

Health Care Division Funding Interests

Through the Health Care Division, the Trust responds to health and wellness needs and invests in solutions that improve the quality of health for financially needy residents of North Carolina. Grant proposals focusing on these funding interests will be given a higher priority in our funding decisions.

Access to Primary Medical Care

Increasing Health Care Coverage

Efforts to increase the number of low-income North Carolinians who have coverage. Includes increases in coverage supported by both the private and public sectors.

Providing a Medical Home

Efforts to identify and secure a medical home for all. In addition to episodic primary care, a medical home features coordinated care and one or more of the following – chronic disease management, medication assistance, and preventive care. Includes the fields of internal medicine, family practice, general practice, obstetrics, and pediatrics, and providers such as nurse practitioners and physician assistants.

Community-Centered Prevention

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Efforts that are geographically-based (either county-wide or neighborhood-based) and involve multiple stakeholders (e.g.- local education authorities or chambers of commerce) with aspects that may include work around the built environment, safe environment, greater food access, and physical activity.

Diabetes

Access to Quality Medical Care

Efforts to provide a physician coordinated team that consists of a comprehensive initial patient evaluation and a continuum of care. Teams may include mid-level practitioners, nurses, dietitians, pharmacists, and mental health professionals. Proposals that use cost-effective care without compromising patients' needs are of particular interest.

Diabetes Care & Self-Management

Providing medical care and self-management education intended to keep the illness under control and delay, diminish, or prevent its many debilitating impacts on both physical health and quality of life. Includes programs for people recently diagnosed with diabetes taking place in an outpatient setting or the implementation of a heightened level of standardized care in a community clinic setting, among others. Efforts to provide individualized self-management planning to include glycemic control, reasonable physical activity, and psychosocial care and support as recommended by the American Diabetes Association or the American Association of Diabetes Educators.

Diabetes Prevention

Programs and strategies that focus on the prevention of diabetes in at-risk populations. Efforts reflecting best practices to identify and support those most at risk of developing diabetes.

Mental Health and Substance Abuse

Developing or Strengthening a Continuum of Care

Efforts that respond to both systemic gaps and gaps in individual care.

Integrated Care

Efforts that bring behavioral and primary health care providers together in concurrent assessment and treatment. Includes co-location and reverse co-location models.

Prevention Services

Efforts to identify and support those most at-risk of impairment and addiction reflecting the best practices in the field.

Substance Abuse

Expansion of evidence-based treatment to those most in need. Priority will be given to those proposals that are consistent with the North Carolina Institute of Medicine's Substance Abuse Task Force recommendations.