

- **Opening/Welcome** – Dr. Portia Pope, Acting Director - OHE
- **Roll Call & Introductions** – Luis T. Garcia Abundis, Data/Evaluation Program Mgr. - OHE

	Name	Title	Key
1 – ✓	Dr. Gary R. Gunderson	Health Related Agency Representative	Governor
2 – ✓	Dr. Gabriela M. Plascencia	Public Health Representative	Governor
3 – ✓	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 – X	Hon. Gladys A. Robinson	Member of the NC Senate	Senate
13 – X	Brenda J. Smith	Public Member	Senate
14 – X	Dr. Olugbemiga E. Jegede	Appointed 7/1/2024	Senate

^Attendance: X – absent ✓ - present

Other attendees: Dr. Portia Pope; Carolina Siliceo Perez; Brittany Woods Holmes; Paige Wyrick; Luis T. Garcia Abundis; Olu Jegede; Laquelia Lewis; DeNita Nash; Anna Parker; Emmanuelle Quenum; Debra Farrington

- **Welcome New Member:**
Dr. Catherine Evans, appointed by our Senate Pro Tem, was recognized as a new council member. She is a dentist and has served in various leadership roles, including the Board of Directors for the Harnett County Childcare Resources and Central Carolina Community College board.
- Overview of the new NCDHHS Secretary, Dr. Devdutta Sangvai.

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**

- The Governor’s budget will be released soon; the Office submitted its funding priorities, mindful of projected low revenue. Waiting to hear what the governor’s fiscal and legislative priorities will be for the coming year.
- A continuing resolution at the federal level has averted an immediate shutdown, which is significant since 79% of the Department’s funding comes from federal sources.
- **National & State Climate: Changes in Federal Policy**

The team has been evaluating daily the impact of Executive Orders and directives on the work of the Health Equity Portfolio.
- The Office for Minority Health and Health Disparities (Office of Health Equity) has existed for over 30 years and remains committed to serving vulnerable populations. The work of the office is vital and important and will continue. Language or approaches may shift or adjust, but the focus of the work remains the same.
- We will continue to work on initiatives, goals, and objectives that improve the health and wellbeing of all North Carolinians.

Office of Health Equity Updates by Dr. Portia Pope

- **Recognition & Awards**

- Dr. Pope received the Halifax County Community College “Hero Award” for health disparities work.
- Carolina Cecilia Perez (acting director for Latinx Policy & Strategy) joined the WakeMed Community Board.
- The team won the MaryAnn Black Distinguished Health Equity Symposium Poster Award for their health equity framework.

- **Community Engagement & Data Initiatives**

- The Office has increased training, technical assistance, and community presentations surrounding the 2024 Health Disparities Analysis Report.
- Along with socializing the Health Disparities Analysis Report, the Office of Health Equity has been collecting additional data and anecdotal information on different approaches to reducing health gaps.
- The Office of Health Equity customizes the Health Disparities Report to smaller groups across the state to promote awareness as well as cross collaboration to actively address disparities.

- The Office participated in a Panel at the UNC Pembroke's Community Health and Wellness Symposium on the disparities that impact the American Indian Population in the state of NC.
- The Office of Health Equity attended the 50th Anniversary of the North Carolina Indian Unity Conference in Greensboro, NC.
- Continues to develop health campaigns with the Division of Public Health. Example: "Live Healthier to Be There" for respiratory illness prevention.
- Completed one-pagers for different forms of cancers and the resources that are available throughout the state through partnerships.
- Supporting the Department's "language access plan," ensuring materials are linguistically accessible.
- Continuously support and present on Spanish media, promoting health events and campaigns that are currently going on.
- The proclamation was submitted to recognize April as Health Equity Month; it is currently pending the governor's signature.
- Submitted an application for a stand-alone Diabetes Prevention Program (DPP) Medicaid code, now in its second phase of review.
- **Medicaid Advisory Groups & Policy**
 - Partnered with Medicaid leadership to ensure full broad representation in the new Medicaid Advisory Committee and Medicaid Beneficiary Advisory Council (MAC/BAC).
- **Office Alignment with the priorities of NCDHHS's Secretary**
 - The Office of Health Equity works hard to expand a workforce that includes individuals with diverse experiences.
 - Community partnerships and resource development are central to the Office's strategy.
- **UNC Master's Capstone with the Gillings School of Public Health**
 - The Office of Health Equity was awarded for its fourth year of selection to work with students in the UNC's Master's Capstone. This year-long critical service-learning course gives students an opportunity to synthesize and apply their MPH training to community-designed public health projects.
- **Connecting state work to the work done at the US DHHS Office of Minority Health (OMH)**
 - Overview of the OMH Office.

- Director, the Honorable CAPT Mahyar Mofidi.
- Key Priorities for the HHS Office of Minority Health and NCDHHS's Office of Health Equity: Data-driven approaches, community partnerships and resource development.

Hurricane Helene Recovery & Resiliency (Carolina Perez)

- **Hurricane Helene Recovery**

- Public Health Leaders Conference: Participation at a panel to discuss the importance of trusted messengers and community partnerships, ~~noy~~ not only in times of crisis but prior to crisis.
- Highlighted the work done after Helene, and how critical trusted relationships with community organizations allowed the state to very quickly disseminate public health information.

- **Healthier Together**

- Contract with Healthier Together aims to address ongoing disparities exacerbated by the hurricane and to build long-term resilience. Focuses on connecting individuals to life-sustaining resources (health_care, transportation, digital connectivity, food security), with the goal of reaching at least 5,000 community members.

- **Working Group**

- A weekly meeting exclusively held in Spanish; ~~held with that includes~~ community-based organizations, local/state government, health_care providers, and other stakeholders in Western NC.

- **Progress & Partnerships**

- About 17 weekly calls so far; information frequently changes, so weekly cadence remains vital.
- Ongoing collaborations include NC Care 360, Western Carolina Medical Society, Red Cross, Duke Cancer Institute, NC Dep~~artment~~- of Justice (to address scams), NC Department of Commerce, NC Department of Public Safety, FEMA, and local nonprofits.
- Major emphasis on building trust with affected communities, especially through bilingual outreach.

- Meetings have been a space to discuss complex information and identify policy changes at local, state, and regional levels to promote the importance of an equitable recovery process.
- The group builds partnerships and strengthens emergency preparedness and long-term resilience.
- Estimated reach so far: 136,000 individuals, with an expectation that approximately 150,000 Latinos/Hispanics were impacted by Hurricane Helene.

North Carolina Minority Diabetes Prevention Program (N.C. MDPP)

- **Overview**

- Funded by the Office of Health Equity since 2017.
- The program disseminates about 2 million dollars 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.

- **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)
 - Childcare 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.
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Closing Remarks

1. Distribute Updated Materials

- The Office will share the new Health Disparities slide deck, one-pagers once final internal approvals are complete.

2. Leverage the CRM Tool

- Members and community partners should use the new CRM link (to be circulated by email) to request training, technical assistance, or data from the Office of Health Equity.

3. Stay Engaged with Hurricane Helene Recovery

- Weekly working group calls continue. Contact Carolina Perez if you wish to attend or need more information about resource coordination in Western NC.

4. Monitor Legislative & Budget Developments

- Await Governor's official budget release and follow evolving federal mandates on DEI language. The Office will keep the council informed of any key changes affecting health equity initiatives.