**Minority Health Advisory Council**

**Meeting Minutes**

**Tuesday, December 12, 2023 @ 10 am**

The quarterly scheduled meeting of the North Carolina Minority Health Advisory Council (MHAC) was called to order on Tuesday, December 12th, 2023, at 10:00 AM on Microsoft Teams with Portia Pope, Deputy Director, NCDHHS (North Carolina Department of Health and Human Services) Office of Health Equity, presiding. The following persons were in attendance for the meeting:

MHAC Members:

Dr. Gary R. Gunderson [absent]

Dr. Gabriela Marie Plasencia [absent]

Dr. Cherry Maynor Beasley [present]

Dr. Ronny A. Bell [absent]

Dr. Natasha Adams-Denny [absent]

The Honorable Floyd B. McKissick, Jr. [absent]

The Honorable Gladys A. Robinson [absent]

Vacant

Ms. Brenda J. Smith [absent]

Dr. Rosemary F Stein [absent]

Dr. Lawrence R. Wu [present]

The Honorable Donna M. White [absent]

The Honorable Carla D. Cunningham [absent]

Dr. Chere M. Gregory [absent]

Ms. Janice Laurore [absent]

Guests:

* Paige Wyrick supporting Dr. Chere Gregory
* Brittany Woods-Holmes supporting Dr. Chere Gregory

NCDHHS Meeting Speakers and Facilitators:

Ava Hardiman, Director, NCDHHS Office of Health Equity (OHE)

Portia Pope, Deputy Director, NCDHHS Office of Health Equity (OHE)

LaQuana Palmer, Deputy Director of Communications and Engagement, NCDHHS Medicaid Office

Tatiana Moore, NC MDPP Program Manager, NCDHHS Office of Health Equity

Technical Assistance Staff:

Chika Ozodiegwu, Managing Consultant, Guidehouse Inc.

Sydney Pedraza, Consultant, Guidehouse Inc.

Aidan Lovely, Consultant, Guidehouse Inc.

**Meeting Notes**

**I. Preliminary Matters**

(1) Director Ava Hardiman introduced herself and welcomed the assembled virtual audience.

(2) Director Hardiman gave Portia Pope, Deputy Director, OHE time on the floor for an introduction.

(3) Deputy Director Pope conducted a roll call for MHAC members and asked any guests or other partners to put their names and affiliations in the chat. The following individuals did so:

* Paige Wyrick in Dr. Chere Gregory’s absence
* Brittany Woods-Holmes in Dr. Chere Gregory’s absence

(4) Deputy Director Pope presented on the meeting agenda and introduced the NC Health Equity Portfolio and Office of Health Equity mission and values to the council.

(5) Deputy Director Pope presented on the purpose of the Minority Health Advisory Council and member roles.

**II. Presentation Content**

1. Director Hardiman presented on the [Office of Health Equity Framework and Governance Model](https://www.ncdhhs.gov/divisions/office-health-equity/health-equity-call-action)
	* The NCDHHS Health Equity Framework inspires action and serves as a foundation to improve lives. The five pillars drive NCDHHS equity work.
	* The NCDHHS Health Equity Governance Model allows for more meaningful collaboration within and across NCDHHS Divisions and deeper engagement with the public health ecosystem.
	* The Health Equity Advisory Team (HEAT) will be a pilot of the governance structure meant for finalizing strategic planning and launching technical assistance.
2. Deputy Director Pope presented on the [2024 Health Disparities Data Report and Guide](https://www.ncdhhs.gov/divisions/office-health-equity/health-equity-data-and-statistics)
	* Information included the report purpose and the program’s alignment with the NCDHHS Fiscal Year(s) Strategic Plans.
	* Deputy Director Pope concluded with next steps for the report which include final reviews, finalizing visualizations, planning communication strategies, hosting pilot initiatives, and report publication.
3. Ms. Tatiana Moore, Program Manager, OHE presented key components of the Minority Diabetes Prevention Program (MDPP), data showing the program’s efficacy, and described progress on the 2022-2023 Joint Legislative Oversight Committee (JLOC) annual report.
	* Content included trends of over the last 3-5 years of the MDPP and cost analysis showing that it only costs $900 dollars per person to implement the program for a person with pre-diabetes, whereas the same individual would cost the state $12,000 dollars if their pre-diabetes progressed to diabetes. That is an over 1200% cost inflation which proves the importance of the program.
	* The JLOC Report, which is an annual legislative report, will be delivered to the council by the end of November 2024.
	* MDPP has surpassed its goals, but continues to seek further accomplishments to fill the need:
		1. 5-6 counties in NC are left out due to a lack of funding, and many counties only have one class location.
		2. The program wants to increase in total number of people served but also increase participation in certain underserved communities, including American Indian reservations.
	* MDPP requests that the Minority Health Advisory Council (MHAC) pay attention to funding and expansion opportunities for the program. Conversation occurred as follows:
		1. Dr. Wu: Stated that he works with Blue Cross Blue Shield, “they have a grant that funds diabetes prevention to all citizens, they have numbers similar, but the uptake hasn’t been strong. Curious, knowing that blue cross grant exists, how has that guided operating MDPP. Have you run across situations where we cross-referral, or talk to people who have participated in BCBS, or known about the program?”
			1. Ms. Moore responded that the MDPP program isn’t funded through the Blue Cross Blue Shield Grant. MDPP has Diabetes Free NC, who acts as a referral party however MDPP often reaches capacity through word of mouth between beneficiaries and their communities. The MDPP has not directly interacted with BCBS.
			2. Dr. Wu said he will take this information back to BCBS and see if there’s any cooperation opportunities and a unified effort between the NC and BCBS diabetes prevention programs.
		2. Dr. Beasley: “One of the things we know, is if you’re collaborating or working with historical minority serving institutions, a lot of them have nursing programs and do a lot of work in the community. One idea is to work with colleges with nursing programs. Meet with them and see if they’d want a community project to be working with Diabetes in the state to develop the workforce, etc.”
			1. Dr. Beasley shared that she knows the directors of all these programs
			2. Ms. Moore and Deputy Director Pope indicated that they would be interested in following up with Dr. Beasley to facilitate introductions for these partnerships.
4. Dr. LaQuana Palmer, Deputy Director of Communications and Engagement, NCDHHS Medicaid Office, presented updates on North Carolina’s Medicaid expansion efforts since launch on December 1, 2023.
	* Deputy Director Palmer introduced the discussion with an open invitation for members to reach out to her if they have any critical groups that they want to share this information with.
	* Deputy Director Palmer described the Medicaid Expansion strategic goals.
		1. Prior to Dec 1, many individuals qualified for family planning, but not full coverage. They were able to get 237,000 individuals in this coverage gap automatically approved for Medicaid under Expansion in the last 12 days.
		2. They are now working to reach even more individuals with a total goal of 600,000.
	* Additional topics addressed:
		1. Equity in Expansion: She explained that efforts involve more than providing the tools and resources to the community, but an involvement of the community in the creation of those tools.
		2. Things to look forward to with expansion: increased age range with higher incomes and more people covered.
		3. Communication methods: considerations for how NCDHHS is delivering messaging to North Carolinians
		4. The Process: Application through EPASS, paper application at local DSS office, or calling DSS office. The data shows 20x more clicks on EPASS and increased diversity of assistance
		5. Bilingual toolkit: goal to expand languages on the website and availability of training in Spanish
	* She provided the following contact information: Laquana.palmer@dhhs.nc.gov

**III. Discussion / Open Floor**

(1) Discussion about the Health Equity Framework occurred as follows:

* Dr. Cherry Beasley: How do you foresee this group (MHAC) being advising or helping with this framework?
	+ 1. Answer: recommendations live in session, how we can reach more partners to expand the program impacts. Communities at the center. Also working to change policies and systems, and as we think about funding and recommendations/thoughts/council essential. Because we identified JLOC, reaching out to people to improve representation/counties etc.

(2) Discussion about the MDPP occurred as follows:

* + 1. Dr. Lawrence R. Wu and Dr. Cherry Beasley both expressed interest in collaborating on future MDPP initiative

(3) Discussion about Medicaid Expansion occurred as follows:

* + Ms. Paige Wyrick: Are there bilingual navigators through DHHS or elsewhere who can partner with organizations to help individuals enroll? This is something we're trying to solve for in our clinics, ED, etc. when we enroll at point of contact.
		1. Deputy Director Palmer: Consortium can put in a request for a navigator, for multiple languages. There is a Hispanic federation, hiring program manager, also working with health clinics and NC Healthcare Association, hiring 8 regional specialists to ensure support is given.
	+ Ms. Woods Holmes: Are the navigators virtual or in person?
		1. Deputy Director Palmer: Mostly in person, but there are opportunities for in person. The Medicaid Office hosted an in-person conference before to share with Medicaid and community leaders and try to get people in person at events like that.

**IV. Closing Matters**

(1) Important end of session items including the post session survey instructions and brief discussion on selecting a convenient meeting time for 2024 quarterly sessions.

(2) Closing remarks from Portia Pope, NCDHHS Deputy Director, Office of Health Equity

**V. Next Steps and Action Items**

(1) Ms. Moore, Program Manager, Minority Diabetes Prevention Program (MDPP) to connect with Dr. Wu and Dr. Beasley regarding MDPP opportunities and ideas shared during the meeting.

(2) Deputy Director Pope to share post-session survey with the MHAC members and decide meeting time / cadence.