Healthy North Carolina 2030
Updates from Community Meetings and Work Groups

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HNC 2030 – 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: Work Groups - 3rd Meeting
- Set targets for selected indicators

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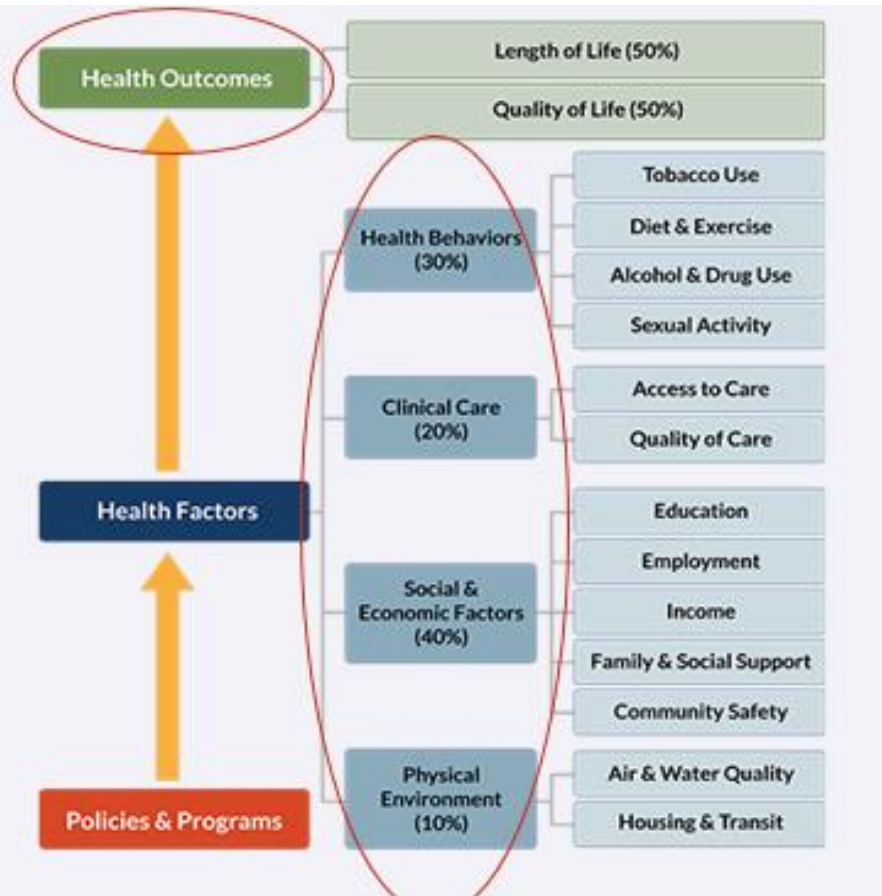- Review list of indicators recommended by Work Groups

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

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Healthy North Carolina 2030

Goal: Select 20 Objectives with input from Task Force, Work Group, and Community Meetings

- Health Outcomes: 3 indicators*

- Health Behaviors: 5 indicators

- Clinical Care: 4 indicators

- Social and Economic Factors: 6 indicators

- Physical Environment: 2 indicators*

* The health outcomes group only selected two, so an additional indicator was given to the physical environment group

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HNC 2030: Indicator Development

- Indicators are <u>measures that already exist</u>.

- They are <u>defined by the survey or data source</u> 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.

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Indicator Selection Process for HNC 2030

- Work groups narrowed their lists through small and large group discussions and surveys

- NCIOM staff reviewed survey results and narrowed to final list of 6-12 for community input
  - 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
    - List of "missing indicators"

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:
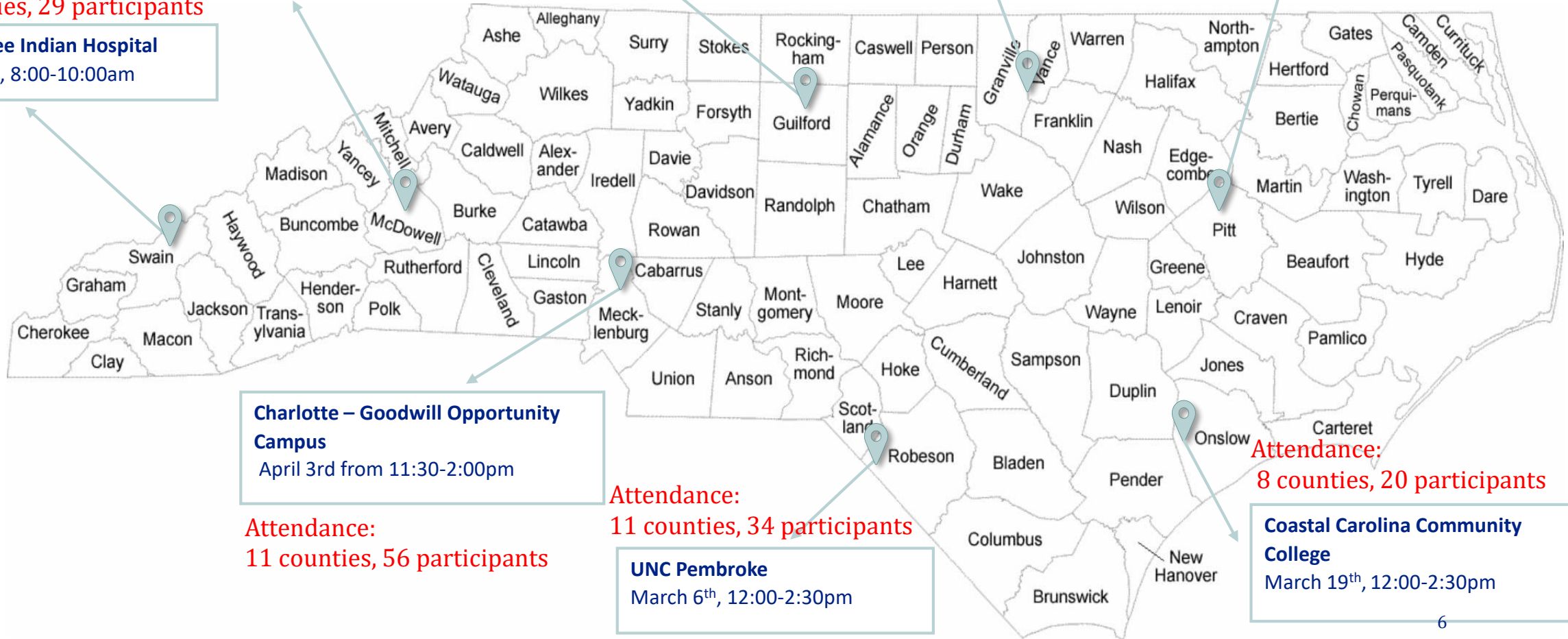6 counties, 21 participants

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

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Community Input Session Attendance

- 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"

*Results from individual communities at the end of the presentation

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Health Behaviors Community Input – Average Across Meetings

1) Youth tobacco (1.6)

2) Illicit drug use (2.0)

3) Physical activity (2.3)

4) Unintentional poisoning (4.3)

5) Teen birth rate (4.5)

6) Adult smoking (6.3)

7) Excessive drinking (6.5)

8) Unintended pregnancy (6.8)

9) Smoking during pregnancy (7.0)

10) Sugar-sweetened beverages (7.4)

11) HIV diagnosis (8.9)

12) Breastfeeding (9.6)

13) Unintentional falls death rate (11.0)

Calculated using all 340 participants votes

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Clinical Care Community Input – Average Across Meetings

1) **Uninsured (1.0)**

2) **Mental health ED visits (2.1)**

3) **Early prenatal care (3.4)**

4) **Routine check-up (4.5)**

5) **Primary care physicians (5.0)**

6) **Heart Disease mortality (5.3)**

7) **Suicide deaths (6.5)**

8) **School nurse ratio (7.6)**

9) **Vaccinations (8.3)**

Calculated using all 340 participants votes

Physical Environment Community Input – Average Across Meetings

1) **Food environment index (1.4)**

2) **Housing cost burden (2.3)**

3) **Housing quality problems (2.6)**

4) **Access to public transportation (3.8)**

5) **Community water safety (5.2)**

6) **Access to exercise opportunities (5.3)**

7) **Blood lead levels (5.7)**

8) **Air pollution (6.6)**

9) **Asthma-related ED visits (7.2)**

Calculated using all 340 participants votes

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Social & Economic Community Input – Average Across Meetings

1) Families below 200% FPL (1.3)

2) Adverse childhood experiences (2.3)

3) Unemployment (3.6)

4) Children in low-income homes (3.7)

5) Income inequality (4.6)

6) Children investigated for abuse (5.2)

7) 4th grade reading (5.9)

8) High school graduation (7.0)

9) Disconnected youth (9.0)

10) Incarceration rate (9.5)

11) Residential segregation (9.6)

12) ED visits due to violence (9.8)

13) Violent crime (9.8)

14) Suspension rate (10.9)

Calculated using all 340 participants votes

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Selection of HNC 2030 Indicators

- Workgroups met to select final list of indicators
  - Reviewed community input
  - Explored data quality for potential measures
    - Revealed some indicators had quality issues
      - Ex. Access to public transportation only included large metropolitan areas and only those reporting data to the organization tabulating
    - Looked at which indicators were best when multiple available
      - Ex. Mental health: serious mental illness in past year (adults), attempted suicide (youth), in the past month how many days was your mental health not good (adults), mental health ED visits, suicide rate
  - Used RBA principles to evaluate merits of potential indicators

Indicator Selection Using RBA Principles

Results-Based Accountability (RBA) principles

Communication Power

- How well does the indicator communicate to a broad and diverse range of audiences?
- Is the language clearly and easily understood?

Proxy Power

- Does the indicator say something of central importance about the result?
- Does it "bring along" other data?
- Can this measure stand as proxy or representative for the plain language statement of well-being?
- Is it representative of other data that would move in the same direction?

Data Power

- Is quality data available on a timely basis?
- Is it population level data that is reliable and consistent?
- To what extent do we have the data at the state, county, city and community level?

HNC 2030 principle

Equity/Disparity Power

- Does the indicator represent an issue that is relevant to health equity or health disparities?

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Indicator Selections

Health Outcomes (Task Force selections)

1. **Infant mortality**
2. **Life expectancy**

Health Behaviors

1. **Youth tobacco**
2. **Drug overdose deaths**
3. **Teen birth rate**
4. **Sugar-sweetened beverages (children)**
5. **HIV diagnosis**

Other priorities:
Excessive drinking
Adult smoking
Physical activity

Developmental:
STD composite
Obesity data across all ages

Clinical Care

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

Developmental:
SDoH screening

Social & Economic Factors

1. **Families ≤ 200% FPL**
2. **Adverse Childhood Experiences**
3. **Unemployment**
4. **3rd grade reading**
5. **Incarceration rate**
6. **Short-term suspension**

Developmental:
School readiness

Physical Environment

1. **Severe housing problems**
2. **Limited access to healthy food**
3. **Access to exercise opportunities**

Developmental:
Access to food
Access to exercise opportunities
Air & water quality
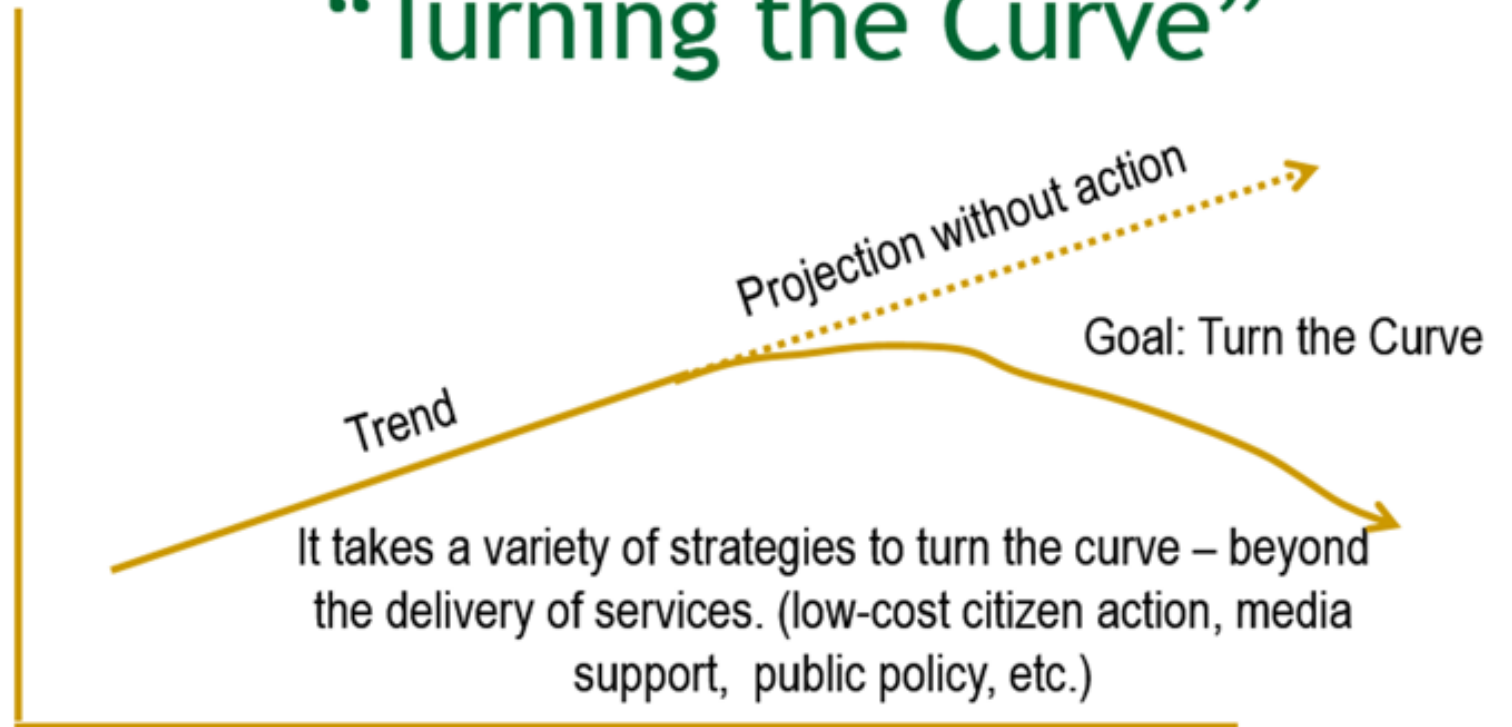Transportation & access to needed destinations
Lead

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Target Setting

Goal of target setting is to provide the strategic vision for how to improve the health and well-being of North Carolinians over the next decade

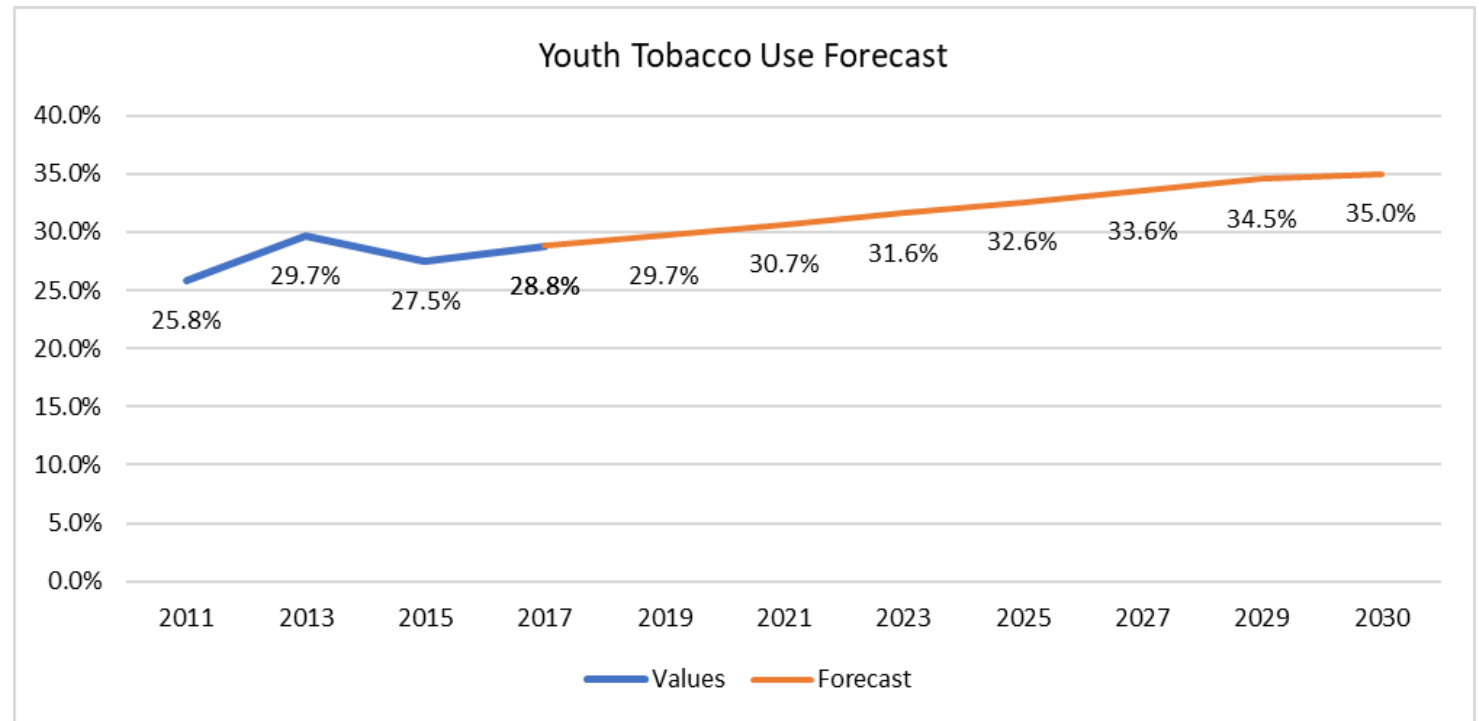Steering Committee considered different target setting methods and decided that the RBA idea of "Turning the Curve" made the most sense in terms of what the state goals are for HNC 2030

"Turning the Curve"

Projection without action

Goal: Turn the Curve

Trend

It takes a variety of strategies to turn the curve – beyond the delivery of services. (low-cost citizen action, media support, public policy, etc.)

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Target setting

- Using the 2030 forecast as a ceiling target value, how do we "turn the curve" faster?

- Data provided:
  - % decrease/increase from forecasted value
  - County and state values
  - Range in NC
  - Best state
  - State rank
  - Values across populations

Youth Tobacco Use Forecast

(Chart showing Youth Tobacco Use Forecast with data points: 25.8% (2011), 29.7% (2013), 27.5% (2015), 28.8% (2017), 29.7% (2019), 30.7% (2021), 31.6% (2023), 32.6% (2025), 33.6% (2027), 34.5% (2029), 35.0% (2030); legend: Values, Forecast)

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Target setting- 3rd Grade Reading

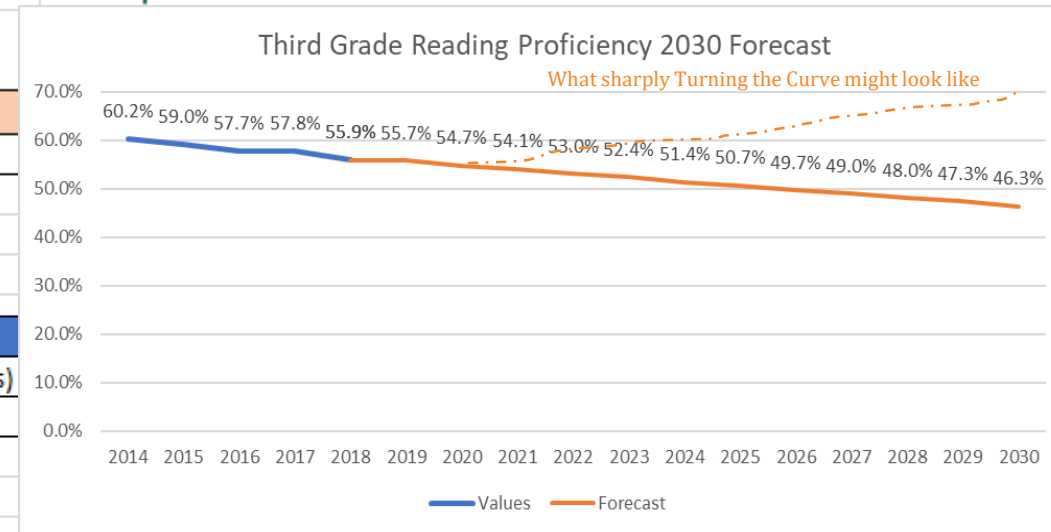**THIRD GRADE READING PROFICIENCY**

Definition:	Percent of children with reading proficiency based on 3rd grade reading End of Grade (EOG) exams. Proficiency is defined as Level 3 or higher.				
Data:	2013-14	2014-15	2015-16	2016-17	**2017-18**
NC	60.2%	59.0%	57.7%	57.8%	**55.9%**

Range in NC
31.2% - 79.5%

NC Race/Ethnicity					
White	Black/AA	Hispanic/Latinx	Asian/PI	AI	Other (two or more races)
70.0%	39.1%	41.7%	73.6%	42.3%	58.9%

Gender		**Economically Disadvantaged**	**Foster Care**	**Homeless**
Male	Female			
53%	59%	41.4%	40.0%	34.3%

Target Discussion:

Improvement from 2030	**5%**	**10%**	**15%**	**20%**	**25%**	**50%**
46.3%	48.6%	50.9%	53.2%	55.6%	57.9%	69.5%
Change in %	2.3	4.6	6.9	9.3	11.6	23.2

Third Grade Reading Proficiency 2030 Forecast

What sharply Turning the Curve might look like

60.2% 59.0% 57.7% 57.8% 55.9% 55.7% 54.7% 54.1% 53.0% 52.4% 51.4% 50.7% 49.7% 49.0% 48.0% 47.3% 46.3%

— Values   — Forecast

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Target Setting-Uninsured

UNINSURED

Definition:	Percentage of population under age 65 without health insurance.		
Data:			

	2015	2016	2017
NC	13%	12%	13%
US	11%	10%	10%

2017 NC Race/Ethnicity Data					
White	Black/AA	Hispanic/Latinx	Asian/PI	AI	Other
10%	13%	31%	9%	18%	8%

2017 NC Poverty Status			2017 NC Sex Data		Range in NC (2017)	NC Rank - US comparison
At or Below 200% FPL	200-399% FPL	400%+ FPL	Male	Female		
21-22%	13.0%	5.0%	33.4%	24.1%	9% (Wake) - 20% (Duplin)	42nd

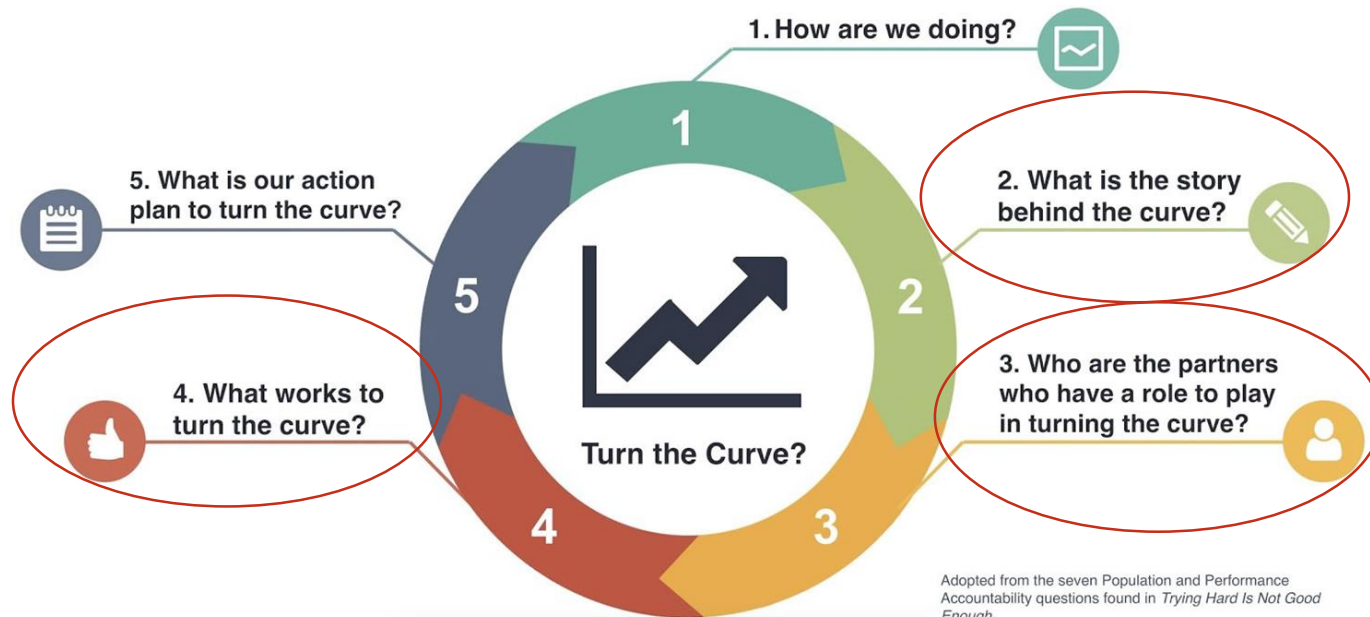| Target Discussion:						
Reduction (using 2017 projection)	5%	10%	15%	20%	25%	50%
13.0	12.4	11.7	11.1	10.4	9.8	6.5
Change in % points	0.7	1.3	2.0	2.6	3.3	6.5

Uninsured (%)
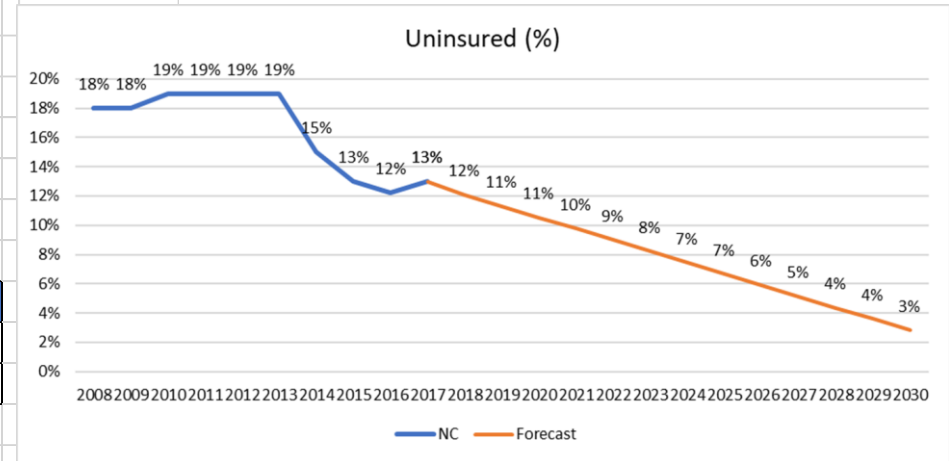
In some cases, the forecasted curve was deemed not realistic (usually when great improvements had been made in the last decade).
In such cases, we instead set targets based on 2017 data, other states, NC counties, etc.

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Target setting discussion

Turn the Curve Thinking

1. How are we doing?
2. What is the story behind the curve?
3. Who are the partners who have a role to play in turning the curve?
4. What works to turn the curve?
5. What is our action plan to turn the curve?

Turn the Curve?

Adopted from the seven Population and Performance Accountability questions found in *Trying Hard Is Not Good Enough*.

- What are the levers to move the indicator- policy, advocacy, education

- Do we know how to successfully work those levers?

- Are groups currently working on this, what types of strategies are they using, how successful do we think they are

- Are groups ready to move forward with additional evidence-based strategies?

- What is the national, state. local political environment around this issue?
  - Is there political will?
  - Is there funding available?

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Health Behaviors – Youth tobacco use

Definition: Percent of high school students reporting current use of any tobacco product

- Includes e-cigarettes, cigarettes, cigars, smokeless tobacco, pipes, & hookah
- Source: NC Youth Tobacco Survey

Youth Tobacco Use Across Populations												
Total Population		Race/Ethnicity (2017)						Gender (2017)		Regional Comparison (2017)		
Current (2017)	Target (by 2030)	W	B/AA	H/Lx	A/PI	AI	Other	Male	Female	East (NCALHD regions 8-10)	Central* (NCALHD regions 5-7)	West (NCALHD regions 1-4)
28.8%	15.0%	33.5%	22.7%	24.4%	‡	‡	27.0%	33.4%	24.1%	30.3%	25.2%	31.7%
Disparities: Distance from Target (percentage points)												
13.8		18.5	7.7	9.4	‡	‡	12.0	18.4	9.1	15.3	10.2	16.7

Target 15% OR equal to Healthy People 2030, if lower

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Health Behaviors – Drug overdose deaths

Definition: Number of age-adjusted drug poisoning deaths per 100,000 population.

- Drug categories included: heroin; natural opioid analgesics, including morphine and codeine, and semisynthetic opioids, including drugs such as oxycodone, hydrocodone, hydromorphone, and oxymorphone; methadone; synthetic opioid analgesics other than methadone, including drugs such as fentanyl and tramadol; cocaine; and psychostimulants with abuse potential, which includes methamphetamine.

- Source: Vital Statistics; NC State Center for Health Statistics

Indicator: Drug Overdose Deaths							
Decrease the rate of births to females age 15-19 (per 1,000 population).							
Drug Overdose Deaths Across Populations							
Total Population		Race/Ethnicity (2017)					
Current (2017)	Target (by 2030)	W	B/AA	H/Lx	A/PI	AI	Other
22.2	18.0	29.9	12.2	5.9	‡	18.0	4.4
Disparities: Distance from Target (rate per 1,000)							
4.2		11.9	-5.8	-12.1	‡	0.0	-13.6

Health Behaviors – Sugar-sweetened beverage consumption (children)

Definition: Prevalence of sugar-sweetened beverage consumption ≥1 time per day among high schoolers.

- Includes regular soda, fruit drinks, sweet tea, and sports or energy drinks.

- Source: Youth Risk Behavior Surveillance System

Indicator: Youth Consumption of Sugar Sweetened Beverages							
Reduce the percentage of high schoolers consuming sugar-sweetened beverages ≥1 time(s) per day.							
Sugar Sweetened Beverages Across Populations							
Total Population		Race/Ethnicity (2017)					
Current (2017)	Target (by 2030)	W	B/AA	H/Lx	A/PI	AI	Other
33.6%	17.0%	36.1%	31.5%	28.9%	‡	‡	24.3%
Disparities: Distance from Target (percentage points)							
16.6		19.1	14.5	11.9	‡	‡	7.3

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Health Behaviors – HIV diagnosis

Definition: Rate of new HIV infection diagnoses (per 100,000 population)

- Source: NC Epidemiology Section

Indicator: HIV Diagnosis									
Decrease the rate of new HIV infection diagnoses (per 100,000 population).									
HIV Diagnoses Across Populations									
Total Population		Race/Ethnicity (2017)						Gender (2017)	
Current (2017)	Target (by 2030)	W	B/AA	H/Lx	A/PI	AI	Other	Male	Female
15.2	6.0	5.1	45.5	17.5	5.6	6.9	‡	25.1	5.7
Disparities: Distance from Target (rate per 100,000)									
9.2		-0.9	39.5	11.5	-0.4	0.9	‡	19.1	-0.3

Health Behaviors – Teen birth rate

Definition: Rate of births to females age 15-19 per 1,000 population

- Source: Vital Statistics; NC State Center for Health Statistics

Indicator: Teen Birth Rate							
Decrease the rate of births to females age 15-19 (per 1,000 population).							
Teen Birth Rates Across Populations							
Total Population		Race/Ethnicity (2017)					
Current (2017)	Target (by 2030)	W	B/AA	H/Lx	A/PI	AI	Other
26.7	10.0	21.3	41.7	50.4	‡	‡	26.0
Disparities: Distance from Target (rate per 1,000)							
16.7		11.3	31.7	40.4	‡	‡	16.0

Clinical Care - Uninsured

Definition - Percentage of population under age 65 without health insurance.

- Source: US Census Bureau's Small Area Health Insurance Estimates (SAHIE)

Indicator: Uninsured												
Reduce the percentage of non-elderly uninsured individuals (aged less than 65 years).												
Uninsured Rates Across Populations												
Total Population		Race/Ethnicity (2017)						Gender (2017)		Poverty Level (2017)		
Current (2017)	Target (by 2030)	W	B/AA	H/Lx	A/PI	AI	Other	Male	Female	At or Below 200% FPL	200-399% FPL	400%+ FPL
13%	8%	10%	13%	31%	9%	18%	8%	15%	12%	22%	13%	5%
Disparities: Distance from Target (percentage points)												
4		2	5	23	1	10	0	7	4	14	5	-3

Clinical Care – Early prenatal care

Definition: Percent of women who receive early prenatal care; care started in the 1st trimester (1-3 months).

- Source: Vital Statistics; NC State Center for Health Statistics

Indicator: Early Prenatal Care							
Increase the percentage of women who receive early prenatal care; care started in the 1st trimester (1-3 months).							
Early Prenatal Care Rates Across Populations							
Total Population		Race/Ethnicity (2017)					
Current (2017)	Target (by 2030)	W	B/AA	H/Lx	A/PI	AI	Other
68.6%	80.0%	75.6%	61.4%	58.0%	‡	61.8%	67.3%
Disparities: Distance from Target (percentage points)							
11.4		4.4	18.6	18.2	‡	18.2	12.7

Clinical Care – Primary care clinicians

Definition: Composite ratio of population to primary care physicians, nurse practitioners, and physician assistants. The ratio represents the number of individuals served by one primary care clinician in a county, if the population was equally distributed across clinicians.

- NPs were classified as "primary care" if they reported both a) a primary care certification (adult nurse practitioner, family nurse practitioner, geriatric nurse practitioner, obstetrics/gynecology nurse practitioner, pediatric nurse practitioner, women's health nurse practitioner) *and* b) a practice location in a primary care setting (group medical practice/physician office practice, group nursing practice, HMO or insurance company, home health care, hospital outpatient department, long-term care, public/community health, school health, or self-employed as a nurse practitioner).

- Physicians and PAs were classified as "primary care" if they selected one of the following primary areas of practice: family medicine, general practice, internal medicine, internal medicine-pediatrics, pediatrics, adolescent medicine, or obstetrics/gynecology.

- Source: Area Health Resource File/American Medical Association; North Carolina Health Professions Data System - Cecil G. Sheps Center for Health Services Research

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Clinical Care – Primary care clinicians

- Original plan - two-tiered target:
  - Ensure all Public Health regions have ratio of 1:1,500
  - Ensure all counties have ratio at or below 1:2,000

- However – only 1 Public Health region is above 1:1,500 w/ 1:1,518

Indicator: Primary Care Providers	
Increase number of counties with a 1:2,000 ratio of primary care physicians, nurse practitioners, and physician assistants.	
Counties in North Carolina	
Current (2018)	Target (by 2030)
81	100
Distance from Target (# counties)	
19	

Indicator: Primary Care Providers	
Increase number of counties with a 1:1,500 ratio of primary care physicians, nurse practitioners, and physician assistants.	
Counties in North Carolina	
Current (2018)	Target (by 2030)
62	100
Distance from Target (# counties)	
38	

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Clinical Care – Suicide rate

Definition: Age-adjusted suicide death rates per 100,000 population.

- Source: Vital Statistics; NC State Center for Health Statistics

Indicator: Suicide								
Reduce the Age-Adjusted Suicide Death Rates (per 100,000 population). 4-year average rate.								
Suicide Rates Across Populations								
Total Population		Race/Ethnicity (2013-17)						Gender (2013-17)	
Current (2013-17)	Target (by 2030)	W	B/AA	H/Lx	A/PI	AI	Other	Male	Female
13.3	11.1	16.3	4.7	5.6	10.5	‡	‡	20.9	6.8
Disparities: Distance from Target (rate per 100,000)								
2.20		5.20	-6.40	-5.50	-0.60	‡	‡	9.80	-4.30

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Physical Environment – Severe housing problems

Definition: Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities.

- Severe overcrowding is defined as more than 1.5 persons per room.
- Severe cost burden is defined as monthly housing costs (including utilities) that exceed 50% of monthly income.
- Source: U.S. Census Bureau; Comprehensive Housing Affordability data

Indicator: Severe Housing Problems	
Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities.	
Total Population	
Current (2011-15)	Target (by 2030)
16.1%	14.0%
Distance from Target (percentage points)	
2.1	

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Physical Environment – Limited access to healthy food

Definition: Percentage of population who are low-income and do not live close to a grocery store.

- Living close to a grocery store is defined differently in rural and nonrural areas; in rural areas, it means living less than 10 miles from a grocery store; in nonrural areas, less than one mile.
- Low income is defined as having an annual family income of less than or equal to 200 percent of the federal poverty threshold for the family size.
- Source: United States Department of Agriculture (USDA)

Indicator: Limited Access to Healthy Food	
Percentage of population who are low-income and do not live close to a grocery store.	
Total Population	
Current (2015)	Target (by 2030)
7%	5%
Distance from Target (percentage points)	
2	

Physical Environment – Access to exercise opportunities

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.
- Individuals are considered to have access to exercise opportunities if they: reside in a census block that is within a half mile of a park OR reside in an urban census block that is within one mile of a recreational facility OR reside in a rural census block that is within three miles of a recreational facility.
- Source: Multiple sources – DeLorme Map Mart and ESRI public use GIS data, US Census Tigerline files

Indicator: Access to Exercise Oppurtunities	
Percentage of individuals in a county who live reasonably close to a location for physical activity.	
Total Population	
Current (2018)	Target (by 2030)
73%	92%
Distance from Target (percentage points)	
19	

Social & Economic Factors – Families ≤ 200% Federal Poverty Level

Definition: Percent of families living at or below 200% of the federal poverty level.

- In 2018, 200% FPL for family size: 1 person = $24,280; 2 people = 32,920; 3 people = $41,560; 4 people = $50,200; 5 people = $58,840; 6 people = $67,480
- Source: American Community Survey

Indicator: Families ≤ 200% Federal Poverty Level	
Percent of families living at or below 200% of the federal poverty level.	
Rates Across Populations	
Total Population	
Current (2013-17)	Target (by 2030)
30.0%	20.0%
Disparities: Distance from Target (percentage points)	
10.0	

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Social & Economic Factors – Adverse Childhood Experiences

Definition: Percent of children with two or more adverse childhood experiences.

- ACEs include: 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

Indicator: Adverse Childhood Experiences (ACEs)							
Decrease the percentage of children with two or more adverse childhood experiences.							
ACEs Rates Across Populations							
Total Population		Race/Ethnicity (2017)					
Current (2017)	Target (by 2030)	W	B/AA	H/Lx	A/PI	AI	Other
23.5%	18.0%	15.2%	35.5%	23.0%	‡	‡	37.2%
Disparities: Distance from Target (percentage points)							
5.50		-2.80	17.50	5.00	‡	‡	19.20

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Social & Economic Factors - Unemployment

Definition: Percent of population ages 16+ unemployed but seeking work.

- Data for not seasonally adjusted.
- Source: Bureau of Labor Statistics

Indicator: Unemployment							
Decrease the percentage of population ages 16+ unemployed but seeking work.							
Unemployment Rates Across Populations							
Total Population		Race/Ethnicity (2018)					
Current (2018)	Target (by 2030)	W	B/AA	H/Lx	A/PI	AI	Other
3.9%	3.0%	3.7%	7.1%	5.1%	2.2%	‡	‡
Disparities: Distance from Target (percentage points)							
0.90		0.7	4.1	2.1	-0.8	‡	‡

Social & Economic Factors – Incarceration rate

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

- Rate based on jurisdictional population with sentences greater than one year.
- Source: US Bureau of Justice Statistics

Indicator: Incarceration Rate							
Decrease the incarceration rate in North Carolina prisons per 100,000 population.							
Incarceration Rates Across Populations							
Total Population		**Race/Ethnicity (2017)**					
Current (2017)	**Target** (by 2030)	**W**	**B/AA**	**H/Lx**	**A/PI**	**AI**	**Other**
341	150	203	915	209	‡	488	‡
Disparities: Distance from Target (rate per 100,000)							
191		53	765	59	‡	338	‡

Social & Economic Factors – Short-term suspension

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

Indicator: Short Term Suspensions								
Decrease the number of out-of-school short-term suspensions in educational facilities for all grades.								
Incarceration Rates Across Populations								
Total Population		Race/Ethnicity (2017)						
Current (2017)	Target (by 2030)	W	B/AA	H/Lx	A	PI	AI	Other
1.39	0.8	0.73	3.00	0.88	0.18	0.88	2.46	1.69
Disparities: Distance from Target								
0.59		-0.07	2.20	0.08	-0.62	0.08	1.66	0.89

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Social & Economic Factors – Third grade reading

Definition: Third grade reading End of Grade (EOG) exams proficiency rates.

- Proficiency is defined as Level 3 or higher.
- Source: NC Department of Public Instruction

Indicator: Third Grade Reading Proficiency											
Increase the percentage of children with reading proficiency based on 3rd grade reading End of Grade (EOG) exams.											
Third Grade Reading Proficiency Rates Across Populations											
Total Population		Race/Ethnicity (2017-18)						Gender (2017-18)		Other Populations (2017-18)		
Current (2017-18)	Target (by 2030)	W	B/AA	H/Lx	A/PI	AI	Other	Male	Female	Economically Disadvantaged	Foster Care	Homeless
55.9%	80.0%	70.0%	39.1%	41.7%	73.6%	42.3%	58.9%	53%	59%	41.4%	40.0%	34.3%
Disparities: Distance from Target (percentage points)												
24		10	41	38	6	38	21	27	21	39	40	46

Additional Informative Slides

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**

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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
(77% health/PH)

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
(48% health/PH)

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
(66% health/PH)

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
(50% health/PH)

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

Community Input – Health Behaviors Group Top 3

Greenville

1. **Youth tobacco use**

2. **Unintentional poisoning deaths**

3. **Physical activity** **tied with** **Teen birth rate**

Henderson

1. **Youth tobacco use**

2. **Teen birth rate**

3. **Unintentional poisoning deaths**

Pembroke

1. **Physical activity**

2. **Youth tobacco use**

3. **Teen birth rate**

Jacksonville

1. **Illicit drug use**

2. **Physical activity, Teen birth rate,** **and Unintended pregnancy** tied

Charlotte

1. **Youth tobacco use**

2. **Illicit drug use**

3. **Physical activity**

Greensboro

1. **Youth tobacco use**

2. **Physical activity**

3. **Teen birth rate** tied with **Illicit drug use**

Cherokee

1. **Illicit drug use**

2. **Youth tobacco use, Physical activity, Teen birth rate,** **Unintended pregnancy, and Sugar-sweetened beverage consumption** tied

Jacksonville

1. **Physical activity**

2. **Youth tobacco use**

3. **Teen birth rate**

Common Missing Health Behaviors Indicators

- Healthy eating/diet/nutrition

- Suicide (including in Clinical Care)

- Drug use

- Family/interpersonal violence

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Work Group Updates – 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

Jacksonville

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

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Community Input – Clinical Care Individual Rankings

Charlotte
(77% health/PH)

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
(48% health/PH)

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
(66% health/PH)

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
(50% health/PH)

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

Community Input – Clinical Care Group Top 3

Greenville

1. **Uninsured**

2. **Mental health ED visits**

3. **Primary care physicians**

Henderson

1. **Mental health ED visits**

2. **Uninsured**

3. **Early prenatal care**

Pembroke

1. **Uninsured**

2. **Mental health ED visits**

3. **Early prenatal care tied with** Heart disease mortality

Jacksonville

1. **Uninsured**

2. **Mental health ED visits**

3. **Primary care physicians**

Charlotte

1. **Uninsured**

2. **Mental health ED visits**

3. **Early prenatal care**

Greensboro

1. **Uninsured**

2. **Mental health ED visits tied with** Routine checkup

Cherokee

1. **Uninsured**

2. **Mental health ED visits**

3. **Early prenatal care tied with Primary care physicians**

Marion

1. **Uninsured**

2. **Mental health ED visits**

3. **Primary care physicians**

See additional slides at end of presentation for full list of indicator rankings in each community

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Common Missing Clinical Care Indicators

- Other types of health professionals (e.g. dentists, mental health, peer support)

- Underinsured

- Dental care

- Vaccination rates

- Access to/utilization of behavioral health services

- School counselors/social workers

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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**

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

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Community Input – Physical Environment Group Top 3

Greenville
1. **Food environment index**
2. **Housing quality problems**

Henderson
1. **Food environment index**
2. **Housing cost burden**
3. **Housing quality problems**

Pembroke
1. **Housing quality problems**
2. **Food environment index**
3. **Housing cost burden**

Jacksonville
1. **Food environment index**
2. **Housing quality problems** **tied with** Access to public transportation

Charlotte
1. **Food environment index**
2. **Housing cost burden**
3. **Housing quality problems** **tied with** Access to public transportation

Greensboro
1. **Housing quality problems**
2. **Food environment index**

Cherokee
1. Access to public transportation
2. **Food environment index**
3. **Housing quality problems**

Marion
1. **Housing cost burden** **tied with** **Food environment index** **tied with** Access to public transportation
2. **Housing quality problems**

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Common Missing Physical Environment Indicators

- Safe roads/sidewalks/walkability/bikeability

- Safe neighborhoods

- Housing availability

- Transportation access

- Community trauma/natural disaster resilience (specifically in the east)

- Mold/pest infestation

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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**

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
(77% health/PH)

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
(48% health/PH)

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
(66% health/PH)

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
(50% health/PH)

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

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Community Input – Social & Economic Group Top 3

Greenville

1. **Families below 200% FPL**
2. **Adverse Childhood Experiences**
3. **Unemployment**

Henderson

1. **Adverse Childhood Experiences**
2. **Families below 200% FPL**
3. **Children in low-income homes**

Pembroke

1. **Families below 200% FPL**
2. **Adverse Childhood Experiences**
3. **Unemployment**

Jacksonville

1. **Families below 200% FPL**
2. **Adverse Childhood Experiences**
3. **Fourth grade reading tied with Children investigated for abuse**

Charlotte

1. **Adverse Childhood Experiences**
2. **Families below 200% FPL**
3. **Fourth grade reading**

Greensboro

1. **Families below 200% FPL tied with Unemployment**
2. **Adverse Childhood Experiences**
3. **Fourth grade reading tied with Income inequality**

Cherokee

1. **Adverse Childhood Experiences**
2. **Families below 200% FPL**
3. **Children investigated for abuse**

Marion

1. **Families below 200% FPL**
2. **Adverse Childhood Experiences**
3. **Unemployment**

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See additional slides at end of presentation for full list of indicator rankings in each community

Social and Economic Common Missing Indicators

- Underemployment

- Living wage

- Re-entry after incarceration

- Social support/isolation

- Affordable/quality childcare

- Housing affordability/availability