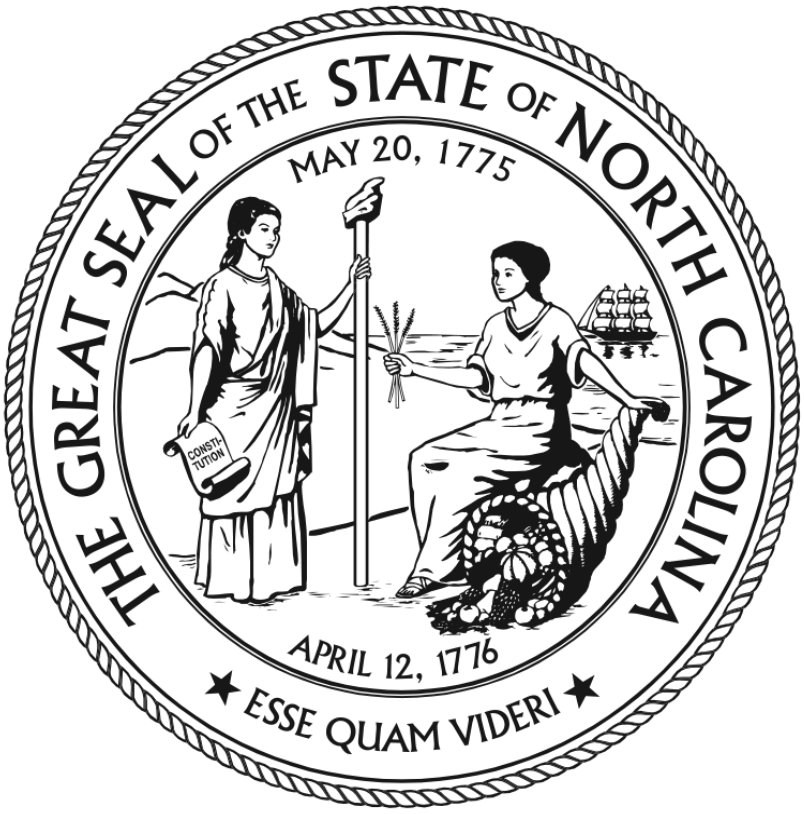
NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

State Health Director

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

OCTOBER 2026



State of North Carolina

Josh Stein, Governor
www.nc.gov

The North Carolina Department of Health and Human Services

Devdutta Sangvai
Secretary

Lawrence Greenblatt
State Health Director
Chief Medical Officer

Debra Farrington
Deputy Secretary for Health

www.ncdhhs.gov

Division of Public Health

Kelly Kimple
Director, Division of Public Health

www.publichealth.nc.gov

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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. The NC Department of Health and Human Services (NCDHHS), Division of Public Health (DPH), and Dr. Lawrence Geenblatt, State Health Director, are pleased to provide this report in fulfillment of this statutory requirement and to promote the connection of public health and clinical medicine.

Introduction & Executive Summary

In September 2026, NCDHHS released four key priority areas and an updated strategic plan that was built on the department's established mission, vision and values. Together, the priority areas and strategic plan provide a framework for NCDHHS to strengthen partnerships with communities and stakeholders, advance innovative solutions, and achieve the department's efforts to increase access to essential services for all North Carolinians. The priority areas provide a clear path forward as we work in a rapidly evolving environment.

- **PRIORITY 1: Deliver critical services to improve the health and well-being of North Carolinians**
  Support timely and coordinated implementation of Medicaid, the Supplemental Nutrition Assistance Program, and child welfare services, with a focus on maintaining access, minimizing disruption for beneficiaries, and supporting state and county DSS partners.

- **PRIORITY 2: Transform rural health**
  Strengthen and sustain existing programs while introducing innovative approaches and uplifting technology. Our focus includes the Rural Health Transformation Program, which enable rural communities to thrive, leveraging full federal investments and prioritizing stakeholder engagement.

- **PRIORITY 3: Strengthen behavioral health crisis care and its coordination with the justice system**
  Improve North Carolina's behavioral health crisis system to better support individuals with mental health needs, including those who are justice-involved.

- **PRIORITY 4: Partner with key stakeholders to drive reforms that promote affordable and accessible health care for every North Carolinian**
  Advance health care affordability and access by leveraging the Department's expertise, engaging partners, and proposing innovative solutions that lower costs and expand access to high-quality services.

NCDHHS has an unwavering commitment to meet the needs of all North Carolinians. In collaboration with our partners, the department provides essential services to improve the health, safety and well-being of North Carolinians by increasing access to care, focusing on whole person health, transforming and modernizing health care, building a sustainable workforce, and promoting organizational excellence. Updates pertaining to this work are outlined below.

NC Medicaid

Changes in federal legislation from H.R. 1, signed into law by President Trump in July 2025, and from changes in North Carolina state law passed by the NC General Assembly, have resulted in new rules for NC Medicaid. Many non-citizens no longer have Medicaid coverage as of Oct. 1. Additional changes for people ages 19 through 64 without a disability, or the approximately 730,000 North Carolinians covered by Medicaid expansion, will begin Jan. 1, 2027. The North Carolina Medicaid program provides affordable health coverage, access to doctors and prescriptions for more than three million children, older adults, people with disabilities, veterans and working North Carolinians. One in four people in North Carolina are covered by NC Medicaid along with half of all births in the state. In many rural counties, Medicaid provides health coverage to more than half of the population.

Since Medicaid expansion launched on Dec. 1, 2023:

- More than 730,000 individuals are now served by the Medicaid expansion program.
- New enrollees have filled more than 18.6 million prescriptions for heart health, diabetes, seizures and other illnesses.
- More than one-third of new enrollees – 233,000 members – live in rural communities where they may not have had access to health care.
- Overdoses in North Carolina decreased, with related visits to emergency departments down by 29% and suspected overdose deaths down by 27% from 2023 to 2024. In addition, more mental health providers serve people covered by Medicaid since expansion.

The changes from state and federal legislation will take health care access away from North Carolinians, worsen health outcomes, take billions from our state's economy, disproportionately harm rural communities and drive up costs for everyone, including employers. Over the next 10 years, North Carolina is expected to lose nearly $50 billion in federal funds to the state’s Medicaid program and critical funding to hospitals in our state.

Health Care Affordability Commission

In June 2026, North Carolina Governor Josh Stein signed an executive order to make health care more affordable for all North Carolinians. Executive Order No. 39 established the Health Care Affordability Commission, made up of health care experts from across the health care landscape, including medical providers, hospitals, insurers, researchers, and patient advocates. The commission, co-chaired by NCDHHS Secretary Dev Sangvai and North Carolina State Treasurer Brad Briner, will develop timely, concrete solutions to rein in surging health care costs.

The executive order directs the Health Care Affordability Commission to examine the following priority areas, as well as other areas that data indicate are drivers of increased health care costs:

- Improving transparency, data collection, and record keeping to better serve consumers and inform policymakers;
- Promoting competition in the market for health care services, including increasing system capacity;
- Addressing health care workforce shortages by increasing the supply of providers;
- Expanding access to and utilization of primary care across the state;

- Exploring value-based care models; and
- Examining unique solutions to improve affordability in rural areas.

Spending on health care in the United States has increased by nearly 50 percent more than in comparable peer countries, averaging nearly $16,500 per person every year, with individuals paying more than $1,500 in out-of-pocket costs on average in addition to health insurance premiums.

Traumatic Brain Injury State Action Plan

North Carolinians living with a traumatic brain injury (TBI) will have better access to services and a stronger support system under the 2026 – 2029 Traumatic Brain Injury State Action Plan. Effective July 1, 2026, the plan was developed through extensive collaboration with people with lived experience, caregivers, providers, advocates, community partners and the Brain Injury Advisory Council. It establishes four strategic priorities:

- Better Access to Services
- Better Support Providers and Clinicians
- Better Support People with TBI and Caregivers
- Better Equip Communities to Prevent Brain Injuries

One of the first initiatives to come out of the plan is an Online Brain Injury Screening & Support System (OBISSS), an online platform created by the National Association of State Head Injury Administrators that houses a nationally validated screening tool. NCDHHS worked with Disability Rights North Carolina to bring this tool to the state. The service provides a simple, accessible way for individuals ages 10 and older to identify possible brain injury-related challenges, offer recovery strategies, and connect with appropriate supports. Other initiatives in the plan include improving access to community-based services, strengthening the provider workforce, increasing caregiver and peer supports, and enhancing statewide prevention and public awareness efforts aimed at reducing the number of TBI incidents.

Groups more susceptible to TBI include veterans and active-duty service members, people experiencing homelessness, people who have been incarcerated, survivors of domestic abuse and people who are aging. People living in rural areas who experience TBI face additional challenges that impact their recovery. They tend to live farther from emergency care and specialized rehabilitation centers and have less access to TBI specialists. Falls are the leading cause of TBI-related emergency department visits, hospitalizations and deaths in the state. Older adults (75 and older) are particularly vulnerable to falls that can lead to TBI.

The plan includes measurable goals and accountability metrics through 2029 to track progress, improve outcomes and ensure North Carolinians living with TBI have greater opportunities to access services and live successfully in their communities.

Mobile Crisis Dispatch

NCDHHS took steps in 2026 to enhance use of the 988 Suicide and Crisis Lifeline in the state. In March, NCDHHS launched a real-time Mobile Crisis Dispatch process that allows 988 operators to either send a mobile crisis team or connect the caller directly with a provider and other local resources. Mobile crisis

teams are trained and experienced in responding to people experiencing a mental health or substance use emergency. These teams include mental health professionals and peer support specialists who can de-escalate crisis situations and provide appropriate support. The pilot program started in 10 counties and has since expanded to 27 eastern North Carolina counties.

Also in March, NCDHHS upgraded the Behavioral Health Statewide Central Availability Navigator (BH SCAN) to enable 988 operators to identify available mental health beds in the area. Streamlined communication has reduced wait-times and helped people in crisis receive the appropriate level of care faster. Since its inception, the 988 Suicide and Crisis Lifeline has become an important part of NCDHHS' crisis response efforts, with contacts increasing as the service becomes more widely known. In the six months ending May 2026, the 988 Suicide and Crisis Lifeline averaged 15,972 contacts (calls, chats and texts) per month. That represented a 10% increase over the previous six months and is more than double the number of contacts received in its first 12 months of operation. North Carolina's Peer Warmline (1-855-PEERS-NC) works in conjunction with 988. Many callers to 988 are referred to the Peer Warmline, which is staffed by Peer Support Specialists who have lived experience with mental health or substance use disorders. NCDHHS recently added chat and text capability to the Peer Warmline.

Children and Families Specialty Plan

The Children and Families Specialty Plan (CFSP) is a first of its kind statewide health plan to ensure access to comprehensive physical and mental health services for Medicaid-enrolled children, youth and young adults currently and formerly served by the child welfare system. It is designed to support beneficiaries in receiving seamless, integrated and coordinated health care, including mental health services, regardless of geographic location or situation. The CFSP, called Healthy Blue Care Together, launched on Dec. 1, 2025. Approximately 32,000 children and young adults younger than age 26 currently and formerly served in foster care and other programs and their minor children were automatically enrolled in the CFSP.

Stakeholder feedback was instrumental in shaping the CFSP. The Department used multiple avenues for stakeholder engagement from 2021 through 2024 that resulted in a plan designed to improve near and long-term health outcomes, increase access to health and health-related services and strengthen and stabilize families. The health plan is part of North Carolina's commitment to improving the long-term health and well-being of children experiencing the child welfare system and strengthening and supporting families.

Opioid Treatment Program

The 100th Opioid Treatment Program (OTP) brick-and-mortar location in North Carolina will soon open, marking a significant milestone in efforts to reduce drug misuse and overdose deaths. OTPs are state and federally licensed programs that provide Medications for Opioid Use Disorder (MOUD) along with other supports for treatment and recovery, including counseling, case management and peer support services. All mobile units and satellite locations are extensions of a brick-and-mortar opioid treatment program. North Carolina will have an OTP for approximately every 109,000 residents, one of the best ratios in the nation, and an OTP presence in 57 counties. With more options for treatment available, the number of people receiving treatment has increased each year, for an overall increase of more than 12%.

North Carolina's multi-faceted approach combines prevention and treatment to ensure the best possible outcomes. From January to June 2026, suspected overdose deaths in North Carolina dropped more than 23% compared to the first six months of 2025. This continues a trend that started in 2024, when the overdose death rate dropped 35% from 2023. Emergency room visits for overdoses are down 18% for the first six months of 2026 compared to the same period in 2025. Expanded efforts for naloxone distribution remain underway. In 2025, NCDHHS purchased more than 360,000 naloxone kits for community partners across the state. Almost 6,000 life-saving reversals were reported during the six months from October 2025 to March 2026. The powerful overdose reversal medication is available throughout North Carolina at many pharmacies and local health departments.

Rural Health Transformation Program

In December 2025, North Carolina was awarded $213 million through the Rural Health Transformation Program (NCRHTP). These funds will improve health and health care delivery for more than three million North Carolinians in rural communities and support more than 400 rural health facilities. The program is part of H.R. 1, a federal bill signed into law by President Trump to address rural health concerns due to federal cuts to the Medicaid program. North Carolina has the second-largest rural population in the country. Many rural communities face health challenges, including insufficient numbers of health care providers, hospital closures, high rates of chronic health conditions, and differences in access to care and health outcomes.

North Carolina is eligible for more funding each year for the next five years. NCDHHS implemented several key initiatives as part of its year one strategy, advancing the foundational infrastructure necessary to address immediate needs and support the program's sustainability. We will be notified of our year 2 funding on October 30, 2026.

NC ROOTS Hubs

NCDHHS selected five organizations to serve as leads for the NCRHTP's Rural Organizations Orchestrating Transformation for Sustainability (ROOTS) Hub. Together, these organizations will work as regional networks connecting medical, behavioral health, and social supports as North Carolina increases access to care for rural communities across all 100 counties. Over the next five years, tailored to their regions' needs, NC ROOTS Hubs will support rural communities by:

- Improving behavioral health and substance use services
- Enhancing care coordination across regions
- Leveraging digital tools to improve outcomes and reduce the administrative burden experienced by health care providers
- Expanding access to primary care
- Strengthening health care through workforce development

The selected NC ROOTS Hub Leads are locally governed networks representing each of the North Carolina Medicaid regions that will coordinate care and implement NCRHTP initiatives. The NC ROOTS Hub Lead awardees include Impact Health, Region 1; Trillium Health Resources, Region 2 and 5; Vaya Health, Region 3; University of North Carolina Hospitals, Region 4; and Access East, Inc., Region 6.

Behavioral Health Care and Substance Use Services

More than $17 million in NCRHTP funding is being invested to improve mental health services in rural communities. Nearly 1.5 million North Carolinians struggle with mental health issues, and too many people in rural areas cannot access the care they need. These investments will connect more families to high-quality care in their communities. This includes funding for certified community behavioral health clinics; medications for opioid use disorder access; mobile outreach, response, engagement, and stabilization teams; coordinated specialty care for first-episode psychosis response; establishing regional rural crisis partnerships; and expanding the NC MATTERS psychiatric consulting service for health care professionals.

Certified community behavioral health clinics

NCDHHS has awarded $4 million to three Local Management Entities/Managed Care Organizations (LME/MCOs) for Certified Community Behavioral Health Clinics (CCBHCs). These facilities provide comprehensive mental health and substance use care under one roof – serving anyone who requests care, regardless of ability to pay, place of residence, or age. CCBHCs served more than 21,000 people in 2024-25 and aim to increase the number of Medicaid recipients who begin mental health treatment by 5% each year and reduce the number of emergency department visits by people who need mental health services by eight to 10% each year. These clinics will also offer some physical health services and will coordinate primary care for those who need this.

Medications for opioid use disorder access

North Carolina will continue to build on its network of opioid treatment providers by committing $3 million of NCRHTP funding to establish stationary medication units co-locating opioid treatment with primary care to expand Medications for Opioid Use Disorder (MOUD) access. This funding will be used to support the implementation of Zing Satellite Technology to expand OTP services in combination with primary care in Graham, Rutherford, Cumberland, Bertie, and Columbus counties. These OTP expansion units will improve the availability of OTP services in furtherance of the MOUD Saturation plan, managed by NCDHHS. The expansion will help meet the goal of reducing the number of opioid overdoses in emergency departments by 20% in 2031.

Mobile outreach, response, engagement, and stabilization teams

Two separate awards will improve services for children. NCDHHS is providing $4 million to expand Mobile Outreach, Response, Engagement and Stabilization (MORES) teams to Beaufort, Edgecombe, Greene, Polk, Transylvania and Wilkes counties while strengthening existing teams in numerous counties. MORES is a team-based crisis response intervention for children and adolescents ages three to 21 experiencing escalating emotional and/or behavioral needs. MORES seeks to reduce admissions to emergency departments and long-term placements in residential settings by supporting youth in their homes and communities for up to eight weeks.

Coordinated specialty care for first-episode psychosis response

NCDHHS is also providing $3 million for Coordinated Specialty Care for First Episode Psychosis (CSC) response. CSC is a team-based, early intervention for young people experiencing early psychosis. The state will implement a rural adaptation of CSC that will include a Hub & Spoke Model that incorporates tele-

psychiatry with community-based teams to reduce geographic barriers. These initiatives will help reduce the number of children staying overnight in emergency departments by 8% to 10% each year through 2031.

Establishing regional rural crisis partnerships

NCDHHS will invest $2.9 million in funding to improve response to – and help prevent – mental health crises in rural areas by establishing regional Rural Crisis Partnerships between CCBHCs and their local Behavioral Health Urgent Cares and Peer Operated Respite centers. These partnerships will ensure someone in crisis receives the appropriate level of care and will help divert people from emergency departments.

Expanding NC MATTERS

NCDHHS will use $800,000 per year (future years contingent on additional federal funds) from NCRHTP funding to expand the NC MATTERS program to provide more intensive, locally tailored support in rural communities. NC MATTERS is North Carolina's Perinatal Psychiatry Access Program, created to support health care professionals with identifying and managing their perinatal patients' behavioral health in communities where appropriate services are scarce. This program is a federally funded collaboration among NCDHHS, UNC, and Duke. The NCRHTP investment will allow NCDHHS to work more closely with local health care systems to understand their gaps and build solutions around them.

Rural Health Innovation Fund

The NC Department of Information Technology and NCDHHS launched the Rural Health Innovation Fund, a statewide investment fund that will provide approximately $20 million annually for the next five years to help rural providers access digital tools and modernize their infrastructure, connecting their patients to the care they need closer to home. The fund launched this fall and provides an opportunity to test and scale new digital solutions and emerging technologies to improve care, streamline workflows, and enhance patient engagement.

School-Based Health Centers

As we work to increase access to health care for everyone in North Carolina, it is critical NCDHHS reach people where they are, and for children that is in their schools. The North Carolina Rural Health Transformation Program is investing $1.25 million in federal funding to expand preventive and acute health care, provide nutrition support, and address behavioral health needs. For many young people struggling with their mental health, having these resources at school can make all the difference. The investment will remove barriers in rural communities, ensuring more children get resources and services they need.

Diabetes Prevention Program

NCDHHS supports chronic disease prevention efforts, including diabetes prevention, by increasing access to evidence-based prevention programs, strengthening community partnerships, and supporting data-informed strategies to reduce the burden of chronic disease across North Carolina. More than 2.7 million people in North Carolina have prediabetes, including one-third from racial and ethnic minority groups. Without lifestyle changes, many people with prediabetes will develop type 2 diabetes within five years, increasing their risk for serious health complications such as heart disease, stroke, high blood pressure, nerve damage, kidney disease and dementia. The North Carolina Minority Diabetes

Prevention Program (NC MDPP) aims to reduce diabetes disparities by implementing a statewide, community-centered framework that includes prediabetes screenings in at-risk communities, lifestyle classes that utilize CDC-developed curriculum, and community conversations. Through NCRHTP, NC MDPP is expanding to more counties, including Bladen, Brunswick, Columbus, Duplin, New Hanover, Onslow, Pender, Robeson and Sampson.

Operational Excellence

Digital Accessibility

Work is underway to improve digital access for North Carolinians visiting NCDHHS online properties. The federal Department of Justice passed a regulatory ruling that requires state agencies to ensure digital content is WCAG 2.1 AA compliant by April 26, 2027. For NCDHHS, this includes approximately four million documents that will need to be reviewed, archived or remediated. The Office of Language Access (OLCA) is working with cross divisional partners to develop a strategic plan focused on migration, training, and identifying resources for this work. More than a federal requirement, the mission of NCDHHS is to provide essential services to improve the health, safety and well-being of all North Carolinians – and a lot of the information about the services NCDHHS provides is housed on public-facing websites, applications, dashboards, within documents and on social media platforms. The goal is simple: Ensure the same information and functionality in web content is available to people with disabilities as to those without.

Artificial Intelligence Acceptance Use Policy

In September 2026, NCDHHS implemented its first Artificial Intelligence Acceptance Use Policy to provide clear guardrails for the adoption and use of Artificial Intelligence technology (AI) across the department. The policy seeks to manage risk and ensure compliance with applicable laws and policies without discouraging innovation and better delivery of services. Responsible use of AI has the potential to advance practical, data-informed solutions that improve the delivery of services; increase capacity through appropriate automation; and support innovation, transparency, efficiency and workforce enablement. AI will not be used as the sole basis for critical decisions that may significantly affect health, safety, rights, benefits, services or opportunities of the citizens of North Carolina. NCDHHS has established a two-tier structure made up of an AI Oversight Committee and AI Council to provide enterprise-level governance for AI initiatives across the department.

Sustainable Workforce

NC Licensed Workforce Loan Repayment Program

The NC Licensed Workforce Loan Repayment program will help recruit and retain licensed providers for mental health, substance use, intellectual and developmental disabilities, and traumatic brain injury services in rural, underserved areas of North Carolina. Forty percent of North Carolinians live in mental health professional shortage areas; 68 of North Carolina's counties lack child and adolescent psychiatrists

and 22 NC counties do not have any psychiatrists. The vacancy rate for licensed positions in community agencies is more than 25 percent.

The $20 million investment from NCDHHS will be available to providers who agree to practice for three years in one of North Carolina's high-need rural, medically underserved communities. The eligible providers who may apply for up to $50,000 in educational loan repayment include:

- Licensed Clinical Addiction Specialists (LCAS)
- Licensed Clinical Mental Health Counselors (LCMHC)
- Licensed Clinical Social Workers (LCSW)
- Licensed Marriage and Family Therapists (LMFT)
- Licensed Psychologists & Psychological Associates

STEP NC Apprenticeship Program

STEP-NC is the first health care apprenticeship program within state government. The program will help build a pipeline for high school students, adult learners, and new talent into vital roles in health care to strengthen the workforce in North Carolina's health care system, including state health facilities, and meet mental health needs in North Carolina. In partnership with the North Carolina Business Committee for Education, the initiative launched with pilot programs at Broughton Hospital and J. Iverson Riddle Developmental Center. Six recent high school graduates in Burke County participated in the first cohort this summer as pre-apprentices in behavioral health and maintenance technician pathways. Upon completion of the program, pre-apprentices can apply for registered apprenticeships that align with their career goals in the health care industry. NCDHHS hopes to expand these apprenticeship programs across all state-operated facilities.

NCDHHS Fellowship Program

NCDHHS has entered into a partnership with the National Academy of Medicine (NAM) to offer a one-year training program for two mid-career physicians who are interested in health policy and the work of government health programs. Both are family physicians; one from UNC and one from Duke. Their program includes training at NAM, online didactics, and 40% of their weekly work schedule committed to engagement in the many programs and innovations happening at NCDHHS.

State Operated Health Facilities Recruitment and Retention Efforts

The NCDHHS Division of State Operated Health Care Facilities (DSOHF) is deploying innovative recruitment and retention strategies to meet the staffing needs of its facilities. Throughout the past year, facilities established same-day hiring events and invested in on-site CNA training and testing. In addition, NCDHHS's loan repayment programs were made available to all health professionals in DSOHF, ensuring additional pathways to recruit talent into state health facilities.

DSOHF is also partnering with Burke County Schools, Western Piedmont Community College, and the University of North Carolina at Chapel Hill's School of Social Work to strengthen, train and support North Carolina's mental health professionals, especially social workers. These efforts help reduce vacancy rates and build a stable, future-ready workforce for our facilities and the broader public behavioral health system across the state.

Additional Public Health Updates

Public Health Workforce

The NCDHHS Division of Public Health (DPH) has maintained its focus on the public health workforce, enabling it to address challenges in recruitment and training that have resulted in marked improvements in retention. DPH continued the #WeAreNCPublic outreach campaign that has both brought to light career opportunities in public health and strengthened public trust by increasing visibility on the work public health professionals do every day to serve the public. This work has expanded through a partnership with PBS to build educational modules for students in grades K – 8 to bring public health into science classes. Exposing students to public health knowledge and careers at an earlier age ensures it is top of mind by the time students are making decisions on what to pursue. Other states have recognized the value in this program and are using North Carolina's developed curricula through their PBS channels as well.

Emerging Threats

DPH continues to respond to emerging threats each year. This year, the United States had over 4,000 confirmed measles cases, the most cases since measles was declared eliminated in the U.S. in 2000. North Carolina responded to rising measles cases due to an outbreak in neighboring South Carolina. There were 24 confirmed cases in NC from December 2025 to February 2026, which activated our public health response to ensure communities had resources and information. DPH launched a dashboard that tracked case growth, exposures, hospitalizations, and wastewater detections across NC counties. As transmission continued, the Division launched outreach tools including text notifications, exposure alerts, provider memos and social media messages encouraging methods of protection such as MMR vaccination. Throughout the response, the state worked closely with schools, faith communities, health care providers, community-based organizations, community health workers and local leaders to ensure North Carolinians had the information and tools to remain protected.

In addition to its rapid response to measles, DPH responded to a national outbreak of cyclosporiasis, an intestinal illness caused by consuming food or water contaminated with a microscopic parasite. With nearly 20,000 laboratory confirmed cases in the U.S., North Carolina also experienced a significant increase in cyclosporiasis cases beginning in May 2026, with more than 700 cases by late July. NCDHHS launched a public dashboard to track statewide trends, noting that while no single contaminated product was identified, ingredients such as parsley, cilantro and lettuce were frequently reported among cases. DPH, in partnership with local, state, and federal agencies, conducted investigations, traced supply chains, and provided information to North Carolinians – along with restaurants and food service establishments – to practice safe food handling, wash produce thoroughly, and cook high-risk ingredients to reduce infection risk.

Beyond these major U.S. outbreaks this year, DPH also responded to other emerging threats, including but not limited to monitoring a national hantavirus cluster among travelers, supporting local partners in managing rabies exposures through established investigation and prophylaxis protocols, expanding mosquito-borne disease surveillance following NC West Nile virus cases and deaths, and reinforcing

Ebola readiness through updated clinical guidance and procedures for providers. These responses underscore our continued commitment to strengthening North Carolina's public health preparedness system – ensuring rapid detection, coordinated action, and clear communication to protect communities from both familiar and rare infectious threats.

Recognizing Public Health Improvements

Record-Low Infant Mortality and Significant Decline in Overdose Deaths Highlight Statewide Health Progress

In 2026, newly released 2024 data from the Division of Public Health shows major improvements in North Carolina's overall health, including the lowest recorded infant mortality rate ever – dropping to 6.3 deaths per 1,000 live births – driven by a substantial reduction in neonatal deaths. Despite the historically low infant mortality rate and declines across most racial/ethnic groups, unacceptable disparities persist. Non-Hispanic Black infants had mortality rates nearly three times higher than non-Hispanic white infants. Overdose-related deaths also fell by more than one-third during the same period. Around this time, the state marked major investments in health, including Medicaid expansion, historic behavioral health funding, and opioid settlement resources that have expanded access to care, strengthened community supports, and improved maternal and infant health outcomes across North Carolina.

North Carolina Adds Two Rare Disorders to Newborn Screening as Program Marks 60 Years

The 60-year-old DPH State Laboratory of Public Health Newborn Screening Program now includes tests for Infantile Krabbe Disease and Guanidinoacetate Methyltransferase (GAMT) deficiency, expanding the panel of life-saving screens provided to every newborn and brings the total to seven new conditions added in the past six years. With nearly 120,000 births annually in NC and more than 250 infants previously identified each year through existing screenings, this enhancement will support even earlier detection and treatment of rare metabolic conditions – continuing the program's legacy of improving infant health. Screening remains a simple heel-prick test performed before hospital discharge.

Seasonal & Routine Health Communications

DPH delivered year-round public health messaging in 2026 to help North Carolinians stay healthy. This included ongoing respiratory-season outreach encouraging vaccination against flu, COVID-19, and RSV, along with prevention reminders such as staying home when sick and washing hands. Summer-focused communications emphasized water safety, heat illness prevention, and food safety, while targeted alerts during extreme heat waves urged residents to take protective actions and supported vulnerable populations. Routine vector-borne messaging, including the annual "Fight the Bite" campaign and updates following early West Nile virus detections, reinforced steps to prevent tick- and mosquito-borne diseases. Together, these efforts provided timely, practical guidance to reduce preventable illness and strengthen community health across the state.

Each year NCDHHS continues to amplify core health themes through targeted campaigns and awareness initiatives. In April, NCDHHS partnered with Governor Josh Stein and community leaders to recognize Black Maternal Health Week, elevating equity in maternal and infant health and advancing systemic changes like Medicaid expansion and improved rural access. In January, the launch of the "I Gave Birth" campaign marked Maternal Health Awareness Day, distributing bracelets in 48 hospitals to support postpartum care during the critical first 6–8 weeks after birth. In April, the Injury and Violence Prevention Branch introduced the NC Injury Data User Toolkit, along with media sessions to demonstrate its utility, helping stakeholders interpret and act on data related to overdose, firearm injuries, and suicide. These sustained efforts reflect our ongoing commitment to proactive public health information sharing.