

# Access to Care

**Our goal:** every community in North Carolina’s primary and behavioral health needs are served by a talented, engaged, diverse, and robust workforce.



To increase access to behavioral health and primary care, we must develop and invest in solutions bolstering the health care workforce, focusing on training, recruitment, composition, and deployment. This needs to include a specific focus on increasing access in historically marginalized communities and in places where a lack of workforce has had the most significant impact in terms of health outcomes and economic opportunity.

## Signals in the Field



600,000 more North Carolinians are expected to have access to affordable health care as a result of Medicaid expansion.

- The decision to expand Medicaid will create more than \$1B in one-time funds to improve mental health.
- Community health workers continue to be elevated as a critical workforce to promote access to care for the newly eligible and insured.



There continue to be high levels of and turnover across health care roles. A recent survey of nurses in the state found 33% of respondents reporting they were ready, or near ready, to leave the profession due to burnout.



Workforce shortages persist. A report published earlier this year estimated that the state could be short as many as 21,000 nurses within a decade. Additionally, the most recent America’s Health Rankings cites a low supply of dental care providers as contributing to North Carolina ranking 30th for overall health.



The North Carolina Institute of Medicine has convened a Task Force on the Future of the Nursing Workforce which will focus on identifying shared priorities that can help enhance the nursing workforce in the state.



## Current Focus

At the present time, we are focused on identifying and spreading models that address workforce shortages and distribution as well as supporting policy analysis that contributes to the ongoing evolution of a health care system that is accessible by all.

## Strategies & Updates



**Address shortages, maldistribution, and diversity in the workforce to diagnose and treat disease, including physicians, physician assistants, and advanced practice nurses.**

- Applications have been released for the Community Practitioner Program and recruiting is actively taking place for participants in primary care, behavioral health services, and maternal and women’s health for rural and other shortage areas.
- The Foundation, along with the North Carolina Network of Grantmakers, The Duke Endowment, Dogwood Health Trust, and Golden LEAF Foundation, convened 14 local, regional, and statewide funders for discussion, learning, and networking focused on the health care workforce.
- The NC Center on the Workforce for Health continues to convene and develop its organizational structure including launching a partnership with the NC Chamber in service of its work convening stakeholders, identifying solutions, and spreading best practice to address health workforce challenges.



**Address shortages, maldistribution, and diversity specifically in the nursing workforce.**

- Staff are continuing to build relationships with community colleges, HBCUs, MSIs, and health care partners across North Carolina.
- The Foundation is launching work supported by EdNC to identify and highlight two to three models of academic and health care employer partnerships focused on increasing and retaining the nursing workforce.



**Increase and improve training, employment opportunities, and career ladders in the workforce of community health workers, peer support, and others expanding access.**

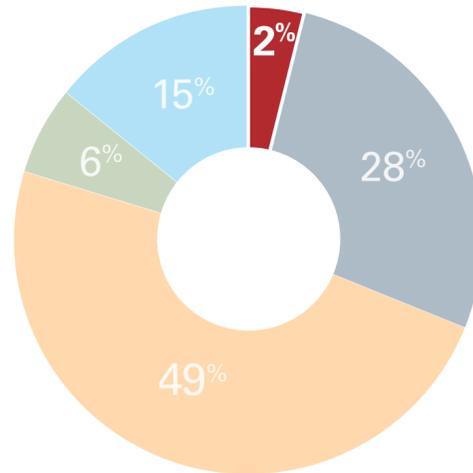
- Grantee the Health Equity through Action and Leadership (HEAL) Collaborative is supporting a 12-month learning collaborative with multi-sector teams from each Medicaid region. Teams are focused on advancing a specific CHW integration project that aligns with the State’s Health Improvement Plan.
- Grantee, the North Carolina Community Health Worker Association is planning for launch of regional networks near year end. Through this work we will learn about best practices that could help CHW leaders, health providers, health systems, academic institutions, public health agencies, and nonprofits effectively implement and support CHW programs.
- The Foundation is supporting the development or expansion of promising models that will expand access in the near term (six months to four years) to address mental and behavioral health needs of adolescents and/or the behavioral health workforce shortage issues.

## Grantmaking Data



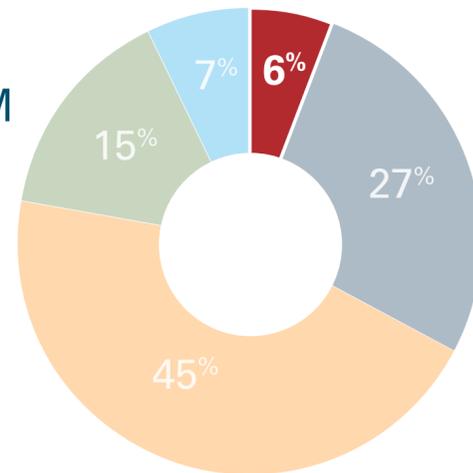
### CURRENT ACTIVE GRANTS

- Health Care Workforce: 4
- Early Childhood: 47
- Healthy Communities: 82
- Healthy Food: 9
- Oral Health: 25



### CURRENT \$ AMOUNT OF ACTIVE GRANTS

- Health Care Workforce: \$3.8M
- Early Childhood: \$16.8M
- Healthy Communities: \$27.8M
- Healthy Food: \$9.4M
- Oral Health: \$4M

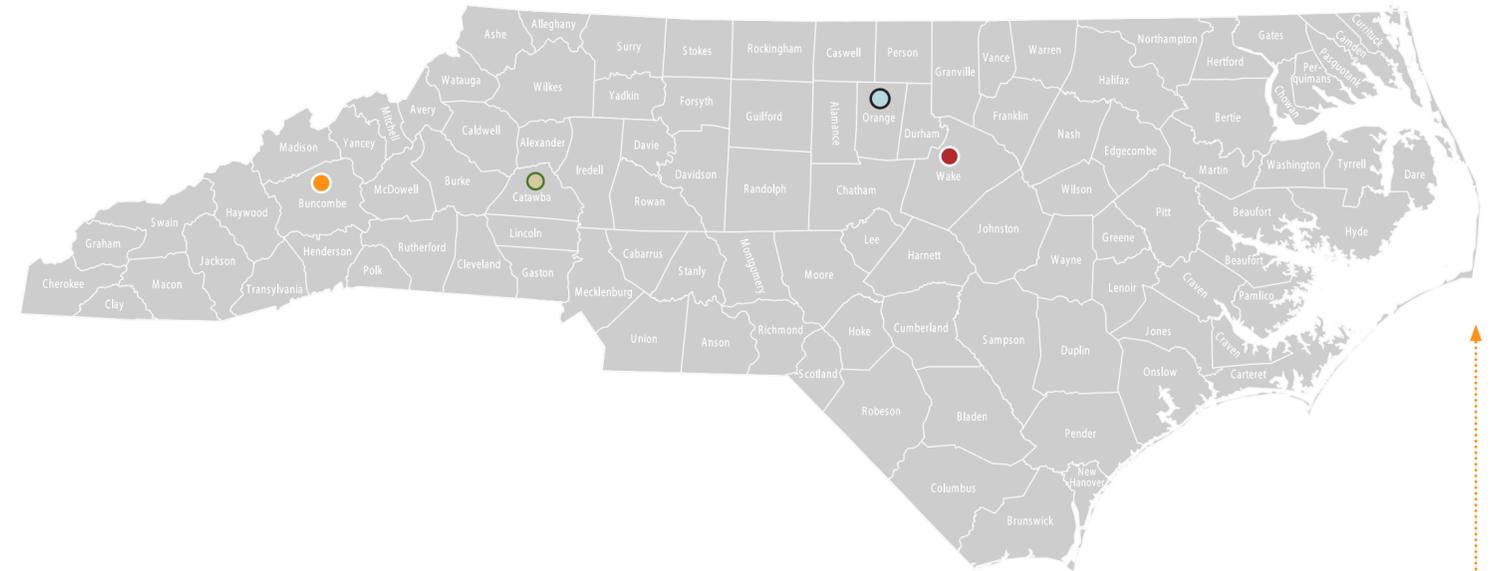


### Active Grants by Geographic Area

#### Location of Grantee

- Buncombe 1
- Catawba 1
- Orange 1
- Wake 1

**Statewide 4**



Counties impacted by local and regional grants

### Grants Approved by Fiscal Year: Three-Year Snapshot

Fiscal Year	Number of Grants Approved	Dollars Invested
FY 21 - 22	n/a	n/a
FY 22 - 23	4	\$3.8M
FY 23 - 24 YTD	0	\$0

## Looking Ahead

STRATEGY	WHAT TO EXPECT IN FY 23-24
<p><b>Address shortages, maldistribution, and diversity in the workforce to diagnose and treat disease, including physicians, physician assistants, and advanced practice nurses.</b></p>	<p><b>Monitor progress of outcomes for the Community Practitioner Program to expand loan repayment programs</b> to incent and retain workforce in shortage areas.</p> <p><b>Support efforts to develop shared strategy and priorities</b> with other stakeholders.</p>
IMPLEMENTATION METRIC	TIMEFRAME
<p>Develop relationships and identify opportunities for coordination and shared strategy with other stakeholders including other funders.</p>	JULY 2024
<p>Identify replicable components of programs and approaches to strengthen training, recruitment, composition, and deployment of the health care workforce.</p>	DECEMBER 2026

STRATEGY	WHAT TO EXPECT IN FY 23-24
<p><b>Address shortages, maldistribution, and diversity specifically in the nursing workforce.</b></p>	<p><b>Identify, highlight, and support the implementation of models of community college and HBCU and MSI health care partnerships</b> to increase and retain the nursing and health care workforce.</p>
IMPLEMENTATION METRIC	TIMEFRAME
<p>Identify replicable components of programs that support a variety of roles in the nursing workforce through a scan and potential evaluation of current programs in the state.</p>	DECEMBER 2026

STRATEGY	WHAT TO EXPECT IN FY 23-24
<p><b>Increase and improve training, employment opportunities, and career ladders in the workforce of Community Health Workers, Peer Support, and others expanding access.</b></p>	<p><b>Continue to learn from grantees' ongoing activities</b> to further integrate CHWs into workforce for health and elevate leadership by CHWs on the health care team and in the state.</p> <p><b>Develop strategy and approach</b> for youth behavioral health.</p>
IMPLEMENTATION METRIC	TIMEFRAME
<p>Identify replicable components of programs that support a variety of non-clinical and peer support roles that expand access to care.</p>	DECEMBER 2026