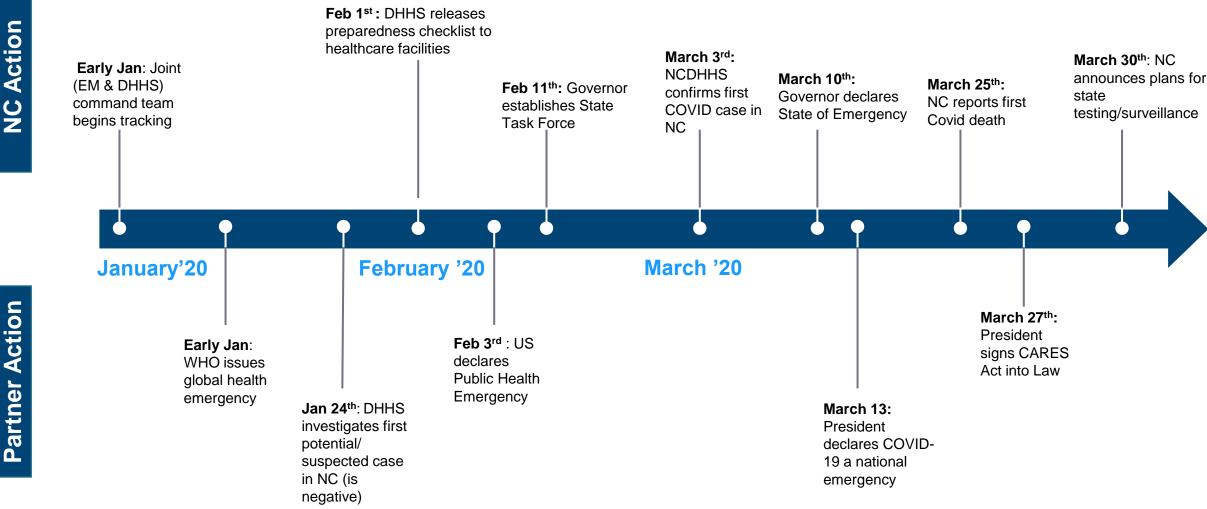
NC DHHS COVID-19 Secretary Cohen Legislative Update

December 7, 2021





LOOKING BACK: DEALING WITH THE THREAT OF A GLOBAL PANDEMIC





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Strengths as We Faced the Threat

- NC had a strong flu surveillance and communicable disease systems to leverage
- Focus on whole-person health allowed us to address the range of impacts on people
- Consolidated state-level HHS agency positioned us to provide the support needed
- Strong working partnerships with Emergency
 Management (hurricane response)
- Strong relationships with major hospital systems





Challenges as We Faced the Threat

- Data infrastructure not equipped for handling massive increase in facilities reporting to public health (faxed lab results)
- New virus with limited scientific information and tools
- No coordinated federal response
- Supply constraints of ventilators, PPE, and testing supplies
- Less healthy population (64.7% of population with risk factors for severe illness)
- High rate of uninsurance (9th in nation)*
- **Underinvestment** in public health
- Limited healthcare access in rural areas





HOW WE GOT TO PRESENT DAY

Over time, NCDHHS developed new ways of measuring the effectiveness of COVID prevention efforts and viral spread

Widespread Availability?	Pre-Pandemic Winter 2020	Limited Tools Spring 2020	Pre-Vaccine Summer-Fall 2020	Vaccine Winter 2020 - Spring 2021	Delta Variant Summer-Fall 2021
PPE	X	X	✓	✓	✓
Testing	X	Χ	✓	✓	✓
Vaccines	X	Χ	X	✓	✓
Treatment	X	X	X	X	✓



Manual collection for high level case and hospitalization data

Enabled data/reporting automation

Increased data transparency and granularity to identify local trends or variance in demographic groups



Death and hospitalization rates between vaccinated and unvaccinated

As the pandemic evolved, new tools, infrastructure and policy were developed and operationalized.



Vaccine allocation and administration data

policy were developed and operationalized.					Disaggregated demographics by race/ethnicity and localities		
Prevention and Treatment Tools		Stay at homeCOVID-like illness surveillanceHospital capacity	 Testing case data 3 W's: Wear, Wait, Wash Remdesivir and Monoclonal Antibody (mAbs) Treatments 	•	Limited initial vaccine supply Increased eligibility and treatment options for mAbs	Strong vaccine supplyIncreased treatment availability and supply	
Infrastructure	 Strong partnership between EM and DHHS Hurricane Preparedness Experience 	 PPE bidding wars Ventilator supply concerns Data collected manually Regularly convening of industry sectors Emergency system to keep child care open Food access (P-EBT) 	 Launched public Dashboard Built easily accessible statewide testing infrastructure Made PPE easily accessible, especially for child care and K12 Optimized data systems Technical assistance teams for high-risk settings 	•	Built vaccine management system (CVMS) Recruit and onboard providers Ensure vaccine easily accessible for historically marginalized populations	 Treatment access system created Extensive provider network for vaccine access Utilized FEMA support to ease healthcare system burden for EMS and Monoclonal Antibody treatment 	
Policy	Governor's Novel Coronavirus Task Force	 NC State of Emergency Stay-at-Home Standing order for testing Hold on non-essential surgery NCDHHS Testing Surge Workgroup 	 Statewide mask requirement Dimmer switch Restrictions eased NCIOM Vaccine Prioritization Task Force StrongSchools Toolkit 	:	Standing order for vaccines Supplemented StrongSchools Toolkit to support in person learning statewide	 Standing order for Monoclonal Antibodies Vaccine/Testing EO for state employees Localizing decision making whenever possible 	

COVID PREVENTION (PRE-VACCINE)

Even before vaccines, the NC DHHS team has been a national leader in COVID prevention strategies.

Through our response efforts, we:

- ► Expanded access to care by rapidly modifying telehealth policies for Medicaid and telehealth policies for state-funded services, making us a national leader. Processed claims for more than 1.1 million telehealth visits
- ► Increased <u>Medicaid base rate changes</u> to shore up vulnerable providers (press release 2)
- ► Vetted over 1,200 PPE providers and industrial hygienists. Examined all products purchased for quality assurance
- ➤ Established a historically marginalized populations working group to cocreate solutions to prevent and mitigate COVID-19 among communities hit hardest by the pandemic

Rapidly distributed Resources

Lead with clear public and partner communications

Leveraged and built upon strong partnerships

- ▶ Distributed over 65 million pieces of PPE across the state to heath care providers, K-12 employees and students, and childcare teachers
- ► Partnered with local health departments to create prevention control teams that initiated contact with 3,273 long-term care facilities and conducted 1,274 infection prevention visits
- ► Launched a nationally recognized **3Ws prevention** campaign
- ▶ Developed StrongSchoolsNC Toolkit, which ABC Science Collaborative found effectively allowed children to re-enter classrooms with limited exposure risk
- ► Engaged with partners to **promote prevention**, including faith, school, and business leaders
- ► Regularly convened business affinity groups to inform guidance, including restaurant, hospitality, large venue, higher education, and retail leaders
- ▶ Performed <u>industrial hygiene consultations</u> in food processing plants in partnership with DOL/DACS to move needle on outbreaks
- ▶ Developed set of best practices to protect staff and detainees in correctional settings in partnership with DPS
- ▶ Partnered with North Carolina businesses to produce PPE



TESTING, CONTACT TRACING, ISOLATION & QUARANTINE

NC DHHS' efforts identified cases and outbreaks early, preventing more severe spread across the state.

Through our response efforts, we:

- ► Stood up 1,925 vendor testing sites which administered 1,373,910 tests across the state
- ► Increased electronic reporting of laboratory results to 99% of COVID-19 PCR tests
- ► Distributed 40,720 at-home testing kits to North Carolinians to date (press release)

Leveraged
existing
infrastructure to
expand
capabilities

Developed robust isolation and quarantine guidance

Distributed materials & resources quickly and equitably

- ► Launched wastewater monitoring program
- ► Built a statewide testing and tracing system
- ► Created an innovative universal testing strategy within skilled nursing facilities that has been cited as a national model by the Rockefeller Foundation (press release)
- ► Ensured access to non-congregate shelters for people who need to isolate 76 counties with NCS have sheltered over 10,794 people
- ▶ Improved timeliness of isolation and quarantine notification by deploying automated text and email solution; >80% of people diagnosed with COVID-19 are notified immediately after to report to public health via text or email
- ► Delivered services such as food, relief payments, or primary medical care to over 41,000 households who needed to isolate or quarantine (press release)
- ▶ Distributed 2,312,180 Abbott BinaxNOW antigen tests to partners such as Health Departments, colleges, universities and K-12 schools
- ► Implemented community testing to identify most underserved communities and deployed 16,658 tests
- ► Hired a total of 3,657 contact tracers (currently at 1,400) maintained average of 39% bilingual staff over 18 months



MEETING CRITICAL INDIVIDUAL NEEDS

NC is a national leader in coordinating resources for whole-person care and providing resources and social supports.

Through our response efforts, we:

- ▶ Were one of the first states to launch Pandemic Electronic Benefit Transfer (P-EBT) to buy groceries for children out of school
- ▶ Provided emergency child care subsidies to over 20,000 children of essential workers and school-age subsidies to 7,700 children (\$34M)
- ► Expanded and increased SNAP benefits to provide families in need further access to food

Ensured food security

> **Supported** childcare facilities

Expanded mental health services

- ▶ Provided more than \$1.7 billion of groceries to over 1.3 million children at risk of hunger through P-EBT
- ▶ Increased food and nutrition services to approximately 360K households
- ► Expanded online EBT services with Publix, Food Lion, BJ's Wholesale Food Club, ALDI, Amazon, Carly C's, and Walmart
 - ▶ NC was one of the first states to offer online grocery shopping
- ► Expanded eligibility for food assistance to help college students
- ▶ Developed texting tool to help parents find food for their children
- ▶ Stabilized 4,200 child care facilities with operational grants and **PPE (\$124M)** in April 2020
- ► Supported 30,000 childcare teachers/staff with bonuses (\$38M)
- ▶ Stood up hotline to help critical workers find childcare
- ► Kept child care open from day 1
- ► Critical worker program provided pandemic child care payments for 36,247 children
- ► Nearly 10,000 callers to Hope4NC & Hope4Healers combined receiving crisis counseling and behavioral health resource referrals
- ► Expanded LME/MCO telehealth policies to allow for a broad array of behavioral services to be offered by telephone and two-way audio/video



MAINTAIN HEALTHCARE SYSTEM CAPACITY

Even in the midst of large COVID surges, we have managed hospital capacity across the state.

Through our response efforts, we:

- Provided over 47,000,000 pieces of personal protective equipment to healthcare partners
- Monitored hospital capacity in real-time and reduced reporting burden for health care settings by developing OpenBeds Critical Resource Tracker
- ► Provided hospital-to-hospital patient coordination to support hospital capacity across entire state and support critical access hospitals
- ➤ Avoided hospital capacity crises akin to those experienced in our neighboring states, allowing us to help other states by sending additional ventilators across state borders and accepting out-of-state patients

Established processes in response to a new pandemic environment

- ► Created a pathway for temporary nursing home staff during the pandemic to receive higher credentialing (press release)
- ► Provided flexibilities to increase the number of beds to take critically ill patients and allow an ambulatory surgical facility to operate as a temporary hospital (press release)

Built strong relationships with health systems

- ► Frequent communications with health systems in order to understand and effectively address issues and concerns
- ► Helped hospitals effectively use all available resources testing, PPE, vaccines, etc.
- ► Used a dimmer switch approach which allowed NC to keep infection peaks lower than surrounding states
- ► Developed patient coordination system to efficiently move patients to hospitals with resources to meet individual needs

Provided childcare for front line workers

- ► Established an emergency child care subsidy program for essential workers, starting with health care staff
- ► Served over 36,000 children of essential workers in April and May of 2020



VACCINATION AND TREATMENT

Our emphasis on equity allowed us to provide COVID vaccines and treatment to the most marginalized populations.

Through our response efforts, we:

- Were recognized as best in nation by Bloomberg News for data quality for vaccination rates by race and ethnicity
- ► Were recognized in the *Journal of the American Medical Association* for incentive program that increased vaccinations
- ► Eliminated gap in vaccinations between Hispanic and non-Hispanic population and narrowed gap for Black/African American communities
- ► Launched Healthier Together to increase the percentage of historically marginalized populations receiving vaccinations by partnering with state and community-based organizations to support on-the-ground vaccination equity efforts

Ensured widespread vaccine access

As of 11/15, there are 3,459 COVID total vaccine access points in NC

- ► As of 11/15 there are 834 pediatric vaccine access points on myspot.nc.gov
- ▶ 60% of total NC population has been vaccinated with at least 1 dose

Convened special population working groups to break down barriers to access

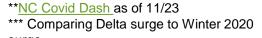
► Led the nation by investing in comprehensive market research to understand vaccine confidence and messaging in historically marginalized communities

- ▶ Led effort to establish vaccines at home program by launching hotline for people who have limited mobility to be vaccinated at home
- ► Led effort to ensure vaccine coverage across long term care population through matchmaking facilities with vaccinating providers

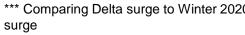
Expanded and improved access to Monoclonal Antibodies (mAbs) & other therapeutics

- ▶ Partnered with FEMA to open sites for mAbs administration
- ► Administered over 66k mAbs treatments as of 11/15
- ► 13% average weekly mAbs admin rate per positive test with a maximum rate of 29%
- ► Over 2,800 hospitalizations estimated to have been prevented saving a minimum of \$56,200,000





*Hospitalization NC DHHS dashboard







Created safer healthcare settings for patients

99%	Nearly all 10,000			
	state-operated			
	healthcare facility			
	employees are fully			
	vaccinated.			

Decease in deaths of 95% LTC residents***

Decrease in 93% hospitalizations of LTC residents***

Decrease in cases of 89% LTC residents***



Maintained hospital capacity*

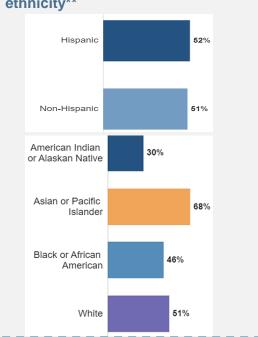
Statewide hospital capacity never exceeded 81%

Statewide ICU capacity never exceeded 90%

Maintained statewide supply of available ventilators, never borrowed from other states

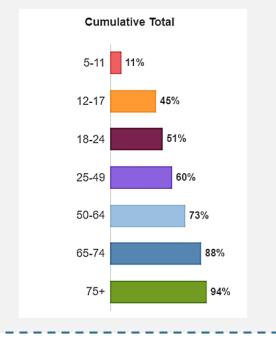
Among lowest for equity gaps in vaccination

Percent of population vaccinated with at least one dose by race and ethnicitv**



Recognized as top in nation for vaccinated 65+

Percent of population vaccinated with at least one dose by age**





KEYS TO SUCCESS

North Carolina's success has largely been due to our efforts in grounding ourselves to three main pillars:



Strong Partnerships

- Unified statewide response with Emergency Management, Dept of Public Safety, and National Guard
- Coordination w/ Local Health
 Depts, DSS and county officials
- Regular stakeholder meetings
 w/ communities and industry sectors
- Frequent conversations w/ hospitals
- Close collaboration w/ State Board of Ed and Dept. of Public Instruction
- Partnership w/ **Depts. of Ag and Labor**
- Formed **Higher Ed Work Group**
- Partnership with **DOT** to provide transportation for vaccinations



Accountability

- 150+ press conferences
- Regular updates on our public dashboard: Received an A for dashboard data transparency
- Honored by the National Association of State Chief Information Officers for "Bridging the Data Divide and Bringing Health Equity."
- Artemis Research found that through trusted community outreach DHHS increased the population with intent to vaccinate from 60% to 70% between Nov 2020-June 2021



Equity

- Duke Health Center recognized NC
 as having the most complete race &
 ethnicity data in the nation
- Healthier Together work lowered equity gaps in equity for both testing and vaccinations
- DHHS introduced an "equity bump" and community event allocation strategies to increase supply allotments for counties with marginalized populations

