POLICY FORUM: ISSUE BRIEF

Turning the Curve: Halfway to Healthy North Carolina 2030

Carrie Rosario, DrPH, MPH, CHES[1], Stacie Turpin Saunders, MPH[2]

[1] Department of Public Health Education, University of North Carolina at Greensboro, [2] Division of Public Health, North Carolina Department of Health and Human Services

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Healthy North Carolina 2030 (HNC 2030) marked a bold, collaborative step toward improving health across the state; the effort was led by the North Carolina Institute of Medicine (NCIOM) in partnership with the NC Department of Health and Human Services Division of Public Health (NC DPH) and supported by major philanthropic organizations, including the Blue Cross and Blue Shield of North Carolina Foundation, The Duke Endowment, and the Kate B. Reynolds Charitable Trust. The initiative brought together leaders, experts, and community voices from various sectors to create a shared vision for a healthier North Carolina. HNC 2030 workgroups focused on key drivers of health, including behaviors, clinical care, social and economic factors, and the physical environment, and engaged hundreds of community participants from across the state to identify the report's 21 indicators. The selected indicators were designed to focus statewide attention on the drivers that most influence population health, an important departure from previous Healthy North Carolina initiatives.[1]

When launched, the report presented a shared roadmap, including a set of goals and measurable targets to guide the state toward advancing health and equity by the end of this decade. It marks North Carolina's commitment to collective public health strategy, reducing gaps in health, collaborating across disciplines, and accountability to measurable outcomes. By aligning needs, indicators, and outcomes, the initiative aims to guide efforts across the state so that every North Carolinian has an opportunity for health.

Five years into this work, North Carolina finds itself at a natural point of reflection. The question before us is not whether progress has occurred—it has—but how we continue moving toward our shared goals with coordination, transparency, and resilience. Turning the curve, in the context of HNC 2030, means more than improving numbers. It means changing trajectories, bending long-standing population trends toward health equity, strengthening systems that prioritize prevention, and creating the conditions that allow every community to thrive. It represents both a technical and collective accomplishment, sustained through shared accountability, community leadership, and a commitment to building the conditions for health.

Progress and Shared Learning Toward 2030

In the first five years, North Carolina has made measurable strides toward several HNC 2030 targets. The state's position in *America's Health Rankings* improved from 33rd in 2019 to 30th in 2024, reflecting gains in preventive care, coverage, early childhood development, and reductions in key behavioral health risk factors.[2] Medicaid expansion has broadened access to care for hundreds of thousands of residents, and local partnerships are increasingly linking data to action at the community level.

Progress, however, remains uneven. Gains in preventive health and access coexist with persistent inequities in workforce distribution, maternal and behavioral health outcomes, and housing affordability. Yet across these domains, one lesson stands out: progress accelerates when systems align; this alignment happens when policy, data, and community collaboration move together toward shared outcomes.

The *North Carolina Medical Journal* (*NCMJ*) has chronicled this evolution since 2020, tracing how progress has taken shape across the key drivers of health. The *Social and Economic Factors* issue (February 2022) emphasized that poverty reduction, affordable housing, and childcare access are foundational to health improvement. It highlighted how cross-sector collaborations—from local housing initiatives to employer-supported childcare programs—are producing both economic and health benefits.[3]

The *Health Behaviors* issue (August 2022) examined prevention, including declines in youth tobacco use and greater participation in programs promoting physical activity and healthy eating. These trends contributed to statewide ranking improvements, showing how upstream investments in wellness produce population-level gains.[4]

The *Workforce* and *Clinical Care* issues (December and June 2022) identified key advances in health care capacity, particularly through the expansion of nurse practitioners and physician assistants supported by scope-of-practice reforms. These changes improved access to primary and preventive care, though the *Workforce* issue also cautioned that behavioral and maternal care shortages persist.[5,6]

The *Physical Environment* issue (April 2022) reframed clean air, safe water, and community resilience as vital health infrastructure connecting all domains of HNC 2030.[7] The *Maternal Health* issue (February 2023) acknowledged policy gains such as extended postpartum coverage but underscored continued racial disparities in maternal outcomes.[8]

Finally, the *Life Expectancy* issue (October 2022) connected these threads, showing how education, income, and neighborhood opportunity remain critical predictors of longevity, and that sustained cross-sector progress is needed to close gaps.[9] Together, these reflections reveal that HNC 2030's

progress is as much about coordination as achievement. The first half of this journey demonstrates that health improvement accelerates when systems work in concert, and that aligning infrastructure is essential to sustaining momentum.

Building Infrastructure to Turn the Curve

The foundation of North Carolina's progress lies in the strength of its infrastructure: technical, relational, and human. Results-Based Accountability (RBA) has provided a unifying framework for linking statewide targets to measurable community outcomes. Tools such as the Healthy Communities NC Data Dashboard and the State Health Improvement Plan (SHIP) have expanded data accessibility, allowing health departments, nonprofits, and regional partnerships to identify disparities and track outcomes in real time.[10,11] In this issue, Casey highlights that "data without action is wasted potential; action without data is a gamble" in her article about developing the Healthy NC Communities Data Dashboard to enhance data accessibility and display HNC 2030 data in an interactive format.[10,12] Along with the Healthy Communities NC Data Dashboard, local health departments and partners can track progress toward HNC 2030 goals through a statewide scorecard powered by Clear Impact.[13]

As Dail further reflects in this *NCMJ* issue, progress depends on getting the infrastructure right, aligning funding and capacity so local health departments and partners can translate data into sustainable action.[14] Rink adds that infrastructure is not just about systems-level work, but that "relationships formed are valuable outcomes that strengthen the state's public health system," pointing to the 18 cross-sector SHIP workgroups as essential for collaboration and accountability.[15]

The state's behavioral-health response further shows how data, infrastructure, and community capacity converge. Gonzales and colleagues describe their work to reduce overdose deaths in North Carolina and track the spending of opioid settlement funds through the Community Opioid Resources Engine (CORE-NC); through these projects and local partnerships, shared data is being used to guide prevention, treatment, and harm-reduction efforts.[16] These community-driven strategies demonstrate how evidence and compassion can work together to reduce harm and strengthen resilience. Collectively, these investments in data, relationships, and trust form the backbone of North Carolina's progress and the engine for turning the curve.

Aligning Workforce Capacity to Turn the Curve

Turning the curve depends on the people who make progress possible. Seeking to understand how changes in population and workforce supply affect access to primary care in North Carolina, Galloway, Lombardi, and Fraher's analysis of the primary care clinician index shows improved access

to primary care across many counties, largely due to growth in nurse practitioners and physician assistants.[17] Yet, these gains remain fragile without continued investment in retention, behavioral-health integration, and equitable workforce distribution. Expanding training pipelines is only part of the solution; ensuring that skilled professionals serve where needs are greatest remains an ongoing challenge.

At the same time, community health workers (CHWs), educators, and local public health staff strengthen the connective tissue between systems and residents. In an interview with the *NCMJ*, Estrada's reflections underscore that CHWs are essential in connecting people with resources, saying that these health workers are "trusted members of our community...we speak the same language, we eat the same food, we share the same faith." Sustaining this workforce through stable funding and professional pathways is essential to preserving the trust that underlies equitable health improvement. In both formal and informal roles, these workers exemplify how human capacity and local engagement drive statewide progress. Persistent workforce shortages and uneven resources continue to challenge equitable implementation.[5,18] Strengthening capacity requires not only more personnel, but also stable funding and trust, which are both needed to translate statewide priorities into lasting community impact.

Aligning Health, Policy, and Economic Systems

The commentaries in this issue reaffirm that turning the curve requires sustained attention to the upstream conditions that shape opportunity—conditions central to both the HNC 2030 indicators and the state's economic trajectory. When health, policy, and economic systems align, North Carolina advances toward its vision of thriving, healthy communities. Recent data from *America's Health Rankings* and the HNC 2030 report confirm that economic stability remains among the strongest predictors of life expectancy and infant health.[2,9] While North Carolina's economy has grown in recent years, improvements have not been experienced evenly across populations or regions. Job growth has strengthened in some sectors, but underemployment, wage disparities, and rising housing costs continue to widen opportunity gaps, particularly in rural and historically marginalized areas. These economic pressures directly shape health outcomes, contributing to persistent disparities in life expectancy and infant mortality, two of the state's most enduring inequities.

Gopalan reminds us that early childhood education is both an economic and health investment. In her article, "Promoting Third Grade Reading Proficiency in North Carolina: Policy Considerations," she underscores that participation in North Carolina Pre-K improves reading proficiency, supports workforce stability for families, and predicts better lifelong health outcomes. Still, with only about 57% of eligible children enrolled, continued expansion is essential to sustain intergenerational progress.[19]

Taylor and Davis's *Food is Medicine* commentary describes the work of the Blue Cross NC and the Blue Cross NC Foundation to increase access to healthy foods through the Food is Medicine program, which stands out for embracing food as a core component of managing and preventing chronic disease. Taylor and Davis highlight how integrating nutrition and health care can produce both health and economic benefits[20]; connecting patients with chronic conditions to local produce and community-based nutrition support improves disease management while strengthening local food economies. Community-based organizations are not just partners but leaders in shaping the program, from securing funding to designing local and culturally relevant interventions to ensure food reaches neighbors who need it the most. Through multi-sector partnerships, we are seeing a statewide system emerge where nutritious food is accessible and central to preventing chronic disease and thereby moving closer to goals set in HNC 2030.

Huber and colleagues add that progress depends on investing in health, not just health care, through bipartisan collaboration and continued attention to upstream drivers such as the health and social-care workforce, rural infrastructure, and economic resilience.[21] Together, these perspectives show that progress and creating the conditions for healthier living are achievable when policy and practice work in tandem. North Carolina's growing economy provides new opportunities to expand these investments, but the ultimate measure of success will be whether growth translates into longer, healthier lives in every community.

Staying the Course: Turning the Curve Together

The journey toward 2030 continues amid economic shifts, policy change, and evolving funding priorities. The durability of North Carolina's progress depends on adaptability and unity of purpose. Turning the curve requires recommitting the values that shaped HNC 2030 from the beginning: equity, collaboration, transparency, and shared accountability. The next phase of work must focus on deepening what has already been built and acting on shared priorities:

- Build upon the infrastructure and networks that drive action.
- Invest in the workforce and leadership behind progress.
- Prioritize evidence-based action and progress on indicators that remain furthest from the target.
- Practice the principle, "Nothing about us, without us." Engaging communities as co-creators of health solutions is not only ethical but essential for sustaining progress.

People across the state are encouraged to look at the recommended actions and policy levers identified in HNC 2030 as opportunities to translate commitment into measurable change.[1] The state's progress to date affirms that improvement is possible when data, partnership, and purpose align. Staying the course now means acting on that knowledge—continuing to learn, adapt, and turn the curve together toward a healthier, more equitable North Carolina.

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