

2025

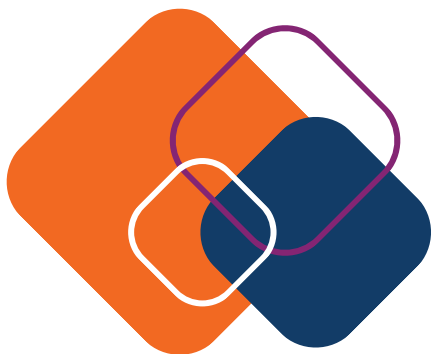
CHILD HEALTH Report Card

Focus on
**School-Based
Mental Health**



NC Child
The Voice for North Carolina's Children





NC Child

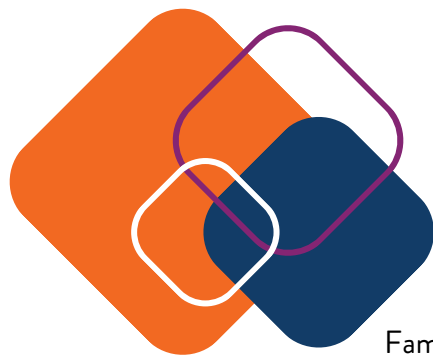
The Voice for North Carolina's Children

NC Child advocates for policies that improve the lives of all North Carolina children. They work to advance thoughtful policy solutions around early childhood education, child health and well-being, and family economic security. They do this through conducting and analyzing evidence-based research and data, collaborating with leaders at the North Carolina General Assembly, and engaging communities across North Carolina's 100 counties.



The North Carolina Institute of Medicine disseminates information on health and health care in North Carolina, researches and analyzes programs, strategies, and policies to improve health, and develops consensus around which solutions will best meet the health needs of North Carolina.





SECURE HOMES & NEIGHBORHOODS

Family economic security provides the foundation for healthy childhood development, influencing a child's physical, social-emotional, and cognitive health. In recent years, North Carolina has made progress to set that foundation for children living in stable homes and secure environments.

40%

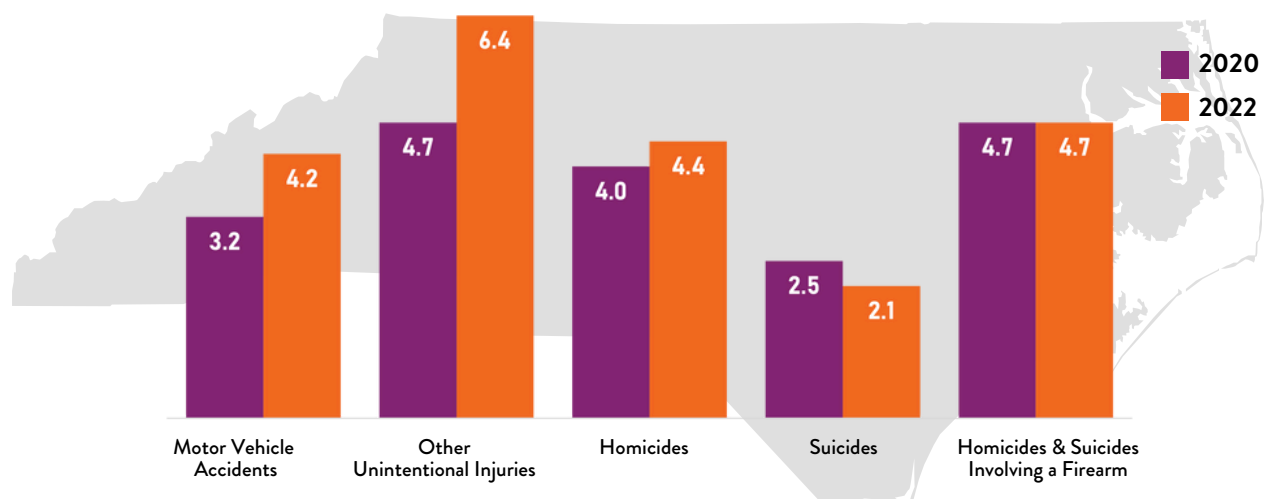
of children are still in foster care 2 years after entry

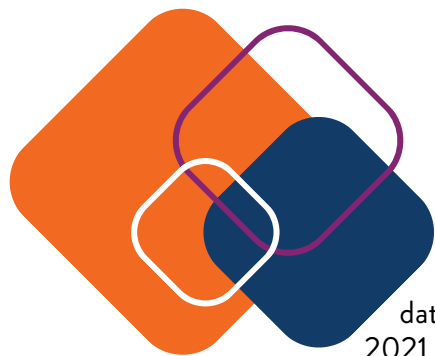
Across the state, seven percent of children live in high-poverty neighborhoods, down from eight percent since the last report card. The percentage of children living in poor or low-income households decreased slightly from 40 percent in 2021 to 39 percent in 2023. That is a noted improvement from ten years ago when nearly half, 49 percent, of North Carolina children lived in low-income households.

Adequate financial resources and safe, stable environments ensure families can fulfill children's basic needs and protect their health. Without stable and livable parental incomes, children are more likely to go without nutritious foods, safe housing, and health care, all of which negatively impact their health. Therefore, to address child health, we should take steps to invest in the economic security of North Carolina families.

GRADE	INDICATOR	DATA YEARS	CURRENT	BASE	% CHANGE	AFRICAN AMERICAN OR BLACK	AMERICAN INDIAN OR ALASKA NATIVE	ASIAN	HISPANIC OR LATINO	OTHER/MULTIRACE	WHITE, NON-HISPANIC
F	Housing & Economic Security										
	Children who live in high-poverty neighborhoods	2023	7.0%	7.0%	0.0%	16.0%	23.0%	3.0%	10.0%	7.0%	2.0%
	Children who live in poor or low-income households (<200%FPL)	2021	39.0%	40.0%	-2.5%	57.0%	NA	25.0%	57.0%	45.0%	26.0%
F	Child Abuse and Neglect										
	Children who are investigated for child abuse or neglect	July 2022-June 2023	5.1%	5.3%	-3.8%	NA	NA	NA	NA	NA	NA
	Children who exit to a different living situation within 24 months	July 2021-June 2022	58.5%	59.7%	-2.1%	58.9%	73.7%	NA	62.1%	54.5%	58.1%

North Carolina Resident Child (Ages 0-17) Death Rates by Type of Death per 100,000





ACCESS TO CARE

Insurance coverage remains important to children and family's health, but as the data shows, it does not necessarily predict positive child health outcomes. Between 2021 and 2023, children's health insurance coverage in North Carolina improved slightly to 94.8 percent while the percentage of parents without health insurance declined to 11.3 percent. North Carolina began enrolling working-age adults on Medicaid through Medicaid expansion in December 2023, and we expect both children's and parents' health insurance coverage rates to continue improving.

Despite improving coverage rates, other indicators in this section detail how children's health outcomes and the availability of medical care in communities worsened. The percentage of North Carolina kindergartners with untreated tooth decay rose substantially and there are persistent disparities by race and ethnicity.

In the 2022-23 school year, one in five kindergartners had untreated tooth decay, the highest reported in over five years, and is a reflection of the challenges families faced during and after the pandemic.



North Carolina needs a school health workforce to meet demands, but access to health professionals in school settings has gotten worse, as evidenced by increasing ratios of students to school nurses (809 to 1) and counselors (343 to 1). Similarly, this year's Child Health Report Card shows a lower percentage of children with Medicaid coverage receiving well-child visits than previous years, lower percentages of toddlers with appropriate immunizations, and a 13 percent decline in teenagers with one or more HPV vaccinations.

To reverse these negative trends, North Carolina should invest in its school health workforce to ensure students have access to care where they spend most of their time and spread awareness about the importance of regular primary care and vaccinations.

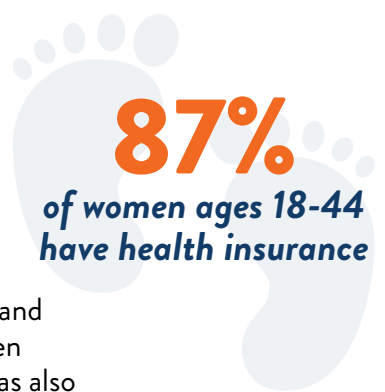
GRADE	INDICATOR	DATA YEARS	CURRENT	BASE	% CHANGE	AFRICAN AMERICAN OR BLACK	AMERICAN INDIAN OR ALASKA NATIVE	ASIAN	HISPANIC OR LATINO	OTHER/ MULTIRACE	WHITE, NON-HISPANIC
D	Oral Health										
	Kindergarten students with tooth decay	2022-2023, 2020-2021	19.9%	16.0%	24.4%	23.8%	23.6%	21.9%	23.9%	17.6%	16.1%
F	School Health										
	School nurse to student ratio	2022-2023, 2020-2021	1:809	1:890	-9.1%	NA	NA	NA	NA	NA	NA
	School counselor to student ratio	2023-2024, 2021-2022	1:340	1:316	7.6%	NA	NA	NA	NA	NA	NA
C	Health Services Utilizations and Immunization										
	Children with Medicaid who received a well-child checkup in the past year	2023, 2021	56.5%	55.8%	1.3%	NA	NA	NA	NA	NA	NA
	Children ages 19-35 months with appropriate immunizations	2023, 2021	76.8%	79.5%	-3.4%	NA	NA	NA	NA	NA	NA
	Adolescents ages 13-17 who have received 1 or more HPV vaccinations	2023, 2021	74.2%	85.0%	-12.7%	NA	NA	NA	NA	NA	NA
A	Insurance Coverage										
	Children with health insurance coverage	2023, 2021	94.8%	94.5%	0.3%	96.3%	91.7%	96.5%	87.3%	85.1%	96.7%
	Parents without health insurance coverage	2023, 2021	11.3%	12.6%	-10.3%	8.6%	14.4%	3.4%	41.2%	22.4%	6.2%



HEALTHY BIRTHS

The latest healthy birth indicators in North Carolina show mixed progress, highlighting both positive developments and ongoing disparities in maternal and infant health. Exclusive breastfeeding rates have improved, with a growing number of newborns breastfed for at least six months, indicating increased support for maternal education and lactation resources.¹ Similarly, health insurance coverage for women of childbearing age has expanded significantly since 2018, increasing access to essential health services. However, these overall gains mask substantial disparities, with Hispanic or Latina women remaining disproportionately uninsured compared to their Black or African American and White counterparts, pointing to a need for policies that target gaps in insurance access.

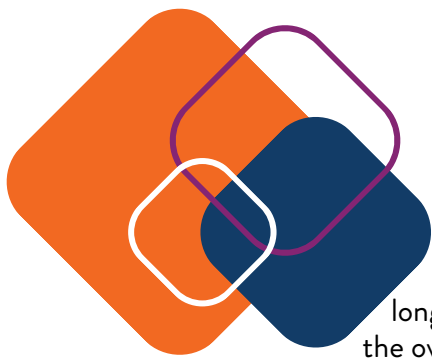
Challenges persist in other areas, particularly in early prenatal care and infant health outcomes. The percentage of women receiving early prenatal care has slightly declined, with Black or African American and Hispanic or Latina women less likely to access this care than White women. This suggests the need for culturally tailored outreach and support services to ensure more women receive timely prenatal care. Additionally, while the overall infant mortality rate has marginally decreased, Black or African American infants continue to experience mortality rates nearly three times higher than White infants.



Addressing these disparities requires targeted interventions such as expanding access to high-quality prenatal care, providing community-based health resources, increasing diversity within the maternal health workforce, and supporting maternal mental health. Efforts to reduce preterm births and teen pregnancies have shown some stabilization, but racial disparities in these areas also demand sustained attention and policy solutions that address the social determinants of health affecting maternal and child well-being.

GRADE	INDICATOR	DATA YEARS	CURRENT	BASE	% CHANGE	AFRICAN AMERICAN OR BLACK	AMERICAN INDIAN OR ALASKA NATIVE	ASIAN	HISPANIC OR LATINO	OTHER/ MULTIRACE	WHITE, NON-HISPANIC
B	Breastfeeding Newborns who are breastfed exclusively for at least 6 months	2021, 2019	28.3%	22.1%	28.1%	NA	NA	NA	NA	NA	NA
B	Preconception and Maternal Health and Support Women ages 18-44 with health insurance coverage	2023, 2021	86.9%	86.9%	0.0%	93.0%	99.1%	NA	53.4%	92.7%	94.8%
	Women who receive early prenatal care	2023, 2021	72.0%	73.8%	-2.4%	65.6%	72.4%	74.2%	58.5%	69.0%	79.9%
F	Birth Outcomes Infant mortality rate per 1,000 live births	2023, 2021	6.9	6.8	1.5%	13.6	7.4	4.3	6.0	8.3	4.5
	Babies who are born before 37 weeks of pregnancy	2023, 2021	10.7%	10.8%	-0.9%	15.0%	11.1%	8.9%	9.5%	12.1%	9.5%
C	Teen Births Rate of births to teen girls age 15-19 per 1,000	2022, 2020	21.8	22.9	-4.8%	30.2	37.6	5.9	40.1	31.2	12.3

1. The increase in exclusive breastfeeding rates may be influenced by multiple factors, including expanded breastfeeding education efforts by the North Carolina Department of Health and Human Services (DHHS) and the nationwide infant formula shortage that began in 2022. The shortage, driven by supply chain disruptions and product recalls, led some families to seek alternative feeding options, including extended breastfeeding when feasible.



H HEALTH RISK FACTORS

Health and education are deeply intertwined, with disparities in both areas having long-lasting impacts on children's well-being. While we've seen slight improvements in the overall rates of children who are overweight or obese, stark disparities persist. African American children remain disproportionately affected, with obesity rates much higher than their White peers due to a variety of social, economic, and environmental factors, including disparities in access to healthy food, safe environments for physical activity, health care, and other structural barriers that impact overall well-being. Additionally, there has been an increase in the percentage of children living in food-insecure households, highlighting the continued challenges families face in accessing nutritious food. Solutions to these issues may lie in increasing access to healthy food options, enhancing physical activity programs, and ensuring that communities most affected by poverty receive targeted resources to improve both health and educational outcomes.

OVER 50%
*of children ages 3-17
have reported difficulties
accessing mental health
treatment they need*

At the same time, substance use and mental health issues among high school students present growing concerns. Although cigarette use continues to decline, the use of electronic vapor products remains high, particularly among specific racial groups. Mental health challenges also remain prominent, with a significant number of students reporting suicide attempts. Addressing these issues requires a multi-faceted approach that includes expanding mental health services in schools, reducing barriers to care for low-income families, addressing the influence of new technology and pressures felt at home and at school, and creating safe environments for students to receive support.

Furthermore, while high school graduation rates remain steady, continued focus on addressing the achievement gap between racial groups is necessary. While third grade reading proficiency remains below half of all third-grade students, North Carolina is making progress in recovering gains lost during the COVID-19 pandemic. Investments in education, mentoring programs, after school activities, peer support, and community engagement can help to reduce disparities, improve outcomes, and support long-term success for all children in North Carolina.

1 in 5
*children live in food
insecure households*

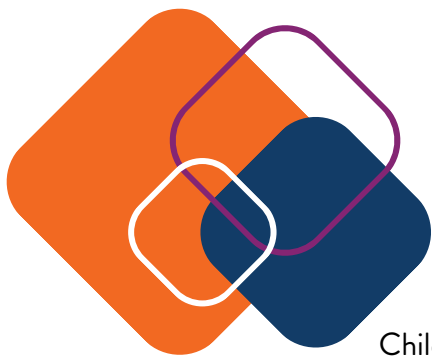




H HEALTH RISK FACTORS

GRADE	INDICATOR	DATA YEARS	CURRENT	BASE	% CHANGE	AFRICAN AMERICAN OR BLACK	AMERICAN INDIAN OR ALASKA NATIVE	ASIAN	HISPANIC OR LATINO	OTHER/ MULTIRACE	WHITE, NON-HISPANIC
D	Healthy Eating and Active Living										
	Children ages 6-17 who are overweight or obese	2022-2023, 2021-2022	30.7%	32.8%	-6.4%	41.5%	NA	23.5%	27.2%	38.0%	27.1%
	Children who live in food insecure households	2022, 2020	19.6%	17.1%	14.6%	NA	NA	NA	NA	NA	NA
D	Tobacco, Alcohol, Substance Use										
	High school students who currently use:										
	Cigarettes	2023, 2021	3.9%	3.9%	0.0%	1.1%	5.0%	0.9%	4.6%	4.3%	5.0%
	Electronic Vapor Products	2023, 2021	21.4%	23.8%	-10.1%	21.3%	39.2%	10.0%	17.8%	32.5%	21.0%
	Alcohol	2023, 2021	20.5%	19.4%	5.7%	17.1%	27.5%	10.1%	18.2%	23.1%	22.9%
F	High school students who have ever used:										
	Prescription drugs without a doctor's prescription	2023, 2021	14.8%	15.8%	-6.3%	15.9%	18.2%	19.8%	15.8%	18.6%	12.9%
	Mental Health										
	High school students who attempted suicide in the past year	2023, 2021	9.5%	10.1%	-5.9%	9.4%	7.1%	21.0%	11.7%	15.9%	7.6%
D	Past year major depressive episode among adolescents ages 12-17	2022-2023, 2018-2019	19.1%	15.1%	26.8%	NA	NA	NA	NA	NA	NA
	Children ages 3-17 with reported difficulties accessing mental health treatment they needed	2022-2023, 2020-2021	51.9%	37.0%	40.3%	NA	NA	NA	NA	NA	NA
D	Education										
	Third grade students reading at grade level	2023-2024 SY, 2021-2022 SY	48.6%	46.4%	4.7%	35.2%	40.3%	70.4%	34.2%	50.8%	60.9%
D	High school students who graduation on time	2023-2024 SY, 2021-2022 SY	86.9%	86.4%	0.6%	84.3%	82.4%	>95%	83.2%	83.2%	89.7%





SPECIAL ISSUE:

SCHOOL-BASED MENTAL HEALTH

Children spend the majority of their days in school. Schools are where children learn to read and write, and schools are where children make friends and learn to socialize.

Schools play another vital role for children and communities: they provide services. Schools are a source of meals during the day and places to play and be active. Schools also provide support staff to meet the needs of the whole child.

Healthy students come to school engaged and ready to learn, and that makes support critical to their overall success. Nationally, research shows that students with healthier behaviors tend to have higher grades in school.²

School-based services and the promotion of healthy activities can:

- Fill gaps in communities that otherwise lack access to care,
- Reduce barriers parents face in accessing care for their children, and
- Most importantly, foster healthier children and improve academic outcomes.

Too many students in North Carolina do not have access to school-based services or opportunities that positively impact their health. Now that we are experiencing a crisis of youth mental health, access to school-based mental health supports and other services has never been more important for ensuring that our children grow up to lead healthy, fulfilling lives.

Access to Student Mental Health Support Staff

The special section of the 2023 Child Health Report Card focused on the worsening youth mental health crisis in our state. Those trends have continued, warranting further attention, and schools can be part of the solution in North Carolina.

Today's youth are dealing with rising rates of anxiety, depression, and suicidal ideation. What happens at school can contribute to those issues through peer pressure and bullying, but what happens at school can also help to alleviate the challenges young people face. School districts across the state know this. In DPI's annual survey of school districts through the Healthy Active Children policy, local School Health Advisory Councils ranked mental health as their number one priority for the past eight years. Previous recommendations from NCIOM task forces have recognized the importance of opportunities for improving school-based mental health services.

Advocates and policymakers agree that youth mental health needs to be addressed and now we need the resources. The support staff workforce in North Carolina needs to meet the scale of our children's mental health needs.³ In 2024, there were 1,928 students for each school psychologist in North Carolina, nearly four times the 500:1 ratio recommended by the National Association of School Psychologists. Similarly, North Carolina's student-to-school social worker ratio of 995 students per social worker is more than four times higher than the recommended level.

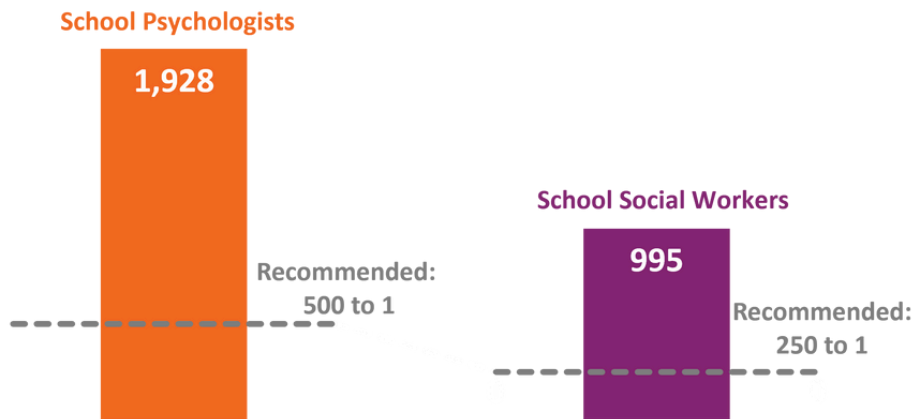
2. Hawkins et al. "Individual and Collective Positive Behaviors and Academic Achievement Among U.S. High School Students, Youth Risk Behavior Survey, 2017." American Journal of Health Promotion. December 2021.

3. This section focuses on school psychologists and social workers. School counselors and nurses are also instrumental in school-based mental health service provision, but staffing data for these positions are covered in the Access to Care section of the Child Health Report Card.



Ratios of students to school psychologists & social workers is nearly 4x the recommended level

Number of students per school psychologist and social worker in North Carolina public schools



SOURCE: NORTH CAROLINA DEPT. OF PUBLIC INSTRUCTION

These roles are critical and often overburdened. School psychologists and social workers provide support for students with developmental, learning-based, and social-emotional needs. They develop prevention and intervention programs, monitor progress, and serve on threat assessment teams. Social workers support students in foster care or the juvenile justice system, those experiencing homelessness or violence and harassment, those going through substance use and mental health treatment, and those who are at risk of dropping out. They are often the frontlines and first responders of our youth mental health crisis.

If North Carolina aims to improve youth mental health outcomes, we must prioritize meeting their needs where they spend most of their day. The data is clear that our support workforce is too small to sufficiently address these needs, which warrants further investment and innovation to improve school-based access, including:

- Improving education to career pipelines with colleges and universities,
- Incentivizing psychology graduates to work in the public education system, especially in high-need districts,
- Enabling school psychologists to perform all the duties within their role, specifically more engagement with students, families, teachers, and the community,
- Bringing school support personnel's pay scale more in line with private industry wages, and
- Expanding partnerships with community-based mental health providers to co-locate services in schools.

“North Carolina faces a youth mental health crisis, and our school systems should be part of the solution to help address students’ needs. But across our schools, we do not have an adequate school-based mental health system to meet the level of need that we’re seeing. The solutions are less about fixing students, teachers, or our schools, and more about fixing a system that’s not supporting our students, teachers, and schools satisfactorily. That starts with growing our instructional support personnel workforce so that students have meaningful access to school psychologists, counselors, social workers, and nurses.” - Dr. Ellen Essick, Section Chief, NC Healthy Schools, North Carolina Department of Public Instruction

Mental Health Referral Services

Given the high ratios of students to support personnel and the range of responsibilities of school psychologists and social workers in North Carolina, school districts often rely on community-based providers to serve students in school or community settings.

These partnerships with local providers and with Local Management Entities/Managed Care Organizations (LME/MCOs) add to the capacity to meet students' needs through referrals, follow-up and coordination of services, and school or community-based treatment. Some progress has been made on recommendations related to LME/MCO partnerships with schools from the 2016 NCIOM Task Force on Mental Health and Substance Use.

DPI data suggests that most school districts have some kind of mental health provider partnership in place. According to DPI's 2023 School-Based Mental Health Policy survey, less than half of school districts in the state had Memorandums of Understanding (MOUs) in place with LME/MCOs to coordinate referrals, treatment, and reentry to schools. However, about 85 percent of public school districts had similar MOUs with local mental health service providers.

While most districts report plans and partnerships to increase school-based mental health services, many simultaneously report challenges actually providing care. In 2023, about 55 percent of school districts said that they only somewhat addressed how students would access and transition within school and community-based services. Others report that their partners have experienced therapist and counselor turnover which complicates the delivery of co-located services in schools.

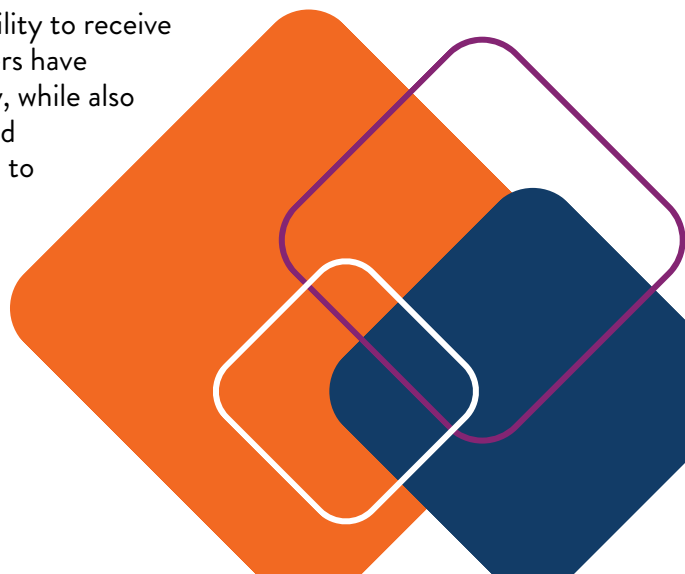
One rural Western North Carolina district described the challenges they face in coordinating community-based care within schools:

"While we have made great strides (and can ensure that if a student needs services, they will receive them), we continue to struggle with sustaining mental health providers and in some cases, agency partners. We began last year with three agencies serving the district under MOAs, then dropped to two agencies over the course of the year. We have appropriate procedures in place and they continue to work for us, we just need to keep the providers in place."

The districts that fully address student access and transition within services still face similar challenges. Some report that there are not enough providers to fully serve the community.

In 2024, NC Child conducted school-based focus groups which found that barriers like difficulty billing Medicaid for services can hinder students' ability to receive treatments. School districts and their community provider partners have reported that they lack the systems to bill Medicaid appropriately, while also raising concerns with prior authorization or denials of school-based services. North Carolina's State Plan Amendment in 2026 hopes to address school-based Medicaid billing problems.

Great strides have been made to enhance the mental health services available in schools through community partnerships, but challenges persist.



North Carolina can continue to expand access to mental health services in schools by:

- Easing administrative and financial barriers to partnerships with community-based providers to co-locate mental health care in schools,
- Growing local and regional mental health workforces that can serve as schools' community-based partners,
- Expanding access to virtual mental and behavioral health services in schools, and
- Reviewing and addressing barriers to Medicaid billing for mental health services in schools, including administrative capacity, prior authorization denials, and more.

Physical Activity & Mental Health

A child's physical health is essential to their overall health.

School-age children and teenagers who get adequate amounts of physical activity have better memory and attention, which helps them to perform in the classroom. Physical activity also reduces the risk of chronic disease, regulates weight, and builds strong muscles.

less than half
of high school students were
physically active at least 5
days per week

Physical activity is also positively associated with children's mental health. Data from the Youth Risk Behavior Survey shows that 44 percent of North Carolina high school students who are not physically active for 60 minutes five days per week report persistent feelings of sadness or hopelessness, compared to 34 percent of students who exercise moderately most of the week.

While the benefits of being physically active are clear, most students in North Carolina are not physically active for the recommended 60 minutes per day five days a week. In 2023, less than half of North Carolina's high school students, 42 percent, were physically active at that level during the school week, which represents sizable gains from the pandemic, but only slight improvements over levels in 2011. Among middle school students, a much higher 52 percent were physically active for at least 60 minutes per day for five days a week.

The association between physical activity, mental health, and academic success makes it imperative that schools prioritize play, activity, and physical education. The State Board of Education has updated North Carolina's Healthy Active Children Policy to require high schools to offer at least 60 minutes per week of physical activity. While this is a good starting point, the national recommendation is for children to receive 60 minutes of physical activity per day, seven days a week. Districts that follow this requirement, or go above and beyond, will ensure that students have opportunities to be active, which will improve their mental health and their overall well-being.



Social Media & Mental Health

Today's children spend much of their time on social media. The Pew Research Center found, in 2023, that more than 90 percent of US youth ages 13-17 reported using at least one social media platform, with one in five saying they use YouTube or TikTok almost constantly. A Gallup survey found that teens spend an average of about five hours on social media every day.⁴ In North Carolina, about 80 percent of high school

4. Anderson, M., Faverio, M., and Gottfried, J. "Teens, Social Media, and Technology 2023." Pew Research Center. December 11, 2023.; and Rothwell, Jonathan, "Teens Spend Average of 4.8 Hours on Social Media per Day," Gallup, October 13, 2023.

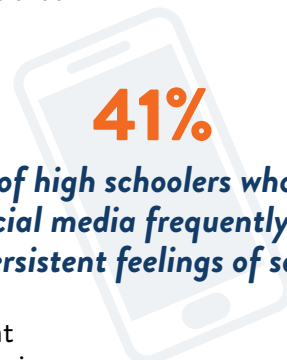
students said they used social media at least several times per day in 2023.

Research has linked frequent social media use among children with increased risks of anxiety, depression, and externalizing problems.⁵ In North Carolina, Youth Risk Behavior Survey data shows that high schoolers who use social media several times per day report higher rates of sadness or hopelessness than their counterparts who use social media less frequently.

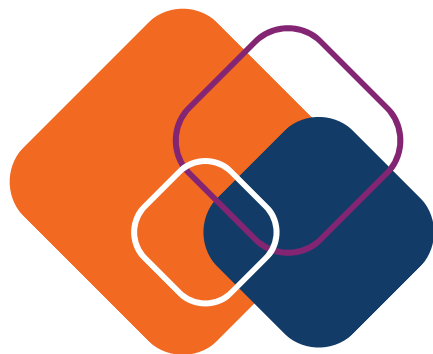
Finding ways to reduce the amount of time children spend on social media can help reduce the risk of children developing mental health problems, helping to combat the ongoing youth mental health crisis. Several school districts across the state have prohibited students from using cell phones in schools which can contribute to less screen time and more focused children in the classroom. The North Carolina General Assembly is currently considering a bill that would extend cell phone bans to all schools in the state, preventing students from using non-approved electronic devices during instructional time. NC Child has signaled its support for the bill which takes a good first step toward setting boundaries and instilling norms that can carry over to students' behavior outside of the classroom.

41%

of high schoolers who use social media frequently report persistent feelings of sadness



5. Riehm, K., Feder, K., and Tormohlen, K. "Associations Between Time Spent Using Social Media and Internalizing and Externalizing Problems Among US Youth." JAMA Psychiatry. September 11, 2019.



DEMOGRAPHICS

OF NORTH CAROLINA'S CHILDREN

	2023 TOTALS	AFRICAN AMERICAN OR BLACK	AMERICAN INDIAN OR ALASKA NATIVE	ASIAN	HISPANIC OR LATINO	OTHER/ MULTIRACE	WHITE, NON- HISPANIC
Number of babies born (live births)	120,065	24,992	1,346	5,122	23,778	3,828	60,999
Percent of total live births	100%	20.8%	1.1%	4.3%	19.8%	3.2%	50.8%
Percent of children under age 18	100% 2,318,795	20.5% 475,895	1.2% 26,844	3.3% 75,859	18.8% 436,616	6.7% 155,572	51.0% 1,183,676

DISPARITIES BY RACE PERSIST IN NORTH CAROLINA ACROSS MANY AREAS OF CHILD WELL-BEING

INFANT MORTALITY rate per 1,000 live births

White 4.5
Black 13.6
Hispanic 6.0

	WHITE	BLACK	HISPANIC
Percentage of children in poor or low-income households	26.0%	57.0%	57.0%
Percentage of high school students who attempted suicide in the past year	7.6%	9.4%	11.7%
Percentage of 3rd grade students reading at grade level	60.9%	35.2%	34.2%

GRADES AND CHANGE OVER TIME: Grades are assigned by a panel of health experts to bring attention to the current status of North Carolina children in salient measures of health and well-being. Grades and trends are based on North Carolina's performance year-to-year, disparities by race/ethnicity, and what level of child health and safety North Carolina should aspire to, regardless of how we compare to other states or the nation as a whole.

Grades are subjective measures of how children in North Carolina are faring in a particular area and are not meant to judge the performance of a state agency or agencies providing data or services. Please note that several agencies have made a great deal of progress in recent years, which may not be reflected in these grades.

Data sources and additional references can be found online at: www.nciom.org or www.ncchild.org

This project was supported by the Annie E. Casey Foundation and North Carolina Essentials for Childhood. NC Child and the North Carolina Institute of Medicine thank our supporters and acknowledge that the findings and conclusions do not necessarily reflect the opinions of financial supporters.



STAY IN TOUCH

NC Child

The Voice for North Carolina's Children



ADMIN@NCCHILD.ORG



@NCCHILD



@NCCHILDORG



@N.C.CHILD



NCCHILD.ORG



INFO@NCIOM.ORG



@NCIOM



@NCINSTITUTEOFMEDICINE



@NCIOM



NCIOM.ORG

NC Child

The Voice for North Carolina's Children

1101 Haynes St, Suite 103
Raleigh, NC 27604
ncchild.org | 919.834.6623



725 Martin Luther King, Jr. Blvd.
Chapel Hill, NC 27516
nciom.org | 919.445.6500