

PUBLIC HEALTH: DELIVERING FOR NORTH CAROLINIANS

The COVID-19 pandemic exacerbated existing social and economic factors that drive poor health, putting communities at higher risk for poor health outcomes. Factors such as limited access to healthcare, housing, and nutritious food deepened the impact. In addition, certain conditions such as pregnancy and tobacco use put residents at higher risk for adverse outcomes. These issues highlight the urgent need for programs to address and promote health opportunity for all North Carolinians.

The North Carolina Department of Health and Human Services leveraged time limited federal funds appropriated by Congress and awarded by the Center to North Carolina by the Centers for Disease Control and Prevention to address challenges that impact high-risk, underserved, and rural North Carolinians.

Snapshot of our key initiatives



Expanded access to overdose prevention programs to over 30,000 North Carolinians. The program distributed naloxone for 15,259 reported overdose reversals, and referred 2,147 participants to 160 unique SUD treatment providers, including for infectious disease testing, employment resources, and housing.



Reached nearly 50,000 congregants through Faith Leaders for Life (FLFL) Training Program, a free suicide prevention program for faith leaders and congregations. The training was provided to nearly 100 faith leaders who serve Black, Indigenous, and People of Color (BIPOC) populations and rural communities across 37 counties.



Developed a public-private partnership with NC Counts to launch the Healthier Together Program, a community-based network to effectively engage communities and promote equity throughout their COVID-19 emergency response, particularly their efforts to help people get vaccinated. With funding from the CDC, the Healthier Together Program provided grants to 48 Community-Based Organizations across North Carolina. Together, between winter of 2020 and spring of 2021, focused initiatives by partners across the state led to a near parity of COVID-19 vaccination rates among those over 16 of age between residents who identify as white, black or African American, and Hispanic.



Tailored a smoking cessation social and paid media campaign in English and Spanish yielded 44.1 million impressions, 131.6 thousand clicks, and 2,650 enrollments to QuitlineNC. Collaborated with North Carolina Agricultural and Technical State University (NC A&T), the largest HBCU in the nation, to advance a 100% tobacco-free policy. Engaged a Tribal Consultant who works to educate about the benefits of expanding tobacco-free policies among American Indian tribes in North Carolina.



Advanced Maternal Health and Safety for Incarcerated Women: NCDPH partnered with UNC Collaborative for Maternal & Infant Health to operationalize best practices training for implementation of the Dignity for Women Who are Incarcerated" Act (SL 2021-143). Training included modules on infectious disease prevention, risk mitigation strategies, identification of urgent medical conditions, and the standardization of medical assessments to identify those at risk for challenges while pregnant, during, or after birth.



Developed a dashboard to identify the number and location of North Carolinians with behavioral health challenges being held in emergency rooms who needed more appropriate settings. The dashboard reflected data from 130 emergency departments on 4.1 million visits across 15 months, enabling quantitative demographic analysis of populations. This data has been essential for directing resources for behavioral health in North Carolina.



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 percent of all LHDs have enrolled across the state. Through grants awarded to 21 Community Based Organizations (CBO) grantees worked to address needs of 2,842 individuals that were referred. This has resulted in onboarding more than 306 new partners across the Triangle and Triad regions.



Linked data across benefit programs to identify 21,000 people who are likely eligible for, but not enrolled in other services through analysis of 82,000 NCCare360 clients enrollment status in Medicaid, WIC, and SNAP. The team then reached out to promote enrollment.



Developed and installed the Centralized Health Equity Data (CHED) Initiative to modernize North Carolina's State Center for Health Statistics infrastructure for gathering processing, analyzing, interpreting, publication and visualization of public health data.



Established the HBCU Health Equity Data Consortium to engage community voice and model innovative approaches for understanding disparities in public health datasets, provide useful data to communities, and enhance public health workforce capacity.

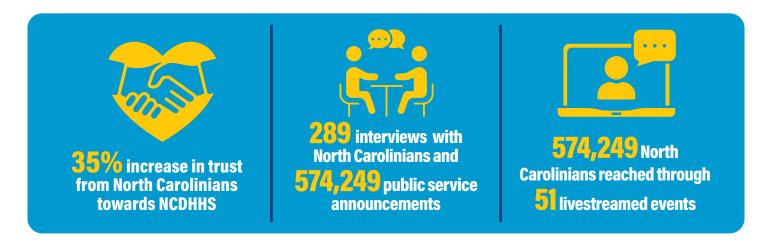


Strengthened practices in Local Health Departments: 63 NC counties participated in a focused program to reduce health disparities and advance health equity across the state. The program resulted in the implementation of 82 activities to advance health equity.

Strengthened Trust with the public through communication: Survey data demonstrated that trust went up for 35% of North Carolinians, with the highest increases among Black (47%) and Hispanic/Latino (39%) populations. And North Carolinians credited NCDHHS for delivering the health information and services they needed; 82% said that the Department met (59%) or exceeded (23%) their expectations.

Throughout the COVID-19 pandemic, NCDHHS developed 700 public service announcements and interviewed 289 North Carolinians on camera about their experience with COVID-19 and vaccination. These ad campaigns were seen 27 million times, clicked 3 million times, and drove 20,000 visitors to NCDHHS websites each week. They generated 114,000 zip code searches for vaccines.

Reached 574,249 North Carolinians through 51 livestreamed events, (31 Fireside Chats in English and 20 Cafecito's in Spanish). The topics covered chronic conditions and illnesses that disproportionately impact historically marginalized populations, and drive health disparities.



For more information on these initiatives, please contact: ERIN FRY SOSNE | Erin.Fry.Sosne@dhhs.nc.gov



