



# Office of Minority Health & Health Disparities

## NC Minority Health Advisory Council Meeting Minutes Tuesday, March 17th, 2026, at 10:00 am

The quarterly scheduled meeting of the North Carolina Minority Health Advisory Council (MHAC) was called to order on Tuesday, March 17, 2026, at 10 a.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 March 17th, 2026, Meeting |
|---|--------------------------------------|
| <b>MHAC Members</b>   |                                      |
| 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  |                                      |
| <b>Guests</b>   |                                      |
| Paige Wyrick supporting Dr. Chere Gregory                   | X                                    |
| Laurore, Janice   | X                                    |
| <b>NCDHHS Meeting Speakers and Facilitators</b>             |                                      |
| Debra Farrington, Deputy Secretary, NCDHHS Health Portfolio | X                                    |
| Dr. Portia Pope, Director, NCDHHS OMHHD                     | X                                    |
| Rupa Gopi, Deputy Director, NCDHHS OMHHD                    | X                                    |



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| Attendee   | Present on March 17th, 2026, Meeting |
|--|--------------------------------------|
| Florida Ahado, Data and Evaluation Program Manager, NCDHHS OMHHD   | X                                    |
| 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) Director Portia Pope opened the meeting, introduced herself and welcomed the assembled virtual audience and members to the March 2026 MHAC meeting.
- (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.
- (3) Director Pope presented on communication guidelines considerations for the meeting, meeting objectives, and introduced the NC DHHS Office of Minority Health and Health Disparities mission, objectives and values to the council.
- (4) Debra Farrington, Deputy Secretary of Health Portfolio, gave an update on the Rural Health Transformation Program Award and strategies for implementation in Year 1
- (5) LaQuana Palmer, Deputy Director of Communications and Engagement Division of Health Benefits, gave an update on NC Medicaid
- (6) DeNita Nash – Human Services Program Manager, OMHHD shared updates on NC MDPP Expansion and HMP Connection Sessions



### II. Presentation Content

- (1) Deputy Secretary Debra Farrington – shared that the Department has released the ROOTS Hub RFA on February 27 to select regional organizations that will lead key components of the Rural Health Transformation Program. ROOTS Hubs will drive initiatives in physical health improvement, workforce development, behavioral health and substance use integration, digital and AI-enabled care adoption, and value-based care readiness. The program is funded with \$213 million in Year 1, with future funding tied to performance. Applications are due April 2, and six contracts aligned to Medicaid regions will be awarded on May 1.

Alongside the RFA process, the Department is working with CMS on program design, building infrastructure with DIT to expand provider connectivity, and creating a Rural Health Innovation Fund to support AI-enabled upgrades, ensuring sustainability beyond the five-year period. The program emphasizes improved access to whole-person care, including nutrition supports, expanded school and community wellness initiatives, enhanced primary care and chronic disease management, aging-in-place supports, and strengthened maternal health services. Behavioral health efforts include expanding CCBHCs, developing new Rural Community Crisis Centers, expanding mobile crisis and youth outreach programs, increasing school-based behavioral health services, enhancing maternal mental health programs, and improving rural access to opioid use disorder treatment through paramedic-initiated MAT and mobile treatment units.

The federal grant report is due in August, with the current fiscal year ending in September and the next beginning in October.

- (2) Deputy Director LaQuana Palmer provided updates on NC Medicaid - introduced Interim Deputy Secretary Melanie Bush, and announced that on April 1, 2026, WellCare of North Carolina and Carolina Complete Health will merge under the new statewide Medicaid Managed Care plan, Carolina Complete Health. Current members and providers of both plans will seamlessly transition without any changes to benefits or network access. More details are available at [network.carolinacompletehealth.com](https://network.carolinacompletehealth.com).

Updates on upcoming initiatives and policy changes- In Spring 2026, NC Medicaid will launch a Cell and Gene Therapy Education & Awareness Campaign, centered on gene therapy for Sickle Cell Disease. This initiative will clarify Medicaid coverage under the CMS CGT Access Model and inform both providers and beneficiaries about available Medicaid-covered and supplemental resources throughout the treatment journey.

More materials and guidance will be shared as the campaign develops.

Medicaid also reviewed provisions of **HR1**, noting that several components will take effect starting October 1, with additional changes coming January 1. Starting October 1, 2026, under the federal HR 1 legislation, Medicaid eligibility rules for non-citizen permanent residents will be revised. Federally-funded full-scope Medicaid will be limited to lawful permanent residents, certain Cuban and Haitian entrants, and residents from Compact of Free Association nations—excluding previous eligibility pathways. These provisions require new six-month recertifications and include updates to eligibility and program processes. To support communities during these transitions, NC Medicaid continues to rely on its Connecting Communities and Medicaid Workgroup, a partnership with the Office of Minority Health, community organizations, Medicaid plans, advisory



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committees, and providers. This group helps shape outreach, identify potential impacts, and maintain an active feedback loop with communities.

Additional updates included improvements to Medicaid's beneficiary landing pages, enhancements to LTSS resources, and expanded toolkits for providers. Highlighted ongoing communication channels such as provider bulletins, Back Porch Chats (with upcoming sessions in May, August, and November), and virtual office hours, all designed to keep providers informed as changes roll out.

(3) Dr. Portia Pope provided updates from the Office of Minority Health and Health Disparities, highlighting ongoing efforts to address chronic disease, health disparities, and cross-divisional initiatives. Highlighted sickle cell disease as a key national and state priority, noting North Carolina's continued work to support the 6,800 residents affected. The office provided an overview of its mission since its founding in 1992—one of the first state minority health offices in the nation—focused on eliminating health disparities and improving outcomes for approximately 3.3 million North Carolinians from racial, ethnic, and American Indian communities.

Core updates included progress in the Minority Diabetes Prevention Program, which has screened over 40,000 individuals and enrolled more than 6,000 participants through local health departments and community organizations. The office continues to produce critical data resources such as health disparities reports and fact sheets, and it leads policy and strategy work for Latino communities.

Emphasized the Office's role in advancing CLAS (Culturally and Linguistically Appropriate Services) standards, offering training to providers—including upcoming sessions with Cone Health—to ensure care is responsive to emerging and diverse populations. Additional health literacy work includes new fact sheets on African American health, diabetes, and heart disease, as well as major collaborations with more than 60 faith-based organizations and mental health partners to support both physical and behavioral health.

The office is also deeply involved in the state's measles response, particularly within Russian and Ukrainian immigrant communities, by distributing multilingual educational materials and coordinating community outreach. Continued improvements to data systems, staff training, dashboards, and collaboration with Medicaid—such as support for the upcoming Medicaid health disparities report—remain central to the mission.

(4) Denita Nash, Human Services Program Manager, OMHHD, provided an update on HMP Connections and NC Minority Diabetes Prevention Program (NC MDPP). Highlighted its ongoing efforts to expand outreach through its HMP Connections sessions, which provide resources and education to historically marginalized populations. The program has hosted five sessions so far, each drawing more than 100 participants and offering ASL interpretation, CART captioning, and English-Spanish interpretation to ensure accessibility. Recent topics included dementia disparities in North Carolina, African American historical health perspectives, and prevention strategies for kidney and colorectal diseases, featuring experts from DHHS, Wake Forest School of Medicine, Cone Health, and the NC African American Heritage Commission.

In recognition of Minority Health Month, April's session will feature a panel of subject-matter experts and the Governor's proclamation.

Updates to the **North Carolina Minority Diabetes Prevention Program (NCMDPP)**- Using Rural Health Transformation funds, NCMDPP will be



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reinstated in Region 7 (Halifax and Warren counties) with a focus on the Haliwa-Saponi Tribe and relaunched in Region 8 across nine counties in southeastern North Carolina. These efforts reflect the state's commitment to culturally responsive outreach, inclusive engagement, and expanded chronic disease prevention resources for communities across North Carolina.

(5) 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.

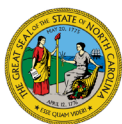
### **III. Discussion / Open Floor**

#### **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.



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### 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.

### 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:

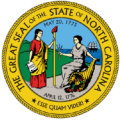
1. **Chronic Disease Management**

- 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**



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- o System-wide screening for social needs is now a “true north” metric.
- o Cone Health is connecting patients to community partners for food, transportation, nutrition, and other supports.
- o 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**