



North Carolina Community Health Grants

2020 Profile (Data from State Fiscal Year 2020 and current as of 6/30/2020)

Grant Facts*

\$14.6M

Grant funding appropriated from the General Assembly

137

Full-time equivalent health care professionals supported through grant funds

293,240

Total Patients served

919,932

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

\$46.04

Average annual contribution by ORH per patient

Performance Measures*



72%

Patients with well-controlled diabetes, as evidenced by A1c levels < 9



66%

Patients with well-controlled hypertension, as evidenced by blood pressure levels < 140/90



60%

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



74%

Patients screened for tobacco cessation and

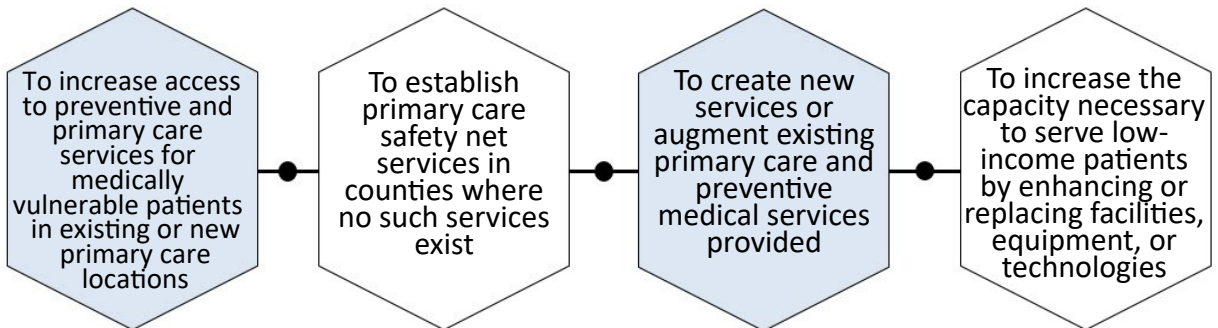
Did You Know? That nearly 1.1 million North Carolinians were considered uninsured in 2018 (Current Population Survey, US Census Bureau).

The Community Health Grant (CHG) funds, supported through the North Carolina General Assembly, are for assuring access to preventive care to meet the health needs of our state's most vulnerable populations. Strengthening the safety net through increased levels of collaboration and integration of services and organizations to more effectively sustain and meet the needs of those served is also an important purpose of this grant. Primary care safety net organizations, such as federally qualified health centers, state designated rural health centers, free and charitable clinics, public health departments, school-based health centers, who care for underserved and medically indigent patients in the state are eligible to apply for this funding. In FY 2020, the program served 115,156 uninsured patients which represented 39% of patients served.

Importance and Improvements

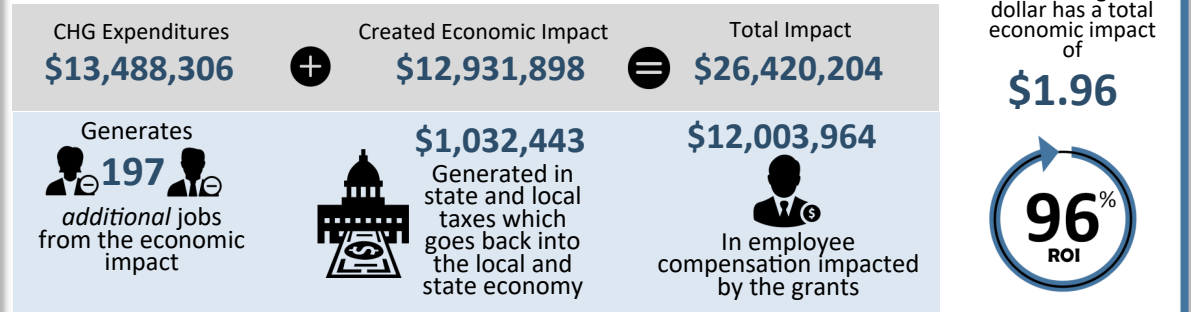
Continued support and recurring funding for the CHG program have strengthened North Carolina's health care safety net infrastructure to ensure that all of the State's medically vulnerable residents (Uninsured, Underinsured, Medicare and Medicaid) have access to affordable and appropriate high quality primary care. Support for the program led to an increase of 3 percentage points in patients with well-controlled diabetes.

Purpose of Grant Funding is Fourfold:



Return On Investment and Economic Impact

Source: IMPLAN



*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.



*Grantee reported measures were impacted by the COVID-19 Pandemic in Quarters 3 and 4



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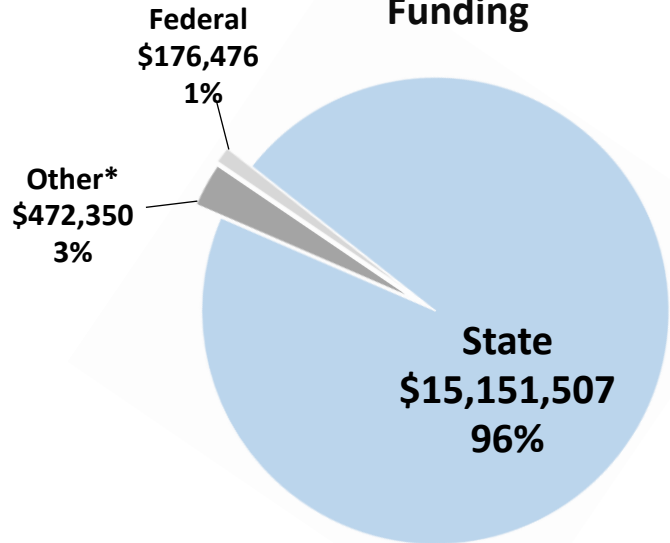


Technical Assistance

280 Activities in 48 Counties

Provided by ORH Staff

Total Program Funding



Community/Development

119 Activities

Support Recruitment and Retention 6 Activities

Other 7 Activities

Assistance related to State Emergencies 32 Activities

Contract Development/Assistance 110 Activities

Site Development/Assistance 6 Activities

*Other represents carry forward funds from FY 19

Program Reach

108

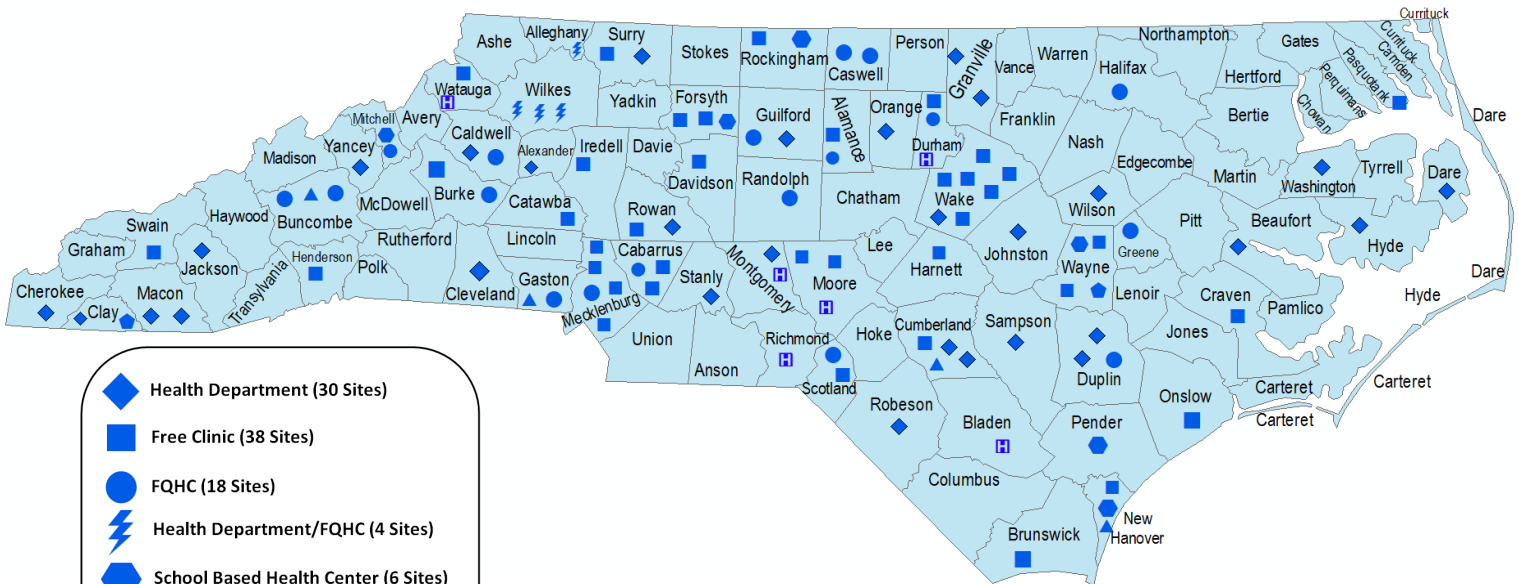
Grantees Funded

100

Total Counties Covered

70

Rural Counties Covered



- Health Department (30 Sites)
Free Clinic (38 Sites)
FQHC (18 Sites)
Health Department/FQHC (4 Sites)
School Based Health Center (6 Sites)
Rural Health Clinic (2 Sites)
Hospital (6 Sites)
Non-Profits, Collaborative Network, Area Health Education Center Clinic (4 Sites)
Community Health Grant Coverage County (100 Counties)

If you have further questions, please contact:
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