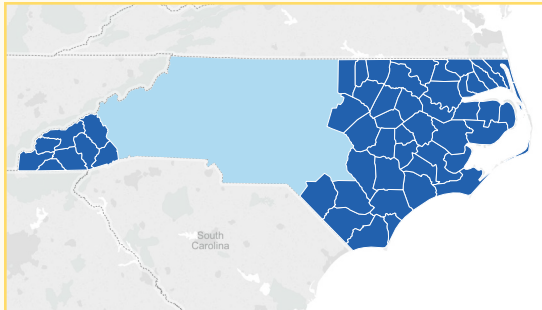


# North Carolina | PROGRAM PROFILE



The North Carolina Department of Health and Human Services is a state awardee of the State and Local Public Health Actions 1422 (SLPHA-1422) program, which aims to promote and reinforce healthful behaviors, best practices, and decrease health disparities to prevent and reduce chronic disease.



■ TARGETED COMMUNITY

**AWARD**

**\$3,520,000**

**AMOUNT TO SUBAWARDEES**

**\$1,760,000**

**PERCENTAGE OF AWARD TO SUBAWARDEES**

**50%**

**SUBAWARDEES**

- Region 1 health district
- Region 7 health district
- Region 8 health district

- Region 9 health district
- Region 10 health district

**TYPES OF PARTNERS (NO.)**

- Other local government entity (17)
- Health system/healthcare-provider (16)
- Private business (7)
- University/academic institution (5)
- Coalition/collaborative (3)
- Community-based organization (3)
- Faith-based institution (3)
- Nonprofit organization (3)
- County/city health department (1)

**TARGETED COMMUNITY\***

Beaufort, Bertie, Bladen, Brunswick, Camden, Carteret, Cherokee, Chowan, Clay, Columbus, Craven, Currituck, Dare, Duplin, Edgecombe, Franklin, Gates, Graham, Granville, Greene, Halifax, Haywood, Hertford, Hyde, Jackson, Johnston, Jones, Lenoir, Macon, Martin, Nash, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Robeson, Sampson, Swain, Transylvania, Tyrell, Vance, Wake, Warren, Washington, Wayne, and Wilson counties



**PRIORITY POPULATION\*\***

Medicaid eligible individuals with hypertension and/or at high risk for type 2 diabetes within the selected counties.



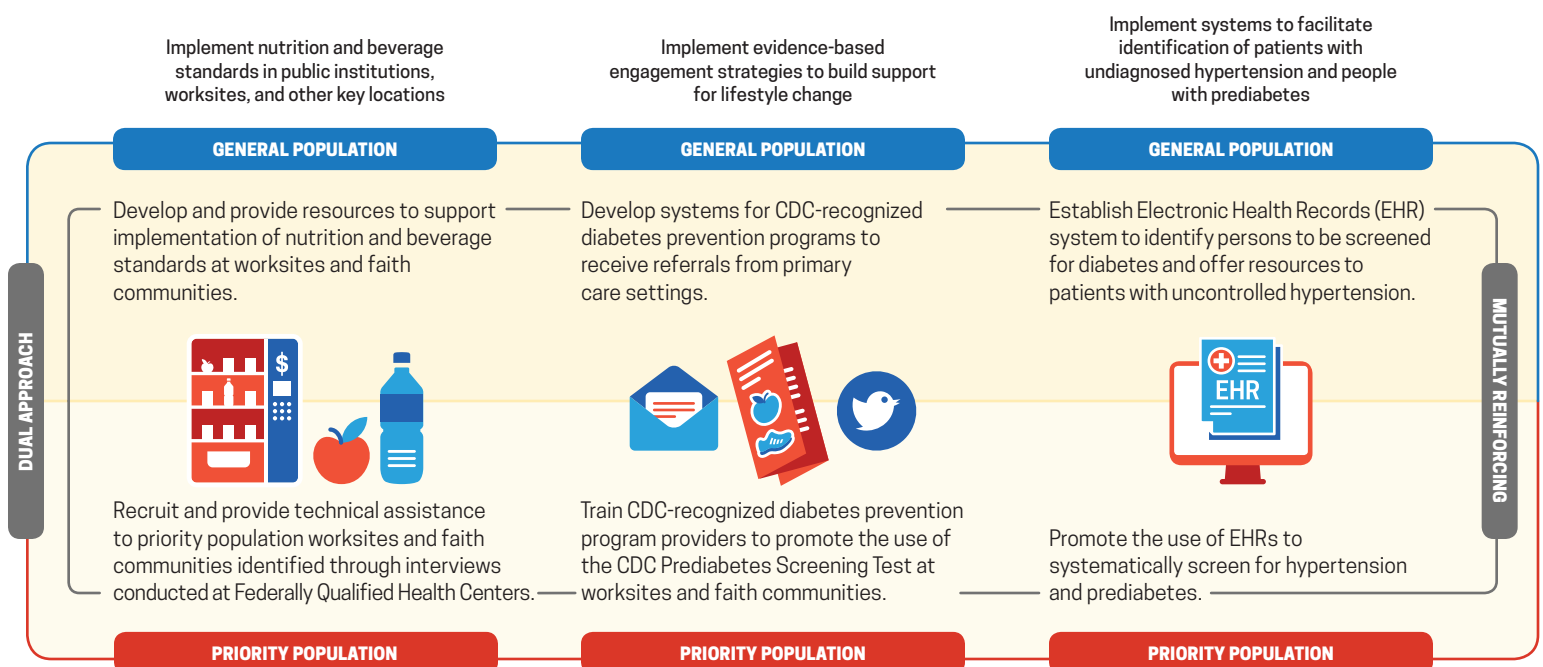
**SELECTION CRITERIA**

- Sociodemographics
- Community capacity
- Disease burden



## FOCUS ON HEALTH FOR ALL: DUAL APPROACH AND MUTUALLY REINFORCING STRATEGIES

The SLPHA-1422 program aims to reduce health disparities by supporting states, large cities, and local communities working together to implement the Dual Approach using a set of comprehensive environmental, health system, and community-clinical linkage strategies. These strategies aim to reach both the general population at the state or large-city level and priority populations across the state or large city, and within targeted communities. The implementation of each approach supports the other in a mutually reinforcing way that strengthens their combined impact. The graphic below depicts examples of the Dual Approach and mutually reinforcing strategies with three strategies selected by the awardee.



## SUCCESS STORIES

**Heart disease, diabetes, and stroke are leading causes of death in North Carolina.** Haywood Vocational Opportunities, a company that provides training and employment to adults with disadvantages and disabilities, applied to a local foundation for funds to install three **blood pressure monitoring stations**. Since installation, the stations have been used over 8,000 times. Within two weeks, two employees prevented possible strokes by identifying dangerously high blood pressure numbers. Ten additional sites have installed stations through NC's 1422 SLPHA funding, with six more pending.

In Duplin County, heart disease is the leading age-adjusted cause of death. Cooperative Extension worked with Cornerstone Community Development Corporation to implement **Faithful Families Eating Smart and Moving More**, increasing access to and providing classes on healthy eating and active living in faith-based



**8,000** patients measured their blood pressure, and **2 potential strokes were prevented using the new monitoring stations.**

**1,900** Perdue Foods employees have increased access to healthy food and physical activity opportunities.

communities. Nine people participated in the first round, eventually decreasing their cholesterol. Similar results have been observed at 26 other faith communities through NC's 1422 SLPHA funding. All 26 have increased access to healthy eating and/or active living opportunities, supporting the health of approximately 3,000 members.

Lastly, in Bertie County, Perdue Foods worked to improve **access to healthy food and physical activity** for its 1,900 employees. The company provided healthier snacks and used conference room space to encourage movement throughout the day. As a result, Perdue has seen an uptick in employee physical activity and healthy snack consumption. Eighty-nine other worksites have taken similar steps through NC's 1422 SLPHA funding, supporting the health of approximately 18,000 employees.

## SUBAWARDEE PERFORMANCE MEASURE HIGHLIGHTS

The Centers for Disease Control and Prevention's National Center for Chronic Disease Prevention and Health Promotion funds the SLPHA 1422 program. The following are subawardee performance measure results by division.



### DIVISION OF NUTRITION, PHYSICAL ACTIVITY, AND OBESITY

**88** key community locations are implementing nutrition and beverage standards.

**22** retail and community venues are increasing availability, affordability, placement, and/or promotion of healthy foods.

**129** community venues are promoting physical activity through signage, joint use agreements, and/or worksite policies.

**1,991,638** adults have access to community venues promoting physical activity.



### DIVISION FOR HEART DISEASE AND STROKE PREVENTION

**68,647** patients are participating in healthcare systems with EHRs appropriate for treating patients with high blood pressure.

**54,649** patients are participating in healthcare systems with policies or systems to encourage a multidisciplinary team approach to blood pressure control.

**1** healthcare system is engaging community health workers to link patients to community resources that promote self-management of high blood pressure.

**52** healthcare systems are implementing a community referral system to evidence-based lifestyle change programs for people with hypertension.



### DIVISION OF DIABETES TRANSLATION

**14,081,143\*** adults reached through evidence-based engagement strategies.

**251** adults at high risk for type 2 diabetes enrolled in CDC-recognized diabetes prevention programs.

**62,556** patients are within healthcare systems with policies or systems to facilitate identification of people with prediabetes.

**4** healthcare systems engaged with CHWs to link patients to community resources that promote the prevention of type 2 diabetes.

\*This number includes all people reached and is not exclusive to adults (people 18 and over).

For more information, please email [1422evaluation@cdc.gov](mailto:1422evaluation@cdc.gov).

\*Targeted community, for the purpose of this funding opportunity announcement (FOA), is defined as a county, metropolitan statistical area, or a group of contiguous counties. These communities must have significant disease burden and sufficient combined populations to allow the strategies supported by this FOA to reach significant numbers of people.

\*\* Priority populations are high-risk, high-burden populations with prediabetes or uncontrolled high blood pressure that experience racial/ethnic or socioeconomic health disparities, including inadequate access to care, poor quality of care, or low income.

LAST UPDATED 01/31/2018

