North Carolina Rural Health Centers

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

Grant Facts

$2.9M
Grant funding appropriated from the General Assembly

93,272
Patients served

16,135
Uninsured patients served

12,734
Medically vulnerable patient encounters for Medicaid, Medicare, underinsured, and uninsured

$24.26
Average annual contribution by ORH per patient

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 15 centers serve as medical homes for vulnerable populations, including uninsured, underinsured, Medicaid and Medicare patients and saw 93,272 patients this year, of these 16,135 were uninsured. Without support from ORH, many patients would lose local access to quality primary healthcare.

Highlights

In 2022, Rural Health Centers served an additional 22,588 patients (32%). And witnessed an increase of 2,941 (22%) uninsured patients. In 2021, the program implemented a new track that reimbursed visits through on-site, face-to-face behavioral health encounters completed by a licensed social worker, advanced practice registered nurse, psychologist or psychiatrist. In 2022, grantees reported 3,428 behavioral health encounters, which was a 94% increase from the 1,252 encounters reported in 2021.

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

Performance Measures

- 70% Patients with well controlled diabetes, as evidenced by A1c levels < 9
- 60% Patients with well controlled hypertension, as evidenced by blood pressure levels < 140/90
- 50% Patients screened for obesity through Body Mass Index (BMI) testing
- 62% Patients screened for tobacco cessation and treatment

Return On Investment and Economic Impact

Source: IMPLAN

<table>
<thead>
<tr>
<th>RHC Expenditures</th>
<th>Created Economic Impact</th>
<th>Total Impact</th>
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<tbody>
<tr>
<td>$2,262,587</td>
<td>$1,487,142</td>
<td>$3,749,729</td>
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Generates

- 30 additional jobs from the economic impact
- $95,129 Generated in state and local taxes which goes back into the local and state economy
- $1,823,200 In employee compensation impacted by the grants

Each RHC grant dollar has a total economic impact of $1.65

*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
195 Activities in 64 Counties
Provided by ORH Staff

- Site Development Assistance: 90 Activities
- Community Development Assistance: 38 Activities
- Contract Assistance: 27 Activities
- Other Activities: 10 Activities
- Training Sessions: 7 Activities
- Conferences Attended or Hosted: 23 Activities
- Other Activities: 38 Activities
- Site Development Assistance: 10 Activities
- Training Sessions: 7 Activities
- Conferences Attended or Hosted: 23 Activities

Total Program Funding
- Federal: $435,885 (13%)
- State: $2,956,797 (87%)

Program Reach
- 15 Agencies Funded
- 49 Total Counties Covered
- 39 Rural Counties Covered

If you have further questions, please contact:
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