2025 Learning Collaborative

Keynote Address: Protecting Health as a Team Sport

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#2025BHPLearningCollaborative

Better Health Partnership

2025 Learning Collaborative

Keynote Address: Protecting Health as a Team Sport

Session Objectives

- Explore how state, regional, and national initiatives are aligning health care, public health, and community-based organizations to improve and protect population health — highlighting what has worked, what hasn’t, and lessons that can be adapted locally.
- Examine real-world approaches to navigating policy restrictions, funding silos, data-sharing challenges, and organizational culture differences that often slow multi-sector progress.
- Gain concrete ideas and next steps — tailored to today’s policy and payment landscape — for advancing shared priorities.

Protecting Health as a Team Sport

Dr. Charlene Wong, MD, MSHP

Oct 2025

Better Health Partnership

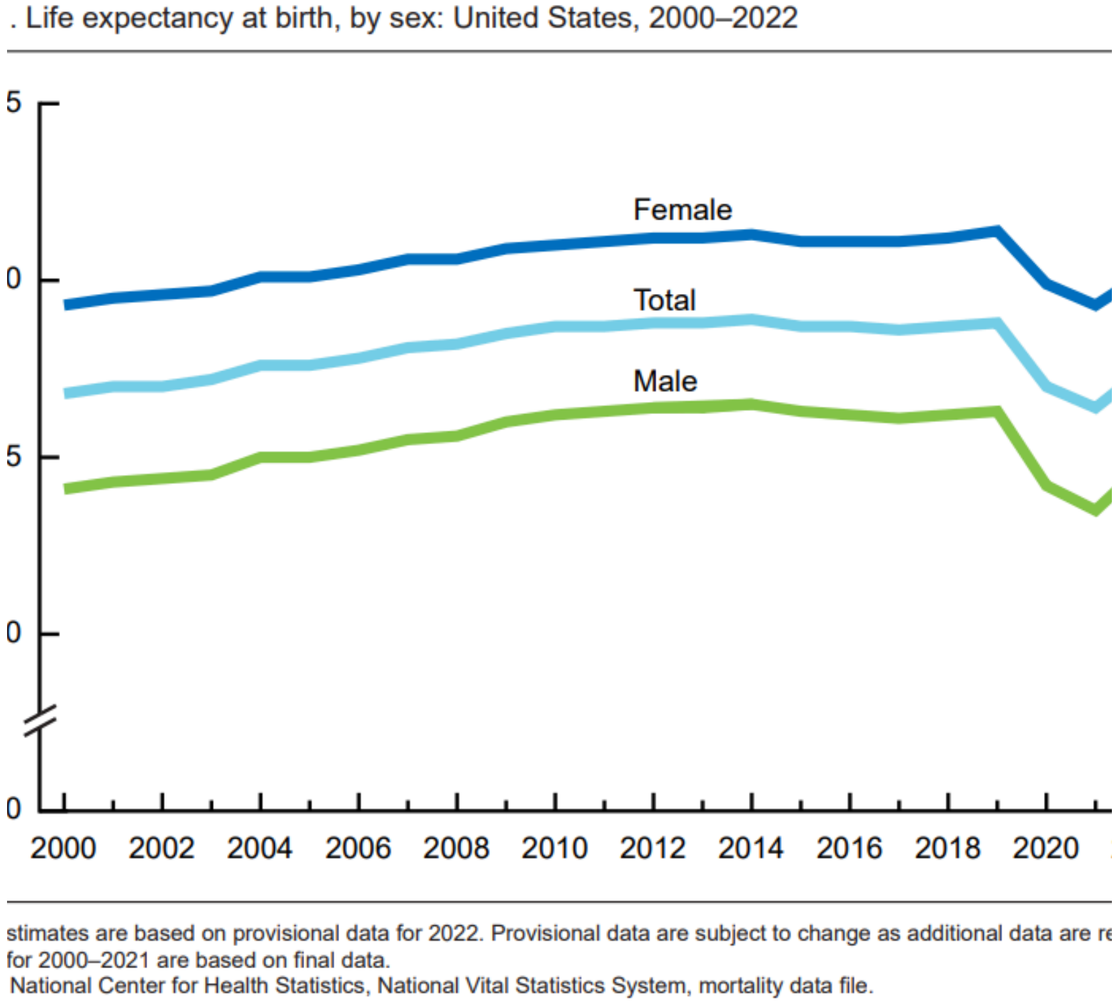
Duke University School of Medicine

COMMON HEALTH Coalition
Together For Public Health

SEEN & HEARD

Protecting Health is Challenging

- **Many health threats at our doorstep**
  - Existing threats: Infectious diseases, chronic disease, behavioral health
  - New threats: Heat impacts on health, emerging infectious disease, erosion of trust, misinformation
- **New Innovations**
  - New vaccine platforms and medications
  - New AI tools
  - New diagnostic tools: wastewater, mobile point of care testing



Protecting Health is a Team Sport

Preventing & reducing overdose deaths in America.

We see different & concerning aspects of the overdose health threat

HEALTHCARE SEES…

More patients in clinics & emergency depts with overdoses & SUD

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HEALTHCARE SEES…

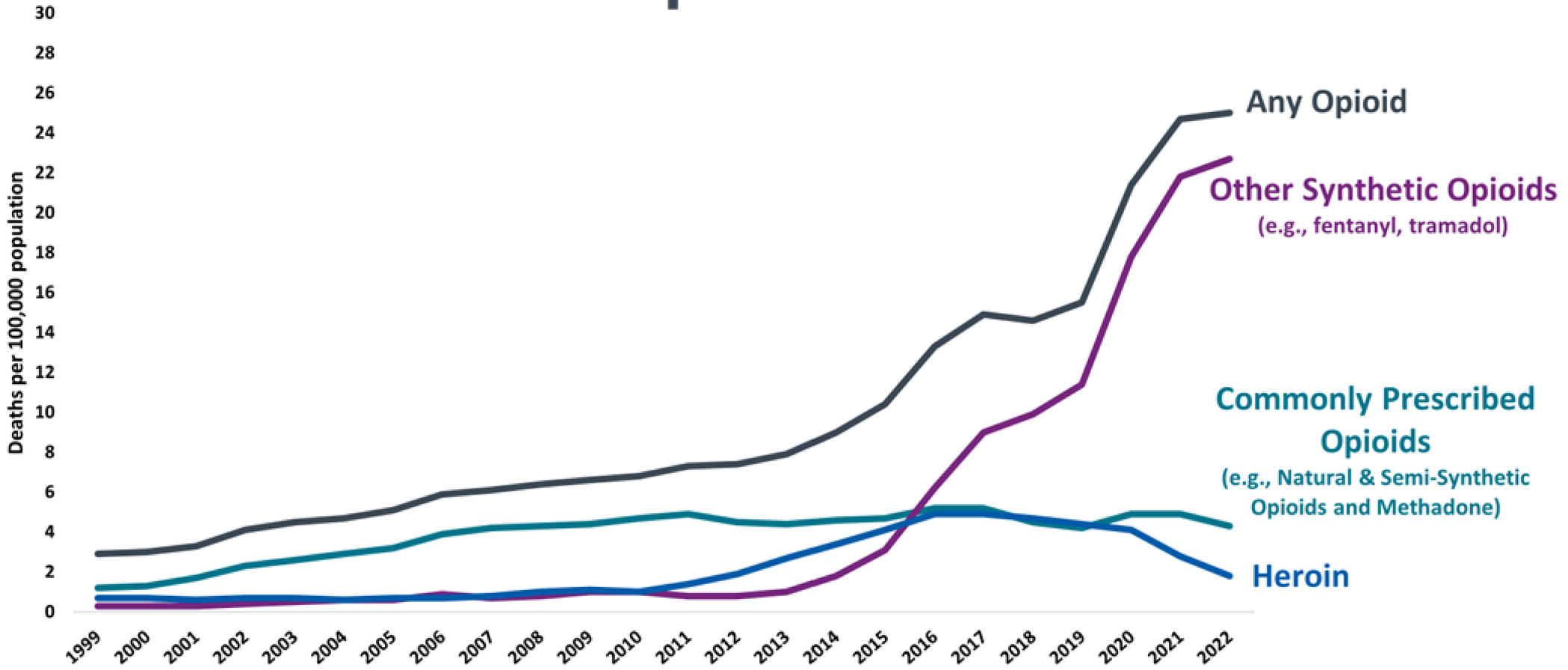
More patients in clinics & emergency depts with overdoses & SUD

PUBLIC HEALTH SEES…

Concerning data trends

Stories from partners & communities

Three Waves of Opioid Overdose Deaths



Wave 1: Rise in Prescription Opioid Overdose Deaths Started in the 1990s

Wave 2: Rise in Heroin Overdose Deaths Started in 2010

Wave 3: Rise in Synthetic Opioid Overdose Deaths Started in 2013

SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2024. https://wonder.cdc.gov/.

CDC

Preventing & reducing overdose deaths in America.

We see different & concerning aspects of the overdose health threat

HEALTHCARE SEES…

More patients in clinics & emergency depts with overdoses & SUD

PUBLIC HEALTH SEES…

Concerning data trends

Stories from partners & communities

How we can work together with clear and complementary roles

HEALTHCARE RESPONSIBILTIIES…

Treat and counsel patients
Connect patients to evidence-based community interventions

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PUBLIC HEALTH RESPONSIBILTIIES…

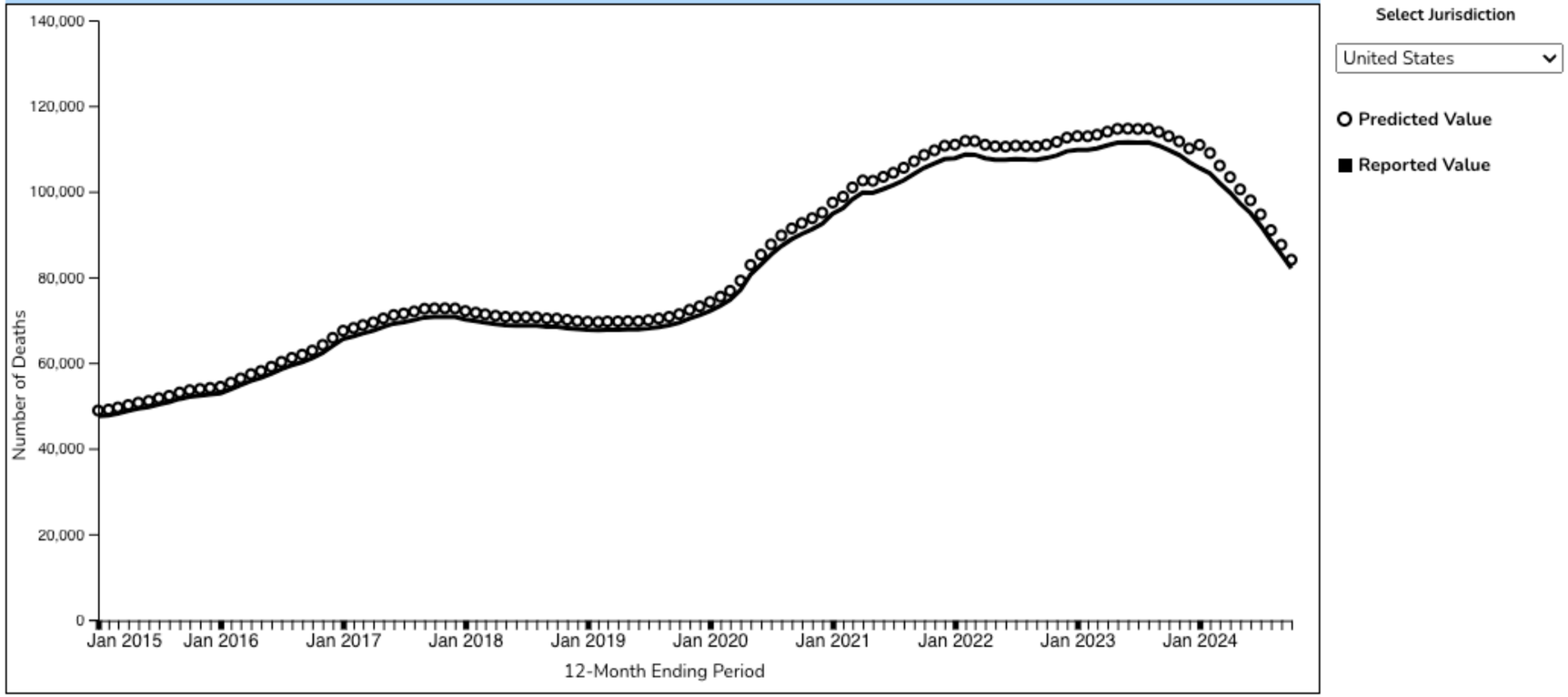
Share overdose data & trends
Provide evidence-based recommendations on prevention & treatment
Fund partners & communities

Progress Together!
24% Decline in US Drug Overdose Deaths

12 Month-ending Provisional Number and Percent Change of Drug Overdose Deaths

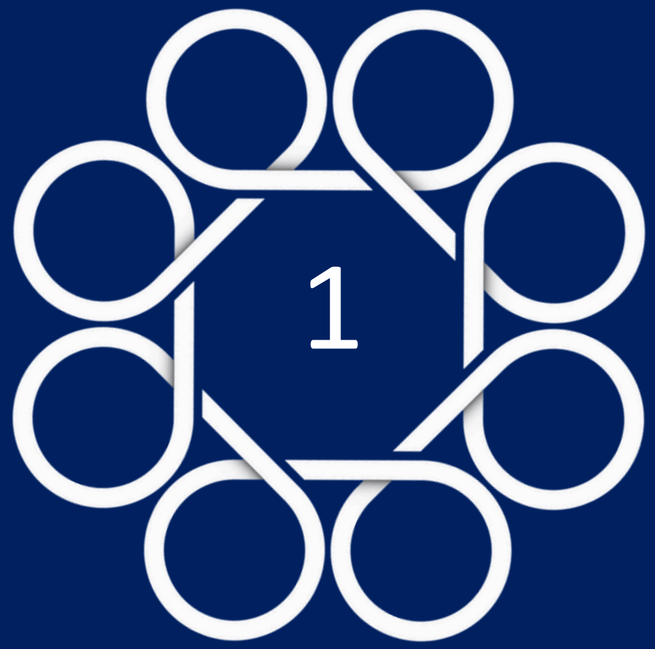
Based on data available for analysis on: March 2, 2025

Figure 1a. 12 Month-ending Provisional Counts of Drug Overdose Deaths: United States



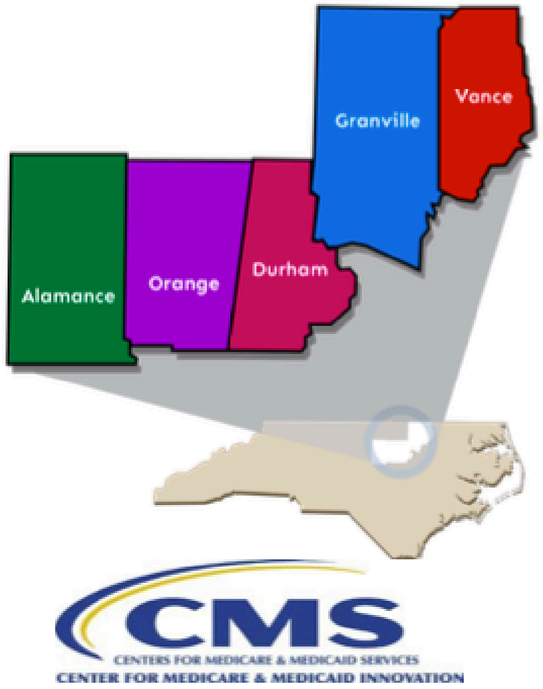
https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

Protecting Health is a Team Sport



What Does Co-Designing as a Team Actually Look Like?

What is NC Integrated Care for Kids?



- $16 million CMS-funded pilot model serving ~100,000 Medicaid-insured children in central NC **to identify children at-risk of poor health earlier, and coordinate health, behavioral and social supports.**

- **NC InCK solves for multiple challenges that families face:**
  - **Streamlining family-centered navigation** across fragmented health systems, education, child welfare, and community supports
  - **Keeping more kids in their homes** instead of in foster or psychiatric care
  - **Saving on care that is too costly** because it is uncoordinated

- Launched in 2022 and is **federally funded through 12/31/2026**

- A **statewide coalition** built and works together on NC InCK

DukeHealth
NCDHHS NC Medicaid Division of Health Benefits
UNC HEALTH
Community Care OF NORTH CAROLINA
North Carolina Department of PUBLIC INSTRUCTION
Head Start
DPS North Carolina Department of PUBLIC SAFETY

Co-Designing NC InCK

NC InCK Partnership Council

NC InCK Family Council

NC InCK Youth Council

- Family and Youth Councils convene regularly
- Advise the NC InCK team on key strategic decisions to inform model implementation
- Guide the model in achieving its aim of being family-centered in all planning, decision making, and evaluation

https://ncinck.org/our-councils/

InCK Core Child Services


Physical and Behavioral Health

Early care & education


Housing


Food


Schools


Title V- Maternal and Child Health


Child welfare


Mobile Crisis Response Services


Juvenile Justice


Legal Services

Young People Leading the Design!

SEEN & HEARD

EQUIP YOUNG PEOPLE WITH SKILLS TO INFLUENCE CHANGE

Train young people to lead
in civic action & public speaking

OPEN DOORS TO POLICYMAKERS

Youth voices.
Real stories.
Direct Impact.

LAUNCH BOLD YOUTH-LED CAMPAIGNS

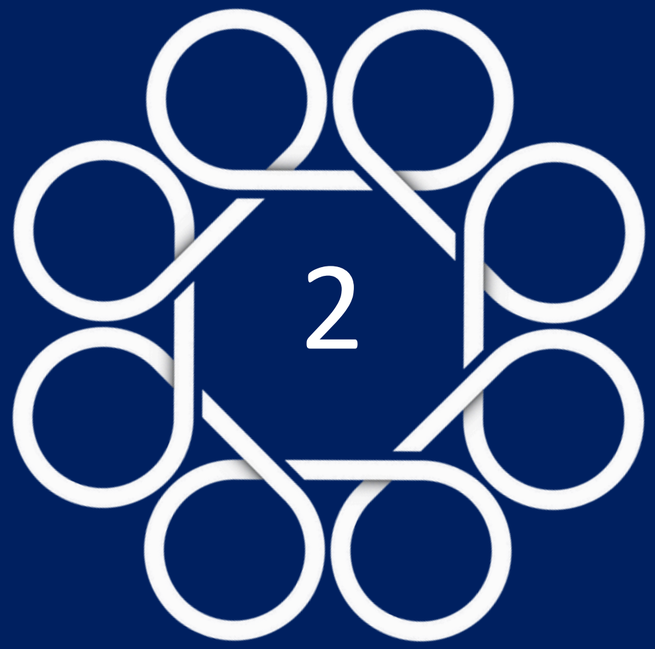
Transform messages into movements
& movements into change

www.seenandheard.us

Starting Points for Finding Shared Priorities

Community Health Assessments

Health Improvement Plans



Integrated Data to Drive Action

Data is the oxygen that powers our work

Integrated Data in Action: For a Patient

NC InCK NC INTEGRATED CARE FOR KIDS

NCDHHS
NC Medicaid
Division of Health Benefits

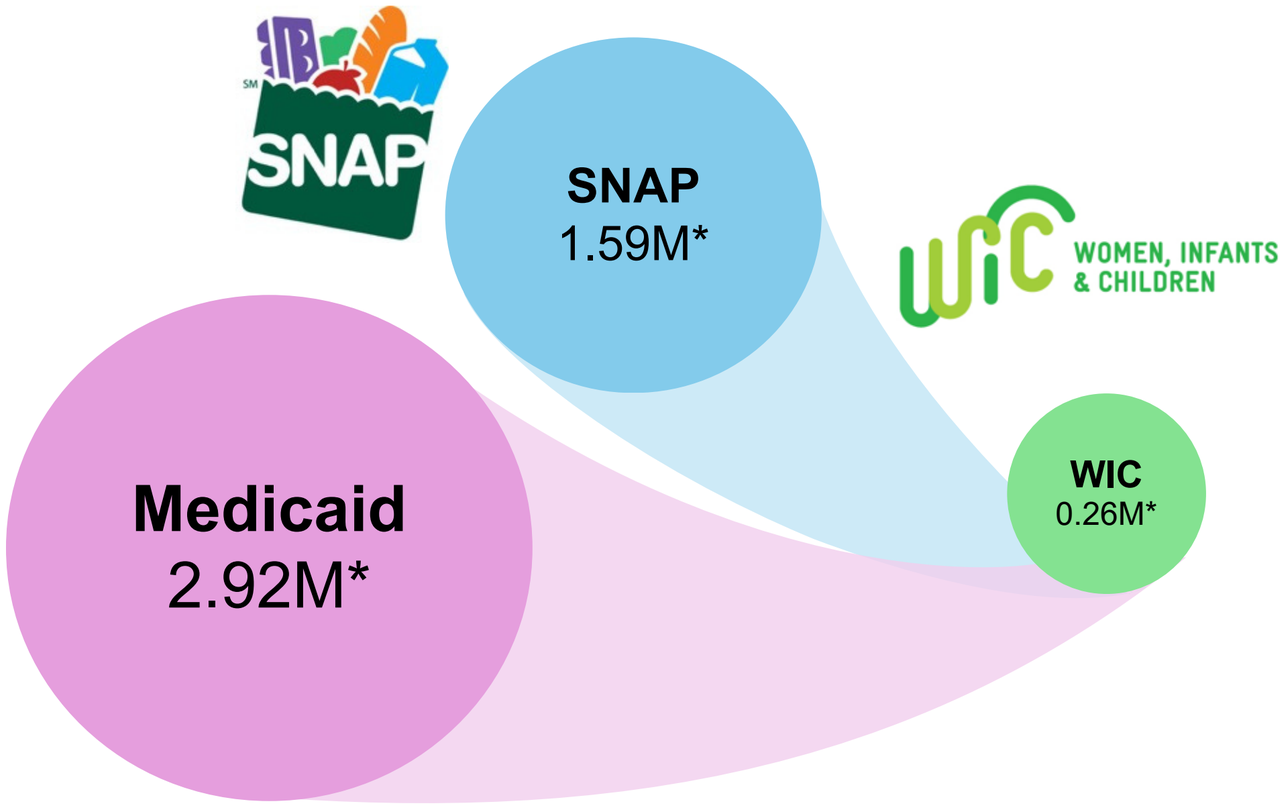
North Carolina Department of
PUBLIC INSTRUCTION

Family-reported and community data

Integrated Data in Action: For Families

- **In North Carolina…**
  - Nearly 11% of people – over 1M people – experienced food insecurity in 2021
  - 1 in 6 children face hunger

- **Shared Solution: Increase SNAP and WIC enrollment for eligible families using data we already have!**



NCDHHS
NC Medicaid
Division of Health Benefits

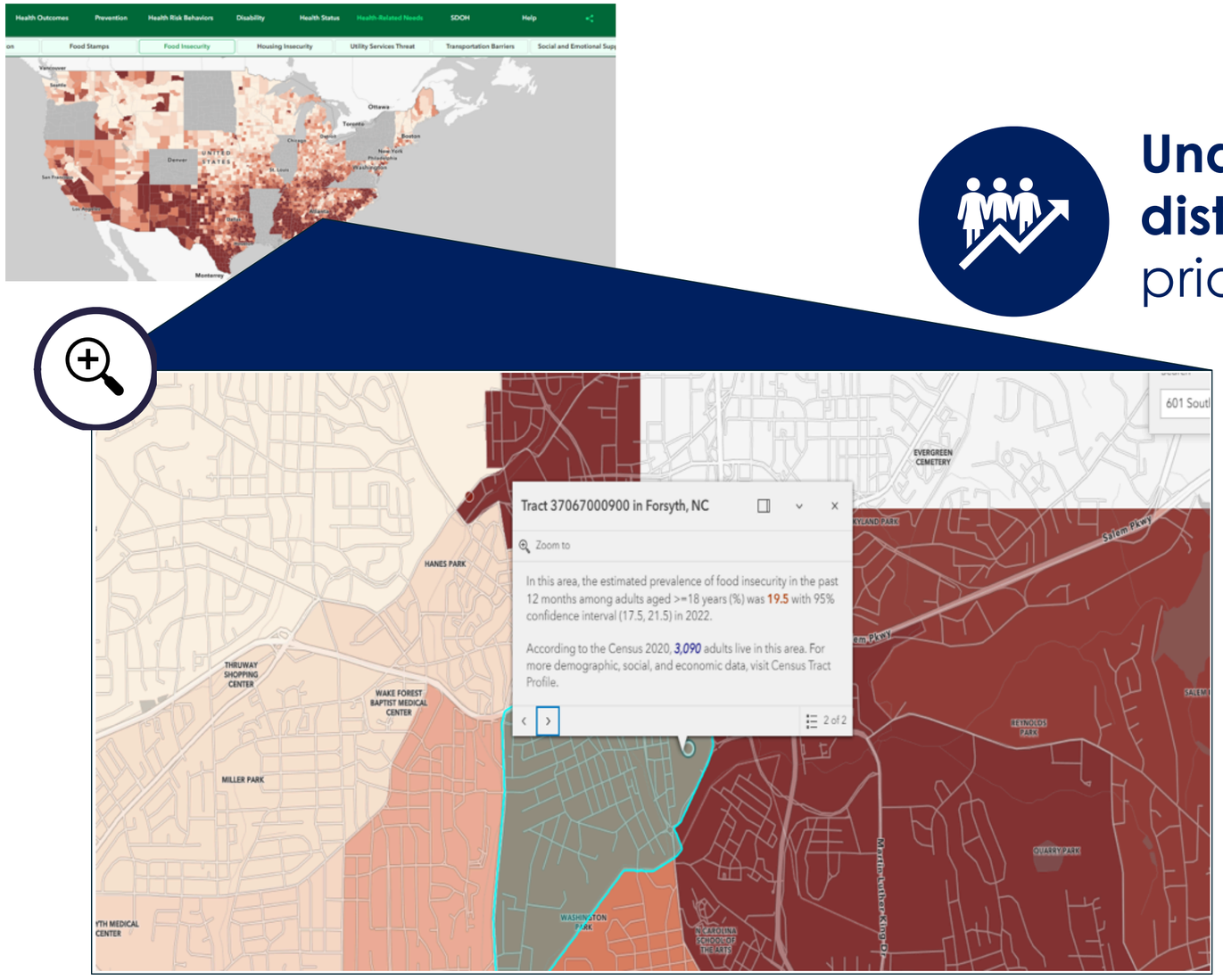
https://www.ncdhhs.gov/child-and-family-well-being

Data as of June 2023

Data in Action:

PLACES: Local Data for Better Health

Scan QR code to access PLACES



Understand the geographic distribution of health-related issues to prioritize interventions & investments

NEW! Data on Health-Related Social Needs:

- Food insecurity
- Housing Insecurity
- Social Isolation
- Supplemental Nutrition Assistance Program
- Transportation Barriers

NC’s Standardized Social Needs Screening

Food
• Within the past 12 months, did you worry that your food would run out before you got money to buy more?
• Within the past 12 months, did the food you bought just not last and you didn’t have money to get more?
Housing/ Utilities
• Within the past 12 months, have you ever stayed: outside, in a car, in a tent, in an overnight shelter, or temporarily in someone else’s home (i.e. couch-surfing)?
• Are you worried about losing your housing?
• Within the past 12 months, have you been unable to get utilities (heat, electricity) when it was really needed?
Transportation
• Within the past 12 months, has a lack of transportation kept you from medical appointments or from doing things needed for daily living?
Interpersonal Safety
• Do you feel physically or emotionally unsafe where you currently live?
• Within the past 12 months, have you been hit, slapped, kicked or otherwise physically hurt by anyone?
• Within the past 12 months, have you been humiliated or emotionally abused by anyone?
Optional: Immediate Need
• Are any of your needs urgent? For example, you don’t have food for tonight, you don’t have a place to sleep tonight, you are afraid you will get hurt if you go home today.
• Would you like help with any of the needs that you have identified?

https://www.ncdhhs.gov/about/department-initiatives/healthy-opportunities/screening-questions

Whole Person Health Data Infrastructure:

NCCARE360
A New Tool for a Healthier North Carolina

- **Nation's first statewide digital health and social care coordination platform**
  - Communicate in real-time
  - Make electronic "closed loop" referrals
  - Securely share client information
  - Track client outcomes together

- **Most patients referred by health care workers or community-based organization staff**
  - Individuals can also contact NC211 to request referral and case management

https://nccare360.org/

Data to Action: Services Offered in NC's Healthy Opportunities Pilot

North Carolina's 1115 waiver specifies 29 services that can be covered by the Pilot. Services include:

Housing

- Housing navigation, support and sustaining services
- Inspection for housing safety and quality
- Housing move-in support
- Essential utility set-up
- Home remediation services
- Home accessibility and safety modifications
- Healthy home goods
- One-time payment for security deposit and first month's rent
- Short-term post hospitalization housing

Food

- Food and nutrition access case management
- Evidence-based group nutrition class
- Diabetes Prevention Program
- Fruit and vegetable prescription
- Healthy food box (pick-up or delivered)
- Healthy meal (pick-up or delivered)
- Medically Tailored Home Delivered Meal

Transportation

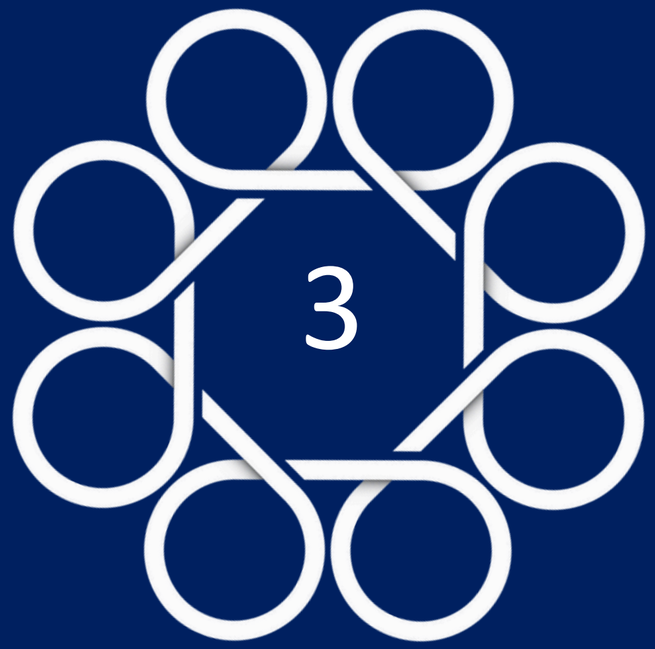
- Reimbursement for health-related public or private transportation
- Transportation case management

Interpersonal Safety

- Interpersonal safety case management*
- Violence intervention services*
- Evidence-based parenting curriculum
- Home visiting services

Cross-Domain

- Holistic high-intensity enhanced case management
- Medical respite
- Linkages to health-related legal supports



Shared Accountability on $$ and Cents

NC Healthy Opportunity Pilot: Paying Service Providers

Service Name	Fee Schedule: Rate or Cap
Housing safety and quality	Up to $214.17 per inspection
Utilities	Up to $588.33 for reinstatement utility payment
Interpersonal violence case management services	$256.66 per month
Fruit and vegetable prescription	Up to $248.43 per month
Health-related public transportation	Up to $130.78 per month
Linkages to health-related legal supports	15 min interaction = $28.36

https://www.ncdhhs.gov/healthy-opportunities-pilot-fee-schedule-and-service-definitions/open

NC HOP: Addressing SDOH works!

- **Significantly lower health care expenditures at $85 less per beneficiary per month, after accounting for HOP service delivery spending**
- **Decreased hospital utilization, including:**
  - Decreased emergency department utilization relative to non-HOP beneficiaries.
  - Decreased inpatient hospitalization for non-pregnant adults relative to non-HOP beneficiaries.
- **Reduced risks of food, housing and transportation needs**

HOP Beneficiary said: *"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."*

https://www.ncdhhs.gov/about/department-initiatives/healthy-opportunities/healthy-opportunities-pilots

Shared Accountability: Aligned Financial Incentives

Kindergarten Readiness Promotion Bundle for Primary Care

- Well visit
- Office-Based Literacy Promotion
- Developmental screening
- Social emotional screening
- PreK referral
- Parenting support programs
- Early intervention referral
- Early childhood mental health services
- Community-based literacy programs

https://ncinck.org/

NC InCK NC INTEGRATED CARE FOR KIDS

Protecting Health is a Team Sport

2025-2026 Combined Respiratory Vaccine Recommendations

	Influenza Vaccine	RSV Immunization	COVID-19 Vaccine
Infants and Children	**All children 6 months and older** Some children 6 months to 8 years may need multiple doses AAP, AAFP, CDC	**All infants <8 months + children 8-19 months with risk factors** (nirsevimab, clesrovimab), typically Oct-Mar, if no maternal RSV vaccine AAP, AAFP, CDC	**All children 6-23 months + children 2-17 years with risk factors or if parent desires vaccine** AAP, AAFP
Pregnancy	**All** At any point in pregnancy ACOG, AAFP, CDC	OR **32-36 weeks gestation** (Pfizer, Abrysvo only) Typically Sept-Jan ACOG, AAFP, CDC	**All** At any point in pregnancy ACOG, AAFP
Adults 18-50	**All** AAFP, CDC	**See Pregnancy** AAFP, CDC	**All** *Especially important for people with risk factors or who have never received a vaccine* AAFP
Adults 50+	**All** High-dose, recombinant or adjuvanted flu vaccine preferred for 65+, if available AAFP, CDC	**All 75+ and adults 50-74 with risk factors** One lifetime dose of RSV vaccine AAFP, CDC	**All** *Especially important for people with risk factors or who have never received a vaccine* AAFP

COMMON HEALTH Coalition
Together For Public Health

Last updated 9/9/25

All Vaccine Resources

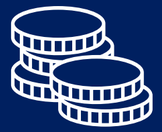
COMMON HEALTH Coalition
Together For Public Health

Protecting Health as a Team Sport: Calls to Action

Build Relationships

Trust takes time.

Build your networks early and expand your team.



Resources

Your voice is powerful!

Tell your impact stories so policymakers see why investments in team health are critical.

Team Health

Keep breaking down siloes and building intentional partnerships.

Reach out to the public health partners in your community.

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Keynote Reaction Panel: Protecting Health as a Team Sport

Charlene Wong, MD, MSHP
Associate Professor
Duke University

Moderator

Robert Eick, MD, MPH
President and CEO
Better Health Partnership

Keisha Krumm, MDiv
Executive Director
Greater Cleveland Congregations

Brian S. Martin, DMD, MHCDS
Vice President of Population Health
Akron Children's Hospital

Tristen Rader, MPA
State Representative
District 13

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