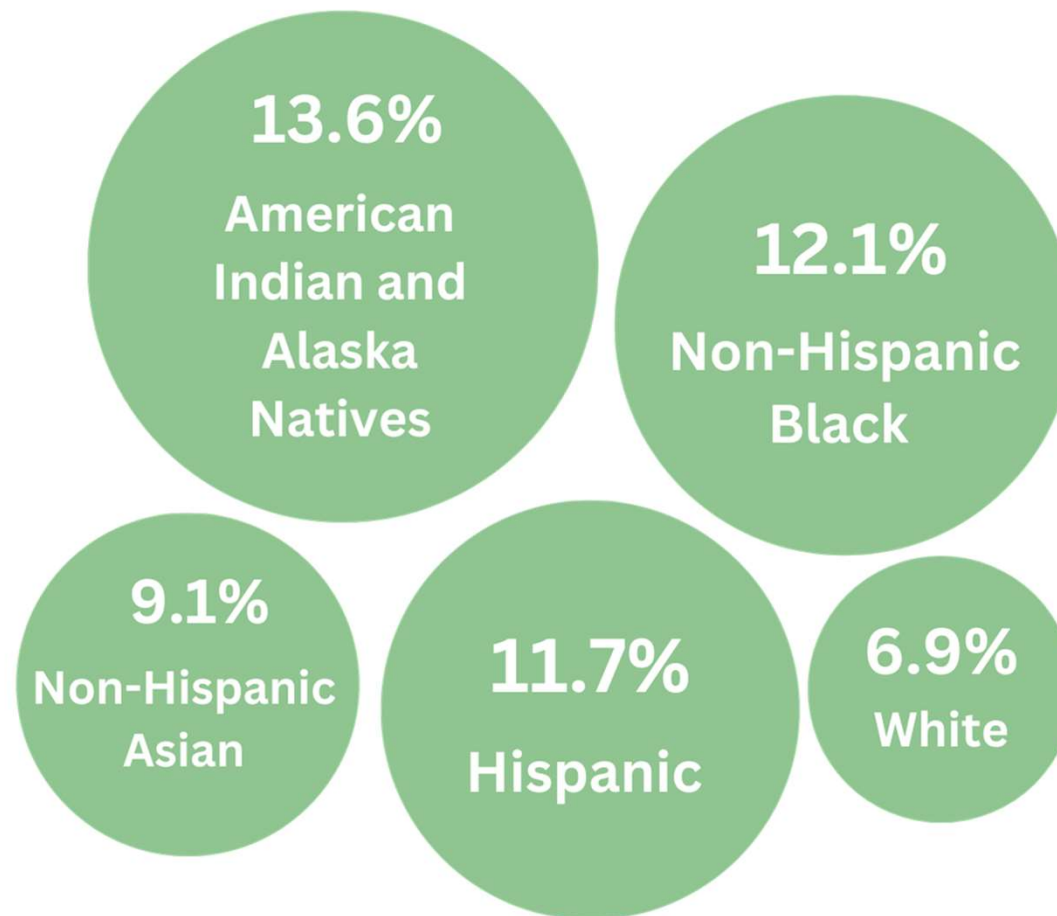
Conduct weekly weigh-ins with participants and A1c testing at the beginning, midpoint and end of the program.



Why are Minority Populations the target population for ENC Prevent Diabetes?

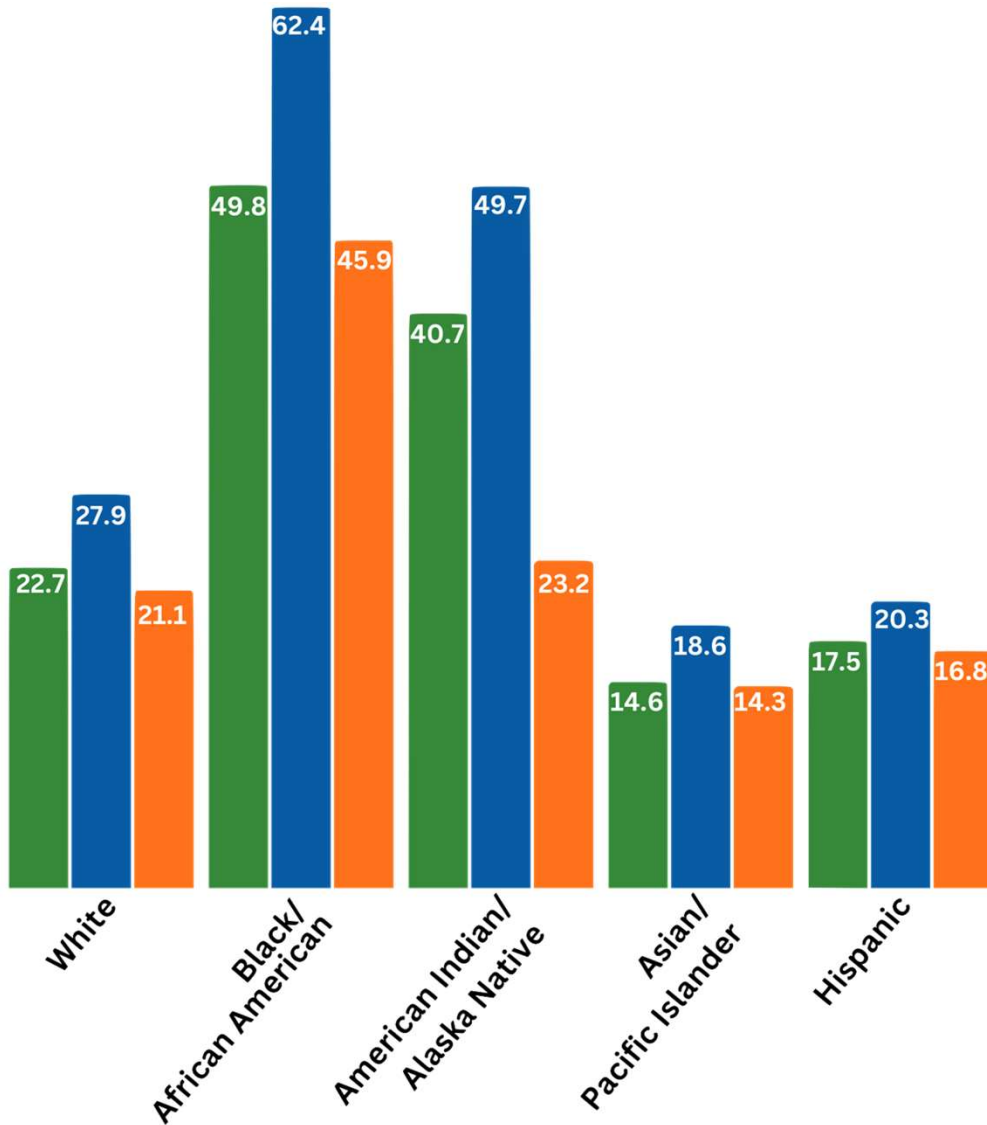


Diabetes Disparities: Prevalence of Diabetes by Race in the United States



Mortality Rates of Diabetes in North Carolina by Race

JJO



Diabetes Mortality Rates per 100,000 Persons in North Carolina by Race 2018-2022 Rural and Urban Counties Combined

Diabetes Mortality Rates per 100,000 Persons in North Carolina 2018-2022 in Rural Counties

Diabetes Mortality Rates per 100,000 Persons in North Carolina 2018-2022 in Urban Counties



Slide 31

JJO

Please change 'Persons' to 'People' in the text with each color square.

Jones, Jim, 2025-03-28T19:21:52.121

Diabetes Prevention Program Eligibility with ENC Prevent Diabetes and NC MDPP

Prediabetes Risk Test

NATIONAL DIABETES PREVENTION PROGRAM

1. How old are you? Write your score in the boxes below

Younger than 40 years (0 points)
40-49 years (1 point)
50-59 years (2 points)
60 years or older (3 points)

2. Are you a man or a woman?

Man (1 point) Woman (0 points)

3. If you are a woman, have you ever been diagnosed with gestational diabetes?

Yes (1 point) No (0 points)

4. Do you have a mother, father, sister, or brother with diabetes?

Yes (1 point) No (0 points)

5. Have you ever been diagnosed with high blood pressure?

Yes (1 point) No (0 points)

6. Are you physically active?

Yes (0 points) No (1 point)

7. What is your weight category?

(See chart at right)

Total score:

If you scored 5 or higher

You are at increased risk for having prediabetes and are at high risk for type 2 diabetes. However, only your doctor can tell for sure if you have type 2 diabetes or prediabetes, a condition in which blood sugar levels are higher than normal but not high enough yet to be diagnosed as type 2 diabetes. Talk to your doctor to see if additional testing is needed.

If you are African American, Hispanic/Latino American, American Indian/Alaska Native, Asian American, or Pacific Islander, you are at higher risk for prediabetes and type 2 diabetes. Also, if you are Asian American you are at increased risk for type 2 diabetes at a lower weight (about 15 pounds lower than weights in the 1 Point column). Talk to your doctor to see if you should have your blood sugar tested.

You can reduce your risk for type 2 diabetes

Find out how you can reverse prediabetes and prevent or delay type 2 diabetes through a CDC-recognized lifestyle change program at <https://www.cdc.gov/diabetes/prevention/lifestyle-program>

Adapted from Berg et al., Ann Intern Med 151:775-783, 2009. Original algorithm was validated without gestational diabetes as part of the model.

Height	Weight (lbs.)		
4'10"	119-142	143-190	191+
4'11"	124-147	148-197	198+
5'0"	128-152	153-203	204+
5'1"	132-157	158-210	211+
5'2"	136-163	164-217	218+
5'3"	141-168	169-224	225+
5'4"	145-173	174-231	232+
5'5"	150-179	180-239	240+
5'6"	155-185	186-246	247+
5'7"	159-190	191-254	255+
5'8"	164-195	197-261	262+
5'9"	169-202	203-269	270+
5'10"	174-208	209-277	278+
5'11"	179-214	215-285	286+
6'0"	184-220	221-293	294+
6'1"	189-226	227-301	302+
6'2"	194-232	233-310	311+
6'3"	200-239	240-318	319+
6'4"	205-245	246-327	328+
	1 Point	2 Points	3 Points

You weigh less than the 1 Point column (0 points)

Logos: American Diabetes Association, CDC

☒ 18+ years old

☒ BMI of 24 kg/m (22kg/m if Asian)

And at least ONE of the following:

☐ Score a 5 or above on the CDC/ADA Prediabetes Risk Assessment

☐ A1c level of 5.7%-6.4% (may be self reported)

☐ History of clinical diagnosis of gestational diabetes





Lifestyle Coaches facilitate 12-month Lifestyle Classes

- Eligible individuals are enrolled into 12-month lifestyle classes.
- Classes are held weekly for the first 16 weeks, then bimonthly or monthly for the remainder of the program.
- Participants have their A1c taken at the beginning, interim, and end of program.
- Participants have their weight taken at every session.
- Participants also get at least 5 min. of physical activity during every session.



Goals for the Diabetes Prevention Program Participants

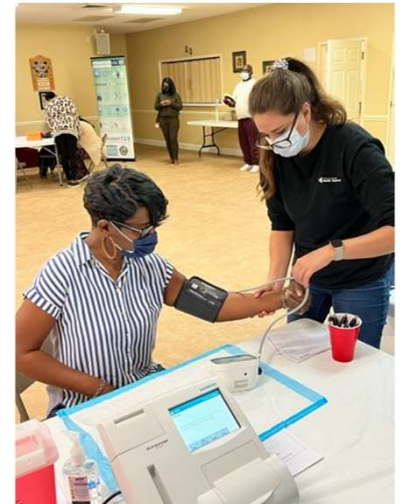


Lose at least 5% to 7% of their body weight.

Get 150 minutes of physical activity a week.

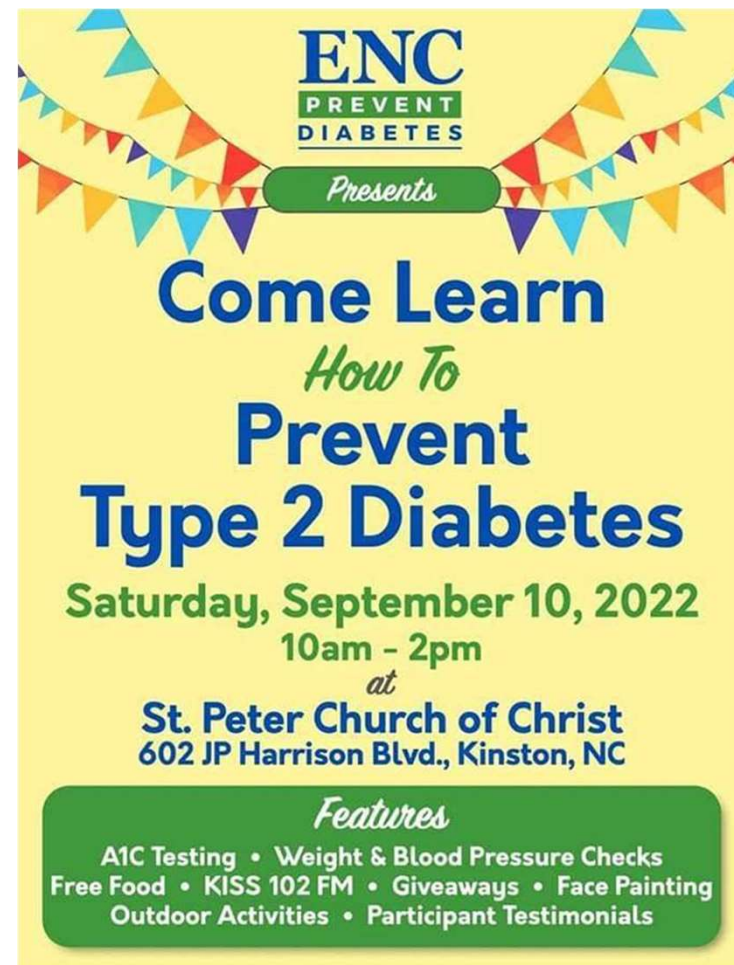
Reduce the risk of diabetes by as much as 58% by adopting healthier nutrition habits and increasing physical activity.

Reduce A1C levels if in prediabetes range (5.7%-6.4%).

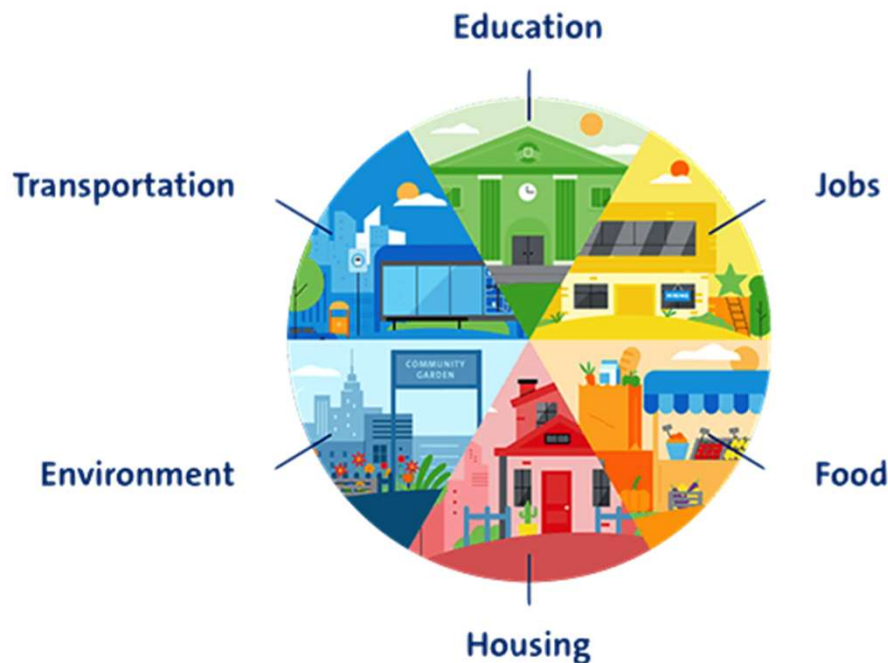


Community Conversations

- This event allows NC MDPP staff to inform community members as well as healthcare providers about our program and the resources we offer.
- During events, we offer ADA/CDC paper screening and A1C testing, and other services.
- This is an opportunity for prospective participants to enroll in the program.
- For individuals that are found to be living with diabetes, we refer them to a Diabetes Self-Management Education and Support program.



Addressing Social Determinants of Health



- **Participants with transportation barriers may receive gas vouchers or bus passes as a way to increase access to participation.**
- **Provision for assistance to cover childcare costs while enrolled which helps participants overcome financial burdens to participating.**
- **Individualize DPP program based on the county that we're in:**
 - **variety of incentives**
 - **class format (virtual/in person)**
 - **location of classes**
 - **language spoken**



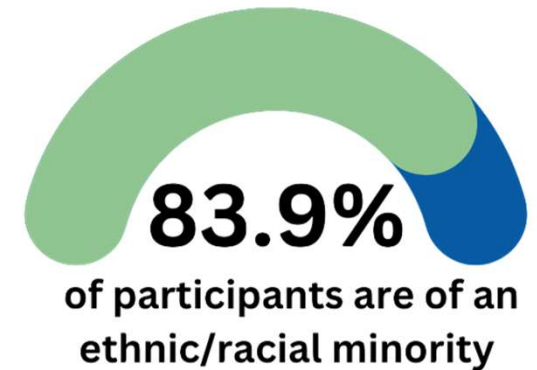
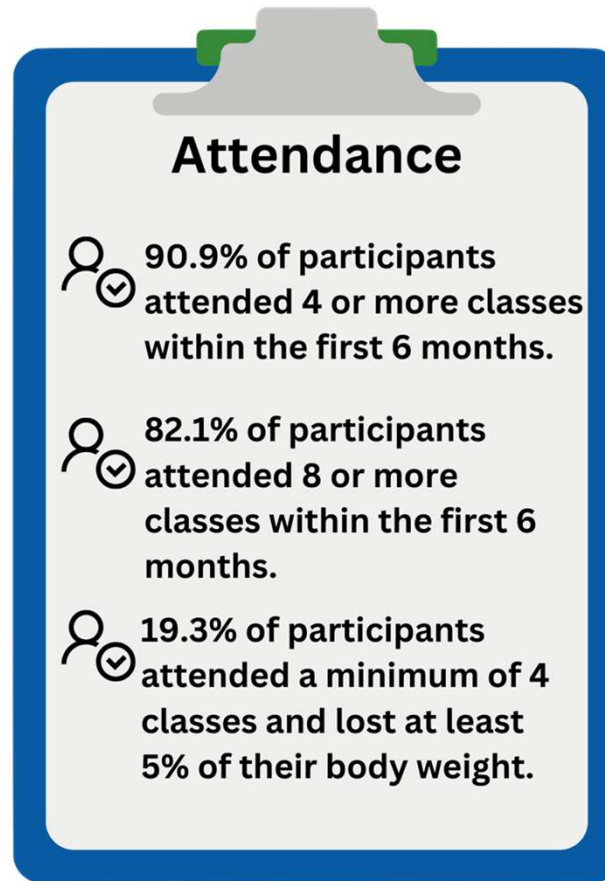
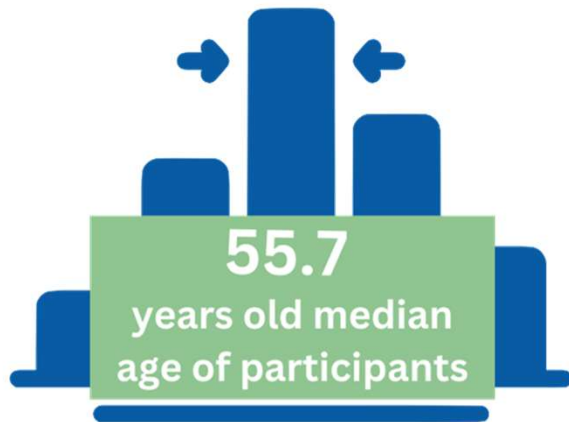


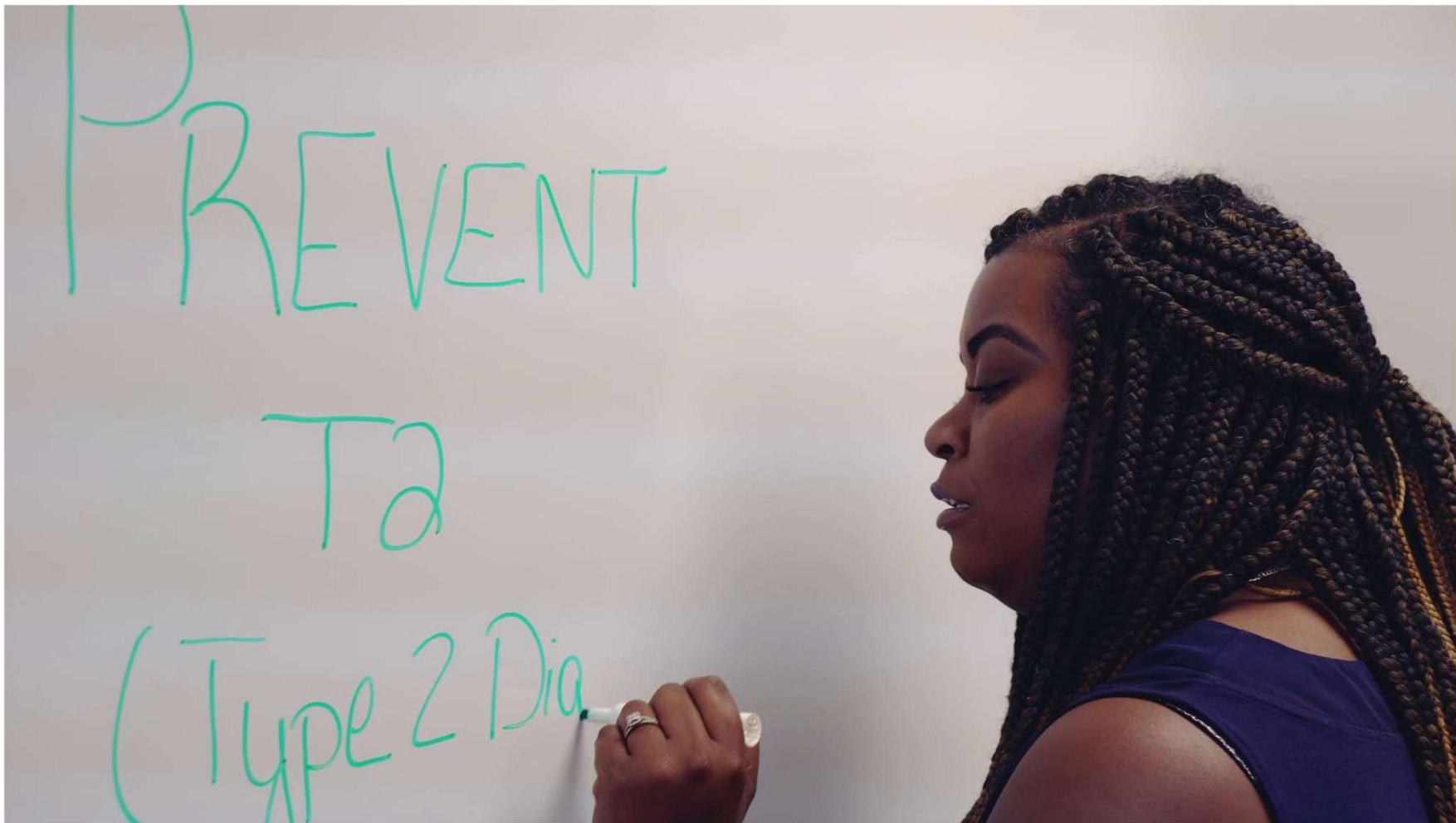
Program Incentives

- Incentives are designed to help promote healthy lifestyle changes.
- Incentives participants are required to receive as outlined by the grant:
 - portion plates
 - digital food scales
 - fitness trackers
 - exercise bikes
 - exercise equipment
 - George Foreman grill
- Lifestyle Coaches introduce participants to healthy foods through cooking demonstrations, healthy snacks, and healthy food swap dinner options. This allows participants to try new foods without financial barriers.



NC MDPP REGION 10/ENC PREVENT DIABETES STATISTICS





Open Discussion

Any Questions, Comments,
or Feedback?

1. Welcome
2. Health Equity Portfolio Updates
3. Office of Health Equity Updates
 - OMH / OHE Updates, Wins, and Awards
 - NC DHHS Hurricane Recovery
 - NC MDPP, Region 10
- 4. Discussion / Closing Remarks**

Closing Remarks

Contact Us:

- Office of Health Equity:
 - HealthEquityOffice@dhhs.nc.gov
- Dr. Portia Pope, Deputy Director, OHE:
 - Portia.D.Pope@dhhs.nc.gov

Resources:

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

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



[Link to survey](#)

Thank you!



Appendix



References

CDC. (2022, December 27). *About National Diabetes Prevention Program*.

<https://www.cdc.gov/diabetes/prevention/about.htm>

CDC. (2024, May 14). *National diabetes statistics report*. <https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf>

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https://hdpulse.nimhd.nih.gov/data-portal/mortality/map?cod=254&cod_options=cod_15&ratetype=aa&ratetype_options=ratetype_2&race=05&race_options=race_6&sex=0&sex_options=sex_3&age=001&age_options=age_11&ruralurban=2&ruralurban_options=ruralurban_3&yeargroup=5&yeargroup_options=yearmort_2&statefips=00&statefips_options=area_states&county=01000&county_options=counties_alabama&comparison=states_to_us&comparison_options=comparison_state&radio_comparison=areas&radio_comparison_options=cods_or_areas

New York State Department of Health. (2024, May). *Diabetes and diabetes prevention*.

<https://www.health.ny.gov/diseases/conditions/diabetes/#:~:text=Without%20lifestyle%20changes%2C%2015%2D30,delay%20type%20%20diabetes%20by:>