

NORTH CAROLINA

Chapter 3: Building a Resilient Supply Chain

RECOMMENDATION 3.1

Ensure adequate personal protective equipment (PPE) and other supplies to protect the health and safety of the health care and frontline essential workforces.

Strategy 3.1a: The North Carolina Division of Emergency Management should conduct a study to assess emergency declarations and other local, state, and national-level processes or mechanisms (including but not limited to the Defense Production Act) that could help to (1) shift the distribution of PPE and other supplies and (2) ramp up the production of PPE and other supplies in North Carolina in response to needs. This assessment should also identify strategies to strengthen communication with procurement and purchasing offices and support their understanding of PPE and other supplies needed during public health emergencies.

Strategy 3.1b: The North Carolina Department of Health and Human Services should develop and regularly update a policy manual to establish guidelines for stockpiling and monitoring PPE and other health care supply levels in partnership with the North Carolina Healthcare Association, North Carolina Health Care Facilities Association, North Carolina Medical Society, North Carolina Nurses Association, North Carolina Medical Group Management Association, and Western North Carolina Medical Managers Association. This policy manual should include guidelines around the collection, interpretation, and reporting of data on PPE and other health care supply levels and the distribution of these supplies.

Strategy 3.1c: The North Carolina Department of Commerce, NC Chamber, North Carolina Nurses Association and other partners should work with hospitals and health systems to ensure the development of local infrastructure for PPE and other supplies in North Carolina.

Strategy 3.1d: The Office of State Budget and Management, in partnership with the North Carolina Department of Administration, should (1) survey North Carolina Department of Administration subcontractors that purchased and distributed PPE using CARES Act funding to assess the effectiveness of this model in streamlining PPE delivery to health care providers and facilities and (2) consider opportunities to modify procurement processes during public health emergencies based on the results of this assessment.

Strategy 3.1e: Building on the work outlined in Executive Order 143 and in the North Carolina Department of Commerce's Strategic Economic Development Plan for the State of North Carolina, the North Carolina Department of Administration should conduct an annual procurement planning survey to (1) identify local contracting opportunities for PPE and other needed supplies and (2) increase access to contracting opportunities for historically underutilized and other small businesses. The results of this survey should be publicly accessible and widely disseminated to support the North Carolina Department of Commerce, the North Carolina Pandemic Recovery Office, and other economic development partners in identifying and working to increase the manufacturing of PPE and other needed supplies locally.

Strategy 3.1f: The North Carolina Department of Commerce should partner with the NC Chamber and other economic development partners to consider opportunities to incentivize or otherwise encourage the formation of public and private sector partnerships to manufacture, purchase, or distribute PPE and other needed supplies in alignment with the North Carolina Department of Commerce's Strategic Economic Development Plan for the State of North Carolina.

Strategy 3.1g: The North Carolina Healthcare Association, NC Chamber, and partners at the Duke University School of Medicine, UNC Health Care System, ECU Health, Atrium Health Wake Forest Baptist, and other North Carolina health systems should establish an advisory group to study the challenges associated with verifying the quality of PPE purchased from new suppliers and develop a plan to ensure the provision of high-quality PPE to health care providers and frontline essential workers.

The following organizations are responsible for implementing the strategies included in Recommendation 3.1:

Public Safety

- North Carolina Division of Emergency Management

Health

- North Carolina Department of Health and Human Services
- North Carolina Healthcare Association
- North Carolina Health Care Facilities Association
- North Carolina Medical Society
- North Carolina Nurses Association
- North Carolina Medical Group Management Association
- Western North Carolina Medical Managers Association
- North Carolina health systems

Business

- North Carolina Department of Commerce
- NC Chamber
- Local businesses

Other

- Office of State Budget and Management
- North Carolina Department of Administration
- North Carolina Pandemic Recovery Office



Chapter 4: Improving Infrastructure to Promote Health, Safety, and Well-Being

RECOMMENDATION 4.1

Upgrade existing structures and construct new facilities with infection control measures in mind.

Strategy 4.1a: To reduce the spread of airborne pathogens among students, teachers, and school system employees, the North Carolina General Assembly should provide funding to (1) support ventilation upgrades and carbon dioxide (CO₂) monitoring in schools and (2) ensure proper ventilation and CO₂ monitoring in the construction of new school facilities in accordance with the recommendations for reducing airborne infectious aerosol exposure provided by the Centers for Disease Control and Prevention, Environmental Protection Agency, American Society for Heating, Refrigerating and Air-Conditioning Engineers, and the North Carolina Department of Health and Human Services.

Strategy 4.1b: The North Carolina Department of Public Instruction and the North Carolina Department of Health and Human Services' Occupational and Environmental Epidemiology Branch should work together to develop and provide ongoing guidance for school systems and state agencies to (1) understand the risk of exposure to airborne infectious aerosols based on carbon dioxide (CO₂) level monitoring and (2) identify effective strategies to reduce exposure and infection risk.

Strategy 4.1c: The North Carolina Department of Health and Human Services, North Carolina Society for Human Resource Management, Office of State Human Resources, and other private sector partners should work together to (1) establish minimum standards to reduce the risk of exposure to airborne infectious aerosols in workplaces and (2) evaluate and assess opportunities to provide incentives for employers and employees that implement additional evidence-based strategies to reduce the risk of exposure to airborne infectious aerosols in workplaces.

Strategy 4.1d: The North Carolina General Assembly should provide additional funding to the North Carolina Department of Public Safety to (1) upgrade heating, ventilation, and air conditioning (HVAC) systems to improve indoor air quality and reduce airborne infectious aerosol exposure in North Carolina prison facilities and (2) create a multidisciplinary team to provide infection control guidance and other forms of technical assistance to state prisons, county jails, and detention centers with the goal of promoting the health, safety, and well-being of justice-involved populations and staff.

Strategy 4.1e: North Carolina Emergency Management, North Carolina Office of Emergency Medical Services, North Carolina Healthcare Association, and other partners should work together to develop a plan to (1) ensure that existing assets can be quickly converted into mobile care units and (2) identify locations that would most benefit from the deployment of mobile care units during declared emergencies. This plan should consider the need for potential revisions to existing statutes to allow for payment for mobile services within and/or outside the context of declared emergencies.

The following organizations are responsible for implementing the strategies included in Recommendation 4.1:

State and Local Government

- North Carolina General Assembly
- North Carolina Department of Public Instruction
- North Carolina Department of Public Safety
- North Carolina Department of Health and Human Services
- North Carolina Department of Health and Human Services' Occupational and Environmental Epidemiology Branch
- Office of State Human Resources
- North Carolina Office of Emergency Medical Services

Public Safety

- North Carolina Department of Public Safety
- North Carolina Emergency Management

Health

- North Carolina Healthcare Association

Other

- North Carolina Society for Human Resource Management, private sector partners

Chapter 5: Strengthening the Health Care and Frontline Essential Workforces

RECOMMENDATION 5.1

Develop and implement an action plan to respond to urgent and long-term health care workforce needs.

Strategy 5.1a: The North Carolina General Assembly, North Carolina Department of Health and Human Services, and/or philanthropic organizations should provide sustained, ongoing funding to establish and resource the North Carolina Center on Workforce for Health. The work of the Center should include an assessment of staffing and resource allocation levels to understand workforce shortages, areas in which workload has exceeded capacity, and adequate staffing levels needed in the event of another COVID-19 surge or other public health emergency; and the identification and sharing of best practices to address these issues.

Strategy 5.1b: The Center on Workforce for Health should develop an action plan that focuses on: (1) recruitment and retention of the health care workforce, ensuring that provider and clinician perspectives are included in the development and implementation of this action plan; and (2) pathways into health professions and opportunities to strengthen the health care workforce pipeline.

Strategy 5.1c: The North Carolina Department of Health and Human Services should work with leadership of the forthcoming Center on Workforce for Health to identify areas of alignment between the Department's strategic plan and the research and analysis work of the Center.

Strategy 5.1d: The North Carolina Healthcare Association, North Carolina Healthcare Facilities Association, Association for Home & Hospice Care of North Carolina, North Carolina Medical Society, North Carolina Nurses Association, Old North State Medical Society, North Carolina Medical Group Management Association, and Western North Carolina Medical Managers Association should work with local coalitions and partners engaged in implementing the forthcoming Center on Workforce for Health to assess health care workforce shortages (including those facing hospitals, health systems, independent physician practices, long-term care, and other elements of the health care ecosystem in the state) and develop short, medium, and long-term solutions.

RECOMMENDATION 5.2

Assess workforce shortages and other needs of frontline essential workers to support continuity-of-operations planning.

Strategy 5.2a: North Carolina county commissioners should conduct a study of the issues facing the frontline essential workforce to understand shortages and requirements for ensuring continuity of operations in North Carolina's cities and counties during public health emergencies. This study should focus on water and wastewater management, solid waste services, emergency medical services, public safety, and other community-specific areas of interest.

Strategy 5.2b: The North Carolina Association of County Commissioners should provide guidance and technical assistance to county commissioners in their efforts to study issues facing the frontline essential workforce described in Strategy 5.2a.

Strategy 5.2c: The Office of Human Resources for the University of North Carolina system, Office of Human Resources for the North Carolina community college system, and North Carolina's independent colleges and universities should conduct a study to ensure adequate staffing levels for essential personnel.

RECOMMENDATION 5.3

Prioritize the health, well-being, and safety of the health care and frontline essential workforces.

Strategy 5.3a: The following entities should continuously evaluate evidence-based strategies to address burnout, compassion fatigue, and other mental and behavioral health needs—including but not limited to existing peer-to-peer support programs, support lines, and incentives to increase mental and behavioral health services available to workers—and consider opportunities for expansion of these strategies (see Strategy 5.3a for additional information).

Strategy 5.3b: The North Carolina Society for Human Resource Management, North Carolina Office of State Human Resources, and employers should develop and update policies and procedures to: (1) establish clear expectations and channels of communication between employees, managers, and human resources; (2) provide employees with tools and resources to manage stress and conflict; and (3) increase employee awareness of the resources available to help manage stress and conflict.

Strategy 5.3c: The North Carolina General Assembly should amend relevant statutes to include an add-on criminal charge or other penalty for harassment of a health care worker and/or frontline essential worker in relation to action(s) undertaken in furtherance of implementing one or more policies related to a state of emergency declared pursuant to G.S. 166A-19.20.

Strategy 5.3d: The North Carolina Department of Health and Human Services should convene representatives from the North Carolina Healthcare Association, North Carolina Association of Local Health Directors, North Carolina Medical Society, Old North State Medical Society, North Carolina Nurses Association, North Carolina Association of Physician Assistants, North Carolina Health Care Facilities Association, NC Chamber, North Carolina Department of Commerce, North Carolina Department of Public Safety, and the North Carolina Medical Group Management Association to develop and implement other strategies to protect health care and frontline essential workers from threats, harassment, and other forms of violence before, during, and after public health emergencies.

Strategy 5.3e: The UNC School of Government, North Carolina Institute for Public Health, North Carolina Public Health Association, and North Carolina Association of Local Health Directors should work together to address threats and harassment of the local public health workforce (see Strategy 5.3e for additional information).

RECOMMENDATION 5.4

Strengthen workforce recruitment and retention.

Strategies 5.4a–5.4d focus on retention and well-being of North Carolina's workforce across sectors and industries, while **Strategies 5.4e–5.4g** are designed to support recruitment of health care workers and pathways into the health care workforce in particular.

Strategy 5.4a: The North Carolina Department of Commerce, NC Chamber, North Carolina Society for Human Resource Management, the Office of State Human Resources, and Family Forward NC should work together to develop additional tools, resources, and guidance for employers on:

- Managing remote work and employees working remotely;
- Offering flexibility during public health emergencies and other crises, as well as developing strategies to improve employers' ability to offer flexibility to employees as a long-term strategy of promoting recruitment and retention; and
- Creating staff development and training opportunities that are accessible remotely, and strategies to support employers in pivoting to alternative methods of delivering staff development and training opportunities.



Strategy 5.4b: The North Carolina General Assembly should consider statewide approaches to paid sick leave to help workers maintain financial stability during public health emergencies, ensuring that paid sick leave can be used by workers when experiencing illness and when providing care to their loved ones.

Strategy 5.4c: The North Carolina Department of Commerce, NC Chamber, Economic Development Partnership of North Carolina, and other partners should study the potential impact of providing wage supports—such as retention bonuses, hazard pay, and other monetary rewards—to increase retention.

Strategy 5.4d: Hospitals across the state should establish policies and procedures to promote the inclusion of bedside clinicians and practitioners in decision-making processes.

Recruitment and Workforce Pathways

Strategy 5.4e: The North Carolina Department of Health and Human Services, in partnership with historically minority-serving institutions, should consider strategies to increase the accessibility and affordability of educational opportunities with the goal of improving diversity and economic stability across the health care workforce. Strategies should include (1) offering resources and supports for students applying to college who intend on taking health-related courses to advance their career or major in a health-related program, (2) expanding access to tuition assistance and paid internships, and (3) elevating existing opportunities focused on increasing diversity.

Strategy 5.4f: The North Carolina Area Health Education Centers should consider strategies to increase the accessibility and affordability of educational opportunities with the goal of improving diversity and economic stability across the health care workforce. Strategies should include promoting access to mentorship beginning in the middle grades.

Strategy 5.4g: University of North Carolina system schools, North Carolina’s community colleges, and independent colleges and universities across the state should apply findings from **Recommendation 5.1** to the development of curricula, recruitment efforts, and other strategies of illuminating workforce pathways into health care.

RECOMMENDATION 5.5

Provide flexibility to health care workers to increase surge capacity during public health emergencies.

Strategy 5.5a: The North Carolina Medical Board, North Carolina Board of Nursing, North Carolina Healthcare Association, North Carolina Medical Society, North Carolina Nurses Association, Old North State Medical Society, North Carolina Medical Group Management Association, Western Medical Group Managers Association, and others should work together to (1) identify potential areas of flexibility for health care providers during declared public health emergencies and (2) consider criteria that must be met before flexibilities can be used by providers during declared public health emergencies.

Strategy 5.5b: The North Carolina General Assembly and/or Executive Order from the Governor should provide immunity from medical malpractice liability¹² and address other vulnerabilities associated with practicing under unusual circumstances to encourage providers who have met the criteria identified as part of **Strategy 5.5a** to exercise their flexibilities with the goal of increasing surge capacity.

The following organizations are responsible for implementing Recommendation 5.1-5.5:

State and Local Government

- North Carolina General Assembly
- North Carolina Department of Health and Human Services
- North Carolina Department of Public Instruction
- North Carolina Department of Public Safety
- Office of State Human Resources
- North Carolina Association of County Commissioners and county commissioners
- North Carolina League of Municipalities
- University of North Carolina School of Government

Health Care

- North Carolina Healthcare Association
- North Carolina Health Care Facilities Association
- Association for Home & Hospice Care of North Carolina
- North Carolina Medical Society
- Old North State Medical Society
- North Carolina Nurses Association
- North Carolina Academy of Physician Assistants
- North Carolina Association of Local Health Directors
- North Carolina Institute for Public Health
- North Carolina Public Health Association
- North Carolina Area Health Education Centers
- North Carolina Medical Group Management Association
- Western North Carolina Medical Managers Association
- National Alliance of Mental Illness North Carolina
- Hospitals and health care systems

Business

- North Carolina Society for Human Resource Management
- North Carolina Department of Commerce
- Economic Development Partnership of North Carolina
- North Carolina College Personnel Association
- NC Chamber
- Employers

Education

- North Carolina Association of Educators
- Office of Human Resources for the University of North Carolina and community college systems
- North Carolina’s independent colleges and universities

Other

- Philanthropic organizations
- Other education, health care, mental, and behavioral health professional and advocacy organizations, including the North Carolina Early Childhood Foundation

Chapter 6: Data-Driven Decision-Making and Effective Communication with the Public

RECOMMENDATION 6.1

Advance equitable access to vaccines and therapeutics through data development.

Strategy 6.1a: The North Carolina General Assembly, North Carolina Department of Health and Human Services, local health departments, health systems, pharmacies, other health care providers, and community partners should ensure ongoing investment in data collection on vaccine distribution and uptake, including the collection of data disaggregated by race, ethnicity, age, gender, preferred language, geography (region, county, ZIP code, census tract, etc.), and other demographic characteristics to inform policies, procedures, and outreach strategies that promote equity and minimize disparities.

RECOMMENDATION 6.2

Strengthen state and local communications infrastructure and capabilities.

Strategy 6.2a: The North Carolina General Assembly and county commissioners should provide additional state and local appropriations to ensure that all local health departments have public health information officers and other staff with the majority of their time allocated to internal and external communications.

Strategy 6.2b: The North Carolina General Assembly and county commissioners should provide additional state and local appropriations to support community health workers and other trusted messengers in the community working in partnership with state and local public health to deliver targeted, accessible communications and increase community engagement.

RECOMMENDATION 6.3

Ensure the inclusion of key perspectives in the development, implementation, and evaluation of communication strategies.

Strategy 6.3a: The North Carolina Department of Health and Human Services and local health departments should continue to (1) engage and include community representatives and representatives from business, traditional, and social media and public relations; K-12 and higher education; and other key perspectives from targeted audiences in the development, implementation, and evaluation of communication strategies, and (2) conduct community listening sessions and message-testing sessions to inform communication strategies as part of their shared work.

Strategy 6.3b: The North Carolina Department of Health and Human Services should establish a statewide consortium with regional representatives from business, media and public relations, public health, health care systems, faith-based leaders, education, trusted community-level messengers, and other partners to (1) establish or strengthen trusting relationships, (2) strategize opportunities to promote consistent, collaborative messaging, and (3) develop recommendations around communicating data and scientific information.

The following organizations and entities are responsible for implementing the strategies described in Recommendations 6.1–6.3.

State and Local Government

- North Carolina Department of Health and Human Services
- North Carolina General Assembly
- County commissioners
- Local health departments

Health Care

- Hospitals and health systems
- Pharmacies
- Other health care providers

Other

- Community-based organizations
- Other community partners

Note: Additional recommendations were developed by the North Carolina Institute of Medicine Task Force on the Future of Local Public Health and supported by the Carolinas Pandemic Preparedness Task Force. Please see the final report from the Task Force on the Future of Local Public Health for additional details and information (www.nciom.org/publications).

Chapter 7: Improving Access to Information and Services: Broadband Infrastructure, Telehealth, and Remote Learning

RECOMMENDATION 7.1

Strengthen broadband infrastructure and improve digital equity.

Strategy 7.1a: The North Carolina Department of Information Technology should continue to work with private and public sector partners to strengthen broadband infrastructure, improve digital equity, and close the digital divide by:

1. Establishing and tracking performance measures to assess digital equity, support strategic planning to promote digital equity, and examine opportunities to use current performance measures more effectively.
2. Mapping initiatives and partnerships to promote coordination around efforts to assess and address gaps and needs across the state.
3. Partnering with NC Medicaid and commercial insurers to assess the effects of digital equity initiatives on utilization of telehealth services and resulting health outcomes.



RECOMMENDATION 7.2

Support ongoing access to clinically appropriate telehealth services and medications.

Strategy 7.2a: NC Medicaid should continue to track evidence-based service delivery offerings to expand clinically appropriate health care services for Medicaid beneficiaries.

Strategy 7.2b: NC Medicaid and private insurers should explore opportunities to build the capacity of health care providers to deliver telehealth services by improving digital literacy, offering additional administrative and technical support, and considering potential incentives for health care providers to expand access to telehealth services for beneficiaries.

RECOMMENDATION 7.3

Improve the transition to remote learning for school systems, teachers, students, and their families during public health emergencies.

Strategy 7.3a: The North Carolina Department of Public Instruction should evaluate existing one-to-one (1:1) computing initiatives to (1) assess their effectiveness and impact on student learning and (2) consider whether the 1:1 model should be pursued statewide based on the results of this evaluation.

Strategy 7.3b: The Digital Teaching and Learning Division within the North Carolina Department of Public Instruction should partner with public and charter schools, also known as Public School Units (PSU), faith-based organizations, and other community-based organizations to provide digital literacy training and technical assistance to parents and guardians. These organizations should share learnings from these trainings with MCNC (a technology nonprofit based in North Carolina) to inform MCNC's ongoing provision of direct technologies (connectivity, cybersecurity, and consulting) to PSUs.

The following organizations are responsible for implementing Recommendations 7.1 – 7.3:

- North Carolina Department of Information Technology
- North Carolina Department of Health and Human Services, NC Medicaid
- Commercial insurers and Centers for Medicaid and Medicare Services (CMS)
- North Carolina Department of Public Instruction
- MCNC
- Faith-based and other community-based organizations
- Foundations and other private funders

Chapter 8: Ensuring the Availability of Health Care Services

RECOMMENDATION 8.1

Ensure access to high-quality, low-barrier health care before, during, and after public health emergencies.

Strategy 8.1a: The North Carolina General Assembly should increase access to and utilization of health care services for uninsured residents.

Strategy 8.1b: NC Medicaid and private insurers should explore opportunities to relieve prior authorization requirements for prescription medications.

RECOMMENDATION 8.2

Ensure comprehensive and equitable access to diagnostic testing services.

Strategy 8.2a: State and local health departments should enhance coordination with and support for laboratory infrastructure to ensure efficient testing services and procurement of necessary materials.

Strategy 8.2b: Stakeholders should develop standards of care and ongoing implementation strategies that incorporate best practices from innovative approaches implemented during the COVID-19 pandemic. Health systems, state and local health departments, laboratory partners, employers, schools, higher education institutions, and community-based organizations should identify the most successful strategies that prioritized continued access to diagnostic testing services, particularly among historically marginalized populations and/or those most heavily impacted. Strategies may include use of community health workers, mobile testing units, school- and employer-based services, faith-based organizations, and other approaches.

The North Carolina Department of Health and Human Services, local public health departments, federally qualified health centers (FQHCs), higher education institutions, and other partners should continue and expand the convening of cross-sector work groups to identify, share, and plan implementation of best practices in improving access to testing services. Work groups should have an intentional and consistent focus on addressing and alleviating disparities and inequities in access to testing services. Participants should include health systems, community-based organizations, local public health leaders, and other community representatives.

RECOMMENDATION 8.3

Ensure comprehensive and equitable access to diagnostic testing services.

Strategy 8.3a: The North Carolina General Assembly, North Carolina county commissioners, the North Carolina Association of County Commissioners, and the UNC School of Government should provide ongoing financial and technical assistance support to sustain existing harm reduction programs, including syringe services programs and naloxone distribution, before, during, and after public health emergencies to reduce the risk of fatal and non-fatal overdose and infectious disease transmission.

Strategy 8.3b: NC Medicaid and private payers should explore opportunities to increase support for, and provide incentives to, providers offering low-barrier access to evidence-based treatment with buprenorphine and methadone to reduce the risk of overdose and improve outcomes for people who use drugs.

Strategy 8.3c: NC Medicaid and private insurers, the UNC Injury Prevention Research Center, community-based harm reduction programs, and other partners should strategize opportunities to increase access to evidence-based treatment with buprenorphine and methadone in alignment with federal guidance during public health emergencies.

For each of the above strategies, *support* should include financial resources to modify spaces, adjust staffing, or take other necessary actions to reduce exposure to infectious airborne aerosols while providing services.

RECOMMENDATION 8.4

Examine the impact of the COVID-19 pandemic on access to and utilization of health care services.

Strategy 8.4a: Academic research centers, including (but not limited to) the UNC Gillings School of Global Public Health, Sheps Center for Health Services Research, Wake Forest University Maya Angelou Center on Health Equity, Duke-Margolis Center for Health Policy, and others, should examine the impact and burden of missed or delayed health care during the COVID-19 pandemic. Subjects of study should include drivers of missed care, data on resumption of care, impact on health care costs, health outcomes, and projected disease burden. Policymakers should use study results to inform ongoing policies to improve access to preventive and acute care during a public health emergency

The following organizations are responsible for implementing Recommendations 8.1 – 8.4:

- North Carolina General Assembly
- North Carolina Department of Health and Human Services' Division of Health Benefits (NC Medicaid)
- Private health insurers
- Local health departments
- Federally qualified health centers
- Health systems
- Laboratory partners
- Higher education institutions
- Public School Units (PSU)
- Community-based organizations
- Employers

Chapter 9: Addressing Disparities to Promote Whole-Person Health and Economic Stability

RECOMMENDATION 9.1

Assess pandemic-driven impacts on economic stability to mitigate the impact of closures intended to promote public health.

Strategy 9.1a: The North Carolina Department of Commerce, NC Chamber, local chambers of commerce, the Economic Development Partnership of North Carolina, and other work groups created during the course of the pandemic should conduct assessments of the impact of county and state closure policies on small businesses, including short- and long-term financial stability, staffing needs, and ongoing business viability. State and local policymakers should use study results and ongoing input from the business sector to inform revisions of emergency response plans.

Strategy 9.1b: The North Carolina General Assembly, state agencies, community-based organizations, and philanthropic organizations should assess the impact of pandemic-driven closures on families and children, along with historically marginalized and vulnerable populations, such as persons involved in the justice system, individuals facing housing insecurity, and people who use drugs.

Strategy 9.1c: The North Carolina General Assembly, state agencies, community-based organizations, and philanthropic organizations should develop and implement policies to provide additional support and relief to alleviate ongoing impacts based on the results of the assessment described in **Strategy 9.1b**.

RECOMMENDATION 9.2

Ensure access to high-quality early childhood education.

Strategy 9.2a: The North Carolina Early Education Coalition, in partnership with the North Carolina Early Childhood Foundation, the Child Care Services Association, and the North Carolina Department of Health and Human Services Division of Child Development and Early Education should assess the impact of federal and state action to alleviate financial and staffing impacts of the COVID-19 pandemic on the early care and education industry and provide recommendations for ongoing support, including provisions and planning for emergency child care services.

Strategy 9.2b: Public and private employers should consider policies, such as wage support, additional paid leave, and on-site child care, that support families in obtaining high-quality and affordable child care.



RECOMMENDATION 9.3

Ensure access to social, emotional, and physical health resources in K–12 Public School Units (PSU).

Strategy 9.3a: To provide access to mental and behavioral health support services, the North Carolina General Assembly should provide funding to improve ratios of Specialized Instructional Support Personnel (SISP)—including nurses, counselors, psychologists, and social workers—to students.

Strategy 9.3b: The North Carolina General Assembly should provide funding for a statewide coordinator for the Child and Family Support Team (CFST) initiative for technical assistance and data collection for existing CFST programs and to help expand the CFST across the state.

Strategy 9.3c: North Carolina philanthropic and community-based organizations should provide ongoing funding and technical assistance for training and practices that can be incorporated into PSU Improvement Plans for Social Emotional Learning and School Mental Health

RECOMMENDATION 9.4

Address student learning loss caused or exacerbated by school closures and remote learning.

Strategy 9.4a: To provide increased support for students through one-on-one remediation and enrichment, the North Carolina General Assembly should provide funding to increase the amount of teacher assistants in Public School Units (PSU).

Strategy 9.4b: The North Carolina General Assembly and North Carolina county commissioners should provide increased funding to instructional and non-instructional staff for summer enrichment.

The following organizations are responsible for implementing Recommendations 9.1 – 9.3:

- North Carolina Department of Commerce
- NC Chamber
- Local chambers of commerce
- Economic Development Partnership of North Carolina
- Public and private employers
- North Carolina General Assembly
- North Carolina county commissioners
- The North Carolina Early Education Coalition
- North Carolina Early Childhood Foundation/Family Forward NC
- Child Care Services Association
- North Carolina Department of Health and Human Services' Division of Child Development and Early Education
- North Carolina Department of Public Instruction
- State agencies
- Community-based organizations
- Philanthropic organizations

Chapter 10: Promoting Collaboration and Coordination to Support Pandemic Preparedness, Response, and Recovery

RECOMMENDATION 10.1

Strengthen emergency management infrastructure to support collaboration and coordination around emergency preparedness, response, and recovery.

Strategy 10.1a: The North Carolina General Assembly should explore opportunities to provide sustained, multi-year state appropriations to the North Carolina Department of Public Safety's Division of Emergency Management and the North Carolina Department of Health and Human Services' Healthcare Preparedness Program to ensure stable funding and reduce reliance on federal grant funds.

Strategy 10.1b: The North Carolina General Assembly should provide direct access to emergency funding to allow the North Carolina Department of Health and Human Services and local health departments to support ongoing COVID-19 response and recovery needs, such as vaccine administration, testing, communications and outreach, and protective equipment, once federal funds are no longer available for this purpose.

Strategy 10.1c: The North Carolina Department of Health and Human Services should expedite the establishment of the Office of Emergency Preparedness, Response, and Recovery to promote effective collaboration and coordination with North Carolina Emergency Management and leverage their successful partnership in the work of the State Emergency Response Team.

Strategy 10.1d: The North Carolina General Assembly should explore opportunities to provide sustained, multi-year state appropriations to the Office of Emergency Preparedness, Response, and Recovery in SFY 2024–2026.

Strategy 10.1e: North Carolina Emergency Management, the Office of Emergency Medical Services, and the Division of Public Health should define and update the roles and responsibilities of partnering entities outlined in the North Carolina Emergency Operations Plan and other preparedness plans based on input from partnering entities, which should be reviewed and signed by partnering entities annually.

RECOMMENDATION 10.2

Improve communications between local and state-level agencies to promote collaboration and coordination in the absence of a coordinated federal response strategy to guide response efforts.

Strategy 10.2a: North Carolina Emergency Management (NCEM), in partnership with the North Carolina Department of Health and Human Services, should convene local health departments and other partners on a quarterly basis to increase awareness and understanding of the role of NCEM in providing technical assistance and support during emergencies, the value of the incident command system, and the role of the forthcoming Office of Preparedness, Response, and Recovery.

Strategy 10.2b: Local health departments and/or regional coalitions should convene quarterly meetings with local businesses, community-based organizations, faith-based leaders, and other partners to strategize, develop, and update communication plans that can be leveraged before, during, and after public health emergencies.

Strategy 10.2c: The North Carolina Department of Health and Human Services, North Carolina Healthcare Association, North Carolina Medical Society, Old North State Medical Society, North Carolina Medical Group Management Association, Western Medical Group Managers Association, and philanthropic organizations should work together to identify sustainable funding sources to provide compensation to partners working in community-based organizations for their time, expertise, and contributions.

Strategy 10.2d: The North Carolina General Assembly should (1) provide additional state appropriations to support state and local public health infrastructure, including positions focused on community engagement, small business support, and partnerships, and (2) provide state appropriations to increase capacity among community-based organizations to engage and partner with local and state public health; the Departments of Commerce, Labor, and Agriculture and Consumer Services; Economic Development Partnership of North Carolina; and other organizations.

Strategy 10.2e: The North Carolina Department of Health and Human Services, North Carolina Association of Local Health Directors, North Carolina Emergency Management, North Carolina Department of Commerce, and NC Chamber should establish an advisory group charged with developing strategies to ensure the ongoing, sustainable inclusion of business and private-sector emergency management representatives in public health emergency preparedness, response, and recovery planning.

Strategy 10.2f: The North Carolina Department of Health and Human Services should (1) consider opportunities to strengthen the partnership between state and local public health and the Centers for Disease Control and Prevention (CDC) to increase awareness of resources and tools needed locally, regionally, and statewide, and (2) engage with entities receiving CDC funding to promote coordination.

The following organizations are responsible for implementing Recommendations 10.1 – 10.3:

- North Carolina General Assembly
- North Carolina Emergency Management
- North Carolina Department of Health and Human Services
 - Division of Health Service Regulation, Office of Emergency Medical Services
 - Division of Public Health
- Local health departments
- North Carolina Association of Local Health Directors
- North Carolina Healthcare Association
- North Carolina Medical Society
- Old North State Medical Society
- North Carolina Medical Group Management Association
- Western Medical Group Managers Association
- North Carolina Department of Commerce (NC Commerce)
- North Carolina Healthcare Facilities Association
- NC Chamber
- Philanthropic organizations
- State Board of Education
- School Health Advisory Councils
- PSU Offices of the Superintendent

For a full list of recommendations from South Carolina Institute of Medicine and Public Health, please see Appendix B.