

# Using Data to Inform Action: NCIOM and Healthy North Carolina 2030

*Michelle Ries, MPH  
President and CEO*



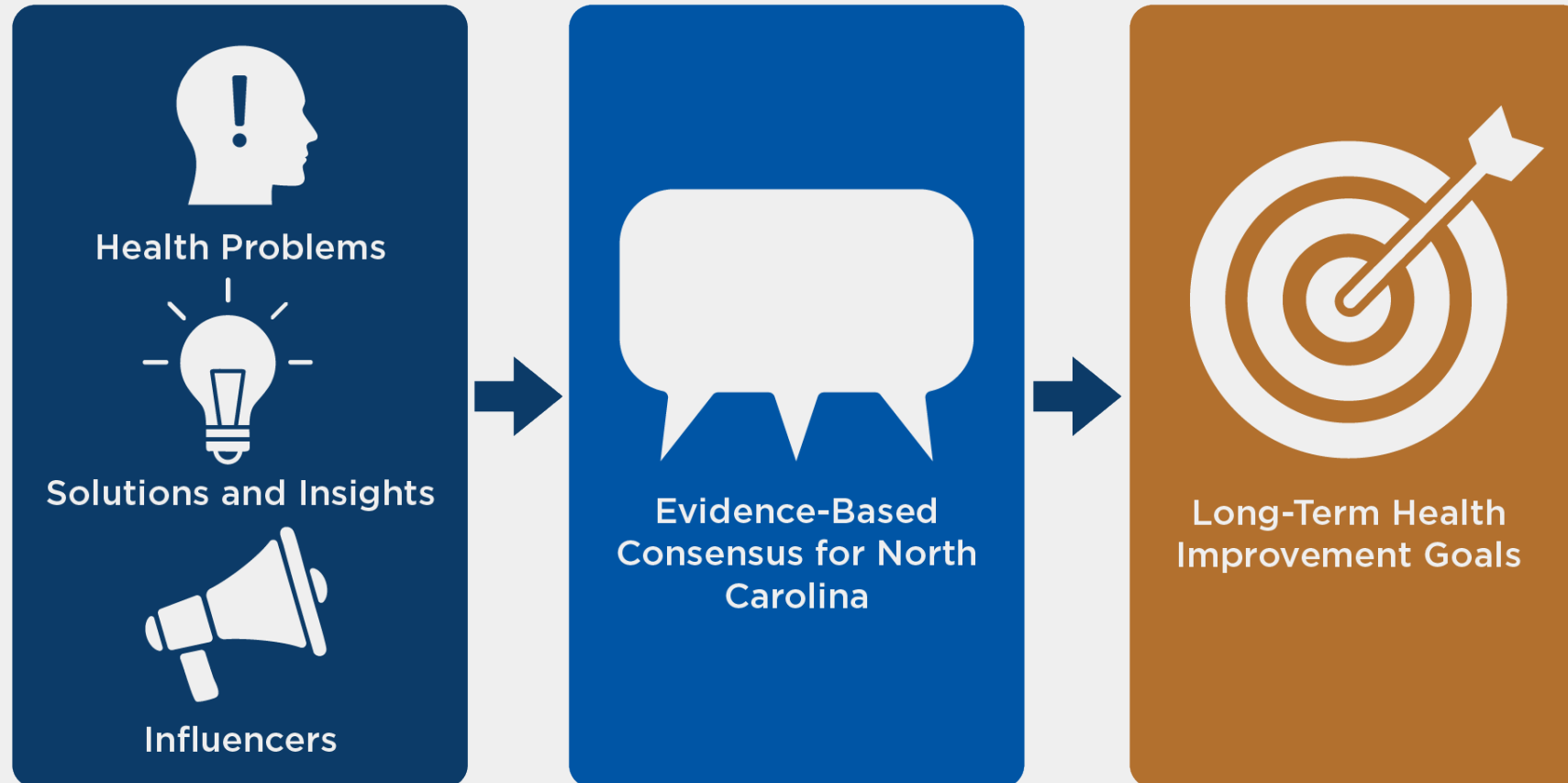
# About the NCIOM

Chartered in 1983 by the North Carolina General Assembly

## **Article 31 § 90-470**

- 1) Be concerned with the health of the people of North Carolina;
- 2) Monitor and study health matters;
- 3) Respond authoritatively when found advisable;
- 4) Respond to requests from outside sources for analysis and advice when this will aid in forming a basis for health policy decisions.

# How We Work



@NCIOM on LinkedIn



@NCIOM on X



# About the NCIOM

**We are committed to better health for all North Carolinians.**

- Especially those who face health barriers and challenges because of what they look like, where they live, or what's in their wallets.

**We are an anchor organization for health policy, bringing people together with common purpose.**

- We have a 40-year track record of uniting people from different sectors on common ground to build consensus for actions that will improve North Carolinians' health.

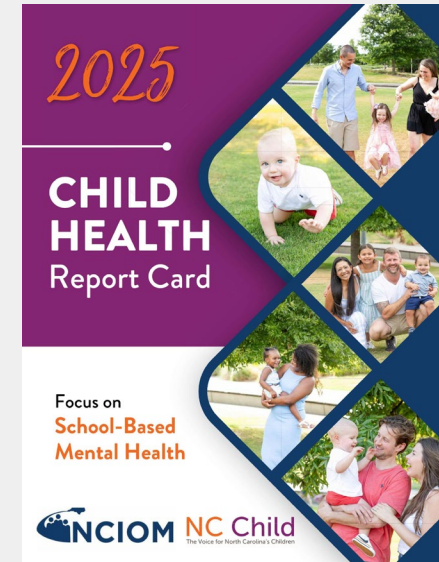
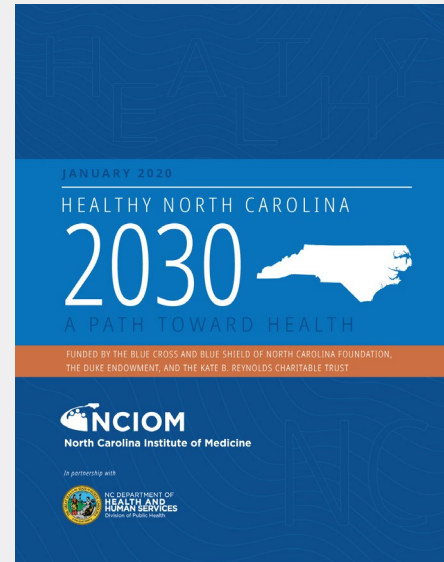
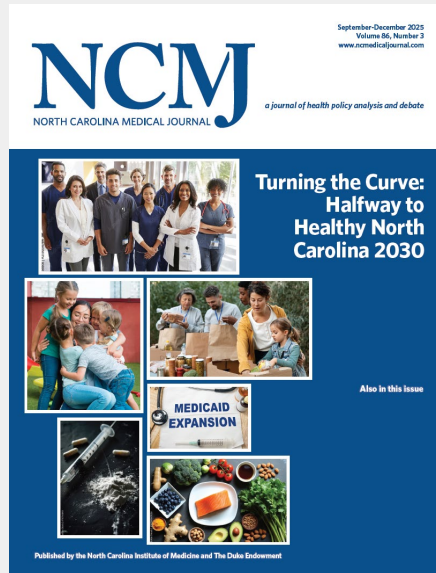
**We are forward-looking and focused on solutions.**

- Leaders from around the state turn to NCIOM as a trusted source of analysis and recommendations.



# NCIOM Resources

Find full reports, executive summaries, individual chapters, NCMJ issues, and other resources at [nciom.org/publications](https://nciom.org/publications)

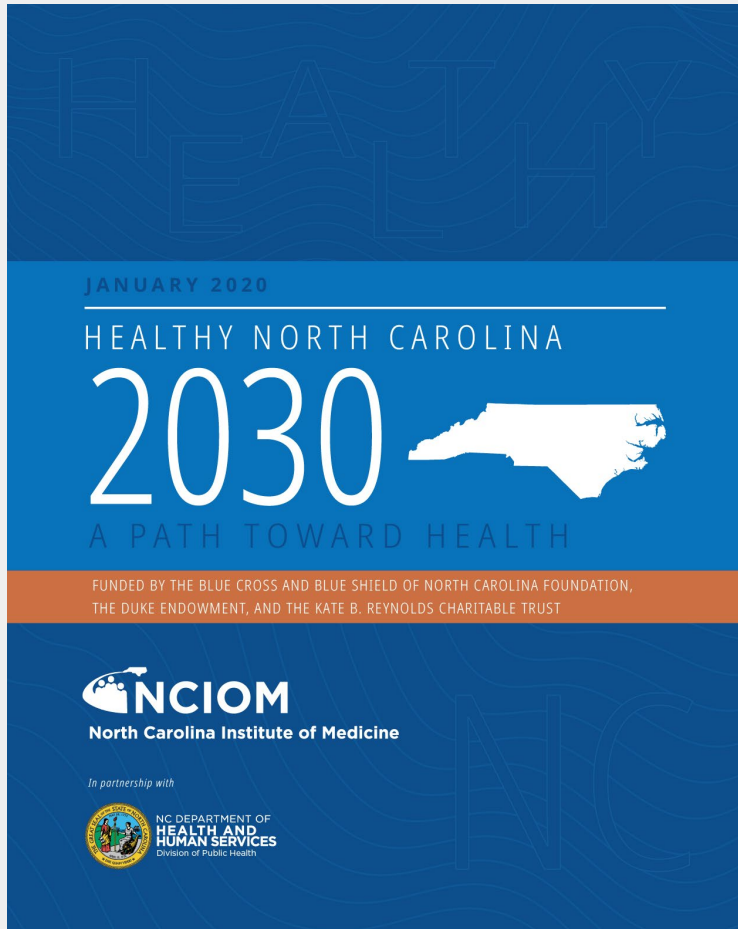


Ongoing Task Force in 2026: **Task Force on Veterans' Health**



# How do we bring about change?

- Observation and data
- Consensus-building
- Coalitions and partnerships
- Advocacy and communication
- Policy and systems change



# Healthy North Carolina 2030



# Healthy North Carolina 2030

- Since 1990, new objectives every 10 years – HNC 2030 was 4th process
- Primary aim: **mobilize the state to achieve a common set of health objectives.**

HNC 2010 → 100+ objectives

HNC 2020 → 40 objectives

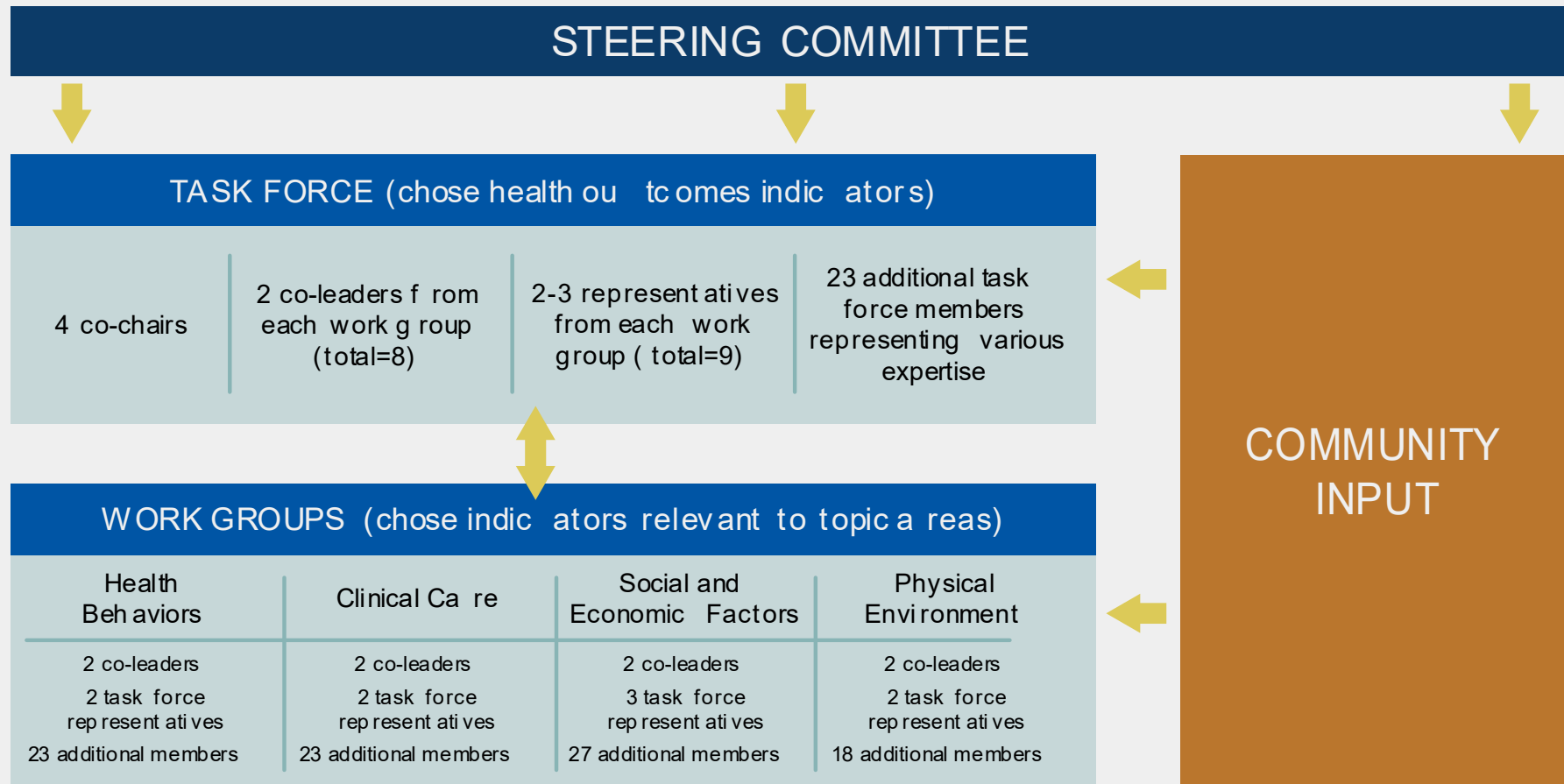
HNC 2030 → 21 objectives



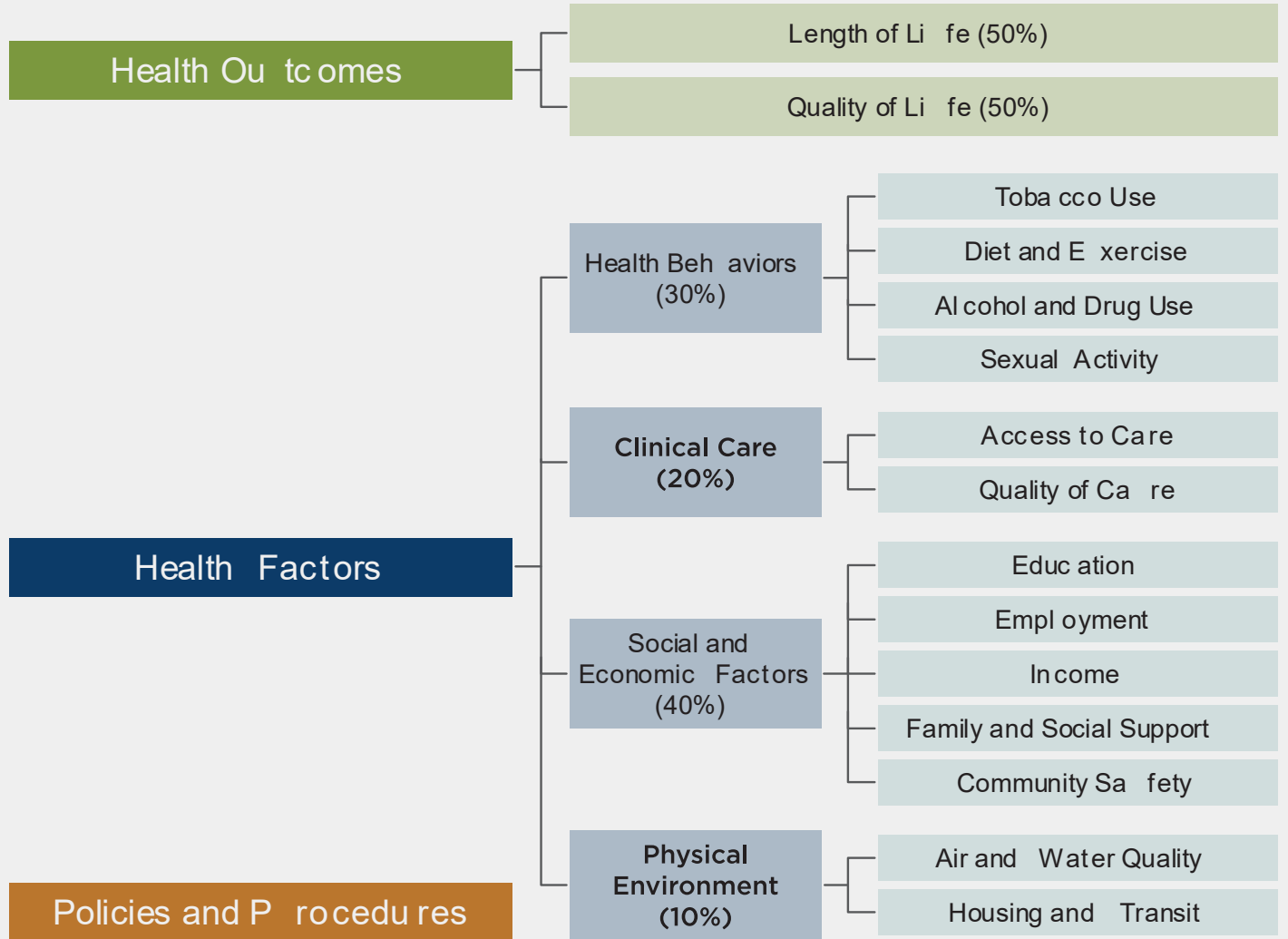
NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Public Health



# HNC 2030: Task Force, Work Groups, and Community Input

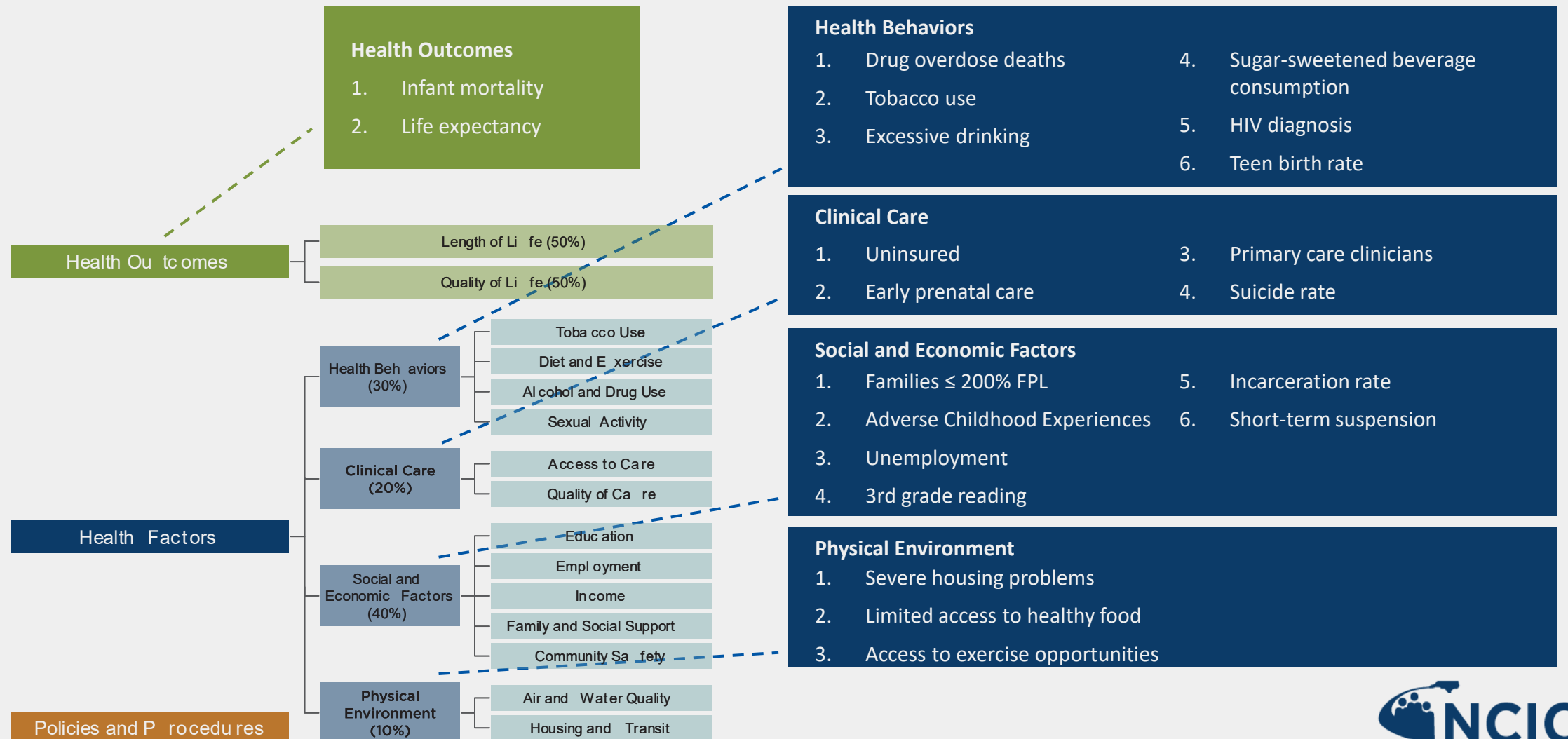


# Health Indicator Selections



County Health Rankings model, 2014

# Health Indicator Selections



# Health Outcomes

## Healthy North Carolina 2030 Health Indicator

### Infant Mortality

Infant deaths per 1000 live births

Original Measure

**6.8**  
*2018*

2025 Update

**6.9**  
*2023*

2030 Target

**6.0**

### Life Expectancy

Years

**77.6**  
*2018*

**76**  
*2023*

**82**

# Health Behaviors

Healthy North Carolina 2030  
Health Indicator

**Drug Overdose Deaths**  
Per 100,000 population

Original Measure	2025 Update	2030 Target
20.4 2018	42.1 2023	18.0

**Tobacco Use**  
Percent of youth and adults

Original Measure	2025 Update	2030 Target
Youth: 19.8% Adults: 23.8% 2017, 2018	Youth* Adults: 22.8% 2023	Youth: 9% Adults: 15%

**Excessive Drinking**  
Percent of adults reporting binge  
or heavy drinking

Original Measure	2025 Update	2030 Target
16% 2018	14.9% 2023	12%

**Sugar-Sweetened  
Beverages**

Original Measure	2025 Update	2030 Target
Youth: 33.6% Adults: 34.2% 2017	Youth: 29.8% Adults: 32.2% 2023	Youth: 17% Adults: 20%

**HIV Diagnosis**  
Per 100,000 population

Original Measure	2025 Update	2030 Target
13.9 2018	15.5 2023	6.0

**Teen Births**  
Per 1,000 population

Original Measure	2025 Update	2030 Target
18.7 2018	14.8 2023	10.0

# Clinical Care

## Healthy North Carolina 2030 Health Indicator

### Uninsured

Percentage under age 65 without health insurance

Original Measure

**13%**  
2017

2025 Update

**11.2%**  
2022

2030 Target

**8%**

### Primary Care Clinician

Number of counties with a population to primary care

**62**  
2017

**20**  
2024

**25%**  
*decrease in counties  
above 1:1500 ratio*

### Early Prenatal Care

Percent receiving pregnancy-related health care services in the

**68%**  
2018

**72%**  
2023

**80%**

### Suicide

Per 100,000 population

**13.8**  
2018

**14.8%**  
2023

**11.1%**

# Social and Economic Factors

## Healthy North Carolina 2030 Health Indicator

### Poverty

Individuals below 200% FPL

Original Measure

**36.8%**  
*2013-2017*

2025 Update

**31%**  
*2023*

2030 Target

**27%**

### Unemployment

Statewide unemployment rate

**7.2%**  
*2013-2017*

**No change**  
*2023*

**1.7**  
*or lower white/other  
population ratio*

### Short-Term Suspensions

Per 10 students

**1.39**  
*2017-2018*

**1.62**  
*2024*

**0.80**

### Incarceration

Per 100,000 population

**341**  
*2017*

**192**  
*2023*

**150**

### Adverse Childhood Experiences (ACEs)

**23.6%**  
*2016-2017*

**17.3%**  
*2023*

**18%**

### Third Grade Reading Proficiency (Rate)

**56.8%**  
*2018-2019*

**48.5%**  
*2023*

**80%**

# Physical Environment

## Healthy North Carolina 2030 Health Indicator

### Access to Exercise Opportunities (Rate)

Original Measure

**73%**  
*2010/2018*

2025 Update

**78%**  
*2025*

2030 Target

**92%**

### Access to Healthy Foods

Percent with limited access to  
healthy food

**7%**  
*2015*

**8%**  
*2025*

**5%**

### Severe Housing Problems

Percent spending more than 50%  
of their income on housing

**16.1%**  
*2011-2015*

**13%**  
*2025*

**14%**

# Social & Economic Factors – Individuals Below 200% Federal Poverty Level

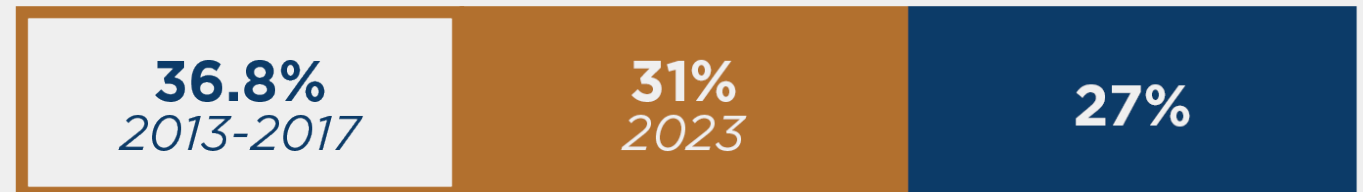
**Desired outcome:** All people in North Carolina are financially stable and have lifetime economic prosperity.

**Indicator definition:** Percent of people living below 200% of the federal poverty level

**Source:** American Community Survey

## Poverty

Individuals below 200% FPL

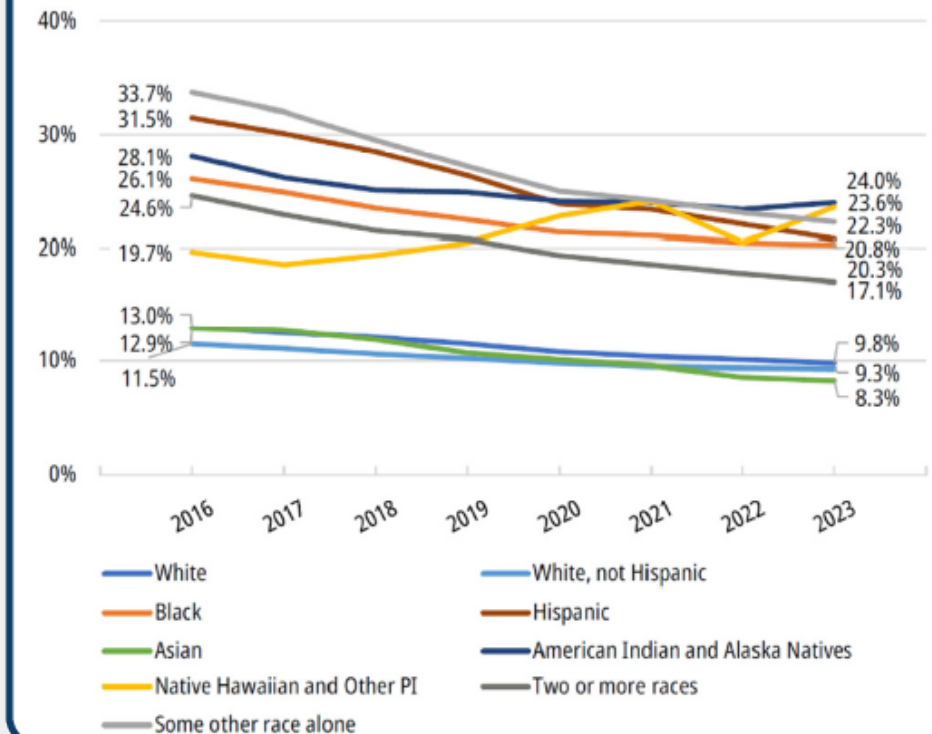


# Social & Economic Factors – Individuals Below 200% Federal Poverty Level

## How is North Carolina doing?

- The percentage of individuals below 200% of the FPL in North Carolina has steadily declined since 2014.
- However, at 31.0% in 2023, this measure remains four percentage points above the HNC 2030 target goal of 27.0%.

**FIGURE 120. NORTH CAROLINA POPULATION BELOW FEDERAL POVERTY LEVEL BY RACE/ETHNICITY AND YEAR**



# Social & Economic Factors – Adverse Childhood Experiences

**Desired outcome:** All children in North Carolina thrive in safe, stable, and nurturing environments.

**Indicator definition:** Percent of children with two or more of nine adverse childhood experiences.

**Source:** Children’s National Health Survey (parent report)

*\*Ranked at the top in community meeting discussions*

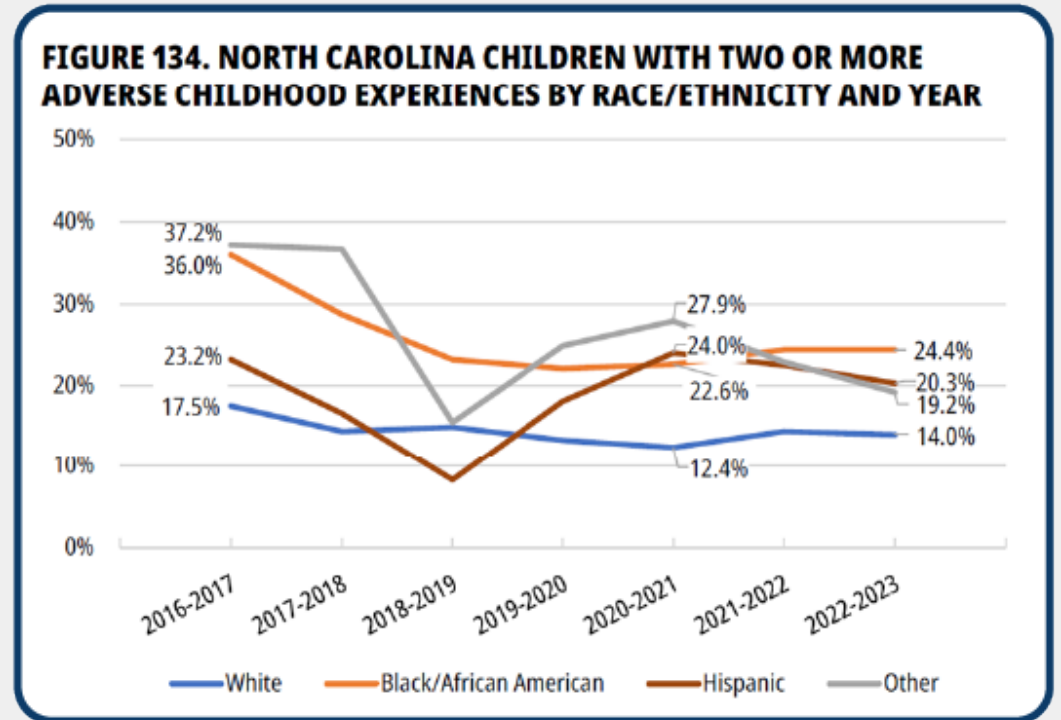
**Adverse Childhood Experiences (ACEs)**



# Social & Economic Factors – Adverse Childhood Experiences

## How is North Carolina doing?

- Overall, the estimated percentage of North Carolina children experiencing two or more adverse childhood experiences (ACEs) has decreased from 23.6% (2016-2017) to 17.3% (2022-2023).
- Data for race/ethnicity show that the highest percentage of the state's children with ACEs is reported for Black/ African American children, almost twice as high as white/Caucasian children.



# Social & Economic Factors – Third Grade Reading

**Desired outcome:** All children in North Carolina can discover the joy of reading at an early age and are supported in the home, school, and community to be lifelong readers.

**Indicator definition:** Percent of children reading at a proficient level or above based on third grade End of Grade exams.

**Source:** NC Department of Public Instruction

**Third Grade Reading Proficiency (Rate)**

**56.8%**  
2018-2019

**48.5%**  
2023

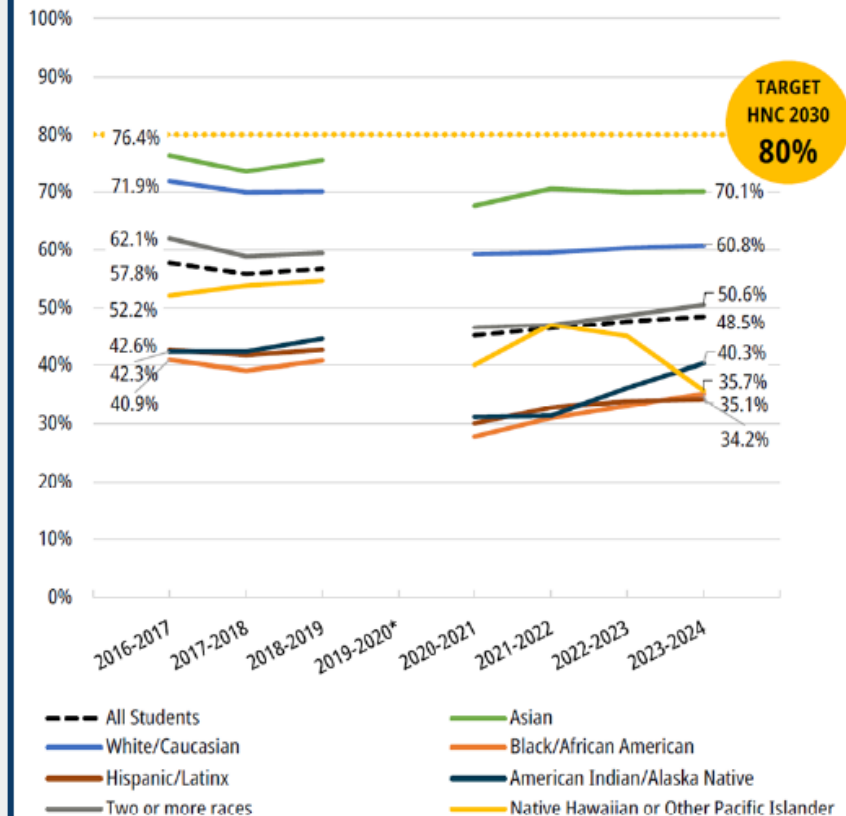
**80%**

# Social & Economic Factors – Third Grade Reading

## How is North Carolina doing?

- The state's third grade reading proficiency percentages show a decline of greater than 9% between (academic year) 2016–2017 and (academic year) 2023–2024.
- The greatest decline corresponds with the COVID-19 pandemic, when proficiency dropped almost 12 percentage points
- Since 2021, the state's third grade reading proficiency percentages have risen annually, reaching 48.5% for the 2023–2024 academic year.

**FIGURE 137. NORTH CAROLINA CHILDREN WHO ARE PROFICIENT IN READING AT THE END OF THIRD GRADE BY RACE/ETHNICITY AND ACADEMIC YEAR**



\* There are no data for 2019-2020 due to COVID.

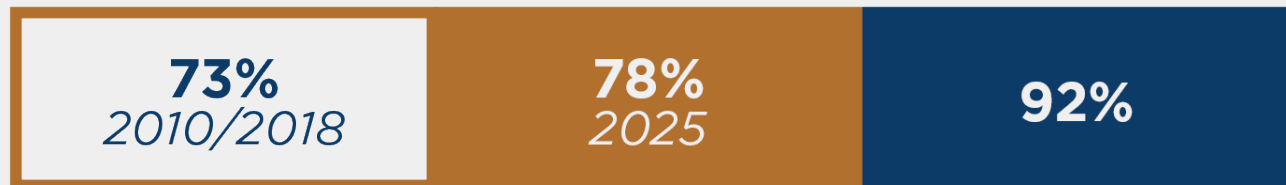
# Physical Environment – Access to Exercise Opportunities

**Desired outcome:** All people in North Carolina have equitable and adaptive/adaptable access to physical activity opportunities across the lifespan.

**Indicator definition:** Percentage of individuals in a county who live reasonably close to a location for physical activity (defined as parks or recreational facilities).

**Source:** Multiple sources – DeLorme Map Mart and ESRI public use GIS data, US Census Tigerline files

**Access to Exercise Opportunities (Rate)**

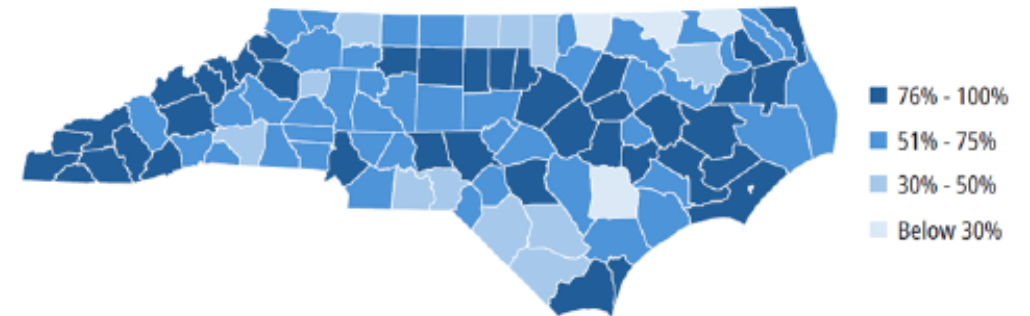


# Physical Environment – Access to Exercise Opportunities

## How is North Carolina doing?

- Access to exercise opportunities has remained in the mid-seventy percentiles for the past seven years, with the exception of a significant drop to 68% in 2021 (recorded in 2022 data).
- This post pandemic dip may reflect the closure of many public structures and decreased social interactions.

**FIGURE 141. NORTH CAROLINA POPULATION WITH ACCESS TO EXERCISE OPPORTUNITIES BY COUNTY, 2025**



# Physical Environment – Limited Access to Healthy Food

**Desired outcome:** All people in North Carolina have equitable access to affordable, nutritious, culturally appropriate foods.

**Indicator definition:** Percentage of population who are low-income and do not live close to a grocery store.

**Source:** United States Department of Agriculture (USDA)

*\*Similar measure ranked at the top in community meeting discussions*

## Access to Healthy Foods

Percent with limited access to healthy food

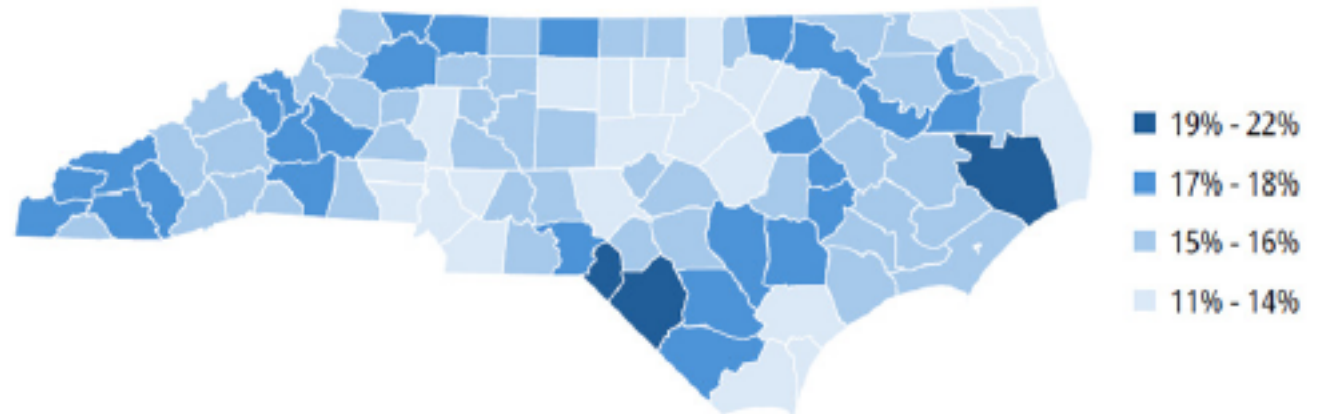


# Physical Environment – Limited Access to Healthy Food

## How is North Carolina doing?

- The percentage of North Carolina's population with limited access to healthy foods has risen from 7% to 8%.

**FIGURE 144. NORTH CAROLINA POPULATION WITH FOOD INSECURITY BY COUNTY, 2025**



# Physical Environment – Severe Housing Problems

**Desired outcome:** All people in North Carolina have safe, affordable, quality housing opportunities.

**Indicator definition:** Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities.

**Source:** U.S. Census Bureau; Comprehensive Housing Affordability data

*\* Ranked at the top in community meeting discussions*

## Severe Housing Problems

Percent spending more than 50% of their income on housing

16.1%  
2011-2015

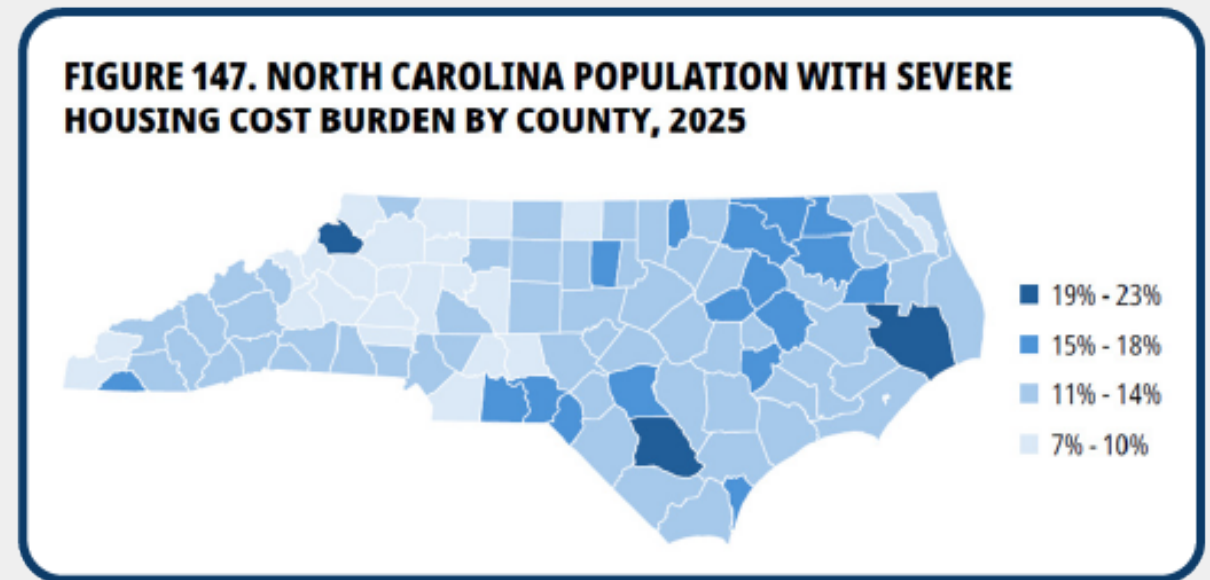
13%  
2025

14%

# Physical Environment – Severe Housing Problems

## How is North Carolina doing?

- 14% of North Carolina households experienced at least one of the four severe housing problems.
- The percentage of households experiencing these problems ranged from 9% to 21% across counties.
- Over the past few years, housing costs have increased faster than many household incomes.



# Clinical Care – Suicide Rate

**Desired outcome:** All people in North Carolina live in communities that foster and support positive mental health.

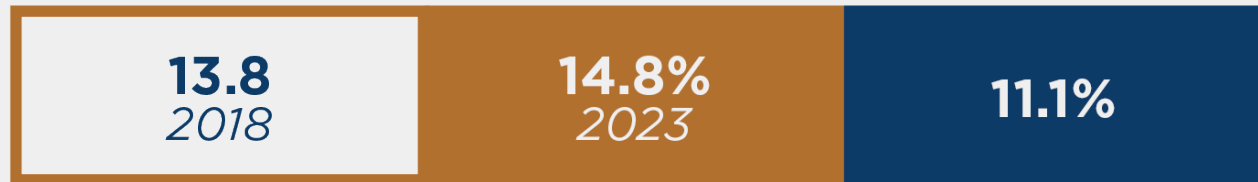
**Indicator definition:** Age-adjusted suicide death rates per 100,000 population.

**Source:** Vital Statistics; NC State Center for Health Statistics

*\*High interest in community meetings for a mental health measure.*

## Suicide

Per 100,000 population

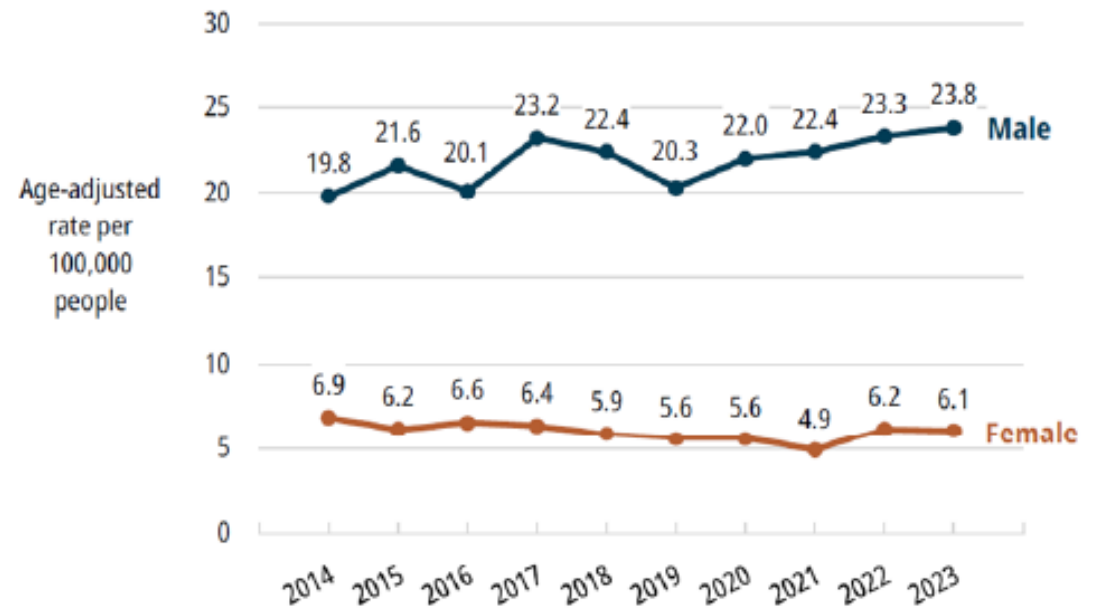


# Clinical Care – Suicide Rate

## How is North Carolina doing?

- Overall, the state's suicide rate has trended upwards from 13.0 in 2014 to 14.8 in 2023.
- The state's 2023 suicide rate is approximately four times higher for males than for females.

**FIGURE 182. NORTH CAROLINA SUICIDE DEATH RATE BY GENDER AND YEAR**



# Healthy North Carolina 2030 Updated Data



# Healthy North Carolina 2030 – Learning More



Healthy North Carolina Scorecard

<https://embed.clearimpact.com/Scorecard/Embed/68869>

<https://embed.clearimpact.com/Scorecard/Embed/82417>

NC Community Council Work Groups



# Healthy North Carolina 2030 – Learning More

The image shows a screenshot of the Healthy Communities NC website. The background is a blue-tinted landscape of rolling mountains. At the top center, the text "HEALTHY Communities NC" is displayed in white, with a medical cross icon integrated into the letter 'H'. Below this, a tagline reads: "Empowering North Carolina communities with data-driven insights for healthier lives and equitable opportunities." A white search bar with a magnifying glass icon and the word "Search" is positioned below the tagline. At the bottom of the screenshot, there are two rows of logos. The first row includes "Sponsored by" followed by logos for NOVANT HEALTH, Community Care OF NORTH CAROLINA, Kate B. Reynolds Charitable Trust, and NCIOM. The second row includes "Built by" followed by the Datawheel logo and "Powered by" followed by the Cape Fear Collective logo.

# Healthy North Carolina 2030 – Learning More

2025 North Carolina Institute of  
Medicine Annual Meeting  
*Healthy North Carolina 2030*  
*A Path Toward Health*

Nov. 13, 2025  
8 a.m. - 4 p.m.  
Raleigh, North Carolina



**NCMJ**  
NORTH CAROLINA MEDICAL JOURNAL

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Turning the Curve:  
Halfway to  
Healthy North  
Carolina 2030



**MEDICAID  
EXPANSION**



Also in this issue  
Single-Vial Long-Acting Reversible  
Contraception (LARCs) Insertion  
Practices Before and After  
Implementation of Practice Changes  
Including Telehealth Due to  
the COVID-19 Pandemic  
in North Carolina  
Health Inequities at the  
Intersection of Race and Poverty in  
Southern Appalachia: A Community  
Health Needs Assessment Panel  
Survey 2012-2024  
Barriers to Care in Hispanic  
American Patients with  
Diabetic Retinopathy

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

## North Carolina Medical Journal

Turning the Curve:  
Halfway to HNC 2030

October 2025 issue



Impacts of Changing Federal  
Policy on Insurance Rates and  
Access to Primary Care



Drug Overdose Trends in  
North Carolina and Potential  
Impacts of the OBBBA



Federal Changes to Food  
Assistance in North Carolina



What Medicaid Cuts Mean for  
NC Children and Families



# Closing

- **How can you use data in your own sector to deepen understanding before acting?**
- **Who are the partners you need to bring to the table to move from understanding to impact?**
- **What investments — time, resources, or influence — can you make to advance evidence-based solutions?**

**Contact:**

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