



NC DHHS - Office of Rural Health

Key Performance Measures Reported by Program

State Fiscal Year 2025
(7/1/2024 - 6/30/2025)

Performance Measure or Output:	NC Health Center Data (UDS 2024) ^{1**}	ORH Programs			
		Office of Rural Health (Total of Four Programs) ²	Community Health Grants ³	Rural Health Centers Operations	Farmworker Health ⁴
Number of Grantees Reporting Data		240	100	14	12
Patients Served	723,770	358,424	256,719	71,259	11,823
Total Patient Encounters	-	1,243,869	1,015,443	228,426	n/a
Telemedicine Encounters ⁶	-	84,674	81,444	3,230	n/a
Controlled Diabetes ⁷	74.0%	72.1%	75.1%	62.8%	53.6%
Controlled Hypertension ⁸	68.5%	73.8%	72.4%	77.0%	62.1%
BMI Screenings and Follow-up ⁹	68.3%	67.3%	67.2%	67.8%	51.3%
Tobacco Screenings and Intervention ¹⁰	84.3%	79.9%	80.3%	78.4%	92.9%
Screening for Depression and Follow-Up Plan ¹¹	71.4%	86.9%	86.9%	n/a	n/a
Early Entry into Prenatal Care (first visit in first trimester)	68.8%	46.1%	46.1%	n/a	n/a

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† Reporting Total Wholesale Price of the Diabetic, Hypertension, and Mental Health Medications received through the program.

¹ HRSA's UDS 2024 Health Center Program Grantee Data, North Carolina Program Data reports on a calendar year 2025 data is currently not available**.

² Totals for the Office of Rural Health may not equal the sum of the programs represented here as there are grantees that have contracts with multiple programs and some programs are not represented.

³ Community Health Grants program includes sites that deliver General, Dental, and Maternal Care and some School-Based Health Centers. Patients served and encounters reported here are totalled from all of these grantees, while the clinical measures related to Diabetes, Hypertension, BMI and Tobacco are reported only from General Care Sites.

⁴ The NC Farmworker Health Program reports data on a Calendar Year 1/1/2025-12/31/2025.

⁵ Medication Assistance has 62 grantees with a total of 117 TPC sites.

⁶ Telemedicine encounters are included in the Total Patient Encounters number reported.

⁷ Grantee's reporting patients with well controlled Diabetes as evidenced by HbA1c levels of <=9. Data were collected as uncontrolled diabetes (HbA1c level >9 or no test) and inverted for reporting.

⁸ Grantee's reporting patients with well controlled Hypertension as evidenced by blood pressure levels ≤ 140/90.

⁹ Grantee's reporting patients screened for obesity using Body Mass Index (BMI) and provided follow-up if BMI was outside of normal parameters.

¹⁰ Grantee's reporting adult patients screened for tobacco use and, if a tobacco user, received cessation intervention.

¹¹ Screening for Depression and Follow-Up are reported by the Community Health Grant School-Based Health Centers and Behavioral Health Grantees.