

Healthy Communities

Our goal: every community in North Carolina has the conditions for good health.



To create the conditions for good health we must center and address the social, environmental, economic, and other factors that drive health; influence policy, practice and decision-making that creates opportunity for those who have faced the most barriers to health; and work with and support those within communities who have the critical insight into what needs to change in order to achieve better health outcomes for all.

Signals in the Field



The state's population will continue to diversify in the coming years. The Office of State Budget and Management predicts growth across all races and ethnicities, noting significant growth in Asian American and Pacific Islander and Latino populations as well as people identifying as multiracial.



600,000 more North Carolinians are expected to have access to affordable health care as a result of Medicaid expansion. With the recent budget approval, the NC Department of Health and Human Services is preparing for the launch of the expanded program on December 1.



Approximately [50 percent of nonprofit workers report](#) symptoms of burnout. Leaders that support communities and community-based organizations are subject to high-levels of stress and burnout, and there is growing [awareness](#) of the importance of wellness and well-being as a critical component of leadership development.



During the pandemic, communities saw an influx of federal funding which helped build needed infrastructure to address health inequities. Due to the expiration of the public health emergency and debt limit negotiations, as much as \$27 billion in unused funds stands to be rescinded. This jeopardizes the infrastructure and may limit communities from implementing activities that relied on this funding.



Current Focus

At the present time, we are focused on strengthening capacity of individuals, organizations, and networks to identify and advance policies, practices, relationships, and resource flows at the local, regional, and state levels to improve health.

Strategies & Updates



Invest in the capacity of community coalitions to identify and remove barriers to good health with a focus on the root causes of poor health.

- The Community-Centered Health partnerships have seen increased and strengthened collaborations across health care institutions and community-based organizations as well as increased community and resident engagement. This change has helped to drive practice and policy changes within health care systems and services and is leading to progress toward broader policy, systems, and environmental changes in communities.
- Funding for the second cohort of Community-Centered Health grantees has been extended through 2025 to provide maximum opportunity for programmatic impact and sustainability.
- Grantee, Hunger and Health Coalition has leveraged its Community-Centered Health work to receive a grant from the BUILD Health Challenge – a national funding collaborative supporting clinical-community partnerships that are working upstream to improve community health. Hunger and Health Coalition joins a national cohort of communities receiving funding and technical assistance. They are the third Community-Centered Health site to receive a BUILD grant.
- [RTI's Transformative Research Unit for Equity \(TRUE\)](#) is working with four Community-Centered Health partners to build on lessons, data tools, and successful approaches to inform other communities in using data to improve health. Early findings elevated the variety of data tools being implemented for community health work and emphasize the importance of community participation in identifying, storing, and using data to advance change.



Strengthen capacity of individuals, institutions, and community-based organizations to engage stakeholders and advance health equity.

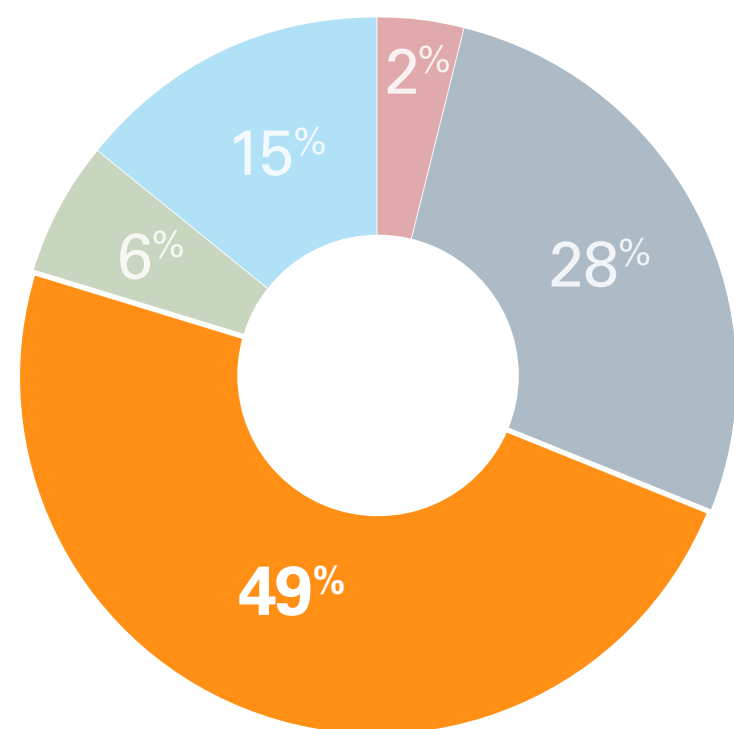
- Intermediary organizations providing technical assistance to local communities to advocate for community-driven health priorities are collaborating to share tools and best practices and have recently partnered to make all the tools accessible online. The site should be ready this fall.
- Building Integrated Communities has added two new community partners including Carrboro (Orange County) and Marion (McDowell County) to community planning process for local governments and community stakeholders to work together to improve communication, public safety, mobility, entrepreneurship, and leadership of immigrant and refugee residents.
- A cohort of grantees advancing Latino health continue to build a network of organizations to identify and develop shared health priorities. Recent conversations indicate a need for mental health supports for community and staff that are linguistically and culturally relevant.
- Healthy Food Rx grantees and their health care partners participated in interviews with evaluators to discuss their experiences partnering with one another. Learnings will be used to identify what is necessary for supportive and sustainable partnerships.
- The Foundation is launching work to support the well-being of staff at grantee organizations. This will include implementation grants as well learning and evaluation efforts to better understand, and share with others, how wellness can support organizations create a stronger, healthier culture.

Grantmaking Data



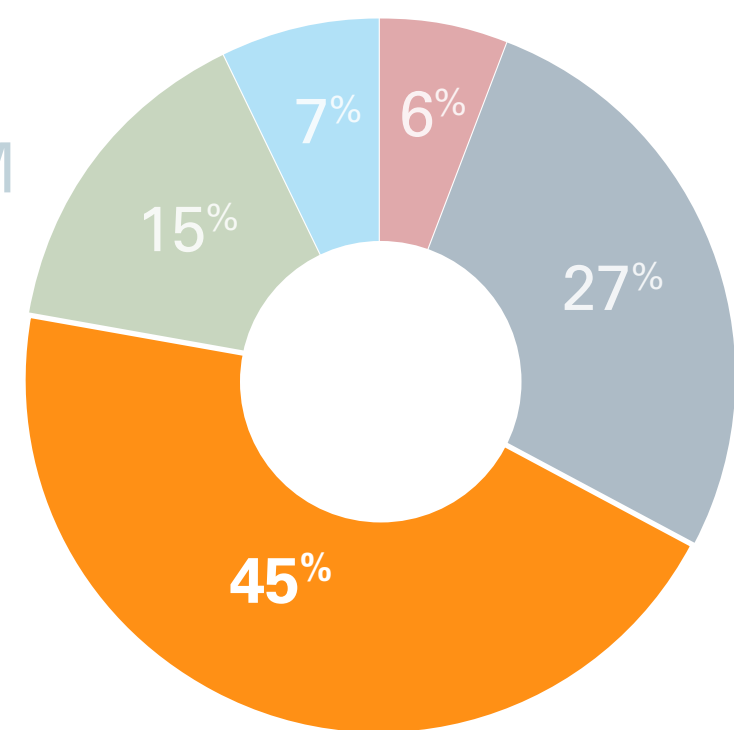
CURRENT ACTIVE GRANTS

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



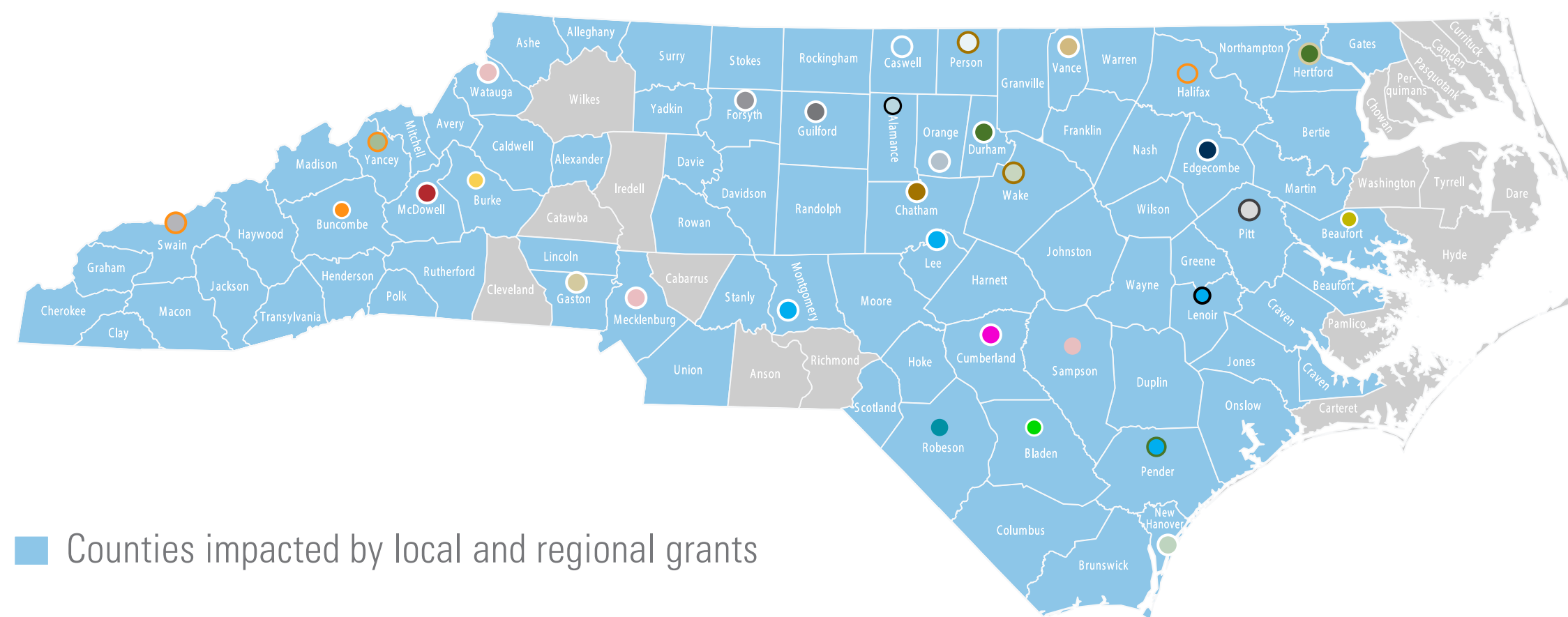
CURRENT \$ AMOUNT OF ACTIVE GRANTS

- 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

○ Alamance	1	● Chatham	3	● Guilford	6	● Mecklenburg	3	○ Pitt	1	● Watauga	4
● Beaufort	2	● Cumberland	1	○ Halifax	1	● Montgomery	1	● Robeson	2	● Yancey	2
● Bladen	1	● Durham	11	● Hertford	1	● New Hanover	1	● Sampson	1	Statewide	18
● Buncombe	5	● Edgecombe	5	● Lee	1	● Orange	2	● Swain	1		
● Burke	1	● Forsyth	4	● Lenoir	2	● Pender	2	● Vance	2		
● Caswell	1	● Gaston	4	● McDowell	3	● Person	1	● Wake	12		



Grants Approved by Fiscal Year: Three-Year Snapshot

Fiscal Year	Number of Grants Approved	Dollars Invested
FY 21- 22	53	\$16,350,000
FY 22- 23	19	\$3,050,000
FY 23- 24 YTD	1	\$50,000

Looking Ahead

✔ STRATEGY	WHAT TO EXPECT IN FY 23-24
<p>Invest in the capacity of community coalitions to identify and remove barriers to good health with a focus on the root causes of poor health.</p>	<p>Continue to support Community-Centered Health coalitions with additional supports emphasizing developing infrastructure to sustain their approach following the end of grant funding in June 2024.</p> <p>Identify next steps to support multi-sector coalitions to advance work addressing drivers of health across North Carolina.</p> <p>Implement learning from phase one of the community data capacity grant program to support the use of data as a tool for social change.</p>
IMPLEMENTATION METRIC	TIMEFRAME
Strengthened infrastructure for connection and collective action among multi-sector organizations within Community-Centered Health partnerships.	JULY 2024
Increased community engagement among multi-sector organizations within Community-Centered Health partnerships.	JULY 2024
Changes in clinical practices, cross-sector collaboration, and systems and policy change that address social drivers of health within Community-Centered Health partnerships.	JULY 2024
Codification of data tools and strategies to support communities in enhancing collective action to advance health.	NOV 2024

✔ STRATEGY	WHAT TO EXPECT IN FY 23-24
<p>Strengthen capacity of individuals, institutions, and community-based organizations to engage stakeholders and advance health equity.</p>	<p>Strengthen peer connections and identify opportunities for collective action by Latino, American Indian, and immigrant-led and serving organizations.</p> <p>Develop and implement a strategy to advance the health and well-being of Asian American and Pacific Islander communities.</p> <p>Support work to promote practices, policies, and resource flows reflecting community priorities.</p> <p>Continue to support Healthy Food Rx grantees, inclusive of Medicaid transformation efforts, through shared learning, additional supports, and evaluation to learn what it takes for nonprofit organizations to partner with health care.</p> <p>Refine and implement practices supporting individual leadership and organizational capacity through leadership initiatives, executive transition grants, new work emphasizing leader well-being and organizational resilience.</p> <p>Develop a pilot model for providing technical support for current grantees and other nonprofits.</p>
IMPLEMENTATION METRIC	TIMEFRAME
Enhanced capacity of Healthy Food Prescription programs to partner with health care entities and reduce food insecurity.	JUNE 2024
Identification of key capacities and elements of Healthy Food Prescription models and partnerships supporting sustainable partnerships between health care and community-based organizations.	JUNE 2026
Adoption, expansion, and/or deepened focus on health equity and advocacy by Latino-led and serving grantee organizations.	NOV 2024
The development of shared agendas and strategies to advance health equity and advocacy by Latino communities.	NOV 2026
Enhanced capacity of Tribal Nations, urban Indian organizations, and native-led nonprofits to identify and act on the root causes of poor health in their communities.	JUNE 2026
Increased opportunities for shared learning and strengthened connections between Tribal Nations, urban Indian organizations, and native-led nonprofits.	JUNE 2026