



2024 Climate Strategy Report

Department of Health and Human Services

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Introduction

About Department of Health and Human Services

The North Carolina Department of Health and Human Services (NCDHHS) manages the delivery of health- and human-related services for all North Carolinians, especially our most vulnerable residents, children, elderly, disabled and low-income families. The mission of NCDHHS is to provide essential services to improve the health, safety, and well-being of all North Carolinians in collaboration with our partners. The vision of NCDHHS is to advance innovative solutions to foster independence, improve health, and promote well-being for all North Carolinas. NCDHHS works closely with health care professionals, community leaders, and advocacy groups; local, state, and federal entities; and many other stakeholders to make this happen. The Department is divided into 33 divisions and offices that fall under six broad service areas: Health, Opportunity & Well-Being, Medicaid, Operational Excellence, Policy and Communications, and Health Equity.

Department of Health and Human Services' Vulnerabilities to Climate Change

NCDHHS continues to respond to and prepare for climate hazards of extreme heat, wildfire smoke, and flooding. The 2020 North Carolina Climate Science Report projected that the main climate change threats in NC are, in order of decreasing likelihood: continued sea level rise and resulting coastal storm surge flooding; increased summer heat index and increased number of warm and very warm nights; increased frequency and intensity of extreme precipitation and increased heavy precipitation accompanying hurricanes; increased hurricane intensity; and more frequent and intense droughts which result in more frequent wildfire-conducive climate conditions.

Multiple NCDHHS Offices and Divisions address vulnerabilities to climate change to protect the health of North Carolinians. The Division of Public Health addresses multiple climate and health concerns, including those related to communicable diseases, severe weather events, indoor air quality, extreme heat, wildfire smoke, and climate justice. The Division of Public Health also creates maps and other tools for visualizing climate-related health hazards and vulnerabilities. The Division of Property and Construction is responsible for overseeing upgrades to NCDHHS properties to make them more resilient to climate change, while the Office of Health Equity ensures that the perspectives and voices of populations disproportionately affected by climate and other health hazards are at the center of NCDHHS health equity initiatives and other activities. The Division of Social Services and Division of Aging and Adult Services provide important resources to populations vulnerable to extreme heat through energy assistance programs and providing fans and air conditioners to older adults, respectively. NCDHHS also engages in activities that promote environmental justice across the state.

Department of Health and Human Services' Approach to Fulfilling the Strategies in the Climate Risk Assessment and Resilience Plan

NCDHHS continues to implement recommendations from the [2020 Climate Risk Assessment and Resilience Plan](#) are addressed through both initiatives of individual programs and collaborative efforts across the agency. Where relevant, NCDHHS partners with other state agencies to fulfill these commitments. Where possible, NCDHHS activities described in this report are linked to specific recommendations in the 2020 Climate Risk Assessment and Resilience Plan.

Activities related to specific 2020 Climate Risk Assessment and Resilience Plan recommendations assigned to NCDHHS, and not described elsewhere in the report, are listed below. Specific Climate and Health Program activities conducted through Cooperative Agreement support are described in detail elsewhere.

- Support the Building Resilience Against Climate Effects (BRACE) program in the Division of Public Health and expand the tracking of health impacts of climate change in North Carolina
 - The Climate and Health Program was awarded its FY2025 BRACE funding of \$500,000 from the U.S. Centers for Disease Control and Prevention (CDC).
 - The Program's FY2025 work plan includes:
 - implementing and evaluating adaptation actions to prevent heat related illness and protect health during wildfire smoke events;
 - supporting a local organization through the climate justice mini grant program (RFA A395 – Community-driven Climate Justice Initiatives in NC) to incorporate climate justice into community health assessments for a 16-county region in western North Carolina;
 - hiring a temporary staff member to serve as the Eastern North Carolina Climate Adaptation Coordinator and provide local climate adaptation support to existing and new program partners throughout eastern North Carolina; and
 - updating North Carolina's Climate Impact Compendium through updates to the [Environmental Health Data Dashboard](#). The Climate Impact Compendium provides information about climate hazards and projections in North Carolina, health impacts associated with these climate hazards, and which communities are most vulnerable to the health effects of climate change.

NCDHHS is also implementing several recommendations assigned to all cabinet agencies. Activities not described in detail in other sections of this report are listed below:

- Reducing inequity: Providing information on minimizing effects of moisture and mold to help those in housing with lasting flooding impacts.
 - The Division of Public Health's Occupational and Environmental Epidemiology Branch continues to create and disseminate educational materials (https://epi.dph.ncdhhs.gov/oe/docs/mold_factsheet_10132023-fin.pdf) and provide

more than 1,500 consultations per year to homeowners and renters about how to address indoor air quality issues including moisture damage and mold growth.

- The [NC Environmental Public Health Tracking Program](#) (NCEPHT) is implementing a four-year project funded at \$1M titled “Farmworker Hurricane Recovery and Resilience.” NCEPHT is partnering with the Office of Rural Health’s Farmworker Health Program and the National Center for Farmworker Health to implement a needs assessment and conduct trainings with farmworkers and farm owners on topics highlighted during the assessment.
- Adopt the targeted universalism approach for resilience, in which policies and programs begin by addressing the needs of those who are most vulnerable to climate change and seek to improve the resilience of the entire state.
 - The NCDHHS Climate and Health Program continues to prioritize populations disproportionately affected by climate change in their adaptation actions.
 - The NCDHHS Environmental Public Health Tracking Program has prioritized the addition of environmental justice metrics and climate indicators in the development of the [NC Environmental Health Data Dashboard](#), with regular feedback from their Community Advisory Board.
- Develop metrics to determine progress of equity and resilience initiatives
 - For the first time, the NCDHHS Office of Health Equity is including an environmental health section in their 2024 Health Disparities Data Report and Guide. The Office of Health Equity is collaborating with epidemiologists in the NCDHHS Occupational and Environmental Epidemiology Branch to include measures related to heat-related illness, air quality, and extreme weather, which are known climate, health, and equity concerns.
- Engage community and faith-based organizations that work in disaster response to incorporate other elements of resilience into their programming.
 - The NCDHHS Office of Health Equity successfully launched Phase I of the Health Equity Interfaith Leaders Network, starting with Black Faith Leaders and expanded to faith leaders in the Latinx/a/o community. The Office of Health Equity, in collaboration with the Office of People, Culture and Belonging, convened over 260 Black Faith leaders to discuss the pressing health needs of the black community and innovative solutions to tackle these needs. OHE will continue to build out a full interfaith network that serves communities that have been historically marginalized. One of the many issues faith networks will consider are the impacts of climate change, disaster response and equitable access by historically marginalized populations to resources during times of crisis.
 - The Office of People, Culture and Belonging (OPCB) consulted and provided professional development training for the Jackson County Public Health Department, specifically focused on health equity needs among LGBTQIA+ and African American communities. Workforce belonging strategies to address broader health equity concerns for

populations historically marginalized has been a core tenet of OPCB trainings with multiple external health departments, including Polk County Health Department, Burke County Health Department, and the Iredell County Health Department. By providing greater understanding and empathy, these engagements have contributed to a more compassionate and inclusive healthcare environment for LGBTQIA+ individuals and highlighted the significance of cultural competence in addressing health disparities among Black communities. A more inclusive healthcare environment can improve resources available to LGBTQIA+ and black communities during disaster response. This engagement has the potential to also inform climate and health activities in the future.

- Work with agency Human Resource offices to set goals and strategies for diversifying staff and leadership in recovery and resilience, and for hiring disaster survivors into recovery and resilience positions
 - Current Human Resource efforts do not address staff and leadership diversity in recovery and resilience specifically. However, the Division of Public Health is measuring progress towards outcomes for the entire Division: reducing the vacancy rate, reducing the turnover rate, increasing the percentage of staff who report having joy at work, and ensuring that DPH staff look like those residing within our state.
 - Specific activities supporting these outcomes include increasing the DPH Sections that have representation on the DPH Diversity Equity and Inclusion Council. As part of DPH workforce pipeline initiatives, DPH recruits public health fellows/trainees from diverse communities to reflect those who reside in North Carolina and recruits interns from Historically Black Colleges and Universities and Minority-Serving Institutions in the state.
- With agency communications offices, set goals and strategies to increase interaction with communities that have historically frayed relationships with government and government officials.
 - The NCDHHS Health Equity Portfolio prioritizes engagement with communities which have been marginalized and maintain regular contact with faith and community-based organizations which support individuals with disabilities, from LGBTQIA+, African American, Native American/American Indian, Latinx/Hispanic communities, rural communities and those representing people with disabilities. The offices in the Portfolio including the Office of Rural Health, Olmstead/Transition to Community Living and Office of Health Equity focus on rural, low wealth communities with a specific emphasis on individuals with disabilities, those with behavioral health conditions, and those who experience greater health disparities.
 - The NCDHHS Office of Health Equity, in collaboration with the Data Office, hosted Community Listening Sessions concerning priority data conversations, including the 2024 Health Disparities Data Report and Guide, which includes key environmental health data. This work is being used to co-develop a guide for data-related community

engagement, to recenter communities that have been marginalized and those with lived experience within everything we do, including data.

- The NCDHHS Office of Health Equity has recently hired on a full staff, including a Communications Specialist, a Cultural Competency and Communication Equity Program Manager, and additional Community and Partner Engagement Program Managers.
- The NCDHHS Office of Health Equity created a Community and Partner Engagement Companion Guide for the Health Equity Framework. This guide is focused on creating and sustaining authentic and equitable relationships with communities that have been historically marginalized and the organizations that are led by, and serve, those communities.
- The NCDHHS Health Equity Portfolio is exploring the implementation of the Health Equity Advisory Team of the Governance Model, which includes an External Community Advisory Board and Subject Matter Expert Network Council. This group will be made up of community and partner representatives from across DHHS programming and will serve as a community and partner advisory council that exists at the Portfolio and Secretary level.
- Spanish-speaking persons are disproportionately impacted by climate change. Latinx/Hispanic populations in North Carolina often reside in areas disproportionately impacted by climate hazards like extreme heat and flooding. In addition, their access to information about climate change and health in their native language is limited. The following activities aimed at building relationships with trusted community organizations help address these structural inequities:
 - The Office of Health Equity’s Latinx Policy and Strategy Program’s Community and Partner Engagement efforts have reached over 50,000 Spanish-speaking and Latinx/Hispanic individuals across North Carolina. This includes public service announcements (PSAs) created by the Program with 160 PSAs on health equity materials targeted to Spanish-speaking members of the community. These PSAs were distributed via broadcast (e.g., television and radio), websites (e.g., YouTube and NCDHHS website), social media platforms (e.g., Twitter (X), TikTok, Instagram, and Facebook) and at movie theaters and in-person sporting events.
- The Latinx Policy and Strategy Program conducted nine Spanish-language Cafecitos and Tele-Town Halls, focusing on seven health disparities, Medicaid, and vaping. These sessions were live-streamed on NCDHHS’s Facebook, Twitter (X), and YouTube accounts as part of the state’s ongoing commitment to providing equitable access to health information, resources, and vaccines while working to eliminate health disparities in the Latinx/Hispanic populations. From July 2023 to June 2024, these events reached over 64,467 people, reflecting a 0.73% increase in attendance from the previous year. The program hosted two Medicaid Essential Training Webinars and one Spanish CPE Webinar, with 172 attendees. This steady growth highlights the program’s effectiveness in engaging the community and bringing important health topics to a

broader audience. The participation of 19 unique subject matter experts further enriched the discussions, ensuring diverse and informed perspectives. This includes presentations, in-person outreach, and public service announcements (PSAs) created by the program, with PSAs on health equity materials targeted explicitly to Spanish-speaking community members. These PSAs were distributed via broadcast (e.g., television and radio) and websites (e.g., YouTube and NCDHHS website).

Additionally, the Noticias Newsletter, a bilingual publication written at a universal legibility level (7th grade) for Latinx stakeholders, was disseminated 30 times to over 700 subscribers during the 2023-2024 fiscal year. It included recent press releases, information about NCDHHS priorities such as Medicaid expansion, events, training, career opportunities, and links to other resources for local providers. Similarly, the Healthier Communities Newsletter, a monthly bilingual publication, highlighted the work of NCDHHS and partner organizations in advancing health equity and reducing health disparities, reaching over 4,200 individuals.

- The Language, Communication, and Physical Access workgroup has continued its important work of expanding language access by coordinating interpretation services for health equity events. During the 2022-23 fiscal year, with funding from the Centers for Disease Control and Prevention disparities program, the workgroup provided Spanish interpretation for 48 health equity-related events, both in person and virtual, serving an estimated 2,913 individuals. In the 2023-24 fiscal year, the workgroup coordinated Spanish interpretation for 47 events, reaching approximately 3,059 individuals. This reflects a 5% increase in the number of individuals served, showcasing the growing impact of each event. Additionally, two in-person community interpreter trainings were held to help community health workers prepare for future public health emergencies, in collaboration with organizations in the Alamance and Clay counties.
- Provide data and best practices to equip local government to perform and regularly update county vulnerability assessments.
 - NCDHHS is currently assisting local health departments with responding to/completing the addition of an environmental justice section to the Community Health Assessments, which are completed every 3-4 years. More than 10 health departments have expressed interest and are in conversation with NCDHHS or partners about this work. Additional information is provided in the Addressing Environmental Injustices and Inequities section of this report.
- The state should consider a pilot project focused on flooding. Modeling, observational data, mapping, and socioeconomic analysis could be brought together to evaluate the spatial extent of exposure. A quantified assessment could reveal the degree of vulnerability and risk of property, people, and other resources. Options for adaptation could then be considered with a clear understanding of how those factors differ through space and time throughout the state.
 - NCDHHS has completed a literature review of the health effects of flooding and continues to explore opportunities and additional resources to help document the potential health effects of flooding in North Carolina.

- Resilience-relevant programs should engage new types of partners in their work, such as institutions that are frequent points of contact for socially vulnerable people, e.g., schools, medical clinics, retail outlets, houses of worship, and public transit services.
 - The NCDHHS Climate and Health Program has continued to increase its engagement with new partners, including Tribes, and expanded its engagement with farmworker organizations. We have partnered with the North Carolina Farmworker Health program to distribute fans to migrant farmworkers who don't have access to cooling. The program has also partnered with the Western North Carolina Health Network to introduce climate justice into Community Health Assessments and engage with environmental and climate justice communities to ensure measures are aligned with the needs and interests of affected communities. In the coming year, the Program plans to expand its partnerships with additional organizations representing socially vulnerable groups.

In addition, NCDHHS continues to build trust by engaging local leaders to guide our policies and practices, investing in partners on the ground, codesigning solutions, using data to drive outreach and interventions, using culturally and linguistically appropriate strategies, and working to ensure contractors and other trusted partners look like the communities served.

To address health disparities, the Health Equity Portfolio adopted a [framework](#) that when fully adopted will guide the work of all divisions in centering communities in the efforts to prioritize and address health disparities. The framework is made up of 5 mutually reinforcing pillars that, if implemented in tandem, will move us towards improved health equity for the communities we serve across NC. To further support community engagement, the Office of Health Equity led the implementation of the Department's Community Partner Engagement Plan to ensure the voices of North Carolina communities and families continue to be at the center of the department's work. This Feb 2024 launch included a new website and improvements to internal processes for engaging community partners, as well as groups with lived experience, to make policy change that best serves the people of the state. OHE continues to work with various communities and partner groups, including community and faith-based organizations, legislative and policy groups, and service providers. These partnerships remain crucial to sharing health matters that are important to local communities across the state, identifying solution-seeking approaches to eliminate health disparities, making resource connections to build healthier communities, and making plans for action to keep our state healthy and safe.

Reducing Energy Use

William (Bill) Stevens, NCDHHS Division of Property and Construction Chief of Facilities Engineering and Construction, is the designated NCDHHS Utility Manager. NCDHHS does not have an Energy Manager position. Bill Stevens worked with divisional staff to ensure that repair and renovation and new capital projects are designed and constructed with the goal of minimizing energy usage. Also, Bill Stevens was instrumental in DHHS applying for and being awarded reimbursement grant funding through the DEQ

Volkswagen Settlement Grant Program – Phase II for nine new dual electric vehicle charging stations to be installed at our Division of State Operated Healthcare Facilities (DSOHF) statewide. The Division of Property and Construction continued to work with leadership, facility maintenance staff, and other stakeholders at all DSOHF campuses to develop and implement an energy conservation plan to reduce energy use by: identifying ways to reduce water usage, consolidating staff into fewer buildings and reducing or shutting off utilities to vacated buildings, instituting temperature setbacks after normal business hours, designing new HVAC building systems in accordance with all applicable building code requirements, specifying energy efficient equipment, installing motion sensors, replacing existing incandescent and compact fluorescent lights with LED lights, installing variable frequency drives, commissioning new building systems, replacing existing windows, installing additional insulation in walls and on roofs, purchasing electric and zero emission replacement vehicles, and installing electric vehicle charging stations. DHHS was recognized by the Department of Environmental Quality’s State Energy Office for reducing its energy consumption in their state allocated facilities by 39 percent as of the end of SFY 2023-2024 from the SFY 2002-2003 baseline, the highest reduction among state agencies. This puts DHHS on track to complete Governor Cooper’s Executive Order 80, a goal set in 2018 for cabinet agencies to reduce energy consumption by 40 percent per square foot from 2002-2003 baseline levels by 2025.

North Carolina Clean Transportation Plan

NCDHHS actively contributed to the development of the NC Clean Transportation Plan, released in April 2023. More detail is included in Section 1.5.2 “Support the Development of the NC Clean Transportation Plan.” NCDHHS continues to follow the significant science on the health impacts of traffic-related air pollution in North Carolina.

Addressing Environmental Injustices and Inequities

NCDHHS named Dr. Virginia Guidry as our Environmental Justice Lead in January 2022. She has been the head of the NCDHHS Occupational and Environmental Epidemiology Branch (OEEB) since 2019 and has worked on environmental justice topics in North Carolina since 2003. Dr. Guidry and her team have accomplished the following in the past year:

- Awarded continuing support for the NC Environmental Public Tracking Network (Dr. Sarah Hatcher, PI, \$710K annually, 2022–2027)
 - Hired and onboarded a new Principal Investigator (May 2024)
 - Continued development of the [Environmental Health Data Dashboard](#), adding additional syndromic surveillance data on counts of emergency department visits for asthma and chronic obstructive pulmonary disorder (COPD) and ED visit rates for COPD and carbon monoxide (CO) poisoning; updating counts and rates of hospitalizations for acute myocardial infarction, asthma, CO poisoning, COPD, and heat related illness during 2015-2022; updated birth defect counts and rates through 2020; and added a census tract level map displaying the CDC/ATSDR Environmental Justice Index.

- Developed an ArcGIS StoryMap for Fish Consumption Advisories to provide information to the public in a more engaging and easy-to-navigate tool. (Anticipated publication November 2024)
- Developed an ArcGIS tool titled “Environmental Justice Profiles” to help local health departments and community organizations explore the factors contributing to the environmental justice index in their county at the census tract level. The tool also includes point locations of relevant pollution sources and quick statistics on major sources of pollution. The tool is designed to support local health departments incorporate environmental justice into Community Health Assessments and public health preparedness and response plans. (Anticipated publication October 2024)
- Gathered input from community and agency partners at the NCEPHT Advisory Committee meetings in July 2023, November 2023, and May 2024.
- Provided data to support the NC Environmental Justice Hub as required by Governor Cooper’s Executive Order 292.
- Provided training to over 600 local health department staff and local public health preparedness and response staff on the use of the Environmental Health Data Dashboard for local public health planning, preparedness, and environmental justice efforts.
- Awarded USEPA funding through the Environmental Justice Government to Government cooperative agreement for the *Partnership to Address Private Well Contamination in Sampson County* (\$1 million in funding over 3 years). Collaborating with the Environmental Justice Community Action Network (EJCAN), a community-based organization in Sampson County; UNC Chapel Hill; Appalachian State University; and Open Heaven Community Center in Sampson County to enhance private well testing in eastern NC and offer low-cost treatment when needed. Most funds will go to EJCAN for outreach and treatment systems.
- Supported the issuance of Executive Order 292 for Environmental Justice signed by Governor Cooper in October 2023.
- Dr. Guidry serves as the Co-Chair of the Governor’s Environmental Justice Advisory Committee with the first report due to Governor Cooper in October 2023. We are focusing on a statewide EJ Hub, recommendations on assessing cumulative impacts, supporting the development of cabinet agency EJ goals, and EJ training recommendations for cabinet agencies.
- Drafting manuscript on health and EJ benefits of NC Clean Transportation plan in response to Executive Order 271 (Dr. Guidry)
- Presented information on environmental justice and climate issues on behalf of the NCDHHS Health Equity Portfolio at:
 - EJ Action Forum in Burlington (Nov 2023)
 - NC Conservation Network EJ Leaders Academy (Feb 2024)
 - NC Public Health Leaders (Mar 2024)
 - Wake Forest University EJ Summit (Apr 2024).

- In March 2024, Dr. Guidry received the prestigious [Ronald H. Levine Legacy Award](#) from the NC Division of Public Health for her work on environmental justice and other topics.
- Attended DHHS Health Equity Meetings led by Chief Health Equity Officer Debra Farrington. Dr. Guidry represents EJ at these meetings.

NCDHHS is also exploring ways to address environmental justice and inequities by including tribal participation in environmental planning. Indigenous tribes in North Carolina possess thousands of years of knowledge on how to adapt to seasonal and inter-annual environmental changes and therefore are climate resilience experts. The NCDHHS Climate and Health Program has accomplished the following in the past year:

- Travelled to Sampson County to meet with Coharie Tribal leaders and the Triangle Native American Society. (August, 2023)
- Participated in the Lumbee Tribe Culturally Responsive EJ workgroup. (Autumn Locklear, Climate and Health Epidemiologist, represented NCDHHS at the workgroup meetings)
- Attended Lumbee Tribe Inaugural Cultural Burn, a prescribed burn completed at the Lumbee Tribal Cultural Center on December, 2023.
- Presented on Climate and Health in North Carolina at the NC Commission of Indian Affairs Environmental Justice Committee Meeting in February 2024.

NCDHHS Climate and Health Program will continue building relationships with indigenous communities in the coming year.

There are additional activities across DHHS addressing environmental justice that are described in other sections throughout this report.

Public Participation Plan

The [NCDHHS Public Participation Plan](#) was posted June 1, 2022 and was open for public comment until July 15, 2022. The Plan includes best practices for community engagement, meaningful dialogue, and mechanisms for incorporating public input into agency decision making. We are currently completing our 2024 update.

1.0 Reduce greenhouse gas emissions

1.1 Reduce energy consumption per square foot in state-owned buildings by at least 40% from fiscal year 2002-2003 levels

<p>1.1.1 Black Mountain Neuro-Medical Treatment Center: Gravely Hall Renovations</p> <p>Status: Underway Expected Completion Date: March 2025</p> <p>Progress during 7/1/2023-6/30/2024: Construction began July 2023 and has continued to this point.</p> <p>During the next 12 months, construction will continue. Construction completion is expected in March 2025.</p>
<p>1.1.2 Black Mountain Neuro-Medical Treatment Center: Raspberry Hall Renovations</p> <p>Status: Underway Expected Completion Date: December 2026</p> <p>Progress during 7/1/2023-6/30/2024: Design has started for the project. Construction standards to be specified will meet or exceed minimum standards allowed by code.</p> <p>During the next 12 months, the above efforts will continue. The project is expected to be ready for bidding in the fall of 2024.</p>
<p>1.1.3 Black Mountain Neuro-Medical Treatment Center: Boiler Plant Upgrades</p> <p>Status: Underway Expected Completion Date: February 2025</p> <p>Progress during 7/1/2023-6/30/2024: Design has been completed, project bid and construction contract awarded, major equipment has been procured and is on site.</p> <p>During the next 12 months, construction will continue. Construction completion is expected early 2025.</p>
<p>1.1.4 Black Mountain Neuro-Medical Treatment Center: Steam Pipe Replacement</p> <p>Status: Underway Expected Completion Date: Summer of 2025</p> <p>Progress during 7/1/2023-6/30/2024: State standard OC-25 estimated project costs form has been completed.</p> <p>During the next 12 months, the designer will be selected and system design completed.</p>

1.1.5 Broughton Hospital: Avery Building Repairs. This project includes mechanical and boiler upgrades

Status: Underway

Expected Completion Date: December 2026

Progress during 7/1/2023-6/30/2024: The design contract has been awarded for work on the roof. Currently the Avery Building is being assessed by the design team for recommendations on what work should be completed for both sustainability and energy efficiency of the Avery Building. The building will remain in use by Broughton Hospital for office support functions. This allows the hospital to consolidate operations on the old hospital campus into one building and turn utilities off in other buildings for energy savings.

During the next 12 months, NCDHHS expects to continue the design phase and begin to bid the project for construction.

1.1.6 Caswell Developmental Center: Boiler Installation at Kendall Hall & Johnson Halls

Status: Underway

Expected Completion Date: June 2025

Progress during 7/1/2023-6/30/2024: Design has been completed, project bid and construction contract awarded, major equipment has been procured and is on site.

During the next 12 months, construction will continue, with expected completion summer of 2025.

1.1.7 Cherry Hospital: Building Automation System Upgrades

Status: Underway

Expected Completion Date: April 2025

Progress during 7/1/2023-6/30/2024: Design has been completed, project bid and construction contract awarded, controls submittals are being prepared.

During the next 12 months, construction will begin with expected completion Spring of 2025.

1.1.8 Renovate J. Iverson Riddle Developmental Center: Spruce Cottage Renovation

Status: Underway

Expected Completion Date: September 2026

Progress during 7/1/2023-6/30/2024: Project design has progressed.

During the next 12 months, this project is expected to go to bid and begin construction.

1.1.9 Renovate J. Iverson Riddle Developmental Center: Cedar Cottage Renovation

Status: Underway

Expected Completion Date: April 2027

Progress during 7/1/2023-6/30/2024: Project design was completed and the project was approved for bidding.

During the next 12 months, the construction contract will be awarded and construction will begin.

1.1.10 Julian F. Keith ADATC: Split System Replacement for Six Buildings

Status: Underway

Expected Completion Date: Spring of 2026

Progress during 7/1/2023-6/30/2024: OC-25 completed and designer interviews have been arranged.

During the next 12 months, the designer will be selected and system design completed.

1.1.11 Longleaf Neuro-Medical Treatment Center: Scott Wing Water & HVAC Upgrades

Status: Underway

Expected Completion Date: April 2026

Progress during 7/1/2023-6/30/2024: Project design was completed, the project was bid, and construction contract awarded.

During the next 12 months, asbestos abatement will be completed, and construction will continue.

1.1.12 Longleaf Neuro-Medical Treatment Center: Boiler Plant Upgrades

Status: Underway

Expected Completion Date: Spring 2025

Progress during 7/1/2023-6/30/2024: Design was completed, project bid and construction contract awarded, major equipment has been procured and is on site.

During the next 12 months the project will be completed.

1.1.13 Murdoch Developmental Center: Ridgeway Cottage Renovation

Status: Underway

Expected Completion Date: December 2026

Progress during 7/1/2023-6/30/2024: Design has progressed.

During the next 12 months, the project will be bid, construction contract finalized and construction to begin.

1.1.14 Replace O’Berry Neuro-Medical Treatment Center: ELC2 Air Handling Unit

Status: Underway

Expected Completion Date: September 2025

Progress during 7/1/2023-6/30/2024: Design was completed, project bid and construction contract awarded.

During the next 12 months, construction will begin and near completion.

1.1.15 Consolidate building occupants in buildings with a high square foot per person so that buildings may be vacated and HVAC systems set back or completely turned off

Status: Ongoing

Expected Completion Date: Ongoing

This activity is occurring on all DHHS campuses statewide. NCDHHS is consolidating our building footprint statewide so that buildings are being used more efficiently and unneeded building space can be vacated, allowing the building systems to be turned down or completely off to save energy and funds for the department.

During the next 12 months, NCDHHS will continue to make progress in consolidating building occupants in buildings with a high square foot per person so that buildings may be vacated and HVAC building systems turned down or completely off.

1.1.16 Survey each campus for energy savings opportunities for system leaks and repair them

Status: Ongoing

Expected Completion Date: Ongoing

NCDHHS Utility Managers can now monitor trends in energy use using Capturis, which will allow them to see spikes in energy use that could indicate system leakage.

In the next 12 months, NCDHHS Utility Managers will continue to monitor energy usage and note energy spikes which might indicate leakage.

1.1.17 Replace existing lighting (incandescent and fluorescent) with LED lighting

Status: Ongoing

Expected Completion Date: Ongoing

Property and Construction has provided funding for several NCDHHS institutions to upgrade to LED lighting in areas where no renovation is planned.

Progress during 7/1/2023 – 6/30/2024 includes LED lighting retrofitted into existing areas in which there are no planned renovations; roughly 94% of available funding has been used to date. Most of this work has been performed by the in-house maintenance staff at each facility.

During the next 12 months, replacement of existing incandescent and fluorescent lighting with LED lighting will continue in areas without planned renovation as funding is available. Additional funding (\$250K) has been requested for this effort.

1.1.18 Implement temperature setbacks for non-occupied time periods for non-patient areas. Provide proper deadband between heating and cooling setpoints in all occupancies

Status: Ongoing

Expected Completion Date: Ongoing

With less dense building occupancy post-Covid, there is more opportunity to utilize temperature setbacks.

During the next 12 months, implementation of temperature setbacks for non-occupied time periods for non-patient areas will continue.

1.1.19 Continue to work with leadership, facility maintenance, and other stakeholders at each NCDHHS statewide campus to evaluate and identify projects which will reduce energy consumption and greenhouse emissions

Status: Ongoing

Expected Completion Date: Ongoing

In general, on all building renovation and HVAC projects, new HVAC systems are selected for energy efficiency to reduce energy use, which reduces greenhouse emissions. When direct expansion HVAC systems are replaced, they are replaced with heat pumps to reduce heating season gas consumption. This past year, we met with stakeholders at Broughton Hospital, Caswell Developmental Center, and O’Berry Neuro-Medical Treatment Center to discuss the need for developing an energy conservation plan for each site. The plan for Broughton Hospital continues to be successfully implemented.

During the next 12 months, we plan to meet with stakeholders at additional NCDHHS statewide campuses to begin discussions regarding developing energy conservation plans. We also plan to develop energy conservation plans for Caswell Developmental Center and O’Berry Neuro-Medical Treatment Center.

1.1.20 Design new buildings and renovation projects

Status: Ongoing

Expected Completion Date: Ongoing

NCDHHS designs each new building and renovation project to meet the requirements of all applicable federal, state, and local building codes and ordinances, including providing new life safety fire alarm and suppression systems to protect building occupants and reduce potential damage to facilities; providing new state-of-the-art energy heating, ventilation, and air conditioning systems to reduce energy consumption and maintenance costs; and providing buildings and systems that minimize negative impacts to the environment and that are more sustainable.

During the next 12 months, the above efforts will continue.

1.1.21 Install EV charging infrastructure in Black Mountain NMTC, Caswell DC, Cherry Hospital, JI Riddle DC, Julian F Keith ADATC, Longleaf NMTC, Murdoch DC, O’Berry NMTC, and Walter B Jones ADATC

Status: Ongoing

Expected Completion Date: 2025

These projects were coordinated with NC DEQ and will utilize the VW settlement grant for a portion of the funding.

Progress during 7/1/2023-6/30/2024 includes in-house design and issuing turnkey construction contracts for each site. During the next 12 months construction is expected to be complete. Additional projects will be added as the demand increases.

1.1.22 Remain Current with Latest Energy Conservation Standards, Practices, and Strategies

Status: Ongoing

Expected Completion Date: Ongoing

Continued to research the latest industry standards to stay current with the best energy conservation practices and strategies for addressing environmental justice and equity considerations. Incorporated these standards and strategies into the design, construction, and maintenance of NCDHHS statewide facilities. Representatives from the NCDHHS Division of Property and Construction attended the 42nd Annual State Construction Conference on March 2, 2023, and the 2023 State Energy Conference of North Carolina on April 25 and 26, 2023, hosted by the NC Clean Energy Technology Center and Office for Professional Development at NC State University to learn about the latest industry standards and best design, construction, and maintenance practices and strategies to conserve energy at state-owned facilities.

During the next 12 months, NCDHHS Division of Property and Construction will continue to perform research and plans to attend the 43rd Annual State Construction Conference and the 2024 State Energy Conference of North Carolina to remain current with the latest industry standards, practices, and strategies regarding energy conservation.

1.2 Support the use and expansion of energy efficient and clean energy resources

This section is not applicable to the North Carolina Department of Health and Human Services.

1.3 Increase the number of registered Zero Emission Vehicles to at least 1,250,000 by 2030 so that 50% of in-state sales of new vehicles are zero-emission by 2030

This section is not applicable to the North Carolina Department of Health and Human Services.

1.4 Prioritize Zero Emission Vehicles (ZEVs) in the purchase or lease of new vehicles and for agency business travel

1.4.1 Vet all new or replacement vehicular asset deployments for potential electric vehicle/ZEV utilization

Status: Ongoing

Expected Completion Date: Ongoing

Between July 1, 2023, and June 30, 2024, NCDHHS continued to work diligently along with the Motor Fleet Management (MFM) to fully vet all vehicular asset situations whether for new or replacement vehicles regardless of lease or own status. Further, all new or replacement vehicular asset deployments were evaluated for potential EV/ZEV utilization. These processes incorporated feedback from the departmental divisions to help identify EV/ZEV deployment opportunities. Vehicle utilization required to provide direct client services, was the final arbiter of the make and model requested and deployed, but always in the most economical yet environmentally sustainable manner, be it EV/ZEV, hybrid or gas. NCDHHS utilized six MFM leased EV/ZEV vehicles representing approximately 10% of the existing assigned/leased MFM EV/ZEV fleet. At the same time, the NCDHHS Fleet Services Office increased, with our partners at MFM, the total number of hybrid vehicles from 84 to 104 within the last year.

During the next 12 months, NCDHHS will continue reviewing and prioritizing the potential for additional EV/ZEV units once acquired by the MFM. This prioritization and methodology will continue until the EO80 goals are met by a multipronged, multi-departmental, and statewide effort.

1.4.2 Implement the electric vehicle/zero emission (EZ/ZEV) initiative

Status: Ongoing

Expected Completion Date: Ongoing

Long-term lease and owned vehicular assets are acquired and managed by the NC Department of Administration's Motor Fleet Management (MFM). In an ongoing effort with MFM, NCDHHS has implemented the electric vehicle/zero emission vehicle (EV/ZEV) initiative by approaching all vehicular asset needs with the goal of utilizing an EV/ZEV or hybrid vehicle unless the particular situation determines another vehicle type is required.

During the next 12 months, the review process and implementation of EV/ZEV vehicles will continue and be open-ended and ongoing to accommodate vehicular needs.

1.4.3 Add additional EV/ZEV units to the NCDHHS fleet

Status: Ongoing

Expected Completion Date: Ongoing

Since the last report, NCDHHS has added three additional EV/ZEV units to the fleet and continues to look for opportunities given the makes/models made available through Motor Fleet Management (MFM).

During the next 12 months, NCDHHS will continue to work with the MFM to add additional EV/ZEV units from the existing MFM stock as the situation permits. NCDHHS looks forward to MFM providing a wider selection of EV/ZEV models as the manufacturers make them available.

1.5 Initiate other initiatives to decarbonize the transportation sector

1.5.1 Augment electrical service infrastructure to support EV/ZEV vehicles

Status: Ongoing

Expected Completion Date: Ongoing

Between July 1, 2023, and June 30, 2024, NCDHHS continued to undertake supportive measures with NCDHHS allocations (state owned and leased properties) to augment electrical service infrastructure to support EV/ZEV vehicles – both those in service and additional EV/ZEV units as they come online with the NCDHHS after procurement by the Motor Fleet Management (MFM). Further, NCDHHS worked with the NC Department of Administration and State Property Office (SPO) towards incorporation of EV/ZEV infrastructure language into the lease acquisition process. Further, NCDHHS has taken advantage of the DEQ VW Settlement, reimbursement program, to install nine (9) EV Level II charging stations at facilities across the state.

During the next 12 months, to accommodate the ongoing departmental property needs, the addition of appropriate EV/ZEV infrastructure language will be addressed with the SPO as each contractual situation allows by the existing Terms and Conditions.

1.5.2 Support the Development of the NC Clean Transportation Plan

Status: Underway

Expected Completion Date: March 2025

In addition to addressing Executive Order 271 commitments, this activity addresses the following recommendation from the 2020 Climate Risk Assessment and Resilience Plan: Reducing inequity: preventing pollution in communities of color and low-income communities will minimize exposure and increase these communities' abilities to regenerate after hurricanes and flooding.

NCDHHS actively contributed to the development of the NC Clean Transportation Plan, released in April 2023. We participated in the Medium and Heavy-Duty Vehicles work group due to diesel exhaust and other pollutants from these vehicles associated with harms to health and documented disproportionate impacts communities of color and low-income communities. Prioritizing the transition of Medium and Heavy-Duty Vehicles like school buses, public transit buses, and freight vehicles to electric Zero Emission Vehicles would result in a significant reduction in harmful air pollution. The plan emphasizes the need to prioritize infrastructure investments for traditionally underserved communities in order to ensure access and affordability to clean transportation.

During the next 12 months, we will publish a commentary about the health benefits of implementing the NC Clean Transportation Plan, a commitment from EO 271.

1.5.3 Increase EV/ZEV electrical infrastructure at NCDHHS allocated campuses

Status: Ongoing

Expected Completion Date: Ongoing

Since the last report, NCDHHS has incorporated additional EV/ZEV electrical infrastructure at NCDHHS allocated campuses, such as Dorothea Dix campus in Raleigh, thus increasing EV/ZEV charging opportunities for state, staff, and general public vehicles.

During the next 12 months, NCDHHS will continue to participate in the 2nd Round of the NC Department of Environmental Quality Volkswagen Level 2 Agency Program to install a dual electrical vehicle charging station (infrastructure) at DHHS Division of State Operated Healthcare Facilities campuses statewide. NCDHHS will also be investigating additional EV/ZEV infrastructure opportunities through the NC State University Clean Fuel Advanced Technology (CFAT) program.

1.6 Initiate other projects aimed at reducing statewide greenhouse emissions

See 1.1.23

2.0. Increase statewide resilience to the impacts of climate change

2.1 Evaluate the impacts of climate change on North Carolina Department of Health and Human Services' programs and operations

NCDHHS has not formally evaluated how climate change has impacted programs and operations, yet we are addressing several known impacts (Section 2.2). We integrated extreme heat and heat-related illness into the State's Enhanced Hazard Mitigation Plan for submission by the Department of Emergency Management to FEMA in October 2022. We are also designing, constructing, and maintaining building systems that are both resilient and adaptive to climate change and related disruptions.

2.2 Integrate climate change adaptation practices and resiliency planning into Department of Health and Human Services' policies and operations

2.2.1 Integrate climate change adaptation practices and resiliency planning into the design, construction, and maintenance of NCDHHS facilities

Status: Ongoing

Expected Completion Date: Ongoing

NCDHHS integrated climate change adaptation practices and resiliency planning into facilities by designing, constructing, and maintaining building systems that are both resilient and adaptive to climate change and disruptions. Facilities were designed, constructed, and maintained to include the lowest floor elevation meeting or exceeding the building code specified elevation required to minimize the risk of facility flood damage, all code required life safety devices and systems, structural framing and envelope materials capable of sustaining code specified wind and earthquake forces, resilient materials that can tolerate extreme temperatures and harsh weather conditions, emergency backup batteries and generators to maintain electrical power in the event of loss of primary power, a disaster recovery server room as backup for maintaining the information technology system if the primary server room fails, uninterruptable power supply while transitioning from loss of primary power to emergency backup generator power, HVAC systems to meet projected design loads resulting from climate change, higher quality exterior building skin materials and systems to reduce cooling and heating losses, and building filtration systems that increase air quality and minimize the potential spread of viruses.

During the next 12 months, NCDHHS will continue to look for opportunities to integrate climate change adaptation practices and resiliency planning into the design, construction, and maintenance of our facilities.

2.3 Assist the communities served by the Department of Health and Human Services to implement climate change adaptation practices and resiliency planning

2.3.1 Complete a flood survey assessment and develop adaptation strategies

Status: Underway

Expected Completion Date: December 2024

NCDHHS conducted qualitative interviews with key community members and leaders in Sampson County to learn about the effects of geographic and social isolation related to hurricanes and extreme flooding events and the community's readiness for addressing those effects. The survey included both English and Spanish speakers. Our preliminary findings provide insight into the needs and priorities of isolated communities related to extreme flooding events. This activity promotes environmental justice and equity by using engagement with affected communities to drive potential NCDHHS Climate and Health Program activities that mitigate the risk of isolation during flooding after a hurricane. Sampson County is disproportionately affected by several environmental exposures, including those related to climate change, and has a high percent low-income, black, Hispanic, and indigenous population. This activity also promotes equity by incorporating the perspectives of Spanish-speaking community leaders.

During the next 6 months, NCDHHS Climate and Health Program staff will share results with community stakeholders and identify climate adaptations with the support of community leaders.

2.3.2 Support the integration of climate change into community plans

Status: Ongoing

Expected Completion Date: October 2025

NCDHHS' Climate and Health team collaborated with NCORR, the North Carolina State Climate Office, and the Duke Heat Policy Innovation Hub to develop a Heat Action Planning toolkit which provides resources for local government staff and community partners to help residents adapt to extreme heat. The toolkit incorporates environmental justice by providing guidance on how to identify groups most at risk to extreme heat in local jurisdictions.

During the next 12 months, NCDHHS Climate and Health Program will work with NCORR and NCEM to provide heat-related illness data for the Regional Hazard Mitigation Plans.

2.3.3 Integrate climate change awareness into Public Health Preparedness and Response activities

Status: Planned

Expected Completion Date: Ongoing

This is a new action and responds to the following recommendation in the 2020 Climate Risk Assessment and Resilience Plan: Enhance state and local collaboration to (a) anticipate and communicate the threat of landslide hazards and (b) coordinate emergency responses to landslide events.

NC Public Health Preparedness and Response (PHPR) Branch in the Division of Public Health has implemented all hazards preparedness planning, during which risk assessments are completed to identify threats and/or hazards so opportunities for prevention, deterrence, or risk mitigation can be determined. In some cases, this includes landslide hazards.

During the next 12 months, NCDHHS Public Health Preparedness and Response Branch will integrate climate change awareness into All-Hazards Plans and relevant annexes (i.e., review any current plans related to drought/wildfire, severe weather). The Branch will also conduct a Jurisdictional Risk Assessment (JRA) and will include consideration of climate change in these risk assessments (e.g., potential for extreme of either increased flooding, high winds, tornadoes, landslides and damage during severe weather events or increased drought periods, extreme heat, etc.). JRA is planned to be conducted beginning July 2024. This represents an opportunity for jurisdictions to identify initial and residual public health risks associated with climate/weather hazards and identify mitigation measures.

2.4 Help complete initiatives in the Natural and Working Lands Action Plan

This section is not relevant to NCDHHS.

2.5 Initiate other projects aimed at increasing statewide resilience to the impacts of climate change

See 2.3.3

3.0 Address the public health impacts of climate change

3.1 Increase understanding and awareness of the health impacts of climate change

3.1.1 Continue a 2022 CDC grant as part of the National Environmental Public Health Tracking Network

Status: Ongoing

Expected Completion Date: Ongoing

This activity responds to commitments described in Executive Order 246 and the following recommendations from the 2020 Climate Risk Assessment and Resilience Plan:

- Reducing inequity: preventing pollution in communities of color and low-income communities will minimize exposure and increase these communities' abilities to regenerate after hurricanes and flooding.
- Provide data and best practices to equip local government to perform and regularly update county vulnerability assessments.
- In addition to expanded use of quantitative information to make decisions at the state level, North Carolina also has the opportunity to provide this information and related expertise to local communities.

In August 2022, NCDHHS was awarded a grant from CDC that supported the launch and improvement of the [NC Environmental Health Data Dashboard \(EHDD\)](#), and the formation of an Environmental Public Health Tracking (EPHT) Program for North Carolina. The Dashboard is designed to examine community characteristics and vulnerabilities that lead to inequitable exposures and disproportionate health outcomes.

NCDHHS piloted the Environmental Health Data Dashboard, based on the framework for CDC's EPHT Network in the summer of 2022. The dashboard includes environmental exposure and health outcome data such as chemical releases, asthma emergency department visits, and carbon monoxide poisonings. It incorporates critical climate change indicators including extreme weather, extreme heat and population demographics important to climate justice, such as race and socioeconomic status. During the past year, several additional health indicators have been updated or newly added to the EHDD. The EPHT program is working closely with the Climate and Health Program to help develop their Climate Impact Compendium.

During the next 12 months, additional climate and health indicators will be considered for inclusion in the dashboard. Priority indicators include flood risk, and data stories related to climate change impacts on communities with limited resources (NCDHHS Climate and Health Program's Climate Impact Compendium). NCEPHT will collaborate closely with the Climate and Health Program on new potential indicators and resources.

3.1.2 Provide education and training on the health impacts of climate change

Status: Underway

Expected Completion Date: August 2026

During June 2023–July 2024, NCDHHS Climate and Health Program staff continued to provide education and training on the health impacts of climate change for various audiences, including cabinet and non-cabinet agencies, public health agencies, and community organizations. Example presentations include:

- “Mapping for Local Heat Action Planning” for Local Heat Action Planning Workshop (July 2023).
- “Community-focused Efforts to Mitigate the Health Effects of Climate Change” at the North Carolina Public Health Association Fall Conference (September 2023).
- “Climate Change and Environmental Justice in North Carolina” at the Lumbee Tribe Culturally Responsive Environmental Justice Workgroup Meeting, (November 2023).
- “Climate and Health Update” at the Climate Resilience in Medical Practice Grand Rounds, co-hosted by the Southern Regional Area Health Education Center and the Carolina Advocates for Climate, Health, and Equity (March 2024) “Improving Public Health Systems and Resources to Prevent the Health Effects of Climate Change among Agricultural Workers” for the North Carolina Farmworker Institute (March 2024).
- “NCDHHS Extreme Heat and Health Resources” as a part of presentation titled: “An Introduction to the NC Heat Action Plan Toolkit: A Resource for Building Community Resilience to Extreme Heat” at the 2024 Public Health Preparedness and Response Symposium (April 2024).
- “Occupational heat-related illness emergency department visits in North Carolina, 2016–2022” at the Council of State and Territorial Epidemiologist Annual Conference (June 2024).

During the next 12 months, the Climate and Health Program will continue to provide education and training on the health impacts of climate change, including trainings on heat health for clinicians serving farmworkers.

3.1.3 Implement wildfire smoke and health adaptation actions as a part of the BRACE cooperative agreement

Status: Underway

Expected Completion Date: August 2026

The NCDHHS Climate and Health Program developed a partnership with the UNC Center for Public Engagement with Science (UNC CPES) to develop and pilot a NC educational standards-aligned lesson plan on climate change-related wildfire smoke and health in three NC high school classrooms during 2024. The lesson plan will be piloted in Cumberland and Buncombe counties which are in regions where wildfire smoke is a relevant hazard and characterized by abundant wildland-urban interface and/or frequent prescribed fires. Such regions are in eastern NC (e.g., the Sandhills region) and western NC, which includes areas “identified as moderate to extreme risk” according to the Southern Wildfire Risk Assessment Portal (SWRAP). The lesson plan will be piloted in classrooms that serve students with high exposure to wildfire/prescribed burn smoke or with fewer resources to adapt to climate change (e.g., communities that are low-income, underserved, or have a high prevalence of asthma or other respiratory conditions).

During the next 12 months, the wildfire smoke and health lesson plan will be piloted, evaluated and refined according to teacher feedback. The results of this work will be used to inform the adaptation of the lesson plan for use with public health professionals who conduct home visits to advise residents with asthma, COPD, and other respiratory illnesses. Feedback will be gathered from environmental health advisory boards and/or local health department staff on how adapted educational materials can be used in a local health department training or other settings.

3.1.4 Provide public updates on heat-related illness and other climate-related health impacts

Status: Underway

Expected Completion Date: Ongoing

The NCDHHS Climate and Health Program convenes a Statewide Heat Illness Working Group, which meets monthly during the heat season (May-September) to discuss heat-related illness surveillance and share information and resources related to heat-related illness prevention activities statewide. This workgroup includes members from state and local public health departments, state emergency management, non-profits, and academia.

During the next 12 months, the Climate and Health Program will continue to coordinate Statewide Heat Illness Working Group meetings and will plan meeting topics and activities for the 2025 heat season.

3.1.5 Update the Climate and Health Program’s Climate Impact Compendium using the Environmental Health Data Dashboard

Status: Underway

Expected Completion Date: December 2024

This activity responds to the following recommendation from the 2020 Climate Risk Assessment and Resilience Plan: In addition to expanded use of quantitative information to make decisions at the state level, North Carolina also has the opportunity to provide this information and related expertise to local communities.

As a part of its BRACE Cooperative Agreement with CDC, the NCDHHS Climate and Health Program is updating its Climate Impact Compendium to create an ArcGIS StoryMap, leveraging the Environmental Health Data Dashboard. The Climate Impact Compendium is a tool that will be used to inform the climate hazards and communities of focus for the Climate and Health Program, and to help communities visualize their climate hazards, climate and health vulnerabilities, and adaptation and planning resources.

During the next 12 months, the Climate and Health Program will identify and update the climate and health related data in the Environmental Health Data Dashboard and create user-friendly visualizations in an ArcGIS StoryMap that describe climate hazards, health effects, vulnerabilities, and adaptation resources at the local level. The tool will be updated at least annually thereafter. We will also coordinate with NCORR to leverage potential resources in their Climate Resilience Clearinghouse, which is also under development.

3.1.6 Conduct statewide heat-related illness surveillance

Status: Underway

Expected Completion Date: August 2026

This activity responds to NCDHHS commitments in Executive Order 246 and the following recommendation from the 2020 Climate Risk Assessment and Resilience Plan: In addition to expanded use of quantitative information to make decisions at the state level, North Carolina also has the opportunity to provide this information and related expertise to local communities.

The NCDHHS Climate and Health Program uses emergency department visit data from the North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NCDETECT) to develop weekly heat-related illness surveillance reports during the heat season (May–September). The reports summarize the counts, rates, and proportion of Heat-Related Illness Emergency Department visits at the statewide and regional levels. These reports are emailed to the State Heat Illness Working Group and posted on the NCDHHS Climate and Health Program website (<https://epi.dph.ncdhhs.gov/oeec/climate/heat.html>). Extreme heat and heat-related illness disproportionately impact communities already facing environmental justice and equity concerns.

During the next 12 months, the above activities will continue.

3.1.7 Develop and maintain comprehensive tick and mosquito surveillance

Status: Underway

Expected Completion Date: August 2026

This action responds to commitments in the 2020 Climate Risk Assessment and Resilience Plan.

NCDHHS Division of Public Health (DPH) has developed multiple processes to conduct tick surveillance. Using CDC Epidemiology and Laboratory Capacity (ELC) funds the NC DPH has collaborated with university partners to conduct surveillance for both Ixodes and metastriate ticks. This has resulted in 50 counties in NC being surveyed for the vector of Lyme disease and has allowed DPH to characterize the emergence of the tick and disease in our state. Approximately 1,500 ticks have been collected and pathogen tested at the CDC with data available

<https://www.cdc.gov/ticks/surveillance/TickSurveillanceData.html>. The NC Tick ID program, a citizen science program also based on ELC funding, has resulted in over 1,000 tick submissions from 120 veterinary clinics in the state. This has allowed DPH to identify presence and distribution of over 12 different species of ticks in the state.

All mosquito surveillance is completed in accordance with the principles of Integrated Mosquito Management. Through distribution of state appropriations to local health departments, the NC DPH has collaborated with 17 local health departments to conduct surveillance for mosquitoes since 2016, including both container inhabiting Aedes species and those species associated with West Nile Virus, La Crosse, and Eastern Equine Encephalitis transmission. CDC ELC funding is utilized to perform insecticide resistance testing and to develop recommendations for disease prevention via university partners. All surveillance data is being published on a public website, being developed to national standards for many states, for use by local mosquito control programs <https://vectorsurv.org>.

Tick and mosquito surveillance, along with human disease surveillance, is the foundation of the NC vector-borne disease program. The DPH program is truly collaborative, utilizing state funding for personnel and some program activities, and using federal funding for larger projects as described. The DPH also works closely with NC Emergency Management (as a key member of the Mosquito Management Task Force) to address post tropical storm mosquito control and wide-area mosquito disease suppression. Public education is critical to raising awareness of these issues and the DPH has led the “Fight the Bite” program for the last five years <https://epi.dph.ncdhhs.gov/cd/vector/contest.html>.

NC DPH is working to expand our genomic epidemiology and Advanced Molecular Detection capacity. Over the past year, this work has included hiring new staff for the Sequencing and Bioinformatics Response team at NCSLPH, piloting novel methods for detecting viruses in wastewater, and using whole genome sequencing to improve antimicrobial resistance surveillance.

In addition, one of the public health entomologist position descriptions within the Communicable Disease Branch has been revised so that the position is shared with the NCSLPH and can perform tick and mosquito testing.

3.1.8 Increase the ability to prevent, detect and respond to waterborne infections

Status: Underway

Expected Completion Date: August 2026

This action responds to commitments in the 2020 Climate Risk Assessment and Resilience Plan.

The NCDHHS Communicable Disease Branch provided quarterly trainings to new Environmental Health Specialists regarding communicable disease surveillance and outbreak response, which includes waterborne pathogens. These trainings occur regularly as part of the Centralized Intern Training program.

During the next 12 months, the above activities will continue. We also work with colleagues in other states to highlight hazards associated with waterborne infections: <https://www.cdc.gov/mmwr/volumes/73/wr/pdfs/mm7304a3-H.pdf>.

3.2 Advance health equity

3.2.1 Implement Healthy Opportunities pilot program among Medicaid enrollees

Status: Ongoing

Expected Completion Date: Ongoing

This activity addresses the following recommendation from the 2020 Climate Risk assessment and Resilience Plan: Reducing inequity: Incentivizing housing integration across race, ethnicity, and income, as well as reducing substandard housing, will reduce exposure to floods and poor indoor air quality resulting from flooding.

NCDHHS' Healthy Opportunities Pilots are the nation's first comprehensive program to test and evaluate the impact of providing evidence-based, non-medical interventions such as addressing unstable housing. Through the Pilots, Medicaid enrollees can receive support to help them locate secure housing or address health and safety risk in their existing home.

During the next 12 months, these efforts will continue.

3.2.2 Continue developing, implementing, facilitating, and embedding health equity strategic initiatives into every aspect of NCDHHS' programs, services, actions, outcomes, and internal employee culture

Status: Ongoing

Expected Completion Date: Ongoing

The NCDHHS Office of Health Equity and the NCDHHS Environmental Justice Lead meet periodically to discuss further environmental justice and climate change collaboration. In April 2023, the NCDHHS Environmental Justice Lead, Virginia Guidry, and the NCDHHS Climate and Health Program Lead, Sarah Hatcher, presented to the NCDHHS Secretary's Health Equity Briefing on climate change and environmental justice in North Carolina.

The NCDHHS Chief Health Equity Officer represents the Department on the State's Interagency Resilience Team. The NCDHHS Chief Health Equity Officer was appointed to Governor Cooper's newly reestablished Andrea Harris Task Force that works to identify best practices to help create economic stability in disadvantaged communities, improve health and wellness in underserved areas and achieve environmental justice. To build on current successes and embed equity in policy and programs, NCDHHS Health Equity Portfolio serves as a thought leader and technical assistance resource to NCDHHS divisions enabling them to address disparities in health impacted by racial, geographic, ethnic, environmental and climate factors. Accomplishments include adopting and implementing a [framework](#) for the Health Equity Portfolio and incorporating diversity, equity, and inclusion into performance planning processes in NCVIP.

During the next 12 months, the EJ lead and Climate and Health program lead will continue to meet with the NCDHHS Office of Health Equity to further enhance this collaboration.

3.2.3 Provide University of North Carolina MPH capstone students with real-world health equity experience

Status: Underway

Expected Completion Date: Ongoing

The North Carolina Department of Health and Human Services (NCDHHS) Office of Health Equity addresses climate change impacts, particularly as they disproportionately affect vulnerable populations experiencing health inequities. Recognizing climate change as a public health concern, the NCDHHS has developed programs to meet these challenges. The Office of Health Equity has secured and invested in working with a team of Master of Public Health (MPH) fellows from the UNC CAPSTONE Program. This is a yearlong service-learning project for 2nd year MPH fellows from the UNC Gillings School of Global Public Health. This will be for a mutually beneficial project focused on a formative-process to operationalize and evaluate the Health Equity Advisory Team (HEAT) component of the Health Governance Model to be used to engage cross-sectional work to formally embed the health equity framework across DHHS. The fellows would be able to engage in actual praxis, broadly applying a diverse skill set that they have learned in their program to a real life, state led project centered around fostering health equity for the entirety of North Carolina. The Office of Health Equity would greatly benefit from this team of fellows who are equipped to bring the most rigorous, evidence-based academic expertise to the leadership efforts of the Office and Portfolio.

During the next 12 months, OHE will host more fellows.

3.2.4 Continue applying healthy equity lessons from the COVID-19 response to climate and health resilience work

Status: Ongoing

Expected Completion Date: Ongoing

NCDHHS continues to serve as the lead agency for the response to the COVID-19 pandemic, using a data driven approach to address the inequitable impacts we see from COVID-19. Closing these disparity gaps is important to mitigating the impacts of climate change on our most vulnerable communities. NCDHHS continued to provide increased social and behavioral supports across communities during the COVID-19 response; and provided unprecedented health guidance to protect a wide array of North Carolinians in the pandemic.

During the next 12 months, NCDHHS will continue efforts to apply some of these same supports to the statewide response to climate change, which also has disproportionate effects on historically marginalized populations.

3.2.5 Continue efforts to engage communities that have been historically marginalized, i.e., Historically Marginalized Population Connections Network

Status: Ongoing

Expected Completion Date: Ongoing

Populations that have been Underserved and Historically Marginalized due to lack of access to resources and opportunity bear a disproportionate impact of climate change. Throughout the pandemic, NCDHHS engaged trusted partners in codesigning solutions, responding to crises and disseminating information/messages to individuals who were mistrustful of formal systems. One effective strategy was to engage community groups like Latin19 and the Historically Marginalized Population (HMP) Connections Network which includes internal NCDHHS staff and contractors and external partners from community groups, advocacy organizations, health care providers and academic institutions. The HMP Connections Network is the largest network within the former Historically Marginalized Population Workgroup, which was first developed in 2020. In FY 22-23, the HMP Connections network conducted virtual meetings with partners reaching over 600 health equity advocates between July 2022 and April 2023. Each meeting addressed barriers faced by communities that have been historically marginalized through trust building, open forums, and the facilitation of live Q&A sessions with health equity champions, subject matter experts, and those passionate about improving health outcomes for those in NC.

During the next 12 months, the above activities will continue, and efforts will be made to broaden outreach. The HMP Network will build an action plan/charter to define its network priorities, possible solution seeking approaches and collaborations. The Office of Health Equity will continue its consultative leadership and support, work to help expand network membership with additional HMP groups/organizations not yet represented, share educational resources and community engagement tools and capacity building opportunities with its members. In addition, the Network will continue working together to improve the health of North Carolinians by making linkages, increasing access to resources and services, addressing the social drivers of health, and reducing health disparities.

3.2.6 Increase Climate and Health Program’s engagement with indigenous communities in North Carolina

Status: Ongoing

Expected Completion Date: Ongoing

This activity addresses the following recommendation from the 2020 Climate Risk Assessment and Resilience Plan: Resilience-relevant programs should engage new types of partners in their work, such as institutions that are frequent points of contact for socially vulnerable people, e.g., schools, medical clinics, retail outlets, houses of worship, and public transit services.

The NCDHHS Climate and Health Program is building relationships with indigenous communities and organizations across North Carolina, including the Coharie and Lumbee Tribes and the Triangle Native American Society. Indigenous tribes in North Carolina possess thousands of years of knowledge on how to adapt to seasonal and inter-annual environmental changes and therefore are climate resilience experts. This engagement helps address the injustice of anthropogenic climate change imposed on indigenous communities by colonization, while strengthening indigenous communities’ own self-determined planning for climate change. This activity also contributes the Program’s focus on populations disproportionately impacted by climate change and efforts to center health equity and environmental justice in climate and health adaptation activities.

During the next 12 months, the Climate and Health Program will continue these efforts through attending cultural events, conducting outreach to additional tribes and indigenous organizations, and consulting with the North Carolina Commission on Indian Affairs. The Climate and Health team will also submit a proposal to present on Climate and Health at the 2025 United Tribes of North Carolina Unity Conference.

3.3 Initiate other projects aimed at addressing the public health impacts of climate change

Actions 4.4.3-4.4.5 in Section 4.4 (Initiate other projects aimed at investing in underserved communities) address the public health impacts of climate change. These actions describe projects aimed at improving private septic systems, quantifying traditional and emerging contaminants in septic system effluent and private well drinking water, and developing a geospatial database of septic systems in historically marginalized communities. During extreme weather events, private wells are vulnerable to contamination and private septic systems can become a source of pollution. While the goals of these projects are not explicitly climate change-related, they improve resiliency to the health effects of climate change.

3.3.1 Implement a Statewide Heat Health Alert System

Status: Ongoing

Expected Completion Date: Ongoing

During the 2024 summer heat season (May 1st-September 30th), the NCDHHS Climate and Health team implemented a Statewide Heat Health Alert system, which is an expansion of the 2023 Heat Alert System that was implemented in the Sandhills region only. The Heat Health Alert System is a system the NCDHHS Climate and Health team uses to send out heat alerts via email when the forecast is projected to reach unhealthy levels. Users receive heat alerts when the daily maximum heat index in their county is forecasted to meet or exceed the heat index threshold for their region. The NCDHHS HHAS sends email alerts for the upcoming 3-4 days twice weekly, on Mondays and Thursdays. The alerts include information about populations that are most vulnerable against the health effects of extreme, and heat illness prevention strategies.

The NCDHHS Climate and Health team also provides a Heat Health Alert System Communications Toolkit with sample messages and graphics that can be used to share heat alerts and heat safety tips through social media, text message, e-mail, and other communication Alerts and associated materials are provided in both English and Spanish to reach populations disproportionately impacted by extreme heat, like farmworkers.

During the next 12 months, the Climate and Health Program will evaluate the system to determine whether the system was implemented as intended and assess its reach across regions and among populations disproportionately impacted by extreme heat. We will also explore additional opportunities to further automate the system and include additional distribution methods, such as text message.

4.0 Invest in historically underserved communities

4.1 Increase affordability for low- and moderate-income households

This section is not applicable to the North Carolina Department of Health and Human Services.

4.2 Create jobs and economic growth

4.2.1 Strengthen NC’s public health and community health worker workforce

Status: Ongoing

Expected Completion Date: Ongoing

NCDHHS is creating a strong and diverse pipeline for our state and local public health workforce by implementing Academic Practice Partnerships with Historically Black Colleges and Universities and rural communities. NCDHHS is working to strengthen the public health workforce by helping local government to implement sign-on and retention bonuses for school nurses and environmental health staff. NCDHHS is also expanding staffing in foundational areas such as data and epidemiology, expanding training and capacity-building for state and local staff, and increasing retention efforts and piloting shared services to support smaller local health departments. These efforts to strengthen the public health workforce supports the Department’s ability to respond to public health emergencies, including climate-related emergencies, and pursue additional climate and health initiatives.

During the next 12 months, NCDHHS will continue to work with partners to explore alternative funding models for Community Health Workers (CHWs), including working for safety net providers, insurers, and local health departments.

4.2.2 Create a robust infrastructure of Community Health Workers (CHWs) that provide social supports and access to healthcare for historically marginalized and vulnerable populations

Status: Underway

Expected Completion Date: Summer 2025

CHWs will be a flexible, community-based, equity-focused workforce focused on historically marginalized and vulnerable populations providing care resource coordination support, with primary care and behavioral health linkages for whole person health. Expanding the network of CHWs will increase the ability of marginalized and vulnerable residents to withstand and bounce back from climate change impacts.

During the next 12 months, NCDHHS will finalize its Statewide CHW strategy in collaboration with key stakeholders including the NC CHW Association, continue to provide technical assistance to CHW organizations, and work with social support resource networks including NCCARE360/UniteUs/FHLI to strengthen availability and access to social supports.

4.2.3 Build, reinforce, and integrate a statewide CHW infrastructure with public health and healthcare systems that serve populations impacted by climate change

Status: Underway

Expected Completion Date: Fall 2024

In collaboration with partners across the state, NCDHHS will support the expansion of standardized core competency training and development of specialty training for CHWs, development and launch of CHW certification pathways via the NC CHW Association, integration of CHWs into public health and health systems via clinical practice support coaching and Advanced Medical Homes (AMH), with robust program evaluation to support ongoing investment in the CHW workforce.

During the next 12 months, NCDHHS will support remote access of the standardized core competency training via the NC Community College System, additional specialty training via NC Area Health Education Center (AHEC), advanced levels of CHW certification via the NC CHW Association, and launch of an AMH Integration learning collaborative. NCDHHS will also facilitate linkages and connections between CHWs, CHW employers, local public health, and health systems via regional coordinators at the Office of Rural Health.

4.3 Alert residents and businesses, particularly those in underserved communities, of state and federal grant opportunities

4.3.1 Notify underserved communities and businesses about funding opportunities

Status: Ongoing

Expected Completion Date: Ongoing

NCDHHS looks for opportunities to assist our partners and selectively promote state, federal, and private funding opportunities to community partners when relevant. After exploring several options, NCDHHS created an Environmental Justice listserv where these opportunities are promoted. These messages are further amplified through the Environmental Public Health Tracking Program's e-mail list for their community partners, including local health departments and community advocates, and shares information about state and federal funding opportunities through this list.

4.4 Initiate other projects aimed at investing in underserved communities.

4.4.1 Administer funding to support climate justice initiatives in NC

Status: Ongoing

Expected Completion Date: Ongoing

This activity responds to the following recommendation from the 2020 Climate Risk Assessment and Resilience Plan: Explore opportunities to provide financial resources for climate preparation efforts to culturally specific organizations.

On July 5, 2023, the NCDHHS Climate and Health Program released a request for applications titled “Community-Driven Climate Justice Initiatives in North Carolina” (RFA A395) to fund up to two entities at \$25,000 each to implement climate adaptation actions in climate justice communities in North Carolina. The program reviewed applications and executed a contract with Western North Carolina Health Network (WNCHN) to develop, implement, and evaluate an environmental justice and climate change chapter for the Community Health Assessments of 16 western North Carolina counties, including the Qualla Boundary of the Eastern Band of Cherokee Indians.

During the next 12 months, WNCHN activities will be developed in response to the results of the Community Health Assessments of these counties and informed by their community partners. These activities may include assisting counties with identifying key climate change and environmental justice issues based on the results or developing potential adaptation actions among participating counties based on the results of the assessments.

4.4.2 Share a clean watershed needs survey to identify decentralized wastewater treatment systems (DWTS) needs in NC

Status: Ongoing

Expected Completion Date: Ongoing

The results of the DWTS survey were shared at the 2023 Onsite Wastewater mega-conference, October 22 – 25, Hampton, Virginia and the 2024 Public Health Leaders' Conference, organized by North Carolina Public Health Association, March 14 - 15, 2024, Raleigh, North Carolina.

DWTS can provide underserved and economically challenged communities with viable, more economical/cost-effective options for wastewater collection, treatment, and disposal. Such systems may be the solution for those unable to afford expansion of sewer lines, connection costs, and associated usage fees in areas with no centralized wastewater treatment facilities.

The Clean Watersheds Needs Survey (CWNS) is the only national survey of needed wastewater infrastructure improvements in the country. The On-Site Water Protection Branch staff developed a data collection and cost assessment approach to estimate DWTS needs in the state over a 20-year period from 2022 to 2042. Once the state-specific data collection and cost estimation method was approved by the US EPA, DWTS data was gathered, documented, and entered into the EPA's data entry portal following a set of guidelines and criteria for the survey. Only DWTS with subsurface dispersal were included in this current survey. North Carolina's estimated needs over the next 20 years reported in the 2022 survey was \$4.3 billion.

Over the next 12 months, we will identify other opportunities to share the survey results.

4.4.3 Restore the Waste Detection and Elimination (WaDE) Program

Status: Ongoing

Expected Completion Date: Ongoing

On-site wastewater systems (septic systems) are an important part of North Carolina's wastewater infrastructure, especially in rural and remote areas. In North Carolina, over two million septic systems treat and dispose of wastewater from homes and businesses serving nearly half of the state's population. After installation, property homeowners are solely responsible for maintaining their septic systems to keep the public and environment safe. Restoring the WaDE program assists low-income homeowners in marginalized communities to repair their septic systems. Septic system repair assistance grant determination criteria and application procedures to apply for financial assistance to repair septic systems have been established. Two projects have been completed and 13 applications are under review.

In the next 12 months, at least 28 malfunctioning septic systems are slated for repair and educational outreach will be conducted to show the importance of proper septic system maintenance.

4.4.4 Address PFAS and other contaminants in septic systems and private wells in underserved communities

Status: Underway

Expected Completion Date: August 2025

This project focuses on reducing potential health risks in underserved communities utilizing septic systems and private wells in a progressive effort to achieve environmental justice through investigation of possible environmental risks, education, and reasonable solutions to the communities. East Carolina University was contracted to collect septic tank effluent and groundwater samples from aging and/or compromised septic systems and private wells in disadvantaged communities to determine concentrations of traditional contaminants including nitrogen, chloride, and *E. coli* as well as concentrations of emerging contaminants such as PFOA, PFOS and GenX.

Septic system effluent and private drinking water well samples have been collected and analyzed to identify the presence of PFAS and other emerging contaminants. Results were compiled and shared with interested homeowners and NCDEQ's Division of Waste Management. During the next 12 months, the results will be further disseminated via conferences, workshops, and peer-reviewed journals. Increasing public awareness of these pollutants may help reduce the potential risks of disease and illness as well as reduce septic system-derived non-point source pollution contributions to the state's water resources.

4.4.5 Implement a decentralized wastewater infrastructure project to address septic system needs in marginalized communities of North Carolina

Status: Underway

Expected Completion Date: August 2025

NCDHHS worked with the CDC Water, Food, and Environmental Health Services Branch (WFEHSB) at the National Center for Environmental Health (NCEH) and developed a case study to evaluate the status of septic systems and their impacts on the local environment and public health in historically marginalized communities in two Tier 1 counties.

NCDHHS staff have initiated digitizing hardcopies of septic system permits in Bladen County and are working on a GIS-based model to identify decentralized wastewater treatment infrastructure within the county.

Over the next 12 months, NCDHHS staff will develop a geospatial septic system database, assess the status of malfunctioning septic systems in historically marginalized communities, and the potential environmental health risks they represent.

4.4.6 Implement Energy Assistance Programs for low-income households

Status: Ongoing

Expected Completion Date: Ongoing

This activity responds to the following recommendation in the 2020 Climate Risk Assessment and Resilience Plan: Expand energy efficiency and renewable energy programs specifically targeted at underserved markets and low-income communities to allow communities to function in the face of higher temperatures.

NCDHHS Department of Social Services Energy Assistance Programs provide assistance to individuals and families to help pay heating expenses (Low Income Energy Assistance Program) avoid heating or cooling related crises (Crisis Intervention Program) and provide heating and cooling assistance to families served by various energy provider customers (Duke Energy Share the Light, Wake Electric Wake Round Up Program, Haywood Electric Company's Helping Each Member Cope Program, Piedmont Natural Gas Share the Warmth Program).

NCDHHS Department of Social Services Low Income Home Energy Assistance Program Block Grant Program provides funding to the Department of Environmental Quality to support weatherization and heating and air repair and replacement to help make homes more energy efficient.

During the next 12 months, the above efforts will continue.

4.4.7 Implement Operation Fan Heat Relief

Status: Ongoing

Expected Completion Date: Ongoing

This activity responds to the following recommendation in the 2020 Climate Risk Assessment and Resilience Plan: Improve housing and access to adequate cooling to help communities adapt to rising temperatures.

NCDHHS Division of Aging and Adult Services partners with NC Area Agencies on Aging and local service providers to distribute fans and air conditioners to eligible recipients through Operation Fan Heat Relief from May 1–Oct. 31. During May 1–October 31, 2023, this program distributed 3,327 fans and 21 air conditioners. This activity addresses health equity concerns because older adults are more sensitive to the health effects of extreme heat than younger populations.

During the next 12 months, the above efforts will continue.