**NC Minority Health Advisory Council**

**Meeting Minutes**

**Wednesday, March 20th, 2024 @ 10:00 am**

The quarterly scheduled meeting of the North Carolina Minority Health Advisory Council (MHAC) was called to order on Wednesday, March 20th, 2024, at 10:03 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 [present]
* 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 [present]
* Dr. Chere M. Gregory [present]
* Ms. Janice Laurore [present]

Guests:

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

NCDHHS Meeting Speakers and Facilitators:

* Debra Farrington, Deputy Secretary/Chief Health Equity Officer, NCDHHS Health Equity Portfolio (HEP)
* 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
* Breanna McGinnis, Program Manager and Evaluator, NCDHHS Office of Health Equity

Technical Assistance Staff:

* Chika Ozodiegwu, Managing Consultant, Guidehouse Inc.
* 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 Ava Hardiman, Director, OHE time on the floor for a welcome.

(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 supporting Dr. Chere Gregory
* Brittany Woods-Holmes supporting Dr. Chere Gregory

(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.

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

**II. Presentation Content**

1. The council viewed the NCDHHS Health Equity framework video which is published on the NCDHHS CPE (Community and Partner Engagement) Website. Deputy Director Pope briefly explained the purpose and uses of this video.
   * Dr. Cherry Beasley asked if OHE was collaborating with the Foundation of Healthcare Leadership and Innovation and expressed interest in sharing this video with them.
     1. OHE responded in the chat that they are not currently partnered but are interested in a future partnership and will reach out to set up a meeting and share the video.
2. Deputy Director Pope presented updates on the Minority Diabetes Prevention Program and a partnership that came out of the December 2023 MHAC meeting.
3. Breanna McGinnis, Program Manager and Evaluator for the Office of Health Equity presented on the Health Disparities Data Report and Guide, upcoming next steps for the report, and socialization efforts. Conversation commenced in the chat surrounding data availability and upcoming workgroup participation opportunities.
   * Several attendees volunteered to join upcoming work groups:
     1. Ms. Janice Laurore and Dr. Cherry Beasley (UNCP Research Faculty and Lumbee Tribe Health and Human Services Department) expressed an interest in joining a workgroup.
     2. Dr. Larry Wu said it would be good to have a BCNC representative on the work group.
     3. Dr. Audrea Caeser expressed interest in collaborating on the data report.
   * Dr. Larry Wu asked if there is publicly available statewide data that organizations can use to determine the progress of equity in their programs. He expressed that it is hard to know if they have achieved equity in their programs and inquired about methodology to capture that outcome.
     1. Breanna McGinnis: The Report draws on various statewide data but is not broken down to county level. OHE is collaborating with the data office on their systems level work, and cross-service data sources. OHE will follow up with Larry Wu regarding data collaboration.
   * Dr. Beasley offered several points:
     1. Dr. Beasley asked what matrix OHE is using to evaluate health disparities, especially well-being.
        1. Breanna McGinnis: we have included economic metrics (housing metrics, poverty, income, etc.) as well as social drivers of health metrics, looking at environmental factors such as availability of nutritious foods and physical activity opportunities, quality of housing, etc. We have also included descriptions of root cause factors and addressing whole person health.
        2. Dr. Beasley: I was wondering about people's perceptions of how they are doing. In my work in population health, I have learned that our data matrix does not provide the full picture. What three health departments are in the study?
        3. Breanna McGinnis: Great point. Our community partners told us they wanted us to use a strength based or resiliency lens, so we have included some success spotlights and positive stories throughout the report. However, there is a lot of room for future opportunities to publish a qualitative-based report that would more so address your point, capturing perceptions and extra nuances. The health departments participating in the pilots are Buncombe, Cabarrus, and Alamance.
     2. Dr. Beasley also noted that the Lumbee Tribe just launched its first health assessment and would be willing to share their process and data. OHE will reach out to discuss details of a collaboration.
   * Ms. Janice Laurore noted that the Equity and Inclusion office of UNC is involved in gathering similar data. She indicated that Audrea Caesar, a guest at the meeting, may be able to speak further about this. OHE will follow up.
4. LaQuana Palmer, Deputy Director of Communications and Engagement, NCDHHS Medicaid Office presented updates on North Carolina’s Medicaid expansion efforts.
   * Resources shared in the chat by Deputy Director Palmer:
     1. <https://medicaid.ncdhhs.gov/nc-medicaid-ambassador-program>
     2. <https://medicaid.ncdhhs.gov/north-carolina-expands-medicaid/toolkit>
     3. <https://medicaid.ncdhhs.gov/reports/dashboards>
     4. <https://medicaid.ncdhhs.gov/reports/medicaid-expansion-dashboard>

**III. Discussion / Open Floor**

1. What do you want to hear more about?
   * Dr. Ronny Bell: At some point in the future, I would love to hear about what challenges this office might anticipate with the upcoming elections at the state and national level.

* Dr. Chere Gregory: would love to hear more about guidelines to avoid impacting community members’ eligibility when they participate in advisory councils. Please share by email if something is available.

1. Discussion occurred around Medicaid resources., ambassador website, and ambassador are volunteer positions.
   * <https://medicaid.ncdhhs.gov/north-carolina-expands-medicaid/toolkit>
   * <https://medicaid.ncdhhs.gov/reports/dashboards>
2. Greater discussion around the next steps for the Health Disparities Data Report and Guide. OHE will develop slide decks for the report that can be shared. A presentation on the report and socialization effort is upcoming and MHAC members are invited to attend.
3. Discussion around funding for the community and partner engagement asks from departmental programmatic work and research launched by Carla Cunningham.
   * Question Context: She serves with sickle cell and the office of minority health, and the budgets do not increase. Often when you have people volunteer, people are struggling, so volunteerism is limited. Requests for minorities to do more but struggle the most with the conditions. Asking about asking communities to participate in studies and research. Compensating people who help these initiatives.
   * Director Hardiman’s response: We do our best to make sure the funds are channeled to communities at the center. The challenge is that the funding for infrastructure needed to do the work is limited, so it restricts our ability to give more to the community side of things and compensate people for their time. MDPP (MINORITY DIABETES PREVENTION PROGRAM) funding goes directly to the providers working in the communities to do the work, but in other areas and spaces, there are limitations where we do not have the funding and we have to leverage partnerships.
   * Deputy Director Palmer: we are not using state dollars for Medicaid expansion communication work. Funding received for communication work is coming from hospitals. But we are finding ways. People could lose their Medicaid if we give money (incentives) to people, and it bumps them out of eligibility for their services. So, we need to be careful about incentives in the Medicaid space.
4. For MDPP, Dr. Wu confirmed that it was the right approach to partner with a provider in the community to get the referrals because sometimes patients fall off from lack of self-direction.

**IV. Closing Matters**

1. Closing remarks from Debra Farrington, NCDHHS Deputy Secretary, Chief Health Equity Officer, Health Equity Portfolio’
2. Recap from Deputy Director Pope on next steps and the next MHAC meeting, which is scheduled for June 19, 2024, and will be conducted hybrid or in-person.

**V. Next Steps and Action Items**

1. Follow up on the Health Disparities Data Report as follows:

* Janice Laurore: interested in joining a work group.
* Dr. Cherry Beasley: interested in joining a workgroup. Wants to discuss via phone call. Also need to discuss her suggestion about the Lumbee Tribe and collaborations coming out of their first health assessment and future data work.
  + Dr. Larry Wu: Follow up on suggestion for BCNC rep to be on the data work group. Dr. Wu asked if there is publicly available statewide data that organizations can use to determine the progress of equity in their programs? He expressed that it is hard to know if they have achieved equity in their programs and inquired about methodology to capture that outcome. Breanna responded verbally but follow up may be necessary.
* Dr. Audrea Caeser: interested in working with the data report. Janice Laurore noted that she has insight with the Equity and Inclusion office of UNC gathering this type of data.
  + Extend the invitation to attend any Health Disparities Data Report and Guide launch events / presentations to the MHAC.

1. OHE to reach out to Dr. Beasley regarding an appropriate person to engage with regarding diabetes prevention efforts.
2. Deputy Director Pope to schedule a meeting about Dr. Beasley’s suggestion re: collaborating with the Foundation of Healthcare Leadership and Innovation and share the video and to possibly create a new partnership. Dr. Beasley is on the board and has offered to help.
3. Follow up on MHAC members willingness to get involved in the health equity accreditation effort and its intersection with the MDPP.
4. Follow up on requests for more information:
   * Dr. Ronny Bell: At some point in the future, I would love to hear about what challenges this office might anticipate with the upcoming elections at the state and national level.
   * Dr. Chere Gregory: would love to hear more about guidelines to avoid impacting community members’ eligibility when they participate in advisory councils. Please share by email if something is available.