**North Carolina Community Health Grants**

2022 Profile (Data from State Fiscal Year 2022 and current as of 6/30/2022)

**Grant Facts**

- **$16.7M**
  - Grant funding appropriated from the General Assembly
- **160**
  - Full-time equivalent health care professionals supported through grant funds
- **486,104**
  - Total Patients served
- **1,352,776**
  - Medically vulnerable patient encounters for Medicaid, Medicare, underinsured, and uninsured
- **$27.35**
  - Average annual contribution by ORH per patient

**Performance Measures**

- **69%**
  - Patients with well-controlled diabetes, as evidenced by A1c levels < 9
- **63%**
  - Patients with well-controlled hypertension, as evidenced by blood pressure levels < 140/90
- **46%**
  - Patients screened for obesity through Body Mass Index (BMI) testing
- **64%**
  - Patients screened for tobacco cessation and treatment

**Did You Know? That nearly 1.1 million North Carolinians were considered uninsured in 2021 (American Community 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 SFY 2022, the program served 185,648 uninsured patients which represented 38% of the 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 a 48% increase in the number of patients served and an increase of 78% in the number of uninsured patients served.

**Purpose of Grant Funding is Fourfold:**

- To increase access to preventive and primary care services for medically vulnerable patients in existing or new primary care locations
- To establish primary care safety net services in counties where no such services exist
- To create new services or augment existing primary care and preventive medical services provided
- To increase the capacity necessary to serve low-income patients by enhancing or replacing facilities, equipment, or technologies

**Return On Investment and Economic Impact**

*Source: IMPLAN*

<table>
<thead>
<tr>
<th>CHG Expenditures</th>
<th>Created Economic Impact</th>
<th>Total Impact</th>
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<tbody>
<tr>
<td>$13,295,533</td>
<td>$14,005,617</td>
<td>$27,301,150</td>
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- **Generates 178 additional jobs from the economic impact**
- **$835,871** Generated in state and local taxes which goes back into the local and state economy
- **$13,222,958** In employee compensation impacted by the grants

*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
98 Activities in 28 Counties
Provided by ORH Staff

- Community/Development: 86 Activities
- Contract Development/Assistance: 49 Activities
- Data Submission: 13 Activities
- Other: 10 Activities

Federal
$189,248
1%

Total Program Funding
State
$17,271,427*
99%

*$2,084,321 of State Appropriations is carry forward funding from SFY 21

Program Reach
105 Grantees Funded
99 Total Counties Covered
69 Rural Counties Covered

If you have further questions, please contact:
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