Healthy North Carolina 2030

Community Input Sessions

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Project Director
North Carolina Institute of Medicine
NC Institute of Medicine

- Quasi-state agency chartered in 1983 by the NC General Assembly to:
  - Be concerned with the health of the people of North Carolina
  - Monitor and study health matters
  - Respond authoritatively when found advisable
  - Respond to requests from outside sources for analysis and advice when this will aid in forming a basis for health policy decisions

_NCGS §90-470_
NCIOM Studies

- NCIOM studies issues at the request of the General Assembly, state agencies, health professional organizations, & NCIOM Board of Directors
- Often work in partnership with other organizations to study health issues
  - Healthy North Carolina 2030 (HNC 2030) is in partnership with NC Division of Public Health

**NC DHHS Strategic Plan 2019-2021**

<table>
<thead>
<tr>
<th>MILESTONES 1.3.2</th>
<th>STRATEGY</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<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>
<tr>
<td>2) Publishing HNC 2030 objectives and road map</td>
<td></td>
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</tr>
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</table>
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.
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
Health Indicators and Targets

- **Health Indicators** – measurable characteristics that describe the health or drivers of health of a population

- **Targets** – goals for improving the health indicators over the next 10 years

<table>
<thead>
<tr>
<th>Social Determinants of Health</th>
<th>North Carolina Baseline</th>
<th>North Carolina Current</th>
<th>Status</th>
<th>State Goal</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decrease the percentage of individuals living in poverty</td>
<td>16.9% (2008)</td>
<td>14.7% (2017)</td>
<td>Improving</td>
<td>12.3%</td>
<td>13.4% (2017)</td>
</tr>
<tr>
<td>Increase the four-year high school graduation rate</td>
<td>71.8% (2008–09)</td>
<td>86.3% (2017–18)</td>
<td>Improving</td>
<td>94.6%</td>
<td>84.0% (2015–16)</td>
</tr>
<tr>
<td>Decrease the percentage of people spending more than 30% of their income on rental housing</td>
<td>41.3% (2008)</td>
<td>42.4% (2017)</td>
<td>Little or no detectable change</td>
<td>36.1%</td>
<td>46.0% (2017)</td>
</tr>
</tbody>
</table>
Healthy North Carolina 2020: 10-Year Outcomes

- 41 indicators:
  - Met the targets: 5 (12%)
    - HIV diagnoses, traffic crashes, child dental services
  - Made progress: 12 (29%)
    - Adult smoking, uninsured, graduation rate
  - Stayed the same/no progress: 18 (44%)
    - Youth tobacco use, physical activity, housing cost
  - Got worse: 6 (15%)
    - Infant mortality disparity, suicide, unintentional poisoning
Healthy North Carolina 2030: Framework and Organization

- 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
Healthy North Carolina 2030 Task Force 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: 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

Community input goes to the work groups and task force for consideration and final indicator selection.
HNC 2030 Task Force Vision

• Important driving principles:
  • **Health equity** (the opportunity for everyone to have good health) – consider for indicator AND target selection
  • **Eliminate disparities** (measurable differences or gaps seen in one group’s health status in relation to another or other group(s)) – consider for target selection
  • We want a state/communities/children/adults that is/are:
    • Healthy
    • Safe
    • Resilient
    • Empowered
    • Inclusive
    • Equitably connected to resources
    • Given opportunities to grow, play, succeed
    • Actively working to eliminate disparities in health outcomes
    • That we can be proud of
    • For ALL people in our borders
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

Developmental measures - if an indicator is of interest, but there is no quality data for the state

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.
Indicator Development

- Work groups started with 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.
Indicator Limitations

• Indicators we are discussing represent best available measures for topics

• Examples of indicators that aren’t available:
  • Safe sex practices
    • We have unintended pregnancy, teen birth rate
  • Sexually Transmitted Disease (STD) prevalence
    • We have HIV, chlamydia, gonorrhea, syphilis
  • Adult nicotine use
    • We have adult smoking
  • Healthy eating
    • We have veg. one or more times per day
  • Adult oral health visit
    • We have tooth removal/tooth decay
Why are you here?

• Community input on narrowed list of indicators
• What is important to YOU and YOUR COMMUNITY?
• Are we missing a topic that is important?
• Input will go back to work groups and task force for final consideration of indicator selection
Thought Exercise

Think about one of these questions:

• What do you want to see improved in your community’s health and well-being?

• What do you want to do about health and well-being in your community?

• If your community could achieve 5 health and well-being goals, what would they be?
Small Group Discussion

• Materials in front of you

• 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
  • Check-in at 10 minutes to see group status
  • Mini poll after each topic
Questions about process

Any questions before moving on?
# HNC 2030 – Potential Clinical Care Indicators

On your own: Please rank these indicators by importance to you and your community with “1” being the most important.

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<td>Percentage of population under age 65 without health insurance</td>
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<tr>
<td></td>
<td>Early prenatal care</td>
<td>Percent of women who receive early prenatal care</td>
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<tr>
<td></td>
<td>Routine checkup</td>
<td>Percent of adults who had a routine checkup in the past year</td>
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<tr>
<td></td>
<td>Primary care physicians</td>
<td>Ratio of population to primary care physicians</td>
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<tr>
<td></td>
<td>Mental health ED visits</td>
<td>Rate of substance abuse and mental health-related visits to emergency departments (per 100,000 population)</td>
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<td>Vaccinations</td>
<td>Percentage of vaccination coverage among children enrolled in kindergarten</td>
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<td></td>
<td>Heart disease mortality</td>
<td>Age-adjusted rate of heart disease deaths (per 100,000 population)</td>
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<tr>
<td></td>
<td>School nurse ratio</td>
<td>Ratio of registered nurses who are employed to provide school nursing services to students</td>
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Missing Indicators – Are there important indicators that you think are missing from this list?

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Small group discussion: Discuss these indicators and decide on the TOP 3 priority Clinical Care indicators from this list. Write the indicator names in the spaces below.

1. 
2. 
3. 

---

5 min.  15 min.
Clinical Care indicators will be included on the final list of 20 for HNC 2030.
Aspects of Clinical Care:

• **Access to Care** - Access to affordable, quality health care is important to physical, social, and mental health.

• **Quality of Care** - High quality health care is timely, safe, effective, and affordable—the right care for the right person at the right time.
Clinical Care FAQs

• Heart disease & Mental health ED visits
  • Measures related to access/quality of care

• Primary care PROVIDERS vs. Physicians
  • Not included in your list of indicators - Ratio of population to primary care providers other than physicians
  • Different data sources cannot be combined
Clinical Care
Small Group Discussion

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Small group discussion: Discuss these indicators and decide on the TOP 3 priority Clinical Care indicators from this list. Write the indicator names in the spaces below.

1. 
2. 
3. 

5 min.  
15 min.
# Social & Economic Factors

## Small Group Discussion

### HNC 2030 – Potential Social & Economic Factors Indicators

*On your own: Please rank these indicators by importance to you and your community with “1” being the most important.*

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<td></td>
<td>Families below 200% FPL</td>
<td>Percent of families living below 200% Federal Poverty Level</td>
</tr>
<tr>
<td></td>
<td>Adverse Childhood Experiences</td>
<td>Percent of children with two or more adverse childhood experiences</td>
</tr>
<tr>
<td></td>
<td>Unemployment</td>
<td>Percent of population ages 16 and older unemployed but seeking work</td>
</tr>
<tr>
<td></td>
<td>High school graduation</td>
<td>Percent of ninth-grade cohort that graduates in four years</td>
</tr>
<tr>
<td></td>
<td>Fourth grade reading proficiency</td>
<td>Reading achievement levels of fourth grade North Carolina public school students</td>
</tr>
<tr>
<td></td>
<td>Disconnected youth</td>
<td>Percent of teens and young adults ages 18-24 who are neither working nor in school</td>
</tr>
<tr>
<td></td>
<td>Income inequality</td>
<td>Ratio of household income at the 80th percentile to income at the 20th percentile</td>
</tr>
<tr>
<td></td>
<td>Residential segregation</td>
<td>Index of dissimilarity where higher values indicate greater residential segregation between black and white county residents</td>
</tr>
<tr>
<td></td>
<td>Incarceration rate</td>
<td>Rate of incarceration in North Carolina prisons (per 100,000 residents)</td>
</tr>
<tr>
<td></td>
<td>ED visits for injury and violence</td>
<td>Number of visits to emergency room that include self-inflicted injury; assaults; injury or poisoning caused by police; and unintentional firearm injuries</td>
</tr>
<tr>
<td></td>
<td>Suspension from school</td>
<td>Number of out-of-school short-term and long-term suspensions in educational facilities for all grades</td>
</tr>
<tr>
<td></td>
<td>Children in low-income homes</td>
<td>Percent of children who live in poor of low-income homes (&lt;200% FPL)</td>
</tr>
</tbody>
</table>

**Missing Indicators – Are there important indicators that you think are missing from this list?**

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### Small group discussion: Discuss these indicators and decide on the TOP 3 priority Social & Economic Factors indicators from this list. Write the indicator names in the spaces below.

1. ________________
2. ________________
3. ________________
6 Social & Economic Factor indicators will be included on the final list of 20 for HNC 2030
Social & Economic Factors
Small Group Discussion

Aspects of Social & Economic Factors:

• **Community Safety** - Injuries through accidents or violence are the third leading cause of death in the United States, and the leading cause for those between the ages of one and 44.

• **Education** – Individuals with more education live longer, healthier lives than those with less education, and their children are more likely to thrive.

• **Employment** - Employment provides income and, often, benefits that can support healthy lifestyle choices. Unemployment and under employment limit these choices, and negatively affect both quality of life and health overall.

• **Family and Social Support** - People with greater social support, less isolation, and greater interpersonal trust live longer and healthier lives than those who are socially isolated.

• **Income** - Income provides economic resources that shape choices about housing, education, child care, food, medical care, and more.
Social & Economic Factor FAQs

• Income inequality – extent to which income is unevenly distributed among the population

• Families below 200% FPL vs. Children in low-income homes – similar measures, but different populations

•Disconnected youth – measure of how young people are faring with transition to adulthood; “disconnected” because cut off from institutions where they would develop knowledge, skills, maturity, & sense of purpose
### HNC 2030 – Potential Social & Economic Factors Indicators

**On your own: Please rank these indicators by importance to you and your community with “1” being the most important.**

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</tr>
<tr>
<td>2</td>
<td>Adverse Childhood Experiences</td>
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<td>3</td>
<td>Unemployment</td>
<td>Percent of population ages 16 and older unemployed but seeking work</td>
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<td>4</td>
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<td>5</td>
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</tr>
<tr>
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<tr>
<td>7</td>
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<tr>
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**Small group discussion:** Discuss these indicators and decide on the TOP 3 priority Social & Economic Factors indicators from this list. Write the indicator names in the spaces below.

1. 
2. 
3. 
Physical Environment
Small Group Discussion

HNC 2030 – Potential Physical Environment Indicators

On your own: Please rank these indicators by importance to you and your community with “1” being the most important.

<table>
<thead>
<tr>
<th>Ranking (1-6)</th>
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<th>Definition</th>
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<tbody>
<tr>
<td></td>
<td>Housing cost burden</td>
<td>Percent of households spending 30% or more of household income on housing costs</td>
</tr>
<tr>
<td></td>
<td>Housing quality problems</td>
<td>Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities</td>
</tr>
<tr>
<td></td>
<td>Food environment index</td>
<td>Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best) and equally weights two indicators of the food environment (see information below)</td>
</tr>
<tr>
<td></td>
<td>Access to exercise opportunities</td>
<td>Percentage of population with adequate access to locations for physical activity. Locations for physical activity are defined as parks or recreational facilities</td>
</tr>
<tr>
<td></td>
<td>Air pollution</td>
<td>Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)</td>
</tr>
<tr>
<td></td>
<td>Blood lead levels</td>
<td>Percent of children tested with blood lead levels BLL&gt;5ug/dl</td>
</tr>
</tbody>
</table>

Missing Indicators – Are there important indicators that you think are missing from this list?

Small group discussion: Discuss these indicators and decide on the TOP 3 priority Physical Environment indicators from this list. Write the indicator names in the spaces below.

1. __________________________________________
2. __________________________________________
3. __________________________________________
Physical Environment indicators will be included on the final list of 20 for HNC 2030
Aspects of Physical Environment:

• **Air and Water Quality**
  • Clean air and safe water are prerequisites for health.

• **Housing and Transit**
  • The housing options and transit systems that shape our communities’ built environment affect where we live and how we get from place to place.

• **Other**
  • Access to healthy foods and exercise opportunities
Physical Environment FAQs

• Transportation – challenge identifying measures that have data available and are applicable across state (rural/urban)
Physical Environment
Small Group Discussion

HNC 2030 – Potential Physical Environment Indicators

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</tbody>
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Missing Indicators – Are there important indicators that you think are missing from this list?

Small group discussion: Discuss these indicators and decide on the TOP 3 priority Physical Environment indicators from this list. Write the indicator names in the spaces below.

1. 
2. 
3.
Health Behavior
Small Group Discussion

HNC 2030 – Potential Health Behaviors Indicators

<table>
<thead>
<tr>
<th>Ranking (1-10)</th>
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</tr>
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<tbody>
<tr>
<td></td>
<td>Youth tobacco use</td>
<td>Percentage of high school students reporting current use of any tobacco product</td>
</tr>
<tr>
<td></td>
<td>Physical activity</td>
<td>Percentage of adults meeting CDC Aerobic Recommendations</td>
</tr>
<tr>
<td></td>
<td>Unintentional poisoning deaths</td>
<td>Rate of unintentional poisoning deaths rate (per 100,000 population)</td>
</tr>
<tr>
<td></td>
<td>Smoking during pregnancy</td>
<td>Percentage of women who smoke during pregnancy</td>
</tr>
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<td>Adult smoking</td>
<td>Percentage of adults who are current smokers</td>
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<td>Teen birth rate</td>
<td>Rate of births to females age 15-19 (per 1,000 population)</td>
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<tr>
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<td>Excessive drinking</td>
<td>Percentage of adults reporting binge or heavy drinking</td>
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<td>Breastfeeding</td>
<td>Percentage of infants who were exclusively breastfed through 6 months</td>
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<td></td>
<td>Unintentional falls</td>
<td>Age-adjusted rate of unintentional falls deaths (per 100,000 population)</td>
</tr>
<tr>
<td></td>
<td>HIV diagnosis</td>
<td>Rate of new HIV infection diagnoses (per 100,000 population)</td>
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Missing indicators – Are there important indicators that you think are missing from this list?

Small group discussion: Discuss these indicators and decide on the TOP 3 priority Health Behaviors indicators from this list. Write the indicator names in the spaces below.

1. ________________________________
2. ________________________________
3. ________________________________

5 min. 20 min.
5 Health Behavior indicators will be included on the final list of 20 for HNC 2030.
Aspects of Health Behaviors:

- **Alcohol and Drug Use** - When consumed in excess, alcohol is harmful to the health and well-being of those that drink as well as their families, friends, and communities. Prescription drug misuse and illicit drug use also have substantial health, economic, and social consequences.

- **Diet and Exercise** – The foods we consume and the amount of physical activity we engage in, along with genetic factors and personal choices, shape our health and our risk of being overweight and obese.

- **Sexual Activity** - Sexually transmitted infections and unplanned pregnancies have lasting effects on health and well-being, especially for adolescents.

- **Tobacco Use** - Tobacco use is the leading cause of preventable death in the United States.

- **Other** – e.g., Falls and Breastfeeding
Health Behavior FAQ

• Some indicators are not “behaviors” – using closest possible measure (ex. teen birth rate & HIV diagnosis)

• Youth tobacco use includes e-cigarettes

• “Missing” indicators:
  • Adult nicotine use – measures of adult smoking do not account for vaping/e-cigarette use; we do not have a measure that would show this data
  • Healthy eating – available measures of veg and fruit intake “one or more times per day”
Health Behavior
Small Group Discussion

HNC 2030 – Potential Health Behaviors Indicators

On your own: Please rank these indicators by importance to you and your community with “1” being the most important.

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<td></td>
</tr>
<tr>
<td>HIV diagnosis</td>
<td>Rate of new HIV infection diagnoses (per 100,000 population)</td>
<td></td>
</tr>
</tbody>
</table>

Missing indicators – Are there important indicators that you think are missing from this list?

Small group discussion: Discuss these indicators and decide on the TOP 3 priority Health Behaviors indicators from this list. Write the indicator names in the spaces below.

1. ____________________________
2. ____________________________
3. ____________________________
### HNC 2030 – Potential Health Outcome Indicators

On your own: Please place an “X” next to the 3 TOP INDICATORS from this list. You may also add health outcome indicators that are important to you and your community that are missing from this list.

<table>
<thead>
<tr>
<th>Place <em>X</em> on Top 3</th>
<th>Indicator</th>
<th>Definition</th>
<th>Year</th>
<th>NC Data</th>
<th>US Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Premature death</td>
<td>Years of potential life lost before age 75 per 100,000 population (age-adjusted)</td>
<td>2014-2016</td>
<td>7,300 per 100,000 population</td>
<td>6,700 per 100,000 population</td>
</tr>
<tr>
<td>2</td>
<td>Child mortality</td>
<td>Number of deaths among children under age 18 per 100,000 population</td>
<td>2015-2016</td>
<td>60 per 100,000 population; 92 per 100,000 population</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Infant mortality</td>
<td>Number of all infant deaths (within 1 year), per 1,000 live births</td>
<td>2016</td>
<td>7 per 1,000 live births; 5.8 per 1,000 live births</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Life expectancy</td>
<td>Life expectancy (years) at birth - average</td>
<td>2015-2017</td>
<td>78 years; 75 years (2016)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Poor or fair health</td>
<td>Percentage of adults reporting fair or poor health (age-adjusted)</td>
<td>2016</td>
<td>18%; 16%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Poor physical health days</td>
<td>Average number of physically unhealthy days reported in past 30 days</td>
<td>2016</td>
<td>3.6; 3.7</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Poor mental health days</td>
<td>Average number of mentally unhealthy days reported in past 30 days</td>
<td>2016</td>
<td>3.9; 3.8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Low birthweight</td>
<td>% of babies born with birthweight &lt;2,500 grams</td>
<td>2018</td>
<td>9.2%; 8.2%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Frequent physical distress</td>
<td>Percentage of adults reporting 14 or more days of poor physical health per month</td>
<td>2018</td>
<td>13.4%; 12.0%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Frequent mental distress</td>
<td>Percentage of adults reporting 14 or more days of poor mental health per month</td>
<td>2018</td>
<td>12.7%; 12.0%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Diabetes prevalence</td>
<td>Percentage of adults who reported being told by a health professional that they have diabetes (excludes prediabetes and gestational diabetes)</td>
<td>2018</td>
<td>11.4%; 10.5%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HIV prevalence</td>
<td>Number of persons aged 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population</td>
<td>2015</td>
<td>339 per 100,000 population; 418.7 per 100,000 population</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adult obesity</td>
<td>Percentage of adults that report a BMI of 30 or more</td>
<td>2017</td>
<td>30%; 28%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Children - Overweight or Obese</td>
<td>Children ages 10-17 who are overweight or obese</td>
<td>2016-2017</td>
<td>30.7%; 31.2% (2016)</td>
<td></td>
</tr>
</tbody>
</table>

**Missing indicators** – Are there important indicators that you think are missing from this list?
Next Steps

• Community feedback summary will be sent to 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.
For More Information

• Support for this Task Force comes from the Blue Cross and Blue Shield Foundation of North Carolina, The Duke Endowment, and the Kate B. Reynolds Charitable Trust

• Websites:  www.nciom.org

  www.ncmedicaljournal.com

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