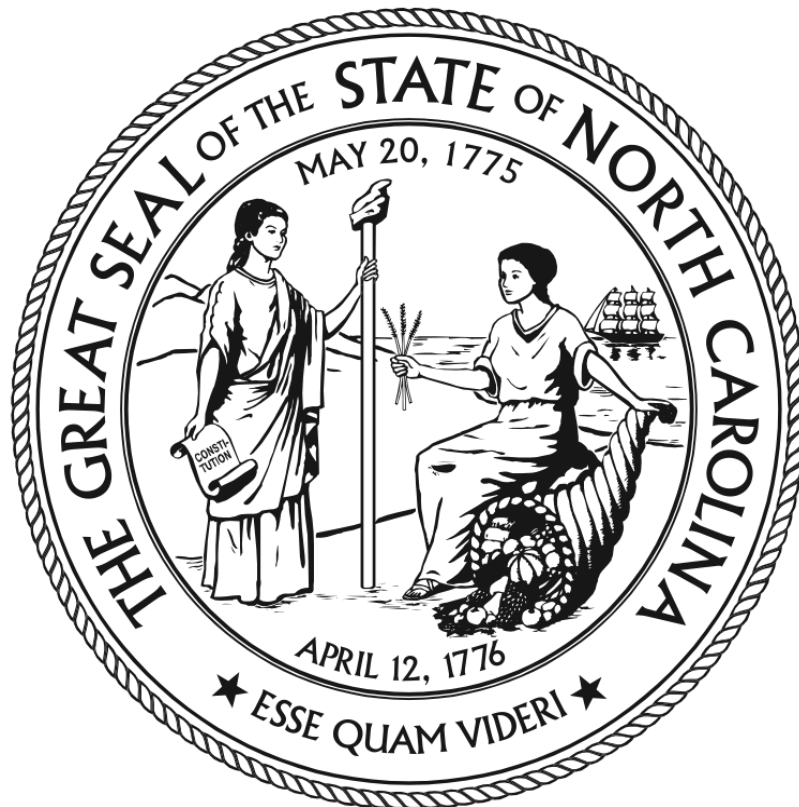


NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

State Health Director

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

OCTOBER 2024



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

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Background on State Health Director's Annual Report

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. North Carolina Department of Health and Human Services (NCDHHS), 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 between public health and clinical medicine.

Introduction & Executive Summary

Health and well-being have never been more top-of-mind, with the world still recovering from the profound impacts of a global pandemic and now responding to the devastating impact of Helene on our state. Experiences and lessons learned from COVID-19 and responding to natural disasters are at the core of our everyday work and inform ongoing emergency response and recovery. NCDHHS has an unwavering commitment to meet the needs of all North Carolinians, focus on whole person health, and address disparities in outcomes in our populations. More details of the following topics are found in the report.

[Hurricane Helene Response](#). Helene brought unprecedented devastation to the western part of our state. NCDHHS, alongside many of our local, state, federal, and private partners, mobilized quickly to respond. We are working to help people and communities survive the initial impact (e.g., provide for basic needs like food, safe water, shelter, ensure access to critical health services, protect vulnerable populations) and help recover and rebuild in the longer term (e.g., prevent or address health concerns, re-open businesses, child care, and schools, and re-establish safe water and waste systems including wells and septic systems). Additionally, mental and behavioral health concerns throughout the immediate response and longer-term recovery phase has been a critical-focus area for the Department.

[Medicaid Expansion](#) – Since December 1, 2023, when Medicaid expansion went live, more than 550,000 North Carolinians have enrolled and now have access to health insurance and medical care. This was important before Helene but is even more critical to aid in disaster recovery especially in rural Western North Carolina.

[Medicaid Transformation](#) On July 1, NC Medicaid launched the [Tailored Plan](#), a new type of Managed Care plan to address the needs of people with complex health needs related to serious mental illness, severe substance use disorders, intellectual/developmental disabilities (I/DD) and traumatic brain injuries. On, August 15, 2024, NC Medicaid announced Blue Cross Blue Shield NC was selected to operate the [Children and Families Specialty Plan](#). A first-of-its-kind single, statewide NC Medicaid Managed Care plan designed to support Medicaid-enrolled children, youth and families currently and formerly served by the child welfare system. North Carolina utilized a federal Section 1115 Waiver to transform its Medicaid program and is seeking to [renew its Medicaid Reform Demonstration](#) for another five-year period to improve health and well-being for all North Carolinians through a whole-person, well-

coordinated system of care that addresses both medical and non-medical drivers of health and advances health access by reducing disparities for historically marginalized populations.

[Medical Debt Relief](#) - On July 1, 2024, North Carolina announced new actions leveraging the state's Medicaid program that encouraged hospitals to relieve a potential \$4 billion in existing medical debt for approximately two million low- and middle-income North Carolinians. In August 2024, all of North Carolina's 99 eligible hospitals committed to participate in North Carolina's medical debt relief program.

[Healthy North Carolina 2030](#) lays out 21 population-level goals and or [North Carolina State Health Improvement Plan](#), progress on the HNC 2030 metrics and further refines strategies for improving the health of North Carolinians. Of the 21 indicators, 11 showed improvement, 7 showed worsening, and 2 had no change.

The [2024 Health Disparities Analysis Report](#) offers a comprehensive view of the effects of health disparities on health outcomes across North Carolina and highlights opportunities for improvement and action.

[Community and Partner Engagement Initiative strives](#) to ensure the voices of North Carolina communities and families continue to be at the center of the department's work. The Initiative provides tools to facilitate community engagement and identifies how people can get involved with the work of NCDHHS.

NCDHHS [strategic plan](#) 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.

Behavioral Health & Resilience Priority Initiatives are:

- Promote Behavioral and Physical Health Integration
- Expand access to behavioral health supports for people involved in the justice system
- Increase access to crisis services
- Turn the tide on North Carolina's opioid and substance use crisis
- Improve behavioral health data infrastructure/utilization
- Advance system transformation

A historic investment of \$835 million in behavioral health and resiliency has accelerated progress in this critical area. [Transforming North Carolina's Behavioral Health System](#) released in September 2024 provides a detailed report on investments in the North Carolina behavioral health system.

Child and Family Well-Being Priority Initiatives are:

- Strengthen capacity to meet the behavioral and mental health needs of North Carolina children and families
- Reform North Carolina's child welfare and social services systems to improve child outcomes in safety
- Improve women's health and birth outcomes
- Improve nutrition security for children and families
- Violence Prevention

Of the \$835 million in funding dedicated to new behavioral health, \$80 million was committed to children's behavioral health needs. Access to contraception has increased through pharmacist-initiated contraception and Medicaid coverage of over-the-counter contraception. A multi-prong effort to combat the syphilis epidemic has stopped a continuous rise in rates. The Healthy Opportunity Pilots are effectively delivering food and other essential health-related social needs to people, resulting in \$85 per person per month lower health care costs. Sun Buck programs provided \$120 million worth of food benefits to one million children over the summer.

Strong and Inclusive Workforce Initiatives address Direct Care workers, Nursing, Behavioral Health, Early Childhood Educators, and the Public Health Workforce

Violence Prevention efforts are tackling violence from both public health and public safety approaches and advancing initiatives related to data assets, safe storage, hospital and community violence intervention programs, suicide prevention, re-entry services, intimate partner violence and research and evaluation..

NCDHHS continues to address other **Emerging and Persistent Public Health Concerns** including Respiratory illness (Influenza, COVID, RSV, Avian Flu), Mpox, Vaccine Preventable Diseases, and Tobacco/Vaping

Work continues to support the **Public Health Infrastructure** and **Foundational public health capabilities** through Public Health Accreditation and advancing work in the **Division of Public Health Strategic Plan** which includes:

- Priority 1: Supporting the recruitment, development, retention & diversity of our public health workforce
- Priority 2: Build a durable statewide infrastructure that supports foundational public health capabilities
- Priority 3: Earn trust by listening to and uplifting the voices and value of public health

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's State Health Director Report 2023-2024

Hurricane Helene

For information on resources and guidance and the latest news, visit [Hurricane Helene Recovery Resources | NCDHHS](#)

Hurricane Helene brought unprecedented and historic devastation to the western part of our state. There was profound and widespread destruction of property and infrastructure including power, communications, transportation, and water systems including potable water and waste systems. As a result of the storm, there were more than 500,000 power outages and 650 roads were closed at the height of devastation. More than 150 drinking water systems were on boil water advisories; 54 systems had no power, 69 were operating on backup power and 26 systems were completely out of water. More than half of the 267 wastewater treatment plants in the affected region had significant damage or operational challenges after the storm. Beyond the devastating destruction to basic infrastructure, there was a tragic loss of life. As of October 28th, 99 storm related fatalities have been reported across 22 counties.

FOOD AND WATER

Actions to ensure people had food and clean water began immediately. About 5,500 tons of commodities, including food and water have been delivered to the affected areas. Mass feeding sites have been established and continue across 14 counties. More than 450,193 ready to eat meals across 106 distinct feeding routes have been served to date, with a high of 66,000 meals in one day. Over 10,000 cases of baby formula have been sent to impacted counties.

NCDHHS has been working closely with federal partners to secure waivers to increase access to food:

- People who have Electronic Benefits Transfer (EBT) cards have more time to report a food loss as a result of Helene
- EBT cards can be used to purchase hot prepared foods
- 70% of the previous month's benefits were automatically reloaded onto EBT cards due to losing food from sustained power outages.
- NCDHHS, in partnership with local Department of Social Services, activated the [Disaster Supplemental Nutrition Assistance Program \(D-SNAP\)](#) in 25 Western NC counties and the Eastern Band of the Cherokee Indian households. As of October 25, almost 140,000 individuals have received benefits for food assistance totaling about \$30 million. The benefits are good for up to nine months.

SHELTERING

At the peak, 29 shelters were open with over 1,244 people utilizing them. This included general population shelters and specialty shelters for individuals with special needs and non-acute medical care. Those numbers are now declining. Shelters have been staffed through a combination of state and county staff, public health nurses, mental health counselors, and teams from the American Red Cross.

Shelter staff work with providers to ensure people in shelters have access to prescriptions, behavioral health services, and substance use treatment. All shelters have Naloxone and a source of medication to treat substance use disorder. In addition to shelters, comfort stations have been established to provide hot meals, internet, charging stations, blankets and water. As the cold weather has come in, 4,000 cold weather packs were donated and distributed to impacted counties.

PROTECTION OF VULNERABLE POPULATIONS

NCDHHS staff proactively connected with vulnerable individuals in the affected region. We identified 23,411 medically vulnerable people, including 11,576 people in the affected region who are living at home and rely on electricity-dependent medical devices. We have worked with the Prepaid Health Plans to reach out to these individuals to see what help they may need. We worked with the primary provider of dialysis in the region to ensure outreach to all of the dialysis patients in the region and connection to care. We also contacted the licensed care facilities located in the 25 impacted counties, including nursing homes, adult care homes (including both larger assisted living and smaller adult care homes and family care homes), intermediate care facilities, opioid treatment providers, residential behavioral health providers for adults, and licensed group homes and residential facilities for children. In partnership with Social Services offices, we made contacted 100% of the 2,667 children in foster care and 100% of adult guardianship placements in the affected regions. We confirmed that all county Social Services offices in the affected region have operational Child Protective Services and Adult Protective Services.

ACCESS TO HOSPITALS AND CRITICAL HEALTH CARE

In a matter of hours following the storm, NCDHHS reached out to all 22 Acute Care Hospitals in the Region to understand the status of power, water, and patient safety. Staff worked quickly to get these restored and develop ways to get food, water, medicine, and supplies to all hospitals. We also activated two federal disaster medical teams to help Emergency Departments at Mission hospital and Blue Ridge Regional Hospital with the large number of people that were showing up, and another two teams to support field Emergency Departments in Polk and Catawba counties. Three Community Medical Support Stations were established, one in Yancey County, one Mitchell County, and one in McDowell County. Each site had a Mobile Support Unit with supplies, medications, and staff (MD, RN, Paramedic, Ambulance, and a site lead) to care for patients in these communities. The OEMS warehouse in Mocksville is being utilized as a staging location, logistical hub, and supply distribution site for the over 300 ambulances that have been involved in this effort, the clinical staff who are being deployed, and is also the receiving point for medical supplies, oxygen and medications that are then supplied to communities. For all health care facilities, we worked with Emergency Management and the National Guard to use roads and airdrops to get food, water, and supplies to these facilities as fast as possible. Six water tankers and four large water storage units were deployed to facilities and over 190 thousand pounds of food, water, and medical supplies were delivered or airlifted to several locations, including critical healthcare facilities. We also activated statewide patient coordination and transfer, using land and air assets to move critical patients to reduce pressure on western facilities. Over 220 ambulances and 520 EMS personnel were deployed to support patient movement.

NCDHHS and response partners worked quickly to increase access to oxygen supplies for the affected region, including sourcing supplies from multiple vendors, federal agencies, and neighboring states. We filled requests for oxygen for more than 1,500 smaller cylinders used by EMS and over 50 larger cylinders for healthcare facilities. Over 200 oxygen concentrators were provided to shelters. Two refill stations were established to refill empty oxygen tanks that have been deployed into the communities, including one in the state warehouse in Mocksville.

The North Carolina based Baxter plant, the nation's leading supplier of saline solution and other medical supplies, was damaged in the storm. NCDHHS and other state partners have been working closely with Federal officials to get the Baxter plant reopened, including working with NCDOT to get bridges repaired to provide access to the site, approving required permits from NCDHHS within hours of receiving them, and establishing [FDA flexibilities](#) to shore up the supply chain, including increased importation. As a result of these efforts, supplies to providers have increased by 50% compared to immediately after the storm and will be increasing with the expectation that customer allocations will be resumed to 90-100% of historic levels by end of the year.

It is normal for bees, yellow jackets, and other stinging insects to be temporarily disrupted after a hurricane. We ensured Benadryl and epinephrine were readily available in Western NC for those who may be allergic or have been stung. We made a large purchase of epi-pens and Benadryl and distributed through EMS, hospitals, providers, etc. The NC Board of Pharmacy activated flexibility so that people can get emergency refills on their prescribed allergy medicines. Through authority of Executive Order 318, we issued a [State Health Director Standing Orders](#) for epi-pens – both for pharmacists to dispense if people do not have a prescription from a provider and for nurses to administer if someone is experiencing an allergic reaction.

COMMUNITY HEALTH CARE SITES

A [link for licensed clinicians to register to volunteer](#) was established and more than 6,000 clinicians registered. NCDHHS has been placing volunteer clinicians in sites of need. The Pharmacy Board established a site listing [open pharmacies](#). Each of the 25 counties, and the EBCI Tribal Area, have at least one pharmacy open and filling prescriptions. NCDHHS worked with private partners to establish a mobile pharmacy in key areas where the need is greater and worked with local health departments to connect shelters with local pharmacies so people in shelters can get prescriptions. We worked with the NC Medical Board to track all [open community medical practices](#). We ensured that all of our opioid treatment programs in the region were open.

Through the [NC Medical Society Practice Needs Survey](#), we worked with multiple health professional associations, managed care plans, clinically integrated networks, and safety net providers' associations to gather information from outpatient practices about their needs. NCDHHS reached out to all identified safety net sites, federally qualified health centers, primary care (internal medicine, family medicine, pediatrics) and women's health practices in the hardest hit counties of Avery, Buncombe, Madison, McDowell, Mitchell, and Yancey, as well as other identified community access sites in other counties, and were able to provide resources including staffing support, water tanks, shower facilities, and internet access to help stabilize these critical points of healthcare access.

ADDITIONAL PUBLIC HEALTH SUPPORT

The Division of Public Health, together with local health departments, is working to support restaurants and other food establishments in reopening and feeding their communities, along with other community environmental health needs. NCDHHS has organized over 150 Environmental Health Specialists (or “surge staff”) from across the state to support Local Health Departments (and their existing environmental health staff) in the affected region. NCDHHS has released guidance to help local restaurants impacted by Hurricane Helene reopen safely in emergency situations via [Emergency Operations Plans \(EOPs\)](#)

Residents in the affected region who have private wells should disinfect and test their wells after a flood to ensure the safety of themselves and their families. [The Division of Public Health is providing free well disinfectant and testing kits](#) to affected counties through local health departments and through Direct to Consumer sites. Residents in flood and storm impacted areas should also have their septic systems inspected. NCDHHS guidance on septic system safety and repairs after a storm can be found here: <https://www.ncdhhs.gov/septic-repairs/download?attachment>

The Division of Public Health, in partnership with DPI, has provided a reopening checklist to help schools operate safely and be ready for learning, in addition to working with the Division of Child Development and Early Education on guidance for childcare facilities.

The Office of the Chief Medical Examiner coordinated fatality management which included surging Fatality Search and Recovery Teams from other states, coordinating with field morgues and regional autopsy centers, and establishing a Friends and Relatives Center to support impacted families

To address concerns of other health issues post-storm, NCDHHS has developed and disseminated guidance on multiple health topics (see below). More than 2,600 vaccines were sent to providers including tetanus, Hepatitis A, and flu. Surveillance of emergency department visits for health concerns associated with storms was monitored including motor vehicle collisions, injury, burns, fires, electrocution, drowning, dehydrations, self-inflicted injuries, respiratory infections, gastrointestinal illnesses, and carbon monoxide poisoning. Shelter-associated, foodborne, waterborne, respiratory outbreaks were monitored along with priority diseases which include Tetanus, Non-toxicogenic Cholera, Leptospirosis, and Measles.

GUIDANCE AND MESSAGING FOR THE PUBLIC

[Disaster Recovery Health and Safety](#)

- Drinking Water
- Flood and Safety Clean-up
- Preventing Post-Storm Infections
- Mold Clean-up and Removal
- Carbon Monoxide Poisoning
- Septic Tanks
- Pregnancy, Breastfeeding and Young Children
- Food and Medicine
- Mosquitoes
- Wildlife

[Hurricane Helene Recovery Communications Toolkit | NCDHHS](#)

- After the Flood
- Disaster Supplemental Nutrition Assistance Program (D-SNAP)
- Feeding Infants in a Disaster
- Legionnaires' Disease Prevention
- Mental Health Resources
- Mold Cleanup
- Reopening Parks and Playgrounds
- Restaurant Emergency Operations
- Safe Water
- Septic Repairs
- Sewage Exposure
- Toilet Use During an Emergency
- Weathering the Storm
- Well Disinfection

Guidance for Health professionals [Hurricane Helene Provider Resources | NCDHHS](#)

- Fact sheets
 - [Guidance for Shelters on Communicable Disease Reporting](#)
 - [Communicable Disease and Other Health Concerns Following Hurricane Helene](#)
 - [Infection Prevention Resources – Natural Disaster](#)
 - [Guidance for Outpatient Healthcare Facilities Experiencing an Interruption in Water Service](#)
 - [Building a Portable Handwash Station](#)
- Notices and Alerts
 - [Ordering Guidance for State-Supplied Vaccines in Response to Hurricane Helene Memo](#)
 - [NCDOL Memo – Applicability and Enforcement of OSHA Standards in Disaster Declared Areas](#)
 - [Health Information Exchange \(NCDIT\)](#)
 - [Medicaid Provider Bulletins](#)

MENTAL HEALTH AND SUBSTANCE USE SUPPORTS

Multiple point of access to mental health and substance use treatment were quickly established and continue to grow. All [27 Opioid Treatment programs](#) in the affected region were quickly reopened and the flexibility for “Guest-Dosing,” was established ensuring individuals are able to get treatment no matter their location. Shelters had Naloxone, a source of medication to treat substance use disorder and behavioral health support. NCDHHS worked with community based organizations, including Safe Syringe Providers, to ensure community access to resources such as naloxone, treatment, wound supplies, etc. Walk-in clinics were open throughout the affected region. Three of the five emergency crisis facilities were quickly re-opened, including one that offers detox. Other behavioral health supports include:

- Mobile Crisis teams that send trained clinicians to a home, community, or shelter to respond to an urgent need. Vaya Health at 1-800-849-6127.
- 988 Lifeline Crisis Hotline - Help is also available to anyone, anytime in English or Spanish through a call, text or chat to 988. Learn more at [988Lifeline.org](#). The person who answers your call is a trained counselor and can provide immediate support.
- Peer Warmline: [Get Support - You're never alone. | Promise Resource Network](#)

- Disaster Distress Helpline: 1-800-985-5990. [Hurricane Helene - Partners Health Management \(partnersbhm.org\)](https://partnersbhm.org)
- Help for Helpers Hope4NC website: [Hope4NC Helpline | NCDHHS](#) or by phone 1-855-587-3463 to provide mental health support for first responders and volunteers working on our Hurricane Helene disaster response
- The Disability Disaster Hotline, 800-626-4959, provides information, referrals and guidance to people with disabilities and their families during disasters.
- People who are uninsured or have Medicaid can also call the crisis line of the Local Management Entity/Managed Care Organization in their region:
 - a. Partners: 1-833-353-2093 (serves western region)
 - b. Vaya Health: 1-800-849-6127 (serves western region)
 - c. Alliance: 1-877-223-4617
 - d. Trillium: 1-888-302-0738

NCDHHS also applied for and will receive \$2.9 million in federal funding to help increase [crisis counseling services](#) for people impacted by Hurricane Helene. The funding will be used to expand the Hope4NC initiative to recruit, hire and train crisis counselors, behavioral health therapists and certified peer support specialists in the affected counties. Crisis counselors will be available to provide assessment and counseling services, connect survivors with recovery resources and make referrals to traditional behavioral health services as needed. Services will include face-to-face outreach to shelters, homes and other locations to meet storm survivors where they are.

More information on behavioral health supports is available [here](#) and [Hurricane Helene Recovery Resources | NCDHHS](#)

FLEXIBILITIES

North Carolina and NCDHHS put into place multiple flexibilities to improve the health and well-being of Western North Carolina residents who lost their loved ones, homes, and communities. These flexibilities will remain until the end of the Hurricane Public Health Emergency declaration for North Carolina and include:

- **Food and Nutrition Services** – as described above, NCDHHS has been working closely with federal partners to secure waivers to increase access to food:
 - Extended time to report a food loss as part of Electronic Benefits Transfer (EBT) cards
 - EBT cards can be used to purchase hot prepared foods
 - Automatic reloaded of benefits on EBT cards
 - Activation of D-SNAP
- **Medicaid** – North Carolina Medicaid has been granted temporary flexibilities to help providers and patients get the care their need.
 - [Temporary Flexibilities in Place for Medicaid Beneficiaries](#)
 - [Additional Temporary Flexibilities in Place for Medicaid Beneficiaries](#)
- **Financial Supports for Practices**
 - **Hardship Advances:** All health plans and NC Medicaid Direct have processes to make hardship advances for providers unable to meet financial obligations.

- **Stabilization Payments:** The health plans have the flexibility to make stabilization payments to support provider sustainability and beneficiary access.
 - Providers can request financial support from Managed Care Plans and some Plans have begun to make proactive stabilization payments to practices based on their historical billing.
- **Hospitals** – The Division of Health Service Regulation (DHSR) extended flexibility to 22 acute care hospitals in Western NC who are treating patients from the 25 disaster counties, as well as hospitals elsewhere in the state who treat patients from any of these counties. These hospitals have increased their licensed bed capacity to appropriately respond to this disaster and to provide needed care/services to those impacted.
- **Pharmacy** – The Board of Pharmacy utilized waiver flexibility authority to allow pharmacists and nationally-certified technicians who hold a license in good standing in another state to practice in North Carolina to assist during the period of the declared emergency, to authorize relocations of pharmacies as needed to provide continuity of care and allowing pharmacists to provide a one-time emergency refill of up to a 90-day supply when the pharmacist is unable to obtain refill authorization from the prescriber. <https://www.ncbop.org/>. North Carolina received approval of the federal [Emergency Prescription Assistance Program](#) to help people in a federally identified disaster area who do not have health insurance get the prescription drugs, vaccinations, medical supplies, and equipment that they need.
- **Health Care Workers** – The professional licensing boards have the authority to allow professional health care workers who are licensed in other states to practice in North Carolina in order to meet the health care needs of those impacted by the storm. The medical board also issued a Limited Emergency License, which allows limited licenses for physicians and PAs coming to the state to respond to the disaster without going through the full application process. The boards also have the flexibility to allow retired or inactive health care professionals, skilled but unlicensed volunteers, and students at an advanced stage of professional study to provide care. The NC Board of Nursing and the North Carolina Medical Board voted to waive the requirements for a supervising physician, quality improvement meetings, collaborative practice agreements, refresher programs, and fees for those eligible NPs practicing in the named affected counties for a limited time through December 31, 2024.
- **Emergency Medicine and Vaccination** – First responders and others who have engaged in the response and recovery efforts have seen an increase in exposure to stinging insects and other pathogens or infection-causing substances. The need for access to medications and vaccines for those who are or may be exposed is critical. Through [Executive Order 318](#), the State Health Director has the authority to issue emergency medications and vaccinations to address these exposures and has issued [State Health Director Standing Orders](#) for epi-pens – both for pharmacists to dispense if people do not have a prescription from a provider and for nurses to administer if someone is experiencing an allergic reaction.
- **Health and Human Services** – The Governor signed Executive Order 319 which gives NC Department of Health and Human Services Secretary Kody Kinsley the authority to waive enforcement of regulations pertaining to additional programs and services provided by the Department. These include:
 - **Regulations on child care facility requirements** related to activities, records, staff orientation and continuing education, nutrition, attendance, sanitation deadlines, and outdoor learning. A significant number of child care facilities have been destroyed,

closed, or unable to continue operating as a result of Hurricane Helene. Waiving regulations will help create additional temporary facilities and expedite re-opening of closed facilities.

- **Obtaining copies of vital records.** Many individual's possessions and belongings were lost, including copies of vital records. In order to alleviate administrative burdens in replacing those records, the state fee for replacing these documents will be waived for individuals who live in one of the twenty-five impacted counties or within the boundary of the Eastern Band of Cherokee Indians. It also allows county Registrars of Deeds to waive any local fees charged associated with requests to replace these vital records.
- **Additional public health flexibilities** are needed to adhere to certain immunization and health assessment deadlines and requirements. Extension and flexibility of these deadlines will provide families with more time to complete the requirements and child care facilities, schools, colleges, and universities more time to report on these requirements. The Secretary can also waive or modify enforcement of certain public health regulations to give local health departments the flexibility to extend the time period for local public health nurses to complete required training. The [State Health Director's Memo](#) grants an **extension of the deadlines for vaccination and health assessments for school.**
- **Enforcement of several human services regulations**, including those governing foster care licensure, Aging programs, and the Temporary Assistance for Needy Families (TANF) Program.
- **Regulatory flexibility for the waiver of certain rules in the Vocational Rehabilitation** program regarding timeliness of processing referrals and applications, financial needs tests, counseling, restoration, maintenance, services to family members, telecommunications services, recruitment, placement, operational requirements such as requirements for providing transportation for clients and providing occupational licenses, tools, and supplies.

Medicaid Expansion in North Carolina

Following the passage of House Bill 76 by the NC General Assembly and signed by Governor Roy Cooper in March 2023, North Carolina worked to launch and implement Medicaid Expansion. The Division of Health Benefits led efforts on extensive policy and technical work to ensure the launch could occur quickly and smoothly. NCDHHS worked across the department to coordinate implementation and leveraged partnerships strengthened during COVID including community-based organizations, health workers, and community advocates to spread the word and maximize engagement with people who were potentially newly eligible for coverage.

NC MEDICAID FOR MORE PEOPLE

On December 1, 2023, Medicaid Expansion was officially launched, extending coverage to more than 600,000 newly eligible North Carolinians through NC Medicaid. This historic moment made North Carolina the 40th state in the U.S. to enact Medicaid Expansion and support access to care and better health. On Day 1, 273,000 people who were receiving limited Medicaid Family Planning benefits were automatically enrolled to receive full health care coverage.

As of October 25, 2024, 554,568 North Carolinians have enrolled.

Since the launch of Medicaid Expansion, DHHS has developed a [dashboard](#) to track how many people are enrolled in NC Medicaid as a result of the expansion. The dashboard is a tool that can be filtered by health plan, demographics or county.

The Medicaid [Portal](#) highlights information on who is eligible and how to enroll along with resources to stay up to date on the most current information. There is a [toolkit](#) available to share with partners, patients and stakeholders including flyers, presentations, videos and social media. To stay updated on the latest Medicaid information, complete the [sign-up form](#).

Medicaid Transformation and 1115 Demonstration Waiver

On July 1, 2024, NC Medicaid launched the [Tailored Plan](#), a new kind of NC Medicaid Managed Care health plan, that in addition to providing the same services as Standard plans, offers additional specialized services to support members with complex health needs related to serious mental illness, severe substance use disorders, intellectual/developmental disabilities (I/DD), traumatic brain injuries, on the innovations waiver, as well as people using state funded services.

On, August 15, 2024, NC Medicaid announced Blue Cross Blue Shield NC was selected to operate the [Children and Families Specialty Plan](#). A first-of-its-kind initiative, the Children and Families Specialty Plan is a single, statewide NC Medicaid Managed Care plan designed to support Medicaid-enrolled children, youth and families currently and formerly served by the child welfare system in receiving seamless, integrated, and coordinated health care.

NC utilized a federal 1115 Medicaid waiver to move into Medicaid Managed Care and utilize flexibilities to serve people better. North Carolina is seeking to renew its [Medicaid Reform Demonstration](#) for another five-year period to improve health and well-being for all North Carolinians through a whole-person, well-coordinated system of care that addresses both medical and non-medical drivers of health and advances health access by reducing disparities for historically marginalized populations. NC Medicaid is in active negotiations with CMS on the five-year renewal. Elements under discussion include:

- Continued authority for **Managed Care**, including Standard Plans, Behavioral Health and I/DD Tailored Plans, Children and Families Specialty Plan, short-term residential services for SUD in an institution for mental disease (IMD), home and community-based services for Medicaid enrollees with significant behavioral health needs, I/DDs and TBI
- Expand and Refine the **Healthy Opportunities Pilot** Program
- Authority to provide a set of targeted pre-release Medicaid services to **justice-involved populations** within the 90-day period prior to release from a participating correctional setting.
- **Continuous enrollment** for Children and Youth
- Investments in **Behavioral Health Technology**
- Investments in **Behavioral Health and Long-Term Support Services workforce**

Medical Debt Relief

On July 1, 2024, [Governor Roy Cooper and NCDHHS announced new actions](#) leveraging the state's Medicaid program that encouraged hospitals to relieve a potential \$4 billion in existing medical debt for approximately two million low and middle-income North Carolinians. DHHS submitted a request to the U.S. Centers for Medicare and Medicaid Services (CMS) to approve a set of conditions hospitals must meet to be eligible to receive an enhanced amount of Medicaid funds. These conditions included relieving medical debt and establishing policies to prevent accumulation of medical debt for low- and middle-income individuals.

In August 2024, all of North Carolina's [99 eligible hospitals committed to participate](#) in North Carolina's medical debt relief program. By signing onto this program, North Carolina hospitals are leading the way in relieving debt and centering the well-being of communities. Participating hospitals will work with NCDHHS and [Undue Medical Debt](#), the preferred facilitator of medical debt relief, over the next two years to fully implement medical debt relief and debt mitigation policies. Patients will not need to take any action to benefit from the program.

North Carolina's medical debt relief incentive program is a first of its kind initiative to leverage the state Medicaid program and federal dollars through the Healthcare Access and Stabilization Program (HASP) to encourage hospitals to relieve medical debt and prevent future accrual for patients. This program aligns with NCDHHS' continued commitment to improve the health and well-being of North Carolinians through smart investments that address social determinants of health, supporting access to prevention, removing barriers to health care, and incentivizing healthy outcomes.

Healthy NC2030

[Healthy North Carolina 2030](#) is a plan that brought together multi-sector leaders and experts to develop a common set of health and well-being indicators and targets for the state over the next decade. The plan lays out 21 population-level goals and desired outcomes that can inform coordinated action across stakeholders and sectors. HNC2030 spans across the private and public sector along with engaging community organizations that focus on improving the health of North Carolinians.

Healthy North Carolina 2030 serves as the foundational vision for the [North Carolina State Health Improvement Plan](#), (NCSHIP) which operationalizes the priorities set out in HNC2030 and creates 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 tracks](#) progress on the HNC 2030 metrics and further refines strategies for improving the health of North Carolinians in the Clear Impact Scorecards. Clear Impact Scorecard for 2022-2023 can be found [here](#), and for 2023-2024, [here](#).

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.

12 Indicators saw improvement include: Poverty, unemployment, incarceration, adverse childhood experiences, severe housing problems, tobacco use, sugar sweetened beverage consumption among youth, HIV diagnosis, teen birth rate, uninsured rates, primary care clinicians, infant mortality.

7 Indicators saw worsening include; Short-term suspensions, third grade reading proficiency, drug overdose deaths, excessive drinking, suicides, early prenatal care, life expectancy.

2 Indicators had no change: Access to exercise opportunities and limited access to healthy foods.

Building on the efforts of the Community Council, 2023-2024 has been a “Year of Action,” and we continue 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.

An additional tool for communities as part of the health assessment and improvement activities is the [North Carolina Data Portal](#) that hosts a robust community health assessment tool that provides local health departments, health care systems, federally qualified health centers, and community-based organizations with data and visualizations that will make planning and strategy development faster and easier.

Health Disparities

In September 2024, the [2024 Health Disparities Analysis Report](#) was released. The report offers a comprehensive view of the effects of health disparities on health outcomes across North Carolina and highlights opportunities for improvement and action. The Health Disparities Analysis Report focuses on six key topic areas: health care access; chronic disease mental health, substance use, suicide and violence prevention; communicable disease; social drivers of health; and health across the lifespan. The report uses in-depth data to identify and analyze disparities across multiple population groups such as race and ethnicity, disability status and age. It also highlights corresponding strategies that can be used to address identified discrepancies between these groups.

Community and Partner Engagement

[Community and Partner Engagement Initiative strives](#) to ensure the voices of North Carolina communities and families continue to be at the center of the department's work. Having people with different backgrounds and real experiences at the table helps NCDHHS make sure that a program or policy is aligned with community priorities and most effective for the people it impacts. The Initiative includes a [new website](#) that has tools to facilitate community engagement and lists the many groups, organizations and commissions that NCDHHS currently partners with and how people can get involved. It also includes improvements to internal processes for engaging community partners, as well as groups with lived experience, to make policy change that best serves the people of the state.

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 #1: Behavioral Health & Resilience

Behavioral health initiatives and services have long been underfunded and underrepresented in key areas of healthcare. With a rise in substance use disorders, an opioid epidemic, and a youth behavioral health crisis coming out of the COVID-19 pandemic, the behavioral health of North Carolina's population is under substantial strain. These stressors are only exacerbated by the trauma from the catastrophic destruction of Hurricane Helene. To address the population's behavioral health needs and build resiliency, we need to invest in coordinated systems of care that build upstream services, create broad access to mental health and substance use disorder, and reduce stigma to support health outcomes connected with behavioral health.

PRIORITY INITIATIVES

Promote Behavioral and Physical Health Integration

- Collaborative Care which supports integrated care in primary care settings
- Tailored Care Management which provides whole person coordinated care management for people with complex behavioral health and intellectual and developmental disabilities

Expand access to behavioral health supports for people involved in the justice system

- Capacity Restoration services for people in detention centers
- Programs that divert people away from incarceration and into appropriate behavioral health treatment and/or IDD supports.
- Re-entry programs for people who are being released from incarceration
- Non-law enforcement transportation to crisis services

Increasing access to crisis services

- Implement 988 and improve crisis system infrastructure
- Create a statewide behavioral health referral network, the Bed Registry/BH Scan.

Turn the tide on North Carolina's opioid and substance use crisis

- Implement Opioid Treatment Program (OTP) Mobile Units and OTP Medication Units
- Increase the consistency and quality of Medicaid and state-funded addiction treatment services by aligning them to American Society of Addiction Medicine Criteria.

Improve behavioral health data infrastructure/utilization

- Create a data infrastructure that collects comprehensive data on behavioral health holds in NC hospitals, including emergency departments.
- Implement Behavioral Health Syndromic Surveillance using NC DETECT.
- Implement Electronic Health Records (EHR) in state psychiatric hospitals.

Advance system transformation

- Reviewing and modernizing [Chapter 122C. Mental Health, Developmental Disabilities, and Substance Abuse Act of 1985](#).
- Advancing workforce by improving peer support and IDD direct support (DSP) professional preparedness and availability.

HISTORIC INVESTMENTS IN BEHAVIORAL HEALTH

In 2023, Governor Roy Cooper released a Roadmap for [\\$1 Billion in Behavioral Health](#) and Resilience Investment aligned with NCDHHS priorities to guide further funding. The NC General Assembly invested \$835 million in behavioral health and resiliency within NCDHHS in the 2023 state budget. This funding was made possible by the federal signing bonus from the enactment of Medicaid expansion in NC. \$700 million of that directly supports the \$1B Behavioral Health Roadmap. Key focus areas of this investment include:

- Increasing reimbursement rates for behavioral health
- Improving the crisis system in NC

- Improving behavioral health for people involved in the justice system
- Behavioral health workforce
- Child and family well-being

These historic investments in North Carolina’s behavioral health system have supported more access and care for North Carolinians to have improved outcomes.

SPOTLIGHT ON INVESTMENT IN CRISIS SERVICES

Investment in Strengthening Behavioral Health Crisis Services has been an early area of focus of investment. More than \$130 million is dedicated to improving North Carolina’s behavioral crisis system with the goal that people in North Carolina have: Someone to Call, Someone to Respond, Somewhere to go for help when experiencing a behavioral health crisis.

Someone to Contact	Someone to Respond	A Safe Place for Help
 <ul style="list-style-type: none"> • 988 Suicide and Crisis Lifeline: A lifeline that connects North Carolinians via call, chat or text to a trained crisis counselor who will listen, offer support and provide community resources 24 hours a day, 7 days a week. • Behavioral Health Crisis Lines: Phone lines operated by or contracted with Tailored and Standard Plans to offer assistance in crisis. • Peer Warm Line: A phone line staffed by Peer Support Specialists who offer non-clinical support and resources to those in crisis. Works in tandem with 988. • 911: A phone line that acts as the universal emergency number for people to request emergency assistance. 	 <ul style="list-style-type: none"> • Mobile Crisis Teams and Co-Responders: Deploy teams who are trained and experienced to respond to people experiencing a behavioral health emergency, including mental health professionals and peer support specialists who can de-escalate crisis situations and provide appropriate support. Co-responders are deployed alongside law enforcement, while some mobile crisis teams respond instead of law enforcement. • Mobile Outreach Response Engagement and Stabilization (MORES): Provides team-based crisis intervention pilot for children and adolescents ages 3-21 years experiencing escalating emotional and/or behavioral needs. MORES provides up to four weeks of follow-up services for individuals who have experienced a behavioral health crisis. 	 <ul style="list-style-type: none"> • Behavioral Health Urgent Care (BHUC): Offer 24-hour access to mental health specialists who can assist with diagnosis and assessment, medication management and treatment options. • Community Crisis Facility, sometimes known as Facility Based Crisis (FBC): Provide short-term inpatient mental health stabilization and substance use detox for people in the community who otherwise would need to go to a hospital. • NC START: Provide crisis prevention and intervention program for individuals age six and above with I/DD and co-occurring complex behavioral and/or mental health needs. • Peer and Community Respite: Offer 24-hour access to Peer Support Specialists who provide support from the perspective of lived experience.

Someone to call - 988 Suicide Crisis Lifeline

In July 2022, the Suicide and Crisis Lifeline transitioned from a 10-digit phone number to 988, making it easy for North Carolinians to remember there is always someone to contact when they need crisis support for themselves or a loved one. 988 connects users directly to a trained counselor who listens, offers de-escalation support and provides access to community-based crisis resources. Help through 988

is available 24 hours a day, 7 days a week. The most prevalent reasons for contacting are interpersonal or family reasons, depression, self-harm and anxiety. In July 2024, the NC Department of Health and Human Services celebrated the second anniversary of the [988 Suicide and Crisis Lifeline](#). In the past two years, 988 crisis counselors in North Carolina have responded to nearly 190,000 calls, texts and chats, providing critical access to mental health and substance use crisis support. In its second year of service, the number of North Carolinians contacting 988 each month has nearly doubled. More than 8,000 North Carolinians every month are reaching out to 988.

In the past year, 988 Lifeline services have expanded to include [chat and text options in Spanish](#) and [video chat capabilities](#) for people with disabilities, furthering its commitment to accessibility and inclusivity. Veterans and their families, as well as Spanish-speaking callers, who reach out to 988 have the option to connect with specialized crisis services that provide culturally competent support. LGBTQ+ youth and young adults who contact 988 can access dedicated help through [The Trevor Project Line](#), which offers support tailored to their community. In February of 2024, a [Statewide Peer Support Warmline](#) was also launched to work in tandem with the 988 line by giving callers the option to speak with a Peer Support Specialist.

Someone to respond

Investments also include expanding mobile crisis capacity to meet community needs

- **Mobile Crisis Teams:** Immediate, on-site support for people experiencing a mental health and/or substance use crisis
- **Mobile Outreach Response Engagement and Stabilization (MORES)** team that focus on pediatric patients
- **Crisis Intervention Teams in Law Enforcement and EMSA**

Somewhere safe to go

- **Behavioral Health Urgent Care (BHUC)** - In April 2024, NCDHHS announced a two-year plan to invest approximately \$15 million in nine behavioral health urgent care centers across North Carolina. Over the next two years, NCDHHS will partner with the state's [Local Management Entity/Managed Care Organizations](#) (LME/MCOs) to expand nine behavioral health urgent care facilities in Alamance, Buncombe, Caldwell, Haywood, Onslow, Pitt, Rockingham, Rowan and Vance counties. These locations were chosen based on several criteria, including regional data on the number of individuals waiting for behavioral health care in emergency departments, proximity to crisis services and partnerships with preexisting community services. The Alamance site was launched earlier this year. This investment will increase the state's capacity to provide behavioral health urgent care by nearly 50%.

Other aspects of crisis systems in which there are investments include:

- **Community Crisis Facility, sometimes known as Facility Based Crisis (FBC):** Provides short-term inpatient mental health stabilization and substance use detox for people in the community who otherwise would need to go to a hospital.
- **NC START:** Provides crisis prevention and intervention program for individuals ages six and above with I/DD and cooccurring complex behavioral and/or mental health needs.

- **Peer and Community Respite:** Offers 24-hour access to Peer Support Specialists who provide support from the perspective of lived experience.

[Transforming North Carolina's Behavioral Health System](#) released in September 2024, provides a detailed report on investments in the North Carolina behavioral health system.

Priority #2: Child & Family Well-Being

NCDHHS is committed to ensuring every child in North Carolina has the opportunity to thrive. Young people and their families were especially hard hit by social and emotional impacts of the COVID-19 pandemic. Promising improvements in indicators of child health and well-being indicate that young people have begun to recover. In 2023, 39% of high schools reported that they felt sad or hopeless almost every day, down five percentage points from the post pandemic high water mark of 44%. However, while indicators of well-being are improving, child depression continues at crisis levels. [Suicide has been the leading](#) or second leading cause of death among youth ages 10-14 in NC in the last five years.

Services are insufficient to meet the needs of children experiencing behavioral health challenges. Nearly half of children with a depression diagnosis do not receive treatment. For young people with existing vulnerabilities and those with complex needs, the impact of long-term underfunding of the behavioral health system are particularly dire. When providers cannot find an appropriate treatment option for a child, they can end up languishing in a location like an emergency department or social services office while they wait for care. On average across North Carolina in 2024, 54 children were sleeping in emergency departments at any given time due to an inability to secure a more appropriate placement.

Children in the custody of child welfare are particularly vulnerable to underfunded services and system gaps. On average in 2024, 18 children slept in a DSS office at any given time because an appropriate placement was not immediately available. Of the seven states in its region, North Carolina comes in last in per-child funding for child welfare. Children in NC receive only 64% of the average per-child funding for its region.

As post-pandemic flexibilities have ended, families have lost access to critical supports that had reduced childhood vulnerabilities. Since April 2023, the U.S. Department of Agriculture (USDA) has not yet released updated state-level food insecurity rates. However, national food insecurity prevalence increased from 12.8% in 2022 to 13.5% in 2023 – the highest in nearly a decade. This corresponds with decreasing numbers of households in North Carolina accessing critical food and nutrition supports. Mothers and babies do not fare well in North Carolina and long-standing disparities exist. Maternal mortality rates have been rising and while improving, disparities in maternal deaths between white and Black mothers persist. Black mothers are 1.6 times more likely to die from a pregnancy-related death than white mothers. According to the most recent data from the Maternal Mortality Review Committee, about 85% of pregnancy-related deaths are preventable. Mental health conditions and injuries comprised almost half (45%) of pregnancy-related deaths due to unintentional overdoses, suicides, and homicides. Infant mortality has remained stable overall, with North Carolina ranking 40th out of 50 in infant mortality, and disparities persist with Black infants in North Carolina dying before their first birthday at more than twice the rate of white infants.

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. The [Early Childhood Action Plan Update](#) highlights areas of continual work across NCDHHS and with partners to support mothers, children and Families in several areas.

[A Child Behavioral Health Dashboard](#) was developed to give service providers, policy makers and stakeholders the information they need to make more data-informed decisions about child behavioral health in North Carolina. The dashboard brings together data from multiple sources and includes key metrics on behavioral health diagnoses among children and adolescents, risk factors and utilization of Emergency Departments, mobile crisis services and Psychiatric Residential Treatment Facilities (PRTFs) for behavioral health care.

PRIORITY INITIATIVES

Strengthen capacity to meet the behavioral and mental health needs of North Carolina children and families

- Grow community-based services that help children stay in and return to their homes
- Expand access to therapeutic programs in family-type settings
- Create emergency placement and assessment options for children at risk of boarding in Emergency Departments or sleeping in DSS Offices
- Increase availability of quality residential treatment settings that meet the treatment requirements of children with complex needs
- Increase placements available for children by addressing backlog of child residential licensure applications
- Expand the NC Psychiatric Access Line (NC-PAL)
- Increase public access to data via the development and subsequent enhancement of a child behavioral health dashboard

Reform North Carolina's child welfare and social services systems to improve child outcomes in safety, permanency and well-being and increase transparency and accountability.

- Launch the NC Medicaid Child and Family Specialty Plan
- Update the child welfare information system
- Provide financial supports to unlicensed kinship providers to increase the number of foster-care involved youth who are placed in kinship care.
- Implement a Regional Support model for social service agencies to deploy continuous quality improvement and technical assistance more effectively and efficiently across the state.

Improve women's health and birth outcomes

- Increase access to all methods of contraception.
- Increase Medicaid obstetric maternal bundle payments and develop an enhanced payment for group prenatal care
- Reduce congenital syphilis rates through increased education of patients and providers, increased provision of testing, and access to treatment

Improve nutrition security for children and families

- Increase the availability and array of timely nutrition support services through NCCARE360

- Pilot and evaluate use of data linkages and tailored outreach to maintain enrollment of eligible families in WIC and FNS
- Implement the Healthy Opportunity Pilots in three regions of the state
- Launch a statewide breastfeeding hotline

Highlights of some of the work to promote child and family well-being include the following.

HISTORIC INVESTMENTS IN CHILD BEHAVIORAL HEALTH AND CHILD WELFARE.

Of the \$700 million in funding from the 2023-2024 North Carolina budget dedicated to new behavioral health services outlined in the Governor’s \$1 billion roadmap, \$80 million was committed to children with complex behavioral health needs.

While many youth are struggling to have their needs met, those with complex and highly specialized behavioral health needs, especially those in DSS custody, are particularly vulnerable. The vision for this investment is to ensure that children with behavioral health needs receive suitable, essential, child-centered, trauma-informed, and high-quality services, enabling as many children as possible to either remain in or return to a home setting. In order to drive change, NCDHHS has outlined the following plan for investing the \$80 million to maximize impact for vulnerable children and families:

Child Behavioral Health Areas of Investment

Priority	Strategy (example of possible modality)	Funding
Community-based services that help children stay in/return to their homes	Increase access to behavioral health services in schools	\$24 M
	Expand access to family-focused community-based support & care coordination (e.g. Family Peer Support, High Fidelity Wraparound)	
	Establish emergency respite pilots for caregivers	
	Expand Access to Evidence-Based (EBP) Community-Based Treatment Services	
Therapeutic Programs in Family-Type Settings	Increase availability and quality of familytype therapeutic placements(e.g. Intensive Alternative Family Treatment, Therapeutic Foster Care)	\$7.4 M
	Invest in and expand professional foster parenting	
Emergency Placements for Children at Risk of Boarding or Inappropriate Placement	Build capacity for emergency placements in familytype settings for children at risk of boarding or inappropriate placement, regardless of custody	\$18.8 M
	Build capacity for DSS-managed crisis stabilization and assessmentplacements (e.g. Flexible Emergency Foster Care Placement Pilot, Placement First Plus)	
Intensive out of Home Treatment Settings	Increase quality and management of residential levels of care	\$25.5 M
	Build specialty residential care capacity (e.g. PRTF, levels II-IV).	
Child Residential Licensure	Increase placements available for children by addressing backlog of child residential licensure applications	\$500 K
Expand Utilization of Full Array	Increase capacity of child-serving workforce to identify upstream and less restrictive interventions to meet child needs	\$1.2

Evidence is clear that children thrive in their home and communities. These investments place an emphasis on community-based services, family supports, and home-type settings that can help keep children in and return them to the community. By expanding access to evidence-based treatment options, North Carolina can ensure that children receive effective care in the least restrictive setting possible. Even children with complex challenges that have previously necessitated removal from the

home will have a better chance at being served in their community. In the first year of this investment, the [number of clinicians and community agencies trained in existing and new clinical models program](#) will increase by 96%. Schools are a critical support system for families and children experiencing behavioral health challenges. When services are provided in school, youth are more likely to receive the supports they need. Ensuring successful educational transitions is critical to supporting successful transitions back into the community after out-of-home treatment. NCDHHS is investing to expand access to school-based treatment options by partnering with school-based health center and expanding tele-behavioral health services in high need, low resource, and rural districts.

At the same time that NCDHHS is investing in community-based services to keep children in their homes, the Department recognizes that the full impact of these investments will take time. In the interim, children continue to languish in emergency departments and DSS offices due to an inability to find an immediate appropriate placement option. NCDHHS is investing in [emergency placement options](#) in child appropriate settings so that children can receive assessment, stabilization, and care planning in settings that will promote rather than threaten their recovery. NCDHHS has already announced two of these initiatives. A new DSS emergency placement fund provides flexible funding to local DSS offices to problem-solve placement challenges. As part of the state's investments in family-type settings, NCDHHS is also investing in [family-type treatment settings](#) so that a placement is available at the moment a child needs a home-type setting conducive to treatment and recovery. These investments have already begun to have an impact; children sleeping in DSS offices has decreased 41% in 2024 compared to 2023.

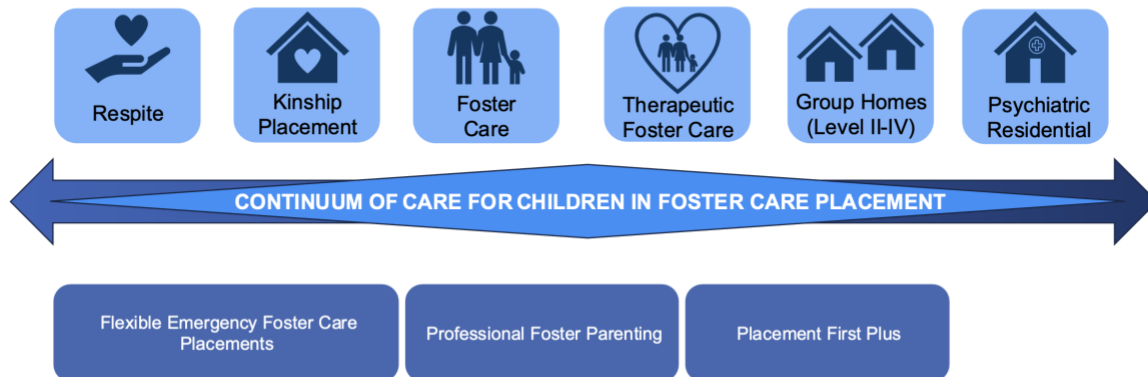
Even as NCDHHS works to keep children in their homes and communities, the Department recognizes that some children will need a high level of care. In order to address the number of children in emergency departments and DSS offices, investments are being made to improve the overall quality and management of residential treatment options in North Carolina. In addition, investments are being made to address current service gaps in the residential treatment setting that leave children with particular challenges without placement options, and to create specialty residential treatment options to meet the needs of the youth who are currently most likely to be denied care. All of these investments together will help realize NCDHHS' vision that residential treatment in North Carolina should be brief, effective, trauma-informed, and non-recurring.

NCDHHS recognizes that children in DSS custody are disproportionately impacted by the inadequacies of service systems for children with complex needs. For this reason, a particular emphasis has been placed on expanding the service continuum for child welfare involved youth. The continuum of care for children in foster care placement is designed to enhance and support various services within the system, ensuring children receive the appropriate level of care for their needs. Many of the investments across the \$80 million will benefit child welfare involved youth. In addition to the emergency foster care placement fund described above, investments are being made in:

- **Professional Foster Parenting** – pairs professional parents trained in the evidence-based Teaching Family Model alongside other related mental health services while working on reunification. This initiative aims to reduce disruptions, length of stay in out-of-home placements, and re-entry into foster care. Services provided under this initiative include Foster Care and Therapeutic Foster care.

- **Placement First Plus** – an initiative that provides new DSS licensed transition settings which will provide stabilization services and assistance in transitioning into new, appropriate long-term placement. By providing timely, appropriate placement, the aim is to reduce unnecessary ED visits, DSS boarding, and length of stay in out-of-home placements. Services employed under this initiative include Therapeutic Foster Care and Group Homes (Levels II-IV).

FOSTER-CARE CONTINUUM OF CARE



IMPROVE WOMEN'S HEALTH AND BIRTH OUTCOMES

Increased access to all methods of contraception – More than 50% of pregnancies in NC are unintended, which can lead to poor maternal and infant outcomes. Efforts to increase access to contraception include

- **Pharmacist Increase Access to Contraception** - Pursuant to [SL 2021-110](#). The pharmacists are now able to prescribe a wide array of oral and transdermal hormonal contraception. The State Health Director statewide standing orders that guided this work were adopted as [Protocols and Tools from Board of Pharmacy and Medical Board](#) in July 2023. [NC Medicaid started enrolling pharmacists](#) as providers and paying a counseling code January 8, 2024. As of October 2024, almost 350 pharmacies were participating in the protocols across the state. Participating pharmacies can be found at [North Carolina Pharmacy Finder \(ncpharmacyfinder.com\)](#)
- **Opill** is the first FDA approved daily oral contraceptive for over the counter use. Effective August 1, 2024, [NC Medicaid covers Opill without a prescription](#), at no cost to the member.
- **Over the counter condoms and spermicide** are also covered by Medicaid as of September 1, 2024.

Maternal health –

- Medicaid increased [obstetric maternal bundle payments and develop an enhanced payment for group prenatal care](#), which has strong evidence to reduce disparities in birth outcomes.
- **NC MATTERS** works to increase access to mental health care and substance use treatment for perinatal individuals across the state and provides access to screening and treatment support for health care professionals

[Syphilis](#) – Syphilis rates had been increasing in men, women, and infants born with congenital syphilis. To address this rise in rates

Physicians should:

- Increase syphilis screening for all sexually active individuals
- Screen pregnant women consistent with [10A NCAC 41A .0204 CONTROL MEASURES](#)
- DO NOT discharge newborn until mom's syphilis status is known
- Follow [CDC guidelines](#) for diagnosis and treatment of congenital syphilis infections
- Ensure sex partners are treated
- Repeat syphilis antibody blood tests (RPR/VDRL titers) every 2-3 months for ALL newborns with initial blood tests that showed antibodies against syphilis (reactive serologies) until blood tests show no more antibodies to syphilis (returns to non-reactive)

Steps taken to reverse these trends include:

- **Increasing awareness about the epidemic**
 - Multiple Public health alerts and clinical training of NC clinicians
 - Media campaign, digital and print, currently being refreshed for new fall campaign
 - [New provider webpage with resources](#)
- **Expanding access to syphilis testing**
 - Training on and distribution of point of care testing
 - Clinical guidance on use and interpretation of tests
 - Medicaid reimbursement of point of care testing
- **Expanding access to syphilis treatment**
 - Updating Physician Administered Drug program rates to cover cost of Bicillin-LA and with a margin (Feb 2024)
 - Added Medicaid coverage for imported Extencilline in situations of Bicillin shortage
- **Mobilizing levers for change within our payer infrastructure**
 - Hosted SE Congenital Syphilis Payer Summit
- **Continuing congenital syphilis quarterly review board**

As a result of these efforts, early syphilis rates have begun to level off, and for some populations, decrease.

IMPROVE NUTRITION SECURITY FOR CHILDREN AND FAMILIES

[Healthy Opportunity Pilots](#)

While access to high quality clinical services is critical and fundamental to improved health, at times it is not sufficient. It is estimated that about 80% of health outcomes are due to non-clinical factors, for example access to food and housing. As a way to leverage health care dollars to buy health, not just health care, NC's 1115 Medicaid transformation waiver authorizes flexibility in state and federal Medicaid funding. Pilot funds are authorized to be used to:

- Build capacity of local community organizations and establish infrastructure to bridge health and human service providers
- Pay for 29 evidence-based, federally-approved, health-related resources to address needs related to food, housing, transportation, and interpersonal violence defined and priced in [fee schedule](#)

Network Leads, Health Plans, and Human Services Organizations work with communities in three geographic areas of the state to implement the Pilots. Through Aug 31, 2024, more than 30,000 people have been enrolled in the pilots and more than 560,000 services delivered. The most recent interim evaluation shows

- Reduced risks of food, housing and transportation needs
- Decreased emergency department utilization
- Decreased inpatient hospitalization for non-pregnant adults
- Decreased health care costs by \$85 per beneficiary per month
- Longer participation associated with greater reduction in needs

[Sun Bucks Program](#) - Food insecurity for children and families can be worsened in the summer as children are not receiving meals at school. The USDA'S SUN Bucks program was established to provide grocery-buying benefits to qualifying families with school-aged children during the summer months when schools are on summer break. SUN Bucks is sometimes referred to as Summer EBT. SUN Bucks benefits are issued to debit-like cards (EBT cards) that families can use to purchase nutritious food during the summer period. North Carolina, the one state in the Southeast to expand this program, leveraged funding from private philanthropies to quickly develop and deploy a system to operationalize the system and formed partnerships with schools and providers to help spread the word. Nearly one million children were served by this program in 2024 with over \$120 million in benefits issued.

Priority #3: Strong & Inclusive Workforce

Long-standing workforce challenges became more apparent during the COVID 19 pandemic and exposed just how crucial our workforce is to keeping North Carolinians healthy and well. North Carolina is experiencing significant challenges with recruitment and retention in critical areas of workforce at both the state and local levels, in the health, childcare, and the state and county public health sectors. The Department is focused on strategies to build and support these key areas of the workforce and has prioritized building a strong and inclusive workforce that supports early learning, health, and wellness across North Carolina.

CARE GIVING WORKFORCE

The caregiving workforce directly improves the health and well-being of all North Carolinians. Nurses, doctors, and behavioral health providers work directly with people to prevent illness, manage chronic conditions, and address acute illness. 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. The Department of Health and Human Services partnered with the Department of Commerce to convene the [Caregiving Workforce Strategic Leadership Council](#). This group included leaders from government agencies, educational

institutions, and other key organizations who are deeply engaged in health care. The Council went through a robust data collection process to identify and focus on the highest areas of need across the state: nursing, behavioral health, and direct care workers. North Carolina faces significant shortages of all three professions, in particular behavioral health, in which 94 out of 100 counties have a shortage of mental health professionals, with even higher shortages for children. In 2024, the Council released a [report on the state's caregiving workforce](#), which outlines recommended initiatives for each priority area that the state will take to strengthen and support its health care workforce.

The action steps in the report cover several different targeted areas, including enhancing data collection to better understand the need, increasing availability of loan repayment programs and apprenticeships, and expanding access to training.

- **Nursing:** Establish academic coaches for community college students, enhance and invest in academic employer partnerships, improve employee retention and engagement, invest in social resources and NCCARE360 expansion, increase the number and availability of nurse and faculty loan repayment programs and stipends, readjust nurse faculty salaries and schedules.
- **Behavioral Health:** Advance the data landscape for the behavioral health workforce, define the unlicensed behavioral health workforce and professional pathways, incent recruitment and retention for publicly funded mental health roles, increase training and credentialing for peer support professionals, establish regular intervals for behavioral health rate adjustments.
- **Direct Care Workers:** Define what the direct care workforce is, advance the data landscape for the direct care workforce, expand apprenticeship programs, create a living wage for direct care workers.

DIRECT SUPPORT PROFESSIONALS

Direct Support Professionals (DSPs) are part of the Direct Care Workforce who provide in-home and community-based services for individuals with intellectual and developmental disabilities. The Department released a Direct Support Professional Workforce Plan to address the critical shortage of DSPs and work toward the goal of every individual with an intellectual or developmental disability having the care and tools they need to thrive in their own community. The DSP Workforce Plan outlines the Department's comprehensive, multi-year strategy to address this shortage and reaffirms the commitment to supporting DSPs and the vital services they provide.

EARLY CHILDHOOD EDUCATION

As North Carolina looks for opportunities to support healthy families and children, early childhood is an area of particular concern. **Efforts to build a strong and inclusive workforce that supports early learning, health, and wellness across North Carolina include:**

- Creating new career pathway options for the Early Childhood Education (ECE) workforce
- Recruiting & expanding talent pools for Child Welfare at state and county levels to support children and families
- Developing a dedicated funding stream for increasing early childhood educator compensation

GOVERNMENTAL PUBLIC HEALTH

The Department recognizes the importance of a robust public health workforce both locally and at the state level to support the well-being of North Carolinians. It has focused on bolstering public health recruitment and retention and reducing the number of vacancies in this space through ongoing strategic workforce planning and management. The [We are NC Public Health](#) campaign is a statewide campaign that aims to:

- Grow the pipeline of governmental public health workforce
- Increase awareness of careers in governmental public health, including [current openings](#)
- Highlight the essential role public health plays every day in the lives of North Carolinians

The campaign offers a variety of tools, including flyers, templates, and social media ads to support workforce development. Early data showed the campaign increased interest in the public health workforce and saw turnover rates starting to decrease. More details on the campaign are included later in this document.



North Carolina and Violence Prevention

North Carolina government views violence as both a public health and a public safety issue. NC Department of Public Safety and NC Department of Health and Human Services have worked to address violence in alignment with their agencies' respective missions. NCDPS' efforts to address violence reflect its mission to "safeguard and preserve the lives and property of the people of North Carolina through preparation, prevention, and protection." As part of its work to "provide essential services to improve the health, safety, and well-being of all North Carolinians," NCDHHS works to prevent and reduce violence by addressing correlated health and safety factors. Working in parallel, both agencies have implemented numerous violence prevention, intervention, and reduction strategies for many years. In addition, several communities across North Carolina have developed violence prevention and interventions activities as well.

NC OFFICE OF VIOLENCE PREVENTION

Starting in 2022, NCDHHS and NCDPS began intentionally collaborating to address violence as both a public health and public safety issue. A November 2022 [white paper](#), informed by public health and public safety experts, provides a framework outlining how North Carolina addresses violence and its causes as public health issues and describes some of the work that was already being done across the state. The July/August edition of the NC Medical Journal featured violence prevention leaders across the

state providing additional insight, information, and progress on [Reducing Firearm Injury and Death in North Carolina](#).

The North Carolina [Office of Violence Prevention](#) (OVP) was established in March 2023.¹ The creation of the Office of Violence Prevention has played a key role in facilitating collaborative work between NCDHHS and NCDPS are coordinating efforts across state agencies and local leaders to lead the state in implementing a “whole of government” approach to preventing and reducing violence.

Operating within NCDPS and in close partnership with NCDHHS, OVP is using a public health approach to collaborate with state and local agencies to reduce violence by:

1. Enhancing awareness, collection, and sharing of data;
2. Identifying, leveraging, and managing funds to enhance and expand programs;
3. Enhancing collaboration and facilitating information and best practice sharing;
4. Supporting public awareness campaigns;
5. Providing technical assistance, advising, and identifying training for local programs; and
6. Working with research entities to design, evaluate and promote best practice and evidence-based interventions.

NCDPS, NCDHHS, AND OVP INTERAGENCY COLLABORATION

Several areas of work strands demonstrate the complementary and collaborative nature of efforts and initiatives that NCDPS, NCDHHS, and OVP are undertaking. This [timeline highlights some accomplishments and actions realized and planned in 2023-24](#) reflecting collaborative work and funding streams focused on violence prevention activities. Examples of some of this work are described below.

Data collection and analysis

Both NCDPS and NCDHHS manage data assets related to injury, death, and crime to better understand violence and develop effective prevention strategies.

- The [Injury and Violence Prevention Branch](#) (IVPB) within NCDHHS’ Division of Public Health oversees several relevant data efforts including the [NC Violent Death Reporting System](#), which collects information on the circumstances of violent deaths; [NC DETECT](#), the state’s statewide syndromic surveillance system, which collects data from emergency departments; the [NC FASTER](#) program, which collects and disseminates emergency department data on nonfatal firearm injuries; and the [North Carolina State Center for Health Statistics](#), which collects health statistics.
- NCDPS oversees the [Criminal Justice Analysis Center](#), which produces criminal justice system research and maintains the NC Justice Data Portal, a centralized database for criminal justice data collected by various state agencies.

¹ Governor Cooper established the North Carolina Office of Violence Prevention by executive order dated March 13, 2023. (See <https://governor.nc.gov/news/press-releases/2023/03/14/governor-cooper-signs-executive-order-establishing-state-office-violence-prevention>.) Gerard Tate was appointed OVP’s first director on June 20, 2023. (See <https://www.ncdps.gov/news/press-releases/2023/06/20/tate-serve-first-director-nc-office-violence-prevention>.)

GRANTMAKING

The Governor's Crime Commission (GCC), which coordinates the state's applications and disbursement of federal criminal justice funding, has led the following efforts:

- Partnership with the U.S. Attorney's Office and OVP to administer and begin sub-awarding violence prevention grants.
- Approval of Victims of Crime Act (VOCA) grants to Hospital Violence Interruption Programs in multiple locations across the state (see discussion below on opportunities for philanthropic engagement).²
- A successful application for competitive federal funding from the U.S. Office of Justice Programs' [Community Based Violence Intervention and Prevention Initiative](#), which will be used to support OVP's technical assistance program, as well as help launch violence prevention programming in rural areas across the state based on recent crime data.
- Federal government expanded allowable use for Violence Against Women Act (VAWA) federal funding to address firearms and Domestic Violence. In response, NCDPS, NCDHHS, and GCC partnered with Administrative Office of the Courts, the Conference of District Attorneys, and the NC Coalition Against Domestic Violence to fund new activities consistent with [North Carolina law](#) related to Domestic Violence Protective Orders (DVPOs) and firearm limitations. New funded activities include:
 - **Support for Victims filing DVPO requests;** include elements high-risk for lethality that would require surrender of firearms
 - **Support for judges issuing DVPOs;** include firearm restrictions in DVPOs per legislation
 - **Support for District Attorney;** initiating Domestic Violence criminal charges to consider new law
 - **Enhance Data quality;** best practices for data collecting and reporting, identifying areas where interventions are most needed
 - **New Grant Priority Area;** focus area specifically addressing Firearms and Domestic Violence Homicide Prevention
 - **Law Enforcement Policies;** Identify, develop, and disseminating best practice policies and procedures for local law enforcement to serve DVPOs with firearm prohibition.

IMPLEMENTATION

Several additional NCHHS and NCDPS strategies focus on addressing factors that contribute to incidents of violence. These include:

- **Safe firearm storage campaign.** NCDPS' Division of Juvenile Justice and Delinquency Prevention (JJDP) launched [NC S.A.F.E.](#) (Secure All Firearms Effectively), a comprehensive, statewide initiative designed to raise awareness of the importance of safe firearm storage. Year two of the education campaign included more suicide prevention and vehicle safe storage messaging. In

² The North Carolina Governor's Crime Commission is directing \$750,000 in funding to two hospital programs to expand violence prevention and intervention programs in North Carolina. North Carolina is also expecting to receive federal Bipartisan Safer Communities funding to support more community-based violence prevention and intervention programs using a [Cure Violence model](#). (See <https://www.ncdhhs.gov/news/press-releases/2023/11/01/state-announces-750000-grants-expand-hospital-violence-prevention-and-intervention-programs>.)

partnership with NCDHHS, JJDP leads efforts to provide education on firearm safety and safe storage best practices, distribute gun locks to community partners, provide [Counseling on Access to Lethal Means](#) (CALM) training, develop a map of safe storage locations, and coordinate work on firearm safety and prevention with community organizations, local health departments, pediatricians, local suicide prevention teams, among others. Through this effort, more than 50,000 safe storage devices have been distributed to our North Carolina community partners

- **Suicide and sexual violence prevention.** NCDHHS' Injury and Violence Prevention Branch (IVPB) leads efforts to provide statewide primary prevention activities. IVPB works with local health departments, faith communities and other prevention coalitions to improve behavioral health/mental health outcomes and reduce suicide and sexual violence, as well as promote resilience across the state.
- **Access to re-entry services.** In partnership with the Department of Adult Corrections, NCDHHS' Division of Mental Health, Developmental Disabilities, and Substance Use Services is working to expand access to re-entry services that help reduce recidivism among formerly incarcerated people who are struggling with mental health and substance use disorders.
- **Medicaid expansion,** which provides health coverage for more adults to help meet their basic medical needs, including young men who historically were not eligible for Medicaid. Through the Medicaid Healthy Opportunity Pilots, funding for community and hospital-based Violence Intervention Programs is available. In addition, through the Pilots, funding is available to meet basic needs like food and housing, which unmet can be drivers of violence.

Emerging and Persistent Public Health Concerns

RESPIRATORY ILLNESS

COVID, Influenza, RSV

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. NCDHHS developed a [Respiratory Virus Summary Dashboard](#), which is a resource for tracking and understanding the spread of respiratory illness in NC.

[Updated Flu and COVID-19 vaccines](#) are recommended and available for everyone over six months of age. Testing and treatment are also widely available for COVID and Flu. New [RSV protection](#) became available in 2023. RSV vaccines are recommended for all adults ages 75 and older and adults ages 60 – 74 who are at increased risk for severe RSV. There are two immunizations recommended to protect infants from severe RSV: a maternal RSV vaccine (Pfizer's Abrysvo) given during pregnancy or an RSV monoclonal antibody (Nirsevimab) given to infants after birth. Data from last year shows that Nirsevimab reduces risk of hospitalizations and health care visits in infants by approximately 80%. Nirsevimab has been added to the Vaccines for Children (VFC) program.

Avian Flu

Highly Pathogenic Avian Influenza (HPAI) can infect most species of birds and some mammals. In April 2024, HPAI was detected in a dairy herd in North Carolina. HPAI was previously detected in dairy herds in Texas, Kansas, Michigan, Idaho, New Mexico, and Ohio. While the risk to the public remained low, NCDHHS distributed proactive messaging to individuals like farm workers who may be at a higher risk. An [Avian Flu webpage](#) was developed to share guidance and resources with providers and local health departments along with public facing materials for farmers and farm workers. NCDHHS continues to conduct surveillance and monitor trends as HPAI is becoming more prevalent across the U.S.

MPOX

As of September 2024, North Carolina has seen 790 mpox cases. DHHS has worked to administer 28,046 vaccines across the state. Gay, bisexual and other men who have sex with men continue to make up most of the cases in NC (96%), a continued pattern since the outbreak began in 2022. In addition, Black or African American individuals accounting for 67% of the cases. In August 2022, DHHS released the first mpox equity report which identified these disparities. In August 2023, DHHS put out an [mpox equity report update](#) which highlighted the concerted actions of health departments, community partners, and the public to decrease the disparity. NCDHHS and DPH teams have continued to strategize and engage with partners and providers to increase vaccination among those at higher risk of exposure. Targeted outreach at LGBTQ community events has been successful in promoting education and awareness, along with vaccination, including at Pride Events across the state, with an emphasis in high impact counties like Mecklenburg County. Staff host bi-weekly meetings with funded partners, share guidance for providers, develop communications toolkits, and push out relevant social media to spread the message to encourage testing and vaccination. 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.

VACCINE PREVENTABLE DISEASES

Controlling vaccine-preventable diseases (VPDs) requires consistent, concerted and coordinated efforts of public health agencies and health care providers to rapidly identify and report suspected cases and swiftly implement control measures. Maintaining high immunization rates is critical to prevent reemergence of vaccine-preventable disease that can cause serious health threats. [The North Carolina 2023 Vaccine-Preventable Diseases Annual report](#) summarizes trends for vaccine preventable diseases in 2023.

In 2024, North Carolina remains above the national average for kindergarten vaccination rates. Overall, our rates have remained fairly stable from the 2022-23 school year with [schools reporting 93% of kindergarten students are](#) receiving required vaccines for the 2023-24 school year. However, immunization rates have declined from 2021-2022 and rates vary based on area of the state and between public and private schools. Statewide, county, and school level vaccine rates can be found on our new [Kindergarten Immunization Dashboard](#)

Of particular concern among vaccine preventable disease are measles and pertussis. Measles is highly contagious, spreads through the air when an infected person coughs or sneezes, and can cause serious health complications. Following international and national trends, in September of 2024, NC reported it's

[first confirmed measles case](#) since 2018. Kindergarten measles vaccination rates have declined slightly in the past four years, with schools reporting that 95.5% of kindergartener’s were up-to-date on measles vaccines in 2019-2020 as compared to 93.8% in 2023-2024. Similarly, pertussis cases are on the rise. In 2023, 106 cases of pertussis were reported. So far, in 2024, 522 cases have been reported. Schools are reporting a similar slight decline in pertussis vaccinations with 95.5% of kindergartener up-to-date in 2019-2020 as compared to 93.5% in 2023-2024.

TOBACCO & VAPING

Tobacco use, e-cigarette use, and vaping remain high among youth and adults, with over 20% reporting use. In North Carolina, more than [12% of high school students](#) use tobacco products and more than 9% use vapes. Many middle and high school students who vape [want to quit](#) and have tried to do so. NCDHHS is promoting efforts to prevent the harms of tobacco use in several ways. In September 2024, NCDHHS hosted a Tele-town hall addressing youth vaping prevention and support in schools. The livestream provided resources and materials for educators, parents and caregivers. Another key element of prevention has been through 100% smoke-free or tobacco-free policies, including e-cigarettes, where there is local government authority. As of summer 2024, 85 counties in North Carolina have smoke-free/tobacco-free government building policies. Success of the [QuitlineNC](#) campaign yielded 44.1million impressions, 131,000 clicks, and 2,650 individuals enrolled. This campaign provides free cessation services to any NC resident who needs help quitting tobacco use. There is [continued work around addressing the disparities](#) of tobacco use, including use among LGBTQIA+ populations.

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.

Division of Public Health Strategic Plan

The Division of Public Health (DPH) 2023-2025 Strategic Plan guides the overall work of the Division. In 2022, Division leadership refreshed the strategic plan to include an evolving organizational structure, Division Director priorities, and appropriate alignment with HNC 2030 and NCDHHS Strategic Plan. The Division utilizes the Strategic Plan to guide work and align with the Performance Management system.

From 2025 onward, the Strategic Plan will be developed and implemented every five years, with planned midpoint revisions during year three.

The Division of Public Health focuses on three main strategic priorities seen below

NCDPH STRATEGIC PLAN REFRESH

STRATEGIC PRIORITIES:

- Support the recruitment, development, retention, and diversity of our public health workforce
- Build a durable statewide infrastructure that supports key foundational public health capabilities:
 - Equity
 - Community Partnership Development
 - Policy Development
 - Accountability and Performance Management
 - Communications
 - Organizational Competencies
- Earn trust by listening to and uplifting the voices and value of public health

MISSION: To make North Carolina the healthiest state in the nation

VISION: To promote and contribute to the highest possible level of health and wellbeing for the people of North Carolina

THE WORK OF NCDPH AIMS TO:

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

OUR CORE PUBLIC HEALTH WORK WILL:

5. Advance equity
6. Earn trust
7. Strengthen partnerships
8. Drive data-informed decision making and evidence-based policy

2023-2025 DPH STRATEGIC MAP

The Strategic Map, seen below, integrates the diverse work of the Division of Public Health with the three main strategic priorities highlighted in yellow. This map represents the focused and overarching goals of DPH and how they integrate within our public health system. DPH continues to strive toward these strategic goals.

	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

PRIORITY 1: SUPPORTING THE RECRUITMENT, DEVELOPMENT, RETENTION AND DIVERSITY OF OUR PUBLIC HEALTH WORKFORCE

With every public health crisis that strikes, we see the effectiveness of a public health system that prepares and supports its workforce to help North Carolinians be safer and healthier. There has been substantial progress through several initiatives to prioritize recruitment, development, retention and diversity in the public health workforce. DPH has seen its vacancy rate decrease from 25% in May 2023 to 18% as of February 2024. Here are some key initiatives in 2024:

- *Continued the “We are NC Public Health” Campaign to promote public health and recruit the NC governmental public health workforce.*
 - In 2023, DPH launched its We Are NC Public Health campaign. This statewide campaign focuses on elevating local and state governmental public health. The beginning of this campaign featured a video highlighting “What is Public Health” and the many ways public health impacts the lives of North Carolinians. By developing social media tools, including the hashtag #WeAreNCPublicHealth, DPH equipped state and local government staff with an easy way to promote public health careers. The campaign supported paid media posts on LinkedIn to drive potential candidates to job postings. A second phase of the We are NC Public Health campaign featured targeted videos about hard-to-fill positions including: Business Operations, Disease Intervention, Environmental Health, Laboratory Science, Vital Records, and with our Office of Chief Medical Examiner. Each of these videos was promoted in web ads and directed folks to publichealthcareers.org/jobs/us-nc, where they can see both local and state public health careers. With thousands of views per month on the page, focused materials were driving people to learn more about public health careers. As we vision for the future, we plan to mobilize staff to be on the ground at college campuses, promoting careers in public health.
- *Prioritized 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 2024, we continued building the workforce pipeline and providing early exposure to careers in governmental public health. The program was launched in 2022, hosts interns across varying sections of DPH including the workforce development team, the Division of Public Health, and the Office of Health Equity. Since 2022, 161 students participated, with 75 interns in the summer 2024 through the HBCU/MSI Internship Program. DPH is also sustaining the Centralized Intern Training program to provide a career pathway for students into environmental health positions.
- *Offered continual training and workforce development opportunities.*
 - DPH partners 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 DPH and local public health workforces. There are several courses, including Introduction to Public Health in North Carolina, that can support new staff along with leadership

programs, like the North Carolina Public Health Leadership Institute, to further develop experienced local and state public health leaders through skill building and opportunities for connection.

- *Promoted the first of its kind NC Credentialed Public Health Nurse (NCCPHN) Course to attract and retain a skilled, diverse public health nurse workforce.*
 - This course was developed out of a need to prioritize updating job classifications to meet today’s public health needs. In partnership with DPH, state and local public health nurses, and North Carolina Institute for Public Health, the course is designed to provide NC public health nurses with ongoing access to up-to-date specialty practice information. Since its inception in 2023, the NCCPHN Course has graduated over 500 public health nurses and continues to build the skills and foundation for our NC public health nursing workforce. The course was also recognized by American Public Health Association by receiving the 2023 Public Health Nurse Creative Achievement Award, recognizing creative contributions to public health nursing administration, education, practice, and research.
- *Fostered connection among DPH staff through in-person and virtual events to promote staff retention.*
 - In 2024, DPH leadership hosted in-person events during National Public Health Week to recognize staff for their contributions to North Carolina and encourage them to utilize the tools of the We Are NC Public Health campaign to share their story on “Why North Carolina Public Health?.” These events offered opportunities to engage in connection and conversation on why careers in public health are rewarding and valuable. Additionally, DPH leadership hosted “Leadership Meet & Greets” to offer more opportunities to show the value of connection for staff retention. Other staff retention efforts included DPH Coffee Chats, a voluntary program for staff to meet with a new colleague for 30 minutes to learn more about them and their work. Virtual quarterly town halls provided staff with important business updates, progress toward strategic goals, and opportunity to connect. Each event featured a unique opportunity for staff across different campuses to find purpose in their work and feel recognized.

PRIORITY 2: BUILD A DURABLE STATEWIDE INFRASTRUCTURE THAT SUPPORTS FOUNDATIONAL PUBLIC HEALTH CAPABILITIES

The PHAB Accreditation process helped to examine various aspects of DPH operations and how they support its capacity to respond to public health emergencies. In DPH receiving accreditation, PHAB noted DPH’s strong commitment to continuous quality improvement (QI) and robust engagement with local health departments. For years, the North Carolina public health system has been underfunded and has relied on COVID-19 funding and other siloed federal funds. This method has left foundational capabilities like organizational competencies and accountability and performance management difficult to improve. Integral business operations within public health like human resources, finance and operations are challenged to meet the growing needs of an evolving public health system. COVID-19 funds supported an increase in staffing for functions like communications, policy, strategy, and performance management, which were important during the crisis but also integral to daily public health

functions. Recurring funding for public health infrastructure would allow DPH and other public health agencies to strengthen the foundational public health capabilities. Here are some key initiatives to highlight the ways DPH is building a durable statewide infrastructure, ultimately supporting foundational public health capabilities.

Foundational Public Health Services



- *Foundational Capabilities Opportunities Analysis*
 - DPH is committed to strengthening foundational capabilities to ensure a healthier North Carolina. In 2023, following Local Health Departments, DPH partnered with North Carolina Institute for Public Health to launch a Foundational Capabilities Gap Analysis. This assessment collected information and perceived expertise gaps and needs related to public health infrastructure. Feedback from DPH staff about general and section-specific strengths, weaknesses and opportunities for improvement were all captured quantitatively. Focus group discussion and key-informant interviews were utilized to gather qualitative information to support the survey. Expertise was defined as people having the training, experience, and skill to get the job done. Capacity was defined as having the tools, the people, and the time to get the job done. The 2023 results revealed the following:
 - **DPH Expertise Strengths:** Assessment & Surveillance, Community Partnership Development, and Policy Development & Support
 - **DPH Capacity Strengths:** Communications, Emergency Preparedness & Response, and Equity

- **Common Strengths Across NC Regions and DPH:** Emergency Preparedness & Response, Community Partnership Development and Communications
- **DPH Expertise Gaps:** Organizational Administrative Competencies, Accountability & Performance Management, and Equity
- **DPH Capacity Gaps:** Organizational Administrative Competencies, Accountability & Performance Management, and Policy Development & Support
- **Common Gaps across NC Regions and DPH:** Equity, Accountability & Performance Management, and Organizational Administrative Competencies

These strengths and gaps in both expertise and capacity are helping to focus initiatives, training and further development to support the public health infrastructure in North Carolina. The 2024 Foundational Capabilities Opportunity Analysis survey has already been completed and a full analysis of the data is expected in Winter 2024, with public dissemination of findings disseminated thereafter.

- *Performance Management & Quality Improvement Programs*
 - DPH’s Performance Management Program aims to enhance the efficiency, effectiveness, and accountability of public health practices at both organizational and community levels. It helps leaders and staff define success by setting performance objectives, goals, targets, and indicators, while also demonstrating how their efforts contribute to population-level outcomes in the DPH Strategic Plan. In 2024, the program transitioned from Excel to the Clear Impact Scorecard, an online tool for tracking and analyzing performance data. By August 2024, all nine sections and the Director's Office had adopted the system, reporting data for 84 programs and monitoring 217 performance indicators.

The Quality Improvement (QI) Program supports Division-wide improvement projects and provides expertise to DPH staff, closely aligning with the Performance Management Program. This year, DPH launched its first Division-led QI project to reduce the time to fill vacant positions, which currently averages 140 days, exceeding the NCDHHS target of 60 days. A pilot project with the Chronic Disease and Injury (CDI) Section is testing solutions to streamline the hiring process, with three new tools developed for hiring managers. The QI team is tracking the hiring phases to measure progress before expanding the initiative. The QI Program also tracks 16 other quality improvement project that are being organized and implemented by various DPH staff in seven different sections. These projects include the Local and Community Support Section overseeing an Agreement Addendum QI project, the Women, Infant, and Community Wellness Section doing work to improve experiences with and utilization of Family Planning Medicaid, as well as the Oral Health Section reconfiguring our parental consent form to encourage more participation in our programs. Both the QI and Performance Management Programs aim to foster continuous improvement, share best practices, and inform resource allocation and policy development.

- *The North Carolina Data Portal*
 - The [North Carolina Data Portal](#) is a new resource for users to access data, maps, and tools to support community health assessments and other public health activities.

The resource was developed in partnership with NC Region 4, DPH, and the University of Missouri. The NC Data Portal serves as the primary source of secondary data for most local health departments in North Carolina. The portal offers over 120 indicators in the following categories and users have the option to select geographic areas to produce the report. This innovative tool shows data to help build a durable public health infrastructure in NC, integrating several foundational capabilities into its model. This tool is a product for both local and state agencies, along with community partners.

- *2024 North Carolina Public Health Leaders Conference*
 - The North Carolina Public Health Leaders Conference brings together public health professionals from across the state to share learnings, develop skills, and further develop our durable statewide infrastructure. In 2024, the conference celebrated its 20th anniversary and featured the theme, “Foundations of Public Health Excellence: Charting our Course for Success.” The conference featured workshops and keynote speakers about six of the eight key foundational capabilities: policy, equity, community partnership, workforce, communications, and assessment and surveillance. With over 400 attendees, individuals left with ideas of how to better integrate the foundational capabilities in their work and collaborate effectively across North Carolina public health.

PRIORITY 3: EARN TRUST BY LISTENING TO AND UPLIFTING THE VOICES AND VALUE OF PUBLIC HEALTH

Trust is an integral part of effective public health delivery. Public health emergencies have shown us the need for established trust between public health entities and communities to ensure the best results for the citizens of North Carolina. At DPH, we are continually committed to building and maintaining trust through collaborative relationships with local communities. We aim to increase visibility and transparency with public health work. Here are some key initiatives and partnerships that have prioritized earning trust.

- *Perceptions of Public Health in North Carolina*
 - In partnership with the Niemand Collaborative, DPH conducted a survey about perceptions of public health in North Carolina to support our understanding of trust among various audiences and opportunities for growth in building trust. A diverse audience of 800 North Carolinians was surveyed which led to identifying several key findings and strategic impacts.
 - ***When they know you, they trust you.*** Higher familiarity with public health and the work of NCDHHS is tied to more positive perceptions of public health efforts in North Carolina and higher trust of NCDHHS.
 - ***Intentional outreach is effective.*** Overall performance ratings for NCDHHS are on par with those of local health departments and national public health agencies. Higher ratings for NCDHHS by priority historically marginalized populations audiences are proof that intentional outreach works.
 - ***NCDHHS has a positive perception, and there are opportunities for improvement.*** NCDHHS has the highest level of overall trust when compared to local health

departments, and national public health agencies (i.e., CDC, FDA), but level of intensity or conviction on trust measures could be higher.

- As a result of these key findings, there are several ways DPH plans to build more trust with audiences across NC. Working to raise awareness and tell the story of public health will promote more visibility of public health, hopefully leading to more favorable perceptions. Cultivating existing and new community relationships will ensure a broader reach, targeting populations like age 55+ and white non-Hispanic audiences that rate lower on familiarity and trust. Building key drivers of trust, like ensuring the public is protected against disease and having confidence in their recommendations for the public, into strategic goals and tactics across the division. Leaning into a younger audience, under 35, since they have positive perceptions of NCDHHS and utilize them as a pipeline for public health careers.
- *NCDHHS Fireside Chats, Tele-town Halls & Cafecitos*
 - NCDHHS fireside chats tele-town halls, and cafecitos are part of the state's ongoing public engagement to ensure equitable access to timely information and resources. In partnership with NCDHHS, DPH has provided subject matter expertise to these calls with the public for public health issues like youth vaping, tobacco use, overdose prevention, and vaccines. This is a key opportunity used to build trust and lift up the voices and value of public health.
- *Key Partnerships in Public Health to Build Trust*
 - 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. In partnerships with the NC Association of Local Health Directors (NCALHD), we have worked to strengthen our communication and partnership formally and informally, by having local Health Directors join DPH at national meetings for members of the state delegation team. NCALHD invites DPH staff to participate in workgroups to promote collaboration and align on the ways to build trust and effectively lift up public health voices. Additionally, the North Carolina Public Health Association (NCPHA) has been a key partner in strengthening communications across North Carolina and aligning strategies to leverage the public health professional network to earn trust with the public and bring awareness to public health.
- *DPH Spotlight on Success*
 - To build trust, DPH focused on sharing the [success of federal funds](#) from COVID-19 pandemic and the impact they made to improve the health and well-being of North Carolinians. The funds helped to expand health care access, improve disease surveillance, and foster innovative health solutions. Each of the highlighted initiatives shows how effective partnership, trust and funding are to the public health system in North Carolina. Read the full report [here](#).

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 DPH. 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.

Snapshot: To Prevent, investigate and respond to public health threats (Priority 1A)

North Carolina Lead Poisoning Investigation

In October 2023, North Carolina state and local public health teams identified the source of lead poisoning in NC children leading to a nationwide FDA recall of WanaBana Apple Cinnamon Fruit Puree Pouches and an international investigation. As of January 2024, the investigation identified over 300 cases of children with elevated lead across the country and prevented countless others from being exposed to lead and its long-term health consequences. Over the past months, [NCDHHS](#) and many news outlets shared information about the recall, including a [Washington Post article](#) that highlighted the impact North Carolina had on the investigation.

In NC, a child under six who has two consecutive blood lead test results greater than or equal to 5 micrograms per deciliter is considered to have an elevated lead level and is eligible for a home investigation by local and state public health teams to identify the source of the lead hazard. Each year, several hundred cases of children with elevated lead levels are referred to NC public staff for further home investigation. It was during several such home investigations that public health investigators identified the WanaBana brand of apple cinnamon puree pouches as the source of lead hazard.

After ruling out other possible sources of lead exposure, NC public health staff sent WanaBana Cinnamon Apple puree, which was consumed frequently by the children, for testing at the NC State Laboratory of Public Health. Testing revealed extremely high concentrations of lead and the results of this testing were escalated to the FDA for further follow up. The FDA worked closely with NCDHHS and ultimately issued a nationwide advisory and worked with the manufacturer on a recall.

NCDHHS Division of Public Health worked to spread awareness of the product to NC families, early education providers, health care providers, and other state lead prevention programs. The team also identified other children with elevated lead linked to this product and worked with the NC Department of Agriculture and Consumer Services to visit all Dollar Tree locations in NC to ensure that the product was removed from the shelf.

This snapshot highlights a coordinate public health effort to safeguard the public's health, not only in NC but across the nation and globe.

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.

Snapshot: Reduce the burden of chronic disease and injury (Priority 2E)

Impacts of Breast and Cervical Cancer Control Program

The North Carolina Breast and Cervical Cancer Control Program (NC BCCCP) provides free or low-cost breast and cervical cancer screenings and follow-up to eligible patients in North Carolina. NC BCCCP provides screening for the early detection of breast and/or cervical cancers and provides diagnostic workups to arrive at a definitive diagnosis. It then navigates patients to Breast and Cervical Cancer Medicaid (BCCM), to cover costs associated with treatment of breast or cervical cancer or precancerous lesions. **So far in 2024, over 8,174 women have been screened through the NC BCCCP program.** This Breast cancer and cervical cancer screening services are available through NC BCCCP with funding provided by the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). The goal of NC BCCCP is to reduce breast and cervical cancer morbidity and mortality in eligible patients in North Carolina by providing breast and cervical cancer screening services, diagnostic services, and patient navigation services. DPH provides funding, training, and technical assistance to local providers on implementing evidence-based interventions that promote cancer screening and treatment in populations most in need of services.

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.

Snapshot: Reduce disparities in infant and maternal morbidity and mortality (Priority 3A)

Promoting Healthy Pregnancies

The North Carolina Baby Love Plus Program (NC BLP) provides direct and facilitating services and linkages to clinical care. The program also convenes a community consortium comprised of partners representing diverse health, human and related organizations, and individuals of reproductive age. NC BLP currently serves three counties, Edgecombe, Halifax, and Pitt, with Edgecombe being one of the leading counties in the country with elevated percentages of pre-pregnancy or gestational hypertension, pre-pregnancy obesity and Black infant deaths. The program serves and preconception, pregnant, and interconception women, with specific emphasis on African American women as the priority audience. The program also engages young males and fathers/male partners, infants, and children up to 18 months of age. The program's goal is to reduce disparities in infant mortality and adverse perinatal outcomes, with a specific emphasis on addressing social determinants of health to improve disparities in maternal and infant health outcomes. The minority infant mortality rates in these counties are almost twice as high as the state's rate. The program has provided support for hundreds of women over the years and supported the NC [Perinatal Health Strategic Plan](#), which serves as a statewide guide to improve maternal and infant health and 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:

Snapshot: Develop the capacity to collect, analyze and report public health data (Priority 4D)

Developed public data dashboards to highlight trends and emerging public health concerns. Partnering with emergency departments, hospitals and urgent cares across North Carolina allowed for rapid surveillance and dissemination of data. As a result of efficient data systems and increased data from partners, North Carolina could identify trends and be proactive in prevention and response measures. Examples of the dashboards include: [NC Respiratory Virus Summary Dashboard](#), [NC Violent Death Reporting System](#), and [NC Maternal and Infant Health Data Dashboard](#).

DPH State Laboratory of Public Health (SLPH) enhanced logistics for samples to reach the lab faster, speeding results. Leveraging COVID-19 funds, the lab partnered with the NC Department of Administration to develop a dedicated medical courier. This new service visits every Local Health Department every weekday to collect specimens and deliver to the lab on the same day. These improvements ensure compliance with clinical laboratory regulations and quality results. SLPH is also working on developing a lab-wide electronic test ordering and results system which will minimize use of paper and provide efficient results reporting making it easier for providers to order and receive results for patient care.

5. SEEK TO DECREASE DISPARITIES IN ALL OF OUR WORK.

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

Snapshots:

There is continued groundbreaking work with the Centralized Health Equity Data (CHED) team to advance equity and health outcomes among marginalized populations through enhanced COVID-19 surveillance. With funding from the CDC Health Disparities Grant, the Division of Public Health has established the 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. This partnership led to nearly 11,000 North Carolinians providing information

through interviews and surveys on the impacts of COVID-19. The data will be shared with community partners to support future crisis efforts.

Partnered with the Department of Transportation to integrate food security and other metrics into transportation planning, improving access to essential services for all. This showcases a model of cross-collaboration working to promote equity in our work and thoughts about the opportunities to integrate the social determinants of health into all governmental work.

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.

Snapshots:

Expanded reach of NCCARE360, a platform that unites health care and human services organizations on a single technology application that helps providers connect their patients to non-medical community resources, such as meal delivery, housing aid, diaper banks, senior day programs, and more. To date, 78% of all LHDs have enrolled across the state. Through grants awarded to 21 Community Based Organizations, grantees worked to address the needs of 2,842 individuals that were referred. This has resulted in onboarding more than 306 new partners across the Triangle and Triad regions.

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. Data modernization and transparency support taking data from multiple sources and nimbly analyzing it so that viable, usable and accessible information is available to the public health stakeholders in a timely way. DPH has initiatives underway to optimize the use of data for decision-making, publication and access. In 2019, NCDHHS established a Data Office, which developed a data strategy roadmap and began foundational work toward stronger integration of data across disparate sources. In 2024, DPH hired a Chief Data Officer to drive improvement across the Division and is engaging with partners like ASHO for technical assistance in developing a Statewide Data Modernization Initiative Strategic plan. COVID highlighted the persistent disparities in health outcomes in our historically marginalized populations across the state. Improving data collection, transparency and reporting processes will improve DPH's ability to implement equity-focused interventions.

Snapshots:

DPH has developed the capacity of public health professionals to use Results Based Accountability (RBA) as an important strategy to improve health outcomes and improve equity. DPH and NC Area Health Education Centers (AHEC) are collaborating to build a large cohort of RBA certified faculty and train DPH staff and the broader community. So far, over 20 DPH staff have been trained. The North Carolina State Health Improvement Plan (NCSHIP) uses RBA and its web-based tool Clear Impact Scorecard to monitor progress on population indicators and program performance measures. DPH Performance Management system utilizes Clear Impact Scorecard now to track data and progress on meaningful indicators related to sections throughout DPH.