

2024 NORTH CAROLINA RURAL HEALTH SNAPSHOT

Compiled by the North Carolina
Rural Health Association



Foundation for Health
Leadership & Innovation

**NC RURAL HEALTH
ASSOCIATION**

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EXECUTIVE SUMMARY



**NC RURAL HEALTH
ASSOCIATION**

Dear Friends,

It gives me great pleasure to introduce the 2024 North Carolina Rural Health Snapshot. This publication from the North Carolina Rural Health Association (NCRHA) is an annual opportunity to examine communities across our state, see how long-running efforts to improve health are paying off, and measure disparities that still prevent far too many from accessing the care they deserve.

For the past four years, NCRHA has published an annual Snapshot with a sprawling data analysis covering health, access, and equity in rural North Carolina. For the first time, we are taking a step beyond the data to include stories directly from community members across our state.

This is an important step, because data only paints half the picture. We must also understand what North Carolina looks like, both from the perspective of people seeking care and from the eyes of individuals and organizations working across our state to bring care to those who lack access.

Simultaneously, this is the first year we can look back and measure the impact of Medicaid Expansion in our state. We are proud that North Carolina is among the vast majority of states that have expanded Medicaid, thanks to the vast coalition of advocates who worked diligently for more than a decade to achieve this policy victory. This is just the beginning of a much larger effort to create a policy structure allowing truly healthy communities to thrive across our state.



Today, where you live unfortunately plays a significant role in the health care you can access. There are serious disparities between urban and rural counties, and within those counties there are also differences in outcomes based on income levels and race.

While Medicaid Expansion is sure to make a significant impact on equity in care, areas remain where race, income, and geography overlap to create virtual health access dead zones.

As we continue working toward a truly equitable future for all North Carolinians, I am excited about the many ways NCRHA will empower rural North Carolinians to drive decision-making around outcomes, resource needs, and local and system-wide solutions to the health disparities they face.

Lastly, I want to thank all the organizations and individuals who make up NCRHA's membership and everyone who worked to develop this annual Snapshot. I am also grateful for the hard work and time given to the Association by its co-chairs, Emily Roland of the North Carolina Healthcare Association and Patrick Woodie of the North Carolina Rural Center. Their dedication to rural North Carolina is making waves.

Sincerely,

David Reese

President & CEO

Foundation for Health Leadership & Innovation



ABOUT NCRHA

The North Carolina Rural Health Association (NCRHA) supports partnerships and strategies that improve health outcomes in rural North Carolina.

VISION

The North Carolina Rural Health Association is committed to magnifying the voice of rural and underserved North Carolinians to improve health for all.

MISSION

The mission of the North Carolina Rural Health Association is to address rural health issues in the state of North Carolina and find solutions that will improve health.

Better Health Begins at Home

Nearly 40 percent of North Carolinians call a rural community home. Building a healthy North Carolina can only happen when those communities have the power to drive decision-making around solutions to their most pressing needs. NCRHA exists to listen, learn, and help communities lead toward a healthier future for everyone, regardless of zip code.

Invested in Supporting Rural Health

NCRHA is a collaborative network of associations, organizations, and individuals representing healthcare, education, economic development, local government, and more, all invested in supporting rural health. The organization and its membership are committed to amplifying the voice of North Carolina's rural communities, helping foster a movement to improve the health and well-being of all citizens.

NCRHA, a program of the Foundation for Health Leadership & Innovation (FHLI), is the state affiliate of the National Rural Health Association (NRHA).



After more than a decade of advocacy from individuals and organizations touching every corner of North Carolina, a bipartisan coalition of state legislators passed Medicaid Expansion legislation in March 2023.

On December 1, 2023, North Carolinians previously in the health care coverage gap — earning too much to qualify for pre-Expansion Medicaid but too little to purchase insurance through the Affordable Care Act Health Insurance Marketplace — became eligible for Medicaid insurance.

Medicaid Expansion reached North Carolina at a pivotal moment. As of 2023, the COVID-19 pandemic-era continuous Medicaid coverage rules expired, and the state government began the required termination of benefits for more than 300,000 North Carolinians.¹ Expansion coverage is allowing many who would have been removed from the rolls to keep their health insurance.

“I got long COVID and wasn’t able to work for some of 2020. I qualified for Medicaid as a result and had health insurance for the first time in years. I’ve transformed these past three years because I can finally care for myself. I would have lost my insurance if Medicaid Expansion didn’t happen.”

*- Rachel, mother of two
Wayne County, North Carolina*

¹ (2023). New DHHS numbers show thousands of people lost Medicaid in June. NC Health News. <https://www.northcarolinahealthnews.org/2023/07/19/unwinding-more-people-losing-medicaid-than-anticipated/#:~:text=Data%20released%20Monday%20by%20the,could%20end%20up%20much%20higher.>

EXPANSION BY THE NUMBERS

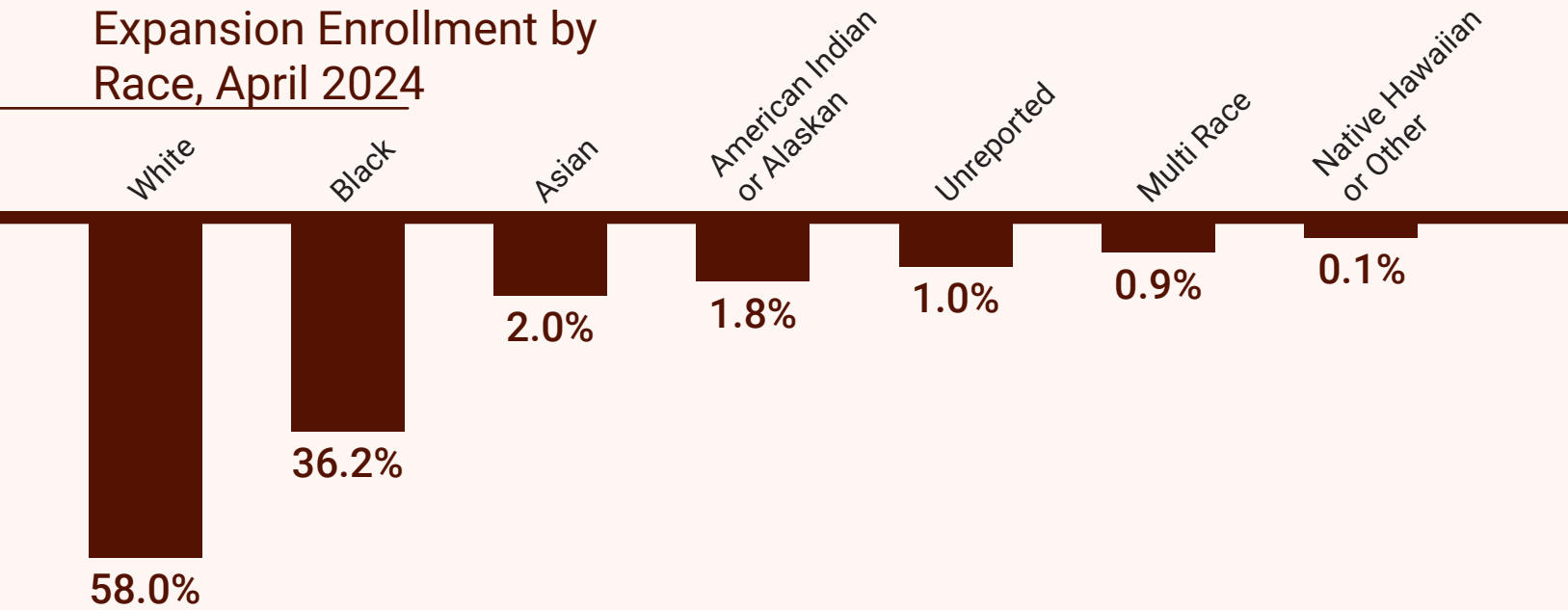
416,595

Total Expansion enrollment
as of April 2024

600,000

Total estimated Expansion
enrollment through 2025

Expansion Enrollment by
Race, April 2024



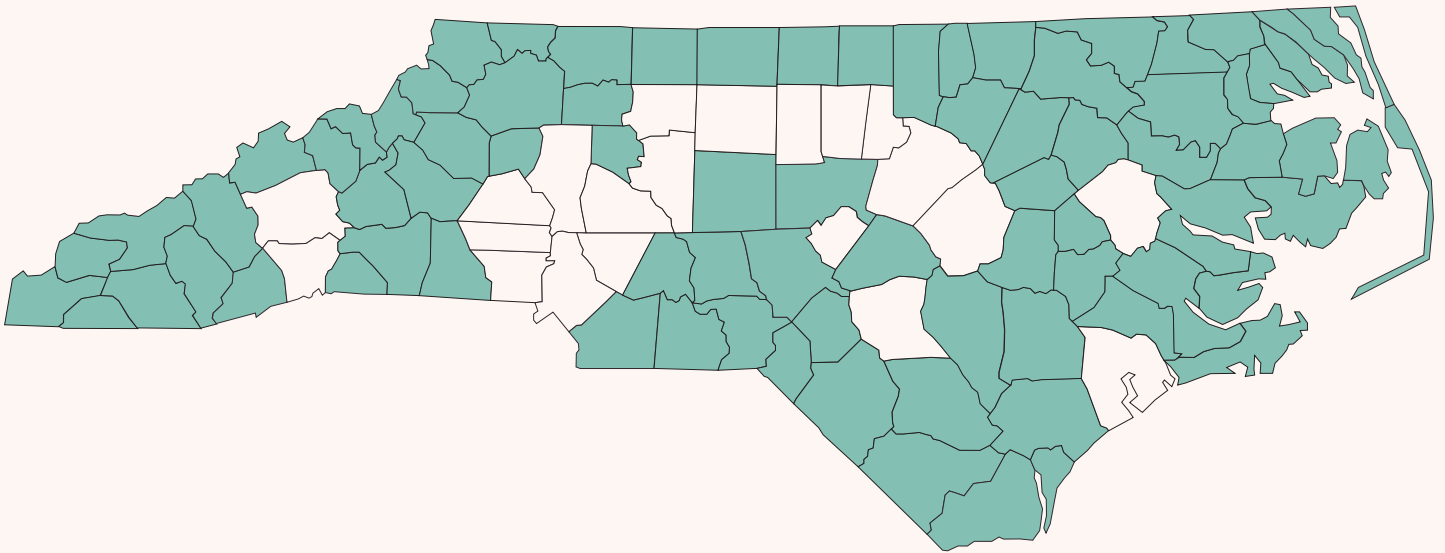
Rural vs. Urban Medicaid Expansion Enrollment, April 2024



Vertical lines indicate rural and urban share of the state population, ages 19 - 64

² (2024). Medicaid Expansion Dashboard. NC Medicaid Division of Health Benefits. <https://medicaid.ncdhhs.gov/reports/medicaid-expansion-dashboard>

NC COUNTY MAP



77

Rural Counties

23

Urban/Suburban Counties



RURAL
COUNTY

County with an average population density of 250 people or fewer per square mile.



SUBURBAN
COUNTY

Counties with an average population density between 250 and 750 people per square mile.



URBAN
COUNTY

Counties with an average population density that exceeds 750 people per square mile.

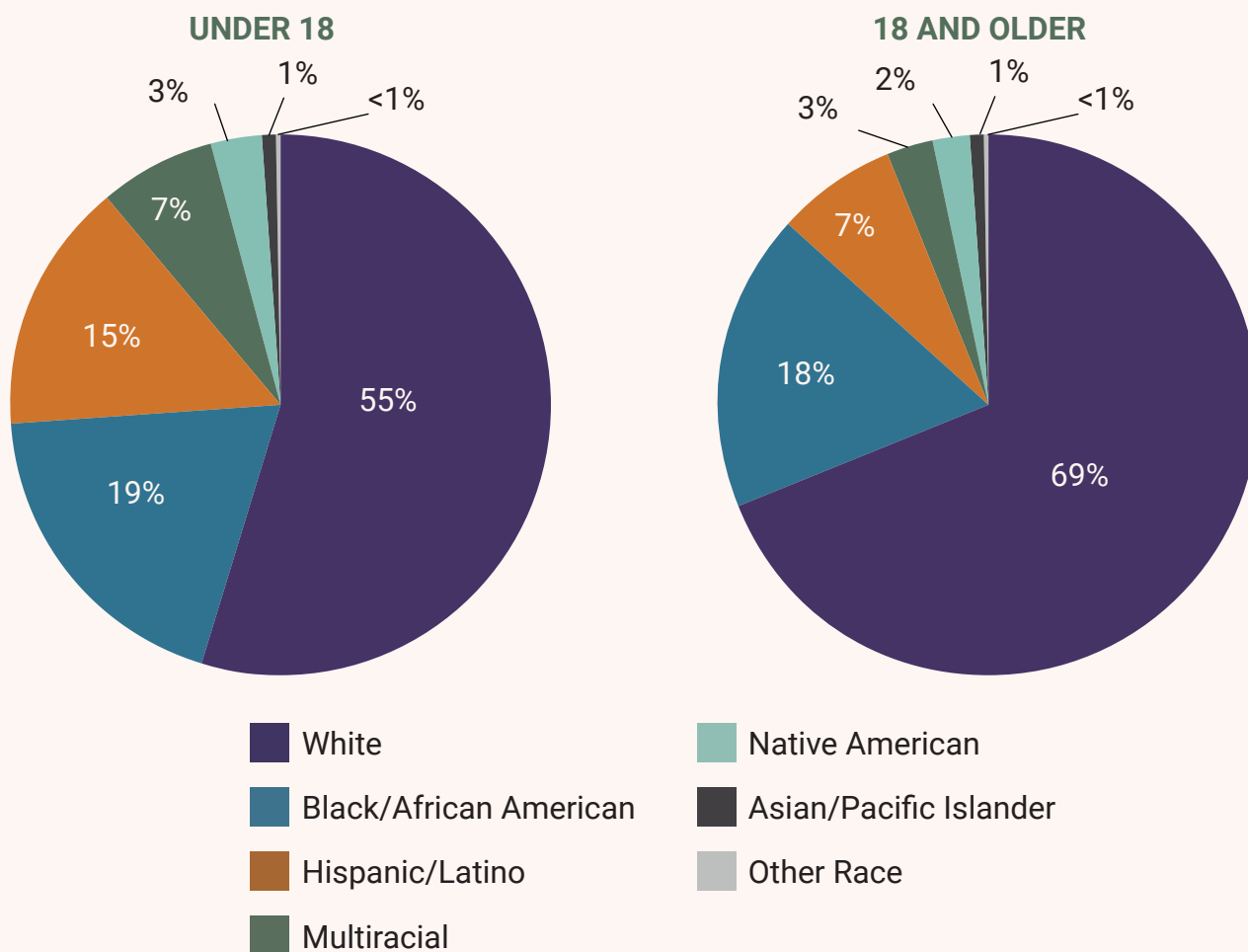
POPULATION

According to the NC Rural Center, the rural North Carolina population consists of an increasing number of people 65 years and older and a declining number of children under 18. Additionally, the number of young adults (18-29 years) is decreasing in rural North Carolina counties and increasing in urban and suburban counties.³

3.65 million
NC Rural Population

21.7%
Rural Population
65+ Years Old

RURAL RACE/ETHNICITY: 2020



³ (2023). *Forces Driving Change in Rural North Carolina*. NC Rural Center. https://www.ncruralcenter.org/wp-content/uploads/2023/03/Rural-Drivers_2023_FINAL.pdf



INCOME AND POVERTY



According to the North Carolina Department of Commerce’s annual tier rankings, the 25 most economically distressed counties in North Carolina are all rural or suburban. In rural counties, older North Carolinians are working longer — there are 34 older adults (65 years and older) to every 100 working-age adults (18 - 64 years old). That number is only 25 in suburban and 20 in urban counties.⁷

17.2% of NC children lived in poverty in 2022

Child Poverty and the CTC

In 2021, the federal American Rescue Plan Act expanded eligibility for the Child Tax Credit (CTC) and increased the maximum credit available for families. The expanded CTC helped pull 2.9 million children (equivalent to the entire population of Kansas) out of poverty nationwide.⁸ According to the North Carolina Budget and Tax Center, **the credit reduced child poverty statewide by more than 40 percent in 2021**. The expanded CTC expired at the end of 2021, leading to a nationwide rebound in child poverty, more than doubling the rate from 5.2 percent to 12.4 percent from 2021 to 2022.⁹

⁷ North Carolina State Guide. <https://www.ruralhealthinfo.org/states/north-carolina#:~:text=The%20ERS%20reports%2C%20based%20on,urban%20areas%20of%20the%20state.>

⁸ The Impact of the 2021 Expanded Child Tax Credit on Child Poverty. US Census Bureau. <https://www.census.gov/content/dam/Census/library/working-papers/2022/demo/sehsd-wp2022-24.pdf>

⁹ Poverty in the United States: 2022. US Census Bureau. <https://www.census.gov/library/publications/2023/demo/p60-280.html>



EDUCATION

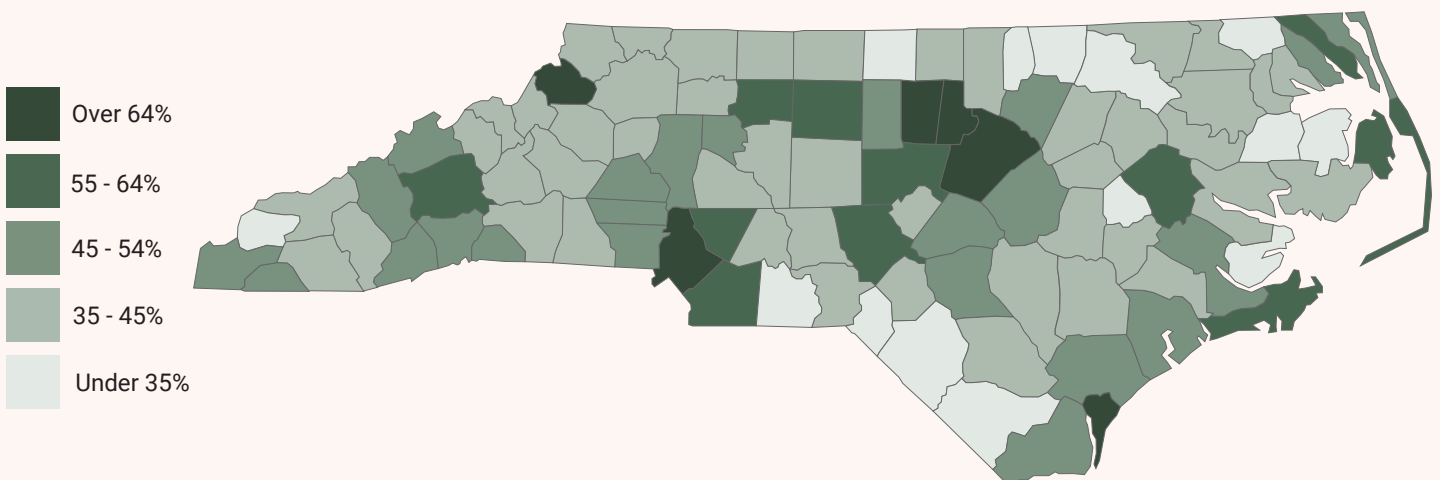
North Carolina has a long history of promoting public education, with many of the best K-12 public schools in the nation located in the state. While there are many excellent schools across the state, funding disparities contribute to stark differences in educational outcomes.

Pandemic-era funding boosted school budgets across the country. Between 2020 and 2023, the nationwide average spending per student increased from \$13,494 to \$15,047. During that same period, North Carolina's per-student spending increased from \$9,958 to \$11,651, still leaving the state \$3,396 (or 23%) below the national average.^{4,5}

In 2022, 55% of urban and suburban residents had a postsecondary degree, compared to only 41% of rural North Carolinians.⁶

POSTSECONDARY ATTAINMENT: 2022

Percentage of Adults with a Postsecondary Degree or Credential⁶



⁴ (2020). *2020 Public Elementary-Secondary Education Finance Data*. United States Census Bureau. <https://www.census.gov/data/tables/2020/econ/school-finances/secondary-education-finance.html>

⁵ (2023). *Per pupil public elementary and secondary school expenditure in the United States in the fiscal year of 2023, by state*. <https://www.statista.com/statistics/306693/us-per-pupil-public-school-expenditure-by-state/>

⁶ (2022). *United States Census Bureau*. <https://census.gov>



FOOD ACCESS



400,000

children in North Carolina don't have enough food to eat every day.¹⁰



10.9%

of North Carolinians are food insecure.¹⁰



1 in 7

North Carolinians receive Supplemental Nutrition Assistance Program (SNAP) benefits. More than 69% of North Carolina SNAP participants are families with children.¹¹



30%

of respondents who live in rural areas reported that it is not easy to buy fresh fruits and vegetables in their neighborhood, according to North Carolina Healthy Food Retail Task Force.

¹⁰ State Action Plan for Nutrition Security. North Carolina Department of Health and Human Services. <https://www.ncdhhs.gov/ncdhhs-state-action-plan-nutrition-security-2023-2024>

¹¹ North Carolina Food and Nutrition Services. Center on Budget and Policy Priorities. https://www.cbpp.org/sites/default/files/atoms/files/snap_factsheet_north_carolina.pdf



HOUSING

139

minimum wage hours worked
per week are necessary to afford
a two bedroom apartment in
North Carolina.¹³

48%

of renters are rent burdened,
meaning they pay more than
30% of their household income
on rent.¹²

About 348,000 renter households in North Carolina are at an extremely low income level and 69 percent of these households have severe housing cost burdens, according to data from the National Low Income Housing Coalition.



¹² American Community Survey, 2018 - 2022. U.S. Census Bureau. <https://data.census.gov/>

¹³ HUD Office of Policy Development and Research. <https://www.huduser.gov/portal/home.html>



INTERNET ACCESS

**RURAL
HIGH-SPEED
BROADBAND ACCESS**

89.9%

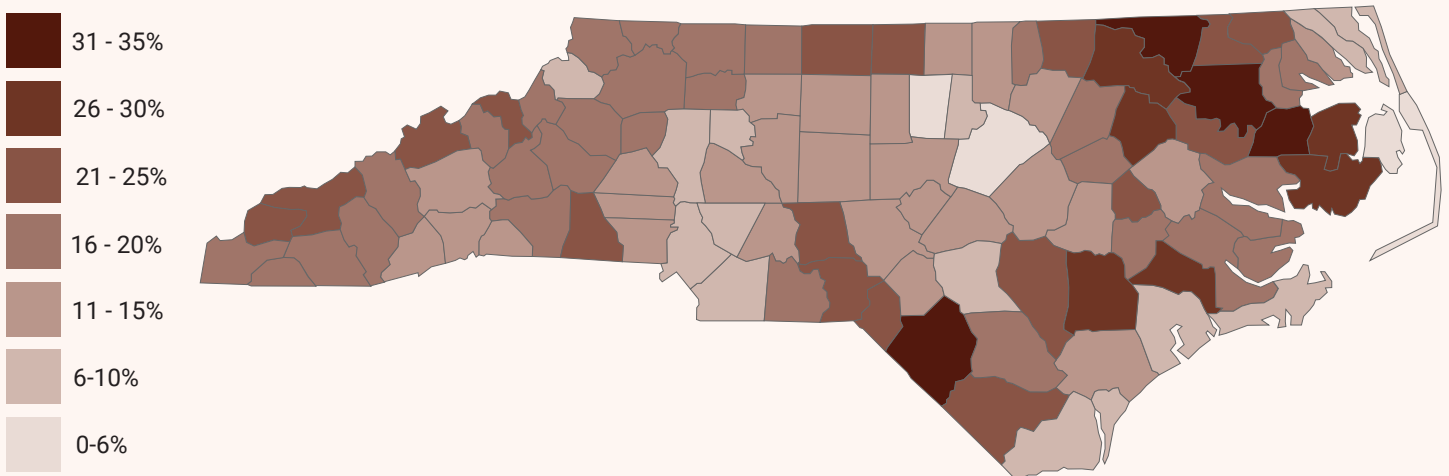
VS

**URBAN
HIGH-SPEED
BROADBAND ACCESS**

98.9%

North Carolinians Without Internet

Population percentage without internet in their homes, 2021¹⁴



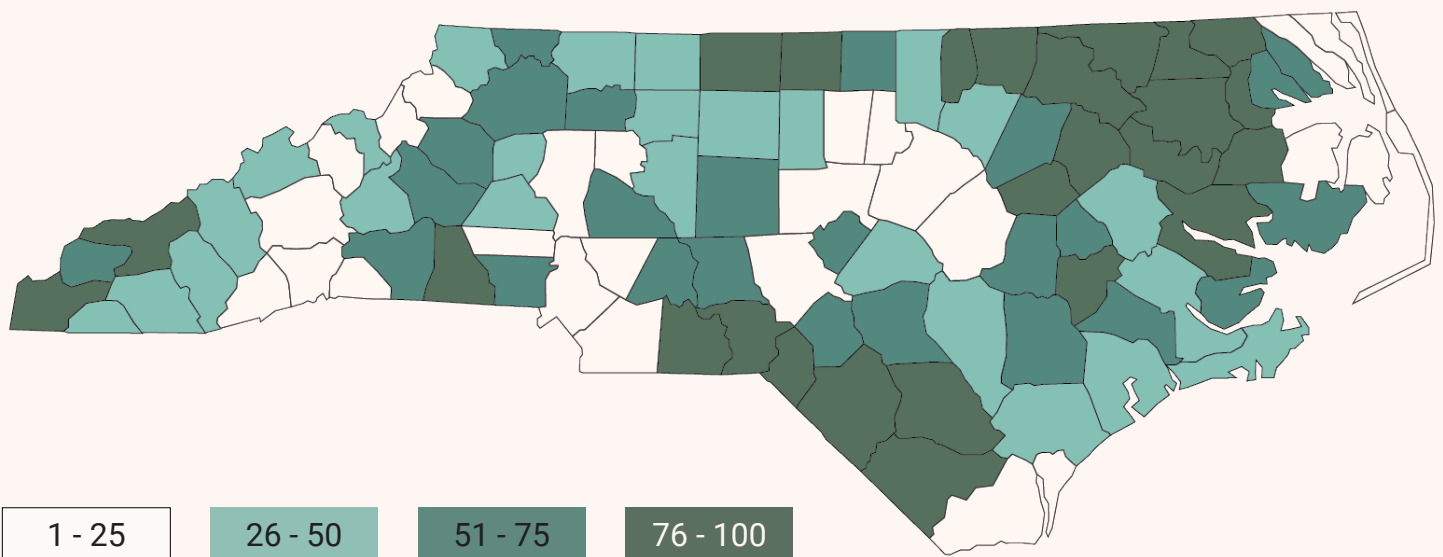
¹⁴ NC Broadband Indices By County. North Carolina Department of Information Technology. <https://data-nconemap.opendata.arcgis.com/datasets/nconemap::nc-broadband-indices/>



RURAL HEALTH

COUNTY HEALTH RANKINGS

County Health Rankings & Roadmaps (CHR&R) is a program of the University of Wisconsin Population Health Institute, funded by the Robert Wood Johnson Foundation. CHR&R tracks data on a wide variety of health factors for nearly every county in all 50 states. By incorporating data on health outcomes, behaviors, care access, social and economic factors, and physical environment, CHR&R assigns a health ranking to each county in each state. Lower numbers correspond with better overall health, with #1 going to the county with the best health score and #100 going to the county with the worst health score.



Robert Wood Johnson Foundation County Health Rankings, 2023

Community Health in Western North Carolina

A conversation with UNETE

“One organization cannot do everything. It’s about starting new relationships, being able to amplify the services and support you provide your community. Being able to pick up the phone and say, ‘hey I have this client, can you help them with this?’ It opens doors to everybody, being able to offer services and resources in a faster way.”

Community health workers (CHWs) serve vital, and often unrecognized, roles across North Carolina. In five western North Carolina counties, you can frequently find UNETE, a small team of CHWs, working hard to help people access the resources, social supports, and health care they need.

“UNETE is an invitation to be at the table with everybody,” said José Infanzón Chávez, UNETE’s Community Health Worker Regional Coordinator. “We serve mainly the Latino community; however, we help everybody.”

UNETE, which stands for Unmet Needs in Equity vs Transformational Empowerment, is a grassroots organization, grounded in a human rights framework, with a vision to transform lives across western North Carolina. The organization currently serves communities in Buncombe, Henderson, Haywood, Jackson, and Transylvania counties.

“We need to understand western North Carolina geographically,” José said. “The distances are far, and the gaps are big. Buncombe County receives a lot of resources, but it doesn’t reach all the way out to the western side.”

According to José, collaboration is key, especially when you serve a large geographic area. Maintaining partnerships with other organizations is vital for a small nonprofit to make a big impact.

“That’s also why having the community health worker model in our organization has been very helpful,” José said. “To be out there embedded with the community and to be able to share information, make connections.”



HEALTHCARE COVERAGE

7.7%

of people in the US lacked any form of health insurance in 2023, down from 8.6% in 2022. This decrease marks the lowest rate of uninsured Americans ever.¹⁵

According to the most recent Census data, 11 percent of North Carolinians lacked health insurance in 2022, 44th among all states, the District of Columbia, and Puerto Rico.

Unwinding and Ramping Up

At the beginning of the COVID-19 pandemic, the federal government guaranteed continuous coverage for anyone with Medicaid insurance through the end of the public health emergency. As of 2023, that provision ended, meaning states were forced to begin “unwinding,” or removing beneficiaries from the rolls if they no longer met their state’s Medicaid requirements.

Simultaneous to the beginning of Medicaid unwinding, the North Carolina Department of Health and Human Services also prepared for and launched expanded Medicaid Coverage. As of April 2024, 235,000 North Carolinians¹⁶ have lost Medicaid benefits while 416,595 have gained coverage.

¹⁵ (2023, August 3). *National Uninsured Rate Reaches an All-Time Low in Early 2023 After the Close of the ACA Open Enrollment Period*. US Department of Health And Human Services. <https://aspe.hhs.gov/sites/default/files/documents/e06a66dfc6f62afc8bb809038dfaeb4/Uninsured-Record-Low-Q12023.pdf>

¹⁶ (2024). *Medicaid Enrollment and Unwinding Tracker*. KFF. <https://www.kff.org/report-section/medicaid-enrollment-and-unwinding-tracker-overview/>



MATERNAL HEALTH

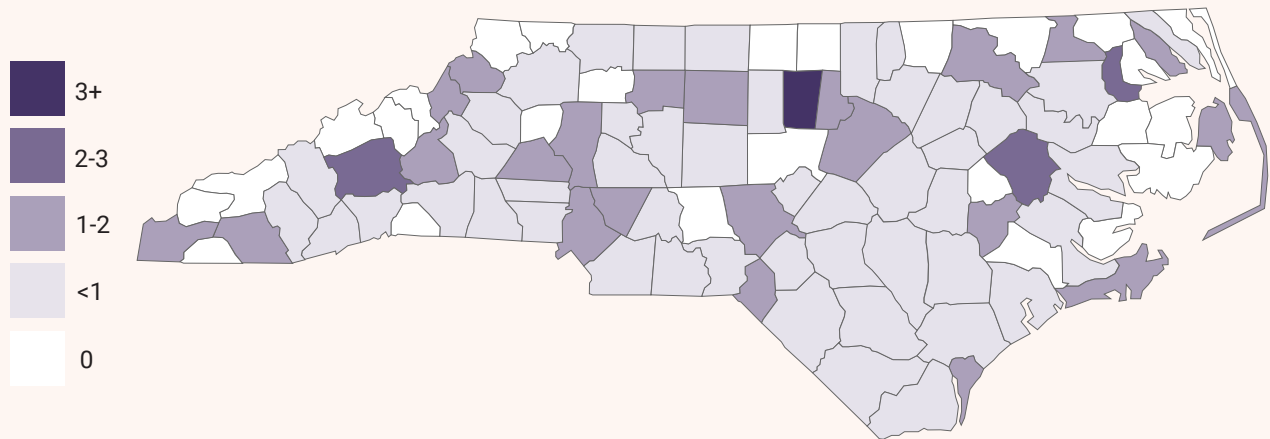
Maternal mortality and morbidity remain significant public health concerns in the United States. Historically, maternal health trends in the US have included an overall decline in the maternal mortality rate, increased use of cesarean deliveries, and increased number of women who receive prenatal care in the first trimester. However, progress has stalled in the past two decades, with the maternal mortality rate rising since 2000.

Pregnant North Carolinians died twice as often during the pandemic as they did before it began.¹⁹

According to the 2023 North Carolina Child Fatality Task Force Annual Report to the Governor and General Assembly, North Carolina infant mortality rates are consistently higher than US rates and are among the highest 15% in the nation.¹⁷

OB-GYN Physicians per 10,000 People, 2020

26 North Carolina Counties have no OB-GYNs



¹⁷ (2023) North Carolina Child Fatality Task Force Annual Report to the Governor and General Assembly. <https://webservices.ncleg.gov/ViewDocSiteFile/75628>

¹⁸ A Profile of Prematurity in North Carolina. March of Dimes. <https://www.marchofdimes.org/peristats/reports/north-carolina/prematurity-profile>

¹⁹ (2023). Maternal Mortality Rates in the United States, 2021. Centers for Disease Control and Prevention: National Center for Health Statistics. [https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2021/maternal-mortality-rates-2021.htm#:~:text=In%202021%2C%201%2C205%20women%20died,20.1%20in%202019%20\(Table\).](https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2021/maternal-mortality-rates-2021.htm#:~:text=In%202021%2C%201%2C205%20women%20died,20.1%20in%202019%20(Table).)

The Maternal and Child Health Equity Action Network (MCHEAN)

An FHLL Initiative

“If you want to go fast, go alone. If you want to go far, go together.’
This is a lot of work, and we are just the tip of the iceberg.”

*Danielle Little, quoting an African proverb
Maternal and Child Health Consultant and MCHEAN Facilitator*

MCHEAN aims to turn conversations into actions that strengthen maternal and child health equity in North Carolina.

“The group itself is really a network of individuals that are passionate about maternal child health, and they vary from boots on the ground to policy-makers,” said Danielle Little. “We are the community we serve.”

In 2023, the network, which was based on a human-centered design model, convened to:

- Develop a sustainable, community-driven network.
- Strengthen maternal and child health equity outcomes.
- Reduce disparities through action.

MCHEAN, which received its funding from The Duke Endowment, was charged with recruiting and onboarding at least 40 network members with 25 percent lived experience, according to the facilitators. Alexandra Simpson, an MCHEAN facilitator, said the network engaged over 50 statewide members and hosted focus groups where over 84 community members shared their experiences, ideas, and insights.

MCHEAN facilitators engaged members and conducted focus groups to gather information and develop action plans for maternal and child health in North Carolina. MCHEAN action plan strategies include:

- Providing direct perinatal health education.
- Developing a shared understanding of standard of care for patients and providers.
- Engaging co-parents and support persons through education and wellness interventions.
- Engaging in patient advocacy and education for empowered maternal health.

Additionally, MCHEAN participants identified workforce diversity, revitalization and replication of maternal and child health programs, a more comprehensive focus on whole family well-being, and rural health infrastructure and intervention funding among their top strategies to improve outcomes for parents and children in North Carolina.

“We want to continue to engage the network and showcase the work that’s being done and the trickle-down effect and impact,” said Danielle Little.





BEHAVIORAL HEALTH

Adverse childhood experiences (ACEs)—such as exposure to trauma, violence, or neglect during childhood—increase the likelihood of poor physical and mental health as a child grows. Research has shown that exposure to adverse experiences can impact children’s neurobiological development, negatively affecting their learning, language, behavior, and physical and mental health.

14.8%

of North Carolina children ages 0 - 17 have experienced two or more adverse childhood experiences, up from 13.4%.²⁰

NORTH CAROLINA RANKINGS

29

counties with no active psychologists

31

counties with no active licensed psychological associates

Youth in North Carolina face steep challenges and little support. Statewide, around half of all youth with mental health disorders don’t receive the care they need, and half of North Carolina’s counties have no child and adolescent psychiatrist.²¹

²⁰ *Adverse Childhood Experiences in North Carolina*. Americas Health Rankings. americashealthrankings.org/explore/measures/ACEs_8/NC?population=Health_Status_HS_Grad

²¹ *North Carolina School Behavioral Health Action Plan*. North Carolina Department of Health and Human Services. https://www.ncdhhs.gov/unified-school-behavioral-health-action-plan/open?mc_cid=e6abeb9cef&mc_eid=e5671e7d27

Working Together to Improve Mental Health in Bertie County

“Every day that I send my children to school, I want to make sure – I want to know that they are safe, that they’re OK.”

“I was aware of the issue that was going on in Bertie County,” said Alicia Browning, Aging Services Coordinator at the Bertie County Council on Aging. She didn’t see a way to get directly involved in improving mental health services in her community until FHLI staff began coordinating the Bertie County Behavioral Health Network (BCBHN) in 2022.

“I think the behavioral health issue in Bertie County is actually a rising situation,” said Alicia. “There are a lot of stigmas that prevent people from talking about it, addressing it, admitting that they may have that issue. We’re seeing it in schools, we’re seeing it in the elderly community.”

Bertie County, a rural county in eastern NC, has consistently faced challenges with health outcomes, especially regarding mental health and substance use. While there have been longstanding access and health equity issues, there is a strong spirit of community in Bertie County.

In 2023, local organizations, providers, and residents recognizing the need to address behavioral health in the county joined FHLI to form the BCBHN.

“What really drew me to the group is because Michael is a consumer of services.” said Paula Munos, a Bertie County resident and community advocate.

Paula was born and raised in Bertie County. Her son, Michael, was diagnosed with Autism when he was two years old.

“There is just not enough help for us. We help a lot of other people because we know what they’re going through,” said Paula. “Michael is 29 now, so I’ve been doing this for a long time. He was diagnosed when he was two. But we don’t seem to be able to find help for our own needs, so I was hoping that I could give back to the community by getting the word out about the Network but also get some help for us, particularly for behavioral health therapy.”

During the Network's first year, members collaborated and identified ways to provide behavioral health support to those in need. The network grew to include over 30 local and regional organizations. At a National Rural Health Day celebration in November 2023, hosted by NCRHA and the North Carolina Department of Health and Human Services Office of Rural Health in Bertie County, FHLI staff unveiled a \$300,000 Merck grant to fund the Network for another full year.

In 2024, BCBHN members are working to:

- Provide harm reduction trainings and resources.
- Expand youth and family-based services, including integrating telehealth in Bertie County schools.
- Launch a "Stop the Stigma" behavioral health and awareness campaign for diabetes and cardiovascular health.
- Host Mental Health First Aid trainings.
- Expand the behavioral health workforce in Bertie County, including establishing career pathways for local youth to work in behavioral health.





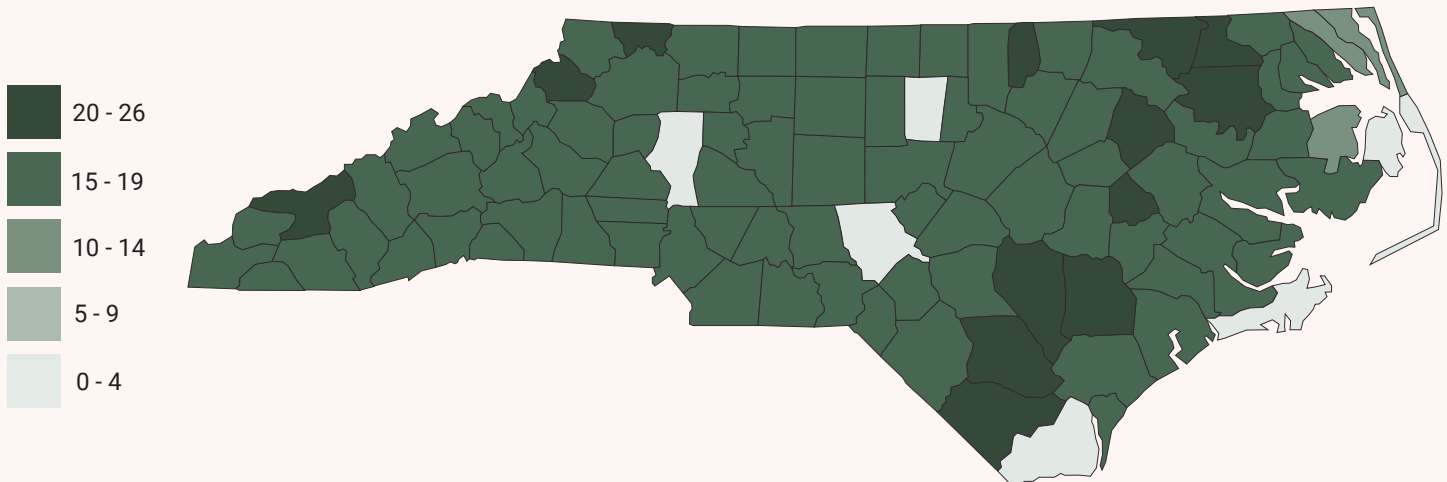
ORAL HEALTH

While most types of oral disease are entirely preventable, regular dental care is out of reach for many. Unmet dental needs lead to wide disparities in oral health. Marginalized groups, including those living in poverty, Black, Indigenous, and People of Color (BIPOC) communities, frail elders, those with special health care needs, and immigrant and refugee populations carry the heaviest burden of untreated oral health disease.

4
NC counties have no practicing dentists.

Dental Health Professional Shortage Areas in North Carolina

93 of 100 North Carolina counties are dHPSAs



Dental HPSA (Health Professional Shortage Area) scores, which range from 0 to 26, measure priority levels for resource and provider allocation, with higher scores signifying greater need for additional dental providers and resources.

²² North Carolina Health Professional Supply Data. UNC Cecil G. Sheps Center for Health Services Research. <https://nchealthworkforce.unc.edu/interactive/supply/>

²³ HPSA Find. US Health Resources & Services Administration. <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

Finding Access in Rural North Carolina

"I love our pediatrician, but I pray that he doesn't leave our area because there are so many providers leaving."

*- Rachel, a mother of two
Wayne County, North Carolina*

"For me personally, if my son were sick, I would not be able to get an appointment today. I would have to wait for an emergency appointment or take him to the emergency room," said Rachel. "We just have a lack of providers here, and we're losing providers. They're leaving our state to get paid better elsewhere, to get treated better elsewhere."

Rachel's sons have had Medicaid insurance for their entire lives, but Rachel herself went uninsured until recently. She qualified for Medicaid in 2020 after a severe case of COVID-19 left her with long-COVID symptoms.

"I wasn't able to work much of the year as a result," said Rachel. "So, I got Medicaid, and I didn't lose it when I went back to work because of the pandemic supports. And I would have lost it if North Carolina hadn't expanded Medicaid last year."

Gaining access to Medicaid insurance has allowed Rachel to focus on her own health, which she had to deprioritize partly because accessing care without insurance would be expensive. "I've transformed these past three years because I've finally been able to care for myself," she said.

Rachel grew up with a single mother. Family financial constraints made dental care and primary care luxuries throughout her childhood. To get to where she is today, Rachel faced a long journey navigating a health care system often ill-equipped and, at times, seemingly hostile to her needs.

"I had to be very sick to see a doctor or dentist," she said. "Even though I wasn't seeing a dentist, I was very good about brushing. I wasn't flossing like I should, but I was brushing. And what got me into it was preschool. They were all about dental care. They gave us visuals, and we brushed our teeth at school."

In her early 20s, Rachel decided to see a dentist for the first time. Her wisdom teeth were causing pain and needed to be removed. She had never been to a dentist for a cleaning or any other service, but she had to address the pain she felt.

“The dentist referred me directly to an oral surgeon, and I will never forget how mean he [the oral surgeon] was,” said Rachel. “I think he thought I wanted pain medicine. I didn’t, I wanted to understand why I was in pain. I couldn’t eat, I was losing weight. And that experience scared me. I didn’t want to go back for that next cleaning with a dentist because of what I experienced with the oral surgeon.”

After that, Rachel avoided returning to a general dentist for her first cleaning. When she did make an appointment, her provider laughed at her for being scared in the office.

“At first I kind of brushed it off,” said Rachel. “But then they brought another dentist in, and one of them pointed at me and said, ‘Look how red she gets.’ I let them do the cleaning and fix one cavity, but I didn’t go back for several years after that.”

In 2020, Rachel needed to see a dentist again. She had an infected tooth that needed to be removed. She credits the dentist she saw then with helping her overcome her fear in dental offices.

“I said, ‘Would your staff be willing to talk me through everything? Walk me through it like I’m a toddler because I’m so scared,’” said Rachel. “The lady that he had assist him during the procedure had been through my experience herself. I thank God he did that because I needed someone with that experience to know what I felt.”

Today, Rachel and her whole family continue seeing that same dentist. She credits his caring approach with helping her adjust to regular appointments and improve her overall oral health.

“After that experience, I stopped being scared of dentists,” she said. “I’ve been going to the dentist ever since.”



HEALTHCARE INFRASTRUCTURE

WHAT IS THE RURAL SAFETY NET IN NC?

- 12 Small Rural Hospitals
- 20 Critical Access Hospitals
- 61 NC-STEP Telepsychiatry Sites
- 80 Free & Charitable Clinics
- 86 Rural Health Clinics or Rural Health Centers
- 104 Health Departments
- 179 School-Based Health Centers (includes telemedicine sites)
- 335 Federally Qualified Health Center (FQHC) Sites

Safety-net providers are “those providers that organize and deliver a significant level of health care and other health-related services to uninsured, Medicaid beneficiary, and other vulnerable populations.”

Core safety-net providers are those who “either by legal mandate or explicitly adopted mission, offer care to patients regardless of ability to pay; and a substantial share of their patient mix are uninsured, Medicaid and other vulnerable patients.

²⁴ *Safety Net Sites*. North Carolina Department of Health and Human Services. <https://www.ncdhhs.gov/divisions/office-rural-health/safety-net-resources/safety-net-sites>



HEALTH WORKFORCE

According to America’s Health Rankings, North Carolina ranks 22 among all states and the District of Columbia in the number primary care physicians (including general practice, family practice, obstetrics and gynecology, pediatrics, geriatrics, internal medicine, physician assistants and nurse practitioners) per 100,000 residents.²⁵



North Carolina ranks 23rd in mental health providers



North Carolina ranks 39th in dental care providers

North Carolina lost more than 9% of its direct care workforce between 2016 and 2021, based on the US Department of Commerce’s projection for job openings from 2021 - 2030. Direct care workers represent the most needed health care job in North Carolina, according to the North Carolina Department of Health and Human Services.²⁶

12,500

Estimated shortage of registered nurses in NC by 2033

5,000

Estimated shortage of licensed practical nurses in NC by 2033

Growing health workforce shortages impact every county in the state, but especially impact rural communities that have historically faced shortages.

²⁵ (2022). America’s Health Rankings. Data Briefs. Primary Care Providers. https://www.americashealthrankings.org/explore/annual/measure/PCP_NPPES/state/NC

²⁶ (2023, March 27). North Carolina Launches Caregiving Workforce Strategic Leadership Council. North Carolina Department of Health and Human Services. <https://www.ncdhhs.gov/news/press-releases/2023/03/07/north-carolina-launches-caregiving-workforce-strategic-leadership-council#:~:text=Prior%20to%20the%20pandemic%2C%20North,to%20the%20UNC%20Sheps%20Center>



HEALTH WORKFORCE

4 Counties with no dentists

2 Counties with no physicians

29 Counties with no psychologists

1 County with no nurse practitioners

1 County with no physician assistants

4 Counties with no respiratory therapists

1 County with no pharmacist

13 Counties with no optometrists

26 Counties with no physicians with a primary area of practice of obstetrics & gynecology

²⁷ Safety Net Sites. North Carolina Department of Health and Human Services. <https://www.ncdhhs.gov/divisions/office-rural-health/safety-net-resources/safety-net-sites>



NC RURAL HEALTH ASSOCIATION

**SUPPORTING
PARTNERSHIPS AND
STRATEGIES THAT
IMPROVE HEALTH
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