



Healthy North Carolina 2030
Updates: Work Group, Community
Meetings, and Vision

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Project Director

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HNC 2030 – Work Group Updates

First Work Group Meetings – 2 hours each



- Physical Environment – February 7
 - Co-leads: Myron Floyd (Professor and Head, NC State Dep. of Parks, Recreation, and Tourism Management) and Larry Michael (Chief of the Environmental Health Section, NC Division of Public Health)



- Health Behaviors – February 8
 - Co-leads – Carrie Rosario (Professor, UNC-G Dep. of Public Health Education) and Susan Kansagra (Section Chief, Chronic Disease and Injury Section, NC Division of Public Health)



- Clinical Care – February 11
 - Co-leads - Kia Williams (Associate Medical Director, Blue Cross and Blue Shield of NC) and Randy Jordan (CEO, NC Association of Free and Charitable Clinics)



- Social & Economic Factors – February 11
 - Co-leads - Wanda Boone (Executive Director, Together for Resilient You) and Donnie Varnell (Special Law Enforcement Projects Consultant, NC Harm Reduction Coalition & Deputy, Dare County Sheriff's Office)

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)

Indicator Development

- Work groups started from lists of indicators from:
 - Various state health improvement plans
 - NC DHHS Healthy Opportunities Framework
 - America's Health Rankings
 - US Healthy People 2030
 - Member recommendations
- Indicators are measures that already exist.
- They are defined by the survey or data source they come from.



Work Group Indicator Discussion and Narrowing

- Small Group discussion
 - Individual selection of top # of indicators
 - Small group discussion and ranking of top # of indicators
- Large group
 - Shared each small group top indicator lists
- Work Group survey
 - Survey included any indicator selected by at least 1 small group (including added indicators)
 - Members ranked their top indicators (HB-10; CC-8; S&E-12; PE-6)
 - NCIOM staff reviewed survey results and narrowed to final list for community input



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

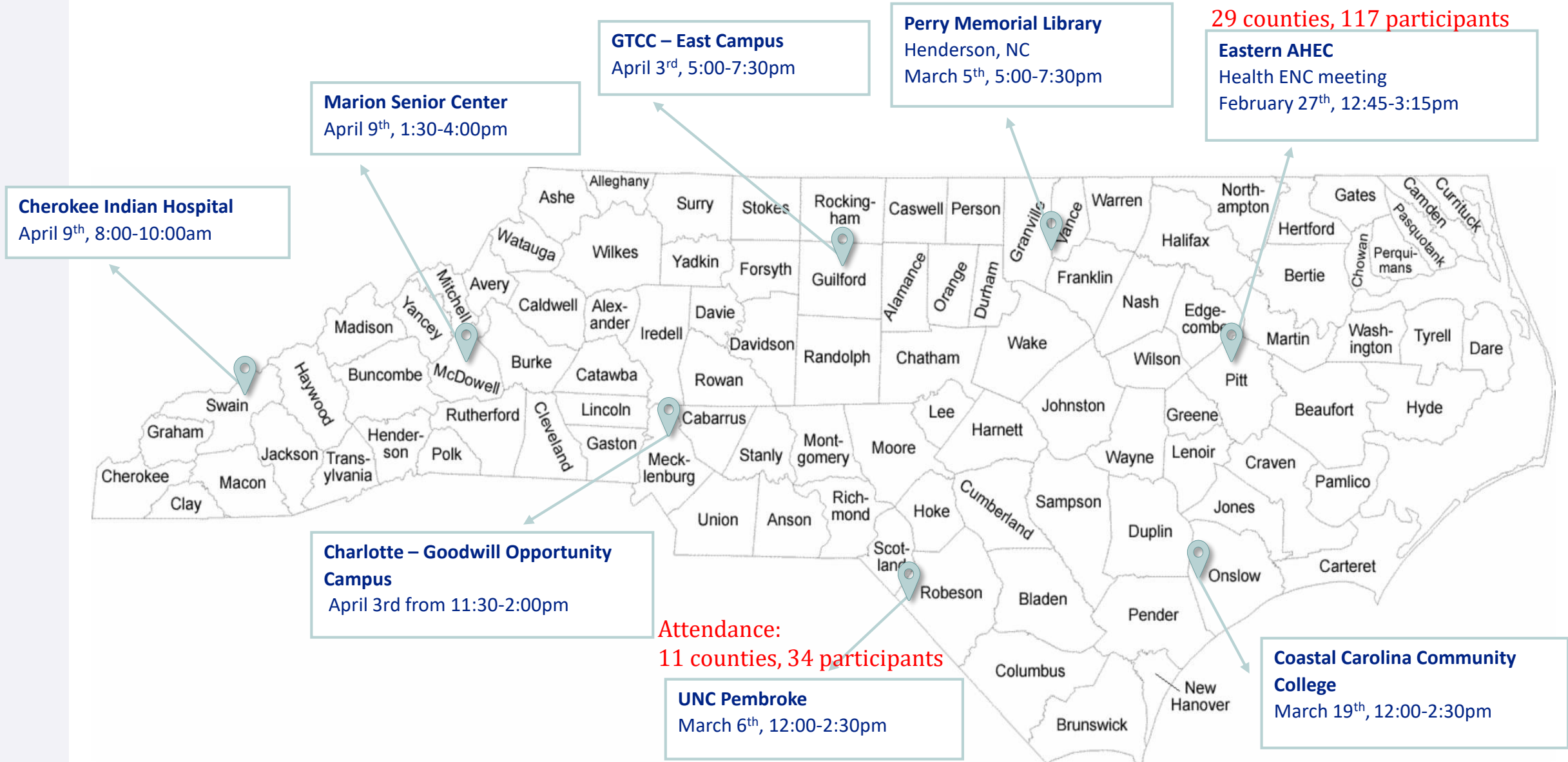
Community input goes to the work groups and task force for consideration and final indicator selection.



HNC 2030 Community Input Sessions

Attendance:
6 counties, 24 participants

Attendance:
29 counties, 117 participants



Community Input – Small Group Discussion

- 4 discussion periods for each topic area:
 - Physical Environment
 - Health Behavior
 - Clinical Care
 - Social & Economic Factors
- For each discussion period:
 - 5 minutes individual review and ranking
 - Small group discussion to determine top 3 priority for that topic
 - Mini poll after each topic



Community Input – Small Group Discussion

HNC 2030 – Potential Health Behaviors Indicators

Table # _____

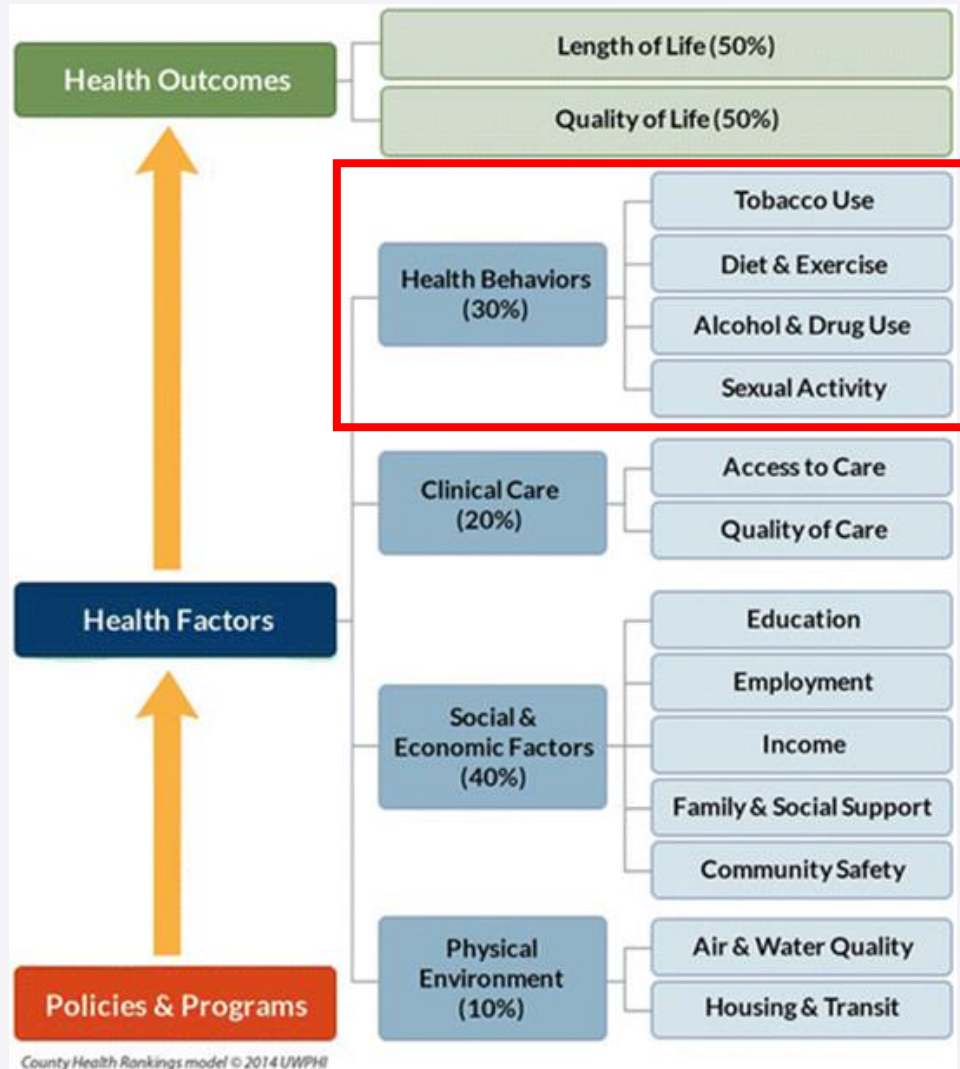
On your own: Please rank these indicators by importance to you and your community with “1” being the most important.

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. _____

Work Group Updates – Health Behaviors



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

Work Group Updates – Health Behaviors



- Initial list of 45 indicators
 - Alcohol and drug use
 - E.g. - excessive drinking, alcohol use among high school students, unintentional poisoning deaths, drug overdose deaths
 - Diet and exercise
 - E.g. – physical activity, physical inactivity, fruit and veg. consumption
 - Sexual activity
 - E.g. – HIV testing, HIV diagnosis, chlamydia, unintended pregnancies, teen birth rate
 - Tobacco use
 - E.g. – adult smoking, youth tobacco use, secondhand smoke, smoking during pregnancy
 - Food
 - E.g. – limited access to health foods, food deserts, food environment index
 - Uncategorized
 - E.g. – Breastfeeding, unintentional falls, seatbelt use, insufficient sleep

Work Group Updates – Health Behaviors



- Added after small group discussion:
 - Firearm deaths
 - Sugar-sweetened beverage consumption
 - ED visits for injury and violence
 - Adverse Childhood Experiences
- Take-aways from small group discussion

Work Group Updates – Health Behaviors



- Work Group survey results:

1. Youth tobacco use
2. Physical inactivity
3. Food environment index
4. Drug overdose deaths
5. Low access to healthy foods
6. Smoking during pregnancy
7. Adult smoking
8. Physical activity
9. Unintentional poisoning deaths/overdose deaths
10. Excessive drinking
11. ED visits for injury and violence
12. Youth exposure to secondhand smoke or vapor
13. Adverse Childhood Experiences
14. Unintentional falls
15. Firearm deaths
16. Unintended pregnancy
17. Breastfeeding
18. Prevalence of sugar-sweetened beverage consumption
19. HIV Testing
20. Teen birth rate
21. Chlamydia
22. Insufficient sleep
23. HIV diagnosis
24. Alcohol use among high school students
25. Alcohol-impaired driving deaths
26. Repeat teen births

Work Group Updates – Health Behaviors



List for first 3 Community Meetings:

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

For next 5 Community Meetings:

- Add illicit drug use (based on common feedback from community meetings)
- Replace HIV diagnosis with HIV testing
- Replace adult smoking with adult tobacco use (broader indicator)
- Add unintended pregnancy
- Add prevalence of sugar-sweetened beverage consumption

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

Community Input – Health Behaviors Group Top 3



Greenville

1. **Youth tobacco use**
2. **Unintentional poisoning deaths**
3. **Physical activity tied with Teen birth rate**

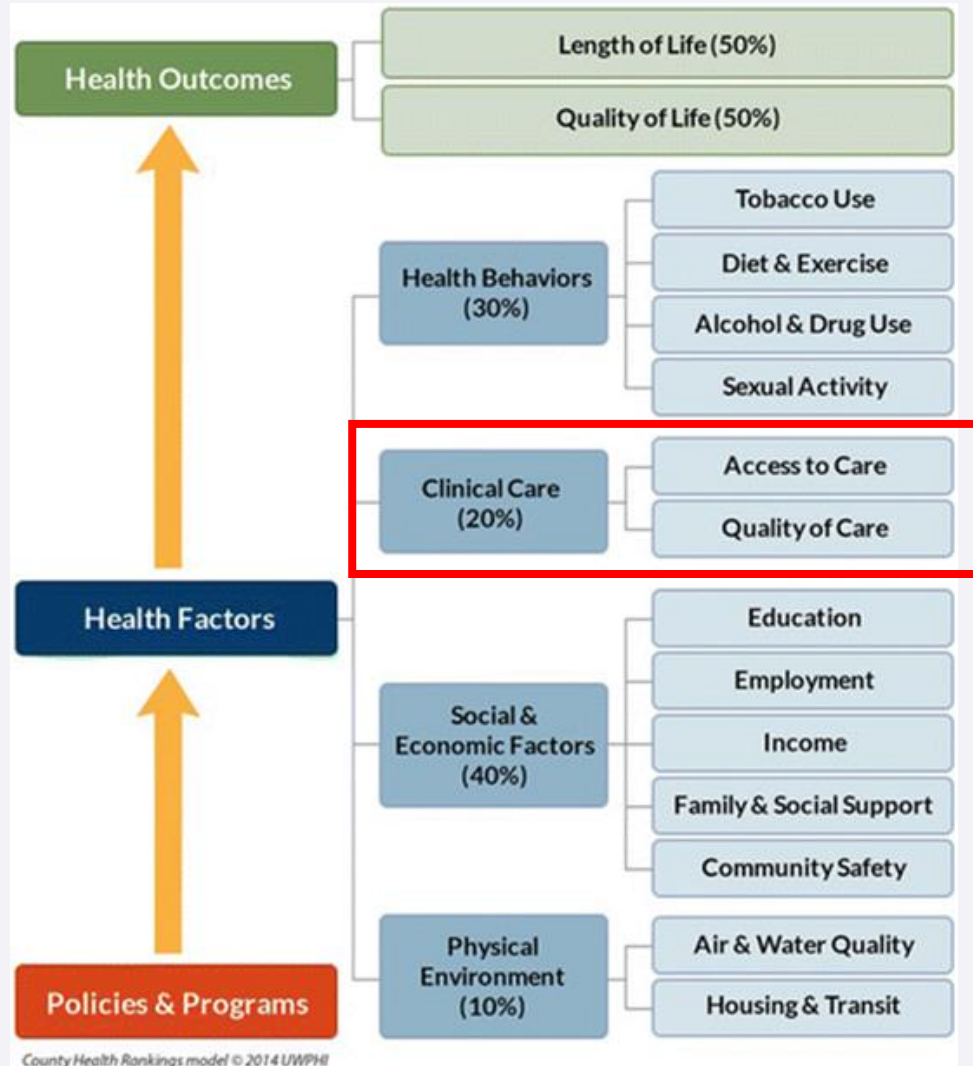
Henderson

1. **Youth tobacco use**
2. **Teen birth rate**
3. **Unintentional poisoning**

Pembroke

1. **Physical activity**
2. **Youth tobacco use**
3. **Teen birth rate**

Work Group Updates - Clinical Care



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

Work Group Updates – Clinical Care



- Initial list of 100 indicators
 - Access to care
 - E.g. – uninsured, ratio of population to health care workforce, early prenatal care, vaccinations
 - Quality of care
 - E.g. - diabetes control, mental health ED visits, suicide rates, peer support specialists, hypertension

Work Group Updates – Clinical Care



- Added after small group discussion:
 - Drug overdose deaths
 - Utilization of dental services
 - Age-adjusted all cancer mortality

- Take-aways from small group discussion

Work Group Updates – Clinical Care



- Work Group survey results:

1. Uninsured
2. Early Prenatal Care
3. Preventive health visit
4. Rate of Screening for Unmet Social Needs
5. Health care workforce
6. Mental health providers
7. Vaccinations and Immunizations
8. Heart disease mortality
9. Prenatal and Postpartum Care
10. School Health access
11. Mental health ED visits
12. Getting Needed Care
13. Poor control of diabetes
14. Drug overdose deaths
15. Suicide deaths
16. Peer support specialists
17. Getting Care Quickly
18. Alcohol and Drug Treatment access
19. Utilization of dental services
20. Age-adjusted all cancer mortality
21. Primary care providers
22. Developmental screening
23. Control of hypertension
24. Alcohol or other drug treatment

Work Group Updates – Clinical Care



List for first 3 Community Meetings:

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

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**

Work Group Updates – Clinical Care Group Top 3



Greenville

1. **Uninsured**
2. **Mental health ED visits**
3. **Primary care physicians**

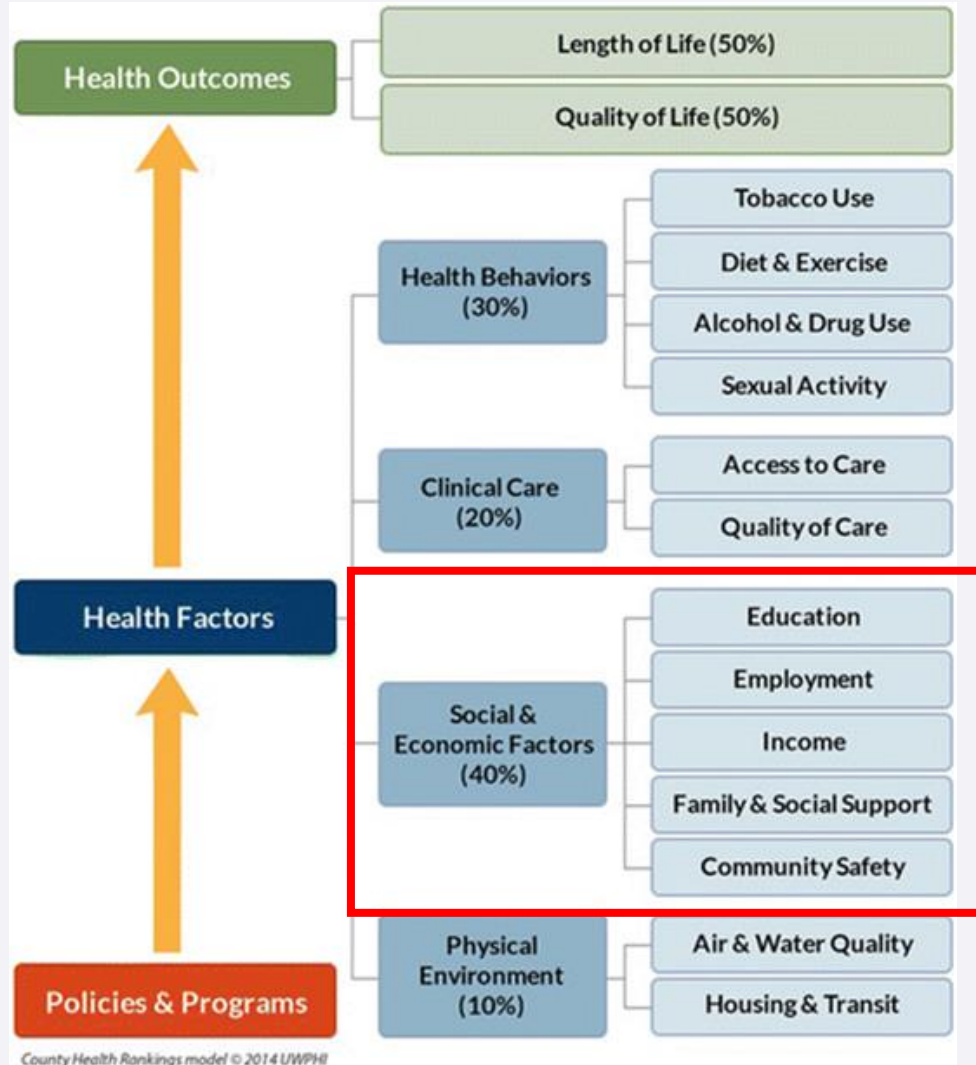
Henderson

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**

Work Group Updates - Social & Economic Factors



6 Social & Economic Factor indicators will be included on the final list of 20 for HNC 2030

Work Group Updates - Social & Economic Factors



- Initial list of 60 indicators:
 - Education
 - E.g. – high school graduation, 4th grade reading, high quality child care
 - Employment
 - E.g. - unemployment
 - Income
 - E.g. – no vehicle, poverty, income inequality, families at or below 200% poverty level
 - Family and Social Support
 - E.g. – children in single-parent households, residential segregation, reading as a family, ACEs
 - Community Safety
 - E.g. – violent crime offenses
 - Food
 - E.g. – limited access to healthy foods, food environment index

Work Group Updates - Social & Economic Factors



- Added after small group discussion:
 - Incarceration rate
 - ED visits for injury and violence
 - People depending on social security income
 - Percent spent on home and community-based services
 - School readiness
 - Race and Ethnicity Concentration of Poverty
- Take-aways from small group discussion

Work Group Updates – Social & Economic Factors



- **Work Group survey results:**

1. Percent at federal poverty level
2. Adverse Childhood Experiences
3. Food environment index
4. Unemployment
5. High school graduation
6. Third grade reading proficiency
7. Disconnected youth
8. Income inequality
9. School readiness
10. Residential segregation - non-white/white
11. Limited access to healthy foods
12. Incarceration rate
13. Race Ethnicity Concentration of Poverty (RECAP)
14. Low access to a grocery store
15. Violent crime rate
16. Child maltreatment
17. Suspension from school
18. Children eligible for free or reduced-price lunch
19. People depending on social security
20. ED visits for injury and violence
21. Percent spent on HCBS
22. Homeless children in education
23. Children in low-income homes by race/ethnicity
24. Adults with post-secondary education
25. No vehicle
26. Subsidized child care
27. Food deserts
28. Supplemental Nutrition Assistance Program (SNAP)
29. Children in high-poverty neighborhoods
30. Violent crime offenses
31. Reading as a family

Work Group Updates – Social & Economic Factors



List for first 3 Community Meetings:

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

For next 5 Community Meetings:

- Possibly replace ED visits for injury and violence with Violent crime rate
- Possibly remove Children in low-income homes (community agreement this is very similar to Families at or below 200% FPL) and replace with Child maltreatment or Homeless children in education

Work Group Updates – 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**

Work Group Updates – Social & Economic Group Top 3



Greenville

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

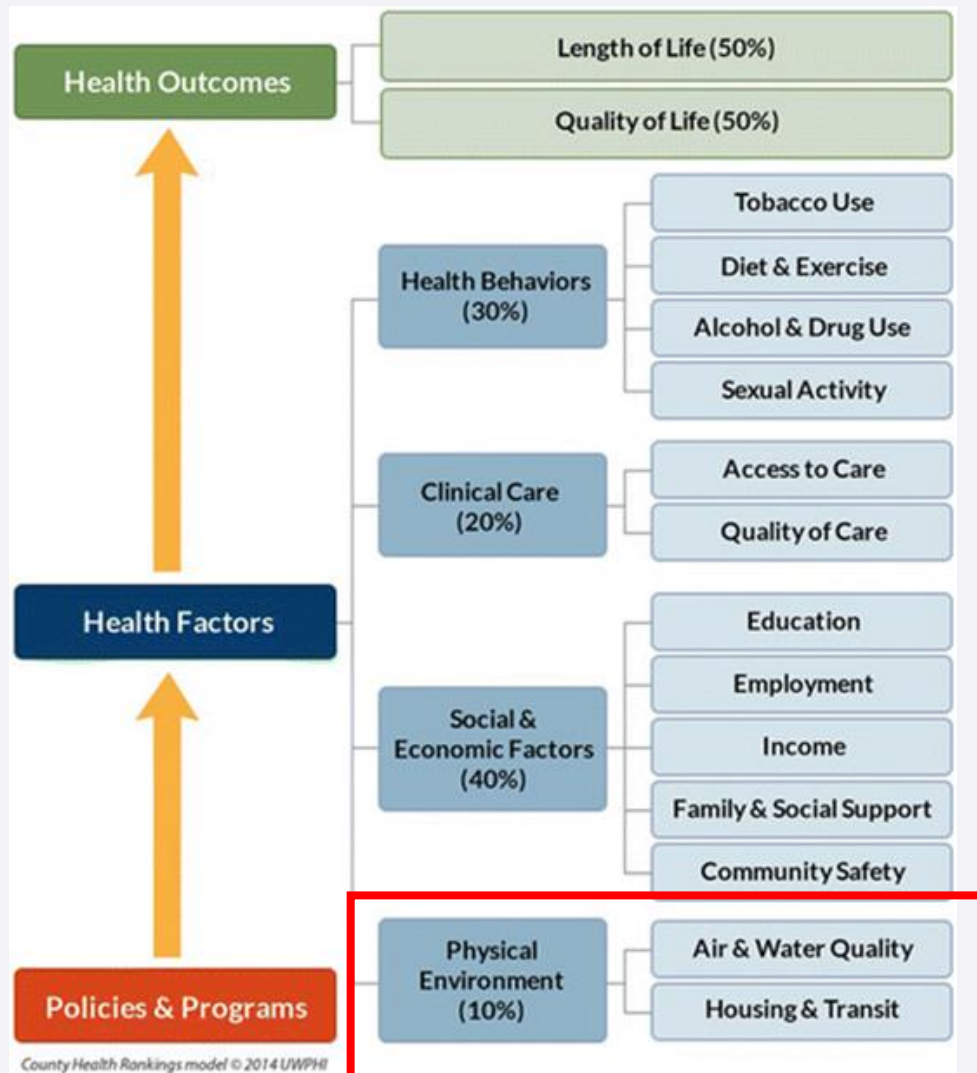
Henderson

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**

Work Group Updates - Physical Environment



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

Work Group Updates - Physical Environment



- Initial list of 30 indicators
 - Air and Water Quality
 - E.g. – drinking water violations, blood lead levels, air quality
 - Housing and Transit
 - E.g. – in-home & in-school asthma triggers, severe housing problems, housing cost burden
 - Other
 - E.g. – access to exercise opportunities, limited access to healthy foods, food deserts, food environment index

Work Group Updates - Physical Environment



- Added after small group discussion:
 - Location affordability index
 - Auto crash rate
 - Greenhouse gas emissions
 - Concentration of poverty index
 - Secondhand smoke exposure in the home
 - Secondhand smoke exposure in the workplace
 - Access to community areas for exercise

- Take-aways from small group discussion

Work Group Updates – Physical Environment



- **Work Group survey results:**

1. Housing cost burden
2. Severe housing problems
3. Location affordability index
4. Food environment index
5. Concentration of poverty index
6. Low access to healthy foods
7. Access to exercise opportunities
8. Blood lead levels
9. Drinking water violations
10. Air pollution - particulate matter
11. ED visits for children with asthma
12. Access to community areas for exercise
13. Percent of good air quality days
14. Community water systems safety
15. Limited access to healthy foods
16. Greenhouse gas emissions
17. Secondhand smoke exposure in the home
18. Auto crash rate

Work Group Updates – Physical Environment



List for first 3 Community Meetings:

1. Housing cost burden
2. Housing quality problems (AKA “severe housing problems”)
3. Food environment index
4. Access to exercise opportunities
5. Air pollution
6. Blood lead levels

For next 5 Community Meetings:

- Add transportation measure – possibly public transportation
- Add ED visits for children with asthma
- Possibly replace blood lead levels, consistently low rankings from community

Work Group Updates – 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**

Work Group Updates – 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**

HNC 2030 Vision Statements

Overarching Vision:

- HNC 2030: A North Carolina in which all people live and learn in safe and stable environments that foster health, prosperity, inclusivity and well-being.



HNC 2030 Vision Statements

We envision:

- Healthy children who feel safe and supported in their living and learning environments.
- Resilient children with the social and emotional skills to build positive relationships and thrive in their living and learning environments.
- Healthy adults who feel a sense of power and control over their physical and emotional well-being.
- Empowered adults with the skills and opportunities to proactively create futures they are excited about.



HNC 2030 Vision Statements

We envision:

- Empowered communities whose people design and implement collaborative solutions that enhance community well-being.
- Inclusive communities that strengthen and build equitable health, economic, transportation, housing and educational systems.
- An inclusive state whose systems and policies are informed by the cultures and experiences of all its people and the long-term needs of its communities.
- An equitable state whose systems and policies are consistently strengthened to eliminate health disparities and remove barriers to social and economic mobility.



For More Information

- Websites: www.nciom.org
www.ncmedicaljournal.com
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