



# Policy Review

*The following is a review of current policy and proposed legislation related to physical environment indicators in North Carolina. 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.*

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## Achieving Healthy NC 2030 Goals: Physical Environment

### 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 non-medical 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 impact of the physical environment on health, including access to exercise opportunities, access to healthy foods, and severe housing problems (Figure 1). Suggested solutions range from increasing the number of community parks and walking trails to expanding transit options in low-income and historically marginalized communities. See the Healthy NC 2030 report, pages 51–62, for more information on these indicators, desired results, potential levers for change, and developmental data needs [1]. See also the State Health Improvement Plan, a companion report to Healthy NC 2030 and the 2019 North Carolina State Health Assessment [2]. In addition to policy recommendations highlighted throughout this issue of the *NCMJ*, the State Health Improvement Plan proposes additional funding and support to school nutrition programs, updating the North Carolina Migrant Housing Act, and maintaining safe and well-lit sidewalks, among other recommendations (Figure 2).

### Policies In This Issue

#### Environment

In his article about **per- and polyfluoroalkyl substances (PFASs)**, Dr. Emmanuel Obeng-Gyasi of North Carolina A&T State University recommends

that leaders employ and continuously reassess a health- and exposure-driven standard for PFASs found in North Carolina waters and other substances [3]. He proposes that the North Carolina General Assembly take action to lessen the risk and subsequent health consequences of PFAS exposure.

Dr. Lincoln Larson of North Carolina State University writes about the health benefits of spending time outdoors and the impact of greenspace. He recommends the medical community further embrace nature-based interventions, from discussing how to access local parks with patients to engaging with community efforts to make greenspace more accessible [4]. He also suggests further research to confirm that nature prescriptions specifically lead to better health outcomes.

#### Community

Dr. Lori Carter-Edwards, former professor of public health and health behavior at the University of North Carolina Gillings School of Global Public Health and current assistant dean for community engagement at Kaiser Permanente Bernard J. Tyson School of Medicine, makes three primary recommendations for improving health care access in rural areas. She calls for a concerted effort to map and assess all community organizations in rural areas that could work with local experts; inclusion of community organizations and experts in public

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**FIGURE 1.**  
**Healthy NC 2030 Health Indicators and Data (Total NC Population, 2030 Target, and Data by Race/  
 Ethnicity, Sex, and Poverty Level)**

HEALTH INDICATOR	DESIRED RESULT	TOTAL POPULATION	
		CURRENT (YEAR)	2030 TARGET
ACCESS TO EXERCISE OPPORTUNITIES	Increase physical activity	73% (2010/18)	92%
LIMITED ACCESS TO HEALTHY FOOD	Improve access to healthy food	7% (2015)	5%
SEVERE HOUSING PROBLEMS	Improve housing quality	16.1% (2011-15)	14.0%

Source. Healthy NC 2030. NCIOM and NCDHHS; 2020.

health decision-making and systems changes; and more involvement of community organizations in delivery of services [5].

### Housing

Ehren Dohler and coauthors discuss the Healthy Opportunities Pilots, a program beginning this spring that will test the ability of non-medical interventions to improve the health of Medicaid beneficiaries in North Carolina [6]. The results, Dohler argues, should be interpreted within the broader context of existing state and federal policy. Whatever the evaluations show, Dohler notes, the research is clear that long-term housing assistance is effective, and it should “occur in parallel to the work of the Pilots” [6]. Examples include housing assistance programs, tenant protections, eviction reform, and encouraging affordable housing development.

In an interview with the *NCMJ*, Greensboro’s neighborhood development director, Michelle Kennedy, proposes housing incentives aimed at closing the gap left by current incentives that focus on housing at the range of 80% of area median income [7]. Kennedy shared support for transit-oriented development for this reason, and also highlighted the potential impact of initiatives that marry economic development and housing development [7].

### Food

In an interview with this issue’s guest editor Josie Williams, Sam Springs of Blue Ridge Women in Agriculture notes the barriers posed by food assistance program requirements and the difficulties many people face in buying fresh food with EBT

and WIC vouchers, recommending updates to the system [8].

Anna Casey, PhD, of Cape Fear Collective, recommends that leaders use her organization’s data to identify the areas of the state most severely affected by food deserts, as well as those on the cusp of becoming food deserts, in order to target interventions [9]. Cape Fear Collective is working on an initiative that will help individual neighborhoods set realistic goals for addressing food insecurity.

### In the 2021–2022 State Budget

Recent state legislation relevant to the intersection of health and the physical environment includes several measures in the 2021–2022 state budget.

In addition to expected allocations to food banks and food assistance programs, the budget calls for distribution by the Department of Agriculture and Consumer Services of some unspent Coronavirus Relief Fund dollars to food banks across the state for COVID-19-related expenses incurred between March 1, 2020, and December 31, 2021 [10]. The state budget also allocates \$3.6 million for the fiscal year to address food insecurity among older adults due to COVID-19 through funding of meals and groceries and expansion of the North Carolina Senior Farmers’ Market Nutrition Program to eligible low-income adults [10].

The budget puts \$15 million toward helping individuals and families at risk of homelessness due to the pandemic by paying some security deposits and funding temporary hotel stays and home repairs for qualifying seniors. Other housing-related measures include use of some opioid settlement funds

**FIGURE 2.**  
**State Health Improvement Plan: Proposed Policy Changes for Improving the Physical Environment**

INDICATOR	POLICY INITIATIVE
ACCESS TO EXERCISE OPPORTUNITIES	<ul style="list-style-type: none"> <li>• Adopt “Complete Streets” policies</li> <li>• Expand transit services to provide access to places for physical activity</li> <li>• Increase number of biking trails and lanes, walking trails, and greenways</li> <li>• Increase number of and access to community parks, particularly in rural areas</li> <li>• Increase the number of joint use/open use policy agreements for school playground facilities</li> <li>• Maintain safe and well-lit sidewalks</li> <li>• Provide public access to municipal recreation facilities</li> </ul>
LIMITED ACCESS TO HEALTHY FOOD	<ul style="list-style-type: none"> <li>• Continue, expand and institutionalize the SNAP online purchasing pilot</li> <li>• Establish a public-private financing fund to stimulate the development/renovation/expansion of new and existing community-supported venues</li> <li>• Expand transit options in rural and low-income communities</li> <li>• Provide additional funding and support to School Nutrition Programs to expand healthy, locally-sourced food options and reduce financial barriers for students.</li> <li>• Provide financial incentives like “double bucks” for SNAP/FNS recipients for the purchase of fruits and vegetables in grocery stores and farmers markets</li> </ul>
SEVERE HOUSING PROBLEMS	<ul style="list-style-type: none"> <li>• Consider regulatory change allowing trailers to be registered as homes, not vehicles.</li> <li>• Enforce fair housing laws</li> <li>• Implement “right to counsel” policies for times tenants need to take their landlord to court</li> <li>• Increase living wage employment opportunities</li> <li>• Support programs designed to increase home ownership for people of color</li> <li>• Update housing standards (H2A housing) required by OSHA</li> <li>• Update the NC Migrant Housing Act</li> </ul>

Source. State Health Improvement Plan. NCDPH; 2020.

to support housing services for people with substance use disorders and community development block grant disbursement for repairs to deteriorating housing in low-income communities, as well as public improvements to parks, sidewalks, and streets [10]. NCMJ

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