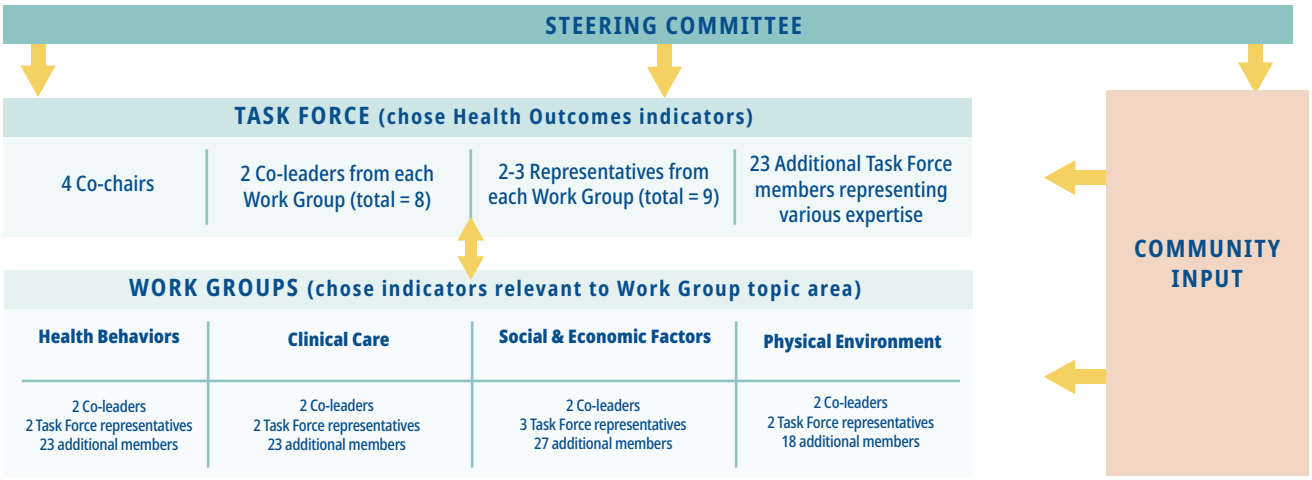
APPENDIX B

HEALTHY NORTH CAROLINA 2030 PROCESS DETAILS

The Healthy North Carolina 2030 (HNC 2030) process involved several meetings of an overall Task Force, four Work Groups, and Community Input Sessions, illustrated by the figure below.

FIGURE 1

Task Force, Work Group, and Community Input Structure



Allocation of Indicators Across Topic Areas

The initial goal of HNC 2030 was to select a total of 20 indicators. Using the percentages associated with each health factor topic area of the Population Health Model, the number of indicators was distributed amongst the Task Force to select Health Outcomes and each of the Work Groups. Table 1 below shows the original allocation of indicators and the final allocation with explanations for any changes.

TABLE 1

Number of Indicators Allocated to Topic Areas and Changes Made

	Number of Indicators		
TOPIC AREA	ORIGINAL ALLOCATION	FINAL ALLOCATION	EXPLANATION OF CHANGES
Health Outcomes	3	2	The Task Force decided to select only 2 Health Outcome indicators, leaving 1 extra for a Work Group. The extra indicator was given to Physical Environment.
Health Behaviors	5	6	The Health Behaviors Work Group lobbied the Task Force for inclusion of an additional indicator that they determined to be vital to the state's health.
Clinical Care	4	4	No change
Social and Economic Factors	6	6	No change
Physical Environment	2	3	The Physical Environment Work Group took on the extra indicator that the Task Force did not use for Health Outcomes.

Timeline and Procedures

The Task Force began meeting in January 2019, meeting a total of four times through August 2019. Each Work Group met three times – once each in February, May, and June 2019. Community meetings were held February through April 2019.

The first Task Force meeting provided background information and set a vision for HNC 2030. Each Work Group first met in February to narrow down larger lists of potential indicators to smaller lists for community input. These initial lists were gathered from HNC 2020, Healthy People 2030, state health improvement plans, and County Health Rankings & Roadmaps. Each Work Group used a process of small group and large group discussion, followed by an online survey. NCIOM staff created the final narrowed lists for community input.

At Community Input Sessions, each participant was given worksheets to provide an individual ranking of the indicators in each topic area.

Participants then discussed in small groups and indicated their top priority indicators in each topic area. Lists of indicators were edited slightly after the first few community sessions to reflect feedback from the participants, such as the addition of a transportation measure in the Physical Environment topic area and the change from "Emergency Department visits for violence" to "Violent crime rate." Table 2 shows the indicators discussed in community meetings and the average ranking they received.

The Task Force met in March to select the Health Outcomes measures. Work Groups met in May to review the community input and determine the final list of indicators for their topic area. In some cases, with additional data and discussion, the Work Group chose to prioritize some indicators differently from the community input because of data quality, issues related to health disparities or health equity, or choice of an indicator that measures a similar concept.

TABLE 2

Indicators Discussed at Community Input Sessions and Average Rankings of Indicators

HEALTH BEHAVIORS	
Youth tobacco use	1.6
Illicit drug use	2.0
Physical activity	2.3
Unintentional poisoning deaths	4.3
Teen birth rate	4.5
Adult smoking	6.3
Excessive drinking	6.5
Unintended pregnancy	6.8
Smoking during pregnancy	7.0
Sugar-sweetened beverage consumption	7.4
HIV diagnosis	8.9
Breastfeeding	9.6
Deaths due to falls	11.0

CLINICAL CARE	
Uninsured	1.0
Mental health ED visits	2.1
Early prenatal care	3.4
Routine checkups	4.5
Primary care physicians	5.0
Heart disease mortality	5.3
Suicide	6.5
School nurse/ student ratio	7.6
Vaccinations	8.3

SOCIAL & ECONOMIC FACTORS	
Families at or below 200% FPL	1.3
Adverse Childhood Experiences	2.3
Unemployment	3.6
Children in low-income homes	3.7
Income inequality	4.6
Children investigated for abuse	5.2
4th grade reading	5.9
High school graduation	7.0
Disconnected youth	9.0
Incarceration rate	9.5
Residential segregation	9.6
ED visits for violence	9.8
Violent crime rate	9.8
Suspension from school	10.9

PHYSICAL ENVIRONMENT	
Food Environment Index	1.4
Housing cost burden	2.3
Housing quality problems	2.6
Access to public transportation	3.8
Community water safety	5.2
Access to exercise opportunities	5.3
Blood lead levels	5.7
Air pollution	6.6
Asthma-related ED visits	7.2

ED = Emergency Department; FPL = Federal Poverty Level

Note: Rankings in table are with '1' rating the highest priority.

The final meeting of each Work Group in June was used to set targets for selected indicators. Work Groups were presented with data on current and past trends for each indicator, a forecasted estimate of the status of each indicator in 2030 (forecast estimates can be found on the NCIOM website with the electronic version of this report) based on past data, and any available data across counties and other states. In target-setting considerations, Work Group members discussed the potential for movement in each indicator, what is currently being done at community and state levels, what political will and public interest exists to create change, and whether there is funding for the work needed to create change. These considerations informed how ambitious the groups were in the targets they set.

Finally, the Task Force met to set targets on the Health Outcomes they had selected and review and approved the decisions made by the Work Groups.