Healthy NC 2030

Adam Zolotor, MD, DrPH

Aim of Healthy North Carolina 2030

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.

- Healthy North Carolina 2030 (HNC 2030) is in partnership with NC Division of Public Health

## NC DHHS Strategic Plan 2019-2021

MILESTONES 1.3.2	STRATEGY	Develop statewide health improvement plan, Healthy NC 2030.
1) Convening of HNC 2030 Task Force 2) Publishing HNC 2030 objectives and road map	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. (Cross-departmental objective)

NCIOM

How will HNC 2030 be used?

- Common set of public health indicators and targets for the state over the next decade
  - Population health improvement plan for the North Carolina Division of Public Health

- Help drive state and local-level activities

- Provide a springboard for collaboration and innovation

NCIOM

Healthy North Carolina 2030: Framework and Organization

County Health Rankings model © 2014 UWPHI
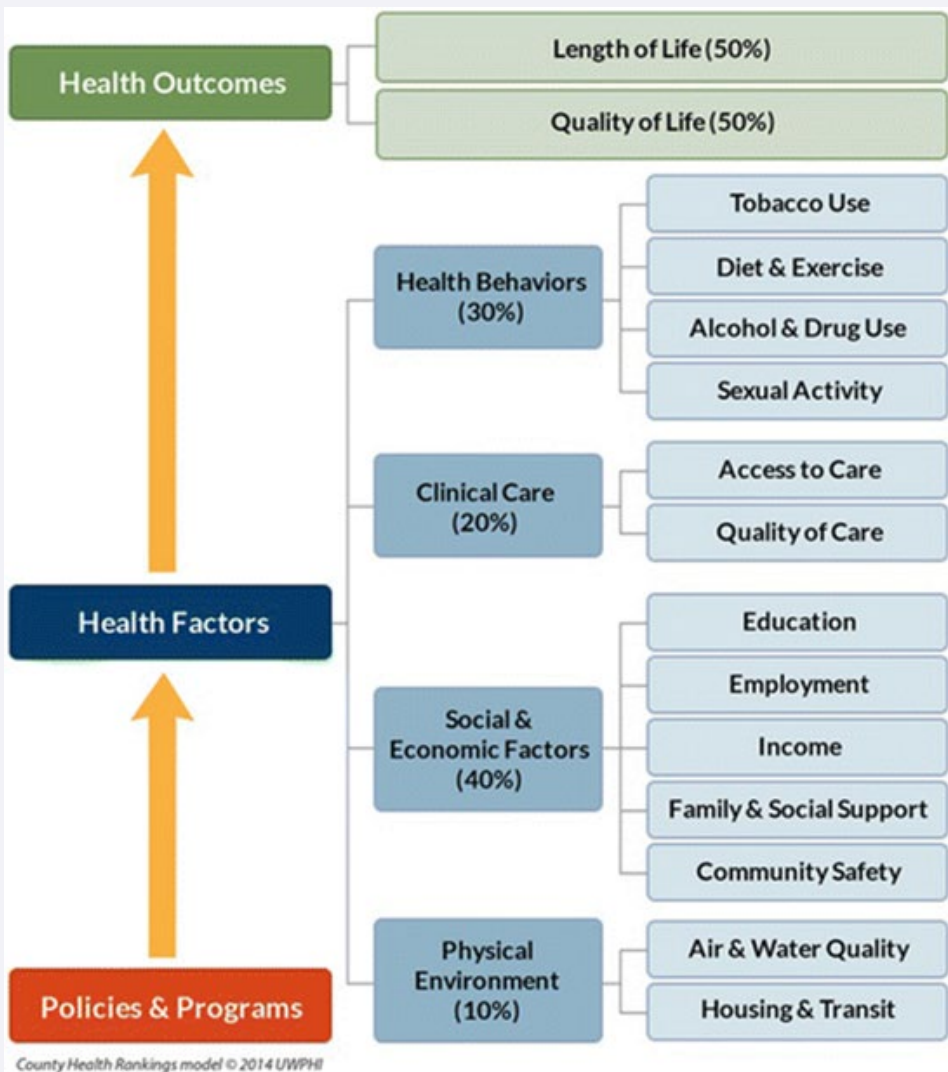
- Select 20 indicators

- Healthy North Carolina 2030 Task Force
  - Select the Health Outcomes indicators and review other indicators selected by work groups

- Healthy North Carolina 2030 Work Groups
  - Work groups for each topic area will select indicators in those topics

- Healthy North Carolina 2030 Community Input Sessions
  - Meetings held February-April of 2018

HNC 2030 – Task Force Updates

First 2 task Force Meetings Completed

- 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
- Vision discussion
- Health Outcomes indicator selection (up to 3)
  - Infant mortality
  - Life expectancy
  - Possibly "donate" an indicator to a Work Group

NCIOM

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.

NCIOM

Healthy North Carolina 2030: Indicators

Indicators should be:

- Measurable
- Useful and understandable to a broad audience
- Address a range of issues
- Prevention-oriented
- Address health inequities
- Available at county level
- Measured 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.

NCIOM

Healthy North Carolina 2030 Timeline

January 2019: 1st Task Force Meeting

February: Work Groups - 1st Meeting
- Narrow set of potential indicators for each topic

March: 2nd Task Force Meeting
- Select 3 health outcome indicators

February-April: Community Input Sessions
- Rank indicators for each topic

May: Work Groups - 2nd Meeting
- Use community input to recommend final indicators

June: 3rd Task Force Meeting
- Set targets for 3 health outcome indicators
- Review list of indicators recommended by Work Groups

July: Work Groups - 3rd Meeting
- Set targets for selected indicators

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

Community input goes to the work groups and task force for consideration and final indicator selection.

NCIOM

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

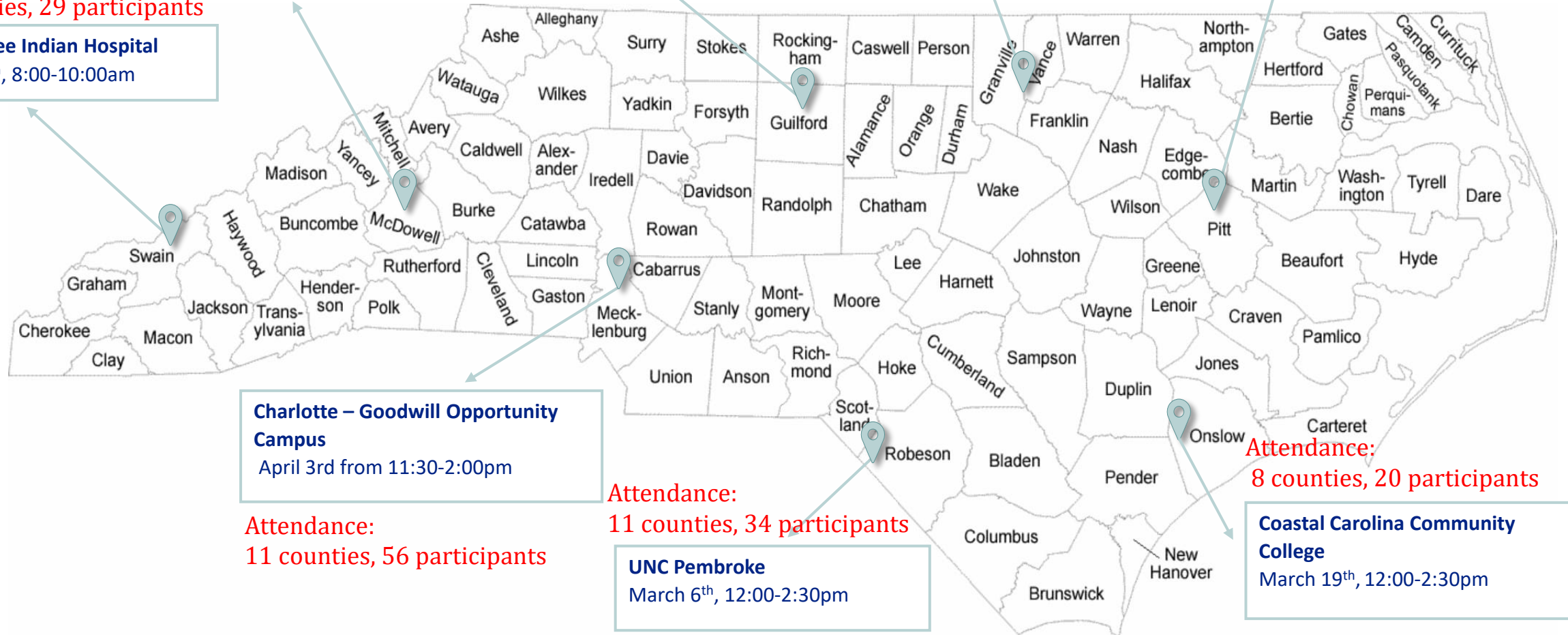**Attendance:**
6 counties, 21 participants

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 –
Small Group Discussion

- 4 discussion periods for each topic area:
  - Physical Environment
  - Health Behavior
  - Clinical Care
  - Social & Economic Factors

- For each discussion period:
  - 5 minutes individual review and ranking
  - Small group discussion to determine top 3 priority for that topic
  - Mini poll after each topic
  - Missing indicators

Community Input – Health Behaviors Individual Rankings

Greenville

1. **Youth tobacco use**
2. **Unintentional poisoning deaths**
3. **Physical activity**
4. Teen birth rate
5. Adult smoking
6. Smoking during pregnancy
7. Excessive drinking
8. Breastfeeding
9. HIV diagnosis
10 Unintentional falls

Henderson

1. **Youth tobacco use**
2. **Physical activity**
3. Teen birth rate
4. **Unintentional poisoning deaths** tied with Smoking during pregnancy & tied with HIV diagnosis
5. Excessive drinking
6. Adult smoking
7. Breastfeeding
8. Unintentional falls

Pembroke

1. **Physical activity**
2. **Youth tobacco use**
3. Teen birth rate
4. Adult smoking
5. Excessive drinking (closely ranked with smoking during pregnancy)
6. Smoking during pregnancy
7. **Unintentional poisoning deaths**
8. Breastfeeding
9. HIV diagnosis
10. Unintentional falls

NCIOM

Community Input – Health Behaviors Individual Rankings

Jacksonville

1. Illicit drug use
2. Physical activity
3. Teen births
4. Youth tobacco use
5. Excessive drinking
6. Unintended pregnancy
7. HIV diagnosis
8. Smoking during pregnancy
9. Breastfeeding
10. Sugar-sweetened beverage consumption
11. Adult smoking
12. Deaths due to falls

Charlotte

1. Youth tobacco use
2. Physical activity
3. Illicit drug use
4. Unintended pregnancy
5. Sugar-sweetened beverage consumption
6. Teen birth rate
7. Adult smoking
8. HIV diagnosis
9. Excessive drinking
10. Smoking during pregnancy
11. Breastfeeding
12. Unintentional falls

Greensboro

1. Youth tobacco use
2. Physical activity
3. Illicit drug use
4. Adult smoking
5. Teen birth rate
6. Excessive drinking
7. Unintended pregnancy
8. Smoking during pregnancy
9. HIV diagnosis
10. Sugar-sweetened beverage consumption
11. Breastfeeding
12. Unintentional falls

Cherokee

1. Youth tobacco use
2. Illicit drug use
3. Physical activity
4. Smoking during pregnancy
5. Adult smoking
6. Excessive drinking
7. Teen birth rate
8. Sugar-sweetened beverage consumption
9. Unintended pregnancy
10. Breastfeeding
11. HIV diagnosis
12. Unintentional falls

Marion

1. Illicit drug use
2. Youth tobacco use
3. Physical activity
4. Sugar-sweetened beverage consumption
5. Teen birth rate
6. Adult smoking
7. Excessive drinking
8. Unintended pregnancy
9. Smoking during pregnancy
10. Unintentional falls
11. Breastfeeding
12. HIV diagnosis

NCIOM

Community Input –
Clinical Care Individual Rankings

Greenville

1. **Uninsured**

2. **Mental health ED visits**

3. **Primary care physicians**

4. **Early prenatal care** (closely ranked with heart disease)

5. **Heart disease mortality**

6. **Routine checkup**

7. **School nurse ratio**

8. **Vaccinations**

Henderson

1. **Uninsured**

2. **Mental health ED visits**

3. **Early prenatal care**

4. **Routine checkup**

5. **Primary care physicians**

6. **Heart disease mortality**

7. **School nurse ratio**

8. **Vaccinations**

Pembroke

1. **Uninsured**

2. **Mental health ED visits**

3. **Early prenatal care**

4. **Heart disease mortality**

5. **Routine checkup**

6. **Primary care physicians**

7. **Vaccinations**

8. **School nurse ratio**

NCIOM

Community Input – Clinical Care Individual Rankings

Jacksonville

1. **Uninsured**
2. **Mental health ED visits**
3. **Early prenatal care**
4. **Routine checkup tied with Primary care physicians**
5. Heart disease mortality
6. School nurse ratio
7. Vaccinations

Charlotte

1. **Uninsured**
2. **Mental health ED visits**
3. **Early prenatal care**
4. Heart disease mortality
5. Routine checkup
6. Suicide deaths
7. Primary care physicians
8. Vaccinations
9. School nurse ratio

Greensboro

1. **Uninsured**
2. Routine checkup
3. **Mental health ED visits**
4. Heart disease mortality
5. **Early prenatal care**
6. Primary care physicians
7. Suicide deaths
8. School nurse ratio
9. Vaccinations

Cherokee

1. **Uninsured**
2. **Mental health ED visits**
3. **Early prenatal care**
4. Primary care physicians
5. Heart disease mortality
6. Routine checkup
7. Suicide deaths
8. Vaccinations
9. School nurse ratio

Marion

1. **Uninsured**
2. **Mental health ED visits**
3. Primary care physicians
4. **Early prenatal care**
5. Routine checkup
6. Suicide deaths
7. Heart disease mortality
8. School nurse ratio
9. Vaccinations

NCIOM

Community Input – Social & Economic Individual Rankings

Greenville

1. **Families below 200% FPL**
2. **Adverse Childhood Experiences**
3. **Unemployment**
4. **Children in low-income homes**
5. **Income inequality**
6. **Fourth grade reading proficiency**
7. **ED visits for injury and violence**
8. **High school graduation**
9. **Disconnected youth**
10 **Residential segregation**
11. **Incarceration rate**
12. **Suspension from school**

Henderson

1. **Adverse Childhood Experiences**
2. **Families below 200% FPL**
3. **Children in low-income homes**
4. **Fourth grade reading proficiency**
5. **Income inequality**
6. **Unemployment**
7. **High school graduation**
8. **Disconnected youth**
9. **Incarceration rate**
10 **Residential segregation**
11. **Suspension from school**
12. **ED visits for injury and violence**

Pembroke

1. **Families below 200% FPL**
2. **Adverse Childhood Experiences**
3. **Unemployment**
4. **Children in low-income homes**
5. **Fourth grade reading proficiency**
6. **Income inequality**
7. **Disconnected youth** (closely ranked with high school graduation)
8. **High school graduation**
9. **Incarceration rate**
10. **ED visits for injury and violence**
11. **Suspension from school**
12. **Residential segregation**

NCIOM

Community Input –
Social & Economic Individual Rankings

Jacksonville

1. **Families below 200% FPL**

2. **Adverse Childhood Experiences**

3. **Children investigated for abuse**

4. **Unemployment tied with Income inequality**

5. **Violent crime**

6. **High school graduation**

7. **4th grade reading**

8. **Disconnected youth tied with Incarceration rate**

9. **Residential segregation**

10. **Suspensions**

Charlotte

1. **Unemployment**

2. **Families below 200% FPL**

3. **Income inequality**

4. **Adverse Childhood Experiences**

5. **Residential segregation**

6. **High school graduation**

7. **Incarceration rate**

8. **Fourth grade reading proficiency tied with Children investigated for abuse**

10. **Violent crime rate**

11. **Suspension from school**

12. **Disconnected youth**

Greensboro

1. **Families below 200% FPL**

2. **Unemployment**

3. **Adverse Childhood Experiences**

4. **Fourth grade reading proficiency**

5. **Income inequality**

6. **High school graduation**

7. **Residential segregation**

8. **Children investigated for abuse**

9. **Suspension from school**

10. **Violent crime rate**

11. **Disconnected youth**

12. **Incarceration rate**

Cherokee

1. **Families below 200% FPL**

2. **Adverse Childhood Experiences**

3. **Children investigated for abuse**

4. **Income inequality**

5. **Unemployment**

6. **Fourth grade reading proficiency**

7. **High school graduation**

8. **Disconnected youth**

9. **Incarceration rate**

10. **Suspension from school**

11. **Violent crime rate**

12. **Residential segregation**

Marion

1. **Families below 200% FPL**

2. **Adverse Childhood Experiences**

3. **Children investigated for abuse**

4. **Income inequality**

5. **Unemployment**

6. **Fourth grade reading proficiency**

7. **High school graduation**

8. **Disconnected youth**

9. **Incarceration rate**

10. **Residential segregation**

11. **Suspension from school**

12. **Violent crime rate**

NCIOM

Community Input – Physical Environment Individual Rankings

Greenville

1. **Food environment index**

2. **Housing cost burden**

3. **Housing quality problems**

4. **Access to exercise opportunities**

5. **Air pollution**

6. **Blood lead levels**

Henderson

1. **Food environment index**

2. **Housing quality problems** (closely ranked with housing cost burden)

3. **Housing cost burden**

4. **Access to exercise opportunities**

5. **Blood lead levels**

6. **Air pollution**

Pembroke

1. **Housing quality problems**

2. **Food environment index**

3. **Housing cost burden**

4. **Access to exercise opportunities**

5. **Air pollution**

6. **Blood lead levels**

NCIOM

Community Input – Physical Environment Individual Rankings

Jacksonville

1. Food environment index
2. Housing quality problems
3. Housing cost burden
4. Community water safety
5. Access to public transportation
6. Asthma-related emergency department visits
7. Access to locations for physical activity
8. Air pollution

Charlotte

1. Housing cost burden
2. Food environment index
3. Housing quality problems
4. Access to public transportation
5. Community water safety
6. Access to locations for physical activity
7. Air pollution
8. Asthma-related ED visits

Greensboro

1. Food environment index
2. Housing quality problems
3. Housing cost burden
4. Access to public transportation
5. Community water safety
6. Access to locations for physical activity
7. Air pollution
8. Asthma-related ED visits

Cherokee

1. Housing cost burden
2. Food environment index
3. Access to public transportation
4. Housing quality problems
5. Access to locations for physical activity
6. Asthma-related ED visits
7. Community water safety
8. Air pollution

Marion

1. Food environment index
2. Housing cost burden
3. Access to public transportation
4. Housing quality problems
5. Community water safety
6. Access to locations for physical activity
7. Air pollution
8. Asthma-related ED visits

NCIOM

Next Steps

- Summaries sent to community meeting attendees electronically.

- Community input will be given to work group members, who will finalize selection and set targets for each indicator.

- Overall task force will review and finalize.

- NCIOM staff will develop a report, which will be distributed widely, and presented at future meetings of stakeholders.

NCIOM

NCMJ

Upcoming Issues

- Health Care Workforce

- Technology

- Medicaid Transformation

- Health in Prisons, Jails, and Transition from Incarceration

Other current projects

- Task Force on Accountable Care Communities

- Task Force on Access to Services for Deaf and Hard of Hearing Populations

- Task Force on Risk Appropriate Perinatal System of Care

- Task Force on Serious Illness Care, Including Palliative Care and Hospice Care

NCIOM

Questions?

- More information:
  - Adam Zolotor
    - 919-445-6150 or adam_zolotor@nciom.org

NCIOM