

# 2018-19 Healthy Communities Annual Report

## Program Overview

The NC Division of Public Health uses Preventive Health and Health Services Block Grant funding to administer the Healthy Communities Program through the Chronic Disease and Injury Section (CDI Section). This funding provides on-the-ground flexibility for Local Health Departments or District Health Departments (LHDs) to address community-specific needs that relate to chronic disease. Each LHD is responsible for submitting an action plan prior to the beginning of a new fiscal year in which they choose at least two relevant strategies that their Healthy Communities Program will focus on each fiscal year. In 2018-19, a total of 82 LHDs were supported with Healthy Communities funding, covering 98 out of 100 North Carolina counties.

## Healthy Communities Strategies

In 2018-19, LHDs chose from a list of 13 Healthy Communities strategies that fit into five broad objectives:



Policy and environmental changes that address healthy eating



Educational and behavioral change programs addressing obesity, diabetes and/or cancer prevention



Policy and/or environmental changes that address tobacco prevention and control



Policies or strategies that address injury prevention programs



Policy and environmental changes that address physical activity

### Objective 1: Policy and environmental changes that address healthy eating

#### Strategies

LHDs Selecting Strategy

Number of Projected Outputs

Number of Actual Outputs

Strategy Output Goal(s) Met?

Increase the number of:

A) Community venues (e.g., food banks) providing access to healthy foods

20

20

52



B) Small retail venues (e.g., corner stores) providing access to healthy foods

15

23



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## Objective 2: Educational and behavioral change programs addressing obesity, diabetes and/or cancer prevention

Strategies*	LHDs Selecting Strategy	Number of Projected Outputs	Number of Actual Outputs	Strategy Output Goal(s) Met?
 Increase the number of organizations completing a Diabetes Program Readiness Assessment.	9	4	11	✓
 Increase the number of organizations completing the CDC Worksite Health ScoreCard.	9	10	23	✓
 Increase the number of events held by community organizations aimed at increasing awareness of the need for colorectal cancer screenings.	15	25	95	✓
 Increase the number of organizations that provide educational interventions that address cancer risk factors.	35	100	265	✓



## Objective 3: Policy and/or environmental changes that address tobacco prevention and control

Strategies	LHDs Selecting Strategy	Number of Projected Outputs	Number of Actual Outputs	Strategy Output Goal(s) Met?
 Increase the number of 100% smoke-free, e-cigarette-free or tobacco-free policies covering: A) Government buildings, grounds, and/or indoor public places B) Colleges and universities	12			
		5	5	✓
		1	1	✓
 Increase the number of units covered by smoke-free or smoke-free/e-cigarette-free policies in: A) Public Housing B) Affordable multi-unit housing C) Market-rate multi-unit housing	9			
		5	26	✓
		3	1	✗
		3	4	✓
 Increase the number of funded partnerships with the QuitlineNC to provide tobacco cessation services to tobacco users who want to quit.	7	1	10	✓

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## Objective 4: Policies or strategies that address injury prevention programs

Strategies	LHDs Selecting Strategy	Number of Projected Outputs	Number of Actual Outputs	Strategy Output Goal(s) Met?
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 Implement media and messaging campaigns that increase awareness of the risks of opioid poisoning, signs and symptoms of opioid overdose, where to access and how to administer naloxone in the event of an overdose.	63	120	169	✓					
					 Increase the number of gatekeeper training sessions for suicide prevention* using:	ASIST	1	2	✓
						QPR	5	18	✓
						Mental Health First Aid	24	15	✗



\*924 individuals received ASIST (22), MHFA (368) or QPR (534) suicide prevention training in 2018-19.

 Establish, support or promote syringe exchange programs in the county	20	10	14	✓



## Objective 5: Policies or strategies that address physical activity

Strategies	LHDs Selecting Strategy	Number of Projected Outputs	Number of Actual Outputs	Strategy Output Goal(s) Met?
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 Enhance conditions for active infrastructure by increasing the number of:	22	32	24	✗				
					Walkability assessments completed	30	11	✗
					Educational and/or media campaigns promoting active infrastructure	22	4	✗
					Community locations where wayfinding signage is placed	2	4	✓



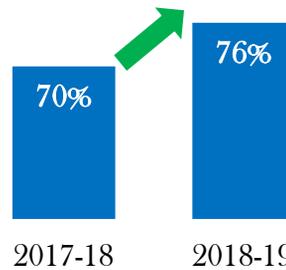
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## Health Equity

In addition to selecting relevant strategies to fight chronic disease in their communities, LHDs are responsible for outlining how they will engage priority populations in the planning, implementation, or evaluation of their work on a selected strategy. State Healthy Communities staff and the CDI section have placed major emphasis on working *with* the populations that will most be affected by public health interventions.

As part of submission of their 2017-18 and 2018-19 Action Plans, LHD Healthy Communities staff were asked to rate the degree to which they understood health equity on a scale from 0% to 100%. Year-over-year, LHD staff's perceived knowledge of healthy equity improved a modest **8.5%**, moving from **70%** to **76%**.

### Self-Assessed Understanding of Health Equity Among LHDs



As part of submission of 2019-20 Action Plans, LHDs were asked which topics they would like covered on monthly technical assistance calls. In total, **63%** of LHDs indicated they would like health equity to be addressed on these calls. This indicates that LHDs understand the importance of addressing health inequities and are interested in improving their capacity in this area.

## Taking Action on Health Equity



**LHD:** Union County Consolidated Human Services Agency (UCCHSA)

**Priority Population Engaged:** African Americans

**What They Are Doing to Improve Health Equity:** Union County has now formed the Union County Health Equity Collaborative (UCHEC), consisting of members from UCCHSA, community groups, faith-based organizations, and other individual community members. At the initial November 2018 kickoff meeting, an overview of social determinants of health was presented along with a host of public health data highlighting racial disparities in health outcomes. Subsequent monthly meetings have focused on discussions about adverse childhood experiences, implicit racial bias, culturally and linguistically appropriate service standards, as well as introducing a health equity impact assessment. By engaging African American church leaders in this collaborative, UCHEC is generating necessary buy-in and participation to help spread cancer risk factor education efforts in underserved communities.



**LHD:** Granville-Vance District Health Department (GVDHD)

**Priority Population Engaged:** Rural populations

**What They Are Doing to Improve Health Equity:** GVDHD has engaged elementary school students and teaching staff in the planning and evaluation of their efforts in implementing the Coordinated Approach to Child Health (CATCH) program in participating district schools, focusing on improving diet and physical activity among 3<sup>rd</sup>-5<sup>th</sup> grade students. Each participating school has formed a CATCH team, assigned by the school principal and comprised of students and teachers, to aid in implementation. GVDHD is conducting process evaluation with CATCH champions and teachers at each school to monitor the frequency of meetings, types of activities implemented, lessons being taught to students, and barriers experienced, and will conduct impact evaluation by measuring dietary intake and increased physical activity post-implementation. GVDHD's work on CATCH will be shared in a presentation at the American Public Health Association's annual meeting in November.