Healthy North Carolina 2030: Introduction and Overview

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North Carolina Institute of Medicine

North Carolina Medical Society
Lifestyle Medicine Summit 2021
NC Institute of Medicine

Chartered in 1983 by the NC General Assembly “to assist in the formation of public policy on complex and interrelated issues concerning health and health care for the people of North Carolina.”

The NCIOM works with diverse stakeholder groups to identify evidence-based strategies to improve health and inform health policy.

• Non-partisan  
• Solution-focused  
• Evidence-based  
• Consensus-driven
The primary aim of Healthy North Carolina process is to mobilize the state to achieve a common set of health objectives.
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- HNC 2010 had 100+ objectives
- HNC 2020 had 40 objectives
- HNC 2030 has 21 objectives
Healthy North Carolina – History and Purpose

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mobilize the state to achieve a common set of health objectives.

- HNC 2010 had 100+ objectives
- HNC 2020 had 40 objectives
- HNC 2030 has 21 objectives
  - data broken out by race, ethnicity, sex and income
  - dismantling structural racism
  - multi-sector population health approach
What does 2030 look like?
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The Best Laid Plans

Vision for HNC 2030
Consensus on Indicators
Awareness and Mobilization
State Health Improvement Plan
Collective Action
Healthy NC 2030 Goals

• Attain healthy, thriving lives and well-being, free of preventable disease, disability, injury and premature death for all

• Eliminate health disparities, achieve health equity, and attain health literacy

• Create social, physical, and economic environments that promote health and well-being

• Promote healthy development, healthy behaviors and well-being across all life stages

• Engage leadership, key constituents, and the public across multiple sectors to take action and design policies
Shift to a Population Health Framework

HNC 2020 Focus Areas (40 Objectives)

1. Tobacco Use
2. Nutrition and Physical Activity
3. Sexually Transmitted Diseases
   - Unintended Pregnancy
4. Substance Abuse
5. Environmental Risks
6. Injury and Violence Prevention
7. Infectious Disease and
   - Foodborne Illness
8. Mental Health
9. Oral Health
10. Maternal and Infant Health
11. Chronic Disease
12. Social Determinants of Health
13. Cross-cutting Measures

“We will use HNC 2030 to re-orient public health! We shift from a focus on individual health topics to a focus on health equity and overall drivers of health outcomes.”

Task Force, Work Groups, and Community Input

**STEERING COMMITTEE**

**TASK FORCE (chose Health Outcomes indicators)**
- 4 Co-chairs
- 2 Co-leaders from each Work Group (total = 8)
- 2-3 Representatives from each Work Group (total = 9)
- 23 Additional Task Force members representing various expertise

**WORK GROUPS (chose indicators relevant to Work Group topic area)**

<table>
<thead>
<tr>
<th>Health Behaviors</th>
<th>Clinical Care</th>
<th>Social &amp; Economic Factors</th>
<th>Physical Environment</th>
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**COMMUNITY INPUT**
Indicators should be:

- Measurable
- Useful and understandable to a broad audience
- Prevention-oriented
- Address health inequities
- Available at county level
- Measured every three years or less

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.
HNC 2030 Community Input Sessions

Attendance: 12 counties, 39 participants
Marion Senior Center
April 9th, 1:30-4:00pm

Attendance: 8 counties, 29 participants
Cherokee Indian Hospital
April 9th, 8:00-10:00am

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

Attendance: 11 counties, 34 participants
UNC Pembroke
March 6th, 12:00-2:30pm

Attendance: 11 counties, 56 participants
Charlotte – Goodwill Opportunity Campus
April 3rd from 11:30-2:00pm

Attendance: 8 counties, 20 participants
Coastal Carolina Community College
March 19th, 12:00-2:30pm
Looking at the Data and Setting Goals

- Considered trends over time
- Reviewed disparity data across racial/ethnic groups, sex, geography, and poverty status
- Set goals for 2030
- Identified potential levers for change
## Consensus on Health Indicators

### Health Outcomes

1. Infant mortality
2. Life expectancy

### Health Behaviors

1. Drug overdose deaths
2. Tobacco use
3. Excessive drinking
4. Sugar-sweetened beverage consumption
5. HIV diagnosis
6. Teen birth rate

### Clinical Care

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

### Social & Economic Factors

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

### Physical Environment

1. Severe housing problems
2. Limited access to healthy food
3. Access to exercise opportunities
Consensus on Health Indicators

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Multi-sector Population Health Approach

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- Awareness
- Adjustment
- Assistance
- Alignment
- Advocacy
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Source: Meeting Individual Social Needs Falls Short Of Addressing Social Determinants Of Health,” Health Affairs Blog, January 16, 2019. DOI: 10.1377/hblog20190115.234942
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Awareness Adjustment Assistance

SOCIAL DETERMINANTS AND SOCIAL NEEDS: MOVING BEYOND MIDSTREAM

Awareness
Community Impact
1. Improve Community Conditions
2. Addressing Individuals’ Social Needs
3. Providing Clinical Care

Adjustment
Tactics
1. Laws, policies, and regulations that create community conditions supporting health for all people.
2. Include patient screening questions about social factors like housing and food access; use data to inform care and provide referrals.
3. Social workers, community health workers, and community-based organizations providing direct support; assistance to meet patients’ social needs.

Assistance

Multi-sector Population Health Approach

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Alignment Advocacy
Awareness Adjustment Assistance

Source: Meeting Individual Social Needs Falls Short Of Addressing Social Determinants Of Health,” Health Affairs Blog, January 16, 2019. DOI: 10.1377/hblog20190115.234942
Alignment and Advocacy

Sources: University of Richmond's Digital Scholarship Lab “Mapping Inequality: Redlining in New Deal America”; UNCG Center for Housing and Community Studies
Alignment and Advocacy

Top 10 Block Groups - Where Do they Intersect?
Asthma, Vacancy, Substandard Housing & Poverty in Greensboro

Indicator Variables
- Single Indicator
- Substandard Housing / Asthma
- Asthma / Vacancy
- Substandard Housing / Vacancy

An overlay of the top 10 ranking block groups for the highest levels of substandard housing, vacancy, asthma related hospital admissions, and poverty.

Source: UNCG Center for Housing and Community Studies
Alignment and Advocacy

A family with a 15 month old with asthma, who during the cold snap this past February with temperatures below 20 degrees Fahrenheit, did not have any heat in their townhome and a leak that left the carpet soaked. Our health outreach team found the little one shivering in a blanket and she later developed a fever and needed to be seen in the emergency room.

Sources: UNCG Research, Spring 2017; Dr. Beth Mulberry’s letter to Minimum Housing Standards Commission
Alignment and Advocacy

Asthma/Respiratory Emergency Department Visits (per 100 people)

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Advocacy Period

Construction Begins
Alignment and Advocacy

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Clinical Care - Uninsured

**Desired outcome:** Decrease the uninsured population

**Indicator definition:** Percentage of population under age 65 without health insurance.

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

* Consistently highest ranked in community meeting discussions
**Health Behaviors – Drug overdose deaths**

**Desired outcome:** Decrease drug overdose deaths

**Indicator definition:** Number of age-adjusted drug poisoning deaths per 100,000 population

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

* Similar measure ranked at the top in community meeting discussions

![Graph showing North Carolina Drug Overdose Deaths Forecast from 2008 to 2030](image)

**Drug overdose death rates across populations in North Carolina and distance to 2030 target**

- **CURRENT**
  - 20.4 (per 100,000 people)
- **TARGET**
  - 18.0 (per 100,000 people)
Desired outcome: Dismantle structural racism

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

Source: US Bureau of Justice Statistics
Moving from Consensus on Indicators to NC State Health Improvement Plan
Desired result: Improve sexual health

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

Source: NC Epidemiology Section
**INDICATOR 14**

**HIV RATE: NUMBER OF NEW HIV DIAGNOSES PER 100,000 POPULATION**

“We need to move away from the ‘You come to Me’ mentality and use technology to improve communication.”

- NC SHIP Work Session June 2020

**WHAT RESULT DO WE WANT?**

All North Carolina residents experience sexual health with equitable access to prevention, treatment, and management of sexually transmitted infections.

**WHY IS THIS IMPORTANT?**

HIV can cause lifelong physical and psychological consequences. When left untreated, HIV can also be transmitted to sexual partners and unborn children. NC, July 8, 71, supra.

**HOW ARE WE DOING?**

The North Carolina HIV diagnosis rate was 13.9 per 100,000 people in 2018. Significant racial and gender disparities exist, including higher rates of diagnosis within communities of color. For African American men and women, HIV diagnosis was 68.7 cases per 100,000 and 15.9 cases per 100,000, respectively. Hispanics were diagnosed at a rate of 17.7 cases per 100,000 people. The white population was diagnosed at only 4.9 cases per 100,000 people. HIV diagnosis is significantly higher among men who have sex with men and large disparities exist between African American, Hispanic, and white men within this group as well. Men who have sex with other men are 155 times more likely to contract HIV than men who have sex only with women. People with lower income, who lack health insurance, sex workers, and incarcerated individuals have higher rates of diagnosis and lack resources for prevention and treatment of HIV. The 2030 goals for this indicator are to reduce the rate of diagnosis to 6.0 cases per 100,000 people and reduce racial/ethnic disparities.

**WHAT WORKS?**

- Address systemic issues of provider discomfort discussing HIV and sexual health especially with young people and LGBTQI populations.
- Allow pharmacists to provide post-exposure prophylaxis.
- Ensure availability of free condoms at health departments and community-based organizations.
- Ensure people who are diagnosed are linked with appropriate care and receive behavioral interventions and other supports to decrease risk of transmission.
- Harm reduction, such as needle exchange programs, housing programs.
- Implement interventions that improve access to HIV treatment.
- Increase access to PREP (pre-exposure prophylaxis) for individuals at high risk for HIV transmission.
- Increase education and access for formerly incarcerated populations.
- Increase Medicaid eligibility.
- Make testing easy, accessible, and routine.

**NC PARTNERS WHO CAN HELP US:**

- Duke Prep Clinic For HIV Prevention Offers pre-exposure prophylaxis (PREP) to HIV-negative individuals at risk for HIV infection who are interested in PREP as a means to prevent HIV [https://www.dukemail.org/locations/duke-prep-clinic-hiv-prevention].
- Getting to Zero Mecklenburg County Goal is to reduce the number of new HIV infections, in Mecklenburg County, by 75% in 5 years, and 90% in 10 years - [https://www.mecnc.gov/HealthDepartment/GettingToZero/Pages/Home.aspx].
- North Carolina Harm Reduction Coalition (NCHR) Syringe Exchange Program Allows IV drug users to exchange their used needles for clean needles, helping to prevent transmission of bloodborne diseases like HIV - [http://www.nchr.org/syringe-exchange/syringe-exchange-iv].
- Sexual Health Initiatives For Teens (SHIFT) NC Working to improve adolescent and young adult sexual health - [https://www.shiftnc.org/].

**WHAT OTHER DATA DO WE NEED?**

- Availability of PREP (pre-exposure prophylaxis) within community.
- Social media platforms used by the at-risk community.
- Community awareness of sexual health.
- Access to care for sexual health.

Information about the data source can be found in Appendix C: NC Division of Public Health, Epidemiology Section.
NCIOM and Healthy NC 2030: Awareness and Mobilization

Community, Resilience, and Hope: Achieving Healthy NC 2030 Behavioral Health Goals

2021 VIRTUAL ANNUAL MEETING
OCTOBER 20, 2021
9:00AM - 1:00PM

Keynote speaker: Wizdom Powell, PhD, MPH, MS
Director of the Health Disparities Institute and Associate Professor of Psychiatry
University of Connecticut

- Overdose Deaths
- Adverse Childhood Experiences
- Access to Behavioral Healthcare
- Excessive Drinking
- Tobacco Use
- Suicide and Self-Harm

https://nciom.org/ourwork/annual-health-policy-meeting/
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NCMJ
NORTH CAROLINA MEDICAL JOURNAL

COVID-19 and the Drivers of Health

Also in this issue:
- Identifying Barriers and Facilitating to Prevent Care for Spanish-Speaking Women
- Does Cancer Treatment-Related Financial Distress Worsen Over Time?
- Simulation of North Carolina Protocol for Allocating Scarific Critical Care Resources in a Pandemic
- Total Health Care System
- Using State Licensee Data to Assess North Carolina's Health Workforce COVID-19 Response Capacity

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https://nciom.org/ourwork/annual-health-policy-meeting/
Questions?

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www.nciom.org
www.ncmedicaljournal.com

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**NC DHHS Website:**
https://schs.dph.ncdhhs.gov/units/ldas/hnc.htm

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