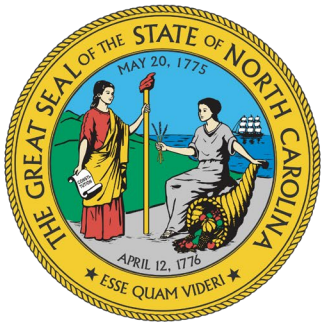


NC Minority Health Advisory Council Quarterly Meeting

Office of Minority Health &
Health Disparities (OMHHD)

June 15, 2026



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**



Welcome and Member Roll Call

Florida Ahado
Data and Evaluation Program Coordinator



Meeting Agenda

1. Welcome

- Dr. Portia Pope, Director

2. Health Portfolio Updates

- Debra Farrington, Deputy Secretary

3. Rural Health Transformation

- Maggie Woods, Director, Rural Health Transformation Program

4. Medicaid Updates

- LaQuana Palmer, Deputy Director, Communications and Engagements

5. Maternal Health Disparities

- Belinda Pettiford, Chief Women, Infant, and Community Wellness Section
Title V MCH Director Division of Public Health

6. Office of Minority Health Updates

- Dr. Portia Pope, Director
- DeNita Nash, Human Services Program Manager
- Carolina Siliceo Perez, Senior Strategy and Community Partner
Engagement Manager

7. Questions / Closing Remarks

Meeting Objectives

1. **Enable MHAC members to better understand how NCDHHS and OMHHD function to eliminate health disparities and serve the people of NC.**
2. **Leverage the expertise of MHAC members to inform and support NCDHHS priorities related to addressing health disparities and provide a call to action for member involvement, feedback, and input.**

Communication Considerations



Use the chat to ask questions. A meeting facilitator will read your question aloud to the group if there is time after each presentation section. 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.

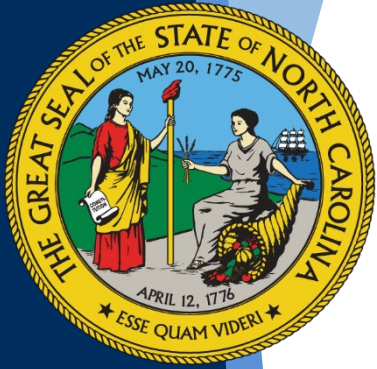


If you come off mute to speak, please **state your name and affiliation** for the group before sharing.

NCDHHS and Health Portfolio Updates

Debra Farrington, MSW, LCSW
NCDHHS Deputy Secretary for Health





NC DEPARTMENT OF HEALTH AND HUMAN SERVICES



NORTH CAROLINA

RURAL HEALTH TRANSFORMATION

***Maggie Woods, Director, Rural Health
Transformation Program***

June 2026

The Rural Health Transformation Fund is a unique, \$213M+ opportunity to transform rural health in NC

Rural Health Challenges in North Carolina at-a-glance



28.4% of North Carolinians are rural (nearly 3 million people).



Chronic, perinatal, & mental health needs i.e., 17% higher diabetes rate compared to urban areas; 90 counties are mental health shortage areas; maternal care deserts and higher pregnancy-related mortality; higher infant death rates.



Workforce shortages where 24 counties lack adequate primary care; shortages in behavioral health, oral health and EMS are acute.



Financial instability i.e., 12 rural hospitals have closed or converted since 2006 limiting access to emergency and inpatient care.

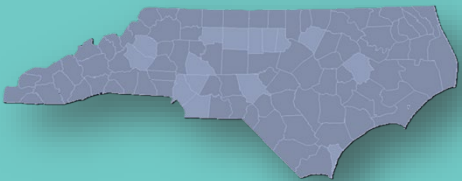


Digital divide including broadband gaps and low digital literacy limit telehealth and care coordination.

North Carolina's RHTP in Numbers

**2nd
largest**

rural
population
in the US



3 million+ rural
North Carolinians



400+
rural health
facilities to
be reached

**6 integrated
initiatives**

addressing workforce, access,
technology, behavioral health,
chronic disease, and payment
models



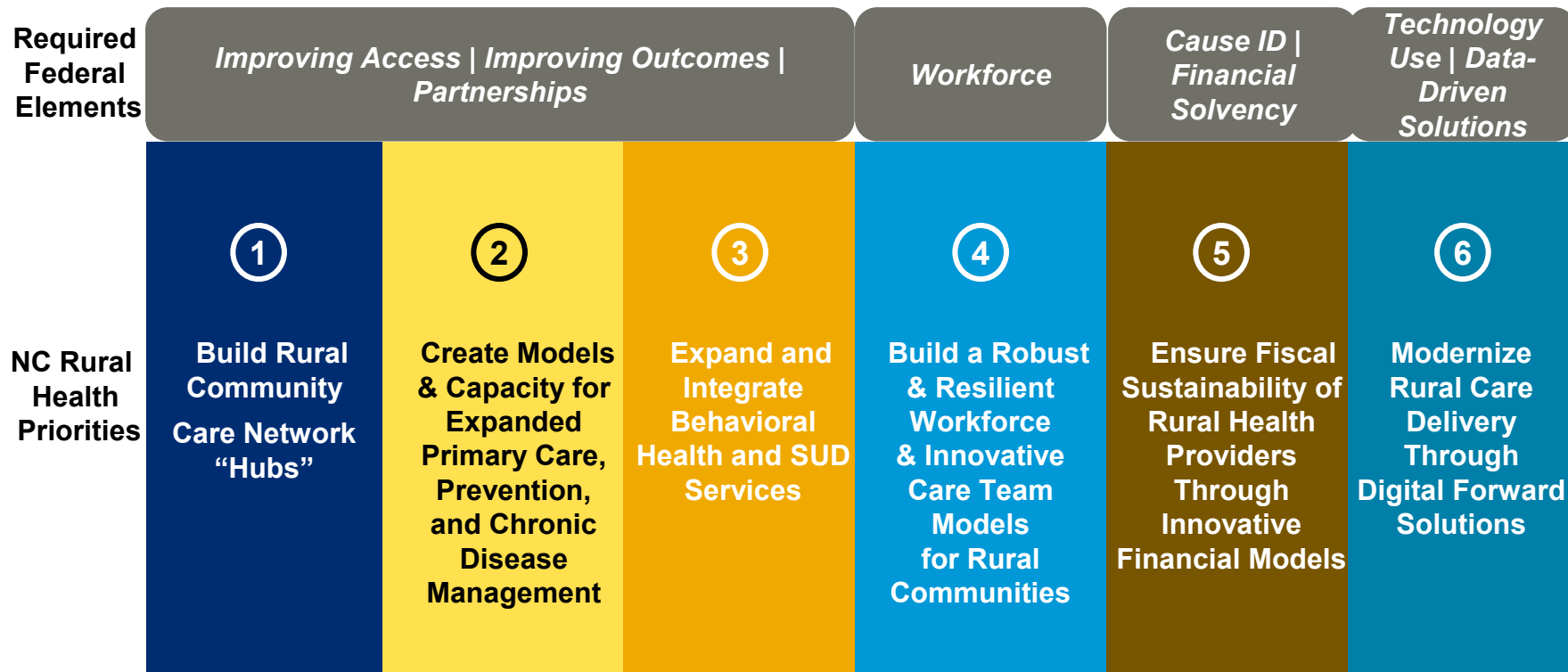
**~\$213 million for
Year 1**

Estimated \$1B in federal
investment in NC over five years

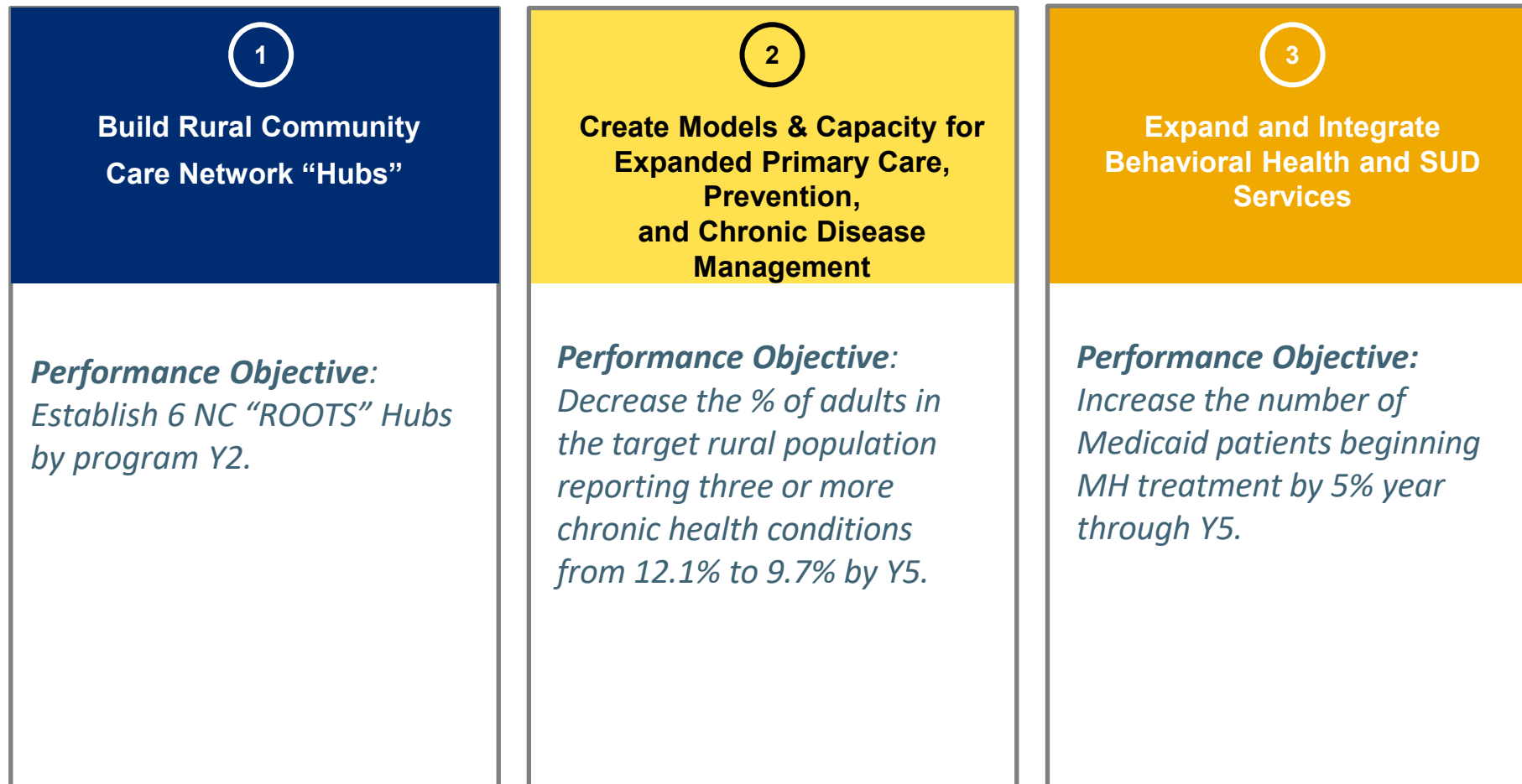


Six Initiatives Work Together to Achieve NCRHTP Goals

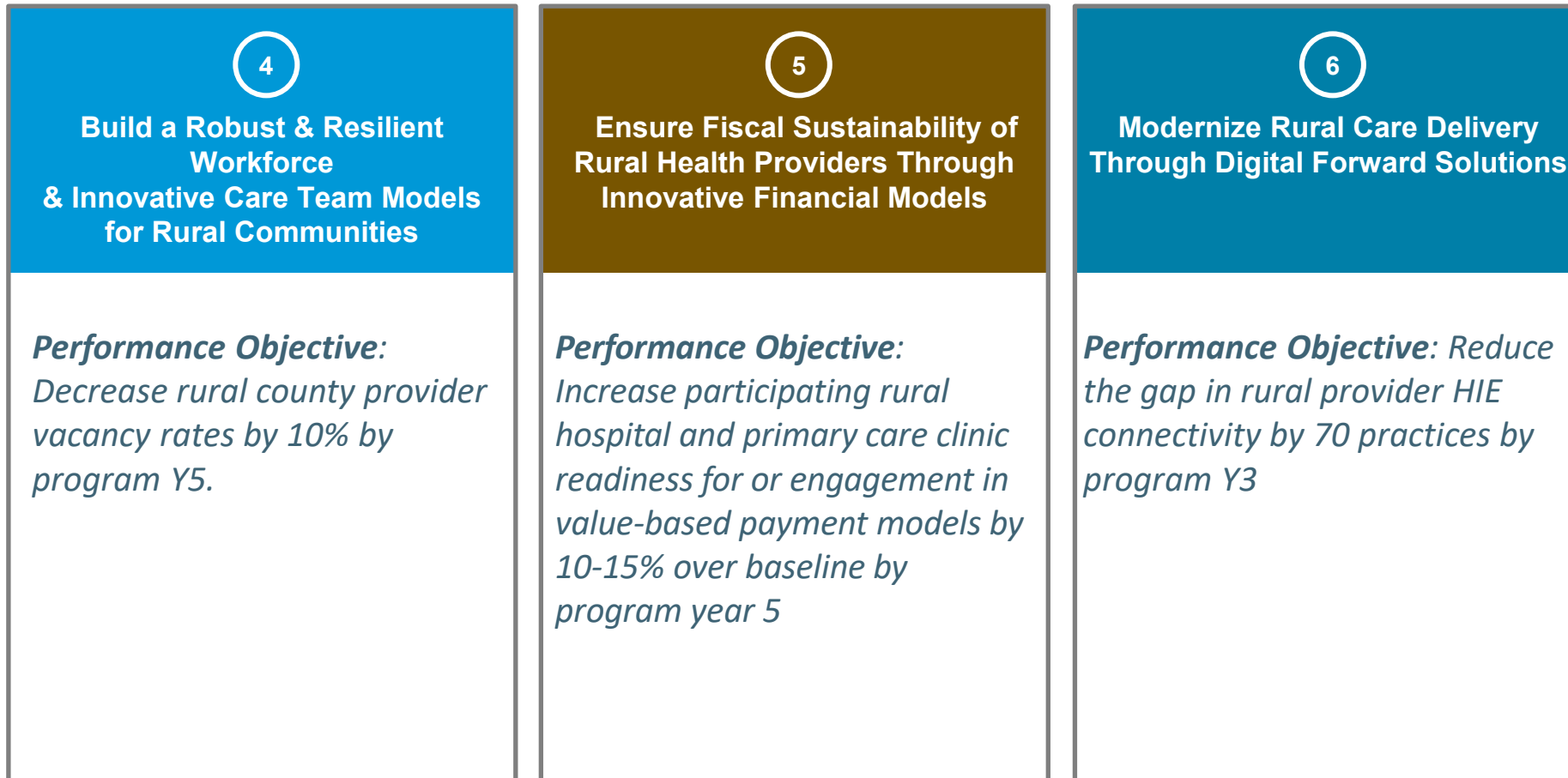
To advance innovative solutions that foster independence, improve health, and promote well-being for all rural North Carolinians



Six Interlinked Initiatives work synergistically to achieve NCRHTP Vision & Goals



Six Interlinked Initiatives work synergistically to achieve NCRHTP Vision & Goals

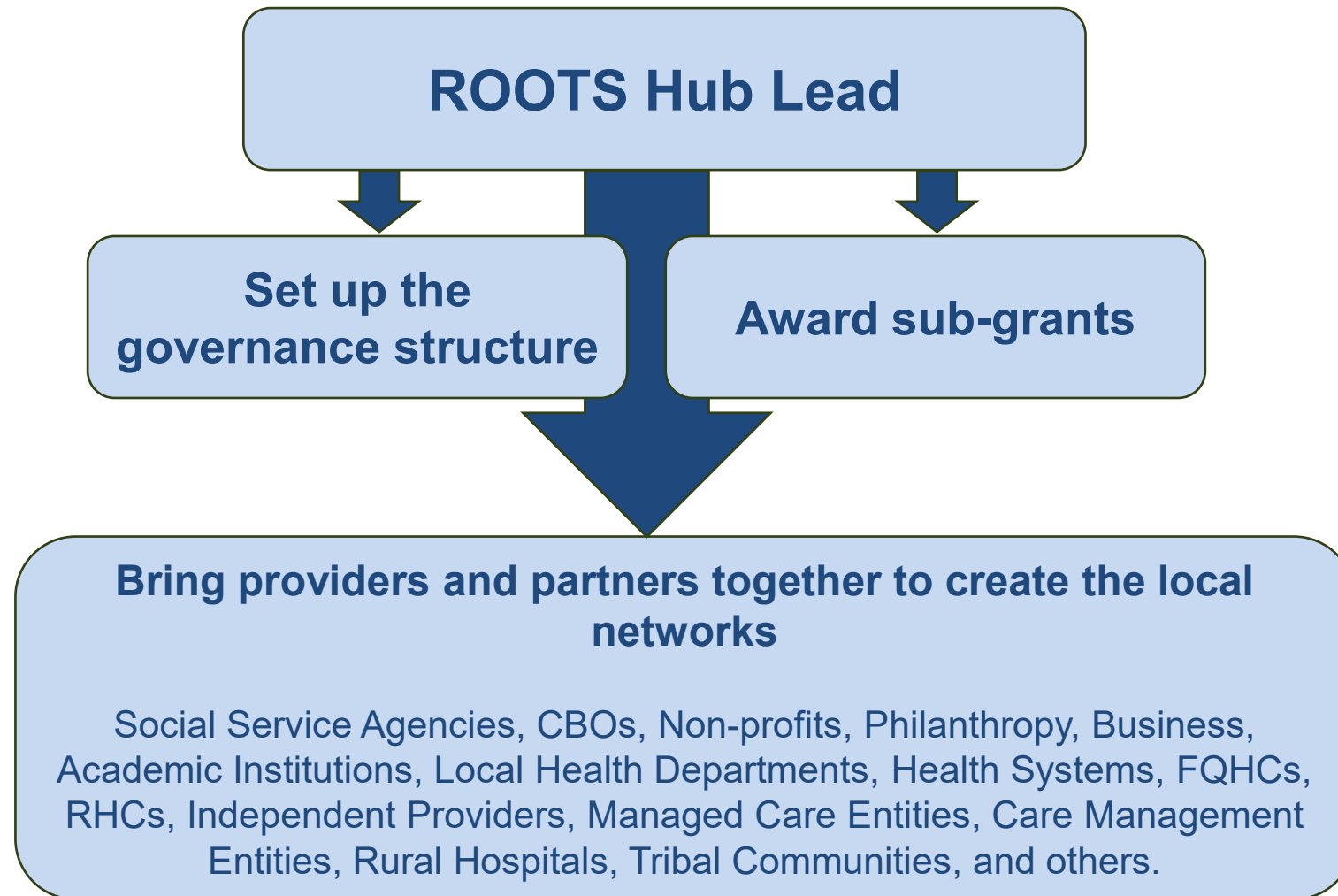


What is a ROOTS Hub?

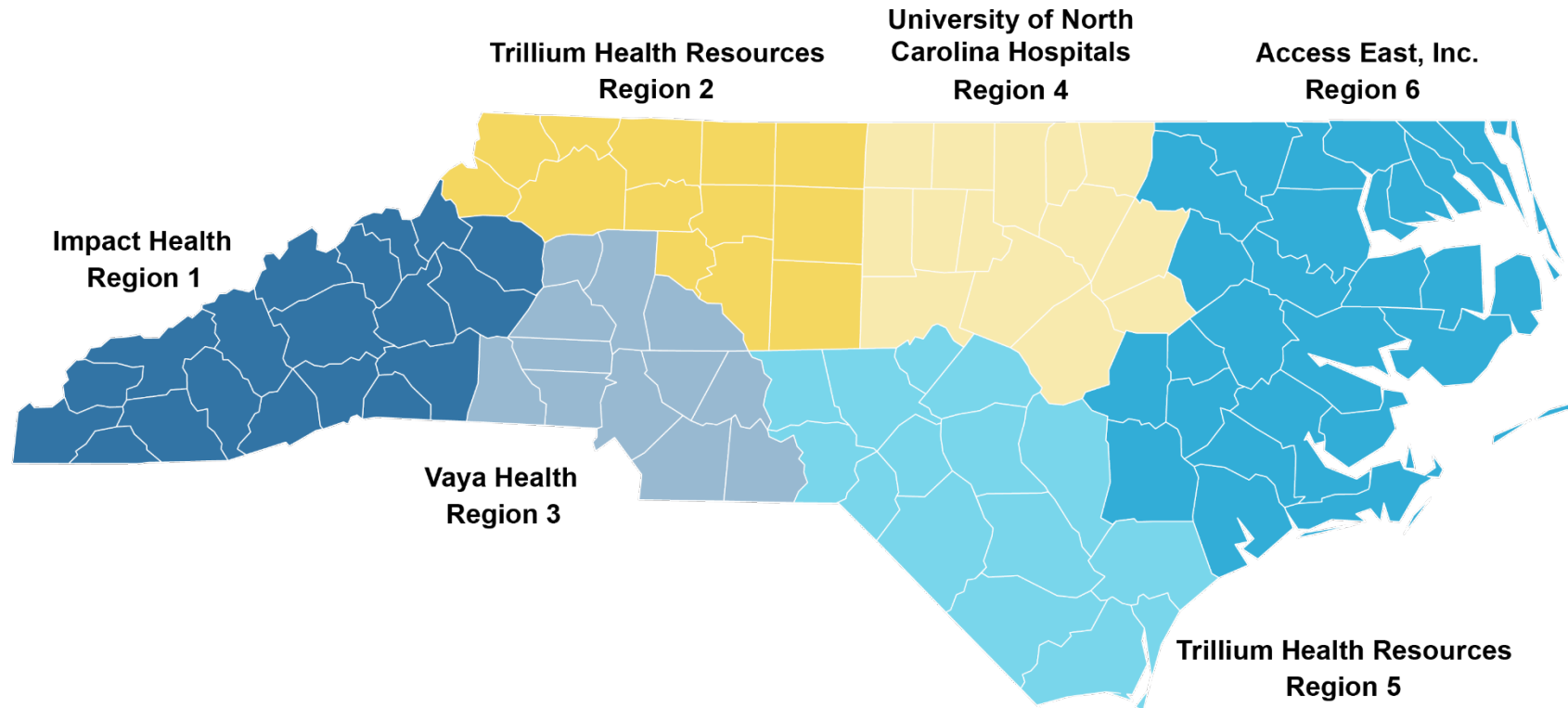
NC ROOTS (Rural Organizations Orchestrating Transformation for Sustainability) Hubs

- Regional, locally governed networks of community stakeholders that implement NCRHTP initiatives
- Responsible for coordinating and guiding a regional network of partners to improve health and services in rural communities.

What is a ROOTS Hub Lead?



North Carolina Rural Health Transformation



Meet the ROOTS Hub Leads

(ROOTS) Hub Leads

About the NC ROOTS Hubs

NC Rural Organizations Orchestrating Transformation for Sustainability (ROOTS) Hubs are regional, locally governed networks that coordinate services and lead implementation of NC Rural Health Transformation Program (RHTP) initiatives. Working with community partners, each Hub will help advance efforts across primary care, behavioral health, workforce development, value-based payment and digital health — tailoring strategies to the unique needs of their respective regions.

Meets the ROOTS Hub Leads

The selected NC ROOTS Hub Leads will represent each of the [North Carolina Medicaid regions](#) and will coordinate care and implement NCRHTP initiatives. The NC ROOTS Hub Lead awardees include:

Impact Health – Region 1	▼
Trillium Health Resources – Region 2 and 5	▼
Vaya Health – Region 3	▼
University of North Carolina Hospitals – Region 4	▼
Access East, Inc. – Region 6	▼

[Rural Health Transformation Program Grant Opportunities](#)

[Rural Organizations Orchestrating Transformation for Sustainability \(ROOTS\) Hub Leads](#)



Point of contact & brief description

<https://www.ncdhhs.gov/divisions/office-rural-health/rural-health-transformation-program/rural-organizations-orchestrating-transformation-sustainability-roots-hub-leads>

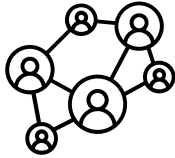
Building the Foundation for Sustainable Growth

Year 1 establishes the foundational infrastructure and addresses immediate needs, while positioning the program for sustained, community-driven funding in Year 2 and beyond.

January – May 2026

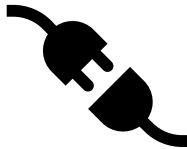
- Submitted and obtained approval on revised budget from CMS for Year 1 funding. ✓
- Established statewide program management and governance structures. ✓
 - Hired RHTP Director, Ongoing recruitment
- Released Request for Applications (RFA) for NC ROOTS Hub Lead entities. ✓
- Conducted award process and selected Regional Hub Lead entities;
- Issued Allocation Letters for behavioral health expansion ✓

Accomplishments To Date!



Awarded 5 ROOTS Hub Leads Across all 100 Counties!

- Funding will establish regional governance, assess the community need and drive regionally tailored action planning and funding.



Launched Partnership with NCDIT

- Funding for Health Information Exchange (HIE) will drive onboarding rural providers to – and training them to effectively utilize – the HIE Network and its suite of services. Targeting to onboard over 400 eligible rural providers.
- Residents have an opportunity to call into United Way's NC 211 to receive over-the-phone digital health literacy support.



Funds for Mobile Integrated Health and Community Paramedicine for Rural EMS Organizations

- Funding opportunity released and closed for EMS agencies to expand and strengthen behavioral health crisis response and improve treatment access for individuals experiencing substance use disorder (SUD).

What's Happening Next Six Months

- **June – July**

- DHHS Hub Leads Onboarding
- Hub Leads complete regional needs assessment
- Launch 211 Digital Health Navigators Program
- Launch RHTP Advisory Committee
- Release Expanded Minority Diabetes Prevention Program RFA
- Continue recruiting and filling RHTP positions

- **August – September**

- Hub Leads to complete action plan and begin funding release
- Award EMS MAT
- Submit first annual progress report to CMS.
- Launch Rural Health Innovation Fund
- Begin BH Program Expansion (CCBHCs, First Episode Psychosis, Mobile OTP)

- **October - November**

- Hub Leads Community Programming Launch
- Expansion of Workforce Programs (Social Worker & Qualified Professionals)
- Additional BH community provider investments (MORES, Community Crisis, School Based Health Centers)

How you can get information or get involved

- Visit website for information including upcoming procurements and awards
- Respond to RFAs or other requests for information when posted
- Engage with ROOTS Hubs as partners
- Participate in advisory groups, councils and meetings
- Stay in touch with us at ruralhealthtransformationdhhs@dhhs.nc.gov. (Sign up for newsletter)

**Learn more, including links to FAQs, meeting recordings,
and other NC award information:
ncdhhs.gov/rhttp**

Stevens Amendment Disclosure

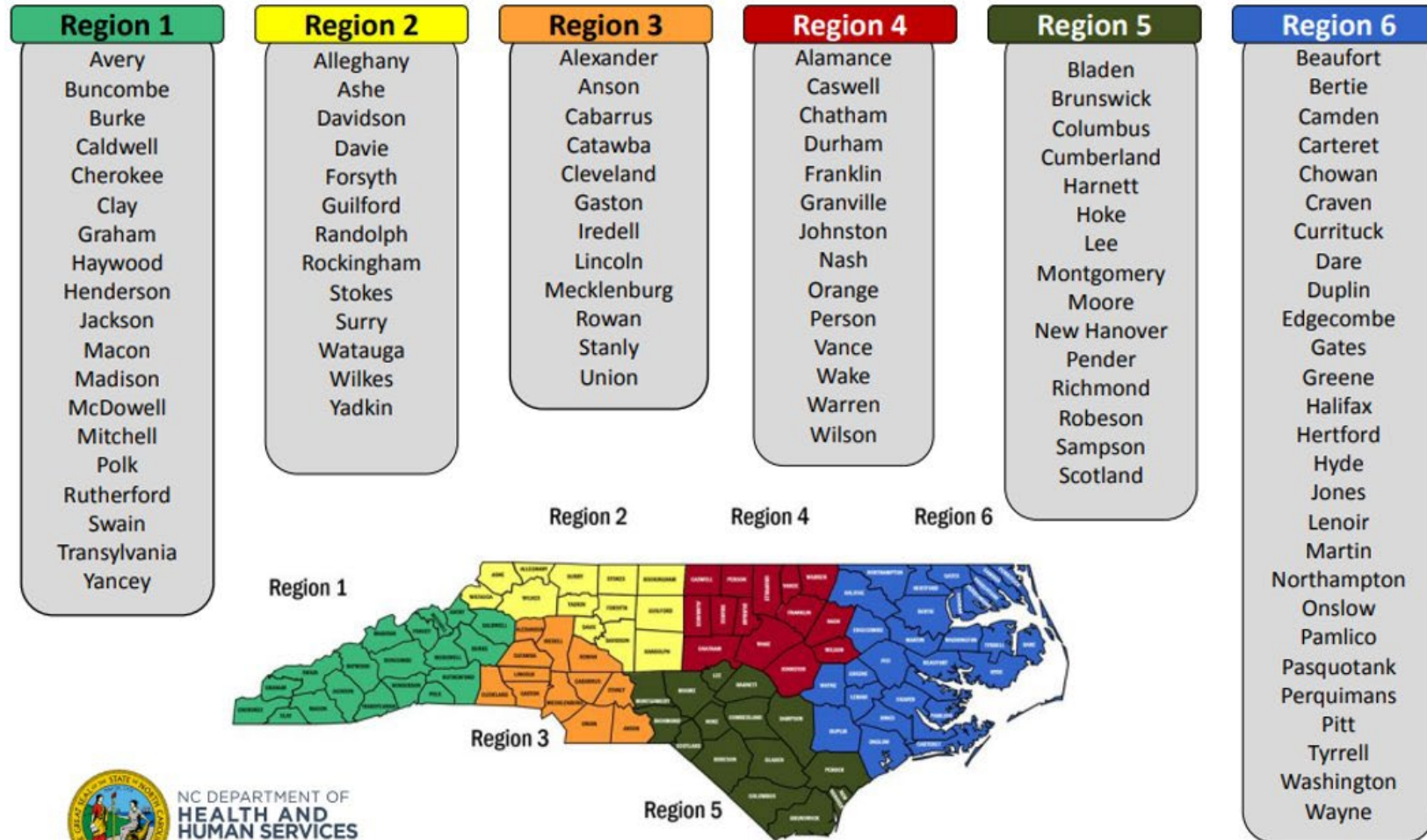
The NC Rural Health Transformation Program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$213,008,356.47 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government

Thank you for your interest in the Rural Health Transformation Program and your continued contributions to ensure the success of our state!

Questions?

Maggie.woods@dhhs.nc.gov

Six ROOTS Hub Regions



NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

Communications & Engagement Updates

LaQuana Palmer, MPA

Division of Health Benefits (NC Medicaid)

Deputy Director, Communications and Engagement

OFFICE OF MINORITY HEALTH (HEALTH PORTFOLIO) | NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES



NC Medicaid

Policy and Program Updates



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Health Benefits





House Bill 696

As of April 30, 2026, Governor Josh Stein signed the \$319 million emergency Medicaid funding package (House Bill 696) to cover budget shortfalls for the 2025 – 2026 state fiscal year, preventing a shutdown of services for over 3 million beneficiaries.

The funded bill also includes new, stricter oversight, including audits and more frequent eligibility verifications.

Implementation planning is still in progress.



Effective May 2, 2026, North Carolina Medicaid transitioned to a new Pharmacy Benefit Administrator (PBA), **Prime Therapeutics State Government Solutions LLC**, for NC Medicaid Direct beneficiaries. This change replaces NCTracks for Point-of-Sale (POS) claims to streamline pharmacy services, prior authorizations, and drug utilization reviews

Providers and pharmacies can expect:

- Streamlined pharmacy benefit administration;
- Improved coordination across providers and pharmacies;
- Enhanced access to pharmacy program information;
- More efficient claims processing and prior authorization workflows; and
- Increased transparency across pharmacy operations.

[Pharmacy Benefit Administrator – NC Medicaid website](#)

Connecting Communities and Medicaid (CCM) – May 13th

Meeting Discussion for May 13, 2026

- H.R.1 Review Updated Medicaid Application Appendix.
- **Notice to inform beneficiaries of the enrollment and eligibility changes for work/community engagement requirements.**



Provider Resources

- NC Medicaid Website medicaid.ncdhhs.gov
Includes County and Provider Playbooks
- Regular Medicaid Bulletins medicaid.ncdhhs.gov/providers/medicaid-bulletin
- NC Medicaid Managed Care Webinar Series (Back Porch Chat)
 - May 21, 2026, noon – 1 p.m.
 - Aug. 20, 2026, noon – 1 p.m.
 - Nov. 19, 2026, noon – 1 p.m.
- NC Medicaid Quarterly Virtual Office Hours
 - Aug. 6, 2026, noon – 1 p.m.
 - Nov. 5, 2026, noon – 1 p.m.

For more information, see the [Training page](#) in the [Provider Playbook](#).

H.R. 1 OVERVIEW

Understanding the Impact of H.R.1 and the Federal Changes to Medicaid

- On July 4, 2025, the House Reconciliation bill (H.R. 1), previously known as the “H.R.1 One Big Beautiful Bill Act,” was signed into law. The federally mandated changes will have a significant impact to Medicaid.
- The new Medicaid provisions take effect over the next several years. They will change eligibility rules for some people and how Medicaid operates.

Eligibility Changes for Certain Non-citizens

Begins October 1, 2026

- Limits Medicaid to lawful permanent residents (“green card” holders), certain Cuban and Haitian entrants and individuals from the Compacts of Free Association nations.
- Excludes refugees, asylees and other humanitarian groups who were previously eligible for Medicaid coverage.
- Limits federal matching payments for Emergency Medicaid for individuals who would otherwise be eligible for expansion coverage except for their immigration status to the state’s regular Federal Medical Assistance Percentage (FMAP).

Who Will Lose Health Care Coverage

The following will lose Medicaid coverage October 1, 2026, if they have any of these immigration statuses:

- American Indians born in Canada or outside of the U.S. (including federally recognized tribal members that are not U.S. citizens)
- Battered Non-citizens (including spouse, parents and children)
- Lawfully Residing Veterans/Active-duty Service Members (including certain family members)
- Non-citizens with Iraqi or Afghan Special Immigrant Visas (including spouse and children)
- Hmong, Mien or Highland Laotian Non-citizens (including spouse and children)
- Applicants for Permanent Residence, Asylum or Temporary Protected Status
- Other Lawfully Residing Non-citizens

Who Will Keep Health Care Coverage

On October 1, 2026, only these citizen and immigration statuses (“qualified” statuses”) will keep their Medicaid coverage:

- U.S. citizens and U.S. nationals
- Lawful permanent residents (green card holders)
- Cuban and Haitian entrants
- Compacts of Free Association (COFA) migrants which are citizens of the Federated States of Micronesia, the Marshall Islands, and the Republic of Palau

What this Means for Their Medicaid

Starting October 1, 2026, if your immigration status is not a “qualified” status, you:

- Will lose Medicaid coverage, including doctor visits, prescriptions, mental health, dental and other services.
- May qualify for Emergency Medicaid if you get emergency medical care at a hospital emergency department.

Changes to Retroactive Coverage

Begins January 1, 2027

Member impact: Anyone applying for new Medicaid coverage

For individuals who apply for Medicaid benefits on or after January 1, 2027

- The mandatory retroactive coverage period changes from 3 months to 1 month prior to the month of application for some low-income adults ages 19 through 64 without disabilities (also known as the Medicaid expansion population)
- Limits retroactive coverage for children, adults age 65+ and individuals with disabilities to 2 months prior to the month of application.

Work and Community Engagement Requirements

Begins January 1, 2027

Member impact: Requires some low-income adults ages 19 through 64, without disabilities (also known as the Medicaid expansion population) who are current Medicaid beneficiaries or applying for Medicaid to work or participate in qualifying activities for at least 80 hours per month unless they meet an exemption.

Work and Community Engagement Requirements

This includes:

- Work or a work training program
- Volunteer in the community
- Attend school at least half-time
- A monthly income that is at least \$580 (the federal minimum wage times 80 hours, $\$7.25 \times 80 = \$580$ per month).
- A seasonal worker whose average monthly income for the last 6 months is at least \$580 (equal to the federal minimum wage)

NOTE: Activities can be combined but must add up to 80 hours a month.

Work and Community Engagement Requirements

What does this mean?

For recertification (renewal)

- Anyone ages 19 through 64 (also called Medicaid expansion) currently enrolled in Medicaid must complete 80 hours of qualifying activities for 3 of the 6 months during their certification period.
- For example, if your certification period is from January to June, you must complete your activities for 3 of those months to qualify for your next certification period.

To apply for Medicaid

- Anyone ages 19 through 64 applying for Medicaid, must show proof in their application they worked, attended school or took part in community activities for 80 hours each month of the 3 months before the month they apply for Medicaid.
- For example, if they apply on April 1, they must show they did their activities in January, February and March for their application to be considered.

H.R. 1 OVERVIEW

Who is Exempt from the Work and Community Engagement requirement

- Children up to age 19
- People with disabilities, receiving Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI)
- Adults age 65 or older
- Women who are pregnant or eligible for postpartum coverage (12 months after a pregnancy ends)
- Former foster care children age 25 or younger and those currently in foster care
- Parent or caregiver of a child under age 14
- Parent or caregiver of people with disabilities

H.R. 1 OVERVIEW

Who is exempt from the work/community engagement requirement?

- Veterans with a total disability (100%)
- American Indian/Alaska Natives
- People who are medically frail*
- People enrolled in a substance use disorder treatment program
- People who are incarcerated or people who have been released from incarceration in last 90 days
- People who qualify for Medicare

** Criteria still to be determined*

6-month Eligibility Recertification for Certain Beneficiaries

Begins January 1, 2027

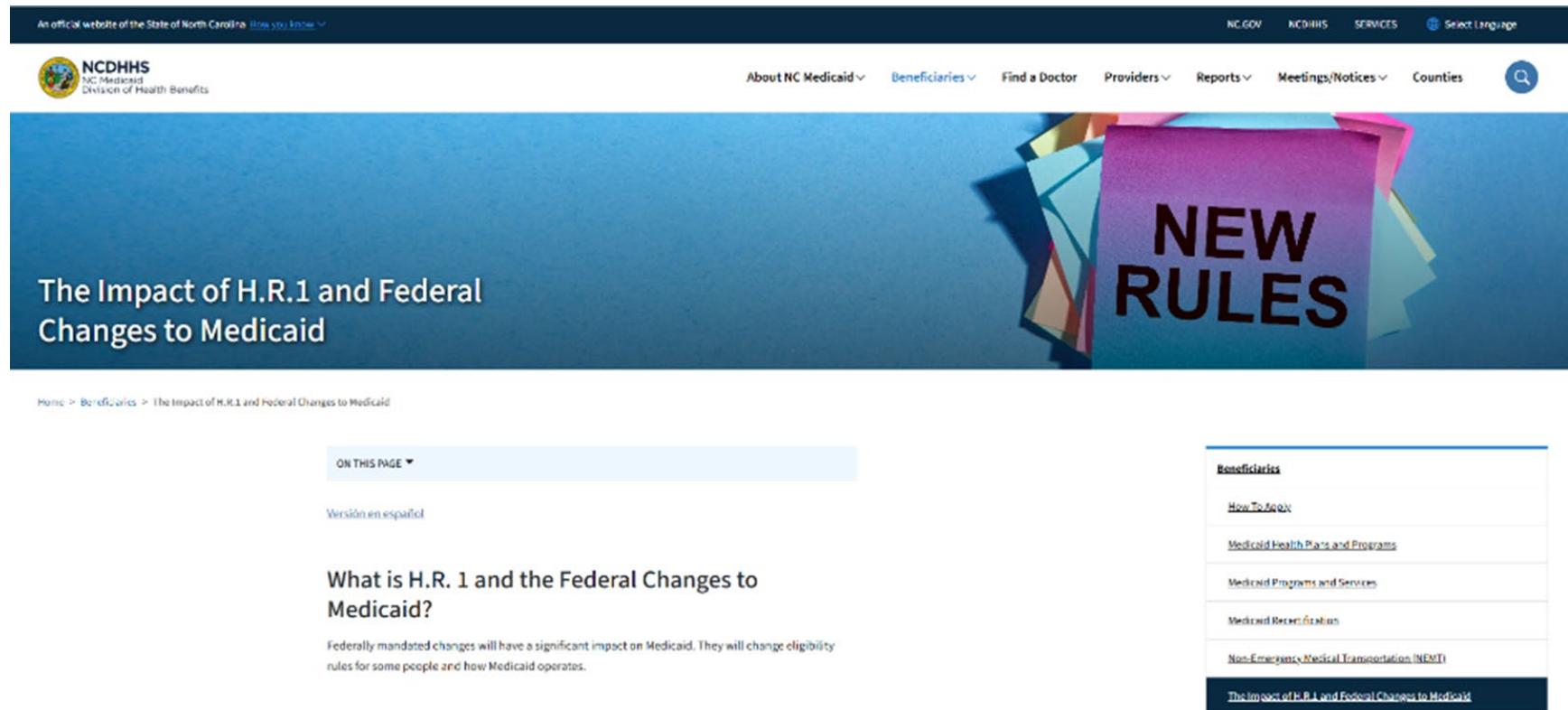
Member impact: Some low-income adults ages 19 through 64 without disabilities (also known as the Medicaid expansion population) must have their Medicaid eligibility recertified (renewed) every 6 months instead of the traditional 12 months.

This applies to those applying for or renewing their Medicaid coverage.

ADDITIONAL RESOURCES

H.R. 1 webpage

- Available in English and Spanish
- Will be updated regularly with additional information
- medicaid.ncdhhs.gov/HR1



Note: Information may change with the Centers for Medicare & Medicaid final rule.

Maternal Health Disparities

Belinda Pettiford, Chief Women, Infant, and Community Wellness Section Title V MCH Director Division of Public Health



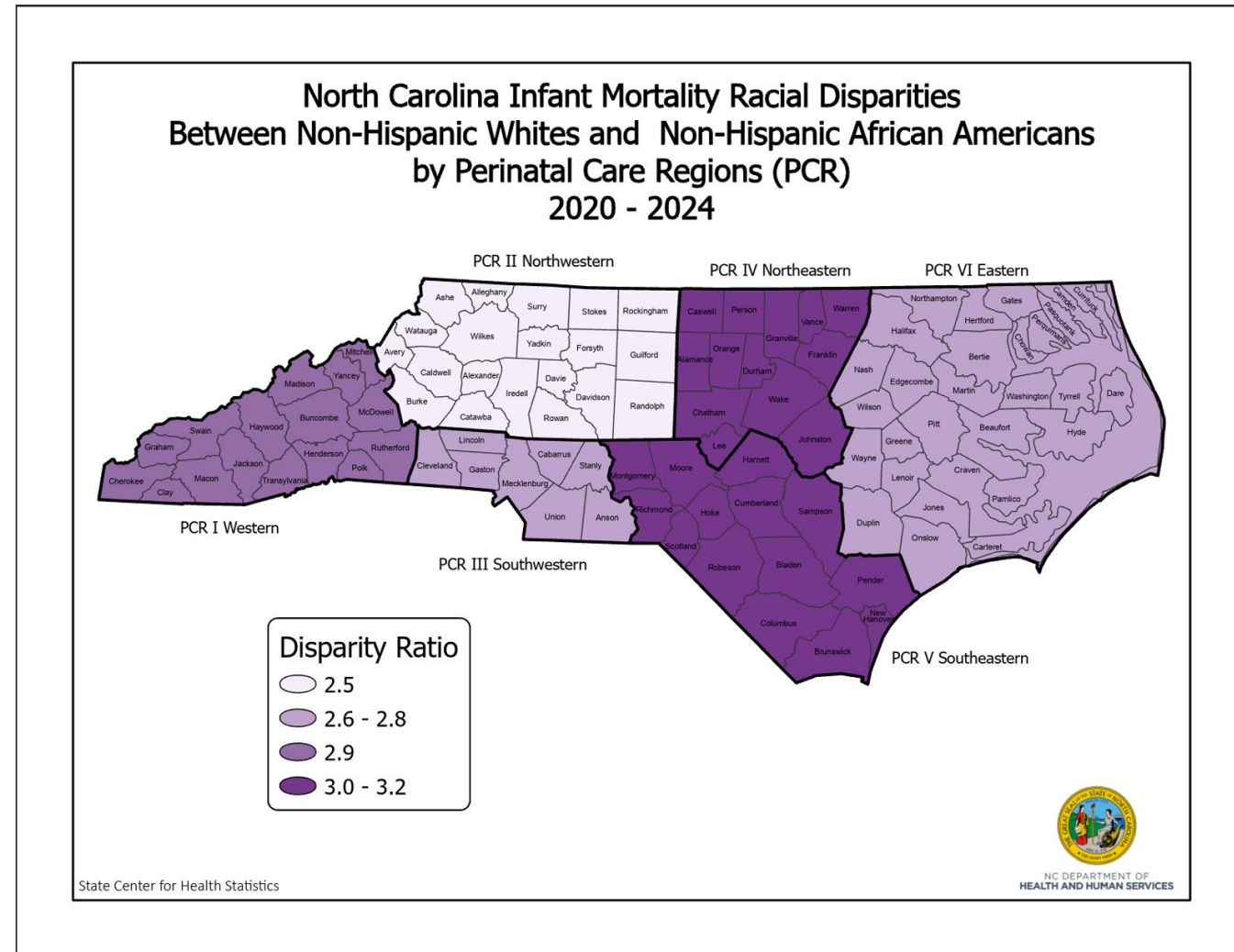
Maternal Health Disparities

Infant Mortality Racial Disparities in North Carolina

North Carolina's 2024 infant mortality rate dropped to an all-time low, falling **8.7% from 6.9 to 6.3 per 1,000 live births**, driven by a **14.9% reduction in neonatal deaths**

Persistent disparities: non-Hispanic Black infants still nearly **3x more likely to die** than white infants

[New Data Shows All-Time-Low Infant Mortality in NC, Sharp Decrease in Overdose-Related Deaths | NCDHHS](#)



Office of Minority Health Updates

Portia D. Pope, Ph.D., MPA, PMP, LSSGB, NCCM, IMH-E
Director, Office of Minority Health and Health Disparities



Office of Minority Health Strategic Priorities

ACCESS TO CARE Priority Objective	Description	Initiatives
1.1) Expand diabetes prevention services statewide by increasing access in unserved and underserved communities experiencing higher rates of diabetes and prediabetes	Ensure effective administration and oversight of MDPP state appropriations, including contract management, performance monitoring, and fiscal accountability. Expand MDPP services into unserved counties using Rural Health Transformation (RHT) funds to increase program availability and participation. Increase access to the MDPP program for underserved populations using NACDD/CDC funding.	• State MDPP Implementation • Expansion Implementation for new services in 12 counties • Enroll duly eligible Medicaid & Medicare beneficiaries Statewide in the MDPP • Continuous quality improvement implementation for overall statewide services
1.2) Strengthen statewide implementation of CLAS Standards by providing training and technical assistance and language access support to health and community organizations across the state.	Provide training on National CLAS Standards- National CLAS Standards are guidelines that help health care organizations provide culturally and linguistically appropriate services to improve health access, communication, and quality of care for diverse populations.	• Deliver training, technical assistance, and capacity building to strengthen health care system capacity and strengthen staff awareness by delivering culturally responsive care across the state specifically in rural counties [hospitals, FQHCs, non-profit organizations, health departments]

Office of Minority Health Strategic Priorities

ACCESS TO CARE Priority Objective	Description	Initiatives
1.2) Advance health disparities data collection, analysis, aggregation, surveillance and reporting to inform statewide priorities and improve health outcomes.	This priority focuses on advancing the collection, aggregation, analysis, surveillance, and reporting of health disparities data to better understand population health trends, identify gaps in outcomes and access, and inform statewide public health priorities.	• Develop a data collection framework in preparation for the next NC Health Disparities Report, working with cross-divisional data teams (target publish date: 2028). • Develop health disparities dashboards to visualize population health trends, outcomes, access gaps, geographic variation and program reach to support reporting and planning • Produce data briefs and related products to communicate key findings and support focused strategies.
1.4) Engage the MHAC's leadership, input, and guidance to advise on minority health priorities, develop policy recommendations and statewide public health strategies.	NCDHHS Minority Health Advisory Committee (MHAC) is a body that provides guidance, expertise, and recommendations to the Department on issues related to minority health and health disparities in North Carolina.	• To develop a report of findings and policy recommendations for the Secretary of North Carolina Department of Health and Human Services to inform minority health and health disparities policies.

Office of Minority Health Strategic Priorities

ACCESS TO CARE & SUSTAINABLE WORKFORCE Priority Objective	Description	Initiatives
1.4) Enhance cross-agency and external partnerships to improve coordination and trusted community engagement statewide.	Work collaboratively across the department and external partners to strengthen culturally and linguistically responsive services and expand trusted community engagement that improve outcomes for all North Carolinians. Strengthen interdivisional collaboration to improve coordination, resource alignment, and program impact statewide.	• Spanish language PSA, social media campaigns, CAFICETOS, training with Latin American Consulates, training for CHWs, provide technical assistance to farm worker initiatives and DPH's vital records. • Full implementation of the MOA with Medicaid • Engage minority populations, including American Indian communities through health events, education, outreach, access to care activities, and connections to health resources across the state. • Increase engagement with faith-based and nontraditional partners to expand health outreach, education, and access to care events.
3.2) Strengthen operational excellence through staff training to ensure consistent implementation, accountability, and effective use of data for reporting, dashboards, and program improvement.	Strengthen organizational performance by expanding staff training and professional development in data analytics, contract management, and system implementation.	• Workforce development initiative with UNC, AHEC, and NC State to build staff skills in data analytics, visualization, and storytelling. • Increase NCCM-certified staff from 1 to 4 • Expand CDC-recognized lifestyle coach certifications to ensure fidelity in MDPP implementation. • Leverage ServiceNow CRM and Tableau to improve coordination and visibility

2026 NC Public Health Data Summit

Trust Builds Data: How Community-Based Organizations Strengthen Public Health Data

Dr. Portia Pope, Director of OMHHD, Margarita Yanes, Dr. Debra Harding Allen, and Stacey Carless helped to ground the conversation in the barriers communities face accessing mental health services and support, and the importance of authentic and genuine community partnership.



MHAC Member Recognized By National Assoc of State Offices of Minority Health

- Dr. Olu Jegede was featured in the June 2026 newsletter from the National Association of State Offices of Minority Health.

NASOMH HIGHLIGHT

JUNE 2026

DR. OLU JEGEDE HONORED FOR LEADERSHIP IN HEALTH EQUITY

NASOMH congratulates **Dr. Olu Jegede**, Senior Vice President and Chief Health Equity & Community Impact Officer at Cone Health, on receiving the **Clinical Leadership Award** from the North Carolina Healthcare Association.

Dr. Jegede was recognized for his outstanding leadership in advancing health equity, strengthening community partnerships, and improving health outcomes across North Carolina. Through his work at Cone Health, he has helped lead innovative, community-centered efforts that expand access to care and address health disparities.

In addition to his leadership at Cone Health, Dr. Jegede serves on the North Carolina Minority Health Advisory Council (MHAC), supporting efforts to advance health equity and improve the health of underserved communities throughout the state.



Dr. Olu Jegede and NCHA
Board Member John Green



Annual Conference Chicago



Listening Session Western Region Advisory Committee for a Stronger NC

Stronger NC Listening Sessions are community engagement events and roundtables led by North Carolina Governor Josh Stein and the Advisory Committee for a Stronger NC.

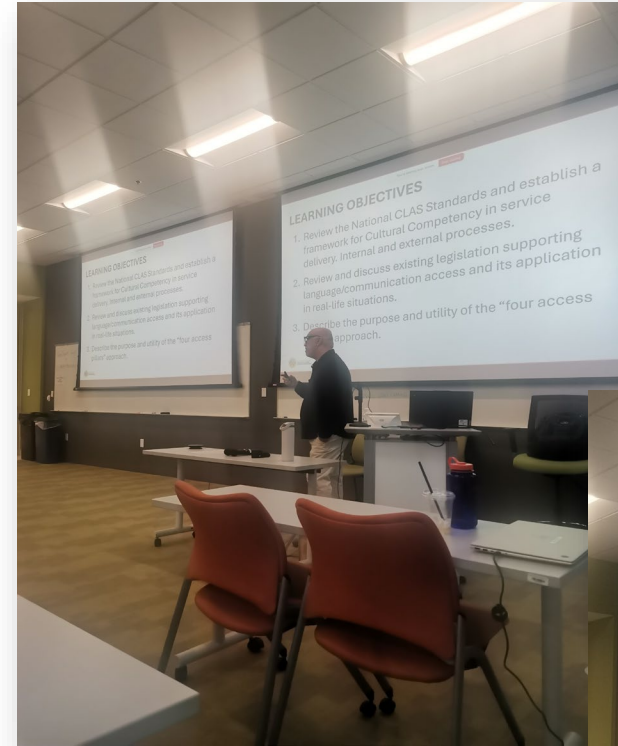


The National Culturally and Linguistically Appropriate Services Standards (CLAS)

OMHHD, in collaboration with the Office of Language and Communication Access (OLCA), held an info-session focused on the **National CLAS Standards** and other educational tools to improve North Carolinians' health care access.

This event took place at the Greensboro Campus for Cone Health Systems staff.

Juan Ortiz, MSW, led the session along with OLCA's Bethany Wagner and Victoria Zampieri.



CELEBRATING 35 YEARS OF ADVANCING HEALTH EQUITY IN NORTH CAROLINA

OMHHD: 35 Years of Advancing Health Equity in NC

- Established by the North Carolina General Assembly in 1992
- Dedicated to improving the health of historically marginalized populations across North Carolina
- **2027 marks 35 years of service** to the state
- **35th Anniversary Celebration (1992–2027)** - A year-long celebration recognizing impact, partnerships, and progress
- Events and engagement opportunities will be held throughout 2027
- **Stay Connected** - Be on the lookout for upcoming announcements and ways to participate



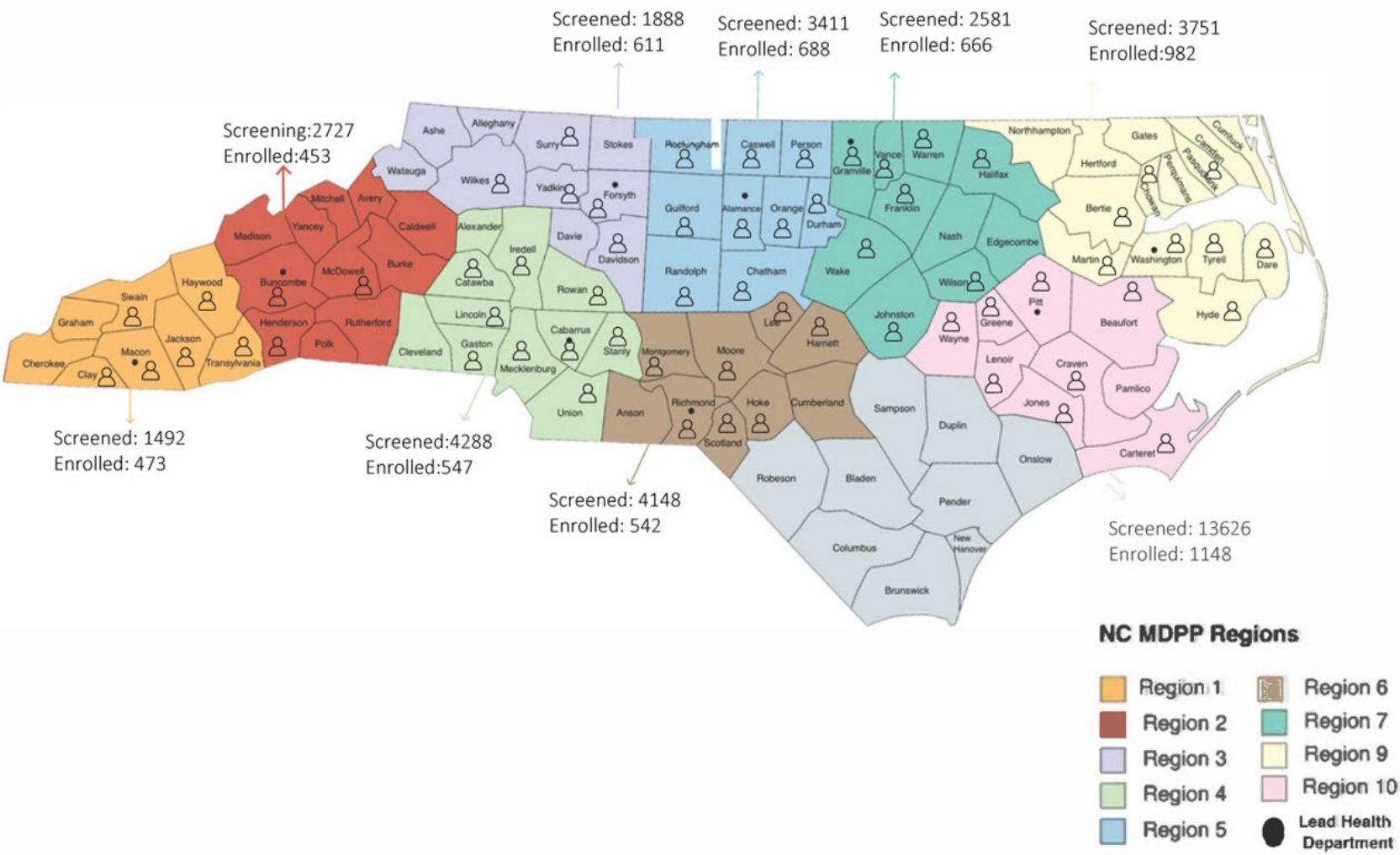
NC Minority Diabetes Prevention Program (NC MDPP) Updates

DeNita Gail Murdock Nash, M.Ed., NCCM
Human Services Program Manager I
(Minority Diabetes Prevention Program)

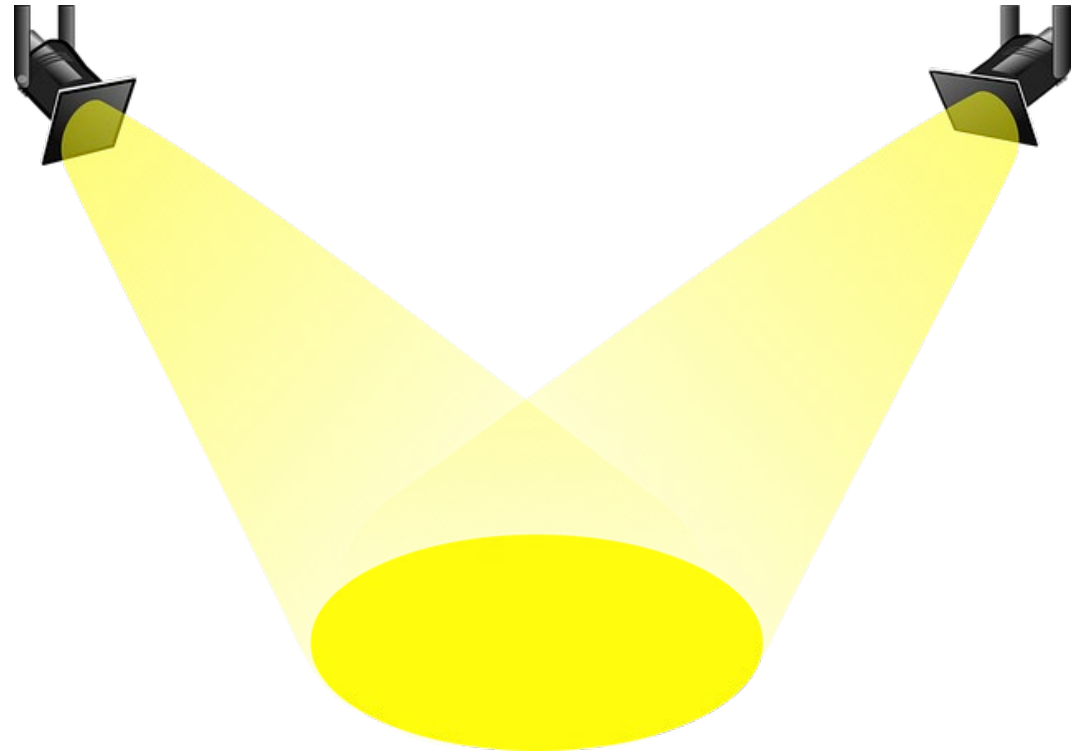


NC MINORITY DIABETES PREVENTION PROGRAM (NC MDPP)

- ❖ **Increase in Funding**
 - ❖ RHT \$195,000 – (R8)
 - ❖ RHT \$25,000 (R7)
 - ❖ NACDD/CDC \$90K
 - ❖ Regions TBD



NC MDPP REGIONAL SPOTLIGHTS



2026 Awards

Clarence E. Pearson Program Excellence Award

Region 7 NC Minority Diabetes Prevention Program



Fransine Sanchez
Chronic Disease Prevention Director,
Granville Vance Public Health



DPP Lifestyle Coach Spotlight

Casey Brown
Cabarrus Health Alliance

Region 4

Casey Brown is the Healthy Living Program Manager at Cabarrus Health Alliance and also serves as a passionate DPP Lifestyle Coach.

Casey's passion for diabetes prevention shines in their facilitation of Prevent T2 classes. Casey meets participants where they are and encourages them to stay engaged after they graduate from the program. Casey is upbeat and positive, and brings a high level of energy which supports participants in staying on track.

During one of Casey's most successful cohorts, participants were making great progress even through the holidays. One participant in particular saw incredible results during the program and has stayed in touch to share that they're still going strong and committed to their health journey.



You can nominate a DPP lifestyle coach in your organization who is doing great work! Nominations will be featured in future editions of the DiabetesFreeNC DPP Lifestyle Coach Network Newsletter.



On Wednesday, April 22, 2026, Laquelia Lewis, **Region 10** NC Minority Diabetes Prevention Coordinator (Pitt County Health Department) and Emmanuelle Quenum (Health Education Director, Greene County Health Department) presented at the Society of Public Health Educator's conference (SOPHE) in Portland, Oregon.

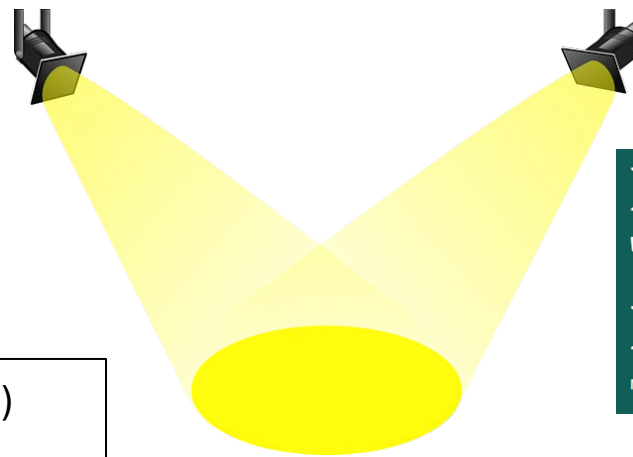
Partnering to Improve Health Disparities and Outcomes to Prevent Type 2 Diabetes

Lifestyle Coach Collaboration Call Agenda

Regional Coordinator, Laura Richardson (Region 2) was chosen to lead a discussion on April 20, 2026, titled ***Self Care for Lifestyle Coaches***, focusing on strategies for maintaining wellness while supporting others.

Laura accepted the invitation (from Charlene Wallace, Executive Director of DPA) and will be representing NC MDPP in New Orleans in June as a panelist alongside the ADA-Diabetes Prevention Alliance Partners

Presentation title: *From Innovation to Integration: Redefining the Scale and Sustainability of Diabetes Prevention Through a National Framework - Adapting the Lifestyle Change Program to Meet Participants' Needs*



Finding Support and Success Through Prevent T2 Prediabetes Program

March 05, 2026 | By: Emily Sloan

Regional Coordinator – Samantha Allen (Region 6)

featured in the North Carolina Healthcare Association newsletter - <https://www.firsthealth.org/wellness-fitness/firstblog/finding-support-and-success-through-prevent-t2-prediabetes-progr/>

ROCKINGHAM—Diabetes had already touched too many people in Brenda Thomas' life. So when her own A1C (average blood sugar level) began to rise, the active 76-year-old from Rockingham knew she couldn't afford to ignore the warning signs.

"I tried making some lifestyle changes on my own," she said, "But I wasn't as diligent as I should have been."

Discovering the Prevent T2 Prediabetes Program

That's when she came across an ad on social media for **Prevent T2**, a year-long lifestyle change program offered at no charge through **FirstHealth Community Health Services**. Designed to help individuals with prediabetes reduce their risk of developing Type 2 diabetes, Prevent T2 includes weekly sessions with a lifestyle coach, practical education and incentives that support healthier living.

Thomas was immediately interested.

"I knew right away this was a program I needed if I was really going to change the path I was headed down," she said.



Healthy Me Curriculum Framework – Fall 2026

A Curriculum Framework for Young Learners: Supporting Early Healthy-Eating Habits w/ Coloring Sheets Companion Book and Instructional ideas

Overview

- OMHHD will launch the Healthy Me Curriculum Framework and companion coloring book for young learners.
- Uses hands-on activities and story-based learning with original characters **Gluco** and **Suga**.
- Helps children understand healthy eating, explore nutritious foods, and build positive decision-making skills.

Impact

- Strengthens educator confidence with structured guidance and practical resources.
- Encourages positive “smart choices” messaging instead of restrictive framing.
- Increases student participation and supports healthier behaviors.

Lessons to be Learned

- Interactive, culturally relevant, age-appropriate education improves retention.
- Story-based learning, hands-on activities, and visuals boost engagement.
- Educators, caregivers, and peers reinforce behaviors that support long-term diabetes prevention.



NCDHHS

NC Minority Diabetes Prevention
Program (NC MDPP)

Latinx Policy and Strategy Updates

Carolina Siliceo Perez, MLAS

Senior Strategy and Community Partner Engagement Manager



Hispanic Federation Engagements with NCDHHS Annual "Encuentro" and NCDHHS Meet & Greet

In March, Encuentro convened more than 100 community partners to discuss ways to empower, and support Latinx/Hispanic communities in NC.

NCDHHS leadership participated in cross-divisional panel outlining how we work together – across communities, organizations, and government – to remove barriers and build systems that better serve Latine/Latinx, Hispanic, and immigrant communities across North Carolina leading to a follow up invitation to continue to connect more directly in a Meet and Greet on **June 12**.



MEET & GREET with NCDHHS

Shape the future of your community! Join HF and NCDHHS staff for an open forum to share your experiences with Medicaid, SNAP, mental health services, programs for people with disabilities, and more. Learn about changes impacting your community!

Bring your questions, share your story, and help us build a healthier, stronger North Carolina together!



Governor's Advisory Council on Latino Affairs and Community Site Visits in WNC

- ❑ Council's first session held in Jackson County
- ❑ More than 20 public comments were received – the largest turnout of community advocates for WNC at a Council meeting
- ❑ The Health & Well-Being Committee invited the Division of Health Benefits to discuss upcoming Medicaid changes
- ❑ OMHHD had the opportunity to engage directly with community members during site visits the following morning with Macon County DSS and Community Clinics in Macon County.



Child Abuse Prevention and Virtual Training with Child Protective Services

- ❑ OMHHD and the Wake County Department of Social Services are collaborating on a virtual Spanish-language training to explain the protocols for what to do before and after filing a child abuse report.
- ❑
The training will also highlight the full range of services that Child Welfare provides to families across North Carolina.



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Office of Minority Health
and Health Disparities



First Bilingual Conference on Maternal & Child Health in the Latino Community

This conference will bring together medical professionals, birth workers, advocates, and community leaders to build a unified statewide message focused on improving maternal health outcomes and preventing preventable stillbirths. With a strong emphasis on serving underserved Latinx/Hispanic communities, the event aims to advance equitable access to culturally competent, high-quality care for Latinx/Hispanic families.

Partners:

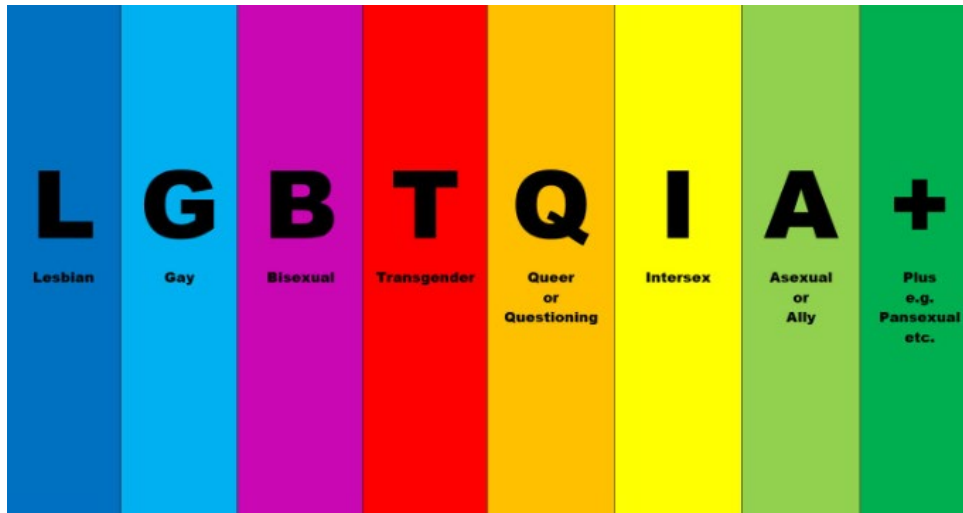
- ☐ PUSH for Empowered Pregnancy
- ☐ OMHHD – NCDHHS
- ☐ Wake AHEC
- ☐ Council of Women of DOA



Upcoming Latino LGBTQIA+ Mental Health Conference

This conference will highlight the disproportionately high rates of anxiety, depression, and suicidality driven by minority stress.

It will also emphasize cultural revitalization and family acceptance as key protective factors, while advancing actionable improvements in the cultural competency of behavioral health providers.



Partners:

- ☐ LILA – Latinx LGBTQIA+ Initiative
- ☐ OMHHD – NCDHHS
- ☐ Division of Mental Health Developmental Disabilities and Substance Use Services – NCDHHS
- ☐ El Futuro
- ☐ Alianza Américas
- ☐ Alianza Latina Pro Educación en Salud (ALPES)

Any Questions, Comments, or Feedback?

Open Discussion



Closing Remarks

Contact Us:

- Office of Minority Health and Health Disparities:
 - OMHHD@dhhs.nc.gov
- Dr. Portia Pope, Director, OMHHD:
 - Portia.D.Pope@dhhs.nc.gov

Resources:

- [Office of Minority Health & Health Disparities Website](#)
- [Health Portfolio Website](#)
- [Community & Partner Engagement \(CPE\) Website](#)
 - [CPE Resources Page](#)
- [MHAC Website](#)

NC Minority Health Advisory Council Post-Session Survey



[Link to survey](#)

Thank you!



NC Minority Health Advisory Council Quarterly Meeting
June 15, 2026