



## North Carolina Rural Health Centers

2021 Profile (Data from State Fiscal Year 2021 and current as of 6/30/2021)

### Grant Facts

**\$2.9M**

Grant funding appropriated from the General Assembly

**70,684**

Patients served

**13,194**

Uninsured patients served

**18,107**

Medically vulnerable patient encounters for Medicaid, Medicare, underinsured, and uninsured

**\$33.18**

Average annual contribution by ORH per patient

### Performance Measures



**76%**

Patients with well controlled diabetes, as evidenced by A1c levels  $\leq$  9



**69%**

Patients with well controlled hypertension, as evidenced by blood pressure levels  $\leq$  140/90



**65%**

Patients screened for obesity through Body Mass Index (BMI) testing



**72%**

Patients screened for tobacco cessation and treatment

#### Overview and Importance

North Carolina's community owned Rural Health Centers provide quality primary medical services in underserved rural communities, in addition to piloting new behavioral health programs with grantees. By supporting these centers, the overall health of residents can be improved, and costly emergency department visits can be avoided. Our 13 centers serve as medical homes for vulnerable populations, including uninsured, underinsured, Medicaid and Medicare patients and saw 70,684 patients this year, of these 10,983 were uninsured. Without support from ORH, many patients would lose local access to quality primary healthcare.

#### Improvements

In 2021, Rural Health Centers served an additional 4,110 patients (+6%). Three of four clinical performance measures improved relative to their 2020 performance. These aggregate measures included the following: percentage of patients with well-controlled diabetes (+3%), percentage of patients screened for tobacco cessation and treatment (+6%), and the percentage of patients screened for obesity through BMI testing (+4%).

### Purpose of Grant Funding is Fourfold:

Medical Access Plan (MAP) funding to provide primary care services to low income, uninsured and underserved populations

Capital funding to support the renovation and equipping of rural health centers

Planning and implementation projects to improve population health, address health disparity and demonstrate health outcomes using evidence based interventions

Provide resources and tools to support systems and processes that promote organizational sustainability



### Return On Investment and Economic Impact

Source: IMPLAN

RHC Expenditures

**\$2,345,563**



Created Economic Impact

**\$1,039,278**



Total Impact

**\$3,384,841**

Each RHC grant dollar has a total economic impact of

**\$1.44**

Generates  
**30**  
additional jobs from the economic impact



**\$125,049**

Generated in state and local taxes which goes back into the local and state economy

**\$1,535,741**



In employee compensation impacted by the grants

**44%**  
ROI

\*Economic impact is estimated to be much greater because improved health outcomes can lead to fewer missed work days, reduced health care costs, and reduced premature morbidity and mortality. Some expenses such as out of state purchases, overhead, and rollover payments are not captured for ROI and economic impact.





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### Technical Assistance

405 Activities in  
61 Counties

Provided by ORH Staff

**Clinic/Staff  
Assistance**

97 Activities

**Community  
Development  
Assistance**

96 Activities

**Conferences  
Attended  
or Hosted**

25 Activities

**Training  
Sessions**

33 Activities

**Other  
Activities**

11 Activities

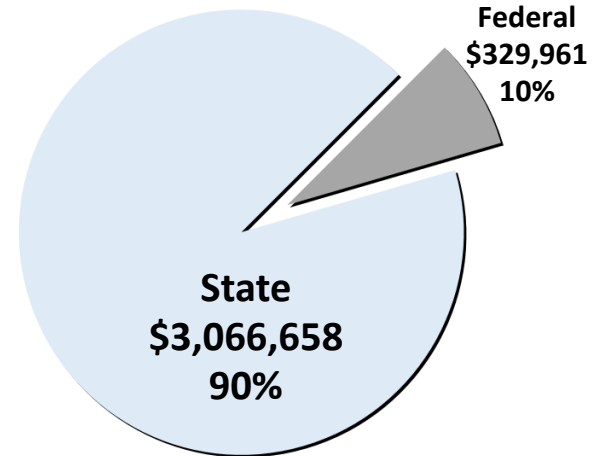
**Site  
Development  
Assistance**

77 Activities

**Contract  
Assistance**

66 Activities

### Total Program Funding



## Program Reach

**13**

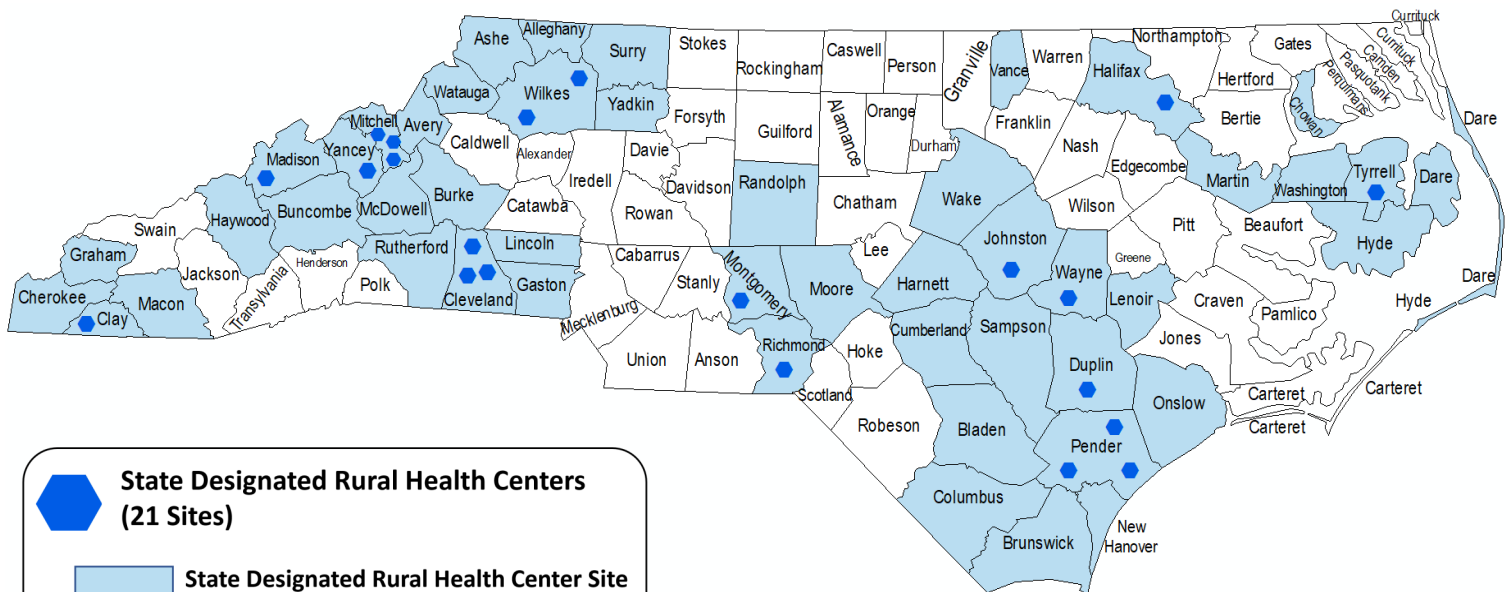
Agencies Funded

**49**

Total Counties Covered

**39**

Rural Counties Covered



**If you have further questions, please contact:**  
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