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

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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

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)

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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.

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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

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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

	North Carolina Baseline	North Carolina Current	Status	State Goal	United States
Social Determinants of Health					
Decrease the percentage of individuals living in poverty	16.9% (2009)	14.7% (2017)	Improving	12.5%	13.4% (2017)
Increase the four-year high school graduation rate	71.8% (2008–09)	86.3% (2017–18)	Improving	94.6%	84.0% (2015-16)
Decrease the percentage of people spending more than 30 percent of their income on rental housing	41.8% (2008)	42.4% (2017)	Little or no detectable change	36.1%	46.0% (2017)

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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

County Health Rankings model © 2014 UWPHI
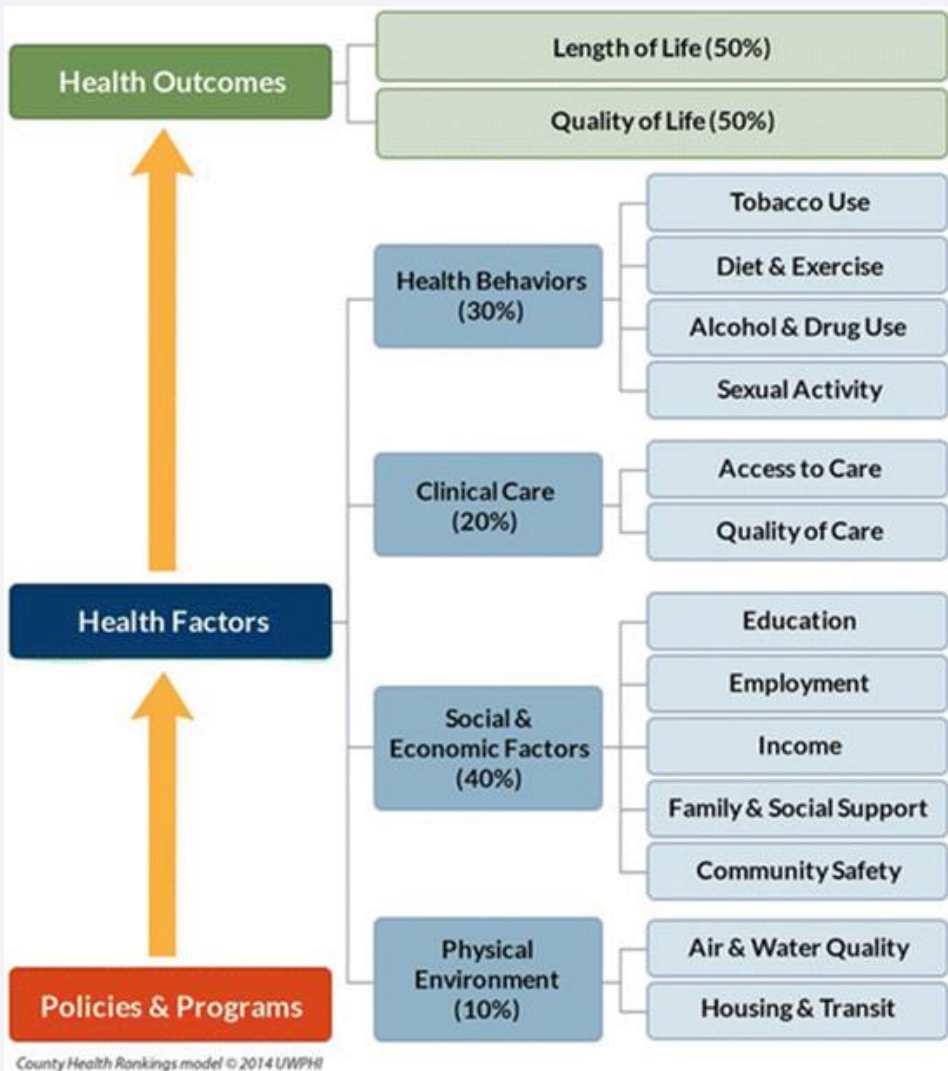
- Select 20 indicators

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

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

- Healthy North Carolina 2030 <u>Community Input Sessions</u>
  - Meetings held February-April of 2018

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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
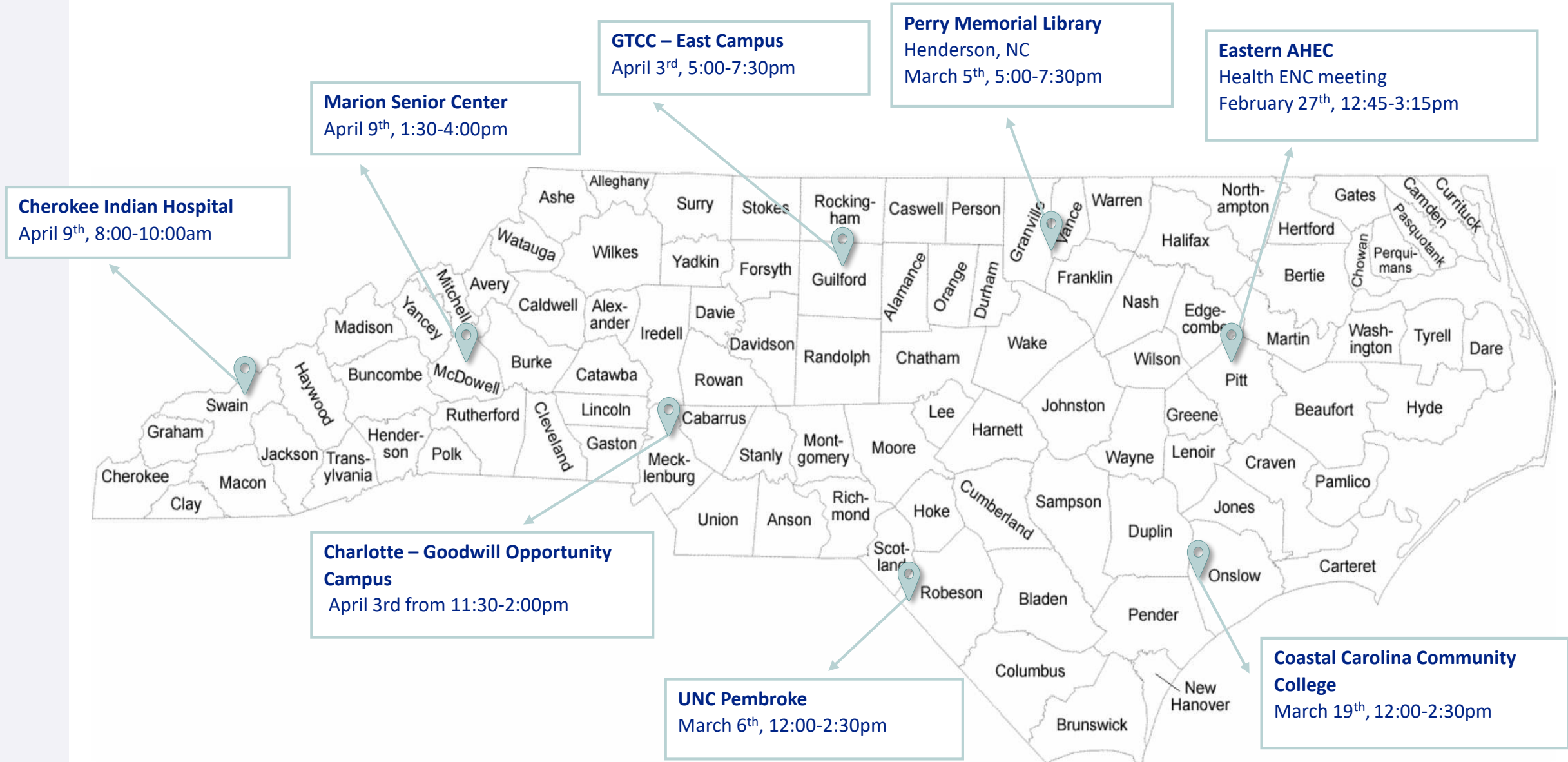
August: 4th Task Force Meeting
- Review all indicators and HNC 2030 report text

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.

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HNC 2030 Community Input Sessions

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

Perry Memorial Library
Henderson, NC
March 5th, 5:00-7:30pm

Eastern AHEC
Health ENC meeting
February 27th, 12:45-3:15pm

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

Cherokee Indian Hospital
April 9th, 8:00-10:00am

Charlotte – Goodwill Opportunity Campus
April 3rd from 11:30-2:00pm

UNC Pembroke
March 6th, 12:00-2:30pm

Coastal Carolina Community College
March 19th, 12:00-2:30pm

HNC 2030 Task Force Vision

- Important driving principles:
  - **<u>Health equity</u>** (the opportunity for everyone to have good health) – consider for indicator AND target selection
  - **<u>Eliminate disparities</u>** (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

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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.

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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.

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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

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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

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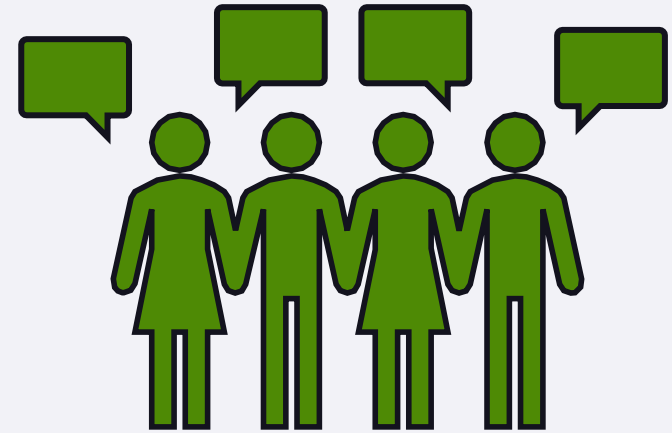
Thought Exercise

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?

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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?

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Clinical Care
Small Group Discussion

HNC 2030 – Potential Clinical Care Indicators

Table #_____

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

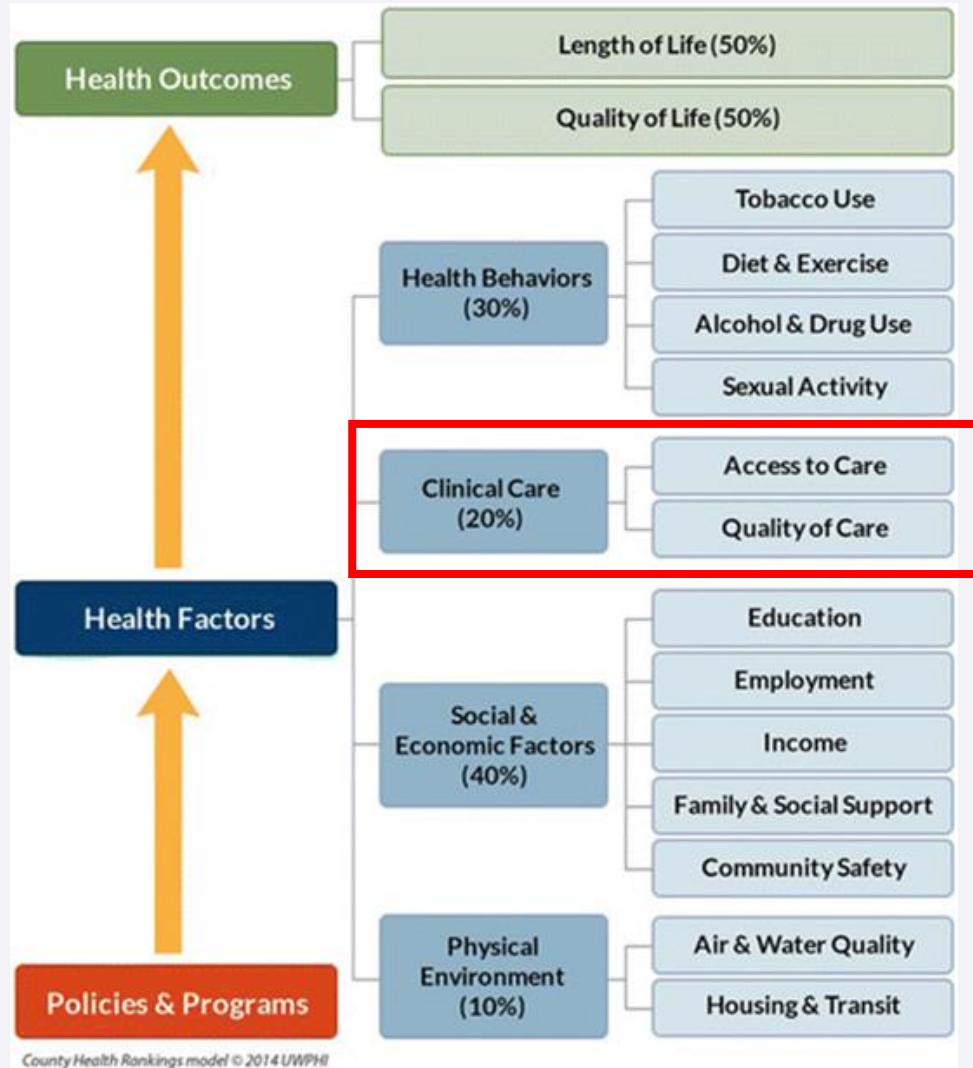| Ranking (1-8)	Indicator	Definition
	Uninsured	Percentage of population under age 65 without health insurance
	Early prenatal care	Percent of women who receive early prenatal care
	Routine checkup	Percent of adults who had a routine checkup in the past year
	Primary care physicians	Ratio of population to primary care physicians
	Mental health ED visits	Rate of substance abuse and mental health-related visits to emergency departments (per 100,000 population)
	Vaccinations	Percentage of vaccination coverage among children enrolled in kindergarten
	Heart disease mortality	Age-adjusted rate of heart disease deaths (per 100,000 population)
	School nurse ratio	Ratio of registered nurses who are employed to provide school nursing services to students
Missing indicators – Are there important indicators that you think are missing from this list?		

5 min.

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. _____

15 min.

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Clinical Care
Small Group Discussion

County Health Rankings model © 2014 UWPHI

4 Clinical Care indicators will be included on the final list of 20 for HNC 2030

Clinical Care
Small Group Discussion

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

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Clinical Care
Small Group Discussion

HNC 2030 – Potential Clinical Care Indicators

Table #_____

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

5 min. ➡

Ranking (1-8)	Indicator	Definition
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15 min. ➡

1. _____

2. _____

3. _____

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Social & Economic Factors Small Group Discussion

HNC 2030 – Potential Social & Economic Factors Indicators

Table #_____

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

5 min. →

Ranking (1-12)	Indicator	Definition
	Families below 200% FPL	Percent of families living below 200% Federal Poverty Level
	Adverse Childhood Experiences	Percent of children with two or more adverse childhood experiences
	Unemployment	Percent of population ages 16 and older unemployed but seeking work
	High school graduation	Percent of ninth-grade cohort that graduates in four years
	Fourth grade reading proficiency	Reading achievement levels of fourth grade North Carolina public school students
	Disconnected youth	Percent of teens and young adults ages 16-24 who are neither working nor in school
	Income inequality	Ratio of household income at the 80th percentile to income at the 20th percentile
	Residential segregation	Index of dissimilarity where higher values indicate greater residential segregation between black and white county residents
	Incarceration rate	Rate of incarceration in North Carolina prisons (per 100,000 residents)
	ED visits for injury and violence	Number of visits to emergency room that include self-inflicted injury; assault; injury or poisoning caused by police; and unintentional firearm injuries
	Suspension from school	Number of out-of-school short-term and long-term suspensions in educational facilities for all grades
	Children in low-income homes	Percent of children who live in poor of low-income homes (<200% FPL)

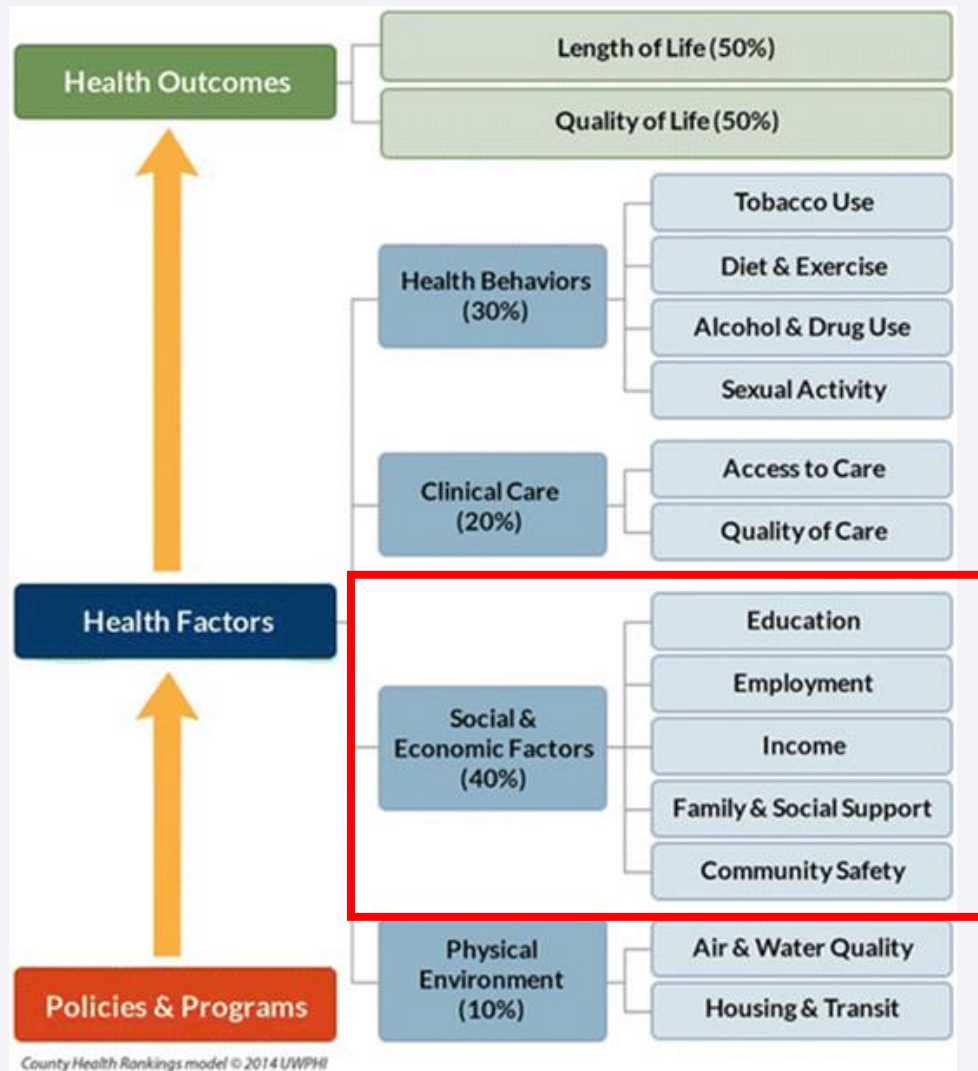Missing indicators – Are there important indicators that you think are missing from this list?

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

20 min. →

1. _____

2. _____

3. _____

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Social & Economic Factors
Small Group Discussion

County Health Rankings model © 2014 UWPHI

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.

County Health Rankings & Roadmaps

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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

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Social & Economic Factors Small Group Discussion

HNC 2030 – Potential Social & Economic Factors Indicators

Table #_____

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

Ranking (1-12)	Indicator	Definition
	Families below 200% FPL	Percent of families living below 200% Federal Poverty Level
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	Suspension from school	Number of out-of-school short-term and long-term suspensions in educational facilities for all grades
	Children in low-income homes	Percent of children who live in poor of low-income homes (<200% FPL)

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 Social & Economic Factors indicators from this list. Write the indicator names in the spaces below.

1. _____

2. _____

3. _____

5 min. ➡

20 min. ➡

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Physical Environment Small Group Discussion

HNC 2030 – Potential Physical Environment Indicators

Table #_____

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

Ranking (1-6)	Indicator	Definition
	Housing cost burden	Percent of households spending 30% or more of household income on housing costs
	Housing quality problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities
	Food environment index	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)
	Access to exercise opportunities	Percentage of population with adequate access to locations for physical activity. Locations for physical activity are defined as parks or recreational facilities
	Air pollution	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)
	Blood lead levels	Percent of children tested with blood lead levels BLLs>5ug/dl

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

5 min. ➡

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.
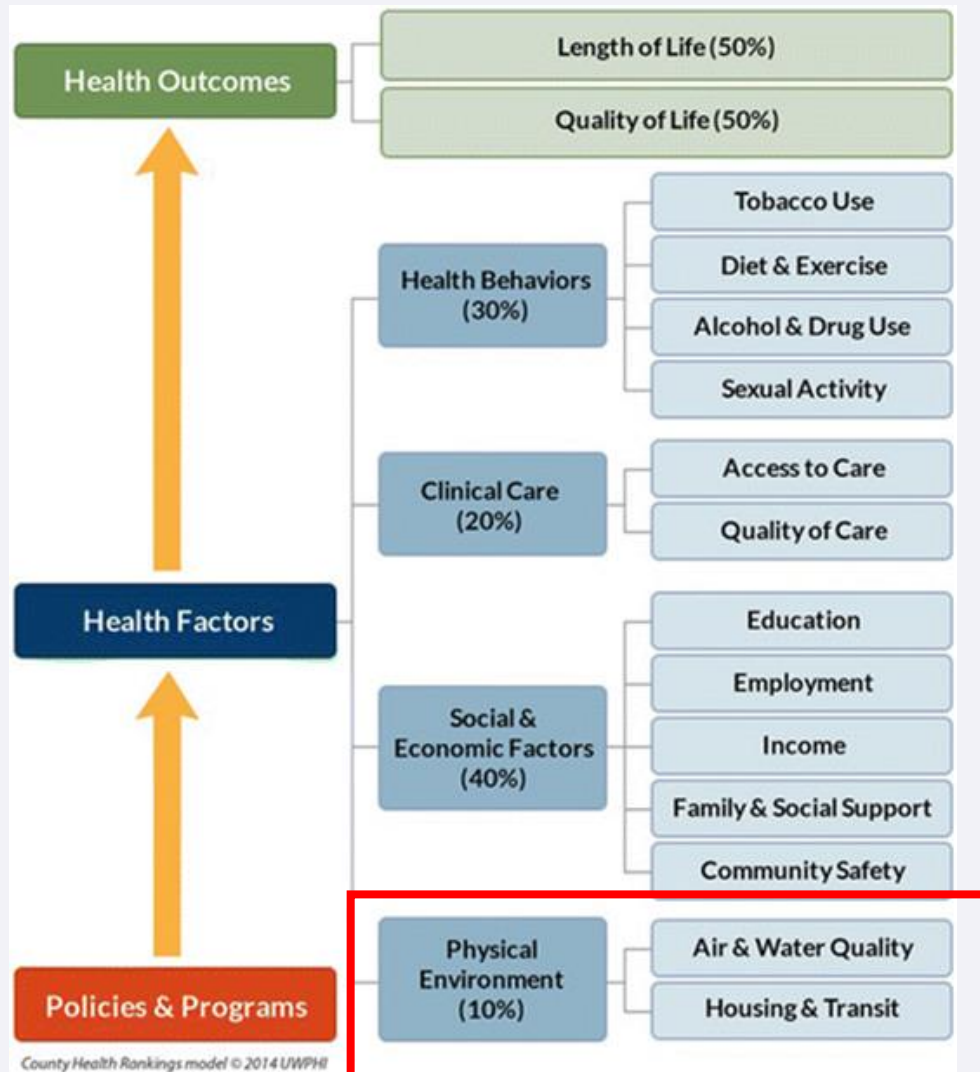
1. _____

2. _____

3. _____

15 min. ➡

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Physical Environment
Small Group Discussion

County Health Rankings model © 2014 UWPHI

2 Physical Environment indicators will be included on the final list of 20 for HNC 2030

Physical Environment
Small Group Discussion

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)

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Physical Environment Small Group Discussion

HNC 2030 – Potential Physical Environment Indicators

Table #_____

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

5 min. →

Ranking (1-6)	Indicator	Definition
	Housing cost burden	Percent of households spending 30% or more of household income on housing costs
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	Air pollution	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)
	Blood lead levels	Percent of children tested with blood lead levels BLLs>5ug/dl
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.

15 min. →

1. _____

2. _____

3. _____

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Health Behavior
Small Group Discussion

HNC 2030 – Potential Health Behaviors Indicators

Table #_____

On your own: Please rank these indicators by importance to you and your community with "1" being the most important.
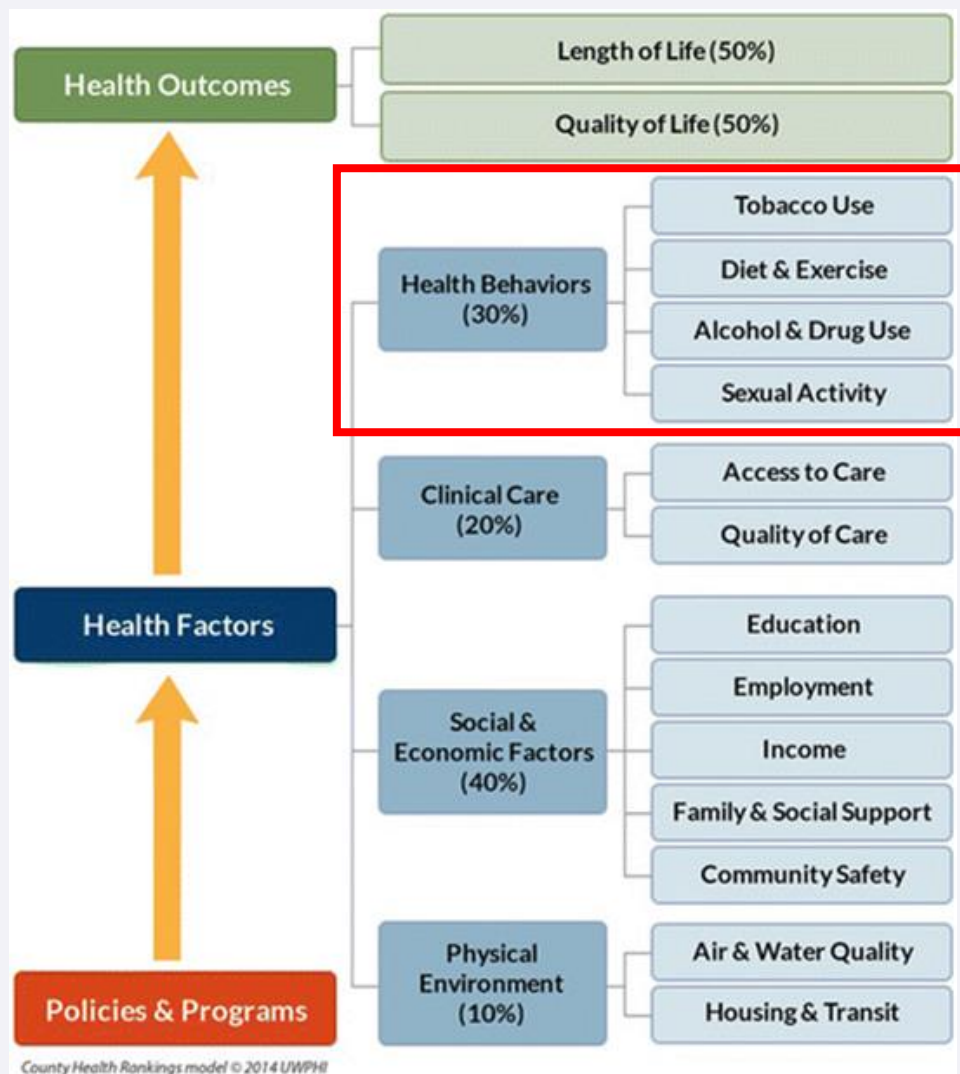
Ranking (1-10)	Indicator	Definition
	Youth tobacco use	Percentage of high school students reporting current use of any tobacco product
	Physical activity	Percentage of adults meeting CDC Aerobic Recommendations
	Unintentional poisoning deaths	Rate of unintentional poisoning deaths rate (per 100,000 population)
	Smoking during pregnancy	Percentage of women who smoke during pregnancy
	Adult smoking	Percentage of adults who are current smokers
	Teen birth rate	Rate of births to females age 15-19 (per 1,000 population)
	Excessive drinking	Percentage of adults reporting binge or heavy drinking
	Breastfeeding	Percentage of infants who were exclusively breastfed through 6 months
	Unintentional falls	Age-adjusted rate of unintentional falls deaths (per 100,000 population)
	HIV diagnosis	Rate of new HIV infection diagnoses (per 100,000 population)

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.

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Health Behavior
Small Group Discussion

County Health Rankings model © 2014 UWPHI

5 Health Behavior indicators will be included on the final list of 20 for HNC 2030

Health Behavior
Small Group Discussion

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

County Health Rankings & Roadmaps

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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"

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Health Behavior
Small Group Discussion

HNC 2030 – Potential Health Behaviors Indicators

Table #_____

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

Ranking (1-10)	Indicator	Definition
	Youth tobacco use	Percentage of high school students reporting current use of any tobacco product
	Physical activity	Percentage of adults meeting CDC Aerobic Recommendations
	Unintentional poisoning deaths	Rate of unintentional poisoning deaths rate (per 100,000 population)
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	Unintentional falls	Age-adjusted rate of unintentional falls deaths (per 100,000 population)
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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.

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Health Outcomes Individual Ranking

5 min.

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.

Place "X" on Top 3	Indicator	Definition	Year	NC Data	US Data
	Premature death	Years of potential life lost before age 75 per 100,000 population (age-adjusted)	2014-2016	7,300 per 100,000 population	6,700 per 100,000 population
	Child mortality	Number of deaths among children under age 18 per 100,000 population	2013-2016	60 per 100,000 population	52 per 100,000 population
	Infant mortality	Number of all infant deaths (within 1 year), per 1,000 live births	2016	7 per 1,000 live births	5.8 per 1,000 live births
	Life expectancy	Life expectancy (years) at birth - average	2015-2017	78 years	79 years (2016)
	Poor or fair health	Percentage of adults reporting fair or poor health (age-adjusted)	2016	18%	16%
	Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted)	2016	3.6	3.7
	Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	2016	3.9	3.8
	Low birthweight	% of babies born with birthweight <2,500 grams	2018	9.2%	8.2%
	Frequent physical distress	Percentage of adults reporting 14 or more days of poor physical health per month	2018	13.4%	12.0%
	Frequent mental distress	Percentage of adults reporting 14 or more days of poor mental health per month	2018	12.7%	12.0%
	Diabetes prevalence	Percentage of adults who reported being told by a health professional that they have diabetes (excludes prediabetes and gestational diabetes)	2018	11.4%	10.5%
	HIV prevalence	Number of persons aged 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population	2015	355 per 100,000 population	418.7 per 100,000 population
	Adult obesity	Percentage of adults that report a BMI of 30 or more	2017	30%	28%
	Children - Overweight or Obese	Children ages 10-17 who are overweight or obese	2016-2017	30.7%	31.2% (2016)
Missing indicators – Are there important indicators that you think are missing from this list?					

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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.

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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

- Key Contacts:
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