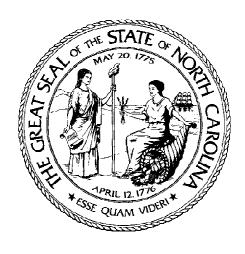
COMMITTEE ON ACCESS TO HEALTHCARE IN RURAL NORTH CAROLINA



NC Office of Rural Health

Maggie Sauer, MS, MHA
Department of Health and Human Services
January 8, 2018

Programs at Office of Rural Health



Placement and HPSA Services

Recruit providers and designates health professional shortage areas



NC Rural Health Centers

Supports state designated rural health centers that serve the entire community



NC Community Health Grants

Supports the primary care safety net system with increasing access to health care for vulnerable populations



NC Farmworker Health Program

Supports medical, dental and educational services for members of the North Carolina agricultural labor force and their families



Provides technical assistance to improve the use of Electronic Health Record (EHR) Systems and the use of health information exchange



NC Rural Hospital Program

Funds operational improvement projects for the benefit of all critical access hospitals and eligible small rural hospitals



NC Medication Assistance Program

Provides free and low-cost medications donated by pharmaceutical manufacturers to patients who cannot afford them



NC Statewide Telepsychiatry Program

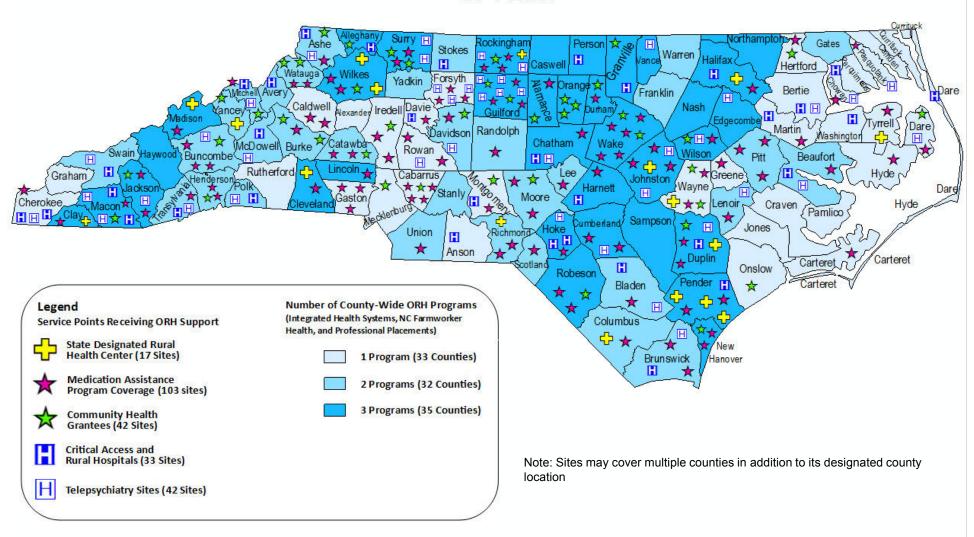
Supports psychiatric evaluation of patients through videoconferencing technology in emergency departments



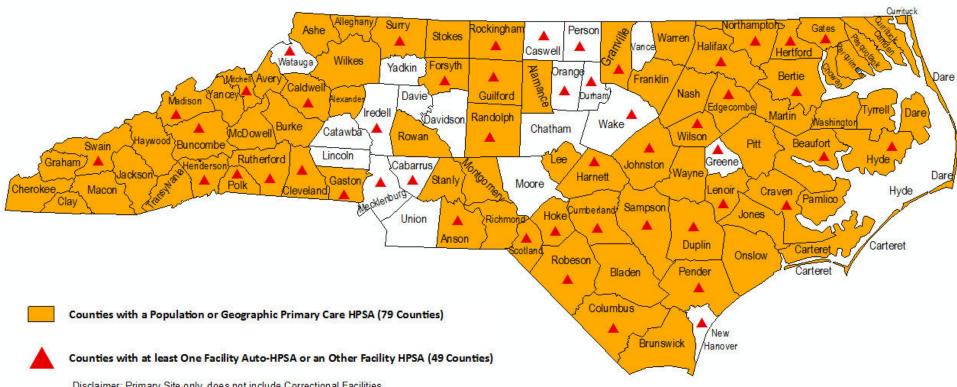
NC Integrated Health Systems

Supports community health initiatives and demonstration projects that benefit vulnerable populations

Office of Rural Health Service Points and Coverage Map SFY 2017



North Carolina Office of Rural Health Primary Care Health Professional Shortage Areas (HPSA)

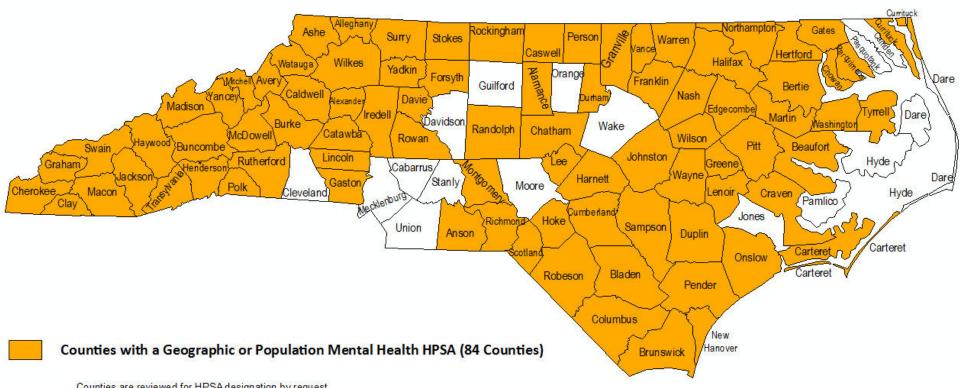


Disclaimer: Primary Site only, does not include Correctional Facilities or Federally Qualified Health Center (FQHC) satellite sites



Data as of January 3, 2017

North Carolina Office of Rural Health Mental Health Professional Shortage Areas (HPSA)

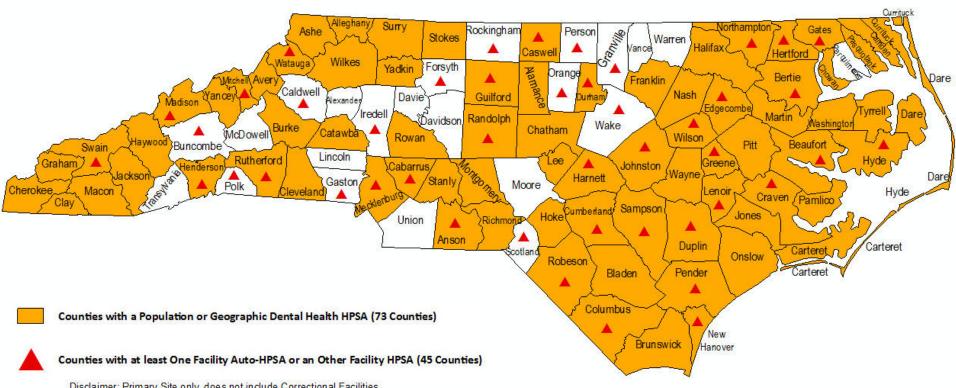


Counties are reviewed for HPSA designation by request. Some counties that are not currently designated may qualify for HPSA designation.



Data as of December 12, 2017

North Carolina Office of Rural Health Dental Health Professional Shortage Areas (HPSA)

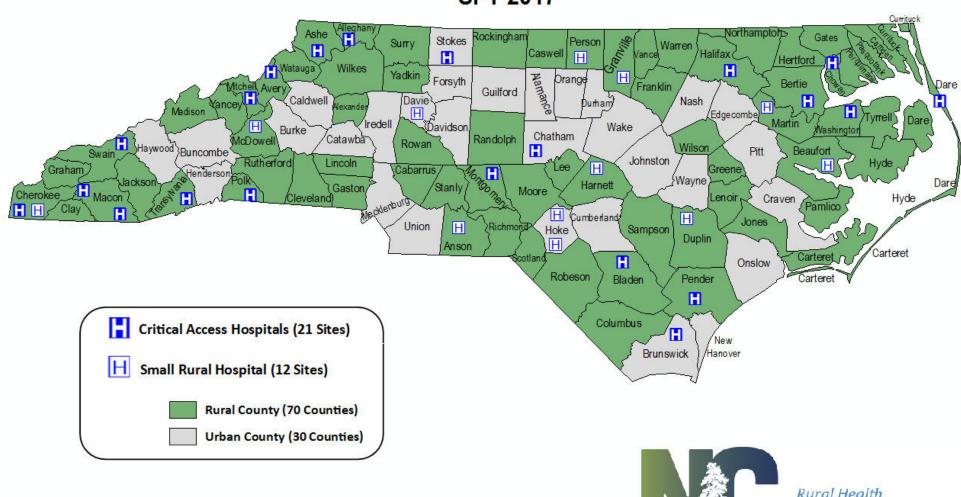


Disclaimer: Primary Site only, does not include Correctional Facilities or Federally Qualified Health Center (FQHC) satellite sites

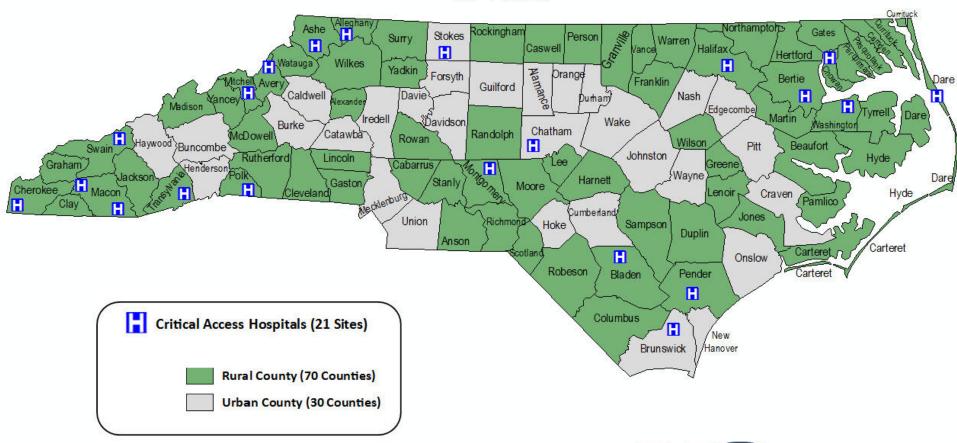


Data as of January 3, 2017

Office of Rural Health **Critical Access and Small Rural Hospitals SFY 2017**

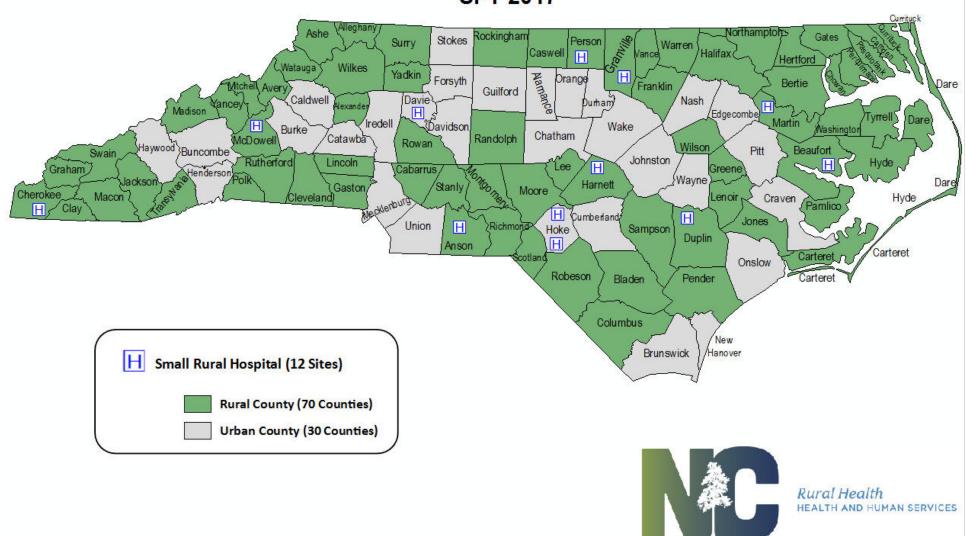


Office of Rural Health Critical Access Hospitals SFY 2017

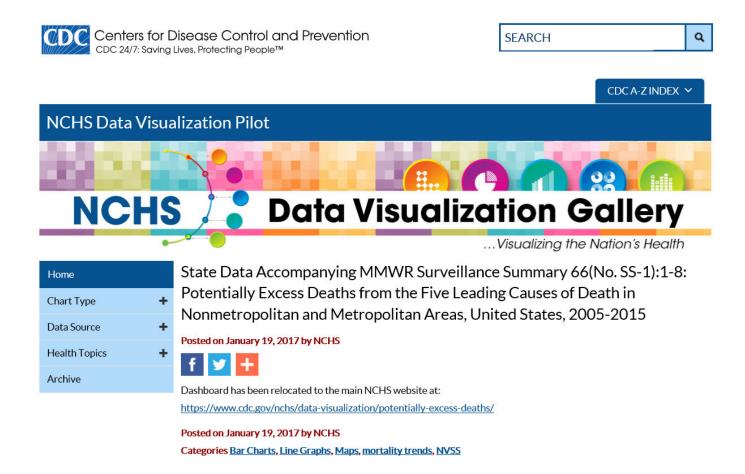




Office of Rural Health Small Rural Hospitals SFY 2017

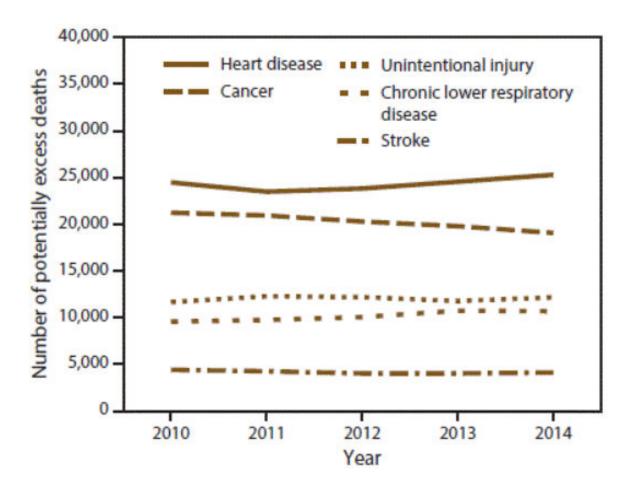


Leading Causes of Death in Nonmetropolitan and Metropolitan Areas



Moy E, Garcia MC, Bastian B, et al. Leading Causes of Death in Nonmetropolitan and Metropolitan Areas — United States, 1999–2014. MMWR Surveill Summ 2017;66(No. SS-1):1–8. DOI: http://dx.doi.org/10.15585/mmwr.ss6601a1
Surveillance Summaries / January 13, 2017 / 66(1);1–8

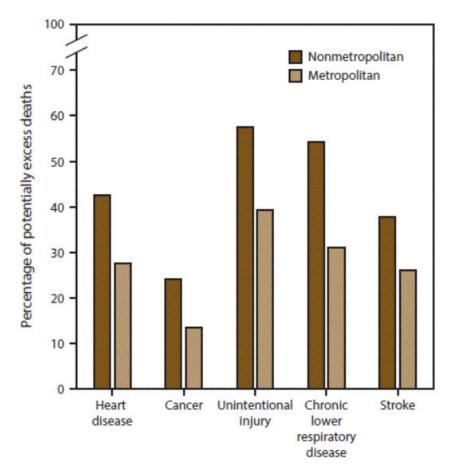
Potentially Excess Deaths in Nonmetropolitan areas < 80 years old



Percentage of potentially excess deaths among persons aged <80 years for five leading causes of death in nonmetropolitan areas – National Vital Statistics System, United States, 2010 - 2014

Moy E, Garcia MC, Bastian B, et al. Leading Causes of Death in Nonmetropolitan and Metropolitan Areas — United States, 1999–2014. MMWR Surveill Summ 2017;66(No. SS-1):1–8. DOI: http://dx.doi.org/10.15585/mmwr.ss6601a1

Potentially Excess Deaths in Nonmetropolitan & Metropolitan areas < 80 years old



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NORTH CAROLINA

IN 2015, HOW MANY DEATHS MIGHT NOT HAVE OCCURRED IN RURAL NORTH CAROLINA IF IT WERE MORE LIKE THE STATES WITH THE LOWEST DEATH RATES?



HEART DISEASE (1,342 deaths)



UNINTENTIONAL INJURY (665 deaths)

CHRONIC LOWER RESPIRATORY DISEASES (486 deaths)

STROKE (256 deaths)