

Healthy Lifestyles Legislative Report Fiscal Year 2021 – 2022



Office of Community Health Systems and Health Promotion Scott Eubank, Director November 2022

Healthy Lifestyles Legislative Report July 2021 – June 2022

Overview

The following report is filed in compliance with W. Va. Code §5-1E-3(12) and §5-1E-4(g) referred to as Healthy Lifestyles offered by the West Virginia Department of Health and Human Resources (DHHR).

During the 2021-2022 fiscal year, \$890,000 was allocated to Healthy Lifestyles funding and equally divided between the Division of Health Promotion and Chronic Disease (HPCD) and the Division of Tobacco Prevention (DTP). Both Divisions are housed within DHHR's Bureau for Public Health, Office of Community Health Systems and Health Promotion.

DIVISION OF HEALTH PROMOTION AND CHRONIC DISEASE

Partnerships and Collaborations

HPCD works in partnership with community-based organizations to disseminate health education, community programming, and capacity-building funding to improve statewide health around physical activity and nutrition. Two positions supported by Healthy Lifestyles funding are integrating strategies with current chronic disease prevention and management projects for better impact. Evaluation is provided by the West Virginia University (WVU) Prevention Research Center. Partners Active Southern West Virginia, the Center for Active West Virginia, and Try This WV disseminate funding to organizations to improve their capacity and to implement planned strategies to increase community nutrition and physical activity access. Funded organizations for these projects include schools, cities, health care clinics, recreational organizations, environmental conservation groups, youth development programs, and others. Additionally, HPCD is in the third year of running the Celebrating Healthy West Virginia (CHWV) Community Recognition Awards Program (previously known as Healthy People Healthy Places). This work focuses on city and county policies around physical activity, nutrition, and tobacco prevention/cessation and is made possible through a collaboration between internal Bureau partners, university/academic partners, and subject matter experts within the community.

Progress Report

<u>Center for Active West Virginia</u>

The Center for Active West Virginia (CAWV) funded 15 projects across the state to increase physical activity. Grantees received a total of \$70,110 in funding, of which \$41,257 was spent locally on goods and services in West Virginia. The projects reached a total of 282,556 individuals. CAWV grant recipients completed a total of 25 project activities (78.1%) of 32 proposed activities. The activities focused on creating a built environment to increase physical activity, such as improving trails, creating "active pathways," providing exercise equipment and facilities, and installing bike racks, among others. Environment changes made up 96% of all completed activities.

None of the grantees implemented policy changes or systems changes, as the focus of the grant is to address physical activity opportunities. The primary focus on environment change is consistent with CAWV's funding purpose. The most frequently reached vulnerable populations by grantees were low-income populations (60%) and children (46.7%). The most commonly identified strategy for promoting health equity was having an accessible project location (53.3%). The most common strategies for ensuring project sustainability were

implementing long-term environmental changes (46.7%), relying on existing staff to continue activities (40%), and identifying partners or collaborators (33.3%).

Many of the CAWV project successes were related to environment changes. Seven organizations reported the grant project led to increased opportunities and access to engage in healthy behaviors (46.7%). Four grantees reported an increase in physical activity (26.7%). Seven out of 15 grantees reported they did not face any barriers or challenges in implementing their projects. The most commonly cited barriers among the other eight grantees were related to issues with accessibility of space, facilities, equipment, or resources (33.3%), or staffing issues (26.7%). No grantee reported facing COVID-19-related issues.

Active Southern West Virginia

Active Southern West Virginia (ASWV) funded 12 projects across West Virginia to promote workplace wellness. Grantees received a total of \$12,000, of which \$4,192 was spent locally on goods and services in West Virginia. The projects reached a total of 677 individuals. ASWV grant recipients completed a total of 52 project activities (65%) of 80 proposed activities. The completed activities focused on promoting physical activity and healthy eating by providing equipment, facilities, educational programming, and wellness challenges. Policy, systems, and environmental (PSE) changes made up 75% of all completed activities. The 39 PSE changes consisted of six policy changes (8.3%), 17 systems changes (34.7%), and 16 environment changes (32.7%). The other 13 activities were individual-level changes that were not PSE changes.

Four out of 12 ASWV grantees reported they had reached all health-disparate populations. Most frequently reached populations included women (83.3%), followed by low-income and LGBTQ populations (41.7%). Most commonly identified strategies for health equity considerations included having an accessible project location (50%), taking safety considerations into account (33.3%), and focused recruitment (25%). Nine grantees reported existing staff would continue activities (75%), and four reported implementing long-term environmental changes (33.3%). Other commonly selected sustainability strategies included creating long-term policy changes, identifying partners or collaborators, and securing buy-in from leadership.

Seven grantees reported increased opportunities and access to engage in healthy behaviors as a result of the grant program (57.8%), and three grantees reported increased participation in initiatives and programs (25%). Other successes included improved attitudes, social environment, increased physical activity, and growing partnerships. Four out of 12 grantees reported they did not face any barriers or challenges in implementing their projects. The most commonly cited barriers among the other eight grantees were related to staffing issues (33%) or scheduling issues (33%). Only one grantee reported having COVID-19-related issues.

Through the efforts of ASWV, West Virginia now has three new Work@Health (W@H) T3 trainers, certified by the U.S. Centers for Disease Control and Prevention (CDC). There are eight new W@H certified worksites in West Virginia. Approximately 20 worksites attended West Virginia's 2nd Annual Workplace Wellness Conference, hosted by ASWV.

✤ <u>Try This WV</u>

HPCD is a founding member of Try This WV whose mission is to remove West Virginia from the worst health lists. Expertise on building community capacity to assess, plan, and partner for obesity prevention initiatives have resulted in communities obtaining a \$15 return on investment for every \$1 spent through the initiatives funded by Try This WV. Ten communities received funds to support fruit and vegetable consumption and to increase physical activity.

Funded projects this year included:

- Promoting Walkability Richwood's Historical Walking Tour
- Arthurdale Heritage Inc. Story Walk
- Online Hydroponics Workshop for Teachers
- Pop-Up Line Dancing
- What the Health
- JJ the Health Mobilization Bus
- Fun2Go
- Slanesville Community Garden
- Kids Run the Nation: ELEVATION
- Living Agriculture Education Center
- <u>Celebrating Healthy West Virginia (CHWV)</u>

The CHWV Community Recognition Program began in 2019 (then known as Healthy People Healthy Places) and grew out of a state engagement meeting led by HPCD and the National Association of Chronic Disease Directors. While not financed with Healthy Lifestyle funds, this program acknowledges exceptional community leaders who work together to create healthy places to live, work, learn, eat, and play. Counties, as well as cities of any size, are eligible to apply and are assessed by the policies they have implemented around water consumption, healthy eating, physical activity access, and tobacco prevention or cessation. Depending on what benchmarks they meet in these areas, communities are awarded either gold, silver, or bronze level recognition. Berkeley County was awarded silver and Kanawha County was awarded bronze. These communities are in turn provided resources directed at improving benchmarks they did not previously meet.

Statistical Data

All data provided are from the CDC's 2021 Behavioral Risk Factor Surveillance System (BRFSS) Prevalence & Trends Data Tool, unless otherwise indicated.

Weight Status

- Obesity (BMI of 30.0 or above): The crude prevalence of West Virginia adults who have obesity was 40.6% compared with the median rate of 33.9% among all states and District of Columbia (DC).
- Overweight (BMI of 25.0-29.9): The crude prevalence of West Virginia adults who are overweight was 33.0% compared with the median rate of 34.4% among all states and DC.
- Overweight or having obesity (BMI of 25.0 or above): The crude prevalence of West Virginia adults who are overweight or have obesity was 73.6% compared with the median rate of 68.3% among all states and DC.

Physical Activity

- Exercise: The crude prevalence of West Virginia adults reporting **no** participation in physical activities during the past month was 30.5% compared with the median rate of 23.7% among all states and DC.
- Met physical activity guidelines (data from 2019):
 - Met aerobic activity guidelines (150 minutes or more of aerobic physical activity per week): The crude prevalence of West Virginia adults reporting they met aerobic physical activity guidelines was 47.2% compared with the median rate of 50.1% among all states and DC.
 - Met strength activity guidelines (participated in muscle strengthening exercises two or more times per week): The crude prevalence of West Virginia adults reporting they

met strength activity guidelines was 26.1% compared with the median rate of 35.7% among all states and DC.

 Met full physical activity guidelines (both aerobic and muscle activity guidelines): The crude prevalence of West Virginia adults reporting they met full physical activity guidelines was 17.1% compared with the median rate of 23.2% among all states and DC.

Nutrition

- Fruit consumption: The crude prevalence of West Virginia adults who reported consuming fruit **less than** one time per day was 46.0%, compared with the median rate of 40.8% among all states and DC.
- Vegetable consumption: The crude prevalence of West Virginia adults who reported consuming vegetables **less than** one time per day was 18.9%, compared with the median rate of 19.7% among all states and DC.

Health Status

- Fair health: The crude prevalence of West Virginia adults reporting fair health was 16.0%, compared with the median rate of 11.4% among all states and DC.
- Poor health: The crude prevalence of West Virginia adults reporting poor health was 7.0%, compared with the median rate of 3.6% among all states and DC.
- Fair or poor health: The crude prevalence of West Virginia adults reporting fair or poor health was 22.9%, compared with the median rate of 14.8% among all states and DC.

Additional Data

- Food insecurity: According to the U.S. Department of Agriculture Economic Research Service, looking at data from 2019-2021, the prevalence of food insecurity in West Virginia was 14.0%, a statistically significant percentage above the U.S. average of 10.4%.
- Access to exercise opportunities: According to the 2021 County Health Rankings Report, the percentage of the population in West Virginia that had adequate access to locations for physical activity was 59% (counties ranging from 1% to 99%) compared to the national value of 84%.

DIVISION OF TOBACCO PREVENTION

Partnerships and Collaborations

DTP is the lead state agency for comprehensive tobacco prevention, cessation, and control. DTP saves lives and money by preventing and reducing tobacco use in West Virginia - the leading cause of preventable disease, disability, and death in the U.S.

DTP works with local coalitions, community agencies, and state and national partners to implement and evaluate effective tobacco prevention and cessation activities that strive to:

- Eliminate secondhand tobacco smoke;
- Promote quitting among adults and youth;
- Prevent youth tobacco use initiation, including vaping and other electronic delivery devices; and
- Identify and eliminate disparities among populations

Partners this past year were the American Lung Association, the McDowell County Commission on Aging, Ritchie County Family Resource Network, and WV Covenant House.

Progress Report

Tobacco Cessation Coordinator (\$70,385)

This Division staff member was hired in 2020 and is charged with managing the Tobacco Cessation program. Duties include overseeing the operation of WV Tobacco Cessation Quitline vendor, managing subrecipient grants for tobacco cessation and prevention for West Virginia's African American population, and the LGBTQ+ inclusive community. Additionally, this position represents DTP at regional and national meetings and conferences. The current staff member is a Certified Tobacco Treatment Specialist.

McDowell County Commission on Aging (\$85,000)

Two grants were awarded to the McDowell County Commission on Aging. The first grant was to build capacity of the African American community to address tobacco prevention and cessation efforts at the grassroots level by partnering with faith-based and community-based organizations. The African American Tobacco Prevention Network includes nine faith-based organizations and has organized training through national and local leaders, funneling education, resources, and cessation opportunities to locations with the highest prevalence of use among African Americans. The second grant was to increase knowledge about the dangers of smokeless tobacco and provision of oral health screenings, while promoting local and statewide tobacco cessation services, among blue-collar workers in Logan, Mercer, Mingo, Raleigh, and Wyoming counties.

American Lung Association (\$125,615)

DTP issued a subrecipient grant to the American Lung Association to coordinate and implement the highly successful youth cessation Raze program. The purpose of this grant was to reduce the prevalence of tobacco use among West Virginia youth and young adults. The funding will support network maintenance for both school and community based Raze crews as well as capacity building in communities for providing cessation services to West Virginia youth and young adults.

- Messaging focused on e-cigarette/vaping education and prevention for teens and young adults.
- COVID-19 impacted program participation during the previous year. The grantee heavily recruited in areas without a Raze group (called Crews) with the goal of organizing participation with every county in West Virginia. At the end of the second quarter, there were 63 Raze Crews in 35 counties with 1,465 students involved. These Raze Crews have created 257 unique activities for school promotion/tobacco prevention, which resulted in 39,389 impressions on youth and 13,452 impressions on adults.
- Evidence-based tobacco cessation programs INDEPTH, Not On Tobacco (N-O-T) and Freedom from Smoking were also promoted as a tool to help decrease the burden of tobacco use in the state.
- An important milestone (20th anniversary of the Raze movement) was celebrated to highlight the tremendous impact Raze has had on teen tobacco use and education throughout the state.
- Ritchie County Family Resource Network (\$50,000)

Ritchie County Family Resource Network functions as the fiscal agent for the Coalition for a Tobacco-Free West Virginia. The mission of the Coalition is to educate the public about tobacco related issues and policies that promote cessation, with the intent to eliminate, tobacco use in West Virginia.

✤ WV Covenant House (\$35,000)

A subrecipient grant was awarded to promote cessation efforts in the LGBTQ+ state population. The grantee focused on the LGBTQ+ community to build relationships with other community partners locally, statewide, and nationwide.

- Expanded awareness involving issues of health equity including tobacco use and cessation in the LGBTQ+ community.
- Promoted a tobacco-free lifestyle, awareness of tobacco health issues, and cultural competency through participation in LGBTQ+ and other state and community events.

Media Campaign (\$63,000)

Media played an integral part in the promotion of the WV Tobacco Cessation Quitline and tobacco cessation throughout the state with a comprehensive media campaign.

WV Tobacco Cessation Quitline (\$16,000)

The goal of the WV Tobacco Cessation Quitline, which has been in service to the state for 20 years, is to assist individuals with quitting tobacco and electronic nicotine delivery system (vaping) products.

- Medicaid and uninsured/underinsured West Virginia residents are eligible for enrollment. Medicare and privately insured individuals are also eligible to enroll.
- Free for tobacco users who wish to stop.
- Participants have four calls with a Certified Tobacco Treatment Specialist to assist with the quitting process and unlimited reactive coaching calls.
- Participants may receive an eight-week supply of Nicotine Replacement Therapy (NRT), which includes nicotine patches, lozenges, or gum.
- Pregnant women and individuals under 18 may participate with physician approval and are eligible to receive NRT.

Statistical Data

All data provided is from the 2021 BRFSS report. * Data provided from the 2020 BRFSS report.

- West Virginia ranks highest nationally with current adult smokers (22%).
- The prevalence of current smoking was highest among those aged 35-44, those with less than a high school education, and those with an annual household income of less than \$15,000.
- The prevalence of current cigarette smoking was highest in Fayette County.
- Approximately 48.5% of current smokers had tried to quit smoking in the past year which was the 3rd lowest in the nation. (2020)*
- West Virginia ranked highest in the nation in the prevalence of smokeless tobacco use (8.8%) among adults.