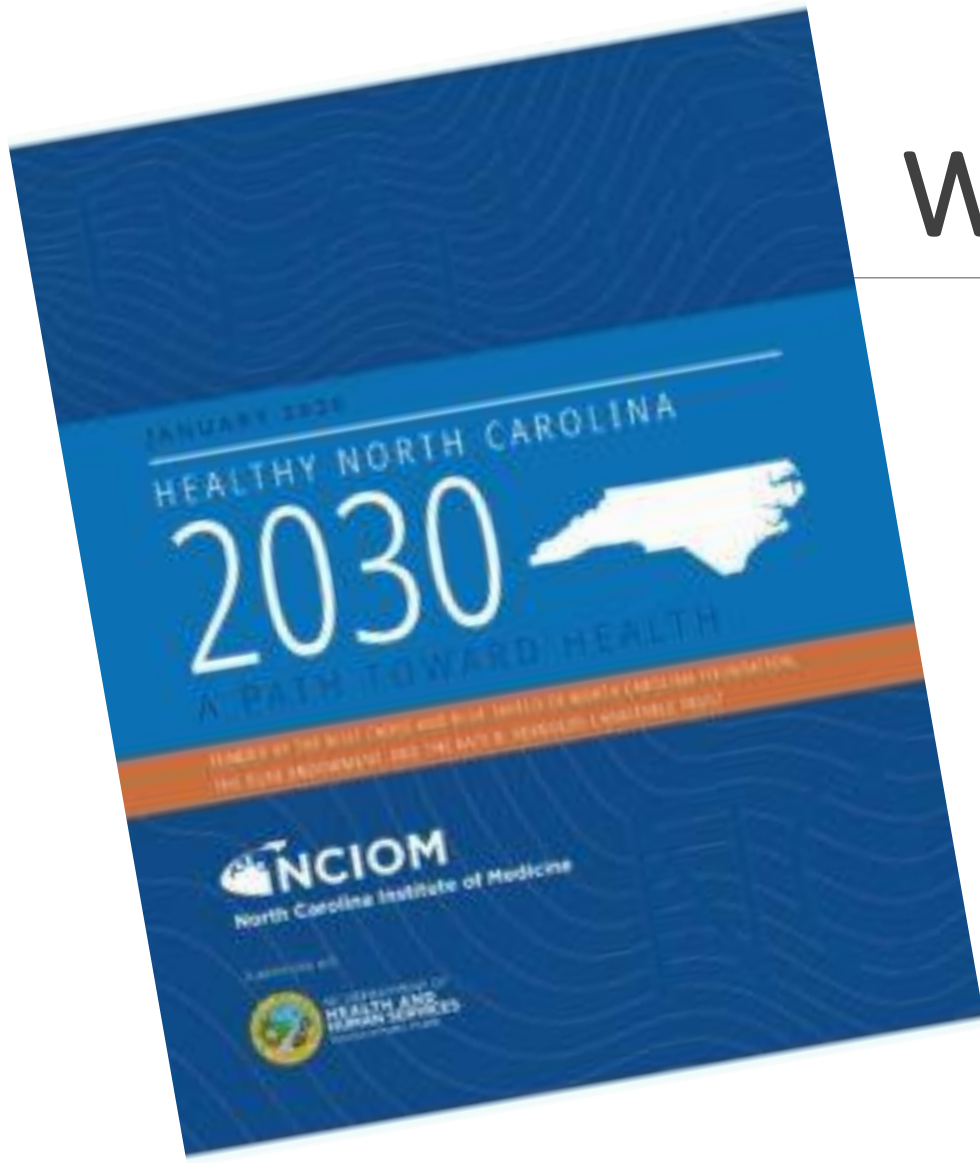


Healthy NC 2030

WHY IT MATTERS TO NCMS



What is Healthy NC 2030?

Comprehensive

Reliable

Focused

Practical

Inspiring

North Carolina
Established 1849



Medical Society
Leadership in Medicine

HNC 2030 is Comprehensive

Social & Economic Factors

Physical Environment

Health Behaviors

Clinical Care

Health Outcomes

North Carolina

Established 1849



Medical Society

Leadership in Medicine

TABLE 1

HEALTH INDICATORS AND DATA

(TOTAL NC POPULATION, 2030 TARGET, AND DATA BY RACE/ETHNICITY, SEX, AND POVERTY LEVEL)

W - WHITE
 B/AA - BLACK/AFRICAN AMERICAN
 H/LX - HISPANIC/LATINO
 A/PI - ASIAN/PACIFIC ISLANDER
 AI - AMERICAN INDIAN
 FPL - FEDERAL POVERTY LEVEL
 ‡ NOT AVAILABLE OR NOT APPLICABLE

* 2016-18 AVERAGE
 † INCLUDES HISPANIC ETHNICITY
 ‡ DATA FROM 2015
 A - ASIAN ONLY
 B - PACIFIC ISLANDER
 C - ECONOMICALLY DISADVANTAGED STUDENTS, AS DEFINED BY NC DEPARTMENT OF PUBLIC INSTRUCTION

D - 50%-100% FEDERAL POVERTY LEVEL
 E - 101%-150% FEDERAL POVERTY LEVEL
 F - 151%-200% FEDERAL POVERTY LEVEL
 G - TWO OR MORE RACES
 H - STUDENTS WHO ARE NOT ECONOMICALLY DISADVANTAGED, AS DEFINED BY NC DEPARTMENT OF PUBLIC INSTRUCTION

HEALTH INDICATOR	DESIRED RESULT	TOTAL POPULATION	
		CURRENT (YEAR)	2030 TARGET
INDIVIDUALS BELOW 200% FPL	Decrease the number of people living in poverty	36.8% (2013-17)	27.0%
UNEMPLOYMENT	Increase economic security	7.2% (2013-17)	Reduce unemployment disparity ratio between white and other populations to 1.7 or lower
SHORT-TERM SUSPENSIONS (PER 10 STUDENTS)	Dismantle structural racism	1.39 (2017-18)	0.80
INCARCERATION RATE (PER 100,000 POPULATION)		341 (2017)	150
ADVERSE CHILDHOOD EXPERIENCES	Improve child well-being	23.6% (2016-17)	18.0%
THIRD GRADE READING PROFICIENCY	Improve third grade reading proficiency	56.8% (2018-19)	80.0%
ACCESS TO EXERCISE OPPORTUNITIES	Increase physical activity	73% (2018/18)	92%
LIMITED ACCESS TO HEALTHY FOOD	Improve access to healthy food	7% (2015)	5%
SEVERE HOUSING PROBLEMS	Improve housing quality	16.1% (2011-15)	14.0%
DRUG OVERDOSE DEATHS (PER 100,000 POPULATION)	Decrease drug overdose deaths	20.4 (2018)	18.0
TOBACCO USE	Decrease tobacco use	YOUTH 19.8% (2017)	9.0%
		ADULT 23.8% (2018)	15.0%
EXCESSIVE DRINKING	Decrease excessive drinking	16.0% (2018)	12.0%
SUGAR-SWEETENED BEVERAGE CONSUMPTION	Reduce overweight and obesity	YOUTH 33.6% (2017)	17.0%
		ADULT 34.2% (2017)	20.0%
HIV DIAGNOSIS (PER 100,000 POPULATION)	Improve sexual health	13.9 (2018)	6.0
TEEN BIRTH RATE (PER 1,000 POPULATION)		18.7 (2018)	10.0
UNINSURED	Decrease the uninsured population	13% (2017)	8%
PRIMARY CARE CLINICIANS (COUNTIES AT OR BELOW 1,500 PROVIDERS TO POPULATION)	Increase the primary care workforce	62 (2017)	25% decrease for counties above 1,500 providers to population
EARLY PRENATAL CARE	Improve birth outcomes	68.0% (2018)	80.0%
SUICIDE RATE (PER 100,000 POPULATION)	Improve access and treatment for mental health needs	13.8 (2018)	11.1
INFANT MORTALITY (PER 1,000 BIRTHS)	Decrease infant mortality	6.8 (2018)	6.0
		Black/white disparity ratio = 2.4	Black/white disparity ratio = 1.5
LIFE EXPECTANCY (YEARS)	Increase life expectancy	77.6 (2018)	82.0

RACE / ETHNICITY						SEX		FEDERAL POVERTY LEVEL		
W	B/AA	H/LX	O	A/PI	AI	MALE	FEMALE	<200%	200-399%	400%+
30.7%	51.1%	63.6%	46.1% ^c	30.6%	51.5%	34.8%	38.7%	‡	‡	‡
5.7% ^a	11.7% ^a	7.1% ^a	7.3% ^a 11.0% ^{a,c}	5.2% ^a	10.3% ^a	6.4%	6.7%	‡	‡	‡
0.73	3.00	0.88	1.69	0.18 ^a	2.46	1.98	0.74	2.09 ^c	‡	‡
203 ^a	915 ^a	209 ^a	‡	‡	488 ^a	649	50	‡	‡	‡
17.5%	36.0%	23.2%	37.2%	11.1%	‡	23.8%	23.5%	47.9%	19.9%	8.3%
70.1%	40.8%	42.6%	59.5% ^c	75.6% ^a	44.5%	54.0%	59.8%	42.6% ^c	70.6% ^a	‡
DATA NOT AVAILABLE										
26.4	12.9	5.4	4.4	‡	32.6	27.8	13.2	‡	‡	‡
20.6%	17.0%	20.7%	19.0%	‡	‡	23.0%	16.5%	‡	‡	‡
25.9%	22.5%	12.2%	17.1%	‡	‡	29.9%	18.5%	32.8%	21.6%	17.2%
17.2%	12.5%	17.8%	13.1%	‡	‡	21.7%	10.8%	14.5%	17.6%	21.2%
36.1%	31.5%	28.9%	24.3%	‡	‡	38.7%	28.3%	‡	‡	‡
32.6%	38.7%	37.0%	‡	‡	‡	37.6%	31.0%	41.0%	32.7%	24.1%
4.9	40.8	17.7	‡	4.3	5.9	23.1	5.4	‡	‡	‡
12.9	24.1	34.3	6.9	‡	38.3	‡	‡	‡	‡	‡
10%	13%	31%	8%	9%	18%	14%	11%	21%	12%	4%
NOT APPLICABLE										
74.8%	60.5%	57.5%	66.0%	‡	54.3%	‡	‡	‡	‡	‡
17.8	5.7	5.8	7.7	‡	‡	22.4	5.9	‡	‡	‡
5.0	12.2	4.8	5.0	‡	9.3	8.0	5.5	‡	‡	‡
78.3 ^a	75.5 ^a	‡	87.0 ^a	‡	75.6 ^a	74.8	80.3	‡	‡	‡

HNC 2030 is **Reliable**

- NC Institute of Medicine
- Volunteer leaders from across NC
- Targeted work groups
- Foundation of research
- Confirmed through public comment



HNC 2030 is Focused

Individuals below 200% FPL	Unemployment	Short-term Suspension
Incarceration Rate	Adverse Childhood Experiences	3 rd Grade Reading Proficiency
Access to Exercise Opportunities	Limited Access to Healthy Foods	Severe Housing Problems
Drug Overdose Deaths	Tobacco Use	Excessive Drinking
Sugar-Sweetened Beverages	HIV Diagnosis	Teen Birth Rate
Uninsured	Primary Care Clinicians	Early Prenatal Care
Suicide Rate	Infant Mortality	Life Expectancy

First Steps

1. Health

- Decreasing the uninsured population

2. Economy

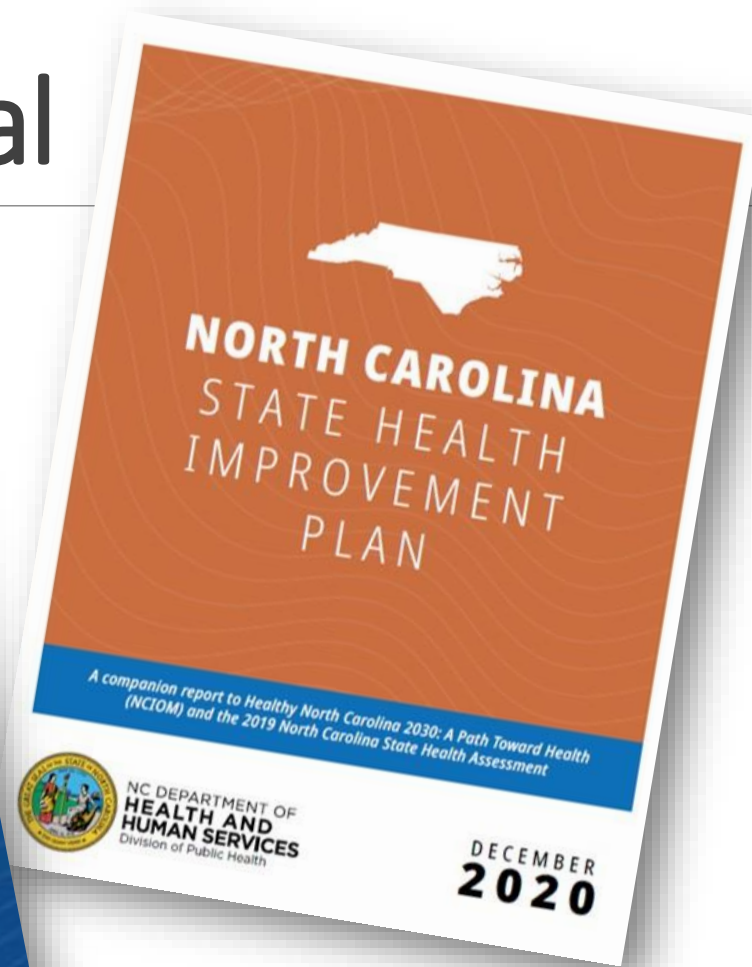
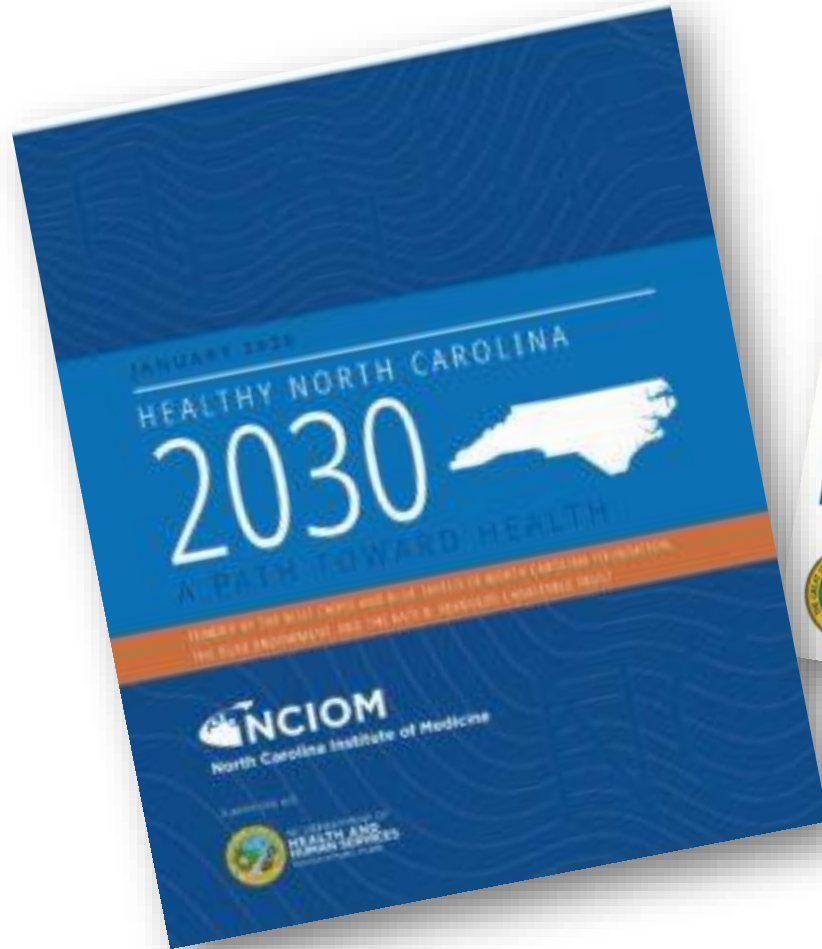
- Decreasing the number of people living in poverty

3. Education

- Improving third grade reading proficiency



HNC 2030 is Practical



North Carolina
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Leadership in Medicine



DEFINITION

Population under age 65 without health insurance

DETAILS

Individuals age 65 years and older are eligible for Medicare

NC UNINSURED RATE (2017)

13%

2030 TARGET

8%

RANGE AMONG NC COUNTIES

9 – 20%

RANK AMONG STATES

44th*

DATA SOURCE

Small Area Health Insurance Estimates

STATE PLANS WITH SIMILAR INDICATORS

Not Applicable

*Rank of 1st for state with lowest uninsured rate.

Rationale

For most upon which rates in started to the pote in North

Context

Access to com disease, and care services. health outcor treatment for health insura affordable he

In the United slightly more Carolinians w employers an Medicaid, Me age, income, public health marketplace, average annu high cost of in insurance and

Disparitie

Certain types temporary, or receive emplo purchase cov construction, too may fall in TriCare.¹⁶

There are also North Carolin of that comm citizenship an Carolinians as areas are mor the mountain

Levers for Change

(Collins, Bhupal, & Doty, 2019)

- Expand Medicaid eligibility criteria
- Support bans or limitations on short-term health plans
- Increase publicity and navigator funding for open enrollment
- Increase public education about insurance options

ance to 2030 target



Levers for Change

(Collins, Bhupal, & Doty, 2019)

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than 65 years old, 2017



PROPOSED POLICY CHANGES

State and local health departments and their partners contribute to improved population health using multilevel interventions (Figure 3). Policy changes are among the most important measures we have of “Turning the Curve” on the AHC 2030 Indicators. Table 1 provides a summary of policy initiatives that the NC SHIP will monitor.

Table 1. Proposed policy changes in the 2020 NC State Health Improvement Plan

INDICATOR	POLICY INITIATIVE
POVERTY	<ul style="list-style-type: none"> Expand Medicaid eligibility Advocate for paid medical leave among employers Expand subsidized childcare Increase the state earned income tax credit Raise the minimum wage to \$15.00 per hour
UNEMPLOYMENT	<ul style="list-style-type: none"> Increase access to broadband internet Expand transit options in rural and low-income communities Increase percentage of jobs that pay a living wage Increase access to affordable childcare Seek a national health insurance/service program: An Economic Bill of Rights for the 21st Century
SHORT-TERM SUSPENSIONS	<ul style="list-style-type: none"> Develop statewide system of restorative justice programs
INCARCERATION RATE	<ul style="list-style-type: none"> Implement Medication Assisted Treatment (MAT) programs in correctional settings Revise current criminal justice policies to reduce the rates of incarceration
ADVERSE CHILDHOOD EXPERIENCES	<ul style="list-style-type: none"> Increase access to behavioral health treatment Increase access to evidence-based parenting, early intervention, and home visiting programs Increase minimum wage and employment opportunities
THIRD GRADE READING PROFICIENCY	<ul style="list-style-type: none"> Expand access to NC Pre-K, 4-, and 5-star early learning programs and other high-quality early childhood programs Increase access to home visiting programs for young children Increase funding to public schools and early learning programs that serve children with the highest barriers to success, including children from low-income families and people of color Raise wages to attract, recruit, and retain highly qualified teachers, birth - third grade
ACCESS TO EXERCISE OPPORTUNITIES	<ul style="list-style-type: none"> Adopt “Complete Streets” policies Expand transit services to provide access to places for physical activity Increase number of biking trails and lanes, walking trails, and greenways Increase number of and access to community parks, particularly in rural areas Increase the number of joint use/open use policy agreements for school playground facilities Maintain safe and well-lit sidewalks Provide public access to municipal recreation facilities
LIMITED ACCESS TO HEALTHY FOOD	<ul style="list-style-type: none"> Continue, expand and institutionalize the SNAP online purchasing pilot Establish a public-private financing fund to stimulate the development/renovation/expansion of new and existing community-supported venues Expand transit options in rural and low-income communities Provide additional funding and support to School Nutrition Programs to expand healthy, locally-sourced food options and reduce financial barriers for students. Provide financial incentives like “double bucks” for SNAP/WFS recipients for the purchase of fruits and vegetables in grocery stores and farmers markets
SEVERE HOUSING PROBLEMS	<ul style="list-style-type: none"> Consider regulatory change allowing trailers to be registered as homes, not vehicles. Enforce fair housing laws Implement “right to counsel” policies for times tenants need to take their landlord to court Increase living wage employment opportunities Support programs designed to increase home ownership for people of color Update housing standards (HSA housing) required by OSHA Update the NC Migrant Housing Act

Table Continued →

INDICATOR	POLICY INITIATIVE
DRUG OVERDOSE DEATHS	<ul style="list-style-type: none"> Increase the use of agonist therapies (methadone and buprenorphine) Encourage insurance companies to expand access to treatment and recovery supports by piloting alternative pain management models Expand peer support specialist programs Implement broader use of NC Controlled Substance Reporting System by health care providers and pharmacies Implement Medication Assisted Treatment (MAT) programs in correctional settings Implement needle exchange programs Improve access to drug treatment programs, including medication-assisted treatment Increase distribution of naloxone Increase training for health care providers on buprenorphine prescribing Increase training for health care providers on safe prescribing practices Support policies that decriminalize and promote treatment of substance use disorder
TOBACCO USE	<ul style="list-style-type: none"> Fund comprehensive state tobacco control programs to levels recommended by the CDC Implement state and local tobacco-free and smoke-free air policies that include e-cigarettes Implement strategies to curb tobacco product advertising and marketing that are appealing to young people Increase access to standard-of-care tobacco use treatment License tobacco retailers to enforce youth access to tobacco laws Raise the age of tobacco product sales to 21 to comply with Federal law Raise the price of tobacco products through a tobacco tax Remove state preemption of local government regulations on the sale, promotion, distribution, and display of tobacco products Restrict the sales of flavored tobacco products
EXCESSIVE DRINKING	<ul style="list-style-type: none"> Consider laws around beer and wine couponing Expand access to treatment through Medicaid eligibility Hold alcohol retailers liable for intoxicated or underage customers who cause injury to others Increase alcohol excise taxes Increase funding for compliance checks Increase number and access to programs like Fellowship Hall Integrate Screening, Brief Intervention, and Referral to Treatment (SBIRT) into medical settings Reduce density of alcohol retailers Reduce the days and hours of alcohol sales Support and maintain state-controlled alcohol sales
SUGAR-SWEETENED BEVERAGE (SSB) CONSUMPTION	<ul style="list-style-type: none"> Limit sugary drinks through government and private sector procurement policies Limit the default beverages served with kids meals to milk, 100% fruit juice, or water Use SSB taxes and generated revenues to address equity issues Work with clinicians, medical practices, and insurance providers to add SSB screening questions to the electronic health record
HIV DIAGNOSES	<ul style="list-style-type: none"> Allow pharmacists to provide post-exposure prophylaxis Increase harm reduction, such as needle exchange programs, housing programs Implement interventions that improve access to HIV treatment Increase access to PrEP for individuals at high risk for HIV transmission Increase education and access for formerly incarcerated populations Increase Medicaid eligibility
TEEN BIRTH RATE	<ul style="list-style-type: none"> Examine school sex education policies to ensure they include information on how to avoid teen pregnancy and sexually transmitted infections Increase access to educational programs for youth in juvenile justice and foster care systems on pregnancy and STIs Make contraceptives available on-site in schools Require medically accurate sex education
UNINSURED	<ul style="list-style-type: none"> Expand Medicaid eligibility criteria Increase publicity and navigator funding for open enrollment Support bans or limitations on short-term health plans
PRIMARY CARE CLINICIANS	<ul style="list-style-type: none"> Ensure high speed internet access because it impacts telehealth, electronic health records and access to the controlled substance reporting system Increase access and payment for specialist consults Increase residency positions in rural areas Increase rural health clinical rotations for physician assistants (PAs) and Advanced Practice Nurses (APNs) Increase telehealth primary care initiatives in rural areas Invest in rural economies Support increased funding for provider loan repayment programs that incentivize primary care providers to practice in medically underserved areas Support pipeline programs in rural areas to encourage high school and college students to pursue careers in medicine/primary care

HNC 2030 is Inspiring



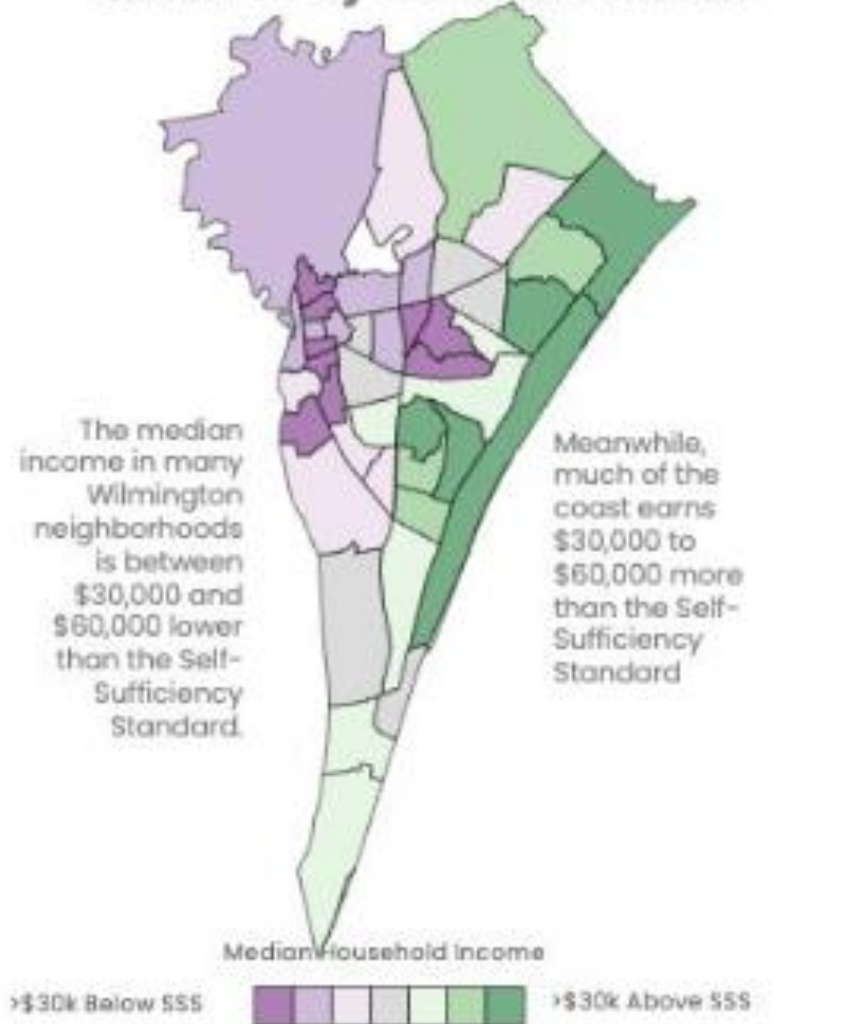


9 in 10

POPULATION

Wilmington
Nationally
From 2010

The Typical Wilmington Household Cannot Pay for Basic Needs



https://capefearco



Philip Brown • 1st

Chief Community Impact Officer at Novant Health
1mo •

What are the most important things for good health? Brief explanation of population health model used in Healthy Communities Dashboard found at healthycommunitiesnc.org #equity #healthequity with [Cape Fear Collective](#) and [Novant Health](#)

RIGHTS

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DONATE

Why has NCMS adopted HNC 2030?

PARTNERSHIPS ARE ESSENTIAL

North Carolina



The Commonwealth Fund



○ Southeastern States

Most Populous States

North Carolina



The
Commonwealth
Fund

Ranking Highlights^a

	National Rank		Rank Among Southeastern States	
	2020	Change from baseline	2020	Change from baseline
Overall	36 of 51	-4	3 of 12	-1
Access & Affordability	39	-4	7	-3
Prevention & Treatment	22	-9	3	-2
Avoidable Use & Cost	18	+2	3	-1
Healthy Lives	36	0	4	0
Income Disparity	46	-2	9	-2

How Health Care in NC Has Changed^b



North Carolina



The
Commonwealth
Fund

Top-Ranked Indicators

Adults without all recommended vaccines

Primary care spending as share of total, age 65 and older

Diabetic adults without an annual hemoglobin A1c test

Bottom-Ranked Indicators

Employee insurance costs as a share of median income

High out-of-pocket medical spending

Central line-associated blood stream infection (CLABSI)

Most Improved Indicators

Home health patients without improved mobility

Children who did not receive needed mental health care

Diabetic adults without an annual hemoglobin A1c test

Indicators That Worsened the Most

Hospital 30-day mortality

Children without a medical home

Preventable hospitalizations ages 18–64

Why Expand Medicaid?

	National Rank		Rank Among Southeastern States	
	2020	Change from baseline	2020	Change from baseline
Overall	36 of 51	-4	3 of 12	-1
Access & Affordability	39	-4	7	-3
Prevention & Treatment	22	-9	3	-2
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Healthy Lives	36	0	4	0
Income Disparity	46	-2	9	-2



Biggest Healthcare Cost Savings

Additional Health Solutions

- Require coverage for the delivery of health care and mental health services through telehealth to ensure patients continue to receive improved access.
- Support increased funding for loan repayment programs that incentivize primary care physicians to practice in medically underserved areas.
- Support increased funding and/or tax credits for rural preceptorships.
- Increase residency positions in rural areas.
- Expand broadband in unserved/underserved areas.



Questions

CHIP BAGGETT

EVP/CEO