



**REQUEST FOR BOARD ACTION**

ITEM NO. 46.

**DATE OF MEETING:** April 2, 2013

**REQUESTED BY:** Carolyn Moser, Health Director, Pender County Health Department

**SHORT TITLE:** Resolution Authorizing Budget Amendment to Approve Increase in Health Department Revenues and Expenditures for Fiscal Year 2012-2013: Health Promotion: \$12,480

**BACKGROUND:** The Healthy Communities Program provides North Carolina counties with resources to develop and implement policy, systems, and environmental change interventions that improve local food systems, increase food security, promote active living through planning, reduce and prevent tobacco use, and prevent chronic diseases. This program has allocated \$12,480 in additional funds to assist in developing a new Community Action Plan.

**SPECIFIC ACTION REQUESTED:** To consider a resolution approving a budget amendment for increasing additional programmatic revenues and related expenditures for Pender County Health Department by \$12,480 in the Health Promotion program for Fiscal Year 2012-2013.



Division of Public Health  
Agreement Addendum  
FY 12-13

 COPY

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Pender County Health Department  
Local Health Department Legal Name

Chronic Disease and Injury /  
Physical Activity and Nutrition  
DPH Section/Branch Name

886 Healthy Communities  
Activity Number and Description

Mary Bea Kolbe, 919-707-5229  
marybea.kolbe@dhhs.nc.gov  
DPH Program Contact Name, Telephone  
Number (with area code) and Email

04/01/2013 – 05/31/2013  
Service Period

DPH Program Signature \_\_\_\_\_ Date \_\_\_\_\_  
(only required for negotiable agreement  
addendum)

05/01/2013 – 06/30/2013  
Payment Period

- Original Agreement Addendum  
 Agreement Addendum Revision # 1 (Please do not put the Aid to County BE revision # here.)

I. **Background:**

*The Background section is replaced in its entirety as of April 1, 2013, with the following:*

Every day in North Carolina, approximately 144 residents die as a result of a chronic disease and 16 residents expire as a result of injury or violence. Altogether, chronic diseases, injury and violence were responsible for three-quarters of North Carolina resident deaths and resulted in over 58,000 resident deaths in 2010. Of these deaths, estimates reveal that over half may be due to preventable causes. The leading preventable causes of death in the state are tobacco use, unhealthy diet and/or inadequate physical activity, poor chronic disease management and unintentional injury. Many North Carolinians die prematurely or suffer from diseases that could be prevented or more effectively managed.

Racial disparities in chronic disease and injury mortality persist in North Carolina. Non-Hispanic African Americans have higher rates than non-Hispanic whites for the majority of chronic diseases. During 2006-2010, non-hispanic African Americans had age adjusted mortality rates that were more than two times higher than non-Hispanic whites for diabetes and homicide.

Carolyn Moore  
Health Director Signature (use blue ink)

5/15/13  
Date

Local Health Department to complete:  
(If follow up information is needed by DPH)

LHD program contact name: Amanda Barbee  
Phone number with area code: 910-259-1310  
Email address: abarbee@pendercountync.gov

Signature on this page signifies you have read and accepted all pages of this document.

The Healthy Communities program seeks to address the risk factors of physical inactivity, poor nutrition, tobacco use, violence and unintentional injury. Research shows that implementing systems and environmental changes, such as providing access to nutritious foods, improving safe options for active transportation, promoting tobacco free facilities, supporting diabetes management programs, providing evidence-based practices and interventions for violence and injury prevention in communities and other broad-based strategies, can result in positive behavior changes that decrease chronic diseases and injuries and improve health. The Healthy Communities Program provides funding for county and district health departments to develop and implement community-based initiatives to create policies and environments that support increased physical activity, promote healthy eating, reduce obesity, prevent the use of tobacco, support diabetes self-management and prevent violence and injury.

The Healthy Communities program receives funding from state and federal appropriations annually and is administered by DPH.

**II. Purpose:**

*The Purpose section below is now effective through March 31, 2013:*

The Healthy Communities program provides North Carolina counties with resources to develop and implement policy, systems, and environmental change interventions that improve local food systems, increase food security, promote active living through planning and policies, and prevent chronic diseases.

*The sentence above is replaced with the following as of April 1, 2013:*

The Healthy Communities program provides North Carolina counties with resources to develop and implement policy, systems, and environmental change interventions that improve local food systems, increase food security, promote active living through planning, **reduce and prevent tobacco use**, and prevent chronic diseases, violence and injury.

**III. Scope of Work and Deliverables:**

*The following sentence is now effective through March 31, 2013:*

The key to the success of this Healthy Communities program will be using accurate information to inform and engage leaders to make jurisdiction-wide policy, systems, and environmental change decisions that promote active living and healthy eating.

*The sentence above is replaced with the following as of April 1, 2013:*

The key to the success of this Healthy Communities program will be using accurate information to inform and engage leaders to make jurisdiction-wide policy, systems, and environmental change decisions that promote active living and healthy eating, **support tobacco free environments and diabetes self-management programs and reduce violence and unintentional injury.**

This revision #1 to the Agreement Addendum will be allocating additional funds to the Local Health Department so the Local Health Department will be able to develop a new Community Action Plan, as outlined in Paragraph C, to address additional intervention strategies chosen from Paragraph D, Interventions.

*For the sake of clarity, Paragraph A. Staff is unchanged.*

*In Paragraph B. Assessment, subparagraphs c. and d. listed below are deleted as of April 1, 2013:*

- c. County policies that support both production and sales of healthy foods
- d. The availability of alternative transportation options

*For the sake of clarity, the entire Paragraph B. Assessment states, as of April 1, 2013:*

- B. Assessment:** Use tools and measures provided by the state to assess the current conditions and needs in the county especially looking at the ability of low-resource populations to have access to healthy foods and/or physical activity opportunities including:
- a. The availability of healthy food retail outlets;
  - b. The availability of local healthy food sources;
  - c. *deleted*
  - d. *deleted*
  - e. The availability of places for physical activity; and
  - f. Land use planning and policies that support physical activity.

*The Paragraph C. Planning is now effective through March 31, 2013:*

- C Planning:** Use the results of the county assessment to prioritize needs and develop a long range Healthy Communities (HC) plan to address these needs. This includes analysis of environmental/policy gaps and opportunities that exist in the region. The HC Plan should focus solely on needs assessment and planning during fiscal year 12/13. If assessments and planning are already complete funding can be used to support implementation of environmental and/or policy change that supports active living and healthy eating.

*The Paragraph C. Planning above is replaced with the following as of April 1, 2013:*

- C. Planning:** Develop a Community Action Plan (CA Plans) that includes one or more of the intervention strategies (listed in D.) to create system and environmental changes that address one or more of the following: access to healthy foods and safe places to be physically active, tobacco free environments, diabetes self-management and/or violence and injury prevention. CA Plans should be population and community based and should include efforts to address health disparities among special populations. If assessments and planning are already complete funding can be used to support implementation of environmental and/or policy change that promote active living and healthy eating, support tobacco free environments and diabetes self-management programs and reduce violence and unintentional injury.

*The Paragraph D. County Coordination is now effective through March 31, 2013:*

- D. County Coordination:** Facilitate coordination by engaging decision makers, community leaders and partners in the selection and implementation of strategies, tracking progress and evaluation of success.

*The Paragraph D. County Coordination above is replaced with the following as of April 1, 2013:*

- D. Interventions:** Choose one or more of these strategies to include in CA Plan:
1. Increase the number of local businesses that provide support for breastfeeding for staff and clients.
  2. Promote the adoption of food service guidelines/nutrition standards in schools, early childcare and education or worksites
  3. Promote the adoption of physical education or physical activity policies in schools.
  4. Promote the adoption of physical activity in early childcare and education or worksites.
  5. Support creation of or enhancing access to places for physical activity combined with informational outreach.
  6. Support community-scale urban design land use policies for physical activity and/or healthy eating.
  7. Support transportation and travel policies and practices for physical activity and/or healthy eating.
  8. Promote Eat Smart, Move More, Weigh Less as a resource for clinicians.

9. Promote Eat Smart, Move More, Weigh Less as a component of worksite health promotion.
10. Promote Eat Smart, Move More, Weigh Less to worksites by paying for participants or cost share with the employer.
11. Promote QuitlineNC to the public and tobacco users who want to quit especially working to reach low-income populations.
12. Promote QuitlineNC and the Fax referral program as a resource for clinicians and other health care providers.
13. Conduct a media campaign combined with community activities to promote tobacco cessation, tobacco use prevention, eliminating exposure to second hand smoke.
14. Conduct educational campaigns supporting smoke-free restaurants and bars, the need for smoke-free/tobacco free policies in government buildings, government grounds, public places, private workplaces, colleges, community colleges and multi-unit housing.
15. Work with LHD's that have the Diabetes Education Recognition Program to refer patients and to start satellite sites closer to your county.
16. Develop new or support existing Diabetes Education Recognition Programs.
17. Promote awareness of prediabetes and refer at risk persons to Diabetes Primary Prevention Programs.
18. Participate in a gestational diabetes/WIC pilot project.
19. Conduct a media campaign to educate on the safe storage and disposal of prescription drugs.
20. Provide/support gatekeeper training for suicide prevention, specifically using the ASIST program, for county staff and/or identified high risk populations.
21. Develop a comprehensive falls prevention program to include screening of at-risk populations, training of those screened using the Matter of Balance program and support for community based programs that increase balance (e.g. Tai Chi, Otago).

*For the sake of clarity, Paragraph E. Training and Paragraph F. Evaluation/Data Collection are unchanged.*

*The Paragraph G. Communication is added as of April 1, 2013:*

**G. Communication:** Communicate assessments results and long range plans to decision makers, community leaders, partners and community members.

#### **IV. Performance Measures/Reporting Requirements:**

*To remove the reference to "promoting active living," the Performance Measure #1 is changed as follows:*  
Performance Measure #1: Evidence of a comprehensive assessment of the community policy and environmental conditions promoting healthy eating that exist in the county.

*To remove the reference to "promoting active living," the Performance Indicator B for Performance Measure #1 is deleted.*

*For the sake of clarity, Performance Indicator A for Performance Measure #1 is unchanged.*

*The following Optional Performance Measure #2 is replaced in its entirety with the following as of April 1, 2013:*

Performance Measure #2: Evidence of the development of a CA Plan that promotes access to healthy foods, safe places to be physically active, tobacco free environments, diabetes self-management and/or violence and injury prevention through systems and environmental changes.

Performance Indicators:

- A. Inclusion of strategies likely to promote changes in physical activity, healthy eating, tobacco use prevention and control, diabetes self-management, injury or violence prevention in CA plan.

*For the sake of clarity, Performance Measure #3 and the Reporting Requirements are unchanged.*

**V. Performance Monitoring and Quality Assurance:**

*The following sentence is now effective through March 31, 2013:*

The Healthy Communities program is monitored through bi-annual reports and conference calls with DPH to review progress using **the Progress Monitoring and Reporting (PMR) system.**

*The sentence above has been replaced with the following as of April 1, 2013:*

The Healthy Communities program is monitored through bi-annual reports and conference calls with DPH to review progress.

*The following sentence is added as of April 1, 2013:*

Failure to comply with the requirements listed above may result in a decrease in funding or removal from consideration for future funding.

**VI. Funding Guidelines or Restrictions:**

*The following sentence is now effective through March 31, 2013:*

Recipients may not generally use Healthy Communities program funding for the purchase of furniture or equipment. However, if **equipment** purchase is integral to a selected strategy in **the HC Plan**, it will be considered.

*The sentence above has been replaced with the following as of April 1, 2013:*

Recipients may not generally use Healthy Communities program funding for the purchase of **office** furniture or **computer** equipment, however, if the purchase is integral to a selected strategy, it will be considered.

*For the sake of clarity, the remainder of this paragraph is unchanged.*

**Allocation Page  
For Fiscal Year:12/13  
Estimate Number: 2**

Waiting for Budget Admin Approval

**CONTRACTS**

FEB 27 2013

		886 1110 5501 PH	886 1261 5503 00	886 1261 6503 00	886 1261 5503 PH	Proposed Total	New Total	
	AA	Payment Period 05/01-06/30	Payment Period 07/01-06/30	Payment Period 11/01-06/30	Payment Period 05/01-06/30			
		Service Period 04/01-08/31	Service Period 05/01-05/31	Service Period 10/01-05/31	Service Period 04/01-05/31			
01 ALABAMA	*	1	\$2,839.00	\$0.00	\$0.00	\$9,641.00	\$12,480.00	\$18,685.00
01 ALBEMARLE REG	*	1	\$19,773.00	\$0.00	\$0.00	\$67,487.00	\$87,260.00	\$120,085.00
02 ALEXANDER	*	1	\$2,839.00	\$0.00	\$0.00	\$9,641.00	\$12,480.00	\$18,685.00
04 ANSON	*	1	\$2,839.00	\$0.00	\$0.00	\$9,641.00	\$12,480.00	\$18,685.00
02 APPALACHIAN	*	1	\$8,517.00	\$0.00	\$0.00	\$28,023.00	\$37,440.00	\$56,085.00
07 BEAUFORT	*	1	\$2,839.00	\$0.00	\$0.00	\$9,641.00	\$12,480.00	\$18,685.00
00 BLADEN	*	1	\$2,839.00	\$0.00	\$0.00	\$9,641.00	\$12,480.00	\$18,685.00
10 BRUNSWICK	*	2	\$2,839.00	\$0.00	\$0.00	\$9,641.00	\$12,480.00	\$19,307.00
11 BUNCOMBE	*	1	\$2,839.00	\$0.00	\$0.00	\$9,641.00	\$12,480.00	\$18,685.00
12 BURKE	*	1	\$2,839.00	\$0.00	\$0.00	\$9,641.00	\$12,480.00	\$18,685.00
13 CAHARRUS	*	2	\$2,839.00	\$0.00	\$0.00	\$9,641.00	\$12,480.00	\$19,307.00
14 CALDWELL	*	1	\$2,839.00	\$0.00	\$0.00	\$9,641.00	\$12,480.00	\$18,685.00
16 CARTER	*	1	\$2,839.00	\$0.00	\$0.00	\$9,641.00	\$12,480.00	\$18,685.00
17 CASWELL	*	1	\$2,839.00	\$0.00	\$0.00	\$9,641.00	\$12,480.00	\$18,685.00
18 CATAWBA	*	2	\$2,839.00	\$0.00	\$0.00	\$9,640.00	\$12,479.00	\$19,306.00
19 CHATHAM	*	1	\$2,839.00	\$0.00	\$0.00	\$9,640.00	\$12,479.00	\$18,685.00
20 CHEROKEE	*	1	\$2,839.00	\$0.00	\$0.00	\$9,640.00	\$12,479.00	\$18,685.00
22 CLAY	*	1	\$2,839.00	\$0.00	\$0.00	\$9,640.00	\$12,479.00	\$18,685.00
23 CLEVELAND	*	2	\$2,839.00	\$0.00	\$0.00	\$9,640.00	\$12,479.00	\$19,306.00
24 COLUMBUS	*	1	\$2,839.00	\$0.00	\$0.00	\$9,640.00	\$12,479.00	\$18,685.00
25 CRAVEN	*	1	\$2,839.00	\$0.00	\$0.00	\$9,640.00	\$12,479.00	\$18,685.00
26 CUMBERLAND	*	1	\$2,839.00	\$0.00	\$0.00	\$9,640.00	\$12,479.00	\$18,685.00
28 DARE	*	1	\$2,839.00	\$0.00	\$0.00	\$9,640.00	\$12,479.00	\$18,685.00
29 DAVIDSON	*	1	\$2,839.00	\$0.00	\$0.00	\$9,640.00	\$12,479.00	\$18,685.00
30 DAVIE	*	1	\$2,839.00	\$0.00	\$0.00	\$9,640.00	\$12,479.00	\$18,685.00
31 DUPLIN	*	1	\$2,839.00	\$0.00	\$0.00	\$9,640.00	\$12,479.00	\$18,685.00
32 DURHAM	*	1	\$2,839.00	\$0.00	\$0.00	\$9,640.00	\$12,479.00	\$18,685.00
33 EDGEcombe	*	1	\$2,839.00	\$0.00	\$0.00	\$9,640.00	\$12,479.00	\$18,685.00
34 FORSYTH	*	1	\$2,839.00	\$0.00	\$0.00	\$9,640.00	\$12,479.00	\$18,685.00
35 FRANKLIN	*	1	\$2,839.00	\$0.00	\$0.00	\$9,640.00	\$12,479.00	\$18,685.00
36 GASTON	*	2	\$2,839.00	\$0.00	\$0.00	\$9,640.00	\$12,479.00	\$19,306.00
38 GRAHAM	*	1	\$2,839.00	\$0.00	\$0.00	\$9,640.00	\$12,479.00	\$18,685.00
03 GRAN-VANCE	*	1	\$5,678.00	\$0.00	\$0.00	\$19,200.00	\$24,878.00	\$37,166.00
40 GREENE	*	1	\$2,839.00	\$0.00	\$0.00	\$9,640.00	\$12,479.00	\$18,685.00
41 GUILFORD	*	1	\$2,839.00	\$0.00	\$0.00	\$9,640.00	\$12,479.00	\$18,685.00
42 HALFAX	*	1	\$2,839.00	\$0.00	\$0.00	\$9,640.00	\$12,479.00	\$18,685.00
43 HARNETT	*	1	\$2,839.00	\$0.00	\$0.00	\$9,640.00	\$12,479.00	\$18,685.00
44 HAYWOOD	*	1	\$2,839.00	\$0.00	\$0.00	\$9,640.00	\$12,479.00	\$18,685.00
45 HENDERSON	*	2	\$2,839.00	\$0.00	\$0.00	\$9,640.00	\$12,479.00	\$19,306.00
46 HERTFORD	*	1	\$2,839.00	\$0.00	\$0.00	\$9,640.00	\$12,479.00	\$18,685.00
47 Hoke	*	1	\$2,839.00	\$0.00	\$0.00	\$9,640.00	\$12,479.00	\$18,685.00
48 HYDE	*	1	\$2,839.00	\$0.00	\$0.00	\$9,640.00	\$12,479.00	\$18,685.00
49 IREDELL	*	1	\$2,839.00	\$0.00	\$0.00	\$9,640.00	\$12,479.00	\$18,685.00
50 JACKSON	*	2	\$2,839.00	\$0.00	\$0.00	\$9,640.00	\$12,479.00	\$19,305.00
51 JOHNSTON	*	1	\$2,839.00	\$0.00	\$0.00	\$9,640.00	\$12,479.00	\$18,685.00
52 JONES	*	1	\$2,839.00	\$0.00	\$0.00	\$9,640.00	\$12,479.00	\$18,685.00
53 LEE	*	1	\$2,839.00	\$0.00	\$0.00	\$9,640.00	\$12,479.00	\$18,685.00
54 LENOIR	*	1	\$2,839.00	\$0.00	\$0.00	\$9,640.00	\$12,479.00	\$18,685.00
55 LINCOLN	*	1	\$2,839.00	\$0.00	\$0.00	\$9,640.00	\$12,479.00	\$18,685.00
56 MACON	*	1	\$2,839.00	\$0.00	\$0.00	\$9,640.00	\$12,479.00	\$18,685.00
57 MADISON	*	1	\$2,840.00	\$0.00	\$0.00	\$9,640.00	\$12,480.00	\$18,686.00
04 MAR-TYR-WASH	*	1	\$8,520.00	\$0.00	\$0.00	\$28,920.00	\$37,440.00	\$56,055.00
60 NECKLENBURG	*	1	\$2,840.00	\$0.00	\$0.00	\$9,640.00	\$12,480.00	\$18,686.00
62 MONTGOMERY	*	1	\$2,840.00	\$0.00	\$0.00	\$9,640.00	\$12,480.00	\$18,686.00
63 MOORE	*	1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
64 NASH	*	1	\$2,840.00	\$0.00	\$0.00	\$9,640.00	\$12,480.00	\$18,686.00
65 NEW HANOVER	*	1	\$2,840.00	\$0.00	\$0.00	\$9,640.00	\$12,480.00	\$18,686.00
66 NORTHAMPTON	*	1	\$2,840.00	\$0.00	\$0.00	\$9,640.00	\$12,480.00	\$18,686.00
67 ONSLOW	*	1	\$2,840.00	\$0.00	\$0.00	\$9,640.00	\$12,480.00	\$18,686.00
68 ORANGE	*	2	\$2,840.00	\$0.00	\$0.00	\$9,640.00	\$12,480.00	\$19,306.00
69 PAMLICO	*	1	\$2,840.00	\$0.00	\$0.00	\$9,640.00	\$12,480.00	\$18,686.00
71 PENDER	*	1	\$2,840.00	\$0.00	\$0.00	\$9,640.00	\$12,480.00	\$18,686.00
73 PERSON	*	1	\$2,840.00	\$0.00	\$0.00	\$9,640.00	\$12,480.00	\$18,686.00
74 PITT	*	1	\$2,840.00	\$0.00	\$0.00	\$9,640.00	\$12,480.00	\$18,786.00
75 RANDOLPH	*	1	\$2,840.00	\$0.00	\$0.00	\$9,640.00	\$12,480.00	\$18,686.00

77 RICHMOND	*	1	\$2,840.00	\$0.00	\$0.00	\$9,640.00	\$12,480.00	\$18,686.00
78 ROBESON	*	1	\$2,840.00	\$0.00	\$0.00	\$9,640.00	\$12,480.00	\$18,686.00
79 ROCKINGHAM	*	1	\$2,840.00	\$0.00	\$0.00	\$9,640.00	\$12,480.00	\$18,686.00
80 ROWAN	*	2	\$2,840.00	\$0.00	\$0.00	\$9,640.00	\$12,480.00	\$19,306.00
85 R-P-H	*	1	\$8,520.00	\$0.00	\$0.00	\$28,920.00	\$37,440.00	\$56,078.00
81 SAMFORD	*	1	\$2,840.00	\$0.00	\$0.00	\$9,640.00	\$12,480.00	\$18,686.00
83 SCOTLAND	*	1	\$2,840.00	\$0.00	\$0.00	\$9,640.00	\$12,480.00	\$18,686.00
84 STANLY	*	1	\$2,840.00	\$0.00	\$0.00	\$9,640.00	\$12,480.00	\$18,686.00
85 STOKES	*	1	\$2,840.00	\$0.00	\$0.00	\$9,640.00	\$12,480.00	\$18,686.00
86 SURRY	*	1	\$2,840.00	\$0.00	\$0.00	\$9,640.00	\$12,480.00	\$18,686.00
87 SWAIN	*	1	\$2,840.00	\$0.00	\$0.00	\$9,640.00	\$12,480.00	\$18,686.00
88 TOE RIVER	*	2	\$8,520.00	\$0.00	\$0.00	\$28,920.00	\$37,440.00	\$56,078.00
88 TRANSYLVANIA	*	1	\$2,840.00	\$0.00	\$0.00	\$9,640.00	\$12,480.00	\$18,686.00
90 UNION	*	1	\$2,840.00	\$0.00	\$0.00	\$9,640.00	\$12,480.00	\$18,686.00
92 WAKE	*	1	\$2,840.00	\$0.00	\$0.00	\$9,640.00	\$12,480.00	\$18,686.00
93 WARREN	*	1	\$2,840.00	\$0.00	\$0.00	\$9,640.00	\$12,480.00	\$18,686.00
96 WAYNE	*	1	\$2,840.00	\$0.00	\$0.00	\$9,640.00	\$12,480.00	\$18,686.00
97 WILKES	*	1	\$2,840.00	\$0.00	\$0.00	\$9,640.00	\$12,480.00	\$18,686.00
98 WILSON	*	1	\$2,840.00	\$0.00	\$0.00	\$9,640.00	\$12,480.00	\$18,686.00
99 YADKIN	*	1	\$2,840.00	\$0.00	\$0.00	\$9,640.00	\$12,480.00	\$18,686.00
<b>Totals</b>			<b>\$284,101.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$964,362.00</b>	<b>\$1,238,483.00</b>	<b>\$1,856,089.00</b>

Signature and Date - DPH Program Administrator

*Paul Lee* 2/26/13

Signature and Date- DPH Section Chief

*Cheryl* 2/26/13

Signature and Date- DPH Contracts Office

*Rebecca Miller* 2/27/13

Signature and Date - Division of Public Health Budget Officer

*Wayne Miller* 3/8/13