

Equitable Health Outcomes Funding Opportunity

Promoting Equitable Health Outcomes by Addressing Social Drivers of Poor Health

Because the health care system is undergoing a sweeping shift driven by rising costs, poor outcomes, and federal reform, it is moving away from traditional reimbursement methods built on individual payments for each medical service to a concept called value-based care. Value-based care is meant to encourage population health improvement and keep people out of the hospital.

The movement toward value-based care takes many forms in North Carolina. Networks called Accountable Care Organizations work to integrate groups of doctors, hospitals, and other health care providers to deliver high quality, coordinated care to a defined patient population such as Medicare recipients. Attempts to transform the health system also are reaching into neighborhoods to coordinate clinical care with social services and community-based organizations. This model is referred to as Accountable Care Communities. Accountable Care Communities aim to address some of the underlying drivers of poor health outcomes such as food insecurity, substandard housing, and inadequate transportation. The North Carolina Department of Health and Human Services is also conducting a program called the Healthy Opportunities Pilots where Medicaid will engage with human service organizations to help address some of these social drivers for beneficiaries in three regions of the state.

The Trust has an overarching goal of achieving equitable health outcomes. During the implementation of value-based care over the next several years, we want to ensure that populations traditionally suffering the worst health outcomes, especially people with low incomes and people of color, are directly engaged in reform efforts and have an equitable opportunity to enjoy improved health and well-being. The Trust is particularly interested in supporting these efforts in rural areas of the state.

Goal

Utilize a value-based care environment to facilitate health improvement for North Carolinians with low incomes.

Work with health systems to improve health outcomes for Medicaid and uninsured populations by encouraging greater community voice and shared decision making to address social drivers of health and well-being.

Strategy

Conduct community-based evaluation, research, and planning that engages residents in the process to collect data, identify gaps, and determine best practices to address goals.

Build community, organizational, and individual capacity in areas with low incomes so that historically marginalized populations can participate in health improvement efforts.

Conduct broad-based communications, community education, and advocacy efforts that advance goals.

Convene, facilitate, and coordinate stakeholders to collectively address goals. This could include better coordination within and across systems and regularly convening community partners.

Timeframe

Call-by date: **January 26, 2022**

Application deadline: **February 9, 2022**

Geographic Focus

Statewide

Opportunity Details

We know that achieving greater equity in health outcomes will require genuine partnership between community organizations, especially those embedded in underserved areas or led by financially disadvantaged residents, and health systems and hospitals. The Trust is interested in hearing from organizations and collaboratives working to build these partnerships to address a specific social driver of poor health, particularly in rural areas. We also want to hear about broad-based efforts to improve capacity of human service organizations that are embedded in historically marginalized areas or in communities of color to improve their ability to participate in the Healthy Opportunities Pilots in Medicaid. Ideas for convening or building the capacity of network leads within the Healthy Opportunities Pilots are also welcome.

For any of these strategies, interested applicants can propose a planning process or seek funds to implement a systems change effort that addresses a social determinant of health and aims to reduce racial or ethnic disparities in health outcomes. Competitive applicants will demonstrate strong collaboration between the health system and historically marginalized populations and will address issues of shared decision making.

Contact

To schedule a conversation about this opportunity, please contact Program Coordinator Alison Duncan for an initial consultation at alison@kbr.org or 336-397-5521.