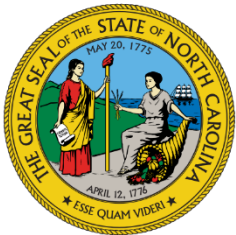


NC Minority Health Advisory Council Meeting

Office of Health Equity (OHE)

Friday, June 21, 2024



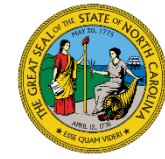
NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Office of Health Equity



NORTH CAROLINA OFFICE OF HEALTH EQUITY (HEALTH EQUITY PORTFOLIO)

Welcome and Introductions





Member Roll Call

Meeting Objectives

1. To share updates on ongoing health initiatives and data impacting North Carolinians' health and vitality.
2. Foster collaborative efforts to improve health equity and outcomes across the state.

SESSION COMMUNICATION EQUITY CONSIDERATIONS



Use the chat to ask questions. An assistant 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.

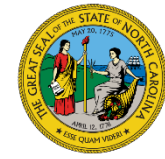


There is a dedicated **floor discussion** time later in this meeting.

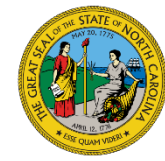


If you come off mute to speak, please **state your name and affiliation** for the group before sharing.

Meeting Agenda

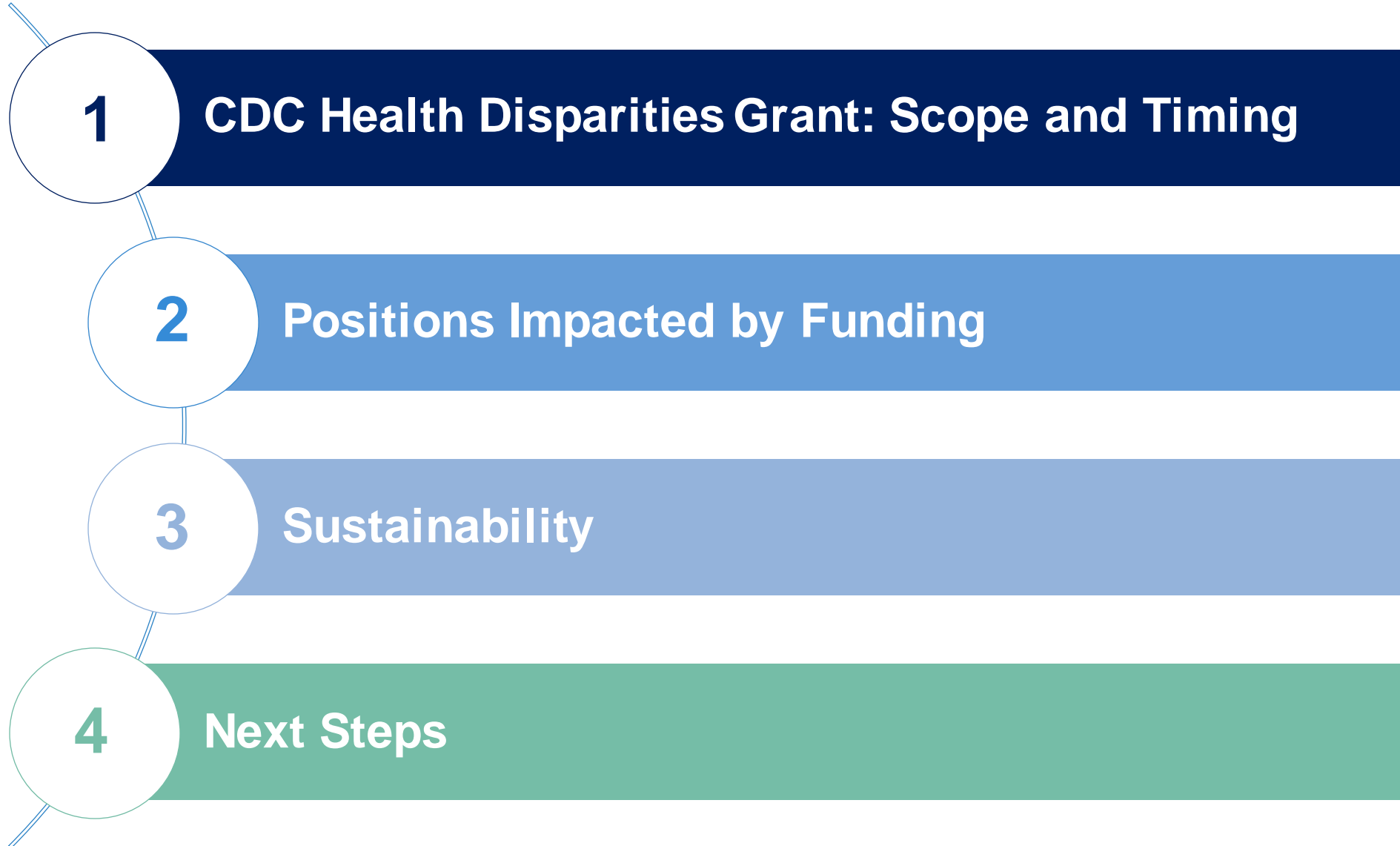


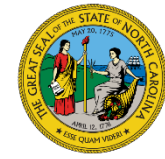
- 1** MHAC Agenda and Orientation
- 2** Health Equity Portfolio Updates
- 3** Deep Dive: NCDHHS CPE Initiative
- 4** Minority Disparities Prevention Program
- 5** Health Disparities Data Report
- 6** OHE Updates
- 7** Open Discussion
- 8** Closing Remarks



Health Equity Portfolio Updates

HEALTH EQUITY PORTFOLIO UPDATES





NCDHHS Community and Partner Engagement (CPE) Initiative

HOW WE PRIORITIZE COMMUNITY AND PARTNER ENGAGEMENT (CPE) AT NCDHHS

To foster transparent communication, enhance public awareness of NCDHHS' partnerships, and facilitate collaboration, **NCDHHS launched a new Community and Partner Engagement (CPE) Website on February 22, 2024.** The website provides information for people and groups to get involved in NCDHHS community engagement efforts statewide and guide the public on how best to engage with the Department.

Equitable Outreach and Engagement Continuum

Figure 2 - Equitable Outreach and Engagement Continuum



This Continuum is created by the NCDHHS Office of Health Equity.

THIS IS A CONTINUUM

The five community engagement activities listed above are not one-time tasks but ongoing efforts. Each activity is integral and must be revisited throughout the entire engagement process with external partners or communities.

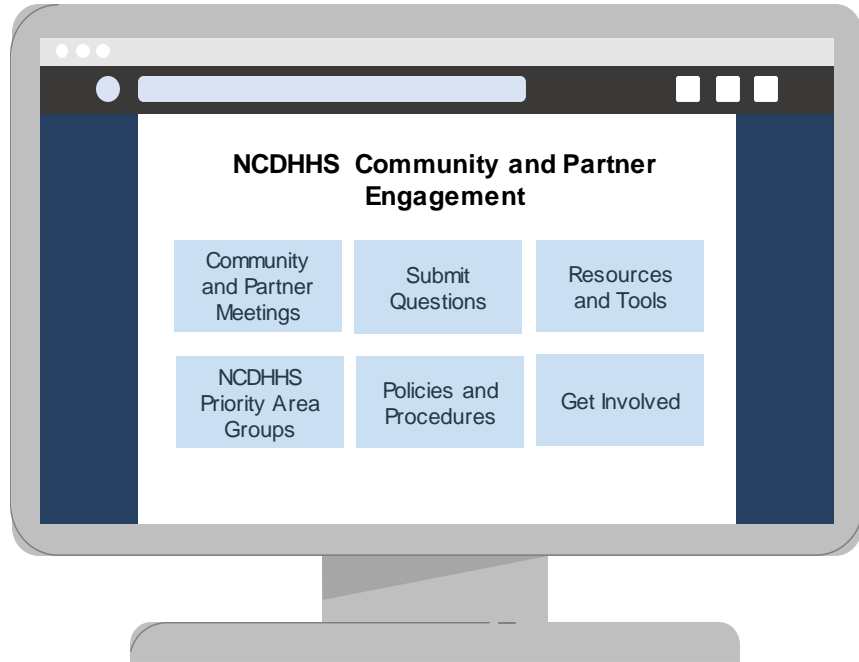
- Community Homework ensures ongoing understanding of community needs;
- Empowerment maintains a sense of inclusivity and agency;
- Collaboration fosters teamwork and shared goals;
- Communication sustains transparency, and;
- Active listening maintains a pulse on evolving community sentiments.

This interactive approach ensures that the engagement remains responsive, adaptable, and truly reflective of the community's evolving dynamics and aspirations, fostering a relationship built on trust and mutual understanding.

Description of the Continuum and How-To Guide

What is a **Community and Partner Engagement Continuum**? A continuum is a critical first step in how to develop a plan for engagement with partners and communities that aims to give power back to communities. It provides emphasis on the different elements of how to connect and use a bi-directional approach with partners to effectively conduct outreach and maintain engagement. The continuum was designed to show that you can begin at different phases visually. It is important to remember that there is no one-size-fits-all approach. At the very minimum, always start with the key elements described in the continuum for a good foundation and build upon these efforts. Your approach to engagement depends on the

NCDHHS CPE Guide

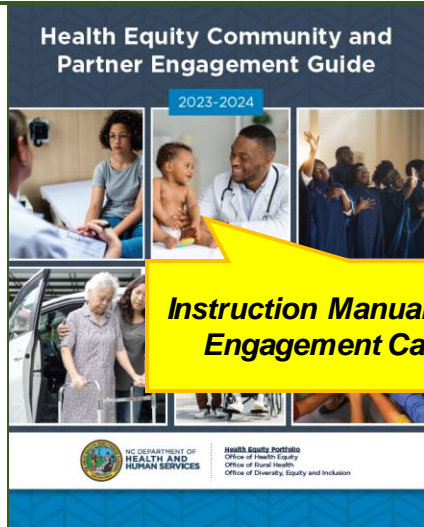


[CPE Website](#)

GUIDING COMPONENTS FOR THE CPE INITIATIVE AT NCDHHS

NCDHHS launched the new CPE website starting with the following guided components:

1 CPE Guide / Playbook



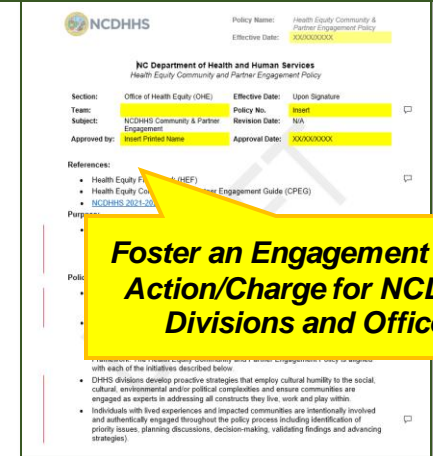
Instruction Manual for NCDHHS Engagement Call to Action

2 NCDHHS Partner Engagement Roster

NCDHHS Division	Partner	Assigned Lead	Key Priority Area	Frequency of Meeting	Secretary's Attendance	Contact Information	Engagement Status (indicate if the partnership is ongoing or has an end date)
Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMHDDSSUS)	State Consumer and Family Advisory Committee (SCFAC)	Jennifer Meade	MHS/IDD/TBI public system (people with lived experience)	Monthly	Annually (statute requires that they can be invited to him)	jennifer.meade@dohhs.nc.gov	Ongoing
DMHDDSSUS	Providers/Provider Associations	Kelly Crosbie	MHS/IDD/TBI	Monthly		kelly.crosbie@dohhs.nc.gov	Ongoing
DMHDDSSUS	Brain Injury Advisory Committee (BIAC)	Scott Pokorny	TBI public system	Quarterly			
DMHDDSSUS	NCHA	Kelly Crosbie		Monthly			
DMHDDSSUS	LME CEOs	Lisa Jackson		Bi-monthly			
DMHDDSSUS	LME-MCO Clinical Leadership Meeting	Saarah Waleed	Clinical program planning	Monthly			
DMHDDSSUS	NC Council on Developmental Disabilities	Ginger Yarbrough	IDD System Issues	Monthly			
DMHDDSSUS	State CIT Advisory Committee	Tracy Ginn	Crisis Intervention Training	Quarterly			
DMHDDSSUS	988 Coalition	Lisa DiCiantis	988	Quarterly			
DMHDDSSUS	LME-MCO CIE SMEs	Ginger Yarbrough	OE for IDD	Monthly			

List of all relevant external partners, engaged with Divisions/Offices and an abstract version visible for communities to access

3 CPE Policy Directive



Foster an Engagement Call to Action/Charge for NCDHHS Divisions and Offices

4 CPE Resources

CULTURAL AWARENESS
Being conscious of similarities and differences between people from different groups.

CULTURAL SENSITIVITY
Being aware of differences, but not an

CULTURAL COMPETENCE
Learning and respecting behaviors

CULTURAL HUMILITY
Lifelong commitment to

1. **Connect:** The pillar of *Communities at the Center* forms the foundation for the "connect" component of the CPE framework, emphasizing the significance of building authentic relationships with community partners.

2. **Consult:** The *Changes to Policies, System, and Environment* pillar underpins the "consult" component, recognizing the importance of seeking community input and insights in policy development.

3. **Collaborate:** The *Leverage Data-Driven Strategies* pillar supports the "collaborate" component, as data-driven decision-making fosters collaborative efforts in addressing health disparities.

4. **Convene:** The *Catalyze Multi-Sector Collaboration and Build Sustainable Organizational Capacity* pillar intertwines with the "convene" component, emphasizing inclusive dialogue and fostering partnerships to create sustainable health equity solutions.

5. Apply the outcomes of the engagement to inform the decision-making process

6. Report feedback

7. Evaluate success and share lessons learned

Checklists, Workbooks, Trainings, web-based access on CPE Guide

5 Consultation and Technical Assistance Support

TRAINING, CONSULTATION AND TECHNICAL ASSISTANCE REQUEST
NC DHHS – OFFICE OF HEALTH EQUITY

REQUESTER DETAILS	
Name	
Title	
Organization/Division	
Email Address	
Phone	
Office Physical Location/Address	
Date of Request	
Location	<input type="checkbox"/> In Person
Include physical address below if this a request for a	
	<input type="checkbox"/> Virtual
Timeframe (for internal use only)	

OHE provides consultative TA on new CPE policies, procedures and health equity action planning/coordination

NCDHHS COMMUNITY AND PARTNER ENGAGEMENT GUIDE (CPEG)*

The NCDHHS Community and Partner Engagement Guide (CPEG, Guide, Playbook) is a **foundational resource** designed to unify NCDHHS' approach to community engagement. The CPEG will serve as a Playbook for all NCDHHS Divisions/Offices, complete with checklists, training, and consultative leadership through the Office of Health Equity.



This Continuum is created by the NCDHHS Office of Health Equity.

The five community engagement activities listed are not one-time tasks but ongoing efforts

NCDHHS PARTNER ENGAGEMENT ROSTER

To gain greater visibility, tracking, and coordination across NCDHHS, the Partner Engagement Inventory represents key partners that Divisions/Offices prioritize for engagements on a regularly scheduled basis. A total of 92 external partners have been identified so far.

The Partner Engagement Roster* includes

- ✓ External groups Divisions engage with regularly that advise/inform programmatic and policy
- ✓ Partners that are state or legislatively required
- ✓ Commission, Councils and Advisory Groups that are top priority for engagement

NCDHHS		NCDHHS Partner Engagement			LEAD: By Office				
NCDHHS Division	Partner	Assigned Lead	Area of Focus	Purpose of Partnership	Frequency of Meeting	Secretary's Attendance	Contact Information	Engagement Status (indicate if the partnership is ongoing or has an end date)	
Health Equity Portfolio	NC Minority Health Providers	Michael Leach	Health Equity, Community and Partner Engagement, Social Drivers of Health, Community and Clinical Linkages, Rural Health Needs, Role as Trusted Messengers, Ambassadors, Champions, Community Leadership Advisors	valued partner in the development of DHHS programs and services by coordinating technical and programmatic assistance, providing information and referral and soliciting input in support of a shared vision to ensure the health, safety and well-being of residents in		Secretary to meet Quarterly with this partner; may be appropriate 2x year	Michael.A.Leach@dhhs.nc.gov	Ongoing	
Office of Rural Health	Primary Care Advisory Committee (NCCHCA, LHD, Free and Charitable Clinics, Rural Health Clinics, NCHA rural hospitals, NC School Based Health Centers)	Maggie Sauer	Health Equity	The Primary Care Advisory Committee develops an objective and equitable process for grading applications for grants funded under the Community Health Grant Program and development of a standardized method for grant recipients to report objectives and measure quality health outcomes.	Regular Meetings		Maggie.Sauer@dhhs.nc.gov	Ongoing	
Office of Rural Health	Farmworker Health Program/ Co-Governance Board	Elizabeth Freeman	Health Equity, Policy	Program Governance Board provides oversight, guidance, and support for the North Carolina Farmworker Health Program (NCFHP), a statewide Migrant Health Voucher Program within the North Carolina Office of Rural Health. As opposed to a free-standing health center, NCFHP works with local agencies to provide care throughout the state with a focus on geographical areas with high densities of farmworkers. NCFHP responds to gaps in health care that would otherwise prevent farmworkers from accessing needed care. The board is made up of those who work closely with the agricultural population or have an area of expertise that contributes to the program's success. The board fills the governing requirements for the program and is not open to the			elizabeth.freeman@dhhs.nc.gov	Ongoing	
			Health Equity, Policy, Community and Partner Engagements, Social Drivers of Health, Cultural Competency	- Advise and make recommendations to the Governor and Secretary of Health and Human			Ava.Hardiman@dhhs.		

NCDHHS COMMUNITY AND PARTNER ENGAGEMENT POLICY DIRECTIVE

The NCDHHS CPE Policy Directive defines expectations for the NCDHHS' partner engagement process for all Divisions/Offices.

SCOPE


This policy applies to all NCDHHS divisions/offices and teams to engage partners and proactively operate in a systematic, community driven approach that involves communities as SMEs for programs, services, strategy and policy.

PROCEDURE

To make resource linkages, NCDHHS employees are required to update the **NCDHHS Partner Engagement Inventory** monthly and use the **Community and Partner Engagement Continuum** to facilitate planning and engagement with partners and communities throughout the State. Each step of the continuum is defined within the Community and Partner Engagement Guide (CPEG).

RESPONSIBILITY / ENFORCEMENT

- **Deputy Secretaries:** Provide executive leadership across divisions to help advance the NCDHHS Community and Partner Engagement goals
- **Directors:** Make sure every division/office has a plan to involve partners.
- **Business Leads, Managers:** Regularly update the NCDHHS Partner Engagements list
- **NCDHHS Staff:** Responsible for applying the Health Equity Framework and utilizing the five-step community and partner engagement continuum to inform programming and engagement activities.

 **NCDHHS**

Policy Name: Health Equity Community & Partner Engagement Policy
Effective Date: 01/31/2024

NC Department of Health and Human Services
Health Equity Community and Partner Engagement Policy

Section: Office of Health Equity (OHE) **Effective Date:** Upon Signature
Team: [Redacted] **Policy No.:** Insert
Subject: NCDHHS Community & Partner Engagement **Revision Date:** N/A
Approved by: Insert Printed Name **Approval Date:** XX/XX/XXXX

References:

- Health Equity Framework (HEF)
- Health Equity Community and Partner Engagement Guide (CPEG)
- [NCDHHS 2021-2023 Strategic Plan](#)

Purpose:

- Defines expectation for DHHS' partner engagement process that advances positive health outcomes by centering the voices of people with lived experiences and affected communities to build and sustain trust by developing authentic community relationships, sharing power to accelerate community-led solutions, and embedding community voices across all aspects of policy development, planning, implementation, and evaluation of programs and services.

Policy Statement:

- DHHS has prioritized goals within the 2023 - 2025 Strategic Plan which advance health by reducing disparities in opportunity and outcomes for populations which have been historically marginalized.
- NCDHHS requires inclusion of community and partner outreach and engagement as critical to our mission to implement sustainable interventions and improve community and partner-level connections. This is evident through the 2021 - 2023 Strategic Plan, establishment of the Health Equity Portfolio, and utilization of a Health Equity Framework. The Health Equity Community and Partner Engagement Policy is aligned with each of the initiatives described below.
- DHHS divisions develop proactive strategies that employ cultural humility to the social

WATCH SECRETARY KINSLEY'S CALL TO ACTION



COMMUNITY AND PARTNER ENGAGEMENT WEBSITE METRICS



The CPE website has seen **3,822 users, 5,578 views** since launch of February 22, 2024. It has also had an 88% increase in users per views from 4/9 to 6/10. The OHE email address listed on the CPE website has received a total of 42 emails since it has been listed.



Of the 42 emails received, there were 16 inquiries about initiating partnerships with various community engagement groups as listed below:

- National Kidney Foundation
- Pivot Point WNC
- Community Care of North Carolina (CCNC)
- Halifax County Health Department
- Johnson and Johnson Department of Strategy Cardiovascular Program
- The Pre-eclampsia Foundation
- Bell Creative LLC

WHERE WE ARE NOW



CPE Lunch and Learn

Department-wide informational session on the CPE Guide for all NCDHHS held on 4/25.

Metrics:

- 229 individuals at NCDHHS registered; 138 attended on Zoom, YouTube stream attendees were not counted
- ~63% of attendees said they were very likely and over 30% said they were somewhat likely to use CPE Guide in their work at NCDHHS



CPE Webinars in English and Spanish

State-wide interactive webinars with community panelists who discussed the CPE Initiative and how communities can engage with the department held on 5/8 (English) and 6/6 (Spanish).

Metrics:

- English Webinar: 140 attendees
- Spanish Webinar: 66 attendees
- A total of 34 questions asked across the two webinars

WHERE WE ARE NOW

CPE Resources

External CPE Resources: Cultural Humility Practices; Cultural Competency Awareness Self-Assessment

Internal CPE Resources: Cultural Competency Summary Document, Baseline Self Assessment, Awareness Self-Assessment, and Checklist for Community Engagements; Cultural Humility Practices; Checklist for Community Event Planning

Press

NCDHHS's CPE Initiative work was featured in the [NC Insider Newspaper](#). The article touched on the CPE Guide and included Deputy Secretary and Chief Health Equity Officer Debra Farrington's thoughts on the initiatives reach. The article also included additional commentary from a community voice, Brandon Wilson, Chief Operating Officer of the Asheville Buncombe Community Christian Ministry.

WHERE WE ARE NOW

OHE has socialized the CPE Initiative across many different groups including NCDHHS-internal groups as well as other communities and partners, such as:

EBT

**Bi-Weekly Equity
Planning Meeting**

HMP Connections

**Inter-Faith Leader
Network**

**DHHS Division of Public
Health Adverse
Childhood Experience
Work Group, Therapeutic
Services**

**DHHS CPE Lunch
and Learn**

**DHHS Division for
Employment and
Independence for People
with Disabilities, Social
Security Administration
Network Group**

**North Carolina
Research and
Engagement Group**

KEY TAKEAWAYS: WHERE WE'RE GOING



CPE Resources

Objectives:

1. Develop tools and resources that enable NCDHHS to adopt the CPE Guide and answer the CPE Initiative Call to Action.
2. Develop tools and resources that enable HEP to provide Consultation, Training, Technical Assistance, and Coaching (CTTC) Services on CPE and health promotional topics to internal and external audiences.

Deliverables:

- ✓ CPE Guide Resources: Templates and Checklists
- ✓ CPE Guide Training Deck(s) and Resources for Internal / External Audiences
- ✓ HEP Consultation, Training, Technical Assistance, and Coaching (CTTC) Service Tools, Resources, and Operations Protocols

Timeline: June 2024 – September 2024



CPE Training

Objectives:

1. Host training events and office hours that enable adoption and use of the CPE Guide and CPE Resources.
2. Launch HEP CTTC Services.
3. Implement Train the Trainer Model for NCDHHS Division leads.
4. Embed CPE and Health Equity Action Plans into Division/Office level strategic planning.

Deliverables:

- ✓ CPE Training Event / Office Hours Calendar
- ✓ HEP CTTC Services Roll Out / Marketing Plan
- ✓ HEP Training / Capacity Building Plan for Train the Trainer Model
- ✓ Health Equity Action Plan Implementation Analysis

Timeline: June 2024 – December 2024

COMMUNITY AND PARTNER ENGAGEMENT RESOURCES

Community and Partner Engagement Initiative Resources

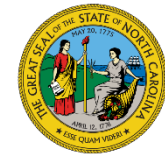
- [CPE Guide in English](#)
- [CPE Guide in Spanish](#)
- [CPE Services and Partnership Roster \(PDF\)](#) ([Excel](#))

Community and Partner Engagement Guide Tools

- Cultural Humility Practices ([PDF](#)) ([Word](#))
 - Prácticas de humildad cultural ([PDF](#)) ([Word](#))
- Cultural Competency Awareness Self-Assessment ([PDF](#)) ([Word](#))
 - Concientización de la competencia cultural autoevaluación ([PDF](#)) ([Word](#))

Contact Us:

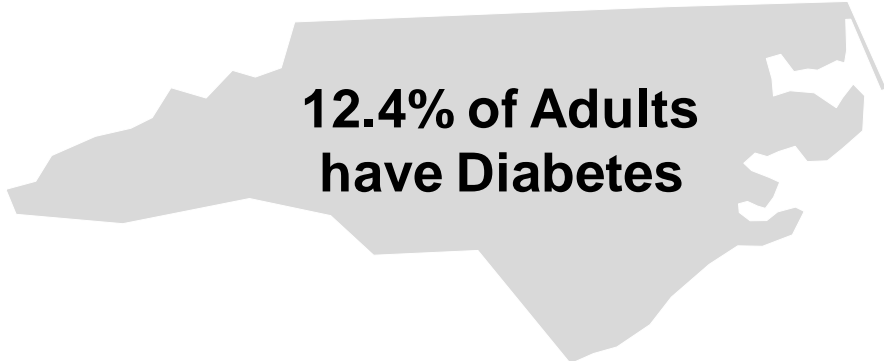
- Office of Health Equity: HealthEquityOffice@dhhs.nc.gov
- Dr. Portia Pope, Deputy Director, OHE: Portia.D.Pope@dhhs.nc.gov



Minority Diabetes Prevention Program (MDPP) Updates

NC MINORITY DIABETES PREVENTION PROGRAM (MDPP): OVERVIEW

NC MDPP was established in 2016 to reduce diabetes prevalence. The aim of NC MDPP is to create and implement a statewide framework that will reduce diabetes prevalence in communities of color.



The annual healthcare cost of diabetes in North Carolina is estimated to surpass \$17 billion by 2025 *



25.8 percent or 2,765,000 people in North Carolinian have prediabetes, and in 2023, 68,900,000 NC residents developed diabetes



1/3 of people with prediabetes in NC are from communities of color

MDPP Key Components

NC MDPP is a multi-component initiative that includes the following components:

1. Community screenings and region-specific targeted marketing campaigns
2. 12-month NC MDPP Lifestyle Class series
3. Community conversations
4. Engaging community and partner collaboratives

NC MDPP STANDARD CONTRACT

Region and Lead Agency	Counties Served	Award Amount	Annual NC MDPP Programmatic Goals
<p>Region 1 Macon County</p>	<p>Cherokee, Clay, Graham, Haywood, Jackson, Macon, Swain, Transylvania</p>	<p>\$160,023.00</p>	<ul style="list-style-type: none"> • 150 people screened for prediabetes • 45 people enrolled into NC MDPP • 60% of people served must be racial/ethnic minorities • ≥ 4 NC MDPP 12-month Lifestyle Class Series
<p>Region 3 Forsyth County</p>	<p>Alleghany, Ashe, Davidson, Davie, Forsyth, Stokes, Surry, Watauga, Wilkes, Yadkin</p>	<p>\$195,105.00</p>	<ul style="list-style-type: none"> • 165 people screened for prediabetes • 50 people enrolled into NC MDPP • 60% of people served must be racial/ethnic minorities • ≥ 4 NC MDPP 12-month Lifestyle Class Series
<p>Region 6 Richmond County</p>	<p>Anson, Cumberland, Harnett, Hoke, Lee, Montgomery, Moore, Richmond, Scotland</p>	<p>\$230,105.00</p>	<ul style="list-style-type: none"> • 200 people screened for prediabetes • 60 people enrolled into NC MDPP • 75% of people served must be racial/ethnic minorities • ≥ 5 NC MDPP 12-month Lifestyle Class Series
<p>Region 7 Granville-Vance Health Department</p>	<p>Edgecombe, Franklin, Granville, Halifax, Johnston, Nash, Vance, Warren, Wake, Wilson</p>	<p>\$230,105.00</p>	<ul style="list-style-type: none"> • 200 people screened for prediabetes • 60 people enrolled into NC MDPP • 75% of people served must be racial/ethnic minorities • ≥ 5 NC MDPP 12-month Lifestyle Class Series
<p>Region 9 Martin-Tyrrell- Washington District Health</p>	<p>Bertie, Camden, Chowan, Currituck, Dare, Gates, Hertford, Hyde, Martin, Northampton, Pasquotank, Perquimans, Tyrrell, Washington</p>	<p>\$294,321.00</p>	<ul style="list-style-type: none"> • 250 people screened for prediabetes • 75 people enrolled into NC MDPP • 75% of people served must be racial/ethnic minorities • ≥ 6 NC MDPP 12-month Lifestyle Class Series

NC MDPP LIVING WELL CONTRACT

Region and Lead Agency	Counties Served	Award Amount	Annual NC MDPP & LWEI Programmatic Goals
<p>Region 2 Buncombe County</p>	<p>Avery, Buncombe, Burke, Caldwell, Henderson, Madison, McDowell, Mitchell, Polk, Rutherford, Yancey</p>	<p>\$294,321.00</p>	<ul style="list-style-type: none"> • 100 people screened for prediabetes • 30 people enrolled into NC MDPP • 75% of people served must be racial/ethnic minorities • ≥ 2 NC MDPP 12-month Lifestyle Class Series • ≥2 Living Well Events.
<p>Region 4 Cabarrus County</p>	<p>Alexander, Cabarrus, Catawba, Cleveland, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanly, Union</p>	<p>\$230,105.00</p>	<ul style="list-style-type: none"> • 100 people screened for prediabetes • 30 people enrolled into NC MDPP • 75% of people served must be racial/ethnic minorities • ≥ 2 NC MDPP 12-month Lifestyle Class Series • ≥2 Living Well Events.
<p>Region 5 Alamance County</p>	<p>Alamance, Caswell, Chatham, Durham, Guilford, Orange, Person, Randolph, Rockingham</p>	<p>\$195,105.00</p>	<ul style="list-style-type: none"> • 100 people screened for prediabetes • 30 people enrolled into NC MDPP • 75% of people served must be racial/ethnic minorities • ≥ 2 NC MDPP 12-month Lifestyle Class Series • ≥2 Living Well Events.
<p>Region 10 Pitt County</p>	<p>Beaufort, Carteret, Craven, Greene, Jones, Lenoir, Pamlico, Pitt, Wayne</p>	<p>\$370,105.00</p>	<ul style="list-style-type: none"> • 100 people screened for prediabetes • 30 people enrolled into NC MDPP • 75% of people served must be racial/ethnic minorities • ≥ 2 NC MDPP 12-month Lifestyle Class Series • ≥2 Living Well Events.

NC MDPP FISCAL YEAR 2024 GOALS

Key Performance Indicator (KPI)	Goal	Met as of 06/30/24	Achievement
Prediabetes Screening	1365 people screened	3987 people screened	292%
MDPP Enrollment	410 people enrolled	639 people enrolled	155%
12-month Lifestyle Class Series	32 classes conducted	65 classes conducted	203%
Living Well Events	8 events held	8 events held	100%

CDC RECOGNITION STATUS

- 3 Regions have achieved Preliminary Recognition: Region 6, Region 7, and Region 9
- 2 Regions have achieved Full CDC Recognition: Region 5 and Region 10
- 3 Regions have achieved Full Plus CDC Recognition: Region 2, Region 3, and Region 4

NC MDPP SUCCESS STORIES

"One couple that participated in MDPP together shared the impact of the class on their life – the husband stopped drinking alcohol, completed a community college class, made his first appointment with a doctor after 15+ years, and lost a significant amount of weight. This led to a new career, improved family relationships, higher income for the family and overall, improved almost all aspects of their lives. "

"During the screening event at the Pinehurst Resort an employee got her blood sugar checked. It was over 500 (with 2 separate readings). We were able to get her seen with a FirstHealth provider that same day. Her A1c was over 15 when she thought it was 7. She was also able to get scheduled to see a diabetes educator that week. We were able to provide her with a glucometer and strips. She was prescribed insulin by her new PCP. Her blood sugars are now controlled thanks to a community screening and help from community partners."

"During our Diabetes Self-Management Program (DEEP) pilot program period, one of the participants was screened at a local health fair and her result from the A1c test was alarmingly high at 13.8%; she was never was diagnosed with diabetes and did not have a primary health care provider. Our Lifestyle Coach who is also a Community Health Worker, connected her to a Primary Care Provider. She participated in our pilot program DEEP and sees her doctor regularly. We are happy to report that her A1c is now 8.7% and her doctor is pleased that her diabetes is moving toward well-controlled."

Region 10 NC Minority Diabetes Prevention Program (NC MDPP), ENC Prevent Diabetes promoting health equity to reduce diabetes disparity among minorities

What is prediabetes?

- Prediabetes is when blood sugar levels are elevated but are not high enough to be diagnosed as diabetes. This results in elevated hemoglobin A1C that ranges from 5.7-6.4%.
- Prediabetes has become a focus in preventive care, due to the rising rate of type 2 diabetes in the United States.
- According to the American Diabetes Association, diabetes is the eighth leading cause of death in the United States.
- Approximately ninety-eight million American adults have prediabetes and 90% don't know they have it. Type 2 diabetes onset can be delayed or prevented with lifestyle interventions. Without intervention, 11% of individuals with prediabetes will develop type 2 diabetes.
- Prediabetes is a serious health condition which increases individuals risk of developing type 2 diabetes, heart disease, and stroke.

Region 10

Below is a map of Eastern N.C. and the counties located within Region 10 (Carteret, Craven, Beaufort, Greene, Jones, Lenoir, Pamlico, Pitt, Wilson, and Wayne Counties).



Community Partnerships

- ENC Prevent Diabetes sponsors an event called Community Conversation. At this event, community members and local providers learn about Prevent T2 and the resources offered through the program. During events, we offer ADA/CDC prediabetes paper screening, A1C testing, and other services and participants have the opportunity to sign up for the program at these events. Individuals that are found to be living with diabetes we refer them to a Diabetes Self-Management Education and Support program. Community Conversations events allow us to:
 - Build trust within the community
 - Raise awareness about prediabetes and the resources we have to combat the epidemic
 - Collaborate with community champions to reach target audience.



What N.C. is doing to reduce the diabetes health disparity:

- Funding for this program is made available by the NC Department of Health and Human Services Office of Health Equity and the Chronic Disease and Injury Section of the NC Division of Public Health by the NC General Assembly to offer a state-wide collaborative that provides an evidenced-based diabetes prevention program targeting individuals in minority communities.
- The NC Minority Diabetes Prevention Program (NC MDPP) reduces health disparities by eliminating barriers and promoting health equity. The program requires 75% of program participants to self-identify as a racial or ethnic minority.
- The NC MDPP ENC Prevent Diabetes program partners with marginalized and minority communities to reduce the risk of individuals developing type 2 diabetes. Through partnerships and support, participants gain knowledge, resources, and tools, that empower them to take control of their health and reduce their risk of type 2 diabetes and other comorbidities.



About Prevent T2

- ENC Prevent Diabetes Prevent T2 program is a free, group-based, twelve-month program where participants meet each week for the first six months and once a month for the last six months.
- The program is facilitated by a trained Diabetes Prevention Lifestyle Coach.
- Participants learn how to eat healthier, incorporate moderate physical activity, and stress management into their daily lives.
- Participants aim to lose 5% to 7% of their body weight within the first six months of the program with the tools gained from the program.
- Participants aim to achieve 150 minutes of physical activity each week.

Incentives



North Carolina and Region 10 Statistics

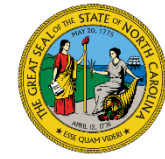
- In N.C. 7% of Non-Hispanic White persons are diagnosed with prediabetes, whereas 14.2% of Non-Hispanic Black persons are diagnosed with prediabetes.
- 77 programs have been offered across the region since 2017 with a total of 808 participants enrolled.
- 89.3% of the program participants are of an ethnic/minority group with 81.6% of the participants being African American, 1.3% Native American, 1.6% other, and 15.2% of participants are white.
- The median age of the participants are 55.4 and 87.8% of the participants are female.
- 19.7% of the participants enrolled attended a minimum of 4 classes and lost 5% or more of their baseline body weight.

Lifestyle Coaches and Cultural Competency

All staff are required to participate in cultural competency and health equity trainings that will ensure they are respectful of participants' differences, they are analyzing their biases which will allow staff to better serve the needs of community and the people we serve.

Trainings such as the Racial Equity Institute Trainings (REI) / Cultural Linguistic Appropriate Service Training (CLAS) ensures:

- Staff are respecting the whole individual
- Allows staff to check their own biases
- Helps reduce health disparities by ensuring staff are competent in providing equitable services.
- Yields better knowledge of how to respond to the health needs of the communities and people we serve.



Health Disparities Data Report

HEALTH DISPARITIES REPORT: UPDATED SCOPE AND CONTENT

Previous Scope We Shared With You

TABLE OF CONTENTS	
Overview	
• Acknowledgments/Contributors.....	2
• Purpose of this Report	5
• Letters	6
• User Guide.....	8
• Executive Summary	9
• Understanding and Using the Data in this Report.....	14
• About the Report	18
• Healthy North Carolina 2030 Health Indicators	20
• Demographics and Emerging Population Trends	22
Outcomes by Health Topic	
• Access to Health Care.....	87
• Chronic Disease.....	94
• Communicable Disease	104
• Environmental Health.....	110
• Injury and Violence	115
• Mental and Behavioral Health	122
• Mortality Rates.....	129
Outcomes by Drivers of Health	
• Economic Well Being	135
• Social Drivers of Health.....	140
Outcomes by Population Group	
• Race and Ethnicity Summary.....	27
– African American/Black Health Summary.....	27
– American Indian Health Summary.....	31
– Asian/Pacific Islander Health Summary	34
– Hispanic/Latinx Health Summary.....	35
– Multiracial Health Summary	37
– White Health Summary.....	38
• Geography Summary	42
– Rural Health Summary	42
• Children and Families Across the Lifespan Summary	46
– Aging Adults (65+) Health Summary.....	46
– Child and Adolescent Health Summary.....	49
– Maternal and Infant Health Summary.....	56
• Health of People with Disabilities.....	64
• LGBTQ+ Health	70
• Community Identified Populations	74
– Farmworker Health	74
– Immigrants	77
– Refugees.....	80
Appendices	
• Appendix 1: Understanding Health Disparities Guide.....	147
– Health Definitions.....	147
– The Social Determinants, or Drivers, of Health.....	148
– The Root Causes of Health Disparities	150
– Historical and Contemporary Context for Health Disparities	151
– NCDHHS Health Equity Framework.....	155
– NCDHHS Call to Action: Community and Partnership Engagement.....	156
– Lessons Learned Throughout the COVID-19 Pandemic	157
– Data Driven Decision Making.....	158
• Appendix 2: Key Terms.....	159

Method for Defining the New Scope

To identify the top disparities in which NCDHHS should focus our health disparity efforts immediately, criteria included:

- Population-Health --> what issues have the highest population impact?
- Severity of disparity --> how severe are the disparity ratios?
- Severity of burden of disease/outcome --> what is the worst possible outcome of a topic?
- Opportunity Analysis --> where do our greatest opportunities lay at this point in time?

HEALTH DISPARITIES REPORT: UPDATED SCOPE AND CONTENT

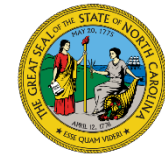
2024 Report will now focus on:

- ★ Access to Health Care
- ★ Chronic Disease
- ★ Communicable Disease
- ★ Health Across the Lifespan (Mothers and Infants, Children, Aging Adults)
- ★ Mental and Behavioral Health
- ★ Social Drivers of Health

Tentative Publication Date: September 2024

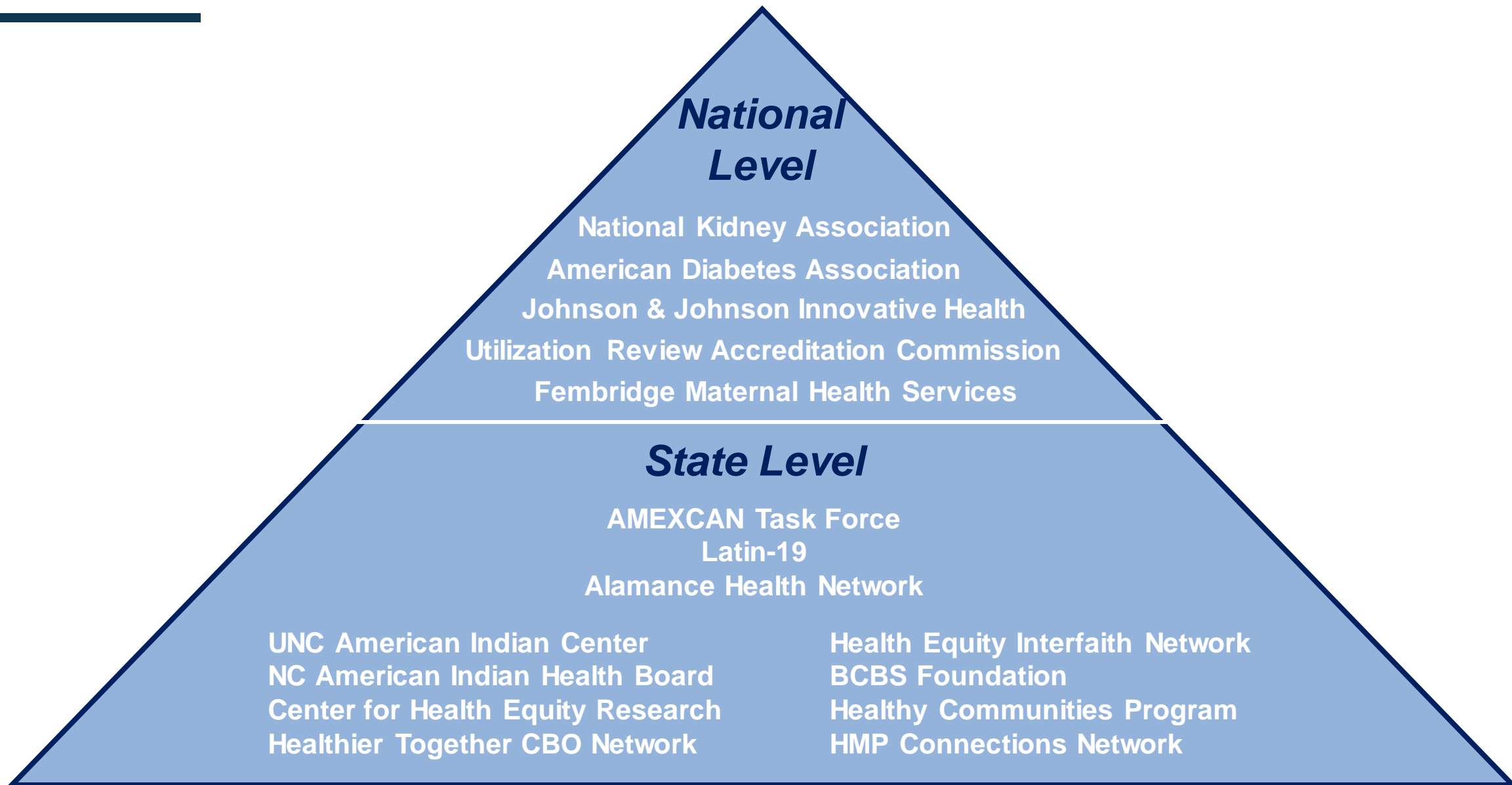
The North Carolina Health Disparities Analysis Report Objectives:

- Spotlights the top health disparities in which North Carolina Department of Health and Human Services (NCDHHS) recognizes the greatest opportunity to make an impact in the next three to five years.
- Measures and monitors the state's progress toward eliminating the disparity and health status gaps experienced by populations who have been historically marginalized.
- Describes NCDHHS services, programs, and resources that continue to address identified disparities.
- Amplifies action and solution-seeking strategies for the reduction of health disparities.



OHE Updates

OHE OVERVIEW AND REACH – PARTNERSHIPS



OHE OVERVIEW AND REACH

OHE has been engaged with and providing technical assistance, consultation, and coaching for various internal and local-level organizations and groups/partners.

Internal-Level:

- **NC Department of Public Health:**
 - Adverse Early Childhood Team
 - PICC-Cancer
 - Sickle-Cell
 - Title V
 - Maternal Child Health
 - Lead Prevention
 - Septic Tank Repair Initiative
- **DCFW, DMHBHSUS, DSS – Behavioral Health Initiative**
- **Division of Employment and Independence for People with Disabilities, Social Security Administration**
- **Division of Health Benefits/Medicaid Expansion**

Counties:

- Duplin
- Pitt
- Onslow
- New Hanover
- Halifax



OHE OVERVIEW AND REACH

OHE has been engaged with and providing technical assistance, consultation, and coaching for various internal and local-level organizations and groups/partners.

Internal-Level:

- **NC Department of Public Health:**
 - Adverse Early Childhood Team
 - PICC-Cancer
 - Sickle-Cell
 - Title V
 - Maternal Child Health
 - Lead Prevention
 - Septic Tank Repair Initiative
- **DCFW – Behavioral Health Initiative**
- **Division of Employment and Independence for People with Disabilities, Social Security Administration**
- **Division of Health Benefits/Medicaid Expansion**

Counties:

- Duplin
- Pitt
- Onslow
- New Hanover
- Halifax



HEALTH EQUITY ACCREDITATION

NCDHHS HEP and OHE are working in partnership with the Utilization Review Accreditation Commission (URAC) who developed the Health Equity Accreditation in collaboration with the National Minority Quality Forum (NMQF)

**Project Members:
Dr. Portia Pope, Juan Ortiz, & Breanna**

Intended Audience: State government entities (Depts. of HHS with a focus on designated offices of health equity or a similar classification)

Accreditation Advisory Group

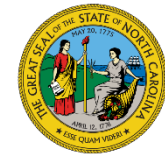
DHHS Memorandum of Understanding

OHE's Accreditation Aim

In Progress

OHE MEETING SPACES

	Equity Brain Trust	Equity Planning & Community Support Huddle Meeting	HMP Connections	Inter-Faith Leaders Meeting	Minority Health Advisory Council (MHAC)
Purpose	Provide the latest information; to increase cross-sectional communication and coordination; and to address barriers and be intentional on strategic approaches. In this space we collectively identify disparities, workforce solution seeking opportunities, share resource linkages that help increase access to care and supportive services to advance HealthEquity, diversity and inclusion.	Discuss priorities, decision points, and key updates on equity efforts across DHHS, including but not limited to COVID-19 testing, treatment, vaccines, and public communications.	Advise, inform, and assist efforts with a focus on driving equity, reducing disparities and improving outcomes for historically marginalized communities.	Engage and communicate with faith communities and grassroots organizations to ensure they have current information about health services and resources in their area. Create a neutral space for these diverse groups to collaborate on improving North Carolinians' health, reducing disparities, and increasing access to care.	To reduce health and health care disparities among racial/ethnic minorities and underserved populations through health equity advocacy.
Cadence	Monthly 3 rd Tuesdays 11am-12pm	Bi-Weekly Every Other Tuesday 4-5pm	Monthly 1 st Tuesday 12-1pm	Quarterly	Quarterly
Attendees	Internal – Diverse DHHS Colleagues	Internal/External – Diverse DHHS colleagues & community partners	Internal/External – Diverse DHHS colleagues & community partners	External – Interfaith-based community leaders across NC	Legislative Appointees: Consists of legislators, community leaders, & health and human services professionals. ³⁷

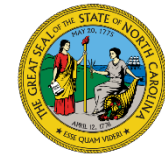


Open Discussion

Question:

How can we leverage the tools and resources of this council, its members, and the groups we represent to further some of the work discussed today?

- 1** MHAC Agenda and Orientation
- 2** Health Equity Portfolio Updates
- 3** Deep Dive: NCDHHS CPE Initiative
- 4** Minority Disparities Prevention Program
- 5** Health Disparities Data Report
- 6** OHE Updates
- 7** Open Discussion
- 8** 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

NC Minority Health Advisory Council Post-Meeting Survey

