

2019-20 Healthy Communities Annual Report

Program Overview

The North Carolina 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 diseases. 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 that year. In 2019-20, a total of 83 LHDs were supported with Healthy Communities funding, covering 98 out of 100 North Carolina counties.

Healthy Communities Strategies

In 2019-20, LHDs chose from a list of 13 Healthy Communities strategies that fit into five broad objectives:



Policies or strategies that address injury prevention programs



Policy and/or environmental level change strategies that address healthy eating



Media campaigns supporting chronic disease prevention



Policy and/or environmental level change strategies that address physical activity



Policy and/or program level change strategies that address tobacco prevention and control



Objective 1: Media campaigns supporting chronic disease prevention

Strategies*

LHDs Selecting Strategy

Number of Projected Outputs

Number of Actual Outputs

Strategy Output Goal(s) Met?



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.

62

62

66



Implement new media messaging campaigns to prevent the use of all tobacco products by young people

38

27

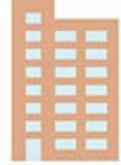
53



2019-20 Healthy Communities Annual Report



Objective 2: 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 new 100% smoke-free OR smoke-free/e-cigarette-free OR tobacco-free policies covering government buildings, government grounds, indoor public places, parks and recreation areas, or colleges/universities.	16	15	6	✗
 Increase the number of multi-unit housing complexes with new smoke-free OR smoke-free/e-cigarette-free policies covering all indoor spaces and balconies, patios and porches.	3	7	3	✗
 Increase the number of new technical assistance opportunities in support of 100% Tobacco Free Schools compliance.	25	52	121	✓



Objective 3: 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?
 Increase the number of gatekeeper training sessions for suicide prevention* using ASIST, QPR or Mental Health First Aid, and/or suicide prevention policies or programs.	20	25	43**	✓
<p><i>*980 individuals received ASIST, MHFA or QPR suicide prevention training in 2019-20.</i></p> <p><i>**Reflects 38 individual gatekeeper training sessions and 5 suicide prevention programs/policies adopted</i></p>				
 Increase the number of syringe exchange programs (SEP) and the number of partner organizations*** providing referrals to existing SEPs.	16	8	6	✗
<p><i>***Counties addressing this strategy enlisted 56 partner organizations to provide referrals to existing SEPs.</i></p>				
 Implement community violence prevention plans that address shared risk and protective factors.	2	2	2	✓

2019-20 Healthy Communities Annual Report



Objective 4: 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 or organizations completing the Food Service Guidelines assessment.

10

16

1



B) New policies adopted by community venues or organizations that require healthy food and beverage options.

14

4



Increase the number of facilities achieving NC Maternity Care Breastfeeding Friendly Designation, Mother Baby Award for Outpatient Healthcare Clinics, NC Breastfeeding Friendly Childcare Designation, Breastfeeding Friendly Workplaces Award, or Breastfeeding Friendly Businesses Award.

19

19

41



Increase the number of:
A) Existing retail venues that meet at least two additional required components of the NC Healthy Food Retail Designation.

6

8

5



B) New retail venues that meet 100% of required components of the NC Healthy Food Retail Designation.

7

3



Increase the number of:
A) New community venues providing access to healthy foods.

4

1

4



B) Existing community venues providing enhanced access to healthy foods.

6

18



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?
------------	-------------------------	-----------------------------	--------------------------	------------------------------



Increase the number of:
A) New or existing jurisdiction-wide plans with active transportation goals adopted.

18

6

6



B) Active transportation goals in existing jurisdiction-wide plans implemented.

6

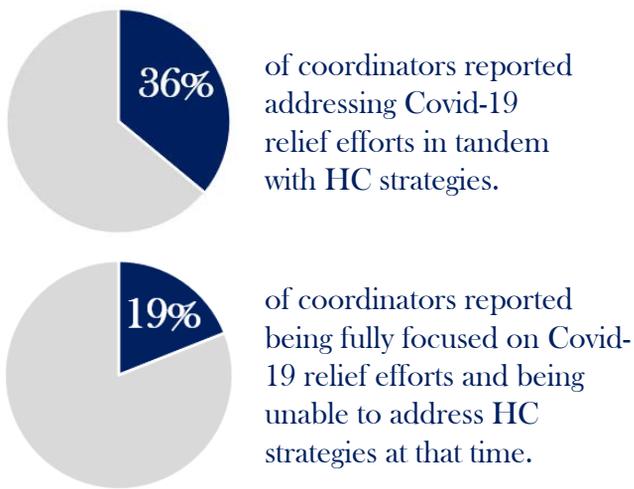
2



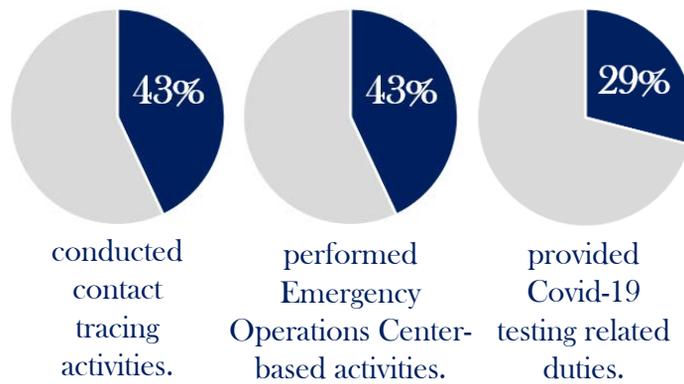
2019-20 Healthy Communities Annual Report

Covid-19 Response and Healthy Communities

In the last quarter of 2019/2020, the Novel-Coronavirus of 2019 (Covid-19) upended the traditional implementation of Healthy Communities (HC) efforts across the state as local health departments/districts (LHD) adopted an “all hands on deck” approach to addressing the pandemic as it began affecting their counties/districts in earnest. In response to shifting priorities, state program staff surveyed local program coordinators in June 2020 to determine the level to which Covid-19 relief efforts had become part of their day-to-day workload. Highlights from the survey include:

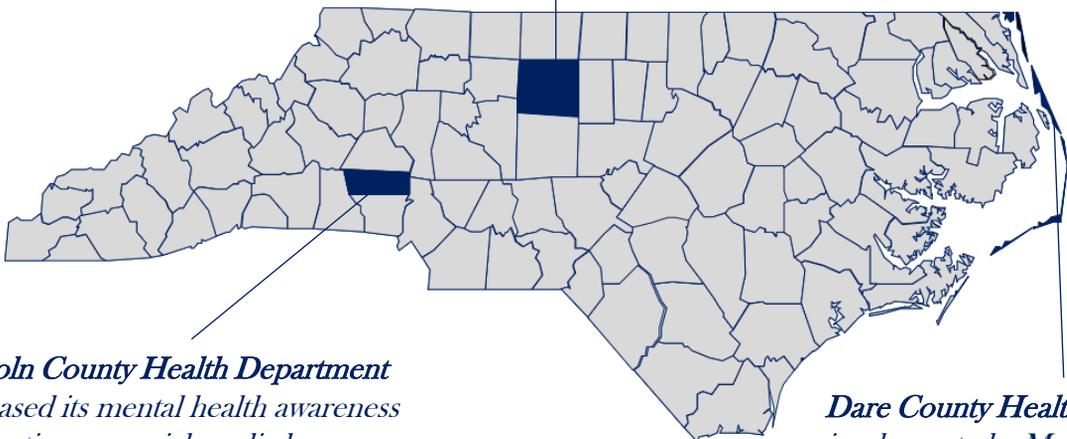


Types of activities/duties HC coordinators have performed included:



Despite Covid-19 relief efforts commanding so much time and energy, HC coordinators have found ways to integrate Covid-19 prevention education into the implementation of HC strategies, particularly through social media outlets. Below are just a few examples showing how LHDs combined Covid-19 relief efforts with HC strategies by increasing their social media presence.

Guilford County Department of Public Health increased its social media presence by integrating Covid-19 education into media messages related to HC strategies. Examples of their messaging included social distancing and Active Transportation, Breastfeeding during Covid-19, and quitting smoking during Covid-19 using The Big Quit campaign.



Lincoln County Health Department increased its mental health awareness promotion on social media by highlighting ways to cope with stress during times of social isolation. They also used social media to run ads for The Big Quit campaign, which encouraged smokers to use the stay-at-home order as an opportunity to quit smoking for good.

Dare County Health Department implemented a Mental Health Awareness month campaign through Facebook and radio ads, as well as a tobacco education initiative around the additional health concerns associated with smoking during Covid-19.

2019-20 Healthy Communities Annual Report

Taking Action on Health Equity

Throughout 2019-20, LHDs were surveyed during quarterly reporting to indicate the degree to which their priority population(s) were involved in the planning, implementation, or evaluation of their Healthy Communities strategies. Survey questions and results are shown below:

Please choose which option below best indicates your priority population's level of involvement in the planning, implementation, and/or evaluation of these strategies.

We seek feedback/input from our priority population on how to help shape the planning, implementation, and/or evaluation of our work addressing this strategy on an as-needed basis.



We receive regular input and/or feedback from key community leaders representing our priority population to help shape the planning, implementation and/or evaluation of our work addressing this strategy.



Our priority population operates as a co-equal partner leading in the planning, implementation and/or evaluation of our work addressing this strategy.



We engage in outreach by advertising about our interventions to our priority population, but the work in planning, implementing and/or evaluating our efforts on this strategy is primarily conducted by our program.



Our priority population leads in the planning, implementation and/or evaluation of our work on this strategy.



County Spotlights



What are LHDs Doing on Health Equity?

LHD: Buncombe County Department of Health (BCDH)

BCDH identified African American women as a priority population for increasing breastfeeding rates. BCDH was selected to work with the CityMatch Equity in Birth Outcomes Learning Institute to advance equity of opportunity, systems support and cultural inclusion through which increasing breastfeeding rates will be a major focus. BCDH is working with a number of partners in local government, the nonprofit sector, and the business community to lead the efforts of the Buncombe County Breastfeeding Friendly Community Coalition (BCBFCC). Key community organizations in the LHD's implementation of this strategy include Buncombe Partnership for Children and Sistas Caring for Sistas. Together, they are helping build capacity to increase breastfeeding in a number of ways, including training and capacity building for businesses and workplaces, helping lead them to achieving various breastfeeding friendly certifications; and communications efforts, through radio, print and television to educate the public and other businesses about the improvements in birth outcomes resulting from breastfeeding.

LHD: Chatham County Health Department (CCHD)

CCHD was resolute in its efforts to involve priority populations in the development of its Healthy Communities work. CCHD developed a coordinated action plan to reduce opioid overdose deaths in the county. In doing so, they were purposeful in including multiple individuals in recovery in the planning process. They also worked with these individuals to plan a Community Recovery Rally and engaged youth participants in the development of opioid-related messaging materials in consultation with their local prevention coalition coordinator. Moreover, CCHD guided youth participants in the development of a media and messaging campaign highlighting the dangers of vaping, recruiting feedback from a local high school's 15-member peer health education group.



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

