



Foundation for Health
Leadership & Innovation

NC RURAL HEALTH LEADERSHIP ALLIANCE

ABOUT US

VISION

NCRHLA is committed to magnifying the voice of rural and underserved North Carolinians to improve health for all.

MISSION

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

Interested in membership?
Contact **Carla Obiol** at
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THE NC RURAL HEALTH LEADERSHIP ALLIANCE SUPPORTS PARTNERSHIPS AND STRATEGIES THAT IMPROVE HEALTH OUTCOMES IN RURAL NORTH CAROLINA.

GUIDING PRINCIPLES

The North Carolina Rural Health Leadership Alliance (NCRHLA) serves as a hub, a single organizer whose role it is to convene, foster, share, advocate, and offer a unified voice that promotes better rural health for our communities.

NCRHLA members are committed to amplifying the concerns of North Carolina's rural communities with the intention of improving the health and well-being of all citizens.

Though members of the alliance began convening in the 1990s, NCRHLA was formally established in 2014. The alliance is sponsored by the Foundation for Health Leadership & Innovation in Cary, North Carolina and is funded by the National Rural Health Association (NRHA) and alliance membership dues. The alliance is currently recognized by the NRHA as North Carolina's state rural health association.

- » We believe in the value, strengths, and assets of our rural communities.
- » We strive for NCRHLA to be at the forefront of rural health.
- » We endeavor to build the rural voice at the local, regional, state and national levels.
- » We promote shared and coordinated resources; including, but not limited to, time, knowledge, expertise, and funding.
- » We seek to collaborate across our individual organizational missions and visions to achieve the greatest good for rural communities.
- » We promote authentic community engagement and involvement, across all demographic and geographic groups representing rural North Carolina.
- » We serve as a space for innovative approaches and collective action that seek to advance rural North Carolina.
- » We engage in proactive advocacy for policies and positions that promote whole-person, whole-community health for rural North Carolinians.

2021 NC RURAL HEALTH SNAPSHOT

VETERAN'S HEALTH



LIMITED ACCESS TO PHYSICAL AND BEHAVIORAL HEALTH CARE

Just like any rural resident, it may be difficult for rural veterans and their caregivers to access health care due to rural delivery challenges, including hospital closings; fewer housing, education, employment and transportation options; geographic and distance barriers; limited broadband for telehealth; and the inherent difficulty of safely aging in place in rural America.



HEALTH CARE COVERAGE GAP

Veterans may fall into the health insurance coverage gap, as they may be ineligible for VA health care coverage and may not qualify for TriCare.



INCREASED RISK OF SUICIDE

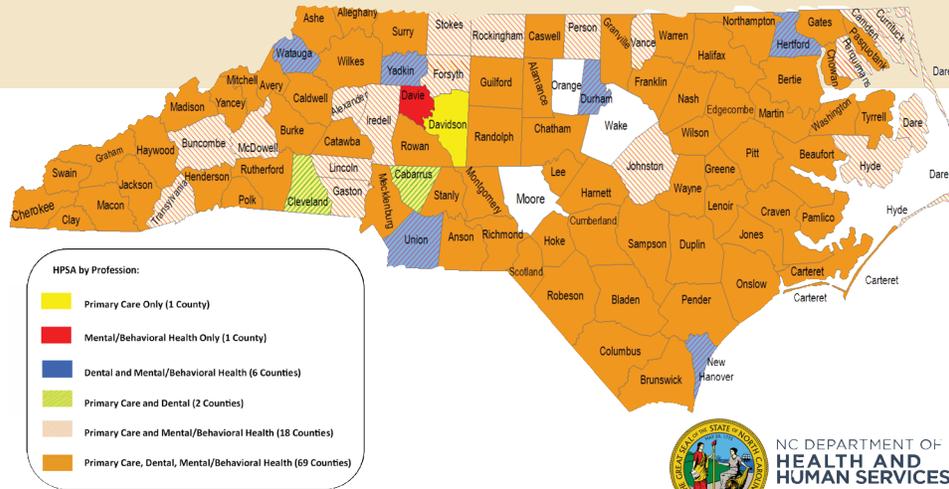
Rural veterans who are men 45+, American Indians, and whites all face higher rates of suicide than their non-rural counterparts. The suicide rate among all veterans is 1.5 times that of the non-veteran population, and the rate for rural veterans is higher still. Veterans face unique mental health, financial, and insurance coverage challenges that contribute to the increased suicide rate within the population.

ACCESS TO CARE

NC COUNTIES DESIGNATED HEALTH PROFESSIONAL SHORTAGE AREAS SFY 2020

There are far fewer healthcare professionals practicing in our rural communities.

For example, 80 counties in North Carolina face shortages of primary care providers, with many counties also experiencing shortages of dental and/or behavioral health providers (Health Professional Shortage Areas or HPSAs).



BEHAVIORAL HEALTH

34 COUNTIES WITH NO ACTIVE LICENSED PSYCHOLOGIST

North Carolina is

16TH

among all states with a suicide rate of 13.8 per 100,000 people.

RURAL YOUTH ARE TWO TIMES MORE LIKELY TO COMMIT SUICIDE THAN THEIR NON-RURAL COUNTERPARTS.

23 COUNTIES WITH NO ACTIVE LICENSED PSYCHOLOGIST ASSOCIATE

ORAL HEALTH

- As of Sept. 2019, an estimated **2.4 million** North Carolinians struggled to get adequate dental care, per U.S. DHHS.
- As of Nov. 2020, the U.S. Health Resource and Services Administration has either partially or fully designated **all 100 North Carolina counties** as a Dental Health Professional Shortage Area (dHPSA).
- **Only 35.1%** of North Carolina dentists participate in Medicaid, making us **37th** out of all the states in dentist participation in Medicaid or the Children's Health Insurance Program (CHIP).
- According to the CDC, water fluoridation reduces tooth decay by 25% in children and adults. And while 87.8% of the overall state population reaps the benefits of improved oral health as a result of fluoridated community water, **only 13%** of Cherokee, Clay, Graham, Haywood, Jackson, Macon, Swain and Transylvania Counties have fluoridated community water access. Those residents are missing out on all of the benefits that go along with community water fluoridation, including fewer, less severe cavities; reduced need for fillings and tooth removal; and less pain and suffering because of tooth decay.