Policy Review

The following is a review of policies related to life expectancy indicators in North Carolina as highlighted by authors in this issue. It is not an endorsement of any policy or bill; it is meant to serve as a resource for policy-makers, health care stakeholders, and other readers of the NCMJ.

Achieving Healthy NC 2030 Goals: Life Expectancy

Healthy NC 2030

The North Carolina Department of Health and Human Services has released a set of health indicators and goals every 10 years since 1990. The latest iteration, Healthy North Carolina 2030 (Healthy NC 2030), draws attention to more nonmedical factors than ever, aims to reduce inequities in outcomes for each indicator, and calls out institutional racism as a health indicator for the first time [1]. In this issue of the *NCMJ*, authors focus on the drivers of life expectancy and infant mortality in our state. Healthy NC 2030 set a target of increasing life expectancy from 77.6 years in 2018 to 82.0 years by 2030 while making progress toward eliminating disparities, as well as decreasing infant mortality from 6.8 per 1000 births to 6.0 per 1000 births and shrinking the Black/White disparity ratio in infant mortality from 2.4 to 1.5 by 2030 (Figures 1 and 2) [1].

Healthy NC 2030 includes suggested measures for achieving targets related to 21 health indicators, including life expectancy, in the categories of social and economic factors, physical environment, health behaviors, and clinical care. As those health indicators all impact life expectancy, each of the levers for change recommended for improving them (e.g., expanding Medicaid, increasing access to long-acting reversible contraception, establishing universal paid family leave) also applies to the Healthy NC 2030 life expectancy target. Additional levers for change specific to decreasing infant mortality in North Carolina include improving male and female preconception routine medical check-ups and family planning counseling with a focus on intimate partner violence, substance use, immunizations, depression, body mass index, blood pressure, and diabetes; reducing maternal tobacco use before, during, and after pregnancy; taking advantage of the Children's Health Insurance Program option to provide coverage for comprehensive prenatal care to undocumented immigrant women, among others [1]. See also the State Health Improvement Plan, a companion report to Healthy NC 2030 and the 2019 North Carolina State Health Assessment, for further recommendations [2].

The following is a compilation of details about policies and funding recommendations highlighted by authors in this issue, broken into categories of prevention, and improving access to care.

Preventing Drivers of Decreased Life Expectancy

NCGA House Bill 427 (Firearm Safe Storage Awareness Initiative): This bill would direct the North Carolina department of Health and Human Services (NCDHHS) to launch a two-year safe storage awareness initiative [3]. This initiative would include the development of a website and toolkit with methods and resources for safely storing firearms and directions for how to obtain free gun locks, as well as information about the importance of safely storing firearms, especially where children and youth might have access. The bill also prohibits the use of funds for this initiative from being used to advocate for any new laws, or changes to existing laws, regulating firearms.

Statewide Paid Family Leave Insurance Programs: Some states, such as California, have an employee-

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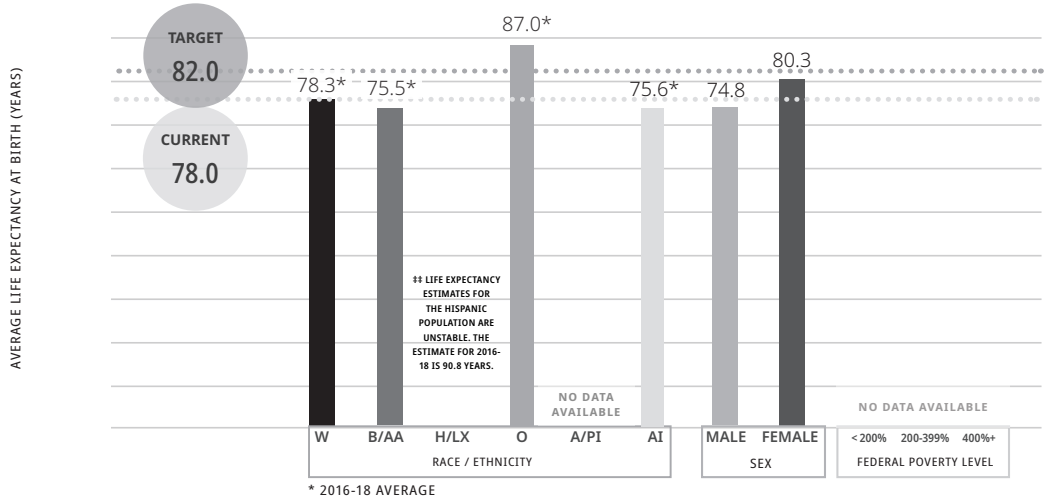
FIGURE 1.
Life Expectancy Across Populations in North Carolina and Distance to 2030 Target



Source. Healthy North Carolina 2030.

funded paid family leave insurance program that entitles workers, if they contribute, to eight weeks of partial pay within a 12-month period to care for a child or ill family member. Workers in California—the first state to pass paid family leave insurance—gain eligibility by contributing to the California State Disability Insurance fund through their employer [4]. Some advocates have suggested this framework might work well in North Carolina, where an executive order established paid parental leave for state employees in 2021, but a North Carolina Paid Family Leave Insurance Act stalled in the General Assembly last year [5].

Housing-First Policies: The Housing First model advocates for providing permanent housing as a first resort for those without it, based on the belief that safe and stable housing acts as a foundation for most other health indicators [6].

Culturally Competent Safe Driving Education for Native Americans: Considering disparities in motor vehicle-related injuries and deaths among Native Americans in North Carolina, some researchers advocate for culturally competent education and policy initiatives specific to tribal communities regarding safe driving practices and use of child safety seats.

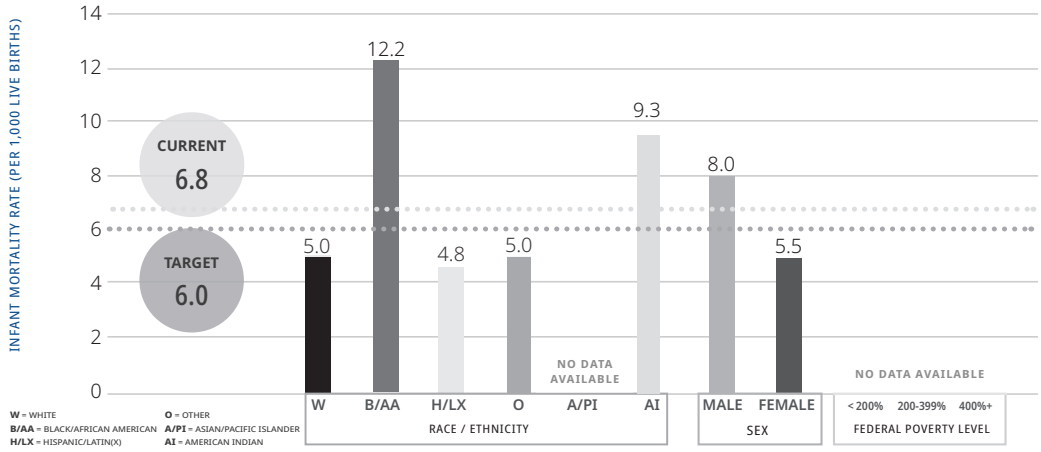
North Carolina Child Fatality Prevention System: The North Carolina Division of Public Health operates a system to record and promote understanding of the causes of child deaths in the state and identify gaps in services that need to be filled to prevent future such deaths. The system includes the Child Fatality Task Force and the North Carolina Child Fatality Prevention Team, described in this issue by Hatcher [7].

Improving Access to Health Care

Medicaid Expansion: Though North Carolina has extended postpartum Medicaid to 12 months, many advocates continue to call for full Medicaid expansion. This year, the Joint Legislative Committee on Access to Healthcare and Medicaid Expansion met six times to discuss opportunities to expand access to health care for North Carolinians, including the possibility of expanding Medicaid. In early June, a bipartisan health care omnibus bill (HB 149), which included Medicaid expansion to those whose income is between 49% and 138% of the federal poverty level, seemed promising, but it did not pass the Senate [8]. As of this writing, debate on Medicaid expansion in the General Assembly has stalled.

Value-based Payment for Maternity Care in Medicaid: Some states, including North Carolina, have begun using value-based payment models to improve quality of care for those who use Medicaid. These models are meant to improve outcomes and reduce costs, including in the context of maternity

FIGURE 2.
Infant Mortality Rates Across Populations in North Carolina and Distance to 2030 Target



Source. Healthy North Carolina 2030.

care. Research into effectiveness of these models is ongoing [9].

Healthy Opportunities Pilots: North Carolina's Healthy Opportunities Pilots are the first in the United States to test and evaluate the impact of funding services related to non-medical determinants of health, such as housing, food, and transportation. Part of this process includes implementing evidence-based parenting classes and home-visiting services [10].

The Hyde Amendment: This legislative provision prohibits the use of federal funds to pay for abortion care except in cases in which it would save the pregnant person's life, or if the pregnancy is the result of rape or incest. Advocates argue that this limits care that North Carolina can provide for residents who use Medicaid and who would benefit from comprehensive reproductive health care, including access to abortion care.

Perinatal Health Strategic Plan: Released in 2016 by the North Carolina Department of Health and Human Services, this plan outlines strategies for expanding health care access, enhancing family support services, supporting working families, and closing the education gap [11].

Early Childhood Action Plan: This framework developed by NCDHHS with input from 350 stakeholders includes 10 goals for improving the well-being of children in North Carolina by 2025. These include ensuring safe and secure housing, supporting resilience, and improving food security [12].

Closing Workforce Gaps: It is well established that North Carolina is facing a shortage of health care professionals, particularly in primary care. In this issue, authors recommend prioritization of policies to close the gap between recommended numbers of providers and North Carolina's current numbers, especially when it comes to social workers, psychologists, and counselors in North Carolina schools. Improving the diversity of the state's health care workforce is also a priority.

Comprehensive Medical Standards in Prisons and Jails: Data about the care received in prisons and jails in North Carolina are incomplete and difficult to gather, according to Baker and coauthors, who recommend the adoption of comprehensive, verifiable standards of medical care for incarcerated populations in the state [13]. These standards should be sure to account for women's health, gender-affirming care, chronic and acute illness, mental illness, and substance use disorder, they write. NCMJ

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