Healthy North Carolina 2020: Review and Update

2019 North Carolina State Health Directors Conference
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UNC Gillings School of Global Public Health
*Past President/CEO, North Carolina Institute of Medicine
Healthy NC 2020: Historical Perspective

Healthy North Carolina 2020: A Better State of Health

- Grew out of the NCIOM’s work to develop a Prevention Action Plan for the state (2009)

Partners and Supporters:

- **Partners**: Governor’s Task Force for Healthy Carolinians; Division of Public Health, Office of Healthy Carolinians and Health Education, State Center for Health Statistics; NC DHHS

- **Supporters**: Kate B. Reynolds Charitable Trust, North Carolina Health and Wellness Trust Fund, The Duke Endowment
Healthy NC 2020 Development Process: Three Main Steps

- Three main steps in developing the HNC 2020 objectives and targets:
  - Step 1: Identify appropriate focus areas (e.g., tobacco use, injury, substance abuse) in which to develop objectives.
  - Step 2: Identify a limited number of objectives (e.g., reduce the percentage of adults who smoke).
    - Generally not more than 3 objectives per focus area
  - Step 3: Identify an appropriate target for each objective (e.g., reduce the percentage of adults who smoke by XXX% by the year 2020).
    - Targets must be aspirational, achievable, and measurable in 10 years.
Healthy NC 2020 Development Process: Focus Areas

1. Tobacco use
2. Nutrition and physical activity
3. Sexually transmitted disease and unintended pregnancy
4. Substance abuse
5. Environmental risks
6. Injury (and violence)
7. Infectious disease and foodborne illness
8. Mental health
9. Social determinants of health
10. Oral health
11. Maternal and infant health
12. Chronic disease
13. Cross-cutting measures
Healthy NC 2020 Development Process

- Development of the 2020 objectives and targets was an inclusive process and has included input from various stakeholder groups and more than 150 people.

- All potential objectives were reviewed by HNC 2020 Steering Committee and 40 were selected. These were reviewed and approved by the Governor’s Task Force for Healthy Carolinians.

- Result: 40 objectives with 40 discrete targets in 13 focus areas
  - Note: Daily consumption of fruits and vegetables later split into 2 objectives due to data limitations for a total of 41 objectives
Healthy NC 2020: 10-Year Outcomes

- Of the 41 objectives, North Carolina:
  - Met the targets: 5 (12%)
  - Made progress: 12 (29%)
  - Stayed the same/no progress: 18 (44%)
  - Got worse: 6 (15%)
## Healthy NC 2020: Targets Met

<table>
<thead>
<tr>
<th>Category</th>
<th>NC Baseline</th>
<th>HNC Target</th>
<th>Current NC</th>
<th>Current US</th>
</tr>
</thead>
<tbody>
<tr>
<td>STD: Reduce rate of new HIV infection diagnosis (100,000 pop)</td>
<td>24.7 (2008)</td>
<td>22.2</td>
<td>12.8 (2017)</td>
<td>11.8 (2017)</td>
</tr>
<tr>
<td>Substance Use: Reduce percentage traffic crashes that are alcohol related</td>
<td>5.7% (2008)</td>
<td>4.7%</td>
<td>4.1% (2017)</td>
<td>NA</td>
</tr>
<tr>
<td>Oral Health: Increase percentage children (1-5) enrolled in Medicaid who received any dental services prior 12 mos.</td>
<td>46.9% (2008)</td>
<td>56.4%</td>
<td>60.4% (2016)</td>
<td>46.5% (2016)</td>
</tr>
<tr>
<td>Env. Health: Increase percentage air monitor sites meeting current ozone standard</td>
<td>62.5% (2007-09)</td>
<td>100%</td>
<td>100% (2014-16)</td>
<td>NA</td>
</tr>
<tr>
<td>Env. Health: Increase percentage of population being served by community water systems with no maximum containment level violations</td>
<td>92.2% (2009)</td>
<td>95.0%</td>
<td>96.3% (2016)</td>
<td>91%</td>
</tr>
</tbody>
</table>

Source: NC State Center for Health Statistics
## Healthy NC 2020: Targets Improving

<table>
<thead>
<tr>
<th>Category</th>
<th>Target Description</th>
<th>NC Baseline</th>
<th>HNC Target</th>
<th>Current NC</th>
<th>Current US</th>
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</thead>
<tbody>
<tr>
<td>Tobacco</td>
<td>Decrease percentage adults who are current smokers</td>
<td>21.8% (2008)</td>
<td>13.0%</td>
<td>17.2% (2017)</td>
<td>17.1% (2017)</td>
</tr>
<tr>
<td>PA/Nutrition</td>
<td>Increase percentage adults who consume vegetables one+ times/day</td>
<td>78.1% (2011)</td>
<td>84.7%</td>
<td>84.4% (2017)</td>
<td>82.0% (2017)</td>
</tr>
<tr>
<td>MCH</td>
<td>Reduce percentage women who smoke during pregnancy</td>
<td>10.9% (2011)</td>
<td>6.8%</td>
<td>8.7% (2017)</td>
<td>6.9% (2017)</td>
</tr>
<tr>
<td>Substance Use</td>
<td>Reduce percentage high school students who had alcohol one ore more days past 30 days</td>
<td>35.0% (2009)</td>
<td>26.4%</td>
<td>26.5% (2017)</td>
<td>29.8% (2017)</td>
</tr>
<tr>
<td>Infec. Disease</td>
<td>Reduce pneumonia and influenza mortality rate (per 100,000 population)</td>
<td>19.5 (2008)</td>
<td>13.5</td>
<td>18.0 (2017)</td>
<td>14.3 (2017)</td>
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Source: NC State Center for Health Statistics
Healthy NC 2020: Targets Improving

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<td>16.9%</td>
<td>12.5%</td>
<td>14.7%</td>
<td>13.4%</td>
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<tr>
<td>71.8%</td>
<td>94.6%</td>
<td>86.3%</td>
<td>84.0%</td>
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<td>256.6</td>
<td>161.5</td>
<td>220.2</td>
<td>218.1</td>
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<td>15.7</td>
<td>10.1</td>
<td>12.8</td>
<td>13.5</td>
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<tr>
<td>77.5</td>
<td>79.5</td>
<td>78.0</td>
<td>78.6</td>
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<tr>
<td>20.4%</td>
<td>8.0%</td>
<td>12.2%</td>
<td>10.1%</td>
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Source: NC State Center for Health Statistics
## Healthy NC 2020: Targets Getting Worse

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<tr>
<td><strong>Inj/Violence: Reduce unintentional poisoning mortality rate (100,000 pop.)</strong></td>
<td>11.0 (2008)</td>
<td>9.9</td>
<td><strong>23.5 (2017)</strong></td>
<td>20.1 (2017)</td>
</tr>
<tr>
<td><strong>MCH: Reduce infant mortality racial disparity between whites and African Americans</strong></td>
<td>2.45 (2008)</td>
<td>1.92</td>
<td><strong>2.5 (2017)</strong></td>
<td>2.56 (2017)</td>
</tr>
<tr>
<td><strong>STD: Reduce percentage of positive results of individuals (15-24) tested for chlamydia</strong></td>
<td>9.7% (2009)</td>
<td>8.7%</td>
<td><strong>11.5% (2017)</strong></td>
<td>NA</td>
</tr>
<tr>
<td><strong>Mental Health: Reduce suicide rate (100,000 pop.)</strong></td>
<td>12.4 (2008)</td>
<td>8.3</td>
<td><strong>14.5 (2017)</strong></td>
<td>14.0 (2017)</td>
</tr>
<tr>
<td><strong>Mental Health: Reduce rate of mental health-related visits to ED (10,000 pop.)</strong></td>
<td>92.0 (2008)</td>
<td>82.8</td>
<td><strong>103.3 (2014)</strong></td>
<td>NA</td>
</tr>
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Source: NC State Center for Health Statistics
Healthy NC 2020: Pam’s Take Away Messages

- Good news:
  - More areas improving than getting worse—so focusing statewide efforts on targeted health problems makes sense
  - Policy changes make a difference. Examples:
    - ACA led to significant reduction in the uninsured; Medicaid expansion would expand our successes
    - Changes in tobacco policies over the years led to fewer adult smokers and reductions in NC’s heart attack rates
  - Decline in death rates for some chronic conditions (cardiovascular, colorectal cancer) and overall increase in life expectancy
Healthy NC 2020: Pam’s Take Away Messages

- **Bad news:**
  - Some of our “good news” masks increasing disparities
    - Infant mortality rate has declined, but disparities between whites and African Americans is actually increasing
    - New HIV diagnosis has declined, but the rate is nine times higher in African Americans than white, non-Hispanic
  - Some areas where we met the target, but then got worse:
    - Homicides (met 2012-17, got worse 2018-19)
    - Workplace fatal injuries (met 2012, 2016-17, got worse 2018-19)
  - Some new problems emerged or exacerbated since 2010
    - Rising opioid abuse and unintentional deaths
    - Increasing use of noncombustible tobacco products for youth
  - Little traction on other problems: obesity, physical activity, mental health
Healthy North Carolina 2030: Vision going forward

Elizabeth Cuervo Tilson, MD, MPH
State Health Director
Chief Medical Officer

North Carolina Public Health Leaders’ Conference
January 2019
HNC 2030: Core Public Health - Department Wide Priority

NC DHHS Strategic Plan 2019-2021

<table>
<thead>
<tr>
<th>MILESTONES 1.3.2</th>
<th>STRATEGY</th>
<th>DESCRIPTION</th>
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<tbody>
<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>
</tr>
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2) Publishing HNC 2030 objectives and road map |

Leadership Partners

NC Department of Health and Human Services:
• Division of Public Health

NC Institute of Medicine
Kate B. Reynolds Charitable Trust
Blue Cross Blue Shield Foundation
The Duke Endowment
AIM

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
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.”

CHR Model: University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps 2018. www.countyhealthrankings.org. Image used with permission of UWPHI
Overarching Goals align with Healthy People 2030

- Attain healthy, thriving lives and well-being, free of preventable disease, disability, injury, and premature death
- Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all
- Create social, physical, and economic environments that promote attaining full potential for health and well-being for all
- 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 that improve the health and well-being of all

Robust Elements of Improvement Plan Process

- Population Health Model
- Health Equity Lens
- Health Disparity Focus
- Academic Partnership
- Cross-Sectoral Leadership
- Community Engagement
- Data-Driven
- Evidence-Based/Informed
- Results-Based
- Accountability
Building Blocks

• US Healthy People 2030
• Opioid Action Plan
• Perinatal Health Strategic Plan
• Early Childhood Action Plan
• Medicaid Managed Care Quality Plan
• Healthy Opportunities Framework
North Carolina Opioid Action Plan
Prescription Drug Abuse Advisory Committee (PDAAC)

First Responders/Communities
- Law Enforcement
- Local Response
  - Law Enforcement: Assisted Diversion
  - Trafficking investigation & response
  - LE naloxone administration
  - Post-reversal response
- Community
  - Community naloxone distribution
  - Safer syringe initiative
  - Community paramedicine
- Drug
  - Drug takeback, disposal, storage
  - Youth primary prevention

Health Care
- Health Systems & Providers
  - Build & sustain local coalitions
  - Community naloxone distribution
  - Safer syringe initiative
  - Community paramedicine
- Diversion prevention & response
  - Drug takeback, disposal, storage
  - Youth primary prevention

Treatment and Recovery Providers
- Payers
  - Safe prescribing
  - Pain management
  - CSRS
  - Care linkages
  - Diversion prevention & response
  - Naloxone co-prescribing
  - Pharmacist naloxone dispensing
  - Medicaid & commercial payer policies
  - Workers’ comp policies
- Treatment Access
  - MAT access: OBOT
  - Telemedicine SUD & MAT
  - Transportation
  - Recovery courts

Data, Surveillance, & Research Teams
- Data
  - Track metrics
- Research/Evaluation
  - Consortium
  - Surveillance
  - Employment
  - Housing
  - Community based support
  - Recovery courts
  - Special population: Pregnant women
  - Special population: Justice-involved persons
Perinatal Health Strategic Plan

**Improve health care for women and men:**
1. Provide interconception care to women with prior adverse pregnancy outcomes
2. Increase access to preconception care
3. Improve the quality of prenatal care
4. Expand healthcare access over the life course

**Strengthen families and communities:**
5. Strengthen father involvement in families
6. Enhance coordination and integration of family support services
7. Support coordination and cooperation to promote reproductive health within communities
8. Invest in community building and urban renewal

**Addressing social and economic inequities:**
9. Close the education gap
10. Reduce poverty among families
11. Support working mothers and families
12. Undo racism
All North Carolinians should have the opportunity for health

Statewide Framework for Healthy Opportunities

- NCCARE360 - Statewide Resource and Referral Platform
- Work force e.g. Community Health Workers
- Medicaid Managed Care – Core program elements Regional Pilots
- Aligning enrollment and connecting existing resources
- “Hot Spot” map for Social Determinants
- Standardized screening for unmet resource needs
- Multi-faceted Approach for Promoting the Opportunity for Health
Statewide Quality Plan for Medicaid Managed Care

Inclusive of Public Health Measures

Now-Contract Year 1
- Establish quality vision and set select baselines for role of PHPs in advancing quality

Contract Year 2
- Collect broad set of Quality Measures and continue to establish baselines
- Streamline quality measure reporting

Contract Years 3-5
- Release Quality Withhold measures and targets
- Increase role of outcomes in Quality Withhold measure set

Broad Awareness

Focus on Outcomes
- Release Quality Strategy and quality and priority measures

Reduce Disparities
- Provide PHPs with stratified historical data to inform planning efforts
- Establish disparities targets
- Integrate disparities reduction targets into PHP Quality Withhold

Quality Measures Aligned with National, State and PHP Reporting & Select Administrative Measures
- Quality measures are used by the DHHS to baseline PHP performance and set priorities in future years; DHHS may also elect to report on these measures publicly

Vision: Report on quality measures broadly in initial years, and streamline the measure set over time to priority areas

Priority Measures Aligned with DHHS Policies
- Priority measures are aligned with the Quality Strategy and reflect NCIOM stakeholder input
- Priority measures will:
  - Be tied to the State Quality Strategy, AMH performance incentive programs, and withholds
  - Be the minimum set of measures that are publicly reported

Vision: Leverage Priority Measures to Promote DHHS' Key Quality Areas

Quality Withhold Measures
- Quality withhold measures are used to financially reward and hold PHPs accountable against a subset of measures included in the priority measure set
- Quality measures are the only component of the measure universe where performance (as opposed to reporting) is tied to PHP financial outcomes.

Vision: Make annual updates and changes to Quality Withholds Measures based on assessment of PHP readiness to move from process measures to outcome and population health measures
Healthy NC 2030

Timeline

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
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<tbody>
<tr>
<td>HNC 2030 Goals &amp; Objectives</td>
<td>July 2018 - December 2019</td>
</tr>
<tr>
<td>Statewide Health Assessment Process</td>
<td>Beginning January 2019</td>
</tr>
<tr>
<td>Statewide Health Improvement Plan Process</td>
<td>Beginning January 2020</td>
</tr>
<tr>
<td>Local/Regional Community Health Needs Assessments</td>
<td>January 2020</td>
</tr>
<tr>
<td>Local/Regional Community Health Improvement Plans</td>
<td>January 2025</td>
</tr>
</tbody>
</table>

Monitor Progress Using Results Based Accountability
NCIOM Healthy North Carolina 2030 Task Force

- HNC 2030 will serve as North Carolina’s population health improvement plan over the next decade
- The North Carolina Division of Public Health (DPH) is the lead agency for implementation of HNC 2030
- The NCIOM has partnered with DPH for the development of the HNC 2030 goals and objectives.
Localities, non-governmental organizations, and the public and private sectors should be able to use objectives to direct efforts in schools, communities, worksites, health care practices, and other environments.

• Objectives should be
  • Measurable
  • Useful and understandable to a broad audience
  • Address a range of issues
  • Prevention oriented
  • Cover social determinants of health
  • Address health inequities

HNC 2030 Process
• Set 20 Objectives with input from Task Force, Work Group, and Community Meetings
• Work Groups will set targets for each objective (using one of three possible target setting methods)
NCIOM Healthy North Carolina 2030 Task Force
- 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: State Health Director, NC Division of Public Health
- Includes co-chairs, two additional members from each workgroup, other members
- Will select the Health Outcomes objectives

NCIOM Healthy North Carolina 2030 Workgroups
- Each of the four workgroups has two co-chairs and 15-25 additional members

Healthy North Carolina 2030 Community Meetings
- Meetings held March-April of 2018
- Pitt, Onslow, Robeson, Mecklenburg, Jackson, McDowell, Guilford, Granville
Healthy North Carolina 2030 Task Force: Structure and Timeline

January 2019: 1st Task Force Meeting
February: Workgroups 1st Meeting
  • Will narrow set of potential objectives for each topic (from ~100 down to ~20)
March: 2nd Task Force Meeting
  • Select 3 health outcomes objectives for HNC 2030
February-April: Community Meetings
  • Will narrow (and rank) set of objectives for each topic (from ~20 to ~10)
May: Workgroups 2nd Meeting
  • Use ranking of indicators from community groups to recommend final objectives
June: 3rd Task Force Meeting
  • Set targets for 3 health outcome objectives
  • Review list of objectives recommended by workgroups
July: Workgroups 3rd Meeting
  • Set targets for selected objectives
August: 4th Task Force Meeting
  • Review all objectives and HNC 2030 report text
Cherokee Indian Hospital
April 9th
7:30-10:00am
Confirming early time, location secured

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

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

Leslie Perry Memorial Library
Henderson, NC
March 5th
Confirming evening reservation for 5:00-7:30pm

Eastern AHEC
Healthy Eastern NC (ENC) meeting
February 27th
2:00-4:30pm

Friendship Missionary Baptist Church
Paperwork submitted for
April 10th, 12-2:30pm

UNC Pembroke
March 6th
12-2:30 pm

Coastal Carolina Community College
March 19th
12-2:30 pm
Questions?

• Adam Zolotor, President and CEO
  • adam_zolotor@nciom.org
  • 919-445-6150

• Brieanne Lyda-McDonald
  • blydamcd@nciom.org
  • 919-445-6154