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

The Office of Health Equity

NC Minority Health Advisory Council
Meeting Minutes
Wednesday, June 21st, 2024 @ 10:00 am

The quarterly scheduled meeting of the North Carolina Minority Health Advisory Council (MHAC) was called to order on Wednesday, June 21st, 2024, at 10:01 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 [X]
- Dr. Gabriela Marie Plasencia [X]
- Dr. Cherry Maynor Beasley [X]
- Dr. Ronny A. Bell [X]
- Dr. Natasha Adams-Denny [X]
- The Honorable Floyd B. McKissick, Jr. [X]
- The Honorable Gladys A. Robinson [X]
- Vacant
- Ms. Brenda J. Smith [X]
- Dr. Rosemary F Stein [X]
- Dr. Lawrence R. Wu [X]
- The Honorable Donna M. White [X]
- The Honorable Carla D. Cunningham [X]
- Dr. Chere M. Gregory [X]
- Ms. Janice Laurore [X]

Guests:
- Blake Jones representing the Honorable Donna M. White
- Mathias Summons supporting OHE as a UNC Capstone Intern
- Denise Wharton

NCDHHS Meeting Speakers and Facilitators:
- Debra Farrington, Deputy Secretary/Chief Health Equity Officer, NCDHHS Health Equity Portfolio (HEP)
- Portia Pope, Deputy Director, NCDHHS Office of Health Equity (OHE)
- Breanna McGinnis, Program Manager and Evaluator, NCDHHS Office of Health Equity

- Tatiana Moore, MDPP Program Manager, OHE

Technical Assistance Staff:
- Anissa Abboud, Consultant, Guidehouse Inc.
- Aidan Lovely, Consultant, Guidehouse Inc.

Meeting Notes

I. Preliminary Matters

(1) Deputy Director Portia Pope introduced herself and welcomed the assembled virtual audience.

(2) Deputy Director Pope gave Debra Farrington, CHEO, NC DHHS time on the floor for a welcome. Team is inclusive of Office of Rural Health, Olmstead Plan/TCL, Office of People, Culture, and Belonging, and Office of Health Equity.

(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:

(4) Deputy Director Pope presented on communication equity considerations for the meeting, meeting objectives, and introduced the NC Health Equity Portfolio and Office of Health Equity mission and values to the council.

II. Presentation Content

(1) CHEO Debra Farrington presented on Health Equity Portfolio

- Presentation Notes
  i. CPE Initiative Directive / CPE Guide
  ii. CDC grant was set to expire by June 30th, 2024 – so for the past several months, HEP has been exploring additional dollars to maintain the staff
  iii. They have pursued grants, Medicaid angles, internal restructuring, etc. However, none of this has materialized, so they have decided to eliminate some positions. Ava Hardiman, current director of OHE, her position is being eliminated.
  iv. Deputy Director, Portia Pope, has taken on the extra responsibility
  v. Continuing to look for Medicaid MOA and grants and looking at restructuring funding and positions. Original goal was April 2024 with an answer. Using temporary staff dollars in the short-term.
  vi. Medicaid Expansion #s as of this morning 487,000+ https://medicaid.ncdhhs.gov/reports/medicaid-expansion-dashboard
- Discussion
  i. Dr. Larry Wu: Appreciate the situation with the shifting of programs and priorities. You mentioned the Medicaid MOA / CDC as funding sources, have you been given any further direction from leadership and Secretary Kinsley? Because I see a role for your office in coordinating the different efforts around the state to improve health equity outcomes. I recognize even as a payer of blue cross, you guys really play a central role in defining the north star and figuring out how we measure the health outcomes and reach those traditionally marginalized.
  ii. CHEO Farrington: It does take a lot of resources and staff to do this work. We get some pushback around some equity terminology and level of support. Secretary Kinsley is highly supportive of what HEP does. One of the problems is timing, funding cliffs came too soon. SKK remains committed to helping HEP get there. HEP/OHE will be successful as an office in helping the Department address health disparities. It takes time and resources to conduct internal work with Divisions/Offices with consultation and technical assistance. There is an ongoing need to have all the staff to do the necessary collaborations. Impatient with the speed, but believe we'll get there.
  iii. Dr. Gregory: As you are streamlining teams and prioritizing staffing, one thing that has been helpful is speaking to data. Data / impact/ HEP/OHE is one of the only ways I can see and benchmark other types of communities and inequities in those communities. Data is helpful to understand the landscape of the state and how that is impacting the footprint of the programs each of us are part of.
  iv. CHEO Farrington: Partner does not have access to data, and to disseminate. We have a couple of data teams internally. Departmental data team meets with OHE staff on a regular basis to collect and standardize data and analysis and make decisions on a governance standpoint for approaching work. HEP will continue to have a strategy of focusing on data to identify and fill gaps. Cannot do this alone because we do not own the data. Goal is to leverage

existing structures and have ways to have others be accountable for ownership of their own parts.

v. Deputy Director Pope: Will continue to disseminate the

(2) NCDHHS Community and Partner Engagement Initiative

- Presentation Notes:
    i. Deputy Director Pope described the NCDHHS CPE Initiative, its objectives, component parts, and early-impact.
    ii. Have been collaborating with the National Office of Minority Health to publish some of this work on their website.
- Discussion
    i. Dr. Wu: Is the partner list available? OHE sent the list in the chat: NCDHHS' Services and Partnerships Roster | NCDHHS

(3) Minority Diabetes Prevention Program

- Presentation Notes:
    i. 12.4% of adults have diabetes and the annual healthcare costs are estimated to be $17 billion by 2025
    ii. We want to be the aspirational North Star. In the program with a little over 2M in funding. They helped people with $900 per person. Multi-component program and are very proud of it because they are on the ground hands on offering services.
    iii. Asked for a 15% funding increase in the last JLOC report because in some areas they actually have a waitlist. BCBC, Dr. Wu shared, had an MDPP program that sunsetted in 2023. SO MDPP is the last program doing this in the state at no cost. Want to loop in Medicaid and have some discussions. In the future will share more about how were going to amplify the model and help expand the model to other states
    iv. From a public policy perspective, MDPP is excellent in terms of cost analysis
    v. OHE managed to collaborate with the health department and stretch and organize the budget to outpace goals.
    vi. Regions are receiving CDC national recognition for promoting and implementing a high-quality diabetes prevention program.
    vii. Shared some quotes from individuals with MDPP lived experience. Sometimes we share quantitative data, but as we talk about communities at the center it is important to elevate the actual lived experiences.
    viii. Very proud to announce that region 10, Pitt County did a research poster and will be presenting at the American Public Health Association Conference in Minnesota. Breanna McGinnis will also be there presenting a research poster.
    ix. Deputy Director Pope: One of the major partners in the American Diabetes Association. Thank you to Dr. Wu for facilitating this partnership.
- Discussion:
    i.

(4) Health Disparity Data Report and Guide

- Presentation Notes:
    i. HDR was first presented to MHAC over a year ago. Instrumental in defining what the report is going to look like.
    ii. Brought the report to leadership review, we found we had good opportunity to refine the report and narrow the scope to think strategically about what types of disparities to uplift and highlight. Defined a new scope inclusive of population health, severity of disparity, severity of burden/diseases outcome, and opportunity analysis.
    iii. The report is finalized so it will be sent shortly for Spanish translation of the report.
- Discussion:
    i.

(5) Office of Health Equity Updates

- Presentation Notes:
    i. Partnerships: We think about population health. Now have over 1000 partners representing various organizations. Dr. Bell facilitated the American Indian Center linkage.
    ii. Technical Assistance: A lot of work in Public Health and across several counties. Recently partnering for the Behavioral Health Initiative.
    iii. Health Equity Accreditation: In partnership with Utilization Review Accreditation Commission (URAC) and the National Minority Quality Forum (NMQF) to achieve a health equity focused accreditation. They are designing and co-creating standards for a state-level organization. Hope to send a letter to have some of MHAC members voices included in this effort.
        1. The aspirational north star. When we talk about sustainability and impact, at the end of the day, we are in this work because we want the best health outcomes so people can live a long quality life. This accreditation will enable us to co-create and collaborate with other states and leave a footprint for driving the work.
    iv. OHE Meeting Spaces: Equity Brain Trust, Equity Planning and Community Support Huddle, HMP Connections, Inter-faith Leaders Meeting, Minority Health Advisory Council. Have had national speakers. Open to MHAC members presenting or partnering at these groups to share their own work.

III. Discussion / Open Floor

(1) Portia will commit to sending MHAC members communications about what is happening around equity and disparities work across the Department and not just internally to OHE
(2) Dr. Wu: North stars are important. All implementation efforts are local. The local parish, local neighborhoods, and barber shops. The big role that the office could play is communication. Really communicate and find ways to make the work and data, impact, part of the OHE brand/business. Another thing that would be helpful, looking forward to the Health Disparity Report. May want to set some goals and convene some kind of Task Force.
(3) CHEO Farrington: We agree completely on OHE needing to be the connector/linker for smaller orgs and community groups and

places. We think the host of partners we have and the role of OHE being a linkage/communicator is the value add of the office for the Department. Have had other Divisions/Offices reach out to be connected to our partners when doing work in HMP communities.

(4) Deputy Director Pope: Once the HDR is published. Want to have 2-3 event sin different parts of the state. Have an open dialogue to communicate in plain language the findings and the action steps that will be taken to address the disparities. Electronic emails and newsletter but also physical presence at live events will be important.

(5) Janice Laurore: I agree that your strategy of partnering with community-based groups and organizations will further advance the efforts

(6) CHEO Farrington: Medicaid Dashboard goes to the county-level. Open invitation to let us know if there’s any information you need. HEP is happy to facilitate obtaining additional data with Medicaid.

IV. Closing Matters

(1) Closing remarks from Deputy Director Pope

V. Next Steps and Action Items