

**NCDHHS OFFICE OF MINORITY HEALTH & HEALTH DISPARITIES- MHAC MEETING – SEPTEMBER 16, 2025 –
10:00AM (MEETING MINUTES)**

- **Opening/Welcome** – Dr. Portia Pope, Acting Director – Office of Minority Health & Health Disparities (OMHHD)
- **Roll Call & Introductions** – Luis T. Garcia Abundis, Data/Evaluation Program Mgr. - OMHHD

	Name	Title	Key
1 – X	Dr. Gary R. Gunderson	Health Related Agency Representative	Governor
2 – ✓	Dr. Gabriela M. Plascencia	Public Health Representative	Governor
3 – X	Dr. Cherry Maynor Beasley	Community-Based Org. Representative	Governor
4 – ✓	Dr. Ronny A. Bell	Human Services Agency Representative	Governor
5 – X	Dr. Natasha Adams-Denny	Health Care Provider Representative	Governor
6 – ✓	Dr. Lawrence R. Wu	Public Health Representative	House of Representatives
7 – X	Hon. Donna M. White	Member of the NC House of Representatives	House of Representatives
8 – ✓	Hon. Carla D. Cunningham	NC House of Representatives	House of Representatives
9 – ✓	Dr. Chere M. Gregory	Public Health Representative	House of Representatives
10 – ✓	Hon. Donyel Barber	NC House of Representatives	House of Representatives
11 – ✓	Dr. Catherine Evans	Appointed 7/1/2024	Senate
12 – ✓	Hon. Gladys A. Robinson	Member of the NC Senate	Senate
13 – X	Brenda J. Smith	Public Member	Senate
14 – ✓	Dr. Olugbemiga E. Jegede	Appointed 7/1/2024	Senate

^Attendance: X – absent ✓ - present

Other attendees: Dr. Portia Pope; Luis T. Garcia Abundis; Carolina Siliceo Perez; DeNita Nash; Debra Farrington; Sandie Leathers; LaQuana Palmer; Tatiana Moore

- **Meeting Opening Remarks from Dr. Pope**
- **MHAC Roll Call lead by Luis Garcia Abundis**

Meeting Objectives

- Provide Health Advisory Council members with a clear understanding of how the Department and the Office of Health Equity function to eliminate health disparities and serve North Carolinians.
- Leverage members’ expertise to inform and support ongoing health equity work.
- Encourage feedback from members to help advance the Department’s priority initiatives.

Department Updates: Deputy Secretary Debra Farrington

- **Budget & Legislative Environment Updates**

- Funding from the department
- Discussion on the [Rural Health Transformation Program](#)

Medicaid Updates: LaQuana Palmer, Deputy Director, Communications and Engagement

- NC Medicaid State budget reduction

Historically Marginalized Populations (HMP) Connections

- Celebrating Abilities: Advancing Inclusion for People with Down Syndrome
- October 7, 2025, 12 PM to 1 PM
- Featured speaker: Christy Cooper, Co-Director, North Carolina Down Syndrome Alliance

Access to Care Updates (Carolina Siliceo Perez)

- **Access to Care Sessions for Four Regions**
- **Upcoming Strengthening Pathways Access to Care Region 3 – Charlotte**
- **Access to Care Working Group, Community and Partner Engagement**
 - 250,000 individuals/organizations have been reached out to for these sessions.
 - Sessions have engaged with 265 organization partners, 180 of whom have attended the sessions in person.
- **Data Feedback on Access to Care Sessions**
- **Data Analysis of NC Lung Cancer**
- **Radon Health Project**

North Carolina Minority Diabetes Prevention Program (NC MDPP)

- **Overview**

- Funded through the Office of Minority Health and Health Disparities since 2017.
 - The program disseminates about \$2.1 million across the state to deliver diabetes prevention services.
 - Contracts with local health departments to deliver the CDC's National Diabetes Prevention Program, focusing on populations at higher risk for Type 2 diabetes.
 - County Representation and Impact since 2017 demonstrating the data on the number of screening and enrollment in the Minority Diabetes Prevention Program (MDPP).
- **Presentation from Region 10: Pitt, Beaufort and Greene counties**
 - Program funding currently covers Pitt, Lenoir, Beaufort, Wayne, Greene, Craven, Pamlico, Wilson, Jones and Carteret counties. Pitt County Health Department is the fiduciary agency for Region 10.
 - **Why Focus on Minority Populations?**
Higher prevalence and mortality rates from diabetes among Black/African American, American Indian/Alaska Native, and Hispanic communities.
- **Requirements for Sites Under the Office of Health Equity**
 - Screen at least 345 community members for prediabetes.
 - 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.
 - **Program Requirements**
 - Participants must be 18+, have a BMI of 24 kg/m, 22 kg/m if Asian, and meet one of the following:
 - Score a 5 or above on the CDC/ADA Prediabetes Risk Assessment.
 - A1C in prediabetes range (5.7 to 6.4%)

- History of gestational diabetes
- **Curriculum Delivery**
 - 12-month CDC-approved lifestyle course (weekly sessions first 16 weeks, then bi-monthly or monthly).
 - Goals: Lose 5–7% body weight, achieve 150 minutes of weekly physical activity, and reduce A1C.
 - Reduce the risk of diabetes by as much as 58% by adopting healthier nutrition habits and increasing physical activity.
- **Addressing Social Determinants**
 - Transportation support (bus passes, gas vouchers)
 - Child care funding
 - Virtual/in-person format available.
 - Incentives: portion-control plates, digital scales, fitness trackers, exercise equipment, cooking demo, George Foreman grill.
- **Reach & Outcomes**
 - Since 2017, Region 10 has hosted more than 90 programs, enrolling more than 900 participants.
 - 83.9% of participants identified as an ethnic or racial minority.
 - 19.3% of participants who attended a minimum of 4 classes lost at least 5% of their body weight.
- **Questions & Comments**
 - **Oral Health Considerations (Dr. Evans):** Strong links between prediabetes/diabetes and gum disease, tooth decay, and infections.
 - The program overall has reached about 2 million individuals statewide via screenings, education, and outreach.

7. Q&A, Open Discussion, and Closing

- **Questions Addressed**

- Slide decks and additional data resources will be shared once they are cleared through internal processes.
- The Office of Health Equity introduced a new **CRM (Customer Relations Management) tool** for requests for training, data, technical assistance, or speaking engagements.
- There is availability to produce customized one-pagers or data focusing on health disparities for specific populations/regions.

Closing Remarks

1. Distribute Updated Materials