

The North Carolina **Public Health**

Foundation

Annual Report
July 2010

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Foundation

New Programs

Annual Report
July 2010

Project Funder
John Rex
Endowment

Project Timeline
September 2010 —
August 2014

Project Budget
\$ 940,115

Project Partners
Physical Activity and
Nutrition Branch,
Chronic Disease and
Injury Prevention
Section

Program Contact
Sharon Boss Nelson

The North Carolina **Public Health** *Foundation*

Community Enhancement Grants

This project is intended to increase the capacity of community organizations to implement sustainable physical activity and healthy eating opportunities for underserved children and youth in Wake County. The program objectives will be accomplished by empowering community organizations to create a strategic plan, funding them to implement evidence-based strategies targeting physical activity and healthy eating behaviors of children and youth, and providing technical assistance for sustaining the changes. The primary audience for this grant opportunity will be organizations that reach children and youth of Wake County, such as the Boys and Girls club, PTAs, childcare centers, after-school programs, neighborhood organizations, municipal Parks and Recreation Departments, YMCAs/YWCAs, faith communities and Wake County 4-H.

This project will fund a total of six community organizations for three years (May 1, 2011 through April 30, 2014). Organizations will be able to apply for either a *Planning Grant* or for an *Implementation Grant* in the first funding period. Planning Grants will focus on evaluating internal collaboration and organizational capacity, assessing the physical activity and nutrition environments and developing an action plan to implement changes in the first funding period. It is expected that a specific policy or environmental change will be implemented by the completion of the second funding period and that additional partners will be engaged in project activities in the third funding period. Organizations applying for Implementation Grants must demonstrate readiness to implement a plan based on an assessment of the existing physical activity and healthy eating environments. Implementation Grants will focus on implementing a specific policy or environmental change in the first funding period. Efforts to impact the broader community and engage additional partners are expected in the second and third funding periods. Once grantees are selected, the Project Coordinator will create an individualized training and technical assistance plan for the grantees with the following objectives:

- Build capacity of organizations to effectively assess policy and environmental supports for physical activity and healthy eating within their settings.
- Assist organizations in assessing needed supports and developing plans to create them.
- Provide technical assistance to organizations in creating and sustaining evidence-based policy and environmental supports for physical activity and healthy eating.



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July 2010

Project Funder
University of North
Carolina-Chapel Hill

Project Timeline
May 2010—January
2012

Project Budget
\$ 76,300

Project Partners
Physical Activity and
Nutrition Branch,
Chronic Disease and
Injury Prevention
Section

Program Contact
Cathy Thomas

The North Carolina **Public Health** *Foundation*

Shaping State Departmental Policies to Support Healthy, Active Living

The University of North Carolina at Chapel Hill, Office of Sponsored Research has subcontracted with the NC Public Health Foundation to complete work as part of the funding received by the NC Division of Public Health under the American Recovery and Reinvestment Act. The subcontract will support the following training workshops and payments for some elements associated with the trainings:

- **Move More Scholars Institute (MMSI):** 30 local-level participants and 12 state-level staff will attend this four day training to increase capacity of community-based physical activity professionals to:
 - use public health data and scientific information as tools to develop and prioritize community-based interventions;
 - use evidence-based and promising practice methods to implement community-based physical activity interventions and communicate physical activity messages;
 - understand the key components in a sound approach to evaluation; and
 - understand active living concepts.The MMSI will be held twice, once in 2010 and once in 2011.
- **State-Level Health Impact Assessment (HIA) Training:** 30 state and local-level staff will come together for three days for intensive training in HIA that brings together relevant public input, available data and a range of qualitative and quantitative methods to anticipate the potential health consequences of a proposed policy, program or project.
- **Regional HIA Training:** 42 local-level staff will come together in each of three, 2-day trainings for an introduction to HIA. Pilot project communities as well as other interested communities will be eligible to attend.
- **Advocacy Training:** 30 local-level participants and 16 state-level staff will come together in each of two, 2-day trainings. One will be held closer to the eastern part of the state and the other training will be closer to the western part. Advocacy principals, as well as specific strategies for active communities will be included.
- **Project Meeting/Forum:** 6 State Department Secretaries and six staff will participate in this one day educational event. The goal of this forum is to bring high-level decision makers to the table to understand concepts, evidence based strategies for active communities and address next steps.

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Project Funder
NC Division of
Public Health

Project Timeline
December 2010

Project Budget
TBD

Project Partners
NC Office of Mi-
nority Health and
Disparities, NC
Heart Disease and
Stroke Prevention
Program

Program Contact
Kimberly Leathers

The North Carolina **Public Health** *Foundation*

2010 Minority Health Conference

The North Carolina Heart Disease and Stroke Prevention (HDSP) Program and the North Carolina Office of Minority Health and Health Disparities (NC OMHHD) will host the 2010 Minority Health Conference on December 10-11, 2010 at the Marriot Crabtree Hotel in Raleigh, NC focusing on heart disease and stroke prevention. Heart disease is the leading cause of death in NC (NC State Center for Health Statistics). Nearly 1 out of 4 deaths in North Carolina are due to heart disease (National Vital Statistics Report, 2009). Cardiovascular disease is the 4th leading cause of death (NC State Center for Health Statistics).

The target audience for the conference involves Community Health Ambassadors. The NC OMHHD implemented a Community Health Ambassador Program in 2006 to train volunteers on health disparities thus empowering them to educate and motivate community residents to make wise health choices and to access the health care resources available to them.

The goal of this conference is to decrease death and disability from cardiovascular disease and stroke. A second conference is being planned for the spring of 2011. The NC OMHHD plans to train 100 Community Health Ambassadors who will serve as volunteers and provide education on the risk factors for cardiovascular disease/management of risk factors and the signs and symptoms of heart attack and stroke/handling emergent symptoms of heart attack and stroke.



The North Carolina **Public Health**
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Ongoing Programs

Annual Report
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Project Funder
The Duke
Endowment

Project Timeline
January 2009—
December 2011

Project Budget
\$ 463,340

Project Partners
Wake County Medi-
cal Society Founda-
tion, Immunization
Branch (Women's
and Children's
Health Section)

Primary Contact
Paul Harrison

The North Carolina **Public Health** *Foundation*

ADVANCE-N Youth Immunization Project

The ADVANCE-N project aims to maximize the NC adolescents' immunization compliance rate for CDC recommended vaccines through North Carolina Immunization Registry (NCIR) patient recall services. The project was designed to work with 1,300 primary care practices and about 4,000 primary care physicians to eliminate barriers that prevent primary care practices from recalling adolescent patients in their practice. The bulk of grant funds are intended to cover the cost of clerical staff that will assist primary care practices with data entry prior to patient recall using the NCIR system.

The focus of this program during the first year was to establish a partnership with Community Care of NC (CCNC) to help effectively promote adolescent vaccine compliance statewide. However, these efforts were unsuccessful because of CCNC's need to focus on goals that did not align with the vaccine compliance effort. Due to this some critical steps were revised and efforts were turned to partnering with the NC DHHS Immunization Branch (IB) field staff. A four part program has now evolved with the IB:

- Newly enrolled NCIR practices- Regional IB field staff will follow up with newly enrolled practices to persuade them to take advantage of the opportunity and recall adolescents for recommended vaccines.
- Federally Qualified Health Centers and practices with high volume of adolescent patients will be targeted for recruitment to both a new Adolescent AFIX Program(a quality assurance initiative) and the NCVAP compliance program.
- Regional IB field staff will cold call providers ranked low regarding adolescent patient vaccine compliance rates, based on NCIR data; and
- Increased promotional efforts by the IB using monthly e-newsletter, and periodic blast fax

Although the number of individuals served so far is behind the original goal, it is anticipated that the new relationship with IB will yield the intended outcomes.



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Project Funder
NC Agricultural
Foundation

Project Timeline
July 2009 —
December 2011

Project Budget
\$ 29,695

Project Partners
Physical Activity and
Nutrition Branch,
Chronic Disease and
Injury Prevention
Section

Program Contact
Cathy Thomas

The North Carolina **Public Health** *Foundation*

Eat Smart, Move More, Weigh Less for State Employees

ESMM WL is a 15-week weight management program that uses strategies proven to work for weight loss/maintenance. Each lesson informs, motivates and empowers participants to live mindfully as they make choices about eating and physical activity. This program was developed by a team of interagency professionals with expertise in nutrition, physical activity and behavior change. Since 2008, this program has been available statewide through local health department and/or local cooperative extension office.

In July 2009, NC Agricultural Foundation received funding from the NC State Health Plan to offer this program at state worksites including public schools in five counties that have a higher concentration of state employees: Wake, Pitt, Orange, Guilford and Mecklenburg. Class registration fee for participants is \$30 with a \$25 refund for attending at least 10 of the 15 classes. NC Cooperative Extension Service is leading the grant in partnership with the Physical Activity and Nutrition (PAN) Branch in the NC Division of Public Health. NC Agricultural Foundation has sub-contracted with NC Public Health Foundation (NC PHF) for the work that the PAN Branch will complete for this grant. This includes but is not limited to attending team meetings, partnering on curriculum updates, providing instructor trainings, developing and maintaining the program Website and participating in program evaluation plan etc.

The project team has submitted an amendment proposal to extend the timeframe of the current project through December 2013. If the amendment is approved then in addition to NC PHF's current role in the project it will also be taking on the responsibility of processing all class participant registration fees and issuing refunds.



Eat Smart | Move More
Weigh Less

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Project Funder
Robert Wood Johnson Foundation

Project Timeline
January 2010 —
January 2013

Project Budget
\$ 399,694

Project Partners
Physical Activity and Nutrition Branch, Chronic Disease and Injury Prevention Section and East Carolina University

Program Contact
Sara Morris

The North Carolina **Public Health** *Foundation*

Evaluation of the Effectiveness of Community Grants in Increasing Physical Activity among Youth

For about 10 years, the NC Division of Public Health (DPH) and the CDC have provided funding for community grants (\$20,000 or less), awarded to local health departments to fund projects promoting healthy eating and physical activity. This program, The Eat Smart, Move More (ESMM) Community Grants Program, has been facilitated by staff at the DPH's Physical Activity and Nutrition (PAN) Branch. In 2009, the PAN Branch partnered with East Carolina University and received funding from the Robert Wood Johnson Foundation (RWJ) to evaluate the effectiveness of the ESMM Community Grants.

For the purposes of evaluating the program, all ESMM Community Grants projects funded for 2010-2012 will be required to focus on increasing physical activity in youth ages 9-14 yrs. The primary research objectives are:

- Determine the impact of the grantees' programs on the physical activity of their target populations
- Identify potential mediators & moderators of program efficacy related to characteristics of the grantees & their target populations

Twenty NC counties have been selected to receive ESMM Community Grants, 10 each in the 2010-2011 and the 2011-2012 funding cycles. Grantees for 2010-2011 are: Ashe, Beaufort, Buncombe, Clay, Cleveland, New Hanover, Orange, Stokes, Surry, Yadkin. Grantees for 2011-2012 are: Alleghany, Burke, Chatham, Currituck, Gaston, Guilford, Henderson, Montgomery, Pitt, Sampson. Each of these counties has outlined a grant-funded project that targets youth physical activity.

In order to evaluate the effectiveness of these grant-funded projects, the project team plans to:

- Administer a self-report questionnaire to 150+ youth at each of the sites at three data collection points
- Collect 7 days of accelerometer data from 75-100 youth at each of the sites at three data collection points
- Assess the skills/growth of county-level project coordinators through administration of a pre/post self-assessment tool and one key informant interview
- Assess the strength of the county-level partnership associated with the grant project through administration of a partnership self-assessment tool (pre) and a partnership satisfaction survey (post)

Since January 2010, the project team has been selecting, creating and compiling the research tools needed to carry out this evaluation. They will conduct a training on the data collection process with local project coordinators in August 2010. Baseline data collection (youth, project coordinators, and partnerships) will occur between September and December 2010. Counties that have been awarded an ESMM Community Grant for the 2010-2011 funding cycle will commence with their projects as soon as baseline data has been collected in their respective sites.

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Project Funder
National Association
of Chronic Disease
Directors

Project Timeline
August 2009—
January 2011

Project Budget
\$ 5,000

Project Partners
Injury and Violence
Prevention Branch,
Chronic Disease and
Injury Prevention
Section

Program Contact
Jennifer Woody

The North Carolina **Public Health** *Foundation*

Healthy Aging Grant—NC Falls Prevention Policy

As part of this project, policy priorities for NC falls prevention will be developed, promoted and disseminated by partners with expertise in falls prevention for older adults. Policy priorities will be informed by available epidemiological data, data from the Roadmap for Healthy Aging and from surveying falls prevention practitioners throughout the state. Promotion and dissemination of the policy priorities will be done through strengthening local falls prevention coalitions and by development of materials for a falls website and webinar presentations.

Four regional falls prevention trainings were conducted by the NC Falls Prevention Coalition Steering Committee, which includes representatives from the NC Division of Public Health (DPH), the UNC Institute on Aging (IOA), and the UNC Carolina Geriatric Education Center (CGEC). Each training also included a presentation from a member of the UNC Capstone student team on the findings from focus groups conducted with older adults, as well as a local leader who presented falls prevention research findings on risk factors for falls. Over 175 local leaders in falls prevention attended these trainings. Preparation for these trainings led to a renewed and expanded focus on collection of data on falls. Efforts of both the DPH Injury and Violence Prevention Branch (IVPB) and the Capstone students from UNC Chapel Hill have produced rich information.

The IVPB has increased the amount of falls-specific data available on its website: www.injuryfreenc.ncdhhs.gov/DataSurveillance/FallsData.htm. Further, for the regional trainings, county level data on deaths, hospitalizations and emergency department visits due to a fall were created and disseminated to over 175 leaders in falls prevention at the local level. The trainings included a session specific to what data are available on falls, how to interpret it, and how best to use it to make the case for instituting falls prevention programming in an organization. The Capstone students, working with staff from the UNC IOA and the CGEC conducted five focus groups. Information gathered from these focus groups was analyzed and used as the basis for falls prevention educational materials for older adults, as well as the tagline: *Stay Strong. Stay Active. Stay Standing.*

Training presentations and up to date information is also posted on the Falls Prevention Coalition Website at www.med.unc.edu/aging/ncfp/welcome.htm.



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Project Funder
NC Alliance for Athletics, Health, Physical Education, Recreation and Dance

Project Timeline
April 2010—August 2012

Project Budget
\$ 65,000

Project Partners
State Center for Health Statistics, Chronic Disease and Injury Prevention Section

Program Contact
Karen Knight

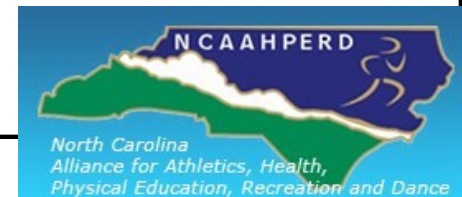
The North Carolina **Public Health** *Foundation*

IsPOD Program Evaluation

In April 2010, NC Alliance for Athletics, Health, Physical Education, Recreation and Dance (NCAAHPERD) extended the contract with NC Public Health Foundation (NC PHF) to provide support for the In School Prevention of Obesity and Disease (IsPOD) Program. NC PHF contracts with a staff position to serve as the School Health Data Specialist at the State Center for Health Statistics, NC Division of Public Health. This position is focused on the analysis of data for school-age children from a variety of sources and will provide technical assistance for the planning and analysis for special school health projects.

ISPOD is a program administered by NCAAHPERD and is funded by the Kate B. Reynolds Charitable Trust. The purpose of the project is to:

- Train all NC physical educators in the Sports, Play, and Active Recreation for Kids (SPARK) curriculum
- Have all physical educators conduct bi-annual FITNESSGRAM testing
- Send several NC SPARK trained teachers to the San Diego SPARK Institute to become state trainers
- Provide meaningful data to our legislators and state and local boards of education that show the impact of quality physical education by a certified physical educator. Healthy active children attend school, do better academically, and stand a greater chance of becoming healthy active adults
- Continue partnering with groups addressing childhood obesity



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Project Funder
Blue Cross & Blue
Shield of NC Foun-
dation, Kate B. Rey-
nolds Charitable
Trust, The Duke En-
dowment

Project Timeline
January 2009—
December 2013

Project Budget
\$ 4,125,000

Project Partners
NC Division of
Public Health

Program Contact
Dr. Greg Randolph

The North Carolina **Public Health** *Foundation*

North Carolina Center for Public Health Quality

The North Carolina Center for Public Health Quality (NC CPHQ) is a nonprofit agency within the North Carolina Public Health Foundation (NCPHF) and staffed by both the NCPHF and the NC Division of Public Health (DPH). NC CPHQ aims to create a quality improvement (QI) infrastructure to foster and support a culture of continuous QI and learning among all public health professionals in North Carolina. NC CPHQ collaborates with state and local partners to provide training in QI methods and tools and develops, leads, and supports strategic QI initiatives for DPH and local public health agencies in North Carolina.

Four counties participated in the pilot program: Beaufort, Buncombe, Craven and Mecklenburg. In late 2009, these counties participated in the NC's Area Health Education Center (AHEC) Quality Improvement 101 (QI 101) course, which is a 6-month action learning experience and provided feedback on how the NC CPHQ could adapt the course for public health professionals. Since the pilot QI 101 training, eight additional counties have been added to this project including Ashe, Cleveland, Forsyth, Iredell, Macon, Orange, Robeson and Wilkes.

The NC CPHQ hosted its first Public Health QI 101 workshop for these eight local health departments on May 13-14th 2010 in Research Triangle Park. This workshop focused on using QI tools and methods to improve the efficiency and effectiveness of services provided in local agencies with the overall goal of improving the health of their community. Prior to the workshop, teams participated in four webinars to identify a QI project, focus on their overall goals and measurable objectives for the project, and to begin learning some of the basic QI methods and tools. Following the workshop, teams will work with a faculty coach as well as receive coaching during an on-site improvement event (Lean Kaizen event) to apply QI tools to their target area. On August 31, teams will reconvene for a second face-to-face workshop to celebrate successes and plan for spreading and sustaining their project. By the end of the course, each QI team member will have the knowledge and ability to use QI tools and methods and will be able to share those techniques with others throughout their agency.

For more detailed and up to date on information about the NC CPHQ project please visit www.ncpublichealthquality.org.



Annual Report
July 2010

Project Funder
Kate B. Reynolds
Charitable Trust

Project Timeline
July 2008—June
2011

Project Budget
\$ 330,000

Project Partners
Diabetes Prevention
and Control Branch,
Chronic Disease and
Injury Prevention
Section

Primary Contact
Laura Edwards

The North Carolina **Public Health** *Foundation*

North Carolina Diabetes Education Recognition Program (NCDERP)

The NC Division of Public Health (DPH) has become an "umbrella" recognized program with the American Diabetes Association (ADA) to provide diabetes self-management education (DSME). The purpose is to increase access in all areas of the state for people with diabetes to get needed self-management training, while providing reimbursement to local health departments (LHD) to support staff to do this. ADA recognized programs may bill Medicaid, Medicare and private insurers for the self-management training. The additional reimbursement helps build capacity at the local level to provide DSME for the uninsured and underinsured.

In June 2008, 12 LHDs in the following counties were approved for participation in Cohort II of NCDERP—Cabarrus, Chatham, Cleveland, Duplin, Guilford, Jackson, Martin-Tyrell-Washington District, Nash, Northampton, Pitt, Sampson and Union. A curriculum and program training was held for these counties in July 2008. In May 2009, 14 additional LHDs (Cohort III) joined the program—Cherokee, Davie, Durham, Graham, Johnston, Jones Macon, Madison, Orange, Pamlico, Pender, Toe River Health District, Wilkes and Yadkin. A curriculum and program training was held for these sites in June 2009 in Durham and Asheville. Recruitment for Cohort IV began in fall 2009, with a focus on the counties with the highest poverty rates and the highest prevalence of diabetes. In May 2010, nine LHDs were approved for participation—Appalachian District, Craven, Cumberland, Halifax, Henderson, Hyde, New Hanover, Scotland and Stokes Family Health Center. The program trainings for Cohort IV were held in Raleigh and Hendersonville in June 2010.

Each LHD provides a monthly data report based on patients seen in their programs. As of June 2010, the LHDs participating in the program have provided DSME to 1720 persons with diabetes. The NCDERP tracks patient foot exams rates, Hemoglobin A1c and blood pressure as outcome measures to determine effectiveness of the program. Further evaluation was done in 2010 focused on the impact of the program on reducing health disparities in those served.

In April 2009, the NCDERP had an on-site audit by the ADA. The results of the audit were positive, with continued recognition granted and a finding from the Decision Subcommittee noting that the program is strong. In January 2010, the NCDERP received the *2010 Provider of the Year Award* from the ADA.



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Project Funder
Kate B. Reynolds
Charitable Trust,
Blue Cross and Blue
Shield of NC Founda-
tion, The Duke
Endowment, NC
Health and Wellness
Trust Fund

Project Timeline
March 2008—
December 2010

Project Budget
\$ 124,541

Project Partners
NC Institute of
Medicine, NC
Division of Public
Health

Primary Contact
Laura Edwards

The North Carolina **Public Health** *Foundation*

North Carolina's Prevention Action Plan

In 2008, the NC Institute of Medicine (NC IOM) and the NC Division of Public Health convened a Task Force that was charged with developing a Prevention Action Plan for NC that was focused on four broad topic areas:

- Preventing/reducing chronic diseases, morbidity and premature mortality.
- Integrating preventive health strategies into primary care.
- Preventing/responding to infectious diseases and emerging public health threats.
- Reducing intentional and unintentional injuries (eg, suicides, motor vehicle crashes, falls, occupational injuries and poisoning).

The Task Force examined these areas and prioritized strategies across these topics to improve overall population health. An action plan was developed to help guide the NC Division of Public Health and other community organizations in prioritizing their prevention efforts. It will also help guide new legislative funding. This plan, *Prevention for the Health of North Carolina: Prevention Action Plan*, was unveiled during a one-day Prevention Summit on October 8, 2009 in Greensboro; a full copy of the plan is available at www.nciom.org/projects/prevention/prevention_report.shtml.

When the *Prevention Action Plan* was released, Governor Perdue stated that she wanted NC to be the healthiest state in the nation. At the request of the Governor's Task Force on Healthy Carolinians, the NC IOM convened 12 subcommittees to devise the Healthy NC 2020 objectives. These objectives are almost complete and will be released in conjunction with the state health director's conference in January 2011. In addition, a committee was created to develop a campaign to make NC the healthiest state by 2020, incorporating the work of the Prevention Task Force and the Healthy NC 2020 objectives. Once the work of the campaign committee is complete, a proposal will be developed to request funding to implement the campaign, and the campaign will also be unveiled in January 2011.

The Prevention Action Plan, Healthy NC 2020 objectives and the Healthy NC campaign were also presented at a NC Community Health Center Association conference in June 2010. Attendees were asked to consider signing "*Resolution in Support of Making NC a Healthier State.*" The draft document was signed by approximately 50 people, representing individual and organizational commitments to a healthier state.



Prevention
for the
Health
of North
Carolina:
Prevention Action
Plan
October 2009

North Carolina
Institute of Medicine
Division of Public Health
www.nciom.org

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Project Funder
Association of State
and Territorial
Health Officials

Project Timeline
February 2010 —
December 2010

Project Budget
\$ 80,000

Project Partners
Heart Disease and
Stroke Prevention
Branch, Chronic
Disease and Injury
Prevention Section

Program Contact
Anita Holmes

The North Carolina **Public Health** *Foundation*

North Carolina's Stroke Systems of Care Plan

This project will develop a statewide Stroke Systems of Care (SSoC) planning initiative that builds on the infrastructure already in place through the Stroke Advisory Council (SAC) of the Justus-Warren HDSP Task Force (JWTF). As a first step in the planning process, the SAC will convene panels of 10-15 members each charged with making recommendations for the development of an evidence-based, comprehensive, integrated statewide SSoC. Panels will begin by identifying gaps in resources and services, as well as unmet needs. The Steering Committee of the SAC will develop a draft plan, based on expert panel recommendations, to be made available for review and comment by SAC members, other expert panel members, and partners. The final action plan will be a roadmap for developing an SSoC in North Carolina. It will assist in prioritizing efforts and resources and focusing the work of the NC Division of Public Health, and other state and local agencies, health care and public health professionals, health organizations, insurers, community organizations, companies, the faith community, and other groups working on the issue. The SSoC plan will be disseminated statewide as well as nationally. Products will consist of the plan itself, reports, scholarly papers, and presentations.

Evaluation will take place throughout the grant period. An initial internal draft plan for evaluating the strategic planning process has been completed. The evaluation is designed to:

- Develop an overall picture of the effectiveness of the SSoC planning process.
- Track achievement of planning outputs and outcomes.
- Assess strategies to support the implementation and sustainability of the SSoC.

A planning team has been established to guide the work of this project. This team includes representation from Heart Disease and Stroke Prevention (Basic Implementation Program, North Carolina Stroke Care Collaborative (NCSCC), JWTF, SAC, and a key partner (American Heart Association/American Stroke Association [AHA/ASA]). Members of the planning team also represent various areas of expertise.



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July 2010

Project Funder
Medical University
of South Carolina

Project Timeline
October 2009 —
September 2010

Project Budget
\$ 28,097

Project Partners
Diabetes Prevention
and Control Branch,
Chronic Disease and
Injury Prevention
Section

Program Contact
Joyce Page

The North Carolina **Public Health** *Foundation*

Project DIRECT Legacy for Men

This project is funded through the Legacy Small-Grant Program supported by the Centers for Disease Control through its Racial and Ethnic Approaches to Community Health Across the US (REACH US) Program. Project DIRECT (Diabetes Interventions Reaching & Educating Communities Together) Legacy for Men project is focused in Hyde County and aims to:

- Collaborate with community organizations, health agencies and faith-based institutions to prevent and control diabetes, cardiovascular disease, and related disease complications among African-American men.
- Reduce health disparities in diabetes and cardiovascular disease for African-American men.
- Train a cadre of African-American men with diabetes, cardiovascular and other chronic illnesses to lead evidence-based workshops on diabetes and cardiovascular disease prevention and control.
- Increase awareness about diabetes, cardiovascular disease & their complications through community education.

The project is based upon the premise supported by the social-ecological model that lifestyle and health choices are ultimately a personal decision made within a complex mix of social and environmental influences. Individuals are more likely to adopt and sustain healthy behaviors when those behaviors are supported by family, friends, co-workers, church members, etc, in a health-promoting environment.

The project has made significant progress towards achieving its goals since it began in the fall of 2009. The Toy Truckers, a service and social organization of African-American men in Hyde County, agreed to lead the project and recruit other men to participate in the program. This club is well-respected and trusted in this small county and the club's president and vice-president serve as local co-project directors for the program. Since the beginning of the project, four advisory committee meetings have been held and a total of 11 persons have been trained to be Chronic Disease Self-Management Program (CDSMP) workshop leaders in the community. The project co-directors and their appointed outreach workers have also identified potential sites to host the CDSMP workshops and diabetes education sessions. In the long-term this project will help build capacity and create self-sustaining, community-based partnerships that continue to improve future health of the local community.



Annual Report
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Project Funder
NC Division of the
American Trauma
Society

Project Timeline
May 2010—March
2011

Project Budget
\$ 1,500

Project Partners
Injury and Violence
Prevention Branch,
Chronic Disease and
Injury Prevention
Section

Program Contact
Christopher Bryant

The North Carolina **Public Health** *Foundation*

Strengthening Ties among Injury and Violence Prevention Partners in North Carolina

This project will provide training to increase collaboration between injury and violence prevention partners in North Carolina, focusing on the Injury and Violence Prevention State Advisory Council (IVP SAC) and the trauma community. Training will provide information about the injury and prevention field as a whole, as well as strategies to increase effective collaborations.

The population served by this grant will be the IVP SAC members and representatives from trauma centers, such as trauma surgeons, trauma program managers, injury prevention specialists, trauma registrars and/or regional advisory committee coordinators. Injuries will be prevented by specifically:

- Facilitating development and implementation of a statewide strategic plan for injury and violence prevention
- Facilitating a comprehensive, statewide approach to injury and violence prevention through effective collaborations
- Maintaining a statewide injury prevention program that includes data collection, surveillance, education and effective prevention strategies.

Although the grant is small, it is innovative in its objective to increase collaboration between the trauma community and other professionals working in injury and violence prevention. It is important to specifically focus on improving collaborations within this field because the issues it addresses (from falls to suicide prevention) are very diverse. Further, within those issues, there is a multitude of prevention strategies, some of which require a medical professional or health educator to be implemented, while others need a different perspective, such as that of an academic who can evaluate the strategy that is not yet proven, and hopefully move it from a promising practice to one that is evidence-based. Improving the relationships and the communications infrastructure among these various players is vital to the successful reduction in the rates of injuries and violence in the state.



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July 2010

Project Funder
National Association
of Chronic Disease
Directors

Project Timeline
January 2009—April
2011 (extended)

Project Budget
\$ 40,000

Project Partners
NC Division of
Public Health, NC
ACHIEVE
Communities

Primary Contact
Sharon Boss Nelson

The North Carolina **Public Health** *Foundation*

The ACHIEVE Initiative

ACHIEVE (Action Communities for Health, Innovation, and EnVironmental changeE) is sponsored by the Centers for Disease Control and Prevention (CDC) to enhance local communities' abilities to develop and implement policy, systems, and environmental change strategies that help prevent or manage health-risk factors for heart disease, stroke, diabetes, cancer, obesity, and arthritis. CDC provides funds to selected national organizations, which provide technical support and funds to selected communities. Through this funding mechanism, ACHIEVE communities are able to capitalize on the experience and expertise of national organizations in strengthening community leadership, building capacity, and activating change.

Funded organizations help build healthy communities and eliminate health disparities by developing and disseminating tools, models, activities, and strategies for collaborating with a broad cross-section of partners. Specific activities will be directed toward reducing tobacco use and exposure, promoting physical activity and healthy eating, and improving access to consistent, high-quality preventive health services.

During the next five years beginning in 2009, NACDD and Y-USA along with the National Association of County and City Health Officials (NACCHO) and the National Recreation and Park Association (NRPA), will individually select and fund approximately 40 new communities each year (10 per organization) for a total of at least 200 ACHIEVE communities. In January 2008, 10 initial communities were selected to pilot the ACHIEVE model in its first year. Cleveland County Health Department and Cleveland County Family YMCA in North Carolina were selected during this year with joint funding from NACDD and Y-USA. Forty-three communities were added in 2009 including Gaston County Family YMCA and Mecklenburg County Health Department through Y-USA and NACDD respectively. In 2010, 40 more communities were added, bringing the current total to 93. Cabarrus and Columbus counties in North Carolina were included in the 2010 funding. The ACHIEVE initiative promotes a valuable opportunity to promote linkages between the State Health Department expert advisor and the local ACHIEVE communities.



The North Carolina **Public Health**
Foundation

Completed Programs

Annual Report
July 2010

Project Funder
John Rex
Endowment

Project Timeline
December 2006—
July 2010

Project Budget
\$ 707,527

Project Partners
Physical Activity and
Nutrition Branch,
Chronic Disease and
Injury Prevention
Section

Program Contact
Meg van Staveren

The North Carolina **Public Health** *Foundation*

Active Community and Neighborhood Grants Program

The Active Community and Neighborhood Grant Program (ACNGP) is a part of the Rex Endowment Overweight Initiative. The goals of the program are to increase physical activity opportunities in community settings for children, youth, and their families. This program provided funding, technical assistance, and monitoring supports for five organizations in Wake County to implement policy, environment and programming supports to increase physical activity. Each of the five grantees received a total of \$120,000 in funding during the course of the project. The grant concluded in July 2010 with the following highlights:

Gethsemane SDA Church:

- Onsite 1/4 mile pea gravel trail and playground with appropriate landscaping, shade, and seating
- Health messaging integrated into faith sermons, implemented policy into practice, hosted and organized walking groups and annual 5K community walk/run
- Advocated successfully for City of Raleigh to complete community sidewalks

NC Museum of Art:

- Four new works of art in the park (Mission, Invasion, Park Pictures, Closer Look)
- Four new programs developed (Extreme Art school tour program, self-guided trail marker rubbings, self-guided cell phone tour, event specific programming)
- Park Assessment and Improvement Plan completed
- Targeted marketing/promotions via website, print materials, press releases, etc.

Town of Cary:

- Town approved signage policy established
- 83 new navigational signs and 25,000 new park maps
- 845 linear feet of sidewalk, pedestrian crossing and greenway
- Walking groups for seniors, pet owners, and adults and families established
- Fitness Pavilion and Fitness Trail integrated into annual arts and crafts festivals

Town of Holly Springs:

- 4400 linear feet of greenway connections and 1300 linear feet of sidewalk connections
- Promoted and provided Walk-to-School and other fitness programs

Triangle Transit Authority:

- Six bus transit stops improved
- Guidance document created for partners
- Complementary individualize marketing plan implemented



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Project Funder
Kate B. Reynolds
Charitable Trust

Project Timeline
July 2009—June
2010

Project Budget
\$ 216,885

Project Partners
Women's and
Children's Health
Section, School-
Based Health
Centers

Primary Contact
Carol Tyson

The North Carolina **Public Health** *Foundation*

Bridge Funding for School-Based Health Centers

The objective of this project was to provide bridge funding, with equal contribution from the NC Division of Public Health, so that seven existing school health centers (SHCs) that were not funded through an RFA process could continue to operate and provide access to comprehensive health services to older children and adolescents during the state fiscal year 2009-10. All were financially needy due to reduced funding.

The seven school health centers that received the bridge funding were:

- Robbinsville High School (Graham County Health Department)
- Totally Teens Health Center (Catawba County Health Department)
- Erwin Middle School (Buncombe County Health Department)
- Ashe County Middle School (Appalachian Health District)
- Tipton Hill School & Family Health Center (Bakersville Community Medical Clinic)
- Buladean School & Family Health Center (Bakersville Community Medical Clinic)
- Gates Adolescent Care Center (Gates County Rural Health Services)

Seventy percent of morbidity and mortality among adolescents can be attributed to the following behaviors: intentional/unintentional injuries, drug and alcohol use, sexually transmitted diseases and unintended pregnancies, tobacco use, inadequate physical activity, dietary habits and overweight. The focus of the prevention and primary medical services provided through school health clinics are to reduce and prevent chronic diseases related to these risky health behaviors. It is anticipated that these preventive medical strategies have a positive effect on all youth who use the school health clinic services.

The grant funds helped these school health centers to continue to function during the 09-10 school year. During the year of funding, six of these centers were able to secure other funding for sustaining their school health center operations and continue to serve students at the same level for at least another year. One center will be closing in August, 2010.



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Project Funder
John Snow Inc.

Project Timeline
July 2009—June
2010

Project Budget
\$ 37,000

Project Partners
NC Office of
Healthy Carolinians
and Health Educa-
tion, NC Office of
Minority Health &
Health Disparities,
NC State Center for
Health Statistics, NC
Institute of
Medicine, Healthy
Carolinians
Statewide
Partnerships.

Primary Contact
Debi Nelson

The North Carolina **Public Health** *Foundation*

Healthy Carolinians State Action Project

The NC Office of Healthy Carolinians and Health Education received a federal grant to aid in the development of Healthy People (HP) 2020 goals. The purpose of the grant was to gain community level data specifically related to health disparities and priorities in geographically, socio-economically and racially diverse communities across NC.

Five counties were selected to participate in training and data collection for the HP 2020 initiative—Catawba, Halifax, Jones, Moore and Swain. County leaders, called ambassadors, were trained in the areas of health disparities, social marketing, and diversity. This training, plus a set of specially designed tools, presentations, and surveys equipped the ambassadors to work within their counties to collect data that will help inform the creation of the HP 2020 goals and objectives. Since that time, nearly 1000 people from across the state have provided information on health and the economic, cultural and environmental predictors of health based on their personal experiences and opinions. This information was collected through a series of telephone interviews, community meetings and online surveys. While the majority of people who responded to the telephone interviews, community representative survey and the ambassador survey felt that they lived in a healthy community, there was overwhelming response to questions regarding what would help them to be healthier and to have a healthier community. The top three areas reported as barriers were:

- Lack of access to places where they could be physically active. This was elaborated on to include communities without sidewalks, bike lanes, parks and/or trails; lack fitness facilities; and the perception that a person needed money to access physical activity options.
- An abundance of fast food restaurants and other unhealthy eating establishments; lack of access to healthy foods; lack of education about nutrition; and the perception that healthy foods are financially inaccessible.
- Lack of transportation options.

The main health concerns reported were obesity, diabetes and cancer. Overwhelmingly people reported that the main indicator of whether they perceived their health as good or poor was their physical activity rates, followed by their eating habits and whether they were currently receiving medical care.



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July 2010

Project Funder
Kate B. Reynolds
Charitable Trust

Project Timeline
January 2009—
February 2010
(extended)

Project Budget
\$ 77,000

Project Partners
NC Division of Aging and Adult Services, Diabetes Prevention and Control Branch, Chronic Disease and Injury Prevention Section

Primary Contact
Serena Weisner
Joyce Page

The North Carolina **Public Health** *Foundation*

Living Healthy. For Men. By Men

Living Healthy. For Men. By Men project addressed the prevention and control of diabetes and other chronic diseases (including heart disease, high blood pressure, lung disease, stroke, etc.) for males, particularly African American men, living in two eastern North Carolina counties—Lenoir and Pamlico. This one-year planning project was highly community participatory and included four key activities—*Living Healthy Committees, Focus Groups, Key Informant Interviews and Information Analysis and Reporting*. The rationale for this project came from research that shows that men have much smaller social networks and limited levels of social support than women.

In each county an African-American male was hired as the Project Coordinator to lead outreach and coordination efforts. Two Living Healthy Committees were formed (one in each county). More than forty men and nine women attended at least one planning or education session in either Lenoir or Pamlico County. In Lenoir County a core of five men led planning efforts, and in Pamlico County, a core of eight men led planning efforts. The two Living Healthy Committees met approximately every other month from April 2009 to February 2010.

Men's primary health concerns were identified via focus groups, key informant interviews and Living Healthy Committee meetings. Many resources were identified including personnel and programs at the local health department, Area Agency on Aging (AAA), faith-based outreach programs, non-profit community organizations, educational institutions, regional health services and state health services. However, it was found that most of the men involved with the project and many other community members were not participating in the programs that are available.

Without this project, it is likely that the health information provided and the health promotion training that was conducted would not have reached this population. Also, it is unlikely that the responses from the focus group participants and key informants would have been gathered.

"You have started something great. We must keep it going. We just need some direction. Who is going to help us? Don't stop now."

The Diabetes Prevention & Control Program continues to work with both communities to assure delivery of health promotion programs in collaboration with local/regional health agencies, the local aging services providers, the AAA, and faith-based communities.

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Project Funder
National Association
of Chronic Disease
Directors

Project Timeline
August 2008—
December 2009

Project Budget
\$ 25,000

Project Partners
NC Division of
Public Health, NC
Division of Aging
and Adult Services,
University of North
Carolina Institute on
Aging

Primary Contact
Sharon Rhyne

The North Carolina **Public Health** *Foundation*

The North Carolina Roadmap for Healthy Aging

The NC Roadmap for Healthy Aging grant was designed to support the development of oral health initiatives and rapid dissemination of the NC Roadmap to guide the reach, adoption, implementation and maintenance of evidence-based health promotion (EBHP) programming throughout the state. The grant had the following objectives:

- To develop a plan for future oral health initiatives
- To promote adoption of the NC Roadmap for Healthy Aging as a tool to implement EBHP programs
- To provide technical assistance and resources to develop infrastructure throughout the state to maintain current EBHP and to facilitate the development of new programs.

All of these objectives were completed as laid out. The project team collaborated and pooled resources with the UNC Carolina Geriatric Education Center (CGEC) which also had an objective to conduct an environmental scan of existing oral health programs in North Carolina. A preliminary report was released and posted on the CGEC website and a more comprehensive report was posted on the NC Roadmap and distributed to key players. NC Roadmap was also presented and promoted at several state and local meetings. A key outcome of this project was the development of an interactive Wiki tool to release the NC Roadmap to the general public in October 2009. The Wiki is designed to be self-sustaining, and will be monitored well past the grant funded period to assess adoption and implementation by key stakeholders in the community. It is available for *Providers* and *Consumers* at www.ncroadmap.org.

A series of four workshops were held in Area Agencies on Aging Regions D, K, O, and R from April through September 2009. The purpose of the workshops was to assemble representatives from different agencies in the community who were interested in implementing EBHP. The regions were selected that had either not yet implemented EBHP, or who had only a few programs. Since participating in the workshop, each region has implemented at least one new EBHP and is using the NC Roadmap for advertising both for lay leaders and program participants.



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Project Funder
Program Sponsors
and Registration fees

Project Timeline
May 2010

Project Budget
\$ 9,989

Project Partners
Asthma Program,
Chronic Disease and
Injury Prevention
Section

Primary Contact
Caroline Chappell

The North Carolina **Public Health** *Foundation*

2010 North Carolina Asthma Summit

The 2010 North Carolina Asthma Summit was held on May 18 at the NC Biotechnology Center in Research Triangle Park, with nearly 170 asthma health care providers, champions, and advocates from across the state in attendance.

This event was sponsored by the Asthma Alliance of North Carolina (AANC) and featured a talented Physicians Panel for the second consecutive year, around the theme of “*Asthma Management: Where We’ve Been, Where We Are, and Where We’re Going.*” Dr. David Collier, ECU Brody School of Medicine, presented a keynote address on the relationship between obesity and asthma. The expert panel included Dr. Collier, Dr. Spencer Atwater (Allergy Partners of Western N.C.); Dr. Joseph Boals (Sandhills Pediatrics); Dr. Gurvinder Deogun (Allergy Partners of Raleigh); and Dr. Maeve O’Connor (Carolina Asthma and Allergy Center).

Morning sessions also included a message from Dr. Ruth Petersen, Chief, Chronic Disease and Injury Section, on behalf of the NC Division of Public Health and the presentation of the 2010 Asthma Champion Award.

Afternoon breakout sessions featured the following exciting topics: asthma and allergies; DNA and asthma; an update on asthma guidelines; an update on smoke-free policies and resources; Healthy Carolinians resources; spirometry; the Asthma Education Curriculum for Child Care Providers; and healthy homes assessments.

The day was capped off with a surprise visit from CAM, the Clean Air Maniac and a presentation on air quality initiatives from Jonathan Navarro of Triangle Tomorrow.

Summit presentations are available online at the NC Asthma Program’s web site, www.asthma.ncdhhs.gov/ncapAANC.htm.



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Project Funder
Program sponsors

Project Timeline
June 2010

Project Budget
\$ TBD

Project Partners
Comprehensive Cancer Program,
Chronic Disease and Injury Section

Primary Contact
Walter Shepherd

The North Carolina **Public Health** *Foundation*

4th Annual Cancer Survivorship Summit

The 4th Annual North Carolina Cancer Survivorship Summit was held June 25th – 26th, 2010 in Charlotte. The purpose of this event was to provide a Summit in which cancer survivors are offered opportunity to increase their knowledge and awareness of cancer and cancer resources in North Carolina, and a forum to allow survivors to speak out regarding education, prevention, screening, diagnostic and treatment services in order to facilitate a continuum of care that is quality centered for the patient and family and that embraces and provides for meeting the needs of all those touched by cancer.

Many partners from across the state worked with the NC Comprehensive Cancer Program to provide a two-day celebration for survivors, caregivers, advocates and health professionals. There was no cost to attend and 400 survivors, caregivers, advocates and health professionals from across the state attended the Summit. The event was made possible by the generous sponsorships received by a variety of organizations including American Cancer Society, Carolinas Medical Center, Blumenthal Cancer Center, Presbyterian Cancer Center, Novartis, The Leukemia and Lymphoma Society, Carolina Well-UNC Lineberger Cancer Survivorship Program, Wake Forest University Baptist Comprehensive Cancer Center, Kerr Health, Cancer Centers of North Carolina, Duke University Hospital, PPD, DeHart & Company Public Relations and North Carolina Oncology Association.

Additionally, 35 exhibitors were available to answer questions and provide information and/or resources as needed. The mix included cancer treatment centers, hospitals, not-for-profit organizations, cancer support programs, advocacy groups, pain management and palliative care, hospice and end-of-life, smoking cessation, and physical activity and nutrition experts. Break-out Sessions were also provided to assist and facilitate survivors and others touched by the burden of cancer, and to introduce new methods of dealing with the multiple problems and consequences arising from a cancer diagnosis.

Participants completed a Summit evaluation along with a Survivorship Assessment Survey, developed by the survivorship work group. The results of the survey are being analyzed by UNC Lineberger Cancer Survivorship Program.

