



North Carolina Rural Health Centers

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

Grant Facts*

\$2.9M

Grant funding appropriated from the General Assembly

66,574

Patients served

10,983

Uninsured patients served

18,005

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

\$31.86

Average annual contribution by ORH per patient

Performance Measures*



73%

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



69%

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



61%

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



59%

Patients screened for tobacco cessation and

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 14 centers serve as medical homes for vulnerable populations, including uninsured, underinsured, Medicaid and Medicare patients and saw 66,574 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 2020, Rural Health Centers improved on 2 out of 4 clinical performance measures relative to their 2019 performance. These aggregate clinical measures included the following: percentage of patients with well-controlled hypertension, percentage of patients screened for tobacco cessation and treatment, percentage of patients screened for obesity through BMI testing increased by 13%, patients with well controlled diabetes increased by 1%.

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

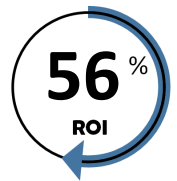


Return On Investment and Economic Impact

Source: IMPLAN

Table with 3 columns: RHC Expenditures (\$2,522,736), Created Economic Impact (\$1,412,463), Total Impact (\$3,935,199). Includes sub-sections for 'Generates 30 additional jobs', '\$150,842 Generated in state and local taxes', and '\$1,856,243 In employee compensation impacted'.

Each RHC grant dollar has a total economic impact of \$1.56



*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





North Carolina Rural Health Centers

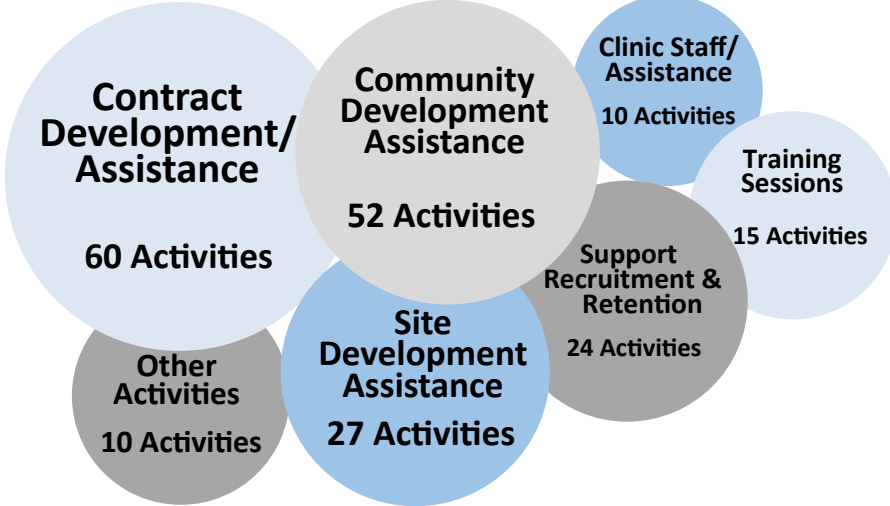
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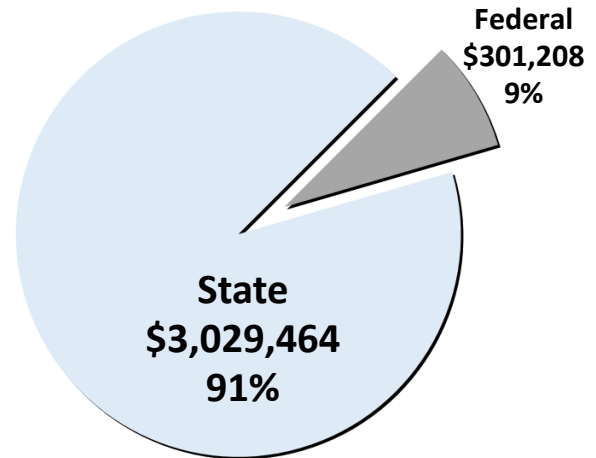
Technical Assistance

198 Activities in 41 Counties

Provided by ORH Staff



Total Program Funding



Program Reach

14

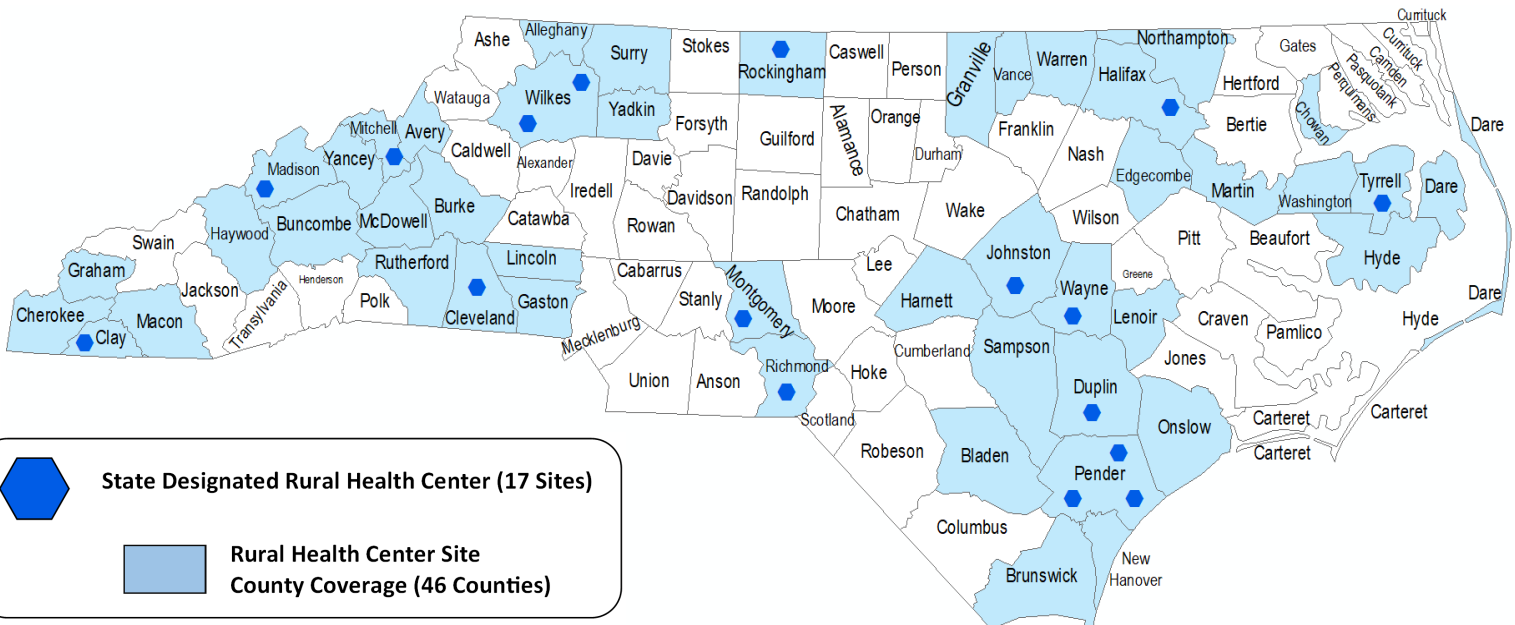
Agencies Funded

46

Total Counties Covered

37

Rural Counties Covered



If you have further questions, please contact: Dorothea Brock, Operations Manager
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