

2025 North Carolina Institute of Medicine Annual Meeting

Healthy North Carolina 2030: A Path Towards Health

Table of Contents

Key Healthy North Carolina 2030 Indicators

1. Poverty	10. Drug Overdose Deaths
2. Unemployment	11. Tobacco Use
3. Short-Term Suspensions	12. Excessive Drinking
4. Incarceration	13. Sugar-Sweetened Beverage Consumption
5. Adverse Childhood Experiences	14. HIV Diagnosis
6. Third Grade Reading Proficiency	15. Teen Births
7. Access to Exercise Opportunities	16. Uninsured
8. Limited Access to Healthy Foods	17. Primary Care Clinician
9. Severe Housing Problems	18. Early Prenatal Care
	19. Suicide
	20. Infant Mortality
	21. Life Expectancy



Healthy North Carolina 2030 Health Indicator	Original Measure	2025 Update	2030 Target
Poverty Individuals below 200% FPL	36.8% 2013-2017	31% 2023	27%
Unemployment Statewide unemployment rate	7.2% 2013-2017	No change 2023	1.7 or lower white/other population ratio
Short-Term Suspensions Per 10 students	1.39 2017-2018	1.62 2024	0.80
Incarceration Per 100,000 population	341 2017	192 2023	150
Adverse Childhood Experiences (ACEs)	23.6% 2016-2017	17.3% 2023	18%
Third Grade Reading Proficiency (Rate)	56.8% 2018-2019	48.5% 2023	80%
Access to Exercise Opportunities (Rate)	73% 2010/2018	78% 2025	92%
Access to Healthy Foods Percent with limited access to healthy food	7% 2015	8% 2025	5%
Severe Housing Problems Percent spending more than 50% of their income on housing	16.1% 2011-2015	13% 2025	14%
Drug Overdose Deaths Per 100,000 population	20.4 2018	42.1 2023	18.0
Tobacco Use Percent of youth and adults	Youth: 19.8% Adults: 23.8% 2017, 2018	Youth* Adults: 22.8% 2023	Youth: 9% Adults: 15%

**In 2022, the North Carolina Youth Tobacco Survey was collected electronically for the first time in classrooms. Due to changes in survey methodology and lower response rates, data from 2022 may not be comparable to data from previous years*

Healthy North Carolina 2030 Health Indicator	Original Measure	2025 Update	2030 Target
Excessive Drinking Percent of adults reporting binge or heavy drinking	16% 2018	14.9% 2023	12%
Sugar-Sweetened Beverages	Youth: 33.6% Adults: 34.2% 2017	Youth: 29.8% Adults: 32.2% 2023	Youth: 17% Adults: 20%
HIV Diagnosis Per 100,000 population	13.9 2018	15.5 2023	6.0
Teen Births Per 1,000 population	18.7 2018	14.8 2023	10.0
Uninsured Percentage under age 65 without health insurance	13% 2017	11.2% 2022	8%
Primary Care Clinician Number of counties with a population to primary care	62 2017	20 2024	25% <i>decrease in counties above 1:1500 ratio</i>
Early Prenatal Care Percent receiving pregnancy-related health care services in the	68% 2018	72% 2023	80%
Suicide Per 100,000 population	13.8 2018	14.8% 2023	11.1%
Infant Mortality Infant deaths per 1000 live births	6.8 2018	6.9 2023	6.0
Life Expectancy Years	77.6 2018	76 2023	82

Introduction: Healthy North Carolina 2030

In parallel with the national Healthy People initiative run by the US Department of Health and Human Services, the North Carolina Department of Health and Human Services (NCDHHS) has released Healthy North Carolina (HNC) goals at the beginning of each decade since 1990. HNC is a set of health indicators with 10-year targets designed to guide state efforts to improve health and wellbeing. Identifying key indicators and targets allows NCDHHS, the Division of Public Health (DPH), local health departments, and other partners across the state to work together toward shared goals.

NCDHHS and DPH are accountable for developing HNC 2030 and partnered with the North Carolina Institute of Medicine (NCIOM) in 2019 to lead the process. Funding for this work was provided by the Blue Cross and Blue Shield of North Carolina Foundation, The Duke Endowment, and the Kate B. Reynolds Charitable Trust. The HNC 2030 process integrated input from a task force, four work groups (social & economic factors, physical environment, health behaviors, and clinical care), and communities across the state through a series of eight community input sessions.

The DPH is at the forefront of HNC 2030 efforts and convenes ongoing State Health Improvement Plan Community Council work groups to discuss each HNC 2030 topic. These work groups of multisectoral leaders and community members identify policies and programs that address the issues at the heart of the HNC 2030 indicators.

This data handout presents data and trends for the 21 health indicators that were chosen for HNC 2030 and was adapted from the DPH 2025 State Health Assessment. **The 2025 State Health Assessment will be published by DPH in late 2025.**

Thank you to DPH for their ongoing efforts to serve the health of the people of North Carolina.

Poverty

What is the desired result?

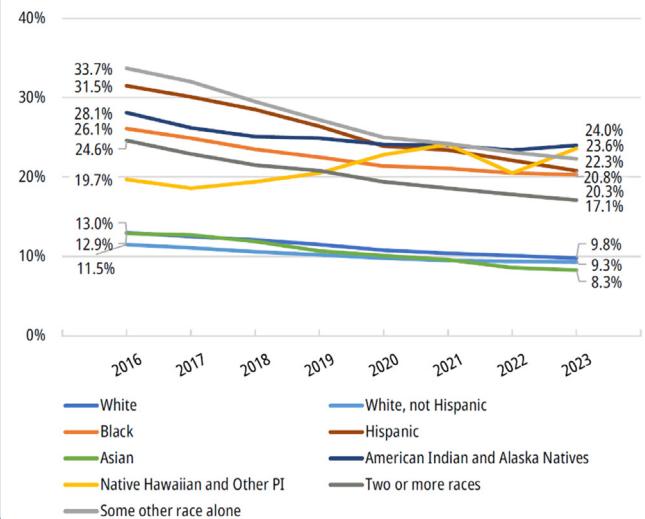
All people in North Carolina are financially stable and have lifetime economic prosperity.

What is measured?

Percent of individuals in North Carolina with incomes below 100% and 200% of the Federal Poverty Level (FPL).¹

Note: HNC 2030 uses the percentage of individuals 200% below the FPL. However, these data are not disaggregated at the 200% level for gender or race/ethnicity. For disaggregated data, use percent of individuals 100% below the FPL from the American Community Survey.¹

FIGURE 120. NORTH CAROLINA POPULATION BELOW FEDERAL POVERTY LEVEL BY RACE/ETHNICITY AND YEAR



How is North Carolina doing?

The percentage of individuals below 200% of the FPL in North Carolina has steadily declined since 2014. However, at 31.0% in 2023, this measure remains four percentage points above the HNC 2030 target goal of 27.0%.

Unemployment

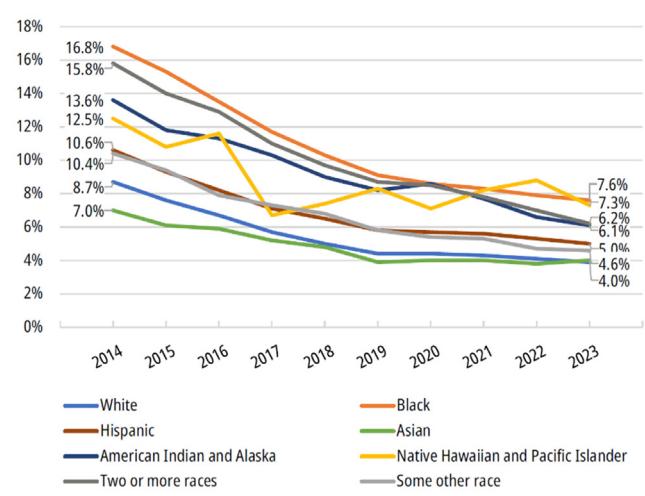
What is the desired result?

All people of working age in North Carolina have equitable pathways to fulfilling employment throughout life.

What is measured?

Percent of North Carolina's population aged 16 and older who are unemployed but seeking work.²

FIGURE 124. NORTH CAROLINIANS AGED 16 AND OLDER WHO ARE UNEMPLOYED BUT SEEKING WORK BY RACE/ETHNICITY AND YEAR



How is North Carolina doing?

The percentage of North Carolina's population aged 16 and older who are unemployed but seeking work has steadily decreased from 10.5% in 2014 to 4.8% in 2023. The disparity ratio between percent unemployed white and Black populations has not changed.

Short-Term Suspensions

What is the desired result?

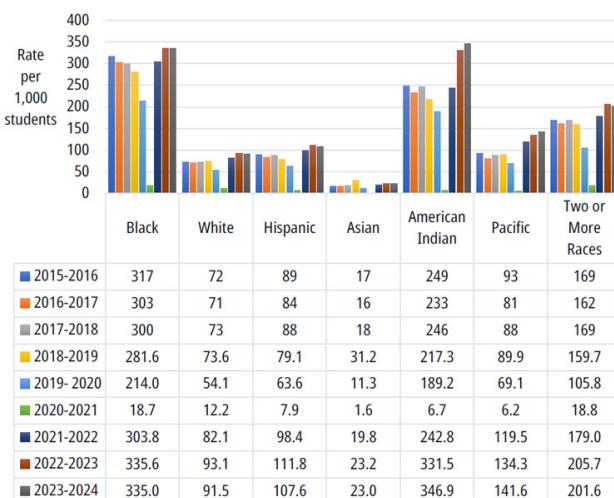
All people in North Carolina are supported by a K-12 education system that values divergent perspectives with schools reflecting a diverse community of students, faculty, and staff.

What is measured?

Short-term suspension rate for all acts reported in educational facilities per 1,000 students.²

Note: A short-term suspension (STS) is defined as the exclusion of a student from school attendance for disciplinary purposes for up to 10 days.³ Data include suspensions across all grades and may reflect multiple suspensions by one or more students.

FIGURE 127. SHORT-TERM SUSPENSION RATE IN NC PUBLIC SCHOOLS BY RACE/ETHNICITY AND YEAR



How is North Carolina doing?

The state's short-term suspension rate continues to trend twice as high as the HNC 2030 target (162.3 vs 80.0).

Incarceration

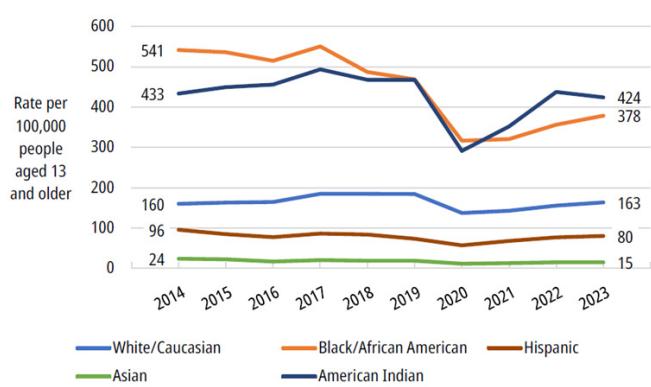
What is the desired result?

North Carolina embraces a fair and equitable justice system where safety is foundational to all aspects of a free society, and all communities are free from harm and violence.

What is measured?

Number of people aged 13 and older and entering North Carolina prisons per 100,000 population.

FIGURE 131. INCARCERATION IN NORTH CAROLINA PRISONS BY RACE/ETHNICITY AND YEAR



Note: Values for this measure were calculated based on data from the North Carolina Department of Adult Correction (NCDAC), US Census Bureau National Vintage Population Estimates, and calculated by North Carolina Center for Health Statistics.

How is North Carolina doing?

The state's incarceration rate decreased from 233 in 2014 to 192 in 2023, but the overall rate remains higher than the HNC 2030 target of 150 per 100,000 population.

Adverse Childhood Experiences

What is the desired result?

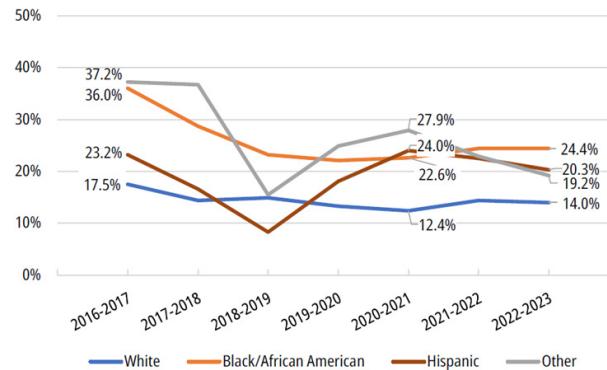
All children in North Carolina thrive in safe, stable, and nurturing environments.

What is measured?

Percent of children in North Carolina with two or more adverse childhood experiences.⁵

Note: Two-year combined data pulled from interactive site: www.childhealthdata.org/browse

FIGURE 134. NORTH CAROLINA CHILDREN WITH TWO OR MORE ADVERSE CHILDHOOD EXPERIENCES BY RACE/ETHNICITY AND YEAR



How is North Carolina doing?

Overall, the estimated percentage of North Carolina children experiencing two or more adverse childhood experiences (ACEs) has decreased from 23.6% (2016-2017) to 17.3% (2022- 2023). Data for race/ethnicity show that the highest percentage of the state's children with ACEs is reported for Black/ African American children. This percentage is almost twice as high as the percentage reported for the state's white/Caucasian children. The data suggest an association between family household income and the percentage of ACEs reported.

Third Grade Reading Proficiency

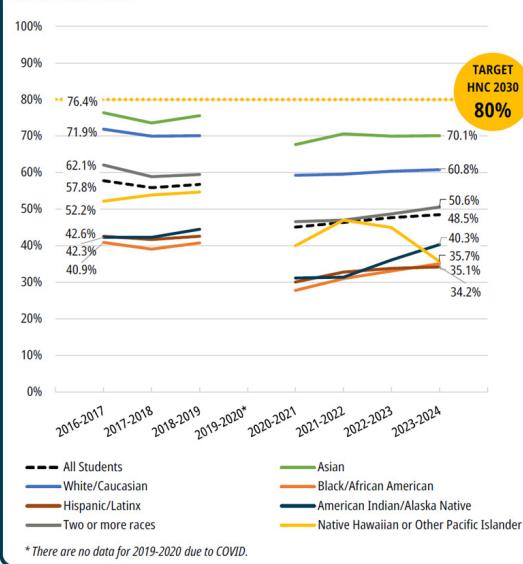
What is the desired result?

All children in North Carolina discover the joy of reading at an early age and are supported in the home, school, and community to be lifelong readers.

What is measured?

Percent of children in North Carolina who are proficient in reading at the end of third grade.⁶

FIGURE 137. NORTH CAROLINA CHILDREN WHO ARE PROFICIENT IN READING AT THE END OF THIRD GRADE BY RACE/ETHNICITY AND ACADEMIC YEAR



How is North Carolina doing?

The state's third grade reading proficiency percentages show a decline of greater than 9% between (academic year) 2016-2017 and (academic year) 2023-2024. The greatest decline corresponds with the COVID-19 pandemic, when proficiency dropped almost 12 percentage points (from 56.8% in the 2018-2019 academic year to 45.1% in the 2020-2021 academic year). Since 2021, the state's third grade reading proficiency percentages have risen annually, reaching 48.5% for the 2023-2024 academic year.

Access to Exercise Opportunities

What is the desired result?

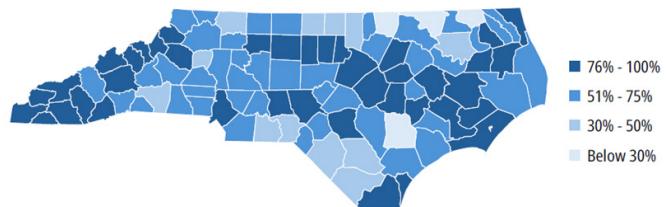
All people in North Carolina have equitable and adaptive/adaptable access to physical activity opportunities across the lifespan.

What is measured?

Percent of people in North Carolina with access to exercise opportunities.⁷

Note: The measure is not inclusive of all exercise opportunities within a community. For instance, sidewalks, which serve as locations for running or walking; malls, which may have walking clubs; and schools, which may have gyms open to community members, are not able to be captured in this measure.

FIGURE 141. NORTH CAROLINA POPULATION WITH ACCESS TO EXERCISE OPPORTUNITIES BY COUNTY, 2025



How is North Carolina doing?

Access to exercise opportunities in North Carolina has remained in the mid-seventy percentiles for the past seven years, with the exception of a significant drop to 68% in 2021 (recorded in 2022 data). This post pandemic dip may reflect the closure of many public structures and decreased social interactions arising from the COVID-19 pandemic.

Limited Access to Healthy Foods

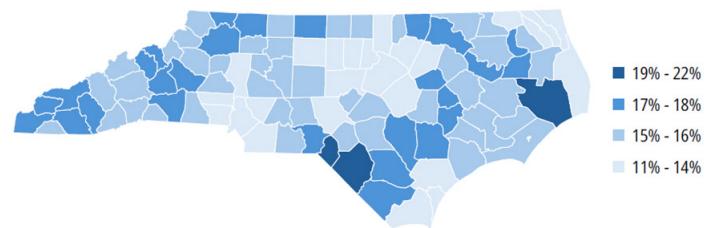
What is the desired result?

All people in North Carolina have equitable access to affordable, nutritious, culturally appropriate foods.

What is measured?

Percent of people in North Carolina with limited access to healthy foods; Percent of people in North Carolina without access to a reliable source of food.⁷

FIGURE 144. NORTH CAROLINA POPULATION WITH FOOD INSECURITY BY COUNTY, 2025



Note: HNC 2030 originally selected Limited Access to Healthy Foods as its measure. County Health Rankings & Roadmaps discontinued this measure in 2020, rendering it inappropriate for measuring progress. The Food Insecurity measure was added to the HNC 2030 indicators in 2021 because the data are updated annually. Note that there is a three-year interval between data collection and reporting.

How is North Carolina doing?

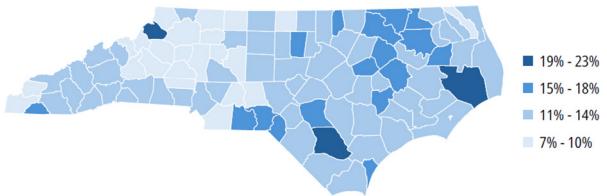
The percentage of North Carolina's population with limited access to healthy foods has risen from 7% to 8%.

Severe Housing Problems

What is the desired result?

All people in North Carolina have safe, affordable, quality housing opportunities.

FIGURE 147. NORTH CAROLINA POPULATION WITH SEVERE HOUSING COST BURDEN BY COUNTY, 2025



What is measured?

Percent of households in North Carolina with at least one of four problems - Housing Cost Burden, Overcrowding, Inadequate Kitchen Facilities, or Lack of Plumbing.^{7,8}

Percent of households in North Carolina that spend 50% or more of their household income on housing.⁹

Note: "Percent of households with at least one of four problems" is the original HNC 2030 measure and includes factors other than housing cost burden. A second measure was added in 2021 due to the increase in housing cost burden observed in the pandemic.

How is North Carolina doing?

Based on data from 2017-2021, 14% of North Carolina households experienced at least one of the four severe housing problems. The percentage of households experiencing these problems ranged from 9% to 21% across counties. Over the past few years, housing costs have increased faster than many household incomes which has increased pressure on individual families to meet basic needs (including health insurance, healthcare, healthy foods, utilities and transportation).

Drug Overdose Deaths

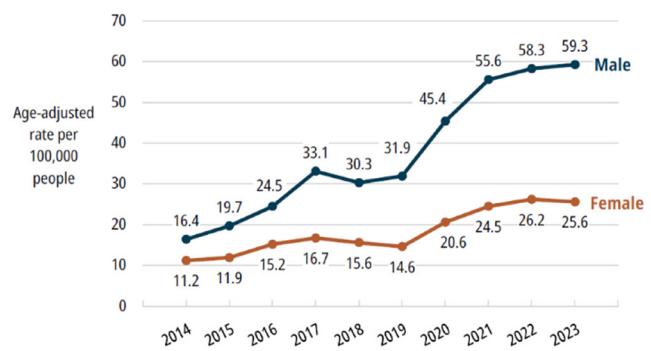
What is the desired result?

North Carolina is a recovery-focused community with affordable and equitable access to substance use disorder services.

What is measured?

Drug overdose deaths in North Carolina per 100,000 population, age-adjusted rates.¹⁰

FIGURE 150. NORTH CAROLINA DRUG OVERDOSE DEATH RATE BY GENDER AND YEAR



How is North Carolina doing?

North Carolina has experienced a sharp increase in drug overdose deaths since 2019, largely due to the opioid epidemic, and more recently involving a preponderance of poisonings from illegally manufactured fentanyl. The state's drug poisoning death rate has nearly tripled in the last 8 years. The rise in male death rates has been at a steeper climb since 2019, broadening the gap between male and female overdose death rates to over thirty points.

Tobacco Use

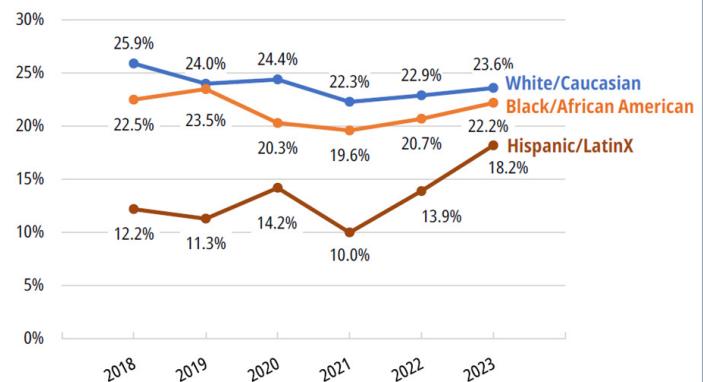
What is the desired result?

All people in North Carolina live in communities that support tobacco-free/e-cigarette-free lifestyles.

What is measured?

Percent of North Carolina youth and adults reporting current use of e-cigarettes, cigarettes, cigars, smokeless tobacco, pipes, and/or hookah.^{11, 12}

FIGURE 152. NORTH CAROLINA ADULT TOBACCO USE BY RACE/ETHNICITY AND YEAR



Note: In 2022, the North Carolina Youth Tobacco Survey was collected electronically for the first time in classrooms. Due to changes in survey methodology and lower response rates, data from 2022 may not be comparable to data from previous years.

How is North Carolina doing?

Adults: The percentage of North Carolina adults using tobacco has decreased slightly over the past five years, from 23.8% in 2018 to 22.8% in 2023, but remains well over the target rate of 15.0%. Youth: The percentage of high school youth using tobacco decreased from 2022 to 2024 for white, Black, and Hispanic youth, but rose of youth of other races.

Excessive Drinking

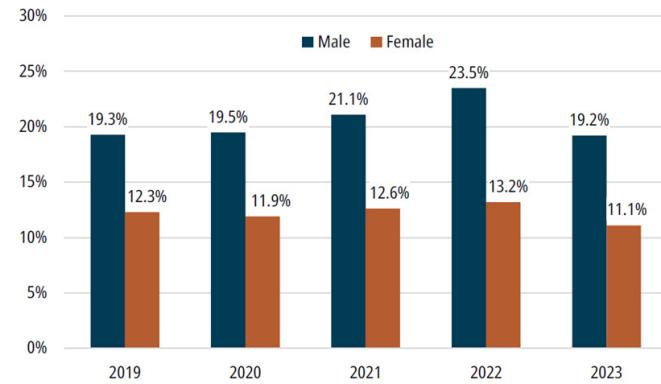
What is the desired result?

All North Carolina communities support safe and responsible use of alcohol.

What is measured?

Percent of adults reporting binge or heavy drinking in North Carolina.¹¹

FIGURE 158. NORTH CAROLINA POPULATION DRINKING EXCESSIVELY BY GENDER AND YEAR



How is North Carolina doing?

The percentage of all North Carolina adults self-reporting binge or heavy drinking (alcohol consumption) increased by more than three percentage points between 2015 and 2022 but dropped to pre-pandemic levels in 2023. Rates among males have remained significantly higher than rates for females during this time period.

Sugar-Sweetened Beverage Consumption

What is the desired result?

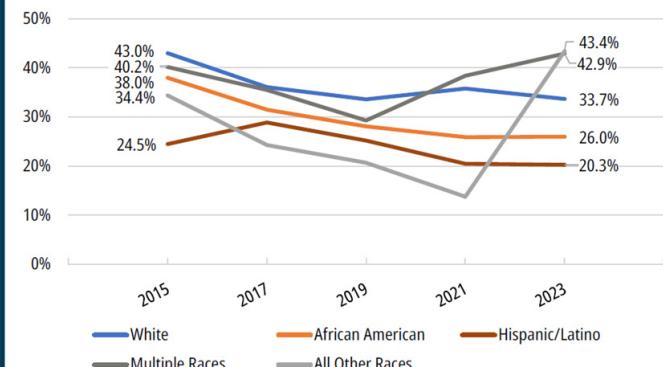
All people in North Carolina live in communities that support healthy food and beverage choices.

What is measured?

Adults: Percent of North Carolina adults reporting consumption of one or more sugar-sweetened beverages per day.¹¹

Youth: Percent of North Carolina high school youth reporting consumption of one or more sugar-sweetened beverages per day.¹³

FIGURE 161. NORTH CAROLINA YOUTH CONSUMING ONE OR MORE SUGAR-SWEETENED BEVERAGES PER DAY BY RACE/ETHNICITY AND YEAR



How is North Carolina doing?

Adults: Over recent years, the state's total adult, self-reported, daily consumption of sugar-sweetened beverages hovered between 29.8% (in 2021) and 36.8% (in 2022). The rate was 32.9% in 2015 and 32.2% in 2023. Youth: Sugar-sweetened beverage consumption among North Carolina students in grades 9-12 declined from 39.2% in 2015 to 29.8% in 2023.

HIV Diagnosis

What is the desired result?

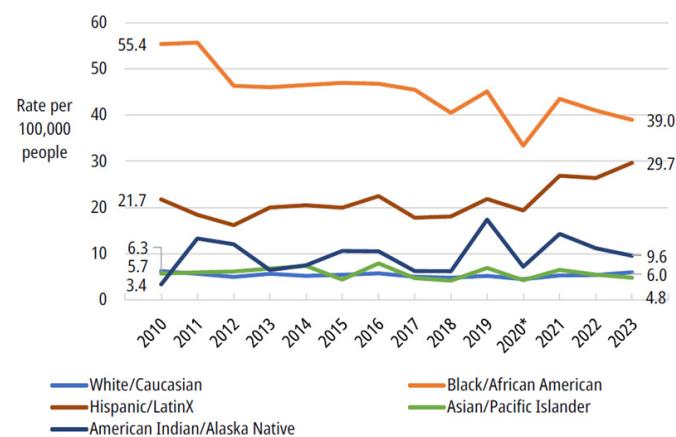
All people in North Carolina experience sexual health with equitable access to quality and culturally competent prevention, treatment, and management of sexually transmitted infections.

What is measured?

Number of new HIV diagnoses in North Carolina per 100,000 population.¹⁴

Note: 2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic.

FIGURE 165. NORTH CAROLINA NEWLY DIAGNOSED HIV RATES BY RACE/ETHNICITY AND YEAR



**2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic.*

How is North Carolina doing?

The state's HIV new diagnosis rates have remained over 15 per 100,000 people for the past three years, well above the HNC 2030 target rate of 6 per 100,000 people.

Teen Births

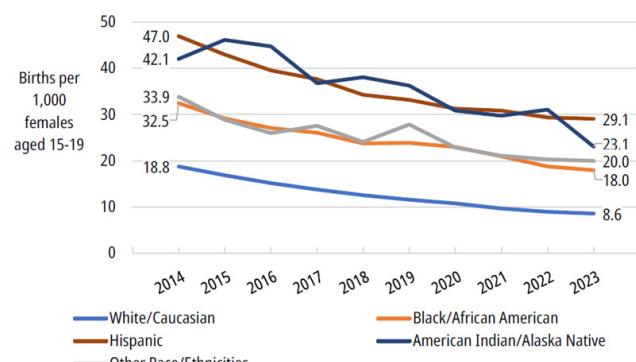
What is the desired result?

All people in North Carolina live in communities that support healthy choices for family planning and have equitable access to high quality, affordable reproductive health services.

What is measured?

Number of births to North Carolina females aged 15-19 per 1,000 population.¹⁵

FIGURE 169. NORTH CAROLINA TEEN BIRTH RATE BY RACE/ETHNICITY AND YEAR



How is North Carolina doing?

Since 2015, total rates of teen pregnancy in North Carolina have dropped from 23.5 to 14.8 in 2023.

Uninsured

What is the desired result?

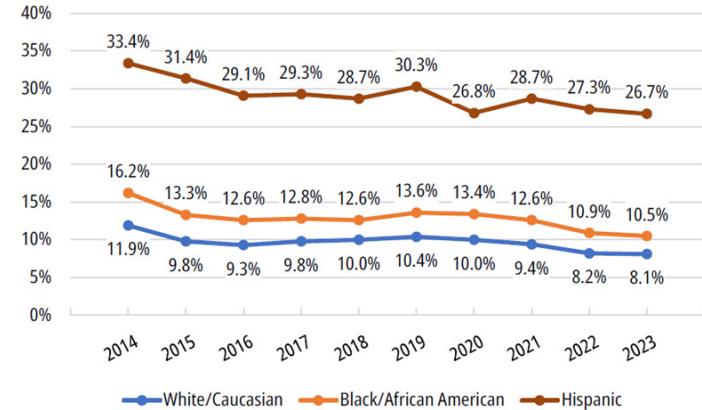
All people in North Carolina have access to comprehensive, high quality, affordable health insurance.

What is measured?

Percent of North Carolina population under age 65 without health insurance.¹⁶

Note: From 2014-2020, data were only available for uninsured white/Black/Hispanic populations. Uninsured data for "All Other Races" were available only for the years 2021 & 2022.

FIGURE 171. NORTH CAROLINA POPULATION YOUNGER THAN AGE 65 WITHOUT INSURANCE BY RACE/ETHNICITY AND YEAR



How is North Carolina doing?

North Carolina expanded Medicaid eligibility on December 1, 2023, extending coverage to adults ages 19-64 with incomes up to 138% of the federal poverty level. Medicaid expansion in North Carolina was estimated to benefit around 600,000 people. The HNC 2030 target rate for North Carolina's uninsured population is 8%, yet data from 2022 suggest that 11.2% of the state's population was uninsured.

Primary Care Clinician

What is the desired result?

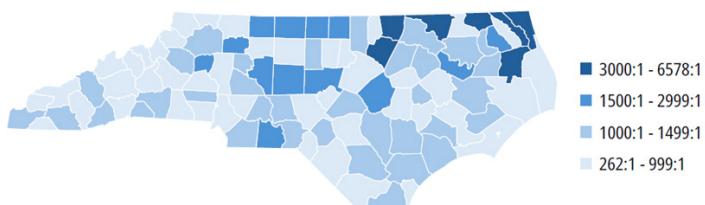
All people in North Carolina have access to comprehensive, affordable, high quality health care from clinicians who respect and understand their varied backgrounds and needs.

What is measured?

The number of counties in North Carolina where the ratio of population to primary care clinician is equal to or less than 1500:1.¹⁷

Note: The definition of "clinician" includes certified nurse midwives, nurse practitioners, physician assistants, and primary care physicians.

FIGURE 175. NORTH CAROLINA RATIO OF POPULATION TO PRIMARY CARE CLINICIAN BY COUNTY, 2024



How is North Carolina doing?

Overall, the state is improving (i.e., there is an increasing number of counties with an adequate number of providers). Overall, the ratio for the state improved from 983:1 in 2017 to 808:1 in 2023.

Early Prenatal Care

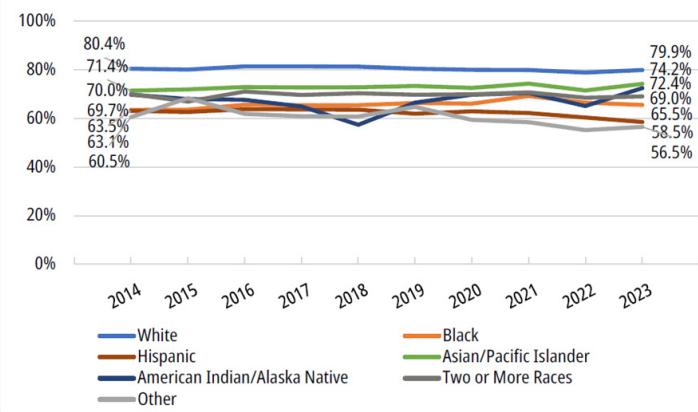
What is the desired result?

All birthing people in North Carolina have healthy pregnancies and maternal birth outcomes.

What is measured?

Percent of North Carolina birthing women who receive pregnancy-related health care services during the first trimester of a pregnancy.¹⁵

FIGURE 177. NORTH CAROLINA WOMEN RECEIVING PRENATAL CARE IN FIRST TRIMESTER OF PREGNANCY BY RACE/ETHNICITY AND YEAR



How is North Carolina doing?

The percentage of birthing women in North Carolina who receive prenatal care in the first trimester of pregnancy has trended within the low 70 percentile since 2015 (with 72.9% receiving early prenatal care in 2015, and 72.0% receiving early prenatal care in 2023).

Suicide

What is the desired result?

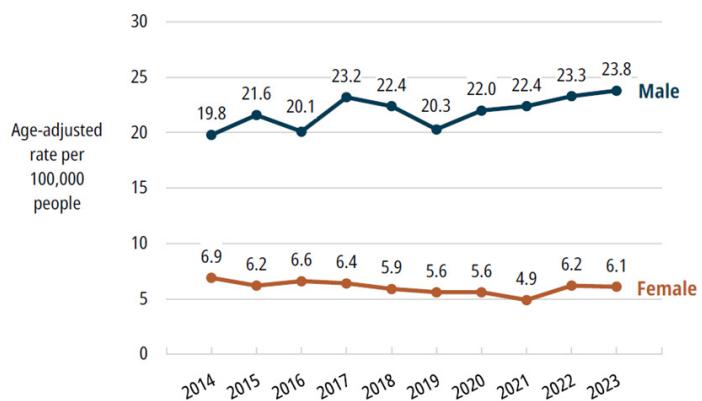
All North Carolinians feel mentally and emotionally well, have access to care without fear or judgment, and are supported regardless of their background and lived experience.

What is measured?

Suicide death rate in North Carolina per 100,000 people - age-adjusted number of deaths attributable to self-harm per 100,000 population.¹⁵

Note: Deaths by suicide are defined as having ICD-10 underlying cause-of-death codes X60-X84 or Y870.

FIGURE 182. NORTH CAROLINA SUICIDE DEATH RATE BY GENDER AND YEAR



How is North Carolina doing?

Overall, the state's suicide rate has trended upwards from 13.0 in 2014 to 14.8 in 2023. The state's 2023 suicide rate is approximately four times higher for males than for females.

Infant Mortality

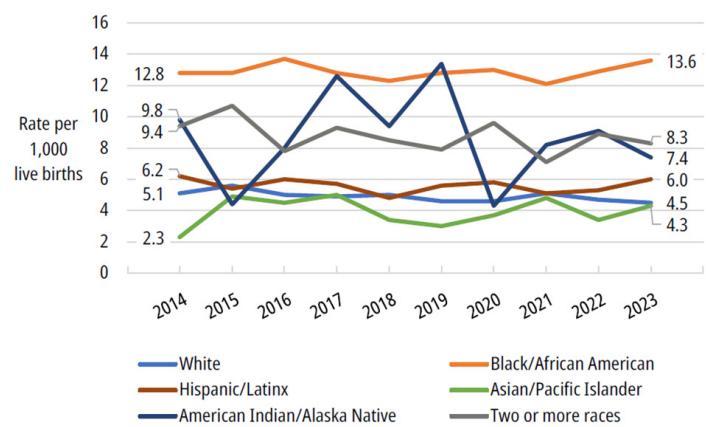
What is the desired result?

All babies in North Carolina are born healthy, thrive in caring and healthy homes, and see their first birthday.

What is measured?

Rate of infant deaths in North Carolina per 1000 live births.¹⁵

FIGURE 184. NORTH CAROLINA INFANT MORTALITY RATE BY RACE/ETHNICITY AND YEAR



How is North Carolina doing?

North Carolina's overall infant mortality rate may be declining slowly, but the disparity ratio between Black/African Americans and white/Caucasians is increasing. In 2014, the overall infant mortality rate was 7.1 and in 2023 it was 6.9, a drop of just 0.2 in nine years. In 2014, the disparity ratio was 2.5, and in 2023 it was 3.0. A Black/African American baby is three times more likely to die before their first birthday than a white/Caucasian baby.

Life Expectancy

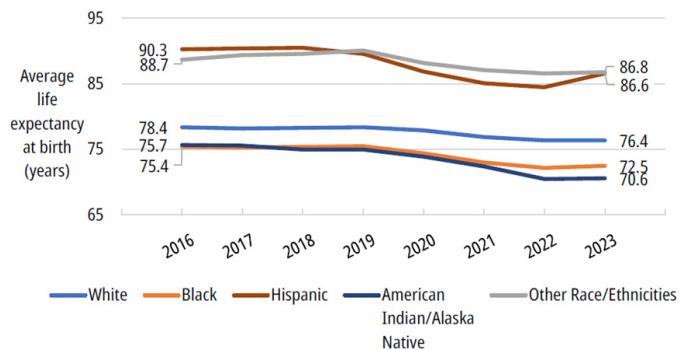
What is the desired result?

All people in North Carolina have long and healthy lives.

What is measured?

Average number of years of life remaining for people who have attained a given age.¹⁵

FIGURE 187. NORTH CAROLINA LIFE EXPECTANCY BY RACE/ETHNICITY AND YEAR



Note: North Carolina life expectancy data (total and gender) are available both annually and based on three-year rolling averages. North Carolina life expectancy data (disaggregated by race/ethnicity) are available for three-year rolling averages only. North Carolina county-level life expectancy data are available for three-year rolling averages only.

How is North Carolina doing?

The HNC 2030 target life expectancy is 82.0 years. North Carolina's 2023 life expectancy of 76.0 years falls six years below the HNC 2030 target. The state's three-year average for life expectancy decreased across all races/ethnicities in 2019-2023. Females continue to have a life expectancy that is about five years longer than males.

Sources

1. U.S. Census Bureau. American Community Survey, Five-Year Rolling Estimate, Table S1701. <https://data.census.gov/table/ACSST5Y2019.S1701?g=1600000US0641992&q=Table+S1701>
2. U.S. Census Bureau. American Community Survey, Table S2301, Five-Year Rolling Estimate. <https://data.census.gov/table/ACSST5Y2023.S2301?q=S2301>
3. North Carolina Department of Public Instruction. Consolidated Data Report, 2022-2023. <https://www.dpi.nc.gov/documents/consolidated-reports/consolidated-data-report-ga-2022-2023/open>
4. North Carolina General Statutes §115C-390.1. https://www.ncleg.gov/EnactedLegislation/Statutes/PDF/BySection/Chapter_115c/GS_115C-390.1.pdf
5. U.S. Health Resources and Services Administration, Maternal and Child Health Bureau. National Survey of Children's Health, Two-Year Estimate. <https://www.childhealthdata.org/browse>
6. North Carolina Department of Public Instruction. Data and Reports. <https://www.dpi.nc.gov/data-reports>
7. County Health Rankings & Roadmaps. Access to Exercise Opportunities. <https://www.countyhealthrankings.org/health-data/community-conditions/health-infrastructure/health-promotion-and-harm-reduction/access-to-exercise-opportunities?year=2025&state=37>
8. U.S. Department of Housing and Urban Development. HUD User Data Portal. https://www.huduser.gov/portal/pdrdatas_landing.html
9. U.S. Census Bureau. American Community Survey: Five-Year Rolling Estimates. <https://www.census.gov/data/developers/data-sets/acs-5year.html>
10. North Carolina Center for Health Statistics. Homepage. <https://schs.dph.ncdhhs.gov/>
11. North Carolina Center for Health Statistics. Behavioral Risk Factor Surveillance System. <https://schs.dph.ncdhhs.gov/units/stat/brfss/>
12. North Carolina Department of Health and Human Services, Tobacco Prevention and Control Branch. North Carolina Youth Tobacco Survey. <https://tpc.dph.ncdhhs.gov/data/nts/index.htm>
13. North Carolina Department of Public Instruction. NC Healthy Schools Data Portal. <https://www.dpi.nc.gov/districts-schools/classroom-resources/office-teaching-and-learning/programs-and-initiatives/nc-healthy-schools/nc-healthy-schools-data>
14. North Carolina Department of Health and Human Services. Youth Risk Behavior Surveillance System. <https://epi-test.dph.ncdhhs.gov/cd/stds/annualrpts.html>
15. North Carolina Center for Health Statistics. Vital Statistics. <https://schs.dph.ncdhhs.gov/data/vital.cfm>
16. U.S. Census Bureau. Small Area Health Insurance Estimates (SAHIE) Program. <https://www.census.gov/programs-surveys/sahie.html>
17. University of North Carolina at Chapel Hill, Cecil G. Sheps Center for Health Services Research. North Carolina Health Workforce Data—Primary Care Physician Supply (Adjusted for Age and Gender). <https://nchealthworkforce.unc.edu/interactive/supply/>

Thank you to those who contributed to the development of the 2025 NCIOM Annual Meeting agenda, especially:

Alice Ammerman | University of North Carolina at Chapel Hill

Wanda Boone | Together for Resilient Youth (TRY)

Ingrid Bou-Saada | North Carolina Department of Health and Human Services, Division of Public Health, Injury and Violence Prevention Branch

Mary Beth Cox | North Carolina Department of Health and Human Services, Division of Public Health, Injury and Violence Prevention Branch

Heather Carter | North Carolina Department of Health and Human Services, Division of Aging and Adult Services, Service Operations

Kathy Dail | North Carolina Department of Health and Human Services, Division of Public Health

Erin Fry Sosne | North Carolina Department of Health and Human Services, Division of Public Health

Anne Geissinger | North Carolina Department of Health and Human Services, Division of Public Health, Injury and Violence Prevention Branch

Kiera Hereford | Speakin of Grace, LLC

Sharon Hirsch | Positive Childhood Alliance North Carolina

Amy Joy Lanou | North Carolina Institute for Public Health

Patricia McFoy | New Hope Community Development Group

Vicki Mercer | University of North Carolina at Chapel Hill

Janiya Mitnaul Williams | North Carolina A&T State University

Ashley Rink | North Carolina Department of Health and Human Services, Division of Public Health

Tish Singletary | North Carolina Department of Health and Human Services, Division of Public Health, Community and Clinical Connections for Prevention and Health Branch

Josh Walker | North Carolina Department of Health and Human Services, Office of the Secretary

Ashley Wurth | North Carolina Department of Health and Human Services, Division of Public Health, Injury and Violence Prevention Branch

