Turning Strength **Into Impact**

FY2025 ANNUAL REPORT

Inside the Report

Community health centers across North Carolina are built on trust, local insight and a commitment to accessible care. This report highlights how NCCHCA strengthens that foundation by aligning resources, advancing shared priorities and supporting coordinated action across the statewide network. Each section reflects how distinct capabilities are positioned to generate meaningful, measurable impact.

AN OVERVIEW: NCCHCA

The North Carolina Community Health Center Association (NCCHCA) is the statewide membership association for North Carolina's community health centers. Established in 1978, NCCHCA advances a simple but powerful mission: **to promote and support patient-governed community health care organizations and the populations they serve.**

Grounded in this mission is a clear vision for the future: one in which every North Carolina community has access to a patient-centered, patient-governed, culturally competent home for health care that integrates high-quality medical, dental, pharmacy, behavioral health, vision and enabling services, regardless of a person's ability to pay.

Across the state, 43 community health centers (CHCs) — including 38 FQHC grantees and 5 look-alikes — operate more than 700 service delivery sites. Together, they provide comprehensive primary care to more than 800,000 patients each year, with 28% uninsured, making CHCs one of North Carolina's most essential health care access points.

How NCCHCA Serves the Network

Primary Care Association (NCCHCA)

NCCHCA expands access to care, strengthens clinical quality, grows the workforce, advances emergency preparedness and accelerates value-based care adoption for 43 member CHCs.

Health Center Controlled Network (HCCN)

Through this performance solutions framework, NCCHCA helps 36 CHCs in strengthening health IT infrastructure, advancing data integration, improving population health capabilities, and reinforcing cybersecurity practices.

Carolina Medical Home Network (CMHN)

This clinically integrated network drives performance improvement and value-based care participation, with 26 CHCs actively engaged in strengthening care coordination, quality outcomes, and shared approaches.

THIS-NC

NCCHCA also serves as founder and managing partner of this coalition, expanding research, data and community-aligned innovation across North Carolina's safety net.

FROM THE CEO

Dear Members and Partners,

In a year marked by uncertainty, North Carolina's community health centers continued doing what they have always done—***moving health forward.***

This theme of our upcoming Annual Primary Care Conference has become an accurate reflection of the environment in which we operate and the responsibility entrusted to community health centers across our state. At a time when federal priorities are shifting, payment models continue to evolve, workforce challenges persist, and communities face growing behavioral health and economic pressures, standing still is not an option. The healthcare landscape is changing rapidly, and community health centers are leading the way forward.

Every day, health centers across North Carolina move health forward by expanding access to care, addressing the factors that influence health outcomes, integrating behavioral health services, embracing innovation, and ensuring that patients receive high-quality, affordable care close to home. They do so while remaining deeply rooted in the communities they serve and guided by a mission that places people at the center of every decision.

At a time when many institutions are being tested, community health centers continue to demonstrate the strength of a model built on local leadership, community trust, and an unwavering commitment to serving all who need care. In communities large and small, they are often the most stable and trusted source of healthcare, providing not only access to services but also hope, opportunity, and connection.

The role of NCCHCA is to ensure that this strength extends beyond any single organization. By connecting health centers across the state, supporting innovation, advocating for sustainable policies, and strengthening shared infrastructure, we help transform individual success into collective impact. Through workforce development, value-based care advancement, technology and data investments, strategic partnerships, advocacy, and operational support, we work alongside our members to build a stronger and more resilient network.

Throughout the past year, community health centers have demonstrated remarkable adaptability and perseverance. They have responded to changing policies, financial pressures, workforce shortages, and increasing patient needs with innovation, determination, and a steadfast commitment to their communities. Together, we have continued building a more connected network capable of delivering greater impact across North Carolina.

The accomplishments highlighted throughout this report represent more than organizational achievements. They reflect healthier patients, stronger communities, and a collective commitment to ensuring that high-quality primary care remains accessible to those who need it most. They also demonstrate the power of a statewide network that learns together, improves together, and advances together.

As we look toward the future, community health centers once again find themselves at an important inflection point. Federal policy changes, including implementation of H.R. 1, ongoing transformation of Medicaid and Medicare payment models, workforce constraints, and continued threats to programs such as 340B will require thoughtful leadership and strategic action across our network.

Yet community health centers have never been defined by the challenges they face. Their history is one of adaptation, innovation, and resilience. NCCHCA will continue working alongside our members to anticipate change, strengthen organizational capacity, advocate for policies that support access to care, and ensure that health centers remain positioned to meet the evolving needs of North Carolina's communities.

The road ahead may look different than the one behind us, but our destination remains unchanged: healthier communities, stronger primary care systems, and a future where every North Carolinian has access to high-quality, affordable healthcare. Together, we will continue moving health forward.

Thank you to our member health centers, partners, Board leadership, and staff for your dedication, leadership, and service. Your commitment is what makes progress possible and ensures that North Carolina's community health centers remain a driving force for better health, stronger communities, and a healthier future.

With gratitude,

Chris Shank
President & Chief Executive Officer
North Carolina Community Health Center Association

FROM THE CHAIR AND VICE-CHAIR

This past year brought into focus the depth of strength that defines community health centers across North Carolina. That strength lives within each organization: in the care delivered, the teams sustained and the relationships built within communities. It is reflected in a consistent presence that patients and families rely on, and in the ability of health centers to remain steady, responsive and grounded in moments that require both trust and continuity.

From within our own organizations, the pace and complexity of this work continue to grow. Staffing pressures, financial realities and evolving expectations require steady leadership and disciplined decision-making. Each day requires balancing immediate demands with longer-term priorities, while maintaining focus on the mission at the center of this work. These conditions call for clarity, consistency and a strong foundation for leadership at every level.

Within the Board of Directors, that same responsibility extends beyond individual organizations, with time and perspective shared in support of a network that depends on coordination, insight and informed action. This role carries a broader view, shaped by both individual experience and collective responsibility, and reflects a commitment to strengthening the conditions that allow community health centers to operate effectively across the state.

In that context, NCCHCA serves an important role in helping bring focus to this work — strengthening communication, supporting more informed decision-making and creating opportunities for leaders to engage with shared challenges in a structured way. This steady presence supports continued momentum and reinforces the ability of health centers to move forward with confidence and discipline.

With appreciation for the leadership and partnership that define this work, and with confidence in the continued strength of this network.

With gratitude,

Carolyn Allison
Board Chair
Chief Executive Officer
Charlotte Community Health Clinic

Scot McCray
Board Vice-Chair
Chief Executive Officer
Advance Community Health

Executive Committee

Chair

Carolyn Allison
Charlotte Community Health Clinic

Vice-Chair

Scot McCray
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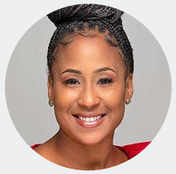
Secretary



Dr. Shantelle Simpson
Appalachian Mountain Health Centers

At-Large Member

Glenn Martin
Person Family Medical Center & Dental Center

Past Chair

Michelle Lewis
Triad Adult & Pediatric Medicine

Ex-Officio Member

Chris Shank
NCCHCA

At-Large Clinician

Dr. Adrian Mancheno
Piedmont Health Services

At-Large CFO

Brian Morton
Blue Ridge Health

At-Large HR

Shalonda Shipp
Triad Adult & Pediatric Medicine

STRATEGIC PARTNERSHIPS, SUSTAINABILITY AND GROWTH

NCCHCA strengthens community health centers by aligning partnerships, advancing shared infrastructure and positioning the Carolina Medical Home Network for long-term sustainability. Through coordinated investments in analytics, payer strategy and research, NCCHCA helps health centers navigate financial pressure, adopt new technologies, participate in value-based care and prepare for evolving reimbursement models and future growth.

Strengthening Data Infrastructure

Through the Health Center Controlled Network, founded in 2013 and now entering its fifth HRSA funding cycle, NCCHCA helps participating health centers use health IT and data more effectively. The current cooperative agreement focuses on strengthening data management and analytics, improving interoperability and data sharing, and leveraging technology to enhance care delivery, health outcomes and operational efficiency.

In 2025, the implementation of Arcadia as a population health platform, alongside continued use of Azara tools, improved data integration and real-time decision-making.

Advancing Value-Based Care Strategy

The Carolina Medical Home Network strengthened financial positioning for participating health centers through the distribution of $2.5 million in shared savings and the securing of $1.37 million in additional funding through targeted negotiations. In 2025, 24 North Carolina CHCs participated in CMHN CIN Medicaid contracts, while 12 CHCs joined the newly launched Medicare Shared Savings Program Accountable Care Organization.

Continued development of a preferred payor strategy further supports alignment with evolving reimbursement models, improving financial predictability, strengthening payer relationships and positioning health centers to participate more effectively in value-based care arrangements across North Carolina.

Expanding Research and Innovation

Research initiatives and the THIS-NC partnership expand access to funding, data and innovation opportunities across the safety net. Collaboration with federal agencies and national partners supports increased participation in clinical trials and development of community-aligned research models. These efforts strengthen the role of health centers in shaping future care delivery while expanding access to new treatments and approaches, positioning North Carolina's network as a contributor to national innovation.

Impact Highlights

Strategic Partnerships

- Establishing member rounds to identify high-risk patient populations
- Assessing key drivers for both inpatient and ER visits in order to reduce overall costs
- Discerning which interventions are needed to provide effective support, including non-medical needs such as housing and transportation
- Securing new partners such as VedaPointe, C3, LabCorp to help FQHCs advance actionable, data-driven decisions
- Establishing a member-led governance structure that empowers health center leaders to serve as strategic partners to take on oversight and other valuable roles

Sustainability

- In pursuit of National Committee for Quality Assurance accreditation for the CMHN Care Management Program
- Continually innovating and implementing best practices to improve the CMHN member experience
- Maintaining regular communications with partners through a monthly newsletter

Growth

- Leveraging vendor partnerships to serve as an extension of the CMHN Medicare ACO team to further support our health centers in achieving their value-based care goals
- Investing in population health management analytical tools to improve health outcomes of Medicare beneficiary populations
- Reducing FQHCs' administrative responsibilities, freeing them to treat more patients

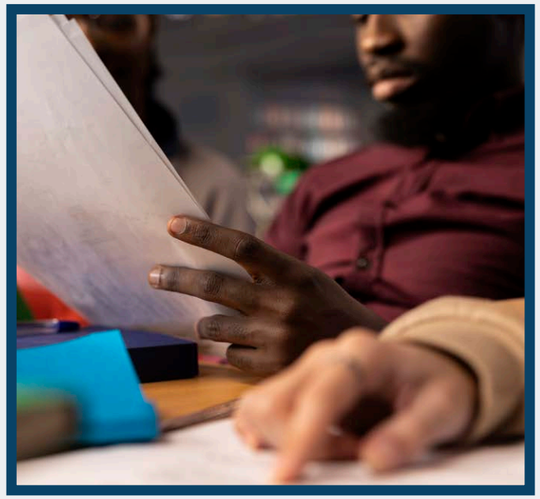
COMMUNITY IMPACT AND QUALITY OUTCOMES

NCCHCA supports health centers in improving care across a diverse, statewide network by translating shared learning, actionable insight and transparent performance data into measurable improvements in quality and patient outcomes. Through aligned strategies and peer-driven collaboration, FQHCs apply knowledge in real time to strengthen preventive care, chronic disease management, behavioral health services and overall care delivery across North Carolina.

Driving Network-Wide Quality Improvement

Through the National Association of Community Health Center's Value Transformation Framework Assessment, 33 FQHCs assessed their improvement capacity while 25 participated in targeted initiatives focused on well-child visits and cervical cancer screening.

Root cause analysis, driver diagrams, and iterative testing supported practical changes, strengthening care delivery and improving outcomes across participating centers.



Advancing Transparency and Peer Learning

Monthly unblinded performance data created opportunities for peer comparison and shared accountability. Clinical leaders engaged in structured dialogue around results, strengthening alignment and accelerating improvement. Peer learning also occurred through Electronic Health Record user groups with both clinical and non-clinical staff, as well as though quality professional and medical leader workgroups. This approach supports a culture of openness and shared problem-solving, allowing FQHCs to learn directly from one another and apply best practices more consistently.

Expanding Practice Support and Clinical Collaboration

A partnership with North Carolina Area Health Education Centers Program (NC AHEC) introduced five regional practice coaches supporting workflow design, care management, and quality improvement.

Coaching aligns with Medicaid and Medicare priorities while addressing day-to-day operational needs. This hands-on support strengthens improvement capacity and helps ensure consistent delivery of high-quality care across communities.

Additional Impact

Received the National Association of Community Health Centers' (NACHC's) "Elevate" program award due to NCCHCA's commitment to using Elevate learning opportunities, tools, and resources to advance value transformation goals

Strategically adopted the Institute for Healthcare Improvement's "Quintuple Aim" approach that focuses on improving population health, improving care, advancing health access, improving workforce well-being, and lowering costs

Designed and implemented best practices to maximize FQHC capacity, impact, and shared knowledge

Utilized the Uniform Data System to assess FQHC impact across quantitative metrics, while also building FQHC staff capacity on improvement methodology and data-driven decision making

Simplified complexities in the health care system through the perpetual acquisition and dissemination of knowledge designed to support clinical and operational performance improvement.

GOVERNANCE AND OPERATIONAL EXCELLENCE

Strong performance across a statewide network depends on reliable systems, effective leadership and disciplined operations. NCCHCA supports these foundations by strengthening the infrastructure that enables consistent performance across organizations. Operational systems, compliance structures and coordinated leadership ensure that health centers can function effectively in a complex and evolving environment.

This work supports stability, reduces risk and improves efficiency across the network. While often operating behind the scenes, these systems are essential to sustaining impact over time. A coordinated approach to governance and operations enables health centers to maintain focus on care delivery while operating within a stable and well-supported system.

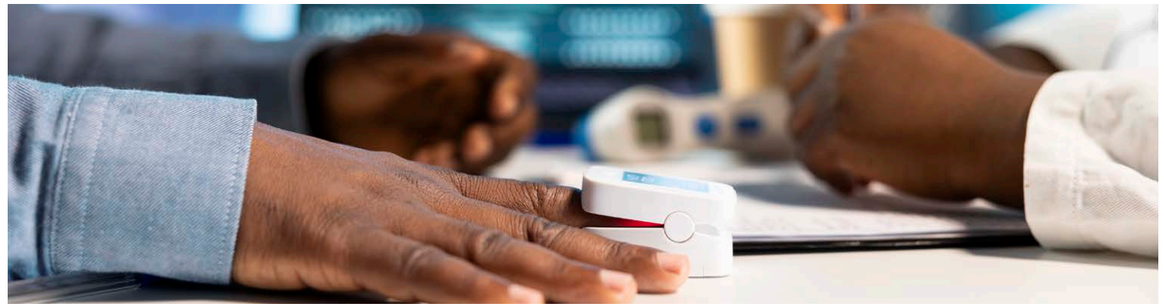
Strengthening Technology and Security Systems

Support for cybersecurity initiatives, EHR optimization and system transitions strengthened operational readiness across health centers. These efforts help organizations manage risk, maintain data integrity and ensure continuity of care delivery. A strong digital foundation supports both clinical and administrative functions, enabling organizations to navigate increasingly complex technology requirements while maintaining reliable performance.

Expanding Operational Capacity and Guidance

Structured operational guidance and targeted advisory support strengthened organizational performance across compliance, workflows and leadership practices. These efforts support consistency in operations, reinforce internal accountability and build capacity for managing complex regulatory and administrative requirements. Improved operational clarity supports more efficient and effective care delivery across the network.

Strengthening Leadership and System Coordination



Coordinated leadership structures and governance practices provide alignment and accountability across NCCHCA and its member network. Clear priorities, structured communication and effective coordination support efficient use of resources and reinforce a stable operating environment. These efforts strengthen system-level performance and ensure that organizations are supported in delivering consistent, high-quality care.

Impact Highlights

Governance

- NCCHCA Board members are highly engaged in the governance of the organization, with 83.33% having attended at least three Board meetings during the past year.
- Achieving high levels of participation ensures the Board can consistently meet quorum to conduct business, benefit from varied expertise and perspectives, and make timely, well-informed decisions.
- Strong attendance also reinforces accountability and continuity, keeping Board members aligned on NCCHCA priorities.

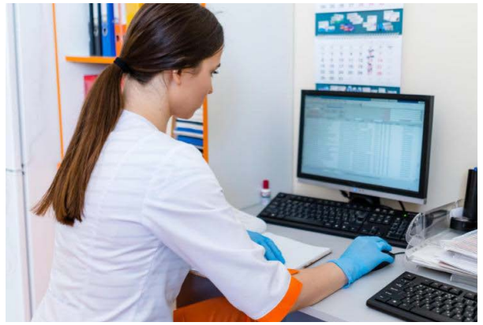
Employee Management

- Enhanced onboarding presentation for new hires with department-level insights and upcoming structured feedback (for example: HR onboarding & one-month surveys)
- Introducing Buddy Program to strengthen early employee integration
- Strengthened performance management through Mid-Year Reviews (Performance-Pro), with clear completion targets
- Ongoing focus on continuous feedback, accountability, and workforce engagement

Talent Recruitment and Retention

- Sustained low turnover through data-informed interventions
- Improved new hire experience and early engagement
- Stronger manager accountability and performance alignment
- Building a continuous improvement culture supported by data-driven HR practices

MEMBER SERVICES AND OPERATIONS



As North Carolina's Primary Care Association, NCCHCA supports community health centers by responding to the distinct needs, conditions and opportunities facing each member organization. This work helps CHCs access timely guidance, navigate emerging requirements and connect with resources that strengthen their ability to serve patients and communities.

Throughout the year, NCCHCA remained nimble in identifying member priorities and translating them into practical support. These efforts helped frontline teams address immediate challenges, prepare for changing expectations and engage larger systems with greater clarity and confidence.

Grounded in direct member feedback, each initiative reflected NCCHCA's role as a responsive partner – bridging institutional requirements with locally relevant solutions that can be adapted and scaled across the network.

Helene Recovery Initiative

While Hurricane Helene devastated western North Carolina in late September 2024, its impact were felt throughout 2025, creating significant disruption for community health centers across the region.

NCCHCA mobilized resources for centers recovering from the devestation, providing guidance on patient support, staffing challenges and community mental health needs. Funding from the Western NC Disaster Relief Fund offered additional stability, helping clinics maintain services during a uniquely difficult period for both staff and patients.

> Our experience with NCCHCA was excellent due to strong collaboration, clear communication, responsive support, and a shared commitment to improving community health outcomes. We always receive a prompt and expert response from staff when we reach out with questions.
>
> **- Health Center Respondent to NCCHCA Needs Assessment**

Behavioral Health Support

Behavioral health remained a central priority in 2025, with NCCHCA partnering with NCDHHS to support opioid use disorder treatment in rural and underserved communities.

Through targeted funding, training and technical assistance, 28 CHCs delivered MOUD (medications for opioid use disorder) services, including buprenorphine and related clinical supports, across multiple North Carolina counties. During the four-month grant period, participating health centers helped retain 2,710 patients in care.

High-Impact Training and Operational Assistance

NCCHCA delivered a robust slate of statewide conferences, role-specific workshops and targeted operational support designed to meet CHCs where they are.

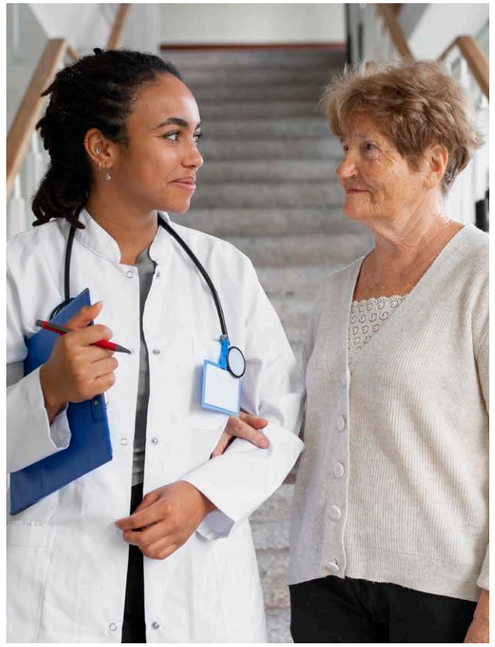
Sessions addressed HR practices, compliance needs, workflow improvements and leadership development. Customized technical assistance helped CHCs troubleshoot operational challenges, adopt emerging best practices and respond quickly to changing expectations.

Helped enroll 271 community health center patients in Medicaid and 113 community health center patients in Marketplace coverage

Elevated community awareness about local health centers and the services they provide

Facilitated meaningful connections between health centers and community partners

A Deep Dive into Workforce



Workforce recruitment and retention remains two of the most persistent challenges facing community health centers. Nationally, according to a 2025 staffing survey from the National Association of Community Health Centers (NACHC), alarmingly high vacancy rates were reported in vision care, physicians, behavioral health providers, dental hygienists, and dental assistants, each hovering around 20% or 21%.

For NCCHCA, workforce development is both an immediate support strategy and a long-term investment in organizational stability. The Association helps members respond to staffing pressures by creating spaces for shared learning, providing targeted technical assistance and identifying common needs that can be translated into scalable support solutions. This work recognizes that every health center faces its own mix of labor market conditions, service demands and internal capacity realities.

NCCHCA's Response

1. Hosted two-part Onboarding for Retention interactive technical assistance series
2. Offered five-session supervisor and manager development series: Beyond Core Competencies for Health Center Managers and Supervisors
3. Facilitated recurring statewide convenings including a Workforce Workgroup (six times annually) and an HR Workgroup (quarterly)
4. Supported technical assistance and facilitated discussion around recruitment and retention, employee engagement, HR policy updates and compensation promising practices
5. Supported asynchronous member exchange through Connected Community

MAAI: Building a Homegrown Workforce Pipeline

Medical Assistant Apprenticeship Initiative

The Medical Assistant Apprenticeship Initiative (MAAI) is one of NCCHCA's strongest examples of workforce strategy in action. Created as a registered apprenticeship program with ApprenticeshipNC, MAAI addresses a critical shortage in one of the most important frontline roles in community health centers.

Why Medical Assistants Matter

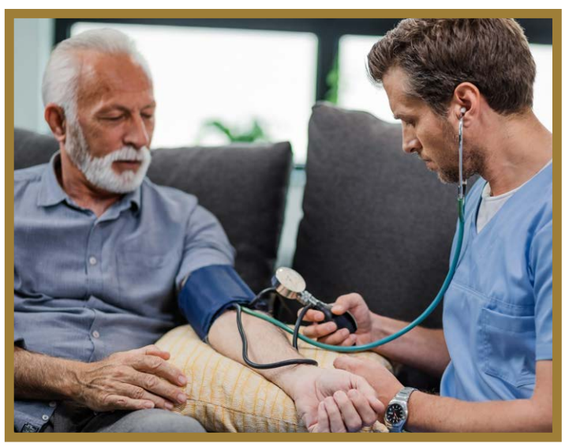
Medical Assistants help providers maximize time with patients by supporting clinical, administrative and care coordination functions. Filling these roles frees up staff to serve more patients and improve botom lines, thereby boosting morale and mitigating turnover.

What Makes MAAI Different

MAAI is designed around the realities of community health centers and the communities they serve. Apprentices receive dedicated mentoring, exposure to different health care roles and direct experience in team-based care environments. This approach helps participants see a long-term future in community-based care while giving CHCs a stronger pipeline of trained, mission-aligned talent.

2025 Program Milestone

- More than 20 graduates now employed across CHC sites
- Another 30 apprentices currently completing the program
- 13 community health centers have hosted apprentices
- Participating apprentices commit to three years of service
- Apprentices train directly inside health center settings



What Makes MAAI Different

- Strengthens staffing stability
- Reduces turnover pressure
- Supports continuity of care for patients
- Builds familiarity with CHC workflows and culture
- Creates a practical pathway for local talent
- Helps providers stay focused on patient care
- Advances a sustainable, homegrown workforce strategy
- Can continue to scale

ADVOCACY AND PUBLIC POLICY

Public policy shapes access to care, financial conditions and the broader environment in which community health centers operate. NCCHCA supports engagement in this environment by organizing, equipping and amplifying the collective voice of health centers across the state.

Through coordinated advocacy efforts, leadership development and sustained engagement, health centers are positioned to influence decisions that affect their patients and communities. These efforts contribute to improved reimbursement structures, clearer regulatory guidance and stronger alignment between policy and community-based care delivery.

> The work NCCHCA does with the State Legislature is arguably the single most important thing they do to support us. Right alongside that is their relentless drive to diversify our payer relationships and navigate complex policy changes. They don't just interpret the landscape—they give us the practical support we need to succeed in it.
>
> **-Brian Morton, CFO, Blue Ridge Health**

Expanding Advocacy Participation

Advocacy engagement grew substantially in CY25 among NCCHCA's member health centers. Total participation in meetings with policymakers (advanced advocacy) nearly doubled, rising from 71 to 137, through cornerstone advocacy events such as State Advocacy Day in Raleigh and Congressional Hill Visits in DC.

The relaunch of our low-barrier online action center also drove a significant increase in engagement, with members sending 2,292 emails and voicemails to policymakers in 2025, up from 365 in 2024. During this same period, NCCHCA developed and launched a new advocacy training curriculum to build member capacity, reaching a total of 504 participants.

Advancing Medicaid Payment Reform

Preserved the new FQHC Medicaid alternative payment methodology, including real-time wraparound payments, amidst state budget challenges and rate cuts to the program. Helped advance the next PPS rate-rebasing cycle, thereby ensuring FQHC's Medicaid rates keep pace with growing costs so they can sustain their services for the communities they serve.

Building Long-Term Advocacy Infrastructure

Advocacy training programs and organizing efforts strengthened the internal capacity of NCCHCA members by building core teams of leaders capable of mobilizing their health centers into action. The formation of these core teams both reflects and is supported by NCCHCA's dual leadership and organizational development strategy, which will be tracked through a member-facing Advocacy Certification Program set to launch at the NCCHCA Primary Care Conference in 2026.

Advocacy in Action

Advocates for community health centers gather in Washington, DC for lawmaker visits.

COMMUNITY HEALTH CENTERS BY THE NUMBERS

43 Community Health Center Organizations

798K Patients

7,148 Employees

700+ Locations

92 Counties

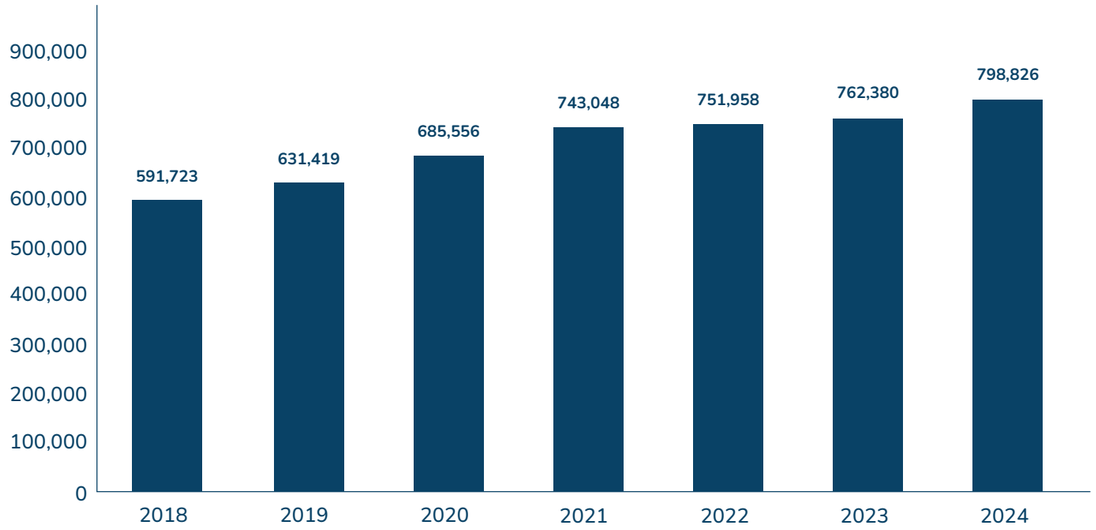
700+ health center locations include:

360+ Brick-and-mortar facilities

290+ School-based health centers

60 Mobile health units

Number of Health Center Patients Served Has Steadily Grown Since 2018



(2025 data to be released in the summer of 2026)

NCCHCA ANNUAL REPORT DASHBOARD

North Carolina Community Health Center Association |
Statement of Activities and Changes in Net Assets | Year Ended June 30, 2025

Executive Summary

This report summarizes NCCHCA's financial performance for fiscal year 2025, highlighting revenue sources, expenses, and changes in net assets. NCCHCA archieved a positive financial outcome, inccreasing net assets by $666,906

Key Financial Metrics

Total Revenue	Total Expenses	Net Asset Change	Ending Net Assets
$18,859,429	$18,192,523	$666,906	$7,328,386

REVENUE BREAKDOWN

Federal and State grants	$9,068,254
Fees for administrative services	$4,665,404
Revenue from Community Health Center	$1,754,189
Other grants	$1,312,793
Other revenue	$871,455
Membership dues and assessments	$754,150
Workshop and annual meeting revenue	$420,238
Interest Income	$12,946
Total Revenue	**$18,859,429**

EXPENSE BREAKDOWN

Program services	$14,608,085
Management and general	$2,787,827
Clinical	$569,662
Member services	$226,949
Total Expenses	**$18,192,523**

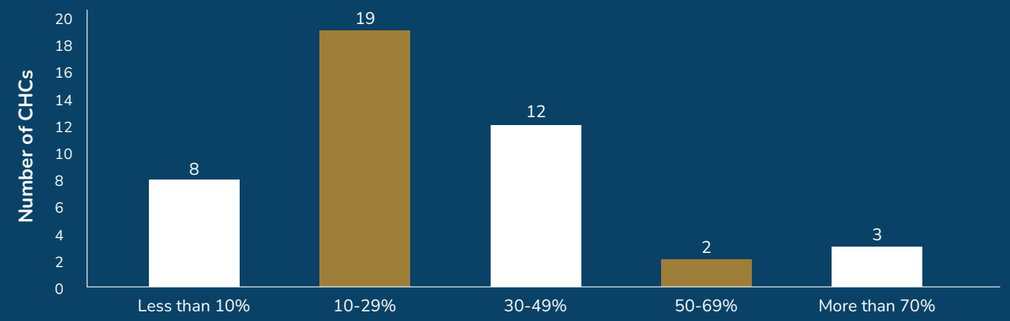
Change in net Assets

Net Assets - Beginning of Year	$6,661,480
Change in Net Assets	$666,906
Net Assets - End of Year	**$7,328,386**

TOP HIGHLIGHTS

1. Federal and State grants were the largest revenue source at $9,068,254 (48% of total revenue).
2. Program services accounted for 80% of total expenses ($14,608,085), demonstrating mission-focused spending.
3. NCCHCA achieved a positive net asset change of $666,906, a 10% increase from beginning net assets.
4. Fees for administrative services generated $4,665,404, the second-largest revenue stream.

% of Uninsured Patients by Health Center



Percent Patients Uninsured, 2024 UDS

BOARD OF DIRECTORS

- Scot McCray, Advance Community Health
- Michael McDuffie, Agape Health Services
- Olivia Bentley, Amity Medical Group
- Gwendolyn Reed, Anson Regional Medical Services
- Jennifer Greene, AppHealthCare
- Dr. Shantelle Simpson, Appalachian Mountain Community Health Center
- Shavonda Pugh, Bertie County Rural Health Association
- Lee Ann Amann, Black River Health Services
- Tammy Greenwell, Blue Ridge Health
- Debra Weeks, C.W. Williams Community Health Center
- Don Holloman, Cabarrus Rowan Community Health Center
- Carolyn Allison, Charlotte Community Health Clinic
- Laura Owens, Carolina Family Health Centers
- Tamara Dunn, CommWell Health
- William Crumpton, Compassion Healthcare
- Melissa Torres, Contentnea Health
- Scott Harrelson, Craven County Health Department
- Sheila Simmons, First Choice Community Health Centers
- Rose Turner, Gateway Community Health Centers
- Greg Bounds, PhD, Goshen Medical Center
- Alice Salthouse, High Country Community Health Center
- Teresa Strom, Hot Springs Health Program (LAL)
- Suzanne Freeman, Kinston Community Health Center
- Robert Spencer, Kintegra Health
- Claretta Foye, Lincoln Community Health Center
- Althea Johnson, MedNorth Health Center
- Michael McDuffie, DHS, Metropolitan Community Health Services
- William Hathaway, Mountain Area Health Education Center (MAHEC)
- Tim Evans, Mountain Community Health Partnership
- Daniel Lipparelli, NeighborHealth Center
- Jamie Carter, Ocracoke Health Center
- Reuben Blackwell, OIC of Rocky Mount
- Glenn Martin, Person Family Medical Center
- Daniella Jaimes-Colina, Piedmont Health Services
- Reuben Pettiford, Roanoke Chowan Community Health Center
- Tim Hall, Robeson Health Care Corporation
- Yvonne Long-Gee, Rural Health Group
- Margaret Covington, Stedman-Wade Health Services
- Michelle Lewis, Triad Adult & Pediatric Medicine
- Rod Brown, United Health Centers
- Thomas McRary, Westlife Wellness/West Caldwell Health Council
- Anita Case, Western North Carolina Community Health Services (WNCCHS)
- Rachel Willard, Wilkes County Health Department
- Dr. Adrian Mancheno, At-Large Clinician, Piedmont Health Services
- Brian Morton, At-Large CFO, Blue Ridge Health
- Shalonda Shipp, At-Large HR, Triad Adult & Pediatric Medicine

Affiliate Member

- Elizabeth Lambar-Freeman, NC Farmworker Program

HEALTH CENTERS

Advance Community Health
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Mountain Community Health Partnership
NC Farmworker Health Program
NeighborHealth Center, Inc.
Ocracoke Health Center
OIC Family Medical Center
Person Family Medical Center
Piedmont Health Services
Roanoke Chowan Community Health Center
Robeson Health Care Corporation
Rural Health Group
Stedman-Wade Health Services
Triad Adult And Pediatric Medicine, Inc.
United Health Centers
Western NC Community Health Services
Westlife Wellness / West Caldwell Health Council
Wilkes County Health Department

STAFF LEADERSHIP

Chris Shank, President & CEO

LyTonya Alexander, VP of Care Management & Provider Services / Interim SVP of Value-Based & Managed Care Services (joined FY26)

Chris Bishop, Chief of Staff (joined FY26)

Mel Goodwin-Hurley, Vice President of Risk Management & General Counsel

Katherine Jackson, Vice President of Human Resources

Arianna Keil, Vice President of Clinical & Quality Improvement

Sanga Krupakar, Vice President of Analytics & Network

Brendan Riley, Vice President of Policy & Government Affairs

Veronica Wiltshire - CMHN CIN CMO / Interim Vice President of Member Services (joined FY26)

CONTACT US

Office Phone
(919) 469-5701

Web
www.ncchca.org

E-mail
info@ncchca.org

Physical mail
NCCHCA, P.O. Box 879, Knightdale, NC 27545-0879

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