Kate B. Reynolds Charitable Trust
Investing in Impact

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Health Improvement Funding Opportunity

Building Partnerships and Organizational Capacity to Address 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, inadequate transportation, and interpersonal violence.

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 racial minorities, are directly engaged in reform efforts and have an equitable opportunity to enjoy improved health and well-being.

The largest experiment implementing value-based care in North Carolina that most impacts underserved communities is the remaking of the state's Medicaid program. Medicaid is a joint state and federal program that pays for the care of

approximately 2 million North Carolinians, or about 20 percent of the state's population. Most Medicaid recipients are children, pregnant women, seniors, and people with disabilities. Value-based care and Medicaid reform hold the promise to provide better care at lower costs. But a change of this size and scale also can reproduce or exacerbate the deficiencies and disparities of the current structure.

Goal

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.

Pilot innovative approaches that potentially advance goals.

Build community, network, organizational, and individual capacity so that historically marginalized populations, particularly Black, Immigrant, Indigenous, and other leaders of color can drive community and health improvement efforts.

Timeframe for Applications

Call-by date: July 20, 2022
Application deadline: August 10, 2022

Geographic Focus

Wake, Mecklenburg, Durham, Cumberland, Guilford, Forsyth, Onslow, Pitt, New Hanover, and Healthy Places North Carolina communities.

Opportunity Details

We know that achieving greater equity in health outcomes will require genuine partnership between hospitals and health systems and the community organizations that are embedded in underserved areas or led by residents with low incomes. The Trust is interested in hearing from organizations and collaboratives working to build these partnerships to address a specific social driver of poor health. We also want to hear about broad-based efforts to improve capacity of human service organizations that are embedded in communities of color to improve their ability to participate in the Healthy Opportunities pilots. For any of these strategies, interested applicants can propose a planning process or seek funds to implement a system 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.