

Improving Social Determinants of Health – Getting Further Faster Year 2

Applicant: Lancaster County Health & Wellness Commission

A. Cover Letter (5 points): Include complete contact information for the lead programmatic and fiscal/contractual points of contact (name, title, organization, mailing address, e-mail address, telephone number). Include the names of the lead programmatic and financial/contract contacts (name, address, e-mail, telephone number).

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B. Year 1 Insights (10 points): Briefly describe what you feel were your coalition's/partnership's most meaningful lessons learned by engaging in Year 1 of the GFF project. Include specific examples of insights and concrete recent and/or planned applications from those insights, both within your coalition/partnership and among your members, as a result of engaging in the retrospective evaluation the TTA received.

Year #1 of the Getting Further Faster was an extremely important project for the Lancaster County Health & Wellness Commission (HWC). As with all coalitions, the membership has varied over the years. New members were told about the previous work on the tobacco-free ordinance, but nobody had ever taken the time to thoroughly document it. The retrospective evaluation allowed the time and structure to focus on documenting this important milestone. Three documents were created to record the activities and events that led up to Lancaster County becoming the first county in SC to be 100% tobacco-free in public places - a narrative, a detailed timeline, and a summary timeline. These documents summarize years' worth of work and can be helpful for other communities interested in becoming tobacco-free. They have been shared, utilized, and referred to multiple times since the project ended and continue to live on as helpful tools.

One lesson learned from GFF #1 is the importance of staying abreast of changes, and ensuring that policies put into place are still worded correctly to ensure relevancy. An example of this is the difference between combustible tobacco and vaping or e-cigarettes. In some cases, HWC needed to revisit certain policies with municipalities since the original ordinance was passed in 2013, prior to the vaping epidemic. This proved to be somewhat challenging since those leaders had already mentally checked it off the list, so to speak. Updating existing policies required education about the differences and explanation about how their policy could be strengthened to be more all-encompassing. Using model language supplied by SC DHEC, HWC was successful in helping the Town of Van Wyck and the University of South Carolina Lancaster campus pass new comprehensive policies. HWC also worked with Lancaster County government and the school district to update their existing policies.

As a result of the retrospective analysis in GFF #1, it was discovered that the Town of Heath Springs and the City of Lancaster needed to update their policies as well since neither specifically spelled out e-cigarettes. Even after GFF #1 ended, HWC representatives worked with the Town of Heath Springs to adopt an updated policy in November 2021. HWC is still working with the City of Lancaster officials to update their policy.

C. Outcomes (35 points): Briefly describe up to three outcomes your partnerships’ SDOH initiative contributed to. The description must include at least one health outcome and may include community change outcomes. Examples of community change outcomes that promote healthy living include new walking trails, bike lanes, and playgrounds; creating new community and school gardens; and adopting tobacco-free policies. For the purposes of this grant, health outcomes include improvements in health behaviors, such as quitting tobacco use or increasing physical activity; clinical outcomes, such as weight, blood pressure, or blood sugar; and decreases in overutilization of healthcare and healthcare costs.

Outcomes included in your description must align with at least one GFF SDOH domain and must have been attained within the past 4 years. Outcomes reported during the Year 1 evaluation may be used for the description submitted with your Year 2 application. The description should specify the evidence source for reported health outcomes. Evidence sources may be quantitative or qualitative (e.g., participant interviews, pre-post surveys, electronic health record data), and the outcomes description should provide sufficient detail for gauging the impact of the SDOH initiative, including the number of community members reached.

GFF SDOH Domain	Initiative Description	Health Outcomes and Evidence Source Description
Tobacco-free policies	Initial tobacco-free countywide ordinance adopted in 2013 and updated to include vaping in 2019. HWC worked with the public school district, municipalities, and local university to adopt model policies in 2020.	As a countywide policy, this impacts all ~90,000 residents when visiting public places. Death counts from several types of cancer in Lancaster County were reduced anywhere between 5%-25% when comparing pre (2007-2012) and post (2013-2018) smoke-free policy implementation. Comparisons were made among the other control counties (that never had any smoke-free ordinance) in SC. <i>Source: Kankana Sengupta, B.Pharmacy, MPH (Epidemiology), Epidemiology Doctoral Candidate, Division of Tobacco Prevention and Control, SC DHEC.</i>

GFF SDOH Domain	Initiative Description	Health Outcomes and Evidence Source Description
Clinical/community linkages	In 2021, HWC developed a COVID-19 Vaccine Education Traveling Panel (C-VET Panel) with expert physicians, epidemiologists, and other health practitioners to educate residents in rural parts of the county and address vaccine hesitancy by aligning with CDC and SC DHEC messaging.	Outreach resulted in many leads and inquiries for the local Federally Qualified Health Center, and resulted in 12 new vaccine appointments directly attributed to this event (target population was 151 seniors in a small town of 624 adult residents.) <i>Source: US Census 2019 ACS 5-Year Survey.</i>
Food and Nutrition Security	HWC introduced FoodShare to Lancaster County in November 2020. Through FoodShare, whole fruits and vegetables are purchased in bulk, broken down into family-sized boxes, and sold at hub sites. The goal is to increase access to healthy foods, address food insecurity, and reduce food deserts. Point-of-purchase allows customers to use their SNAP/EBT and senior vouchers to receive discounts and maximize their benefits.	<p>Increased access to healthy foods by distributing approximately 150 boxes once per month to low-income individuals from November 2020-January 2022 (total 2,100 boxes). After a successful first year, distribution has now increased to twice per month. <i>Source: HOPE in Lancaster, Inc, FoodShare hub site.</i></p> <p>Another local coalition in a neighboring county is exploring the FoodShare model with UMRHN and HOPE representatives to potentially adopt before the end of 2022. <i>Source Wholespire Chester County.</i></p> <p>To combat food insecurity at the height of the pandemic, 425 free FoodShare boxes were distributed in the Town of Heath Springs and unincorporated area of Stoneboro. <i>Source: Heath Springs Town Council.</i></p>

D. Organizational Capacity (25 points): Describe in detail your ability to actively engage in the project's continued retrospective evaluation and engage in any sustainability-focused TTA. Be sure to describe the following within your response:

1) Coalition/partnership members and their roles on the project

The HWC is composed of seventeen members appointed by Lancaster County Council. Seven members represent the County Council Districts. Four members are appointed by the Lancaster County Council to at-large seats. County Council considers representation from business and industry, the clergy, city and town governments, and interested citizens. Six members consist of one representative from each of the following institutions:

- Lancaster County School District – Student Health Services
- Lancaster County School District – Comprehensive Health Education Curriculum
- MUSC Lancaster Medical Center (hospital)
- Lancaster County Council on Aging
- University of South Carolina at Lancaster
- Department of Social Services

Although all HWC will be invited and encouraged to participate in GFF #2, the most active HWC members and/or the ones who are expected to be most involved are:

Khaleek Chapman is the new Chair of HWC. In this role, he leads the meetings and initiatives, researches data, manages the social media accounts, and designs educational materials. Mr. Chapman is the Volunteer Coordinator at HOPE in Lancaster, Inc. HOPE, which stands for Helping Other People Effectively, provides assistance, resources, and referrals that allow individuals and families in crisis situations the opportunity to recover from and move beyond short-term emergencies. A recent initiative, introduced by HWC and permanently established at HOPE is the FoodShare program, detailed in the chart above.

Bridget Harris, Social Worker in the Tobacco Treatment Program, is the designated representative from the local hospital, MUSC Lancaster Medical Center. Ms. Harris is a social worker and has extensive expertise in working directly with patients on tobacco cessation initiatives.

Cheri Plyler, Mid-Carolina Area Health Education Center, Executive Director and Board Member of UMRHN. Ms. Plyler is one of the longest-standing HWC members and provides input, research and guidance on HWC initiatives, especially pertaining to continuing professional education.

Robin Dawson, Director of the College of Nursing at the University of South Carolina, Health Education representative for HWC. Ms. Dawson provides input, research, and guidance on HWC

initiatives, especially related to chronic disease and clinical health. Her strength lies in reporting and evaluation.

Michelle Craig, Lancaster County School District. Ms. Craig was our primary contact for GFF # 1, as designated by the Superintendent, to help us document the process for the school district to adopt a tobacco-free policy.

Leigh Pate, College of Nursing at the University of South Carolina and School Health representative for HWC. Ms. Pate provides input, research, and assistance in our health education and outreach efforts. She is particularly interested in strengthening school-based policy about vaping prevention, enforcement, and constructive interventions.

Ellen Belk, Lancaster County Council on Aging, Executive Director, Council on Aging representative for HWC. Ms. Belk provides input and guidance on HWC initiatives, especially pertaining to the senior population.

2) Key staff and their roles on the project

Karen Nichols is the Executive Director for UMRHN, which was the lead applicant for both the prior and current round of the Getting Further Faster project. As the Lead Fiscal Contact, she oversaw the budget and reporting in GFF #1 and will do so again, if funded. Ms. Nichols has an MBA and has provided leadership and management of UMRHN since 2014. She facilitates all aspects of Network operations, including the monthly Board and all Committee meetings. Her skill in collaborative management was demonstrated by establishing the Care Transitions Intervention® program at all three Network hospitals and continuing operations even in times of hospital staff turnover, management changes, and ownership transfers. When the critical-access hospital in Fairfield County closed, Ms. Nichols stepped into the backbone role to assist a local coalition with forming its own non-profit organization to address public health issues. Ms. Nichols is skilled at planning, both short-term and long-term, to achieve maximum efficiency. She has applied for and managed large Federal grants and is aware of the policies, guidelines, and reporting expectations.

Kristin Slocum is the Lead Programmatic Contact for GFF #2. Ms. Slocum is the Midlands Region Community Systems Team contact at the state health department, the South Carolina Department of Environmental Control (SC DHEC). With the assistance of her team at the Division of Tobacco Control, the HWC advocated for tobacco-free policies in Lancaster County. SC DHEC provided model language, materials for stakeholders, and guidance on next steps. Ms. Slocum's team at SC DHEC includes Katy Wynn, with the Tobacco Quitline. Ms. Wynn provides support with tobacco-related endeavors including connecting physicians to the Quitline to ensure health system changes.

3) Outside consultant(s) to be engaged in the project and rationale

UMRHN will contract with Irini Guda McCarthy on this project. Ms. McCarthy was previously employed by UMRHN, served as the Chair of HWC, and was the Lead Programmatic Contact for GFF #1. Her work with UMRHN and HWC involved public health research and data analysis, implementing food system changes in rural settings, spearheading 100% tobacco-free county-wide policies (i.e. Lancaster County becoming the first county in SC to be 100% tobacco-free in all public spaces), directing an evidence-based program that empowered patients to skillfully manage their chronic disease and reduce hospital readmissions, and several equitable policy, system, and environmental changes surrounding tobacco, healthy eating, faith-based spaces, and active living.

Ms. McCarthy took a new position in July 2021 focused on tobacco. She currently works for Mecklenburg County Public Health as a Tobacco Prevention Coordinator in North Carolina. She is working on PSE level changes, while also educating partners and youth around tobacco prevention and cessation. She has maintained her interest in grassroots efforts, equitable change, and emphasizing collective impact which began while working in rural Lancaster County, South Carolina.

As a contractor for GFF #2, Ms. McCarthy will bridge an important gap. She is aware of the culture and environment of Lancaster County, yet she has a new perspective being located in a larger organization in a more progressive county and state. As she has taken a more in-depth look into tobacco prevention and cessation, she has discovered a multitude of resources that can help HWC in their future tobacco prevention efforts. She will be contracted for 22 hours in the first half of the project and 40 hours in the second half for document review, editing, and quality improvement of the policy action plan, coalition sustainability plan, and communications tools. She will compile a list of relevant resources for the HWC to explore and hold educational consultations for HWC members who are interested in taking Lancaster County's tobacco prevention efforts to the next level.

4) Any systems in place to support engaging in the retrospective evaluation and/or apply TTA

The HWC updated its strategic plan in 2021, which includes the following goals:

- Goal #1: Identify gaps in services and advocate for change using equity-driven approaches and new and existing community partnerships.
- Goal #2: Create a stronger presence in the community so more residents and community organizations are aware of our programs/resources and utilize our educational materials/services.
- Goal #3: Influence policy changes pertaining to areas of need in our community.

The activities and deliverables that will result from GFF #2 fit well within all three goals. HWC also has several committees that can take a deeper dive into certain areas. These committees are: Marketing and Promotion; Health Fairs and Outreach Events; Behavioral Health (Mental Health and Substance Abuse); School-Related Campaigns and Programs; and Policy and Advocacy. The Chair of HWC has committed to include this project as a standing agenda item for all of its regularly scheduled meetings for the duration of the project.

HWC's partnership with SC DHEC helps support the retrospective evaluation and technical assistance component. Specifically, the Tobacco Division has a full team of seven individuals with a collective 100 years of experience with tobacco prevention and control. Their expertise and support have been and will be invaluable to continuing work in this area. The health department has the ability to help capture data and demonstrate how policy changes impact different communities. With SC DHEC's input, HWC has been able to have assistance in making suggestions to Council members and administrators when it comes to updating different ordinances. The process of establishing a comprehensive ordinance built the foundation to encourage other entities to follow suit so that marginalized communities are protected from secondhand smoke exposure. With SC DHEC's assistance, HWC can track the outcomes from this process and document a continued correlation that rates are trending in the right direction.

5) Existing or potential partnerships with state or local health department(s)

HWC has a strong relationship with SC DHEC, in both the community division and the Tobacco Division. As vaping became more prevalent, representatives from HWC approached SC DHEC in early 2019 to understand the difference between smoke free and tobacco-free. SC DHEC shared the correct language/sample policies to include e-cigarettes. As a result of this conversation, SC DHEC pointed out that just three more entities needed to adopt a tobacco-free policy and Lancaster County would be the first tobacco-free county in the state. This sparked renewed interest among the HWC, and the team worked collectively to secure those final three entities. After this success, SC DHEC congratulated the county by gifting tobacco-free signs for each entity in February 2021 and a billboard in April 2021.

SC DHEC has the research and evaluation capabilities to continue documenting outcomes. SC DHEC's smoke-free policy study with Lancaster County showed considerable percentage reductions in the number of deaths from various heart diseases and cancers after implementation of the smoke-free ordinance in Lancaster County (March 1, 2013) when compared to all SC counties which do not have a county-wide smoke-free ordinance. For larger Richland County, there was a significant change in death rates from Myocardial Infarction (MI) (acute heart attack) compared to the controls. The death rates from MI decreased by 30% in Richland compared to the controls. Many studies have shown that smoking bans can moderate heart disease outcomes associated with secondhand smoke. These outcomes show great promise for smoke-free

ordinances/policies. HWC will continue to work together with SC DHEC on the best way to track outcomes in a smaller, more rural county with a smaller sample size.

The HWC has already been exploring ways to further impact and sustain tobacco-free efforts through health systems change. Recently, HWC and UMRHN have become more knowledgeable about the process for physicians to refer to the statewide Quitline, operated by SC DHEC. Discussions have occurred with SC DHEC's locally based Health Systems Change Specialists who can provide virtual training to these sites on brief tobacco intervention and referring to the Quitline. HWC has a goal of institutionalizing tobacco cessation into health care systems and seamlessly integrating these interventions into routine clinical care. To encourage health system changes, we are using the 2008 U.S. Department of Health and Human Services guide, "Clinical Practice Guidelines for Treating Tobacco Use and Dependence" as a reference. The project design features health center staff training to improve clinical knowledge and skills to effectively deliver brief evidence-based tobacco screening and assessment. The program also embraces physician-directed use of prescribed cessation medication, additional patient education provided in clinical settings, and health center patient referrals to a cessation program such as the SC DHEC Tobacco Quitline.

E. Training and Technical Assistance Needs (10 points): Based on your coalition's priorities, describe the top areas you need TTA to advance your goals (examples include assessment and evaluation; data management, quality improvement, communications, policy change, other). Describe your coalitions biggest barriers to long term success? This project will also include some peer sharing and learning, what strengths or successes are you able to share with other coalitions? Please also briefly describe your experience with and goals for addressing policy change related to SDOH.

The HWC's mission is to serve as an advisory body to County Council and as an educational body in matters concerned with the health and well-being of the community. Commission members represent various sectors, and work with additional organizations to help achieve goals. The commission endeavors to develop a more symbiotic collaboration with County Council; educate the residents of Lancaster County on health topics and resources; positively influence the community on healthy eating, physical activity, and other lifestyle habits; and work together to focus on future opportunities to serve our communities. The HWC is doing well with the public education component. The communication efforts with the County Council would definitely benefit from technical assistance. One member who felt particularly strong about this subject and was spearheading efforts has now completed his term on HWC. Currently, there appears to be a lack of knowledge or confidence, or both, in how to communicate and demonstrate outcomes to the elected officials. This obstacle will also be the biggest barrier to long-term success. HWC recognizes that until systemic policies are put into place to advance

public health, the educational component will have limited success. Both the policy action plan and the communication materials developed during GFF #2 will be of particular importance for HWC to address this challenge. HWC could benefit greatly from the development and presentation of success stories, case studies, video vignettes, and other communications products to showcase impact.

HWC brings a unique perspective when implementing programs and policy changes in rural communities, which might be helpful to other GFF #2 grantees. In recent accomplishments, the HWC has created many partnerships and tangible activities that have helped to address healthy eating and food insecurity. The HWC created a partnership with a local social services organization to address affordable healthy food for Lancaster residents through the FoodShare program. Through FoodShare, whole fruits and vegetables are purchased in bulk, broken down into family-sized boxes, and sold at hub sites. The goal is to increase access to healthy foods, address food insecurity, and reduce food deserts. The HWC also introduced an evidence-based intervention in several churches in our area. Faith, Activity, and Nutrition (FAN) focuses on working with the church pastor and health committee to implement simple yet effective policy changes that impact the entire congregation. This ensures that only healthy foods and beverages are offered at all church functions. Some churches further implement programs such as walking groups and weight-loss challenges. Reaching the faith-based community, particularly in the rural south, is particularly effective. HWC is happy to share more information with other coalitions that are interested in advancing these topics in their communities.

The GFF #1 project was immensely helpful in validating HWC's role in policy change. Since the tobacco-free policy work spanned a decade, it was difficult for any single HWC member to feel the full impact of HWC's involvement in the resulting policy changes. Regarding future policy change, HWC has identified the following objectives in its most recent strategic plan:

- Identify gaps within our community and seek ways to address the needs through equitable systemic changes that are within our sphere of influence.
- Better connect with Lancaster County Council and inform them of the needs/gaps found within our sub-committee work.
- Collaborate with new and existing community partnerships to collectively assess policy and advocate for appropriate changes.

If chosen for GFF #2, HWC has a strong base on which to build and is interested in keeping up the momentum.

F. Sustainability (10 points): A key focus of Year 2 is increasing the sustainability of selected recipients. What resources do you currently have to support sustainability? What resources do you need to help support sustainability?

A strength of the HWC's structure is that it is one of several Boards and Commissions that the County Council created. HWC was established through an ordinance adopted by the Lancaster County Council on July 25, 1994. This ordinance states *"The purpose of the Health & Wellness Commission is to serve as an advisory body to county council and as a coordinating and educational body for the people of Lancaster County in matters concerned with the health and well-being of the community. They try to identify health issues in the county, to coordinate existing services and/or establishment of additional services or programs to meet those needs."* This structure is stronger than a traditional coalition, which tends to be more grassroots and less informal. As an advisory body for County Council, the matters HWC brings before them will be given proper attention by the officials who are in a position to make policy changes.

HWC is one of the more established community coalitions in the entire region. Their long history of partnerships has built a system for success and sustainability. Part of the HWC's bylaws include term limits, which helps keep dedicated individuals in leadership roles to ensure goals are met efficiently and effectively. The HWC leadership is always encouraging new partners to be involved as well as bringing in speakers to create awareness of new projects and ideas to keep the Commission's goals evolving that meet community needs.

To support sustainability, outside resources, such as funding from GFF #2, are very much needed. Outside funding increases the HWC's capacity to focus on a project and provide compensation for outside entities and consultants to assist. The HWC's current budget is \$1,500 per year. This budget can easily be allocated to one project or event and does not offer room for growth or innovation. Not only is the funding important, but the continued focus on a specific project ensures that proper attention will be paid to a particular topic area. With a new Chair and several new members ($\frac{1}{3}$ of the terms end in the odd years, so 2021 brought six new members), HWC is currently at a point where a new action plan is needed.

Data use and reporting, particularly regarding tobacco use, cessation, and related diseases will strengthen the HWC's position as subject-matter experts in the public health field and as asset to County Council when making policy decisions. One challenge specific to our area is that the local hospital was recently bought out by a large university-based hospital, headquartered several hours away. Fortunately, they have a dedicated tobacco division. The results from GFF #1 have been shared with them to foster a relationship related to data sharing and demonstrate why it is important for our local efforts. The technical assistance from GFF #2 can help guide us related to data requests, usage, and reporting.

G. Budget & Budget Narrative (5 points): Provide a detailed fixed price per deliverable budget, including detailed projected costs for the completion of the project. The maximum award is up to \$180,000 per selected applicant. Applicants must submit Attachment # 5 (6 – SDOH Yr. 2 Budget Template), an Excel template in the attachments below. This template outlines the format in which the budget should be presented. Note that proposed costs must be broken down by two budget periods:

- 1) February 15, 2022, to July 2022, and**
- 2) August 1, 2022, to December 31, 2022, as indicated in Attachment #6. Note that funding for the August 1, 2022, to December 31, 2022, timeframe is contingent on CDC approval of a no-cost extension for this project. The project is intended to end on or about December 31, 2022.**

A budget narrative must also accompany the completed Budget Template that also details the costs associated with each proposed activity, again for each budget period. Both the budget and budget narrative must be submitted in Excel files. See Section III above for guidance on allowable and unallowed expenses.

Please see attached budget and budget narrative.

H. Response to Contract Terms and Conditions: Selected applicant(s) will enter into either a fixed-price agreement with ASTHO or a firm fixed-price agreement with NACCHO. Draft agreements for ASTHO and NACCHO are available in Attachments A1 and A2. Applicants must review each agreement’s terms and conditions—including provisions related to publications; acknowledgement of federal support; copyright interests; conference, meeting, and seminar materials; and logo use for conference and other materials—with their legal team or contracts officer and confirm that if selected, you will be prepared to enter into the agreement with either ASTHO or NACCHO. Any proposed changes to the terms and conditions must be identified and submitted with your proposal application for negotiations. Proposed changes submitted after the application period has ended and/or submitted during the contracting stage may not be accepted. ASTHO and NACCHO reserve the right to accept or decline any proposed changes to the terms and conditions. Significant proposed changes, which could affect the agreement’s timely execution, may impact your selection as a successful applicant.

The agreements have been reviewed. UMRHN is prepared to sign an agreement if selected for this project. There are no proposed changes to terms or conditions.