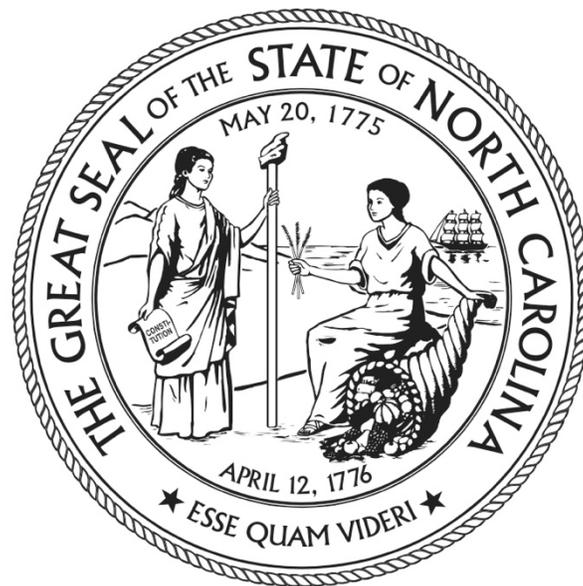


NC Department of Health and Human Services

State Health Director
Annual Report to the
North Carolina Medical Society and
Commission for Public Health

October 2023



This report also serves as the Annual Report on the North Carolina Division of
Public Health Strategic Plan for Public Health Accreditation

State of North Carolina

Roy Cooper, Governor

www.nc.gov

The North Carolina Department of Health and Human Services

Kody H. Kinsley
Secretary

Elizabeth Cuervo Tilson, MD, MPH
State Health Director
Chief Medical Officer

Mark T. Benton
Chief Deputy Secretary for Health

www.ncdhhs.gov

Division of Public Health

Susan M. Kansagra, MD, MBA
Assistant Secretary for Public Health

www.publichealth.nc.gov



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Public Health

The Department of Health and Human Services does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

BACKGROUND

NC General Statute 130A-33. Commission for Public Health – Regular and special meetings. Each year there shall be four regular meetings of the Commission for Public Health, one of which shall be held conjointly with a general session of the annual meeting of the North Carolina Medical Society. The State Health Director shall submit an annual report on public health at this meeting. NC Department of Health and Human Services (DHHS), Division of Public Health (DPH), and Dr. Elizabeth Tilson, State Health Director, are pleased to provide this report in fulfillment of this statutory requirement and to promote the connection of public health and clinical medicine.

INTRODUCTION AND EXECUTIVE SUMMARY

As the world continues to recover from one of the largest public health threats in recent history, this past year in North Carolina heralded a transition from COVID-19-specific recovery efforts to broader initiatives aimed at safeguarding and bolstering the overall health of North Carolinians. We leveraged the invaluable lessons learned and the partnerships fortified throughout the pandemic to continue to improve our responses to health challenges. Systems that have been chronically underfunded were further strained by the stressors of the pandemic, mandating thoughtful strategic investment in those systems. We have prioritized activities to advance whole person health and created roadmaps for strategic investment in the health of our people. This annual report outlines our national, state level, and agency strategic priorities and programming to further our commitment to health and opportunity for every North Carolinian.

America’s Health Rankings serves as an annual report for states built upon the World Health Organization’s definition of health. North Carolina’s overall health ranking relative to other U.S. states has consistently improved annually, evidencing our public health successes. In the [2022 Annual Report](#), North Carolina was ranked 30, up from 34 and 41 in the prior two years, respectively. As in years past, many health indicators on which North Carolina needs to improve are driven in part by North Carolina’s large uninsured population.

Medicaid expansion was signed into law by Governor Roy Cooper in March 2023 and represents a critical step forward to improve the health of North Carolinians and enable a substantial economic investment in the state. Operationalization of Medicaid expansion will be an integral step to improve health in North Carolina. The North Carolina Department of Health and Human Services was given final authority to implement Medicaid expansion through enactment of the state budget in early October, allowing for a launch date of December 1, 2023. We have a new [website](#), bilingual toolkit and a sign-up form to stay updated on the most current information and share with your partners, patients, and stakeholders.

[Healthy North Carolina 2030](#), released in 2020, lays out 21 ambitious, population-level goals and shared objectives for the entire state to solve “wicked problems” and improve the health of North Carolinians for this decade. It aims to mobilize and coordinate a broad array of private sector, public sector, and community organizations that can play a role in making North Carolinians healthier.

The North Carolina State Health Improvement Plan (NC SHIP) builds upon HNC 2030 to help create a unified strategy across multiple stakeholders to drive improvement in the indicators throughout the decade covered by HNC 2030. The NC SHIP documents are iterative, describe the

process for improvement, and report on progress of any improvements. 2023 NCSHIP lays out the efforts of statewide cross-sector collaboration and launches a Year of Action.

NCDHHS works toward [five strategic priorities](#), guided by our [strategic plan](#). Three priorities are areas of activity that bring together multiple divisions and external partners. They are Behavioral Health and Resilience, Child and Family Well-being, and a Strong and Inclusive Workforce. Two priorities are fundamental ways that we approach our work across the department. Our [Health Equity Portfolio](#) synthesizes and guides efforts across NCDHHS and beyond to erase gaps in whole-person health. Our [Data Office](#) works the numbers to tell us how we are doing.

NCDHHS Priorities

Behavioral Health & Resilience	Child & Family Well-Being	Strong & Inclusive Workforce
 <p>We need to offer services further upstream to build resiliency, invest in coordinated systems of care that make mental health services easy to access when and where they are needed and to reduce the stigma around accessing these services.</p>	 <p>We will work to ensure that North Carolina's children grow up safe, healthy and thriving in nurturing and resilient families and communities. Investing in families and children's healthy development builds more resilient families, better educational outcomes and, in the long term, a stronger society.</p>	 <p>We will work to strengthen the workforce that supports early learning, health and wellness by delivering services to North Carolina. And we will take action to be an equitable workplace that lives its values and ensures that all people have the opportunity to be fully included members of their communities.</p>

As we move out of the **COVID pandemic**, we have the tools needed to manage COVID-19 like we do other respiratory illnesses, including access to vaccines, testing, and treatment. In addition, we have expanded our focus to other **respiratory diseases** including Influenza and Respiratory Syncytial Virus and **communicable diseases**, including Mpox, syphilis and HIV for which there are disparities in rates of infections within our population.

Our **Public Health Infrastructure** has been chronically underfunded and the COVID-19 pandemic brought mainstream attention to public health across the globe and highlighted the challenges of this underfunded patchwork of public health infrastructure to respond to the crisis. These challenges and recommendations to response have been identified by the North Carolina Institute of Medicine's [Task Force on the Future of Local Public Health in NC](#). This report highlights work to **strengthen public health foundational capabilities, infrastructure, and workforce** to be able to respond to future threats more readily. Finally, this report also serves as the Annual Report on the **North Carolina Division of Public Health Strategic Plan** as required by Public Health Accreditation Board, and highlights work being done to meet DPH Strategic Priorities.

NORTH CAROLINA STATE HEALTH DIRECTOR

ANNUAL REPORT OCTOBER 2023

AMERICA'S HEALTH RANKINGS

[America's Health Rankings](#) is an annual report for states built upon the World Health Organization's definition of health: "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." The America's Health Rankings model includes four drivers of health – social and economic factors, physical environment, clinical care, and behaviors – along with a health outcome metric.

North Carolina's overall health ranking relative to other U.S. states has consistently improved annually, evidencing our public health successes. In the [2022 Annual Report](#), North Carolina was ranked 30, up from 34 and 41 in the prior two years, respectively. As in years past, many health indicators on which North Carolina needs to improve are driven in part by North Carolina's large uninsured population.

Noted highlights and challenges for North Carolina include:

Highlights: High childhood immunization rates (ranked 9th); 37% decrease in Food Insecurity; 22% decrease in smoking; Low residential segregation between Black and white individuals (ranked 6th); Low levels of air pollution (ranked 18th)

Challenges: 20% increase in firearm deaths; High premature death rate, (ranked 34th); Low supply of dental care providers, limiting access to dental care (ranked 40th); and High uninsured rate (ranked 41st)

More information on North Carolina's ranking can be found [here](#).

MEDICAID EXPANSION

In March 2023, the NC General Assembly (NCGA) passed, and the Governor signed, House Bill 76 which allowed for Medicaid Expansion. NCDHHS has utilized lessons learned from COVID-19 as part of planning and preparation for Medicaid Expansion. The Division of Health Benefits has been completing the extensive policy and technical work necessary to launch. Robust cross-divisional work within NCDHHS and intentional work with external partners is underway. The NCGA tied Medicaid expansion going live to the enactment of a state budget, which was not enacted until early October. This authority from the General Assembly to implement Medicaid expansion was a necessary component to move forward, but additional steps are also necessary, including final approval from federal partners at the Centers for Medicare & Medicaid Services. Further, IT and financial systems, counties (including staffing), and health plans must all make necessary changes prior to implementation of Medicaid Expansion. All of those approvals and necessary changes are expected to be in place for a December 1, 2023 launch date. Once Medicaid Expansion is implemented, this will make North Carolina the 40th state to expand Medicaid, and increase access to care and better health for an estimated 600,000 North Carolinians, including 300,000 individuals who will gain access to full coverage on the first day of implementation.

We have a new [website](#), bilingual toolkit and a sign-up form to stay updated on the most current information and share with your partners, patients, and stakeholders.

The bilingual toolkit includes:

- [Day 1 Flyer](#): An overview of who is eligible and how to enroll.
- [Newsletter Template](#): Content to include in your newsletters and emails.
- [Social Media](#): Graphics and posts to share on your channels.
- [Family Planning Flyer](#): Information for the approximately 300,000 people who receive limited benefits through Family Planning Medicaid who will be automatically enrolled in full Medicaid.
- [Medicaid Essentials Deck](#): A presentation to share with your community on who is eligible and how to enroll.
- [FAQ](#): Answers to common questions.
- [ePass Video](#): An overview of how to apply online through ePass.

To stay updated with the latest information, be notified when the application process goes live, and receive the newest resources, complete this [sign-up form](#).

HEALTHY NORTH CAROLINA (HNC) 2030

[Healthy North Carolina](#), released in 2020, lays out 21 ambitious, population-level goals and shared objectives for the entire state to solve “wicked problems” and improve the health of North Carolinians for this decade. It aims to mobilize and coordinate a broad array of private sector, public sector, and community organizations that can play a role in making North Carolinians healthier. HNC 2030 leverages the population health model to address drivers affecting health outcomes such as quality of life and life expectancy: social and economic factors, health behaviors, physical environment, and clinical care. NCDHHS continues to support efforts to achieve Healthy North Carolina 2030 targets. The accompanying table lists the 21 health indicators, updated to reflect 2022 data, as compared to 2030 targets.

HEALTH INDICATORS AND DATA

(TOTAL NC POPULATION, 2030 TARGET, AND DATA BY RACE/ETHNICITY, SEX, AND POVERTY LEVEL)

		TOTAL POPULATION		
	HEALTH INDICATOR	DESIRED RESULT		
			CURRENT (YEAR)	
			2030 TARGET	
1	INDIVIDUALS BELOW 200% FPL	Decrease the number of people living in poverty	36.8% (2013-17)	27.0%
2	UNEMPLOYMENT	Increase economic security	7.2% (2013-17)	Reduce unemployment disparity ratio between white and other populations to 1.7 or lower
3	SHORT-TERM SUSPENSIONS (PER 10 STUDENTS)	Dismantle structural racism	1.39 (2017-18)	0.80
4	INCARCERATION RATE (PER 100,000 POPULATION)		341 (2017)	150
5	ADVERSE CHILDHOOD EXPERIENCES	Improve child well-being	23.6% (2016-17)	18.0%
6	THIRD GRADE READING PROFICIENCY	Improve third grade reading proficiency	56.8% (2018-19)	80.0%
7	ACCESS TO EXERCISE OPPORTUNITIES	Increase physical activity	73% (2010/18)	92%
8	LIMITED ACCESS TO HEALTHY FOOD	Improve access to healthy food	7% (2015)	5%
9	SEVERE HOUSING PROBLEMS	Improve housing quality	16.1% (2011-15)	14.0%
10	DRUG OVERDOSE DEATHS (PER 100,000 POPULATION)	Decrease drug overdose deaths	20.4 (2018)	18.0
11	TOBACCO USE	Decrease tobacco use	YOUTH 19.8% (2017) ADULT 23.8% (2018)	9.0% 15.0%
12	EXCESSIVE DRINKING	Decrease excessive drinking	16.0% (2018)	12.0%
13	SUGAR-SWEETENED BEVERAGE CONSUMPTION	Reduce overweight and obesity	YOUTH 33.6% (2017) ADULT 34.2% (2017)	17.0% 20.0%
14	HIV DIAGNOSIS (PER 100,000 POPULATION)	Improve sexual health	13.9 (2018)	6.0
15	TEEN BIRTH RATE (PER 1,000 POPULATION)		18.7 (2018)	10.0
16	UNINSURED	Decrease the uninsured population	13% (2017)	8%
17	PRIMARY CARE CLINICIANS (COUNTIES AT OR BELOW 1:1,500 PROVIDERS TO POPULATION)	Increase the primary care workforce	62 (2017)	25% decrease for counties above 1:1,500 providers to population
18	EARLY PRENATAL CARE	Improve birth outcomes	68.0% (2018)	80.0%
19	SUICIDE RATE (PER 100,000 POPULATION)	Improve access and treatment for mental health needs	13.8 (2018)	11.1
20	INFANT MORTALITY (PER 1,000 BIRTHS)	Decrease infant mortality	6.8 (2018) Black/white disparity ratio = 2.4	6.0 Black/white disparity ratio = 1.5
21	LIFE EXPECTANCY (YEARS)	Increase life expectancy	77.6 (2018)	82.0

2023 NORTH CAROLINA STATE HEALTH IMPROVEMENT PLAN (NC SHIP)

The North Carolina State Health Improvement Plan (NC SHIP) builds upon HNC 2030 to help create a unified strategy across multiple stakeholders to drive improvement in the indicators throughout the decade covered by HNC 2030. The NC SHIP documents are iterative, describe the process for improvement, and track improvement progress.

The [2020 NC SHIP](#) began to lay out the processes for addressing and offers a deeper dive into the HNC 2030 indicators. The [2022 NC SHIP](#) provided an update, along with additional detail, on the strategies and processes being used to achieve improvements on the HNC 2030 indicators. The 2023 NC SHIP will be publicly available in fall 2023 and tracks progress on the HNC 2030 metrics and further refines strategies for improving the health of North Carolinians.

During the 2022-2023 year, the NC SHIP Community Council brought together non-NCDHHS organizational, NCDHHS governmental, and community partners in 18 work groups to build upon the 2022 NC SHIP and identify, develop, and prioritize strategies and policies with the greatest potential for “Turning the Curve” on the HNC 2030 indicators. Work groups across the Community Council aligned with existing plans where applicable. The Community Council continued to leverage COVID-19 lessons to strengthen public health foundational capabilities and refined and prioritized policies to support HNC 2030. The 2023 NC SHIP represents this work.

Building on the efforts of the Community Council, 2023-2024 will be a “Year of Action,” and we aim to engage partners to improve the health of the state by adopting one or more HNC 2030 Indicator(s) as part of their organization’s strategic planning and/or by participating in one of the Community Councils.

For more information, please contact the HNC 2030 Resource Center HNC2030@dhhs.nc.gov. The Clear Impact Scorecard for 2022-2023 can be found [here](#), and for 2023-2024, [here](#).

NCDHHS STRATEGIC PRIORITIES

Guided by our [strategic plan](#), NCDHHS works toward [five strategic goals](#). Three prioritized goals, embody areas of activity that bring together multiple divisions and external partners: Behavioral Health and Resilience; Child and Family Well-Being; and a Strong and Inclusive Workforce. Two goals address the fundamental ways in which we approach our work across the department: our [Health Equity Portfolio](#) synthesizes and guides efforts across NCDHHS and beyond to erase gaps in whole-person health, and our Data Office tracks our metrics to tell us how we are doing.

Priority: Behavioral Health and Resilience

Chronic underfunding of behavioral health services, the opioid and substance use disorder epidemic, and a heavy burden of behavioral health disorders in our population all predated the pandemic. The COVID-19 pandemic brought further, and unprecedented, stressors that exacerbated that mental and behavioral health crises in North Carolina and nationwide. Research shows that coordinated systems of care for people with behavioral health issues or substance use disorders are effective at improving

outcomes. To build resiliency, major investments must be made in North Carolina in coordinated systems of care that build upstream services, make mental health care easy to access when and where they are needed, and reduce stigma associated with accessing these services. Some investment has been made in the behavioral system, for example historic funding addressing substance use disorder has been made possible by the [Opioid Settlement](#), but much more is needed. In March of 2023, Governor Cooper released a Roadmap for \$1 Billion in Behavioral Health and Resilience Investment to guide further funding. Approximately \$700 million of the \$1 billion in proposed investments were included in the final NC General Assembly budget, including funding to shore up the crisis system and provide more crisis stabilization options for children, support for re-entry and diversion programs for justice-involved populations, wrap around supports for children with specialized behavioral health needs, technology and data improvements, along with transformative and sustained investment increasing behavioral health rates for providers. This is a historic investment in our behavioral health system.

The areas of focus for NCDHHS within our Behavioral Health and Resiliency priority are below along with expanded descriptions of a few select initiatives.

- Promoting Behavioral and Physical Health Care Integration
 - Collaborative Care model within NC primary care
 - Certified Community Behavioral Health Clinic (CCBHC) Pilot
 - Tailored Care Management
- Addressing the Intersection of Behavioral Health and Justice Systems
 - Community Capacity Restoration Pilots and Capacity Restoration Advancements
 - Pre-arrest diversion and re-entry programs
- Increasing Access to Crisis Services
 - 988 Suicide Crisis Hotline (*described below*)
 - Suicide Action Plan
 - Behavioral Health Bed Registry
- Addressing Substance Use Disorders
 - Mobile Medication Assisted Treatment (MAT) (*described below*)
 - Collegiate Recovery Programs (*described below*)
 - Medicaid/State Substance Use Disorder Services
- Improving Behavioral Health Data Infrastructure and Utilization
 - Emergency Department Behavioral Health hold data reporting
 - Behavioral Health Syndromic Surveillance using emergency department data available via NC DETECT
 - Electronic Health Records in the three state psychiatric hospitals
 - Local Management Entity-Managed Care Organization (LME-MCO) dashboard

Suicide & Crisis Lifeline Services and Substance Use Disorder Treatment

Reaching people before they are in crisis is critical to behavioral health. NCDHHS has expanded mobile crisis services and peer supports to get people the care they need at the right time and place.

NCDHHS launched the [988 Suicide and Crisis Lifeline](#) in July 2022, which offers 24/7 access to trained crisis counselors who can help people experiencing behavioral health-related distress. About 5,000 people call 988 each month in North Carolina. Since its launch, there has been a 40% increase in North Carolinians calling for support with 60% of callers being new callers. 90% of individuals

with thoughts of suicide reported improvement in how they were feeling by the end of the call. In addition, since launch, 988 has seen an 85% increase in callers identifying "substance use" as their primary reason for calling 988.

North Carolina’s communities and families have been meeting the tragedy of overdose deaths and the opioid crisis head on, every day. The 2021 statistics show this is more critical than ever, as 4,041 people in North Carolina lost their lives to overdose; this is the highest number of overdose deaths in a single year on record in the state and represents a 22% increase from the prior year. The rise in overdose deaths in recent years is driven by the introduction of illegally manufactured fentanyl. In 2021, more than 77% of overdose deaths in the state likely involved fentanyl, often in combination with other substances.

The impacts of the COVID-19 pandemic exacerbated this crisis, and the number of people who have died from overdose has also worsened in some historically marginalized communities. The overall number of overdose deaths is still highest among non-Hispanic white people; however, when measured as a portion of population, American Indian/Indigenous people have the highest overdose death rate. The percentage by which overdose death rates increased from 2019 rates to 2021 (see above table) rates was highest among Black/African American people with a 139% increase in their overdose death rate.

Overdose Death Rates by Year and Race, Increase from 2019 to 2021

Race	2019 rate	2021 rate	Increase
American Indian/Indigenous	43.3	94.1	117%
Black/African American	16.1	38.5	139%
White	27.4	42.0	53%

Deaths per 100,000 residents; Non-Hispanic

In response, NCDHHS continues to expand access to prevention, crisis care, treatment, and other efforts to improve behavioral health services across the state. Our efforts include the distribution of more than 719,000 units of naloxone to agencies across the state to assist in overdose response efforts. Additionally, the department worked to increase access to medication assisted treatment (MAT) by successfully advocating for changing regulations, so mobile units can provide FDA-approved medications for the treatment of opioid use disorders in North Carolina. The department is now working to implement this new authority and establish mobile MAT in partnership with providers. The department is also working with EMS agencies in eight counties to allow them to offer buprenorphine as a medication to treat people who have an opioid use disorder.

NCDHHS continues to implement the [North Carolina Opioid and Substance Use Action Plan](#) to prevent substance use disorder, reduce harm, connect people to care and increase access to supportive services, such as housing and employment. Progress is monitored on a [Opioid and Substance Use Action Plan Data Dashboard](#) that tracks many local actions and state-, regional- and county-level metrics. Since launching this plan, the number of people receiving prescribed opioids has decreased by at least 36%. The rate of individuals with Opioid Use Disorders served by treatment programs who are uninsured or are covered by Medicaid has increased by 48%. Medicaid expansion will help to accelerate our work.

Collegiate Recovery Programs (CRPs)

Collegiate Recovery Programs (CRPs) have been in existence for more than 40 years. They were developed in response to the growth in drug and alcohol use among adolescents and young adults, the risks posed to students while on campus, and the unique needs of students in recovery. CRPs provide services and educational opportunities in a supportive environment for students attending a public or private college or university, ultimately supporting young adults at a critical juncture in their lives.

An identified priority for NCDHHS, funding for collegiate recovery programs has been provided since 2015 and supported programs in 13 out of the 17 universities in the UNC system. In 2022, \$873,760 was distributed. In early 2023, NCDHHS awarded more than \$3.2 million to nine colleges and universities across the state to increase access to recovery services and supports on campuses for students with substance use disorders. These grants are made available through funding from the U.S. Substance Abuse and Mental Health Services Administration, the Substance Abuse Prevention and Treatment Block Grant. The new awards significantly expands on the initial investments and increases access to substance use disorder recovery services available at public or private, non-profit colleges and universities across the state. Campuses are using these funds to develop and implement comprehensive collegiate recovery programs that provide access to drug- and alcohol-free places and locations for students to live, study, and socialize; provide peer mentorship; and receive other recovery supports. Funds may also be used to provide alcohol-free and drug-free social activities for students, as part of the collegiate recovery programming.

Priority: Child and Family Well-Being

Similar to the behavioral health system, systems serving children and their families have also been chronically underfunded. North Carolina comes in last at 9th of 9 for public funding of child welfare systems among peer states with state-led, county-administered public health systems. Children in NC receive roughly half as many funds as those in peer states. Regionally, NC ranks 4th of 7 states (Alabama, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee) in total public funding and comes in the lowest for state funding at 7th of 7. The pandemic placed additional immense stress on North Carolina families and children, strained systems established to serve them, limited available services, and eroded safety nets.

Mothers and babies do not fare well in North Carolina and long-standing disparities exist. The rate of Severe Maternal Morbidity in NC (92/10,000 deliveries) is above the national average (88/10,000 deliveries) and black mothers are almost twice as likely to suffer a severe maternal morbidity than a white mother. Black mothers are also almost more than twice as likely to die related to pregnancy than white mothers. While this disparity is still too high, it does represent a marked improvement over the past 10 years from when black mothers were six times more likely to die than white mothers. For our infants, while we have had some improvements, North Carolina ranks 40 out of 50 in infant mortality and black babies in North Carolina die at more than twice the rate of white infants.

NCDHHS continues work across NCDHHS and with partners to support mothers, children and families, increase access to care, programs and support they need to flourish, and advocate for and guide further public investment to support our families. [A Coordinated Action Plan](#) was released to guide the Transformation of Child Welfare and Family Well-Being. Medicaid expansion will further benefit children and families as children benefit from healthy parents. The Division of Health

Benefits is developing a new [Child and Family Specialty Medicaid Managed Care](#) plan that is tailored to the specific needs of children and families served by the child welfare system. NCDHHS is leveraging data and technology to make it easier for families to access [essential food programs](#) that support whole child and whole family health. NCDHHS is also supporting the mental health needs of North Carolina's children with new programs in schools and communities. The Division of Public Health released the updated [Perinatal Health Strategic Plan](#) describing opportunities and strategies to continue to work toward improvement in maternal and infant health.

Strategic initiatives on which we are focusing to improve child and family well-being are listed below, along with descriptors of some additional program highlights.

- Child Behavioral Health
 - NC Psychiatric Access Line (NC-PAL)
 - Child behavioral health data dashboard
 - Access to specialty child behavioral services
 - Intensive Alternative Family Treatment
- Maternal and Infant Health
 - Access to contraception
 - Maternal bundle and group prenatal care payments
 - Prevent and Treat Syphilis Prevention and Treatment
- Child Welfare
 - NC Medicaid Child and Family Specialty Plan (Foster Care)
 - Child Welfare Information System
 - Financial Supports for Kinship Care
 - Regional Support for Social Service agencies
- Nutrition Security
 - Connection to resources through NCCARE360
 - Data linkages and tailored outreach to increase enrollment of eligible families in WIC and FNS
 - Statewide breastfeeding hotline and WIC training

School Behavioral Health

In partnership with the North Carolina Department of Public Instruction, NCDHHS released the [North Carolina School Behavioral Health Action Plan](#) in March 2023, proposing key investments in our schools to address the urgent mental and behavioral health crisis facing youth.

Addressing the youth mental health crisis requires a commitment to meeting children where they are. Schools play a critical role in supporting the health of students by providing convenient access to behavioral health supports for youth. This is particularly important in North Carolina, as more than half of its youth with mental health disorders do not currently receive necessary care and more than half of the state's counties do not have a child psychiatrist. The proposed programming supports teachers and school staff by providing the tools they need to help prevent behavioral health crises through early intervention and prevention.

In addition to highlighting the critical funding needed to hire more school nurses and social workers throughout the state, the plan describes six investments in evidence-based strategies and pilot programs to support the behavioral health of students. The strategies are designed to increase access

to behavioral health supports, provide flexible resources to address local priorities and build partnerships with community providers to meet student needs.

The investments outlined in the plan include:

1. Increasing capacity of schools to identify and address behavioral health needs through student-focused prevention and support services.
2. Training school personnel to better recognize and respond to emerging behavioral health issues.
3. Establishing school-based telehealth pilot programs to expand behavioral health care access for approximately 10,000 students in high need and rural districts.
4. Flexible funding to local School Health Advisory Councils to support coalitions of parents, school staff and community members investing in behavioral health resources to meet local needs.
5. Connecting schools and families with behavioral health partners in their community.
6. Funding a new statewide electronic health record system to secure student health records and enable records to transfer when students move.

In collaboration with i2i Center for Integrative Health, a North Carolina non-profit dedicated to building collaborative and evidence-based initiatives to improve the behavioral health care and support services within a whole-person care model, targeted K-12 initiatives include helping select schools create and implement a system of care. Using this framework, schools, community-based organizations, and local health providers will be able to partner more effectively with families to access behavioral health supports for children and prevent children from experiencing mental health crises. Best practices learned from these school district convenings will be shared via toolkit.

Pharmacist Initiated Contraception

Increasing access to reproductive life planning, including contraception, is important as almost half of pregnancies in NC are unintended and unintended pregnancies can have significant negative consequences for families, women, infants, and children. [Session Law 2021-110/House Bill 96](#) enabled pharmacist-initiated contraception, which increases access to contraception. NCDHHS worked collaboratively with provider and pharmacist partners to develop temporary [state-wide standing orders that were issued by the State Health Director and updated in April 2023](#). The Medical and Pharmacy Board have now adopted these Standing Orders as more permanent [Protocols](#). The NC Association of Pharmacists has developed a [Hormonal Contraception Toolkit and Training Series](#) and the NC Board of Pharmacy are covering the cost of the training for the first 6,000 pharmacists. The [UNC Eshelman School of Pharmacy](#) received a grant from the Duke Endowment to support the implementation of pharmacist provided hormonal contraception across the state of NC and hosted a Summit in August 2023 to launch that work.

Breastfeeding

Breastfeeding is an integral part of maternal and child health, offering a multitude of benefits for both infants and mothers. In August 2023, NCDHHS launched [BreastfeedNC.com](https://www.breastfeednc.com), a new website dedicated to providing comprehensive information and resources to support mothers and families across North Carolina who are interested in breastfeeding.



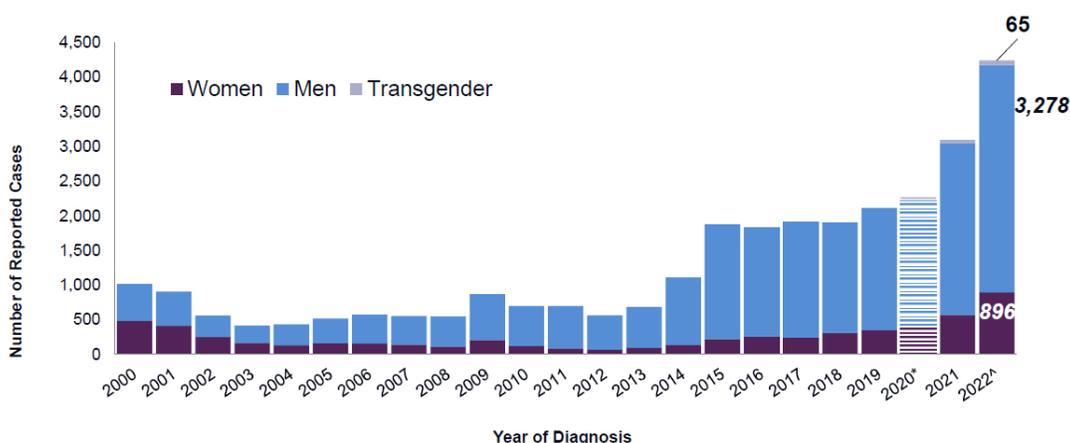
Because breastfeeding can be challenging for many women, BreastfeedNC.com includes common techniques that can be used to overcome challenges and barriers. The information provided on BreastfeedNC.com is reliable, up-to-date, and designed to enhance knowledge and confidence in breastfeeding and pumping. Partners can also learn about techniques to support mothers during breastfeeding and how to foster a supportive environment. The website features a comprehensive directory of breastfeeding support services and lactation consultants throughout North Carolina; for those who struggle with breastfeeding, resources include links to support groups, lactation consultants, lactation education resources, and WIC, ensuring access to needed assistance.

The launch of BreastfeedNC.com is in support of NCDHHS’ priority to improve child and family well-being, and it aims to create a user-friendly platform that educates mothers, families, and health care professionals on the importance of breastfeeding, as well as the resources available to facilitate more successful breastfeeding journeys. By providing evidence-based information, local support directories, and a supportive community, we aim to empower mothers and families in their breastfeeding journey and contribute to improved maternal and child health outcomes across the state.

Syphilis

Syphilis cases in North Carolina are on the rise, increasing 23% from 2021 to 2022. Trends related to early Syphilis diagnoses for the past 22 years can be found below.

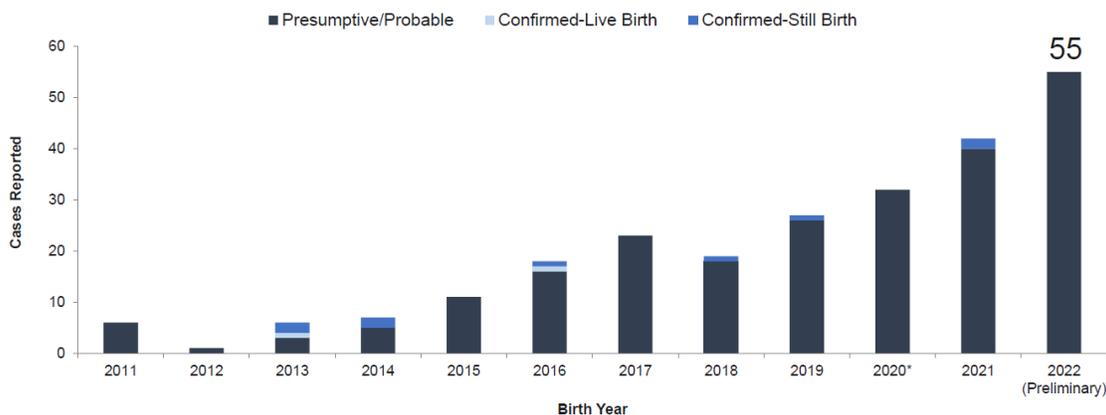
Early Syphilis Cases by Gender, NC, 2000-2022[^]



[^]Early syphilis is defined as primary, secondary, or early non-primary non-secondary (formerly early latent) syphilis.
^{*}2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic.
 Data Source: North Carolina Electronic Disease Surveillance System (NC EDSS) (data as of March 1, 2023); [^]2022 data are preliminary.

Syphilis infection among women of reproductive age is also on the rise in North Carolina; between 2012 and 2021, there was a 538% increase in reported syphilis cases among women with an associated 4100% increase in congenital syphilis (CS) infections. CS infections increased 31% in 2022 (55 cases), as compared with 2021 (42 cases). To put this in recent historical context, in 2012, there was only one reported case of congenital syphilis. The statistics can be seen below.

Congenital Syphilis Cases by Birth Year, 2011-2022



*2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic. Data is italicized for this reason.
Data Source: Sexually Transmitted Disease Management Information System (STD/MIS) and North Carolina Electronic Disease Surveillance System (NC EDSS) (data as of September 7, 2022).

Congenital syphilis is preventable through early detection and treatment of maternal infection during pregnancy. [North Carolina public health law](#) requires health care providers to screen all pregnant women for syphilis screening at the first prenatal visit, between 28-32 weeks’ gestation, and at delivery. In 2021:

- 92% of pregnant women with syphilis were asymptomatic at diagnosis. Symptom-directed screening alone would have missed these infections.
- 43% of mothers with infants with congenital syphilis had little or no prenatal care. Syphilis screening at delivery and knowing maternal status prior to newborn discharge is a critical care step for identifying mothers and infants with syphilis.

During the pandemic, many people delayed regular testing for sexually transmitted infections. NCDHHS has focused efforts on identifying sources of infection, offering early interventions through education and screening of at-risk populations, and ensuring access to early treatment for people who test positive for syphilis and their partners. To further this work, NCDHHS will be convening a Southeast Congenital Syphilis Payer Summit in October 2023, launching an enhanced provider and public educational and public awareness campaign, and distributing rapid syphilis tests to safety net providers. Medicaid expansion will give more people coverage for routine testing and treatment.

Firearms

Five North Carolinians die by firearms every day in North Carolina. Deaths by firearms are now the leading cause of injury-related deaths for children. NCDHHS released a [white paper addressing firearm injury and death as a public health issue](#) in November for 2022. An [Office of Violence Prevention](#) was created in March 2023. The [July 2023 North Carolina Medical Journal](#) issue was devoted to gun violence. [NC S.A.F.E](#) - a safe storage campaign was launched in May 2023. Increased funding for Hospital and Community Violence Prevention Programs have been identified.

Preschool Developmental Grant/Family Child Care Home (FCCH) Network

Across North Carolina, 1,261 family child care homes (FCCHs) provide essential benefits to families and care for about 8,000 children in a home setting. Not only do they offer flexible hours for families working non-traditional schedules, but they are also more likely to serve families of color, low-income families, and families who experience difficulty accessing care through child care centers. This includes infants and toddlers, children with disabilities and children in rural areas. Quality has been and will continue to be a critical factor for FCCHs due to the individualized care provided and smaller, responsive learning environments. High-quality family child care, provided by licensed and highly skilled teachers and providers, has been found to improve children’s cognitive, social-emotional and physical development.

In early 2023, North Carolina received a \$4 million federal Preschool Development Grant to build on North Carolina’s ongoing efforts to strengthen a high-quality early care and learning network that helps families raise healthy, capable children and builds a stronger North Carolina. Since 2018, North Carolina has leveraged more than \$41 million in Preschool Development Grant funding to pilot and scale best practices across North Carolina’s early care and learning network. A new, \$4 million Preschool Development Grant will enable NCDHHS – in partnership with the NC Family Child Care Home Advisory Council and national and state-level partners – to execute strategies across five core activities:

1. Identifying needs, challenges and barriers faced by family child care homes
2. Maximizing parent and family engagement opportunities
3. Increasing access to quality early care and learning by strengthening the FCCH network
4. Expanding professional development for providers
5. Developing best practices for increasing subsidies for providers to improve program quality

Priority: Strong and Inclusive Workforce

Our health workforce is essential to keeping North Carolinians healthy and well. Long-standing workforce challenges were exacerbated by the pandemic, including our early childhood educators, direct care workers and state and local government employees and public health leaders. NCDHHS has a vacancy rate of 25% across the department. These challenges will be exacerbated when pandemic associated funding comes to an end. NCDHHS is prioritizing a focus on [building a strong and inclusive workforce](#) that supports early learning, diversity, and wellness across North Carolina. This includes investigating new compensation models, career pathways and inclusive employment strategies that will support a workforce that is ready for our next challenge and is reflective of our entire community. NCDHHS has employed a number of strategies and programs to specifically bolster our Health workforce; Child Care workforce; and State & County Health & Human Services workforces. More details on some of these initiatives are below.

- Health Workforce
 - Workforce Strategic Leadership Council and Governance (described below)
 - Direct Care Workforce for older North Carolinians and individuals with different abilities
- Child Care Workforce
 - New pathways for certification
 - Funding for early childhood educators

- State and County Health & Human Services Workforce
 - NC DHHS Workforce
 - State and Local Public Health & Community Health Workforce (Public Health Workforce initiatives described later in this document)
 - County DSS Workforce

Direct Care Workforce

North Carolina leaders are projecting shortages in direct care workers, nurses, and other caregiving positions in the coming decade. At the same time, demand for these services is rising. To address this gap, NCDHHS and the North Carolina Department of Commerce are leading North Carolina’s new Caregiving Workforce Strategic Leadership Council.

North Carolina lost more than 9% of its direct care workforce from 2016 to 2021. Based on the Department of Commerce’s projected job openings for 2021-2030, direct care workers represent the most needed health care job in North Carolina. Prior to the pandemic, North Carolina expected a shortage of 12,500 Registered Nurses (RNs) and 5,000 Licensed Practical Nurses (LPNs) by 2033, which worsens when adjusted for recent trends, according to the UNC Sheps Center. Employees are leaving the field for reasons including better pay opportunities, easier working conditions or to stay at home and take care of their families.

The Council aims to reverse this trend by addressing the complex problem head-on and strengthening the pipeline of caregivers, whose work directly and indirectly improves the health and well-being of all North Carolinians. Nurses, doctors, and behavioral health providers offer treatment when people are sick. Direct care workers, such as personal care aids and other assistants, help preserve dignity for those who, because of a health condition, disability and/or age, require support for daily activities like dressing, eating and following a medication schedule. All of these workers deserve competitive wages for the lifesaving and life-changing work they do. The caregiving workforce supports every person in North Carolina, and the Leadership Council is committed to creating real solutions that build an equitable workforce pipeline, forge career pathways, and address financing strategies that support sustainable wages so we can avert this coming crisis.

The Caregiving Workforce Strategic Leadership Council will use data and expert input to identify strengths and challenges facing this critical workforce and to develop coordinated action. The first three focus areas are the direct care, nursing, and behavioral health segments. The Council is using recently published Employment Projections from the Department of Commerce, as well as expertise from the NC Area Health Education Centers, to help guide its decision-making.

To create the Council, DHHS Secretary Kinsley and Department of Commerce Secretary Machel Sanders nominated leaders from across state government and the education sector to participate, including partners from the Office of Governor Roy Cooper, NC Department of Commerce, NC Department of Health and Human Services, NC Department of Labor, NC State Board of Education, NC Department of Public Instruction, NC AHEC, NC Community College System, NC Independent Colleges and Universities, University of North Carolina and Economic Development Partnership of North Carolina.

COMMUNICABLE DISEASES

COVID-19

The U.S. public health emergency that was declared to respond to COVID-19 ended on May 11, 2023. From early 2020 to April 2023, NCDHHS worked with community partners, public health and health care workers, and countless others to ensure that North Carolinians had the information, vaccines, tests, treatments, and other resources that helped reduce the spread of disease, hospitalizations, and COVID-19 related deaths. During this time, with the aid of more than 4,450 community partners and health care providers:

- North Carolina took part in more than 1,000 community events for testing and vaccine administration, administering more than 17 million COVID-19 vaccines.
- More than 12.2 million at-home tests were distributed throughout the state.
- More than 29 million visitors used the MySpot.nc.gov website to access important and updated information about COVID-19
- NCDHHS also reached more than 963 million people through social media and 462,290 people through live, virtual tele-town halls where experts provided essential information and guidance.

The public health successes throughout the three years of the pandemic were a testament to the strength, innovation, and resilience of North Carolinians, as we worked tirelessly to protect one another from COVID-19 and its sequelae.

Now, with the end of the U.S. public health emergency, we have the tools needed to manage COVID-19 like we do other respiratory illnesses, including access to vaccines, testing, and treatment. NCDHHS continues to track data to monitor COVID-19, but has shifted Key Metrics and has incorporated COVID-19 data with other respiratory illness data as a part of the [North Carolina Respiratory Illness Summary Dashboard](#). The Dashboard includes data on COVID-like illness, influenza-like illness, respiratory syncytial virus (RSV)-like illness, and other respiratory illness visits to emergency departments; New COVID-19 and influenza hospital admissions; and Wastewater surveillance.

As people move to increase use of at-home tests, NCDHHS ended community testing sites on March 31, 2023. In addition, with the increased use of at home tests, reported case numbers had become increasingly unreliable as home tests results are also not generally reported. Further, with the end of the Public Health Emergency, doctors and labs are no longer required to report COVID-19 cases to public health in North Carolina. As such, we moved away from COVID cases to Wastewater surveillance as an indicator of viral spread.

Finally, with COVID-19 vaccines transitioning from state and federal distribution to the commercial market, the supply of COVID vaccine will more closely match supply channels for other vaccines. Providers and pharmacies will order supplies through the private, commercial market. This will be the way most insured people will receive a vaccine. The Vaccine for Children program will provide vaccine for children covered by Medicaid and who are uninsured and under-insured. The state will receive a limited supply of free vaccines for uninsured or underinsured adults through the federal Bridge Access Program. These vaccines will be distributed to safety net providers like Community

Health Centers, local health departments, free and charitable clinics. In addition, pharmacies participating in the Bridge Access Program will also receive a supply of free vaccine for uninsured adults. In addition, NCDHHS has transitioned back to more routine immunization reporting. Vaccine for Children Providers, Pharmacies, and providers participating in the Bridge Access Program are required to report vaccines through the NC Immunization Registry. In addition, health systems that have a data interface with NCDHHS still submit vaccine data. However, providers and vaccine supply in the commercial private market are no longer required to report vaccine data. With limitations of data, State-collected COVID-19 vaccination data was retired May 31, 2023, although vaccination data will continue to be available from the CDC. Online availability of COVID-19 vaccine records ended in June 2023; people vaccinated in North Carolina will now need to get vaccine records from their provider or pharmacy or local health department in the same way they access their vaccine records for other immunizations.

The end of the Public Health Emergency and decrease of COVID-19-specific resources has translated to reduced resources for community engagement and communications, and it has marked the discontinuation of multiple federal flexibilities, exceptions, and expanded services for NCDHHS programs to support individuals' access to healthy food – Food and Nutrition Services (FNS) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Finally, the end of the pandemic has also heralded the end of excess public health funding for COVID-19, which will be fully realized in 2024.

Respiratory Syncytial Virus (RSV) and Influenza

As we come out of the COVID-19 pandemic, we are shifting to preparation and response that includes other respiratory diseases, including Respiratory Syncytial Virus (RSV) and Influenza (Flu). These additional seasonal viruses cause respiratory infections incurring severe morbidity and mortality, particularly in older adults, young children, and those with underlying medical issues. RSV is the leading cause of hospitalization in the first year of life. RSV and flu infections typically peak between December and February, but the timing has been less predictable since the start of the COVID-19 pandemic. COVID-19, RSV, and flu were all spreading widely at the same time last fall, causing many infections, and putting stress on our health care system and hospital capacity.

NCDHHS encourages the uptake of the safe and effective vaccines that are available against COVID-19 and flu. In addition, this year, for the first time, there is protection against RSV. An RSV vaccine to protect people 60 years and older is available and Nirsevimab is a new, long-acting, RSV monoclonal antibody that reduces risk of hospitalizations and healthcare visits in infants by approximately 80%; NCDHHS is working to add Nirsevimab to the Vaccines for Children (VFC) program. Testing and treatment is also widely available for COVID and Flu.

Health Of LGBTQ+ Populations

In advance of Pride Month, in May 2023, NCDHHS launched the [*Take Pride Now*](#) campaign to encourage sexual health by promoting safer sex practices, including prevention, testing, and treatment of sexually transmitted infections (STIs). North Carolinians, especially those at higher risk for STIs, were encouraged to take three steps to help limit the spread:

1. TAKE part in safer sex practices. These can lower the risk of exposure to STIs which are spread mostly by unprotected sexual contact.

2. PRIDE yourself in prioritizing your sexual health by getting tested regularly for STIs and vaccinated against Mpox (formerly known as monkeypox), if eligible.
3. NOW is the time to take the first steps. If left untreated, sexually transmitted infections can lead to more health complications.

At the time of campaign launch, the U.S. was experiencing a resurgence of Mpox cases in other parts of the country. The campaign also offered information about and reminders for Mpox vaccinations to eligible North Carolinians – including gay, bisexual, other men who have sex with men, transgender individuals, people living with HIV, those taking pre-exposure prophylaxis (PrEP), and their recent sexual partners – particularly as anticipatory Pride celebrations would bring together large groups of people.

TAKE PRIDE NOW!

TAKE part in safer sex practices. They can lower your risk of exposure to sexually transmitted infections (STIs) which are spread mostly by unprotected sexual contact. This includes anal, oral, vaginal, and some skin-to-skin contact.

- Talk to your partner openly about your sexual health
- Use barriers such as condoms and dental dams to prevent exposure to STIs
- Spend time getting to know your partner(s) and their sexual health
- Get tested!
- Talk to a healthcare provider about PrEP
- Get vaccinated against mpox, if eligible.

PRIDE yourself in prioritizing your sexual health by getting tested regularly for STIs and getting vaccinated against mpox, if eligible. North Carolina continues to ensure equitable access to vaccines through partnerships with local health departments, primary care physicians, Federally Qualified Health Centers, community health workers, and other vaccine ambassadors. Search for free and confidential testing and vaccines for yourself, your partner, or your community. Talk to your doctor or your local health department: www.ncdhhs.gov/LHD

NOW is the time to take the first steps! If left untreated, sexually transmitted infections can lead to more health complications.

- Visit your doctor or local health department to get tested.
- Get vaccinated against mpox, if eligible.
- Get any unfamiliar rash checked by a healthcare professional so treatment can begin immediately.
- Talk to a healthcare provider about other vaccines that may be recommended for you.

LEARN MORE:
ncdhhs.gov/TakePrideNow

IMAGE CREDITS – mpox & vaccination: images used with permission; Syphilis: CDC, Dr. M. F. Rein

Mpox

North Carolina has seen 709 mpox cases through August 23, 2023. Gay, bisexual, and other men who have sex with men continue to make up most of the cases, as they have since the outbreak began in 2022. In August 2022, DHHS released the first mpox equity report identifying the disparity that Black or African American individuals accounted for 70% of all cases but only 24% of vaccine doses administered. The report also highlighted concerted actions for health departments, community partners, and the public to decrease this disparity. Due to extensive outreach efforts, vaccine uptake among at risk Black or African American individuals subsequently increased from 19% in July 2022 to nearly 37% in February 2023. As of June 22, 2023, Black or African American individuals accounted for 67% of all cases but only 27% of all vaccine doses administered indicating the need for continued efforts to reach this population. NCDHHS worked with all levels of government and in partnership with multiple, diverse community organizations including NC Historically Black Colleges and Universities (HBCUs), medical providers, community health workers, and other vaccine ambassadors to engage our most vulnerable populations, to promote and ensure access to vaccines for those at the highest risk of infection; to encourage testing; and to identify and respond to every case of mpox.

Mpox education, prevention, and treatment initiatives have been coupled with other strategies to promote broader sexual health among LGBTQ+ communities, including addressing rising syphilis incidence and encouraging HIV prevention, testing, and treatment.

Expanded Blood Donation

On May 11, 2023, the U.S. Food and Drug Administration (FDA) finalized expanded recommendations for assessing blood donor eligibility using a set of individual risk-based questions to reduce the risk of transfusion-transmitted HIV, regardless of sexual orientation, sex, or gender. In modifying previous rules for blood donation, the U.S. joined countries around the world in proposing a set of rules that defers donors for risky behaviors, rather than for who they are. This decision ended a discriminatory practice against gay and bisexual men, and now allows them to participate in one of the most selfless acts that individuals perform, coming together to save lives.

Adopting these new recommendations is also the best way to ensure there is a safe and robust supply of blood. Blood donations help accident victims, people with blood disorders and cancer patients, and each donation can help save more than one life. NCDHHS, joined by nine other states and the District of Columbia, had previously led an effort calling on the FDA to update this policy.

In August 2023, the American Red Cross, which collects, processes, and distributes about 40% of the nation's blood supply, began accepting donations from newly eligible individuals, many in the LGBTQ+ community. NCDHHS successfully partnered with organizations such as EqualityNC, Harmony, and the LGBT Center of Raleigh to encourage all North Carolinians, and those newly eligible to donate, to be regular blood donors.

PUBLIC HEALTH INFRASTRUCTURE

Public Health Accreditation Board (PHAB) Accreditation

The mission of the Public Health Accreditation Board (PHAB) is to advance and transform public health practice by championing performance improvement, strong infrastructure and innovation. Accreditation by the prestigious PHAB is a rigorous process that evaluates an organization's ability to meet a set of quality standards, measuring the organization's performance against nationally recognized public health standards.

In early 2023, the Division of Public Health received PHAB accreditation, recognizing DPH's commitment to meeting the highest standards of public health practice and demonstrating its dedication to improving the health and well-being of the residents of North Carolina. This recognition enhances NCDHHS's ability to attract funding, partnerships, and resources to support public health initiatives and improve health outcomes across the state. Moreover, accreditation by the PHAB is built on evidence-based standards that allow health departments to demonstrate and improve quality, performance, and accountability to communities, policymakers, and other stakeholders.

In achieving accreditation, the NCDHHS Division of Public Health joins a select group of state and local health departments across the country that have earned this distinction.

NCIOM's Task Force on the Future of Local Public Health in NC

Our Public Health Infrastructure has been fragmented and chronically underfunded. The COVID-19 pandemic brought mainstream attention to public health across the globe and highlighted the challenges of underfunded patchwork of public health infrastructure to respond to the crisis. These

challenges and recommendations to response have been identified by [NCIOM’s Task Force on the Future of Local Public Health in NC](#) – leadership, connections between clinical services and population health, opportunities for targeted investments, public communication about the value of public health, and data integration – and have served as guiding principles in our ongoing work and strategic planning. Additional information about the NCIOM Task Force can be found here: <https://nciom.org/future-of-local-public-health-in-north-carolina/>.

DIVISION OF PUBLIC HEALTH (DPH) STRATEGIC PLAN

The North Carolina Division of Public Health (NCDPH) 2023-2025 Strategic Plan guides the overall work of the Division. The prior iteration of the Strategic Plan was developed in parallel with Healthy NC (HNC) 2030, and the priorities for both plans in turn align with the NC SHIP. Much of the NCDPH Strategic Plan harmonizes with NCDHHS’s strategic plan and will be in continual alignment going forward.

STRATEGIC PLAN REFRESH 2023-2025

In a process that began in Fall 2022, NCDPH leadership updated the strategic map in early 2023. The previous strategic plan and map reflected priorities for 2020-2022. While many points of the map have carried over to 2023-2025, the new, “refreshed” map better aligns with the NCDHHS Strategic Plan and HNC 2030; reflects the evolution of changing NCDPH workstreams relative to the Division of Child and Family Wellbeing (DCFW); and incorporates the Division Director’s top priorities for NCDPH. Further, the refresh ensures that all sections in the Division are represented within the Strategic Map moving forward, and that their contributions are better delineated, attributed, and formalized within our Performance Management initiatives. From 2025 onward, the cadence of Strategic Plan development and implementation will be every five years, with planned midpoint revisions during year three.

As shown below, NCDPH will focus on three main strategic priorities as core enablers of our public health goals:

NCDPH STRATEGIC PLAN REFRESH

<p>STRATEGIC PRIORITIES:</p> <div style="display: flex; align-items: flex-start; margin-bottom: 10px;"> <div> <p>Support the recruitment, development, retention, and diversity of our <u>public health workforce</u></p> </div> </div> <div style="display: flex; align-items: flex-start; margin-bottom: 10px;"> <div> <p>Build a durable statewide infrastructure that supports <u>key foundational public health capabilities:</u></p> <ul style="list-style-type: none"> <li style="width: 50%;">• Equity <li style="width: 50%;">• Community Partnership Development <li style="width: 50%;">• Policy Development <li style="width: 50%;">• Accountability and Performance Management <li style="width: 50%;">• Communications <li style="width: 50%;">• Organizational Competencies </div> </div> <div style="display: flex; align-items: flex-start;"> <div> <p><u>Earn trust</u> by listening to and uplifting the voices and value of public health</p> </div> </div>	<p>MISSION: To make North Carolina the healthiest state in the nation</p> <p>VISION: To promote and contribute to the highest possible level of health and wellbeing for the people of North Carolina</p>
<p>THE WORK OF NCDPH AIMS TO:</p> <ol style="list-style-type: none"> 1. Safeguard the Public’s Health 2. Support Healthy People and Communities 3. Enable North Carolina’s Healthiest Future Generation 4. Improve Organizational Health with a Focus on our Workforce 	<p>OUR CORE PUBLIC HEALTH WORK WILL:</p> <ol style="list-style-type: none"> 5. Advance equity 6. Earn trust 7. Strengthen partnerships 8. Drive data-informed decision making and evidence-based policy

2023-2025 NCDPH Strategic Map

To further efforts to lead an integrated and equitable public health system and to advance the health and well-being of North Carolinians, the other above-listed priorities have been developed and integrated into our refreshed Strategic Map, seen below. In this map, the three strategic priorities have been highlighted in yellow.

	1. Safeguard the Public's Health	2. Support Healthy People and Communities	3. Enable North Carolina's Healthiest Future Generation	4. Improve Organizational Health with a Focus on our Workforce
A	Prevent, investigate and respond to public health threats	End the HIV epidemic	Reduce disparities in infant and maternal morbidity and mortality	Support recruitment, development, retention, and diversity of Public Health workforce
B	Control vaccine preventable diseases	Reduce commercial tobacco use through healthy environment	Reduce tobacco use, e-cigarette use, and vaping under age 21	Build a durable statewide infrastructure that supports foundational public health capabilities
C	Identify and address emerging contaminants	Promote healthy eating and active living	Promote reproductive health using a reproductive justice framework	Promote modernized data processes
D	Promote Harm Reduction and reduce substance overuse and overdose deaths	Reduce the burden of chronic disease and injury		Develop the capacity to collect, analyze, and report local public health data
E	Build resiliency for climate change	Support and Develop Healthy Homes		Improve efficiency of core business processes
5. Advance equity in all of our work				
6. Earn trust by listening to and uplifting the voices and value of public health				
7. Strengthen partnerships with Local Health Departments and Local, State, and Federal Partners				
8. Drive data-informed decision-making and evidence-based policy				

Strategic Priorities:

1. Supporting the recruitment, development, retention, and diversity of our public health workforce.

NCDPH has continued to develop efforts to strengthen our public health workforce. As demonstrated during the COVID-19 pandemic, a well-funded, well-prepared, and well-trained public health system is necessary for keeping communities across NC healthy. Further work is ongoing and includes prioritizing recruiting, retaining, developing, and diversifying the public health workforce needed to sustain foundational capabilities in the future for North Carolina. Key initiatives in 2023 include:

- *Expanded an Internship Program with Historically Black Colleges and Universities (HBCUs), Minority Serving Institutions (MSIs), and other Institutions of Higher Education to create a pipeline of public health workers of the future.*

In 2023, we continued building this workforce pipeline and to provide early exposure to careers in governmental public health. Across varying sections of DPH including the workforce development team, the Division of Public Health, and the Office of Health Equity hosted 16 interns in the spring 2023 and 39 interns in the summer 2023 through the HBCU/MSI Internship Program. UNC Pembroke featured an [article](#) about two interns participating in the program. DPH is also sustaining the Centralized Intern Training program to provide a career pathway for students into environmental health positions.

- *Supported models for sharing workforce across jurisdictions and across partners.*
DPH funded and facilitated resource-sharing and collaboration across counties through a regional workforce model. The initiative aimed to support existing and new local public health workforce and increase capacity in key public health capabilities, including community partnership development, data gathering and analysis, health equity, communications, and other areas. Because of the regional workforce efforts, LHDs have:

- Participated in regional Foundational Capabilities Gap Analysis Assessments to better define capacity and capability gaps and needs.
- Strengthened skills and knowledge base of staff through cross-regional training.
- Invested in regional communication campaigns to raise awareness about public health careers and key topics impacting communities.
- Established Communities of Practice to share learning across counties.
- Promoted work culture and environment through policy and processes improvements.
- Built strategic partnerships with key academic and community partners.

Additionally, DPH is working to design an academic-practice partnership to provide opportunities for students in the health professions to serve in governmental public health. This effort builds on regional public health workforce development initiatives already underway.

- *Launched “We Are NC Public Health” communication campaign to share the value of public health to the public and to recruit future public health leaders.*
The #WeAreNCPublicHealth campaign is a statewide effort to draw attention to careers in local and state governmental public health. Developing social media tools – including a shared hashtag – has equipped DPH staff with an easy way to promote public health careers within local and state agencies. The campaign also supported paid media posts on LinkedIn to drive potential candidates to job postings. DPH created tools to recruit Medical Examiners to serve additional counties in North Carolina; this increased recruitment was additionally driven by broadened legislative allowances. Going forward, NCDPH has identified hard-to-fill positions and will continue to develop strategies to attract applicants and encourage a new pipeline.
- *Implemented training and workforce development opportunities.*
DPH launched a collaboration with the North Carolina Institute for Public Health at the University of North Carolina (UNC) at Chapel Hill to assess and address training gaps within both the DPH and local health department workforces. For example, to respond to survey data that showed that half of NCDPH workforce identified budget and financial management training as a need, NCDPH and UNC piloted the Building Expertise in Administration and Management (BEAM) online certification program in 2022 as part of the [North Carolina Strategic Scholars Course](#). Participants additionally interacted with professionals from across the state during live webinars, and they received individualized coaching to implement an agency-specific project of their choosing.
- *Modernized workforce roles, including a new [NC Credentialed Public Health Nurse \(NCCPHN\)](#) Course that aims to attract and retain a skilled, diverse public health nurse workforce at the local level.*
Beginning with public health nurses, this effort prioritized updating job classifications to meet today’s public health needs. The course was built through a partnership between NCDPH, state and local public health nurses, and the North Carolina Institute for Public Health. This course provides access to current evidence-based fundamental public health and public health nursing

information, and it supports our commitment to ensuring a strong and inclusive public health workforce. The goal of the five-week NCCPHN course is for participants to demonstrate the foundational knowledge, skills, attitudes, and judgements associated with the roles and functions of governmental public health nurses.

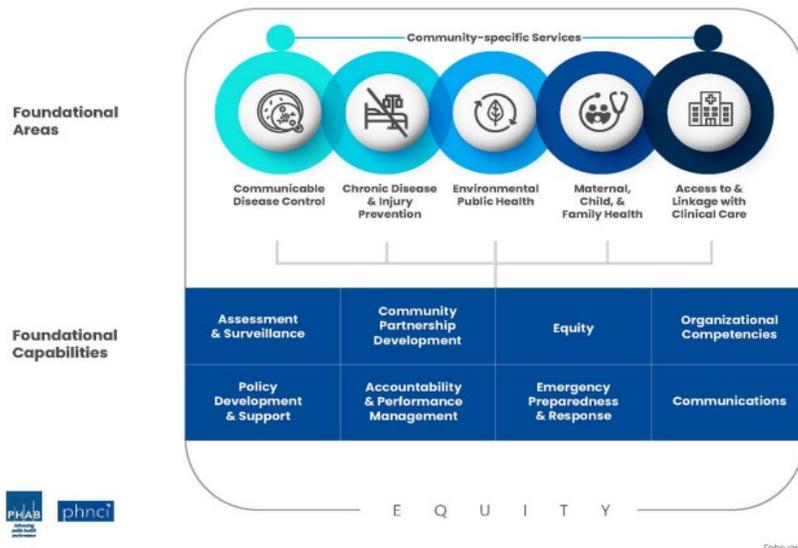
2. Building a durable statewide infrastructure that supports key foundational public health capabilities.

The accreditation process examined various aspects of DPH operations, including the effectiveness of its programs and its capacity to respond to public health emergencies.

Hundreds of additional documents reviewed, and interviews conducted, were required to show that NCDPH meets Foundational Public Health Capabilities (see schematic below) services standards. The PHAB also noted key strengths including

NCDPH’s strong commitment to continuous quality improvement (QI) and robust engagement with local health departments.

Foundational Public Health Services



Source: <https://phnci.org/uploads/body-images/Foundational-Public-Health-Services-2022.png>

Unfortunately, chronic underfunding of foundational government public health in North Carolina has forced an over-reliance on siloed federal funding streams. This approach has left critical public health functions understaffed – particularly in organizational competencies and accountability and performance management. Additionally, public health teams in the areas of HR, finance, and operations are challenged to keep pace with day-to-day demands and have limited bandwidth and resources to innovate and modernize systems.

The resources added through COVID-19 funding supported an increase in much-needed staffing for functions such as communications, policy, strategy, and performance management not only for COVID-19 response, but also for integral, non-COVID-19-specific public health functions. An infusion of recurring funds – beyond those provided to meet needs related to COVID-19 – to support foundational capabilities, would allow public health to look beyond the urgency of the pandemic response to longitudinally strengthen these enterprises across all areas, enabling us to sustain the many public health advancements we made during the pandemic.

Foundational Capabilities Gap Analysis: The Division of Public Health has and continues to be committed to building up our Foundational Capabilities, defined by the Public Health National Center for Innovation, to ensure excellence in every part of our work. In 2023, following the lead of local health departments, we partnered with the North Carolina Institute for Public Health to launch a Foundational Capabilities Gap Analysis. This assessment collects real-time information about perceived expertise gaps and needs related to public health infrastructure funding. In spring and summer 2023, we solicited feedback from DPH staff about general and section-specific strengths,

weaknesses, and opportunities for improvement through surveys to capture quantitative information and qualitative perspectives through focus group discussions and key-informant interviews. In addition to Division and section level data, this information will be compared to regional local health department assessment findings to identify key opportunity areas for tailored investment to support and build public health infrastructure across our agency and within the NC governmental public health system. Full analysis of collected data is expected in early fall 2023, with public dissemination of findings shortly thereafter.

3. Earning trust by listening to and uplifting the voices and value of public health

Our experiences during COVID-19 underscored the need for building and leveraging trust between public health entities and communities for successful public health service delivery. At NCDPH, we commit to building trusting and collaborative relationships with local communities through actions aimed at increasing visibility and approachability of the public health workforce, while promoting transparency in our work.

We commit to public and community engagement across NC through town halls focused on important public health issues like the Perinatal Health Strategic Plan, community events on driving while impaired through our Forensic Tests for Alcohol Branch, and community forums on PFAS and fish consumption. In addition, during the 2022-23 academic year, NCDPH convened the North Carolina State Health Improvement Plan Community Council in 18 work groups to build upon the 2022 NC SHIP and to identify, develop, and prioritize strategies and policies with the greatest potential for “Turning the Curve” on the HNC 2030 indicators. Work groups across the Community Council aligned with existing plans, including the DPH Strategic Plan, where applicable. Building on the efforts of the previous Community Council, 2023-2024 has been characterized as a “Year of Action;” we are encouraging partners to further this goal by adopting one or more HNC 2030 Indicator(s) as part of their organization’s strategic planning and/or by participating in one of the Community Councils.

As a decentralized state, our partnership with the 86 local health departments is essential to our collective ability to serve our neighbors, visitors, and others throughout North Carolina. Over the past year, we have worked to strengthen our communication and partnership formally and informally, by having local Health Directors join NCDPH at national meetings for members of the state delegation team. One specific effort underway is a quality improvement initiative to reform the way the state provides resources to local health departments through our subrecipient *Agreement Addenda* (AA). The LHD AA QI workgroup, comprised of local and state members, is currently examining the timelines, funding formulas, deliverables, and monitoring components of three Addenda identified as a priority by local health department partners.

DPH Performance Management & Quality Improvement

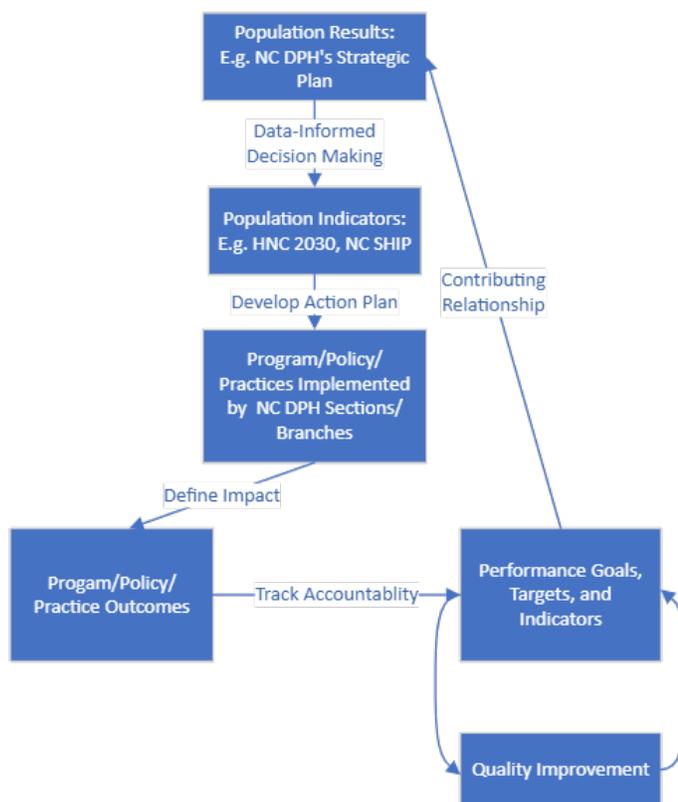
In 2023, NCDPH rolled out new Performance Management and Quality Improvement Programs. These programs are rooted in disciplined thinking, using data and transparency to ensure accountability and evaluate performance through time.

The Performance Management Program provides NCDPH with a framework for demonstrating the impact of the Division by clearly defining success through performance objectives, goals, targets, and performance indicators. It also puts into place a standardized process for continuous evaluation based on the identified metrics. In addition, as detailed in the adjacent figure, the Performance

Management Program gives NCDPH the language to clearly communicate how the Division's sections contribute to the population results detailed in the NCDPH Strategic Plan.

The Quality Improvement Program becomes relevant when performance indicators monitored through performance management require intervention to improve performance through the implementation of a quality improvement project. Successful QI projects will determine what specific processes need to change in the implementation of a program to improve performance indicators, meet targets, and achieve defined objectives and goals.

As NCDPH seeks to build a culture of quality and accountability, the Performance Management and Quality Improvement Programs will utilize quality data to help sections determine areas for continuous improvement. The programs will also offer opportunities to share best practices, foster collaboration, assist in determining how to effectively allocate Division resources, and develop impactful policies to address strategic priority areas.



Additional DPH Priorities

The remaining priorities identified within the refreshed 2023-25 DPH Strategic Map encompass programming overseen by the many diverse offices and sections within the Division. While all of our priorities are delineated on our Strategic Map, we also highlight some of our priority-driven initiatives below.

1. Safeguard the Public's Health

The Division of Public Health is committed to safeguarding the health of North Carolinians through comprehensive programs to prevent or limit potential exposures to harmful substances and disease-causing agents; rapidly and efficiently respond to and/or mitigate public health threats; and promote harm reduction while building resilient communities.

Initiative snapshots:

Clean Classrooms for Carolina Kids

To **Prevent, investigate, and respond to public health threats** (Priority 1A), the Environmental Health (EH) Section at DPH has developed, implemented, and expanded initiatives to prevent environmental lead and asbestos exposures among kids. Specifically, recently allocated federal funds

have expanded the work of the North Carolina DHHS Childhood Lead Poisoning Prevention and Asbestos & Lead-Based Paint programs. Modeled after the Clean Water for Carolina Kids program, the [Clean Classrooms for Carolina Kids](#) identifies lead and asbestos hazards and provides abatement funding for childcare facilities and public schools across NC. In addition to testing for lead in drinking and cooking water in all public schools across NC, the program has expanded “into the classroom,” assessing lead-based paint and asbestos hazards at childcare facilities and schools. There will be optional reimbursement funding for facilities that choose to abate lead-based paint or asbestos hazards and mitigation funding to assist water quality improvements at the tap.

Per- and Polyfluoroalkyl substances (PFAS) Fish Consumption Advisories

One way the Epidemiology Section works to **Identify and address emerging contaminants** (Priority 1C) is by increasing the number of public health actions – such as public health assessments and fish consumption advisories – to mitigate harmful environmental exposures and reduce adverse health outcomes.

In July 2023, NCDHHS released recommended limits on consumption of certain freshwater fish from the middle and lower Cape Fear River regions based on concerns about exposure to per- and polyfluoroalkyl substances (PFAS), which are often called “forever chemicals,” because they do not break down in the environment and are linked to several deleterious health effects, particularly after long-term exposure. PFAS are an emerging public health concern with multiple potential sources of exposure, including contaminated drinking water and food, indoor dust, some consumer products, and workplaces.

More information regarding Division efforts to address PFAS can be found here: https://epi.dph.ncdhhs.gov/oe/a_z/pfas.html

2. Support Healthy People and Communities

The Division of Public Health strives to safeguard the health of individuals and communities alike, by ensuring that North Carolinians live and work in environments that limit exposures that contribute to injuries or new and/or worsening chronic diseases.

Initiative snapshots:

Smoke- and Tobacco-free Policies

The Chronic Disease and Injury Section (CDI) aims to **Reduce commercial tobacco use through healthy environment** (Priority 2B) by increasing the number of local governments that advance 100% smoke-free or tobacco-free policies, including e-cigarettes, where there is local government authority. As of June 30, 2023, 84 counties in North Carolina (98%) have smoke-free/tobacco free

PFOS FISH CONSUMPTION ADVISORIES*
for the Cape Fear River at the Fayetteville Boat ramp, near the I-95 overpass, to the Bluffs on the Cape Fear

1 NO MORE THAN 1 SERVING PER YEAR COMBINED ACROSS ALL SPECIES

Bluegill Sunfish, Flathead Catfish, Largemouth Bass, Redear Sunfish, Striped Bass

7 NO MORE THAN 7 SERVINGS PER YEAR COMBINED ACROSS ALL SPECIES

American Shad, Blue Catfish, Channel Catfish

*See separate advisory for women of childbearing age, pregnant women, nursing mothers and children. Fish illustrations by Duane Raver

Benefits of Eating Fish
Fish are good source of lean protein that can promote bone health, decrease the chance of becoming overweight or obese, and decrease the risk of colon and rectal cancers.

Avoiding Bad Fish
The fish above have been found to have high levels of PFOS and/or PFAS. Eating fish with higher levels of chemicals like PFAS or PFOS may cause health problems. These health concerns can be and not limited to; increase in risk of cancer, liver damage, and higher cholesterol.

Serving Size
A serving of fish is: 6 oz cooked fillet -OR- 8 oz raw fillet

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Epidemiology Section • Occupational and Environmental Epidemiology Branch
www.ncdhhs.gov • NCDHHS is an equal opportunity employer and provider. • 07/2023

SCAN TO LEARN MORE
Or visit: <https://epi.ly/44ocX2k>

government buildings policies that protect 8,467,233 people. An interactive map showing smoke free facilities by county can be found [here](#). A tobacco-free policy includes prohibitions on smoking combustible tobacco products and use of non-combustible tobacco products, such as electronic, heated, and smokeless tobacco products. A tobacco-free policy also includes prohibitions on contracted providers purchasing, accepting tobacco product donations, or distributing tobacco products to individuals they serve.

Celebrating 50 years of North Carolina's Sickle Cell Syndrome Program (NC SCSP)

Established in 1973, the [North Carolina Sickle Cell Syndrome Program](#) is overseen by the Women, Infant and Community Wellness (WICW) Section of DPH. The program aims to **Reduce the burden of chronic disease and injury** (Priority 2D) by promoting the health and well-being of people with sickle cell disease, by reducing Sickle Cell associated morbidity and mortality, and by heightening awareness of the disease and its complications. The program provides comprehensive services – including newborn screening follow up, care coordination, referrals to clinical and related services, and educational materials – to individuals and their families affected by sickle cell disease and other hemoglobin disorders, and it offers genetic counseling and education to the general public. For example, the Sickle Cell Program has bolstered initiatives to ensure that enrolled children under 5 years old receive ongoing antibiotic prophylaxis – as recommended by National Heart, Lung and Blood Institute clinical guidelines – to mitigate mortality from pneumococcal infections. The program is committed to providing quality care and services through its network of Regional Sickle Cell Educator Counselors, comprehensive medical centers, and community-based organizations, while educating providers and working closely with the Governor's appointed Council on Sickle Cell Disease and Other Blood Disorders to address the changing needs and issues of the sickle cell community.

3. Enable North Carolina's Healthiest Future Generation

DPH is committed to protecting the health and well-being of North Carolina's youngest citizens, from birth to young adulthood, ensuring that they grow into the healthiest and most thriving adults they can be. This commitment includes initiatives to address reproductive health and health pregnancies.

Initiative Snapshots:

Promoting Healthy Pregnancies

The Healthy Beginnings program aims to **reduce disparities in infant and maternal morbidity and mortality** (Priority 3A). This minority infant mortality reduction program is currently being implemented in 10 sites serving minority women during pregnancy; their children up to 2 years after birth; and fathers/partners, family members and the community. DPH provides resources to community and faith-based organizations along with local health departments to support projects that would demonstrate means to lower infant mortality and low birth weight rates among minority populations. Projects promote early and continuous prenatal care, healthy weight, folic acid consumption, tobacco cessation and elimination of tobacco exposure, reproductive life planning, breastfeeding initiation and maintenance, postpartum care, safe sleep practices, and well-child care through care coordination services and group educational activities. Using evidence-based and evidence-informed interventions and screenings, pregnant and postpartum women receive education,

support, counseling, and referral services to improve their health and well-being, and reduce the incidence of infant mortality, preterm and low birthweight births.

The program has provided support for 1,492 pregnancies over the last three years and approximately 74% of the individuals served were Black/African American. **The infant mortality rate associated with this program is approximately 2.5 deaths per 1000 live births.** In addition to supporting the Division of Public Health's Strategic Plan, these activities further goals outlined in the recently-updated [NC Perinatal Health Strategic Plan](#) (PHSP), which serves as a statewide guide to improve maternal and infant health and the health of all people of reproductive age.

4. Improve Organizational Health with a Focus on Our People

Success in our ongoing work depends on our capacity to attract a diverse workforce; implement efficient and modern ways of performing tasks and collecting data; and deliver clear and widespread public health messaging. For example, while our approach to reducing our vacancy rate is multifaceted, one specific initiative underway in 2023 is a quality improvement project to reduce the time to hire.

In addition to attracting folks to careers in governmental public health, the #WeAreNCPublicHealth campaign has served as a backdrop by which staff have told their stories about why they chose to enter public health and the rewards of their own careers. These inspiring conversations have taken place in multiple forums – at the NC Public Health Leaders Conference, at events on campuses, and as part of career conversations with students and interns. By telling our story we are continually reminded of what drew us to public service and the impact we have on communities every day.

Sections are also working on operational improvements to enable us to better serve the public:

NC Office of Vital Records Software Upgrades

With increasing attention to improving and expediting service delivery, the Office of Vital Records at NC DPH has made incredible strides to **Promote modernized data processes** (Priority 4C). In May 2023, Vital Records began employing a new call center software service, hired a call center contractor, and additional temporary staffing to allow shifting of resources to eliminate birth amendment backlogs. Over the ensuing two months, our Vital Records team has seen some great successes resulting from these workforce and other modernization efforts. Already this year in 2023, the team has *eliminated* prior backlogs for in-state adoptions, court ordered name changes requested for electronic records, death amendments, and general public requests to amend records. As of July 2023, the team had almost eliminated the backlog in Registrar of Deeds birth amendments. The team is working on a digitization project for existing paper records to sustain these improvements and create further efficiencies.

Sequencing and Bioinformatics Response Unit (SaBR)

Advanced Molecular Detection (AMD) supplemental funding is being utilized by the NC State Laboratory for Public Health (SLPH) to **Develop the capacity to collect, analyze, and report public health data** (Priority 4D). SLPH will create new, dedicated space to support the expansion of capacity for AMD sequencing and bioinformatics activities, and the laboratory has created the Sequencing and Bioinformatics Response Unit (SaBR, pronounced “say.br”), a six-member team

comprised of three bioinformaticians and three sequencing staff. The team’s mission is dedicated and exclusively focused on developing, expanding, implementing, and enhancing infectious disease sequencing and analytics capabilities. Utilizing the soon-to-be-completed AMD facilities, the SaBR team will support training, method development, regulatory validations, and provide new rapid sequencing response capabilities for future public health responses.

5. Advance Equity in All of Our Work.

DPH endeavors to center equity in our approaches to, evaluations of, and planning for both our public health and community-based public health programming.

Initiative Snapshot:

Centralized Health Equity Data (CHED) Team

With funding from the CDC Health Disparities Grant, the Division of Public Health has established the Centralized Health Equity Data (CHED) team. Their primary goals include community engagement, enhancing data literacy, addressing data gaps, and fostering stronger relationships with Historically Black Colleges and Universities (HBCUs) and Minority Serving Institutions (MSIs). To achieve these objectives, DPH-CHED initiated and supported the formation of the HBCU Health Equity Data Consortium, an innovative initiative led by North Carolina Agricultural and Technical State University (NC A&T) and backed by multiple institutions.

The groundbreaking partnership aims to advance equity and health outcomes among marginalized populations through enhanced COVID-19 surveillance. This is being accomplished by diversifying sampling methodologies and approaches for Historically Marginalized Populations and Tribal Populations in North Carolina, thereby proposing equity-focused practices for the Behavioral Risk Factor Surveillance System (BRFSS). Additionally, North Carolina-specific COVID-19 questions were designed to be culturally and socially sensitive – an approach that leverages the consortium to guide equitable community-based surveillance and minimize biases in surveillance protocols. Data collected through this initiative will provide comparative insights into health disparities across North Carolina counties, aiding in the prioritization of interventions. A comprehensive Data Inventory will enhance standardized data management, facilitating efficient emergency responses and promoting equitable data practices. This ambitious endeavor marks a significant stride toward achieving health and racial equity in North Carolina, underscoring NC DPH's unwavering commitment to advancing equity.



7. Strengthen partnerships with Local Health Departments and Local, State, and Federal Partners

Partnerships are essential to achieving public health results. Nearly all our initiatives at the Division of Public Health involve one or more partners. This priority is intended to drive intentional partnership engagement.

Initiative Spotlight:

North Carolina Public Health Data Summit

NCDPH and NCPHA, with support from the Public Health Accreditation Board, launched the inaugural NC Public Health Data Summit. Held at the Benton Convention Center in Winston-Salem, NC, the Summit brought together a diverse group of health professionals and stakeholders, with the aim to explore data trends, challenges, and successes across the public health data ecosystem. The inaugural theme was inspired by the ‘We Are Public Health’ campaign, and fostered collaboration and information exchange among state public health staff, academics, students, and various stakeholders. The event featured themed breakout sessions on topics such as data equity, public health data access, data democratization, and accountability. Panel discussions covered challenges around data sharing, workforce, funding, and effective data communication. Two interactive work sessions were hosted: a creative co-design where participants worked to create a vision for success around data, shared data values, and overall guiding principles for public health data practitioners, and a no-code hackathon to address challenges associated with fragmented public health data systems. Attendees brainstormed effective methods of systems integration and evaluated systems to provide user-centered ‘wish lists,’ providing recommendations for what ideal systems modernization and workflows would look like in the future.

Overall, the NC Public Health Data Summit played a crucial role in strengthening the state’s public health data ecosystem by promoting connection, capacity building, and clarity. It highlighted the increasing importance of decision-making in public health and forged meaningful interactions and relationships across state, local, and other public health partners.

8. Drive data-informed decision-making and evidence-based policy

The Division of Public Health is enhancing its focus on modernizing the way it leverages qualitative and quantitative data assets to drive our multi-level approaches. Modernizing the management of both quantitative and qualitative data is critical for data-driven decision-making in public health for several reasons:

1. Comprehensive Insights – Public health issues are complex and multifaceted, often requiring a combination of quantitative and qualitative data to provide a complete picture. Modernization ensures that both types of data can be efficiently collected, integrated, and analyzed, leading to more comprehensive insights into health-related challenges.
2. Holistic Understanding – Quantitative data can provide statistical trends and patterns, while qualitative data offers context, nuances, and real-life experiences. Combining both types of data allows decision-makers to gain a more holistic understanding of public health issues, enabling them to make well-informed decisions that consider both the numbers and the human aspects of the public health problem.

3. Timeliness – Modernized data management systems often include real-time or near-real-time data collection and analysis capabilities. In public health, timely information is crucial for responding to outbreaks, emergencies, or evolving health trends. Modernization ensures that data can be collected and analyzed swiftly, enabling faster responses to emerging health issues.
4. Efficiency – Outdated data management processes can be time-consuming and error prone. Modernization streamlines data workflows, automates routine tasks, and reduces the risk of data entry errors. This efficiency allows public health professionals to focus more on data interpretation and decision-making, rather than on data processing.
5. Data Integration – Modern systems facilitate the integration of data from various sources, including healthcare facilities, laboratories, surveys, social media, and others. Integrating diverse datasets can reveal connections and correlations that might not be apparent when looking at data in isolation, leading to better-informed decisions.
6. Predictive Analytics – Advanced data management systems can support predictive analytics, which can be invaluable in public health. By analyzing historical data trends, these systems can forecast potential outbreaks, anticipate resource needs, and assess health risks. This proactive approach allows for preventive measures and resource allocation based on data-driven predictions.
7. Resource Allocation – Efficient data management helps to optimize resource allocation. Decision-makers can identify high-priority areas, allocate resources accordingly, and then track the impact of interventions through data. This ensures that resources are used effectively to address the most pressing public health issues.
8. Accountability and Evaluation – Modern data management systems allow for robust program evaluation and accountability. Decision makers can track the progress of public health initiatives, assess their impact, and adjust strategies as needed, all based on data-driven metrics.

In all, modernizing the management of quantitative and qualitative data at DPH is crucial for improving the quality of decision-making. It enhances the depth and breadth of insights, supports timely responses, improves efficiency, and ultimately contributes to better health outcomes for North Carolina communities and populations.