

Healthy North Carolina 2030

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Leadership Partners

NC Department of Health and Human Services

- Division of Public Health



NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES



North Carolina
Public Health

NC Institute of Medicine



HNC 2030

- Co-chairs:
 - Ronny Bell, PhD: Professor and Chair, Department of Public Health, East Carolina University
 - Laura Gerald, MD, MPA: President, Kate B. Reynolds Charitable Trust
 - Jack Cecil, MIM: President, Biltmore Farms, LLC
 - Betsey Tilson, MD, MPH: State Health Director/Chief Medical Officer, NC Department of Health and Human Services
- Funders: The Duke Endowment, Blue Cross Blue Shield of North Carolina Foundation, Kate B. Reynolds Charitable Trust.

HNC 2030 Plan of Action and Goals

Plan of Action: To develop a common set of goals and objectives to mobilize and direct state and local efforts to improve the health and well-being of North Carolinians

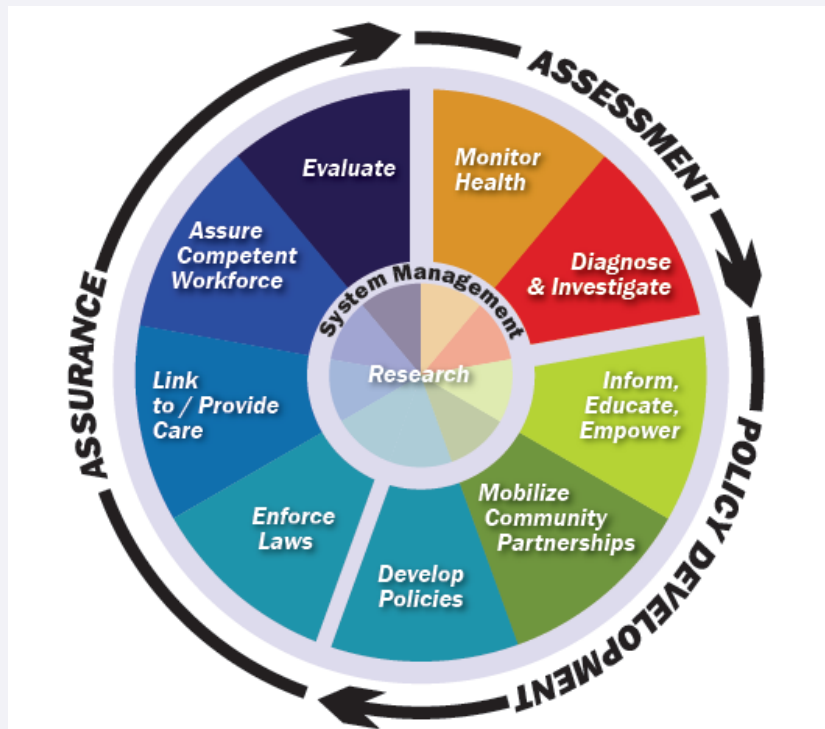
Overarching Goals (taken from Healthy People 2030)

- Attain **healthy, thriving lives and well-being**, free of preventable disease, disability, injury and premature death **for all**
- **Eliminate health disparities, achieve health equity, and attain health literacy**
- **Create social, physical, and economic environments** that promote health and well-being
- Promote healthy development, healthy behaviors and well-being across **all life stages**.
- **Engage** leadership, key constituents, and the public **across multiple sectors** to take action and design policies



HNC 2030: Core Public Health - Department Wide Priority

Source: 10 Essential Public Health Services and the Public Health in America Statement www.health.gov/phfunctions/public.htm



NC DHHS Strategic Plan 2019-2021

MILESTONES 1.3.2 1) Convening of HNC 2030 Task Force 2) Publishing HNC 2030 objectives and road map	STRATEGY	Develop statewide health improvement plan, Healthy NC 2030.
	DESCRIPTION	Consistent with the national 10-year health improvement plan, Healthy People 2030, DHHS is embarking on a planning process with the NC Institute of Medicine (NCIOM) to develop a vision for improving the health of North Carolinians. NCIOM will convene a task force consisting of representation from multiple sectors that impact health to develop attainable and practical health improvement objectives for 2030. <i>(Cross-departmental objective)</i>

NC Building Blocks

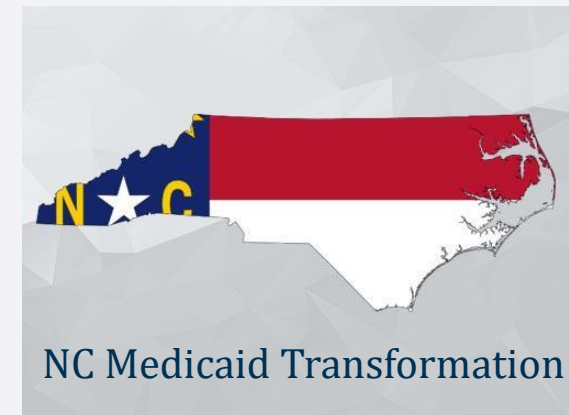


Healthy Opportunities ... because the opportunity for health begins where we live, learn, work and play.



North Carolina's Perinatal Health Strategic Plan

2016-2020

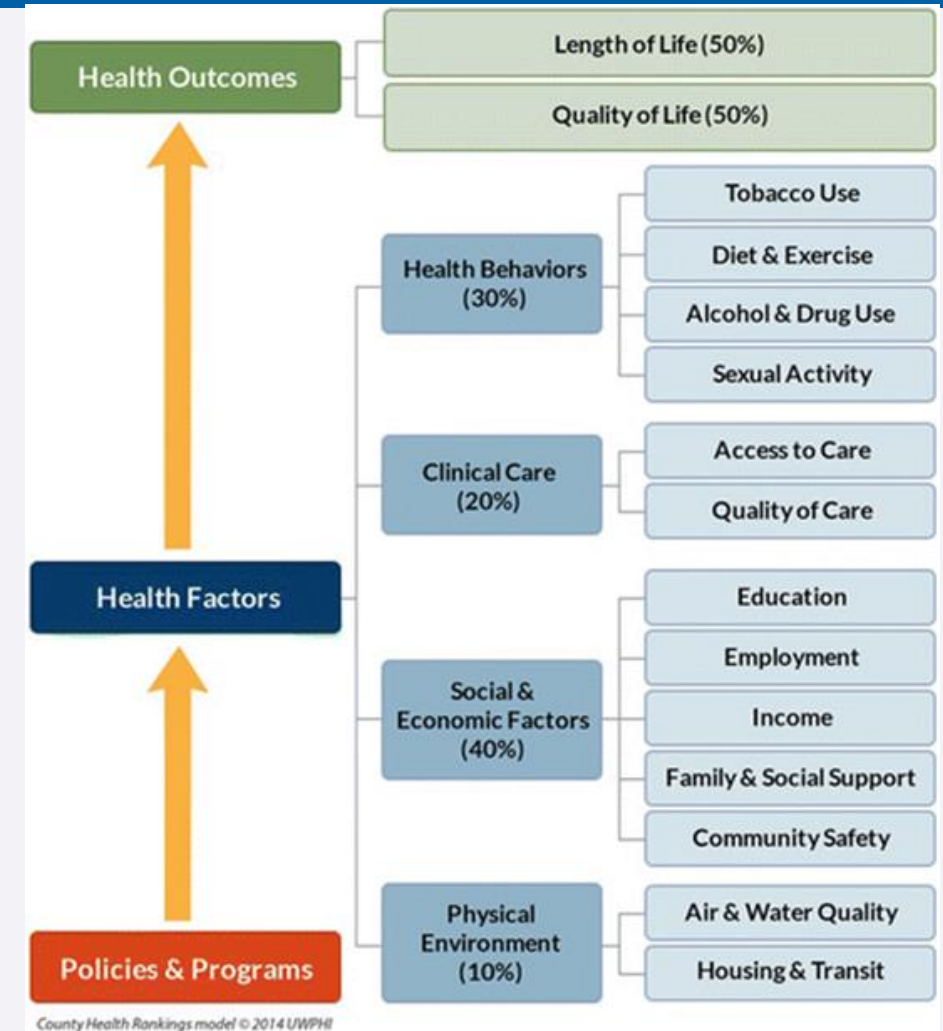
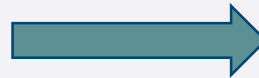


Shift to a Population Health Framework

HNC 2020 Focus Areas (40 Objectives)

1. Tobacco Use
2. Nutrition and Physical Activity
3. Sexually Transmitted Diseases
Unintended Pregnancy
4. Substance Abuse
5. Environmental Risks
6. Injury and Violence Prevention
7. Infectious Disease and
Foodborne Illness
8. Mental Health
9. Oral Health
10. Maternal and Infant Health
11. Chronic Disease
12. Social Determinants of Health
13. Cross-cutting Measures

“We will use HNC 2030 to re-orient public health! We shift from a focus on individual health topics to a focus on health equity and overall drivers of health outcomes.”



HNC 2030 – Timeline

January 2019: 1st Task Force Meeting

February: Work Groups - 1st Meeting

- Narrow set of potential indicators for each topic

February-April: Community Input Sessions

- Rank indicators for each topic

March: 2nd Task Force Meeting

- Select 3 health outcome indicators

May: Work Groups - 2nd Meeting

- Use community input to recommend final indicators

June: Work Groups - 3rd Meeting

- Set targets for selected indicators

June: 28rd Task Force Meeting

- Set targets for 3 health outcome indicators
- Review list of indicators recommended by Work Groups

August: 4th Task Force Meeting

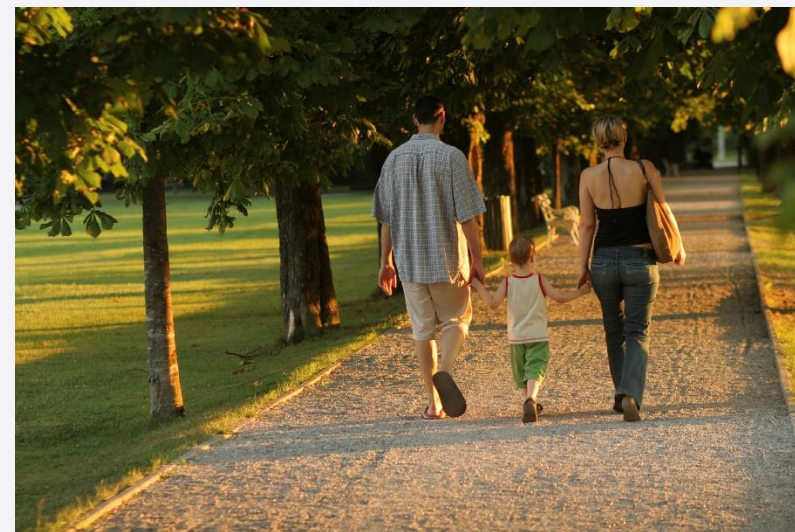
- Review all indicators and HNC 2030 report text

January 2020: Present HNC 2030 at North Carolina Public Health Leaders' Conference



HNC 2030: Indicator Development

- Work groups started from lists of indicators from:
 - Various state health improvement plans
 - NC DHHS Healthy Opportunities Framework
 - America's Health Rankings
 - US Healthy People 2030
 - Member recommendations
- Indicators are measures that already exist.
- They are defined by the survey or data source they come from.



HNC 2030: Indicator Development

Indicators should be:

- Measurable
- Useful and understandable to a broad audience
- Prevention-oriented
- Address health inequities
- Available at county level
- Measured at least every three years

Localities, non-governmental organizations, and public/private sectors should be able to use indicators to direct efforts in schools, communities, worksites, health care practices, and other environments.

Work Group Indicator Discussion and Narrowing

- Small Group discussion
 - Individual selection of top # of indicators
 - Small group discussion and ranking of top # of indicators
- Large group
 - Shared each small group top indicator lists
- Work Group survey
 - Survey included any indicator selected by at least 1 small group (including added indicators)
 - Members ranked their top indicators
 - NCIOM staff reviewed survey results and narrowed to final list for community input

HNC 2030 Community Input Sessions

Attendance:
8 counties, 29 participants

Cherokee Indian Hospital
April 9th, 8:00-10:00am

Attendance:
12 counties, 39 participants

Marion Senior Center
April 9th, 1:30-4:00pm

Attendance:
6 counties, 21 participants

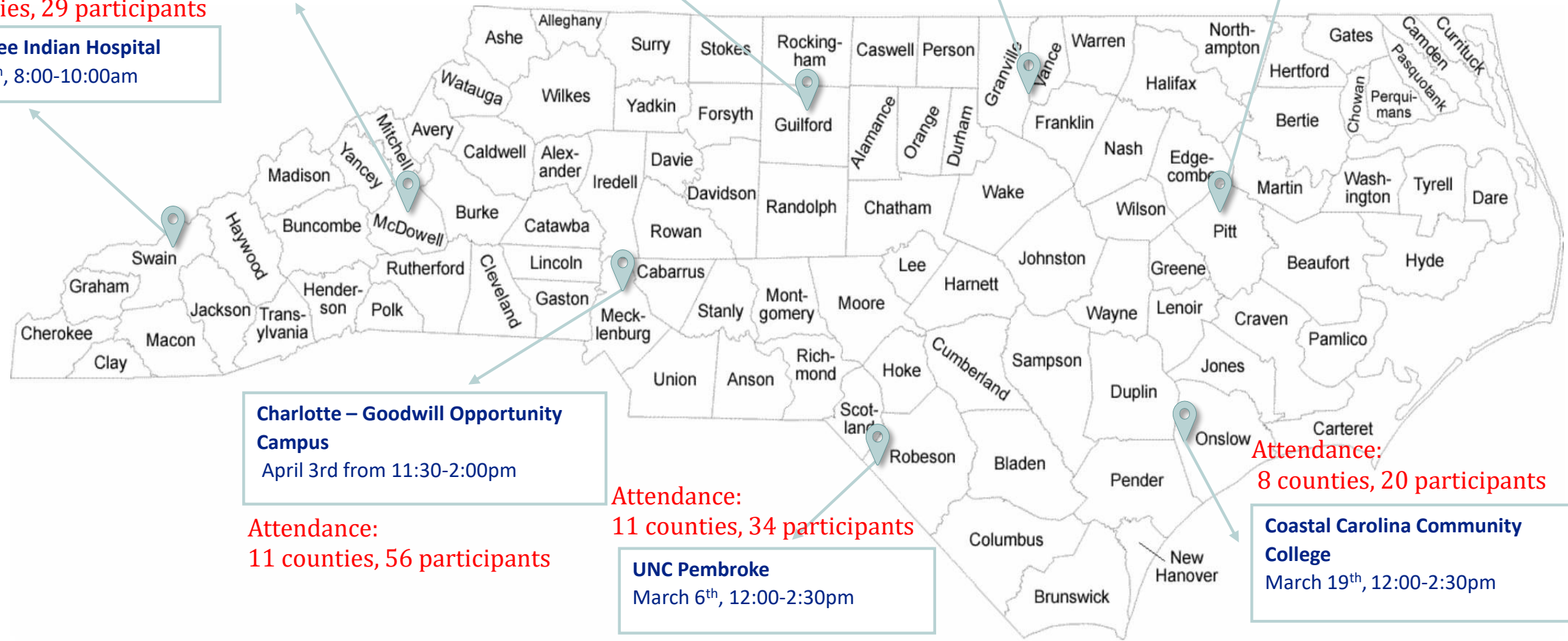
GTCC – East Campus
April 3rd, 5:00-7:30pm

Attendance:
6 counties, 24 participants

Perry Memorial Library
Henderson, NC
March 5th, 5:00-7:30pm

Attendance:
29 counties, 117 participants

Eastern AHEC
Health ENC meeting
February 27th, 12:45-3:15pm



Charlotte – Goodwill Opportunity Campus
April 3rd from 11:30-2:00pm

Attendance:
11 counties, 56 participants

Attendance:
11 counties, 34 participants

UNC Pembroke
March 6th, 12:00-2:30pm

Attendance:
8 counties, 20 participants

Coastal Carolina Community College
March 19th, 12:00-2:30pm

Community Input Session Attendance

- 340 participants
- 71 counties represented
- Collected representation at last 4 meetings:
 - 65% from health/public health
 - 15% from social services/human services
 - Others from advocacy, community members, or “other”

Indicator Selections

Health Outcomes (Task Force selections)

1. Infant mortality
2. Life expectancy

Health Behaviors

1. Tobacco use
2. Drug overdose deaths
3. Teen birth rate
4. Sugar-sweetened beverages
5. HIV diagnosis
6. Excessive drinking

Clinical Care

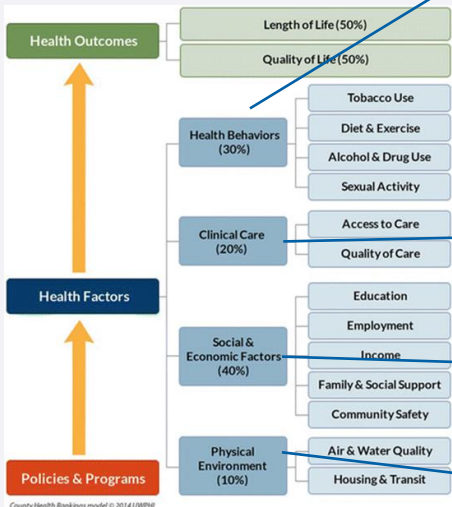
1. Uninsured
2. Early prenatal care
3. Primary care clinicians
4. Suicide rate

Social & Economic Factors

1. Individuals < 200% FPL
2. Adverse Childhood Experiences
3. Unemployment
4. 3rd grade reading proficiency
5. Incarceration rate
6. Short-term suspension

Physical Environment

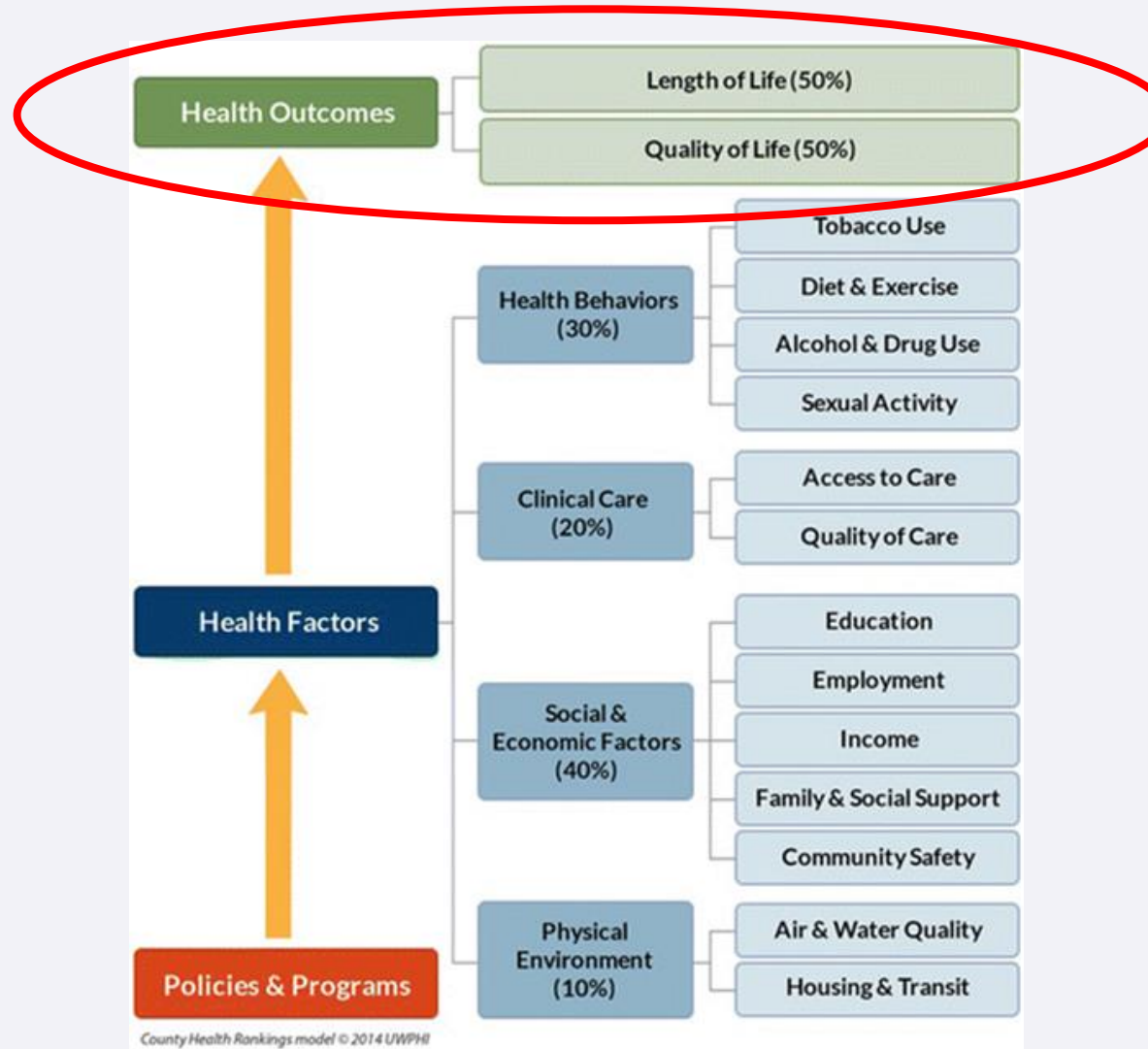
1. Severe housing problems
2. Limited access to healthy food
3. Access to exercise opportunities



Target Setting

- Data provided:
 - % decrease/increase from forecasted value
 - County and state values
 - Range in NC
 - Best state
 - State rank
 - Values across populations
- Knowledge of programs, policies, resources, and political will.
- Goal is to turn the curve.

Health Outcomes



Health Outcomes (Task Force selections)

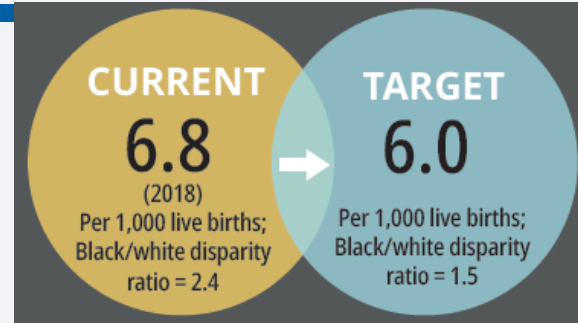
1. Infant mortality
2. Life expectancy

Health Outcomes – Infant mortality

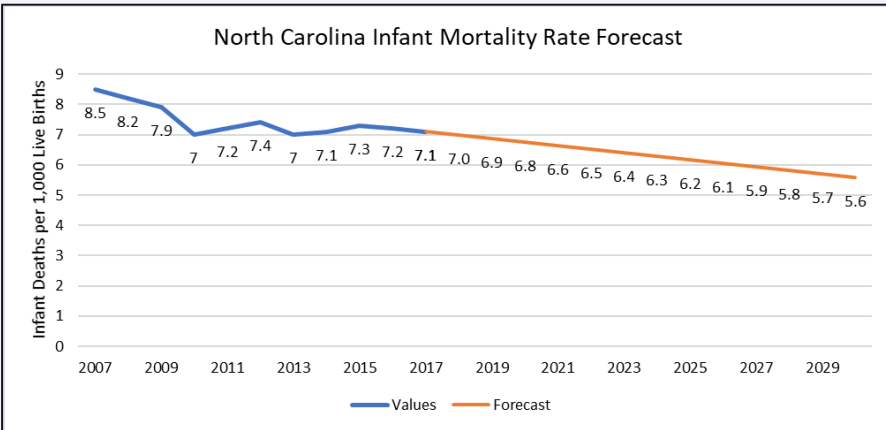
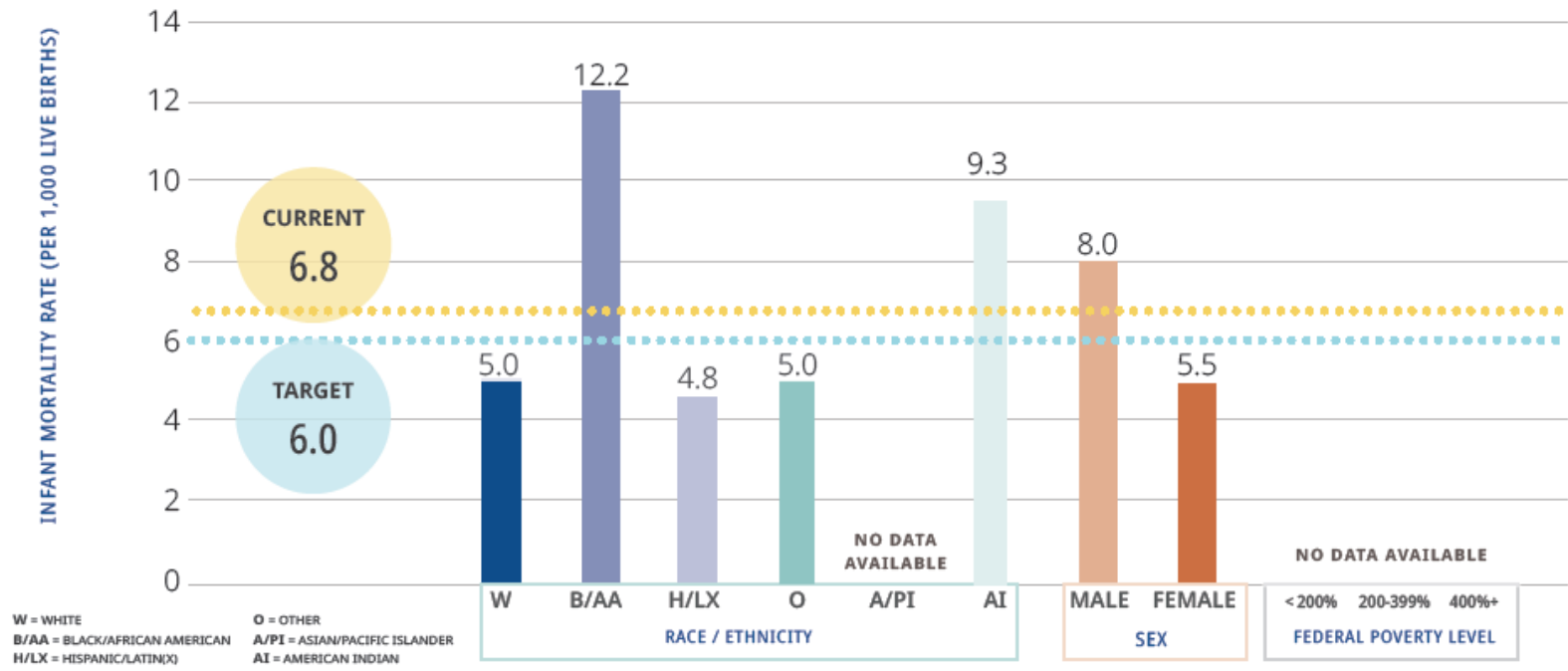
Desired outcome: Decrease infant mortality

Indicator definition: Rate of infant deaths per 1,000 live births. Deaths are counted if they occur within the first year of life

Source: NC State Center for Health Statistics, Vital Statistics



Infant mortality rates across populations in North Carolina and distance to 2030 target

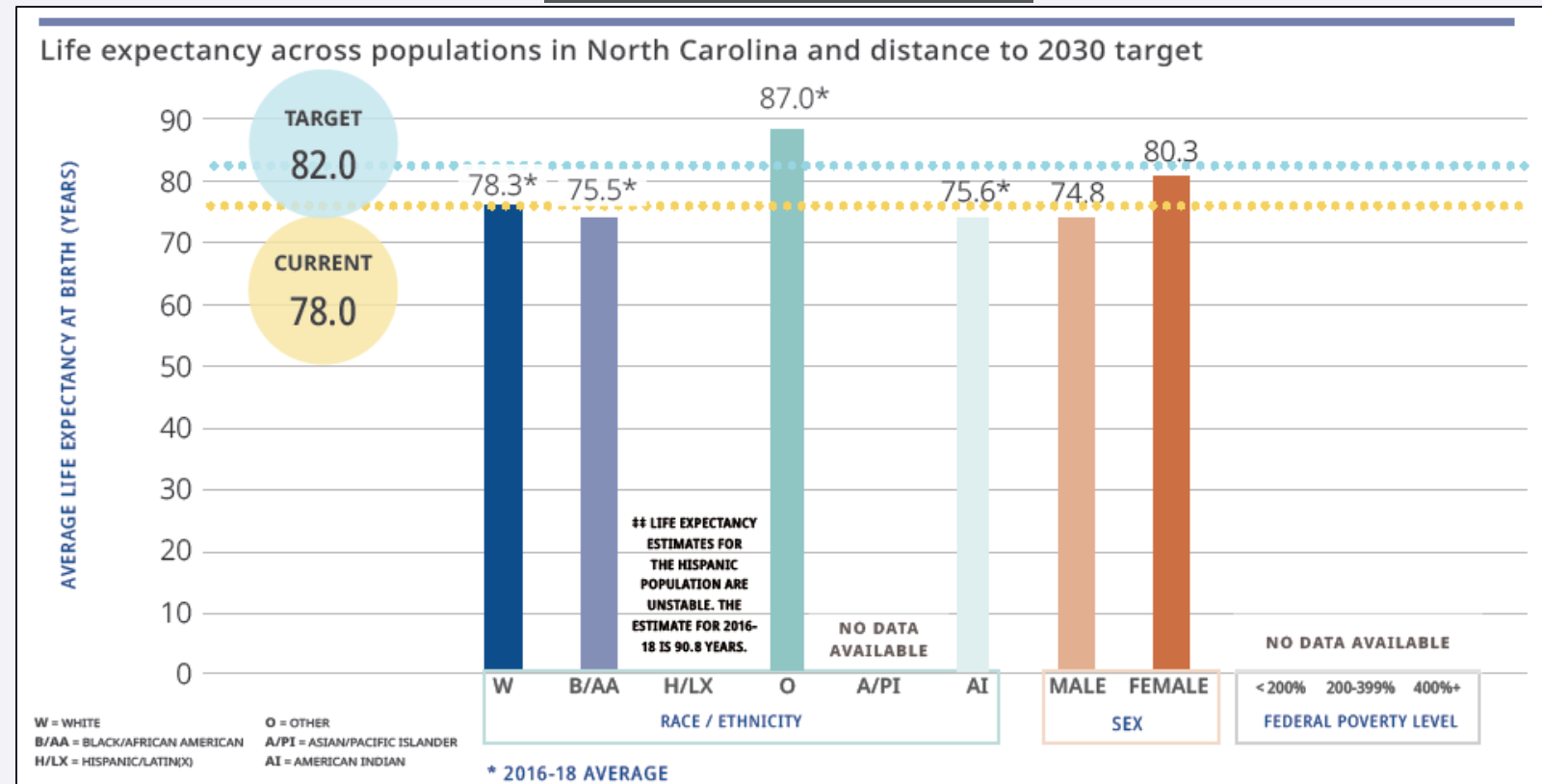
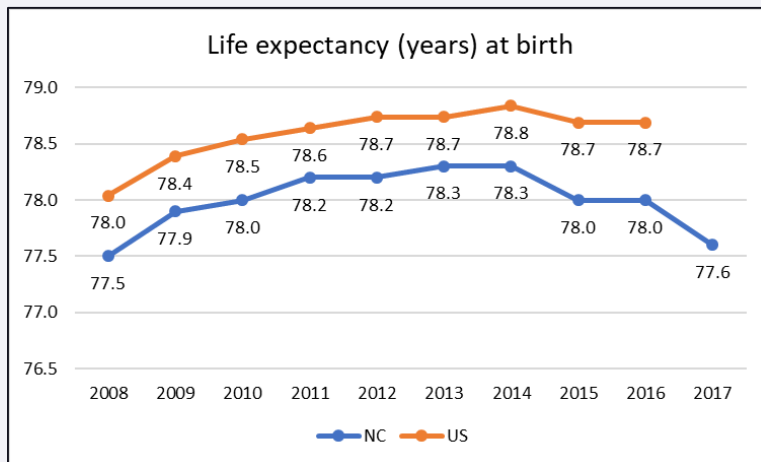


Health Outcomes – Life expectancy

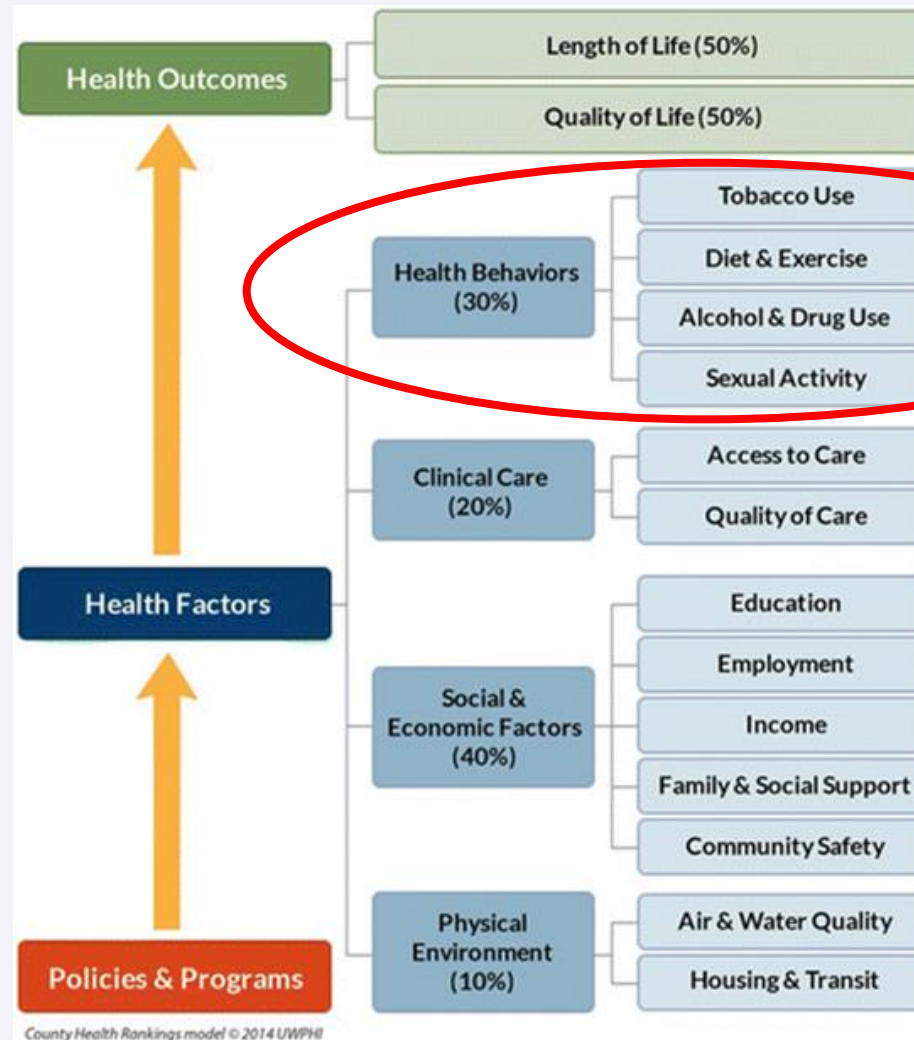
Desired outcome: Increase life expectancy

Indicator definition: Average number of additional years that someone at a given age would be expected to live if current mortality conditions remained constant throughout their lifetime

Source: NC State Center for Health Statistics, Vital Statistics



Health Behaviors



Health Behaviors

1. Tobacco use
2. Drug overdose deaths
3. Teen birth rate
4. Sugar-sweetened beverages
5. HIV diagnosis
6. Excessive drinking

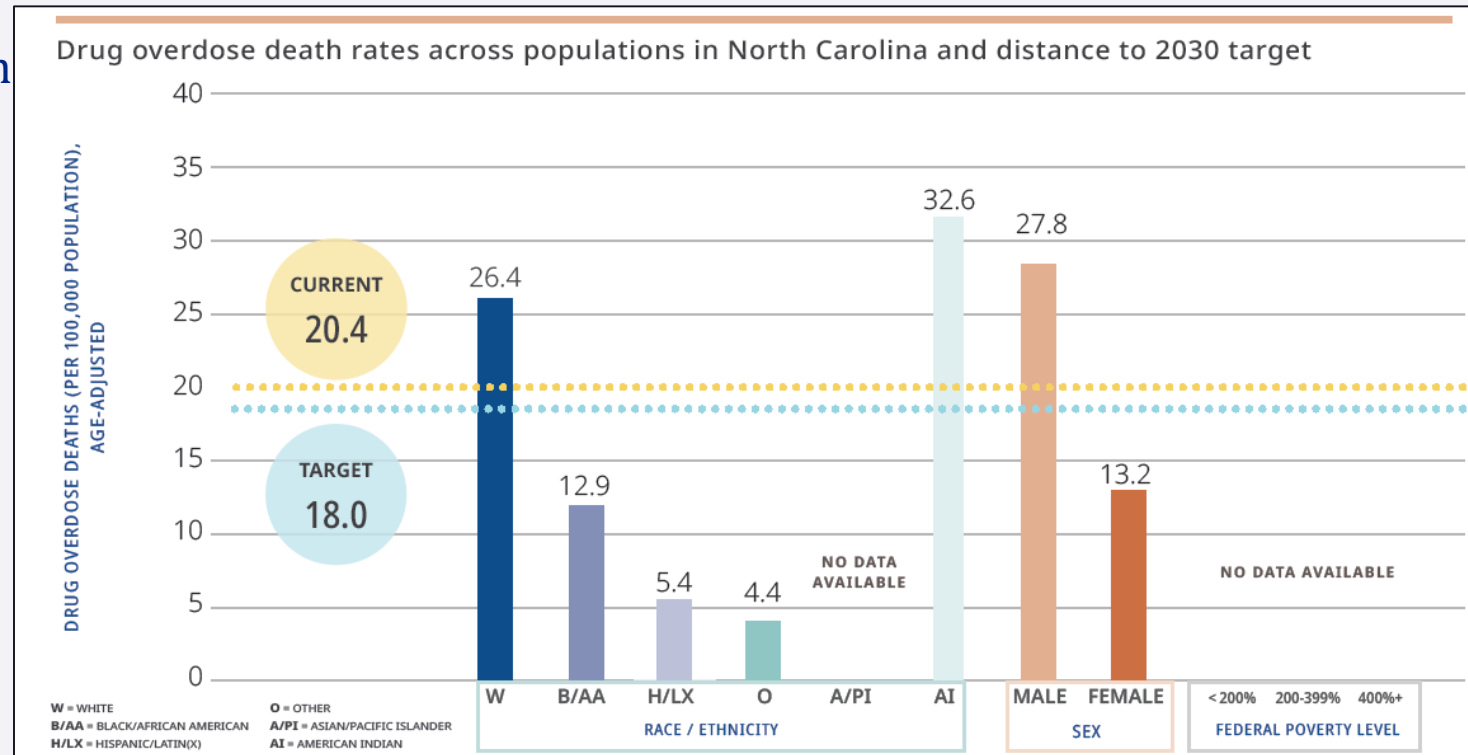
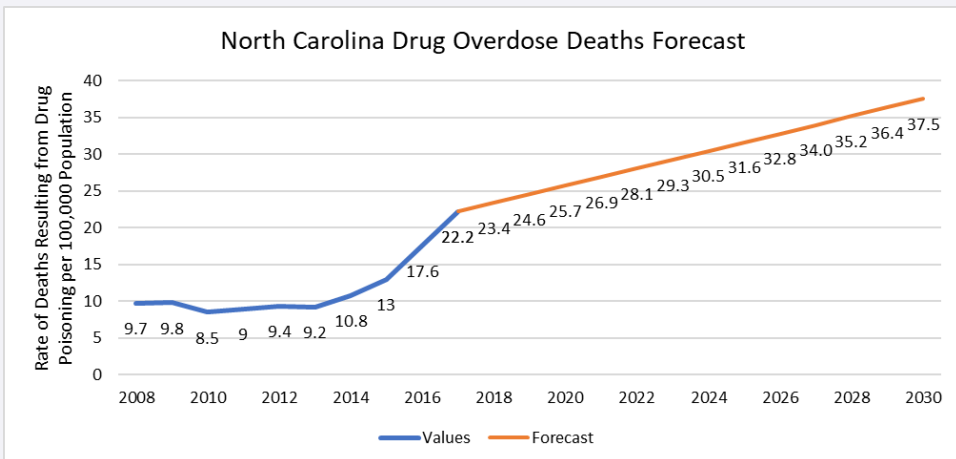
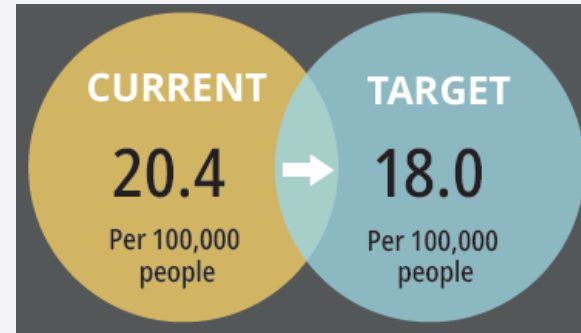
Health Behaviors – Drug overdose deaths

Desired outcome: Decrease drug overdose deaths

Indicator definition: Number of age-adjusted drug poisoning deaths per 100,000 population.

Source: Vital Statistics; NC State Center for Health Statistics

* Similar measure ranked at the top in community meeting discussions



Health Behaviors – Tobacco use

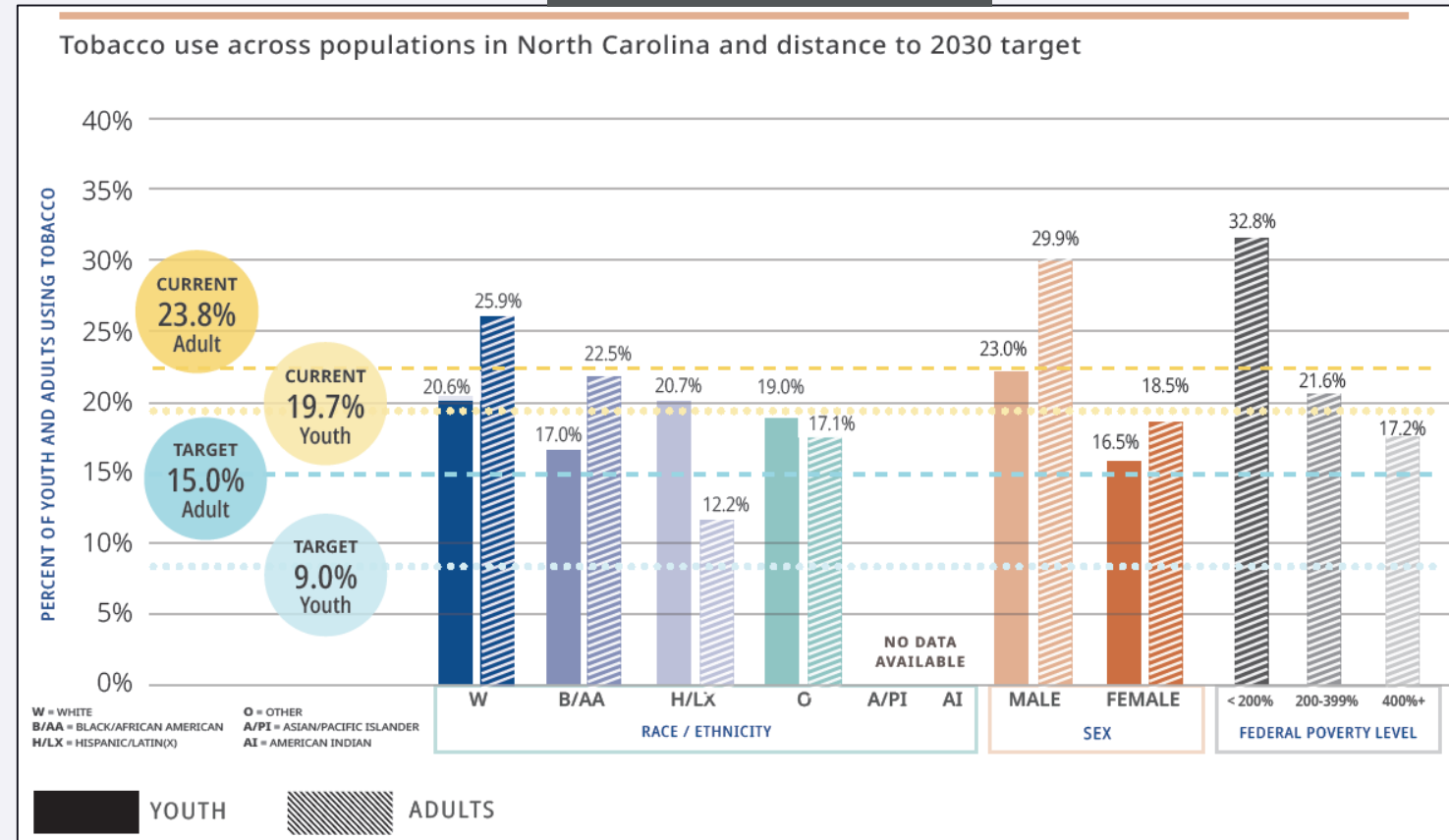
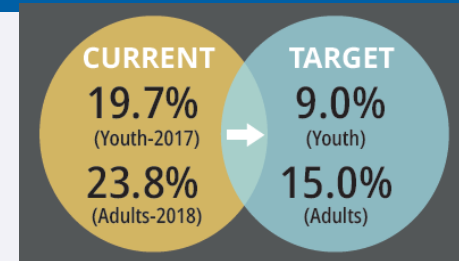
Desired outcome: Decrease tobacco use

Indicator definition: Current use of e-cigarettes, cigarettes, cigars, smokeless tobacco, pipes, and/or hookah.

- Measured separately for youth and adults.
- Youth population includes middle and high school students.

Sources: NC Youth Tobacco Survey; BRFSS

* Ranked at the top in community meeting discussions



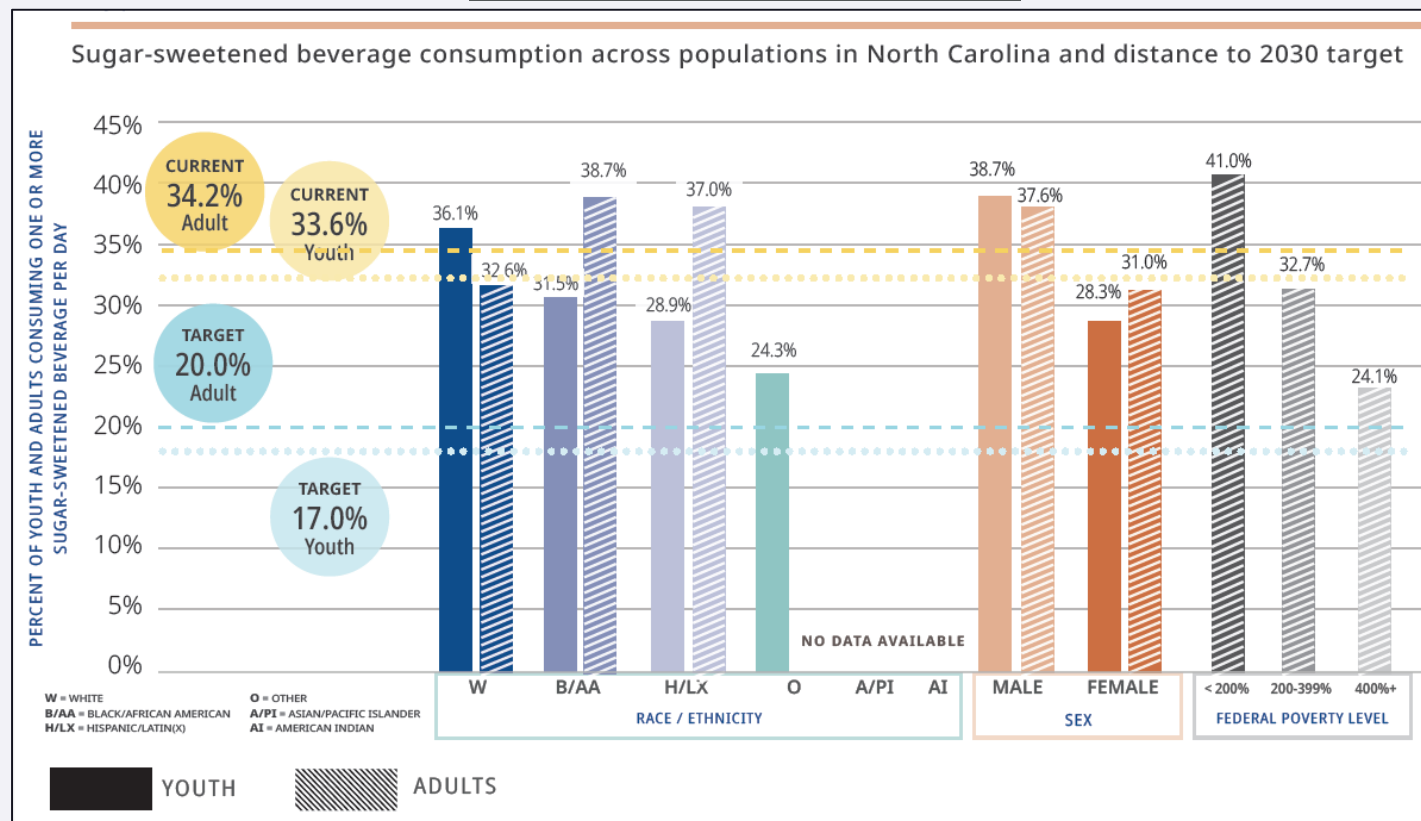
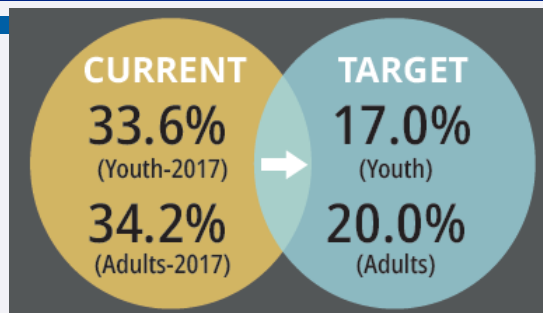
Health Behaviors – Sugar-sweetened beverage consumption

Desired outcome: Reduce overweight and obesity

Indicator definition: Consumption of one or more sugar-sweetened beverage per day.

- Separate measures for youth (high school students) and adults.
- Sugar-sweetened beverages include non-diet soda, fruit drinks, sweet tea, and sports or energy drinks.

Source: Youth Risk Behavior Surveillance System; BRFSS

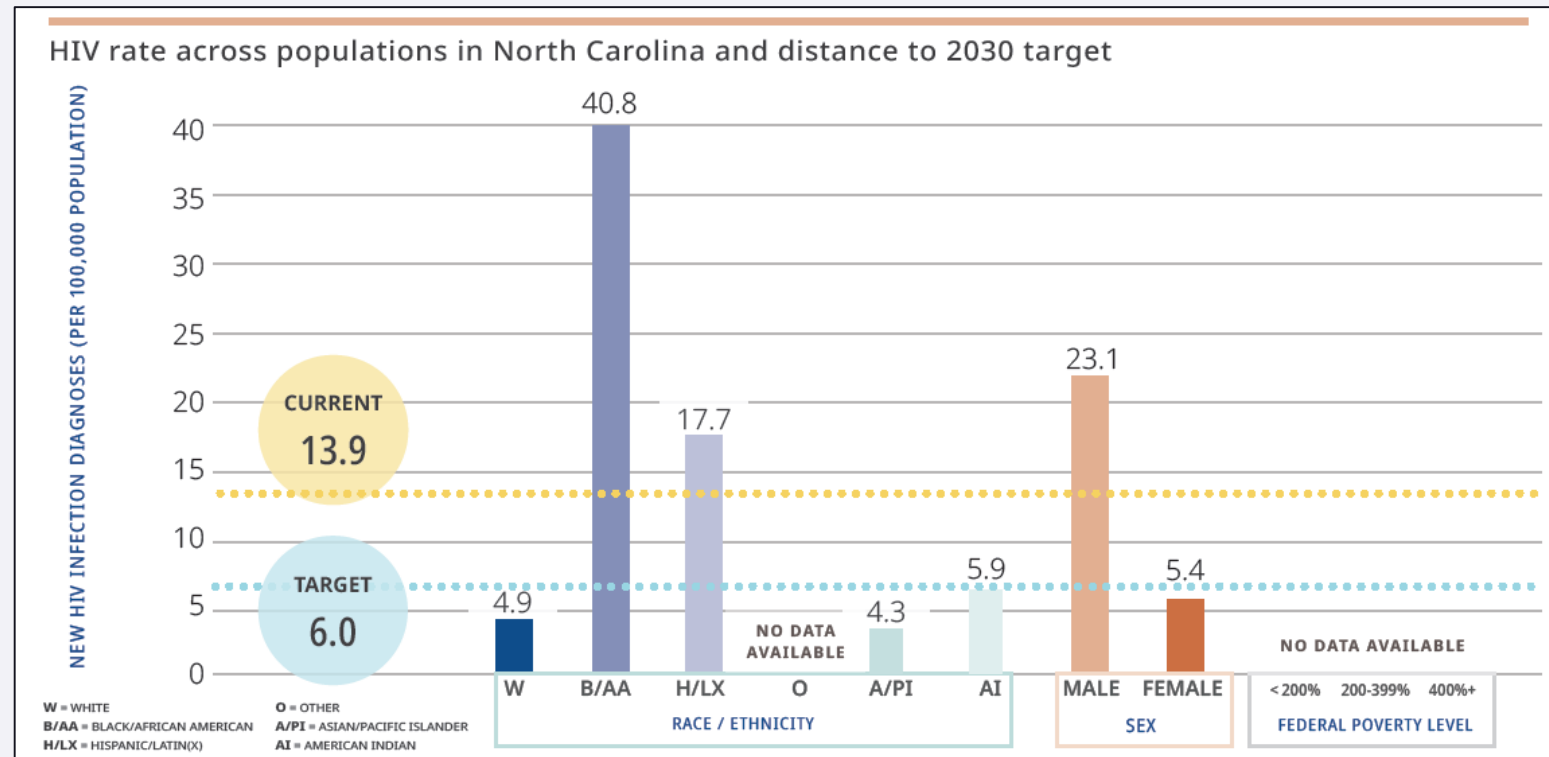
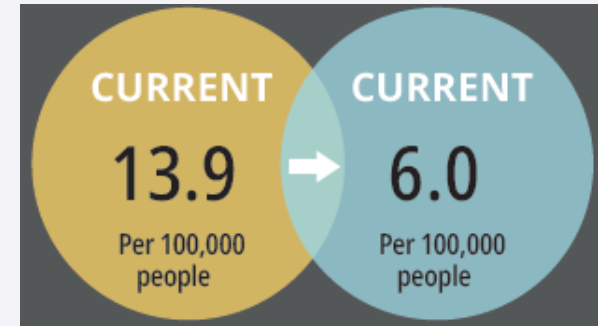


Health Behaviors – HIV diagnosis

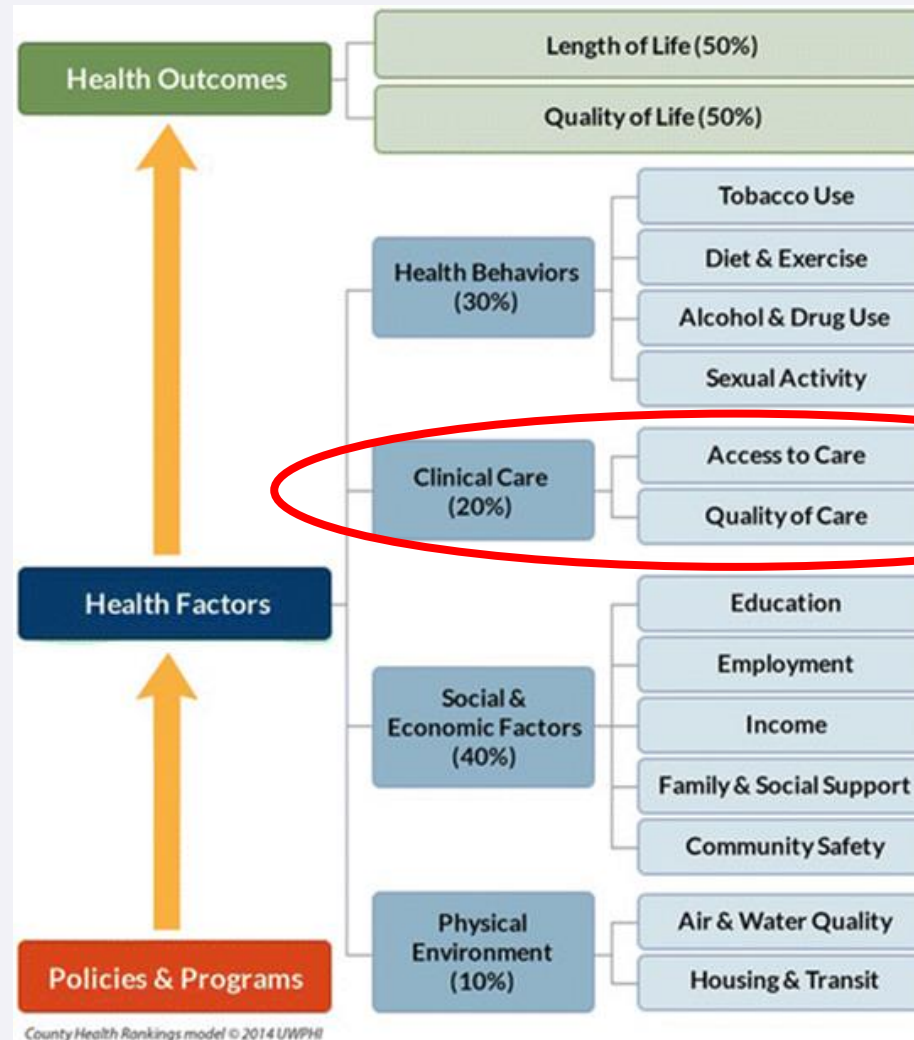
Desired outcome: Improve sexual health

Indicator definition: Rate of new HIV infection diagnoses (per 100,000 population)

Source: NC Epidemiology Section



Clinical Care



Clinical Care

1. Uninsured
2. Early prenatal care
3. Primary care clinicians
4. Suicide rate

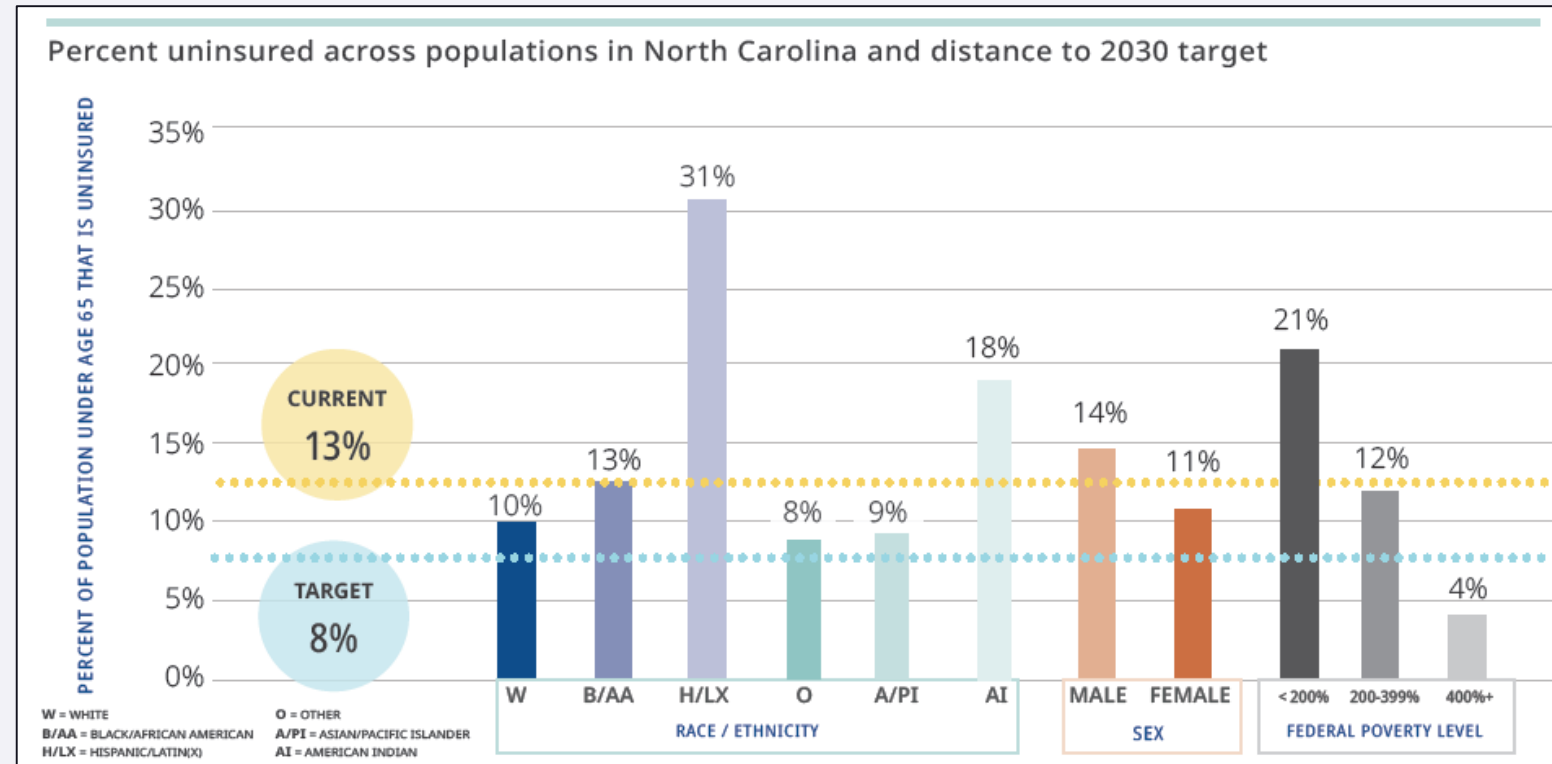
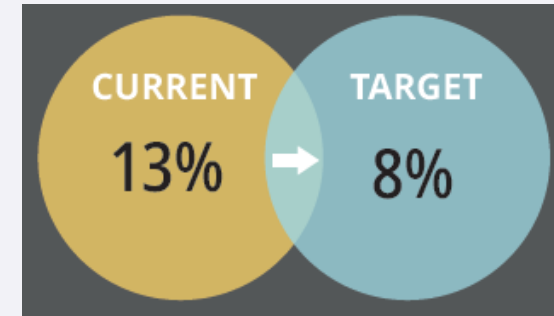
Clinical Care - Uninsured

Desired outcome: Decrease the uninsured population

Indicator definition: Percentage of population under age 65 without health insurance.

Source: US Census Bureau's Small Area Health Insurance Estimates (SAHIE)

* Consistently highest ranked in community meeting discussions



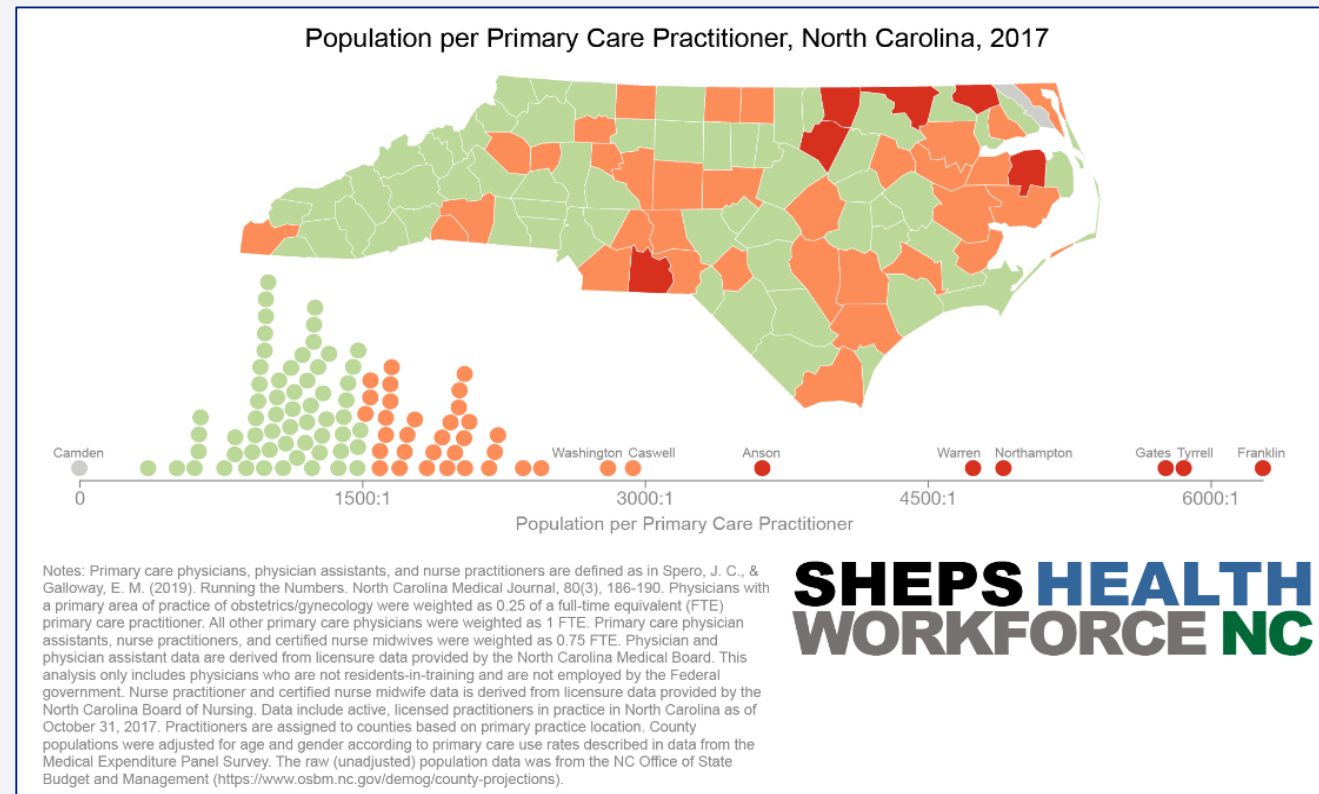
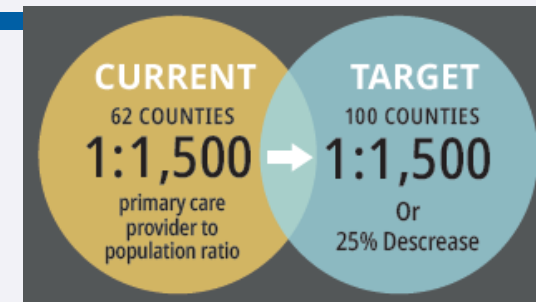
Clinical Care – Primary care clinicians

Desired outcome: Increase the primary care workforce

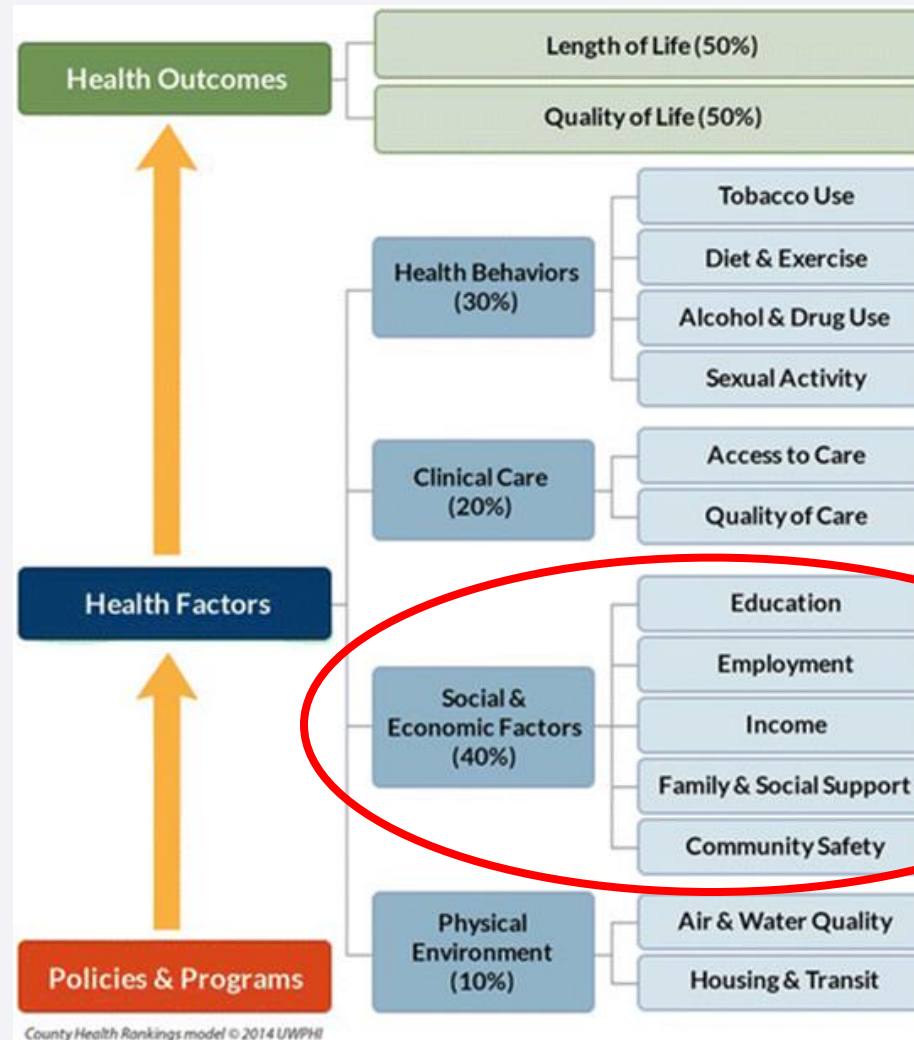
Indicator definition: Composite ratio of population to primary care physicians, nurse practitioners, and physician assistants.

Source: Area Health Resource File/American Medical Association; North Carolina Health Professions Data System - Cecil G. Sheps Center for Health Services Research

* High interest in community meetings for a general primary care workforce measure



Social and Economic Factors



Social & Economic Factors

1. Individuals < 200% FPL
2. Adverse Childhood Experiences
3. Unemployment
4. 3rd grade reading proficiency
5. Incarceration rate
6. Short-term suspension

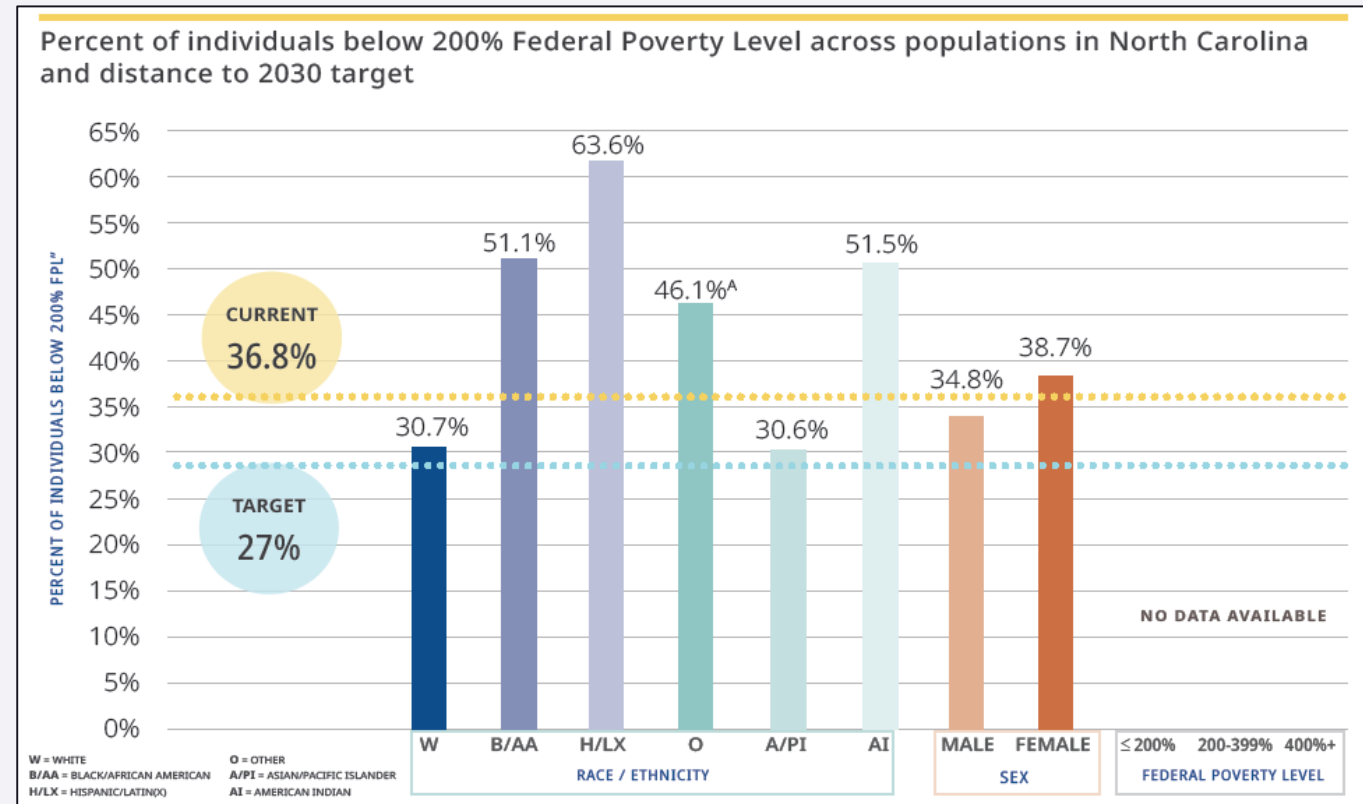
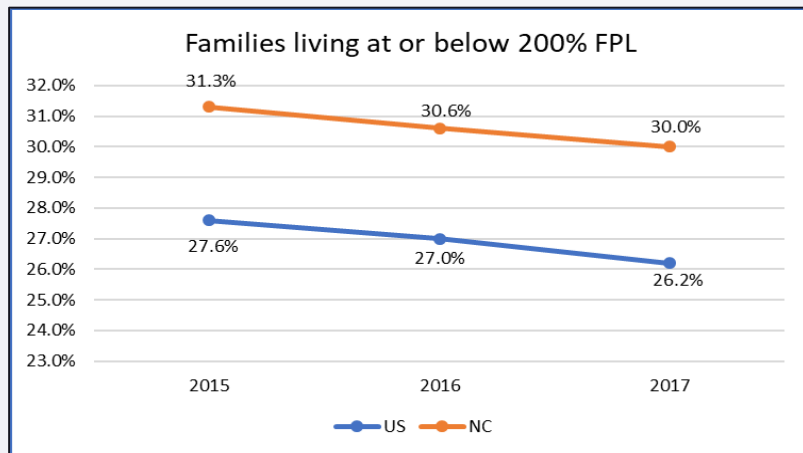
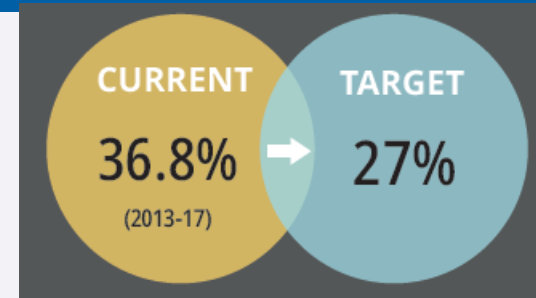
Social & Economic Factors – Individuals Below 200% Federal Poverty Level

Desired outcome: Decrease the number of people living in poverty

Indicator definition: Percent of people living below 200% of the federal poverty level

Source: American Community Survey

*Ranked at the top in community meeting discussions

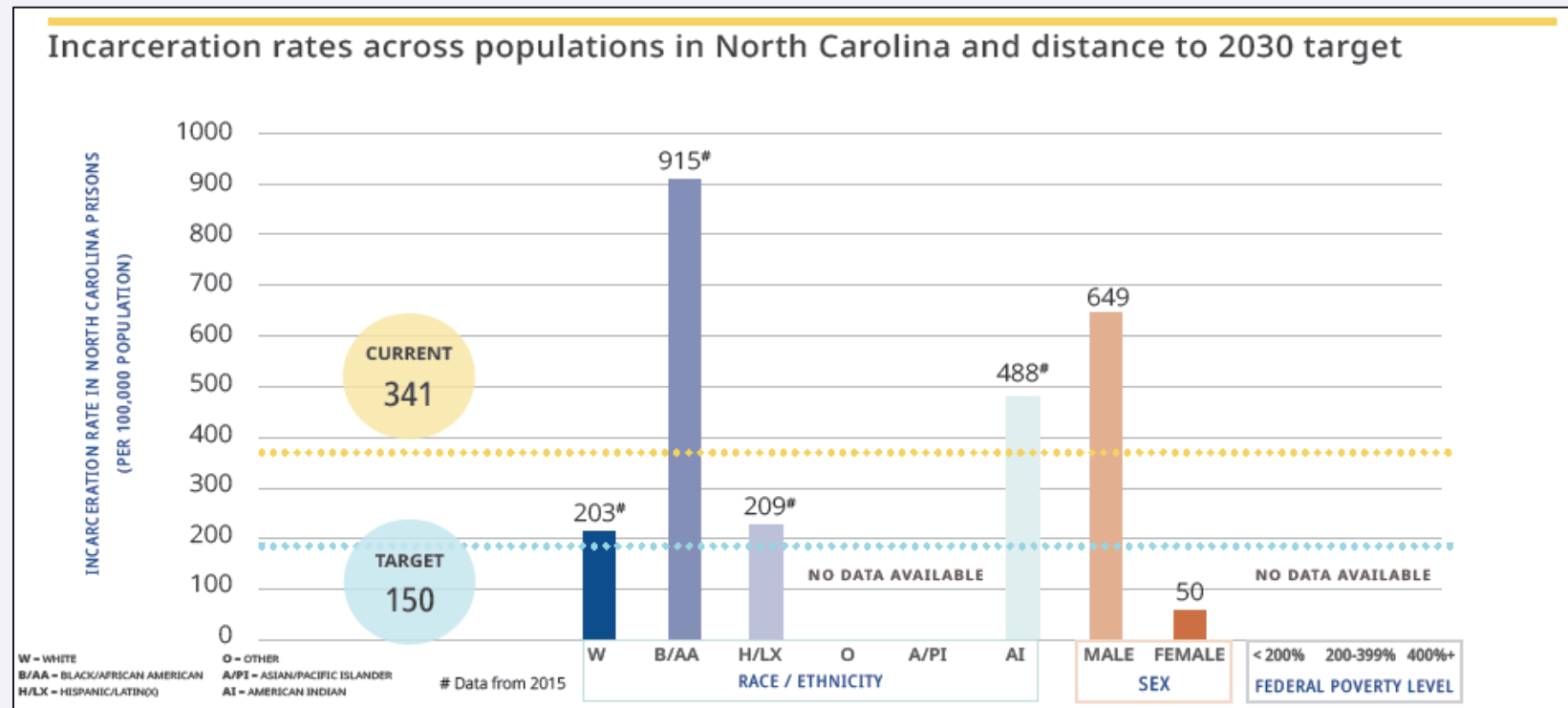
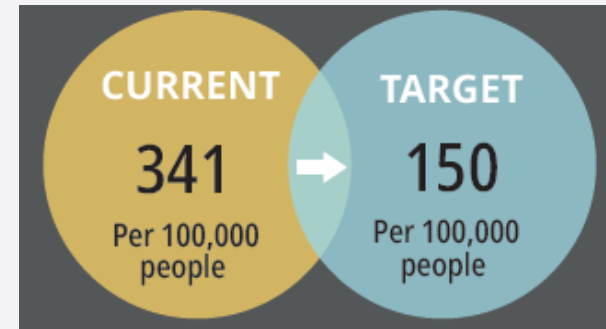
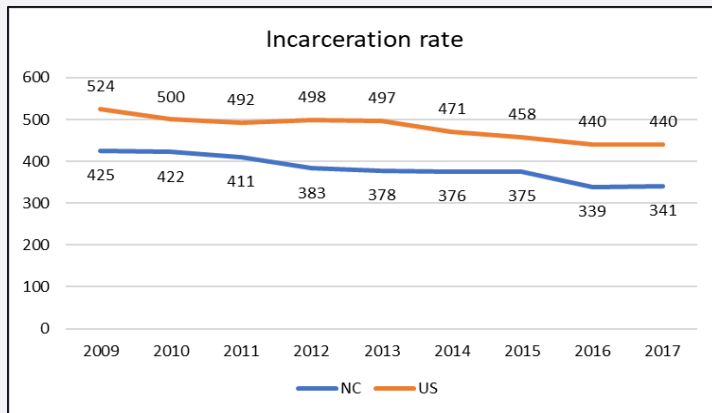


Social & Economic Factors – Incarceration rate

Desired outcome: Dismantle structural racism

Indicator definition: Incarceration in North Carolina prisons per 100,000 population.

Source: US Bureau of Justice Statistics



Social & Economic Factors – Adverse Childhood Experiences

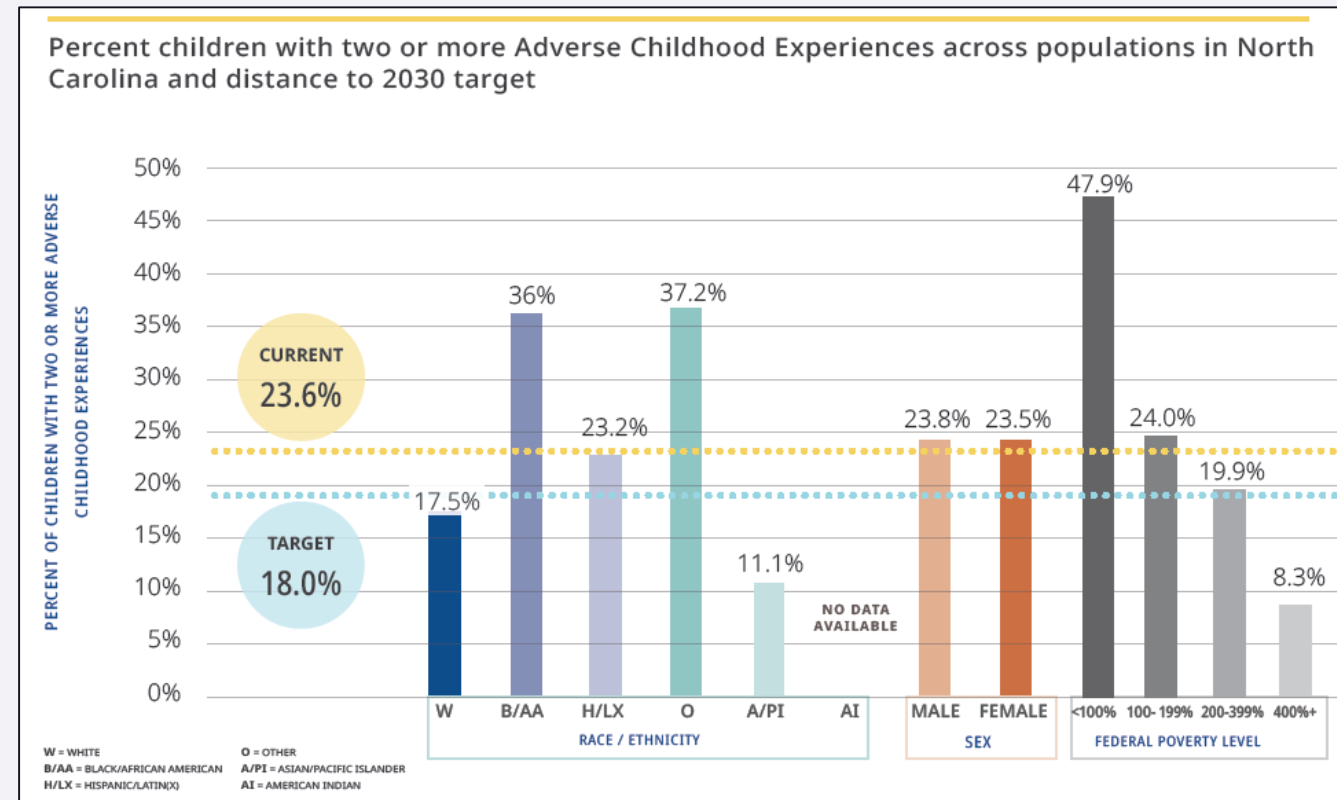
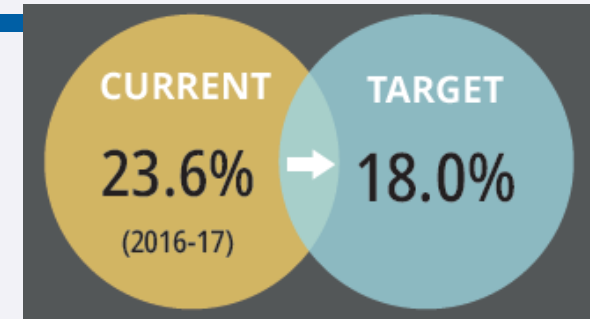
Desired outcome: Improve child well-being

Indicator definition: Percent of children with two or more of these adverse childhood experiences:

- hard to get by on income;
- parent/guardian divorced or separated;
- parent/guardian died;
- parent/guardian served time in jail;
- saw or heard violence in the home;
- victim/witness of neighborhood violence;
- lived with anyone mentally ill, suicidal, or depressed;
- lived with anyone with alcohol or drug problem;
- often treated or judged unfairly due to race/ethnicity

Source: Children’s National Health Survey (parent report)

*Ranked at the top in community meeting discussions

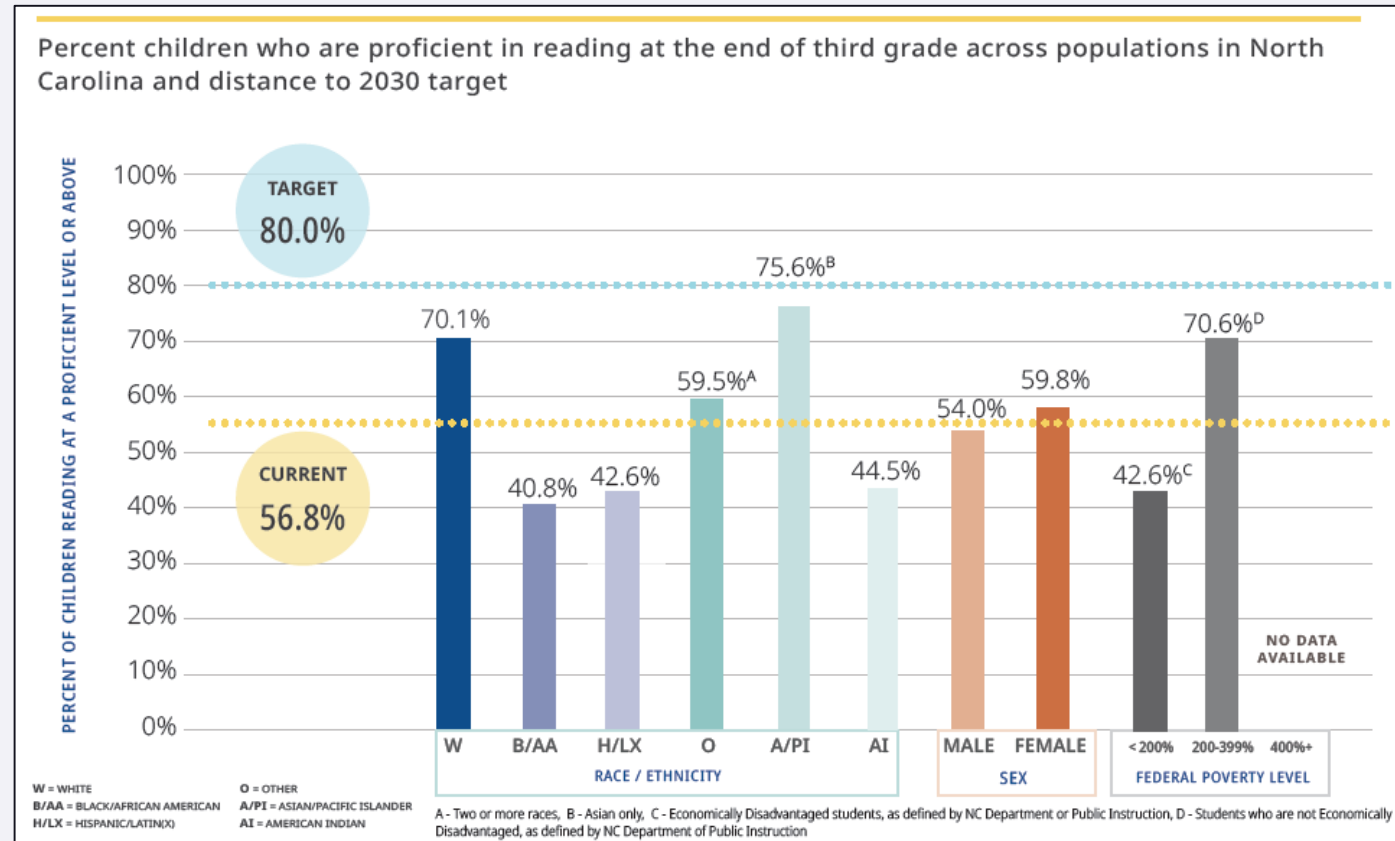
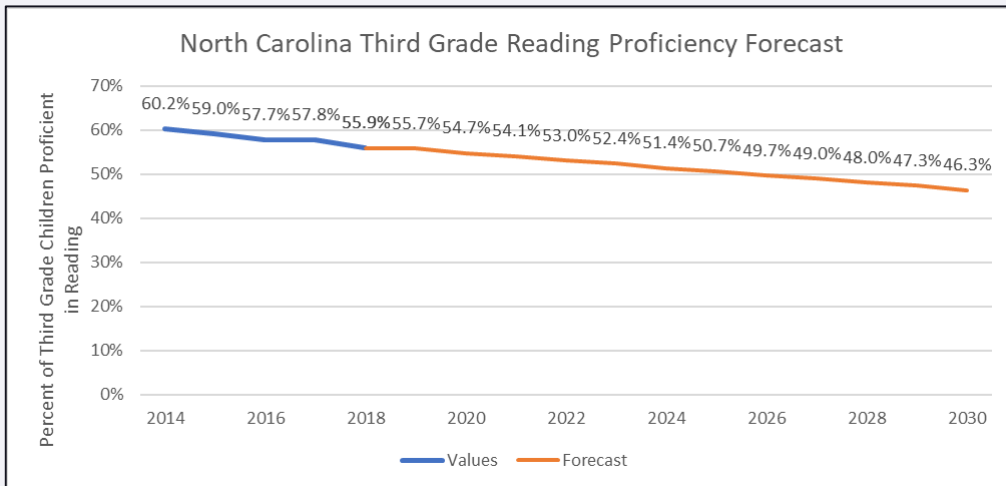
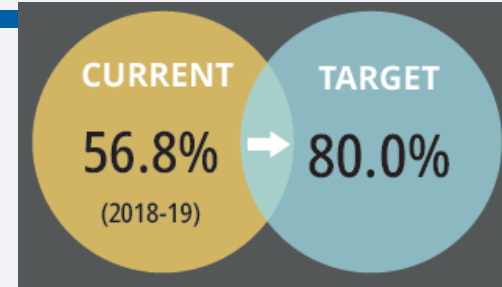


Social & Economic Factors – Third grade reading

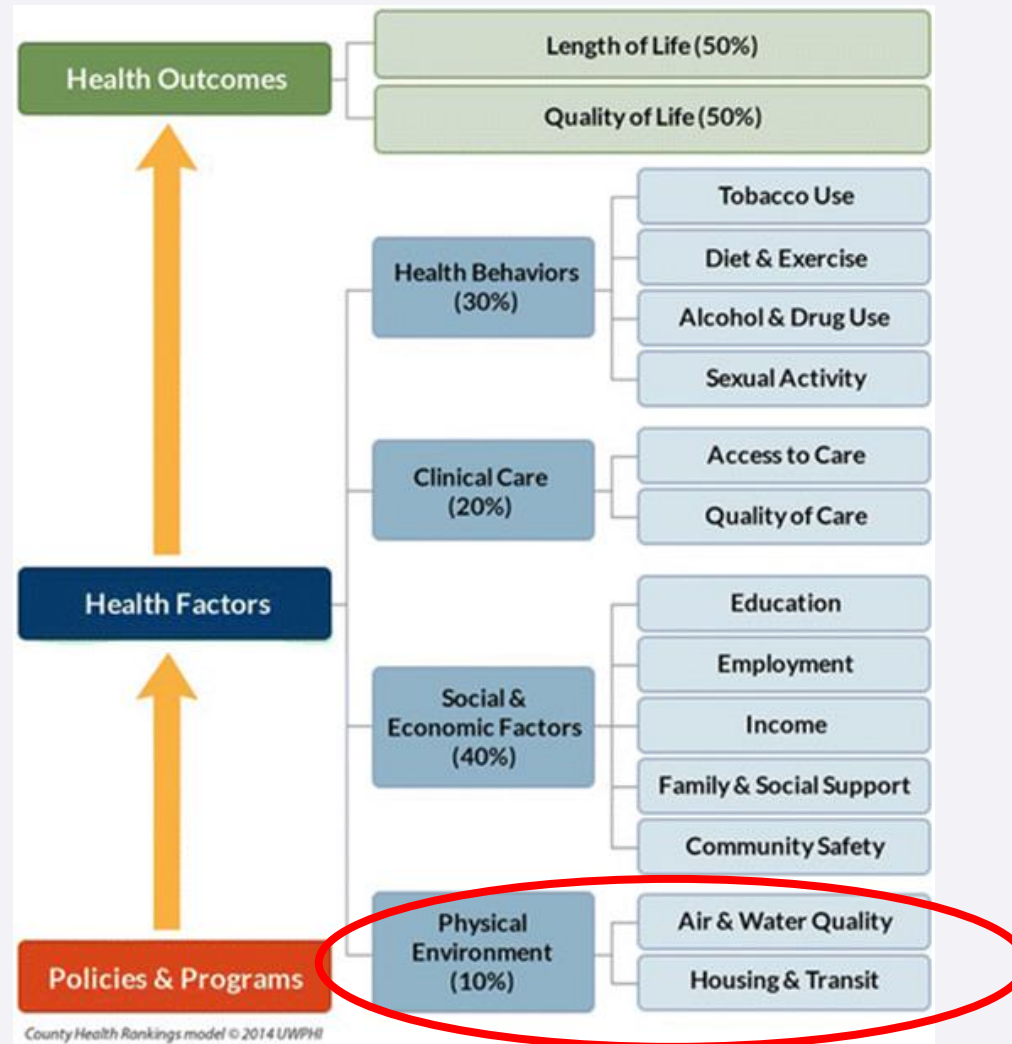
Desired outcome: Improve third grade reading proficiency

Indicator definition: Percent of children reading at a proficient level or above based on third grade End of Grade exams.

Source: NC Department of Public Instruction



Physical Environment



Physical Environment

1. Severe housing problems
2. Limited access to healthy food
3. Access to exercise opportunities

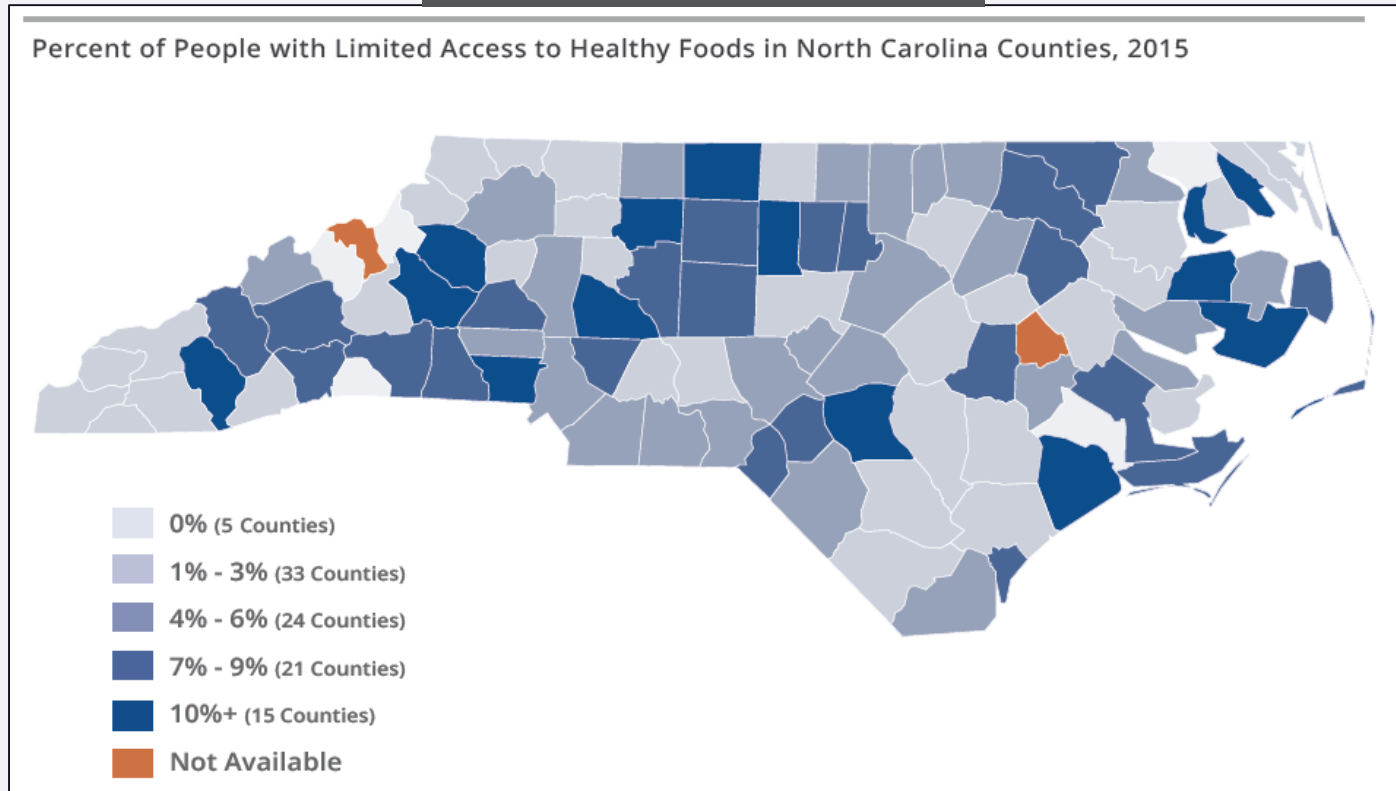
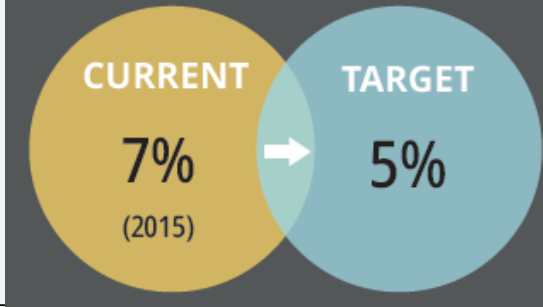
Physical Environment – Limited access to healthy food

Desired outcome: Improve access to healthy foods

Indicator definition: Percentage of population who are low-income and do not live close to a grocery store.

Source: United States Department of Agriculture (USDA)

* Similar measure ranked at the top in community meeting discussions



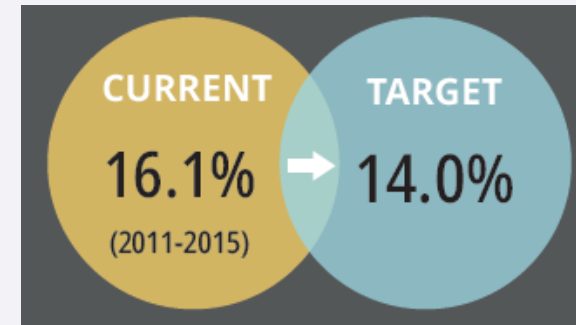
Physical Environment – Severe housing problems

Desired outcome: Improve housing safety

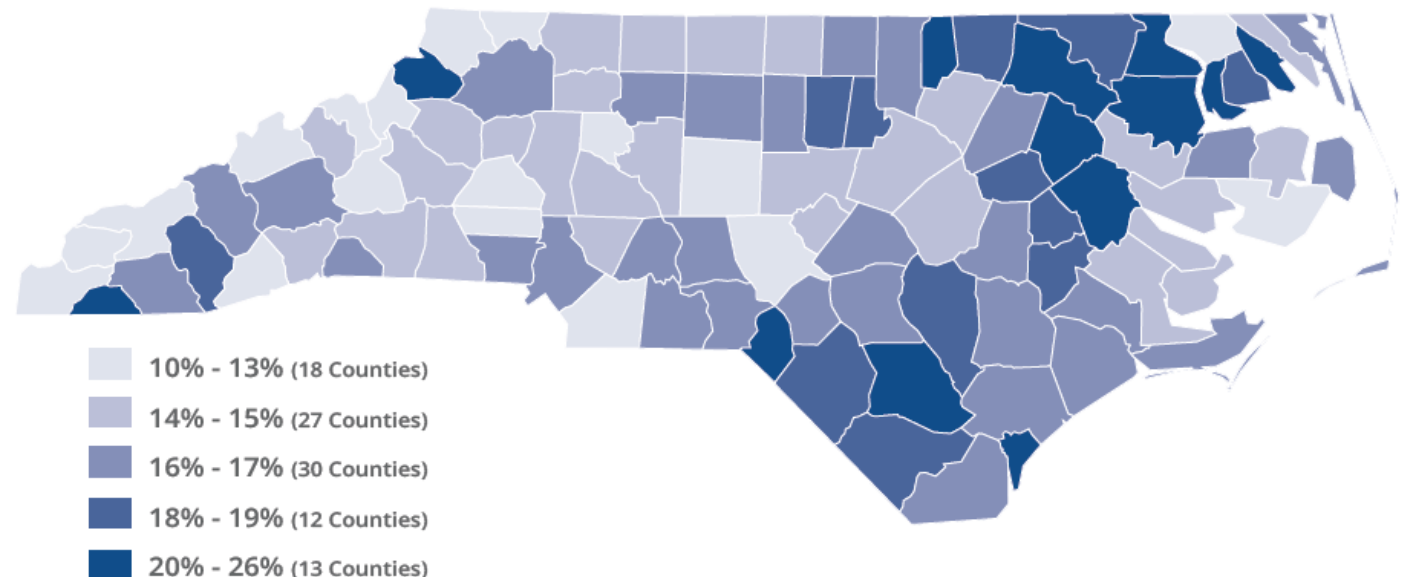
Indicator definition: Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities.

Source: U.S. Census Bureau; Comprehensive Housing Affordability data

* Ranked at the top in community meeting discussions



Percent of People with Severe Housing Problems in North Carolina Counties, 2018



Next Steps

- Broader dissemination and engagement across all sectors, including traditional health partners and non-traditional health partners
 - Across DHHS, DPH, local communities
 - Across other Departments, partners and sectors (e.g. NC Med Society, Chamber of Commerce, philanthropy)
- Foundation for State Health Improvement Plan
 - Will convene stakeholders, experts, and state agency staff and leadership to develop strategies for each indicator.
- Connection to Community Health Assessments
 - Specification of that connection will be part of State Health Improvement Plan Process.

For More Information

- Websites: www.nciom.org
www.ncmedicaljournal.com
- Key contacts:
 - Adam Zolotor, MD, DrPH, President and CEO, NCIOM
919-445-6150 or adam_zolotor@nciom.org
 - Brienne Lyda-McDonald, MPH, Project Director, NCIOM
919-445-6154 or blydamcd@nciom.org
 - Kathryn Dail, PhD, RN, Branch head, Local Data Analysis and Support, NCDHHS
919-792-5792 or kathy.dail@dhhs.nc.gov

Appendix



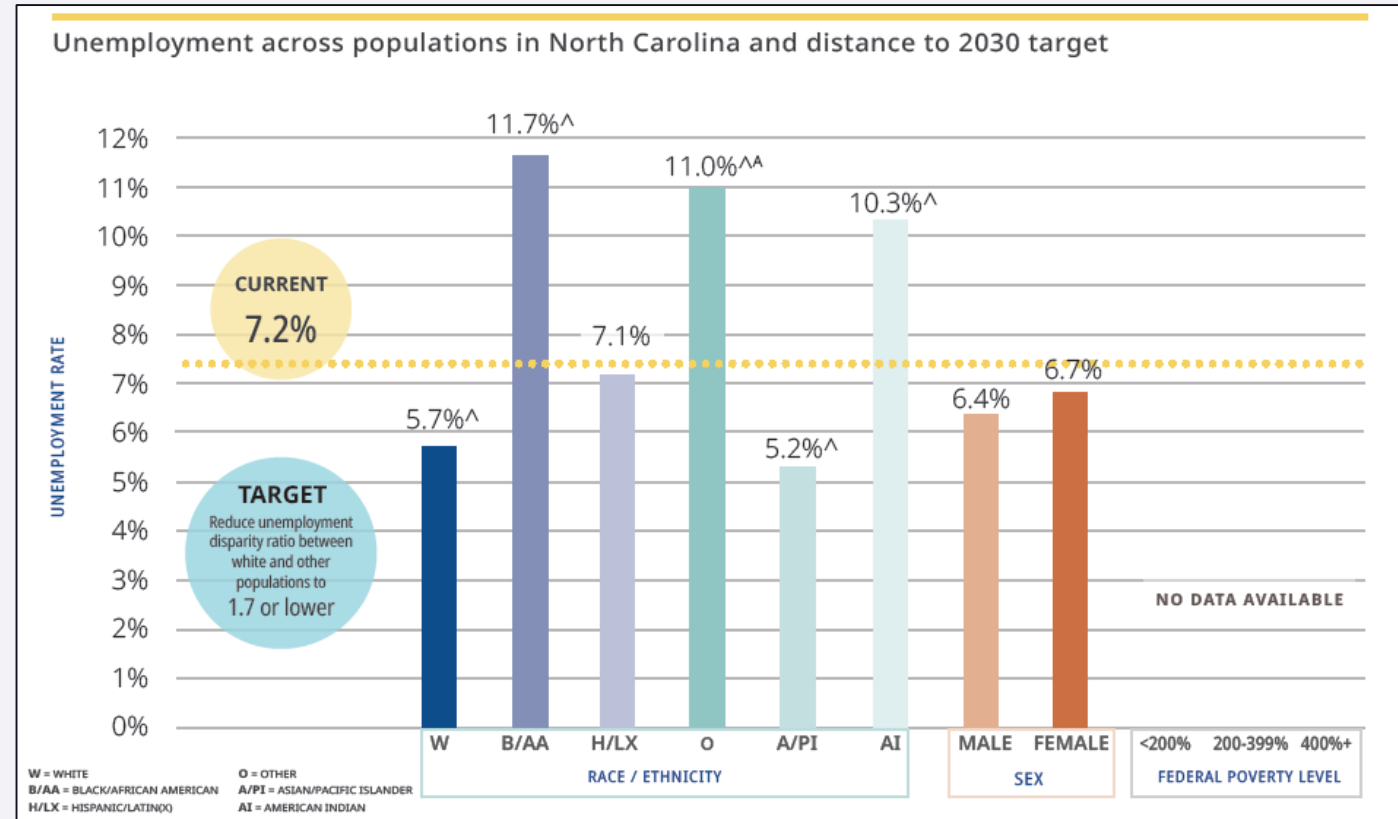
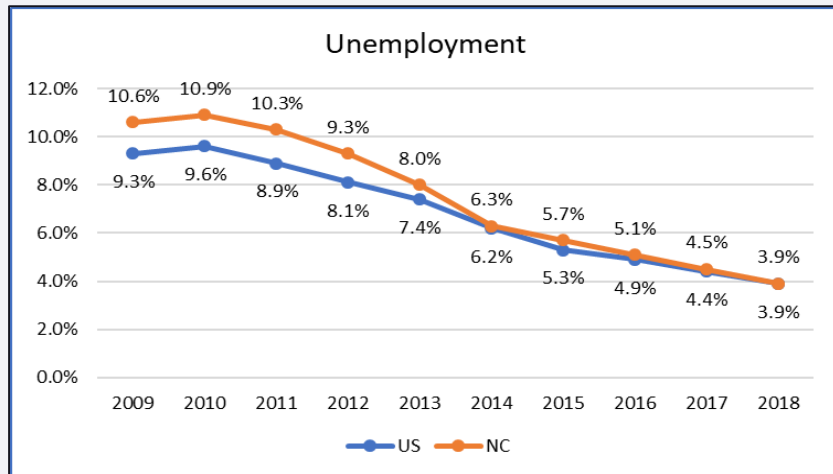
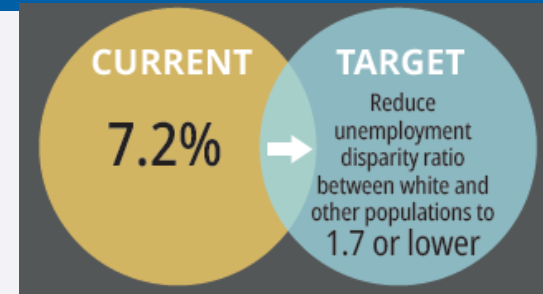
Social & Economic Factors - Unemployment

Desired outcome: Increase economic security

Indicator definition: Percent of population ages 16+ unemployed but seeking work.

Source: Bureau of Labor Statistics

* Ranked at the top in community meeting discussions



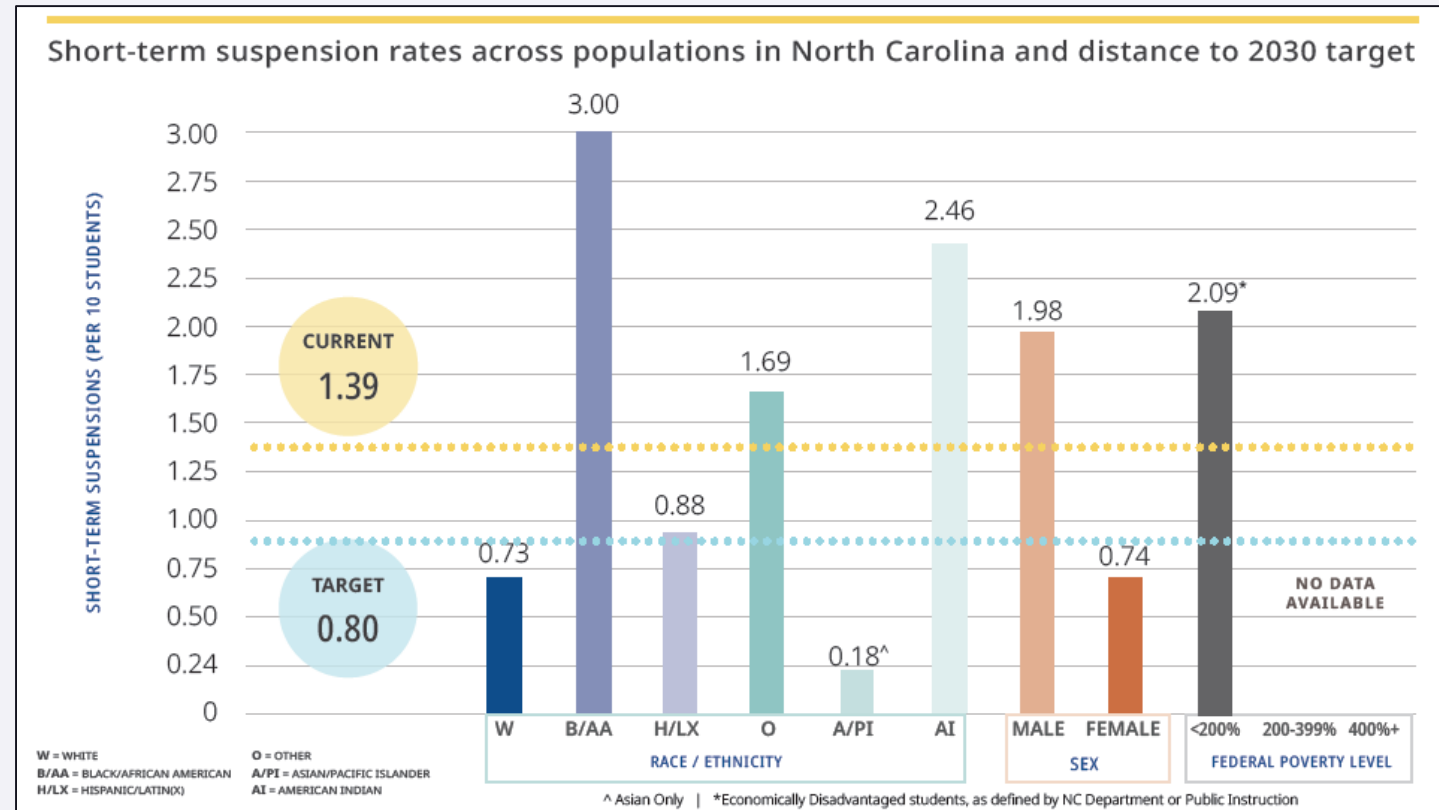
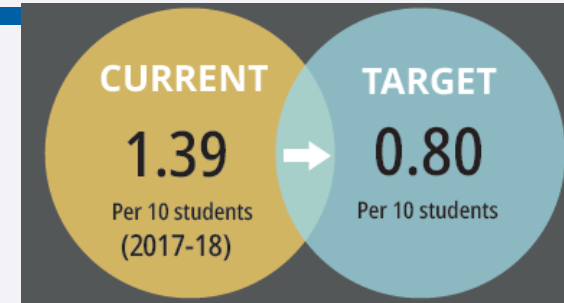
Social & Economic Factors – Short-term suspension

Desired outcome: Dismantle structural racism

Indicator definition: Number of out-of-school short-term suspensions in educational facilities for all grades.

- Short-term is defined as 10 days or less.

Source: NC Department of Public Instruction; Consolidated Data Reports



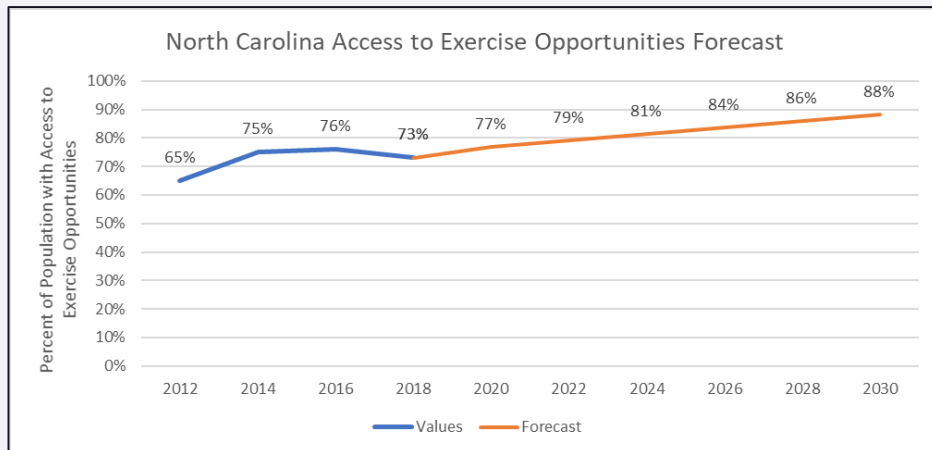
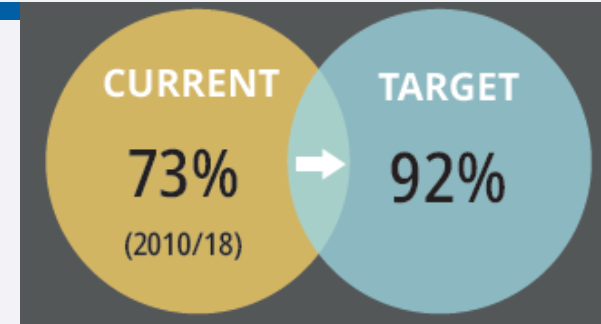
Physical Environment – Access to exercise opportunities

Desired outcome: Increase physical activity

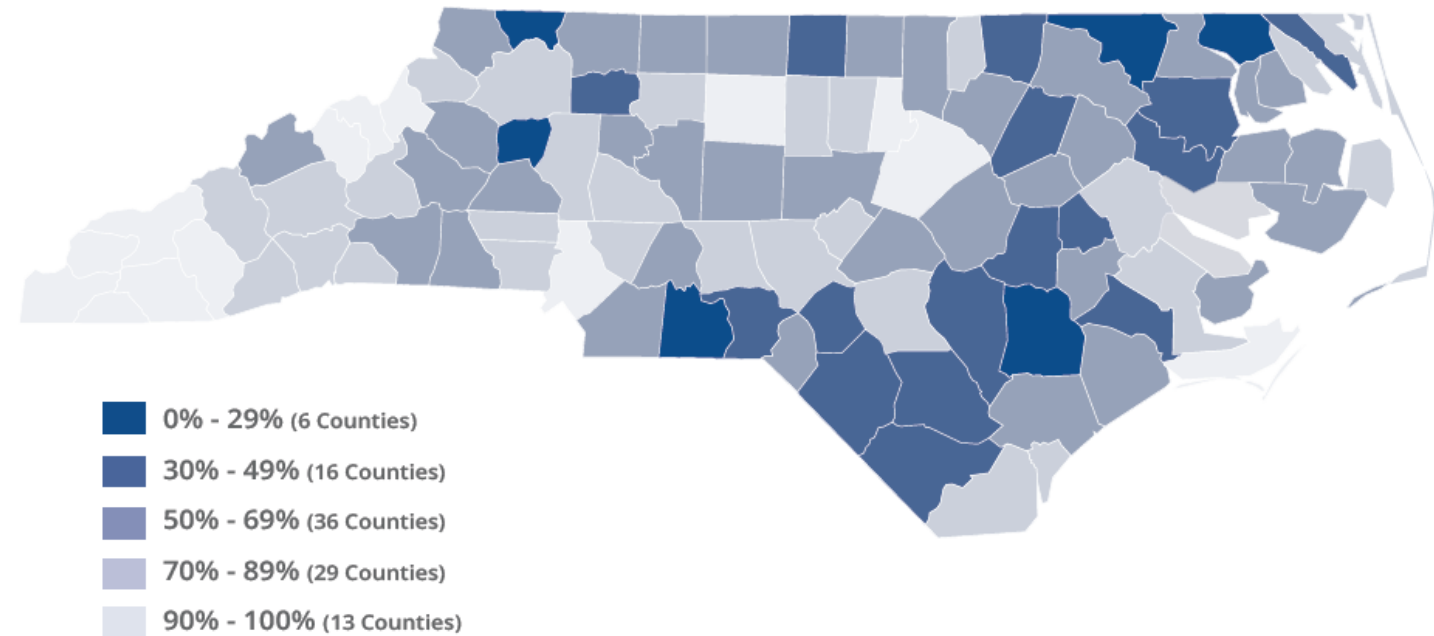
Indicator definition: Percentage of individuals in a county who live reasonably close to a location for physical activity.

- Locations for physical activity are defined as parks or recreational facilities.

Source: Multiple sources – DeLorme Map Mart and ESRI public use GIS data, US Census Tigerline files



Percent of People with Access to Exercise Opportunities in North Carolina Counties, 2018



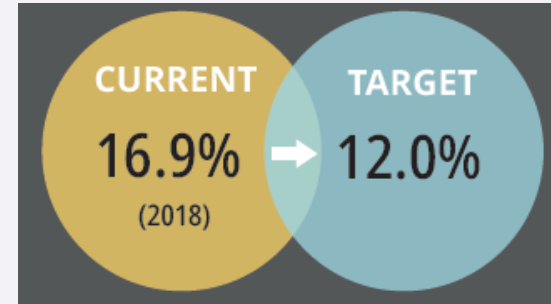
Health Behaviors – Excessive drinking

Desired outcome: Decrease excessive drinking

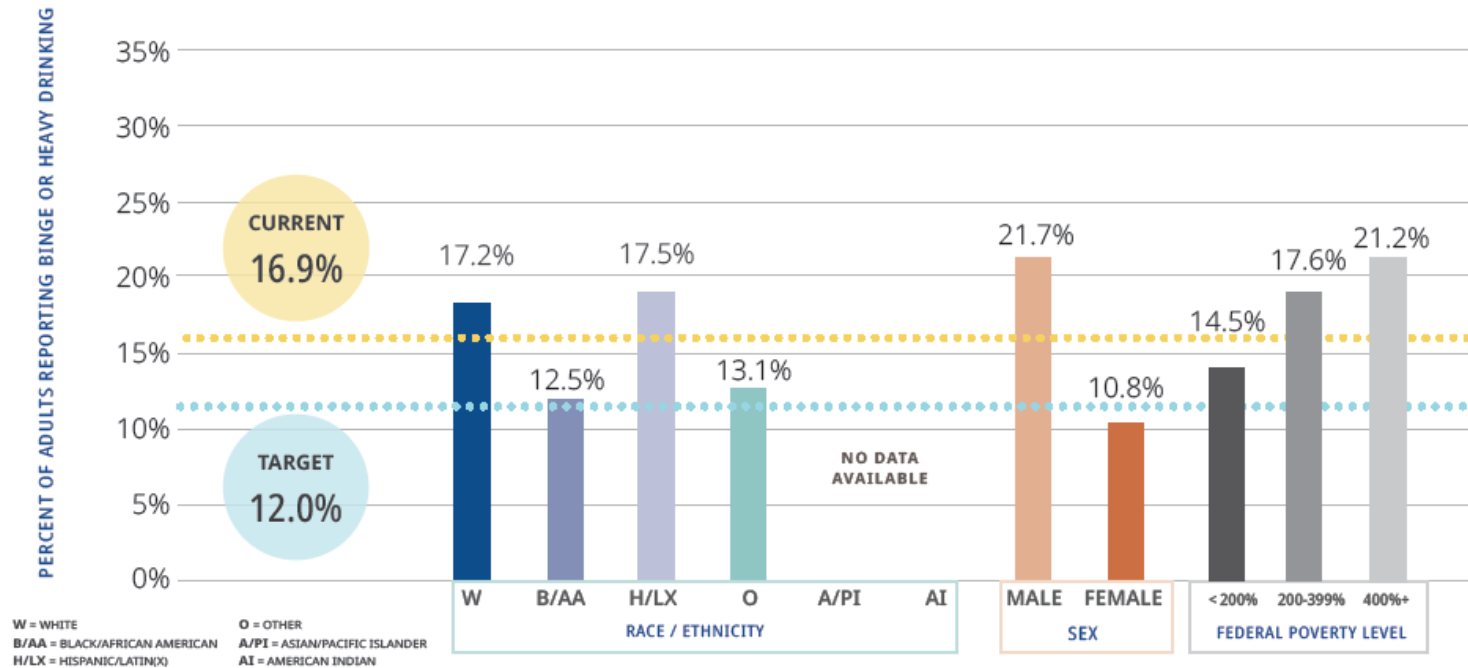
Indicator definition: The percent of adults reporting binge or heavy drinking

- Binge drinking: women all ages & men 65+: 4+ drinks per week; men under age 65: 5+ drinks
- Heavy drinking: women all ages & men 65+: 8+ drinks per week; men under age 65: 15+drinks per week

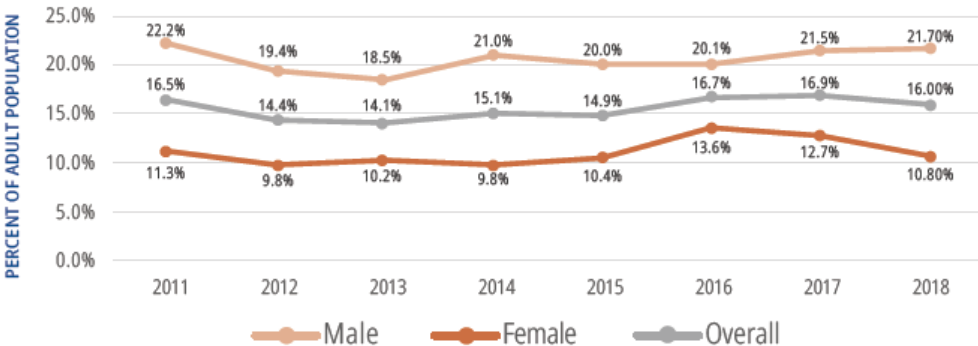
Source: Behavioral Risk Factor Surveillance System (BRFSS)



Excessive drinking across populations in North Carolina and distance to 2030 target



Excessive Drinking in North Carolina, by Sex, 2012-2018



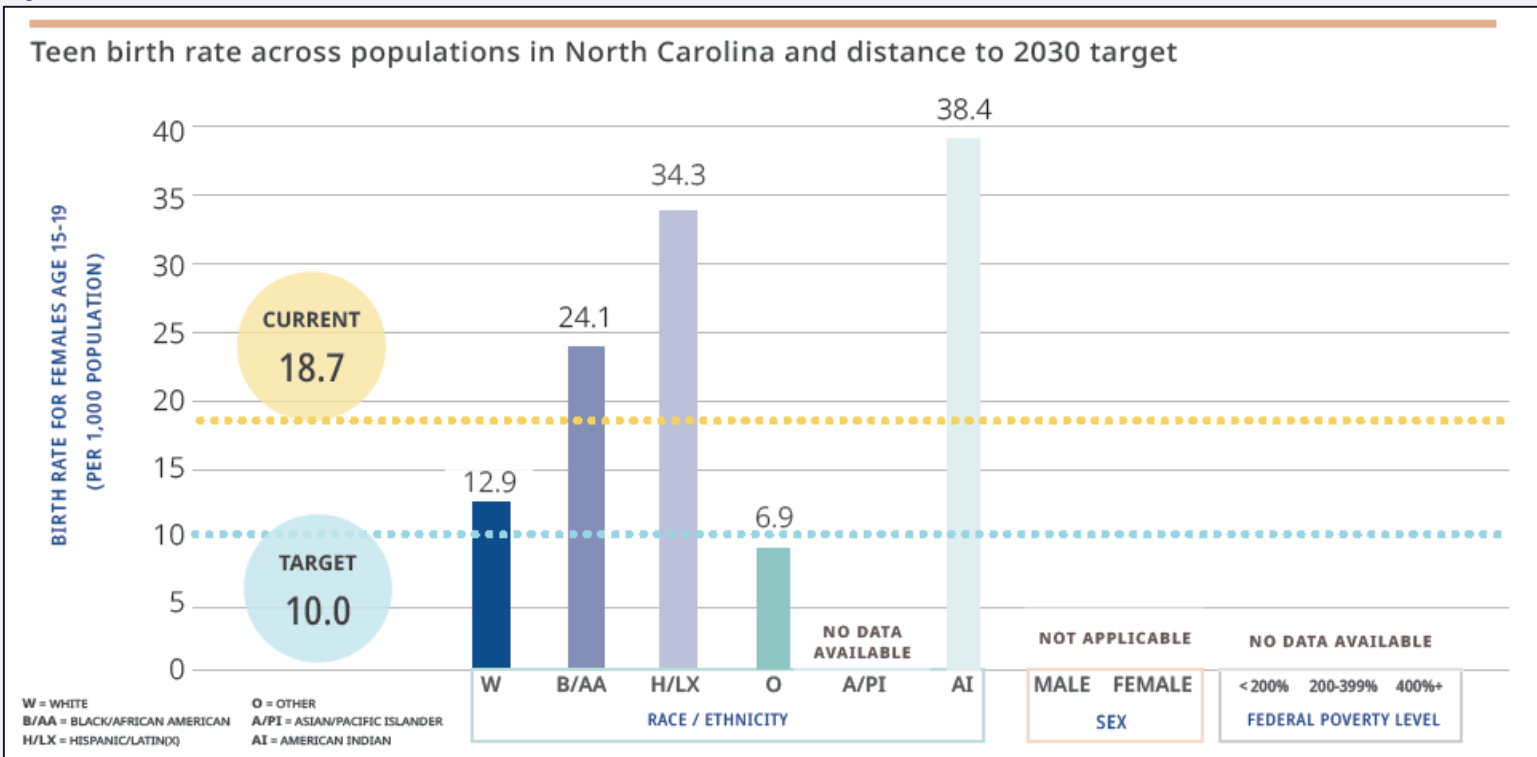
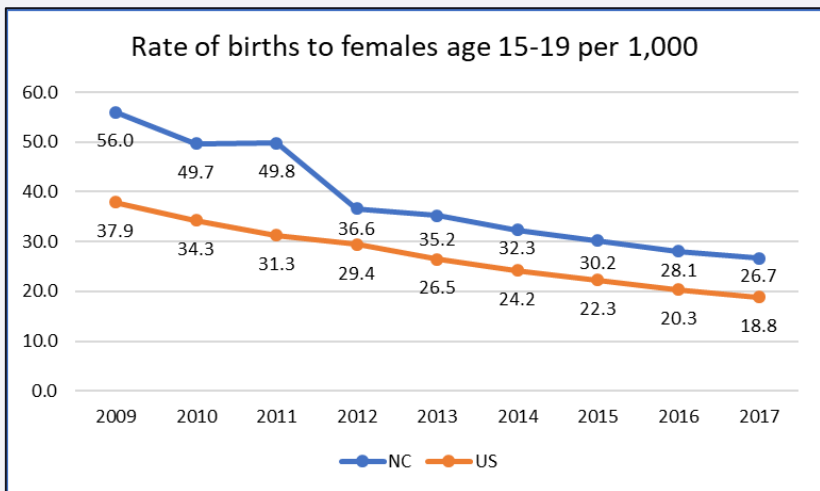
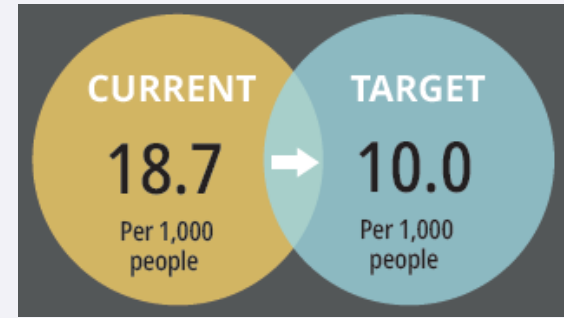
Health Behaviors – Teen birth rate

Desired outcome: Improve sexual health

Indicator definition: Rate of births to females age 15-19 per 1,000 population

Source: Vital Statistics; NC State Center for Health Statistics

* Ranked at the top in community meeting discussions



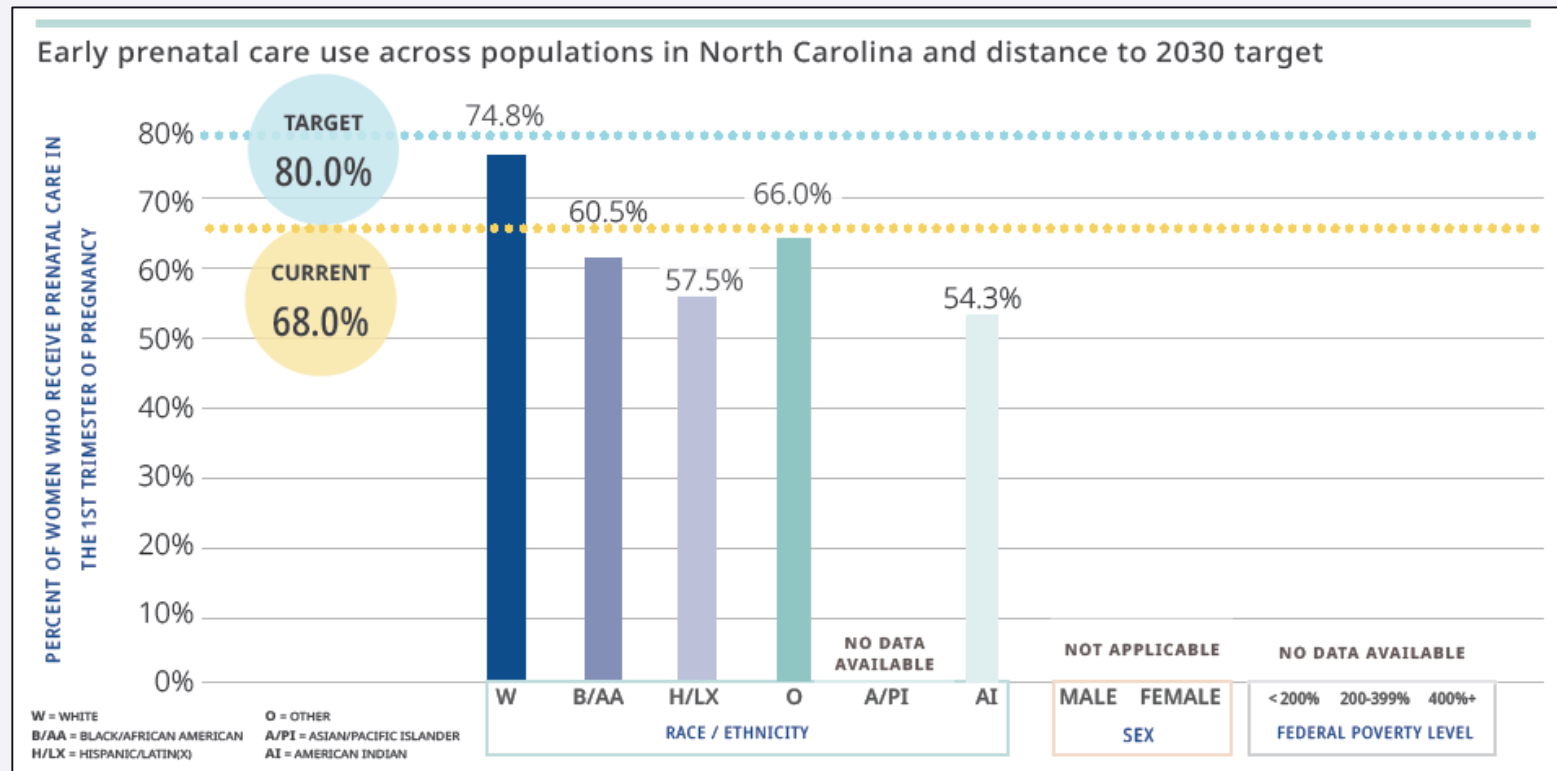
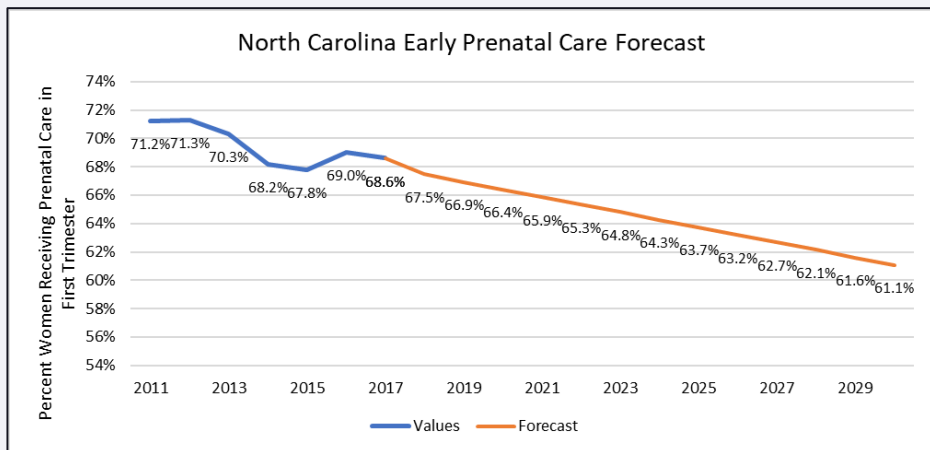
Clinical Care – Early prenatal care

Desired outcome: Improve birth outcomes

Indicator definition: Percent of women who receive prenatal care during first trimester

Source: Vital Statistics; NC State Center for Health Statistics

* Ranked at the top in community meeting discussions



Clinical Care – Suicide rate

Desired outcome: Improve access and treatment for mental health needs

Indicator definition: Age-adjusted suicide death rates per 100,000 population.

Source: Vital Statistics; NC State Center for Health Statistics

*High interest in community meetings for a mental health measure.

