

# North Carolina's COVID-19 Support Services Program: Lessons for Other Health Policy Programs to Address Social Needs and Reduce Health Inequity

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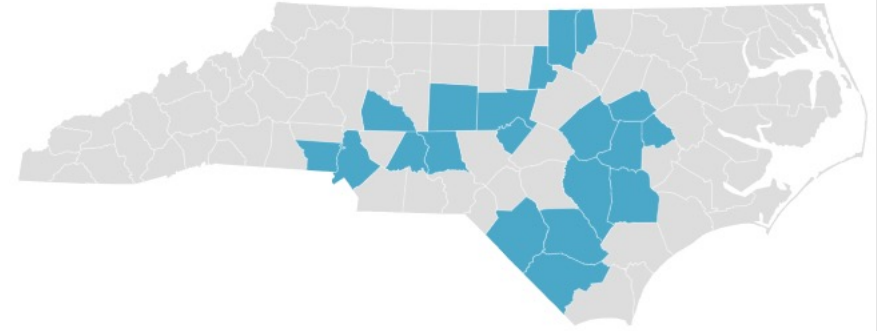


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# North Carolina's COVID-19 Support Services Program

North Carolina's *COVID-19 Support Services Program* to deliver needed social supports to those in COVID-19 isolation or quarantine

- August 2020 to February 2022
- 4 parts of state
- Prioritized organizations staffed by and serving marginalized populations
- Worked with statewide CHW program
- >43,400 households served



**Food**



**Financial relief**



**Private transportation**



**Medication + COVID supply delivery**

# Research Goals

We interviewed the SSP's administrators and frontline providers to gain a sense of major challenges and interesting solutions.

We also heard some potential ways in which technical challenges could be solved.

Issue Brief  
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*Using evidence to improve population health*

## North Carolina's COVID-19 Support Services Program: Lessons for Health Policy Programs to Address Social Needs

By William K. Bleser, Katie M. Huber, Hannah L. Crook, Rebecca G. Whitaker, Jasmine Masand, James J. Zheng, Raman Nohria, Michelle J. Lyn, and Robert S. Saunders

### Policy Points

- > As states consider expanding or creating health programs that address social needs, analysis of North Carolina's COVID-19 Support Services offers considerations such as building the capacity of community-based human service organizations, creating feedback channels for all providers, and more
- > Working with community health workers and community leaders may also help ensure the success of health programs that address social needs

### ABSTRACT

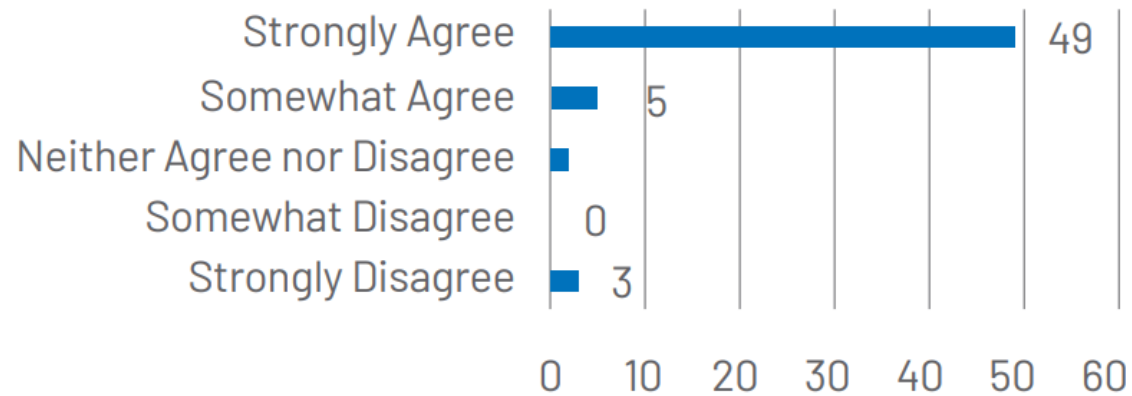
The North Carolina Department of Health and Human Services launched its COVID-19 Support Services Program in August 2020 to address multiple pandemic-related social needs in counties with COVID-19 hot spots in four target regions of the state. Lessons from the COVID-19 Support Services Program can inform other states' and payers' efforts to address social needs, as well as North Carolina's soon-to-launch \$650 million Healthy Opportunities Pilots, which will pay for and provide social services through Medicaid managed care programs. To study the COVID-19 Support Services Program, we interviewed its administrators and frontline providers across the program's service regions and partnered with one of the program's largest grantee organizations to analyze survey data.

We offer key recommendations to health policymakers (e.g., state health officials, commercial payers) creating or administering health policy programs to address social needs in local populations; our findings are also relevant to frontline implementers of such programs. Key recommendations include:

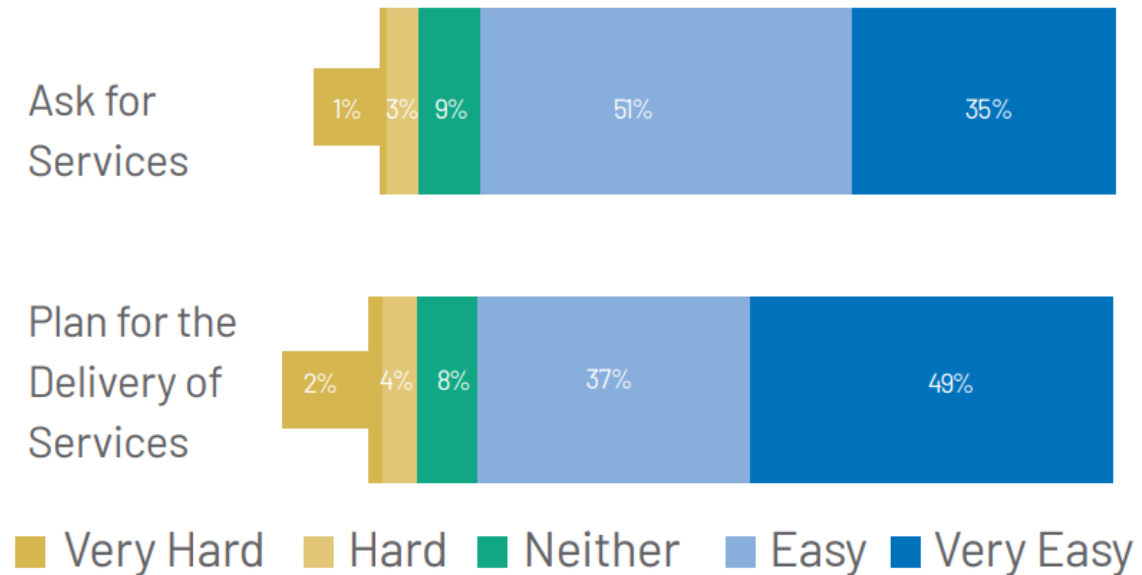
- Building the capacity of historically underfunded community-based human service organizations to handle both a larger service demand and surges in demand
- Creating timely communications and feedback channels for all levels of social service providers
- Employing community health workers, who have skillsets and experience straddling both health and social services
- Partnering with local leaders and "community quarterbacks" to achieve maximum reach and equity

# Key Takeaways: Provider & Client Satisfaction

Community health worker responses to the question: "I feel like my work during the pandemic has been valued by the community"



Client rating of how easy it was to...



# Key Takeaways: Program Administration

- Human service organizations need more upfront capital and capacity-building support than anticipated
- Need to quickly adapt to feedback, clearly communicate adjustments
- Local community health workers (CHWs) supported care delivery
- Community leaders fostered equitable community relationships
- Technology needs to easily facilitate two-way referral between health and human service providers
- Multiple types of technical assistance were required

# Panel Discussion



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