

NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

2025 Climate Strategy Report

Department of Health and Human Services

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Introduction

About the Department of Health and Human Services

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

Department of Health and Human Services' Vulnerabilities to Climate Change

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

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

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

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

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

- Support the Building Resilience Against Climate Effects (BRACE) program in the Division of Public Health and expand the tracking of health impacts of climate change in North Carolina.
 - The Climate and Health Program was awarded its FY2026 BRACE funding of \$500,000 from the U.S. Centers for Disease Control and Prevention (CDC).
 - The Program's FY2026 work plan includes the following:
 - Implementing and evaluating adaptation actions to prevent heat related illness and protect health during wildfire smoke events;
 - Continuing support of a local organization to incorporate climate and health strategies into their community health improvement plans for a 16-county region in western North Carolina. This includes creating a public communication toolkit for climate-related disasters;
 - Expanding the purview of our North Carolina Climate Adaptation Coordinator to provide local climate adaptation support to the Sandhills region and the Charlotte Metropolitan Area, including surrounding counties; and
 - Maintaining timely updates to North Carolina's Climate Impact Compendium through incorporating new data on climate indicators and updates to the [Environmental Health Data Dashboard](#). The Climate Impact Compendium provides information about climate hazards and projections in North Carolina, health impacts associated with these climate hazards, and which communities are most vulnerable to the health effects of climate change.

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

- Providing information and technical support to reduce the detrimental effects of climate hazards on health:
 - The Division of Public Health's Occupational and Environmental Epidemiology Branch (OEEB) continues to create and disseminate educational materials to reduce the effects of moisture and mold in homes with flooding or moisture impacts ([Moisture and Mold](#)

- [factsheet](#)). OEEB provides more than 1,500 consultations per year to homeowners and renters about how to address indoor air quality issues including moisture damage and mold growth.
- The Division of Public Health created [stories of public health from Hurricane Helene](#) that included case studies and success stories on [restoring safe water](#), [rebuilding businesses](#), and [community recovery](#). Additional resources included a guide to [Protect Yourself from Dust and Soil Particles Following Hurricane Helene](#), [5 Recreational Water Safety Tips After Hurricane Helene](#), and [Well and Septic Safety Following Hurricane Helene](#).
 - In June 2025, NCDHHS and Buncombe County Health and Human Services – Division of Public Health conducted a Community Assessment for Public Health Emergency Response (CASPER) survey of 210 randomly selected households to understand public health impacts and ongoing health needs from Hurricane Helene eight months after the storm. NCDHHS produced a [report with results from the CASPER Survey](#).
 - The [NC Environmental Public Health Tracking Program](#) (NCEPHT) is implementing a four-year project funded at \$1M titled “Farmworker Hurricane Recovery and Resilience.” NCEPHT is partnering with the Office of Rural Health’s Farmworker Health Program and the National Center for Farmworker Health to implement a needs assessment and conduct trainings with farmworkers and farm owners on topics highlighted during the assessment.
 - The OEEB Private Well and Health Team and NCEPHT developed a new [North Carolina Private Well Water StoryMap](#) that allows users to view private well water quality data across counties in North Carolina. This interactive webpage also includes resources for private well testing, understanding well water test results, and can serve as a resource to private well users if their well is flooded.
 - Adopt the targeted universalism approach for resilience, in which policies and programs begin by addressing the needs of those who are most vulnerable to climate change and seek to improve the resilience of the entire state.
 - The NCDHHS Climate and Health Program continues to prioritize populations disproportionately affected by climate change in their adaptation actions.
 - NCEPHT reviewed the climate measures provided in the [NC Environmental Health Data Dashboard](#) and is planning to revise its climate measures to include data from the North Carolina State Climate Office to provide more NC-specific data and align with indicators provided in the [North Carolina Resilience Exchange](#).
 - NCEPHT supported the development of the NCDHHS Climate and Health Program’s [North Carolina Climate Impact Compendium](#) (CIC), which displays data visualizations through ArcGIS StoryMaps. The CIC includes interactive dashboards on extreme heat, flooding, and wildfire and air quality, and each of these dashboards includes sub-sections on historical and projected climate exposures, climate-related health effects, climate-sensitive underlying health conditions, and social determinants of health that

affect adaptive capacity. Visitors to the CIC website will be able to access data specific to their county or census tract.

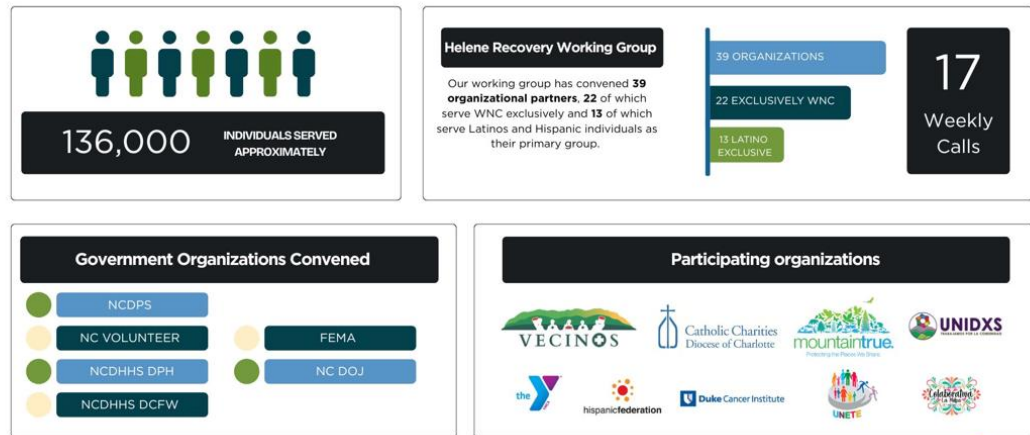
- **Develop metrics to determine progress of equity and resilience initiatives**
 - For the first time, the NCDHHS Office of Minority Health and Health Disparities (OMHHD) included an environmental health section in their 2024 Health Disparities Data Report and Guide. Environmental hazards and risks contribute to health disparities across North Carolina. Low-income communities and communities of color often face higher exposures to pollution, unsafe housing, and other environmental threats, leading to increased rates of asthma, heat-related illness, and chronic disease.
 - NCDHHS recognizes environmental health and justice as key components of health and is working to include related data—such as climate impacts—into public health assessments and planning. By addressing environmental conditions alongside access to care and other social factors, NCDHHS aims to reduce health disparities and promote healthier communities. The OMHHD is collaborating with epidemiologists in the NCDHHS Occupational and Environmental Epidemiology Branch to include measures related to heat-related illness and extreme weather, which are known climate, health, and equity concerns.
 - The OMHHD established the following metric for 2024–2025: the number of outreach or education events on heat safety conducted in vulnerable communities each year. In 2025, 14 events were held focusing on farm workers and heat-related issues, along with other health topics aimed at improving health outcomes, promoting disease prevention, and increasing education and awareness. At these events, participants received water bottles, health literature, and information about community organizations that provide supportive services. These efforts reached more than 3,000 individuals, predominantly in rural counties across the state.
- Engage community and faith-based organizations that work in disaster response to incorporate other elements of resilience into their programming.
 - OMHHD successfully launched Phase I of the Health Equity Interfaith Leaders Network, starting with Black Faith Leaders and expanded to faith leaders in the Latinx/a/o community.
 - OMHHD engages community and faith-based organizations that work in disaster response to incorporate other elements of resilience into their initiatives. OMHHD will continue to build out a full interfaith network that serves communities that have been historically marginalized. One of the many issues faith networks will consider are the impacts of climate change, disaster response and equitable access by historically marginalized populations to resources during times of crisis.
 - As a result of this and in partnership with Division of Public Health, OMHHD has done the following:
 - **Facilitating Hurricane Helene Relief Efforts** in response to Hurricane Helene’s impact on Western North Carolina, OMHHD coordinated relief efforts through

partnerships with disaster response organizations. Weekly and monthly community touchpoints ensured efficient resource dissemination.

- OMHHD briefed the Governor’s Latino Advisory Council on Helene Updates during the November 2024 council meeting, receiving a commendation from the Office of the Governor on the Working Group efforts to support Helene Recovery.
- Weekly recovery calls in Spanish facilitated alongside Governor’s Office and Volunteer NC (October 2024-May 2025); 6 intergovernmental partners, and 22 nonprofit and community-based organizations.
- Engagement included 291 questions asked and 232 answered live, reflecting active participation.
- Each meeting offered an opportunity for strategizing, resource exchange and dissemination to dialogue, collaborating across the region to continue to provide case management support to the counties impacted by Hurricane Helene.

Hurricane Helene Recovery: Impact

WNC Helene Recovery Working Group Community and Partner Engagement



NCDHHS

Hurricane Resiliency Efforts

- NCDHHS’ OMHHD attended the **Unidos Por la Tierra y la Comunidad (UTC) Coalition** in May 2025. This Coalition serves to collaborate with government and nongovernment agencies to support disaster preparedness and resilience, with a focus for this first meeting on Farmworkers.
- OMHHD collaborated with **NC Latino Disaster Recovery Alliance** to share updated resources and preparedness strategies for the hurricane season.

- With agency communications offices, set goals and strategies to increase interaction with communities that have historically frayed relationships with government and government officials.
 - OMHHD prioritizes engagement with communities which have been marginalized and maintain regular contact with faith and community-based organizations that support populations from African American, Native American/American Indian, Latinx/Hispanic communities, rural communities, and those representing individuals with disabilities and from LGBTQIA+. OMHHD focuses on rural, low wealth communities with a specific emphasis on individuals with disabilities, those with behavioral health conditions, and those who experience greater health disparities.
 - OMHHD prioritizes **Access to Care Events** which are community-based initiatives where we partner with local organizations to address specific and targeted health disparities identified through data. We collaborate with nonprofits, healthcare providers, faith-based organizations, and private sector partners to host events that inform and educate the public on how to successfully navigate the healthcare system. The ultimate goal is to improve health outcomes across North Carolina. These events focus on disease prevention, early intervention, and promoting overall well-being.
 - OMHHD is fully staffed with dedicated Program Managers overseeing distinct areas of responsibility, including a Communications Specialist, an Epidemiologist, a Cultural Competency Program Manager, and additional Community and Partner Engagement Managers with individualized scope of work to address health care needs and raising awareness of emerging causes of chronic disease & prevention and engaging with community partners to increase accessibility to relief services, fortifying support and emergency preparedness amongst historically marginalized populations, Tribal and LatinX communities.
 - Between Oct – Dec 2024, NCDHHS hosted a series of virtual tele-town halls, inviting Western North Carolinians and statewide partners to receive vital Public Health Messaging, information on programs and benefits like Disaster-Supplemental Nutrition Assistance Program [D-Snap], Mental Health Resources, and other resources on Housing and Direct Services. The Collaboration with community and local partners and organizations as panelists and participants allowed us to learn and hear directly about concerns, potential disparities as we collectively worked to address these.
- These town halls helped set a precedent for **inclusive disaster response**, ensuring no one is left behind during recovery.
- Past crises have shown that **communication gaps** can cost lives. NCDHHS hosted the town halls to help **build resilient, inclusive disaster response systems** through community partner engagement.

- The Statewide Helene Recovery Calls allowed NCDHHS to collaborate with local community-based Organizations for effective disaster response and recovery, to strengthen partnerships, streamline resource allocation, and enhance community resilience.
- The town halls were **not just informational** — they were **collaborative**. Community members were encouraged to voice their experiences and needs.
- The town halls served as a space where responses were being shaped and informed **by the lived experiences and on-going needs** shared during the calls.
- The 5 Townhalls convened a total of 2,224 attendees and answered a total of 232 live audience questions in addition to providing updated resources and information from October-December '24 immediately supporting Helene Recovery, and resources and dissemination of vital information.
 - Additionally, OMHHD worked with faith-based groups, non-profits, and community-based organizations to host a weekly Hurricane Helene Recovery Working Group.
 - Recognizing that Latinos and Hispanics make up 8.1 percent of the impacted population, the Latinx and Hispanic Policy and Strategy program hosted weekly calls from **October'24 – May'25 with community leaders reaching approximately 250,000 individuals served by our 40 community partners, and other government organizations**, and subject matter experts including FEMA, NC Department of Justice, NC Department of Public Safety and Volunteer NC, the Consulates of Mexico, Guatemala, El Salvador and Honduras to help address the cultural nuances, and eligibility of various programs for communities across WNC.
 - In Sep '24 OMHHD worked closely with the Division of Public Health to distribute timely information to hard-to-reach populations, including farmworker populations and Spanish speaking populations of culturally and linguistically relevant information.
- Spanish-speaking North Carolinians are disproportionately impacted by climate change. Latinx/Hispanic populations in North Carolina often reside in areas disproportionately impacted by climate hazards like extreme heat and flooding. In addition, their access to information about climate change and health in their native language is limited. The following activities aim to continue building relationships with trusted community organizations to help address these structural inequities:
 - In March 2025, the OMHHD's Latinx Policy and Strategy Program's Community and Partner Engagement efforts focused on reaching Spanish-speaking and Latinx/Hispanic individuals across North Carolina. This includes supporting public service announcements (PSAs) created by the Division of Public Health and Neimand Collaborative with PSAs on health equity materials targeted to Spanish-speaking members of the community including Public Health Safety during Disaster response. These PSAs were distributed via broadcast (e.g., television and radio), websites (e.g., YouTube and NCDHHS website), social media platforms (e.g., Twitter (X), TikTok, Instagram, and Facebook) and at movie theaters and in-person sporting events.
- Additionally, the Noticias Newsletter, a bilingual publication written at a universal legibility level (7th grade) for Latinx stakeholders, was disseminated 18 times to over 700 subscribers during

the 2024-2025 fiscal year. **Ten of the publications shared Hurricane Response and Recovery content.**

- OMHHD presented in a virtual Language Access Education Series on Disaster Response and Language Access, hosted by UNC Chapel Hill's Language Access Program and Building Integrated Communities. This work is critical because research shows that individuals with limited English proficiency (LEP) are at higher risk during emergencies due to barriers in receiving timely and accurate information (see Xiang et al., 2021). OMHHD will continue supporting a 6-month program in 2026, helping local governments develop Language Access Plans for Emergencies and Disasters to ensure that all community members can access essential services and resources during crises. Effective language access planning enhances disaster preparedness, ensures equitable emergency response, and strengthens the ability of communities to recover safely.

Reference

Xiang, T., Gerber, B. J., & Zhang, F. (2021). Language access in emergency and disaster preparedness: An assessment of local government "whole community" efforts in the United States. International Journal of Disaster Risk Reduction, 55, 102072. DOI: 10.1016/j.ijdrr.2021.102072.

Program highlights:

- Discusses lessons learned around language access and the role of community engagement during natural disasters.
- Training series is available to statewide audiences on YouTube.
- Also presented: Lessons Learned Beyond the Press Release, at the NC Public Health Leaders Conference.
 - *"Featuring perspectives from a local health department leader in an impacted area, a language access and Spanish-speaking community engagement strategist, and a representative from the Division of Public Health, this session will offer valuable takeaways for building trust, resilience, and connection in times of crisis and beyond".*
 - Panelists shared real-world experiences and strategies, including lessons learned, importance of internal and external messaging, stakeholder collaboration, the dissemination of materials to diverse audiences, and much more. Attendees will leave with practical knowledge and tools to strengthen communication practices both during emergencies and in day-to-day communication efforts.
 - **OMHHD's Latinx/Hispanic Policy Program supported the translation and dissemination of a lessons learned survey for NC Emergency Management.** The Program also participated in 6 Media Interviews on disaster food and nutrition services and other health-related services provided by NC DHHS, with JM Pro TV, Enlace Latino, Blue Ridge Public Radio, with JM Pro TV, Enlace Latino, and Blue Ridge Public Radio.
 - OMHHD have added a section on [environmental health](#) on their webpage to increase awareness of environmental risks, promote community engagement, and provide resources for preventing heat-related and other environment-related health issues.

- Provide data and best practices to equip local government to perform and regularly update county vulnerability assessments.
 - NCDHHS worked with partners at the NC Conservation Network and supported a contract with the Western North Carolina Health Network to increase the inclusion of environmental health quality and relevant references to environmental health disparities, in Community Health Assessments.
 - A total of 13 local health departments included environmental health quality and disparities chapters in their 2025 Community Health Assessments, with 9 of 13 adopting a chapter that reflected western North Carolina as a whole, including its economic and environmental history and impacts of natural disasters.
 - Additionally, 4 Community Health Assessments mentioned environmental justice and 30 Community Health Assessments included a map of the CDC Environmental Justice Index.
 - We continue to conduct outreach to local health departments around the state and are currently evaluating how the needs expressed in Community Health Assessments overlap with services that could be provided by NCDHHS.
- The state should consider a pilot project focused on flooding. Modeling, observational data, mapping, and socioeconomic analysis could be brought together to evaluate the spatial extent of exposure. A quantified assessment could reveal the degree of vulnerability and risk of property, people, and other resources. Options for adaptation could then be considered with a clear understanding of how those factors differ through space and time throughout the state.
 - NCDHHS has completed a literature review of the health effects of flooding and continues to explore opportunities and additional resources to help document the potential health effects of flooding in North Carolina.
- Resilience-relevant programs should engage new types of partners in their work, such as institutions that are frequent points of contact for socially vulnerable people, e.g., schools, medical clinics, retail outlets, houses of worship, and public transit services.
 - The NCDHHS Climate and Health Program has continued to increase its engagement with new partners, including with organizations across the state that are supporting occupational health and safety for outdoor workers who are exposed to extreme heat, and nationally with the STAT Network at Brown University by participating in their Extreme Weather & Health Action Network and contributing to development of their STAT Policy Roadmap to protect the health of Americans in the wake of extreme weather. The program has expanded its engagement with farmworker organizations, maintaining its partnership with the North Carolina Farmworker Health Program (FHP) and subsidiary organizations to distribute 900 additional high velocity fans to migrant farmworkers across the state who do not have access to air conditioning in their homes. The program also collaborated with the FHP and the Eastern Area Health Education Center (AHEC) to develop and hold a Heat Health Training for Clinicians and Care Teams

Serving Farmworkers, and continued its engagement with tribal communities by presenting on climate and health issues at the United Tribes of NC Conference. The Climate and Health Program continues to promote improved health outcomes by addressing climate hazards through contracts with the UNC Center for Public Engagement with Science, the Western North Carolina Health Network, and Sustainable Sandhills.

NCDHHS continues to build trust by implementing its Public Participation Plan (<https://www.ncdhhs.gov/about/department-initiatives/public-participation-plan>) and engaging local leaders to guide our policies and practices, investing in partners on the ground, codesigning solutions, using data to drive outreach and interventions, using culturally and linguistically appropriate strategies, and working to ensure contractors and other trusted partners look like the communities served.

Additionally, the NCDHHS Division of Public Health conducted surveys in 2025 and found that trust in local and state public health is strong — and growing (<https://www.dph.ncdhhs.gov/about-us/north-carolinians-trust-public-health>). Compared to 2024, trust has increased with 73% of respondents trusting local health departments quite a lot or a great deal and 67% of respondents having a great deal or quite a lot of trust in NCDHHS.

Department of Health and Human Services' Progress Toward Reducing Emissions

William (Bill) Stevens, NCDHHS Division of Property and Construction Chief of Facilities Engineering and Construction, remains the designated NCDHHS Utility Manager. NCDHHS does not have an Energy Manager position. Bill Stevens worked with divisional staff and outside design consultants to ensure that repair and renovation and new capital projects were designed and constructed with the goal of minimizing energy usage. Bill Stevens was the Project Manager for nine new dual electric vehicle charging stations that were successfully installed at our Division of State Operated Healthcare Facilities (DSOHF) statewide and which were partially funded through the DEQ Volkswagen Settlement Grant Program – Phase II.

The Division of Property and Construction continued to work with leadership, facility maintenance staff, and other stakeholders at all DSOHF campuses to develop and implement an energy conservation plan to reduce energy use by: identifying ways to reduce water usage, consolidating staff into fewer buildings and reducing or shutting off utilities to vacated buildings, instituting temperature setbacks after normal business hours, designing new HVAC building systems in accordance with all applicable building code requirements, specifying energy efficient equipment, installing motion sensors, replacing existing incandescent and compact fluorescent lights with LED lights, installing variable frequency drives, commissioning new building systems, replacing existing windows, installing additional insulation in walls and on roofs, purchasing electric and zero emission replacement vehicles, and installing electric vehicle charging stations.

DHHS was recognized by the Department of Environmental Quality's State Energy Office for reducing its energy consumption in their state allocated facilities by 39 percent as of the end of SFY 2023-2024 from the SFY 2002-2003 baseline, the highest reduction among state agencies. DHHS remains on track to complete Governor Cooper's Executive Order 80, a goal set in 2018 for cabinet agencies to reduce energy consumption in state-owned buildings by 40 percent per square foot from 2002-2003 baseline levels by 2025.

Goals, Strategies, and Actions

1.0. Reduce greenhouse gas emissions

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

1.1.1 Black Mountain Neuro-Medical Treatment Center: Gravely Hall Renovations

Status: Underway

Expected Completion Date: November, 2025

Progress during 7/1/2024-6/30/2025: Construction began July 2023 and has continued to this point.

During the next 12 months, construction will continue. Construction completion is expected in November 2025.

1.1.2 Black Mountain Neuro-Medical Treatment Center: Raspberry Hall Renovations

Status: Underway

Expected Completion Date: Ongoing

Progress during 7/1/2024-6/30/2025: Design has continued for the project, and construction documents were submitted to the NC Department of Administration State Construction Office (SCO) for review and approval. Specified construction standards meet or exceed minimum standards allowed by code.

During the next 12 months, the above design will be finalized, the project issued to construction contractors for bids, and construction started. The project is expected to be ready for bidding in the winter of 2025.

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| <p>1.1.3 Black Mountain Neuro-Medical Treatment Center: Boiler Plant Upgrades</p> <p>Status: Underway Expected Completion Date: December, 2025</p> <p>Progress during 7/1/2024-6/30/2025: Construction started and continues.</p> <p>During the next 12 months, construction will continue. Construction completion is expected by end of 2025.</p> |
| <p>1.1.4 Black Mountain Neuro-Medical Treatment Center: Steam Pipe Replacement</p> <p>Status: Underway Expected Completion Date: Ongoing</p> <p>Progress during 7/1/2024-6/30/2025: Design contract was awarded and design started.</p> <p>During the next 12 months, complete design and submit construction documents to SCO for review and approval, issue construction contractors for bids, and start construction.</p> |
| <p>1.1.5 Broughton Hospital: Avery Building Repairs. This project includes mechanical and boiler upgrades</p> <p>Status: Underway Expected Completion Date: Ongoing</p> <p>Progress during 7/1/2024-6/30/2025: Design of the roof replacement project and the project to isolate the Avery building from the Old Broughton Hospital central utility plant continued.</p> <p>During the next 12 months, NCDHHS expects to continue the design phase and begin to bid the project for construction</p> |
| <p>1.1.6 Caswell Developmental Center: Boiler Installation at Kendall Hall & Johnson Halls</p> <p>Status: Underway Expected Completion Date: Winter, 2025</p> <p>Progress during 7/1/2024-6/30/2025: Construction started and continued. Design has been completed, project bid and construction contract awarded, major equipment has been procured and is on site.</p> <p>During the next 12 months, construction will continue, with expected completion in the winter of 2025.</p> |

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| <p>1.1.7 Cherry Hospital: Building Automation System Upgrades</p> <p>Status: Underway Expected Completion Date: Winter, 2025</p> <p>Progress during 7/1/2024-6/30/2025: Construction started and continues.</p> <p>During the next 12 months, construction will continue with expected completion in the winter of 2025.</p> |
| <p>1.1.8 Renovate J. Iverson Riddle Developmental Center: Spruce Cottage Renovation</p> <p>Status: Underway Expected Completion Date: January, 2026</p> <p>Progress during 7/1/2024-6/30/2025: Construction started and continued.</p> <p>During the next few months, continue construction with anticipated completion in January of 2026.</p> |
| <p>1.1.9 Renovate J. Iverson Riddle Developmental Center: Cedar Cottage Renovation</p> <p>Status: Underway Expected Completion Date: Ongoing</p> <p>Progress during 7/1/2024-6/30/2025: Continued with design.</p> <p>During the next 12 months, issue to contractors for bids and start construction.</p> |
| <p>1.1.10 Julian F. Keith ADATC: Split System Replacement for Six Buildings</p> <p>Status: Underway Expected Completion Date: Ongoing</p> <p>Progress during 7/1/2024-6/30/2025: Awarded design contract and design started.</p> <p>During the next 12 months, submit construction documents to SCO for review and approval, send out to bid, award construction contract, and start construction.</p> |
| <p>1.1.11 Longleaf Neuro-Medical Treatment Center: Scott Wing Water & HVAC Upgrades</p> <p>Status: Underway Expected Completion Date: January, 2027</p> <p>Progress during 7/1/2024-6/30/2025: Construction started and continued.</p> <p>During the next 12 months, continue construction with anticipated completion date of January of 2027.</p> |

1.1.12 Longleaf Neuro-Medical Treatment Center: Boiler Plant Upgrades

Status: Underway

Expected Completion Date: December, 2025

Progress during 7/1/2024-6/30/2025: Construction started and continued.

During the next months, continue construction with anticipated completion date of December of 2025.

1.1.13 Murdoch Developmental Center: Ridgeway Cottage Renovation

Status: Underway

Expected Completion Date: Ongoing

Progress during 7/1/2024-6/30/2025: Completed design, issued for bid, and started construction. Design has progressed.

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

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

Status: Underway

Expected Completion Date: May, 2026

Progress during 7/1/2024-6/30/2025: Construction started and continued. Design was completed, project bid and construction contract awarded.

During the next 12 months, continue construction with anticipated completion date of May of 2026.

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

Status: Ongoing

Expected Completion Date: Ongoing

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

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

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

Status: Ongoing

Expected Completion Date: Ongoing

NCDHHS Utility Managers continue to monitor trends in energy usage by evaluating utility reports which will allow them to see spikes in energy use that could indicate system leakage.

In the next 12 months, NCDHHS Utility Managers will continue to monitor energy usage and correct any detected system leaks.

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

Status: Ongoing

Expected Completion Date: Ongoing

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

Progress to replace lighting continued during 7/1/2024 – 6/30/2025 with most of the work performed by the in-house maintenance staff at each facility.

During the next 12 months, replacement of existing incandescent and fluorescent lighting with LED lighting will continue in areas without planned renovation as funding is available.

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

Status: Ongoing

Expected Completion Date: Ongoing

Progress during 7/1/2024-6/30/2025, continued to identify less dense building occupancy areas where temperature setbacks were utilized.

During the next 12 months, continue to identify opportunities to implement temperature setbacks for non-occupied time periods for non-patient areas.

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

Status: Ongoing

Expected Completion Date: Ongoing

In general, on all building renovation and HVAC projects, new HVAC systems are selected for energy efficiency to reduce energy use, which reduces greenhouse emissions. When direct expansion HVAC systems are replaced, they are replaced with heat pumps to reduce heating season gas consumption.

During 7/1/2024-6/30/2025, continued to meet with stakeholders at various statewide campuses to identify and implement energy conservation projects and develop energy conservation plans.

During the next 12 months, we plan to continue to work with stakeholders at statewide campuses to identify and implement energy conservation projects and to develop energy conservation plans.

1.1.20 Design new buildings and renovation projects

Status: Ongoing

Expected Completion Date: Ongoing

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

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

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

Status: Complete

Expected Completion Date: June, 2025

These projects were coordinated with NC DEQ and utilized the VW settlement grant – Phase II reimbursement program for a portion of the funding for the projects.

Progress during 7/1/2024-6/30/2025, successfully completed installation of nine new EV dual charging stations at the DHHS campuses noted above.

During the next 12 months, no new EV charging stations are planned due to lack of state funding.

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

Status: Ongoing

Expected Completion Date: Ongoing

Continued to research the latest industry standards to stay current with the best energy conservation practices and strategies for addressing environmental justice and equity considerations. Incorporated these standards and strategies into the design, construction, and maintenance of NCDHHS statewide facilities. Representatives from the NCDHHS Division of Property and Construction attended the 43rd Annual State Construction Conference and the 2024 State Energy Conference of North Carolina hosted by the NC Clean Energy Technology Center and Office for Professional Development at NC State University to learn about the latest industry standards and best design, construction, and maintenance practices and strategies to conserve energy at state-owned facilities.

During the next 12 months, NCDHHS Division of Property and Construction will continue to perform research and plans to attend the 44th Annual State Construction Conference and the 2025 State Energy Conference of North Carolina to remain current with the latest industry standards, practices, and strategies regarding energy conservation.

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

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

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

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

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

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

Status: Ongoing

Expected Completion Date: Ongoing

Between July 1, 2024, and June 30, 2025, NCDHHS continued to work diligently along with the Motor Fleet Management (MFM) to fully vet all vehicular asset situations whether for new or replacement vehicles regardless of lease or own status. Further, all new or replacement vehicular asset deployments were evaluated for potential EV/ZEV utilization. These processes incorporated feedback from the departmental divisions to help identify EV/ZEV deployment opportunities. Vehicle utilization required to provide direct client services, was the final arbiter of the make and model requested and deployed, but always in the most economical yet environmentally sustainable manner, be it EV/ZEV, hybrid or gas. NCDHHS utilized seven (7) MFM leased EV/ZEV vehicles representing approximately 9% of the existing assigned/leased MFM EV/ZEV fleet. At the same time, the NCDHHS Fleet Services Office increased, with our partners at MFM, the total number of hybrid vehicles from 84 to 104 within the last year.

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

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

Status: Ongoing

Expected Completion Date: Ongoing

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

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

1.4.3 Add additional EV/ZEV units to the NCDHHS fleet

Status: Ongoing

Expected Completion Date: Ongoing

Since the last report, NCDHHS has added one (1) additional EV/ZEV unit to the fleet and continues to look for opportunities given the make/models made available through Motor Fleet Management (MFM).

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

1.5 Initiate other initiatives to decarbonize the transportation sector

1.5.1 Augment electrical service infrastructure to support EV/ZEV vehicles

Status: Ongoing

Expected Completion Date: Ongoing

Between July 1, 2024, and June 30, 2025, NCDHHS continued to undertake supportive measures with NCDHHS allocations (state owned and leased properties) to augment electrical service infrastructure to support EV/ZEV vehicles – both those in service and additional EV/ZEV units as they come online with the NCDHHS after procurement by the Motor Fleet Management (MFM). Further, NCDHHS worked with the NC Department of Administration and State Property Office (SPO) towards incorporation of EV/ZEV infrastructure language into the lease acquisition process and further incorporate EV charging stations into the new DOA parking deck which serves the DOA building constructed for the DHHS Headquarters in Raleigh. Lastly, NCDHHS implemented the DEQ grants from the DEQ VW Settlement, reimbursement program, to install nine (9) EV Level II charging stations at facilities across the state.

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

1.5.2 Support the Development of the NC Clean Transportation Plan

Status: Underway

Expected Completion Date: Ongoing

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

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

In summer 2025, a commentary about the health benefits of implementing the NC Clean Transportation Plan titled *Protecting Public Health with Clean Transportation in North Carolina* was submitted for publication in the journal Environmental Health Insights and is under review. This is a commitment from EO 271 and the revised manuscript should be published online in fall 2025.

1.5.3 Increase EV/ZEV electrical infrastructure at NCDHHS allocated campuses

Status: Ongoing

Expected Completion Date: Ongoing

Since the last report, NCDHHS has incorporated additional EV/ZEV electrical infrastructure at NCDHHS allocated campuses, through the DHHS' participation in the 2nd Round of the NC Department of Environmental Quality Volkswagen Level 2 Agency Program to install a dual electrical vehicle charging station (infrastructure) at DHHS Division of State Operated Healthcare Facilities at nine (9) of the twelve (12) campuses statewide. NCDHHS will also be investigating additional EV/ZEV infrastructure opportunities such as through the NC State University Clean Fuel Advanced Technology (CFAT) program.

1.6 Initiate other projects aimed at reducing statewide greenhouse gas emissions

See Section 1.1.22

2.0. *Increase statewide resilience to the impacts of climate change*

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

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

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

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

Status: Ongoing

Expected Completion Date: Ongoing

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

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

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

2.3.1 Complete a flood survey assessment and develop adaptation strategies

Status: Underway

Expected Completion Date: December, 2025

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

During the next 6 months, the NCDHHS Climate and Health Program staff will complete a final version of the flood report and disseminate the report and key findings to community stakeholders. Additionally, the program will collaborate with community leaders from the surveyed region to identify climate adaptations that can aid in preparedness efforts for the future.

2.3.2 Support the integration of climate change into community plans

Status: Ongoing

Expected Completion Date: Ongoing

The NCDHHS Climate and Health Program supported the State Resilience Office (formerly the North Carolina Office of Recovery and Resiliency) and North Carolina Emergency Management to integrate new extreme heat content and heat-related illness data into regional Hazard Mitigation Plans. Since October 2024, the Climate and Health epidemiologist has provided data visualizations and written summaries of HRI emergency department visits at the regional and county level.

During the next 12 months, the NCDHHS Climate and Health Program will continue to support this effort by providing regional heat data to hazard mitigation plans in keeping with each plan's deadline.

2.3.3 Support community preparedness planning for Extreme Heat

Status: Complete

Expected Completion Date: April, 2025

The NCDHHS Climate and Health program collaborated with the State Resilience Office (formerly the North Carolina Office of Recovery and Resiliency), the North Carolina State Climate Office, and other partners who work on heat-related health issues to support a new *Planning for Extreme Heat Cohort* program. Over several months, cohort participants consisting of communities and local governments met to learn about identifying community members most affected by extreme heat, accessing and understanding local data related to extreme heat, identifying heat relief and heat mitigation strategies, and finding funding opportunities for projects.

Cohort participants used the template in the [Heat Action Plan Toolkit](#) to build a draft heat action plan for their community.

During the next 12 months, the NCDHHS Climate and Health Program will support the next seven-month iteration of the *Planning for Extreme Heat Cohort* by providing technical expertise on heat-related illness surveillance and information on various resources available for communities to leverage their heat preparedness planning.

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

Status: Ongoing

Expected Completion Date: June, 2026

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

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

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

- 2.4 Help complete initiatives in the Natural and Working Lands Action Plan and Executive Order 305, An Order to Protect and Restore North Carolina’s Critical Natural and Working Lands

This section is not relevant to NCDHHS.

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

See Sections 2.3.1 – 2.3.3; 3.1.2 – 3.1.4; 3.2.1 – 3.2.2

3.0. Address the public health impacts of climate change

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

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

Status: Underway

Expected Completion Date: July, 2027

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

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

In August 2022, NCDHHS was awarded a grant from CDC that supported the launch of the [NC Environmental Health Data Dashboard \(EHDD\)](#), and the formation of an Environmental Public Health Tracking (EPHT) Program for North Carolina. The EHDD is designed to examine community characteristics and vulnerabilities that lead to inequitable environmental exposures and disproportionate health outcomes. The dashboard includes environmental exposure and health outcome data such as extreme heat, chemical releases, heat-related illness, asthma emergency department visits, and carbon monoxide poisonings. During the past year, several additional health indicators were updated or newly added to the EHDD. NCEPHT also worked closely with the Climate and Health Program to help develop their Climate Impact Compendium and identified new climate projections to add to the EHDD. These projections were provided by the NC State Climate Office and aligned with the NC Resilience Exchange to improve alignment in tools across state agencies.

During the next 12 months, the revised climate change indicators will be added to the EHDD. NCEPHT will collaborate closely with the Climate and Health Program on other potential indicators and resources and will continue to support their Climate Impact Compendium.

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

Status: Underway

Expected Completion Date: August, 2026

During July 1, 2024 to June 30, 2025, NCDHHS Climate and Health Program staff and affiliates continued to provide education and training on the health impacts of climate change for various audiences, including cabinet and non-cabinet agencies, public health agencies, and community organizations. Example presentations include:

- “Using Syndromic Surveillance for Heat-Related Illness in North Carolina (2009–2023) to Evaluate Local Interventions” (July, 2024).
- “Occupational heat-related illness emergency department visits in North Carolina, 2016 – 2022” (August, 2024).
- “Navigating the Intersection Between Public Health and Climate Change” at the North Carolina Public Health Association Fall Conference (September, 2024).
- “State of the State: Climate, Health, and Equity in North Carolina, 2024” (November, 2024).
- “Human Health Impacts of Heat” at the *Extreme Heat Cohort* meeting (January, 2025).
- “Building Intertribal Approaches and Resilience to Climate Impacts” at the Unity Conference (March, 2025).
- “Public health actions to address extreme heat in North Carolina” at the Public Health Leaders Conference (March, 2025).
- “Leveraging partnerships to address extreme heat in North Carolina” (April, 2025).

During the next 12 months, the Climate and Health Program will continue to provide education and training on the health impacts of climate change, including trainings on heat health for clinicians serving farmworkers. The program will also continue engagement with Local Health Departments by providing education and resources on the hazards of climate change, how these impact human health, and mitigation strategies. This includes promotion of the Heat Health Alert System.

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

Status: Ongoing

Expected Completion Date: Ongoing

The NCDHHS Climate and Health Program developed a partnership with the University of North Carolina Center for Public Engagement with Science (UNC CPES) to develop and pilot a NC educational standards-aligned lesson plan on climate change-related wildfire smoke and health in three NC high school classrooms during 2024. The lesson plan was piloted in three high schools across two counties, Buncombe and Cumberland, where wildfire and prescribed burn smoke are relevant hazards and characterized by abundant wildland-urban interface and/or frequent prescribed fires. Such regions are in eastern NC (e.g., the Sandhills region) and western NC, which includes areas “identified as moderate to extreme risk” according to the Southern Wildfire Risk Assessment Portal (SWRAP). UNC CPES prioritized classrooms serving students with fewer resources to adapt to climate change (e.g., communities that are low-income, underserved, or have a high prevalence of asthma or other respiratory conditions). This includes Cumberland and Buncombe Counties, where CPES has robust science teacher networks. The pilot lesson plan reached 87 students in grades 9-12.

During the next 12 months, the wildfire smoke and health lesson plan will be further disseminated to high school science teachers across the state and will incorporate content (e.g., composition of wildfire smoke) from the lesson plan into educational materials used in existing training of public health professionals and other community educators. The results of these efforts will build the capacity of the UNC CPES and participating teachers and public health professionals to educate residents of NC communities about the composition of smoke from wildland fires, the health effects of smoke exposure, and strategies to prevent and minimize exposure to smoke during wildland fire events.

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

Status: Ongoing

Expected Completion Date: Ongoing

The NCDHHS Climate and Health Program convenes a Statewide Heat Illness Working Group, which meets monthly during the heat season (May-September) to discuss heat-related illness surveillance and share information and resources related to heat-related illness prevention activities statewide. This workgroup includes members from state and local public health departments, state emergency management, non-profits, and academia. The Climate and Health program provides this working group weekly heat-related illness surveillance reports, and in 2025 also sent out a mid-season report.

During the next 12 months, the Climate and Health Program will continue to coordinate Statewide Heat Illness Working Group meetings and will plan meeting topics and activities for the 2026 heat season.

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

Status: Ongoing

Expected Completion Date: Ongoing

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

As a part of its BRACE Cooperative Agreement with CDC, the NCDHHS Climate and Health Program has updated its [Climate Impact Compendium](#) to create an ArcGIS StoryMap, leveraging the [Environmental Health Data Dashboard](#). The Climate Impact Compendium is a tool accessible on our Climate and Health Program's webpage that provides a collection of StoryMaps displaying the current and projected future impacts of climate change in North Carolina. This tool serves several purposes, including 1) to provide a resource for communities to visualize climate hazards and other health data by geographic location to better inform their adaptation and planning capacity, and 2) to help the Climate and Health Program identify the geographic locations and quantitative values of current and projected exposures to climate hazards, health effects, and social determinants of health to inform future programmatic activities.

During the next 12 months, the Climate and Health Program will continue to review and update the climate and health related data in the Environmental Health Data Dashboard and in the ArcGIS StoryMap that describe climate hazards, health effects, vulnerabilities, and adaptation resources at the local level. The Climate Impact Compendium will be updated at least annually.

3.1.6 Conduct statewide heat-related illness surveillance

Status: Ongoing

Expected Completion Date: Ongoing

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

The NCDHHS Climate and Health Program uses emergency department visit data from the North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NCDETECT) to develop weekly heat-related illness surveillance reports during the heat season (May–September). The reports summarize the counts, rates, and proportion of Heat-Related Illness Emergency Department visits at the statewide and regional levels. These reports are emailed to the State Heat Illness Working Group and posted on the NCDHHS Climate and Health Program’s [NC Heat Health Data and Reports](#) webpage. The Climate and Health Program also produced an annual report summarizing the 2024 heat season and a mid-season report comparing the first half of the heat season in 2025 to the past five years.

In addition to these reports, the program also responds to data requests from local health departments, county-level governments, academics, non-profit organizations, and others by providing specific heat-related illness data to inform planning efforts at the local level. The program also provides documented heat-related illness data to inform updates to regional hazard mitigation plans.

During the next 12 months, the Climate and Health program will continue to conduct heat-related illness surveillance to inform local and statewide partners and the population of North Carolina.

3.1.7 Develop and maintain comprehensive tick and mosquito surveillance

Status: Ongoing

Expected Completion Date: Ongoing

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

NCDHHS Division of Public Health (DPH) has developed multiple processes to conduct tick surveillance. Using CDC Epidemiology and Laboratory Capacity (ELC) funds, the NC DPH has collaborated with university partners to conduct surveillance for both Ixodes and Metastriate ticks. This has resulted in, to date, 64 counties in NC being surveyed for the vector of Lyme disease and has allowed DPH to characterize the emergence of ticks and tickborne diseases in our state. Approximately 1,500 *Ixodes* ticks have been collected and tested for several pathogens at the CDC, with data being available on [Tick Surveillance Data Sets](#).

The NC Tick ID program, a citizen science initiative also funded by ELC, has received over 1,000 tick submissions from 120 veterinary clinics and animal shelters across the state. This has allowed DPH to identify the distribution of over 12 tick species in the state. This program has also allowed DPH to detect and monitor the spread of the invasive tick species, the Asian longhorned tick, which has been spreading across the state since around 2019.

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

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

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

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| <p>In addition, one of the public health entomologist position descriptions within the Communicable Disease Branch has been revised so that the position is shared with the NCSLPH and can perform tick and mosquito testing.</p> |
| <p>3.1.8 Increase the ability to prevent, detect and respond to waterborne infections</p> <p>Status: Ongoing Expected Completion Date: Ongoing</p> <p>This action responds to commitments in the 2020 Climate Risk Assessment and Resilience Plan.</p> <p>The NCDHHS Communicable Disease Branch provided quarterly trainings to new Environmental Health Specialists regarding communicable disease surveillance and outbreak response, which includes waterborne pathogens. These trainings occur regularly as part of the Centralized Intern Training program.</p> <p>During the next 12 months, the above activities will continue. We also work with colleagues in other states to highlight hazards associated with waterborne infections: https://www.cdc.gov/mmwr/volumes/73/wr/pdfs/mm7304a3-H.pdf.</p> |

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

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

3.2.1 Implement a Statewide Heat Health Alert System

Status: Ongoing

Expected Completion Date: Ongoing

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

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

For the [2025 heat season](#), the NCDHHS HHAS used new climate-based regions (8) and season-specific heat thresholds in each region for the early, mid, and late season to account for acclimatization to the heat. These updates have improved the accuracy of heat alerts, especially in the early summer when unexpected heat can be most harmful. Updated thresholds are also locally relevant, based on when North Carolinians experience heat-related health issues.

During the next 12 months, the Climate and Health Program will evaluate updates to the system to compare how it performed in 2025 compared to 2024 and assess its reach across regions and among populations disproportionately impacted by extreme heat. The program will assess the possibility of including additional tools and measures to the alerts, including maps and wet-bulb globe temperature measures, in addition to the heat index. We will continue to explore additional opportunities to further automate the system and expand distribution, such as by sending alerts via text message or another phone application.

3.2.2 Heat Health Training for Clinician and Care Teams Serving Farmworkers

Status: Underway

Expected Completion Date: Ongoing

The NCDHHS Climate and Health Program is collaborating with the Office of Rural Health's Farmworker Health Program to lead a Heat Health Training for Clinicians and Care Team Management Serving Farmworkers.

The goals of the training are threefold:

1. Protect farmworkers from heat-related illness by providing training to clinicians/care teams who serve this population.
2. Provide clinicians/care teams with evidence-based training to:
 - Increase awareness of the occupational health risks of extreme heat among farmworkers.
 - Learn best practices for managing related health impacts
3. Equip clinicians/care teams with the materials and resources to educate their farmworker patient populations on how to understand and address extreme heat as an occupational health risk.

This training will cover the following topics:

1. Heat as an occupational hazard and heat-related illness in farmworkers
2. Signs/symptoms of heat-related illness, risk factors, and patient treatment plans
3. Heat-illness prevention
4. The roles of care team management in promoting farmworker health
5. Appropriate coding and reporting of heat-related illness in the medical record
6. Practice improvement recommendations
7. Resources to prevent and assess occupational heat-related illnesses

In August 2025, the Climate and Health Program will conduct two trainings in partnership with Eastern AHEC. Additionally, we will explore translating the clinician training to more public health audiences to provide heat training and education for other types of workers in the state who are vulnerable to the health effects of exposure to extreme heat.

4.0. *Invest in communities to achieve climate and resilience goals*

4.1 Increase energy affordability

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

4.2 Create clean energy and resilience related jobs and economic growth

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

Status: Ongoing

Expected Completion Date: Ongoing

NCDHHS Division of Public Health (NC DPH) continues to develop and implement skill and capacity building initiatives to strengthen our state and local public health workforce. Per NC DPH's Workforce Workplan 2024-2029, NC DPH strives to:

- Strategically support the recruitment, development, and retention of NC DPH's public health workforce
- Build a durable statewide infrastructure that supports key foundational public health capabilities
- Align workforce activities with the Division's mission, goals and strategic priorities

Specifically, NC DPH has prioritized pathway programs and trainings geared towards strengthening key public health foundational capabilities. An example of this is NC DPH's fellowship program which has targeted hard to fill positions such as epidemiology and data science positions to build a sustainable pathway into public health. Additionally, in 2024, NC DPH created a Foundational Capabilities Task Force (FCTF) comprising of key leaders in state and local public health to monitor and respond to expertise and capacity needs of the workforce. Through an annual Foundational Capabilities Assessment and engagement of local leaders, four foundational capabilities have been prioritized: Organizational Administrative Competencies, Accountability and Performance Management, Communications, and Policy Development and Support. Eight programs were built to strengthen these capabilities across the workforce and in turn the services public health provides. The FCTF continues to monitor the success of these programs to support the local and state public health workforce.

These efforts to strengthen the public health workforce support the Department's ability to respond to public health emergencies, including climate-related emergencies, and pursue additional climate and health initiatives.

NCDHHS continues to work with partners to explore alternative funding models for Community Health Workers (CHWs), including working for safety net providers, insurers, and local health departments.

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

Status: Ongoing

Expected Completion Date: Ongoing

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

NCDHHS continues to hone its Statewide CHW strategy in collaboration with key stakeholders including the NC CHW Association, continues to provide technical assistance to CHW organizations, and works with social support resource networks including NCCARE360/UniteUs/FHLI to strengthen availability and access to social supports.

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

Status: Ongoing

Expected Completion Date: Ongoing

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

Despite the early termination in March 2025 of the CDC grant that supported CHW sustainability efforts, NCDHHS continues to support remote access of the standardized core competency training via the NC Community College System, specialty training via NC Area Health Education Center (AHEC), and advanced levels of CHW certification via the NC CHW Association. It will continue to explore the feasibility of creating an AMH Integration learning collaborative. NCDHHS will also facilitate linkages and connections between CHWs, CHW employers, local public health, and health systems via the CHW Statewide Coordinator at the Office of Rural Health.

4.3 Alert residents and businesses of state and federal grant opportunities that advance climate and resilience goals

4.3.1 Notify underserved communities and businesses about funding opportunities

Status: Ongoing

Expected Completion Date: Ongoing

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

4.3.2 Partner to provide additional funding for septic system repairs for low-income households impacted by Hurricane Helene and other natural disasters

Status: Ongoing

Expected Completion Date: Ongoing

The impacts of Hurricane Helene underscored the urgent need for funding to repair septic systems and wells in North Carolina. Although the lack of such funding remains a significant challenge, Session Law 2025-26 appropriated \$22,510,000 to the Clean Water State Revolving Fund (CWSRF) to strengthen the resilience of decentralized wastewater treatment systems against flooding, evaluate opportunities to connect homes currently served by decentralized systems to centralized wastewater systems, and support those connections in areas affected by the storm.

NCDHHS and partners including the Southeast Rural Community Assistance Project (SERCAP) encouraged local governments to apply for the Clean Water State Revolving Funds under the Decentralized Wastewater Treatment System Pilot Program, which were to be awarded at State Water Infrastructure Authority 2025 meeting. Nags Head received the first \$500,000 award in February, and Beaufort County, along with other interested LGUs, are also pursuing funding. Awards may include up to 100% principal forgiveness (grant) based on applicant criteria, with the remainder as 0% interest loans.

NCDHHS staff are also meeting with NCDEQ staff to explore additional partnerships in distributing this funding in western NC and other areas of need.

4.4 Initiate other projects aimed at investing in communities to achieve climate and resilience goals

4.4.1 Administer funding to support climate and health initiatives in NC

Status: Underway

Expected Completion Date: August, 2026

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

The NCDHHS Climate and Health Program is continuing its contract with the Western North Carolina Health Network (WNCHN) to develop, implement, and evaluate a climate and health chapter and incorporate climate-related measures in the Community Health Assessments (CHA) of 16 western North Carolina counties, including the Qualla Boundary of the Eastern Band of Cherokee Indians. For the past nine years, climate change and its impact on health have emerged as significant data gaps identified by WNCHN through three consecutive CHA cycles. By integrating these measures into the CHA cycle, public health CHA leads will have the information and data to discuss climate and health issues with their communities and inform community strategic planning and community health improvement plans (CHIPs).

During the next 12 months, WNCHN activities will assist western NC counties to incorporate climate and health strategies into their community health improvement plans. This includes creating a public communication toolkit for climate-related disasters. WNCHN will support the implementation of public communication campaigns that highlight the intersection with climate and health, ensuring communities have the tools and messaging needed to address these critical issues.

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

Status: Complete

Expected Completion Date: May, 2023

The results of the Decentralized Wastewater Treatment Systems (DWTS) survey were shared at the DPH, Environmental Health Section's Centralized Intern Trainings and North Carolina Public Health Leaders Conference.

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

The Clean Watersheds Needs Survey (CWNS) is the only national survey of needed wastewater infrastructure improvements in the country. The On-Site Water Protection Branch staff developed a data collection and cost assessment approach to estimate DWTS needs in the state over a 20-year period from 2022 to 2042. North Carolina's estimated needs over the next 20 years reported in the 2022 survey was \$4.3 billion.

4.4.3 Restore the Waste Detection and Elimination (WaDE) Program

Status: Complete

Expected Completion Date: May, 2024

The WaDE restoration program assisted low-income homeowners in marginalized communities by repairing their On-Site Water Treatment Systems (OWTSs) and conducting educational and outreach programs to emphasize the importance of proper system maintenance. The WaDE funds were allocated to the homeowners based on financial, public health and environmental needs. The thirteen (13) western North Carolina counties served by this program were Buncombe, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, Mitchell, Swain, Transylvania, and Yancey.

A total of thirty-four (34) septic systems were repaired through this program; however, there is still a significant need for system repair. The demand for funding to assist low-income families in repairing failing septic systems far exceeded the funds available through this program. Among the applicants who were qualified, an additional thirty-four (34) projects could not be addressed due to insufficient funding. MountainTrue, a nonprofit organization, (<https://mountaintrue.org/>) was contracted to implement this project.

Educational materials, brochures and door hangers in English and Spanish were also distributed to the homeowners.

4.4.4 Implement a decentralized wastewater infrastructure project to address septic system needs in marginalized communities of North Carolina vulnerable to natural disasters

Status: Ongoing

Expected Completion Date: August, 2026

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

NCDHHS staff have completed digitizing hardcopies of septic system permits in Bladen County. We have geocoded and mapped approximately 10,000 houses on septic systems. Identifying and documenting the locations of septic systems is crucial not only for timely post-disaster maintenance and repairs, but also for disaster planning, risk assessment, protection of water source (e.g., drinking, ground, surface), reduction of septic system-derived pollution, property and land management, and infrastructure investment opportunities enhancement in vulnerable communities.

During the next 12 months, the results will be dissimilated via conferences, meetings, and workshops.

4.4.5 Mapping septic system locations in North Carolina counties vulnerable to natural disasters

Status: Planned

Expected Completion Date: June, 2026

NCDHHS submitted a proposal to NC DEQ to:

1. Map locations of systems in North Carolina,
2. Compare reported system malfunctions pre- and post-hurricane in Helene-impacted counties, and
3. Identify the best management practices to reduce septic system-derived nonpoint source pollution.

Having knowledge of the location of septic systems in areas prone to flooding, hurricanes, and tornadoes can help identify public health risks that communities may be exposed to, such as drinking water contamination caused by malfunctioning septic systems. During natural disasters that can impact the effectiveness of septic system operation, geospatial data can provide critical information about affected areas, aiding first responders in quickly assessing situations and determining the most effective response strategies.

During the next 12 months, we will compile septic system permits for malfunctioning systems in the Helene-impacted counties, execute the subcontract, and work with recipients to map the system locations across the state.

4.4.6 Implement Energy Assistance Programs for low-income households

Status: Ongoing

Expected Completion Date: Ongoing

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

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

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

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

4.4.7 Implement Operation Fan Heat Relief

Status: Ongoing

Expected Ongoing

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

NCDHHS Division of Aging partners with NC Area Agencies on Aging and local service providers to distribute fans and air conditioners to eligible recipients through Operation Fan Heat Relief from May 1–Oct. 31. During May 1–October 31, 2024, this program distributed 3,670 fans and 35 air conditioners. This activity addresses health equity concerns because older adults are more sensitive to the health effects of extreme heat than younger populations.

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