Healthy North Carolina 2030

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Leadership Partners

NC Department of Health and Human Services
• Division of 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.
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

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<thead>
<tr>
<th>MILESTONES 1.3.2</th>
<th>STRATEGY</th>
<th>DESCRIPTION</th>
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<tr>
<td>1) Convening of HNC 2030 Task Force</td>
<td>Develop statewide health improvement plan, Healthy NC 2030.</td>
<td>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. (Cross-departmental objective)</td>
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<td>2) Publishing HNC 2030 objectives and road map</td>
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Healthy Opportunities... because the opportunity for health begins where we live, learn, work and play.
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: 1\textsuperscript{st} Task Force Meeting
February: Work Groups - 1\textsuperscript{st} Meeting
  • Narrow set of potential indicators for each topic
February-April: Community Input Sessions
  • Rank indicators for each topic
March: 2\textsuperscript{nd} Task Force Meeting
  • Select 3 health outcome indicators
May: Work Groups - 2\textsuperscript{nd} Meeting
  • Use community input to recommend final indicators
June: Work Groups - 3\textsuperscript{rd} Meeting
  • Set targets for selected indicators
June: 28\textsuperscript{rd} Task Force Meeting
  • Set targets for 3 health outcome indicators
  • Review list of indicators recommended by Work Groups
August: 4\textsuperscript{th} Task Force Meeting
  • Review all indicators and HNC 2030 report text
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**.
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

- **Marion Senior Center**
  - April 9th, 1:30-4:00pm
  - Attendance: 8 counties, 29 participants

- **Cherokee Indian Hospital**
  - April 9th, 8:00-10:00am
  - Attendance: 12 counties, 39 participants

- **GTCC – East Campus**
  - April 3rd, 5:00-7:30pm
  - Attendance: 6 counties, 21 participants

- **Perry Memorial Library**
  - Henderson, NC
  - March 5th, 5:00-7:30pm
  - Attendance: 6 counties, 24 participants

- **Eastern AHEC**
  - Health ENC meeting
  - February 27th, 12:45-3:15pm
  - Attendance: 29 counties, 117 participants

- **Charlotte – Goodwill Opportunity Campus**
  - April 3rd from 11:30-2:00pm
  - Attendance: 11 counties, 34 participants

- **UNC Pembroke**
  - March 6th, 12:00-2:30pm
  - Attendance: 11 counties, 56 participants

- **Coastal Carolina Community College**
  - March 19th, 12:00-2:30pm
  - Attendance: 11 counties, 56 participants

- **HNC 2030 Community Input Sessions**
  - Attendance: 6 counties, 24 participants
• 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
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

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

![Sugar-sweetened beverage consumption across populations in North Carolina and distance to 2030 target](image)
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

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

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

![Graph showing percentage of families living at or below 200% FPL from 2015 to 2017 for US and NC.]

![Graph showing current and target percentages of individuals below 200% Federal Poverty Level across populations in North Carolina and distance to 2030 target.]

Current: 36.8% (2013-17)

Target: 27%

Percent of individuals below 200% Federal Poverty Level across populations in North Carolina and distance to 2030 target.
Desired outcome: Dismantle structural racism

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

Source: US Bureau of Justice Statistics
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
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

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
**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
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
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    919-445-6154 or blydamcd@nciom.org
  • Kathryn Dail, PhD, RN, Branch head, Local Data Analysis and Support, NCDHHS
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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
**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
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
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)
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

Early prenatal care use across populations in North Carolina and distance to 2030 target
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.