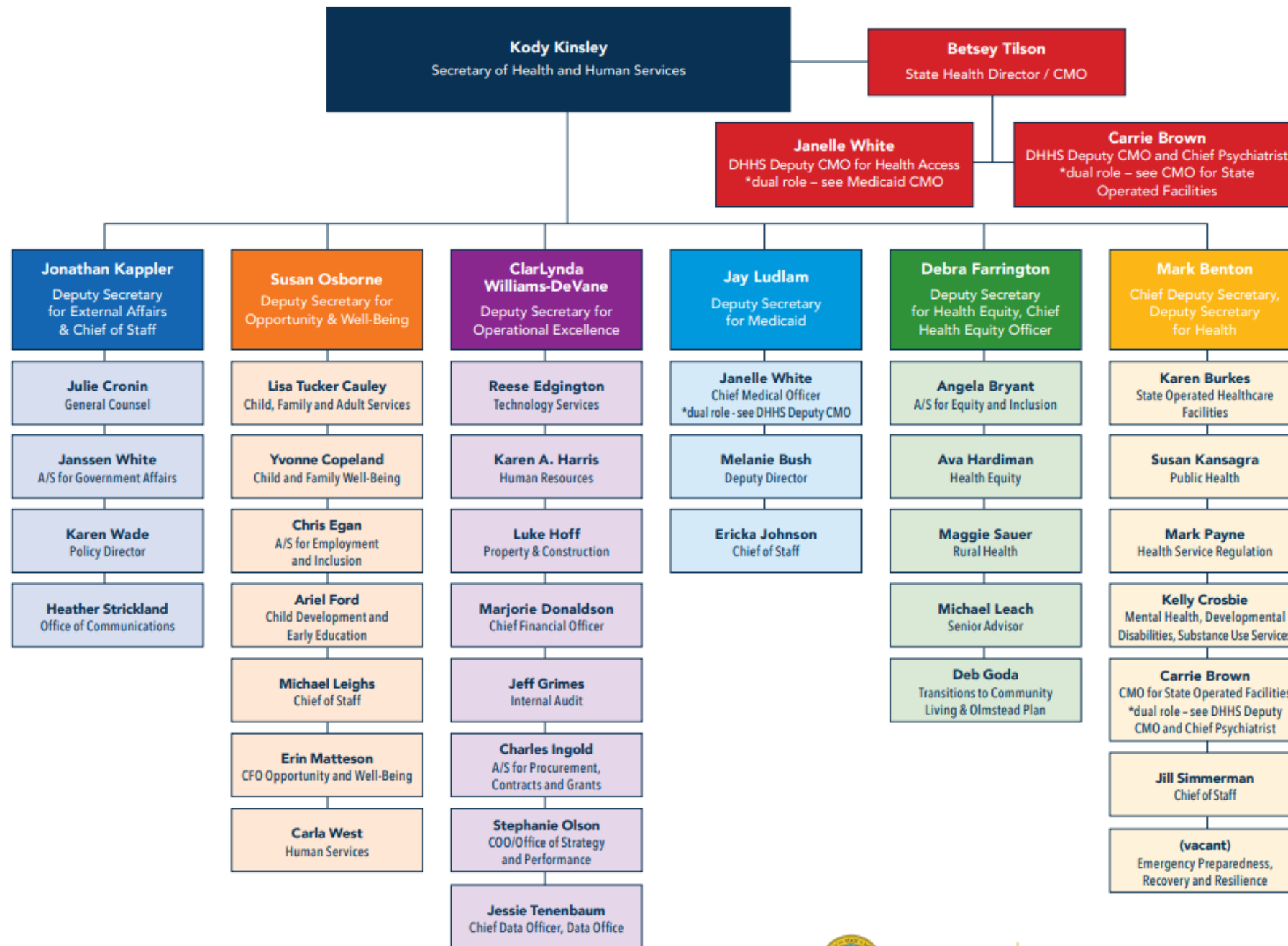


NC Department of Health and Human Services

Association of NC Boards of Health
July 23, 2024

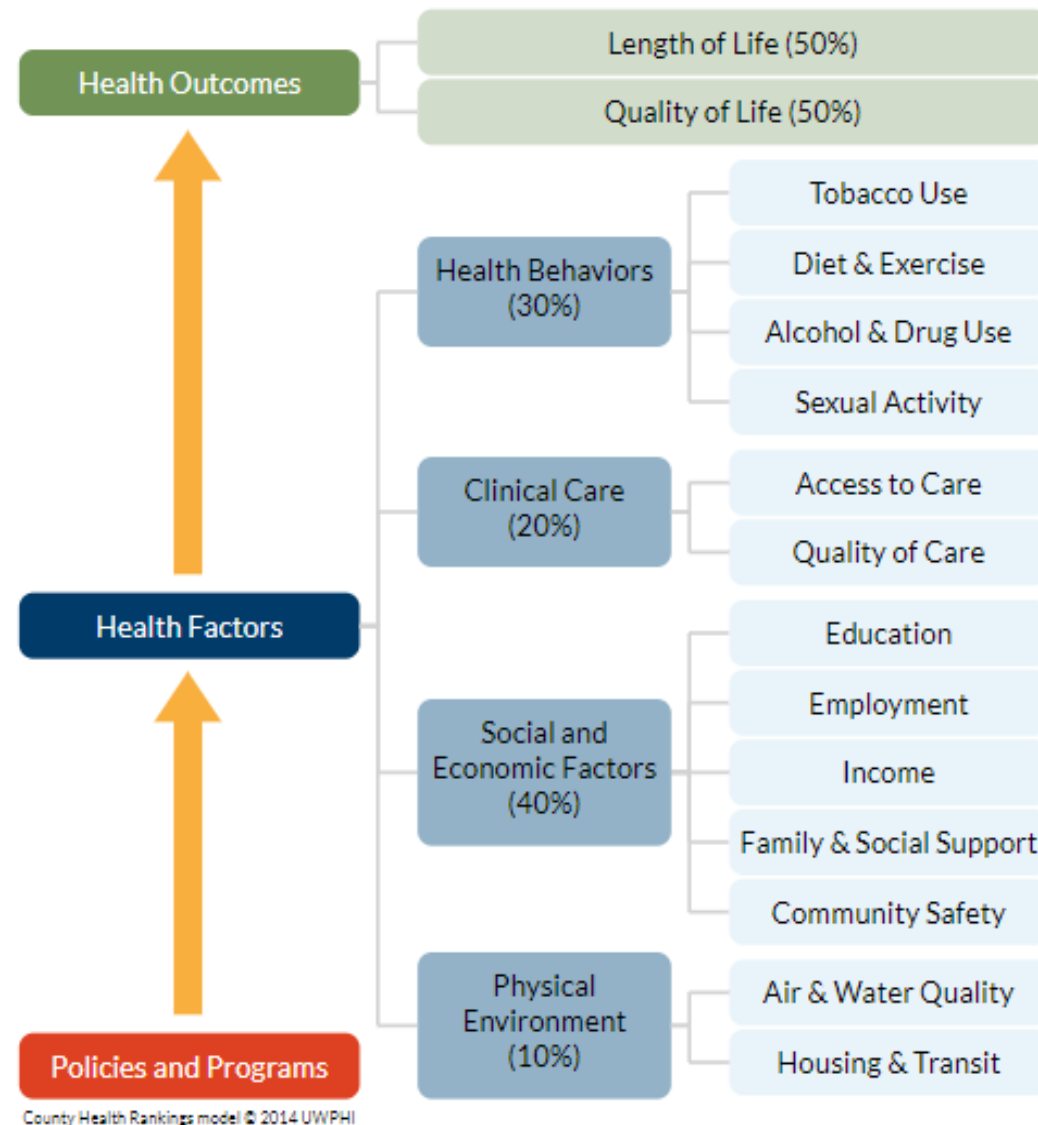
Elizabeth Cuervo Tilson, MD
State Health Director
Chief Medical Officer
NC Department of Health & Human Services



The Factors that Influence Health

We want all people to have the Opportunity for Health

To do so, we need to address all the factors that contribute to health



Medicaid Expansion

Launched Dec 1, 2023

NCDHHS CELEBRATES THE HISTORIC LAUNCH OF **MEDICAID EXPANSION**

More than **600,000 North Carolinians** are newly eligible
for essential health services through **NC Medicaid**.

Visit medicaid.nc.gov.



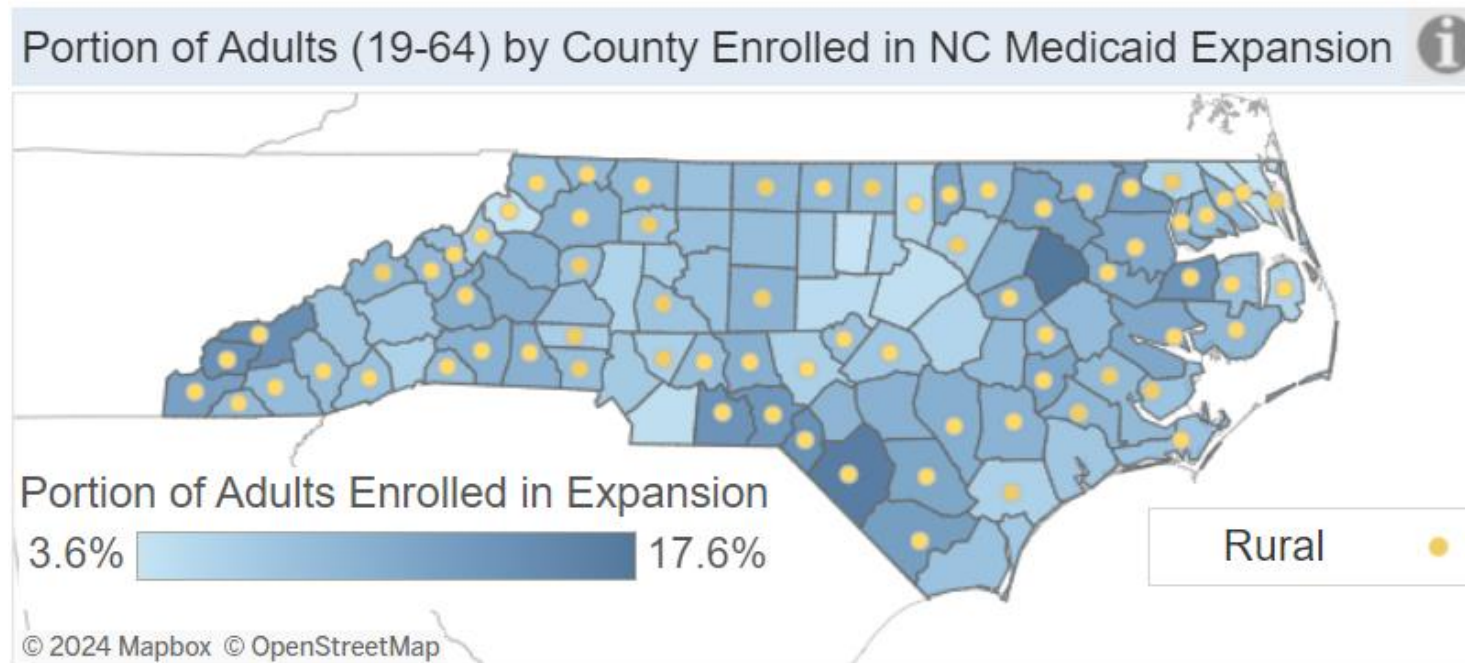
NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

NCMEDICAID
FOR MORE PEOPLE



Medicaid Expansion Enrollment

- Over 273,000 people enrolled in full coverage as of December 1
- More than 500,000 enrolled as of July 4th, 2024
- Disproportionately benefiting rural areas



The statewide average portion of adults (19-64) enrolled in Medicaid Expansion is 7.4%.

- Medicaid enrollment Dashboard - [Medicaid Expansion Dashboard | NC Medicaid \(ncdhhs.gov\)](https://ncdhhs.gov/medicaid-expansion-dashboard)
- Resources - medicaid.nc.gov

Healthy North Carolina 2030

Healthy North Carolina 2030

Health Outcomes

1. Infant mortality
2. Life expectancy

Health Behaviors

1. Drug overdose deaths
2. Tobacco use
3. Excessive drinking
4. Sugar-sweetened beverage consumption
5. HIV diagnosis
6. Teen birth rate

Clinical Care

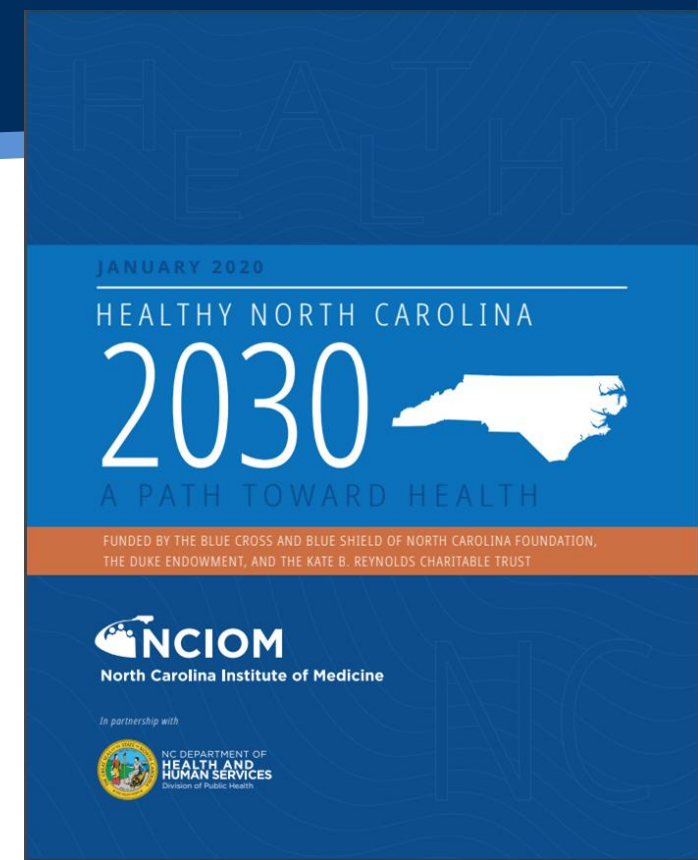
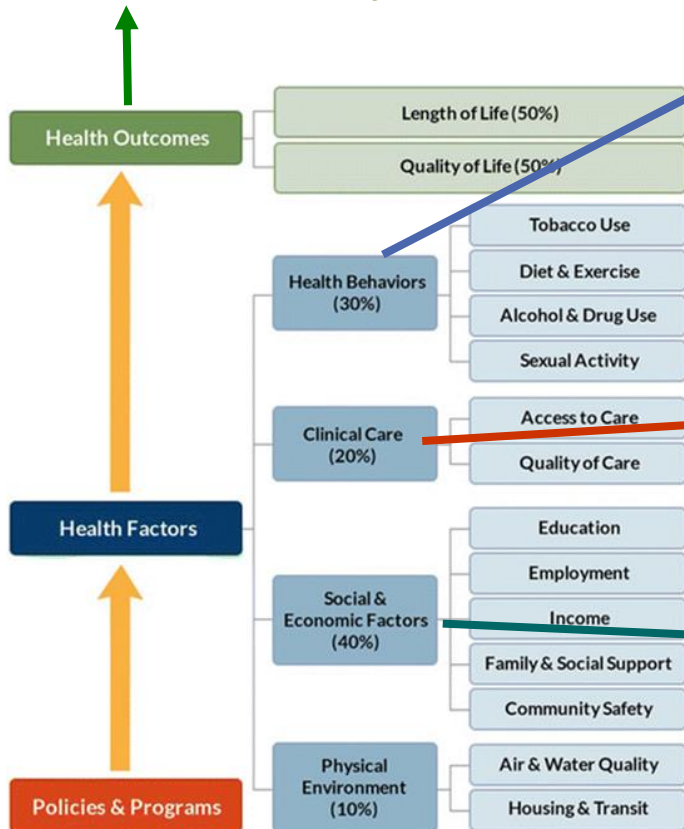
1. Uninsured
2. Early prenatal care
3. Primary care clinicians
4. Suicide rate

Social & Economic Factors

1. Families \leq 200% FPL
2. Adverse Childhood Experiences
3. Unemployment
4. 3rd grade reading
5. Incarceration rate
6. Short-term suspension

Physical Environment

1. Severe housing problems
2. Limited access to healthy food
3. Access to exercise opportunities



State Health Improvement Plans

Utilizes Results-Based Accountability

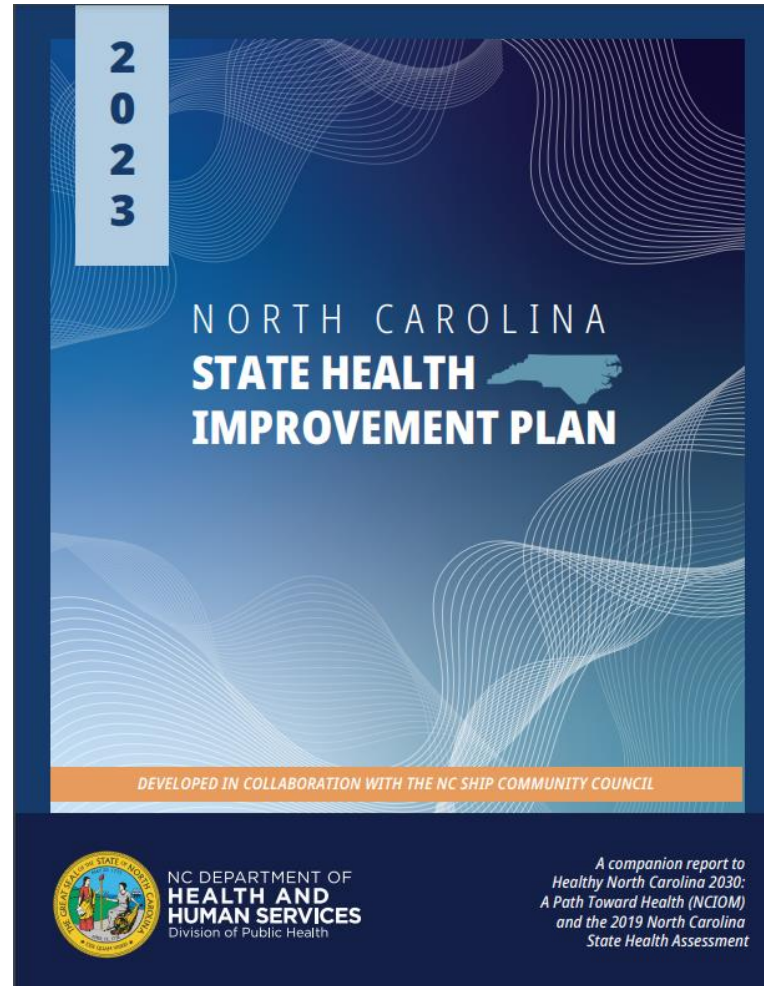
Clear Impact Scorecard tracks Improvement Work and progress in data

Engages partners for collective impact

Community Councils identify and prioritize strategies to move indicators

THE NC SHIP RESULT

"All people in North Carolina to have equitable opportunities for health, education, and economic stability throughout the lifespan."



[Healthy North Carolina 2030](#)
[North Carolina State Health Improvement Plan 2023](#)

Local Assessments and Improvement Plans

Community Health Assessment (CHA)

- every 3-4 years



Community Health Improvement Plan (CHIP)

- every 3-4 years
- to be aligned with State Health Improvement Plan



State of the Community Health Report (SOTCH)

- occurs in the years between CHAs
- shows progress in addressing priorities in CHA and strategies in CHIP

NC Data Portal - <https://ncdataportal.org>

Search

North Carolina Data Portal

Maps

Data

Support

About

Visualize Health Data Across North Carolina

Access data, maps, and tools to support community health assessments and other public health activities.

BUILD A HEALTH ASSESSMENT ↗

MAKE A MAP ↗

Alan Cradick | Cape Fear River Watch

DATA + TOOLS FOR PUBLIC HEALTH



Community Health Assessment Tool

Build a community health assessment in three quick steps. Select from 120 indicators to create a custom report for your county, region, or district.



North Carolina Map Room

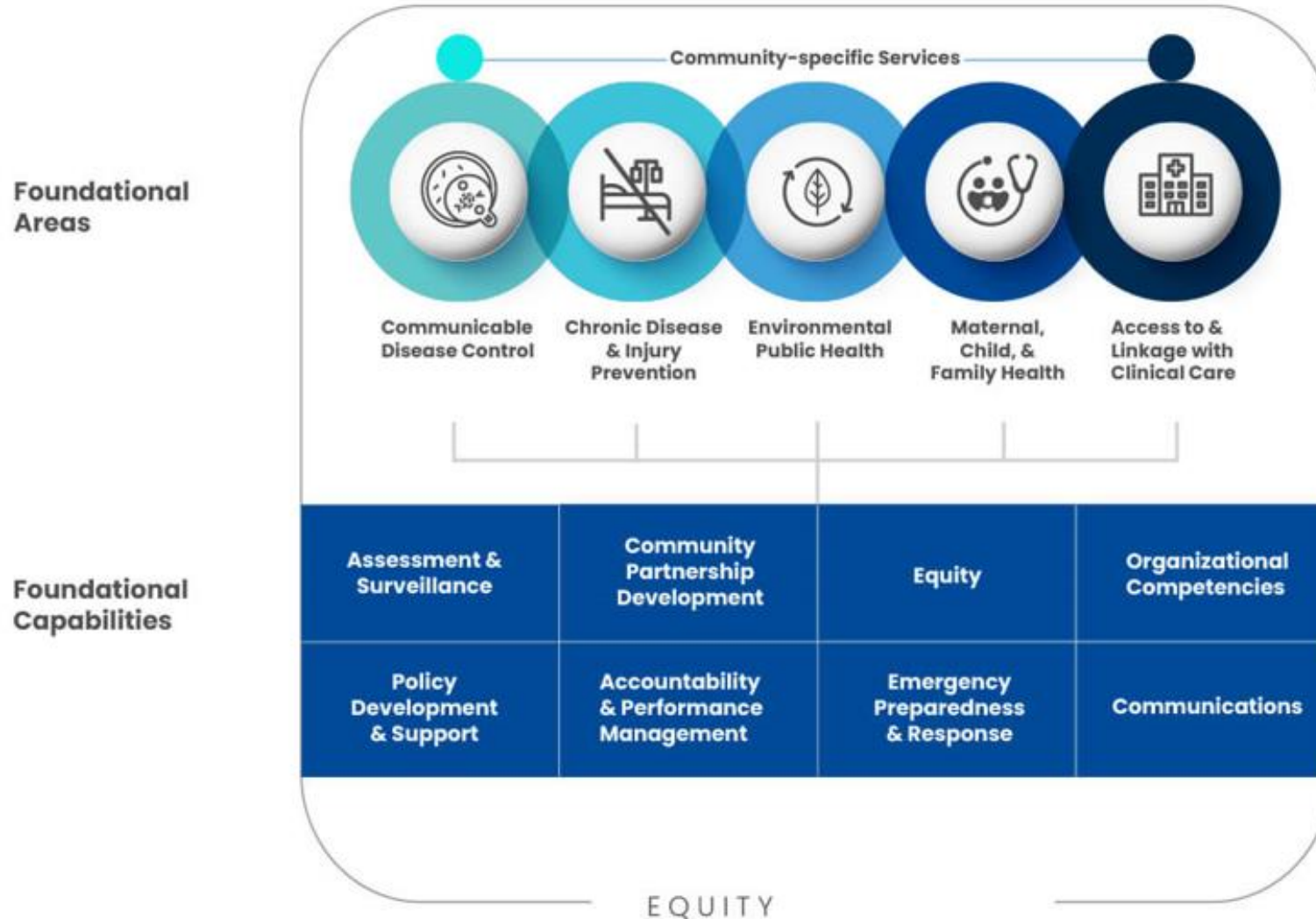
Explore conditions in your community in the North Carolina Map Room. Access more than 30,000 mappable data layers covering topics such as demographics, health, and education.



What's New in Data

Learn more about the data in this portal. Scroll the data news feed to see new and updated map layers, check out indicator updates, and search across data sources.

Foundational Public Health Capabilities



Each of these capabilities and areas can be found in the Assessment and Improvement process

Service & Resource Sharing

Service and resource sharing leverages public authority and collaboration to deliver critical public health services across jurisdictional boundaries and solve complex challenges that cannot be easily solved.

Enhancing foundational capabilities in order to deliver foundational service areas of Public Health

FORMAL MODELS of RESOURCE SHARING

- LHD Districts
- Regional Partnerships (ex. NENC PHP)
- Regional Funding Allocations
- Regional CHA Processes

INFORMAL MODELS of RESOURCE SHARING

- NCALHD LHD Regions
- Joint Community Events
- Crisis & Emergency Response

NCDHHS Priorities

*These priorities and our work across the department are grounded in **whole-person health**, driven by **decreasing disparities**, and responsive to the lessons learned responding to the greatest health crisis in more than a generation.*

Behavioral Health & Resilience



We need to offer services further upstream to build resiliency, invest in coordinated systems of care that **make mental health services easy to access** when and where they are needed and to **reduce the stigma** around accessing these services.

Child & Family Well-Being



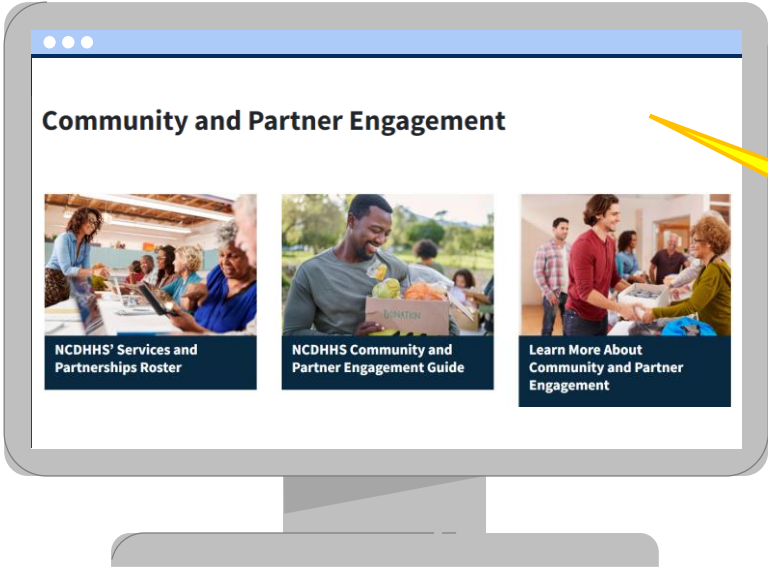
We will work to ensure that North Carolina's children grow up safe, healthy and thriving in nurturing and resilient families and communities. **Investing in families and children's healthy development builds more resilient families, better educational outcomes and, in the long term, a stronger society.**

Strong & Inclusive Workforce



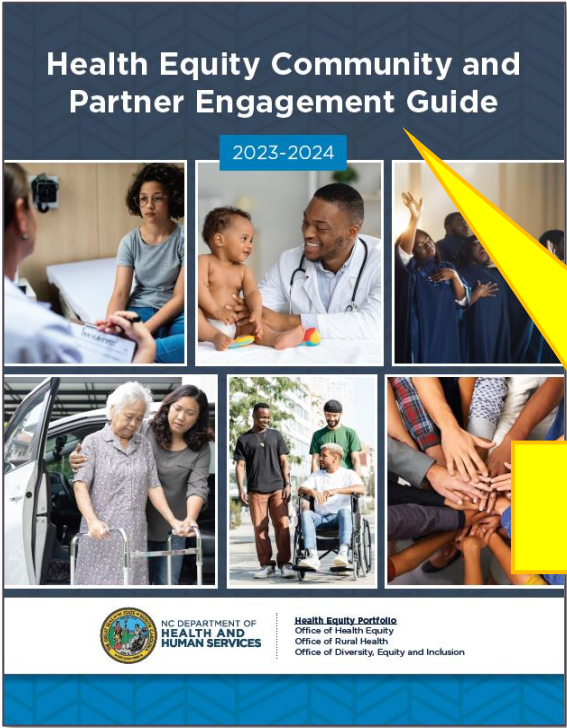
We will work to strengthen the **workforce that supports early learning, health and wellness by delivering services** to North Carolina. And we will take action to be an equitable workplace that lives its values and ensure that all people have the opportunity to be fully included members of their communities.

NCDHHS COMMUNITY AND PARTNER ENGAGEMENT (CPE) INITIATIVE

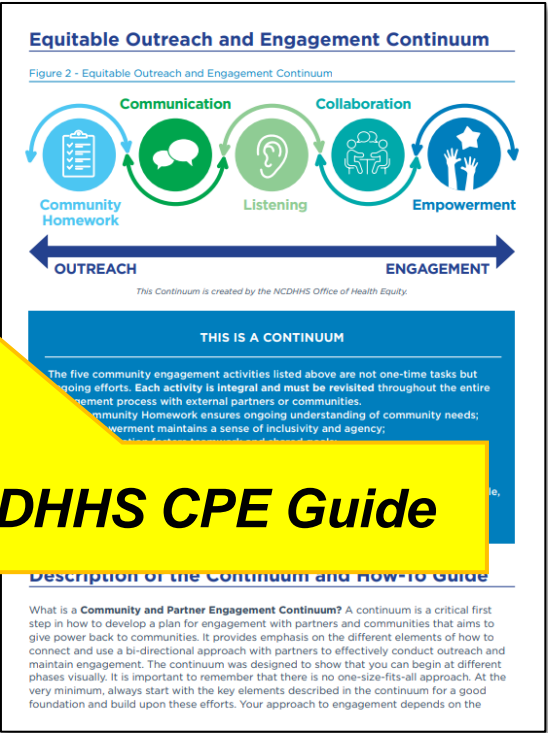


A CPE Website

[NCDHHS Partner Engagement](#) | [NCDHHS](#)



NCDHHS CPE Guide



NCDHHS' Services and Partnerships Roster

Area of Focus	DHHS and Partner Website Links (if applicable)	Purpose of Partnership	NCDHHS Division	Assigned Staff	Contact Information	Frequency of Meeting
Behavioral Health, Crisis		Behavioral health, crisis services, and community stakeholders/advocates. Discussions focus on 988 updates and coordination as well as plans for new investments and pilot projects.	Mental Health, Developmental Disabilities, and Substance Use Services	Lisa DeCandia	Lisa.DeCandia@dhhs.nc.gov	Quarterly
Advanced Medical Home/Care Management	Advanced Medical Home (AMH) Technical Advisory Group (TAG)	The AMH TAG advise and inform NC Medicaid on key aspects of the design and evolution of the Advanced Medical Home (AMH) program, Medicaid	Division of Health Benefits (NC Medicaid)	Kristen Dubay	Kristen.Dubay@dhhs.nc.gov	Monthly

Lists of external partners and avenues to engage with NCDHHS Divisions/Offices

Councils, Committees and Advisory Groups

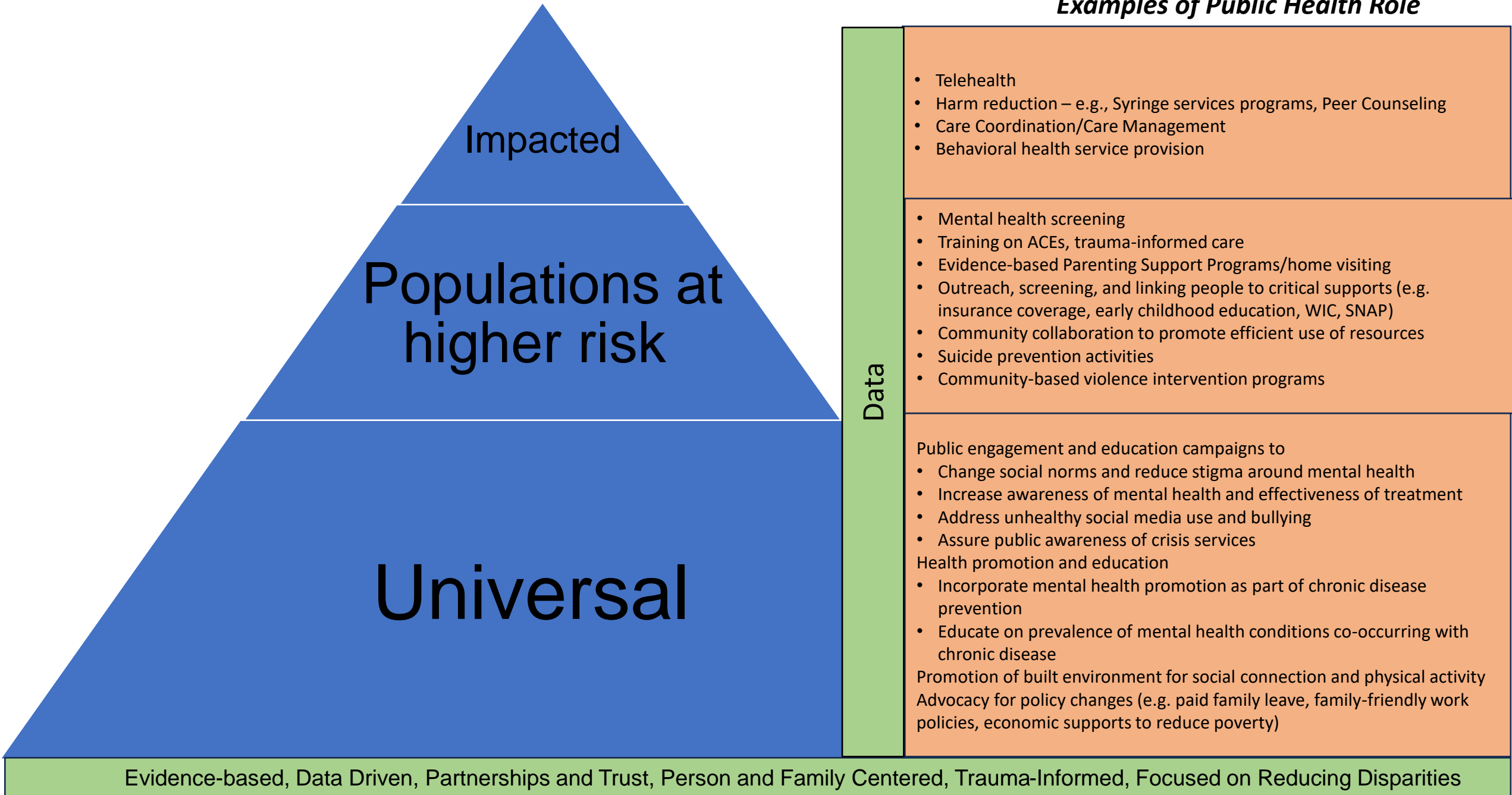
Group Type	Partner	Description	Focus Area	Link
Advisory Groups	AMH Technical Advisory Group	In order to advise and inform NC Medicaid on key aspects of the design and evolution of the Advanced Medical Home (AMH) program, Medicaid established a Technical Advisory Group (TAG). The AMH TAG has 15 members, including members of all the Standard Plan Prepaid Health Plans (PHPs) and a diversity of providers participating in the AMH program.	Policy	Advanced Medical Home (AMH) Technical Advisory Group
Advisory Groups	Governor's Advisory Council on Hispanic Affairs	By Executive Order No. 235, The Advisory Council shall advise the Governor on issues related to the Hispanic/Latino community in North Carolina and support the State efforts to promote cooperation and understanding between the Hispanic/Latino community, the general public, the state, federal, and local governments. The Advisory Council shall provide a forum for the discussion of issues concerning the Hispanic/Latino community in NC and support efforts toward the improvement of race and ethnic relations.	Health Equity, Policy	Board Details (nc.gov)
Advisory Groups	Healthcare Associated Infections (HAI) Program Advisory Group	Stakeholders from government, healthcare institutions, infection prevention organizations, healthcare quality organizations, and the public direct the establishment of a plan for prevention of HAIs and serve as consultants to DPH in the implementation of HAI activities, including surveillance, reporting, education, and outbreak response.	Other	HAI Prevention in NC

New Investments in Behavioral Health Services

	Provision	FY24	FY25
Crisis	Crisis System Infrastructure (e.g. mobile, Facility Based Crisis)	\$30M	\$50M
	Reserve Crisis Capacity for Youth	~\$3M	~\$7M
	Non-Law Enforcement Transportation Pilot Program	\$10M	\$10M
	Behavioral Health SCAN	\$10M	\$10M
Justice	Justice-Involved Programs <ul style="list-style-type: none">Community-based pre-arrest diversion and reentry programsCommunity-based and detention center-based restoration programs	\$29M	\$70M
Workforce /Access	Behavioral Health Rate Increases	\$165M	\$220M
	NC Psychiatry Access Line (NC PAL)	~\$4M	~\$4M
	Behavioral Health Workforce Training	~\$8M	\$10M
	State Facility Workforce Investment	\$20M	\$20M
	Electronic Health Records for State Facilities		\$25M
	Collaborative Care	\$2.5M	\$2.5M
CFWB	Child Welfare and Family Well-Being <ul style="list-style-type: none">Provide supports to families caring for children with BH or other special needsStrengthen available specialized behavioral health treatment options.	\$20M	\$60M

Addressing Behavioral Health and Wellbeing: A Public Health Framework

Examples of Public Health Role



Strong and Inclusive Workforce



Health Workforce

- **Workforce Strategic Leadership Council and Governance**
- **Direct Care Workforce** for older North Carolinians and individuals with different abilities



Child Care Workforce

- **New workforce pipeline strategies**
- **Funding for early childhood educators**



State and County Health & Human Services Workforce

- **NC DHHS Workforce**
- **State and Local Public Health & Community Health Workforce**
- **County DSS Workforce**

Workforce Initiatives



For Social Media and Videos, visit:

<https://www.ncdhhs.gov/divisions/public-health/materials-and-resources/we-are-nc-public-health>

Child & Family Well-Being



Child Behavioral Health

- School-based Mental Health First Aid
- Child behavioral health data dashboard
- NC Psychiatric Access Line (NC-PAL)
- Access to specialty behavioral services



Child Welfare

- NC Medicaid Child and Family Specialty Plan (Foster Care)
- Child Welfare Information System
- Regional Support for child welfare agencies



Nutrition Security - [NC DHHS State Action Plan for Nutrition Security](#)

- NCCARE360
- Data linkages and tailored outreach to increase enrollment of eligible families in WIC & FNS
- Statewide breastfeeding hotline and WIC training
- Healthy Opportunities Pilots



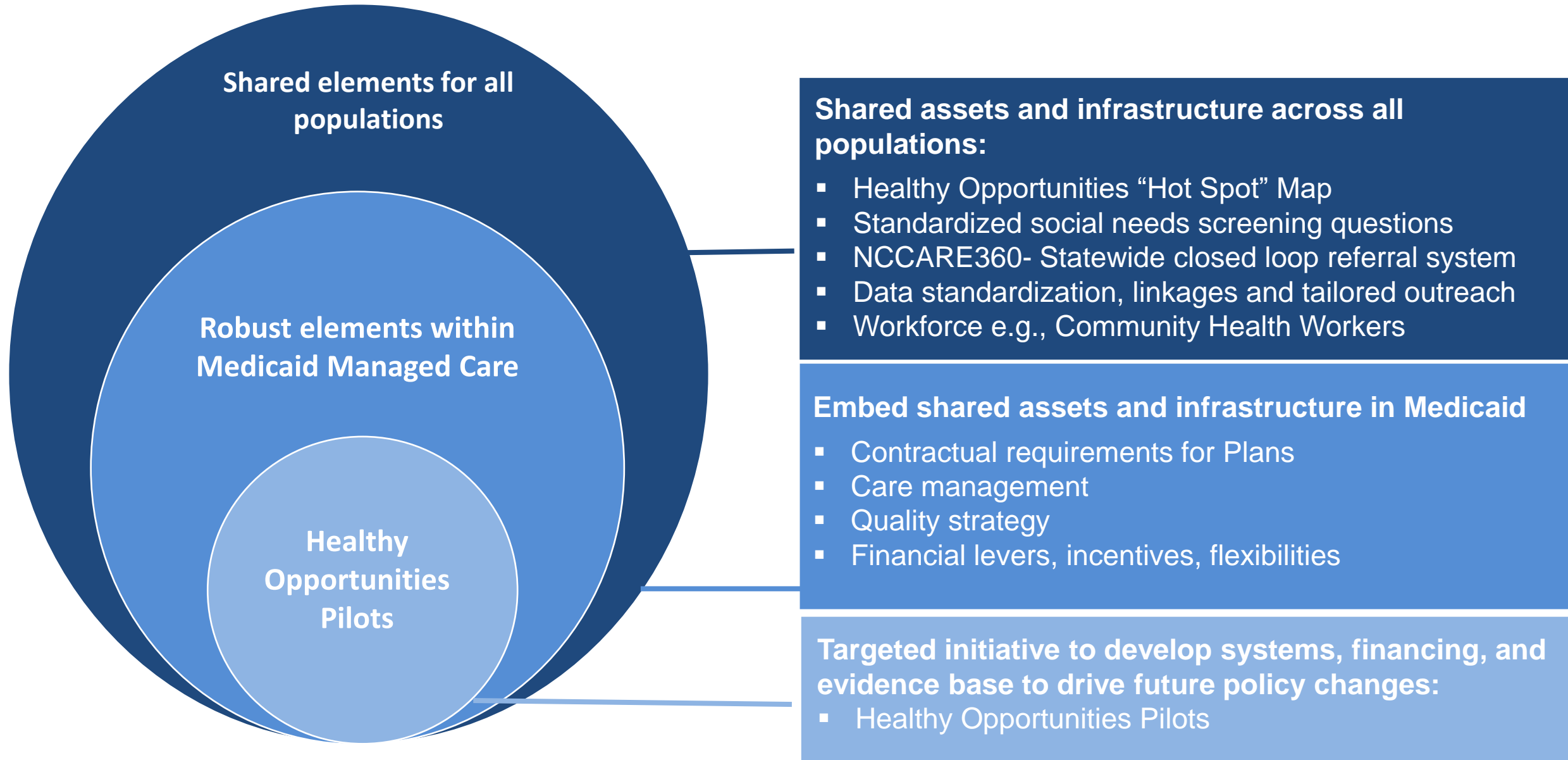
Maternal and Infant Health

- Maternal mortality bundle and group prenatal care payments
- Syphilis
- Contraception Access
- Violence Prevention

Nutrition Security

Building Statewide Multi-components Shared Infrastructure

<https://www.ncdhhs.gov/about/department-initiatives/healthy-opportunities>

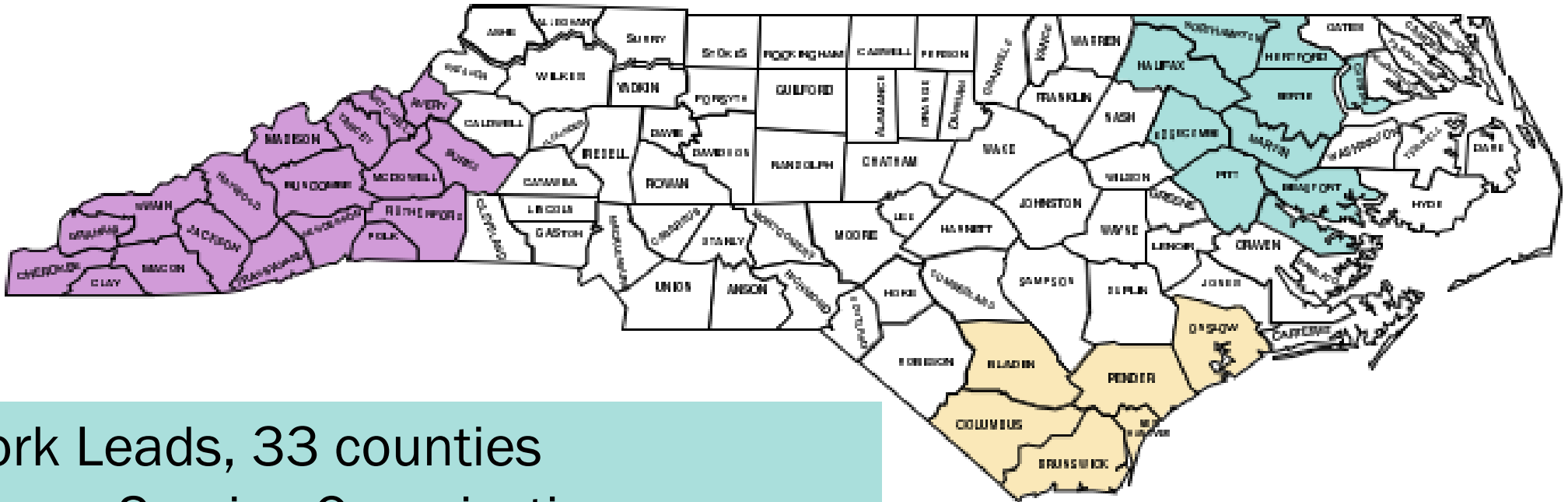


Healthy Opportunity Pilots: Overview

- **NC's 1115 Medicaid transformation waiver** authorizes state and federal Medicaid funding
- **Pilot funds are 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 needs** related to food, housing, transportation, and interpersonal violence defined and priced in [fee schedule](#)

Healthy Opportunity Pilots: Regions

Network Leads, Health Plans, and Human Services Organizations will work with communities in three geographic areas of the state to implement the Pilots.



3 Network Leads, 33 counties
150 Human Service Organizations
23 Care Management Organizations
5 Prepaid Health Plans

Interim Evaluation Findings

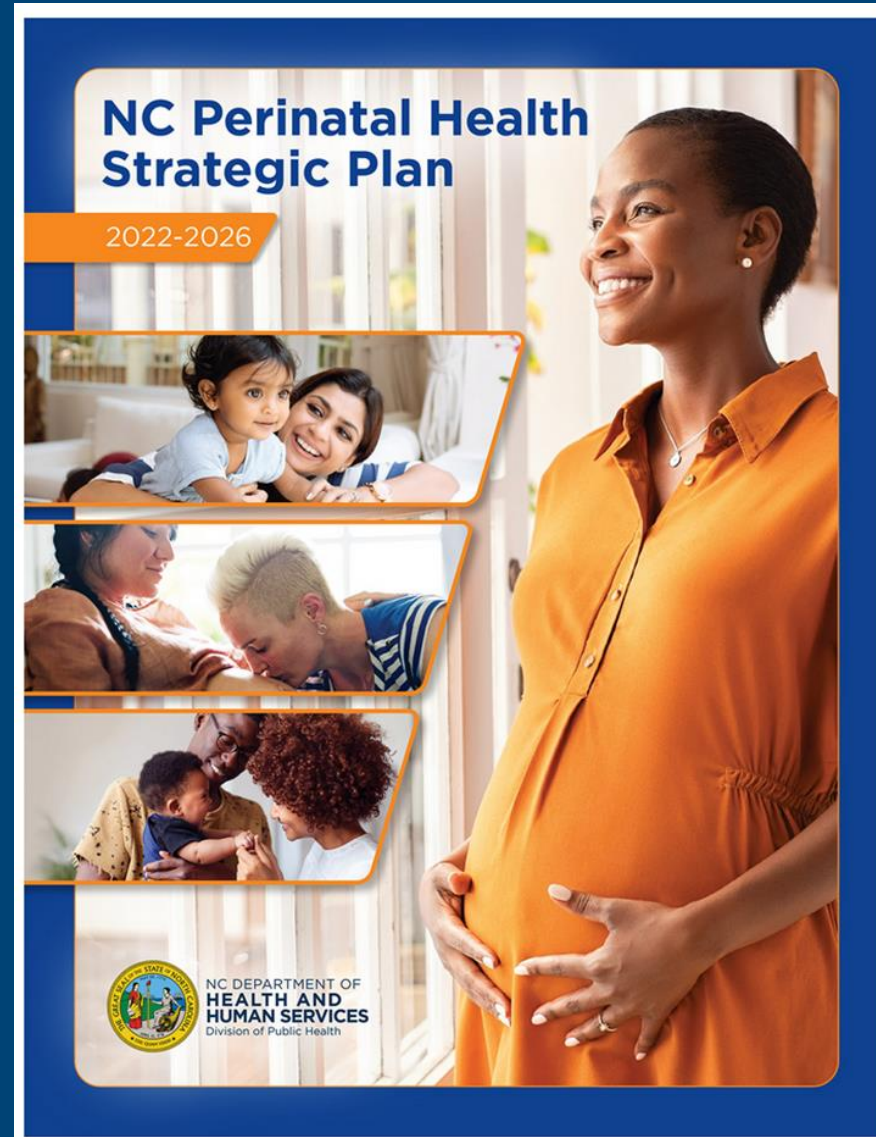
Enrollees - 24,245 Services delivered – 420,493

As of 5/31/2024

94% of **invoices** accepted, paid or in progress

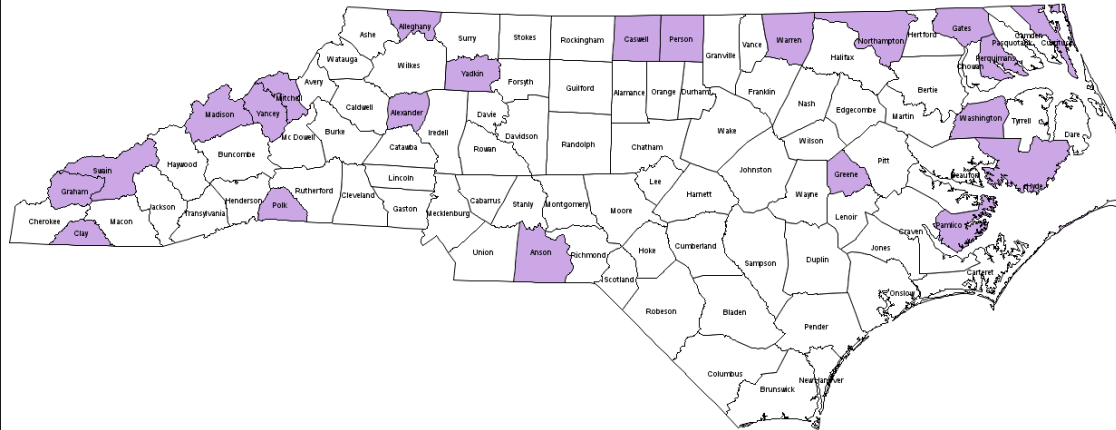
- Reduced risks of food, housing and transportation needs
- Decreased emergency department utilization
- Decreased inpatient hospitalization for non-pregnant adults
- **Decreased health care costs by \$85 per beneficiary per month**
- Longer participation associated with greater reduction in needs
-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

Maternal and Infant Health



Maternal Care Deserts in NC

North Carolina Counties with No Maternal Health Professionals*, NC 2022

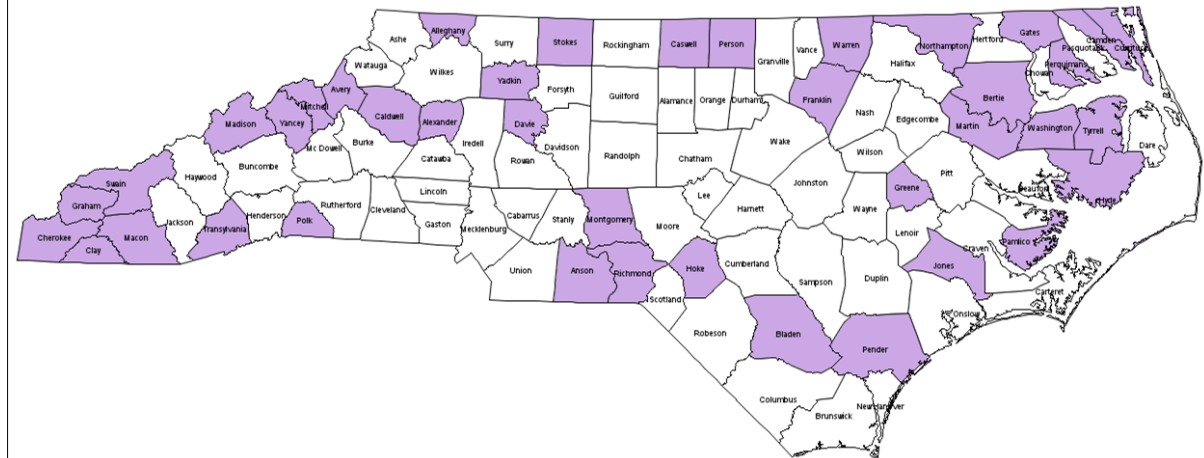


Maternal Health Professionals* ☐ ≥ 1 ☒ None

*General/Specialty Ob/Gyns, General/Specialty Ob/Gyn Physician Assistants, Certified Nurse Midwives

Data derived from UNC Sheps Health Professionals Data System
Prepared by NC DHHS/DPH/Title V Office 09NOV2023

North Carolina Counties with No Labor/Delivery Hospital, NC 2022



Labor/Delivery Hospital ≥ 1 Labor/Delivery Hospital No Labor/Delivery Hospital

Labor/Delivery Hospital includes NC facilities having ≥ 10 births in CY2022

Data derived from 2022 Birth Certificate Data
Prepared by NC DHHS/DPH/Title V Office 09NOV2023

OCTOBER 27, 2023

Medicaid Bulletin

Maternity Coverage and Service Reimbursement Updates

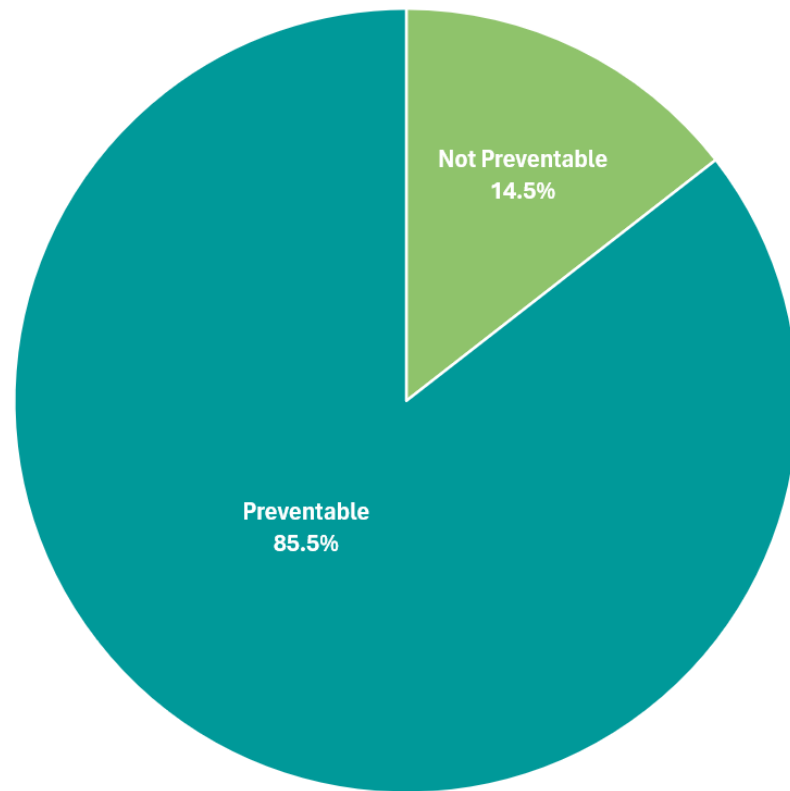
NC Medicaid is implementing changes due to Session Law 2023-14 and to implement additional clinical best practices for maternity care.

- Retroactive to July 1, 2023
- Increased maternal bundle rate to no lower than 71% of the Medicare rate.
 - Goal to increase access to prenatal care
- Established an incentive payment for Group Prenatal Care when five or more visits are attended
 - Evidence-based program for improved birth outcomes and decreasing racial disparities

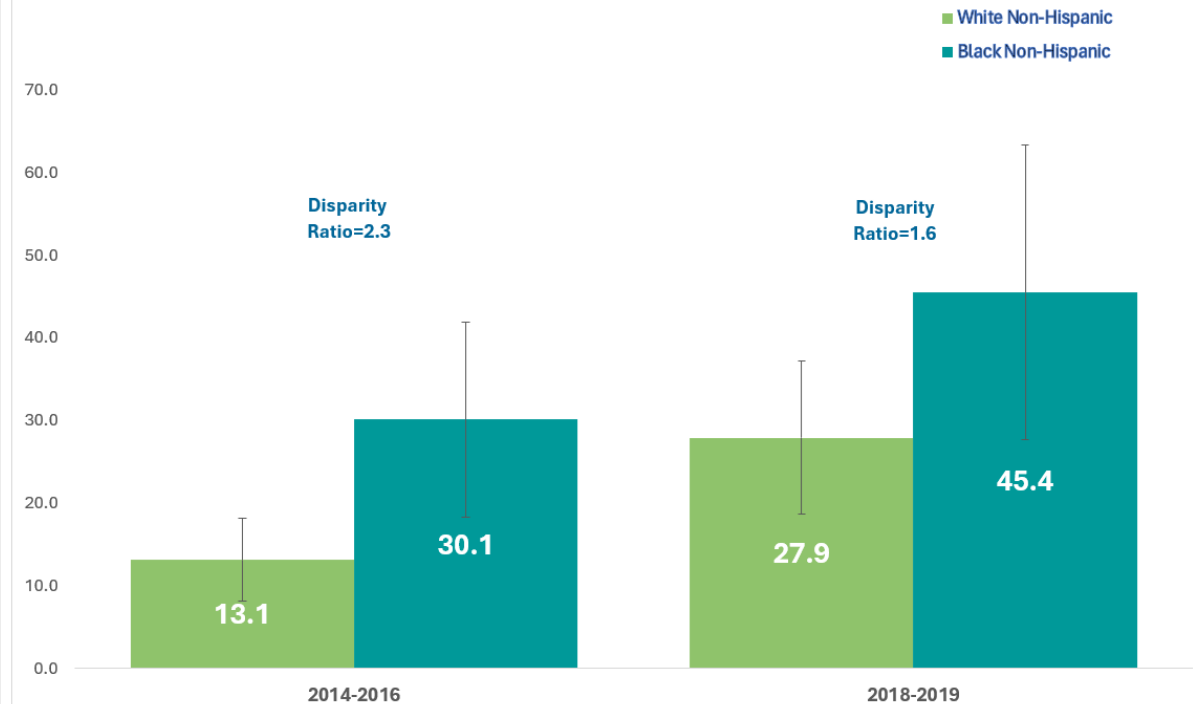
Maternal Mortality Review Committee 2018-2019

Most pregnancy-related deaths preventable disparities persist

Pregnancy-Related Deaths: Proportion NC MMRC Determined to be Preventable, NC Residents 2018-2019



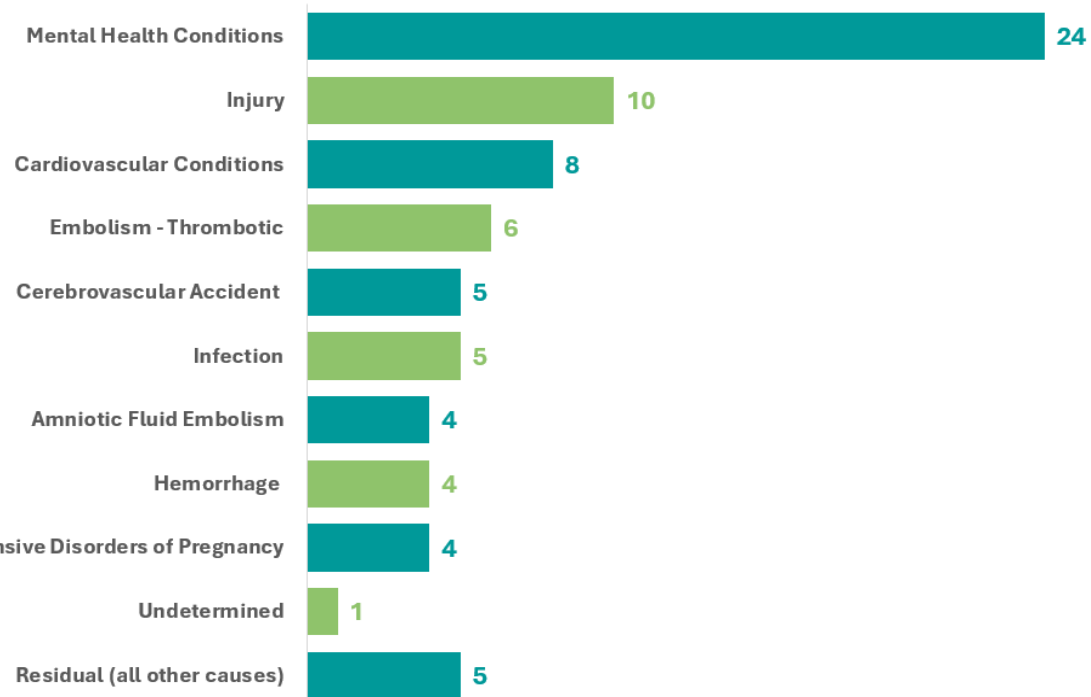
Non-Hispanic Black and Non-Hispanic White Pregnancy-Related Mortality Ratios by Year, North Carolina Residents 2014-2016, 2018-2019



Note: Bars around PRMRs represent 95% upper and lower confidence levels and provide an estimate of the reliability of the rate.

Mental health conditions and injuries comprised almost half (45%) of pregnancy-related deaths (2018-19)

Leading Causes of Pregnancy-Related Deaths,
NC Residents 2018-2019



Total Pregnancy-Related Deaths (N=76)

Among the 34 pregnancy-related deaths due to mental health conditions & injuries there were:

- **20 accidental overdoses**
- **8 homicides**
- **5 suicides**
- **1 injury with undetermined intent**

Source: DHHS/ Division of Public Health/
Maternal Mortality Review Committee

Maternal Mental Health

- **NC MATTERS** works to **increase access to mental health care and substance use treatment for perinatal individuals** across the state
- Provides access to **screening and treatment support** for health care professionals through the following:
 1. **Clinical consultation** phone line staffed by perinatal mental health specialists who answer patient-specific treatment questions
 2. **Psychiatry and resource coordination services** provided to perinatal patients at no cost
 3. **Training and technical assistance** for health care providers to increase their comfort and capacity addressing perinatal mental health and substance use concerns

Have a question about behavioral health?

Call the NC Psychiatry Access Line!

(919) 681-2909

Choose 1 for child or 2 for perinatal

Please have on hand:

- Patient Name
- Patient DOB
- Patient Zip Code
- Patient Insurance



Collaboration with NCDHHS, UNC School of Medicine, and Duke Dept of Psychiatry and Behavioral Sciences

<https://www.med.unc.edu/ncmatters/>

Increasing access to Contraception

- > 50% of pregnancies in NC unintended → poor maternal and infant outcomes
- **Pharmacist Initiated Contraception** pursuant to [SL 2021-110](#)
- [Protocols and Tools from Board of Pharmacy and Medical Board](#) July 2023
- [NC Medicaid started enrolling pharmacists](#) as providers and paying a counseling code January 8, 2024
- 334 pharmacies in 92 counties and 178 cities participating – and growing

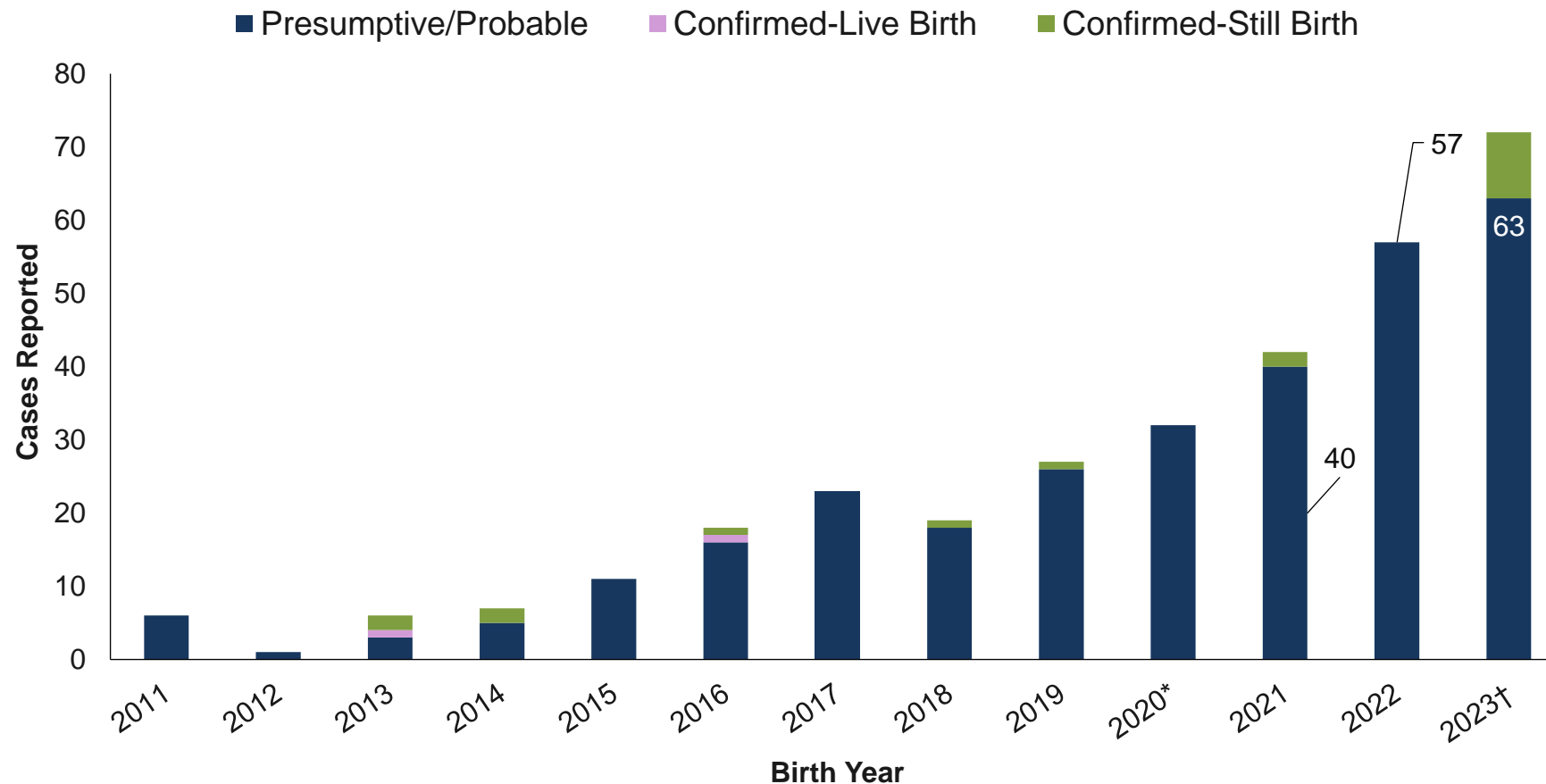


<https://ncpharmacyfinder.com/>

Syphilis

North Carolina is experiencing an unprecedented increase in congenital syphilis

Congenital Syphilis Cases by Birth Year 2012-2023

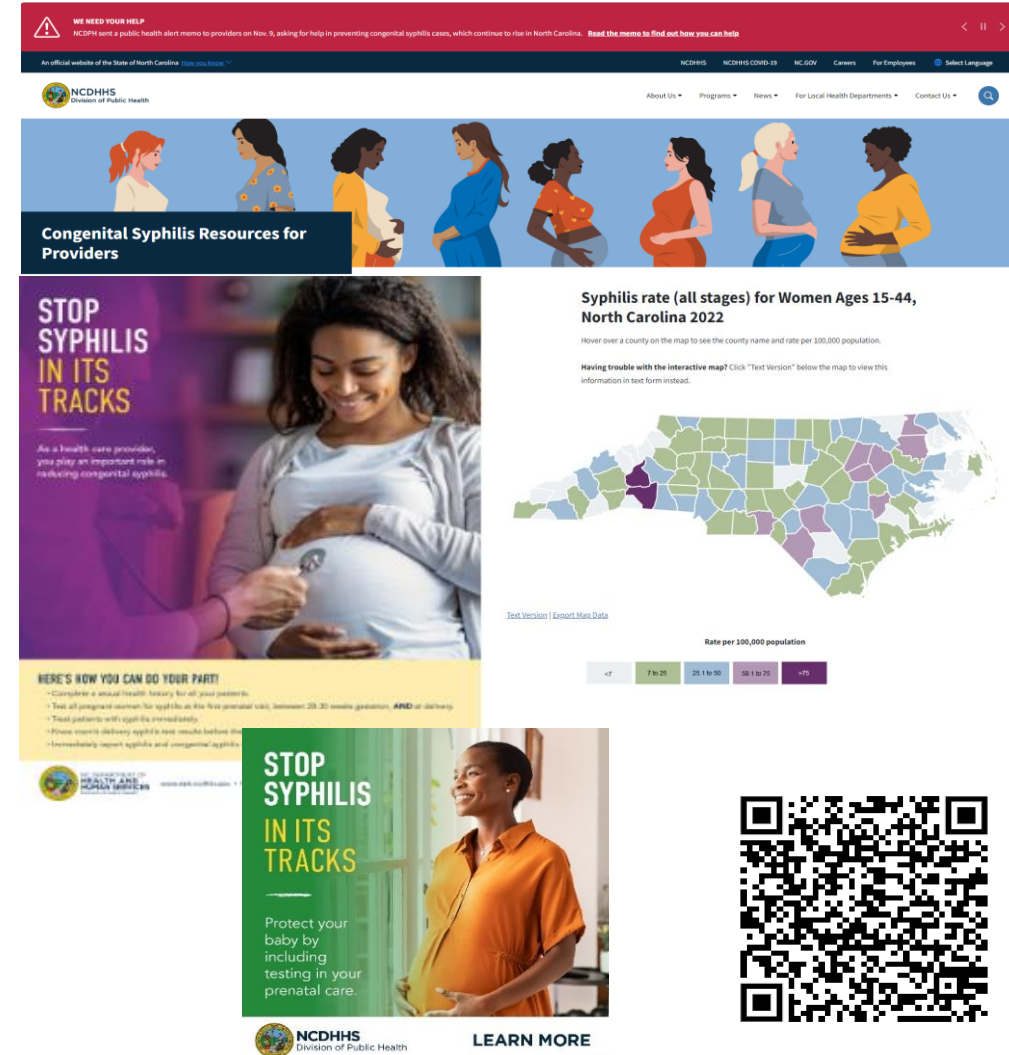


*2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic. †2023 data are preliminary and subject to change.

Data Source: Sexually Transmitted Disease Management Information System (STD*MIS) and North Carolina Electronic Disease Surveillance System (NC EDSS) (as of February 1, 2024).

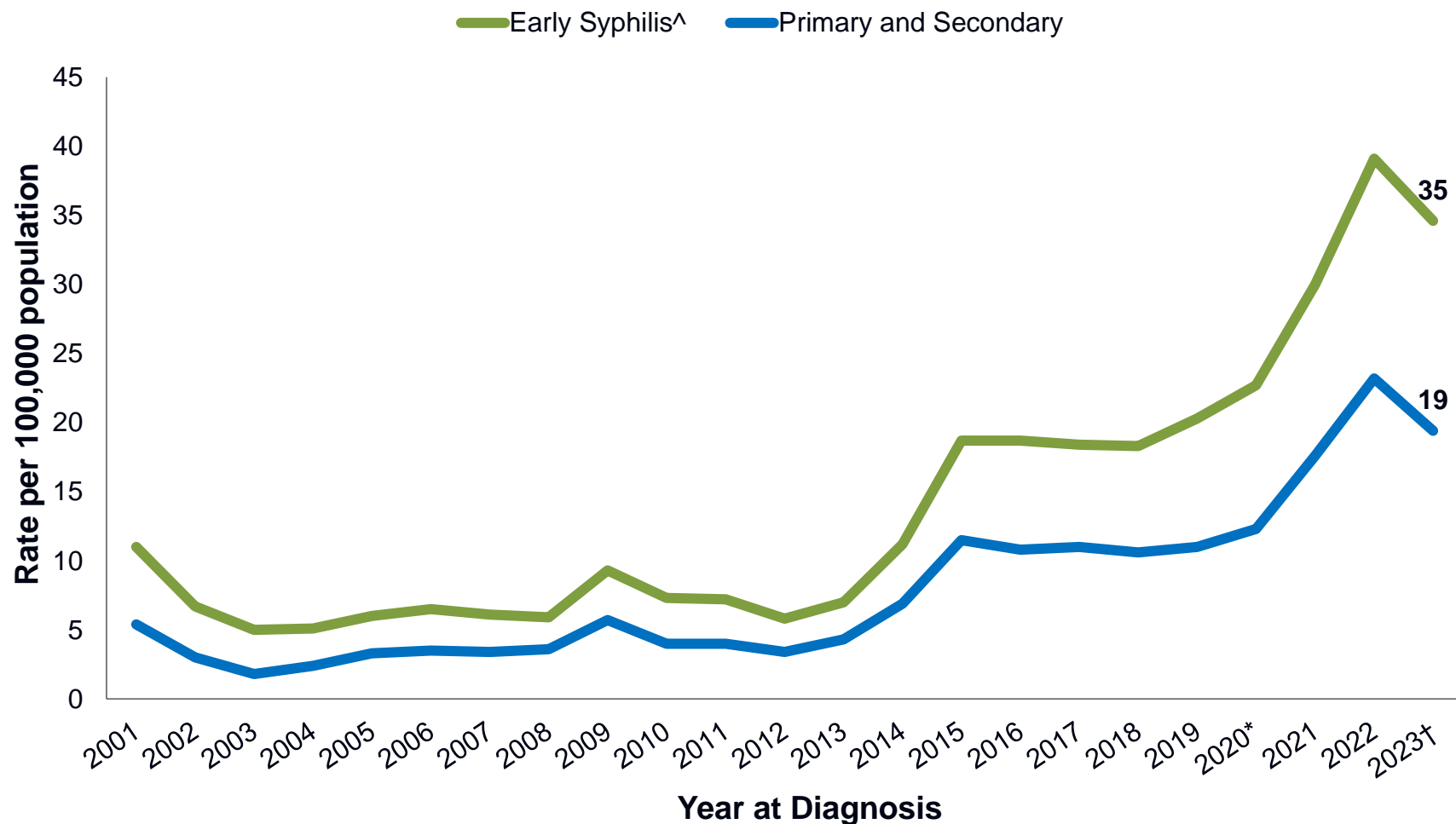
Here's what we're doing about it

- **Increasing awareness about the epidemic**
 - Multiple Public health alerts and clinical training of NC clinicians
 - Media campaign, digital and print
 - 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
 - Added Medicaid coverage for imported Extencilline
- **Mobilizing levers for change within our payer infrastructure**
 - Hosted SE Congenital Syphilis Payer Summit
- **Continuing congenital syphilis quarterly review board**



Making progress with new infections!

Early Syphilis Rates, 2001-2023



Early syphilis is defined as primary, secondary, or early non-primary non-secondary (formerly early latent) syphilis.

2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic. 2023 data are preliminary and subject to change.

Data Source: North Carolina Electronic Disease Surveillance System (NC EDSS) (data as of February 1, 2024).

November 2022



Keeping Families and Communities Safe:

Public Health Approaches to Reduce Violence
and Firearm Misuse Leading to Injury and Death

<https://www.ncdhhs.gov/media/18351/open>



Firearm Violence: A Public Health Crisis in America

The U.S. Surgeon General's Advisory
2024

<https://www.hhs.gov/sites/default/files/firearm-violence-advisory.pdf>

Office of Violence Prevention

Executive Order 279 - Governor Cooper established the first statewide Office of Violence Prevention in the South to implement a public health approach to reduce violence



Established March 14th, 2023

Summary of Year 1 activities

Primary Functions

Implementing a state-wide, whole of government public health approach to violence prevention.



Enhance data awareness, collection and sharing



Identify, Apply For, and Manage Federal, State And Philanthropic Funds to expand programs



Enhance Collaboration and Facilitate **Information Sharing** Across State & Local Violence Prevention Partners & Public Health Programs



Conduct **Public Awareness Campaigns** (e.g. Firearm Safe Storage)



Providing **Training, Technical Assistance & Executive Advising** to Local Govt, Law Enforcement, Health & Community Groups



Work With Universities And Research Entities To **Evaluate and Promote Best Practices & Evidence-based Interventions**



Some Key Programmatic Activities

- **NC S.A.F.E. (ncsafe.org)** safe storage messaging, distribution of 50,000 safe storage devices



- **Hospital and Community Violence Interruption and Prevention Programs**
- **Suicide Prevention**
- **Re-entry services**

Appendix

TABLE 1

HEALTH INDICATORS AND DATA

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

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

INFANT MORTALITY



CURRENT DATA TRENDED OVER TIME

