

North Carolina Public Health Association Annual Educational Conference

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Secretary

North Carolina Department of Health and Human Services

April 27, 2022

Next phase: Focus on recovery while staying prepared for future variants

Core Principles



Empowering individuals



Prioritizing Equity



Maintaining Health System Capacity



Collaborating with Local Partners

Operational Preparedness

Health System Capacity

- ❖ Working with GA on changes needed for regulation flexibilities after SOE sunset

Vaccines Everywhere

- ❖ “Vial in Every Fridge” Provider Campaign

Funding Testing Programs

- ❖ Building supply to meet future surge needs

Accessible Treatment

- ❖ Promoting access and awareness of how to access COVID treatment

Managing Outbreaks

- ❖ Working with partners and directly supporting outbreak response in high priority settings

Refocusing Contact Tracing

- ❖ Shifting focus to high priority settings

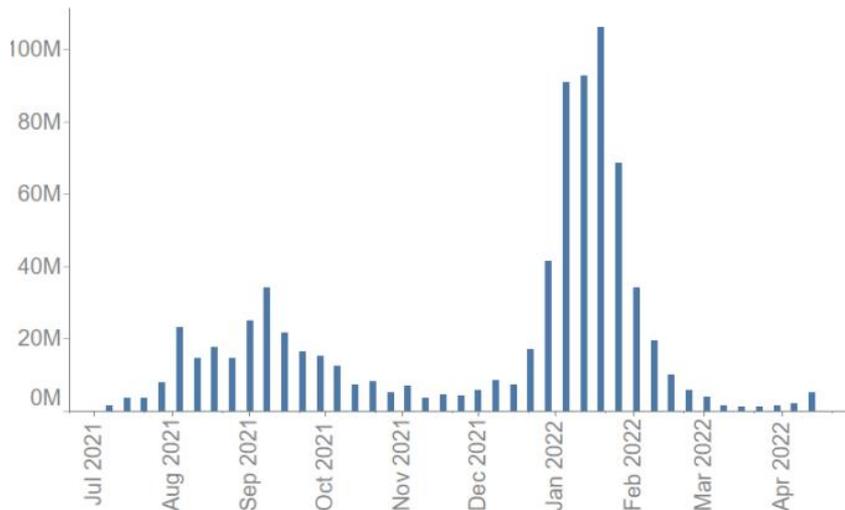
Early Warning Indicators

Wastewater Surveillance and ER visits for COVID Like Illness are used as early signs of community spread and illness

5.1 Million  Previous Week 2.1 Million

COVID-19 Virus Particles Found in Wastewater

COVID-19 virus particles appearing in wastewater can signal how quickly the virus is spreading, even if people don't get tested or have symptoms.

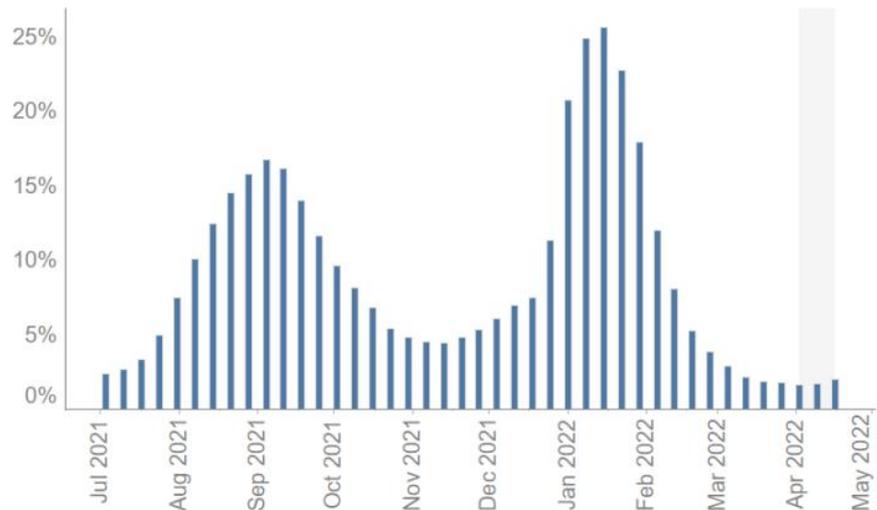


Average COVID-19 virus copies found per person per week from participating North Carolina wastewater treatment plants.

2%  Previous Week 2%

Emergency Room Visits for COVID Symptoms

The percentage of all emergency department visits that are for COVID-like symptoms can signal how much illness there is in a community.



Emergency department visits that are for COVID-like illnesses (CLI).

Updated April 20, 2022

CDC Community Levels By County

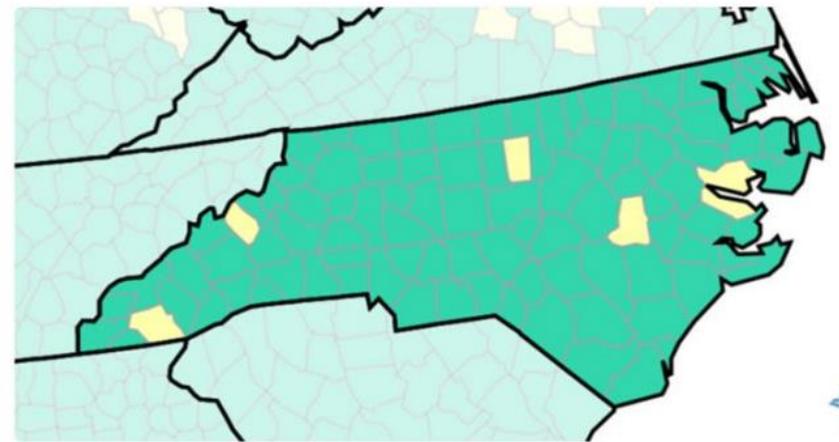
The weekly map put out by the CDC helps individuals understand COVID levels in their community and inform their actions

0/100

Previous Week: 0/100

Counties with a high risk of illness and strain on the health care system

The Centers for Disease Control assign a community risk level for every county.



High

Medium

Low

Updated April 20, 2022

Community and Health System Metrics

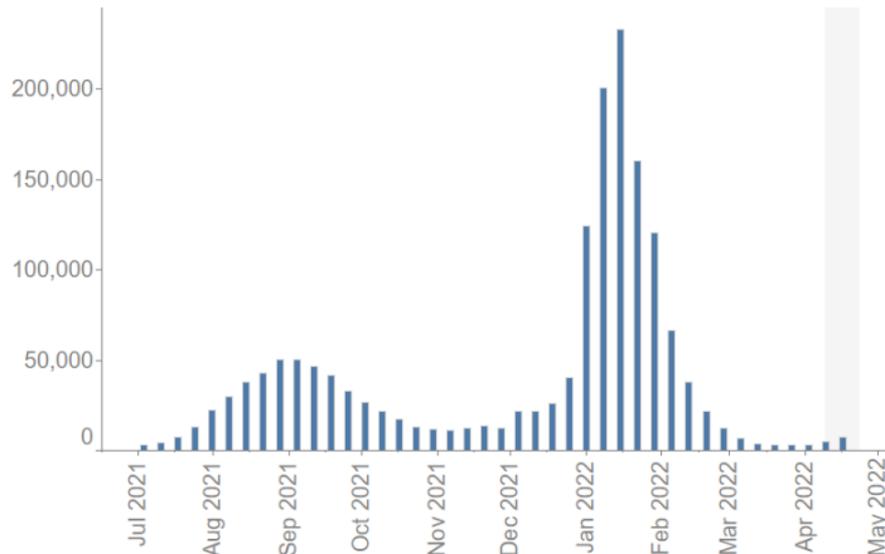
Reported COVID-19 Cases and Hospital Admissions are used to indicate the strain of COVID-19 on the health care system

7,279



Previous Week 4,851

COVID-19 Reported Cases by Week of Specimen Collection



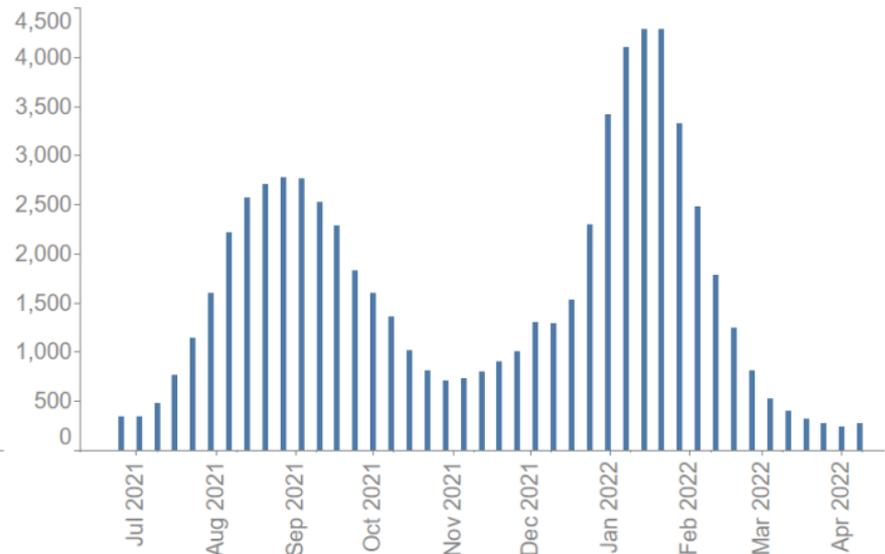
Number of new cases reported to the state each week, shown by the date specimen was collected.

278



Previous Week 242

Hospital Admissions - COVID-19 Patients



Number of confirmed COVID-19 patients admitted to hospitals each week.

Updated April 20, 2022

Vaccines and Boosters

Monitoring vaccine data gives insight into the level of immunity within the state

52%
Boosted

Percent of Total Vaccinated Population with at Least One Booster or Additional Dose

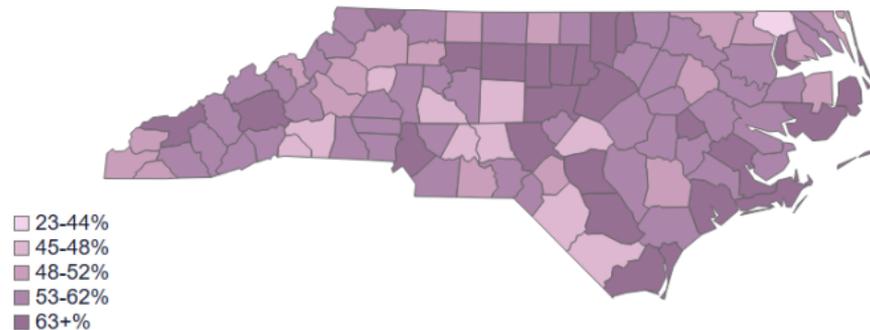
76%
Adults Vaccinated

Percent of Total Adult Population Vaccinated with at Least One Dose

38%
Children and Teens Vaccinated

Percent of Population Ages 5-17 Vaccinated with at Least One Dose

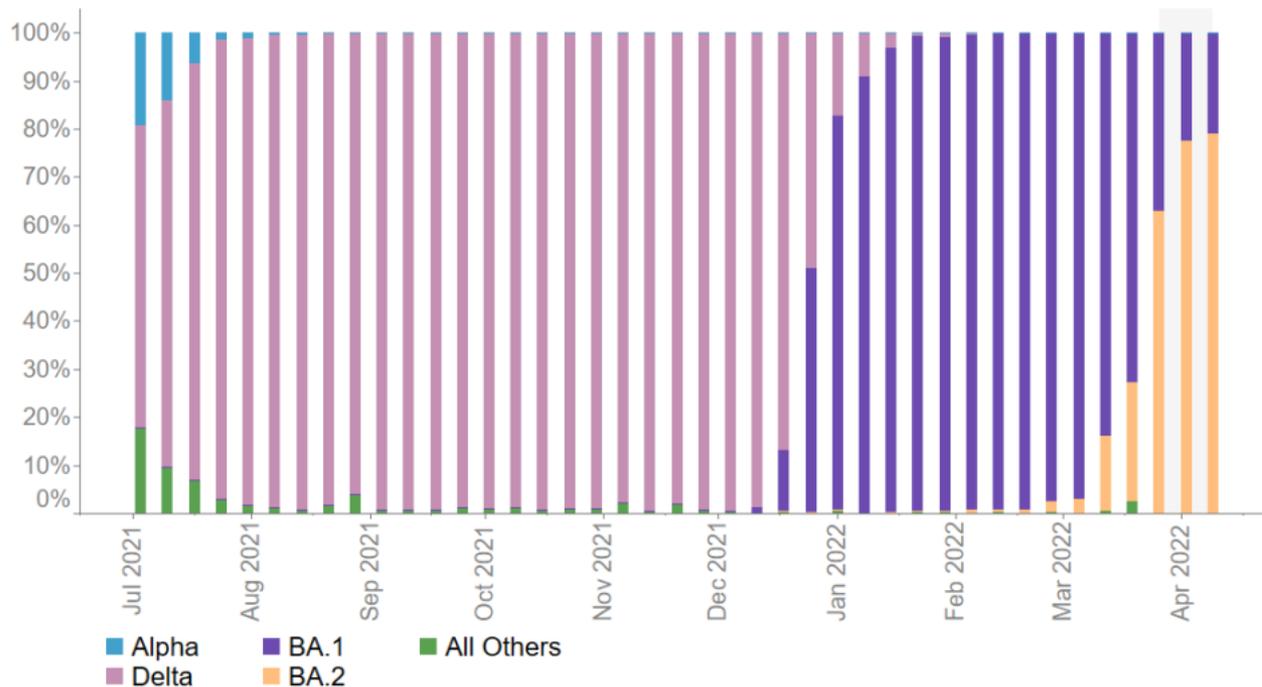
Percent of Vaccinated Population with at Least One Booster or Additional Dose



Updated April 20, 2022

Surveillance of Variants

Early detection of new variants helps the state inform response



Last Two Weeks
Mar 27, 2022 - Apr 09, 2022

Category	Type	Sequenced Cases	% of Total
Omicron	BA.2	151	77.84%
	BA.1	43	22.16%

Percentage of variants reported each week by laboratories that sequence to identify COVID-19 variants. (Most cases and tests are not identified by variants; this is a smaller sample.)

Updated April 20, 2022

Recover Stronger

North Carolina's success has been driven by grounding ourselves in:

- Strong Collaborative Partnerships.
- Robust Data Infrastructure and Accountability.
- Transparent Communications Focused on Earning Public Trust.
- Adapting to Evolving Science and Research.

The pandemic exacerbated existing challenges

Behavioral Health	Children and Families	Workforce
<ul style="list-style-type: none"> • Nearly 1 in 5 North Carolinians have a mental illness. • During the pandemic, approximately 1 in 3 North Carolinians reported symptoms of depression and/or anxiety • Alcohol-related ED visits increased 13% from 2019 to 2020. • Opioid overdose deaths increased 40% from July 2019 to July 2020. 	<ul style="list-style-type: none"> • Number of children experiencing food insecurity rose from 1 in 5 pre-pandemic to as high as 1 in 3 children in rural NC • Rate of children in NC discharged from EDs with a behavioral health condition increased by ~70% in the pandemic. • ~25% of families missed a child's preventive visit due to the pandemic 	<ul style="list-style-type: none"> • NC early childhood education staff decreased by ~10% between March 2020 and November of 2021. • Currently over 15,000 nurse vacancies in NC & nationally, nursing turnover rates were 15.8% between August 2020 and 2021 (McKinsey). • In August 2020, 66.2% of public health workers nationwide reported feeling burnout (NIH).

Recover Stronger

*These priorities and our work across the department are grounded in **whole-person health**, driven by **equity**, 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 **reduce the stigma** around accessing these services.

Child & Family Wellbeing



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.

The health insurance coverage gap coupled with insufficient access to affordable care disproportionately impacts Historically Marginalized Populations who have also experienced worse outcomes than others under COVID-19. Medicaid expansion would help close the health insurance coverage gap.

Workforce Initiatives

Supporting a strong and inclusive workforce through:

- Increasing number of providers from historically marginalized populations
- Reinforcing the talent pipeline for early educators
- Investing in our direct care workers
- Supporting employment initiatives for people with disabilities
- Strengthening the public health workforce and infrastructure

A key step towards achieving health equity is building a strong and inclusive public health workforce.

Efforts Underway at DHHS:

- **Leverage American Recovery Plan Act (ARPA) PH Workforce** funds with investments in: Regional LHD Workforce Initiative, Working Groups to address the Pipeline for local/state staff and Training for local/state staff, to improve retention and recruitment regional approach
- Invest in collaborations like **NCIOM Task Force on the Future of Local Public Health** and national efforts through NC participation in initiatives with ASTHO, NACCHO, de Beaumont and the Bipartisan Policy Center to modernize and improve governmental public health.

Medicaid Expansion

Earlier treatment means better health

Lower income groups are more likely to be uninsured Medicaid Expansion would cover:

- Low-income parents
- Low-wage workers
- Veterans and their families
- Low-income childless adults
- Children who age out of Medicaid
- Women prior to pregnancy

Rural residents are 40% more likely to be uninsured and eligible for Medicaid expansion.

Research has shown Medicaid expansion has led to:

- Improved hospital financial performance and reductions in hospital closure *(11 rural hospitals have closed in North Carolina since 2005. Many others have cut key services.)*
- Improvements in self-reported mental health
- Reductions in opioid overdose deaths
- Improved access to medications and services for treatment
- Increases in people getting regular check ups

Uninsurance and uncompensated care leads to worse health for beneficiaries.