

# ***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*
- *Evidence-based*
- *Solution-focused*
- *Consensus-driven*



# Healthy North Carolina – History and Purpose

The primary aim of *Healthy North Carolina* process is to

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



NC DEPARTMENT OF  
HEALTH AND HUMAN SERVICES

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- HNC 2020 had 40 objectives
- HNC 2030 has **21 objectives**



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- 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**



NC DEPARTMENT OF  
HEALTH AND HUMAN SERVICES

# What does 2030 look like?



# What does 2030 look like?

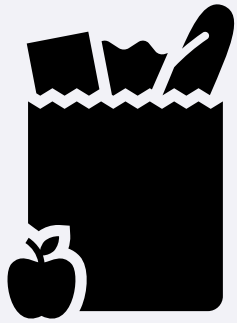


# What does 2030 look like?

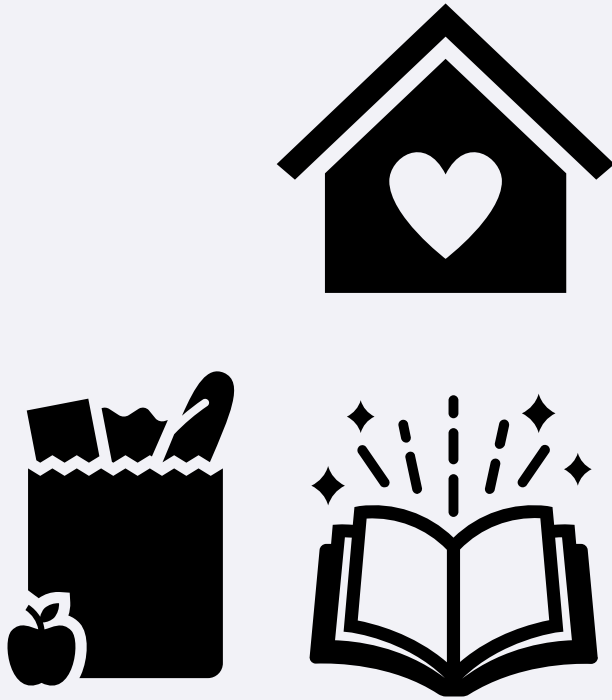




# What does 2030 look like?



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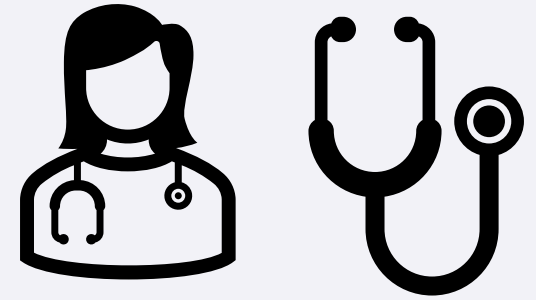
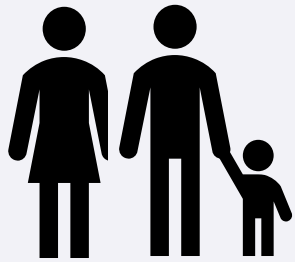
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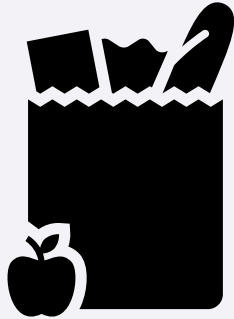
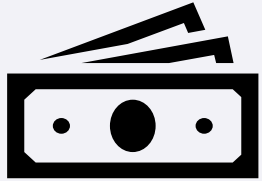
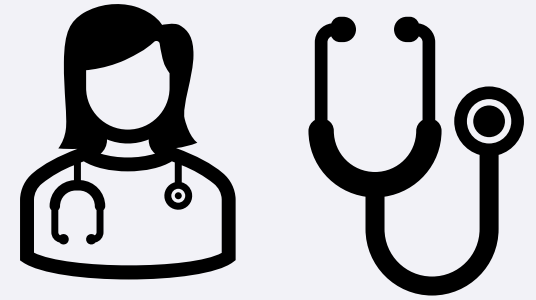
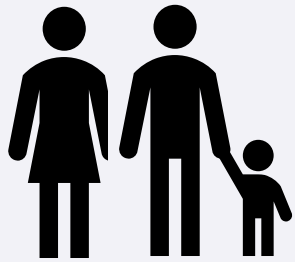
# What does 2030 look like?



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# What does 2030 look like?





Vision for HNC 2030

Consensus on Indicators

Awareness and Mobilization

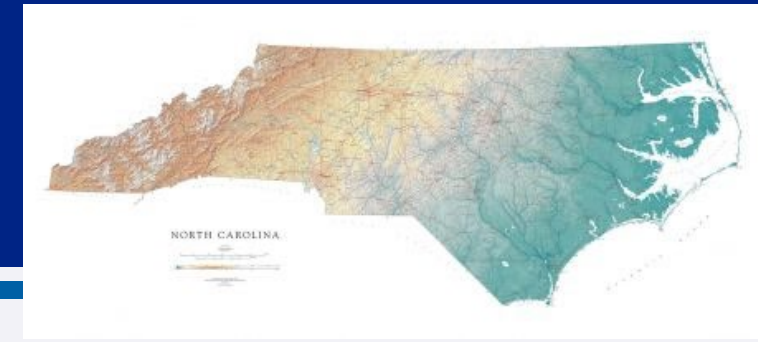
State Health Improvement Plan

Collective Action

The final stage, 'Collective Action', is illustrated by an oval containing a photo of a smiling young boy in a blue shirt holding a tablet. Surrounding him are various black icons representing community, health, education, and environment, including a family, a house with a heart, a person with a clipboard, a doctor, a bus, a school, a book, a factory, and a landscape with a tree and a house.



# Healthy NC 2030 Goals



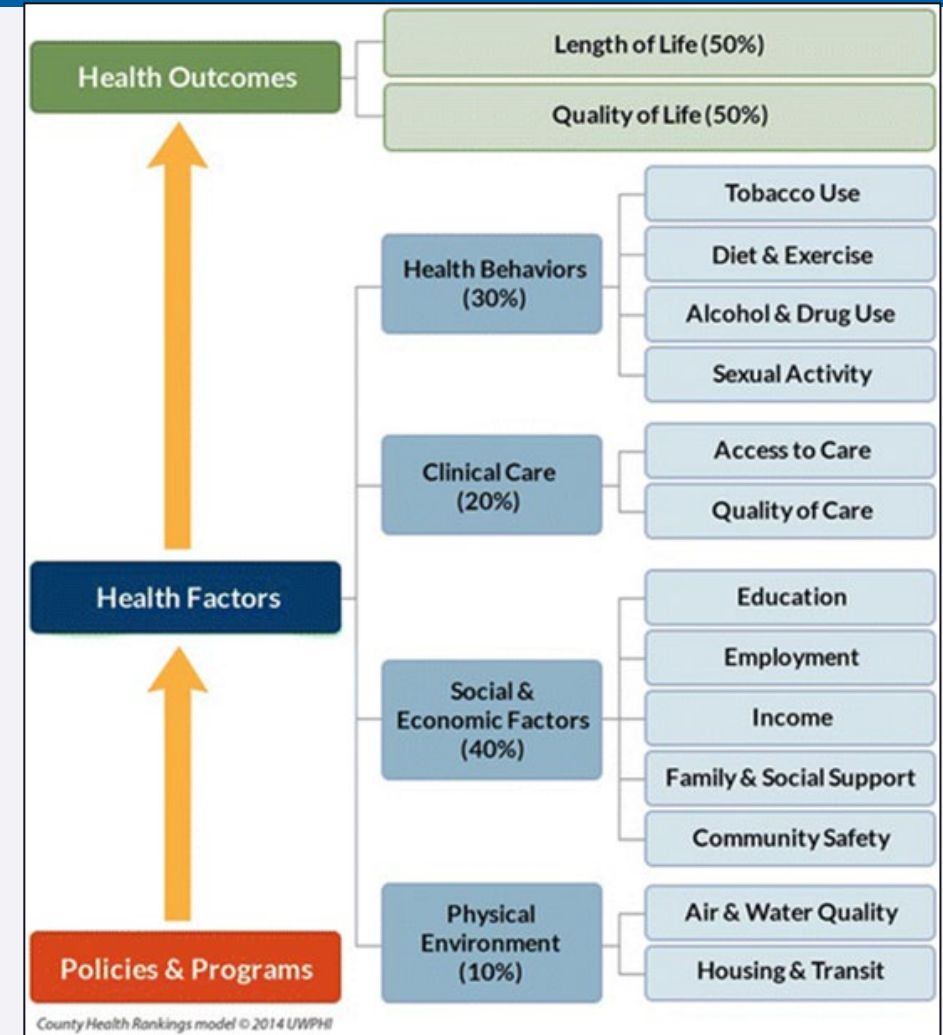
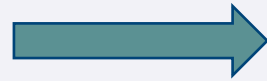
- Attain healthy, thriving lives and well-being, free of preventable disease, disability, injury and premature death for all
- Eliminate health disparities, achieve health equity, and attain health literacy
- Create social, physical, and economic environments that promote health and well-being
- Promote 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

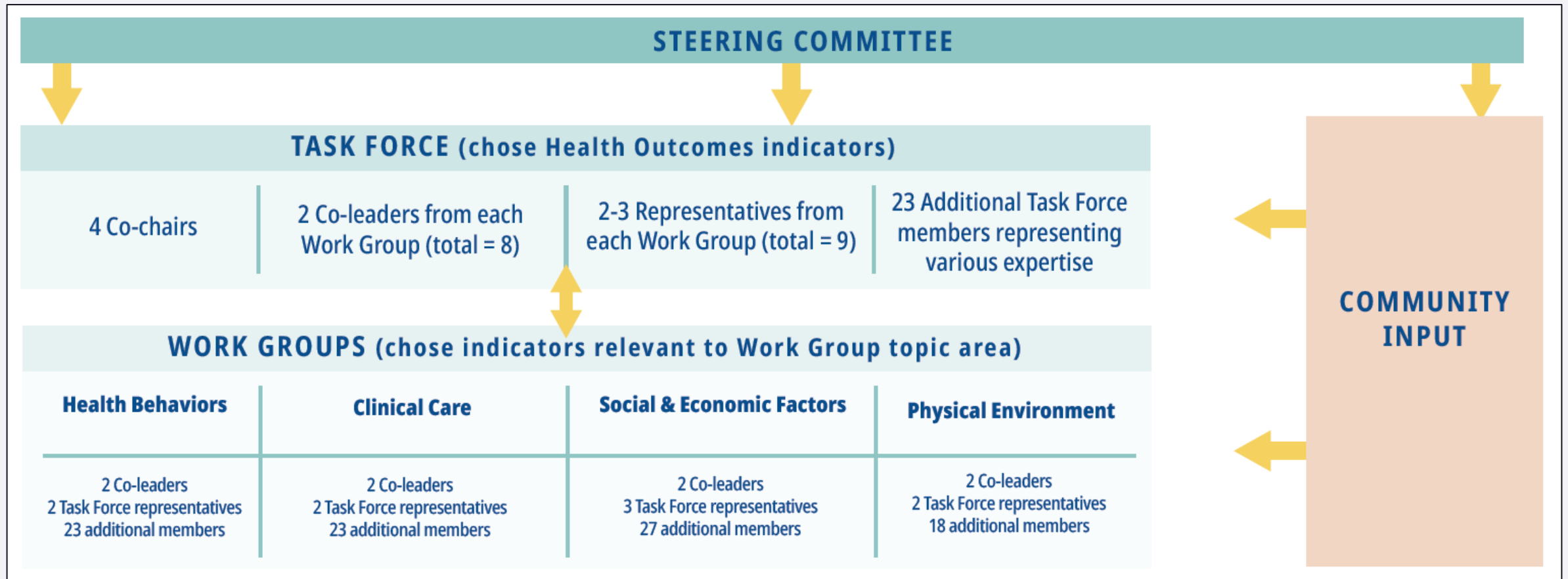
## HNC 2020 Focus Areas (40 Objectives)

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



# HNC 2030: Indicator Development

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 9<sup>th</sup>, 1:30-4:00pm

Attendance:  
6 counties, 21 participants

**GTCC – East Campus**  
April 3<sup>rd</sup>, 5:00-7:30pm

Attendance:  
6 counties, 24 participants

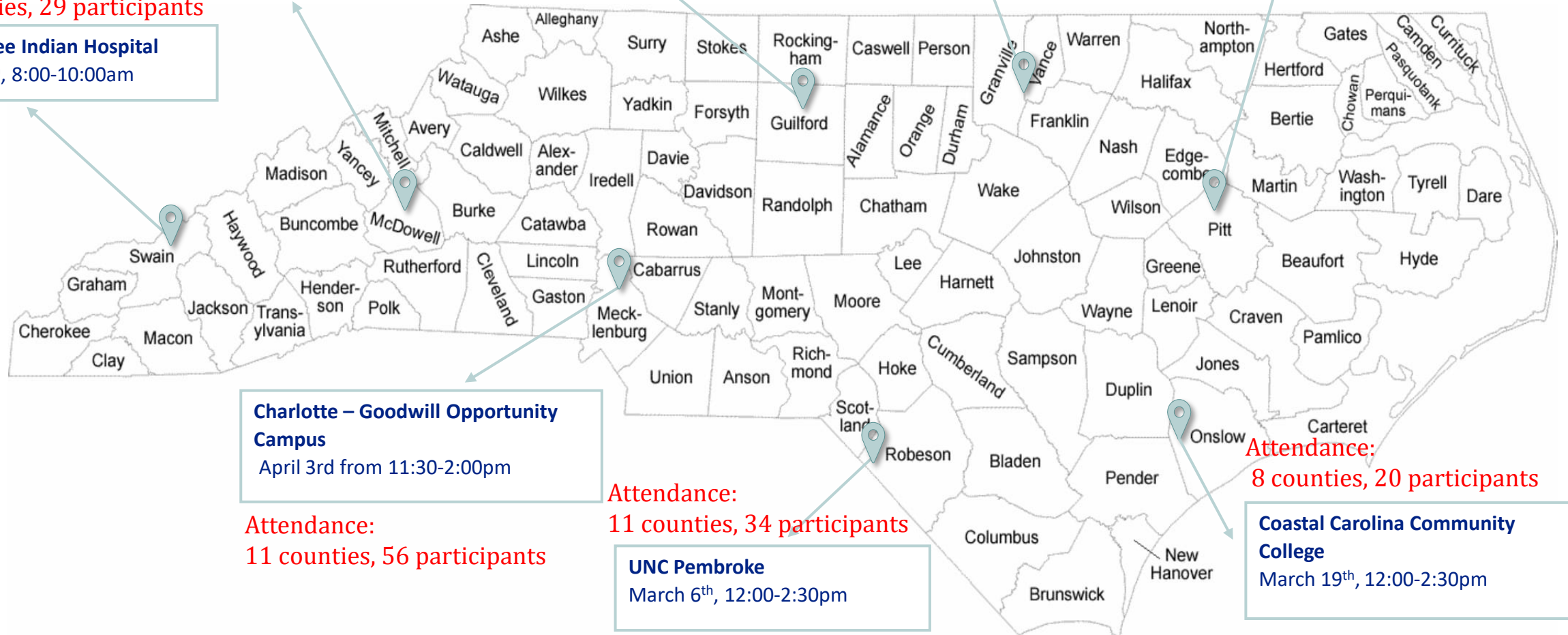
**Perry Memorial Library**  
Henderson, NC  
March 5<sup>th</sup>, 5:00-7:30pm

Attendance:  
29 counties, 117 participants

**Eastern AHEC**  
Health ENC meeting  
February 27<sup>th</sup>, 12:45-3:15pm

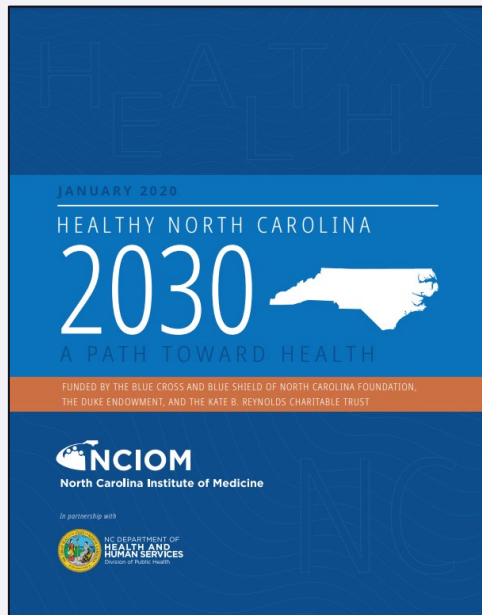
Attendance:  
8 counties, 29 participants

**Cherokee Indian Hospital**  
April 9<sup>th</sup>, 8:00-10:00am





# 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

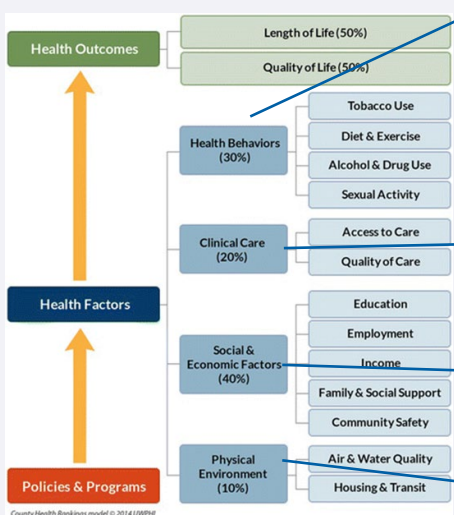
1. Uninsured
2. Early prenatal care
3. Primary care clinicians
4. Suicide rate

## Social & Economic Factors

1. Families  $\leq$  200% FPL
2. Adverse Childhood Experiences
3. Unemployment
4. 3<sup>rd</sup> 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



County Health Rankings model © 2014 C18P76



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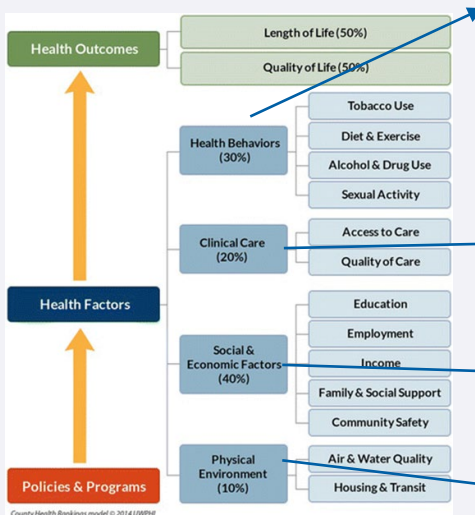
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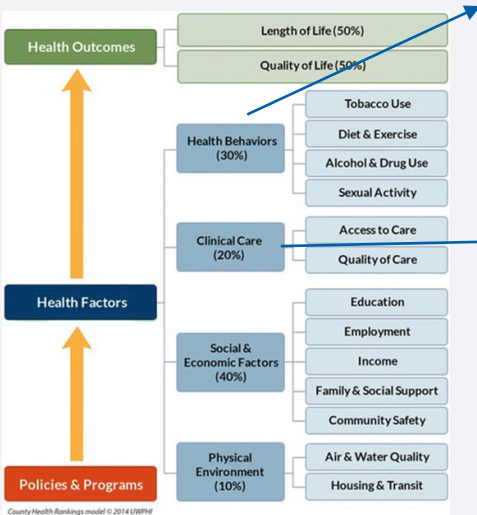
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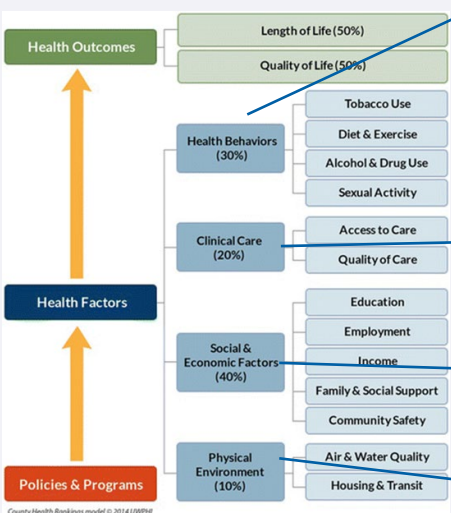
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# Multi-sector Population Health Approach



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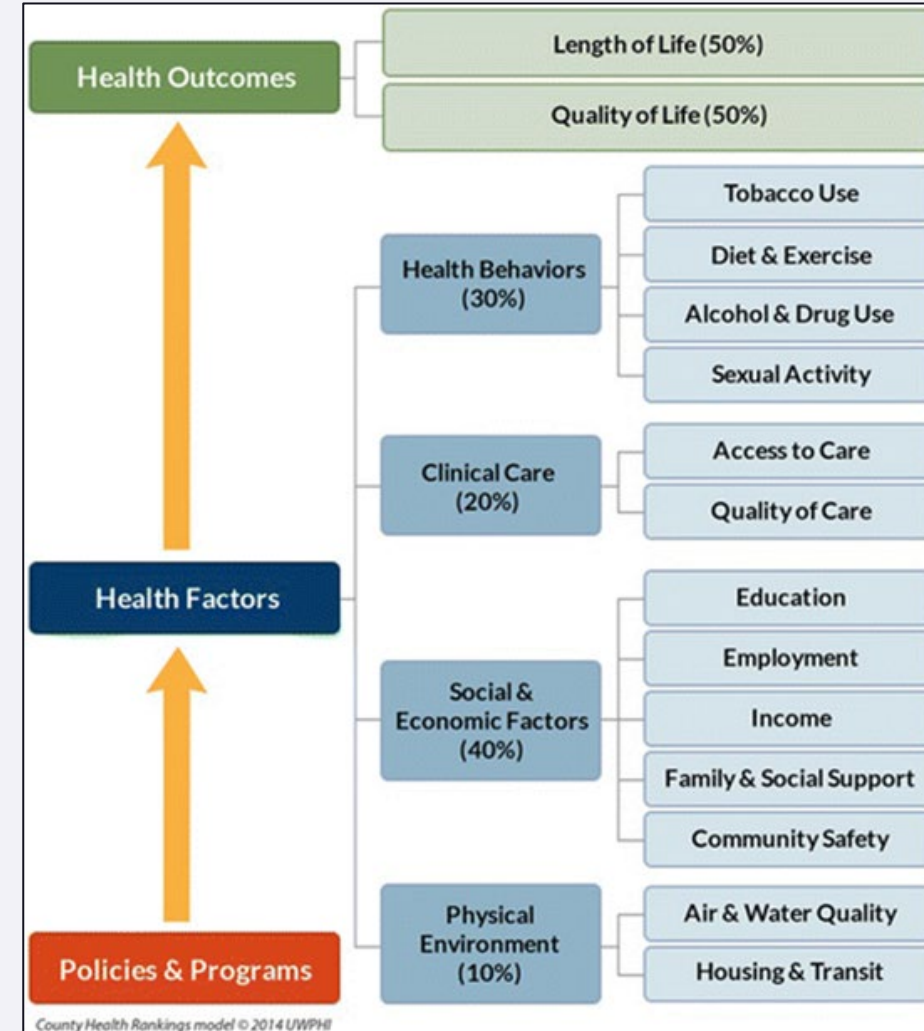


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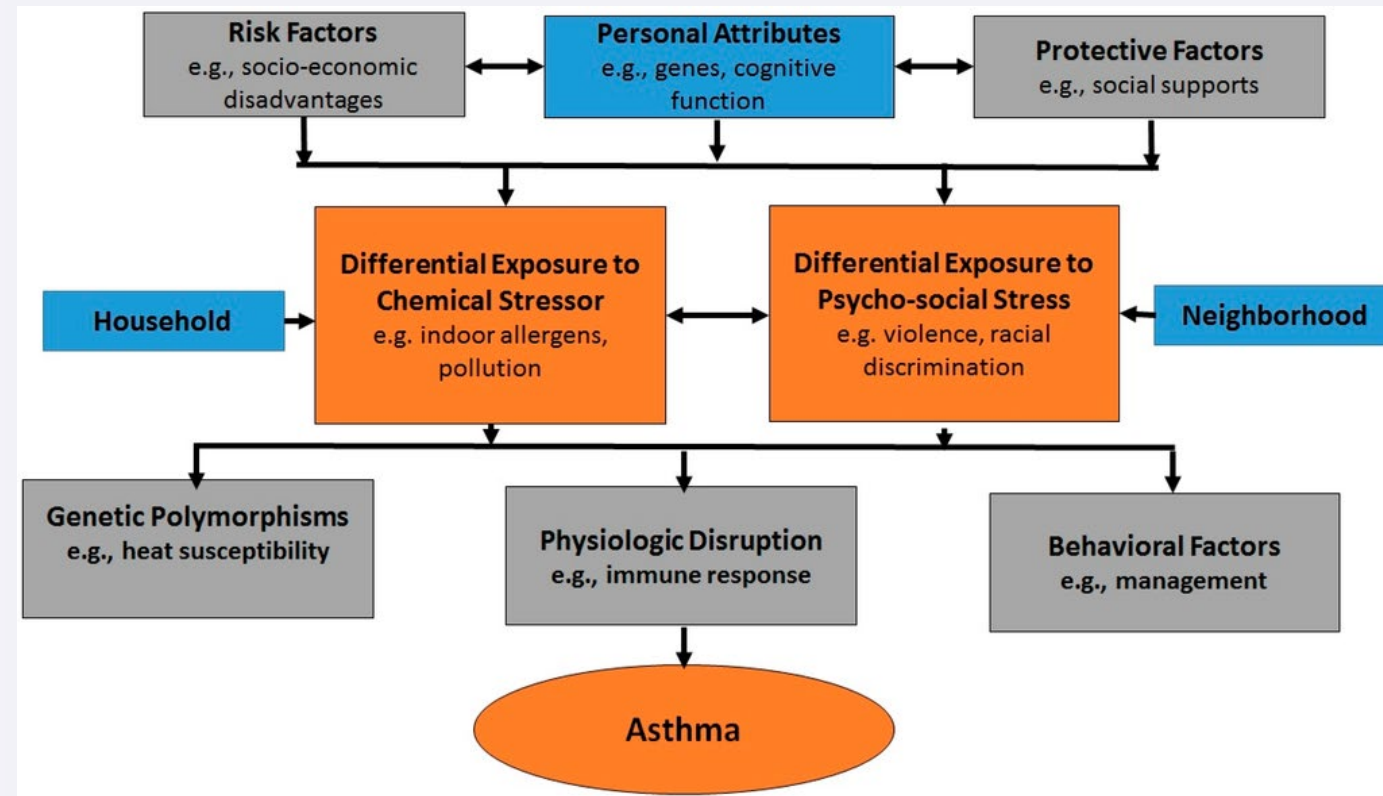


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Source: Juarez, P. et al. *Int. J. Environ. Res. Public Health* **2014**, 11(12), 12866-12895

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- Awareness
- Adjustment
- Assistance
- Alignment
- Advocacy



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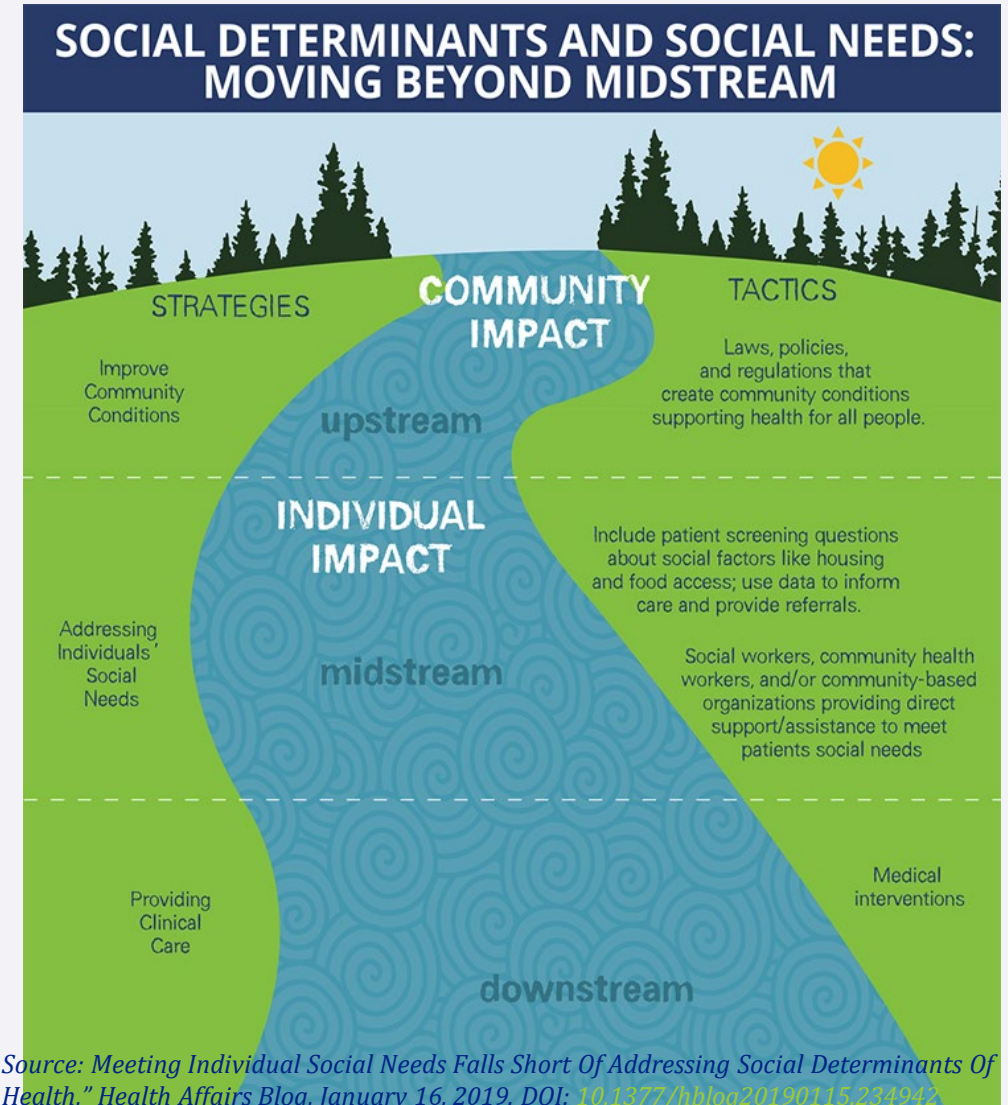


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Source: Meeting Individual Social Needs Falls Short Of Addressing Social Determinants Of Health," Health Affairs Blog, January 16, 2019. DOI: [10.1377/hlthaff.2019.0115.234942](https://doi.org/10.1377/hlthaff.2019.0115.234942)

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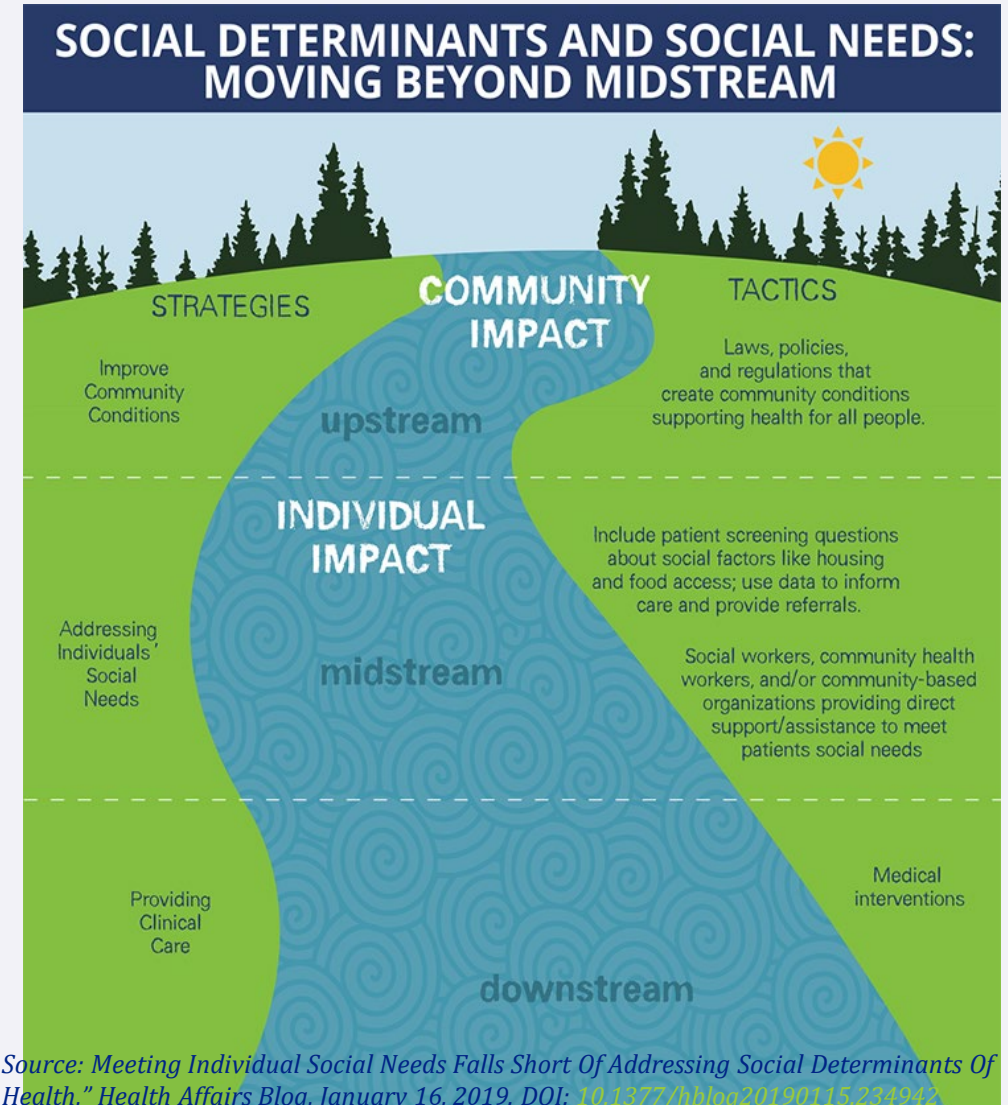
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Awareness  
Adjustment  
Assistance





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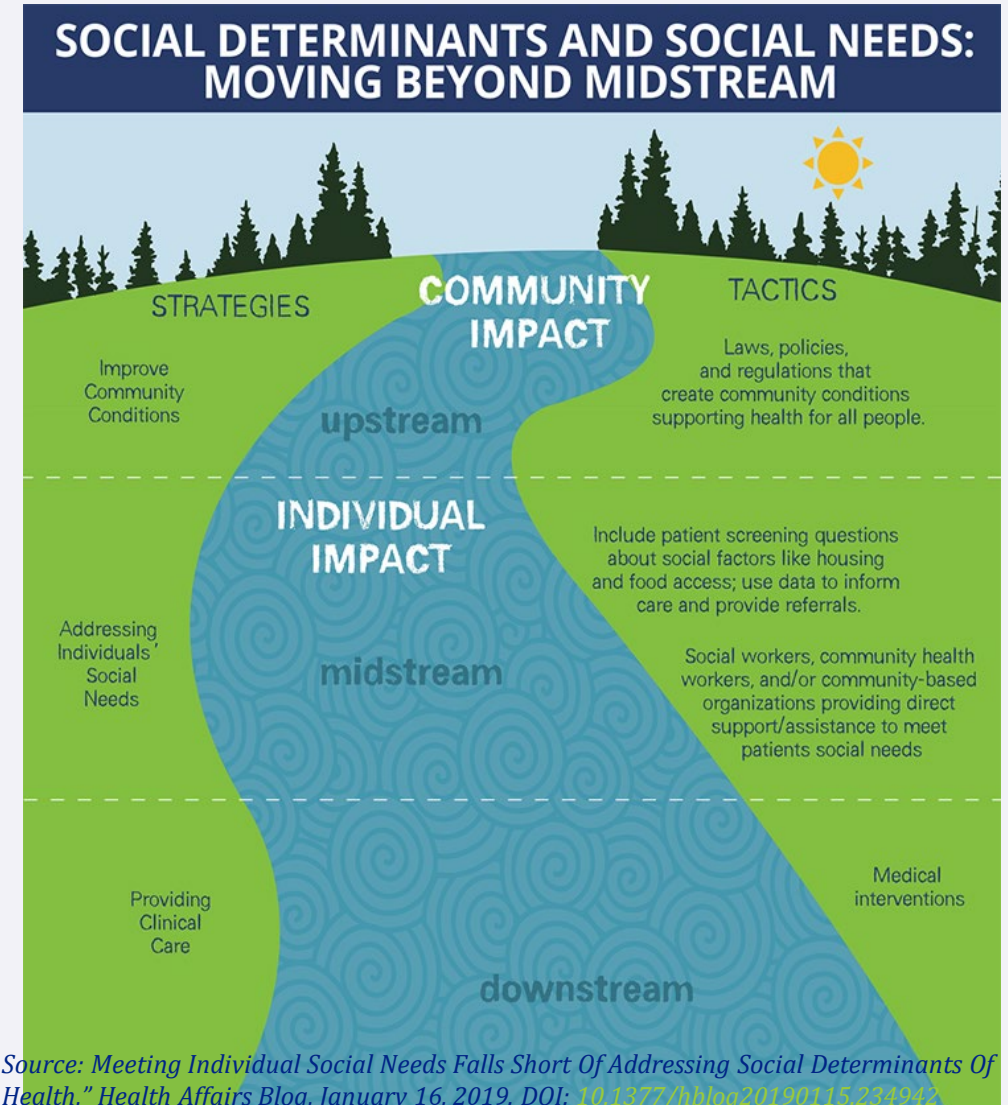
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Alignment  
Advocacy

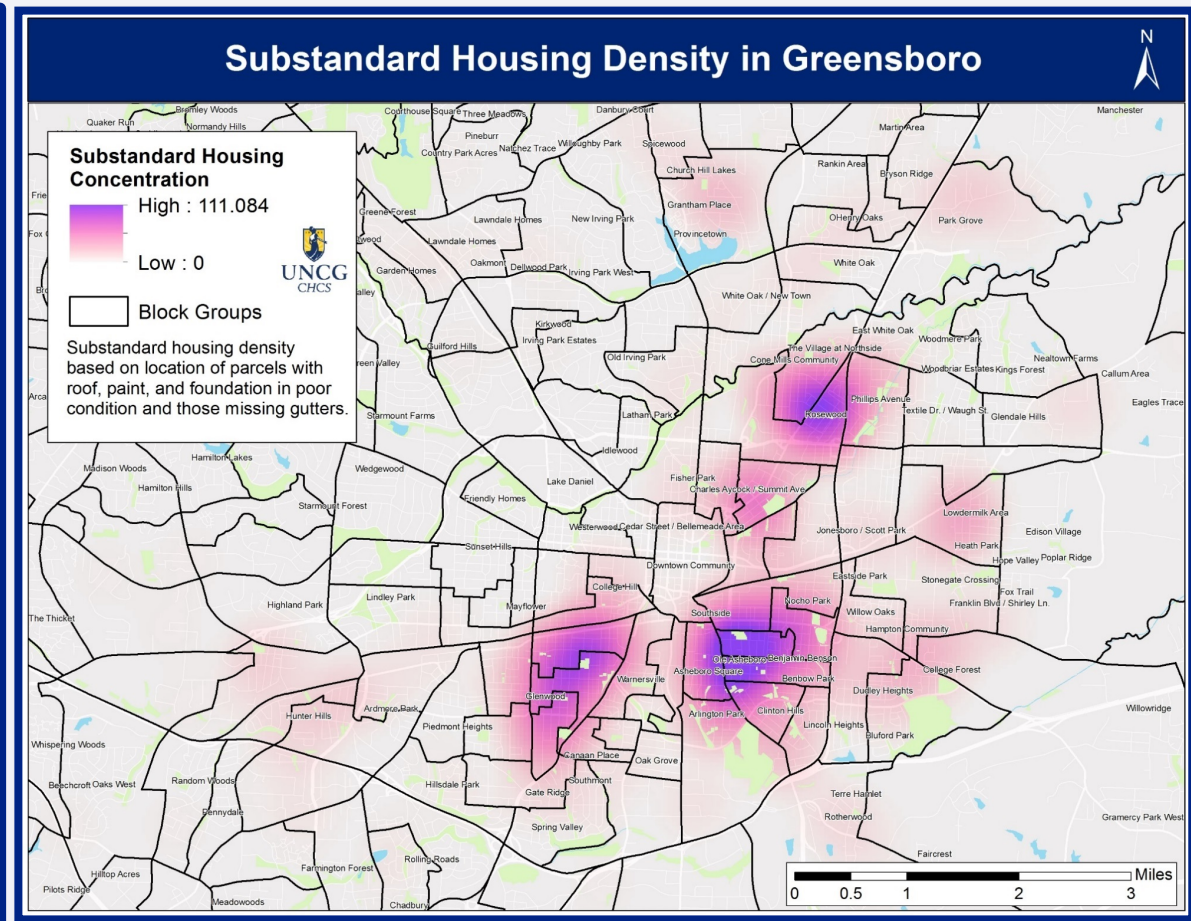
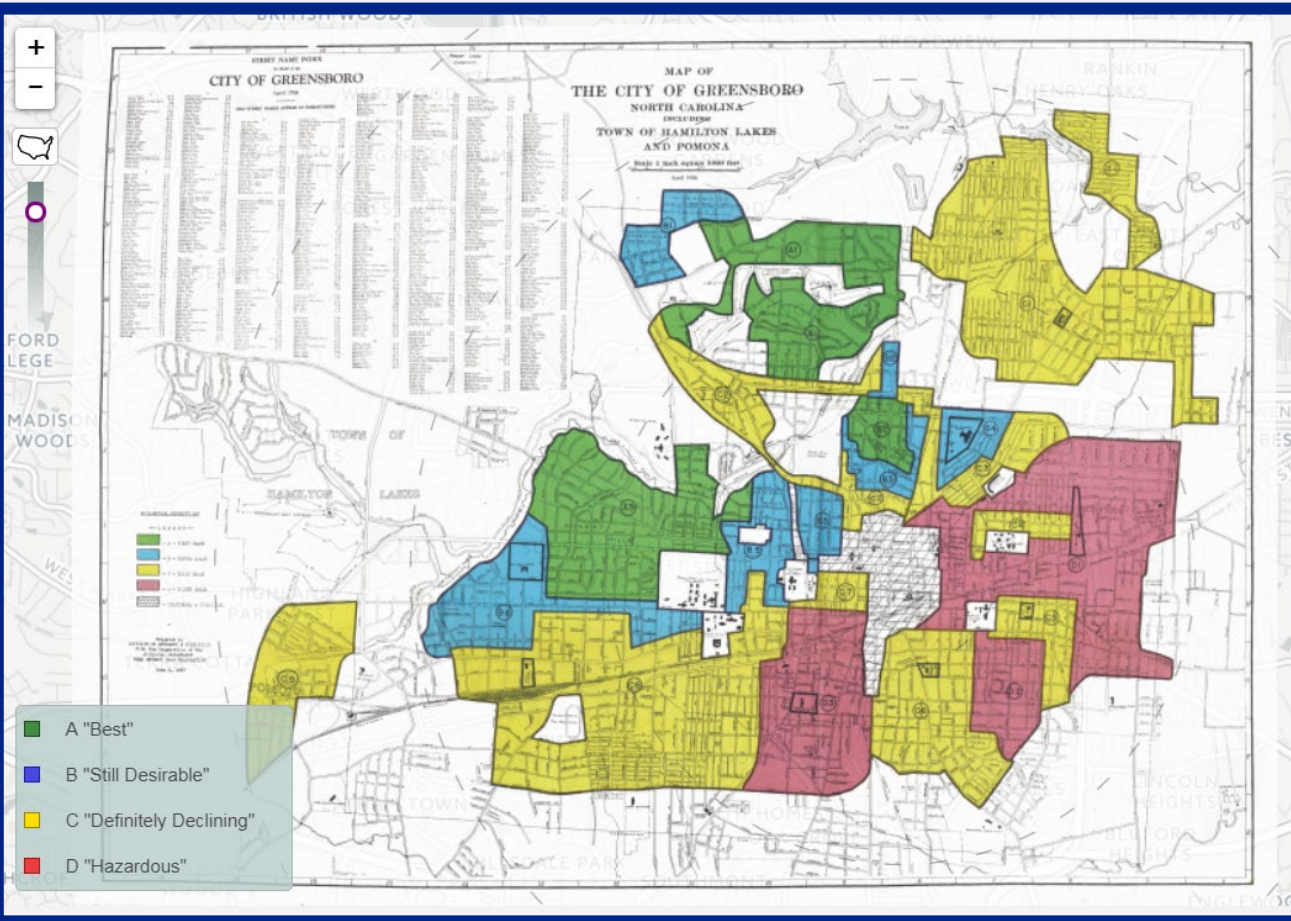
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Source: Meeting Individual Social Needs Falls Short Of Addressing Social Determinants Of Health," Health Affairs Blog, January 16, 2019. DOI: [10.1377/hlbblog20190115.234942](https://doi.org/10.1377/hlbblog20190115.234942)

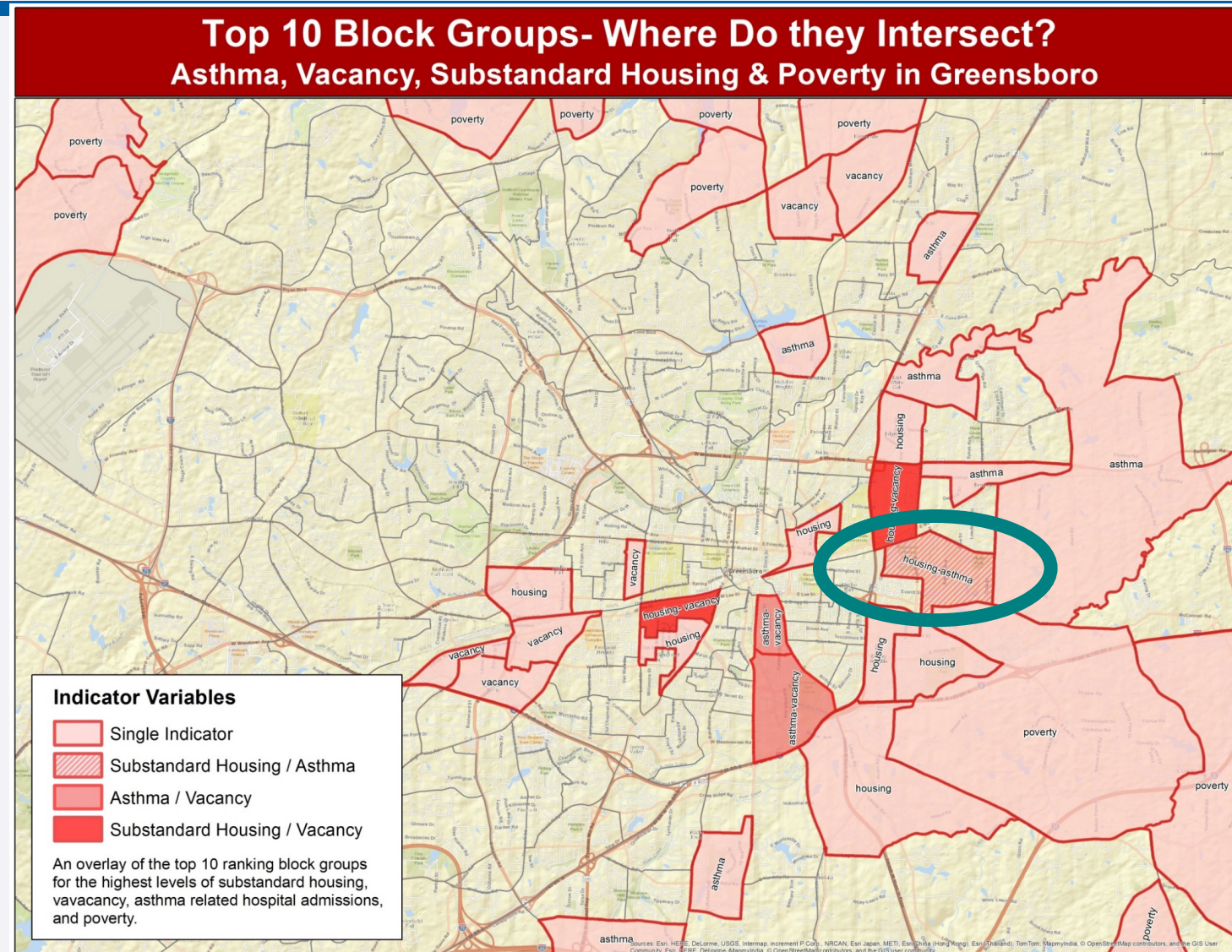


# Alignment and Advocacy





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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*

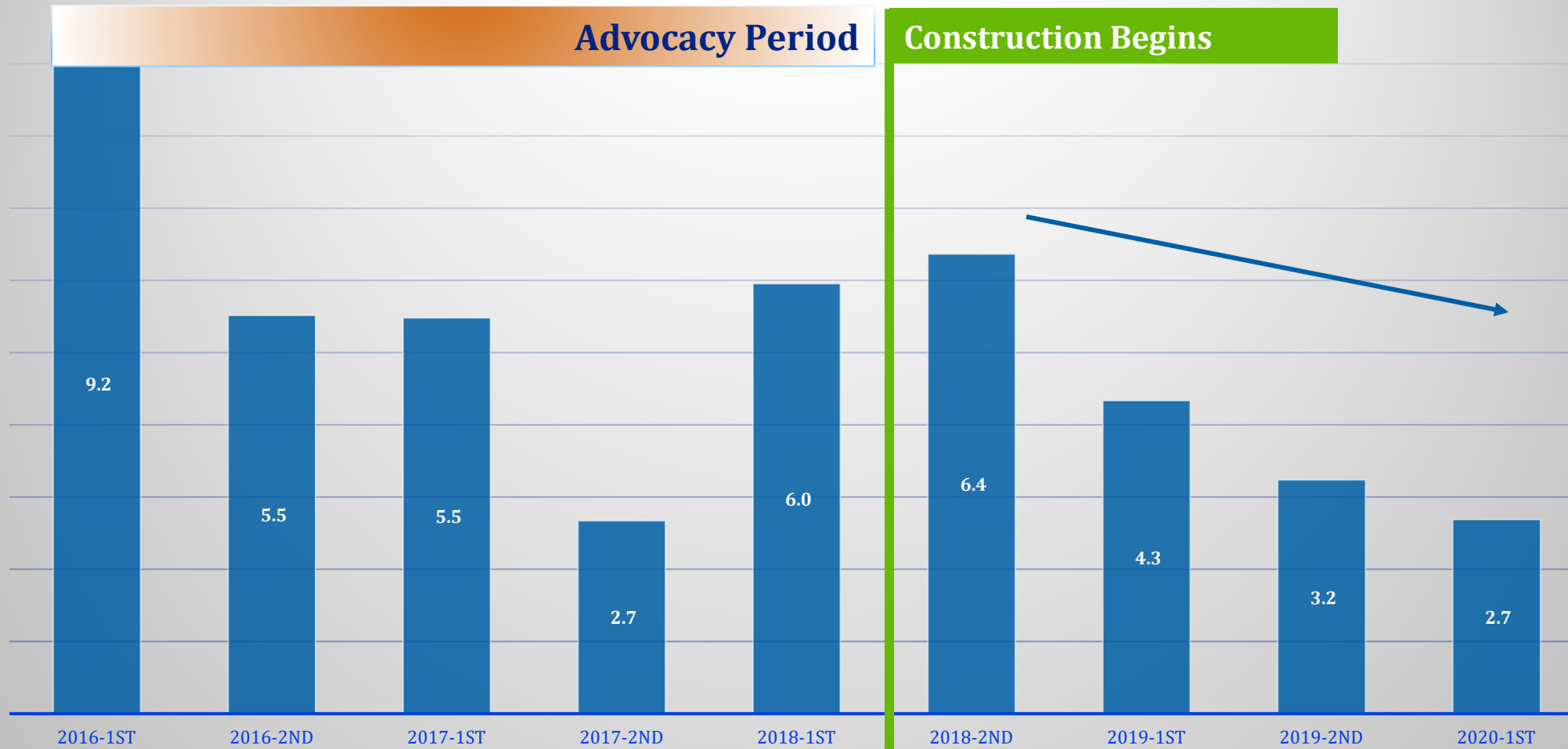


# Alignment and Advocacy

Asthma/Respiratory Emergency Department Visits (per 100 people)

Advocacy Period

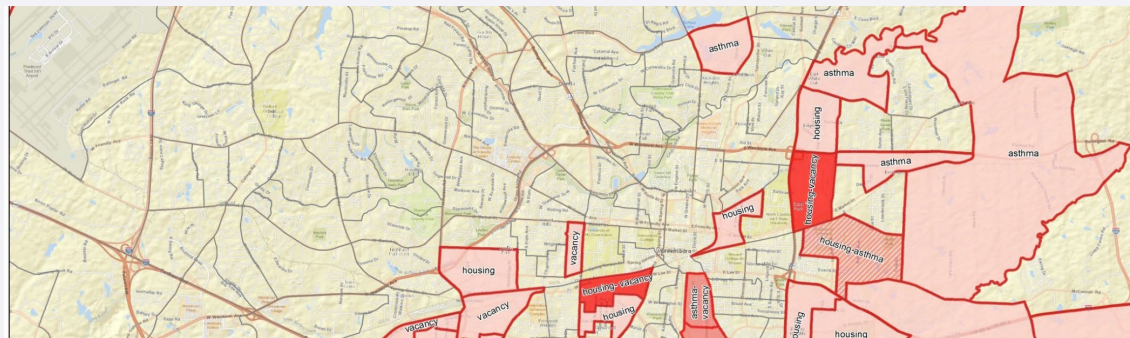
Construction Begins



# Alignment and Advocacy

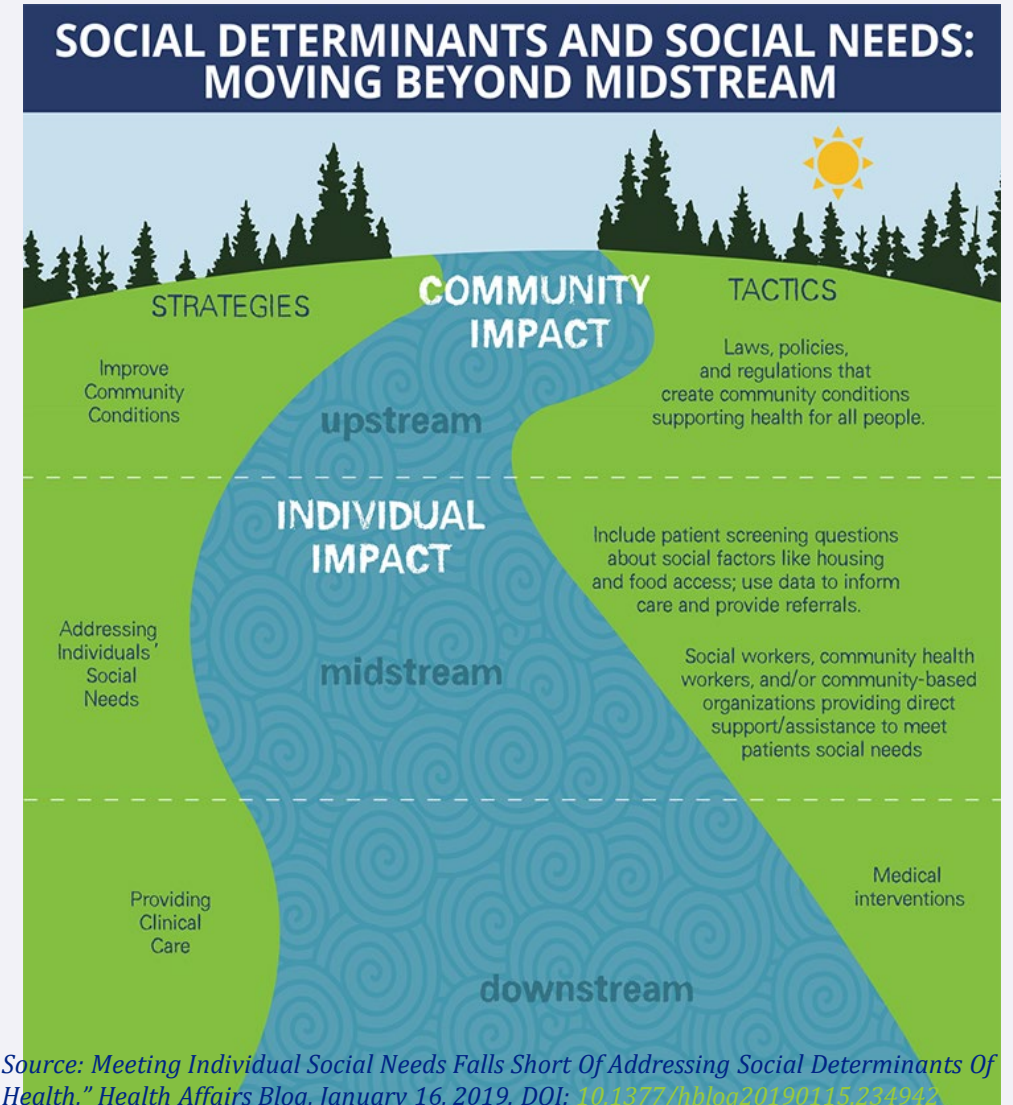


Alignment  
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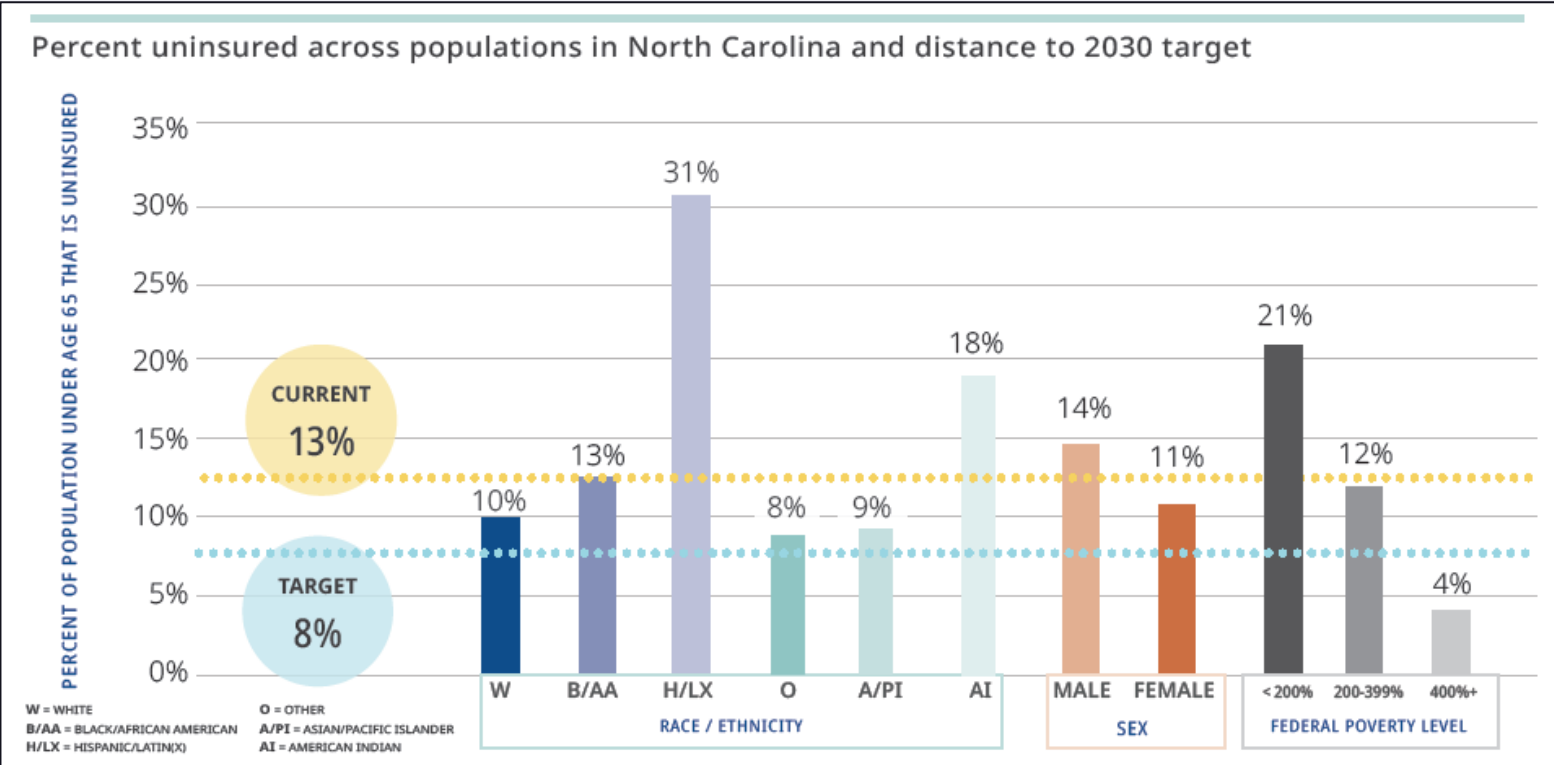
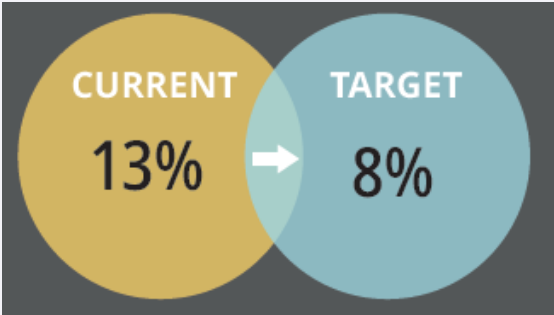
# Clinical Care - Uninsured

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



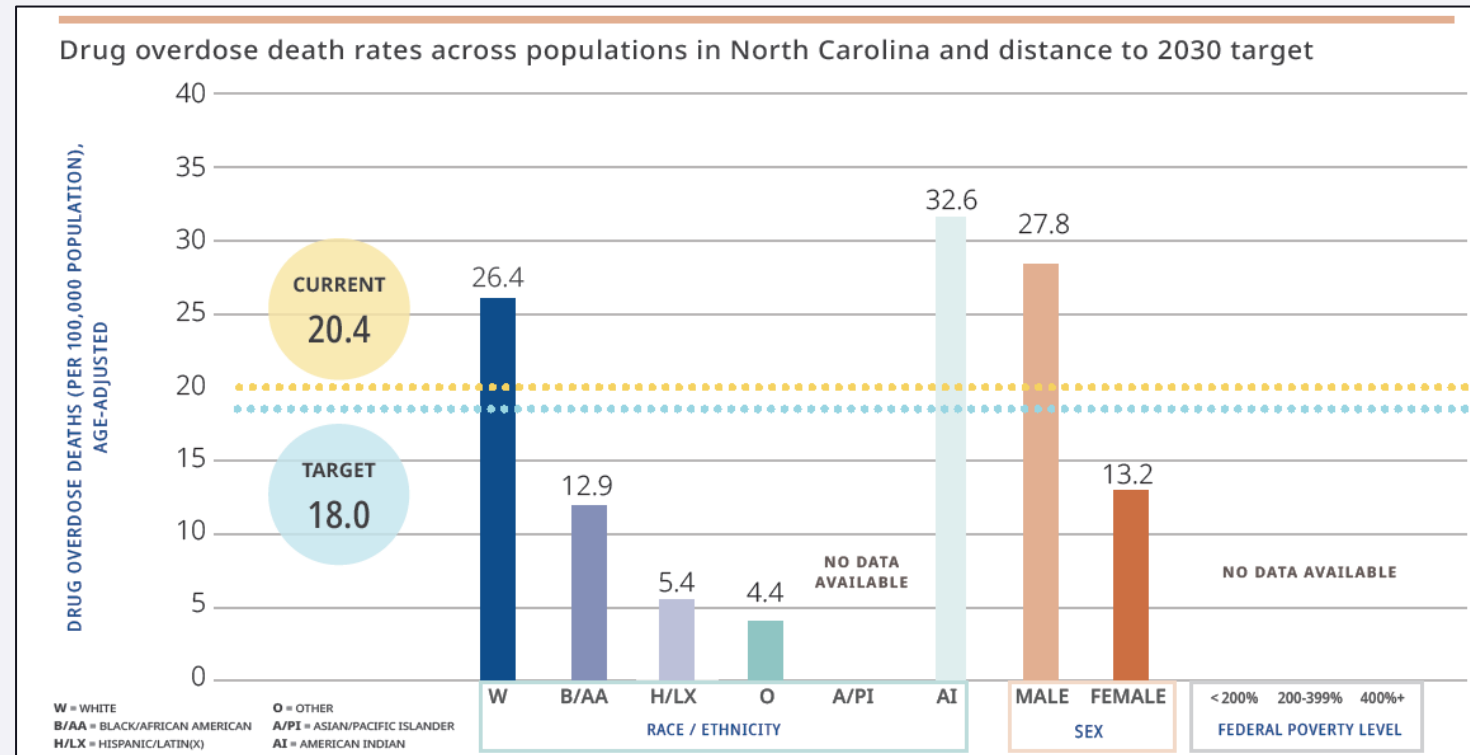
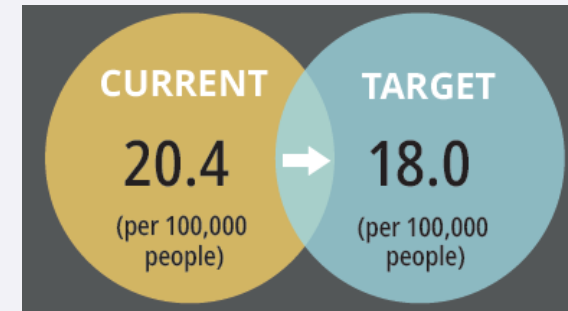
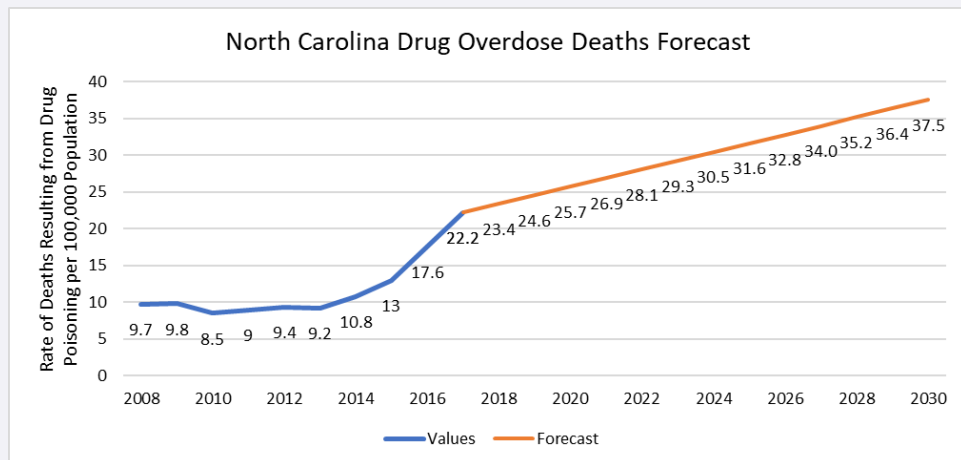
# Health Behaviors – Drug overdose deaths

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

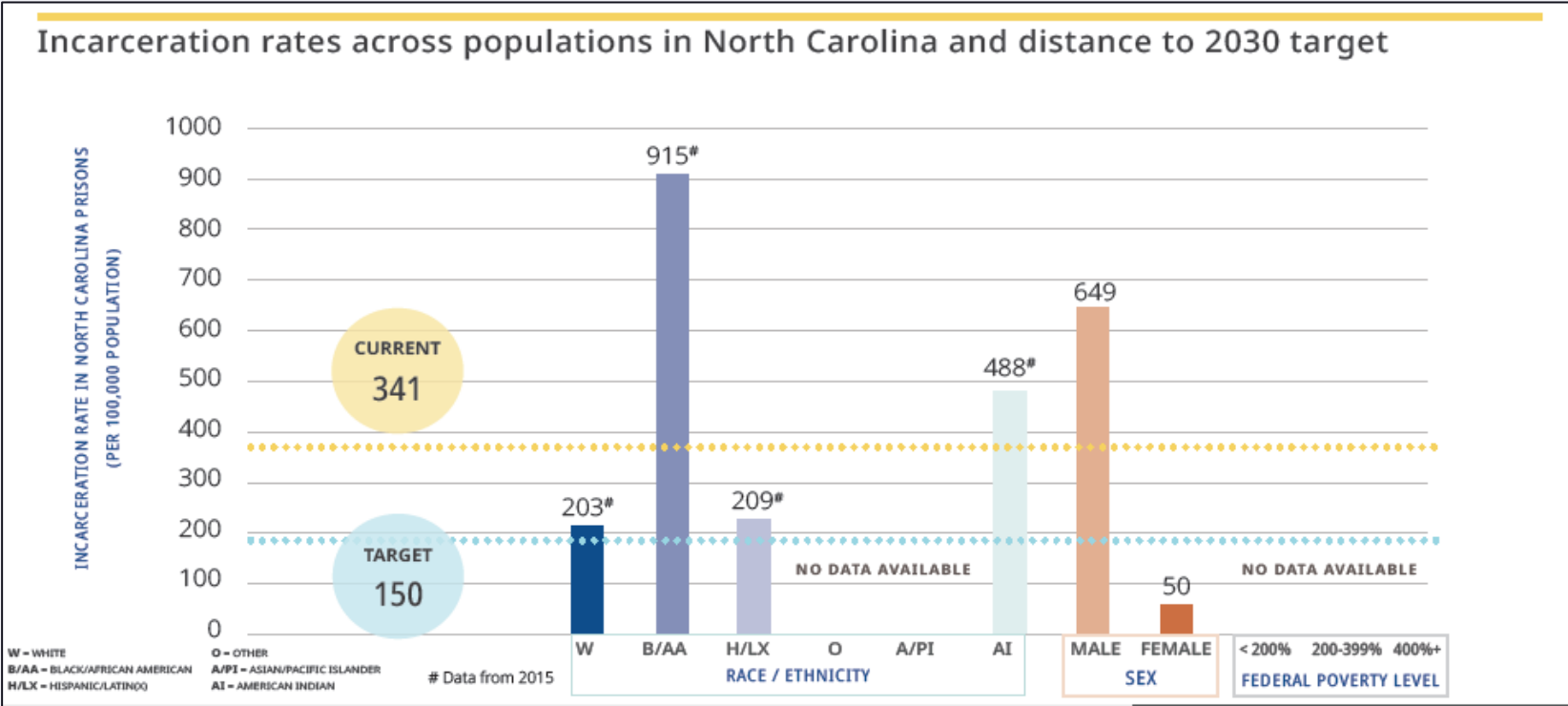
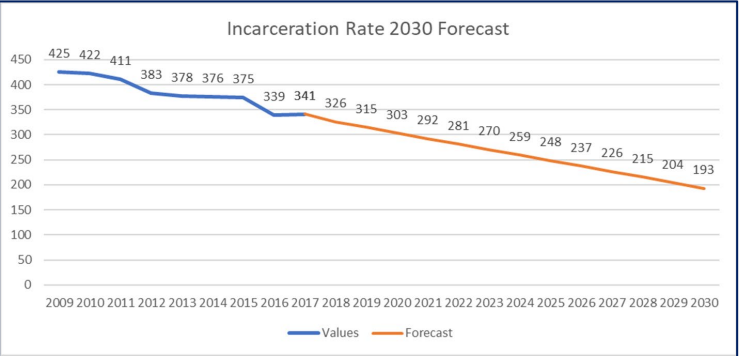
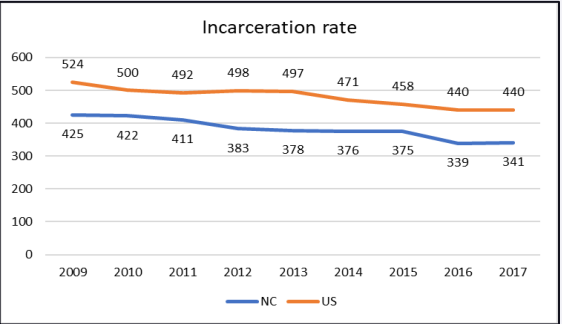
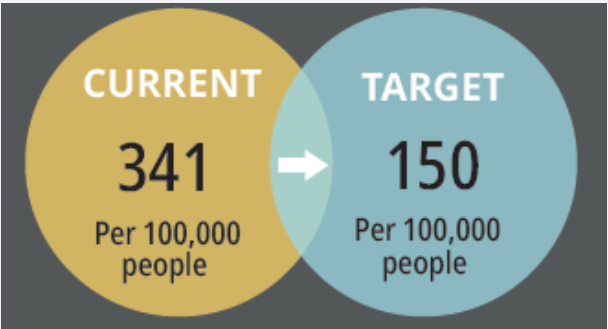


# Social & Economic Factors – Incarceration rate

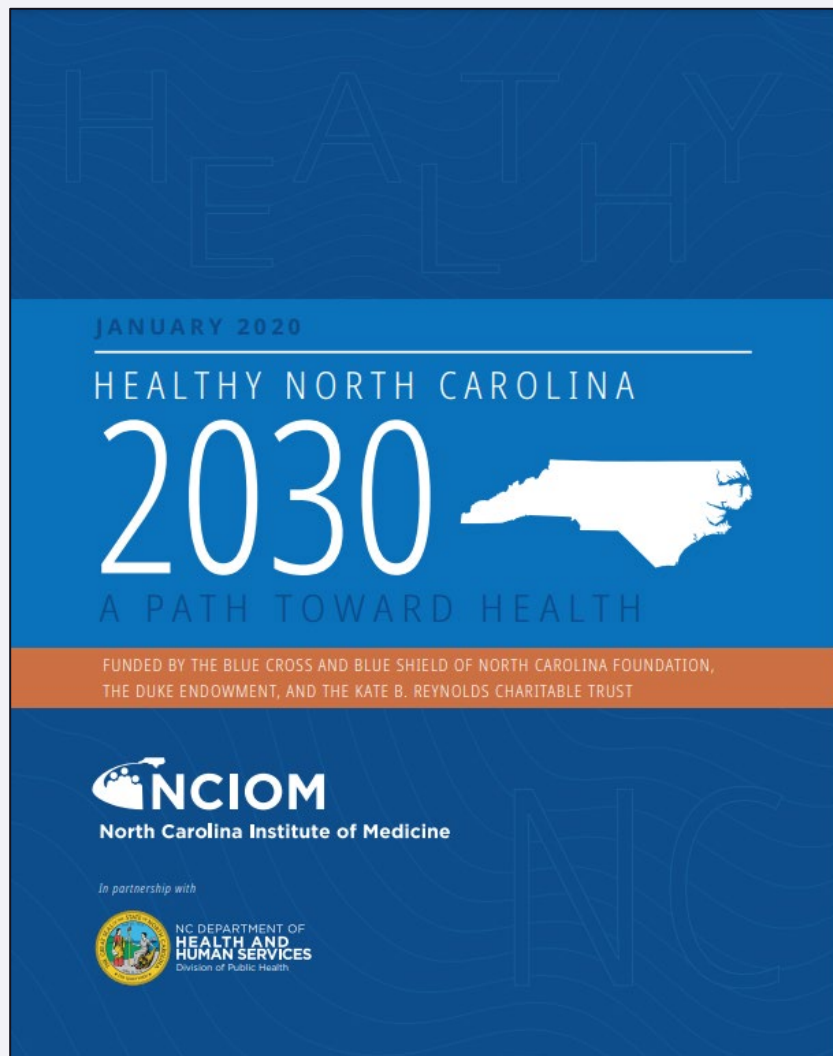
Desired outcome: Dismantle structural racism

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

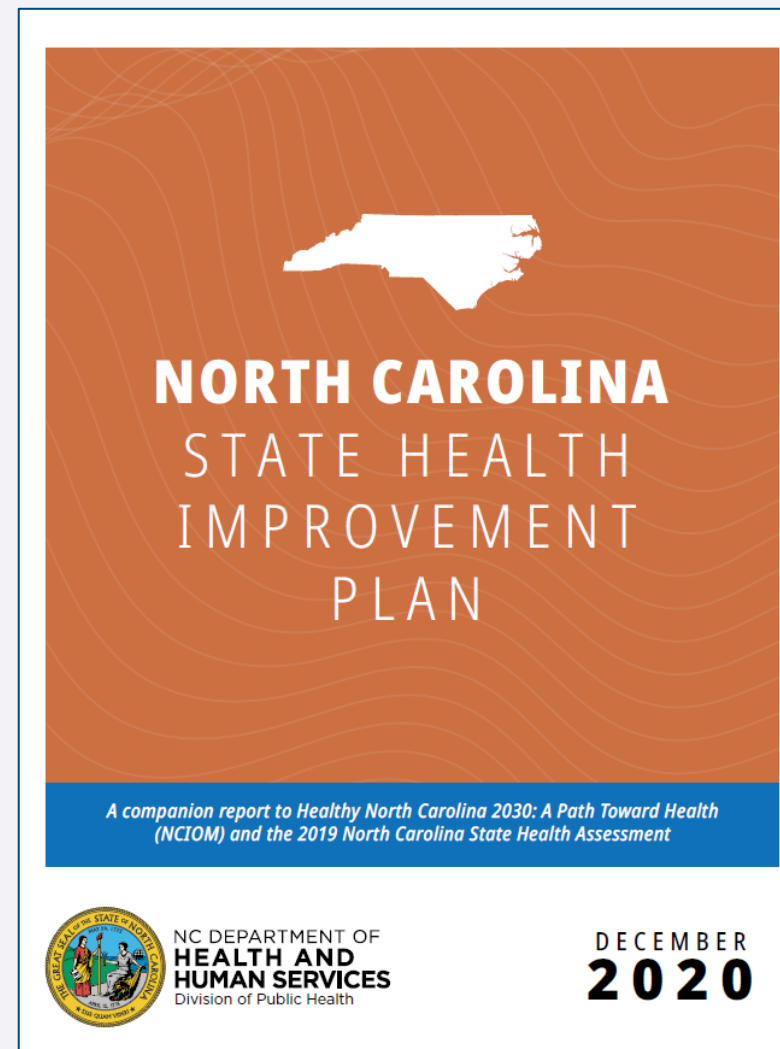
Source: US Bureau of Justice Statistics



# Moving from Consensus on Indicators to NC State Health Improvement Plan



<https://nciom.org/wp-content/uploads/2020/01/HNC-REPORT-FINAL-Spread2.pdf>



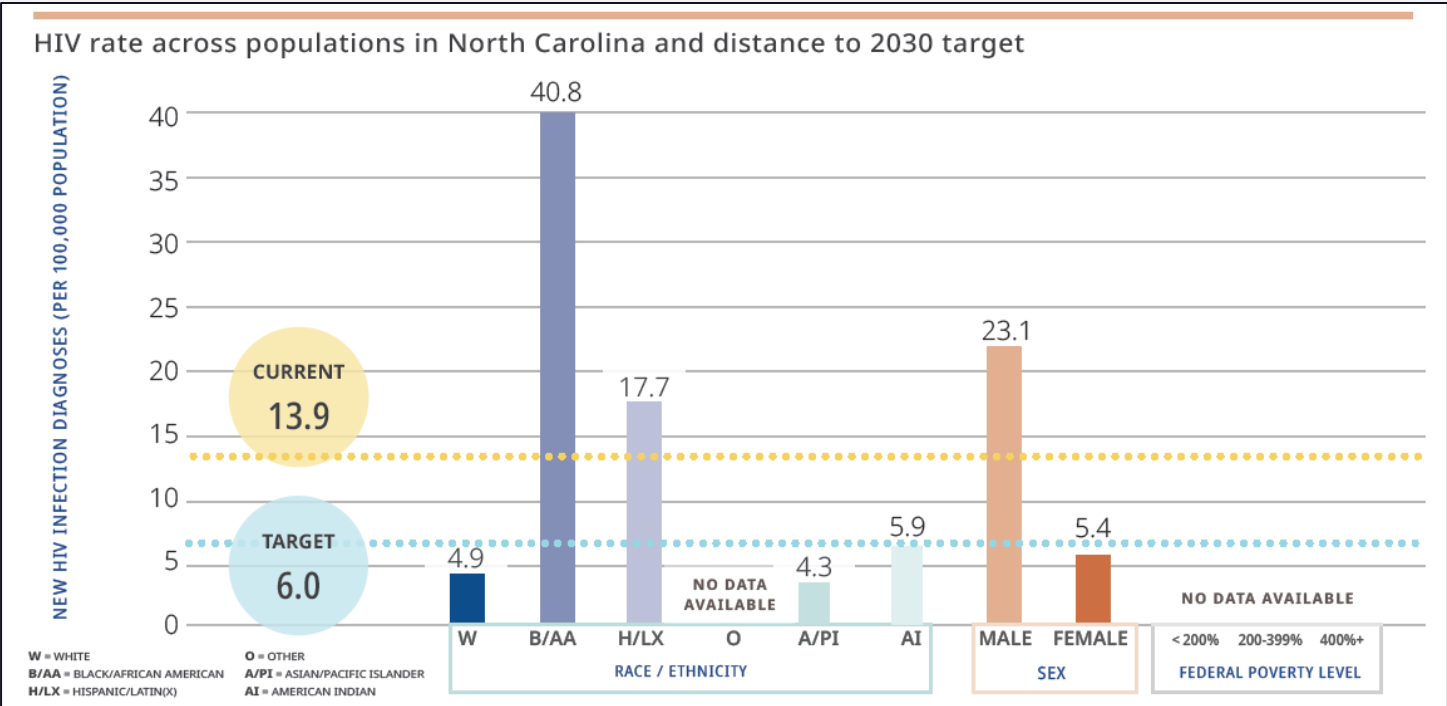
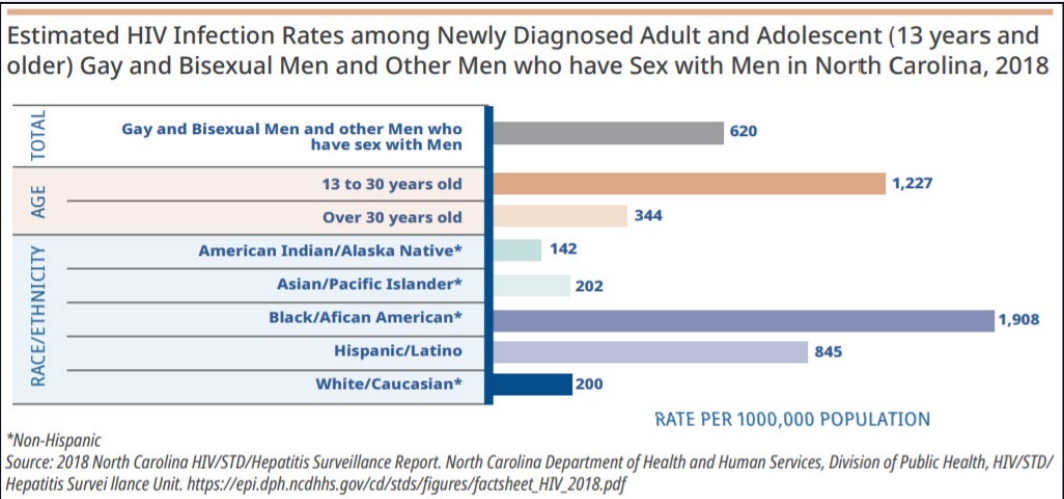
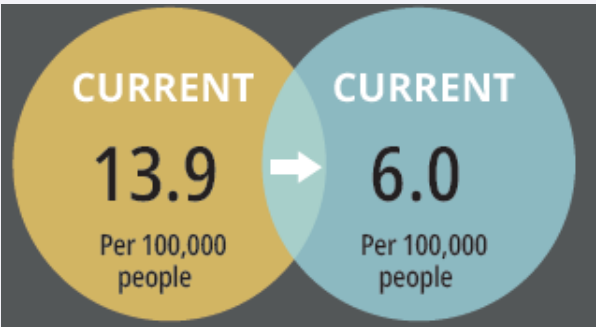
<https://schs.dph.ncdhhs.gov/units/ldas/docs/SHIP-REPORT-Final-030121.pdf>

# Health Behaviors – HIV diagnosis

Desired result: Improve sexual health

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

Source: NC Epidemiology Section





## 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

Figure 23. HIV rate across populations in North Carolina and distance to 2030 target (2019)

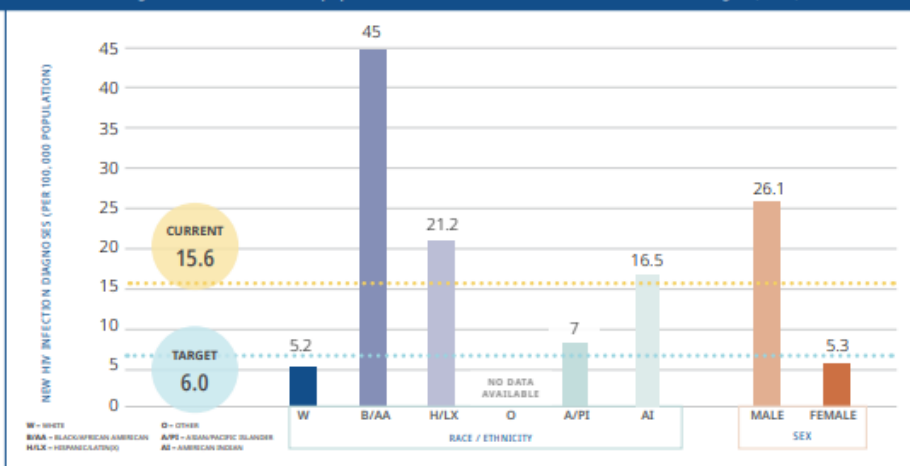
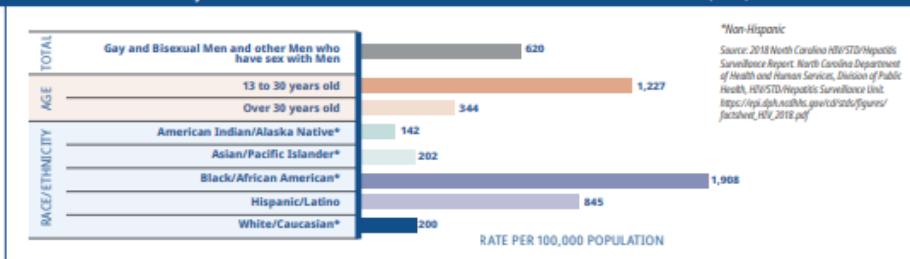


Figure 24. Estimated HIV Infection Rates among Newly Diagnosed Adult and Adolescent (13 years and older) Gay and Bisexual Men and Other Men who have Sex with Men in North Carolina (2018)



### 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**

### 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. *HNC 2030, p. 76, revised*

### 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.

*HNC 2030 pp. 76-77, revised*

### WHAT WORKS?

- Address systemic issues of provider discomfort discussing HIV and sexual health especially with young people and LGBTQ 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

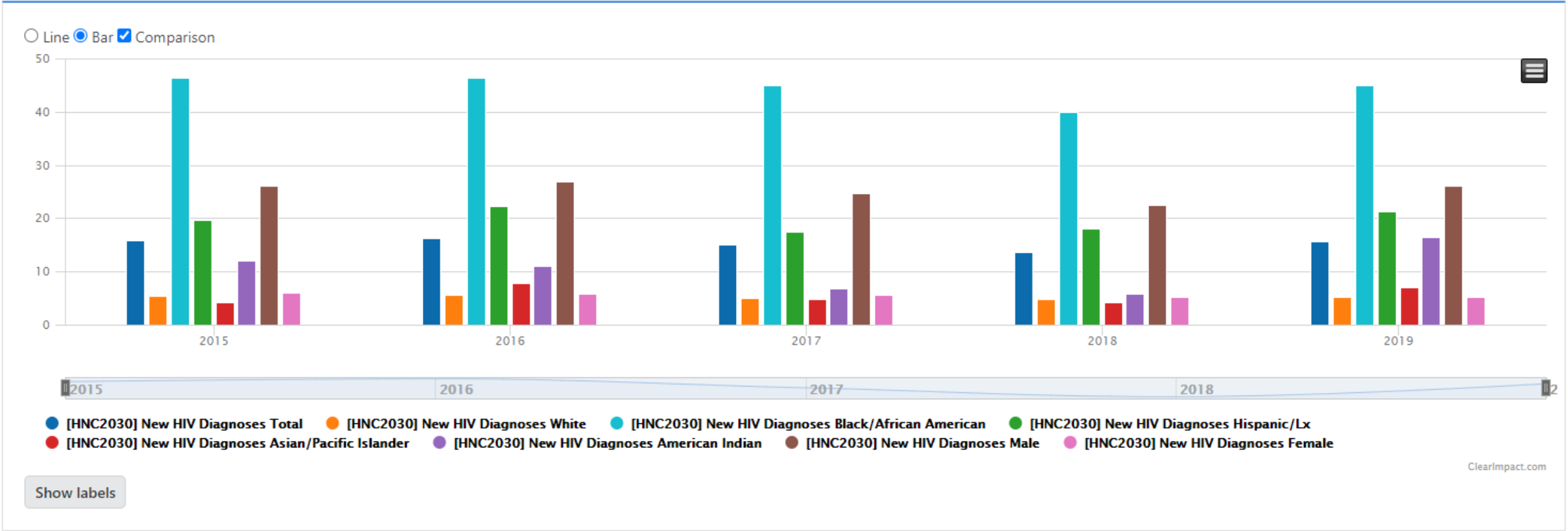
### NC PARTNERS WHO CAN HELP US:

- **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.dukehealth.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.mecknc.gov/HealthDepartment/GettingToZero/Pages/Home.aspx>
- **North Carolina Harm Reduction Coalition (NCHRC) 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.nchrc.org/syringe-exchange/syringe-exchange-2/>
- **Sexual Health Initiatives For Teens (SHIFT) NC** Working to improve adolescent and young adult sexual health - <https://www.shiftnc.org/>



# New HIV Diagnoses Total

15.6 2019



## Health Equity/Disparity Comparison Data

# 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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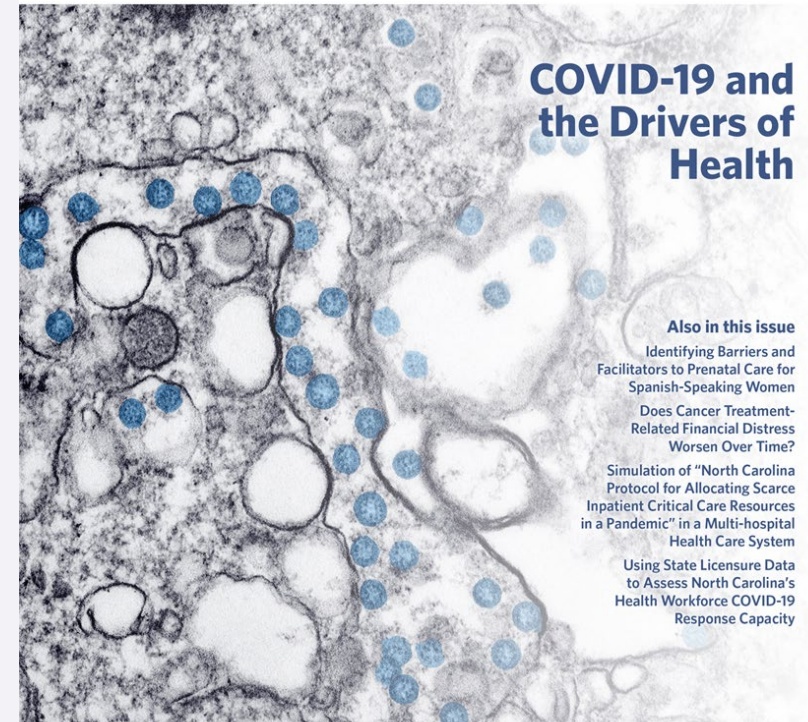
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a journal of health policy analysis and debate



### COVID-19 and the Drivers of Health

#### Also in this issue

Identifying Barriers and  
Facilitators to Prenatal Care for  
Spanish-Speaking Women  
Does Cancer Treatment-  
Related Financial Distress  
Worsen Over Time?  
Simulation of "North Carolina  
Protocol for Allocating Scarce  
Inpatient Critical Care Resources  
in a Pandemic" in a Multi-hospital  
Health Care System  
Using State Licensure Data  
to Assess North Carolina's  
Health Workforce COVID-19  
Response Capacity

Published by the North Carolina Institute of Medicine and The Duke Endowment

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Factors

Mar/Apr  
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ment

# Questions?

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[www.nciom.org](http://www.nciom.org)  
[www.ncmedicaljournal.com](http://www.ncmedicaljournal.com)

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