EXECUTIVE SUMMARY

Healthy people and healthy communities are the foundation of a thriving, prosperous state, and improving the health, safety, and well-being of North Carolinians is a core part of the work of state government. In parallel with the national Healthy People initiative run by the United States Department of Health and Human Services, the North Carolina Department of Health and Human Services (NC DHHS) 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 well-being. Identifying key indicators and targets allows NC DHHS, the Division of Public Health (DPH), local health departments, and other partners across the state to work together toward shared goals.

One of the goals of NC DHHS is to ensure that all North Carolinians have the opportunity for health. Health equity is the opportunity for all people to attain the highest level of personal health regardless of demographic characteristics.[1] Health begins in families and communities, and is largely determined by the social and economic contexts (responsible for 40% of the variation in health outcomes) in which we grow up, live, work, and age; the healthy behaviors (30%) that those contexts make easier or harder[2], and our physical environments (10%). These factors are called drivers of health (also known as social determinants of health) and they directly affect health outcomes like development of disease and life expectancy. HNC 2030 sets the stage to a focus on health equity and these overall drivers of health outcomes.

The HNC 2030 process from January-August 2019 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. Participants considered several priorities during the HNC 2030 process. Because the HNC 2030 indicators represent issues across many sectors of society, it is important that they be understandable to a broad audience. Each indicator is measurable using existing data sources. The group had a preference for data measured at least every three years to allow for monitoring between now and 2030. When possible, there was also a preference for data available at the county level to allow for local goal setting and local action as well as comparisons within the state. In addition, the Task Force tried to align with statewide health improvement plans and measure sets when possible, including the Early Childhood Action Plan, the Opioid Action Plan, the Perinatal Strategic Plan, and the Medicaid Transformation Quality Strategy . The Task Force and work groups prioritized health equity by selecting indicators related to health disparities within the state. Overall, 21 health indicators were chosen across the topics of Social & Economic Factors, Physical Environment, Health Behaviors, Clinical Care, and Health Outcomes (**Table 1**).

NC DHHS, DPH, and local health departments will remain at the forefront of HNC 2030 efforts; however, they cannot achieve these goals alone. HNC 2030 should be more than a health plan for public health, it should be a health plan for the whole state. The inclusion of factors traditionally outside the sphere of public health (e.g., education, employment, housing) means that achieving the HNC 2030 goals will require engaging partners across multiple sectors to improve population health and drive health equity over the next decade.

As the new decade begins, the NC DHHS and DPH will be developing a population health improvement strategy and resources to be used at the local level. The broader view of the drivers of health and well-being with attention to health disparities is an exciting step toward making North Carolina a place for everyone to live a healthy life.

[A] *https://www.ncdhhs.gov/about/dhhs-mission-vision-values-and-goals/mission-vision*

TABLE 1

HEALTH INDICATORS AND DATA

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

			TOTAL POPULATION	
	HEALTH INDICATOR	**DESIRED RESULT**	**CURRENT (YEAR)**	**2030 TARGET**
1	INDIVIDUALS BELOW 200% FPL	**Decrease the number of people living in poverty**	**36.8%** (2013-17)	**27.0%**
2	UNEMPLOYMENT	**Increase economic security**	**7.2%** (2013-17)	Reduce unemployment disparity ratio between white and other populations to 1.7 or lower
3	SHORT-TERM SUSPENSIONS (PER 10 STUDENTS)	**Dismantle structural racism**	**1.39** (2017-18)	**0.80**
4	INCARCERATION RATE (PER 100,000 POPULATION)		**341** (2017)	**150**
5	ADVERSE CHILDHOOD EXPERIENCES	**Improve child well-being**	**23.6%** (2016-17)	**18.0%**
6	THIRD GRADE READING PROFICIENCY	**Improve third grade reading proficiency**	**56.8%** (2018-19)	**80.0%**
7	ACCESS TO EXERCISE OPPORTUNITIES	**Increase physical activity**	**73%** (2010/18)	**92%**
8	LIMITED ACCESS TO HEALTHY FOOD	**Improve access to healthy food**	**7%** (2015)	**5%**
9	SEVERE HOUSING PROBLEMS	**Improve housing quality**	**16.1%** (2011-15)	**14.0%**
10	DRUG OVERDOSE DEATHS (PER 100,000 POPULATION)	**Decrease drug overdose deaths**	**20.4** (2018)	**18.0**
11	TOBACCO USE	**Decrease tobacco use**	YOUTH **19.8%** (2017) ADULT **23.8%** (2018)	**9.0%** **15.0%**
12	EXCESSIVE DRINKING	**Decrease excessive drinking**	**16.0%** (2018)	**12.0%**
13	SUGAR-SWEETENED BEVERAGE CONSUMPTION	**Reduce overweight and obesity**	YOUTH **33.6%** (2017) ADULT **34.2%** (2017)	**17.0%** **20.0%**
14	HIV DIAGNOSIS (PER 100,000 POPULATION)	**Improve sexual health**	**13.9** (2018)	**6.0**
15	TEEN BIRTH RATE (PER 1,000 POPULATION)		**18.7** (2018)	**10.0**
16	UNINSURED	**Decrease the uninsured population**	**13%** (2017)	**8%**
17	PRIMARY CARE CLINICIANS (COUNTIES AT OR BELOW 1:1,500 PROVIDERS TO POPULATION)	**Increase the primary care workforce**	**62** (2017)	**25% decrease for counties above 1:1,500 providers to population**
18	EARLY PRENATAL CARE	**Improve birth outcomes**	**68.0%** (2018)	**80.0%**
19	SUICIDE RATE (PER 100,000 POPULATION)	**Improve access and treatment for mental health needs**	**13.8** (2018)	**11.1**
20	INFANT MORTALITY (PER 1,000 BIRTHS)	**Decrease infant mortality**	**6.8** (2018) **Black/white disparity ratio = 2.4**	**6.0** **Black/white disparity ratio = 1.5**
21	LIFE EXPECTANCY (YEARS)	**Increase life expectancy**	**77.6** (2018)	**82.0**

Source: See descriptions of health indicators throughout this report for information on data sources.

W = WHITE
B/AA = BLACK/AFRICAN AMERICAN
H/LX = HISPANIC/LATIN(X)
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 OR 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

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%[G]	30.6%	51.5%	34.8%	38.7%	‡	‡	‡
5.7%^	11.7%^	7.1%^	7.3%^ 11.0%^[G]	5.2%^	10.3%^	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#	915#	209#	‡	‡	488#	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%[G]	75.6%[A]	44.5%	54.0%	59.8%	42.6%[C]	70.6%[H]	‡
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*	75.5*	‡	87.0*	‡	75.6*	74.8	80.3	‡	‡	‡