



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

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

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



Return On Investment and Economic Impact

Source: IMPLAN

Table with 3 columns: RHC Expenditures (\$2,262,587), Created Economic Impact (\$1,487,142), Total Impact (\$3,749,729). Includes sub-items like 'Generates 30 additional jobs' and 'Generated in state and local taxes \$95,129'.

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

65% ROI

*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

Training Sessions

7 Activities

Contract Assistance

27 Activities

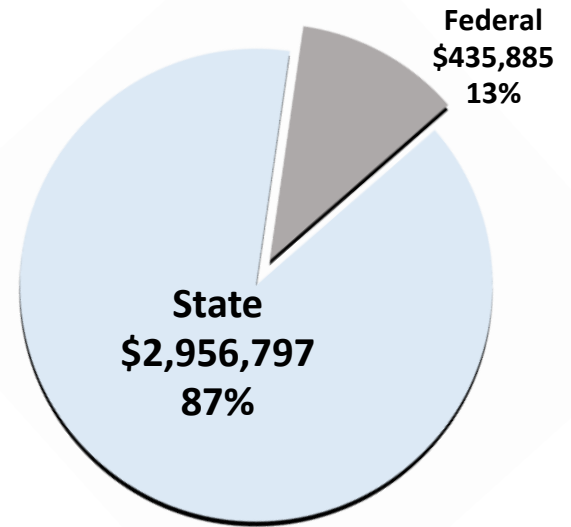
Conferences Attended or Hosted

23 Activities

Other Activities

10 Activities

Total Program Funding



Program Reach

15

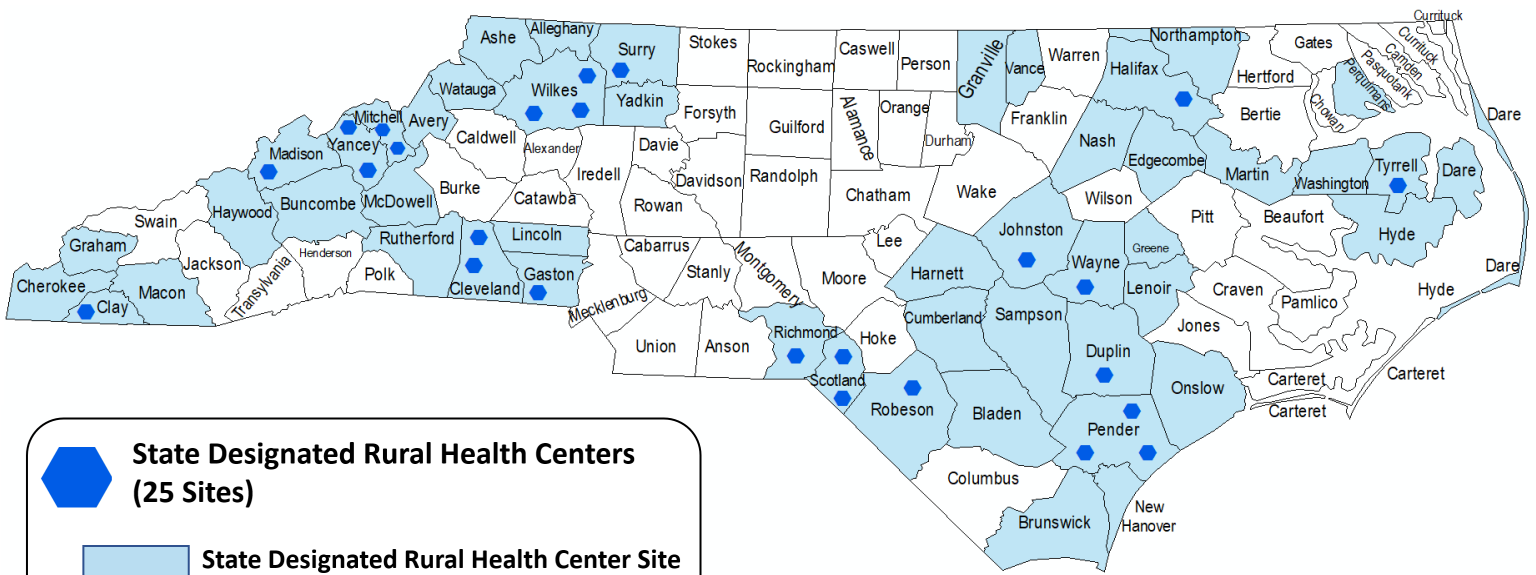
Agencies Funded

49

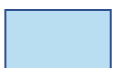
Total Counties Covered

39

Rural Counties Covered



State Designated Rural Health Centers (25 Sites)



State Designated Rural Health Center Site County Coverage (49 Counties)

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