

## Areas of Emphasis in the Health Care Division

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 within these areas will be given a higher priority in our funding decisions.

### DIABETES

- **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.
- **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.
- **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.

### MENTAL HEALTH AND SUBSTANCE ABUSE

- **Prevention Services**  
Efforts to identify and support those most at-risk of impairment and addiction reflecting the best practices in the field.
- **Developing or Strengthening a Continuum of Care**  
Efforts that respond to both systemic gaps and gaps in individual care.
- **Integrated Care**  
Efforts that bring mental and primary health care providers together in concurrent assessment and treatment. Includes co-location and reverse co-location models.
- **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.

### ACCESS TO PRIMARY MEDICAL CARE

- **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.
- **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.

### COMMUNITY CHANGE

- **Community Change**  
Efforts to improve individual and community health outcomes. These include sustainable policy, standards, and practice changes within and between community stakeholders and institutions (i.e. schools, worksites, faith communities, neighborhoods, and municipalities.) These activities may focus on increasing physical activity and good nutrition or decreasing risky behaviors such as substance abuse and tobacco use.