

| UNC Health Johnston Scorecard: 2024-2027

The **UNC Health Johnston Scorecard: 2024-2027** serves as a comprehensive tool to track and report the health needs identified in the 2024 Community Health Needs Assessment (CHNA). This scorecard highlights the key priority areas identified through the CHNA process, providing a clear overview of health disparities, community concerns, and the programs designed to address these issues. Using Clear Impact, we are able to track outcomes, measure the effectiveness of our initiatives, and ensure that resources are allocated to the most pressing health challenges within our service area. This transparent reporting helps us continuously improve and adjust our efforts to meet the evolving needs of the communities we serve.

R

Results

I

Indicators

P

Programs

PM

Performance Measures

CA

CHA/CHNA

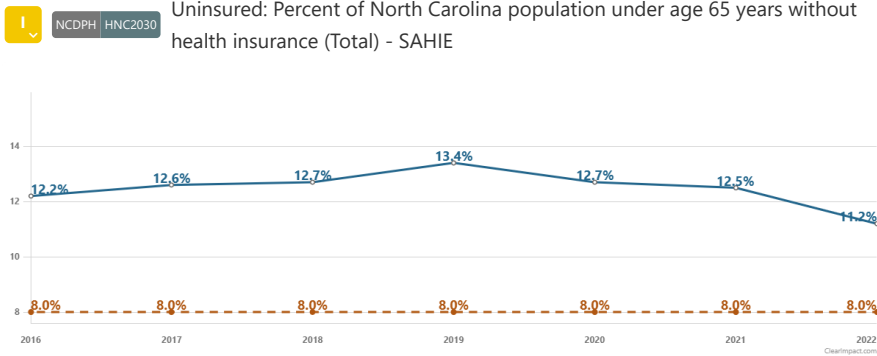
A

Activities

CA Johnston HD 2024 Johnston County Health Assessment

CHNA Priority: Access to Health Care

P UNCH Johnston: JCPS School Physicals



Most Recent Period	Current Actual Value	Percent Of Target	Current Trend	Baseline % Change
2022	11.2%	140%	3	-26%
2021	12.5%	156%	2	-18%
2020	12.7%	159%	1	-16%
2019	13.4%	168%	3	-12%
2018	12.7%	159%	2	-16%
2017	12.6%	158%	1	-17%
2016	12.2%	152%	2	-20%
2015	13.0%	162%	1	-14%

Story Behind the Curve

Small Area Health Insurance Estimates (SAHIE) are reported annually by the U.S. Census Bureau.

North Carolina expanded Medicaid eligibility on December 1, 2023, extending coverage to adults aged 19-64 years with incomes up to 138% of the federal poverty line, estimated to benefit around 600,000 people.

2022 data suggested that North Carolina was 11.2% uninsured with the target being 8%.

- ADDITIONAL NOTES:**
- From 2014-2020, data were only available for uninsured white/Black/Hispanic populations.
  - Uninsured data for "All Other Races" were available only for the years 2021 & 2022.
  - Anticipate 2023 data release summer 2025.

Indicator Notes

**Definition:**

Individuals who did not have health insurance coverage for the entire calendar year. [US Census]

**Why is this Important?**

Access to affordable, quality health care positively impacts individual health and well-being. Health insurance is the most common means of accessing affordable health care.

Uninsured individuals may be unable to access affordable health insurance. Lack of health insurance can result in poor health outcomes and create financial burdens, further impacting health and well-being. [HNC2030]

**Additional Information:**

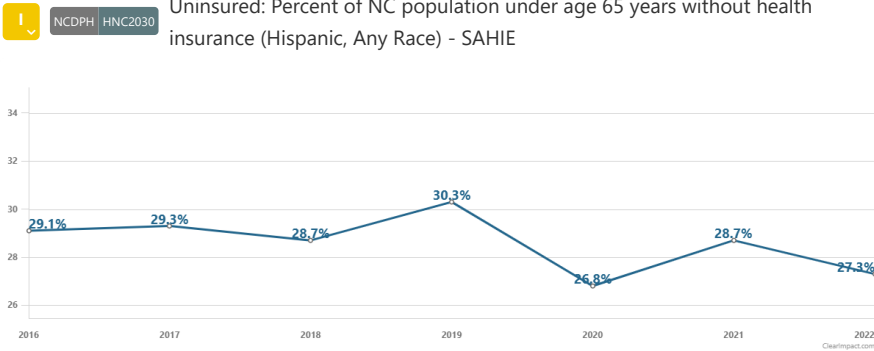
- In 2023 the "Uninsured" data source changed from SCHS to SAHIE.

- Only white/Black/Hispanic population data were available for 2014-2020.
- Only 2021 & 2022 data are available for "All Other Race" group.

References and Links:

HNC-REPORT-FINAL-Spread2.pdf

Small Area Health Insurance Estimates (SAHIE) Program (census.gov)



2022	27.3%	—	↘ 1	-18% ↘
2021	28.7%	—	↗ 1	-14% ↘
2020	26.8%	—	↘ 1	-20% ↘
2019	30.3%	—	↗ 1	-9% ↘
2018	28.7%	—	↘ 1	-14% ↘
2017	29.3%	—	↗ 1	-12% ↘
2016	29.1%	—	↘ 2	-13% ↘
2015	31.4%	—	↘ 1	-6% ↘

- PM

How Much

# of Participants
- PM

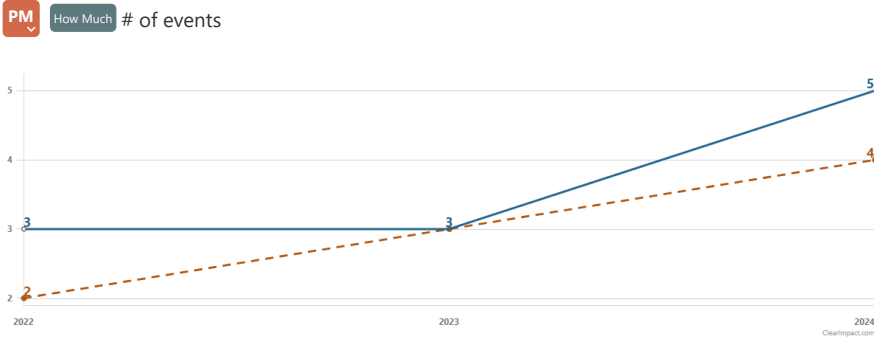
How Well

% of Hispanic Participants

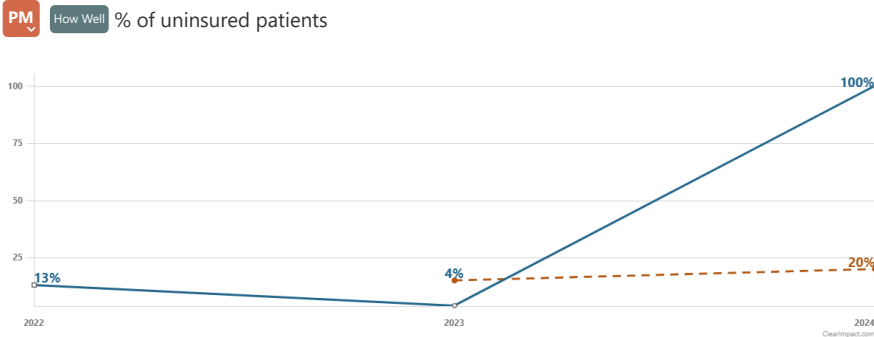
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—	—	—	—	—

P

UNCH Johnston: Cancer Screening Program



Most Recent Period	Current Actual Value	Percent Of Target	Current Trend	Baseline % Change
2024	5	125%	↗ 1	67% ↗
2023	3	100%	→ 1	0% →
2022	3	150%	→ 0	0% →



2024	100%	500%	↗ 1	669% ↗
2023	4%	27%	↘ 1	-69% ↘
2022	13%	—	→ 0	0% →

- PM

How Much

# of Orders Placed

—	—	—	—	—
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P

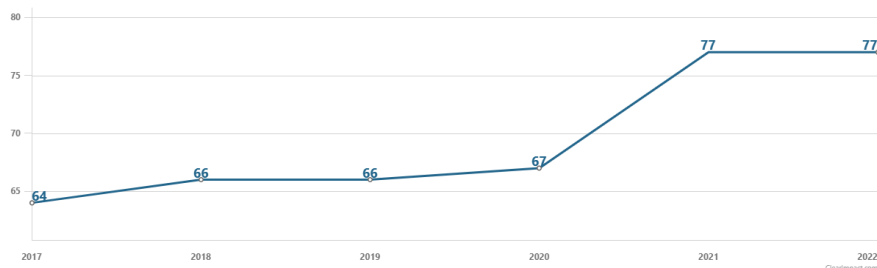
UNCH Johnston: Mobile Telehealth Program

Most Recent Period	Current Actual Value	Percent Of Target	Current Trend	Baseline % Change
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NCDPH HNC2030

Number of counties in North Carolina where ratio of population to primary care clinician is less than 1500:1 (certified nurse midwives, nurse practitioners, and primary care physicians)



2022	77	—	→ 1	20% ↗
2021	77	—	↗ 2	20% ↗
2020	67	—	↗ 1	5% ↗
2019	66	—	→ 1	3% ↗
2018	66	—	↗ 1	3% ↗
2017	64	—	→ 0	0% →

## Story Behind the Curve

2024 data will be released in summer 2025.

Overall, the state is improving (i.e., there is an increasing number of counties with adequate number of providers).

The graph shows the percent of counties meeting the standard ratio of 1,500 or fewer people to 1 primary care clinician (i.e., county has sufficient primary care clinicians to meet population health needs).

Overall, the ratio for the state improved from 983:1 in 2017 to 808:1 in 2023. [Sheps Center]

NOTE: A significant # of physicians were issued temporary licenses during the pandemic (2021).

## Indicator Notes

### Definition:

"The primary care clinician index is a ratio of population to primary care clinicians, so a ratio with a higher value suggests lower access to primary care services...physicians, nurse practitioners, physician assistants, and certified nurse midwives as primary care clinicians." [Sheps Center]

### Why is this indicator important?

Access to primary care can encourage preventive health care and improve health outcomes. Many rural areas of North Carolina lack adequate access to medical professionals, including those providing primary care.

### Additional Information:

The indicator, *Number of counties in North Carolina where ratio of population to primary care clinician is less than 1500:1*, trends the percentage of the state's 100 counties with sufficient clinicians (i.e., population of 1,500 or fewer per provider, in order to meet population needs).

The indicator aligns with *HNC2030*.

### For Further Information:

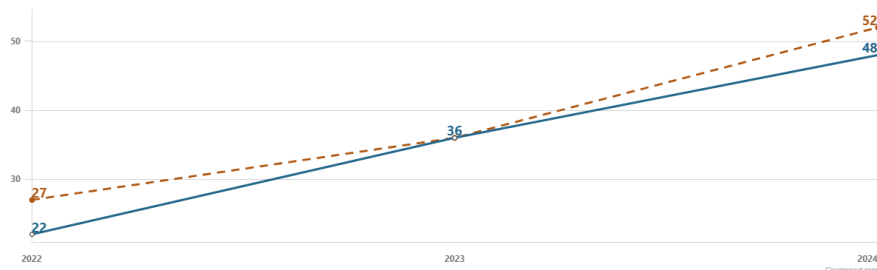
[HNC-REPORT-FINAL-Spread2.pdf](#)

<https://www.countyhealthrankings.org/health-data/health-factors/clinical-care/access-to-care/primary-care-physicians?year=2024>

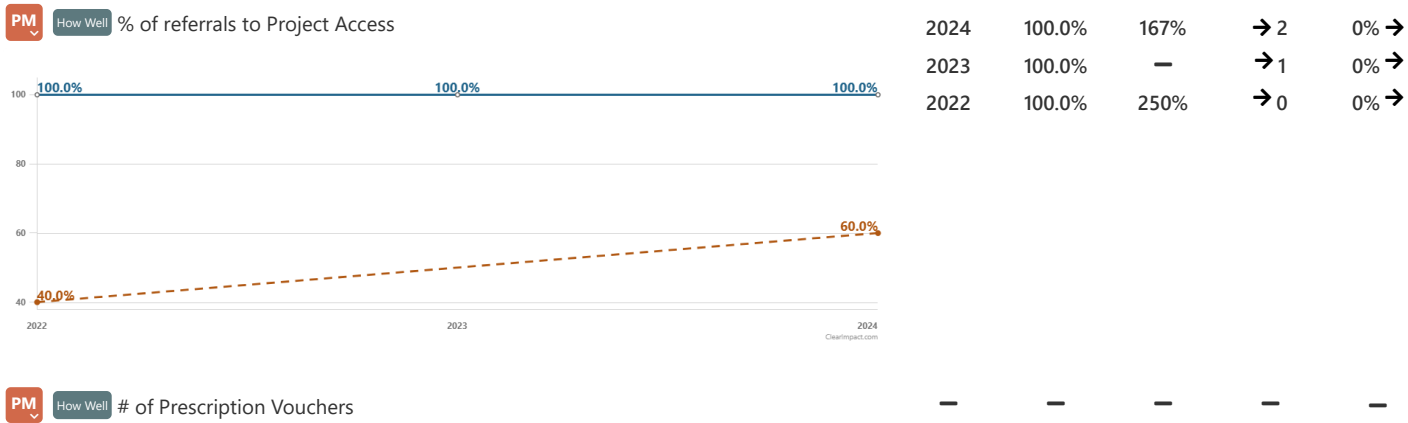
[https://nchealthworkforce.unc.edu/blog/pcc\\_index\\_2023/#:~:text=Guided%20by%20the%20recommendations%20of,to%20meet%20population%20health%20needs](https://nchealthworkforce.unc.edu/blog/pcc_index_2023/#:~:text=Guided%20by%20the%20recommendations%20of,to%20meet%20population%20health%20needs)



How Much # of events



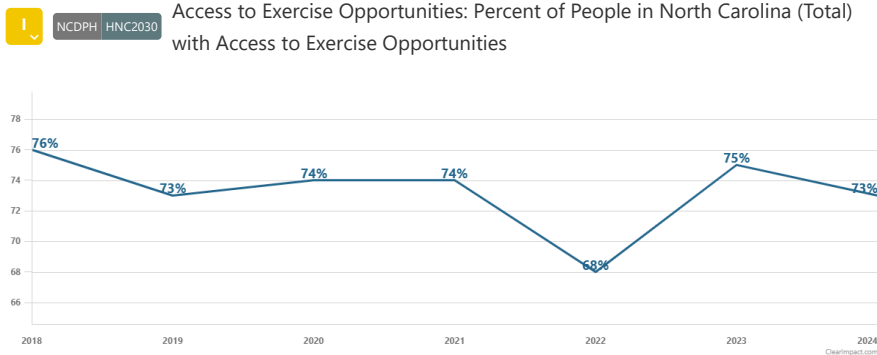
2024	48	92%	↗ 2	118% ↗
2023	36	100%	↗ 1	64% ↗
2022	22	81%	→ 0	0% →



CHNA Priority: Heart Disease and High Blood Pressure

P

UNCH Johnston: Healthy Family Program



Most Recent Period	Current Actual Value	Percent Of Target	Current Trend	Baseline % Change
2024	73%	—	↓ 1	7% ↗
2023	75%	—	↗ 1	10% ↗
2022	68%	—	↓ 1	0% →
2021	74%	—	→ 1	9% ↗
2020	74%	—	↗ 1	9% ↗
2019	73%	—	↓ 1	7% ↗
2018	76%	—	→ 0	12% ↗

Story Behind the Curve

Access to exercise in the state of North Carolina 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 (along with decreased social interactions) arising from the COVID-19 pandemic.

Note that the HNC2030 target percent (for access to exercise) is 92%.

<https://www.countyhealthrankings.org/app/north-carolina/2024/measure/factors/132/data>\*)

*\*The measure is not inclusive of all exercise opportunities within a community. For instance, sidewalks, which serve as locations for running or walking; malls, which may have walking clubs; and schools, which may have gyms open to community members, are not able to be captured in the measure.*

Indicator Notes

**Definition:**  
Percentage of population with adequate access to locations for physical activity.

The *Percent of People with Access to Exercise Opportunities* indicator is aligned with HNC2030.

**Why is this Important?**  
Increased physical activity is associated with lower risks of type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality, independent of obesity. Individuals who live closer to sidewalks, parks, and gyms are more likely to exercise. [countyhealthrankings.org]

**Additional Information:**  
Source of data: County Health Rankings and Roadmaps (CCR&R)\*  
*\*Should not compare ranked data from year to year*

**Additional Links and References:**  
<https://www.cdc.gov/physical-activity-basics/benefits/>  
[County Health Rankings and Roadmaps \(CCR&R\) – Business Analyst, Delorme map data, ESRI, & US Census Tiger line Files](#)  
<https://www.countyhealthrankings.org/health-data/health-factors/health-behaviors/diet-and-exercise/access-to-exercise-opportunities?year=2024>  
[HNC-REPORT-FINAL-Spread2.pdf](#)

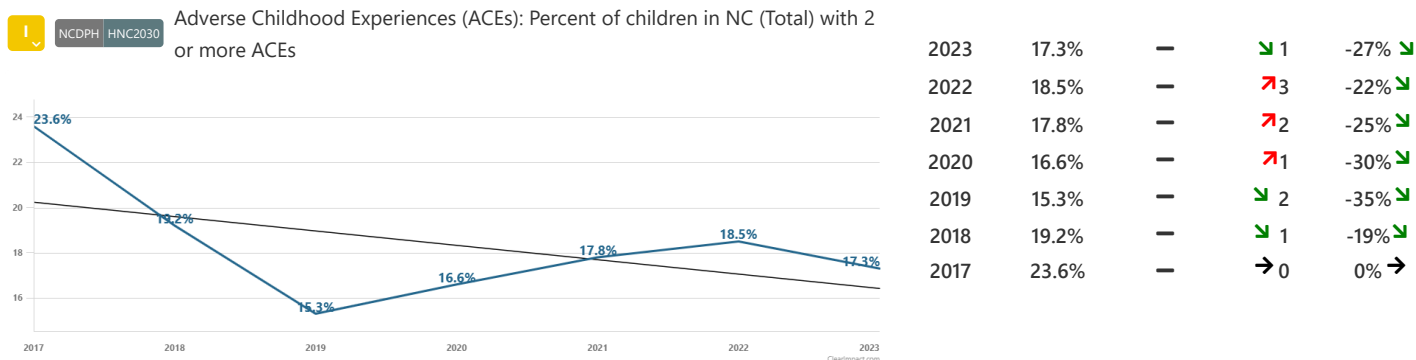
PM	How Much	# of Participants	—	—	—	—	—
PM	How Well	% of BMI Decrease	—	—	—	—	—
PM	How Well	% Improvement in Cardiovascular Endurance Test	—	—	—	—	—

## P Johnston HD Chronic Disease Self Management Program (CDSMP)

PM	Johnston HD	How Much	Number of staff trained in CDSMP	—	—	—	—	—
PM	Johnston HD	How Much	Number of class series offered	—	—	—	—	—
PM	Johnston HD	Better off	Percentage of CDSMP participants who report an increase in knowledge following completion of the program	—	—	—	—	—
PM	Johnston HD	Better off	Percentage of CDSMP participants who report feeling better able to manage their heart disease or high blood pressure	—	—	—	—	—

## CHNA Priority: Mental Health

## P UNCH Johnston: CATCH-Johnston



## Story Behind the Curve

The National Survey of Children's Health (NSCH) provides data on "multiple, intersecting aspects of children's lives - including physical and mental health, access to and quality of health care, and the child's family, neighborhood, school, and social context." [NSCH]

Two-year combined data pulled from interactive site: <https://www.childhealthdata.org/browse>

## Indicator Notes

### Definition:

Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur in childhood.

### Why is this Important?

Exposure to trauma, violence or neglect during childhood increases the future likelihood of poor physical and mental health. [CDC]

### Additional Information:

The *Percent of Children with Two or More ACEs* indicator is aligned with HNC2030.

### Link to References and Reports:

[HNC-REPORT-FINAL-Spread2.pdf](#)

<https://www.childhealthdata.org/browse> (Interactive).

<https://www.childhealthdata.org/browse/survey/results?q=11266&r=1&r2=35> (North Carolina).

[About Child Abuse and Neglect | Child Abuse and Neglect Prevention | CDC](#)

<https://www.childhealthdata.org/learn-about-the-nsch/NSCH>

PM	How Much	# of Children Participating	—	—	—	—	—
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PM	How Well	% of New Referrals	—	—	—	—	—
PM	How Well	% of Completed Referrals	—	—	—	—	—

P

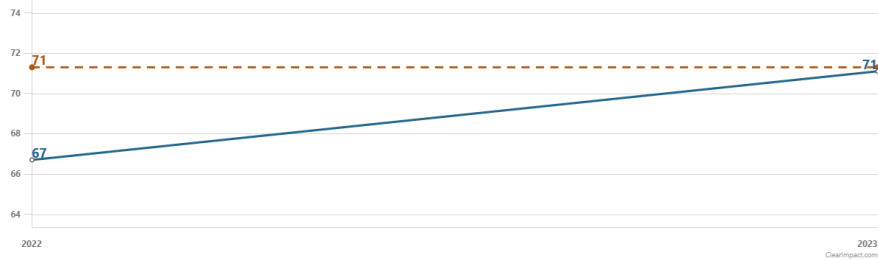
UNCH Johnston: Mental Health First Aid

I

DHHS HP2030

Increase the proportion of adults with serious mental illness who get treatment —

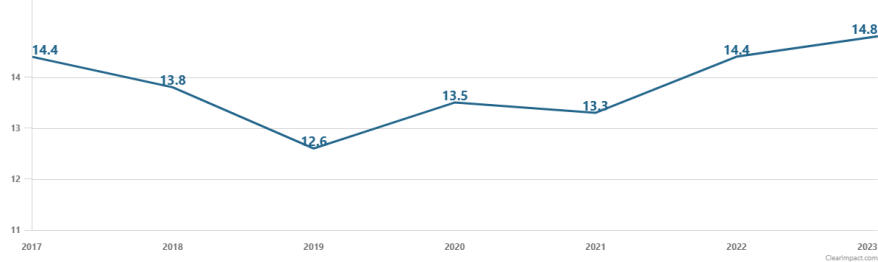
MHMD-04



I

NCDPH HNC2030

Suicide Death Rate (TOTAL) in North Carolina (per 100,000) - age-adjusted rates



Most Recent Period	Current Actual Value	Percent Of Target	Current Trend	Baseline % Change
2023	71	100%	↗ 1	7% ↗
2022	67	94%	→ 0	0% →

2023	14.8	—	↗ 2	14% ↗
2022	14.4	—	↗ 1	11% ↗
2021	13.3	—	↘ 1	2% ↗
2020	13.5	—	↗ 1	4% ↗
2019	12.6	—	↘ 2	-3% ↘
2018	13.8	—	↘ 1	6% ↗
2017	14.4	—	↗ 1	11% ↗
2016	13.0	—	↘ 1	0% →
2015	13.4	—	↗ 1	3% ↗

## Story Behind the Curve

Rates are age-adjusted.

Deaths by suicide are defined as having ICD-10 underlying cause-of-death codes X60–X84 or Y870.

Overall, the suicide rate is trending upwards (from 13.0 in 2014 to 14.8 in 2023).

## Indicator Notes

**Definition:**

Age-Adjusted Suicide Death Rates per 100,000 Population

**Why is this Important?**

The impacts of suicide are experienced at the personal and community level. Suicide burdens family, friends, and the community at large (emotionally and often financially).

Suicide is closely linked to mental health and well-being, which can be negatively impacted by trauma, financial insecurity, housing instability, or physical illness.

Insurance status may also play a role when it affects the ability of individuals to seek mental health care and treatment. [HNC2030]

**Additional Information:**

Rates are age-adjusted.

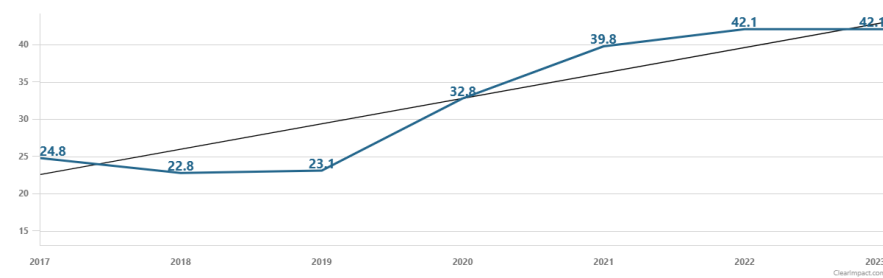
**References and Links:**

[HNC-REPORT-FINAL-Spread2.pdf](#)

PM	How Much	# of Classes Offered	—	—	—	—	—
PM	How Much	# of participants that complete MHFA training	—	—	—	—	—
PM	How Well	% of trained adults in teen MHFA spaces	—	—	—	—	—
A	How Much	# of Mental Health Awareness/Training Events	—	—	—	—	—

**P** Johnston HD Chronic Pain Self Management Program (CPSMP)

**I** NCDPH HNC2030 Drug Poisoning Death Rate in North Carolina (Total): Drug Poisoning Deaths per 100,000 population (age-adjusted rates)



Most Recent Period	Current Actual Value	Percent Of Target	Current Trend	Baseline % Change
2023	42.1	—	→ 1	205% ↗
2022	42.1	—	↗ 4	205% ↗
2021	39.8	—	↗ 3	188% ↗
2020	32.8	—	↗ 2	138% ↗
2019	23.1	—	↗ 1	67% ↗
2018	22.8	—	↘ 1	65% ↗
2017	24.8	—	↗ 3	80% ↗
2016	19.8	—	↗ 2	43% ↗
2015	15.8	—	↗ 1	14% ↗

## Story Behind the Curve

Along with the rest of the country, North Carolina experienced a sharp increase in drug overdose deaths since 2019, largely due to the opioid epidemic, and more recently involving a preponderance of poisonings from illegally manufactured fentanyl.

The drug overdose death rate nearly tripled from 2014 (13.8) to 2023 (42.1).

## Indicator Notes

### Definition:

Number of persons in North Carolina who die as a result of drug poisoning per 100,000 population, adjusted by age.

### Why is this Important?

Substance misuse is a chronic condition, requiring ongoing care and treatment for individuals to regain and maintain health and recovery.

This chronic condition affects the individual's relationship with family and community. It can impair ability to attend school or work and negatively impacts both physical and mental health. It can also lead to social complications and negative interactions with the justice system. [HNC2030]

### Additional Information:

The *Drug Poisoning Death Rate* indicator is aligned with HNC2030.

### References and Links:

[North Carolina's Opioid and Substance Use Action Plan | NCDHHS](#)

[HNC-REPORT-FINAL-Spread2.pdf](#)

<b>PM</b> Johnston HD How Much	Number of participants who complete the program	—	—	—	—	—
<b>PM</b> Johnston HD How Well	Percentage of participants who complete the program	—	—	—	—	—
<b>PM</b> Johnston HD Better off	Percentage of Chronic Pain participants who report an increase in knowledge following completion of the program	—	—	—	—	—
<b>PM</b> Johnston HD Better off	Percentage of Chronic Pain participants who report feeling better able to manage their chronic pain	—	—	—	—	—