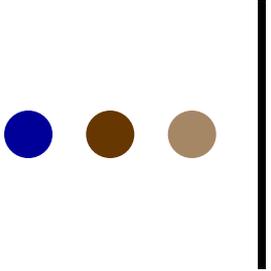


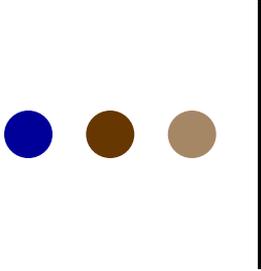
Healthy NC 2020: **Overview Presentation**

North Carolina Institute of Medicine



Overview

- Background on Prevention Task Force work
- Goals of *Healthy NC 2020*



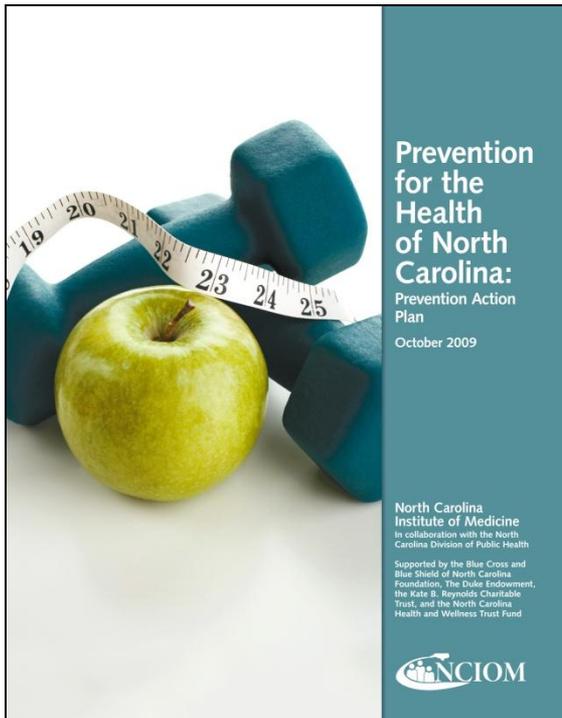
NC Institute of Medicine

- Quasi-state agency chartered in 1983 by the NC General Assembly to:
 - Be concerned with the health of the people of North Carolina
 - Monitor and study health matters
 - Respond authoritatively when found advisable
 - Respond to requests from outside sources for analysis and advice when this will aid in forming a basis for health policy decisions

NCGS 90-470



NCIOM Prevention Task Force



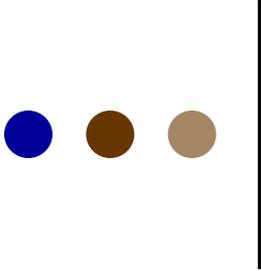
- Initiated at the request of the Blue Cross and Blue Shield of North Carolina Foundation, The Duke Endowment, the Kate B. Reynolds Charitable Trust, and the North Carolina Health and Wellness Trust Fund
- A collaboration with NC Division of Public Health (DPH)
- Developed a Prevention Action Plan for the state

Why Focus on Prevention?

- North Carolina was ranked 37th in overall health status, and 38th in premature deaths in 2008 (with “1” being the state with the best health status).

Source: America's Health Rankings, 2009

- North Carolina ranks poorly on many risk factors contributing to population health, including:
 - Adults who are current smokers (37th).
 - Overweight and obese adults (41st).
 - Incidence of STDs (37th).
 - Air pollution (35th).
 - Four-year graduation rate (39th).

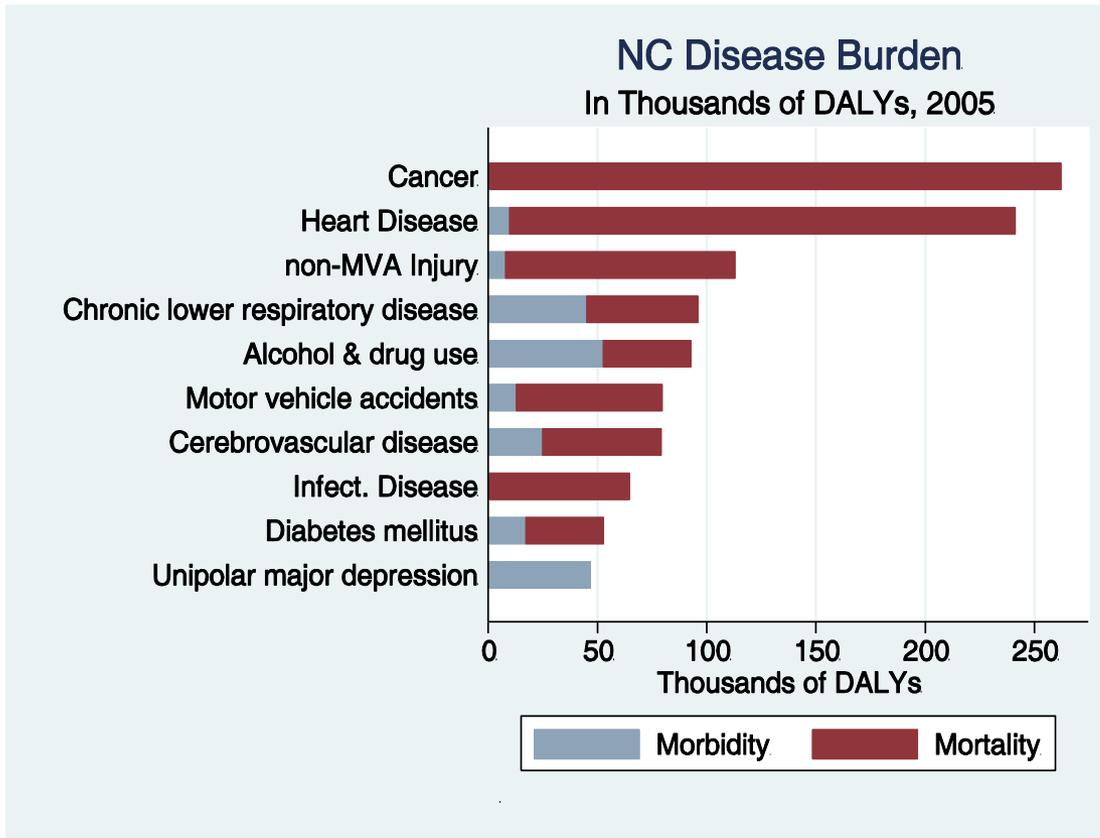


Developing the Prevention Action Plan

In developing the Prevention Action Plan, the Task Force identified:

- 1) The diseases and health conditions that have the greatest impact on death and disability.
- 2) The underlying preventable risk factors, which contribute to the leading causes of death and disability.
- 3) Evidence-based strategies that can prevent or reduce the risk factors.
- 4) Multi-level interventions based on the socioecological model of health behavior.

Identifying the Leading Causes of Death and Disability



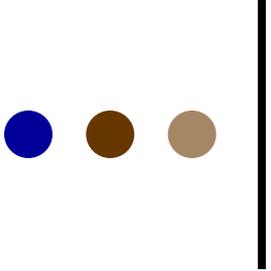
NCIOM staff identified the leading causes of premature death (Years of Life Lost) and years of life lost to a disability.

Together, these are considered DALYS: Disability Adjusted Life Years.

Preventable Risk Factors

Leading Preventable Risk Factors Leading to Major Causes of Death and Disability

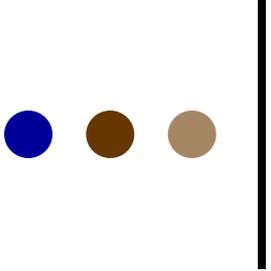
Leading causes of death and disability	Tobacco use	Diet, physical inactivity, overweight/obesity	Risky sexual behavior	Alcohol and drug use	Emotional and psychological factors	Exposure to chemicals and environmental pollutants	Unintentional and intentional injuries	Bacteria and infectious agents	Racial and ethnic disparities	Socioeconomic factors
	Cancer	✓	✓		✓		✓		✓	✓
	Heart disease	✓	✓		✓	✓			✓	✓
	Non-motor vehicle injury	✓	✓		✓	✓	✓		✓	✓
	Chronic lower respiratory disease	✓	✓				✓		✓	✓
	Alcohol and drug use				✓	✓			✓	✓
	Motor vehicle injuries (MVI)				✓		✓		✓	✓
	Cerebrovascular disease	✓	✓		✓				✓	✓
	Infectious diseases			✓	✓		✓	✓	✓	✓
	Diabetes		✓						✓	✓
Unipolar major depression				✓	✓			✓	✓	



Task Force Focus

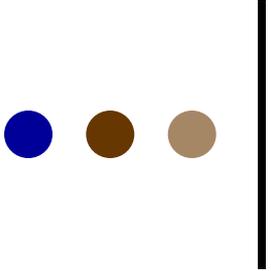
The Task Force focused on reducing preventable risk factors:

- Tobacco use
- Diet, physical inactivity, overweight/obesity
- Risky sexual behavior
- Alcohol and drug use
- Emotional and psychological factors
- Exposure to chemical and environmental pollutants
- Unintentional and intentional injuries
- Bacterial and infectious agents
- Racial and ethnic disparities
- Socioeconomic factors



Next Steps

- Governor's Task Force for Healthy Carolinians asked the NCIOM to partner with them to develop the Healthy North Carolina 2020 objectives and targets.

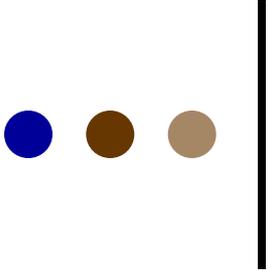


Governor's Executive Order

Section 3. Duties

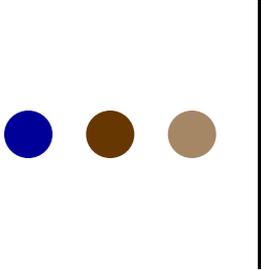
b. The Task Force shall develop and deliver to the Governor no later than December 31, 2010, a list of health objectives for the year 2020 for the citizens of the State. The health objectives shall be designed to do the following:

1. Increase the span of healthy life of the citizens of North Carolina;
2. Eliminate health disparities and achieve health equity;
3. Promote access to preventive health services;
4. Protect the public's health;
5. Foster positive and supportive living and working conditions in our communities; and
6. Support individuals to develop the capacities and skills to achieve healthy living.



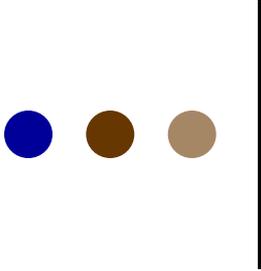
Overview

- Background on Prevention Task Force work
- **Goals of *Healthy NC 2020* project**



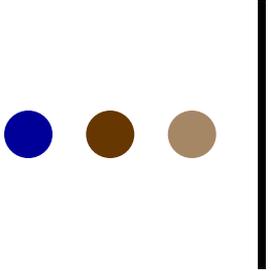
Healthy North Carolina 2020

- Three primary steps in developing Healthy North Carolina 2020:
 - 1) Identify appropriate **focus (priority) areas**, building off Prevention Action Plan (e.g. tobacco, nutrition and physical activity, substance use, etc.).
 - 2) Identify limited number of **objectives** (e.g. reduce percentage of children or adults who smoke).
 - 3) Identify appropriate **targets** (e.g. by 2020, the number of adults who smoke will have declined to XX%).



Healthy NC 2020 Focus Areas

1. Tobacco use
2. Nutrition and physical activity
3. Sexually transmitted infections/Unintended pregnancy
4. Substance abuse
5. Environmental risks
6. Injury
7. Infectious disease/
Food-borne illness
8. Mental health
9. **Dental health**
10. **Maternal and infant health**
11. Social determinants of health
12. **Cross-area measures**



Next Steps

- Development of the Healthy North Carolina 2020 objectives and targets is inclusive and include input from various stakeholder groups and the public.
- The Prevention Action Plan and Healthy North Carolina 2020 will form the basis of a larger campaign to make North Carolina the healthiest state in the nation.
- DPH will produce annual reports measuring progress towards the targets of improving population health.

Nomenclature

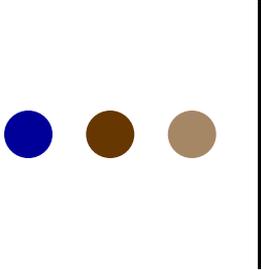
- Focus Area (e.g. tobacco use)
- Goal (e.g. to reduce death and disability due to tobacco use)
- Objective (e.g. to reduce teen smoking rates)
- Target (e.g. reduce teen smoking rates from 19% to 5% by 2020)

Process to use in developing *Healthy NC 2020* objectives and targets

- Steering Committee
 - Help identify focus areas, methodology to set objectives and targets
- Subcommittees – one for each focus area
 - Help select objectives and targets, using, as much as possible, consistent methodologies across focus areas
- Public input
 - Active website during development
 - Town hall meetings to identify strategies
- Release of *Healthy NC 2020* objectives and targets

Current thinking for HNC 2020 final report

- Although still organic, current vision for final report is short (e.g. 30-ish pages) with two pages for each focus area:
 - Page 1: Three objectives, current value, target, etc.
 - Page 2: Examples of evidence-based strategies to achieve the target
- Target audience
 - Legislators and other policymakers
 - Community health leaders

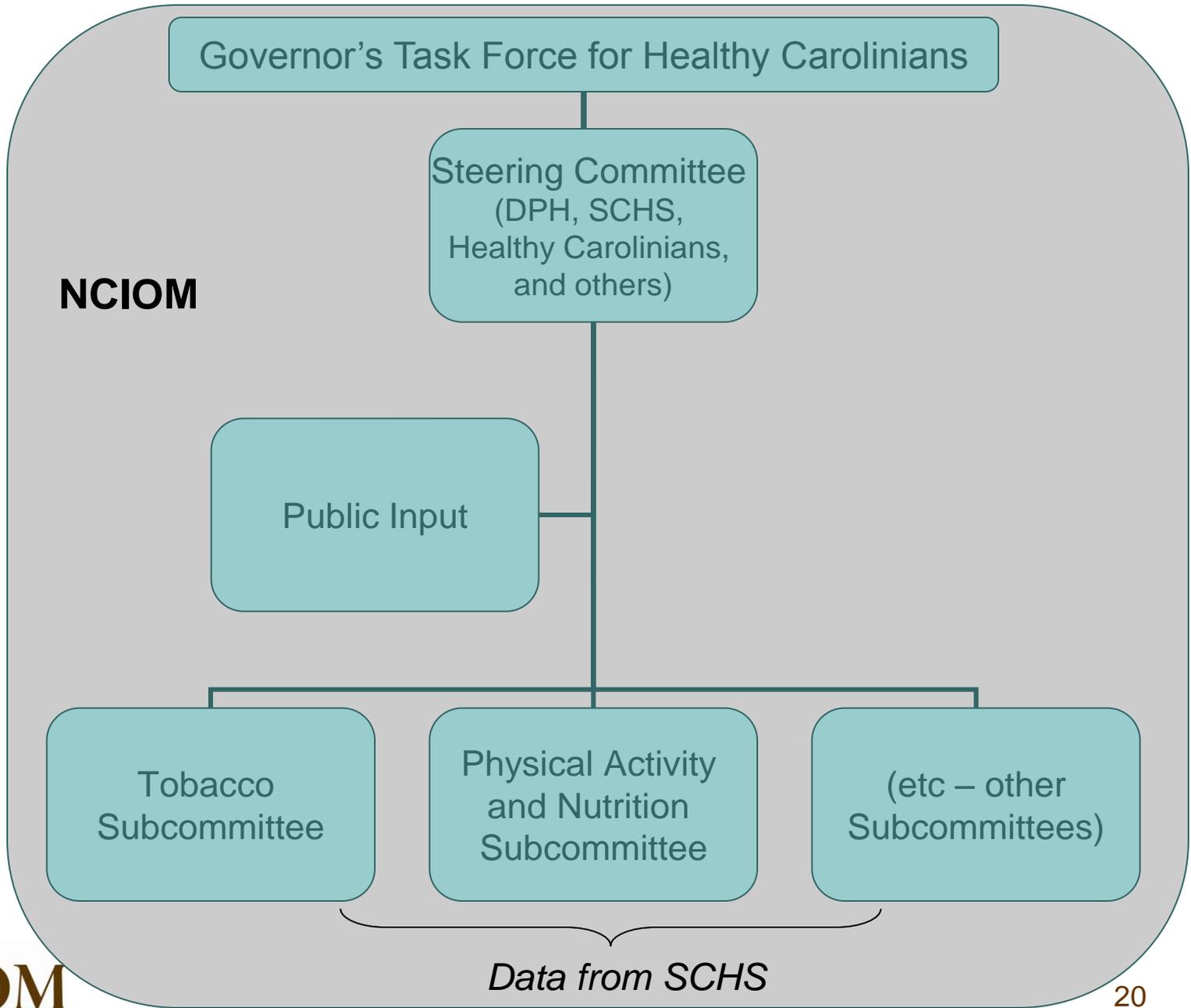


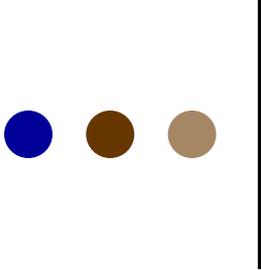
Role of the Steering Committee

- Selecting the focus areas
- Helping to identify subcommittee members for each focus area
- Identifying a process to use in selecting objectives for each focus area. Types of measures:
 - Process, intermediate, outcome
 - Behavior, exposure, structure, intervention
- Providing guidelines (methodology) for establishing the 2020 objectives and targets



NCIOM





Steering Committee

Battle Betts

Albemarle Regional Health Services

Dorothy Cilenti

NC Institute for Public Health

Steve Cline

Deputy State Health Director

John Dervin

Office of the Governor

Roddy Drake

Granville-Vance District Health Director

Laura Edwards

NC Division of Public Health

Jeff Engel

State Health Director

Lisa Harrison

Office of Healthy Carolinians

Karen Knight

State Center for Health Statistics

Meg Molloy

NC Prevention Partners

Debi Nelson

Office of Healthy Carolinians

Ruth Petersen

NC Division of Public Health

Barbara Pullen-Smith

NC Division of Public Health

Terrie Qadura

NC Division of Mental Health, Developmental Disabilities
and Substance Abuse Services

Tom Ricketts

UNC Gillings School of Global Public Health, America's
Health Rankings

Jeff Spade

Governor's Task Force for Healthy Carolinians,
NC Rural Health Center

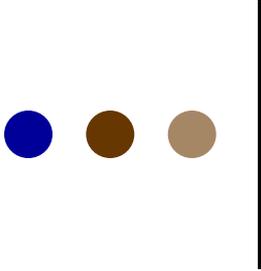
Lynette Tolson

NC Association of Local Health Directors

Liz Walker

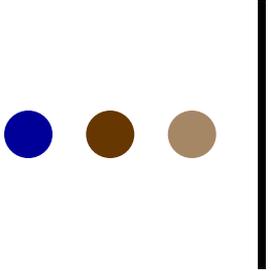
Cecil G. Sheps Center for Health Services Research





Guidance for Subcommittees

- Propose three objectives
 - Select one objective that can be considered a "summary indicator" for their particular focus area. This objective is a "key performance indicator."
- Propose targets
 - Targets should be aspirational, but realistic and measurable in 10 years
 - Targets should be scientifically-derived (see below)
- Consider objectives that have data available at the county-level (MATCH, NC-CATCH), and for race/ethnicity, gender, and age. (However, subcommittees should not feel limited by this.)



County data

- **NC-CATCH** is State Center's system for health data at county level, providing easy assembly of a wide array of demographic and community health data, along with comparisons with peer counties and the state
- **MATCH** is new nationwide "county-level health rankings" released by University of Wisconsin in February 2010

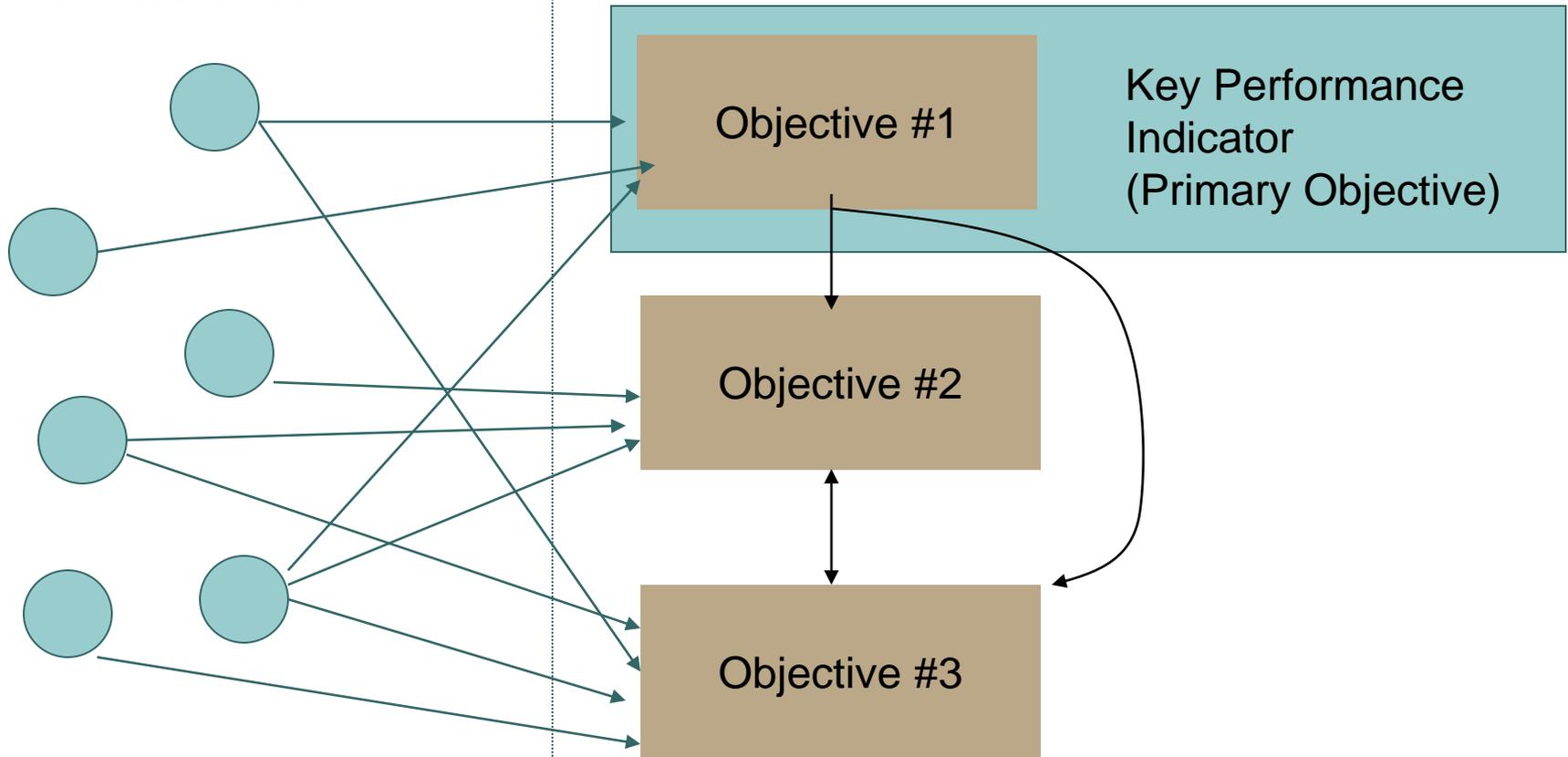
Objectives are Summary Measures

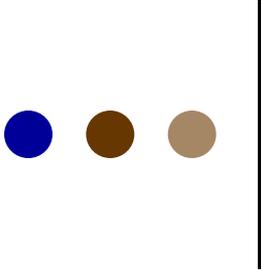
- We cannot measure everything that is important public health work
- Need to limit to three so list is manageable, concise
- Local and other partners, collaborators will work on things not included in this

Conceptual model

HNC 2020 Scope of Subcommittee Work

“In the field” work





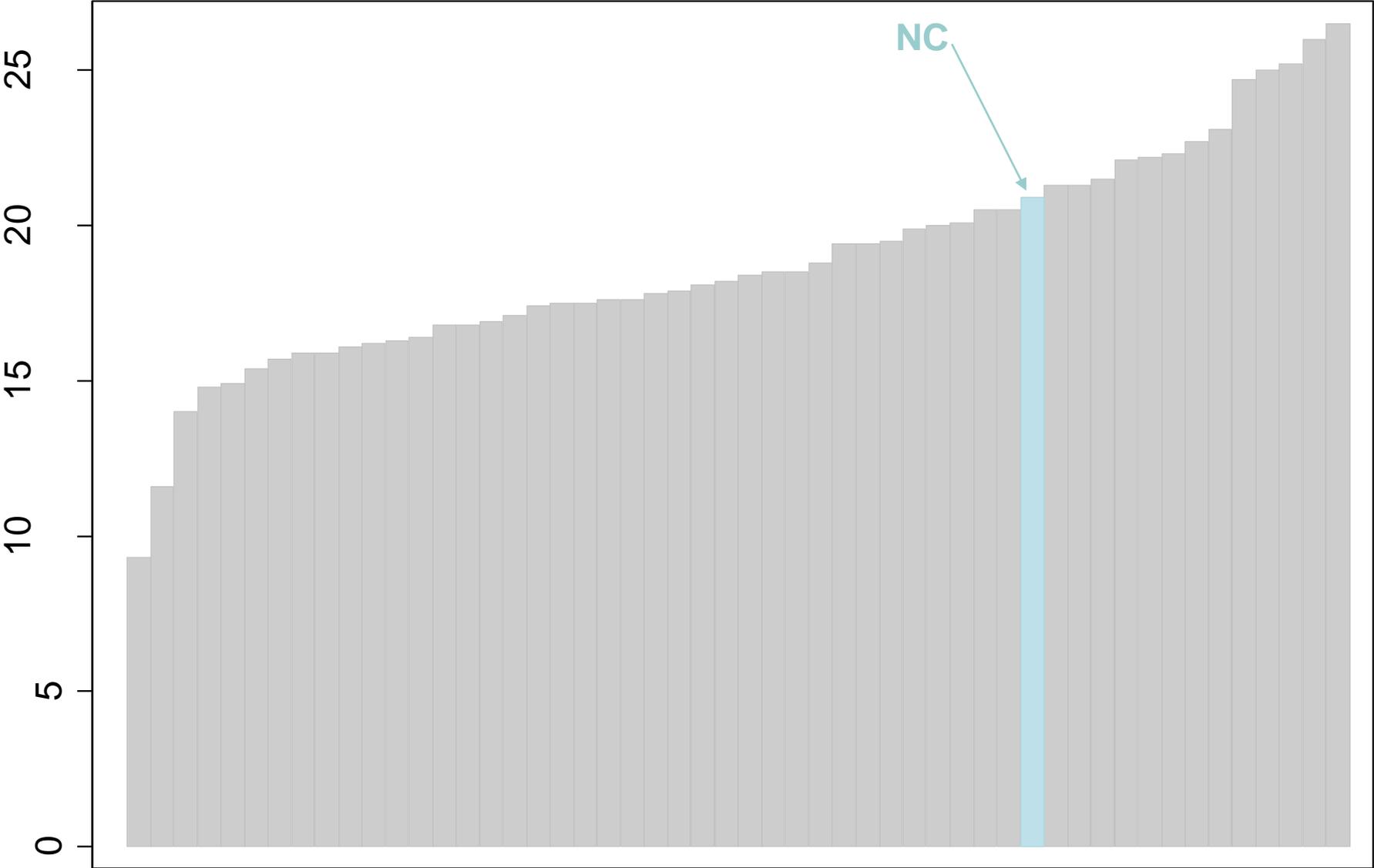
Target-setting: Three potential methods

- For each objective, one target (value) will be set.
- Target values should be based on science.
- Three common methods:
 - Use national (HP 2020) target
 - Use current value of best state as target
 - Use most-improved (“pace-car”) to infer achievable gains

“Percentage point change” vs. “percent change”

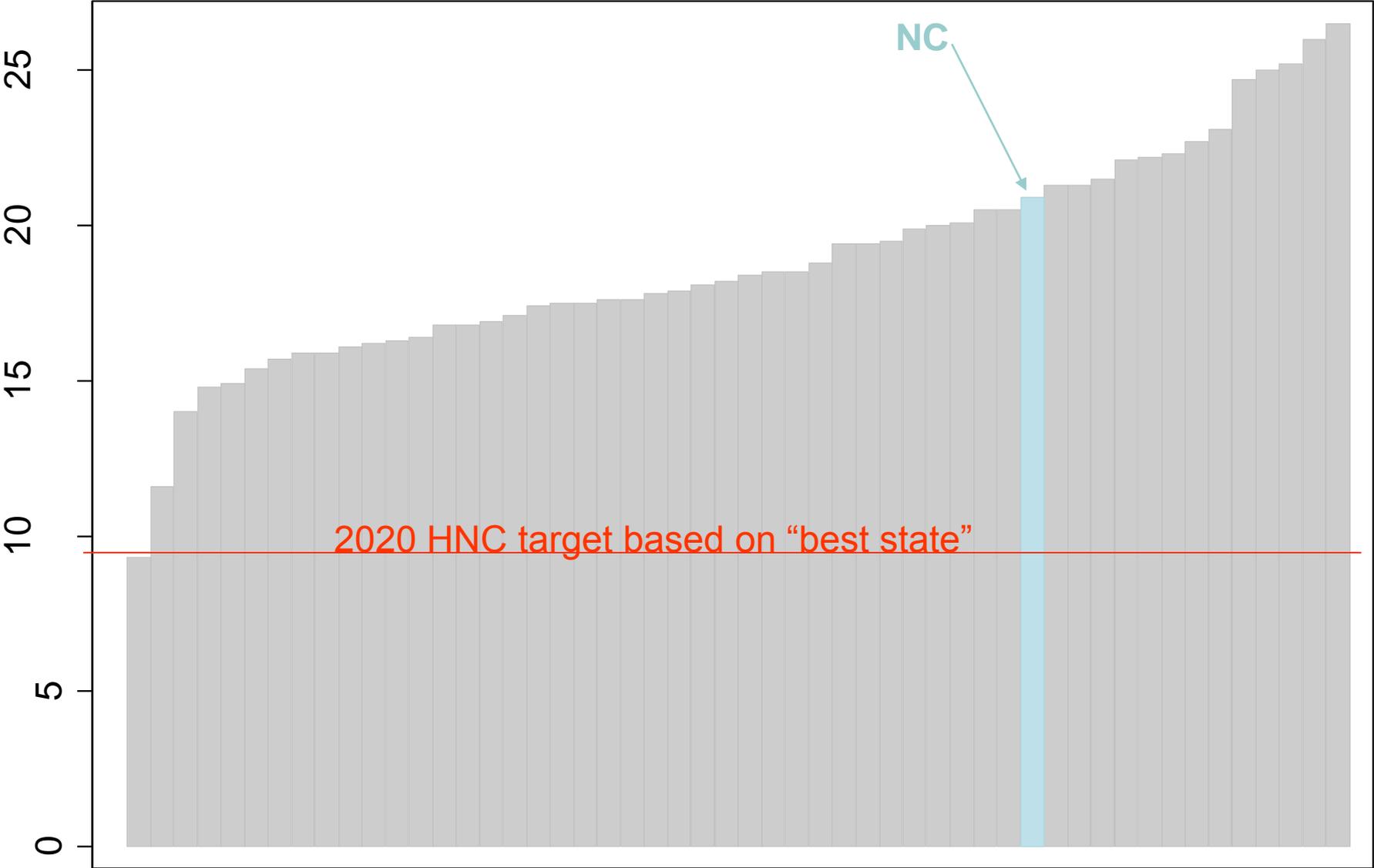
- To measure *rate of change* we will express change as a percent of the denominator – adjusts for starting point
- “Percentage points” is the absolute change in a prevalence; “percent” is as a fraction of the baseline
- Example: NC adult smoking rates: 1998 = 24.6%, 2008 = 20.9%
 - *The smoking rate fell by $24.6 - 20.9 = \underline{3.7}$ percentage points*
 - *The smoking rate fell by $3.7 / 24.6 = \underline{15}$ percent*

Percent Adults Currently Smoking (2008)

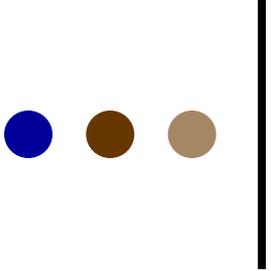


Source: Behavioral Risk Factor Surveillance System

Percent Adults Currently Smoking (2008)

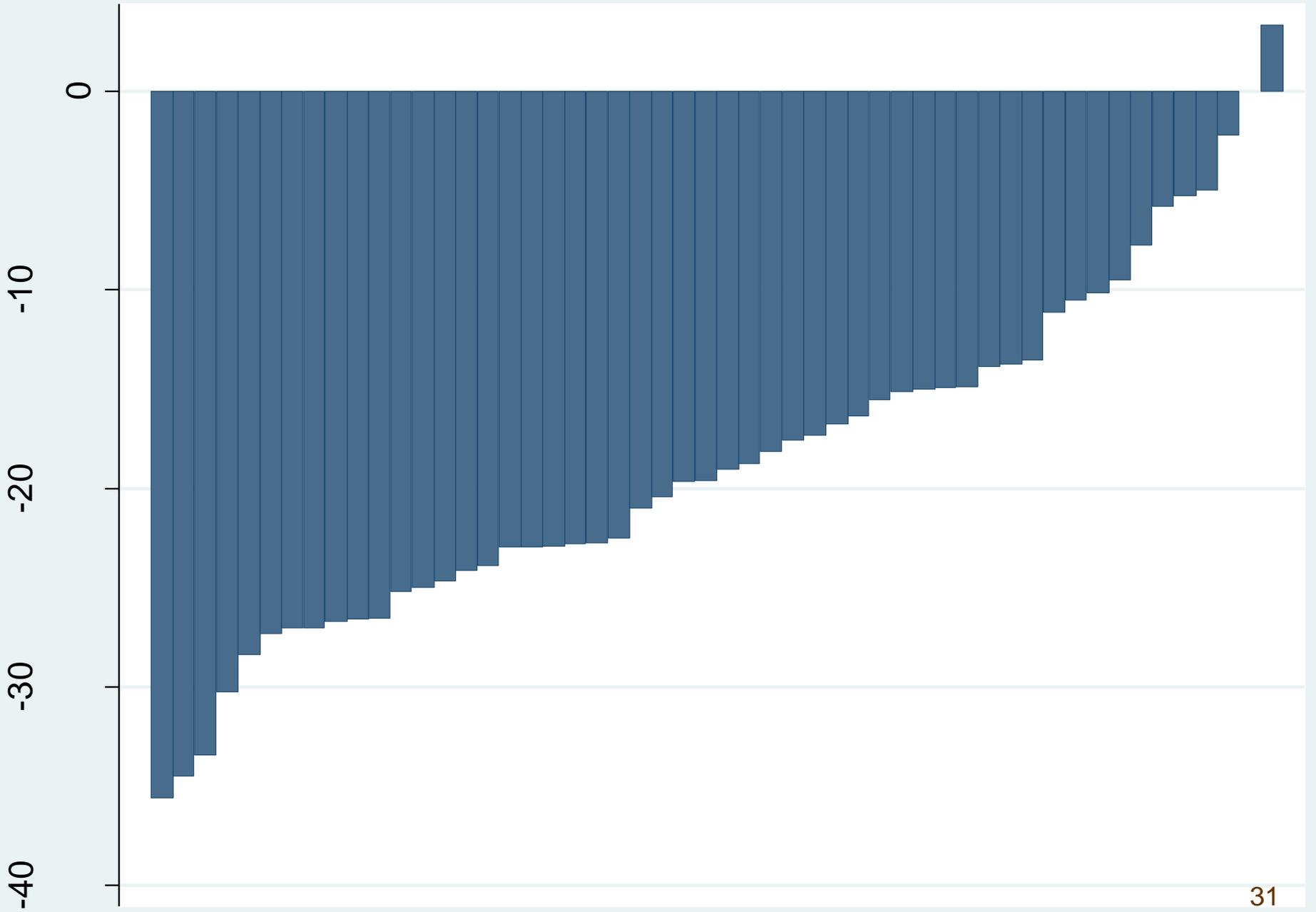


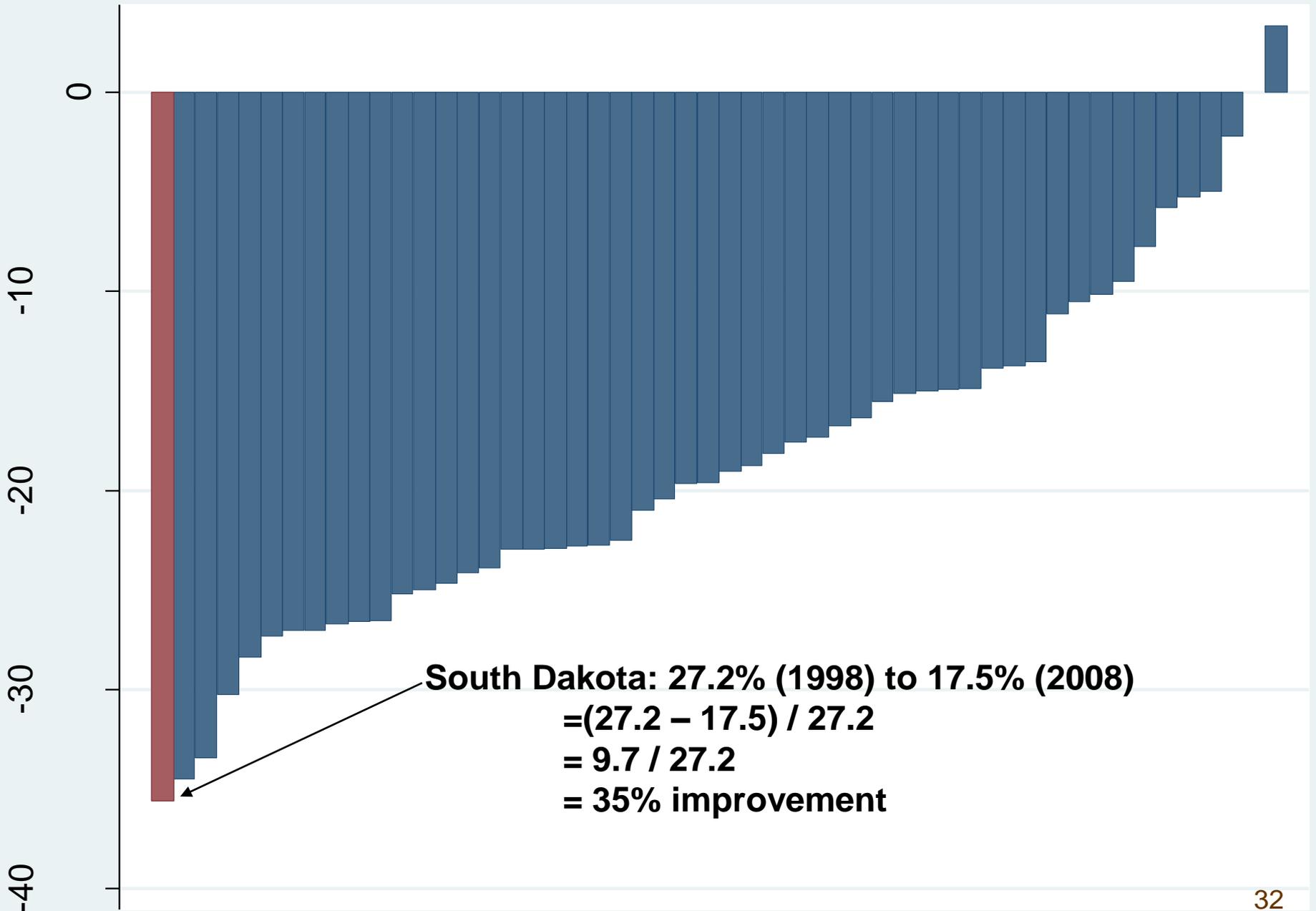
Source: Behavioral Risk Factor Surveillance System



Determining Pace

- Calculate the percentage change from baseline to current for all states

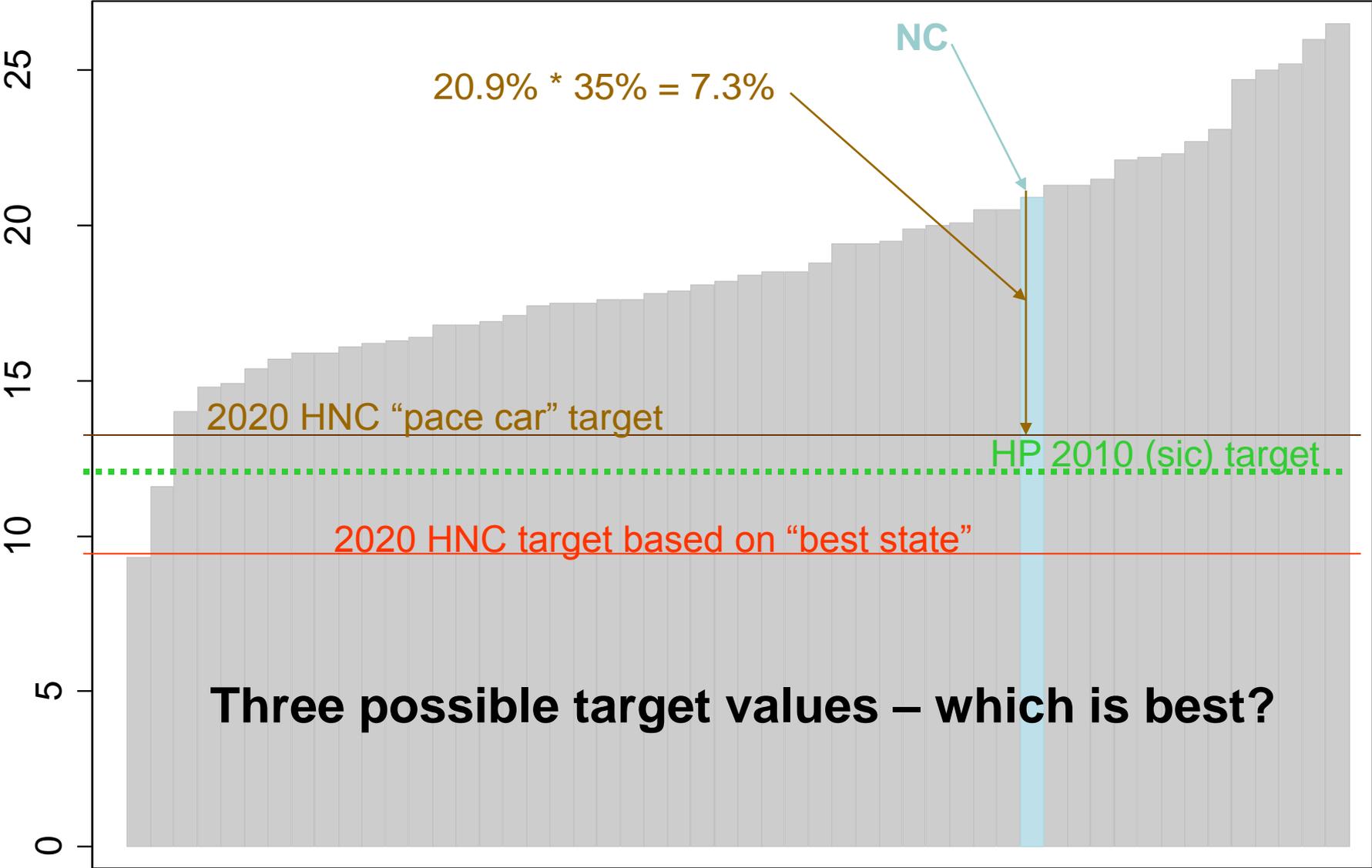




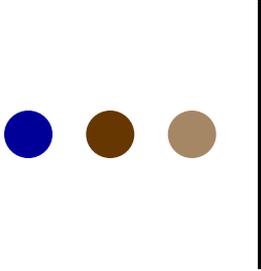
● ● ● | “Pace-car” approach

- One state had a 35 percent improvement over a decade
- Ergo, a 35 percent improvement is achievable and aspirational
- NC’s 2008 smoking rate: 20.9%
 - 35% of 20.9 is 7.3
- NC can achieve a reduction of 7.3 points – 2020 “pace-car” target = $20.9 - 7.3 = 13.6$ percent

Percent Adults Currently Smoking (2008)



Source: Behavioral Risk Factor Surveillance System



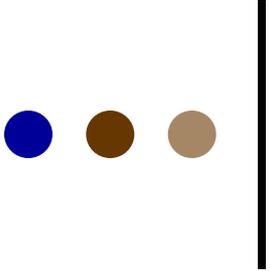
Other methods are possible

(from Public Health Foundation's State Healthy People 2010 Toolkit)

- Steering Committee believes previous three will be most appropriate in most cases
 - Exception: conditions in which performance is falling (e.g. obesity)
- Other methods may be appropriate
 - Use the current U.S. rate as the challenge point.
 - Use the median values of one's peers.
 - Use target better than the current status of the best population group in the state.
 - Calculate the “best of the best” (Allison 1999) - benchmark against the top 10% in any area of the U.S.
 - Calculate what's achievable based on clinical or community trials (hard).

● ● ● | Things to consider

- Balance of outcomes, process may be appropriate
- Target high-risk / sentinel populations (e.g. adolescents)?
- Long-term outcomes are harder to affect (e.g. lung cancer death rates)
- Data availability (e.g. frequency, temporal comparability, multi-state/sub-state)
- “Transparency” of objective – e.g. lots of “black-box” statistical adjustment?



Discussion points

- What are the three most important objectives?
 - Which is THE most important?
- How do they relate to one another – is there a “logic model”?
- What’s the most appropriate target-setting method?

Collaborating Partners and Supporters

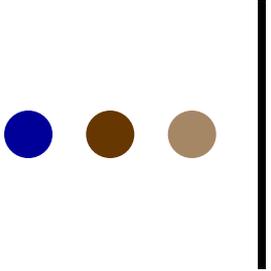
*The Governor's Task
Force for Healthy
Carolinians*



A handwritten signature in cursive script, likely belonging to J. B. Duke.

THE DUKE ENDOWMENT





For More Information

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