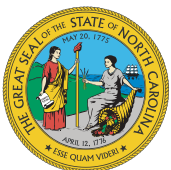


NCDHHS State Action Plan for Nutrition Security

2023-2024



NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

What is the NCDHHS State Action Plan for Nutrition Security?

EXECUTIVE SUMMARY

The North Carolina Department of Health and Human Services (NCDHHS) has established a vision for children and families in North Carolina that children are healthy and thrive in safe, stable and nurturing families, schools and communities. A key component of supporting child and family well-being is addressing nutrition security for all North Carolinians. Nutrition security is defined as having consistent and equitable access to healthy, safe, affordable foods essential to optimal health and well-being.

In North Carolina, about 10.9% of the population – about 1.2 million people – are experiencing food insecurity. About 394,000 of those individuals are children, with about one in six children facing hunger. NCDHHS is committed to decreasing the food insecurity rate from 10.9% to 10.0% by December 2024.

The NCDHHS State Action Plan for Nutrition Security outlines an innovative, multi-pronged strategy for achieving that vision – including related goals outlined in the [NC Early Childhood Action Plan](#), [Healthy North Carolina 2030](#), [the State Health Improvement Plan](#), and the [NCDHHS Strategic Plan 2021-2023](#). Key strategies in the State Action Plan include:

- ▶ **1. Increase the reach of NCDHHS’s nutrition programs** so that more eligible North Carolinians receive Food and Nutrition Services (FNS) and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and so that the participant and casework experience is strengthened.

INITIATIVES	EXAMPLE METRICS
Increase cross-enrollment across FNS, WIC, and Medicaid programs	Number of individuals who are enrolled in two or more of the following programs: FNS, WIC, and/or Medicaid
Improving the participant experience in the FNS program	Number of FNS participants who submit recertifications and changes of circumstance online
Improving the participant experience in the WIC program	Number of WIC participant families who received a distance-based appointment from a registered dietitian in the Telehealth Intervention Strategies for WIC (THIS-WIC) pilot

- ▶ **2. Build connections between NCDHHS’ health care and nutrition supports** to ensure that North Carolina’s children, families, and older adults are receiving vital nutrition supports and benefits in order to address their food security needs, improve health outcomes, and reduce healthcare spending.

INITIATIVES	EXAMPLE METRICS
Grow the NCCARE360 network by adding more Community Based Organizations (CBO) with timely closing of referrals	Number of individuals referred for food assistance using NCCARE360
Implement Healthy Opportunities Pilots within Medicaid Managed Care	Number of Medicaid beneficiaries connected to food-related services across three Healthy Opportunities Pilot regions

- ▶ **3. Increase breastfeeding support and rates** so that families have support to breastfeed and more infants can receive this beneficial and healthy source of nutrition.

INITIATIVES	EXAMPLE METRICS
Provide Breastfeeding Training for WIC Staff	Number of state and local WIC agency staff who have completed Level 1 breastfeeding training
Launch a Statewide Breastfeeding Hotline	Number of families served through breastfeeding hotline (distinguishing first-time callers from repeat callers)

Contents

Executive Summary	i
Introduction	2
North Carolina Nutrition Security Profile	5
Strategy 1: Increase reach of nutrition programs	6
Initiative 1a: Increase cross-enrollment across FNS, WIC and Medicaid programs	6
Initiative 1b: Improve the participant and caseworker experience in the FNS program	8
Initiative 1c: Improve the participant experience in the WIC program	9
Strategy #2: Build connections between health care and nutrition supports	11
Initiative 2a: Grow the NCCARE360 network by adding more CBOs with timely closing of referrals	11
Initiative 2b: Implement Healthy Opportunities Pilots within Medicaid Managed Care	12
Strategy 3: Increase breastfeeding support and rates	15
Initiative 3a: Provide Breastfeeding Training for WIC Staff	15
Initiative 3b: Launch a Statewide Breastfeeding Hotline	17
Conclusion	18
References	19

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Introduction

▶ BACKGROUND

The North Carolina Department of Health and Human Services (NCDHHS) has established a vision for children and families in North Carolina. Our vision – outlined in the 2019 North Carolina Early Childhood Action Plan¹ – is that children are healthy and thrive in safe, stable and nurturing families, schools and communities. Meeting this vision requires prioritization and a collective focus on areas that will impact our long-term goals.

As North Carolina recovers from the COVID-19 pandemic, NCDHHS has identified three overarching priority areas with the intention of supporting whole child and family health. These priority areas are:

1. Investing in behavioral health and resilience,
2. Supporting child and family well-being, and
3. Building a strong and inclusive workforce.

These priorities are grounded in the goal of advancing whole-person health and equity. They underpin NCDHHS's broader strategic plan that is used to drive effective operations and to measure the impact of supports and services provided to North Carolinians.²

A key component of supporting child and family well-being is addressing nutrition security for all North Carolinians. North Carolina's Early Childhood Action Plan outlined the goals around nutrition security for young children: "ensuring that babies, toddlers, young children and their families across North Carolina will have access to enough healthy food every day."¹ In North Carolina, about 10.9% of the population – about 1.2 million people – are experiencing food insecurity. About 394,000 of those individuals are children, with about 1 in 6 children facing hunger.³ The data also shows us that adults over 60 years of age face higher food insecurity than the national average for this age group; 7.7% of older adults in NC were food insecure in 2020 compared to the national rate of 6.8%.⁴ NCDHHS is committed to decreasing the food insecurity rate from 10.9% to 10.0% by December 2024.

Recognizing that access to nutritious food is foundational for health and well-being, NCDHHS is committed to addressing nutrition insecurity in North Carolina. The NCDHHS State Action Plan

for Nutrition Security outlines an innovative, multi-pronged strategy for achieving that vision – including related goals outlined in the [NC Early Childhood Action Plan](#), [Healthy North Carolina 2030](#), [the State Health Improvement Plan](#), and the [NCDHHS Strategic Plan 2021-2023](#). Key strategies in the State Action Plan include:

1. Increase the reach of NCDHHS's nutrition programs
2. Build connections between health care and nutrition supports
3. Increase breastfeeding support and rates

▶ WHY SHOULD WE FOCUS ON NUTRITION SECURITY?

Nutrition security is defined by the United States Department of Agriculture (USDA) as meaning "all Americans have consistent and equitable access to healthy, safe, affordable foods essential to optimal health and well-being."⁵ According to the USDA, nutrition security is an emerging concept that focuses on equity, as a complement to ongoing efforts to increase food security.⁵ There is significant room to improve nutrition, as the Centers for Disease Control and Prevention (CDC) has found that most Americans do not eat the recommended number of fruits and vegetables, vitamin and mineral deficiencies are highly prevalent, and most mothers stop breastfeeding sooner than they intend.⁶

Food security is defined by the USDA as "all members in a household at all times can access enough food for an active, healthy life."⁷ The latest data from the USDA indicate that 10.9% of North Carolina households experienced food insecurity in 2021, slightly higher than the national rate of 10.4%.⁸ Across the country, households with children experienced food insecurity at a higher rate than households without children (12.5% vs 9.4%, respectively).⁹ Food insecurity is also pronounced among older adults from racial and ethnic minority groups, who experience hunger at more than twice the rate of Whites.¹⁰

Nutrition insecurity is associated with numerous adverse social and health outcomes and is increasingly considered a critical public health issue. Research demonstrates links between nutrition insecurity and risk of negative developmental, behavioral and academic outcomes for children.^{11,12,13,14} In addition, nutrition insecurity is closely linked with poor health outcomes,



including obesity, diabetes, cardiovascular disease, depression, and developmental challenges, and increased mortality.¹⁵ For older adults facing food insecurity, there is an associated 11% increase in healthcare costs.¹⁶

The causes of food and nutrition insecurity are complex, interconnected and derive from structural and economic constraints. Poverty is frequently cited as the root cause of nutrition insecurity. Lack of access to education, affordable housing and healthcare, transportation, employment and living wages can impact a household's ability to access adequate and nutritious food. Neighborhood design and the long-lasting effects of racial segregation in housing – which can limit access to quality and affordable food markets and stores – also affect households' access to nutritious food.¹⁷ It becomes even more difficult when limited resources require families and older adults to choose between paying for basic needs, like food, housing costs, child care, and medicine.

▶ HOW CAN NUTRITION PROGRAMS ADDRESS NUTRITION SECURITY?

Nutrition programs at federal, state and local levels are designed with the goal of increasing food and nutrition security and reducing hunger by providing low-income individuals and families access to healthy food and nutrition education. NCDHHS is leveraging the nutrition programs that it administers – Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) – thinking expansively about expanding the reach of these benefits as well as the support that they provide participants.

SNAP, also known as Food and Nutrition Services (FNS) in North Carolina, is one of the few means-

tested government benefit programs that is available to almost all households with low incomes. FNS has been proven to reduce poverty and help families and older adults afford enough nutritious food. It has also been shown to promote long term health and well-being, especially for children.^{18,19,20} Older adults experience benefits from FNS as well, with a recent North Carolina study showing that higher enrollment by older adults in FNS is associated with fewer hospital and long-term care admissions as well as emergency department visits – and an estimated Medicaid cost-savings of \$2,360 per person annually.²¹ FNS is also associated with better medication adherence,²² which is evidence that FNS can help improve financial stability so that households can avoid difficult choices when paying for necessities like food and medication. In North Carolina, FNS served about 1.6 million individuals or more than 800,000 households in March 2023.²³

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) has also been shown to be an effective investment that improves the nutrition and health of low-income children and families – leading to healthier infants, more nutritious diets and better health care for children, and subsequently to higher academic achievement for students.²⁴ Importantly, WIC has been shown in some studies to reduce food insecurity among children by as much as 20%, and there is evidence that enrollment in WIC for longer durations throughout pregnancy corresponds to a household's reduced risk of food insecurity after birth.²⁵ WIC participants have experienced greater intake of fruits, vegetables, whole grains and low-fat dairy, and benefit from lifelong cognitive gains.²⁷ Breastfeeding promotion and support in the WIC program has been linked to benefits in infant nutrition, immunity, and lessened risk for obesity.²⁶ Finally, the WIC program also has a reciprocal relationship with the health care community,

receiving referrals from private and public health care providers and providing referrals as needed for health and social services. In North Carolina, WIC served approximately 260,000 women, infants, and children under age 5 as of December 2022.

Some communities who may be eligible for nutrition programs like FNS and WIC experience challenges connecting to these programs due to factors such as a lack of awareness, complex application processes, negative views about the programs themselves, or stigma associated with receiving government benefits. These challenges were exacerbated in Latinx and other immigrant communities due to the federal public charge rule of 2019. This rule, which was overturned by the federal government in 2022, produced widespread chilling effects nationally, which meant that eligible immigrant families, including those who would not be subject to the rule, avoided enrolling in public benefit programs.²⁷

NCDHHS is committed to addressing these challenges and expanding access to the FNS and WIC programs, while leveraging these programs and Medicaid to provide North Carolinians with the nutrition supports they need.

▶ WHAT ARE WE PLANNING TO DO TO IMPROVE THE NUTRITION LANDSCAPE FOR NORTH CAROLINIANS?

During the COVID-19 pandemic, many North Carolinians needed help accessing healthy food as many faced unprecedented economic hardships. NCDHHS has been committed to supporting children, families, and older adults in accessing healthy food in many ways over last three years, including the following initiatives:

- We implemented a nationally-recognized [Pandemic-EBT program](#) for three years, which has issued more than \$2.3 billion in benefits to more than 1.6 million children when they were not able to access healthy meals in school.
- We revamped our [application for the FNS program](#) so that families can apply online through [ePASS](#), as well as made applications available in Spanish.
- We had the country's greatest increase in [WIC participation](#) during the pandemic, and received national recognition for our statewide response to the [infant formula shortage](#).

- We maintained meal delivery to homebound or self-isolating older adults and implemented new curbside pick-up programs for senior lunch sites closed by the pandemic.
- We provided millions of dollars in direct grants to food banks during the pandemic.
- We are participating in a [USDA demonstration project](#) for direct certification of Medicaid-enrolled children to increase access to the National School Lunch Program and School Breakfast Program.
- We implemented Healthy Opportunities to make screening for food insecurity and referrals to resources more routine.
- We developed incentives in our Medicaid program for prepaid health plans to focus on non-medical drivers of health.

The NCDHHS State Action Plan for Nutrition Security outlines NCDHHS's plan aims to build upon this foundational work to improve nutrition security for North Carolina's children, families and older adults in need. The strategies below are designed to achieve NCDHHS's goal of decreasing the food insecurity rate from 10.9% to 10.0% by December 2024.

Our first bold step has been to unite major nutrition programs, including FNS, WIC, and the Child & Adult Care Food Program (CACFP), under a new [Division of Child and Family Well-Being](#) within NCDHHS. This organizational structure supports a view of nutrition as critical to health and well-being, especially for children and families. The strategies in the NCDHHS State Action Plan for Nutrition Security leverage the potential of this new division, as well as work happening in other divisions across the Department.

The cross-cutting strategies of the NCDHHS State Action Plan for Nutrition Security, aligned with our efforts to advance equity throughout the state, are as follows:

1. **Increase the reach of NCDHHS's nutrition programs** so that more eligible North Carolinians receive FNS and WIC, and so that the participant and casework experience is strengthened.
2. **Build connections between NCDHHS' health care and nutrition supports** to ensure that North Carolinians are receiving vital nutrition supports and benefits in order to address their food security needs, improve healthcare outcomes, and reduce healthcare spending.
3. **Increase breastfeeding support and rates** so that families have support to breastfeed and more infants can receive this beneficial and healthy source of nutrition.

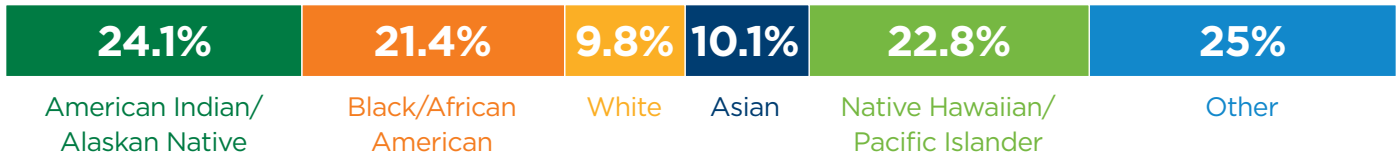
▶ NORTH CAROLINA NUTRITION SECURITY PROFILE



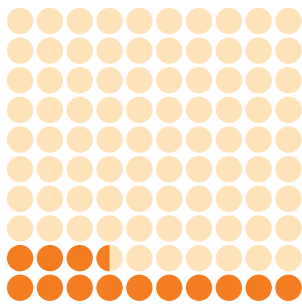
10.9% North Carolinians face food insecurity²⁸



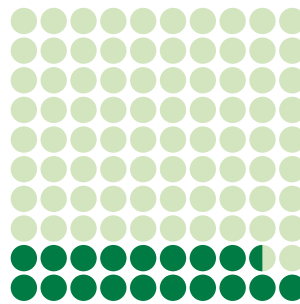
Poverty Breakdown by Race and Ethnicity in NC⁴³



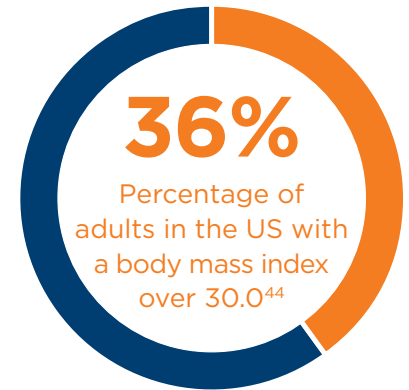
Percentage that live in poverty:⁴³



13.6%
of NC residents



19.6%
of NC's children



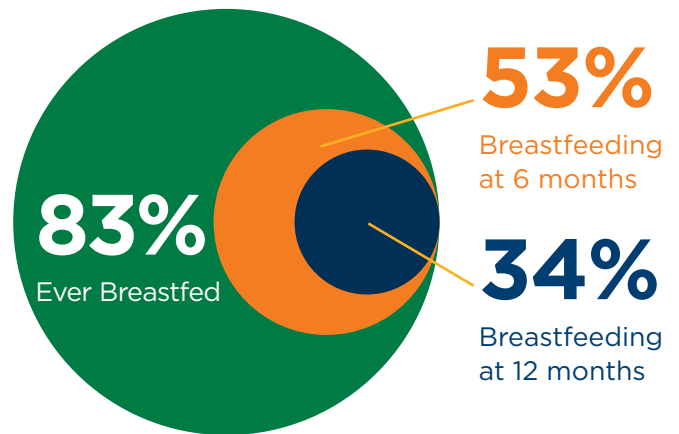
Fruit & Vegetable Consumption

Percent of adults who report eating 2 or more fruits and 3 or more vegetables daily⁴²



NC **6.2%** | US **7.4%**

Percentage of North Carolinians:³⁹



14% of NC FNS participants are over 60+



of US adults have to choose between paying for medical bills or basic necessities like food, heating and housing³⁰



\$1.57 Medicare savings for every dollar spent on chronically ill seniors in the US after a hospitalization³¹

Key Strategies to Address Nutrition Security

► STRATEGY 1: INCREASE REACH OF NUTRITION PROGRAMS

North Carolina, like other states, has historically served a portion of the people eligible for programs like SNAP (known as FNS in North Carolina) and WIC. The nutrition program enrollment gap is the difference between the number of individuals who are eligible to receive benefits through programs like FNS and WIC and the number of individuals actually enrolled or participating in the programs. The latest published national data on participation or coverage rates from the United States Department of Agriculture (USDA) shows 56% of eligible individuals are enrolled in the NC WIC program (2020) and 69% in the NC FNS program (2019). NCDHHS established a goal in its [2021-2023 Strategic Plan](#) to increase participation rates to 75% and 90% by 2023 in WIC and FNS programs, respectively. To reach these goals, NCDHHS has prioritized various strategies to help close enrollment gaps and increase the reach of nutrition programs.

Prior to the pandemic, many states including North Carolina were experiencing declines in participation in the WIC and FNS programs. During the COVID-19 pandemic, NCDHHS took advantage of numerous federal flexibilities to streamline how families could access WIC and FNS during a time of widespread economic hardship. The combination of policy changes to promote access to programs, as well as increased need by individuals and households, resulted in significant increases in WIC and FNS enrollment in North Carolina. In fact, North Carolina had the country's greatest increase in WIC participation; NC's WIC participation rate increased by 21% between February 2020 and February 2022.³³ NC WIC participation by children, who make up half of those enrolled in WIC, increased by 36%.³⁴

► Initiative 1a: Increase cross-enrollment across FNS, WIC, and Medicaid programs

FNS, WIC, and Medicaid are benefit programs that provide critical support to children, families, and older adults in addressing economic, health, and nutritional needs setting them up to thrive. With some overlap in eligibility criteria for these programs, many individuals and households, particularly those with children, are eligible for one or more programs.

NCDHHS has launched a cross-enrollment initiative to match data across programs to identify individuals and households who are enrolled in at least one program (FNS, WIC, or Medicaid) and likely eligible but unenrolled for another program. Our initial focus has been to identify families enrolled in FNS or Medicaid, and who are likely eligible but not enrolled in WIC. Adjunctive eligibility in the WIC program enables WIC applicants to be automatically income-eligible for WIC by showing proof of participation in the FNS, Medicaid, or TANF programs, since income eligibility cutoffs for other

programs are lower than those for WIC. As part of our data matching and analysis, NCDHHS has estimated that approximately 200,000 pregnant or post-partum women, infants, and children under 5 were enrolled in FNS and/or Medicaid and also enrolled in WIC in January 2023. An equal number of pregnant or post-partum women, infants, and children under 5 are currently enrolled in FNS and/or Medicaid but are not currently enrolled in WIC.

NCDHHS is leveraging these data to pilot the effectiveness of sending tailored text messages to individuals who are already participating in FNS and/or Medicaid and encourage them to also participate in the WIC program. NC has received funding to evaluate this pilot and assess feasibility to scale this intervention more broadly across the state.

NCDHHS is also exploring additional outreach, particularly with a focus on reaching older adults who have recently experienced greater cuts in FNS benefits after the end of the emergency allotments in February 2023. Key outreach efforts by NCDHHS include implementing a campaign to promote FNS to older adults, bolstering FNS outreach and



IMPACT OF CROSS-ENROLLMENT INITIATIVE:

Increasing the number of individuals and families who participate in the FNS and WIC programs will increase nutrition security and improve health outcomes for North Carolinians.



education work, and expanding the Senior Farmers Market Nutrition Program. As North Carolina expands Medicaid, it will be even more critical to effectively outreach to individuals and households who are eligible but not enrolled in these programs.

Milestones:

- **Q1 2022:** Execute data sharing agreement to share data across FNS, WIC and Medicaid programs to identify individuals who are eligible but not enrolled across one or more programs
- **Q2 2022:** Match and analyze data across FNS, WIC and Medicaid
- **Q3 – Q4 2022:** Design pilot to test text messaging outreach to families who are enrolled in FNS and/or Medicaid and likely eligible for WIC but not enrolled in WIC
- **Q1 – Q2 2023:** Implement tailored outreach and enrollment pilot with two local WIC agencies
- **Q2 – Q3 2023:** Complete pilot evaluation, with qualitative and quantitative analyses
- **Q2 2023:** Establish baseline data and stratify cross-enrollment data by various demographic indicators (e.g., age, race, ethnicity, gender)

Key Metrics:

- **Number of individuals who are enrolled in FNS or Medicaid and also enrolled in WIC**
 - **Baseline:** About 200,000 pregnant or post-partum women, infants, and children under 5 in North Carolina are currently cross-enrolled in FNS and/or Medicaid and WIC, based on NCDHHS estimates from January 2023
 - **Goal:** Increase the number of pregnant or post-partum women, infants and children younger than 5 in North Carolina who are currently cross-enrolled in FNS and/or Medicaid and WIC
- **Overall Cross-Enrollment Text Messaging Pilot evaluation metrics** (to be collected as part of evaluation):
 - Number of individuals and households successfully receiving text messages as part of cross-enrollment pilot
 - Number of individuals and households who submit WIC referral form after receiving text message
 - Number of individuals enrolled in WIC after receiving text message

► Initiative 1b: Improve the participant and caseworker experience in the FNS program

The North Carolina FNS program is using federal American Rescue Plan Act (ARPA) funds to invest in technology enhancements to improve the experience of children, families, and older adults who receive FNS benefits and the caseworkers who support them. In early 2022, the NC FNS team engaged a group of county department of social services (DSS) agency leaders representing 100 counties to solicit and align on the following high impact investments. As part of this engagement with county partners, NCDHHS developed several shared priorities to enhance the FNS benefits eligibility system, called NC FAST. First, system enhancements aim to allow FNS participants to electronically submit their FNS recertifications, changes of circumstance (e.g., address changes) and other requested information online.

Additionally, enhancements will allow for easier communication, including participants receiving text or email notifications for electronic notices (eNotice, instead of receiving notices via mail) and caseworkers sending participants text messages to request needed information. Finally, NCDHHS is developing new business intelligence dashboards with FNS data to inform decision making at the state and county level. These enhancements will offer tools to help county staff manage work volumes as North Carolina continues to experience surging volumes of FNS applications amidst ongoing workforce shortages.

NCDHHS is also exploring additional policy flexibilities to help manage surging work volumes as county DSS agencies experience workforce shortages, in order to ensure families continue to

receive timely benefits. In partnership with the USDA, NCDHHS is assessing various policy options, including federal waivers to mitigate work volumes that are expected to increase after the end of the federal public health emergency.

Milestones:

- **Q1 2022:** Develop shared priorities for FNS technology enhancements between state and county DSS leadership working group
- **Q2 2022 - Q2 2023:** Conduct design of ARPA initiatives; conduct demos with end users (county DSS staff) for all ARPA initiatives to get feedback to make improvements
- **Q4 2022:** Implement eNotice feature in NC FAST
- **Q2 2023:** Implement text messages in NC FAST
- **Q2 - Q4 2023:** Implement FNS dashboards and functionality for beneficiaries to submit recertifications and changes of circumstance online through ePASS
- Within 30 days of implementation, establish baselines and targets for new metrics

Key Metrics:

- **Number of FNS beneficiaries subscribed to eNotices**
 - **Baseline:** Within 45 days of eNotice launch, there were about 3,000 FNS participants who have subscribed to eNotices and about 7,500 eNotices sent
- **Number of text messages sent through NC FAST**
- **Number of hits by users of the dashboards within the first two months of publication**
- **Number of FNS beneficiaries who submit recertifications and changes of circumstance online**
- **Reduced churn in the FNS program**

IMPACT OF FNS PROGRAM IMPROVEMENTS:

FNS system enhancements will make it easier for participants to use their FNS benefits and remain in the program as long as they need support. The enhancements will also help the FNS teams at the county and state levels to work more efficiently and communicate more effectively with participants as well as use data to make informed decisions. Key outcomes will be reduced churn in the FNS program and an improved user experience to participants and FNS teams.



► Initiative 1c: Improve the participant experience in the WIC program

North Carolina WIC is one of seven state WIC agencies selected to receive a grant through the USDA/Tufts Telehealth Intervention Strategies for WIC (THIS-WIC), funded by the United States Department of Agriculture. THIS-WIC aims to identify innovative, cost-effective solutions to addressing and overcoming barriers to participation and retention in the WIC program. The pilot is taking place in six local WIC agencies that span the state and represent diverse regions and rural/urban areas. Six additional WIC agencies have been identified as a control group. Through this pilot project, the NC WIC program intends to add four features to the participant experience to decrease barriers to accessing WIC services and to increase focus for tailored food prescriptions and care plans to address nutritional needs:

1. A participant-facing web portal solution called MyNCWIC for streamlining the WIC certification process and gathering participant assessment information (such as anthropometric data, proof of identity, proof of residence and income documentation) prior to the appointment or updates as needed,
2. A video chat add-on feature to Crossroads (North Carolina's WIC Management Information System) that WIC participants and local WIC agency staff can use to participate in video-based appointments through a mobile device,
3. A TeleWIC Service Center (TWSC) staffed with three part-time Nutrition Program Consultants, utilized by local WIC agencies that are short-staffed to facilitate video-based appointments, and
4. Fixed kiosks which can be placed in high-client-traffic areas of the community. These kiosks will offer differential access to three existing websites: the [Online WIC Referral Form](#), the MyWIC webpage and [WICHealth.org](#).

With these four components, NC WIC is introducing a new pathway available to participants to increase access to WIC services, improve the quality of conversation with our nutrition and breastfeeding professionals, and improve the perceptions of the value of the WIC program held by participants. Because the participant portal allows WIC family participants to



IMPACT OF WIC PROGRAM IMPROVEMENTS:

NC's THIS-WIC pilot aims to increase participation and retention in the WIC program, while also supporting local WIC agencies with staffing support through a telehealth model.

submit information ahead of the appointment, it allows more time for the appointment to focus on nutrition education instead of eligibility determination, and counseling instead of data collection.

Additionally, the implementation of the participant portal, TeleWIC Service Center (TWSC), and offering of distance-based appointments will benefit local WIC agency staff by:

1. Improving interactions with participants,
2. Having a built-in relief option when competent professional authorities and breastfeeding experts are in short supply, and
3. Increase employee satisfaction and thus reducing employee turnover. (Research shows that retention of qualified nutrition staff positively influences outcomes for nutrition behavior of participants.³⁵)

Milestones:

- **Q1 2021:** North Carolina awarded THIS-WIC grant from Tufts University
- **2021-2022:** Pilot design period
- **Q3 - Q4 2022:** Hire three part-time Nutrition Program Consultants (who are Registered Dietitians) to provide telehealth services to the six pilot WIC agencies (Dare, Brunswick, Jackson, Union, Albemarle Regional Health Services and Lincoln Community Health Center)
- **Q1 2022 - Q2 2023:** Develop and test WIC participant portal
- **Q3 2022:** TWSC Pilot (components #2 and #3) begins in pilot WIC agencies
- **Q1 2023:** MyNCWIC Portal and Kiosk Pilots (components #1 and #4) launched in all six local WIC agencies
- **Q3 2023:** Complete grant cycle and evaluate outcomes for pilot program

Survey Response Data from WIC family participants who received a WIC appointment from October 2022 to March 2023 (response rate of 39%, with 137 survey responses in English and Spanish from across all six pilot locations):



77% of survey respondents (WIC participants) had their WIC appointments at home.



83% of survey respondents (WIC participants) either agree or strongly agree that their virtual appointment was easier than going into the clinic.



98% of survey respondents (WIC participants) stated they would recommend this style of appointment to other WIC participants.



Participants shared the following **comments in free text responses** regarding their experience with the distance-based appointment:

"It was the easiest 'videoconference' I have ever used. No codes or messy downloads. Very impressed and felt like I was in the room with the dietitian, she was very engaging."

"I appreciate the great service and efforts in providing beneficial resources."

"Me encanto la manera que me atendieron, fue muy educativa y me hicieron sentir que realmente les importamos y que nos quieren dar el mejor servicio" which translates to: "I loved the way they treated me; it was very educational, and they made me feel that they really care about us and that they want to give us the best service"

Key Metrics:

- **Number of WIC participant families who received a distance-based appointment from a registered dietitian in the THIS-WIC pilot**
 - **Baseline:** Over a 6-month time period (from when the TWSC and video appointments launched in October 2022 through March 2023), the Registered Dietitians of the TWSC have served 331 WIC participant families with a distance-based appointment
- **Percent of pilot participants satisfied with participation in virtual, distance-based WIC appointment in the THIS-WIC pilot**
 - **Baseline:** 83% of survey respondents who responded from October 2022 to March 2023 agreed or strongly agreed that their virtual appointment was easier than going to the clinic
- **Number of times kiosks are used to navigate to WIC websites, including the WIC referral form, in this THIS-WIC pilot**
- **Overall THIS-WIC Pilot evaluation metrics** (to be collected as part of evaluation):
 - Impacts on participants and local WIC agency staff, to be collected through the use of surveys and key informant interviews
 - Participation and retention trends after implementation of new features

▶ STRATEGY 2: BUILD CONNECTIONS BETWEEN HEALTH CARE AND NUTRITION SUPPORTS

Access to high-quality medical care is critical, but research shows up to 80 percent of a person’s health is determined by social and environmental factors and the behaviors that emerge as a result.³⁶ Access to nutritious food is a commonly referenced social determinant of health or social driver of health, alongside others like physical activity opportunities; safe housing and transportation.³⁷ A growing “food is medicine” movement recognizes the role of nutritious food in preventing diet-related diseases like diabetes, obesity and hypertension and ultimately improving health outcomes and lower health care costs.

To address non-medical drivers of health, NCDHHS is working to “buy health,” not just healthcare, to improve whole-person health, safety, and well-being of all North Carolinians while being good stewards of resources. The NC Medicaid program, which serves more than 2.3 million individuals (more than one in five North Carolinians) plays a central role in this work. Over the past several years, NCDHHS has built shared assets that can be used across populations, as well as targeted initiatives to build the evidence base, to bridge health care and human services across diverse populations and geographies at scale.

▶ Initiative 2a: Grow the NCCARE360 network by adding more CBOs with timely closing of referrals

NCCARE360 is the first statewide network that unites healthcare and human services organizations with a shared technology that identifies unmet social needs, and enables a coordinated, community-oriented, whole person-centered approach for delivering care in North Carolina. NCCARE360 is the result of a strong public-private partnership between NCDHHS and the Foundation for Health Leadership and Innovation (FHLI). NCCARE360 was developed to address the social drivers of health and improve connections between health and human service agencies and the people they serve.

The NCCARE360 platform enables health and human service providers to assess and identify unmet social needs and, through referrals to

community based organizations (CBOs) and other service providers, link children, families, and older adults to community resources. Organizations that use NCCARE360 can make a closed-loop referral, which means that they can send and receive electronic referrals, securely share client information and track outcomes. The NCCARE360 infrastructure also includes a robust statewide resource directory; a team of dedicated navigators, a community engagement team working with CBOs, social service agencies, health systems, independent providers to grow the statewide network and a coordinated network of providers and CBOs.

NCCARE360 launched in March 2019 and went live in all 100 North Carolina counties in June 2020. The statewide rollout was completed six months ahead of schedule as the team fast-tracked the expansion in response to the COVID-19 pandemic.

IMPACT OF NCCARE360:

Increasing the network of CBO’s participating in the NCCARE360 platform will lead to an increase in responding to referrals for unmet social needs. The most common services delivered via the platform are food and transportation services. With food services being the most common referral, increasing the CBO network and referrals will help to mitigate food insecurity for North Carolinians.



Milestones:

- **Q1 – Q2 2022:** Award NCCARE360 Health Equity Grants to help grow and support CBO networks
 - 23 community organizations were awarded grants ranging from \$25,000-\$100,000 to onboard onto NCCARE360 or increase use of NCCARE360 and increase capacity to respond to referrals.
 - four network support agencies were awarded grants up to \$250,000 to support organizations that help grow the NCCARE360 network in their region through meaningful technical assistance.
- **Q2 2023 – Q2 2024:** Recruit additional CBOs to specifically focus on food security and transportation to participate in network from summer 2023 to summer 2024 (June 1, 2024-May 30, 2024)
- **Q2 – Q3 2023:** Onboard K-12 school systems/districts to NCCARE360 to respond to needs worsened by COVID-19, to link students and their families to community resources and services that address identified unmet needs
- **Q3 2023:** Onboard childcare centers to NCCARE360 as part of Preschool Development Grant

Key Metrics:

- From October 2021 to September 2022, food assistance was the top need identified across the NCCARE360 platform
- **Number of individuals referred for food assistance using NCCARE360**
 - **Baseline:** More than 24,000 people were referred for food assistance from February 2022-January 2023
- **Percent of food assistance cases closed as resolved in NCCARE360**
 - **Baseline:** On average, 81% of food assistance cases were closed as resolved from August 2022 to January 2023
 - **Goal:** Close 85% of food assistance cases as resolved
- **Number of food assistance and transportation organizations onboarded to NCCARE360**
 - **Baseline:** 588 food assistance and/or transportation organizations were onboarded to NCCARE360, as of February 2023
 - **Goal:** Recruit 40 new organizations addressing food and/or transportation to join the NCCARE360 network from June 1, 2023 to May 30, 2024

► Initiative 2b: Implement Healthy Opportunities Pilots within Medicaid Managed Care

The [Healthy Opportunities Pilots](#) (HOP) are the nation's first comprehensive programs to test and evaluate the impact of providing select evidence-based, non-medical interventions related to housing, food, transportation and interpersonal safety and toxic stress to high-needs Medicaid enrollees. The vision and goals of the Healthy Opportunities Pilots are to integrate evidence-based, non-medical services into Medicaid to improve health outcomes for Medicaid members, promote health equity in the communities served by the Pilots, and reduce costs in North Carolina's Medicaid program. The Pilots will allow for the establishment and evaluation of a systematic approach to integrating and financing evidence-based, non-medical services into the delivery of healthcare. The federal government has authorized up to \$650 million in state and federal funding for North Carolina's Pilots over five years.

The Healthy Opportunities Pilots are operating in [three regions in North Carolina](#). To qualify, an individual must be enrolled in Medicaid managed care, live in a Pilot region, and have at least one qualifying physical or behavioral health criteria (e.g., being an adult with diabetes and heart disease or depression/anxiety), child with low birth weight, child with diabetes, child who is underweight or overweight) and have at least one qualifying social risk factor (e.g., being food insecure). Pilot funds are used to pay for a select set of evidence-based, federally-approved, non-medical services across the domains of food, housing, transportation, and interpersonal violence/toxic stress as defined and priced in NCDHHS's [Pilot fee schedule](#). Additionally, Pilot funds are used to build capacity of local community organizations and establish infrastructure to bridge health and human service providers.

Addressing food security is one of the priority areas of focus for the Healthy Opportunities Pilots. The following food-related services can be funded for eligible members in the Healthy Opportunities Pilots: food and nutrition access case management, evidence-based group nutrition class, Diabetes Prevention Program, fruit and vegetable prescription, healthy food box or meal (pick up or delivery) and medically tailored home delivered meals.



IMPACT OF HEALTHY OPPORTUNITIES PILOTS:

Providing evidence-based, non-medical services such as healthy food to Medicaid beneficiaries who may have diabetes, heart disease, or other risk factors is expected to reduce the need for clinical interventions (e.g., future hospitalizations), thereby improving health outcomes and lowering health care costs for those served.

In order to have a shared technology system that all stakeholders involved in the Pilots can use, NCDHHS has leveraged the NCCARE360 infrastructure to build additional functionality so that Pilot information can be housed in one system. Information such as eligibility documentation, enrollment, referrals for Pilot-specific services, and invoicing mechanisms for the Pilots is all done in NCCARE360.

Milestones:

- **Q1 2022:** Food services in the Healthy Opportunities Pilots became available to eligible individuals enrolled in Medicaid Standard Plans who qualified for the Pilot. Standard Plans are integrated health plans that provide physical health, pharmacy, care coordination and basic behavioral health services. Standard Plans launched as part of NC Medicaid managed care transformation in July 2021.

- **Q1 2023 - Q3 2024:** Rapid-cycle evaluation will assess which services are highest value and impact for the populations served
- **Q4 2023:** Food services in the Healthy Opportunities Pilots will be available to eligible individuals who are enrolled in Behavioral Health I/DD (BH/IDD) Tailored Plans in Medicaid. BH/IDD Tailored Plans are integrated health plans for individuals who have significant behavioral health needs, intellectual/developmental disabilities, or traumatic brain injury.

Key Metrics:

- **Number of Medicaid beneficiaries connected to food-related services across three HOP pilot regions**
 - **Baseline:** More than 3,400 members were connected to food-related services across the three pilot regions from March 2022-March 2023



- **Number of food-related services delivered across three HOP regions**
 - **Baseline:** Nearly 37,000 food-related services were delivered across the three pilot regions from March 2022-March 2023
- **Overall Healthy Opportunities Pilot evaluation metrics** (to be collected as part of rapid cycle assessments and summative evaluation):
 - Improved health outcomes and healthcare utilization of pilot-enrolled Medicaid members
 - Lower cost of care for pilot-enrolled Medicaid members
 - Increased rates of screening and connection to non-medical services
 - Improvement in social risk factors

▶ Success Stories – Healthy Opportunities Pilots

Healthy Food Boxes ‘Total Gamechanger’ for Family

An enrollee reported that after just a few weeks the Healthy Opportunities Pilots have had a tremendous impact on everyone in her home. She expressed appreciation for access to fresh and nutritious food, which had previously been challenging to obtain. The enrollee and her family faced physical and financial barriers to accessing the food necessary for her dietary requirements and often relied on less nutrient-dense options.

With access to better foods, the family is now eating well and meeting their nutritional needs. They all have more energy, cheerful moods and feel much better physically. The enrollee even reported that her “husband is excited about coming home for supper these days! He is so happy about the variety and colorful options,” and they “have all come together more as a family to eat again.”

The enrollee stated that this is a “small joy in [my] heart, that as a mother, [I don’t] have to worry about how [I’m] going feed my family. No one should ever have that burden on their heart.”



Good Food is Good Medicine

A staff member at a local food Human Service Organization (HSO) shared recently that a Healthy Opportunities Pilots enrollee informed them that their blood sugar level, which is used to manage their diabetes, was down from 11 percent to 7 percent. That’s down from an emergency to almost normal.

When the enrollee’s health care provider asked what they were doing differently, they said it was the healthy food they get through the Healthy Opportunities Pilots. The Healthy Opportunities Pilots staff member shared, “I am so honored to get to do this work in the community that raised me.”

► STRATEGY 3: INCREASE BREASTFEEDING SUPPORT AND RATES

Breastfeeding is widely recommended as the best way to feed infants when possible, with research consistently demonstrating significant health benefits for both mothers and their infants. Breastfeeding is a key strategy to address food security as it prevents malnutrition in infants and helps bring people out of the hunger and poverty cycle.³⁸

Despite growing data about these benefits, the rate of any breastfeeding in North Carolina decreases dramatically in the first few months of life, dropping from 85% when infants leave the maternity center to 56% at six months.³⁹ Further, rates of exclusive breastfeeding for infants at 3 months old in North Carolina are 38% and only 20% for infants at 6 months old, well below the Healthy People 2030 goal of 42.5% exclusive breastfeeding at 6 months old.⁴⁰ While most North Carolina families initiate breastfeeding immediately after the infant's birth, families can face barriers after discharge to identifying or obtaining the skilled support needed to address their concerns about breastfeeding. Families may encounter issues in accessing care due to limited or complete lack of lactation consultants in their area, barriers to insurance reimbursement of lactation professionals, high out of pocket costs for private lactation professionals, and limited lactation knowledge among their health care providers.

The WIC program provides comprehensive breastfeeding education and support to pregnant and postpartum women. North Carolina's goal is to increase the number of total breastfed infants in the WIC program (fully and partially breastfeeding) to at least 33% across the state. The latest data for Fiscal Year 2021 shows that 28.6% of infants participating in the North Carolina WIC program were either fully or partially breastfeed.⁴¹

► Initiative 3a: Provide Breastfeeding Training for WIC Staff

North Carolina is working towards increasing breastfeeding friendly and supportive environments by increasing staff competency in breastfeeding education and support. The training aims to increase the continuity of care between the evidence-based breastfeeding supportive practices of the maternity center and the community after hospital discharge. Given that North Carolina WIC supports more than half the births in the state, a significant portion of North Carolina's pregnant and postpartum women will interact with the WIC program at some point. Federal regulations require State and local WIC agencies to establish and maintain an environment that supports and encourages families to initiate and continue breastfeeding. As such, it is important that any employee at a local WIC agency who may interact with a WIC participant have the appropriate training to support families with breastfeeding and connect them with the appropriate resources.

To provide additional support for local WIC agency staff, the North Carolina WIC Program is implementing four levels of training on the USDA's WIC Breastfeeding Curriculum. This is a major endeavor. All local WIC agency employees in North Carolina must participate in at least the first level

of the WIC Breastfeeding Curriculum training. Each level of training builds on the previous level, taking staff to higher levels of learning based on their role in the WIC Program. For example, individuals who are Competent Professional Authorities (an individual who is authorized to conduct nutrition and breastfeeding assessments and determine nutritional risk) are trained in Levels 1, 2 and 3 curriculum (approximately 70 hours). WIC Designated Breastfeeding Experts (individuals who assess and counsel breastfeeding dyads with complex breastfeeding situations) are trained in all four levels of curriculum (approximately 100 hours).

North Carolina has personalized the curriculum into an interactive learning experience for local WIC agency staff. Each level of training builds on the preceding levels. Below is a summary of local WIC agency staff roles:

- NC WIC offers a virtual bimonthly Level 1 (approximately 5.5 hours) training to all WIC program staff.
- Peer counselors (mothers with personal breastfeeding experience who have similar socioeconomic status as WIC participants and provide basic breastfeeding education) advance to Level 2 for Peer Counselors Only (approximately 40 hours), which is hybrid training of virtual and in-person days.

- Competent Professional Authorities and WIC Designated Breastfeeding Experts move to WIC Lactation Camp which combines Level 2 and 3 of the WIC Breastfeeding Curriculum (approximately 65 hours), which is offered quarterly in an entirely virtual format.
- WIC Designated Breastfeeding Experts continue to the final level, Level 4 referred to as WIC Designated Breastfeeding Expert Boot Camp (approximately 30 hours), which is a hybrid training offered biannually, the in-person day is offered simultaneously in Asheville, Charlotte and Greenville.

These trainings are intended to equip WIC staff with the information and skills to provide breastfeeding education and support applicable to their role within the WIC program.

Milestones:

- **Q4 2021:** Completed initial WIC Breastfeeding Curriculum Level 1 training for all WIC staff, students, and volunteers who work in the WIC program. Continue offering Level 1 training in perpetuity. In May 2023, transition the training from live virtual training to an on-demand self-paced training offered via a learning management system.
- **Q3 2022:** Completed initial Level 2 training specific to peer counselors for all WIC peer counselors. Continue offering Level 2 training for peer counselors only.
- **Q3 2022 - Q3 2023:** Provide WIC Lactation Camp (Level 2 and Level 3 WIC Breastfeeding Curriculum) for Competent Professional Authorities (CPAs) and WIC Designated Breastfeeding Experts (DBEs) in local WIC agencies by August 2023. Starting in Winter 2024, the NC WIC program will switch to maintenance phase, training only new CPAs/DBEs with biannual training offered in Winter and Fall.

- **Q1 2023:** Provide initial training Level 4 WIC Designated Breastfeeding Expert Boot Camp through Fall 2023. Transition to the maintenance phase providing training biannually in 2024.

Key Metrics:

- As there was no training offered prior to the launch of the WIC Breastfeeding Curriculum, the baseline number of staff who received training is zero. Our goal will be to train all WIC staff, students, volunteers, and contractors within three months of hire.
- **Number of state and local WIC agency staff who have completed Level 1 breastfeeding training**
 - **Baseline:** As of March 2023, about 1,200 WIC staff have completed WIC Breastfeeding Curriculum Level 1 training
 - **Goal:** Train at least 1,300 State and local WIC agency staff in Level 1 training from October 1, 2022 to September 30, 2023
- **Number of state and local WIC agency staff who have completed Level 2 breastfeeding training only**
 - **Goal:** Train at least 150 State and local WIC agency staff in Level 2 training from October 1, 2022 to September 30, 2023
- **Number of state and local WIC agency staff who have completed Level 2 and Level 3 breastfeeding training**
 - **Goal:** Train at least 300 State and local WIC agency staff in Level 2 and Level 3 training by September 30, 2023
- **Number of state and local WIC agency staff who have completed Level 4 breastfeeding training by September 30, 2023. Note: newly hired DBEs will have one year to complete training.**
 - **Goal:** Train at least 100 State and local WIC agency staff in Level 4 training by September 30, 2023

IMPACT OF WIC BREASTFEEDING TRAINING:

The NC WIC program's goal is to train all currently employed State and local WIC agency staff in the various levels of the USDA WIC Breastfeeding Curriculum by September 30, 2023 to ensure that all staff have the information and skills to provide breastfeeding education and support appropriate to their role within the WIC program.





IMPACT OF STATEWIDE BREASTFEEDING HOTLINE:

Based on the number of calls from states with similar hotlines, our goal will be to assist 300 families per month by phone or text conversations within six months of launching the hotline.



► Initiative 3b: Launch a Statewide Breastfeeding Hotline

North Carolina is working to implement and administer a centralized, statewide breastfeeding hotline to expand breastfeeding support at no cost to all families in our state. More than 50% of North Carolina's counties do not have any outpatient lactation services; we will pay special attention to reaching families in those areas of high need. Other states have implemented successful statewide breastfeeding hotlines, including Arizona, Ohio, Tennessee and Texas.

The 24-hour hotline will provide accessible, consistent, evidence-based breastfeeding information, counseling and encouragement during the prenatal and postpartum period by lactation professionals. The hotline will facilitate referrals to local resources including, but not limited to, the NC WIC Program and the WIC Breastfeeding Peer Counseling Program. The hotline is intended to directly support families during crucial periods when parents and caregivers need support most, as well as supporting birthing centers by providing breastfeeding support after the family leaves. The statewide breastfeeding hotline aims to help parents access professional lactation support regardless of their geographic location or financial means. The 24/7 accessibility of a statewide breastfeeding hotline will help families receive unbiased information at critical time periods when medical offices may not be available, or they lack the expertise to adequately support breastfeeding success. Medical providers may also use the hotline for professional assistance while helping a patient.

Milestones:

- **Q3 2023:** Submit Medicaid State Plan Amendment to Centers for Medicare and Medicaid Services for approval
- **Q2 2023:** After receiving CMS approval, issue a Request for Proposals for statewide breastfeeding hotline services
- **Q4 2023 - Q1 2024:** Within nine months of releasing the RFP, launch statewide breastfeeding hotline with 24 hour per day coverage
- Within 30 days of launch, establish baseline data for statewide breastfeeding hotline

Key Metrics:

- **Number of families served through hotline** (distinguishing first-time callers from repeat callers)
 - **Goal:** Serve at least 300 families per month within six months of launching the breastfeeding hotline
- **Number of infants served, disaggregated by race and ethnicity**
- **Number of birthing centers that provide information about the hotline to families prior to discharge**
- **Statewide breastfeeding rates at various infant ages**
 - **Goal:** Increase exclusive breastfeeding rate at 6 months from 22.1% to 23.2% within one year of launching the breastfeeding hotline



Conclusion

NCDHHS is committed to improving nutrition security for children, families, and older adults in North Carolina. In our efforts to recover stronger from the COVID-19 pandemic, we are focused on increasing access to nutrition benefit programs and strengthening food supports, building connections between health care and nutrition supports and increasing breastfeeding support and rates. The increased access and availability of nutrition programs during the pandemic enabled NC to maintain our food security rate during this unstable time, driving home the evidence of success in helping families meet their basic needs. We recognize the pandemic's disparate effects on communities of color and those who experience persistent poverty. The work we have outlined

in this plan sets up North Carolina to focus on nutrition security, while also embedding equity throughout its work. NC DHHS is committed to supporting North Carolinians and moving toward a more equitable and food secure future.

The NCDHHS State Action Plan for Nutrition Security is intended to be an iterative planning and implementation process. We will monitor our progress and track the success of the included initiatives toward the intended impact of improving nutrition security in North Carolina. We will iterate our action steps and make adjustments as necessary to reach our goals. Published annual results will provide transparency to the public, our stakeholders and community partners.

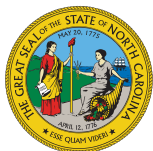


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