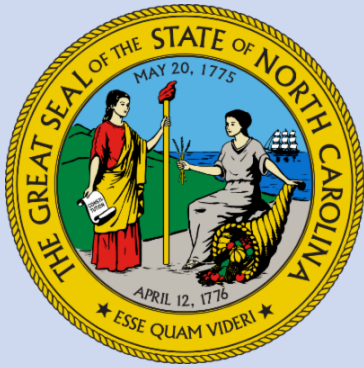




NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Office of Rural Health

# News from the Office of Rural Health



Welcome to the Service Area Teams' Quarterly Newsletter from the North Carolina Office of Rural Health (ORH).

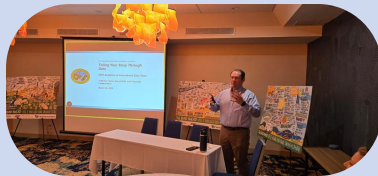
ORH Service Area Teams (SATs) strengthen collaboration across programs and support consistent, strategic assistance to partners statewide. SATs combine expertise from Community Health, Medication Assistance, Rural Hospital Assistance, Rural Health Operations, Farmworker Health, Placement Services, Health Information Technology and Telehealth, Analytics & Innovations, and Business and Contracts.

We would love to hear from you! If you have a news story, comments, or questions for the upcoming Spring newsletter contact [Leslie Wolcott](#) or [Justin Kearley](#).

# North Carolina hosts NOSORH Region B Meeting



On March 24-26, ORH was honored to host the National Organization of State Offices of Rural Health (*NOSORH*) Region B Meeting. Tom Morris, **Associate Administrator for Rural Health Policy, Health Resources and Services Administration**, project officer Suzanne Eslynn and Rachel Moscato (pictured, left) joined ORH staff on a visit to grantee Scotland Health on Tuesday.



Wednesday and Thursday, State Offices of Rural Health from Region B states Alabama, Florida, Georgia, Kentucky, Mississippi, South Carolina, and Tennessee learned from North Carolina's safety net collaborative effort via the Primary Care Access Committee (PCAC).



*Stephanie Nantz, above, is NC's Region B representative for NOSORH*

Attendees also heard from ORH's David Britt (photo, center left) about ORH's journey to a singular and cohesive grant application and tracking portal, as well as our approach to data sharing.



*above: PCAC, L to R, Dorothea Brock, Rural Health Operations Team Manager, Emily Roland of NCHA, Alice Pollard of NCCHCA, and Nicole Fields-Pierre, Community Health and Medication Assistance Program Manager*

## Community Health Grants Awarded

**REGION 1**

Good Samaritan Clinic  
The Western North Carolina  
Community Health Services Inc.  
Mountain Area Health Education  
Center, Inc. (MAHEC)  
Vecinos, Inc.  
Murphy Medical Center Inc  
Appalachian Mountain Community  
Health Centers

**REGION 2**

Wilkes County Health Department  
UNC Rockingham Health Care Inc,  
d/b/a Rockingham County Student  
Health Centers  
The Shalom Project  
Rockingham County Division of  
Public Health  
Grace Clinic of Yadkin Valley  
Hands of Hope Medical Clinic

**REGION 3**

Gaston Family Health Services  
dba Kintegra Health  
Community Free Clinic  
Stanly County Health Department  
Care Ring, Inc.  
Cook Community Clinic  
The Public Health Authority of  
Cabarrus County dba Cabarrus  
Health Alliance

**REGION 4**

Open Door Clinic of Alamance  
County  
Alliance Medical Ministry  
Lincoln Community Health Center  
Inc.  
NeighborHealth Center  
Piedmont Health Services, Inc.  
Granville-Vance District Health  
Department

**REGION 5**

Goshen Medical Center, Inc.  
Robeson Health Care Corporation  
Black River Health Services, Inc.  
MedNorth Health Center  
Coastal Horizons Center, Inc.  
Brunswick Novant Medical Center  
Foundation DBA Novant Health  
Brunswick Medical Center  
Foundation

**REGION 6**

Greene County Health Care,  
Incorporated dba Contentnea  
Health  
Wayne Initiative For School Health  
(WISH)  
Ocracoke Health Center, Inc.  
Beaufort County Health  
Department  
Albemarle Regional Health  
Services  
Rural Health Group, Inc

# Grant Opportunities

**Nurse Loan Repayment**

A new statewide initiative is bringing welcome news to early-career nurses: an opportunity to receive up to \$40,000 in student loan repayment in exchange for serving at qualifying healthcare sites. Designed to strengthen the nursing workforce and improve access to care in high-need communities, this program supports nurses who have fewer

than five years of licensed practice and are working in approved clinical settings across the state.

The initiative was created in response to growing shortages in rural and underserved regions, where patient needs continue to rise. Qualified nurses may receive substantial loan repayment support while gaining valuable experience in settings that rely heavily on dedicated clinical staff.

The program's goal is twofold: to lessen the financial burden of student loans for early-career nurses and to encourage long-term retention in communities where strong nursing teams are essential to improving patient outcomes.

In addition to Nurse Incentives, ORH continues to offer incentives such as loan repayment and high needs service bonuses for providers in safety net organizations, private practices, and NC state facilities to strengthen the workforce in rural and underserved communities.

Learn More [Nurse Initiative Guidelines](#) Learn More [Additional ORH Incentives](#)

### **Telehealth Infrastructure Grant Wave 5**

The North Carolina Department of Health and Human Services (NC DHHS) is pleased to announce our **Wave 5** of the **Telehealth Infrastructure Grant Request for Applications (RFA): DUE May 15, 2026**

Grants resulting from this Request for Applications (RFA) will enhance the accessibility and effectiveness of telehealth services throughout the state. This RFA aims to support the development and improvement of the technological infrastructure required for delivering remote health care services, such as broadband connectivity, video conferencing systems, electronic medical records, and secure communication tools.

This grant opportunity aims to strengthen and expand telehealth services in **rural areas across North Carolina**, with awards of **up to \$250,000 per eligible organization**.

**Priority will be given to independent primary care practices and independent obstetrics and gynecology (OB-GYN) practices**

For full details and to apply, visit:

<https://www.ncdhhs.gov/about/grant-opportunities/rural-health-grant-opportunities/telehealth-infras...>

We strongly encourage early application submission and invite you to share this opportunity with other providers and partners. Together, we can expand access to high-quality care throughout North Carolina.

# Regional Meetings

## North Carolina Rural Regional Stakeholder Meetings 2026 The Rural Tightrope: Balancing the Margins, Mission, & Metrics



**Meeting Objectives:**

- Engage rural hospitals & health system leaders, rural health clinics, and community-based organizations in a multi-sector dialogue regarding strategies to support local rural health improvements and sustainability practices
- Promote regional sharing of successes, challenges, and needs to drive innovation and advocacy for long term practice and policy change
- Build a stronger rural network that fosters partnership, trust, and mutual support for a shared vision of a stronger rural NC health system

**Who Should Attend?**

Anyone invested in community health and wellbeing initiatives in North Carolina! This includes but not limited to: Critical Access and Small Rural Hospital Executive Leaders (CEO, CNO, CFO), Office of Rural Health Grantees and Community-Based Organizations

**AGENDA HIGHLIGHTS**

-  Fireside Chat Panel: Balancing The Margin, Mission, & Metrics
-  Rural Pulse Simulation: Building The Bridge Program
-  Open Networking
-  Deep Dive Breakout Session- Margin, Mission, & Metrics: The Operational vs Social Checklist
-  Reconciliation: Crossing A Balanced Bridge TOGETHER





The Office of Rural Health in partnership with the North Carolina Healthcare Foundation invites members of the community to three regional meetings:

**April 30:** South Central Regional Meeting, Campbell University  
(registration closed for this meeting, but please attend future meetings)

**June 25:** Eastern Regional Meeting  
Roanoke Chowan Community College

August 4: Western Regional Meeting  
Appalachian State University

**Register for all meetings here:**

<https://app.smartsheet.com/b/form/019ca0281f697895870495ede9ef33b2>

## Regional Updates



### South Central Regional News

The Scotland Health at Home program was recognized for transforming care for high-risk

patients and strengthening the health of our communities.

Scotland Health developed Scotland Health at Home, which included the hospital's first community health worker position and now added community paramedics. The program connects patients with primary care practices which gives them access to community services and resources to help them lead healthier lives. The program has helped at-risk patients to be more active in the community and, in some cases, secure and keep a job because of their improved health. One important factor in connecting uninsured and underinsured patients with a primary care practice is the ORH State Designated Rural Health Center Primary Care and Behavioral Health Access Program grant.



#### **Western Service Area Team**

On April 1, 2026 ORH Staff attended the grand opening of Pyramid Healthcare's Medicaid Outpatient Substance Use Disorder Treatment Program in Franklin, NC. The event included remarks from local leaders and DMHDDSUS Secretary, Kelly Crosbie. With Substance Use Disorder treatment often being more difficult to access in rural communities, ORH applauds Pyramid's efforts to improve access to these life-saving services in rural southwestern North Carolina.

## **News from ORH Teams**

#### **From the Placement Team: Opportunities, Incentives & What's Ahead!**

Incentive funding remains available through the NCNI Program, along with other workforce incentive opportunities supporting providers across North Carolina. This is an excellent time to take advantage of these resources designed to strengthen recruitment and retention efforts in rural and underserved communities. Our team remains committed to supporting sites and providers as they navigate these opportunities and maximize available funding.

#### **NHSC Site Certification Portal Opening Soon**

The National Health Service Corps Site Certification Application portal will be opening soon. ORH offers technical assistance to sites interested in applying. Facilities are encouraged to reach out to an ORH placement specialist for guidance and support through the process.

## National Workforce Conference Coming to North Carolina

We are also excited to share that the 3RNet Conference, widely recognized as the nation's most trusted resource for health professionals seeking careers in rural and underserved communities, will be held August 24–27 at the Embassy Suites by Hilton Raleigh-Durham Research Triangle Park in Cary, North Carolina. This year's conference will bring together partners from across the country to connect, collaborate, and explore innovative strategies that support healthcare workforce development.

We look forward to connecting with many of you and continuing our shared efforts to build a stronger, more sustainable healthcare workforce across North Carolina.

## Need More Information About Incentives? We're Here to Help!

For questions or additional information about incentive opportunities, please reach out to your regional contact below:

Region 1 – Deneen Gill | [Deneen.Gill@dhhs.nc.gov](mailto:Deneen.Gill@dhhs.nc.gov)

Region 2 – Lisa McKeithan | [lisa.mckeithan@dhhs.nc.gov](mailto:lisa.mckeithan@dhhs.nc.gov)

Region 3 – Rachel Lane | [Rachel.Lane@dhhs.nc.gov](mailto:Rachel.Lane@dhhs.nc.gov)

Region 4 – Alma Davis | [Alma.Davis@dhhs.nc.gov](mailto:Alma.Davis@dhhs.nc.gov)

Region 5 – Maya Sanders | [Maya.Sanders@dhhs.nc.gov](mailto:Maya.Sanders@dhhs.nc.gov)

Region 6 – Karen Gliarmis | [Karen.Gliarmis@dhhs.nc.gov](mailto:Karen.Gliarmis@dhhs.nc.gov)

Program Manager – Lisa McKeithan | [lisa.mckeithan@dhhs.nc.gov](mailto:lisa.mckeithan@dhhs.nc.gov)

For full program details, eligibility information, and personalized assistance, please visit our website or contact an NC ORH placement specialist.



#### **From the ORH Farmworker Team**

Throughout Farmworker Awareness Week (March 25–31, 2026), the North Carolina Farmworker Health Program (NCFHP) at ORH highlighted the people and key factors shaping farmworker health across North Carolina. The week began by sharing who farmworkers are in North Carolina and the reach of NCFHP, which in 2024 supported over 11,050 farmworkers and their family members across 65+ counties through 7 service delivery sites. The importance of collaboration was highlighted through a message from a North Carolina grower, emphasizing appreciation for farmworkers and the shared role of growers and community organizations:

*"I just want to recognize the men who come each year to work on our farm. They're such an important part of what we do. We know it's not easy to be away from your families for months at a time, and that's something we never take for granted. Some of these men have been coming since I was three years old. Some are my age now, and some are just 18 starting their journey. We're grateful for their hard work and for the relationships we've built year after year. Thank you for all that you do. Gracias por su dedicación y por regresar cada año."* – Lee County NC Grower

In addition, key information was shared on housing conditions and worker protections under the North Carolina Migrant Housing Act bringing awareness to both rights and ongoing challenges. NCFHP also centered the lived experiences of farmworkers by sharing photos directly from members of the Agricultural Worker Advisory Board offering a glimpse into their daily work and environments.

(Included below) Together, these highlights reflect the importance of continued awareness and action in supporting farmworker communities across North Carolina.

### **Community Health Grant Success Stories: Impact That Matters**

Community Health Grant organizations continue to report meaningful, measurable successes—each one telling a powerful story of how Community Health Grant (CHG) funding is strengthening patient care for the uninsured and underinsured while driving lasting community impact in North Carolina.

#### *Sharon Brown-Singleton, MedNorth Health Center (Region 5)*

Community Health Grant (CHG) funds helped MedNorth Health Center achieve American Diabetes Association (ADA) Accreditation. Also, MedNorth Health Center is now recognized by the Centers for Disease Control and Prevention (CDC) for excellence in Diabetes Self-Management Education and Support (DSMES) training. Using CHG funds, two staff members were trained as lifestyle coaches to support their diabetes management program and annual well-care visits. The grant also enabled the addition of a clinical pharmacist who provides medication management, contributing to noteworthy progress in closing care gaps. Thus far into the grant cycle, MedNorth Health Center has seen a 4% decrease in patients with uncontrolled diabetes.

#### *Gail Henson, Catawba Valley Healthcare (Region 3)*

Catawba Valley Healthcare leveraged its status as a CHG Grantee to form a partnership with LabCorp to get free lab testing for their uninsured clients. Previously, their uninsured clients were not able to afford lab testing. Due to unaffordability, patients did not get the needed diagnostic assessments, and the providers did not have the needed vital data to manage the patient's care.

Additionally, CHG funds were used to acquire health equity staff to assist with follow-along care management, linking to other community resources and divert their patient from using the emergency room. The leveraging of LabCorp services and onboarding health equity staff allowed Catawba Health to achieve better care management and increased patient compliance.

The benefit of having health equity staff also played a vital role in addressing patients' social determinants of health. During a primary care visit, one patient disclosed that their family was being displaced from their home. The health equity team immediately stepped in, helped restore their housing situation, and ensured the family was able to remain together. This support highlights how CHG-funded positions extend beyond medical needs, offering stability and critical wraparound resources that directly improve the patient's well-being.

#### *Brian Blake, Charlotte Community Health (Region 3)*

Charlotte Community Health serves a vast number of uninsured and unhoused individuals by connecting them to essential resources for managing chronic conditions such as hypertension and diabetes, as well as programs for Hepatitis C and HIV/Prep. Brian shared that CHG funding has been “really beneficial and powerful” in helping to close the care gaps for patients with chronic health conditions. With a substantial uninsured population, the clinic faces ongoing

challenges in providing comprehensive coverage. Brian emphasized that without CHG funds, their triage nurses would not be able to remain fully engaged in patient care, healthcare planning, and direct support for the high-risk patient they serve. Brian noted that he fears the health crisis their population would face without CHG funds.

*Elly Steel, Cabarrus Health Alliance (Region 3)*

Elly of Cabarrus Health Alliance shared that CHG funds have been essential in supporting integrated medical and dental care. These funds make it possible to reach patients who otherwise would not receive care at all. CHG funds allows Cabarrus Health Alliance to employ a public health hygienist stationed on the medical floor, enabling comprehensive care right at the point of a patient's visit. Furthermore, providing integrated care permits us to be able to provide patient education and discuss prevention to clients that never had dental cleaning before.

This integration has allowed our team not only to treat pediatric patients during well-child checkups but also to reach a surprisingly high number of maternal and substance-use patients. CHG funding ensures that pregnant individuals can access dental and medical care early in their pregnancy rather than arriving at 31 weeks with limited time to complete necessary care. Early access to care promotes healthier maternal outcomes—treating periodontal disease, for example, can lower the risk of preterm birth.

*Mayra Mosquera, Community Care Clinic of Rowan County (Region 3)*

Mayra shared that Community Care Clinic of Rowan County operates a seasonal food pharmacy to support patients managing chronic illnesses. Each season, the clinic selects three healthy recipes and provides patients with the ingredients and recipe cards, allowing them to try nutritious meals without the cost barriers.

Wellness Wednesdays offer additional exposure by sampling healthy dishes in the lobby, led by a volunteer who experienced significant health improvement through the clinic's lifestyle- health eating approach.

The clinic also recently assisted a patient whose apartment building burned down, leaving her injured and without basic necessities. During a routine appointment, staff learned of her situation and provided immediate support, including clothing, food, and a donated mobility scooter to help her recover from foot surgery. These efforts highlight how the clinic uses CHG funds and available resources to meet both medical and social determinants of health needs of its patients.

**ORH Staff Attend PEAK Conference, Earn NCCM Certification**



Four ORH staff graduated Wednesday, April 1 with North Carolina Contract Manager certification: Justin Kearley, Trey Maynor (pictured, above center, with ORH staff), Kim McNeil, and Leslie Wolcott. Sharema Williams adds second certification in purchasing, the NCP.

## Federal Office of Rural Health Policy and Rural Health Information Hub



*Maggie Sauer, Director of the North Carolina Office of Rural Health, presents during the Federal Office of Rural Health Policy visit to Scotland Health*

From the Federal Office of Rural Health Policy (FORHP):

[\*\*Ongoing Opportunities at USDA Rural Development\*\*](#). The USDA's Community Facilities Programs offer financial resources for public service buildings, including healthcare facilities.

[\*\*HRSA Announces More Than \\$135 Million to Expand Nutrition Services and Strengthen Rural Health Workforce\*\*](#)

Apr 7, 2026 -- Announces Health Resources & Services Administration (HRSA) funding for nutrition service expansion into primary care settings and for rural residency programs for high-need specialties to address rural workforce shortages.

[\*\*Rural Residency Planning and Development \(RRPD\) Notice of Funding Opportunity \(NOFO\) Coming Soon\*\*](#). Under this program, we provide start-up funding to grant recipients to create accredited rural residency programs in a qualifying medical specialty.

Updated [Cybersecurity for Rural Healthcare Facilities](#) topic guide outlines cybersecurity challenges and risks for rural healthcare facilities and shares tools to support rural providers and healthcare facilities working to strengthen their resilience to cyberattacks.

From Rural Health Information (RHI) Hub:

The [Community Health Workers Toolkit](#) was just updated! It highlights models, shares best practices, and provides resources and information to support the development, implementation, and evaluation of rural community health worker programs.

[5 Innovations Strengthening the Rural Health Care Workforce](#) -- Highlights a presentation at the American Hospital Association's Rural Health Care Leadership Conference describing 5 strategies for rural health workforce development.

Updated [Chronic Disease in Rural America](#) topic guide

Register Now

## Upcoming Events: Conferences, Workshops, and Webinars for Rural Health Professionals

### Rural Health Clinic (RHC) Meetings

Did you know? North Carolina now has over 100 CMS Certified Rural Health Clinics and it is only growing. If you, or you know of individuals who want to learn more about RHCs, participate in peer learning, or want to keep up-to-date on any and all things RHCs, please join us at our North Carolina Rural Health Clinic

Network Meetings, Interested? Email [Renee Clark](#), Telepsychiatry and Rural Hospital Specialist, ORH.

### **Cervical Cancer Screening Essentials On-demand Training Series**

This on-demand training series includes four one-hour modules:

#### **Cervical Cancer Screening Guidelines and Rationale**

*Dr. Karen Kimel-Scott, MD - UNC School of Medicine*

#### **Trauma Informed Care: A Quick Primer for Cervical Cancer Screening**

*Dr. Amy Weil, MD - UNC School of Medicine*

#### **Technical Instructions and Sample Collection**

*Dr. Vanisha Wilson, MD - Duke Health*

#### **Cervical Cancer Screening: Follow-up, Counseling, and Next Steps**

*Dr. Jhalak Dholakia, MD - East Carolina University Brody School of Medicine*

**Register here:** [learn.unclcn.org/ccse](https://learn.unclcn.org/ccse)

The attached flyer includes additional details.

CME and NCPD credit is available for eligible participants upon course completion. Please see the course flyer or visit the [series page](#) for complete accreditation and disclosure information.

This training was produced in partnership with the UNC Lineberger Cancer Network and hosted on the [UNCLCN Learning Portal](#) where other oncology educational opportunities are available at no cost.

Office of Rural Health | MSC 2009, Rural Health, 8th floor | Raleigh, NC 27699-2009 US

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