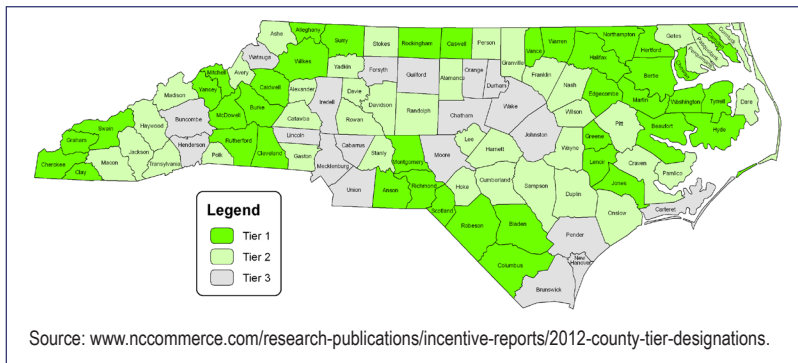




# UPDATE

May 2013 | Tier County Designations

Social determinants of health such as poverty, education and housing are significant factors in the lives of North Carolina's residents, and they contribute to our state's overall health ranking of 33rd in the nation.<sup>1</sup> The Healthy North Carolina 2020 objectives recognize the important role that social determinants play.<sup>2</sup> Income level, educational attainment status and quality of housing all contribute to health status and ultimately to life expectancy,<sup>3</sup> and individuals dealing with the challenges of poverty are more likely to engage in risky behaviors that negatively impact health outcomes.<sup>4</sup> Physical and economic environments impact health behaviors and health



outcomes. One way that the economic well-being of each county is quantified in North Carolina is through the tier county designations published annually by the North Carolina Department of Commerce. The 40 most economically distressed counties make up Tier 1, the next 40 make up Tier 2, and the 20 least distressed make up Tier 3. For this report, the 2012 designations were used.

1. America's Health Rankings, 2012. United Health Foundation website. [www.americashealthrankings.org/NC/2012](http://www.americashealthrankings.org/NC/2012). Accessed Jan. 22, 2013.
2. North Carolina Institute of Medicine. Healthy North Carolina 2020: A Better State of Health. Morrisville, N.C. North Carolina Institute of Medicine, 2011. [www.nciom.org/wp-content/uploads/2011/01/HNC2020\\_FINAL-March-revised.pdf](http://www.nciom.org/wp-content/uploads/2011/01/HNC2020_FINAL-March-revised.pdf). Accessed Dec. 4, 2012.
3. North Carolina Institute of Medicine. Prevention for the Health of North Carolina: Prevention Action Plan. Morrisville, N.C. North Carolina Institute of Medicine, 2009. [www.nciom.org/wp-content/uploads/NCIOM/projects/prevention/finalreport/PreventionReport-July2010.pdf](http://www.nciom.org/wp-content/uploads/NCIOM/projects/prevention/finalreport/PreventionReport-July2010.pdf). Accessed Dec. 4, 2012.
4. Lantz PA, House JS, Lepkowski JM, Williams DR, Mero RP, Chen J. Socioeconomic factors, health behaviors and mortality results from a nationally representative prospective study of US adults. *JAMA* 1998;279(21):1703-08.

## Healthy North Carolina 2020 Objectives Data

	Tier 1	Tier 2	Tier 3
<b>Tobacco Use</b>			
Decrease the percentage of adults who are current smokers <sup>1</sup> — 2011	24.5%	26.3%	17.6%
Decrease the percentage of high school students reporting current use of any tobacco product	Not available		
Decrease the percentage of people exposed to secondhand smoke in the workplace in the past seven days <sup>1</sup> — 2011	12.6%	9.1%	8.2%
<b>Physical Activity and Nutrition</b>			
Increase the percentage of high school students who are neither overweight nor obese	Not available		
Increase the percentage of adults getting the recommended amount of physical activity <sup>2</sup> — 2009	44.4%	46.7%	46.5%
Increase the percentage of adults who consume five or more servings of fruits and vegetables per day <sup>2</sup> — 2009	17.4%	19.1%	22.9%

	Tier 1	Tier 2	Tier 3
<b>Injury and Violence</b>			
Reduce the unintentional poisoning mortality rate (per 100,000 population) — 2011	14.6	14.6	9.4
Reduce the unintentional falls mortality rate (per 100,000 population) — 2011	8.4	8.4	9.5
Reduce the homicide rate (per 100,000 population) — 2011	8.6	5.2	4.7
<b>Maternal and Infant Health</b>			
Reduce the infant mortality racial disparity between whites and African Americans — 2011	1.7	2.1	2.9
Reduce the infant mortality rate (per 1,000 live births) — 2011	10.1	7.1	6.5
Reduce the percentage of women who smoke during pregnancy <sup>3</sup> — 2011	18.8%	14.2%	6.6%
<b>Sexually Transmitted Disease and Unintended Pregnancy</b>			
Decrease the percentage of pregnancies that are unintended — 2010	51.6%	43.9%	45.7%
Reduce the percentage of positive results among individuals aged 15 to 24 tested for chlamydia — 2011	11.0%	11.4%	9.3%†
Reduce the rate of new HIV infection diagnoses (per 100,000 population) — 2011	11.3	12.4	18.6
<b>Substance Abuse</b>			
Reduce the percentage of high school students who had alcohol on one or more of the past 30 days	Not available		
Reduce the percentage of traffic crashes that are alcohol-related — 2011	6.0%	5.5%	4.6%
Reduce the percentage of individuals aged 12 years and older reporting any illicit drug use in the past 30 days	Not available		
<b>Mental Health</b>			
Reduce the suicide rate (per 100,000 population) — 2011	13.6	12.4	11.5
Decrease the average number of poor mental health days among adults in the past 30 days <sup>1</sup> — 2011	4.2	3.8	3.5
Reduce the rate of mental health-related visits to emergency departments (per 10,000 population) — 2011	134.8	120.0	88.8
<b>Oral Health</b>			
Increase the percentage of children aged 1–5 years enrolled in Medicaid who received any dental service during the previous 12 months — 2011	50.1%	52.6%	55.3%
Decrease the average number of decayed, missing, or filled teeth among kindergartners	Not available		
Decrease the percentage of adults who have had permanent teeth removed due to tooth decay or gum disease — 2010	58.6%	48.4%	41.8%

	Tier 1	Tier 2	Tier 3
<b>Environmental Health</b>			
Increase the percentage of air monitor sites meeting the current ozone standard of 0.075 ppm	Not available		
Increase the percentage of the population being served by community water systems (CWS) with no maximum contaminant level violations (among persons on CWS) — 2011	95.8%	87.1%	98.1%
Reduce the mortality rate from work-related injuries (per 100,000 equivalent full-time workers)	Not available		
<b>Infectious Disease and Foodborne Illness</b>			
Increase the percentage of children aged 19–35 months who receive the recommended vaccines	Not available		
Reduce the pneumonia and influenza mortality rate (per 100,000 population) — 2011	18.1	18.8	13.8
Decrease the average number of critical violations per restaurant/food stand	Not available		
<b>Social Determinants of Health</b>			
Decrease the percentage of individuals living in poverty — 2011	23.4%	18.2%	15.8%
Increase the four-year high school graduation rate — 2011–12	79.7%	80.3%	81.9%
Decrease the percentage of people spending more than 30 percent of their income on rental housing — 2011	Not available		
<b>Chronic Disease</b>			
Reduce the cardiovascular disease mortality rate (per 100,000 population) — 2011	265.3	240.1	198.5
Decrease the percentage of adults with diabetes <sup>1</sup> — 2011	13.7%	12.0%	9.0%
Reduce the colorectal cancer mortality rate (per 100,000 population) — 2011	16.4	15.5	12.5
<b>Cross-cutting</b>			
Increase average life expectancy (years) — 2011	76.0	77.4	79.0
Increase the percentage of adults reporting good, very good, or excellent health <sup>1</sup> — 2011	75.6%	77.6%	84.2%
Reduce the percentage of non-elderly uninsured individuals (aged less than 65 years)	Not available		
Increase the percentage of adults who are neither overweight nor obese <sup>1</sup> — 2011	27.4%	32.6%	39.2%

<sup>1</sup> In 2011, the BRFSS methodology changed, so results are not directly comparable to previous years' results.

<sup>2</sup> In 2011, the definition for recommended amount of physical activity and fruit and vegetable consumption changed. Therefore, comparable data for these measures are not available at this time.

<sup>3</sup> North Carolina implemented the revised U.S. Standard birth certificate in 2011. The methodology for collecting smoking data was modified, therefore values presented for 2011 are not comparable to prior years.

† Excludes Durham, Forsyth, Guilford, Mecklenburg and Wake Counties.