

# Emerging Issues and Opportunities in Healthcare Policy for WNC

Social Care Delivery Systems, NC Medicaid Expansion, and Workforce Development

WNC Health Policy Initiative  
Spring 2024

# Forward

This document was prepared in conjunction with the **2024 WNC Legislative Caucus: Emerging Issues and Opportunities for WNC Healthcare and Health Policy**.

The WNC Legislative Caucus is hosted annually by the WNC Health Policy Initiative, and brings together members of the NC General Assembly, individuals working in policy development and advocacy, regional health and healthcare leaders, and community service organizations to learn about key health policy priorities for Western North Carolinians.

The overarching theme of these events is to explore solutions and strategies for reducing healthcare costs, improving health outcomes, expanding economic opportunities, and strengthening systems related to health and healthcare in WNC with particular focus on moving “upstream” to address root causes and prevent problems from developing or harm from occurring, vs. “downstream” approaches that seek to solve problems/address harm only after they have occurred.



2024 panel topics included:

- *The Impact of Medicaid Expansion in WNC and Upstream Solutions*
- *WNC Healthcare Workforce Needs and Opportunities*
- *WNC Healthy Opportunities Pilot: A Model for the Future of NC Health and Healthcare*

The intent of this paper is to provide additional context and information relating to these topics for those wishing to explore the issues and potential strategies for addressing them more deeply, as well as how these issues intersect with the broader goals of improving life expectancy and overall quality of life for Western North Carolinians.

For more information about this event, including panelist information, panel discussion notes, and other resources, visit our event page at [www.wnchealthpolicy.org/2024-wnc-legislative-caucus](http://www.wnchealthpolicy.org/2024-wnc-legislative-caucus).

# Introduction



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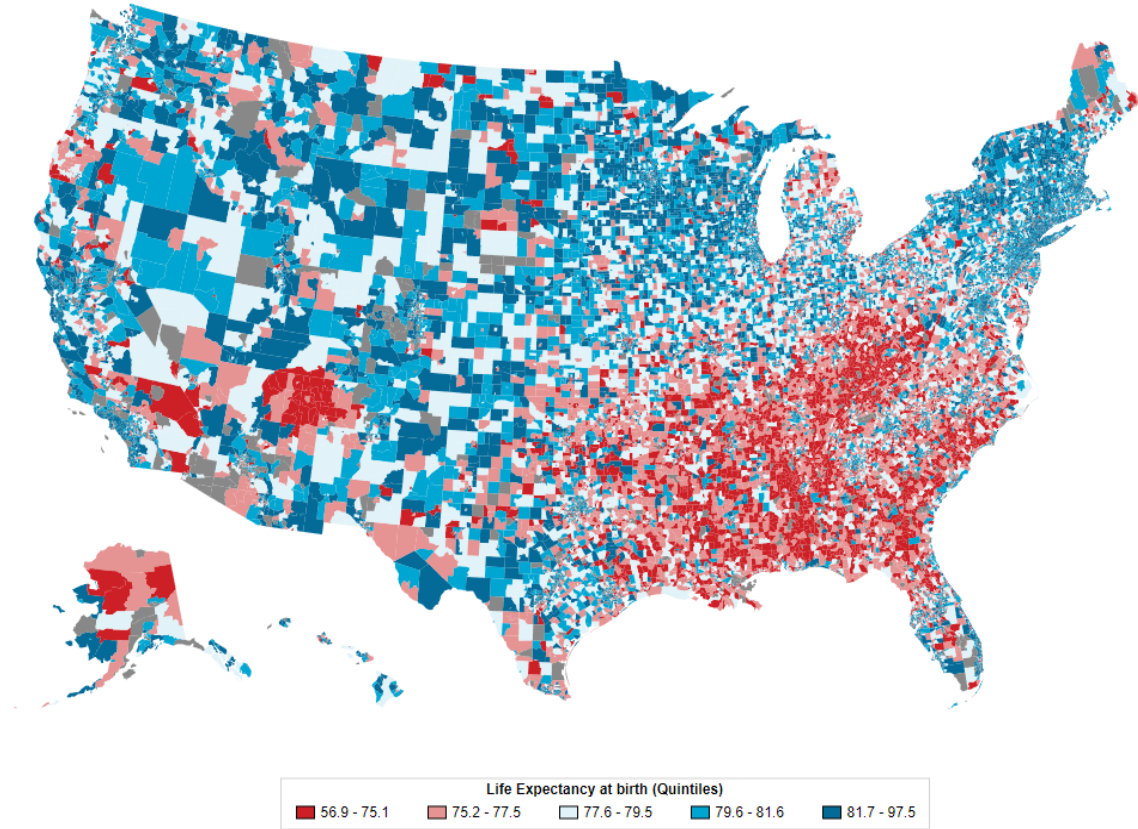
Life expectancy and quality of life are well-established benchmarks of a country's success. Governmental policies, healthcare delivery systems, and economic systems work together to ensure people live a long and productive life. However, despite spending nearly twice as much on healthcare per capita than other developed countries, Americans are not living as long, nor are they as healthy, as our peers,<sup>1</sup> a fact that undermines our economy and threatens our nation's long-term fiscal and economic well-being. Western North Carolina is not immune to this national problem.

**We have a serious problem.** Even before the COVID-19 pandemic, life expectancy in the US was flatlining. While preliminary 2022 data shows an increase compared to 2020 and 2021, unlike our peer countries life expectancy in the US has not fully recovered. In addition, disparities that existed across race and ethnicity prior to COVID-19 continue. While the overall life expectancy average in the US, and the average for the Non-Hispanic White population, is 77.5 years, the averages for the American Indian/Alaskan Native and Black populations are 67.9 years and 72.8 years, respectively.<sup>2</sup> This disparity further undermines our country's long-term economic strength.

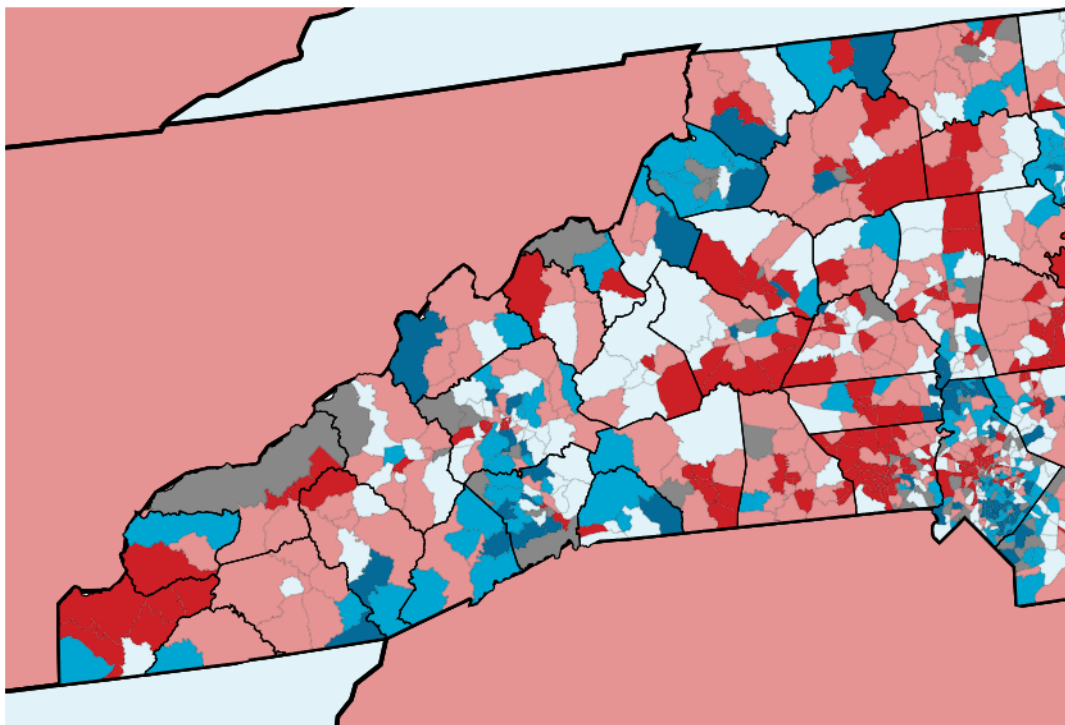
As we look closer to home, the disparities only grow. North Carolina fares more poorly than the United States as a whole, with an overall life expectancy average of 76.6 years,<sup>3</sup> and eight out of eighteen counties in Western North Carolina fare the same or more poorly than this. In fact, the Appalachian region and Western North Carolina have some of the highest levels of death for adults in their prime (ages 35 to 64; see figures 1 and 2, next page). Note that county-level life expectancy data by race and ethnicity is not available in the eight counties mentioned, due to small numbers.

**Figure 1: Life Expectancy Estimates by U.S. Census Tract, 2010-2015**

Life Expectancy at Birth for U.S. Census Tracts, 2010-2015



**Figure 2: North Carolina Life Expectancy Estimates by U.S. Census Tract, 2010-2015**



**Chronic illnesses are the greatest threat to life expectancy in the US.** Drug overdose, suicide, and gun violence have received significant media attention over the past several years, yet chronic illnesses remain the greatest threat to life expectancy in the US, particularly among people aged 35-64.<sup>4</sup> In a quarter of the nation's counties, including counties in Western North Carolina, working-aged people are dying at a higher rate than 40 years ago.<sup>5</sup> A deeper dive into the data highlights a complex, fractured healthcare system that cannot meet the needs of the nation's disease burden. The most relevant factors contributing to this burden include lack of investment in preventive care and the need to address non-medical social determinants of health, such as food, transportation, education, and economic opportunity. Also critical is increasing access to and utilization of resources, including healthcare services, in small town and rural regions. Addressing these issues provides a blueprint for ensuring our communities are vibrant and their residents are healthy enough to engage fully in work, learning, family, faith, volunteerism, and civic responsibilities.

Chronic disease, disability and premature death are linked. Chronic disease, among other causes, is a contributing factor for adult disability. The impact on individuals and families is significant. So, too, is the impact on our communities and state. Thirty-six percent of North Carolina health care costs are attributed to impairment and disability, equating to \$15,230 per person living with a disability.<sup>6</sup> Self-reported days of feeling physically unwell are a reliable estimate of recent health. Counties with adults reporting more unhealthy days experience higher unemployment, poverty, percentage of adults who did not complete high school, mortality rates, and prevalence of disability than counties with fewer unhealthy days<sup>7</sup>. According to the County Health Rankings, adults in North Carolina reported that their physical health was not good on 3.0 of the previous 30 days. This ranged from 2.5 to 4.2 days across counties in the state. Most counties in Western North Carolina rank closer to the average of 3.0 to 4.2 days.

**Solutions are already underway.** Policy-level efforts underway in North Carolina and Western North Carolina are and can continue to make a big difference in preventing chronic disease, disability, and premature death. Key efforts include the development of "social care delivery systems"<sup>8</sup> focused on primary care, disease prevention, and addressing the social determinants of health;<sup>9</sup> increased access to healthcare through NC Medicaid Expansion; and ongoing workforce development that ensures our healthcare system has the human capacity to meet the growing demands for care. This report will explore each of these three strategies further.

# Strategy 1

## Social Care Delivery Systems



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**Addressing unmet social needs controls costs.** Unmet social needs often result in increased costs in the healthcare environment. For example, a person with diabetes living without a working refrigerator will not be able to store insulin. The results of such deficiencies include both economic inefficiency and increased health risks to the person. The economic risks range from loss of medication to spoilage and increased costs of replacing the medication to risks of increase utilization of the emergency department, costly inpatient care, or even amputation. And the human costs in terms of decreased health and well-being are even more significant to the person, their families, and their communities. While we might not consider a refrigerator to be a healthcare solution, in a situation like this simply addressing this one social need can substantially reduce costs, improve quality of life, and improve health outcomes.

People with well-managed chronic conditions are generally less costly in the long term compared to those with sporadic control of causes and symptoms. The reason for this primarily lies in the prevention of short- and long-term serious complications. For example, people living with diabetes who have access to and effectively use treatment strategies have a lower risk of hospitalizations. As hospital stays are one of the most significant healthcare expenses, avoiding them can lead to substantial savings. Keeping diabetes under control can additionally decrease the necessity for medications and treatments for related health issues, such as high blood pressure or high cholesterol, that often accompany poorly managed diabetes. Effective diabetes management also helps prevent emergencies like diabetic ketoacidosis or severe hypoglycemia, which are not only dangerous but also result in expensive emergency care and

hospitalizations. And effective diabetes management contributes to better overall health, potentially reducing the need for medical interventions and the associated costs. While achieving and maintaining good diabetes control often requires regular medical appointments, consistent monitoring, and possibly more expensive medication initially, these costs are typically offset by the reduction in expensive complications and hospital treatments in the long run.

According to a 2019 McKinsey & Company survey, while unmet social needs are more prevalent among Medicaid beneficiaries, they exist across all types of health consumers, e.g., employer-sponsored group insurance, individual market plans, Medicare, Medicaid, and uninsured.<sup>10</sup> They are also linked to poor mental health, increased healthcare service utilization (e.g., emergency room use, hospitalizations), and decreased access to and satisfaction with healthcare services.<sup>11</sup> In children, unmet social needs are associated with lower levels of child wellness.<sup>12</sup> Each of these outcomes contributes to an increased cost of care and long term economic burden.

**Access to social needs equals access to care.** The question of access to and availability of healthcare resources is a key part of this equation. Western North Carolina tends to be older, poorer, and sicker than other parts of the state. Transportation, safe and stable housing, and access to healthy food, ability to store and manage medications like insulin are difficult and sometimes impossible for many people who live in our region. As a result, the costs of social services are shifted to the clinical setting, which is far more expensive and less efficacious than simply addressing the social services deficits in a low-cost way, such as through Community Health Workers (CHWs).

Barriers to addressing unmet social needs are diverse and numerous. Despite the large body of research demonstrating the impact of unmet social needs on a wide range of health and quality-of-life outcomes, organizational, community, and policy levels barriers remain. Some are administrative, such as cumbersome workflows and a lack of effective and affordable data and technological systems, while restrictions on inter-organizational partnerships can prevent wide-spread adoption of screening and resource coordination.<sup>13</sup> Others are more systemic, including a lack of qualified and sufficient workforce, poor or no internet access, lack of capacity in community-based social services, and limited financing.<sup>14</sup> An increasing number of innovative efforts to systematically address unmet social needs as part of healthcare delivery are leading the way in developing solutions to these barriers.

**WNC is leading the way in addressing these barriers.** Western North Carolina is leading the NC DHHS Healthy Opportunity Pilots, an innovative program to test and evaluate the impact of Medicaid paying for evidence-based services related to housing, food, transportation, personal safety, and toxic stress.

[Impact Health](#) is a dynamic start-up entity created by [Dogwood Health Trust](#) to lead Western North Carolina's participation in the State of North Carolina's Healthy Opportunities Pilot (HOP)

program for Medicaid. Functioning as the Network Lead, Impact Health serves as a connection between the NCDHHS, private health plans, and Human Service Organizations (HSOs) providing social care resources as part of HOP; oversees the Western North Carolina HSO network; supports capacity building, training, technical assistance and convenings for HSOs; reviews HSO invoices and forwards them to the correct private health plan; and collects and reports data to inform evaluation efforts.

HOP was developed with embedded rapid cycle assessments, allowing Impact Health and a variety of stakeholders to test approaches, examine impact, and improve delivery. Partnerships with institutions like the [Duke-Margolis Institute for Health Policy](#) have allowed for the analysis and publication of opportunities to support expansion while improving the impact of the current pilot intervention.<sup>15,16</sup> As one of three network leads, Impact Health has been on the cutting edge of innovation, ensuring that more eligible members receive services and improve their health status.

The first referral of the pilot was received in March of 2022 by MANNA Foodbank. As of March 15, 2024, 101,000 services have been provided to 5,900 clients. The full reach and impact of the pilot is difficult to ascertain, as many of the program services benefit and stabilize the entire household, not just the eligible member. For example, a single qualifying individual can result in food, transportation, home repair, and other services that impact the entire household, potentially resulting in increased opportunities for employment, fewer days absent from work or school, and reduced healthcare needs for several family members living under the same roof.

The infusion of HOP funds to the region also benefits the local economy. Over \$30 million dollars in public and private funds have come into the region through startup funds, capacity building dollars, and Medicaid reimbursements. These funds not only cover the cost of needed services for members, but also pay the salaries and expenses of hundreds of HSO staff, construction workers, plumbers, mechanics, farmers, and more. HSOs have also reported that these new funds have allowed them to reach more families in need, stretching their individual grant and other funding sources farther than ever before.

Beyond the funding, Impact Health also provides hours of training and technical assistance intended to strengthen the already robust social safety net of Western North Carolina. Training and technical assistance topics include billing and finance, compassion fatigue, health equity, resilience, compliance, evaluation, and data analysis. This support helps regional HSOs thrive both within the HOP program and beyond.

**Looking to the future.** Impact Health sees this initial pilot as the beginning of a critical transformation in health care delivery. As a community services hub, Impact Health is able to facilitate connections and relationships between disparate stakeholders and siloed sectors to increase efficiency and effectiveness of those working to meet the demand for non-medical drivers of health across the region.



Bringing more payors and investors into the circle will only improve health outcomes across a wide range of the population. This starts with the renewal of the original 1115 Demonstration Waiver that created the HOPs, and continues with expansion into the Medicare population, private payors, and access for the un- and underinsured so that all of Western North Carolina's residents are healthy and thriving.

# Strategy 2

## NC Medicaid Expansion



Image credit: CDC via Unsplash

**Medicaid expansion saves lives, reduces economic losses, and builds more resilient, healthier communities.** A decade of research demonstrates the benefits of the expansion of Medicaid in other states, including improved access to care, better overall health, reduced rates of preventable death, increased safeguards against financial hardship and bankruptcy, and provides a critical boost to rural hospitals. As the 41st state to expand Medicaid, North Carolina has a wealth of data and experience to draw on to implement the program for the greatest benefit to our most vulnerable populations. This is good news for Western North Carolina, where the percentage of the population living below 150% of the federal poverty level exceeds the NC average in 17 out of 18 counties.

Current expansion and projected enrollments tell a clear tale of need. Early projections from before expansion began indicated that 600,000 North Carolina residents would be eligible for Medicaid under the new regulations, reducing the state's uninsured rate by 30% were all eligible individuals to enroll. More than half of the new Medicaid users expected to sign up in the first two years have enrolled in the first two months, totaling 346,400 as of February 1, 2024. This rate of enrollment has been particularly high in North Carolina's 18 westernmost counties, which are more rural and have smaller populations between ages 19-64. As of the writing of this report, there have been 31,200 new users in western North Carolina.

**Shifting the urgency of care reduces costs and improves health outcomes.** North Carolina Medicaid has already paid for almost 270,000 prescriptions for chronic diseases including

diabetes, epilepsy, and heart disease, as well as \$4.8 million in dental care since Dec. 1, 2023.<sup>17</sup> All this points towards North Carolina residents utilizing Medicaid to access preventative care, rather than waiting for their health conditions to escalate to an emergency. This data is helping to dispel the myth that Emergency Department (ED) use goes up when Medicaid expands. The number of ED visits stays stable but the rate of patients who are uninsured goes down, saving money for both the state and hospital systems. Additionally, the percentage of ED visits for non-emergent issues decreases significantly when those previously uninsured patients have access to consistent primary care.<sup>18</sup>

Upstream interventions create downstream impacts. Being able to truly leverage the short- and long-term benefits of Medicaid expansion in Western North Carolina is a tremendous step toward achieving the twin goals of preventing premature death and disability and moving the needle on chronic condition management. Both healthcare providers and patients can move their focus away from downstream, expensive crisis treatment and toward upstream, less costly management and prevention. Improved health and wellness and decreased costs will additionally have compounding effects, as decreasing burnout and illness among providers will increase quality of care for patients as well as improve equity in access and affordability of care across demographics.

**Community-Centered Wellness is a vital framework for healthcare access and delivery.** An ideal model in Western North Carolina would include a robust Community Health Worker (CHW) workforce bridging health systems and communities, moving individuals and communities towards improved health and increased prevention, and engaging more and more eligible beneficiaries in enrolling in Medicaid, HOP, and other available financial subsidy programs.<sup>19</sup> In addition to contributing significantly to improved physical health outcomes and lower health care costs, CHWs can also fill in workforce shortage gaps in rural and underserved areas such as in Western North Carolina. Local jobs such as these also contribute to increased employment and economic opportunity, which has a direct impact on the conditions that contribute to poor outcomes.

# Strategy 3

## Workforce Development



Image credit: National Cancer Institute via Unsplash

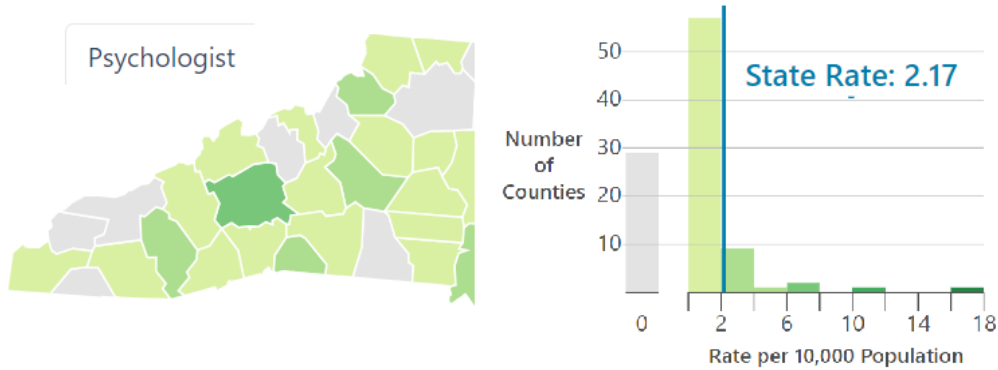
The inputs to most healthcare and social-service delivery systems include four key elements: *people, processes, technology, and capital*. Workforce constraints have adversely impacted a number of industries in recent decades, and healthcare has been no exception.

**Addressing health workforce challenges in Western North Carolina can help build an equitable system.** Western North Carolina faces a critical shortage and maldistribution of healthcare providers, particularly in rural and underserved areas. This shortage directly contributes to health inequities by limiting access to vital care and amplifying existing disparities. Recognizing this challenge, efforts are underway to strengthen the region's healthcare workforce and align it with community and public health needs. High priority areas for workforce shortages in Western North Carolina include nursing, behavioral health, primary care in rural areas, and direct care workers (e.g. home health aides, CNA's, and personal care workers).<sup>20</sup> For example, seven Western North Carolina counties have no clinical psychologists and the majority have fewer than 2 for every 10,000 people (figure 3)<sup>21</sup>.

Figure 3: Western North Carolina access to local mental health professions

## North Carolina Health Professional Supply Data

Psychologists per 10,000 Population by County, North Carolina, 2022



Other workforce considerations in Western North Carolina include human resources and capacity to address social drivers of health. And while physicians, nurses, dentists, and other healthcare professionals are often thought to represent the largest gaps in the clinical workforce, direct care workers (who assist older adults and people with disabilities with daily tasks) are another vital profession in short supply in our current workforce ecosystem, and one that ultimately translates to improved health outcomes.

At the state level, Caregiving Workforce Strategic Leadership Council (CWSLC) has compiled recent recommendations in a document entitled "Investing in North Carolina's Caregiving Workforce: Recommendations to Strengthen North Carolina's Nursing Home and Adult Care Home Workforce".<sup>22</sup> It outlines key recommendations to enhance the caregiving workforce in North Carolina emphasizing the need for comprehensive and strategic approaches to improve recruitment, retention, and training of caregivers. Efforts to address shortages require focusing on collaboration to best utilize existing providers to capitalize on the potential impact in our region. These recommendations include:

**Targeted Distribution and Care Coordination:** Efforts are needed to further address the primary care gap by expanding primary care services provided by teams of physicians, nurse practitioners, and physician assistants in communities with fewer resources. Increased access to mental health is required at several levels, and is achievable by strengthening the presence of psychiatrists, licensed clinical social workers, and therapists. A robust public health infrastructure that can provide data, perform outreach with community health workers, and create systems for accessing health promoters and health educators is also needed. A workforce that participates in

coordinated efforts has the best potential to improve health outcomes for communities in Western North Carolina.

**Supporting Comprehensive Pathways Based in Community:** Investing in educational pipelines that attract diverse students to healthcare careers with a focus on regional needs can not only increase access but also improve the effectiveness of workforce services. Addressing the challenges of our current workforce includes strategies to expand career pathways for health providers and caregivers, enhance training and education programs, improve workplace conditions, and increase wages and benefits for caregivers. Workforce efforts embedded throughout all educational levels should provide opportunities for exploring health professions and supporting individuals with immersive experiences and mentorship. Relatable lived experience or experience during training that exposes health disparities has significant potential to promote more equitable access and outcomes. Training programs that provide direct experience within communities of need increase the likelihood of recruitment and placement to high-impact areas.<sup>23,24</sup>

**Collaboration and Partnerships:** Any success with workforce development requires cross-sector collaboration among various stakeholders, including state agencies, long-term care providers, educational institutions, and advocacy groups. Coordinated, locally informed efforts to align policies, resources, and initiatives are necessary to strengthen the caregiving workforce and improve the quality of care, while actively engaging community members and organizations promotes an understanding of the unique needs required of the workforce. Tailoring workforce development efforts to complement incentives at the federal and state levels also has the potential to achieve greater outcomes with recruitment, training, and placement. Partnerships to collectively leverage data to track workforce trends, identify emerging needs, and measure the effectiveness of initiatives are already underway at the state level with the North Carolina Center on the Workforce for Health.<sup>25</sup>

The determinants that define the health workforce intersect many organizations, sectors, and government, all of which have policy implications. Issues include who enters the workforce, how they are trained, where they provide access, how they serve, and the collaboration that creates amplified health opportunities. By focusing on these areas and fostering strong local partnerships, we can build a healthcare workforce that reflects the needs of Western North Carolina and promotes equitable access to meaningful care for all.

# Conclusion

The factors that go into longevity, health, and quality of life are immensely complex, and social determinant interventions, Medicaid expansion, and workforce development are just a few of the strategies we have available to us when it comes to moving the needle in a more positive direction in these areas. However, a key strength these three approaches share is their significant potential to push solutions “upstream” – i.e. to address root causes and prevent problems from developing or harm from occurring in the first place – versus continuing to rely solely on more “downstream” approaches that only offer piecemeal, remedial solutions to those problems and harms once the damage has already been done (aka “Band-Aid®” solutions).

While it is vitally important to continue to do everything we can to address current needs, the adage that “an ounce of prevention is worth a pound of cure” rings true. Investments made in broader upstream systemic solutions may feel daunting compared to the short-term costs of more targeted downstream point-of-need measures. But it is becoming increasingly clear that over time those upstream investments pay significant dividends in terms of reduced healthcare costs, improved health outcomes, and more resilient, thriving communities, and the growing awareness of these benefits is being reflected in the current shift away from fee-for-service treatment of illness toward a more value-based, prevention-focused standard of care across our healthcare systems. Correspondingly, the three strategic focus areas covered in this paper each have significant influence over our ability (or lack thereof) to deliver on this shift toward prevention- vs treatment-focused approach to health and healthcare.

Likewise, as we learned during the panel discussions at the [2024 WNC Legislative Caucus: Emerging Issues and Opportunities for WNC Healthcare and Health Policy](#), these strategic areas have three additional features in common that position them as high-priority levers for change:

- They offer a wealth of opportunities for innovation and iterative success across multiple socioeconomic sectors and, individually and collectively, have the potential to position Western North Carolina as a model for the future of healthcare delivery.
- They represent aspects of our healthcare system (including access, delivery, and non-medical health supports) that have reached a crisis state in our region, that disproportionately impact historically underserved, underrepresented, vulnerable

and excluded populations (for good or ill), and that threaten to undermine the ability of our communities to function sustainably if left unresolved.

- Their successful implementation and sustainable maintenance would contribute significantly to building healthy, resilient, and thriving communities, which could in turn attract further economic, cultural, human, and other investments into our region.

Western North Carolina as a region presents many unique challenges to the sustainable provision of and equitable access to high quality healthcare and health-promoting resources. But equally, it has many critical assets that can be harnessed to the cause, as can be seen the early successes in Medicaid expansion implementation in rural areas<sup>26</sup> (which in turn is prompting plans for reopening/expanding community health centers in Western North Carolina in response to the increase in covered patients<sup>27</sup>); innovative regional healthcare delivery models<sup>28</sup> and workforce development programs<sup>29,30</sup>; and the community-driven success of the Western North Carolina Healthy Opportunities Pilot.<sup>31</sup>

As we continue our focus on more sustainable upstream solutions in these and other areas, it is hoped that by working together we can continue to build a healthier, more resilient, more equitable and thriving Western North Carolina.



# Endnotes

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<sup>8</sup> Social care delivery systems intentionally bring together healthcare, public health, and social services to provide individuals and families with holistic, equitable, community-focused, and person-centered care that also improves health outcomes, advances health equity, and produces overall savings and reduces the cost of care. An example of a social care delivery system is a Community Care Hub, a community-focused entity supporting a network of Community-Based Organizations providing services addressing health-related social needs.

<sup>9</sup> The social determinants of health are non-medical factors influencing health outcomes, or the day-to-day conditions and environments in which we are born, play, grow, learn, work, live, and age. Key domains of the social determinants of health include economic stability, access to

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