



Office of Minority Health & Health Disparities

NC Minority Health Advisory Council Meeting Minutes Monday, June 15th, 2026, at 5:00 pm

The quarterly scheduled meeting of the North Carolina Minority Health Advisory Council (MHAC) was called to order on Monday, June 15, 2026, at 5 p.m. virtually on Microsoft Teams with Portia Pope, Director, NCDHHS (North Carolina Department of Health and Human Services) Office of Minority Health and Health Disparities, presiding. The following people were in attendance for the meeting:

Attendee	Present on June 16, 2026, Meeting
MHAC Members	
Dr. Gary R. Gunderson	
Dr. Gabriela Marie Plasencia	
Dr. Cherry Maynor Beasley	
Dr. Ronny A. Bell	
Dr. Natasha Adams-Denny	
Dr. Lawrence R. Wu	X
The Honorable Donna M. White	X
The Honorable Carla D. Cunningham	
Dr. Chere M. Gregory	X
The Honorable Donyel Barber	X
Dr. Catherine Evans	X
The Honorable Gladys A. Robinson	
Ms. Brenda J. Smith	
Dr. Olugbemiga E. Jegede	X
Vacant	
Guests	
Paige Wyrick supporting Dr. Chere Gregory	X
Laurore, Janice	X
NCDHHS Meeting Speakers and Facilitators	
Debra Farrington, Deputy Secretary, NCDHHS Health Portfolio	X
Dr. Portia Pope, Director, NCDHHS OMHHD	X
Rupa Gopi, Deputy Director, NCDHHS OMHHD	X
Florida Ahado, Data and Evaluation Program Manager,	X



Office of Minority Health & Health Disparities

Attendee	Present on June 16, 2026, Meeting
NCDHHS OMHHD	
DeNita Nash, Human Services Program Manager, NCDHHS OMHHD	X
LaQuana Palmer, Deputy Director, Communications and Engagement, NCDHHS Division of Health Benefits (NC Medicaid)	X
NCDHHS OMHHD Guests (if any)	

Meeting Notes

I. Preliminary Matters

(1) Dr. Portia Pope welcomed and thanked Council members, presenters, and guests to the June 2026 Minority Health Advisory Council meeting. She thanked members for completing a scheduling survey that resulted in moving Council meetings to the evening to better accommodate members' professional responsibilities, including clinical practice and legislative service.

(2) Florida Ahado conducted a roll call for MHAC members and asked any guests or other partners to put their names and affiliations in the chat. Additional participants joining after roll call were acknowledged through the participant list.

(3) Dr. Pope reviewed the meeting agenda, noting that the Council would receive updates on legislative and budget priorities, Rural Health Transformation, Medicaid policy changes, and ongoing Office of Minority Health and Health Disparities initiatives. She introduced Deputy Secretary Debra Farrington to provide the Health Portfolio update.

II. Presentation Content

(1) Health Portfolio Update - Debra Farrington, Deputy Secretary, NCDHHS Health Portfolio

Deputy Secretary Debra Farrington provided an update on legislative and budget priorities affecting the North Carolina Department of Health and Human Services during the General Assembly's short session. She highlighted several issues under consideration, including potential reductions in long-vacant positions that support temporary staffing, funding for housing and community-based supports for individuals with serious mental illness through the Transitions to Community Living Settlement Agreement, anticipated Medicaid funding needs associated with rising healthcare costs, proposed increases in compensation for local medical examiners, and continued investments in behavioral health treatment and diversion services



Office of Minority Health & Health Disparities

for individuals involved in the justice system.

Deputy Secretary Farrington also discussed the Department's partnership with the Lumbee Tribe following its federal recognition. She described ongoing collaboration to support Medicaid enrollment, implementation of protections for American Indian children involved in the child welfare system, development of a tribal public health authority, and planning with the Indian Health Service as the Tribe establishes its long-term health infrastructure. Dr. Cherry Maynor Beasley thanked DHHS for its continued partnership and shared updates on the Tribe's implementation efforts, noting that the Lumbee Tribe serves approximately 68,000 members and is completing enrollment verification and a tribal health assessment to determine future Indian Health Service funding and service delivery. The discussion also recognized the recent advancement of the Catawba Tribe's petition for state recognition and the importance of strengthening health resources for North Carolina's American Indian communities.

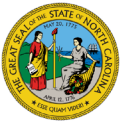
She concluded by reviewing the Department's public health preparedness efforts related to emerging infectious diseases, including measles, hantavirus, and Ebola, and described contingency planning by the Office of the Chief Medical Examiner to ensure continuity of statewide death investigation services during a potential work stoppage by local medical examiners.

(2) Rural Health Transformation Program Update - Maggie Woods, Director, Office of Rural Health Transformation

Dr. Portia Pope introduced Maggie Woods, newly appointed Director of the Office of Rural Health Transformation, who provided an overview of the North Carolina Rural Health Transformation Program. Ms. Woods shared her background in statewide broadband and digital opportunity initiatives with the North Carolina Department of Information Technology and described her transition to leading implementation of the Rural Health Transformation Program. She noted that the federally funded initiative represents a significant investment in strengthening healthcare access, improving health outcomes, and supporting long-term sustainability for rural communities across North Carolina.

Ms. Woods reviewed the structure of the Rural Health Transformation Program, explaining that North Carolina received \$213 million in Year One through the Centers for Medicare & Medicaid Services (CMS), with additional funding tied to performance over a five-year implementation period. She highlighted the program's six strategic initiatives – (1) Establishing Regional Opportunity, Outreach, and Transformation for Health (ROOTS) Hubs, (2) Expanding primary care, prevention, and chronic disease management, (3) Strengthening behavioral health and substance use disorder services, (4) Building and sustaining the rural healthcare workforce, (5) Supporting innovative payment models and financial sustainability for rural providers, and (6) Modernizing healthcare delivery through digital health technologies and expanded connectivity.

Ms. Woods reported that one of the Department's first accomplishment achieved during the program's first year of implementation was the successful launch of the ROOTS Hub Initiative, which establishes six regional, community-governed networks aligned with North Carolina's Medicaid regions. Each ROOTS Hub will conduct a regional needs assessment, develop an action plan, and administer subawards to address



Office of Minority Health & Health Disparities

locally identified healthcare priorities. Additional accomplishments included expansion of North Carolina's Health Information Exchange through partnership with the Department of Information Technology, implementation of digital health literacy services through NC 211, and award of approximately \$10 million to 39 Emergency Medical Services agencies to strengthen behavioral health crisis response and improve treatment for individuals experiencing substance use disorders. Looking ahead, Ms. Woods outlined several upcoming initiatives, including onboarding ROOTS Hub organizations, completion of regional needs assessments and implementation plans, launch of the Rural Health Innovation Fund, continued expansion of behavioral health services, and additional investments in digital health infrastructure. She also announced the upcoming funding opportunity to expand the North Carolina Minority Diabetes Prevention Program (NC MDPP) in eastern North Carolina through Rural Health Transformation funding. She encouraged Council members to participate in the Rural Health Transformation Town Hall and subscribe to program updates as implementation continues.

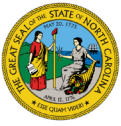
Pope thanked Ms. Woods for the presentation and indicated that information regarding the Town Hall and future Rural Health Transformation updates would be shared with MHAC members.

(3) NC Medicaid Update - LaQuana Palmer, Deputy Director, Communications and Engagement, NC Medicaid

Deputy Director LaQuana Palmer provided an overview of recent state and federal developments affecting the North Carolina Medicaid program, with particular emphasis on implementation of provisions contained in H.R. 1 and their anticipated impact on Medicaid beneficiaries. She noted that Medicaid continues to evaluate new federal and state requirements while working to preserve access to care and ensure beneficiaries receive timely information regarding upcoming policy changes.

Ms. Palmer reported that the General Assembly approved House Bill 696, providing approximately \$319 million to address the Medicaid budget shortfall for State Fiscal Year 2025–2026 and prevent interruptions to services for more than 3 million North Carolina Medicaid beneficiaries. She explained that the legislation also includes enhanced administrative oversight, more frequent audits, and expanded eligibility verification requirements. NC Medicaid is conducting a comprehensive assessment of the Medicaid program to identify opportunities to improve efficiency, strengthen program integrity, and ensure long-term sustainability while continuing to protect access to care.

Ms. Palmer shared revised eligibility requirements that will affect certain non-citizen populations beginning October 1, 2026. She noted that federally funded full-scope Medicaid coverage will be limited to specific eligible populations, including lawful permanent residents, certain Cuban and Haitian entrants, and citizens of Compact of Free Association nations. She further explained that approximately 27,000 lawfully residing children and pregnant individuals currently receiving Medicaid coverage through the Children's Health Insurance Program Reauthorization Act (CHIPRA) option are expected to lose full Medicaid coverage under the new eligibility requirements. While emergency Medicaid services will remain available for eligible individuals, ongoing preventive and follow-up care will no longer be covered through Medicaid for those affected.



Office of Minority Health & Health Disparities

Additional federal changes discussed included new community engagement (work) requirements, more frequent eligibility redeterminations, and expanded documentation requirements for beneficiaries seeking exemptions. Ms. Palmer emphasized the importance of maintaining complete records related to employment, qualifying health conditions, immigration status, and other eligibility factors. Ms. Palmer outlined NC Medicaid's comprehensive communication strategy to support beneficiaries during implementation. Planned activities include statewide beneficiary notifications, development of multilingual educational materials and community toolkits, provider guidance, community-based trainings, and expanded collaboration with trusted local organizations. She highlighted the continued partnership between NC Medicaid and the Office of Minority Health and Health Disparities through the Connecting Communities and Medicaid (CCM) Workgroup, which engages community organizations, Medicaid health plans, healthcare providers, and advisory groups to strengthen outreach, gather community feedback, and help North Carolinians navigate upcoming changes.

During discussion, Dr. Portia Pope emphasized that many of the populations served by the Office of Minority Health and Health Disparities could be disproportionately affected by the H.R. 1 changes. Council members also discussed potential impacts on providers and beneficiaries, including questions related to financial responsibility for healthcare services following changes in Medicaid eligibility. Ms. Palmer noted that NC Medicaid would continue to provide updated guidance, educational materials, and technical assistance as federal implementation continues.

- (4) Dr. Portia Pope continued to share updates on OMHHD's initiative of geospatial analysis to better identify underserved communities at the county and ZIP-code level, allowing the team to tailor interventions to areas with the greatest need. Recent community engagement efforts included participation in the UNC Minority Health Conference, the DHHS Continuous Improvement and Innovation Expo, and the Mary Ann Black Health Symposium — each highlighting the office's community-centered access-to-care model and evidence-based approaches.

The office continues to collaborate with partners such as Blue Cross Blue Shield of North Carolina, Cone Health, and various faith-based organizations to implement targeted health interventions. It also sponsored the annual Unity Conference for American Indian and Native American communities, providing population-specific materials and celebrating the work of tribes and urban centers across the state.

Additionally, DHHS served as co-sponsor of the inaugural meeting of the Governor's Advisory for a Stronger North Carolina, which is gathering statewide input on priority areas including health and well-being. Several members of the Minority Health Equity Council serve on this advisory group, ensuring community perspectives remain central to state-level planning.

III. Discussion / Open Floor



Office of Minority Health & Health Disparities

Paige Wyrick – Co-Lead, Governor’s Council Health & Well-Being Subcommittee

- Highlighted the council’s goal of listening intentionally to community members across diverse backgrounds.
- Reported participation from a broad mix of individuals including county commissioners, peer support coordinators, school principals, retired teachers, and nursing professionals.
- Noted meaningful dialogue about community needs and concerns, aimed at shaping recommendations for the Governor.
- Emphasized that these insights will help create actionable initiatives to better support North Carolina communities.

Dr. Portia Pope – OMHHD

- Shared updates on dementia-related work, noting significant disparities in the northeastern region of the state.
- Mentioned ongoing collaboration with a national cohort (Washington State, Maryland, Arizona, and others) to explore potential policy changes for North Carolina.
- Expressed optimism about developing new policies that will benefit the state.

Janice Laurore (UNC Health)

Janice Laurore shared several UNC Health initiatives focused on expanding access, improving health literacy, and supporting underserved communities across North Carolina:

- **Community Health Workforce Pipeline:**

UNC is growing a statewide community health program that introduces underserved communities to both clinical and non-clinical health careers.

- **A2H (Athletes to Health) Program:**

A partnership with Family Medicine that engages rising sophomore student-athletes interested in medical careers to help address future workforce shortages.

- **Faith-Based Wellness Initiative:**

A holistic program integrating spiritual care and medical support in partnership with faith communities, especially in rural areas.

- **“I Gave Birth” Initiative:**

A maternal and infant health program supporting early postpartum care. New mothers receive bracelets to wear for 10 weeks postpartum as reminders for families to monitor signs of complications.

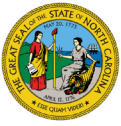
- **Mobile Health Services:**

UNC continues to expand mobile mammography and mobile health services, offering prenatal and postnatal support, vaccinations, and general health screenings to improve access in rural communities affected by healthcare system cuts.

- **JP Program for Latino Communities:**

A focused effort to improve access to quality care, strengthen health literacy, build trust, and address social drivers of health among Latino populations.

She noted that detailed materials have been shared for distribution.



Office of Minority Health & Health Disparities

Dr. Olu Jegede (Cone Health)

Cone Health is addressing major drivers of premature death after identifying a 15-year life-expectancy gap in its community assessment. Cardiometabolic diseases—diabetes, hypertension, obesity, and smoking—were found to be key contributors. A hypertension equity initiative launched three years ago reduced a 10% racial gap in hypertension control, improving outcomes for both African American and White patients. This work earned Cone Health the Joint Commission Award.

Dr. Jegede highlighted three current system-wide initiatives:

1. **Chronic Disease Management**

- Expanding work from hypertension to diabetes, targeting gaps in A1C control.
- Plans to scale improvements across the health system and collaborate with the Minority Diabetes Prevention Program.

2. **Maternal and Infant Health**

- Guilford County's infant mortality rate remains among the highest in the state (9.2 per 1,000; 16.5 in lower life-expectancy areas).
- Cone Health has made **first-trimester prenatal care** a top priority, tying executive bonuses to improvement.

3. **Social Drivers of Health**

- System-wide screening for social needs is now a "true north" metric.
- Cone Health is connecting patients to community partners for food, transportation, nutrition, and other supports.
- Dr. Jegede welcomed additional resources and collaboration.

Dr. Larry Wu

- Briefly acknowledged being present despite a scheduling conflict.
- Expressed appreciation for being able to join and confirmed he would review minutes and slides afterward.

IV. Closing Matters

(1) Closing remarks from Director Pope on OMHHD contact information, resources, and the post-session survey.

V. Next Steps and Action Items