

North Carolina combines case report data, texting to connect people with food box delivery program



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CATEGORY: **Epidemiology and Laboratory Capacity (ELC)**

CATEGORY: **Partnership and Innovation**

Leveraging the data and texting capabilities of their COVID-19 surveillance and contact tracing systems, North Carolina Department of Health and Human Services (DHHS) was able to link people who needed access to food to successfully isolate or quarantine with a community health worker that could provide a food box. By enabling individuals to stay home, this helped to control the spread of disease in the community.

The North Carolina Department of Health and Human Services (DHHS) COVID-19 Support Services Program (SSP) ran a time-limited initiative to deliver food boxes to people in 34 North Carolina (NC) counties who needed access to food to successfully quarantine or isolate due to COVID-19. The SSP Program needed ways to share the message to ensure people knew about the program and could get access to a food box.



The “What”

Utilizing data and texting capabilities from COVID-19 surveillance and contact tracing systems, DHHS identified case patients and close contacts who were in qualifying counties and sent them a text message about the food box program. The text included information about the program and provided a special extension to the case investigation and contact tracing (CI/CT) call center to call if they wanted more information. The call center trained and staffed team members to answer the special extension and transfer people to the appropriate community health worker (CHW) organization. Over 51,000 texts were sent over a nine-day period.

CI/CT staff in eligible counties were also trained to provide food box referrals during their regular CI/CT phone calls.

All staff were asked to record food box referrals in the resource referral section of the DHHS contact tracing software so they could track the outcomes.



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Throughout the **nine days** the CI/CT program was promoting the initiative, **51,000** text messages were sent, and **1,014** referrals were made.

The “So What”

Throughout the nine days the CI/CT program was promoting the initiative, 1,014 referrals were made to case patients and contacts in qualifying SSP counties.

Sixty-four referrals were documented to past case patients and contacts with no digital or telephone outreach logged. Call center staff also reported getting calls from people not in the software system. These calls likely reflect sharing of the text to family and friends and highlight the ability of our CI/CT outreach to support a wider community.

This referral distribution was driven by demand (94% of referrals were responses to incoming calls), indicating the texts were a very functional way to start resource linkage. The combination of text and call center was key and demonstrates the value of an initial low-effort broad outreach and subsequent demand-driven high-effort response to a more limited set of respondents.

On a local level, this initiative supported getting available food into the hands of people who needed it, while helping control the spread of COVID-19 by supporting people’s ability to isolate or quarantine. In the bigger picture, the initiative allowed for NC DHHS to learn how to best apply technology developed more generally for COVID-19 notification in additional ways.

The “Now What”

Overall, the goal of this project was to connect case patients and contacts with a readily available, but time-limited resource: food box delivery. The CI/CT program continues to take this approach and apply lessons learned from this initiative to pursue other opportunities to use CI/CT outreach and technological resources to better link people in need to available resources.

An ongoing concern is the availability of organizations to support identified resource needs. As COVID-19 funding is winding down, so are the opportunities for resource fulfillment.

NC DHHS is using the same data and texting capabilities from COVID-19 surveillance and

contact tracing systems to alert recently diagnosed case patients to a time-limited, free-to-them telemedicine treatment program currently being offered.

Additionally, they are in the process of onboarding CI/CT staff into NCCARE 360, a coordinated care network that better connects individuals to local services and resources. They will use the same call center extension developed for the food box initiative to provide case patients and contacts with a direct line to someone trained and ready to support their resource needs, including the ability to enter them into the NCCARE 360 network. They hope this will be a sustainable practice that can be incorporated into case investigation calls for other diseases.

Key contributors to this effort include Elizabeth Murray, Teresa Wiley, Wendy Sause, Kathy Hodges and the Carolina Community Tracing Staff, who made the food box referrals, as well as the Community Healthcare Workers, who fulfilled them to ensure the food boxes made it into the hands of those in need.